What does research on families and food tell us? Implications for nutrition and dietetic practice

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Abstract This review examines research on food and family life. The evidence suggests that the dynamics of family relationships crucially affects individuals' food choices, the healthiness of their choices and the social patterns that evolve from family food events. Food choices change as reciprocal responsibilities develop when couples establish relationships and cohabit. The arrival of children also changes family dynamics. Food preferences are influenced by family rule-setting as adults attempt to shape food choices of children. Conversely, children can also influence adult food choice in families. The role of social class and single parent status play an important role in food choice. Most research addressing family food choice is not situated within a social setting which limits its usefulness markedly. Since nutritionists and dietitians deal with individuals and groups for whom family life is an important influence, they would benefit from more evidence about food choices within this important social context. (Nutr Diet 2002;59:113–119)

Key words: food choice, families, surveys, social environment, Pierre Bourdieu

Introduction

It is a truism that food does not merely serve biological needs but also serves social functions. As the field of nutrition and dietetics has developed, greater recognition has been given to the importance of not just studying food as either intakes, patterns, beliefs or attitudes, but also the social context in which eating takes place. Chief among these is the context of the family. This review examines research which studies food as part of family relationships. An examination of family food research has the potential to shed light on the social dynamics that influence eating patterns of family members through the changing nature of various family life course events; the impact of family dynamics on food preferences; the distribution of food in families; and the influence of social class on family food patterns.

As dietitians and nutritionists are in the business of influencing food habits, a better understanding of the evidence concerning environments, such as the home, in which changes take place will hopefully lead to more informed practice.

It is not difficult to agree with Stratton and Bromley (1) when they say that despite frequent allusions to family-situated research, most empirical studies in this area disregard the social or cultural context (2), preferring instead to focus on single variables in isolation. Insightful and rigorous though this kind of research is, when social context is excluded there is a lack of real-world understanding of the forces at play in decision-making regarding food. This is not to suggest that socially-based research is in any way inherently superior. Socially-based research can be of limited use to practitioners, especially when sociological perspectives are over-theorised and abstract. A key premise should be that theories serve as explanations of phenomena. A limitation in some social and cultural research is that theories become ends in themselves.

This review has sought to include research with a practical application. Primary material was drawn from a number of sources. Major databases were searched in medicine and health (e.g. Medline) and in the social sciences (e.g. Sociological Abstracts, PsycINFO). Material was also assembled from organisations with an interest in the family e.g. Australian Institute of Family Studies. Key monographs on families and food were also useful primary sources. Data for this review was selected with a number of key questions uppermost. What does the literature tell us about food, eating and family relationships? How does the social organisation of the family affect food patterns? In what ways do food events influence social relationships in families?

In terms of the breadth of the review, some points of clarification are needed. Firstly, much of the literature on food and families focuses on nuclear families where adults live with children. This of course is only one type of family, and in this review, where possible, research including other kinds of household settings has been included, for example research on couples and on single parent families. Secondly, for the purpose of this review, only research located in a western context has been included. This is not to dismiss family research from the developing world (of which there is much) as irrelevant, but instead to give some overall coherence to the task at hand. It must be recognised, however, that in talking about a ‘western’ context, we could potentially gloss over a number of important cultural differences that influence family life. Combining research from, say, Scandinavia, with family food studies in the UK might lead to unreasonable overall conclusions (3). Nevertheless, there is probably enough consistency in social and economic trends across western cultures, especially in relation to family life, to make an overall review a realistic proposition. Where there are differences based on a cultural...
aspect these are highlighted. Thirdly, while summaries of food and families have appeared before, often as book chapters (4–6), thus far there has been no attempt to bring together findings on food and family research from a range of disciplines, e.g. nutritional science, health and social sciences, and public health. Such an integration has the potential to throw light on a number of issues from different methodological angles. The possible benefits of this ‘triangulation’ therefore provides a further justification for a review of the area. It is with consideration of these issues that this review has been undertaken.

**Food, marriage and cohabitation**

The choice of marriage or cohabitation as the starting point for an examination of food and family life is an arbitrary one. Nevertheless, it is true that the change from living alone to cohabitation represents a negotiation of attitudes, behaviours and expectations. Part of this appears to be a recognition of the responsibility one shoulders as a member of a social partnership as opposed to remaining single. This responsibility requires one to regard health more seriously and take fewer lifestyle risks (7). Not surprisingly a prime candidate for personal reassessment is one’s food choice. Worsley’s study on cohabitation was one of the first to show that partnered adults ate differently from single people (8). The study also highlighted the direction of dietary change brought about by cohabitation in that cohabiting men’s diets were nutritionally better than diets of men of single status, while women’s diets were worse. Worsley’s data were drawn from a large cross-sectional postal survey and tell us little about the dynamics of cooperation couples experience as they set up home. The Australian study by Craig and Truswell, which looked at longer term changes in eating habits after marriage, provides a better picture (9). Of the 80 couples who were interviewed before marriage, 60 were followed for up to two years post-wedding. Data gathered on frequency of consumption of foods (43 foods and drinks) showed an initial convergence of women’s food preferences to align with those of men, but a reversal of this trend after 24 months. In other words, there appeared to be a ‘honeymoon effect’ where women were more likely to ‘cooperate’ with men, which reversed as the relationship matured. A more recent qualitative study in the UK showed that many of the couples studied had actually reconciled individual food differences and preferences before marriage (10). For those that had not, there was give and take by both partners and the overall directions of change in eating preferences were not gender-related.

The literature on food and cohabitation suggests then that living together creates an environment in which individual eating habits are likely to undergo change. The direction of change is not always predictable. The literature also suggests that cohabitation introduces a settling down into daily routines where food shopping and meal-times (especially evening meals) become more regular and more formal events. This often sees women adopting, or being given, responsibility for food provision, with men playing very much a secondary role in food-related tasks, or indeed opting out all together (11). Women’s responsibility for the family menu may be seen as a rehearsal of social norms and expectations. It may also arise from the greater priority young girls (12) and women (13) place on health-oriented goals, especially eating habits. A ‘carer role’ played by women may see them taking on the task of food gatekeeper, a responsibility that is especially evident in families with children. But its emergence and effects on food habits during cohabitation is noticeable.

It should be noted that this review has focused on research on heterosexual cohabitation. There appears to be no published data on the ways that social arrangements in same-sex households or homosexual cohabitation might lead to different eating patterns. There is no reason to believe that the setting up of same-sex households does not involve similar negotiations of food attitudes and preferences. Indeed, an examination of food gatekeeping in same-sex households may shed further light on the gendered nature of food-related responsibilities in more conventional household-types.

**Transition to parenthood and eating habits**

The move from childlessness to parenthood heralds a change in thinking about health matters for many people. In Backett and Davidson’s qualitative study on the course of life and health, respondents often referred to a raised consciousness of their health habits at this stage of life (14). In a cross-sectional survey of social determinants of food behaviour, Roos et al. found that women with pre-school age children had better eating habits than other women (15). However, there is little published data on the changes to a couple’s eating pattern brought about by the arrival of a child. Parenthood brings with it many new responsibilities and routines that are likely to affect household food patterns and this omission is surprising. It is all the more striking given that parenthood guidance and advice often incorporate a food and nutrition component. This may indicate that an important part of the work of dietitians and nutritionists, who are often involved in the production and dissemination of nutritional advice at this stage of the life cycle, remains undocumented or even unevaluated.

**Infants, families and food**

The feeding of infants is a highly gendered activity, with women taking all or nearly all the responsibility. The role played by women at this time situates them within a highly moral field of judgement that is socially and symbolically important: that of the ‘good’ mother. The moral and social responsibilities borne by women in relation to infant feeding have been described in qualitative research by Murphy et al. (16,17) and Putland (18). Motherhood requires women to display ‘moral adequacy’ to demonstrate that they are effective, responsible and caring towards children (19). This is especially true in relation to the choice of infant feeding. Such is the weight of social sanction on infant feeding that women often feel obliged to justify to others, and indeed themselves, their decision whether to breast or formula feed. Infant feeding decisions also have implications for family relationships since, as well as being good mothers, women are expected to be good wives by dealing with the father’s thoughts, feelings and expectations of infant feeding (20). The father’s role in infant feeding decisions can be important. A cross-sectional survey by Littman et al. showed that a high approval rating of breastfeeding by fathers was strongly associated with the mothers’ decision to
Children, families and food

Family life is extremely important in the development of eating habits of children. In-depth qualitative analysis by Lupton has shown that memories of food events are powerful reminders to individuals of their early childhood, especially when food was used as a reward or punishment (23). Another study suggests that family meals signify the changing nature of family life itself, especially the expectations toward disciplinary actions involving children (24). The relationships in families involving food have a number of dimensions, including distribution of food, preferences of food, and food-related decision-making responsibilities and power relationships. These are discussed below.

Distribution of food within families

Early studies from the UK (25) and Australia (26) suggest that in families, men eat more (in terms of energy and most macronutrients) than women, and boys more than girls. These tendencies could of course be justified on biological grounds, but they probably owe as much to social expectations. For example, mothers interviewed in a UK study frequently made reference to the greater needs of boys and men for some foods, especially meat, on the basis of masculinity, toughness and roughness (27). Girls on the other hand were considered to require smaller portions, and were even seen as preferring foods with a softer, creamier, more delicate texture. Some experimental studies suggest that girls may often be subject to food restriction, placed on them by parents as attempts to control the possible development of obesity (28).

Material factors can also influence food distribution in families. Studies in many countries have suggested that, in low income families, women often sacrifice their own food needs in order to leave enough for others (29–31). This will be discussed later.

Preferences and influences of family members

All human cultures contain implicit and explicit regulations about food choice, most coming with heavy sanctions. While there is some evidence of a genetic predisposition for food preferences (32), the social environment is considered to be highly influential (33). In particular, children’s food preferences are a product of parent–child interactions (34,35). One common way for parents to sanction children’s food preferences is through the establishment and enforcement of rules (36). A cross-national survey by Hupkens et al. (37) found that mothers across all social classes had food rules, but that middle-class mothers had a greater tendency to limit unhealthy foods. In other words, the middle classes were more likely to be prescriptive and discriminating about children’s eating habits. These differences may be due to variations in knowledge of unhealthy foods across social class (38). However, they may also be due to variations in the construction of different food beliefs. A recent qualitative study suggests that, in relation to eating habits in overweight children, US low income families apply different values and priorities which challenge assumptions by health professionals (39). The origins and implications of these different social class perspectives will be discussed later.

The effectiveness of restrictions on children’s actual eating habits is a contentious point. Fisher and Birch in the US (40,41) maintain that food restrictions predict either greater interest in, or higher intakes of, snack food by children thereby supporting the myth that ‘forbidding the food increases the temptation’. However, their studies were conducted in highly controlled settings, did not show any effects outside the restricted context of the experiment, and could not discriminate between cause and effect. As such they highlight the problems in extrapolating from quasi-experiments which may not reflect what actually happens in family circumstances. Moreover, the studies concerned young children (aged three to six years) and tell us little about other age groups. Evidence from families with older children shows that family food rules imposed at an early age may indeed predict healthier eating habits at adolescence (42). This was the conclusion of a survey of over 500 family triads (adolescent, mother, father) which relied on memory rather than direct observation. It was also conducted in Belgium, a culture that may have different attitudes and food beliefs to those in the USA. Thus comparison with the Fisher and Birch data should be made cautiously. Taken together these studies may say less about the efficacy of family food rules per se and more about the importance of communicating them appropriately to children in a family setting (43), although this itself needs further research to be fully elucidated.

Family relationships are always reciprocal, so as well as looking at parental influence on children’s eating habits, we should examine any influence of children’s food preferences on those of parents. De Bourdeauhuij and Van Oost have shown that food preferences of children, especially adolescents, can dominate the mealtime agenda (44). In families where teenagers had more say and freedom, overall eating habits of family members were less likely to be healthy. As discussed later much of the early work in food and family research suggested that the preferences of the husband and father, set the family menu (45,46).

Decision-making and influence over food in families is a reflection of freedom, power and choice. These issues run deep in the sociology of the family, and not surprisingly are reflected in research on food choice. This is discussed below.

Food and power in families

The idea of the shared family meal, where adults and children sit down together, is often represented as the heart and hearth of domesticity, affection, and bonding. The degree to which families partake of meals together is of great community interest (47). It is occasionally, however, the source of moral panic when reports suggest that a breakdown in family meals represents a decline of values in western culture (48,49). While the frequency of shared family meals is unlikely to be a barometer of the social fabric of a community, it may be predictive of the quality of children’s diets. In a survey comprising more than 16 000 boys and girls (aged nine to 14 years) Gillman et al. (50) showed that children who sat down to eat with other family members were more likely to consume better
diets. This relationship held after a number of lifestyle and social factors were controlled. In addition, family discussions about food-related activities (51), especially at the meal table (52), appears to be associated with healthier eating habits.

In most western cultures the archetypal family meal—a ‘proper meal’—comprises a hot (main) centrepiece dominated by meat or poultry (53). The ‘proper meal’ is often seen as the appropriate way of binding families. However, as well as bringing people closer, the family meal can set family members apart in that it delimits highly specific roles within the household. As mentioned earlier, when couples set up house the key food responsibilities are largely borne by women who tend to assume, or are given, responsibility to shop, prepare and cook meals. With the arrival of children in families, this role becomes even more consolidated. Responsibility, however, does not necessarily put women in positions of power or decision-making (54). British research indicates that men exert a powerful influence over family food choice. The title of Murcott’s early groundbreaking research in this area ‘It’s a pleasure to cook for him’ summarises the situation well (55). This, and other work in the UK and Australia, suggested that women openly acknowledge men’s food preferences and subordinate their own (56–58). Division of labour plays an important role here and research indicates that in families where women are in paid employment outside the home, they are more likely to have their own food preferences met (59), and men are more likely to play a role in meal preparation (60).

In other words, when women are regarded as breadwinners, their influence over the family menu is evident.

The extent to which mealtimes represent a powerplay in families is a highly contested topic. From one perspective it is argued that food plays an important role in family life as a pressure point to display gender (male) dominance and (female) inequality. Indeed, it has been proposed that family meals, far from being opportunities for the demonstration of love and affection, can be battlegrounds for the expression of power, coercion, domestic violence and eventual marital breakdown (61,62). Taking a different viewpoint DeVault argues that in the families she studied, women were not coerced by despotic husbands, but actively took part in, and indeed took pleasure from, the role of caring for others (63). An important aspect of that care was providing food they knew others (husbands and children) would enjoy. Another theoretical perspective sees the family meal as a point of surveillance and control (64). Here mealtimes provide an opportunity where parents and offspring establish a pattern of questions and answers, which represents and rehearses the power relationship between adults and children. This is especially the case when children refuse to eat (65). In summary, family food experiences provide for a range of theoretical explanations through which social arrangements may be examined. The traditional patriarchal structure of western families has certainly positioned men, women and children in specific and stereotypical ways in terms of regimes, responsibilities, and reciprocity. This has led to a number of theoretical positions as outlined above. The changing nature of family life, however, challenges traditional roles and requires us to consider a range of theoretical possibilities which can improve our understanding of the dynamics of everyday family life. Much of what has been said so far has applied to two parent families. Another family structure which has been the focus of food research has been single families.

Single parent families and food

An examination of single parent families provides an opportunity to look at family food relationships in a number of ways. Firstly, since women represent the majority of single parents, the influence of men (by virtue of their absence) on the family’s diet can be assessed by studying households without fathers. Secondly, since lone-mother families represent some of the most economically deprived households in western society (66–68), the relationship between food choice and food security in families can be examined.

Studies of lone-mother families have shown that family food arrangements tend to become more manageable and flexible when men are absent from households. Flexibility results as meals tend to be less traditional (fewer meat-based meals) than in two parent families, and experimentation with alternative food regimes, such as, vegetarianism, is more possible. In a study of women as single parents by Graham (69), respondents frequently referred to the freedom made available in menu planning when they separated from male partners. However, single parenthood comes at a price and evidence from the UK, suggests that in single parent families mothers sacrifice their own nutritional wellbeing for that of their children (70). These findings, however, are not universal and an Australian study of sole parents found the overall dietary quality of the women to be as good or even better than the national average (71).

The apparent contradictory findings may reflect local conditions rather than overall trends, and may say something about state assistance and financial support given to sole parents. In Australia, for example, child poverty in sole parent families has reduced since the introduction of the child support scheme in the early 1980s (72). In other countries, such as the UK, the last two decades have witnessed a growing welfare gap (73). Although women undoubtedly suffer financial hardship through sole parenthood, they may gain and value financial control of family food expenditure. The peace of mind that comes with this may account for the fact that, compared with other family structures, women as sole parents have been shown to be more satisfied with life than might be expected on the basis of financial hardship (74).

Much of the discussion so far concerning food and families has taken place without addressing the issue of social class. Clearly a consideration of class is required to shed light on a number of the issues covered so far.

Food, families and social class

Most systems of classification for social class try to capture privilege and pecking order with a social group, as determined by income, educational qualifications, employment status or prestige, and housing situation (75). In most societies there is a clustering of these features, such that people in a certain class tend to acquire certain levels of education leading to particular employment possibilities that give rise to specific material benefits. Families within social classes tend to share certain out-
looks and social identities. These are undoubtedly a product of income and financial possibilities but are also part of a world view which is inculcated within specific class consciousness. The sociologist Bourdieu calls this mental space the ‘habitus’ where, by dint of social position, individuals and groups are ‘disposed’ towards particular social attitudes, mores and expectations (76). Consideration of class, therefore, not only requires us to examine income but also accompanying social traits (e.g. expectations and beliefs). We can easily see this within families when looking at food because a number of material features (e.g. income) interact with symbolic practices which prioritise certain rationalities (77). For example, it is well documented that as household income rises, expenditure on food does not increase proportionally. That is to say, there is a point beyond which families do not spend more on food as family income increases. This phenomenon is known as Engles law and is the result of the finite capacity humans have for food (resulting from physiological constraints) (78). The result is that while wealthy US families spend about 9% of household income on food, poor US families spend over 40%. Similar figures have been found in the UK (79) and Australia (80). In other words, poorer families have less discretionary spending power on food. Coupled with this is an outlook in poorer families in which health is not prioritised as a reason for choosing and experimenting with certain foods (81). Moreover, working class families are apparently more likely to embrace role and gender stereotypes in food events, especially shopping and cooking (82). The result is that poorer families are not only precluded from experimenting with dietary change because of financial constraints but also because of stronger traditional beliefs and expectations about food-related practices (83). What the foregoing points illustrate is that class values and beliefs, coupled with material constraints (primarily low income) strongly shape the eating behaviours of families.

Before leaving this section we should note that Crotty provides compelling evidence for a rethink of social class and food issues (84). The overly simplified dichotomous distinction between high- and low-income households may hide a number of important demographic variables such as size of family, presence of children, location, age and other variables all of which may have an effect on food choice. Failure to appreciate these variables results in an ill-informed understanding of the true nature and capacity for change within families. These points are particularly germane to dietitians because their work in both clinical and community settings is increasingly with less well-off populations (85,86).

Conclusion
As Backett and Davidson point out behaviours which promote either health or disease are integrated into social and cultural processes (87). Since the family is one of the most influential social and cultural settings, it crucially affects the ways in which individuals assess the consequences of advice which requires them to make lifestyle and dietary changes (88). This is not to say that individuals are straight-jacketed by the family arrangements within which they are situated. Clearly individuals are able to display varying degrees of autonomy in relation to family routines and pressures. Work on food negotiations in households with young people demonstrates this (89). However, there are often strong pressures in families to retain the status quo. This review has highlighted family structures and the influence on eating habits. A number of important points are raised. Firstly, the reciprocal relationships that are played out in family life have major implications for food and eating. Most research suggests that women play a major role as food providers. While earlier research suggested that men (as husbands or partners) exerted an influence over what food is actually provided, more recent research has indicated that the part played by children, when present, should not be underestimated. The moral responsibilities of parenthood coupled with an increasing amount of autonomy given to children has made them important players in the formulation of family food habits (90). Secondly, social position and privilege have, not surprisingly, an important influence over family food choice. The financial constraints of poverty are clear. However, this is not the whole story. Bourdieu’s work effectively moves our understanding of class forward by recognising the relationship between material constraint, symbolism and experience—each feeds off the other constructing a class rationality (76,77). Lastly, the stage of family life itself influences food choice and dietary patterns. It matters greatly whether an individual is single or partnered, childless or a parent when it comes to the extent to which they have dietary manoeuvrability. This appears to be a consequence of not merely individual choice but also the moral baggage that accompanies individual responsibilities to others. That is to say, the arrangements and relationships that develop between people, with or without children, have an impact on the choice of diet.

Implications for nutritionists and dietitians
Research into food and families can be important to dietitians and nutritionists. In a clinical setting efforts to influence an individual’s eating habits will stand a greater chance of success when a family-specific focus is taken. The study by Henson et al. (91), for example, showed that medically-prescribed diets tended to carry a high level of legitimacy compared to those which were self-administered. However, even diets prescribed under the authority of the doctor were required to meet with family approval if they had any chance of successfully being instituted.

Dietitians engaged in community work, especially with socially disadvantaged groups, also recognise the impact income has on food choice and the possibilities to influence these (92). One of the consequences for families of material constraint, as we have seen, is the difficulty of daring to deviate. That is, where changing food routines in family life is problematic because of risk of failure and subsequent financial repercussions. When food occupies a large percentage of family income—over 40% in some cases—the risks of spending precious resources on unfamiliar foods is nothing short of a gamble. Women, who often have a key managerial role in family finances, are expected to be accountable and responsible. Their role as agents of change, providers of familiar meals, and responsible financial managers is a juggling act that requires great skill.

The last implication of this review concerns the nature of the evidence from research concerning families and food. As this review has demonstrated few studies have
examined food within the family context. Many have examined specific variables (e.g. children's food preferences) within a laboratory-type setting and have tried to extrapolate results into a social milieu. While these studies have the advantage of providing researchers with control and rigour over the research environment, they run the risk of *rigor mortis*. That is, they are endangered by an experimental design which detracts from real-life context and relevance. In short, when embracing the highly popular notion of evidence-based practice, dietitians and nutritionists would do well to lobby for more *practice-based evidence*, that is more research and more evidence that is situated within realistic and appropriate social settings.

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