Food Choices: Perceptions and Experiences of Australian Fathers

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Food Choices:

Perceptions and Experiences of Australian Fathers

by

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MClinPsych

Submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

Deakin University

December 2021

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Acknowledgements

I am immensely grateful to the fathers who willingly gave their time, shared their personal thoughts and experiences, and showed great interest in the study. Furthermore, this thesis would not have been possible without the support and encouragement of many people:

- My principal supervisor A/Prof. Adrienne O'Neil, the associate supervisors Prof. Felice Jacka, Prof. Trisha Dunning, Dr. Renée Otmar, Dr. Anu Ruusunen, and the former associate supervisor Dr. Adam Walsh, who shared their vast knowledge and expertise, provided guidance and encouraged me, supported the data collection and analysis process, read through long and numerous drafts, and helped me improve and sharpen my thinking and writing

- Former supervisors Karen Campbell and Steven Allender for providing their input over the first year of the project.

- The associate researcher Dr. Miranda Blake, who provided helpful comments and advice, supported the data analysis, and always encouraged me and believed in the study over the past two years

- A/Prof. Kevin McNamara, Chair of the Progress Support Panel, who with his rare kindness, understanding, and expertise guided and supported me through the challenging final year

- Ms. Nicole Dawnes, Disability Liaison Officer, who heartfeltly listened, understood, and provided support through the bleakest moments of the past year

- My colleagues and friends within the Food & Mood Centre team and IMPACT, especially Samantha Dawson, Claire Young, and Pamela Rufus, always supportive and available to help

- Deakin University, for granting me the three-year DUPRS Scholarship, which made it all possible

- All my friends around the world and my Aussie mum Donna Ellison, who believed in me and never doubted that I would make it, even when I did

- Psychologist Anna Tocci, who with her immense heart, profound sensibility, and knowledge held my hand the whole way and enabled me to go through the greatest hardship

- My parents, to whom I dedicate this thesis; my brother and sister, and all my family members, who always support me unconditionally.

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Acronyms and abbreviations

BMI	body mass index
COVID-19	SARS-COV2 virus
FG	focus group
HBM	health belief model
HSR	Health Star Rating system
NCD	non-communicable disease
PDPE	participant-driven photo elicitation
PLSCF	plain language statement and consent form
QD	qualitative description
SEP	socioeconomic position
TA	thematic analysis

Ethics Statement

This PhD thesis reports the results of the research project titled "Food Choices: Perceptions and Experiences of Australian Fathers". The study was carried out according to the National Statement on Ethical Conduct in Human Research (2007) produced by the National Health and Medical Research Council of Australia and updated in 2018. This statement has been developed to protect the interests of people who agree to participate in human research studies. Deakin University's Human Research Ethics Committee approved this PhD research project. The ethics approval reference number is HEAG-H 105_2018.

Abstract

Fathers' attitudes to food and food choices influence the family food environment and children's diet. However, there is a lack of understanding of what drives fathers' food choices and their contribution to the family food context. This study's primary aim was to explore fathers' constructions of food, food choices, healthy eating, and their role in the family food context, to better understand the key influences on fathers' food choices and food parenting. The overarching question guiding the study was: *What drives fathers' food-related choices, practices, and parenting?*

This study took an overall social-constructionist perspective. A qualitative descriptive approach was applied to enable a rich description of fathers' perspectives and experiences. In-depth interviews (n=26) and focus groups (FG) (n=5) were conducted with twenty fathers, respectively (total=40). Fathers had at least one child aged 1–12 years, were involved in their children's lives, and resided in Australian metropolitan and regional areas. Fathers' personal photos served as icebreakers and prompts for discussions (Participant-Driven Photo Elicitation technique). Individual, social, and environmental influences were identified and interpreted using the food choice process model and goal activation theory from a life course perspective, which emphasised fatherhood and identity, and a gender perspective. Interviews and focus group data were analysed separately. Interview data informed the subsequent data collection and analysis from focus groups. Focus group dynamics were also analysed.

Overall, the findings from the focus groups concurred with the findings from the interviews. The major influences on fathers' food-related choices and practices identified were children's needs or preferences, becoming/being a father, maintaining good health and health concerns, time constraints and convenience, growing older, upbringing, and environmental and ethical concerns. Fathers' narratives of food and eating included a health-oriented, mindful approach and an active involvement in family food activities and dynamics. Contemporary discourses reflecting dietary trends popular in industrialised countries influenced fathers' constructions of food and healthy eating. Fathers described healthy food/eating as being natural, unprocessed, simple, clean, rich in vegetables and fruit, colourful, homemade or homegrown, varied and balanced. Sugar consumption was identified as fathers' main concern about health

and wellbeing in general, and children's health and behaviour in particular. Similar perspectives were identified across participants of different age, socioeconomic positions, cultural backgrounds, and geographical locations.

In participants' narratives, beliefs about a connection between diet and health became increasingly apparent and relevant with maturation and ageing. Significant life experiences and transitions (e.g., upbringing, cohabitations, family formation, illnesses, growing older) prompted reflections and awareness about the importance of diet for health, wellbeing, and longevity, motivating fathers to improve their personal lifestyle choices over time.

Fatherhood was identified as the key life stage in shaping men's relationship with food and healthy eating, their food choices, food parenting, and health orientation, eliciting positive attitudes and choices. Upbringing and socio-cultural dimensions of food/eating also played a role in the evolution of fathers' constructions of food, family identity, and "doing family". The study's findings led to a novel model of fathers' food choices and a new theory of paternal identity and food choices integrating identity theory, the concept of a personal food system, and goal-activation theory, from a life course perspective.

This study provides novel and in-depth insights into the constructions of food, healthy eating, and food choices of Australian fathers, and the evolution of the fathering role in the family food context. The model and theory proposed by the study offer a framework and highlight processes that could help to explain and improve fathers' attitudes, motivations, choices, and practices related to food and healthy eating. The study's findings could support the development of effective programs involving and targeting fathers and the male population, and encourage the development of work, health, and family policies to be inclusive of fathers and their contributions to family life.

CHAPTER 1: Introduction, rationale, and background to the study

The study explored the views and perceptions of Australian fathers about food, eating and health, and the relationship between intentions and food choices in the fathering context, using qualitative methods. Section 1.11.5 provides a detailed overview of the thesis.

Chapter 1 describes the current global situation of suboptimal diet and diet-related conditions in those industrialised countries where food is highly available and dietary risk is a greater concern than extreme food insecurity and poverty. In this framework, the chapter explains the importance of the role of fathers, their beliefs, behaviours and choices related to food, eating and health, for family eating and men's health. The chapter highlights the relevance of fatherhood as an important life stage for promoting healthy eating among men and families and provides a description of the determinants of food choices from a life course perspective. The final section of the chapter (1.11) provides the background, aims and significance of the study, and an introduction to the structure of this thesis.

1.1 Unhealthy diet: a global burden

The definition of a healthy (and unhealthy) diet is constantly changing, based on evolving nutritional knowledge and understanding of the roles of foods, nutrients, and health (Cena & Calder, 2020). Currently, official guidelines, define a healthy diet as one that is high in plant-based foods, such as fruit and vegetables, legumes (e.g., lentils and beans), whole grains (e.g., unprocessed millet, wheat, maize, oats, brown rice), seeds, and nuts, and low in animal-based foods (particularly fatty and processed meats) and discretionary foods and drinks (Cena & Calder, 2020; World Health Organization, 2021, U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2020). More specifically, for adults a healthy diet:

- includes at least five portions (400 g) of fruit and vegetables per day (excluding starchy roots, e.g., potatoes) (World Health Organization, 2003)
- does not exceed the maximum recommended intake of free sugars (less than 10%, preferably 5%, of total energy intake) (World Health Organization, 2015)

- does not exceed the maximum recommended intake of fats, including
  - less than 30% of total energy intake via unsaturated fats, for example from fish, avocado, nuts, and olive oil (Food and Agriculture Organization of the United Nations, 2010; Hooper et al., 2015; World Health Organization, 2003)
  - less than 10% of total energy intake via saturated fat
  - less than 1% via trans-fat (World Health Organization, 2018a)
- does not exceed the maximum recommended intake of salt (less than 5g per day) (World Health Organization, 2012).

An unhealthy diet is the leading cause of numerous health concerns globally, including obesity, non-communicable diseases (NCDs), disability and early mortality (Mozaffarian, 2017; World Cancer Research Fund International, 2014; World Health Organization, 2021; World Health Organization, 2017a, 2017b; World Health Organization, EMRO, 2017). Lifestyle-related illnesses such as cardiovascular diseases, cancers, and diabetes currently account for 40 million deaths, which is almost 70% of all deaths globally every year (World Health Organization, 2017a).

Being overweight can cause health problems. Body mass index (BMI) is an approximate indicator of level of risk for morbidity and mortality at population level (Victoria State Government, 2020a), and considered one of the major risk factors for NCDs (National Health and Medical Research Council, 2013). Suboptimal nutrition is currently the leading risk factor for mortality worldwide (Benziger et al., 2016; World Health Organization, 2016; World Health Organization, EMRO, 2017) and obesity is the second leading factor in COVID-19-related deaths globally. Furthermore, nine out of 10 deaths from COVID-19 have occurred in countries with high obesity levels (Boseley, 2021; Lobstein, 2021).

In this scenario, both unhealthy diet and weight, and their adverse consequences, are a global concern (Daniels, 2009; Gortmaker et al., 2011; Ogden et al., 2015; Ogden et al., 2014). In most countries, including Australia, children and adults do not meet the recommended national dietary guidelines (Australian Bureau of Statistics, 2018c; Dietary Guidelines Advisory Committee, 2015; Health Canada, 2015; Public Health England, 2016), particularly in terms of insufficient intake of healthy nutrient-dense foods (vegetables, fruit, wholegrains, legumes) and an overconsumption of processed

and energy-dense foods and drinks (discretionary foods [National Health and Medical Research Council, 2013]).

1.2 Men's health and food choices

In Australia, as much of the world, males' life expectancy is lower than females', not only due to biological disadvantage but also differences related to lifestyle behaviours (Australian Institute of Health and Welfare, 2019; World Health Organization, 2018b). According to the World Health Organization (2018b), cardiovascular disease (CVD) is the leading cause of men's premature death, followed by other NCDs such as cancer, diabetes and chronic respiratory diseases. The main risk factors for these conditions, including hypertension and elevated BMI, are more prevalent in the male population (World Health Organization, 2018b). However, men are less likely than women to engage in primary health care services and preventive health practices and help-seeking behaviours (Gordon et al., 2013; McKelley & Rochlen, 2010; Oksuzyan et al., 2010; Wardle et al., 2004).

Furthermore, men's health and lifestyle behaviours are influenced by gender-specific conventions and norms (Tharakan et al., 2019; World Health Organization, 2018b). Previous research has reported considerable gender differences in attitudes, values, preferences and practices regarding food and healthy eating (Kiefer et al., 2005; *safe*food, 2014; Wang et al., 2012). Men have been generally found to eat less healthily (Buning-Fesel & Ruckert-John, 2016; Prattala et al., 2007; Wardle et al., 2004), to be more pleasure-oriented in food choices (Kiefer et al., 2005; Wardle et al., 2004) and to be more reluctant to adopt healthy and preventive lifestyle behaviours than women (Courtenay, 2000a; Modlinska et al., 2020). These differences appear to reflect not only nutritional needs (Gedrich, 2003) or social and occupational positions (Roos et al., 2001), but also gender-specific characteristics, social roles and expectations related to constructions of maleness and hegemonic masculinities (Courtenay, 2000a; Lee & Owens, 2002) (i.e., the dominant form of masculinity [De Souza & Ciclitira, 2005]), such as risk-taking attitudes, social dominance, power, physical strength and invulnerability (Bogueva & Marinova, 2020; Bogueva et al., 2020; Courtenay, 2000a, 2000b; De Souza & Ciclitira, 2005; Gough & Conner, 2006; Hayley et al., 2015; Newcombe et al., 2012; O'Brien et al., 2005; Roos et al., 2001). Men have been found to prefer foods with masculine connotations (e.g., meat, red meat and high-fat meat)

(Modlinska et al., 2020; Spinelli et al., 2020) over foods like fruits and vegetables and vegetarian/vegan diets, which are perceived as weaker and more feminine (Bogueva et al., 2020; Buning-Fesel & Ruckert-John, 2016; Kiefer et al., 2005; Rozin et al., 2012; Schosler et al., 2015). However, masculine norms related to work and family can also motivate healthy intentions and facilitate healthy practices in men in the family context, because they are associated with the roles of family providers and protectors (Snipes et al., 2015). In addition, there is recent evidence indicating that men are less likely to benefit from dietetic interventions compared with women (Firth et al., 2019), so understanding their relationship with food is important for shaping clinical practice.

The marked disparity in health and dietary behaviours between genders and men's vulnerability to chronic conditions at an earlier age highlight the need for more research studies, programs, and interventions for health promotion targeting the general male population (Ayers, 2007; Bottorff et al., 2015; Tharakan et al., 2019) as well as specific sub-populations of men such as fathers, who may hold and enact values, priorities, needs, and lifestyle choices that influence their food choices decisions and behaviours.

1.3 Determinants of food choices

Food choices are central to human health. Nutrition influences the human genome and microbiome, the cardiovascular and metabolic systems, oral health, and other essential systems (Fenech, 2007; Conlon &Bird, 2015; Mattioli et al., 2017; Moynihan, 2005). Adequate nutrition provides the necessary nutrients and minerals for the human body to function well and can reduce the risk for many acute and chronic health conditions (GBD 2016).

Food choice refers, in a general sense, to how people make decisions on what to buy and eat (Eufic, 2021). In this study, food choices are intended as (more or less conscious or intentional) decisions and actions that determine or influence personal and family acquisition, preparation or consumption of food, as well as child feeding practices.

As with other human behaviours, food choices and health behaviours are multidimensional phenomena involving the interaction of a wide range of highly

complex and multifaceted biological, individual, social, cultural and environmental factors (Baranowski et al., 2002; Bauer & Reisch, 2019; Berthoud, 2012; Bisogni et al., 2012; Bronfenbrenner, 1979; Modlinska et al., 2020; Moura & Aschemann-Witzel, 2020; Newnan, 2017; Sallis & Owen, 2015; Story et al., 2008; Symmank et al., 2017). These factors are dynamic, situational, context-dependent, and often implicit (Bisogni et al., 2007; Bisogni et al., 2012; Sobal & Bisogni, 2009).

Meanings, concepts, and beliefs that orient people's actions result from the various conditions, personal characteristics, life events, and experiences they encounter, and they are used by people as frameworks for the construction, organisation, and evaluation of events and new knowledge (Bisogni et al., 2012; Falk et al., 2001; Novak & Gowin, 1984). From a constructionist point of view (Sobal & Bisogni, 2009), the decision-making process is actively conceived, interpreted, and negotiated by individuals and in interactions (Ritzer & Goodman, 2008; Sobal & Bisogni, 2009) whereby "both agency and structure operate together as cognitions and cultures interact to interpret and define the world" (Sobal & Bisogni, 2009, p. S39; Archer, 1988).

From this perspective, determinants of food choices include numerous social constructs, processes, and dimensions, such as discourses, perspectives and meanings, inclinations and preferences, symbols and values, social norms, roles and identities, relationships, resources, and cultural ideas, which are transmitted and inherited within culture and tradition through generations, and embedded in broader environmental and historical contexts (Bauer & Reisch, 2019; Devine, 2005; Devine et al., 1998; Gadamer, 1989; Higgs, 2015; Sobal & Bisogni, 2009; Zimmermann, 2015). All these factors dynamically interact with and influence people's meanings, values, motives, decision-making processes, and food behaviours, and contribute to the development of food trajectories, dietary patterns, and food habits (Furst et al., 1996; Sobal & Bisogni, 2009).

Food-related meanings and choices form and transform over time, alongside the evolution of individual development and experiences, relationships, and resources, as well as the social, economic, and historical contexts (Bisogni et al., 2012; Brouwer & Mosack, 2015; Devine, 2005; Epp & Price, 2008; Furst et al., 1996). In this view, life stages, transitions, and turning points occurring in a person's life course (including changes in roles, resources, or health status) can prompt fundamental shifts in personal

meanings, views of the world, purposes, and values (Clausen, 1995), and can define and transform identities, perspectives, and priorities.

1.3.1 The life course perspective

The life course perspective (or life course theory) is a theoretical, interdisciplinary model emphasising the transitions experienced in life as triggering changes in a person's role and status and considers the family as the primary context within which the world is experienced, and the first crucial transitions occur (Hutchison, 2011). People's and families' stories unfold over time, over life courses and across generations, through experiences, relationships, life events, and transitions, in a non-linear but progressive path that shapes individuals' and collective narratives and trajectories and constructs how people see and understand themselves and the world (Hutchison, 2011).

The life course perspective posits that transitions are always embedded in trajectories, which can explain choices and behaviours. Life trajectories are multiple and intersecting (e.g., family life, education, work and health trajectories) (George, 2003; Heinz, 2003) because people's and families' lives unfold within multiple contexts and are influenced by systems of opportunities and limitations (Hutchison, 2011).

Specifically, in the context of diet, people's life experiences and transitions, including individual, parental, and family identity processes (e.g., upbringing, maturation, cohabitation, family formation, illnesses) can influence their food-related perspectives, values, priorities, and practices over their lifespan and can lead to establishing or reconstructing their food choice decisions and trajectories (Anderson et al., 2004; Bisogni et al., 2002; Delaney & McCarthy, 2011; Devine, 2005; Devine et al., 1998; Furst et al., 1996; Hartmann et al., 2014; Kemmer et al., 1998; Marshall & Anderson, 2002; Saxbe et al., 2018; Sobal & Bisogni, 2009; Sobal et al., 2006; Wethington, 2005).

Considering all of these factors, the life course perspective is particularly suitable for exploration of food choices in the context of fatherhood, and thus informs the approach to this study. Fatherhood can be a life-altering experience in a man's life, and a turning point at which life trajectories and identities might change, and past experiences,

personal characteristics, relationships, and present and anticipated future conditions converge, thus influencing their beliefs, motivations, intentions, and behaviours.

1.3.2 The food choice process model

The food choice process model (Furst et al., 1996; Connors et al., 2001; Devine, 2005) is a comprehensive framework developed by the Cornell Food Choice Research Group (Sobal & Bisogni, 2009) that explains food choice decisions from both a life course perspective and a constructionist approach (Bisogni et al., 2002; Berger & Luckmann, 1967). This multidimensional model integrates many determinants of food choices and health behaviours, emphasising dynamic factors and processes such as transitions, trajectories, and intergenerational linkages (Bengtson & Allen, 1993; Hutchison, 2011). The food choice process model includes three major interacting components of food choices: life course, influences, and personal food systems.

Life course

Life course encompasses trajectories, transitions, and turning points, as well as timing and contexts (Sobal & Bisogni, 2009), which develop and orient people's strategies, decisions, practices, and habits over time, based on their previous experiences and expectations or possibilities. From this perspective, food choice patterns are considered trajectories (Devine et al., 1998) that are actively and dynamically developed and transformed through life experiences, transitions and turning points (timing). In addition, macro-contexts (social, cultural, political, and economic frameworks) and micro-contexts (family, friends, school, workplace, community etc.) represent dynamic personal and historical forces that shape food choice decisions and trajectories; for example, in determining attitudes to food and resources (Devine et al., 1998; Sobal & Bisogni, 2009).

Influences

Influences on food choices (Sobal & Bisogni, 2009) include cultural ideas, personal factors, resources, social factors, and present contexts, which interact and shape the construction of food choice decisions. Cultural ideas are systems of rules and ideals shared and learned within groups through socialisation and acculturation processes that become standards and points of reference from which to evaluate food behaviours

as appropriate, unacceptable etc., and are selectively employed when constructing food choice decisions (Sobal & Bisogni, 2009). Moreover, people's personal characteristics and attributes (personal factors) develop and transform over time, influencing their food choices. These personal factors include physiological, psychological, and social components such as genetic and sensory characteristics, personality and preferences, roles, responsibilities, and identities (e.g., based on gender, parenting, etc.) (Sobal & Bisogni, 2009). Resources include a wide range of assets that may facilitate or constrain food choice decisions, such as income and wealth (financial capital), equipment and space (material capital), skills and knowledge (human capital), relationships and connections (social capital), and values and traditions (cultural capital) (Sobal & Bisogni, 2009). Food choices are also negotiated and managed within a social space, and are oriented by social expectations, rules, and relationships. All these factors are embedded in broader social and physical environments, including policies, economic conditions, the food system, mass media, as well as climate, infrastructure, and material objects (e.g., used for storage), which also shape food choice decisions (Sobal & Bisogni, 2009).

Personal food system

The personal food system (Connors et al., 2001; Sobal & Bisogni, 2009) represents the individual cognitive process that constantly develops, negotiates, and balances a person's food choice values, arising from all their evaluations and considerations regarding taste, cost, convenience, health, roles and norms, relationships, context etc., as well as the meanings and emotions attached to them that orient food choices and behaviours. Furthermore, personal food systems enable the individual to classify and categorise foods and food-related situations (e.g., based on food type, preferences and contexts, experiences, and expectations) (Blake et al., 2007; Furst et al., 1996), and to implement strategies and patterns by which to simplify recurring food choices. These processes and values are variable, dynamic, dependent on context and time, can be intentional or automatic (Bisogni et al., 2012; Sobal et al., 2006), and often rely on simplification because not all food choice values can be satisfied at the same time and in every context (Furst et al., 1996). Since, in many cases, options are numerous and food choice values can be coexisting and conflicting (e.g., valuing taste, convenience, and healthiness at the same time, or having personal preferences conflicting with social expectations), food classification and value negotiation help to prioritise values and

simplify the decision-making process (Connors et al., 2001; Sobal & Bisogni, 2009). It is widely accepted that people classify food through dichotomous and/or simplified categories such as "good" and "bad," "healthy" and "unhealthy," "low-fat", "sugar-free," etc., (Bisogni et al., 2012; Falk et al., 2001) to streamline decision-making and management over nutrition in daily life (Bisogni et al., 2012), and develop personal rules and strategies that may become routine and bring stability and comfort in everyday life (Bisogni et al., 2012; Falk et al., 2001; Jastran et al., 2009).

The food choice process model integrates past, present, and future (Clausen, 1995; McAdams, 2001) in light of both the micro- and macro-contexts in which people operate. As such, it affords analysis of fathers' views and perspectives about food, eating, and health as part of their life story and identity as fathers.

1.3.3 Goal activation and food choices

The goal activation theory (Aarts & Elliot, 2012; Förster et al., 2007) aligns with the life course perspective and enriches the theorisation of personal food system in explaining food choices in the context of fatherhood. As mentioned, when making food decisions, people are driven by multiple goals based on their values, motivations, and priorities, which are evolving and context-dependent, and can be conflicting or incompatible (Bauer & Reisch, 2019; Bourdieu, 1990). Within this framework, the resolution of the discrepancies between desired and actual behavioural outcomes can be conceptualised through the processes of assimilation and accommodation (Brandtstädter, 1989; Brandtstädter & Renner, 1990; Brandtstädter & Rothermund, 2002).

Assimilation comprises efforts and actions that aim to modify the situation to achieve a closer 'fit' with personal goals and projects. In the context of food choices, efforts and actions aiming to achieve healthy goals resulting from healthy values included in the personal food system may facilitate the internalisation of healthy attitudes and intentions, and the implementation of healthy food choices in daily life. In Self Determination Theory (SDT), internalised healthy attitudes (Branscum & Housely, 2018; Kelly & Barker, 2016; Romanos-Nanclares et al., 2018) are the result of a "process by which individuals gradually transform certain externally reached beliefs,

attitudes or behaviours into personally appreciated ones", called "Internalisation" (De Lepeleere et al., 2013, Background section).

Conversely, accommodation includes adjusting goals and projects to available resources of action (Brandtstädter & Rothermund, 2002). In this case, food choices are less internalised (compared to when the internalisation process occurs), and more likely to be based on compromises driven by health purposes as well as short-term needs and goals (e.g., convenience, taste).

Conflicting goals and values: the role of impulse and self-regulation

Health is one of the most influential motivational dimensions of food choices among consumers, in general (Asioli et al., 2017; Grunert, 2013; Ronteltap et al., 2012), and young men in particular (Ashton et al., 2017). In this sense, health is superior to sensory appeal (Lusk, 2011; Lusk & Briggeman, 2009; Roinien et al., 1999; Roininen et al., 2001; Steptoe et al., 1995). However, many priorities and goals may compete with people's health-related values and choices, such as hedonic, convenience, or financial factors (Bava et al., 2008; Buhrau & Ozturk, 2018; Förster et al., 2007; Papies, 2016).

For example, unhealthy food choices commonly occur when short-term, pleasurable rewards prevail over long-term health considerations. Food-related goals can be achieved through self-regulation (e.g., in the case of long-term, healthy eating goals) or impulsive behaviours (in the case of short-term goals), which generally entail the consumption of calorie-dense and highly processed foods. These types of foods, usually rich in sugar and fat, are highly palatable and rewarding (Higgs et al., 2017; Tohru, 2014), and addictive (Freeman et al., 2018) because they trigger the dopaminergic and opioidergic circuits; these represent the reward–motivation and hedonic systems in the brain (Freeman et al., 2018; Tohru, 2014) that evolved as survival mechanisms (Mai & Hoffmann, 2015; Volkow et al., 2011).

For these reasons, unhealthy food behaviours and impulse buying usually rely on automated processes designed to achieve immediate goals (e.g., hedonic pleasure, comfort) (Aarts & Elliot, 2012; Förster et al., 2007) rather than cognitive reflection, and are more likely to occur in unfavourable conditions such as hunger, time constraints or high stress load (Hofmann et al., 2008). The promotion of self-regulating behaviours based on internalised health-related values and goals may facilitate

desirable assimilation processes and have potential to decrease the influence of non-reflective food choices and purchases based on impulse and short-term goals (e.g., taste, convenience, price). These factors and dynamics are further illustrated in Section 1.9.2.

1.3.4 A new model of food choices

Figure 1.1 illustrates a new model of food choices combining the food choice process model and goal activation theory in a life course perspective. The proposed model serves to represent the process from experiences across life stages and contexts, and evolving values, motivations, priorities, and intentions, to actual food choices and practices.

As shown in Fig.1.1, different phases of life (childhood, adulthood, family formation, ageing) entail different experiences, relationships, roles, responsibilities, availability of resources, and contexts, which influence how people construct and relate to food and food choices over time, and their food-related (short-term and long-term) goals, values, motivations, priorities, and intentions. These factors become part of people's personal food system(s) and internalised attitudes to food, eating, and health, thereby influencing and guiding their food choices and practices. Personal goals, attitudes, and resulting choices and behaviours, are continuously evaluated, negotiated, and mediated by processes of assimilation and accommodation (encouraging impulsive or self-regulated responses), education, knowledge, and health consciousness, and the broader macro-contexts, which can also develop and change over time.
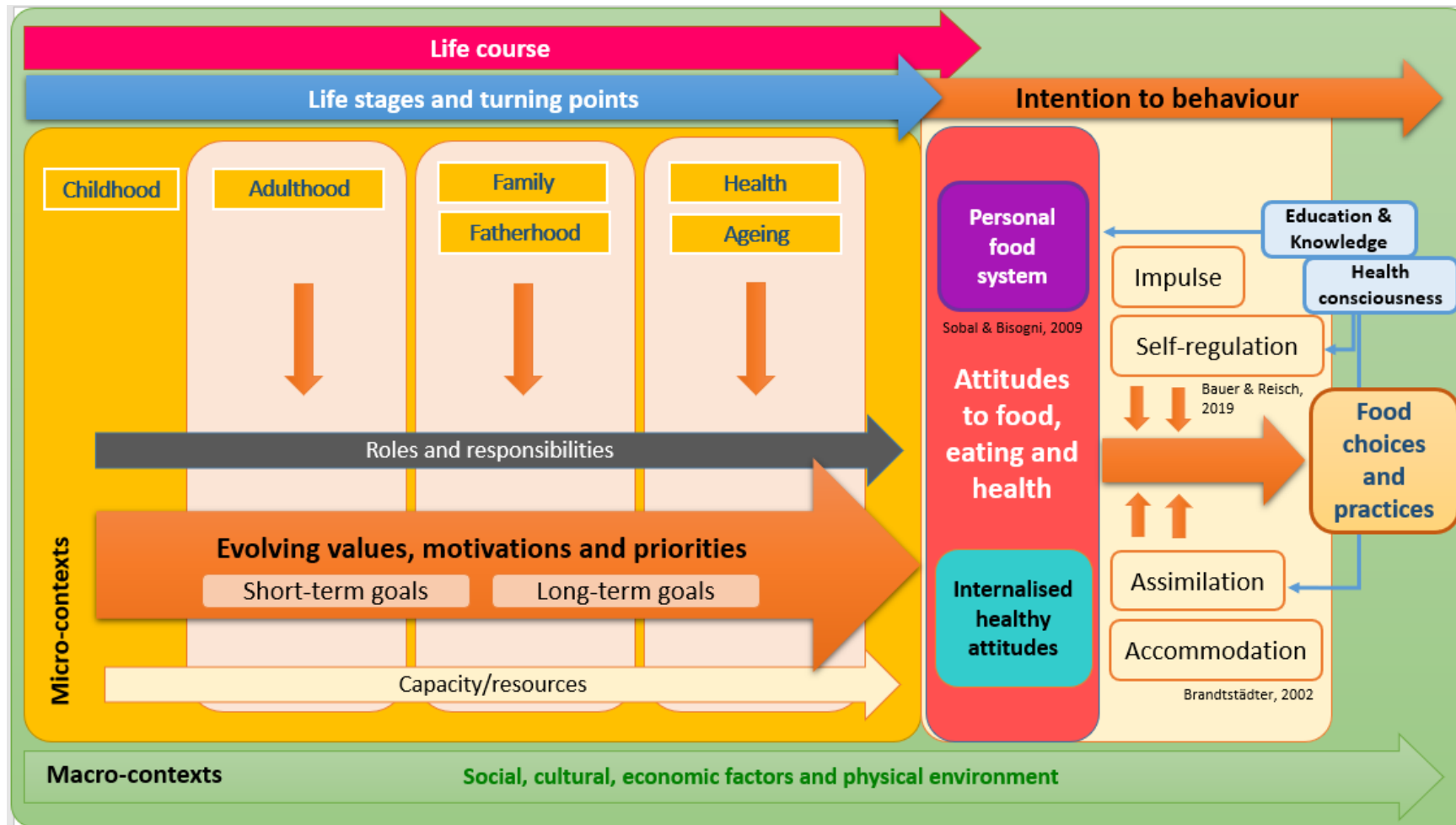
Figure 1.1 Proposed model of food choices combining goal activation theory and life course perspective.

1.3.5 The major short-term goals influencing food choices

Taste

Taste is certainly among the primary determinants of food choices worldwide (Carrillo et al., 2011; Grunert, 2005; Hoppert et al., 2012; Thibodeau & Pickering, 2019). The universal and innately powerful hedonic appeal of sweetness, reflecting human biology and primordial needs, together with the highly rewarding and pain-reducing properties of sugar (Ventura & Mennella, 2011), and the widespread availability of highly processed sweet-tasting foods and drinks, are all contributors to the consistent surge of unhealthy food consumption among all consumers, regardless of age, in the past few decades (Ventura & Mennella, 2011).

Taste inference is crucial in food choices. For example, many consumers implicitly believe that unhealthier food products are tastier than healthy foods (the so-called unhealthy = tasty intuition) (Huang & Jiang, 2016; Mai & Hoffmann, 2015). This lay theory may be explained by evolutionary reasons related to ensuring survival and lead humans to perceive high-fat, high-sugar, and nutrient-dense foods as tastier and desirable. In addition, mass-media messages may reinforce the unhealthy = tasty intuition by highlighting the tastiness of unhealthy food while at the same time warning consumers that it is unhealthy (Mai & Hoffmann, 2015). This concept is discussed further in section 2.3.2.

Research shows that emphasising risks or threats in health promotion may increase engagement in the undesirable behaviour (Ruiter et al., 2014; Simpson, 2017; Witte & Allen, 2000) (the so-called "backfire effect" [Kok et al., 2014; Nyhan & Reifler, 2010; Ruiter et al., 2014; Witte & Allen, 2000]). As such, it is crucial to resolve the conflict between taste and healthiness and correct negative lay theories and stigma associated with healthy nutrition; for example, by encouraging positive taste inferences (Grunert, 2005) and expectations attached to healthy food and eating experiences (Mai & Hoffmann, 2015).

Convenience

Along with taste, convenience is a well-known determinant of food choices among consumers in the developed world (Berry et al., 2002; Carrillo et al., 2011; Gehrt &

Yale, 1993; Grunert, 2013; Swoboda & Morschett, 2001). Convenience can be defined as timesaving and facilitating elements that minimise the time and effort required to source and prepare food and can reduce both the physical and mental burdens of a busy life (Bava et al., 2008; Boer et al., 2004; Candel, 2001; Carrigan et al., 2006; Jaeger & Cardello, 2007; Jaeger & Meiselman, 2004; Warde, 1999). Convenience may hinder healthy eating (Biloukha & Utermohlen, 2001; Gough & Conner, 2006; Lappalainen et al., 1997), because quick and easy ready-to-eat foods and meals are often highly processed and unhealthy. This represents one of the main reasons behind the dramatic increase of out-of-home food consumption (i.e., eating out, takeaway, takeout, home-delivered, and fast foods) compared to the predominantly home-cooking that occurred in prior decades (Janssen et al., 2018; Lachat et al., 2012).

Convenience mostly represents timesaving (Jabs & Devine, 2006); therefore, it is often sought in case of perceived time scarcity (Bava et al., 2008). With more two-parent working households than ever before (Australian Institute of Family Studies, 2021), time constraints represent another very common perceived barrier to healthy food choices and practices across all ages, genders, SEPs, backgrounds and employment statuses (Cason-Wilkerson et al., 2015; Fenner & Banwell, 2019; Fernandez et al., 2019; Fulkerson et al., 2011; Jabs & Devine, 2006; Musaiger et al., 2013), and are commonly reported by parents as impeding meal preparation (Fernandez et al., 2019) and active lifestyle (Cason-Wilkerson et al., 2015).

Time scarcity and demand for convenience, together with the development of smartphone technology and, more recently, the restrictions imposed by the COVID-19 pandemic, have dramatically increased the purchase of ready-to-eat meals through online food-delivery services and platforms. Recurrent consumption of takeaway food is associated with poorer nutrition (Wang et al., 2021) (i.e., high-energy foods, high total fat and sodium) and with obesity (Jaworowska et al., 2013; Lachat et al., 2012; Smith et al., 2009; Wellard-Cole et al., 2018). Very recently, Wang and colleagues (2021) found that in Australia, 80.5% of menu items offered by the popular online food delivery platform UberEats® were discretionary; among these items, 95% were the most popular meals among users of the app, and healthy meals were more expensive than discretionary counterparts.

Cost of food

Cost of food is widely used to explain food choices among consumers and fathers across all SEPs and backgrounds (Cason-Wilkerson et al., 2015; Ghvanidze et al., 2017; Metcalfe et al., 2009), and economic constraints are generally considered among the main causes of unhealthy eating and obesity worldwide. Despite the widely held belief that healthy food is more expensive than convenience or junk food (Alfawaz et al., 2020; Yarar & Orth, 2018), much of the evidence refutes this notion.

The fact that people on low incomes have, on average, lower diet quality and higher rates of obesity (Health and Social Care Information Centre, 2016) than people on medium and high incomes (Drewnowski & Darmon, 2005; Rehm et al., 2011) does not mean that eating healthily is necessarily unaffordable. For example, while certain types of premium fish, meat cuts, and fresh produce can be expensive (e.g., salmon, fillet cuts, imported/non-seasonal fruit and vegetables), there are often much cheaper alternatives of high-nutritional value foods (e.g., sardines, whole chicken, eggs, pulses, local/seasonal produce) available (Snowdon, 2017). In his report, Snowdon (2017) relates this misconception to biased research evaluation methods based on price-per-calorie comparison and on differences in expenditure between consumer groups on low and high incomes. Conversely, comparing the prices of healthy and unhealthy foods by edible weight, Snowdon has shown that, contrary to common belief, healthy food sold in Britain's main supermarkets was cheaper than less healthy food overall. Specifically, fresh, healthier foods (e.g., fruits and vegetables) tend to be more economical than packaged and less healthy foods (e.g., ready-meals, chocolate, crisps, and bacon), with a few exceptions (including brown rice and some types or cuts of red meat), and there was little difference in price between regular food (e.g., baked beans, soft drinks, milk, and bread) and respective healthier alternatives. According to this report, "The ingredients for a nutritious meal can be bought for significantly less than the cost of 'junk food', ready-meals and—by a wide margin—takeaway food." This report showed that consumers' food purchases in British supermarkets were driven by taste, convenience, and perceptions of food costs, rather than the actual inherent costs of healthy food (Snowdon, 2017). Similarly, a detailed cost-analysis from the Australian SMILES trial, the first randomised controlled trial to test dietary improvement as a treatment strategy for mental disorders, showed that the modified

Mediterranean intervention diet was less expensive than the baseline, low-quality diet of participants (Opie et al., 2015).

Concordantly, a recent paper by Goulding and colleagues (2020) demonstrated that the so-called Planetary Health Diet (Deakin University, 2021; Loken et al., 2019), which includes more fresh produce (e.g., wholegrains, nuts, legumes, fruits and vegetables and a small amount of meat) and less highly processed foods, and was more affordable (and sustainable) than the typical Australian diet, which comprised fewer vegetables and fruit and higher intakes of meat and other animal-derived products, as well as processed and heavily packaged foods rich in salt and sugar. Furthermore, Rehm and colleagues (2011) showed that in the United States, older adults, women, and people with Hispanic backgrounds consumed higher-quality diets at a lower cost than conventional diets. Interestingly, health-oriented consumers have been reported as opposing the view that healthy foods are expensive even when considering health and taste in foods as equally important (Yarar & Orth, 2018). It is evident that knowledge of and familiarity with healthy foods is critical in helping consumers understand that healthy eating may be more affordable than they realise and may help with overcoming lay theories and taste stigma.

Nevertheless, it should be noted that food, eating practices, and choices are profoundly related to social class ideas about health, socialisation, and status (Cairns et al., 2010; Bourdieu, 1984), and are associated with class positioning and social values (e.g., being wealthy, healthy, slim) (Cairns et al., 2010; Guthman & DuPuis, 2006; Skeggs, 2005). For example, in the contemporary "foodie" culture that is prevalent in developed countries such as Australia, food is no longer considered only a necessity but is increasingly also conceptualised through quality, leisure, pleasure, and aesthetic terms, and is considered something to appreciate and admire (Cairns et al., 2010; Johnston & Baumann, 2007). In the family context, healthy eating and feeding the family can be seen as part of conforming to family values and social expectations (being a healthy family or being a good parent) that reflect middle class values and privileged dispositions (Parsons, 2016) such as being health-conscious, rejecting mass-produced food, or following the experts' recommendations (Wills et al., 2009).

1.3.6 Other food choice influences

Age

Research shows that age influences food choices. For example, older consumers (middle aged and elderly) are often more health-oriented (Casini et al., 2015) and more interested in food choices (Carrillo et al., 2011), consume healthier (Lioret et al., 2012; Newby & Tucker, 2004) and more traditional diets, and are less prone to dietary changes (Leung & Stanner, 2011), than younger adults, who tend to be less aware of government recommendations (Wilsher et al., 2019) and dedicate less time to food preparation, preferring to eat outside the home (Casini et al., 2015).

These differences in food consumption and attitudes among generations are largely due to health considerations, concerns, and risks that naturally increase with age (Casini et al., 2015). From middle age onwards, considerations and issues related to ageing and health are more likely to become relevant, and often motivate people to alter their food choices (O'Doherty Jensen & Holm, 1999) to address or prevent symptoms or illnesses.

Culture and religious beliefs

Socio-cultural factors influence individual and family food choices and practices. For example, in populations that adhere to cultural traditions, dietary practices may reflect higher diet quality (including high consumption of basic foods, plant-based foods, fruit and vegetables, grains and fibre) (Sproesser et al., 2019), and lower risk of obesity and diabetes (Mozaffarian, 2017; Rodriguez-Ramirez et al., 2011; Romero-Polvo et al., 2012), than groups consuming versions of the contemporary diet common in high-income countries (otherwise so-called "Western" diet) (Pollan, 2010; Manzel et al., 2014); this involves diets high in processed and pre-packaged foods, high-sugar foods and drinks, and red meat, and low in plant-based foods, such as vegetables, fruit, wholegrains and legumes, nuts and seeds, and fish (Halton et al., 2006).

On the other hand, eating healthily can be perceived as a way to conform to a dominant culture, and is therefore seen as a renunciation of part of one's own cultural heritage, such as is occurring among sub-populations of African Americans (James, 2004). Furthermore, religious beliefs and dietary laws and restrictions may affect food

choices, especially in minoritised ethnic groups (Leung & Stanner, 2011; Lim & van Dam, 2020).

The traditional Australian food culture, predominantly developed from the British and Irish food traditions, typically includes evening meals characterised as "meat and three vegetables", including stews and lamb roasts, fried fish and chips, meat pies, tea, and beer (Brien, 2011; CHEFIN Australia, 2021; Santich, 2006), which represent staples for many Australians even today. However, contemporary Australian food culture also includes highly diverse ethnic and cultural food traditions and dietary patterns.

Australia has experienced several 'waves' of migration from Europe and Asia from the 1850s onwards. Immigration from Vietnam and Europe increased significantly in the late 1970s, and from Africa and elsewhere from the 1980s. (Millbank, 1997 Australian National Maritime Museum, 2021).

Australia's migration history changed the country's demography and food culture dramatically. The assimilation of diverse communities (e.g., Italian, Greek, Muslim, Jewish) with different food cultures and religious beliefs, customs, traditions, and related dietary requirements (e.g., vegetarianism, veganism, kosher, *halal*, fasting), has brought a wide variety of diverse foods and meal types into Australian culture and has transformed the national taste profile, and food consumption and eating practices, particularly in the major cities.

Children, partners, and other family members

Parents' diets are heavily influenced by their children's diet and preferences. Children influence parents' purchasing decisions and food availability in the home, and meal selection and preparation (Haerens et al., 2009; Horodynski et al., 2009; Peters et al., 2014; Turner et al., 2006; Wingert et al., 2014), especially in the case of fussy eaters, either to put an end to tantrums or to ensure that the child will eat enough.

Partners and other family members (e.g., siblings) may also influence parents' and children's healthy eating and lifestyle. Research suggests that parents' dietary behaviours may influence each other (Northstone, 2012), showing correlations between mothers' and fathers' macro and micro-nutrient intakes (Feunekes et al., 1997; Oliveira et al., 2018), and between identified dietary patterns (Lioret et al., 2012; Northstone & Emmett, 2010). Furthermore, a parent may be resistant to healthy or

unfamiliar foods, or a caregiver may provide unhealthy foods (Cason-Wilkerson et al., 2015), creating conflict within the family (Young et al., 2018).

Finally, with more two-parent working families than ever before, the role and influence of grandparents is gaining importance. In Australia, grandparents represent the most common type of care support for children aged 1–12 years who attend school (18.6%) and the second most common (25.8%) for children who don't attend school (after long day care) (Australian Bureau of Statistics, 2018a). Grandparents may have a negative influence on a child's diet (Young et al., 2018) because they can be more indulgent than parents, providing sweets and snacks more often as treats to make the limited time spent with the child special (K. Roberts et al., 2019). They may also apply a different nutritional framework and view of healthy eating belonging to previous generations (Eli et al., 2016; Li et al., 2015).

Obesogenic food environment

In many countries in which over-nutrition rather than malnutrition is the predominant concern, consumers are immersed in and respond to a food environment that markets and offers easy access to a wide range of inexpensive, palatable, addictive (Gearhardt & Hebebrand, 2021) foods that are ultra-processed, energy-dense and nutrient-poor, and rich in refined carbohydrates, salt and unhealthy fats (Monteiro et al., 2013). This food environment does not facilitate individual and family healthy food choices, making healthy eating difficult to sustain (Story et al., 2008). The globalised food industry and food providers promote and sustain unhealthy food choices by formulating and advertising edible products engineered to trigger primal responses (i.e., the food reward system discussed earlier) and by exploiting consumers' demand for pleasure, convenience, and value for money. In order to boost sales and make high profits, they associate their products with symbolic values and desirable lifestyles, and target vulnerable groups such as children and low-income consumers (Bobba, 2014; Harms & Kellner, 2010; Jolly, 2011).

Allergies and medical conditions

Food allergies are rising in middle and high-income countries (e.g., United Kingdom, United States and Australia) (Tang & Mullins, 2016) and worldwide, influencing people's acquisition, preparation, and consumption of food (Sommer at al., 2012). At

least 10.8% of adults in the United States (Gupta et al., 2019) and almost 6% in parts of Europe (Lyons et al., 2019) are food allergic. Among children, the prevalence is between 5 and 10% in high-income countries (e.g., United Kingdom and Australia) and approximately 7% in China and Korea (Tang & Mullins, 2016).

Furthermore, avoidance of specific foods and healthier diet represent a crucial part of treatment and prevention for NCDs such as diabetes, cardiovascular conditions, cancer, and other diseases (e.g., Crohn's disease). Having such conditions may encourage people to become more aware and responsible for their own health, and to modify their food choices and lifestyle (Rigby et al., 2021; Youngs et al., 2016; Velentzis et al., 2011), but can also reduce variety in diet and lead to nutritional deficiencies.

Information and knowledge

Consumers' and parents' nutritional knowledge and attitudes towards food are continually influenced by messages conveyed by official and unofficial sources, such as television and the internet (Slusser et al., 2011), including social media influencers. Pervasive media coverage and online health and nutrition-related discourses and advertisements influence and co-construct the way people see the world, themselves and others, model knowledge and health, and shape and instigate perceptions of health- and nutrition-related issues and trends (Declercq et al., 2019).

Due to the global interest in food and healthy eating, food companies and advertisers tailor their items and messages to influence consumers' judgements towards overestimation of the healthfulness of their products, based on single health claims (the so-called health halo effect (Fernan et al., 2018; Sundar & Kardes, 2015). Furthermore, the enormous supply of health and nutritional information and misinformation available is often biased and contradictory (Aschemann-Witzel & Grunert, 2015; Huovila & Saikkonen, 2015). This scenario makes food choice decision-making extremely complex and represents a barrier to healthy eating.

1.4 Early development of dietary patterns and food preferences – the role of the family environment

Decades of research has highlighted the importance of establishing healthy eating habits at an early age. Dietary patterns and body weight established during childhood are both more likely to persist into adulthood and are resistant to change (Kelder et al., 1994; Larson et al., 2007; Lien et al., 2001; Lioret et al., 2012; Magarey et al., 2003; Pearson et al., 2011).

Food preferences and eating behaviours are developed and practised from early life (Scaglioni et al., 2018; Ventura & Worobey, 2013), primarily in the home, where the first health-related concepts emerge. The family setting plays a key role in children's food habits and preferences (Bogl et al., 2017; Cooke, 2007; Patrick & Nicklas, 2005; Wyse et al., 2011), and the foundation for their food and lifestyle behaviours later in adulthood (Issanchou & Habeat, 2017; Mikkila et al., 2005). Parents build a unique nutritional environment in the household, which influences chidren's diet and palate, weight, and health outcomes from birth and throughout childhood (Anzman et al., 2010; Birch & Davison, 2001; Brown & Ogden, 2004; Campbell & Crawford, 2001; Campbell et al., 2007; Faith et al., 2004; Lazarou et al., 2008; Nansel et al., 2013; Pedersen et al., 2015; Rosenkranz & Dzewaltowski, 2008; Savage et al., 2007; Scaglioni et al., 2008; Taylor et al., 2011).

1.4.1 Parental role modelling

Parents are responsible for children's primary experiences and social interactions with food and exert control over their diet from the earliest stages (Dickens & Ogden, 2014; Ostbye et al., 2013). They also model children's dietary patterns (Yee et al., 2017), food preferences, and appreciation for healthy foods (Anzman-Frasca et al., 2018; Issanchou & Habeat, 2017; Skinner, Carruth, Bounds, et al., 2002; Skinner, Carruth, Wendy, et al., 2002). Modelling occurs through parents' display and enactment of food attitudes, behaviours, and choices, as well as parenting style, practices, and communication (Gruber & Haldeman, 2009; James & James, 2008; Jarpe-Ratner et al., 2016; Kunin-Batson et al., 2015; Redmond, 2009; Schulman, 2006; Vaughn et al., 2016). Parenting styles identify the levels of warmth and nurturance versus control (Blissett & Haycraft, 2008), or responsiveness and demandingness (Vollmer &

Mobley, 2013) of parenting behaviours, and are generally categorised into authoritative, authoritarian, permissive, and neglectful styles (Blissett & Haycraft, 2008).

Imitative behaviour is a core human function crucial for learning and social interaction (Heyes, 2011; Pfister et al., 2013). As posited by the Social Learning theory (Bandura, 1977; Kunkel et al., 2006), children observe, learn and imitate their parents' behaviours (Guzzo, 2011), including their attitudes to food and consumption practices (Ayers, 2007; Birch & Anzman, 2010; Birch & Doub, 2014). For instance, children's fruit and vegetable consumption is associated with parents' fruit and vegetable consumption, as well as the availability and accessibility of these foods in the home (Pedersen et al., 2015; Wardle et al., 2005; Wyse et al., 2011).

Data consistently show that parental dietary intake predicts child food consumption (Fisher et al., 2002; Hall et al., 2011; Harris & Ramsey, 2015; Johnson et al., 2014; McGowan et al., 2012; Rasmussen et al., 2006; Wyse et al., 2011) and that parental role modelling can shape children's healthy and unhealthy eating behaviours and attitudes to food (Palfreyman et al., 2015). Parental role modelling is related to parents' actual dietary intake (Vaughn et al., 2018), and the concept of parental role modelling includes both parents' purposeful efforts to encourage their child's healthy food choices through purposive demonstrations of positive eating behaviours, as well as spontaneous (healthy or unhealthy) eating attitudes and practices observed by the child (Vaughn et al., 2016). Modelling predicts fruit and vegetable consumption in children especially when parents' purposive demonstrations reflect their own dietary choices (Pearson et al., 2009; Tibbs et al., 2001) and when parents set expectations regarding the minimum amount of fruit and vegetables to consume (Tibbs et al., 2001; Wyse et al., 2011). When parents consume fruits and vegetables, their children are more likely to consume these foods as well (Fisher et al., 2002; Hall et al., 2011; Sylvestre et al., 2007; Tibbs et al., 2001; Wang et al., 2013).

Children's perceptions of their parents' modelling also consistently predicts children's own dietary consumption (McClain et al., 2009; Prichard et al., 2012). Children are more likely to eat fruit and vegetables and be more open to tasting unfamiliar foods when observing adults eating them rather than just when they are offered these foods (Birch & Doub, 2014; Harper & Sanders, 1975; Harris & Ramsey, 2015; Tibbs et al., 2001; Wang et al., 2013). Furthermore, studies show that children's diet quality is

associated with diet-related parental attitudes and beliefs (Adamo & Brett, 2014; Eisenberg et al., 2017; Romanos-Nanclares et al., 2018). For example, van der Heijden et al. (2020) found that parents and children of families in a lower socioeconomic position (SEP) showed a significant association between parents' and children's implicit (automatic) belief that unhealthy foods are tastier than healthy foods (the so-called "unhealthy = tasty intuition" introduced in Section 1.3.5).

These studies suggest that parental modelling of healthy eating and parents' own dietary intake and attitudes to food may have a specific effect on their children's eating (Vaughn et al., 2018) and that modelling may be more effective when parents believe in and practise the desired behaviours rather than merely encourage them. Based on this evidence, parents' own food values, beliefs, and attitudes underlying their behaviours and choices represent very important determinants of family eating.

1.5 The evolution of the father's role in the family food context

Historically, the primary role in family foodwork, feeding practices and childcare has been strongly gendered, associated with motherhood as part of the ethics of care (Doucet, 2017; Tanner et al., 2014) and domestic and intimate relationships (Cairns & Johnston, 2015). Family foodwork (or family food labour [Jansen et al., 2020]) includes daily activities that contribute towards feeding the family, such as meal planning, food shopping and selection, food preparation, cooking, feeding the children and cleaning up (Jansen et al., 2020). Women have generally been considered the default parent primarily responsible for caregiving and child nutrition within the family (Bava et al., 2008; Cairns et al., 2010; DeVault, 1991; Fenner & Banwell, 2019; Meah, 2017; Owen et al., 2010; Slater et al., 2012; Tanner et al., 2014).

The persistent prevalence of fathers working full-time and mothers being primarily responsible for household labour and childcare reflects this traditional division of family roles based on gendered norms, roles, and expectations ingrained in most societies. In 2021, for example, Australian legislation and workplace policies on paid parental leave are still implicitly based on gendered assumptions about who is the primary parent, with the standard being 18 weeks for mothers and only 2 weeks for fathers (Khadem, 2021). This approach perpetuates a gendered social system that social and political commentators have defined as a "parenthood trap" (Crabb, 2019),

standing in the way of the development and expression of new and evolving fathering roles and identities.

However, research shows that traditional gendered patterns, attitudes, and subjectivities in the domestic space have been challenged (Vollmer et al., 2015) and are gradually transforming (Aarseth & Olsen, 2008; Garfield & Isacco, 2012; Kan et al., 2011; Klasson & Ulver, 2015; Mallan, Daniels, et al., 2014; Meah, 2014a, 2014b; Metcalfe et al., 2009; Neuman et al., 2015; Szabo, 2012, 2014). Family structure, gender-patterning trends and traditional parent roles are changing in many societies, especially in the most egalitarian countries (e.g., Sweden) (Klasson & Ulver, 2015; Neuman et al., 2015; Thomas & Hildingsson, 2009), where household labour, including cooking and foodwork, is heading towards de-gendered perspective and is seen by men as an everyday necessity (Neuman et al., 2015).

In recent decades, a rising number of women have joined the workforce in many parts of the developed world, for example Australia (Statista, 2020), US (Weinstein, 2018), Canada (Bianchi, 2000; Moyser & Burlock, 2018), and across Europe (Eurostat, 2021), leading to increased paternal involvement in and responsibility for childrearing, child feeding and food-related work in families (Branscum & Housely, 2018; Fenner & Banwell, 2019; Garfield, 2018; Gram & Grønhøj, 2019; Parker & Wang, 2013; Rahill et al., 2020). Compared to the past four decades, children now spend more time with their fathers (Adamson & Blight, 2014; Lee & Lee, 2018). For example, fathers take more responsibility for feeding their children (Mallan, Nothard, et al., 2014), and spend more time on childcare (from 2.5 to 7 hours per week [Parker & Wang, 2013]) than they did in the past. In addition, due to the changes in the labour force and family structure, more fathers have taken on the role of primary caregiver and are choosing to be stay-at-home fathers (Lee & Lee, 2018) compared to past decades, reversing the traditional parental roles.

The structural changes in society and the productive economy, in tandem with evolving family dynamics and compositions (Bosoni, 2014; Meah, 2017), have begun to gradually blur the cultural boundaries between feminine and masculine in family roles and domestic practices (Aarseth & Olsen, 2008; Neuman et al., 2017), leading to new conceptualisations of men and manhood, and the expansion of the fathering role (Settersten & Cancel-Tirado, 2010) beyond the traditional image of financial provider

and *pater familias* (i.e., family authority) (Bosoni, 2014; Guzzo, 2011; Humberd et al., 2015; Khandpur, Charles, Blaine, et al., 2016).

Fatherhood as a role has started to increasingly incorporate the traditionally gendered ethics of care (Gilligan, 2003; Schubert, 2009; Tanner et al., 2014) historically attributed to motherhood. This includes elements of nurturing and intimacy (Bosoni, 2014; Lee & Lee, 2018; Meah, 2017), in addition to more traditional masculine connotations (e.g., strength, family protector and provider). Furthermore, the fathering role has started to include involved parenting, caregiving, and domestic tasks (e.g., foodwork and feeding the family) previously identified with mothering and women's duties (Aarseth & Olsen, 2008). In the context of nurturing fathering, food/eating may assume connotations and meanings related to care, affection, and intimacy.

1.5.1 Food as an expression of intimacy and care

For fathers, cooking, shopping for the family, and sacrificing personal tastes and preferences for their children, may represent an act of love and be a way to share domestic intimacy with them ("intimate fatherhood" [Dermott, 2008]). Furthermore, even though family feeding practices are still rooted in women's identities as expressions of gendered childrearing, the desire to feed the children appropriately (sufficiently and/or healthily) and raise happy children is becoming a core element of contemporary fathering (Meah, 2017).

Family food practices include shopping, meal preparation, and eating (Metcalfe, 2009) as a family or for the family, while food parenting practices are parental behaviours or strategies aiming to manage how much, when and what their children eat (Khandpur et al., 2016). These are emotional practices through which a man can fulfill his identity as a good father (Fielding-Singh, 2017; Metcalfe et al., 2009) and family man (Fielding-Singh, 2017; Meah, 2017; Owen et al., 2010; Settersten & Cancel-Tirado, 2010; Williams, 2007; Williams, 2008), and express the personal and emotional connections with his children and family. For example, Jansen et al. (Jansen et al., 2020) reported fathers describing the importance of family meals as an expression of "doing family" and "togetherness" rather than simply established and formal family routines.

The evolution of the fathering role and the expanding sense of paternal identity (Blake et al., 2009; Khandpur, Charles, Blaine, et al., 2016; Rane & McBride, 2000) may have opened opportunities for "more egalitarian relationships between men and women" (Settersten & Cancel-Tirado, 2010), "more nurturing relationships between men and children" (Settersten & Cancel-Tirado, 2010), as well as healthier family practices (e.g., by increasing partners' collaboration and support in family food labour). However, paternal involvement may also lead to inconsistent and contradicting personal food choices and feeding practices, hindering both parents' and children's health. For example, a common misconception among parents is that skipping a meal or reducing their child's intake of food would lead the child to starvation or malnutrition (Horodynski et al., 2009; Jain et al., 2001; Meah, 2017; Pescud & Pettigrew, 2014; Peters et al., 2014), thereby compromising their growth, health, and wellbeing. Most UK fathers interviewed by Owen et al. (2010) were more concerned with children not eating enough than eating unhealthily. This view may lead fathers to feed children convenience and junk food if this is the only type of food they will willingly consume. Nearly a decade later, Fenner and Banwell (2019) found that fathers cooked, selected, and prepared family meals to accommodate children's mood, requests, and expectations regardless of their own preferences, to make sure that the children did not reject the food. However, Meah (2017) reported that fathers who did not perceive children skipping a meal as a risk to their health were more likely to resist tantrums and feed them healthier foods.

Furthermore, while attempting to be a good father to their children, fathers may encourage undesirable and inconsistent eating and feeding practices (e.g., emotional feeding, using food as a reward, reparative behaviour) (Borelli et al., 2017; Harris et al., 2020) to prevent conflict, express and receive love, connect with their children and compensate for their absences (Borelli et al., 2017; Harris et al., 2020), leading to experiences of parental cognitive dissonance and guilt (Borelli et al., 2017; Harris et al., 2020). Cognitive dissonance (McLeod, 2018) indicates a situation involving conflicting attitudes, beliefs or behaviours causing cognitive discomfort and possibly leading to altering one of those attitudes, beliefs, or behaviours in an attempt to reduce dissonance and restore balance (Festinger, 1962; Sela & Shiv, 2009).

Due to the extensive food industry marketing and common association between unhealthy foods and fun, joy, and special occasions (Barnhill et al., 2014), convenience

and junk foods may simultaneously represent a threat to health and an expression of parental care, affection, and love (Meah & Jackson, 2017; Parkin, 2006). Therefore, fathers may desire and encourage their children to eat healthily to guarantee their healthy growth (Meah, 2017) but at the same time share unhealthy foods with them to connect, share pleasurable experiences, and make them happy (Metcalfe et al., 2009). This process may lead fathers to confirm, legitimise, reinforce, and perpetuate the positive value of unhealthy food, thus prompting internal conflicts and inconsistent food choices and parenting behaviours that may hinder family healthy eating. In this scenario, fathering identity processes and the desire to be a good father may represent important components of fathers' food-related attitudes, choices and parenting that warrant investigation.

1.6 Fathers' identity and promoting healthy eating

The cultural and social developments that have occurred in recent decades in Australia and other developed nations have seen the rise of many types of non-traditional families, such as same-sex, de-facto, blended families and couples, single and fostering parents (Australian Bureau of Statistics, 2021; Power et al., 2012; Qu, 2020; Tornello & Patterson, 2015) alongside the traditional nuclear family composition reflecting binary social constructions of gender. For example, since 9 December 2017, in Australia the right to marry is "no longer determined by sex or gender," endorsing marriage equality (Attorney General's Department, 2017). However, in 2016, 44% of Australian families were composed of two parents with at least one natural or adopted child, and approximately 82% of children aged 0–14 years were living in couple families (Australian Bureau of Statistics, 2019).

Evidently, the nuclear family still represents a fundamental institution in Australian society, and the primary context within which many men position themselves and self-identify as fathers and which is central to fathers' food choices and consumption experiences (Epp & Price, 2008). Being part of a family involves specific social roles and expectations, and individual, relational, and family identities and dynamics that fathers enact and to which they may more or less intentionally commit (Epp & Price, 2008), based on their hierarchy of personal identities and values.

Identity is an important factor involved in both food choice decisions (Bisogni et al., 2002; Devine et al., 1998; Devine, Sobal, et al., 1999) and fathering behaviours (Crabb, 2019; Lee & Lee, 2018; Rane & McBride, 2000). The concept of identity represents a very broad and complex area of study which cannot be fully explored in this thesis. In summary, developmental psychology, social theory, cultural studies (Buckingham, 2008) and other disciplines theorised identities as self-images, self-conceptions, subjective narratives (Ezzy, 1998) and meanings (Habib, 2012) generated both internally, as an individual cognitive process, and externally, as co-constructed and negotiated "in tacit practice" (Bottero, 2010, p.9) through interactions with people, events and objects (Bisogni et al., 2002; Blumer, 1969; Epp & Price, 2018; Ezzy, 1998; Thoits & Virshup, 1997) within a sense of temporality and self-continuity (Bisogni et al., 2002; Ezzy, 1998).

Identities include an explicit component, expressed through reflexive identifications (Bottero, 2010), that is, the way a person perceives, represents, identifies, describes, and classifies themselves (personal identities); the categories and groups to which they feel they belong and the ways they distinguish themselves to others (social identities); and the social roles they occupy (role identities) (Bisogni et al., 2002; Buckingham, 2008; Habib, 2012; Pierro et al., 2003; Rane & McBride, 2000; Thoits & Virshup, 1997). In this view, subjective identities can be conceptualised as a product of "reflexive projects of the self"; that is, "the process whereby self-identity is constituted by the reflexive ordering of self-narrative" (Giddens, 1991, p. 244).

Moreover, subjective identities are shaped by, and deeply entrenched in, the individual's social (and cultural) location. Thus, they become "socialised subjectivities" of habitus (Bourdieu & Wacquant, 1992, p. 126, cited in Bottero, 2010, p. 4) which are embodied and pre-reflectively enacted in practical activity and routines (Bourdieu and Wacquant, 1992; Merleau-Ponty, 1962; Bottero, 2010). As such, identities represent "internalized sets of roles and expectations" (Stryker, 1987, p. 90) or "self-meanings in a role" (LaRossa & Reitzes, 1993, p. 145), with a person holding "as many identities as the roles they play in specific sets of social relationships" (Stryker, 1987) and contexts.

On these bases, people hold multiple identities, which are fragmented and enacted across multiple contexts (Jenson et al., 2015), and may be stable, or may evolve or cease to exist over time (Ezzy, 1998). This view is reflected in Bourdieu's

conceptualisation of mutability of dispositions, which are expressed through implicit modes of 'being' (Bottero, 2010). According to identity theory rooted in Symbolic Interactionism (Habib, 2012; LaRossa & Reitzes, 1993), the self constitutes multiple identities organised hierarchically (Rane & McBride, 2000; Stryker, 1987; Stryker & Serpe, 1994), with some identities holding greater importance than others, based on the situation and context (Bisogni et al., 2002). The position of each identity in this internalised hierarchy may change, may reflect social structure, role and status (e.g., being a worker, husband, father, friend) (Habib, 2012), and determine behavioural outcomes (Pierro et al., 2003; Rane & McBride, 2000).

The importance attributed by the individual to their status—how they imagine themselves to be—is crucial for the organisation of the self and determines the prominence of one status over others (McCall & Simmons, 1978). In this view, the identity prominence hierarchy leads an individual to enact the more prominent status when choosing between possible alternative actions and can help predict behavioural patterns (Habib, 2012; McCall & Simmons, 1978).

In terms of the fathering identity, the more prominent a man's father status is over other statuses (e.g., worker, friend, sportsmen, etc.), the more the father identifies with his parental role and identity, and the more he will enact fathering role-related behaviours (Habib, 2012; McCall & Simmons, 1978), for example engaging in childcare activities and feeling responsible for his children. The psychological centrality of a father's identity and his nurturing role is indeed positively associated with his involvement with his children in terms of direct interaction and responsibility (Pasley et al., 2014; Rane & McBride, 2000).

Therefore, men who become fathers may develop more prominent family-centred identity statuses (e.g., father, spouse) in their identity hierarchy (Habib, 2012) and therefore be highly motivated to promote and protect their children's health. In this view, the father identity may represent a key factor in value determination and goal activation in food-related decision-making and promoting both children's and fathers' healthy eating.

1.6.1 Towards a new fathering identity

As discussed in Section 1.5, evidence suggests that in the post-modern era, the male identity is gradually evolving into a new, more flexible masculine identity, and the idea of caring for children and family is increasingly perceived to be more inherently masculine, incorporating strength, responsibility, and affection (Lee & Lee, 2018). On this basis, fathering, and the idea of being a good father, has started to incorporate multiple images and meanings well beyond the role of financial provider, such as being caring and emotionally involved (Bosoni, 2014). However, this is still a nascent process and there are many aspects that have yet to be fully realised or reflected in structural and/or societal changes. In this sense, the evolution of the fathering role is taking place more at an ideological than factual level (Humberd et al., 2015).

Conflicting roles and identities

In most countries (including Australia) (Workplace Gender Equality Agency, 2021b) the workforce participation of women remains lower than men, and the provider image continues to be culturally ingrained into the definition of being a father (Humberd et al., 2015). Since people aim to maintain stability and coherence in their self-definitions and identities (Demo, 1992; Markus & Kunda, 1986; Markus & Wurf, 1987; Turner, 1968), these conflicting images and roles (e.g., between masculine and caring attitudes) compete and create ambivalence with respect to men's self-perceptions and identities. Furthermore, this situation may create tension when attempting to manage conflicting roles and personal, family, work and social expectations, and demands (Craig & Churchill, 2021; Humberd et al., 2015; Lee & Lee, 2018), while simultaneously maintain the image of loyal and dedicated worker (Humberd et al., 2015) and perfect father (or "super dad") (Humberd et al., 2015; Lee & Lee, 2018). In addition, workplace norms may restrain the development of this complex contemporary father identity and reinforce contradicting messages about what it means to be a good father.

Intergenerational transmission of fathering

The evolution of fathers' roles and identities occurs throughout generations of fathers. This intergenerational transmission of fathering behaviours may unfold via two processes described by the modelling hypothesis and the compensatory hypothesis

(Guzzo, 2011; Habib, 2012). On the one hand, since children learn attitudes and behaviours by observing their role models from the earliest stages, when boys become fathers themselves, they are likely to reproduce (more or less consciously) a mental model of the paternal attitudes and behaviours they experienced growing up in their own parenting style and practices (Daly, 1993; Guzzo, 2011; Nicholson et al., 2008), whether adequate or inadequate (Habib, 2012).

On the other hand, the compensatory hypothesis suggests that men can move away from their fathers' parenting approach (Lemay et al., 2010), perceived as deficient, to compensate for their fathers' shortcomings (Habib, 2012) in their own fathering; for example, they may choose to adhere to more contemporary and involved models of fathering less common in previous generations. Indeed, nowadays more fathers prefer emotionally intimate forms of fathering compared to what they experienced with their own fathers and earlier generations (Meah, 2017).

These processes highlight the connection between past and future generations of fathers and the great influence of men's experiences and relationships with their own fathers on personal attitudes to fatherhood and the fathering role (Brown et al., 2018; Guzzo, 2011). To better understand fathers' food choices, the gap between their motives and practices (see Section 1.9.1), and their distinct role in influencing family eating, we need to consider how the fathering role has evolved, the fathers' increasing involvement in nurturing family activities, and the values and meanings that men attribute to food, food choices, and healthy eating in the context of fatherhood. By doing so, we can develop better strategies to promote health for men and families.

1.7 Recognising the father role in the family context

The changes in family and society have resulted in an increasing interest in fathers' unique contributions to child health and diet in the family food context (Garfield, 2018; Litchford et al., 2020; Yogman et al., 2016) and have influenced both policy and research. In 2012, then-US President Barak Obama launched the President's Fatherhood Pledge (The White House, 2012) stressing the vital role of fathers, their involvement in food-related provisioning and labour, as well as their own lifestyle and food behaviours in promoting their family's and children's health. Currently in Australia, there is an ongoing debate about paid parental leave and childcare subsidies

for fathers, with business and social welfare groups (e.g., KPMG and Business Council of Australia) calling for changes that enable women to return to work after childbirth, resulting in increased economic growth (Khadem, 2021). Furthermore, the Australian Fatherhood Research Consortium (AFRC), established in April 2017 through the initiative of multi-site researchers, practitioners, institutions and policy-makers, took over production of the *Australian Fatherhood Bulletin* in 2020 (issued since 2013 by the Family Action Centre [The University of Newcastle Australia, 2021]), to give fathers a voice, convey their fathering experiences, and share evidence-based information on their wellbeing and family role (MAPP Men and Parenting Patways).

Contemporary art, traditionally celebrating the maternal figure, has begun to depict the centrality and significance of fatherhood. For example, in February 2021, the Australian sculptor and visual artist Patricia Piccinini added a male companion piece to her hot air balloon sculpture *Skywhale* (commissioned by the National Gallery of Australia, Canberra, 2013), representing a gigantic female mammalian. The new addition, *Skywhalepapa*, is a male companion piece holding its children with both strength and gentleness, celebrating the nurturing and caring role played by fathers in raising children (ABC, 2021; Zhou & Harmon, 2019).

Another example of contemporary art focusing on fathering is the photography exhibition by the Swedish photographer Johan Bävman titled *Aussie Dads* that opened at the Sydney Opera House in August 2018. The exhibition, featuring ten Australian fathers playing a primary caregiving role, was created to support parental leave and gender pay equality in Australia. The artist aimed to showcase the strength and vulnerability that men experience as the primary carer in the family, in order to spark a public debate and increase awareness about men's specialness, the lack of recognition of the important role the father plays in the family, and the persistence of traditional gender roles, expectations, and parental leave policies forcing women to be the primary carer (Tatham, 2018).

1.7.1 The father's influence on children's diet and weight

Evidence shows that fathers may influence their children's diet, eating behaviours and weight through food parenting practices as well as their own dietary habits and choices (Khandpur et al., 2014; Litchford et al., 2020; Lloyd et al., 2014; Mallan, Daniels, et al., 2014; Mallan, Nothard, et al., 2014; Patrick et al., 2013). For example, several

studies have reported associations between fathers' and children's food intake (Collins et al., 2012; Hall et al., 2011; McIntosh et al., 2011; Walsh et al., 2016), and paternal intake predicted fruit, vegetable, and sugary drink consumption in African American children (Harris & Ramsey, 2015). Other studies have shown a positive association between children's and fathers' energy intake (Collins et al., 2012), fathers' and children's dietary patterns (Hebestreit et al., 2017), and fathers' diet quality and children's overall food intake (Harris & Ramsey, 2015; Penilla et al., 2017; Vollmer et al., 2015; Vollmer et al., 2015; Watterworth et al., 2017). Other studies showed a positive association between fathers' and children's BMI (Lloyd et al., 2014; Penilla et al., 2017; Vollmer et al., 2015; Vollmer et al., 2015; Zhang & McIntosh, 2011) and weight gain (Snethen et al., 2008) indicating the importance of targeting fathers in childhood obesity prevention programs (Vollmer et al., 2017).

In addition, restrictive paternal feeding practices and controlling parenting styles (Blisset & Haycraft, 2008; Vollmer & Mobley, 2013) have been found to negatively affect children's eating behaviours (Khandpur et al., 2014; Lloyd et al., 2014; Mallan, Daniels, et al., 2014; Mallan, Nothard, et al., 2014; Tschann et al., 2013, 2015; Vollmer et al., 2015; Vollmer et al., 2015; Watterworth et al., 2017; Young et al., 2004; Parada et al., 2016). whilelower pressure to eat, lower paternal effort in implementing healthy eating, higher levels of worry about a child's weight, and lower control of a child's food consumption (Khandpur et al., 2014) were all associated with higher children's BMI.

1.7.2 Distinctive influence of fathers

Research shows that paternal modelling, parenting style, and feeding practices may have a specific influence on a child's eating habits and weight, regardless of maternal factors (Fraser et al., 2011). For example, fathers may apply a distinct approach to feeding (Khandpur, Charles, Blaine, et al., 2016), by prioritising getting the children fed, over concerns about the type or quality of foods (Khandpur, Charles, Blaine, et al., 2016), applying fewer limits to children's snack intake, monitoring the children's consumption less (Hendy et al., 2009), and employing more coercive feeding practices (Rahill et al., 2020), pressure to eat (Hendy et al., 2009; Loth et al., 2013) and restrictions (Musher-Eizenman et al., 2009) than mothers.

Wake et al. (2007) found a strong association between Australian fathers', but not mothers', parenting style (specifically, low parenting control) and pre-schoolers' risk of being overweight or obese. Differences have been found in the association between maternal and paternal parenting styles and children's fruit and/or vegetable intake (Vollmer & Mobley, 2013), for example with a father's non-authoritative parenting style positively correlating to a child's fruit and/or vegetable intake (Lytle et al., 2003) and a permissive style predicting more fruit/vegetable intake in daughters (Berge et al., 2010).

Furthermore, mothers and fathers have been found to monitor their children's sugar-sweetened beverage intake differently (Branscum & Housely, 2018), with mothers showing higher scores in monitoring behaviour, skills, and intentions towards monitoring their child's sugar-sweetened beverage intake. This study confirmed the belief that mothers still hold a primary role in child feeding. However, the authors specified that the differences identified between mothers' and fathers' feeding practices were significant more from a statistical rather than a practical point of view, and that their findings confirmed the shift occurring towards more paternal engagement (Khandpur et al., 2014) evidencing a significant reduction of those differences compared to studies dating back to the 1990s (Branscum & Housely, 2018).

In addition, fathers' use of fast-food restaurants (but not mothers') was identified as one of the major predictors of time spent in this type of restaurant by children (McIntosh et al., 2011). On the other hand, Watterworth and colleagues (2017), found that Canadian fathers' modelling of healthy eating behaviour (but not mothers') was associated with lower nutrition risk in children, and suggested that paternal role modelling may have a distinct protective influence on children's diet, possibly due to fathers' more expressive, playful and engaging attitudes in encouraging children to eat healthy foods (MacLean, 2017). In the same study, using food as a reward was associated with higher nutrition risk when practised by mothers (but not fathers), showing that food parenting tactics may work differently for mothers and fathers (Watterworth et al., 2017).

1.8 Fathers and food: gaps in research, programs, and policies

The literature highlights the importance of fathers' food behaviour and parenting in influencing the family food context and children's diet, lifestyle behaviours, and weight (Blissett, 2011; Fraser et al., 2011; Litchford et al., 2020; Lloyd et al., 2014; Mazarello Paes et al., 2015; Sherman & Smith, 2019), and fathers' changing roles are recognised at the scientific, policy, and community levels. Nevertheless, fathers are still under-represented in the literature (Fenner & Banwell, 2019; Khandpur et al., 2014; Owen et al., 2010; Peeters et al., 2019; Tanner et al., 2014).

First, most studies and interventions regarding children's diet, food parenting, and obesity issues focus on mothers (Peters et al., 2014; Rasmussen et al., 2006; Sotos-Prieto et al., 2015) or parents combined (Panter-Brick et al., 2014; Walsh et al., 2015). More specifically, research has widely explored the mother's influence on children's eating behaviours, food intake, and weight (Birch et al., 2001; Durão et al., 2015; Faith et al., 2004; Matheson et al., 2006; Rifas-Shiman et al., 2011; Rodgers et al., 2014; Watterworth et al., 2017; Webber et al., 2010a, 2010b) and mothers' food parenting (Blaine et al., 2017; Davison et al., 2016; McPhie et al., 2014; Shloim et al., 2015), overlooking or completely excluding fathers (Davison et al., 2017; Davison et al., 2018; Morgan et al., 2017; Phares et al., 2005). It must be acknowledged that mothers and fathers usually are not parenting or feeding alone, and that their contribution to feeding is additive as well as unique (Harris et al., 2018).

Another issue is that many studies use the term "parents", but the majority of their samples are made up of mothers. To give some examples, studies by Slusser et al. (2011), Hart et al. (2015), Vaughn et al. (2018) and Hesketh et al. (2005) that include "parents" use samples that are 90% mothers, while studies by Moura and Aschemann-Witzel 2020), Fernandez et al. (2019) and Rawlins et al. (2013) all used samples that were approximately 80% mothers.

The gender-based gaps identified in research, interventions, and policies reflect the traditional gendered division of work and household labour found in most societies (Adler & Lenz, 2016; Beagan et al., 2008; Brown & Miller, 2002). This may foster a distorted and mother-centric vision of parents' attitudes, practices, and influences on family eating, reinforce maternal blame on childhood obesity in media representations

and professional discourses (Milliken-Smith & Potter, 2021; Warin et al., 2012), and, moreover, lead to overlooking the contribution of fathers to the family food context.

Furthermore, to date, the limited literature that does target or include fathers focuses on children's outcomes and fathers' physical and behavioural attributes that predict child dietary behaviour and weight, while there is a lack of attitudinal and qualitative data explaining how fathers come to possess these attributes and behaviours. Indeed, most previous research has investigated fathers' parenting and feeding styles (Collins et al., 2014; Davison et al., 2020; Khandpur et al., 2014; Khandpur, Charles, Blaine, et al., 2016; Jansen et al., 2020) and their influence on a child's weight (Fraser et al., 2011; Vollmer & Mobley, 2013), fathers' influence on or association with children's eating behaviours and dietary intake (Rahill et al., 2020; Wang et al., 2011), and fathers' contribution to child feeding and family foodwork (Fenner & Banwell, 2019; Vollmer et al., 2015; Jansen et al., 2020). However, the factors influencing fathers' personal food choices and their constructions of food and healthy eating remain largely unexplored. Hence, this is the focus of the present study. This knowledge would benefit both families and children, and the wider male population.

1.9 The challenge: Improving food choices

As discussed, food choices represent a complex phenomenon, influenced by many individual and social factors, and internal and external dimensions and processes, and include both cognitive and affective components. This complexity is reflected in how difficult it can be for people to practise and maintain healthy eating, and in the common inconsistency between health knowledge, values and intentions, and actual food behaviours.

1.9.1 The gap between knowledge, intentions, and behaviour

There is a large disparity between what individuals may know about what is healthy or unhealthy, what they or their families should or shouldn't be eating, their intentions to eat healthily, and what they actually do in practice (Aschemann-Witzel et al., 2014; Turner et al., 2014). This gap is clearly reflected in the statistics and research from Australia, the US, and elsewhere, showing that few adults adhere to even the basic dietary guidelines and even fewer children and adolescents reach those minimum

recommendations (Australian Bureau of Statistics, 2018c; USA Department of Health and Human Services, 2015; Health and Social Care Information Centre, 2016; Health Canada, 2015; Public Health England, 2016). As one example, in Australia, in 2017–2018, only 5% of adults and 6% of children met the recommended intake of both fruit and vegetables, and 9% of adults and 7% of children consumed sugar-sweetened drinks daily (Australian Bureau of Statistics, 2018b).

Moreover, research shows that parents may underestimate the sugar content of foods and beverages in their children's diet (Dallacker et al., 2018), as well as the actual weight status of both their overweight and obese children (Ruiter et al., 2020) and themselves (Snethen et al., 2008). This lack of awareness or recognition may prevent parents from taking measures to improve diet and lifestyle, significantly increasing the risk of obesity in both parents and children (Dallacker et al., 2018).

1.9.2 Towards healthier food choice behaviours and food parenting

Due to the complexity and multiplicity of factors and dimensions simultaneously involved in food behaviours, to support dietary change and healthy eating it is necessary to supplement opportunity and resources (Sobal & Bisogni, 2009) (e.g., physical and financial resources, social support) (Michie et al., 2011) with capability (e.g., knowledge, skills) and motivation, both automatic (e.g., involving habits, preferences, emotion and impulse responses) and reflective (involving self-conscious evaluations and planning) (Johnson et al., 2019; Michie et al., 2011). Education and health-consciousness may decrease the knowledge- and intention-behaviour gaps and increase health motivation by providing more tools to support healthy dietary decisions (Dallacker et al., 2018) and healthy eating behaviours (Buhrau & Ozturk, 2018; Iversen & Kraft, 2006), and enhancing the relevance of healthy eating over other goals.

Education and knowledge

Nutritional knowledge is positively associated with healthy food consumption in adults and children (Wardle et al., 2000; Zarnowiecki et al., 2012). Parents with greater nutritional knowledge may evaluate their child's weight status (Ruiter et al., 2020) and interpret nutritional information and labels more accurately, thus are more likely to choose healthier options (Romanos-Nanclares et al., 2018) and positively influence

their children's food knowledge (Zarnowiecki et al., 2012) and diet quality (Adamo & Brett, 2014; Asakura et al., 2017).

Research shows that education enhances health literacy and health-consciousness, and promotes health-oriented behaviours and lifestyle (Divine & Lepisto, 2005; Prasad et al., 2008) by facilitating the acquisition of nutritional information, helping people understand the relevance of diet for health (Romanos-Nanclares et al., 2018), increasing risk perception (Ferrer & Klein, 2015) and enhancing engagement with and preference for healthy foods (Casini et al., 2015; Devine, 2005; Lioret et al., 2012; Sobal, 1991; Wardle et al., 2000)—all aspects which ultimately influence beliefs, attitudes and behavioural control.

"Food literacy" indicates "the capability to make healthy food choices in different contexts, settings and situations" (Poelman et al., 2018, p. 1). Poelman et al. (2018) reported that individuals with higher levels of food literacy had heathier diets (higher intake of fruit, vegetables and fish) and that higher self-perceived food literacy is associated with higher self-control and lower impulsiveness in consumption.

Health consciousness

Health consciousness refers to the tendency to undertake healthy behaviours (Becker et al., 1977; Hoque et al., 2018) and it has been framed into several dimensions, including integration of health behaviour, health concerns, health motivation, health information seeking and engagement, personal health responsibility, and valuing a healthy condition (Gould, 1988; Hong, 2009). Health consciousness predicts various health attitudes and behaviours (Hong, 2009) and supports healthy eating behaviours (Buhrau & Ozturk, 2018; Iversen & Kraft, 2006).

For example, health-conscious consumers, who place healthy considerations high in their hierarchy of values and priorities, are more likely to take responsibility for managing their own health (Hong, 2009), pursue healthy eating (Mai & Hoffmann, 2015; Naylor et al., 2009) and implement positive dietary changes (Buhrau & Ozturk, 2018); hold a positive image of healthy foods (Mai & Hoffmann, 2015); consider healthy foods tasty (Naylor et al., 2009; Yarar & Orth, 2018); are less influenced by oversimplified lay theories or taste stigma (Jayanti & Burns, 1998; Mai & Hoffmann, 2015); purchase products based on their health attributes and benefits (Dean et al., 2012; Mai & Hoffmann, 2012, 2015); emphasise food naturalness (Mai & Hoffmann,

2012); pay more attention to health messages (Iversen & Kraft, 2006; Prasad et al., 2008); and are more likely to seek and respond to health information (Hong, 2009). Conversely, people with lower health consciousness are less motivated to engage in healthy behaviours (Michaelidou & Hassan, 2008), eat more unhealthy foods (Prasad et al., 2008); are more driven by hedonic-related cues and motives (e.g., taste) in their food choices (Mai & Hoffmann, 2012); are more likely to believe that unhealthy food is tastier than healthy foods; and have less interest in natural foods and information about food (Mai & Hoffmann, 2015).

Internalised healthy attitudes

Despite their influence on health behaviours, education/knowledge and health consciousness are not sufficient to improve and sustain healthy food choices without internalised healthy attitudes (Branscum & Housely, 2018; Kelly & Barker, 2016; Romanos-Nanclares et al., 2018). (The concept of "internalisation" has been introduced in Section 1.3.3). Eating behaviours and choices are not only driven by what the person may know, or the importance attributed to a healthy diet, on a cognitive level.

According to the food choice process model (see Section 1.3.2), people hold multiple systems of food choice values (personal food systems) which can be coexisting and conflicting, thus constantly evaluated, balanced and negotiated, intentionally or automatically (Bisogni et al., 2012; Sobal et al., 2006), based on context, and through simplification and compromises (Furst et al., 1996). From a goal activation perspective, to increase motivation to healthy food choices it is crucial to enhance the internalised value and saliency of healthy eating over other short-term goals (see Section 1.3.3). More specifically, for desirable healthy eating goals and behaviours to be implemented and sustained long-term, they must be internally activated, that is, salient, accessible, and prominent above all the other competing goals, such as taste, price, and convenience, at the moment of decision-making (Bauer & Reisch, 2019).

As such, unhealthy lifestyle behaviours such as unhealthy eating cannot be considered as isolated actions, but as part of practices and processes embedded in people's everyday lives and their social contexts, because they are ingrained in people's routines and hats, are meaningful, and define people's sense of self (Kelly & Barker, 2016). Food and eating behaviours and experiences hold multiple kinds of significance

for individuals and groups and are central in family, social and community life (Barnhill et al., 2014), well beyond their nutritional function and practical features (Pierro et al., 2003). Furthermore, when persistent, unhealthy behaviours are often functional in people's lives (Kelly & Barker, 2016) and undertaken despite limited financial resources and constraints (e.g., smoking) (Graham, 1993). Therefore, to facilitate change in individual and family food choices, it is crucial to focus not only on explicit, cognitive, and practical factors (Mai & Hoffmann, 2015), but also on implicit and profound interacting components and processes (Mai & Hoffmann, 2015) based on the meanings, values, and identities (Köster, 2009) involved in food experiences.

1.10 Fatherhood as an opportunity to promote health to men and families

According to the Life Course Health Development framework (Halfon & Hochstein, 2002), there are sensitive and critical periods in life where health and dietary trajectories are more likely to be developed and modified (Baird et al., 2017), such as when forming a family (Anderson et al., 2004; Cross & Gilly, 2014; Sobal et al., 2003). For example, after cohabitation, partners' eating patterns become more regular and structured (Kemmer et al., 1998; Marshall & Anderson, 2002) to favour compromises and reduce conflicts (Cross & Gilly, 2014) (the so-called "dietary convergence process" [Bove et al., 2003; Cross & Gilly, 2014]), and often men consume more vegetables (Hartmann et al., 2014).

Becoming a parent represents a major developmental milestone (Palkovitz et al., 2001) and a transformative life course experience that can change daily practices and routines, meanings and priorities, social roles, identities, relationships, and health trajectories (Bassett-Gunter et al., 2013; Habib, 2012; Saxbe et al., 2018). However, parents often struggle to maintain healthy eating and feeding their children healthy foods.

On the one hand, this major transition may bring challenges and increased demands in terms of time, finances, and energy, interfering with parents' healthy eating and lifestyle. During the early parenthood period especially, diet, sleep, and activity can easily deteriorate (Aschemann-Witzel, 2013; Berge et al., 2011; Elstgeest et al., 2012;

Nasuti et al., 2014; Wennberg et al., 2016) (the so-called "child effect" [Laroche et al., 2013]), leading to mental and physical health issues, and weight gain (Eggebeen et al., 2013; Giallo et al., 2013; Habib, 2012; Hagger & Hamilton, 2019; Laroche et al., 2013; Martins, 2019; Medina et al., 2009; Moura & Aschemann-Witzel, 2020; Nomaguchi & Milkie, 2003; Paulson & Bazemore, 2010). Later, parenting and family management are influenced by many conflicting priorities, challenges, and limitations, related, for instance, to work commitments and children's demands and activities.

On the other hand, evidence shows that parents understand the importance of healthy eating, hold the intention to improve their lifestyle, and ask to be supported to make positive changes in family eating (Borra et al., 2003; Edvardsson et al., 2011; Hart et al., 2015). Healthful food choices are more likely in individuals with children than without children (Mancino et al., 2004). Children may act as active agents of change and positively influence parents' health behaviours (e.g., diet, physical activity, diabetes management) across diverse socioeconomic and cultural settings (Borys & Lafay, 2000; Davis et al., 2002; Gadhoke et al., 2015).

For example, studies indicate that having children positively influences health and diet in women (Olson, 2005; Pollard et al., 2001) and both parents (Casini et al., 2015; Edvardsson et al., 2011; Hartmann et al., 2014; Moura & Aschemann-Witzel, 2020; Smith et al., 2017) as well as increases motivation for healthy eating and improves health and risk behaviours (e.g., diet, alcohol consumption, smoking) in men (Bassett-Gunter et al., 2013; Garfield et al., 2010). Furthermore, the presence of children in the household is associated with higher health consciousness (Prasad et al., 2008).

Due to the attention that having children draws to health considerations and food practices within the family, the transition to parenthood and the first few years of children's lives represent a key stage for the foundation of appropriate dietary patterns and disease prevention for both children and parents (Birch & Ventura, 2009). From a goal activation perspective, parenthood represents a very favourable time to enhance the saliency and activation of desirable health- and food-related goals above others.

As such, becoming a father may represent a significant window of opportunity for men and families to maximise interventions for dietary change and health promotion (Garfield et al., 2010; Moura & Aschemann-Witzel, 2020). Garfield and colleagues (2010) found that fatherhood represented a driver for positive health behaviour changes in US urban men from diverse backgrounds and low SEPs. In this study, most

fathers reported improvements in their health behaviours (diet, exercise and self-care, alcohol consumption and risk-taking behaviours) since having children. Particularly, fathers identified the transition to parenthood as a key shift in their practices and attitudes to health and as having a beneficial effect on their health and health promotion behaviours, while only a minority reported negative health changes (e.g., higher stress levels and decreased sleep and physical activity).

These shifts towards healthier behaviours in the context of parenthood may occur for various reasons. First, all major life course transitions, including becoming a parent, can elicit conscious reflections on previously implicit assumptions and automatic behaviours (Epp & Price, 2018; Harrison et al., 2012; Settersten & Cancel-Tirado, 2010). Second, the change in roles and responsibilities related to family formation can greatly modify and redirect parents' personal priorities and motivations towards more caretaking purposes and duties (Garfield et al., 2010; Palkovitz et al., 2001; Strauss & Goldberg, 1999), especially when they are aware that their choices will influence their children's health outcomes. These positive shifts in attitudes, motivations, and practices may not be limited to the transition to fatherhood as a specific point in time but extended as part of the fathering role and identity, significantly expanding the opportunities to promote men's and family health during the family life course.

Since being a role model represents an important part of men's fathering identities (Humberd et al., 2015), when a man values healthy eating in the context of his identity, responsibility, and nurturing role as a father, he may be more incentivised to improve his own food choices to be a positive example to his children. It is therefore more likely that fathers caring for their children's wellbeing, understanding the relevance of diet for health, and being aware of the importance of their own example, will orient their efforts towards encouraging healthier food choices through both feeding and personal eating practices.

Due to the paucity of literature in this area and specifically about fathers, more research is needed to uncover the perceptions and dynamics orienting men's food behaviours and choices in the context of fatherhood. This would help identify possible levers to change undesirable behaviours and encourage healthier eating practices among men and families in this favourable life stage (Bassett-Gunter et al., 2013; Guillaumie et al., 2010).

One of the limitations of the current evidence base is that many of these studies include a majority of well-educated parents in high SEPs, heterosexual couples, and nuclear families. Among low-income families, financial concerns and the priority of having the children fed and satiated may override healthy eating aims (Jones et al., 2014). It is known that people in general, and children and families in particular, on low incomes have lower diet quality (Fernández-Alvira et al., 2015; French et al., 2019; Rippin et al., 2020) and higher obesity rates than affluent people (Health and Social Care Information Centre, 2016), attributed to budgetary constraints (Monsivais et al., 2010), limited health literacy and nutritional knowledge (Ball et al., 2006; Slusser et al., 2011), attitudes towards nutrition (Ball et al., 2006), and food-related motivations and food preferences (Pechey et al., 2015; Vainik et al., 2013). However, at the macro level, the association between obesity and income is non-linear, with obesity increasing with income in poor countries, decreasing with income in rich countries, and increasing overall in all countries (Ameye & Swinnen, 2019). Furthermore, research shows that low-income parents who are also from diverse cultural backgrounds want to know more about healthy nutrition and are motivated to improve family diet (Cason-Wilkerson et al., 2015; Slusser et al., 2011).

1.11 Background and purpose of the study

This section describes the scientific and personal reasons behind the choice of the research topic and the preliminary informal investigation that preceded this study. The section also outlines the purpose of the study and the research questions, describes the significance of the study, and provides a brief overview of the thesis.

1.11.1 Background

The decision to explore fathers' views and perceptions about food, eating and health was based on three main reasons. First, the student researcher's decade-long involvement in the promotion of healthy eating and weight management among adults and families as a psychologist and food coach created specific interest in motivations and dynamics underlying food choices and health-related decision-making.

Second, the dearth of research identified in the literature on fathers' accounts of food and their role in the family food context highlighted the need to focus on fathers. Since

family is a complex, unique, organic system encompassing different agents, interactions and dynamics that are central to family eating (Epp & Price, 2008), it is a clear and significant gap in the literature. Furthermore, the scarce literature that does include fathers focuses on children's diet and food parenting rather than fathers' food-related beliefs and choices (as previously illustrated and further discussed in the Chapter 2). Therefore, investigating fathers was considered the best way to provide a novel contribution to knowledge, and a qualitative research design was chosen as the best option to explore fathers' views and perceptions of food and eating in depth.

Third, in retrospect, the present research project has personal relevance for the student researcher because the phenomena and population investigated in this study resonate with her personal life and family history. Her father has always been a traditional, fussy, and voracious eater, prioritising taste and pleasure over the health qualities of food. In addition, her parents have always adhered to a traditional Italian, gendered approach to foodwork and domestic labour in general, with the mother always cooking (preparing what the husband wants), cleaning up, doing the laundry, and feeding the children, despite both working full-time. First, since becoming aware of the importance of healthy eating, her father's hedonic attitudes to food and eating have always represented a concern for her. Furthermore, growing up, the marked gendered differences and inequities enacted in her family in the context of housework and food labour became more apparent. This upbringing contributed to the student researcher's desire to study men and fathers, their food-related views and preferences, and their role in the context of food, family and gender. In addition, her father developed a rare form of lymphoma at 64 years of age, possibly influenced by his poor diet (e.g., rich in refined sugar and carbohydrates, cured meat, and low in vegetables and variety). She helped him improve his diet, which benefited his health. Eventually, he had a successful bone marrow transplant and is now living a happy and active life. However, as soon as he recovered, he re-established his previous dietary preferences and habits. This significant experience contributed to the researchers' interest in understanding fathers' personal perspectives and drivers of food choices in the context of health.

1.11.2 Preliminary informal investigation

Three fathers (mean age 37; range 32—45) of children aged between 3 months and 16 years living in Melbourne participated in individual, in-depth interviews about their

personal views and experiences of food, eating, food choices, and the connection between food and health. This preliminary project helped to consolidate the student researcher's earlier training in qualitative methods, provided opportunity for reflection and input from her academic supervisors and co-researchers, informed the research process for the main study, and established its relevance.

The preliminary data suggested that food and food choices in the context of fatherhood are complex and multifaceted phenomena related to several constructs and dimensions that required further examination. These included: health, the food-related decision-making process, parenting and identity, family roles and dynamics, the influence of gender, resources, social context, and the environment on food choices and practices. Thus, the design of the current doctoral research sought to encapsulate those dimensions and influences during the development of the formal investigation.

1.11.3 Purpose of the study and research questions

This study investigates and describes the views, beliefs, and attitudes of Australian fathers about food and eating, personal food choices, the relationship between food and health, factors influencing personal and family's healthy eating, and fathers' role in the family food context, as factors driving fathers' food choices and food parenting. Investigating these phenomena served to explore the role of fatherhood in shaping men's relationship with food and healthy eating, food choices, food parenting and health orientation, and explore the evolving transformation of the fathering role in the family food context.

The study was guided by the following overarching question:

What drives fathers' food-related choices, practices, and parenting?

The following research questions sought to address the overarching research question:

1. What are fathers' views and beliefs about food, eating, and their personal food choices?
2. What are fathers' views of healthy/unhealthy eating and the connection between food and health?
3. What are fathers' roles/engagement in the family food context, as construed by fathers?

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4. Does being a father (and in particular, fathering identity) influence men's food choices, practices, and health orientation? And if so, how?
5. Does gender play a role in fathers' food-related choices and practices?

1.11.4 Significance of the study

As discussed in Sections 1.1 and 1.4, men's and families' diets and food choices need to be improved. To do this and maximise the effectiveness of family health programs and interventions, it is important to understand determinants of fathers' food choices and behaviours, and their food parenting. Since meanings, beliefs, and values are integral to people's identities, personal food systems, and internalised motivation to healthy eating (Furst et al., 1996; Sobal & Bisogni, 2009), it is imperative to deepen the knowledge about how men describe and interpret food, eating, and the link between food and health, as fathers, in order to help to overcome the gap between intentions and actual food choices.

Fathers' increased responsibilities in childcare and feeding add more significance to food, eating, and the connection between food and health, and are laden with meanings well beyond nutritional features, related to men's fathering role, values and identities (e.g., as men, family men, and good fathers). However, fathers' views, perceptions and attitudes to food, eating, and health underlying their choices and practices in the food and family context remain largely unexplored.

The study reported in this thesis contributes to bridging the gap in the literature on fathers and food choices by expanding and deepening the knowledge about the narratives of fatherhood and fathers related to food, eating, health, and the fathering role in the family food context. This knowledge can assist in understanding the influences that underlie fathers' food-related choices, behaviours, and parenting practices, and can be used to improve both men's and children's dietary behaviours.

Furthermore, the study proposes a theory of paternal identity and food choices, offering a framework for interpretation of men's food choices and motivations to healthy eating and food parenting in the context of fatherhood. This may assist in bridging the gap between fathers' intentions for healthy eating and food parenting, and their actual behaviours.

The findings, models, and theory from this research can be generative of similar or other work and knowledge which might help develop and implement targeted and effective research studies, programs, interventions, and policies aiming to promote health in fathers, children, and families. As such, this research may help improving fathers' health orientation, personal healthy eating and modelling, and participation and positive engagement with their fathering role and in the family food context (Morgan & Young, 2017). It is also hoped that this additional knowledge of the fathers' population will help mitigate the gender divide in food parenting and the deficit model of father involvement (Hawkins & Dollahite, 1997) underpinning family-based interventions and policies (Crabb, 2019; Panter-Brick et al., 2014), and encourage co-parenting as an important and effective promoter of healthy eating in families (Feinberg, 2002; Thullen et al., 2016).

This study was conducted prior to the arrival of the COVID-19 pandemic in Australia (March 2020). Therefore, it must be noted that this life-altering experience would have likely affected fathers' food-related narratives and family and social practices and dynamics, including cooking, eating out, and gatherings over food, as well as the division of family food labour and childcare responsibilities.

1.11.5 Overview of the thesis

The thesis contains six chapters. Chapter 1 provides the rationale and background of the study, illustrates the gaps identified in the literature associated with the research questions, and includes a new model of food choices integrating the food choice process model and the goal activation theory in a life course perspective. Chapter 1 also describes the purpose and significance of the study, and the study aims.

Chapter 2 provides a review of the literature regarding fathers' views and beliefs related to food and healthy eating, the relevance of diet for health, and the fathers' roles in the family food context. Chapter 3 describes the epistemological foundations of the study, the qualitative methodology and methods used to address the study aims and objectives, and the methods applied to ensure the quality, rigour, and trustworthiness of the study.

Chapter 4 describes the findings obtained from phase I of data collection (interviews) and a new model of fathers' food choices. Chapter 5 describes the findings from phase

II (FGs). Chapter 6 provides a summary analysis of the findings, as well as a description of the new model of food choices and paternal identity and the proposed theory of paternal identity and food choices.

Finally, Chapter 7 provides a discussion of the key findings considering the existing literature, and identifies the original and significant contribution that the present study makes to existing knowledge. The chapter also describes the strengths and limitations of the study and offers recommendations for future research, practice, and policy.

CHAPTER 2: Fathers' perspectives on food and health

This chapter summarises and provides a critical assessment of the literature on fathers' perspectives related to food and eating, personal food choices, and fathers' contributions to the family food context. It also describes the research gaps identified and addressed in this study regarding fathers' views and beliefs about food, eating, and their relation to health.

2.1 Introduction

As discussed, food choice decisions and behaviours are complex phenomena stemming from personal meanings, attitudes, beliefs, and values, which can be understood in relation to personal identity, social roles, and contexts. In addition, food choices in the context of fatherhood may entail unique combinations of determinants and present favourable conditions to promote health to men and families. Knowing more about fathers' views, attitudes, and beliefs towards food and healthy/unhealthy eating would help us understand what drives fathers' food choices, and identify possible levers and strategies to change behaviours and practices among men and families.

Nevertheless, these phenomena are currently largely unexplored. As previously described, the scarce literature on fathers and food is primarily focused on children's nutrition and health rather than fathers' perspectives and choices about food and health. Specifically, most scholars provide data on parenting styles and practices, fathers' beliefs regarding children's diet, physical activity and weight, as well as fathers' engagement in family foodwork.

These studies do not directly investigate fathers' personal views on food, food choices, and health. However, they may provide some information about fathers' practices and roles in the family food context, their personal views and definitions of healthiness and beliefs related to health and food as fathers. These studies can also offer insights into the motivations underlying fathers' food choices and the role of food in contemporary fathering and family eating practices. Therefore, they have been included in the following review of the literature.

The studies discussed in this literature review are organised in terms of fathers': i. views of healthy and unhealthy food and eating, and their adherence to nutritional trends; ii. perceptions of the relevance of diet for health and weight, and role modelling; iii. perceived barriers to healthy food choices and parenting; and iv. role in foodwork and promoting family health.

2.2 Identifying relevant studies

A comprehensive search of the literature was conducted using a systematic approach based on the methodology proposed by Bramer et al. (2018). The question explored by the preliminary study ("What are fathers' beliefs and perceptions about food, eating, and their personal food choices?") served to identify the most relevant concepts (fathers, food, perceptions, attitudes, and choices) for the main study, and to assist in selecting suitable databases (MEDLINE Complete via EBSCOhost, APA PsycInfo via EBSCOhost, Embase via Embase.com, CINAHL Complete via EBSCOhost, SocINDEX with Full Text via EBSCOhost, JSTOR via Jstor.org, Scopus, and Google Scholar). The search included wildcards or truncation.

Relevant free-text terms related to fathers (father* OR dad* OR paternal), food (food* OR diet* OR eat* OR nutri* OR meal* OR cook*), perceptions (perception* OR attitude* OR opinion* OR experience* OR view* OR reflect* OR belief*), and choices (choice* OR decision*) were searched separately and then combined with the respective relevant index terms, thesaurus terms or subject headings (depending on database options). The combined search of fathers and food was then merged with the combined search of perceptions or choices. Father-related terms were searched in title, abstract, and author keywords (when possible and depending on database options) while the search of terms related to food, perception and choices was conducted in all fields ("title, abstract and text" or "all fields," depending on database options).

Relevant subject-specific databases were selected in JSTOR and Scopus databases. A snowball procedure was also employed, using hand searching, reference lists, "cited by" function and the online tool Connected Papers. The search included both quantitative and qualitative papers, reviews, conference papers, editorials, and reports. Documents prior to 1990 and in languages other than English were excluded.

Prior to the systematic search focusing on fathers described above, a similar broad search of the literature had also been conducted on most of the databases mentioned (MEDLINE Complete via EBSCOhost, APA PsycInfo via EBSCOhost, CINAHL Complete via EBSCOhost, SocINDEX with Full Text via EBSCOhost, Scopus and Google Scholar). This search followed a similar procedure, but in addition included search terms related to men and masculinity (male* OR men OR manhood OR mascul*). This process identified papers that included fathers in their sample even when the focus was not on fatherhood or fathers specifically. It should be noted that topics discussed in this chapter extend beyond the scope of studies identified through the outlined search strategy.

2.3 Fathers' views of healthy eating

Health is one of the values involved in the food decision-making process (Falk et al., 2001). Perceptions and definitions of "healthy" and "unhealthy" shape people's personal food systems for classifying food and eating situations and managing food choices (Falk et al., 2001; Furst et al., 1996). As discussed in Section 1.3.2, personal food systems involve a complex and often implicit value negotiation process in which people weigh up their priorities and benefits of behaviours and act upon their saliency (Falk et al., 2001; Furst et al., 1996).

Meanings, views and definitions of healthy food and eating are not universal or immutable but polysemous and evolving over time in nutritional science, in the community, and within each individual (Paquette, 2005). A healthy diet is officially defined as an adequate, varied, and well-balanced diet that includes consumption of fruits, vegetables, legumes, nuts and whole grains, and unsaturated fats; limits the intake of salt, free sugars, saturated fats, and trans fatty acids (World Health Organization, 2021); and incorporates variety, gentle cooking, fresh ingredients, and dedicated time and attention to eating (German Nutrition Society, 2017).

However, official dietary definitions and recommendations only partially reflect lay theories of healthy eating (Yarar & Orth, 2018), which rely more on common sense, education, interpretations and non-scientific resources, personal experiences, as well as social norms and identities, rather than exclusively on authoritative definitions and classifications (Bisogni et al., 2012; Falk et al., 2001; Movassagh et al., 2017; Yarar

& Orth, 2018). People hold many subjective views and interpretations of food and healthy eating reflecting their constructions and narratives of these phenomena, which influence their daily eating behaviours and food choices.

In this sense, it is crucial to consider how fathers define and conceive healthy eating and how this construct is positioned within their personal food systems, to understand what drives their food choices and practices. However, only a few studies, to date, have specifically investigated or marginally reported fathers' views and definitions of healthy/unhealthy food and eating.

2.3.1 Fathers' definitions of healthy/unhealthy eating

An online survey conducted by Vollmer (2018) involved 117 fathers of children aged 3–5 years living in the US, mostly White, married, and with a 4-year college degree or higher. This study explored fathers' influence or attempt to influence their children's nutrition and physical activity behaviour and their perceived role in making decisions regarding their children's weight. These fathers saw the consumption of fruits and vegetables and the reduction of high-sugar foods as the way to improve family diet and as effective strategies to prevent and/or treat childhood obesity in their families; there was a particular focus on sugar as an unhealthy dietary component of diet and an awareness of the impact of diet on health and weight. Interestingly, when identifying strategies to prevent and/or overcome their children's obesity, fathers in this study stated that they would try to improve their children's food and activity behaviours by including all family members and proceeding in small, achievable steps. These views suggest that it is important for health professionals and interventions to propose lifestyle changes to fathers that are not perceived as too drastic and that involve other family members (e.g., father–child dyads, co-parenting couples) or the entire nuclear family, to enable fathers and families and implement changes successfully (Vollmer, 2018; Jansen et al., 2018).

In their qualitative study, Fenner and Banwell (2019) interviewed eight Australian fathers aged 25–50 years living in the Canberra region with children aged 5–12 years to explore their perceptions about their role and involvement in family food provisioning and foodwork, the relevance they attributed to healthiness, weight and nutrition, and what nutritional information resources they accessed. Fathers' definitions of healthiness revolved around homemade cooking and fresh fruits and

vegetables and included the typical Australian meat and three vegetables meal. Healthy eating was described using expressions such as "balanced diet," "variety," "colourful food," "all the colours of the rainbow," "food groups," "food pyramid," "fresh is best," and "home-cooked." Conversely, unhealthy foods included processed and junk food as well as ingredients such as sugar, salt, and fat. Here variety and naturalness were seen as key aspects of a healthy diet, while sugar and high processing were mentioned as unhealthy components.

Zhang et al. (2018) explored Latino fathers' perspectives and parenting practices regarding eating, physical activity, and screen time behaviours, conducting focus groups with 26 (primarily Mexican American) fathers aged 43±10 years living in the US and with children aged 10–14 years. Concordant with the studies mentioned above, fathers identified healthy nutrition to be fruits and vegetables, natural foods without chemicals, and homemade foods. Foods they considered to be unhealthy included sugary drinks and sweets, processed and pre-packaged foods, canned foods, hamburgers, and foods and produce treated with hormones, pesticides, and preservatives. They also considered healthy to be a balanced intake of food, portion control, mindful eating, and having breakfast, and some expressed distrust of industrialised food production and processing that makes extensive use of pesticides, hormones, and preservatives. In common with the previous findings illustrated, fathers in this study stressed the importance of reducing sugar and processed foods, while valuing wholesome and natural foods, and showing awareness about the risks of modern food production methods to health.

A sample of 20 African American fathers residing in a rural community located in east-central Texas (mean age 37, Standard Deviation = 11.79) participated in focus groups in Sherman and Smith-Lee's study (2019). This research investigated fathers' roles in child feeding and health and identified that the fathers believed that healthy eating included a balanced diet and, again, that sugary foods and drinks were unhealthy. These findings show a limited yet consistent conception of healthy and unhealthy food/eating among diverse subpopulations of fathers, who associated healthiness with a diet rich in natural and unprocessed foods, home-cooked meals, and fresh vegetables and fruit, as opposed to highly processed and high-sugar foods and drinks, which were consistently considered unhealthy.

2.3.2 Fathers' adherence to nutritional trends

Fathers' simple definitions of healthiness, including naturalness, variety and balance, and excluding highly processed and sweet foods, are consistent with broader descriptions of healthy and unhealthy food and eating reported by adults and consumers (Furst et al., 1996; Mete et al., 2019). Furthermore, fathers' views reflect narratives, information, and trends identifiable in the contemporary public discourses circulating among consumers, as well as current nutritional information and official recommendations available (National Health and Medical Research Council, 2015; World Health Organization, 2021). It should be noted that some of the paragraphs included in this section (i.e., "A new 'dietary sensitivity'" and "Desirability of healthy food") are not focused on fathers but more generally discuss diet trends.

A new "dietary sensitivity"

Marketing research has shown that over the past decades the increasing prevalence of lifestyle- and diet-related conditions (e.g., NCDs, obesity, food intolerances and allergies [Asioli et al., 2017]) has served to raise awareness about the role of nutrition in health preservation, life quality, and longevity. This increasing awareness has influenced food attitudes, preferences, and choices among many consumer groups, including fathers (Kearney, 2010; Mullin & Delzenne, 2017; Papp-Bata & Szakály, 2020; Szakaly et al., 2012; Yarar & Orth, 2018). Furthermore, the profound social, economic, and technological transformations that have occurred in past decades have modified people's lifestyles, the food industry, and accessibility to nutrition information. The increased health consciousness, along with easier access to readily available foods and information, have raised consumers' attention, interest, and knowledge about nutrition, healthy eating, food processing, and the components of the food they eat (Euromonitor International, 2016), leading to the emergence of a new "dietary sensitivity" (Casini et al., 2015) able to modify trends in consumption and demand (Asioli et al., 2017; Gagliardi, 2015; Papp-Bata & Szakály, 2020).

"Nutritionism," "clean label" trends and "prudent" patterns

Nowadays, consumers worldwide are focusing on nutrients (Sproesser et al., 2019) ("nutritionism" [Scrinis, 2008]) and read labels regularly in order to identify and avoid products containing certain ingredients (e.g., sugar, salt) and additives (e.g.,

preservatives, colourants) considered unhealthy, and prefer fresh foods, produced locally (Adams & Salois, 2010), with few ingredients, and using more natural components and processes (e.g., organic, grass fed, etc.). Health-conscious consumers following the so-called "clean label" trend (Asioli et al., 2017; Cheung et al., 2016; Grant et al., 2019; Osborn, 2015; Varela & Fiszman, 2013) will consider the length of the list of product ingredients as an indicator of the product's level of naturalness and healthiness (Grant et al., 2019), while people following "prudent" (i.e., healthy, health-conscious) dietary patterns will consume diets high in fruit and vegetables, whole grains, legumes, poultry, and fish (Newby & Tucker, 2004).

Prudent/healthy dietary patterns are increasing among parents (Lioret et al., 2012). Australian fathers are regularly reading labels on packaged items and are aware of specific ingredients, additives, and their percentages, especially in the case of children's allergies (Fenner & Banwell, 2019). The trends described and identified in fathers also include a shift, evidenced in nutritional recommendations and public awareness, from considering fats to high-sugar foods and drinks as the main threat to health and healthy weight (Bray & Popkin, 2014; Editor, 2019; O'Dea, 2011; Sproesser et al., 2019).

Prudent/healthy dietary patterns have been positively associated with higher education levels and older age (Newby & Tucker, 2004; Yarar & Orth, 2018). Nevertheless, despite the persistent high demand for convenience foods (Casini et al., 2015; Gagliardi, 2015), particularly in younger populations (Campisi, 2020), market research shows that young consumers are also increasingly participating in health-oriented dietary trends. Generation Z (people born from the mid-1990s to the early 2010s) and Millennials (born between 1981 and mid-1995) in the US consider the tag "healthy" as a positive, value clean and simple labels (McClellan, 2019), and seek more fresh, wholesome foods, and flexitarian or semi-vegetarian meals compared to previous generations (Smoley, 2020) (especially the demographic in higher SEPs and who are educated [Occhiogrosso, 2018]). Furthermore, the purchase of baked goods among US consumers aged 20–40 years decreased in 2019 by approximately 50% compared to the year before.

Desirability of healthy food

The trends described suggest an increasing social desirability of healthy food/eating compared to a decade ago, when men and younger consumers were explicitly prioritising taste, price, and convenience over health in food choices (Carrillo et al., 2011). Consistent with US market research, Fielding-Singh (2019) found that US adolescents in both higher and lower SEPs see healthy eating as morally superior and use consumption of healthy foods to identify someone as a good and moral person (van der Heijden et al., 2020).

In addition, recent research has shown that more people are associating healthy foods with tastiness and unhealthy foods with being not tasty (van der Heijden et al., 2020; Werle et al., 2013), as opposed to the common implicit belief that unhealthier foods are tastier than healthy foods (the "unhealthy = tasty intuition" discussed in Section 1.3.5 [Huang & Jiang, 2016; Mai & Hoffmann, 2015]). Furthermore, van der Haijden et al. (2020) found the healthy = tasty intuition to be stronger than the unhealthy = tasty and the healthy = not tasty intuitions in low SEP parent–child dyads. This new trend, more common among food cultures presenting a positive, experiential and social approach to food (e.g., France) (Werle et al., 2013), may represent an important movement towards healthy food choices in future generations of consumers.

Ethical and environmental concerns

The rising health, ethical and environmental concerns (including climate change, resources availability and food equity) (Godfray et al., 2010; Henchion et al., 2017; Steffen et al., 2015; Collins, 2019), and increasing awareness previously described, have led more consumers to criticise intensive food production and food processing, adopt healthier and more sustainable diets (e.g., flexitarian, semi-vegetarian, pescatarian and Mediterranean), and reduce meat consumption (Aschemann-Witzel et al., 2020; Derbyshire, 2016; Grunert, 2013; Hayley et al., 2015; Modlinska et al., 2020; van Loo et al., 2020). Young consumers increasingly consider healthy as a plus, value clean and simple labels, seek sustainable, responsibly sourced foods with transparent supply chains, don't like wasting food (McClellan, 2019), and are more inclined to pay a higher price for foods perceived as nutritious and sustainable (Campisi, 2020; Commetric, 2019; Occhiogrosso, 2018). The dietary trends based on valuing natural and sustainable food consumption and production also suggest a return to traditional

eating, which generally includes fresh, local, plant-based produce, and high-fibre and low-meat consumption (Sproesser et al., 2019).

Veganism and vegetarianism versus demand for protein

Meat consumption is central in Western cultures and especially in Australia (Bogueva et al., 2020; Hayley et al., 2015; Modlinska et al., 2020; Rosenfeld & Tomiyama, 2020) where, particularly among men, vegetarianism is still largely perceived as unmanly (Bogueva et al., 2020). However, the global changes in culture and identity have weakened the link between meat and masculinity and prompted more people (and men) to consume less meat-centred and more "feminine" diets (Bogueva et al., 2020; Carroll et al., 2019).

Indeed, vegan and vegetarian diets were the most frequently searched diets among Google users globally between 2004 and 2019 (Kamiński et al., 2020), and in Australia vegetarianism has been recently defined a nationwide trend (Boys, 2019; Cause, 2018; Goodman Fielder, 2017; Steen, 2016; Waterhouse, 2018). The percentage of the Australian population consuming vegetarian diets increased by 2.4% between 2012 and 2018 (Roy Morgan Research Ltd., 2016), leading to more vegetarian/vegan restaurants and plant-based meal options on menus (Bogueva et al., 2020; Steen, 2016). The presence of vegan foods in Australian supermarkets also increased dramatically by 92% between 2014 and 2016 with Australia becoming one of the fastest growing markets for vegan food (Bogueva et al., 2020; SBS News, 2018).

At the same time, the demand for protein-rich foods (e.g., meat and dairy products) is increasing globally, especially in developing countries (Aschemann-Witzel et al., 2020; Global Panel on Agriculture and Food Systems for Nutrition, 2016; Nadathur et al., 2016). This is primarily due to the need for high biological value protein (Kyriakopoulou et al., 2019) but possibly also as a response to the sugar/carbohydrate reduction trend occurring in industrialised countries, leading consumers to focus on alternative protein-based foods.

Despite the shift towards vegan/vegetarian diets, meat-based diets remain dominant in Western countries (Modlinska et al., 2020). Australians are among the highest consumers of animal-based foods globally, and particularly red meat, with Australian males (all ages) consistently exceeding the intake limits recommended by national and international guidelines (Bogueva et al., 2020). The traditional colonial British meal

previously described is meat-based and still considered a staple (Bogueva et al., 2020; Lupton, 2000). Furthermore, men consume more meat than women in many countries, including across Europe, Asia, Africa, and the Americas (Modlinska et al., 2020; Rosenfeld & Tomiyama, 2020; Ruby, 2012).

Active, expert consumers

The new dietary sensitivity, increased knowledge, and attention to food characteristics have led consumers to become more active recipients of health and nutrition information, improve their knowledgeability (Giddens, 1991; Briggs & Hallin, 2016)) with regard to food, nutrition, and health, and become "produsers" (Declercq et al., 2019), that is, consumers able to interact with and produce personal content (e.g., online) (Bruns, 2008; Declercq et al., 2019). These ongoing evolutions in consumers' attitudes and food preferences have prompted global changes in marketing strategies and food market innovation (Papp-Bata & Szakály, 2020), leading the food industry and fast food chains to review and expand their offerings to include healthier options (Campisi, 2020) as well as to increase the presence of health food (e.g., "functional foods" [Papp-Bata & Szakály, 2020]), sustainable products (Sproesser et al., 2019), and plant-based meat analogues (Kyriakopoulou et al., 2019) on the market.

The data about fathers' views of healthy eating previously discussed suggest their participation in some of the global trends regarding diet, nutrition and healthy eating, and discernment in evaluating and engaging with the nutrition information available (from television, blogs, magazines, books, academic journals, online search, product labels, official guidelines), which was often regarded as confusing, manipulative and unreliable (Declercq et al., 2019; Yarar & Orth, 2018). More fathers are now involved in cooking and food shopping and may be health-conscious consumers, who value naturalness, balance and variety, low processing, sugar reduction, and mindful eating (Fenner & Banwell, 2019; Sherman & Smith, 2019; Zhang et al., 2018).

However, the few studies on fathers and food choices discussed have not offered any in-depth exploration of fathers' beliefs and meanings attached to healthy or unhealthy food and food choices, or about the ways these meanings have influenced their food-related attitudes and behaviours, as individuals and in the family context. More research is needed to analyse how fathers conceptualise food, health, and personal and family food choices, how these interpretations and meanings are internalised and

framed within their fathering role and identities, and how they influence fathers' and families' food-related behaviours.

2.4 Fathers' perceptions of the relevance of diet for health and weight

The limited data available, specifically including fathers' views and beliefs about the relevance of diet for health and weight, do suggest that fathers acknowledge the importance of healthy eating in building, maintaining, and restoring good health and wellbeing for their children, themselves, and their families, across SEPs, ages and descent (Fenner & Banwell, 2019; Garfield & Isacco, 2012; Lindsay et al., 2017; Sherman & Smith, 2019; Vollmer, 2018), and sometimes in relation to personal experience of diet-related illness affecting themselves or family members (Zhang et al., 2018). For example, the US urban fathers (non-married, low-income, from minority communities) interviewed by Garfield and colleagues (Garfield & Isacco, 2012) considered health behaviours as the key for health and longevity, to ensure their ability to work and provide for the family and to be there for their children in the future.

Moreover, in other studies fathers have specifically acknowledged the paramount role of diet in causing childhood obesity, seen as detrimental for children's health (Sherman & Smith, 2019; Vollmer, 2018; Zhang et al., 2018) as well as the importance of parents and their modelling in influencing children's diet and health, in combination with nutrition, physical activity, and genetics (Sherman & Smith, 2019; Vollmer, 2018). For example, Sherman and Smith (2019) reported that a sample of twenty African American fathers living in rural east-central Texas (age = 37 ±11.8) were extremely mindful of the effects of diet on their children's health and of the need to improve the overall health and dietary patterns in their families.

2.4.1 Fathers' views of role modelling

Fathers are aware of the effects of their own behaviours on their children (Garfield & Isacco, 2012; Sherman & Smith, 2019; Turner et al., 2014; Vollmer, 2018) and strive to model healthy food choices and eating behaviours (Vaughn et al., 2018). The aforementioned African American fathers in Sherman and Smith-Lee's study (Sherman & Smith, 2019) were very motivated to educate their children on and provide better food choices than they had growing up, and were conscious of the importance

of combining education with active engagement and passive modelling of healthy eating in their food parenting practices, to achieve that goal. Furthermore, the US fathers (n=31) interviewed by Garfield and Isacco (2012) to investigate their perceived involvement in their children's healthcare, stressed the importance of a balanced diet and healthy eating and reported promoting their children's health through monitoring, modelling, and maintaining healthy eating themselves, to protect them from obesity and its risks.

2.5 Fathers' perceived barriers to healthy food choices and parenting in different cultures

As discussed, perceiving diet as a threat to children's health, growth, and wellbeing may represent a strong motivation for parents to model healthy eating. However, research points to a disparity between fathers' awareness and intentions to perform and encourage healthy eating and their actual practices. Most studies included US fathers, while one included Iranian fathers.

Turner and colleagues (Turner et al., 2014) interviewed 66 Mexican American and Mexican immigrant mothers and fathers (33 couples) of school-aged children to investigate parents' disagreements in family eating and physical activity decision-making, as well as parents' intentions to change unhealthy behaviours. Both mothers and fathers in this study acknowledged the importance of acting as role models for their children and were contemplating improving their own diet and activity. On the other hand, they reported being permissive and allowing unhealthy food consumption, with fathers often admitting setting a bad example through their unhealthy diets, and mothers improving their diet more often than fathers for both personal and the family's sake.

These parents identified time constraints, cost of food, housework and other chores, electronic media, transportation issues, and safety considerations as the main barriers to healthy family diet and activity. These parental experiences reflect the situation of many adults and parents around the world who consume inadequate diets and find it challenging to implement healthy food choices consistently in daily life (Mete et al., 2019).

In Vollmer's study (Vollmer, 2018), US fathers also discussed barriers to family healthy eating. They considered convenience to be a significant influence on family food choices because of the time required to plan healthy meals consistently. Furthermore, these fathers saw healthy eating as expensive, identifying the cost of healthy food as a barrier to healthy eating, similar to previous studies. Similar to Turner and colleagues' study (Turner et al., 2014), these fathers also considered parents fully or mostly responsible for instilling healthy habits in their children and reported that they were working on improving personal and family diet and physical activity in small and achievable steps to prevent and/or address childhood obesity in their families. However, while strongly acknowledging the importance of modelling healthy eating for their children's health and weight, they stressed the personal challenges of being a positive role model and maintaining a healthy lifestyle themselves. Finally, fathers saw the support of their partner, the child's school, the food industry, and their child as necessary for lifestyle changes to be successful, while considered parents' lack of knowledge combined with food industry's commercial interests as hindering positive lifestyle changes.

Some fathers in Vollmer's study mentioned how unhealthy food can be addictive, making it very hard for them and their children to resist, and stressed the challenge of maintaining a firm food parenting approach when very busy, stressed, or tired, eventually yielding to children's relentless requests. Fathers also reported what they considered effective strategies to improve their family's healthy lifestyle, such as eating more fruits and vegetables and less high-sugar foods, increasing activity as a family and engaging in outdoor playtime and fun activities, limiting technology, and seeking information through a paediatrician or online resources.

In another study by Farahmand and colleagues (2015), a sample of Tehrani males (n=98) aged 25–65 years, including fathers with different marital statuses (single, married, divorced/widowed), identified various deterrents to family healthy eating. These included personal factors such as the lack of food-related knowledge and poor cooking skills, personal taste, and preferences for fast and fatty foods. Similar to Vollmer's study (Vollmer, 2018), these fathers found unhealthy foods hard to resist because of their addictive effects on themselves and the children. A large group of participants expressed lack of confidence and perceived poor self-efficacy, while some indicated difficulties in accessing expert nutrition advice and counselling.

Interestingly, with regard to lack of confidence, Bava et al. (2008) showed that younger women from New Zealand were also more likely to express low culinary confidence due to a lack of exposure and involvement in food preparation in their childhood. This suggests that a similar upbringing lacking in involving male children in food labour, common especially among previous generations of boys, might lower men's confidence in the kitchen space in adulthood. These data confirm the importance of involving male children in cooking and foodwork not only for health education, healthy eating (van der Horst et al., 2014), and family cohesion (Simmons & Chapman, 2012), but also to enable their independence and confidence in adult life (Garcia et al., 2014).

Besides personal factors, some fathers identified friends and peers, as well as parental behavioural modelling, as influencing unhealthy nutritional patterns, especially among adolescents and children, while others highlighted greed and overeating as common social aspects deeply ingrained in the Iranian culture and traditional family food upbringing. Social and generational changes (e.g., changes in women's roles and work, less consideration for parental advice, more leisure activities involving fast food among children, and the increased appeal of modern foods) were also believed to influence family eating. Women were mostly considered the parent primarily responsible for providing healthy food in the family by men, with some fathers recognising the challenge of working and housekeeping at the same time. Unhealthy foods, unlike traditional foods, were perceived especially by children as a sign of modernity, and parents expressed feeling pressured by their children's incessant requests for these foods.

Furthermore, concurrent mass media advertisements and attractive TV cooking shows were perceived as conveying incongruous and contradictory messages—inviting people to make healthy food choices at the same time as advertising unhealthy, high caloric, fast foods. Unsurprisingly, time constraints and the cost of food were perceived as major barriers to family healthy eating, with many participants believing that unhealthy food is generally cheaper. The ready availability of unhealthy foods, skipping meals, or rushing consumption were identified as promoting unhealthy eating as well. Some referred to unhygienic processing and distribution practices (e.g., bread, poultry), while others mentioned the unhealthy foods provided in school canteens as additional risk factors among children.

Farahmand et al.'s (2015) study focused on men's points of view about barriers to family healthy eating and included fathers' voices. However, it principally explored the factors affecting Iranian family's and children's diets without specifically investigating fathers' perceptions about their food choices or healthy eating.

The studies presented reveal that fathers of different cultural backgrounds may be mindful of the importance of diet for health, highly aware of their key role in promoting children's health growth and wellbeing, as well as motivated to personal and family dietary and lifestyle changes for their children's sake. On the other hand, fathers are susceptible to the most common barriers to healthy eating identified in the wider population, such as time scarcity, work commitments, cost of food (Fenner & Banwell, 2019), and lack of confidence in food-related tasks, amplified by the challenges of parenting and balancing their family and professional lives and responsibilities.

It was possible to identify some differences in perspectives between Western (US) and non-Western (Iranian) fathers' that are worth mentioning. First, the Iranian males in Farahmand et al.'s study (2015) endorsed the traditional role of women being responsible for food provision and preparation in the family, expressing a more explicit and marked gendered approach to family labour than the US fathers (the persistence of traditional gender roles in the food context is discussed further in Section 2.6.1). Second, the Tehrani males highlighted a typical approach to food/eating rooted in the Iranian culture, where, in their view, voracity and overeating are encouraged. Third, they emphasised health issues related to unhygienic food processing and distribution. These risks are higher in developing countries, where food standards and safety systems may be overall less adequate than in the developed world (Grace, 2015).

Interestingly, Griffith et al. (2016) showed that the perception of barriers to healthy food choices and practices among African American men varied according to the healthiness of their diet, with men consuming the recommended intake of vegetables and fruit finding it easier to eat healthy and to overcome obstacles such as costs, and limited knowledge and motivation, through the support and implementation of strategies, plans, resources, and other people. These data suggest that the perception of factors impeding healthy eating (e.g., lack of time, convenience, taste) may reflect misconceptions and attitudes that can hinder healthy food choices beyond the actual barriers, therefore addressing and changing those misconceptions might be the key to

supporting fathers to overcome those barriers. This position is supported by social behaviour and attitude research showing that strong attitudes may bias perceptions and interpretations of the world, the situation, and the context (Ajzen & Fishbein, 1980; Conner et al., 2020; Fazio, 1986) and thus are able to drive food choices, behaviours, and patterns in different directions.

In sum, reports of fathers' increasing participation in family eating and child feeding and adherence to health-oriented dietary trends highlight once more the window of opportunity offered by fatherhood for family diet and health promotion. However, these data also stress the need to support fathers in their food choices and behaviours with more targeted tools and resources to reduce misperceptions related to healthy eating, help them increase their awareness of the importance of diet for health, and put their motivations and intentions stemming from their paternal identity into action.

2.6 The father's role in foodwork and promoting family health

Knowing more about fathers' constructions of their role and contribution to family food-related activities such as food provision, foodwork, and child feeding is needed to better understand what drives their food behaviours as well as their influence on their children's and family's healthy food consumption. On the one hand, the literature on this topic reveals a persistence of traditional performative norms in the family food context based on gender, with men playing the role of breadwinners and providers, and mothers mostly being in charge of feeding the family and childcare in the domestic space (Carroll et al., 2019; Cerrato & Cifre, 2018; Fenner & Banwell, 2019; Fielding-Singh, 2017; Metcalfe et al., 2009; Owen et al., 2010; Stapleton & Keenan, 2009; Tanner et al., 2014; Turner et al., 2014; Zhang et al., 2018).

On the other hand, men's role and identities as fathers, and fathers' roles in the family food context, appear to be transforming and expanding (Settersten & Cancel-Tirado, 2010). For example, research shows that Australian men are increasingly interested in playing an active and engaged fathering role in their children's lives (Baxter, 2014; Hill et al., 2019; Workplace Gender Equality Agency, 2019). In this scenario, family food labour and child feeding are becoming integral parts of fathers' responsibilities (Jansen et al., 2020; Neuman et al., 2017).

2.6.1 The persistence and evolution of traditional gender roles in the food context

Mothers' dominance of the domestic space

Tanner at al. (2014) explored fathers' approaches and contributions to family food practices from the perspective of Australian mothers. The mothers reported that they hold most or complete responsibility for the management of family meals and considered mothers superior to fathers in terms of expertise and enjoyment of cooking. Fathers were described as absent due to work commitments, not able to cook or not enjoying cooking, and perceived overall as peripheral to feeding the family, confirming the stereotypical gendered division of family foodwork and feeding the child as being an inherent part of motherhood.

Lora et al. (2017) examined the accounts of Hispanic mothers' view regarding fathers' roles in promoting healthy behaviours in the family. Mothers depicted fathers as generally having traditional expectations regarding types of foods, portion sizes and meal preparations, preferring high-calorie meals, as opposed to mothers. Fathers were also described as promoting unhealthy food choices at home (e.g., bringing home discretionary foods and drinks or displaying indulgent eating and feeding styles).

Although providing valuable input on discourses of fatherhood and family dynamics in the food context, studies focusing on mothers' accounts of fathers do not provide any direct information regarding father's own perspectives of food, health, and food-related practices, nor the factors influencing fathers' food choices. Using mothers to provide proxy accounts of men's views and practices related to food and fathering (Guzzo, 2011; Meah & Jackson, 2016) perpetrates the absence of fathers' voices (Saracho & Spodek, 2008) in health and family research, may consolidate gender stereotypes, and favour the implementations of programs and interventions implicitly based on mother-centric perspectives.

Research on fathers and their approach to healthy eating echoes the gender-based differences identified in consumer research (mentioned earlier), where women display healthier food habits, hold higher nutritional awareness and knowledge, and care about their health and appearance more than men (Carrillo et al., 2011; Casini et al., 2015; Kiefer et al., 2005; Modlinska et al., 2020; Paquette, 2005; Prattala et al., 2007; Spinelli et al., 2020). For example, Fielding-Singh (2017) undertook a qualitative

study to explore fathers' contributions to family food practices and healthy eating in middle and upper-middle class US families with adolescent children. Most family members interviewed, including fathers (contrary to previous data [Yavorsky et al., 2015]) agreed that mothers' food choices were healthier than fathers'. Mothers in this study thought that fathers were generally eating unhealthily and considered them more focused on getting the child fed regardless of healthiness, confirming previous studies on differences between mothers' and fathers' feeding practices (Hendy et al., 2009; Khandpur, Charles, Blaine, et al., 2016). Furthermore, fathers in Fielding-Singh's (2017) study were described by mothers and children as favouring processed, fast, and junk food over healthy food, and less concerned about their child's diet and family healthy eating. Children often expressed appreciation of their fathers' approaches to food and took advantage of their leniency despite mothers' oppositions.

Both mothers and fathers justified the differences in their involvement in domestic foodwork and preparation, and in ensuring child healthy eating, by seeing those activities as the mother's responsibility, for her innate caring inclination as a mother and by regarding fathers as lacking in nurturing instinct. Most mothers (but only a few fathers) also reported having become more concerned about food healthiness after having children, suggesting that with parenting, gender-based differences concerning health may become more accentuated (Fielding-Singh, 2017). Furthermore, since feeding the children is a historically gendered activity central to motherhood, having children might exacerbate gendered family dynamics in couples (Yavorsky et al., 2015), and enhance mothers' identifications with caring and nurturing (Miller, 2017). In addition, it must be noted that the mothers who wanted their husbands to contribute more to family foodwork and childcare, also doubted fathers' abilities to do so and were concerned about potential outcomes, therefore kept doing most of the tasks themselves instead of delegating. Thus, fathers who appear helpless or inept at performing food-related domestic tasks and childcare may be less likely to have to share an equitable workload. However, mothers may themselves adhere to and reproduce gendered roles, dynamics and divisions based on stereotypes and experiences that are deeply ingrained in families, society, and culture, and limit their partners' involvement and skill development in domestic activities and responsibilities less familiar to them.

In a few cases, parents in Fielding-Singh (2017)'s study explained gender differences as based on practical reasons (i.e., fathers' lack of time or skills), and in two families the narrative about gender, foodwork, and dietary health was reversed, with fathers representing the primary food providers. Whilst a minority in this sample, these data show that food activities can be embedded and consistent with fatherhood and the conception of "being a good father."

Overall, Fielding-Singh (2017)'s study shows that fathers may play an important role in the family eating dynamics, especially by hindering family healthy eating. However, fathers (14) were largely outnumbered by mothers (42) and children (53), limiting the possibility to explore the contribution of fathers to family food-related discourses and dynamics, or the perspectives of each family member involved. Furthermore, Rahill et al. (2020) suggested that children in this study were all adolescents potentially able to prepare their own meals, therefore their age could also explain fathers' lack of feeding responsibility.

Studies specifically investigating fathers' views of their participation in family food-related activities and feeding the children reported that fathers acknowledged being less involved than their partners, for reasons ranging from work and time constraints (Jansen et al., 2020) to adherence to family and cultural norms (Metcalfe et al., 2009). This happened especially among those cultural groups where men are seen as the authority figure, as providers, and protectors of the family, while women are expected to raise the children and run the household (e.g., in the Iranian and Latino culture) (Farahmand et al., 2015; Zhang et al., 2018).

Fathers in Farahmand et al.'s (2015) and Fenner and Banwell's (2019) studies expressed lack of confidence and unfamiliarity in food preparation and management. As mentioned above, the former (Iranian fathers) endorsed this gendered approach, adhering to a traditional division of family roles, while the latter (US fathers) did not explicitly support this approach but, rather, used lack of confidence and skills as an explanation for their scarce involvement in cooking or feeding the children.

According to Leung and Stanner (2011), low confidence in cooking may discourage healthier traditional home-cooking practices. Furthermore, most fathers in Fenner and Banwell's study played a supporting role to their wives/partners (as assistants or helpers) (DeVault, 1991) in daily food decision-making and tasks, such as planning, budgeting, cooking, and other food decisions and activities (part of what DeVault

[1991] called "the invisible work"), rather than taking charge of those activities (Metcalfe et al., 2009; Turner et al., 2014). Later studies corroborated fathers' supporting roles in family food labour (Fielding-Singh, 2017; O'Connell & Brannen, 2016).

The evolution of fathers' involvement in the family food context

While confirming the persistence of traditional gender roles in the family food context, the literature presented also shows changes in how family food-related roles and divisions of labour are described and constructed by both parents, independent of SEP and backgrounds (Metcalfe et al., 2009; Owen et al., 2010). For instance, the aforementioned Hispanic mothers interviewed by Lora et al. (2017), who described fathers promoting unhealthy food choices at home, also depicted them supporting children's healthy eating and physical activity behaviours, for example preparing healthy meals, using healthy cooking methods, shopping for healthy foods with their children, and encouraging them to take part in household tasks and play sports. Furthermore, most of the 29 low SEP UK fathers from ethnic minority backgrounds interviewed by Metcalfe et al. (2009) declared that they actively contributed to cooking, feeding the family, and especially shopping, mostly in a support role and in some cases sharing equal responsibility with their partner. The majority also showed a high level of knowledge related to food, prices, and shopping locations, and reported a general agreement on food shopping decisions with their partners.

In Jansen et al.'s (2020) study, Australian fathers reported that they were directly involved in child feeding and mealtime responsibilities, including meal planning and preparation, food budgeting and shopping, cleaning up, and mealtime socialisation. In addition, similar to Lora et al.'s (2017) findings, these fathers also expected older children to contribute to ancillary tasks at mealtime, such as setting the table and cleaning up. The eight Australian fathers interviewed by Fenner and Banwell (2019) also acknowledged their direct involvement in family foodwork activities (especially on the weekend) and expressed their commitment to sharing domestic tasks equally with their partners, regardless of their work status. Most fathers also reported consulting with their partners and regularly negotiating meal selection, food shopping and division of tasks.

Data on inter-parental congruence and its influence on food parenting practices show that parents' alignment is crucial for promoting healthy eating and active lifestyle to their children and families (Gevers et al., 2015; Khandpur, Charles, & Davison, 2016; Vollmer et al., 2015; Zhang et al., 2018). Since women and mothers have been generally found to engage more in healthy eating and encourage family health behaviours than men (Casini et al., 2015; Roinien et al., 1999), fathers' health orientation and alliance becomes particularly significant for promoting family healthy eating cohesively and effectively.

Men's cooking as leisure and dominance of the public and professional space

Literature shows that, when men hold the primary responsibility for food-related domestic activities, it occurs predominantly as a recreational or hobby activity (e.g., on holidays, creative cooking, foodie culture) (Szabo, 2012), when attending to specific tasks (Nicklas et al., 2016) (e.g., "manning the barbecue" [Fenner & Banwell, 2019]), on special and social occasions (e.g., when entertaining family and guests) (DeVault, 1991; Fenner & Banwell, 2019; Neuman et al., 2017), or in the public and professional sphere (e.g., television celebrity chefs) (Cairns et al., 2010); and they are generally doing it out of choice rather than a sense of duty or obligation (Meah & Jackson, 2013; Swinbank, 2002). These data support feminist claims regarding men's dominance of the public and professional space, and their appropriation of forms of cooking as expressions of masculinity (Inness, 2001; Meah & Jackson, 2013) (e.g., to excel or compete), in contrast to women governing the private and domestic space (Cairns et al., 2010; Fenner & Banwell, 2019; Metcalfe et al., 2009) because they are considered natural domestic cooks (Meah, 2017). Similarly, fathers have also been found to be more engaged and authoritative when it comes to physical and outdoor activities (Turner et al., 2014; Zhang et al., 2018) compared to promoting family health and healthy eating, confirming the traditional gendered roles and stereotypes where feeding the family and encouraging healthy eating are considered feminine activities, while leisure, outdoor, and physical activity are associated with strength and masculinity (Meah, 2014b; Meah & Jackson, 2013; Zhang et al., 2018).

However, there is some evidence that fathers do not see cooking exclusively as a leisure activity but rather are involved in family food labour especially when single or divorced (Jansen et al., 2018). In this view, the necessity of cooking and other food labour might vary with household structure.

Men's cooking: a cultural shift in pop culture

TV cooking shows have transformed the perception of men's cooking over the past 20 years, making cooking among men more popular and legitimising their place in the kitchen. TV shows not only represent a battlefield on which to compete, perform, and excel (Meah & Jackson, 2013; Swenson, 2009), but also a space within which they can express and enact their "family man" identity. For example, public pop culture figure British chef Jamie Oliver is recognised as a culinary lifestyle advocate (Piper, 2015) or an "ordinary expert" (Lewis, 2010), moving away from the image proposed by macho television chef celebrities such as fellow Brit Gordon Ramsay (Cairns et al., 2010) whose style is authoritarian and dominating.

Jamie Oliver has contributed to a new image of the male cook as owning both masculine and feminine attitudes (Lee & Lee, 2018), and expanded the meanings tied to domestic cooking, affirming the social value of cooking abilities in men, reconstituted as "cool" (Brownlie & Hewer, 2007; Hollows, 2003) while remaining informal, creative and recreational (Hollows, 2003). His approach to cooking has also enhanced the desirability of simple, healthy eating among men, affirmed healthy family diet as desirable and socially valued (Piper, 2015), and become a manifestation of positive and involved fathering (Meah, 2014a). For example, at the start of the COVID-19 pandemic (March 2020), Jamie Oliver went live on YouTube making bread with his son, becoming the manifesto of father–son cooking and showing that this idea is permeating mainstream Western society (Jamie Oliver, 2020).

The evidence on fathers and foodwork presented corroborates the scenario illustrated in Chapter 1, with traditional gender patterns persisting in the family context. However, a shift occurring in parental roles, attitudes, and subjectivities in the domestic space emerges. The traditional approach to the division of food-related tasks and family management are becoming more fluid, flexible, and increasingly based on contextual and pragmatic reasons, such as parents' work schedules, time availability, resources, and capability, besides gender (Carroll et al., 2019; Fielding-Singh, 2017; Jansen et al., 2020). Today, foodwork is no longer exclusively seen as part of feminine duties, nor as an expression of sociability, leisure, or professional excellence for men, but is increasingly considered an integral part of men's and fathers' domestic and family responsibilities (Neuman et al., 2017).

As discussed, fathers influence the family food context, and their family involvement and responsibilities are evolving and expanding, with more fathers becoming active agents in family food decisions and practices. Furthermore, both constructions of masculinity and the fathering role may have significant influences on men's food- and health-related views, attitudes, and behaviours. In addition, food assumes particular relevance and meaning in paternal narratives of care and responsibility for children.

2.6.2 Summary of research gaps

As discussed in this chapter and in Chapter 1, fathers represent a vulnerable population in the health context. In addition, the large disparity between knowledge, intentions, and behaviours is still poorly understood, particularly in terms of negatively affecting men's and family's food choices. Nonetheless, fathers are under-represented in research, health programs, and interventions, a gap that reflects an outdated perspective of parenting, gender roles, and fathering. Furthermore, the literature on fathers and food primarily focuses on children's outcomes (diet, weight) and parenting or feeding style, rather than fathers' food choices and behaviours.

As a result, very little is known about how men construct and interpret food and eating, the link between food and health, and their role in the family food context, as fathers. This knowledge is necessary to understand determinants of fathers' food-related choices, behaviours, and parenting practices, and address the gap between fathers' intentions for healthy eating and their actual food choices, which contribute to the health of men and families.

CHAPTER 3: Methodology

This chapter details the theoretical perspectives underpinning this study, and the qualitative design, methods, and techniques used in data collection, coding, and analysis to achieve the study's aims. The methods employed to ensure quality, rigour, and trustworthiness are also described.

3.1 Research design

Chapter 2 showed the need to investigate fathers' perspectives of food and food choices in the individual, social, and family contexts. The current study sought to explore fathers' accounts of food and food-related choices and practices, the connection between food and health, and fathers' roles in the family food context, as constructed by Australian fathers of children aged 1–12 years.

3.1.1 A qualitative design

Qualitative research seeks to investigate, understand, and describe people's perceptions and interpretations of the world, social phenomena, and human experiences, in context and in depth. Exploring and understanding people's accounts of a phenomenon is essential to finding explanations for human behaviour in a given context (Austin & Sutton, 2014). Therefore, this study used a qualitative, inductive approach to gain insights into Australian fathers' conceptualisations, understandings, and narratives of food in relation to health, fatherhood, and the family context.

First, for the purposes of this study, the qualitative approach provided the means to investigate in depth how men described and interpreted food in the context of fatherhood. Exploring in-depth fathers' constructions of food and food choices is crucial to better understanding the drivers of fathers' food choices and practices, and the relationship between fathers' intentions and actual food behaviours.

Second, as discussed in the previous chapters, the fathering role and the meanings attached to food and healthy eating in the context of fatherhood are evolving and expanding in the context of changing social norms across societies, including in Australia. Thus, the qualitative methodology as well as the epistemological and

theoretical underpinnings of this study, served to support an investigation of meaning and interpretation (Liamputtong, 2009) in fathers' family food contexts.

Qualitative and quantitative research are underpinned by two very distinct paradigms (Aliyu et al., 2014; Kuhn, 1962) based on different epistemologies or theories of knowledge (Crotty, 1998). The quantitative research approach and strategy rely on positivist criteria, emphasise uniformity, aim to achieve truth and generalisability, and consider occurrences as facts connected by regular, causal relationships.

The methodologies used in quantitative research aim to discover and confirm general scientific laws and to "reduce, control, or predict" (Erlingsson & Brysiewicz, 2013, p. 3), and rely on deductive processes, statistical methods, standardised variables, and laboratory experiments (Aliyu et al., 2014). When the methods are rigorously applied, objectivity is guaranteed and the results would be the same for any researcher (reproducibility). The fundamental epistemological assumption underlying quantitative methods presupposes the existence of only one factual reality, which is "free and independent of the viewer and observer" (Aliyu et al., 2014, p. 81) and can be directly observed and objectively known (Crotty, 1998).

Qualitative research studies social and human phenomena and relies on a worldview in which there is no singular, objective knowledge, nor one true nature of reality within this world (i.e., objectivism; Guba, 1990). Rather, infinite meaningful realities are possible within this world and within our human societies, as are different ways of knowing and making sense of things (Crotty, 1998). These phenomena and realities, including attitudes and behaviours, do not necessarily follow regular patterns in their expression, and depend on meanings, contexts, and circumstances. Many qualitative studies use small samples; the researcher is seen as an active instrument in the research; and methods and analyses proceed inductively and non-linearly and can be adjusted or modified during the course of the research process (Erlingsson & Brysiewicz, 2013).

Since human realities and phenomena can be explored, described, and interpreted in multiple ways, the aim of qualitative research is to generalise to processes, not to populations (Silverman, 2017). Qualitative data are locational, exist within a specific time, context, culture, and population, and can only represent the sample and context in which they are developed (Leung, 2015). Nevertheless, they can be used to identify trends that may be transferrable to other times, settings, situations, and populations.

Considering this view, recruitment for this study aimed for heterogeneity to ensure diversity of views and experiences.

3.1.2 Epistemological and theoretical perspectives

The epistemological perspective underpinning this study is a relativist ontology, which is one of the perspectives reflecting the foundations of the qualitative research paradigm described above. While it is assumed that we all live in the same, single physical world (Lee, 2012; Maxwell, 2012), there are infinite, complex realities constantly taking shape and transforming, and infinite ways of exploring and understanding them (Crotty, 1998).

More specifically, this study took an overarching social constructionist perspective (Crotty, 1998), and drew from symbolic interactionism (Blumer, 1969) and philosophical hermeneutics (Gadamer et al., 2013; Zimmermann, 2015) to conceptualise notions of identity and their meanings, and the language we use to interpret them. Social constructionism posits that there are multiple possible conceptualisations of reality (Lee, 2012), and that human phenomena (e.g., meanings, experiences) are constructed in context, through interaction, and are constantly changing (Berger & Luckmann, 1967).

Meanings and experiences are thus never absolute or true, but rather construed and negotiated by individuals through social interaction and influenced by the social context and the material world (Maxwell, 2012). Humans are "born into a world of meaning" (Crotty, 1998, p. 54), and inherit a "system of significant symbols" (Geertz, 1973, p. 9) (e.g., culture, historical context), and must make sense of them (Crotty, 1998). Meanings, concepts, and ideas are socially constructed and intersubjectively negotiated, shared, and transmitted (Crotty, 1998; Lee, 2012). That is, within a constructionist viewpoint, the categories people use to understand and interpret the lifeworld are not intrinsic, but they are conventional and evolve overtime (Zimmermann, 2015).

Meanings, concepts, and ideas reside in and are expressed through language, which intersubjectively shapes the ways in which human beings see and communicate them (Crotty, 1998). Drawing from Gadamer's hermeneutics, language is intended as the medium through which subjectivities and the world are connected (Zimmermann,

2015), and therefore is central to social construction and experience. Language represents a form of social action through which humans understand and dynamically construct the world (Galbin, 2015). Based on these theoretical assumptions, fathers' narratives of food, health, personal food choices, and their role in the family food context were intended as individual viewpoints as well as accounts and expressions of meaningful, dynamic, and evolving social phenomena situated in context, time, and interaction.

According to symbolic interactionism (introduced in Section 1.3), people's health behaviours and food choices are based on the meanings these have and represent to them (Blumer, 1969). Meanings are mutable, evolving, and shaped by experiences, values, social norms, roles and identities, relationships, resources, and cultural ideas (Bauer & Reisch, 2019; Devine, 2005; Devine et al., 1998; Gadamer, 1989; Higgs, 2015; Sobal & Bisogni, 2009; Zimmermann, 2015) and the contexts in which they occur (Bisogni et al., 2002; Habib, 2012). Therefore, to understand fathers' food-related choices and behaviours, this study explored the meanings and beliefs that fathers attached to food and food-related practices within the contexts, roles, and identities in which they were situated and that influence their decision-making processes and actions.

Meanings, perspectives, motivations, and choices related to food and health evolve and transform through life stages, transitions, and turning points occurring over a life course (see Section 1.3). Therefore, a life course perspective enabled examination of the complex system of influences involved in participants' food choices and health behaviours, especially in the context of fatherhood (Moura & Aschemann-Witzel, 2020). How participants made sense of food and eating, health, personal food choices across different contexts, roles, and identities over their life course, and especially as fathers, was the central focus and approach of the study. Finally, the concepts of personal food system (illustrated in Section 1.3.2) and goal activation (Section 1.3.3) served to identify and explore in depth fathers' underlying expectations, attitudes towards actions, motivations, and subjective and social norms related to food and healthy eating, especially in the context of paternal identity as well as in other individual and family identity processes.

3.2 Methods

The following section describes the qualitative approach guiding this study. It also details the setting, the inclusion criteria and recruitment process, the sampling procedures, the enrolment process, and the demographics of the participants. The methods of data collection and analysis, the methods to ensure the quality, rigour, and trustworthiness of the study, and the ethical considerations are also illustrated.

3.2.1 Qualitative description

Qualitative description (QD) is a widely cited research tradition (Kim et al., 2017), especially in the health care setting and in nursing in particular (Polit & Beck, 2014). QD enables rich description of participants' perspectives and experiences (Colorafi & Evans, 2016) and relies on low-inference interpretation when compared with other qualitative designs (e.g., grounded theory, phenomenology) (Neergaard et al., 2009). A less speculative approach facilitates flexibility in designing and conducting a study (Sandelowski, 2000, 2010). Within QD, the findings are elaborated and reported using the participants' own language and remain close to the data as given (Sandelowski, 2000, 2010). QD includes accurate, comprehensive, and detailed descriptive summaries of the data collected, that is clear, understandable, and plausible to the reader (Kim et al., 2017; Neergaard et al., 2009; Sandelowski, 2000). However, it must be noted that any qualitative investigation presents a degree of interpretation, because it develops in line with the describer's background, views, and inclinations (Neergaard et al., 2009).

Based on its characteristics, QD is an appropriate method to gain insights regarding new, understudied, and poorly understood phenomena (Bradshaw et al., 2017; Kim et al., 2017) such as fathers' perspectives and experiences in the food and family context. Furthermore, the versatile, flexible, less speculative, and more descriptive nature of QD enables the use of different frameworks and research methods and overtones from other theoretical perspectives without committing to any specific theoretical view (Lambert & Lambert, 2012). For example, the qualitative descriptive design of the study presents grounded theory overtones (Sandelowski, 2000), adopting some techniques from this qualitative tradition (e.g., multiple data sources, memoing)

(Corbin & Strauss, 2014; Kim et al., 2017), which are described in Sections 3.2.6 and 3.2.7.

Appropriate qualitative methods (interviews and FGs) were employed to explore the research questions. Qualitative methods involve the collection and analysis of detailed textual meaning-based forms of data obtained through dialogue and interaction between researchers and participants (Bisogni et al., 2012; Fenner & Banwell, 2019).

3.2.2 Setting

The study was conducted in Melbourne and Geelong, located in southeastern Australia, from September 2018 (beginning of recruitment) to June 2020 (conclusion of data analysis). The participants were fathers recruited from the local community who volunteered to participate to the project. Recruitment consisted of posting and handing out fliers (see Appendix A) in educational institutions (e.g., childcare centres, primary schools, universities), Maternal and Child Health centres, public places (e.g., libraries, parks, swimming pools and gyms, cafes and restaurants, shopping centres, train stations), public transport (train, tram, bus), as well as through school newsletters and social media (Facebook, Twitter).

3.2.3 Inclusion criteria and recruitment of participants

The inclusion criteria were fathers with at least one child aged between 1 and 12 years, with shared or some custody of their children, residing in Melbourne or Geelong, within a 30 km radius from the respective central business districts. Melbourne is the coastal capital of the southeastern Australian state of Victoria, with a population of 4.9 million, while Geelong is the largest regional city in Victoria (population of 250,000) located on the coast 95 km west of Melbourne (Australian Bureau of Statistics, 2018c).

Fathers who volunteered to participate in the project were required to be able to converse confidently in English and to have been living in Australia for 5 or more years, to ensure recruitment of participants who had more engagement (Kim, 2017; Miocevic & Zdravkovic, 2020) with the Australian food culture and practices compared to short-term residents. The children's age range, 1 to 12 years, was chosen because within this time period most children have transitioned to solid food, and parents have a more prominent influence on their children's eating.

Only involved fathers regularly engaged with their children were included because they needed to be considered to play an active fathering role in their children's lives and contribute to food-related parenting activities and family dynamics. Being an "involved father" has been defined as having a direct, active, positive and broad participation in their children's lives, and being accessible, responsible, and a provider for the children (Fogarty & Evans, 2009; Marsiglio, 2006; Marsiglio et al., 2000; Pleck & Masciadrelli, 2004).

A total of 40 fathers volunteered to participate in the study: twenty were interviewed individually and subsequently other 20 participated in FG discussions. The demographics of the two samples are displayed in Tables 3.1 and 3.2. Overall, the two samples had similar demographic characteristics. Fathers' ages ranged from 28 to 61 years (mean age 43) and from 29 to 48 (mean age 40) for the interview and FG samples respectively. All fathers were in a parenting relationship with a woman. The majority were married (Int=15, FG=14) and living with their wife/partner and children (Int=18, FG=17). There were no single fathers with full custody of their children. All fathers had at least one child aged from 1 to 12 years, but some also had children outside of this age range. Fathers had 1 to 6 children and the mean number of children was two in both samples.

The majority worked full-time (Int=18, FG=16) and were engaged in a wide range of professional and non-professional occupations. Approximately half of the sample declared a household income equal to or greater than $100,000 (Int=12, FG=10) and were university educated (Int=12, FG=10). Most fathers in both samples were established long-term Australian residents (>15 years), fluent in English (n=39), were born in Australia (Int=14, FG=15) and had a northwestern European family background (Int=13, FG=17), predominantly the UK.

Table 3.1 Demographics: interviews (continued)

Geelong (n=8)

Age	No. children	Family status	Education	Employment status	Income (combined household)	Born in	Ancestry
43	2	Married	Other post-secondary training/qualification	Full-time (Employed/Self-employed)	$100,000 to $149,999	UK	Northwestern European (including British and Irish)
50	2	Married	University	Full-time (Employed/Self-employed)	$100,000 to $149,999	Australia	Northwestern European (including British and Irish)
46	2	Divorced/ Separated	Other post-secondary training/qualification	Full-time (Employed/Self-employed)	More than $150,000	Australia	Southeastern European
38	1	Married	University	Full-time (Employed/Self-employed)	$100,000 to $149,999	Australia	Northwestern European (including British and Irish)
50	4	Married	TAFE/Trade/Apprenticeship	Full-time (Employed/Self-employed)	$50,000 to $74,999	Australia	Northwestern European (including British and Irish)
46	2	Married	TAFE/Trade/Apprenticeship	Full-time (Employed/Self-employed)	More than $150,000	Australia	Northwestern European (including British and Irish)
28	2	Married	University	Full-time (Employed/Self-employed)	$100,000 to $149,999	UK	Southeastern European
41	6	De facto	Completed Secondary (Y12, VCE, HSC, MATRIC)	Full-time (Employed/Self-employed)	$75,000 to 99,999	Australia	Northwestern European (including British and Irish)

Table 3.1 Demographics: interviews

Melbourne (n=12)

Age	No. children	Family status	Education	Employment status	Income (combined household)	Born in	Ancestry
38	2	Married	University	Full-time (Employed/Self-employed)	More than $150,000	Australia	Southeastern European
53	2	De facto	University	Full-time (Employed/Self-employed)	$100,000 to $149,999	Australia	Northwestern European (including British and Irish)
48	2	Married	University	Full-time (Employed/Self-employed)	More than $150,000	New Zealand	Northwestern European (including British and Irish)
50	1	Married	University	Full-time (Employed/Self-employed)	Prefer not to answer	Australia	Northwestern European (including British and Irish)
61	3	Married	Other post-secondary training/qualification	Full-time (Employed/Self-employed)	$50,000 to $74,999	UK	Northwestern European (including British and Irish)
34	2	De facto	University	Full-time (Employed/Self-employed)	$100,000 to $149,999	Australia	Northwestern European (including British and Irish)
44	2	Married	University	Full-time (Employed/Self-employed)	$100,000 to $149,999	The Former Yugoslav Rep. of Macedonia	Southeastern European
33	1	Divorced/ Separated	TAFE/Trade/ Apprenticeship	Unable to work/Ill	$25,000 to $49,999	Australia	Northwestern European (including British and Irish)
32	1	Married	University	Part-time (Employed/Self-employed)	$75,000 to 99,999	Australia	Southeastern Asian
50	1	Married	University	Full-time (Employed/Self-employed)	$100,000 to $149,999	Australia	Northwestern European (including British and Irish)
38	3	Married	TAFE/Trade/ Apprenticeship	Full-time (Employed/Self-employed)	$50,000 to $74,999	Australia	North African / Middle Eastern
41	2	Married	University	Full-time (Employed/Self-employed)	$50,000 to $74,999	Colombia	People of the Americas

Table 3.2 Demographics: focus groups (continued)

Age	No. children	Family status	Education	Employment status	Income (combined household)	Born in	Ancestry
44	2	Married	University	Full-time work (Employed/Self-employed)	More than $150,000	Australia	Northwestern European (including British and Irish)
42	2	De facto	Other post-secondary training/qualification	Full-time work (Employed/Self-employed)	$100,000 to $149,999	Australia	Northwestern European (including British and Irish)
43	2	Divorced/ Separated	University	Full-time work (Employed/Self-employed)	$100,000 to $149,999	Australia	Northwestern European (including British and Irish)
42	1	Married	TAFE/Trade/ Apprenticeship	Full-time work (Employed/Self-employed)	More than $150,000	Australia	Northwestern European (including British and Irish)
34	3	De facto	Completed secondary school (Year 12, VCE, HSC, MATRIC)	Full-time work (Employed/Self-employed)	$25,000 to $49,999	Australia	Oceanian
38	2	Married	University	Part-time work (Employed/Self-employed)	More than $150,000	Australia	Oceanian
37	2	Divorced/ Separated	TAFE/Trade/ Apprenticeship	Full-time work (Employed/Self-employed)	$75,000 to $99,999	Australia	Northwestern European (including British and Irish)
48	2	Married	Completed secondary school (Year 12, VCE, HSC, MATRIC)	Full-time work (Employed/Self-employed)	$75,000 to $99,999	England	Northwestern European (including British and Irish)
39	3	Married	University	Full-time work (Employed/Self-employed)	Prefer not to answer	Australia	Northwestern European (including British and Irish)
29	1	Married	University	Full-time work (Employed/Self-employed)	$50,000 to $74,999	Pakistan	Southern and Central Asian

Table 3.2 Demographics: focus groups

Age	N. Children	Family status	Education	Employment status	Income (Combined household)	Born in	Ancestry
42	2	Married	TAFE/Trade/ Apprenticeship	Full-time work (Employed/Self-employed)	$50,000 to $74,999	Australia	Northwestern European (including British and Irish)
40	2	Married	University	Full-time work (Employed/Self-employed)	More than $150,000	Netherlands	Northwestern European (including British and Irish)
48	2	Married	Other post-secondary training/qualification	Full-time work (Employed/Self-employed)	$100,000 to $149,999	England	Northwestern European (including British and Irish)
36	3	De facto	TAFE/Trade/ Apprenticeship	Full-time work (Employed/Self-employed)	$50,000 to $74,999	Australia	Northwestern European (including British and Irish)
34	2	Married	University	Casual/Part time	$75,000 to $99,999	Australia	Northwestern European (including British and Irish)
42	2	Married	University	Parental/home duties	$50,000 to $74,999	Wales	Northwestern European (including British and Irish)
42	1	Married	University	Part-time work (Employed/Self-employed)	More than $150,000	Australia	Northwestern European (including British and Irish)
36	3	Married	Other post-secondary training/qualification	Full-time work (Employed/Self-employed)	More than $150,000	Australia	Northwestern European (including British and Irish)
47	1	Divorced/Separated	University	Full-time work (Employed/Self-employed)	More than $150,000	Australia	Northwestern European (including British and Irish)
42	2	Married	TAFE/Trade/ Apprenticeship	Full-time work (Employed/Self-employed)	$50,000 to $74,999	Australia	Northwestern European (including British and Irish)

3.2.4 Sampling procedure

Neither the total number of participants for interviews and FGs, nor the number of participants in each FG, was decided in advance. However, the literature provides some indicators and criteria based on the inherent characteristics of qualitative research. For example, Green and Thorogood (2018) reported that for qualitative interview-based studies a sample size of approximately 15 participants belonging to a relatively homogeneous group is adequate.

For FGs, the aim was to conduct at least six group discussions (three in each study area) (Krueger & Casey, 2009; Morgan, 1997; Onwuegbuzie & Collins, 2007) possibly involving 4 to 8 participants (Krueger & Casey, 2009; Litosseliti, 2003). However, due to practical limitations, shortage of volunteers and last-minute cancellations, the research team decided to conduct at least two FGs per study area, including a minimum of three participants (triads), as endorsed by some researchers (Krueger & Casey, 2009; Morgan, 1997; Onwuegbuzie & Collins, 2007).

Recruitment aimed for heterogeneity in terms of socioeconomic background, health literacy, age, and family composition, to get a comprehensive and satisfactory picture about the phenomena studied and to achieve heterogeneity. Recruitment took place in both Melbourne and Geelong metropolitan and regional areas with diversity/demographics that match national indicators.

Sampling, recruitment, and data collection were influenced by practical factors, primarily the challenge of engaging men in health research and the limited resources, time, and workforce available (Etikan et al., 2016). Sampling was conducted following a nonprobability approach based on accessibility and willingness to participate. Occasional snowball sampling was also implemented when more participants or information were needed. Research shows that snowball sampling may be most effective in recruiting fathers because this type of recruitment strategy enhances participants' trust and engagement (Mitchell et al., 2007; Stahlschmidt et al., 2013; Vollmer et al., 2019).

Recruitment carried on until data saturation (Saunders et al., 2018) (or informational redundancy) (Sandelowski, 1995; 2008) was reached. Data saturation is the point at

which data becomes redundant from that already collected and when additional sampling does not yield new insights (Grady, 1998; Guest et al., 2006).

3.2.5 Enrolment

Enrolment was conducted in two phases: interviews (phase I) and FGs (phase II). REDCap, a secure, web-based data collection platform, was used to build and manage the online surveys and the database. Fathers willing to participate could access the REDCap online portal, where they were asked to complete three sequential online surveys. The link providing access to the surveys was included on the flyers/poster and advertisements on social media.

The first one was a brief 3-question survey to assess eligibility (See inclusion criteria, Section 3.2.3). If eligible, they were asked to carefully read and sign a Plain Language Statement and Consent form (PLSCF) (Appendix B), which included all the information about the purpose and procedure of the research, risks, benefits, and alternatives. In the PLSCF, participants were also encouraged to upload or send via email to the researcher one or more photos representing their personal views and experiences about food and eating, which would be shared and discussed at the one-on-one or group meeting (this technique, called Participant-Driven Photo Elicitation (PDPE), is illustrated in section 3.2.6).

Finally, after giving consent, participants were asked to complete a demographic questionnaire (Appendix C) with their contact details and location, plus information about their age, education, profession/employment, household income, marital status, household composition, ethnicity, and religion. A copy of the PLSCF was sent via email to any eligible person who expressed an interest in participating in the study.

When it was not possible for a participant to enrol online through REDCap, the surveys were sent and completed in pdf format via email or given back to the researchers in hard copy before the meeting. Following their participation, all fathers were offered a gift card to the value of AUD$20 to thank them for their participation in the study.

3.2.6 Data gathering

Preparation

Before commencing data collection, the researcher gathered information to identify suitable and appropriate qualitative modes of enquiry, develop interview guidelines, determine the best strategies to facilitate communication, and reflect on the process of collection and analysis of qualitative data. The researcher has a unique role in the process of qualitative enquiry and generation of knowledge (Birks et al., 2008; Lave & Kvale, 1995; Lincoln & Guba, 1985). As part of the social world under investigation (Palaganas et al., 2017) the researcher represents a crucial and productive instrument able to relate to and understand the participants' experiences (Schneider, 1999), deepen the outlook on the data (Chesney, 2000; Morse et al., 1995), give a more thorough account of the whole research process (Pidgeon & Henwood, 1997), and provide novel insights and interpretations (Peshkin, 1988).

On the other hand, the researcher's cultural and professional background, history, experiences and beliefs, preconceived ideas and assumptions, internal models, and personal constructs inherently influence the research process and the knowledge produced (Buckner, 2005; Madill et al., 2000). Therefore, to ensure rigour and trustworthiness in the process of knowledge generation, it is crucial for the researcher to reflect critically on their position (Berger, 2015). After going through a conscious reflective process on the self as a researcher and as a person, several aspects that could potentially impact the research process were identified.

First, the researcher has been a clinical psychologist, eating and weight management psychologist, and health promoter for ten years. This background knowledge of counselling, eating behaviours, weight management, and nutrition had the potential to influence the data collection and analysis process. However, a good interviewer must be an expert in the topic investigated as well as human interactions (Kvale, 1996). As a psychologist and expert in food and weight management, the researcher matched these requirements, bringing her pre-existing observations, interviewing, and non-verbal communication skills, as well as a genuine interest and respect for other peoples' experiences (McNair et al., 2008) to the table. To counteract the influence of preconceived ideas and assumptions, a critical reflective writing practice was

implemented, documenting relevant personal qualities and characteristics as well as personal values and beliefs about the phenomena under investigation (Jasper, 2005).

Second, the student researcher's primary language, family, and cultural background are Italian. Regardless of her high English proficiency and communication skills, the differences in culture and language between the student researcher and the participants had potential to represent a barrier to communication, interactions, in-depth understanding of participants' implicit meanings, patterns of thought, culturally acquired norms, beliefs and expectations (Jain & Krieger, 2011), as well as data analysis. To address this challenge, the student researcher adjusted her communication style in interactions, asked for clarification and confirmation of participants' statements, applied reflexivity during and after each interaction, and implemented a reflective diary.

Third, the researcher reflected on being a childless woman while the participants were all men and fathers— differences that could influence the relationship and communication with them. Gender differerences between the researcher (female) and the participants (males) may influence the research process because "gender filters knowledge" (Denzin, 1989, p. 116). Gender represents a practice embedded and constantly enacted in social interactions (Connell, 2005; Fenstermaker & West, 2002; West & Fenstermaker, 1995), occurring within a "paternalistic social system" in which masculine and feminine identities are differentiated (Fontana & Frey, 2000, p. 369). Therefore, the researcher carefully considered these differences and potential barriers in communication based on parental status and gender during both data collection and analysis, aware that reciprocal gender-based assumptions were unavoidable and that being a female interviewer might have influenced male participants' responses (Brüschke, 2012).

In addition, during the FGs, the researcher played the role of observer and scribe while the facilitation was assigned to an experienced researcher in the fields of nutrition, exercise, and fatherhood, who was a dietitian, an Australian male and himself a father. Research shows that a male facilitator, especially a father, friendly and grounded, may increase the recruitment, retention, and engagement of fathers in nutrition education and obesity research (Gemlo et al., 1998; Lee et al., 2011; Vollmer et al., 2019). Therefore, his profile was ideal to assist in reducing any perceived or real gaps between the researcher and subjects and to provide an informal and comfortable communication

environment encouraging fathers to participate and open up in the group discussion. In addition, the facilitator's first language (Australian English) contributed to minimising the language barrier and facilitating discussions encompassing Australian vernacular, references, and humour.

The researcher reflected on the facilitator's background, personal characteristics, his possible influences on data collection, and discussed it with the research team prior to data collection. The facilitator's impressions and experiences in facilitating the FGs were also discussed between he and the researcher on various occasions after the FGs. The facilitator also applied reflexivity prior to the FGs, conscious of any implied bias that his presence might have caused as a male, a father, and a dietitian.

Data collection

Data collection was undertaken over 13 months, from September 2018 to September 2019, allowing a prolonged exposure to the phenomena, the identification of new categories (Charmaz, 1995, 2000), and the development and refinement of the questions exploring the topics of interest. Notably, this was prior to the first case of the COVID-19 virus in Australia and subsequent prolonged periods of lockdown in this region which may have fundamentally changed the way Victorians consumed food, their relationships with families and other concepts relevant to this study. This means that the data and interpretation of results are considered to be in the pre-COVID-19 era, but the implications of these findings are discussed in the COVID-19 normal era.

Data collection occurred in two sequential phases:

1. Interviews: September 2018 to April 2019

2. Focus groups: May to September 2019.

Qualitative research methods such as semi-structured interviews and FGs give participants the opportunity to reflect on their own behaviours, approaches, underlying logics, and explanations, and express them in their own words (Bisogni et al., 2012). Moreover, combining qualitative data collection methods (method triangulation) (Carter et al., 2014) (see par. 3.5) allows for different perspectives to emerge (Morse, 2009) and for a more comprehensive understanding of the phenomena investigated, enhancing the depth, quality, and rigour of the study (Patton, 1999).

A question guide was implemented based on the research questions, the list of topics of interest investigated, and the conceptual frameworks described in Chapter 1, to ensure that all topics were explored during the interviews. However, the topics explored were broad and the participants were able to express their thoughts and views in their own time, leaving the possibility for other issues to emerge.

The first version of the question guide included 14 topics for the first two interviews and was then revised and expanded as the data collection proceeded. This process was used to refine the question guide so that the focus of the interviews and FGs would be well aligned with the research question and the objectives of the study. The final version, which included 16 items (Appendix D), was also used (more loosely than during interviews) to facilitate the FG discussions. The questions in both interviews and group discussions were purposively open-ended and asked without following a specific order, to enable the participants to openly provide detailed accounts and personal stories (Garfield et al., 2010) about food and eating. For the same reason, interviews and group discussions were conducted in an informal conversational style.

Data collection consisted of two sequential phases: interviews and then FGs. The FGs were conducted to compare, contrast, and expand the interview data and to reach a wider understanding of the phenomena by applying a different perspective (within-method triangulation [Thurmond, 2001], see Section 3.2.8).

Phase I: interviews

In qualitative research, interviewing is a powerful data collection method that aims to explore in depth subjective meanings, beliefs, and interpretations that people attach to their experiences, which are expressed in detail and through their own words (Gill et al., 2008; Liamputtong, 2013; Taylor & Bogdan, 1984). Semi-structured, in-depth, one-on-one interviews lasting between 50 and 150 minutes were conducted face-to-face by the student researcher with 20 fathers. Six fathers also participated in a follow-up interview (four in person and two by phone).

Most interviews were conducted in a private and quiet environment, such as meeting rooms on university premises (Deakin Downtown in Melbourne, the Health Education & Research Building (HERB), Barwon Health, in Geelong, and Deakin University Library in Waurn Ponds). On some occasions, they were conducted at the participant's workplace, in public libraries, or outdoor cafes to accommodate the participant's work

schedule and availability. One interview was conducted by phone and another one via Skype (audio only).

If after the first interview further data or clarifications were needed, participants were contacted via email and invited to answer follow-up questions either in a second interview or via email (depending on participants' preferences). Four participants responded to follow-up questions via email.

All interviews were audio recorded with permission to allow an accurate transcription of participants' responses. Eighteen recordings were transcribed by student researchers while two were outsourced to an external transcription service due to the poor quality of the recording.

Phase II: focus groups

After phase I was concluded, new participants were recruited to take part in group discussions. The advantages of FGs with men and within the context of the workplace have been previously described in the literature (e.g., for revealing personal and sensitive material, interacting with other participants by querying or explaining perspectives to others, and distinguishing nonshared experiences) (Courtenay, 2000b; Gough & Conner, 2006; Jansen et al., 2020; Lee & Owens, 2002; Newcombe et al., 2012). FG interviews provide an appropriate and time-efficient method for obtaining information about participants' feelings, opinions, and experiences related to non-sensitive topics, by creating a comfortable environment for a small group of people with shared traits and/or experiences (Krueger & Casey, 2009; Zhang et al., 2018).

Five mini-FGs involving a total of 20 fathers were held in a conference room located in the Food & Mood Centre (HERB) (Geelong) and in private rooms located in two public libraries (Melbourne). Group discussions lasted between 75 and 120 minutes and included six, four, three, three, and four fathers per session. FGs often include six to eight participants (Krueger & Casey, 2009), but smaller groups have also been endorsed and utilised effectively (Fern, 1982; Greenbaum, 1998; Kamberelis & Dimitriadis, 2005; Krueger, 1997; Krueger & Casey, 2009; Metzgar et al., 2015; Morgan, 1997; Nyumba et al., 2018; Onwuegbuzie et al., 2009; Reyes et al., 2012).

The groups were put together based on fathers' availability. None of the participants knew each other prior to their participation in the study. The FGs were facilitated by

Adam Walsh (AW), an associate researcher who was part of the supervisory team, while the student researcher attended as an observer and note-taker, recording observations occurring during each FG. The contents of the discussions, group dynamics, impressions, and reflections were then discussed between the student researcher and the facilitator (AW) at the end of each meeting.

The researcher's decision not to conduct the FGs was purposive. First, as illustrated earlier in this section, a male researcher, Australian and father himself was chosen as facilitator to minimise potential barriers and facilitate discussions. Second, having different researchers conduct data collection represents a type of triangulation (investigator triangulation) (Thurmond, 2001) enabling an application of different perspectives and approaches to the data collection process and increasing the quality and trustworthiness of the findings (see Section 3.2.8).

A light, healthy refreshment of raw vegetables (cherry tomatoes, carrots, capsicum), hummus and brown rice crackers, almonds, and strawberries was also provided during each FG to create a pleasant and comfortable atmosphere around food, promote sharing, and facilitate the discussions. FGs were audio and video recorded with permission, while one was only audio-recorded due to technical issues. The FG recordings were outsourced to an external transcription service.

Participant-Driven Photo Elicitation

A technique called Participant-Driven Photo Elicitation (PDPE) (Mills et al., 2017; Van Auken et al., 2010) was used for both phases I and II of data collection, to facilitate the data collection process and gain useful and meaningful information. PDPE is an inclusive and participative visual technique whereby personal photos shared by the participants are used to conveying their subjective knowledge or "realities" in context (Pink, 2007; Edwards, 1992).

Participants were encouraged to bring to the meeting one or more photos representing their personal views and experiences about food and eating, and to share (with the researcher or the group) any photo and subject they thought relevant with respect to the general topic of the study. Participants were not given any detailed instructions or criteria for selecting their photos, so to enable their free interpretation of the request and the topic, and to facilitate the elicitation of their own narratives and meanings rather than the researcher's.

Shared photos served as icebreakers and prompts for discussions. Fathers who did not provide personal photos (because they were not comfortable with the request or for other reasons) were asked to choose any from a series of 86 photo cards that resonated the most with their food-related views and experiences.

The prepared photo cards depicted different foods and food groups (e.g., fruit and vegetables, meat, fish, bread, healthy meals, restaurant and homemade meals, fast food, sweet and savoury foods, drinks and snacks) as well as different eating and cooking scenarios, and family and social situations of diverse cultural backgrounds involving food (e.g., people eating out, family at the table, on the couch watching TV, in front of a computer, children eating, parents or father cooking with family or children, man cooking alone), shopping scenarios (e.g., supermarket, market, butcher, parents or father shopping with or without the children), and families (examples in Appendix E).

3.2.7 Data analysis

Data collection and analysis: an inductive, iterative process

All the phases of the research process were conducted following an inductive, recursive approach. According to Thomas (2006), an inductive analysis refers to an approach that primarily uses detailed readings and interpretations of raw data to derive concepts, themes, or a model. The primary purpose of the inductive approach is to allow research findings to be identified from the frequent, dominant, or significant themes inherent in raw data, without the restraints imposed by structured methodologies (Strauss & Goldberg, 1999).

In qualitative research, data collection and analysis are not linear stages, but part of a continuous, iterative process (Polkinghorne, 2005), with both phases informing each other recursively. For example, the first two interviews served descriptive and exploratory purposes to test the question guide and to explore the student researcher's personal approach to the topic. The following interviews were used to modify, revise, or expand the previous propositions and questions, and to inform the subsequent data collection and analysis. The more knowledge accumulated about the phenomenon through this recursive process, the more deductive the method became. This approach was also applied to locate possible *deviant cases* that did not fit the propositions, and

which could serve to uncover unexpected themes and increase the chances of transferability of the findings to different contexts and populations (the concept of transferability is illustrated in Section 3.2.8).

Considering the substantial differences in dynamics and interactions between individual and group interviews, the two data sets were collected and analysed separately. The findings from FGs were analysed subsequently and considering the interview findings, to analyse patterns, similarities, and differences between and within the two groups. Linkages between sets of phenomena, or matched set linkages, were also investigated (e.g., link food–health beliefs).

Coding process

Data analysis involved a large amount of data. After being transcribed verbatim, the interviews and FGs were coded separately, producing two different sets of codes, sub-codes, categories, sub-categories, and themes.

In qualitative data analysis, codes are words or short phrases used as summative labels assigned to portions of text or visual data. Codes are constructs generated by the researcher to capture the content and essence of a datum (Saldaña, 2016) and are used to symbolise data, detect patterns across the data, categorise meanings, and for later analysis purposes and processes, such as theory development.

In the research process, coding represents the crucial connection point between the collection of data and their explanation of meaning (Charmaz, 2001; Saldaña, 2016).

The model in Figure 3.1 represents the sequential steps of the coding process from codes to theory (Saldaña, 2016). It should be noted that although the model is depicted as sequential/linear, the actual coding process was recursive. Codes, sub-codes, categories, sub-categories, and themes were continuously renamed and reorganised until the best way to capture the experiences across the dataset was agreed upon within the research team. Prior to coding, transcripts were read two or more times to reach a full understanding of the contents of interviews and FGs.
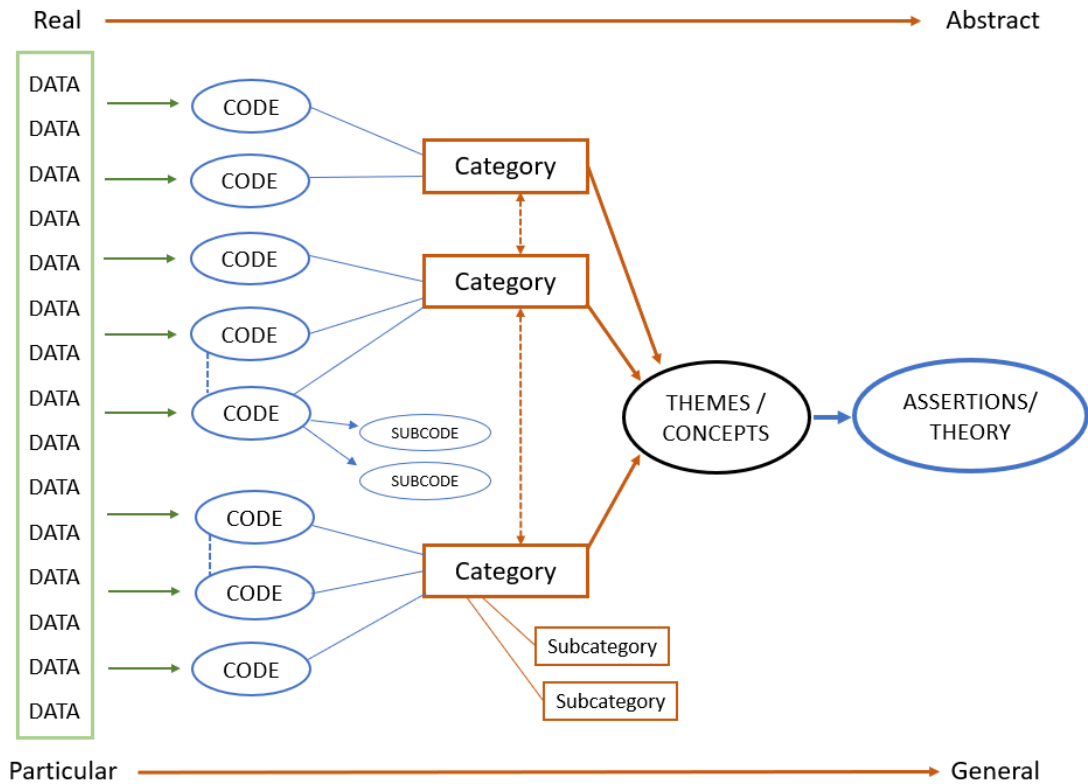
Figure 3.1 Sequential steps of the coding process (Saldaña, 2016)

The first level of coding, called initial coding or open coding, consisted of labelling portions of text with words or phrases based on the meaning identified in the data. Although there was a prior idea about suitable conceptual frameworks and areas of exploration, no pre-existing coding categories were used. However, the research process became increasingly deductive with the progress of data collection and analysis.

Open coding was undertaken in great detail, by identifying and labelling very small portions of text in order to maintain a high level of accuracy in reflecting the informants' realities, and to make sure that no relevant codes were missed, without forfeiting the meaning in context. Contexts, definitions, opinions and perspectives, processes, activities, events, conditions, consequences, strategies, roles, relationship and social structures, meanings relevant to the topic, as well as key phrases, lingo, and expressions used were identified.

Each hour of dialogue encompassed approximately 500 first-level codes. During open coding, a memoing process was also implemented (Birks et al., 2008) adding reflective notes, comments, or specifications to particular portions of text and codes, in order to

register connections, differences, and inconsistencies among meanings, doubts, ideas for subsequent analysis and overarching themes, or need for further investigations or clarifications.

A second level of coding consisted of clustering the first-level codes into fewer categories until a small number of themes was achieved. Codes, categories, and themes identified were verified by triangulating them with other data, methods, researchers, and asking for feedback from informants, experts, colleagues, friends, and parents.

Coding procedures, level of detail and labels were discussed with expert associate researchers within the research team and with an external associate researcher on several occasions, to adjust the process, reach consensus, and apply an external point of view to the data. At the beginning of the coding process, an associate researcher (Miranda Blake), external to the supervisory team, independently open-coded three interviews which were discussed with the student researcher to align and consolidate the procedure.

QSR NVivo 12 Plus, a qualitative data analysis computer software package, was used for data management to support the coding process and the data analysis and write-up. The transcripts were imported into the NVivo package and coded line by line, adding the segments of text to codes called "nodes" (Azeem & Salfi, 2012), which were later included into categories called "trees." Codes and categories could be renamed and/or reorganised with the development and the refinement of the coding process. As the codes were refined, non-overlapping categories were identified.

Field notes (memoing)

The student researcher used field notes (or memoing) to register any immediate details and impressions that could be forgotten after the interactions with the participants, clarify thinking, and compare early comments with later developing and evolving thoughts and ideas. Memoing is part of the researcher's reflexive process and enabled her to immerse herself in the participants' worlds, engage in depth with the data, and reach a greater sensitivity to the meanings contained therein (Birks et al., 2008).

Immediately after each interview and FG, any thoughts, impressions, and observations about verbal and nonverbal communication, as well as occurrences and dynamics

related to the meeting were recorded in a non-prioritised manner. The following excerpt is from a memo:

> He got very defensive when I asked him more about what he said on how foreign people as well as people with obesity are treated with condescendence (he experienced both situations) and just answering very briefly (yes/no) so I changed line of conversation. Maybe I could have said: 'do you have something else you want to share about what you experienced in this regard?' (Memo, Int. 17)

Memos also included insights and steps involved in the development of categories and themes as well as analytic thinking and interpretations.

Method of analysis

Thematic analysis (Big Q TA) was the selected method of analysis for this study (Braun & Clarke, 2006; Terry et al., 2017). Table 3.3 illustrates the six phases of Big Q TA (Braun & Clarke, 2006; Terry et al., 2017).

Table 3.3 Phases of Big Q Thematic Analysis

Phases of Big Q Thematic Analysis	
1. Become familiarised with the data	Transcribe data, read and re-read the data, note down initial ideas.
2. Generate initial codes	Code interesting features of the data in a systematic fashion across the entire data set and collate data relevant to each code.
3. Search for themes	Collate codes into potential themes, gather all data relevant to each potential theme.
4. Review themes (thematic map)	Check to see if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2) and generate a thematic map of the analysis.
5. Define and name themes	Continue analysis to refine the specifics of each theme, and the overall story the analysis tells, and generate clear definitions and names for each theme.
6. Produce the report	The final opportunity for analysis. Select vivid, compelling extract examples, conduct final analysis of selected extracts, relate the analysis back to the research question and literature, and produce a scholarly report of the analysis.

Big Q TA is a flexible, inductive, and data-driven approach not bounded to any specific theoretical framework or applications, which aims to identify key patterns and meanings within qualitative data and is ideal to investigate new/unexplored research areas and populations (Braun & Clarke, 2006; Clarke & Braun, 2017; Terry et al., 2017). Big Q TA's flexibility was well suited to the methodological assumptions underpinning this study and emphasised the role of researcher's position and subjectivity as an important part of the research process (Braun & Clarke, 2019).

As mentioned, although applying a descriptive approach to data collection and analysis, a certain degree of inference was implemented to better understand fathers' views and practices from different angles and in different contexts. Thematic analysis served to explore not only semantic, but also more latent content, such as underlying ideas, assumptions, or ideologies, which were alluded to or suggested, but not quite explicitly reported or literally declared by the participants.

Data management

The REDCap web-based data collection platform was used for most data storage and management. Computer-based data (PLSCFs, transcripts, recordings, and the document connecting participants' names with their assigned number) were stored separately in a password-protected Deakin computer and Syncplicity, a secure web application.

Hard copy data (PLSCFs or personal photos) were stored in a locked filing cabinet accessible only by the researchers and supervisors involved in the project, located in the Food & Mood Centre (HERB) in Geelong. Phone-based data (e.g., recordings and text messages) were transferred on a password-protected Deakin computer and then deleted from the phone as soon as possible.

3.2.8 Trustworthiness and rigour

Methods to ensure trustworthiness, rigour and study quality

Given the fundamental differences between qualitative and qualitative research, the methods to ensure and establish study quality and rigour within the two approaches also differ substantially (Noble & Smith, 2015; Seale & Silverman, 1997). For example, uniqueness and variability are sought, rather than uniformity, and inferences

and constructs are analysed, rather than objects and facts. Furthermore, transferability of the findings is pursued rather than generalisability, and internal validity, reliability, and objectivity (Shenton, 2004) are replaced respectively by credibility/trustworthiness, dependability, and confirmability (Cope, 2014; Denzin, 1989; Lincoln & Guba, 1985).

Transferability

The concept of transferability in qualitative research is based on the consideration that no settings are equivalent, and social phenomena and behaviours are complex occurrences based on multiple, interacting factors, therefore, generalisation is not applicable (Brunner, 1987). Qualitative data are locational, exist within a specific time, context, culture, and population, and can only represent the sample and context in which they are developed (Leung, 2015). Furthermore, human realities and phenomena can be explored, described, and interpreted in multiple ways, for example depending on the researcher's outlook, theoretical assumptions, and methods applied.

Therefore, the aim of qualitative research is to generalise not to populations but to processes (Silverman, 2017). In other words, it is possible to extrapolate and transfer processes and trends identified in a certain population, context, and circumstances (Carminati, 2018), and based on certain assumptions, to other times, settings, situations, and populations (Cope, 2014; Houghton et al., 2013) that present similar characteristics. An indicator of transferability is when individuals not involved in the study can understand, relate to, and somehow associate the findings with their own experiences (Cope, 2014; Smith, 2018). To increase transferability in this study, recruitment aimed for heterogeneity to include diversity of views and experiences.

Credibility/trustworthiness, dependability, and confirmability

Credibility, or trustworthiness, represents the truthfulness of a qualitative study (Lincoln & Guba, 1985), is subject-oriented (Sandelowski, 1986), and acquired through the investigation and adequate representation of human phenomena and multiple realities as experienced by the informants (Krefting, 1991). Trustworthiness can be pursued through methods such as triangulation, audit trail, member checking validation, deviant cases analysis, data saturation, and reflexivity. Dependability represents "the constancy of the data over similar conditions" (Cope, 2014, p. 89;

Tobin & Begley, 2004) and is identifiable in the agreement among different researchers on decisions made throughout the research process (Cope, 2014).

Finally, confirmability refers to demonstrating that the data represent the participants' actual responses and perspectives and not the researcher's viewpoints, and that the findings stem directly from the data (Cope, 2014; Tobin & Begley, 2004). This can be achieved by providing participants' quotes when reporting the findings. The methods used in this study to ensure trustworthiness and rigour were triangulation, audit trail, member checking, deviant cases analysis, reflexivity, and dependability audit.

Triangulation

As previously illustrated, employing multiple research methods, sources, observers, and conceptual frameworks, called triangulation, allows for a multidimensional and comprehensive approach to the research process and the data, leading to the generation of richer data, new perspectives, and findings, and thus to a deeper understanding of the phenomenon investigated (Banik, 1993; Barbour, 2001; Thurmond, 2001). The study was developed using two different data collection methods, interviews and FGs (within-method triangulation) (Thurmond, 2001), in two sequential phases. In addition, the group discussions were facilitated by an associate researcher. Different researchers have different backgrounds, attitudes, and perspectives and therefore apply different approaches and perspectives to the investigation, the interactions with the subjects, and the data collected (investigator triangulation) (Thurmond, 2001). Theoretical triangulation (Thurmond, 2001) was also implemented using multiple conceptual frameworks and perspectives for both data collection and analysis.

Audit trail

An audit trail consisting of collecting and reporting the researcher's personal thoughts, decisions and rationale (e.g., related to instrument development and strategies, data collection, analysis procedures and coding) was implemented and maintained throughout the research process using field notes, a research diary, and other records, and reviewed on multiple occasions by associate researchers, experts in qualitative methods. For example, detailed notes and records were taken during and after each meeting with the participants and other researchers, and any insight or changes to the investigation were recorded, discussed, and explicitly described (Spillett, 2003).

Member checking

Member checking (or participant/respondent validation) was also implemented to check the accuracy and resonance of the data collected with participants' experiences (Birt et al., 2016). Transcripts of interviews and FGs were provided to participants before data analysis, allowing them to give feedback about the contents and to request amendments, as well as for confidentiality purposes.

Deviant cases

As previously mentioned, data that diverge or contradict the trends in meanings and patterns identified in the data may enrich analysis and findings. Therefore, deviant cases were sought to inform and refine data collection and analysis. No significant deviant cases were identified.

Data saturation

Data saturation is a criterion used in qualitative research to establish when to discontinue data collection and analysis. It is based on the notion of informational redundancy (Grady, 1998; Guest et al., 2006; Saunders et al., 2018). It represents the point at which data collection and analysis generate little or no new information to address the research questions or themes (Guest et al., 2006; Saunders et al., 2018). In the study, the data and categories generated started becoming redundant at the 17th interview and the 4th FG, therefore data collection was concluded after interviewing 20 participants and conducting 5 FGs. The six follow-up interviews conducted to deepen discourses identified in the first interview mostly produced redundant data.

Reflexivity

Considering social reality as constructed and framed by language, knowledge assumes a situated nature, because it is shaped by the particular social, political, cultural, and linguistic contexts and circumstances in which the research is conducted, as well as by the researcher's position (Alvesson, 2002). Reflexivity (Buckner, 2005) is the continual, critical, and active process of self-reflection, self-evaluation, and awareness undertaken by the researcher over the entire research process, taking into account their contextual position (Alvesson, 2002; Berger, 2015; Palaganas et al., 2017).

This was implemented through accurate, constant reflections, and reporting of any personal and intellectual aspects influencing the choice of topics, frameworks,

methods and the methodologies, data collection and analysis, interpretation of the results, and conclusions. The student researcher recognised, acknowledged, monitored, and disclosed their position through active journaling undertaken throughout the course of the research, in order to recognise and "better understand the role of the self in the creation of knowledge" (Berger, 2015, p. 220), and its contribution to the research process and findings. When conducting the interviews, the student researcher aimed to limit personal assumptions, avoid giving personal opinions, not interfere with participants' discourses and ideas, or formulate or style the questions to elicit a desired response. Moreover, interview control was shared with the interviewees through developing engagement and trust (McNair et al., 2008).

Furthermore, the reflexive process embedded in the study was dynamically interconnected with the inductive, recursive process of data collection and analysis illustrated in Section 3.2.7. As data collection and analysis proceeded, progressive encounters with the participants' narratives and realities served to evidence and challenge the researcher's own expectations, knowledge, assumptions, and viewpoints, further guiding and expanding their sense-making process.

The associate researcher (AW) who facilitated the FGs also implemented reflexivity prior to and during data collection. Conscious of his personal characteristics and position (i.e., opinions, values, beliefs, and social background) (Manohar et al., 2017), he endeavoured to avoid asking leading questions, intervening only when he considered it necessary to keep the conversation going. He also used cues generated by the participants as natural segues into facilitating questions. He was also cognisant of not becoming a member of the group, by not providing neutral verbal or non-verbal cues, and not offering opinions or contributing to the conversation in a manner that distracted from the ideas/themes discussed.

Quantitative research aims to maximise 'objectivity' (Madill et al., 2000) as within the traditional positivist perspective (Crotty, 1998). Conversely, as illustrated in Section 3.2.6 (Preparation), researchers' personal characteristics (e.g., views, experiences, background) represent a fundamental component of an authentic qualitative research process (Madill et al., 2000). When properly managed (through 'reflexivity' and other methods described in this chapter), researcher's subjectivities provide an essential contribution to knowledge production (Buckner, 2005) and can lead to novel insights

and interpretations. The researcher's understanding of and outlook on the world enable them to relate to the informants, deepen the insight into the data (Chesney, 2000; Morse et al., 1995), and give a more thorough account of the whole research process (Pidgeon & Henwood, 1997). Therefore, different investigators studying the same phenomena or analysing the same dataset might make sense of the realities investigated from completely different angles and generate completely different outcomes, which would be equally valid.

Dependability audit

To ensure trustworthiness and dependability, the criteria used for recruitment were clearly declared in the study protocol, and associate researchers, expert in qualitative methods, reviewed the research activities as independent auditors.

Study quality: The CORE-Q checklist

An accurate report of all the components of the study design and the research process was implemented to ensure transparency and quality of the study using the CORE-Q (COnsolidated criteria for REporting Qualitative research) checklist (Tong et al., 2007) (Appendix F). The CORE-Q checklist consists of 32 items listing all the necessary components of a study design required to be reported in detail, such as "Research team and reflexivity" regarding the awareness of the researcher's personal characteristics and the relationship with participants, "Study design" encompassing the details about the theoretical framework, participant selection, setting and data collection, and "Analysis and findings" including data analysis and reporting. This tool enabled the student researcher to critically reflect on the methods employed, the data, and every step of the research process. It also served to keep accurate records of the thought process, engage with other researchers, and account for the influence of personal characteristics. This process ensured sufficient depth and relevance of the findings as well as transparency, clarity, and consistency (Noble & Smith, 2015).

3.2.9 Ethical considerations

Ethical clearance to carry out research involving human participants was obtained from Deakin University's Faculty of Health Human Ethics Advisory Group (HEA-G 105_2018). Permission was also sought and granted by the Victorian Department of

Education and Training (DET) (2018_003754) to recruit fathers from (up to 30) schools, childcare centres, and kindergartens across Melbourne and Geelong.

The ethical considerations that concern qualitative methods include four principles: informed consent, deception, privacy and confidentiality, and accuracy. When attended to, these principles ensure participants' individual autonomy and safety as well as clarity, transparency, and accuracy in the application of research (Christians, 2005).

Prior to conducting the study, a research proposal was prepared and submitted to the Deakin Human Ethics Advisory Group Health (HEAG-H) along with a PLSCF (Appendix B), explaining in detail the background, purposes, and methods of the study, the recruitment and consent process, as well as participants' anticipated involvement, risks, and benefits. The PLSCF also included the contact details of the student investigator, the principal investigator (primary supervisor), the Deakin University Manager for Ethics and Biosafety, and two mental health/emergency services (Beyondblue and Lifeline). No complaints were received about the study by the Deakin HEAG-H during the course of the study.

All participants read the PLSFC and signed the consent form prior to interview or FG participation. Participation in this study was voluntary. Participants were not under any obligation to enrol and were informed that they were free to withdraw from the study at any time. Interviews were audio recorded and FGs were audio and video recorded with permission given by all the participants in the consent form prior to the meetings. Participants were also reminded about being recorded at the beginning of the meetings.

Interviewees were asked if they wanted to pick a pseudonym, nickname, or alias before starting the recording, while FG participants were informed that confidentiality could not be guaranteed in the groups. This was clearly reported in the PLSCF, where FG participants were asked to respect the confidences of the group and agree to respect the "Chatham House rule" by which "participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed" (Chatam House, 2021, para. 2). To ensure confidentiality and protect privacy, participants' contact details were securely stored separately from data.

The only foreseeable risks for the participants anticipated were inconvenience and possible discomfort, considering that potentially, recalling emotional or sensitive personal experiences related to health, family, and children might cause emotional distress in some participants. A comprehensive description of participants' views and experiences of food and eating in the context of family and fatherhood is presented in Chapters 4 and 5.

CHAPTER 4: Analysis of interview data

This chapter presents the analysis of interview data, including excerpts to illustrate participant perspectives. First, the themes, categories, and sub-categories identified are described. Next, the description of fathers' views and attitudes to food, healthy/unhealthy eating, and the influence of diet on health are presented, along with the evolution of fathers' approaches to food and healthy eating in the context of life stages, and a summary of the interview findings.

4.1 Introduction

Thematic analysis of the transcripts led to the identification of three sub-themes and one overarching theme, all including several categories, as illustrated in Table 4.1. The three sub-themes identified were: (i) fathers' views, attitudes, and approaches to food/eating and health, (ii) fathers' perceptions of influences on personal and family eating, and (iii) fathers' and families' food-related practices.

The sub-themes helped to understand: (i) the way fathers define and construct food and healthy eating; (ii) the way fathers conceptualise influences on their food choices and parenting, as the elements constituting fathers' personal food system (Section 1.3.2) and hierarchy of values; and (iii) how fathers act on these influences and manage the concordance or discordance between beliefs, attitudes, and actual food behaviours. Finally, fathers' food-related attitudes, practices, and influences were all found to be related to and influenced by life stages, transitions, and trajectories experienced by fathers over their life course and in different contexts, which represents the overarching theme and the life course perspective applied (Section 1.3.1).

Of all life stages, becoming/being a father (i.e., participants' paternal identity) appeared as central in orienting fathers' food choices and practices, which were described as predominantly influenced by having children and caring for their needs. In fathers' narratives, their own food choices and food parenting represented a means of caring for their children, ensuring their health and growth, building connections with them and "doing family"; in other words, being good fathers. Other forms and types of fathers' identities (e.g., being an ageing or older father) also served to focus attention on personal health outcomes and improving food choices to prevent illness and keep fit and able to attend to their children's needs.

Table 4.1 Themes and sub-themes identified in fathers' narratives (Interviews)

Overarching theme	Categories	Sub-categories
Evolution of fathers' food-related attitudes and practices with respect to life stages	Upbringing	Food parenting (experienced)
	Independence	Moving out of parental home
	Family formation	Being a partner, couple, marriage
	Fatherhood	Becoming/being a father
Sub-themes	**Categories**	**Examples of Sub-categories**
i. Fathers' views, attitudes, and approaches to food, eating and health	Health-orientation and definition of healthy/unhealthy	Naturalness, processing, portions
	Link between food and health	Link between food and physical/mental health, mood, wellbeing, weight
	Dieting	Diets, approach to dieting (e.g., health focus)
	Attitudes to nutritional information/sources	Researching, trust, scepticism
	Partners' alignment and labour distribution	Health orientation, negotiation, labour share
	Environmental/ethical concerns	Sustainability, resources, equity, climate change
ii. Influences on personal and family eating	Turning points and life stages	Upbringing, cohabitations, fatherhood
	Attitudes and approaches to food, eating and health	Food as fuel, health focus, flexible/strict
	Motivations and priorities	Children's health and growth, healthy ageing
	Identities, roles and responsibility	Being a good father, provider
	Personal maturation, knowledge, awareness	Impact of diet on health, wellbeing, weight, environment
	Socio-cultural, economic and geographical factors	Food culture, SEP, location
iii. Food-related practices (individual, family, social)	Foodwork	Cooking, food shopping
	Eating	Eating at home, eating out (incl. travel, celebrations)
	Feeding the children	Feeding style, health focus
	Learning	Sources, experiences
	Exercise	Sedentary, active

Furthermore, fathers' family food upbringing and experiences with their own fathers were often used as a reference to explain their personal choices and approaches to food and family eating, either to carry on or move away from their own fathers' practices, suggesting an intergenerational transmission of paternal identity. Considering the saliency of fatherhood and life course experiences in fathers' accounts of food and eating and in shaping fathers' personal food systems, the study's findings have been described emphasising the development and evolution of fathers' views and approaches to food, food choices, and healthy eating over their life course and in the context of fatherhood. Participants' quotes have been provided both in this and next chapter to enhance confirmability.

4.2 Fathers' views and attitudes to food, healthy/unhealthy eating and the impact of diet on health

This section illustrates fathers' definitions of food and what they considered healthy and unhealthy, and their nutritional knowledge and learning process; it also describes fathers' perceptions of the relationship between diet and health, and how fathers' constructions of food influenced their food choices and practices

4.2.1 Fathers' views and definitions of food and healthy/unhealthy eating

[Food] It's your fuel! If a car for example, ... is diesel, well, don't put petrol or kerosene or anything else it needs. And we should put the proper food into us, by choosing wise foods. (Int. 11)

Fathers' views of food, nutrition, healthy eating, and the relationship between food and health were consistent across the sample. To describe food, fathers used terms and metaphors such as "fuel" and "energy," "nutrition," "nourishment", and "sustenance," highlighting the fundamental role of food and nutrition for both adults and children in sustaining the human body, giving energy, and maintaining a good state of health over time. Overall, fathers demonstrated a sound capacity to obtain, process, understand, and apply a critical approach to basic or advanced health and nutrition information:

*Healthy eating for me would be… anything that's not processed, anything that comes from a farm, or a tree, or something along those line*s. (Int. 5)

Fathers considered simple, natural, fresh, unrefined foods, containing a low amount of sugar, as healthy food and "everyday food." They stressed the healthiness of homemade and homegrown foods, sometimes called "clean," "real," or "wise" foods, because they are not tampered with additives or chemicals and are grown naturally.

Some participants considered plant-based foods in general, meats, and the meat and vegetables meal combination as healthy foods. Others thought that natural and unprocessed foods tasted better and were higher in nutritional value. "Sustainably sourced" and "organic" were also mentioned by some as traits that enhanced the healthiness and quality of the food.

Most fathers saw healthy eating as a balanced diet that included a variety of foods, food groups, colours, and fresh foods able to provide an adequate amount of nutrients and vitamins necessary for good health and saw unhealthy foods as "sometimes foods" that could be eaten in moderation. Several fathers stressed the importance of portion sizes to reach satiety and avoid overeating. Consistent with their definitions of healthy food and eating, participants saw highly processed, packaged, junk, and fast foods, including high-sugar foods and beverages, as unnatural and highly unhealthy, especially when they contained additives such as preservatives and colouring. They called these kinds of foods "poor food," "rubbish," "garbage," or with more colourful words such as "crap" and "shit food," stressing how unhealthy they were and assigning a highly negative value and emotional connotation to them.

Some fathers addressed food as enjoyment in terms of appreciation of a food's or a meal's flavour, in terms of comfort, when eating discretionary food (e.g., snacks, chocolate) as an indulgence, and as a treat or a reward. For example, one participant described a ritual he used to perform every day after work intended as a reward, until he decided to quit sweets and junk food altogether.

One father noted that the best foods to eat would be those foods that a grandmother would recognise as foods. In this case, he referred to grandmother as an iconic figure representing ancient core values and the profound meaning of nutrition and healthy eating that everyone should follow today. Two fathers quoted the proverbial saying "You are what you eat," passed down for generations to explain the fundamental role and impact of food on human health and fitness and express the profound connection between food and the person as a whole.

4.2.2 Sugar is bad

> *Sugar is bad, that's all we know, I can't tell you why. Yeah, like diabetes, overweight, if you eat too much of it.* (Int. 18)

Regardless of their level of knowledge or awareness of the physiological reasons behind it, all fathers believed that high sugar consumption was bad for health and saw it as one of the main culprits for the emergence of health issues worldwide, such as diabetes, heart disease, obesity, and other NCDs. The word "sugar" was generally used by fathers to indicate the ingredient "sugar" contained in most packaged and processed foods and drinks, and often used interchangeably with the word "carbohydrates" (or "carbs"), as a synonym or part of the same nutritional category, depending on their level of nutritional literacy.

Only a few participants explicitly distinguished between sugar and carbohydrates from a nutritional perspective. Others differentiated between refined sugars contained in processed foods and drinks, considered unhealthy and addictive, and natural sugars/carbohydrates contained in wholesome, unprocessed foods, such as fruit and vegetables, which were mainly regarded as healthier.

Due to its quick and powerful ability to spike and restore energy, sugar was described as highly addictive and considered by some as a "quick fix" to resort to in case of lack of energy, for example when working nights or during the first year of fatherhood. Some fathers believed that many processed foods rich in sugar, salt, and artificial flavours were purposively engineered by food companies to create addiction and increase demands.

> *My understanding is, that the years gone past, it was all "fat's bad, fat's bad, don't have fat." Now we've moved on: "sugar's bad, sugar's bad, fat's OK." And I can understand that.* (Int. 8)

Interestingly, some participants pointed out and endorsed the shift of attention in public and medical discourses over the past decades from fats to sugar. Some fathers also commented on sugar consumption from an evolutionary perspective, believing that there is no need for humans to consume high amounts of sugar and carbohydrates,

as in the contemporary diet in high-income countries, and that it could lead to excess of energy and overeating, causing obesity and related health issues.

4.2.3 Natural is good

> *The least amount of processes. ... I guess a theory about healthy eating that, the less unnatural processes that happened to the food, the healthier it is, like, the more beneficial it is, so ... just avoiding the things that have really been tampered with, and messed around with, and I think the way that most of the GM crops are messed around with, it's just being resistant to Roundup ... the more natural the food, the better. And that's what I kind of meant about "clean eating," like, fresh fruit and vegetables, and then just very few processes.* (Int. 14)

Additives in food were generally seen as far from nature and harmful for human health. Also, too many unfamiliar and artificial ingredients on labels were considered an indicator of excessive food processing, used to keep the food fresh and prolong shelf life, moving away from the much simpler make-up of homemade foods. In line with their views of healthy food and eating connected to simplicity, naturalness, and genuineness, fathers perceived traditional methods of food production, such as traditional agriculture, farming, and preparation processes, as healthier, because they preserved foods' nutritional value and remained true to the way foods are "naturally" made and grown. Some fathers saw modern food production methods, such as industrial processing, intensive farming, and genetic manipulation, as artificial and unhealthy, because they accelerated naturally slow processes (e.g., animal growth or leavening), added artificial or unknown ingredients to foods (e.g., preservatives, hormones), and relied on the use of heavy chemicals and pesticides, which were seen as making produce and products poorer in nutrition and harmful for health:

> *That's a global situation. So, being responsible and sustainable about our planet resources, and then, making sure that everybody around the planet has level of equity in that.* (Int. 13)

Some fathers also raised ethical and environmental concerns related to food production and human consumption. For example, some pointed out the great impact of the food chain on global resources (e.g., to sustain meat production) and climate change. Others

stressed the responsibility of humans to eat more consciously and sustainably, exploit natural resources more wisely and develop equity in food availability on the planet. Some expressed concerns related to intensive farming and animal welfare, highlighting the stressful and painful condition in which animals designated for human consumption were treated and transported, considered cruel and not sustainable for the environment. These conditions were also considered to impact the taste, quality, and nutritional value of meat.

Overall, fathers' definitions and approaches to food and healthy eating valued simple, plant-based, natural and sustainable foods, home-cooking, and traditional production methods while considering highly processed and high-sugar foods less desirable, which reflected the contemporary dietary trends illustrated in Chapter 2. In terms of meat consumption, two popular, though opposite, approaches were identified, consistent with the environmentalist and most sport communities' food subcultures. On the one hand, several fathers valued reducing meat intake for health and/or environmental reasons, weakening the traditional strong connection between masculinity and meat consumption. Conversely, others, especially but not exclusively the most physically active fathers, stressed the importance of reducing sugar/carbohydrate intake and increasing meat-based meals, considered the best nourishment to sustain the body and the healthier option for everyday eating, confirming the (implicit) association between meat and strength, physical health, and performance.

4.2.4 Nutritional knowledge

> *There's different aminoacids and macronutrients that I think we should be focusing on, as opposed to… such a big focus on carbohydrate!* (Int. 12)

Many fathers showed an understanding of food groups and nutritional components (e.g., nutrients) and of the importance of food constituents for health, wellbeing, weight management, and sport performance. Fathers' level of health and nutritional literacy was evidenced by references to official dietary guidelines (e.g., "food pyramid"), newspaper articles, and scientific studies about nutrition and health, and by the frequent and proper use of nutritional, dietary, and medical categories and terms

(e.g., "food groups," "fibre," "nutrients," "macro/micro-nutrents," "aminoacids," "healthy fats," "low GI," "diabetes," "genes," "brain functions").

Fathers' food and nutritional literacy, as well as their definitions of healthy food, reflected the high exposure to nutritional information in the media and the community currently influencing public discourses and knowledge. All fathers reported having developed and acquired nutritional information and advice over time from multiple sources such as websites, television (e.g., news, cooking shows), books and magazines, scientific articles, educational material, as well as online forums and social networks (e.g., Facebook fathers' groups), professionals, partners, friends, and colleagues, and recognised "healthy eating" as a central and pervasive topic of discussion in public discourses.

Generally, fathers evaluated nutritional information and sources with a reasoned, critical, and often sceptical approach. They often perceived both official and non-official information as conflicting, confusing, inaccurate, contradictory, manipulative, and deceiving, for example referring to news, advertisement, and product labels. Fathers were often cross-checking sources and information to evaluate their reliability before drawing conclusions.

As a result of the exposure to a vast body of confusing, conflicting, and often simplistic nutritional information, definitions of healthy eating varied across the sample. For example, fathers held opposite views about the healthiness of meat-based diets or did not differentiate sugar from carbohydrates in foods. Furthermore, a certain inaccuracy about what healthy food is, was identified even among fathers showing a good understanding of nutrition overall. For example, one father reported choosing pepperoni pizza (i.e., with salami on top), because he had heard on TV that salami, a type of processed meat, was a very healthy food:

> *Well, salami is in the top things that I've heard are good for you, like in the bowel and that sort of thing, even though they can be very tasty, I've come to learn that, ... you see things on TV you know, and they talked...* (Int. 11)

In some cases, personal or others' health issues prompted research and study about foods, diet, and their influence on health. For example, one father suffering from gut

issues described how doing tests and seeing specialists led him to learn more about his condition, and research about foods, nutrition, and healthy eating.

Learning about nutrition, healthy feeding, and cooking were overall identified as a very important factor in shaping fathers' views of food, their approach to healthy eating, and food choices. The learning process informed fathers' current food-related views and definitions, enhanced their awareness about the link between diet and health, increased the saliency of healthy eating, and influenced their own food choices and food parenting approaches.

The most committed, health oriented, and confident fathers, who generally appeared more informed about nutrition than the others, reported playing a mentoring role for other people, for example by giving suggestions about health and nutrition during social gatherings, or supporting and giving advice to other fathers and parents to improve their own diet and food parenting via online social network groups (e.g., Facebook).

4.2.5 Fathers' perceptions of the influence of diet on health

> *If I don't eat well, it makes me feel a bit slower, I don't feel as comfortable*. (Int. 13)

The importance of diet for health was one of the most prominent and consistent aspects in fathers' narratives. All fathers believed in a link between food/eating and health, and the majority attributed a key role to diet in affecting people's health and wellbeing.

In participants' narratives, the belief of a connection between diet and health seemed often to take root in the early stages of life and become increasingly apparent and important with the passage of time, life experiences, maturation, and ageing. This growing reflexivity and awareness also allowed fathers to take action and make different and healthier food choices at some point in their adult age.

Fathers believed that healthy eating influences many aspects of body functioning and physical health, such as internal organ and brain function, cells and genome, energy levels, and children's growth. Healthy diet was also considered able to improve mental health, clarity, and mood, as well as longevity, vitality, and quality of life in general.

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They reported to have perceived those benefits firsthand (e.g., increased wellbeing, feeling lighter, more energy and vitality, better mood) from reducing the consumption of processed foods, sweets, and snacks, and increasing the intake of simple, natural, unprocessed foods, and lighter homemade meals.

Many fathers experienced physical and mental symptoms, discomfort in their body, and lack of energy as a direct consequence of eating unhealthy foods first-hand. For example, when eating processed and fast foods, high-sugar and high-carbohydrate foods (e.g., bread, pizza), or eating to excess, participants declared that they felt "heavy," "lethargic," "slower," "fatigued," "sluggish," and "bloated," and experienced general discomfort, lack of concentration, and mood issues. In a few cases, the cause of symptoms or discomfort were food allergies or intolerances (e.g., lactose). Especially when eating high amounts of sugary foods regularly, fathers experienced peaks of hunger and cravings shortly after consumption.

Many specifically referred to having experienced a "sugar high" and "sugar crash" after a large sugar or refined carbohydrates intake, resulting from a sudden increase in energy levels followed by a sudden fall (reflecting spikes and drops in blood sugar levels). Fathers who avoided or reduced the intake of sugary foods and drinks, processed foods, and/or other foods rich in refined carbohydrates (such as pasta, white bread, pizza, etc.) reported improvements in physical symptoms, physical and mental wellbeing, energy, alertness and clarity, cravings and addiction, and the need to snack throughout the day, compared to when they were regularly eating those foods.

Lack of energy and weight gain from eating unhealthy also impacted on participants' involved fathering, reducing their ability to be active and engage with their children as desired. These experiences, along with the desire to be good fathers, induced many to reflect about the effects of food choices on health, make more conscious dietary choices, move towards lighter, simple meals, including fresher, more natural, and plant-based foods, and enhance their motivation to eat healthy:

> *Diet related illnesses do not appear overnight. It will eventually cause illnesses that are severe such as diabetes, cardiovascular issues, cholesterol issues.* (Int. 7)

Besides short-term symptoms and temporarily feeling "unwell," participants linked unhealthy eating and overeating to chronic diseases and medical implications, such as gut issues, diabetes, and obesity. Fathers were aware that persisting with less healthy food intake over time, as well as not consuming enough healthy foods, could lead to the development of more serious diet- and lifestyle-related health conditions over time. Fathers also believed that food could affect mood and mental health, and that consuming large quantities of processed foods high in sugar, salt, saturated fats, and artificial additives could induce mental health problems such as anxiety and depression.

Besides personal experiences of health symptoms and weight gain related to diet, for some the health conditions of children, relatives, colleagues, or friends represented an important influence on reflections about nutrition, its implications for health, and personal dietary trajectories. For example, one father, whose son developed Type-1 diabetes, after struggling to successfully manage his son's condition through the conventional protocols, completely dedicated himself to researching diabetes dietary management approaches until finding a successful alternative, very low-carb diet followed by many other families worldwide. His whole family adopted this diet and were all maintaining it at the time of the interview:

> *One minute [son] was high, so he'll take insulin, then he'll be low ... it was this constant nightmare rollercoaster ride. And then at the same time we were reading this book that basically told us the exact opposite* [than the child's doctors]. *And then when we implemented what the book said, we went from, a rollercoaster every single day, it was a living hell, very unhappy child, very unhappy parents, not coping very well at all. ... It might have been good for a Type-1 diabetic, but it was crap. And then we just did what the book said, and we reduced his 18 units of insulin to 1, and his blood sugar has just normalised instantly. So, it was almost like a cure. Obviously is not cure but, it felt like a cure. And we've been doing that* [as a family] *ever since ... So, we just all instantly changed* [diet] *together, and we haven't changed back*. (Int. 12)

This distressing family experience, representing an example of caring and involved fathering, led this father to seek to enhance his knowledge about diabetes and nutrition, modify his view of a healthy diet and carbohydrates, and radically change his own and

his family's dietary pattern. In addition, this father was a member of a sporting community which promotes a food culture where fats should be avoided, and carbohydrates are traditionally considered fundamental to sustain and improve performance. He said he continued to train, but after this experience he completely reversed this eating style with no negative effects on his performance. In other cases, health events and scares involving others (e.g., own father, colleagues) served as warnings and reminders of the importance of food choices for personal health and wellbeing from a preventive perspective, especially among middle aged and older fathers.

4.2.6 From beliefs to practices

Fathers' conceptions of healthy food, the impact of diet for health, and the environment influenced their food choices and practices, and family eating:

> We [eat] *at home pretty much all the time now, and we kind of researched how to prepare food and stuff at home, because the last thing we wanted would to be one of those families who gets those little jars at Woolworths of spewed* [chewed and spat out] *apple and we didn't want to do that, so pretty much he rarely eats processed foods we haven't prepared ourselves*. (Int. 9)

Eating and cooking at home as well as making and growing their own food were often seen as the best way to have less processed, more genuine food, and to be aware of what they were ingesting and feeding their children. However, fathers occasionally chose to consume unhealthy foods such as takeaway, fast food, sweets and dessert, snacks or treats, especially in social situations, celebrations, special occasions, or when more convenient. Fathers enjoyed eating unhealthy food occasionally, not considered an issue, as long as they maintained consistent healthy and balanced food choices on a regular basis.

All fathers in the sample were regularly reading labels when shopping to inspect the list of ingredients as well as the nutritional value of foods, and the majority cared greatly about the ingredients and constituents of food they were eating and feeding their children. "Sugar" was the primary ingredient that all fathers were looking for on the labels:

Sometimes, when I'm getting yogurt, for example, it's quite difficult. You know, I sort of look at the low sugar yogurt, and it's quite hard, you know, it takes ages and ages, so you think there's no added sugar, and you think: mmh, let me just check that, put that next to this one. (Int. 4)

Fathers were aware of and concerned about the high-sugar content in many packaged and processed food, party food, fast food, and soft drinks, and were trying to reduce consumption both for themselves and for their children. Besides sugar content, fathers were also reading labels to check the presence of artificial additives, preservatives, flavours, and colouring.

Considering high sugar consumption detrimental for health and wellbeing, at the time of the interview many participants had already made changes to their diet to reduce sugar and carbohydrate intake, while several others were in the process of reducing it. Many fathers preferred to buy seasonal, local produce, some started making or growing their own, because it was considered cheaper, fresher, better in taste, and able to reduce the environmental impact of import–export:

So, we'll try buy Australian produce as much as possible, and locally as much as possible as well. ... I just think, just in terms of the environmental costs of bringing food so far ... I don't want to create a market for food that's imported from as far away as California. (Int. 2)

Some fathers also declared that they had reduced their meat consumption to eat more sustainably. Two participants expressed a conflict between their values and their actual food choices, feeling "guilty" for eating too much meat or choosing meat over more sustainable options, contrary to their beliefs and intentions. This discrepancy often occurred because of time constraints due to busy work and family life, but also because of the enjoyment, familiarity, and easiness of certain foods (e.g., meat, snacks). Some participants implemented a vegetable garden in their backyard. Growing their own fruit, vegetables, and herbs allowed fathers and their families to have easy access to fresh, local, seasonal, healthy produce every day, at low cost, and free from chemical treatments, unlike most of the plant-based produce sold in shops and supermarkets:

I know that the fruit [I grow] *is not chemically treated, it doesn't have pesticides on it, it doesn't, it's only got basic elements in the soil, and I don't chuck poisons, I'm sitting there pulling out weed by hands.* (Int. 19)

These fathers considered having natural, fresh, and cheap produce readily available as a great benefit for the family, a way to eat more vegetables, and an opportunity for children to be exposed to healthier food options. Growing a vegetable garden especially was seen as a tool to educate their children on healthy eating, allowing them to show their children that not all foods come in packets, explain where fruit and vegetables came from, and make them familiar with, appreciate, and eat natural and healthy foods.

Besides financial, practical, and health-related benefits, growing a vegetable garden was also perceived by some fathers as an enjoyable and relaxing hobby. In a few cases, the vegetable garden was also a topic of discussion and playful competition with friends. Fathers growing vegetable gardens were often responsible for its implementation. Setting up a vegetable garden required space, a lot of planning and work, and financial resources, and participants were proud of their achievements, conscious of the importance of it for the family and for the environment.

Price was mentioned as a barrier to healthier eating in only a few cases, reflecting the sample's socioeconomic demographics, but also showing that many fathers considered eating and feeding their children healthily as important in their own food choices. Overall, fathers valued and tried to select the more unadulterated foods they could afford, showing a health-oriented attitude, regardless of financial limitations. A few fathers who mentioned organic food doubted its superiority in healthiness or quality to non-organic produce and considered it unworthy of the higher price.

4.3 The evolution of fathers' approaches to food and healthy eating in the context of life stages

Life course theory emphasises the impact of life events and historical contexts on individuals' development (Cohler, 2005; Tornello & Patterson, 2015). Life stages and turning points such as upbringing, moving out of the parental home, meeting a partner, changes in health conditions (their own, their children's, family members, friends),

and becoming/being a parent represented relevant moments in the development of fathers' current food-related practices, choices, knowledge, and awareness about the importance of diet for health.

Fathers often narrated their stories referring to relevant turning points, shifts, and progressions in views, values, practices, and roles experienced in their life, which developed, transformed, or reinforced their previous food-related views and behaviours. Most fathers demonstrated having gone through a gradual, multifaceted learning process over time, in terms of nutritional knowledge, cooking skills, and food-related parenting, along with the development of awareness.

Fathers attributed their learning to life stages and circumstances (e.g., leaving the parental home, partner's pregnancy, upbringing, fatherhood), as well as experiences and encounters (e.g., housemates, partner), and driven by personal interest in nutrition and food preparation. In retrospect, this learning curve was often seen as an ongoing, reflective, experiential, and life-long process.

4.3.1 Food upbringing

> *You basically grow up and you know what you know, and you eat what you've been raised on.* (Int. 12)

Many fathers attributed a fundamental role to their upbringing, their family of origin and their parents' modelling and food parenting in the development of their food-related views, values, practices, and choices, as well as their feeding approach. Being in charge of feeding the family, their mothers were most commonly described as the most influential parent in terms of food choices and familiarisation with food and cooking growing up. For example, some participants developed cooking skills as a child observing their mother in the kitchen or by being directly involved in food preparation.

In many cases, fathers described eating mainly simple and genuine family meals growing up, with their parents promoting natural foods, vegetables, variety, and moderation. This conventional wisdom passed on by parents and grandparents made them value a simple and wholesome style of eating, including unprocessed foods, variety, moderation and balance, which they applied and tried to pass on to their

children. Some participants highlighted that their parents intuited, promoted, and modelled an idea of healthy eating based on the same pillars of nutritional knowledge and healthiness valued today (freshness, naturalness, wholesomeness), though without possessing any of the vast nutritional information available today.

This transmission of conventional wisdom was especially stressed by fathers with a rural background, where the family used to grow their own produce and provide meals based on natural, simple, and wholesome foods, similar to the traditional peasant diet and cooking traditions and values, closely connected to the land and predominantly plant-based (e.g., Italian tradition). On the other hand, the generational-based lack of nutritional knowledge and scientific awareness led other families to underestimate the negative impact of unhealthy food on their children, providing unrestricted access to processed, fast, and sugary foods to them when growing up:

> *A lot of our meals were like meat and three vegetables, so… peas, carrots, cauliflower; peas, carrot, cabbage; peas, cabbage, broccoli, you know? It was very set in a lot of ways*. (Int. 19)

Most fathers lamented the lack of variety and taste in their food upbringing, even when coming from health-oriented families. Family meals were often described as set, plain, and encompassing the same type of ingredients and food combinations (e.g., meat and boiled vegetables). The main reasons presented were the limited range of foods in Australia at the time, and the British background shared by most fathers, where the typical English repast of meat and three vegetables was considered a staple.

Though considered healthy, these types of meals were described as repetitive and "boring." Vegetables were often boiled and overcooked, disliked as children and considered lacking in nutrients as adults. In some cases, this disappointing food upbringing experience incentivised fathers to seek more variety and taste in their own cooking and family eating in adult life.

Many fathers appreciated the variety of cultural influences in the Australian food panorama, which served to expand their limited dietary food range over time, introducing them to new foods, ingredients, and recipes, and sometimes revealing new ways to prepare tastier, healthy meals. These data reveal a transgenerational transmission of food choices and food parenting among fathers, either by reproducing

or moving away from their own food upbringing, consistent with the modelling and compensatory hypotheses explaining the intergenerational transmission of fathering behaviours (Guzzo, 2011) illustrated in Section 1.6.1.

4.3.2 Changes in living arrangement and relationships

> *In my early twenties, yes, when you're living with your brothers, and stuff like that, yeah, pizza, pizza, always pizza .... But after that, you don't do it so much, it's not worth doing.* (Int. 19)

Most fathers reported that growing up they ate what their parents prepared for them and what was available in the house. Meal routines were described as set and structured because they were parent-driven and based on school activities.

Moving out of the parental home for the first time to study or work led participants to experience a new independence and flexibility in terms of food decisions and meal preparation, but also more financial restrictions. These changes prompted cheaper and unhealthy food choices based on taste, convenience, and social reasons. On the other hand, being unable to sustain the costs of take-away meals or eating out regularly prompted participants to make their own meals and develop basic cooking skills:

> *I've lived out of home, since I was 20, and, in share houses I've cooked, and* [now] *I'm a fairly decent cook*. (Int. 2)

For many, leaving the parental home meant living in share houses. Share houses promoted the consumption of unhealthy foods but also expanded the variety of food consumed and introduced a new social dimension to food and eating. For example, one participant defined cooking for other people in the context of share houses as "currency," thus representing an incentive to cook more often and develop cooking skills.

Share houses often prompted men to experiment and develop cooking skills, by trial and error and by learning from more experienced housemates. One participant used to contact his mother for culinary advice. Three participants who shared houses with chefs narrated fun and useful experiences which exposed them more frequently to richer and unhealthy foods, but also introduced them to new horizons in terms of taste

and food preparation. The negative impact of regular unhealthy eating on wellbeing gradually led many participants to reduce ready-to-eat and fast foods and prefer home-cooked and healthier foods more often. It made them reflect on the importance of diet for health and focus more attention on food choices:

> *I think what changed, living with another person is, it was more the routine, ... when you're living by yourself, I can get home, whenever. I can eat whenever. And ... it made sense to the person who gets home first from work, to cook dinner .... And I liked that, so, just, it was easy, it made sense. And, it was better for me, because I had someone else to cook for, and, I could make, you know, there's a lot of ... meals that doesn't make sense to cook for one person, ... so I could cook different things, and experiment.* (Int. 3)

Relationships and living with partners also played an important role in participants' lives. Living with a partner provided an opportunity to share meals, cook for someone else, and experiment with food and recipes, but also required more planning and routines.

Furthermore, wives/partners often contributed to changes in participants' food-related views and choices. For instance, one participant ceased eating meat in his 20s because at the time he had a vegetarian girlfriend. Another father with a strictly vegetarian partner and a lactose intolerant child adapted his food choices to their diets to make food shopping and food management easier.

Wives/partners represented for some a source of nutritional information and guidance for healthy eating and food preparation because they were perceived as more informed and familiar with healthy eating and food preparation. They read more books about cooking, healthy eating, and feeding the children, attended Maternal and Child Health meetings more often, frequented parents' groups and associations, and in a few cases were educated in nutrition or trained in cooking:

> *I think there's a pretty good balance, like, during the week we have the meals and we share the responsibilities of feeding the kids, like we both do that, and during the weekend, it's just depends on who wants to do it, really. So, no there's a pretty good balance.* (Int. 17)

Most fathers reported that family food and feeding decisions were taken jointly based on both parents' views and preferences, and foodwork and feeding roles were assigned mostly based on schedule and time availability. Fathers said they often openly discussed family food management, food parenting, and child feeding decisions with their partners, in order to reach agreement, promote children's healthy growth and family healthy eating, and support each other in challenging and busy times. In most cases, fathers reported an alignment with their partners in terms of views and values about healthy eating and their approach to family food decisions and practices. They often used the word "we" or "my wife/partner and I," indicating a shared approach to decision-making, as well as a couple and family identity beyond their own as individuals. This collaborative attitude often appeared as the outcome of a long-term life sharing and negotiation, which reached its peak with parenthood.

The fathers who cared the most about healthy eating and were most committed to implementing it both for themselves and their children, appeared to have the greatest influence on family food management and choices. In these cases, family healthy eating was the result of strong paternal directions and commitment, and a tight organisation of foodwork and family food activities, to which wives/partners and children complied.

4.3.3 Being a father

> *You move to think about your kids all the time, and how you can just do better for them, you want them to be the best person that they can be.* (Int. 1)

Most fathers decided to participate in this project not only because of a personal interest in food or healthy eating, but also because of the relevance that food and nutrition had for them as fathers. Throughout their narratives, fathers expressed care, affection, and a sense of responsibility for their children, showing an involved and emotional approach to fathering, which was often conveyed through food. According to fathers, their family's food management and activities primarily revolved around children's schedules and needs, with parents often overlooking their own preferences and needs, especially during the first steps of parenthood.

For example, some fathers described becoming a parent as a challenging transitional process, full of effort and sacrifices particularly in the first year. One participant called

the phase of early fatherhood "coping lifestyle." Neglecting their own self-care and wellbeing for the sake of their children, these fathers ate haphazardly and unhealthily, gained weight, and tried or were planning to rebuild healthier habits later.

Despite the difficulties of the transitional first years, for most participants being a father shed new light on the importance of healthy eating. Being responsible for their children's growth and wellbeing brought more attention to nutrition, food choices, and healthy eating. Fatherhood also increased the need to research and learn about foods, healthy diet, and cooking. By learning, fathers developed a perspective about the role of diet and food in preventing disease, and a better understanding of the impact of role modelling and family eating on their children's health:

> *It's making me think about* [food]*, 'cause pushing him into doing something healthy, as opposed to just me doing, whatever I feel like, like actually thinking about it.* (Int. 15)

Being a father meant making food-related decisions in the context of a relational, interactive, parental dimension. Before having children, participants could be more casual and less mindful when eating, snacking, and cooking at home, eating out, or shopping for food, while having children required more planning, organisation, and conscious food choice decisions compared to when single or in a couple.

Eating

> *I don't really tell them, about food, but when we're having snacks, I'll eat it too. ... I'm modelling what they eat, and when the children don't want to eat the broccoli, I would say, ... it's important to eat it, because there's vitamins in the broccoli that is not in anything else on your plate ... everything has got different things in them. And to have a healthy body, you need to have that variety of food. So, I'll model it, by eating it, and I am also in charge of what they eat, 'cause I'm preparing it, or in conjunction with* [wife]. (Int. 2)

Having children observing, learning, and copying their actions made fathers more aware of the importance and responsibility of their own example. Conscious of the power of modelling, many fathers reported having improved their diet after having

children, increasing the intake of healthier ingredients (e.g., vegetables), and reducing sweets and processed foods to avoid promoting unhealthy eating to their children.

On the other hand, many fathers lamented that after having children their diet deteriorated in terms of lack of variety and taste. This usually happened to accommodate children's needs, preferences, and demands, especially in the case of young children or fussy eaters. Family meals were described as bland, monotonous, and repetitive, limited to a very narrow range of foods and meals, and not encompassing the use of herbs, salt, or spices.

In one case, a father who struggled with his own fussiness all his life, especially in the social context and with his partner, was aware and concerned about the potential negative influence of his problematic approach to food and eating on his children. For this reason, he was relying on his partner's variety in eating to promote diversity in family meals.

Fatherhood represented a fundamental turning point for all participants. However, several fathers declared that having a baby reinforced and re-focused insights, purposes, attitudes, and trajectories towards healthy eating and lifestyle that they had already developed before fatherhood, rather than prompting a drastic shift in views, approaches, or behaviours. This "refining" of a pre-existing health-oriented approach to food and eating appeared as the peak of a gradual evolution of participants' reflexivity about food and health, and disposition to healthy eating that had matured over the previous stages of their lives:

> *Have dinner at home, with family ... is the moment to turn off mobiles, and have a chat and talk, "How was your day?" ... Connection, family, turn off the TV, family time. ... the family have broken relationship, and the dinner is a good moment ... to engage ... because you don't watch the TV, you have a conversation with your kid.* (Int. 20)

Most fathers were sharing family meals with their wives/partners and children, especially at dinner time and on weekends. Food was often described as a means to "do family" by creating intimacy and connection. Fathers saw eating "as a family" as an opportunity to spend quality time with their children, to engage with each other

over food and a way to consolidate a sense of family. Family meals were also considered an important activity for children's food education.

Cooking and foodwork

> *The dynamics of the cooking have changed, dramatically, and as a result ...* [wife] *bought a slow cooker, from the recommendation of somebody to cook a big meal that you can use over a number of nights, instead of having to cook... 'cause when we were single we were cooking every night! So it was different.* (Int. 6)

Another major change that occurred with fatherhood concerned cooking. Parents were generally eating at home. Time constraints and having children to attend to led parents to shift from cooking every night to regular meal planning, concentrating cooking on weekends, and preparing meals in bulk. Some participants enjoyed cooking with their partners regularly before having children but found it difficult as parents due to the demands of child rearing and family management.

Parents were often preparing one type of meal for the whole family, to simplify and shorten food preparation and avoid food rejection and waste. For these reasons, the slow cooker represented a very popular cooking tool across the sample. The big meals prepared over the weekend, usually by parents together, or in some cases by mothers only, were often frozen to simplify family dinners and to have pre-made meals to bring to work. Preparing a limited number of staple meals, as well as meal/shopping planning were common practice implemented to increase efficiency:

> *When I was growing up, ... my mother would get up, and make my father's breakfast, make his lunch, then he would go to work, and then make his dinner! Whereas, for me, I, almost 100% of the time, make my own breakfast. And make my own lunch. So, ... she* [partner] *would provide me with an evening meal, maybe four, five times a week. Which is great! And I appreciate that a lot. But I just, I sometimes find it interesting that, how things have changed a little bit. Whereas, as I said, my mum would cook and prepare three meals a day for my father, every day. Yeah, so, if you look at that, three meals a day, every day for the week is 21, and for myself I might have four or five. And I'm ok with that. It's just an interesting change of how things work.* (Int. 11)

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In most families, food-related chores were primarily assigned based on work schedules and time availability. Fathers were mostly working full-time while mothers were working part-time or stay-at-home mums, thus more likely in charge of food preparation and feeding the children, especially on weekdays. In this regard, three fathers expressed their appreciation for their partner's hard work with child-rearing, feeding, and cooking, and two of them regretted not being able to contribute more, due to work schedules and commitments.

Regardless of this disparity, all fathers were actively involved in or in charge of food shopping and preparation, cooking for the family, making their own meals, and evaluating labels, prices, and products on sale when shopping for food. Many reported discussing meal planning, preparation, and feeding the children with their wives/partners, and sharing their views about how to feed the family with them. In this regard, some of them recognised a generational shift of gender-based roles in the increased contribution of men to cooking and foodwork compared to their own family of origin and previous generations. Interestingly, one father stressed the difference between his wife as the one who regularly cooks for the family, and himself, the "chef" of the family, reflecting the gender gap identifiable in the professional cooking sector that currently remains male-dominated (Morgan, 2018).

These findings confirmed the persistence of a gender gap in foodwork, where men mostly supported women's foodwork and childcaring, despite their increased participation, food-related confidence and skills, and recognition of the situation. This inequity was mainly rooted in the higher presence of fathers in the workforce compared to mothers, the latter dedicating their time to raising the children at least for the first years of parenthood before returning to work (usually part-time):

> *You need to be organised, you have to have the food, to do the cooking yourself and, you know, I know too, sometimes I say, let's get fish and chips, let's get pizza, because it's like, the kids are hungry, we've both been at work, so we do that. And in some families that happens more. It happens probably more than is useful, or healthy to be.* (Int. 8)

Even when holding the best intentions, many fathers were aware of the challenges of eating healthily and cooking consistently when managing a busy work and family life. Therefore, rather than cooking the meal, they were occasionally consuming and

feeding the family take-away foods and packaged foods, although trying not to overdo it.

In two cases, to avoid cooking, parents had pre-cooked packaged meals delivered home weekly to consume every weekday, ready to heat up when coming home after work. Fathers maintained that these more regimented meal systems allowed them and their partners to regulate an unorganised diet, reduce overeating and lose weight. Despite being more expensive than traditional home-cooking, these meal systems were chosen by families of both high and low SEP, who prioritised convenience over costs.

Many fathers were capable of and willing to cook and showed a practical yet health-oriented approach to cooking. They preferred to prepare simple and light meals, quick and easy to make, but nourishing and tasty, and to use natural, fresh ingredients rather than processed, ready-to-use sauces or condiments.

Many said they enjoyed cooking as well as being creative and experimenting with new recipes and ingredients. Some fathers regretted having abandoned these activities since having children and expressed the intention to go back to cooking more often and more creatively when possible, for example when children started requiring less care growing up. These fathers were keen on going back to cooking more freely and creatively not only to rediscover the enjoyment of cooking itself, but also to bring more variety, healthiness, and flavour to both their personal and family diet.

> *I also really enjoy cooking when I am on holidays, you know, feeling cooking in the evening between work ... sometimes it just feels like a job, and cooking when you are on holidays, it feels like a privilege, you know, an indulgence. Taking the time, preparing, having a half glass of beer.* (Int. 16)

Many fathers found holidays ideal occasions to re-engage with cooking with much less pressure and time constraints, and some highlighted how on holiday the dimension of cooking shifted from being a stressful chore to a very enjoyable and relaxing activity. On the other hand, more time available and less structured schedules on holidays could disrupt family dietary routines, alter mealtimes, and increase unhealthy food choices. However, these changes were not seen as an issue as long as they were temporary and balanced by healthy eating during the rest of the year. Only a few fathers saw holidays as a break from regular food-related activities and occasions to eat out more often. One

father identified holidays as an occasion to discuss possible improvements to family eating and personal lifestyle with his wife:

> *Anytime I've been cooking without* [wife], *I involved him* [son]. *So, I've been doing it for so long, it's just become a habit, because I like it, it's fun, it's a nice way to spend time with him, I think they're useful skills, and a useful gentle role modelling*. (Int. 16)

Involving children in cooking activities was generally easier during weekends and holidays. While some fathers found cooking with children (especially when young) difficult, stressful, and distracting, many others enjoyed it and described it as an important part of their involved and nurturing fathering. Many regarded cooking with children as an opportunity for them to become familiar with and develop a positive approach to food, become educated on healthy eating, improve cooking skills, and become independent later in life. Some fathers considered cooking and shopping together as a way to bond and spend quality time with their children. One single father highlighted a practical benefit of involving his teenage children in meal planning and food preparation to share the load of foodwork.

Feeding the children

> *We started cooking when my daughter was born, we didn't want her to eat garbage, but we couldn't afford to buy the very expensive, all natural stuff. So, we made it ourselves! 'Cause it wasn't hard*. (Int. 18)

According to fathers, feeding the children represented a major influence on family diet and food practices. In some cases, health-oriented parents started cooking regularly when they had children, primarily to be able to feed them simple homemade meals rather than processed food, take-away, or ready-to-eat meals considered unhealthy. Similarly, others started making and growing their own foods, or home-making healthier versions of meals and snacks (e.g., fish and chips, chocolate balls, etc.) to avoid take-away and packaged foods containing high amounts of sugar and artificial ingredients considered harmful for health. Two fathers introduced their children to solids using whole foods (called "real food") rather than mashed or pureed baby foods, to familiarise them with natural, simple food and tastes, new flavours, and consistencies, and to "expand" their palate.

Many fathers stressed the disruptive consequences of high-sugar and high-processed foods on their children's behaviour, which were making them restless and irritable. For this reason, they were checking labels to find products and ingredients with low sugar and additives content to feed them healthily:

> *Sometimes they want pizza, and as a dad, I want them to be happy, and I know pizza makes everyone happy, I'll say, all right let's get pizza! ... but tomorrow we are going to have this this and this', so, I've always raised them knowing that there are certain foods that are just "sometimes food," I'd say, and pizza is a "sometimes food," it's not an "always" food, and they understand that.* (Int. 7)

On the other hand, most fathers applied a flexible, relaxed approach to feeding their children, similar to their own approach to food choices (described in par. 4.2). Overall, fathers showed a less authoritarian and more cautious feeding style compared to their own food upbringing, for example giving children options, explaining to them the reason why healthy eating is important, and worrying for their emotional wellbeing. Some fathers intentionally rejected the strict feeding style applied by their own parents/fathers and chose instead more flexible, democratic, and sensible approaches. They also intentionally refused to provide big portions of food and force their children to "finish their plate," as their parents expected from them, because they perceived it as unhealthy and encouraging overeating. These findings are consistent with the compensatory hypothesis (Guzzo, 2011) described in Section 1.6.1 with regard to food choices:

> *When our daughter goes to parties... I'm not going to say to my daughter when the children are having, enjoying sweets or dessert, "you shouldn't, you can't have it," that's not fair.* (Int. 13)

Although generally encouraging healthy eating, feeding their children healthy meals, and limiting their sugar intake, fathers allowed their children, and themselves, to have unhealthy foods, for example, during birthday parties, celebrations, on weekends, or when spending special time together, as long as it was only occasionally and in moderate portions. In addition, fathers showed awareness of the reality of the surrounding environment, where children are inevitably exposed to unhealthy foods everywhere—at parties, in stores, at school or friends' houses, or through the media—

and surrounded by other children that eat junk and party foods without restrictions. In their view, demonising or forbidding those foods, or scolding the children for eating them, would be counterproductive, potentially compromising their relationship with food, and even setting the basis for developing eating disorders:

> *I wish I've got him* [son] *eating more variety when he was younger, and just eating whatever we ate. ... We didn't have the raw power to see it through ... 'Cause ... if you've got a young child there, they're maybe not even speaking yet, but can really scream, and you feel a lot of love for them, and if they're in pain, you just want to fix it! ... Then you can't just* [tell them], *"it's that* [food/meal] *or nothing." That's pretty tough ... and a lot of parents in my world, can't do that. They're kind of fantasising about doing it, but they can't do it. It's too hard. 'Cause ... you could just go to the fridge and get something they like. But I know some parents who did it, and now they can go to any restaurant, any country, with their kids, and just eat whatever's there! There's no tantrums, there's no, like, "Oh, let's go to another restaurant 'cause they've no kid-friendly food" ...* (Int. 16)

Healthy child feeding was not always easy, especially in the case of fussy/picky eaters. A few fathers reported that feeding required constant effort and negotiation and described family meals and eating out as stressful occasions rather than relaxing family times. Vegetables were the most disliked food among children, and parents were often hiding them in meals to increase their children's intake.

For some fathers, it was very hard to resist their children's food-related tantrums and demands. Some reported struggling to let their children be hungry and upset. Being concerned about the repetitiveness and limited variety in children's diet for their health and growth, some prioritised feeding their children enough with any food, rather than focusing on the level of healthiness of the food provided. In these cases, parents were yielding to children's tantrums, preparing quick alternative meals such as sandwiches or feeding them tinned food, meal replacements (e.g., baby food sachets), or fast foods.

Fathers who fed their children all types of foods since weaning, and who did not surrender to tantrums when the children refused the food prepared, confirmed that this approach successfully made the children accept and enjoy most foods when older. On the other hand, some who applied the opposite approach regretted in retrospect. A

more firm and confident feeding style appeared as the most effective approach in making children open to all foods and new flavours, more compliant to healthy eating, and more accepting when denied sweets and treats.

In a few cases, health-oriented fathers, despite being aware of the risks of unhealthy foods, and being rigorous with their own diet, kept feeding their children unhealthy foods, without apparent concerns, based on the view that treats, sweets, and other junk food represented an inherent part of "being a kid":

> *They can eat chocolate. They can eat rubbish food, it's what kids do*. (Int. 8)

A possible interpretation of this apparent contradiction is that fathers aware of the importance of diet for health were implicitly applying this perspective to justify and absolve themselves for not ensuring the best nutrition for their children and not acting consistently with their values and their idea of good fathering.

Fathers were often observing other parents and their children in different circumstances, such as when shopping for food, at parties, or eating out. They were generally very cautious in expressing their thoughts, finding it inappropriate to judge someone's parenting from singular displays of behaviours and choices:

> *Sometimes ... I see people eating things and I think, "Oh, maybe they shouldn't let their kids eat that," you know? But, I learned through the experience of being a father that, it's extremely difficult to make judgements about other people's parenting. You know? 'Cause it's easy to say, it's easy to think, but it's difficult to really know if you have any basis for making an assessment on somebody else's food choices*. (Int. 4)

Even when they did not approve of those behaviours, the majority expressed first-hand understanding of the difficulties and complexity of parenting and feeding. Conversely, a few others earnestly admitted making judgements and comparisons on other parents' feeding and food parenting or did not care about what other parents would do or think because they know they are doing the best for their children.

Most fathers were confident and happy with their food parenting, with the exception of first-time fathers who were more susceptible to other parents' opinions. In these cases, observing other parents and making comparisons resulted in inexperienced

fathers learning, taking examples and ideas from other parents about cooking, feeding, and parenting, and being reassured about their own food-related parenting decisions.

Ageing and awareness

In fathers' narratives, maturity and ageing were closely connected with the development of mindfulness about the impact of diet on health. In many cases, awareness unfolded over time, to become more apparent, intentional, and translated into actions at a more mature age:

> [Diet] *is definitely something I focus more on now. It's more important now, because you get to that point where you start to question your own immortality, so you sort of go, oh hey I've got three kids, I'm a step-dad of three others, I have to be around for longer, you know, I don't wanna drop dead tomorrow or next year or something like that, so I have to look after my own, so, that's a priority.* (Int. 19)

However, reflections on ageing and weight, where referred to for disease prevention/health promotion, were discussed in the context of fathering. Fathers' desire to be able to be there for their children in the future made them rethink their own health status and longevity from a preventive perspective. For example, weight issues were seen by some fathers as an obstacle preventing them from being actively and properly involved in children's lives and activities, while for others eating healthier meant keeping healthy and fit so as to be able to "keep up" and take care of their children for a long time.

Some fathers revealed that getting older and the consequent body changes focused their attention on the importance of diet for health, increasing their mindfulness and enabling reflections about past and current personal food choices. Most fathers in the sample were middle aged or approaching it, with 65% of them (13) aged between 41 and 53 years—a phase of life where considerations and issues related to ageing and health are likely to become more salient, prompting changes in food choice decisions and patterns.

Maturity, physical ageing, and related health issues, either experienced first-hand or sometimes through others (e.g., own father, colleague), were identified as important

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enablers for reflection on health prevention in relation to diet and a shift towards healthier food choices. Many fathers reported being conscious of the ageing of the body, and the necessity to adjust dietary choices accordingly. Some reported experiencing a change in their own tolerance for unhealthy eating or drinking compared with when they were younger, leading to more moderate food and alcohol consumption. Many fathers were conscious that reaching middle age, with the increase of family and work responsibilities, could lead to unhealthy eating, a substantial decrease of physical activity and gaining weight.

Restrictive dieting and weight loss

Fathers reported having improved their eating mainly for health and wellbeing purposes. In fathers' narratives, weight was not identified as a main theme. Overall, fathers seemed to prioritise health rather than weight management when explaining their own dietary and lifestyle choices and improvements, and referred to weight status or weight-related issues especially in relation to its impact on health and their fathering role:

> *I didn't want to be the fat dad. It's not about how I look, but I didn't want to be the fat dad who couldn't chase his daughter around the park*. (Int. 18)

Participants' fathering role was identified as a central motivation for healthier dietary and lifestyle choices, especially among health-oriented fathers aware of the importance of diet and weight for health. As mentioned, keeping fit and healthy meant for participants fulfilling their roles as active, involved and responsible fathers. Some fathers had tried to or were following specific diets at the time of the interview. The main reasons behind following a diet were to bring more order and balance to their eating habits, increase healthy foods intake, and regulate portion sizes, as well as keep fit and healthy (especially when reaching middle age):

> *The Paleo diet. I love it. I felt good, I felt good, I felt fresh. I felt like there wasn't anything dragging me down. My moods were better*. (Int. 1)

Overall, fathers thought that it was preferable to consume a low amount of carbs for health and wellbeing. Various fathers used popular high-protein diets as reference, such as paleo- and keto-type diets, consistent with the general low-carb/low-sugar

trend described in Chapter 2. Fathers who engaged in regular and/or intense physical activity and were members of sport communities with a strong nutritional mindset and dieting component (e.g., CrossFit, see [*CrossFit - FAQ Nutrition*, n.d.]) followed these types of diets more rigorously. For them, the sport environment represented an important source of nutritional knowledge and dietary influence, such as following the example of advanced sport mates or leading athletes. Some also stressed that burning calories through exercise, although effective in maintaining a healthy weight, could not protect against the less apparent but still detrimental effects of unhealthy eating.

Fathers who transitioned to low-sugar and high-protein diets from diets rich in refined carbohydrate were enthusiastic about the improvements achieved in terms of physical health, wellbeing, mental clarity, and energy levels. Since most fathers were partial to high-protein diets, vegetarianism and especially veganism were not popular across the sample, with only two fathers self-identifying as vegetarian or non-meat eaters. Fathers commenting on veganism/vegetarianism raised concerns about excluding certain types of food groups, reducing variety, and possibly vitamin or nutrient deficiencies (e.g., iron). However, many of them generally did, or were transitioning to, a higher intake of plant-based foods and a reduction of meat consumption. Furthermore, other participants, especially the more environmentally conscious, perceived plant-based meals as a preferable alternative to regular consumption of richer, meat-based meals, because they were more digestible and healthier overall, tasty, as well as more sustainable.

The attitude of some participants towards increasing plant-based meals and reducing meat intake is in line with the nutritional trends illustrated in Chapter 2 based on environmental and ethical awareness among consumers and rising among the male population. In addition, three fathers mentioned practicing or having practiced intermittent fasting in the past, primarily to benefit their body, mind, and energy levels. These systems (e.g., 16:8 and 5:2 diets) consist of eating patterns which include periods of normal eating and fasting, with no particular rules in terms of foods permitted or forbidden. Participants following these dietary systems believed that eating many times a day and eating too much, as people are accustomed to doing, was not natural nor beneficial for human health and wellbeing.

Moreover, two participants in the sample declared using food applications (apps) on their mobile phones to check the ingredient list of products on the market and the nutritional content of foods, or to record meals during the day, measure calorie intake versus expenditure, and help manage portion sizes. Another father was using a pedometer to track his daily steps. He found it useful as an incentive to walk more and meet his goal to improve daily activity. Participants using phone apps and step trackers were usually doing it together with their partners, stating that sharing aims and comparing results incentivised and motivated them to pursue and maintain their goals and the use of the app regularly. One participant stressed that the motivation came from a sort of friendly competition with his wife with whom he compared results at the end of the day.

Gender

Although fathers did not explicitly mention gender as a factor influencing their food-related views and practices, they made some interesting gender-related comments in the context of social eating and feeding the children. When asked if they discussed food with their friends, some fathers stated that they regularly discuss food and healthy eating, diets, recipes, and vegetable gardens with their mates and colleagues. It must be noted that these fathers were usually more into food, cooking, and healthy eating than others, therefore more likely to have friends with similar interests. Some, though interested, recognised that their friends would not be interested in these topics of discussion, while others were not interested in talking about food with their friends beyond discussing what was offered on the menu.

One father recognised a gap between women and men in terms of talking about cooking and food. However, he perceived this difference as much less accentuated among men of his generation, identifying an increase in equality among genders:

> [Among male friends] *we just chat, it's not really like* [talking about food] *with dads, of for guys. ... It's, hey, what do you do? I do this. Ok cool. You know? The dads that want advice specifically about things, and listen to the advice, they go on Facebook. So, when those guys ask for things, I'll talk about it with them, on Facebook*. (Int. 18)

Another father pointed out that usually "guys" do small talk rather than have specific conversations about food, parenting, or feeding, as mothers do. However, he knew a lot of fathers joining groups and chatting online, as he did, specifically to talk about their problems, share experiences and ask for advice or support about their experiences with eating, feeding, and parenting in general.

These fathers also expressed the intention of contributing more to family foodwork in the future. One of them stated that the unequal contribution to foodwork between parents made him wonder about the example he was setting for his adolescent child in terms of respect and equality between genders. In the context of children's eating and feeding, one father believed that girls are more inclined towards and prefer healthy eating than boys:

> *She* [daughter]*'s always been a bit body-dysmorphic, she's always absolutely focused on her look, and, you know, I mean, people can be like that, young girls, young women in particular, I think*. (Int. 8)

A few other fathers considered daughters as being generally more susceptible to insecurities and peer pressure regarding weight control and body image than boys, especially in the case of adolescent girls. Fathers were also aware of the risk of eating disorders, especially for girls, and two of them mentioned that their older daughters were dealing with these kinds of issues.

4.3.4 Fathers' feedback on participating in the study

Three fathers who openly shared some personal food-related concerns and distressing experiences regarding themselves or their children and participated in follow-up interviews reported that telling their stories was beneficial because it prompted positive reflections, discussions with their partners, and/or positive changes in personal and family eating:

> *I know I've got this really, somehow strange but also very individual relationship with food, so actually, speaking about that, it was ... quite helpful and useful, only because, I think, I really haven't done deep, and explored it to any significant extent, and in lots of ways I've probably tried to hide it, and put in place mechanisms out of "I didn't have to go there and talk about it." And*

... I thought about the impact of my food habits on my kids, and I was aware that, I really, I think inevitably in every family, whoever we are as models, we would be providing ideas, and, just giving kids a sense of what we do, and that's what often they take on, so, I have always had that sense of not wanting to impact on them, negatively, and certainly didn't want them to be picky, and stuff. ... So, I have been aware, but I hadn't really unpacked it. And so, chatting, that day, it was, and thinking about it beforehand, then subsequently it has probably been quite helpful, I don't think it necessarily meant that there's much I can imagine doing differently, but, it was useful, to just... And I spoke to quite a lot of other people about... the topic, and... I don't know, it's an interesting phenomenon, isn't, food? It pervades all our lives, in such a major way, and, I work with a lot of people, and food is a big topic of conversation! (Int. 8)

In this excerpt, one father who indicated that he had struggled with his fussiness all his life, especially in the social and family context, reported that the previous interview prompted deeper reflections on his personal approach to food and helped him to open up and talk about food with others. Another father reported that the first interview resulted in further discussion with his partner and reasserted their shared health-focused motivations and directions to family eating which they had consciously decided to apply for their children's sake when they started living together.

These fathers, as many in the sample, showed a reflective approach to their own food choices and family food management which was often shared with their partners. This alignment appeared to strengthen health-oriented approaches to family eating.

4.4 Interviews: Summary analysis

The interviewees' narratives around food and health were consistent and coherent towards a health-oriented approach across the whole sample, SEP, ethnicity, and location. Fathers' health-oriented approach was primarily identified in how they described the connection between diet and health, the value they gave to it, their motivations in pursuing health through diet, and the consequences of unhealthy eating experiences and their food-related choices in personal and family life.

Most fathers showed a mindful approach to food and eating in relation to health, appeared confident in their ideas and visions about food and healthy eating, and expressed a clear vision of what they wanted for their family, children, and themselves in terms of eating and food choices. All fathers were able to cook and regularly contributed to foodwork and other family food activities. Some fathers were making and/or growing their own foods, to eat and provide simple, natural, and unprocessed family meals.

Overall, fathers in this sample showed they were influenced by various recent nutritional trends rising among consumers in industrialised countries based on health and environmental considerations. Fathers were aware of the importance of diet for health for themselves and their children. Several fathers had already moved towards what they saw as healthier and more sustainable diets before having children, reducing or avoiding processed and fast foods, sweets, and soft drinks as well as increasing the intake of plant-based foods and reducing meat consumption. On the other hand, they all changed or improved their own diet after having children, caring greatly about their children's health and growth, and understanding the importance of food parenting and modelling healthy eating to them.

The majority declared that they were happy with their personal food choices, food parenting, and their contribution to family eating overall—both those who described more consistent healthy patterns, and those who described eating unhealthy food and feeding it to their children more regularly. However, many recognised that there was room for improvement, and wished to increase plant-based food or reduce red meat intake in favour of white meat and fish. Others aimed to achieve more control over portion sizes or make more sustainable choices so as to reduce their impact on the environment.

Overall, fathers' health-oriented approaches to food and eating greatly influenced personal and family food-related practices such as cooking, feeding, and food shopping. However, fathers' level of focus on diet and health varied across the sample and their beliefs and intentions were not always consistent with their choices and behaviours. Furthermore, although the views of healthy food and eating were consistent across the sample, the foods or diets they considered healthy were sometimes inconsistent with official guidelines or their own definitions of healthiness.

Most fathers applied a flexible, non-authoritarian approach to personal food choices and feeding style to balance their values and beliefs within the limits of a busy work and family life. In this view, they generally distinguished between everyday and occasional foods, aiming to maintain and promote a healthy diet on a regular basis without sacrificing convenience and indulgence on occasions.

Fathers used food as a means to guarantee both health and happiness for their children as part of a nurturing and caring fathering approach. These motivations led several fathers to use contradicting behaviours—on the one hand valuing and promoting a healthy diet because of its importance to children's health and behavioural outcomes, and on the other hand providing or sharing sweets and junk food to make them happy, to show paternal affection and to create connection.

The more health-oriented and confident fathers had high interest in the topic of research, were informed about nutrition, were very aware of the connection between diet and health, were strongly motivated to maintain healthy eating and a healthy lifestyle, and often acted as mentors for other parents, friends, or acquaintances. They reported behaviours consistent with their views and beliefs both at home and in social situations, were confident about the influence of their education and food parenting on their children's diet, described a well-run health-oriented family food management based on tight organisation and family members being compliant with their approach and directives.

Conversely, some fathers appeared less focused on healthy eating or described less consistent and contradicting food choices and behaviour. For example, fathers with fussy/picky eaters were lenient and less confident in their food parenting, even when very health-oriented, because they worried about their children's health outcomes.

Furthermore, the youngest fathers in the group (aged 28, 32, and 33) showed overall a more casual, less structured, and less mindful approach to food, and their concerns about health and diet were focused on their children rather than themselves. They were less informed about nutrition, showed less self-reflection and awareness about food and health, and prioritised convenience, finances, or appearance over health and prevention.

This different approach of younger fathers compared to their older peers reflects the influence of ageing on health considerations, food choices, and practices (illustrated in Section 4.3.3). Moreover, the sense of responsibility coming with fatherhood might also accentuate health considerations and preventative approaches in older age. Younger fathers' lower SEPs might also explain the generational difference; however, older fathers in lower SEPs appeared fully aligned with the majority in terms of health orientation, views, attitudes, and practices.

Overall, fathers' food-related choices and practices were centred on their children's needs and wellbeing. Fatherhood enhanced the saliency of healthy eating in all fathers and focused fathers' attention on the impact of their food choices on their children, leading them to put their own preferences aside and improve their diet. The fathers with the higher health orientation, nutritional knowledge, and awareness of the impact of diet on health, considered healthy eating as a priority and showed more consistent health-oriented food choices, food parenting, and family food management.

These data confirm that fatherhood represents a key life stage for men's and family health promotion. Furthermore, the findings suggest that the more involved, nurturing, and caring the men's approaches to fathering, the higher the value they attribute to diet for health, and the more likely healthy eating will represent a relevant part of "good fathering." This combination likely leads fathers to act accordingly with both their health orientation and fathering identity, by feeding their children healthy foods and eating healthily themselves to be a good example to them. This would ensure that, on the one hand, their children will be healthy and grow, and on the other hand that fathers' health prevention and fitness will allow them to be there for the children now and in the future.

4.5. A new model of fathers' food choices

The diagram in Figure 4.1 displays the multiple interrelated factors identified in the data influencing fathers' views and practices related to food, eating, and health, including personal, social, and environmental dimensions, from a life course perspective. Fathers' discourses in the food and health context indicated a clear life course narrative (Wethington, 2005). Fathers described their experiences, perspectives, and meanings as unfolding over time, and gradually defined and

transformed across different stages/phases of their life. Life experiences, life stages, and turning points were identified as shaping fathers' meanings and trajectories related to their understanding of food, their approach to eating, as well as their food choices over time.

Fathers described their experiences from upbringing through to family formation, such as family food parenting and practices, leaving the parental home and cohabitation, illness (their own, or that of a child, family member, friend, etc.), and growing older. Fathers' experiences over their life course made their food perspectives, attitudes, motivations, priorities, and awareness develop and evolve, along with the different identities, roles, and responsibilities assumed, ultimately influencing their food-related choices and behaviours, and making them who they are today. Fathers' learning, personal development and adaptation processes were also described by them as intertwined and prompting personal maturation, knowledge, and awareness regarding food, nutrition, and health over their life course. These findings corroborate the model presented in Chapter 1 (Fig. 1.1) with respect to the influence of life stages and experiences on the development and evolution of fathers' food-related values, priorities, motivations, and intentions influencing food choices.
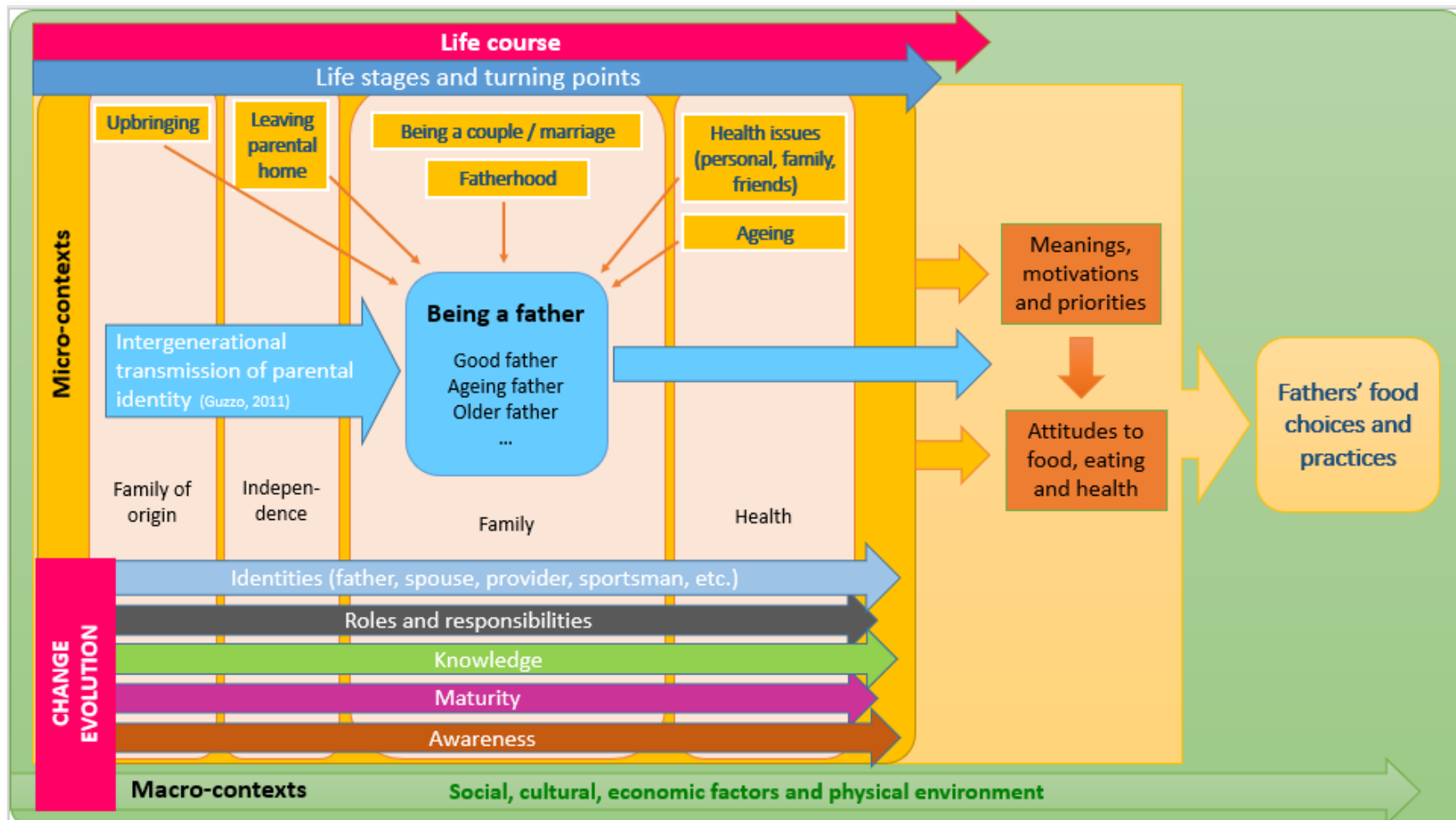
Figure 4.1 Factors influencing fathers' views and practices related to food, eating, and health from a life course perspective, as constructed by fathers

CHAPTER 5: Analysis of focus group data

This chapter presents the analysis of FG data, including FG specific interactions and dynamics. Furthermore, the photos provided by fathers during data collection through PDPE technique are discussed.

5.1 Introduction

Overall, the narratives and themes found in the FGs were consistent with the interview findings (Table 4.1) across age, SEP, and background. Fathers in the FGs expressed their views, attitudes, and approaches to food, eating, and health (sub-theme 1); identified factors influencing their food-related views and behaviours (sub-theme 2); described their personal, family, and social practices related to food and eating (sub-theme 3); and explained their food-related views, attitudes, and practices from a life course perspective (overarching theme).

Even though the themes identified through the analysis of FG discussions and interviews were similar, there were differences in how the narratives of food and fatherhood were constructed and how the themes were represented and emphasised. To reflect this, the FG findings are presented describing: (i) fathers' approaches to food, healthy eating, and the connection between food and health, (ii) fathers' food-related practices, (iii) the influence of upbringing on fathers' eating, food, and parenting, and (iv) the social dimension of food. In the dialogs reported, participants have been assigned pseudonyms.

5.2 Fathers' approaches to food, healthy eating and the connection between food and health

> *Definitely sounds like all of us are speaking like what is healthy, what is nutritious, is acutely important to all of us*. (FG. 4)

Overall, fathers in the FGs were health-oriented in their food choices and parenting practices and believed in the connection between diet and health. In their discourses, most fathers appeared to care about and reflect on nutrition and health and expressed

their ideas about healthy foods and eating especially in the context of feeding the children as a way to ensure their healthy growth and wellbeing.

Fathers considered food mainly as "fuel," and a source of "energy" and nutrition. For them, healthy food included natural, wholesome, and unprocessed foods with a minimal amount of food additives and sugar content. Vegan meals and organic foods were also considered healthy by several fathers in different groups, while packaged foods, fast food, high-salt and high-sugar foods/drinks were seen as harmful for health as well as leading to weight gain, obesity, and health conditions such as diabetes.

Fathers showed a basic understanding of nutritional components (e.g., "salt intake") and basic guidelines for healthy eating (e.g., "food pyramid"), but used nutritional language generally limited to the main nutrients (e.g., "fats," "carbohydrates," "calcium"), food groups (e.g., "vegetables," "red meat"), or lifestyle-related conditions (e.g., "diabetes," "obesity"). On a few occasions only, fathers mentioned more specific medical or nutritional terms, such as "bone density" or "stabiliser."

Echoing the interview findings, fathers generally believed that diet influenced health (e.g., cholesterol levels, bone density), wellbeing, weight, behaviour, growth, and longevity. They stressed the importance of eating healthy foods on a regular basis and unhealthy foods only on occasion, showing a flexible and relaxed attitude to diet and unhealthy foods to maintain the pleasure and fun of eating without stress or guilt. They saw healthy eating as eating in "moderation" in terms of intake of unhealthy foods as well as portion sizes, and "balanced" between healthy and unhealthy foods intake. They also noted that diet needed to be "varied" in terms of different food groups, including plenty of vegetables and fruit, and limited meat consumption.

Many fathers who valued variety were actively exploring new foods and recipes and encouraging their children to do the same. They reported that they had enjoyed the broad contemporary Australian food scenario that they discovered when they left the parental home and/or moved to big cities, and appreciated the multiculturalism and vast variety of foods and cuisines available when shopping at markets or eating out.

> Toby: *Part of the reason we kept the fizzy stuff away was just behaviour too, not just the health. They're monsters, they just turn into absolute monsters when they have too much of that.*

Ernest: *It's both pre and post, isn't it?*

Toby: *They bust you to get to it, and once they get it, they just become hyped up.*

Ernest: *That's it, and then there's a drop. And no matter what any scientific research says, you just, it's when it's in front of you, presented like that, you go, pfff, I can tell you, first-hand.* (FG. 2)

Fathers often mentioned the negative effects of processed sugar on health, weight, energy levels, and cravings, reported having experienced the addictive effects of sugary foods themselves, and witnessed the disruptive consequences of high-sugar food and drink consumption on their children's behaviour.

Many fathers stressed the importance of eating low-sugar and low-carb diets for both health- and weight-related reasons. At the time of the FG, many fathers were already reducing their intake of high-carb foods such as bread, pasta, and sugary foods. For example, one father decided to take control of his diet, reducing sweet food consumption without avoiding it completely to maintain a balanced diet without sacrificing the enjoyment of the occasional treat.

Some fathers also noted the shift of attention from fats to sugar/carbohydrates in nutritional guidelines and public discourses in terms of risk to health, similar to the interviewees. They described how they grew up with the classic food pyramid which had carbohydrates placed at the base and were encouraged, while fats figured at the apex because they were considered unhealthy and to be eaten in small quantities.

Oliver: *We talk about carbs now. Back then it was carbs, the bottom level of the pyramid, the support of it. And now people are sort easing back on carbs a bit. ...*

Rudy: *... there was a lot of press around the Australian cricket team switching from high carb to high, what do they call it? That keto type diet, so high fat kind of diet. ... where I was always taught that fat was bad as a kid, trim it all off. Whereas now it's good for you.* (FG. 5)

They also said that nowadays carbohydrates were questioned while fat intake was encouraged, with low-carb diets (e.g., Ketogenic diet) becoming popular, for example, in sport communities. Although aiming to reduce sugar and carbohydrate intake, fathers generally did not rely on meat-based diets. Some fathers criticised diets such as the CSIRO diet (a higher protein, low GI eating plan scientifically formulated by Australia's national science agency CSIRO [CSIRO Total Wellbeing Diet, 2021]), considering it extreme and with too many rules, a focus on meat, and lack of variety. These views confirmed the interviews findings, in terms of fathers' preferences for a more flexible approach to diet and healthy eating.

Several fathers had already reduced or expressed the intention to reduce their consumption of meat based on concerns related to the effects of food production on the environment and animal welfare. In a few cases, fathers transitioned to plant-based diets because their wives/partners encouraged them to do so. Some fathers also highlighted the importance of balancing unhealthy eating with an active lifestyle. A food or diet was sometimes labelled unhealthy because of its excessive calories rather than poor nutritional content, with exercising able to compensate for it.

Despite their understanding of healthy eating and good intentions, fathers often described their food choices, practices and sometimes even their preferences as not consistent with their own values and motivations. In these cases, fathers were aware of making unhealthy food decisions and expressed disappointment about it:

> Philip: *... I don't like pushing my habits, my eating habits onto my children, because they're the next generation, you want them to live as long as they possibly can, and be smarter than you, hopefully.*

> Edouard: *And you feel like your eating habits aren't as good as they could be?*

> Philip: *Mine could definitely be better, to be honest. The amount of snack foods, bars, muesli bars, fruit bars. They* [people] *might say they're OK, but really, they're not.* (FG. 4)

Similar marked experiences of disappointment were not identified in the interview narratives, possibly because the interviewees showed overall more consistency between health values and actions. For example, FG fathers reported that convenience

was often prioritised over healthiness in family eating, especially when they were particularly busy or tired. Some fathers who enjoyed drinking alcoholic beverages (usually beer) perceived it as negative practice, inducing them to eating unhealthy foods and snack. Additionally, these findings might also suggest a different, deeper level of sharing and self-description among fathers elicited by FG interactions.

This cognitive dissonance between values and actions or preferences was identified especially in the context of feeding and role modelling. Fathers reported often controlling their food choices and sacrificing their preferences primarily to set a good example for their children and overall indicated that fatherhood was the main reason for their dietary improvements. Fathers often associated snacking and drinking alcohol with socialising, entertainment, fun, and excitement, while, accordingly, some referred to healthy eating/drinking as "boring," lame and appropriate for older age.

> Antony: *... a bad thing I had over the years is snacking too much. Used to be that footy, big bowl of chips and stay up and watch the footy, have a beer.* [Now it's a] *smaller bowl of chips and lots of fruit, and it's like a big fruit platter.*
>
> Gordon: *It does take the fun out of it, doesn't it?*
>
> Antony: *Hey* (all laugh).
>
> Gordon: *A fruit platter with a glass of water is the footy* (all laugh).
>
> Hugh: *It's not the same.*
>
> Antony: *Living so hard core. And you see your single mates posting things about getting hammered and stuff.*
>
> Hugh: *So, you're just posting yourself as a Facebook meme, eating fruit* (all laugh). *Crazy night in. That's right. Whoo* (making rock' n' roll salute gesture with both hands), *living the life!*
>
> Antony: *Smash a few pineapples* (all laugh). (FG. 1)

For example, fathers in group #1 considered eating fruit and drinking water when watching a football game as not appropriate in that context, evidencing an implicit association between mindless eating/drinking excessively and having fun, being

"cool", and having no responsibilities. Similarly, in group #2, one father defined his children as "old souls" because they preferred having a milky tea before bed rather than a snack (where milky tea was assumed to be healthier than a snack), and so implicitly associated healthier choices with being older and mature.

Many fathers in the groups mentioned aspects of their own diet, family food management or feeding that they wished or were planning to change, describing their goals, hopes, and plans. For example, some fathers expressed the desire to change their diet in terms of increasing variety, trying new foods more often, becoming vegetarian or buying food locally, as well as reducing portion sizes, alcohol, meat, and carbohydrates intake (e.g., bread, pasta, potatoes, cereal):

> *I'd probably love to try to cut out more meat, more breads and cereals in my diet. I don't have the how yet, I'll get there.* (FG. 3)

In these cases, fathers were motivated to eat healthy food, not only from the desire to improve their health or wellbeing, which was the main focus among the interviewees, but also to tackle weight gain, which was not identified to the same extent among the interviewees. For example, one father realised that his weight was being affected by his eating habits and started considering making changes, prompted by his wife.

5.3 Fathers' food-related practices

Fathers' views, beliefs and health-orientation regarding food and health influenced their food choices, food-related practices, parenting, family eating, and their role in the family food context.

5.3.1 Food shopping

> *The other day my wife ... was looking in the supermarket for powdered, she was like, let's get that instant mash. What the hell's that? What is that? I said to her, what is instant mash? It's just powder. What? I just bought, I literally bought small potatoes and just did it. Because I bought this brand-new blender thing and I want to use it. And it took me no more time.* (FG 1)

Most fathers report being regularly involved in or in charge of food shopping and their purchasing was mainly oriented by health, environmental, and price considerations. They demonstrated attention to and effort in buying the "right" foods and trying to leave unnecessary discretionary foods behind. Fathers described looking at ingredients and additives on labels (e.g., sugar, preservatives) and evaluating their level of processing and freshness to determine the healthiness of the products.

In group #4, fathers discussed and shared useful strategies on how to shop for healthy food without yielding to the temptation of buying unhealthy food. They were aware that the strategic position of unhealthy products on shelfs as well as shopping when hungry can induce impulse buying.

Fathers in this and other groups mentioned the Health Star Rating (HSR) front-of-package interpretive labelling system, a voluntary front-of-pack labelling system launched in 2014, developed by the Australian, state, and territory governments in collaboration with industry, public health, and consumer groups. This system assists consumers in making healthy food decisions by rating the overall level of healthiness of packaged food, from half a star (the least healthy) to 5 stars (the healthiest) (Commonwealth of Australia, 2020; Pulker et al., 2019).

While some fathers relied on it to identify healthier foods, and to make shopping easier and more appealing for their children, the majority were critical and considered it unreliable and biased. This is because often a food they considered unhealthy and rich in sugar, for example breakfast bars, had a reasonably good star rating.

Some fathers noted the large number of unhealthy foods, often containing hidden sugars and other unhealthy ingredients, marketed as 'healthy' in shops. One participant stressed that a product that was marketed as "fat-free" generally meant it was "full of sugar." Interestingly, the Australia & New Zealand Food Standards Code (Food Standards Australia & New Zealand, 2019) does not allow fat-free claims on products with high sugar content, therefore the father's understanding was incorrect, denoting inaccurate information.

Fathers often considered the nutritional information available on labels, on TV, and the internet, as conflicting, untrustworthy, and biased because of underlying commercial interests. One father in group #2 identified "Western" fast and junk

food/drinks as representing an alluring lifestyle, a status marketed and promoted as desirable to increase sales.

Price was identified as an influencing factor on fathers' food choices, alongside healthiness and sustainability. When shopping for food, many fathers reported taking advantage of deals and specials and buying local and seasonal food because it was cheaper. For some fathers, the high price of meat deterred them from regular consumption, as opposed to plant-based and high-carb foods (e.g., vegetables, pasta, rice), considered less expensive.

Some fathers mentioned the high cost of fruit in Australia, as well as the higher price of pre-cut vegetables and pre-made and instant foods (e.g., pre-mashed and instant potatoes) available in the shops, compared to normal vegetables that needed to be cleaned and prepared at home. In these cases, they disapproved of pre-prepared foods, and considered it easy and quick to prepare their own tastier, healthier, and cheaper food at home. Fathers generally preferred consuming local and seasonal foods and limiting meat intake not only because it is less expensive but especially because it is healthier and more sustainable for the environment.

5.3.2 Cooking and gender roles

Foodwork and other related activities were generally shared between parents based on work schedules. Although generally working full-time, fathers were usually involved in cooking and enjoyed it:

> *I would like to cook a bit more, but then I can't find the time. I guess my wife finds the time, so it's hardly an excuse. My wife is not working full-time. But at some point in my life, she'll work full-time. There's just no good reason for it not being 50/50 or some other way. But it is a timing thing. So, she would be working full-time, you'd probably want to cook at night, ahead of time or something like that.* (FG. 3)

Fathers had various degrees of cooking skills, from being expert cooks to just being able to prepare an "edible meal," but all of them said they could cook. Barbecues were a favourite because they are informal, easy to manage, and do not require particular

cooking skills or precision to be successful. Fathers often saw cooking at home and cooking from scratch as a way to provide simple and healthy meals, avoid additives and preservatives in food, and save money as well. However, some of them stressed the appeal of convenience as opposed to the long preparation time required for some dishes, so they were sometimes buying ready-to-eat meals rather than preparing them at home.

Some fathers had the chance to observe their mothers and participate in cooking when they were growing up while others learned how to cook by themselves, after leaving the parental home, through sharing houses, from friends and partners, and driven by personal interest. In these cases, they started familiarising themselves with cooking after an initial period during which they were resorting mainly to cheap packaged and fast foods (e.g., instant noodles), similar to several interviewees.

Some fathers noticed that when growing up cooking was considered a much more formal and serious activity, encompassing precise and rigorous steps. Later, however, it became a much more casual, informal, and creative activity. Various fathers mentioned British chef Jamie Oliver:

> *You mentioned Jamie Oliver there, I remember him cooking, there was no rules. When my mum cooked, it was, follow the recipe, and my grandmother, they followed the recipe. This guy came along, throw some stuff in there, that's right. I love that style of cooking, so I guess I emulated that, the best I could. Didn't go anywhere with it but didn't starve either. It came from a very basic noodles runs out of fun after a while.* (FG 5)

Seeing a young man like Jamie Oliver, often close to their age, cooking with his informal, captivating, fun, and innovative approach made a great impression on them and influenced their cooking practices and learning process. Several fathers said they watched cooking shows but also criticised them, for the unrealistic time required to execute a recipe or for the condescending attitude of the celebrity chefs on the shows, taking away the fun of cooking and sharing food.

Several fathers in the groups were the primary cook in the family, overturning the traditional gender roles. Many reported having distanced themselves from the traditional family roles they witnessed growing up, when their mothers and/or

grandmothers were regularly in charge of cooking while their fathers were unable to cook or limited to overseeing barbecues:

> Antony: *I do all the cooking. I'm usually home before the missus. She's off Wednesdays, so she cooks then, but I do all the cooking, and it's always, everything is home cooked ...*

> Gordon (playfully): *What's happened? We have the majority of the room who cook most of the meals! Man, we're losing. I think women have equality. ...*

> Lance: *I'm probably an outlier in that I don't get time to do the cooking. With my role, I get home too late. If they waited for me to get home to cook it would be the major hungries going on.* (FG. 1)

Some fathers acknowledged and expressed appreciation for the major contributions that the women in their families made towards cooking and childcare. For example, one father in group #4 stressed all the hard work his mother had put in preparing elaborate and delicious meals for the family every day, meals that today would be prepared only for guests or special occasions, and admitted to having taken it for granted at the time.

One father in group #5 stressed that most top chefs are males while all the cooks in his life were women, evidencing the persistent dominance of men in the professional cooking space (Inness, 2001; Meah & Jackson, 2013) as opposed to women in the domestic domain (Cairns et al., 2010; Fenner & Banwell, 2019; Metcalfe et al., 2009). Another father in the same group made a comment about his difficulties with cooking and entertaining at the same time during food preparation. In his view, women could multitask when cooking better than men, suggesting the underlying idea that women are more "natural" cooks (Meah, 2017) than men. Overall, these findings confirm the existing gender-based division of roles in family food activities but also show a shift occurring towards a more equal distribution of food labour and gender awareness.

Fathers mentioned their wives/partners quite often in their discourses. Fathers often described discussing food and feeding the children with their wives/partners and taking joint decisions regarding family eating and food labour distribution, showing a general alignment in terms of views and approaches to food, eating and feeding. Often their

wives/partners greatly influenced fathers' eating and knowledge and contributed to their reflections and awareness, both personally and in the context of fatherhood:

> *And my wife has recently started recognising how much sugary foods were sort of built in, and I don't think just through the culture she grew, not just her home life, but I feel it was very much as at home for me, maybe all of our homes, I don't know, is this idea of it almost being a reward system. The sweet foods are what happens if you've eaten all your dinner, you can have sweet foods. Or you've done something great, have sweet foods. You've studied hard, have sweet foods. ... when my wife brought up this thing of sugary treats being the reward system, ... actually that's affected my whole life. I still do that now as a mode to myself, just to go I deserve a sugary treat now. Might just be chocolates or ice cream or whatever we do after dinner as a regular thing. And recently she's thought, "I don't think I need that." And she's tried to see what happens if she gives up sugary foods. And that's I think what triggered her to think, actually this has been a huge part of my life, the idea of the sugary food is the reward. So, I thought I'm not sure I really want that for our boys*. (FG. 4)

Similarly, when discussing feeding styles and upbringing, fathers shared the challenges of getting their children to eat their meals and to eat healthily and discussed the best way to achieve it. One father mentioned how his wife made him reflect on his tendency to push their children to finish the food in their plate and how this could actually be counterproductive and discourage healthy eating.

Some fathers particularly appreciated and enjoyed it when food was prepared for them (e.g., by wife, friends) and tried to pass on this grateful and respectful approach to their children. Some stressed that seeing how food is made or prepared and participating in the cooking process could make the children see how food is made, enabling them to recognise the time and effort behind meal preparation and not take it for granted. Some fathers who grew up on farms stressed that understanding how food is sourced, for example by taking an animal's life, enabled them to deeply respect and be grateful for the food consumed:

> Raoul: *Even though the food is there, someone made it for you, you need to eat it is a good message as well. It's not a black and white thing.*

Noah: *I remember growing up my grandfather had a farm, and he had guns. And we were allowed to use the guns. He said, whatever you kill, if it's alive, you've got to eat it. It was interesting. I learned then not to kill, but to appreciate that it's a living animal, you know where it comes from. Not ignorant of that and having that appreciation. The farmer grew it, making thanks for the whole, it's not just turned up there, mum's cooked it, thank mum, or if I've cooked it say thank you.*

Daniel: *There's a respect for the ingredients.* (FG. 3)

Many fathers enjoyed involving their children in food preparation and encouraged them to handle food and be autonomous, for example getting them to peel fruit by themselves rather than expect parents to do it. They considered cooking with their children not only as a way to bond and spend fun time with them, but also as an educational activity encouraging healthy eating. This approach was referred to by Jansen and colleagues (2020) as "domestic apprenticeship". More specifically, involving children in cooking was seen as a way to help their children develop a more positive relationship with food, become more open to new foods and increase their future skills and independence, giving them "the right start in life" and a better upbringing and food choices compared to their own childhood:

I think ... that's a great way of getting involvement, and I think we'll try that. Get them all rounded up. Just not expecting it on a plate, as it were. (FG. 2)

From a more practical perspective, one single father in group #2 saw engaging his children in cooking not only as good connecting activity but also as a useful way to make foodwork easier (similarly to one divorced father interviewed). Some fathers wished to increase the family time over meals and involve children in food preparation more often. A few of them even matured and expressed this intention after hearing other participants' stories in the group about the positive outcomes of sharing cooking with their children in terms of connection and educating them about healthy eating and independence.

5.3.3 Feeding the children, modelling and family eating

Fathers said that they were regularly involved in feeding the children. Fathers in the groups discussed the best way to feed the children with the other participants, shared their frustrations and difficulties, or offered ideas and solutions that they found useful in their personal experience. For example, in one group, more experienced fathers spent time giving advice and reassuring the youngest and first-time father regarding child feeding. Feeding the children represented the main fulcrum around which all the family activities revolved, greatly influencing fathers' food choices and family management:

> *At home, we don't have soft drink in the house at all anymore because of the problems we've had very early on with the eldest, we recognised it straight up. But because we live in* [Town]*, a lot of people come down on their holidays and they might stay with us for a few days. So, there is the occasional bring the Coke in, have that for dinner, that sort of thing. Got to the extent of hiding treats that I might like, not my wife, always me, hiding those in the pantry away from other things. Or literally just not having it in the house at all. Because it just becomes… just too much drama. It really is too much drama* (all nodding in approval). (FG. 2)

Fathers were generally trying to feed their children healthily, encouraging them to eat a varied and balanced diet, eat more vegetables, try new foods, and striving to control or minimise their consumption of sweets, snacks, and fast food. They also stressed the importance of meal organisation and management to make it happen, supporting what found by Jansen and colleagues' (2020) in a group of Australian fathers.

For example, many fathers declared they had reduced high-carb family meals, and often avoided buying or hid unhealthy foods at home to control their children's diet and avoid tantrums. Others said they prepared meals in advance or brought healthy snacks when travelling to avoid being pressured by hungry children and forced to resort to unhealthy choices (e.g., fast food).

Most fathers were trying to teach their children the distinction between "everyday" and "sometimes" foods by providing discretionary foods only for special occasions,

such as parties, celebrations, or father–child time. However, some fathers highlighted how linking special and festive experiences with unhealthy foods/drinks could give these foods a positive connotation, enhancing their appeal and encouraging their consumption:

> *I think as a dad, personally and I don't say this with any shame, but it is what's easy, what's convenient and what's fast. And if that does come down to, we all get the guilt trips about feeding them Maccas and all the rest of it, even the other day I was working from home, picked up the eldest from school, came back and I got bullied almost into, mum lets me… so we ended up going through, what was going to be a 60 cent cone to a six nuggets, a lemonade, and fries.* (FG. 2)

Despite their good intentions, fathers recognised the challenges of feeding the children healthily on a regular basis, for various reasons. For example, fathers were concerned about them not eating enough (e.g., fussy eaters), overeating, and having too much unhealthy food. One father in group #1 mentioned that it was easier to fill up and satisfy his hungry and demanding children on a budget with pasta and rice, making children happy and parenting and family activities easier to manage.

Managing a busy work and family life also led many fathers to prioritise convenience on occasion when feeding the children, despite being conscious of it not being ideal for their health. In these cases, fathers expressed a conflict between their intentions and actions and a sense of guilt, suggesting that not feeding the children home-cooked healthy foods meant not fulfilling their duties as good fathers.

Fathers were generally reflective and cautious in their food parenting, applying a moderate and flexible feeding style, trying to limit unhealthy foods without being too strict or focusing exclusively on eating to avoid making food or weight an issue for their children. Most fathers were aware of the importance of diet for health and the impact of their own example on their children's dietary habits and behaviours, and some described how their children observed, learned, and imitated their behaviours and attitudes to food. On this basis, they believed, as fathers, that they were responsible for their children's diet and health outcomes which compelled them to change their own food choices to be a good role model for them. They were also aware of the

limited time they had to control and influence their children's eating habits and preferences before they became more independent with age.

Overall, being a father was identified as the primary influence on fathers' health orientation and the main driver of fathers' dietary change towards healthier food choices. Most fathers in the groups reported being already in the process of improving their diet, especially when in the presence of their children, to be a good role model for them. Fathers clearly considered healthy eating as the right choice for themselves and were making great efforts to reduce or avoid the consumption of unhealthy foods for their children's sake. Some were also in the process of reducing or had already reduced their alcohol intake because they considered unhealthy in excess and a bad example for the children:

> Hugh: [I would like to change] *those sorts of examples, with the kids we'll often have a glass of wine with dinner, or a beer or something. Maybe that's something we need to attend to a bit more, I've been thinking about that lately. That's probably the next stage for us. …*

> Gordon: *My daughter is daddy's beer? Daddy's beer*? (holding an imaginary glass) *And she does cheers with her water. That's nice, girl.*

> Hugh: (laughing) *So that's sort of where I'm at too.*

> Antony: *That's the same as portion control, it's the way they parrot things. So, it's trying not to build that relationship of watch the footy on Friday or Saturday night, have a beer. Trying to hide it from them. Not hide it from them, but wait until they go to bed. … It's more of that awareness, self-control as well. You have a beer, I could do with another one. Nope, kids are up*. (FG. 1)

While discussing modelling and how children imitate their own behaviours, fathers in group #1 stressed the importance of being mindful of their role in building up meaningful associations between certain foods and drinks and certain situations, that may be negative or positive for the children. For example, they considered certain foods and practices representing family traditions and celebrations (e.g., Christmas) as positive, highlighting the cultural significance of food, while considered drinking beer and snacking too much while watching football as negative.

Interestingly, at the same time, Gordon described his daughter saying "cheers" with her glass of water as a positive gesture and encouraged her to do so. Thus, Gordon was unconsciously modelling and promoting the implicit, positive social meanings and connotations associated with alcohol consumption. These data show a complex scenario where unhealthy foods and drinks are simultaneously attached to desirable meanings and undesirable outcomes.

In this context, several fathers expressed a clear discrepancy between their own food preferences and behaviours and what they intended to model for their children. They stated that they enjoyed eating snacks, sweets and other processed foods, or drinking beer, and some expressed disappointment for not being able to have snacks, treats, and alcoholic beverages that they enjoyed, more openly. In this scenario, fathers perceived that fatherhood and family life (e.g., eating altogether) brought limitations in terms of personal food choices and practices, and required more awareness and control.

Furthermore, fathers declared that they sometimes bought treats for themselves and consumed them secretly, away from their children, to avoid modelling bad eating behaviours. For example, one father in group #4 admitted to snacking too much and described his efforts in hiding it and discouraging his children from doing the same:

> *I find we've got this dichotomy between what we eat in the day when the kids are around, and afterwards my wife, she likes chocolate. That's when that sort of bad stuff will come out, when the kids are away. So, we've got this, we eat the same things as them, healthy stuff in the daytime, but when we go for the bad stuff in the evenings. That's what I find we do, and it's not visible in front of the kids. We've got to hide those things from them.* (FG. 4)

These data suggest that fatherhood represents a great motivation for healthy eating by fathers. However, they also suggest that fathers try to convey the appearance of "practising what they preach," and evidence an internal conflict (cognitive dissonance) between personal preferences and priorities and responsibilities related to their paternal identity.

On the one hand, fathers were cognitively aware of the importance of healthy eating and, as fathers, willing to control their dietary behaviours in front of their children. On the other hand, healthy eating was not internalised as a core value in their hierarchy of

personal values, as males and individuals, therefore not supported by a strong motivation and unlikely translated into action in the absence of their children. Fathers' views, values, and preferences for healthy or unhealthy foods as well as their eating habits often stemmed from their childhood and upbringing, as illustrated in the next section.

5.4 The influence of upbringing on fathers' eating, food, and parenting

> *I never grew up with sweet drinks, whether it be cordial or coke and stuff, neither did my wife. So that's not a thing for our kids either.* (FG. 3)

Fathers often mentioned their upbringing and emphasised its influence on their approach to food, personal and family eating, and food parenting. Many fathers stated that the values and behaviours that they observed and learnt in childhood (e.g., family eating, food parenting style) had carried through more or less intentionally in their adult lives. For example, some fathers said that they learned to appreciate healthy, simple foods from their parents' modelling, while others said they cooked recipes for family meals that their mother or grandmother used to prepare when growing up.

Some fathers purposefully carried on eating habits, food choices, and feeding practices from their childhood because they represented fond memories, significant occasions, or rituals that built a sense of family and consolidated the relationship with their own father: One father shared personal photos of the market where his own father used to take him on weekends, cooking the fresh groceries afterwards. He described how this tradition made him understand the value of natural foods and appreciate cooking it and then want to transmit the sense of intimacy, community, and celebration attached to food to his own children.

> *I was thinking about fathers and food, of my dad. My parents divorced when I was young and during the week we'd stay with mum … And on weekends with dad, he'd do the cooking and take us to [Market]. … So, the kids and I go to [Market] every weekend, and they know what the names of different fruit and veg are, which for me is important, but it's also going back home and cook it. … So, they were the two photos that I had. Because it was quite a contrast in*

terms of the importance around food. Mum was still very family orientated, but she didn't have that importance of community that you guys were talking about, where it's part of the day, the celebration. (FG. 5)

On the other hand, many fathers in the groups stated that they purposively branched out from their own upbringing and their father's or parents' example. These fathers did not want their children to repeat their own or their parents' mistakes such as having too much junk food, having a very limited diet or experience with foods, or suffering health consequences from it, therefore made changes both in terms of personal eating and food parenting:

I'm trying to teach them good habits now while I can, because I know with me, I don't want them to turn out how I turned out at a certain point in my life from bad choices, compared to when I was younger ... I got to 18, I'd never had cooked pumpkin because my dad didn't like pumpkin. And I was at my girlfriend's house all the time. Got a roast here, and I had to ask, embarrassed, very embarrassed, what's the orange stuff? And so, I'm like, I don't want my daughter to have to do that. So, we both together tried kohlrabi for the first time a couple of weeks ago. So, she's trying everything with me that I've never tried, at two. So hopefully it's a better head start than what I had, with food. (FG. 1)

Some fathers explained how they had had a very limited and repetitive diet growing up, often consisting predominantly of "meat and three veg" meals and wanted to distance themselves from their own fathers, described as having a more traditional and narrow palate. For example, one father described with regret his limited experience with food when growing up, which had negative consequences for him later in terms of health and relationships. For him, educating his children about healthy eating and introducing them to new foods became an occasion for himself to expand and improve his diet.

Several fathers in the FGs shared the unpleasant memory of their parents forcing them to eat and to sit at the table until their plate was empty. Some of these fathers recalled hiding the food they disliked in order to leave, while others even stated that they still hear their father's or mother's voice when eating, compelling them to finish all their meal. Several fathers stated that they firmly reject this approach in their own food

parenting, and some of them specified allowing their children to leave food on their plate, as long as they were open to trying new foods regularly:

> *When you talk about portion size, a friend of mine a few years ago, he was very much overweight, and he said the one thing that changed his mindset was the fact that, he said I've got myself into this position because of bad eating, but also portion size. He said this thing that resonates in my head is my mum said to me, you finish everything that's on your plate. And no matter what, that's what you do. ... and he said that's where it got me, I can still finish everything on my plate, but I've now reduced my portion size.* (FG. 2)

Many fathers also said that the portions that they were given as children were often too large and considered the imperative of "finish your plate" as compromising the ability to recognise being full, leading to overeating, weight gain, and obesity, again confirming the interview findings. These findings show a clear intergenerational transmission of fathering approaches and behaviours in the context of food (see Section 1.6.1).

Some fathers admitted with some disappointment to enacting old unhealthy habits and behaviours inherited from their upbringing which conflicted with their actual health-oriented views, values, and intentions. Although willing to give a different example to their children, these fathers found such ingrained habits, like overeating or snacking, very difficult to eradicate:

> *Some things, you might want to take out of your own childhood, that's what we did, ... I would not say girls, here's a full bowl of cereal or something like that. ... I used to have a full bowl, ... and I still do it now, a Weetbix, might be rice bubbles or Nutrigrain. Hey, it's a bowl, I'm going to fill it up. ... And brown sugar. Tasteless bloody rice bubbles, I need brown sugar on that. ... I grew up with that, that's what I used to eat. And I still do it now. And it's hard to get out of your habit as a child, and they live with you.* (FG. 4)

The cognitive dissonance between intended and actual food practices experienced by some fathers confirms again the presence of an experienced internal conflict between

motivations (especially related to modelling and good fathering) and personal eating behaviours and patterns (in these cases stemming from their food upbringing).

5.5 Social dimensions of food

[Food] *It's a necessity, but I think it gives you that good excuse of bringing it together. If I said to my kids right, come and sit around the table, they'd sit there, but what the hell's going on here, dad? And be off again. But around the food, you've got to take time to eat, so it gives you that time to have that conversation and work through things. We try and highlight the good things of the day*. (FG. 5)

Fathers often highlighted the significance of the social aspect of food, eating, and cooking on many occasions during the group discussions. In their views, food, eating, and cooking did not simply represent a mere necessity but a social act facilitating and expressing connection, intimacy, conviviality, and celebration. These perceptions were also often connected to and motivated by significant childhood or more recent family experiences. These data support Harris and colleagues' (2020) findings regarding the transgenerational transmission of values for social connection at mealtimes by Australian fathers.

One father, previously married to a Greek woman, stressed with enthusiasm and admiration the customs and celebrations of the Greek culture involving many family members gathering together, cooking and sharing great home-cooked, wholesome foods. This food experience, attached to a sense of family, community, and celebration, expanded his personal appreciation and understanding of diverse foods and represented an important cultural and educative food upbringing for his daughter.

Furthermore, some fathers reflected on the increased importance and centrality of food, eating, and cooking in daily life. For example, one father noted how, today, simply sharing a meal together could represent a special occasion per se, while in the past a specific celebration or festivity was needed to gather over food.

Finally, fathers in group #5 discussed the evolution of home design in the context of cooking and entertaining, stressing the centrality that food assumed in daily life for

themselves and their family. As mentioned earlier, fathers noted how cooking became less formal and much more of a social and creative act compared to past generations, leading to substantial transformations in home design:

> Oliver: *... in terms of the role of the kitchen in our house, we recently renovated, and we basically opened up the kitchen out to the main living area, and the big kitchen bench and stuff is a big part of the room, and that's the way we want it, because we knew it's how we function in our life. And I went up to a relative's house ..., probably built in the '80s, and their kitchen is here, and their formal dining room is over there. And it's kind of like you prepare food in the kitchen, but you don't see it being prepared. And then you have your formal dining, dinner party elsewhere.*
>
> Bruce: *It turns up on the table, and the poor person cooking is stuck in there. ...*
>
> Oliver: *... the poor person's there, if it's not integrated, they're stuck in the kitchen. Not interacting with their guests or family or friends or whatever. That's nuts, that's crazy. Who wants to do that?* (FG. 5)

While in the past the kitchen was limited to workspace and separated from the main living area, fathers recognised that nowadays they are usually integrated, becoming the fulcrum of the home and family life by accommodating eating, cooking, doing family, and socialising (Surmann et al., 2017) at the same time. Fathers stressed how this change enabled whoever prepared the meal to interact with and share conversations with guests and family members rather than cook in isolation while everyone else was formally waiting to eat in the dining room, as was the custom in the past. As most of the fathers in the group were involved in or in charge of cooking in the family, they could relate to this design issue and endorsed the modern changes. They understood what it meant to be the person doing the cooking and appreciated the social and entertainment side of eating and cooking together.

5.6 Interactions and dynamics within focus groups

I've picked up some very good ideas [today]*, I think what you said about that getting everyone involved and me making a conscious effort not to get them involved in making cake, making cookies. Actually, making a meal and getting everyone involved. How many times a week we have that meal that you described there is maybe once, twice. It's one of those "go to" meals, but there's so much more you can do with it*. (FG. 2)

FGs represented a reflective and useful experience for many participants. Group interactions enabled participants to engage and connect with the other fathers in their group and to share and discuss their food-related thoughts, opinions, and daily life experiences with their peers. Fathers had the chance to ask questions, give advice to each other, comment and reflect on other fathers' stories, and take away suggestions and ideas to improve their own practices around food and family eating.

For the most part, fathers in the groups interacted and contributed to the conversation with no dominance of one or more group members, and in most groups, prompts were seldom required. In this regard, group #4 was particularly remarkable, with the participants interacting and asking each other questions on relevant topics, spontaneously, fluently, and on track with the study topic list, over the entire session, with limited need for the facilitator to intervene.

Fathers appeared genuinely interested in the topics discussed and in what the other fathers had to say, were actively listening and referencing other fathers' comments, and were keen to share and compare their views and experiences. The tone of the conversations was generally relaxed, open, respectful, and often jolly, including jokes, banter, and laughter. During group conversations, fathers found many similarities regarding their personal stories and background, and often expressed agreement, mutual understanding, and encouragement.

FG dynamics served to unravel information reflecting the social and interacting nature of knowledge (Nyumba et al., 2018). By building on group dynamics and allowing the researchers to play a more peripheral role, FG discussions elicited data that were less apparent in individual interviews, adding value and richness to the study (Duggleby,

2005; Kitzinger, 1995; Nyumba et al., 2018; Peters, 1993). For example, group dynamics elicited narratives regarding fathers' challenges and discrepancies between health-oriented intentions and unhealthy food preferences and choices, and showed fathers' proactive attitude in seeking information and solutions to issues and challenges related to child feeding through discussion with other fathers.

Group dynamics allowed fathers to share and relate to other fathers' experiences and develop connections with their peers, facilitating the emergence of further meanings and more informal and intimate accounts and representations of food and eating. In addition, the group discussions and dynamics revealed the presence of a marked Australian male pop culture, which was not clearly identified in the individual interviews.

This was evidenced by the frequent use of typical/"blokey" group speak and approach to the discussions, including a laid back, friendly attitude, banter, and expressions (e.g., "Kind of cool," "Man, we're losing"), and slang and nicknames (e.g., "Macca" for Mc Donald's, "Woollies" for Woolworths) commonly used in informal interactions among Australian males. This approach to interaction and discussion allowed participants to feel at ease in an unfamiliar situation with strangers, as well as fit in with their peer group, and possibly to establish connection, recognition, and perhaps authenticity. Furthermore, open discussions about childhood and profound childhood memories occurred in the FGs more frequently than in the interviews, even though food upbringing was identified as very significant in explaining fathers' approach to food as adults in both samples.

5.7 Participant-Driven Photo Elicitation: analysis

Fathers understood that the purpose of sharing photos was to give the researcher insight into their everyday food-related personal and family life and views. The analysis of the photos supported the study's findings and added depth to the analysis.

All the photos provided by the participants were sorted, based on their content/focus, into four categories: (i) focus on food or meals, (ii) focus on child, (iii) focus on nuclear family (parents and children, occasionally grandparents) and (iv) focus on social and other situations (including extended family, friends, places).

Half of the interviewees (10) shared their personal photos, nine selected pre-prepared photos, and one brought coloured hand-made drawings he used to depict the three meals that he ate over the previous day. In the FGs, all participants shared and discussed one or two personal photos and no prepared photos were used. Unlike the interviewees, who had time to show most of their photos, often FG fathers provided the researchers with more photos than they could discuss in the group. However, when providing multiple photos, they often depicted similar contents (e.g., child eating).

The photos shared or chosen by the interviewees predominantly depicted food/meals (nine fathers, 27 photos in total) or focused on children eating, involved in cooking or shopping (eight fathers, 28 photos in total). Three fathers shared seven photos that depicted family eating and three shared seven photos of extended family members and/or friends engaging in food-related social situations. FG participant photos also predominantly focused on food/meals (12 fathers, 26 photos in total). Seven fathers provided photos depicting their children in food-related situations (11 photos in total) while six fathers provided seven photos depicting food-related situations involving family (6) and friends (1).

Most meals in the interviewee's photos were home cooked and healthy, reflecting fathers' narratives and approaches to food and healthy eating illustrated in Chapter 4. Accordingly, photos showed a limited number of packaged food and/or sweets, including treats (for themselves and/or their children) or foods shared with their children during celebrations or other special moments (e.g., birthday cake, father–child time). It is possible that fathers purposively selected or took photos that showed healthy foods for social desirability. According to fathers, many of the photos shared had been taken prior to recruitment (e.g., already stored in their phone) and not taken purposively for the interview.

Most of the photos depicted food/meals (predictably reflecting the broad topic of the study), but also very much focused on children, usually engaged in food-related situations, primarily eating, but also cooking and shopping. The photos of food/meals provided by the interviewees predominantly depicted healthy, homemade food/meals, while the FG photos included pre-packed and fast foods more often, consistent with the overall narratives that were identified in the two samples in terms of health orientation and consistency of food choices.

The predominance of photos focused on children and the nuclear family clearly highlighted the relevance and influence of children and family life in fathers' discourses and experiences related to food, as well as the dominance of their fathering identity in driving food choices and practices. Interestingly, fathers' photos elicited narratives that referred to participants' own childhood and food upbringing, especially in the FG discussions, possibly facilitated by sharing group and peer dynamics. The frequent reference to food-related childhood and upbringing experiences in fathers' discourses highlighted and confirmed the strong connection and influence of personal food upbringing on adult food and parenting choices and practices.

Fathers' photos also evidenced the relational and entertainment aspects of food, both at a family and social level, confirming the positive value and meanings attributed to unhealthy food in terms of both fun/enjoyment, parental affection/intimacy, and togetherness. Photos depicting gatherings and other social situations, involving extended family and friends sharing or sometimes preparing food, were described with fondness and vividness, highlighting the evocative power of food, eating, and cooking together, and their profound meanings related to enjoyment, family, culture, community, special occasions, as well as leisure and free time (e.g., holidays).

Overall, the PDPE technique was successful in making the fathers more comfortable and open to the interviewer and other fathers in the groups, and in eliciting relevant and in-depth narratives and discourses, supporting the methodology applied. Fathers spent time describing their photos, explaining why they chose them, and what they represented for them, as meaningful representations of their food-related experiences. PDPE successfully elicited descriptions, representations and constructions of food, healthy eating, food practices, and the fathering role in the context of food, stimulating accounts of lived experiences, meanings, emotions, and personal impressions. Furthermore, by selecting and describing their personal photos to the researchers and their peers, PDPE enabled direct and active engagement of the participants in the research process. Fathers had the opportunity to share their stories as co-creators of research, reducing the gap between researcher and researched and producing "thick" data (Van Auken et al., 2010).

CHAPTER 6: Summary analysis and proposed theory

This chapter provides a comprehensive analysis of the findings obtained from both interviews and FGs and illustrates the theory of paternal identity and healthy food choices proposed. The FG findings confirmed the themes and categories that were identified from the interviews (Table 4.1) and afforded further in-depth analysis of the phenomena and processes underlying fathers' food-related choices and practices.

6.1 Summary analysis

The analysis of fathers' discourses, subjective views, interpretations and approaches to food, healthy eating, food choices and practices, led to the identification of the meanings, motivations, and values involved in fathers' food choice decisions, constituting fathers' personal food systems (Connors et al., 2001; Sobal & Bisogni, 2009) (illustrated in Section 1.3.2). In participants' narratives, meanings and experiences related to food, eating, and health appeared as evolving, based on contexts and life stages, and family and social roles, interactions, and identities (Berger & Luckmann, 1967).

Fathers' food behaviours and choices were related to the meanings and values (Blumer, 1969) that food and eating had and represented for them, as individuals and family men. Fathers interpreted, negotiated, and managed their everyday food and food choices by weighing up the possibilities, priorities, benefits, and risks of food decisions (Falk et al., 2001; Furst et al., 1996) according to their internalised hierarchy of values (Aarts & Elliot, 2012; Förster et al., 2007) and identities, and making compromises to satisfy conflicting values, motivations, roles, and expectations (e.g., responsibility as a father versus convenience) (Furst et al., 1996). According to fathers' narratives, food-choice values evolved dynamically over time, shaped by life experiences, and drove their food choices and parenting.

Fatherhood and health appeared as interconnected core values in fathers' personal food systems and food decisions. Participants' identities as fathers greatly influenced their food choices, dietary trajectories, and food parenting, with health considerations becoming more important with age and fathering (Bisogni et al., 2012; Sobal et al., 2006). Fatherhood was identified as a major catalyst for participants' own

development and growth into adults (Palkovitz et al., 2001), in terms of knowledge, awareness, and values related to food, nutrition, and health. Fatherhood was central to participants' identities (Palkovitz et al., 2001) and enhanced their focus on dimensions of caring for and nurturing their offspring. Food, food practices, and food parenting represented essential components of participants' identities as involved and responsible fathers, by expressing dimensions of paternal care, affection, and intimacy, as well as responsibility and protection in the context of health and prevention. This approach supports the shift from "fatherhood" to "fathering" compared to previous generations, with food representing a key element in expressing love and "doing family" (Metcalfe et al., 2009; Owen et al., 2010).

In this scenario, participants' upbringing and the experience of being parented/fathered assumed relevance and was reinterpreted from an adult, fathering perspective. The analysis of fathers' narratives and personal food systems revealed a process of intergenerational transmission of paternal identity, food parenting styles and practices which started with the experience of being parented. The intergenerational transmission of fathering identified in both interviewees and FG participants referred to both modelling and compensatory processes (Guzzo, 2011; Habib, 2012). As they became fathers, participants reported reproducing their fathers' models, and what they learned and incorporated from their fathers' approaches (Habib, 2012), or compensated for their own fathers' shortcomings, supporting Guzzo's hypotheses (Guzzo, 2011) (illustrated in Section 1.6.1).

Fathers were conscious of the relevance of healthy eating and food parenting for their children's health and growth, and their important role as fathers in modelling healthy eating. However, participants expressed different levels of health orientation in their daily priorities across the samples and were not always consistent with their health values and intentions in their actual behaviours and practices.

Fathers were challenged in maintaining a healthy diet and cooking every day, for example, because healthy eating was not always convenient or a personal preference. This suggests that, in these cases, fathers' motivations for healthy eating and its saliency were not internalised as a personal priority or as an affective attitude (Lawton et al., 2009; Sela & Shiv, 2009), but rather stemmed from cognitive-based knowledge and evaluation, and fathering responsibilities (e.g., based on their idea of "healthy"

and what they believed they "should do"). As evidence of this, healthy food was in some cases associated with advanced age and boredom, while unhealthy or excessive eating, snacking, and drinking were linked to meanings and social norms related to enjoyment, fun, youth, excitement, freedom, camaraderie, and "recklessness," especially in the context of social gatherings with "mates" (e.g., watching sport on TV) (this point is discussed further in Section 7.4.2). These data confirm a recent notion of food being considered more than bodily sustenance and associated with fun and excitement. This notion is more likely to occur in populations and countries with increasing prosperity and less food insecurity, such as Australia. Furthermore, these data confirm the link between unhealthy eating/drinking and masculine and social norms commonly associated with risk-taking and negative health behaviours (Gordon et al., 2013), and conflicting with family responsibilities.

Fathers provided and shared unhealthy foods to express specialness, love, and intimacy, develop father–child bonding, reward themselves and their children, have fun, and celebrate. Many fathers also considered consuming unhealthy foods to be in the nature of "being a child". These discourses affirm and consolidate the psychological and social value of unhealthy foods that may lead fathers to dismiss health considerations. Interestingly, these two conflicting meanings and attitudes to healthy and unhealthy food/eating both stemmed from the desire to be good fathers.

From a goal activation perspective, whether fathers' health-oriented intentions translated to actual healthy food choices and practices appeared to depend on the saliency that health and healthy eating held in their internalised hierarchy of values. Fathers' internalised health attitudes and personal food systems influenced their responses to impulse versus their ability to self-regulate and facilitated either processes of "accommodation" or "assimilation" of healthy food behaviours (Brandtstädter & Rothermund, 2002) (illustrated in Sections 1.3.3 and 1.9.2).

When healthy values were internalised and salient in fathers' personal food systems and hierarchy of values, these salient healthy values were more likely to be translated into actual healthy food behaviours (assimilation). Conversely, when health attitudes were not internalised but valued on a more cognitive level, fathers responded to conflicting values (e.g., convenience versus healthiness) through accommodation, resulting in compromises and inconsistent and unhealthy food behaviours.

Indeed, the most health-oriented fathers, interested in food, informed about nutrition, and committed to healthy eating, reported higher consistency between their intentions and behaviours, better organisation in terms of healthy family food management, and more partner alignment and children who were compliant with healthy eating than the other fathers. In these cases, they reported having applied their firm health orientation, values, and practices to the family food system (goal pursuit), rather than compromise or adjust to someone else's needs, schedules, or a busy family lifestyle (goal adjustment) (Brandtstädter & Rothermund, 2002). This suggests that high health orientation, that is, high internalised healthy attitudes and motivation, supports high food choice self-regulation (Aarts & Elliot, 2012; Bauer & Reisch, 2019; Förster et al., 2007), healthier and better organised family food management and child feeding, and behaviours more consistent with health values and intentions.

6.2 A new model of fathers' food choices and paternal identity

Figure 6.1 displays the multiple interacting factors and processes influencing fathers' personal views, practices, and choices related to food, eating, and health, confirming and expanding the interview analysis and the new models of food choices previously introduced (Fig. 1.1 and Fig. 4.1). These models have been progressively adapted based on the findings to combine the constructs of identity and goal activation in the context of fatherhood and the life course.

Reading from left to right, the first half of the diagram in Fig. 6.1 shows how fathers constructed and reported their views and practices related to food, eating, and health across different micro-contexts and their life course, similar to Fig. 4.1. In addition, it evidences the processes through which paternal identity and fathers' food parenting may be intergenerationally transmitted. On the right side, the figure illustrates the factors involved in fathers' transitions from values and intentions to actual food choices and behaviours, from a goal activation perspective (Section 1.3.2).

As shown in the diagram, fathers described their life experiences, relationships, roles, and responsibilities across different phases of their lives, from upbringing to fatherhood, as greatly influencing the development of their food-related and health-related meanings, attitudes, beliefs, values, motivations, and priorities, as well as their habits, knowledge, skills, and awareness.

As indicated by the flags on the bottom left of the diagram, over their life course participants' identities evolved and roles and responsibilities changed accordingly. Education and knowledge, maturity, and health consciousness also increased over time, and especially with fatherhood. Education and knowledge are also represented on the right side of the diagram, indicating their influence on fathers' personal food systems and attitudes in a goal activation perspective.

Despite not constituting a main theme or priority in fathers' narratives, this sample presented overall a certain level of capacity and resource (related to their SEP), which also evolved over time (e.g., from a student living in a share house with limited finances, to established professional with a stable income). Thus, its evolution is also represented by the flag "Capacity/resources".
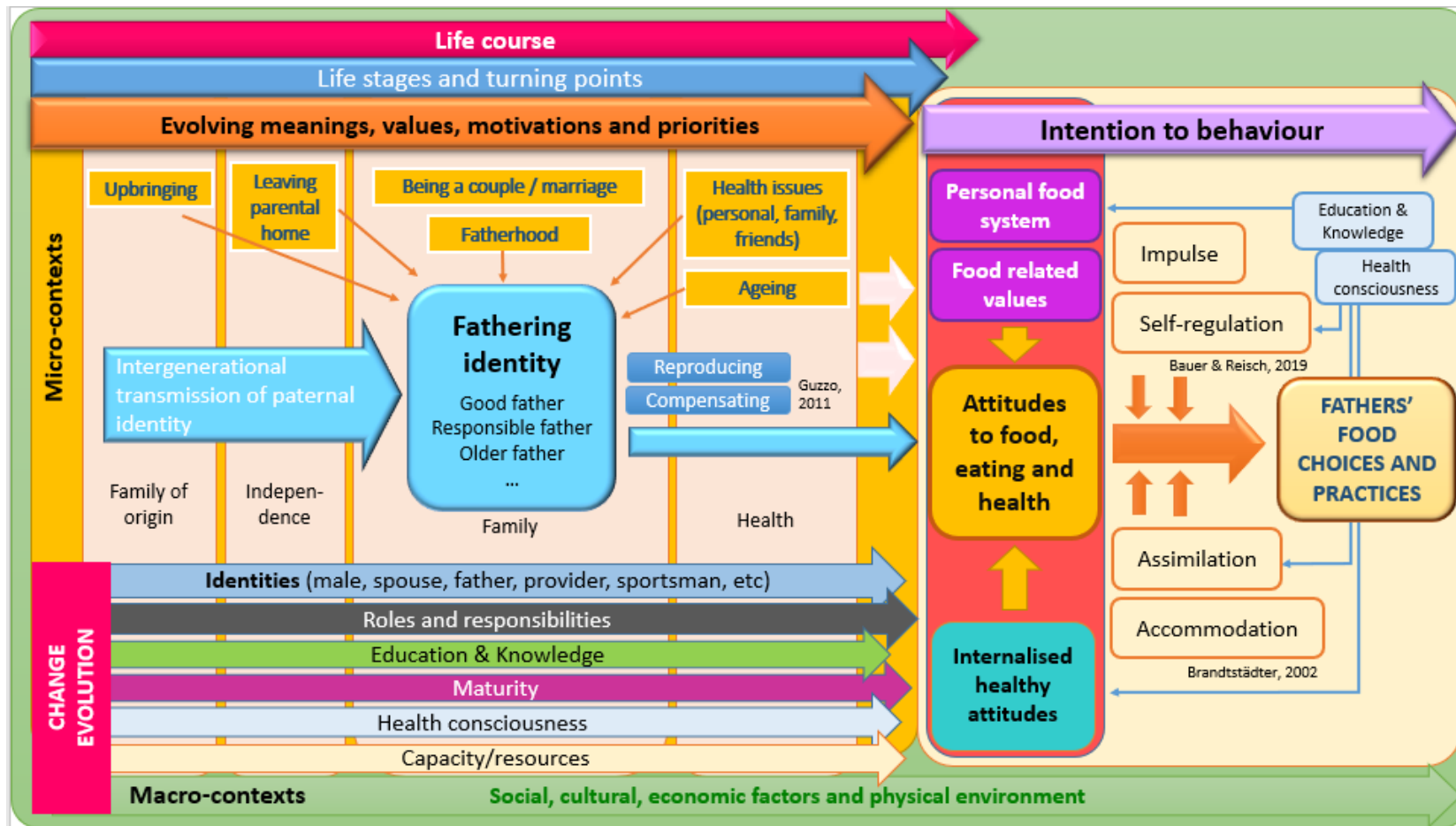
Figure 6.2 Factors influencing fathers' views and practices related to food, eating, and health from a life course and goal activation perspective, as constructed by fathers

6.3 Theory of paternal identity and food choices

A careful synthesis of the data afforded the elaboration of a novel theory of paternal identity and food choices (illustrated in Figure 6.2). This theory draws from the model presented in Fig. 6.1 integrating identity theory with the concept of personal food system and goal activation theory in a life course perspective, to explain how fathers' identities (particularly paternal identity) may interact and influence their values and health orientation and lead to healthier food choices, modelling, and parenting. The theory posits that:

> *The more prominent a man's paternal identity is over his other identities, and the higher the value a father attributes to food in influencing health, the more healthy eating will be salient in his internalised hierarchy of values as a father, and he will act according with his health orientation and fathering identity through healthy food choices, to be a good role model and to stay healthy, to be able to fulfil his fathering roles and responsibilities as long as possible going forward.*

The theory may explain the important role of involved fathering and modelling in men's and children's healthy eating, as well as the dichotomy and internal conflict that emerges between the desire to make children eat healthy and the inconsistent eating and feeding choices in health-oriented fathers. Participants in the study were all men, self-identified as fathers, and actively involved in their children's lives. Participants' identity as fathers constituted a very prominent influence on their personal and family food choices.

The study found that most aspects of fathers' daily lives, including food-related choices, attitudes, and practices, predominantly referred to family management and related responsibilities, and ultimately to participants' self-identification as fathers and their efforts and desire to be good fathers. Fig. 6.2 emphasises in bold the two main elements of the proposed theory of paternal identity and food choices: the prominence of paternal identity, and the internalised relevance of food for health in fathers' hierarchy of identities and values.
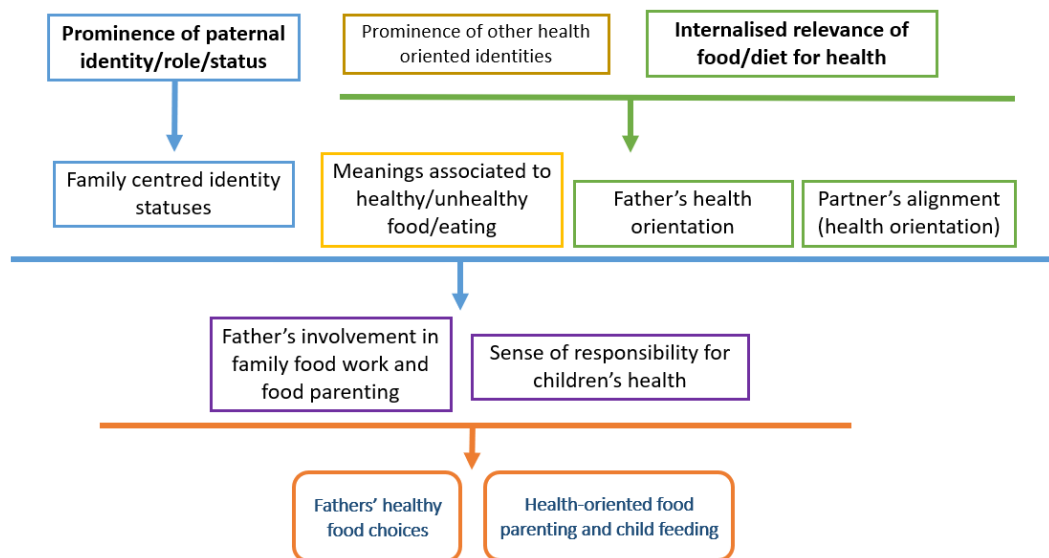
Figure 6.2 Proposed theory of paternal identity and food choices

With regard to paternal identity, previous research has found that the more a man's paternal identity is positioned prominently among his hierarchy of identities as a person (e.g., male, worker, friend, provider), the more a father is focused on family and children (Habib, 2012). Furthermore, the findings confirmed that identity influences food choices (Bisogni et al., 2002; Devine et al., 1998; Devine, Wolfe, et al., 1999) and fathering behaviours (Crabb, 2019; Lee & Lee, 2018; Rane & McBride, 2000) and that family is central to fathers' food choices and consumption experiences (Epp & Price, 2008).

The findings suggested that the higher the value a father attributes to food impacting health, the more he will act according with his health orientation and priorities as a father, in terms of eating healthier himself to be a positive example to his children as well as to stay healthy and able to support them for a long time. From this viewpoint, "being a father" (i.e., paternal identity) appears to represent a powerful source of motivation and influence for both fathers' and families to eat healthy, especially when supported by a strong health orientation, that is, a highly internalised relevance of diet for health.

Other prominent identities related to or independent from paternal identity (e.g., provider/breadwinner, male, friend, activist, sportsman, older father) may support or conflict with the paternal identity, therefore supporting or hindering men's healthy food choices and food parenting. For example, self-identifying as an older father (i.e.,

perception of ageing) prompted participants' reflections about family responsibilities, longevity, and illness prevention, leading to prudent eating and an active lifestyle. Conversely, socialising with male friends, for example watching sports together, may lead to indulging in unhealthy foods/excessive alcohol consumption, because they conform to hegemonic masculinity norms (e.g., conveying meanings of independence and invulnerability) (Campos et al., 2020), emerging from identities not related to being a father (e.g., single males, mates).

By combining the constructs of identity and goal activation in the context of fatherhood and the life course, this novel theory provides a framework explaining fathers' attitudes, motivations, choices, and practices related to food and healthy eating, and highlights processes that may be exploited to improve fathers' health orientation, as well as their personal and family's healthy food choices and behaviours.

CHAPTER 7: Discussion and conclusions

This chapter includes a discussion of the key findings in the context of the literature and prior studies and provides a critical evaluation of their implications. The chapter also presents a discussion on how to help fathers overcome the intention–behaviour gap based on the proposed theory of paternal identity and healthy food choices. Then, the chapter illustrates the original and significant contributions of the thesis, the transferability of the findings, the methodological strengths of the study, and its limitations. Finally, the chapter provides suggestions about how the findings might inform or influence future research, programs, and interventions regarding fathers' and children's healthy eating.

7.1 Introduction

The study investigated views, perspectives and experiences of Australian fathers with children aged 1 to 12 years with regard to food and eating, the link between food and health, and fathers' role in the family food context, to understand what drives fathers' food choices, practices, and food parenting. The overarching question that guided the study was: *What drives fathers' food-related choices, practices, and parenting?*

The study expands on the scarce literature on fathers in the context of food, which to date has focused mainly on parenting styles and feeding practices, and in some cases on fathers' contributions to foodwork. The study investigated in depth topics overlooked by the literature to date, including fathers' personal views, beliefs, and attitudes to food, healthy eating, and personal food choices, and provided novel information about how fathers interpret and construct food and healthy eating in relation to fatherhood, health, and their life course. Furthermore, the study explored the evolution of contemporary fathering in the context of food, and the complexity of meanings and significance that food and eating assume in relation to fathering roles and identities.

In addition, the study investigated the role of fatherhood and the fathering identity in shaping men's food choices, relationship with food and healthy eating, food parenting, and health orientation. Finally, the findings led to formulating a novel theory

explaining fathers' food choices and practices in relation to their fathering identity and their level of understanding and internalisation of the saliency of diet for health.

The findings are discussed with reference to the five research questions seeking to address the overarching research question (see Section 1.11.3) and the main themes identified in fathers' narratives (illustrated in Table 4.1). As such, the chapter includes the discussion of: (i) fathers' views and attitudes to food, healthy eating, and the relationship between food and health (research questions #1 and #2); (ii) fathers' food-related practices and their engagement in the family food context (research question #3); and (iii) fatherhood as the main driver of fathers' food-related choices and parenting (research question #4), from a life course perspective. Furthermore, the findings are also discussed with respect to gender and its influence on fathers' accounts and constructions of food, eating, and their food-related choices and practices (research question #5).

7.2 Fathers' views and attitudes to food/eating and the connection between food and health

The first two research questions addressing the overarching question were: *What are fathers' views and beliefs about food, eating, and their personal food choices?* And *What are fathers' views of healthy/unhealthy eating and the connection between food and health?*

The constructs "food" and "health" were identified as deeply intertwined in fathers' food-related discourses. When discussing food/eating, fathers often categorised and defined food as "healthy" and "unhealthy" and constructed many of their narratives, perceptions, and experiences based on this distinction. Therefore, in this section, the first two research questions are discussed together.

Fathers in the study considered food mainly as fuel, energy, nourishment and sustenance, enjoyment, reward, and togetherness. They considered healthy foods as everyday food, unprocessed, natural, simple, clean, home-grown foods, produced using natural and traditional methods, and healthy diet as colourful, rich in vegetables and fruit, and homemade meals. Accordingly, fathers described unhealthy foods as highly processed foods, packaged, junk, and fast food, especially when rich in sugar

and additives, and understood that unhealthy foods compromised not only human health but also child growth and behaviour, and the environment. Fathers valued wholesomeness, naturalness, genuineness, and freshness in food; variety within and across meals; and balance and moderation, both in terms of ratio of unhealthy food intake and portions. Furthermore, all fathers showed awareness of the consequences of diet on physical and mental health, growth, wellbeing, longevity, and quality of life. These approaches concur with the literature showing that consumers worldwide are increasingly valuing healthy foods and are concerned about food healthiness and ingredients, food producing, processing, and sustainability (Asioli et al., 2017; Carrillo et al., 2011; Grant et al., 2019; Hartmann et al., 2018; Stanton, 2019; Uddin & Gallardo, 2021) (see Section 2.3.2).

7.2.1 Fathers' susceptibility to guidelines and dietary trends

Fathers' views and knowledge about food and nutrition reflected official nutritional guidelines recommending a high intake of vegetables and fruit, a low intake of processed foods and sweet drinks, and a balanced, varied, and moderate diet (World Health Organization, 2021; Stoody et al., 2020; German Nutrition Society, 2017), consistent with the limited findings on Australian, US, Latino and African American fathers (Fenner & Banwell, 2019; Sherman & Smith, 2019; Vollmer, 2018; Zhang et al., 2018). Fathers' conceptions about and attitudes to food and eating also reflected contemporary trends identified among consumers in industrialised countries, including an increased interest and knowledge about nutrition, healthy eating, food production and sustainability, a health-oriented and mindful approach to food and eating, and a higher social value attributed to healthy eating and unprocessed food (Asioli et al., 2017; Casini et al., 2015; Euromonitor International, 2016; Papp-Bata & Szakály, 2020; Yarar & Orth, 2018).

Fathers' susceptibility to dietary information, cooking practices, and trends circulating in their environment may be explained by their increased involvement in foodwork and shopping, along with the increased popularity of nutrition-related discourses, cooking shows, and male chefs in the public and media space. Fathers' more active participation in the family food context may also see fathers become more influential as consumers from a food market perspective.

Health-oriented trends

Supporting previous research on consumers and parents, many fathers in the study reported valuing, aiming to and often practicing prudent (i.e., healthy or health conscious) dietary choices (Lioret et al., 2012), and selecting food products after evaluating the length and healthiness of the ingredients list on labels (Fenner & Banwell, 2019) especially sugar and additives, adhering to the "clean label" dietary trend (Asioli et al., 2017). Fathers often stated to prefer simple, home-cooked meals over ready-to-eat meals because by cooking their own meals they could be aware of and control the ingredients used, as well as reduce processing. This conception of healthiness connected to simplicity, naturalness, and genuineness is in line with the trending re-evaluation of traditional food preparation and production methods, increasingly considered by consumers and science to be of higher quality, more nutritious, healthier, and more sustainable (Mozaffarian, 2017; Rodriguez-Ramirez et al., 2011; Romero-Polvo et al., 2012; Sproesser et al., 2019) compared to versions of the so-called "Western diet" (Pollan, 2010). The marked focus in fathers' discourses on reducing or avoiding refined sugar and carbohydrates, along with a re-evaluation of healthy fats, reflects the shifts that have occurred in the past decade in international guidelines and consumers' attitudes towards these ingredients (Bray & Popkin, 2014; Editor, 2019; O'Dea, 2011; Sproesser et al., 2019), with the reduction of sugar intake considered a priority issue for health promotion and prevention (Rodda et al., 2020) especially based on its association with obesity, diabetes, and other metabolic issues (Bray, 2010; Bray et al., 2004; Bray & Popkin, 2013, 2014).

Meat consumption

Fathers' narratives revealed a diverging trend regarding meat consumption. On the one hand, various fathers, particularly the more active fathers involved in exercise training and sport, considered a protein- and meat-based diet as fundamental for health, sustenance, and performance, while aiming to reduce sugar/carbohydrate intake as much as possible. This position reflects recommendations of mainstream sport nutritional science encouraging high consumption of high-quality protein for muscle-related benefits (Carbone & Pasiakos, 2019; Kreider et al., 2010). Conversely, several other fathers saw reducing meat and increasing intake of plant-based meals as healthier and more sustainable, supporting the rising nutritional awareness of food production

methods and their impact on the environment (Aschemann-Witzel et al., 2020; Derbyshire, 2016; Grunert, 2013; Hayley et al., 2015; Modlinska et al., 2020; van Loo et al., 2020).

Ageing and health attitudes

Fathers' focus on health and commitment to healthy eating in daily practices appeared less marked among the youngest interviewees in the study (late 20s–early 30s) who often prioritised price, convenience, and personal appearance/weight management over personal health and prevention in their daily practices, compared to the majority of older fathers. Older fathers reported that their health awareness, perspectives, and priorities had continuously evolved. It appeared to peak in middle age, leading to more prudent and far-sighted attitudes and choices. These data support the association of healthier dietary patterns with older age, which has been attributed to individuals being generally more concerned about their own health (Casini et al., 2015). Such individuals are more likely to eat healthier and cook at home than younger groups (Lim & van Dam, 2020; Newby & Tucker, 2004; Yarar & Orth, 2018).

On the other hand, some younger fathers were more health-oriented than some older fathers, regardless of their SEP and number of children. Indeed, young fathers' narratives were overall consistent with the themes and trends identified in terms of presence of health considerations in food choices, attention to ingredients, and food production methods, as well as development of health awareness and dietary improvement with fatherhood. These points support marketing research showing that consumers become more health conscious and value healthy eating at an earlier age compared to previous generations (Carrillo et al., 2011; Gustafson, 2017; Smoley, 2020). This highlights fatherhood as a potential key life stage in developing and internalising health-oriented attitudes and priorities in men of a younger age (the influence of fatherhood on men's health orientation is discussed in Section 7.4).

However, a relevant difference identified in some of the youngest interviewees was their consideration of the importance of food for health almost exclusively regarding their children's health rather than their own health. Therefore, these fathers paid more attention to improving their children's diets and disregarded their own, as it was perceived to matter less as adults. This is not surprising considering that health

concerns and considerations about the future become more relevant in older age (Casini et al., 2015; O'Doherty Jensen & Holm, 1999). This finding suggests that fathering may enhance the attention given to food and eating for health at any age.

In Western countries, discourses around healthy ageing and ensuring quality of life and independence in old age through maintaining a healthy lifestyle have been circulating since the 1970s. This is distinct from previous paradigms emphasising the development of illness, disability, and dependency (Dionigi, 2006). The study's findings support these data, showing prevention of health issues as a very strong motivation to make healthier food choices and engage in an active lifestyle among middle-aged fathers. Most fathers considered healthier choices to be important to maintaining current and future personal wellbeing and health and preventing physical decline and the onset of debilitating health issues. This is in line with findings from Fontane's study (1996) on the relationship between physical exercise and ageing well.

Weight management and dieting

Weight management represents a common motivation to dietary changes and dieting (MacInnis, 1993), especially in women (De Souza & Ciclitira, 2005; Khawandanah & Tewfik, 2016; Mete et al., 2019). Fathers' discourses in this study did not reveal evidence of a particularly strong dieting approach to food or a focus on weight. Overall, fathers saw being overweight as an issue in terms of personal health, fitness and quality of life, the child's health, and the ability to fulfill paternal responsibilities and undertake fathering activities (e.g., chase the children at the park). Furthermore, a few fathers mentioned possible peer pressure related to their children's weight, particularly the peer pressure experienced by daughters.

Some fathers mentioned popular diets (e.g., CSIRO, Paleo, Ketogenic, 5:2 diet), and a few of them reported having followed specific diets in the past, and/or used devices and apps to monitor food intake and activity levels. The main motivation for dieting was getting their unorganised and unrestricted diet in order, because they perceived it to be affecting their daily wellbeing and health.

Fathers who mentioned their own or others' weight status, considered maintaining or losing weight as desirable in terms of personal appearance, but less of a priority than health, personal wellbeing, and fatherhood. This confirms previous literature that has

shown that men attribute reasons for their dieting as more "legitimate" and less frivolous or vain than cosmetic reasons (De Souza & Ciclitira, 2005), for example to improve their health, consistent with a more masculine approach to dieting.

Fathers' limited focus on weight issues when discussing food choices and family life may also be explained by their primary focus on their parental role and responsibilities, with less time and energy spent on personal care and preferences (especially in the first years of fatherhood). Second, fathers may not be focused on dieting because of its restrictive nature (Mete et al., 2019). Dieting generally requires steady commitment, sacrifices and self-denial. Research shows that autonomous decision-making is a key masculine value (S. Roberts et al., 2019), and that men and fathers generally prefer flexibility and autonomy in setting their own goals and pace in programs and interventions (Bottorff et al., 2015).

The study data confirm this approach. Fathers in the study preferred to apply a more relaxed and flexible approach rather than a drastic approach (Vollmer, 2018) to food and eating, for example limiting the intake of unhealthy foods without being too strict. Indeed, the few fathers who said they had tried the CSIRO diet in the past found it too extreme, too meat-focused, and difficult in terms of preparation, reflecting fathers' emphasis on variety, balance and simplicity in daily eating and food preparation. Furthermore, a relaxed attitude to food and eating might also in part reflect a social desirability bias in those contexts and interactions where criticising overweight and obesity is not viewed as acceptable or appropriate.

7.2.2 Nutritional knowledge and attitude to sources

Fathers' nutritional knowledge and awareness and their attitude to sources of information were identified as relevant parts of fathers' constructions of and approach to food, their understanding of the relevance of diet for health, and ultimately their food-related choices, practices, and parenting. Overall, the findings showed that fathers' nutritional awareness and knowledge ranged from basic to advanced, suggesting an evolution of attitudes to food and health which were traditionally well defined, gendered, and stereotypically organised in the past (De Souza & Ciclitira, 2005; Kiefer et al., 2005). However, many fathers in this study declared that they were confounded and/or sometimes frustrated by the broad, fragmented, and inconsistent

nutritional information promoted by unofficial and official sources and medical professionals, confirming previous research on consumers, adults, and fathers (Caperchione et al., 2012; Farahmand et al., 2015; Mete et al., 2019). Fathers stated that they relied on the sources and information that they perceived as trustworthy, and the most health motivated, committed and educated interviewees searched for scientific, evidence-based information and read research papers on food and nutrition.

Inaccurate views of healthy food/eating

Despite their interest in food and level of education, fathers presented some inaccurate and oversimplified views of healthy food/eating, facilitating misrepresentations and lowering health consciousness (Jayanti & Burns, 1998; Mai & Hoffmann, 2015). First, nutrition and healthy eating are complex notions, branching off from many disciplines and fields of knowledge. Therefore, the way people understand food and make food choices is necessarily fragmented and based on simplification. Furthermore, mixed, partial, oversimplified, unreliable, and sometimes outdated nutritional information often represented a barrier to understanding the complex components of nutrition and healthy eating to fathers.

This scenario led fathers to distrust nutritional information from unofficial and official sources, and to develop misperceptions of healthy/unhealthy foods, supporting previous studies (Caperchione et al., 2012; Mete et al., 2019; Paquette, 2005). As an example, fathers in the study understood the importance of natural and whole foods and perceived that whole grain foods were healthier (Barrett et al., 2020) than highly refined foods. Therefore, they avoided buying white bread, preferring multigrain or dark breads because they perceived them to be less processed, more natural, and nutritious. However, as the most informed interviewees pointed out, most wholegrain and high-fibre breads considered healthier are in fact highly processed and present similar nutritional value to white breads.

Many products marketed as whole and healthy foods are still far from being whole and natural because they are produced using modern processing methods, and have added artificial ingredients to accelerate production, increase shelf life, and make them look healthy. Some products have added fibre or other bioactive compounds (e.g., vitamins and minerals) (Fardet, 2015) to compensate for what the food processing took away.

This "reductionist nutritional approach" (Fardet, 2015, p. 20) fractionating foods and replacing compounds does not consider the complexity of nutrition and the human body, where the whole is more than the sum of its parts (Fardet, 2015), and that fortified processed foods do not produce the same health, preventive, and synergistic effects as the original, whole, unprocessed foods do (Fardet, 2015).

Despite the fathers in the study being educated, reading labels, questioning the healthiness of the foods and ingredients, and wanting to avoid highly processed foods, on many occasions they appeared susceptible to health claims, making food decisions based on misconceptions, and selecting products thought to be sufficiently healthy, while in fact more processed and less healthy than they thought (e.g., bread, healthy snacks, pizza). These data show the complexity of food choices and the difficulty of selecting healthy foods, even when driven by positive intentions, motivations, and awareness.

As previously mentioned, food companies understand and capitalise on the increasing demand of healthier foods along with convenience, carefully selecting and crafting information in advertisements and on labels (Bruns, 2008; Declercq et al., 2019), and creating processed foods marketed as "health food" (or "Foods with Health Claims" [Ohama et al., 2008]) containing "whole" and "natural" ingredients (e.g., natural additive sources), and implementing marketing strategies highlighting their healthiness and naturalness (Bobba, 2014; Harms & Kellner, 2010; Jolly, 2011).

Furthermore, naturalness, variety, and other criteria that fathers considered aspects of healthy eating (see Chapter 2) are not only complex, multifaced concepts, but also inconsistent and lacking in formal definitions (Embling et al., 2020; Murley & Chambers, 2019). Therefore, even health-oriented consumers with basic nutritional education may overestimate the healthiness of commercial products. In this scenario, education and transparent food labelling and information are key factors in supporting consumers who are trying to navigate complex information and powerful external stimuli that can influence their understanding of food and nutrition and food choices.

7.3 Fathers' food-related practices

The third research question seeking to address the overarching question was: *What are fathers' roles and engagement in the family food context, as construed by fathers?* In this regard, gender appeared as particularly relevant in influencing fathers' involvement in family food-related activities.

With respect to food and family practices, fathers in this study appeared to be positioned in between inherited and persistent traditional gendered attitudes and progressive egalitarian approaches to food and food labour. Furthermore, fathers practiced "the art of the possible" (i.e., achieving what is possible rather than what is desired, often impossible) through balancing and reconciling limitations, competing identities, values, and interests when managing food choices and child feeding, so that acceptable levels of healthiness in eating, child happiness, and quiet living could be maintained at the same time.

7.3.1 An evolving conceptualisation of gendered cooking and foodwork

The study's findings deviate from previous scholars describing men and fathers as lacking in skills and confidence in cooking, leaving food preparation to their wife/partner (Fenner & Banwell, 2019; Tanner et al., 2014), absent and scarcely involved in family foodwork (Tanner et al., 2014; Lora et al., 2017), and acting against wives/partners' efforts to promote family healthy eating (Fielding-Singh, 2017). Conversely, the study corroborates the literature showing that gendered family domestic roles and practices in Western industrialised countries are evolving (Aarseth & Olsen, 2008; Garfield & Isacco, 2012; Kan et al., 2011; Klasson & Ulver, 2015; Mallan, Nothard, et al., 2014; Meah, 2014a, 2014b; Metcalfe et al., 2009; Neuman et al., 2015; Szabo, 2012, 2014; Vollmer et al., 2015). Increasingly more men and fathers are interested in food and healthy eating, value food and cooking, and are (or are willing to be) involved in family foodwork, child feeding, and other family responsibilities (Fenner & Banwell, 2019; Jansen et al., 2020; Lora et al., 2017; Metcalfe et al., 2009; Owen et al., 2010).

All fathers in this study were familiar with food practices, including cooking and food shopping, and participated, more or less equally, in family management and childcare.

All fathers could cook "beyond the survival level" (Neuman et al., 2015, p. 1); many enjoyed it, and several fathers saw eating, cooking, and sometimes gardening as a way to educate and spend quality time with their children. However, many fathers, despite knowing how to cook and regularly helping with cooking and food shopping, reported being less involved in family food labour and child feeding, especially during the week, reflecting more traditional family roles and dynamics.

Most fathers valued having cooking skills and were eager to improve them and learn more, moving away from considering cooking as an emasculating activity, or as "women's business" (Caperchione et al., 2012, p.458; Roos et al., 2001). This could be related to the characteristics of the study sample. However, all fathers valued having cooking skills regardless of their SEP or background. A few fathers reported that they had poor cooking skills, but they affirmed that they were able to prepare a home-cooked meal for themselves and their children, and some expressed regret about not being better cooks. It must be noted that these findings may in part reflect the characteristics of the sample, which included many educated, urban fathers of British descent, with financial capacity, interested in food, and health conscious.

In fathers' discourses, cooking was represented as appealing, attached to meanings of care, family, togetherness, and celebration, and an integral part of fathering. These points suggest that cooking and other food-related domestic investments in the context of fatherhood are increasingly assuming new conceptualisations (Aarseth & Olsen, 2008; Fielding-Singh, 2017; Klasson & Ulver, 2015; Szabo, 2012, 2014), blending traditionally masculine and feminine traits and becoming more legitimised and valued in the masculine space.

At the same time, family men may interpret food and cooking in terms of performance and competition, as masculine domains in which to compete, show off, excel, and dominate (Meah & Jackson, 2013; Swenson, 2009). For example, one father self-defined himself, "the chef in the family," and his wife as "the cook," stressing his superior culinary skills and performances; one father competed with a friend, comparing their vegetable garden and produce; another one described a sort of competing environment in the context of parents' home gatherings, where parents compared and judged the food offered. These data confirm the coexistence of traditional and transitioning approaches to foodwork among fathers.

7.3.2 Hidden gendered divisions in family food labour

Most fathers were from dual income households where foodwork was assigned according to parents' schedules and work commitments. Some acknowledged the advancement in family food management and childcaring in contemporary families, for instance comparing their own active involvement in food practices and cooking skills to their own father's more traditional approach and behaviours. Most fathers in the sample were highly educated men, and research shows that higher education is associated with higher involvement in foodwork and more egalitarian gender ideologies (Beagan et al., 2008; Bergen, 1991).

However, most fathers were the main financial providers in the family. The majority played a role in food labour and childcare as mothers' "helpers" (this supports what found by Habib, 2012, and Sullivan, 2000), while others reported sharing foodwork and caregiving tasks and responsibilities more equitably (again in line with Habib, 2012), for example, in preparing dinner, especially when both parents were working. These data reflect the Australian scenario, with fathers prevalently working full-time and mothers purposively working part-time to be able to continue managing household and childcaring tasks (Fenner & Banwell, 2019; Owen et al., 2010; Tanner et al., 2014).

Fathers did not explicitly or purposely describe the assignment of food-related or childcare labour in gender terms, in the sense that they explained that often the traditional allocation of food and childcare labour in their family was a result of sensible and consensual decisions between partners based on practical and financial reasons (Daminger, 2020; van Hooff, 2011), such as employment circumstances, cost of childcare, personal skills, and preferences (Daminger, 2020; Lamont, 2020; Nyman et al., 2018).

It is true that in Australia women are overall paid less than men for the same work at the same level of appointment (Workplace Gender Equality Agency, 2021a) and that childcare fees are high and increasing (Alexander, 2021; Australian Government, 2021; Carey, 2021). These conditions encourage the male primary carer model and discourage mothers who intend to go back to work to take this step. Furthermore, women hold a primary nurturing role based on their biological function and ability to

give birth and breastfeed (Rilling & Young, 2014), which induces the mother to be the more proximal care provider (Kotila et al., 2013) and temporarily leave work.

However, the allocation of family food labour and childcare labour is still inherently gendered in many countries. For example, in Australia, having children is associated with greater gender division of household labour, with women taking up the majority of family workload (Craig et al., 2010), even when working full-time (Baxter, 2021). Women's part-time work is among the highest rates in the world (OECD, 2021), with mothers often taking leave from full-time employment or exiting the labour force altogether to be the primary carer (Ruppanner, 2017). In the US, fathers in dual-earner families spent half of their available time in routine parenting activities compared to mothers at 3 and 9 months after the birth of their first child (Kotila et al., 2013). Furthermore, in highly educated, dual-earner couples who shared household tasks relatively equally before becoming parents, women's childcare workload increased by 2 hours, compared to 40 minutes for men, after having their first child (Yavorsky et al., 2015).

There was evidence of this in fathers' discourses highlighting that equality has been achieved relative to their parent's generation rather than actual equality in the division of labour (a more nuanced discussion about this matter is to follow). The data reflect implicit, underlying stereotypical gendered assumptions and ideologies (Beagan et al., 2008; Lorber, 2000). While certain ethno-cultural groups may explicitly endorse traditional gendered family roles (e.g., Latinos [DeSouza et al., 2004; Zhang et al., 2018], US, Europeans [Abreu et al., 2000], Punjabi and African Canadians [Beagan et al., 2008]), in many Western societies it is generally uncommon to explicitly attribute the division of food labour and childcaring to gendered reasons (Beagan et al., 2008), likely for social desirability.

Therefore, fathers (but also women and children), may unconsciously downplay the role of gender in shaping household labour and childcare practices (Daminger, 2020), using practical and individualised reasons (e.g., time availability, capability) to rationalise culturally ingrained, gendered assumptions shaping family roles and practices (Beagan et al., 2008). Such "politically correct" rationales may help family members avoid conflict (Beagan et al., 2008), as well as reduce cognitive dissonance when maintaining the status quo while holding egalitarian beliefs (Daminger, 2020).

As another example, one father in the current study considered women as naturally more capable than men in multitasking when cooking. The common preconception that women have natural traits and abilities in cooking and childcare (Meah, 2017) may stem from the default position of women having served the primary role of child bearer and carer for millennia, as well as the consistent involvement and generational transmission of mothering, childcare, housework, and culinary expertise passed down in families and across generations of women (Hofferth & Goldscheider, 2017; Meyers, 1993). In addition, fathers may also perpetuate these beliefs by treating their children differently based on their gender from an early age, for example by offering less pocket money to daughters than sons (Victoria State Government, n.d.) and expecting daughters to perform more unpaid domestic labour (Cain Miller, 2018; Doman, 2018). Indeed, research has shown that Australian and US girls receive less pocket money and spend more time per day performing household tasks than boys (Hofferth & Goldscheider, 2017).

These culturally transmitted domestic experiences foster women's familiarity with and skills in the domestic, caretaking, and emotional domains from an early age (Gemlo et al., 1998; Meyers, 1993), while traditionally men often start becoming familiar with foodwork, acquiring domestic skills and caring for others later in life, for instance after leaving the parental home and with fatherhood, as confirmed by fathers' life stories in the study.

In addition, generally fathers have fewer resources and social support (Meyers, 1993; Phares et al., 2006; Vollmer et al., 2019) to help them overcome their shortcomings in these areas, perpetuating a gendered social system. In Australia, women are automatically the primary contact for the family health service called "Maternal and Child Health Service," which is free and available for all families with children from birth to school age (Victoria State Government, 2020b) and provides education about nutrition to parents. Furthermore, the Australian government offers specific health care and financial benefits to mothers (e.g., the national Medicare scheme). This mother-focused health system sets up this dynamic from the day the child is born (Australian Government, n.d.). Moreover, as mentioned in Section 1.5, the standard paid parental leave for Australian fathers is only two weeks, compared to 18 weeks for mothers (Crabb, 2019; Khadem, 2021). Fathers are also subject to ingrained cultural

imperatives and social expectations as dedicated, "ideal workers" (Craig & Churchill, 2021; Daminger, 2020), conflicting with their family life and fathering role (Craig & Churchill, 2021).

The FGs showed fathers who were self-conscious that their domestic, food, and food parenting skills, were potentially inferior to the mothers'. This disparity (conceptualised by Jansen and colleagues as "acceptable incompetence" [Jansen et al., 2020, p. 51]) may reduce fathers' confidence and discourage them from engaging in those activities (Fenner & Banwell, 2019; Leung & Stanner, 2011) or limit their contribution to ancillary tasks.

For the same reasons, mothers may be reluctant to share domestic and childcare responsibilities with fathers, thus perpetrating the gender divide. More balanced government benefits for families, as well as targeted programs, initiatives and training that engages fathers in more traditional female domains may increase their skills, knowledge, experience, and confidence earlier in their life course, their family life, and parenting process (Meyers, 1993; Vollmer et al., 2019).

Persistent gendered practices and egalitarian values

The changes in men's roles in the family food context may challenge fathers when performing traditional gender roles but purporting to hold egalitarian values at the same time. Fathers in the study who manifested egalitarian views (interviewees) were self-conscious of their contribution to household food labour and childcare (Daminger, 2020), expressed regret about their inferior contribution and appreciation for their wife/partner's hard work and great contribution to the family, and reported making efforts to educate their children about gender equity in their family. Some expressed their intentions and future plans to contribute more—in two cases that meant going back to being stay-at-home dads—in order to enable mothers to go back to work (part- or full-time) and implement a more equal distribution of workload between parents. Overall, fathers' narratives showed the presence of a cognitive dissonance between practices and values related to gender equality, suggesting an advancement in gendered discourses and practices in the direction of more progressive countries (e.g., Sweden) where men's participation in household labour is considered a moral obligation (Neuman et al., 2015, 2017).

These changes add complexity to the role of fathers, who on the one hand are transitioning towards a more nurturing family figure, while on the other hand still incorporating and enacting more traditional gendered roles and views, which may also be shared and perpetrated in family dynamics by mothers and children (Fielding-Singh, 2017). Despite the acknowledgment of the existing gender divide and the willingness expressed by many fathers to be more involved in family life, outdated stereotypes, societal expectations, and work policies that consider fathers to be the main financial providers and mothers to be the primary child carer make it hard to change family customs and practices (Crabb, 2019).

Mothers themselves may reinforce this stereotypical gender gap in the family and represent a barrier to fathers' involvement in family foodwork and childcare by sharing and perpetrating traditional gendered roles and views (Fielding-Singh, 2017). For example, mothers may identify with and enact traditional roles and identities as caregivers and primary food providers, fulfilling their roles as "good mothers," despite the stress and internal conflict these same identities may create (Mehta et al., 2020). Furthermore, mothers' assumptions, attitudes, and concerns regarding fathers' unaccountability, incompetence, or unwillingness to take on foodwork responsibilities or ensure children's healthy eating (Slater et al., 2012; Tanner et al., 2014)) may prevent them from trusting their partners and sharing domestic tasks (Fielding-Singh, 2017). In addition, despite objecting to the domestic gender divide and imbalance on a cognitive level, both mothers and fathers may implicitly perpetuate the status quo through consolidated gendered practices, because acknowledging and opposing gendered inequities could potentially result in disruptions of well-established relationships, dynamics, gendered identities, and marital peace (Daminger, 2020).

To compensate for the lack of equity in their everyday routine, the fathers in this study who worked full-time were involved or took charge of foodwork on weekends and holidays and in social circumstances (e.g., barbecues with friends). This scenario confirms that men predominantly take charge of cooking in social and leisure contexts (e.g., barbecues, holidays) (Cairns et al., 2010; Fenner & Banwell, 2019; Metcalfe et al., 2009) and as an expression of masculine traits (e.g., competition) (Inness, 2001; Meah, 2017; Meah & Jackson, 2013).

On the other hand, the few fathers in the study who worked part-time shared foodwork more equally with their partner on a daily basis, while the others (living alone, stay-at-home, or unable to work due to illness) were fully independent and responsible for meal preparation and childcare. These data disprove the deficit model of fathering that considers fathers as inadequate in the fulfillment of their paternal role, "emotionally challenged," and under-involved in domestic labour (Hawkins & Dollahite, 1997).

In addition, fathers did not consider cooking solely as a hobby (Szabo, 2012) but primarily as a part of everyday family activities and fatherly duties (Neuman et al., 2015), showing that the fathering role may incorporate private and domestic dimensions, beyond the public and social space, and moving away from dominance, excellence, competition, and other expressions of masculinity (Inness, 2001; Meah & Jackson, 2013).

Some fathers who enjoyed cooking stressed the difference between preparing food as an everyday activity, representing a chore and sometimes a burden amplified by childcare, and cooking as a leisure, relaxing, and social activity, to perform, share, and enjoy without stress in their free time. Foodwork may assume different appeal (Bove et al., 2003; Kemmer et al., 1998) and different meanings when interpreted as entertainment, performance, shared experience, family duty, or routine chore (Fielding-Singh, 2017). Food has assumed centrality in people's lives and some of its multiple meanings, values and related domains and applications may appeal to men and fathers and thus facilitate their inclusion in food-related domestic labour.

Conflicting food parenting

Inconsistent food parenting and unhealthy family eating may originate from parents' conflicting approaches, values, social norms, and backgrounds to food and health. As discussed, literature reporting mothers' voices reflects an image of fathers partly hindering or undermining mother's attempts to promote family healthy eating and child feeding (Fielding-Singh, 2017; Lora et al., 2017; Tanner et al., 2014).

It is known that collaborative approaches between parents (and family members, including children) are more successful in motivating and sustaining dietary changes and healthy eating in the family (Vollmer, 2018; Zhen-Duan et al., 2019). Indeed, the fathers in the study who described highly organised, health-oriented family food

management and food parenting were also the ones who reported a closer alignment with their partners, in terms of the value and priority attributed to healthy eating and lifestyle. From a life course perspective, this seemed to happen based on different relationship processes. In one case, both partners were equally heath-oriented and practiced healthy lifestyles before becoming parents, therefore they decided to apply and even increase this shared approach after having children. In other cases, the father was firm and determined to apply his own health-oriented approach to family eating, and the partner complied. More frequently (and predictably), more health-oriented female partners influenced fathers when becoming a couple in valuing healthy eating and eventually aligning with health-oriented child feeding and food parenting approaches.

7.4 The centrality of fatherhood in fathers' food-related choices and parenting

The fourth research question was: *Does being a father (and, in particular, fathering identity) influence men's food choices, practices, and health orientation? And if so, how?*

This section discusses fatherhood and fathering identities as major influences of fathers' food choices and practices and illustrates how caring masculinities enhanced by fatherhood can promote men's health orientation, healthy eating behaviours and healthy food parenting. This section also discusses the challenges that fathers may face in the attempt to conciliate their evolving fathering roles and identities with more traditional, gendered approaches, and expectations.

7.4.1 Caring masculinities that promote health behaviours

In participants' narratives, the fathering roles were constructed as a combination of traditional masculine identities (e.g., financial provider, protector of the family) (Humberd et al., 2015), and understanding, affectionate, and nurturing qualities (Bosoni, 2014; Lee & Lee, 2018; Meah, 2017). This engaged and caring approach to fatherhood (Owen et al., 2010) included sensitivity and caution towards and understanding of psychological aspects of a child's development, reflected in fathers'

approaches to food parenting and child feeding. This approach also enriched and deepened the significance and meaning of food/eating. Family food practices and parenting represented an integral part of how fathers positioned themselves as good fathers (Fielding-Singh, 2017; Metcalfe et al., 2009; Williams, 2008) and family men (Fielding-Singh, 2017; Meah, 2017; Owen et al., 2010; Settersten & Cancel-Tirado, 2010) expressing paternal care and constructing family identity (Jansen et al., 2020).

This evolution of the fathering role, including elements of "feminised masculinities" (Klasson & Ulver, 2015) and "caring masculinities" (Elliott, 2016), may have a positive impact on men's health orientations (Owen et al., 2010). Masculine traits such as virility, domination, and strength have been associated with a variety of social practices and behaviours hindering health (Clatterbaugh, 2018), such as suppressing pain, denying weakness, and hiding vulnerability and emotions (Courtenay, 2000a; Kaufman, 1994; Lee & Lee, 2018).

Conversely, values of caring masculinities move away from domination and relationship inequality (e.g., caregiving responsibilities are gender-independent), value qualities of care (e.g., positive emotions, affectivity, interdependency, and relational quality), and reinterpret traditional masculine values (e.g., responsibility) and identities (e.g., provider, family protector) within a more care-oriented, relational, and interdependent approach (Elliott, 2016). Therefore, involved fathering, paternal caring, and intimacy become a man's strengths rather than his weaknesses, making fatherhood a very favourable stage at which to promote men's and children's health behaviours.

The study's findings support this view and other research showing that fatherhood is assuming new masculine connotations (Lee & Lee, 2018) by introducing and emphasising dimensions of care and affection combined with strength and protection. As discussed, in fathers' narratives, fatherhood and dimensions of paternal care appeared as the predominant drivers of fathers' conduct and choices in the food context. In addition, the other common perceived influences on personal and family food-related choices and practices indicated (i.e., health concerns, time constraints, convenience, ageing—well-known influencers of food choices and healthy eating [Berry et al., 2002; Biloukha & Utermohlen, 2001; Carrillo et al., 2011; Gehrt & Yale, 1993; Gough & Conner, 2006; Grunert, 2013; Jansen et al., 2020; Swoboda &

Morschett, 2001; Turner et al., 2014]), were framed particularly in the context of being a father and were referred to as caring values and fathering responsibilities. While navigating everyday challenges and limitations and practicing the art of possible, fathers recognised particular motivations to improve their personal dietary patterns and family eating for their children's sake, especially in terms of role modelling and healthy ageing.

Personal healthy eating was considered important, especially as a way of modelling healthy eating for the children, supporting previous research showing that middle aged men were primarily motivated to engage in healthy behaviours to be a good role model (Caperchione et al., 2012). In addition, fathers expressed health concerns primarily for their children's health and happiness. When expressing health concerns for themselves, these also primarily referred to their desire and ability to provide for the family and be active, involved, and responsible fathers. Similarly, fathers saw getting older as a potential threat to their health in terms of its potential impact on their fathering role in the future rather than personal self-care concerns per se.

Those who described environmental and ethical considerations as influencing their food decisions did not frame them into dimensions of paternal care (e.g., to leave a better world for the child), but rather as a personal sense of responsibility towards the planet and humankind. These considerations reflecting caring, other-centred values also moved away from traditional masculine approaches, even though they were not related to their paternal identity.

In sum, fathers' narratives show that from a life course perspective, their focus shifted after having children from a more short-term and individual view of their own behaviours and choices, to a more caring, relational, and preventive perspective (Bosoni, 2014). Fatherhood appeared to have increased fathers' awareness of the importance of their own health and healthy ageing and enhanced the perceived value of diet as a way to pursue it.

The shift to more caring and affective approaches still incorporated traditional masculine dimensions, such as competition, based on evolutionary and historical reasons (Kesebir, 2019). For example, as mentioned in par. 6.3, three fathers in the sample showed competitive attitudes in food-related situations where they were involved as a male partner (being "the chef of the family" compared to the wife who

was the cook), as a host (when comparing the food prepared and offered by another host), and as a friend (when comparing vegetable gardens and produce).

Conversely, most fathers preferred not to express judgement of other parents' food parenting. Some said they observed other parents' food shopping and parenting and did not approve of it, but they were not inclined to make comparisons. When they did, this mostly referred to needing to improve confidence in their own food parenting decisions and approaches, as well as learning strategies from more experienced parents (especially first-time fathers).

This non-competitive approach might have in part represented an attitude related to social desirability towards the researchers and others present but was also a reflection of fathers' recognition of the challenges of being a parent. They were well aware of the difficulties, mistakes, and compromises required to manage family life and children. Through their understanding of other parents, fathers clearly expressed awareness of their own limitations and faults as caring fathers, regardless of their attempts to manage family needs and ensure children's health and wellbeing.

7.4.2 New fathering: conflicting values, roles and identities

Besides promoting health behaviours, the transition between traditional and more progressive conceptualisations of fatherhood, fathering roles and identities may also bring new challenges in men, families, and society that may counteract the positive influence of fatherhood on men's food behaviours and parenting.

Provider and family man

Men are usually highly involved in the work domain from a young age and throughout their lives, while, as discussed, aspects of procreation, relationships (e.g., with partner, family of origin, friends), and caring attitudes appear, assume more value, and transform men's identities once they enter fatherhood (Bosoni, 2014). The fathers in the study showed a coexistence of fathering identities as both caring and emotionally involved (the so-called "new fathers" [Bosoni, 2014]) and providers [Dermott, 2008; Doucet, 2006; Miller, 2011]).

The expansion of men's roles in the family context, including multiple roles and related expectations and demands, may cause discrepancies in fathers' identities, values, and behaviours, when attempting to fulfil their duties and responsibilities as both good fathers and good providers (Humberd et al., 2015; Lee & Lee, 2018). Fathers who are both the main provider and invested in their fathering role may experience challenges and limitations in performing their expected duties, as a reliable and committed full-time worker and provider, and as a dedicated father who wants to be fully involved in their children's lives, all at the same time (Humberd et al., 2015), impeding men's ability to fully embrace their fathering identity (Demo, 1992; Markus & Kunda, 1986; Markus & Wurf, 1987; Turner, 1968).

Indeed, as fathers, many participants in the study perceived themselves as compelled to take on more domestic and caring duties while maintaining their role of main financial provider (Fenner & Banwell, 2019). These fathers stated that they were actively participating in foodwork, food shopping, and their children's lives, and wanted to spend time with them and educate them about healthy eating. However, for these fathers being both adequate providers and nurturing fathers was challenging (Humberd et al., 2015; Lee & Lee, 2018).

Fathers in the study who worked long hours could not feed the children during the week. Therefore, in these cases, mothers were in charge of child feeding since the beginning of parenthood, and fathers were aware of not contributing to their children's food education. One father of young fussy eaters regretted not being able to support his partner in their food education before their difficult eating behaviours and narrow palates became too established. He expressed awareness that it was a very challenging job for a parent to do alone. Involved fathers who felt regretful or guilty and who wanted to spend more time with their children often compensated for their absence by implementing contradicting food behaviours, such as yielding to children's tantrums and demands, and using food/eating as a reward or to seek connection, ultimately hindering the family's healthy eating habits. These findings are in line with Harris and colleagues' (2020) presentation of the "guilt feeding cycle".

Similar experiences and dynamics have been found in Canadian middle-income employed mothers who held the primary responsibility for family food provisioning (Slater et al., 2012). These mothers evidenced conflicting identities resulting from their

perceived inability to adequately manage their role as good mothers (e.g., by consistently feeding the family healthily) while also being busy workers.

Fathers' discourses in the present study matched these mothers' in many regards, for example both consider diet important for health, and fruits and vegetables as optimal healthy foods. Both also wants to be a good parent and want the best for their children (e.g., healthy eating) but they also want to please their children. Mothers and fathers both identify with a nurturing parental role; manage family and work as "pragmatic copers" (Slater et al., 2012) by using a variety of strategies and compromises to maximise time and avoid food rejection/waste; feel guilty for relying on convenience food, but also for serving food the children dislike; see food and eating as strengthening family emotional bonds; and, in some cases, being proud of their own good nutritional knowledge. These data illustrate again a convergence of discourses in the context of family eating and provision that seems to transcend more stereotypical gendered differences, when discussed from an invested and caring parental perspective.

This diverged, however, when mothers emphasised how having their own paid employment fulfilled their need to be independent, self-satisfied, and grow, outside motherhood and domestic life (Slater et al., 2012). Fathers did not express similar needs, likely because, as discussed, men hold identities historically and traditionally not bounded to domestic life and childcaring, therefore, they do not usually seek affirmation or independence from it. Rather, involved fathers who were apart from the family for most of the week, expressed the desire to reduce or cease work commitments, and assume a more significant role in family life to fulfil their role and identity as family men and fathers.

Considering this, weekend programs and interventions that include both fathers and their children may particularly appeal to those who want to spend more time with them (e.g., full-time workers, non-residential fathers) and reduce conflict between programs and family time (Vollmer et al., 2019). Furthermore, father–child programs and initiatives that promote healthy ways to share food and food activities with the children may support those fathers who regret their absence and apply inconsistent and unhealthy food parenting to compensate.

Inconsistent food parenting

The findings show that from a fathering perspective food and child feeding may hold multiple meanings, driving contradictory food parenting behaviours. Unhealthy foods may simultaneously be undesirable because they are unhealthy and harmful, and highly desirable because they are emotionally and culturally valued, physiologically rewarding, and create family connection. Fathers understood the importance of healthy eating and most of them wanted to promote it in the family, but at the same time contributed to constructing and consolidating the positive connotation of unhealthy foods, both personally and for their children.

Fathers who shared, provided, or allowed sweets, treats, unhealthy meals, and snacks, framed those foods and occasions as "special," and used them to celebrate, have fun, show affection, and create father–child intimacy and family connection. Some fathers in group #1 discussed children's surprising ability to observe and imitate and the importance of modelling. They explicitly highlighted how children would quickly learn to associate certain special occasions such as celebrations and festivities to certain foods and drinks, thus becoming significant and special for them, and how as parents they should monitor and manage this process, to limit less healthy foods and drinks.

Furthermore, fathers in the study wanted their children to eat healthy, but also eat enough food to guarantee their healthy growth and keep them happy. The desire to make the child happy (or avoid their unhappiness) played a significant role in leading fathers to contradictory food parenting and perceived internal conflicts. Overall, fathers applied a warm and nurturing food parenting and feeding style, but managed it differently depending on their level of health orientation, confidence, experience as fathers, and caution in not harming their children physically or emotionally. When children were, in fathers' perspectives, not sufficiently fed (e.g., picky eaters), the parental primordial fear of compromising their health and growth often led fathers to offer unhealthy and processed foods and meals as better alternatives to "starvation" and unhappiness (Baughcum et al., 1998; Horodynski et al., 2009; Jain et al., 2001; Owen et al., 2010; Peters et al., 2014). Conversely, fathers prioritising healthiness and/or more confident about their food parenting decisions were less concerned about their non-compliant children rejecting food (for example, considering what and how

much they ate over the week, rather than a day). Therefore, they were less likely to bend to tantrums and to provide less healthy meal replacements, raising children who would be open to healthy eating and unfamiliar foods in later years.

The findings also showed that co-existing and conflicting notions of unhealthy foods and eating may lead fathers to experience a cognitive dissonance between values and behaviours related to both personal food choices and feeding practices (Harris et al., 2020). This happened especially in the context of modelling, child feeding, and ageing, and especially for fathers who believed in the importance of diet for health. In this regard, the tendency towards flexible and relaxed food parenting reported by most fathers in the study might represent not only a way to manage the art of possible, but also reconcile contradicting beliefs and practices by positioning themselves on middle ground so as to reduce the internal dissonance experienced.

The findings also suggest that parents may value and try to model healthy eating while also implicitly attributing unattractive connotations to it (e.g., healthy food = not tasty/not fun/boring/being old). At the same time, they may also assign a positive value to unhealthy eating (e.g., junk food = tasty/fun/excitement/freedom/ youth/spontaneity). These parents may eat unhealthy foods more often themselves and be less decisive and effective in child food education, parenting, and modelling on a less explicit level.

Conversely, in those narratives where the father was a committed healthy eater, the wife/partner shared the same values, and when both partners were already health oriented before having children (alignment of belief and action), the attributions unhealthy = fun and healthy = boring/being old were not apparent in their narratives, and the effects of healthy eating on health, growth, wellbeing, ageing, and fitness were highlighted and prioritised. In these cases, paternal identity reinforced family health orientation and was translated in a strong and efficient health-oriented family organisation. It is therefore crucial to enhance the saliency of healthy eating by strengthening the link between diet and personal/child health outcomes and weaken the emotional and cultural association between unhealthy foods and specialness.

7.5 Overcoming the intention–behaviour gap

The common discrepancy between intentions and actual behaviours that hinder healthy food choices may be explained by considering that cognitive intentions alone are necessary but not sufficient to sustain health behaviours (Lawton et al., 2009). As such, knowledge, awareness, and intentions based on reason and cognition need to be supported by internalised healthy attitudes (see Section 1.9.2). The findings confirm that many external and internal influences may represent competing values, conflicting with fathers' health values and motivations, thus inhibiting their internal activation (Förster et al., 2007; Stroebe et al., 2008), and therefore their implementation.

When instinct and emotions (or feelings) about an attitude diverge from cognitive considerations and beliefs, this results in a conflict between components of an attitude (Lawton et al., 2009). This process is called "cognitive-affective inconsistency" (Conner et al., 2020) (or inter-component inconsistency [Maio et al., 2000]). This may happen, for example, when eating unhealthy foods is at the same time *enjoyed* (affective, positive value) but also *believed* to be "bad for health" (cognitive, negative value) (Lawton et al., 2009). This process weakens the predictive power of attitudes on intentions and behaviour (Conner & Sparks, 2002; Conner et al., 2020), and, as shown in the findings, may lead to inconsistent, contradictory food behaviours, and perceived cognitive dissonance and guilt.

Cognitive (instrumental) and affective components of attitudes are both relevant in predicting health behaviours (Ajzen & Timko, 1986; Godin, 1987). However, cognitive health-focused intentions may be overpowered by more instinctual and short-term drives and gratifications (Lawton et al., 2009). Furthermore, affective attitudes may outweigh cognitive-based attitudes in influencing intentions and decisions (Kraft et al., 2005; Trafimow & Sheeran, 1998; Trafimow et al., 2004) and in the performance of health-related behaviours (Lawton et al., 2009). On this basis, the affective, emotional, and relational dimensions of fatherhood may represent valuable leverage when aiming to improve fathers' food behaviours and parenting.

However, as shown in the study, food/eating may elicit a strong "attitudinal ambivalence" (Conner et al., 2020) on many levels, particularly in the context of fatherhood, due to food's multifaced significance. Cognitive-affective ambivalence is

a kind of attitudinal inconsistency which is strongly and positively correlated with cognitive-affective inconsistency, moderate attitude-behaviour relationship, and reinforced attitude strength (Conner et al., 2020). Research has evidenced that the more positive and negative evaluations of an attitude object become intense and similar, the more the attitudinal ambivalence increases (Conner et al., 2020); and the higher the cognitive-affective inconsistency is, the more the attitude–behaviour relationship is weakened (Millar & Tesser, 1989; Sparks et al., 1992).

As discussed, healthy and unhealthy foods and eating situations may be simultaneously attached to positive and negative values and outcomes related to fathering identities and dimensions of care and affection. This ambivalence can produce cognitive–affective inconsistencies in fathers, increasing the gap between their health-oriented attitudes and actual eating and parenting behaviours. In addition, positive values and outcomes of unhealthy food/eating may stem from individual identities and life experiences, for example related to constructions of masculinity, personal upbringing and culture, increasing even further the complexity of fathers' food choices and food parenting behaviours.

In the study, the most health-oriented and committed fathers reported much higher consistency between health-oriented beliefs and lifestyle behaviours, and efficient health-oriented family management, compared to the majority. This suggests that fathers with higher health-orientation (in other words, higher internalised health attitudes/motivation) could better self-regulate impulses and food choices as well as better manage the family food environment and child feeding, consistent with their health values and priorities (Bauer & Reisch, 2019), reducing the cognitive–affective ambivalence thus the intention–behaviour gap.

Furthermore, these fathers reported liking and desiring healthy food, describing personal healthy eating not only as a conscious choice but also as their preference in terms of taste and pleasure outcomes. In other words, overall, their narratives evidenced higher cognitive-affective consistency and less perceived ambivalence towards healthy food choices and parenting. Indeed, as previously mentioned (see Sections 1.3.3 and 1.9.2), stronger (internalised) health attitudes are more readily accessible and guide and influence the individual's perceptions and interpretations of objects, events, situations, and contexts (Fazio, 1986) in ways that facilitate

performing a behaviour and make it persist over time (Ajzen & Fishbein, 1980; Conner et al., 2020).

The study's findings showed that the link between food and health is a temporal, evolving phenomenon, and that food (in terms of likes, dislikes, literacy, experience, choice, health concerns, family protection, and so on) can be an important part of men's "reflexive project of the self" (Giddens, 1991, p. 244) (see Section 1.6) as fathers. As mentioned in Section 1.9.2, sustaining long-term goals such as healthy dietary choices and food parenting requires internalised health motivation and self-regulation, which support goal-congruent behaviours, reduce temptations, and discourage the pursuit of short-term goals (e.g., pleasure, convenience) (Aarts & Elliot, 2012; Bauer & Reisch, 2019; Förster et al., 2007). Becoming healthy is a crucial component of men's reflexive project as fathers might encourage their internalisation of healthy attitudes, higher self-regulation, and healthier family food practices.

The theory of paternal identity and food choices proposed in the study represents a novel approach to food choices in the context of fatherhood and the life course that considers goal activation and internalised attitudes as means to reduce the health-oriented intention–behaviour gap. The theory posits that fatherhood facilitates the development of caring forms of masculinities and nurturing identities that may activate healthy values and behaviours and make them primary (internalised) goals in fathers' hierarchy of values and personal food system.

As discussed in Section 1.10 and shown in the findings, fatherhood is a life-altering experience with strong emotional implications that may develop and increase men's affective values and change fathers' personal food systems, health-orientations, and priorities. Specifically, participants' narratives revealed that fatherhood prompted marked elements of care and intimacy, health concerns and consideration for the future, a reduced attention to individual and short-term priorities and preferences, and a reviving, emotional connection to personal upbringing.

Therefore, the affective values enhanced by contemporary fatherhood related to care, affection, and responsibility identified in the study may be developed and exploited to change fathers' internalised healthy attitudes and food behaviours. From a goal activation perspective, affective values elicited by the desire to be a good father may induce fathers to prioritise (activate) health over other less desirable goals and focus

assets on overcoming barriers to healthy food choices and practices (e.g., short-term goals, impulse, time constraints, lack of knowledge/skills, misconceptions) (Griffith et al., 2016; Yarar & Orth, 2018). In this case, healthy eating would become a salient and activated value, thus perceived as the focal, primary goal, able to inhibit the influence of the less desirable, short-term goals (becoming non-focal, background goals) (Förster et al., 2007). This process, called "goal shielding" (Shah et al., 2002) represents a type of self-control process (Trope & Liberman, 2000) that may support healthy food choice decisions and behaviours in complex situations and contexts in which multiple desired outcomes are available.

7.5.1 Education supporting internalised healthy attitudes

As mentioned in previous chapters, higher education is associated with healthy eating and higher health consciousness. The findings suggest that level of education and food literacy provide cognitive components that are able to support the process of further knowledge and skills acquisition, development of nutritional awareness, and internalisation of healthy values and choices. Also, in turn, internalised healthy attitudes may promote interest and acquisition of new information, knowledge, and skills. It must be stressed that the sample, with a few exceptions, presented a high level of capacity and resources, and that these processes are more likely to occur in the absence of significant financial barriers.

Indeed, fathers in the sample, interested in food, diet, nutrition, and food-related health conditions, reported paying attention to food-related news and programs, researching food topics, and talking with friends, colleagues, and other parents about food-related topics to get information and advice. Among these, the fathers who appeared most health-oriented and educated reported higher critical and reasoning approaches to information sources and higher selectivity in food shopping compared to the rest of the health-oriented fathers. In some cases, they criticised and rejected information from mainstream official sources and professional advice to rely on scientific alternative sources that they found more robust, convincing, and effective for their personal or family health needs.

Higher educational levels also foster gender equity (Jha & Shah, 2020; MDG Monitor 2016) and egalitarian attitudes (Kane, 1995) by challenging the conceptual divide

between genders and promoting the transmission of more egalitarian gender roles across individuals and generations (Goldscheider et al., 2015; Wilson, 2004). For example, research has shown that higher parental education may increase egalitarian attitudes in children once they become adults (Fan & Marini, 2000; Thornton & Young-DeMarco, 2001).

In this regard, several fathers in the study evidenced egalitarian attitudes and considered ways to change the status quo to apply more balance in the foodwork and childcare load between parents, and some reported actively aiming to pass on egalitarian values to their children. The findings suggest that fathers' egalitarian gender role attitudes in the family food context encourage fathers to take charge of food and other domestic and childcare tasks more often. These attitudes may favour the implementation of more balanced family roles, organisation, and dynamics between parents and so promote more sustainable and balanced family management and healthy food choices.

Finally, the few fathers who appeared more confident and informed about nutrition in the sample (especially interviewees) said that they played a mentoring role for friends and other fathers in person or via social network groups. These data evidence that mentoring may represent an accessible and effective resource for fathers to support each other, through sharing dietary information and advice on lifestyle and family practices and promoting healthier eating in this under-supported population. This strategy was effectively implemented in the Australian PICNIC study (Ball et al., 2019), which used peer education as tool to disseminate nutrition and child feeding information to mothers of infants.

In sum, the findings support research that shows that a higher level of education stimulates information acquisition and sharing as well as healthy food preferences and behaviours (Chrysochou & Grunert, 2014; Divine & Lepisto, 2005; Moorman & Matulich, 1993), and is associated with a more organised and structured feeding environment (Khandpur, Charles, Blaine, et al., 2016; Zarnowiecki et al., 2012). Research also evidences the link between education and internalised healthy attitudes by showing that highly educated people are more likely to respond to advertisements on healthy eating choices and less likely to act upon internal states and impulses (e.g., hunger) when shopping for food (Forwood et al., 2015).

As such, the theory of paternal identity and healthy food choices proposes that since fathers with higher nutritional education/literacy may better appreciate the relevance of food for health, they are more likely to internalise and activate the saliency of healthy eating in the context of fatherhood, with positive repercussions on personal and family eating. When a father positions healthy food/eating high-up in his personal hierarchy of values and personal food system, this will more likely inhibit short-term goals (e.g., taste, convenience) and lead fathers to consider healthy eating and feeding as a primary goal in their daily life.

7.6 Contributions of this thesis

This section describes the original contribution of the study to the literature and its theoretical and practical significance, including the transferability of the findings. The methodological strengths of the study are also presented.

First, this thesis makes an original and significant contribution to the literature by exploring in depth personal views about food, eating, and health, and food-related choices and practices in the father population. Fathers are notoriously an understudied and hard-to-reach population, especially in the food, family, and health context. More specifically, this study provides an in-depth understanding of fathers' definitions and constructions of food, healthy eating, and their role in the family food context, and identifies primary factors and processes driving fathers' personal food choices and food parenting practices. Furthermore, this thesis evidences the crucial role of fatherhood in shaping men's attitudes to food and healthy eating, food choices, and food parenting, and increasing fathers' health orientation. In addition, the findings provide evidence of the evolving transformation of the fathering role in the family food context and highlights the relevance and meanings of food in contemporary fathering. This study also contributes to theory development and advancement of existing theories in the areas of food choices and fatherhood, by combining and further developing the concepts of personal food system and goal activation from a life course perspective, to explain father's food choices and parenting.

This knowledge has practical significance in many respects. It may benefit both fathers' and children's diet and health by capitalising on fathering identity processes, help us better understand and reduce the gap between fathers' health-oriented

intentions and actual food choices and parenting, support fathers' positive involvement in the family food context, and ultimately promote family healthy eating.

The proposed model and theory highlight constructs, processes, and dynamics that are worthy of additional focus and investigation in the context of food choices and fathering, such as internalisation of healthy attitudes, identity processes, intergenerational transmission of fathering, cognitive dissonance, affective/cognitive ambivalence, and compensatory hypothesis. Exploring and developing these factors in the future could help to promote healthy attitudes in fathers and families, reduce the gap between intentions and behaviours, and offer new pathways to facilitating internalisation of the relevance of food/diet for health in fathers. In this perspective, the findings and the novel theory proposed may help inform and improve targeted interventions and initiatives that promote health to both fathers and families in different contexts and populations.

7.6.1 Transferability of the findings

The study's findings, based on data collected from a group of Victorian urban fathers, served to identify food choice and parenting processes that may be transferrable to sub-populations of fathers and broader groups presenting similar food-related and parenting experiences, roles, values, dynamics, processes, and identities. Fathers with different personal and cultural characteristics may share similar life situations, turning points and emotional experiences, social roles, resources, challenges and limitations, exposure to cultural ideas, popular trends and discourses, contexts, and environments. These similar experiences may drive their food choices and the use food as an expression of their parenting in similar ways.

Considering this, the findings and the novel theory of paternal identity and healthy food choices proposed in this study can help explore and understand fathers' personal food systems, food decision-making processes and dynamics, and identities, and improve food behaviours in different populations of fathers (e.g., stepfathers, single fathers, non-binary fathers, traditional, transitioning, and progressive fathers); fathers situated in different contexts (e.g., Australian and non-Australian, living in non-urban settings); men who are not yet fathers or are planning to become fathers; and even other groups who may share similar dynamics and processes (e.g., working mothers).

Fathers may share similar knowledge and attitudes, and experience similar motivations, conflicts, and challenges when attempting to balance work and family life to be actively involved in their children's lives. Fathers aware of the importance of diet for health on a cognitive level may provide unhealthy foods more often than they would like due to time constraints or limited capacity and feeling guilty about it. Other fathers might watch football on TV with their children while snacking and drinking because it represents a custom, a happy and fun event, and possibly a father–child bonding occasion perhaps experienced themselves as children with their own fathers. However, this tradition, seen as positive, would also unintentionally model unhealthy eating/drinking behaviours and consolidate the positive social and emotional values of unhealthy food and drinks.

Furthermore, the study's findings contributed to a better understanding of food-related meanings, values and approaches originating from non-fathering identities that intertwine and may clash with men's fathering roles and identities. For example, fathers may hold values underlying their food behaviours that originate from their gendered identities (e.g., related to masculine traits and values as a man, regardless of their status as a father). In addition, the findings of this study may help us to understand and improve intrapersonal, interpersonal, and social processes and dynamics underlying health-risk behaviours connected to masculine traits unrelated to food, such as excessive alcohol intake or smoking. In these areas, fathering identities and priorities might be enhanced and used to increase responsible behaviour and reduce health-risk behaviours.

Finally, having children is a powerful life experience with strong biological, psychological, and social implications for both parents' mindset, decision-making processes and behaviours – well beyond gender constructs. Therefore, some elements, processes, and dynamics highlighted in this study may be relevant for mothers as well, and thus might be exploited to support both fathers' and mothers' healthy food decisions and practices.

It must be stressed that the study participants were all financially stable and able to access resources sufficient to procure the basic necessities and enabling them to make choices otherwise not available to fathers and families living in poverty, and who lacked basic resources and education. For example, fathers who are unemployed,

living on low incomes, Aboriginal and Torres Strait Islander fathers, culturally and linguistically diverse fathers, and fathers who are socially isolated and living in remote areas are more susceptible to food insecurity (Rosier, 2011)—a condition which dramatically reduces access to nutritious foods, food options, and choices, as well as knowledge, awareness, and motivation to eat healthy and feed children healthy foods (Rosier, 2011). In these cases, the processes related to paternal identity identified in the present study might be transferable only if appropriately contextualised and sustained by measures that aim to address food insecurity and increase overall family capacity and resources.

7.6.2 Methodological strengths of the study

The qualitative descriptive approach chosen for this study was well suited to explore and better understand understudied areas of research and phenomena such as food choices and fatherhood (see Section 3.2.1) and laid the groundwork for the development of new insights, theorisations, and studies in these areas. Furthermore, the procedures, strategies and methods used for project planning, data collection, and analysis (e.g., CORE-Q check list, triangulation, audit trail, reflexivity) allowed the researchers to exploit their position and background, minimise biases, and ensure high quality and rigorous reports. Triangulation of methods and researchers (illustrated in Section 3.2.8) in particular enhanced the trustworthiness of the findings by applying different perspectives to data collection (Morse, 2009) and achieving in-depth understanding of the phenomena investigated (Patton, 1999). In addition, using the PDPE technique (see Sections 3.2.6 and 5.7) allowed the participants to engage directly in the research process, and share and articulate personal experiences and emotions related to food and family in an in-depth but non-invasive way.

7.7 Limitations

This research presents various limitations. First, the sample was largely self-selected due to the challenges of recruiting fathers and the limitations in terms of time and resources. Since the participating fathers volunteered to do so, it is possible that the data that they produced might differ from those derived from a randomly selected

sample. For example, most fathers who volunteered were interested in the area of study and could be described as health conscious. This may represent a self-selection bias (Costigan & Cox, 2001). In addition, the data collection primarily focused on food/eating, and being a father was an inclusion criterion, therefore fathers' perceived involvement in food activities and fathering-related themes might have been overstated, and fathers' narratives might have been influenced by social desirability biases.

Participants consisted predominantly of White, educated, middle-aged, secular, urban fathers, of British descent, of high SEP, from traditional, nuclear, and racially homogeneous families built on a binary, heteronormative social construction of gender. The majority were also resident, biological fathers. The sample did include the voices of fathers of different generations, levels of SEP (including two households earning between $25,000 and $75,000 per year, and one divorced father unable to work due to chronic illness), diverse ethnicities and background (one Indian, one People of the Americas, one Eastern European), and various family compositions (six de-facto, five divorced, two remarried, two non-resident fathers, and one stepfather). Despite these characteristics, the themes and processes identified in fathers' narratives were strongly consistent. Future work should focus on minority, low-income fathers of diverse backgrounds, ethnicities, immigration statuses, family compositions, and religious beliefs, living in other countries and non-urban areas, to expand the study's findings and the identity theory proposed, and explore transferability to other populations and contexts.

7.8 Future research directions

This section presents possible future research directions, including targeting fathers in policy, research, and programs that promote men's and family's health, and supporting men by understanding and enhancing the saliency of healthy eating in the context of fatherhood to encourage healthy food choices. The section also suggests other areas for consideration.

7.8.1 Target fathers in policy, research and programs

Family, child, work, and social welfare policies in Australia and worldwide reflect and reproduce a mother-centric cultural model of family labour and childrearing (Dominelli et al., 2011; Lee et al., 2011). This approach also promotes and perpetuates a father deficit model (Hawkins & Dollahite, 1997) whereby fathers are mainly considered providers of financial support (Lee et al., 2011), and uninvolved, inadequate, or neglectful in the domestic, family, and emotional domains (Dominelli et al., 2011; Hawkins & Dollahite, 1997; Maxwell et al., 2012). This model implicitly perpetuates the traditional gendered biases, stereotypes, and mainstream social system expecting women and mothers to be in charge of food and childrearing practices (Panter-Brick et al., 2014).

It is crucial first to facilitate fathers' involvement in family life by implementing less gendered and more equitable work, family, and health policies enabling fathers to work flexibly, part-time, or become stay-at-home fathers from the newborn stage, and mothers to return to work, without compromising family income and support. To achieve this, policymakers should draw on successful approaches and solutions implemented in the more progressive countries where household labour and childrearing are considered gender-neutral and normally shared between partners (Neuman et al., 2015). For example, as mentioned in Section 1.7, in Sweden, each partner is entitled to 240 days of paid parental leave, with 150 days transferrable to the other parent upon consent (Øresunddirekt Informationscenter, 2021). Changes in this direction would support families in balancing parental economic and emotional roles in the family (Niela-Vilén et al., 2014) as well as parents' needs in the transition to parenthood (Genesoni & Tallandini, 2009) which is a critical turning point where parents' diet, lifestyle and mental health are likely to deteriorate.

Furthermore, with more time to dedicate to their family and children, fathers may increase their engagement with their fathering identity, have more opportunities to fulfil their role as a good father, and reduce conflicts between work and family roles and identities. In addition, since men's unhealthy eating (e.g., ready-to-eat meals and fast foods) is associated with poor cooking skills and lack of familiarity and confidence with food preparation (Caperchione et al., 2012; van der Horst et al., 2011), having

more time to dedicate to family food practices may enhance fathers' familiarity, confidence, and empowerment in food activities and food parenting, dissipate fathers' misconceptions associated with healthy eating (e.g., difficult, expensive, not tasty), and increase fathers' abilities to promote family healthy eating through family food practices and child feeding. Moreover, these changes might also increase the perceived value of unpaid work among men.

What is more, outdated mother-centric approaches underpin many families and health research, programs, and interventions. Fathers are often overlooked or not directly asked to participate in health research and programming (Davison et al., 2017; Phares et al., 2006), even though many would be keen to contribute, learn, and get involved (Davison et al., 2017; Dominelli et al., 2011; Phares et al., 2006; Vollmer et al., 2019). Fathers often rely on second-hand information passed on by their female partners (Bilal et al., 2016). In addition, sex and gender-specific (or "gender sensitised" [Bottorff et al., 2015]) programs targeting fathers (such as the Australian Healthy Dads Healthy Kids [HDHK] program [Lubans et al., 2012; Morgan et al., 2014]) are limited, and focus primarily on physical activity and weight loss outcomes. It must be noted that gender-neutral designs that do not consider specific values, dynamics, and approaches related to masculinity and the fathering identity, may reduce programs' efficacy and may even be counterproductive by antagonising masculine ideals (Bottorff et al., 2015).

A mother-centric approach to caregiving and lack of meaningful father engagement can lead to resource wastage and inadequate professional practice, evaluation, and policymaking, because consolidating a gender divide and inequities places disproportionate responsibility on mothers (Morgan et al., 2017; Panter-Brick et al., 2014), and reduces families' ability to sustain positive behavioural changes and practices in the food context. Furthermore, failing to effectively engage and include fathers in research, family healthy eating programs and policies prevents us from understanding what drives fathers' food choices, and from exploiting their potential unique contribution to synergistic dynamics in families and children's lives, and the family food context (Panter-Brick et al., 2014; Vollmer et al., 2019).

7.8.2 Increase the salience of healthy eating

As discussed, fathers' attitudes to food, personal food choices, and role modelling contribute to shaping children's diet and the family food context. Therefore, to promote family eating, it is important to encourage and support fathers' personal healthy eating.

According to the goal activation theory, and the theory of paternal identity proposed in this study, fathers' healthy food behaviours and parenting may be improved by enhancing the saliency of healthy eating in fathers' hierarchy of values as well as reinforcing men's paternal identities, to increase the sense of responsibility for their children's health and desire to be good fathers. This would reduce cognitive-affective inconsistency and ambivalence promoting fathers' health attitude strength.

First, as previously illustrated (Section 1.10) and confirmed by the findings, fathering may enhance caring and nurturing attitudes. Therefore, to associate positive meanings to healthy food/eating and facilitate its internalisation as a core value in fathers, programs and initiatives should capitalise on fathers' desire to take care of their children's health and wellbeing and cultivate father–child intimacy through developing healthy food skills, and sharing meaningful healthy food experiences (e.g., cooking and gardening classes, school events, food festivals involving father–child dyads, co-parenting couples, families and the community, online home-cooking events and contests in the case of restrictions/lockdown).

Second, fatherhood may increase the focus on personal health and considerations about the future and, in turn, the desire to be fit and healthy for the children in the future as part of their fathering identity, as responsible family men and providers. Thus, programs and interventions should capitalise on fathers' desire to improve or maintain personal health, fitness and healthy weight and emphasise healthy eating and lifestyle as the means of achieving it. In this regard, the study showed that fathers who were conscious that healthy ageing would enable them to engage with and take care of their children in the future, valued, and pursued personal healthy eating and an active lifestyle. Therefore, a more forward-looking approach to personal health and its effect on fathering might be applied to improve fathers' personal food choices towards more prudent patterns. Overall, similar programs and initiatives would also help overcome

values, motivations, and attitudes not related to the fathering identity that may increase health risk and unhealthy food behaviours (e.g., related to masculinity virtues, risk-taking, freedom from responsibilities).

Furthermore, programs and interventions should focus on gender-specific values, motivations, and outcomes to which fathers may relate and find appealing. For example, as previously illustrated (Section 2.6.1) masculine values may promote competing and excelling attitudes, as well as performing food activities in the social domain. Therefore, programs could stress performance outcomes in the food domain as a way to increase competence in healthy cooking or gardening. This would enable fathers to create healthy and tasty meals that the children may like while exhibiting their abilities to partners and friends and standing out in their social circle, increasing their familiarity with foodwork and self-confidence, as well as establishing and consolidating the positive emotional value associated with healthy eating.

Associate healthy eating and specialness

To promote healthy eating, it is crucial to weaken the association between unhealthy foods and positive meanings and experiences. As illustrated in Section 1.7.1 and confirmed by the findings, unhealthy food/eating is often associated with specialness, pleasure, comfort, fun, happiness, youth, self-esteem, social, family and parent-child bonding, celebrations, and so on. The powerful and addictive effects of high-sugar and high-processed foods on the human brain and body certainly contribute to fostering this strong positive association in most people's experiences.

To weaken the connection between unhealthy foods and specialness and enhance the cultural value of healthy food/eating, it is paramount to establish strong associations and emotional connections between healthy food/eating practices and desirable and meaningful experiences. As an example, one father in the study involved his children in food preparation more regularly and increased family vegetable intake and variety by establishing a "Taco Tuesday" tradition, representing a fun and much anticipated family experience fostering family connection and intimacy through healthier but tasty food.

Food has a strong social and cultural significance influencing individual choices beyond the specific characteristics of the food itself (Barnhill et al., 2014). Through

food and eating shared within the context of customs, celebrations and traditions, people and groups forge and reinforce family and social bonds (Barnhill et al., 2014), a sense of belonging, community identity, and more.

By promoting family, social and community initiatives and programs directed at fathers, children, families and the whole community that convey fun, enjoyment, and pleasure, as well as family identity, togetherness, and a sense of belonging (e.g., food tasting, cooking classes, healthy food festivals, and game nights), would contribute to enhancing the personal and social desirability of healthy eating, reduce the stigma of healthy foods (e.g., as not tasty, not fun, uncool, difficult), and promote creativity, variety and healthy food practices in families and communities.

7.8.3 Other areas for consideration

Increase fathers' food-related knowledge and skills

Being increasingly more involved in family food activities and childcaring, it is crucial that fathers make choices based on correct notions of healthy food/eating (e.g., when shopping) and develop cooking skills enabling them to prepare healthy meals in uncomplicated and accessible ways. Programs and initiatives should provide targeted, simple, and practical health and nutritional information and strategies (e.g., related to cooking, food shopping, child feeding) that aim to reduce misinterpretations and confusion about what is healthy, and show that healthy eating may be simple, feasible, sustainable, and inexpensive, as well as tasty, fun, and creative.

Promote confident healthy food parenting

Furthermore, future parenting programs should support fathers in implementing a more confident attitude towards their food parenting and feeding practices, as a way to ensure their children's health and wellbeing (Vollmer & Mobley, 2013). An example would be helping fathers consolidate the belief that letting the children skip a meal when the food offered is rejected would be more beneficial than providing a less healthy alternative just to 'make' them eat. A more confident approach to food parenting and feeding could be promoted as representing an act of love, fulfilling the role of an involved, caring, and nurturing father. As shown in the findings, despite being sometimes emotionally hard on a parent, a warm but firm approach to child

feeding educates children on following mealtime rules, encourages them to have a healthy relationship with food and become flexible eaters, and can simplify, improve, and make family food management and family meals more serene—all outcomes that fathers value.

Exploit environmental trends

Environmentally conscious and ethical eating are currently popular trends in Australia and other parts of the world. Programs and initiatives should target fathers who care about environmental and ethical issues and support them in acting upon their values more consistently and in healthy ways. Environmentally and ethically conscious fathers, as several in the study, consider themselves and all people as part of a larger global community and environment, able to affect other humans and the planet through their food choices. Therefore, initiatives raising awareness about the importance of food processing and food choices on the environment, food equity, and health, would help more fathers to consider and take more responsibility for their own food choices.

Parents' alignment

Resident fathers, as most of the study participants, are part of a nuclear family where food practices and dynamics are generally co-constructed and shared with the wife/partner (Zhang et al., 2018). Confirming previous literature on inter-parental congruence and its influence on food parenting practices, the findings suggest that perceived parental alignment and alliance in terms of health-orientation, lifestyle, and food parenting practices, contribute to enhancing a child's and the family's healthy eating and active lifestyle (Gevers et al., 2015; Khandpur, Charles, & Davison, 2016; Vollmer et al., 2015). Therefore, targeting co-parenting couples in healthy food programs and other initiatives would help enhance partners' alignment and cooperation in family food management and child feeding, promoting family healthy eating and organisation more effectively (Feinberg, 2002; Thullen et al., 2016). Fathers, as some in the study, are not always the least health-oriented parent in the couple. Therefore, it is important that programs that aim to improve interparental congruence in the food context take mothers' gender biases and expectations into account in their design and delivery.

Future studies should also explore how fathers' and mothers' personal food systems developed through their life course interact with and influence each other, and how their combination and level of alignment may influence parents' and child's eating. This would also serve to better understand the discrepancies between mothers' and fathers' narratives regarding the father's role in the family food context and their contribution to the family and child's healthy (or unhealthy) eating (illustrated in Section 2.6).

7.9 Conclusions

Fathers influence the family food environment and are important role models for children in many families but have been understudied in food and health research. Fathers may influence family healthy eating via modelling and food parenting, through both absence and engagement.

The increasing participation of fathers in family life in Australia and other Western countries makes fathers' role in influencing family food choices, food parenting, and child feeding even more important compared to previous generations. Through their views, values, priorities, and attitudes to food and healthy eating, reflected in their food-related choices and behaviours, fathers play a crucial role in the family food environment.

By providing a better understanding of fathers' food-related experiences, personal food systems, and role in the family food context, this study may be of dual benefit by helping increase fathers' focus on health, healthy eating, and healthy food parenting, and supporting their participation in family life and food practices. The study's findings may also be transferred to populations of fathers, men, and parents who share similar food processes and dynamics, and to other health, family, and gender-related contexts.

The findings highlight the importance of the fathering identity in enhancing men's health orientation in the food context and driving fathers' food choices and parenting towards healthier considerations, motivations, and practices, enhancing the opportunities for health attitudes internalisation and implementation. Thus, it is suggested that interventions targeting fathering dynamics and processes related to

dimensions of care and affection, complemented and supported by initiatives that increase education and capacity levels, could help improve fathers' health orientation and personal and family healthy food behaviours.

The findings and the novel theory of paternal identity proposed may inform and be generative of future studies that aim to investigate and explain health attitudes, food choices, and parenting in the context of fatherhood in similar and different populations, enabling additions to the model and further theory development. The findings may also support the development of more effective programs specifically involving and targeting fathers, inform health practices targeting fathers and the male population, and encourage work, health, and family policies to be more inclusive of fathers' and their contributions to family life.

REFERENCES

Aarseth, H., & Olsen, B`. M. (2008). Food and masculinity in dual-career couples. *Journal of Gender Studies, 17*(4), 277-287. https://doi.org/10.1080/09589230802419922

Aarts, H., & Elliot, A. J. (2012). *Goal-directed behavior*. Psychology Press.

ABC. (2021). *Skywhalepapa a symbol of nurture*. ABC News. https://www.abc.net.au/news/2021-02-07/skywhalepapa-unveiled-in-canberra-at-national-gallery-australia/13127580

Abreu, J. M., Goodyear, R. K., Campos, A., & Newcomb, M. D. (2000). Ethnic belonging and traditional masculinity ideology among African Americans, European Americans, and Latinos. *Psychology of Men & Masculinity, 1*(2), 75. https://doi.org/10.1037//1524-9220.1.2.75

Adamo, K. B., & Brett, K. E. (2014). Parental perceptions and childhood dietary quality. *Maternal And Child Health Journal, 18*(4), 978-995. https://doi.org/10.1007/s10995-013-1326-6

Adams, D. C., & Salois, M. J. (2010). Local versus organic: A turn in consumer preferences and willingness-to-pay. *Renewable Agriculture and Food Systems, 25*(4), 331-341. https://doi.org/10.1017/S1742170510000219

Adamson, M., & Blight, E. J. (2014). Bringing dads to the table: Comparing mother and father reports of child behaviour and parenting at mealtimes. *Journal of Family Studies*(2), 118. https://doi.org/10.1080/13229400.2014.11082001

Adler, M. A., & Lenz, K. (2016). Comparative father involvement: the dynamics of gender culture, policy and practice. In M. A. Adler & K. Lenz (Eds.), *Father involvement in the early years: An international comparison of policy and practice* (pp. 231-252). Bristol University Press, Policy Press. https://doi.org/10.2307/j.ctt1t897nx

Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Prentice-Hall.

Ajzen, I., & Timko, C. (1986). Correspondence between health attitudes and behavior. *Basic and Applied Social Psychology, 7*(4), 259-276. https://www.researchgate.net/profile/Icek-Ajzen/publication/247808004_Correspondence_Between_Health_Attitudes_an

d_Behavior/links/0c960539f26a47e1fb000000/Correspondence-Between-Health-Attitudes-and-Behavior.pdf

Alexander, H. (2021). *Rising childcare fees deter more parents from returning to work*. https://www.smh.com.au/national/rising-childcare-fees-deter-more-parents-from-returning-to-work-20210202-p56ys3.html

Alfawaz, H., Khan, N., Alhuthayli, H., Wani, K., Aljumah, M. A., Khattak, M. N. K., Alghanim, S. A., & Al-Daghri, N. M. (2020). Awareness and knowledge regarding the consumption of dietary fiber and its relation to self-reported health status in an adult arab population: A cross-sectional study. *International Journal of Environmental Research and Public Health, 17*, 1–18, Article 4226. https://doi.org/10.3390/ijerph17124226

Aliyu, A. A., Bello, M. U., Kasim, R., & Martin, D. (2014). Positivist and non-positivist paradigm in social science research: Conflicting paradigms or perfect partners. *Journal of Management and Sustainability, 4*(3), 79–95. https://doi.org/10.5539/jms.v4n3p79

Alvesson, M. (2002). *Postmodernism and social research*. Open University.

Ameye, H., & Swinnen, J. (2019). Obesity, income and gender: The changing global relationship. *Global Food Security, 23*, 267–281. https://doi.org/10.1016/j.gfs.2019.09.003

Anderson, A. S., Marshall, D. W., & Lea, E. J. (2004). Shared lives-an opportunity for obesity prevention? *Appetite, 43*(3), 327–329. https://doi.org/10.1016/j.appet.2004.07.007

Anzman-Frasca, S., Ventura, A. K., Ehrenberg, S., & Myers, K. P. (2018). Promoting healthy food preferences from the start: a narrative review of food preference learning from the prenatal period through early childhood. *Obesity Reviews, 19*(4), 576–604. https://doi.org/10.1111/obr.12658

Anzman, S. L., Rollins, B. Y., & Birch, L. L. (2010). Parental influence on children's early eating environments and obesity risk: implications for prevention. *International Journal of Obesity, 34*(7), 1116-1124. https://doi.org/10.1038/ijo.2010.43

Archer, M. S. (1988). *Culture and agency: The place of culture in social theory*. Cambridge University Press.

Asakura, K., Todoriki, H., & Sasaki, S. (2017). Relationship between nutrition knowledge and dietary intake among primary school children in Japan: Combined effect of children's and their guardians' knowledge. *Journal of Epidemiology, 27*(10), 483–491. https://doi.org/10.1016/j.je.2016.09.014

Aschemann-Witzel, J. (2013). Danish mothers' perception of the healthiness of their dietary behaviors during transition to parenthood. *Journal of Family Issues, 34*(10), 1335–1355. https://doi.org/10.1177/0192513X12463688

Aschemann-Witzel, J., Bech-Larsen, T., & Grønhøj, A. (2014). Are parents eating their greens? Fruit and vegetable consumption during a school intervention. *British Food Journal, 116*(4), 585–597. https://doi.org/10.1108/BFJ-05-2012-0134

Aschemann-Witzel, J., Gantriis, R. F., Fraga, P., & Perez-Cueto, F. J. A. (2020). Plant-based food and protein trend from a business perspective: Markets, consumers, and the challenges and opportunities in the future. *Critical Reviews in Food Science and Nutrition*. https://doi.org/10.1080/10408398.2020.1793730

Aschemann-Witzel, J., & Grunert, K. G. (2015). Influence of 'soft' versus 'scientific' health information framing and contradictory information on consumers' health inferences and attitudes towards a food supplement. *Food Quality and Preference, 42*, 90–99. https://doi.org/10.1016/j.foodqual.2015.01.008

Ashton, L. M., Hutchesson, M. J., Rollo, M. E., Morgan, P. J., & Collins, C. E. (2017). Motivators and barriers to engaging in healthy eating and physical activity. A cross-sectional survey in young adult men. *American Journal of Men's Health, 11*(2), 330–343. https://doi.org/10.1177/1557988316680936

Asioli, D., Aschemann-Witzel, J., Caputo, V., Vecchio, R., Annunziata, A., Næs, T., & Varela, P. (2017). Making sense of the "clean label" trends: A review of consumer food choice behavior and discussion of industry implications. *Food Research International, 99*, 58–71. https://doi.org/10.1016/j.foodres.2017.07.022

Attorney General's Department. (2017). *Marriage equality in Australia*. Australian Goverment. https://www.ag.gov.au/families-and-marriage/marriage/marriage-equality-australia

Austin, Z., & Sutton, J. (2014). Qualitative research: getting started. *The Canadian Journal of Hospital Pharmacy, 67*(6), 436–440. https://doi.org/10.4212/cjhp.v67i6.1406

Australian Bureau of Statistics. (2018a). *Childhood Education and Care, Australia. Information on children aged 0-12 years and their families, including use of formal and informal care.* https://www.abs.gov.au/statistics/people/education/childhood-education-and-care-australia/latest-release

Australian Bureau of Statistics. (2018b). *Dietary behaviour - Key Statistcs 2017-18 financial year.* https://www.abs.gov.au/statistics/health/health-conditions-and-risks/dietary-behaviour/latest-release

Australian Bureau of Statistics. (2018c). *National Health Survey: First results, 2017–18* (ABS cat. no. 4364.0.55.001). https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release

Australian Bureau of Statistics. (2019). *Household and family projections, Australia.* https://www.abs.gov.au/statistics/people/population/household-and-family-projections-australia/latest-release

Australian Bureau of Statistics. (2021). *ABS shows changes on International Families Day.* https://www.abs.gov.au/ausstats/abs%40.nsf/mediareleasesbyCatalogue/5E4BABA5BD22D73DCA2581210009D3D8

Australian Government. (n.d). *Having a baby.* https://www.servicesaustralia.gov.au/individuals/subjects/having-baby

Australian Government, Productivity Commission (2021). *Report on government services 2021.* https://www.pc.gov.au/research/ongoing/report-on-government-services/2021

Australian Institute of Family Studies. (2021). *Work and family.* Australian Government. https://aifs.gov.au/facts-and-figures/work-and-family

Australian Institute of Health and Welfare. (2019). *Men & women reports.* Australian Government. https://www.aihw.gov.au/reports-data/population-groups/men-women/reports

Australian National Maritime Museum. (2021). *Waves of migration - Australia's immigration history*. http://www.sea.museum/explore/online-exhibitions/waves-of-migration/australia-immigration-history

Ayers, S. (2007). *Cambridge handbook of psychology, health and medicine* (2nd ed.). Cambridge University Press.

Azeem, M., & Salfi, N. A. (2012). Usage of NVivo software for qualitative data analysis. *Academic Research International, 2*(1), 262–266. http://www.savap.org.pk/journals/ARInt./Vol.2(1)/2012(2.1-30).pdf

Baird, J., Jacob, C., Barker, M., Fall, C. H. D., Hanson, M., Harvey, N. C., Inskip, H. M., Kumaran, K., & Cooper, C. (2017). Developmental origins of health and disease: A lifecourse approach to the prevention of non-communicable diseases. *Healthcare, 5*(1). https://doi.org/10.3390/healthcare5010014

Ball, K., Crawford, D., & Mishra, G. (2006). Socio-economic inequalities in women's fruit and vegetable intakes: A multilevel study of individual, social and environmental mediators. *Public health nutrition, 9*(5), 623–630. https://doi.org/10.1079/phn2005897

Ball, R., Vaschak, R., Bailey, A., Whiteford, G., Burrows, T. L., Duncanson, K., & Collins, C. E. (2019). Study protocol of the Parents in Child Nutrition Informing Community (PICNIC) peer education cohort study to improve child feeding and dietary intake of children aged six months to three years old. *Children, 7*(1), 3. https://doi.org/10.3390/children7010003

Bandura, A. (1977). *Social learning theory* (2 ed.). Prentice Hall.

Banik, B. J. (1993). Applying triangulation in nursing research. *Applied Nursing Research, 6*(1), 47–52. https://doi.org/10.1016/S0897-1897(05)80042-4

Baranowski, T., Perry, C., & Parcel, G. S. (2002). How individuals, environments, and health behavior interact: social cognitive theory. In R. B. Glanz K, Lewis FM, eds. (Ed.), *Heahh Behavior and Health Education* (pp. 165–184). Jossey-Bass.

Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *BMJ, 322*(7294), 1115–1117. https://doi.org/10.1136/bmj.322.7294.1115

Barnhill, A., King, K. F., Kass, N., & Faden, R. (2014). The value of unhealthy eating and the ethics of healthy eating policies. *Kennedy Institute of Ethics Journal, 24*(3), 187–217. https://doi.org/10.1353/ken.2014.0021

Barrett, E. M., Foster, S. I., & Beck, E. J. (2020). Whole grain and high-fibre grain foods: How do knowledge, perceptions and attitudes affect food choice?. *Appetite, 149*, Article 104630. https://doi.org/10.1016/j.appet.2020.104630

Bassett-Gunter, R. L., Levy-Milne, R., Naylor, P. J., Symons Downs, D., Benoit, C., Warburton, D. E., Blanchard, C. M., & Rhodes, R. E. (2013). Oh baby! Motivation for healthy eating during parenthood transitions: A longitudinal examination with a theory of planned behavior perspective. *International Journal of Behavioral Nutrition & Physical Activity, 10*, 88. https://doi.org/10.1186/1479-5868-10-88

Bauer, J. M., & Reisch, L. A. (2019). Behavioural insights and (un)healthy dietary choices: A review of current evidence. *Journal of Consumer Policy, 42*(1), 3–45. https://doi.org/10.1007/s10603-018-9387-y

Baughcum, A. E., Burklow, K. A., Deeks, C. M., Powers, S. W., & Whitaker, R. C. (1998). Maternal feeding practices and childhood obesity: A focus group study of low-income mothers. *Archives of Pediatrics & Adolescent Medicine, 152*(10), 1010-1014. https://doi.org/10.1001/archpedi.152.10.1010

Bava, C. M., Jaeger, S. R., & Park, J. (2008). Constraints upon food provisioning practices in 'busy' women's lives: Trade-offs which demand convenience. *Appetite, 50*(2), 486–498. https://doi.org/10.1016/j.appet.2007.10.005

Baxter, J. (2014). *Gender role attitudes within couples, and parents' time in paid work, child care and housework* (LSAC Annual Statistical Report 2014). https://aifs.gov.au/3-gender-role-attitudes-within-couples-and-parents-time-paid-work-child-care-and-housework

Baxter, J. (2021). *Gender role attitudes within couples, and parents' time in paid work, child care and housework*. Australian Institute of Family Studies. https://aifs.gov.au/3-gender-role-attitudes-within-couples-and-parents-time-paid-work-child-care-and-housework

Beagan, B., Chapman, G. E., D'Sylva, A., & Bassett, B. R. (2008). 'It's just easier for me to do it': Rationalizing the family division of foodwork. *Sociology*(4), 653. https://doi.org/10.1177/0038038508091621

Becker, M. H., Maiman, L. A., Kirscht, J. P., Haefner, D. P., & Drachman, R. H. (1977). The Health Belief Model and prediction of dietary compliance: A field experiment. *Journal of Health and Social Behavior, 18*(4), 348-366.

Bengtson, V. L., & Allen, K. R. (1993). The life course perspective applied to families over time. . In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 469–504). Plenum Press. https://doi.org/10.1007/978-0-387-85764-0_19

Benziger, C. P., Roth, G. A., & Moran, A. E. (2016). The Global Burden of Disease study and the preventable burden of NCD. *Global Heart, 11*(4), 393–397. https://doi.org/10.1016/j.gheart.2016.10.024

Berge, J. M., Larson, N., Bauer, K. W., & Neumark-Sztainer, D. (2011). Are parents of young children practicing healthy nutrition and physical activity behaviors? *Pediatrics, 127*(5), 881–887. https://doi.org/10.1542/peds.2010-3218

Berge, J. M., Wall, M., Loth, K., & Neumark-Sztainer, D. (2010). Parenting style as a predictor of adolescent weight and weight-related behaviors. *Journal of Adolescent Health, 46*(4), 331–338. https://doi.org/10.1016/j.jadohealth.2009.08.004

Bergen, E. (1991). The economic context of labor allocation: Implications for gender stratification. *Journal of Family Issues, 12*(2), 140–157. https://doi.org/10.1177/019251391012002001

Berger, P. L., & Luckmann, T. (1967). *The social construction of reality: a treatise in the sociology of knowledge*. Penguin.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Berry, L. L., Seiders, K., & Grewal, D. (2002). Understanding service convenience. *Journal of Marketing, 66*(3), 1–17. https://doi.org/10.1509/jmkg.66.3.1.18505

Berthoud, H. R. (2012). The neurobiology of food intake in an obesogenic environment. *Proceedings of the Nutrition Society, 71*(4), 478–487. https://doi.org/10.1017/S0029665112000602

Bianchi, S. M. (2000). Maternal employment and time with children: Dramatic change or surprising continuity? *Demography, 37*(4), 401–414. https://doi.org/10.2307/2648068

Bilal, S., Spigt, M., Czabanowska, K., Mulugeta, A., Blanco, R., & Dinant, G. (2016). Fathers' perception, practice, and challenges in young child care and feeding in

Ethiopia. *Food and Nutrition Bulletin, 37*(3), 329–339. https://doi.org/10.1177/0379572116654027

Biloukha, O., & Utermohlen, V. (2001). Healthy eating in Ukraine: Attitudes, barriers and information sources. *Public Health Nutrition, 4*(2), 207–215. https://doi.org/10.1079/PHN200059

Birch, L. L., & Anzman, S. L. (2010). Learning to eat in an obesogenic environment: A developmental systems perspective on childhood obesity. *Child Development Perspectives, 4*(2), 138–143. https://doi.org/10.1111/j.1750-8606.2010.00132.x

Birch, L. L., & Davison, K. K. (2001). Family environmental factors influencing the developing behavioral controls of food intake and childhood overweight. *Pediatric Clinics of North America, 48*(4), 893–907. https://doi.org/10.1016/S0031-3955(05)70347-3

Birch, L. L., & Doub, A. E. (2014). Learning to eat: Birth to age 2 y. *American Journal of Clinical Nutrition, 99*(3), 723S-728. https://doi.org/10.3945/ajcn.113.069047

Birch, L. L., Fisher, J. O., Grimm-Thomas, K., Markey, C. N., Sawyer, R., & Johnson, S. L. (2001). Confirmatory factor analysis of the Child Feeding Questionnaire: A measure of parental attitudes, beliefs and practices about child feeding and obesity proneness. *Appetite, 36*(3), 201–210. https://doi.org/10.1006/appe.2001.0398

Birch, L. L., & Ventura, A. K. (2009). Preventing childhood obesity: What works? *International Journal of Obesity, 33*, S74–S81. https://doi.org/10.1038/ijo.2009.22

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing, 13*(1), 68–75. https://doi.org/10.1177/1744987107081254

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Bisogni, C. A., Connors, M., Devine, C. M., & Sobal, J. (2002). Who we are and how we Eat: A qualitative study of identities in food choice. *Journal of Nutrition Education and Behavior, 34*(3), 128–139. https://doi.org/10.1016/S1499-4046(06)60082-1

Bisogni, C. A., Falk, L. W., Madore, E., Blake, C. E., Jastran, M., Sobal, J., & Devine, C. M. (2007). Dimensions of everyday eating and drinking episodes. *Appetite, 48*(2), 218–231. https://doi.org/10.1016/j.appet.2006.09.004

Bisogni, C. A., Jastran, M., Seligson, M., & Thompson, A. (2012). How people interpret healthy eating: Contributions of qualitative research. *Journal of Nutrition Education and Behavior, 44*(4), 282–301. https://doi.org/10.1016/j.jneb.2011.11.009

Bisogni, C. A., Jastran, M., Shen, L., & Devine, C. M. (2005). A biographical study of food choice capacity: Standards, circumstances, and food management skills. *Journal of Nutrition Education & Behavior, 37*(6), 284–291. https://doi.org/10.1016/s1499-4046(06)60158-9

Blaine, R. E., Kachurak, A., Davison, K. K., Klabunde, R., & Fisher, J. O. (2017). Food parenting and child snacking: A systematic review. *International Journal of Behavioral Nutrition & Physical Activity, 14*, 146. https://doi.org/10.1186/s12966-017-0593-9

Blake, C. E., Bisogni, C. A., Sobal, J., Devine, C. M., & Jastran, M. (2007). Classifying foods in contexts: How adults categorize foods for different eating settings. *Appetite, 49*(2), 500–510. https://doi.org/10.1016/j.appet.2007.03.009

Blake, C. E., Devine, C. M., Wethington, E., Jastran, M., Farrell, T. J., & Bisogni, C. A. (2009). Employed parents' satisfaction with food-choice coping strategies. Influence of gender and structure. *Appetite, 52*(3), 711–719. https://doi.org/10.1016/j.appet.2009.03.011

Blissett, J. (2011). Relationships between parenting style, feeding style and feeding practices and fruit and vegetable consumption in early childhood. *Appetite, 57*(3), 826–831. https://doi.org/10.1016/j.appet.2011.05.318

Blissett, J., & Haycraft, E. (2008). Are parenting style and controlling feeding practices related? *Appetite, 50*(2/3), 477–485. https://doi.org/10.1016/j.appet.2007.10.003

Blumer, H. (1969). *Symbolic Interactionism: Perspective and method*. Prentice-hall.

Bobba, S. (2014). *The role of the food industry in tackling Australia's obesity epidemic*. Australan Medical Student Journal, University of New South Wales. https://www.amsj.org/archives/3445#:~:text=Whilst%20it%20is%20difficult%20to,food%20advertising%20and%20high%20accessibility

Boer, M. d., McCarthy, M., Cowan, C., & Ryan, I. (2004). The influence of lifestyle characteristics and beliefs about convenience food on the demand for convenience foods in the Irish market. *Food Quality and Preference, 15*(2), 155–165. https://doi.org/10.1016/S0950-3293(03)00054-5

Bogl, L. H., Silventoinen, K., Hebestreit, A., Intemann, T., Williams, G., Michels, N., Molnar, D., Page, A. S., Pala, V., Papoutsou, S., Pigeot, I., Reisch, L. A., Russo, P., Veidebaum, T., Moreno, L. A., Lissner, L., & Kaprio, J. (2017). Familial resemblance in dietary intakes of children, adolescents, and parents: Does dietary quality play a role? *Nutrients, 9*(8), 1–18. https://doi.org/10.3390/nu9080892

Bogueva, D., & Marinova, D. (2020). Cultured meat and Australia's Generation Z. *Frontiers in Nutrition, 7*, 148. https://doi.org/10.3389/fnut.2020.00148

Bogueva, D., Marinova, D., & Gordon, R. (2020). Who needs to solve the vegetarian men dilemma? *Journal of Human Behavior in the Social Environment, 30*(1), 28–53. https://doi.org/10.1080/10911359.2019.1664966

Borelli, J., Nelson-Coffey, S., River, L., Birken, S., & Moss-Racusin, C. (2017). Bringing work Home: Gender and parenting correlates of work-family guilt among parents of toddlers. *Journal of Child & Family Studies, 26*(6), 1734–1745. https://doi.org/10.1007/s10826-017-0693-9

Borra, S. T., Kelly, L., Shirreffs, M. B., Neville, K., & Geiger, C. J. (2003). Developing health messages: Qualitative studies with children, parents, and teachers help identify communications opportunities for healthful lifestyles and the prevention of obesity. *Journal of the American Dietetic Association, 103*(6), 721–728. https://doi.org/10.1053/jada.2003.50140

Borys, J. M., & Lafay, L. (2000). Nutritional information for children to modify the food habits of the whole family. *Revue Medicale de la Suisse Romande, 120*(3), 207–209. https://www.ncbi.nlm.nih.gov/pubmed/10815450

Boseley, S. (2021). *Covid deaths high in countries with more overweight people, says report*. The Guardian (Australian Ed.). https://www.theguardian.com/world/2021/mar/03/covid-deaths-high-in-countries-with-more-overweight-people-says-report

Bosoni, M. L. (2014). 'Breadwinners' or 'involved fathers?' Men, fathers and work in Italy. *Journal of Comparative Family Studies*(2), 293. https://doi.org/10.3138/jcfs.45.2.293

Bottero, W. (2010). Intersubjectivity and Bourdieusian approaches to 'Identity'. *Cultural Sociology, 4*(1), 3-22. https://doi.org/10.1177/1749975509356750

Bottorff, J., Seaton, C., Johnson, S., Caperchione, C., Oliffe, J., More, K., Jaffer-Hirji, H., & Tillotson, S. (2015). An updated review of interventions that include promotion of physical activity for adult men. *Sports Medicine, 45*(6), 775–800. https://doi.org/10.1007/s40279-014-0286-3

Bourdieu, P. (1984). *Distinction: a social critique of the judgement of taste*. Routledge.

Bourdieu, P. (1990). *The logic of practice*. Polity Press.

Bourdieu, P. (1991). *Language and Symbolic Power*. Polity Press.

Bourdieu, P. & Wacquant, L. (1992) An Invitation to Reflexive Sociology. Polity press.

Bove, C. F., Sobal, J., & Rauschenbach, B. S. (2003). Food choices among newly married couples: Convergence, conflict, individualism, and projects. *Appetite, 40*(1), 25–41. https://doi.org/10.1016/S0195-6663(02)00147-2

Boys, C. (2019). *Good Food's top 10 food trends for 2019*. goodfood. https://www.goodfood.com.au/eat-out/news/restaurant-trends-2019-20190116-h1a5k9

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*, 2333393617742282. https://doi.org/10.1177/2333393617742282

Bramer, W. M., de Jonge, G. B., Rethlefsen, M. L., Mast, F., & Kleijnen, J. (2018). A systematic approach to searching: An efficient and complete method to develop literature searches. *Journal of the Medical Library Association, 106*(4), 531–541. https://doi.org/10.5195/jmla.2018.283

Brandtstädter, J. (1989). Personal self-regulation of development: Cross-sequential analyses of development-related control beliefs and emotions. *Developmental Psychology, 25*(1), 96–108. https://doi.org/10.1037/0012-1649.25.1.96

Brandtstädter, J., & Renner, G. (1990). Tenacious goal pursuit and flexible goal adjustment: Explication and age-related analysis of assimilative and

accommodative strategies of coping. *Psychology and Aging, 5*(1), 58–67. https://doi.org/10.1037/0882-7974.5.1.58

Brandtstädter, J., & Rothermund, K. (2002). The life-course dynamics of goal pursuit and goal adjustment: A two-process framework. *Developmental Review, 22*(1), 117–150. https://doi.org/10.1006/drev.2001.0539

Branscum, P., & Housely, A. (2018). Differences in how mothers and fathers monitor sugar-sweetened beverages for their young children (7-12 Years). *Health Education & Behavior, 45*(2), 247–253. https://doi.org/10.1177/1090198117732111

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Bray, G. A. (2010). Soft drink consumption and obesity: It is all about fructose. *Current Opinion in Lipidology, 21*(1), 51–57. https://doi.org/10.1097/MOL.0b013e3283346ca2

Bray, G. A., Nielsen, S. J., & Popkin, B. M. (2004). Consumption of high-fructose corn syrup in beverages may play a role in the epidemic of obesity. *The American Journal of Clinical Nutrition, 79*(4), 537–543. https://doi.org/10.1093/ajcn/79.4.537

Bray, G. A., & Popkin, B. M. (2013). Calorie-sweetened beverages and fructose: What have we learned 10 years later. *Pediatric Obesity, 8*(4), 242–248. https://doi.org/10.1111/j.2047-6310.2013.00171.x.

Bray, G. A., & Popkin, B. M. (2014). Dietary sugar and body weight: Have we reached a crisis in the epidemic of obesity and diabetes? *Diabetes Care, 37*(4), 950. https://doi.org/10.2337/dc13-2085

Brien, D. L. (2011). Margaret Fulton: A study of a 1960s Australian food writer as an activist. *Coolabah, 5*, 72–82. https://revistes.ub.edu/index.php/coolabah/article/view/15686

Briggs, C. L., & Hallin, D. C. (2016). *Making health public: How news coverage is remaking media, medicine, and contemporary life*. Taylor & Francis.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Brouwer, A. M., & Mosack, K. E. (2015). Expanding the theory of planned behavior to predict healthy eating behaviors: Exploring a healthy eater identity. *Nutrition & Food Science*(1), 39–53. https://doi.org/10.1108/NFS-06-2014-0055

Brown, G. L., Kogan, S. M., & Kim, J. (2018). From fathers to sons: The intergenerational transmission of parenting behavior among African American young men. *Family Process, 57*(1), 165–180. https://doi.org/10.1111/famp.12273

Brown, J. L., & Miller, D. (2002). Gender role preference and family food chores. *Journal of Nutrition Education & Behavior, 34*(2), 100–108. https://doi.org/10.1016/S1499-4046(06)60075-4

Brown, R., & Ogden, J. (2004). Children's eating attitudes and behaviour: A study of the modelling and control theories of parental influence. *Health Education Research, 19*(3), 261–271. https://doi.org/10.1093/her/cyg040

Brownlie, D., & Hewer, P. (2007). Prime beef cuts: Culinary images for thinking 'men'. *Consumption Markets & Culture, 10*(3), 229–250. https://doi.org/10.1080/10253860701365371

Brunner, R. D. (1987). The principle of proximal similarity. *Science Communication, 9*(1), 145–160. https://doi.org/10.1177/107554708700900106

Bruns, A. (2008). *Blogs, Wikipedia, Second Life, and beyond: From production to produsage* (Vol. 45). Peter Lang.

Brüschke, G. V. (2012). *Gender dimensions in the appropriation and use of ICT-Technology. A qualitative study in Great Britain, Germany and the Netherlands* University of York, Women's Studies.

Buckingham, D. (2008). Introducing Identity. In D. Buckingham (Ed.), *Youth, Identity, and Digital Media* (pp. 1–24). The John D. and Catherine T. MacArthur Foundation Series on Digital Media and Learning. The MIT Press. https://library.oapen.org/bitstream/handle/20.500.12657/26085/1004001.pdf?sequence=1

Buckner, S. (2005). Taking the debate of reflexivity further. *Journal of Social Work Practice, 19*(1), 59–72. https://doi.org/10.1080/02650530500071969

Buhrau, D., & Ozturk, T. C. (2018). Motivating healthy eating: The role of presentation format and health consciousness. *Food Quality and Preference, 64*, 167–171. https://doi.org/10.1016/j.foodqual.2017.09.011

Buning-Fesel, M., & Ruckert-John, J. (2016). Why do men eat how they eat?: Considerations from a nutritional- and gender-sociological perspective. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz, 59*(8), 950–956. https://doi.org/10.1007/s00103-016-2379-7

Cain Miller, C. (2018). *A 'generationally perpetuated' pattern: Daughters do more chores.* The New York Times. https://www.nytimes.com/2018/08/08/upshot/chores-girls-research-social-science.html

Cairns, K., & Johnston, J. (2015). *Food and femininity*. Bloomsbury.

Cairns, K., Johnston, J., & Baumann, S. (2010). Caring about food: Doing gender in the foodie kitchen. *Gender and Society, 24*(5), 591. https://doi.org/10.1177/0891243210383419

Campbell, K., & Crawford, D. (2001). Family food environments as determinants of preschool-aged children's eating behaviours: Implications for obesity prevention policy. A review. *Australian Journal of Nutrition and Dietetics, 58*(1), 19–25. http://hdl.handle.net/10536/DRO/DU:30001230

Campbell, K., Crawford, D., Salmon, J., Carver, A., Garnett, S. P., & Baur, L. A. (2007). Associations between the home food environment and obesity-promoting eating behaviors in adolescence. *Obesity, 15*(3), 719–730. https://doi.org/10.1038/oby.2007.553

Campisi, V. (2020). *Gen Z's Influencial food preferences*. The Food Institute. https://foodinstitute.com/focus/gen-z-preferences/

Campos, L., Bernardes, S., & Godinho, C. (2020). Food as a way to convey masculinities: How conformity to hegemonic masculinity norms influences men's and women's food consumption. *Journal of Health Psychology, 25*(12), 1842–1856. https://doi.org/10.1177/1359105318772643

Candel, M. J. J. M. (2001). Consumers' convenience orientation towards meal preparation: conceptualization and measurement. *Appetite, 36*(1), 15–28. https://doi.org/10.1006/appe.2000.0364

Caperchione, C. M., Vandelanotte, C., Kolt, G. S., Duncan, M., Ellison, M., George, E., & Mummery, W. K. (2012). What a man wants. Understanding the challenges and motivations to physical activity participation and healthy eating in middle-aged Australian men. *American Journal of Men's Health, 6*(6), 453–461. https://doi.org/10.1177/1557988312444718

Carbone, J. W., & Pasiakos, S. M. (2019). Dietary protein and muscle mass: Translating science to application and health benefit. *Nutrients, 11*(5), 1136. https://www.mdpi.com/2072-6643/11/5/1136

Carey, A. (2021). *High childcare costs push 90,000 parents out of workforce*. The Age. https://www.theage.com.au/politics/victoria/high-childcare-costs-push-90-000-parents-out-of-workforce-20210202-p56yum.html

Carminati, L. (2018). Generalizability in qualitative research: A tale of two traditions. *Qualitative Health Research, 28*(13), 2094–2101. https://doi.org/10.1177/1049732318788379

Carrigan, M., Szmigin, I., & Leek, S. (2006). Managing routine food choices in UK families: The role of convenience consumption. *Appetite, 47*(3), 372–383. https://doi.org/10.1016/j.appet.2006.05.018

Carrillo, E., Varela, P., Salvador, A., & Fiszman, S. (2011). Main factors underlying consumers' food choice: A first step for understanding of attitudes toward 'healthy eating'. *Journal of Sensory Studies, 26*(2), 85–95. https://doi.org/10.1111/j.1745-459X.2010.00325.x

Carroll, J.-A., Capel, E. M., & Gallegos, D. (2019). Meat, masculinity, and health for the "typical Aussie bloke": A social constructivist analysis of class, gender, and consumption. *American journal of men's health, 13*(6), 1–12. https://doi.org/10.1177/1557988319885561

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum, 41*(5), 545–547. https://doi.org/10.1188/14.Onf.545-547

Casini, L., Contini, C., Romano, C., & Scozzafava, G. (2015). Trends in food consumptions: What is happening to generation x? *British Food Journal, 117*(2), 705–718. https://doi.org/10.1108/BFJ-10-2013-0283

Cason-Wilkerson, R., Goldberg, S., Albright, K., Allison, M., & Haemer, M. (2015). Factors influencing healthy lifestyle changes: A qualitative look at low-income

families engaged in treatment for overweight children. *Childhood Obesity, 11*(2), 170–176. https://doi.org/10.1089/chi.2014.0147

Cause, N. (2018). *Ten food trends for 2018*. Tyro. https://www.tyro.com/blog/ten-food-trends-for-2018/

Cena, H., & Calder, P. C. (2020). Defining a healthy diet: Evidence for the role of contemporary dietary patterns in health and disease. *Nutrients, 12*(2). https://doi.org/10.3390/nu12020334

Cerrato, J., & Cifre, E. (2018). Gender inequality in household chores and work-family conflict. *Frontiers in Psychology, 9*, 1330. https://doi.org/10.3389/fpsyg.2018.01330

Charmaz, K. (1995). Grounded theory. In J. Smith, R. Harré, & L. Langenhove (Eds.), *Rethinking Methods in Psychology* (pp. 27–65). SAGE Publications. https://doi.org/10.4135/9781446221792.n3

Charmaz, K. (2000). Grounded Theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Hanbook of qualitative research* (2nd ed., pp. 509–535). SAGE Publications.

Charmaz, K. (2001). Grounded theory. In R. M. Emerson (Ed.), Contemporary field research: Perspectives and formulations (2nd ed., pp. 335–352). Waveland Press.

Chatam House. (2021). *Chatham House Rule*. The Royal Institute of International Affairs. https://www.chathamhouse.org/about-us/chatham-house-rule

CHEFIN Australia. (2021). *What is traditional Australian cuisine? The ultimate guide to Australian cooking & traditional Australian food*. https://chefin.com.au/blog/traditional-australian-food/

Chesney, M. (2000). Interaction and understanding: 'me' in the research. *Nurse Researcher, 7*(3), 58–69. https://doi.org/10.3389/fpsyg.2014.01031

Cheung, T. T. L., Junghans, A. F., Dijksterhuis, G. B., Kroese, F., Johansson, P., Hall, L., & De Ridder, D. T. D. (2016). Consumers' choice-blindness to ingredient information. *Appetite, 106*, 2–12. https://doi.org/10.1016/j.appet.2015.09.022

Christians, C. G. (2005). Ethics and politics in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 139–164). SAGE Publications.

Chrysochou, P., & Grunert, K. G. (2014). Health-related ad information and health motivation effects on product evaluations. *Journal of Business Research, 67*(6), 1209–1217. https://doi.org/10.1016/j.jbusres.2013.05.001

Clarke, V., & Braun, V. (2017). Thematic analysis. *Journal of Positive Psychology, 12*(3), 297–298. https://doi.org/10.1080/17439760.2016.1262613

Clatterbaugh, K. (2018). *Contemporary perspectives on masculinity: Men, women, and politics in modern society*. Routledge.

Clausen, J. A. (1995). Gender, contexts, and turning points in adults' lives. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development.* (pp. 365–389). American Psychological Association. https://doi.org/10.1037/10176-010

Cohler, B. J. (2005). Life course social science perspectives on the GLBT family. *Journal of GLBT Family Studies, 1*(1), 69. https://doi.org/10.1300/J461v01n01_06

Collins, A. (2019). *The Global Risks Report 2019, 14th Edition*. World Economic Forum. https://www.weforum.org/reports/the-global-risks-report-2019

Collins, C., Duncanson, K., & Burrows, T. (2014). A systematic review investigating associations between parenting style and child feeding behaviours. *Public Health Nutrition and Epidemiology, 27*(6), 557–568. https://doi.org/10.1111/jhn.12192

Collins, C., Williams, A., Morgan, P., Lloyd, A., & Burrows, T. (2012). The association between father-child dietary intakes: Results from the Healthy Dads, Healthy Kids community randomised controlled trial. *Obesity Research & Clinical Practice, 6*, 80. https://doi.org/10.1016/j.orcp.2012.08.164

Colorafi, K. J., & Evans, B. (2016). Qualitative descriptive methods in health science research. *HERD, 9*(4), 16–25. https://doi.org/10.1177/1937586715614171

Commetric. (2019). *Fast Food in the Media: The Rise of the Health-Conscious Consumer*. https://commetric.com/2019/01/04/fast-food-in-the-media-the-rise-of-the-health-conscious-consumer/

Commonwealth of Australia. (2020). *About Health Star Ratings*. https://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/About-health-stars

Conlon, M. A., & Bird, A. R. (2015). The impact of diet and lifestyle on gut microbiota and human health. *Nutrients*, 7(1), 17-44. https://www.mdpi.com/2072-6643/7/1/17

Connell, R. (2005). *Masculinities* (2nd ed.). Allen & Unwin.

Conner, M., & Sparks, P. (2002). Ambivalence and attitudes. *European Review of Social Psychology, 12*(1), 37–70. https://doi.org/10.1002/0470013478.ch2

Conner, M., Wilding, S., van Harreveld, F., & Dalege, J. (2020). Cognitive-affective inconsistency and ambivalence: Impact on the overall attitude–behavior relationship. *Personality and Social Psychology Bulletin, 47*(4), 673–687. https://doi.org/10.1177/0146167220945900

Connors, M., Bisogni, C. A., Sobal, J., & Devine, C. M. (2001). Managing values in personal food systems. *Appetite, 36*(3), 189–200. https://doi.org/10.1006/appe.2001.0400

Cooke, L. (2007). The importance of exposure for healthy eating in childhood: A review. *Journal of Human Nutrition and Dietetics, 20*(4), 294–301. https://doi.org/10.1111/j.1365-277X.2007.00804.x

Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum, 41*(1), 89–91. https://doi.org/10.1188/14.ONF.89-91

Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. SAGE publications.

Costigan, C. L., & Cox, M. J. (2001). Fathers' participation in family research: Is there a self-selection bias? *Journal of Family Psychology, 15*(4), 706–720. https://doi.org/10.1037/0893-3200.15.4.706

Courtenay, W. H. (2000a). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine, 50*(10), 1385–1401. https://doi.org/10.1016/S0277-9536(99)00390-1

Courtenay, W. H. (2000b). Engendering health: A social constructionist examination of men's health beliefs and behaviors. *Psychology of Men & Masculinities, 1*(1), 4–15. https://doi.org/10.1037/1524-9220.1.1.4

Crabb, A. (2019). Men at Work − Australia's parenthood trap. *Quartely Essay*, (75). https://www.quarterlyessay.com.au/essay/2019/09/men-at-work

Craig, L., & Churchill, B. (2021). Dual-earner parent couples' work and care during COVID-19. *Gender, Work & Organization, 28*(S1), 66–79. https://doi.org/10.1111/gwao.12497

Craig, L., Mullan, K., & Blaxland, M. (2010). Parenthood, policy and work-family time in Australia 1992—2006. *Work, Employment and Society, 24*(1), 27–45. https://doi.org/10.1177/0950017009353778

Cross, S. N. N., & Gilly, M. C. (2014). Consumption compromises: Negotiation and unification within contemporary families. *Journal of Business Research*(4), 449. https://doi.org/10.1016/j.jbusres.2013.03.031

CrossFit – FAQ Nutrition. (n.d.). https://www.crossfit.com/faq/nutrition

Crotty, M. (1998a). *The foundations of Social Research: Meaning and perspective in the research process*. SAGE Publications.

CSIRO Total Wellbeing Diet. (2021). *About the Diet*. https://www.totalwellbeingdiet.com/au/the-diet/our-diet/about-the-diet/

Dallacker, M., Hertwig, R., & Mata, J. (2018). Parents' considerable underestimation of sugar and their child's risk of overweight. *International Journal of Obesity, 42*(5), 1097–1100. https://doi.org/10.1038/s41366-018-0021-5

Daly, K. (1993). Reshaping fatherhood: Finding the models. *Journal of Family Issues, 14*(4), 510. https://doi.org/10.1177/019251393014004003

Daminger, A. (2020). De-gendered processes, gendered outcomes: How egalitarian couples make sense of non-egalitarian household practices. *American Sociological Review, 85*(5), 806–829. https://doi.org/10.1177/0003122420950208

Daniels, S. R. (2009). Complications of obesity in children and adolescents. *International Journal of Obesity, 33 Suppl 1*, S60–S65. https://doi.org/10.1038/ijo.2009.20

Davis, M., Baranowski, T., Hughes, M., Warneke, C. L., & Mullis, R. (2002). Using children as change agents in increased fruit and vegetable consumption among lower-income African American adults: Process evaluation results of the Bringing It Home Program. In A. Steckler & L. Linnan (Eds.), *Process Evaluation in Public Health Interventions* (pp. 249–267). Jossey-Bass.

Davison, K., Charles, J., Khandpur, N., & Nelson, T. (2017). Fathers' perceived reasons for their underrepresentation in child health research and strategies to

increase their involvement. *Maternal & Child Health Journal, 21*(2), 267–274. https://doi.org/10.1007/s10995-016-2157-z

Davison, K. K., Gicevic, S., Aftosmes-Tobio, A., Ganter, C., Simon, C. L., Newlan, S., & Manganello, J. A. (2016). Fathers' representation in observational studies on parenting and childhood obesity: A systematic review and content analysis. *American Journal of Public Health, 106*(11), e14–e21. https://doi.org/10.2105/AJPH.2016.303391

Davison, K. K., Haines, J., Garcia, E. A., Douglas, S., & McBride, B. (2020). Fathers' food parenting: A scoping review of the literature from 1990 to 2019. *Pediatric Obesity,* 1–10. https://doi.org/10.1111/ijpo.12654

Davison, K. K., Kitos, N., Aftosmes-Tobio, A., Ash, T., Agaronov, A., Sepulveda, M., & Haines, J. (2018). The forgotten parent: Fathers' representation in family interventions to prevent childhood obesity. *Preventive Medicine, 111*, 170–176. https://doi.org/10.1016/j.ypmed.2018.02.029

De Lepeleere, S., DeSmet, A., Verloigne, M., Cardon, G., & De Bourdeaudhuij, I. (2013). What practices do parents perceive as effective or ineffective in promoting a healthy diet, physical activity, and less sitting in children: Parent focus groups. *BMC Public Health, 13*, 1067. https://doi.org/10.1186/1471-2458-13–1067

De Souza, P., & Ciclitira, K. E. (2005). Men and dieting: A qualitative analysis. *Journal of Health Psychology, 10*(6), 793–804. https://doi.org/10.1177/1359105305057314

Deakin University. (2021). *Eat sustainably and help yourself, your wallet and the planet*. https://blogs.deakin.edu.au/deakinnutrition/2021/01/28/eat-sustainably-and-help-yourself-your-wallet-and-the-planet/

Dean, M., Lampila, P., Shepherd, R., Arvola, A., Saba, A., Vassallo, M., Claupein, E., Winkelmann, M., & Lähteenmäki, L. (2012). Perceived relevance and foods with health-related claims. *Food Quality and Preference, 24*(1), 129–135. https://doi.org/10.1016/j.foodqual.2011.10.006

Declercq, J., Tulkens, S., & Van Leuven, S. (2019). The produsing expert consumer: Co-constructing, resisting and accepting health-related claims on social media in response to an infotainment show about food. *Health, 23*(6), 602–620. https://doi.org/10.1177/1363459318763935

Delaney, M., & McCarthy, M. (2011). Food choice and health across the life course: A qualitative study examining food choice in older irish adults. *Journal of Food Products Marketing, 17*(2-3), 114–140. https://doi.org/10.1080/10454446.2011.548717

Demo, D. H. (1992). The self-concept over time: Research issues and directions. *Annual Review of Sociology, 18*(1), 303–326. https://doi.org/10.1146/annurev.so.18.080192.001511

Denzin, N. K. (1989). *The research act: A theoretical introduction to sociological methods* (3rd ed.). Prentice Hall.

Derbyshire, E. J. (2016). Flexitarian diets and health: A review of the evidence-based literature. *Frontiers in Nutrition, 3*, 55. https://doi.org/10.3389/fnut.2016.00055

Dermott, E. (2008). *Intimate fatherhood: A sociological analysis*. Routledge.

DeSouza, E. R., Baldwin, J., Koller, S. H., & Narvaz, M. (2004). A Latin American perspective on the study of gender. In M. A. Paludi (Ed.), *Praeger guide to the psychology of gender* (pp. 41–67). Praege.

DeVault, M. L. (1991). *Feeding the family : The social organization of caring as gendered work* (Paperback edition. ed.). University of Chicago Press.

Devine, C. M. (2005). A life course perspective: Understanding food choices in time, social location, and history. *Journal of Nutrition Education and Behavior, 37*(3), 121–128. https://doi.org/10.1016/S1499-4046(06)60266-2

Devine, C. M., Connors, M., Bisogni, C. A., & Sobal, J. (1998). Life-course influences on fruit and vegetable trajectories: Qualitative analysis of food choices. *Journal of Nutrition Education*(6), 361. https://doi.org/10.1016/S0022-3182(98)70358-9

Devine, C. M., Sobal, J., Bisogni, C. A., & Connors, M. (1999). Food choices in three ethnic groups: Interactions of ideals, identities, and roles. *Journal of Nutrition Education, 31*(2), 86–93. https://doi.org/10.1016/S0022-3182(99)70400-0

Devine, C. M., Wolfe, W. S., Frongillo Jr, E. A., & Bisogni, C. A. (1999). Life-course events and experiences: Association with fruit and vegetable consumption in 3 ethnic groups. *Journal of the American Dietetic Association, 99*(3), 309–314. https://doi.org/10.1016/S0002-8223(99)00080-2

Dickens, E., & Ogden, J. (2014). The role of parental control and modelling in predicting a child's diet and relationship with food after they leave home. A

prospective study. *Appetite, 76,* 23–29. https://doi.org/10.1016/j.appet.2014.01.013

Dionigi, R. (2006, Oct). Competitive sport and aging: the need for qualitative sociological research. *Journal of Aging and Physical Activity, 14*(4), 365–379. https://doi.org/10.1123/japa.14.4.365

Divine, R. L., & Lepisto, L. R. (2005). Analysis of the healthy lifestyle consumer. *Journal of Consumer Marketing, 22,* 275–283. https://doi.org/10.1108/07363760510611707

Doman, M. (2018). *Home is where the hard work begins.* ABC News. https://www.abc.net.au/news/2018-05-29/home-is-where-the-hard-work-begins/9770986

Dominelli, L., Strega, S., Walmsley, C., Callahan, M., & Brown, L. (2011). 'Here's my story': Fathers of 'looked after' children recount their experiences in the Canadian child welfare system. *British Journal of Social Work, 41*(2), 351–367. https://doi.org/10.1093/bjsw/bcq099

Doucet, A. (2006). 'Estrogen-filled worlds': Fathers as primary caregivers and embodiment. *The Sociological Review, 54*(4), 696–716. https://doi.org/10.1111/j.1467-954X.2006.00667.x

Doucet, A. (2017). The ethics of care and the radical potential of fathers 'home alone on leave': Care as practice, relational ontology, and social justice. In M. O'Brien & K. Wall (Eds.), *Comparative Perspectives on Work-Life Balance & Gender Equality: Fathers on Leave Alone* (Vol. 6, pp. 11–28). Springer Open. https://doi.org/10.1007/978-3-319-42970-0_2

Drewnowski, A., & Darmon, N. (2005). The economics of obesity: Dietary energy density and energy cost. *American Journal of Clinical Nutrition, 82*(1 Suppl), 265S–273S. https://doi.org/10.1093/ajcn/82.1.265S

Duggleby, W. (2005). What about focus group interaction data? *Qualitative Health Research, 15*(6), 832–840. https://journals.sagepub.com/doi/10.1177/1049732304273916?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed

Durão, C., Andreozzi, V., Oliveira, A., Moreira, P., Guerra, A., Barros, H., & Lopes, C. (2015). Maternal child-feeding practices and dietary inadequacy of 4-year-old children. *Appetite, 92,* 15–23. https://doi.org/10.1016/j.appet.2015.04.067

Editor. (2019). *Sugar vs Fat*. Diabetes.co.uk. https://www.diabetes.co.uk/nutrition/sugar-vs-fat.html

Edvardsson, K., Ivarsson, A., Eurenius, E., Garvare, R., Nystrom, M. E., Small, R., & Mogren, I. (2011). Giving offspring a healthy start: parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC Public Health, 11*, 936. https://doi.org/10.1186/1471-2458-11-936

Edwards, E. (1992). *Anthropology and photography, 1860-1920*. Yale University Press in association with the Royal Anthropological Institute.

Eggebeen, J. D., Knoester, C., & McDaniel, B. (2013). The implications of fatherhood for men. In N. J. Cabrera & C. S. Tamis-LeMonda (Eds.), *Handbook of father involvement–Multidisciplinary perspectives* (pp. 338–357). Routledge. https://doi.org/10.4324/9780203101414

Eisenberg, M. H., Lipsky, L. M., Gee, B., Liu, A., & Nansel, T. R. (2017). Parent healthful eating attitudes and motivation are prospectively associated with dietary quality among youth with type 1 diabetes. *Vulnerable Children and Youth Studies, 12*(3), 226–240. https://doi.org/10.1080/17450128.2017.1308045

Eli, K., Howell, K., Fisher, P. A., & Nowicka, P. (2016). A question of balance: Explaining differences between parental and grandparental perspectives on preschoolers' feeding and physical activity. *Social Science & Medicine, 154*, 28–35. https://doi.org/10.1016/j.socscimed.2016.02.030

Elliott, K. (2016). Caring masculinities: Theorizing an emerging concept. *Men and Masculinities, 19*(3), 240–259.

Elstgeest, L. E., Mishra, G. D., & Dobson, A. J. (2012). Transitions in living arrangements are associated with changes in dietary patterns in young women. *The Journal of Nutrition, 142*(8), 1561–1567. https://doi.org/10.3945/jn.112.158188

Embling, R., Pink, A., Wilkinson, L., & Price, M. (2020). *Food variety is important for our health – but the definition of a 'balanced diet' is often murky*. The Conversation. https://theconversation.com/food-variety-is-important-for-our-health-but-the-definition-of-a-balanced-diet-is-often-murky-149126

Epp, A. M., & Price, L. L. (2008). Family identity: A framework of identity interplay in consumption practices. *Journal of Consumer Research*(1), 50–70. https://doi.org/10.1086/529535

Epp, A. M., & Price, L. L. (2018). Constraints and possibilities in the thrown togetherness of feeding the family. *European Journal of Marketing, 52*(12), 2499–2511. https://doi.org/10.1108/EJM-06-2018-0385

Erlingsson, C., & Brysiewicz, P. (2013). Orientation among multiple truths: An introduction to qualitative research. *African Journal of Emergency Medicine, 3*(2), 92–99. https://doi.org/10.1016/j.afjem.2012.04.005

Etikan, I., Musa, S. A., &, Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1–4. https://doi.org/10.11648/j.ajtas.20160501.11

Eufic. (2021). Food choice. https://www.eufic.org/en/healthy-living/category/food-choice

Euromonitor International. (2016). *New lifestyles system data: 2016 Global consumer trends survey results*. https://blog.euromonitor.com/new-lifestyles-system-data-2016-global-consumer-trends-survey-results/

Eurostat. (2021). *Employment – annual statistics*. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Employment_-_annual_statistics

Ezzy, D. (1998). Theorizing narrative identity: Symbolic interactionism and Hermeneutics. *The Sociological Quarterly, 39*(2), 239. https://doi.org/10.1111/j.1533-8525.1998.tb00502.x

Faith, M. S., Scanlon, K. S., Birch, L. L., Francis, L. A., & B., S. (2004). Parent-child feeding strategies and their relationships to child eating and weight status. *Obesity, 12*(11), 1711–1722. https://doi.org/10.1038/oby.2004.212

Falk, L. W., Sobal, J., Bisogni, C. A., Connors, M., & Devine, C. M. (2001). Managing healthy eating: Definitions, classifications, and strategies. *Health Education & Behavior, 28*(4), 425–439. https://doi.org/10.1177/109019810102800405

Fan, P.-L., & Marini, M. M. (2000). Influences on gender-role attitudes during the transition to adulthood. *Social Science Research, 29*(2), 258–283. https://doi.org/10.1006/ssre.1999.0669

Farahmand, M., Amiri, P., Ramezani Tehrani, F., Momenan, A. A., Mirmiran, P., & Azizi, F. (2015). What are the main barriers to healthy eating among families? A qualitative exploration of perceptions and experiences of Tehranian men. *Appetite, 89*, 291–297. https://doi.org/10.1016/j.appet.2015.02.025

Fardet, A. (2015). Complex foods: Versus functional foods, nutraceuticals and dietary supplements: Differential health impact (Part 2). *Agro Food Industry Hi Tech, 26*, 20–22. https://www.researchgate.net/publication/278028288

Fazio, R. H. (1986). How do attitudes guide behavior? In R. M. Sorrentino & E. T. Higgins (Eds.), *Handbook of motivation and cognition: Foundations of social behavior* (Vol. 1, pp. 204–243). Guilford.

Feinberg, M. E. (2002). Coparenting and the transition to parenthood: A framework for prevention. *Clinical Child and Family Psychology Review, 5*(3), 173–195. https://doi.org/10.1023/a:1019695015110

Fenech, M. (2007). *Nutrition and genome health*. ILSI International Conference on Nutrigenomics, Singapore. https://doi.org/10.1159/000107067

Fenner, L., & Banwell, C. (2019). What Do the 'Breadwinners' Do? Understanding Fathers' Roles in Family Food Work in Australia. *Global Journal of Health Science, 11*(3), 1–12. https://doi.org/10.5539/gjhs.v11n3p1

Fenstermaker, S., & West, C. (2002). *Doing gender, doing difference : Inequality, power, and institutional change*. Routledge.

Fern, E. F. (1982). The use of focus groups for idea generation: The effects of group size, acquaintanceship, and moderator on response quantity and quality. *Journal of marketing Research, 19*(1), 1–13. https://doi.org/10.2307/3151525

Fernan, C., Schuldt, J. P., & Niederdeppe, J. (2018). Health Halo effects from product titles and nutrient content claims in the context of "protein" bars. *Health Communication, 33*(12), 1425–1433. https://doi.org/10.1080/10410236.2017.1358240

Fernández-Alvira, J. M., Börnhorst, C., Bammann, K., Gwozdz, W., Krogh, V., Hebestreit, A., Barba, G., Reisch, L., Eiben, G., Iglesia, I., Veidebaum, T., Kourides, Y. A., Kovacs, E., Huybrechts, I., Pigeot, I., & Moreno, L. A. (2015). Prospective associations between socio-economic status and dietary patterns in European children: The Identification and Prevention of Dietary- And Lifestyle-induced Health Effects in Children and Infants (IDEFICS) study. *British Journal of Nutrition, 113*(3), 517–525. https://doi.org/10.1017/S0007114514003663

Fernandez, M. A., Marquis, M., Desroches, S., Turcotte, M., & Provencher, V. (2019). Full-time employment, diet quality, and food skills of Canadian parents.

Canadian Journal of Dietetic Practice & Research, 80(2), 63–71. https://doi.org/10.3148/cjdpr-2018-041

Ferrer, R., & Klein, W. M. (2015). Risk perceptions and health behavior. *Current Opinion in Psychology, 5*, 85–89. https://doi.org/10.1016/j.copsyc.2015.03.012

Festinger, L. (1962, Oct). Cognitive dissonance. *Scientific American, 207*, 93–102. https://doi.org/10.1038/scientificamerican1062-93

Feunekes, G. I., Stafleu, A., de Graaf, C., & van Staveren, W. A. (1997). Family resemblance in fat intake in The Netherlands. *European Journal of Clinical Nutrition, 51*(12), 793–799. https://doi.org/10.1038/sj.ejcn.1600494

Fielding-Singh, P. (2017). Dining with dad: Fathers' influences on family food practices. *Appetite, 117*, 98–108. https://doi.org/10.1016/j.appet.2017.06.013

Fielding-Singh, P. (2019). You're worth what you eat: Adolescent beliefs about healthy eating, morality and socioeconomic status. *Social Science & Medicine, 220*, 41–48. https://doi.org/10.1016/j.socscimed.2018.10.022

Firth, J., Marx, W., Dash, S., Carney, R., Teasdale, S. B., Solmi, M., Stubbs, B., Schuch, F. B., Carvalho, A. F., Jacka, F., & Sarris, J. (2019). The effects of dietary improvement on symptoms of depression and anxiety: A meta-analysis of randomized controlled trials. *Psychosomatic Medicine, 81*(3), 265–280. https://doi.org/10.1097/PSY.0000000000000673

Fisher, J. O., Mitchell, D. C., Smiciklas-Wright, H., & Birch, L. L. (2002). Parental influences on young girls' fruit and vegetable, micronutrient, and fat intakes. *Journal of the American Dietetic Association, 102*, 58–64. https://doi.org/10.1016/S0002-8223(02)90017-9

Fogarty, K., & Evans, G. D. (2009). Being an involved father: What does it mean?. *EDIS, 2009*(10). http://ufdcimages.uflib.ufl.edu/IR/00/00/33/64/00001/HE14100.pdf

Fontana, A., & Frey, J. H. (2000). The interview: From structured questions to negotiated text. . In N. K. Denzin & Y. S. Lincoln (Eds.), The *SAGE handbook of Qualitative Research* (2 ed.). SAGE Publications.

Fontane, P. E. (1996). Exercise, fitness, and feeling well. *American Behavioral Scientist, 39*(3), 288–305. https://doi.org/10.1177/0002764296039003006

Food and Agriculture Organization of the United Nations. (2010). Fats and fatty acids in human nutrition. Report of an expert consultation. *FAO Food and Nutrition Paper, 91*, 1–166.

Food Standards Australia & New Zealand. (2019). *Food Standards Code*. https://www.foodstandards.gov.au/code/Pages/default.aspx

Förster, J., Liberman, N., & Friedman, R. S. (2007). Seven principles of goal activation: A systematic approach to distinguishing goal priming from priming of non-goal constructs. *Personality & Social Psychology Review, 11*(3), 211–233. https://doi.org/10.1177/1088868307303029

Forwood, S. E., Ahern, A. L., Hollands, G. J., Ng, Y.-L., & Marteau, T. M. (2015). Priming healthy eating. You can't prime all the people all of the time. *Appetite, 89*, 93–102. https://doi.org/10.1016/j.appet.2015.01.018

Fraser, J., Skouteris, H., McCabe, M., Ricciardelli, L. A., Milgrom, J., & Baur, L. A. (2011). Paternal influences on children's weight gain: A systematic review. *Fathering: A Journal of Theory, Research & Practice about Men as Fathers, 9*(3), 252–267. http://hdl.handle.net/10536/DRO/DU:30040225

Freeman, C. R., Zehra, A., Ramirez, V., Wiers, C. E., Volkow, N. D., & Wang, G. J. (2018). Impact of sugar on the body, brain, and behaviour. *Frontiers in Bioscience, 23*, 2255–2266. https://www.bioscience.org/2018/v23/af/4704/2.htm

French, S. A., Tangney, C. C., Crane, M. M., Wang, Y., & Appelhans, B. M. (2019). Nutrition quality of food purchases varies by household income: The SHoPPER study. *BMC Public Health, 19*, 231. https://doi.org/10.1186/s12889-019-6546-2

Fulkerson, J. A., Kubik, M. Y., Rydell, S., Boutelle, K. N., Garwick, A., Story, M., Neumark-Sztainer, D., & Dudovitz, B. (2011). Focus groups with working parents of school-aged children: What's needed to improve family meals? *Journal of Nutrition Education and Behavior, 43*(3), 189–193. https://doi.org/10.1016/j.jneb.2010.03.006

Furst, T., Connors, M., Bisogni, C. A., Sobal, J., & Falk, L. W. (1996). Food choice: A conceptual model of the process. *Appetite, 26*(3), 247–265. https://doi.org/10.1006/appe.1996.0019

Gadamer, H.-G. a., Marshall, D. G., & Weinsheimer, J. (2013). *Truth and method*. Bloomsbury Academic.

Gadamer, H. G. (1989). *Truth and Method*. Crossroad.

Gadhoke, P., Christiansen, K., Swartz, J., & Gittelsohn, J. (2015). "Cause it's family talking to you": Children acting as change agents for adult food and physical activity behaviors in American Indian households in the Upper Midwestern United States. *Childhood, 22*(3), 346–361. https://doi.org/10.1177/0907568214538290

Gagliardi, N. (2015). *Consumers want healthy foods – And will pay more for them*. Forbes. https://www.forbes.com/sites/nancygagliardi/2015/02/18/consumers-want-healthy-foods-and-will-pay-more-for-them/?sh=6b76b0575c55

Galbin, A. (2015). Social Constructionism. A Postmodern approach to knowledge. *Scientific Annals of the 'Al. I. Cuza' University, Iasi. Sociology & Social Work, 8*(1), 47–53.

Garcia, A. L., Vargas, E., Lam, P. S., Shennan, D. B., Smith, F., & Parrett, A. (2014). Evaluation of a cooking skills programme in parents of young children. A longitudinal study. *Public Health Nutrition, 17*(5), 1013–1021. https://doi.org/10.1017/S1368980013000165

Garfield, C. F. (2018). Toward better understanding of how fathers contribute to their offspring's health. Pediatrics, 141(1), e20173461. https://doi.org/10.1542/peds.2017-3461

Garfield, C. F., Isacco, A., & Bartlo, W. D. (2010). Men's health and fatherhood in the urban Midwestern United States. *International Journal of Men's Health, 9*(3), 161–174. https://doi.org/10.3149/jmh.0903.161

Garfield, C. F., Isacco, I. I. I., & Antony, J. (2012). Urban fathers' involvement in their child's health and healthcare. *Psychology of Men & Masculinities, 13*(1), 32–48. https://doi.org/10.1037/a0025696

GBD 2016 Risk Factors Collaborators. (2017). Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. The Lancet, 390, 1345-1422. https://doi.org/10.1016/S0140-6736(17)32366-8

Gearhardt, A. N., & Hebebrand, J. (2021). The concept of "food addiction" helps inform the understanding of overeating and obesity: YES. *The American Journal of Clinical Nutrition, 113*(2), 263–267. https://doi.org/10.1093/ajcn/nqaa343

Gedrich, K. (2003). Determinants of nutritional behaviour: A multitude of levers for successful intervention? *Appetite, 41*(3), 231–238. https://doi.org/10.1016/j.appet.2003.08.005

Geertz, C. (1973). *The interpretation of cultures: Selected essays*. Basic Books.

Gehrt, K. C., & Yale, L. J. (1993). The dimensionality of the convenience phenomenon: A qualitative examination. *Journal of Business & Psychology, 8*(2), 163–180. https://doi.org/10.1007/BF02230383

Gemlo, L. R., Keenan, D. P., Ruffing, J., & Sweet, D. (1998). Focus on fathers: A qualitative study of the nutrition education needs and preferences of fathers. *Journal of Nutrition Education*(2), 74–80. https://doi.org/10.1016/S0022-3182(98)70283-3

Genesoni, L., & Tallandini, M. A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989–2008. *Birth, 36*(4), 305–318. https://doi.org/10.1111/j.1523-536X.2009.00358.x

George, L. K. (2003). Life course research: Achievements and potential. In Mortimer J. T. & S. M. J. (Eds.), *Handbook of the life course* (pp. 671–680). Springer. https://doi.org/10.1007/b100507

German Nutrition Society. (2017). *10 Guidelines of the German Nutrition Society (DGE) for a wholesome diet*. DGE. https://www.dge.de/index.php?id=322

Gevers, D. W. M., van Assema, P., Sleddens, E. F. C., de Vries, N. K., & Kremers, S. P. J. (2015). Associations between general parenting, restrictive snacking rules, and adolescent's snack intake. The roles of fathers and mothers and interparental congruence. *Appetite, 87*, 184–191. https://doi.org/10.1016/j.appet.2014.12.220

Ghvanidze, S., Velikova, N., Dodd, T., & Oldewage-Theron, W. (2017). A discrete choice experiment of the impact of consumers' environmental values, ethical concerns, and health consciousness on food choices: A cross-cultural analysis. *British Food Journal, 119*(4), 863–881. https://doi.org/10.1108/BFJ-07-2016-0342

Giallo, R., Rose, N., Cooklin, A., & McCormack, D. (2013). In survival mode: Mothers and fathers' experiences of fatigue in the early parenting period. *Journal of Reproductive and Infant Psychology, 31*(1), 31–45. https://doi.org/10.1080/02646838.2012.751584

Giddens, A. (1991). Modernity and self-identity: Self and society in the late-modern age. Polity Press.

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal, 204*(6), 291–295. https://doi.org/10.1038/bdj.2008.192

Gilligan, C. (2003). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Global Panel on Agriculture and Food Systems for Nutrition. (2016). *Food systems and diets: Facing the challenges of the 21st century*. http://glopan.org/sites/default/files/ForesightReport.pdf

Godfray, H. C. J., Beddington, J. R., Crute, I. R., Haddad, L., Lawrence, D., Muir, J. F., Pretty, J., Robinson, S., Thomas, S. M., & Toulmin, C. (2010). Food security: The challenge of feeding 9 billion people. *Science, 327*(5967), 812–818. https://doi.org/10.1126/science.1185383

Godin, G. (1987). Importance of the emotional aspect of attitude to predict intention. *Psychological Reports, 61*(3), 719–723.

Goldscheider, F., Bernhardt, E., & Lappegård, T. (2015). The gender revolution: A framework for understanding changing family and demographic behavior. *Population and Development Review, 41*(2), 207–239. https://doi.org/10.1111/j.1728-4457.2015.00045.x

Goodman Fielder. (2017). *Top 5 food trends to look out for in 2018*. https://www.gffoodservice.com.au/idea/top-5-food-trends-look-2018/

Gordon, D. M., Hawes, S. W., Reid, A. E., Callands, T. A., Magriples, U., Divney, A., Niccolai, L. M., & Kershaw, T. (2013). The many faces of manhood: examining masculine norms and health behaviors of young fathers across race. *American Journal of Men's Health, 7*(5), 394–401. https://doi.org/10.1177/1557988313476540

Gortmaker, S. L., Swinburn, B. A., Levy, D., Carter, R., Mabry, P. L., Finegood, D. T., Huang, T., Marsh, T., & Moodie, M. L. (2011). Changing the future of obesity: Science, policy, and action. *Lancet, 378*(9793), 838–847. https://doi.org/10.1016/S0140-6736(11)60815-5

Gough, B., & Conner, M. T. (2006). Barriers to healthy eating amongst men: A qualitative analysis. *Social Science & Medicine, 62*(2), 387–395. https://doi.org/10.1016/j.socscimed.2005.05.032

Gould, S. J. (1988). Consumer attitudes toward health and health care: A differential perspective. *Journal of Consumer Affairs, 22*(1), 96–118. https://doi.org/10.1111/j.1745-6606.1988.tb00215.x

Goulding, T., Lindberg, R., & Russell, C. G. (2020). The affordability of a healthy and sustainable diet: An Australian case study. *Nutrition Journal, 19*(1), 109. https://doi.org/10.1186/s12937-020-00606-z

Grace, D. (2015). *Food safety in developing countries: An overview*. https://www.agrilinks.org/sites/default/files/resource/files/EoD_Learning_Resource_Food%20Safety_updFeb2016-1.pdf

Grady, M. P. (1998). *Qualitative and action research: A practitioner handbook*. Phi Delta Kappa Educational Foundation.

Graham, H. (1993). *When life's a drag: women, smoking and disadvantage*. HM Stationery Office London.

Gram, M., & Grønhøj, A. (2019). When fathers feed their family: The emergence of new father roles in Denmark. In V. Harman, B. Cappellini, & C. Faircloth (Eds.), *Feeding Children Inside and Outside the Home: Critical Perspectives* (pp. 143–155). Routledge. http://ebookcentral.proquest.com/lib/deakin/detail.action?docID=5574151

Grant, K. R., Gallardo, K., & McCluskey, J. J. (2019). *Measuring Consumer Preference for Clean Label in Processed Foods* 2019 Annual Meeting, July 21–23, Atlanta, Georgia 290794, Agricultural and Applied Economics Association. https://doi.org/10.22004/ag.econ.290794

Green, J., & Thorogood, N. (2018). *Qualitative methods for health research* (4th ed.). SAGE Publications.

Greenbaum, T. L. (1998). *The handbook for focus group research*. SAGE Publications.

Griffith, D. M., Cornish, E. K., McKissic, S. A., & Dean, D. A. L. (2016). Differences in perceptions of the food environment between African American men who did and did not consume recommended levels of fruits and vegetables. *Health*

Education & Behavior, 43(6), 648–655. https://doi.org/10.1177/1090198115626923

Gruber, K. J., & Haldeman, L. A. (2009). Using the family to combat childhood and adult obesity. *Preventing Chronic Disease, 6*(3), A106. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722397/

Grunert, K. (2005). Food quality and safety: Consumer perception and demand. *European Review of Agricultural Economics, 32*, 369–391. https://doi.org/10.1093/eurrag/jbi011

Grunert, K. G. (2013). Nutrition labeling. *Encyclopedia of Human Nutrition, 3*, 315–319.

Guba, E. G. (1990). The Alternative Paradigm Dialog. In E. G. Guba (Ed.), *The Paradigm Dialog* (pp. 17–27). SAGE Publications.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59–82. https://doi.org/10.1177/1525822X05279903

Guillaumie, L., Godin, G., & Vézina-Im, L.-A. (2010). Psychosocial determinants of fruit and vegetable intake in adult population: A systematic review. *International Journal of Behavioral Nutrition & Physical Activity, 7*, 12. https://doi.org/10.1186/1479-5868-7-12

Gupta, R. S., Warren, C. M., Smith, B. M., Jiang, J., Blumenstock, J. A., Davis, M. M., Schleimer, R. P., & Nadeau, K. C. (2019). Prevalence and severity of food allergies among US adults. *JAMA Network Open, 2*(1), e185630. https://doi.org/10.1001/jamanetworkopen.2018.5630

Gustafson, T. (2017). *Younger consumers are more health conscious than previous generations*. HuffPost News. https://www.huffingtonpost.ca/timi-gustafson/younger-consumers-are-mor_b_14290774.html

Guthman, J., & DuPuis, M. (2006). Embodying neoliberalism: Economy, culture, and the politics of fat. *Environment and planning D: Society and space, 24*(3), 427–448. https://doi.org/10.1068/d3904

Guzzo, K. B. (2011). New fathers' experiences with their own fathers and attitudes toward fathering. *Fathering*(3), 268. https://doi.org/10.3149/fth.0903.268

Habib, C. (2012). The transition to fatherhood: A literature review exploring paternal involvement with identity theory. *Journal of Family Studies* 2(3), 103. https://doi.org/10.5172/jfs.2012.18.2-3.103

Haerens, L., De Bourdeaudhuij, I., Barba, G., Eiben, G., Fernandez, J., Hebestreit, A., Kovacs, E., Lasn, H., Regber, S., Shiakou, M., De Henauw, S., & consortium, I. (2009). Developing the IDEFICS community-based intervention program to enhance eating behaviors in 2- to 8-year-old children: Findings from focus groups with children and parents. *Health Education Research, 24*(3), 381–393. https://doi.org/10.1093/her/cyn033

Hagger, M. S., & Hamilton, K. (2019). Health behavior, health promotion, and the transition to parenthood: Insights from research in health psychology and behavior change. In O. Taubman – Ben-Ari (Ed.), *Pathways and barriers to parenthood: Existential concerns regarding fertility, pregnancy, and early parenthood* (1st ed., pp. 251–269). Springer. https://doi.org/10.1007/978-3-030-24864-2

Halfon, N., & Hochstein, M. (2002). Life course health development: An integrated framework for developing health, policy, and research. *The Milbank Quarterly, 80*(3), 433–479. https://doi.org/10.1111/1468-0009.00019

Hall, L., Collins, C. E., Morgan, P. J., Burrows, T. L., Lubans, D. R., & Callister, R. (2011). Children's intake of fruit and selected energy-dense nutrient-poor foods is associated with fathers' intake. *Journal of the American Dietetic Association, 111*, 1039–1044. https://doi.org/10.1016/j.jada.2011.04.008

Halton, T. L., Willett, W. C., Liu, S., Manson, J. E., Stampfer, M. J., & Hu, F. B. (2006). Potato and french fry consumption and risk of type 2 diabetes in women. *The American Journal of Clinical Nutrition, 83*(2), 284-290. https://doi.org/10.1093/ajcn/83.2.284

Harms, J., & Kellner, D. (2010). *Toward a critical theory of advertising*. Illuminations, University of Texas. https://pages.gseis.ucla.edu/faculty/kellner/Illumina%20Folder/kell6.htm

Harper, L. V., & Sanders, K. M. (1975). Effect of adults' eating on young children's acceptance of unfamiliar foods. *Journal of Experimental Child Psychology, 20*, 206–214. https://doi.org/10.1016/0022-0965(75)90098-3

Harris, H. A., Jansen, E., Mallan, K. M., Daniels, L., & Thorpe, K. (2018). Do dads make a difference? Family feeding dynamics and child fussy eating. *Journal of Developmental and Behavioral Pediatrics, 39*(5), 415-423. https://doi.org/10.1097/DBP.0000000000000566

Harris, H. A., Jansen, E., & Rossi, T. (2020). 'It's not worth the fight': Fathers' perceptions of family mealtime interactions, feeding practices and child eating behaviours. *Appetite, 150*, 104642. https://doi.org/10.1016/j.appet.2020.104642

Harris, T. S., & Ramsey, M. (2015). Paternal modeling, household availability, and paternal intake as predictors of fruit, vegetable, and sweetened beverage consumption among African American children. *Appetite, 85*, 171–177. https://doi.org/10.1016/j.appet.2014.11.008

Harrison, R., Gentry, J. W., & Commuri, S. (2012). A grounded theory of transition to involved parenting: The role of household production and consumption in the lives of single fathers. In C. Otnes & L. Tuncay Zayer (Eds.), *Gender, culture, and consumer behavior* (pp. 337–370). Routledge.

Hart, L. M., Damiano, S. R., Cornell, C., & Paxton, S. J. (2015). What parents know and want to learn about healthy eating and body image in preschool children: A triangulated qualitative study with parents and early childhood professionals. *BMC Public Health, 15*, 1–13. https://doi.org/10.1186/s12889-015-1865-4

Hartmann, C., Dohle, S., & Siegrist, M. (2014). Time for change? Food choices in the transition to cohabitation and parenthood. *Public health nutrition, 17*(12), 2730–2739. https://doi.org/10.1017/S1368980013003297

Hartmann, C., Hieke, S., Taper, C., & Siegrist, M. (2018). European consumer healthiness evaluation of 'Free-from' labelled food products. *Food Quality and Preference, 68*, 377–388. https://doi.org/10.1016/j.foodqual.2017.12.009

Hawkins, A. J., & Dollahite, D. C. (1997). Beyond the role-inadequacy perspective of fathering. In *Generative fathering: Beyond deficit perspectives.* (pp. 3–16). SAGE Publications.

Hayley, A., Zinkiewicz, L., & Hardiman, K. (2015). Values, attitudes, and frequency of meat consumption. Predicting meat-reduced diet in Australians. *Appetite, 84*, 98–106. https://doi.org/10.1016/j.appet.2014.10.002

Health and Social Care Information Centre. (2016). *HSCIC Annual Report and Accounts 2015/16*. https://www.gov.uk/government/publications/hscic-annual-report-and-accounts-2015-to-2016

Health Canada. (2015). *Evidence review for dietary guidance: Summary of results and implications for Canada's Food Guide*. https://www.canada.ca/content/dam/canada/health-canada/migration/publications/eating-nutrition/dietary-guidance-summary-resume-recommandations-alimentaires/alt/pub-eng.pdf

Hebestreit, A., Intemann, T., Siani, A., Dehenauw, S., Eiben, G., Kourides, Y. A., Kovacs, E., Moreno, L. A., Veidebaum, T., Krogh, V., Pala, V., Bogl, L. H., Hunsberger, M., Börnhorst, C., & Pigeot, I. (2017). Dietary patterns of European children and their parents in association with family food environment: Results from the i.family study. *Nutrients, 9*(2), 126. https://doi.org/10.3390/nu9020126

Heinz, W. R. (2003). From work trajectories to negotiated careers. In Mortimer J. T. & S. M. J. (Eds.), *Handbook of the life course* (pp. 185–204). Springer. https://doi.org/10.1007/978-0-306-48247-2_9

Henchion, M., Hayes, M., Mullen, A. M., Fenelon, M., & Tiwari, B. (2017). Future protein supply and demand: Strategies and factors influencing a sustainable equilibrium. *Foods, 6*(7). https://doi.org/10.3390/foods6070053

Hendy, H. M., Williams, K. E., Camise, T. S., Eckman, N., & Hedemann, A. (2009). The Parent Mealtime Action Scale (PMAS). Development and association with children's diet and weight. *Appetite, 52*(2), 328–339. https://doi.org/10.1016/j.appet.2008.11.003

Hesketh, K., Waters, E., Green, J., Salmon, L., & Williams, J. (2005). Healthy eating, activity and obesity prevention: A qualitative study of parent and child perceptions in Australia. *Health Promot International, 20*(1), 19–26. https://doi.org/10.1093/heapro/dah503

Heyes, C. (2011). Automatic imitation. *Psychological Bulletin, 137*(3), 463–483. https://doi.org/10.1037/a0022288

Higgs, S. (2015). Social norms and their influence on eating behaviours. *Appetite, 86*, 38–44. https://doi.org/10.1016/j.appet.2014.10.021

Higgs, S., Spetter, M. S., Thomas, J. M., Rotshtein, P., Lee, M., Hallschmid, M., & Dourish, C. T. (2017). Interactions between metabolic, reward and cognitive

processes in appetite control: Implications for novel weight management therapies. *Journal of Psychopharmacology, 31*(11), 1460–1474. https://doi.org/10.1177/0269881117736917

Hill, E., Baird, M., Vromen, A., Cooper, R., Meers, Z., & Probyn, E. (2019). Young women and men: Imagined futures of work and family formation in Australia. *Journal of Sociology, 55*(4), 778–798. https://doi.org/10.1177/1440783319877001

Hofferth, S., & Goldscheider, F. (2017). Data points – Reflections on the future of the second half of the gender revolution. *PAA Affairs, Quarterly Newsletter of the Population Association of America, Inc.* https://www.populationassociation.org/HigherLogic/System/DownloadDocum entFile.ashx?DocumentFileKey=4b948b63-7908-ccf1-0fea-bfe284bc55ab&forceDialog=1

Hofmann, W., Friese, M., & Wiers, R. W. (2008). Impulsive versus reflective influences on health behavior: A theoretical framework and empirical review. *Health Psychology Review, 2,* 111–137. https://doi.org/10.1080/17437190802617668

Hollows, J. (2003). Oliver's twist: Leisure, labour and domestic masculinity in The Naked Chef. *International Journal of Cultural Studies, 6*(2), 229–248. https://doi.org/10.1177/13678779030062005

Hong, H. (2009). *Scale development for measuring health consciousness: Re-conceptualization* 12th Annual International Public Relations Research Conference, University of Miami, Coral Gables, Florida.

Hooper, L., Abdelhamid, A., Bunn, D., Brown, T., Summerbell, C. D., & Skeaff, C. M. (2015). Effects of total fat intake on body weight. *Cochrane Database of Systematic Reviews*(8), Cd011834. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011834/full

Hoppert, K., Mai, R., Zahn, S., Hoffmann, S., & Rohm, H. (2012). Integrating sensory evaluation in adaptive conjoint analysis to elaborate the conflicting influence of intrinsic and extrinsic attributes on food choice. *Appetite, 59*(3), 949–955. https://doi.org/10.1016/j.appet.2012.09.005

Hoque, M. Z., Alam, M. N., & Nahid, K. A. (2018). Health consciousness and its effect on perceived knowledge, and belief in the purchase intent of liquid milk:

Consumer insights from an emerging market. *Foods, 7*(9), 150. https://doi.org/10.3390/foods7090150

Horodynski, M. A., Brophy-Herb, H., Henry, M., Smith, K. A., & Weatherspoon, L. (2009). Toddler feeding: Expectations and experiences of low-income African American mothers. *Health Education Journal, 68*(1), 14–25. https://doi.org/10.1177/0017896908100445

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nursing Research*, 20(4), 12–17. https://doi.org/10.7748/nr2013.03.20.4.12.e326

Huang, Y., & Jiang, W. (2016). Food pleasure orientation diminishes the "healthy = less tasty" intuition. *Food Quality and Preference., 54*, 75–78. https://doi.org/10.1016/j.foodqual.2016.07.007

Humberd, B., Ladge, J., & Harrington, B. (2015). The 'new' dad: Navigating fathering identity within organizational contexts. *Journal of Business & Psychology, 30*(2), 249–266. https://doi.org/10.1007/s10869-014-9361-x

Huovila, J., & Saikkonen, S. (2015). Establishing credibility, constructing understanding: The epistemic struggle over healthy eating in the Finnish dietetic blogosphere. *Health,* 20(4), 383–400. https://doi.org/10.1177/1363459315595849

Hutchison, E. D. (2011). *Dimensions of human behavior: The changing life course* (4th ed.). SAGE Publications.

Inness, S. A. (2001). *Dinner roles: American women and culinary culture*. University of Iowa Press. https://doi.org/10.2307/j.ctt20q219b

Issanchou, S., & Habeat, c. (2017). Determining factors and critical periods in the formation of eating habits: Results from the Habeat project. *Annals of Nutrition & Metabolism, 70*(3), 251–256. https://doi.org/10.1159/000471514

Iversen, A. C., & Kraft, P. (2006). Does socio-economic status and health consciousness influence how women respond to health related messages in media? *Health Education Research, 21*(5), 601–610. https://doi.org/10.1093/her/cyl014

Jabs, J., & Devine, C. M. (2006). Time scarcity and food choices: An overview. *Appetite, 47*(2), 196–204. https://doi.org/10.1016/j.appet.2006.02.014

Jaeger, S. R., & Cardello, A. V. (2007). A construct analysis of meal convenience applied to military foods. *Appetite, 49*(1), 231–239. https://doi.org/10.1016/j.appet.2007.02.001

Jaeger, S. R., & Meiselman, H. L. (2004). Perceptions of meal convenience: The case of at-home evening meals. *Appetite, 42*(3), 317–325. https://doi.org/10.1016/j.appet.2004.01.005

Jain, A., Sherman, S. N., Chamberlin, L. A., Carter, Y., Powers, S. W., & Whitaker, R. C. (2001). Why don't low-income mothers worry about their preschoolers being overweight? *Pediatrics, 107*(5), 1138–1146. https://doi.org/10.1542/peds.107.5.1138

Jain, P., & Krieger, J. L. (2011). Moving beyond the language barrier: The communication strategies used by international medical graduates in intercultural medical encounters. *Patient Education and Counseling, 84*(1), 98–104. https://doi.org/10.1016/j.pec.2010.06.022

James, A., & James, A. L. (2008). *Key concepts in childhood studies*. SAGE Publications.

James, D. C. (2004). Factors influencing food choices, dietary intake, and nutrition-related attitudes among African Americans: application of a culturally sensitive model. *Ethnicity & Health, 9*(4), 349–367. https://doi.org/10.1080/1355785042000285375

Jamie Oliver. (2020). *WAS Live Jamie and Buddy making SodaBread #stayinside*. https://www.youtube.com/watch?v=gD6w6Tt9sAI

Jansen, E., Harris, H., Daniels, L., Thorpe, K., & Rossi, T. (2018). Acceptability and accessibility of child nutrition interventions: Fathers' perspectives from survey and interview studies. *International Journal of Behavioural Nutrition and Physical Activity, 15*(67). https://doi.org/10.1186/s12966-018-0702-4

Jansen, E., Harris, H., & Rossi, T. (2020). Fathers' perceptions of their role in family mealtimes: A grounded theory study. *Journal of Nutrition Education & Behavior, 52*(1), 45–54. https://doi.org/10.1016/j.jneb.2019.08.012

Janssen, H. G., Davies, I. G., Richardson, L. D., & Stevenson, L. (2018). Determinants of takeaway and fast food consumption: A narrative review. *Nutrition Research Reviews, 31*(1), 16–34. https://doi.org/10.1017/S0954422417000178

Jarpe-Ratner, E., Folkens, S., Sharma, S., Daro, D., & Edens, N. K. (2016). An experiential cooking and nutrition education program increases cooking self-efficacy and vegetable consumption in children in grades 3–8. *Journal of Nutrition Education & Behavior, 48*(10), 697–705 e691. https://doi.org/10.1016/j.jneb.2016.07.021

Jasper, M. A. (2005). Using reflective writing within research. *Journal of Research in Nursing, 10*(3), 247–260. https://doi.org/10.1177/174498710501000303

Jastran, M. M., Bisogni, C. A., Sobal, J., Blake, C., & Devine, C. M. (2009). Eating routines. Embedded, value based, modifiable, and reflective. *Appetite, 52*(1), 127–136. https://doi.org/10.1016/j.appet.2008.09.003

Jaworowska, A., Blackham, T., Davies, I. G., & Stevenson, L. (2013). Nutritional challenges and health implications of takeaway and fast food. *Nutrition Reviews, 71*(5), 310–318. https://doi.org/10.1111/nure.12031

Jayanti, R. K., & Burns, A. C. (1998). The antecedents of preventive health care behavior: An empirical study. *Journal of the Academy of Marketing Science, 26*(1), 6–15. https://doi.org/10.1177/0092070398261002

Jenson, J., Taylor, N., de Castell, S., & Dilouya, B. (2015). Playing with our selves. *Feminist Media Studies, 15*(5), 860-879. https://doi.org/10.1080/14680777.2015.1006652

Jha, A., & Shah, M. (2020). *Leveraging education as a tool to achieve gender equality – Strategies and signposts*. London School of Economics and Political Science. https://blogs.lse.ac.uk/gender/2020/04/08/leveraging-education-as-a-tool-to-achieve-gender-equality-strategies-and-signposts/

Johnson, B. J., Hendrie, G. A., Zarnowiecki, D., Huynh, E. K., & Golley, R. K. (2019). Examining constructs of parental reflective motivation towards reducing unhealthy food provision to young children. *Nutrients, 11*(7), 1507. https://doi.org/10.3390/nu11071507

Johnson, S. L., Hughes, S. O., Cui, X., Li, X., Allison, D. B., Liu, Y., Goodell, L. S., Nicklas, T., Power, T. G., & Vollrath, K. (2014). Portion sizes for children are predicted by parental characteristics and the amounts parents serve themselves. *American Journal of Clinical Nutrition, 99*(4), 763–770. https://doi.org/10.3945/ajcn.113.078311

Johnston, J., & Baumann, S. (2007). Democracy versus distinction: A study of omnivorousness in gourmet food writing. *American Journal of Sociology, 113*(1), 165–204. https://doi.org/10.1086/518923

Jolly, R. (2011). *Marketing obesity? Junk food, advertising and kids*. Dept. of Parliamentary Services, Parliamentary Library. https://nla.gov.au/nla.cat-vn5208590

Jones, N. R. V., Conklin, A. I., Suhrcke, M., & Monsivais, P. (2014). The growing price gap between more and less healthy foods: analysis of a novel longitudinal UK dataset. *PLOS One 9*(10), e109343. https://doi.org/10.1371/journal.pone.0109343

Kamberelis, G., & Dimitriadis, G. (2005). Focus groups: Strategic articulations of pedagogy, politics, and inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 887–907). SAGE Publications.

Kamiński, M., Skonieczna-Żydecka, K., Nowak, J. K., & Stachowska, E. (2020). Global and local diet popularity rankings, their secular trends, and seasonal variation in Google Trends data. *Nutrition, 79–80*, 110759. https://doi.org/10.1016/j.nut.2020.110759

Kan, M. Y., Sullivan, O., & Gershuny, J. (2011). Gender convergence in domestic work: Discerning the effects of interactional and institutional barriers from large-scale data. *Sociology, 45*(2), 234–251. https://doi.org/10.1177/0038038510394014

Kane, E. W. (1995). Education and beliefs about gender inequality. *Social Problems, 42*(1), 74–90. https://doi.org/10.2307/3097006

Kaufman, M. (1994). Men, feminism, and men's contradictory experiences of power. In H. Brod & M. Kaufman (Eds.), *Theorizing masculinities* (pp. 142–164). SAGE Publications. https://doi.org/10.4135/9781452243627

Kearney, J. (2010). Food consumption trends and drivers. *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences., 365*(1554), 2793–2807. https://doi.org/10.1098/rstb.2010.0149

Kelder, S. H., Perry, C. L., Klepp, K. I., & Lytle, L. L. (1994). Longitudinal tracking of adolescent smoking, physical activity, and food choice behaviors. *American*

Journal of Public Health, 84(7), 1121–1126. https://doi.org/10.2105/ajph.84.7.1121

Kelly, M. P., & Barker, M. (2016). Why is changing health-related behaviour so difficult? *Public Health, 136*, 109–116. https://doi.org/10.1016/j.puhe.2016.03.030

Kemmer, D., Anderson, A. S., & Marshall, D. W. (1998). Living together and eating together: Changes in food choice and eating habits during the transition from single to married-cohabiting. *The Sociological Review, 46*(1), 48–73. https://doi.org/10.1111/1467-954X.00089

Kesebir, S. (2019). *How women and men view competition differently*. Harvard Business Review. https://hbr.org/2019/11/research-how-men-and-women-view-competition-differently

Khadem, N. (2021). *Federal budget boost to parental leave, childcare could lift women's workforce participation*. ABC News. https://www.abc.net.au/news/2021-05-04/federal-budget-parental-leave-childcare-work-participation-women/100112646

Khandpur, N., Blaine, R. E., Fisher, J. O., & Davison, K. K. (2014). Fathers' child feeding practices: A review of the evidence. *Appetite, 78*, 110–121. https://doi.org/10.1016/j.appet.2014.03.015

Khandpur, N., Charles, J., Blaine, R. E., Blake, C., & Davison, K. (2016). Diversity in fathers' food parenting practices: A qualitative exploration within a heterogeneous sample. *Appetite, 101*, 134–145. https://doi.org/10.1016/j.appet.2016.02.161

Khandpur, N., Charles, J., & Davison, K. K. (2016). Fathers' perspectives on coparenting in the context of child feeding. *Childhood Obesity, 12*(6), 455–462. https://doi.org/10.1089/chi.2016.0118

Khawandanah, J., & Tewfik, I. (2016). Fad diets: Lifestyle promises and health challenges. *Journal of Food Research, 5*(6). https://doi.org/10.5539/jfr.v5n6p80

Kiefer, I., Rathmanner, T., & Kunze, M. (2005). Eating and dieting differences in men and women. *The Journal of Men's Health & Gender, 2*(2), 194–201. https://www.sciencedirect.com/science/article/abs/pii/S1571891305000749

Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in Nursing & Health, 40*(1), 23–42. https://doi.org/10.1002/nur.21768

Kim, Y. Y. (2017). Cross-cultural adaptation. *Oxford Research Encyclopedia of Communication*.

Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *BMJ, 311*(7000), 299–302. https://doi.org/10.1136/bmj.311.7000.299

Klasson, M., & Ulver, S. (2015). Masculinising domesticity: An investigation of men's domestic foodwork. *Journal of Marketing Management, 31*(15–16), 1652–1675. https://doi.org/10.1080/0267257X.2015.1078395

Kok, G., Bartholomew, L. K., Parcel, G. S., Gottlieb, N. H., & Fernández, M. E. (2014). Finding theory-and evidence-based alternatives to fear appeals: Intervention Mapping. *International Journal of Psychology, 49*(2), 98–107. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255304/pdf/ijop0049-0098.pdf

Köster, E. P. (2009). Diversity in the determinants of food choice: A psychological perspective. *Food Quality and Preference, 20*(2), 70–82. https://doi.org/10.1016/j.foodqual.2007.11.002

Kotila, L. E., Schoppe-Sullivan, S. J., & Kamp Dush, C. M. (2013). Time in parenting activities in dual-earner families at the transition to parenthood. *Family Relations, 62*(5), 795–807. https://doi.org/10.1111/fare.12037

Kraft, P., Rise, J., Sutton, S., & Røysamb, E. (2005). Perceived difficulty in the theory of planned behaviour: Perceived behavioural control or affective attitude? *British Journal of Social Psychology, 44*(3), 479–496. https://doi.org/10.1348/014466604X17533.

Krefting, L. (1991). Rigor in qualitative research: the assessment of trustworthiness. *American Journal of Occupational Therapy, 45*(3), 214–222. https://doi.org/10.5014/ajot.45.3.214

Kreider, R. B., Wilborn, C. D., Taylor, L., Campbell, B., Almada, A. L., Collins, R., Cooke, M., Earnest, C. P., Greenwood, M., Kalman, D. S., Kerksick, C. M., Kleiner, S. M., Leutholtz, B., Lopez, H., Lowery, L. M., Mendel, R., Smith, A., Spano, M., Wildman, R., … Antonio, J. (2010). ISSN exercise & sport nutrition

review: Research & recommendations. *Journal of the International Society of Sports Nutrition, 7*(1), 7. https://doi.org/10.1186/1550-2783-7-7

Krueger, R. A. (1997). *Analyzing and reporting focus group results* (Vol. 6). SAGE publications.

Krueger, R. A., & Casey, M. A. (2009). *Focus groups: A practical guide for applied research* (4th ed.). SAGE Publications.

Kuhn, T. S. (1962). Historical structure of scientific discovery. *Science, 136*(3518), 760–764. https://www.jstor.org/stable/1708511

Kunin-Batson, A. S., Seburg, E. M., Crain, A. L., Jaka, M. M., Langer, S. L., Levy, R. L., & Sherwood, N. E. (2015). Household factors, family behavior patterns, and adherence to dietary and physical activity guidelines among children at risk for obesity. *Journal of Nutrition Education & Behavior, 47*(3), 206–215. https://doi.org/10.1016/j.jneb.2015.01.002

Kunkel, A., Hummert, M. L., & Dennis, M. R. (2006). *Social Learning Theory: Modeling and communication in the family context*. SAGE Publications.

Kvale, S. (1996). *Interview Views: An Introduction to Qualitative Research Interviewing*. SAGE Publications.

Kyriakopoulou, K., Dekkers, B., & van der Goot, A. J. (2019). Plant-based meat analogues. In C. M. Galanakis (Ed.), *Sustainable meat production and processing* (pp. 103–126). Academic Press.

Lachat, C., Nago, E., Verstraeten, R., Roberfroid, D., Van Camp, J., & Kolsteren, P. (2012). Eating out of home and its association with dietary intake: A systematic review of the evidence. *Obesity Reviews, 13*(4), 329–346. https://doi.org/10.1111/j.1467-789X.2011.00953.x

Lambert, V. A., & Lambert, C. E. (2012). Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research, 16*(4), 255–256. https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/5805/5064

Lamont, E. (2020). *The Mating Game: How Gender Still Shapes How We Date*. University of California Press.

Lappalainen, R., Saba, A., Holm, L., Mykkanen, H., Gibney, M. J., & Moles, A. (1997). Difficulties in trying to eat healthier: Descriptive analysis of perceived

barriers for healthy eating. *European Journal of Clinical Nutrition, 51*, S36–S40. https://www.ncbi.nlm.nih.gov/pubmed/9222722

Laroche, H. H., Wallace, R. B., Snetselaar, L., Hillis, S. L., Cai, X., & Steffen, L. M. (2013). Weight gain among men and women who have a child enter their home. *Journal of the Academy of Nutrition and Dietetics, 113*(11), 1504–1510. https://doi.org/10.1016/j.jand.2013.05.022

LaRossa, R., & Reitzes, D. C. (1993). Symbolic interactionism and family studies. In G. P. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 135–162). Plenum Press.

Larson, N. I., Neumark-Sztainer, D., Hannan, P. J., & Story, M. (2007). Family meals during adolescence are associated with higher diet quality and healthful meal patterns during young adulthood. *Journal of the American Dietetic Association, 107*(9), 1502–1510. https://doi.org/10.1016/j.jada.2007.06.012

Lave, J., & Kvale, S. (1995). What is anthropological research? An interview with Jean Lave by Steinar Kvale. *International Journal of Qualitative Studies in Education, 8*(3), 219–228. https://doi.org/10.1080/0951839950080301

Lawton, R., Conner, M., & McEachan, R. (2009). Desire or reason: Predicting health behaviors from affective and cognitive attitudes. *Health Psychology, 28*(1), 56–65. https://doi.org/10.1037/a0013424

Lazarou, C., Kalavana, T., & Matalas, A. L. (2008). The influence of parents' dietary beliefs and behaviours on children's dietary beliefs and behaviours. The CYKIDS study. *Appetite, 51*(3), 690–696. https://doi.org/10.1016/j.appet.2008.06.006

Lee, C., & Owens, R. G. (2002). Issues for a psychology of men's health. *Journal of Health Psychology, 7*(3), 209–217. https://doi.org/10.1177/1359105302007003215

Lee, C. G. (2012). Reconsidering constructivism in qualitative research. *Educational Philosophy and Theory, 44*(4). https://doi.org/10.1111/j.1469-5812.2010.00720.x

Lee, J. Y., & Lee, S. J. (2018). Caring is masculine: Stay-at-home fathers and masculine identity. *Psychology of Men & Masculinity, 19*(1), 47–58. https://doi.org/10.1037/men0000079

Lee, S. J., Yelick, A., Brisebois, K., & Banks, K. L. (2011). Low-income fathers' barriers to participation in family and parenting programs. *Journal of Family Strengths, 11*(1), 12. https://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1007&context=jfs

Lemay, C. A., Cashman, S. B., Elfenbein, D. S., & Felice, M. E. (2010). A qualitative study of the meaning of fatherhood among young urban fathers. *Public Health Nursing, 27*(3), 221–231. https://doi.org/10.1111/j.1525-1446.2010.00847.x

Leung, G., & Stanner, S. (2011). Diets of minority ethnic groups in the UK: Influence on chronic disease risk and implications for prevention. *Nutrition Bulletin, 36*(2), 161–198. https://doi.org/10.1111/j.1467-3010.2011.01889.x

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care, 4*(3), 324–327. https://doi.org/10.4103/2249-4863.161306

Lewis, T. (2010). Branding, celebritization and the lifestyle expert. *Cultural Studies, 24*(4), 580–598. https://doi.org/10.1080/09502386.2010.488406

Li, B., Adab, P., & Cheng, K. K. (2015). The role of grandparents in childhood obesity in China – Evidence from a mixed methods study. *International Journal of Behavioral Nutrition and Physical Activity, 12*, 91. https://doi.org/10.1186/s12966-015-0251-z

Liamputtong, P. (2009). *Qualitative research methods* (3rd ed.). Oxford University Press.

Liamputtong, P. (2013). The science of words and the science of numbers: Research methods as foundations for evidence-based practice in health. In P. Liamputtong (Ed.), *Research methods in health: Foundations for evidence-based practice* (pp. 3–22). Victoria Oxford University Press.

Lien, N., Lytle, L. A., & Klepp, K. I. (2001). Stability in consumption of fruit, vegetables, and sugary foods in a cohort from age 14 to age 21. *Preventive Medicine, 33*(3), 217–226. https://doi.org/10.1006/pmed.2001.0874

Lim, C. G. Y., & van Dam, R. M. (2020). Attitudes and beliefs regarding food in a multi-ethnic Asian population and their association with socio-demographic variables and healthy eating intentions. *Appetite, 144*, 104461, Article 104461. https://doi.org/10.1016/j.appet.2019.104461

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.

Lindsay, A. C., Greaney, M. L., Wallington, S. F., & Wright, J. A. (2017). Easier said than done: A qualitative study conducted in the USA exploring Latino family child care home providers as role models for healthy eating and physical activity behaviours. *BMJ Open, 7*(11), e018219. https://doi.org/10.1136/bmjopen-2017-018219

Lioret, S., McNaughton, S. A., Crawford, D., Spence, A. C., Hesketh, K., & Campbell, K. J. (2012). Parents' dietary patterns are significantly correlated: Findings from the Melbourne Infant Feeding Activity and Nutrition Trial Program. *British Journal of Nutrition, 108*(3), 518–526. https://doi.org/10.1017/S0007114511005757

Litchford, A., Savoie Roskos, M. R., & Wengreen, H. (2020). Influence of fathers on the feeding practices and behaviors of children: A systematic review. *Appetite, 147*, 104558. https://doi.org/10.1016/j.appet.2019.104558

Litosseliti, L. (2003). *Using focus groups in research*. Continuum.

Lloyd, A. B., Lubans, D. R., Plotnikoff, R. C., Collins, C. E., & Morgan, P. J. (2014). Maternal and paternal parenting practices and their influence on children's adiposity, screen-time, diet and physical activity. *Appetite, 79*, 149–157. https://doi.org/10.1016/j.appet.2014.04.010

Lobstein, T. (2021). *COVID-19 and Obesity: The 2021 Atlas. The cost of not addressing the global obesity crisis*. World Obesity Federation. http://s3-eu-west-1.amazonaws.com/wof-files/2722_WOF_-_COVID-19_and_Obesity-The_2021_Atlas_WEB.pdf

Loken, B., Springmann, M., DeClerck, F., Jonell, M., Clark, M., Gordon, L. J., De Vries, W., Afshin, A., Chaudhary, A., Herrero, M., Crona, B., Fox, E., Bignet, V., Troell, M., Lindahl, T., Singh, S., & Cornell, S. E. (2019). *Food, planet, health. Healthy diets from sustainable food systems*. The EAT-Lancet Commission Summary Report. EAT. https://eatforum.org/content/uploads/2019/07/EAT-Lancet_Commission_Summary_Report.pdf

Lora, K. R., Cheney, M., & Branscum, P. (2017). Hispanic mothers' views of the fathers' role in promoting healthy behaviors at home: Focus group findings.

Journal of the Academy of Nutrition and Dietetics, 117(6), 914–922. https://doi.org/10.1016/j.jand.2017.01.005

Lorber, J. (2000). Using gender to undo gender: A feminist degendering movement. *Feminist Theory, 1*(1), 79–95.

Loth, K. A., MacLehose, R. F., Fulkerson, J. A., Crow, S., & Neumark-Sztainer, D. (2013). Food-related parenting practices and adolescent weight status: A population-based study. *Pediatrics, 131*(5), e1443-1450. https://doi.org/10.1542/peds.2012-3073

Lubans, D. R., Morgan, P. J., Collins, C. E., Okely, A. D., Burrows, T., & Callister, R. (2012). Mediators of weight loss in the 'Healthy Dads, Healthy Kids' pilot study for overweight fathers. *International Journal of Behavioral Nutrition and Physical Activity, 9*, 45. https://doi.org/10.1186/1479-5868-9-45

Lupton, D. (2000). 'Where's me dinner?' Food preparation arrangements in rural Australian families. *Journal of Sociology, 36*(2), 172–186. https://doi.org/10.1177/144078330003600203

Lusk, J. L. (2011). External validity of the food values scale. *Food Quality and Preference, 22*(5), 452–462. https://doi.org/10.1016/j.foodqual.2011.02.009

Lusk, J. L., & Briggeman, B. C. (2009). Food values. *American Journal of Agricultural Economics, 91*(1), 184–196. https://doi.org/10.1111/j.1467-8276.2008.01175.x

Lyons, S. A., Burney, P. G. J., Ballmer-Weber, B. K., Fernandez-Rivas, M., Barreales, L., Clausen, M., Dubakiene, R., Fernandez-Perez, C., Fritsche, P., Jedrzejczak-Czechowicz, M., Kowalski, M. L., Kralimarkova, T., Kummeling, I., Mustakov, T. B., Lebens, A. F. M., van Os-Medendorp, H., Papadopoulos, N. G., Popov, T. A., Sakellariou, A., Welsing, P. M. J., … Le, T.-M. (2019). Food allergy in adults: Substantial variation in prevalence and causative foods across Europe. *The Journal of Allergy and Clinical Immunology: In Practice*, 7(6), 1920-1928.e1911. https://doi.org/https://doi.org/10.1016/j.jaip.2019.02.044

Lytle, L. A., Varnell, S., Murray, D. M., Story, M., Perry, C., Birnbaum, A. S., & Kubik, M. Y. (2003). Predicting adolescents' intake of fruits and vegetables. *Journal of Nutrition Education and Behavior, 35*(4), 170-178. https://doi.org/10.1016/S1499-4046(06)60331-X

MacInnis, B. (1993). Fat oppressor. In C. Brown & K. Jasper (Eds.), *Consuming passions: Feminist approaches to weight preoccupation and eating disorders*. Second Story Press.

MacLean, J. (2017). *Fathers do the food part of parenting better than mothers, finds study*. Cantech Letter. https://www.cantechletter.com/2017/02/fathers-food-part-parenting-better-mothers-finds-study/

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology, 91*(1), 1–20. https://doi.org/10.1348/000712600161646

Magarey, A. M., Daniels, L. A., Boulton, T. J., & Cockington, R. A. (2003). Predicting obesity in early adulthood from childhood and parental obesity. *International Journal of Obesity and Related Metabolic Disorders, 27*(4), 505–513. https://doi.org/10.1038/sj.ijo.0802251

Mai, R., & Hoffmann, S. (2012). Taste lovers versus nutrition fact seekers: How health consciousness and self-efficacy determine the way consumers choose food products. *Journal of Consumer Behaviour, 11*(4), 316–328. https://doi.org/10.1002/cb.1390

Mai, R., & Hoffmann, S. (2015). How to combat the unhealthy = tasty Intuition: The influencing role of health consciousness. *Journal of Public Policy & Marketing, 34*(1), 63–83. https://doi.org/10.1509/jppm.14.006

Maio, G. R., Esses, V. M., & Bell, D. W. (2000). Examining conflict between components of attitudes: Ambivalence and inconsistency are distinct constructs. *Canadian Journal of Behavioural Science, 32*(1), 58. https://doi.org/10.1037/h0087102

Mallan, K. M., Daniels, L. A., Nothard, M., Nicholson, J. M., Wilson, A., Cameron, C. M., Scuffham, P. A., & Thorpe, K. (2014). Dads at the dinner table. A cross-sectional study of Australian fathers' child feeding perceptions and practices. *Appetite, 73*, 40–44. https://doi.org/10.1016/j.appet.2013.10.006

Mallan, K. M., Nothard, M., Thorpe, K., Nicholson, J. M., Wilson, A., Scuffham, P. A., & Daniels, L. A. (2014). The role of fathers in child feeding: Perceived responsibility and predictors of participation. *Child: Care, Health and Development, 40*(5), 715–722. https://doi.org/10.1111/cch.12088

Mancino, L., Lin, B. H., & Ballenger, N. (2004). *The role of economics in eating choices and weight outcomes*. Agriculture Information Bulletin.

Manohar, N., Liamputtong, P., Bhole, S., & Arora, A. (2017). Researcher positionality in cross-cultural and sensitive research. In: Liamputtong P. (eds) *Handbook of Research Methods in Health Social Sciences.* Springer, Singapore. https://doi.org/10.1007/978-981-10-2779-6_35-1

Manzel, A., Muller, D.N., Hafler, D.A. et al. (2014). Role of "Western Diet" in Inflammatory Autoimmune Diseases. *Current Allergy and Asthma Reports, 14*, 404. https://doi.org/10.1007/s11882-013-0404-6

MAPP Men and Parenting Patways. *Australian Fatherhood Research Consortium*. http://mappresearch.org/fatherhood-consortium

Markus, H., & Kunda, Z. (1986). Stability and malleability of the self-concept. *Journal of Personality and Social Psychology, 51*(4), 858–866. https://doi.org/10.1037//0022-3514.51.4.858

Markus, H., & Wurf, E. (1987). The dynamic self-concept: A social psychological perspective. *Annual Review of Psychology, 38*(1), 299–337. https://doi.org/10.1146/annurev.ps.38.020187.001503

Marshall, D. W., & Anderson, A. S. (2002). Proper meals in transition: Young married couples on the nature of eating together. *Appetite, 39*(3), 193–206. https://doi.org/10.1006/appe.2002.0507

Marsiglio, W. (2006). *Stepdads: Stories of Love, Hope, and Repair*. Rowman & Littlefield.

Marsiglio, W., Day, R. D., & Lamb, M. E. (2000). Exploring fatherhood diversity: Implications for conceptualizing father involvement. *Marriage & Family Review, 29*(4), 269–293. https://doi.org/10.1300/J002v29n04_03

Martins, C. A. (2019). Transition to parenthood: Consequences on health and well-being. A qualitative study. *Enfermería Clínica, 29*(4), 225–233. https://doi.org/10.1016/j.enfcli.2018.04.005

Matheson, D. M., Robinson, T. N., Varady, A., & Killen, J. D. (2006). Do Mexican-American mothers' food-related parenting practices influence their children's weight and dietary intake? *Journal of the American Dietetic Association, 106*(11), 1861–1865. https://doi.org/10.1016/j.jada.2006.08.004

Mattioli, A. V., Palmiero, P., Manfrini, O., Puddu, P. E., Nodari, S., Dei Cas, A., Mercuro, G., Scrutinio, D., Palermo, P., Sciomer, S., Di Francesco, S., Novo, G., Novo, S., Pedretti, R. F. E., Zito, A., Parati, G., Pedrinelli, R., Farinetti, A., Maiello, … Ciccone, M. M. (2017). Mediterranean diet impact on cardiovascular diseases: A narrative review. *Journal of Cardiovascular Medicine, 18*(12), 925-935. https://doi.org/10.2459/jcm.0000000000000573

Maxwell, J. A. (2012). *A realist approach for qualitative research*. SAGE Publications.

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012). Engaging fathers in child welfare services: A narrative review of recent research evidence. *Child & Family Social Work, 17*(2), 160–169. https://doi.org/10.1111/j.1365-2206.2012.00827.x

Mazarello Paes, V., Ong, K. K., & Lakshman, R. (2015). Factors influencing obesogenic dietary intake in young children (0–6 years): Systematic review of qualitative evidence. *BMJ Open, 5*(9), e007396. https://doi.org/10.1136/bmjopen-2014-007396

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology, 5*(2), 100–122. https://doi.org/10.1037/1089-2680.5.2.100

McCall, G. J., & Simmons, J. L. (1978). *Identities and interactions : An examination of human associations in everyday life* (Revised edition). Free Press.

McClain, A. D., Chappuis, C., Nguyen-Rodriguez, S. T., Yaroch, A. L., & Spruijt-Metz, D. (2009). Psychosocial correlates of eating behavior in children and adolescents: A review. *International Journal of Behavioral Nutrition and Physical Activity, 6*, 54. https://doi.org/10.1186/1479-5868-6-54

McClellan, C. J. (2019). *Meeting the needs of millennials and Gen Zers*. https://thebakerstake.com/2019/11/22/meeting-the-needs-of-millennials-and-gen-zers/

McGowan, L., Croker, H., Wardle, J., & Cooke, L. J. (2012). Environmental and individual determinants of core and non-core food and drink intake in preschool-aged children in the United Kingdom. *European Journal of Clinical Nutrition, 66*(3), 322–328. https://doi.org/10.1038/ejcn.2011.224

McIntosh, A., Kubena, K. S., Tolle, G., Dean, W., Kim, M.-J., Jan, J.-S., & Anding, J. (2011). Determinants of children's use of and time spent in fast-food and full-

service restaurants. *Journal of Nutrition Education and Behavior, 43*, 142–149. https://doi.org/10.1016/j.jneb.2010.04.002

McKelley, R. A., & Rochlen, A. B. (2010). Conformity to masculine norms and preferences for therapy or executive coaching. *Psychology of Men & Masculinity, 11*(1), 1–14. https://doi.org/10.1037/a0017224

McLeod, S. (2018). *Cognitive dissonance*. SimplyPsychology. https://www.simplypsychology.org/cognitive-dissonance.html

McNair, R., Taft, A., & Hegarty, K. (2008). Using reflexivity to enhance in-depth interviewing skills for the clinician researcher. *BMC Medical Research Methodology, 8*(73). https://doi.org/10.1186/1471-2288-8-73

McPhie, S., Skouteris, H., Daniels, L., & Jansen, E. (2014). Maternal correlates of maternal child feeding practices: A systematic review. *Maternal & Child Nutrition, 10*(1), 18–43. https://doi.org/10.1111/j.1740-8709.2012.00452.x

MDG Monitor 2016. *Millennium development goal 3: Promote gender equality and empower women*. The United Nations Millennium Development Goals (MDGs). https://www.mdgmonitor.org/mdg-3-promote-gender-equality-and-empower-women/

Meah, A. (2014a). Reconceptualising 'masculinity' through men's contributions to domestic foodwork. In A. Gorman-Murray & P. Hopkins (Eds.), *Masculinities and Place* (pp. 185–201). Taylor & Francis Group.

Meah, A. (2014b). Reconceptualizing power and gendered subjectivities in domestic cooking spaces. *Progress in Human Geography, 38*(5), 671–690. https://doi.org/10.1177/0309132513501404

Meah, A. (2017). Fathers, food practices and the circuits of intimacy in families in Northern England. *Gender, Place & Culture, 24*(8), 1145–1164. https://doi.org/10.1080/0966369X.2017.1372387

Meah, A., & Jackson, P. (2013). Crowded kitchens: The 'democratisation' of domesticity?*, 20*(5), 578–596. https://doi.org/10.1080/0966369X.2012.701202

Meah, A., & Jackson, P. (2016). The complex landscape of contemporary fathering in the UK. *Social & Cultural Geography, 17*(4), 491–510. https://doi.org/10.1080/14649365.2015.1089586

Meah, A., & Jackson, P. (2017). Convenience as care: Culinary antinomies in practice. *Environment & Planning A, 49*(9), 2065–2081. https://doi.org/10.1177/0308518X17717725

Medina, A. M., Lederhos, C. L., & Lillis, T. A. (2009). Sleep disruption and decline in marital satisfaction across the transition to parenthood. *Families, Systems, & Health, 27*(2), 153–160. https://doi.org/10.1037/a0015762

Mehta, K., Booth, S., Coveney, J., & Strazdins, L. (2020). Feeding the Australian family: Challenges for mothers, nutrition and equity. *Health Promotion International, 35*(4), 771–778. https://doi.org/10.1093/heapro/daz061

Merleau-Ponty, M. (1962) The Phenomenology of Perception. Routledge Kegan Paul.

Metcalfe, A., Dryden, C., Johnson, M. M., Owen, J., & Shipton, G. (2009). Fathers, food and family life. In P. Jackson (Ed.), *Changing families, changing food* (pp. 93–117). Palgrave Macmillan.

Mete, R., Shield, A., Murray, K., Bacon, R., & Kellett, J. (2019). What is healthy eating? A qualitative exploration. *Public Health Nutrition, 22*(13), 2408–2418. https://doi.org/10.1017/S1368980019001046

Metzgar, C. J., Preston, A. G., Miller, D. L., & Nickols-Richardson, S. M. (2015). Facilitators and barriers to weight loss and weight loss maintenance: A qualitative exploration. *Journal of Human Nutrition & Dietetics, 28*(6), 593–603. https://doi.org/10.1111/jhn.12273

Meyers, S. A. (1993). Adapting parent education programs to meet the needs of fathers: An ecological perspective. *Family Relations, 42*(4), 447–452. https://doi.org/10.2307/585347

Michaelidou, N., & Hassan, L. M. (2008). The role of health consciousness, food safety concern and ethical identity on attitudes and intentions towards organic food. *International Journal of Consumer Studies, 32*(2), 163–170. https://doi.org/10.1111/j.1470-6431.2007.00619.x

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science, 6*(42). http://www.implementationscience.com/content/6/1/42

Mikkila, V., Rasanen, L., Raitakari, O. T., Pietinen, P., & Viikari, J. (2005). Consistent dietary patterns identified from childhood to adulthood: The cardiovascular risk

in Young Finns Study. *British Journal of Nutrition, 93*(6), 923–931. https://doi.org/10.1079/BJN20051418

Millar, M. G., & Tesser, A. (1989). The effects of affective-cognitive consistency and thought on the attitude-behavior relation. *Journal of Experimental Social Psychology, 25*(2), 189-202. https://doi.org/10.1016/0022-1031(89)90012-7

Millbank, A., Social Policy Group. (1997). *Asian immigration – Current Issues Brief 16   1996–97.* https://www.aph.gov.au/sitecore/content/Home/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/CIB/CIB9697/97cib16#:~:text=Asians%20(along%20with%20people%20from,European%20countries%20in%20the%201960s

Miller, S. G. (2017). *Yes, dads give kids less-healthy food: Here's why*. Live Science https://www.livescience.com/59868-moms-dads-feeding-families.html

Miller, T. (2011). Falling back into gender? Men's narratives and practices around first-time fatherhood. *Sociology, 45*(6), 1094–1109. https://doi.org/10.1177/0038038511419180

Milliken-Smith, S., & Potter, C. M. (2021). Paternal origins of obesity: Emerging evidence for incorporating epigenetic pathways into the social determinants of health framework. *Social Science & Medicine, 271*, 112066. https://doi.org/10.1016/j.socscimed.2018.12.007

Mills, S., White, M., Wrieden, W., Brown, H., Stead, M., & Adams, J. (2017). Home food preparation practices, experiences and perceptions: A qualitative interview study with photo-elicitation. *PLOS One 12*(8), e0182842. https://doi.org/10.1371/journal.pone.0182842

Miocevic, D., & Zdravkovic, S. (2020). Expatriate consumers' adaptations and food brand choices: A compensatory control perspective. *Journal of International Marketing, 28*(4), 75–89. https://doi.org/10.1177/1069031X20961112

Mitchell, S. J., See, H. M., Tarkow, A. K. H., Cabrera, N., McFadden, K. E., & Shannon, J. D. (2007). Conducting studies with fathers: Challenges and opportunities. *Applied Developmental Science, 11*(4), 239–244. https://doi.org/10.1080/10888690701762159

Modlinska, K., Adamczyk, D., Maison, D., & Pisula, W. (2020). Gender differences in attitudes to vegans/vegetarians and their food preferences, and their

implications for promoting sustainable dietary patterns—A systematic review. *Sustainability, 12*, 1–17. https://doi.org/10.3390/su12166292

Monsivais, P., McLain, J., & Drewnowski, A. (2010). The rising disparity in the price of healthful foods: 2004–2008. *Food Policy, 35*(6), 514–520. https://doi.org/10.1016/j.foodpol.2010.06.004

Monteiro, C. A., Moubarac, J. C., Cannon, G., Ng, S. W., & Popkin, B. (2013). Ultra-processed products are becoming dominant in the global food system. *Obesity Reviews, 14*(S2), 21–28. https://doi.org/10.1111/obr.12107

Moorman, C., & Matulich, E. (1993). A model of consumers' preventive health behaviors: The role of health motivation and health ability. *Journal of Consumer Research, 20*(2), 208–228. https://doi.org/10.1086/209344

Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). SAGE Publications.

Morgan, P. J., Collins, C. E., Plotnikoff, R. C., Callister, R., Burrows, T., Fletcher, R., Okely, A. D., Young, M. D., Miller, A., Lloyd, A. B., Cook, A. T., Cruickshank, J., Saunders, K. L., & Lubans, D. R. (2014). The 'Healthy Dads, Healthy Kids' community randomized controlled trial: A community-based healthy lifestyle program for fathers and their children. *Preventive Medicine, 61*, 90–99. https://doi.org/10.1016/j.ypmed.2013.12.019

Morgan, P. J., & Young, M. D. (2017). The Influence of fathers on children's physical activity and dietary behaviors: Insights, recommendations and future directions. *Current Obesity Reports, 6*, 324–333. https://doi.org/10.1007/s13679-017-0275-6

Morgan, P. J., Young, M. D., Lloyd, A. B., Wang, M. L., Eather, N., Miller, A., Murtagh, E. M., Barnes, A. T., & Pagoto, S. L. (2017). Involvement of fathers in pediatric obesity treatment and prevention trials: A systematic review. *Pediatrics, 139*(2), e20162635. https://doi.org/10.1542/peds.2016-2635

Morgan, Z. (2018). *Why are our professional kitchens still male dominated?* BBC News. https://www.bbc.com/news/uk-wales-45486646

Morse, J. M. (2009). Mixing qualitative methods. *Qualitative Health Research, 19*(11), 1523–1524. https://doi.org/10.1177/1049732309349360

Morse, J. M., Field, P.-A., & Morse, J. M. (1995). *Nursing research: The application of qualitative approaches* (2 ed.). Chapman & Hall.

Moura, A. F., & Aschemann-Witzel, J. (2020). A downturn or a window of opportunity? How Danish and French parents perceive changes in healthy eating in the transition to parenthood. *Appetite, 150*, 104658. https://doi.org/10.1016/j.appet.2020.104658

Movassagh, E. Z., Whiting, S. J., Vatanparast, H., Baxter-Jones, A. D. G., & Kontulainen, S. (2017). Tracking dietary patterns over 20 years from childhood through adolescence into young adulthood: The saskatchewan pediatric bone mineral accrual study. *Nutrients, 9*, 990. https://doi.org/10.3390/nu9090990

Moynihan, P. (2005). The interrelationship between diet and oral health. *Proceedings of the Nutrition Society, 64*(4), 571-580. https://doi.org/10.1079/pns2005431

Moyser, M., & Burlock, A. (2018). *Time use: Total work burden, unpaid work, and leisure* (89-503-X). Women in Canada: A gender-based statistical report. https://www150.statcan.gc.ca/n1/en/pub/89-503-x/2015001/article/54931-eng.pdf?st=ZxFei49b

Mozaffarian, D. (2017). Foods, obesity, and diabetes-are all calories created equal? *Nutrition Reviews, 75*(suppl 1), 19–31. https://doi.org/10.1093/nutrit/nuw024

Mullin, G., & Delzenne, N. M. (2017). Functional foods and dietary supplements in 2017: Food for thought. *Current Opinion in Clinical Nutrition & Metabolic Care, 20*(6), 453–455. https://doi.org/10.1097/MCO.0000000000000423

Murley, T., & Chambers, E. I. (2019). The influence of colorants, flavorants and product identity on perceptions of naturalness. *Foods, 8*(8), Article 317. https://doi.org/10.3390/foods8080317

Musaiger, A. O., Al-Mannai, M., Tayyem, R., Al-Lalla, O., Ali, E. Y. A., Kalam, F., Benhamed, M. M., Saghir, S., Halahleh, I., Djoudi, Z., & Chirane, M. (2013). Perceived barriers to healthy eating and physical activity among adolescents in seven Arab countries: A cross-cultural study. *The Scientific World Journal, 2013*, 232164. https://doi.org/10.1155/2013/232164

Musher-Eizenman, D. R., de Lauzon-Guillain, B., Holub, S. C., Leporc, E., & Charles, M. A. (2009). Child and parent characteristics related to parental feeding practices. A cross-cultural examination in the US and France. *Appetite, 52*(1), 89–95. https://doi.org/10.1016/j.appet.2008.08.007

Nadathur, S. R., Scanlin, L., & Wanasundara, J. P. D. (2016). *Sustainable protein sources*. Academic Press, Elsevier.

Nansel, T. R., Haynie, D. L., Lipsky, L. M., Wang, J., Mehta, S. N., & Laffel, L. M. B. (2013). Relationships among parent and youth healthful eating attitudes and youth dietary intake in a cross-sectional study of youth with type 1 diabetes. *International Journal of Behavioral Nutrition and Physical Activity, 10*, 125. https://doi.org/10.1186/1479-5868-10-125

Nasuti, G., Blanchard, C., Naylor, P. J., Levy-Milne, R., Warburton, D. E., Benoit, C., Symons Downs, D., & Rhodes, R. E. (2014). Comparison of the dietary intakes of new parents, second-time parents, and nonparents: A longitudinal cohort study. *Journal of the Academy of Nutrition and Dietetics, 114*(3), 450–456. https://doi.org/10.1016/j.jand.2013.07.042

National Health and Medical Research Council. (2013). *Australian Dietary Guidelines*.

National Health and Medical Research Council. (2015). *Australian Dietary Guidelines 1—5*. Australian Government. https://www.eatforhealth.gov.au/guidelines/australian-dietary-guidelines-1-5

Naylor, R. W., Droms, C. M., & Haws, K. L. (2009). Eating with a purpose: Consumer response to functional food health claims in conflicting versus complementary information environments. *Journal of Public Policy & Marketing, 28*(2), 221–233. https://doi.org/10.1509/jppm.28.2.221

Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description—The poor cousin of health research? *BMC Medical Research Methodology, 9*(1), 52. https://doi.org/10.1186/1471-2288-9-52

Neuman, N., Gottzén, L., & Fjellström, C. (2015). Narratives of progress: Cooking and gender equality among Swedish men. *Journal of Gender Studies, 26*(2), 151–163. https://doi.org/10.1080/09589236.2015.1090306

Neuman, N., Gottzén, L., & Fjellström, C. (2017). Masculinity and the sociality of cooking in men's everyday lives. *Sociological Review, 65*(4), 816–831. https://doi.org/10.1111/1467-954X.12420

Newby, P. K., & Tucker, K. L. (2004). Empirically derived eating patterns using factor or cluster analysis: A review. *Nutrition Reviews, 62*(5), 177–203. https://doi.org/10.1301/nr.2004.may.177-203

Newcombe, M. A., McCarthy, M. B., Cronin, J. M., & McCarthy, S. N. (2012). 'Eat like a man'. A social constructionist analysis of the role of food in men's lives. *Appetite, 59*, 391–398. https://doi.org/10.1016/j.appet.2012.05.031

Newnan, J. E. (2017). *More than food: An analysis of multidimensional relationships in our food system.* University of New Hampshire.

Nicholson, J. S., Howard, K. S., & Borkowski, J. G. (2008). Mental models for parenting: Correlates of metaparenting among fathers of young children. *Fathering, 6*(1), 39–61. https://www.researchgate.net/publication/247896950_Mental_Models_for_Parenting_Correlates_of_Metaparenting_among_Fathers_of_Young_Children

Nicklas, T., Liu, Y., Giovanni, M., Jahns, L., Tucker, K., Laugero, K., Bogle, M., & Chester, D. (2016). Association between barriers and facilitators to meeting the Dietary Guidelines for Americans and body weight status of caregiver-child dyads: The Healthy Eating and Lifestyle for Total Health Study. *American Journal of Clinical Nutrition, 104*(1), 143–154. https://doi.org/10.3945/ajcn.115.123372

Niela-Vilén, H., Axelin, A., Salanterä, S., & Melender, H.-L. (2014). Internet-based peer support for parents: A systematic integrative review. *International Journal of Nursing Studies, 51*(11), 1524–1537. https://doi.org/10.1016/j.ijnurstu.2014.06.009

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based Nursing, 18*(2), 34–35. https://doi.org/10.1136/eb-2015-102054

Nomaguchi, K. M., & Milkie, M. A. (2003). Costs and rewards of children: The effects of becoming a parent on adults' lives. *Journal of Marriage and Family, 65*(2), 356–374. https://www.jstor.org/stable/3600082

Northstone, K. (2012, Aug). Dietary patterns: The importance of sex differences. *British Journal of Nutrition, 108*(3), 393–394. https://doi.org/10.1017/s0007114511006337

Northstone, K., & Emmett, P. M. (2010). Dietary patterns of men in ALSPAC: Associations with socio-demographic and lifestyle characteristics, nutrient intake and comparison with women's dietary patterns. *European Journal of Clinical Nutrition, 64*(9), 978–986. https://doi.org/10.1038/ejcn.2010.102

Novak, J. D., & Gowin, D. B. (1984). *Learning how to learn*. Cambridge University Press.

Nyhan, B., & Reifler, J. (2010). When corrections fail: The persistence of political misperceptions. *Political Behavior, 32*(2), 303–330. https://doi.org/10.1007/s11109-010-9112-2

Nyman, C., Reinikainen, L., & Eriksson, K. (2018). The tension between gender equality and doing gender: Swedish couples' talk about the division of housework. *Women's Studies International Forum, 68*, 36–46. https://doi.org/10.1016/j.wsif.2018.01.010

Nyumba, T., Kerrie, W., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution, 9*(1), 20–32. https://doi.org/10.1111/2041-210X.12860

O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how guys still operate': Men's accounts of masculinity and help seeking. *Social Science & Medicine, 61*(3), 503–516. https://doi.org/10.1016/j.socscimed.2004.12.008

O'Connell, R. a., & Brannen, J. (2016). *Food, families and work*. Bloomsbury Academic, an imprint of Bloomsbury Publishing Plc.

O'Dea, K., interviewed for ABC Health & Wellbeing. (2011). *Are low-fat foods always a healthy choice?* ABC. https://www.abc.net.au/health/talkinghealth/factbuster/stories/2011/04/27/3198072.htm

O'Doherty Jensen, K., & Holm, L. (1999). Preferences, quantities and concerns: Socio-cultural perspectives on the gendered consumption of foods. *European Journal of Clinical Nutrition, 53*(5), 351–359. https://doi.org/10.1038/sj.ejcn.1600767

Occhiogrosso, G. (2018). *Quick service restaurants sprint In a new direction with focus on healthy, high quality menus*. https://www.forbes.com/sites/garyocchiogrosso/2018/08/08/new-quick-service-restaurants-sprint-in-a-new-direction-with-on-focus-on-healthy-high-quality-menus/?sh=1c5d544a226e

OECD. (2021). *Part-time employment rate (indicator).* https://data.oecd.org/emp/part-time-employment-rate.htm

Ogden, C. L., Carroll, M. D., Fryar, C. D., & Flegal, K. M. (2015). *Prevalence of obesity among adults and youth: United States, 2011–2014* (1941–4927). (NCHS data brief, Issue 219), U.S. Department of Health and Human Services. https://www.cybermedlife.eu/attachments/article/2468/Prevalence%20of%20Obesity%20Among%20Adults%20and%20Youth.pdf

Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011–2012. *JAMA, 311*(8), 806–814. https://doi.org/10.1001/jama.2014.732

Ohama, H., Ikeda, H., & Moriyama, H. (2008). Health foods and foods with health claims in Japan. In B. Debasis (Ed.), *Nutraceutical and functional food regulations in the United States and around the world* (pp. 249–280). Academic Press. https://doi.org/10.1016/B978-012373901-8.00017-2

Oksuzyan, A., Bronnum-Hansen, H., & Jeune, B. (2010). Gender gap in health expectancy. *European Journal of Ageing, 7*(4), 213–218. https://doi.org/10.1007/s10433-010-0170-4

Oliveira, R. C., Fernandes, A. C., da Costa Proença, R. P., Hartwell, H., Rodrigues, V. M., Colussi, C. F., & Fiates, G. M. R. (2018). Menu labelling and healthy food choices: A randomised controlled trial. *British Food Journal, 120*(4), 788–803. https://doi.org/10.1108/BFJ-04-2017-0248

Olson, C. M. (2005). Tracking of food choices across the transition to motherhood. *Journal of Nutrition Education and Behavior, 37*(3), 129–136. https://doi.org/10.1016/S1499-4046(06)60267-4

Onwuegbuzie, A. J., & Collins, K. M. T. (2007). A typology of mixed methods sampling designs in social science research. *The Qualitative Report, 12*(2), 281–316. https://doi.org/10.46743/2160-3715/2007.1638

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods, 8*(3), 1–21. https://doi.org/10.1177/160940690900800301

Opie, R., Segal, L., Jacka, F. N., Nicholls, L., Dash, S., Pizzinga, J., & Itsiopoulos, C. (2015). Assessing healthy diet affordability in a cohort with major depressive

disorders. *Journal of Public Health and Epidemiology, 7*(5), 159–169. https://doi.org/10.5897/JPHE2014.0668

Øresunddirekt Informationscenter. (2021). *Parental leave in Sweden*. https://www.oresunddirekt.dk/en/working-in-sweden/family-parenting/parental-leave-in-swede

Osborn, S. (2015). Labelling relating to natural ingredients and additives. In P. Berryman (Ed.), *Advances in Food and Beverage Labelling* (pp. 207–221). Woodhead Publishing. https://doi.org/10.1533/9781782420934.3.207

Ostbye, T., Malhotra, R., Stroo, M., Lovelady, C., Brouwer, R., Zucker, N., & Fuemmeler, B. (2013). The effect of the home environment on physical activity and dietary intake in preschool children. *International Journal of Obesity, 37*(10), 1314–1321. https://doi.org/10.1038/ijo.2013.76

Owen, J., Metcalfe, A., Dryden, C., & Shipton, G. (2010). 'If they don't eat it, it's not a proper meal': Images of risk and choice in fathers' accounts of family food practices. *Health, Risk & Society, 12*(4), 395–406. https://doi.org/10.1080/13698571003793213

Palaganas, E. C., Sanchez, M. C., Molintas, M. V. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: A journey of learning. *The Qualitative Report, 22*(2), 426–438. https://doi.org/10.46743/2160-3715/2017.2552

Palfreyman, Z., Haycraft, E., & Meyer, C. (2015). Parental modelling of eating behaviours: Observational validation of the Parental Modelling of Eating Behaviours scale (PARM). *Appetite, 86*, 31–37. https://doi.org/10.1016/j.appet.2014.08.008

Palkovitz, R., Woolfolk, T. N., & Copes, M. A. (2001). "It's like you discover a new sense of being": Involved fathering as an evoker of adult development. *Men and Masculinities, 4*(1), 49–69. https://doi.org/10.1177/1097184X01004001003

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers—Recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, 55*(11), 1187–1212. https://doi.org/10.1111/jcpp.12280

Papies, E. K. (2016). Health goal priming as a situated intervention tool: How to benefit from nonconscious motivational routes to health behaviour. *Health*

Psychology Review, 10(4), 408–424. https://doi.org/10.1080/17437199.2016.1183506

Papp-Bata, Á., & Szakály, Z. (2020). The relationship between the motivators and barriers of health behaviour and consumer attitudes towards functional food. *Acta Alimentaria, 49*(3), 287–294. https://doi.org/10.1556/066.2020.49.3.7

Paquette, M. C. (2005). Perceptions of healthy eating: State of knowledge and research gaps. *Canadian Journal of Public Health, 96*, S15–S19. https://www.ncbi.nlm.nih.gov/pubmed/16042159

Parada, H., Ayala, G. X., Horton, L. A., Ibarra, L., & Arredondo, E. M. (2016). Latino fathers' feeding-related parenting strategies on children's eating. *Ecology of Food and Nutrition, 55*(3), 292–307. https://doi.org/10.1080/03670244.2016.1161616

Parker, K., & Wang, W. (2013). *Modern parenthood: Roles of moms and dads converge as they balance work and family*. https://www.fatherhood.gov/sites/default/files/resource_files/e000002644.pdf

Parkin, K. J. (2006). *Food is love: Food advertising and gender roles in modern America*. University of Pennsylvania Press.

Parsons, J. M. (2016). When convenience is inconvenient: 'Healthy' family foodways and the persistent intersectionalities of gender and class. *Journal of Gender Studies, 25*(4), 1–25. https://doi.org/10.1080/09589236.2014.987656

Pasley, K., Petren, R. E., & Fish, J. N. (2014). Use of identity theory to inform fathering scholarship. *Journal of Family Theory & Review, 6*(4), 298–318. https://doi.org/10.1111/jftr.12052

Patrick, H., Hennessy, E., McSpadden, K., & Oh, A. (2013). Parenting styles and practices in children's obesogenic behaviors: Scientific gaps and future research directions. *Childhood obesity (Print), 9*, S73–S86. https://doi.org/10.1089/chi.2013.0039

Patrick, H., & Nicklas, T. A. (2005). A review of family and social determinants of children's eating patterns and diet quality. *Journal of the American College of Nutrition, 24*(2), 83–92. https://doi.org/10.1080/07315724.2005.10719448

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research, 34*(5 Pt 2), 1189–1208

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1089059/pdf/hsresearch00022 -0112.pdf

Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. *JAMA, 303*(19), 1961–1969. https://doi.org/10.1001/jama.2010.605

Pearson, N., Biddle, S. J., & Gorely, T. (2009). Family correlates of fruit and vegetable consumption in children and adolescents: A systematic review. *Public health nutrition, 12*(2), 267–283. https://doi.org/10.1017/S1368980008002589

Pearson, N., Salmon, J., Campbell, K., Crawford, D., & Timperio, A. (2011). Tracking of children's body-mass index, television viewing and dietary intake over five-years. *Preventive Medicine, 53*(4–5), 268–270. https://doi.org/10.1016/j.ypmed.2011.07.014

Pechey, R., Monsivais, P., Ng, Y. L., & Marteau, T. M. (2015). Why don't poor men eat fruit? Socioeconomic differences in motivations for fruit consumption. *Appetite, 84*, 271–279. https://doi.org/10.1016/j.appet.2014.10.022

Pedersen, S., Grønhøj, A., & Thøgersen, J. (2015). Following family or friends. Social norms in adolescent healthy eating. *Appetite, 86*(Supplement C), 54–60. https://doi.org/10.1016/j.appet.2014.07.030

Peeters, M., Davison, K., Ma, D., & Haines, J. (2019). Meeting report on the conference on fathers' role in children's weight-related behaviors and outcomes. *Obesity, 27*(4), 523–524. https://doi.org/10.1002/oby.22396

Penilla, C., Tschann, J. M., Sanchez-Vaznaugh, E. V., Flores, E., & Ozer, E. J. (2017). Obstacles to preventing obesity in children aged 2 to 5 years: Latino mothers' and fathers' experiences and perceptions of their urban environments. *International Journal of Behavioral Nutrition and Physical Activity, 14*, 148. https://doi.org/10.1186/s12966-017-0605-9

Pescud, M., & Pettigrew, S. (2014). 'I know it's wrong, but...': A qualitative investigation of low-income parents' feelings of guilt about their child-feeding practices. *Maternal & Child Nutrition, 10*(3), 422–435. https://doi.org/10.1111/j.1740-8709.2012.00425.x

Peshkin, A. (1988). In search of subjectivity. One's own. *Educational Researcher, 17*(7), 17–21. https://doi.org/10.2307/1174381

Peters, D. A. (1993). Improving quality requires consumer input: Using focus groups. *Journal of Nursing Care Quality, 7*(2), 34–41. https://doi.org/10.1097/00001786-199301000-00006

Peters, J., Parletta, N., Campbell, K., & Lynch, J. (2014). Parental influences on the diets of 2- to 5-year-old children: Systematic review of qualitative research. *Journal of Early Childhood Research, 12*(1). https://doi.org/10.1177/1476718X13492940

Pfister, R., Dignath, D., Hommel, B., & Kunde, W. (2013). It takes two to imitate: Anticipation and imitation in social interaction. *Psychological Science, 24*(10), 2117–2121. https://doi.org/10.1177/0956797613489139

Phares, V., Fields, S., & Binitie, I. (2006). Getting fathers involved in child-related therapy. *Cognitive and Behavioral Practice, 13*(1), 42–52. https://doi.org/10.1016/j.cbpra.2005.06.002

Phares, V., Lopez, E., Fields, S., Kamboukos, D., & Duhig, A. M. (2005). Are fathers involved in pediatric psychology research and treatment? *Journal of Pediatric Psychology, 30*(8), 631–643. https://doi.org/10.1093/jpepsy/jsi050

Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In *Doing qualitative analysis in psychology.* (pp. 245–273). Psychology Press/Erlbaum (UK) Taylor & Francis.

Pierro, A., Mannetti, L., & Livi, S. (2003). Self-identity and the Theory of Planned Behavior in the prediction of health behavior and leisure activity. *Self & Identity, 2*, 47–60. https://doi.org/10.1080/15298860309024

Pink, S. (2007). Doing Visual Ethnography (2 ed.) https://doi.org/10.4135/9780857025029

Piper, N. (2015). Jamie Oliver and cultural intermediation. *Food, Culture & Society, 18*(2), 245–264. https://doi.org/10.2752/175174415X14180391604288

Pleck, J. H., & Masciadrelli, B. P. (2004). Paternal involvement by U.S. residential fathers: Levels, sources and consequences. In M. E. Lamb (Ed.), *The role of the father in child development* (4th ed., pp. 222–271). Wiley.

Poelman, M. P., Dijkstra, S. C., Sponselee, H., Kamphuis, C. B. M., Battjes-Fries, M. C. E., Gillebaart, M., & Seidell, J. C. (2018). Towards the measurement of food literacy with respect to healthy eating: The development and validation of the self perceived food literacy scale among an adult sample in the Netherlands.

International Journal of Behavioral Nutrition and Physical Activity, 15, 54, Article 54. https://doi.org/10.1186/s12966-018-0687-z

Polit, D. F. , & Beck, C. T. (2014). *Essentials of nursing research. Appraising evidence for nursing practice* (8th ed.). Lippincott Williams & Wilkins.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*(2), 137–145. https://doi.org/10.1037/0022-0167.52.2.137

Pollan, M. (2010). *Food rules: An eater's manual*. Penguin Group.

Pollard, J., Greenwood, D., Kirk, S., & Cade, J. (2001). Lifestyle factors affecting fruit and vegetable consumption in the UK Women's Cohort Study. *Appetite, 37*(1), 71–79. https://doi.org/10.1006/appe.2001.0415

Power, J., Perlesz, A., McNair, R., Schofield, M., Pitts, M., Brown, R., & Bickerdike, A. (2012). Gay and bisexual dads and diversity: Fathers in the work, love, play study. *Journal of Family Studies, 18*(2–3), 143–154. https://doi.org/10.5172/jfs.2012.18.2-3.143

Prasad, A., Strijnev, A., & Zhang, Q. (2008). What can grocery basket data tell us about health consciousness? *International Journal of Research in Marketing, 25*(4), 301–309. https://doi.org/10.1016/j.ijresmar.2008.05.001

Prattala, R., Paalanen, L., Grinberga, D., Helasoja, V., Kasmel, A., & Petkeviciene, J. (2007). Gender differences in the consumption of meat, fruit and vegetables are similar in Finland and the Baltic countries. *European Journal of Public Health, 17*(5), 520–525. https://doi.org/10.1093/eurpub/ckl265

Prichard, I., Hodder, K., Hutchinson, A., & Wilson, C. (2012). Predictors of mother-daughter resemblance in dietary intake. The role of eating styles, mothers' consumption, and closeness. *Appetite, 58*(1), 271–276. https://doi.org/10.1016/j.appet.2011.10.012

Public Health England. (2016). *National Diet and Nutrition Survey. Results from Years 5–6 (combined) of the Rolling Programme (2012/13 – 2013/14)*. P. H. England.

Pulker, C. E., Li, D. C. C., Scott, J. A., & Pollard, C. M. (2019). The impact of voluntary policies on parents' ability to select healthy foods in supermarkets: A qualitative study of Australian parental views. *International journal of*

environmental research and public health, 16, 1–23, 3377. https://doi.org/10.3390/ijerph16183377

Qu, L. (2020). *Families Then & Now: Households and families*. https://aifs.gov.au/publications/households-and-families

Rahill, S., Kennedy, A., & Kearney, J. (2020). A review of the influence of fathers on children's eating behaviours and dietary intake. *Appetite, 147*, 104540. https://doi.org/10.1016/j.appet.2019.104540

Rane, T. R., & McBride, B. A. (2000). Identity theory as a guide to understanding fathers' involvement with their children. *Journal of Family Issues, 21*(3), 347–366. https://doi.org/10.1177/019251300021003004

Rasmussen, M., Krølner, R., Klepp, K.-I., Lytle, L., Brug, J., Bere, E., & Due, P. (2006). Determinants of fruit and vegetable consumption among children and adolescents: A review of the literature. Part I: quantitative studies. *International Journal of Behavioral Nutrition & Physical Activity, 3*, 22. https://doi.org/10.1186/1479-5868-3-22

Rawlins, E., Baker, G., Maynard, M., & Harding, S. (2013). Perceptions of healthy eating and physical activity in an ethnically diverse sample of young children and their parents: The DEAL prevention of obesity study. *Journal of Human Nutrition and Dietetics, 26*(2), 132–144. https://doi.org/10.1111/j.1365-277X.2012.01280.x

Redmond, G. (2009). Children as actors: How does the child perspectives literature treat agency in the context of poverty? *Social Policy & Society, 8*(4), 541–550. https://doi.org/10.1017/S147474640999011X

Rehm, C. D., Monsivais, P., & Drewnowski, A. (2011). The quality and monetary value of diets consumed by adults in the United States. *American Journal of Clinical Nutrition, 94*(5), 1333–1339. https://doi.org/10.3945/ajcn.111.015560

Reyes, N. R., Oliver, T. L., Klotz, A. A., Lagrotte, C. A., Vander Veur, S. S., Virus, A., Bailer, B. A., & Foster, G. D. (2012). Similarities and differences between weight loss maintainers and regainers: A qualitative analysis. *Journal of the Academy of Nutrition and Dietetics, 112*(4), 499–505. https://doi.org/10.1016/j.jand.2011.11.014

Rifas-Shiman, S. L., Sherry, B., Scanlon, K., Birch, L. L., Gillman, M. W., & Taveras, E. M. (2011). Does maternal feeding restriction lead to childhood obesity in a

prospective cohort study? *Archives of Disease in Childhood, 96*(3), 265. https://doi.org/10.1136/adc.2009.175240

Rigby, R., Williams, L., Mitchell, L., Ball, L., & Hamilton, K. (2021). Understanding dietary behaviour change after a diagnosis of diabetes: A qualitative investigation of adults with type 2 diabetes. https://doi.org/10.31219/osf.io/8c4dm

Rilling, J. K., & Young, L. J. (2014). The biology of mammalian parenting and its effect on offspring social development. *Science, 345*(6198), 771–776. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306567/pdf/nihms656100.pdf

Rippin, H. L., Hutchinson, J., Greenwood, D. C., Jewell, J., Breda, J. J., Martin, A., Rippin, D. M., Schindler, K., Rust, P., Fagt, S., Matthiessen, J., Nurk, E., Nelis, K., Kukk, M., Tapanainen, H., Valsta, L., Heuer, T., Sarkadi-Nagy, E., Bakacs, M., … Cade, J. E. (2020). Inequalities in education and national income are associated with poorer diet: Pooled analysis of individual participant data across 12 European countries. *PLOS One 15*(5), e0232447. https://doi.org/10.1371/journal.pone.0232447

Ritzer, G., & Goodman, D. J. (2008). *Sociological theory* (7th ed.). McGraw-Hill Higher Education.

Roberts, K., Dowell, A., & Nie, J. B. (2019). Attempting rigour and replicability in thematic analysis of qualitative research data; A case study of codebook development. *BMC Medical Research Methodology, 19*, 66. https://doi.org/10.1186/s12874-019-0707-y

Roberts, S., Ralph, B., Elliott, K., Robards, B., Savic, M., Lindsay, J., O'Brien, K., & Lubman, D. I. (2019). Exploring men's risky drinking cultures. *Victorian Health Promotion Foundation, Melbourne*.

Robinson, O. C. (2014). Sampling in Interview-Based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25–41. https://doi.org/10.1080/14780887.2013.801543

Rodda, S. N., Booth, N., Brittain, M., McKean, J., & Thornley, S. (2020). I was truly addicted to sugar: A consumer-focused classification system of behaviour change strategies for sugar reduction. *Appetite, 144*, 104456. https://doi.org/10.1016/j.appet.2019.104456

Rodgers, R. F., Paxton, S. J., McLean, S. A., Campbell, K. J., Wertheim, E. H., Skouteris, H., & Gibbons, K. (2014). Maternal negative affect is associated with emotional feeding practices and emotional eating in young children. *Appetite, 80*, 242–247. https://doi.org/10.1016/j.appet.2014.05.022

Rodriguez-Ramirez, S., Mundo-Rosas, V., Garcia-Guerra, A., & Shamah-Levy, T. (2011). Dietary patterns are associated with overweight and obesity in Mexican school-age children. *Archivos Latinoamericanos de Nutrición, 61*(3), 270–278. https://www.ncbi.nlm.nih.gov/pubmed/22696895

Roinien, K., Lahteenmaki, L., & Tuorila, H. (1999). Quantification of consumer attitudes to health and hedonic characteristics of foods. *Appetite, 33*(1), 71–88. https://doi.org/10.1006/appe.1999.0232

Roininen, K., Tuorila, H., Zandstra, E. H., de Graaf, C., Vehkalahti, K., Stubenitsky, K., & Mela, D. J. (2001). Differences in health and taste attitudes and reported behaviour among Finnish, Dutch and British consumers: A cross-national validation of the Health and Taste Attitude Scales (HTAS). *Appetite, 37*(1), 33–45. https://doi.org/10.1006/appe.2001.0414

Romanos-Nanclares, A., Zazpe, I., Santiago, S., Marín, L., Rico-Campà, A., & Martín-Calvo, N. (2018). Influence of parental healthy-eating attitudes and nutritional knowledge on nutritional adequacy and diet quality among preschoolers: The SENDO project. *Nutrients, 10*(12), 1875. https://doi.org/10.3390/nu10121875

Romero-Polvo, A., Denova-Gutiérrez, E., Rivera-Paredez, B., Castañón, S., Gallegos-Carrillo, K., Halley-Castillo, E., Borges, G., Flores, M., & Salmerón, J. (2012). Association between dietary patterns and insulin resistance in Mexican children and adolescents. *Annals of Nutrition & Metabolism, 61*(2), 142–150. https://doi.org/10.1159/000341493

Ronteltap, A., Sijtsema, S. J., Dagevos, H., & de Winter, M. A. (2012). Construal levels of healthy eating. Exploring consumers' interpretation of health in the food context. *Appetite, 59*(2), 333–340. https://doi.org/10.1016/j.appet.2012.05.023

Roos, G., Prättälä, R., & Koski, K. (2001). Men, masculinity and food: Interviews with Finnish carpenters and engineers. *Appetite, 37*(1), 47–56. https://doi.org/10.1006/appe.2001.0409

Rosenfeld, D. L., & Tomiyama, A. J. (2020). Taste and health concerns trump anticipated stigma as barriers to vegetarianism. *Appetite, 144*, 104469. https://doi.org/10.1016/j.appet.2019.104469

Rosenkranz, R. R., & Dzewaltowski, D. A. (2008). Model of the home food environment pertaining to childhood obesity. *Nutrition Reviews, 66*(3), 123–140. https://doi.org/10.1111/j.1753-4887.2008.00017.x

Rosier, K. (2011). *Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it?* Australian Government https://aifs.gov.au/cfca/publications/food-insecurity-australia-what-it-who-experiences-it-and-how-can-child

Roy Morgan Research Ltd. (2016). *The slow but steady rise of vegetarianism in Australia*. http://www.roymorgan.com/findings/vegetarianisms-slow-but-steady-rise-in-australia-201608151105

Rozin, P., Hormes, J. M., Faith, M. S., & Wansink, B. (2012). Is meat male? A quantitative multimethod framework to establish metaphoric relationships. *Journal of Consumer Research, 39*(3), 629–643. https://doi.org/10.1086/664970

Ruby, M. B. (2012). Vegetarianism. A blossoming field of study. *Appetite, 58*(1), 141–150. https://doi.org/10.1016/j.appet.2011.09.019

Ruiter, E. L. M., Saat, J. J. E. H., Molleman, G. R. M., Fransen, G. A. J., van der Velden, K., van Jaarsveld, C. H. M., Engels, R. C. M. E., & Assendelft, W. J. J. (2020). Parents' underestimation of their child's weight status. Moderating factors and change over time: A cross-sectional study. *PLOS One, 15*(1), e0227761. https://doi.org/10.1371/journal.pone.0227761

Ruiter, R. A., Kessels, L. T., Peters, G. J., & Kok, G. (2014, Apr). Sixty years of fear appeal research: Current state of the evidence. *International Journal of Psychology, 49*(2), 63–70. https://doi.org/10.1002/ijop.12042

Ruppanner, L. (2017). *Census 2016: Women are still disadvantaged by the amount of unpaid housework they do*. The Conversation. Retrieved 13/07/2021 from https://theconversation.com/census-2016-women-are-still-disadvantaged-by-the-amount-of-unpaid-housework-they-do-76008

*safe*food. (2014). *Consumer focused review of men's food behaviour*. *safe*food. https://www.safefood.net/research-reports/review-mens-food-behaviour

Saldaña, J. a. (2016). *The coding manual for qualitative researchers* (3rd ed.). SAGE Publications.

Sallis, J. F., & Owen, N. (2015). Ecological models of health behaviour. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health Behavior: Theory, research and practice* (5 ed., pp. 43–51). Wiley.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8*(3), 27–37. https://doi.org/10.1097/00012272-198604000-00005

Sandelowski, M. (1995, 1995/04/01). Sample size in qualitative research. *Research in Nursing & Health, 18*(2), 179–183. https://doi.org/10.1002/nur.4770180211

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334–340. https://www.ncbi.nlm.nih.gov/pubmed/10940958

Sandelowski, M. (2008). Theoretical saturation. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 875–876). SAGE Publications.

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing and Health, 33*(1), 77–84. https://doi.org/10.1002/nur.20362

Santich, B. (2006). The high and the low: Australian cuisine in the late nineteenth and early twentieth centuries. *JAS: Australia's Public Intellectual Forum*(87), 37–49. https://doi.org/10.1080/14443050609388049

Saracho, O. N., & Spodek, B. (2008). Fathers: The 'invisible' parents. *Early Child Development and Care, 178*(7–8), 821–836. https://doi.org/10.1080/03004430802352244

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity, 52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Savage, J. S., Fisher, J. O., & Birch, L. L. (2007). Parental influence on eating behavior: Conception to adolescence. *The Journal of Law, Medicine & Ethics, 35*(1), 22–34. https://doi.org/10.1111/j.1748-720X.2007.00111.x

Saxbe, D., Goldenberg, D., & Rossin-Slater, M. (2018). The transition to parenthood as a critical window for adult health. *American Psychologist, 73*(9), 1190–1200. https://doi.org/10.1037/amp0000376

SBS News. (2018). *Vegan trend takes hold in Australia*. https://www.sbs.com.au/news/vegan-trend-takes-hold-in-australia

Scaglioni, S., Cosmi, V. d., Ciappolino, V., Parazzini, F., Brambilla, P., & Agostoni, C. (2018). Factors influencing children's eating behaviours. *Nutrients, 10*(6), 1–17. https://doi.org/10.3390/nu10060706

Scaglioni, S., Salvioni, M., & Galimberti, C. (2008). Influence of parental attitudes in the development of children eating behaviour. *British Journal of Nutrition, 99 Suppl 1*, S22–S25. https://doi.org/10.1017/S0007114508892471

Schneider, K. J. (1999). Multiple-case depth research: Bringing experience-near closer. *Journal of Clinical Psychology, 55*(12), 1531–1540. https://doi.org/10.1002/(SICI)1097-4679(199912)55:12<1531::AID-JCLP10>3.0.CO;2-F

Schosler, H., De Boer, J., Boersema, J. J., & Aiking, H. (2015). Meat and masculinity among young Chinese, Turkish and Dutch adults in the Netherlands. *Appetite, 89*, 152–159. https://doi.org/10.1016/j.appet.2015.02.013

Schubert, E. (2009). *Diet and domestic life in 21st century Australia: An exploration of time and convenience in family food provisioning* [Doctoral dissertation, University of Queensland]. UQ eSpace. https://espace.library.uq.edu.au/view/UQ:184155

Schulman, S. (2006). Terms of engagement: Aligning youth, adults, and organizations toward social change. *Journal of Public Health Management and Practice*, S26–S31. https://doi.org/10.1097/00124784-200611001-00007

Scrinis, G. (2008). On the ideology of Nutritionism. *Gastronomica, 8*(1), 39–48. https://doi.org/10.1525/gfc.2008.8.1.39

Seale, C., & Silverman, D. (1997). Ensuring rigour in qualitative research. *European Journal of Public Health, 7*(4), 379–384. https://academic.oup.com/eurpub/article/7/4/379/551435

Sela, A., & Shiv, B. (2009). Unraveling priming: When does the same prime activate a goal versus a trait? *Journal of Consumer Research, 36*(3), 418–433. https://doi.org/10.1086/598612

Settersten, R. A., & Cancel-Tirado, D. (2010). Fatherhood as a hidden variable in men's development and life courses. *Research in Human Development, 7*(2), 83–102. https://doi.org/10.1080/15427609.2010.481520

Shah, J. Y., Friedman, R., & Kruglanski, A. W. (2002). Forgetting all else: On the antecedents and consequences of goal shielding. *Journal of Personality and Social Psychology, 83*(6), 1261.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63–75. https://doi.org/10.3233/EFI-2004-22201

Sherman, L. D., & Smith, M. L. (2019). African American fathers' perceived role for the dietary behaviors of their children: A qualitative study. *American journal of men's health, 13*(2), 1557988319840851. https://doi.org/10.1177/1557988319840851

Shloim, N., Edelson, L. R., Martin, N., & Hetherington, M. M. (2015). Parenting styles, feeding styles, feeding practices, and weight status in 4–12 Year-old children: A systematic review of the literature. *Frontiers in Psychology, 6*, 1849. https://doi.org/10.3389/fpsyg.2015.01849

Silverman, D. (2017). How was it for you? The Interview Society and the irresistible rise of the (poorly analyzed) interview. *Qualitative Research, 17*(2), 144–158. https://doi.org/10.1177/1468794116668231

Simmons, D., & Chapman, E. G. (2012). The significance of home cooking within families. *British Food Journal, 114*(8), 1184–1195. https://doi.org/10.1108/00070701211252110

Simpson, J. K. (2017). Appeal to fear in health care: Appropriate or inappropriate? *Chiropractic & Manual Therapies, 25*(1), 27. https://doi.org/10.1186/s12998-017-0157-8

Skeggs, B. (2005). The making of class and gender through visualizing moral subject formation. *Sociology, 39*(5), 965–982. https://doi.org/10.1177/0038038505058381

Skinner, J. D., Carruth, B. R., Bounds, W., Ziegler, P., & Reidy, K. (2002). Do food-related experiences in the first 2 years of life predict dietary variety in school-aged children? *Journal of Nutrition Education & Behavior, 34*(6), 310–315. https://doi.org/10.1016/s1499-4046(06)60113-9

Skinner, J. D., Carruth, B. R., Wendy, B., & Ziegler, P. J. (2002). Children's food preferences: A longitudinal analysis. *Journal of the American Dietetic Association, 102*(11), 1638–1647. https://doi.org/10.1016/s0002-8223(02)90349-4

Slater, J., Sevenhuysen, G., Edginton, B., & O'Neil, J. (2012). 'Trying to make it all come together': Structuration and employed mothers' experience of family food provisioning in Canada. *Health Promotion International, 27*(3), 405–415. https://doi.org/10.1093/heapro/dar037

Slusser, W., Prelip, M., Kinsler, J., Erausquin, J. T., Thai, C., & Neumann, C. (2011). Challenges to parent nutrition education: A qualitative study of parents of urban children attending low-income schools. *Public Health Nutrition, 14*(10), 1833–1841. https://doi.org/10.1017/S1368980011000620

Smith, B. (2018). Generalizability in qualitative research: Misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise and Health, 10*(1), 137–149. https://doi.org/10.1080/2159676X.2017.1393221

Smith, K. J., McNaughton, S. A., Gall, S. L., Blizzard, L., Dwyer, T., & Venn, A. J. (2009). Takeaway food consumption and its associations with diet quality and abdominal obesity: A cross-sectional study of young adults. *International Journal of Behavioral Nutrition and Physical Activity, 6*, 29. https://doi.org/10.1186/1479-5868-6-29

Smith, K. J., McNaughton, S. A., Gall, S. L., Otahal, P., Dwyer, T., & Venn, A. J. (2017). Associations between partnering and parenting transitions and dietary habits in young adults. *Journal of the Academy of Nutrition and Dietetics*, 1210–1221. https://doi.org/10.1016/j.jand.2016.12.008

Smoley, R. (2020). *Gen Z to drive produce growth*. https://www.producebluebook.com/2020/06/29/gen-z-to-drive-produce-growth/

Snethen, J. A., Broome, M. E., Kelber, S., Leicht, S., Joachim, J., & Goretzke, M. (2008). Dietary and physical activity patterns: Examining fathers' perspectives. *Journal for Specialists in Pediatric Nursing, 13*(3), 201–211. https://doi.org/10.1111/j.1744-6155.2008.00154.x

Snipes, S. A., Hayes Constant, T. K., Trumble, B. C., Goodreau, S. M., Morrison, D. M., Shell-Duncan, B. K., Pelman, R. S., & O'Connor, K. A. (2015). Masculine perspectives about work and family concurrently promote and inhibit men's healthy behaviors. *International Journal of Men's Health, 14*(1), 1–20. https://www.researchgate.net/publication/315614806_Masculine_perspectives_about_work_and_family_concurrently_promote_and_inhibit_men's_healthy_behaviors

Snowdon, C. (2017). *Cheap as chips. Is a healthy diet affordable?* (IEA Discussion Papers). https://iea.org.uk/publications/cheap-as-chips-is-a-healthy-diet-affordable/

Sobal, J. (1991). Obesity and socioeconomic status: A framework for examining relationships between physical and social variables. *Medical Anthropology, 13*(3), 231–247. https://doi.org/10.1080/01459740.1991.9966050

Sobal, J., & Bisogni, C. A. (2009). Constructing food choice decisions. *Annals of Behavioral Medicine, 38*, S37–S46. https://doi.org/10.1007/s12160-009-9124-5

Sobal, J., Bisogni, C. A., Devine, C. M., & Jastran, M. (2006). A conceptual model of the food choice process over the life course. In R. Shepherd & M. Raats (Eds.), *Psychology of Food Choice* (Vol. 3, pp. 1–18). CABI Publishing. http://154.68.126.6/library/Food%20Science%20books/batch2/THE%20PSYCHOLOGY%20OF%20FOOD%20CHOICE.pdf#page=11

Sobal, J., Rauschenbach, B., & Frongillo, E. A. (2003). Marital status changes and body weight changes: A US longitudinal analysis. *Social Science & Medicine, 56*(7), 1543–1555. https://doi.org/10.1016/S0277-9536(02)00155-7

Sotos-Prieto, M., Santos-Beneit, G., Pocock, S., Redondo, J., Fuster, V., & Peñalvo, J. L. (2015). Parental and self-reported dietary and physical activity habits in pre-school children and their socio-economic determinants. *Public Health Nutrition, 18*(2), 275–285. https://doi.org/10.1017/s1368980014000330

Sparks, P., Hedderley, D., & Shepherd, R. (1992). An investigation into the relationship between perceived control, attitude variability and the consumption of two common foods. *European Journal of Social Psychology, 22*(1), 55–71. https://doi.org/10.1002/ejsp.2420220107

Spillett, M. A. (2003). Peer debriefing: Who, what, when, why, how. *Academic Exchange Quarterly*(3), 36.

https://www.thefreelibrary.com/Peer+debriefing%3a+who%2c+what%2c+whe n%2c+why%2c+how.-a0111848817

Spinelli, S., Dinnella, C., Tesini, F., Bendini, A., Braghieri, A., Proserpio, C., Torri, L., Miele, N. A., Aprea, E., Mazzaglia, A., Toschi, T. G., & Monteleone, E. (2020). Gender differences in fat-rich meat choice: Influence of personality and attitudes. *Nutrients, 12*, 1374. https://doi.org/10.3390/nu12051374

Sproesser, G., Ruby, M. B., Arbit, N., Akotia, C. S., Alvarenga, M. D. S., Bhangaokar, R., Furumitsu, I., Hu, X., Imada, S., Kaptan, G., Kaufer-Horwitz, M., Menon, U., Fischler, C., Rozin, P., Schupp, H. T., & Renner, B. (2019). Understanding traditional and modern eating: The TEP10 framework. *BMC Public Health, 19*, 1606. https://doi.org/10.1186/s12889-019-7844-4

Stahlschmidt, M. J., Threlfall, J., Seay, K. D., Lewis, E. M., & Kohl, P. L. (2013). Recruiting fathers to parenting programs: Advice from dads and fatherhood program providers. *Children and Youth Services Review, 35*(10), 1734–1741. https://doi.org/10.1016/j.childyouth.2013.07.004

Stanton, C. A. (2019). *An analysis of consumer perceptions, attitudes, visual attention allocation, and willingness to pay for clean label food items* [Doctoral dissertation, Texas Tech University] https://ttu-ir.tdl.org/bitstream/handle/2346/85568/STANTON-THESIS-2019.pdf?sequence=1

Stapleton, H., & Keenan, J. (2009). (New) Family formation and the organisation of food in households: Who does what and why? In P. Jackson (Ed.), *Changing families, changing food* (pp. 35–36). Palgrave Macmillan.

Statista. (2020). *Labor force participation rate of women in Australia from 2000 to 2020*. https://www.statista.com/statistics/1178624/australia-female-labor-force-participation-rate/

Steen, J. (2016). *More restaurants and pubs are going vegan, and it's great*. HuffPost. https://www.huffingtonpost.com.au/2016/09/06/more-restaurants-and-pubs-are-going-vegan-and-its-great_a_21466794/

Steffen, W., Richardson, K., Rockstrom, J., Cornell, S. E., Fetzer, I., Bennett, E. M., Biggs, R., Carpenter, S. R., de Vries, W., de Wit, C. A., Folke, C., Gerten, D., Heinke, J., Mace, G. M., Persson, L. M., Ramanathan, V., Reyers, B., & Sorlin, S. (2015). Sustainability. Planetary boundaries: Guiding human development on

a changing planet. *Science, 347*(6223), 1259855. https://doi.org/10.1126/science.1259855

Steptoe, A., Pollard, T. M., & Wardle, J. (1995). Development of a measure of the motives underlying the selection of food: The Food Choice Questionnaire. *Appetite, 25*(3), 267–284. https://doi.org/10.1006/appe.1995.0061

Story, M., Kaphingst, K. M., Robinson-O'Brien, R., & Glanz, K. (2008). Creating healthy food and eating environments: policy and environmental approaches. *Annual Review of Public Health, 29,* 253–272. https://doi.org/10.1146/annurev.publhealth.29.020907.090926

Strauss, R., & Goldberg, W. A. (1999). Self and possible selves during the transition to fatherhood. *Journal of Family Psychology, 13*(2), 244–259. https://doi.org/10.1037/0893-3200.13.2.244

Stroebe, W., Mensink, W., Aarts, H., Schut, H., & Kruglanski, A. W. (2008). Why dieters fail: Testing the goal conflict model of eating. *Journal of Experimental Social Psychology, 44*(1), 26–36. https://doi.org/10.1016/j.jesp.2007.01.005

Stryker, S. (1987). Identity theory: Developments and extensions. In *Self and identity: Psychosocial perspectives.* (pp. 89–103). Wiley.

Stryker, S., & Serpe, R. T. (1994). Identity salience and psychological centrality: Equivalent, overlapping, or complementary concepts? *Social Psychology Quarterly, 57*(1), 16–35. https://doi.org/10.2307/2786972

Sullivan, O. (2000). The division of domestic labour: Twenty years of change? *Sociology, 34*(3), 437–456. http://www.jstor.org/stable/42856196

Sundar, A., & Kardes, F. R. (2015). The role of perceived variability and the Health Halo Effect in nutritional inference and consumption. *Psychology & Marketing, 32*(5), 512–521. https://doi.org/10.1002/mar.20796

Surmann, A., Käsmayr, A., & Reinmann, R. (2017). The evolution of kitchen design. A yearning for a modern stone age cave. In N. van der Meulen & J. Wiesel (Eds.), *Culinary Turn. Aesthetic Practice of Cookery* (pp. 47–56). Transcript Verlag.

Swenson, R. (2009). Domestic Divo? Televised treatments of masculinity, femininity and food. *Critical Studies in Media Communication, 26*(1), 36–53. https://doi.org/10.1080/15295030802684034

Swinbank, V. A. (2002). The sexual politics of cooking: A feminist analysis of culinary hierarchy in Western culture. *Journal of Historical Sociology, 15*(4), 464–494. https://doi.org/10.1111/1467-6443.00188

Swoboda, B., & Morschett, D. (2001). Convenience-oriented shopping: A model from the perspective of consumer research. In L. Frewer, E. Risvik, & H. Schiffestein (Eds.), *Food, people and society: A European perspective of consumers' food choices* (pp. 177–196). Springer.

Sylvestre, M.-P., O'Loughlin, J., Gray-Donald, K., Hanley, J., & Paradis, G. (2007). Association between fruit and vegetable consumption in mothers and children in low-income, urban neighborhoods. *Health Education & Behavior, 34*(5), 723–734. https://doi.org/10.1177/1090198106290758

Symmank, C., Mai, R., Hoffmann, S., Stok, F. M., Renner, B., Lien, N., & Rohm, H. (2017). Predictors of food decision making: A systematic interdisciplinary mapping (SIM) review. *Appetite, 110*, 25–35. https://doi.org/10.1016/j.appet.2016.11.023

Szabo, M. (2012). Foodwork or foodplay? Men's domestic cooking, privilege and leisure. *Sociology, 47*(4), 623 –638. https://doi.org/10.1177/0038038512448562

Szabo, M. (2014). Men nurturing through food: Challenging gender dichotomies around domestic cooking. *Journal of Gender Studies, 23*(1), 18–31. https://doi.org/10.1080/09589236.2012.711945

Szakaly, Z., Szente, V., Kover, G., Polereczki, Z., & Szigeti, O. (2012). The influence of lifestyle on health behavior and preference for functional foods. *Appetite, 58*(1), 406–413. https://doi.org/10.1016/j.appet.2011.11.003

Tang, M. L., & Mullins, R. J. (2017). Food allergy: Is prevalence increasing? *Internal Medicine Journal, 47*(3), 256-261. https://doi.org/10.1111/imj.13362

Tanner, C., Petersen, A., & Fraser, S. (2014). Food, fat and family: Thinking fathers through mothers' words. *Women's Studies International Forum, 44*(1), 209–219. https://doi.org/10.1016/j.wsif.2013.01.017

Tatham, H. (2018). *Fathers' trailing in equal primary parental leave spurs Aussie dads exhibit by Swedish photographer* ABC Radio Sydney. https://www.abc.net.au/news/2018-08-23/australian-fathers-take-just-5-per-cent-of-parental-leave/10152472

Taylor, A., Wilson, C., Slater, A., & Mohr, P. (2011). Parent- and child-reported parenting. Associations with child weight-related outcomes. *Appetite, 57*(3), 700–706. https://doi.org/10.1016/j.appet.2011.08.014

Taylor, S. J., & Bogdan, R. (1984). *Introduction to Qualitative Research Methods: The Search for Meanings*. Wiley.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic Analysis. In C. Willig & W. Stainton Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 6–7). SAGE Publications. https://doi.org/10.4135/9781526405555

Tharakan, T., Salonia, A., & Minhas, S. (2019). Male life expectancy is still inferior to that of women: Urologists must refine and develop the concept of men's health. *European Urology, 76*(6), 712–713. https://doi.org/10.1016/j.eururo.2019.07.052

The University of Newcastle Australia. (2021). *Family Action Centre (FAC)*. https://www.newcastle.edu.au/research/centre/fac/research

The White House. (2012). *Promoting Responsible Fatherhood*. https://obamawhitehouse.archives.gov/sites/default/files/docs/fatherhood_report_6.13.12_final.pdf

Thibodeau, M., & Pickering, G. J. (2019). The role of taste in alcohol preference, consumption and risk behavior. *Critical Reviews in Food Science and Nutrition, 59*(4), 676–692. https://doi.org/10.1080/10408398.2017.1387759

Thoits, P. A., & Virshup, L. K. (1997). Me's and we's: Forms and functions of social identities. In R. D. Ashmore & J. L. (Eds.), *Self and identity: Fundamental issues* (pp. 106–133). Oxford University Press.

Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237–246. https://doi.org/10.1177/1098214005283748

Thomas, J. E., & Hildingsson, I. (2009). Who's bathing the baby?: The division of domestic labour in Sweden. *Journal of Family Studies, 15*(2), 139–152. https://doi.org/10.5172/jfs.15.2.139

Thornton, A., & Young-DeMarco, L. (2001). Four decades of trends in attitudes toward family issues in the United States: The 1960s through the 1990s. *Journal*

of *Marriage and Family, 63*(4), 1009–1037. https://doi.org/10.1111/j.1741-3737.2001.01009.x

Thullen, M., Majee, W., & Davis, A. N. (2016). Co-parenting and feeding in early childhood: Reflections of parent dyads on how they manage the developmental stages of feeding over the first three years. *Appetite, 105*, 334–343. https://doi.org/10.1016/j.appet.2016.05.039

Thurmond, V. A. (2001). The point of triangulation. *Journal of Nursing Scholarship, 33*(3), 253–258. https://doi.org/10.1111/j.1547-5069.2001.00253.x

Tibbs, T., Haire-Joshu, D., Schechtman, K. B., Brownson, R. C., Nanney, M. S., Houston, C., & Auslander, W. (2001). The relationship between parental modeling, eating patterns, and dietary intake among African-American parents. *Journal of the American Dietetic Association, 101*(5), 535–541. https://doi.org/10.1016/S0002-8223(01)00134-1

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing, 48*(4), 388–396. https://doi.org/10.1111/j.1365-2648.2004.03207.x

Tohru, F. (2014). Why fat is so preferable: From oral fat detection to inducing reward in the brain. *Bioscience, Biotechnology & Biochemistry, 78*(3), 363–369. https://doi.org/10.1080/09168451.2014.905186.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Tornello, S. L., & Patterson, C. J. (2015). Timing of parenthood and experiences of gay fathers: A life course perspective. *Journal of GLBT Family Studies, 11*(1), 35–56. https://doi.org/10.1080/1550428X.2013.878681

Trafimow, D., & Sheeran, P. (1998). Some tests of the distinction between cognitive and affective beliefs. *Journal of Experimental Social Psychology, 34*(4), 378–397. https://doi.org/10.1006/jesp.1998.1356

Trafimow, D., Sheeran, P., Lombardo, B., Finlay, K. A., Brown, J., & Armitage, C. J. (2004). Affective and cognitive control of persons and behaviours. *British Journal of Social Psychology, 43*(2), 207–224. https://doi.org/10.1348/0144666041501642.

Trope, Y., & Liberman, N. (2000). Temporal construal and time-dependent changes in preference. *Journal of Personality and Social Psychology, 79*(6), 876. https://doi.org/10.1037//0022-3514.79.6.876

Tschann, J. M., Gregorich, S. E., Penilla, C., Pasch, L. A., de Groat, C. L., Flores, E., Deardorff, J., Greenspan, L. C., & Butte, N. F. (2013). Parental feeding practices in Mexican American families: Initial test of an expanded measure. *International Journal of Behavioral Nutrition & Physical Activity, 10*, 6. https://doi.org/10.1186/1479-5868-10-6

Tschann, J. M., Martinez, S. M., Penilla, C., Gregorich, S. E., Pasch, L. A., de Groat, C. L., Flores, E., Deardorff, J., Greenspan, L. C., & Butte, N. F. (2015). Parental feeding practices and child weight status in Mexican American families: A longitudinal analysis. *International Journal of Behavioral Nutrition and Physical Activity, 12*, 66, Article 66. https://doi.org/10.1186/s12966-015-0224-2

Turner, B. J., Navuluri, N., Winkler, P., Vale, S., & Finley, E. (2014). A qualitative study of family healthy lifestyle behaviors of Mexican-American and Mexican immigrant fathers and mothers. *Journal of the Academy of Nutrition & Dietetics, 114*(4), 562–569. https://doi.org/10.1016/j.jand.2013.12.010

Turner, J. J., Kelly, J., & McKenna, K. (2006). Food for thought: parents' perspectives of child influence. *British Food Journal, 108*(2/3), 181–191. https://doi.org/10.1108/00070700610651007

Turner, R. (1968). The self-conception in social interaction. In C. Gordon & G. K. J. (Eds.), *The self in social interaction*. Wiley.

Uddin, A., & Gallardo, R. K. (2021). Consumers' willingness to pay for organic, clean label, and processed with a new food technology: An application to ready meals. *International Food and Agribusiness Management Review, 24*(3), 563–579. https://doi.org/10.22434/IFAMR2020.0127

U.S. Department of Agriculture and U.S. Department of Health and Human Services (2020). *Dietary Guidelines for Americans 2020–2025* (9th ed.). https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

USA Department of Health and Human Services. (2015). *Scientific Report of the 2015 Dietary Guidelines Advisory Committee*.

https://health.gov/sites/default/files/2019-09/Scientific-Report-of-the-2015-Dietary-Guidelines-Advisory-Committee.pdf

Vainik, U., Dagher, A., Dube, L., & Fellows, L. K. (2013). Neurobehavioural correlates of body mass index and eating behaviours in adults: A systematic review. *Neuroscience & Biobehavioral Reviews, 37*(3), 279–299. https://doi.org/10.1016/j.neubiorev.2012.11.008

Van Auken, P. M., Frisvoll, S. J., & Stewart, S. I. (2010). Visualising community: Using participant-driven photo-elicitation for research and application. *Local Environment, 15*(4), 373–388. https://doi.org/10.1080/13549831003677670

van der Heijden, A., te Molder, H., de Graaf, C., & Jager, G. (2020). Healthy is (not) tasty? Implicit and explicit associations between food healthiness and tastiness in primary school-aged children and parents with a lower socioeconomic position. *Food Quality and Preference, 84*, 103939. https://doi.org/10.1016/j.foodqual.2020.103939

van der Horst, K., Brunner, T. A., & Siegrist, M. (2011). Ready-meal consumption: Associations with weight status and cooking skills. *Public health nutrition, 14*(2), 239–245. https://doi.org/10.1017/s1368980010002624

van der Horst, K., Ferrage, A., & Rytz, A. (2014). Involving children in meal preparation. Effects on food intake. *Appetite, 79*, 18–24. https://doi.org/10.1016/j.appet.2014.03.030

van Hooff, J. H. (2011). Rationalising inequality: Heterosexual couples' explanations and justifications for the division of housework along traditionally gendered lines. *Journal of Gender Studies, 20*(1), 19–30. https://doi.org/10.1080/09589236.2011.542016

van Loo, E. J., Caputo, V., & Lusk, J. L. (2020). Consumer preferences for farm-raised meat, lab-grown meat, and plant-based meat alternatives: Does information or brand matter? *Food Policy, 95*, 101931. https://doi.org/10.1016/j.foodpol.2020.101931

Varela, P., & Fiszman, S. M. (2013). Exploring consumers' knowledge and perceptions of hydrocolloids used as food additives and ingredients. *Food Hydrocolloids, 30*(1), 477–484. https://doi.org/10.1016/j.foodhyd.2012.07.001

Vaughn, A. E., Martin, C. L., & Ward, D. S. (2018). What matters most—what parents model or what parents eat? *Appetite, 126*, 102–107. https://doi.org/10.1016/j.appet.2018.03.025

Vaughn, A. E., Ward, D. S., Fisher, J. O., Faith, M. S., Hughes, S. O., Kremers, S. P., Musher-Eizenman, D. R., O'Connor, T. M., Patrick, H., & Power, T. G. (2016). Fundamental constructs in food parenting practices: A content map to guide future research. *Nutrition Reviews, 74*(2), 98–117. https://doi.org/10.1093/nutrit/nuv061

Velentzis, L. S., Keshtgar, M. R., Woodside, J. V., Leathem, A. J., Titcomb, A., Perkins, K. A., Mazurowska, M., Anderson, V., Wardell, K., & Cantwell, M. M. (2011). Significant changes in dietary intake and supplement use after breast cancer diagnosis in a UK multicentre study. *Breast Cancer Research and Treatment, 128*(2), 473-482. https://doi.org/10.1007/s10549-010-1238-8

Ventura, A. K., & Mennella, J. A. (2011). Innate and learned preferences for sweet taste during childhood. *Current Opinion in Clinical Nutrition & Metabolic Care, 14*(4), 379–384. https://doi.org/10.1097/MCO.0b013e328346df65

Ventura, A. K., & Worobey, J. (2013). Early influences on the development of food preferences. *Current Biology, 23*(9), R401–R408. https://doi.org/10.1016/j.cub.2013.02.037

Victoria State Government. (n.d.). *Gender inequality affects everyone*. https://www.vic.gov.au/gender-inequality-affects-everyone

Victoria State Government. (2020a). Body mass index (BMI). BetterHealth Channel. https://www.betterhealth.vic.gov.au/health/HealthyLiving/body-mass-index-bmi

Victoria State Government. (2020b). *Maternal and Child Health Service*. https://www2.health.vic.gov.au/primary-and-community-health/maternal-child-health

Volkow, N. D., Wang, G. J., & Baler, R. D. (2011). Reward, dopamine and the control of food intake: Implications for obesity. *Trends in Cognitive Sciences, 15*(1), 37–46. https://doi.org/10.1016/j.tics.2010.11.001

Vollmer, R. L., Adamsons, K., Foster, J., & Mobley, A. (2015). Investigating relationships between paternal perception of the role of the father and paternal

feeding practices. *Journal of Child & Family Studies, 24*(12), 3734–3741. https://doi.org/10.1007/s10826-015-0181-z

Vollmer, R. L. (2018). An exploration of how fathers attempt to prevent childhood obesity in their families. *Journal of Nutrition Education and Behavior, 50*(3), 283–288.e281. https://doi.org/10.1016/j.jneb.2017.12.009

Vollmer, R. L., Adamsons, K., Foster, J. S., & Mobley, A. R. (2015). Association of fathers' feeding practices and feeding style on preschool age children's diet quality, eating behavior and body mass index. *Appetite, 89*, 274–281. https://doi.org/10.1016/j.appet.2015.02.021

Vollmer, R. L., Adamsons, K., Foster, J. S., & Mobley, A. R. (2017). How are fathers' demographic characteristics related to preschool-age children's seight and obesity risk factors? *Ecology of Food and Nutrition, 56*(5), 381–392. https://doi.org/10.1080/03670244.2017.1343726

Vollmer, R. L., Adamsons, K., & Mobley, A. R. (2019). Recruitment, engagement, and retention of fathers in nutrition education and obesity research. *Journal of Nutrition Education & Behavior, 51*(9), 1121–1125. https://doi.org/10.1016/j.jneb.2019.07.006

Vollmer, R. L., & Mobley, A. R. (2013). Parenting styles, feeding styles, and their influence on child obesogenic behaviors and body weight. A review. *Appetite, 71*, 232–241. https://doi.org/10.1016/j.appet.2013.08.015

Wake, M., Nicholson, J. M., Hardy, P., & Smith, K. (2007). Preschooler obesity and parenting styles of mothers and fathers: Australian National Population Study. *Pediatrics, 120*(6), e1520. https://doi.org/10.1542/peds.2006-3707

Walsh, A. D., Cameron, A. J., Crawford, D., Hesketh, K. D., & Campbell, K. J. (2016). Dietary associations of fathers and their children between the ages of 20 months and 5 years. *Public Health Nutrition, 19*(11), 2033–2039. https://doi.org/10.1017/S136898001600077X

Walsh, A. D., Cameron, A. J., Hesketh, K. D., Crawford, D., & Campbell, K. J. (2015). Associations between dietary intakes of first-time fathers and their 20-month-old children are moderated by fathers' BMI, education and age. *British Journal of Nutrition, 114*(6), 988–994. https://doi.org/10.1017/S0007114515002755

Wang, C., Korai, A., Jia, S. S., Allman-Farinelli, M., Chan, V., Roy, R., Raeside, R., Phongsavan, P., Redfern, J., Gibson, A. A., & Partridge, S. R. (2021). Hunger

for home delivery: Cross-sectional analysis of the nutritional quality of complete menus on an online food delivery platform in Australia. *Nutrients, 13*, 905. https://doi.org/10.3390/nu13030905

Wang, L., Dalton, W. T. 3rd, Schetzina, K. E., Fulton-Robinson, H., Holt, N., Ho, A. L., Tudiver, F., & Wu, T. (2013). Home food environment, dietary intake, and weight among overweight and obese children in Southern Appalachia. *Southern Medical Journal, 106*(10), 550–557. https://doi.org/10.1097/smj.0000000000000008

Wang, W. C., Worsley, A., & Hunter, W. (2012). Similar but different. Health behaviour pathways differ between men and women. *Appetite, 58*, 760–766. https://doi.org/10.1016/j.appet.2012.01.008

Wang, Y., Beydoun, M. A., Li, J., Liu, Y., & Moreno, L. A. (2011). Do children and their parents eat a similar diet? Resemblance in child and parental dietary intake: Systematic review and meta-analysis. *Journal of Epidemiology and Community Health (1979-), 65*(2), 177–189. https://doi.org/10.1136/jech.2009.095901.

Warde, A. (1999). Convenience food: Space and timing. *British Food Journal, 101*(7), 518–527. https://doi.org/10.1108/00070709910279018

Wardle, J., Carnell, S., & Cooke, L. (2005). Parental control over feeding and children's fruit and vegetable intake: How are they related? *Journal of the Academy of Nutrition and Dietetics, 105*(2), 227–232. https://doi.org/10.1016/j.jada.2004.11.006

Wardle, J., Haase, A. M., Steptoe, A., Nillapun, M., Jonwutiwes, K., & Bellisle, F. (2004). Gender differences in food choice: The contribution of health beliefs and dieting. *Annals of Behavioral Medicine, 27*(2), 107–116. https://doi.org/10.1207/s15324796abm2702_5.

Wardle, J., Parmenter, K., & Waller, J. (2000). Nutrition knowledge and food intake. *Appetite, 34*(3), 269–275. https://doi.org/10.1006/appe.1999.0311

Warin, M., Zivkovic, T., Moore, V., & Davies, M. (2012). Mothers as smoking guns: Fetal overnutrition and the reproduction of obesity. *Feminism & Psychology, 22*(3), 360–375. https://doi.org/10.1177/0959353512445359

Waterhouse, J. (2018). *The 6 food trends you'll be seeing everywhere in 2019*. Elle Australia. https://www.elle.com.au/health-fitness/food-trends-2019-19463

Watterworth, J. C., Hutchinson, J. M., Buchholz, A. C., Darlington, G., Randall Simpson, J. A., Ma, D. W. L., & Haines, J. (2017). Food parenting practices and their association with child nutrition risk status: Comparing mothers and fathers. *Applied Physiology, Nutrition & Metabolism, 42*(6), 667–671. https://doi.org/10.1139/apnm-2016-0572

Webber, L., Cooke, L., Hill, C., & Wardle, J. (2010a). Associations between Children's Appetitive Traits and Maternal Feeding Practices. *Journal of the American Dietetic Association, 110*(11), 1718–1722. https://doi.org/10.1016/j.jada.2010.08.007

Webber, L., Cooke, L., Hill, C., & Wardle, J. (2010b). Child adiposity and maternal feeding practices: A longitudinal analysis. *The American Journal of Clinical Nutrition, 92*(6), 1423–1428. https://doi.org/10.3945/ajcn.2010.30112

Weinstein, A. (2018). *When more women join the workforce, wages rise—Including for men*. Harvard Business Review. https://hbr.org/2018/01/when-more-women-join-the-workforce-wages-rise-including-for-men

Wellard-Cole, L., Jung, J., Kay, J., Rangan, A., Chapman, K., Watson, W. L., Hughes, C., Ni Mhurchu, C., Bauman, A., Gemming, L., Yacef, K., Koprinska, I., & Allman-Farinelli, M. (2018). Examining the frequency and contribution of foods eaten away from home in the diets of 18- to 30-year-old Australians using smartphone dietary assessment (MYMeals): Protocol for a cross-Sectional study. *JMIR Research Protocols, 7*(1). https://doi.org/10.2196/resprot.9038

Wennberg, A. L., Isaksson, U., Sandström, H., Lundqvist, A., Hörnell, A., & Hamberg, K. (2016). Swedish women's food habits during pregnancy up to six months post-partum: A longitudinal study. *Sexual and Reproductive Healthcare, 8*, 31–36. https://doi.org/10.1016/j.srhc.2016.01.006

Werle, C. O. C., Trendel, O., & Ardito, G. (2013). Unhealthy food is not tastier for everybody: The "healthy = tasty" French intuition. *Food Quality and Preference, 28*(1), 116–121. https://doi.org/10.1016/j.foodqual.2012.07.007

West, C., & Fenstermaker, S. (1995). Doing Difference. *Gender and Society, 9*(1), 8–37. https://www.jstor.org/stable/189596

Wethington, E. (2005). An overview of the Life Course perspective: Implications for health and nutrition. *Journal of Nutrition Education and Behavior, 37*(3), 115–120. https://doi.org/10.1016/S1499-4046(06)60265-0

Williams, R. A. (2007). Masculinities fathering and health: The experiences of African-Caribbean and white working class fathers. *Social Science & Medicine, 64*(2), 338–349. https://doi.org/10.1016/j.socscimed.2006.08.019

Williams, S. (2008). What is fatherhood? Searching for the reflexive father. *Sociology, 42*(3), 487–502. https://doi.org/10.1177/0038038508088837

Wills, W., Backett-Milburn, K., Lawton, J., & Roberts, M. L. (2009). Consuming fast food: The perceptions and practices of middle class teenagers. . In A. James, A. Trine Kjorholt, & V. Tingstad (Eds.), *Children, food and identity in everyday life* (pp. 65). Palgrave Macmillan. https://pure.uhi.ac.uk/en/publications/consuming-fast-food-the-perceptions-and-practices-of-middle-class

Wilsher, S. H., Fearne, A., & Panagiotaki, G. (2019). "That is an Awful lot of fruit and veg to be eating". Focus group study on motivations for the consumption of 5 a day in British young men. *Nutrients, 11*(8), 1–17, 1893. https://doi.org/10.3390/nu11081893

Wilson, D. (2004). Human Rights: Promoting gender equality in and through education. *Prospects, 34*(1), 11–27. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.614.5078&rep=rep1&type=pdf

Wingert, K., Zachary, D. A., Fox, M., Gittelsohn, J., & Surkan, P. J. (2014). Child as change agent. The potential of children to increase healthy food purchasing. *Appetite, 81*, 330–336. https://doi.org/10.1016/j.appet.2014.06.104

Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education & Behavior, 27*(5), 591–615. https://doi.org/10.1177/109019810002700506

Workplace Gender Equality Agency. (2019). *Designing and supporting gender equitable parental leave*. Australian Goverment. https://www.wgea.gov.au/publications/gender-equitable-parental-leave

Workplace Gender Equality Agency. (2021a). *Australia's Gender Pay Gap Statistics 2021*. Australian Goverement. https://www.wgea.gov.au/publications/australias-gender-pay-gap-statistics

Workplace Gender Equality Agency. (2021b). *Gender workplace statistics at a glance 2021*. Australian Government. https://www.wgea.gov.au/publications/gender-workplace-statistics-at-a-glance-2020

World Cancer Research Fund International. (2014). *The link between food, nutrition, diet and non-communicable diseases*. https://www.wcrf.org/wp-content/uploads/2021/01/PPA_NCD_Alliance_Nutrition.pdf

World Health Organization. (2003). *Diet, nutrition and the prevention of chronic diseases. Report of a joint WHO/FAO expert consultation* (916). (WHO Technical Report Series). https://apps.who.int/nutrition/publications/obesity/WHO_TRS_916/en/

World Health Organization. (2018a). *Guidelines: Saturated fatty acid and trans-fatty acid intake for adults and children; 2018 (Draft issued for public consultation in May 2018)*. https://extranet.who.int/dataform/upload/surveys/666752/files/Draft%20WHO%20SFA-TFA%20guidelines_04052018%20Public%20Consultation(1).pdf

World Health Organization. (2018b). *The health and well-being of men in the WHO European region: Better health through a gender approach.* . Regional Office for Europe. https://www.euro.who.int/en/publications/abstracts/the-health-and-well-being-of-men-in-the-who-european-region-better-health-through-a-gender-approach-2018

World Health Organization. (2021). *Healthy diet*. https://www.who.int/news-room/fact-sheets/detail/healthy-diet

World Health Organization. (2012). *Guideline: Sodium intake for adults and children*. https://www.who.int/publications/i/item/9789241504836

World Health Organization. (2015). *Guideline: Sugars intake for adults and children*. https://www.who.int/publications/i/item/9789241549028

World Health Organization. (2016). *Life expectancy and Healthy life expectancy. Data by country*. https://apps.who.int/gho/data/node.main.688

World Health Organization. (2017a). *Major NCDs and their risk factors*. https://www.who.int/ncds/introduction/en/

World Health Organization. (2017b, June 2017). *Noncommunicable diseases*. https://www.who.int/mediacentre/factsheets/fs355/en/

World Health Organization, EMRO. (2017). *Noncommunicable diseases*. WHO Eastern Mediterranean Regional Office. http://www.emro.who.int/noncommunicable-diseases/causes/unhealthy-diets.html

Wyse, R., Campbell, E., Nathan, N., & Wolfenden, L. (2011). Associations between characteristics of the home food environment and fruit and vegetable intake in preschool children: A cross-sectional study. *BMC Public Health, 11*(938), 1–10. https://doi.org/10.1186/1471-2458-11-938

Yarar, N., & Orth, U. R. (2018). Consumer lay theories on healthy nutrition: A Q methodology application in Germany. *Appetite, 120*, 145–157. https://doi.org/10.1016/j.appet.2017.08.026

Yavorsky, J. E., Dush, C. M., & Schoppe-Sullivan, S. J. (2015). The production of inequality: The gender division of labor across the transition to parenthood. *Journal of Marriage & Family, 77*(3), 662–679. https://doi.org/10.1111/jomf.12189

Yee, A. Z., Lwin, M. O., & Ho, S. S. (2017). The influence of parental practices on child promotive and preventive food consumption behaviors: A systematic review and meta-analysis. *International Journal of Behavioral Nutrition and Physical Activity, 14*(1), 47. https://doi.org/10.1186/s12966-017-0501-3

Yogman, M., Garfield, C. F., Committee On Psychosocial Aspects Of, C., & Family, H. (2016). Fathers' roles in the care and development of their children: The role of pediatricians. *Pediatrics, 138*(1), e20161128. https://doi.org/10.1542/peds.2016-1128

Young, E. M., Fors, S. W., & Hayes, D. M. (2004). Associations between perceived parent behaviours and middle school student fruit and vegetable consumption. *Journal of Nutrition Education & Behavior, 36*(1), 2–12. https://doi.org/10.1016/S1499-4046(06)60122-X

Young, K. G., Duncanson, K., & Burrows, T. (2018). Influence of grandparents on the dietary intake of their 2-12-year-old grandchildren: A systematic review. *Nutrition & Dietetics: the Journal of the Dietitians Association of Australia, 75*(3), 291–306. https://doi.org/10.1111/1747-0080.12411

Youngs, W., Gillibrand, W. P., & Phillips, S. (2016). The impact of pre-diabetes diagnosis on behaviour change: An integrative literature review. *Practical Diabetes, 33*(5), 171-175. https://doi.org/https://doi.org/10.1002/pdi.2030

Zarnowiecki, D., Sinn, N., Petkov, J., & Dollman, J. (2012). Parental nutrition knowledge and attitudes as predictors of 5–6-year-old children's healthy food knowledge. *Public Health Nutrition, 15*(7), 1284–1290. https://doi.org/10.1017/S1368980011003259

Zhang, L., & McIntosh, W. A. (2011). Children's weight status and maternal and paternal feeding practices. *Journal of Child Health Care, 15*(4), 389–400. https://doi.org/10.1177/1367493511414448

Zhang, Y., Hurtado, G. A., Flores, R., Alba-Meraz, A., & Reicks, M. (2018). Latino fathers' perspectives and parenting practices regarding eating, physical activity, and screen time behaviors of early adolescent children: Focus group findings. *Journal of the Academy of Nutrition and Dietetics, 118*(11), 2070–2080. https://doi.org/10.1016/j.jand.2018.03.025

Zhen-Duan, J., Engebretsen, B., & Laroche, H. H. (2019). Diet and physical activity changes among low-income families: Perspectives of mothers and their children. *International Journal of Qualitative Studies on Health & Well-Being, 14*(1), 1–12. https://doi.org/10.1080/17482631.2019.1658700

Zhou, M., & Harmon, S. (2019). *Skywhale creator unveils a companion, Skywhalepapa, to fly over Canberra*. The Guardian. https://www.theguardian.com/artanddesign/2019/nov/20/skywhale-creator-unveils-a-companion-skywhalepapa-to-fly-over-canberra

Zimmermann, J. (2015). *Hermeneutics: A Very Short Introduction*. Oxford University Press.

APPENDICES

Appendix A: Recruitment advertisement (flier and poster)

Appendix B: Plain Language Statement and Consent Form (PLSCF)

PLSCS - Interviews

EXPLORING FATHERS' VIEWS AND BELIEFS ABOUT FOOD AND EATING

PLAIN LANGUAGE STATEMENT AND CONSENT FORM

YOU ARE ELIGIBLE to participate to this research project.

Please read the following Plain Language Statement and Consent form carefully. This Plain Language Statement and Consent form (PLSCF) is 8 pages long. Please make sure you have and read all the pages.

You need to sign the Consent form and fill the brief demographic questionnaire before the beginning of the interview.

A. Plain Language Statement

TO: Participant

Full Project Title: Food choices: Perceptions and experiences of fathers with children under 12
Project number: HEAG-H 105_2018
Principal Investigator: Dr Anu Ruusunen
Student Investigator: PhD student Sara Campolonghi

1. Your Consent

We would like to invite you to participate in a research project conducted by Sara Campolonghi, PhD candidate at Deakin University, investigating the views and experiences of Australian fathers about food and eating.

This Plain Language Statement contains detailed information about the research project. Its purpose is to explain to you as openly and clearly as possible all the procedures involved in this project so that you can make a fully informed decision whether you are going to participate.

Please read or listen to this Plain Language Statement carefully. Feel free to ask questions about any information in the document. You may also wish to discuss the project with a relative or friend. Feel free to do this.

By giving consent, you indicate that you understand the information and that you agree to participate in the research project. You also give consent for the de-identified data to be used for research purposes.

You can give your consent to participate to the project ticking the 'Yes' boxes in the related section in the Consent form below (page 6). You will also be given a copy of the Plain Language Statement and Consent form to keep (via e-mail or paper form).

2. Purpose and Background

The purpose of this project is to investigate the views, beliefs and attitudes of fathers about food, eating, their personal food choices, and the relationship between food and health.

The family context is pivotal in shaping children's preferences and habits, which are likely to persist throughout adulthood. Along with mothers', fathers' attitudes and behaviours towards food and eating can play a unique role of in orienting family food choices and creating the family food environment. However, an understanding of what shapes fathers' food choices and their contribution to the family food context is currently lacking.

You are invited to participate in this research project because you are playing an active fathering role in your child's/children's life (aged between 1 and 12 years) and living in the selected study areas of Melbourne and Geelong region.

You will NOT be eligible to take part in the study if you are under the age of 18, are not actively involved in your children's life or don't live in the selected study areas.

3. Procedures

After reading the present document and giving your consent to participate (completing the Consent form below), you will be asked to fill a brief demographic questionnaire to collect some information about your family composition, education, work and background.

Feel free to contact the researchers if you need more information or have any questions before proceeding.

Interviews:

If eligible, you will be invited to take part in a face-to-face interview conducted by the student investigator (Sara Campolonghi), lasting between 45 minutes and one hour. We will talk about your personal perspectives and experiences about food, eating and food choices.

During the interview, a series of questions like the following will be asked:

- *How do you feel about food? Is it important to you? Could you tell me how important or unimportant is food in your daily life?*

- *Can you tell me something about your food choices? How do you choose the food you eat? Where do you buy it?*

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- *How are the family food activities organised? Can you describe a typical meal with your family/children?*

With your consent, the interview will be audio-recorded. If you give consent to the interview being audio recorded, please tick the 'Yes' box in the related section in the Consent form below (page 6).

If you would like to review the transcripts of the interview group before data analysis (this is called 'member checking'), please tick the 'Yes' box in the related section in the Consent form below (page 6).

BRING YOUR PHOTOS!

A technique called Participant-Driven Photo Elicitation (PDPE) will be used during the meeting.

This will involve sharing and talking about one of more photos that represent your views and experiences with food and eating, food choices and habits in your personal life. A series of prepared picture-cards will be also available.

You are kindly invited to share one or more personal photos of your choice that best represent your views and experiences of food and eating in your personal life, in any format or any device (i.e. on your smartphone).

You are invited to share your photos before the meeting, if possible. To share/upload your photos, please follow the instructions at the end of this form (pag.8).

4. Possible Benefits

This study will contribute to our knowledge about fathers' perspectives on food, eating and health, fathers' personal food choices, their perceived enablers and barriers to healthy eating, and father's role in the family food context. This knowledge will be able to be used to develop policies and programs for health promotion addressing children, parents and families.

Even though we cannot guarantee or promise that you will receive any benefit from this research project, you will have the chance to fully and freely express yourself, share your own opinions and reflect about your experiences regarding topics seldom discussed and rarely studied among the fathers' population, with the possibly to get new awareness and insight from this experience. Your participation will enable the study to contribute to our knowledge, and information from this study may benefit people in the future.

5. Possible Risks

Your participation will involve a conversation / group conversation about food and eating, as well as about your eating habits and food choices in your daily life and family life. It is possible that you may experience discomfort during this conversation. If you do experience any discomfort or distress, you can

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suspend or end the interview / leave the focus group, as well as your participation in the project, at any time. A list of useful referrals is available in the last page of this document if needed.

6. Privacy, Confidentiality and Disclosure of Information

Confidentiality is guaranteed for interviews. Data will be de-identified after transcription of the interviews and focus groups. Any electronic files will be stored on a password protected storage and data in hard copies will be stored in a locked filing cabinet accessible only by the researchers and supervisors involved in the project. REDCap and Syncplicity, two secure web applications, will be used for data storage and management.

Any information obtained in connection with this project and that can identify you will remain confidential. No information provided will be made public in any form that would reveal a participant's identity and all information will be stored on both secure Deakin University and Research Data Store servers for a period of five years after publication, after which stage it will be destroyed. In any publication, information will be presented in such a way that you cannot be identified.

7. Results of Project

You will be informed of the results of this study when the research project is completed, and on your request a summary of the overall research findings will be sent to you after the research is completed. If you wish to receive a summary of the study results when available, please tick the 'Yes' box in the related section in the Consent form below (page 6).

8. Participation is Voluntary

Participation in any research project is voluntary. **If you do not wish to take part you are not obliged to.** If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without any adverse consequence. Such withdrawal will not affect your relationship with the researchers or with Deakin University in any ways, and any information obtained from you to date will not be used.

Before you make your decision, Sara Campolonghi (Student Investigator) and Ellie Brown (Associate Investigator) are available to answer to any questions you have about the research project. You can ask for any information you want. Consent to participate only after you have had a chance to ask your questions and have received satisfactory answers.

If you need more information or decide to withdraw from this project, please notify the researchers via mobile phone at 0434 815 238 or via email at scampolo@deakin.edu.au.

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9. Reimbursement

As a thank you gift to your participation to the project, you will be provided with a $20 Myers/Coles Voucher. No reimbursements will be provided.

10. Ethical Guidelines

This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007) produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

The ethical aspects of this research project have been approved by Deakin Faculty Human Ethics Advisory Group (HEAG).

11. Complaints

If you have any complaints or concerns about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

Dr Anu Ruusunen, Principal Investigator
Faculty of Health, School of Medicine,
Deakin University
Mobile: 0412 771 050
a.ruusunen@deakin.edu.au

The Manager, Ethics and Biosafety,
Deakin University
221 Burwood Highway, Burwood Victoria 3125
Telephone: 92 517 129
research-ethics@deakin.edu.au
Please quote project number HEAG-H 105_2018

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B. Consent Form

TO: Participant

Full Project Title: Food choices: Perceptions and experiences of fathers with children under 12
Principal Investigator: Dr Anu Ruusunen
Student Investigator: PhD student Sara Campolonghi

CONSENT:

Please read and answer to all the following statements below, ticking the 'Yes' or 'No' boxes:

- I have read (or have had read to me) and I understand the present Plain Language Statement... ☐Yes ☐No

- I freely agree to participate in this project according to the conditions in the Plain Language Statement... ☐Yes ☐No

- I consent to the interview being audio recorded for the purposes of the study: ....☐Yes ☐No

- I would like to check the transcripts of the interview/ focus group before the data analysis (this is called *member checking*): .... ☐Yes ☐No

- I would like to receive a summary of the study results when available: .... ☐Yes ☐No

- I acknowledge that I will be provided with a copy of the Plain Language Statement and Consent Form to keep (via e-mail or paper form): .... ☐Yes ☐No

- I acknowledge that the researchers have agreed not to reveal my identity and personal details, including where information about this project is presented in any form...................... ☐Yes ☐No

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CONTACTS:

If you need any clarification or information about the project, to change or cancel an appointment, or talk to the researchers for any other reasons related to this project, please contact:

Sara Campolonghi, Student Investigator
(or in her absence: Ellie Brown, Associate Investigator, or Nasia Outsikas, Research assistant)
E-mail: scampolo@deakin.edu.au
Phone: 0434 815 238
Address: Food And Mood Centre, IMPACT SRC, Level 3, HERB Building, 285 Ryrie Street, Geelong, VIC 3220.

IMPORTANT:

This is a research study, not a clinical assessment nor conducted for the purpose of diagnosis.
If health issues or any other problems occur during the interview/focus group, please refer to your GP.
If you experience any discomfort or distress, you can also contact:

Beyondblue
Phone: 1300 224 636
www.beyondblue.org.au

Lifeline
Phone: 13 11 14
www.lifeline.org.au

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SHARE YOUR PHOTOS! INSTRUCTIONS

You are invited to share one or more photos that best represent your views and experiences of food and eating in your personal life.

HOW TO SHARE YOUR PHOTOS BEFORE THE MEETING

o   Upload your photos (.gif or .jpg only) clicking on the "Upload document" button (*when completing the demographic questionnaire online here:* https://is.gd/foodchoices)

o   Send an email (scampolo@deakin.edu.au) or an sms via phone (0434 815238) to Sara Campolonghi (student investigator) with your photos attached.

o   If those options are not applicable, please bring a printed copy of your photos with you to the meeting.

Please remember to bring your photos to the meeting (either on your smartphone, any other device, or printed), so we can discuss them during the interview.

Your contribution is very much appreciated and will add value to the present research.

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PLAIN LANGUAGE STATEMENT AND CONSENT FORM

This Plain Language Statement and Consent Form (PLSCF) is 7 pages long. Please make sure you have and read all the pages.

A. Plain Language Statement

TO: Participant

Date: 19/06/2019

Full Project Title: Food Choices: Perceptions and Experiences of Australian Fathers

Project number: HEAG-H 105_2018

Principal Investigator: Dr Anu Ruusunen

Student Investigator: Sara Campolonghi

1. Your Consent

We would like to invite you to participate in a research project conducted by Sara Campolonghi, PhD candidate at Deakin University, investigating the views and experiences of Australian fathers about food and eating.

This Plain Language Statement (PLS) contains detailed information about the research project. Its purpose is to explain to you as openly and clearly as possible all the procedures involved in this project so that you can make a fully informed decision whether you are going to participate.

Please read or listen to this PLS carefully. Feel free to ask questions about any information in the document. You may also wish to discuss the project with a relative or friend. Feel free to do this.

By providing consent, you indicate that you understand the information and that you agree to participate in the research project. You also give consent for the de-identified data to be used for research purposes.

You can give your consent to participate to the project ticking the boxes in the following Consent Form. You will also be given a hard copy of the Plain Language Statement and Consent Form to keep if you wish.

2. Purpose and Background

The purpose of this project is to investigate the views, beliefs and attitudes of fathers about food, eating, their personal food choices, and the relationship between food and health.

BACKGROUND: Preventable conditions and diseases, including noncommunicable diseases (NCDs) and obesity, are a global concern both in the adult and children's populations, despite being modifiable through

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lifestyle changes such as healthy eating. The family context is pivotal in shaping children's preferences and habits, which are likely to persist throughout adulthood. Along with mothers', fathers' attitudes and behaviours towards food and eating can play a unique role of in orienting family food choices and creating the family food environment. However, an understanding of what shapes fathers' food choices and their contribution to the family food context is currently lacking.

You are invited to participate in this research project because you are playing an active fathering role in your child's/children's life (aged between 1 and 12 years) and living in the selected study areas of Melbourne and Geelong region.

You will NOT be eligible to take part in the study if you are under the age of 18, are not actively involved in your children's life or don't live in the selected study areas.

3. Procedures

You are invited to take part in a group discussion (focus group) with other people who play a fathering role in the life of children aged 1 to 12 years.

What has changed?

Having the researchers conducted a sufficient number of one-on-one interviews for the Phase 1 of the project, some of the participants who have been enrolled to participate to an individual interview, are now invited to participate to a group discussion (focus group) instead (Phase 2).

The focus group is a group discussion involving 4 to 6 people. This will take approximately between 60 and 90 minutes. During the focus groups we will talk about participants' personal perspectives and experiences about food, eating and food choices. The topics explored will be the same discussed in the one-on-one interview. During the focus group, questions like the following will be asked:

- *How do you feel about food?*
- *How do you choose the food you eat?*
- *How are your family food activities organised?*

The focus groups will be facilitated by the associate researcher Adam Walsh, while Sara Campolonghi, the student researcher, will participate as an observer and note taker (scribe).

If you need more information or prefer not to participate to the group discussion, please contact the researchers via mobile phone at 0434 815 238 or via email at scampolo@deakin.edu.au.

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IMPORTANT: Plain Language Statement and Consent Form (PLSCF)

The present PLS and consent form is similar to the one you previously read and signed online (and received via email). The only differences are that:

a) **Now we ask for your consent for video-recording** (not only audio-recording). If you prefer not to be video-recorded, you will still able to participate (in this case the meeting will be audio-recorded only). With every participant's consent, the focus group will be audio and video recorded. If you give consent for the focus group to be audio and video recorded, please tick the 'Yes' boxes in the Consent Form below (p.6).

b) In order to protect the privacy of the participants, we ask all participants to **respect the confidence of the participants to the focus group and not reveal the identity or the affiliation of the speaker(s) or that of any other participant.** To agree, please tick the 'Yes' boxes in the Consent Form below (p.6)

If you would like to review the transcripts of the focus group before data analysis (this is called 'member checking'), please tick the 'Yes' box in the Consent Form below (p.6).

BRING YOUR PHOTOS!

A technique called Participant-Driven Photo Elicitation (PDPE) will be used to open the group meeting and during the discussion.

This will involve sharing and talking about one of more photos representing your views and experiences with food and eating, food choices and habits in your personal life.

You are kindly invited to bring with you one or more photos of your choice that best represent your views and experiences of food and eating in your personal life (in any format or any device, i.e. on your smartphone).

If you already uploaded the photo/s of your choice online, please just bring them to the meeting (either on your phone, tablet, laptop or printed).

If you have not previously uploaded any photo, please send the photo/s of your choice via email to scampolo@deakin.edu.au before the meeting.

If you don't feel comfortable or don't want to share your photos, you don't have to, and you can still participate to the Focus group. A series of prepared picture-cards will be also available.

If you need any further information, please contact Sara Campolonghi (student investigator) via mobile phone at 0434 815 238 or via email at scampolo@deakin.edu.au.

4. Possible Benefits

This study will contribute to our knowledge about fathers' perspectives on food, eating and health, fathers' personal food choices, their perceived enablers and barriers to healthy eating, and father's role in the family food context. This knowledge will be able to be used to develop policies and programs for health promotion addressing children, parents and families.

Even though we cannot guarantee or promise that you will receive any benefit from this research project, you will have the chance to fully and freely express yourself, share your own opinions and reflect about your experiences regarding topics seldom discussed and rarely studied among the fathers' population, with the possibly to get new awareness and insight from this experience. Your participation will enable the study to contribute to our knowledge, and information from this study may benefit people in the future.

5. Possible Risks

Your participation will involve a group conversation about food and eating, as well as about your eating habits and food choices in your daily life and family life. It is possible that you may experience discomfort during the focus group. If you do experience any discomfort or distress, you can avoid to answer to questions, remain silent during the discussion, leave the group, as well as interrupt your participation in the project, at any time. A list of useful referrals is available in the last page of this document if needed.

6. Privacy, Confidentiality and Disclosure of Information

Data will be de-identified after transcription of the group interviews. Any electronic files will be stored on a password protected storage and data in hard copies will be stored in a locked filing cabinet accessible only by the researchers and supervisors involved in the project. REDCap and Syncplicity, two secure web applications, will be used for data storage and management.

Any information obtained in connection with this project and that can identify you will remain confidential. No information provided will be made public in any form that would reveal a participant's identity and all information will be stored on both secure Deakin University and REDCap servers for a period of five years after publication, after which stage it will be destroyed. In any publication, information will be presented in such a way that you cannot be identified.

PLEASE NOTE: Confidentiality cannot be guaranteed for focus groups. To protect the privacy of the participants to focus groups, all participants will be asked to respect the confidence of the group (Chatham House Rule: www.chathamhouse.org/chatham-house-rule) ticking the box in the Consent Form below.

7. Results of Project

You will be informed of the results of this study when the research project is completed, and on your request a summary of the overall research findings will be sent to you after the research is completed.

8. Participation is Voluntary

Participation in any research project is voluntary. **If you do not wish to take part you are not obliged to.** If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without any adverse consequence. Such withdrawal will not affect your relationship with the researchers or with Deakin University in any ways. Any information obtained from you to date will not be used.

Before you make your decision, Sara Campolonghi (Student Investigator) is available to answer any questions you have about the research project. You can ask for any information you want. Consent to participate only after you have had a chance to ask your questions and have received satisfactory answers.

If you need more information or decide to withdraw from this project, please notify Sara Campolonghi (student investigator) via mobile phone at 0434 815 238 or via email at scampolo@deakin.edu.au.

9. Reimbursement

As a thank you gift to your participation to the project, you will be provided with a $20 Myers/Coles Voucher. No reimbursements will be provided.

10. Ethical Guidelines

This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007) produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

The ethical aspects of this research project have been approved by Deakin Faculty Human Ethics Advisory Group (HEAG).

11. Complaints

If you have any complaints or concerns about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

Dr Anu Ruusunen, Principal Investigator
Faculty of Health, School of Medicine,
Deakin University
Mobile: +61 41 2771 050
a.ruusunen@deakin.edu.au

The Manager, Ethics and Biosafety,
Deakin University
221 Burwood Highway, Burwood Victoria 3125
Telephone: 92 51 71 29
research-ethics@deakin.edu.au
Please quote project number HEAG-H 105_20

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B. Consent Form

TO: Participant

Date: 19/06/2019

Full Project Title: Food Choices: Perceptions and Experiences of Australian Fathers

Principal Investigator: Dr Anu Ruusunen

Student Investigator: PhD student Sara Campolonghi

CONSENT

Please read the statements below and select Yes or No:

- I have read (or have had read to me) and I understand the present Plain Language Statement..☐Yes ☐No

- I freely agree to participate in this project according to the conditions in the Plain Language Statement..☐Yes ☐No

- I consent the focus group to be _audio and video recorded_ for the purposes of the study...... ☐Yes ☐No

- I consent the focus group to be _only_ audio recorded for the purposes of the study............. ☐Yes ☐No

- I will respect the confidence of the participants to the focus group and will not reveal the identity or the affiliation of the speaker(s), or that of any other participant (Chatham House Rule: www.chathamhouse.org/chatham-house-rule) ....☐Yes ☐No

- I would like to check the transcripts of the focus group before the data analysis (this is called _member checking_) ....☐Yes ☐No

- I would like to receive a summary of the study results when available: ....☐Yes ☐No

- I wish to be given a hard copy of the Plain Language Statement and Consent Form to keep ☐Yes ☐No

- I am aware that the researchers have agreed not to reveal my identity and personal details, including where information about this project is presented in any form...☐Yes ☐No

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CONTACTS:

If you need any clarification or information about the project, to change or cancel an appointment, or talk to the researchers for any other reasons related to this project, please contact:

Sara Campolonghi, Student Investigator
Email: scampolo@deakin.edu.au
Phone: 0434 815 238
Address: Food And Mood Centre, IMPACT SRC, Level 3, HERB Building, 285 Ryrie Street, Geelong, VIC 3220.

IMPORTANT:

This is a research study, not a clinical assessment nor conducted for the purpose of diagnosis.

If health issues or any other problems occur during the interview/focus group, please refer to your GP.

If you experience any discomfort or distress, you can also contact:

Beyondblue
Phone: 1300 224 636
www.beyondblue.org.au

Lifeline
Phone: 13 11 14
www.lifeline.org.au

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Appendix C: Demographic questionnaire

Research project

Demographic questionnaire

Thank you for giving your consent to participate to this research project!

Please note that by completing this questionnaire you are giving consent for your information to be used for research purposes. No information about you will be identifiable in any publication of this research.

This questionnaire is expected to take around 10 minutes.

At the beginning of this questionnaire we will remind you of your rights when participating in this research. These are that:

- You are free to stop and take a break at any time.

- You are also free to stop or withdraw from the study at any time, without any consequences to you.

- Everyone in the study will be asked the same questions, and everything you tell us is kept confidential (unless we are legally required to disclose).

- You are welcome to call or email the researchers (Sara Campolonghi, the student investigator, or if absent, Ellie Brown, the associate investigator) via mobile: 0434815238 or e-mail: scampolo@deakin.edu.au to seek clarification if you are not sure about the meaning of a question, or if you're not sure you want to answer it.

- If you find any of the questions upsetting, you are free to skip those questions or seek support when completing those questions.

- Your answers are very important to us, so please provide the best answer you can, even if it is only approximate.

- Participation in this study may not directly benefit you, but may benefit others in the future.

- Please keep us updated via email or phone if there are any changes to your contact information.

- Thank you very much for your time, your participation is greatly appreciated.

YOUR DETAILS

This section is about your personal details and contact information.

First name: _____

Last name: _____

Age: _____

Address: _____

Phone number: _____

Email address: _____

Preferred contact method: ☐ Email   ☐ Phone   ☐ Either

DEMOGRAPHIC QUESTIONNAIRE

These questions aim to identify diversity in family composition, income and ethnicity.

A. Your household and family:

This section is about your family and your household composition.

1. What is your marital status?

☐ Single (never married)

☐ Married

☐ Living in de facto relationship

☐ Divorced/Separated

☐ Widowed (*Skip to question 3*)

2. Do you currently live with the person who shares the parenting role with you?

☐ Yes ☐ No ☐ Other

3. How many children do you have?

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6+

4. How old are they? _____

5. Are any of your children adopted / fostered?

☐ Yes (please specify):_____

_____

☐ No

6. Do you live with some/all of your children? ☐ Yes ☐ No   ☐ Other

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B. Education and occupation:

This section is about your level of education and current work situation.

1. What is your highest degree or level of school that you have completed? (If you're currently enrolled in study please indicate the highest you have completed).

☐ Never attended school

☐ Primary school

☐ Some secondary school

☐ Completed secondary school (Year 12, VCE, HSC, MATRIC)

☐ TAFE/Trade/Apprenticeship

☐ University

☐ Other post-secondary training/qualification

What other post-secondary training/qualification have you completed?

_____

2. Which best describes your current employment status?

☐ Full time work - employed/self-employed

☐ Part time work - employed/self-employed

☐ Casual work

☐ Not working (but not retired)

☐ Parental/home duties

☐ Full time student

☐ Part time student

☐ Retired

☐ Unable to work/ill

☐ Voluntary work

☐ Not applicable

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3. Of these income brackets, which category best describes the total combined household income over the past 12 months?

☐ Under $25,000

☐ $25,000 to $49,999

☐ $50,000 to $74,999

☐ $75,000 to $99,999

☐ $100,000 to $149,999

☐ More than $150,000

☐ Prefer not to answer

☐ Don't know

C. Background:
This section is about your cultural heritage, descent and religion.

1. In which country were you born?

_____

2. What is your ancestry/ethnic origin? (Please select all that apply)

☐ Oceanian Oceanian (i.e. Australian Aboriginal and/or Torres Strait Islander, non-Indigenous Australian, Māori, non-Indigenous New Zealander etc.)

☐ Northwest European (including British and Irish)

☐ Southern and Eastern European

☐ North African and Middle Eastern

☐ Southeast Asian

☐ Northeast Asian

☐ Southern and Central Asian

☐ People of the Americas

☐ Sub-Saharan African

☐ South African

3. Which Religion/approach do you associate yourself with?

☐ Non-religious (including atheist/agnostic)

☐ Christian (all denominations)

☐ Muslim

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Sikh

☐ Other (please specify) _____

Date: ____/_____/_____

Participants' signature: _____

Appendix D: Question guide (final version)

Preliminary questions (interviews only):

1. How did you find out about the project?
2. Why did you decide to participate?
3. How long have you lived in Australia for?
4. Would you like to share your pictures representing your experience with food and eating?

Question guide:

	TOPIC	QUESTIONS
1	Food	What is your experience with food? How do you relate to it? What is its relevance in your daily life?
2	Eating habits	Can you tell me something about your eating habits? Tell me about your typical day/week.
3	Personal food choices	Can you tell me something about your food choices? How do you choose the food you eat?
4	Grocery shopping	Where do you usually buy food? Why there? How do you choose the products you buy? Why do you decide not to buy?
5	Cost of food	Do you consider price in your shopping and food choices?
6	Cooking	Do you cook? Do you like cooking? What do you cook?
7	Motivation to eat	Why do you eat generally? What are your main motivations?
8	Eating out	Do you eat out? Where, with whom? Why do you pick a place rather than another? What cuisines/meals do you prefer? What do you eat at work?
9	Family food activities	How are the family food activities organised?
10	Healthy eating	What do you think about healthy eating?
11	Food and health	Do you believe food can influence one's health? Why?
12	Upbringing	How was your relationship with food as a child? What were you eating? Is there anything/anyone that could have influenced your relationship with food or choices related to food growing up? How?
13	Diversity factors	Is there anything about your particular family characteristics that influences your approach/thinking about food, healthy eating, food choices, etc.?
14	Sources	Do you seek information about food/eating? Where? What do you think about the information available about food/diet? What do you think about the media?
15	Other parents/people	Do you ever observe other people/parents with regard to food? What do you think about their behaviour? Do you feel judged by others?
16	Change	Is there anything you would like to change in your eating habits?

Appendix E: Participant Driven Photo Elicitation

Examples of prepared photos (n=86)

Appendix F: CORE-Q (COnsolidated criteria for REporting Qualitative research) checklist

Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	
Occupation	3	What was their occupation at the time of the study?	
Gender	4	Was the researcher male or female?	
Experience and training	5	What experience or training did the researcher have?	
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	

Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	
Sample size	12	How many participants were in the study?	
Non-participation	13	How many people refused to participate or dropped out? Reasons?	
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	
Field notes	20	Were field notes made during and/or after the inter view or focus group?	
Duration	21	What was the duration of the inter views or focus group?	
Data saturation	22	Was data saturation discussed?	
Transcripts returned	23	Were transcripts returned to participants for comment and/or	

Domain 3: analysis and findings				
Data analysis				
Number of data coders	24	How many data coders coded the data?		
Description of the coding tree	25	Did authors provide a description of the coding tree?		
Derivation of themes	26	Were themes identified in advance or derived from the data?		
Software	27	What software, if applicable, was used to manage the data?		
Participant checking	28	Did participants provide feedback on the findings?		
Reporting				
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number		
Data and findings consistent	30	Was there consistency between the data presented and the findings?		
Clarity of major themes	31	Were major themes clearly presented in the findings?		
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?		