Food and finance: mothers’ food practices with young children, on a low income

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Overview

Lifelong eating habits develop when children are very young, and are shaped by their family. Efforts to improve young children’s diets often focus on providing information to parents about a healthy diet for their child. These approaches are limited in their understanding of what influences a family’s eating habits. This briefing explores how socioeconomic factors that shape food choices do not solely relate to costs.

Key points

- The mothers had a sound knowledge of healthy eating practices, but were restricted in their choices by their financial and social circumstances.
- The mothers expressed significant pride in, and control over, their status as mothers and their parenting skills, and highlighted their expertise, at times to challenge professionals’ knowledge.
- Children were described by the mothers as having an active influence on family food practices, yet this influence was described by the mothers as needing to be controlled.
- There were often differences in the mothers’ and the children’s diets and many of the mothers maintained a do-as-I-say-not-as-I-do practice in relation to their children's diet.

Background

Early childhood is considered to be a critical phase in the development of eating patterns, when nutrition-related health problems become established (Harrington et al, 2010), but this knowledge offers an opportunity to make behaviour changes that are long lasting. By age five, 20.4% of children in Scotland are classified as overweight or obese. Moreover, the distribution of overweight and obesity in children correlates with socio-economic status. In Scotland, 17% of children in the least deprived areas were classified as overweight or obese compared to 22.2% in the most deprived areas.

While the financial challenges of providing for a family on a low income are acknowledged (Scottish Government 2008), the focus of interventions is often on what children eat, with attention directed towards improving parents’ knowledge and skills. This provides a limited understanding of parents’ food practices, the decisions, choices and routines relating to food, and isolates parenting from the vast network of influences which shape those practices.

The study

This qualitative longitudinal study explored mothers’ food practices with young children: it looked at what significance food had in their lives; what shaped their food practices; and who was involved in food practices within the family. As a longitudinal study, it explored how food practices change over time in relation to changes in the mothers’ income, housing, or relationships; and how mothers report children’s involvement in food practices as changing over time.

Thirteen mothers living in the East of Scotland were interviewed initially in 2010, ranging in age from 18 to 40 years and all had at least one child under the age of six years. Eight of the
participants had one child aged between nine months and six years. Eighteen months later nine women were interviewed again. Despite numerous attempts it was not possible to get in touch with the remaining women. The first interviews explored the women's everyday lives by asking them to recount a normal day and food practices emerged as part of this. The second interviews focussed on change and/or continuity in the women's lives. Pseudonyms are used throughout this briefing.

Findings

Food practices and socioeconomic circumstances

Most of the mothers lived on income from benefits or part-time work and the challenge of living on restricted budgets was frequently mentioned as influencing food practices. Many food types which parents are encouraged to feed their children, in particular fruit and vegetables, were described as being expensive. This concern over costs was expressed by many of the women as a key reason for not always being able to buy ‘healthy’ food and was described by all as getting worse in the time between the interviews. For example, in her first interview, Lucy described how she mostly made ‘proper food’, that is, home cooked meals using fresh ingredients. However by the second interview she was using more frozen products because of the increasing costs.

Only one mother described lacking the income to buy a sufficient quantity of food (due to a temporary change in living arrangements); however, all the mothers expressed a sense of uncertainty in making their weekly budgets stretch, and adopted particular ‘smart shopping’ strategies to avoid coming up short. They demonstrated detailed knowledge of the comparative costs of food items within a range of different shops, including large supermarkets and smaller local shops. Despite not having their own transport, the mothers described shopping practices that involved going out with their immediate neighbourhood, and taking multiple trips to different shops, in order to get best value. These shopping practices had not changed by the second interview although the women all mentioned the increased difficulty of stretching their budgets in the face of rising food prices.

The socioeconomic factors that shape food choices do not solely relate to costs. For many of the mothers there were also complex issues that were experienced in their everyday lives including mental health problems; living with a partner with addictions; living with children with additional support needs; and coping with bereavement. The wider challenges some of the women faced also meant that concerns about nutrition and making healthy food choices were not always being seen as the priority in their everyday lives. For example, Karen was a lone parent, living on benefits with 6 children aged between 3 and 21 years. Three of her children had learning difficulties and one had other serious health problems. While she was aware of what she felt she should be doing, she did not see healthy eating as a priority, or could not make it a priority given the other challenges she faced in her everyday life.

“I mean if you’re having a really hard day wi’ Stuart or you’ve had a phone call fae the school to say Ailsa’s at it, really it’s the first thing that comes to your hand. That’s what you’re having. Eat it or leave it. I’m past caring now”.

When faced with change, some of the mothers also described difficulties in giving attention to food. One mother moved home and had a new baby and described their routines as having “all gone tae pot”. Another mother’s partner died between the first and second interviews and she described her difficulties in coping, and the support from neighbours and family in keeping her children fed.

Motherhood and food practices

Mothers still take most responsibility within families for shopping and preparing food. Mothers’ roles in relation to food are underpinned by particular moral narratives relating to family and to the practices associated with being a “good” mother. The family meal round the dining table is one such moral narrative and was evident in this study. Only one family had space in their home for a dining table and most of the mothers reported eating their meals on the sofa in their living room whilst watching television. Nevertheless, having a table was expressed as an aspiration and many of the mothers in this study often negatively contrasted their own practices with that ideal but still emphasised that by eating together they were “being a family”.

Children’s involvement in food practices

The mothers described feeling responsible for their children’s diet, and were aware of what a healthy diet should entail. However, there were many ways in which this responsibility was described as being challenged by their children, in relation to what was eaten, when and where food was eaten, and how much was eaten. One of the mothers’ main concerns was with “fussy eaters” described as being both a “hassle” and as too costly. There were
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many strategies described by the mothers in trying to modify the behaviour of children who were considered “fussy” eaters including offering rewards; the removal or denial of some activity or toy; and involving children in food preparation. This was often a dynamic process as mothers tried one strategy after another. The issue of cost arose again as it was suggested that trying new foods was expensive, when it was likely that another meal would have to be prepared if the new food was not liked by the child.

There was also discussion of change between the first and second interviews drawing on developmental discourses such as going through the ‘terrible twos’ to explain problematic changes including an increasing refusal of a range of foods.

“There has been times that I’ve cooked something and he’s ate it all, and the next time I cook it he says he disnae like it. So he’s just at the stage now where it’s like cheeky and just saying things, ken, to get on your nerves, or just to be smart.”

(Claire, 21, 1 child)

The issue of “fussy eaters” highlighted the mothers’ view that they should be in control of their children’s diet as Susie indicated.

“Kids have to have discipline and if you’re just going to give them everything that they want all the time, like as in food ... then there’s not going to be an end to it.”

(Susie, 34, 2 children)

As an expression of this control, many spoke of their rules around food, for example eating what was given to them; limiting of “treats” to particular times of the day; asking permission before taking food. However some also described challenges of sticking to “rules” in the context of other circumstances in their lives, such as ill health, mental health problems, and financial constraints. Indeed, for many of the mothers, it appeared that the issue of control around food related to other aspects of their lives. For example, Anne described the challenges of coping as a lone parent and how she often gave in to her son, to the point at which she felt that he was in control.

“He’s controlling everything he eats ... I give in to him, like, if he says ‘can I get a sweet instead of’, you know, I don’t give him a banana because he wouldn’t eat it, so there’s no point giving him it.”

(Anne, 23, 2 children)

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

The transmission of food practices

The mothers were very reflective about their own childhood, their relationships with their parents and the impact this had on their own diet and parenting. However, there were limits to the extent to which this reflection was applied to their own potential positive influence on their children. Many of the women interviewed did not have regular mealtimes, very few ate breakfast, many skipped other meals and on the whole there was a ‘do as I say, but not as I do’ attitude in relation to food practices. For some this included attempts to disguise differences between their food practices and those of their children.

“...at one point in the future. However, by the second interview there had been little change among the mothers interviewed highlighting the difficulties of bringing about change.

Motherhood, food practices and expertise

Mothers in particular are now expected to engage with expert discourse around managing risks to their children, not least in the context of health-related issues. While some mothers said that they welcomed the advice that experts, such as health visitors, offered, they also challenged such advice. Indeed their attitude to advice given to them directly by health care professionals was contingent on the professional’s expertise and their connection to them.

The mothers spoke most often about health visitors and some said that their experience with them was not useful because she had “made me feel stupid”, or “looked down her nose” and contrasted this with others who were “nice” or “friendly”. Karen said she would only listen to the advice of those she liked and deliberately ignored the advice of others. A few directly challenged professionals’
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Expertise if they were not mothers. For example, when Kirsty was told that her daughter was overweight by a health visitor she said, “it’s out of books ... so, she doesn’t actually know what it’s like.” (Kirsty, 19, 1 child)

The mothers also challenged expert advice indirectly, for example in relation to portion sizes. Most of the mothers commented that it was difficult for anyone to set a correct portion size because each child was different. Many were more concerned that their children were eating enough. This concern was linked by some to the judgement that they expected may come from other parents.

“... You are really, really paranoid in case like people think oh you are no giving them enough or whatever, because like they are acting hungry, when the next meal comes along they are like gulping it down.” (Emily, 22, 3 children)

These concerns were borne out by some critical comments that the mothers made about other parents. For example, Susie mentioned that she had informed social workers about her friend's children because she thought they were “always starving” when they came to her house. However, this can also be seen as a challenge to expert knowledge. The risks to their children's health (of underfeeding) that the mothers described were not in line with the public health concerns relating to child obesity. Moreover, the mothers did not draw on expert knowledge, such as growth charts, to evaluate whether they were “getting it right”. Rather they made judgments based on their child's appearance; if they looked healthy then they were healthy. Similarly, they drew on their own judgement in knowing when their children had eaten enough, as Karen said, “I just know by their face”. The mothers positioned themselves as experts, questioning the validity of standardising meal sizes for children, and presenting their own expertise through their knowledge of their children.

Implications for policy and research

• The impact of living in challenging financial and social contexts on food practices should be at the heart of policy and practice.
• More support around parenting strategies in dealing with the experience of young children's eating habits may prove useful to parents.
• Advice and services should be available for parents on the issue of their own diet in relation to the longer term implications for themselves and for their children.
• Longitudinal research with families can provide the opportunity to explore change or continuity in relation to food practices. This is particularly pertinent in the context of the current economic challenges facing families.
• Future research could include young children in order to explore their involvement directly rather than only from the mother's perspective.

References


This briefing has been edited by Sarah Burton and reviewed by members of the SSPHR core group. See www.ssphr.ac.uk for more information.