

Food choices for older infants and young children in the UK: What factors influence parents' decisions?

Dr Tess Baxter, 2014

This work was the initial literature review for a PhD, which was discontinued around July 2012. It was not intended as a free-standing work, and it would have been revised after the precise areas for study were refined. This review considers research in the UK and comparable nations, and I have found some very interesting studies since then that deserve a mention, as they take similar approaches to the subject matter and to the methodology that I was considering (Johansson et al. 2013; Elliott 2013; Johnston et al. 2012).

For those who are interested in avoiding the pitfalls of multi-disciplinarity, I would recommend *A Short Guide to Supervising Interdisciplinary PhDs* (Lyall et al. 2008) which directly considers the issue, and *The Frontiers of Food Studies* (Belasco et al. 2011) which discusses the challenges in the area of food studies.

Introduction

During the period of life from the start of weaning up to two years of age, the child is growing from dependency into agency, but it is important to remember that childhood is about 'going on, not just growing up' (Horton and Kraftl 2006 p.83). While 'babies may decide what is eaten, it is adults, usually mothers, who decide what is offered' (Murphy et al. 1998), as children grow they increasingly assert their own preferences (Aitken 2000).

Food is not simply about eating, nor nutrition, but is also about socially accepted ideas of what is appropriate and personal beliefs about the body and health (Caplan 1997; Charles and Kerr 1988). Jackson et al. (2009) argue that there are 'moral economies' of food, where local concerns for well-being interact with the wider political economy, where morality and the market meet. People express concerns through biographical accounts, narrations that are inherently moral and explain actions and identity across space and time (Butler 2005; Ricoeur 1992; White 1981). Bisogni et al. (2002) suggest that if practitioners wish to have influence, they need to learn about the identities that people derive from food and eating and how they organise food through their own situations and preferences. Decision are not simply about following rules, but thinking and arguing the merits of different actions, even if that argument is just with one's self (Billig 1991); 'choice is not the emergence of preference out of indifference. It is the emergence of a unified preference out of competing preferences' (Dewey, cited in Schütz 1973 p.78). In the context of food, decisions are produced from a set of constrained options and 'characteristically reflective rather than habitual' (Murphy et al. 1998 p.251).

These identities and understandings are complex and individual, as personal issues including age, race, ethnicity, gender, place and income interact with and macro-issues such as economics, politics and history. To structure this discussion, I am using a framework based on Haste's (1999) 'Vygotsky triangle' (Figure 1). Haste's first objective was to create a synthesis of child development theories, bringing together Piaget's stage theory and Vygotsky's socio-cultural approach. However, Haste's concerns clearly extend beyond the child, as 'moral development... is a continual dialectic' (1999 p.192). Haste introduces the concept of *lay social theory* as a 'way of giving account, providing an explanation, telling a story, that makes sense' (1999 p.184). This narration, and the moral sentiments they

contain, reflect a theory and rationality that are not reducible to either affect or social position (Sayer 2004). Decisions may indeed happen inside someone's head, but they are developed out of a lay social theory that has been constructed from prior interaction and discourse with those around them, and are 'embedded in cultural practice and meaning' (Haste 1999 p.184).

This literature review is divided into three sections that consider in turn three corners of Haste's model; Intra-personal Processes, Inter-personal Interaction and Societal Resources. These sections should be regarded as mutually interacting and non-hierarchical, and the boundaries are defined for the purposes of discussion. Within the triangle, I have mapped the interacting factors that influence parents' decisions, which include both personal 'troubles' and public 'issues', as defined by Mills (1959). Figure 1 provides a visual representation the relationship between these factors, and the sub-headings in this chapter are all mapped in Figure 1. Significantly, the first item to be discussed is lay social theory, which lies at the centre of the triangle and brings together all the factors, both public and personal.

1 Intra-personal processes: the individual making sense of the world

The relationship between parents and children is a physical and an emotional one; an embodied experience of emotions, everyday routines and rituals, identity and constraint, sensory feelings and relationships (Horton and Kraftl 2006; Duck 2007). Infants become kin through taste, touch and smell, an ongoing relationship between bodies living in proximity, not simply through birth or biology (Weismantel 1995). This section considers how those intimate relationships are understood and interpreted.

I will firstly discuss how people incorporate 'public' ideas around health, diet and risk into their personal understandings – their 'lay social theory'. I will then consider affective factors, before finally considering the area where the intra-personal and the inter-personal meet, the area marked 'the developing child-parent dyad' in Figure 1. This dyad usually primarily includes the mother, but the child should have multiple attachments by the age of six months and the most significant bond may develop with another adult. From this age up to two years old, the child starts to be weaned, and progresses from dependency on milk to feeding themselves solid food, as they gain increased agency and independent decision making capabilities (Smith et al. 2011).

Lay social theory: food, diet and the priorities of health and risk

'Lay social theory' (Haste 1999) combines everyday schemas of shared common-sense assumptions, beliefs, reasons and solutions (Schank and Abelson 1977) with wider cultural understandings of morality, politics and institutions. A repeated theme from qualitative research is that people articulate and justify their personal position against social norms from the 'bottom up' through narratives (Becker 1997). Narratives are resolved out of arguments around the balance of moral positions (White 1981) as part of the 'informal logic of actual life' (Geertz 1973 p.17), and reflect the nature of choice as a process of related decisions rather than as isolated events. Different researchers have used variations of terminology, including 'lay knowledge' (e.g. Coveney 2007) and 'lay understandings' (e.g. Frankel et al. 1991; Popay et al. 2003) for similar ideas.

Davison et al.'s (1992) research on health issues in 180 adults in South Wales mining communities was an early study in 'lay understandings'. They found that although health knowledge was generally good, people did not always act on it. People were aware of restrictions of socio-political factors, which in their view negated the health messages that were based on lifestyle choices. Illness was understood as an unforeseeable random event, rather than as something defined by statistical risk factors. Advice was accordingly seen as not relevant, a finding supported by other research (Keane 1997; Kline 2010).

Likewise, in a study of parental attitudes to children's food and health in a sample of 40 Adelaide families, (Coveney 2007) found lay knowledge was constructed through narratives based within the social circumstances of where the families lived. Families from different social backgrounds shopped in different places, ate differently and had different food belief systems, which led them to having different lay understandings. These understandings informed their decisions, with different conclusions being reached. Cook et al. (1998) likewise found that people had wide-ranging but socially differentiated lay knowledges, that were woven into their own biographical narratives.

Popay et al. (2003) considered how people in both advantaged and a disadvantaged sample areas selected in both Salford and Lancaster, explained social inequalities of health. Their study included both a survey of 777 households and 51 interviews with families, and as was expected, the interviews and surveys did not generate identical responses. People in all our areas had a good understanding of health issues, but built them into 'lay understandings' that were multi-factorial and incorporated explanations related to their own experiences. In the survey, people from advantaged areas expressed individualistic reasons for health differences while being aware of wider structural issues, whereas those in disadvantaged areas were more likely to refer to geographical place as explanatory. However in interviews, people in disadvantaged areas constructed life narratives of adversity that denied place as a determining factor, avoiding the imposition of moral connotations on people purely through geography. Davidson et al. (2008) gathered interview material through focus groups in sample areas of Greater Manchester, Glasgow and Aberdeenshire. In contrast to Popay et al. (2003), they found that those in disadvantaged areas readily talked about problems of place, including environment, poor social networks, strategies of coping through apparently counter-productive behaviours, and how deprivation was 'written on

the body' (2008 p.178). The different methodology, and the social influence present within focus groups, may explain the different findings.

Backett (1992), in interviews with 28 Edinburgh families, found that people perceived health information as changeable and contradictory. They regarded the advice given to them about changing their food habits as difficult to achieve within the complexity daily life. People's decisions were pragmatic and they strove to avoid being perceived as health fanatics or over-indulgent; moderation was the preferred position, achieving a balance that was perceived as 'healthy' in terms of diet, and psychological and social well-being. Mothers often regarded balancing the needs of family members as highly important; maintaining family peace was sometimes a higher priority and regarded as 'healthier' than good diet or physical fitness (Backett 1992). Mothers can feel under considerable pressure to mediate the needs of family members to reduce conflict (Charles and Kerr 1988; Brewis and Gartin 2006), reflecting the practical manifestation of love as an everyday practice rooted in 'a complex structure of obligation, uncertainty, ambivalence and anxiety' (Miller 1998 p.122).

Drawing on Goffman (1968), Davidson et al. (2008) suggested that people made a conscious effort to avoid stigma. For people in advantaged groups, distancing themselves spatially from 'other' less socially acceptable groups was easy. However, those in less advantaged areas, while acknowledging their disadvantage, conceptually sub-divided the area they lived in, so they could place those of lower moral status in 'other' places geographically and thereby socially. This kind of positioning was also recognised by Blaxter (1997) and Airey (2003), and Parry et al. (2007) found parents in the West Midlands were concerned by the social effects of their environment, and the stigma and inequity that stemmed from stereotyping through geographical location. The construction of an 'out-group' could also express itself as a purely conceptual, rather than geographical, distancing from 'others' who make poor decisions, including constructing a stereotype of 'bad' mothers who make poor decisions (O'Key and Hugh-Jones 2010).

Stigma is a reflection of morality. Culturally, mothers represent 'the purest kind of selflessness; they are the symbols of, and the carriers for, the motive of altruism in human social organisation' (Miller, cited in Oakley 2005 p.181), and the fear of moral judgement can be a significant pressure (Dettwyler 1989). In a study of 550 mothers in Adelaide, Australia, those who were clinically 'obese' did not identify as such, but instead constructed

identities out of a social sense of classed and gendered embodiment influenced by their roles as mothers (Warin et al. 2008). Because mothers are seen as 'responsible' for their own and their children's bodies, their obesity might be seen as a reflection of being 'bad mothers', but instead they regarded it as reflecting positive attitudes around caring, nurturing and providing food, and those communal and relational factors worked against changing their food habits. In internet discussions on a Finnish website, Kokkonen (2009) found parents were blamed for their child's fatness, though the discourse was gendered with mothers primarily being held responsible. They were judged as 'lousy' characters in terms of 'popular psychology' (VandenBos 2007), as people who were incapable of forming adequate bonds with their children and had faulty child-rearing practices. Paugh and Izquierdo (2009), in a survey of 32 middle-class, dual-income families in Los Angeles, found that health and food were directly associated, with 'good' and 'bad' food practices being mapped onto 'good' or 'bad' parents or characters. Hoverd and Sibley (2007) found even non-religious people in New Zealand used Christian moral terminology and Backett (1992) found similar responses in the UK. These attitudes perpetuate an idea of 'bad mothers' who do the wrong thing because they are morally inferior or incapable, rather than being in difficult situations where the practicalities of survival dominate (Kempson et al. 1994; Carrigan et al. 2006).

Rich and Evans (2005) called for more awareness of the moral factors implied in supposedly 'neutral' official and scientific discourse, as they generated anxieties, feelings of shame, guilt and hopelessness. The way to change habits should be by engaging with lay social theories, rather than by trying to contradict people's established beliefs on the basis of superior knowledge (e.g. Keane 1997; Ristovski-Slijepcevic et al. 2008).

Lay social theory has been considered from different perspectives with different groups of people, but there is a gap in the research that considers how parents construct their lay social theories around feeding decisions for children between the start of weaning and the age of two years. To understand how they are constructed requires a knowledge of the influences on decisions, and the rest of the chapter considers these factors.

Anxiety and depression, and negative affect

Feeding others requires planning; 'thought work' that is routine, barely visible but essential (DeVault 1991). Clinical conditions and negative affect in a parent can impair decision-making, in children these factors influence the feeding patterns, and when experienced by both can change the parent-child relationship (Lee and Chung 2007).

About 13% of new UK mothers experience postnatal depression during the first year of their baby's life. Pre-existing conditions of clinical anxiety and depression are indicators of susceptibility to post-natal depression, as are eating disorders, embodiment issues, and general anxiety, guilt and worry (O'Hara and Swain 1996). Clinical anxiety has an inheritable element and in children this may show as behavioural inhibition, which affects around 10% of toddlers (Biederman et al. 1990). When presented with novelty these children become unsettled, restless and difficult to manage, which is particularly difficult where the mother also has similar issues around anxiety (Manassis 2002; Biederman et al. 1990).

In a study of twelve low and moderate income parents in Texas, mothers with a better defined 'health identity' made healthier food choices for themselves and their children and had the belief in themselves that they had the time and capacity to act (Johnson et al. 2011). Mothers who did not see themselves as healthy tended to eat more junk food and expressed more anxiety and guilt; they wanted to make healthier choices for their children but felt overwhelmed by competing demands and the failure of their coping strategies. In a Norwegian study, interviews with eight mothers with identified eating disorders revealed considerable anxieties around guilt, shame and stigma, issues raised earlier in this paper (Rørtveit et al. 2010). They were worried about failing their children and being to blame if they had the same problems, which was exacerbated by their own continuing discomfort with their bodies, the conclusion of the researchers being that improving the mothers' sense of embodied self would have considerable benefits (Rørtveit et al. 2010; Johnson et al. 2011).

Early feeding disturbances affect around 30% of children. In laboratory research on 333 Italian mothers with children between 1 and 36 months of age, Ammaniti et al. (2004) considered four relational factors; the mother's affective state, interactional conflict, child food-refusal behaviour, and affective state of the dyad. Scores were all significantly higher in

the group of children with feeding disorders and there were higher levels of depression, anxiety and hostility in both mothers and children. Scores in the 'normal' group were stable over time, but the 'feeding disorder' group peaked at 9-12 months and declined after 24 months. In the Gateshead Millennium study of 923 infants, mothers with postnatal depression were twice as likely to have infants that were weight faltering irrespective of maternal deprivation, educational level or eating disorders. However, by one year of age, the effects were no longer observable in terms of weight gain (Wright et al. 2006). In a Norwegian study of 37,919 mothers, maternal negative affect in terms of anxiety and depression was associated with obesity in their children, which might have been because sweet drinks and solid foods were introduced early because of anxieties about insufficient weight gain and poor sleep (Hampson et al. 2010).

Organic, psychological and relational factors interact with each other, as well as with external social factors, and they should all be considered together (Ammaniti et al. 2004). Illustrating this point, O'Hara and Swain (1996) found a difficult pregnancy or delivery, being in a 'lower social stratum', partnership problems, social isolation, poor self-esteem and a history of anxiety and depression were significant predictors of later problems. In a Norwegian survey of 37,919 mothers, family disharmony and maternal anxiety and depression were concurrent, though there was no evidence of causality (Bekkhuis et al. 2011).

Persistence is important in getting children to accept a wider range of foods, but mothers with a low opinion of their self-efficacy are less likely to persist in tasks, including feeding (Teti and Gelfand 1991). Parents with a higher educational level had better parental efficacy through a generally improved sense of self-efficacy (Lawrence and Barker 2009; Freed and Tompson 2011), though this was possibly because they had more money and better access to information, rather than the educational level in itself. Freed and Tompson (2011) did not believe that education itself was the mediating factor; clinical anxiety may have previously affected educational achievement through lower self-efficacy (Manassis 2002).

It is important to bear in mind the effect these factors have in terms of social relationships and the development of lay social theories.

The developing child-parent dyad:

Child cues & parental responsiveness

In in-depth, semi-structured interviews of eight mothers in the UK, they believed a good diet was most important for young children, and this was tied into their identities and responsibilities as mothers (Carrigan et al. 2006). Mothers are aware of 'norms' in dominant official discourses around childbirth and early motherhood, and while often perceiving variations as their own fault, they also challenge the power relationships and over-optimistic views (Miller 2007). In the first few months after birth, mothers were exhausted and felt unable to cope, and turned to other mothers they had met while expecting for advice (Urwin 1985). In a study of seventeen, white, first-time UK mothers during their child's first nine months, mothers learned through practice and came to see themselves as the 'authority' on their children's needs and justifying them within lay social theories (Miller 2007). A study of twelve mothers in northern England found a similar 'authoritative' positioning. The mothers avoided an 'unknowing' position, as 'good' mothers intuitively knew their children's needs; to depend on external advice was regarded as 'not knowing' and positioned oneself as a 'bad' mother (O'Key and Hugh-Jones 2010).

The end of exclusive breast or bottle feeding involves a decision to 'wean' onto solid food. 'Weaning' is a transition over time from the introduction of solids to the complete cessation of breast or bottle feeding (Van Esterik 2002), and the timing of this is influenced by the cultural, ethnic and economic situation of the family's eating habits (Anzman et al. 2010).

The median age of the first introduction of solids was fifteen weeks in the UK Gateshead Millennium Study (Wright et al. 2004). Those who started early thought their baby was hungry or had been encouraged by friends and family, while those who started later tended to be relying on written advice. Weaning before three months was associated with deprivation, bottle-feeding and a male infant. Heavier babies were more likely to be weaned early, but as the age of weaning did not affect subsequent weight gain, the authors suggested growth faltering babies were weaned late because they were not perceived to need or want it. In a self-selected UK based internet survey of 105 mainly well-educated mothers with high rates of breastfeeding, 59% introduced solids before six months (Arden 2010). Mothers balanced three factors; general health guidelines, specific advice from health professionals, and their own perceptions of their child's needs, signs or desires for solids.

Some mothers experienced guilt and regret about early weaning, which were linked to concerns about allergies and eczema. In a survey conducted near Barnsley of 220 families and follow up interviews with thirteen families, solid food was introduced at around twenty weeks (Caton et al. 2011). Mothers felt that every baby was different, which justified giving priority to cues from the infant and consequently bending or ignoring the official guidelines. Some mothers felt intimidated by professional advice, and friends and relatives were generally regarded as more important sources of information, although intergenerational advice was problematic because of changing attitudes and official guidelines. Many mothers moved to solids to help their infant sleep through the night, although others rejected this as a morally valid reason. In the case of breastfeeding mothers, the predictions and charts for growth were critical, as if their baby fell below what was expected, mothers often believed they were not producing sufficient milk and this encouraged the early introduction of solids (Dykes and Williams 1999).

In the Barnsley study, fruit, vegetables and baby cereals were the first foods introduced, and typically three vegetables were presented within the following month. Mothers were aware that children's tastes were variable and persisted in offering vegetables, often blending and disguising them (Caton et al. 2011). Mothers had a desire to provide 'healthy food', though maternal diet had a strong influence on child diet, a finding confirmed by Fisk et al. (2011), and several studies and reviews identified parental modelling as important (Brewis and Gartin 2006; Schwartz et al. 2011; Blissett 2011). In a US survey of 78 families with children between three and 34 months, mothers who ate food as a form of comfort and out of boredom took a similar attitude with their children, as a means of controlling distress, without finding the cause. Feeding to soothe was positively correlated to indulgent feeding and pressuring to eat, and mothers who did it rated themselves as low on parenting self-efficacy and their children as high in temperamental negativity (Stifter et al. 2011).

Some research has found that parents assume that boys need more food than girls even at a very young age (Birch and Fisher 1997; Wright et al. 2004). Charles and Kerr (1988) found that only 2% of mothers thought pre-school children had gendered needs when asked directly, but analysis of comments revealed stereotypical attitudes; bigger, active boys needed more food than 'feminine' girls. Gender-normative ideas about food consumption and preparation were also identified in mother-child play interactions in videos (Lynch 2010), which may affect the acceptability of different kinds of food.

In a study in the rural south-east USA with high obesity rates, Brewis and Gartin (2006) found that mothers of children between the ages of three and six years were aware of food advice, but their children's diets were often high in sugar, fat and calories. They suggested three factors to explain the discrepancy between knowledge and behaviour; parents did not prioritise dietary knowledge for themselves and were poor models, secondly, social factors such as keeping the peace at mealtimes were more important than nutritional aims, and thirdly, children were adept at achieving their own eating goals. The growing ability of children to influence adults surprised parents by its sophistication (Aitken 2000; Brewis and Gartin 2006), but mothers rapidly became aware that once a child learned that refusal was possible, their ability to persuade became more limited (Charles and Kerr 1988). The priorities of parents and children are not necessarily the same. In a study in a Scottish nursery, by two years old, children are learning how to manipulate space and time to achieve what they want, the result being a continual 'manoeuvring and modifying', (Gallacher 2005 p.21) between adults and children. Ultimately, children 'do not see it as their role to be healthy' (Thomas et al. 2003 p.93).

The developing child-parent dyad:

Parenting and feeding style

Parenting style is important in terms of how much and what kinds of food children eat. The modern western feeding style emerged out of early twentieth century ideas of appropriate relationships between children, parents and society (Bentley 2006). Parents were expected to control the 'civilising' process with a series of 'rewards and sanctions', with coercion become acceptable on moral grounds (Bentley 2006).

There is a range of parental approaches around the established cultural norms. Blissett (2011) in a review of the literature, found that an *authoritative* style was more effective in encouraging food and vegetable consumption than either a *permissive* parenting style, with little pressure or restriction on feeding choice, or an *authoritarian* feeding style, which relied on command and control with an emphasis on goals. The authoritative style was emotionally warm and responsive, and used practices and strategies to encourage consumption by modelling and availability, while discouraging and restricting unhealthy snacks. Moving the emphasis of public health to encouraging parental feeding styles that allow children to develop autonomy may be a more effective approach than more of the

same around nutritional information and what to eat (Schwartz et al. 2011; Benton 2004) – in making decisions ‘people choose foods not nutrients’ (Crotty et al. 1991 p.38). The full range of parenting styles is found in all socio-economic groups (Katz et al. 2007), but certain practices are more prevalent in some social positions, a consequence of more affluent families having more choices (Reading 1997). Research observations are largely correlational and parental attitudes may be a response to child development, not the cause of it (Benton 2004). Ventura and Birch (2008) proposed that a mediational model should be adopted for research. This should recognise the bidirectional nature of parent-child interactions and assess any potential confounders and covariates, such as family income or parental weight status.

Carnell and Wardle (2009), in a review of the literature, found 60-70% of appetite was linked to genetics. The 30-40% attributable to environment was not uniform between siblings, parents appearing to respond individually to each child’s needs as they perceived them. In an interview-based study of 22 UK mothers, mothers explained their children’s behaviour in terms of individual child characteristics present from birth and responded to their children’s body weight by expressing concerns and altering feeding patterns. A balanced approach was easily achieved with children who were good eaters, but any food was regarded as good with difficult eaters (Carnell et al. 2011).

Children can self-regulate the amount of food they eat in order to ‘balance up’ macro-nutrient and energy intake across meals, and being encouraged to eat larger portions resulted in higher intakes of food with the effects lasting for up to two days. Using ‘rewards and sanctions’ to encourage children to eat disliked ‘healthy’ foods diminished liking of those foods by associating them with punishment, and increased liking of the favoured food by reinforcing desire and associating it with reward (Anzman et al. 2010; Benton 2004). Baby-led weaning is promoted on the basis of its non-coercive nature, primarily through publications, internet sites (e.g. BabyLedWeaning.com 2012) and word of mouth. The child starts the weaning process by taking solid pieces of ‘finger food’, and the child eats the quantity they want at each meal rather than being spoon-fed by the parent until the bowl is empty (Rapley 2008). Purées are less nutrient dense than finger foods, but Parkinson et al. (2004) found energy intakes were about the same, as children ate less of the finger foods. A self-selected sample of 36 UK mothers who used the baby-led method liked the shared family mealtimes the method offered, conforming with their middle-class family

backgrounds, as was their concern about wasted food, which was ethical rather than economic. They had wanted to start solids at the recommended six months, but their children usually started taking food earlier (Brown and Lee 2011). While they believed their child could self-regulate intake, they were still anxious about whether they were eating enough. They thought presenting more 'normal' foods early on would mean less fussiness later, but a survey of 155 children in the UK found spoon-fed children had an increased exposure to vegetables, fruit, carbohydrates, protein, meals, and sweets in comparison. Those weaned by the baby-led had a greater preference for carbohydrate, possibly because of the suitability of toast and pitta bread (Townsend and Pitchford 2012). This research showed that a decision on the *practice* of feeding could lead to an influence on *what* was fed to children, which was again different from the intent. It is the rejection of purées and active parental feeding that defines baby-led weaning, and indeed all children will reach out for food sooner or later, and parents respond to that cue. In data from the Gateshead Millennium Study, children started reaching out for food between four and seven months, which coincided with the optimal point for weaning, but the researchers had concerns that children whose development happened to be slower might be weaned late as a result (Wright et al. 2011).

However, on occasions other factors are more important for parents than thinking about diet; a widespread practical strategy adopted by parents was to give food to children to keep them quiet so they could get on with other necessary household tasks (Charles and Kerr 1988).

The developing child-parent dyad:

Food rejection, neophobia and parental worries

When a child rejects food, their parent may be deterred from offering it again, but repeated exposure improves the likelihood of eating it (Benton 2004). Food flavours are passed through mothers' milk, which may help child acceptance later (Mennella 1995; Cooke and Fildes 2011). Visual exposure is important, as food is often rejected before it is tasted (Heath et al. 2011). However, there is a genetic element to taste, especially to the bitterness of brassicas (Feeney et al. 2011) where parental persuasion is not going to increase acceptance. Towards two years of age, children begin to resist new foods (neophobia) and at this time parental persistence is critical (Benton 2004).

Parental perceptions of food allergies or intolerances may lead to an unnecessarily restricted diet. In a study of 807 children, the level of sensitisation to any food allergen was 1.9% at one year of age and 3.8% at two, but parents reported higher levels of 7.2% and 8.4% respectively, and one third of parents reported a food related problem. Parents perhaps too readily attributed co-incidental 'symptoms' such as rashes, stomach ache and wheezing to food intolerance (Dean 2006).

The developing child-parent dyad:

The absence of fathers?

Few studies specifically refer to fathers. Interviews with 17 first-time, mainly white and middle-class UK fathers found they had a wider range of 'story-lines' to choose from than mothers (Miller 2011). Similarly, the Cardiff based 'Men as Fathers' study found that men asserted ideas of independence, self-reliance and 'nature over nurture', and were sceptical of the internet and child-care 'experts' that their partners used (Shirani et al. 2012). In both studies, mothers were the ones who planned ahead and covered the unpredictable; the moral concern to be 'proper mothers' had no equivalence for fathers; it is perhaps still true that for men 'to help out is noble; to place domestic responsibilities on a par with one's job remains suspect' (Shapiro 2005 p.253).

The developing child-parent dyad:

Research gaps

The extent to which children influence parents' feeding decisions has not been fully explored, and this study will consider how the interaction between parents and children between weaning and 2 years old shape parental decisions, within the context of lay social theory. The extent to which parents respond to their child's perceived desires and needs, through a desire to be seen as knowing one's child and being a 'good mother' is particularly important. Parenting style is also relevant, through the connection between intent, practices of feeding and responses to rejection, which all influence what is fed. Fathers represent a very under-researched group, but the degree to which this study can research this further will depend on the nature of the study sample.

2 Inter-personal interaction: discourse and negotiation

The narratives inherent to the idea of lay social theories discussed in the last section weave together relationships and histories that establish different cultural, symbolic and religious meanings round food and eating (Kemp 1989; Mills 1959). These varying meanings will sometimes coincide or conflict with each other and with official norms and guidelines around health and nutritional advice. Official guidance, which has claims to scientific neutrality but is generated by a predominantly middle-class group, establishes a set of normative values, and ‘the standards by which parents are often judged are those of white middle-class families and do not necessarily apply to parents living in more challenging circumstances, or whose cultural norms differ from this group’ (Katz et al. 2007 p.27). This produces a discourse of ‘at risk’ groups (e.g. Anzman et al. 2010; NICE 2008), which defines marginalised individuals as needing state and professional interventions (Slocum 2011; Ventura and Birch 2008) rather than addressing the wider underlying societal issues. These issues intersect (Walby et al. 2012; McCall 2005; Darmon and Drewnowski 2008), with different combinations of factors at play in different spaces and times, which in places generate greater levels of inequalities than a simple sum of the parts. This is not a new issue; as George Orwell commented in *The Road to Wigan Pier* commented in 1939:

The basis of their diet, therefore, is white bread and margarine, corned beef, sugared tea, and potatoes – an appalling diet. Would it not be better if they spent more money on wholesome things like oranges and wholemeal bread or if they even, like the writer of the letter to the *New Statesman*, saved on fuel and ate their carrots raw? Yes, it would, but the point is that no ordinary human being is ever going to do such a thing. The ordinary human being would sooner starve than live on brown bread and raw carrots. And the peculiar evil is this, that the less money you have, the less inclined you feel to spend it on wholesome food. A millionaire may enjoy breakfasting off orange juice and Ryvita biscuits; an unemployed man doesn't. (Orwell 1962 pp.85–86)

Embedded in that passage are three enduring themes; the unhealthy diet of the poor, nutritionally poor and processed, the fecklessness of those in poverty, and a moral

judgement that divides along class lines in terms of both income and knowledge (Townsend 1979 p.34).

This section discusses these issues, starting with the experience of family relationships within the home and how it is affected by work. Ethnicity, class, poverty are discussed next as separate topics, but they interlink and relate to each other. Neighbourhood and local environment is discussed last; this area was considered in terms on lay social theory earlier. In this section it will be discussed more specifically in relation to poverty, class and ethnicity.

Public and private space, home and family

‘Family’ is not a singular form of social relationship, and what legitimately constitutes a family is determined by moral assumptions generated and reproduced by normative values, commercial interests, mythologies and political ideology (Mallett 2004; Murcott 1997; Massey 1994). The present ideology of the family expects *responsibilization*; restrictive social norms create a moral imperative for self-monitoring of ‘appropriate’ behaviour, despite a political discourse of freedom (Silva 2007; Rose 1999). A ‘public’ ethic of social order and public hygiene is imposed over the ‘private’ ethic of good health and morality (Billig et al. 1988; Rose 1999).

‘Home’ is both a physical space and an experiential and ideological site for the expression of identity and self. ‘Home’ involves more than one person (Milburn 1995), and is a site where relationships of family, kinship and gender and played out within a context of ethnicity, class, age and sexuality (Mallett 2004). Within the home, kitchens are spaces of everyday practices where cultural identity is created and expressed (Silva 2007; Horton and Kraftl 2006) and defines the area as a domestic and cultural area, distinct from the public sphere (Cook et al. 1998). It is still principally a female defined space (Silva 2007). In practical terms, the lack of an adequate kitchen in terms of physical space and equipment can restrict the food that can be prepared, thereby constraining decisions (Murphy et al. 1998), though others have found that this makes no significant difference (Nelson et al. 2007).

Work in the public space influences the home as private space, either by taking mothers out of the home, or by work moving into it (McKie et al. 2005; Mallett 2004), and people adopt practices and discourses to negotiate the boundaries and the competing demands of work and home, public and private (Cunningham-Burley et al. 2005; Hill 2005; McKie et al.

2005; Backett-Milburn et al. 2008). Part-time work is one way that mothers attempt to manage the boundary so they can be at home to prepare family food, but this has to be balanced against lower pay and less opportunity for promotion (Cunningham-Burley et al. 2005). Home-based self-employment is another strategy that some mothers use (Fisher 1997).

When using childcare, whether formal or informal, parents may have to trust others to respect their requests concerning cultural, social and nutritional ideas, which may be problematic when the parents and childminders are from different class or cultural backgrounds (O'Connell 2010; Murphy et al. 1998). Lower paid parents frequently rely on family, especially grandparents, while middle-class parents can afford formal childcare (Lyonette et al. 2011). Using data from the UK Millennium Cohort Study, Pearce et al. (2010) found there was a higher risk of a child from an advantaged background being overweight if they were in informal childcare compared with not being in childcare. However, this risk was not higher for less advantaged children, which could reflect more congruent attitudes to childrearing between mothers and grandmothers in disadvantaged groups.

Ethnicity

Women are often regarded as the upholders of 'cultural purity' (Narayan 1997) in minority cultures, and 'food is one of the most, if not the single most, visible badges of [cultural] identity' (Camp, cited in Rice 1997). Also the intersection of ethnicity and poverty is significant in the UK; in a rolling average for 2002/03, 2003/04 and 2004/05, child poverty after housing costs in the white British ethnic group was 25% compared with 74% for Bangladeshis, with other ethnic groups spread between (Platt 2007 p.40).

Diasporic food habits connect the places of origin and settlement (Narayan 1997) and diasporic communities often have problems sourcing familiar foods at an affordable cost, forcing them to make make substitutions that they often regard as unsatisfactory and less healthy (Kempson et al. 1994; Panayi 2008). Ethnic minority background mothers were also disadvantaged by being less likely to access support services (Attree 2005b) for several reasons, including there being less literature and fewer advisers in their first language, and not knowing where to go (Sarwar 2002). In a comparative study of weaning practices of

Pakistani mothers in England and Pakistan, Sarwar (2002) found mothers in Pakistan had more support from other mothers and relatives and were more confident; in England mothers felt health professionals were critical and patronising and their advice was in conflict with that from relatives.

Sarwar (2002) also found that breastfeeding was more prevalent in Pakistan than England. Weaning started at the then recommended age of four months primarily because mothers thought their baby was hungry, but some mothers in Pakistan delayed the introduction of solid food until their child was 7 months old, believing that breast-milk should be adequate. They intended to continue breast or bottle feeding until 18 months of age. Baby rice was commonly the first food introduced, especially in England. In Pakistan, traditional foods such as rice, eggs, fruit, vegetables and family food were introduced next, whereas in England it was primarily convenience food, plus fruit, vegetables, eggs and meat, reflecting the two nations' relative position to capitalist production. In England, mothers found the range of baby foods confusing and it was difficult to check whether it was halal, so there was a tendency to 'play safe' and choose vegetarian and sweet foods. They felt this made the later introduction of 'family food' more difficult as it was more unfamiliar, and if children rejected the new foods mothers sometimes reverted to the sweet foods that were still acceptable (Sarwar 2002).

As part of the Gateshead Millennium Study, 33 infants brought up by 'traditional' Haredi practices were tracked over their first thirteen months of life. They were mainly breastfed, and solids were introduced at around six months (Wright et al. 2010), later than the average fifteen weeks for the whole study (Wright et al. 2004). Because of religious dietary constraints on sugar, dairy and gluten, children were fed with a limited range of low energy foods and consequently were underweight. Mothers were literate, articulate and concerned about health despite having had little formal education, but their lay understandings saw this as normal development so they saw no reason for change (Wright et al. 2010).

Three separate studies considered the interactions between western and non-western health paradigms in the construction of lay social theories. In a French study, mothers tried to balance across different and informally constructed food groups, which were comparable to the four humors of food and medicine; hot, cold, moist and dry (Fischler 1988). Punjabi women in Glasgow fused together similar humoral knowledge with the western medical

knowledge they had acquired since moving to Scotland (Bradby 1997). In a qualitative study of three ethno-cultural groups in Canada, African Nova Scotians, Punjabi British Columbians, and Canadian-born European Nova Scotians and British Columbians, each had narratives that described food as having a range of attributes, with traditional production and preparation being expressed in more healthful terms (Ristovski-Slijepcevic et al. 2008).

Globally, pre-mastication of food by the mother is very common (Pelto et al. 2009) as a complementary practice that extends breastfeeding (Aggett 2009), but its significance in diasporic communities in the UK is unknown and under-researched (Williams in Van Esterik et al. 2009).

Class

Although much research uses socio-economic status as a means of analysis, it has been argued that it simplifies the 'social factors [that] exert their effects through complex pathways' (Spencer 2003) into a single measure, and while it 'may have heuristic uses, the global concept of occupational status is scientifically obsolete' (Hauser and Warren 1997 p.251). The American Academy of Pediatrics, Committee on Pediatric Research (2000) also argues that socio-economic status does not have explanatory power in itself. For these reasons, the issues of class and poverty are considered as individual issues while recognising their intimate connection. 'Cooking is related to production on the one hand and to class on the other' (Goody 1982 p.215); what is eaten has to be made and prepared as well as consumed, and this varies across and within societies.

Economic position is an important factor in class, but class is also a process involving self-identification and identity (Future Foundation 2006a) set within constantly changing institutions of moral rules (Skeggs 2004). Perceptions of moral acceptability in anticipation of social reactions may influence behaviour more than the what is apparently rational (Murphy et al. 1998; Duck 2007), for example mothers purchasing items that stretch their budget in order to avoid stigma for them and their children (Attree 2006).

Parents from differing social backgrounds may regard normal or appropriate child development in different ways according to social grouping or class. Lareau (2003), in a US study, argued that working class and poor parents viewed child development as the

'accomplishment of natural growth', which would happen naturally if the basic needs of food, shelter and comfort were met. In contrast, middle class parents were actively involved in a process of 'concerted cultivation', which was intended to drive along child development (Lareau 2003), a process that was also noted by Katz (2008). However, none of the parents were aware of their orientation and 'child rearing usually seemed automatic and unconscious' (Lareau 2003 p.239). The distinction was between middle-class parents and 'the rest', including both poor and working class parents.

Drawing on Ritzer (2004), the intervention of increasing numbers of outside institutions, both public and commercial, generates an ideology of rationalization and 'scientific motherhood' (Apple 1995) that is contractual, commodified and impersonal (Lareau 2003). Yet, concerted cultivation results from an expectation of mothers to play and interact with their children, an idea established in the 1960s when a psychological intervention for the highly disadvantaged was popularised as being generally desirable. The middle class, which responded to this approach, promoted it as the ideal; indeed it may *only* be able to flourish in the security of the middle classes. The freedom from economic struggle meant children could become a leisure activity (Lareau 2003) and consequently the idea of 'proper' childhood of innocent pleasure constructed as part of the family as an institution (Katz 2008). These institutional changes were a 'consciously executed political and cultural exercise' (Hendrick 1997 p.60; Shapiro 2008; Apple 1995) that normalised the apparatus of power (Lareau 2003) and created a position where people were not only poor but morally judged in terms of the dominant discourse about why they were poor. The accomplishment of natural growth was not *laissez faire*, but was about giving children the autonomy and freedom to learn for themselves, but this was in conflict with the dominant discourse that regarded it as not caring to the point of being neglect, demanding institutional concern or intervention. The 'fecklessness' of the poor is an enduring theme, from the Victorian desire to 'rescue' children (Montgomery 2003), through public debates in the 1930s (Orwell 1962), to government pronouncements in 2011 (Winnett 2011). Yet a respondent of Dobson et al. (1994) described the ability to resist advertising and temptation as 'the discipline of poverty', and Cunningham (1995) argued that increasing income lead to *less* discipline in spending, as parents can afford to give in to children's demands.

The inability of low income mothers to 'adequately' meet those social expectations, from breastfeeding to providing an adequate diet, becomes a moral statement about their

inadequacy both individually and as a class (Chin and Solomonik 2009) rather than a result of the inequalities in social structure and class (Lareau 2003). The economic difficulties, shortages and sometimes violence within working class and poorer mothers' own lives shaped their ideas of childhood and established a stability in decisions, including perhaps around food (Chin and Solomonik 2009; Lareau 2003). In a UK study of working class mothers in retail, the desire to be seen as a 'good mother' led to employment choices that reflected a moral identity within a social world embedded in their social class (Backett-Milburn et al. 2008). They relied on people and 'direct personalised knowledge' rather than money, and placed more value on advice from friends and family for feeding children, because they were seen to be specific and directly linked to the practicalities of shopping and cooking (Keane 1997; O'Key and Hugh-Jones 2010; Backett-Milburn et al. 2008). These 'webs of obligations' were gendered, women taking part-time work and juggling family responsibilities with reciprocal help and 'thick interpersonal trust' (Backett-Milburn et al. 2008 p.491), and utilised as a form of emotional capital that could be exchanged where economic capital was scarce (Silva 2007).

In contrast, middle-class parents found that meeting expectations meant additional expertise needed to be 'bought in' (Vincent and Ball 2007; Shirani et al. 2012) as relying on informal networks and family was insufficient. Those expectations, a 'dominant set of cultural repertoires', defined 'proper parenting' (Lareau 2003 p.4) and it was their affluence that enabled middle-class parents to adopt health and dietary advice (Reading 1997). Indeed, the middle-classes do not necessarily have better food knowledge, as individuals may have adopted the social norms associated as a complete lifestyle choice; it just happens that a part of that lifestyle is healthier (BSA Consumption Study Group 1998). Nonetheless, success in reproducing the middle class family is not certain, and moral panics around parenting demand self-monitoring and appropriate responses (Vincent and Ball 2007). Drawing on two qualitative studies, Wills et al. (2011) argued that the middle class family aspires to achieve the idea of a perfectly healthy diet. They regard themselves as not 'good enough' when they succumb to the temptation of 'bad' foods, implying that guilt and fear of stigma were motivators.

Analysis of the Southampton Women's Survey identified low educational achievement as the key factor in poor dietary choices (M. Barker et al. 2008; Lawrence and Barker 2009; Mary Barker et al. 2008; Robinson et al. 2004; Jarman et al. 2012). A survey of 527 first time

Australian mothers, was more ambiguous. It found that nutritional knowledge was generally quite good, though poorest in the lowest groups as defined by maternal education, but this knowledge did not successfully translate into good diet anyhow (McLeod et al. 2011). The link with low educational achievement was not found in other research (e.g. Brazionis et al. 2012; Turrell et al. 2002; Wright et al. 2004). It should be questioned whether low educational achievement is correlational or cause and effect. The UK has one of the highest associations between education and social class of all of the nations in the OECD, and low educational achievement is strongly associated with poverty, poor housing, stress and negative affect, which are all linked to poorer nutrition and health (Cassen and Kingdon 2007). Women with lower educational achievement may have lower also 'food involvement' (Jarman et al. 2012; Mary Barker et al. 2008) as information is only attended to if it is perceived to be realistic, relevant and attainable (Cockerham et al. 1997) – and foods that are not regarded as being affordable are simply ignored.

Poverty

Although some of the effects of low pay were discussed in the previous section, poverty has multiple causes not fully reflected in socio-economic status or class, or other attitudes or educational background one might have. Poverty is a lack of money, in absolute or relative terms, whether the family has income from work, benefits or a combination of both (Levitas 1998). In a review of UK literature, Nelson (2000) argued that food choice is limited by poverty, the cause of which is insufficient income, and the consequence is not enough money to spend on food and poor access to a healthy and affordable food supply. Not only does it restrict, but it changes the foods consumed and the way they are prepared (Lareau 2003). Government policy is to create appropriate conditions for healthy food choices, and to support individuals in doing so. A UK meta-synthesis of research on poverty and 'healthy eating', found the first aim was supported, but the second was not as health campaigns could not overcome the limitations of poverty (Attree 2006). The emphasis on individual choice and consumerism underestimated the institutional problems of low-income, and parents often had adequate knowledge and the right attitudes, but they were unable to apply them because of poverty, which led to a sense of inadequacy and guilt. This emotional burden adds to the lack of motivation, boredom and depression that were found to be common features of low income (Darmon and Drewnowski 2008)

Despite this, interviews with low-income families in the UK, revealed intense prioritisation of resources with collective essentials coming first. However food spending was an area that could be squeezed when utility bills, with fixed payments demanded by institutions, could not (Kempson et al. 1994; NCH 2004). Analysis from surveys of a representative cross-section of 1,855 UK families found there was an incomplete match between poverty defined by income and poverty defined by the necessities of living, implying that parents in income poor households made personal sacrifices to protect their children (Gordon et al. 2000), a finding confirmed in interviews by other researchers (Katz et al. 2007; Kempson et al. 1994; Attree 2006). In the same survey (Gordon et al. 2000), 90% of respondents rated both fresh fruit or vegetables at least once a day and three meals a day as essential and this was being common across social groups. However other research indicates that fruit is cut back on before vegetables because of its perishability (Kempson et al. 1994; M. Barker et al. 2008) despite children regarding fruit as more attractive (Thomas et al. 2003). A survey of 55 low income families with children of mixed ages found that 29% of parents claimed they were unable to offer the range of foods they wanted to. 44 of them said that if they had an extra £10, they would buy more food, 36 of them naming 'healthy' foods – fruit, vegetables and meat in that order (NCH 2004).

For lone mothers, isolation compounds the problems of low income. Dearlove (1999 cited in Attree 2005b) distinguished between 'alone' lone mothers, with minimal social networks, and 'not alone' lone mothers, who could share parenting with friends and family. 'Alone' lone mothers had a smaller and constrained network to draw information and support from; they were dependent on mutual support out of necessity and they were the least likely to access services. In a meta-synthesis of qualitative research, low-income lone parents were very concerned to avoid the stigma of being labelled 'bad mothers' with the possible consequences of intervention by the authorities, and the poorest families felt that the staff of agencies had little real understanding of the issues of poverty (Attree 2005b).

Neighbourhood and local environment

People's attitudes and behaviours shape the places in which they live, and in turn those processes and relationships shape them as people; 'space and society are mutually constructive' (Davidson et al. 2008 p.168). In a meta-synthesis of research in the UK, improvements to the surrounding environment, including low-incomes, poor housing and

transport, were found to be just as important as direct support and advice in improving diet and health (Attree 2005b). Intergenerational poverty leads to limited geographical mobility, so family and friends were in similar social and geographical positions, which limited the breadth of knowledge, experience and information that mothers and families could draw on.

In a study of 4498 low income mothers with children living in public housing in a high poverty area in the USA, Ludwig et al. (2011) found that a randomly assigned group that moved to a less poor area experienced a reduction in some health problems, indicating that poor health was not purely about individual choices but was influenced by the place in which people live. Within Scotland there is view that there is a ‘Glasgow Effect’, where people in the city have disproportionately poorer health and diet. In a multilevel analysis of diet and socio-economic status to ascertain whether the effect existed, it was found that different consumption levels of *some* food groups could be accounted for by socio-economic status, but unexplained geographical variations remained (Gray and Leyland 2009).

Likewise, in research considering racial differences in the USA, Laveist et al. (2011) found that once social and racial differences were allowed for, there was a residual factor caused by living in a deprived area. In another study, looking at families in Lancaster and Salford, people frequently referred to multiple factors of place-based disadvantage with a complex set of attitudes and responses, suggesting that health and diet are psychosocial and environmental and social factors are intersectional (Popay et al. 2003).

In Melbourne Australia, adults in low socio-economic status areas purchased more foods high in fat, salt and sugar and low in fibre, and a smaller variety of fruit. The differences were attributed to the availability, accessibility and affordability of healthier food choices in different areas of the city (Turrell et al. 2009). The term ‘obesogenic environment’ has become commonplace, but while a scoping study of 146 studies found that there was a consistent relationship between areas of low socio-economic status and obesity, they claimed that the definition of what constituted one was ‘impalpable’ (Kirk and Penney 2009 p.109).

Just because poverty is more prevalent in certain spaces, it does not mean it is absent in others (Ehrenreich 2012) and the countryside has a hidden geography of poverty (Clope 1997). The extra costs of rural dwelling were considerable, and the factor of transport will be referred to later, but fresh fruit and vegetables were less available and more expensive,

especially for the healthiest options, and 'five a day' items typically costed 38% more (NCH 2004).

Inter-personal interaction: discourse and negotiation

Research Gaps

Poverty intersects with class and ethnicity, and it is probably the most important constraint on the decision-making process of parents when considering food choices for themselves and their children. This is an important area, as there is still a moral discourse of 'fecklessness' that blames the individual, whereas the research indicates that structural problems within society make the position of some individuals difficult, if not impossible, in terms of having enough money to feed their children adequately (The Food and Fairness Inquiry Committee 2010). Class is an important aspect of identity and social positioning that influences parental attitudes and approaches to child rearing and the feeding of young children, and this should be considered within the design of this study, to find out how this affects the age group considered by this study. The social and cultural meanings of food vary across ethnic groups, and this has been an under-researched area for this age group of children in the UK. The spatial context of poverty and ethnicity and how this interacts with class identity and the development of people's lay social theory is a significant gap in the research, especially for the age group being considered in this study.

3 Societal Resources: cultural repertoires of concepts and schemata

This section considers the wider socio-cultural environment within which parents make decisions about feeding their children. These are not separate from the previous sections, but flow over, especially from the last one.

How resources are distributed within societies and the consequent patterns of consumption, are a reflection of the politics, power and inequalities within any society, and are particular to situations in time and space (Murphy et al. 1998; Goody 1982). Choices are not made freely, but ‘always take place within particular contexts’ (Lyonette et al. 2011 p.45), which are established within the structural formations of a society. The ideology of consumption, which is embedded in capitalistic food production in a modern liberal democracy, conflicts with the public responsibility to maintain healthy bodies placed on the individual (Mintz 1986; Paugh and Izquierdo 2009), a contradiction that was raised earlier. However, constraints are most acutely felt in the lowest income groups (Attree 2005a), and changing social environments so people are more able and likely to make ‘better’ food choices is perhaps the best hope for public policy and improved health (Lang 2007).

Spaces of retail: Profitability, marketing and the relationship with food availability, affordability and accessibility

Food purchasing behaviour is important in understanding dietary behaviour (Turrell et al. 2009). In a UK study, mothers believed ‘proper food’ should be fresh, natural and additive-free, but in practice the category was flexible, with some shortcuts such as pre-prepared vegetables permitted in everyday meals (Marshall 2005). The market, morality and food are inter-related (Moisio et al. 2004), the idea of ‘proper food’ and food purchasing in general having moral connotations and aspects (DeVault 1991; Marshall 2005).

Cohen and Babey (2012) argued that people’s food buying habits become completely automatic, but Evans (2008) emphasised there is a difference between automatic *instinctive* responses to emotions such as fear or anger, and *habitual* decisions based on *heuristics* such as shopping choices. Heuristic ‘shortcuts’ are applied unless or until a factor is perceived to

have significantly changed; decisions are never completely non-cognitive nor unconscious, but are instead preconscious and rely on scripts and schemas (Goffman 1986; Schank and Abelson 1977). In an experiment that randomly assigned participants to having a 'poor' choice of one option or a 'rich' choice of two options, those in the 'poor' condition showed less 'self-control', suggesting that a position of scarcity increases stress and cognitive load, depleting 'will-power' (Spears 2010). However, an alternative interpretation would be that having a choice between options increases the amount of cognitive processing and having a third option of rejection becomes more apparent. As people were randomly assigned as 'rich' or 'poor', it demonstrated that decisions are situational, not inherent part of some people's personality. In a more realistic supermarket situation, it has been argued that the overwhelming choice of products and an excess of information and advice may not be helpful in making informed decisions (Lang 2007; Keane 1997; Sarwar 2002) and this complexity demands multiple literacies, including written, statistical and technical, on the part of consumers (Berners-Lee 2012). It is also important not to assume that the most apparently rational decision in one social and economic situation is the same in another.

Baby food is now one of the most profitable grocery markets in Europe, run almost exclusively by multi-nationals (Agriculture and Agri-food Canada 2010). Commercial baby food was introduced in the USA prior to the second world war, and within a generation was adopted as the accepted norm for weaning to solids, the start of which shifted from 7-12 months to a few weeks from birth (Bentley 2006). Baby food marketing was built on the morally civilising importance of set meals, the 'need' to save time, and assurances of safety; food in 'glass jars seemed a concrete, visual confirmation of good nutrition' (Bentley 2006 p.82), a symbolic representation of a purchasing decision that assured status as a 'good' modern mother. Recent research found that 75% of Italian mothers preferred manufactured baby food to home-made, as it was seen as 'more convenient, nutritious and safe' (Agriculture and Agri-food Canada 2010 p.2). The promotional material of manufacturers continues to concentrate on these features, using terms such as 'meal occasions', 'balanced nutrition' and 'goodness', though time-saving is assumed rather than explicit (Cow & Gate 2012; Heinz 2012).

In the Italian survey referred to above, 25% of mothers did not prefer commercial baby food, and some UK studies have found that home-made food was more trusted than commercial baby food, as parents knew what it contained (Cook et al. 1998; Moisio et al.

2004; Brazionis et al. 2012) and some felt it was rejected less often (Caton et al. 2011). Moisiso et al. (2004), in a US study, found that home-made food represented an inter-generational activity of care giving, altruism and love and had a meaning and identity that resisted the market's attempt to commodify food. Older parents established it within a personal biographical order, but it was a more individualistic choice for younger people. In terms of 'trust', raw ingredients do not have an advocate, whereas producers exploit concerns and scares by using legislative requirements for nutritional information to make selective 'healthful' claims about their products (James 1990; Pollan 2008). (Brazionis et al. 2012) considered whether there were characteristic 'transition' dietary paths from infancy to toddlerhood according to whether babies had been fed with home-made or commercial baby food, using data from the Avon Longitudinal Study of Parents and Children (ALSPAC) survey of 14,472 mothers, with children tracked from six to 24 months old. They identified two consistent paths, one featured largely home-prepared and raw food, and the other ready-prepared and discretionary foods. The former was associated with older and more well-educated parents, the latter with parents with higher BMIs, lower social class and a greater number of older siblings.

Retailers were key in the early promotion of baby foods (Bentley 2006) and have strengthened their position as gatekeepers between supply and consumption for all groceries over the intervening period (Lang 2007). Producers and retailers create a rhetoric of freedom and choice, but are fundamentally concerned about promoting the consumption of market commodities, part of a capitalistic process that 'cannot survive on constancy' (Brewis and Jack 2005 p.64). Consumer culture is not just a demand by markets to buy, but a re-education process in making choices from the products that are available through the interpretation of images, signs, symbols and representations (Tomlinson 1990). Baby snacks are a high growth area in the USA (ACNielsen Global Services 2006) as are follow-on milks in Europe (Agriculture and Agri-food Canada 2010); neither product is needed because of the nutritional requirements of children, but they are a means of expanding a profitable market. Advertising has been the target of research and campaigning (e.g. Forman et al. 2009), but only 20% of US marketing budgets were spent on the measured media of television, radio, billboards and print (Committee on Food Marketing and the Diets of Children and Youth 2006), with increasing amounts being spent online. However, the battle for prominence in supermarket aisles produces a more significant space for exposure to

promotional messages, and how retailers control space and product placements within stores and their choice of promotions is critical to people's understanding of what is available, possible and socially acceptable. Health education that assumes a trickle down of information will change food choice significantly underestimates the power that retailing practices have (Keane 1997).

While the research above considered the problems around the dominance of big retailers, supermarkets are part of the 'normal' expectations of being in a modern society, and some parents prefer the less judgemental space in which to shop compared to other places (Slocum 2011). They are also not the only retail spaces. A study of traditional open air markets in the UK found that mothers with pre-school children were the second largest group of visitors after the elderly (Watson and Studdert 2006). Mothers claimed there was more for children to look at, and between shopping, young mothers and children gathered socially in cafés, an important feature of their choice (Kempson et al. 1994).

The higher level of high-street prices compared to supermarkets has been identified as an issue for parents (Parry et al. 2007; NCH 2004), and families respond differently. Some families did one big supermarket shop each month supplemented with items bought locally, but some parents, having weighed the transport costs against higher prices, chose to shop locally (NCH 2004). Transport has been found to be an important factor in deciding where to shop (Kempson et al. 1994; Poppendieck and Dwyer 2009) as transport costs were not insignificant, especially in rural areas. In a comparative survey of 55 low income families in rural and urban areas, an average journey added 23% to the cost of shopping. Rural dwellers were worst affected with 68% reporting a journey cost compared to 27% in urban areas (NCH 2004). A survey of 1003 households in Brisbane found groups disadvantaged by economic and geographical factors were less able to make changes to diet because in the few local stores they could access, prices were higher and the choice was less good, and the cost of transport made going to stores with cheaper prices and a better choice unaffordable (Turrell et al. 2009). For families without cars, mothers regarded juggling pushchairs, bags and children as important accessibility issues that restricted choice (Kempson et al. 1994; M. Barker et al. 2008).

Skidmore et al. (2010), in an innovative use of Geographical Information Systems and Food Frequency Questionnaires, considered the impact of proximity and density of food stores on

diet, through a study of 1721 school age children in Norfolk. *Proximity* to supermarkets and convenience stores led to more unhealthy food choices, including more snack food and less fruit and vegetable consumption, whereas where there was a higher *density* of food stores more fruit and vegetables, as well as snacks, were consumed. Using the same data, Jennings et al. (2011) found an association between the availability of 'BMI-healthy' food outlets in a child's neighbourhood and lower weight status, and vice versa.

The purchasing and preparation patterns of food is an essential issue in terms of what is eaten, and the factors are complex and not fully understood, and they relate directly to issues discussed in the previous section around poverty, neighbourhood and local neighbourhood. This study will address this gap in the research by considering how these factors affect parental decisions.

The media and politics: scares, concerns and anxiety

While media organisations tailor their content to their readerships, it is not always consistent, and the impact of the media cannot be predicted by simply considering the content as audiences interpret and contextualise the messages (Riley and Miller 1997). Scheufele and Tewksbury (2007) described two main routes for how people receive and interpret information; agenda setting and framing. In agenda setting, the presentation of messages prompts people to think about the subject and the information then becomes more accessible and more likely to be acted upon. Framing places information in a context that people may incorporate into their existing 'schemas' (Goffman 1986; Schank and Abelson 1977). Information has to be close to existing schemas for it to be regarded as relevant enough to be given time to be incorporated, and Lannon (1986) argued advertising is only successful when it is sympathetic to people's existing food desires and fits with their social roles.

While the media filters information (Kline 2010), they are dependent on what they are given (Riley and Miller 1997). Press releases from research institutions that present new and controversial findings with certainty rather than contingency, are difficult for the media to ignore (Riley and Miller 1997). However people often see advances in knowledge not as a scientific process of refining ideas, but as a series of contradictions that are evidence of its worthlessness (Keane 1997; O'Key and Hugh-Jones 2010). News stories often build on

established moral narratives, for example ‘good’ and ‘bad’ mothers, gluttony and sloth, vulnerable children and class status, and where these are developed into moral panics nuance and complexity is lost (Kline 2010).

In a study of 48 low-income UK families, respondents were aware of issues and scares, if not the background to them, but as their choices were restricted by finances they tended to be fatalistic (Dobson et al. 1994). The sources of information were ill-remembered, and health reports, journalistic news, medical stories and diet promotionals were regarded as one generalised source that had little understanding of real life (Keane 1997; O’Key and Hugh-Jones 2010). However, new information was attended to more at specific times, especially during pregnancy and for young children, when health professionals were regarded as more important, and informal networks were used to ‘validate’ these formal sources.

The media is an important source of information and the study will consider how they are incorporated into people’s lay understandings in relation to the feeding of children from weaning to age two years.

Women, work and time

The changing divisions of labour within capitalist societies drive change in terms of how lives are lived in time and space, but three limitations on food choices – the availability of time, fuel costs, and the division of labour within the household – have been consistent factors over the last hundred years (Mintz 1986; Kempson et al. 1994). The shift to ‘convenience food’, is a long term trend responding to the time constraints of capitalist work patterns and demands (Mintz 1986; Carrigan et al. 2006), though there has always been a desire to reduce the time involved in cooking (Brewis and Jack 2005). However this has accelerated and become a more general societal attitude (Future Foundation 2006b) and during the shift towards consumerist ideologies following the Second World War, the marketing of new processed foods was predicated on having a shortage of time (Shapiro 2005). ‘People live inside the time they *think* they have’ (Mintz 1986 p.286, my italics) rather than the measured time, and this *sense* of time is situated within historical contexts (Gofton 1995). A sense of shortage of time may act as deterrent to preparing home-made food and dietary advice should include both the ‘what’ to eat, but the ‘how’ of making ‘good’ choices time-wise (Jabs and Devine 2006). However, it should not be assumed that ‘convenience

food' is just about time-saving; it is also about predictability, knowledge, convenience, availability and storage (Gofton 1995).

A study of 51 low to moderate income families in New York found parents made trade-offs between work and food that led to conflict and guilt over having to make unhealthy food choices (Devine et al. 2003), a finding has also been observed in the UK (NCH 2004). A lack of knowledge was not the issue, but rather the time and energy needed to put them into practice (Devine et al. 2003). Convenience food allowed individual preferences to be accommodated, but at some emotional cost to mothers over the contradictions and compromises involved (Carrigan et al. 2006; Milburn 1995).

The length of time of exclusive breast or bottle feeding, the timing of the introduction of solid food, and the length of time when the two are combined, is dependent on the woman's place within the gendered economy of work (Van Esterik 2002; Van Esterik et al. 2009; Crossley 2012). Returning to work may be a choice, but not returning to work often has greater undesirable consequences (Murphy et al. 1998) and mothers in low income families were four times as likely to believe a second income was vital than middle-class mothers (Lyonette et al. 2011). Part time work, in a study of food retailing, allowed UK mothers the flexibility for family duties, but it demanded being available seven days a week over long working hours for low pay, which led to tensions between being 'good mothers' and being reliable employees (Backett-Milburn et al. 2008). For low income families, diet and health were expressed in aspirational terms, the prospect of more income would allow improvements (Parry et al. 2007), whereas middle-class parents have more control over employment choices and decisions are less materially constrained (Lyonette et al. 2011).

Constraints on time influence what families believe they can provide for their children, but this has not been studied specifically for families with children of the age relevant to this study. This is a gap in the research that will be addressed in this study.

References:

- ACNielsen Global Services 2006. *What's Hot Around the Globe: Insights on Growth in Food & Beverages*. ACNielsen Global Services.
- Aggett, P. 2009. Premastication. *Maternal & Child Nutrition* 6(1): 2–3.
- Agriculture and Agri-food Canada 2010. *Consumer Trends: Baby Food in the EU27.pdf*. Ottawa: Agriculture and Agri-Food Canada.
- Airey, L. 2003. 'Nae as nice a scheme as it used to be': lay accounts of neighbourhood incivilities and well-being. *Health & Place* 9(2): 129–137.
- Aitken, S.C. 2000. Play, rights and borders; gender-bound parents and the social construction of children. In: Holloway, S. L. and Valentine, G. eds. *Children's Geographies: Playing, Living, Learning*. 1st ed. London: Routledge, pp. 119–138.
- American Academy of Pediatrics, Committee on Pediatric Research 2000. Race/ethnicity, gender, socio-economic status: research exploring their effects on child health: a subject review. *Pediatrics* 105(6): 1349–1351.
- Ammaniti, M., Ambruzzi, A.M., Lucarelli, L., Cimino, S. and D'Olimpio, F. 2004. Malnutrition and dysfunctional mother-child feeding interactions: clinical assessment and research implications. *Journal of the American College of Nutrition* 23(3): 259–271.
- Anzman, S.L., Rollins, B.Y. and Birch, L.L. 2010. Parental influence on children's early eating environments and obesity risk: implications for prevention. *International Journal of Obesity* 34(7): 1116–24.
- Apple, R.D. 1995. Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries. *Social History of Medicine* 8(2): 161–178.
- Arden, M.A. 2010. Conflicting influences on UK mothers' decisions to introduce solid foods to their infants. *Maternal and Child Nutrition* 6(2): 159–173.
- Attree, P. 2006. A critical analysis of UK public health policies in relation to diet and nutrition in low-income households. *Maternal and Child Nutrition* 2, pp. 67–78.
- Attree, P. 2005a. Low-income mothers, nutrition and health: a systematic review of qualitative evidence. *Maternal and Child Nutrition* 1(4): 227–40.
- Attree, P. 2005b. Parenting support in the context of poverty: a meta-synthesis of the qualitative evidence. *Health and Social Care in the Community* 13(4): 330–337.

BabyLedWeaning.com 2012. Baby Led Weaning - The Mush Stops Here! [Online]. Available at: <http://www.babyledweaning.com/> [Accessed: 20 April 2012].

Backett, K. 1992. Taboos and excesses: lay health moralities in middle class families. *Sociology of Health & Illness* 14(2): 255–274.

Backett-Milburn, K., Airey, L., McKie, L. and Hogg, G. 2008. Family comes first or open all hours?: how low paid women working in food retailing manage webs of obligation at home and work. *The Sociological Review* 56(3): 474–496.

Barker, M., Lawrence, W.T., Skinner, T.C., Haslam, C.O., Robinson, S.M., Inskip, H.M., Margetts, B.M., Jackson, A.A., Barker, D.J.P. and Cooper, C. 2008. Constraints on food choices of women in the UK with lower educational attainment. *Public Health Nutrition* 11(12): 1229–37.

Barker, M., Lawrence, W.T., Woadden, J., Crozier, S.R. and Skinner, T.C. 2008. Women of lower educational attainment have lower food involvement and eat less fruit and vegetables. *Appetite* 50(2–3): 464–468.

Becker, G. 1997. *Disrupted Lives: How People create Meaning in a Chaotic World*. Berkeley: University of California Press.

Bekkhuis, M., Rutter, M., Barker, E. and Borge, A. 2011. The Role of Pre- and Postnatal Timing of Family Risk Factors on Child Behavior at 36 months. *Journal of Abnormal Child Psychology* 39(4): 611–621.

Belasco, W., Bentley, A., Biltekoff, C., Williams-Forsion, P. and de la Peña, C. 2011. The Frontiers of Food Studies. *Food, Culture and Society: An International Journal of Multidisciplinary Research* 14(3): 459–460.

Bentley, A. 2006. Booming Baby Food: Infant Food and Feeding in Post-World War II America. *Michigan Historical Review* 32(2): 63–88.

Benton, D. 2004. Role of parents in the determination of the food preferences of children and the development of obesity. *International Journal of Obesity* 28(7): 858–69.

Berners-Lee, T. 2012. *Gov 2.0 Expo 2010: Open, linked data for a global community*.

Biederman, J., Rosenbaum, J.F., Hirshfeld, D.R., Faraone, S.V., Bolduc, E.A., Gersten, M., Meminger, S.R., Kagan, J., Snidman, N. and Reznick, J.S. 1990. Psychiatric Correlates of Behavioral Inhibition in Young Children of Parents With and Without Psychiatric Disorders. *Archives of General Psychiatry* 47(1): 21–26.

Billig, M. 1991. *Ideology and Opinions: Studies in Rhetorical Psychology*. London: Sage.

Billig, M., Condor, S., Edwards, D., Middleton, D. and Radley, A. 1988. *Ideological Dilemmas: A Social Psychology of Everyday Thinking*. London: Sage.

Birch, L.L. and Fisher, J.O. 1997. Food intake regulation in children: fat and sugar substitutes and intake. *Annals of the New York Academy of Sciences* 819(1): 194–220.

Bisogni, C.A., Connors, M., Devine, C.M. and Sobal, J. 2002. Who We Are and How We Eat: A Qualitative Study of Identities in Food Choice. *Journal of Nutrition Education and Behavior* 34(3): 128–139.

Blaxter, M. 1997. Whose fault is it? People's own conceptions of the reasons for health inequalities. *Social Science & Medicine* 44(6): 747–756.

Blissett, J. 2011. Relationships between parenting style, feeding style and feeding practices and fruit and vegetable consumption in early childhood. *Appetite* 57(3): 826–831.

Bradby, H. 1997. Healthy eating and heart attacks: Glaswegian Punjabi women's thinking and everyday food. In: *Food, Health and Identity*. London: Routledge, pp. 213–233.

Brazionis, L., Golley, R.K., Mittinty, M.N., Smithers, L.G., Emmett, P., Northstone, K. and Lynch, J.W. 2012. Characterization of Transition Diets Spanning Infancy and Toddlerhood: A Novel, Multiple-Time-Point Application of Principal Components Analysis. *The American Journal of Clinical Nutrition* 95(5): 1200–1208.

Brewis, A. and Gartin, M. 2006. Biocultural construction of obesogenic ecologies of childhood: parent-feeding versus child-eating strategies. *American Journal of Human Biology* 18(March/April 2006): 203–213.

Brewis, J. and Jack, G. 2005. Pushing speed? The marketing of fast and convenience food. *Consumption Markets & Culture* 8(1): 49–67.

Brown, A. and Lee, M. 2011. An exploration of experiences of mothers following a baby-led weaning style: developmental readiness for complementary foods. *Maternal and Child Nutrition* Early View. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/22118242>
<http://dx.doi.org/10.1111/j.1740-8709.2011.00360.x>.

BSA Consumption Study Group 1998. *Full Report of Research Activities and Findings: 'Eating Places: the Provision and Consumption of Geographical Food Differentiations'*.

Butler, J. 2005. *Giving an Account of Oneself*. New York: Fordham Univ Press.

Caplan, P. 1997. Approaches to the study of food, health and identity. In: *Food, Health and Identity*. London: Routledge, pp. 1–31.

- Carnell, S., Cooke, L., Cheng, R., Robbins, A. and Wardle, J. 2011. Parental feeding behaviours and motivations. A qualitative study in mothers of UK pre-schoolers. *Appetite* 57(3): 665–73.
- Carnell, S. and Wardle, J. 2009. Appetitive traits in children. New evidence for associations with weight and a common, obesity-associated genetic variant. *Appetite* 53(2): 260–263.
- Carrigan, M., Szmigin, I. and Leek, S. 2006. Managing routine food choices in UK families: the role of convenience consumption. *Appetite* 47(3): 372–83.
- Cassen, R. and Kingdon, G. 2007. *Tackling low educational achievement*. York: Joseph Rowntree Foundation.
- Caton, S.J., Ahern, S.M. and Hetherington, M.M. 2011. Vegetables by stealth. An exploratory study investigating the introduction of vegetables in the weaning period. *Appetite* 57(3): 816–825.
- Charles, N. and Kerr, M. 1988. *Women, Food, and Families*. Manchester: Manchester University Press.
- Chin, N.P. and Solomonik, A. 2009. Inadequate: a metaphor for the lives of low-income women? *Breastfeeding Medicine* 4(Suppl 1): S41–3.
- Cloke, P. 1997. Poor country: marginalisation, poverty and rurality. In: Cloke, P. and Little, J. eds. *Contested Countryside Cultures: Rurality and Socio-cultural Marginalisation*. 1st ed. London: Routledge, pp. 252–271.
- Cockerham, W.C., Rütten, A. and Abel, T. 1997. Conceptualizing Contemporary Health Lifestyles: Moving beyond Weber. *The Sociological Quarterly* 38(2): 321–342.
- Cohen, D.A. and Babey, S.H. 2012. Contextual influences on eating behaviours: heuristic processing and dietary choices. *Obesity Reviews*. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2012.01001.x/abstract> [Accessed: 14 May 2012].
- Committee on Food Marketing and the Diets of Children and Youth 2006. *Food Marketing to Children and Youth: Threat or Opportunity?* Washington DC: Institute of Medicine (U.S.). Committee on Food Marketing and the Diets of Children and Youth.
- Cook, I., Crang, P. and Thorpe, M. 1998. Biographies and geographies: consumer understandings of the origins of foods. *British Food Journal* 100(3): 162–167.
- Cooke, L. and Fildes, A. 2011. The impact of flavour exposure in utero and during milk feeding on food acceptance at weaning and beyond. *Appetite* 57(3): 808–11.

- Coveney, J. 2007. A qualitative study exploring socio-economic differences in parental lay knowledge of food and health: implications for public health nutrition. *Public Health Nutrition* 8(3): 290–297.
- Cow & Gate 2012. Baby food - Cow & Gate [Online]. Available at: http://www.cowandgate.co.uk/our_products/baby_food [Accessed: 14 April 2012].
- Crossley, S. 2012. Left holding the baby? *North East Child Poverty*. Available at: <http://northeastchildpoverty.wordpress.com/2012/03/21/left-holding-the-baby/> [Accessed: 23 May 2012].
- Crotty, P., Rutishauser, I. and Cahill, M. 1991. From food to nutrients and back. *Proceedings of the Nutrition Society of Australia* 16, p. 38.
- Cunningham, H. 1995. *Children and Childhood in Western Society Since 1500*. Harlow: Longman.
- Cunningham-Burley, S., Backett-Milburn, K. and Kemmer, D. 2005. Balancing Work and Family Life: Mothers' Views. In: McKie, L. and Cunningham-Burley, S. eds. *Families in Society: Boundaries and Relationships*. Bristol: Policy Press, pp. 23–38.
- Darmon, N. and Drewnowski, A. 2008. Does social class predict diet quality? *American Journal of Clinical Nutrition* 87(5): 1107–17.
- Davidson, R., Mitchell, R. and Hunt, K. 2008. Location, location, location: The role of experience of disadvantage in lay perceptions of area inequalities in health. *Health & Place* 14(2): 167–181.
- Davison, C., Frankel, S. and Smith, G.D. 1992. The limits of lifestyle: Re-assessing 'fatalism' in the popular culture of illness prevention. *Social Science & Medicine* 34(6): 675–685.
- Dean, T. 2006. *Prevalence and incidence of food allergies and food intolerance— a prospective birth cohort study to establish the incidence and a concurrent crosssectional study of whole population cohorts at 1,2,3,6,11 and 15*. London: Food Standards Agency.
- Dettwyler, K.A. 1989. Styles of infant feeding: parental/caretaker control of food consumption in young children. *American Anthropologist* 91(3): 696–703.
- DeVault, M.L. 1991. *Feeding the Family: the social organization of caring as gendered work*. London: University of Chicago Press.
- Devine, C.M., Connors, M.M., Sobal, J. and Bisogni, C.A. 2003. Sandwiching it in: spillover of work onto food choices and family roles in low- and moderate-income urban households. *Social Science & Medicine* 56(3): 617–30.

Dobson, B., Beardsworth, A., Keil, T. and Walker, R. 1994. *Diet, Choice and Poverty: Social, Cultural and Nutritional Aspects of Food Consumption Among Low Income Families*. York: Family Policy Studies Centre, Joseph Rowntree Foundation.

Duck, S. 2007. *Human Relationships*. 4th ed. London: Sage.

Dykes, F. and Williams, C. 1999. Falling by the wayside: a phenomenological exploration of perceived breast-milk inadequacy in lactating women. *Midwifery* 15(4): 232–46.

Ehrenreich, B. 2012. The poor: always with us, necessarily not us [Online]. Available at: http://www.guardian.co.uk/commentisfree/cifamerica/2012/mar/15/the-poor-always-with-us?CMP=twt_gu.

Elliott, C. 2013. Parents' Choice: Examining Parent Perspectives on Regulation and Child-targeted Supermarket Foods. *Food, Culture and Society: An International Journal of Multidisciplinary Research* 16(3): 437–455.

Van Esterik, P. 2002. Contemporary trends in infant feeding research. *Annual Review of Anthropology* 31(1): 257–278.

Van Esterik, P., Williams, A., Fewtrell, M.S., Tolboom, J.J.M., Lack, G. and Penagos, M. 2009. Commentaries on Premastication: the second arm of infant and young child feeding for health and survival? By Gretel Pelto, Yuanyuan Zhang & Jean-Pierre Habicht. *Maternal & Child Nutrition* 6(1): 19–26.

Evans, J.S.B.T. 2008. Dual-Processing Accounts of Reasoning, Judgment, and Social Cognition. *Annual Review of Psychology* 59(1): 255–278.

Feeney, E., O'Brien, S., Scannell, A., Markey, A. and Gibney, E.R. 2011. Genetic variation in taste perception: does it have a role in healthy eating? *The Proceedings of the Nutrition Society* 70(1): 135–43.

Fischler, C. 1988. Food, self and identity. *Social Science Information* 27(2): 275–292.

Fisher, C. 1997. I bought my first saw with my maternity benefit': craft production in west wales and the home as the space of re(production). In: Cloke, P. and Little, J. eds. *Contested Countryside Cultures: Rurality and Socio-cultural Marginalisation*. 1st ed. London: Routledge, pp. 232–251.

Fisk, C.M., Crozier, S.R., Inskip, H.M., Godfrey, K.M., Cooper, C. and Robinson, S.M. 2011. Influences on the quality of young children's diets: the importance of maternal food choices. *British Journal of Nutrition* 105(2): 287–96.

- Forman, J., Halford, J.C.G., Summe, H., MacDougall, M. and Keller, K.L. 2009. Food branding influences ad libitum intake differently in children depending on weight status. Results of a pilot study. *Appetite* 53(1): 76–83.
- Frankel, S., Davison, C. and Smith, G.D. 1991. Lay epidemiology and the rationality of responses to health education. *The British Journal of General Practice* 41(351): 428–430.
- Freed, R.D. and Tompson, M.C. 2011. Predictors of parental locus of control in mothers of pre- and early adolescents. *Journal of Clinical Child and Adolescent Psychology* 40(1): 100–10.
- Future Foundation 2006a. *Middle Britain: Summary Report. Class membership and money in 21st century Britain*. London: Future Foundation.
- Future Foundation 2006b. *The Changing Face of Parenting: Professional Parenting, Information and Healthcare*. Future Foundation.
- Gallacher, L. 2005. ‘The terrible twos’: gaining control in the nursery? *Children’s Geographies* 3(2): 243–264.
- Geertz, C. 1973. *The Interpretation of Cultures: Selected Essays*. London: Fontana.
- Goffman, E. 1986. *Frame Analysis: An Essay on the Organization of Experience*. New edition. Northeastern University Press.
- Goffman, E. 1968. *Stigma: Notes on the Management of Spoiled Identity*. Harmondsworth: Penguin Books.
- Gofton, L. 1995. Dollar rich and time poor?: Some problems in interpreting changing food habits. *British Food Journal* 97(10): 11–16.
- Goody, J. 1982. *Cooking, Cuisine and Class: A Study in Comparative Sociology*. Cambridge: Cambridge University Press.
- Gordon, D., Levitas, R., Pantazis, C., Patsios, D., Payne, S., Townsend, P., Adelman, L., Ashworth, K., Middleton, S., Bradshaw, J. and Williams, J. 2000. *Poverty and social exclusion in Britain*. Joseph Rowntree Foundation.
- Gray, L. and Leyland, A.H. 2009. A multilevel analysis of diet and socio-economic status in Scotland: investigating the ‘Glasgow effect’. *Public Health Nutrition* 12(9): 1351–8.
- Hampson, S.E., Tonstad, S., Irgens, L.M., Meltzer, H.M. and Vollrath, M.E. 2010. Mothers’ negative affectivity during pregnancy and food choices for their infants. *International Journal of Obesity* 34(2): 327–31.

- Haste, H. 1999. Moral understanding in socio-cultural context: lay social theory and a Vygotskian synthesis. In: Woodhead, M., Faulkner, D., and Littleton, K. eds. *Making Sense of Social Development*. London: Routledge, pp. 181–195.
- Hauser, R.M. and Warren, J.R. 1997. Socioeconomic Indexes for Occupations: A Review, Update, and Critique. *Sociological Methodology* 27(1): 177–298.
- Heath, P., Houston-Price, C. and Kennedy, O.B. 2011. Increasing food familiarity without the tears. A role for visual exposure? *Appetite* 57(3): 832–838.
- Heinz 2012. Heinz Baby - Welcome to Heinz Baby [Online]. Available at: <http://www.heinzbaby.co.uk/home> [Accessed: 14 April 2012].
- Hendrick, H. 1997. Constructions and Reconstructions of British Childhood: An Interpretive Survey, 1800 to the Present. In: James, A. and Prout, A. eds. *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*. 2nd ed. London: Falmer Press, p. 260.
- Hill, M. 2005. Children's Boundaries: Within and Beyond Families. In: McKie, L. and Cunningham-Burley, S. eds. *Families in Society: Boundaries and Relationships*. Bristol: Policy Press, pp. 77–94.
- Horton, J. and Kraftl, P. 2006. What else? Some more ways of thinking and doing 'Children's Geographies'. *Children's Geographies* 4(1): 69–95.
- Hoverd, W.J. and Sibley, C.G. 2007. Immoral bodies: the implicit association between moral discourse and the body. *Journal for the Scientific Study of Religion* 46(3): 391–403.
- Jabs, J. and Devine, C.M. 2006. Time scarcity and food choices: an overview. *Appetite* 47(2): 196–204.
- Jackson, P., Ward, N. and Russell, P. 2009. Moral economies of food and geographies of responsibility. *Transactions of the Institute of British Geographers* NS 34, pp. 1–24.
- James, A. 1990. The good, the bad and the delicious: the role of confectionery in British society. *The Sociological Review* 38, pp. 666–88.
- Jarman, M., Lawrence, W.T., Ntani, G., Tinati, T., Pease, A., Black, C., Baird, J. and Barker, M. 2012. Low levels of food involvement and negative affect reduce the quality of diet in women of lower educational attainment. *Journal of Human Nutrition and Dietetics*. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-277X.2012.01250.x/abstract> [Accessed: 14 May 2012].

- Jennings, A., Welch, A., Jones, A.P., Harrison, F., Bentham, G., van Sluijs, E.M.F., Griffin, S.J. and Cassidy, A. 2011. Local Food Outlets, Weight Status, and Dietary Intake. *American Journal of Preventive Medicine* 40(4): 405–410.
- Johansson, B., Ossiansson, E., Dreas, J.A. and Mårild, S. 2013. Proper Food and a Tight Budget: German and Swedish Parents Reflecting on Children, Food and Health. *Food, Culture and Society: An International Journal of Multidisciplinary Research* 16(3): 457–477.
- Johnson, C.M., Sharkey, J.R., Dean, W.R., Alex McIntosh, W. and Kubena, K.S. 2011. It's who I am and what we eat. Mothers' food-related identities in family food choice. *Appetite* 57(1): 220–228.
- Johnston, J., Rodney, A. and Szabo, M. 2012. Place, Ethics, and Everyday Eating: A Tale of Two Neighbourhoods. *Sociology* 46(6): 1091–1108.
- Katz, C. 2008. Cultural Geographies lecture: Childhood as spectacle: relays of anxiety and the reconfiguration of the child. *Cultural Geographies* 15(1): 5–17.
- Katz, I., Corlyon, J., La Placa, V. and Hunter, S. 2007. *The relationship between parenting and poverty*. York: Joseph Rowntree Foundation.
- Keane, A. 1997. Too hard to swallow: the palatability of healthy eating advice. In: *Food, Health and Identity*. London: Routledge, pp. 172–192.
- Kemp, T.P. 1989. Toward a narrative ethics: a bridge between ethics and the narrative reflection of Ricoeur. In: Kemp, T. P. and Rasmussen, D. eds. *The Narrative Path: The Later Works of Paul Ricoeur*. London: MIT Press.
- Kempson, E., Alex, B. and Rowlingson, K. 1994. *Hard Times?: How Poor Families Make Ends Meet*. London: Policy Studies Institute.
- Kirk, S.F.L. and Penney, T.L. 2009. Characterizing the obesogenic environment : the state of the evidence with directions for future research. *Obesity Reviews*, 11, pp. 109–117.
- Kline, S. 2010. *Globesity, Food Marketing and Family Lifestyles*. Basingstoke: Palgrave Macmillan.
- Kokkonen, R. 2009. The fat child — a sign of ' bad ' motherhood ? An analysis of explanations for children's fatness on a Finnish website. *Journal of Community & Applied Social Psychology* 19, pp. 336–347.
- Lang, T. 2007. Food control or food democracy? Re-engaging nutrition with society and the environment. *Public Health Nutrition* 8(6a): 730–737.
- Lannon, J. 1986. How people choose food: the role of advertising and packaging. In: *The Food Consumer*. Chichester: Wiley, pp. 241–256.

Lareau, A. 2003. *Unequal Childhood: The Importance of Social Class in Family Life*. Ewing, NJ, USA: University of California Press.

Laveist, T., Pollack, K., Thorpe, R., Fesahazion, R. and Gaskin, D. 2011. Place, not race: disparities dissipate in southwest Baltimore when blacks and whites live under similar conditions. *Health Affairs* 30(10): 1880–7.

Lawrence, W. and Barker, M. 2009. Workshop on ‘Changing nutrition behaviour to improve maternal and fetal health’: A review of factors affecting the food choices of disadvantaged women. *Proceedings of the Nutrition Society* 68(2): 189–94.

Lee, D.T.S. and Chung, T.K.H. 2007. Postnatal depression: an update. *Best Practice & Research Clinical Obstetrics & Gynaecology* 21(2): 183–91.

Levitas, R. 1998. *The Inclusive Society: Social Exclusion and New Labour*. London: Macmillan Press.

Ludwig, J., Sanbonmatsu, L., Gennetian, L., Adam, E., Duncan, G.J., Katz, L.F., Kessler, R.C., Kling, J.R., Lindau, S.T., Whitaker, R.C. and McDade, T.W. 2011. Neighborhoods, obesity, and diabetes—a randomized social experiment. *The New England Journal of Medicine* 365(16): 1509–19.

Lyall, C., Meagher, L. and Tait, J. 2008. *A Short Guide to Supervising Interdisciplinary PhDs*. Edinburgh: The University of Edinburgh.

Lynch, M. 2010. Playing with food. A novel approach to understanding nutritional behaviour development. *Appetite* 54(3): 591–4.

Lyonette, C., Kaufman, G. and Crompton, R. 2011. ‘We Both Need to Work’ Maternal Employment, Childcare and Health Care in Britain and the USA. *Work, Employment & Society* 25(1): 34–50.

Mallett, S. 2004. Understanding home: a critical review of the literature. *The Sociological Review* 52(1): 62–89.

Manassis, K. 2002. Heritability of Childhood Anxiety. *Psychiatric Times* 19(3): 1–4.

Marshall, D. 2005. Food as ritual, routine or convention. *Consumption Markets & Culture* 8(1): 69–85.

Massey, D. 1994. *Space, Place and Gender*. Cambridge: Polity.

McCall, L. 2005. The Complexity of Intersectionality. *Signs* 30(3): 1771–1800.

- McKie, L., Cunningham-Burley, S. and McKendrick, J.H. 2005. Families and Relationships: Boundaries and Bridges. In: McKie, L. and Cunningham-Burley, S. eds. *Families in Society: Boundaries and Relationships*. Bristol: Policy Press, pp. 3–18.
- McLeod, E.R., Campbell, K.J. and Hesketh, K.D. 2011. Nutrition knowledge: a mediator between socioeconomic position and diet quality in Australian first-time mothers. *Journal of the American Dietetic Association* 111(5): 696–704.
- Mennella, J.A. 1995. Mother's Milk: A Medium for Early Flavor Experiences. *Journal of Human Lactation* 11(1): 39–45.
- Milburn, K. 1995. Never mind the quantity, investigate the depth! *British Food Journal* 97(7): 36–38.
- Miller, D. 1998. *A Theory of Shopping*. Cambridge: Polity in association with Blackwell.
- Miller, T. 2011. Falling back into gender? Men's narratives and practices around first-time fatherhood. *Sociology* 45(6): 1094–1109.
- Miller, T. 2007. 'Is this what motherhood is all about?': Weaving experiences and discourse through transition to first-time motherhood. *Gender & Society* 21(3): 337–358.
- Mills, C.W. 1959. *The Sociological Imagination*. New York: Oxford University Press.
- Mintz, S.W. 1986. *Sweetness and Power: the Place of Sugar in Modern History*. Harmondsworth: Penguin Books.
- Moisio, R., Arnould, E.J. and Price, L.L. 2004. Between Mothers and Markets: Constructing family identity through homemade food. *Journal of Consumer Culture* 4(3): 361–384.
- Montgomery, H. 2003. Intervening in Children's Lives. In: Montgomery, H., Burr, R., and Woodhead, M. eds. *Changing Childhoods: Local and Global*. Milton Keynes: John Wiley & Sons.
- Murcott, A. 1997. Family meals – a thing of the past? In: Caplan, P. ed. *Food, Health and Identity*. London: Routledge, pp. 32–49.
- Murphy, E., Parker, S. and Phipps, C. 1998. Food choices for babies. In: Murcott, A. ed. *The Nation's Diet: The Social Science of Food Choice*. London: Longman, pp. 250–266.
- Narayan, U. 1997. *Dislocating Cultures: Identities, Traditions and Third World Feminism*. London: Routledge.
- NCH 2004. *Going hungry: the struggle to eat healthily on a low income*. London: NCH.

- Nelson, M. 2000. Childhood nutrition and poverty. *Proceedings of the Nutrition Society* 59(2): 307–15.
- Nelson, M., Erens, B., Bates, B., Church, S. and Boshier, T. 2007. *Low income diet and nutrition survey Summary of key findings*. London: Food Standards Agency.
- NICE 2008. *Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households*. London: National Institute for Health and Clinical Excellence.
- O’Connell, R. 2010. (How) is childminding family like? Family day care, food and the reproduction of identity at the public/private interface. *The Sociological Review* 58(4): 563–86.
- O’Hara, M.W. and Swain, A.M. 1996. Rates and risk of postpartum depression - a meta-analysis. *International Review of Psychiatry* 8, pp. 37–54.
- O’Key, V. and Hugh-Jones, S. 2010. I don’t need anybody to tell me what I should be doing’. A discursive analysis of maternal accounts of (mis)trust of healthy eating information. *Appetite* 54(3): 524–532.
- Oakley, A. 2005. *The Ann Oakley Reader: Gender, Women and Social Science*. Bristol: Policy Press.
- Orwell, G. 1962. *The Road to Wigan Pier*. Harmondsworth: Penguin Books.
- Panayi, P. 2008. *Spicing Up Britain: The Multicultural History of British Food*. illustrated edition. Reaktion Books.
- Parkinson, K.N., Wright, C.M. and Drewett, R.F. 2004. Mealtime energy intake and feeding behaviour in children who fail to thrive: a population-based case-control study. *Journal of Child Psychology and Psychiatry* 45(5): 1030–5.
- Parry, J., Mathers, J., Laburn-Peart, C., Orford, J. and Dalton, S. 2007. Improving health in deprived communities: What can residents teach us? *Critical Public Health* 17(2): 123–136.
- Paugh, A. and Izquierdo, C. 2009. Why is this a battle every night?: negotiating food and eating in American dinnertime interaction. *Journal of Linguistic Anthropology* 19(2): 185–204.
- Pearce, A., Li, L., Abbas, J., Ferguson, B., Graham, H., Law, C. and Group, U.M.C.S.C.H. 2010. Is childcare associated with the risk of overweight and obesity in the early years? Findings from the UK Millennium Cohort Study. *International journal of obesity (2005)* 34(7): 1160–8.
- Pelto, G.H., Zhang, Y. and Habicht, J. 2009. Premastication: the second arm of infant and young child feeding for health and survival? *Maternal & Child Nutrition* 6(1): 4–18.
- Platt, L. 2007. *Poverty and ethnicity in the UK*. York: Joseph Rowntree Foundation.

Pollan, M. 2008. *In Defence of Food: The Myth of Nutrition and the Pleasures of Eating*. London: Allen Lane.

Popay, J., Bennett, S., Thomas, C., Williams, G., Gatrell, A. and Bostock, L. 2003. Beyond 'beer, fags and chips'? exploring lay understandings of social inequities in health. *Sociology of Health & Illness* 25(1): 1–23.

Poppendieck, J. and Dwyer, J.C. 2009. Hungry City. In: Hauck-Lawson, A. and Deutsch, J. eds. *Gastropolis: Food and New York City*. New York: Columbia University Press, pp. 308–326.

Rapley, G. 2008. Rapley Weaning - Fuss-free solids - Home [Online]. Available at: <http://www.rapleyweaning.com/index.php>.

Reading, R. 1997. Poverty and the health of children and adolescents. *Archives of Disease in Childhood* 76(5): 463–7.

Rice, N.M. 1997. A tale of three cakes: on the air and in the books. In: Bower, A. L. ed. *Recipes for Reading*. Amhurst: University of Massachusetts Press, pp. 173–188.

Rich, E. and Evans, J. 2005. 'Fat ethics' - the obesity discourse and body politics. *Social Theory & Health* 3, pp. 341–358.

Ricoeur, P. 1992. *Oneself as Another*. London: University of Chicago Press.

Riley, J. and Miller, D. 1997. Scaremonger or scapegoat: the role of the media in the emergence of food as a social issue. In: *Food, Health and Identity*. London: Routledge, pp. 234–251.

Ristovski-Slijepcevic, S., Chapman, G.E. and Beagan, B.L. 2008. Engaging with healthy eating discourse(s): Ways of knowing about food and health in three ethnocultural groups in Canada. *Appetite* 50(1): 167–178.

Ritzer, G.F. 2004. *The McDonaldization of Society*. Revised New Century Edition. London: Sage.

Robinson, S.M., Crozier, S.R., Borland, S.E., Hammond, J., Barker, D.J.P. and Inskip, H.M. 2004. Impact of educational attainment on the quality of young women's diets. *European Journal of Clinical Nutrition* 58(8): 1174–80.

Rørtveit, K., Aström, S. and Severinsson, E. 2010. The meaning of guilt and shame: a qualitative study of mothers who suffer from eating difficulties. *International Journal of Mental Health Nursing* 19(4): 231–9.

Rose, N. 1999. *Powers of Freedom: Reframing Political Thought*. Cambridge: Cambridge University Press.

- Sarwar, T. 2002. Infant feeding practices of Pakistani mothers in England and Pakistan. *Journal of Human Nutrition and Dietetics* 15(6): 419–28.
- Sayer, A. 2004. Restoring the Moral Dimension: Acknowledging Lay Normativity. Available at: <http://www.comp.lancs.ac.uk/sociology/papers/sayer-restoring-moral-dimension.pdf>.
- Schank, R.C. and Abelson, R.P. 1977. *Scripts, Plans, Goals, and Understanding: An Inquiry into Human Knowledge Structures*. New Jersey: Lawrence Erlbaum Associates Inc.
- Scheufele, D. a. and Tewksbury, D. 2007. Framing, agenda setting, and priming: the evolution of three media effects models. *Journal of Communication* 57(1): 9–20.
- Schütz, A. 1973. *Collected Papers, 1, the Problem of Social Reality*. 4th ed. Natansen, M. ed. The Hague: Martinus Nijhoff.
- Schwartz, C., Scholtens, P.A.M.J., Lalanne, A., Weenen, H. and Nicklaus, S. 2011. Development of healthy eating habits early in life. Review of recent evidence and selected guidelines. *Appetite* 57(3): 796–807.
- Shapiro, L. 2008. *Perfection Salad: Women and Cooking at the Turn of the Century*. University of California Press.
- Shapiro, L. 2005. *Something from the Oven: Reinventing Dinner in 1950s America*. London: Penguin.
- Shirani, F., Henwood, K. and Coltart, C. 2012. Meeting the Challenges of Intensive Parenting Culture: Gender, Risk Management and the Moral Parent. *Sociology* 46(1): 25–40.
- Silva, E.B. 2007. Gender, class, emotional capital and consumption in family life. In: Casey, E. ed. *Gender and Consumption: Domestic Cultures and the Commercialisation of Everyday Life*. Abingdon: Ashgate Publishing Group, pp. 141–159.
- Skeggs, B. 2004. Exchange, value and affect: Bourdieu and ‘the self’. *The Sociological Review* 52(s2): 75–95.
- Skidmore, P., Welch, A., van Sluijs, E., Jones, A., Harvey, I., Harrison, F., Griffin, S. and Cassidy, A. 2010. Impact of neighbourhood food environment on food consumption in children aged 9-10 years in the UK SPEEDY (Sport, Physical Activity and Eating behaviour: Environmental Determinants in Young people) study. *Public health nutrition* 13(7): 1022–30.
- Slocum, R. 2011. Race in the study of food. *Progress in Human Geography* 35(3): 303–327.
- Smith, P.K., Cowie, H. and Blades, M. 2011. *Understanding Children’s Development*. 5th Edition. Chichester: John Wiley & Sons.

- Spears, D. 2010. *Economic Decision-making in Poverty Depletes Behavioral Control*. Princeton University.
- Spencer, N. 2003. Social, economic, and political determinants of child health. *Pediatrics* 112, pp. 704–706.
- Stifter, C.A., Anzman-Frasca, S., Birch, L.L. and Voegtline, K. 2011. Parent use of food to soothe infant/toddler distress and child weight status. An exploratory study. *Appetite* 57(3): 693–9.
- Teti, D.M. and Gelfand, D.M. 1991. Behavioral Competence among Mothers of Infants in the First Year: The Mediation Role of Maternal Self-Efficacy. *Child Development* 62(5): 918–929.
- The Food and Fairness Inquiry Committee 2010. *Food Justice: The Report of the Food and Fairness Inquiry*. Brighton: Food Ethics Council.
- Thomas, J., Sutcliffe, K., Harden, A., Oakley, A., Oliver, S., Rees, R., Brunton, G. and Kavanagh, J. 2003. *Children and healthy eating: a systematic review of barriers and facilitators*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Tomlinson, A. 1990. Introduction. In: *Consumption, Identity and Style: Marketing, Meanings, and the Packaging of Pleasure*. London: Routledge, pp. 1–38.
- Townsend, E. and Pitchford, N.J. 2012. Baby Knows Best? The Impact of Weaning Style on Food Preferences and Body Mass Index in Early Childhood in a Case–controlled Sample. *BMJ Open* 2(1). Available at: <http://bmjopen.bmj.com/content/2/1/e000298> [Accessed: 26 April 2012].
- Townsend, P. 1979. *Poverty in the United Kingdom: A Survey of Household Resources and Standards of Living*. London: Allen Lane.
- Turrell, G., Bentley, R., Thomas, L.R., Jolley, D., Subramanian, S.V. and Kavanagh, A.M. 2009. A multilevel study of area socio-economic status and food purchasing behaviour. *Public Health Nutrition* 12(11): 2074–83.
- Turrell, G., Hewitt, B., Patterson, C., Oldenburg, B. and Gould, T. 2002. Socioeconomic differences in food purchasing behaviour and suggested implications for diet-related health promotion. *Journal of Human Nutrition and Dietetics* 15(5): 355–364.
- Urwin, C. 1985. Constructing motherhood: the persuasion of normal development. In: Steedman, C., Urwin, C., and Walkerdine, V. eds. *Language, Gender and Childhood*. London: Routledge & Kegan Paul.

VandenBos, G.R. ed. 2007. *APA dictionary of psychology*. Washington: American Psychological Association.

Ventura, A.K. and Birch, L.L. 2008. Does parenting affect children's eating and weight status? *International Journal of Behavioral Nutrition and Physical Activity* 5(15).

Vincent, C. and Ball, S.J. 2007. 'Making Up' the Middle-Class Child: Families, Activities and Class Dispositions. *Sociology* 41(6): 1061–1077.

Walby, S., Armstrong, J. and Strid, S. 2012. Intersectionality: Multiple Inequalities in Social Theory. *Sociology* 46(2): 224–240.

Warin, M., Turner, K., Moore, V. and Davies, M. 2008. Bodies, mothers and identities: rethinking obesity and the BMI. *Sociology of Health & Illness* 30(1): 97–111.

Watson, S. and Studdert, D. 2006. *Markets as sites for social for social interaction: spaces of diversity*. London: The Policy Press.

Weismantel, M. 1995. Making Kin: Kinship Theory and Zumbagua Adoptions. *American Ethnologist* 22(4): 685–704.

White, H. 1981. The Narrativization of Real Events. *Critical Inquiry* 7(4): 793–798.

Wills, W., Backett-Milburn, K., Roberts, M.-L. and Lawton, J. 2011. The framing of social class distinctions through family food and eating practices. *The Sociological Review* 59(4): 725–740.

Winnett, R. 2011. Feckless parents would only spend extra benefits on themselves, says Iain Duncan Smith. *Telegraph.co.uk*. Available at: <http://www.telegraph.co.uk/news/politics/8929809/Feckless-parents-would-only-spend-extra-benefits-on-themselves-says-Iain-Duncan-Smith.html> [Accessed: 21 April 2012].

Wright, C.M., Cameron, K., Tsiaka, M. and Parkinson, K.N. 2011. Is baby-led weaning feasible? When do babies first reach out for and eat finger foods? *Maternal and Child Nutrition* 7(1): 27–33.

Wright, C.M., Parkinson, K.N. and Drewett, R.F. 2006. The influence of maternal socioeconomic and emotional factors on infant weight gain and weight faltering (failure to thrive): data from a prospective birth cohort. *Archives of Disease in Childhood* 91(4): 312–7.

Wright, C.M., Parkinson, K.N. and Drewett, R.F. 2004. Why are babies weaned early? Data from a prospective population based cohort study. *Archives of Disease in Childhood* 89(9): 813–6.

Wright, C.M., Stone, D.H. and Parkinson, K.N. 2010. Undernutrition in British Haredi infants within the Gateshead Millennium cohort study. *Archives of Disease in Childhood* 95(8): 630–3.