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Balancing health, harmony and hegemony: Parents' goals and strategies in children's food related consumer socialisation

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Abstract

Parents play a pivotal role in socialising their children for healthy eating. The objectives of the present study were (1) to identify food socialisation outcomes valued by parents, and (2) to study how parents socialise their children for (healthy) eating at home and during food shopping. Including both parents' perceptions of valued food socialisation outcomes and associated processes addresses a significant gap in the food socialisation literature. The study used semi-structured, in-depth interviews with parents of young children. Data were subsequently analysed by interpretive, thematic procedures. The sample consisted of middle- to high-income families from two cities in Denmark. Findings reveal four main food socialisation goals valued by parents: (1) Nutrition and Health, (2) Healthy Relationship with Food, (3) Food Assimilation, and (4) Self-Regulation and Autonomy. Parents prioritised children's acquisition of a healthy relationship with food which included preserving family relations and harmony, much more than strictly attending to a nutritious diet, contrasting the focus on the nutritional value of diet usually emphasised by public health authorities. The study therefore concludes that parents' notions of what constitutes healthy diets for their children is not completely aligned with common nutrition-oriented recommendations. Also, fathers were found to play a very active role in their children's food-related consumer socialisation. The findings underline the importance of addressing the priorities and strategies of both mothers and fathers when marketers and policy makers target contemporary families regarding children's food socialisation.

Introduction

Research consistently shows that parents play a decisive role for their children's eating habits (Birch, 1999; Larsen *et al.*, 2015), and for their preparation for future consumer roles (John, 1999; Moore *et al.*, 2017). However, there is a paucity of research on parents' perceptions of how they socialise their children into the food consumer role (Kharuhayothin & Kerrane,

2018), and which socialisation outcomes are valued by parents. Although parental food socialisation sometimes happens intentionally, a vast part of such influence happens unintentionally, and parents may not be aware of their impact (Moore *et al.*, 2017), especially when attending to multiple aspects of parenting and to the needs of different family members simultaneously in the context of everyday life. Nutrition-oriented research on children's food socialisation has looked into mealtime food socialisation to study how parents try to influence their children's preferences (e.g., Russell *et al.*, 2015) or behaviour (e.g., Moore *et al.*, 2007), but this line of research is usually not concerned with the wider context of food socialisation. We argue that consumer food socialisation is broader than the mealtime context, when place, time and participants are usually fixed. The notion of parental food socialisation includes, e.g., going shopping, cooking, visiting friends, between mealtime interactions, as discussed in family food decision-making studies (e.g., Nørgaard & Brunsø, 2011). Also, the overarching question of what parents aim to socialise their children for in terms of valued end goals related to their present and future role as food consumer is usually left unanswered or remains implicit. Although healthiness of diets is expected to be of importance for most parents (Judd *et al.*, 2014), children are socialised for diverse outcomes, and *which* outcomes are prioritised by parents and therefore guide their socialisation practices are not self-evident.

The aim of the present paper is to study children's food-related consumer socialisation including the overlooked and under-researched role of the father in children's (healthy) food socialisation. It is important to consider consumer socialisation within the realm of family dynamics and parental interaction (Moore *et al.*, 2017); food socialisation processes of contemporary families can only be understood by considering the interaction of all family members, including fathers in the cases of 'traditional' family compositions, along with the child and any siblings in the process. More specifically, the primary objective of this contribution is to identify parental goals and strategies by exploring the combined parental roles in children's broader food socialisation including and beyond the meal context. Deciding whether the strategies and goals are successful *per se* in terms of facilitating healthy eating habits is not the purpose, but the aim is rather to assess how and why parents attach importance to certain socialisation goals, and to study the means by which they try to accomplish these goals. With recent public attention to childhood obesity and generally unhealthy lifestyles, this contribution is of relevance for the wellbeing of families, commercial and social marketers and for public policy makers.

Parental roles in family food consumption and socialisation

In nutrition and parenting research, scholars often differentiate between parenting styles and parenting practices (Darling & Steinberg, 1993; Ventura & Birch, 2008; Larsen *et al.*, 2015).

Parenting style is a broad term that refers to general approaches to parenting across domains, such as exercising neglectful or authoritative parenting. *Parenting practices* refer to more specific strategies that parents practice in order to socialize their children for specific goals (Darling & Steinberg, 1993), for instance by restricting the availability of unhealthy food (e.g., Fisher & Birch, 1999) or pressuring the child to eat more healthy food (e.g., Moore *et al.*, 2007). While a parent may be exercising a certain parenting style consistently, parenting strategies are more responsive to context. Therefore, different practices may be used across children and siblings within the same family depending on the children's needs and ages, gender and more or less problematic eating behaviour and, of course, which parent is actively involved in the socialisation process (Darling & Steinberg, 1993).

The fact that parents exert significant influences on their young children's food consumption is relatively uncontested (Ventura & Birch, 2008; Schwartz *et al.*, 2011), although 'parents' in this context have usually been synonymous with the mother: A female participant has most often been deemed most relevant to represent the parents by conscious choice (e.g., Johnson *et al.*, 2011), or perhaps due to easier accessibility (Russell *et al.*, 2015). Studies using structured questionnaires for studying parental feeding styles and practices have sometimes used both parents as participants, but the role of the mother is usually the focus of such studies (Khandpur *et al.*, 2014; Gram & Grønhoj, 2018). In an observational study, parents' mealtime socialisation of kindergarten children was investigated (Orrell-Valente *et al.*, 2007), where mothers were found to be more involved than fathers, and the overall strategy of both parents was to encourage the children to eat more, and not restricting their intake. Parents used different tactics; mothers would praise their daughters for eating while fathers would pressure their sons to eat more, possibly disrupting their innate capacity for self-regulation. In the nutrition literature, a recent body of research has looked at fathers' feeding practices or has purposely included fathers to compare parental practices (e.g., Lloyd *et al.*, 2014). Khandpur *et al.* (2014) conclude from a recent review of the field, though including mainly US survey-based studies, that there are differences in fathers' and mothers' feeding practices: Fathers focus more on getting children to eat, including pressuring children to eat, and less on the nutritional quality of children's diet. Furthermore, fathers appear to be less likely to place limits on snacks and generally less concerned with ensuring the

consumption of a variety of foods, including daily access to fruits and vegetables (Hendy *et al.*, 2009). In a qualitative study focusing explicitly on fathers' food socialisation and involvement with regard to food and health risks, Owen *et al.* (2010) found two common themes related to fathers' food socialisation. First, fathers would strive to facilitate their children's choice and agency through shopping and eating practices (democratisation), and this would also work as a practical tactic to ensure that children had enough food, which was considered to be more important than eating healthily. Second, fathers were well aware of dominant societal health discourses, but a counter discourse was found in which they argued for their ability to ensure a healthy balance in their children's diet without adhering strictly to specific nutritional guidelines (cf also Tanner *et al.*, 2014).

The review demonstrates that in the field of nutrition, scholars have started to pay attention to fathers' food socialisation practices although these studies are still relatively rare, mostly limited to the context of the meal, and mostly based on self-reported survey studies (Khandpur *et al.*, 2014). The neglect of scholars to study this from a broader food consumer socialisation perspective (though see Moore *et al.*, 2017), and usually exclude fathers could leave one with the impression that fathers are passive, distant and uninterested in the practical work linked to feeding the family, and in the emotional attachment with their children implicated by such involvement. But this may also be due to not including fathers when studying consumer practices related to family life (Tanner *et al.*, 2014), which may have led to underreporting their involvement. Including male voices where female perspectives have traditionally held dominance could offer additional insight into an area which is important in understanding contemporary families' food consumption and which is attracting interest by public and commercial marketers.

When investigating parents' role in transferring healthy consumption habits to a young child, consumer socialisation theories provide a useful point of departure (Ward, 1974; John, 1999). Children's food socialisation is understood as the processes by which young children acquire food-related skills, knowledge, and attitudes relevant to their functioning as food consumers in the market place (cf. Ward, 1974, p. 2). Children are exposed to a multitude of food socialisation influences including, peers, siblings, school, media and marketing (Pettersson *et al.*, 2004; Tarabashkina *et al.*, 2017), however for the very young children (both) parents are the primary and most important food socialisation agents (John, 1999). In line with this view, this study set out to examine parents' broader food socialisation values and goals including the voice of the 'invisible' father and with the objective of

understanding food socialisation across different situational contexts (shopping, cooking, eating) when family members interact with regard to food related issues.

Research context

Danish parents have good conditions to reconcile work and family in the context of the Nordic Welfare Society (Greve, 2011). An extensive system of public care for children is in place and the maternity leave is, in a European context, good in terms of length and financial support. In addition, possibilities for paternity leave are in place and around 90% of Danish fathers use this opportunity (Huerta *et al.*, 2013). UK fathers have had access to paid paternity leave since 2003 while Danish fathers, in comparison, have had the same since 1984 (Huerta *et al.*, 2013). Most US fathers do not have access to paid paternity leave, although some states, such as California, New York and Rhode Island, recently have enacted policies for paid parental leave (Addati *et al.*, 2014). In Denmark, this comparatively advanced privilege of paternity leave has obviously created opportunities and expectations for fathers to be more active in their relations with their children due to their closer contact and early bonding with their children (Huerta *et al.*, 2013). Danish first time parents' age has been steadily rising; at present women are on average 29 years and men 31 years when their first child is born (Danmarks Statistik, 2015), which means that many couples will have established food related habits upon the arrival of their first child. Household tasks are gender biased in Denmark as in all of Europe, but according to a recent EU report, tasks are somewhat more equally shared in the Nordic countries than in other European countries (European Commission, 2017).

In a European context, the number of Danish children with a BMI indicating an unhealthy body weight is slightly lower than average (Inchley & Currie, 2016). Still, Danish children do not meet the public nutritional recommendations as they have a higher intake of sugar and fat, and a lower intake of vegetables than recommended (Rasmussen *et al.*, 2015). The Danish dietary recommendations combine physical activity with healthy eating recommendations, that is, “to eat varied, not too much and to be physically active”, but they also offer specific recommendations to “eat fruit and many vegetables”, “eat more fish”, “choose wholegrain”, “choose lean meat and cold cuts”, “choose low-fat dairies”, “eat less saturated fat”, “eat food with less salt”, “eat less sugar”, and “drink water” (Fødevarestyrelsen, 2015).

Methods

We chose a qualitative data generation approach for an in-depth exploration of parents' food-related consumer socialisation using an inductive, theory building approach (Eriksson & Kovalainen, 2015). At the same time, food socialisation theory and research were used in an iterative procedure (Kvale, 1994) and as reference points for developing the research ideas, themes for analysis, interview guide and subsequent analysis (Braun & Clarke, 2006). Data were generated from eleven semi-structured in-depth interviews with families including mothers and fathers and their 5-6-year-old children. At this age, children's food choice is still very much influenced by parents while increasingly exposed to external socialisation stimuli, such as kindergarten teachers and peers and media. Also, they are in a position to voice their opinion when shopping with parents.

The purposeful sampling of parents followed an intensity procedure (Robinson, 2014) with informants characterised as being information-rich, insightful and articulate (Miles & Huberman, 1994). The sample consisted of middle- to high-income families from two cities in Denmark, recruited through kindergarten directors in selected, privileged residential areas. This choice was reasoned by the idea that these families are in a position to exercise 'healthy' choices for their families, being relatively resourceful in terms of financial means and knowledge about children's nutritional needs, but not necessarily in terms of time to successfully execute healthy food choices.

Insert Table 1

The children involved were all assessed to be of a healthy weight according to BMI. Since socio-economic differences in obesity and life-style related health problems are prevalent, also in Denmark (Inchley & Currie, 2016), these families were sampled to represent food socialisation goals and practices in 'low risk' families in terms of developing overweight in childhood (see Table 1). The families were interviewed in their homes, and the interviews lasted around 40-70 minutes and were subsequently fully transcribed. All ethical requirements were fulfilled according the ethics requirements at Danish Universities.

The interview guide included open questions regarding parents' general socialisation goals, and specific goals and strategies used for regulating children's food consumption, including 'unhealthy' foods and drinks, such as confectionaries and soft drinks. To illustrate, parents were initially asked "What is important for you with respect to raising your child/ren?", and "When it comes to food, what is important for you with respect to raising your child/ren"? In addition, the interview guide included questions about the role of children and parents when

shopping for healthy/unhealthy food, and negotiation about healthy/unhealthy food at home. Since many of the situations would be perceived of as every-day situations that may be difficult to retrieve in an interview situation, various, engaging techniques (e.g., a little simulation game of choosing food and vignettes, Jergeby, 1999; Grønhøj & Bech-Larsen, 2010, p. 447) were used as input for the interviews. Parents were invited to reflect on their own socialisation goals and strategies in light of their life history and upbringing (Martens *et al.*, 2004; Kharuhayothin & Kerrane, 2018), and they were asked about their individual priorities and reasons for any discrepancies between the partners in these.

The authors conducted the first interview together and the rest separately. Emerging results were discussed on an ongoing basis. For the analysis of data, after a sequence of reading and initial coding, food socialisation themes were identified, for instance, “Nutrition and health” was discussed by parents in connection with different food socialisation contexts, such as being a priority during shopping, a topic for communication with children and spouses, as a trade-off issue when socialising with friends and family, and in terms of the appropriate composition of meals. In addition, different aspects of this theme (e.g., related to nutritional value, local products, organic ingredients) were mapped at the same time. Codes and, subsequently, themes were systematically compared across cases by means of thematic, interpretive approaches (Braun & Clarke, 2006; Gioia *et al.*, 2013) using NVivo software for qualitative data analysis.

Findings

The food socialisation goals and strategies held by the parents covered a wide variety of concerns related to broader socialisation values. These spanned from encouraging independence and autonomy in food choice related to parents’ envisaged role of their children as future, independent consumer-citizens (Moschis & Moore, 1984), to the very concrete steps taken to ensure that children would eat according to parental notions of consuming ‘healthy food’. *Goals* thus refer to valued outcomes that the parents aim for their children, such as healthy food consumption, whereas *strategies* refer to the means by which the parents seek to accomplish valued goals, for instance by encouraging children to participate in cooking for the family.

Insert Table 2

Table 2 offers an overview of the identified, main food socialisation goals valued by parents, and parental priorities with regard to these goals. It also displays common strategies utilised to further valued goals. The four main food socialisation goals that emerged across the families were: *Nutrition and Health*, *Healthy Relationship with Food*, *Food Assimilation*, and *Self-regulation & Autonomy*. We discuss each of these below, along with the strategies that parents used to further the goals.

Goal 1. Nutrition and Health

The nutrition and health-oriented socialisation goal refers to parents' attempts to ensure a healthy diet for their children. We identified different subthemes, and in particular ensuring healthy and varied food consumption were emphasised by parents. There was a focus on providing healthy food for children out of responsibility and parents' preferences for healthy food, although for some, compromises had to be made due to the children's unhealthy preferences and due to the barriers imposed by the hurriedness of every-day life. One father explained how the parents' long held passion for ensuring a good quality of food, which for him was the equivalent to healthy food, was not shared by his 5-year old son:

Father: Well, we are really into food, we really like food and we like good quality food .. and we always did, and I actually thought it would be a lot easier to introduce it to the kids .. to introduce this ordinary good food for the kids than it actually was. I think it has been very frustrating. Especially Philip, because he is at a stage where.. when he looks at it: "Oh. I don't like that" (Philip's family).

While displaying his interest in food and his commitment to introducing 'good quality and healthy food' to the child, the father was clearly also participating in transferring this preference, although the process of adoption was clearly longer and more complicated than what he had anticipated.

There were many suggestions as to what 'healthy food' meant to these families. While some families would refer to public nutrition recommendations, others would have much wider interpretations as to what the health aspect included, such as buying organic food, local or Danish products or simply 'good quality food'. Several studies have found that the lay concept of healthy food is not necessarily corresponding to the public recommendations, but is often based on other criteria, for instance the degree to which the food has been processed (Holm & Kildevang, 1996). Also, recent studies find the embodied nature of food consumption and consumption experiences play an important role for the

perception of the healthiness of the food, meaning that if one feels good, or in this case, the child is thriving, the food served must be healthy (Kristensen *et al.*, 2013; Sørensen & Holm, 2016).

Strategies for encouraging children to eat healthily

Many studies have shown the important role that parents' own dietary approach plays for their children's eating patterns. Thus acting as a role model has been extensively referred to in the literature as one of the most powerful sources of socialisation (e.g., Bandura, 1977; Grønhøj & Thøgersen, 2012; Larsen *et al.*, 2015). Kotowska *et al.* (2010) discuss the interaction of parental food modelling (parents' own diets) and parenting practices, that is, how parents actively use their capacity as role models – or leaders - to influence their children, for instance by displaying, encouraging or restricting certain foods. Modelling is usually an implicit way to transmit values and behaviour to children, and it often goes unnoticed. Some parents, however, referred to the parenting practice aspect of food modelling: Father: *“You see, you can say, it shouldn't be a fight to teach them to like different kinds of food (....but) because food is such a big part of our lives, then we just let it rub off, but not thrusting this upon them or forcing them.”* (Anton's family). However, taken together, not many families expressed the importance of food socialisation by being a role model or taking leadership –those who did were fathers - but gender differences were not clear and mothers tended to agree to the importance of role modelling.

Parents referred to children's participation as a food socialisation strategy, primarily in terms of letting children participate in the preparation of food, and, to a lesser extent, to influence the food that was served, and finally when going shopping. Letting the children participate in food preparation is seen to increase the acceptance of the (healthy) food served. But it is also perceived as very challenging for the families which is perhaps not surprising due to the young age of the children in focus of this study and the fact that both parents were working and often had very busy schedules. Many parents, however, had 'participation' as an ideal, albeit not carried out as much in practice as the parents would have wished for. One father reflected including his children in cooking as equals, and not as inferior 'little helpers', which was the way he had experienced this role himself as a child:

“I was made responsible for cooking once or twice a week, I can't even remember how often it was, and then it was just slowly but surely like that, you know. There was a long period of time when I was my father's 'little helper' – I really hated that expression! (..) really liked to help, it was not like that, but the fact that I was a 'little

helper' (..) I will not allow any of my children to be – 'little helpers' – they get to take part .. I really didn't like it, it wasn't flattering, you were degraded, really! Well, but then you got the responsibility for more and more gradually, like that, and I do have clear expectations that this is what is going to happen here, too." (Emil's family).

While recollecting his childhood experiences, the father, despite his perception of having been humiliated, is committed to including his children in cooking as he realises the importance of this practice. But there are different ways of inclusion, as his children will eventually *take part* and not just be 'little helpers' which is emphasised as entirely different roles to take on. Thus the example is an apt illustration of the emergent democratisation of family relations and the Nordic conception of the 'competent child', an idea that implies that parents partly renounce their authority to become the trusted friends of their children (Brembeck *et al.*, 2004). The recollected narrative illustrates how parents' past experiences serve as a bridge to their own efforts to socialize their children (Martens, 2004; Kharuhayothin & Kerrane, 2018), and how fathers are actively taking part in this activity.

Letting a child *participate* in shopping for food can also be considered a food socialisation activity. However, this was an activity parents often tried to avoid, especially if they needed to bring more than one small child to the supermarket at the end of the working day. Shopping without children was by many families considered to be the quicker solution, benefitting both parents and children, seeing it as a privilege not having to "*drag tired children through hullabaloo*" (Anton's family), while feeling sorry for those who needed to do this. However, notable exceptions were found in families where the fathers were very involved in shopping, enjoying the time spent with the child in the supermarket where the child would assist in picking out items. For instance, one father explicates how his involvement ranges from preparing lunch packets in the morning, to feeding the family pets and including his son in the shopping trip. It is thus clear from these interviews that some of the fathers, by interview accounts *of actions*, play very active roles in their children's food socialisation, with regard to shopping, food preparation, and caring for the children. Importantly, this could also be noted during the interview sessions in terms of accounts *in action* (Halkier, 2003) when most fathers were observed attending to the children at least as much as mothers did.

All families had rules that children should adhere to in order to eat healthily. Common rules included tasting the food in order to ensure a progression towards gradually

learning what is eaten in the family, eating the healthy foods before eating unhealthy food items, and emphasising the fact that on weekdays the food is healthy, whereas at weekends it is acceptable to be more permissive. One family put it this way:

Father: *"We have a rule that when we eat something they haven't tasted before (...) we want them to taste it, it's ok if they don't finish it, but they have to taste it."* Mother: *"And even if they tasted it before then we, say, okay, even if you didn't like it last time you can try it again. So it doesn't get to the point that, if you tasted something 3 years ago, then it gets to be a story constructed around yourself that you don't like it. You sort of give the food a chance when you meet it again"* (Thea's family).

Consequently, an alternative meal was not served for the child unless the child already tried the 'new' food, although in striving for this ideal, families also reported that adaptations in the food offered was often made, as will be elaborated below with regard to the food 'assimilation' process. Finally, an important way to ensure that children eat healthy (most of the time) is by constructing rules that define the timing and occasions of (un)healthy eating. Generally, such rules would stipulate that during weekdays, one should keep to a healthy diet, whereas on special occasions, it is perfectly acceptable, and even health promoting, to be more relaxed. Rules were heavily applied to ensure healthy eating and also when it concerned 'unhealthy eating' in the context of many families' primary concern: To ensure a healthy relationship with food.

No major differences between mothers and fathers were found regarding this theme as the vast majority of fathers and mothers were committed to providing 'healthy food' for their child. Interesting to note, however, was that many fathers, but also a few mothers, while explaining their passion for healthy, natural and good quality food, simultaneously expressed a 'disclaimer' on their health consciousness, claiming not to be 'fanatic' or 'puritan', this point to be further elaborated in connection with the goal related to 'healthy relationship with food' below.

Goal 2. Healthy relationship with food

While the families did prioritise that the food served for the children was healthy, they emphasised that the *relationship* children had to food must be healthy, something which was continuously stressed, but for different reasons. Two related subthemes appeared in relation

to this topic. The first topic concerned being able to strike a balance between eating healthy and unhealthy food, stressing the notion that too much focus on a healthy diet is not healthy: Mother: “*Nothing is healthy if you do it all the time.*” Father: “*It is not healthy if you only eat broccoli, and it is not healthy if you only eat beans*” (Thea’s family). The second theme concerned not being ‘fanatic’ or ‘religious’ about the choice of healthy food. Not being too restrictive in terms of allowing high-sugar and high-fat foods into children’s diets was an important and recurrent theme for most families, as a strict health orientation was seen to be a direct route to an unhealthy relationship with food, for instance in terms of destroying the joy of eating and also, conducive to illnesses such as anorexia (cf Kristensen *et al.*, 2013).

Strategies for encouraging a healthy relationship with food

Being able to distinguish between weekdays and special occasions as outlined above was important to parents as they wanted to teach their children the difference between normal weekdays, when a healthy diet is expected, and special occasions when ‘unhealthy’ foods are acceptable. Thus different foods are clearly associated with different, compartmentalised consumption contexts, or different I-positions (Bahl & Milne, 2009), or in a family context, jointly negotiated ‘We-positions’, that legitimate enjoying confectionary together on a Friday night, or cakes when grandmother visits.

Food has important social functions, which becomes particularly evident with regard to socialising children for to cultural and family identity, norms, and values (Ochs & Shohet, 2006; Epp & Price, 2008; Fischler, 2011). Mealtimes, especially in the evening when the family is gathered, are perceived as a sacred time for many families. The families referred to the social function of food as an issue of primary concern, and sharing food as an important practice that must be transmitted to the children. A common rule was that children must sit at the table as long as possible and ask for permission to leave. One mother explained the sacredness of the meal situation by referring to the sociality of the meal as something that ‘overrules’ other concerns, such as ‘healthiness of food’ and the principle of ‘always taste the food’ – the shared dinner is concerned as much with building and preserving healthy family relations as it is with socialising children for healthy eating. Most families referred to the sacredness of the evening meal situation agreeing that evening dinner is when family members rejoin after having been apart for most of the day. In much the same way, all families mentioned eating candy together on a Friday night as a way of social bonding, to the extent that they would completely ‘forget’ that this is about something ‘unhealthy’.

Father: I think it's a bit cosy, too. I actually don't think about it as sweets. I just think it's kind of cosy that the family is together in a good way, they are all three [children] together, and, we actually talked about this, we think it's nice that Thomas [older brother] who is eleven actually wants to be with them [the small children], instead of hiding in this room (Rasmus' family).

The social aspect of eating was clearly a priority across families. This was in most cases emphasised by mothers, but fathers did not disagree.

Goal 3. Food assimilation

The age of the children whose parents were interviewed is interesting in terms of issues of 'children's food' versus 'parents' foods. Although more common for the very young child, children's gradual uptake a regular, 'normal' diet is often referred to as the weaning period, where children adjust to the nutritional requirements as they grow (Schwartz *et al.*, 2011).

But for many parents in this study, this was as much about reconciling adult-child preferences. Closely connected to 'the rule of tasting new food' is then the idealistic principle, that separate adults' and children's meals should not be prepared, and secondly, that the whole family should not be eating 'children's food'. This is nicely demonstrated by the following excerpt, where the father tries to convince the mother that the children have been seamlessly socialised to eat according to parents' preferences, which is to eat 'good food,' not junk food:

Mother: We cook thing the children like to, I think, most of the time.

Father: It is also things we like to eat. There are basically no main meals that are made for them we don't like. It is rather the other way around, isn't this true, Else [mother]?

Mother: What are you saying?

Father: That the evening meals that we make and actually also the content of lunchboxes, almost, not completely. There may be a bit more fun in the lunchbox, but dinner: That's what WE think is right to eat.

Mother: We do choose our meals according to what we know they are interested in.

Father: Yes, but what did you leave out because of their preferences? Did we cook something before we had children that we don't cook today?

Mother: We don't have red meat very often, do we?

Father: Well, that's actually because I don't eat as much red meat as I used to.

Mother: No, I don't think it is. Because what would the children have then? They don't eat it

(Sofia's family)

The food assimilation thus works in both directions, with children accommodating adult preferences, but also, and often prior to this, parents accommodating children's preferences.

Strategies for encouraging food assimilation

As with the goal of healthy eating, strategies to further food assimilation are to ask children to always taste the food, separating the food so all meal ingredients would be clearly discernible, and require that any healthy food be eaten before eating unhealthy food items (e.g., before embarking on any desserts). There seemed to be no major gender differences regarding this issue, though mothers seemed to be more aware, and perhaps more accepting, of the change in the families' diets (toning down the use of spices, increased use of minced meat rather than regular steaks, etc.) with the advent of children to the family.

Goal 4. Self-regulation and autonomy

Learning to self-regulate appetite in childhood is a key skill to avoid over- or under-eating and thus also very important to the food socialisation process (Schwartz *et al.*, 2011). Closely connected to this issue, and in relation to learning to prioritise healthy food, is the theoretically based notion that autonomous self-determination is the ultimate goal of parents' food socialisation process (Grolnick *et al.*, 1997). This implies that children choose and eat healthy food out of autonomous, personal preferences that have been internalised through a (successful) food socialisation process (Moore *et al.*, 2017). Some parents were well aware of this issue and explained how they addressed it:

Mother: [Making them] conscious of what is healthy and what is not so healthy to eat. We use a lot of effort on that, I think.

Father: Yes. Also learning to notice whether you are hungry or you eat just because you feel like it. That is, to notice if you are hungry or not.

Mother: Yes, the quantity is important, too. But also, we can't always ... when they are small we're typically there when they eat. Also at a birthday. Then you can help them to choose. But that's only when they are small, then comes a time when you are not there and then we would want them to have learnt that they eat the healthy stuff until they are full and then just taste the not-so-healthy stuff (Rasmus' family).

Strategies for encouraging Self-regulation and autonomy

Although few parents addressed the ultimate goal of successful food socialisation explicitly, many parents addressed the issue of self-regulation more indirectly by referring to their strategies in terms of letting children control the quantities of food themselves. None of the parents would request children to finish food on their plates, whereas some might ask their children to finish the *healthy* food before embarking on a dessert. Using food as reward for good behaviour, a strategy which has been shown to have adverse dietary consequences in terms of children's ability to self-regulate (Larsen *et al.*, 2015), was something most parents showed stark resistance against. This point was as much articulated by fathers as by mothers.

Conclusion and discussion

The objective of this study was to investigate family food socialisation in the context of contemporary family life, including the role of the 'invisible' father in studies of socialisation processes. The study yields valuable information of how parents negotiate and practice children's food-related *consumer* socialisation, and extends the notion of food socialisation beyond the meal context which is of high relevance for a comprehensive understanding of families' food practices, with implications for marketing and public policy. The study identified four major food socialisation goals including key associated strategies facilitating these goals.

The first goal, *nutrition and health*, aimed at ensuring that children's diets are healthy in general. Although parents had a variety of notions of what constitutes a 'healthy diet', often departing from the public official, nutrition recommendations (Fødevarestyrelsen, 2015), this was a priority for parents and accomplished by a number of different means such as parental role modelling to lead the way for healthy eating and presenting children with a variety of foods. The most pertinent goal across families was having a *healthy relationship*

with food, the aim of which was to ensure that children's relation to food is balanced, 'non-fanatic', and socially oriented. This was accomplished, for instance by keeping dinner times as sacred, social occasions, and by making context-based rules for the intake of 'unhealthy' foods. The third goal of *food assimilation* ideally aimed at teaching children to eat according to the family's (healthy) diet, but more accurately referred to the efforts of reconciling parents' and children's preferences by mutual accommodation. Besides parents modifying diets to satisfy children's preferences, this was done by parental rule setting practices, such as asking children to always taste the food before dismissing it. Finally, the goal of cultivating *self-regulation and autonomy* in children was identified across families as many parents would aim to teach their children to regulate their own diet, but also to ultimately promote their acceptance and preference for healthy foods by independent, autonomous choice. Strategies to accomplish these goals included not regulating children's food intake too much (e.g., by not pressuring them to finish their meals) and communicating the benefits of eating healthily verbally, and by acting as role models, while trusting, or hoping, that this would have long time effect as an anticipatory consumer socialisation effort (Moschis & Moore, 1984).

While the focus of this study was on parents' broader socialisation goals, strategies and practices, these cannot be sufficiently appreciated without including the context in which parenting and family life is carried out. In Figure 1 parents' food socialisation goals and practices are depicted within the context of the broader socialisation influences (Grier *et al.*, 2007; Moore *et al.*, 2017; Tarabashkina *et al.*, 2017) including family dynamics such as parents bringing their own childhood experiences into the process (Martens *et al.*, 2004). Parenting and parents' consumer socialisation processes are carried out within the context of interpersonal, social, cultural, economic and structural, societal influences and in the interplay between family as a consuming unit and family as an institution (Commuri & Gentry, 2000).

Insert Figure 1

The present study has demonstrated how the interviewed parents articulate and enact their priorities while interacting with their children within this broader context. Contemporary childhood socialisation is not confined by the boundaries of home, and even small children are exposed to external influences from an early age, for instance through kindergarten and media. Therefore, parents' influence includes interpreting and mediating external influences

on children's food consumption (Tarabashkina *et al.*, 2017). Likewise, parents are also heavily influenced by their own social and cultural background and upbringing, their ability and opportunity to strike a balance between work and family life. In addition, they are continuously exposed to normative expectations of what contemporary parenthood and (changing) gender roles imply.

When considering parental roles and strategies it is clear from this study, that many fathers are deeply involved in their young children's socialisation processes concerning food and are also preoccupied with the healthiness of food, contrasting partly with what previous studies found (Tanner *et al.*, 2014). Although mothers' and fathers' priorities are not always completely identical there were no major disagreements in this study with regard to overall importance of the specific food socialisation goals valued by parents. Differences identified included mothers' heavy emphasis on meal times as sacred, social occasions and fathers' reluctance to come across as 'fanatic' when it comes to eating a healthy diet. It was clear that the division of labour within these families would imply that fathers often took primary responsibility for areas implying interaction with the children, in particular when fathers reported letting their children participate in shopping for food. The fathers in this study are thus seen to play an important role in children's food-related consumer socialisation outside the boundaries of the home where important choices about healthy and unhealthy food are also taken, a point which is often neglected in nutrition studies.

Limitations and implications

The present study did not reveal major differences between spouses regarding food socialisation goals and strategies. Also, the findings of previous studies identifying fathers as less concerned with, for instance, the quality of children's food (Khandpur *et al.*, 2014), could not be recognized in this study. This could potentially be a reflection of the method used. Thus, when parents are interviewed together, differences and conflicts may be smoothed out in order to keep a good atmosphere or for impression management. In a similar vein, many of the parents may well be aware of recommended ways of socialising their children to eat healthy and may readily align with social expectations by claiming to be following these recommendations consistently when being interviewed. It can be argued, as was the experience with this study, that the procedure of interviewing both parents and children together minimised the stories told out of intentions to respond in socially desirable ways, as both spouses and children were ready to correct any deviations from everyday practices.

The national and social contexts of fatherhood are very important in how gender roles are enacted and some of the findings may be closely linked to the Danish context of the study (Huerta *et al.*, 2013). This may account for the discrepancy between this study and previous research in the field (Owen *et al.*, 2010; Khandpur *et al.*, 2014; Tanner *et al.*, 2014). The study was conducted in a middle- to upper-class setting, a segment of consumers who are usually knowledgeable about how to feed their children nutritious, healthy diets and, even if they should not be considered a 'best practice' case, they are in a better position to raise healthy children than families of less resourceful backgrounds (Inchley & Currie, 2016). In this respect, it is interesting to see that parents unequivocally praise the notion that one can only eat a healthy diet if having a healthy *relationship* with food. This is not in line with the national dietary recommendations (Fødevarestyrelsen, 2015) – and most likely the dietary recommendations of many countries – as these are usually focused on nutritional needs and tend to neglect the social and hedonic aspects of food consumption.

It would be very relevant to explore parents', including fathers', engagements with household chores and prioritisation of food socialisation goals in different cultural and socio-economic contexts. The present study included a relatively small qualitative study of 'traditional' Danish family compositions and is mute about the extent to which similar patterns would be found in other family types as well as the generalisability of the identified patterns of food socialisation in a statistical sense. In addition, the study is limited in the sense that only parents of 5-6 year-old children participated. No doubt, young children depend very much on parents, and they are influenced by parental goals and strategies with regard to healthy and unhealthy foods. With age, children will increasingly be exposed to a range of marketing influences, while expanding their social network and starting to rely on peer acceptance, and so parents' influence will gradually wane (John, 1999) and reciprocal and reverse socialization will start to take place, for instance with regard to environmental issues (Grønhøj, 2006; O'Neill & Buckley, 2019). However, survey-based research shows that parents are still influential with respect to adolescents' healthy eating patterns (Pedersen *et al.*, 2015; Lehto *et al.*, 2016). But the processes by which parents retain or renounce this influence, beyond pure modelling approaches, are not well studied. Future studies should shed light on these processes to identify, for instance, how older children are supported to maintain (or improve) healthy eating habits through adolescence. Again, international, comparative studies could offer valuable insight into the role of culture in these processes.

While recognizing the limitations of the study, particularly in terms of sample size, composition and cultural context, the findings indicate that a broader understanding of the

roles of fathers in children's food socialisation is needed. Even if the active fathers explored in this study are perhaps not 'Super Dads' (Kaufman, 2013), they do participate substantially more than the distant father of earlier times. It is important to throw light on the broader roles and positions of the father in food socialisation research, especially because the fathers in this study contribute with practices that may be conducive to a healthy relationship with healthy food for children – being allowed to participate actively in food shopping and cooking with also a male role model for example. This also includes the more practical suggestion that fathers should be targeted more directly in communication about healthy eating to children. In addition, they also need to be made aware and reminded that they are important role models with regard to this topic. The findings indicate shifting gender roles in family food consumption and of the food socialisation of children, which must be taken into consideration by commercial marketers, social marketers and public policy. These stakeholders should also be reminded that families' conceptions of what constitutes "healthy eating" may not completely coincide with public dietary recommendations (Sørensen & Holm, 2016). This implies that families, when prioritising socialisation outcomes for their children, tend to dismiss a strict adherence to eating healthily: Parents strive to teach their children that eating healthily is important but since other goals - not least cultivating healthy interpersonal relations - compete for parents' attention, compromises on the healthiness of food are continuously being made. A recognition of these inherent mechanisms in children's food socialisation may be instrumental in fostering "healthy" dietary changes for children and their families.

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Table 1 Participants

Child (Synonym)	Family members (age), siblings	Employment father/mother
Sofia	Mother (38), father (38), brother	Manager/ Engineer
Rasmus	Mother (38), father (43), two brothers	Admin officer at university/ Sales representative
Jonatan	Mother (36), father (43), two sisters	Dentist, Project Manager
Thilde	Mother (41), father (42), brother	Dental hygienist/ Engineer
Agnes	Mother (44), father (54), sister, brother	Psychologist/ Head of High School
Anton	Mother (44), father (45), three sisters	Manager/ Folk High School Teacher
Thea	Mother (33), father (34), sister	Admin officer/ University student
Mads	Mother (36), father (37), two sisters	Teacher/ Employed in logistics and energy company
Philip	Mother (31), father (33), sister	Medical secretary/ Employed in football agency
Freja	Mother (41), father (36)	Medical doctor/ Project manager
Emil	Mother (40), father (41)	Travel agent/ System developer

Table 2 Food socialisation goals and strategies

Goal	Strategies	Priority given to approach
<p><i>Nutrition and Health</i></p> <p>Description: Parents' attempt to encourage children to eat healthy food</p>	<p><i>Parents as role models and leaders</i></p> <ul style="list-style-type: none"> • Food modelling • Parenting practices <p><i>Participation</i></p> <ul style="list-style-type: none"> • In shopping for food • In food preparation <p><i>Communication and rules</i></p> <ul style="list-style-type: none"> • Regarding food intake (e.g., eat healthy food before unhealthy food, always taste the food) • Distinguishing between (healthy) weekdays and special occasions 	<p>Committed to healthy eating, but compromising and not 'fanatic'</p> <p>Parents as role models is rarely acknowledged</p> <p>Only few committed to letting children participate</p> <p>Rules are heavily utilised</p>
<p><i>Healthy Relationship with Food</i></p> <p>Description: Striking a 'healthy' balance between 'healthy' and 'unhealthy' food</p>	<p><i>Rules and traditions</i></p> <ul style="list-style-type: none"> • Distinguishing between (healthy) weekdays and special occasions <p><i>Sociality orientation</i></p> <ul style="list-style-type: none"> • Eating dinner together • Eating confectionary together 	<p>Highly committed, and the importance of family relations often emphasized</p> <p>Rules are heavily utilised</p>
<p><i>Food assimilation</i></p> <p>Description: Striving towards making children eat according to parents' diet</p>	<p><i>Rules</i></p> <ul style="list-style-type: none"> • Regarding food intake (e.g., eat healthy food before unhealthy food) • Regarding meal times (e.g., always taste the food) 	<p>Ideal, but challenging</p> <p>Rules are heavily utilised</p>

<p><i>Self-regulation and autonomy</i></p> <p>Description: Aiming to further children's internalisation of a preference for 'healthy' food</p>	<p><i>Communication and rules</i></p> <ul style="list-style-type: none"> • Teaching about 'healthy and unhealthy' • Teaching when to stop eating (e.g., plates do not need to be finished) 	<p>Committed</p>
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Figure 1 Parenting and children's food socialisation

