The family meal; then and now, a 30-year comparison study

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
AI	Artificial intelligence
AIHW	Australian Institute of Health and Welfare
AU/AUD	Australian dollar
BMI	Body mass index
CCD	Census collection districts
IRSAD	Index of relative socio-economic advantage and disadvantage
JBI	Joanna Briggs Institute
PhD	Doctor of philosophy
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
NCDs	Noncommunicable diseases
RCT	Randomised controlled trial
SA	South Australia
SEIFA	Socio-economic index for area
SEP	Socio-economic position
SSB	Sugar-sweetened beverages
UK	United Kingdom
USA	United States of America

GLOSSARY

Barriers	Factors that make something challenging, or more difficult to achieve
Diet quality	The overall quality of the diet in meeting nutrition recommendations
Enablers	Factors that make something easy, or less difficult to achieve
Executing the family meal	Bringing together all of the required components to achieve and have the family meal
Family	'Immediate' family members consisting of parents and children (either biological or otherwise)
Family meal	The event of most, if not all, members of the immediate family coming together in the same place at the same time to consume a meal together
Food provision	The processes involved in providing food for the family (e.g., planning, purchasing, preparation of foods and ingredients)
Food work	The planning, acquisition, storage, preparation, serving and cleaning, of food and meals
Health-promoting behaviours	Behaviours or actions that promote a positive approach to living and a means of increasing health and wellbeing
Planning	The process of thinking about the tasks required to achieve the desired goal (e.g., the family meal)
Preparation	The process of transforming ingredients into edible forms for consumption
Processes involved in the family meal	The physical and cognitive work, the visible and invisible tasks required to execute the family meal
Purchasing	The process of acquiring food and ingredients for consumption
Strategies	Plans of action undertaken to achieve the desired goal

THESIS SUMMARY

Background

The family meal has been recognised as an integral part of family life for decades and has been linked to health outcomes for children and adults. With high global rates of poor diet quality, overweight and obesity, we need to identify environmental settings, and behaviours, that can be targeted to improve the health of children, adults, and families. With the positive outcomes associated with the family meal, it has been proposed as one such strategy for encouraging health-promoting behaviours. As an opportunity to eat a nutritious meal, role-model, communicate and connect with one another, the family meal is perfectly placed to change parent's habits, and influence children's development of healthful eating behaviours. However, we do not yet have a detailed understanding of what is required to execute a family meal every day, nor do we know how family meals and their involved processes have changed over time. Additionally, the idealised version of the family meal promoted across time may not be representative of the contemporary experience of family meals today, and may be contributing to feelings of shame, anxiety and guilt for already overburdened parents. We need a detailed understanding of the complexities of family meals, their involved processes, and how they have evolved over time, to move forward with researching and promoting the family meal as a viable health promotion strategy.

Aim

The aim of this thesis was to identify the processes, barriers and enablers involved in executing the family meal and explore how these have evolved over time. Additionally, this thesis sought to explore the differences in experiences of the family meal between families with high and low socio-economic disadvantage.

Methods

An interpretive study, underpinned by social constructionism, drawing on the theoretical approach of thick description, and informed by grounded theory methodologies was undertaken to address the thesis aims. Two datasets, consisting of interviews with parents in the 1990s and 2020, were analysed to gain an understanding of the family meals of the past (1990s) and of the present (2020), and to compare between the two.

Main findings

The analysis of the 1990s interview data identified participant's desires to prepare just one meal for the whole family were often overridden by conflicting food preferences of different family members, and that women undertook majority of the work for the family meal. The analysis of the 2020 interview data identified a difference between the family meal and the time set aside to be with the family, that modern services and technology do not necessarily address the needs of busy working

parents, and that men were getting more involved in the work for the family meal. Both analyses were combined to create The Family Meal Framework; a framework that encapsulates the five main components required to execute the family meal. The two datasets were then compared to determine changes to the family meal across time. This comparative analysis identified stability in many of the practices and processes of the family meal across time, indicating its significance and value in family life. The comparison indicated trends in men's increased involvement in the family meal over time, but also women's reluctance to hand over control to their partners to share the burden more equally. The comparative analysis identified ten factors that presented as either barriers or enablers over time, depending on the context within which they were experienced. The investigation into differences between experiences of those of varying socio-economic position were minimal in both samples and did not hold up consistently over time.

Conclusion

This thesis provides valuable, original contributions to knowledge by identifying the components necessary for executing family meals and providing an understanding of the evolution of the family meal and it's involved processes across time. This new understanding will allow us to target family meal research more specifically, so we can more effectively utilise the family meal as a health-promoting activity for families.

DECLARATION

I certify that this thesis:

1. does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university
2. and the research within will not be submitted for any other future degree or diploma without the permission of Flinders university; and
3. to the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in text.

No editor was used in the creation of this thesis.

Signed by Georgia Rose Middleton on the 10th of December 2021

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LIST OF PUBLICATIONS AND CONFERENCE ABSTRACTS OVER CANDIDATURE

Publications relating to PhD project

Middleton G, Golley RK, Patterson KA & Coveney J. The Family Meal Framework: A grounded theory study conceptualising the work that underpins the family meal. Appetite (under review).

Middleton G, Golley R, Patterson K, Le Moal F & Coveney J. What can families gain from the family meal? A mixed-papers systematic review. Appetite. 2020; 153: 104725.

Publications during candidature relating to other projects

Le Moal F, Michaud M, Hartwick-Pflaum CA, **Middleton G**, Mallon I & Coveney J. Beyond the normative family meal promotion: A narrative review of qualitative results about ordinary domestic commensality. Int J Environ Res Public Health. 2021; 18.

McNaughton D, **Middleton G**, Mehta K & Booth S. Food charity, shame/ing and the enactment of worth. Med Anthropol. 2020; 40(1): 98-109.

Zarnowiecki D, Mauch CE, **Middleton G**, Matwiejczyk L, Watson WL, Dibbs J et al. A systematic evaluation of digital nutrition promotion websites and apps for supporting parents to influence children's nutrition. Int J Behav Nutr Phys Act. 2020; 17.

Mehta K, Dent C, **Middleton G** & Booth S. Personal development, wellbeing and empowerment gains for nutrition peer educators: a South Australian perspective. Health Promot Int. 2020; 5: 1159-1167.

Conference abstracts & presentations:

Middleton G, Le Moal F, Golley R, Patterson K & Coveney J. (2020) Family meals: exploring the gaps between eating together and health outcomes. World Public Health Nutrition Congress 2020, virtual conference (oral).

Middleton G, Le Moal F, Golley R, Patterson K & Coveney J. (2020) What can families gain from the family meal? A mixed-papers systematic review. International Society for Behavioral Nutrition and Physical Activity X-Change, virtual conference (poster).

Middleton G, Golley R, Patterson K & Coveney J. (2020) How can we use family meals from the past to understand family meals today? International Society for Behavioral Nutrition and Physical Activity X-Change, virtual conference (poster).

THESIS STRUCTURE OVERVIEW

This thesis is structured as eight chapters. Publications and manuscripts arising from this thesis are presented in Appendix 2 and Appendix 19. Each chapter includes an introductory paragraph that navigates the reader to the purpose of the chapter and references any publications that arose from the chapter or were used in the preparation of the chapter.

Chapter 1 presents the overall introduction to the topic of this thesis and provides the rationale for the family meal as the chosen area of interest. It presents the overall aims of the thesis, an overview of the methodology that was employed and how this thesis contributes new knowledge to the field.

Chapter 2 provides a review of the relevant literature related to the thesis. This includes both a narrative review of the observational literature, and a systematic review of the experimental and qualitative literature related to the family meal. An evaluation and critique of the current literature is provided, and this literature is used to evidence the gap in family meal research that this thesis intends to fill. This chapter then details the aims and objectives of this thesis.

Chapter 3 presents the philosophical and methodological positions underpinning this research and details the methods that were employed across the project. It details the two key datasets that were collected and used for the thesis, and the three separate sets of analyses that were conducted to address the research objectives.

Chapter 4 presents the results from the first analysis of this thesis; a secondary analysis of parent interview data from the 1990s. This chapter aims to provide an understanding of the family meal from a historical perspective. The research objectives for this analysis, the results of the analysis, and a discussion of the results are presented.

Chapter 5 presents the results from the second analysis of this thesis; a primary analysis of parent interview data from 2020. This chapter aims to provide an understanding of the family meal from a contemporary perspective. The research objectives for this analysis, the results of the analysis, and a discussion of the results are presented.

Chapter 6 presents the 'Family Meal Framework' the grounded theory that was developed through the analysis of the 1990s data, and the analysis of the 2020 data. This chapter aims to provide an understanding of the components required to execute the family meal, irrespective of time. The framework is presented, explained, and discussed.

Chapter 7 presents the third and final analysis of this thesis; a comparative analysis of parent interview data from the 1990s and from 2020. This chapter aims to provide an understanding of how the family meal has evolved and changed over time. The research objectives for this analysis,

the results of the analysis, and a discussion of the results are presented.

Chapter 8 presents an overall discussion of this thesis. This chapter contains a discussion of the overall findings of this research, from all four results chapters. It provides scope and recommendations for the next steps to continue this research.

1 INTRODUCTION

1.1 Background and rationale for this thesis

Global rates of overweight and obesity have risen over the last few decades, almost tripling between 1975 and 2016 (1-3). In 2016, 52% of the global adult population, and over 340 million children and adolescents globally were overweight or obese (1). The rates of overweight and obesity in Australia are similar. There has been an 11% increase in the number of adults experiencing overweight or obesity since 1995, now affecting 67% of the adult population (4). Australian children aged 5-17 years have seen a rise in rates of overweight and obesity over this same time period from 21% in 1995 to 25% in 2017-18 (4, 5).

Overweight and obesity are conditions of concern, as they are associated with an increased risk of noncommunicable diseases (NCDs) such as type 2 diabetes, cardiovascular disease, musculoskeletal conditions and some cancers (6, 7). Obesity alone accounts for between 2-6% of total health care costs in many countries (7), and in 2010 overweight and obesity were estimated to cause 3.4 million global deaths, 3.9% of years of life lost, and 3.8% of disability-adjusted life-years (2). Although rates of overweight and obesity in childhood appear to be plateauing (8), they are still cause for concern. Overweight and obesity in childhood and adolescence has been found to track into adulthood (9), with those who experience obesity in childhood or adolescence being five times more likely to experience obesity in adulthood (10). Experiencing overweight or obesity in childhood also poses a risk for developing NCDs both in adulthood and in childhood (11, 12), with children now being diagnosed with obesity-associated sleep apnoea, non-alcoholic fatty liver disease and type 2 diabetes (12-14). Additionally, children with obesity are more likely to experience low self-esteem, body image disturbances, depressive symptoms, anxiety disorders, and report significantly lower health-related quality of life compared to non-overweight children (12, 15). It is for these reasons that reducing rates of overweight and obesity in adults and children is a high priority public health issue (1, 3).

The obesogenic food environment of contemporary society is one catalyst for the global increase in overweight and obesity seen in the last few decades (7). The changes to the global food system in the last 40 years have resulted in mass preparation, marketing, and consumption of highly processed foods, that are often high in added sugars, fats, and sodium, and low in key nutrients (3, 7). Overweight and obesity, and many of the associated NCDs are preventable, and may be partially reversed through improving diet quality and maintaining an active lifestyle (6, 16). However, national reports show that most Australians do not usually meet recommended serves for any of the five core food groups required for optimal health (4, 17). The predominant dietary pattern in Australia is high in non-core foods and drinks and low in vegetables and wholegrain foods (4, 17). The 2011-12 Australian National Nutrition and Physical Activity Survey reported no

Australian adults were meeting their recommended serves across all five core food groups, and few children aged 2-18 met their recommended serves of any of the five core food groups (18). The exceptions being fruits and dairy in young children, and grains in children aged 9-13 (18). Adults and children are consuming above the recommendations of non-core foods and drinks, with these items contributing 30-41% of total energy intake, resulting in high consumption of added sugars, saturated and trans fats, and sodium intakes well above the recommended levels (18). More recent data from 2017-18 continues to indicate adults and children are falling short of meeting their recommendations (4). Therefore, it is vital that we work towards improving diet quality and changing eating habits of both adults and children.

As eating habits have been found to track from childhood to adulthood, and poor dietary habits in childhood can impact the development of NCDs and chronic conditions in adulthood (19, 20), it is important to establish healthful eating behaviours in early life (21-23). The home is a key nutrition promotion setting for developing eating habits in childhood (24). Children between the ages of 1.5-18 years have been reported to consume between 69-79% of their food intake at home (25). Furthermore, young children especially, consume food in social settings, with parents acting not only as food gatekeepers, but also role-models for eating habits (24, 26-28). Children's eating habits are informed by their food preferences, their innate preference for salty and sweet foods, and their sensitivity to hunger and fullness cues (27). They are also informed by the foods made available to them in the home, the restriction or access they have to foods, their parents' own eating habits and their parents' feeding style (27). As parents are responsible for children's dietary intake and development of healthful behaviours in childhood, they are often targeted in nutrition interventions aimed at improving children's dietary intake (24, 28, 29). Similarly, because the home is a core environmental setting where children develop eating behaviours, and the environment of the home has been associated with children's weight-related outcomes (30), it is considered an optimal environment for nutrition interventions aimed at improving children's dietary quality (31, 32).

The family meal, as a specific, regular eating occasion in the home, has been recognised as a key opportunity for targeting and improving healthful eating behaviours of children (33). The concept of sharing food together in a social environment is captured by the term, commensality, which has deep cultural roots and has been shown to provide benefits for both social and physical health (34-37). Increased frequency of sharing a meal with family has been shown to be positively associated with diet quality of children and lower rates of overweight and obesity in adults (38, 39). The family meal presents a unique opportunity in the day where all family members can consume a meal, they can communicate with one another, and build strong family relationships (40-44). Family meals alone are recognised to be opportunities for role-modelling and social learning around eating habits, behaviours, and manners (42-46). Due to the repetitive nature of family meals, they provide an environmental setting to influence child behaviour, nutrition, and development. As Fiese and

Schwartz state, “there are few other collective settings in family life that have this potential across the child’s early years into adolescence” (33)[p7]. Additionally, the family meal has been recognised as an integral part of family life (47-50). It has been shown to play a key part in keeping families connected and has been linked with numerous benefits outside of weight status and dietary quality, such as improved self-esteem and academic performance, and reduced risk-taking and eating disorder behaviours in children and adolescents (38, 39, 49, 51, 52). It is for these reasons that the family meal has been consistently researched over the last few decades, and widely promoted as a healthful activity for families.

Not all families experience family meals in the same way. Achieving regular family meals has been shown to be more challenging for families experiencing varying degrees of socio-economic disadvantage (53). Differences between those of different socio-economic backgrounds is a well-established phenomenon, known as the social gradient of health and disease (54). The social gradient of health and disease describes how those with higher socio-economic advantage, or with social determinants that strengthen and support health, tend to be in better health than those with higher socio-economic disadvantage (54). These factors that strengthen and support health are known as the social determinants of health, and are non-medical factors of our everyday circumstance that impact health status (55). Education, employment, income and social support networks, can strengthen or weaken the health of both individuals and communities (55). For example, individuals with high socio-economic disadvantage have been reported to have higher rates of overweight or obesity, high blood-pressure, engage less in physical activity, and have higher prevalence of NCDs (55). They have also been shown to have less frequent family meals (56) and eat family meals in front of the television more frequently (57, 58). Additionally, families with lower socio-economic advantage have been shown to consume poor quality foods at the family meal, with less homemade foods and vegetables, and more pre-prepared, restaurant meals, fast-food and sugar-sweetened beverages (SSB) served (59, 60).

Regardless of socio-economic advantage or disadvantage, changes to contemporary society have resulted in reports of changes to the frequency and environment of the family meal. More mothers are working outside of the home, with trends showing a 27% increase in mothers entering paid work since 1981 (61, 62). Due to the increase of mothers in the workforce, the number of stay-at-home mothers has decreased (63), and the number of dual-employed families has increased (62). There has also been an increase in single-parent (61, 63) and same-sex families over the last few decades (64). Along with changes to family structure, children’s extra-curricular activities have increased (65), and their position in the family hierarchy has changed. Where children used to be considered relatively low in the family hierarchy (49), their preferences and desires are now often prioritised above those of their parents (66, 67). With all these changes to family structure, family routines have changed and, in many instances, have resulted in time-pressures and conflicting schedules (41, 42, 68-70). Adding to these pressures of time is the need to account for food

preferences (42, 66, 67, 69, 71, 72), picky eating and food refusal of children (42, 43, 45, 70, 71, 73, 74) as well as preparing separate meals for health or dietary needs of family members (75). With all these compounding factors, it is no wonder that there have been changes to the execution of the family meal in contemporary society.

While research does not consistently show that the frequency of the family meal is declining (76, 77) it is proposed that the changes to social and family life have impacted the family meal in several ways (78). Families have reported skipping the family meal, relying on convenience foods, eating meals on the run, eating meals in front of the television, or eating separate meals at separate times (57, 66, 79, 80). These constructions do not fit within the 'idealised' family meal promoted across Western society. This is problematic since it has been reported that an inability to live up to the expectations of the ideal 'traditional' family meal, where parents and children gather together in the same place, at the same time, to consume the same meal that has been prepared in the home from whole ingredients (47, 49), can lead to feelings of shame and guilt around parenting and food provision practices (81, 82). The promotion of the traditional family meal, intended to be inspirational and aspirational, may in fact be causing more harm than good, by placing extra pressures on families to conform to an ideal that is beyond their reach.

To fully understand the phenomenon of the family meal, and how it can best be used as a health promotion strategy for targeting the development of healthful eating behaviours in children and adults, we need to understand it's many nuances. For the family meal to be used effectively as a health promoting activity, we need to not just investigate it under the lens of the 'ideal' family meal perpetuated in the media and academia, but to explore the diverse experiences of the family meal, and the fundamental components necessary for its execution. While researchers have been prolific in conducting observational, correlational, longitudinal, and qualitative studies in this area, to our knowledge, there has never been an in-depth look at the components that are required to effectively execute the family meal regularly, the barriers and enablers parents face when attempting to execute the family meal, or how these have evolved or changed over time.

The last three decades have witnessed significant changes to society and family life, and as such it is important that we understand the evolution of the family meal over this time. Exploring past experiences of the family meal will provide us with the context necessary to understand how it is situated today. Furthermore, it will allow us to identify the contemporary factors in society and family life that influence the family meal now and into the future. Previous authors have explored varying experiences of the family meal, expectations on the family meal, barriers to the family meal, division of labour regarding the family meal, and some of the processes required to achieve the family meal, but not altogether and not across time. To continue advocating the family meal as a health promotion strategy, we need a deeper understanding of what is required for families to execute the family meal in contemporary society, and how this has evolved over time.

1.2 Main aims and objectives of this thesis

The overall aim of this thesis is to present a body of work around the family meal, and how it has been experienced over time. Through analyses of interview data collected in 1993-1994 and 2020, the similarities and differences in experiences and execution of the family meal over time are explored, and potential reasons for consistencies and changes are theorised. The family meal is the chosen area of interest because it is an inherently cultural, time-honoured tradition in Western society, something that continues to be prolific in households, and promoted across public health, media, and academia. The family meal has great potential to influence children and adults alike, not only individually, but as a cohesive family unit. Through this thesis it will be shown that extensive literature already exists in this field, the assumptions we take for granted within this literature, and how this project contributes new knowledge and provides guidelines for future action. You will see the stability of the family meal as a symbolic and value-laden activity for families, but also the ways in which it has evolved and adapted to changing family situations, social expectations, advancing technologies and available resources and supports.

1.3 Overview of methodology utilised in this thesis

This research was conducted from the interpretivist paradigm and followed a social constructionist epistemology. The theoretical approach of this research was informed by Geertz's thick description and grounded theory was the chosen methodology. Qualitative analysis was undertaken on interview data collected in 1993-1994 and 2020, informed by grounded theory methods. The gaps identified through the review of the literature resulted in four discrete research questions, which were addressed by two sets of data, and three separate analyses.

1.4 Original contribution to knowledge

This thesis provides several original contributions to knowledge in the current field of family meal research. Firstly, the systematic review presented in Chapter 2 identifies the inability of existing literature to demonstrate a direct causal relationship between family meals and health outcomes. Additionally, the review identifies the lack of congruence between qualitative understandings of motivators and barriers to the family meal with the strategies employed in the experimental literature. Secondly, the grounded theory of this thesis, The Family Meal Framework, presented in Chapter 6, provides a new understanding of the work required to execute the family meal. It highlights the cyclical nature of the work, and the physical and cognitive components involved. The framework provides a holistic view of the family meal and it's involved processes and identifies opportunities for targeting future research. Finally, the comparative analysis provided in Chapter 7 provides a novel exploration into the evolution of the family meal over time, utilising historical and contemporary data. These are all original contributions to the field of family meal research which provide a new lens for how to understand, research and promote the family meal in future.

2 LITERATURE REVIEW

Chapter 1 described the concerning trends of overweight, obesity and associated noncommunicable diseases (NCDs) in the Australian population (4). As dietary habits have been linked to the development of overweight, obesity and NCDs (6, 16), opportunities to improve dietary intake of adults and children are sought after. The family meal, a routine and regular component of many family routines, has been proposed as a key opportunity for targeting eating behaviours (33). Consequently, family meals have been an area of interest for researchers over the last three or so decades (83). The breadth of literature in this field makes it challenging to cover all areas of investigation in great depth. This review of the literature aims to be comprehensive in its scope, while acknowledging that not all areas of investigation can be covered in detail.

This review is split into three main parts. Firstly, a narrative review on the observational literature regarding the family meal is presented. This provides an understanding of how family meals are typically conducted in Western cultures, the social norms and expectations that surround them, and the variations in how they are experienced. Secondly, a narrative review on the relationship between family meals and health outcomes is presented. Finally, a systematic review of the literature exploring the experimental and qualitative literature is presented to unpack the causal relationships between family meals and health outcomes and provide an understanding of families' perspectives of family meals. The systematic review was published in 2020 (Appendix 2), and the manuscript has been modified for the purposes of this chapter. A summary of the literature reviewed in this chapter is then presented, before identifying the gaps in this field that inform the research questions and objectives underlying this thesis.

2.1 Background and overview of the observational family meal literature

2.1.1 Definition of the family meal

There is no standard definition of a 'family meal'. Indeed, the term 'family' is not defined by a set of fixed criteria but rather relates to a "social ordering of kinship and co-residence" (84)(p8), a set of relationships that are defined through the lived actions of those inhabiting the roles within a family (85). Additionally, the defining components of a 'meal' are varied, sometimes determined by the frequency within which the eating occasion occurs, the time of day, the food that is served or the context and surroundings in which it is consumed (86). Eating is a "profoundly social"(p35) behaviour, it is not just fulfilling a biological or physiological need, and eating occasions are highly dependent on social customs (47). The term 'family meal' relies heavily on the social understanding of the two individual terms and depending on the social context within which it is used, it means different things. Family meals are more than opportunities to feed the family; they are social events that bring the family together, defining the family as a cohesive unit and

establishing and maintaining family culture (47).

Researchers have attempted to define family meals, but with no great consistency. Definitions of family meals are varied in terms of the number of family members that must be present and the type of meal that is served. Martin-Biggers et al. collected definitions of family meals from 50 studies (87). While there was vast variation, the authors concluded that family meals are most simply defined as a 'main' eating occasion where at least two or more family members are present, in the same location, eating food simultaneously (87). The definition proposed by Martin-Biggers et al. is broader than those provided previously, where an eating occasion was only defined as a family meal if all members of the immediate family were present, the meal was hot and home-cooked by the mother, and the meal took place at the dining room table (49). This review of the literature relies on the definitions of family meals provided by authors when conducting and reporting their research; where an author has stated the research was conducted with 'families' or on 'family meals', these classifications are considered valid.

2.1.2 Frequency of the family meal

The frequency with which families engage in sharing a meal is one of the most highly researched areas in this field. Family meal frequency is often measured via self-reports, with units of measurement varying from numerical to categorical between studies. There is high variability in the findings of family meal frequency in the research. A recent Australian study reported that 77% of participants ate a meal with their family ≥5 nights a week (57). International studies have reported 50% of families eating a family meal ≥3 times per week (70), or 66% never eating a meal together in an average week (69). There is some evidence to argue that family meals are more frequent in families with young children. Neumark-Sztainer et al.'s research in the United States of America (USA) reported an additional 1.5 family meals per week among middle-school students when compared to high-school students (88). These authors also reported higher frequency of family meals in families with boys than girls (4.5 and 4.2 family meals/week respectively), in families where the mother is not employed outside of the home compared to mothers who are employed part-time or full-time (4.9, 4.5 and 4.2 family meals/week respectively) and in families with higher socio-economic positions (SEP) (88). However, the margin between these variations is small, and it is unlikely that they alone account for the variability in family meal frequency reported. The lack of consistency in findings is likely the result of a lack of standardisation in how family meals and family meal frequency are defined and measured, the different population groups studied, and the changes to family meal definitions and expectations over time.

2.1.3 Environment of the family meal

Family meals vary in terms of where they happen, their duration, who is present and what other activities may be occurring simultaneously. Research demonstrates that family meals last roughly 15-27 minutes, with younger children and adolescents spending the most time at the family meal

(89). Family meals do not exclusively take place at the dining room table, with studies reporting around two-thirds of family meals taking place in the kitchen or dining room, but the remainder occurring commonly in the living room, family room or bedroom (59, 90-92). Research out of the USA and Australia have reported younger children as more likely to eat family meals at the table and mothers as most likely to be present during family meals (57, 89). Homemade foods are commonly reported to be served at family meals in Australia and the USA, with around two-thirds of family meals reported to consist of homemade foods (59, 72). Recent research out of the USA has reported a significant association between parents' meal planning skills and higher odds of preparing homecooked foods for the family meal (odds ratio (OR)=1.19 for preparing more than 50% of family meals at home, OR=1.27 for preparing more than 70% of family meals at home, $p<0.05$) (93). However, other research out of the USA has found that parents who report higher levels of work-life stress are less likely to serve vegetables (64.8% high work-life stress vs. 80.4% low work-life stress, $p<0.001$) and more likely to serve fast-food (26.5% high work-life stress vs. 17.5% low work-life stress, $p=0.020$) regularly at family meals (60). In terms of service style, research out of the USA reported just over one third of families using plated service for family meals, with 29% serving family style (with food on the table for family members to help themselves), 11% serving half plated and half family style, and the remaining 24% using another combination (94). This evidence indicates that there is not just variation in frequency of family meals, but also in how the family meal takes place.

2.1.3.1 Technology use at the family meal

The use of technology at the family meal also appears to be varied, with reports of frequent television or other screen use at family meals sitting between 33%-67% in research out of the USA and Australia (57, 91, 95, 96). Other use of technology such as texting, talking on the phone, using headphones, and playing hand-held video games during the family meal has also been reported among children, adolescents, and adults. For children and adolescents, North American researchers have reported higher use of technology in girls than boys, higher use in high school than middle school students (95), and more frequent use in households with middle- or low-SEP than high-SEP (97). However, it should be noted that having the television on during meals does not necessarily mean individuals are actively engaging with it (59, 98).

When individuals are engaging with technology during family meals, it can be viewed as a positive contribution to the family meal, or a hindrance to the quality of the experience. For example, technology can bring together family members who are physically separated from one another for a virtual family meal, as reported in Chitakunye and Takhar's work in the United Kingdom (UK) (99). Additionally, authors from the USA and UK have found watching a program or film at the family meal can provide a unifying activity, a point of conversation, and enough of a distraction to get children to consume adequate quantities of food (41, 45, 99). More commonly however, the use of technology at family meals is discouraged, as it is believed to be harmful to children's health

and deleterious for family communication (45, 69, 100, 101). In some households, technology use at the family meal can be a source of contention, with parents preferring technological devices be absent from the meal, but children insisting on using them regardless, as explored in Hammons et al.'s North American study (101).

The controversy around technology use at the family meal relates to the negative health consequences that surround it. Frequently watching television during the family meal has been associated with decreased engagement in family meals (102), increased odds of adults and children being affected by overweight (103, 104), and poor diet quality in children and adolescents (88, 104-107). However, research from the USA has demonstrated that family meals in front of the television are still more beneficial to children and adolescents than no family meals at all (88, 97).

2.1.4 The work required to execute the family meal

Although often studied in isolation, the family meal does not happen without work, thought, and effort before, during and after the eating occasion. There is both cognitive and physical work required to bring together all the moving parts of family life for a cohesive eating occasion. One such element of the cognitive work are the food choice decisions of what to provide as the meal. Food choice decisions are situational and occur across all stages of food consumption (108), and numerous authors have developed frameworks to understand the components that influence and shape them. Story et al.'s ecological framework on individual food choice out of the USA identifies the four broad levels of influence as individual factors, social environments, physical environments and macro-level environments (31). Furst et al. identifies the three major components of life course, influences, and personal systems as influencing individual food choice in their USA research (109), and Costa et al.'s hierarchical value maps demonstrate the main motives behind different meal choices for Dutch adults (110). While these are examples of frameworks developed to understand individual food choice decisions, exploration into food choice decisions for the family, or in the context of the family meal, are sparser.

Making food choice decisions for the individual is different from making food choice decisions for the family. In 2008, Schubert proposed the 'Household Food Strategies' model, which placed individual dietary choices within their social context at the household level (111), elevating this research to the level of the family, rather than just the individual. Other authors have focussed on mothers' food decision making for the family, as primary food gatekeepers of the household (112, 113). At the family level, Gillespie and Gillespie developed the family food decision-making cycle, later refined by Gillespie and Johnson-Askew (114, 115). These authors proposed that food decisions for families were impacted by their microenvironment (physical and social), the societal systems (political, technological, sociocultural and economic), and the natural/structured systems (physical, human-made and biological) around them (114). They also proposed that most family food decisions were routine in nature, based on established food patterns developed over time

(114). Food decision making only became an active process when families were faced with a food event outside of this usual routine (114). While these frameworks bring us closer to understanding food decisions for the family, none relate specifically to family *meal* decision making, or the processes involved in executing the family meal.

Investigations into the work, thought, and effort required to execute the family meal specifically have been undertaken over the years. Both Charles and Kerr's work in the UK in the early 1980's, and DeVault's work in the USA in the late 1980's were seminal in highlighting the cognitive and physical work involved in executing the family meal (47, 49). As stated by DeVault, "'Doing a meal', then, requires more than just cooking; it takes thoughtful foresight, simultaneous attention to several different aspects of the project, and a continuing openness to ongoing events and interaction" (47)(p55). Participants in both Charles and Kerr's and DeVault's work considered multiple factors when discussing their preparation for the family meal (47, 49), but neither author explored the cognitive work involved, or the intersection between the cognitive and physical work required for the family meal, beyond this. More recently, Bowen et al.'s ethnographic study illustrated the different perspectives, processes and complexities of the family meal for their sample of mothers from the USA, particularly in the context of home-cooking in the household (53). Additional North American research in this space includes Berge et al.'s ecological momentary assessment exploring family meal characteristics and parents perceptions of family meal characteristics (72), and Smith et al.'s grounded theory study producing a 'Family Meal Model' of the factors that support or hinder participation in the family meal (116). These studies, while more specifically focussed on family meals, typically considered the physical work required for the family meal. While the cognitive components were acknowledged, they were rarely explored in great depth or in synchronicity with the physical work. Therefore, our understanding of the complexities of the work required to execute the family meal is still limited, particularly so in an Australian context.

2.1.5 Responsibility for the family meal

Regardless of our current understanding of the work involved in executing the family meal, it appears that parents are the most likely to undertake this work, particularly for breakfast and dinner meals (69.3% and 52.7% respectively) (72). While parents, as the adults in a family, are likely the most responsible for executing the family meal, traditionally it has been the role of women to undertake this work (47-49). This was acknowledged by both Charles and Kerr, and DeVault in the 1980's (47, 49). In more recent studies, spanning 2006-2019, across Norway, Sweden, Canada, Australia, the UK and the USA, this is the status quo (113, 117-121). This unequitable division of labour has persisted despite increases in women's entrance, or re-entrance into the workforce (122). This phenomenon has been described in the literature as the 'second shift', where women who work outside of the home still undertake most of the work inside the home (122). A common justification for why women maintain responsibility for the family meal is their perceived 'expertise'

at undertaking these tasks (123). However, it has been argued that this is not so much of an inherent ability to undertake these tasks with any more proficiency than men, as it is a social expectation on women to develop and hone these skills in early life (123). This is echoed in the media, with Oleschuk reporting 77% of family meal articles in the Canadian media positioning women as the focus of the article, compared to 29% positioning men as the focus (124).

However, that is not to say that men are not involved in the tasks required to execute the family meal (119, 125-127). In 1998, Harnack et al.'s North American study reported around one quarter of men were involved in meal planning and preparation (128). Scholarship around the world continues to show men moving into the kitchen and claiming a space for themselves (67, 92, 119, 123, 126, 129-133). However, research demonstrates that in many circumstances men are involved out of 'choice' rather than 'duty' and many decide when they want to be involved in food provision, which is often not the case for women (119, 134). Additionally, men who are frequently involved in family meal tasks have been positioned as taking on a performative role and putting less emphasis on balancing factors such as the health and variety of foods prepared (119, 130). This suggests that while men may be taking part in the physical tasks of the family meal, the cognitive tasks, such as planning and thinking about nutritional and preferential needs of the family, are still largely the responsibility of women (92, 117, 119, 129). North American and Australian scholarship has shown that women devote more mental time and energy to household and food provision tasks than their male partners (121, 135). This is termed 'cognitive labour', colloquially termed the 'mental load', and it is not only invisible to others, but is often overlooked by the person undertaking it. This is because it does not necessarily occur sequentially, can take mere seconds, and is often undertaken concurrently whilst doing other tasks (135). In relation to food provision, this cognitive load has been reported as a constant and relentless source of stress for mothers in particular (121). While there appears to be an unfair burden of this cognitive labour placed on mothers, researchers have argued that this type of work is more difficult to share than physical labour, due to its largely automatic and invisible nature (136).

While men are often blamed for their reticence to enter the kitchen, women have reported their own reluctance at allowing their partners to do so (113, 119, 127, 137, 138). This reluctance largely stems from the prediction that men will make nutritionally poor food choices for the family and inevitably create more work for women as a result of undertaking the tasks in a way women deem to be inadequate (113, 119, 127, 137, 138). This undermining of men's involvement due to perceived incompetence has been proposed to contribute to men's lack of interest, or willingness, to enter the kitchen (127, 130, 138). It has been argued that for some women, it is easier to undertake the tasks themselves than to deal with the extra work and potential conflicts that may arise from allowing their partners to participate (138). There are some women who are willing to accept that receiving help from their partners may result in less than desirable outcomes, and are willing to make this compromise to alleviate some of the burden from themselves (127). However,

there may be more nuance to this reluctance to hand over control of the kitchen to their partners than just perceived inadequacy. It has been proposed that some women retain control over the kitchen as one of their only opportunities to exert power and dominance in the household (119, 123, 139). Other mothers relish the opportunity to nurture their family through the preparation of food and meals, and do not wish to share this role with their partners (123). Therefore, women's reluctance may be less about their partner's inability to participate effectively, and more about maintaining their own status and role within the household. The gendered expectation on women and mothers to be nourishers and caregivers for the family likely contributes to the perpetuation of this unequal division of labour of food provision (47, 49, 121).

2.1.5.1 Children's involvement in family meal processes

Children have been reported to be involved in family meal processes inconsistently and typically only taking on a supportive role when required (140). A review conducted by Quelly reported approximately one third of children helped prepare meals regularly (reported as 'usually', once a day, or 2-3+ days per week) (141). Authors in the USA and Canada have reported younger children are more likely to be involved in the simpler tasks of assisting in the kitchen, compared to older youth who are more likely to be given responsibility for cooking a meal for the whole family, and are generally involved more frequently (142-144). Other studies out of the USA and Australia have reported that weekly frequency of helping with meal preparation is higher among girls than boys (141, 145, 146), and higher among adolescents from family arrangements other than two-parent households (59). Of note, children and adolescents who are more frequently involved in food preparation have been shown to have an increased preference for fruit and vegetables (147) and improved diet quality scores (141).

2.1.6 Social norms and expectations of the family meal

The family meal is a social and cultural ideal in many Western countries (148). There are many expectations surrounding the family meal from societal discourse, past life experiences, and health recommendations (118, 124, 148). The family meal is largely constructed in the media as a positive social practice, and rhetoric of their decline is viewed as a highly problematic social issue (124). However, not only is the fear of the social repercussions of the decline of family meals presented in the media, so too are apparent 'deviant' presentations of family meals in contemporary society (148). As Wilk states "[T]he daily interaction at the family table always takes place under the shadow of normative expectations, so that anything beyond the norm is compared to a dominant hegemonic happy meal of harmony and social integration" (148)(p430-431). The dominant messages about family meals, the role they play in protecting children, and the responsibility of parents to ensure they are conducting them in a meaningful way, not only creates tensions for parents, but does not account for the many different household types that exist in contemporary society (148). The ideal image of the family meal is embedded within the notion of the nuclear two-parent, single-earner family, and does not incorporate the imperatives, or

challenges of the family meal for single-parent, dual-employed, or multigenerational families, or people from different cultural or sub-cultural groups (148).

Indeed, past experiences of family meals growing up are often used by parents as a benchmark for how they should be conducted with their own families, both in terms of the traditions and rituals that surround it, and the food that should be provided (117, 149). As such, many parents use the family meal to pass on these values to their own children (73, 149). However, there are tensions between expectations on family meals, and the practicality of executing them in contemporary society (78). Parents have described experiencing feelings of anguish at their inability to create a conflict-free, pleasant family meal as they experienced in their childhood, and even remembering happy family meals of the past can evoke feelings of sadness, guilt, failure, and loss at being unable to live up to their past experiences, social norms and expectations (148). Women in particular have reported feeling torn between wanting to have a traditional family meal like the ones their mothers created for them growing up, but also wanting to construct family meals that fit within the context and lifestyle of modern, contemporary motherhood and family life (117).

The expectations placed on the family meal extend to the foods that are served, particularly regarding what constitutes a ‘proper’ meal. Although these expectations surrounding the specific foods that are served have changed over time and differs depending on cultural background, what pervades time and many cultures is that a ‘proper’ meal is one that is prepared in the home, ideally from scratch, almost exclusively by the mother, and contains a variety of ‘fresh’ and ‘whole’ ingredients (53, 85, 118, 124). It appears that a mother’s involvement in food preparation is integral to the performance of the family meal, and conversely, the preparation of the meal is an indicator of the love and care a mother feels for her family. Therefore, it is imperative that a mother prepare a meal from scratch, to visibly demonstrate their love for their family (85, 117, 118). Serving other alternatives, such as convenience food, frozen meals or fast-foods are presented as ‘deviant’ and paint parents, although most commonly mothers, as ‘bad’ or ‘failing’ at their caregiving duties (124). This message is reinforced by mothers who label themselves and others as ‘lazy’ for not preparing meals from scratch, and by those who feel ‘guilty’ for not serving foods they believe they are ‘supposed’ to serve children (53, 117, 118, 150). There is a tension between what mothers view as practical and realistic for contemporary families to achieve, and that which is culturally expected and represented in the media (118).

Not only is it expected that parents, typically mothers, prepare a home-cooked meal when executing the family meal, but there are also expectations on that meal being accepted, if not enjoyed, by all members of the family. Parents hold an expectation that one meal should be served for the whole family as a way of socialising children into the family’s way of eating (85, 151). Rejection of food served at family meals is not only frustrating for the parent who has prepared the meal, but is often internalised and interpreted by parents as a rejection of the family, as reported in

numerous works across the UK, Sweden and the USA (85, 149, 151). Conversely, parents in Thompson et al.'s research in the USA reported valuing their children's feedback on the meal, feeling rewarded when they provided positive feedback on what they had prepared (78). These findings indicate parents actively seek approval of their meals from their children, and whether rejected or praised, this feedback is valued and internalised as a review of their performance as cooks and as parents. This creates another tension for parents, who want to prepare one meal for the family, socialise their children into their way of eating, and broaden their children's tastebuds, but who also want to avoid conflict at the family meal, satisfy their children's food preferences and receive positive feedback and approval of the meal (78, 149, 151). This eating occasion is heavy with social expectation stemming from many sources and motivations, and it is no wonder that the family meal presents a veritable minefield for many parents as a result.

2.1.7 Children's views on the family meal

Children and adolescents in the literature commonly describe the family meal as an important and enjoyable experience. The family meal has been described as providing opportunities to share and spend quality time with family members, talk through problems, reduce stress, receive education on healthy eating, and express the importance of the family unit (41, 59, 79, 152, 153). However, there are those who do not view the family meal as important, or do not have positive associations with the family meal. Negative associations are largely due to poor family relationships, and a general dislike of the expectations on spending time with the family and participating in the meal and its related chores (41, 144). Additionally, adolescents and children have reported experiencing conflict, discomfort, segregation, strict rules, and uninteresting or argumentative conversations at meals (41, 59, 144, 146). An Australian study found that adolescents from single-parent households were the most likely to express that family meals were unimportant to them (59). This again presents the picture of high variation and variability in family meal occasions and experiences.

2.1.8 Intergenerational transmission of family meal practices

As described in section 2.1.6, past experiences of family meals are highly influential on current practices for many adults and parents. A study out of the USA reported that children who shared breakfasts and dinners as a family were more likely to share breakfasts and dinners as university students (154). Other North American research has reported that individuals who had regular family meals in childhood were more likely to have family meals in adulthood (50, 155-157), particularly if they were experienced positively in childhood (50). Conversely, those who did not have family meals regularly in childhood, or who experienced them negatively, were less likely to have family meals and were also less likely to view them as an opportunity for connection and communication in adulthood (50, 155, 156).

Memories of family meals from childhood have been found to strongly influence parents' family

meal motivations and practices, and whether in congruence or divergence, they appear to act as a point of reference (73, 80). Moderate associations (0.24-0.36) were found in a North American study between women who reported higher healthy home food availability, lower unhealthy home food availability, less frequency of eating dinner with the television on, and an expectation to be home for dinner in adolescence, with greater use of that same practice as a parent (158). A significant association was only found between male adolescents who had healthier home food availability using this practice in parenthood (158). Additionally, the importance and value of the family meal has been reported as something parents typically learned growing up through childhood, and as something they wanted to pass onto their own families (73, 80). Therefore, not only does the presence of family meals in childhood impact the likelihood of family meals in adulthood, but the importance, motivation and practices of family meals appears to track as well. However, while a stable trajectory of patterns is observed for family meal practices, taking on the practices of a partner, and the transition into parenthood, both have the ability to shift the trajectory towards, or away from family meals, regardless of childhood practices (50, 155).

2.1.9 The impact of socio-economic position on the family meal

As described in the previous chapter, the phenomenon of the social gradient of health describes the discrepancies in health outcomes between those of high- and low-SEP (54). Many researchers focus on understanding the discrepancies of health experienced by those in different SEP to gain information for more targeted and effective health interventions. Research by Utter et al. reported more frequent family meals among their USA participants with higher levels of education (67.4% parents with graduate or professional degree shared ≥7 meals per week vs 35.4% parents with high school graduate or equivalent) and higher household incomes (57.4% with household income ≥$75,000 shared ≥7 meals per week vs 40.2% with household income ≤$34,999) (159). Similar findings were reported in Neumark-Sztainer et al.'s research out of the USA, with families from lower SEP having lower mean rates of frequent family meals (4.2 ± 3.5) than their high SEP counterparts (4.9 ± 3.1, $p<0.001$) (56). This pattern was consistent from the 1990s to 2010, with the mean number of family meals per week for adolescents of low-SEP decreasing from 4.0 in 1999 to 3.6 in 2010 (effect size =-0.14, $p=0.003$), and increasing for those of high-SEP from 4.2 in 1999 to 4.5 in 2010 (effect size=0.14, $p=0.039$) (83). The disparity between the two groups grew from 8.9% in 1999 to 22.5% in 2010 (83). Litterbach et al.'s Australian study reported a positive association between SEP and higher parent rated importance of family meals (OR=1.32, confidence interval (CI) [0.99, 1.75], $p=0.057$), and an inverse association was found between SEP and less frequent television viewing during meals (OR=0.38-0.60, $p<0.00$) (57). A Canadian study by Dubois et al. also reported an increase in the likelihood of children eating dinner while watching television as indicators of SEP decreased (30.9% mothers with no high school diploma vs. 6.9% mothers with university diploma, $p\leq0.05$) (58). Thus, it appears there are some notable differences between SEP groups regarding family meal frequency and environments.

There have also been discrepancies between SEP groups noted in the types of foods that are prepared for the family meal. Appelhans et al.'s study out of the USA investigated the relationship between availability of cooking supplies and SEP, reporting that more cooking supplies were present in households with higher total family income and lower levels of food insecurity (160). Their study also reported that families with a higher availability of food preparation supplies (as measured by a food preparation checklist) had more family meals (OR=1.08, 95% CI [1.03, 1.12], p<0.001) and higher frequency of child consumption of homecooked meals (OR=1.05, 95% CI [1.01, 1.10], p<0.05), however, this may not be so much of an indicator of socio-economic advantage as it is of parent's enthusiasm or interest in cooking (160). Families who have lower SEP have been reported to eat less homemade meals, and more pre-prepared, restaurant and fast-food at the family meal in both Australia and the USA (59, 161). This is significant as homemade meals are more likely to include fruits and vegetables than pre-prepared meals, and fruits and vegetables are more likely to be eaten by children when the meal is homemade (161). Neumark-Sztainer et al.'s work in the USA also reported associations between parental education and healthfulness of foods served at the family meal, with those with lower levels of education significantly less likely to serve vegetables (64.7% with <high school education vs. 78.1% with an advanced degree, p=0.002) and more likely to serve sugar-sweetened beverages (SSB) (25% with <high school education vs. 7% with an advanced degree, p=0.013) and fast-food (24.2% with <high school education vs. 13.9% with an advanced degree, p=0.029) regularly at family meals (60). Thus, there do appear to be some differences in how family meals take place depending on parental and family SEP.

2.1.10 Variations in experiences of the family meal

Although the family meal described thus far is the typical representation of family meals in many contemporary, Western settings, there are variations to the family meal and how it is experienced. The typical representation of family meals in the literature, and in the media, as described in section 2.1.6 is not only problematic, but also highly assumptive. The normative representation of family meals assumes that all families have the physical ability and capability, resources, and desire to come together in this way (82). The narrative of family meals as pivotal for children's development and health, perpetuated by the media, is highly presumptive and simplistic, and places unfair burden and expectations on parents (124). This can lead parents to feel disappointed and frustrated when they are unable to support the health of their children by engaging in this 'basic' task that families 'should' be engaging in, as reported in Kinser's North American study (81).

The notion of the ideal family meal is further perpetuated by parent's own descriptions in research of the pleasant experience of family meals, and how important family meals are to their sense of family unity and cohesion (117, 162). However, these are not the only experiences of parents. As presented in section 2.1.3, families vary in where and how they execute meals, and they are not always described as pleasant. For some parents, family meals are stressful, chaotic, messy, and

full of conflict, anxiety, and tension (82, 119, 148, 163). Issues of power and control can erupt at mealtimes, and family meals have been described as a “struggle”, “battle” and “fight” by parents (81, 148). Some families do not have space in their household to eat together as a family, some eat meals in separate rooms, in separate households, or in cars between other activities (66, 163). Not all families have the resources to regularly prepare and consume family meals, and for some, eating together can serve as a reminder of what the household is lacking, and are therefore avoided (82, 163). For families who have poor interpersonal connections, family meals are not the site of productive bonding and strengthening of family unity, but rather they fuel arguments and highlight family dysfunction (82, 163).

Feelings of guilt, frustration, and failure at being unable to provide the ‘ideal’ family meal, or reproduce family meals of their childhood, have been expressed by parents (82, 148, 163). Additionally, not all parents view the family meal as important, with some stating other activities taking precedence over the family meal, or viewing the family meal as an obligation rather than a priority (82). The work required to execute family meals has been described as repetitious and uninteresting by some parents, finding the process tiring and burdensome (81). For some parents, the family meal is no more important than any other activity they can undertake as a family, and they are not something prioritised above and beyond getting the family fed (82, 164). There is a skewed perception of the family meal presented in the media, and in the academic literature. This is largely because there is the presumption underlying investigations into the family meal that they are positive and imperative (148). The ideal representation of the family meal is the benchmark with which families are, if not aiming for, measuring themselves up against, causing feelings of frustration, anxiety, and guilt when their mealtimes do not live up to their expectations. However, this perception is not necessarily reflective of the reality of the family meal, or the many variations and forms it takes (148).

Additionally, this typical, idealised arrangement is not necessarily common across the world, with many cultures eating together in alternative arrangements according to age, gender, and cultural hierarchy (148). Exploring the many cultural variations of family meals in different countries is not within the scope of this narrative review, however they will be briefly acknowledged to show the breadth of variation found across the world. For example, individuals from France, Italy and Switzerland have been found to emphasise variety, quality of produce, balance, commensality and ‘tradition’ when executing meals (165). This is contrasted by individuals in the USA and UK, where eating has become more ‘individualised’, personal choice is paramount, and people are focussed primarily on nutrients (e.g., carbohydrates, fats, proteins) when making food choices (165). The timing of family meals has been shown to vary depending on cultural and societal practices. In China, children return from school at midday for a family meal, either prepared by their parents (who return from work at this time), or their grandparents (166). Similarly, in Norway, the main, hot meal most typically considered the family meal is also eaten at midday (117). In Morocco there are

four main types of meals consisting of breakfast, lunch, a snack, and dinner. Recent research has indicated that the afternoon snack is becoming the more emphasised meal of the four, providing a collective eating occasion without the stress and pressure that is typically involved in preparing a hot meal (167). Although family meal practices may differ among different cultures, women being allocated primary responsibility for these tasks, and the stress and pressure they feel because of it does appear to pervade across many cultures (167, 168). These variations are not typically represented in popular media or academia.

2.1.11 Changes to the family meal over time

There is popular rhetoric in the media and academic literature that family meals are not being executed as frequently as in the past (124). While it is true that shared eating occasions are becoming less frequent (169, 170), the family meal is by no means disappearing (33, 76). When exploring time-diary data from 1966 and 1999, Mestdag et al. found that Belgian adults were spending significantly less time with their partner and children in 1999 than they were in 1966, however this time together was generally still used for sharing a meal (171). The number of meals a family shared together dropped from 1.56 daily family meals in 1966, to 0.88 in 1999, and time spent sharing a meal decreased, with the average shared meal lasting 51 minutes in 1966 (38% of the total family-time budget) dropping to 27 minutes in 1999 (25% of the total family-time budget) (171). Additionally, data also showed that there were less family meals in the morning and during the day, and that the evening meal was being consumed later in the evening 1999 compared to 1996 (171). More recently, a repeated cross-sectional study in the USA undertaken with adolescents in 1999 and 2010 reported minimal changes to the mean number of family meals consumed per week (effect size=-0.05, p=0.054), indicating relative stability for family meal frequency across this time period (83).

Additionally, some authors are calling into question the idea that family meals have changed as drastically as popular discourse is claiming (124, 172). As a highly socially constructed concept appearing in the 1850's, authors have argued that the family meal has long been asserted as an ideal, not as a certifiable institution found in every home in the past (172). Researchers have shown that the practice of coming together for the family meal has been more variable over history than those who are proclaiming its decline (124, 172, 173). For example, it was not uncommon for children from upper-class families in the 1800s to consume different foods and eat separately to their parents, nor was it uncommon for low-income families to live in overcrowded housing without the space, money, or food to feed the whole family at once (172). It has been postulated that it was not until the second half of the nineteenth century that carving out dedicated pockets of 'family time' was seen as necessary or important, likely due to the increased time demands placed on labourers (171). This is where it is hypothesised that the family meal, as the eating occasion commonly referred to today as the 'ideal', was born (171).

While the nostalgic notion of the family meal may have never been more than an 'ideal', participants have recalled changes in family meal practices within their own lifetimes. North American parents in Trofholz et al.'s study reported a change in the atmosphere, conversation and rules at family meals, and in the types of food served, from when they were children (80). Similarly, participants in Hammons et al.'s study reported a decrease in the availability of all family members to be present for the family meal, and the imposition technology now has on family mealtimes, as compared to the meals they had growing up (174). While it is apparent that there have been some changes to the family meal over time, albeit perhaps not as drastically as some reports may claim, this information is based on time-diary comparisons and retrospective reflections. There is minimal investigation of comparison of direct accounts of how the work involved, and the execution and experience of family meals have evolved over time.

2.1.12 Changes to the family meal during the COVID-19 pandemic

Box 2-1 The COVID-19 global pandemic

On the 11th of March 2020, the World Health Organisation (WHO) characterised COVID-19, the novel coronavirus disease (SARS-CoV-2), as a global pandemic (175). As the disease spread, there were extraordinary changes in day-to-day life for individuals and families across the globe. Border closures and mandatory lockdowns were enforced for varying lengths of time consistently throughout 2020 for many cities in many countries to curb the spread of the disease. These generally resulted in an increase in working from home arrangements, closure of non-essential businesses, closure of educational institutions, adjustment of services or closure of hospitality and retail venues, and restrictions on social gatherings. The closure of non-essential businesses resulted in mass reduction of working hours and job losses for many individuals globally, and due to closures of many educational institutions, the responsibility of child education fell to parents in many instances (176-181). These changes paired with increased working from home arrangements lead to unprecedented changes in home and family life for many families across the globe in 2020.

The changes to the work and education arrangements for families due to the COVID-19 pandemic in 2020 (see Box 2-1) saw the removal of many scheduling conflicts that interfere with family meals, and thus resulted in more frequent family meals for many households (182-186). In Berge et al.'s study, frequency of family or shared meals was found to increase more for those who reported fewer than 5 family meals per week prior to the pandemic in the USA (186). Additionally, parents in the USA, Australia and Canada reported spending more time cooking meals, cooking more meals from scratch and involving children more frequently in meal preparation (184, 185). Family meals were described as being simpler, less chaotic and allowed family members to connect and check in with one another (182). Ronto et al.'s Australian study reported changes to food shopping habits for some Australians, with reduced visits to shopping centres and increased use of online shopping services, experimentation with cooking, an improvement in meal planning and food preparation skills, and in preparation of balanced meals (185). In relation to food choice motivations over this time, parents in the UK reported placing more importance on health, mood,

weight control, familiarity and price when making food choices for the family during lockdowns (187). These parents also reported ease of preparation related to meals became a less important consideration, and family involvement in meals became a more important consideration during the lockdown (187).

There were also reported changes to division of responsibility due to the lockdowns imposed during COVID-19. In general, the number of hours spent in housework was reported to have increased for all parents (179, 188). There were some reports that over this period men increased their participation in household tasks, sometimes resulting in a more equal distribution of labour (177, 188), but in many cases women were still holding the majority of the responsibility for this work (176, 179-181). When specifically looking at tasks related to family meals, such as preparing food and after meal clean-up, a Canadian study reported a more equal distribution between men and women, and an increase in men taking sole responsibility for shopping for food (177). However, these changes were dependent on fathers' work location during the pandemic, with those working from home having higher odds of increased participation than those working away from home (177). This Canadian study also reported children's schooling arrangements impacting the odds of father's increased participation, with those with children in home schooling arrangements having higher odds of increased participation than those with children still attending school outside of the home (177). Ronto et al.'s Australian study reported no major changes in cooking responsibilities over this time, with the majority of parents indicating that they continued to share the cooking duties between partners, and some even involved their children more actively (185). The exception to this was participants from Asian households, where women were still predominantly responsible for undertaking this work (185).

These results, while indicating changes to the frequency, environment, and responsibility of the family meal from the norm presented above, must be interpreted with caution. These studies were conducted in a range of Western countries (USA, Canada, UK, Italy, Spain, Australia, New Zealand) and paint a reasonably consistent global picture of the COVID-19 situation for many families. However, it should be noted that majority of these studies collected survey data pertaining to participant perceptions during the lockdown, and in many cases, there was one parent responding to survey questions regarding their partner's workload both inside and outside of the home. Additionally, while changes to family meal frequency and some changes to division of responsibility for household tasks have been reported during this unprecedented time, there is no evidence as yet as to whether these changes will be, or have been, maintained outside of this context.

2.1.13 Summary of the background literature

This literature review thus far has provided a background and overview of family meals, and the typical representations of how they are defined, conducted, and experienced, the social

expectations placed on them, and the variations experienced within them. It is clear from the research presented that the family meal is a socially constructed phenomenon, that is highly dependent on social and cultural environments and expectations. Family meals are highly lauded in the academic and public space and are a field of interest most commonly as an avenue for improving health and nutrition of children and families. The next two sections of the literature review will explore this link between family meals and health outcomes.

2.2 Relationship between family meals and health outcomes

Coming together as a family to share a meal has been associated with numerous health outcomes for children, adolescents, and adults. Family meals have been widely promoted across public health messaging and media as protective for children and adolescent health and wellbeing. An opportunity where parents can and should provide nutritious food, and role-model healthy eating behaviours (81, 124). They have been posited to provide an opportunity for the family to engage in health promoting behaviours and are thus the subject of interest for many researchers. Due to the large amount of observational research conducted on the family meal, numerous meta-analyses, systematic and narrative reviews already exist on this body of literature. For this section of the literature review, findings will be drawn primarily from published reviews and meta-analyses, with additional empirical papers providing further information or clarification on certain findings.

2.2.1 The family meal, diet quality and weight status

In 2017, Dallacker et al. conducted a meta-analysis on the frequency of family meals, diet quality and body mass index (BMI) in children and adolescents (38). Across the 57 included studies (eight longitudinal, 49 cross-sectional), the meta-analysis found that having family meals frequently (range not specified) was weakly associated with lower BMI scores, healthier diets and higher overall diet quality in children (38). The overall correlation of the associations with healthy diet (r=0.10, 95% CI [0.09, 0.12], p=<0.01), overall diet quality (r=0.13, 95% CI [0.06, 0.20]), BMI (r=-0.05, 95% CI [-0.06, -0.03]) and unhealthy diet (r=-0.04, 95% CI [-0.07, -0.03]) were small (r=<0.13) (38). There were no significant confounding effects for age, country, number of family members present or meal type, however there was a moderating effect found for SEP (38). While this meta-analysis adjusted for the covariates mentioned above, they did not adjust for family environment, cohesion, connectedness or functioning, or other potential confounders, which may have impacted on family meal frequency and nutrition and weight outcomes.

A more recent review, conducted by Robson et al. in 2020, identified 31 articles investigating relationships between dietary outcomes and family meal frequency in children aged 2-18 years (81.4% cross-sectional, 18.6% longitudinal design) and a selection of these were entered into their meta-analyses (189). Studies included in their review showed a positive relationship between family meal frequency and fruit and vegetable intake when examined separately, and when

combined (189). This association held for 12- to 17-year-olds, but only vegetables were found to be associated with family meal frequency for 6- to 11-year-olds (189). When examined as mealtimes alone, family meal frequency at breakfast and lunch were only associated with fruit intake, and family meal frequency at dinner showed inconsistent findings (189). Meta-analyses did not support an association between family meal frequency and fruit consumption, with an imprecise estimate (standardised mean difference [SMD] 0.19, 95% CI [-0.02, 0.40], n=4) with substantial between-study heterogeneity (I^2=69.4%). However, a weak association was found for vegetable consumption (SMD 0.29, 95% CI [0.14, 0.43], n=4) with no between-study heterogeneity (I^2=0%) (189). Although the included studies showed negative correlations between family meal frequency and SSB intake (r=-0.05 to -.24, p<0.05), meta-analysis indicated little evidence of this association, with an imprecise estimate (SMD -0.21, 95% CI [-0.41, -0.01], n=4) and substantial between-study heterogeneity (I^2=57.7%) (189). There was also a lack of statistical evidence for a relationship between family meal frequency and snack food intake, and there were inconsistent findings for the relationship between family meal frequency and healthy eating index (189). Although the findings from this review indicated some positive, statistically significant relationships between family meal frequency and dietary outcomes, confidence intervals were large, and there was significant between-study heterogeneity.

In 2019, Dallacker et al. conducted another meta-analysis looking to identify the components of the family meal responsible for positive outcomes in children and adolescents (190). Fifty studies were included in their meta-analysis (two longitudinal, 48 cross-sectional, one both cross-sectional and longitudinal study design). Through their review they identified six mealtime components for investigation: television use, parental modelling, food quality, children's involvement in meal preparation, and duration of meals (190). All six components of family meals were found to be significantly associated with better nutrition or health outcomes in children and adolescents; turning the television off (r=0.09, 95% CI [0.05, 0.13]), parental modelling of healthy eating habits (r=0.12, 95% CI [0.08, 0.16]), higher food quality (r=0.12, 95% CI [0.07, 0.17]), a positive mealtime atmosphere (r=0.13, 95% CI [0.06, 0.20]), involvement of children in meal preparation (r=0.08, 95% CI [0.04, 0.13]) and longer meal duration (r=0.20, 95% CI [0.09, 0.29]), however heterogeneity between studies was large (46%-84%) and effect sizes were small (r=<0.20) (190). The age of the target population was not found to be a significant moderator, nor was the outcome type (BMI or diet quality,) although typically studies assessing diet quality reported higher effect sizes than those assessing BMI as an outcome (190).

In 2020, Mou et al. explored relationships between diet quality in early childhood and parental feeding practices such as restriction, pressure to eat, and monitoring, and mealtime practices such as meal skipping and family meal frequency (191). Feeding practices of restriction and monitoring were associated with higher diet quality scores (restriction: β=0.05, 95% CI [0.01, 0.08]; monitoring: β=0.12, 95% CI [0.08, 0.17]), and pressure to eat was associated with lower diet

quality scores (β=-0.10, 95% CI [-0.13, -0.06]) (191). These associations maintained significance when adjusted for sociodemographic variables, however the practice of restriction lost its significance when adjusted for child's BMI score (191). These authors also reported that children who had fewer shared breakfast and dinner meals with their parents had lower diet quality (β=-0.37, 95% CI [-0.60, -0.14]) (191). Loth et al. similarly explored associations between how family meals are served and children's dietary and weight outcomes (94). These authors reported significant associations between food restriction and plated meal service (28.5, 95% CI [25.9, 31.1]) compared with family-style meal service (23.6, 95% CI [20.7, 26.5], *p*=0.01). However, no significant associations were observed between style of meal service and parental pressure to eat, emotional feeding, daily serves of fruit and vegetables, Healthy Eating Index-2010 scores, or child BMI z-scores. These findings indicate that meal service at the family meal may not be a crucial factor to consider regarding family meals (94).

Regarding health outcomes for adults, the research is sparser. Longitudinal research out of the USA conducted by Larson et al. reported associations between family meal frequency in adolescence and family meal frequency in young adulthood (157). Additionally, they reported family meals in young adulthood were positively associated with dietary quality (157). By comparing young adults who had regular family meals (>5/week) with those who did not, this study reported positive associations with serves of fruit (1.44 ± 0.11 vs. 0.99 ± 0.18, *p*=0.01) and intake of fibre (20.9 ± 0.7 vs. 16.8 ± 1.3, *p*=0.02) for females, and intake of folate for males (763 ± 39 vs. 663 ± 53, *p*=0.06). Frequent family meals for both males and females were also positively associated with serves of vegetables (females: 2.79 ± 0.14 vs. 2.08 ± 0.24, *p*=0.03; males: 2.46 ± 0.16 vs. 1.99 ± 0.21, *p*=0.06), intake of iron (females: 15.2 ± 0.5 vs. 8.1 ± 12.9, *p*=0.02; males: 14.9 ± 0.6 vs. 6.0 ± 13.3, *p*=0.06), and potassium (females: 3203 ± 94 vs. 2515 ± 162, *p*=0.04; males: 3132 ± 119 vs. 2773 ± 163, *p*=<0.05), after controlling for sociodemographic characteristics, baseline family meal scores and total energy intake (157). Another study conducted by Tumin and Anderson in the USA reported that frequency of family meals had no impact on odds of obesity in adulthood (104). However, adults who always had homecooked family meals had 26% lower odds of obesity than those who only sometimes or never had homecooked family meals (95% CI [0.62, 0.88]) (104). Additionally, Utter et al.'s study reported significant, positive associations between frequent family meals and daily servings of fruit (2.4, 95% CI [1.6, 3.1] for 0-2 family meals/week vs. 2.8, 95% CI [2.1, 3.4] for 7+ family meals/week, *p*=0.045) and daily servings of vegetables (3.9, 95% CI [2.7, 5.1] for 0-2 family meals/week vs. 4.5, 95% CI [3.3, 5.6], *p*=0.048) among parents, but found no significant relationships between BMI, fast-food consumption or SSB intake for their USA sample (159).

Fulkerson et al.'s review examined relationships between family meal frequency and dietary and weight status outcomes across the lifespan. They identified nine articles (eight cross-sectional, one longitudinal) examining benefits of family meals for young and middle-aged adults (39). Their

review reported associations between higher frequency of family meals and higher consumption of fruits, vegetables, milk products, wholegrains, fibre and other key nutrients, and lower consumption of snacks, soft drinks, and fast-foods in adults. Only two of three included studies in their review reporting weight outcomes in young and middle-aged adults found an association between family meal frequency and lower BMI (39). However, this was dependent on children's presence in the household, with family meal frequency associated with lower BMI scores only in households with children (39). Another study included in their review reported an association for fathers between higher frequency of family meals at home and lower BMI status, with frequency of family meals away from home having the opposite effect. However, this association was not found for mothers (39), thus indicating a potential gender difference for family meal health outcomes.

2.2.2 The family meal and psychosocial health

Goldfarb et al. conducted a review on family meals and adolescent engagement in risky behaviours (51). Across the 26 included studies (14 cross-sectional, nine longitudinal, one prospective cohort, two experience sampling), the majority (65.3%) reported a statistically significant association between family meals and their outcome of interest (e.g. illicit drug, tobacco or alcohol use, depression, school issues, well-being, violence, sexual activity) (51). However, there were many mediating factors to these findings. The family meal provided significant protective associations with some outcomes, such as school issues, more than others, such as alcohol use (91.3% vs. 54.8%, $p<0.05$) (51). Studies with larger sample sizes were more likely to report significant findings than those with smaller sample sizes (51.5% vs 88.3%, $p<0.01$). Unadjusted models were 38.1% more likely to find a protective relationship between family meals and risk behaviours than those that used advanced empirical methods. Studies measuring the family meal either continuously or categorically were significantly more likely to find associations of significance than those using binary measures ($p<0.05$)(51). Finally, studies that adjusted for family connectedness were less likely to find associations of significance (-19.3%, $p<0.10$) (51).

A review conducted by Harrison et al. investigated the psychosocial outcomes of the family meal on adolescents (52). Among the 14 included papers (7 cross-sectional, 7 longitudinal), inverse associations were found between the frequency of family meals and extreme weight-control behaviours (e.g. binge eating, chronic dieting), use of alcohol, marijuana and cigarettes, body dissatisfaction, depression, suicidal thoughts and suicide attempts. Conversely, positive associations were reported for grade point average and self-esteem (52). These associations were primarily found in females, and not commonly found in males. In some cases males were not included in the study, or the sexes were not differentiated (52). Studies that did differentiate between the sexes generally found more protective effects for females than males, and Harrison et al. found that studies that did not differentiate results by sex showed inconsistent results (52).

More recent studies not included in Harrison's review have continued to report a positive,

significant association between family meal frequency and mental health indicators. Utter et al.'s 2017 study in New Zealand found that adolescents who reported the highest frequency of family meals (>7 times/week) had higher levels of wellbeing (16.8, 95% CI [16.5, 17.2]) compared with those reporting infrequent family meals (13.8, 95% CI [13.5, 14.2]) when controlling for sociodemographic variables (192). Eckert et al.'s 2021 Canadian study reported that children had greater odds of low self-esteem if they ate dinner with their families never or less than once a week compared to those who ate dinner with their family 5 or more times a week (OR=1.97, 95% CI [1.51, 2.56]) (193). Kameyama et al.'s 2021 study found no significant relationship between family meal frequency and mental health status of Japanese school children aged 7-12 years old (194). However, they did report that children who ate breakfast alone on weekends had a higher percentage of abnormal mental health status than those who ate with the family (p=0.023). Additionally, they found that those who ate breakfast with their family less than once a week had a significantly higher prevalence of borderline or abnormal mental health status than those who ate breakfast with their family seven times a week (OR=3.93, 95% CI [1.29, 11.94], p=0.016). Again, gender may play a mediating role in these associations, as findings were not always found to be consistent between the genders some of these studies (192, 193).

Armstrong-Carter and Telzer explored whether family meals attenuated emotions associated with family and peer conflict in their sample of North American adolescents (195). These authors found that adolescents reported significantly greater happiness and role fulfillment (p<0.001) and less distress (p=0.005) and burnout (p=0.010) on days they shared a family meal (195). On days when adolescents did not have a family meal, family conflict was associated with lower role fulfillment and higher levels of distress (195). When controlling for the previous day's emotions, authors found family meals significantly mitigated the effect family conflict had on happiness (B=0.08 ± 0.03, p=0.007), burnout (B=-0.06 ± 0.03, p=0.021), and role fulfillment (B=1.43 ± 0.03, p<0.001), with all findings remaining statistically significant after applying the Bonferroni correction except for burnout (195). Experiencing family conflict on days without a family meal was significantly associated with slightly higher levels of distress (B=0.14 ± 0.08, p=0.069), and conversely, experiencing family conflict on days with a family meal produced significantly lower levels of distress (B=-0.17 ± 0.07, p=0.012) (195). Finally, family meals were found to significantly mitigate the effect family conflict had on distress the next day (B=-0.06 ± 0.02, p=0.002). The findings for impact on peer conflict were not as clear, however, both family and peer conflict appeared to spill over into more distress the following day when there was no family meal (195).

In 2021, Romano et al. examined dyadic parent and adolescent associations between family mealtime television use, positive and negative emotion suppression, and emotional eating (196). Controlling for BMI, sex and racial/ethnic identities, they found parents who had stronger agreement with the importance of daily family meals reported lower levels of their own positive emotion suppression, and lower levels of their adolescents' negative emotion suppression (196).

Adolescents who had stronger agreement with the importance of daily family meals reported lower levels of their own positive emotion suppression, and lower levels of suppression of both their own and their parents' negative emotions (196). Adolescent reports of frequent television watching during the family meal were associated with higher levels of emotional eating for both themselves and their parents, whereas parents reports of frequent television watching were only associated with higher levels of emotional eating for themselves (196). These findings highlight the complexities of the relationships between family meals and positive psychosocial and health outcomes.

Regarding the psychosocial impacts of the family meal on parents, the evidence is sparse. Utter et al.'s study indicated that greater frequency of family meals was significantly, positively associated with their sample of parents from the USA reporting greater family functioning (p<0.001) and greater strength of relationships with significant others (p<0.001) (159). These authors also reported lower levels of depressive symptoms, lower stress index, and greater self-esteem (all p<0.001) for parents who had more frequent family meals (159). As the evidence regarding the directionality of these relationships is unknown, these authors conducted additional analyses adjusting for previous emotional wellbeing (measured five years prior to the current study) and found that the overall findings were unaffected (p<0.001) and family meals still appeared to be positively associated with these psychosocial outcomes (159). These findings are promising, but there is a lack of further evidence to confirm or expand on the relationship between family meals and psychosocial health outcomes for parents and adults.

2.2.3 The impact of socio-economic position on family meal health outcomes

Evidence presented in section 2.1.9 demonstrated some variation in how family meals take place depending on family SEP. However, there is limited investigation on the impact SEP has on health outcomes related to the family meal. In both reviews undertaken by Dallacker and colleagues, SEP was not found to be a moderator on diet quality (38, 190). Dallacker's 2017 review did find SEP moderated the relationship between family meal frequency and adolescent BMI, however the authors stated that the association is likely to exist above and beyond SEP differences. More research into SEP as a moderator is required to adequately understand the impact SEP has on health outcomes related to family meal practices.

2.2.4 Critique and limitations of the relationship between family meals and health outcomes

As evidenced in this narrative review, there are many studies reporting positive associations between the family meal and health outcomes. However, there is a lot of variability and lack of consistency within these results. This means that although the reviews in this area purport positive results, they are limited by the quality of the studies they include, and thus must be interpreted with these considerations in mind. Additionally, the empirical papers presented add to this body of

evidence, but still do not provide conclusive results on the relationship between family meals and health outcomes.

The majority of studies conducted in this space and consequently presented in this review are largely cross-sectional or longitudinal in design. Although longitudinal studies provide the ability to draw causality between family meals and reported health outcomes, the cross-sectional studies do not. While many of the empirical papers controlled for variables such as gender, age, ethnicity, SEP, and/or family connectedness, there remains the possibility that there are other variables or potential confounders, such as family environment, family cohesion, and cultural or traditional values, that were overlooked and should be considered. There may be a common factor that impacts both the frequency of the family meal and the health of families, that is not necessarily measured in these studies. For example, parents with certain beliefs pertaining to raising a family may be more likely to both have the family meal frequently and serve more vegetables at the family meal (38). Therefore, any correlation we see between meal frequency and intake of vegetables may not be due to the family meal itself, but to an unrelated, unmeasured factor. This is evidenced by studies controlling for potential confounders, such as family connectedness, finding the significance of results was reduced. To compound this, there is lack of consistency in reporting family meal frequency and outcome measurements. Additionally, the outcomes that were measured in these studies were often done so via self-report, which adds the risks of social desirability bias, recall bias and poor comprehension to the results.

The large heterogeneity across the studies prevents researchers from conducting meta-analyses, providing higher-level synthesis and more conclusive results. Reviews that were able to conduct meta-analyses found that many of the associations, while significant, were also small in many cases. Authors themselves noted the low quality of the primary studies synthesized, and thus the results must be interpreted with caution (38, 189, 190). Additionally, studies conducted with smaller sample sizes were less likely to find significant associations, and some of the reviews report on outcomes examined only in a small number of papers, which can lead to reduced statistical power. There were also discrepancies noted in these reviews regarding the significance of outcomes dependent on sex and age in some cases, with some associations only found for females or males. Therefore, although the reviews purport an abundance of positive evidence regarding the family meal and health outcomes, they are limited in their ability to provide strong, conclusive evidence on the relationship.

There are also gaps in the investigation into health outcomes related to the family meal for families of different SEP. While SEP is commonly controlled for, the discrepancies between outcomes for those of high- and low-SEP is not commonly investigated or reported. Therefore, we do not know if family meals are more or less beneficial for families of high- or low-SEP, or if they are beneficial to families regardless of their SEP. Additionally, there is very minimal investigation into outcomes for

adults and parents as a result of regularly engaging in the family meal. Thus, we have limited evidence on the benefit the family meal has to adults, with the majority of the research focusing on the benefit to children, even though by definition it is an activity in which they are both involved.

2.2.5 Summary of the literature on family meals and health outcomes

The research on family meals and health outcomes demonstrates interesting but, in many cases, weak associations. The reviews and meta-analyses discussed have strength in the rich pool of data they can draw from, and the significant associations found between the family meal and health outcomes in many of the empirical papers. However, there are numerous limitations to this evidence that should not be overlooked. Firstly, while associations were often statistically significant, effect sizes (where calculated and reported) were small, meaning the correlations between the variable of interest and the outcome of interest were not particularly strong. Secondly, where these observational studies can suggest or allude to a relationship between family meals and health, they cannot tell us in what direction the relationship exists, nor can they examine the many, complex factors that may mediate this relationship. Neither are these studies adequately able to explore the ideas and perceptions of those who participate in, and are responsible for, the family meal. Lastly, these observational studies provide part of the picture of the family meal, but there are vast improvements to be made in this area, such as standardising the definition and measurements of the family meal and adequately adjusting and controlling for potential confounders. From this narrative review of the literature, it is clear that other study designs are needed to understand the family meal, it's involved processes and considerations in more depth.

2.3 Systematic literature review on family meal interventions and qualitative explorations of the family meal

Given the limitations of the observational literature, a systematic literature search and review was conducted in August 2018 to identify intervention and qualitative studies exploring the family meal. An earlier version of this systematic review appeared in "Middleton G, Golley R, Patterson K, Le Moal F & Coveney J. What can families gain from the family meal? A mixed papers systematic review. Appetite. 2020; 153: 104725" and was used to prepare the following section of this chapter. GM contributed 80% to the research design, 90% to data collection and analysis and 80% to writing and editing of the manuscript. Co-authors JC, KP and RG collectively contributed 20% to the research design, and along with FLM collectively contributed 10% to data collection and analysis, and 20% to editing the manuscript. The manuscript has been modified to suit this chapter, but there is direct overlap in content and phrasing with the published version. Please see Appendix 2 for the formatted published version of the manuscript.

2.3.1 Rationale for conducting a systematic literature review

Due to limitations of study design, observational research on the associations between family

meals and health outcomes is not able to draw causal links between the family meal and the associated benefits. Experimental intervention designs are required to establish this causal relationship between family meals and health outcomes with confidence. Intervention research allows us to manipulate a phenomenon, or variable of interest, to determine its relationship to other factors or variables. By manipulating the family meal, its nutritional quality, frequency, or environment, controlling for potential confounders such as education, income, family cohesion, race and gender, and measuring outcomes of interest such as BMI, diet quality and psychosocial health markers, we may get closer to answering the question of whether family meals are beneficial for health.

Experimental studies have started emerging in the area of family meals, attempting to answer the question of causality. As family meal frequency has most commonly been associated with positive health outcomes, in 2015, Dwyer et al. conducted a systematic review examining the effectiveness of interventions on increasing the frequency of family meals (102). Dwyer et al.'s review included randomised controlled trials (RCTs), pre-test post-test, cross-sectional, longitudinal and qualitative study designs, was limited to studies conducted in the USA and focused on families with children aged 5-18 years (102). Four of the six interventions included in their review reported positive, statistically significant changes to family meal frequency (102). However, only two of these interventions included comparison against control groups (197, 198). Additionally, this review only focussed on the frequency of the family meal and did not explore other components of the family meal that may be responsible for positive health outcomes, such as the environment or nutritional quality of the meal. Additionally, the focus on studies from the USA with a limited age-range of children means there is a lack of transferability to other countries and families with younger children (102). Given the positive trajectory of the experimental studies in Dwyer et al.'s review, and as experimental studies in this area are only just emerging, it was considered timely to update the search and to broaden exploration into other countries and contexts.

While research into family meals is extensive, most studies, including Dwyer et al.'s review, focus on the frequency of the family meal as the main variable responsible for positive health outcomes. However, it has been proposed that the food served at the family meal and the environment of the family meal (who is present, what the mood is like, whether the television is on etc.) may also be influencing factors (39, 190). As the component of the family meal (frequency, environment or quality of food) responsible for positive health outcomes has not yet been identified, all three aspects should be considered. In order to understand the impact the family meal may have on the health of those engaging in it, it is vital to understand the components that may be responsible for those outcomes.

Additionally, observational and intervention research can only take us so far in our understanding of the family meal and how it is experienced. The perceptions and experiences of the family meal

from those participating in it is an important piece of the puzzle in determining the importance, value, and benefit of the family meal. Qualitative studies provide another view of the family meal, not to determine causality, but rather to delve deeper into the perceptions of the family meal. This data is equally as important as the observational and intervention data, as it provides a depth of understanding that can help with interpreting the value of the family meal and where it fits in family life. The qualitative research, in combination with the experimental studies examining different components of the family meal, will allow us to understand the benefits to the family meal more comprehensively and completely.

The aim of this systematic review was to complete the triangulation of data on the family meal. This is achieved through reviewing the intervention data to help with understanding the causal pathway between family meals and health outcomes and reviewing the qualitative data to help with understanding family members' perceptions of the family meal. Reviewing both intervention and qualitative studies brings us closer to answering the question of whether family meals are beneficial for health, and how the family meal can best be utilised to promote health in families.

2.3.2 Review question and objectives

This review set out to answer the question: What impact does the family meal have on the health of the family?

This review sought to address the following objectives:

1. To determine the health benefits families can expect to gain from participating in the family meal.
2. To explore the factors responsible for the health benefits families may receive from participating in the family meal.
3. To understand experiences of the family meal, exploring perceptions of the main benefits, barriers and strategies for the family meal.

2.3.3 Methods

A mixed papers systematic review was undertaken to address this research question, where both qualitative, quantitative, and mixed-method papers were included. While single method reviews have their strengths, they are often too narrowly focussed to provide applicable and actionable findings. Mixed papers reviews provide broader findings by including both qualitative and quantitative papers, and have the ability to maximise the findings and improve the applicability of those findings to policy and practice (199).

As mixed paper reviews are still a relatively new form of systematic review there is no clear consensus on protocol. This systematic review draws on guidelines from the Joanna Briggs Institute (JBI) 'Methodology for JBI mixed methods systematic reviews' 2014 manual (199), and

adheres to the systematic review process as laid out in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (200). This review is registered with PROSPERO International Prospective Register of Systematic Reviews: CRD42018117123. Ethics approval was not required for this research, as it is a review of existing literature.

2.3.3.1 Study eligibility

2.3.3.1.1 Population

This systematic review considered studies that were focused on families that included single- or dual-parents, with at least one child between 2-18 years of age living with them. As this review was interested in the benefits of the family meal on both children and adults, studies including families without children in the household were excluded.

Parents or children with chronic health issues, severe illnesses or those with feeding disorders or difficulties (percutaneous endoscopic gastrostomy fed, Prader-Willi syndrome, autism, sensory perception difficulties etc.) were not included, along with studies focussed exclusively on feeding practices or introduction of solids. This review did not include studies focussed on food insecurity, or those specifically focussed on food pickiness among parents or children, as these would provide pictures of the family meal that may not be transferable to the wider population.

To provide consistent comparison between countries, only studies set in the family home in high-income countries were included (as defined by the United Nations Development Programme Human Development Index ranking) (201). Developing and low-income countries potentially face other barriers to the family meal, including extreme levels of poverty, inconsistent or unsafe access to water and food, and poor housing or accommodation, that would provide inadequate comparison with high-income countries. Studies including or focussed on low-, medium- and/or high-SEP populations were included.

2.3.3.1.2 Intervention

As previously described, the definition of the family meal is varied among studies. For this systematic review, the following definition was used: an occasion at set times of day where most, if not all members of the immediate family eat food together in the household (87, 202). The type of food served at the meal was not considered a defining feature of the family meal; however, the presence of family members and the location, as being within the household, was important.

This systematic review considered experimental studies where the family meal was targeted, influenced, or changed as part of an intervention strategy, and measured as an outcome of the intervention. Interventions must have targeted either frequency, nutritional quality and/or environment of the family meal to be included. Studies had to measure and report both the influence the intervention had on the family meal (e.g., changes in meal frequency, nutritional quality and/or environment of the family meal), and the influence the intervention had on other

health or wellbeing outcomes (e.g., changed dietary quality, weight status, physical or psychological health markers). Studies where family meals were not targeted as part of the intervention were excluded. Only studies set in the home or household of the family or intended to influence the home or household were included.

Qualitative studies seeking perceptions of parents and/or children on their experiences of family meals were also considered for this systematic review. Studies that solely investigated retrospective experiences of the family meal were excluded, along with studies that focused on meals outside of the immediate family or special occasion meals. Qualitative papers were included if they employed focus groups or interview methods to explore the experiences of the family meal. To account for the large breadth of qualitative studies in this area, only studies that solely focussed on the family meal, determined as at least 90% of the content, were included.

2.3.3.1.3 Control

The comparator for the experimental studies was against families who have received no intervention, or made no changes to frequency, quality, or environment of the family meal.

2.3.3.1.4 Outcome

The intervention studies included the following primary outcomes: frequency, nutritional quality and/or environment of the family meal (including location, interaction between family members, presence of technology). Secondary outcomes of interest were: BMI, diet quality, physical or psychological health markers and/or eating behaviours.

The primary outcomes considered in the qualitative studies were experiences of the family meal, including the benefits, challenges, barriers and strategies for the family meal as perceived by parents and/or children.

2.3.3.1.5 Study design

This systematic review considered both experimental and quasi-experimental study designs, including RCTs and non-randomised controlled trials where there was an active treatment and control group. It also considered qualitative studies that focused on the lived experiences and perceptions of the family meal. Excluded were cohort studies, cross-sectional studies, cross-sectional longitudinal studies, observational studies, pilot studies, feasibility studies, systematic reviews, meta-analyses, and umbrella reviews. Non-original articles were also excluded, such as book chapters, editorials, case studies, reports, and abstracts. Only studies written in English and published after 2008 were included. The review was limited in this way to provide a thorough examination of the family meal today.

2.3.3.2 Information sources

The databases searched include MEDLINE, EMCARE, PsycINFO, CINAHL, Scopus and Web of

Science. Unpublished and grey literature studies were not included in this systematic review; however grey literature database Trove was searched on 24th September 2018 to identify any published studies that were potentially missed across the other databases.

2.3.3.3 Search strategy

An initial limited search of MEDLINE was undertaken prior to development of the search strategy to identify articles relevant to the review topic. The titles, abstracts and author key words of relevant articles were screened for possible search terms to include. Key search terms, supplemented with an asterisk or other appropriate syntax to identify multiple forms of the word (e.g. adolescent, adolescents, adolescence), were combined using the AND/OR operators for the population (family, families, parent*, mother*, father*, dad*, mum*, mom*, child*, adolescen*), intervention (meal*, dinner*) and study design (randomized control*, randomised control*, experiment*, intervention*, program*, qualitative*, interview*, focus group*). The search terms for other meals such as 'breakfast' and 'lunch' were removed from the search, as they yielded no unique relevant studies and ommitted identified relevant studies from the search. The search strategy was run in MEDLINE (Appendix 3) and all databases on the 20th of August 2018, adjusted accordingly with controlled vocabulary, appropriate syntax, and MeSH terms for each database. The search was employed across all databases again on the 3rd of July 2019, before data extraction was finalised, to ensure all relevant studies were captured. The search was additionally employed in Web of Science in April 2020 with the same parameters as the original and updated searches. The reference lists of relevant systematic reviews and included papers were screened to identify any additional, relevant studies.

2.3.3.4 Study selection

After conducting the searches, all identified citations from the five databases were uploaded into EndNote X9 (203). Duplicates were removed prior to title and abstract screening against the predetermined inclusion and exclusion criteria by the primary researcher (hereafter referred to as GM) and independent reviewer Fairley Le Moal (hereafter referred to as FLM). Conflicts were resolved by GM. Studies that were identified as potentially relevant were imported into Covidence systematic review software (204) where the full text was assessed against predetermined inclusion and exclusion criteria by two independent reviewers (GM, FLM). Conflicts were resolved by discussion between reviewers until consensus was reached. Studies excluded at this stage were recorded, with reasons reported in the PRISMA diagram (200) (Figure 2-1).

2.3.3.5 Data extraction

Relevant data were extracted from the included studies by GM and checked by FLM using a pre-determined data-extraction spreadsheet. Data was extracted on the study populations, context, geographical location, methods, intervention detail, the phenomena of interest relevant to the review objective, general findings and where appropriate the outcomes of significance.

2.3.3.6 Quality assessment

Eligible studies were critically appraised by two independent reviewers (GM, FLM) using standardised and peer-reviewed critical appraisal instruments from the JBI suite for randomised controlled trials (205), quasi-experimental studies (206) and qualitative research (207). The JBI instruments ask a series of questions tailored to the study design to assess trustworthiness, rigour, and reliability of the study. Reviewers are required to answer either yes, no, unclear, or not applicable to each question. Any disagreement that arose between the two reviewers was resolved through discussion. The relevant results of this critical appraisal are reported in narrative form. Regardless of the quality appraisal results, all studies underwent data extraction and synthesis.

2.3.3.7 Data analysis and synthesis of studies

As there was large heterogeneity between the included intervention studies in terms of design, outcomes and measures, data was unable to be pooled into a statistical meta-analysis. The findings lend themselves to a narrative synthesis and are presented in narrative form, supplemented with tables.

Qualitative research findings have been pooled using the JBI meta-aggregation approach (208). The meta-aggregation approach involves extracting findings with supportive illustrations from the text, and assigning them as either unequivocal, credible, or not supported. These findings are then categorised based on similarity of meaning, and then aggregated to form a comprehensive set of ‘synthesised findings’. The individual papers that make up the findings are appraised based on study design (downgraded if not qualitative design), dependability (downgraded based on ‘no’ or ‘unclear’ answers to five appraisal questions) and credibility of results (downgraded if do not contain ‘unequivocal’ findings) to determine an overall ‘ConQual’ score for the synthesized finding (199). Only unequivocal and credible findings were analysed further for this review.

As the intervention and qualitative data address different aspects of the questions asked in this systematic review, data were not pooled together and synthesized as one set of data, as described in the Bayesian method (199, 209). The intervention and qualitative data were instead analysed separately and brought together to complement and add to the story of the family meal as per the method described by Sandelowski et al. (210). The findings are presented as a narrative, with tables and figures to aid in data presentation where necessary.

2.3.4 Results

2.3.4.1 Study Inclusion

After title, abstract and full text screening, 23 papers were included in this review (Figure 2-1). Another five articles were located through grey literature and hand-searching of reference lists and an additional four papers were found after re-running the search in 2019. Thirty-two articles were included in this review, 17 qualitative papers, and 15 intervention papers reporting on nine separate interventions.

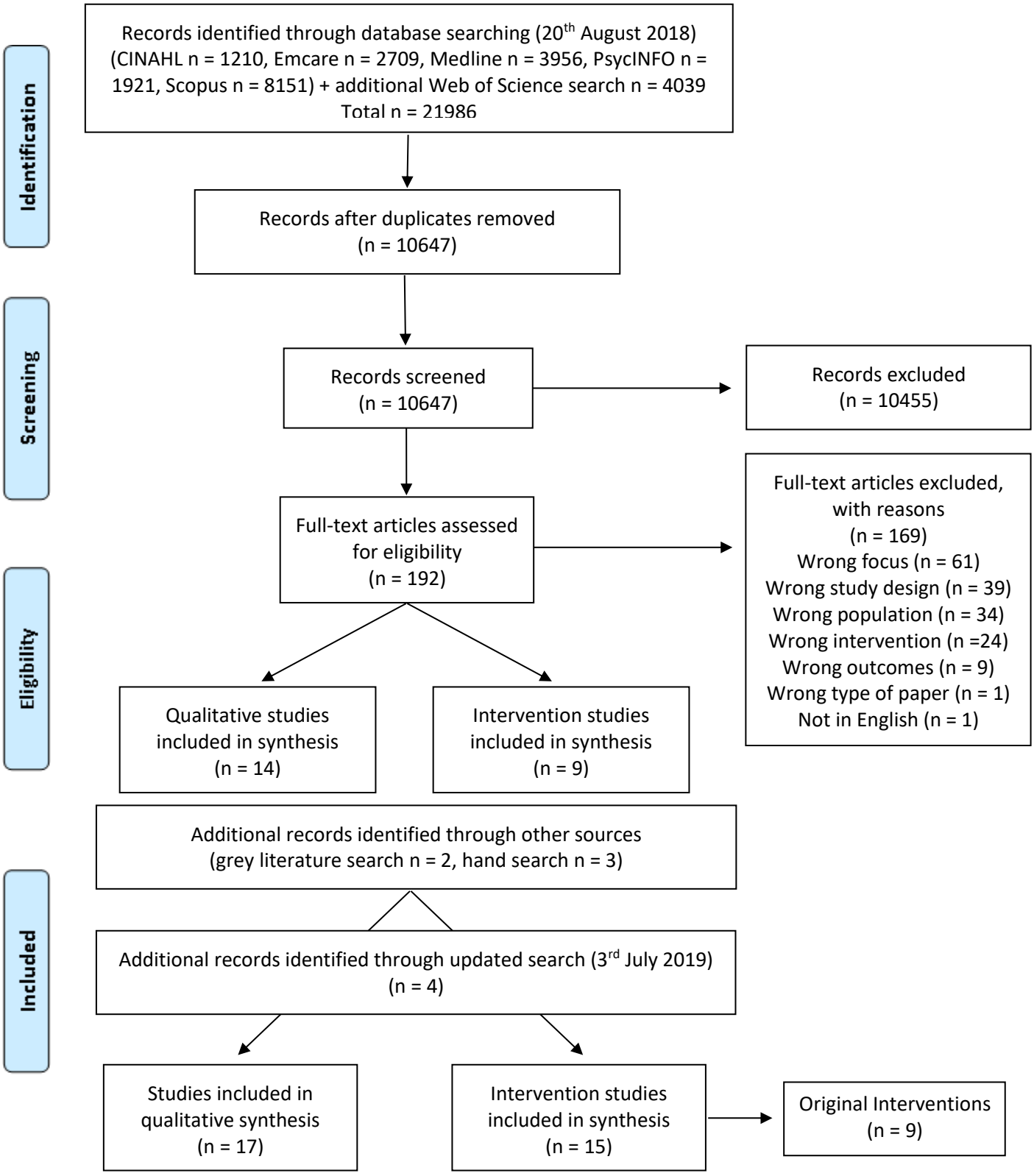

Figure 2-1 PRISMA flowchart of search strategy employed for systematic literature review

2.3.4.2 Characteristics of included studies

2.3.4.2.1 Intervention studies

The characteristics and results of the intervention studies are presented in detail in Appendix 4. Of the nine interventions, reported on in 15 articles, four were RCTs (197, 211-213), three were cluster RCTs (214-216) and two were quasi-experimental trials (217, 218). Four interventions targeted parents (213, 215, 216, 218), two targeted children with some parent involvement (197, 214), and three targeted both parents and children (211, 212, 217). Interventions ranged in duration, with the shortest running for four weeks (215), the longest ten months (212). Two were delivered remotely (213, 215) and the remaining seven were delivered face-to-face. Four were delivered individually (215-218) and the remainder in a group setting. The interventions targeted either one, two, or all three different components of the family meal (frequency, environment, nutritional quality). Family meal frequency was targeted by eight of the nine interventions (197, 211-214, 216-218), family meal environment by five (213-217) and family meal quality by three (212, 214, 217). There were a range of other targets not involving the family meal involved in the interventions (see Appendix 4 for further information). Interestingly, all nine interventions measured frequency of the family meal, regardless of whether it was a target strategy of the intervention (e.g., did not promote or provide content on this component of the family meal), however not all measured or reported between group differences for this outcome. Conversely, some interventions that targeted other components of the family meal, such as environment, in their intervention did not measure or report between group differences for this outcome.

2.3.4.2.2 Qualitative studies

Across the 17 qualitative studies, 13 used interviews (40-42, 45, 46, 66, 71, 72, 74, 79, 80, 155, 219) and four used focus groups (43, 44, 70, 73). Thirteen were conducted with parents (40, 42-46, 70, 72-74, 80, 155, 219), three were conducted with children and parents (two together (66, 71), one separately (41)) and one with just children (79). See Appendix 5 for further information on study characteristics of qualitative papers.

2.3.4.3 Methodological quality

The included studies were assessed for methodological quality by the JBI critical appraisal instruments. Appraisal of the intervention studies indicated true randomisation and similar participant characteristics at baseline for most, however studies were mixed with reporting blinding of assessors, reliability of measures, intention to treat analysis and post-assignment attrition. Appraisal of the qualitative studies indicated a general lack of reporting, some lack of clarity around philosophical underpinnings and methodology, and in several studies, an inability to determine adequate participant representation.

2.3.4.4 Findings of the review

2.3.4.4.1 Intervention studies

Table 2-1 provides a summary of the included interventions and their effect on family meal and secondary outcomes. Only two of the included interventions found a statistically significant difference between control and intervention groups for family meal outcomes. DeBar et al.'s five month primary-care based intervention for adolescent females reported a decrease in the weekly frequency of the family meal from baseline to 12 month follow-up for both the control and intervention group. However, the intervention participants decreased less (-0.34) than those in the control group (-1.05, $p<0.028$) (197). Sharma et al.'s intervention involved distributing vegetables to participants weekly for eight weeks in autumn and eight weeks in spring. These authors reported a significant difference, favouring intervention participants, in the amount of vegetables served to children at the family meal (0.37, 95% CI [0.22, 0.45]), compared with controls (0.11, 95% CI [0.14, 0.03], $p=0.028$) post-intervention (217). This intervention also found a statistically significant increase in fruit intake of both parents and children, and an increase in vegetable intake and decrease in added sugar intake of children in the intervention group compared with controls (217).

While eight interventions targeted family meal frequency, and all nine measured outcomes of family meal frequency, only six interventions measured and reported on family meal frequency differences between intervention and control groups. Of these six only Debar et al. found a statistically significant difference between the groups (197). The other interventions reported slight differences in family meal frequency between control and intervention groups, four favouring the intervention group (213, 215, 216, 218) and one favouring the control group (214). Other studies reported between group differences for family meal planning, technology use or rules about technology use at family meals, location of the family meal, vegetables served at the family meal and the emotional environment of the family meal. While these results mostly favoured the intervention group, no others, except Sharma et al. reported statistically significant findings (217).

While there were some positive, statistically significant differences in secondary outcomes between control and intervention participants, such as child and parent BMI, child and parent nutrition quality, child mental health and parent physical health, we cannot attribute these changes in secondary outcomes to changes in the family meal. This is because the included interventions targeted the family meal as one of many (in some cases up to ten) different target strategies, and there was a lack of statistically significant differences between control and intervention groups measuring family meal outcomes. This limits our ability to determine whether specific family meal interventions impact the health and wellbeing of families

participating in them. There was only one included study that did exclusively target the family meal, a girl scout education, goal setting and activities-based intervention focussed on promoting the family meal (214). This study did not find any significant differences between control and intervention groups in changes to the family meal. However, they did report a slightly higher family meal frequency in the control group (12.1 ± 4.7 for control vs. 10.9 ± 3.6 for intervention) post intervention, although not found to be statistically significant (214).

Table 2-1 Systematic review intervention outcomes summary table

Study	Intervention	Country	Design	Intervention strategy targets				Intervention outcomes										
								PRIMARY OUTCOMES					SECONDARY OUTCOMES					
				FMF	FME	FMQ	Other	FMF	FME			FMQ	C BMI	C Nut. Qual	C Phys. Hlth	C Men. Hlth	P BMI	P Nut. Qual	P Phys. Hlth
									Tech	Loc	Emo	+Veg							
Rosenkranz et al. 2010 (214)	SNAP	USA	CRCT	✓	✓	✓		NS					NS	+I				NS	
DeBar et al. 2012 (197)	PCB multicomponent lifestyle intervention	USA	RCT	✓			✓[d]	+I					+I	+I	NS	+I			
Wyse et al. 2012 (215), Fletcher et al. 2013 (220), Wolfenden et al. 2014 (221), Wyse et al. 2015 (222)	Healthy Habits	AUS	CRCT		✓		✓[c]	NS	NS					+I					
Haines et al. 2013 (216)	Healthy Habits, Happy Homes	USA	CRCT	✓	✓		✓[b]	NS					+I						
Morgan et al. 2014 (211), Lloyd et al. 2015 (223), Williams et al. 2018 (224)	Healthy Dads Healthy Kids Community RCT	AUS	RCT	✓			✓[c]	N/R				NS	+I	NS	NS		+I	+I	+I
Fulkerson et al. 2015 (212), 2018 (225)	HOME Plus	USA	RCT	✓		✓	✓[d]	N/R				NS	NS	+I					
Sharma et al. 2016 (217)	Brighter Bites	USA	QE	✓	✓	✓	✓[a]	N/R	NS			+I		+I				+I	
Byrd-Bredbenner et al. 2017 (213)	HomeStyles	USA	RCT	✓	✓		✓[f]	NS	NS	NS	NS			NS	NS		+I	NS	NS
Tucker et al. 2019 (218)	WAFC Healthy Lifestyles Intervention	USA	QE	✓			✓[e]	NS					NS	+I					

USA = United states of America, AUS = Australia

CRCT = cluster randomised controlled trial, RCT = randomised controlled trial, QE = Quasi-experimental trial

FMF = Family Meal Frequency, FME = Family Meal Environment, FMQ = Family Meal Quality, Tech = technology, Loc = location, Emo = emotional environment, +veg = increased vegetables served, C = child, P = parent, BMI = Body Mass Index, Nut. Qual = Nutritional Quality, Phys. Hlth = Physical Health (blood pressure, resting heart rate, cholesterol etc.), Men. Hlth = Mental Health (body satisfaction, appearance attitudes, happiness scales etc.)

NS = no significant between group difference, I = significant between group difference favouring intervention group, + = positive difference, N/R = no between group difference reported

[a]3 other intervention targets, [b] 4 other intervention targets, [c]5 other intervention targets, [d]6 other intervention targets, [e]7 other intervention targets, [F] 10 other intervention targets

2.3.4.4.2 Qualitative studies

The qualitative research in this area presents a unique perspective of the family meal. The 258 credible and unequivocal findings from the included studies were grouped into 44 categories, synthesised further into seven findings, presented in Figure 2-2 and in narrative form. As can be seen in Appendix 6, all synthesised findings resulted in low or moderate ConQual scores. This was largely due to lack of statements regarding cultural or theoretical background of researchers, or the impact researchers may have had on the research, along with the synthesised findings containing mixtures of both credible and unequivocal findings. See Appendix 7 for charts of synthesised findings and Appendix 8 for corresponding numbered findings.

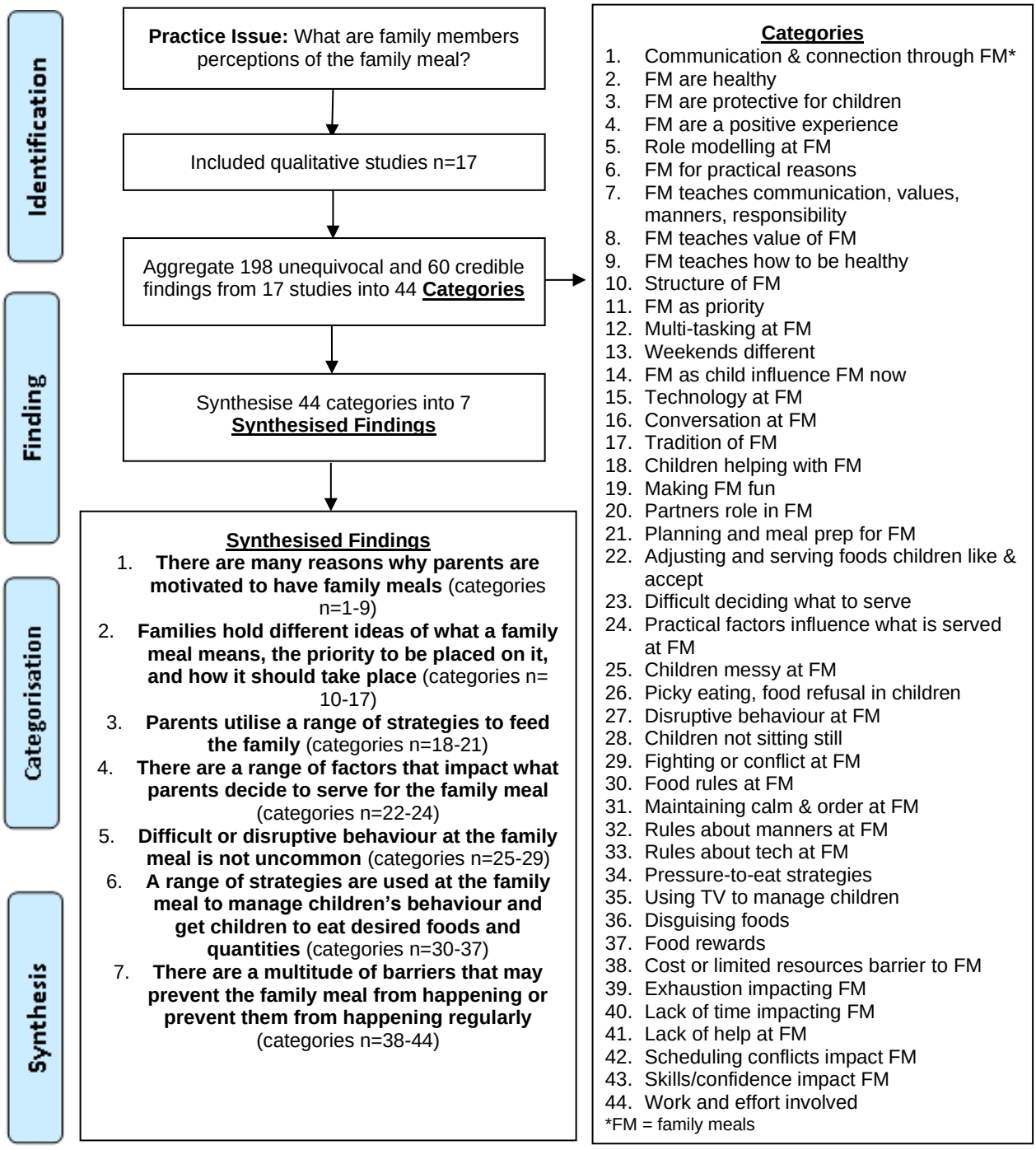

Figure 2-2 Flowchart of meta-aggregation of qualitative study findings from systematic review

Finding 1: There are many reasons why parents are motivated to have family meals

Across the studies, it was apparent there were many motivators for the family meal. There was a resounding display across studies that parents felt the family meal provided an opportunity for communication and connection, which they appeared to value highly. Other motivators were that it was a positive experience, it was healthy, protective for children, provided a teaching moment and an opportunity to role-model. Some were motivated to have family meals for practical reasons, such as getting the family fed and avoiding going hungry.

Finding 2: Families hold different ideas of what a family meal means, the priority to be placed on it, and how it should take place

According to the studies included in this review, the family meal looked different in different households. Participants in these studies described different routines around the structure of the family meal, who was present and where it occurred. Some families had different ways of conversing and using technology at the family meal. Some multi-tasked at the family meal, and it was not uncommon for participants to describe weekday family meals looking different to weekends. Some viewed the family meal as a priority, some tried to maintain tradition with the family meal, and it was apparent for some participants that family meals as a child influenced their family meals now.

Finding 3: Parents utilise a range of strategies to feed the family

In terms of how to bring the family together for the family meal, participants in the included studies discussed a range of strategies such as getting children involved, partners assisting, and making mealtimes fun and creative. Some utilised planning and other meal preparation tasks to make the process easier.

Finding 4: There are a range of factors that impact what parents decide to serve for the family meal

Many participants in the included studies described difficulty with deciding what foods to serve at the family meal due to conflicting taste preferences and ages of family members. Parents often described adjusting meals and serving foods children were known to like and accept to avoid conflict and make the process easier. There were other practical factors that influenced what foods were served, such as time, resources, and schedules.

Finding 5: Difficult or disruptive behaviour at the family meal is not uncommon

It was not uncommon for parents in the included studies to describe difficult or disruptive behaviour of children occurring at the table. Children were described to be messy, easily distracted, unable to sit still and to fight with siblings. On top of this, there was picky eating, limited palates, and food refusal of children, which could cause conflict at the family meal.

Finding 6: A range of strategies are used at the family meal to manage children's behaviour and get children to eat desired foods and quantities

In order to manage the difficult behaviour of children, their fussy eating and maintain an atmosphere of calm, there were a range of strategies parents in the included studies utilised. These were things like food rules, rules about manners or behaviour, and restrictions on technology use. Some used television to manage children's behaviour or eating, others disguised or hid food in children's meals to get them to eat desired foods without causing conflict. Other parents described purposely using or avoiding pressure-to-eat strategies and food rewards during the family meal to get children to eat desired foods or quantities.

Finding 7: There are a multitude of barriers that may prevent the family meal from happening regularly

While parents in the included studies described being motivated to have the family meal, there were barriers that prevented regular family meals in some households. Common barriers included scheduling conflicts, exhaustion or tiredness, cost or limited resources, lack of time, lack of help, lack of skills or confidence and the amount of work and effort involved in the meal.

2.3.5 Discussion

This systematic review aimed to provide a new perspective on the family meal, investigating the causal relationship between the family meal and health outcomes, attempting to determine the aspects of the family meal most likely responsible for these outcomes, and to understand family members perceptions of the family meal. However, as will be discussed, due to the dearth of intervention studies solely targeting the family meal, and the lack of significant differences found as a result of the interventions, this review was unable to provide an answer to the question of causality between family meals and health outcomes. Furthermore, as a result of this inability to determine causality, the review was also unable to determine the aspects of the family meal responsible for the associated health outcomes. The qualitative literature reviewed provided an alternative understanding of family meals, their importance and value in family life, and the challenges families face when attempting to execute them. However, the qualitative findings indicated an incongruence between family meal benefits and barriers, and the intervention strategies targeted in the experimental literature. While the first two objectives of this review remain unanswered, these findings provide valuable information regarding the lack of consistency, standardisation, and appropriate targeting of the family meal in this space. In order to further our understanding of the causal pathway between family meals and health outcomes any further, these limitations must be addressed.

2.3.5.1 Discussion of key findings

Only two of the included interventions in this review found differences between the control and intervention groups that reached significance (197, 217). These two interventions were very

different from one another. While they both targeted family meal frequency as part of their intervention, had some parental involvement and lasted between four to five months, one was a RCT targeting six other behaviours unrelated to the family meal (197), and the other a quasi-experimental trial targeting three other target behaviours unrelated to the family meal (217). While DeBar et al. reported a significant difference in family meal frequency between groups, it should be noted that both groups decreased family meal frequency post intervention, and that intervention participants reported higher use of professional weight management services during the six months prior to the intervention than the control participants (197). Furthermore, they did not control for any variables, such as this difference in weight management service use, when conducting their analysis, which may limit confidence that the differences were entirely because of the intervention, and not due to other factors. While Sharma et al.'s intervention found a statistically significant difference between vegetables served at the family meal, favouring the intervention group, this intervention involved providing vegetables to intervention participants (217). Therefore, it is not surprising that vegetables served increased across the intervention participants. With no follow-up post intervention to determine sustainability of changes once the vegetables stopped being distributed, it is questionable whether this intervention would be sustainable for families in the long run.

All but one of the included studies that targeted and measured family meal frequency found results favoured intervention participants. However, differences were very small in most cases, and aside from DeBar et al.'s study, were not found to be statistically significant. As for the environment and quality of the family meal, aside from Sharma et al.'s intervention, no others that targeted and measured this outcome found a significant difference between control and intervention groups. It could be argued that perhaps these studies were not adequately powered to detect a statistically significant difference for the outcomes of interest. Indeed, in many cases the RCTs were powered for other outcomes, and while several had reasonably large sample sizes of between 200-700+ participants (197, 213, 215, 217) many had sample sizes of less than 200 (211, 212, 214, 216, 218). However, it should be noted that reported differences between control and intervention groups were generally quite small, and thus even a statistically significant difference may not have been clinically meaningful.

Due to the dearth of interventions solely focused on the family meal, interventions that had the family meal as one of many target strategies were included in this review. Having multiple target strategies unrelated to the family meal limited the ability to critically examine the impact interventions have on the family meal, and thus the ability to determine the specific component(s) of the family meal that may be responsible for positive health outcomes. The one included intervention that did exclusively target the family meal (214) did not find statistically significant results between groups, perhaps due to being underpowered to detect significance with a sample size of just 76. This was one of the few interventions that did not actively involve parents, which

may also account for the lack of positive, significant change between groups. Although the effect parental involvement has on intervention outcomes is unclear (29), parents play a vital role in structuring children's early experiences with food and influence social and behavioural aspects of eating (28). Therefore, their involvement in interventions targeting family meals should likely be encouraged.

In terms of intervention delivery and content, due to the scarcity of eligible interventions and their heterogeneity, it is unclear what delivery or specific strategies may be used to facilitate the best outcomes for family meal interventions. The systematic review and meta-analysis conducted in 2019 by Dallacker et al., discussed in section 2.2.1, reported that turning the television off during meals, parental modelling of healthy eating behaviours, higher food quality, positive mealtime atmosphere, involvement of children in meal preparation and longer meal duration were all possible explanations for how family meals foster nutritional health (190). Across the interventions included in the present systematic review, limiting television during meals, parental modelling, higher food quality and positive mealtime atmosphere were targeted, however there were no clear patterns or indications as to which of these may be responsible for health or wellbeing changes in children. However, it does appear that targeting more than just the frequency of the family meal is warranted. Future interventions would benefit from utilising a range of strategies targeting the family meal, such as the environment, use of technology, quality of food served and parental role-modelling.

The results of this systematic review sit in contrast with the results of Dwyer et al.'s review (102). Four of the six interventions included in Dwyer et al.'s review reported significant results, compared with two of the nine included in this systematic review. This is explained by the difference in interventions included in this systematic review compared with Dwyer et al.'s review, with only DeBar et al.'s intervention included in both (197). Dwyer et al.'s review included pilot studies, those not specifically targeting the family meal, those conducted prior to 2008 and those without an active control group (102), which did not fit the eligibility criteria for this review. Additionally, many of the interventions included in this systematic review were published after Dwyer et al.'s review was conducted, or were conducted outside of the USA, which sat outside of their eligibility criteria (102).

The qualitative literature included in this systematic review provided a difference in priorities compared with those demonstrated by the intervention studies. Where interventions were focused on improving the frequency, and in some cases environment, location, and nutritional quality of the family meal, according to the reviewed qualitative studies, parents and children were most focused on the opportunity for communication and connection that the family meal offers. Parents were motivated to have family meals by a range of factors, but nutritional and physical health were not the main priorities. Parents also faced a range of barriers to the family meal that the included

interventions did not address, such as lack of time, scheduling issues, picky eating, and high stress at mealtimes. Parents reported trying to have the family meal regularly but had to contend with a range of factors impacting the time, atmosphere, environment, and nutritional quality of the meal. Additionally, parents had to develop their own strategies for scheduling family meals and managing family members undesirable behaviours. Interventions that exclusively target the frequency or nutritional quality of the family meal are not only missing the mark in terms of what parents are aiming for, but they also do not help support families in achieving either of these goals against the many barriers they are facing.

2.3.5.2 Methodological quality of included studies

The methodological quality of both the intervention and qualitative papers included in this systematic review was mixed. Intervention studies were strengthened by using true randomisation and blinding of outcome assessors where possible. However, the lack of studies reporting reliability of tools used to measure outcomes, and the use of self-report measures means measures may not have been reliable, and social desirability or reporting bias may have been introduced, potentially resulting in more favourable results. Additionally, there appeared to be a lack of investigation into post-assignment attrition by some authors (197, 215, 216), which presents a threat to the internal validity of the studies.

Only three of the included qualitative studies located the researcher culturally or theoretically within the research (45, 72, 155) and there were minimal attempts made to address the impact the researcher, through assumptions, influence or bias, may have had on the research by many authors. Some only presented themes that were brought up by majority of participants (42, 80), there was a lack of identifying information against participant quotes in others (44, 45, 70, 73), and some only included limited participant quotations (43, 79), which makes assessing participant representation challenging. This inconsistency and lack of reporting resulted in low ConQual scores for the synthesised findings. There is also the risk of self-selection bias and social desirability bias to occur in this type of research. This is due to individuals self-selecting to participate because they are highly motivated or interested in the topic, and only sharing socially acceptable views and opinions. Neither of these biases are captured by the appraisal tools used.

2.3.5.3 Strengths and limitations of the systematic review

This systematic review has strength in its mixed-papers method. As mixed-papers reviews are an emerging methodology, both the JBI and PRISMA guidelines were followed. The search was thorough, employed across six databases, along with grey database Trove. Scanning of reference lists of included papers and relevant reviews was also undertaken to identify as many relevant articles as possible to address the review objectives. Meta-aggregation was conducted on the qualitative studies and a valuable narrative synthesis of the intervention studies was provided.

While several strategies were implemented to ensure rigour and reliability, there are inevitably

limitations to this systematic review. As this review is restricted to studies published in English, the generalisability of findings may be limited. Even though study quality was varied, all studies were included regardless of appraisal. The synthesised findings of the qualitative papers were assigned low ConQual scores. However, these values are not necessarily representative or indicative of the quality of findings across papers, as if even one paper scores poorly, it will bring down the entire score of the finding. Additionally, while an intention of this systematic review was to provide further representation of family meal literature outside of the USA, most included studies were conducted in the USA, with minimal representation of other countries.

2.3.6 Summary of systematic literature review

Overall, the intervention studies included in this systematic review did not provide the answers to the causality between family meals and health and wellbeing outcomes for families. Qualitative evidence demonstrates that parents are motivated to have the family meal, but can be discouraged by the chaotic atmosphere, mess and stress that can ensue, and are up against many barriers. To truly understand the impact the family meal has on health, interventions need to directly target the family meal. Additionally, there needs to be standardisation in measuring family meal outcomes, and there is a need to develop tools that capture the potential benefits of the family meal outside of diet quality and physical health markers. Finally, strategies that focus on communication and connection, improving harmony at mealtime, making the processes easier, sustainable, and less stressful need to be included, and the many barriers (internal, external, and structural) that families face when coming together for the family meal must be considered moving forward.

2.4 Overall summary of family meal literature

The family meal is clearly a social phenomenon of interest and importance as demonstrated by the abundance of research conducted in the area. The first part of this review was a narrative review on the observational research conducted on the family meal. It highlighted the lack of definition of what a family meal is and looks like, and the high variation in frequency and environment of the family meal reported in the literature. Although there is high variation reported in this field, there is still an ‘ideal’ family meal presented in popular discourse, that creates expectations and pressures for many families. Family meal practices from childhood appear to influence family meals in adulthood and parenthood, and although parents and children typically describe family meals as positive experiences, there are indications that this is not always the case. There also appears to be differences in family meal practices depending on the SEP of families. However, we still have a very limited understanding of the work required to execute the family meal, with few studies exploring the cognitive and physical tasks required to actually achieve the family meal with regularity. What we do know from this research, however, is that women have traditionally, and continue to be, primarily responsible for undertaking this work. Additionally, although researchers have been interested in the family meal for the last three or so decades, and there is evidence to

indicate that family meals change from generation to generation, there is no investigation into the specific changes to family meals over this time.

Although we have minimal understanding and clarification regarding family meal practices, the family meal is a coveted and promoted practice due to its positive association with many health outcomes. The second part of this review provided a narrative review on the links between family meals and their proposed health outcomes for children and families. Correlational evidence has shown that there are positive associations between family meals and health outcomes such as diet quality, weight status, and psychosocial markers of wellbeing, predominantly for children and adolescents. However, this research is limited in its design, lack of standardisation and definition of family meals and measurement tools, minimal controlling for potential mediating factors on relationships, and small effect sizes. Furthermore, observational research is limited in what it can illuminate regarding a causal relationship between family meals and health outcomes. This type of research cannot tell us if the relationship conclusively exists, nor can it tell us what potential factors may mediate or be responsible for the relationship.

The final part of this review provided a systematic literature review on the experimental intervention and qualitative research conducted in this field. The intervention research was sought to further understand the causal relationship between family meals and health, and to identify which components of family meals are responsible for the proposed health outcomes. However, due again to the lack of standardisation and definition of family meals and measurement tools, and lack of focus on family meals as sole intervention targets, this question of causality could not be determined. The qualitative research was sought to understand the perspectives and experiences of the family meal, as perceived by families. This research focused on the motivators for the family meal, the barriers families face when executing the family meal, and the strategies they employ to execute the family meal with regularity. It was apparent that the motivators and barriers discussed by parents in relation to family meals were not addressed in the intervention research, which may explain why they were not effective. This systematic review demonstrated that without taking into consideration the qualitative literature when designing research interventions, we will continue to underdeliver on our intentions for promoting regular family meals in an effort to improve health outcomes for children and families, and there is more work to be done in this area.

2.5 Gaps in current knowledge of the family meal

As demonstrated above, the research in this area is extensive. However, there are some significant gaps that hinder a complete understanding of the family meal further. Most of the research on family meals is observational and primarily focused on exploring the experiences and health outcomes of the family meal. There are few studies that explore the activities and work leading up to the family meal, limiting the understanding of the processes required to execute the family meal with regularity. The family meal is not an isolated occasion, as explored in the literature

presented throughout this chapter, it involves planning, food acquisition, food preparation, consideration of the environment of the meal, and the norms expectations and beliefs that surround it (see Figure 2-3). Currently, there is minimal investigation or exploration into the cognitive aspects of food work, or the norms, processes, and planning related to the family meal in any great depth. Charles and Kerr and DeVault's work came the closest to exploring these aspects of the family meal, but these investigations were conducted in the 1980's and did not cover all aspects leading up to the provision of the family meal in-depth (47, 49). Since then, there have been other authors that have explored components of the work involved in executing the family meal (53, 72), but these investigations are on North American populations and again do not explore all components in detail. Wilk has proposed that the lack of holistic investigation and understanding of all components of the family meal results from it not falling under one single discipline, but rather cutting across multiple academic fields (148). Food studies, as Wilk states, "floats somewhere in a space between food science, agriculture, gastronomy, history, and social science" (148)(p434). However, without an understanding of all these components of the family meal, and how they interact and intersect with one another, we are limiting our ability to investigate them further with observational and intervention research.

Figure 2-3 The main components involved in executing the family meal

While barriers to the family meal have been explored across the literature, there is limited investigation around the enablers to the family meal, and the policies, practices and services in place that make the family meal achievable. Identifying the enablers to the family meal are just as important as identifying the barriers to the family meal. If there are already systems in place that make the family meal achievable, they could provide possible solutions to improve the quality and regularity of the family meal. Additionally, the research in this area is largely conducted in the USA, thus potentially limiting the transferability to other countries. There is also a lack of representation of males, single-parent families, and same-sex families in this field of research. Furthermore, there is a dearth of research that compares how families of high and low socio-economic disadvantage experience the family meal, with research primarily exploring one or the other but not often comparing between the two. It is well established that people of different socio-economic positions face different personal and environmental barriers and enablers to healthful behaviours (55), therefore it is imperative that we investigate the differences experienced by those from different SEP.

Finally, while research has been conducted on family meals over the last few decades, thus far there has not been an in-depth investigation on the evolution of the family meal over time. We do not know how the experiences of the family meal have changed as society has changed. We do not know how the work and processes leading up to the family meal have evolved. We do not know how the barriers and enablers to the family meal have been experienced over time, nor do we know the differences of experiences between families with high or low socio-economic disadvantage. This lack of attention to the provision of family meals across time means we fail to better understand the evolution of the family meal, the contemporary factors in society and family life that serve as barriers and enablers to the family meal today, and of the systemic barriers and enablers to family meals that families face irrespective of time.

Given its central role in family life, the family meal is in a unique position to promote health and wellbeing in families. The family meal, as we know it, is a tradition spanning over 150 years, with its prevalence in society upheld by societal constructs and expectations. Therefore, regardless of the evidence of its beneficial health outcomes for family members, it is unlikely that the tradition of the family meal will disappear in the near future (148). However, current promotion of the family meal rests on the assumption that it is something that all parents and families can easily achieve, which is not necessarily the case. The traditional family meal that is idealised and promoted across Western society has been shown to have negative implications for some parents, providing extra pressures to conform to a certain ideal (81, 124). Therefore, until we know the direction of the causal relationship between family meals and health outcomes, and the components of family meals responsible for health outcomes, we should not continue to blindly promote the ‘ideal’ of the

family meal perpetuated in society without understanding the complex efforts required to execute them. To continue promoting the family meal as a vehicle for improving nutrition and health in families, we need a deeper understanding of the work, processes, considerations, and variations involved in coming together for the family meal, and the novel and systemic barriers and enablers parents face when attempting to execute them. Without adequate exploration into family meals and their involved processes, and how they may have changed or stayed the same over time, we are limited in the ways that we can further explore and promote them. Therefore, it is essential we further our understanding of the family meal, the work involved in producing it, and how it has evolved over time, in order to continue researching and promoting them in an achievable way (81, 124).

2.6 Thesis aims

Considering the gaps identified in the existing literature, the following project was designed for this thesis. The purpose of the project was to generate new knowledge in understanding the experiences and processes involved in executing the family meal, the barriers and enablers that parents face when attempting to execute the family meal, and how these may have changed or stayed the same over time. Additionally, it aimed to explore any differences between families who live in high and low socio-economic areas.

For the purposes of this thesis, the ‘family meal’ is loosely defined as at least some, if not most family members coming together at the same time, in the same place in the household, to eat a meal. Family in this context is composed of ‘immediate’ family members consisting of parents and children, either biological or otherwise, and includes blended families consisting of children from previous relationships. The type of food served and the specific location of the meal inside of the household are not critical to the definition employed in this thesis. Additionally, variations to the typical arrangement of family members eating the same meal at the same time in the same place are included in this definition, for example eating in separate rooms at the same time, eating separate foods in the same place, or eating foods that involve minimal preparation inside of the home (e.g., convenience, pre-prepared, takeaway and restaurant-purchased meals). The term ‘execute’ in relation to the family meal relates to families being able to bring together all the required components to achieve and have the family meal. The processes involved encompasses both the physical and cognitive work, both the visible and invisible tasks required to execute the family meal. Barriers are the factors that make executing the family meal challenging, and enablers are the factors that make executing the family meal less challenging.

The focus on changes to the family meal over time is to further our understanding of how experiences, barriers, and enablers in executing the family meal may have developed and evolved. As described in the previous chapter, there have been a multitude of changes to family life in the last 30 years. As such an investigation over this time period will provide rich information regarding

the evolution of the family meal over the last few generations. Understanding the family meal and the work involved in executing it over time will allow the development of more realistic recommendations and strategies for future research, and for parents and families to make family meals achievable today and in the future. Although the causal relationship between family meals and health remains unknown, it is a time-honoured tradition, promoted across health care settings and the media as healthful for the family. This research aims to highlight the significance of the work involved, providing an understanding of the burden and pressures that surround it. It aims to normalise the struggle, and provide direction for future research, promotion, services and policies to support families in engaging in achievable, healthful family meals.

2.6.1 Research questions

This project will address four main research questions:

1. How was the family meal experienced 30 years ago, how is it experienced today, and how have these experiences evolved over time?
2. What processes were involved in executing the family meal 30 years ago, what processes are involved in executing it today, and how have these evolved over time?
3. What are the differences of experiences of family meals between families of low- and high-SEP both 30 years ago and today?
4. What are the long-standing barriers and enablers for families coming together for the family meal over the last 30 years and what are the new barriers and enablers for families today?

2.6.2 Research objectives

To answer the research questions identified above, family meals of the past and family meals of the present must be investigated individually, before being compared to identify the evolutions over time. The four research objectives were identified for this project:

1. To identify the experiences, processes, barriers, and enablers involved in executing the family meal 30 years ago, and to compare these between families living in high- and low-socio-economic areas;
2. To identify the experiences, processes, barriers, and enablers involved in executing the family meal today, and to compare these between families living in high- and low-socio-economic areas;
3. To compare the experiences and processes of the family meal over the last 30 years, and to compare these between families living in high and low socio-economic areas;
4. To compare the barriers and enablers to the family meal to determine systemic barriers and enablers that have been present for the last 30 years, and any new, novel barriers and enablers faced by families today.

To address these research objectives, it was determined that two sets of data and three separate

analyses would be required. This PhD project required a set of data from the past (historical dataset), a set of data from the present (contemporary dataset), an analysis of family meals from the past (historical analysis), an analysis of family meals from the present (contemporary analysis), and a comparative analysis of them both (comparative analysis). Figure 2-4 outlines a roadmap of the two datasets and the three analyses designed for this project.

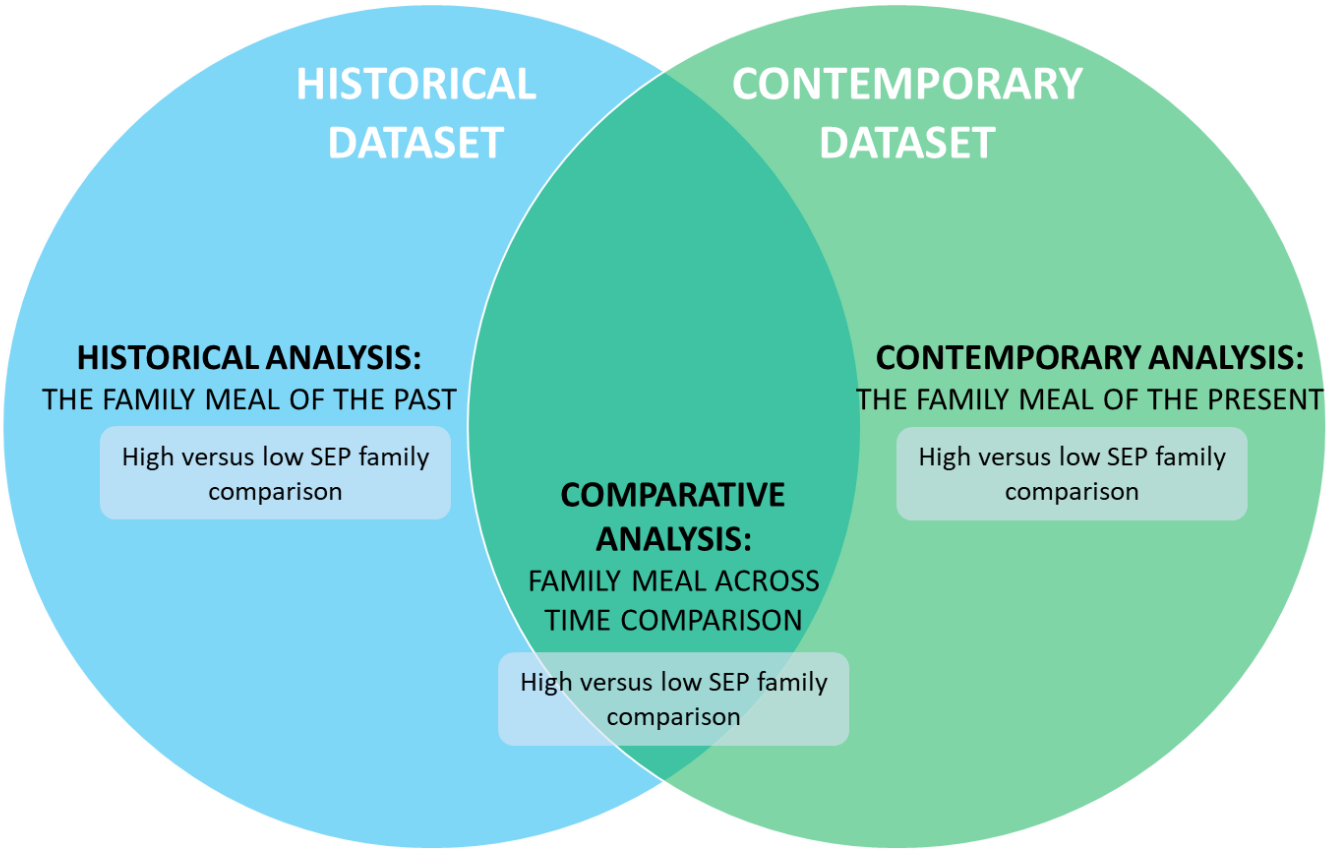

Figure 2-4 Conceptualisation of datasets and analyses required to answer research questions and objectives

3 METHODOLOGY AND METHODS

Chapter 2 identified the gaps in the literature and defined the research questions and objectives for this project. The present chapter details the philosophical foundations and methodology that informed this research. Figure 3-1 provides an outline of the approaches used.

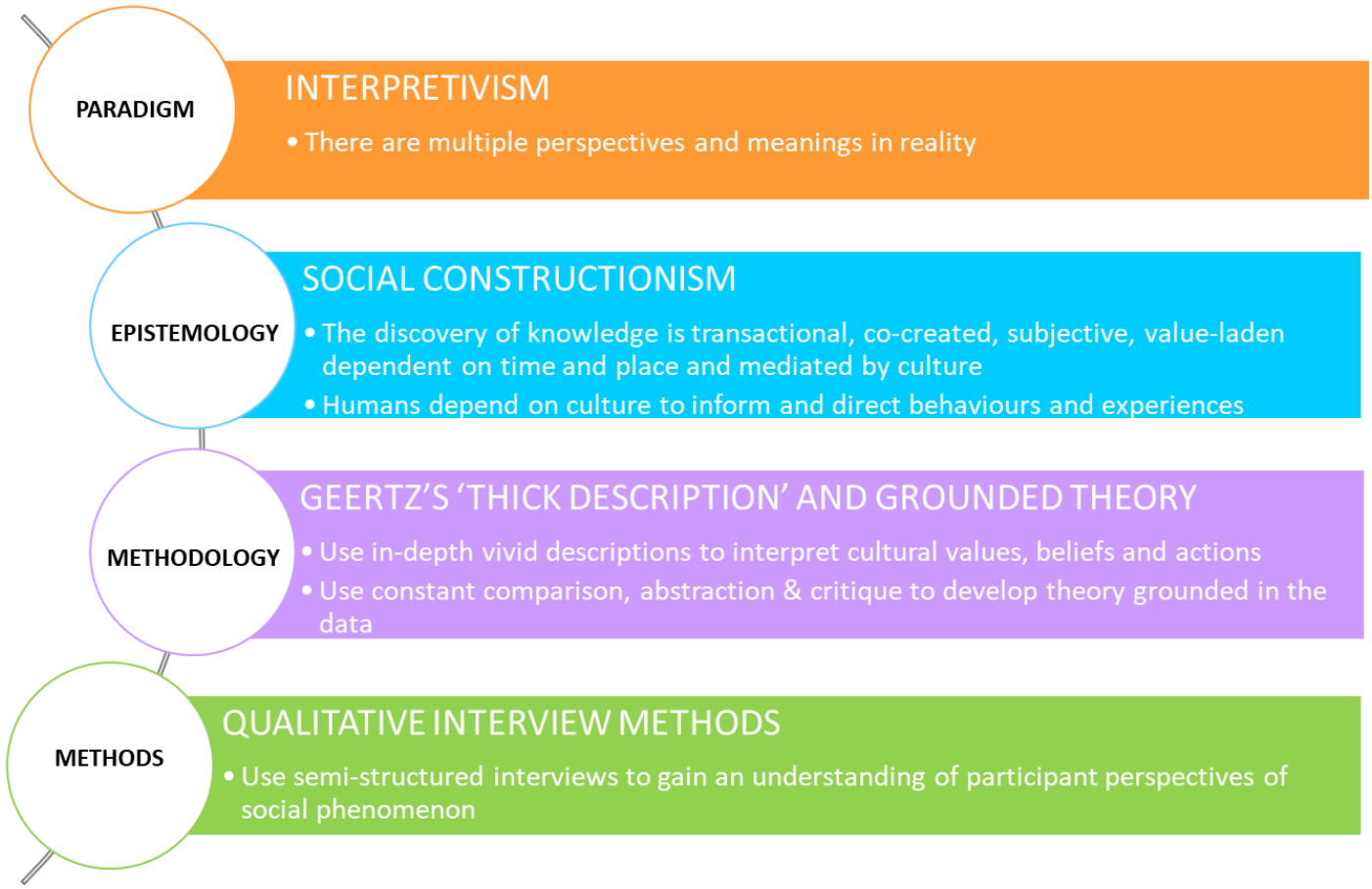

Figure 3-1 Philosophical and methodological approaches informing this research project

3.1 Philosophical foundations

A philosophical paradigm provides a framework for how to understand the meanings we make of reality, build knowledge and gather information (226). It is the foundation of the research and informs the theory, methodology and methods that underpin a research project. Most of the research conducted on the family meal follows a positivist paradigm. The positivist paradigm posits that there is one objective reality that can be discerned (226, 227). Positivist research is concerned with explanation and is largely used in the natural sciences, with researchers attempting to objectively measure, control and predict results (227). In contrast to this, researchers who follow an interpretivist paradigm are concerned with understanding the how and why of a phenomenon, rather than explaining it. Interpretivists are interested in the subjective accounts of individuals in experiencing their reality (227, 228), and seek to understand people "from their own perspective, in

their own context" (228)[p17]. Instead of looking for one objective truth, interpretivists seek multiple truths, acknowledging that there are multiple perspectives and meanings in reality (226, 228). Qualitative methods are best suited to gather data when conducting research from this paradigm, as they are appropriate for gathering meaning and exploring differing experiences (227, 229, 230). As this project seeks to add a new perspective to the current body of literature around the family meal, the interpretivist paradigm provides a different approach, suited to exploring a new angle of the family meal using qualitative research methods. The research questions proposed in the previous chapter seek to gather individual accounts of the family meal today and in the past, and the interpretivist paradigm, with its emphasis on qualitative inquiry, is well suited to answer those questions. Aligning with this paradigm, a qualitative approach was chosen to answer the proposed research questions for this project.

While a philosophical paradigm provides the framework for how to gather information about the world, an epistemology provides a position on the nature of knowledge, or the ways in which we know and learn about the world (229). The epistemology underlying this project is social constructionism, which sits within the interpretivist paradigm. Social constructionism centres on the understanding that meaning is constructed out of interaction between humans and the world around them (227). It posits that knowledge is something that is constructed, subjective and value laden, and that this knowledge is transmitted within a social context (226, 230). Additionally, it proposes that our behaviours are heavily influenced by culture and history (227, 231). Researchers taking a social constructionist perspective acknowledge that the world can be understood in many different ways, that there is no one meaning or interpretation of the world, but rather myriad of interpretations subjective to the individual experiencing it (227). Additionally, these meanings of reality change over time, depending on the cultural and historical context from which they originated, and from which they are being employed (231). As social and historical contexts are critical for interpreting meanings and experiences, they must both be recognised and accounted for when collecting and analysing data from this epistemological position (231). As humans use language to create and convey knowledge, and to express interpretations of the world, researchers working from a social constructionism epistemology generally employ qualitative research methods in order to capture these meanings and interpretations (231).

By approaching research from a social constructionist perspective, we are recognising that knowledge is constructed in and through the people around us (231). It is therefore pertinent to acknowledge that research itself, and the data obtained through research, are constructs created by the researcher and the researched (231). From this position, we recognise that our understanding of a phenomenon is limited by the questions we ask of it and the methods we use to investigate it (231). For example, due to the research previously conducted on the family meal, we have identified that there is more to the family meal than what is presented at the table, and an expectation to see variance in the family meal over time is justified by the changes we have seen

to family life over this time. However, approaching research with these assumptions influences the questions asked of participants and ultimately impacts the data that can be collected. However, acknowledging the limitations of this epistemological position further justifies why qualitative research methods are the most appropriate to employ. Due to the nature of qualitative research, there is freedom to explore alternatives, to prompt, probe and discuss unexpected lines of inquiry (226, 230, 232). This freedom to explore alternative experiences does not entirely remove the influence of the research on the data, but it does allow for more varied responses, and a richer representation of differing experiences.

As outlined in the research questions presented in the previous chapter, this research project is focused on the perceptions of and meanings within the family meal, and how they may have changed over time. The family meal is an entirely socially derived phenomenon and it's social and cultural significance and context must be adequately considered. The practice of the family meal is highly relevant to time and place, and heavily influenced by culture and history. Since this research sets out to understand how the family meal has been experienced over time, the specific cultural and historical contexts of the family meal are crucial to our understandings of how things have changed or stayed the same, and why this may be the case. Social constructionism provides an appropriate lens to frame this research as it highlights the social significance of the phenomenon, acknowledges the impact that culture and history have had on the family meal, and seeks to gather the multiple perspectives of different families of their experiences of this phenomenon over time. There is an abundance of positivist, empirical research that investigates the consequences and benefits of the family meal, as outlined in the previous chapter. Looking at the family meal from an interpretivist, social constructionist perspective will allow us to explore a different perspective of the family meal, focused on how it is experienced by families over time, and the social and historical context that surrounds it.

3.2 Research methodology and methods

3.2.1 Thick description

In line with the philosophical underpinnings presented above, the theoretical approach chosen to inform this project is Geertz's 'thick description'. Thick description is an inductive process utilising qualitative data. It involves delving deeper into analytical issues by exploring context, meaning and nuances (228). The aim of thick description is to highlight the experiences of participants, placing emphasis on detail, spoken and unspoken meanings, context, relationships, thoughts and feelings (233). According to Geertz, culture is a significant aspect of thick description. He described researchers as "cultural interpreters"(p50), using in-depth descriptions to interpret cultural values, beliefs and actions (226). Thick description involves moving beyond just describing a behaviour, by taking into account the contextual and experiential understandings behind those behaviours that give them their meaning and significance, and therefore aligns with the understandings of social

constructionism (233).

The process of making a thick description typically involves focussing on a particular concept in the data, locating all data that pertains to that concept, and building up a detailed description of it (228). It involves exploring, interpreting and accounting for participants' experiences, perceptions, and their own interpretations of the behaviour or phenomenon (226, 233). While thick description provides an account of how a phenomenon is experienced, it can never be stated that it provides the one true account of the phenomenon. This is due to the many lenses and meanings through which social phenomena are experienced, as described in the principal understandings of both interpretivism and social constructionism (233). This theoretical approach was chosen for this research because of its strong emphasis on culture and context in exploring and understanding the data. Thick description also forms the foundational basis of qualitative analysis, providing a rich, detailed description of the data that can be developed further to provide a deeper understanding of the phenomenon of interest. Specifically, the theoretical approach of thick description was employed while undertaking grounded theory methodology and is used to demonstrate the key findings presented in this work.

3.2.2 Grounded theory

While thick description forms the foundation and provides the rich detail required for a qualitative analysis, to move analysis beyond description to a more conceptual understanding or explanation of results, grounded theory methodology was employed for this project (228). Grounded theory progresses descriptive analysis, encourages interpretations and explanations of the data, and culminates in a theoretical understanding of the phenomenon of interest (228, 232). Grounded theory and thick description work together as iterative, inductive processes looking to provide rich descriptions of qualitative data, and to construct theories, or explanations, that are 'grounded' within the data (232).

Grounded theory was first developed by Glaser and Strauss, combining aspects of both the rigour found in the natural sciences and the interpretive creativity found in the social sciences (228). The key underlying principles of grounded theory, according to Glaser and Strauss, are the use of theoretical sampling methods, concurrent data collection and analysis, construction of inductive codes and categories from the data, constant comparison throughout analysis, advancement or development of theory, systematic memo writing, and delaying the literature review until analysis and theory development have been concluded (232). The result of this methodology is a theory, or explanation of findings, that is inductively grounded in the data (232).

The process of grounded theory is cyclical in nature, with analysis and data collection occurring simultaneously (232). Analysis starts early in grounded theory, as it helps identify direction, strengths and gaps in the research and the developing theory (232). The main processes involved

in grounded theory can be seen in Figure 3-2 and the specific methods as employed in this research are detailed below in section 3.4. In brief, the data collected in grounded theory studies are qualitative in nature, and typically collected through interviews or focus groups with participants. Recruitment and data analysis occur simultaneously to allow researchers to stop collecting data once they determine they have reached 'saturation', as discussed in more depth below. Analysis starts with the process of coding, the term for systematically labelling each piece of data, and usually takes place in two stages: initial coding and focused coding (232). Categorising and conceptualising the data follows, where codes are grouped together into categories, and the dimensions, links and relationships between the categories are explored and defined (228). Constant comparison and memo-writing are consistently used throughout analysis, as they identify issues, patterns and relationships in the data (228). The final step in the cycle brings the earlier components of the analysis together to create a theory of the studied phenomenon that is 'grounded' in the data (228). This can involve developing an entirely new inductive theory, or modifying an existing theory, but is ultimately an explanation of the phenomenon of interest produced from the data (228).

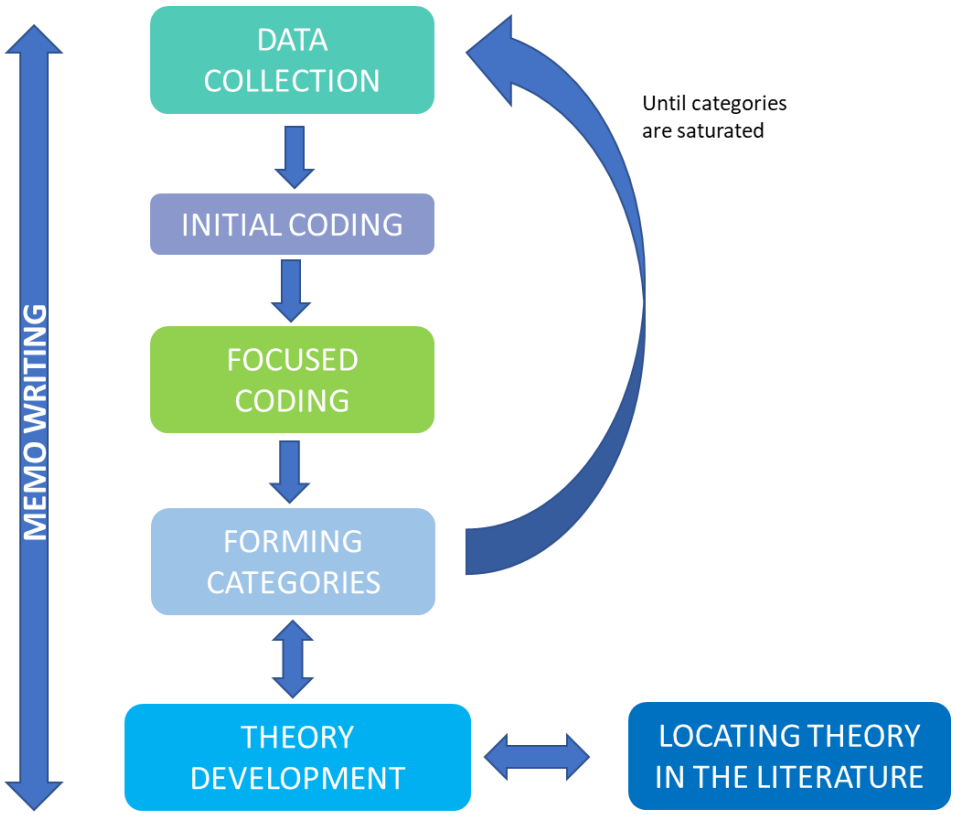

Figure 3-2 A visual representation of the processes involved in grounded theory (adapted from figure provided in Charmaz 2014, permission granted from SAGE publishing)

Grounded theory was chosen for this project because of its alignment with the interpretivist paradigm, the social constructionist epistemology that underpins this research, and its ability to build on to thick description. The methods employed in grounded theory provide an appropriate

blueprint for exploring meanings and construction of social phenomena. Grounded theory research is also a suitable methodology to use when no appropriate theory of the phenomenon of interest already exists, or when the existing theories do not align with the proposed issue or population (234). While the family meal has been explored through observational research, there is a gap in knowledge of a thorough understanding of the work involved in the family meal, and how that has changed or remained the same over time. Theories are crucial for understanding how phenomena are experienced (234), therefore employing grounded theory methodology can help further our understanding of the family meal, the work involved, and how it has changed or remained the same over the last three decades.

3.3 Demonstrating rigour and trustworthiness

In line with the philosophical and theoretical approaches outlined above, this research project employed qualitative inquiry to answer the proposed research questions. Qualitative methods are suited to exploring the how and why, along with the meaning and significance behind human behaviour and social phenomena (230). However, unlike in quantitative research conducted from an empirical, positivist position, there are no standard set of rules that govern qualitative research. To ensure quality in qualitative research, a range of sociological authors have provided guidelines to consider when conducting a qualitative study. Two such authors are Kathy Charmaz, the creator of constructivist grounded theory, and Sarah J. Tracy, an internationally recognised expert on qualitative research methods. Charmaz suggests credibility, originality, resonance and usefulness be the main guiding criteria for conducting quality qualitative research (232). Tracy provides a more comprehensive list, including worthiness, rich rigour, sincerity, ethical and meaningful coherence (226). According to Tracy and Charmaz, the main considerations to make when conducting qualitative research are to:

- Ensure topic is relevant, significant, interesting
- Use appropriate theoretical constructs
- Collect abundant data
- Have enough time in the field
- Ensure sufficient and appropriate sample and context are applied
- Use methods that fit with the project goals
- Be self-reflexive and transparent throughout all processes of conducting research
- Confirm findings with participants
- Use thick description to show rather than tell findings
- Provide logical links between data, analysis, and argument
- Make sure research resonates with audiences
- Provide original findings that make a significant contribution to the field in some way
- Conduct research ethically

The current project was designed with these guidelines in mind. While these strategies are useful for guiding qualitative study design, the rigour of the research must also be demonstrated. In quantitative research, this is commonly done by assessing the study's reliability and validity, however these criteria are not entirely relevant to qualitative research. The nature and purpose of qualitative research is different to that of quantitative research; therefore, it has been suggested that different methods of assessing rigour are required for each (235). Lincoln and Guba suggested four constructs to assess the rigour of qualitative research: credibility, dependability, confirmability and transferability (235). Strategies to enhance credibility, transferability, dependability and confirmability, as provided by Krefting are presented in Table 3-1 (236). Section 3.4.9 outlines the steps specifically taken to demonstrate rigour for this project.

Table 3-1 Constructs and strategies to demonstrate rigour in qualitative research as provided by Krefting 1991

Construct assessing rigour	Strategies to employ to demonstrate rigour
Credibility	- Prolonged engagement in the research setting - Reflexive practice - Triangulation of data methods, sources, theories or investigators - Member checking - Peer examination - Checking internal consistency of interviews - Accounting for rival explanations - Establishing the authority of the researcher
Transferability	- Nominated sampling techniques - Comparing characteristics of participants to population - Providing sufficient information on research participants and context - Determining if data is typical or atypical of participants experiences
Dependability	- Consistency of findings - Providing dense description of study methods - Conducting code-recode procedures - Triangulation of study methods - Peer examination
Confirmability	- External auditing - Triangulation - Documentation - Reflexive analysis

3.3.1 The importance of reflexivity

Central to all tenets of conducting credible research, and a key part of demonstrating rigour in qualitative research, is the ability to be self-reflexive and transparent throughout all stages of the project. Engaging in reflexivity requires acknowledging the impact the researcher has on the research, and the impact the research has on the researcher. Additionally, it involves recognising the personal and political perspectives informing the research, from both the researcher's and the participant's perspective (231). It is accepted that complete neutrality or objectivity in qualitative research is not possible, therefore it is important that the researcher acknowledge this, and analyse themselves in the context of the research (236).

Considering this, it is important that the background, position, and potential internal biases of the primary researcher, GM, be acknowledged and addressed. This was done by conducting a self-audit (Appendix 9) prior to commencing the project and regularly reflecting in a research journal throughout the entirety of the project. The self-audit helped identify the demographic and social traits of GM (Caucasian female, tertiary educated, registered dietitian) and how those traits may impact interactions with participants (226). The research journal was used to prompt reflections, document all decisions regarding the project, raise concerns and alter practices based on those reflections (236). Demonstrations of how reflexive practice was undertaken and shaped this thesis are presented in Chapter 8, section 8.4.

3.4 Project design and methods employed in this research

This chapter so far has outlined the philosophical foundations and assumptions that underpin this project, and the methodology informing the study design. The remainder of this chapter will describe the methods employed in this project to answer the proposed research questions in Chapter 2. It will detail the methods used to gain ethics approval, recruit participants, collect, organise, and analyse data, and demonstrate the rigour and trustworthiness of the project.

3.4.1 Overview of project design

As outlined in Chapter 2, to answer the four research questions of this project, two sets of data were required, and three separate analyses were designed. Data was required from both the 1990s and 2020 to adequately address the research questions regarding the evolution of family meal practices over time. Figure 3-3 outlines the two datasets, the three separate analyses, and the methods that informed them. The first dataset contains data collected by Professor John Coveney (hereafter referred to as JC) from families in the 1990s, referred to as the 1990s interview data, 1990s interviews, or 1990s sample. The second dataset contains data collected by GM from families in 2020, referred to as the 2020 interview data, or 2020 interviews, or 2020 sample. The first analysis is a secondary analysis of the data collected in the 1990s, referred to as the 'historical analysis', which provides an understanding of family meals in the past. The second analysis is a

primary analysis of the data collected in 2020, referred to as the ‘contemporary analysis’, which provides an understanding of contemporary family meals today. The third, and final analysis, is a comparative analysis of both 1990s and 2020 datasets, referred to as the ‘comparative analysis’, which provides an understanding of how family meals have evolved over time.

Grounded theory methodology, as described in Charmaz’s book ‘Constructing grounded theory’ (232), was used to inform the methods employed across the two datasets and the three sets of analysis. The qualitative data for the 1990s and 2020 datasets were gathered using semi-structured interviews. Theoretical sampling and concurrent data collection and analysis were conducted where possible. Data were analysed inductively, and constant comparison and memo-writing were used throughout all stages of analysis. The literature review was conducted prior to data collection and analysis, contrary to Glaser and Strauss’ suggestion. Glaser and Strauss’ recommend postponing the literature review until after data has been collected and analysed to avoid findings from the literature influencing the interpretation of study findings (232). However, for the purposes of this project, it was important that a gap in the literature be identified prior to data collection and analysis. To maintain the integrity of the findings from each analysis, the results were not located in the literature until analysis had been complete and theory development sufficiently underway, thus still in keeping within the overall guidelines for postponing the literature review as proposed by Glaser and Strauss (232). The methods employed in obtaining the two datasets and conducting subsequent analyses will be discussed below, combined where possible, and separated where necessary.

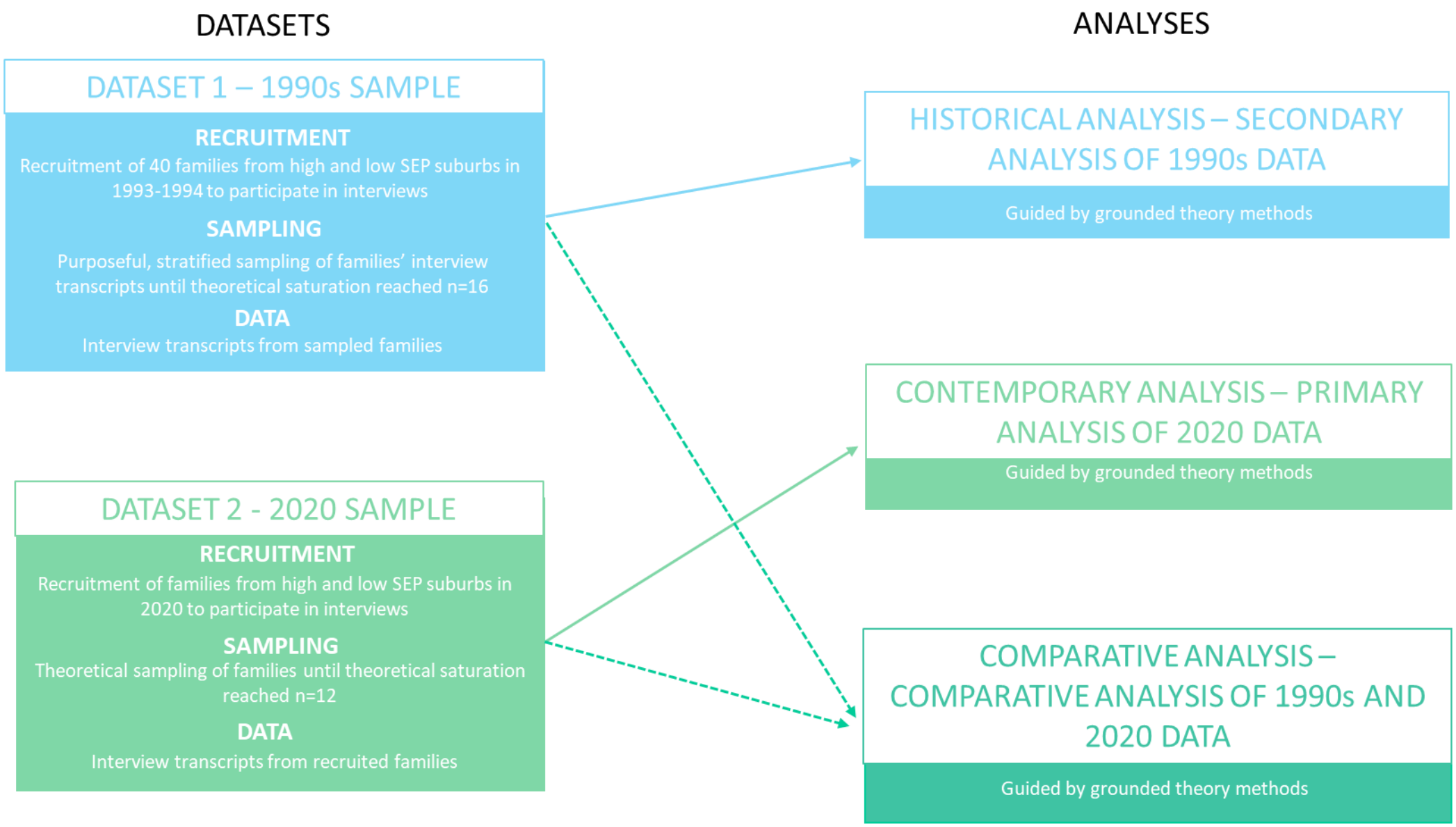

Figure 3-3 Basic design of methods for obtaining the required datasets, and the three analyses designed to answer research questions

3.4.2 Ethics approval

Ethics approval was required for the collection and use of both sets of data. This was sought from the Flinders University Social and Behavioural Research Ethics Committee (SBREC) and approval was granted for the use of the 1990s interview data on the 5th of August 2019 (project number 8473), and for the collection and use of 2020 interview data on the 18th of September 2019 (project number 8461), Appendices 10 and 11.

3.4.3 Recruitment, sampling and determining saturation

Recruitment for both datasets were from two specific and distinctive suburbs of Adelaide, South Australia (SA): Ferryden Park and Burnside. These two areas were chosen as they represented areas of high or low socio-economic disadvantage and advantage, based on the Socio-Economic Indexes for Areas (SEIFA) data. The SEIFA Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) summarises the economic and social conditions of individuals and households, based on the Census of Population and Housing data, within an area to indicate levels of advantage and disadvantage. Those suburbs with low SEIFA IRSAD scores reflect relatively greater levels of socio-economic disadvantage and a lack of advantage in general, and those with high scores indicate relatively greater levels of socio-economic advantage and lack of disadvantage, largely informed by levels of household income and skilled occupation within the area (237, 238). It is important to note that the indexes are assigned to geographic areas in Australia, not individuals or households, therefore it is possible to have people and families with relatively high socio-economic advantage living in an area with high socio-economic disadvantage. However, the social determinants of health indicate that where an individual lives, their networks and the general socio-economic, cultural and environmental conditions they are surrounded by impact health (239). Recruitment of participants from areas at either end of the SEIFA spectrum was conducted with the intention of recruiting participants of high- and low-socio-economic position (SEP), to further explore the discrepancies in experiences of the family meal between these groups.

The following paragraphs will detail how recruitment was undertaken to obtain the 1990s interview data, and the 2020 interview data, and how theoretical sampling was employed for each sample.

3.4.3.1 Recruitment for the 1990s sample

The first dataset consisted of interview data collected in 1993-1994 (referred to as 1990s interview data) by JC as part of his PhD. The two recruitment areas, Burnside (high-SEIFA) and Ferryden Park (low-SEIFA), were divided into six sections on a map, according to the census collection districts (CCD). A number between one and six was then randomly selected by the roll of a die, to determine the sections of each CCD where recruitment would take place. All households located in the selected CCD received a postal invitation to participate in the study, followed up by an in-person visit by JC or another member of the research team. Families were eligible and invited to

participate if they consisted of a male and female adult who both spoke English confidently, had no more than four children living at home, and at least one of those children were aged ≤12 years old. All families recruited into the study were invited to fill out a demographic information form that collected information on their gender, age, highest level of education, current occupation, housing status, household income, main source of income, and number and ages of children living in the household. Some participants were not willing to disclose information against all criteria, but all available information was entered into NVivo 12 Pro qualitative analysis software (QSR International Pty Ltd. 2018) for organisation and management. All participant information was deidentified and participants were given pseudonyms to allow for easy identification whilst protecting their anonymity.

3.4.3.2 Recruitment for the 2020 sample

To mirror the methods used to collect the first dataset as closely as possible, the same two areas, Burnside and Ferryden Park, were initially targeted when recruiting participants for the 2020 sample. Recruitment was open to participants representative of families in 2020; two-parent, single-parent, same-sex, opposite-sex, dual-employed, single-employed, culturally and racially diverse families. Mirroring eligibility criteria employed when recruiting participants for the 1990s sample, families were eligible to participate if there were no more than four children at home and at least one child was aged ≤12 years old. Parents to be interviewed were those living in the household with the children, spoke English confidently and agreed to participate. Families who participated in an interview went into the running to win one of six Sprout Cooking School's 'Healthy. Quick. Easy.' cookbooks and received an AU$80 gift voucher at the end of the interview as an appreciation of their time.

To recruit participants for the 2020 sample, multiple strategies were used and adapted along the way. The first strategy was delivering flyers to private organisations in the two target areas. The flyer (Appendix 12) was delivered to seven private organisations after receiving appropriate permissions in January 2020. Additionally, a Facebook page was created and published. This page was public but was not publicly advertised, it contained all necessary information regarding the project and how to contact the research team for more information. The Facebook page was shared publicly by two organisational pages. Other organisations were contacted to post the flyer on site or on Facebook, but most denied permission or did not respond. These strategies were not successful at recruiting participants.

Delivering project information via a letterbox drop in the two target areas was the second strategy employed. This was an appropriate method to directly reach participants in the target areas. An ethics modification to allow this recruitment strategy was approved in February 2020. To determine the houses to approach, maps of Burnside and Ferryden Park were broken up into three areas of similar geographical size. One area from each suburb was targeted for each letterbox drop

session, and each household in the selected area received a letter. Approximately 220 letters were delivered to Burnside and Ferryden Park in February 2020, an additional 230 letters were delivered to Ferryden Park in early March 2020 and another 230 letters were delivered to Burnside in late April. The delay between the last two letterbox drops was due to the resulting restrictions of the COVID-19 outbreak in SA (see Box 3-1). This strategy only recruited two families, both from Burnside, and was thus deemed an unsuccessful recruitment strategy, and letters were not delivered after this.

Box 3-1 The COVID-19 pandemic

COVID-19, a pandemic caused by the SARS-CoV-2 virus, was first confirmed in Australia in 2020 in late January (240). Cases escalated nationally in March and again in August (240). On the 22nd of March 2020, a Major Emergency in respect of the outbreak of COVID-19 was declared in SA. This resulted in density restrictions on public and private gatherings, physical distancing between individuals, restrictions and closures of services and businesses and the closure of overseas and interstate borders. Many businesses closed their offices and had their employees working from home, children were taken out of school and people were encouraged to stay home were possible. These restrictions were eased over time and by September 2020 only density restrictions remained in SA. The position of Flinders University was to avoid face-to-face data collection where possible (241).

Due to the lack of success with initial recruitment methods, a more active approach in the areas of interest was required. Due to the outbreak of COVID-19 many community sites and services were closed, limiting the ability to use these avenues for recruitment. To broaden the potential participant pool, it was necessary to expand recruitment to neighbouring suburbs with the same SEIFA indexes as Burnside and Ferryden Park respectively. Consequently, a final modification to the ethics committee was approved in April 2020, requesting permission for research recruitment agency McGregor Tan to assist with recruiting the remainder of participants. Established in 1976, McGregor Tan is a social and market research agency in Adelaide, accredited by the International Standards Organisation, Certification Institute for Research Quality (242). McGregor Tan was given study information, and inclusion and exclusion criteria to assist with recruiting eight families; two from Burnside and six from Ferryden Park, or a neighbouring suburb that matched the SEIFA scores of each suburb, as provided by the researcher. Snowball recruitment was also utilised alongside these methods and was successful at recruiting two additional Burnside families for the 2020 sample. It should be noted that there were women who were interested in being involved in the project, however, they were unable, or unwilling to convince their male partners to participate, and therefore were not eligible for inclusion in the study.

Once recruited, participants were sent the letter of introduction (Appendix 13), information sheet (Appendix 14) and consent form (Appendix 15), and a date and time for the interview was

arranged. Participants were required to read the project information and provide informed consent prior to the interview. All participants were invited to fill out a demographic information form (Appendix 16) that collected information on their gender, age, highest level of education, current occupation, housing status, household income, main source of income, number and ages of children living in the household, cultural identity, employment status, and the relationship status of adults. Some participants were not willing to disclose information against all criteria, but all available information was entered into NVivo 12 Pro for organisation and management. All participant information was deidentified and participants were given pseudonyms to allow for easy identification whilst protecting their anonymity. Once all the interviews had been completed, the random draw for the cookbooks was undertaken. The families whose names had been drawn were contacted and the books were delivered, by hand or via the post, as per their preference.

3.4.3.3 Theoretical sampling and determining saturation

Theoretical sampling is the most common method for sampling participants in grounded theory. It involves continued recruitment of participants and concurrent analysis of data until theoretical saturation is achieved; that is analytic categories are saturated with data, and new data do not provide new insights (232). This use of sampling to develop the emerging theories distinguishes theoretical sampling from other forms of sampling commonly used in empirical research (232). Rather than recruitment being complete once a pre-determined number of participants has been recruited, further recruitment is dependent on how robust and saturated the analytic categories are. In employing this method, the researcher samples concepts, not people (232, 243). This process is assisted by collecting new data at the same time as analysing current data. It is a cyclical, cumulative process where data collection leads to analysis, analysis leads to new ideas and concepts, those ideas and concepts generate questions and those questions lead to more data collection (243).

Achieving theoretical saturation can be a challenging process. Saturation is more than seeing the same pattern repeatedly. Theoretical saturation is the defining and development of the properties and dimensions of the categories, and determining the variation and relationships between and within them (243). It has been argued that the term ‘theoretical sufficiency’ may be more appropriate, as we may never know if the categories are completely developed, because data collection and analysis could continue endlessly, adding new properties and dimensions to categories indefinitely (243). Eventually the researcher must determine the sufficiency of their categories, by considering the depth and breadth of the categories, and the clarity of the relationships between and within them (243).

The following paragraphs outline how theoretical sampling was employed for the two datasets. Theoretical sampling was not possible with the 1990s dataset in a traditional sense, as it involved sampling and secondary analysis of pre-existing data, but attempts were made to achieve as close

to theoretical saturation as possible. Theoretical sampling was more achievable with the 2020 dataset, as data collection and analysis occurred concurrently.

3.4.3.3.1 Dataset 1; the 1990s sample

When the 1990s interviews were conducted, theoretical sampling did not guide recruitment. Instead, researchers set out to interview 40 families, 20 from Ferryden Park and 20 from Burnside. Three to four interviews were undertaken with all 40 families, resulting in 122 interview transcripts. Although not undertaken when recruiting participants, theoretical sampling was attempted when sampling participants from this original cohort. Not all 122 interviews were analysed in the historical analysis of this thesis, instead, the process of stratified, purposeful sampling of the participating families occurred until theoretical saturation was determined. This form of sampling was employed to ensure there was equal representation of families from each SEIFA area, and that there was diversity in the demographics of the families, to provide variation and representation of diverse households. The families from the 1990s sample were stratified into high- and low-SEIFA groups based on whether they lived in Burnside (referred to as the high-SEIFA suburb hereafter) or Ferryden Park (referred to as the low-SEIFA suburb hereafter). From there, families were selected from each SEIFA group, aiming for variance in partnership status of adults, number and ages of children and occupation status of the adults. As families were selected, their data was analysed according to grounded theory methods described below. The analysis was used to guide further, targeted selection of families with similar or varied demographics depending on the line of inquiry being explored. For example, after noting that a family with older children described the different schedules of family members impacting their ability to have regular family meals, more families with older children were sampled to see if there was variance or similarity in experiences. After analysing 16 families from this sample, eight from the low-SEIFA suburb and eight from the high-SEIFA suburb, it was determined that theoretical saturation, or at least ‘theoretical sufficiency’, had been achieved. This was determined when new data were not providing new insights, variation between and within categories had been explored, patterns in the data were accounted for, and the analytical properties and relationships of the categories were defined (232).

3.4.3.3.2 Dataset 2; the 2020 sample

Theoretical sampling was more straightforward for the 2020 sample. As simultaneous collection and analysis of data were able to be undertaken, the evolving analysis from interviews as they were conducted was used to guide future interviews and areas of questioning. For example, after several interviews with participants in this sample had been conducted and analysed, it was apparent that importance was placed on the family meal, but it was not clear whether it was the meal itself that was important, or the time spent together as a family. In subsequent interviews, to explore this concept in more detail, participants were specifically asked to differentiate between the meal and the time set aside for the meal. With a clearer understanding of this concept, future participants were then asked what it would mean for their families if they could not come together

for family meals at all, which further developed this understanding. As above, theoretical sufficiency was determined when new data did not provide new insights, variation between and within categories was sufficient and analytical properties, patterns and relationships were defined, checked, and accounted for. The resulting sample was 12 families, six from Burnside and similar surrounding suburbs (referred to as the high-SEIFA suburbs hereafter) and six from similar surrounding suburbs of Ferryden Park (referred to as the low-SEIFA suburbs hereafter).

3.4.4 Data collection

For the purposes of this research, each dataset comprised qualitative interview data, in the form of interview transcripts. Qualitative interviewing is a common method used when conducting qualitative research. Interviews allow researchers to ask open-ended questions, and provide an in-depth exploration of participant experiences (232). Interviewing is a flexible method that allows both participants to contribute and articulate freely, while being directed by the interviewer (234). There are a range of different formats interviews can take, such as in-depth interviews, semi-structured interviews, or life-history interviews. In-depth and life-history interviews provide a level of depth that semi-structured interviews may not be able to achieve, but they are time intensive and can be burdensome for participants (226, 234). Semi-structured interviews are guided and directed by the interviewer and can reduce some forms of bias by ensuring the same questions are asked of each participant somewhat systematically (244). However, the structure of the interview is not as important as the content, and the semi-structure allows for flexibility in asking questions, following up with prompts, and exploring areas that come up unexpectedly in the interview process (234). Semi-structured interviews were used in this research as they were the method employed when collecting the 1990s interview data, and because they provide a method of collecting quality data that allows for structure, depth, and flexibility.

The following paragraphs detail how the interviews were conducted when collecting the 1990s data and the 2020 data. The methods of data collection for the 2020 sample were heavily informed by the methods used for data collection for the 1990s sample.

3.4.4.1 1990s interviews

As previously discussed, the 1990s interview data were collected as part of JC's PhD, and they set out to explore the relationships between families and food as experienced at the time. Discourse analysis and grounded theory informed the methods used when collecting this data in the 1990s. Up to four interviews were conducted with each family, and semi-structured interview guides were used to provide a loose structure and ensure consistency between interviews, covering a range of topics related to food provision in the family home (Appendix 17). The interview schedules were based on previous research conducted by Charles and Kerr (49), and Murcott (48), and were pilot tested with two families prior to conducting the study.

These interviews were conducted by JC in the home of the participants and audio-recorded using a

tape recorder before being transcribed verbatim. At least three interviews were conducted with each family: the male and female adults together for the first and third interviews, and separately for the second. The second interview was conducted separately as it was speculated that responses to the topics in this interview around responsibility for food provision may differ between men and women, and thus both perspectives were sought separately. The interviewer was a Caucasian male, who at the time was a lecturer, researcher, registered dietitian, and PhD candidate. No relationship was established between the interviewer and the participants prior to the interviews. Participants were given information sheets and consent forms prior to the interview and were aware of the general research purpose and aims. No other individuals were present during the interviews, except for some interruptions by children in the household. Interviews varied in length, with the second interview lasting the longest between 47 and 96 minutes (average 78 minutes). No participants took up the offer to review their transcripts for comment or correction. The transcripts were kept as both digital files and hard copy documents and the cassette tapes housing the interview recordings were converted to digital audio files and stored on a password protected computer. All transcripts were deidentified and checked against audio recordings to ensure accuracy, before being uploaded into NVivo 12 Pro.

3.4.4.2 2020 interviews

The interview schedules used for the 1990s interviews informed the development of the interview schedule used for the 2020 interviews. Questions pertaining to shopping, cooking, preparation, and expectations on behaviours at family meals were replicated, and in some cases modified, from the 1990s interview schedules. Additional questions, in line with the current project objectives, were added to investigate family meals in more depth, such as the planning and considerations involved in family meals, the importance and expectations placed on family meals, and the barriers and enablers to family meals. The interview schedule for the 2020 interviews was not finalised until the analysis of the 1990s interview data had been completed, to allow for refinement of questions based on the results of the analysis. This interview schedule was pilot tested with one family to assess the understanding and flow of the questions. Through the process of pilot testing and discussion with peers and colleagues, the interview schedule was adapted accordingly. The final interview schedule is presented in Appendix 18.

In keeping with the original methods employed for the 1990s interviews, the 2020 interviews were to be conducted in participant homes. However, due to COVID-19 restrictions, it was deemed safer to conduct interviews remotely. This resulted in all interviews conducted via cloud-based videoconferencing service Zoom. Digital technologies have been reported as a convenient, efficient, flexible and cost-effective way to conduct qualitative interviews (245). A recent study, by Archibald et al., specifically exploring the use of Zoom in qualitative interviewing, reported that the majority of participants preferred this platform over interviews conducted in-person, via telephone or other videoconferencing programs (245). The ability to conduct the interview from any location,

pertaining there is internet connection and a suitable digital device, increases convenience of the interviews and decreases participant burden (245). However, there are limitations to conducting digital interviews, such as technical difficulties, poor video or audio quality, and issues with reliable internet connection (245), and these were experienced to some extent. One participant could not connect their video and had to rely on audio for the interview and two families had difficulty with connection dropping in and out. Fortunately, these issues were promptly resolved, and interview quality was not impacted negatively as a result. Although the ability to build rapport when using a digital platform may seem challenging, this was not found to be the case, and as reported in the Archibald et al. study, the connectivity issues actually facilitated rapport building through joint problem-solving efforts.

Only one interview was conducted with each participating family, and parents were interviewed together in two-parent households, which is the main divergence from the methods used to collect the 1990s interview data. This was because the 2020 interviews were more focussed on the family meal, rather than family food provision in general, and were not interested in exploring differences between the experiences of men and women as was the case in the 1990s interviews. GM conducted all interviews with participants, and no relationship was established between the interviewer and the participants prior to the interviews, although one family was known through a mutual acquaintance. Participants were provided with information sheets and consent forms prior to the interview and were aware of the general research purpose and aims. No other individuals were present during interviews, except for some interruptions by children in the household. Interviews varied in length, lasting between 52 and 89 minutes (average 61 minutes). The interviews were audio-recorded using a personal recording device and were transcribed verbatim by the researcher. Transcripts were offered to be returned to participants for comment or correction. This offer was taken up by four families, however none provided comment or correction and all permitted use of their transcripts. Finally, the transcripts were uploaded to NVivo 12 Pro for storage, organisation, and analysis.

As part of their consent to participate, permission was sought from participants to be contacted to discuss the results of the analysis at a future date. All 11 of the 12 families who consented to follow-up contact were emailed a request to discuss study results. Of these 11 families, six responded and five arranged a time for a follow-up interview via Zoom. Both parents from the two-parent households were not always available to participate in the follow-up interview, resulting in seven parents from five families participating. The remaining families were not contacted again. The findings from these discussions were incorporated into the analysis and are presented in the results.

3.4.5 Data Analysis: 1990s dataset and 2020 dataset

Three separate analyses were undertaken on the two datasets described above. The first was an

analysis of the 1990s data (historical analysis), the second was an analysis of the 2020 data (contemporary analysis), and the third and final analysis was a comparative analysis between the 1990s data and the 2020 data (comparative analysis). Grounded theory methods informed all three analyses, and the findings produced through these analyses are presented in Chapter 4, Chapter 5, Chapter 6, and Chapter 7. Although the historical analysis was technically a secondary analysis of qualitative data, it still followed the same processes of analysis as the contemporary analysis, and thus description of the methods used for both sets of analysis are combined below. As the comparative analysis between the two datasets used slightly different methods, this process is described separately following the description of the historical and contemporary analyses. When describing the methods of analysis below, they are referred to as 'steps', however it should be noted they are not necessarily chronological steps. As detailed above, grounded theory is a cyclical, iterative process, that involves moving through, between, and back and forth from each 'step'. The format presented below is a logical progression of the 'steps', but they were applied iteratively and cyclically and revisited many times over the course of analysis.

It should be noted that this is the first in-depth analysis of the 1990s data since collection 28 years ago. While there is one publication and two books in which some findings from this data are discussed (246-248), these previous analyses did not focus exclusively on the social construction of family mealtimes and present results different to those presented in this thesis[1].

3.4.5.1 Data immersion and preparation of data

As a first step of data analysis, it is recommended that researchers submerge themselves in their data. This process is referred to as immersion in the data and is useful for gaining familiarity with the breadth and depth of the data (226). Listening to audio recordings, reading and re-reading interview transcripts from the 1990s sample, and transcribing the interviews, along with reading and re-reading the transcripts from the 2020 sample, allowed for early immersion in the data. As the thesis objectives are interested in the family meal, and the 1990s interviews spanned a range of topics related to family food provision, the 1990s transcripts were read with the intention of identifying elements relevant to the family meal and subsequent analysis. When participants described anything that was directly, or indirectly, related to the family meal, it was highlighted. This process allowed a visual separation of the relevant data related to the family meal, from the irrelevant data not related to the family meal. As the 2020 interviews were specifically designed to elicit information regarding the family meal, this step was not necessary.

3.4.5.2 Coding

The first step of analysis in grounded theory is coding, or "naming segments of data with a label that simultaneously categorises, summarizes, and accounts for each piece of data" (232)(p111).

[1] Some participant quotes included in this thesis may be included in these prior publications, reproduced with permission from John Coveney as owner of the raw data

According to Charmaz, “grounded theory coding generates the bones of your analysis… it shapes an analytic frame from which you build the analysis” (232)(p113). This activity starts the process of interpreting the data. Coding usually involves two main processes; initial coding and focused coding (232). These two processes will be discussed in the following paragraphs. ‘Codebooks’ were developed in the early stages for each the historical and the contemporary analyses and were adapted as each analysis progressed. The codebooks contained the codes created through analysis, the description of each code and an example quote from the data that fit within that code. The codebooks were continually shared with the supervisory panel as each analysis progressed. A codebook was not developed for the comparative analysis, as it relied on the codes and categories already developed from the historical and contemporary analyses.

3.4.5.2.1 Initial coding

Initial coding sticks very closely to the data, and involves naming each word, line, segment or concept in the data (232). The names, or labels that are assigned to the data are termed ‘codes’ and creating these codes is referred to as ‘coding’. This initial coding process is typically inductive, where the codes are created from the data (232). Sticking closely to the data at this stage allows for preservation of participant experiences, resulting in a higher likelihood of the developed theory reflecting an insider’s rather than an outsider’s view (232). At the stage of initial coding, the codes are provisional and comparative and can facilitate identification of gaps in the data and areas that require more investigation (232). In her book ‘Constructing grounded theory’, Charmaz suggests breaking the data up into its component properties, comparing data with data, identifying gaps, defining actions, and exploring assumptions and meanings as strategies to assist with this early stage of coding (232). The process of initial coding is designed to be open to encourage new ideas and ways of interpreting the data (232).

Initial coding was undertaken following immersion in the data for both the historical analysis and the contemporary analysis. In this process, transcripts were coded inductively, line-by-line, whereby the entire transcript was read and codes that reflected participant responses were created and applied to each line. In the case of the 1990s data, the entire transcript was read, but particular attention was paid to the relevant data as identified in the previous step of data immersion. As more interviews were conducted and analysed, new codes were created, and as new codes were created, transcripts that had already been coded were coded again. Several rounds of coding continued in this fashion, first focussing on the general description of the family meal, followed by processes and actions involved, and then feelings and emotions. This process was repeated multiple times as new ideas were developed, allowing for more targeted sampling of families from the 1990s dataset, and more targeted questioning in subsequent interviews in 2020. Constant comparison was also utilised, where families were compared with other families and codes were compared with other codes.

3.4.5.2.2 Focused coding

Focused coding is the second major phase of coding. This process involves more directed coding and the synthesis of codes developed through the initial coding process (228, 232). Focused codes tend to be more conceptual than initial codes, and facilitate the organisation of larger segments of data (232). Focused coding involves sorting through and categorising initial codes, determining their analytic significance and conceptual strength, clarifying the direction of analysis and developing those with greater analytic significance further (232). This process may involve renaming, removing, promoting, or combining initial codes, or creating entirely new codes. While focused coding is the next logical step following initial coding, these steps should not be viewed as linear, but rather a fluid process, whereby focused and initial coding can occur simultaneously (232).

Both the historical and contemporary analyses followed the process of focused coding once the first rounds of initial coding had taken place. This process allowed higher synthesis of the data and provided a clearer understanding of the narrative and developing theory. For example, in the historical analysis, after the process of initial coding, it became apparent that along with the processes involved and described by participants in relation to the family meal, there were many factors they considered when deciding how to have the family meal. These codes were compared against one another, determining their analytic properties and dimensions. They were grouped together under ‘factors influencing food choice’, as they contained similar properties and related to one another. This focussed code ‘factors influencing food choice’ would be further developed in later stages of the analysis to reflect the data and the narrative more accurately. Constant comparison between and within families and codes was used through this process to strengthen the analysis.

3.4.5.3 Developing categories

Developing categories is the next step in analysis. Forming categories moves the data to a more abstract level and allows for further development of theory (232). Category development involves grouping codes together that relate to one another analytically or conceptually and sorting them into defined categories, thus promoting a conceptual understanding of the data (228). It is important that the categories are well defined, appropriately applied and present a valid representation of the data, as they form the core components of the grounded theory (228). Description and comparison are key components of category development, and they continue until each category is clearly and explicitly defined, and the relationships between categories are explored and clarified (228). This continues until theoretical saturation is achieved. To ensure categories are properly developed, additional data may be sought, and additional rounds of initial coding and focused coding may take place.

Category development was utilised in both the historical and contemporary analyses through the

process of sorting through codes, grouping those with conceptual similarity together, and creating and defining categories representative of the data. For example, through the historical analysis it was apparent that families saw benefit and value to the family meal in myriad ways. In the initial coding process, data that displayed benefit to family meals were coded with the specific benefit families ascribed to it (e.g., 'communication'). In the process of focused coding, these codes were collapsed under a new focused code, 'benefits and value of family meals'. In the process of forming categories, it appeared that these 'benefits and value of family meals' were related to the 'expectations around the family meal' that parents held and seemed to have a relationship with parents' 'feelings toward family meal tasks'. Therefore, all three of these focused codes, all of which contained key initial sub-codes, were grouped under the category 'Feelings about the family meal and its involved processes'.

3.4.5.4 Development of theory

The final step in grounded theory is developing an inductive theory, or an explanation of findings, grounded in the data (228). Hennink et al. describe developing an inductive theory as moving qualitative findings "beyond *description* and into the realm of *explanation*, and towards a broader conceptual understanding of a given social phenomenon" (228)(p260). A key step in progressing the analysis towards theory development is moving the analysis to a more abstract level through the process of conceptualising the data. Conceptualising the data involves not only understanding the data as a whole, but understanding how the individual components of the data are linked together in a way that explains the phenomenon of interest (228). Hennink et al. suggest the following tasks when developing and refining a theory: follow steps in the analytic cycle, identify explanations given by participants, compare explanations between subgroups of participants, explain outliers that do not 'fit' with the emerging theory, seek negative cases for which your theory is not valid, use deductive logic to explain your theory, and identify whether explanations in the current literature can help explain your data (228). To produce a grounded theory, it is important that the theory 'emerge' from and be grounded in the data, and that this be explicitly demonstrated (228).

For both the historical and contemporary analyses, once the earlier steps in analysis, such as initial coding, focused coding and developing categories were underway, the development of theory, in the form of a framework began. A whiteboard was used to create diagrams of the coding process and thoughts related to analysis. Pictures of the whiteboard were taken and uploaded into NVivo 12 Pro. See Figure 3-4 for an example of a whiteboard diagram used in the conceptualisation process of the historical analysis.

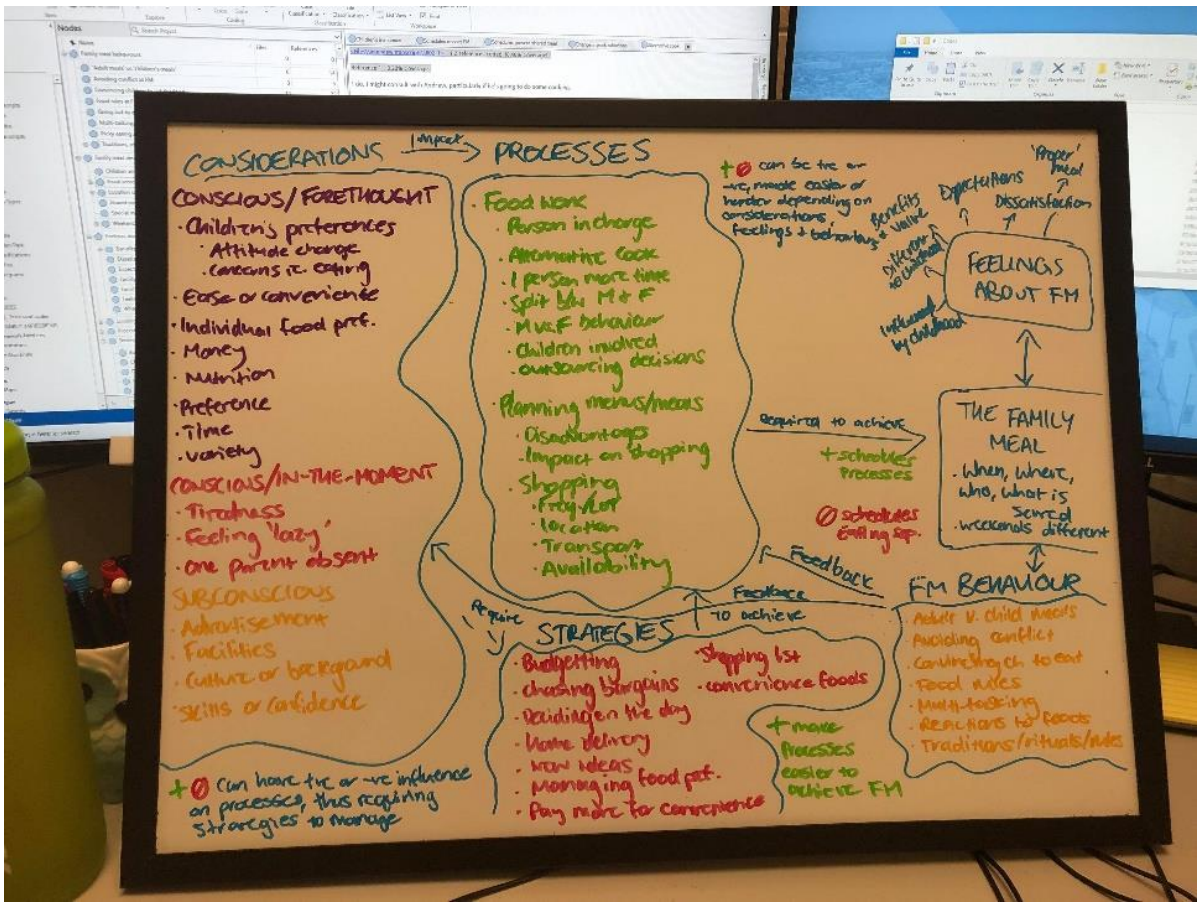

Figure 3-4 Theoretical framework thoughts of historical analysis 10/10/2019

This conceptualisation of findings led to the development of a theoretical framework of the 1990s interview data. The framework was presented to the supervisory panel for comment and discussion, as seen in Figure 3-5, and underwent multiple iterations and revisions with feedback from peers, colleagues, and the supervisory panel. The data was checked against the framework to confirm that the categories were detailed, robust and accurate, that the direction of the relationships was correct and that it was a true depiction of participant's experiences.

The contemporary analysis of the 2020 data was conducted following the same steps of grounded theory described above, with the initial intention of creating a new framework representative of the 2020 interview data. However, it was apparent that the core components of the 2020 framework were the same as the 1990s framework, which led to the 2020 data instead being tested against the 1990s framework to check for suitability. Once confirmed that the 2020 interview data fit with the 1990s framework, the frameworks were combined into one, representative of the family meal experience over time. The framework was adjusted where necessary to ensure that it was a true depiction and representation of both sets of participant's experiences. As described in section 3.4.4.2, five families from the 2020 sample participated in follow-up interviews, where the framework and other key findings from the contemporary analysis were discussed. Their comments were taken into consideration and the framework and findings were adapted

accordingly. The resultant final framework was created through the historical analysis, tested through the contemporary analysis, and confirmed with participants from the 2020 sample to create a robust framework representative of the family meal experience across time. The framework developed through these sets of analysis is the grounded theory of this thesis and is presented in Chapter 6.

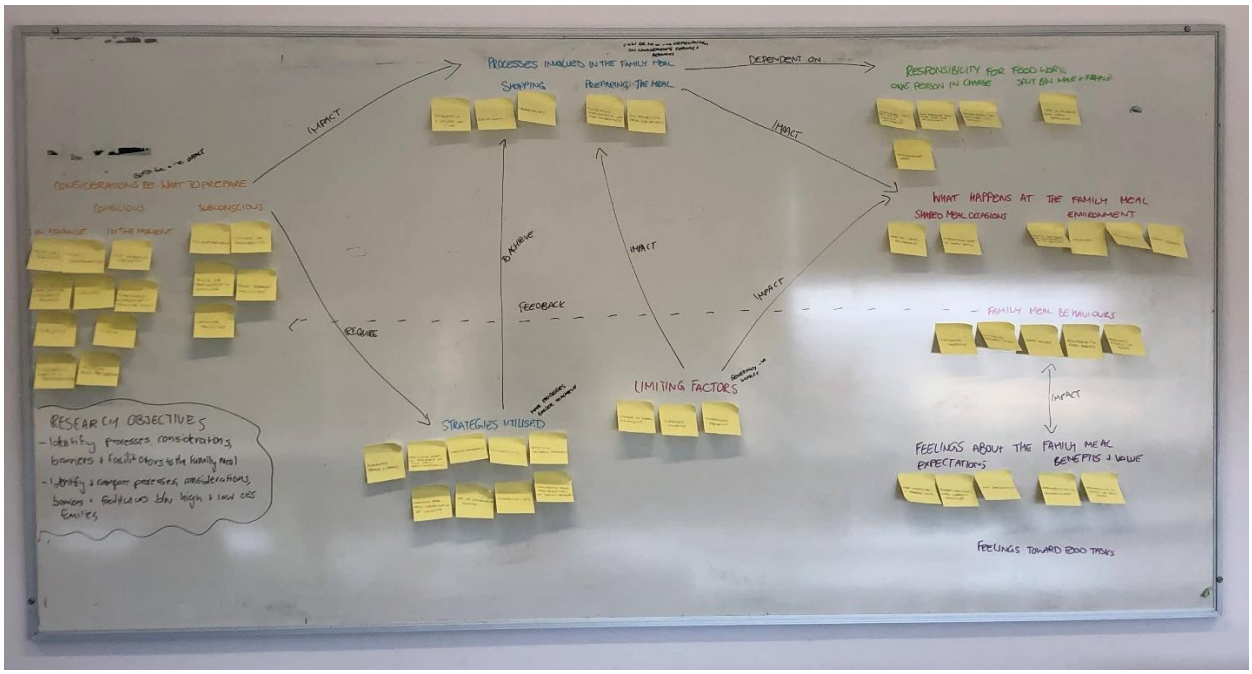

Figure 3-5 Framework presentation of findings from historical analysis of 1990s interview data to supervisory panel 05/11/2019

3.4.6 Data Analysis: Comparative analysis of both datasets

The third analysis that was undertaken for this thesis was the comparative component of this research, utilising interview transcripts and analysis of the 1990s and 2020 datasets. When undertaking comparative research, it is important that the purpose of comparison is detailed early in the project and is a defining component of the study design (249). The units of comparison must be clearly delineated and the objects of analysis, or the data, need to be functionally equivalent to provide adequate comparison (249). For this analysis, comparison is the defining component of the research aim and objectives; the units of comparison, comprising interview data on family food provision in the 1990s, and interview data on family meals in 2020, are clearly delineated; and the data, sorted into codes, categories, and a framework, are functionally equivalent. As the 1990s interviews provided data on the family meal in the 1990s, and the 2020 interviews provided data on the family meal in 2020, the two datasets were well situated to be compared to provide an understanding of how the family meal has evolved over the last three decades. As the interview data collected in 2020 was guided by the methods, and heavily influenced by the results, from the 1990s interview data, the data across the two studies were comparable. The two datasets comprise the entirety of the data used for this comparison; no new data was collected, and no new

participants were recruited or sampled for the comparative analysis.

The process of the comparative analysis differed from the historical and contemporary analyses, purely due to the units of data that were analysed. The historical and contemporary analyses used interview transcripts as units of analysis, however the comparative analysis used the data that sat within the theoretical framework developed from those analyses as the units of analysis. Processes of line-by-line coding were not undertaken, focussed coding did not occur and the development of categories served a different purpose. The comparative analysis involved looking at and comparing between the categories and codes developed from the analysis of each dataset that informed and sat within the framework. The transcripts still served as the original units of data, but they did not form the units of comparison. Grounded theory methods and concepts were still followed, but the process started with comparing the components from each dataset that made up the framework. The codes and categories developed across each analysis were defined, compared, contrasted, and tested to determine differences and similarities between them. This process began by merging the two separate NVivo 12 Pro files for the historical analysis and the contemporary analysis, into a new NVivo 12 Pro file containing both sets of analysis and all units of data. From there, the codes and categories developed from each separate analysis were compared, sorted, and refined to provide equal units of comparison. Each category and code were revisited multiple times, and the raw data they contained was compared. Theoretical questions, links and postulations were systematically captured in memos, and were taken to the supervisory panel for discussion.

3.4.7 Analytic comparison between high- and low-SEIFA suburb participants

Comparison between the high- and low-SEIFA suburb participants of each dataset was a sub-objective of this thesis. The comparison between families living in the high- and low-SEIFA suburbs was a continuous process, starting from the very first round of coding of each family interview from the 1990s and 2020 datasets, through to the final development of the framework. The SEIFA comparisons between participant groups were undertaken separately for each set of analysis. For the historical and contemporary analyses, Microsoft Excel (Microsoft Corporation, 2013) spreadsheets were created to assist the comparison. The Microsoft Excel spreadsheets contained the categories and codes developed through the respective analyses. Two columns were created underneath each code, one column for families from the low-SEIFA suburbs, the other for families from the high-SEIFA suburbs. Family demographics were entered for each family under their respective high- or low-SEIFA column, and data from each family that sat within the code were extracted, summarised, and entered against their demographic data. Figure 3-6 provides an example of this spreadsheet from the contemporary analysis. This allowed for clear comparison between the SEIFA groups. Once this process was complete for each set of data, a thorough memo, containing all conclusions regarding the comparisons between the families living in the high- and low-SEIFA suburbs was created. These spreadsheets, and memos, were used to provide the comparison between the SEIFA groups in the final comparative analysis, comparing

the SEIFA differences across time.

PROCESSES INVOLVED IN THE FAMILY MEAL			
Planning			
20B1 F: 45, M: 50 CH 4: 19, 18, 13, 11 F: NE, M: FT	Sometimes plan one or two days ahead but usually on the day, usually meals are planned based on what father picks up when shopping, know there are benefits to planning but can never implement it long term, seem to make things work	20F1 F: 55 CH 1: 12 F: CE	Plans with son on the weekends, weeknights not as planned, mother does it herself and on the day
20B2 F: 35, M: 34 CH 2: 5, 2 F: PT, M: FT	Planning basically involves thinking about what their daughter will or won't eat and factoring that into whether they need to make a separate meal for her or not, mother when doing shopping aims for seven meals and work it out from there, leaves it up to father to figure it out and prepare it, don't think it would work to have more structured plans because things change too frequently, know what they have available and fill in the gaps as they go, plan to have bigger meals on the weekend, know in advance what mother's hours are and plan according to time available, one day a week father leaves early so will plan to have a meal with longer lead time on those days	20F2 F: 54 CH 3: 24, 12, 10 F: NE	Does a set menu that is up on the fridge with the meals being cooked that week, but they will look at those and choose which meal for which night, depending on the time available and ingredients available, knowing what's coming up next, what's going to be prepared is important for children on the spectrum
20B3 F: 43, M: 38 CH 2: 8, 5 F: PT, M: FT	Plan three days ahead on weekend, rest of the week they sort out on the day, they roll through a rotation of proteins, they find planning meals usually results in the meal containing more vegetables	20F3 F: 47, M: 53 CH 1: 21 F: FT, M: FT	No plans except when daughter decides to cook something for the family
20B4 F: 39, M: 34 CH 4: 7, 6, 6, 6 F: NE, M: FT	Uses meal kits and picks the months worth of meals, spends 5 minutes a month planning meals, on the day looks at the meals for the week and picks the one she wants to make	20F4 F: 39, M: 40 CH 2: 9, 4 F: CE, M: FT	Goes through recipes and picks out what she wants to make and designates which night to cook it based on what their plans are, however some nights if picks something up while out and about will decide to cook that on the day instead
F: 48, M: 52 CH 3: 15, 13, 11 F: PT, M: FT	Night before or in the morning start thinking about the next family meal, try to plan but doesn't work, rotate through proteins, specials are factored into meal planning, sometimes will plan and cook a meal ahead if mother isn't going to be home for the meal	20F5 F: 50, M: 49 CH 3: 20, 18, 8 F: FT, M: FT	Works out what they're cooking after the shopping, discuss and plan between husband and wife when cooking together, Monday to Thursday quite planned in terms of who is cooking and basic ingredients available, not necessarily specific meal they will be preparing
20B6 F: 35, M: 36 CH 2: 6, 4 F: FT, M: FT	No structured plan as such, buys ingredients for the week and works through those depending on what needs to be used up first, will plan when there is a more formal or bigger dinner during the week, will discuss with each other what they're going to prepare on the day	20F6 F: 36, M: 38 CH 2: 11, 7 F: PT, M: FT	Mother plans meals for the week but doesn't designate the meal that she's cooking on a specific night, finds that the more other people get involved in planning it becomes muddier, too many variables so mother thinks easier for her to just plan meals herself

Figure 3-6 Excerpt of spreadsheet containing categories and codes to facilitate SEIFA comparison for contemporary analysis of 2020 interview data

3.4.8 Memo-writing

Creating analytic notes, commonly termed memo-writing, is another integral process involved in grounded theory (232). There are no rules with memo-writing, but it is recommended memos be descriptive, consistent and systematic. Memo-writing can help clarify thoughts and capture comparisons, questions, connections and future directions, and is an important part of constructing theory and explaining findings (232). Memos are a useful form of data themselves and can be used in both analysis and when writing results. They should be written across all stages of the data analysis process, and can change and develop over time (232).

Memos detailing thoughts and reflections during the analytic process were constructed throughout all three sets of analysis employed in this thesis. Memos were written and stored in each NVivo 12 Pro library, depending on the analysis to which it belonged: historical, contemporary, or comparative. Memo-writing is where the first utilisation of thick description can be seen. Memos were written with detail, considering and noting context and nuance to add depth to the analysis. For all analyses, memos were written after creating new codes, defining the code and its analytic properties. Memos were also written when links were made between codes, processes, or families. As each analysis developed, the memos became more theoretical and exploratory and many included quotes or excerpts from the data. Memos were updated with new thoughts and questions

as coding progressed. Memos were systematically written for each family after either the first listen of the interview for the 1990s interviews, or after the interview was conducted for the 2020 interviews. These memos were labelled 'Family Impressions' and employed thick description to provide in-depth reflections of each family and the way they arranged their family meals.

Below are examples of three memos developed over the course of the historical analysis. The first is an example of a 'Family Impressions' memo. The second is the development of the code 'acceptability of specific food practices', that was later adapted to more accurately reflect the data. The final example is an excerpt from a memo on the emerging theory, exploring the category 'considerations made regarding the family meal'.

Memo excerpt 1: Family impressions memo for family H2 from historical analysis

30/08/2019 FAMILY IMPRESSIONS MEMO FAMILY H2

Just finished first pass of interviews for family H2. Family appear well off; money is not a concern for them in terms of shopping or in relation to food. They are happy to pay what they need to for food they deem sensible for the household. They appear to have a trade-off with time and money, they pay a bit more for the convenience of location and opening hours of the store, along with convenience foods (simmer sauces etc. which have only recently come on the market). Both parents work, the mother full-time, the father has cut back since previous years (reported) but this does not appear to have taken any pressure or roles or responsibility away from the mother, who now just has to fit her normal food work tasks in among her full-time job.

The family meal for this family appears to be a relatively formal occasion, where they sit at the dining room table (5-6 nights per week) and have recently started saying grace. There is some flexibility in allowing the children to eat in the living room, watching television, on the proviso that they finish their meals.

The taste preferences of mother and father seem to be relatively attuned – or at least there does not appear to be as big of a difference between them as in previous families. It is quite clear that children's preferences are held above that of the parents and they make foods that they know the children will eat. However, when father is away, mother won't always cook like she does when he is there, she will instead be more likely to be 'lazy' and get takeaway foods. More of an option to be 'lazy' when husband away, than when he is there. Conversely, father said when mother is away that he would be more likely to have slap-dash meals (cold cuts, rolls and vegetables) and eat it in the kitchen with the kids, whereas he believes the kids and his wife would still have the meal in the dining room, it would be more formal when he is away than when she is away. However, it appears that both parents would likely prepare something more slap-dash or purchase fast-food. Things are relaxed in one way or another.

Memo excerpt 2: Development and refinement of a code from the historical analysis

30/09/2019 ACCEPTABILITY OF SPECIFIC FOOD PRACTICES

This code is for data that demonstrates participants acceptability of specific food practices, or types of food, or methods, from seeing other people engage in it. Particularly parents, siblings, friends or a trusted professional. This is to be used largely for practices that might be seen as not socially desirable or acceptable, that parents are happy to engage with because they see other trusted people doing it.
Not sure about the relevance of this code. It is fairly nuanced so I'm not sure how much I will be using it. Not sure what it really is trying to get at yet, because there is an example from one of the other interviews where they talk about trying rice dishes because the neighbours make lots of rice dishes, so not sure whether that would be coded under here as well. It is more about the social acceptance of food practices, rather than where they get new ideas from.
This code is a work in progress.

03/10/2019

Not sure about this code and what it's getting at. Acceptability of food practices may not be correct to capture what is going on here. I am still no closer to really understanding the data housed in this code. Is it 'seeking external inspiration' – isn't all 'inspiration' external? 'Seeking ideas externally' – externally from what, the household? 'Looking for new ideas' perhaps? 'Looking for new ideas and ways of cooking' – but what is the deeper significance here, why are they looking for new ideas or ways of cooking? Is it to avoid too much repetition or boredom, to spike variety while sticking within their other constraints or considerations. Is the significance here really just that there are multiple factors that come in to play when deciding what to cook? No, I think there can be some sort of framework or pattern to look at here.
Still no closer to refining this code. I don't like it the way it is. I think I will change to 'looking for new ideas and ways of cooking' and perhaps shelve it under 'variety' for now. Needs some thought.

Memo excerpt 3: Explaining the findings and developing the theory from the historical analysis

10/10/2019 UNDERSTANDING OF RESULTS_DEVELOPING THEORY AND NARRATIVE

Considerations made regarding the family meal
Conscious forward-thinking considerations, conscious in-the-moment considerations, subconscious considerations.
These have a different hierarchy depending on what is most important or most urgent for families at the time. The conscious considerations are the considerations that are consciously thought about and decided upon. The forward-thinking considerations are made when thinking about the family meal in advance, prior to the actual need to undertake any action. The in-the-moment considerations are made in-the-moment of food acquisition or preparation, such as feeling tired in the moment impacting what you serve. The subconscious considerations are factors that may influence your choices, but they are not something that are actively thought about, such as advertisement or culture.
There is often a trade-off between these considerations depending on family situation, time may be traded-off for money, nutrition may be traded off for variety etc.
Some considerations are transient, such as one parent absent for the meal, this has the ability to override the other considerations that may most often be considered higher in the hierarchy.

3.4.9 Demonstrating rigour and trustworthiness

Memo-writing, diagramming, journal entries and consultation with the supervisory panel all enhanced the rigour of this project. See Table 3-2, inspired by Smith et al. (116) and based on criteria provided by Krefting (236), for the steps that were taken to ensure rigour and trustworthiness of this project, and support the dependability of the findings across all three sets of analysis.

Table 3-2 Strategies to support trustworthiness (inspired by Smith et al. 2019 based on criteria provided by Krefting 1991)

*1 = employed for 1990s dataset, 2 = employed for 2020 dataset, 3 = employed for comparative analysis

Strategy	Criteria	Data collection	Data analysis	Comment
Credibility	Prolonged field experience		1, 2, 3	Significant amount of time spent gaining familiarity with topic, and immersion in dataset
	Reflexivity (field journal)	2	1, 2, 3	Field journal used through all stages of analysis, and all stages of 2020 data collection
	Triangulation	1, 2		Multiple interviews with 1990s participants, both parents present during 2020 interviews
	Member checking	1, 2		Multiple interviews in 1990s allowed clarification of previous discussion points, 2020 participants could review transcripts and findings
	Peer examination	1, 2	1, 2, 3	Discussed data collection, analysis and findings with colleagues and supervisory panel
	Interview technique	1, 2		Pilot tested interviews
	Establishing authority of researcher	1, 2	1, 2	Researchers had familiarity with phenomenon, study setting, strong knowledge of the topic, and experienced in qualitative analysis
	Structural coherence		1, 2, 3	Inconsistencies in data highlighted and accounted for, range of experiences represented in data
Transferability	Dense description		1, 2, 3	Dense description of participant demographics and findings provided
Dependability	Dense description	1, 2, 3	1, 2, 3	Dense description of research methods provided
	Triangulation	1, 2		Both parents present during interviews
	Peer examination	1, 2	1, 2, 3	Colleagues and supervisory panel provided comment and feedback on research plan
	Code-recode procedure		1, 2, 3	Coding undertaken in multiple rounds, codes and transcripts revisited and recoded
Confirmability	Triangulation	1, 2		Multiple interviews, separate and combined interviews with partners
	Reflexivity	1, 2	1, 2, 3	Kept reflexive research journal, accounted for influence on the data

3.5 Summary of methodology and methods

This project sits within the interpretivism paradigm and the epistemology of social constructionism. Geertz's thick description informed the theoretical approach used in this research, along with grounded theory methodology, to provide a rich description of participant's experiences, and a theory about those experiences grounded in the data. To answer the four proposed research questions, two sets of data were required, and three sets of analysis were designed; the first to capture the experience of the family meal 30 years ago, the second to capture the experience of the family meal in a contemporary setting, and the third to compare between the two. Qualitative interview data was used across all three sets of analysis. Grounded theory methods of constant comparison, memo-writing, coding, and conceptualising were used to analyse data and create a theory that explained the data. Reflexive journaling was used to ensure rigour and trustworthiness of the research, along with peer examination, member checking and triangulation.

The subsequent four chapters present the results from each set of analysis, along with the developed theory of this thesis, in the form of a framework.

4 FAMILY MEALS IN THE 1990S

4.1 Overview

Chapter 3 presented the methodology and methods employed in this research to answer the research questions proposed in Chapter 2. The current chapter presents results from the 'historical analysis' undertaken in this research; a secondary, grounded theory analysis of interview data collected in the 1990s. This analysis was undertaken to provide a historical understanding of the experience of the family meal. Secondary analysis of qualitative data, particularly historical qualitative data, allows us to understand social processes and change through exploring these processes in their context (250). Although secondary analysis of qualitative data, particularly historical qualitative data, has come under fire methodologically, the analytical distance provided by time and the objectivity of a new analyser may add strength to the analysis (250). It is important that this data is recognised within its social and historical context (251), and that sufficient background information is provided in order to recontextualise the data (252). Therefore, this chapter begins with providing the context of what family life was like for Australian families in the 1990s, before presenting the results of the historical analysis.

4.1.1 Aims and objectives

The aim of this chapter is to present the results on the analysis of the interview data collected in the 1990s. This chapter addresses thesis objective 1:

1. To identify the experiences, processes, barriers, and enablers involved in executing the family meal 30 years ago, and to compare these between families living in high- and low-socio-economic areas.

4.2 Australian families and the food landscape in the 1990s

To provide context of the Australian family landscape in the 1990s, both the South Australian (SA) and national data are reported, where they could be located. When SA data could not be found, just the national data is reported.

The median age of adults from the SA and national population in 1990-1991 was 32 years (253, 254). The median annual family income in Adelaide (capital city of SA) was AU$34,088, ~$15,000 less than the national population median of AU$49,868 in 1993-1994 (253, 255). The large majority of Australian households in the early 1990s were family households, and in 1992, the average number of children per family household was 1.9 (256). In 1992 12.6% of families in SA were one-parent families, compared with the national average of 14%, ~88% of which were single-mother families both nationally and in SA (253, 256).

One of the biggest social changes in Australia in the 1990s was the increase in women's

participation in the labour force. In 1990, 45.6% of women in SA were working in paid employment outside of the home, compared with the national average of ~66%, an increase of 30% from 1966 (253, 257, 258). In 1991, 32% of women in Australia were stay-at-home mothers (259). Just under half (48%) of couples with dependent children in SA were in dual-employment, of which 18% were both working full-time (253). These statistics sit just below the national average of 53.3% of couples with dependent children in dual-employment, and 39% with both parents working full-time (257). The increase of dual-employed families preceded the rise of children in childcare, with approximately half of Australian children under 12 years of age in either formal or informal childcare in 1993 (256). The proportion of Australian families where only the mother was in paid employment tripled from 1979 (0.8%) to 1994 (2.5%), reflecting the start of changes in attitudes towards gender roles within families at the time (256). In 1992, women spent on average 147 minutes per day on total housework activities. This was almost four times as much as the average of 37 minutes per day men spent on these activities, despite the apparent rise in women's hours spent working outside of the household (260).

A paper presented at the 1999 National Biennial Conference of the Home Economics Institute of Australia relays how the food market looked in Australia in the 1990s. They noted a relaxation in regard to traditional mealtimes and that the archetypal 'meat and three veg' meal was being replaced with more ethnic and exotic cuisine (261). Takeaway foods and eating outside of the home were regular occurrences for most families, and microwaves were becoming popular additions to households (261). Fast-foods, pre-prepared meals and convenience ingredients such as simmer-style sauces, packet pastas and 2-minute noodles were seen as time-saving alternatives as individuals became increasingly time poor (261). Personal home computers were increasing and the internet was just starting to be used for online purchases (261). Anecdotally, and confirmed by the 1990s data, it is known that supermarket hours were still regulated, with many not permitted to be open on Sundays. Some households still had milkmen delivering their milk regularly, and greengrocer vans circulated some neighbourhoods, selling fresh fruits and vegetables.

Below are images of the two areas of recruitment, a low-socio-economic index for area (SEIFA) suburb and a high-SEIFA suburb, taken at the time of data collection in the 1990s.

Figure 4-1 Photograph of low-SEIFA suburb, 1993

Figure 4-2 Photograph of low-SEIFA suburb, 1993

Figure 4-3 Photograph of high-SEIFA suburb, 1993

Figure 4-4 Photograph of high-SEIFA suburb, 1993

4.3 Results

The results of the historical analysis of the 1990s interview data are presented as follows: Participants; Experiences of the family meal in the 1990s; Ideals versus reality at the family meal; Division of labour and responsibility for the family meal; Barriers and enablers to the family meal; and Differences in the family meal between families living in high- and low-SEIFA suburbs.

4.3.1 Participants

Sixteen families were included in this sample, eight from the high-SEIFA suburb and eight from the low-SEIFA suburb. Participant demographics are provided in Table 4-1. All participants have been given pseudonyms to protect their identities, and they have all been given family identification codes (H1, H2, L1, L2, etc.). Codes prefixed with the letter ‘H’ indicate families from the high-SEIFA suburb, and codes prefixed with the letter ‘L’ indicate families from the low-SEIFA suburb.

Table 4-1 Demographics of sampled families who participated in household food interviews in the 1990s

H families are families recruited from the high-SEIFA suburb; L families are families recruited from the low-SEIFA suburb
All data presented as n/total, unless otherwise specified

	Participant characteristics		
	Total participants n=32	**H participants n=16**	**L participants n=16**
Gender of adults			
- Male	16/32	8/16	8/16
- Female	16/32	8/16	8/16
Age of adults (years) mean (range)	38 (26-46)	39 (31-46)	36 (26-43)
Highest level of education*			
- Secondary school	13/32	3/16	10/16
- Some tertiary education	0	0	0
- Trade or business qualification	4/32	0	4/16
- Degree or tertiary diploma	10/32	9/16	1/16
- Higher Degree	4/32	4/16	0
Employment status			
- **Employed**	**20/32**	**12/16**	**8/16**
o Females	8/16	5/8	3/8
o Males	12/16	7/8	5/8
- **Homemaker**	**7/32**	**3/16**	**4/16**
o Females	7/16	3/8	4/8
o Males	0	0	0
- **Not currently employed**	**5/32**	**1/16**	**4/16**
o Females	1/16	0	1/8
o Males	4/16	1/8	3/8
	Family characteristics		
	Total families n=16	**H families n=8**	**L families n=8**
- Two-parent family	15/16	8/8	7/8
- Single-parent family	1/16	0	1/8
Number of children living at home mean (range)	2.4 (1-3)	2.4 (2-3)	2.4 (1-3)
Age in years of children living at home mean (range)	8 (0.5-19)	8 (1-15)	9 (0.5-19)
Household status*			
- Renting from housing trust	4/16	0	4/8
- Renting privately	3/16	1/8	2/8
- Paying off mortgage	3/16	3/8	0
- Outright owner	5/16	3/8	2/8
Annual household income* $AUD 1993			
- <$3,0001	0	0	0
- $3,001-$16,000	2/16	0	2/8
- $16,001-$35,000	3/16	0	3/8
- $35,001-$70,000	5/16	3/8	2/8
- >$70,000	3/16	3/8	0

*Missing data for level of education n=1, household status n=1, household income n=3

All families contained a female and male adult, and in all but one (L7) they were in a relationship and were either the parents or stepparents of the children in the household. Family L7 comprised Maxine, her daughter Alannah, and an adult boarder named Eddie. As family L7 are the only variant on the two-parent households of this sample, the families will be referred to as families, and the adults will be collectively referred to as parents, however when data pertains to this specific family, it will be noted.

Consistent with the sampling method used when collecting data, the families were diverse. Adults ages ranged from 26-46 years, number of children ranged from one to three per household, and children's ages ranged from 6 months to 19 years. The mean age of this sample appeared to be slightly older (39 years) than the median age of adults in SA at the time (33 years) (253), and the average number of children per household in this sample (2.4) was slightly higher than the state and national average of 1.9 at the time (256). Twelve of the 16 men were in paid employment, compared to eight of the 16 women. This is consistent with the state average of just under half of women in paid employment at the time, and slightly less than the national report of two-thirds of women employed outside of the home at the time (253). Three families from the low-SEIFA suburb had neither parent in paid employment at the time of the interviews, compared with no families from the high-SEIFA suburb. Four of the eight families from the high-SEIFA suburb had both parents in employment, compared with only two of the eight families from the low-SEIFA suburb. Overall, seven of the 16 families in this sample had both parents in employment, which is consistent with the state report of 48% of two-parent households in dual-employment (253). However, it should be noted that there was no information gathered on the status of employment, therefore we do not know if parents were working on a full-time, part-time, or casual basis. In all cases but one (H3) in single-working families, it was the man in paid employment, as was the norm in the 1990s, but for family H3 this appeared to be a temporary arrangement.

4.3.2 Experiences of the family meal in the 1990s

For the purposes of this research, the family meal was defined as at least some, if not most immediate family members who lived in the household, coming together at the same time, in the same place within the household, to eat a meal. This could be the morning, midday, or evening meal, it could be to consume the same food or different foods, and it could be to consume foods prepared inside or outside of the home. The evening meal was most the most common meal shared by families in this sample. Meals in the morning were often described as rushed and not often eaten as a group. Meals in the middle of the day were generally eaten separately at home, work, or school, but in families with younger children it was not uncommon for one parent to share the midday meal with children yet to start school. There was one family (L3) in this sample who ate all three meals together every day; this was facilitated by parents Gemma and Paul not in paid employment at the time and children not yet school age.

> Interviewer: So what meals does the family eat together?
> Carl: Dinner.
> Interviewer: Always dinner?
> Carl: Yes. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

> Audrey: We all eat tea together and we all have breakfast together on weekends. (Family L8, both parents employed, one child aged 10 years old)

Family meals typically took place in the kitchen, dining room, or living room for most families in this sample. Some consistently ate their family meals in the same room each day, where others had more flexibility, eating where they felt like eating at the time, often dependent on the day of the week or the food being served.

> Gaye: Five or six meals a week we would come into the main room for a proper sit-down meal. (Family H2, both parents employed, two children aged 11 and 8 years old)
>
> Interviewer: Is it ever the case that the children can come, or that you come and sit down and eat off your laps?
> Mara: Oh, Sunday nights, Sunday nights, yes, we'll eat here [living room]. Well under sufferance we eat here, yeah. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

Families also had different relationships with technology at the family meal. The most common use of technology for these families was the presence of the television at the family meal. Some families consistently ate in front of the television, where others reserved television watching during the meal to special occasions or only on certain nights. Participants also had different perceptions of television use at the family meal, with some noting that it had a negative impact on the environment of the family meal or their ability to communicate with one another. Others enjoyed the entertainment the television brought to the meal, and in some cases the distraction, allowing children to be fed more easily.

> Tim: This is our main problem at the moment, we're going to build a cabinet and just have it away, the TV, and it causes problems in that, with Josie [daughter] even, we can sit around and talk, and we don’t. It’s beginning to be a problem with the television there. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)
>
> Mary: No most of the times we eat in the lounge and watch TV. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)
>
> Frances: I think probably because we still do hold the view that having a meal is a family event and that you know you need to be paying attention to family members, not watching TV. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)
>
> Hank: Eating in front of the TV isn't good, even though we do it too often, I know it isn't good. (Family L6, both parents employed, three children aged 18, 17 and 10 years old)

Some participants in this sample described rituals, traditions and rules that were observed at the family meal, however many did not. Those that did discuss observing rituals and traditions centred largely on setting up a formal eating space and saying grace before the meal. Others that discussed rules at the family meal generally centred around how much food children had to eat, when children were allowed to leave the table, and how children should behave during the meal. These rules, and the level with which they were enforced, varied between and within families, and appeared to be highly dependent on parent's past experiences of family meals as children.

> Gaye: I do like to get the family sitting around the table in here and having a proper meal and at the moment I'm trying to boost the idea of having grace before the meal, partly because the kids are getting old enough that we don't have to have a routine grace that is just recited they can actually make a sort of spontaneous sort of contribution that way, so little by little we're increasing that, a little bit. (Family H2, both parents employed, two children aged 11 and 8 years old)

> Carl: They have to have at least one bite of everything on their plate and of course we're not big dessert eaters but that's always a threat no dessert, even though there is none. So they think they're missing something anyway… whether they eat the food or not they sit at the table until we're done. It's not a bus stop to come and go as you please. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

> Paul: I don't like talking when we're eating. I like them real quiet and just eat, you know, otherwise your tea will get cold and you'll complain about it being cold so if you just eat your food first and then talk. That's what I'm always telling them, "be quiet, eat first and then talk". That's about the only rule though . . . I used to get forced [to eat the meal] and there's no way I'm going to force my kids to eat it, because I just hated it, and I used to hate mealtimes. Whenever they came around I just wanted to run away because I was forced to eat my tea you know, so if they don't like it they don't have to eat it, but they've got to try it first. If they've never tried it before then they have to have a bite out of it. (Family L3, neither parent employed, three children, 4 years, 1.5 years and 6 months old)

Many participants in this sample spoke of the positive benefits of the family meal, and the value they thought they brought to their family. Participants valued the opportunity to spend time together, bond and communicate with one another, teach their children manners, and socialise their children into family and broader society. In the context of busy family life, these shared meals were considered a rare time for many families to be together in this way.

> Harry: Just manners, speaking to each other, at one stage we were going through family meetings, which the kids quite enjoyed because they got the idea of these sort of legal procedures at school so we made a bit of a joke out of it and then it got quite serious and

> we all started talking about the day and what happened at school and how they were going, so, yeah, it's sort of a real bonding of the family. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

> Dean: While you're there together you tend to talk about the day's events or what's happening, that sort of thing. Not only just sort of sitting and having a meal together but time to communicate as well. So I think that is fairly important. (Family L8, both parents employed, one child aged 10 years old)

For single mother Maxine, having the meal together with her daughter Alannah and their boarder Eddie was important. Although not the typical 'family', eating together was a way of creating a 'family moment' with her daughter.

> Maxine: I think it's good to have your evening meal together and I like it for Alannah so it looks a bit family-fied [sic] sort of thing, if we can all sit at the table together. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old)

Participants in this sample not only described the regularity and environment of their family meal, but also discussed the expectations around what a 'proper family meal' was or should look like. Some participants defined a proper family meal based on the structure, roles, and tradition around it, where others defined it based on the foods that were served.

> Carl: A proper meal is sitting at the table with the proper utensils and a regular plate, nothing plastic or whatever . . . for us I think the primary concern is this is a good meal, this is good food. (Family H1, both parents employed, three children aged 15, 8 and 5 years)

> Maxine: No I still think Monday to Friday you know, you're supposed to have your proper meat and three veg meals, it's sort of instilled in there. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old)

> Paul: Well I just don't see it as a meal unless we're all sitting down together. (Family L3, neither parent employed, three children, 4 years, 1.5 years and 6 months old)

Hand in hand with the expectations related to the family meal were the feelings of dissatisfaction when parents and families were not able to live up to them. Whether these were expectations they placed on themselves, or expectations they felt externally, participants felt dissatisfied when they could not achieve them or could not achieve them regularly.

> Tim: Sometimes we have a couple of takeaway meals, which sometimes I probably shouldn't have, but there's no time. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

> Connie: We don't do that enough, we sort of, you know, tried to get everyone to sit down but usually they want to sit at the TV and watch it and eat like that . . . I don't think we do that enough, sitting at the table and eating together. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

It is important to note for this sample of 32 participants, all but three had regular family meals with at least one of their parents when they were growing up. Two of these adults came from cultural backgrounds where adults and children ate separately, or men and women ate separately, which prevented the whole family eating together. However, it was noted that the family meal looked very different for most of these participants now compared to the family meals of their childhood. One participant expressed his desire for family meals to be more like they were when he was younger, while acknowledging the challenges preventing himself, and other families, from doing so.

> Hank: I'd like it to be the way it was when I was a kid. But it can't be, it's a different time, there's a different sort of demands and pressures on you. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

4.3.3 Ideal versus reality at the family meal

There was a common desire among participants in this sample to prepare one meal for the whole family that everyone would eat, and if not enjoy, at least not refuse. Conflicting food preferences of different family members made this a difficult task.

> Brooke: Like he [partner Tim] won't have mustard and he won't have capsicums and he won't have different foods . . . and even mushrooms which I adore I tend to eat less of because Tim won't. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

> Andrew: I mean to a degree the kind of kids become the lowest common denominator . . . there's a bias that kind of reflects what the kids would eat more than what we would . . . if the kids weren't there we'd be eating probably a wider variety of foods. (Family H2, both parents employed, two children aged 11 and 8 years old)

It appeared that there was a dichotomised spectrum of what participants prepared for the family meal. On one end of the spectrum was the ideal; preparing one meal that everyone in the family would eat. On the other end of the spectrum was the worst-case scenario, and for some families, a regular reality; preparing separate meals for different family members. In between the two ends of the spectrum were a range of strategies used by participants, attempting to stay as close to the ideal of one shared meal, and as far away from the unfavourable reality of preparing separate meals as they could. This was made possible when parents could find meals that both adults and children would eat; but this repertoire of meals was often limited.

> Gaye: I'm not here to go messing around making two different meals for one lot of people so I tend to buy stuff that I know they'll both like. (Family H2, both parents employed, two children aged 11 and 8 years old)

> Angela: Well everybody likes pizza, everybody likes hamburgers, yeah I like them too just not too often. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

Some participants were determined to push boundaries with their children, refusing to accommodate their preferences for every meal. This was also motivated in some cases by a desire to expand children's preferences and socialise them into the family's way of eating. These parents would serve one meal for the whole family, and if the children did not like the food, they would go without, or if old enough to do so independently, prepare themselves a snack instead.

> Carl: They are generally, 99% of the time served exactly what we eat. Whether they choose to eat it or not is another matter. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

> Gemma: No. They eat exactly what we eat if they're going to eat it. Yeah, no, I don't cook two different meals for them, no. (Family L3, neither parent employed, three children aged 4 years, 1.5 years and 6 months old)

> Hank: That's been a bit of a process too, we've had to educate their palates. We've got them used to eating more green veggies. (Family L6, both employed, three children aged 19, 17 and 10 years old)

Other parents, not feeling they could expand their children's limited palates, accommodated this ideal of preparing only one meal in the opposite way, by preparing one meal for the whole family that aligned with their children's preferences. This was also sometimes motivated by the fear that if the children refused to eat the meal, it would be detrimental to their health. While not all participants went to the extreme of entirely compromising their own food preferences for those of their children, some form of compromise for children's preferences was made in all but one family in this sample.

> Mary: Five people wanting five different things so we usually compromise, Patrick [partner] and I usually sort of compromise to suit the kids. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

> Gaye: I think what we eat now is very much shaped by what the children have expressed preference for so I'm a little but reluctant to sort of lash out on something new because I just know that Chelsea [daughter] is going to object. (Family H2, both parents employed,

two children aged 11 and 8 years old)

> Alison: I've got a couple of friends that stick very strongly by the rule that a child will eat if they're hungry and you put their meal in front of them and they either eat it or they don't and that's entirely their choice, and I guess I feel relatively comfortable with that to an extent, although I've seen the effects if they do go without a meal during the day . . . if I can see they've not eaten much I'm not happy if they don't eat something, so that, I guess that's partly why I try and give them meals that I know they are more likely to eat. (Family H3, mother employed, two children aged 11 and 8 years old)

Other strategies participants utilised to avoid preparing separate meals for the family were preparing separate additions to the meal or serving certain components of the meal differently. Leaving a certain sauce or spice out of the dish, serving half of the vegetables cooked and the other half raw, or preparing a favoured side dish, were all strategies used by parents to please all family members, without having to put in the extra money, effort, and time to prepare completely separate meals.

> Harry: Like the stir fry with the vegetables, we'd put a bit of chilli in them and so forth, so the kids – we try and not put too much chilli in, just to give it a lift and then if we want to do any more we can top it up ourselves or add more pepper or whatever. (Family H7, both employed, three children aged 13, 12 and 10 years old)

> Patrick: Mary [partner] will say, "do you want this tonight?" And sometimes there Harvey [son] will say, "no." And she might be cooking a stir fry with rice and stuff like that, so Harvey ends up with potatoes and some stuff to go with his. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

Although cooking multiple meals for the family was not the ideal, it was a reality for many participants in this sample to ensure everyone was fed. Cooking separate meals for the family could involve two very distinctive meals being prepared, for example, spaghetti and steak. Or it could involve preparing two meals that had similar components, such as the same meat and vegetables but prepared in different ways, or different meats and vegetables prepared in the same way. There were very few participants who engaged in this strategy and were pleased for doing so. Most parents were disappointed or frustrated at the fact that they had to prepare multiple meals and, in some cases, felt judged for having to do so.

> Meg: Or two meals, for the children . . . I prepare a half of [sic] chicken and half pork you know . . . separate, different meat, different vegetable. (Family L5, father employed and studying, stay-at-home mother, three children aged 11, 9 and 3 years old)

> Alison: It's a nuisance. It's a great nuisance . . . when I'm cooking two separate things I'll do

> things that I know the children will definitely eat, so at least I don't feel I've gone to all this trouble to do two separate things and find that they don't eat what I gave them anyway . . . I know from some of the things that she [her mother] says, she's surprised to hear that I will cook two different things. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old)

4.3.4 Division of labour and responsibility for the family meal

The family meal would not be possible if not for someone taking responsibility for the tasks required to execute it. In this sample it was the parents who took responsibility for the tasks required for the family meal. Children, regardless of age, did not regularly contribute to these tasks or take on much responsibility for the family meal. It was most common in this sample for just one parent to take on most of this responsibility, taking on the role of 'primary food provider' for the family meal. Participants in this sample generally attributed this allocation of responsibility to just one parent because they were more available to do these tasks. This allocation exclusively fell to the woman in the household.

> Alison: Mainly because he's [partner Derek] not, hasn't been around, he is around a bit more now, but normally I'm home and he isn't and his dinner often used to sit waiting to be warmed up when he came in, so, yeah, I think that's probably why it's fallen onto me, mainly because I'm more available. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old)

> Frances: See I don't work as such, so I really take on those responsibilities more. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

> Interviewer: So whose responsibility is it to make up the shopping list?
> Brooke: Me.
> Tim: I rarely get involved in it. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

In households where there was one parent allocated primary food provider, some partners took on the role of 'alternative food provider'. As all primary food providers were women, it was only ever men who took on the role of alternative food provider in this sample. The level and frequency of involvement of men varied from family to family, and within families over time. No clear pattern was identified among this sample that indicated which family arrangements were more inclined to have men involved in food work. Even work arrangements did not necessarily account for their involvement, with variation in men's involvement regardless of who was, or was not, employed outside of the home. Their limited involvement in food work was often explained by participants as a result of time constraints, perceived lack of skill, or in some cases, minimal desire to be involved.

Interviewer: Does Colin ever prepare the meals?
Frances: Occasionally.
Interviewer: When you say occasionally is that –
Frances: If I were sick or dead or [*laughter*] No . . . he does Saturday lunch . . . Apart from that he would rarely cook. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

Mary: I do it mostly unless I feel a little run down or worn out or you know or had a hard time or something or I'm grumpy [*laughing*] and Patrick [partner] says he'll cook . . . or I'll put it on and I leave it cause the kids want me for something and I go back in and Patrick is there moving and I think, *oh he's got it*, so I go back in the room (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

Andrew: Yeah, so in theory with the family structure it shouldn't be that way, but I think my guess is that Gaye would do three-quarters of the food preparation, take a guess. (Family H2, both parents employed, two children aged 11 and 8 years old)

While it was most common in this sample for one parent to be primarily responsible for the family meal, and for the other parent to at most take on an alternative role, there were other families where the responsibility was more evenly shared. However, even when this was the case, participants often described sharing the more physical work involved in the family meal, such as shopping for food or preparing the meal itself. The more invisible tasks involved, such as planning and making decisions about the meal, were still generally the responsibility of women. This was evidenced by descriptions of men only doing the food shopping with their partners, or with a list provided by their partners, and in some cases reheating leftovers when in charge of preparing meals. The share of responsibilities split between parents varied considerably, with very few perceiving a completely even split across all tasks related to family meals.

Vera: Oho [partner] can do the shopping but- butcher he knows exactly what we want and what we like so he can get some [sic], but for the normal shopping if he will go [sic] he will have to have list [sic] what I want him to buy [sic]. (Family L4, both parents employed, three children aged 19, 15 and 10 years old)

Gaye: Like this evening he [partner Andrew] talked to me about what he thought we should have for dinner and he put it on just because he had a grip on what he wanted to see done, it was mainly leftovers, he knew what we had by way of leftovers and so he did it, that happens occasionally. (Family H2, both parents employed, two children aged 11 and 8 years old)

When men were involved, there were notable differences in food practices between men and

women even from the same household. Women were more likely to plan and purchase items for meals in advance, and men were more likely to prepare something quickly in-the-moment. Women were more likely to do the day-to-day tasks, where men were more likely to be involved spontaneously, viewing it as ‘recreation’. Women were also more likely to consider the food preferences of family members when deciding what to prepare for the family meal, where men were more likely to prepare what they felt like eating, sometimes disregarding the preferences of their children or partner.

> Carl: This has always been a bone of contention, I'm more of an intuitive cook . . . throw in whatever’s leftover can create some decent meals and Angela’s [partner] very much by the number, she'll find a recipe that looks good, and it will be good of course. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

> Martin: Maureen [partner] does mostly for the kids and I do for us two . . . ‘cause I tend to make foods the kids don't like and she says, “why do you do that because they won't eat it anyway?” I say, “well they've got to start to learn somewhere, you've got to keep throwing it at them.” (Family H4, both employed, three children aged 8, 7 and 4 years old)

> Tim: I much prefer you know, if I was having a meal tonight, I could knock up a curry now to eat at eight thirty tonight, and have the stereo going, and chop it up and maybe have a beer or drink of something while you're doing it. I make it a recreational pursuit as distinct from just a, you know, make it an event rather than just a task. I don't mind it then. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

There was also a sense of expectation on the type of meal to be served depending on whether men were present or absent for the meal. Many women expressed relief at not having to prepare a ‘proper’ meal when men were absent from the family meal. While many men adapted the food served at the family meal when women were away, the sense of relief at not having to prepare a particular type of meal was not as evident. Instead, most of the men were just happy to get something on the table. This indicated an expectation for some women, whether real or perceived, that if a man was present for the meal, a particular type of meal should be served.

> Maxine: I've spoken to other mothers and like if their husbands are working away . . . *oh, great*, you know, baked beans on toast for the kids. Straight away it's, *oh the relief from cooking*. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old)

> Angela: Frequently too he’s [partner Carl] away and there is no point in cooking a big meal because they [children] won’t eat it and I don’t want to. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

Interviewer: If Gaye [partner] is absent do you think that makes the meals that you prepare for the kids different, I mean would you consciously-
Andrew: I'm inclined to say I'd give the kids some Vienna sausages in a roll and a few veg, you know some raw carrot to have or whatever and say that's not too bad an approximation of a balanced meal. So I suspect it doesn't have that same sort of wholesomeness approach that Gaye would. (Family H2, both parents employed, two children aged 11 and 8 years old)

4.3.5 Barriers and enablers to the family meal

While not explicitly asked of participants, through the analysis of interviews, the barriers and enablers to family meals experienced by these families were explored and identified. As this was a question asked of the data, and not of the participants, the data supporting these findings are not particularly robust. These results present an idea of the types of barriers and enablers to the family meal participants from this sample faced.

Three barriers were identified as making the family meal challenging for this sample. The first was scheduling clashes as a result of differing activities and commitments of family members. The second was children's growing independence resulting in them being absent for the meal or eating their meal separately from the family out of preference. The third was children's disruptive behaviours at the family meal. These barriers could impact what was served at the meal, how long the meal lasted, the environment of the meal, whether family members ate together or separately, or whether the meal happened at all.

Tim: Share meals? Fairly awkward. The first thing is obviously the young guy eats different meals than us and quite often he's in bed before I'm home from work so, yeah, I'd say we share a couple of meals a week. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

Vera: Not always. I try to make [sic] when everybody's at home, but sometimes it's very hard because Filip the oldest one, sometimes after they working [sic], so it's you know, I try. (Family L4, both parents employed, three children aged 19, 15 and 10 years old)

Hank: I think the fact that we've got a couple of televisions has impacted on that family unity and the boys are always doing something. They've always got something on, so eating your meal is not something they spend a long time over. If they're hungry they'll eat and they've got somewhere to go. (Family L6, both employed, three children aged 19, 17 and 10 years old)

Gaye: Well we had a bit of a problem just this evening actually because she [daughter] loves spaghetti but she hates tagliatelle . . . and this evening we put some tagliatelle on her

plate, just a small serve and said, “is that too much?” And she said, “take away a little bit.” So we took away a little bit . . . and she had her vegetables, she ate her vegetables all right but then she stopped and she didn’t want the spaghetti so we had to ban her from the table for the rest of the meal. (Family H2, both parents employed, two children aged 11 and 8 years old)

Exploring factors that enabled families to come together was challenging, particularly when participants were not asked this question directly. Through the analysis the following enablers were identified: having available time to come together for the meal, having convenience items and equipment on hand, being flexible with the timing of the meal, being motivated and committed to having the meal together, and having the space and facilities available to prepare and eat the meal.

Mara: Tuesday night has been the only night that none of us have any other activities, no other sport, there's no practice, there's no, no other things to disrupt us on a Tuesday night. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

Hank: They’re making more foods, additives and so on, that make it easier for you to prepare a quick meal. You’ve got microwave ovens, you’ve got all these different sauces that you just add, you know, it just makes a very basic thing like chicken fillet into a very tasty meal. (Family L6, both employed, three children aged 19, 17 and 10 years old)

Colin: Oh certainly, it is delayed on occasion, yeah. Frances [partner] has had the option, particularly when the kids were young, younger, of having a meal without me, but very often she's delayed it so that we could have the meal together. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

Gemma: I like to encourage them all to sit down to tea together because it should be a done thing . . . we basically have every meal together. (Family L3, neither parent employed, three children aged 4 years, 1.5 years and 6 months old)

Maxine: I’ve just gone up to that size fridge. I had a pokey little fridge prior to that, so I’m quite happy with this fridge . . . I never really bought many convenience frozen foods before and now I do . . . For a quick meal, like when I come home from college I just couldn’t be bothered sometimes and I’ve bought the Chinese vegetables . . . it makes a quick, nice meal, and all those things I never bought before because I had a pokey little freezer. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old)

4.3.6 Differences in the family meal between families living in high- and low-SEIFA suburbs

While a sub-objective of the historical analysis was to explore the differences in the experiences of

the family meal between families living in high- and low-socio-economic areas, differences between families living in the high- and low-SEIFA suburbs were not frequently observed. As a sub-objective of this analysis, differences were sought out and identified, however it should be noted that the findings presented below are the very minimal differences that were noted between the two SEIFA groups, and thus are not supported by an abundance of evidence. These are indications of subtle differences worth further exploration in a study designed specifically to explore these differences. The main differences identified between families living in the high- compared to the low-SEIFA areas, as discussed below, were in the way either money or time was prioritised when making decisions for the family meal, the purpose of the family meal, and the delegation of responsibility for the work involved.

4.3.6.1 Priorities of time or money

The data shows that one of the more obvious differences noted between families from the high- and low-SEIFA suburbs was the priority placed on money or time when making decisions for the family meal. Participants from the low-SEIFA suburb in general appeared to consider money as a higher priority than participants from the high-SEIFA suburb. When asked how purchasing practices would change if families had more money, while participants across both groups indicated they would eat at restaurants more frequently and purchase more luxury food items, some from the low-SEIFA suburb described how they would increase the variety and quality of foods served at the meal. This indicated a discrepancy between participants from the low-SEIFA suburb improving the quality of the food served at the meal, rather than the quality of the experience. This was further evidenced by participants from the high-SEIFA suburb describing frequently overshooting somewhat elastic budgets, and participants from the low-SEIFA suburb describing stricter budgeting practices.

> Mara: Oh, we might eat out more, but we wouldn't change what we eat at home. (Family H7, both parents employed, 3 children aged 13, 12, and 10 years old)

> Patrick: If we had the chance and we weren't on the dole or money was looking our way and we were pretty well off, you could go for those foods you know? But fruit and veg you just don't get that far in the supermarket, you go right around the supermarket and you might get a few things. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

> Interviewer: Do you have a certain amount of . . . money that you set aside to spend on food?
> Gemma: Yep, usually . . . usually around $160.
> Interviewer: For a fortnight, that’s a fortnight?
> Gemma: Yeah.

Interviewer: Do you ever run out of money for food?
Gemma: Yeah, often, but I've sort of got my parents there so I always go to them, if I do, I'll make a loan off of them. Actually sometimes, not often, usually we'll, like we'll make it right up to like today, the day before, our cheques due tomorrow . . . we'll just have usually something just all sort of bits and pieces all thrown together for tea that night. (Family H3, father unemployed, stay-at-home mother, three children aged 4 years, 1.5 years and 6 months old)

Brooke: I usually take out $150 a week and hopefully that does everything . . . it's fairly elastic I tend to go back and get some more, depending on how much we do have left in the bank, but usually there's enough to go back to . . . But I tend not, I don't like going over it. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

The opposite appeared to be the case for time, with more participants from the high-SEIFA suburb describing time as a high priority when making decisions for the family meal. All participants from the high-SEIFA suburb discussed needing quick meals and having limited time to carry out family meal tasks. Only two participants from the low-SEIFA suburb described feeling limited with time to carry out family meal tasks, and both were families with dual-employed parents. The trade-off between time and money was prominent among participants from the high-SEIFA suburb, with many spending more money for convenience foods that would reduce the time required for meal preparation.

Gaye: Because I work I don't have time, but because I work I've got the money to spend on some of the convenience foods. So if I didn't have the money and I did have the time, I might buy cheaper cuts of meat and chop off all the fat and gristle, or I might you know do my own de-boning of chickens and things. But because I've got the money but not the time I go out and buy chicken breasts and I go and get better cuts of meat and so on. (Family H2, both parents employed, two children aged 11 and 8 years old)

Sylvia: Time, I always have plenty of time. (Family L2, father unemployed, stay-at-home mother, two children aged 6 and 3 years old)

4.3.6.2 The purpose of the family meal

Through the analysis, it became apparent that the family meal served multiple purposes beyond just getting the family fed for participants from the high-SEIFA suburb. Participants from the high-SEIFA suburb appeared to not only want to ensure all family members were fed at the meal, but that the meal itself was a pleasant experience, that children were expanding their tastebuds and displaying appropriate table manners. For many participants from the high-SEIFA suburb, the family meal served as an opportunity to socialise children, not just feed them. While many of these desires were mentioned by participants from the low-SEIFA suburb, they were not as prominent as

those from the high-SEIFA suburb. This was evidenced by many participants from the high-SEIFA suburb factoring in their desire to develop their children's palates when deciding what to prepare for the family meal, as opposed to just three from the low-SEIFA suburb.

> Brooke: I don't always provide the same things like chops and sausages and vegetables for the kids, I still provide them sometimes with the spaghetti, even though I know they won't eat it, because I think that they've got to try it and if they don't get it they starve basically. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

> Maxine: And like I feel that if a child say doesn't like tomato or doesn't like a food, you let them go. That's not being finicky, that's personal choice, personal taste. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old)

The desire for a pleasant experience at the meal for participants from the high-SEIFA suburb resulted in parents preparing meals they knew would be accepted by their children, or forgoing the family aspect of the meal, and eating separately from their children so they could enjoy the meal themselves. Again, while these behaviours still occurred in families from the low-SEIFA suburb, it was less common.

> Angela: It's just not worth the battle, not worth getting that upset and not making mealtime a pleasant time. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

> Rose: A nice time for Vic [partner] and myself to have just to talk about the day, if we've still got the strength to talk. (Family H8, father employed, 2 children aged 6 and 3 years old)

The location of the family meal also indicated the expectation on the function or purpose of the meal. Family meals were 'normally' or 'usually' served in the living room for several families from the low-SEIFA suburb, which was not the case for any families from the high-SEIFA suburb. Additionally, three families from the low-SEIFA suburb 'usually' had the television on during the meal, compared to just one family from the high-SEIFA suburb. For families from the low-SEIFA suburb, it appeared the main purpose of the meal was to get the family fed, and therefore it did not matter how formal or relaxed the meal was, whether children's palates were being developed, whether the television was on or whether the family was communicating.

> Carl: No, we'd never have it [the family meal] in our laps sitting around here [living room]. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

> Patrick: We don't normally sit around the table, it's only if we sit down to a hot dinner . . . if we have a roast we usually sit there, but normally we're in here [living room]. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

Interviewer: Do you have the telly on or off?
Sylvia: On . . . usually around the news time because then Donald [partner] gets to watch the news, it's peace and quiet. (Family L2, father employed, stay-at-home mother, two children aged 6 and 3 years old)

4.3.6.3 Person responsible for food work

The final difference noted between the SEIFA groups was related to the division of labour regarding food work for the family meal. As described previously, the most common arrangement in this sample was for women to hold the role of primary food provider, and men to hold the role of alternative food provider. In families from the high-SEIFA suburb, men would most commonly be involved on weekends or when their partners were not available. This differed from families from the low-SEIFA suburb, where men were also likely to get involved when their partners needed a break, not just when they were not physically available. Additionally, men from the low-SEIFA suburb were involved more regularly than men from the high-SEIFA suburb, particularly in terms of meal preparation.

Interviewer: I was asking you earlier whether it was possible to put an actual frequency on the number meals Colin [partner] might make? I mean it's just rarely, is that the message I'm getting?
Frances: To actually cook in the kitchen, it would be very rare, like about once a year or twice a year or something like that I would say. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

Mara: Well I'd do the majority, but Harry's [partner] not too bad…if I have a meeting or something in the evening and I'm not going to be home till late he's happy to get in and start things. (Family H7, both employed, three children aged 13, 12 and 10 years old)

Patrick: Well Mary [partner] cooks meals, if she wants a break well, I'll give her a break and I'll cook it, I'm always there if she wants anything. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

Dean: If Audrey [partner] says, "what do you want for tea?" I'll say, "I don't mind cooking it" and she'll say, "I'll give you a hand". (Family L8, both parents employed, one child aged 10 years old)

Although there were few families who described a perceived 'even split' between partners regarding family meal tasks, the actual 'split' of tasks was not always across every process involved in the family meal. There were two families from the low-SEIFA suburb who were the exception. Interestingly, one of these families had both parents employed out of the household (L6), and in the other only the father was employed (L2). There were no families from the high-

SEIFA suburb that displayed the same division of responsibility; there were some who had both parents involved in some of the processes, but none shared them all.

> Donald: I could be at work and I say to Sylvia [partner], “what do you want for tea tomorrow night?” and she goes, “oh what do you want?” I say, “oh I don't want chops, let’s have a casserole.” So we'll pull sausages out and Sylvia will cook it during the day. (Family L2, father employed, stay-at-home mother, two children aged 6 and 3 years old)

> Connie: I've always sort of set down the rule that I'm not responsible for all of the housework, or all of the cooking, or all of the washing if I'm working and we're equal in our working hours and all that, well everyone's going to be equal in cleaning the house and cooking and washing and everything. (Family L6, both employed, three children aged 19, 17 and 10 years old)

4.4 Discussion

This chapter presented results from the historical analysis undertaken on the 1990s interview data, with the intention of furthering our understanding of the experiences, barriers and enablers of family meals as perceived by parents 30 years ago. The results inform us that experiences of the family meal were varied, parents ideally aimed to prepare just the one meal for the family but had to contend with conflicting food preferences of family members, and women were still largely responsible for the tasks involved. Several barriers and enablers to the family meal were identified and explored. Finally, the comparison between families from the high- and low-SEIFA suburbs identified differences between priorities, purpose, and delegation of workload for the family meal.

4.4.1 One meal versus multiple meals at the family meal

For all families in the 1990s sample, there was a desire to prepare food for the family meal that would at least be eaten, if not enjoyed, by each family member. Ideally, this would be the preparation of just one meal for the whole family, however, this was a challenging task due to the different food preferences of family members. With so many preferences to contend with, it was almost impossible for parents to accommodate them all. Participants in the 1990s sample found themselves on a spectrum between the ideal of preparing one meal for the whole family or preparing multiple meals to please individual family members. If deciding to prepare one meal for the whole family, it was rare that every family member’s preference would be met. Parents had to choose whether the one meal aligned more with their own, or with their children’s preferences.

Having to contend with multiple family members preferences is a fairly recent phenomenon, with past literature indicating that the foods served at the family meal aligned most closely with the preferences of the father, as the patriarchal head of the household (47, 49). In the past, children’s preferences were only considered if fathers were absent, and mother’s preferences only

considered when children and husbands were elsewhere for the meal (49). In the 1990s sample, children's preferences appeared to be considered at least on par, if not above, many parents' preferences, a finding consistent with previous literature (42, 66, 71, 72, 74). This resonates with the rise of children from passive receivers of food and nutrition to active participants in decision-making for the household (67, 85, 262). This shift has been proposed as a result of the increase in the 'democratic rights' of children, and the 'child-centred' parenting and feeding styles that were being promoted in the 1990s (262). This shift from authoritarian feeding-styles to encouraging freedom in food choices of children has evolved since the 1950's (247) and it is now considered best practice to provide children with autonomy regarding food choice (263).

While children's autonomy and increased involvement in food decision-making has been promoted as positive for their growth and development (263); a developmental norm is for children to experience neophobia (fear of the new) when introduced to new foods and flavours, responding by rejecting novel foods (24, 27). This means that involving children in food decisions or attempting to cater to children's preferences can be very challenging. Many parents in the 1990s sample failed to see why they should prepare meals to accommodate their children's preferences, if their children would suddenly refuse to eat them and cause conflict at the meal. Additionally, many parents did not want to eat 'simple' children's foods. This resulted in a constant negotiation between parent's desires to serve a meal that their children would eat, and their desires to prepare a meal that they too would enjoy (67, 113, 151). This has been repeatedly found in prior literature, with children's picky-eating and meal refusal behaviours resulting in parents accommodating children's preferences in one way or another (42, 43, 70, 71, 73, 74, 78, 219). Parents in the 1990s sample used a range of different strategies to avoid preparing separate meals whilst minimising conflict and maintaining harmony between family members. Preparing alternative components to the meal, preparing the same ingredients in different ways, or removing or adding specific ingredients to the meal were strategies used to accommodate multiple food preferences. However, there were instances where the preparation of separate meals could not be avoided. While not the desired outcome for most participants, and often spoken of with resignation and frustration, preparation of separate meals was a reality for many.

This negotiation between the 'ideal' of preparing one meal and the 'reality' of preparing multiple meals is not a new concept (67, 113, 151, 264). The results from the present analysis indicate that these two concepts sit on opposing ends of a spectrum, with parents sitting anywhere between the two extremes on any given family meal occasion. Where parents sat on the spectrum depended on several factors, including practicality and resources in terms of time, money, space, facilities and energy levels, along with their priorities, and ideologies surrounding the family meal. Sharing one meal as a family has been identified in previous research as crucial to the performance of the 'proper meal', and for developing children's palates and socialising them into family meal practices (264). Indeed, in this sample, developing and expanding children's palates was a motivator for

preparing one meal for the family to share. However, parents were concerned of the negative consequences to children's health and behaviour if they refused to eat the meal. Where previous authors have proposed that the strategies parents use in accommodating children's preferences are reflective of the level of status children hold in each family (67, 85), the present findings suggest that it has more to do with parents motivations for, and their own and their children's expectations of, the meal. While the dichotomy between preparing one meal or several meals for the family is not new (151, 264), this analysis expands on the motivations behind parents' behaviours. Additionally, it provides insight into the range of alternative strategies employed to avoid preparing separate meals for the family, while still ensuring the family are fed and the meal is a pleasant experience.

4.4.2 Allocation of responsibility of the family meal to women

Executing the family meal regularly requires concerted effort and coordination (47, 121). In the 1990s sample, it was overwhelmingly the case that one parent was primarily responsible for the work involved in executing the family meal. This duty was undertaken almost universally by the woman in every household. While two households perceived a more even split of these tasks between the two adults, this was an exception to the rule of women taking primary responsibility and men taking a minor role in these tasks, if any at all. This resonates with Charles and Kerr's work in the UK, and DeVault's work in the USA in the 1980's, where majority of women in their respective samples were responsible for the daily preparation of meals for the family (47, 49).

There were no men in the 1990s sample who took full responsibility for the food work for the family meal, however this is not to say that they had no control or influence over this domain. Previous research has identified that having responsibility for the provision of food for the family does not necessarily mean you have control over it (49, 265). Even though women may be responsible for undertaking the work required for the family meal, men in many cases still hold the power as the breadwinners of the family, and without their income, many women would not be able to provide food for the family (49). While not overtly explored in the present analysis, there were some indications that although men were not actively participating in the food work, they still exerted some control over it. This was seen in the expectations some women felt to prepare a certain type of meal if their partners were present, that they should be the ones preparing the meals as their partners were out earning an income, and when women had to ask their partners for money to purchase food for the meal.

Although no men took on the primary responsibility for food tasks in the 1990s sample, there were those who were involved in some capacity. Men most commonly took on alternative food provider roles in the 1990s sample, undertaking tasks when their partners could not, and in many cases under their partners direct instruction. There was no clear indication from the present analysis as to what family arrangements were more conducive to men's participation in food work. There were

men who worked outside of the home who participated in family meal tasks, regardless of whether their partners were employed outside of the home or not. Conversely, there were men who were not employed who did not participate in family meal tasks, regardless of their partners employment status. There was no clear pattern concerning other demographic characteristics of families either, such as age of children, age of parents, or levels of education. This sits in contrast to Metcalfe et al.'s work in the UK where fathers were found to share more responsibility for food tasks if their partners worked full-time, and less likely to do so if their partners did not work outside of the home, regardless of their own working status (134).

The lack of men's involvement in food tasks in the 1990s sample speaks to the unequal division of labour experienced in many households at the time (47, 49). Interestingly, although the division of labour regarding the family meal was clear and apparent in many households, most parents justified the arrangement, and there were few who expressed feelings of injustice at their situation. Research has shown that the perceived unequal burden of labour can have negative repercussions for mental and physical health (266), and for satisfaction within the relationship (267). However the present study echoes findings from previous work by Fielding-Singh, that although parents may express frustration at the arrangement, very few, if any, specifically call out the arrangement as unjust (127). This is likely due to the expectations on the roles of men and women at the time, or perhaps due to an inability or lack of desire to express these sentiments in the interviews used to capture this data.

This expectation on the roles of men and women both inside and outside the household can be seen in the increase in women's entrance, or re-entrance, into the workforce not being met with an equal decrease in time spent undertaking duties within the home (122). As described in Chapter 2, this double burden of responsibility and work both inside and outside of the home has been termed the 'second shift' by sociologist Arlie Hochschild (122). There are many theories as to why women continued to bear this burden of responsibility despite their increase in work hours outside of the home. Their inherent skills and expertise in this domain has been proposed as one such theory (47, 49), along with men's perceived incompetence in undertaking these tasks (43, 113, 119, 127). Additionally, provision of food has been seen as a way to demonstrate, love, care, and nourishment (47, 49, 85, 121). This is part of emotion work, that women too seem to undertake more than men. Building on Hochschild's 'second shift', this additional work, ensuring the emotional wellbeing of children, partners, parents, other family members and friends, has been proposed to be women's 'third shift' (268). Women positioned as the nurturers of the family and provision of food seen as a demonstration of love, is likely why despite their increased participation in the workforce, they were still primarily responsible for the family meal, taking on these 'second' and 'third' shifts.

Women's entrenched role as primary food provider was further supported in this sample by men's

involvement in predominantly supportive or assistant capacities, something that they could more or less opt in and out of as needed or desired (134). Men in the 1990s sample commonly argued their lack of time, availability, skills, and desire prevented them from participating in this work more regularly. When they were involved in family meal tasks, it was often under instruction by their partners (women), undertaken spontaneously and with minimal precision, and often with little thought for their family members. This echoes previous work reporting men only entering the kitchen under strict instructions from their wives (49), being more likely to 'throw things together' (47), not giving much thought to planning (134), cooking foods more in line with their food preferences than other family members (67), taking on 'assistant' roles in the kitchen (117), and viewing cooking as a recreation activity, a lifestyle choice rather than a responsibility for feeding the family (119). While it has been argued that these efforts do not reduce the burden for women considerably, it is still an improvement on previous generations, it is still relieving some pressure from women, and the family are still getting fed. Whether men's continued lack of involvement in these tasks was due to their own reticence, or women's reluctance to let them into the kitchen, is not altogether clear (43, 127). Regardless of the changing nature of women's roles and responsibilities outside of the home, it appeared that their role and responsibility inside the home remained relatively unchanged at this point in time.

4.4.3 Exploring the differences between families living in high- and low-SEIFA suburbs

There were minimal notable differences found between families living in the high- and low-SEIFA suburbs in the 1990s sample. A sub-objective of this analysis was to explore these differences, and to look at how our universal approach to the family meal may be underserving particular communities who face different challenges. While differences between the two groups in the 1990s sample were expected due to socio-economic differences found in previous family meal literature, they were not overly apparent. This may be as a result of the types of families who elected to participate in this research. While the demographics of the participants from the high- and low-SEIFA suburbs differed, they were not representative of either extreme, with all families in the 1990s sample living in stable, secure housing, with the facilities and resources to produce a family meal regularly. Additionally, it was apparent that the experiences of the family meal depended largely on individual circumstances, not necessarily on the SEIFA suburb in which individuals lived, which may also account for the minimal differences found between the two groups.

An observed difference between participants from the two SEIFA suburbs were the considerations of either money or time when making decisions for the family meal. Participants living in the low-SEIFA suburb generally described having enough time to carry out family meal tasks, however many felt limited by money when making decisions for the family meal. The opposite was found for most families living in the high-SEIFA suburb. These findings indicate that while money and time were factors considered by almost all participants, they generally described having enough of one,

and a scarcity of the other. This has been found in previous research, with Venn et al. reporting the majority of their Australian participants experienced either time or income scarcity, with very few experiencing both concurrently (269). The difference in considerations of time or money by the different SEIFA groups in the 1990s sample may be best explained by the demographic characteristics of participants in the two groups. Participants from the high-SEIFA suburb generally had higher rates of employment and higher incomes than those from the low-SEIFA suburb, which may explain why they reported having less time and more money than the low-SEIFA suburb participants. This is further evidenced by families L4 and L8 from the low-SEIFA suburb describing time as a more pressing consideration than money, with both parents in employment and earning comparable income to families from the high-SEIFA suburb.

Experiencing time as a limited resource when employed outside of the home is not a unique phenomenon. Employed individuals in Strazdins et al.'s Australian study were more likely to report having less time available to undertake tasks and to feel more time pressure than their unemployed counterparts (270). What is unusual in the 1990s sample, is that women from the high-SEIFA suburb described feeling time pressured regardless of their employment status, which was not found to be the case in the low-SEIFA suburb. This is an early indication of what has recently been termed the 'cognitive' or 'mental' load, and speaks to a more temporal understanding of time, with individuals experiencing time pressure despite having the same physical time to undertake tasks as others (270). The variation found between expectation and value of time, despite having the same 24 hours available in the day, has been theorised to be dependent on social status (269, 271). Wills et al. explored social class distinctions in family eating practices in Scotland, and they reported working-class families in their sample arranged their time with more flexibility, in contrast to the middle-class families who described feeling more constrained by time (271). While income and employment status likely account for the discrepancies seen between the two SEIFA groups in the 1990s sample, there may be some social understandings of time that are responsible for the experiences of unemployed mothers from the high-SEIFA suburb.

Another difference between the two SEIFA subgroups was noted in the purpose placed on the family meal. It was apparent that most participants felt the family meal was valuable, however, it appeared that for those from the high-SEIFA suburb, the family meal served a purpose beyond just feeding the family. Participants from the high-SEIFA suburb were more likely to describe formality at the meal, a desire for the meal to be a pleasant experience, and the use of the meal as an opportunity to develop children's palates, role model and teach children manners and social cues. This has been echoed in previous work, with parents from middle-class and high socio-economic households more likely to view themselves as responsible for developing and cultivating their children's food practices, palates, and manners, ensuring their children are received well into broader society (271-273). These considerations were not as commonly discussed by participants living in the low-SEIFA suburb. Instead, it was common for participants from the low-SEIFA suburb

to describe preparing meals that they knew would be eaten by their children, eating in the living room where there was space and heating, and eating in front of the television regardless of its impact on family communication. This difference in the function and purpose of the family meal may be demonstrative of a difference in social class.

Bourdieu developed the term ‘habitus’ to describe the set of behaviours, attitudes and beliefs that are ascribed to a particular group, or ‘class’ of people (274). This set of behaviours, attitudes and beliefs are often enacted without thought, as they are imprinted on people as a result of the socio-cultural context in which they were raised and now live (274). In terms of consumption, Bourdieu writes that the true basis of the differences between the classes is the “opposition between the tastes of luxury (or freedom) and the tastes of necessity” (274)[(p173)]. This has been demonstrated in previous work, with Wills et al. reporting the priority of the family meal for working-class families in their sample was to ensure that all members were fed, compared to middle-class families where it was about self-presentation; “form (aesthetics) over functionality (‘getting fed’)” (271)[(p735)]. However, while these differences between form and functionality were noted between the two groups in the 1990s sample, SEIFA suburbs were used as a proxy for socio-economic position (SEP), and belonging to a particular class is more than having similar demographic characteristics to your neighbours (275). Therefore, although these differences may be partly described by a possible difference in social class, other factors such as family upbringing, priorities, values and resources may also be important.

Finally, there was a small difference noted between the two SEIFA groups regarding men’s participation in the food work required for the family meal. As discussed above, men across the entire sample rarely participated in these tasks beyond an ‘alternative food provider’ role. However, it was observed that men from the low-SEIFA suburb participated more regularly than their high-SEIFA suburb counterparts. Additionally, there were some participants from the low-SEIFA suburb who described a more even split of these tasks between adults, which was not described by any of the participants from the high-SEIFA suburb. This finding contradicts previous work, with both Charles and Kerr, DeVault indicating that working-class men were less likely to be involved, or show an interest in food work than middle-class men in their respective samples (47, 49). However, Harnack et al.’s 1990s study out of the USA reported men from households with lower incomes were three times as likely to be involved in meal planning processes than men from high income households (128). Why these patterns are contradictory is unclear. In the 1990s sample, there were more men living in the low-SEIFA suburb who were unemployed, perhaps allowing them more time to be involved in food work. However, this only goes part way to explaining this incongruence, as some of the men who were frequently involved in family meal food work were employed outside of the home. Perhaps this is reflective of the changes to men’s and women’s position and role in the household and in greater society. Or perhaps it is simply indicative of personal preferences, past experiences, and desired arrangements for each household.

4.4.4 Strengths and limitations of the historical analysis

A strength of the findings presented from the historical analysis of the 1990s interview data is in their ability to provide an understanding of the family meal landscape from the past, without having to rely on participant's retrospective accounts or memory. The 1990s data is rich with multiple interviews conducted with the same family over time, increasing opportunities for trust and rapport building between interviewer and participants, and therefore eliciting more honest responses. Additionally, conducting interviews with parents both separately and together provided opportunities for parents to speak honestly about their own accounts, but also to keep one another accountable in their responses, and provide an opportunity for triangulation (252). This sample is also unique in that half of the participants were male, providing a much-needed representation of men's and fathers' experiences of food provision and the family meal (129, 134). Additional rigour is added to the present findings due to the processes of immersion in the dataset, memo-writing, reflective journaling, development of explanatory models and regular consultations with the research team to discuss queries, findings and theories (232).

The main limitation to this analysis was the inability to conduct theoretical sampling proper, as follow-up with participants and investigation of specific lines of inquiry could not be undertaken. Furthermore, participants self-selected to be involved, therefore self-selection bias could have occurred whereby participants opted to be involved because they had an interest in the project. Therefore, the full range of views and experiences of the family meal may not have been adequately captured. While interviewing parents separately, and over several occasions added strength to the analysis, it also posed some limitations; namely that there were often conflicting accounts between parents, and sometimes between interviews, making it difficult to discern the true nature of some aspects of the data.

4.5 Conclusion

The 32 participants interviewed for this analysis provided rich descriptions of their family meal experiences. The family meal was a coveted and valued event for most families in the 1990s sample but was proving harder to achieve with the increased autonomy of children, and increased participation of women in the workforce. Participants indicated that the evening was the most common time for the family to share a meal together, but there was variation in when the meals occurred, where in the household they took place, and what other activities were occurring concurrently. The analysis of the interview data indicated a divide between participant's ideal of serving one meal for the whole family, and the reality of having to contend with multiple conflicting food preferences of family members. This would often result in parents preparing multiple meals or adapting and adjusting meals so that they would be accepted by family members. In the 1990s, for this sample of families, mothers were still primarily responsible for undertaking the work required to execute the family meal, despite their increased participation in the workforce. Several barriers and

enablers to the family meal were identified through this analysis. The barriers largely centred on family members' schedules and children's behaviour, and enablers were identified as availability of time, flexibility, space and facilities, and motivation to have the meal. Differences were noted between the priorities of time and money, the purpose of the family meal, and the division of labour between families from the high- and low-SEIFA suburbs. However, the differences were minimal as participants were not sampled for saturation of this sub-objective of the analysis.

5 FAMILY MEALS IN 2020

5.1 Overview

Chapter 4 presented the results from the 'historical analysis' undertaken in this research to provide a historical understanding of the experience of the family meal. This chapter presents results from the 'contemporary analysis' undertaken in this research; a primary, grounded theory analysis of interview data collected in 2020. This analysis was undertaken to provide a contemporary understanding of the experience of the family meal. Just as context was provided on family life for Australian families in the 1990s, the present chapter begins with providing context on family life in 2020 before presenting the results of the analysis of the 2020 interview data.

5.1.1 Aims and objectives

The aim of this chapter is to present the results of the analysis of 2020 interview data. This chapter addresses thesis objective 2:

2. To identify the experiences, processes, barriers, and enablers involved in executing the family meal today, and to compare these between families living in high- and low-socio-economic areas.

5.2 Australian families and the food landscape in 2020

To provide context of the Australian family landscape in 2020, both the South Australian (SA) and national data are reported, where they could be located. The most updated statistics were sought to provide context for the family meal in 2020, however, some of the state statistics have not been updated since 2016 and must be interpreted with this limitation in mind.

In 2019, the median age of SA adults was 45 years, slightly older than the median age of Australian adults at 41 years (276). In 2016, families made up 68.4% of SA households, and 71% of Australian households (63, 277). The median annual household income in SA was AU$62,712 in 2016, ~$12,000 less than the national average of AU$74,776 (277, 278). Just under half of all families were couple families with children in SA and nationally in 2016 (277, 278), and on average there were 1.8 children per household (277, 278). Approximately 16.5% of SA and 14.2% of Australian families were single-parent families (277, 279).

In 2020, 54.9% of women in SA were in paid employment, less than the national rate of 67.7% (280). Approximately 68% of couple families with dependent children in SA had at least one parent in paid employment in 2016, significantly less than the 90% of Australian families reported in 2020 (277, 279). In 2016, 18.5% of couple parents with dependent children in SA were both in full-time employment, just under the national rate of 21.6% (277, 278) and there were approximately 24% stay-at home mothers reported nationally (259). Consequently, 60% of SA children between the

ages of 0-12 years attended childcare, just above the national average of 50% (281, 282). In 2015-17 women were spending more time on average on household tasks and childcare than men regardless of whether the man, woman, or both, were main contributors to household income (283).

In 2020, most major supermarkets were open seven days a week, many with extended opening hours. The majority of Australian households had access to the internet, and most individuals owned and used desktop computers, laptop computers, and/or smartphones (284). Widespread access to the internet and ownership of personal electronic devices allowed individuals access to a range of services, all with the touch of a button. By 2020, many major supermarkets, food stores and grocers had online ordering and delivery services, meaning consumers could purchase their groceries on an electronic device with an internet connection, whenever and wherever suited them.

By 2020, many restaurants had their own online ordering and delivery service, but the introduction of mainstream platforms such as Menulog Pty Ltd, Uber Eats and Deliveroo enabled individuals to order meals online from a wide range of participating restaurants and receive them directly to their home. Meal box schemes, such as HelloFresh™, Marley Spoon, and Dinnerly, enabled people to order up to a month's worth of meals online, receiving a delivery of exactly portioned out ingredients with accompanying recipe cards for their selected meals. Websites and content related to food purchasing, recipes, nutrition, health, and wellbeing were abundant on the internet (285). Smartphones housed applications dedicated to assisting with finding and managing recipes, creating and sharing shopping lists, planning menus, and managing family schedules (286). The addition of electronic voice-activated Artificial Intelligence (AI) devices, such as Amazon's 'Alexa', or Google's 'Google Assistant', made these services even more accessible.

As discussed in Box 3-1 in Chapter 3, the COVID-19 pandemic impacted the services available to the community. While supermarkets stayed open in SA during the height of the COVID-19 restrictions in 2020, restrictions and limits were put in place on certain foods and household items. Online grocery shopping became an option exclusively for the vulnerable members of the community and was no longer available to the public. Many restaurants and takeaway food establishments closed entirely or stayed open solely serving takeaway meals. During the height of the pandemic, many individuals who could work from home were encouraged to do so. Due to the restrictions put in place to prevent community spread of the virus, many businesses were forced to close, and a considerable number of people became unemployed. The data for this analysis were collected during the first wave of the pandemic in SA from March 2020, through to August 2020, when most restrictions were lifted. There are some references to these limitations throughout the data, with families no longer able to go out for meals, no longer able to do their shopping online, and some parents spending more time at home.

Below are images of some of the recruitment areas, both low-socio-economic index for area

(SEIFA) suburbs and high-SEIFA suburbs, taken at the time of data collection in 2020.

Figure 5-1 Photograph of high-SEIFA suburb, 2020

Figure 5-2 Photograph of high-SEIFA suburb, 2020

Figure 5-3 Photograph of high-SEIFA suburb, 2020

Figure 5-4 Photograph of low-SEIFA suburb, 2020

Figure 5-5 Photograph of low-SEIFA suburb, 2020

Figure 5-6 Photograph of low-SEIFA suburb, 2020

5.3 Results

The results of the primary analysis using grounded theory methods of 2020 interview data are presented as follows: Participants; Experiences of the family meal in 2020; The meal itself versus meal*time*; Division of labour and responsibility for the family meal; The use of new services and technology to execute the family meal; Barriers and enablers to the family meal; Differences in the family meal between families living in high- and low-SEIFA suburbs; and Changes to the family meal due to the COVID-19 pandemic.

5.3.1 Participants

Twelve families were included in the 2020 sample, six from high-SEIFA suburbs and six from low-SEIFA suburbs. Participant demographics are provided in Table 5-1. All participants have been given pseudonyms to protect their identities, and they have all been given family identification codes (20H1, 20H2, 20L1, 20L2, etc.). Codes containing the letter ‘H’ indicate families from the high-SEIFA suburbs, and codes containing the letter ‘L’ indicate families from the low-SEIFA suburbs. These codes were used to maintain consistency with family identification codes used in analysis of the 1990s interview data (Chapter 4). To allow differentiation between family identification codes from the 1990s sample and the 2020 sample, the family codes are prefixed with the number ‘20’ indicating these participants are from the 2020 sample.

Table 5-1 Demographics of families who participated in family meal interviews 2020

20H families are families recruited from the high-SEIFA suburbs; 20L families are families recruited from the low-SEIFA suburbs
All data presented as n/total, unless otherwise specified

	Participant characteristics		
	Total participants n=22	**20H participants n=12**	**20L participants n=10**
Gender of adults			
- Male	10/22	6/12	4/10
- Female	12/22	6/12	6/10
Age of adults (years) mean (range)	43 (34-55)	41 (34-52)	46 (36-55)
Highest level of education			
- Secondary school	2/22	0	2/10
- Some tertiary education	3/22	0	3/10
- Trade or business qualification	0	0	0
- Degree or tertiary diploma	16/22	11/12	5/10
- Higher Degree	1/22	1/12	0
Employment status			
- **Employed full-time**	**12/22**	**6/12**	**6/10**
o Females	2/12	0	2/6
o Males	10/10	6/6	4/4
- **Employed part-time**	**5/22**	**4/12**	**1/10**
o Females	5/12	4/6	1/6
o Males	0	0	0
- **Employed casually**	**2/22**	**0**	**2/10**
o Females	2/12	0	2/6
o Males	0	0	0
- **Homemaker**	**2/22**	**1/12**	**1/10**
o Females	2/12	1/6	1/6
o Males	0	0	0
- **Not currently employed**	**1/22**	**1/12**	**0**
o Females	1/12	1/6	0
o Males	0	0	0
		Family characteristics	
	Total families n=12	**20H families n=6**	**20L families n=6**
- Two-parent family	10/12	6/6	4/6
- Single-parent family	2/12	0	2/6
Number of children living at home mean (range)	2.4 (1-4)	2.8 (2-4)	2 (1-3)
Age in years of children living at home mean (range)	10 (2-24)	9 (2-19)	12 (4-24)
Household status			
- Provided by state	1/12	1/6	0
- Renting from housing trust	1/12	0	1/6
- Renting privately	2/12	2/6	0
- Paying off mortgage	5/12	1/6	4/6
- Outright owners	3/12	2/6	1/6
Annual household income* $AUD 2020			
- <$7,999	0	0	0
- $7,800-$33,799	2/12	0	2/6
- $33,800-$77,999	1/12	1/6	0
- $78,000-$155,999	5/12	3/6	2/6
- >$156,000	3/12	2/6	1/6

*Missing data for household income n=1

Ten of the families included in this sample contained a female and male adult in a relationship, and two of the families contained a single parent (20L1, 20L2), in both cases a single mother. All the adults were parents to the children in the household, with one family containing a stepparent

(20L3). All households will be referred to as families and the adults will be collectively referred to as parents.

Consistent with the sampling method used to recruit participants for this sample, the families were diverse. Adults ages ranged from 34-55 years of age, with a median age of 41.5 years, on par with the Australian median of 41.2 years, but slightly younger than the SA median of 45.2 years (287). The number of children living in the household ranged from one to four, with a household average of 2.4, higher than the state and national average of 1.8 children per household (278). While the eligibility criteria stated that there were to be no more than four children living at home, there were several families that did have older children living outside of the home. There was also one family who did not have their child living with them full time, but rather shared custody with the child's mother half of the time.

Most of the participants in this sample were in paid employment, working casual, part-time or full-time hours. Only three participants, all women, were not currently employed outside of the home; one identified as a stay-at-home mother, another was both a stay-at-home mother and home-schooled her children, and the other was a casual volunteer. Only two of the 12 women in this sample worked full-time, five were employed part-time, and the remaining two were employed on a casual basis. All men in this sample were employed full-time. Eight of the ten two-parent households had both parents in some form of paid employment, which corresponds with majority of two parent families in Australia being dual-employed families (279).

5.3.2 Experiences of the family meal in 2020

The family meal for this sample was defined as at least some, if not most immediate family members who lived in the household, coming together at the same time, in the same place within the household, to eat a meal. For the families in this contemporary sample, the evening meal was the most common meal shared together as a family. The mornings often resulted in a rushed meal and only two households regularly ate the morning meal together. This typically consisted of children eating with just one parent, while the other parent prepared themselves and the children for the day. Midday meals were mostly eaten separately at work or school, and for those who were available to come together for the midday meal, it did not have the same formality or structure as did the evening meal.

> George: Lunches are all over the shop I s'pose. Five days a week, kids are at school.
> Natalie: Yep.
> George: Between our work we're either at work or home, so that's, it's probably apart from the weekends, and even then it's rare that we'd be eating lunch together.
> Natalie: Yeah.
> George: And then dinner, I s'pose yeah-

Natalie: Majority of the time.
George: Yeah, we tend to eat together the majority of time, when we're not at work or have something else on. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Christopher: We generally, around between about five and five thirty, every night, we would try and all sit around the table the four of us. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Family meals typically occurred in the kitchen, dining room, or living room for most participants in the 2020 sample. Some families preferred to consume family meals at the dining table, and very rarely ate them in another room of the house. For other families, it was not uncommon to switch between the living room or the dining room, depending on what felt most appropriate at the time. Family 20H2 was an exception to this rule, consuming all their family meals in the living room.

Scott: It's just in the loungeroom, so April [partner] and I will be sitting in our chairs, Harriet [daughter] will be sitting on the floor, she has like a little pop-up table to eat her meals on, she'll do her drawing on . . . and then yeah Howie [son] will be in the highchair, so we're all sort of sitting next to each other, just in the loungeroom. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

William: I was going to say, we don't trust our kids on couches and that, and not dropping food all over the place, so.
Suzanne: It's actually yeah, that sounds like, I mean that might be unusual, but we do generally always sit at the dinner table don't we? (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

Claire: Occasionally we'll have dinner, like if it's freezing cold or something, we might eat in the loungeroom and get it warm, but most of the time it's at the kitchen table and the four of us all together. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Most participants in this sample did not use technology at the family meal, with personal electronic devices and televisions commonly banned or used occasionally as a 'treat'. Three families regularly engaged with technology at the family meal, either watching shows or movies, or playing video games, on the television or on an electronic tablet. Other families played music during the family meal to create ambience, and some used their smartphones to prompt conversation. While use of personal electronic devices was not encouraged, nor permitted in many households, some parents found it challenging to stay away from their electronic devices at mealtimes. Whether technology-use impacted the family meal depended on how it was used, with most families

negotiating a way that technology could be used positively at the meal to enhance their experience. There were some parents in the sample who described feeling dissatisfied with their technology-use at the family meal, desiring a more traditional family meal held at the dining table without technology.

> Interviewer: Is there ever any technology at the family meal? Any like phones or music or TV?
> Griffith: I'm shocking, I'm pretty bad where I'll occasionally flip through it, because I haven't had a chance to flip through it-
> Evana: Occasionally? You do it pretty much every night [*laughing].*
> Griffith: Yeah, I try very hard not to, but I do . . . and of course, no one else is allowed. Different rules for dad . . . do as I say not as I do. So no, completely banned. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

> William: There's not normally any TV or anything on . . . we just sit at the dinner table, and yeah there's normally no distractions, or TV, or phones, or [*laughing*] anything . . . just us and having a meal together. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

> Anastasia: Fifty percent we have a meal together at the dining table, particularly if I've just cleaned the lounge and I have it looking nice. Sometimes we might sit in the lounge because it's a very cold night and we have the heating in there, and we will maybe put the TV on or some music in the background . . . and have the devices on, the electronic devices like the TV or the radio, or my son will play his Nintendo sometimes . . . it's a shame, and I know we do do that sometimes because it's so cold at night. (Family 20L1, single-mother family, mother employed, one child aged 12 years old)

Participants in this sample also described rituals and traditions they practiced at the family meal. Saying grace, serving wine, playing games, or having assigned seats at the table were some examples of traditions and rituals described by parents. Other families had traditions of a special meal, taking place in a different room, or involving different activities, on a certain night of the week. Some rituals were only observed when one parent was absent from the meal.

> Jennifer: We say a prayer before we eat . . . we would often have a square or two of chocolate, and Richard's [partner] rule is that you ask for some chocolate for someone else. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

> Jimmy: On the weekends yeah it is, it's a time to be able to experiment more, and try

> different things, and you can spend that little bit of extra time because you've got that extra time . . . you've got time to sort of you know clear things away, make sure the table's nice and clean and tidy, and everything's on the table . . . and enjoy a nice meal that's taken a little bit of extra time to prepare. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

> Melanie: If it's just me and the girls . . . we'll make it you know, mummy and the girls time and we'll watch something together. And, 'cause I think it's sad like, for me, a family meal is not a family meal if we're not all together, and so I try to make it something different to differentiate, like you know, this can be something else, and we look forward to this 'cause it looks a bit different. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

Parents had rules and expectations for the family meal, how it should run and what behaviour was acceptable. Most parents in the 2020 sample were relaxed with rules and expectations, just desiring the family to come together for a meal whenever and however they could. However, as described above, many had rules around technology use at the meal, and others had expectations around attendance, expecting all family members to be present at the meal and stay seated until everyone had finished eating. There were others who expected children to eat what was served at the meal, but none practiced force feeding behaviours. These expectations varied and were dependent on parent's preferences, priorities, and past experiences.

> Melanie: You can't talk about poo, like yeah, we have like off topic, like nothing about vomit, or things that are gonna put us off the food. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

> Claire: I do try to tell them they're not allowed to leave the table just because they've finished eating, they have to sit there and wait for, usually our youngest, who takes a lot longer than everyone else to eat. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

> Donna: Like we don't sit there and go "ok, you have to eat everything on your plate". We're happy for them to sort of, as long as they try it, like we won't let them just walk away saying, "I don't like this". (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

Along with expectations of the family meal came feelings of dissatisfaction and frustration when parents were not able to live up to them. These reflections often lead to discussions on what participants would like to change about their family meals. Most commonly, they wanted the meal

to be more traditional or structured, wanted less technology use at the meal, or wanted their children to behave more appropriately. However, participants acknowledged the difficulty of changing family meal practices, and many resigned themselves to the fact that some could not be changed.

> Anastasia: I think we need to- we really do need to um turn off the electronic devices and sit at the- have it at the table more often. (Family 20L1, single-mother family, mother employed, one child aged 12 years old)

> George: I s'pose there's things you'd like them to do, but I wouldn't say they're rules because they don't get followed. I s'pose the ultimate one is, try and eat the food and keep it contained to the table. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Interestingly, there was one family in this sample (20H2) who described changing their family mealtime environment from their first interview to their follow-up interview. In their first interview, parents Scott and April described a desire to move from eating their family meals in the living room to a more traditional set-up in the dining room. They described busy family life and schedules preventing this from occurring. However, upon following-up to discuss results several months later, Scott shared that after taking time off work and reorganising their space, they were now able to have 'traditional' family meals in the dining room. He described how this new arrangement had chanted their experiences and expectations of family meals.

> Scott: When we shifted our environment of the family meal to the table that definitely changed the expectations, and our rules were sort of more formalised about behaviour at the table, versus the more relaxed sort of sitting by the TV. So, I'd say that does, yeah, have that overarching influence . . . I think prior to eating at the table there wasn't really generally expected to have a feeling about having the meal there, but at the table, when it works, it works really well. I've sort of almost stopped eating my dinner at times when it's just Harriet [daughter] talking to April about what she did at school today, and that's really sweet, and it's working really well and it has a good feeling to the meal, which is something I wasn't expecting I guess. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

5.3.3 The meal itself versus meal*time*

The purpose of the family meal varied between participants in this sample. For some families it served the convenient purpose of getting everyone fed at the same time, but for others it was more significant. While some parents consciously held the family meal with significance, others were not aware of the value they placed on family meals until they were discussing how they would feel if

they were no longer able to have them.

> Claire: I didn't expect to get so sentimental about dinner time [*laughing*] it's usually me in a bad mood like hassling someone to eat or whatever [*laughing*] but turns out I like it
> Interviewer: So it sounds like, on reflection it is something that's quite important to you both?
> Claire: Yes, yep, on reflection yes [*laughing*].
> Christopher: You made us think about things that we haven't thought of before. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

> Melanie: I think after our little chat it's made me realise how much I love it, which I didn't realise how much I loved it, and maybe be more intentional about making sure it happens. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

Parents in the 2020 sample viewed the family meal as important for two main reasons: child development and support, and family cohesion. The family meal was described as a time to check in with children, and work through any problems or issues they may be facing. Additionally, it was a place to teach children how to be active members of the family, how to behave socially, and how to make the right food choices. Parents found the family meal a unique time to foster family cohesion as it was a dedicated time where they could actively engage in and promote togetherness for their family. It was an opportunity for them to display, share and instil family values, and it of course provided the opportunity to promote and facilitate communication amongst family members.

> George: I s'pose with children that, even when you spend time doing stuff with them round the house, it's easy for them to . . . when they're being quiet and entertaining themselves, we tend to let it go 'cause it gives you time to do other things . . . but I s'pose that can also mask troubles they might be having. If you sort of sit down, and not forcing it, but if you sit down and you're together . . . you can sort of get a bit of a gauge if they're a bit, something [sic] not quite right or whatever. Whereas otherwise you sort of go, *oh yeah they're just quiet sitting in the corner playing,* and you tend to go, *oh great, keep doing that, why don't you do that more?* But you need to get a feel for what's happening. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

> Jennifer: Yeah, these things are very important and I think it's very pivotal, and also for learning how to be part of our family . . . socialising and learning, you know, just how to treat each other and all those sorts of things. There are so many things you learn when you do eat together at the table. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

> Anastasia: I think it's very important, yeah, it just, I s'pose it creates a bond and memories as well and just a good relationship, like that's something that we can work on together, and plan together and just enjoy. (Family 20L1, single-mother family, mother employed, one child aged 12 years old)

Participants in the 2020 sample were asked what makes the meals they share together as a family different from meals that they do not share together. For the majority, having all family members present for the meal separated it from other meals. The lack of time pressure, or the ability to sit down for a considerable length of time together was a defining component of the family meal for some participants. For others the demonstration of time, thought and effort into the meal was important. Some participants described sharing the same food at the meal as a defining feature of family meals, but very few parents referred to the food served at the meal as an important component.

> Jack: I think the interaction, with the other meals you just- we won't be talking a lot, and it's very quiet. And then they'll want to get back to what they were doing. I just mean on the weekend, breakfast and things like that, and even school days or workdays, it's just very rushed, whereas with the dinner meal, I find it's a bit more of a chance to touch- to check in with each other. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

> Jennifer: Its temperature is a thing as well because most breakfasts are cold, most lunches are cold or reheated, there's something about having just been cooked as well, and it's just been made for right now . . . and it is about that cohesion or something, it happens every day, it's routine, it's known, it's a little bit different every day. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

It appeared that the family meal offered a finite, defined amount of time for the family to spend time together. It was a convenient avenue for family time, with all family members generally present and engaging in the same activity (eating the meal) at the same time. This ability to unify all members of the family in the same activity was described as unique in family life, with parents finding it difficult to think of other examples of family activities where this same unity and regularity is achieved.

> Melanie: I think we place a lot more value on the being together, than on the actual food, like we want the food to be nutritious and you know not just junk, but we would rather have that quality time where we can connect and do you know what, if they're eating frozen corn and peas, and that's all they want to eat, I just don't care. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

> William: And it's a defined set of time too isn't it? If someone finished their meal they don't up and leave, we'd still sit there and be sort of, like we're all in, sort of thing. So, that's a big part of it as well, so I think it's just yeah, the meal itself is the placeholder, that everyone's sitting around the table so, um, yeah it forces them to interact I guess. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

When participants were asked what impact not coming together for the family meal would have on their family, many indicated they would lose connection and closeness. This was particularly apparent for those parents who were unable to spend much time with their children due to work commitments, with the family meal offering a rare, consistent opportunity to do so. These findings indicated that for many families, the family meal was more than an opportunity to get the family fed at the same time. It was entrenched in symbolism and cohesion that other mealtimes, and other family activities did not seem to have.

> William: Well and literally it's the only time of the- especially Monday to Friday, it's the only hour, two-hour period I get with my kids pretty much. So by the time I'm home, and then once we've eaten and stuff, there's, you know, there'd be an hour or so and I'd be in bed anyway…even though I come home and obviously see them, but it's the first time we're all together sort of thing, because they'll all be doing their own thing. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

> Christopher: And I don't think I would know quite as much of what was going on with my kids' school and stuff 'cause Claire [partner] takes a lot of that on . . . some of the stuff that Hudson's [son] learning at school I learn through asking him, and without knowing that, I guess you don't really know- you're not really as much of a part of your kids life . . . and I know I could learn that elsewhere, but you know, that's where we do it. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

5.3.4 Division of labour and responsibility for the family meal

The division of labour regarding the tasks involved in the family meal was varied in the 2020 sample. Five of the ten two-parent households in this sample shared the tasks between parents, and the other five had just one parent taking on almost all the responsibility for the family meal. Women were responsible for the family meal in all but one of these five families, largely justified as a result of them previously staying home to look after their young children. While three of these women had returned to work at the time of the interview, it was on a casual or part-time basis, and they still retained responsibility of these tasks. While most of these women expressed a desire for their partners and children to get more involved in these tasks, there was frustration at their partners' inability to perform these tasks correctly, timely or efficiently. These women also justified

their responsibility for this work as a result of having more time to undertake the tasks as they worked fewer hours outside of the home than their partners. There were some women who did not want to cede control over the family meal tasks to their partners, however this was not universal amongst the sample.

> Evana: I'm the better cook [*laughing*[the faster cook.
> Griffith: Evana reckons she's a better cook hey? . . . No, messiness, you used to complain when I used to give it a crack, how messy things were . . . well actually 'cause Evana doesn't always work full-time, and for quite a while she didn't. So that's the other thing, so I'd come home five-thirty, six, and you know, she might be halfway through cooking . . . she works casual now, yeah, she works around school drop-offs and that. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

> Julianne: He [partner Jack] works full-time and I'm not working . . . I'm a bit of a control freak, and because I've fallen into this role, like you know, even making my coffee this morning, he's like "I'll make your coffee because you're running late". And I'm like "no don't touch my coffee". So yeah I could be more open to him messing it up and learning [*laughing*]. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

In one of the two-parent households (20L5), the father, Jimmy, took on almost all the responsibility for the family meal. Similar to the women described above, he did so because he was the parent with more time available to undertake these tasks. Although he worked full-time, his partner Donna worked full-time during the day, and spent her evenings managing their family business, and was rarely home or available to do these tasks. This had not always been the case in their marriage, but due to him having more available time presently, he took up this role.

> Jimmy: The business has definitely like, restricted Donna [partner] with as much as she can do . . . As I say, she works full-time and then basically works full-time again . . . it's basically two full-time jobs. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

The other five two-parent families in the sample generally split the family meal tasks between them. This was rarely done in tandem, rather the same tasks were undertaken by either parent depending on who was available at the time, or parents took ownership over different tasks. Participants split these roles according to what worked for their families.

> April: There's still some meals that I'll make, like I'll make lasagne, and carbonara, like there are certain things that I'll make instead.
> Scott: And I'll also do some shopping as well, like with work being so close to Foodland if

there is like, if we need milk or bread or whatever, I can do a Foodland run on the way home, so, yeah. We sort of pick up each other's slack where we need to. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

George: Who does that will depend on who's working or who's got something on. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Leslie: I think he's the market man [*laughing*] most of the time.
Joaquin: Oh I, I don't mind.
Leslie: He goes more.
Joaquin: It has to be done, I can do it.
Leslie: And I do, there are other duties that I love to do in the house, which he probably doesn't like, so he does what he enjoys. (Family 20L3, both parents employed, one child aged 12 years old)

However, this did not mean that parents undertook or approached the tasks of the family meal in the same ways. Additionally, not all participants were always satisfied with how their partners undertook the tasks.

Jennifer: Richard's [partner] really good at finding sales on things, and I haven't really- I'm more of, like, *aw we haven't had Italian for a while,* or, *I feel like Thai,* or- so that's more how I do it.
Interviewer: So a bit more variety in there as well? If you haven't had something for a while?
Jennifer: Yeah, I'd probably do more of that sort of thing. Yeah, um.
Richard. Yeah, that's generally the case. I'm much more of a looking out for special's than Jennifer.
Jennifer: And that's good, we're compatible that way. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

Andy: And then if I ever make a meal you know, once every five thousand years, it'll purely just be on what's- what's available . . . I'll never plan anything, I'll never go specifically shopping, I'll just open the fridge and the cupboard and then there'll be something . . . I'll just use some of that to make something for either myself or for the girls or whatever, um, so that's how that works.
Melanie: Yeah Andy is like the Bear Grylls of like meals, so if I'm feeling like too tired or I'm sick, or something like that, you know, Andy will just open up the cupboard . . . and he will create something out of nothing, so we have very different styles, which is why it works. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

> Claire: I mind him [partner Christopher] doing it [the shopping] [*laughing*] because he buys copious amounts of random things, and I can't stand it [*laughing*]. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

5.3.4.1 Children's involvement in the meal

In the 2020 sample, participants involved their children in aspects of the family meal in several ways. Children may observe the meal being prepared, help plan meals, accompany their parents to the supermarket, gather ingredients from the garden, or assist their parents in preparing the meal. The extent of children's involvement varied from family to family, with young children predominantly involved in basic tasks, and older children sometimes taking on more responsibility.

> Interviewer: And do the kids help often with preparation?
> Claire: Yeah they do like to help with that, yeah.
> Christopher: Not every night, but they definitely like to help.
> Claire: Quite often they will.
> Christopher: Especially August [daughter], these days. We make pasta every now and then, like from scratch, or Claire does, and August- they both love making the pasta. So, I don't know whether that's just a new novelty that will wear off, but-
> Claire: No I think they just like winding the handle, and well they love eating it too, yeah, yeah. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

> Melanie: If we do pizzas, they'll make, you know they'll do theirs, I often get them to go out and pick herbs, or you know we've got rocket so they'll get involved in that, or pick lemons for me. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

In three families, the children were regularly involved in planning, shopping for, and cooking family meals. Single mothers Anastasia (20L1) and Helena (20L2) regularly involved their children in these processes and expressed the importance of their children learning so-called 'life-skills'. Jimmy and Donna (20L5) had older children who took full responsibility of preparing meals without their parents' supervision. This ability to transfer responsibility over to the children to prepare a meal was a great help for this family and passing on these skills was important to them.

> Helena: So cooking is a big thing as well, in my family. I've brought them all up to appreciate [*laughing*] cooking, and the process of cooking as a family thing and everybody should be involved, and things like that. So that's how dinner works for us . . . I do a plan weekly of basically what I'm going to cook, and that's with agreement with the children, "what would you like to have this week? What can we do?" . . . We will have to shop together. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

Jimmy: We've delegated Maggie [daughter] to sort of preparing meals one day of the week and Christian [son] another day. They're normally the days that I'm working late. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

Other parents in the sample involved their children in some aspects of the family meal, but none as integrated or frequently as Anastasia, Helena, or Donna and Jimmy. Three other families (20H1, 20H5, 20L3) with older children described rare occasions where their children would cook a meal for the whole family, however this usually still required parental supervision. Younger children would occasionally request to make a meal, and while parents were enthusiastic about this, it was not something they encouraged or facilitated regularly.

Suzanne: Yeah, it's more just my youngest and my eldest daughter and yeah, they'll just help with preparation. But there's, I mean there has been, there's the odd occasion, I can think, that my eldest has done dinner, you know like she did the family meal. It's not very regular. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

Joaquin: When my daughter wants to cook something and she has an idea, and she wants the ingredients, and there's no negotiation here, we have to go and get that particular thing. (Family 20L3, both parents employed, one child aged 12 years old)

Melanie: Mealtimes, uh I don't know, it's not that it's not relaxed, but it is you know, serving a purpose often and you know they're tired and they're hungry and they just wanna get it done . . . where I think like baking it's like fun and leisurely and we don't need to have it, if it doesn't work out it doesn't matter. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

5.3.5 The use of new services and technology in executing the family meal

As described previously, by 2020 there were a range of services and technology that existed that made accessing food and meals easier than ever before. The ability to order groceries and meals online and have them delivered to the home presented a convenient strategy for purchasing foods. However, only three parents routinely used online shopping services for their groceries.

Interviewer: What's the main reason for doing your shopping online?
April: Well, I mean the main- main thing is neither of us drive so then it's just, so then the ease of being able to sit there on your phone and pick everything. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

Julianne: I've always kind of done online shopping. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

Additionally, there was minimal discussion of use of websites or smartphone applications to assist in writing or managing shopping lists or finding and storing recipes. Only one family in the sample had an AI device that allowed them to verbally add items to their online shopping list.

> Leslie: He gets to see a lot of meals on YouTube, and he likes to try new meals from different places. (Family 20L3, both parents employed, one child aged 12 years old)

> Suzanne: Sometimes, before I go to the shop, or through the week, I use my phone to jot down things we might've run out of, or run low of, or what I need to get. So, I just drop it in my notes, in my phone. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

> Claire: We've got the, like the Google home thing in our kitchen, and we're both in the habit of just saying "add whatever to the shopping list", which is then on both of our phones, which has kind of really changed the way we do the shopping list actually. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Although meal box schemes were introduced to Australia in 2012, and were relatively well established by 2020, only one family routinely used this service for the family meal. Julianne (20H4) described how her use of meal boxes had vastly changed the way she approached the family meal and expanded her cooking skills. Two other participants (20H6, 20L6) described using meal box schemes occasionally. For both families, cost determined the frequency with which they were used, typically only purchasing them when they were on special. Like Julianne, Melanie (20L6) found the meal boxes had expanded her cooking skills, but both Melanie and Claire (20H6) felt that the meals were inappropriate for children and ended up preparing them separate meals. Most families had not used such a service, and many did not wish to do so. One family (20L4) described using them in the past, but due to poor quality produce, had not used them again.

> Julianne: And maybe about six months ago, we started getting Dinnerly, those dinner boxes . . . it definitely changed the way that we process. We've been eating so much better because I don't- I cut out the bit of worrying what to buy and having to go and buy it . . . And because there's so much less pressure around all of the other elements, I- like I follow the recipe more than I used to. When I used to have to start from scratch and there was a lot of stress involved with that, and I felt pressure, I would go, *ugh I'm already tired, I'm not going to grate the carrot, I'll just chop it up,* and that effected the meal tasting. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

> (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

Claire: Once in a while, we have subscribed to like HelloFresh and I'll get the veggie box ones, generally just when they have good special on them, like I'm doing it next week because they had a really good special . . . And then that'll completely change things up, 'cause then Chris [partner] and I will eat whatever that meal is and I'll do something separate for the kids. But that's not our norm, that's just once in a while we'll do that. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Interviewer: HelloFresh and all of those sorts of things, is that ever anything that you've tried or you've considered trying?
Joaquin: No, not really, no.
Veronica: No.
Joaquin: I just, you know it's, to- to me it's not- I might be wrong here, but it doesn't feel as good as fresh food on the other hand, and it's not as attractive as going out as well. (Family 20L3, both parents employed, one child aged 12 years old)

5.3.6 Barriers and enablers to the family meal

Parents in this sample were asked to identify barriers to the family meal, or factors that made the family meal challenging. Four families (20H1, 20H2, 20L2, 20L5) found it particularly challenging to bring the whole family together for a meal regularly. This was largely due to increasing independence of older children resulting in their absence from the meal, clashing work schedules, or young children being fed in childcare.

Jennifer: Their independence is increasing and so we sometimes have a few, fewer meals together. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

Jimmy: Donna [partner] and Maggie [daughter] would be at the gym, so I'll come home, I'll make the meal, you know, or the kids might even make the meal . . . But then it might only be sort of the three boys that sit down and eat because the girls are at the gym at that particular time. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

Scott: The real kicker is with Howie [son] being in childcare, he gets all of his meals provided for him . . . he's already had dinner, so by the time April [partner] comes home, he pretty much just goes straight to bed. So on most weeknights we're not eating as the four of us together. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

While the four families mentioned above all faced regular, consistent barriers to the family meal, they were not the only ones in this sample that found coming together for a family meal

challenging. Physical absence of family members due to recreational activities, work commitments, or responsibility clashes presented a consistent barrier across the sample. Work commitments could interfere with the cohesion of the meal and exhaustion or tiredness from work could result in adaptions to the family meal, such as parents eating different meals or eating at separate times to the children. Health issues, largely mental health, was identified as a major barrier for one family, and children's disruptive behaviour was also identified as a challenge at family meals by those with young children.

> Leslie: You know like sometimes I do get late at work, an errand, or you know other things happen that delay me and that can be a barrier, once in a while. (Family 20L3, both parents employed, one child aged 12 years old)

> Helena: Mental health, if things aren't going well for somebody in the family, then that will pull the rest of us into that. Um, and so our lives will go a little bit out of whack as well, for concern for that person. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

> Natalie: Oh it can be challenging at times . . . if they weren't so tired they'd probably be a bit more cooperative, but they tend to be a bit you know [*whining*] you know a bit difficult. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Participants were also asked to identify the factors that enabled them to have family meals regularly. As most participants were able to achieve family meals with some regularity, many found it challenging to reflect on the factors that made it possible for them. Participants in this sample identified flexibility in schedules, health and physical ability, education or skills, financial security and stability, and adequate space and facilities to safely store, prepare and consume foods as enablers to the family meal. Additionally, parents identified having a time where all family members could be together for the meal as an enabler, along with commitment and motivation to sharing a meal together.

> George: I s'pose a few things, we're probably quite fortunate with-
> Natalie: Flexibility.
> George: Yeah, shift work can have its downsides, but I also think it has it's upsides, it probably allows um me to be around a bit more. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

> Melanie: We have money to be able to go out and buy things, we have time, yeah, I mean there's a lot of things that I think- we have a functional family unit, that's not you know, we're not abusers of drugs or alcohol, all these things are factors that allow us to come together. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

Anastasia: I know some flats don't even have a kitchen table . . . so we've got a dining room, kitchen area, we have a kitchen, we have a stove, we have a fridge, I have a car. (Family 20L1, single-mother family, mother employed, one child aged 12 years old)

Claire: I guess we have actually made it a priority, because Chris [partner] previously would work later and we have had conversations around the fact that I do like him to be home when we eat. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

5.3.7 Differences in the family meal between families living in high- and low-SEIFA suburbs

A sub-objective of the analysis of the 2020 interview data was to explore the differences between families living in high- and low-SEIFA suburbs. However, differences between families living in high- and low-SEIFA suburbs were not frequently observed in this sample. Similar to the analysis of 1990s interview data, differences between the SEIFA groups were sought out and identified. Therefore, it must be acknowledged that the findings presented below are nuanced from data that provide an indication of subtle differences worth further exploration in a study designed specifically to make these comparisons. There were some observed differences between strategies employed for the family meal, and expectations on the family meal and on who was responsible for the family meal. Through this comparative analysis it was clear that the variability in experiences were largely as a result of family arrangements and not necessarily the suburb with which they lived. Nevertheless, the few small differences that were noted in the comparative analysis of families living in the distinct SEIFA suburbs are presented below.

5.3.7.1 Cost and time saving considerations and strategies

Across both SEIFA groups, cost was a consideration when most participants were making decisions regarding the family meal. There was a slight difference noted in the priority placed on cost between the SEIFA groups, with participants from the high-SEIFA suburbs more commonly describing coincidentally purchasing foods that were low-cost, and participants from the low-SEIFA suburbs more commonly describing purposefully purchasing low-cost foods to keep spending down. However, there were examples of participants from either SEIFA suburb coincidentally or purposefully purchasing low-cost foods, indicating more of a personal preference than a group difference as such. A more salient difference, however, was noted in the strategies participants used to keep food costs down. Participants from the low-SEIFA suburbs more frequently discussed using budgeting, chasing bargains, and purchasing foods in bulk than those from the high-SEIFA suburbs (however some of these strategies were only mentioned by one or two families). While not always directly attributed by the families as a deliberate cost-saving strategy, these are all cost-saving practices, and were rarely if ever mentioned as strategies parents from the high-SEIFA suburbs used.

Claire: I think it's probably just what the kids like anyway, um but I mean I wouldn't say-
Christopher: It does factor in.
Claire: Some families would never buy something like Atlantic salmon or like-
Christopher: That's true, that's true.
Claire: -chops and stuff like that because it would, would seem expensive to them. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Leslie: And season, yeah, because of the price, when you know fruits and veggies that are in season are definitely cheaper, so we tend to look at it that way. (Family 20L3, both parents employed, one child aged 12 years old)

Anastasia: It's financial as well . . . you have to work out your budget and how much you should spend (Family 20L1, single-mother family, mother employed, one child aged 12 years old)

Melanie: So our house looks like Coles, Georgia, we've been told many times, because we will buy a lot of things in bulk when it's on special. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

While cost was considered by varying degrees, nearly every participant considered time as a high priority when making decisions about the family meal. While participants across the two SEIFA groups experienced time pressures, there were differences noted in the strategies they used to manage and save time. For participants from the low-SEIFA suburbs preparing meals in bulk and serving leftovers were strategies used for saving time. Serving leftovers was considered an emergency strategy for participants from the high-SEIFA suburb, and there was more discussion by these participants of preparing whole meals, or parts of meals, in advance to save time closer to the meal.

Joaquin: Usually we will probably cook something on Sunday evening and that might last us more than just one day. (Family 20L3, both parents employed, one child aged 12 years old)

Melanie: Plus I do a lot of leftovers. So, I cook sort of every second night, or I stagger it. So I will cook like the adult meal one night and they [daughters] will have something special, and there'll be a leftover of the adult stuff and I'll make the girls their meal that next night, they'll have the leftover the next night…So I'm only really making one meal a night, really. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

Suzanne: I've also prepped for tomorrow's dinner 'cause I'm at work, so today I spent some

time doing some cooking ready for tomorrow night's meal. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

5.3.7.2 Expectations of the family meal, and managing children's behaviour

Nearly all participants in the 2020 sample described some dissatisfaction with their current family meal practices. Dissatisfaction with practices at the family meal, and practices leading up to the family meal were varied and no pattern could be discerned between the two SEIFA groups in most instances. One difference was noted in a higher proportion of participants from the high-SEIFA suburbs expressing a desire for their children to be better behaved at the family meal. Additionally, while children's meal refusal was experienced by many of the families across the two SEIFA groups, the way parents convinced their children to eat the meal appeared to differ. Participants from both SEIFA groups described engaging in verbal coaxing and encouragement, hiding disliked ingredients in meals, and in some cases bribing children with other food as a reward. However, more participants from the low-SEIFA suburbs discussed bribing children with technology in an attempt to convince them to eat the meal.

Interviewer: What happens if she decides she doesn't want to eat it?
Scott: We will try and convince her otherwise [*laughing*] and sometimes that works, to be honest, most times it will work . . . it'd be the usual cheesy kind of stuff like, "you gotta eat your dinner to get big and strong", you know "growing girl" that kind of thing. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

Claire: There's often a little bit of bribery based around, "if you don't eat all your dinner you don't get any dessert".
Christopher: But if it's something like a stew which she should be eating, generally we'll just sit there and you know, there'll be tantrums, and-
Claire: Or we'll say, "you have to have five big mouthfuls and then you can have something else". Or something like that. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Joaquin: We try to compromise, sometimes a bit of bribing is involved as well, "if you want to use the computer, you have to finish your food first". (Family 20L3, both parents employed, one child aged 12 years old)

Griffith: If we do have the TV off, "don't turn it on until she's finished" . . . "you can't have the iPad until she's finished", and then she'll just quickly say, "I'm finished" and, "no you're not", so, and then you've gotta say, "have X amount more" and yeah, usually that works. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

5.3.7.3 Person responsible for food work

As described previously, the allocation of responsibility of family meal tasks varied from family to family in the 2020 sample. However, it appeared that among two-parent households, families from the high-SEIFA suburbs more frequently shared allocation of responsibility, and families from the low-SEIFA suburbs more frequently allocated the responsibility to one parent. Four of the six two-parent families from the high-SEIFA suburbs, compared to one of the four from the low-SEIFA suburbs, shared the responsibility of family meal tasks between parents. While the other two-parent families in both the high- and the low-SEIFA suburbs allocated responsibility to the parent working fewer hours, in one low-SEIFA household, this was to the father (20L5).

> Leslie: Well, yeah, a lot of times we do together [sic]. And sometimes he [partner Joaquin] might go [to the shops] alone, and I do something else in the house, depending on how much work needs to be done, so we share the duties. But most times we're together, yeah. (Family 20L3, both parents employed, one child aged 12 years old)

> Julianne: But because he [partner Jack] earns all the money and I'm looking after the kids, it's my role to kind of do dinners mostly. I mean he always says he wants to help, but he's home so late. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

> Interviewer: How did that arrangement come about for the two of you?
> Jimmy: Aw it's just Donna's [partner] always worked sort of like long, longer hours than me I s'pose . . . Even for many years, I mean like, prior to the job that I've been doing now . . . I mean Donna would be at work until sort of five o'clock, you know, wouldn't get home until six, six-thirty, you know, I'd work early mornings, I'd be finished by you know, anywhere from eight in the morning 'til midday, you know, so I was left with more, you know, more time to be able to sort of do those extra things. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

Additionally, the three families that regularly involved their children in the tasks of the family meal were all from the low-SEIFA suburbs. Participants from all three families described wanting their children to learn these essential so-called 'life-skills' so they could be self-sufficient adults. This level of children's involvement was not apparent in families from the high-SEIFA suburbs. Even when participants from the high-SEIFA suburbs discussed a desire for their children to learn how to undertake these tasks, many were reluctant to get them involved with the family meal specifically because of the time pressures and immediacy required for the family meal. For some participants from the low-SEIFA suburbs, teaching their children these skills was integral to their development. While some participants from the high-SEIFA suburbs described a desire to teach their children these skills, this same sense of importance was not observed.

Anastasia: And I think it's good for him to have those life skills as well . . . 'cause I know some children just, well they have the two parents and the parents go and shop for the food, and they don't involve the children at all, so the children have everything done for them. Which is how I was brought up as well. So, I think it's really good to plan meals together, rather than me take control and say, "this is what you're eating tonight". (Family 20L1, single-mother family, mother employed, one child aged 12 years old)

Helena: I'm teaching the kids a lot of life skills . . . just took this opportunity to pass on my skills of cooking and why I do it, and why it's important, and how to do it as well… and I would like to- yeah I think if I, if I died tomorrow, the kids would know how to feed themselves, might not know how to get there, but they'd know what was the right thing to do and what was the right path to take, as to how to feed yourself. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

Suzanne: But I guess it also depends on what they've got on after school. Depends on whether I'm actually doing the preparation . . . like today for example . . . I've already done a fair bit of cooking already for tomorrow, and even for tonight, so they're not even home from school. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

5.3.8 Changes to the family meal due to the COVID-19 pandemic

Although not a primary objective of the analysis, as these interviews were conducted during the COVID-19 pandemic in 2020, many parents discussed the impact of the pandemic on their family meal practices. Shopping practices were impacted for many families as a result of the restrictions put in place, and the general health and safety guidance provided during the height of the pandemic in SA. Online food ordering and delivery services were restricted only to the most vulnerable populations in the community, and therefore families who relied on this service prior to the pandemic (20H2, 20L6) were having to adapt to purchasing their foods instore. This was particularly challenging for April and Scott (20H2) who did not have a personal vehicle, and therefore could only purchase what they could physically carry home between them. Additionally, it was advised that only one member of each household should leave the home to procure foods, and due to panic-buying in the initial phases of the pandemic, where individuals stocked up on many staple household items resulting in a temporary shortage, many items were unavailable or had purchasing limits. These restrictions and outcomes had implications for those who purchased foods in bulk as regular practice, those who shopped for specials, those who went to the supermarket multiple times a week, and for those who shopped as a couple or family.

April: It has changed at the moment obviously with everything else going on. Um if we had

this interview prior to that [COVID-19 restrictions], so I would do the, the um the grocery shopping, I usually do it online, we would base, usually what we'd have in the fridge on the specials . . . particular things that we like and it's on sale, then I'll get multiple packets of that, before the hoarding days, you know when we were allowed to! . . . whereas now it's a bit different. So obviously it's what you can get when you can get it, um so the saving money side of things is kinda thrown out the window um which isn't ideal, but you do [*laughing*] what you have to do . . . So yeah, sort of a bit harder to do obviously at the moment, but also if you go to the shop um without having a car, it's again a lot harder to try and sort of work that far ahead. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

George: I s'pose we do the market shop on a Sunday morning, which at the moment, we probably used to all go together.
Natalie: We did, yeah.
George: Unless the weather was really bad, but at the moment you know you're not allowed to be outside, just makes it hard. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Suzanne: I think since the cor- covid stuff that's been going on, I've been going to the shop actually less so I'm not, so I would only just go once a week. Whereas I would normally have gone more frequently than that. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

As a result of COVID-19 restrictions, many participants were working from home instead of their usual external offices. Additionally, both parents and children were unable to engage in their regular extracurricular or social activities. For some families, this resulted in an increased regularity of evening family meals, as most family members were home and available. For others, it allowed them to be more involved in preparation of the family meal.

Julianne: Well since COVID [*laughing*] every night pretty much, is a?
Jack: Yeah
Julianne: I'd say seven, but for research purposes, pre-COVID [*laughing*] it wasn't the same. I'd probably say, um I'd be out three nights a week. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

Jimmy: Or Donna may have done some preparation during the day at the moment because she works from home, so she might have done something earlier in the day to prepare. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

Participants also mentioned changes to their family meal environment, avoiding watching the news

during family meals, and not having as much to catch up on after spending most of their day together.

> Christopher: Since COVID, we, I guess, the kids have um, we haven't been out as much- at all, and um, but we've also been around each other non-stop so, we probably haven't really-
> Claire: Not much news [*laughing*].
> Christopher: Not much news. "Where did you go today?", "Oh, the lounge room", "oh, yeah, me too" (Family 20H6, both parents employed, two children aged 6 and 4 years old)

> April: At the moment also, the less news, it's all about the same thing anyway, so you know you don't really need that crammed down our throat the whole time, so it's, actually sometimes nice just to zone out anyway and just watch children's shows 'cause we can, 'cause we've got kids, so we can get away with it [*laughing*] (Family 20H2, both parents employed, two children aged 5 and 2 years old)

5.4 Discussion

This chapter presented results from the analysis undertaken on the 2020 data, with the intention of furthering our understanding of the experiences, barriers and enablers of family meals as perceived by parents in a contemporary setting. The data inform us that experiences of the family meal were varied, there was a distinction between the family meal proper and the time set aside for the family meal, and allocation of responsibility for family meal tasks was varied. Several barriers and enablers to the family meal faced by families in 2020 were identified and explored. The comparison between families from the high- and low-SEIFA suburbs identified few differences, namely a difference in strategies employed to save time and money, a difference in expectations at the family meal, and a difference in allocation of responsibility. Finally, a brief exploration into the impact the COVID-19 pandemic had on family meals for this sample of participants was provided.

5.4.1 The significance of the time set aside for the family meal

From the analysis of participant interviews in 2020, it was clear that the importance and value of the family meal was more than the food that was served and eaten together. This sentiment was echoed in Thompson et al.'s work, where parents prioritised everyone eating at the same time rather than everyone eating the same meal (78). In the 2020 sample, the family meal served as a significant placeholder for family cohesion and connection, as acknowledged by participants in previous work (40-42, 44, 47, 49, 50, 70, 72, 73, 78, 79). Many participants in this sample did not recognise the significance the family meal held to them until reflection during the interview itself. When asked what it would mean for their family if they were no longer able to have the family meal, participants speculated that family members would not know each other as well as they currently do, they would become more insular, and would need to seek out other times to specifically be

together as a family. This was particularly the case for parents, mostly fathers, who worked full-time and had few opportunities to spend time with their children, as noted in other studies (149). Although it may not be identified as the underlying motivation behind the family meal, most participants identified the family meal as a rare time in family life where all members of the family were engaging in the same activity at the same time.

Although for some families there were other times of day where they were able to share a meal together, the evening meal was most commonly attributed the significance and label of 'the family meal'. This has been found in previous literature, with some participants considering any meal eaten together to be a family meal, but others defining the family meal as the evening meal only (72, 219). In the 2020 sample the evening meal was the most commonly shared, largely as a result of work and school schedules preventing family meals during the day. Children returning from school and adults returning from work to share a meal together in the evenings is often the first, if not the only, time of the day families are able to spend a significant time together. It is the uniting of the family before separating again to undertake other activities, whether that be sleeping, work, homework, or recreational activities. While sharing a meal together as a family in the evenings may have originally resulted out of convenience, this time has now become coveted by families as important, meaningful family time. Many participants in the 2020 sample were grateful that their work schedules allowed them to be home to share the evening meal with their families, however, it could be argued that the social structuration of time has been designed in such a way to make this possible. Indeed, in societies where parents and children return home in the middle of the day, such as in Norway and China for example, the midday meal is considered the shared family meal (117, 166). This poses the question, is the family meal itself meaningful, or is it the time that families set aside for the meal that holds the meaning?

As discussed in Chapter 2, it has been postulated that the family meal only became a meaningful activity for families when increased time demands on labourers, keeping them outside of the home for longer hours, resulted in the need to carve out dedicated 'family time' (171). It is a basic biological requirement that humans need to eat food to survive and fulfil basic nutritional requirements. However, the family meal is not just serving this biological need, it serves a greater purpose for many families (47, 49). It is by no means a requirement that families come together to eat a meal in the way that many of them do. As noted by participants in DeVault's work in the USA in the 1980's, "The parents who spoke about the importance of family meals recognise that meals do more than provide sustenance; they are also social events that bring family members together…basis for establishing and maintaining family culture, and they create a mutual recognition of the family as a group" (47)[p39]. It is in this way that the family meal has become a social construction and symbol of family time and togetherness. While the food brings the family together through biological requirements, it serves as a placeholder for family unity. As identified by participants in the 2020 sample, there were few other activities that could provide the same

unity and connection.

5.4.2 Shifting the division of responsibility for the family meal from mothers and parents alone

Allocation of responsibility for family meal tasks was varied in the 2020 sample. Where previously a woman's role in the family was primarily that of homemaker, expected to undertake all activities related to planning, purchasing and preparing meals for the family (47-49, 288), with the rise of women's participation in the workforce, this arrangement is starting to shift. All but three of the women in the 2020 sample were employed outside of the home, and half of the two-parent families allocated responsibility equally between men and women, and in one instance the man was entirely responsible for the family meal. This indicates a shift towards more egalitarian divisions of household labour, with more men moving into the kitchen as noted in previous research (72, 92, 126, 131, 155). Other authors have asserted that men's engagement in these activities is unequal in terms of the types of tasks they participate in (266, 289), with men still taking on mostly 'supporting' roles (117, 119, 134) and women still being responsible for the cognitively demanding tasks (135). However, this was not necessarily found to be the case in the 2020 sample, with men in many instances actively participating in all aspects of the family meal, often independently of their partners. This indicates a shift not only in men's involvement in the physical work, but also in taking on more of the invisible, or cognitive work of the family meal usually undertaken by women.

Interestingly, there were families in the 2020 sample that still held traditional allocation of responsibility of these tasks to the woman of the household. Only one of these families had a stay-at-home mother, with the remaining four women working outside of the home. Food and the kitchen have largely been the domains of the women in the household (47-49). Where men were the traditional providers and breadwinners, taking care of the home and feeding the family were the tangible ways women could provide for their families (47-49). Although research has shown that society may be slowly progressing away from these traditional gender roles, many women are reluctant to hand over the reins of the kitchen to men and to relinquish their control over this domain (127). While some women cite men's inability to undertake these tasks, or at least their inability to undertake these tasks to their own standards, as justification for their reluctance to let men move into the kitchen (43, 127), the underlying concept of 'gastro-politics' may also be at play.

Gastro-politics is a term that encapsulates the complexities and tensions that arise as a result of food provision being both a way to display love and nurturing, but also to exert power, control and status (139). Having control over the domain that women have been relegated to traditionally, may be a way for these women to exert their power as a provider for the family (123, 139). While there are women who enjoy this role as nurturer and carer, and simply do not wish to relinquish it (123), for others, particularly those who worked prior to having children but are now stay-at-home mothers, controlling food provision can be a way to maintain status and purpose in the family. This

was shown to be the case particularly for stay-at-home mother Julianne (20H4). Having not yet felt ready to return to work, Julianne was fulfilling the self-described 'stereotypical' role of food provider, and even though she often spoke of this role with contempt, she would not allow her husband Jack to be involved. Melanie (20L6), although working outside of the home, retained her role as food provider for the family, explicitly expressing her desire for control over this domain and rarely allowing husband Andy to participate. Both mothers felt a sense of ownership over food provision and were reluctant to hand any control of this domain over to their husbands.

However, not all women wish to retain control over the kitchen. For many, their concerns regarding their partners ability to undertake family meal tasks efficiently and effectively, paired with men's own perception of lack of skills or confidence, is the barrier to men's participation. The concept of men's inability to perform food provision tasks effectively has been explored in previous research, with authors describing men undertaking these tasks without as much precision, consideration, or care as women (43, 47, 117, 119). However, that was not always seen to be the case with participants in the 2020 sample, with many men, when given the chance, considering the nutrition, health, variety, and acceptability of the meals they were making for their family. While there were certainly differences noted in how parents approached family meal tasks when sharing the responsibilities between them, most had learned to accept each other's differences. This perhaps indicates that for women who no longer wish to shoulder the burden of food provision, a trade-off of standards may have to occur, whereby they accept the alleviation of this burden at the expense of the tasks not being undertaken exactly to their standards. This sentiment has been proposed by Eve Rodsky in her book, 'Fair Play', whereby she advocates couples develop a 'minimum standard of care', or an agreed upon standard in which to undertake tasks (290). Thus, to reduce the burden on women and increase men's participation in these tasks, women may have to take a step back, readjust their expectations, and allow their partners to develop the skills and confidence to undertake these tasks independently.

5.4.2.1 Allocating responsibility to children

Getting children involved in the tasks for the family meal may be another strategy for reducing the burden on women and parents. However, there were very few participants in the 2020 sample who employed this strategy. Reports of children's involvement in family meal tasks is varied in other research, with some authors reporting >40% of participants including children in meal preparation tasks (219), but most reporting minimal involvement of children (40, 46, 72, 80). In the 2020 sample, only one family (20L5) actively engaged their older children in preparing a meal for the whole family routinely. For this family, the children's ownership over family meal tasks was crucial for getting the family fed when both parents were working late. These children were able to prepare meals for the family independently as a result of their parents actively encouraging and teaching them to undertake these tasks from a young age. Very few other parents in the 2020 sample were actively teaching their children these same skills, with the exception of single-mothers Helena

(20L2) and Anastasia (20L1).

Additional to reducing parental burden, and teaching children valuable life-skills, children's involvement in meal preparation has been shown to improve their dietary intake, increase their motivation for trying new foods, improve their consumption and preference for vegetables, and produce higher self-efficacy for both cooking and choosing healthy foods (141). However, many participants in the 2020 sample were reluctant to get children involved regularly, because of the time it took and what was at stake if it were to go badly. This has been reported previously in a Norwegian study where children were most likely to be involved on weekends when there was more time for meal preparation (71), and a study out of the USA where parents expressed a desire for children to help with meal preparation, but ultimately avoided getting them involved because of the time commitment, and the mess that inevitably ensued (70). Other participants in the 2020 sample with older children were reluctant to force engagement with food preparation because of homework and other school commitments, feeling they did not want to burden their children any further. The amount of work that it takes to get children involved and to teach them these skills is perhaps too much on top of a parent's already high workload. It is apparent that the time put into teaching children these skills pays off when they are older, as demonstrated by family 20L5. However, more work needs to be undertaken to reconcile the gap between the benefits of children helping with food preparation, both to parents and to children, against the work, time and effort involved.

5.4.2.2 Meal box schemes as a potential solution

Regardless of who is undertaking the tasks required for the family meal, it is clear that it takes a considerable amount of time. Meal box schemes, a service introduced to the Australian market in 2012 (291), have the potential to streamline the processes required to execute the family meal (292, 293). They are a convenient service allowing families to prepare a home-cooked meal without the time and effort needed to plan and shop for ingredients (292, 293). Despite being a convenient option, meal boxes are not considered to be 'convenience foods' as they contain fresh ingredients. Therefore, the negative connotations and feelings of guilt typically associated with serving convenience foods at the family meal are minimised (292). With the notion of the proper home-cooked meal still holding significance as a symbol of love and care for the family (118, 292), the meal box scheme may provide a helpful solution.

However, while theoretically meal box schemes are positioned as a convenient option for reducing time burden, they were infrequently used by participants in the 2020 sample. Previous research has shown how instrumental meal box schemes can be for reducing time burden, expanding children's palates, simplifying cooking, teaching new techniques and skills, and becoming integrated in family food systems (292-297). However, only two mothers in the 2020 sample indicated that using meal box schemes increased their meal preparation skills, and only one

indicated they had expanded the variety of meals her children were exposed to and reduced the mental and physical burden of preparing the family meal. This sits in contrast to findings reported in Fraser et al.'s recent Australian study, where it was common for participants who used meal boxes to experience a reduction in burden related to family meals (297). This is likely because few participants in the 2020 sample regularly used meal box schemes, and for those who did, the time-saving opportunity of the meal box schemes was undermined by the fact that some parents did not perceive the meals as appropriate for children's palates. For these families, this resulted in preparing the meal box meal for the adults, and planning, purchasing, and preparing a separate meal for the children, thus in effect creating more work for the person responsible for the meal. Additionally, many participants in the 2020 sample were concerned with the cost of the meal boxes, finding them to be too expensive for regular use. While meal box schemes may be an innovative strategy for reducing the time involved in family food provision, they were not found to be a viable strategy for many families in the 2020 sample, particularly those with financial limitations, or those with young children who were still developing their palates.

5.4.3 Exploring the differences between families living in high- and low-SEIFA suburbs

As was the case when exploring differences between families living in the high- and low-SEIFA suburbs in the 1990s sample (Chapter 4), few differences could be discerned between these two groups in the 2020 sample. The reasons behind this may be due to the minimal differences between the characteristics of participants across the two groups, with comparable levels of education, annual household income and employment status across the two groups in many instances. Nevertheless, the three differences that were discerned between the two groups were that of the cost and time saving strategies parents employed, the expectations and management of children at the family meal, and who was responsible for undertaking the work involved. It must be reiterated that the evidence supporting the findings presented in the SEIFA comparison is not abundant. Exploring the differences between the SEIFA groups was a sub-objective of this analysis, therefore the sample of participants was not large enough to provide an adequate comparison. The differences that are postulated in this chapter are notions of differences and should be considered as such.

While time and cost appeared to be a precious resource for most families in the 2020 sample, and many participants struggled to convince their children to eat the family meal, the strategies used to manage these resources and behaviours differed between the two SEIFA groups. These differences may perhaps be indicative of class differences between the two groups. As Bourdieu asserted, the ways in which we think, act and behave are determined by the social class from which we come from, a person's 'habitus' (274), as discussed in Chapter 4. It is not that individuals from a certain class *must* act in these ways, but rather that individuals from a certain class are more likely to act in these ways, due to the environment in which they were raised (274). Thus, the

normality and applicability of certain practices can be linked to the habitus with which one has grown up (274). While SEIFA scores are not necessarily indicative of social class, they are a classification of socio-economic advantage and disadvantage based on indicators such as household income and occupation levels. While belonging to a particular class is more than sharing demographic characteristics (275), income and occupation correspond to levels of socio-economic position (SEP), which have been shown to track from childhood to adulthood through access to experiences and opportunities in later life (298). As such, it could be argued that the specific strategies that families from the low- and high-SEIFA suburbs were more likely to engage in were due to their habitus, or due to the behaviours of the social class with which they grew up with and now associate with.

An additional difference was noted between the allocation of responsibility for the family meal, with a higher proportion of families from the high-SEIFA suburbs dividing the responsibility between parents, than families from the low-SEIFA suburbs. The reasons behind this difference cannot be explained purely by working arrangements. One family from the high-SEIFA suburb shared the responsibility for the family meal, even though only the male worked outside the home. Furthermore, both parents were working outside of the home in all families from the low-SEIFA suburb who allocated responsibility to just one parent. Perhaps again this can be explained by the differences in social class between the two groups. This arrangement of higher participation of men in families from the high-SEIFA suburb aligns more closely with the literature presented in Chapter 4, with Charles and Kerr and DeVault both reporting higher participation of middle-class than working-class men in their UK and USA 1980s samples respectively (47, 49). More recent literature has indicated that men with higher education and professional occupations are more likely to be involved in preparing meals (123, 131, 299). However, it should be noted that much of this work is only undertaken with educated men in professional positions, and does not necessarily capture a wide range of demographics or fathers specifically. Although it is more common for men to be involved in food work in contemporary society (119, 126, 127, 129), perhaps the inclination or tendency of men from higher SEP to get involved is still representative of this pattern and difference between social classes. However, although work arrangements do not entirely explain this pattern, it should be noted that those parents in both SEIFA suburbs who were allocated responsibility for family meal tasks were the ones who worked less hours than their partners in most instances. Perhaps differences in understanding of arrangements or value placed on time between men and women may provide a better explanation for these differences.

5.4.4 Impact of the COVID-19 pandemic on family meal experiences

Parents in the 2020 sample described several changes to their family meal processes and experiences as a result of the COVID-19 pandemic and subsequent restrictions in 2020. These were primarily regarding shopping practices, an increase in family meal frequency, and some changes to the family meal environment. These types of changes have been confirmed across the

globe, with other researchers noting an increase in family meal frequency as a result of the COVID-19 restrictions (182-186), a decrease in visits to shopping centres (185), and changes to family meal environments (182). While Jimmy described his partner Donna (20L5) engaging in food preparation practices more regularly as a result of increased hours working from home, this was the only change in division of responsibility, or participation, in family meal tasks noted in this sample. While Hupkau and Pentrongolo in the UK and Shafer et al. in Canada noted a more equal distribution of domestic work between men and women during the pandemic in 2020 (177, 188), research from Australia, New Zealand, Italy and Spain indicated that women were still burdened with the majority of this work during this time (176, 179-181). Although changes to the family meal as a result of the COVID-19 pandemic was not specifically explored with parents in the present sample, the brief conversations around changes to family meal practices during this time largely align with these findings. Parents generally adjusted practices, but the person(s) responsible for the work involved remained the same.

5.4.5 Strengths and limitations of the contemporary analysis

A strength of the findings presented from the contemporary analysis of the 2020 interview data is in the theoretical sampling of a diverse range of households from opposing SEIFA suburbs. The findings were further strengthened by conducting the interviews with both parents in two-parent households. This allowed the interviewer to capture both parent's perspectives, while keeping parents honest, and not relying on one parent's accounts of the other's experiences. Although the interviews were conducted over virtual online platform Zoom, this is considered a strength of the research, as it allowed flexibility for both interviewer and participants during the pandemic, while still allowing face-to-face interaction. Finally, contacting participants after analysis of the interviews to discuss the findings strengthened this work, allowing for further clarification and exploration, and giving the findings rigour and confirmability.

Although a representative sample of participants was sought, participants did self-select to be involved, introducing the possibility of self-selection bias into this work. There is also the risk of social desirability bias, with participants aware of the interviewer's background as a dietitian resulting in the potential for them to represent themselves in a certain way. Finally, as noted in Chapter 3, there were women who were interested in participating in this research, however they were either not able, or not willing, to convince their male partners to be involved, and therefore were not eligible for inclusion. Therefore, the findings may be a representation of a limited perspective of families where both men and women were willing to participate in research regarding the family meal.

5.5 Conclusion

The 22 parents interviewed for this analysis provided rich descriptions of their family meal

experiences, describing variation in how, when and where family meals, and their involved tasks, took place. The family meal in 2020 occurred regularly in most households, with most parents viewing it as an integral and important part of family life. The analysis of the 2020 interview data indicated a distinction between the importance of the family meal and the time set aside for the family meal. It appeared that for many families, the family meal served as a placeholder for family time, with many viewing it as the only time the family could be together to connect and communicate with each other in a meaningful way. The findings of this analysis indicated progress towards a more equitable division of labour between men and women regarding food provision in many cases. However, there were still many instances where women were solely responsible for the family meal and the tasks involved. Increased involvement of men and children, and the utilisation of new services such as meal box schemes may help to reduce this burden, however, they require, patience, adjustment, and further exploration. Numerous barriers and enablers to the family meal were identified, with scheduling clashes presenting the biggest barrier for most families, and flexibility, health and physical ability, financial security and stability, and motivation and commitment to the family meal identified as enablers. Minimal differences were found between families living in the high- or low-SEIFA suburbs, perhaps because of similar family characteristics across the two groups.

6 THE FAMILY MEAL FRAMEWORK

6.1 Overview

The previous two chapters, Chapter 4 and Chapter 5, presented the results of the independent analyses of the 1990s and 2020 interview data respectively. The current chapter presents the grounded theory of this thesis: a framework developed through combining these independent analyses to represent the work involved in executing the family meal over the last three decades.

As discussed previously in Chapter 2, although the family meal has been studied extensively, there is limited investigation into the specific physical and cognitive work and effort required to execute the family meal. As discussed in Chapter 2, frameworks have been developed exploring the cognitive work involved in individual food choice and family decision-making (31, 109, 114, 265, 300, 301), and there is some investigation into work specifically related to the family meal (47, 49, 53, 72) and the mediating factors on the family meal (116). Other studies have examined the division of labour of persons responsible for this work (119, 121, 127), and others explore the expectations and implications of the family meal ideal on how parents perceive and enact family meals (124, 148). However, a model that combines these concepts to provide a clear framework of the cognitive and physical effort and work involved in bringing the family meal together does not yet exist. The framework presented in this chapter fills this gap.

A version of this chapter is currently under review for publication: “Middleton G, Golley RK, Patterson KA & Coveney J. The Family Meal Framework: A grounded theory study conceptualising the work that underpins the family meal. Appetite (under review)”. GM contributed 80% to the research design, 75% to data collection and analysis, and 80% to writing and editing the manuscript. Co-authors JC, RG and KP collectively contributed 20% to the research design, 25% to data collection and analysis, and 20% to editing the manuscript. Whilst adaptions to this chapter were made for the purposes of publication, there is still direct overlap in content and phrasing. Please see Appendix 19 for the version of the manuscript currently under review.

6.2 Results

‘The Family Meal Framework’ (Figure 6-1) is composed of five separate, but interactive components of cognitive and physical work required to execute the family meal; a cyclical process that requires effort each day. A narrative walkthrough of the framework is presented before describing each component in more detail. Care has been taken to avoid repetition of quotes from the previous chapters. However, as these results use the same two datasets presented in the previous two chapters, there are instances where this repetition was unavoidable. The coding tree that informs the framework from each analysis is provided as Appendix 20.

6.2.1 Participants

The framework includes data from all participants from both the 1990s and 2020 samples, comprising of 54 participants from 28 families. Participant characteristics of the 1990s sample and the 2020 sample have been provided in Chapter 4 and Chapter 5 respectively, and a table that combines these demographics to represent the total sample used for this framework is presented in Table 6-1. The same pseudonyms and family identification codes used in the previous two chapters have been used in this chapter. Family identification codes containing the letter ‘H’ (e.g. H1) identifies families from high-socio-economic index for area (SEIFA) suburbs, and codes containing the letter ‘L’ identifies families from low-SEIFA suburbs. The codes prefixed with the number ‘20’ (e.g. 20L1) identify participants as from the 2020 sample, and those without a prefix identify participants as from the 1990s sample (e.g. L1).

Table 6-1 Combined demographics of interview participants from the 1990s sample and the 2020 sample

All data presented as n/total, unless otherwise specified

Participant characteristics n=54	
Interview sample	
- 1990	32/54
- 2020	22/54
Gender of adults	
- Male	26/54
- Female	28/54
Age of adults (years) mean (range)	40 (26-55)
Highest level of education*	
- Secondary school	15/54
- Some tertiary education	3/54
- Trade or business qualification	4/54
- Degree or tertiary diploma	26/54
- Higher Degree	5/54
Employment status	
- **Paid employment**	**39/54**
o Females	17/28
o Males	22/26
- **Homemaker**	**9/54**
o Females	9/28
o Males	0
- **Unemployed**	**6/54**
o Females	2/28
o Males	4/26
Family characteristics n=28	
- Two-parent family	25/28
- Single-parent family	3/28
Number of children living at home mean (range)	2.4 (1-4)
Age in years of children living at home mean (range)	9 (0.5-24)
Household employment status	
- Two parents employed	15/28
- One parent employed	9/28
- Neither parent employed	4/28
Household status*	
- Provided by state	1/28
- Renting from housing trust	5/28
- Renting privately	5/28
- Paying off mortgage	8/28
- Outright owners	8/28
Annual household income*[a]	
- Lowest quintile	0
- Second quintile	4/28
- Third quintile	4/28
- Fourth quintile	10/28
- Highest quintile	6/28

*Missing data for level of education n=1, household status n=1, household income n=4

[a] Quintile's based on census household forms in 1991 and 2016

6.2.2 The Family Meal Framework

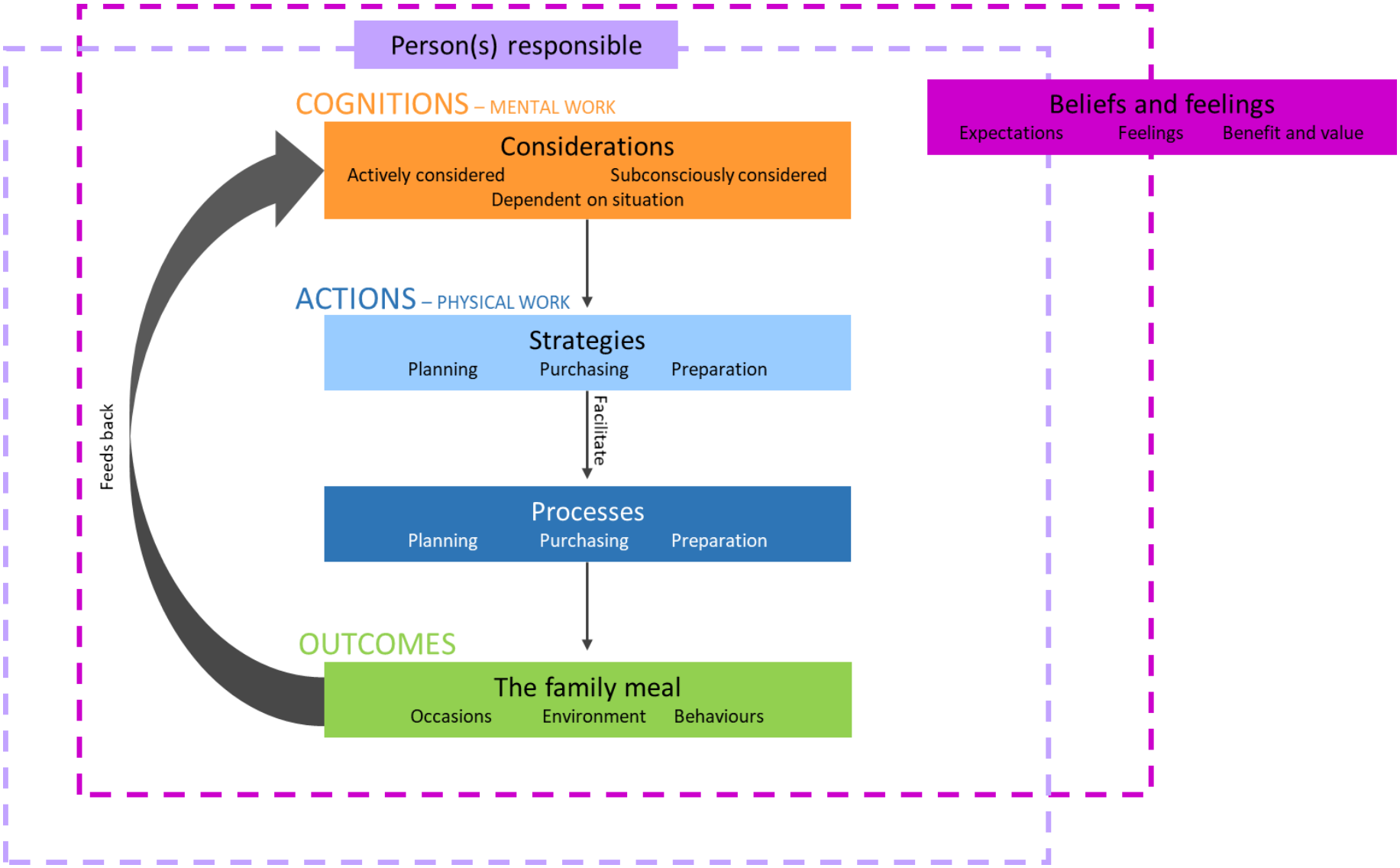

Figure 6-1 The Family Meal Framework

6.2.2.1 Narrative walkthrough of framework

In order to show how The Family Meal Framework can operate as an explanatory structure, the following application is provided. Melanie and Andy, a married couple with two daughters, Suzie aged 11, and Scarlett aged 7, are both employed outside of the home. The family meal is very important to Andy, who has fond memories of them from childhood. Melanie never had family meals growing up and does not believe she places much importance on them. Melanie does not eat breakfast in the morning, and with herself and Andy at work and their daughters at school during the day, the evening is the only time they are all available to share a family meal. Each week, Melanie plans the meals she will be preparing. Melanie wants the family to eat the same meal, but not everyone likes the same foods. Melanie and Andy want to eat exciting meals, but their daughters have limited palates. Although they want to develop their daughters' palates and try to provide them with challenging meals, Melanie feels it is too much to expect them to try something new each night. This means there are nights where the adults eat a separate meal to the children. Melanie must consider the time she has available to cook each night, the cost of the ingredients, and the variety and balance in cuisines. Additionally, Melanie eats a vegetarian diet, but worries about her daughters' nutritional intake, so includes several meat-based meals for the week, with vegetarian alternatives for herself. Prior to purchasing ingredients for the week, Melanie checks the fridge and cupboards against the inventory Andy has created and writes a list of the items she needs to purchase. Melanie prefers to purchase her ingredients online but goes to the supermarket on a Sunday morning if unable to shop online. Each afternoon, upon arriving home, Melanie consults her meal plan and decides which meal she is going to prepare, depending on the time and energy she has available. To help reduce the time involved in preparation, Melanie will sometimes serve leftovers from previous meals. Once the meal has been prepared, the family sit down to eat together at the dining room table. The children are not forced to eat anything they do not wish to, as Suzie once vomited from being forced to eat too much tuna mornay. The family check in on one another, ask each other questions and play word games during the meal. The children are not allowed to use any technological devices, and conversation about off-putting topics is banned. There are no negative comments allowed about the food, as in the past when Suzie made negative comments about the meal, her younger sister Scarlett would refuse to eat it. If Andy is not home for the family meal, Melanie will make it a special 'mummy-daughter' night, eating the meal in front of the television. If Melanie is not home for the family meal, Andy will try to execute it as per normal, however it would be more likely that a takeaway meal is served.

This is just one example of some of the cognitions, actions, outcomes, beliefs and responsibility of the family meal for one family. These components make up The Family Meal Framework and are presented in more detail below.

6.2.2.2 Cognitions of the family meal; Considerations to be made

The 'cognitions' in The Family Meal Framework represent the cognitive, or mental work and

decision-making involved in the family meal. These are the factors that parents consider when attempting to execute the family meal and are thus termed ‘considerations’. These factors were divided into ‘actively considered’, ‘subconsciously considered’ and ‘situationally considered’ categories. The ‘actively considered’ factors were those ‘front of mind’ in relation to the family meal. For example, factors such as cost, time, family food preferences, convenience, or family schedules may be ‘actively considered’ when making decisions about the family meal and its execution. The ‘subconsciously considered’ factors were those that influenced parents’ decisions but were not necessarily ‘front of mind’, such as cultural or religious background, marketing and advertising, or familiarity and habit. These were classified as subconscious as they were considerations that were automatically considered by participants, and thus often did not require additional thought. The ‘situationally considered’ factors were actively considered by parents but were dependent on the situation they were facing at the time, such as energy levels, or who was or was not going to be present for the meal. Examples of each of these types of considerations are provided in the excerpts in Table 6-2.

It should be noted that not all factors were considered by every family, and not all were considered consistently or equally. The factors that were taken into consideration varied, and different considerations were often at odds with one another. Parents tried to align multiple considerations where possible but were often unable to do so due to more pressing constraints on their choices. When nutrition and variety were factors parents ideally tried to consider, more practical considerations such as time, convenience and cost often had to be prioritised instead, as evidenced by the following participant quote:

> George: Lack of time, it’s just so easy to drop back to the things that you go, *well I’ve done it before, I know how long it will take*, I don’t have to sit and think about it. You get something new and you go, *oh how long’s that going to take?* . . . It’s quite easy for me to, *let’s run with it*, but I s’pose it would be good to get a bit more exotic. (20H3, both parents employed, two children aged 8 and 5 years old)

Table 6-2 Participant quotes regarding considerations made for the family meal

Cognitions of the family meal; Considerations	
Category	**Demonstrative Quotes**
Actively considered ❖ Children's eating habits ❖ Cost ❖ Developing children's palates ❖ Ease or convenience ❖ Ethics ❖ Food preferences ❖ Freshness, quality and source of produce ❖ Health, nutrition or balance ❖ Pleasurable experience ❖ Schedules ❖ Season or seasonality ❖ Store specials ❖ Time available ❖ Variety or experimentation ❖ What's available house or shops	*Example ease or convenience* Colin: Sausages for example would be a matter of thinking of a convenience meal for the kids, saves having to come home from practice or something and just be able to throw something on the stove quickly. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old) *Example health, nutrition or balance* Brooke: I make sure that they had a balance of everything, so it's a matter of balancing out your meat and your vegetables . . . you need to eat a certain number of meat, I'd say about three or four times a week and then white meat and a bit of fish, but also, and vary your vegetables . . . you've got to have every colour, like green, red. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old) *Example what's available house or shops* Helena: It's thinking about, *where am I going to get this stuff from? Where can I get it from that's going to be good quality, will last the week?* 'Cause I don't want to have to shop every couple of days. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old) *Example schedules* Griffith: Because our daughter has tuition a lot during the week, and supports, we have to work around that, so we'll have someone here usually 5:30 or 5:45 on a few nights a week, so yeah, and then we've got swimming . . . yeah that dictates a lot, our week, knowing what's happening in the week dictates a lot of how Evana will decide what to cook. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

Subconsciously considered ❖ Cultural or religious background ❖ Cooking facilities ❖ Familiarity or habit ❖ Food storage facilities ❖ Marketing and advertising ❖ Medical or health considerations ❖ Skills or confidence in cooking	*Example cultural or religious background* Meg: No, we cook by custom, by tradition you know . . . and I follow my mum and follow my sister in Vietnam after that. (Family L5, father employed and studying, stay-at-home mother, three children aged 11, 9 and 3 years old) *Example cooking facilities* Frances: When you only have two hot plates . . . and one of those burners is a small one and one is a large one and that would be difficult. So, I would find also that I would make a lot of one pan dishes and it probably did narrow down our range or food. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old) *Example familiarity or habit* George: I s'pose you tend to fall into a trap of having your little, not your favourites but your regulars. There's the cans of five different varieties of baked beans, and there's just the one that you go, that's what we get 'cause that's what we always get. (Family 20H3, both parents employed, two children aged 8 and 5 years old)
Dependent on Situation ❖ Energy levels ❖ Who is or is not present	*Example energy levels* Connie: But then there's maybe one or two nights a week we might be too tired and we just go and get a takeaway. (Family L6, both parents employed, three children aged 19, 17 and 10 years old) *Example who is or is not present* Patrick: The structure changes because if that's the case [partner is absent], it's the same when I'm not here, like they'll come in the lounge room and eat it [the meal]. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

6.2.2.3 Actions involved in the family meal; Processes to undertake and strategies required

Once the considerations regarding the family meal were made, action followed. Actions were separated from the cognitive processes because they were the behaviours required to execute the family meal. Where the cognitive tasks could be viewed as 'invisible work', actions were the more physical 'visible work' of the family meal. The actions were divided into two categories: strategies and processes. The strategies were the plans of action that assisted parents in executing the family meal. The processes were the actual tasks required to execute the family meal, broken into three main categories: planning, purchasing, and preparation.

Strategies were required by parents to align these processes of planning, purchasing, and preparation with the considerations required for their family. There were many strategies parents across the two samples used to execute the family meal, such as looking for new inspiration, purchasing ingredients or preparing meals in bulk, preparing separate meals, and purchasing takeaway. For example, if families needed to consider cost (an active consideration) when thinking of ingredients to purchase for the family meal (process of purchasing) they would need a strategy

for purchasing ingredients within their financial resources, such as creating a budget or seeking out store specials. Another example was if a family had minimal time available (an active consideration) to prepare the meal (process of preparation) then they might use convenience foods or reheat leftovers to make the process achievable within the time available. See Figures 6-3 and 6-4 respectively for a pictorial representation of these examples. Examples of the strategies and processes are provided in Table 6-3 and Table 6-4 respectively.

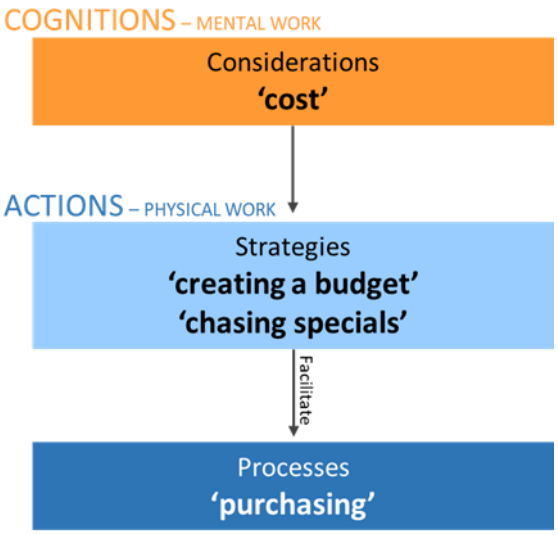

Figure 6-2 Pictorial representation of example 'cost' consideration scenario

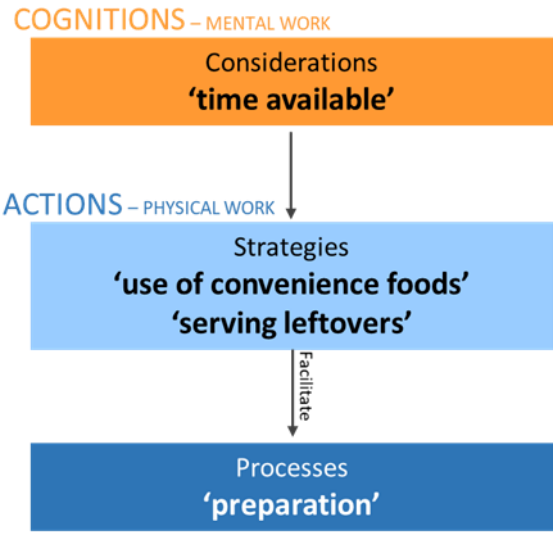

Figure 6-3 Pictorial representation of example 'time available' consideration scenario

Table 6-3 Participant quotes regarding strategies involved in the family meal

Actions of the family meal; Strategies	
Category	**Demonstrative quotes**
Strategies related to planning ❖ Asking others/ outsourcing meal decisions ❖ Budgeting ❖ Inspiration and ideas ❖ Meal box schemes ❖ Shopping list	*Example asking others/outsourcing meal decisions* Sylvia: I usually say to Donald, he'll give me a ring during the day, "what do you feel like for tea tonight?" (Family L2, father employed, stay-at-home mother, two children aged 6 and 3 years old) *Example budgeting* Mary: Most times see I make a shopping list . . . and I always price them a little bit over the item so that if we happen to see something we want that's extra, the prices are over the items that don't happen to be going that much over the budget. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old) *Example inspiration and ideas* Helena: We can try a recipe, we'll go through recipe books um, or on the internet or whatever, and, "that looks good", so we'll try it. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old) *Example meal kits* Julianne: The beauty of this box [meal box scheme], is five nights a week, I pick it in advance, it turns up, I have a recipe, I have ingredients. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)
Strategies related to purchasing ❖ Buying in bulk ❖ Chasing bargains ❖ Getting children involved ❖ Home delivery of groceries ❖ Meal box schemes ❖ Shopping list ❖ Shopping online	*Example buying in bulk* Sylvia: It's mainly stocking up . . . I usually stock up for a fortnight but those things you run out you fill up on the odd week so that you've always got it on hand, because you never know. (Family L2, father employed, stay-at-home mother, two children aged 6 and 3 years old) *Example chasing bargains* Audrey: I do it [shopping] all over the place because I like to shop for bargains. (Family L8, both parents employed, one child aged 10 years old) *Example home delivery of groceries* Interviewer: So, you have to bring the gear back home? Gemma: No, I get it home delivered. (Family L3, neither parent employed, three children aged 4 years, 1.5 years and 6 months old) *Example shopping list* Carl: We always make a shopping list, there's always a pad out in the kitchen on the microwave table and whenever something is short or gone it goes on the list. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

Strategies related to preparation ❖ Accommodating children's preferences ❖ Avoiding serving disliked foods ❖ Cooking in bulk ❖ Cooking separate meals ❖ Getting children involved ❖ Meal box schemes ❖ Modifying meals or preparing additions ❖ Outsourcing to other family ❖ Preparing meals in advance ❖ Preparing separate meals ❖ Providing substitutions ❖ Serving everyone the same meal ❖ Serving leftovers ❖ Serving special foods ❖ Serving takeaway foods ❖ Using convenience foods	*Example accommodating children's preferences* Scott: Harriet's [daughter] pretty fussy with her food, if I know that she's not going to be interested in a particular option, I'll know to prepare something else for her, it's usually just like a sort of tinned pasta that she loves, I know it's a safe bet so if I make that she'll eat it. (Family 20H2, both parents employed, two children aged 5 and 2 years old) *Example modifying or preparing additions* Colin: [Partner Frances] either prepares something different for the child that doesn't like a particular thing . . . it might be just the matter of a sauce going on meat for example, then the sauce doesn't go on the plate that's going to be given to the child that doesn't like that ingredient. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old) *Example serving leftovers* Leslie: We could have the same thing, maybe two or three nights, but then we can add something different on the side just to have something. (Family 20L3, both parents employed, one child aged 12 years old) *Example using convenience foods* Hank: We'll buy sauces, already pre-mixed sauces which we can use, just add that to the food after we've cooked it and make it very tasty . . . we can have Greek, we can have Chinese, we can have Spanish, Mexican hot spicy stuff, we can have curry. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

Table 6-4 Participant quotes regarding processes involved in the family meal

Actions of the family meal; Processes	
Category	**Demonstrative quotes**
Processes related to planning ❖ Ad hoc ❖ Deciding on the day ❖ No plans ❖ In advance ❖ Set menus	Gaye: I usually look through the cupboards and the fridge and say, "Well what's here and are we going to have this this week?" (Family H2, both parents employed, two children aged 11 and 8 years old) Huy: Yes she [partner Meg] think [sic], she plan on the day only . . . like every day general meal, like today we eat beef, tomorrow we eat chicken or day after we the [sic] duck or something like that. (Family L5, father employed and studying, stay-at-home mother, three children aged 11, 9 and 3 years old) Suzanne: I'm not so much of a meal planner though, but it would generally start in the night before or the morning, to think what we're having for the next night. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old) Melanie: So I'm very organised, so I have my meal plans for the week, and I will do my shopping list that I stick to for the week, so I know exactly the meals I make. (Family 20L6, both parents employed, two children aged 11 and 7 years old)
Processes related to purchasing ❖ Frequency and length of time ❖ Location ❖ Transport	Rose: I go and do the grocery shopping or the supermarket shopping, I try and do that once a week. Vic: Saturday morning probably. Rose: But I go to the butchers two or three times a week and I'd get vegetables two or three times a week. (Family H8, father employed, stay-at-home mother, 2 children aged 6 and 3 years old) Interviewer: How do you get to Arndale to do your shopping? Maxine: Circle Line bus . . . or walk, yeah, if the weather is nice. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old) Richard: Monday's is a day off and I'll usually do one or two shops in a Monday and it might account for one or more meals. But it's not uncommon to do shopping everyday. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old) April: When I used to be able to do the online shop I'd aim for about seven meals, you know for the week kind of thing. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

Processes related to preparation ❖ Activities of preparation	Eddie: Sometimes on Tuesdays I come home at three and I think, *yeah, today's a good day for cooking*. So, I take the meat out and take the recipe things and chop it up and start cooking. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old) Vic: If we decide we want chops or something we've got excess, or extra chops instead of having say a piece of steak or chicken tonight, change our mind and have some chops. (Family H8, father employed, stay-at-home mother, 2 children aged 6 and 3 years old) Richard: We'd normally cook more or less from scratch . . . we don't normally use packet meals and things like that. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old) Julianne: 'Cause I use my phone as my- like to cook and stuff, so I do sort of sometimes even have it out because I had the menu on it, or something. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

6.2.2.4 Outcomes of the family meal; The family meal itself

The outcome of these cognitions and actions was the family meal itself. This category incorporated the family meal occasions, the environment of the family meal, and the behaviours of those at the family meal. Although the family meal event is the direct consequence of the cognitions and actions preceding it, how the family meal takes place and is experienced can directly affect those cognitions and actions in the future. If the experience was positive, it may reinforce the cognitions or actions so that the positive experience can be repeated. If the experience was negative however, it may prompt parents to reconsider the cognitions and actions so that the negative experience can be avoided in future. For example, children's disruptive behaviour at the meal may result in parents attempting to have the meal earlier, before children become too tired and irritable. Examples of the outcomes of the family meal process are provided in Table 6-5.

Table 6-5 Participant quotes regarding outcomes of the family meal

Outcome of the family meal	
Category	**Demonstrative quotes**
Family meal occurrence ❖ Different on weekends	Interviewer: Which one's [meals] do you share? Rose: With all four of us do you mean? Interviewer: Yes Rose: Not very many. Saturday lunch, Sunday lunch and Tuesday night because Vic [partner] goes to army, so he likes to eat early, so it's only those nights. (Family H8, father employed, stay-at-home mother, 2 children aged 6 and 3 years old) Patrick: Saturday afternoon at lunch time we usually sit down and have something to eat and then we'll go off and do our things again . . . At teatime we'll sit down all together. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old) Scott: We tend to eat like, you can guarantee almost that we'll eat together on a weekend. (Family 20H2, both parents employed, two children aged 5 and 2 years old)
Family meal environment ❖ Eating separately ❖ Food served ❖ Location ❖ Technology	*Example food served* Sylvia: Night-time I like, that's when they have their main meal, they usually have veggies, I usually try and give them to them three times a week, right, and then they either have meat, they usually have sausages, Brianna [daughter] will eat one, Daniel [son] will eat two or three sausages, fish fingers, chicken nuggets they like. (Family L2, father employed, stay-at-home mother, two children aged 6 and 3 years old) *Example location* Mary: Patrick [partner] said to us once about sitting at the table and I said, "yes, alright". And when the time come, plus I don't know it's more convenient [to eat in the living room], and my daughter being in the wheelchair she takes a long time to eat so you know 'cause I'm picky and I eat small so I finish before her and I could be sitting in that kitchen for ages feeding her so I just find it easier, I watch TV while I push the food into her. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old) *Example technology* Natalie: We don't let iPads or anything like that on. We sometimes have the TV from the lounge, but we try to um limit that because it just causes distraction. (Family 20H3, both parents employed, two children aged 8 and 5 years old) *Example eating separately* Scott: Sometimes maybe Harriet [daughter] will have her dinner before us and April [partner] and I eat together after that. It sort of depends on, on how we gauge Harriet's mood to be, and if she needs to go to bed we'll know about it. And so we'll get her fed earlier rather than later and then she can go off to bed and then we can have dinner after that. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

Family meal behaviours ❖ Convincing children to eat ❖ Disruptive behaviour ❖ Multi-tasking ❖ Picky eating and reactions to food	*Example convincing children to eat* Carl: We both like chicken livers and Kieran [son] can be fooled into eating them, that they are snake meat or iguana meat or something like that. (Family H1, both parents employed, three children aged 15, 8 and 5 years old) *Example disruptive behaviour* George: One of the other, well I s'pose issues with the evening meal, is once the kids have been at school and sort of getting a bit tired . . . they don't sort of toe the line . . . it's a lot simpler for a small thing to generate into a big issue. (Family 20H3, both parents employed, two children aged 8 and 5 years old) *Example picky eating and reactions to food served* Sylvia: Brianna [daughter] she tends to play with her food and mess around a while, she'll sit there, "mum I can't eat this". (Family L2, father employed, stay-at-home mother, two children aged 6 and 3 years old

6.2.2.5 Beliefs and feelings related to the family meal

The category of beliefs and feelings encompassed parents' expectations, feelings, and perceived benefit and value of the family meal. Parents' beliefs and feelings about the family meal sit on the border of this cycle, representing their pervasiveness across all stages. These beliefs or feelings could have a direct impact on the outcome of the meal. For example, Anastasia (20L1), a single mother, wanted to provide a traditional family meal for her son, even though she did not consider their current situation as the typical 'big' family that she had growing up. However, when the outcome was eating a meal together in front of the television, she felt it hindered communication and that she was not spending quality time with her son. Being unable to live up to her expectations of what the family meal should look like led to feelings of dissatisfaction, which resulted in a new resolve to change the outcome of the family meal; to sit at the table with her son without technology interfering with communication.

> Anastasia: I do prefer to have meals at the kitchen table, because that's what I did when I was a child . . . I s'pose 'cause we don't have a big family, it's happened that it's just my son and I . . . It feels more impersonal in the lounge, like it's not a sort of a special mealtime . . . I think I'm really going to try to organise for us to have at the table, and even if he says, "no", I'm actually going to say, "no we have to have it at the kitchen table". (20L1, single-mother family, mother employed, one child aged 12 years old)

Parents' beliefs and feelings about the family meal could also have an indirect impact on the outcome of the meal, by changing the cognitions and actions that precede it. Parents would either replicate the cognitions and actions to reinforce positive outcomes or change them to prevent negative outcomes from reoccurring. For example, parents finding their children's negative reactions to the food they have prepared disheartening, may decide to consider their children's preferences more than other considerations (cognition) and may change the types of meals they

prepare (action). These beliefs and feelings could extend outside of the family meal event to any of the processes of planning, purchasing and preparation. For example, finding the shopping experience (process of purchasing) more or less enjoyable when the whole family attend may result in parents either insisting family members come along, or going to great lengths to ensure they are able to go alone. Examples of the beliefs and feelings related to the family meal are provided in Table 6-6.

Table 6-6 Participant quotes regarding beliefs and feelings regarding the family meal

Beliefs and feelings regarding the family meal	
Category	**Demonstrative quotes**
Expectations ❖ Defining elements ❖ Dissatisfaction with practices ❖ Past experiences ❖ Rules ❖ Traditions or rituals	*Example defining elements of the family meal* Jennifer: I mean I think part of that whole kind of sitting down as a family to eat means that you, you put aside your strong sort of requirement of having your own preference all the time, to just eating together. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old) *Example dissatisfaction with practices* Julianne: I mean it'd be lovely to be at a point where they would be all happily eating the food. But I mean I know that that's not the case for any family, and even as they get older, you know, it doesn't matter what you make . . . there will be fifty percent of people who don't want to freaking eat it even though they loved it yesterday. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old) *Example past experiences of the family meal* Interviewer: Were there any rules about eating, you know, what you had to eat? Paul: Oh, yeah, you had to clean the plate. I used to stick it in me [sic] pocket because I used to hate them [mealtimes], I just couldn't handle it. I used to hate mealtimes I really did, hated them. (Family L3, neither parent employed, three children aged 4 years, 1.5 years and 6 months old) *Example rules* Sylvia: Yeah, I try to keep to the basic rules. No elbows on the tables, don't play with your knives and forks, or your spoon whatever. The general ones like eating with your mouth closed. (Family L2, father employed, stay-at-home mother, two children aged 6 and 3 years old) *Example traditions or rituals* Andy: We have another spare chair in the kitchen, we'll bring that through, and that's where the cat sits, and she'll sit on the table . . . her head will just make it over the top of the table. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

Feelings toward the family meal and food tasks ❖ Positive feelings towards family meal or processes ❖ Neutral feelings towards family meal or processes ❖ Negative feelings towards family meal or processes	*Example positive feelings* Leslie: The shopping is exciting because you know every season is different, and this season we might have plenty of this and the next season you have other things, so it's always exciting to have those changes. (Family 20L3, both parents employed, one child aged 12 years old) *Example neutral feelings* Interviewer: Do you like cooking Vera? Vera: I used to hate, it's like driving for me now. I drive because I have to. (Family L4, both parents employed, three children aged 19, 15 and 10 years old) *Example negative feelings* Angela: If I put them all together in the salad like a big vegetable salad, "ew what's this?" and that's discouraging, I mean you get tired of hearing that night after night. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)
Perceived importance and value ❖ Checking in ❖ Child development and learning ❖ Dedicated time together ❖ Display, share and instil family values ❖ Promote and facilitate communication ❖ Teach or role-model	*Example checking in* Andy: I think it is important because, the family meal is generally, on average, a positive experience, so you can say it sets the base level, so when you turn up to the table and someone's like crying, you know, well hang on, we're actually eating something that's decent, and we're all in a good mood and there's this one person who's like upset, what's- what's wrong? (Family 20L6, both parents employed, two children aged 11 and 7 years old) *Example child development and learning* Martin: You can't let them go to what they want . . . you're their teacher you're their parent, you've got to train them you've got to educate them you've got to let them know what's available to them and so that they can expand it themselves later on. (Family H4, both parents employed, three children aged 8, 7 and 4 years old) *Example dedicated time together* Donna: It's a real bonding thing and if we didn't have it then I think our relationships would be quite strange, 'cause we wouldn't know what's going on in each other's lives. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old) *Example display, share and instil family values* Jennifer: It is symbolic, I think there is something symbolic going on at sitting at the table, we are a family, we do things together, we eat together. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old) *Example promoting and facilitating communication* Connie: Well usually I mean just to be able to talk together, all together, you know have a chance to find out about each other's day, that would probably be the main reason . . . I don't think we do that enough. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

6.2.2.6 Person(s) responsible for the family meal and the processes involved

Bordering and encompassing all aspects of this cycle, and crucial to its functioning, is the person(s) responsible. The family meal involves complex processes and requires a significant amount of physical and mental work, and someone must be responsible for it. Persons responsible for the family meal varied between and among the participants from either sample, as discussed in Chapter 4 and Chapter 5. This category not only explored who was responsible for the work, but how responsibility was shared, how this may have changed over time and how men and women differed in their approaches to undertaking certain tasks. Examples of the persons responsible for the family meal are provided below in Table 6-7.

Table 6-7 Participant quotes regarding person(s) responsible for the family meal

Person(s) responsible for the family meal	
Category	**Demonstrative quotes**
Responsibility for food work ❖ Male versus female behaviours ❖ One person responsible ❖ Shared responsibility	*Example male versus female behaviours* Claire: He [partner Christopher] just buys like five sauces, or like a whole bunch of limes for no apparent reason, or just the most random things, or like things that I leave on the list that I do want to get when they're on special, he'll just buy everything and I'm like, "ugh I don't get that now!" (Family 20H6, both parents employed, two children aged 6 and 4 years old) *Example one person responsible* Interviewer: So, who does the shopping? Alison: I do. Interviewer: Has that always been the case? Derek: Apart from illnesses and, or hospital due to babies. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old) Jack: Oh well like she [partner Julianne] said, she'd probably do the hard work and get's the tea ready (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old) *Example shared responsibility* Hank: We try and share it between my wife and I, but it does fall into patterns. Monday night I usually do it. Tuesday night Connie [partner] will do it. Wednesday night will usually be a compromise, we'll probably get one of our sons to do it, but we'll help out. Thursday night we'll probably eat out… Friday night my wife will do it, she'll cook the meal. Saturday night she'll probably do it as well. Sunday lunch and Sunday nights I usually do it, as a rule. (Family L6, both parents employed, three children aged 19, 17 and 10 years old) George: I'd say it's shared between us, but hardly ever together. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

6.3 Discussion

This chapter presented results from the combined analyses of the 1990s and 2020 and interview data with families in South Australia (SA), culminating in the grounded theory of this thesis: 'The Family Meal Framework'. A narrative walkthrough of the framework demonstrated how the framework was enacted by one of the families in the sample, and how the five core components of the framework interacted and intersected with one another in daily life. The five core components of The Family Meal Framework, identified as the cognitions, actions, outcomes, beliefs and feelings, and person(s) responsible, were then described and unpacked. The framework, and its unique contribution to the field, will now be discussed in the context of previous literature in this space.

6.3.1 Conceptualising the work that underpins the family meal

The Family Meal Framework details both the cognitive and physical work required to execute the family meal. It encompasses how the outcome of the family meal, or how the meal is served, eaten, and received by family members, impacts the cognitive and physical tasks that precede it. It explores how beliefs and feelings related to the family meal do not just impact the outcome of the family meal, but also the cognitive and physical processes before it. Finally, The Family Meal Framework accounts for the person(s) undertaking this work, acknowledging that the work can be done alone or in partnership, and that this impacts how the family meal, and it's involved processes, are undertaken. Although it has been established that feeding the family requires effort, energy, and time (42, 43, 47, 49, 53, 73, 121), this framework clearly unpacks and distinguishes the work and effort required to specifically execute the family meal. While the family meal may seem quotidian and a routine part of family life, this framework demonstrates that it requires a series of highly choreographed steps to execute. Previous work specifically focusing on unpacking the effort required for the family meal has not gone as far as to provide a framework that encompasses all five components of cognitions, actions, outcomes, beliefs and feelings, and person(s) responsible. Neither do they account for the cyclical, reactive nature of these components, or how they intersect and interact with one another.

As discussed in Chapter 2, previous exploration into the work of the family meal has largely focussed on the physical components of the family meal, and there is minimal exploration into the mental, or cognitive components. Charles and Kerr, and DeVault were some of the first authors to document these 'invisible' tasks required to feed the family (47, 49). This illumination of the invisible tasks parents were routinely undertaking, unrecognised by others, and often unbeknown to themselves, was a huge contribution to understanding the effort and coordination that is required for feeding a family (47). One such cognitive effort related to the family meal is the decision-making of the meal. Previous authors have described various factors individuals and parents consider when making food decisions (47, 109, 112, 114), but none as extensive as those explored in the

present framework. These factors, termed ‘considerations’ in the present framework, have been given alternative labels by other authors, such as ‘values’ or ‘goals’ (108, 109, 114, 302). However, positioning them in this way indicates a virtue behind the decisions, when in many instances, parents were making decisions based on necessity and available resources. Budgeting may be a ‘goal’ for parents, but it may also be a necessity due to limited financial resources. Positioning these factors instead as considerations does not attribute virtue to the factors, but rather indicates that parents’ decision-making is highly dependent on priorities, preferences, and resources.

The Family Meal Framework also indicates that not all decisions are made in the same way, and not all decisions factor in the same considerations. The acknowledgement of these considerations as made actively, subconsciously, or situationally, presents a new understanding of these complex decision-making processes. This finding is important, as understanding that there are factors that parents do not actively take into consideration, but are rather automatically accounted for, such as medical requirements, or cultural and religious practices, may assist our understanding of how parents make decisions. Additionally, this finding indicates how ingrained habits, marketing and advertising may inherently impact those decisions. The identification of situational considerations also indicates the highly reactive and often ad-hoc nature of food provision decisions for the family meal.

The family meal itself is not immune to both being impacted by and impacting these decision-making processes. The inclusion of the outcome of the family meal as an interactive component of this framework is due to the clear impact the experience of the family meal has on the cognitions and actions that precede it. The family meal is often viewed as an isolated occasion, the result of the planning, purchasing, and preparation that precedes it. What happens after the meal, is less often explored. Previous researchers have explored how children’s fussy eating or their disruptive behaviour at the meal can result in parents feeling frustrated and despondent (67, 81, 82, 119). Parents in previous studies have been described as avoiding serving foods that are refused by children, separating children from one another or removing them from the table when being disruptive (67, 80-82). These examples allude to the reflexive and reactive components of the family meal. However, The Family Meal Framework is the first to link these experiences at the family meal with the entire cycle that precedes it. Again, this is important information, particularly regarding family meal promotion and targeting in intervention research. Understanding the reactive and reflexive nature of the experience of the family meal provides a key to understanding how we can use the event to encourage positive change to the cognitions and actions that precede it. It also provides an understanding of the ability of experiences to reinforce or discourage future behaviours. This provides useful information for designing future research in this space; acknowledging the importance of the family meal experience in shaping the future decisions and actions parents will make and undertake.

The family meal is a highly symbolic event, steeped in tradition, meaning and idealism (47, 49, 50). Family meals are considered valuable and important, and convey a sense of family unity and symbolism (42-44, 47, 49, 73); a time where family members put aside their own priorities and activities for the sake of spending time with one another (303). As such, they are heavy with expectation, both internal and external, from societal discourse, past life experiences, and health recommendations (118, 124, 148). As discussed in Chapter 2, the dominant messages about family meals, the role they play in protecting children, and the responsibility of parents to ensure they are conducting them in a meaningful way, can create tensions for parents, and imbue particular significance and expectation on how family meals should be conducted (148). Additionally, past experiences of family meals in childhood can create complex feelings and expectations about family meals in adulthood. Parents in previous studies have described experiencing feelings of anguish at their inability to create conflict-free, pleasant family meals as experienced in their own childhood (148). Previous research has also shown how family meals experienced in childhood can serve to reinforce, or change, the way parents conduct family meals in adulthood (44, 50, 80, 155-157). However, there are tensions between expectations on family meals, and the practicality of executing them in contemporary society. Additionally, not all parents find the family meal, or its involved processes, to be a positive experience (81, 82). These expectations and feelings about the family meal and it's involved processes can impact all components related to the family meal, further highlighting the extremely complex nature of the family meal.

The Family Meal Framework presented in this chapter, created through the grounded theory analyses of the 1990s and 2020 interview data, confirms previous findings and expands current knowledge. It encapsulates the cognitions, actions, outcomes, beliefs and feelings, and responsibility of the family meal, as a constant, cyclical, and reactive process. Prior research has extensively explored individual food decision-making (31, 108, 109), mothers decision-making for the family (113, 304), and decision-making as a family (114, 115), but has not exclusively investigated or provided detailed information on family meal decision-making. Other studies that focus on family meal processes more specifically have explored some of the cognitive and physical work involved, who is responsible for the family meal, and what influences or motivates families to share a meal (47, 49, 53, 72, 116). However, none have focused on the cognitive and physical work beyond this in any depth, and minimal exploration into the interaction and intersection of the physical and cognitive work has been undertaken. This is the first framework to incorporate all components, demonstrating their relationships with one another and highlighting the constant, reflexive, and reactive cycle of the seemingly quotidian family meal. This framework is useful in not only acknowledging and understanding the different components of the family meal, but also how they interact and intersect with one another. This framework provides clear opportunities for targeting future research and interventions so we can better understand and utilise the family meal as a health-promoting activity.

6.3.2 Strengths and limitations of the framework

A strength of this framework is its inductive creation through analysis of interview data collected with 54 participants from 28 families, from two opposing SEIFA suburbs, across two different time points with varying demographics. Its creation from the analysis of the 1990s interviews, its validation from analysis of 2020 interviews, and its verification through obtaining feedback from participants from the 2020 sample, adds rigour and strength to the framework. The ability to present this framework as relevant across time, based on the interviews of families from the past and present, without having to rely on memory or retrospective accounts is an additional strength.

While the recruitment of participants from high and low socio-economic position (SEP) areas was done for both samples with the intention of providing diversity of experiences, using geographical area SEP indicators is not necessarily a strong indicator of individual socio-economic advantage or disadvantage. Therefore, the samples may not be as representative of high- and low-SEP families as intended. Additionally, participants in both samples self-selected to be involved in the interviews. Therefore, self-selection bias could have occurred whereby participants opted to be involved due to interest in the project, and a wide representation of views may not have been captured.

6.4 Conclusion

Family meal research is extensive, but the focus of the majority of the work in this field is on the outcome and potential benefits of the family meal. There is limited exploration on the lead up to the family meal, the work required to deliver it, and the effort needed to execute it with regularity. The Family Meal Framework created through the grounded theory analyses of the 1990s and 2020 interview data provides a deeper conceptual understanding of the family meal and it's involved processes. This framework provides not only an acknowledgement, but an in-depth understanding of the components required to execute the family meal, and how they interact and intersect with one another. The five components presented in the reactive cycle: the cognitions of the family meal (the considerations to be made), the actions involved (the processes and strategies required to execute the family meal), the outcomes of the family meal (the experience of the family meal itself), the beliefs and feelings about the family meal, and the person(s) responsible for the family meal and it's involved processes, provide a deeper understanding of the specific components required to execute the family meal. With this understanding of the family meal and its involved processes, we can specifically and effectively target future exploratory and intervention family meal research and determine how best to utilise the family meal as a health-promoting activity for families.

7 SIMILARITIES AND DIFFERENCES OF THE FAMILY MEAL; THEN AND NOW

7.1 Overview

Chapter 4 detailed the experience of family meals in the 1990s. Chapter 5 provided a contemporary understanding of family meals in 2020. Chapter 6 presented a framework of the work involved in executing family meals regardless of time by combining the analyses of the 1990s and the 2020 data. This chapter separates the 1990s and 2020 data to provide a temporal comparative analysis of family meals over time. This comparison provides an understanding of how family meals, their involved processes, barriers, and enablers, have stayed the same or changed over the past three decades.

7.1.1 Aims and objectives

The aim of this chapter is to present the comparative analysis of the 1990s and 2020 interview data. This chapter addresses thesis objectives 3 and 4:

3. To compare the experiences, processes and considerations of family meals over the last 30 years, and to compare these between families living in high and low socio-economic areas;
4. To compare the barriers and enablers to the family meal to determine systemic barriers and enablers that have been present for the last 30 years, and any new, novel barriers and enablers faced by families today.

7.2 Changes to Australian families and the food landscape

Over the last three decades working life, family life, technology and services have changed for Australian families. The median age of adults in Australia increased from 32 to 41 years, and the median age of adults in South Australia (SA) increased from 32 to 45 years (253, 254, 276). Median annual income has increased over this time by ~AU$25,000 nationally, and by ~AU$28,500 for families in SA (253, 255, 277, 278). The number of children per household has remained relatively consistent at 1.9 in 1992 and 1.8 in 2016 (256, 277, 278). Rates of single-parent households has remained stable at ~14% for Australian families between 1992 and 2016 (256, 279). However, single-parent households increased by 4% for SA families over this same time, representing 16.5% of households in SA by 2016 (253, 277).

Perhaps one of the most relevant changes to situate the results of this comparative analysis are the changes to work and household arrangements between the 1990s and 2020. In SA, rates of women entering or re-entering the paid workforce continued to rise from 50% in 1990 to 54.9% in 2020, and rates of stay-at-home mothers decreased from 32% in 1991 to 24% by 2016 (253, 257, 259). Consequently, the rates of households with dual-employment increased by 20%,

representing 68% of two-parent households by 2016 (253, 257, 259). However, while women's participation in the paid workforce increased, their participation in household management activities has not decreased proportionally. In 1992, women spent more than double the amount of time (147 minutes/day) on domestic activities than men (37 minutes/day) (260). In 2015-17 women were still spending more time on these tasks than men. Women were contributing almost double the amount of time to these tasks in households where men were the main contributors to household income (131 minutes/day for men vs. 252 minutes/day for women), and approximately 30% more time in households where women were the main contributors (163 minutes/day for men vs. 207 minutes/day for women), or both men and women contributed equally to household income (138 minutes/day for men vs. 198 minutes/day for women) (283). Thus, while it appears that women's increasing participation in the workforce is resulting in men's increasing participation in the home, women are still undertaking the bulk of this work.

Services and technology have also changed over the three decades between 1990 and 2020. In the 1990s, many supermarkets had restrictions on their opening hours, but by 2020, supermarkets were open seven days a week and many offered extended shopping hours. While in the 1990s there were still some instances of milkmen and green grocers' delivering to the door, this had been replaced with home delivery of ingredients, and takeaway meals in 2020. In the 1990s, ready-meals or partially prepared meals existed, but not to the same extent of meal box schemes in the 21st century. While personal computers and the internet were starting to be introduced into family households in the 1990s, in 2020 it was not uncommon for personal computers, or other electronic devices such as smartphones or tablets, to be available to each member of the family (284). As described in Chapter 5, by 2020 the internet boasted a plethora of websites and applications for assisting with planning, purchasing and preparation of meals (285). Additionally, the creation of electronic voice activated Artificial Intelligence (AI) devices, such as Amazon's 'Alexa', or Google's 'Google Assistant', increased the accessibility of these services for contemporary families.

Additionally, it should be noted that the cost of living has increased in Australia over this thirty-year period. Australian household expenditure on goods and services increased by 137% from 1993-1994 to 2015-2016 (305). The amount of money Australians were spending on food on average rose from AU$111 per week in 1993-1994 to AU$237 in 2015-2016. However, the proportion of total household expenditure spent on food decreased from 19% in the 1990s to 16.6% in 2015-2016 (305). Rates of eating outside of the home increased over this time period, and the per capita expenditure on meals eaten in cafes and restaurants increased by 30% from 1985 to 2006 (306). Between 2005 and 2016, the average household spent an average of AU$12 more per week on meals eaten in cafes and restaurants (305), indicating that both the frequency and the cost of eating out has continued to rise over this time.

This information aims to provide context to the comparison of changes to the family meal

presented below, and to aid in situating and interpreting the findings across time.

7.3 Results

The results of the comparative analysis of the 1990s and 2020 interview data are as follows: Participants; A comparison of The Family Meal Framework; Barriers and enablers to family meals over time; and Differences between families living in high and low Socio-Economic Index for Area (SEIFA) suburbs over time. Care has been taken to avoid repetition of quotes from the previous chapters, however as these results use the same two datasets presented in the previous three chapters, there are instances where this repetition was unavoidable.

7.3.1 Participants

The sample for this chapter is 32 adult participants from 16 families in 1993-1994, and 22 adult participants from 12 families in 2020. However, unlike the previous chapter (Chapter 6) the samples have been kept separate to undertake a temporal, comparative analysis. The participant demographics for each sample are presented in Table 7-1. The same pseudonyms and family identification codes used in the previous three chapters have been used in this chapter. Family identification codes containing the letter 'H' (e.g. H1) identifies families from high-SEIFA suburbs, and codes containing the letter 'L' (e.g. L1) identifies families from low-SEIFA suburbs. To allow differentiation between families from the 1990s sample and the 2020 sample, the codes prefixed with the number '20' (e.g. 20L1) identifies participants from the 2020 sample, and those without a prefix identifies participants from the 1990s sample (e.g. L1).

In Chapter 4 and Chapter 5, participant demographics were situated in the context of the national and state populations in the 1990s and 2020 respectively. Here, comparing between the two time periods, differences and similarities are observed. By design, half of the families in both samples were living in a high-SEIFA suburb and half were living in a low-SEIFA suburb. Most families in both samples consisted of two parents who were either married or in a domestic partnership, with only one single-parent family in the 1990s sample, and two in the 2020 sample. As per the eligibility criteria, all participants had at least one child ≤12 years of age living at home at least 50% of the time, and none had more than four children living at home at the time of the interviews. The average number of children per household was consistent between the two time periods at 2.4, however children were older in the 2020 sample. Rates of employment were higher in the 2020 sample for both men and women. Of the 16 men in the 1990s sample, 12 were employed, compared to all ten men in the 2020 sample. Eight of the 16 women were employed in the 1990s sample, compared to nine of the 12 women in the 2020 sample. Rates of dual-employment were higher in 2020, with seven of the 15 two-parent households in the 1990s sample in dual employment, compared to eight of the ten two-parent households in the 2020 sample. The 2020 sample also had less stay-at-home parents, with just two of the 12 mothers identifying as stay-at-

home mothers in the 2020 sample, compared to seven of the 16 mothers in the 1990s sample.

The demographics of the families from high- and low-SEIFA suburbs also differed between the two samples. Levels of education of participants were generally higher in the 2020 sample compared to the 1990s sample across both SEIFA groups. Employment levels increased in the 2020 sample across families from both high- and low-SEIFA suburbs, with less participants from low-SEIFA suburbs reporting unemployment in the 2020 sample than in the 1990s sample. Participants from the high-SEIFA suburbs typically reported a higher annual income across both time frames than those from the low-SEIFA suburbs, however the participants from the low-SEIFA suburbs in 2020 had higher comparable income than participants from the low-SEIFA suburb in the 1990s sample.

Table 7-1 Demographics of interview participants in the 1990s sample and in the 2020 sample

H families were families recruited from high-SEIFA suburbs; L families were families recruited from low-SEIFA suburbs
All data presented as n/total, unless otherwise specified

	Participant characteristics					
	1990s TOTAL participants n=32	**2020 TOTAL participants n=22**	**1990s H participants n=16**	**2020 H participants n=12**	**1990s L participants n=16**	**2020 L participants n=10**
Gender of adults						
- Male	16/32	10/22	8/16	6/12	8/16	4/10
- Female	16/32	12/22	8/16	6/12	8/16	6/10
Age of adults (years) mean (range)	38 (26-46)	43 (34-55)	39 (31-46)	41 (34-52)	36 (26-43)	46 (36-55)
Highest level of education*						
- Secondary school	13/32	2/22	3/16	0	10/16	2/10
- Some tertiary education	0	3/22	0	0	0	3/10
- Trade or business qualification	4/32	0	0	0	4/16	0
- Degree or tertiary diploma	10/32	16/22	9/16	11/12	1/16	5/10
- Higher Degree	4/32	1/22	4/16	1/12	0	0
Employment status						
- **Paid employment**	**20/32**	**19/22**	**12/16**	**10/12**	**8/16**	**9/10**
o Females	8/16	9/12	5/8	4/6	3/8	5/6
o Males	12/16	10/10	7/8	6/6	5/8	4/4
- **Homemaker**	**7/32**	**2/22**	**3/16**	**1/12**	**4/16**	**1/10**
o Females	7/16	2/12	3/8	1/6	4/8	1/6
o Males	0	0	0	0	0	0
- **Unemployed**	**5/32**	**1/22**	**1/16**	**1/12**	**4/16**	**0**
o Females	1/16	1/12	0	1/6	1/8	0
o Males	4/16	0	1/8	0	3/8	0

	Family characteristics					
	1990s TOTAL families n=16	**2020 TOTAL families n=12**	**1990s H families n=8**	**2020 H families n=6**	**1990s L families n=8**	**2020 L families n=6**
- Two-parent family	15/16	10/12	8/8	6/6	7/8	4/6
- Single-parent family	1/16	2/12	0	0	1/8	2/6
Number of children living at home mean (range)	2.4 (1-3)	2.4 (1-4)	2.4 (2-3)	2.8 (2-4)	2.4 (1-3)	2 (1-3)
Age in years of children living at home mean (range)	8 (0.5-19)	10 (2-24)	7 (1-15)	9 (2-19)	9 (0.5-19)	12 (4-24)
Household employment status						
- Two parents employed	7/16	8/12	4/8	4/6	3/8	4/6
- One parent employed	6/16	3/12	4/8	2/6	2/8	1/6
- Neither parent employed	3/16	1/12	0	0	3/8	1/6
Household status*						
- Provided by state	0	1/12	0	1/6	0	0
- Renting from housing trust	4/16	1/12	0	0	4/8	1/6
- Renting privately	3/16	2/12	1/8	2/6	2/8	0
- Paying off mortgage	3/16	5/12	3/8	1/6	0	4/6
- Outright owners	5/16	3/12	3/8	2/6	2/8	1/6
Annual household income*[a]						
- Lowest quintile	0	0	0	0	0	0
- Second quintile	2/16	2/12	0	0	2/8	2/6
- Third quintile	3/16	1/12	0	1/6	3/8	0
- Fourth quintile	5/16	5/12	3/8	3/6	2/8	2/6
- Highest quintile	3/16	3/12	3/8	2/6	0	1/6

*Missing data for level of education n=1, household status n=1, household income n=4

[a] Quintile's based on census household forms in 1991 and 2016

7.3.2 A comparison of The Family Meal Framework over time

To undertake the comparative analysis presented in this chapter, a comparison of The Family Meal Framework created through analyses of the 1990s and 2020 interview data was conducted (Chapter 6, see page 170). This framework identified five components to the family meal: 'Cognitions' representing the mental considerations to be made regarding the family meal; 'Actions' representing the physical processes and strategies required to execute the family meal; 'Outcomes' representing the experience of the family meal itself; 'Person(s) responsible' for undertaking all of these tasks; and the 'Beliefs and feelings' that impact the way these tasks are undertaken. The comparison between the 1990s and 2020 data that populated The Family Meal Framework identified that the three processes of planning, purchasing, and preparation required to execute family meals have remained consistent across time. However, the way parents undertake these processes, the factors they consider, the strategies they implement, the person(s) responsible, and the beliefs and feelings regarding the family meal have evolved. The results presented below are the most salient consistencies or changes to The Family Meal Framework between the 1990s and 2020 samples. While there were other findings that differed between the two time periods, in many cases this was due to a lack of exploration in the interview discussions, and not necessarily indicative of a presence or absence of these cognitions or behaviours in the families or in the samples. Therefore, only those results with enough data to make an adequate comparison are presented below.

7.3.2.1 Cognitions of the family meal; the considerations to be made

The cognitions of the family meal were identified in Chapter 6 as the mental work of decision-making required for family meals. Parents needed to consider a range of factors when making decisions for family meals, and thus the cognitions of the family meal were termed 'considerations'. These considerations often competed and conflicted with one another and were highly dependent on family resources and priorities. There were some core factors that were considered regularly across the two time periods, and while many of these were considered consistently over time, others changed. These are presented below.

Stability of cognitions over time

A consideration that was consistently considered over the two time periods was the time available to undertake the processes required for family meals. While time availability was considered by many participants from the 1990s sample, it was almost unanimously considered by participants from the 2020 sample. Time availability represented a stable, high priority consideration across time.

> Angela: The rest of the week when I'm picking them up from school I usually get back with them about 4 o'clock and that kind of cuts down the amount- we would rather have dinner by five.

> Carl: Five-thirty.
> Angela: So it cuts down the amount of cooking time. (Family H1, both parents employed, three children aged 15, 8 and 5 years old)

> Jennifer: There is definitely, I wouldn't call it time pressure, but we're just aware that it needs to happen in the next hour and be over and done with and we need to get out the door. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

Due to time pressures, participants were often considering preparing foods for the family meal that were quick, easy, and convenient. While preparing easy and convenient meals was more commonly considered by participants who felt pressured by time, this consideration was not exclusive to just those participants. No participant across either time period wanted to spend more time than necessary preparing a family meal. This was especially the case when participants were experiencing low stamina levels due to a physically, or emotionally tiring day. The following quotes are illustrative:

> Gaye: More for the fast things that are quicker to prepare and I think that we'd, certainly when I think back to the kinds of foods I was making 20 years ago that's sort of before we got married . . . I mean we have the occasional roast but almost never do stews anymore. (Family H2, both parents employed, two children aged 11 and 8 years old)

> April: Some of the meals are purely, purely based on the fact it's going to be something we can prepare in a couple of minutes. Like that's just really [*laughing*] what it comes down to. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

> Helena: I'm considering what will we be doing that day, what will be the energy level for putting into preparing the meal and actually eating the meal. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

Children's food preferences were consistently considered across the two time periods. While not all participants entirely accommodated their children's likes and dislikes, most adjusted what was prepared for the family meal in some way to appease children. Participants across both samples indicated concerns with their children displaying fussy eating behaviours, not eating enough vegetables, or not eating enough in general. These concerns were often the motivation behind preparing foods that at least partly accommodated children's preferences. These considerations were often juxtaposed by participants' desires to expand their children's palates.

> Alison: I think our biggest concern is that they don't eat really, seem to eat enough, in the case of Bonnie [daughter], and Toby [son] seems to consume whatever's put in front of him

anyway, so he seems to be alright, so I think it's really Bonnie. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old)

George: The thing is though that they've got such varied tastes. Like you've got one that loves avocado and one who wouldn't-
Natalie: Touch it.
George: So there's some they definitely won't eat, and then I s'pose there's the ones that they'd prefer not to and will, yeah, will try and push that aside to get something else . . . There's definitely different tastes and yeah, that needs to be sort of catered for. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Alison: It doesn't matter what you do, it doesn't matter how much I leap up and down, or how calmly I say it, they will not try it. But maybe that's just a phase they're going through, and they might come out of it. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old)

Participants regularly considered the healthfulness of the food served at the family meal, with most parents across both time periods expressing a desire to prepare a healthy meal for the family. Additionally, across the two time points, participants discussed desiring variety in ingredients, cooking methods, cuisines, and flavours in their meals. Participants did not want to be eating the same meals every day and this was one of the most contentious considerations over time, often requiring a trade-off with the need for cheap, quick, easy, and healthy meals, that aligned with everyone's preferences.

Audrey: Health more than anything. I like to cook, and I like to think that everything that I'm cooking is like low in fat, no salt. (Family L8, both parents employed, one child aged 10 years old)

Joaquin: It's a fine balance I would say because on the one hand, yes, I'd like to try new things, or improve the things that I know so, so I do, I like to do a little bit of experimentation. But on the other hand, I also like to do things that I really know very well, I'm used to them, and I know it's something I can make easily. (Family 20L3, both parents employed, one child aged 12 years old)

Changes to cognitions over time

The cost of ingredients for family meals was a factor consistently considered by most participants across both samples. However, over time, cost appeared to be considered as a priority by most families but did not appear to be as limiting on food choices as perhaps it once was. In the 1990s sample, while not every family considered cost, there were some families for whom cost was an acute and limiting consideration. For these families, their financial resources limited the quantity,

quality, and variety of ingredients they could purchase for the family meal. While almost all participants in the 2020 sample considered the cost of food products in some way, none described cost limiting their choices in such an acute or restricting way.

> Audrey: No, no I don't think, I think that if I had more money to go and shop for food they'd be eating like kings every day. I would go out and buy more fish and chicken and porks-
> Dean: Roasts.
> Audrey: -roasts and all that sort of stuff. No, I think we'd just eat a lot better than what we're eating now. (Family L8, both parents employed, one child aged 10 years old)

> George: Food has become expensive. I don't know when it happened, but you sort of notice over time, you used to fill a basket up for twenty or thirty dollars, and now you can get up to eighty dollars just on a basket of food. And I don't know it might be the quality or trying to by organic, or fresh, or local produce, that does that . . . but it is a bit expensive, so I s'pose you do need to try and work out, get things cheaper when you can so that you can get more and stretch it a bit longer. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Schedules of family members were identified as a consistent consideration across both time points. However, because of more dual-employed households in the 2020 sample, they became a more common and pressing consideration over time. While there were some participants in the 1990s sample who had to consider two work schedules, it was more common in the 2020 sample. Additionally, these work schedules had to be considered on top of children's education, extracurricular and social schedules. Further compounding these scheduling pressures was the fact that no parent was at home during the day to undertake household tasks. This introduced another layer of scheduling for participants in the 2020 sample, that of scheduling in the housework.

> William: We're all on different schedules . . . I get home from work, the kids have already been home for two hours or so. And Suzanne [partner] the same, so they're all doing their own thing, and that, and once you know, Suzanne's done the meal, that's the time we've all stopped doing whatever else we were doing. It's the first chance to be together, sort of thing, for the night. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

> Jimmy: Every day is different in our house . . . Monday to Thursday I should say, Donna [partner] works full-time and then goes straight to the gym so you know, finish at five and then straight to the gym, then home at ten, you know, that's four days, so you know, and two of those days are days where I'm not finishing till six o'clock or I've got training myself until you know, a certain time, so you know, it- every day is different. (Family 20L5, both

parents employed, three children aged 20, 18 and 8 years old)

Across both time points, there were times where schedules could not be reconciled, and a member of the family would be absent from the meal. Children were more commonly absent from the family meal in the 2020 sample. When children were absent, parents might consider having a more relaxed meal in front of the television or might prepare a more sophisticated meal not suitable for their children's palates. Changes to the family meal environment and food served at the family meal also occurred when one parent was absent from the meal. However, this was more common in the 1990s sample than in the 2020 sample. This is likely because there were more households in the 2020 sample where both parents took responsibility for family meals, resulting in more consistency with family meals regardless of whether one or both parents were present for the meal.

> Claire: If we weren't eating with the kids we would eat something a bit fancier.
> Christopher: Yeah, and we'd do it in the quarter of the time . . . sometimes when it's just us two as well, we kind of just slap something together, sometimes, like you know, you'll be like, "aw I just feel like eggs on toast tonight".
> Claire: That's true, we don't actually bother as much because the kids aren't, it doesn't matter if they're not getting something healthy [*laughing*]. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

> Interviewer: How about if Alison's [partner] absent for a meal, do you think the nature of the meal changes then?
> Derek: Yes, because I'd probably get takeaway. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old)

> Interviewer: If one of you is absent for the meal, does the type of food that's served change at all?
> George: No, I wouldn't say so.
> Natalie: No, we try and be consistent. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Preparing meals that family members enjoyed eating was a consistent consideration across the two time periods, and while children's preferences were consistently considered across time, the consideration of parents' preferences appeared to change. In the 1990s sample, parent's food preferences appeared to be a stronger consideration than in the 2020 sample. There were clear cases of participants in the 1990s sample avoiding preparing certain foods for family meals because the other parent did not enjoy eating them. In the 2020 sample, very few participants indicated strong food preferences, and where they did, it was for ingredients that could be easily added or removed from an individual's meal.

Tim: I'm one of these stick in the muds . . . I'm a bit funny about certain things I suppose, but there are just certain things I just won't touch. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

Rose: Well with Vic [partner] I learnt very early on that if I prepared something and he wasn't in the mood for it, didn't matter whether he liked it or not, he had to be in the mood for it, then he just wouldn't eat it, so that's one of the reasons why he does a lot of the cooking. (Family H8, father employed, stay-at-home mother, 2 children aged 6 and 3 years old)

Jack: Yeah, I mean there's only like, I don't like olives and-
Julianne: What don't you eat? Oh, he doesn't like olives or anchovies, and I love them, so when I make a pizza, obviously I put them on my side and not on his. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

Skills or confidence in cooking appeared to be a more salient consideration for participants in the 1990s sample, with participants avoiding cooking particular foods or dishes because they did not feel they had the skills to do so. In the 2020 sample, the same examples of participants not preparing meals due to lack of skills or confidence were not present. In contrast, participants in the 2020 sample discussed how the skills they had learnt through their childhood, or through cooking with meal box schemes, allowed them to prepare a wide range of meals. Skills or confidence as a consideration was expanding the repertoire of meals for the 2020 participants, rather than limiting them as was the case for some of the 1990s participants.

Maureen: Even to this day I cannot cook rice properly, it always ends up gluggy. (Family H4, both parents employed, three children aged 8, 7 and 4 years old)

Maxine: I think it's interrelated with the fish too I think fish is very healthy, a good brain food. I know personally I don't eat enough of it. Mainly because I don't know how to prepare it and cook it. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old)

Julianne: I've learnt a lot more about cooking by doing the stupid boxes [meal box schemes] than I thought I would. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

7.3.2.2 Actions involved in the family meal; Processes to undertake and strategies required

As discussed in Chapter 6, the actions that are involved in the family meal are taken to mean the physical processes parents needed to undertake for the family meal. These were identified through The Family Meal Framework as planning, purchasing and preparation, and the strategies parents used to execute these processes. The processes parents undertook for the family meal remained

relatively consistent over time, and thus only the changes are presented. The strategies parents employed to achieve the processes were more varied, and thus both the stability and the changes are presented.

Changes to processes over time

The process of planning for the family meal, remained stable over time, with very few participants overall engaging in structured planning processes. A small change was noted between the two time periods in that more participants in the 2020 sample appeared to engage in structured meal planning processes than those in the 1990s. Across time, this appeared to be a process used almost exclusively in households where only one parent was responsible for family meals.

> Martin: No, sometimes Maureen plans what we should be having probably a day in advance maybe . . . 'cause food doesn't last very long in the fridge so you never know what's going to happen . . . we only plan ahead probably occasionally for the next day or the day after the most, but generally it's just work it out on the day. (Family H4, both parents employed, three children aged 8, 7 and 4 years old)

> Helena: We'll do a set menu, so put up on the fridge the meals that will be available for that week. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

> Evana: Going through my recipes and seeing what ones I will do, and what the kids will actually eat, and doing the shopping for it and then yeah, then designating which night to cook it. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

Similarly, minimal changes were noted in the process of purchasing across time. Although most participants shopped for their groceries weekly across the two time points, there were some in the 1990s sample who spread their shopping to fortnightly, which did not occur in the 2020 sample. Across both samples, participants who had access to a reliable vehicle typically drove to procure their food items, however there were some participants in the 1990s sample that used alternative transport, such as the bus or walking, out of preference rather than necessity, which was not found to be the case in the 2020 sample.

> Maxine: Yeah, I'd say fortnightly I'd do a major shopping but the week between the fortnight I'll go down and get, because I like to get my fruit and vegetables weekly. (Family L7, single-mother family, mother and boarder studying, one child aged 5 years old)

> Audrey: Yeah, I often walk down there, even when we had a car I'd walk down there. (Family L8, both parents employed, one child aged 10 years old)

> Jennifer: But we will often shop on the day for food. (Family 20H1, father employed, mother

casual volunteer, four children aged 19, 18, 13 and 11 years old)

Specific meal preparation processes, such as preparation of ingredients and cooking methods or techniques, were found to be highly dependent on family preferences and resources, such as cooking equipment and facilities. For this reason, the process of preparation was not explored in great depth in either sample, and consequently a comparison between the two time points was not undertaken.

Stability of strategies over time

Strategies were employed by participants to undertake the processes for the family meal, while taking into account all the considerations necessary for their family. The main strategies that remained consistent over time were the limited use of physical shopping lists to assist purchasing food for the family meal, minimal bulk purchasing of ingredients or bulk preparation of meals, inconsistent use of leftovers at family meals and few parents outsourcing the family meal to other family members such as grandparents.

> Interviewer: Do you write down what you're going to buy on a shopping list?
> Meg: No, I go straight [sic] and I think, I keep- I remember something and I get it, not write a list before I go to shopping. (Family L5, father employed and studying, stay-at-home mother, three children aged 11, 9 and 3 years old)

> Mara: My mother cooks our meal on a Tuesday night. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

> Griffith: And you know, people bulk buy at Costco and all that, and we tried that, but it didn't work for us. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

> Christopher: Unless we were massively under the pump and have leftovers, that would happen, but not very often. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Changes to strategies over time

While many strategies remained stable over time, there were those that changed in frequency of use over the three decades. More participants discussed using a budget to keep within their spending limits and more participants utilised the strategy of chasing bargains to keep costs down in the 1990s sample compared to the 2020 sample. There were participants in the 1990s sample who attempted to outsource some of the decision-making around the family meal to their partners, which was not as apparent in the 2020 sample. While online food shopping and delivery was not available in the 1990s, home-delivery of groceries was. This strategy was only employed by families in the 1990s sample who did not have their own motor vehicle to transport groceries home but was employed by some families in the 2020 sample regardless of access to transport.

> Meg: I often, because of my husband's wages not too much [sic] . . . I have to thinking [sic] something depend on I need for every week . . . I separate the money and just about fifty for the children's breakfast . . . and meat and something like that about $100. (Family L5, father employed and studying, stay-at-home mother, three children aged 11, 9 and 3 years old)

> Helena: To source out cheaper deals . . . at the moment we're ok and I, financially I don't have to. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

> Tim: The only thing like, where I might get involved is if she said, "what do you want for tea Saturday night, do you want to have steak, or do you want have chicken or?" (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

> Melanie: So I did do online shopping when I was working five days a week, because it was just so hard to find times. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

More participants in the 2020 sample prepared whole meals in advance as a strategy to reduce preparation time each night. However, the participants in the 2020 sample were also more likely to serve takeaway as a time- or energy-saving strategy for the family meal than their 1990s counterparts. While takeaway meals may not have been served as frequently, there was more discussion in the 1990s sample regarding use of convenience food items than in the 2020 sample, particularly frozen meals, as a time-saving strategy.

> George: If I'm home sometime during the day, you try to get as much done as you can so that when you get home from school and you've got a ballet lesson, or a guitar lesson and soccer, you've got all those things, it's not really a good time for, between say three-thirty and six, it's not a great time for organising things. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

> Richard: However, let's say we can't be stuffed and you know it's been a difficult day, we might just go and get Domino's or something. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

> Mara: The little pasta place on Portrush Road and they will sell you their frozen stuff at a lot cheaper than their fresh so if you go in there and say, "what have you got frozen?" And they might have a couple of lasagnes, they might have some ravioli or whatever. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

Although preparing separate meals to appease different family members' food preferences was a

consistent strategy employed across the two time points, there were more participants in the 1990s sample that regularly employed this strategy. Participants in the 1990s sample appeared to prepare separate meals so that both children and adults could eat a meal they enjoyed. Contrasting this were the 2020 participants who were either more willing to compromise their own preferences, or more insistent that their children eat what was served, so they could prepare just the one meal for the whole family. This is consistent with less participants in the 2020 sample considering parent's food preferences as frequently as in the 1990s sample.

> Brooke: I'm finding it's easier for me to provide them [children] with a separate meal and then have my own meal, than it is to provide a meal that we'll all eat, because they eat a blander meal . . . and Tim [partner] and I want some variety in our meals. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

> April: I guess for us, we're pretty flexible with what we want to eat, so if it means cooking one meal over two meals then we'll sort of go with, go with that. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

> Suzanne: Last night I did a tuna quinoa bake, and no one really likes it that much, but I do, and I know that she [daughter] does, and I, yeah, but everyone eats it, so. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

7.3.2.3 Outcome of the family meal; Experience of family meals over time

The outcome of these cognitions and actions was the family meal itself. This category includes the specifics about family meal occasions, including what participants defined as the family meal, the environment of the family meal and the behaviours of those at the family meal. These remained consistent over the two time periods and thus only the salient points of stability are presented.

Stability of the experience of family meals over time

Participants' definition of what constituted a family meal remained consistent over time as all, if not most, family members being present in the same location, with the intention of spending time together and communicating with one another while consuming the meal. Across both time points, this typically could only occur for most families once a day, and due to work and education schedules most commonly took place in the evening. Meals in the morning before work or school, or on the weekends did not have the same structure or intention as the evening meal for most families. It was this structure and intention that set the evening meal apart from others, giving it the designation of 'family meal' across time.

> Maureen: We can't do it as a breakfast . . . he [partner Martin] works later at night so normally he's sort of lagging his feet in the mornings so, and with sort of the catering I sort of don't have that time . . . it's not a sort of a real, it's sort of a bit of a rush, it's not a very

> traditional sort of sat down table or anything like that, which a lot of families sit down to, and dad reads the paper [*laughing*] or whatever, it's pretty sort of hectic in the mornings here. (Family H4, both parents employed, three children aged 8, 7 and 4 years old)

> Christopher: For lunch sometimes on the weekend we'll eat together though, but it's not formal, it's just yeah, that's nothing major about that. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

The location of family meals was consistently either in the living room or kitchen/dining room for both 1990s and 2020 participants. Technology use at family meals was mixed with several families in both samples consistently eating their family meals in front of the television, others doing so occasionally, and some who adamantly avoided it. There was no clear indication of the use of technology declining or increasing across the two time periods, but rather it's use continued to be varied depending on specific circumstances and expectations of the meal.

> Frances: I would never want to be a family that ate while they watched TV. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

> Helena: It [watching a show] helps the youngest child . . . he's a kinetic person, so he can do lots of things at once, and he likes movement and everything, so that can keep him at the table, and engaged with us. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

Participants, particularly those with young children, encountered disruptive behaviours and fussiness at the family meal and many found themselves spending time at the meal trying to settle the children and convince them to eat their food. This was consistent across both time points.

> Brooke: Like while they're sitting there eating they won't, they're thinking about something else and go and off and do it, and it's quite a job just to keep them sitting down on the seat and eating at this age. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

> Christopher: We do occasionally have to, like, put our foot down though and say, "no you have to try that, you have to try this". You know, 'cause it does get ridiculous sometimes. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

7.3.2.4 Beliefs and feelings regarding the family meal

Beliefs and feelings regarding the family meal were identified as the expectations, feelings and perceived benefit and value surrounding the family meal. Beliefs and feelings about the family meal were found to be highly subjective and dependent on participants past experiences and expectations of the family meal. Over time there were some common beliefs and feelings that

remained, and others that seemed to evolve. These are presented below.

Stability of beliefs and feelings regarding the family meal over time

Across the two time points, participants expressed positive, negative, and neutral feelings toward family meals and their involved processes. Participants' feelings regarding family meals were highly dependent on their skills, priorities, resources, preferences, and expectations, and thus were difficult to compare across time. One highly stable belief regarding the family meal over time was the value it held for participants. In most cases, participants viewed family meals as a valuable and important time for the family. They saw it as an opportunity to communicate, connect and check-in with one another.

> Mara: Talk about you know, what we're going to do on the weekend, how things are going to fit in, or what they've done at school, those sorts of things. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

> Melanie: So, that's what's so special about it, because it's this one united time where you can sit down, reflect on each person, how they're going too, like almost like a check-in, see how the weeks' going. It's a really unique time that, and there's no distractions, it's special in that sense. I think that that's what makes it different, because we're all there, all doing the same thing, all engaged. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

> Helena: It's been a way to connect with my teenagers . . . A way to connect and to stay connected and if that's just that little thread that you're hanging on to, is just cooking together and making a meal and having it together, you don't have to do anything else, you've got to have a thread to hang off on, because eventually they'll come back to you, and you can kind of, you can gauge whether things are ok or not, and you can kind of keep a finger on if you eat together. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

Changes to the beliefs and feelings regarding the family meal over time

While participants from both samples indicated that family meals were valuable for providing teaching opportunities for their children, the teaching opportunity it provided varied across time. In the 1990s sample, participants discussed the opportunities the family meal provided for role-modelling appropriate behaviour and teaching children table manners. In the 2020 sample, participants were more focussed on the opportunities the family meal provided for socialising their children into their family and into the wider world.

> Vic: Yes, that's a conscious effort to do that, from the point of view of sitting up straight and training them to use the utensils and correct table manners and things like that. (Family H8,

father employed, stay-at-home mother, 2 children aged 6 and 3 years old)

> Julianne: What I'm trying to train them is to not, to not expect people to put up with it . . . when you go to a restaurant you can't always get the thing you don't like taken out, and when you eat with other people, you can't always have what you want . . . I'm trying to teach them a life skill rather than pander to what they need. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

Additionally, there were participants across both time periods who did not see any inherent value in family meals and were satisfied eating separately from one another as a result. This appeared to be more prevalent for the 1990s sample with four families indicating the parents ate the evening meal separately from their children out of preference, compared to two families in 2020 who discussed doing this occasionally.

> Interviewer: Do you think that sitting and eating a meal together as a family- how much importance do you place on that in this household?
> Donald: I haven't thought about it, honestly, I've never thought about it. (Family L2, father unemployed, stay-at-home mother, two children aged 6 and 3 years old)

> Rose: Vic [partner] doesn't like eating with children because it's reasonably stressful, we joke that it gives him indigestion, that's a joke, so that's basically why we don't. (Family H8, father employed, stay-at-home mother, 2 children aged 6 and 3 years old)

> Julianne: I mean, to me, it's nice to have that time as a family, but I'm sure we would find some other way of doing it if that was, I mean to me, with such a large family, for us, the things that I see as more important than having that group time, is having one-on-one time with the kids . . . having one-on-one moments with the kids is more important to me than having that [the family meal]. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

There also appeared to be a shift in the expectations on who should hold responsibility for the family meal. It was largely expected by participants in the 1990s sample that the women would take responsibility for family meals due to either working less, or no hours outside of the home, and that as men typically worked full-time, they should be precluded from taking on this responsibility. When men in the 1990s did take on some responsibility for family meal tasks, they were lauded for going against expectations and the norm of the time. This sentiment was not expressed by 2020 participants.

> Martin: I have to work 15 or 16 hours a day so I can't be expected to do the shopping, cleaning, do anything like that, I wash the dishes occasionally, more than often, on the weekends I wash them, sometimes in the morning's I clean up and all this sort of thing, so I

do my bit. (Family H4, both parents employed, three children aged 8, 7 and 4 years old)

Sylvia: They [other women] just think I'm lucky, I don't know. You know, not many of them that I know that the husbands will do a lot of the work in the house, so I'd say we're a bit different. (Family L2, father unemployed, stay-at-home mother, two children aged 6 and 3 years old)

Participants from the 1990s sample also indicated expectations on the types of food that should be prepared for family meals, particularly when men were present for the meal. Some women from the 1990s sample expressed feeling an expectation to provide a certain type of meal for their partners, typically larger, more substantial meals than what themselves and their children would prefer. Again, this was only evident in the 1990s sample and was absent from discussion with 2020 participants.

Brooke: I must admit though . . . if I didn't have to cook a meal every night- when I got married, Tim [partner] likes a cooked meal every night and no matter what will happen lunch [sic], like he likes to know what's on for dinner, and have a big meal every day. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

Interviewer: If Colin's [partner] actually away for a meal Frances, would that change the structure of the meal?
Frances: Yes it probably does, and not only for me. I know that a lot of my friends say a similar thing. We probably would eat earlier, probably more simply or without feeling a necessity that it had to be such a main meal. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

7.3.2.5 Person(s) responsible for the family meal

For the family meal to take place, someone must be responsible for undertaking the work involved. The person(s) responsible for undertaking this work presents perhaps the biggest evolution of the two time points, however there were some consistencies over time. These are presented below.

Stability of person(s) responsible for the family meal over time

While there were shifts in the person(s) responsible for the family meal over time, as discussed below, one factor that remained consistent between the two time periods was men's decreased involvement in the family meal upon the arrival of children to the family. This was particularly evident in households where women held responsibility for the family meal at the time of the interview.

Rose: Well, I look after the children's diet. (Family H8, father employed, stay-at-home mother, 2 children aged 6 and 3 years old)

Colin: Before we had kids we used to take it in turns to cook the meals. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

Griffith: When she [partner Evana] was pregnant with the first one I used to really take a few things on, and yeah I burned a few things here and there, but towards the end I was a gun, I was, you know, managing everything, I was loving it. But then it just evolved back. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

Additionally, the reluctance of women to allocate tasks to their partners has remained persistent in some households over time. In both samples there were men who expressed a desire to be more involved in family meal processes, however, many were met with resistance from their partner. This resistance was largely due to a perceived incompetence of the men to perform the tasks adequately. While there were fewer instances of women not trusting their partners to undertake these tasks in the 2020 sample, these feelings still pervaded in some households.

Gaye: He [partner Andrew] would go to the delicatessen part and he would come back with several different items like salami and liverwurst and ham and things like that and he'd have about three or four of them and he'd bring them home. And I'd say, “how are we going to get through them in a week?” (Family H2, both parents employed, two children aged 11 and 8 years old)

Maureen: He [partner Martin] loves to cook, he enjoys to cook, we don't leave him in charge very often because what he cooks is not quite what we like. (Family H4, both parents employed, three children aged 8, 7 and 4 years old)

Claire: It’s pretty much always me [that does the shopping].
Christopher: Yeah, pretty much.
Claire: [*laughing*] Not ‘cause he doesn’t want to help, but because I don’t like him helping with that. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Changes to the person(s) responsible for the family meal over time

As briefly mentioned above, there did appear to be a shift in the division of responsibility for executing the family meal between the 1990s and 2020. The families in the 1990s sample predominantly had one parent, the woman in every case, responsible for family meals. There were two households where the parents took on a more equal share of the responsibility, but in most cases, the men were either not involved or were involved in a ‘supporting’ role, aiding their partners where necessary. This sits in contrast to the 2020 sample where it was very common in two-parent households for both parents to share responsibility for family meals between them. The alternate ‘supporting’ role of the other parent was not evident in the 2020 sample, because most parents were taking an active role across most, if not all the tasks involved. Additionally, when a sole

parent was responsible for family meals in the 2020 sample, it was not always the woman who fulfilled this role.

> Interviewer: Do you play any role in the sort of food preparation at all?
> Paul: No. (Family L3, father unemployed, stay-at-home mother, three children aged 4 years, 1.5 years and 6 months old)

> Harry: I might, if Mara's [partner] busy, then I might sort of half prepare a meal. Like Mara might prepare it and she'll say, “just cut up the veggies and put them in the wok or microwave them”, or whatever, and then I'd sort of put everything in the oven, and, I guess that's not fully preparing it, but I'd be doing something towards finishing the meal off and rarely I'd make a complete meal. Not very often. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

> Interviewer: Who normally cooks the family meal in your household?
> Leslie: It’s both of us depending on who’s available.
> Joaquin: Who has time yeah. (Family 20L3, both parents employed, one child aged 12 years old)

> Jimmy: I mean I do the shopping, so I go out and sort of, you know, we work out what am I gonna do for the week. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

While children have been involved in family meal processes across time, the specific practices and motivations for their involvement appear to have changed. Children across both time points were rarely involved in planning processes, likely because few participants actively engaged in them. Children were more commonly involved in purchasing processes in the 1990s than in the 2020 sample, although their involvement was not common in either sample. Preparation was the process that children were most actively involved in, and while it was consistent across time for children to be involved in the fun aspects of preparation (such as picking their own pizza toppings), more children in the 2020 sample were involved in meal preparation proper, and more could prepare a meal for the family independently than children from the 1990s sample.

> Hank: Sometimes Bobby [son] will start cooking the food if we're late but that's not too often. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

> Jimmy: So on a Tuesday . . . if Maggie’s [daughter] going to do something it’ll be like a spaghetti bolognaise or something like that, that she’s going to be able to cook, something really easy . . . because obviously you know she’s got things to do during the day and then she’s gotta go coaching that night as well . . . Christian [son] will cook the meal on a Wednesday. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years

old)

There also appeared to be a difference in motivation for children's involvement in these processes across the two time periods. In the 1990s sample, participants recognised the importance for children to learn these skills, but most involved their children out of necessity, or out of a desire to reduce the burden of these processes on themselves. In contrast, many 2020 participants wanted to involve their children to enhance their development and learning of these processes. Few participants in the 2020 sample described involving children out of necessity, and any reduction in burden on themselves for their children undertaking these tasks was viewed as an additional bonus. Participants in the 2020 sample were more vocal about feeling a duty to teach their children these skills but acknowledged that it was difficult to do so due to the time, effort, and energy it required.

> Gaye: When I'm shopping I say to him [son], "what do you want to have for dinner tonight?" and he chooses the main meal and then contributes to preparing it as well, with the idea that in due course he'll actually be able to take over the kitchen for me sometime. (Family H2, both parents employed, two children aged 11 and 8 years old)

> Natalie: If I was doing the shopping or something and my only time was, to do it, was with the kids with me if George's [partner] at work, then I'd get them to come, because I want them to go to the shops and actually do understand about that stuff, that's part of what's important for them to understand about you know food and going shopping and what to buy. (Family 20H3, both parents employed, two children aged 8 and 5 years old)

> Melanie: I know people, they're like, "your kids should go so they can see what shopping's like". They've seen it, like they've come a couple of times they don't need to go every time you know. And they do, they come every now and then, but not generally for the giant shop, 'cause we do like a really big shop, it takes a while, and I just like to zone out and do it and get it done. (Family 20L6, both parents employed, two children aged 11 and 7 years old)

7.3.3 Barriers and enablers to family meals over time

A key objective of this comparative analysis was to compare the barriers and enablers to family meals identified by participants over time. Enablers were defined as factors that made family meals possible or more achievable. Barriers were defined as factors that made coming together for family meals difficult. The identified barriers and enablers to family meals from both sets of data (as presented in Chapter 4 and Chapter 5 respectively) have been compared where possible but were limited by the fact that the 1990s participants, unlike the 2020 participants, were not specifically asked to identify them in their interviews. Therefore, to provide a more robust understanding of the barriers and enablers to family meals over time, the barriers and enablers specifically identified by the 2020 participants have been combined with experiences described by participants from both

the 2020 and 1990s samples that appeared to act as barriers or enablers to family meals. For example, participants in the 2020 sample specifically identified financial security and stability as an enabler to family meals. While participants in the 1990s sample did not specifically identify lack of financial security and stability as a barrier to family meals, participant's descriptions of limited food choices for family meals as a result of low income has been classified as presenting a barrier. Through the analysis of the interviews across both time periods, ten factors were identified that presented as either a barrier or an enabler to the family meal, depending on how they were experienced.

Of the ten identified factors, some were identified and/or experienced exclusively as either a barrier *or* an enabler to family meals, where others were identified and/or experienced as both a barrier *and* an enabler to family meals depending on the circumstance with which they were encountered. Figure 7-1 presents the factors identified and/or experienced by participants and indicates the conditions required for the factor to act as an enabler or a barrier. The factors identified and/or experienced by participants as enablers only are indicated by light grey sections on the left of the figure with text explaining the condition that makes the factor an enabler, and no colour the right. The factors identified and/or experienced by participants as barriers only are indicated by dark grey sections on the right of the figure with text explaining the condition that makes the factor a barrier, and no colour on the left. The factors that were identified and/or experienced as both a barrier and an enabler, depending on the context with which it was experienced, are indicated by light grey sections with text on the left of the figure, and dark grey sections with text on the right of the figure. For example, having time available for the family meal was identified and experienced as an enabler to family meals, but not having time available was not clearly identified or experienced as a barrier. Education and skills to plan, purchase and prepare the family meal, however, was identified and experienced as being either an enabler or a barrier to family meals, depending on whether participants did or did not have the education or skills required. For those who did have the education and skills required, it was experienced as an enabler to family meals. For those who did not have the education and skills required, most commonly experienced as not having the skills required to prepare certain foods or ingredients, it presented as a barrier to family meals. Additionally, it should be noted that although this figure only presents the conditions that participants identified or experienced as making the factor a barrier or an enabler, it would be fair to assume that the opposite of those conditions would change the factor from being experienced as a barrier or an enabler. For example, although no participant identified having well-behaved children at the meal as an enabler to the family meal, one can assume that this would be the case.

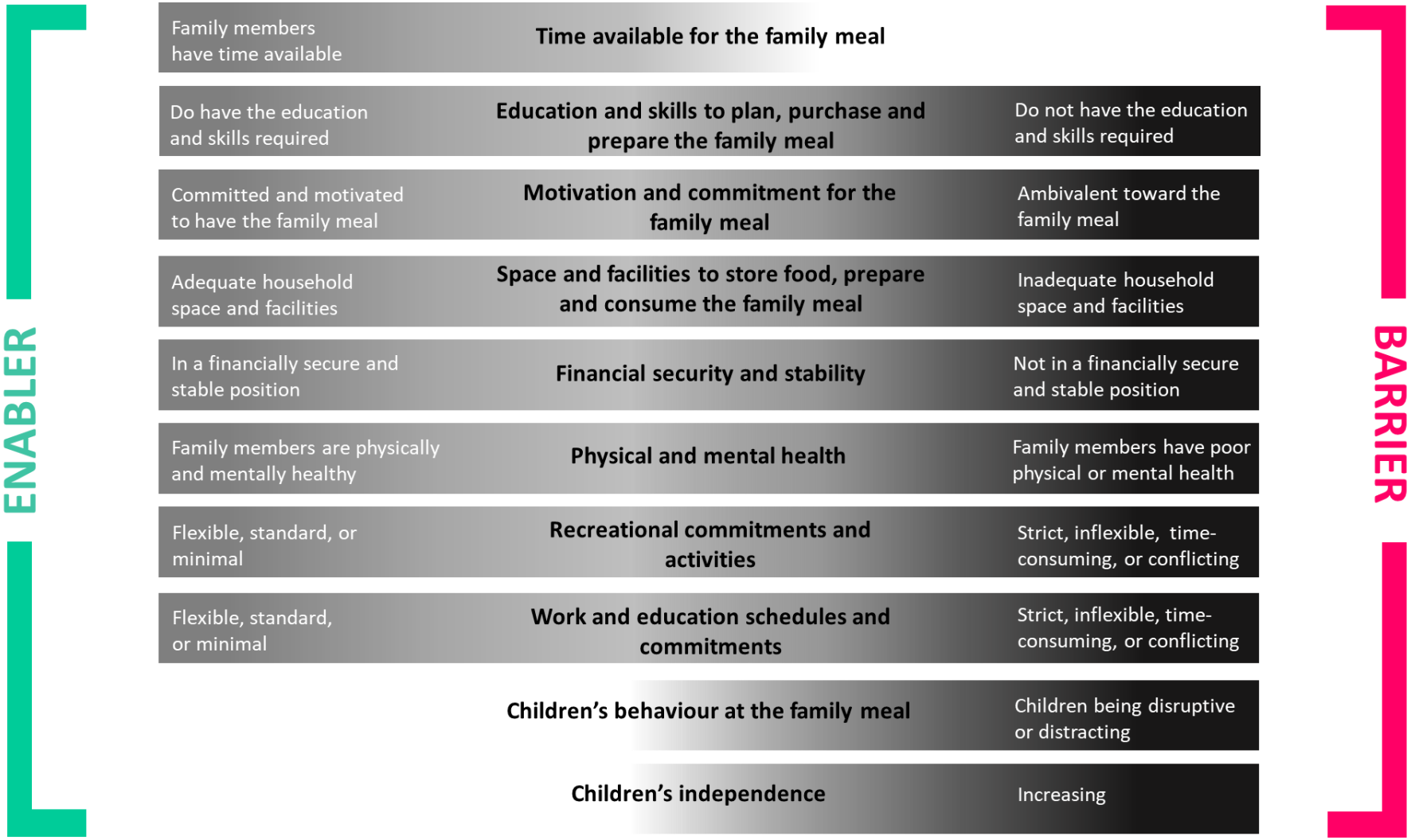

Figure 7-1 Factors identified and experienced by participants that present as 'enablers' and 'barriers' to coming together for family meals

Factors were identified or experienced by participants as either barriers or enablers, depending on the conditions or context within which they were encountered. Factors identified or experienced as enablers *only* are indicated by the light grey sections with text on the left of the figure, and no colour or text on the right. Factors identified or experienced as barriers *only* are indicated by the dark grey sections with text on the right of the figure, and no colour or text on the left. Factors identified or experienced as both a barrier and enabler depending on the context with which the factor was encountered, are indicated by both light grey sections with text on the left of the figure and dark grey sections with text on the right.

The comparative analysis set out to identify the systemic barriers and enablers to family meals that have remained persistent over time, and to identify the novel barriers and enablers that have resulted as family life, working life, services and technology have evolved. However, it was found that most of the barriers identified and/or experienced by participants remained consistent over time. The analysis did not identify any specific novel barriers to family meals, relevant only to parents and families in a contemporary setting. Rather, parents were still having to contend with the same barriers they have been facing for years, but with the added pressures of modern life and increased schedules compounding them. Additionally, the new services and technology that exist in contemporary society were not identified or experienced by participants as particular enablers to family meals, as expected. Thus, the systemic barriers and enablers to family meals are presented below, with attention paid to where these barriers and enablers have evolved over time.

7.3.3.1 Systemic barriers and enablers to family meals

Work and education schedules of children and parents were some of the most pervasive barriers to family meals identified by participants over the two time periods. This barrier, while identified by participants across both time points, presented a more frequent barrier to family meals in the 2020 sample, largely due to the higher number of dual-employed households. The higher number of dual-employed households also meant that it was frequently either or both parents' work schedules that interfered with family meals in 2020, where it was most commonly only the father's work schedule that interfered in the 1990s sample. Conversely, when work and education schedules were typical, consistent, or flexible, they were no longer identified as a barrier to family meals. In many of the 2020 sample households, where one parent worked consistent hours, the other typically worked shorter, or more flexible hours, whether by design or coincidence, this made the family meal more achievable.

> Brooke: It's rare that we actually have a family meal at the moment, because what we - because Tim [partner] is tending to get home between seven and seven thirty, Ryan [son] goes to bed and seven and Josie [daughter] wouldn't eat a meal at that time, so I have to cook the children's meal and then my own meal with Tim. (Family H5, father employed, stay-at-home mother, two children aged 3 and 1 years old)

> Suzanne: What allows us to do that [have family meals] though?
> William: I've got a nine-to-five job, pretty much, yeah, no one's doing shift work or anything.
> Suzanne: No, that's right, yep.
> William: So that's a big part of it. (Family 20H5, both parents employed, three children aged 15, 13 and 11 years old)

> Christopher: Sometimes Claire [partner] will work after dinner, or I'll work after dinner . . . like one of us might be preparing while the other one's working, but as soon as dinner hits, we make time for it and then it'll be waiting until the kids are in bed, usually, before going

back to work. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

Recreational activities of parents and children presented a consistent barrier to family meals across time. While children's activities remained stable, the nature of parent's activities seemed to change. For participants in the 1990s sample, parent's exercise and organised recreational commitments were more likely to interfere with the family meal, but parent's social commitments were more of a barrier for participants in the 2020 sample. These recreational activities, on top of work and education commitments could make family meals difficult. However, when family members' schedules aligned with one another, they presented a time when all were available to have a family meal. In this way, just having time available for a meal was identified as a systemic enabler to family meals across time. While some families in the 2020 sample had less of these opportunities due to increased work schedules, having available time was still viewed as an enabler to family meals, regardless of how frequently it occurred.

Mara: Dinner at night we try to always eat together, but that's not always possible either because . . . the kids play a lot of sport. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

George: Like some nights of the week . . . you've got cricket at one time, and ballet overlapping . . . you get home at six o'clock and go, "we haven't stopped". (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Colin: Breakfast is a disjointed meal. I swim three days a week so I leave the house about six o'clock to get up to North Adelaide so I have breakfast when I get into the office, take it with me. (Family H6, father employed, stay-at-home mother, two children aged 9 and 7 years old)

Leslie: Maybe I had plans to maybe meet someone, a friend, or someone else for a reason, and keep me away from getting home for the meal, but that's not very often. (Family 20L3, both parents employed, one child aged 12 years old)

Donna: I think what enables us to come together for the meal is, we've deliberately chosen a day that all of us are free. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

Children presented two distinctive systemic barriers to family meals over time. Young children presented a barrier to the family meal through their disruptive behaviour at mealtimes, and older children presented a barrier to the family meal through their increasing independence. Participants in both the 1990s and 2020 samples identified poor concentration, food refusal, tiredness, disruptive moods, and argumentative and uncooperative attitudes of young children made family meals challenging. As children grew older, the disruptive behaviour at family meals appeared to

diminish, however older children's growing independence, in terms of entering the paid workforce and engaging in social activities at mealtimes, presented a new barrier to family meals.

> Alison: I think Derek [partner] and I are so tired, these two [daughters] can put up such a battle and they'll just refuse to eat. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old)

> Griffith: There'll be a fair bit of procrastination, but yeah, it, we eventually get there, it just dampens the experience, because you're working. You want to sit and eat and enjoy and instead you're working hard to keep one moving along. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

> Hank: My son works, they've got activities, my son likes to keep fit and active, well both sons do. They'll go to the gym in the evening. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

> Donna: Work and as the kids are getting older now, their own independence, so, they're definitely the barriers to us having more frequent dinners. (Family 20L5, both parents employed, three children aged 20, 18 and 8 years old)

There were several factors identified by participants that represented a range of privileges that enabled or prevented them coming together for a family meal. These were factors such as mental and physical health of family members, secure and stable living arrangements, financial resources to purchase foods, education and skills to purchase and prepare foods, and space and facilities to safely store, prepare and consume foods. Most participants in both samples were fortunate to be in stable living accommodation and have the financial resources to procure foods for their families, enabling them to have family meals. There were some families who were dealing with limited financial resources, poor mental or physical health of family members, inadequate storage space for food, and minimal room for all family members to eat a meal together, which presented as barriers to family meals for these families.

> Richard: We've got a house which has rooms that we can meet together and do it, so even having our room here, we can invite people along, it's the material circumstances. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

> George: We're fortunate that . . . we've got a roof over our head we're not fighting off the enemy in some conflict ravaged part of the world . . . we've got worries but they're I s'pose at the moment not overly pressing . . . some people, it's more of a, *where's the next meal coming from?* (Family 20H3, both parents employed, two children aged 8 and 5 years old)

Patrick: Not unless the next dole cheque is 2 days later, and then you're desperate and you're drinking water. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

Helena: That was a huge barrier to us being able to have the mental capacity and energy to have a meal together, because during that time I think it was just awful, it was awful. And everybody felt sick after dinner, nobody really wanted to eat dinner, everybody was stressed, it was horrible, so that was the barrier. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

Scott: I think the main one of those that we didn't have before is the space and facilities, because we were kind of using our dining table just as a storage area. (Family 20H2, both parents employed, two children aged 5 and 2 years old)

Regardless of other enablers or barriers to family meals participants were facing, without motivation and commitment for family meals, they were not likely to happen. Participants and families who were committed and motivated to have family meals attempted to overcome barriers so they could share a meal together as often as possible. Conversely, absence of this commitment or motivation to have family meals could act as a barrier to family meals. Ambivalence towards family meals was not common, but where it occurred, it generally resulted in less emphasis and effort in executing family meals. This remained consistent across the two time points and shows the dedication and commitment many parents and families had for sharing a meal together, despite the barriers they needed to overcome to do so.

Maureen: It's just something I've always said you know to Martin [partner], you know mealtime, you know it's the time that you have to be able to spend some time with the children. (Family H4, both parents employed, three children aged 8, 7 and 4 years old)

Richard: The family of origin pattern set for us, and then the religious encouragement to it I guess, all those things work together I suppose. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

Julianne: If I could do meals individually with them at no extra stress for me, I would almost prefer that because I would have more time with them and that, rather than having it all kind of happening at the same time. It's more convenience for me . . . And again I go out a lot at that time, so obviously if it meant a lot to me I would try and work around that more. (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

7.3.4 Differences between families living in high- and low-SEIFA suburbs over time

This section presents the SEIFA suburb comparison results of the 1990s data, presented in Chapter 4, with those of the 2020 data, presented in Chapter 5. As described previously, the differences between the SEIFA suburb groups were not overly prominent in either the 1990s or 2020 sample, and thus many of the differences that were noted did not hold up consistently across the time comparison. Nevertheless, the findings of the comparative analysis between the high- and low-SEIFA suburb groups over time are presented thus: Priorities of cost versus time, and the strategies used to manage time and money; Sharing the responsibility of family meals; and Purpose and expectations of family meals.

7.3.4.1 Priorities of cost versus time, and the strategies used to manage time and money

Priorities of time and cost were identified as a discriminant difference between parents living in either high- or low-SEIFA suburbs in the 1990s sample. Parents from low-SEIFA suburbs described cost as a more urgent consideration than time, and the opposite was found for parents from high-SEIFA suburbs. In the 2020 sample, parents across both SEIFA suburbs identified cost and time as a consideration, with neither group identifying it as a higher consideration than the other.

> Mary: I'd like more vegetables.
> Patrick: I want more fruit.
> Interviewer: And what stops you from having that, is it the money?
> Patrick: Yes, usually the money side of it. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

> Richard: We’re buying cheap stuff as a rule right. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

> Leslie: How much time we [sic] got, if um, we are running late we’ll definitely look for something that will go quicker. (Family 20L3, both parents employed, one child aged 12 years old)

> Interviewer: Is time tight? I guess that's the question I'm asking, I mean you're both working.
> Connie: I'd say no. Like it's not unusual for us to spend two or three hours there [supermarket]. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

While the consideration between cost and time showed less of a discrepancy between the two SEIFA groups over time, some of the cost-saving strategies employed by parents remained grouped by SEIFA suburb. Across both time points the cost-saving strategies of budgeting and

chasing bargains were employed more frequently by participants living in low-SEIFA suburbs than high-SEIFA suburbs. Other cost- and time-saving strategies did not show the same pattern, with the strategy of bulk buying swapping from higher frequency in participants from high-SEIFA suburbs in the 1990s to higher frequency in participants from low-SEIFA suburbs in the 2020 sample. There were patterns identified in the 2020 sample such as participants from low-SEIFA suburbs more frequently preparing meals in bulk and serving leftovers, and participants from high-SEIFA suburbs more commonly preparing meals in advance, however, these patterns were not indicated in the 1990s sample. These cost- and time-saving strategies, while contemplated by families over time, were rarely employed with any regularity or any real discernible pattern across the two time points.

> Mary: I work it all out [food budget] and then I show it to Patrick [partner] and Patrick checks through it, sees whether he things it's alright or whatever, he checks through the groceries and the bills that are paid and says, “yeah”. (Family L1, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

> Griffith: So we’re lucky, at our shopping centre we’ve got Woolies and Coles, and across the road Foodland, so if we’re really desperate for a good saving we’ll go, “right we’ll go across the road” . . . we heavily rely on the junk mail rocking up, if that doesn’t rock up, we go online and decide that way. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

> Andrew: Just buy a stack of routine stuff that is storable in the cupboards that you can afford to have a stack put away and just buy up a sort of a bundle of things there. (Family H2, both parents employed, two children aged 11 and 8 years old)

> Helena: There’s a running joke in the family that I have billions of cans in my cupboards that I don’t need, of food [*laughing*]. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

7.3.4.2 Sharing the responsibility of family meals

The 2020 sample saw an increase in men’s involvement in the work of the family meal from the 1990s sample, however there were some discrepancies noted in men’s involvement between the two SEIFA groups. Men’s involvement in the work of the family meal, in any capacity, was higher among families from low-SEIFA suburbs in the 1990s sample. Additionally, although it was rare for the responsibility for the family meal to be shared between partners in the 1990s sample, this type of arrangement was only found in families from low-SEIFA suburbs. The opposite was found to be the case for families in the 2020 sample, with men’s involvement in family meals higher in families from high-SEIFA suburbs, largely due to the increase of more equitable division of labour arrangements in these households. However, family 20L5 (low-SEIFA suburb) was the exception

to this rule, with Jimmy taking sole responsibility for family meals, an arrangement not seen in the high-SEIFA suburbs in the 2020 sample, or any families in the 1990s sample.

> Interviewer: Right. And who normally does the cooking Donald?
> Donald: Both, we share it.
> Interviewer: Would it be a straight fifty/fifty split?
> Donald: [*pause*] I would say so, yeah. (Family L2, father unemployed, stay-at-home mother, two children aged 6 and 3 years old)

> Harry: If I cooked it takes me a while to get motivated and it takes me, on percent I'd muck it up, so it's not my expertise and I don't get a lot of satisfaction out of it, it's sort of a real time-consuming chore, so, you know, every now and then I might have a go, but not that often. (Family H7, both parents employed, three children aged 13, 12 and 10 years old)

> Claire: I'd say the process is pretty simple, I think we- neither of us- well I don't feel like one of us is doing more than the other, or it's you now, unequal or anything like that. (Family 20H6, both parents employed, two children aged 6 and 4 years old)

> Griffith: Yeah, I probably do leave a fair bit of-
> Evana: Everything to me [*laughing*]
> Griffith: -effort for Evana to do, to be honest. (Family 20L4, both parents employed, two children aged 9 and 4 years old)

7.3.4.2.1 Children's involvement in family meal processes

Differences in children's involvement in family meal preparation were also identified between families living in the low- and high-SEIFA suburbs across time. There were more children from the low-SEIFA suburbs in both the 1990s and 2020 samples who were regularly involved in family meal preparation and could independently prepare a meal for their family, than children from high-SEIFA suburbs.

> Interviewer: You mentioned one of your boys starting a meal, is it ever the case that they cook a meal completely?
> Connie: Yeah, I think Bobby's [son] done that. He sort of knows generally what to do, how to stir fry stuff and he can generally do that and like the rice cooker is really simple. I've shown him how to do that, to measure the water with the rice. (Family L6, both parents employed, three children aged 19, 17 and 10 years old)

> Oho: And like they're older now, like my son is even, he is ten and he prepare for himself. He will cook, he can cook for himself, it is big mess but he can do it. (Family L4, both parents employed, three children aged 19, 15 and 10 years old)

Helena: Now he [son] cooks dinner for us once a fortnight now and his forte is making homemade hamburgers. (Family 20L2, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old)

Jennifer: On occasion our older adults, young adults will prepare a meal, and that usually takes a bit of oversight of them, and that's probably not more than once a month. (Family 20H1, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)

7.3.4.3 Purpose and expectations of family meals

The 1990s data presented in Chapter 4 indicated that there was a discrepancy in expectations on the purpose of family meals between the two SEIFA suburbs. Participants from the high-SEIFA suburb appeared to expect family meals to serve purposes beyond getting the family fed, which did not appear to be as apparent for those from the low-SEIFA suburb. However, there did not appear to be this same discrepancy between the two SEIFA groups in the 2020 sample. Family meals appeared to serve purposes beyond sustenance for participants regardless of SEIFA suburb in the 2020 sample. In the 2020 sample, there was more discrepancy around expectations at family meals, primarily with participants from the high-SEIFA suburbs describing dissatisfaction with their children's behaviour at the meal. Interestingly, this pattern was indicated in the 1990s sample as well, with more participants from the high-SEIFA suburbs describing their children's disruptive behaviour impacting family meals.

Alison: The children get a bit cross because they have their particular television programs they like to watch and they like to eat their dinner sitting on the floor in front of the television, which we're not happy about. (Family H3, father unemployed, mother employed, two children aged 9 and 7 years old)

Maureen: I think their hunger goes away so generally at between quarter to and six o-clock is generally when we try and sit down, leave it much longer and then you tend to, well my children anyway tend to find that I have to fight them more to eat. (Family H4, both parents employed, three children aged 8, 7 and 4 years old)

Julianne: No one ever sits on their chair properly still, it drives me crazy . . . they don't have a great awareness of their own space, so you know you can pull your chair in and be kind of like this [slumps onto partner], on somebody and the other persons going "aaaaaaah" and they're like "what?" (Family 20H4, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

7.4 Discussion

This chapter presented results from the comparative analysis of the 1990s and 2020 interview data, with the intention of furthering our understanding of how the family meal and it's involved processes have evolved over the last 30 years. The data inform us that many aspects of the family meal and it's involved processes have remained stable over time. However, there were notable changes to the division of responsibility for the family meal, and on expectations on responsibility for the family meal over time. Ten factors were identified across the three decades that acted as enablers or barriers to the family meal, depending on the context within which they were experienced. Differences between families living in high- and low-SEIFA suburbs across time were explored, but very few differences remained consistent within the SEIFA groups across time.

7.4.1 Stability of family meals across time

Popular discourse posits that the occurrence of the family meal in the modern household is declining (76, 77, 81). Overloaded schedules, individualised food preferences, the rise of the restaurant and fast-food industries, and the fast-paced nature of modern life have all been proposed as possible reasons why family meals do not occur as regularly as they once did (76, 77). However, the comparison between the two time periods presented in this chapter, along with recent reports on family meal frequency in Western countries, appear to contradict this narrative. Recent studies out of the United States of America (USA) and Australia have reported that most families with children are still having on average 5-6 meals together per week (57, 96, 307). These reports are consistent with the findings presented in this chapter, with most families across the two time points still executing family meals with regularity and executing them in similar ways.

The most popular time of day for the family meal to occur remained in the evening across the two time points. This is likely due to the typical work and school schedules in Australia, as discussed in Chapter 5, with adults and children typically leaving for work or school in the morning and arriving back home in the afternoon or early evening. Even though there were other times of day where some families could share a meal together, it was still the evening meal that was designated the label of 'the family meal'. Employment and school schedules have an implicit impact on domestic routines such as meal times, and form the basis of social expectation on when and where 'family meals' take place (173). Therefore, while there has been an increase in mothers re-entering the paid workforce, and in working hours for both men and women over time (308), the social expectation and arrangement of time has not shifted from the 1990s to 2020, and thus, neither has the typical time, emphasis or structure of family meals in the evening.

The results of the comparative analysis by-and-large indicated that the frequency, structure, and environment of family meals did not appear to have changed drastically over the two time points. Families consistently ate family meals with as much regularity as their schedules permitted, typically in the kitchen/dining room or living room, and a mixture did and did not use technology

regularly across the two time points and in both samples. As described previously, Bourdieu's theory of habitus posits that individuals behave and act in accordance with the ingrained habits and dispositions individuals possess due to their life experiences (274). Most of the parents in the 2020 sample were under 16 years of age at the time of the interviews in the 1990s, therefore the family meals that participants in the 1990s sample were describing, were likely akin to the family meals that the 2020 participants experienced as children themselves. Bourdieu explains that historical occasions inform habitus, as such, the lack of major evolution in the structure of family meals over this period may be explained by 2020 participant's own lived experiences of family meals as Australian children growing up in the 1990s influencing how they undertake family meals as parents in 2020. A transmission of family meal practices from one generation to the next has been identified previously (50, 80, 155), and so perhaps it is this cultural habitus and transmission of practices, along with the consistency in the social arrangement of time of Australian families, that has resulted in stability of family meals over this period of time.

Additional to the stability of the occurrence and environment of the family meal, there were many considerations, processes and strategies involved in the family meal that remained consistent over time. Some of the most consistent considerations regarding family meal processes across time have been time, ease, and convenience. The need to consider options for family meals that are timely, easy, and convenient links with families' busy and often conflicting schedules. This aligns with prior research reporting feelings of time pressure and exhaustion of parents impacting family meal processes (42, 44, 66, 70). As such, parents did not want to have to spend more time than necessary planning, purchasing, and preparing family meals. Similar findings were reported by Woolhouse et al., where it was noted that mothers felt "it simply is not logical to spend a lot of time and effort on cooking" (118)[(p8)]. Time was experienced as a limiting factor and a major consideration for some families more than others, but appeared to be a more universal consideration in the 2020 sample, with almost all participants indicating considerations of time when undertaking family meal tasks. This is further evidenced by more participants engaging in structured planning practices and an increase in the use of time-saving strategies such as preparing meals in advance and serving takeaway meals in the 2020 sample. Additionally, participants in the 2020 sample were more likely to compromise their own preferences to prepare one dish for the family meal, which again may speak to the increased pressures of time resulting in an inability to accommodate all family member's preferences.

Cost was another consistent consideration across the two time points, with almost all participants considering the cost of food when executing family meals. Although considered by many participants in the 1990s, there were some who felt the constraints of cost so acutely that they were unable to purchase the quality, quantity, or variety of foods they wanted to prepare for their family. By contrast, there were no participants in the 2020 sample who expressed sentiments regarding cost as extreme as these examples. This is also evidenced by more participants in the

1990s sample using the strategy of budgeting to keep within their spending limits than those in the 2020 sample. Although not as limiting of a resource for participants in the 2020 sample, all participants described considering cost in some way regarding the family meal, indicating that along with time, cost too has become a more consistent consideration for many parents, a finding echoed in prior research (42, 74, 80). The cost of living has risen considerably since the 1990s (305), but so too have employment rates, with 68% of families consisting of dual-employed parents in 2016 (259). Although the increase in dual-employed families may raise household income, it reduces the time available to execute the processes required for family meals. Time and cost are valuable commodities to parents, and both can impact family food provision practices (42, 66, 70, 80). It is no wonder then, that parents are now more consistently considering both time and money than in the past, with increased costs of living resulting in increased workforce participation, which in turn reduces the time available to spend in the home undertaking family meal tasks.

This stability of family meal experiences and involved processes over time is surprising considering the changes to work and family arrangements, technology, and services. Participants, for the most part, were still dedicated to regularly bringing the family together for a shared meal in the evening. They were still trying to make it a pleasant experience, while considering the often-competing resources and preferences of the family and each family member. They were time-poor and attempting to prepare a variety of meals that were healthy, easy, quick, convenient, cheap, and accepted by all family members. There were strategies that parents employed to undertake the processes of planning, purchasing, and preparation for the family meal, however many were employed inconsistently and with varied levels of success. Few participants across either time point engaged in structured planning practices, used physical shopping lists, purchased ingredients in bulk, cooked meals in bulk, or utilised leftover meals. These are all strategies that are routinely suggested by researchers and in public health discourse as ways to make the family meal more achievable (42, 66, 155, 309). The lack of consistent use of these strategies by parents may indicate that the strategies are not actually successful at reducing the time and effort required to undertake the tasks, that the time and effort required to form new time-saving habits is not available to parents, or that parents do not know how to successfully employ these strategies in a way that makes the family meal more achievable. These strategies are quick-fix solutions to the systemic problem of time-scarcity faced by parents today, and the lack of use of these strategies over time may indicate that they are not the solution to this problem.

7.4.2 Changes to expectations and division of responsibility for family meals over time

The results of the comparative analysis presented in this chapter show that the responsibility of the family meal does not solely fall on women as it once did. Since 1992 there have been shifts in men's participation in domestic activities in general. In 1992, men's participation in domestic activities was 37 minutes per day (260) compared to up to 2.7 hours per day in 2015-17 (283). This

shift has been seen in the kitchen as well, with men's participation in this domain increasing by 35 minutes per week by 2006 (310). A proposed reason for this shift is the blurring of roles inside and outside the family; as men and women's work outside of the home becomes increasingly alike, so too does their work inside the home (131). However, these shifts do not appear to be directly proportional to one another, with women still bearing most of the burden of domestic responsibility, despite their increased participation in the workforce over this time. This was evident in the present samples, with seven mothers still holding full responsibility for the family meal despite working outside of the home in the 1990s sample, and three mothers in this same position in the 2020 sample.

Across the two time periods presented in this analysis, there did appear to be an increase in equitable division of labour between parents, and this likely aligns with the increase in dual-employed households in the 2020 sample (8/12) when compared to the 1990s sample (7/16). Additionally, while there were fewer instances in the 2020 sample of responsibility placed on just one parent in a dual-employed household, the responsibility was allocated to the parent who worked fewer hours, whether that be the mother or the father, which was not always the case in the 1990s sample. The allocation of responsibility to the parent who works fewer hours outside of the home in the 2020 sample indicates that either one parent is allocated responsibility because they work fewer hours, or conversely, one parent must work fewer hours so that they are able to undertake this responsibility (308). This is not always a possibility, as demonstrated by family 20F5, where despite the father working full-time, he was allocated responsibility for the family meal because he worked fewer hours than his wife who worked full-time in addition to working at their family business. However, this family were an anomaly among both samples. In general, women's participation in the workforce across both time periods was not necessarily indicative of the level of responsibility they did or did not have in the home. This indicates that there is still work to be done to distribute the burden of responsibility for the family meal between parents more equally, outside of women's increased participation in the workforce.

The shift towards a more equitable division of food provision responsibilities does not fall on parents alone. Work schedules, and perceived gender norms and roles are also responsible for supporting, or discouraging, this shift. In most developed countries, men work more hours outside of the home than women (308). This was indicated in both the 1990s and 2020 sample, with mothers across both time periods describing their partner's work schedule prohibiting them from being more involved in family meal processes. However, men are often only able to work more hours than women because they do not have the same domestic responsibilities or accountabilities as women do (308). This too was prevalent across both samples, with many women who were entirely responsible for the family meal working fewer hours than their partners. As discussed in the previous paragraph, whether this is by coincidence or design is not known. What is clear, however, is that this burden of domestic responsibility generally still falls on the mother who either

works fewer hours than her partner, or must work fewer hours than her partner, to undertake this work. This is captured by the concepts of the ‘second shift’ and the newer ‘third shift’, demonstrating the default of the domestic, emotion and care work for the family still falling on women despite their participation in the workforce (122, 268).

It is such that societal expectations on the ideal male worker, one whose family responsibilities do not interfere with the workplace, do not necessarily facilitate men’s increased involvement in household responsibilities (311). Conversely, the expectations on women’s role in the home can prohibit their involvement in the workforce (308, 311). Working mothers in particular are criticised both for dedicating too much time to paid work and neglecting their duties to their children, and for not being fully devoted to their job due to their childcare responsibilities (311). This can lead to ‘conflict identity’ and feelings of guilt for mothers, who have to contend with the dual responsibilities of devoting themselves to their family, while simultaneously trying to earn an income, or develop an identity or professional career outside of motherhood (112, 113, 121, 311-313). Being a ‘good’ mother is fraught with moral responsibility and expectation that is not prevalent for fathers (121, 130, 311). While the notions of ‘good fathering’ are shifting toward a more hands-on approach to parenting, there is not the same level of moral responsibility that is placed on mothers, and this emotional burden appears to be prevalent for women alone (121, 130, 311).

Furthermore, as described previously in Chapter 5, for men who want to be more involved in food provision, they are often met with resistance from their partners (311). There were women in both the 1990s and 2020 samples who indicated that although their partner displayed interest in taking responsibility for family meals, they were reluctant to allow them to do so. This reluctance was underscored by their belief that their partners did not have the ability to do the tasks competently. Although recent scholarship has shown that men are moving into these domestic roles more readily and willingly (72, 92, 126, 131), women have reported they are reluctant to let their partners be involved as they make nutritionally poor food choices for the family, and inevitably create more work for women as a result of undertaking the tasks inadequately (43, 113, 119, 127). This undermining of men’s involvement due to perceived incompetence likely contributes to men’s lack of interest, or willingness, to enter this domain (127, 130). Unlike women, men are not trained from an early age how to undertake these tasks (123), and it takes time, guidance and patience for them to develop these skills (314). Bove and Sobal’s work with newlywed couples found that the responsibility for food work between partners evolved over the course of their relationships (314). They reported responsibility over these tasks becoming more equal as the less confident partner gained experience and developed skills, largely with the assistance of the more confident partner (314). Rates of cohabitation between partners prior to getting married have increased (315-317), therefore potentially allowing these kinds of arrangements to develop over time prior to having children. These findings indicate that it takes time, dedication, and flexibility within a relationship to facilitate men’s involvement in family meal tasks, as discussed in Chapter 5.

In many cases, even when men are involved in family meal processes, they have been reported to only take on the physical tasks, such as going to the supermarket or cooking the meal, and the cognitive tasks such as considering the family's needs and planning meals remains with women (135, 311). This unequal distribution of mental labour, also known as the 'mental load', consisting of the "planning, organisation, coordination and management of everyday tasks and duties" (311)(p1) contributes to the reproduction of role assumptions and gender inequality among families. This was evident in the 1990s sample with most men only responsible for executing the physical processes of family meals. This pattern shifted in the 2020 sample, with a more equal share of responsibility between men and women across all aspects of family meals, including the cognitive components. However, while our 2020 findings and other recent scholarship indicate that fathers are taking on a share of the mental load (129), as a result of the unequal expectations on men's and women's roles inside and outside of the home, fathers do not suffer the same emotional burden and stress as mothers do (311). The lack of workplace support, the perception of men as incompetent at these tasks, and the expectations on what it means to be a 'good mother' as opposed to a 'good father' are likely responsible for proliferating these gendered roles and perpetuating inequalities in the household (113, 130, 311). Without structural and societal shifts regarding the expectations on men and women's roles and responsibilities at work and at home, women will likely continue to bear the cognitive, physical, and emotional burden of this work.

7.4.3 Barriers and enablers to family meals over time

While the intention of the comparative analysis was to identify both the systemic and new barriers and enablers to family meals across time, it was apparent that most of the factors that presented as barriers and enablers to family meals were in fact persistent across the three decades of interest. The factors identified or experienced by participants across the two time periods broadly encompassed many of the more specific barriers to family meals identified by participants in other research, such as limited financial resources (42, 74, 80), lack of time (42, 44, 66, 70), scheduling conflicts (43, 44, 70, 78-80, 155), limited skills or confidence (74, 155), children's food refusal (42, 43, 74, 78), and disruptive behaviour at the family meal (43, 78). Other factors identified by participants in previous research were not necessarily captured by participants from either sample in the present research, such as exhaustion and tiredness (42, 44), lack of help from partners and children (40, 43, 73), and the work and effort required to execute the family meal (40, 42, 43, 73). While energy levels appeared to impact the decisions made for the family meal, and participants in the present samples acknowledged the coordination and effort required to undertake family meal processes, none specifically identified, or appeared to experience these as barriers to the family meal. Rather, participant's dedication to having family meals allowed them to develop strategies to combat these challenges. Additionally, there were participants who identified lack of help from partners and children regarding family meal tasks as frustrating, but none identified their lack of involvement as making the family meal more challenging. It is likely that these factors were not

found in the present samples due to the definition of barriers and enablers employed in this research, compared perhaps to those employed in previous works.

While the present research confirmed, expanded, and identified new barriers to the family meal, it could not discern the barriers that were more prevalent for contemporary families today compared to their 1990s counterparts. However, there were some barriers that presented increasing pressures on parents as they persisted across time without relief. Work and education schedules presented as a barrier to family meals in the 1990s, when there was typically just one parent in paid employment outside of the home. The 2020 sample saw an increase in parent's work schedules and more dual-employed household arrangements, which presented a greater barrier to family meals. This resonates with prior research, with scheduling conflicts of family members often cited as presenting a major barrier to family meals (43, 44, 79, 80, 155). Additionally, where technology and services such as online shopping, meal delivery services, meal box schemes, and smartphone applications may present an enabler to family meals, very few participants in the 2020 sample used them in their day-to-day lives. This indicates that either these services do not increase the achievability of the family meal, that parents are not aware of the potential ability of these services to make family meal processes easier, or that parents do not wish to utilise them in this way. Other research supports the argument that some of these services do not necessarily improve ease or convenience of family meals, with the cost and the work required to learn the technology acting as barriers to their use (293, 294). Additionally, recent Australian research by Mauch et al. reported parent's reluctance to change existing habits as a major barrier to the adoption of smartphone applications to help with food provision practices (318). Thus, work schedules present a systemic, and increasing barrier to family meals, but as yet, there are no services or technologies that are providing families with adequate relief.

On top of parents work schedules were the recreational and social schedules of both parents and children. While children's recreational activities have been noted by other authors as presenting a barrier to family meals (44, 66, 70, 85), parent's recreational activities and commitments have not been cited as regularly. In the 1990s sample, parents cited their exercise and organised recreational commitments as barriers to family meals, which was not frequently noted in the 2020 sample. Rather, it was far more common for parents in the 2020 sample to cite social commitments acting as a barrier to family meals, albeit infrequently. The reduction in exercise or organised recreation as barriers to family meals is perhaps again indicative of the increased working hours of parents over time decreasing parent's opportunities for recreational activities (319). However, why exercise and organised recreation decreased, and social commitments increased over this time is not clear. One hypothesis is that as mothers have moved out of their traditional role as household manager, they have gained more autonomy outside of their role as mother. Perhaps the rise in social commitments interfering with family meals is because women no longer feel duty-bound to the home and to their families and therefore are engaging in more social activities. While

presenting as a systemic barrier to family meals, recreational activities of parents and children should not be discouraged, but rather should be considered when promoting the family meal.

Additionally, across time, children presented two distinct barriers to family meals, depending on their age. Young children's disruptive behaviour was identified as a barrier, as was older children's increasing independence. This dichotomy of barriers presented by children remained consistent over time. Young children by nature have short attention spans, changing palates, and a desire to assert their independence (78, 320, 321), and many authors have cited children's disruptive behaviours as occurring at the family meal (40, 42, 43, 72, 73, 80). Conversely, older children are generally encouraged to develop autonomy and independence (271). Parents' identification of these normal life stages as barriers to family meals speaks to both the expert advice on how to feed a family (247), and the normative idealisation of family meals, as a pleasant, easy-going meal, that all family members are present for and are receptive towards (77). Other authors have noted the pressures placed on parents to execute family meals in a particular way can cause them to feel inadequate and place undue stress on them to perform a certain way (78, 81, 118). If representations of realistic family meals, with disruptive younger children, and absent older children were more prevalent, perhaps these situations would be accepted and expected as part of family life, and no longer identified as barriers that need to be overcome.

Regardless of the barriers faced by parents, many remained motivated and committed to having the family meal. This was a systemic enabler across time and is pertinent considering the increasing stressors and pressures the systemic barriers discussed above now present to parents in a contemporary setting. Participant's dedication to achieving the family meal, despite the many barriers they may face, is testament to their motivation. This notion was captured in Ochs et al.'s work, where it was proposed that families were able to eat together in the evening, not necessarily because they happened to be home in time, but as a result of making the decision to be home in time (312). This was noted to be the case particularly for middle-class families in their study, where there was more flexibility with work hours, or more agency with choosing jobs that allowed parents to be home in time to execute and share family meals (312). Thompson et al. also reported flexible meal timings were a strategy commonly employed by their participants to achieve regular family meals (78). Additionally, Berge and colleagues found that families who placed importance on family meals were more likely to share family meals frequently (219), and therefore recommended placing priority on family meals as a strategy for increasing their frequency (42). Conversely, as evidenced by some families in the present analysis, not having the motivation or commitment to the family meal could act as a barrier to their regular occurrence. This too has been demonstrated in previous work, with parents who do not place particular importance or value on the family meal less likely to feel the need to engage in them (81, 82, 219). The power of dedication to the family meal, and the importance parents and families associate with it, appears to act as a strong motivator, or barrier, to regular family meals.

7.4.4 Minimal differences between families living in high- and low-SEIFA suburbs over time

As described in Chapters 4 and 5, there were minimal differences found between the participants residing in high- and low-SEIFA suburbs in both the 1990s and 2020 samples. The SEIFA suburb comparison was a sub-objective for each sample, and thus participants were not sampled for saturation of this component. As a result, there was limited ability to compare these differences across time. Additionally, the demographic differences between families living in high- and low-SEIFA suburbs in terms of levels of education, employment status, and household income did not appear to be as distinct in the 2020 sample as in the 1990s sample, which may have also limited the comparison between the two time periods.

One key difference noted between the SEIFA groups across time was the sharing of responsibility for family meals between parents. In the 1990s sample, there were very few parents who indicated a shared responsibility for family meals between them, and where it was indicated, it was only by parents from the low-SEIFA suburb. This sits in contrast to Charles and Kerr's, and Devault's work in the 1980's, who both reported less reluctance of middle-class fathers to be involved in meal preparation than working-class fathers in their UK and USA samples, respectively (47, 49). Conversely, the 2020 findings indicated a higher participation of men from high-SEIFA suburbs taking responsibility for family meal tasks than those living in low-SEIFA suburbs. However, one 2020 family from a low-SEIFA suburb allocated sole responsibility to the father. Thus, this shift does not necessarily indicate a decline in participation of men from low-SEIFA suburbs, but an increase in participation of men from high-SEIFA suburbs over time. Different attitudes towards division of labour in the household, categorised as traditional (mother is responsible) or egalitarian (both men and women are responsible) have been linked with different socio-economic positions (SEP). Marks et al.'s sociological study reported that households that had both parents holding more traditional views, or households with divergent views (where one parent holds traditional views and the other holds egalitarian views) had significantly lower incomes and lower education than those households where both parents held egalitarian views (322). Our findings do not necessarily fit with this hypothesis and are therefore perhaps indicative of SEIFA not being the most accurate indicator of SEP, or of our small samples not being representative of the larger population.

Notable in this comparative analysis was that children's involvement in the processes required for family meals have remained consistently higher in families from low-SEIFA suburbs than those from high-SEIFA suburbs. Previous research has reported that expectations on children's autonomy differs between high- and low-SEP parents, with low-SEP parents aiming for autonomy earlier than high-SEP parents (271). Parents living in low-SEIFA suburbs across the two time points were more encouraging of their children's participation, and children in these families undertook family meal tasks with more independence than their counterparts from high-SEIFA

suburbs. This is perhaps indicative of family meals serving different purposes for families from different SEP, as discussed in Chapter 4. This line of argument states that family meals for those from low-SEIFA suburbs predominantly serve the purpose of 'function' over 'formality' compared with those from high-SEIFA suburbs (271). Our research indicates this may extend further to the 'function' of children being able to independently plan, purchase and prepare meals for themselves and for the family.

7.4.5 Strengths and limitations of the comparative analysis

Comparative analysis such as presented in this chapter, that compare data across two different time points, must provide adequate context and have units of analysis must be comparable. This analysis has strength in its across time comparison because the data is situated in the context with which it was collected, and the units of comparison were comparable by design. The 2020 data was collected after the 1990s data had been analysed and the preliminary framework for the family meal had been developed. This allowed for targeted data collection for the 2020 data, and once The Family Meal Framework had been complete, provided units of analysis that were easily comparable between the two time periods. The participants that were recruited for the 2020 sample were intended to be as similar as possible to the 1990s sample, thus further adding to the suitability of the two datasets for comparison. The rigour and reliability of this research is demonstrated through the use of grounded theory methods such as constant comparison, negative-case analysis and memo-writing, with additional reflective journaling and regular consultations with the supervisory panel (232).

As described in the previous three chapters, the main limitations to this analysis are the potential risks self-selection and social desirability bias may pose to the results. A specific limitation to this comparative analysis was that some topics were explored in more depth with one sample than the other. This meant that it could not be assumed that an absence of discussion relating to a component of the family meal in one of the samples meant that the component was absent for that sample, but rather that the component was not discussed.

7.5 Conclusion

This chapter presented results on the comparative element of this research, providing an understanding of how family meals have evolved over time. A comparative analysis such as this provides evidence for the persistence and pervasiveness of some components of the family meal, and the changing nature and evolution of others. Family meals in general, where, and how they took place, have not changed considerably over the last three decades. The family meal remained a valued time for many participants, providing a rare opportunity for family communication and connection. The processes involved remained similar across time, as did many of the strategies participants employed to achieve them. The factors that needed to be considered when executing

family meals remained similar, however the priority with which they were considered changed, with cost a more universal, but less pressing consideration for most, and time a more consistent and pressing consideration for all. The main barriers and enablers to family meals remained reasonably consistent across time, with some changes to severity of impact and frequency of occurrence noted between the two time periods. The largest shift across the three decades was the division of labour regarding family meals, with more shared responsibility for family meals in the 2020 sample than in the 1990s. However, there were still many instances of women taking full responsibility for family meals, and a reluctance to distribute the responsibility more evenly between partners in the 2020 sample. The stability of family meal processes and practices over time indicates that this is a time-honoured tradition, that does not change as substantially as one would predict considering evolutions to society and family life over this time. This is an important factor to consider when making recommendations, designing interventions, and creating services targeting the family meal.

8 OVERALL DISCUSSION AND CONCLUSIONS

8.1 Overview of thesis

This thesis set out to understand the evolution of the family meal in Australia over a 30-year period. It sought to compare parents' perspectives on family meal experiences and practices, as well as investigate the barriers and enablers that parents face when trying to execute the family meal. Family meals are an important area of investigation, as correlational evidence links the regular occurrence of family meals with health benefits for both children and adults, as outlined in Chapter 1 (38, 39). Chapter 2 presented a review of the literature on family meals, identifying that the majority of studies in this area are observational, and largely bypass the work involved in the family meal and focus instead on the experiences and expected health outcomes of the family meal itself. Despite the many changes to family life over the last three decades, there has not been an investigation into what these changes have meant for family meals, nor for the work required to execute them.

The gaps identified from the literature in Chapter 2 lead to the creation of the interpretive study, employing grounded theory methodologies, presented in Chapter 3. As outlined in Chapter 3, two sets of data were used to explore the experiences of the family meal and the involved processes at two different time-points, the 1990s (Chapter 4) and 2020 (Chapter 5). These two datasets were used to produce the grounded theory of this thesis in the form of The Family Meal Framework (Chapter 6). This framework encapsulates the cognitive and physical work required to execute the family meal, the performance of the family meal, the designation of responsibility for the family meal, and the relationship between beliefs and feelings regarding the family meal. The Family Meal Framework was then used to compare the two datasets, providing an understanding of the evolution of the family meal and its involved processes over time (Chapter 7). This current chapter provides a discussion on main findings from this work and summarises the future implications of this research to further our understanding of the family meal and how to support families in achieving them.

8.2 Summary of main findings

8.2.1 Family meals in the 1990s

Chapter 4 presented the findings from the secondary analysis of the 1990s interview dataset, addressing the research objectives related to the historical experience of the family meal. The 32 parents sampled from this dataset provided rich descriptions of their experiences with family meals and the work required in executing them. While the evening meal was commonly considered the family meal in this sample, there was a wide diversity in family meal experiences. Most participants valued the family meal, though some felt dissatisfied when unable to live up to expectations of

what it should comprise. In particular, there appeared to be a divide between the expectations of the 'ideal' of serving one meal for the whole family to eat, and the reality of having to prepare multiple meals for the family. Mothers were the primary agents responsible for undertaking the work required to execute family meals, and fathers typically held the role of 'alternative food provider', if holding a role at all. Key barriers to the family meal were identified as family members' schedules and children's disruptive behaviour, and enablers were identified as availability of time, flexibility, convenience items, space and facilities, and motivation to have the meal. The comparative analysis of SEIFA groups identified differences in priorities of considering time or money in relation to the family meal, the purpose of the family meal for formality (aesthetics) over functionality (getting the family fed), and a notable difference between men's involvement in the tasks required to execute the family meal.

8.2.2 Family meals in 2020

Chapter 5 presented the findings from the primary analysis of the 2020 interview dataset, addressing the research objectives related to the contemporary experience of the family meal. The 22 parents recruited for this dataset provided in-depth descriptions of their experiences of family meals and the work required to execute them. Again, although the evening meal was most typically identified as the family meal, there was diversity in experiences. The family meal held value for most parents, however there was a distinction between the family meal and the meal*time*, with emphasis and importance placed on the meal as a vehicle for family time. Many mothers and fathers in this sample split the work of the family meal between them, however there were still instances of the traditional allocation of responsibility of this work to one parent, in most instances to the mother. Scheduling clashes, and children's disruptive behaviour and growing independence presented the biggest barriers to family meals. Conversely, flexibility, health, financial security, adequate space and facilities, education and skills, and motivation were identified as the main enablers to the family meal. Few differences were discerned from the comparison between families living in a high- or low-SEIFA suburb. However, differences in cost- and time-saving considerations and strategies were noted, along with differences in the expectations on the family meal, and again a difference in men's involvement in the tasks required for executing family meals.

8.2.3 The Family Meal Framework

Through the analysis of the 1990s and 2020 datasets, a grounded theory was developed in the form of a framework. The Family Meal Framework, presented in Chapter 6, encompasses the cognitions of the family meal (the considerations to be made), the actions involved (the processes and strategies required to execute the family meal), the outcomes of the family meal (the experience of the family meal itself), the beliefs and feelings about the family meal, and the person(s) responsible for the family meal and it's involved processes. The framework is presented as a cyclical and reactive process that evolves along with family life, requiring time and mental and physical effort every single day. It is the first framework that unpacks the work required to execute

family meals on a regular basis and illuminates the different factors and influences that impact its execution and achievability. Unlike previous research, it does not focus exclusively on the execution of the family meal but instead provides an understanding of the work and effort required to deliver the family meal, and the crucial components required for its successful execution.

8.2.4 Similarities and differences of the family meal; then and now

The comparative analysis of the two datasets used to develop The Family Meal Framework provided an understanding of the evolution of the family meal and it's involved processes over time. This comparative analysis, presented in Chapter 7, highlighted both consistent considerations over time, and core changes to the family meal. Over the three decades of which the datasets span, cost and time moved from families prioritising one or the other when making decisions for the family meal, to being a universal consideration by almost all families. Consideration of parent's food preferences when deciding what to prepare for the family meal diminished over time, but consideration of children's food preferences remained consistent. The processes of planning, purchasing and preparation for the family meal stayed largely the same, with substantial variation in practices depending on preferences and resources, and similar was true of the strategies parents used to execute the family meal. The value placed on the family meal remained consistent across time, being viewed as a rare opportunity for bonding and togetherness. Some change was noted regarding the expectations of who should be responsible for family meals across time, with more involvement of fathers in the 2020 sample compared to the 1990s sample. Ten key factors were identified as either enablers or barriers to family meals across time, depending on how they were experienced. Many of the differences between participants living in high- or low-SEIFA suburbs identified in the separate 1990s and 2020 analysis did not hold in the comparative analysis, however some consistent patterns were identified.

8.3 Discussion of main findings

Family life has evolved considerably over time. Globally, in the last thirty years, divorce rates have risen, marriage rates have declined, parents are having fewer children and having them later in life, there are more single-parent families, dual-earning families have increased and so has the use of formal, paid childcare (315). Family life and work life have changed considerably over this period, which makes the stability of the family meal processes and practices over this time even more significant. Although some of the details of the family meal, the types of food served, and the specific environments, rules, and practices of the meal may have changed (80, 174), the essence of the family meal, and the value it holds in family life has remained relatively unchanged. Commensality, the sharing of food, has deeply embedded roots in culture as a meaning-making activity (34-36), and the family meal has been identified as a cornerstone of family life (47). As discussed in Chapter 7, the parents in the 2020 sample were growing up at the time of the 1990s interviews, therefore this stability of practices found in this research may be due to cultural

transmission between generations. Cultural transmission of practices refers to the nongenetic transmission of traits, such as social orientations, values, skills and knowledge, through processes of teaching, imprinting, conditioning, observation or imitation (323). Cultural learning in this way is a uniquely human form of social learning and helps to promote cultural evolution (323). Bourdieu's theory of habitus also potentially explains the stability of family meal practices over time, as it proposes that individuals behave and act according to their ingrained habits and dispositions acquired through life experiences (274). Transmission of family meal practices between generations has been found in previous works out of the United States of America (USA) and Canada (50, 80, 155), and demonstrates this impact of cultural transmission of practices, and how past family meal experiences influence current family meal practices.

However, this is not to say that there are aspects of the family meal that have not progressed along with society and family life. Variability among cultural practices advances, promotes, and sustains ways of life, and is needed to adapt to changing environments and societies (323). If our cultural practices do not evolve and change along with advancing societies and environments, we may halt our cultural evolution (323), and be stuck in practices of the past. Therefore, while we must acknowledge the significance and importance of the stability of family meal practices over this time, it is also important to recognise the variability, and the need for evolution to ensure the benefits of these practices are maintained, without halting our cultural evolution or progress. This is particularly evident in the pressures placed on families to consume 'ideal' family meals together, and on modern mothers to continue to fulfill outdated stereotypical roles of family nurturer and homemaker. These concepts will be explored further in the subsequent paragraphs.

8.3.1 The value and importance placed on the family meal

As discussed in Chapter 2 the term 'family meal' does not have a consistent definition (87). Rather than relying on a set of defining criteria, the term 'family meal' conjures up imagery of parents and children communing around a dining table, eating food, and enjoying one another's company. It is a highly symbolic event, that is steeped in tradition, meaning, idealism and expectation (47, 49, 50). While not specifically defined by a set of strict criteria, perhaps as it once was, the messaging around the family meal in media and academia still centres around a set of idealised criteria that harkens to a different time. A time when men were the main breadwinners for the family, returning home from work in the evening to a hot meal, prepared from scratch by their homemaker wife, to be shared with their well-behaved children (47, 172). However, this sits far from the situation many families find themselves in today, and represents only a minority of family arrangements in contemporary society (303). Furthermore, scholars have argued that this idealised family meal of the past never truly existed, and this ideal family meal is something that families have strived, and in most cases failed, to achieve for decades (124, 303). Even though family meals today may not look like the ideal images of the 'traditional' family meal represented in the media and academic literature, they are still an event that families strive for. They are considered valuable and

important, and convey a sense of family unity and symbolism (42-44, 47, 49, 70, 73); a time where family members put aside their own priorities and activities for the sake of spending time with one another (303).

This rhetoric of the importance and value of the family meal, regardless of its achievability, was evident in parents accounts of their own family meal experiences across both samples included in this thesis. For the most part, parents across both samples carved out time in as many days as they could to share a meal together as a family. For some, they acknowledged the role the family meal played in their ability to bond and communicate as a family, recognising it as a rare time where all members of the household could be together and connect with one another. While others did not necessarily actively acknowledge the family meal as important to their family, they still felt it was an integral component of family life that they would try to achieve where possible. There were exceptions within both samples across both time periods, with some participants not seeing a particular value in the family meal and using it only as a vehicle to get the family fed as easily and conveniently as possible. Nevertheless, the importance of the family meal, whether acknowledged or not, was apparent. For many of these families, the family meal served as a placeholder for being together, and without this activity, many could not identify another time of day or activity where they could recreate this family time with as much regularity. This was particularly evident for participants from the 2020 sample, who in many cases worked outside of the home and had few opportunities to spend quality time with their family otherwise.

The significance and symbolism of the family meal as the expression of family unity may not be just out of happenstance, as the only convenient time for the family to be together. The family meal, as a commensal occasion, in providing the opportunity for social connection and communication between family members, may add to the symbolism that surrounds the event. While there are other activities where family members can spend time together, the symbolism of breaking bread with one another, and the bonding and communication that this type of activity provides, may be important in the construction and lived experience of the family meal as a pivotal, meaningful family event (324). Other scholars have argued that the family meal only holds its symbolism as other rituals of family life have “withered away” (148)(p430), and suggest that other shared activities as a family may serve the same function. This notion was directly disputed, however, by participants from the samples included in this thesis. While many participants described the rare opportunity the family meal offered for spending time and communicating with one another, there were specific instances where participants conveyed the unique opportunity that only the family meal provided. Participants in the 2020 sample indicated that the meal provided an opportunity like no other to be together and communicate, as everyone was concentrating on the same activity at the same time. Other activities, such as driving or going to the cinema as a family were distinguished from family meals as they did not involve the same unity or engagement of family members. Valuing the family meal as a place for family connection and unity has been found

in prior research, with participants from Quick et al.'s North American study expressing concerns about the negative impact not having regular family meals would have on family communication and connection (43). Other research has reported parents viewing the family meal as a treasured time (44), a place for bonding and strengthening relationships (41, 42, 73) and staying connected as a family unit (40, 72, 78-80). This sentiment was echoed less explicitly in other interviews conducted for this thesis and indicates that there is something more to the family meal than just convenience and necessity.

However, it must be acknowledged the family meal is not always a positive experience for every family (82, 119, 148), and the idealised construction of the family meal that is imposed on parents can be problematic (81). The inference that family meals serve as an indicator of family functioning can place unnecessary pressure on families (81, 82, 119, 148). Additional to this, the family meal is promoted and understood not only as a time for families to be together, but a time for parents to impart knowledge, values, social cues and manners onto their children, and as an opportunity to prepare a meal that will provide them with the nutrients they need to develop and grow (41-44, 73, 79). The associations between family meals and health outcomes, as explored in Chapter 2, places additional pressures on parents to ensure not only that the family meal happens regularly, but that it is also healthful, positive, and instructional. This is particularly evident in the context of neoliberalism, where family meals are moralised as the 'right thing to do' for children's health, but yet there are minimal structural efforts in place to help families achieve them (124).

This too is echoed in the experimental research, where the family meal is targeted as a nutrition intervention for children's eating behaviour, placing the responsibility and onus on parents to make and sustain these changes. The modern dual-employed, or single-parent family, are expected to be able to afford the 'right' foods, have the resources and space to safely store foods, and have the education and skills to transform the food into edible and tasty meals. On top of this, they must find the time to acquire the food, prepare, and consume the meal with their children, all while minimising conflict, providing instruction, and facilitating pleasant conversation. Those who are unable to do so, or who take short cuts to do so, such as purchasing convenience foods, eating out at restaurants, or eating meals separately to their children, are stigmatised for not providing this 'essential' care to their children (36, 81, 124, 148). If we are to continue using the family meal as a vehicle for promoting health and nutrition, we need to stop placing the responsibility and blame on parents, and construct systems that support them to achieve a realistic version of the family meal today.

Presenting 'one size fits all' recommendations in this space only further perpetuates the idealised image of the family meal, unrealistic to many families in contemporary society, and alienates families who differ from the norm to the point of shame, guilt and anxiety (81, 82, 119, 163). While the family meal may not be the only time to enact 'family', it is commonly used as such. Whether

due to tradition, convenience, social constructions of time, idealism or desire, the family meal will likely continue to hold significance as a vehicle for family cohesion and connection, and an opportunity to feed and nourish the family. However, work needs to be done on reducing the pressure on the family meal to serve all these purposes exclusively. Additionally, the moralisation of the family meal, and the stigmatisation of those who are unable to achieve it, or unable to achieve it in a way that ascribes to the 'norm' or 'ideal', needs to be removed. Families need to be supported in achieving a realistic family meal for their families, to serve the purposes that they wish it to serve, and not to serve an unrealistic ideal of a family meal that likely never truly existed.

8.3.2 The effort and work required to execute the family meal

The family meal, regular and routine as it may seem, requires an immense amount of coordination, work, effort, and time. Prior to this thesis, there had not been an in-depth investigation into the work required to deliver the family meal every day. Previous research has explored some of the cognitive work in making individual food choices (31, 108, 109), and in decision-making regarding food provision for families (53, 112-115). However, there has been minimal in-depth exploration into the cognitive and physical work required to deliver family meals. DeVault and Charles and Kerr came the closest to providing an insight into food provision for a family, and what creating the family meal looks like (47, 49). However, these studies, conducted in the 1980s on USA and United Kingdom (UK) populations, did not explore the depth and detail of this work, nor how the cognitive and physical elements of the work interact with one another. More recent research has unpacked some of the aspects of the work required for the family meal in a more contemporary setting, but again do not explore all of the components necessary to execute the family meal, nor outside of a North American context (53, 72).

The Family Meal Framework, presented in Chapter 6, constructed from interview data collected in the 1990s, and confirmed and tested with interview data collected in 2020, provides the much-needed in-depth understanding of all components of the work required to execute the family meal. This framework is an original contribution to knowledge, illuminating the nuances and complexities of the family meal, the cyclical and reactive components that impact the family meal, and the amount of visible and invisible work required to deliver it. As discussed in previous chapters, this type of work is not necessarily bounded by space and time (121). This has both benefits and consequences. Many of the tasks are often able to be undertaken when convenient and simultaneous to other activities, however, as these tasks are often not designated to a specific time and place, they can spill into other activities. In this way, they can often present as a constant and relentless task for those responsible for it (121, 150).

While it is important to understand the relationship between family meals and potential health outcomes, without the understanding of the work required to deliver the family meal day after day, we cannot continue to promote the family meal as a healthful behaviour. As discussed above,

current research in this area is limited by its narrow focus not just on the ideal and normative representation of the family meal, but also on the family meal event itself, without consideration for the work involved leading up to, and after, the meal. Additionally, there is a disconnect between what parents and children describe as the motivators, benefits, and barriers of the family meal in qualitative literature, compared to the areas of focus of observational and intervention research. This again links to the lack of practicality, applicability, achievability, and sustainability of intervention research in this space, attempting to increase the frequency of the family meal without adequately understanding, or addressing, the work required to deliver it. Additionally, while utilising the family meal as an opportunity for delivering health interventions is cost-effective from a policy or nutrition promotion perspective, it does not account for the time, effort, and resources it costs parents to execute daily. The Family Meal Framework will hopefully fill this gap by providing target areas for focus when conducting future research on the family meal and attempting to use it as a vehicle for behaviour change and improvements in health. The multiple components identified in The Family Meal Framework serve as key areas for further investigation and potential targets of change. The understanding of the cyclical, iterative and reactive nature of these components highlight the complexity and intricacy of family meals, and how targeting one area may have positive, or negative, repercussive effects on other components. The family meal does not occur in isolation, and the entirety of the process must be considered in order to truly make effective change.

8.3.3 The gendered burden of responsibility for the family meal

The work of the family meal cannot be discussed without acknowledging the burden of responsibility placed on women to undertake it. Chapter 4 identified that women were predominantly responsible for the tasks required to deliver the family meal in the 1990s, with men being involved minimally in most cases, taking an ‘alternative food provider’ role, if any role at all. Chapter 5 identified that in 2020 more men were claiming a role in this space. Half of the two-parent households from the 2020 sample said they were sharing many of the tasks required for the family meal between both parents, and while the other half had arrangements like those in the past with one person solely responsible, in one of these cases it was the father who took on this role. Chapter 7 presented these shifts over time, indicating that men were taking a more active role in many of the processes required for the family meal. This time period was chosen for the large changes in family and work life, with women entering and re-entering the workforce and dual-employed families increasing over this time (61, 62). However, there was still a gendered divide of responsibility in many families from the 2020 sample, even though in most families both parents were working outside of the home. This indicates that this shift of men’s involvement in work inside the home is not equivalent to women’s increased involvement in work outside of the home.

While Chapter 7 discussed that the result of these shifts of men’s increased involvement in family meal tasks may be due to a shift in the expectations placed on men and women, the lack of

universality of men's involvement in the 2020 sample indicates that both the work and the expectation on who should be undertaking the work are still highly gendered. Recent scholarship has shown that this unequal burden of responsibility of work required to keep a home is becoming more equal, with shifts in societal expectations on the roles of women and men creating a space for men to be more involved (72, 119, 129). However, as discussed previously in Chapter 7, although these expectations are shifting, the supports are not necessarily in place to adequately achieve them. While many workplaces are encouraging of men's increased participation in the home, they do not necessarily facilitate this (311). The same is true for women's increased participation in the workforce, which, while encouraged, their move away from the primary homemaker role is not necessarily supported by workplaces or broader society (308, 311). Additionally, while the general rhetoric may have shifted to an equal division of labour among men and women, women are still held as primarily responsible for their families' health and wellbeing (130, 308, 311).

This continuation of the unfair division of household labour is related to the value that is placed on both paid and unpaid labour, and on men and women's time, with paid work typically regarded as more valuable than unpaid labour or domestic tasks (325). This concept also links with social role theory, a social psychological theory that explains the allocation of social roles to individuals based on their position in society (123, 326). In the case of gender, these are observed behaviours of men and women within a society, that ascribe to, and further perpetuate, expectations on the roles and behaviours of men and women (326). Women, traditionally undertaking the work in the kitchen, have been ascribed with gender traits as those of nurturers and carers, and thus these behaviours and expectations become inextricably linked (326). Indeed, for many women, preparing a meal for their family is an opportunity to show their love and care (47, 49), and can be an identity-defining activity (303). This has created tensions for many mothers in the current landscape. For those who choose to, or must, enter the workforce, their inability to prepare family meals can cause feelings of guilt and shame (81, 118). For those who do not, or cannot, enter the workforce, the kitchen can become their only identity-defining domain.

Furthermore, mothers can become possessive over their domain in the kitchen, and feel a reluctance to hand over control to their partners (119, 123). As discussed in Chapter 5, this is a concept known as 'gastro-politics' and relates to the complexity of food provision, particularly in relation to the complexities and tensions that surround it (139). Having control over the kitchen is a way for women to exert their power and dominance, where they may not get the opportunity elsewhere (123, 139). Additionally, there are mothers who enjoy this role as nurturer and carer, and simply do not wish to relinquish it (123). Regardless of their enjoyment of the role or not, the social role of nurturer and carer for families is largely still placed on mothers. For those who work outside of the home, this presents a particular challenge, whereby mothers must contend with the social expectation that they provide their full attention to their children, whilst concurrently

performing at the highest standard at their workplace (311). A failure to do either is seen as a failure to do both. This same pressure is not placed on men, and thus the gendered nature of the division of household labour continues.

The perpetuity of unequal division of labour can be seen in the reports arising from the COVID-19 pandemic. During the pandemic, there was an increase in flexible work arrangements for both men and women, resulting in many individuals working from home (327). While the increase in flexible work arrangements has been proposed as an opportunity to decrease the unequal division of labour and increase men's participation in these tasks (328, 329), this did not appear to be the case during the pandemic. In general, time spent caring for children increased over this time (179, 188, 330), as did time spent in housework (330), however, these changes affected women disproportionately. Australian women were still twice as likely as men to report performing most of the unpaid caring responsibilities and domestic work in their household during the pandemic (330, 331). When asked to reflect on division of labour prior to and during COVID-19, Australian parents maintained that majority of mothers usually or always cared for the children (54% prior to COVID-19, and 52% during COVID-19) (327). This indicates that flexible work arrangements, and fathers being more available in the household, is not the sole answer to distributing this burden of labour more equally or equitably between parents and partners, as the expectation on who does what remains the same. This notion of unequal division of labour being dependent on gender is further evidenced by the fact that this same pattern is not observed among same-sex couples. Research has indicated that division of responsibility for household tasks is more equal and egalitarian in same-sex couples than opposite-sex couples (325, 332). Thus, without a shift in our expectations on men and women, without the social and moral pressure and expectation on men to undertake these roles, and without the broader societal and structural changes to facilitate their increased participation, it is unlikely that we will ever achieve a truly equal or equitable division of labour.

8.3.4 Identification of the systemic barriers and enablers to the family meal

A key objective of this thesis was to explore the barriers and enablers that make the family meal more or less difficult for families to achieve over time. The comparison between the barriers and enablers from the past and present day was done with the intention of identifying the new barriers and enablers faced by families today, and the systemic barriers and enablers to the family meal that are faced by families irrespective of time. The systemic barriers to the family meal are of particular interest, because if accurately identified, they provide us with a deeper understanding of the consistent failings of systems in assisting families to achieve family meals. Conversely, the systemic enablers help us identify the resources that may already exist to help families achieve family meals today and in the future. There were limitations to discriminating between the systemic and new barriers and enablers in this thesis, as the parents from the 1990s sample, unlike those from the 2020 sample, were not specifically asked to identify these factors. There were many barriers and enablers that were experienced consistently over time, but there were others that

were only identified in one sample. This did not necessarily mean that only one sample experienced these barriers or enablers, but that they were not explicitly discussed or explored. Therefore, the barriers and enablers extracted from both sets of data were combined to create ten factors that, although not consistently identified across the two time periods, feasibly present as barriers or enablers to the family meal across time. Thus, this thesis presented barriers and enablers that were systemic and remained consistent over time, depending on how they were experienced.

The factors that were identified across the two samples were such as children's disruptive behaviours, children's growing independence, physical and mental health of family members, time available for the meal, recreational commitments and activities, education, and skills to undertake the tasks required, financial security and stability, work and education schedules, space and facilities to store, prepare and consume food, and motivation and commitment to have the family meal. As discussed in Chapter 7, some of these factors have been identified as barriers to the family meal in previous research, but many are new. Furthermore, specifically identifying factors as either barriers or enablers to the family meal is a novel contribution to this field. For example, having the education and skills to undertake the tasks required is an enabler to the family meal, however not having the education or skills could act as a barrier to the family meal. Identifying factors that act as either barriers or enablers is valuable, as it gives scope to work towards achieving the context that makes these factors an enabler rather than a barrier. For example, identifying strict, inflexible, time-consuming work schedules as a barrier to family meals gives scope to move toward flexible and standard work schedules to enable families to come together for meals more regularly.

Furthermore, it was identified that some of these factors may be easily modified within the household, but others require more significant, structural adjustments. Those that were identified as more easily modified within the household were those factors that are often targeted in intervention research, such as increasing education and developing skills. These sit within the context of 'food literacy', a term that describes the daily practicalities required to navigate the food system and align food choices with nutrition recommendations (333). Being food literate requires knowing both what and how to make healthful food decisions in line with recommendations (333, 334). Aiming to increase knowledge and skills around planning, purchasing, and preparing meals is in line with increasing the food literacy of individuals, and sits behind the assumption that an inability to consume a healthful diet, or indeed prepare and consume more family meals, is due to a deficit of personal knowledge and skills (335). This assumption is even more pronounced for those experiencing socio-economic disadvantage (334, 335). However, participants across both time periods and both socio-economic groups included in this thesis indicated strong food literacy skills, and the barriers they were facing were rarely due to a deficit of knowledge or skills. While improving food literacy may be a strategy to help those identified with having minimal education

and skills in this area, it should not be the standard strategy employed to encourage families to share a meal together more regularly.

Many of the barriers encountered by participants appeared to sit outside of the control of households and individuals, and therefore responsibility for addressing these barriers should not be placed entirely on parents' shoulders. While we are promoting families to come together for the family meal, we are placing the responsibility on families to have the necessary supports, resources and facilities required to overcome the many barriers they may face. As Oleschuk discussed in her investigation of media representation and framing of the family meal, the systemic challenges families faced when executing the family meal were acknowledged in the media, however, much of the framing of responsibility for changing and achieving the family meal still fell to the individual (124). Such an example can be found in Fiese and Schwarz's paper, whereby they suggest strategies for parents to overcome the common obstacles to family meals, identified as parent and child schedules, preparation and shopping time, and knowledge and skills (33). Their strategies were framed towards parents changing their schedules, limiting their children's activities, reframing the time involved, and looking at resources for new ideas on how to prepare meals (33). While these suggestions are not invalid, and are potentially helpful for some, they align more closely with improving food literacy, and do not address the structural systems in place that make planning, purchasing, preparing, and executing the family meal a daily challenge for many parents and families. To assist families in achieving regular family meals, these structural barriers must be acknowledged and addressed.

8.3.5 Differences in the family meal between families living in high- and low-SEIFA suburbs

A sub-objective of this thesis was to explore the differences between families who were from high- and low-socio-economic positions (SEP), and how these differences may have evolved across the two time periods. However, minimal differences were identified in either sample and where they were identified, few held up consistently over time. This is likely because this investigation was a sub-objective of the thesis, and therefore participants were not sampled for saturation regarding SEP differences. Additionally, the same two suburbs (and surrounding areas) were used for recruitment of participants at both time-points, and although at both times they represented either end of the socio-economic index for area (SEIFA) spectrum, the differences between participants who lived in either area were not as marked in the 2020 sample as they were in the 1990s sample. The 1990s sample saw a much clearer differentiation in many of the markers of SEP between the two groups, such as highest level of education, home ownership, annual income, and employment status. The 2020 sample had less differentiation, with more parents having a standard level of tertiary education, comparable income in many cases, fewer rates of home ownership, and much higher rates of employment across the two groups. This may account for the lack of differences noted in the 2020 sample, and the lack of consistency of differences noted between the 1990s and

2020 sample.

There were three key patterns identified in the comparative analysis of SEP over time. One of these was the notable difference between priorities of time and cost for those living in a low- or high-SEIFA suburb in the 1990s, moving to more universal considerations for all families in the 2020 sample. The second key finding observed between families living in the two distinct SEIFA suburbs was the shift in division of responsibility. This finding was discussed in Chapter 7, where although an overall increase in men's participation over time was noted, there was higher participation among men from low-SEIFA suburbs in the 1990s sample switching to a higher participation among men from high-SEIFA suburbs in the 2020 sample. However, it should be noted that more men in general were involved in the family meal tasks in the 2020 sample, regardless of SEIFA status. Finally, a difference was noted between children's involvement in tasks related to the family meal between the two SEIFA suburbs that remained consistent over time. Children in families living in low-SEIFA suburbs consistently participated more regularly in family meal tasks, such as planning, purchasing and preparation, than did their high-SEIFA suburb counterparts. However, these differences are only alluded to by the evidence collected and analysed for this thesis. The minimal, and relatively weak findings of SEP differences discussed in this thesis may speak to the limitations in the methods of sampling and recruiting adequate samples of families at either end of the SEP spectrum.

8.4 Demonstrating reflexivity

Reflexivity is a central tenet of conducting credible qualitative research. Reflexivity involves the researcher acknowledging the impact they have had on the research, and the impact the research has had on them. It involves the recognition and acknowledgement of internal biases, and the personal and political perspectives informing the research (231). The steps that were taken to ensure reflexivity and reflexive practice were described in Chapter 3 and involved a self-audit prior to conducting the research, and the keeping of a research journal throughout all stages of the project. Actively engaging in reflexive practice throughout the project allowed for adjustments to be made accordingly to maintain the integrity of the research and keep personal subjectivity from interfering with the quality of the results. Examples of how reflexivity was employed this thesis to ensure rigour and credibility follow.

A practical example of the application of reflexive practice can be seen in the way interactions with participants in the 2020 interviews were changed after acknowledging the indirect impact the dietetic background of the interviewer was having on participants responses. In the early stages of conducting interviews with the 2020 sample, some participants were clearly highlighting practices they believed were 'good' (such as serving vegetables at the family meal), while diminishing and reprimanding themselves for practices they believed were 'bad' (such as serving takeaway foods at the family meal). Once this occurrence was identified and acknowledged by the interviewer,

responses to participant's comments were consciously adjusted to reflect a neutral stance, rather than those that may have been unintentionally reflecting approval or disapproval of certain behaviours. To further counteract this, prior to collecting data from participants, it was emphasised that the interviewer was looking for honest accounts of experiences, with no right or wrong answers, or judgement placed on participants or their practices.

An example of the use of reflexive practice in relation to theory can be seen in the creation of the grounded theory of this thesis; The Family Meal Framework. At the outset of the analysis of the 1990s and 2020 interview data, it was expected that two separate frameworks would be created, each one representative of the family meal experience at each time point. The 1990s data was analysed, and the framework was created prior to 2020 data collection. After the 2020 data was collected and analysed, it was clear that the core components that made up the framework were the same as those in the 1990s framework. The 2020 data was then tested against the framework created from the analysis of the 1990s data, and the data was combined to create The Family Meal Framework, representing the family meal experience across time. Combining the two datasets into one framework as a result of reflexive practice strengthened the framework and the theory behind it.

A final example of reflexivity can be seen in the expectation that differences would be found in family meal experiences across the two time periods, and between families living in high- and low-SEIFA suburbs. The very questions that underpin this thesis relied on the assumptions that there would be differences in families' experiences over time, and between these two sub-samples. The overall comparative analysis between the 1990s and 2020 samples indicated fewer changes than expected across the three decades of investigation. The analyses of the participants from the two SEIFA groups, in both the 1990s and 2020 samples, also indicated few observable differences in experiences between the two groups. It was important that the rigour and credibility of analysis was maintained to discern differences between the two study samples, and SEIFA sub-samples. Through reflexive practice, it was determined that finding no, or minimal differences between these samples was entirely appropriate, and particular attention was made not to impose differences on the data where they could not be found for the sake of meeting the research assumptions. The stability of many family meal practices and experiences between the 1990s and 2020 sample was recognised as a novel finding in itself, demonstrating stability of practices in line with theories of cultural transmission of practices (323), transmission of family meal practices (50) and Bourdieu's theory of habitus (274). The lack of discernible differences between SEIFA sub-samples, although going against many existing theories, could be explained by the methods employed to recruit high- and low-SEP families based on SEIFA scores. This adjustment in accordance with reflexive theory to accept the lack of differences, although seemingly going against the initial assumptions of the research, helped maintain the integrity and credibility of the findings presented in this thesis.

8.5 Strengths and limitations of the thesis

Throughout the results chapters of this thesis, the strengths and limitations of each dataset and set of analysis were discussed. The following section will therefore present the overall strengths and limitations to the thesis.

8.5.1 Overall thesis strengths

There are several strengths of this thesis. The overall objective of this thesis was to determine the differences in experiences and practices of the family meal over the last three decades. A particular strength of this thesis is its ability to answer this question with the use of historical data, instead of relying on participant's memories or retrospective accounts. The historical dataset used for this thesis provided a real-time account of participants experiences in the time period of interest, thus providing data that could provide an adequate, and true, comparison with data collected with families today. Additionally, both the 1990s and 2020 samples were unique in family meal research, in that they included both the female and male adults of each household (where present). Fathers are an underrepresented population in family meal research, and in much of the research concerning family food provision in general (129, 134). Giving fathers an opportunity to express their perspectives and experiences on family meal practices provides an understanding of men's experiences in food provision. This representation is important for understanding the division of labour in the household, and the key barriers that keep men from participating in these tasks more frequently or willingly. Additionally, the men and women from the 1990s sample were interviewed separately, as well as together, which allowed participants to express themselves freely, without the pressure of their partner's presence, which may have resulted in more honest accounts. Conversely, having men and women interviewed together in both the 1990s and 2020 samples may have resulted in partners influencing each other's responses, but, arguably, it also allowed partners to keep one another honest in their responses.

The Family Meal Framework presented as the grounded theory of this thesis has its strength in its inductive creation through analysis of 54 participants from 28 families, from two opposing SEIFA suburbs, across two different time points. Additionally, the comparative analysis that tested the framework, and answers the overall thesis objective, has its strength in the comparable units of data used in the analysis. The methods of recruitment, sampling, data collection and analysis were consistent for both datasets, as the methods used to collect the 1990s data were mirrored, as closely as possible, when collecting the 2020 data. The use of theoretical sampling of the families from the 1990s dataset, and families for the 2020 interviews, adds strength to the findings. Sampling until the theoretical concepts were saturated for each dataset allowed for adequate depth and confirmation of the findings for each set of analysis, meaning that the final comparative analysis was on fully developed findings from each preceding analysis. Other strengths of this thesis were the intense immersion across both datasets, constant memo-writing and reflexive

journaling across all stages of the project, peer examination, and member checking of interviews in the 2020 sample and of study findings, all of which are necessary for conducting quality, credible research (235, 236).

8.5.2 Overall thesis limitations

While there were several key strengths to this thesis project, there were inevitably limitations that must be acknowledged. Perhaps the most limiting factor to this research is the self-selection of participants to be involved in both the 1990s and 2020 samples. Although recruitment was published broadly in the suburbs of interest across both time periods, only those families who were interested in participating in the interviews were recruited. Therefore, there is the possibility that self-selection bias could have occurred, whereby participants only opted to be involved in the project due to personal interest, and perhaps the findings do not represent the broad experiences of the family meal as intended. This research did not capture a wide range of family types, with the definition of 'family' limited to immediate family members only, and it did not capture those who were not able to have family meals at all, those in transient living situations, or without resources or facilities to safely acquire, store, prepare and consume a family meal. Therefore, the variation of experiences and practices that may exist in these types of arrangements may not be accurately represented or captured in the samples used for this thesis.

Additionally, census SEP data and SEIFA scores were used to target recruitment of participants in both datasets to provide representation from families experiencing the most and least socio-economic disadvantage. However, using SEIFA scores, or geographical SEP indicators are not necessarily the most accurate way of grouping participants to explore SEP differences. These indicators are based on geographical averages of SEP indicators, and do not account for those of high socio-economic advantage living in areas of high socio-economic disadvantage, and vice versa. It has been proposed that multiple socio-economic indices be used when exploring socio-economic gradients in relation to health (336), and the use of multiple indices along with measuring SEP at household rather than neighbourhood level may have provided more accurate representation of families experiencing the most and least socio-economic disadvantage as intended.

Finally, it must be noted that interviews themselves are constructed by the participants and the researcher, and the role the interviewer and the purpose of the research plays in shaping interview discussions must be acknowledged (231). The very fact that we were conducting research on the family meal imbues a certain significance of the phenomenon, and therefore all who are selecting to participate are doing so with the knowledge that the researcher has placed importance on the phenomenon of the family meal. As described by Wilk, research on the family meal is limited as it "begins with the presumption that family meals are socially, morally and physically positive, and sets out to prove it" (148)$^{(p429)}$. The presence of the interviewer in the discussion, the power

differences between participant and interviewer, and the fact that dietitians were conducting the interviews in the 1990s and in 2020, may have impacted the discussion with participants. Additionally, while the methods of data collection in 2020 intended to mirror those in the 1990s, there were key differences between the two interviewees (e.g., male versus female, parent versus non-parent) which may have impacted the power relations between participant and interviewer and therefore the resultant discussion around family meal practices. All of this must be acknowledged as it may have influenced the discussion and construction of the interviews.

8.6 Future directions

8.6.1 Research

This thesis has produced The Family Meal Framework and identified the consistencies and differences in family meal experiences, practices, barriers and enablers. However, there is more work to be done in this space to adequately understand, and promote, the family meal as a viable health promotion strategy. As demonstrated in this work, the family meal is a long-standing tradition in many Western countries, and families in Australia today are still constructing similar family meals to those that were experienced three decades ago. There have been some changes to family life, work life, services, and technology over this time, however, the family meal as a time for sharing food, connecting, communicating and bonding with one another remains consistent. What does appear to be changing, is the gradual distribution of this workload between parents. Over time, a shift was noted with more men's involvement in this traditionally women's role of food provision for the family meal. Equal division of labour is still not the standard in most households, and the shift towards more equitable divisions of home and family work is still in its infancy. The majority of the work investigating division of labour in relation to the family meal, including this work, is on heterosexual parent households. As previous research has noted greater equality in division of household tasks in same-sex couples (325, 332), it would be worth investigating how same-sex parent households distribute the division of labour of the family meal, and how this decision is made without the gender differentiation. Additionally, the relationship dynamics of a couple and how these determine division of labour should be investigated further. The dynamics within a relationship and within a family may provide key insights into how we can advance toward more equal and equitable division of household tasks and break down the gendered nature of food work.

This research showed that there was great diversity in the experiences of the family meal, and in the considerations and processes parents used to deliver family meals, relative to their resources, expectations, and past experiences. The systematic review of intervention studies presented in Chapter 2 concluded that the intervention studies in this space are often not targeted enough to the family meal to elicit any significant change, and therefore produce beneficial health outcomes as a result. Due to the diversity in experiences and practices, considerations, resources, and priorities

of the family meal uncovered in this thesis, more tailored intervention designs that take all of these factors into account need to be developed. Additionally, intervention designs must consider the barriers parents face when executing the family meal, provide strategies that adequately address them, and work towards removing the sole burden of responsibility from parent's shoulders. The Family Meal Framework developed in this thesis provides a starting point for designing interventions that consider all components of the family meal, not just the final execution of the meal itself. Considering all components leading up to the family meal is integral in understanding how the family meal may be targeted effectively to make positive, sustainable change. Interventions that incorporate all components of the family meal into their design will not only help to better target and investigate the family meal, but will further our understanding of the causal relationship between family meals and health outcomes, and assist with identifying the components of the family meal most responsible for those outcomes.

Furthermore, to relieve some of the pressure of the family meal serving all the purposes of nourishment, unity, engagement and opportunities for role-modelling, future research should look to alternative family activities that may fulfill some of these roles. Perhaps research with families who do not regularly engage in the family meal would provide insight into other activities that families can engage in regularly, that may not come with the same social expectation and pressure as the family meal or present the same barriers, that families can engage in instead of, or along with, engaging in the family meal.

8.6.2 Policy and practice

The findings from this thesis indicate that although the gendered division of labour may be shifting, it is still common for mothers to be solely responsible for the family meal. Indeed, while the societal narrative on the division of labour has been changing, and it is more acceptable for women to be working outside of the home and for men to be more active inside the home, the structural environment does not necessarily reinforce or support such an arrangement. There is still a clear division of expectation on men's and women's time, and where mothers are often criticised and penalised for dedicating too much time at work, fathers can be criticised and penalised for dedicating too much time at home. To support a more equitable division of labour, workplace policy needs to shift to accommodate the movement of women out of the home and into the workforce. Workplaces that are supportive of both men and women's contributions to the workforce and the home, provide opportunities for employees to maintain work-life balance with flexible working hours, accessible childcare, and policies for gender equity, childcare and parental leave are required to support this shift. Until these social narratives start appearing in structural policies, the unequal division of labour will continue to exist.

Additionally, the social narrative and argument of men's incapability to undertake domestic tasks, or of women positioning men as unable to undertake domestic tasks to their standards, needs to

shift. As explored in this thesis, women's reluctance to hand over control and responsibility of these tasks may not just be due to perceived inability of their partners to perform them, but may in some cases be due to a desire to maintain status, power, and control within the household and within the relationship. This again speaks to the progress of gender equality in societal discourse misaligning with actual practice. Although women have traditionally been relegated to the kitchen to undertake these tasks, for some women, the kitchen is one of the few environments where they are able to exert their control, and for others, a meaningful way to show love and care for their families. Until broader changes in society support the agency and autonomy of women, and place value on them outside of their traditional roles as mother and homemaker, it is unlikely that more equitable divisions of household labour will occur. Furthermore, until men's participation in these activities are viewed as constructive practices, rather than negative deviations, women will continue to bear the burden, or retain control over this domain. Men are often described as giving minimal thought to nutrition and family member's preferences when preparing meals, throwing meals together rather than planning in advance, taking on assistant roles in the kitchen and viewing cooking as a recreation activity. However, these are all viable strategies that get the family fed, and as evidenced throughout this thesis, regular family meals are a challenge and parents need strategies to achieve them. Not only do we need to shift the narrative of women's value beyond the kitchen, but we also need to shift the narrative of men's value within the kitchen. We need to promote men's participation in the ways they can, and allow them time to develop and hone their own skills, techniques, and styles for getting the family fed.

Finally, we need to shift the way that we view the construction of family meals, and the way we expect families to achieve them. The family meal is currently positioned as something families can and should be engaging in regularly. While it is widely promoted as an achievable, healthy activity every family should be aiming for, all of the responsibility on undertaking the family meal is placed on families and households. There needs to be a shift in the discourse and promotion of the family meal from the current reductionist, neoliberal perspective, to a more structurally supportive perspective. The prolific societal narrative of the benefits and urgency of regular family meals, with no concrete strategies or services available to support them, may do families more harm than good. A range of services have been developed over the last three decades to alleviate some of these pressures from parents. However, many of these services, such as meal planning apps, online shopping, and meal box schemes, were not commonly used amongst participants from the 2020 sample. This may be due to the time and effort required to incorporate these services into routines, a lack of trust regarding the quality of foods provided by these services, or the view that the food and meals are not appropriate for children. These services are clearly missing the mark in many instances, and we need better structural and social support for parents to achieve regular family meals. Food systems and services that provide healthful, convenient, and child-friendly foods and meals may help alleviate some of this burden from parents alone.

8.7 Conclusion

This thesis aimed to provide an understanding of the family meal and how it has been experienced over time. The review of existing literature in this field is the first original contribution of this thesis, as it demonstrated the inability of existing research to prove a causal relationship between the family meal and its proposed health outcomes. Additionally, the literature review indicated a lack of exploration into the work involved in executing the family meal, and how family meal experiences have changed over time. These are the second and third original contributions of this thesis, as through the analysis of interview data from the 1990s, and collection and analysis of interview data in 2020, a grounded theory framework of the work involved in executing the family meal was developed. Finally, the comparison between the two interview datasets over time provided an understanding of how the experiences, processes, barriers, and enablers of the family meal have evolved or remained the same, something that has not been explored previously. This thesis adds robust understandings of the family meal previously not explored in the literature and provides a direction for future family meal research, practice, and policy.

The family meal, promoted for its associated health benefits for children and adults, is a highly normative, yet somewhat problematic event. The lack of evidence regarding the causal relationship between family meals and health benefits has not halted the unquestioned promotion of the ideal family meal in Western societies. While not disputing the potential for the family meal to be a health promoting activity for families to engage in, The Family Meal Framework developed through this thesis indicates that execution of the family meal over the last three decades involves an immense amount of physical and mental work and effort. While parents are faced with many barriers that make the execution of family meals a challenge, most are highly motivated to have them, and view them as invaluable opportunities for connection and communication. To continue to promote the family meal as a positive and healthful activity for families to engage in, we must recognise and acknowledge the work required in their execution. Furthermore, we must work towards supporting parents to achieve a realistic, attainable family meal today. The development of The Family Meal Framework, and the understanding of the changes to, and stability of family meals over time, provide clearer targets for future research. This information is critical to the development of family meal interventions that appropriately target the family meal, to understand the causal relationship between family meals and health outcomes, and the components that mediate it.

To continue using the family meal as an opportunity for improving dietary quality and healthful eating behaviours in adults and children, we must rethink our strategies of promotion. Promoting the ideal family meal as something parents can and should be executing each day, compounds the already increasing pressures of family life faced by contemporary parents today. An inability to achieve this ideal family meal can lead to feelings of shame and guilt for parents, feeling that they are not providing for their children and families in the ways they should be. If we can properly

understand the relationship between family meals and health, we will be able to promote a more realistic family meal and know how to adequately support and encourage the components of the family meal necessary to achieve the best health outcomes. The evidence produced from this thesis provides clear direction for future research, practice, and policy to effect positive change for families in Australia, and other Western countries.

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APPENDICES

Appendix 1 Co-authorship approval forms

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CO-AUTHORSHIP APPROVALS FOR HDR THESIS EXAMINATIONS

In accordance with Clause 5, 7 and 8 in the HDR Thesis Rules, a student must sign a declaration that the thesis does not contain any material previously published or written by another person except where due reference is made in the text or footnotes. There can be no exception to this rule.

a. Publications or significant sections of publications (whether accepted, submitted or in manuscript form) arising out of work conducted during candidature may be included in the body of the thesis, or submitted as additional evidence as an appendix, on the following conditions:
   I. they contribute to the overall theme of the work, are conceptually linked to the chapters before and after, and follow a logical sequence
   II. they are formatted in the same way as the other chapters (i.e. not presented as reprints unless as an appendix), whether included as separate chapters or integrated into chapters
   III. they are in the same typeface as the rest of the thesis (except for reprints included as an appendix)
   IV. published and unpublished sections of a chapter are clearly differentiated with appropriate referencing or footnotes, and
   V. unnecessary repetition in the general introduction and conclusion, and the introductions and conclusions of each published chapter, is avoided.

b. Multi-author papers may be included within a thesis, provided:
   I. the student is the primary author
   II. there is a clear statement in prose for each publication at the front of each chapter, recording the percentage contribution of each author to the paper, from conceptualisation to realisation and documentation, in accordance with the Research Publication, Authorship and Peer Review Policy, and
   III. each of the other authors provides permission for use of their work to be included in the thesis on the Co-authorship form below.

c. Papers where the student is not the primary author may be included within a thesis if a clear justification for the paper's inclusion is provided, including the circumstances relating to production of the paper and the student's position in the list of authors. However, it is preferable to include such papers as appendices, rather than in the main body of the thesis.

STUDENT DETAILS

Student Name	Georgia Middleton
Student ID	2106434
College	College of Nursing and Health Sciences
Degree	Doctor of Philosophy
Title of Thesis	The family meal; then and now, a 30-year comparison study

Student Name *Georgia Middleton*
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CO-AUTHORSHIP APPROVALS FOR HDR THESIS EXAMINATION

PUBLICATION 1

This section is to be completed by the student and co-authors. If there are more than four co-authors (student plus 3 others), only the three co-authors with the most significant contributions are required to sign below.

Please note: A copy of this page will be provided to the Examiners.

Full Publication Details	Middleton, G., Golley, R., Patterson, K., Le Moal, F. & Coveney, J. 2020. What can families gain from the family meal? A mixed papers systematic review. Appetite, 153: 104725
Section of thesis where publication is referred to	Chapter 2: Literature review, section 2.3

Student's contribution to the publication

80	%	Research design
90	%	Data collection and analysis
80	%	Writing and editing

Outline your (the student's) contribution to the publication:

Georgia contributed to the conceptualisation and design of the systematic literature review, with guidance from the supervisory team. She developed and deployed the search strategy and conducted data extraction and analysis. She interpreted the findings and prepared and edited the full manuscript prior to seeking feedback from co-authors.

APPROVALS

By signing the section below, you confirm that the details above are an accurate record of the students contribution to the work.

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CO-AUTHORSHIP APPROVALS FOR HDR THESIS EXAMINATION

PUBLICATION 2

This section is to be completed by the student and co-authors. If there are more than four co-authors (student plus 3 others), only the three co-authors with the most significant contributions are required to sign below.

Please note: A copy of this page will be provided to the Examiners.

Full Publication Details	Middleton G, Golley, RK, Patterson, KA & Coveney J. The Family Meal Framework: A grounded theory study conceptualising the work that underpins the family meal. Appetite (under review)
Section of thesis where publication is referred to	Chapter 6: The family meal framework

Student's contribution to the publication

80	%	Research design
75	%	Data collection and analysis
80	%	Writing and editing

Outline your (the student's) contribution to the publication:

Georgia contributed to the conceptualisation and design of the study, with guidance from the supervisory team. She developed and deployed the study design, collected the contemporary data, managed and analysed all data, with guidance from the supervisory team. She interpreted the findings and prepared and edited the full manuscript prior to seeking feedback from co-authors.

APPROVALS

By signing the section below, you confirm that the details above are an accurate record of the students contribution to the work.

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Appendix 2 Chapter 2 publication

The following article, a version of which is included in Chapter 2: Literature Review, is reprinted from Appetite, Vol. 153, Middleton G, Golley R, Patterson K, Le Moal F & Coveney J. What can families gain from the family meal? A mixed papers systematic review, p. 104725, Copyright 2020, with permission from Elsevier. 10.1016/j.appet.2020.104725

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What can families gain from the family meal? A mixed-papers systematic review

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ABSTRACT

The family meal has been associated with numerous health and wellbeing benefits for both adults and children. However, the majority of the research in this area is correlational, unable to prove a causal relationship between family meals and health and wellbeing outcomes. The objectives of this systematic review were to determine the causal relationship between family meals and health and wellbeing and explore family members' perceptions of the family meal. A systematic search across five databases was undertaken to identify both intervention studies and qualitative studies investigating the family meal. Thirty-two articles were deemed eligible for inclusion in this review. Qualitative data were synthesised via the meta-aggregation approach; however, the quantitative data were too heterogeneous to perform meta-analysis. Only one intervention included in this review exclusively targeted the family meal, the remaining studies had other target strategies as part of their intervention (e.g. physical activity, snacking, sleep routines). Only two of the eight interventions reported a statistically significant difference between control and intervention groups for family meal frequency or quality, therefore we were unable to fully explore the causal relationship between family meals and health and wellbeing outcomes. The qualitative studies identified multiple barriers to the family meal, including scheduling conflicts, exhaustion and lack of time, and reported family connection and communication as the main perceived benefits of the family meal. There is a gap between the benefits and barriers to the family meal identified through qualitative research, and current intervention strategies, with few interventions exclusively targeting the family meal. Interventions that are informed by qualitative literature and exclusively target the family meal are needed to further investigate the causal relationship between family meals and potential health and wellbeing outcomes.

1. Introduction

The family meal has received a great deal of attention across the scientific literature, particularly in the last few decades. Coming together regularly for a family meal has been associated with dietary and weight benefits for both adults and children (Dallacker, Hertwig, & Mata, 2017; Fulkerson, Larson, Horning, & Neumark-Sztainer, 2014). Positive associations have also been reported between the family meal and improvements in wellbeing (Goldfarb, Tarver, Locher, Preskitt, & Sen, 2015), reduced risk-taking behaviours (Goldfarb et al., 2015) and fewer disordered eating behaviours in adolescents (Harrison et al., 2015). However, it is still unclear what aspects of the family meal are responsible for these health and wellbeing benefits.

Family meal research has been largely observational, specifically longitudinal or cross-sectional in design (Fulkerson et al., 2014). While these types of studies have provided us with insight into the lives of families and their eating habits, these study designs are not able to draw causal links between the family meal and the associated benefits. While our confidence in these findings increases with the breadth of observational studies conducted in this area, still they can only prove associations or correlations between regularly engaging in the family meal and positive outcomes (Peat, Mellis, Williams, & Xuan, 2002). Thus, the study of family meals using experimental intervention designs is vital if we are to establish causality with confidence.

Experimental studies have started emerging in the area of family meals, attempting to bridge this gap. A systematic review of experimental research was published by Dwyer and colleagues in 2015 (Dwyer, Oh, Patrick, & Hennessy, 2015). Dwyer's review included randomised controlled trials, pre-test post-test, cross-sectional, longitudinal and qualitative study designs, was limited to studies conducted in the United States and focused on families with children aged 5–18 years (Dwyer et al., 2015). The focus of Dwyer's review was on one

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component of family meals, changes to the frequency of the family meal, with four of the six included interventions reporting positive, statistically significant changes to family meal frequency (Dwyer et al., 2015). However only two of these interventions included comparison against control groups (DeBar et al., 2012; Johnson, Birkett, Evens, & Pickering, 2006). Dwyer's review did not explore other elements of the family meal that may be responsible for positive health outcomes, such as the environment or nutritional quality of the meal. Additionally, the focus on studies from the United States with a limited age-range of children means there is a lack of transferability to other countries and families with younger children (Dwyer et al., 2015). Given the positive trajectory of the experimental studies in the Dwyer review, and as experimental studies in this area are only just emerging, it is timely to update the search and to broaden exploration into other countries and contexts.

While research into family meals is extensive, most studies, including Dwyer's review, focus on the frequency of the family meal as the main variable responsible for positive health outcomes. However, it has been proposed that the food served at the family meal and the environment of the family meal (who is present, what the mood is like, whether the TV is on etc.) may also be influencing factors (Fulkerson et al., 2014). As the component of the family meal (frequency, environment or quality of food) responsible for positive health outcomes has not yet been identified, all three aspects should be considered. In order to understand the impact the family meal may have on the health and wellbeing of those engaging in it, it is vital to understand the components that may be responsible for those outcomes.

Observational and intervention research can only take us so far in our understanding of the family meal and how it is experienced. The perceptions and experiences of the family meal from those participating in it is an important piece of the puzzle in determining the importance, value and health benefits of the family meal. Qualitative studies provide another view of the family meal, not to determine causality, but rather to delve deeper into the perceptions of the family meal (Liamputtong, 2013). This data is equally as important as the observational and intervention data, as it provides a depth of understanding that can help with interpreting the value of the family meal and where it fits in family life. The qualitative research, in combination with the experimental studies examining different components of the family meal, will allow us to understand the benefits to the family meal more comprehensively and completely.

The aim of this systematic review was to complete the triangulation of data on the family meal. We aim to provide a review of the intervention data to help with understanding the causal pathway between family meals and health and wellbeing outcomes. This will be complemented with the qualitative data to help with understanding family members' perceptions of the family meal. By reviewing both intervention and qualitative studies we will be closer to answering the question of whether family meals are beneficial for health and wellbeing, and how we can best utilise the family meal to promote health and wellbeing in families.

2. Research question, aim and objectives

This review set out to answer the question: What impact does the family meal have on the health and wellbeing of the family?

This review sought to address the following objectives:

1. To determine the health and wellbeing benefits families can expect to gain from participating in the family meal.
2. To explore the factors responsible for the health and wellbeing benefits families may receive from participating in the family meal.
3. To understand experiences of the family meal, exploring perceptions of the main benefits, barriers and strategies for the family meal.

3. Methods

A mixed papers systematic review was undertaken to address this research question, where both qualitative, quantitative and mixed-method papers were included. While single method reviews have their strengths, they are often too narrowly focussed to provide applicable and actionable findings. Mixed papers reviews provide broader findings by including both qualitative and quantitative papers, and have the ability to maximise the findings and improve the applicability of those findings to policy and practice (The Joanna Briggs Institute, 2014).

As mixed paper reviews are still a relatively new form of systematic review there is no clear consensus on protocol. This review draws on guidelines from the Joanna Briggs Institute (JBI) 'Methodology for JBI mixed methods systematic reviews' 2014 manual (The Joanna Briggs Institute, 2014), and adheres to the systematic review process as laid out in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher, Liberati, Tetzlaff, & Altman, 2009). This review is registered with PROSPERO International Prospective Register of Systematic Reviews: CRD42018117123. Ethics approval was not required for this research, as it is a review of existing literature.

3.1. Study eligibility

3.1.1. Population

This review considered studies that were focused on families that include single- or dual-parents, with at least one child between 2 and 18 years of age living with them. As this review was interested in the benefits of the family meal on both children and adults, studies including families without children in the household were excluded from this review.

Parents or children with chronic health issues, severe illnesses or those with feeding disorders or difficulties (percutaneous endoscopic gastrostomy (PEG) fed, Prader-Willi syndrome, autism, sensory perception difficulties etc.) were not included in this review, along with studies focussed exclusively on feeding practices or introduction of solids. This review did not include studies focussed on food insecurity, or those specifically focussed on food pickiness among parents or children, as these would provide pictures of the family meal that may not be transferable to the wider population.

To provide consistent comparison between countries, only studies set in the family home in high-income countries were included (as defined by the United Nations Development Programme Human Development Index ranking) (United Nations Development Programme, 2018). Developing and low-income countries potentially face other barriers to the family meal, including extreme levels of poverty, inconsistent or unsafe access to water and food, poor housing or accommodation, that would provide inadequate comparison with high-income countries. Studies including or focussed on low, medium and/or high socioeconomic status (SES) populations were included in this review.

3.1.2. Intervention

The definition of the family meal is varied among studies. For this review, the following definition was used: an occasion at set times of day where most, if not all members of the immediate family eat food together in the household (Martin-Biggers et al., 2014; Verhage, Gillebaart, van der Veek, & Vereijken, 2018). This review was not particularly interested in the type of food being served as a defining feature of the family meal; however, the presence of family members and the location was important.

This review considered experimental studies where the family meal was targeted, influenced or changed as part of an intervention strategy and measured as an outcome of the intervention. Interventions targeted either frequency, nutritional quality and/or environment of the family meal. Studies measured and reported both the influence the

intervention had on the family meal (e.g. changes in meal frequency, nutritional quality and/or environment of the family meal), and the influence the intervention had on other health or wellbeing outcomes (e.g. changed dietary quality, weight status, physical or psychological health markers). Studies where family meals were not targeted as part of the intervention were excluded. Only studies set in the home or household of the family or intended to influence the home or household were included in this review.

This review also considered qualitative studies seeking perceptions of parents and/or children on their experiences of family meals. Studies that solely investigated retrospective experiences of the family meal were excluded, along with studies that focused on meals outside of the immediate family or special occasion meals. Qualitative papers were included if they employed focus groups or interview methods in order to explore the experiences of the family meal. To account for the large breadth of qualitative studies in this area, only studies that solely focussed (determined as at least 90% of the content) on the family meal were included.

3.1.3. Control

The comparator for the experimental studies was against families who have received no intervention, or made no changes to frequency, quality or environment of the family meal.

3.1.4. Outcome

The intervention studies included the following primary outcomes: frequency, nutritional quality and/or environment of the family meal (including location, interaction between family members, presence of technology). Secondary outcomes of interest were: body mass index (BMI), diet quality, physical or psychological health markers and/or eating behaviours.

The primary outcomes considered in the qualitative studies were experiences of the family meal, including the benefits, challenges, barriers and strategies for the family meal as perceived by parents and/or children.

3.1.5. Study design

This review considered both experimental and quasi-experimental study designs including randomized controlled trials and non-randomized controlled trials where there was an active treatment and control group. It also considered qualitative studies that focused on the lived experiences and perceptions of the family meal. Excluded were cohort studies, cross-sectional studies, cross-sectional longitudinal studies, observational studies, pilot studies, feasibility studies, systematic reviews, meta-analyses and umbrella reviews. Non-original articles were also excluded, such as book chapters, editorials, case studies, reports and abstracts. Only studies written in English and published after 2008 were included in this review. We limited the review in this way to provide a thorough examination of the family meal today.

3.2. Information sources

The databases searched include MEDLINE, EMCARE, PsycINFO, CINAHL and Scopus. Unpublished and grey literature studies were not included in this systematic review; however grey literature database Trove was searched on September 24, 2018 to identify any published studies that were potentially missed across the other databases.

3.3. Search strategy

An initial limited search of MEDLINE was undertaken prior to development of the search strategy in order to identify articles relevant to the review topic. The titles, abstracts and author key words of relevant articles, were screened for possible search terms to include in the search strategy. Key search terms, supplemented with an asterisk (or other appropriate syntax) to identify multiple forms of the word (e.g. adolescent, adolescents, adolescence), were combined using the AND/OR operators for the population (family, families, parent*, mother*, father*, dad*, mum*, mom*, child*, adolescen*), intervention (meal*, dinner*) and study design (randomized control*, randomised control*, experiment*, intervention*, program*, qualitative*, interview*, focus group*). The search terms for other meals such as 'breakfast' and 'lunch' were removed from the search, as they yielded no unique relevant studies and excluded identified relevant studies from the search. The search strategy was run in MEDLINE (see Supplementary Table 1), and was adjusted accordingly with controlled vocabulary, appropriate syntax and MeSH terms for each database, and was run across all databases on the August 20, 2018. The search was employed across all databases again on the July 3, 2019, before data extraction was finalised, to ensure all relevant studies were captured. The search was additionally employed in Web of Science in April 2020 with the same parameters as the original and updated searches. The reference list of relevant systematic reviews located in this review, along with included papers, were screened to identify any additional, relevant studies.

3.4. Study selection

After conducting the search, all identified citations from the five databases were uploaded into EndNote X9 (Clarivate Analytics, 2018). Duplicates were removed prior to title and abstract screening against the predetermined inclusion and exclusion criteria by two independent reviewers (GM, FLM). Conflicts were resolved by the primary reviewer (GM). Studies that were identified as potentially relevant were imported into Covidence systematic review software (Veritas Health, 2015) where the full text was assessed against predetermined inclusion and exclusion criteria by two independent reviewers (GM, FLM). Conflicts were resolved by discussion between reviewers until consensus was reached. Studies excluded at this stage were recorded, with reasons reported in the PRISMA diagram (Moher, Liberati, Tetzlaff, & Altman, 2009) (Fig. 1).

3.5. Data extraction

Relevant data were extracted from included studies by one reviewer (GM) and checked by a second reviewer (FLM) using a pre-determined data-extraction spreadsheet. Data was extracted on the populations, context, geographical location, study methods, intervention detail and the phenomena of interest relevant to the review objective, general findings and where appropriate the outcomes of significance.

3.6. Quality assessment

Studies deemed eligible for inclusion in the review were critically appraised by two independent reviewers (GM, FLM) using standardised and peer-reviewed critical appraisal instruments from the JBI for randomized controlled trials (The Joanna Briggs Institute, 2017c), quasi-experimental studies (The Joanna Briggs Institute, 2017b) and qualitative research (The Joanna Briggs Institute, 2017a). The JBI tools ask a series of questions tailored to the study-design, in order to assess trustworthiness, rigour and reliability of the study, requiring reviewers to answer either yes, no, unclear or not applicable to each question. Any disagreement that arose between the two reviewers was resolved through discussion. The relevant results of this critical appraisal are reported in narrative form. Regardless of the quality appraisal results, all studies underwent data extraction and synthesis.

3.7. Data analysis and synthesis of studies

As there was large heterogeneity between the included intervention studies in terms of design, outcomes and measures, data was unable to be pooled into a statistical meta-analysis. The findings lend themselves to a narrative synthesis and will be presented in narrative form,

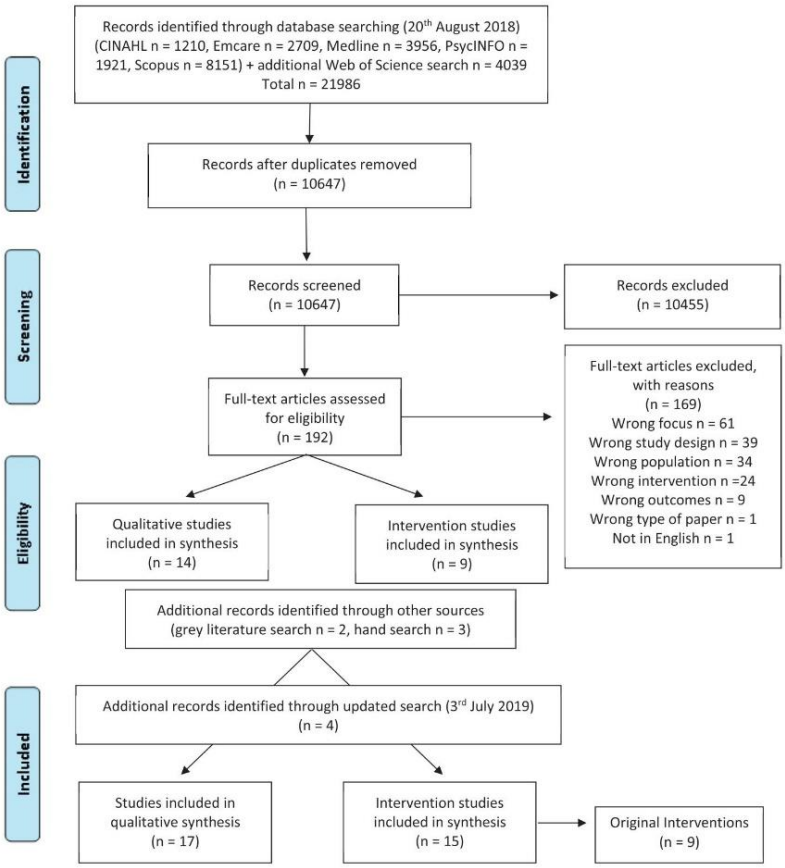

Fig. 1. Prisma flowchart of search strategy.

supplemented with tables.

Qualitative research findings have been pooled using the JBI meta-aggregation approach (Lockwood et al., 2017). The meta-aggregation approach involves extracting findings with supportive illustrations from the text, and assigning them as either unequivocal, credible, or not supported. These findings are then categorised based on similarity of meaning, and then aggregated to form a comprehensive set of 'synthesised findings'. The individual papers that make up the findings are appraised based on study design (downgraded if not qualitative design), dependability (downgraded based on 'no' or 'unclear' answers to five appraisal questions) and credibility of results (downgraded if contain 'credible' findings) to determine an overall 'ConQual' score for the synthesised finding (The Joanna Briggs Institute, 2014). Only unequivocal and credible findings were analysed further for this review.

As the questions we are asking in this review require both intervention and qualitative research to answer, the intervention and qualitative data address different aspects of the questions. Data was not pooled together and synthesised as one set of data, as described in the Bayesian method (Pluye & Hong, 2014; The Joanna Briggs Institute, 2014), but rather analysed separately, and brought together to complement and add to the story of the family meal as per the method described by Sandelowski and colleagues (Sandelowski, Voils, & Barroso, 2006). The findings are presented as a narrative, with tables and figures to aid in data presentation where necessary.

4. Results

4.1. Study inclusion

After title, abstract and full text screening 23 papers were included in this review (Fig. 1). Another five articles were located through grey literature and hand-searching of reference lists and an additional four papers were found after re-running the search in 2019. Thirty-two articles were included in this review, 17 qualitative papers, and 15 intervention papers reporting on 9 separate interventions.

4.2. Characteristics of included studies

4.2.1. Intervention studies

The characteristics and results of the intervention studies are presented in detail in Supplementary Table 2. Of the 9 interventions, reported on in 15 articles, four were randomised controlled trials (Byrd-Bredbenner et al., 2017; DeBar et al., 2012; Fulkerson et al., 2015; Morgan et al., 2014), three were cluster randomised controlled trials (Haines et al., 2013; Rosenkranz, Behrens, & Dzewaltowski, 2010; Wyse et al., 2012) and two were quasi-experimental trials (Sharma et al., 2016; Tucker, DeFrang, Orth, Wakefield, & Howard, 2019). Four interventions targeted parents (Byrd-Bredbenner et al., 2017; Haines et al., 2013; Tucker et al., 2019; Wyse et al., 2012), two targeted children (with some parent involvement) (DeBar et al., 2012; Rosenkranz et al., 2010) and three targeted both parents and children (Fulkerson et al., 2015; Morgan et al., 2014; Sharma et al., 2016).

Interventions ranged in duration, with the shortest running for four weeks (Wyse et al., 2012), the longest 10 months (Flattum et al., 2015). Two were delivered remotely (Byrd-Bredbenner et al., 2017; Wyse et al., 2012) and the remaining seven were delivered face-to-face. Four were delivered individually (Haines et al., 2013; Sharma et al., 2016; Tucker et al., 2019; Wyse et al., 2012) and the remainder in a group setting. The interventions targeted either one, two, or all three different components of the family meal (frequency, environment, nutritional quality). Family meal frequency was targeted by eight of the nine interventions (Byrd-Bredbenner et al., 2017; DeBar et al., 2012; Fulkerson et al., 2015; Haines et al., 2013; Morgan et al., 2014; Rosenkranz et al., 2010; Sharma et al., 2016; Tucker et al., 2019), family meal environment by five (Byrd-Bredbenner et al., 2017; Haines et al., 2013; Rosenkranz et al., 2010; Sharma et al., 2016; Wyse et al., 2012) and family meal quality by three (Fulkerson et al., 2015; Rosenkranz et al., 2010; Sharma et al., 2016). There were a range of other targets not involving the family meal involved in the interventions (see Supplementary Table 2 for further information). Interestingly, all nine interventions measured frequency of the family meal, regardless of whether it was a target strategy of the intervention (e.g. did not promote or provide content on this component of the family meal), however not all measured or reported between group differences for this outcome. Conversely, some interventions that targeted other components of the family meal, such as environment, in their intervention did not measure or report between group differences for this outcome either.

4.2.2. Qualitative studies

Across the 17 qualitative studies, 13 used interviews and four used focus groups (Fulkerson et al., 2011; Malhotra et al., 2013; Martinasek et al., 2010; Quick, Fiese, Anderson, Koester, & Marlin, 2011). Thirteen were conducted with parents, three were conducted with children and parents (two together (Alm & Olsen, 2017; Alm, Olsen, & Honkanen, 2015), one separately (Skeer, Sonneville, Deshpande, Goodridge, & Folta, 2018)) and one with just children (Quarmby & Dagkas, 2013). See Supplementary Table 3 for further information on study characteristics of qualitative papers.

4.3. Methodological quality

The included studies were assessed for methodological quality by the JBI critical appraisal tools. Appraisal of the intervention studies indicated true randomisation and similar participant characteristics at baseline for most, however studies were mixed with reporting blinding of assessors, reliability of measures, intention to treat analysis and post-assignment attrition. Appraisal of the qualitative studies indicated a general lack of reporting, some lack of clarity around philosophical underpinnings and methodology, and in several studies, an inability to determine adequate participant representation.

4.4. Findings of the review

4.4.1. Intervention studies

Table 1 provides a summary of the included interventions and their effect on family meal and secondary outcomes. Only two of the included interventions found a statistically significant difference between control and intervention groups for family meal outcomes. DeBar and colleagues five month primary-care based intervention for adolescent females reported a decrease in the frequency of the family meal from baseline to 12 month follow-up for both the control and intervention group, with intervention participants decreasing less (-0.34) than those in the control group (-1.05) ($p < 0.028$) (DeBar et al., 2012). Sharma and colleagues' intervention involved distributing vegetables weekly to their participants for eight weeks in fall and eight weeks in spring, and reported a significant difference, favouring intervention participants, in the amount of vegetables served to children at the family meal (0.37, 95% CI = 0.22, 0.45), compared with controls (0.11, 95% CI = -0.14, 0.03) ($p = 0.028$) post-intervention (Sharma et al., 2016). This intervention also found a statistically significant increase in fruit intake for both parents and children, and an increase in vegetable intake and decrease in added sugar intake for children in the intervention group compared with controls (Sharma et al., 2016).

While eight interventions targeted family meal frequency, and all nine measured outcomes of family meal frequency, only six interventions measured and reported on family meal frequency differences between intervention and control groups. Of these six only Debar et al. found a statistically significant difference between the groups (DeBar et al., 2012). The other interventions reported slight differences in family meal frequency between control and intervention groups, four favouring the intervention group (Byrd-Bredbenner et al., 2017; Haines et al., 2013; Tucker et al., 2019; Wyse et al., 2012) and one favouring the control group (Rosenkranz et al., 2010). Other studies reported between group differences for family meal planning, technology use at family meals (or rules about technology use), location of the family meal, vegetables served at the family meal and the emotional environment of the family meal. While these results mostly favoured the intervention group, no others, except Sharma et al. reported statistically significant findings (Sharma et al., 2016).

While there were some positive, statistically significant differences in secondary outcomes between control and intervention participants, such as child and parent BMI, child and parent nutrition quality, child mental health and parent physical health, we cannot attribute these changes in secondary outcomes to changes in the family meal. This is because included interventions targeted the family meal as one of many (in some cases up to ten) different target strategies, and there was a lack of statistically significant differences between control and intervention groups measuring family meal outcomes. This limits our ability to determine whether specific family meal interventions impact the health and wellbeing of families participating in them. There was only one included study that did exclusively target the family meal, a girl scout education, goal setting and activities-based intervention focussed on promoting the family meal (Rosenkranz et al., 2010). This study did not find any significant differences between control and intervention groups in changes to the family meal, however they did report a slightly higher family meal frequency in the control group (12.1 $\pm$ 4.7 for control vs. 10.9 $\pm$ 3.6 for intervention) post intervention, although not found to be statistically significant (Rosenkranz et al., 2010).

4.5. Qualitative studies

The qualitative research in this area presents a unique perspective of the family meal. The 258 credible and unequivocal findings were grouped into 44 categories, which were synthesised further into seven findings, which are presented in Fig. 2 and in narrative form. As can be seen in Supplementary Table 5, all synthesised findings resulted in low or moderate ConQual scores. This was largely due to a lack of statements regarding cultural or theoretical background of researchers or the impact researchers may have had on the research, along with the synthesised findings containing mixtures of both credible and unequivocal findings. See Supplementary Fig. 1 for charts of synthesised findings and Supplementary Table 4 for corresponding numbered findings.

4.5.1. There are many reasons why parents are motivated to have family meals

Across the studies, it was apparent there were many motivators for having the family meal. There was a resounding display across studies that parents felt the family meal provided an opportunity for communication and connection, which they appeared to value highly. Other motivators were that it was a positive experience, it was healthy, protective for children, provided a teaching moment and an opportunity to role model. Some were motivated to have family meals for practical

Table 1
Intervention outcomes summary table.

Study	Intervention	Country	Design	Intervention strategy targets					Intervention outcomes									
				FMF	FME	FMQ	Other	FMF	PRIMARY OUTCOMES				SECONDARY OUTCOMES						
									FME			FMQ	C BMI	C Nut. Qual	C Phys. Hlth	C Men. Hlth	P BMI	P Nut. Qual	P Phys. Hlth
									Tech	Loc	Emo	+Veg							
Rosenkranz et al. (2010)	SNAP	US	CRCT	✓	✓	✓		NS					NS	+I				NS	
DeBar et al. (2012)	PCB multicomponent lifestyle intervention	US	RCT	✓			✓[d]	+I					+I	+I	NS	+I			
Wyse et al. (2012), Fletcher et al. (2013), Wolfenden et al. (2014), Wyse, Wolfenden, & Bisquera (2015)	Healthy Habits	AUS	CRCT		✓		✓[c]	NS	NS					+I					
Haines et al. (2013)	Healthy Habits, Happy Homes	US	CRCT	✓	✓		✓[b]	NS					+I						
Morgan et al. (2014), Lloyd, Lubans, Plotnikoff, & Morgan (2015), Williams et al. (2018)	Healthy Dads Healthy Kids Community RCT	AUS	RCT	✓			✓[c]	N/R				NS	+I	NS	NS		+I	+I	+I
Fulkerson et al. (2015,2018)	HOME Plus	US	RCT	✓		✓	✓[d]	N/R				NS	NS	+I					
Sharma et al. (2016)	Brighter Bites	US	QE	✓	✓	✓	✓[a]	N/R	NS			+I		+I				+I	
Byrd-Bredbenner et al. (2017)	HomeStyles	US	RCT	✓	✓		✓[f]	NS	NS	NS	NS			NS	NS		+I	NS	NS
Tucker et al. (2019)	WAFC Healthy Lifestyles Intervention	US	QE	✓			✓[e]	NS					NS	+I					

US = United states, AUS = Australia.
RCT = randomised controlled trial, CRCT = cluster randomised controlled trial, QE = Quasi-experimental trial.
FM = Family Meal, +ve = positive, FMF = Family Meal Frequency, FME = Family Meal Environment, Tech = technology, Loc = location, Emo = emotional environment, +veg = increased vegetable served, FMQ = Family Meal Quality, Nut. Qual = Nutritional Quality, C = child, P = parent, Phys. Hlth = Physical Health markers (blood pressure, resting hear rate, cholesterol etc.), Men. Hlth = Mental Health markers (body satisfaction, appearance attitudes, happiness scales etc.).
NS = no significant between group difference, I = significant between group difference favouring intervention group, + = positive difference, N/R = no between group difference reported.
[a] 3 other intervention targets.
[b] 4 other intervention targets.
[c] 5 other intervention targets.
[d] 6 other intervention targets.
[e] 7 other intervention targets.
[f] 10 other intervention targets.

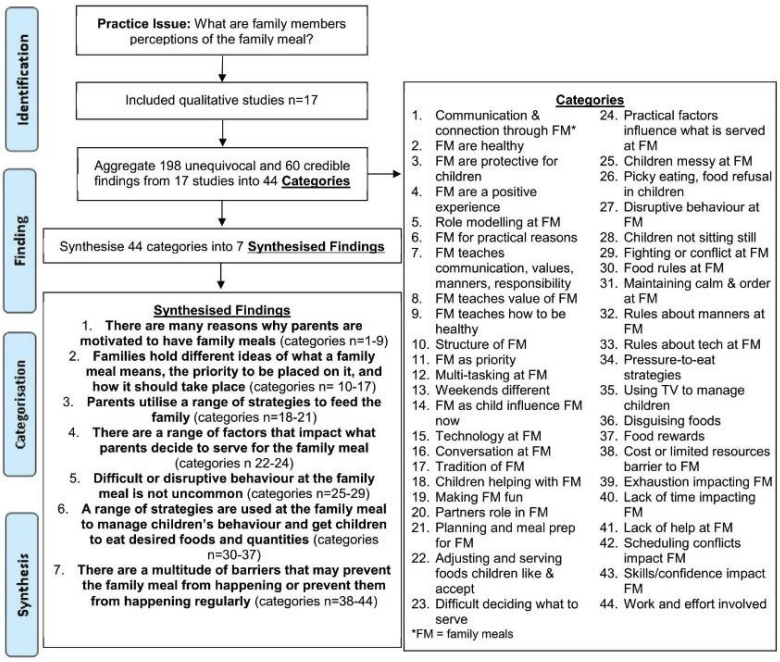

Fig. 2. Flowchart of meta-aggregation of qualitative study findings.

reasons, such as getting the family fed and avoiding going hungry.

4.5.2. Families hold different ideas of what a family meal means, the priority to be placed on it, and how it should take place

The family meal looks different in different households. Participants in these studies described different routines around the structure of the family meal, who was present and where it occurred. Some families had different ways of conversing and using technology at the family meal. Some multi-tasked at the family meal, and it was not uncommon for participants to describe weekday family meals looking different to weekends. Some viewed the family meal as a priority, some tried to maintain tradition with the family meal, and it was apparent for some participants that family meals as a child influenced their family meals now. Some viewed the family meal as a priority, where others multi-tasked at the family meal. It was not uncommon for participants to describe weekday family meals looking different to weekends. It was apparent for some participants that family meals they experienced growing up in their childhood, influenced the family meals they now have as adults with their own children, with some trying to maintain the traditions they grew up with.

4.5.3. Parents utilise a range of strategies to feed the family

In terms of how to bring the family together for the family meal, participants discussed a range of strategies such as getting children involved, partners assisting, and making mealtimes fun and creative. Some utilised planning and other meal preparation tasks to make the process easier.

4.5.4. There are a range of factors that impact what parents decide to serve for the family meal

Many participants described deciding what foods to serve at the family meal was difficult due to conflicting taste preferences and ages of family members. Parents often described adjusting meals and serving foods children will like and accept to avoid conflict and make the process easier. There were other practical factors that influenced what foods were served, such as time, resources and schedules.

4.5.5. Difficult or disruptive behaviour at the family meal is not uncommon

It was not uncommon for parents to describe difficult or disruptive behaviour at the table. Children were described as messy, distracted, not sitting still and fighting with siblings. On top of this, there was picky eating, limited palates and food refusal of children, which could cause conflict at the family meal.

4.5.6. A range of strategies are used at the family meal to manage children's behaviour and get children to eat desired foods and quantities

In order to manage the difficult behaviour of children, their fussy eating and maintain an atmosphere of calm, there were a range of strategies parents utilised. These were things like food rules, rules about manners or behaviour and technology restrictions. Some used television to manage children's behaviour or eating, others disguised or hid food in children's meals in order to get them to eat desired foods without causing conflict. Other parents described purposely using or avoiding pressure-to-eat strategies and food rewards during the family meal to get children to eat desired foods or quantities.

4.5.7. There are a multitude of barriers that may prevent the family meal from happening regularly

While parents are motivated to have the family meal, there are barriers that prevent it from occurring regularly in some households. Common barriers include scheduling conflicts, exhaustion or tiredness, cost or limited resources, lack of time, lack of help, lack of skills or confidence and the amount of work and effort involved in the meal.

5. Discussion

This review aimed to provide a new perspective on the family meal, by investigating the link between the family meal and health and wellbeing outcomes, attempting to determine the aspects of the family meal most likely responsible for these outcomes, and to understand

family members perceptions of the family meal. However, the intervention studies identified for this review do not help us get much closer to answering the question we set out to address: 'what impact does the family meal have on the health and wellbeing of the family?' Only two of the included interventions reported statistically significant results between the control and intervention groups (DeBar et al., 2012; Sharma et al., 2016), the remaining 7 interventions reported no significant differences between groups in regard to family meal outcomes. The qualitative studies provided a different angle of the family meal, with parents most interested in the opportunity for communication and connection through family meals but facing many barriers to achieving them. Methodological quality of included studies was mixed, with most being of sound quality, but some containing issues with reporting and consistency. Specific family meal interventions are needed to understand the link between family meals and health and wellbeing more clearly, and they should be informed by the qualitative literature to make sure they align with parents' priorities and challenges.

5.1. Discussion of key findings

Only two of the included interventions found differences between the control and intervention groups that reached significance (DeBar et al., 2012; Sharma et al., 2016). These two interventions were very different from one another. While they both targeted family meal frequency as part of their intervention, had some parental involvement and lasted between four to five months, one was a randomised controlled trial targeting six other behaviours unrelated to the family meal (DeBar et al., 2012), and the other a quasi-experimental trial targeting three other target behaviours unrelated to the family meal (Sharma et al., 2016). While DeBar and colleagues' (DeBar et al., 2012) reported a significant difference in family meal frequency between groups, it should be noted that intervention participants reported higher use of professional weight management services during the six months prior to the intervention than the control participants. Furthermore, they did not control for any variables, such as this difference in weight management service use, when conducting their analysis, which may limit confidence that the differences were entirely as a result of the intervention, and not as a result of other factors or covariates. While Sharma and colleagues' intervention found a statistically significant difference between vegetables served at the family meal, favouring the intervention group, this intervention involved providing vegetables to intervention participants (Sharma et al., 2016). Therefore, it is not surprising that vegetables served increased across the intervention participants. With no follow-up post intervention to determine sustainability of changes once the vegetables stopped being distributed, we query whether this intervention would be sustainable for families in the long run.

All but one of the included studies that targeted and measured family meal frequency found results favoured intervention participants. However, differences were very small in most cases, and aside from DeBar's study, were not found to be statistically significant. As for the environment and quality of the family meal, aside from Sharma's intervention, no others that targeted and measured this outcome found a significant difference between control and intervention groups. It could be argued that perhaps these studies were not adequately powered to detect a statistically significant difference for our outcomes of interest. All the randomised controlled trials were powered for other outcomes, several had reasonably large sample sizes of between 200 and 700+ participants (Byrd-Bredbenner et al., 2017; DeBar et al., 2012; Sharma et al., 2016; Wyse et al., 2012) but many had sample sizes of less than 200 (Fulkerson et al., 2015; Haines et al., 2013; Morgan et al., 2014; Rosenkranz et al., 2010; Tucker et al., 2019). However, it should be noted that reported differences between control and intervention groups were generally quite small, and thus even a statistically significant difference may not have been clinically meaningful.

Due to the dearth of interventions solely focused on the family meal, we included interventions that had the family meal as one of many target strategies. Having multiple target strategies unrelated to the family meal limited our ability to critically examine the impact interventions have on the family meal, and thus our ability to determine the specific component(s) of the family meal that may be responsible for positive health outcomes. The one included intervention that did exclusively target the family meal (Rosenkranz et al., 2010) did not find statistically significant results between groups, perhaps due to being underpowered to detect significance with a sample size of just 76. This was one of the few interventions that did not actively involve parents, which may also account for the lack of positive, significant change between groups. Although the effect parental involvement has on intervention outcomes is unclear (Hingle, O'Connor, Dave, & Baranowski, 2010), parents play a vital role in structuring children's early experiences with food and influence the social and behavioural aspects of eating (Savage, Fisher, & Birch, 2007). Therefore, their involvement in interventions targeting family meals should be encouraged.

In terms of intervention delivery and content, due to the scarcity of eligible interventions and their heterogeneity, it is unclear what delivery or specific strategies may be used to facilitate the best outcomes for family meal interventions. A systematic review and meta-analysis conducted in 2019 by Dallacker and colleagues identified six components of family meals that may help explain the link between family meal frequency and children's nutritional health (Dallacker, Hertwig, & Mata, 2019). They reported that turning the TV off during meals, parental modelling of healthy eating behaviours, higher food quality, positive mealtime atmosphere, involvement of children in meal preparation and longer meal duration were all possible explanations for how family meals foster nutritional health. Across the interventions included in the present review, limiting TV during meals, parental modelling, higher food quality and positive mealtime atmosphere were targeted, however there were no clear patterns or indications as to which of these may be responsible for health or wellbeing changes in children. However, it does appear that targeting more than just the frequency of the family meal is warranted. Future interventions would benefit from utilising a range of strategies targeting the family meal, such as the environment, use of technology, quality of food served and parental role-modelling.

The results of this review sit in contrast with the results of Dwyer and colleagues' review. Four of the six interventions included in the Dwyer review reported significant results, compared with two of the eight included in this review. This is explained by the difference in interventions included in this review compared with Dwyer's review, with only DeBar and colleagues' (DeBar et al., 2012) intervention included in both. Dwyer's review included pilot studies, those not specifically targeting the family meal, conducted prior to 2008 or without an active control group (Dwyer et al., 2015), which did not fit the eligibility criteria for this review. Additionally, many of the interventions included in this review were published after Dwyer's review was conducted, or were conducted outside of the United States, which sat outside of their eligibility criteria (Dwyer et al., 2015).

The qualitative literature included in this review provides a difference in priorities compared with those demonstrated by the intervention studies. Where interventions were focused on improving the frequency, and in some cases environment, location and nutritional quality of the family meal, according to the reviewed qualitative studies, families are most focused on the opportunity for communication and connection that the family meal offers. Parents are motivated by a range of factors, but nutritional and physical health do not tend to be the main priorities. Parents also face a range of barriers to the family meal that interventions have not addressed, such as lack of time, scheduling issues, picky eating and high stress at mealtimes. Families try to have the family meal regularly but must contend with a range of factors that impact both the time, atmosphere, environment and nutritional quality of the family meal. Interventions that exclusively target the frequency or nutritional quality of the family meal are not only

missing the mark in terms of what parents are aiming for, but they also do not help support families in achieving either of these goals against the barriers they are facing.

5.2. Methodological quality of included studies

The methodological quality of both the intervention and qualitative papers included in this review was mixed. Intervention studies were strengthened by the use of true randomisation and blinding of outcome assessors where possible. However, the lack of studies reporting reliability of tools used to measure outcomes, and the use of self-report measures means measures may not have been reliable, and social desirability or reporting bias may have been introduced to results (potentially resulting in more favourable results). There appeared to be a lack of investigation into post-assignment attrition by some authors (DeBar et al., 2012; Haines et al., 2013; Wyse et al., 2012), which presents a threat to the internal validity of the studies.

Only three of the included qualitative studies located the researcher culturally or theoretically within the research (Berge et al., 2019; Loth et al., 2019; Momin, Chung, & Olson, 2014) and none addressed or acknowledged the impact the researcher, through assumptions, influence or bias, may have had on the research. Some only presented themes that were brought up by majority of participants (Berge, Hoppmann, Hanson, & Neumark-Sztainer, 2013; Trofholz et al., 2018), there was a lack of identifying information against participant quotes in others (Fulkerson et al., 2011; Malhotra et al., 2013; Martinasek et al., 2010; Momin et al., 2014), and some only included limited participant quotations (Quick et al., 2011, Quarmby & Dagkas, 2013), which brings into question the adequacy of participant representation across these studies. This inconsistency and lack of reporting resulted in low ConQual scores for the synthesised findings. There is also the risk of self-selection bias and social desirability bias to occur in this type of research (individuals self-select to participate because they are already highly motivated or interested in the topic, and participants only sharing views which are socially acceptable), which was not captured by the appraisal tool.

5.3. Strengths and limitations of this review

This review has strength in its mixed-papers method. As mixed-papers reviews are an emerging methodology, we followed both the JBI and PRISMA guidelines. The search was thorough, employed across five databases, along with grey database Trove (to identify any published papers not picked up in the other databases) and scanning of reference lists of included papers and other relevant reviews, in order to identify as many relevant articles as possible to address the review objectives. We were able to conduct meta-aggregation on the qualitative studies and provide a valuable narrative synthesis of the intervention studies.

While several strategies were implemented to ensure rigour and reliability, there are inevitably limitations to this review. As this review is restricted to studies published in English, the generalisability of findings may be limited. Even though study quality was varied, all studies were included regardless of appraisal. The synthesised findings of the qualitative papers were assigned low ConQual scores. However, these values are not necessarily representative or indicative of the quality of findings across papers, as if even one paper scores poorly, it will bring down the entire score of the finding.

5.4. Recommendations for research

While the intervention outcomes are not overwhelmingly positive, this does not mean that family meal interventions are not working or do not improve health and wellbeing outcomes. The results of this review indicate that there is further work to be done in this area, with more targeted and sustainable intervention designs, informed by the qualitative literature, and standardised measures of the family meal that can adequately capture the changes, nuances and importance of the family meal. Without further research that addresses these areas, we will not be able to adequately explore the relationship between family meals and health. Further research that addresses these areas should be conducted in order to enrich the existing evidence on the relationship between family meals and health so we can continue to promote the family meal as a health and wellbeing strategy with confidence.

6. Conclusion

Overall the intervention studies did not provide the answers to the causality between family meals and health and wellbeing outcomes for families. Qualitative evidence tells us parents are motivated to have the family meal, but are discouraged by the chaotic atmosphere, mess and stress that can ensue, and are up against many barriers just to get food on the table. If we are to truly understand the impact the family meal has on health, we need to directly target interventions to the family meal. We also need to include strategies that focus on communication and connection, improving harmony at mealtime, making the processes easier, sustainable and less stressful, and consider the many barriers (internal, external and structural) that families face when coming together for the family meal.

Declaration of competing interest

None.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.appet.2020.104725.

Author contributions

GM developed the review topic, questions and review protocol, identified search terms, conducted the literature searches, extracted and synthesised the data and prepared the manuscript under the supervision of JC, KP and RG. FLM was involved in the screening and appraisal of studies and checking data extraction. JC, KP, RG and FLM were involved in the editing of the manuscript. All authors have approved the final article.

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Ethical statement

Ethics approval was not required for this research, as it is a review of existing literature, therefore original studies would have to have sought ethical approval.

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Appendix 3 Systematic literature review search strategy example

	Medline search (run 20/08/2018, re-run 03/06/2019)
1	Family/ or parent-child relations/ or parenting/ or nuclear family/ or fathers/ or mothers/ or single parent/ or single-parent family/
2	(family* or families or parent* or mother* or father* or dad* or mum* or mom* or child* or adolescen*).tw,kf.
3	1 or 2
4	Meals/
5	(meal* or dinner*).tw,kf.
6	4 or 5
7	(randomized controlled trial or controlled clinical trial or clinical study).pt. or clinical trials as topic/ or (“randomized control*” or “randomised control” or experiment* or intervention* or program*).tw,kf.
8	Focus groups/ or interviews as topic/ or (qualitative* or interview* or “focus group*”).tw,kf.
9	6 or 7
10	3 and 6 and 9
11	Limit 10 to english language

Appendix 4 Systematic literature review study characteristics of intervention studies

INTERVENTION	SAMPLE	DESIGN	CONTENT	OUTCOMES	INTERVENTION EFFECTS	
					PRIMARY OUTCOMES BETWEEN GROUP DIFFERENCE	SECONDARY OUTCOMES BETWEEN GROUP DIFFFERENCE
Title: Scouting Nutrition & Activity Program (SNAP) **Authors/year:** Rosenkranz et al. 2010 (214) **Country:** United States	**Participants:** n=76 children (10.5±1.2 y/o, 100% female) **I:** BL n=34, PI n=33 **C:** BL n=42, PI n=39 **Recruitment:** Troops self-registered	**Study design:** C-RCT (nested cohort design) **Intervention duration:** 6 months **Study duration:** 6 months **Mode of delivery:** Group in-person at weekly or bi-monthly troop meetings **Measures collected:** BL, 6Mths (PI) **Analysis:** general linear model (PROC MIXED)	**Intervention group:** 8 educational modules, target behaviours, goal setting, self-monitoring, PA session, recipe prep, FM role-playing, take-home assignment. **FM specific intervention component(s):** Eat together as family often Changes to food at family meal Changes to family meal environment **Other intervention component(s):** Nil **Control group:** Regular Troop meetings with no change of content	**Primary outcomes:** Frequency *(parent survey)* **Secondary outcomes:** Weight status *(measured onsite)* Dietary quality *(survey)*	**FREQUENCY** **Family meals/week[a] mean (SD)** PI: I=10.9 (3.6), C=12.1 (4.7) **NS**	**WEIGHT STATUS** **Child BMI Z-Score mean (SD)** PI: I=0.55 (0.94), C=0.36 (0.74) **NS** **Parent BMI mean (SD)** PI: I=29.5 (6.9), C=30.0 (7.5) **NS** **DIETARY QUALITY** **Child FV serves/day mean (SD)** PI: I=4.9 (1.7), C=3.7 (1.8) ***p*=<0.05** **Child SSB/week mean (SD)** PI: I=2.3 (2.4), C=2.2 (2.4) **NS** **Parent FV serves/day mean (SD)** PI: I=4.4 (1.6), C=4.4 (1.5) **NS** **Parent SSB/week mean (SD)** PI: I=2.0 (2.6), C=2.4 (2.8) **NS**
Title: Primary-Care Based, Multicomponent Lifestyle Intervention for Overweight Adolescent Females **Authors/year:** DeBar et al. 2012 (197)	**Participants:** n=208 adolescents (14.1±1.4 y/o, 100% female) **I:** BL n=105, PI n=100 **C:** BL n=103, PI n=95 **Recruitment:** Conducted within a larger health maintenance	**Study design:** RCT **Intervention duration:** 5 months **Study duration:** 18 months **Mode of delivery:** Group in-person weekly for 3mths, bi-weekly for 2mths, two individual sessions	**Intervention group:** Weighed and reviewed dietary & PA self-monitoring records, educational sessions, behavioural target selection. Parents invited to separate meetings. **FM specific intervention component(s):** Eat together as a family often **Other intervention component(s):** Discretionary foods/drinks	**Primary outcomes:** Frequency *(child survey)* **Secondary outcomes:** Weight status *(obtained at clinic)* Dietary quality *(24-hour*	**FREQUENCY** **Family meals/week[b] mean (SD)** BL: I=3.85 (2.55), C=4.34 (2.51) PI: I=3.76 (2.55), C=3.23 (2.57), FU(12M): I=3.51 (2.60), C=3.29 (2.49) - Group x time ***p*=0.028**	**WEIGHT STATUS** **BMI z-score mean (SD)** BL: I=2.00 (0.34), C=2.00 (0.33) PI: I=1.88 (0.41), C=1.94 (0.38) FU(12M): C=1.92 (0.39), I=1.85 (0.46) – Group x time ***p*=0.012**, Cohen's *d*=-0.18 **DIETARY QUALITY** **Fast-food times/wk mean (SD)** BL: I=1.17 (1.06), C=1.27 (1.12) PI: I=1.18 (1.32), C=1.08 (1.17) FU(12M): I=1.00 (1.01), C=1.55 (1.39) – Group x time ***p*=0.021** **PSYCHOSOCIAL**

Country: United States	organisation, referred via paediatric primary care providers and posters in clinics	with Primary Care Provider (PCP). **Measures collected:** BL, 6Mths, 12Mths, 18Mths **Analysis:** Generalised estimating equations	Portion sizes Fruit and vegetable intake Other healthy food intake TV practices Culinary skills **Control group:** Packet of materials and met with PCPs to encourage changes, no tailored patient assessment summaries or follow-up.	*telephone dietary recall)* Biochemical (blood *samples)* Psychosocial *(survey)*		**Body satisfaction mean (SD)** BL: I=2.50 (0.64), C=2.54 (0.67) PI: I=2.83 (0.75),C=2.75 (0.74) FU(12M): I=2.93 (0.66), C=2.74 (0.74) – Group x Time ***p*=0.026** **Appearance attitudes mean (SD)** BL: I=3.03 (0.98), C=2.89 (0.95) PI: I=2.36 (1.09), C=2.50 (1.02) FU(12M): I=2.18 (0.93), C=2.43 (0.96) – Group x time ***p*=0.019** **NS** diff b/w groups for kcal/day, %cal from fat or biochemical measures
Title: Healthy Habits **Authors/year:** Wyse et al. 2012 (215) Fletcher et al. 2013 (220) Wolfenden et al. 2014 (221) Wyse et al. 2015 (222) **Country:** Australia	**Participants:** n=394 parents (35.7±5 y/o, 96% mothers) and children (4.3±0.6 y/o, 48% female) **I:** BL n=208, PI n=174 **C:** BL n=186, PI n=169 **Recruitment:** Recruited through preschools within 4 Local Government Areas of the Hunter region of NSW	**Study design:** C-RCT **Intervention duration:** 4 weeks **Study duration:** 18 months **Mode of delivery:** 4 phone calls over 4 weeks **Measures collected:** BL, 2Mths, 6Mths, 12Mths, 18Mths **Analysis:** Linear regression	**Intervention group:** Guidebook, meal planner, cookbooks, goal setting, self-monitoring, intention formation, using prompts/ cues, review goals. **FM specific intervention component(s):** Changes to family meal environment **Other intervention component(s):** Discretionary foods/drinks Healthy food availability Fruit and vegetable intake Positive feeding practices **Control group:** Received AGHE	**Primary outcomes:** Frequency *(Healthy Home Survey item)* Environment *(survey)* TV use *(Healthy Home Survey item)* **Secondary outcomes:** Dietary quality *(Children's Dietary Questionnaire)*	**FREQUENCY** **Eating together as family daily n(%)** PI: I=108(60), C=109(61) **NS** FU(12M): I=104(63), C=99(61) **NS** **ENVIRONMENT** **TV USE AT FM** **Eating dinner in front of TV/wk n(%)** PI: I=91(51), C=89(49) **NS** FU(12M): I=77(48), C=77(48) **NS**	**DIETARY QUALITY** **Fruit and vegetable subscale scores mean±SEM** BL: I=15.0±0.3, C=14.5±0.4 PI: I=17.0±0.3, C=15.4±0.3 Regression coefficient (95% CI) =1.28 (0.54, 2.03) ***p*=<0.001** FU(6M): I=17.0±0.3, C=15.9±0.3 Regression coefficient (95%CI) =0.80 (0.12, 1.49) ***p*=0.021** FU(12M): I=16.8±0.3, C=14.9±0.4 Regression coefficient (95% CI) =1.61 (9.88, 2.33) ***p*=<0.001** FU(18M): I=16.9±0.3, C=16.0±0.4 Regression coefficient (95%) =0.51 (-0.17, 1.18) **NS** **NCF subscale scores mean±SEM** BL: I=2.48±0.08, C=2.59±0.08 PI: I=2.24±0.07, C=2.57±0.11, ***p*=<0.01** FU(6M): I=2.29±0.09, C=2.47±0.10 **NS**
Title: Healthy Habits, Happy Homes **Authors/year:** Haines et al. 2013 (216) **Country:** United States	**Participants:** n=121 children-parent dyads (4±1.1 y/o 48% female, 49% DP) **I:** BL n=62, PI n=55	**Study design:** RCT (randomised in stratified blocks) **Intervention duration:** 6 months **Study duration:** 6 months	**Intervention group:** 4 motivational coaching home visits, 4 health coaching phone calls, mailed educational materials and incentives, weekly text messages. **FM specific intervention component(s):** Eat together as a family often	**Primary outcomes:** Frequency *(survey)* **Secondary outcomes:** Weight status *(measured*	**FREQUENCY** **Family meals/week[b] mean(SD)** I: BL=6.1 (2.16), PI=5.87 (2.29) Change=-0.23 (2.66) C: BL=6.54 (1.84), PI=6.03 (2.12) Change =-0.52 (2.53) Difference β=0.29 (95% CI; 0.69,1.27) **NS**	**WEIGHT STATUS** **Child BMI mean(SD)** I: BL=17.34 (2.11), FU=17.16 (1.99), Change=-0.18 (0.98) C: BL=17.35 (2.73), FU=17.57 (3.22), Change=0.21 (1.07) Difference β=-0.17 (95% CI; -0.40,0.07) ***p*=0.05**

	C: n=59, PI n=56 **Recruitment:** Families recruited from 4 community health centres serving primarily low-income and racial/ethnic minority families	**Mode of delivery:** Individual in the home by health educators **Measures collected:** BL, 6Mths **Analysis:** Linear regression	Promote positive family mealtimes **Other intervention component(s):** Healthy food availability Other healthy food intake TV practices Sleep practices **Control group:** Educational packages	*by trained RA)*		
Title: Healthy Dads Healthy Kids Community RCT **Authors/year:** Morgan et al. 2014 (211) Lloyd et al. 2015 (223) Williams et al. 2018 (224) **Country:** Australia	**Participants:** n=93 fathers (40.3±5.3 y/o) and children (8.1±2.1 y/o, 45% female) **I:** BL n=47, PI n=38 **C:** BL n=46, PI n=40 **Recruitment:** Recruited from 2 local government areas through school newsletters, presentations, interactions with parents, local media, fliers	**Study design:** RCT **Intervention duration:** 7 weeks **Study duration:** 14 weeks **Mode of delivery:** Group in-person weekly sessions (4 fathers only, 3 fathers + kids) conducted in local schools delivered by PE teachers who completed training course **Measures collected:** BL, 14wks	**Intervention group:** Educational sessions focusing on different targets (weight loss, PA etc.), monitoring tasks, program and homework activities, PA and healthy eating tasks, healthy recipes, handbooks, logbook. **FM specific intervention component:** Eat together as a family often **Other intervention components:** Other healthy food intake Positive feeding practices TV practices Family time Physical Activity **Control group:** Wait-list control	**Primary outcomes:** Frequency *(survey)* Nutritional quality *(survey)* **Secondary outcomes:** Weight status *(measured onsite)* Diet quality *(Australian Eating Survey, Australian Child and Adolescent Eating Survey)* Biochemical *(measured onsite)*	**FREQUENCY** No between group differences reported for family meal frequency **NUTRITIONAL QUALITY** **Meals with vegetables mean change from BL (95% CI)** C=0.2 (-1.3,1.6), I=-0.2 (-1.7,1.3) Mean diff b/w groups=-0.4 (-2.5,1.7) **NS**	**WEIGHT STATUS** **Mean change from BL (95%CI)** **Fathers weight (Kg)** I=3.3 (-4.3,-2.4), C=0.1 (-0.9,1.0), Mean diff b/w groups=3.4 (-4.7,-2.1), group x time ***p*=<0.001**, *d*=0.24 **Fathers BMI** I=-1.1 (-1.4,-0.8), C=-0.0 (-0.3,0.3) Mean diff b/w groups=-1.0 (-1.5,-0.6), group x time ***p*=<0.001**, *d*=0.26 **Child BMI Z-score** I=-0.18 (-0.26,-0.11), C=-0.08 (-0.15,-0.01), Mean diff b/w groups=0.10 (-0.21,0.00) group x time ***p*=0.05**, *d*=0.10 **DIETARY QUALITY** **Fathers daily energy intake (kJ/day)** I=-2190 (-3108,-1272), C=-234 (-1115,647), Mean diff b/w groups=-1956 (-3228,-685), group x time ***p*=<0.01**, *d*=0.49 **BIOCHEMICAL** **Fathers RHR (b.p.m)** I=-6 (-9,-2), C=1 (-3,4) Mean diff b/w groups=-6 (-11,-2) ***p*=<0.01**, *d*=0.59 **NS** diff b/w groups for child energy intake, or other biochemical measures

Title: HOME Plus **Authors/year:** Fulkerson et al. 2015 (212) Fulkerson et al. 2018 (225) **Country:** United States	**Participants:** n=160 parents (41±7.6 y/o, 95% mothers) and children (10.3±1.4 y/o, 48% female) **I:** BL n=81, PI n=70 **C:** BL n=79, PI n=73 **Recruitment:** Recruited through community centres using fliers, targeted email lists, in-person presentations and discussions	**Study design:** Two-group RCT (staggered-cohort design) **Intervention duration:** 10 months **Study duration:** 21 months **Mode of delivery:** In-person, monthly group sessions for 10 months, 5 goal-setting phone calls. **Measures collected:** BL, 12mths, 21mths **Analysis:** Generalised linear mixed models	**Intervention group:** Guidebook with session topics, strategies to promote behaviour change and study goals, recipes and community resources. All family members invited. **FM specific intervention component:** Eat together as a family often Changes to food at family meal **Other intervention components:** Discretionary foods/drinks Portion sizes Healthy food availability Fruit and vegetable intake Other healthy food intake TV practices **Control group:** Monthly family-focused newsletter with resources for family PA and healthful recipes	**Primary outcomes:** Frequency *(survey)* Quality *(evening meal screener)* FM planning *(survey)* **Secondary outcomes:** Weight status *(self-reported)* Diet quality *(dietary recall interviews)*	**FREQUENCY** Only reported in text 60-70% reported 'frequent' (5>) FM/week at all time points **NUTRITIONAL QUALITY** **FMs with green salad served (Y vs N) log odds (SE)** PI: I=0.99 (0.40), C=0.60 (0.39) OR=1.47 (95% CI;0.40,4.35) **NS** FU(21M):I=0.79(0.41),C=0.53(0.38) OR=1.30 (95% CI;0.44,3.83) **NS** **FMs with fruit served (Y vs N) log odds (SE)** PI: I=1.07 (0.42), C=0.47 (0.39) OR=1.83 (95% CI;0.60,5.59) **NS** FU(21M): I=-0.01 (0.40) C=0.36 (0.39) OR=0.69 (95% CI;0.24,2.03) **NS** FU(21M):I=34.7(0.60),C=34.1(0.59) Difference=0.54 (95% CI;-1.11,2.19) **NS**	**WEIGHT STATUS** **NS** diff in BMI z-scores b/w treatment groups **DIETARY QUALITY** **Child SSB intake (Y vs N) Log odds (SE)** PI: I=0.66 (0.30), C=1.59 (0.34) OR=0.40 (95% CI;0.17,0.95) ***p*=0.04** FU(21M):I=0.35(0.30),C=0.47(0.29) OR=0.88 (95% CI;0.39,1.98) **NS** **NS** diff b/w group in F/V serves, HEI-2010 score
Title: Brighter Bites **Authors/year:** Sharma et al. 2016 (217) **Country:** United States	**Participants:** n=717 parents (34.28±7.4 y/o, 89.5% female) and children (6.15±0.38 y/o, 48.1% female) **I:** BL n=407, PI n=283 **C:** BL n=310, PI n=222 **Recruitment:** Convenience sample of nine elementary	**Study design:** QE non-randomised controlled comparative effectiveness trial **Intervention duration:** 16 weeks **Study duration:** 16 weeks **Mode of delivery:** Individual in person **Measures collected:** BL, 8wks, 16wks (PI)	**Intervention group:** Weekly distribution of produce to families eight weeks in fall and eight weeks in spring, recipe tastings, nutrition education, handbooks and recipe cards. **FM specific intervention component:** Eat together as a family often Changes to food at family meal Changes to family meal environment	**Primary outcomes:** Frequency *(survey)* Environment *(survey)* Nutritional quality *(survey)* **Secondary outcomes:** Dietary quality *(FFQ, survey)*	**FREQUENCY** No between group differences reported for family meal frequency **Rules re. must eat dinner with family changes from BL (95% CI)** PI: I=0.20(-0.24,0.63),C=0.07(-0.41,0.55), Net changes in I group ORadj=1.13 (0.59,2.16) **NS** **ENVIRONMENT** **Rules re. no watching TV with meals changes from BL (95% CI)** PI: I=0.17 (-0.17,0.50), C=0.08 (-0.31,0.46), Net changes in I group ORadj=1.09 (0.66,1.82) **NS** **NUTRITIONAL QUALITY**	**DIETARY QUALITY** **Only relevant sig. findings reported for child changes from BL to PI (95% CI)** **Fruit (cup/1000kcal/day)** PI: I=0.13 (0.04,0.23), C=-0.01 (-0.12,0.10), Net changes in I group=0.15 (0.003,0.30) ***p=0.046*** **Veg (cup/1000kcal/day)** PI: I=0.09 (0.05,0.14), C=0.03 (-0.01,0.08), Net changes in I group=0.06 (0.0002,0.12) ***p*=0.049** **Added sugar (tsp/1000ckal/day)** PI: I=-0.63 (-0.94,-0.33), C=-0.06 (-0.40,0.29), Net changes in I group=-0.58 (-1.04,-0.11) ***p*=0.014**

	schools recruited over two school years	**Analysis:** Repeated measures mixed models	**Other intervention components:** Healthy food availability Fruit and vegetable intake Other healthy food intake **Control group:** Received coordinated school health program		**Veg served to child at evening meal changes from BL (95% CI)** PI: I=0.37 (0.22,0.53), C=0.11 (-0.06,0.29), Net changes in I group=0.26 (0.03,0.49) ***p*=0.028** **SSB served at evening meal changes from BL (95% CI)** PI: I=-0.19 (-0.26,-0.12), C=-0.009 (-0.18-0.01), Net changes in I group=0.10 (-0.21,0.02) **NS**	**Parent fruit group** PI: I=0.30 (-0.009,0.60), C=-0.29 (-0.64,0.06), Net changes in I group=0.58 (0.12,1.05) ***p*=0.013**
Title: HomeStyles **Authors/year:** Byrd-Bredbenner 2017 (213) **Country:** United States	**Participants:** n=489 parents (32.34±5.71 y/o, 93% mothers, 82% DP) and children (3.84±1.05, 48% female) **I:** BL n=252, PI n=89 **C:** BL n=237, PI n=83 **Recruitment:** Recruited through community	**Study design:** RCT **Intervention duration:** 8 Months **Study duration:** 8 Months **Mode of delivery:** Website **Measures collected:** BL, 2-4Mths, 6-8Mths **Analysis:** ANCOVA	**Intervention group:** 12 instructional guides on key nutrition, PA, or sleep messages, motivational interviewing, goal setting and goal tracking. **FM specific intervention component:** Eat together as a family often Promote positive family mealtimes **Other intervention components:** Discretionary food/drinks Portion sizes Healthy food availability Fruit and vegetable intake Other healthy food intake Positive feeding practices TV practices Family time Sleep practices Physical activity **Control group:** Guides on home safety.	**Primary outcomes:** Frequency *(survey)* Environment *(survey)* FM planning *(survey)* **Secondary outcomes:** Weight status *(self-report)* Health status *(survey)* Dietary quality *(FFQ)*	**FREQUENCY** **FM Freq/week[a] mean (SD)** BL: I=12.13 (4.75), C=12.73 (5.38), PI: I=13.80 (4.11), C=13.73 (5.5), B/W group diff over time **NS** **ENVIRONMENT** **FM in car/week (/7) mean (SD)** BL: I=0.47 (1.22), C=0.40 (0.97) PI: I=0.55 (1.13), C=0.61 (1.00) B/W group diff over time **NS** **FM at dining table/7 mean (SD)** BL: I=5.10 (2.40), C=4.77 (2.57) PI: I=5.97 (1.47), C=5.28 (2.26) B/W group diff over time **NS** **FM in front of TV/7 mean (SD)** BL: I=2.27 (2.58), C=1.73 (2.22) PI: I=1.25 (1.65), C=1.40 (2.07) B/W group diff over time **NS** **Media use at FM/7 mean (SD)** BL: I=1.64 (2.37), C=1.92 (2.62) PI: I=0.79 (1.45), C=1.20 (2.03) B/W group diff over time **NS** **FM emotional environment/5 pt scale (Cα 0.62) mean (SD)** BL: I=4.13 (0.78), C=4.01 (0.94) PI: I=3.87 (0.94), C=4.28 (0.92) B/W group diff over time **NS**	**WEIGHT STATUS** **Parent BMI mean (SD)** BL: I=28.98 (5.40), C=29.0 (7.43) PI: I=26.18 (5.47), C=28.63 (7.15), ORadj=4.14 (95% CI;1.02,16.78) ***p*=0.046** **HEALTH STATUS** **NS** b/w group diff for parent or child health status or SSB serves, parent F/V serves or % total cal from fat, or child F/V juice serves or milk serves
Title: 'We Are For Children' Healthy Lifestyle Intervention **Authors/year:**	**Participants:** n=165 parents and children (3.6±1.0, 56% female) **Study duration:**	**Study design:** QE **Intervention duration:** 6 Months	**Intervention group:** Health behaviour focused physician visits, 4 monthly visits with a registered dietitian covering range of topics.	**Primary outcomes:** Frequency *(FPSQ)* **Secondary outcomes:**	**FREQUENCY** **Family meal setting (child eats with family never-regularly) mean (SD)** BL: I=4.4 (0.6), C=4.4 (0.7) PI: I=4.6 (0.4), C=4.5 (0.67) **NS**	**WEIGHT STATUS** **Child BMI z-score mean (SD)** BL: I=1.71 (0.55), C=1.66 (0.63) PI: I=1.59 (0.68), C=1.60 (0.70) **NS** **DIETARY QUALITY** **FNPA total score mean (SD)**

Tucker et al. 2019 (218) **Country:** United States	**I:** BL n=93, PI n=67 **C:** BL n=72, PI n=60 **Recruitment:** Recruited through participating paediatric clinics	6 Months **Mode of delivery:** In-person **Measures collected:** BL, 6 Months **Analysis:** Two-way repeated measures ANOVA	**FM specific intervention component:** 6 home-cooked meals/week **Other intervention components:** Discretionary food/drinks Fruit and vegetable intake Other healthy food intake Positive feeding practices TV practices Sleep practices Physical activity **Control group:** Regular paediatric visits	Weight status *(assessed at clinic)* Dietary quality *(FNPA screening tool)*	BL: I=64.9 (6.3), C=67.2 (6.6) PI: I=69.5 (5.5), C=67.3 (6.1) ***p*=<0.001*** *however, score was higher in C group at baseline and not adjusted for in analysis

[a] meals per week/21, [b] times family ate together/week (number not specified), BF = breakfast, BL = baseline, b/w = between, C = control, C-RCT = cluster randomised controlled trial, cal = calories, diff. = difference, FFQ = food frequency questionnaire, FNPA = family nutrition and physical activity, FPSQ = feeding practices and structure questionnaire, FV = fruit and vegetables, HEI = healthy eating inventory, I = intervention, M = months, NCF = non-core food, NS = non-significant, OR = odds ratio, PA = physical activity, PI = post-intervention, QE= quasi-experimental, RA = research assistant, RCT = randomised controlled trial, SE = standard error, SD = standard deviation, sig. = significant, SSB = sugar-sweetened beverage, wk = week

Appendix 5 Systematic literature review study characteristics of qualitative studies

STUDY	STUDY DETAILS	STUDY	STUDY DETAILS
Authors/year: Martinasek et al. 2010 (44) **Country:** United States	**Participants:** n=24 mothers (67% White, 58% DP, 100% work ≥20hrs/week) of 8-11 y/o children **Study design:** Focus groups with mothers **Aim:** Explore factors associated with frequency of FM among working mothers with children aged 8-11 years **Context:** Within the Linking work with Community and Family Health: The importance of Family Dinner project (LINK project) **Analysis:** Thematic analysis informed by marketing principles	**Authors/year:** Fulkerson et al. 2011 (70) **Country:** United States	**Participants:** n=20 low-income mothers (43.1±8.3 y/o, 81% White, 60% DP, 78% work FT) of preschool-aged children **Study design:** Focus groups with mothers **Aim:** To learn more about barriers families face regarding FM, gather ideas to guide intervention development **Context:** Convenience sample from urban schools **Analysis:** Thematic analysis approach
Authors/year: Quick et al. 2011(43) **Country:** United States	**Participants:** n=24 parents (36±7.5 y/o, 92% mothers, 58% White) of children <5 y/o **Study design:** Focus groups with parents **Aim:** To understand beliefs and perceptions of preparing and executing FM held by parents **Context:** Recruited via snowball through Family Resiliency Center at a large Midwestern university **Analysis:** Deductive and inductive coding methods	**Authors/year:** Berge et al. 2013 (42) **Country:** United States	**Participants:** n=59 parents (42±8.6 y/o, 64% mothers, 44% African American, 61% DP, 49% work FT, 17% SAH) of teenagers **Study design:** Interviews with parents (61% with both parents) **Aim:** To identify SP and DP perspectives regarding research findings on FM, barriers to applying the findings in own homes, suggestions for helping families have more FM **Context:** Convenience sample of self-selected participants from EAT 2010 (Eating and Activity in Teens) and Families and Eating Activity in Teens (F-EAT) observational cohort studies **Analysis:** Deductive grounded theory analysis
Authors/year: Malhotra et al. 2013 (73) **Country:** United States	**Participants:** n=20 low-income mothers (90% African American, 60% DP) of pre-school aged children **Study design:** Focus groups with parents	**Authors/year:** Momin et al. 2014 (45) **Country:** United States	**Participants:** n=27 mothers (34.7±3.4 y/o, 100% Asian Indian, 37% Work FT, 41% SAH) of 5-10 y/o children **Study design:** Interviews with parent

	Aim: To identify the perceived benefits and challenges of having FM among low-income mothers with pre-school aged children **Context:** Low-income mothers of preschool children already participating in study to understand mothers' feeding decisions **Analysis:** Guided by principles of grounded theory		**Aim:** To understand current practice of child feeding behaviours and underlying factors influencing these practices in Asian Indian mothers **Context:** Purposive sampling from community groups **Analysis:** Thematic analysis
Authors/year: Alm et al. 2015 (71) **Country:** Norway	**Participants:** 12 parent-child dyads Children n=12 (7-8 y/o) Parents n=17 (71% mothers, 100% DP, 71% work FT, 6% SAH) **Study design:** Participant photo interviews with children and parents (29% both parents interviewed) **Aim:** Explore how family-dinner-related communication occurs and how parents' feeding practices might be associated with children's food preferences **Context:** Local community **Analysis:** Deductive, hermeneutic analysis with NVivo 10	**Authors/year:** Quarmby & Dagkas 2015 (79) **Country:** United Kingdom	**Participants:** n=9 low-income adolescents (12±.94 y/o, 44% female, 78% DP) **Study design:** Interviews with adolescent and friend **Aim:** To uncover how young people (re)produce knowledge of health through informal pedagogic contexts such as FM, the extent to which FM are affected by changes in family structure and whether different family structures influence the transmission health-related practices **Context:** Recruited via purposive sampling from schools situated in low SES neighbour hoods **Analysis:** Thematic analysis, deductive and inductive
Authors/year: Berge et al. 2016 (40) **Country:** United States	**Participants:** n=118 socio-economically diverse parents (35±7.5 y/o, 91% mothers, 62% African American, majority SP, 31% work FT, 51% SAH) of children (6-12 y/o, 46% female) **Study design:** Interviews with parent **Aim:** Identify FM-level characteristics within racially/ethnically & socio-economically diverse households with and without overweight children **Context:**	**Authors/year:** Alm & Olsen 2017 (66) **Country:** Norway	**Participants:** 12 parent-child dyads Children n=12 (7-8 y/o, 58% female) Parents n=17 (71% mothers, 100% DP, 71% working FT, 6% SAH) **Study design:** Participant photo interviews with children and parents (29% both parents interviewed) **Aim:** Explore food-related coping strategies that families apply when under time stress, to determine which strategies most likely make FM healthy (or unhealthy) **Context:**

	Family Meals, LIVE! Cross-sectional study, families with and without overweight/obese children who have >3FM/week **Analysis:** Deductive and inductive content analysis		Secondary analysis of Alm et al. 2015 study **Analysis:** Conventional content analysis with NVivo 10
Authors/year: Skeer et al. 2018 (41) **Country:** United States	**Participants:** n=34 parent-child dyads Children n=34 (6-17 y/o, 51% female) Parents n=40 (38±5.0 y/o, 91% mothers, 32.5% white, 54% DP, 33% work FT) **Study design:** Separate interviews with parents and children **Aim:** To explore different dimensions of FM, beyond frequency, that may be important protective factors for youth risk- and weight-related outcomes to examine in quantitative studies **Context:** Recruited at paediatric/adolescent waiting rooms at an academic medical centre in Boston, flyers **Analysis:** Inductive and deductive analysis	**Authors/year:** Berge et al. 2018 (219) **Country:** United States	**Participants:** n=118 parent-child dyads Parents n=118 (35±7.5 y/o, 91% mothers, 62% African American, 45% DP, 31% work FT, 52% SAH) Children n=118 (6-12 y/o, 47% female) **Study design:** Qualitative interview with parents Survey of FMF **Aim:** To qualitatively examine mealtime characteristics identified by parents/guardians having frequent FM **Context:** Family Meals, LIVE!, Cross-sectional study with families who have >3FM/week **Analysis:** Inductive content analysis, comparing families who have frequent FM and those who do not
Authors/year: Trofholz, et al. 2018a (46) **Country:** United States	**Participants:** n=83 low-income mothers (34±6 y/o, 62% African American, 28% work FT, 11% SAH) of 6-12 y/o children **Study design:** Interview with mothers **Aim:** Expand the limited existing research regarding mothers' roles during FM **Context:** Participants from the Family Meals LIVE!: Sibling Edition (SE) ancillary study connected to Family Meals, LIVE! (FML) study 2012-2013, recruited from primary care clinics **Analysis:** Mixed deductive and inductive content analysis approach	**Authors/year:** Trofholz et al. 2018b (80) **Country:** United States	**Participants:** n=150 racially/ethnically diverse and immigrant parents (34±7.1 y/o, 91% mothers, 17% White, African American, Native American, Latino, Hmong and Somali, 63% DP, 42% work FT, 17% SAH) of 5-7 y/o children **Study design:** Interviews with parent **Aim:** To expand knowledge on intergenerational transmission of FM practices with regard to parents' childhood meal experiences **Context:** Data drawn from Phase I of a National Institutes of Health funded study called Family Matters – two-phased, incremental, mixed-methods study examining risk and protective factors for childhood obesity in low-income and minority households **Analysis:**

			Hybrid deductive and inductive content analysis approach
Authors/year: Loth et al. 2019 (155) **Country:** United States	**Participants:** n=40 parents (31.4±1.3 y/o, 73% mothers, 82.5% white, 83% DP, 75% work FT, 1% SAH) of 2-5 y/o children **Study design:** Interview with parents **Aim:** Explore similarities and differences among parents' accounts of prior childhood experiences and current contextual factors around FM **Context:** Participants drawn from Project EAT (who completed Wave 1 1998-99 and Wave 4 2015-16), recruited in randomly selected batches of 20 until theoretical saturation was reached **Analysis:** Hybrid deductive and inductive content analysis approach	**Authors/year:** Berge et al. 2019 (72) **Country:** United States	**Participants:** n= 150 parent/child dyads Parents n= 150 racially/ethnically diverse and immigrant parents (34.5±7.1 y/o, 91% mothers, 18% white, 63% DP, 42% work FT, 17% SAH) of 5-7 y/o children Children n= 150 (6.4±0.8 y/o, 47% female) **Study design:** Interviews with parent **Aim:** To identify qualitative themes regarding parents' perspectives about meal characteristics and meal types that influence FMF **Context:** Data drawn from Phase I of a National Institutes of Health funded study called Family Matters – two-phased, incremental, mixed-methods study examining risk and protective factors for childhood obesity in low-income and minority households **Analysis:** Hybrid deductive and inductive content analysis approach
Authors/year: Schuster et al. 2019 (74) **Country:** United States	**Participants:** n=21 parents (35±6.7 y/o, 95% mothers, 71% white) of children aged 3-11 years **Study design:** Interviews with parents **Aim:** To understand parents' feeding goals, underlying motivations, strategies employed and the environment that challenged or facilitated achievement of these goals **Context:** Participants recruited through local Head Start and Cornell Cooperative Extension programs through flyers, announcements and snowball sampling **Analysis:** Thematic analysis based on the principles of frequency, universality, differentiation and emphasis		

DP = dual-parent, SP = single-parent, FT = full-time, SAH = stay at home, FM = Family meals, FMF = family meal frequency

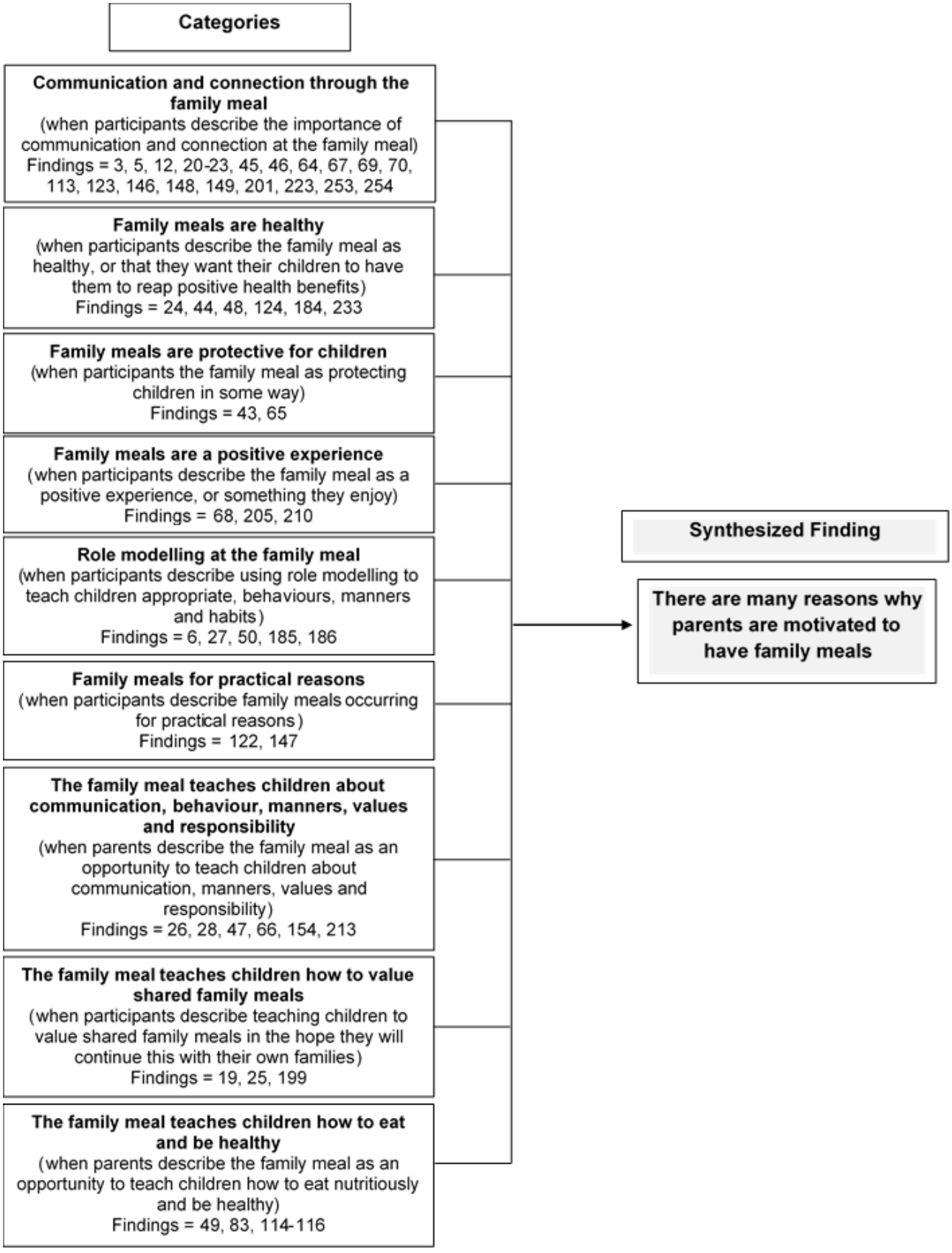
Appendix 6 Systematic literature review appraisal of synthesised qualitative findings

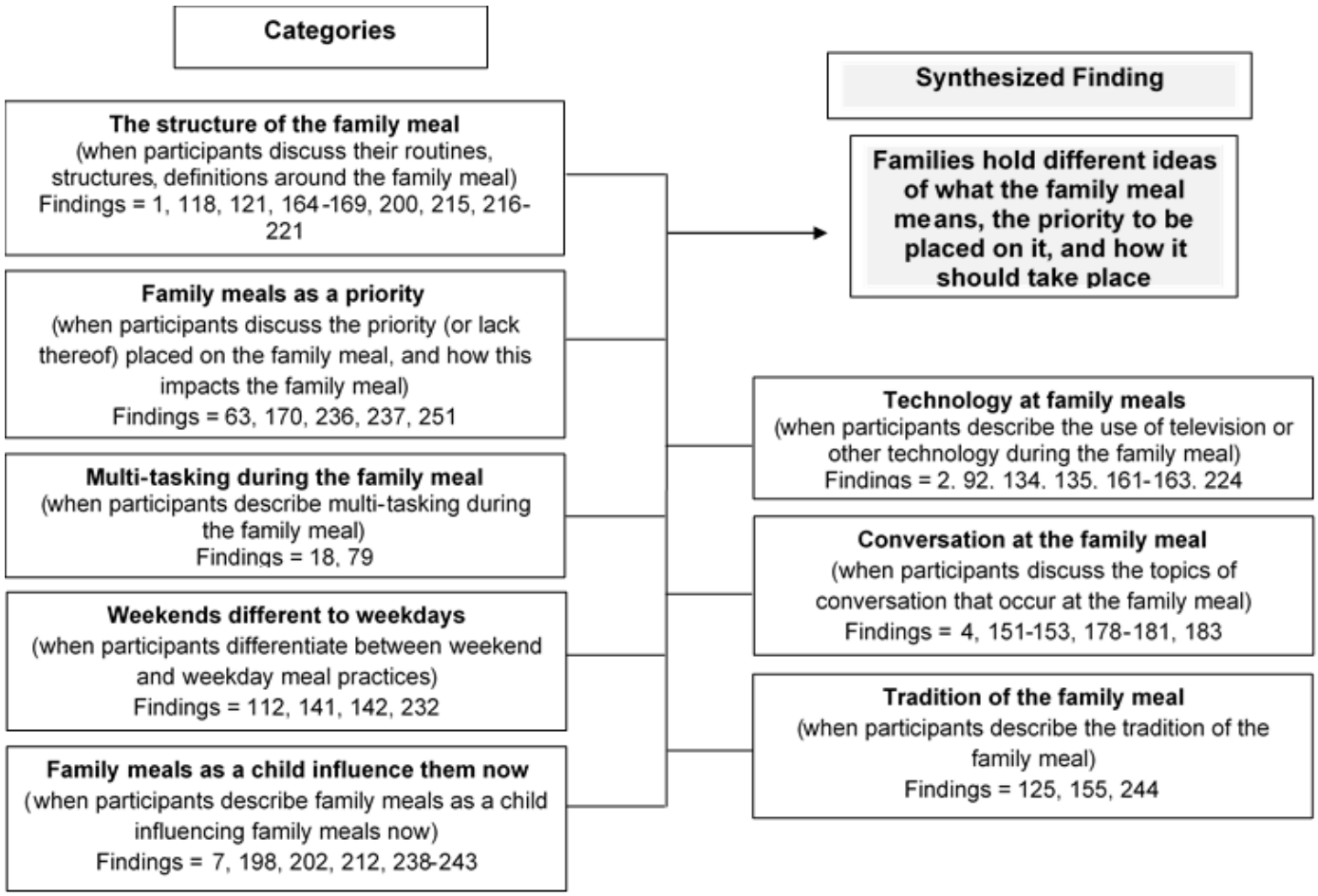
	Type of research	Dependability	Credibility	ConQual Score*
Synthesised finding				
There are many reasons why parents are motivated to have family meals	Qualitative	Downgrade 1 level[i]	Downgrade 1 level[a]	Low
Families hold different ideas of what a family meal means, the priority to be placed on it, and how it should take place	Qualitative	Downgrade 1 level[i]	Downgrade 1 level[a]	Low
Parents utilise a range of strategies to feed the family	Qualitative	Downgrade 1[i]	Downgrade 1 level[a]	Low
There are a range of factors that impact what parents decide to cook for the family meal	Qualitative	No change[ii]	Downgrade 1 level[a]	Moderate
Difficult or disruptive behaviour at the family meal is not uncommon	Qualitative	Downgrade 1 level[i]	Downgrade 1 level[a]	Low
A range of strategies are used at the family meal to manage children's behaviour and get children to eat desired foods and quantities	Qualitative	Downgrade 1 level[i]	Downgrade 1 level[a]	Low
There are a multitude of barriers that may prevent the family meal from happening or prevent them from happening regularly	Qualitative	Downgrade 1 level[i]	Downgrade 1 level[a]	Low

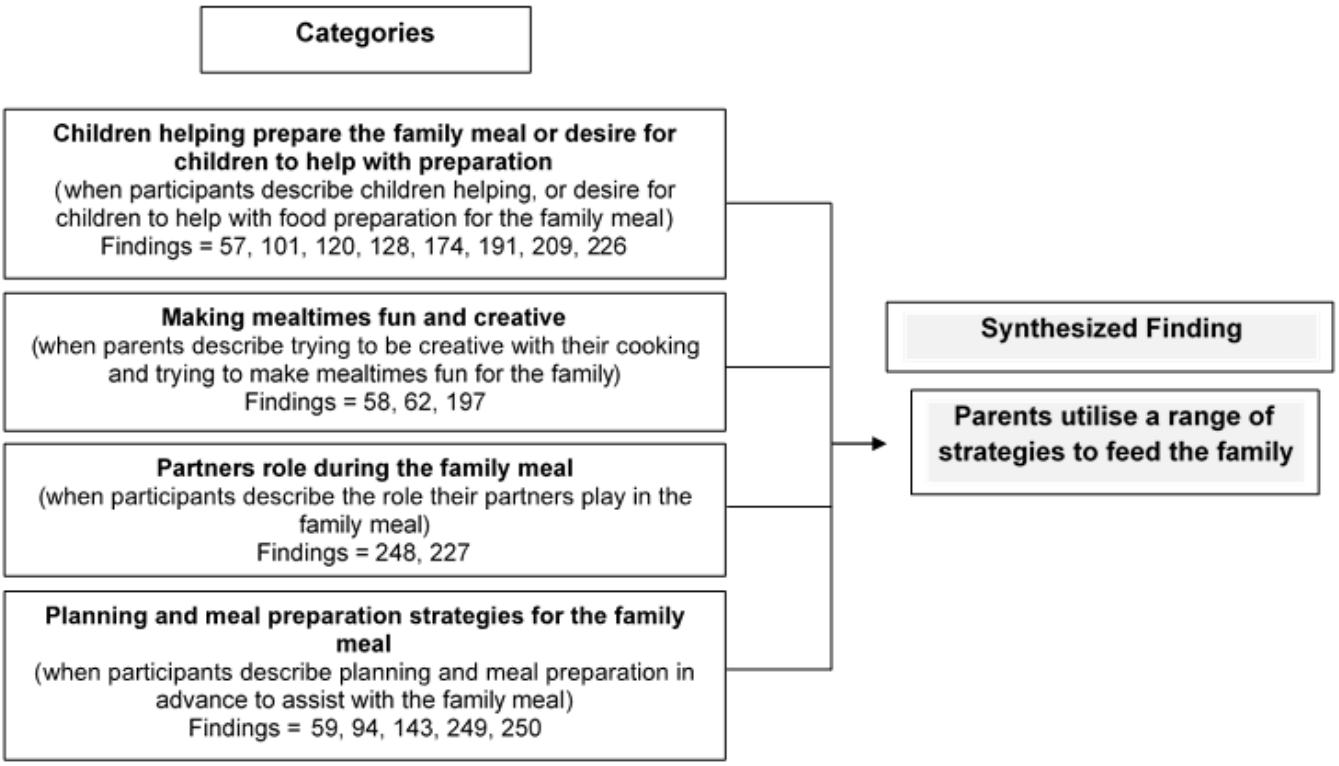
*Possible score ranges from 'High' to 'Very low'

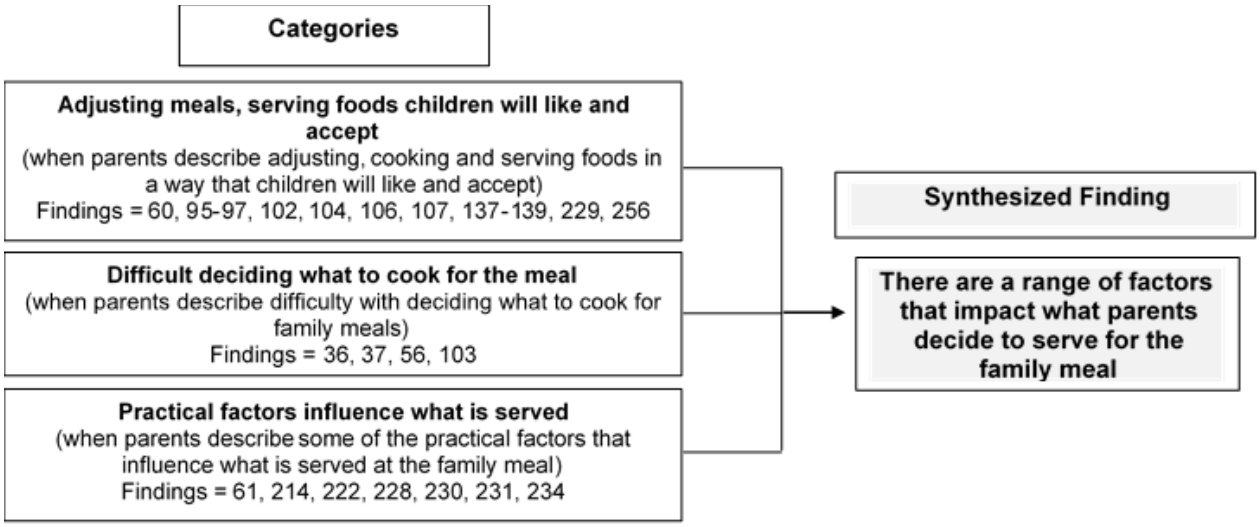
[i]Downgraded 1 level due to the dependability of primary studies as most studies had no or unclear answers for 2-3 questions (primarily lack of statements locating the researcher culturally or theoretically, lack of statements regarding impact researcher had on the research, and in some cases unclear congruence between research methodology and research questions or representation of data)
[ii]No change to dependability score as most studies had less than 3 no or unclear answers
[a]Downgraded 1 level due to a mixture of credible and unequivocal findings

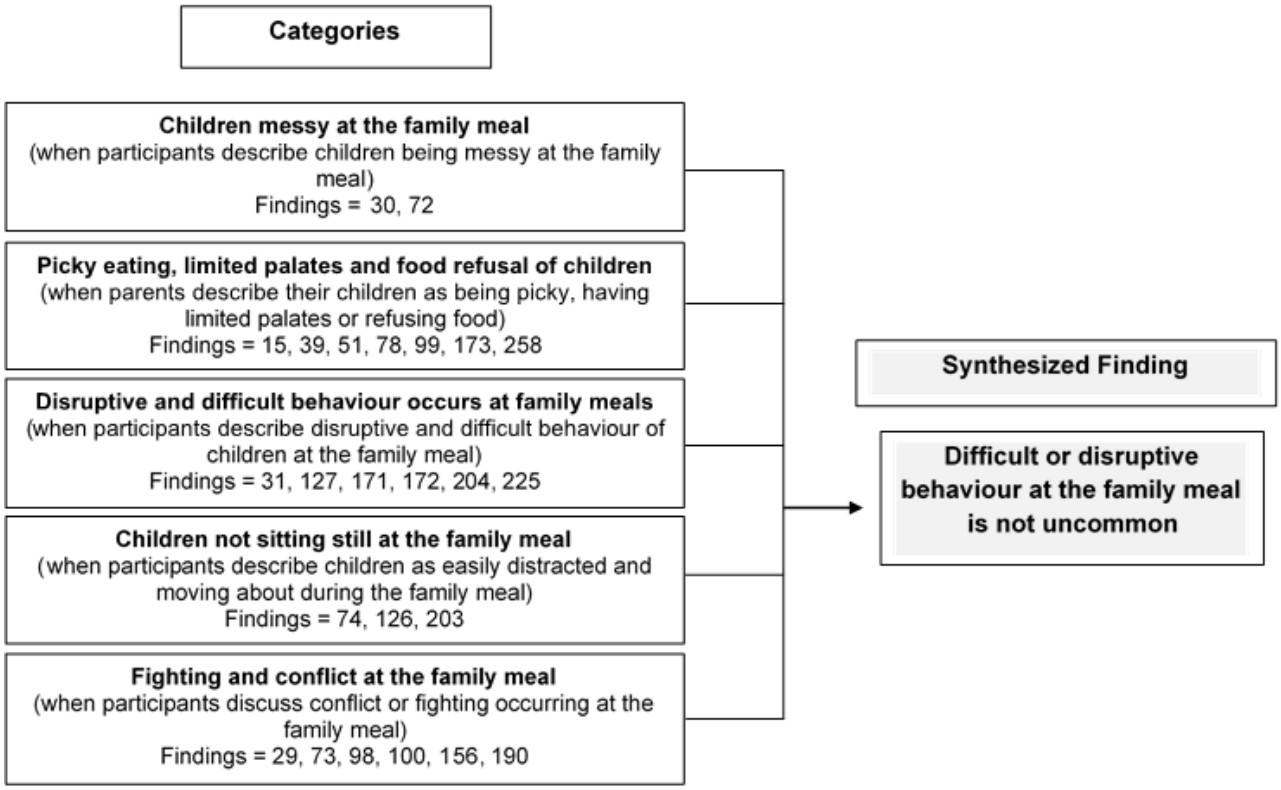
Appendix 7 Charts of synthesised findings and corresponding categories of qualitative studies

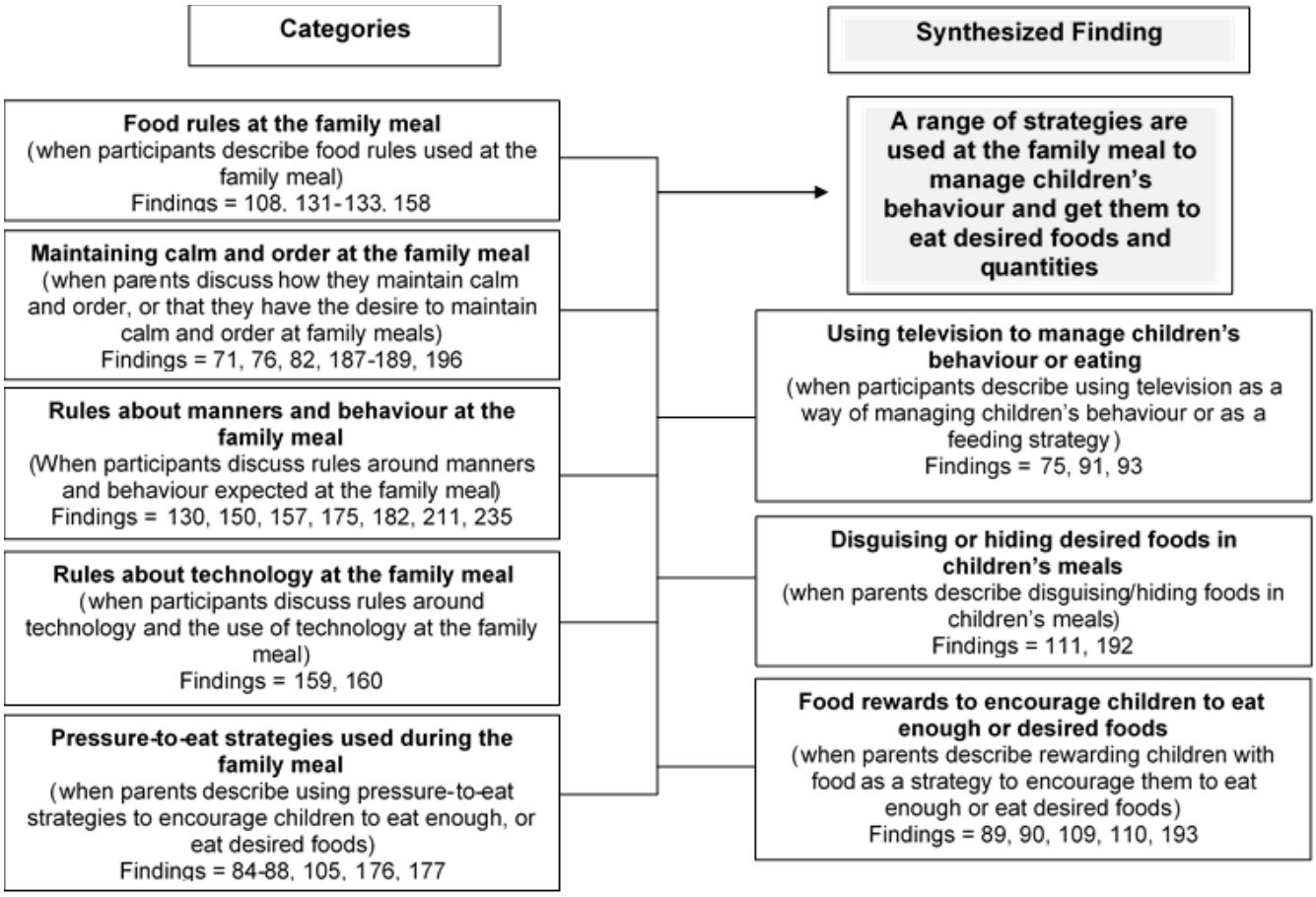


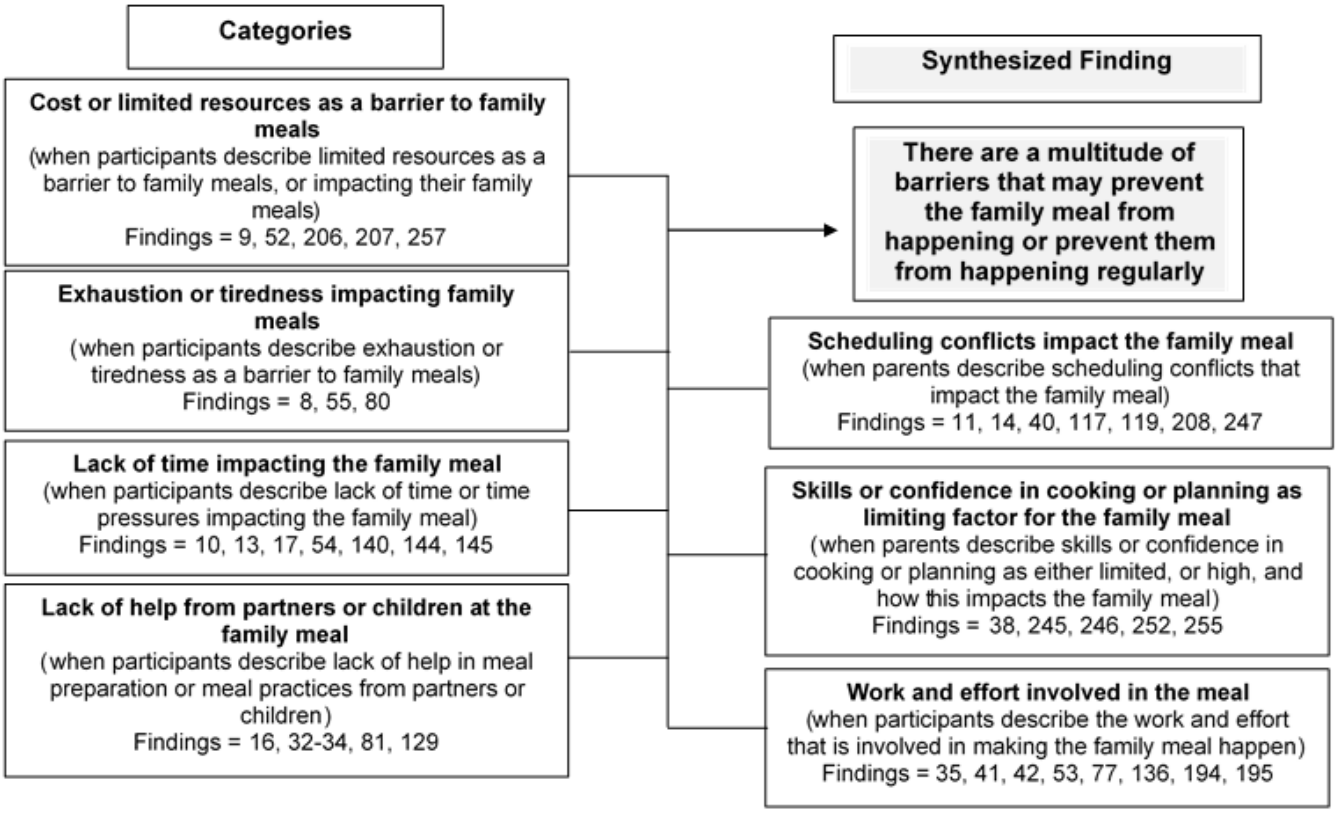

Categories
Synthesized Finding
The structure of the family meal
(when participants discuss their routines, structures, definitions around the family meal)
Findings = 1, 118, 121, 164-169, 200, 215, 216-221
Family meals as a priority
(when participants discuss the priority (or lack thereof) placed on the family meal, and how this impacts the family meal)
Findings = 63, 170, 236, 237, 251
Multi-tasking during the family meal
(when participants describe multi-tasking during the family meal)
Findings = 18, 79
Weekends different to weekdays
(when participants differentiate between weekend and weekday meal practices)
Findings = 112, 141, 142, 232
Family meals as a child influence them now
(when participants describe family meals as a child influencing family meals now)
Findings = 7, 198, 202, 212, 238-243
Families hold different ideas of what the family meal means, the priority to be placed on it, and how it should take place
Technology at family meals
(when participants describe the use of television or other technology during the family meal)
Findings = 2, 92, 134, 135, 161-163, 224
Conversation at the family meal
(when participants discuss the topics of conversation that occur at the family meal)
Findings = 4, 151-153, 178-181, 183
Tradition of the family meal
(when participants describe the tradition of the family meal)
Findings = 125, 155, 244


Categories
Synthesized Finding
Children helping prepare the family meal or desire for children to help with preparation
(when participants describe children helping, or desire for children to help with food preparation for the family meal)
Findings = 57, 101, 120, 128, 174, 191, 209, 226
Making mealtimes fun and creative
(when parents describe trying to be creative with their cooking and trying to make mealtimes fun for the family)
Findings = 58, 62, 197
Partners role during the family meal
(when participants describe the role their partners play in the family meal)
Findings = 248, 227
Planning and meal preparation strategies for the family meal
(when participants describe planning and meal preparation in advance to assist with the family meal)
Findings = 59, 94, 143, 249, 250
Parents utilise a range of strategies to feed the family


Categories
Adjusting meals, serving foods children will like and accept
(when parents describe adjusting, cooking and serving foods in a way that children will like and accept)
Findings = 60, 95-97, 102, 104, 106, 107, 137-139, 229, 256
Difficult deciding what to cook for the meal
(when parents describe difficulty with deciding what to cook for family meals)
Findings = 36, 37, 56, 103
Practical factors influence what is served
(when parents describe some of the practical factors that influence what is served at the family meal)
Findings = 61, 214, 222, 228, 230, 231, 234
Synthesized Finding
There are a range of factors that impact what parents decide to serve for the family meal


Categories
Children messy at the family meal
(when participants describe children being messy at the family meal)
Findings = 30, 72
Picky eating, limited palates and food refusal of children
(when parents describe their children as being picky, having limited palates or refusing food)
Findings = 15, 39, 51, 78, 99, 173, 258
Disruptive and difficult behaviour occurs at family meals
(when participants describe disruptive and difficult behaviour of children at the family meal)
Findings = 31, 127, 171, 172, 204, 225
Children not sitting still at the family meal
(when participants describe children as easily distracted and moving about during the family meal)
Findings = 74, 126, 203
Fighting and conflict at the family meal
(when participants discuss conflict or fighting occurring at the family meal)
Findings = 29, 73, 98, 100, 156, 190
Synthesized Finding
Difficult or disruptive behaviour at the family meal is not uncommon


Categories
Synthesized Finding
Food rules at the family meal
(when participants describe food rules used at the family meal)
Findings = 108, 131-133, 158
Maintaining calm and order at the family meal
(when parents discuss how they maintain calm and order, or that they have the desire to maintain calm and order at family meals)
Findings = 71, 76, 82, 187-189, 196
Rules about manners and behaviour at the family meal
(When participants discuss rules around manners and behaviour expected at the family meal)
Findings = 130, 150, 157, 175, 182, 211, 235
Rules about technology at the family meal
(when participants discuss rules around technology and the use of technology at the family meal)
Findings = 159, 160
Pressure-to-eat strategies used during the family meal
(when parents describe using pressure-to-eat strategies to encourage children to eat enough, or eat desired foods)
Findings = 84-88, 105, 176, 177
A range of strategies are used at the family meal to manage children's behaviour and get them to eat desired foods and quantities
Using television to manage children's behaviour or eating
(when participants describe using television as a way of managing children's behaviour or as a feeding strategy)
Findings = 75, 91, 93
Disguising or hiding desired foods in children's meals
(when parents describe disguising/hiding foods in children's meals)
Findings = 111, 192
Food rewards to encourage children to eat enough or desired foods
(when parents describe rewarding children with food as a strategy to encourage them to eat enough or eat desired foods)
Findings = 89, 90, 109, 110, 193


Categories
Synthesized Finding
Cost or limited resources as a barrier to family meals
(when participants describe limited resources as a barrier to family meals, or impacting their family meals)
Findings = 9, 52, 206, 207, 257
Exhaustion or tiredness impacting family meals
(when participants describe exhaustion or tiredness as a barrier to family meals)
Findings = 8, 55, 80
Lack of time impacting the family meal
(when participants describe lack of time or time pressures impacting the family meal)
Findings = 10, 13, 17, 54, 140, 144, 145
Lack of help from partners or children at the family meal
(when participants describe lack of help in meal preparation or meal practices from partners or children)
Findings = 16, 32-34, 81, 129
There are a multitude of barriers that may prevent the family meal from happening or prevent them from happening regularly
Scheduling conflicts impact the family meal
(when parents describe scheduling conflicts that impact the family meal)
Findings = 11, 14, 40, 117, 119, 208, 247
Skills or confidence in cooking or planning as limiting factor for the family meal
(when parents describe skills or confidence in cooking or planning as either limited, or high, and how this impacts the family meal)
Findings = 38, 245, 246, 252, 255
Work and effort involved in the meal
(when participants describe the work and effort that is involved in making the family meal happen)
Findings = 35, 41, 42, 53, 77, 136, 194, 195

Appendix 8 Systematic literature review qualitative findings by study

Author, year	Number of Findings (finding #)	Findings	
Martinasek et al. 2010 (44)	11 (1-11)	1. FM idealised as traditional-style family dinner 2. FM characterised into at home at dining room with TV on or TV off 3. Treasured time for sharing experiences and increase bonding 4. FM provides opportunity to help solve issues 5. FM brings sense of connectedness 6. Parents try to serve as examples or role models 7. FM in childhood impact value of, and desire for, FM now	8. Work, commuting, dealing with table manners lead to exhaustion that impedes FM 9. Cost of grocery items for FM more than eating out 10. Too little time to accomplish everything else and the FM 11. Valued exercise children get from sports, but they create a barrier to FMs
Fulkerson et al. 2011 (70)	7 (12-18)	12. Parents enjoyed mealtime conversations and connectedness at FM 13. Time constraints impact FM 14. Work schedules, children's extracurricular activities impact whether FM occurred or whether children were fed quickly on the run 15. Frustration at limited range of children's palates	16. Parents want children to help with meal preparation, but avoid due to mess and time commitment 17. Parents needed to make meals quickly with what they had on hand 18. Parents multi-tasked during dinner due to time constraints
Quick et al. 2011 (43)q	24 (19-42)	19. FM offer healthy meal and teaching moment to model shared FM 20. Worried not having FM would impact communication & connection 21. Opportunity to increase family connections and become closer 22. Opportunity to get involved in children's lives and build trust 23. Allows parents to get to know children, talk about family problems 24. Perceived eating together as a family as healthy 25. By modelling FM, thought children more likely to have FM in future 26. Opportunity to teach children about meal planning and preparation 27. Believed eating together set a good example for what is healthy 28. Opportunity to teach manners, social skills, responsibility and how to cook healthy meals 29. FM often interrupted by siblings fighting, screaming, throwing food 30. Children messy at table	31. Difficult children leading barrier to eating FM 32. Frustration with husbands and their role during FM 33. Husbands don't know how to cook 34. Husbands inadequate at cleaning and messy at the table 35. Felt husbands don't realise the work involved in FM, are seldom able to assist 36. Even when had skills to carry out FMs, unsure what and how to cook 37. Difficulty in deciding what foods to cook, especially regarding variety 38. Two parents did not know how to cook 39. Picky eaters' complicate mealtime 40. Scheduling difficulty barrier to FM 41. Struggles of working full day then coming home to prepare FM 42. FM take a lot of time and energy
Berge et al. 2013 (42)	21 (43-63)	43. Provide structure or routine allowing children to feel safe and protected 44. Increase likelihood children will eat more healthfully	53. Mental food work can be a barrier to FM 54. Time constraints can be a barrier to FM 55. Tiredness can be a barrier to FM

		45. Place to communicate, stay informed, show love & attention, create space for children to feel comfortable discussing anything 46. Place for bonding and strengthening interpersonal relationships 47. Help develop interpersonal skills 48. Believed when relationships were 'cared for' healthy eating occurred 49. Occasion for teaching what is healthy to eat 50. Provide training ground for healthy behaviours through modelling 51. Picky eater is a barrier to FM 52. Cost can be a barrier to FM	56. Running out of ideas can be a barrier to FM 57. Children helping with meal preparation, strategy for having more FM 58. Try to be creative with FM 59. Budgeting smart shopping/planning address cost barriers 60. Try to cook things children will like for FM 61. Give fewer food choices to children to help families have more FM 62. Making meals fun and trying different things, strategy for more FM 63. Make FMs a priority, a strategy for more FM
Malhotra et al. 2013 (73)	19 (64-82)	64. Togetherness at FM creates strong bond 65. Believed maternal care expressed through FM may protect children against becoming victims and/or perpetrators of violence 66. Ritual where they could problem-solve, and impart important values 67. FMs in the evening main chance to be together 68. Fun, laughter, love, gratitude experienced at FM 69. Major opportunity for building pattern of open communication 70. Safe and consistent opportunity to build strong emotional connection 71. Maintaining atmosphere of calm and order major challenge 72. Children messy causes disruption	73. Children fighting with siblings causes disruption 74. Children not sitting still causes disruption 75. TV distraction for children, buffer from disruptive mealtime behaviour 76. Desire for calm atmosphere when eating 77. FMs time consuming and tiring process 78. Frustrated when children don't want to eat food 79. Too busy with clean-up to remain seated throughout FM 80. Too tired to eat with children 81. Mothers rarely get help from others in preparing and managing FM 82. Mothers rarely get help from others in managing children's behaviour
Momin et al. 2014 (45)	12 (83-94)	83. Helpful for promoting children's consumption of healthy foods and preservation of Indian identity 84. Frequent pressuring child to eat strategies, from mild to extreme 85. Concerned that children resisted Indian food, would pressure child 86. Pressuring child to finish meal teaches value of not wasting food 87. Pressuring child to eat is part of culture 88. Majority who used pressuring were frustrated that it was not effective	89. Food rewards are easy/effective strategy to get children to finish food 90. Most used food rewards, but worried it would negatively affect child 91. TV used as a distraction to allow mothers to "sneak in" desired foods 92. Felt they had lost control of their child watching TV during eating 93. Knew TV could be harmful, but easy/effective for getting child to eat 94. Meal planning and advance preparation used to make quicker meals
Alm et al. 2015 (71)	18 (95-112)	95. Importance of avoiding conflict with children regarding what to eat 96. Parents adjusted meals to children's preferences to avoid conflict	104. Parents avoid serving dishes which could cause refusal by children

		97. 50% compromised by adjusting meals to children's preferences 98. Conflicts arose over children not liking food, or children's food refusal 99. Parents accidentally blending food could cause conflict/food refusal 100. Children got tired of dishes served too often, could cause conflict 101. When more time for cooking, children sometimes participated 102. Parents serve food they don't like because children want it 103. Bigger families find it harder to respond to multiple food requests	105. Some children were forced to eat food they disliked 106. Serving food in separate bowls so everyone can choose what they like 107. Let children decide whether food should be mixed or not on the plate 108. Some parents used rules such as having to taste food before refusing 109. Some parents praise children for eating, or offered food rewards 110. Tried reasoning with children if they didn't want to eat a specific food 111. Parents sometimes disguised foods their children didn't like 112. More time & more willing to listen to child's food desires on weekends
Quarmby et al. 2015 (79)	9 (113-121)	113. Time to be together, interact/bond with family, important context in which transmission of health-related habits can occur 114. Parents discuss healthy eating and relation to weight at FM 115. Informal pedagogic moment in which parents transmit information, beliefs and values about health practices and healthy eating 116. FM can promote healthy eating, facilitate family conversations and enable health-related views to be shared and (re)produced	117. Key barriers to FM include family structure and busy schedules 118. Spending less time with family and more time in isolation at meals 119. Busy work schedules of parents restrict FM 120. For some FM involved equal input from teenagers and their parents 121. When parents not present, less importance attached to what they ate
Berge et al. 2016 (40)	15 (122-136)	122. 30% had FMs as needed to feed family anyway 123. Communication, connection as main reasons for having FM 124. Some stated FMs allowed parents to feed children more healthfully 125. Some cited tradition as a main reason for having the FM 126. Some children would not sit-down during FM 127. Some had child behaviour problems during FM 128. Some involved children in logistics related to carrying out FM 129. Some had frustration with children not helping to clean up after meals	130. Some had rules about manners during FM 131. Some had rule that everyone has to "at least try it" at FM 132. Some had a 'clean your plate' rule 133. Some specifically didn't use a 'clean your plate' rule 134. Screen time allowed during FM in some households 135. Some described eating meals while watching TV, or TV in background 136. >30% did not enjoy meal planning involved in FM
Alm et al. 2017 (66)	9 (137-145)	137. Important to serve food that won't lead to conflicts with children 138. Dishes selected because children would accept them 139. Some made dishes they disliked because children liked them 140. Children felt bad when dinners had to be rushed before sport 141. On weekends more time to cook, sometimes with children	142. Weekend meals 'cosy', more time to talk together 143. Families bad at planning made more frequent trips to the shops 144. Skip FM, buy snacks when not enough time to cook & eat before sport 145. Convenience food speeds up meals on time-stressed days
Skeer et al. 2018	18 (146-163)	146. Older children articulated importance of having specific time within	155. FM important means for carrying on tradition

(41)		busy schedules to spend time with family members 147. Younger children more literal in description of why FM important 148. Parents viewed FM as a time to bond, socialise, and ask questions 149. Children reported FM as good time to talk and share 150. Conversation generally unrestricted, some had rules 151. Facilitated deeper discussions 152. Viewed as a time that other, more difficult topics could be discussed 153. Relaxed atmosphere and time given for conversations to evolve at FM 154. Opportunity to impart values within communication at FM	156. Sibling arguments viewed as opportunity to resolve conflicts 157. In some households' rules very loosely enforced or non-existent 158. Some had food rules (however many did not) 159. Most had rules forbidding use of technology during FM 160. Restrictions on technology use applied to parents and children 161. Phones perceived as an unwelcomed impediment to communication 162. Small number always had TV on or used TV as catalyst for conversation 163. For others, TV seen as hindrance to communication
Berge et al. 2018 (219)	14 (164-177)	164. Some parents flexible with definition of FM 165. FM can be breakfast, lunch or dinner 166. Not everyone needs to be present to count as FM 167. FM could be inside or outside the home 168. FMs don't need to take a lot of time 169. Some defined FMs as dinner only 170. Those who had FM frequently reported they were of high importance	171. Some reported difficult child behaviour at FM 172. Some reported children playing or being distracted at FM 173. >50% stated picky eating occurred during FM 174. >40% included other family members in meal preparation 175. Some identified rules about electronics and manners/responsibilities 176. Some didn't use pressure-to-eat feeding practices 177. Some did use pressure-to-eat feeding practices during FM
Trofholz et al. 2018a (46)	20 (178-197)	178. Some felt responsible for conversation/checking in with children at FM 179. Nearly all reported discussing happenings of the day at FM 180. Many reported discussing what is going on in lives of family members 181. Some reported discussing family plans or schedules at FM 182. Some reported not talking as a rule or because family watching TV 183. Some reported mealtime conversation focused on food served at FM 184. >50% reported consciously trying to provide healthy foods at the FM 185. Some modelled eating foods they didn't like, to encourage children 186. Many reported siblings helpful in encouraging each other at FM 187. >50% ask children to stop when conflict arises between siblings at FM	188. Some make children leave table or physically separate them if fighting 189. Some give punishment if conflict between siblings at FM 190. Others reported conflict between siblings rare at FM 191. Some children helped in preparing FM, felt this would increase intake 192. Some added sauces etc. to foods to make more appealing to child 193. Some reported offering dessert to encourage child to eat 194. >1/3 stated their role during FM to orchestrate the meal 195. 1/5 described their role as making sure children were eating enough 196. Others described their role as being responsible for maintaining order 197. Some reported their role to make FM enjoyable
Trofholz et al. 2018b	18 (198-215)	198. Parents reported learning importance of FM from their parents	209. Some taught children to cook or help set up the meal

(80)		199. Described teaching their own children that FM are importance 200. Wished FM included extended family more 201. Some reported meals as a time for families to connect and talk 202. Foods served similar to what parents ate as children at FM 203. Difficulty getting children to come to the table and sit still 204. Chaotic home/mealtime environment barrier to FM 205. Some reported having no challenges to FM 206. Some reported not having enough resources as a barrier to FM 207. Some felt it more expensive to eat healthy/healthy foods spoil quickly 208. Biggest challenge was being busy and having a lot to accomplish	210. FMs more fun and relaxed now than when parents were younger 211. Some reported being less strict about behaviour than own parents 212. Some served food differently now to when they were young 213. Some reported teaching children meal behaviours, including no electronics at FM 214. Parents accommodated busy schedules with takeout or 'quick' foods 215. Families reported changing time of meal, eating in shifts, eating without all family members present in order to have FMs despite busy schedules
Berge et al. 2019 (72)	19 (216-234)	216. Timing depends on day, dinner weekdays, breakfast/lunch weekends 217. Many stated most family members present for FM 218. Some stated extended family or friends ate FM with them 219. For some rest of family eat together when family member not present 220. Majority identified FM occurring around a table 221. Some stated FMs could occur in different room, but needed to be together, most often around a table, to feel like a FM 222. Most served home-made or combination of pre-prepared/home-made 223. FM time to connect and talk 224. Some allowed TV to be on in the background of FM	225. Atmosphere chaotic or hectic, mostly due to children's behaviour 226. Most reported parents doing most of the work and children helping 227. Many said they tag-teamed all aspects of the FM with their partner 228. Entire family served and expected to eat the same food 229. Many decided what to cook based on what kids/family liked/asked for 230. Some wanted to expose children to variety of food options at FM 231. Some decided what to make based on schedules, how busy they were 232. Some decided what to eat depending on if weekend or weekday 233. Others decided what to eat based on healthy options 234. Some just decided what to cook because it was their role
Loth et al. 2019 (155)	18 (235-252)	235. Some talked about 'relaxed rules' over strict mealtimes 236. Eating together was a priority for some families 237. For others preparing/eating FM was inconsistently a top priority 238. Positive memories played a role in decision to continue FM tradition 239. Past experiences of FM could encourage parents to maintain or change/start tradition with own children 240. Partners who also had FM as a child made it easy to prioritise FM 241. Partners who didn't have FM could also be a motivator for FMs 242. Partners who had FM as a child, where participants did not, were influencers on having them now	244. Desire to maintain tradition influenced practice of having FM now 245. Some described lack of skills with cooking and planning, even for those that had them, they weren't always utilised 246. Some only had one adult who had skills needed for meal preparation, which meant when they were not available, FM did not occur 247. Work and schedule conflicts can interfere with consistent FM 248. Some discussed important role of cooking/planning skills partner had 249. Some developed meal planning skills 250. Some discussed using meal planning to limit eating out

		243. Some prioritised serving healthier food options than they were served	251. Some discussed significance of making FM a priority 252. Feeling confident in skills made it easy to carry on tradition of FM
Schuster et al. 2019 (74)	6 (253-258)	253. Ideal time to dine together, converse and enjoy each other's company 254. Motivated to promote & maintain psychosocial wellbeing through FM 255. Challenged by perceived deficits in cooking skills, tools and ability to change own poor habits	256. Parents could be lenient and indulgent to avoid conflict with children 257. Food costs could hinder ability to make homemade meals 258. Picky eating hindered ability to make homemade meals

*FM = Family meal(s)

Appendix 9 Self-audit used to prompt reflexive practice

SELF-IDENTITY AUDIT

The following exercise has been drawn from the activity on p. 77 of Sarah J. Tracy's (2013) practical text, Qualitative Research Methods: Collecting evidence, crafting analysis, communicating impact.

Describe the following aspects of yourself. You may wish to consider seeking input from a trusted friend or colleague.

What are my demographic markers?

(e.g. age, sex, ethnicity, sexual orientation)

What are my social attributes?

(e.g. religion, social class, education level, fitness level, appearance)

How do others describe my personality characteristics?

(e.g. shy, boisterous, flirtatious, awkward, charming, self-deprecating, obsequious, nervous, bored, gracious)

What value labels do people ascribe to me and my body?

(e.g. attractive, disciplined, snobbish, naive, chubby, elitist, judgmental, intimidating, jovial, friendly)

Ask yourself how these identity attributes may affect your involvement and reception in a specific research context.

How might these characteristics affect participants' reaction to me?

How might they enable or constrain the data I have access to?

Tracy, S.J. (2013). Qualitative Research Methods: Collecting evidence, crafting analysis, communicating impact. UK: Wiley-Blackwell.

Appendix 10 Ethics approval notice for secondary analysis of 1990s data

From:	Human Research Ethics
To:	Georgia Middleton; John Coveney; Rebecca Golley; Karen Patterson
Subject:	8437 ETHICS approval notice (5 August 2019)
Date:	Monday, 5 August 2019 12:35:52 PM
Attachments:	image001.png image002.png
Importance:	High

Dear Georgia,

Your conditional approval response for project 8437 was reviewed by the interim Chairperson of the Social and Behavioural Research Ethics Committee (SBREC) and was **approved.** The ethics approval notice can be found below.

APPROVAL NOTICE

Project No.:	**8437**
Project Title:	The family meal: then and now, a 30-year comparison study
Principal Researcher:	Ms Georgia Middleton
Email:	georgia.middleton@flinders.edu.au
Approval Date:	5 August 2019
Ethics Approval Expiry Date:	**30 December 2022**

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided.

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. Participant Documentation

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
- the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and

questionnaires – with the exception of purchased research tools) and the current Flinders University letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.

- the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethics approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

2. Annual Progress / Final Reports

In order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research 2007 (updated 2018)* an annual progress report must be submitted each year on the **5 August** (approval anniversary date) for the duration of the ethics approval using the report template available from the Managing Your Ethics Approval web page.

Please note that no data collection can be undertaken after the ethics approval expiry date listed at the top of this notice. If data is collected after expiry, it will not be covered in terms of ethics. It is the responsibility of the researcher to ensure that annual progress reports are submitted on time; and that no data is collected after ethics has expired.

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please either submit (1) a final report; or (2) an extension of time request (using the modification request form).

First Report due date:	**5 August 2020**
Final Report due date:	**30 December 2022**

Student Projects
For student projects, the SBREC recommends that current ethics approval is maintained until a student's thesis has been submitted, assessed and finalised. This is to protect the student in the event that reviewers recommend that additional data be collected from participants.

3. Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such proposed changes / modifications include:

- change of project title;
- change to research team (e.g., additions, removals, researchers and supervisors)
- changes to research objectives;
- changes to research protocol;
- changes to participant recruitment methods;
- changes / additions to source(s) of participants;
- changes of procedures used to seek informed consent;
- changes to reimbursements provided to participants;
- changes to information / documents to be given to potential participants;

- changes to research tools (e.g., survey, interview questions, focus group questions etc);
- extensions of time (i.e. to extend the period of ethics approval past current expiry date).

To notify the Committee of any proposed modifications to the project please submit a Modification Request Form available from the Managing Your Ethics Approval SBREC web page. Download the form from the website every time a new modification request is submitted to ensure that the most recent form is used. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

Change of Contact Details
If the contact details of researchers, listed in the approved application, change please notify the Committee so that the details can be updated in our system. A modification request is not required to change your contact details; but would be if a new researcher needs to be added on to the research / supervisory team.

4. Adverse Events and/or Complaints

Researchers should advise the Executive Officer of the Ethics Committee on 08 8201-3116 or human.researchethics@flinders.edu.au immediately if:

- any complaints regarding the research are received;
- a serious or unexpected adverse event occurs that effects participants;
- an unforeseen event occurs that may affect the ethical acceptability of the project.

Kind regards
Rae

Andrea Mather and Rae Tyler (Mon, Wed and Fri morning)
Human Research Ethics Officers (Social and Behavioural Research Ethics Committee)
Research Development and Support

Union Basement Building
Flinders University
Sturt Road, Bedford Park, South Australia, 5042
GPO Box 2100, Adelaide, South Australia, 5001

P: (+61-8) 8201 3116 | andrea.mather@flinders.edu.au
P: (+61-8) 8201 7938 | rae.tyler@flinders.edu.au
www.flinders.edu.au/research/researcher-support/

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Appendix 11 Ethics approval notice for collection and analysis of 2020 interview data

From: Human Research Ethics
To: Georgia Middleton; John Coveney; Rebecca Golley; Karen Patterson
Subject: 8461 ETHICS approval notice (18 September 2019)
Date: Wednesday, 18 September 2019 3:35:31 PM
Attachments: image001.png
8461 application (26 August 2019).pdf
8461 Conditional ethics approval notice (9 September 2019).pdf
8461 Conditional ethics approval response (13 September 2019).msg
Importance: High

Dear Georgia,

Your conditional approval response for project 8461 was reviewed by the Chairperson of the Social and Behavioural Research Ethics Committee (SBREC) and was **approved.** The ethics approval notice can be found below.

APPROVAL NOTICE

Project No.:	**8461**
Project Title:	The family meal; then and now, a 30-year comparison study (interviews)
Principal Researcher:	Ms Georgia Middleton
Email:	georgia.middleton@flinders.edu.au
Approval Date:	18 September 2019
Ethics Approval Expiry Date:	**30 December 2022**

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comment.

Additional comments:

1. Permissions (Conditional approval response No.6)
   Please ensure that copies of the correspondence granting permission to conduct the research from all organisations to be involved are submitted to the Committee *on receipt.* Please ensure that the SBREC project number is included in the subject line of any permission emails forwarded to the Committee. Please note that data collection should not commence until the researcher has received the relevant permissions (item D8 and Conditional approval response – 6).

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. Participant Documentation

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
- the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current Flinders University letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.
- the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethics approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

2. Annual Progress / Final Reports

In order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research 2007 (updated 2018)* an annual progress report must be submitted each year on the **18 September** (approval anniversary date) for the duration of the ethics approval using the report template available from the Managing Your Ethics Approval web page.

Please note that no data collection can be undertaken after the ethics approval expiry date listed at the top of this notice. If data is collected after expiry, it will not be covered in terms of ethics. It is the responsibility of the researcher to ensure that annual progress reports are submitted on time; and that no data is collected after ethics has expired.

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please either submit (1) a final report; or (2) an extension of time request (using the modification request form).

First Report due date:	**18 September 2020**
Final Report due date:	**30 December 2022**

-

Student Projects

For student projects, the SBREC recommends that current ethics approval is maintained until a student's thesis has been submitted, assessed and finalised. This is to protect the student in the event that reviewers recommend that additional data be collected from participants.

3. Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the

Ethics Committee. Such proposed changes / modifications include:

- change of project title;
- change to research team (e.g., additions, removals, researchers and supervisors)
- changes to research objectives;
- changes to research protocol;
- changes to participant recruitment methods;
- changes / additions to source(s) of participants;
- changes of procedures used to seek informed consent;
- changes to reimbursements provided to participants;
- changes to information / documents to be given to potential participants;
- changes to research tools (e.g., survey, interview questions, focus group questions etc);
- extensions of time (i.e. to extend the period of ethics approval past current expiry date).

To notify the Committee of any proposed modifications to the project please submit a Modification Request Form available from the Managing Your Ethics Approval SBREC web page. Download the form from the website every time a new modification request is submitted to ensure that the most recent form is used. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

Change of Contact Details
If the contact details of researchers, listed in the approved application, change please notify the Committee so that the details can be updated in our system. A modification request is not required to change your contact details; but would be if a new researcher needs to be added on to the research / supervisory team.

4. Adverse Events and/or Complaints

Researchers should advise the Executive Officer of the Ethics Committee on 08 8201-3116 or human.researchethics@flinders.edu.au immediately if:

- any complaints regarding the research are received;
- a serious or unexpected adverse event occurs that effects participants;
- an unforeseen event occurs that may affect the ethical acceptability of the project.

Kind regards
Andrea

Andrea Mather and Rae Tyler
Executive Officers, Social and Behavioural Research Ethics Committee
Research Development and Support
P: (+61-8) 8201 3116 (Andrea) | P: (+61-8) 8201 7938 (Rae)
human.researchethics@flinders.edu.au

Flinders University
Sturt Road, Bedford Park, South Australia, 5042
GPO Box 2100, Adelaide, South Australia, 5001

http://www.flinders.edu.au/research/researcher-support/ebi/human-ethics/human-ethics_home.cfm

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Appendix 12 Recruitment flyer for 2020 participants

THE FAMILY MEAL: THEN AND NOW

Are you a **parent** interested in discussing your **experiences** with the **family meal**?

IF YOU:

- Are over 18 years of age
- Have no more than 4 children
- Have at least one child aged 12 or under
- Speak English
- Are same-sex, opposite-sex, dual or single parents

WE ARE INVITING YOU TO BE INVOLVED IN A 60 MINUTE INTERVIEW TO DISCUSS YOUR EXPERIENCES WITH THE FAMILY MEAL

As part of a PhD project, we want to understand how the family meal has changed over time, and **YOU COULD HELP!**

In appreciation of your time, you will receive $80 and go in the running to win a cookbook!

CONTACT FOR MORE INFORMATION:

For more information, please visit the project website on Facebook @thefamilymealstudy
https://www.facebook.com/thefamilymealstudy
OR email georgia.middleton@flinders.edu.au
OR call Georgia on 7221 8273

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SCAN ME

This research has been approved by the Social and Behavioural Ethics Committee at Flinders University (8461)

Appendix 13 Letter of Introduction for 2020 interview participants

College of Nursing and Health Sciences
GPO Box 2100
Adelaide SA 5001
Tel: +61 8 7221 8419
john.coveney@flinders.edu.au
https://www.flinders.edu.au/people/john.coveney
CRICOS Provider No. 00114A

13/01/2020

LETTER OF INTRODUCTION
(for members of public)

Dear Sir/Madam

I hold the position of Professor in the College of Nursing and Health Sciences. This letter is to introduce Georgia Middleton who is a PhD student in the Discipline of Nutrition and Dietetics, College of Health Sciences at Flinders University.

She is undertaking research leading to the production of a thesis or other publications on the subject of how families experience the family meal.

She would like to invite you to assist with this project by agreeing to be involved in an interview which covers certain aspects of this topic. No more than 60 minutes on one occasion would be required.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since she intends to make a tape recording of the interview, she will seek your consent, on the attached form, to record the interview, to use the recording or a transcription in preparing the thesis, report or other publications, on condition that your name or identity is not revealed, and to make the recording available to other researchers on the same conditions. It may be necessary to make the recording available to a transcription service for transcription, in which case you may be assured that such persons will be required to sign a confidentiality agreement which outlines the requirement that your name or identity not be revealed and that the confidentiality of the material is respected and maintained.

Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on 7221 8419 or e-mail john.coveney@flinders.edu.au.

Thank you for your attention and assistance.

Yours sincerely

John Coveney

Professor, Global Food, Culture and Health

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8461). For queries regarding the ethics approval of this project, or to discuss any concerns or complaints, please contact the Executive Officer of the committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

Appendix 14 Information Sheet for 2020 interview participants

Georgia Middleton
College of Nursing and Health Sciences

Sturt Road
Bedford Park SA 5042

GPO Box 2100
Adelaide SA 5001

Tel: +61 8 7221 8273
Email: Georgia.middleton@flinders.edu.au

https://www.flinders.edu.au/people/georgia.middleton

CRICOS Provider No. 00114A

INFORMATION SHEET

Title: 'The family meal; then and now, a 30-year comparison study'

Researcher
Ms Georgia Middleton
College of Nursing and Health Sciences
Flinders University
Tel: 7221 8273

Supervisors
Professor John Coveney
College of Nursing and Health Sciences
Flinders University
Tel: 7221 8419

Associate Professor Rebecca Golley
College of Nursing and Health Sciences
Flinders University
Tel: 82015596

Doctor Karen Patterson
College of Nursing and Health Sciences
Flinders University

Description of the study
This study is part of the project titled 'The family meal; then and now, a 30-year comparison study'. This project will investigate the processes and considerations involved in the family meal today and compare this with findings collected 30 years ago. This project is supported by Flinders University, College of Nursing and Health Sciences.

Purpose of the study
The purpose of this research is to undertake a comparison study over a 30-year timeframe, to uncover similarities and differences in the processes, considerations, barriers and strategies of the family meal then and now.

What will I be asked to do?
You are invited to attend a one-on-one interview with a researcher who will ask you a few questions regarding your views about what is involved in the family meal in your home. Participation is entirely voluntary. The interview will take about 60 minutes. The interview will be audio recorded using a digital voice recorder to help with reviewing the results. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file and will only be destroyed if the transcript is checked by the participant. At the end of your interview, the researcher will ask you if you would like the opportunity to review the transcript once it has been

inspiring achievement

typed up. If this is something you are interested in, the researcher will collect your email address and will send the document through electronically via email, for you to review and send back within a specified period of time (approximately 14 days). With your consent, you may also be contacted by the researcher to discuss the findings of the research either in-person, over the phone, or via teleconferencing software.

What benefit will I gain from being involved in this study?
The sharing of your experiences will help us to understand the systemic barriers and facilitators to the family meal irrespective of time, and the new and unique barriers and facilitators faced by families today. It will help us to understand how we can best support families in achieving the family meal today and in the future.

Will I be identifiable by being involved in this study?
We do not need your name and you will be anonymous. Any identifying information will be removed, and your comments will not be linked directly to you. All information and results obtained in this study will be stored in a secure way, with access restricted to relevant researchers.

Are there any risks or discomforts if I am involved?
The researcher anticipates few risks from your involvement in this study, however, given the nature of the project, some participants could experience emotional discomfort. If any emotional discomfort is experienced, please contact Parent helpline on 1300 733 100 for support / counselling that may be accessed free of charge by all participants. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the researcher.

How do I agree to participate?
Participation is voluntary. You may answer 'no comment' or refuse to answer any questions, and you are free to withdraw from the interview at any time without effect or consequences. A consent form accompanies this information sheet. If you agree to participate please read and sign the form and either return it in person, email to georgia.middleton@flinders.edu.au, or post it back to me at:

Georgia Middleton
Flinders University, College of Nursing and Health Sciences
GPO Box 2100, Adelaide, SA, 5001

Recognition of Contribution / Time / Travel costs
If you would like to participate, in recognition of your contribution and participation time, you will receive $80 and go in the running to receive one of six Sprout Cooking School 'Quick. Easy. Healthy.' cookbooks. The cookbooks will be sent to the randomly drawn participants upon completion of all interviews.

How will I receive feedback?
On project completion, outcomes of the project will be given to all participants via email or our study website.

Thank you for taking the time to read this information sheet, and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8461). For queries regarding the ethics approval of this project, or to discuss any concerns or complaints, please contact the Executive Officer of the committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

Appendix 15 Consent form for 2020 interview participants

CONSENT FORM FOR PARTICIPATION IN RESEARCH

(Interview)

The family meal; then and now, a 30-year comparison study

I ……

being over the age of 18 years hereby consent to participate as requested in the interview for the research project with the title listed above.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio / video recording of my information and participation.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
   a) I may not directly benefit from taking part in this research.
   b) Participation is entirely voluntary and I am free to withdraw from the project at any time; and can decline to answer particular questions.
   c) The information gained in this study will be published as explained, and my participation will be anonymous and confidential.
   d) I may ask that the audio recording be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
6. I understand that researchers other than those on this project may have access to my research data and raw results; unless I explicitly do not provide consent for it to be shared with other parties.

Participant's name…….....

Participant's signature……Date……...

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name…….....

Researcher's signature……...Date…….

NB: Two signed copies should be obtained. The copy retained by the researcher may then be used for authorisation of Item 7 as appropriate.

I, the participant, would like the opportunity to review the transcript of my interview

☐ Yes

☐ No

I, the participant, consent to follow up contact from the researcher to discuss results of the research

☐ Yes

☐ No

7. I, the participant whose signature appears below, have read a transcript of my interview participation and agree to its use by the researcher as explained.

Participant's signature……Date……...

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8461). For queries regarding the ethics approval of this project, or to discuss any concerns or complaints, please contact the Executive Officer of the committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

Appendix 16 Demographic information form for 2020 interview participants

Demographic Questionnaire for Interview participants

If you do not want to answer any questions, please do not feel that you must

	Adult 1	Adult 2
Sex	◯ Male ◯ Female ◯ Other ◯ Rather not disclose	◯ Male ◯ Female ◯ Other ◯ Rather not disclose
Age		
Cultural identity		
Employment Status	◯ Employed full time ◯ Employed part time ◯ Employed casually ◯ Looking for work ◯ Homemaker ◯ Student ◯ Retired ◯ Unable to work ◯ Other ◯ Rather not disclose	◯ Employed full time ◯ Employed part time ◯ Employed casually ◯ Looking for work ◯ Homemaker ◯ Student ◯ Retired ◯ Unable to work ◯ Other ◯ Rather not disclose
Occupation		

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Highest level of education	◯ Primary school	◯ Primary school
	◯ Some high school	◯ Some high school
	◯ Graduated high school	◯ Graduated high school
	◯ Some tertiary education	◯ Some tertiary education
	◯ Degree or tertiary diploma	◯ Degree or tertiary diploma
	◯ Post-graduate degree	◯ Post-graduate degree
	◯ Other	◯ Other
	◯ Rather not disclose	◯ Rather not disclose

Main source of income	◯ Newstart allowance	◯ Newstart allowance
	◯ Disability support pension	◯ Disability support pension
	◯ Parenting payment	◯ Parenting payment
	◯ Sickness allowance	◯ Sickness allowance
	◯ Salary and wages	◯ Salary and wages
	◯ Income from business or property	◯ Income from business or property
	◯ Interest, dividends or super	◯ Interest, dividends or super
	◯ Other	◯ Other
	◯ Rather not specify	◯ Rather not specify

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Questions for one or both adults

Relationship status

- ◯ Married
- ◯ Domestic partnership
- ◯ Dating
- ◯ Separated
- ◯ Widowed
- ◯ Other
- ◯ Rather not disclose

Housing status

- ◯ Renting from housing trust
- ◯ Renting privately
- ◯ Boarding
- ◯ Paying off mortgage
- ◯ Outright owner
- ◯ Other
- ◯ Rather not disclose

Household income per annum

Number of children

Ages of children

Appendix 17 Interview Schedules used in 1990s interviews

Interview Schedule for Interview 1

I would like to talk to you about possible factors that you think influences the foods that the family eats?

1. Where do you do your shopping
   Prompt for local shops nearby and/or other shopping facilities outside local vicinity
2. Roughly how far away are the food shops you use? (distance)
3. How do you get to the shops?
   Walk Transport
4. How long does it take you to get to the shops by your usual mode of transport? (time)
   a) If transport is used, is it private or public?
   b) If private transport used, would you use public if available?
5. How satisfied are you with local food shopping facilities?
   a) Are there any food shops not available locally that you would like to be there?
6. How do you think the families food choice are constrained by local shopping facilities?
7. If you do shop locally for food, what differences do you notice in prices between local and those say in other shopping areas?
8. If you could change anything about local shopping facilities, what would you like to change?
   Prompt for more shops, more different shops (which ones?)
   Prompt for satisfaction of local take-away food shops

Can we now talk about some factors within the household that may influence food choice for the family?

9. How satisfied are you with your cooking facilities?
10. How satisfied are you with your food storage facilities?

Cooker Inventory:

- Cooker: have/have not, Functioning? (yes = 4/No = 8)
- Cook top: have/have not, Functioning? (yes = 4/No = 8)
- Wall oven: have/have not, Functioning? (yes = 4/No = 8)
- Microwave: have/have not, Functioning? (yes = 4/No = 8)
- Other (specify): Functioning? (yes = 4/No = 8)

Storage inventory:

- Fridge: have/have not, Functioning? (yes = 4/No = 8)
- Freezer: have/have not, Functioning? (yes = 4/No = 8)

- Other (specify): Functioning? (yes = 4/No = 8)

11. How do you think your diet might change if you had (?better/more) cooking facilities?
12. How do you think your diet might change if you had more food storage facilities?

I would now like to ask you some questions about the time and money spent on food.

13. Who is responsible for budgeting for food?
14. How is the overall budget for food decided?
15. Do you ever run out of money for food? Yes No
16. How do you think the family diet might change if you had more money for food?

I'd like to ask you some questions about your food shopping patterns.

17. How often do you do your shopping for food?
    (*prompt if necessary for…*)
    Weekly…
    Bi-weekly…
    Daily…
    Other…
18. Do you have different types of shopping eg Big shop, 'top-up' shopping etc.
19. Who usually goes shopping?
    All family
    Mother and father
    Mother only
    Father only
    Mother and kids
    Father and kids
20. To what extent are your shopping patterns influenced by 'specials' available from shops and supermarkets?
21. Do you make a shopping list?
    a) If yes, do you stick to the shopping list?
22. Who in the family makes up (is responsible for) the shopping list (if used)?
23. Roughly how much time do you think you spend on shopping for food?
24. How do you think the family diet might change if you had more time to shop for food and food preparation?

End of interview

Don't forget to ask family to collect the checkout slips from shopping trips

Interview Schedule for Interview 2

Can we talk about the families meal patterns?

1. Would you describe for me the general routine meals that the family eats

   (Mid-Week) (Weekend)

   Breakfast

   Lunch

   Evening meal

   Other (specify)

   Prompt for differences between mid-week and weekend meals if these do not emerge during response

2. Which of these meals does the family <u>usually</u> eat together?

   (Mid-Week) (Weekend)

   Breakfast

   Lunch

   Evening meal

   Other (specify)

   Prompt for differences between mid-week and weekend meals if these do not emerge during response

3. What is it that makes the shared meals different to other meals?

   Prompt for differences between mid-week and weekend meals if these do not emerge during response

4. How often do people (outside this family) share family meals?

   Daily 2x week weekly fortnightly mthly occ never

5. How often do you ever bring home 'takeaways' for the family? Often?

   Daily 2x week weekly fortnightly mthly occ never

6. How often do you have family meals away from home (i.e. eat out)?

   Daily 2x week weekly fortnightly mthly occ never

7. If you eat out where do you eat (i.e. other peoples homes, restaurants)

8. For adults who work, do they take food from home to work e.g. packed lunch?

   Daily 2x week weekly fortnightly mthly occ never

   a) If not, what arrangements do they make for food at work? e.g. buy at canteen

9. For children at school, do they take food from home e.g. packed lunch?

   Daily 2x week weekly fortnightly mthly occ never

a) If not, what arrangements do they make for food at school e.g. Buy at canteen?

Can we now talk about cooking?

10. Who normally prepares/cooks the family meals?

	(Mid-week)	(Weekend)
Breakfast		
Lunch		
Evening meal		
Other (specify)		

Prompt for differences between mid-week and weekend meals if these do not emerge during response

11. How does the cook decide what to cook? *(e.g. If its Tuesday then it must be spag bol)*
12. Does each family member like the same foods?
    a) If not, how does the cook cope with likes and dislikes of various family members?
13. Are there any food that "….." (man) likes that do not appear on the family menu?
14. Are there any food that "…." (woman) likes that do not appear on the family menu?
15. If father is absent from a meal, does this alter the kind of food eaten by the rest of the family, how?
16. If mother is absent form a meal, does this alter the kind of food eaten by the rest of the family, how?
17. Which family members food preferences does the family menu most closely reflect?

I would now like to ask some questions specifically about the children

18. Do the children eat any meals at separate times to the adults?

	(Mid-week)	(Weekend)
Breakfast		
Lunch		
Evening meal		
Other (specify)		

Prompt for differences between mid-week and weekend meals if these do not emerge during response

19. Do the children eat the same foods as the adults at meal times?
    a) If no, what kinds of modifications to the family meals are made for the children?

End of interview

Interview Schedule for Interview 3

Lastly, some general questions about ways in which the family's diet is influenced by other factors

1. Where do you think you get most of your information about food and nutrition from?
   Prompt if necessary for media, Mags, tv, radio
   Point of sale
   Friends, rels
   Health campaigns

2. To what extent do you think these sources influence your food habits?
3. To what extent do you think these sources influence your children's food habits?
4. How important do you think it is to control the children's eating habits?
5. How happy are you with the amount of control you think you have over your children's eating habits?
6. How happy are you about the food your children eat?
7. How happy are you about the food you "…." Man eat?
8. How happy are you about the food you "…." Woman eat?
9. Are there any health problems which may influence the food that family members eat?
10. Do you grow any of your own food?
11. Do you preserve any food for yourself?
    Prompt for jam, fruit bottling etc.
12. Would you be interested in meeting with other people who grow and preserve their own foods?

End of interview

Appendix 18 Interview schedule for 2020 interviews against project objectives

QUESTIONS IN ORDER *(with prompts)*	**SOURCE (NEW/ADAPTED*)**	**PROJECT OBJECTIVE**
Topic: Planning and procuring the family meal		
1. Could you describe to me what a family meal might look like in this house? Or what you consider to be a family meal? *Prompt: Are there any rules around where or when or how you eat your family meals?*	Adapted	Objective 3
Topic: Planning and shopping for the family meal		
2. What are the main processes involved in getting your family together for the family meal? *Prompt: Is there any planning? When do you decide what you're going to have? Who does this? What are the factors you have to consider when planning the family meal?*	New	Objective 1, 2
3. Who does the shopping for the family meal and when and where does it occur? *Prompt: Is there a shopping list? Who writes it? Do you go together? If one of you goes, is this entirely independent, or co-ordinated or instructed by your partner?*	Adapted	Objective 1, 2
4. What are the biggest influences on the types of foods you buy for the family meal? *Prompt: When you're thinking about what to prepare for the family meal, what kind of factors come into mind? E.g. preferences, time, money, resources, cooking facilities, capabilities, confidence etc.*	Adapted	Objective 1, 2
Topic: Cooking and the family meal menu		
5. Could you please describe to me how you decide what you are going to be eating for the family meal?	New	Objective 1, 2
6. Who normally prepares/cooks the family meal? *Prompt for differences between mid-week and weekend meals if these do not emerge* *Prompt for how this arrangement came about – was it a discussion, was it something that just happened?*	Adapted	Objective 1, 2
7. Does each family member like the same foods? *Prompt: If not, how does the cook cope with likes and dislikes of various family members?*	Adapted	Objective 1, 2

8. Do the children eat at the same time as the adults? Do they eat the same foods? Are there any modifications made for the children?	Adapted	Objective 1, 2
9. If one of you is absent from a meal, does this alter the kind of food eaten by the rest of the family? How?	Adapted	Objective 1, 2
10. How often do you ever bring home 'takeaways', have food delivered (i.e. uber eats) or use meal kits for the family meal? *Prompt: Are you happy with how frequently you get takeaways/uber eats/meal kits?* *How are these meals similar or different to the family meal?* *What are the main considerations for getting a takeaway/uber eats/meal kits?* *Who decides whether you're getting takeaways/uber eats/meal kits?*	Adapted	Objective 1, 2
11. How often do you have family meals away from home (i.e. eat out)?	Adapted	Objective 1, 2
Topic: The experience of the family meal		
12. What is it that makes these meals that the family shares together different to other meals?	Adapted	Objective 3
13. How important is it that you have these meals together?	New	Objective 3
14. What do you think enables or allows you to have the family meal?	New	Objective 1, 2, 4
15. What are the biggest barriers to coming together for a family meal? *Prompt: busy schedules, lack of time, the work involved, children's behaviour, fussy eating, food preferences*	New	Objective 1, 2, 4
16. If you could come together for a family meal more often, would you? *Prompt: Why, why not, how?*	New	Objective 3
17. How happy are you with the processes involved in the family meal?	New	Objective 3
18. How happy are you with the family meal itself?	New	Objective 3
19. Are there things you would change about the way your family eats meals? *Prompt: Frequency, environment, setting, communication, type of food, nutrition?*	New	Objective 3

20. How important to you is it that you change these things? *What are the barriers that have prevented you from changing these things? What do you think would help you to change these things?*	New	Objective 4

*Question adapted from original interview schedule used in collecting 1990s data

Research objectives

1. To identify the experiences, processes, barriers, and enablers involved in executing the family meal 30 years ago, and to compare these between families living in high and low socio-economic areas;
2. To identify the experiences, processes, barriers and enablers involved in executing the family meal today, and to compare these between families living in high and low socio-economic areas;
3. To compare the experiences and processes of the family meal over the last 30 years, and to compare these between families living in high and low socio-economic areas;
4. To compare the barriers and enablers of the family meal to determine systemic barriers and enablers that have been present for the last 30 years, and novel barriers and enablers faced by families today.

Appendix 19 Chapter 6 manuscript under review

The following is the manuscript currently under review in Appetite, Middleton G, Golley RK, Patterson KA & Coveney J. The Family Meal Framework: A grounded theory study conceptualising the work that underpins the family meal. A version of this work is included in Chapter 6: The Family Meal Framework.

Title: The Family Meal Framework: A grounded theory study conceptualising the work that underpins the family meal

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Abstract

The family meal has been recognised as an integral part of family life. With the positive outcomes associated with the family meal, it has been proposed as a strategy for encouraging health-promoting behaviours. However, a detailed understanding of the physical and mental work required to execute the family meal is lacking. The aim of this research was to conduct a grounded theory study to understand the elements involved in executing the family meal. Two temporal data sets (1993-4/2020) in which participants were sampled in areas of low and high socio-economic advantage and disadvantage were used for this study. Methods used to conduct qualitative interviews with parents in the 1990s were mirrored in the conduct of qualitative interviews with parents in 2020. The interview data was analysed drawing on grounded theory methodology and methods. The entire sample included 54 parents from 28 families. A conceptual framework was developed from the analyses. The five main components of the framework are the cognitions (invisible work considering the needs of the family), actions (physical tasks required for the family meal), outcomes (the event of the family meal), the beliefs and feelings (expectations and attitudes toward the family meal), and the person(s) responsible (who undertakes the work). This framework provides a novel theory describing the reactive, cyclical nature of the physical and mental work required to execute the family meal. This new understanding can inform future family meal research so we can more effectively utilise the family meal as a health-promoting activity for families.

Keywords

Family meal, framework, grounded theory, nutrition, food work, food provision

1 Introduction

The family meal has long been recognised in many Western cultures as an integral part of family life (Charles & Kerr, 1988; Walton, et al., 2020). Associations have been found between the family meal and health outcomes, including lower weight status and higher diet quality in adults and children, improved academic performance and levels of self-esteem, and reduced eating disorder and risk-taking behaviours in adolescents (Dallacker, Hertwig, & Mata, 2017; Fulkerson, Larson, Horning, & Neumark-Sztainer, 2014; Goldfarb, Tarver, Locher, Preskitt, & Sen, 2015; Harrison, et al., 2015). With high rates of overweight and obesity and poor dietary intake in adults and children globally (World Health Organization (WHO), 2021), opportunities to encourage health-promoting behaviours are sought and promoted. With the potential beneficial outcomes and the ability of most families to engage in such an activity, the family meal is proposed as an ideal opportunity to improve the health and wellbeing of families and children (Fiese & Schwartz, 2008). However, our understanding of the work required to execute the family meal, and deliver benefit, is limited.

A family meal is a unique window of opportunity where family members can be fed, communicate with one another, and build family relationships (Berge, Hanson, & Draxten, 2016; Berge, Hoppmann, Hanson, & Neumark-Sztainer, 2013; Skeer, Sonneville, Deshpande, Goodridge, & Folta, 2018). The family meal is recognised as an opportunity for role-modelling and social learning of eating habits and behaviours (Berge, et al., 2013; Martinasek, et al., 2010; Momin, Chung, & Olson, 2014; Quick, Fiese, Anderson, Koester, & Marlin, 2011; Trofholz, Schulte, & Berge, 2018). Due to its routine nature, the family meal provides an environmental setting to influence child eating behaviour, nutrition, and development. As Fiese et al. state, “there are few other collective settings in family life that have this potential across the child’s early years into adolescence”[(p7)] (Fiese & Schwartz, 2008, p. 7). The research in this area is not without assumptions or limitations. A large proportion of the evidence that relates the family meal to positive health outcomes is from cross-sectional and longitudinal studies, limiting the ability to draw causal conclusions about the relationship. Intervention research exploring the causal relationship between the family meal and child and parent outcomes is emerging, but have as yet been unable to provide clarity (Middleton, Golley, Patterson, Le Moal, & Coveney, 2020). There is a paucity of intervention research and studies are heterogenous in terms of both intervention strategies and outcome measures used (Middleton, et al., 2020). Furthermore, there is no standard definition of family meals, and no standardised way of measuring their impact on health and wellbeing outcomes (Martin-Biggers, et al., 2014; Middleton, et al., 2020). While the breadth of cross-sectional and longitudinal evidence suggests a relationship between family meals and positive health outcomes does exist, we do not yet know in which direction.

Exploration into the relationship between health outcomes and the family meal comprises a large proportion of research in this area. However, there is limited investigation into the work involved in executing the family meal. Previous research has indicated that the execution of the family meal requires effort and coordination (DeVault, 1991; Mehta, Booth, Coveney, & Strazdins, 2019), yet our understanding of the complexities of this work is limited. We have little understanding of the true nature, depth, or breadth of this work, what it looks like or how it is experienced. This type of work is known as 'food work', 'food provision' or 'consumption work', and it involves the planning, acquisition, storage, preparation, serving and cleaning of food and meals for the family (DeVault, 1991; Jabs, et al., 2007; Mehta, et al., 2019). Food work involves both cognitive and physical tasks. The cognitive tasks refer to the largely invisible work that informs decision-making regarding food choices, and the physical tasks refer to the behaviours that are undertaken for food acquisition and preparation. Without a deep understanding of the cognitive and physical work required to execute the family meal, the ability to effectively target, manipulate and promote the family meal as a healthful activity for families is limited.

Investigation into individual food decision-making does exist, but investigation relating to food choice for the family is limited. Food decisions have been posited to be situational and occurring across all stages of food consumption (Sobal & Bisogni, 2009). Numerous frameworks have been developed to understand individual food decision-making processes such as Furst et al.'s (Furst, Connors, Bisogni, Sobal, & Falk, 1996) individual food choice model and Story et al.'s (Story, Kaphingst, Robinson-O'Brien, & Glanz, 2008) ecological framework on food choice. Other researchers have explored decision-making regarding food provision for the family, such as Kirk and Gillespie (Kirk & Gillespie, 1990) who identified factors mothers considered when making food decisions for their families, Slater et al. (Slater, Sevenhuysen, Edginton, & O'Neil, 2012) identified different food provision identities of mothers, and Blake and Bisogni (Blake & Bisogni, 2003) explored the intersection between personal and family food choice identities. While these studies largely focus on an individual's food choice decisions for themselves or their families, Gillespie and Gillespie (A. H. Gillespie & Gillespie, 2007) expanded this to collective food choice decisions by developing the family food decision-making cycle. These frameworks and models further our understanding on the influences and processes of individual and family food decision-making, but none explore these in relation to family meal practices specifically.

There are several major studies that explore the work involved specific to the family meal. Charles and Kerr's (Charles & Kerr, 1988) work in the UK in the early 1980s and Marjorie DeVault's (DeVault, 1991) work in the USA in the late 1980s, explored the physical work

involved in the family meal, including some investigation into the cognitive components. More recently, Bowen et al.'s (Bowen, Brenton, & Elliott, 2019) ethnographic study of North American mothers provided an in-depth look at experiences of executing the family meal, particularly in relation to home-cooking. Berge et al.'s (Berge, et al., 2019) ecological momentary assessment of family meal environments explored key processes and considerations regarding family meals with their sample of North American parents. Finally, Smith et al.'s (Smith, Ramey, Sisson, Richardson, & DeGrace, 2019) grounded theory study produced a 'Family Meal Model' that incorporated the 'influences' that supported or hindered participation in the family meal, the 'mediating factors' on occurrences of the family meal, and the perceived 'benefits' of the family meal as experienced by their American participants. While focused on family meals, these studies typically consider the physical work required for the family meal, with a gap in the breadth and depth in exploring the cognitive components of the family meal. Both the cognitive and physical components of the work required to execute family meals, and how they interact with one another, have thus far not been explored in great depth.

While the family meal may be viewed as an isolated occasion, it is an occasion steeped in value, tradition, and symbolism (DeVault, 1991; Murcott, 1997; Wilk, 2010). There are many expectations placed on the family meal, how it should be executed and the purposes it should serve in family life (Oleschuk, 2020; Wilk, 2010; Woolhouse, Day, & Rickett, 2019). The family meal has been suggested as a way to construct 'the family' and to demonstrate 'family life' (James, Curtis, & Ellis, 2009), and it is largely constructed in the media as a positive social practice (Oleschuk, 2020). This places particular expectations and pressures on parents to enact the family meal in a certain way, and previous authors have explored how these expectations may impact how parents perceive and enact the family meal (Oleschuk, 2020; Wilk, 2010). There are additional expectations on who should be responsible for undertaking the work of the family meal, and previous authors have studied this division of labour regarding food provision and family meals (Fielding-Singh, 2017; Meah & Jackson, 2013; Mehta, et al., 2019). These expectations and pressures are important to consider when exploring the work of the family meal, but again they have not been considered in relation to the physical and cognitive components of the family meal in great depth.

While research into and around the family meal is exhaustive, and there is some exploration into the cognitive, physical, and emotional components required to execute the family meal, to our knowledge, a study that incorporates all these elements, and explores how they intersect with one another specifically in relation to the family meal has not yet been

undertaken. However, without an understanding of all these components of the family meal, and how they interact with one another, we are limiting our ability to investigate it further with observational and intervention research. Therefore, the aim of this research was to provide a conceptual model, or framework, that identifies and explores the various components required to execute the family meal.

2 Study design

A grounded theory study, informed by social constructionism was undertaken to address the aims of this study. This involved secondary analysis of qualitative interview data collected in the 1990s, and primary analysis of qualitative interview data collected in 2020. The 1990s data was collected by one of the authors (JC). One paper and two books have been published containing some of this interview data, however none focus on the social construction of the family meal, or the work involved in executing the family meal (Coveney, 2004, 2006, 2008). Ethics approval was granted at the time of data collection by the Committee on Clinical Investigation, Flinders Medical Centre (application number 67/92), and approval for the secondary analysis presented in this paper was granted by the Flinders University Social and Behavioural Research Ethics Committee in 2019 (#8473). The 2020 data was collected by GM and ethics approval was granted by the Flinders University Social and Behavioural Research Ethics Committee in 2019 (#8461). The COREQ checklist for reporting qualitative research has been used to prepare this manuscript (Tong, Sainsbury, & Craig, 2007).

3 Methods

3.1 Philosophical position and methodology

This study was conducted from an interpretivist approach, informed by social constructionism. This position centres on the understanding that meaning is constructed out of interaction between humans and the world around them (Crotty, 1998). Researchers working from this position acknowledge that there is no one, objective experience of meaning, but rather that meaning, and our knowledge and understanding of the world is constructed, subjective and value laden (Denzin & Lincoln, 2005; Tracy, 2013). By employing research from this perspective, we are attempting to understand the social, cultural, and temporal/historical construction of the family meal as participants understand and experience it. In line with this perspective, grounded theory informed the methods used for the current study. Grounded theory was the chosen methodology as it seeks to develop a theoretical understanding of a phenomenon, as it is experienced by participants (Charmaz, 2014).

3.2 Recruitment and data collection

This study utilised two sets of data, one collected in 1993-1994 (hereafter referred to as the 1990s) and the other collected in 2020. The full description of methods used to recruit participants and collect interview data in the 1990s is published elsewhere (Coveney, 2004). Briefly, recruitment of participants was conducted by doorknocking in two suburbs of Adelaide, South Australia, one representing a high- and one representing a low-socioeconomic index area. The male and female adults of households comprised of at least one child aged ≤12 years of age, and no more than four children living at home were recruited for the interviews. To be eligible, both adults had to agree to participate, and both had to speak English confidently. The adults of the household participated in three to four interviews, at least two conducted with both adults present, and one conducted separately. Semi-structured interview guides were used to provide loose structure and consistency between interviews, covering a range of topics related to food provision in the family home (see supplementary file 1). The interviews were pilot tested prior to data collection. Interviews lasted between 45-95 minutes, and were conducted in participants homes by JC, a doctoral candidate, dietitian, and lecturer at the time. The interviewer had no relationship with the participants prior to the interviews, and participants were aware of the overall aim and purpose of the research.

The methods for collecting data for the 2020 sample aimed to mirror those of the 1990s. Recruitment of participants in 2020 started in the same two areas of Adelaide but was subsequently expanded to surrounding suburbs with the same socio-economic index of relative advantage and disadvantage classification as the original two suburbs (one high and one low). Recruitment was undertaken through posting flyers in the two selected areas, a study Facebook page, letterbox drops in the recruitment areas, and word of mouth. A reputable recruitment agency was hired to assist with recruiting eligible families from the target areas. The same eligibility criteria were applied as for the 1990s participants, with the addition of single-parent households and same-sex parent families as eligible and encouraged to participate. Only one interview was conducted with both adults present (in two-parent families). A semi-structured interview guide, informed by the 1990s guides, but entirely focussed on the family meal and processes therein, was used to ensure structure between interviews (see supplementary file 2). The interview was pilot tested prior to data collection. Interviews lasted between 50-90 minutes and were conducted via cloud-based videoconferencing service Zoom (as data was collected during COVID-19, a pandemic caused by the SARS-CoV-2 virus, institutional guidelines required avoidance of face-to-face data collection) by GM, a doctoral candidate and dietitian. The interviewer had no relationship with the participants prior to the interviews. Participants were aware of the

overall aim and purpose of the research. All participants provided consent by signing consent forms upon receiving a letter of introduction and information sheet. All families received an $80 voucher as compensation for their time and went into a draw to win one of six cookbooks.

All interviews were audio recorded and transcribed verbatim by JC and a research assistant in the 1990s and by GM in 2020. Transcripts from the 1990s were checked against audio files by GM to ensure accuracy. Transcripts were offered to be returned to participants for comment and correction at the time of data collection. No participants in the 1990s took up this offer. Four participants in 2020 took up this offer, but no corrections were provided and all permitted use of their transcripts. All participants were invited to fill out demographic information forms. The 1990s participants were asked to provide information on their gender, age, highest level of education, current occupation, housing status, household income, main source of income, and number and ages of children living in the household. The 2020 participants were asked to provide this information, along with their cultural identity, employment status, and the relationship status of adults.

Theoretical sampling was employed for both datasets. Theoretical sampling is the most commonly used method of sampling in grounded theory (Charmaz, 2014), involving continued recruitment of participants and concurrent analysis of data until analytic categories are saturated, and new data do not provide new insights (Charmaz, 2014). In the 1990s a set number of families were recruited (n=40), however in keeping with grounded theory methodology, when sampling these families for this study, they were stratified and purposefully sampled until theoretical saturation was achieved. This was done by selecting families from the sample based on variability, or similarity, in demographic data, and only selecting a new family for inclusion in the study once the previous family's interview transcripts had been analysed. Theoretical sampling was employed more traditionally for the 2020 interviews, with simultaneous participant recruitment, collection and analysis of interview data occurring until theoretical saturation was achieved. Theoretical saturation was determined when the findings were confirmed and explained across the samples, the categories were analytically developed, and new data did not reveal new findings, nor furthered or contradicted current understandings (Charmaz, 2014).

3.3 Data analysis

The interview schedules used in the 1990s interviews covered a range of topics related to food provision in the home, including practices relating to the family meal. For the purpose of this study, only discussion related to the family meal was identified and analysed from the 1990s interview transcripts. The family meal was the sole focus for the 2020 interviews, so

all data was analysed. The transcripts and participant demographic data were uploaded into NVivo (QSR International Pty Ltd., 2018). Each dataset was analysed following grounded theory methods, but analysis was undertaken separately, with the 1990s data analysed prior to the 2020 data being collected.

As per grounded theory methods, analysis began with inductive, initial coding, where the transcripts were read line-by-line and each line was assigned a 'code' reflecting the meaning behind participant responses (Charmaz, 2014). After the initial coding process, rounds of focussed coding were undertaken. Focussed coding is the process of categorising data, condensing the analysis by developing the initial codes that have greater analytic power (Charmaz, 2014). Categories were developed and refined as the analysis progressed, allowing further development of theory (Charmaz, 2014). As per grounded theory methods, constant comparison was a key part of analysis; between and within families, codes, and categories (Charmaz, 2014). Memos were written and systematically stored across all stages of analysis, to help clarify thoughts and capture comparisons, questions and connections (Charmaz, 2014). Negative case analysis was undertaken, where data that contradicted the findings were explored to form a more comprehensive understanding of the results (Charmaz, 2014). A defining component of grounded theory analysis is developing an inductive theory, or an explanation of findings grounded in the data (Hennink, Hutter, & Bailey, 2011). In this study this took the form of a conceptual framework developed from the analysis of the 1990s data. The framework underwent multiple revisions and was checked against the data to ensure it was an accurate representation of participant's experiences. The 2020 data was analysed following grounded theory methods and was tested against the developed framework. Once it was determined that the 2020 data fit the framework, the framework was further refined to represent the family meal experience over time, as informed by both datasets. The results presented below are the results from the combined analyses of the 1990s and 2020 interview data.

GM analysed all data. The research team, consisting of quantitative and qualitative health researchers, drew on combined experience and expertise to ensure comprehensive analysis of the data. Memos, diagramming and reflexive journaling were used to enhance quality, rigour and transparency throughout the analysis (Charmaz, 2014). Due to the length of time between the 1990s interviews and this current analysis, it was not possible to contact these participants for feedback on the findings. The majority (n=11/12), of the 2020 families consented to follow-up contact to discuss study findings, and seven parents (from five families) participated in follow-up interviews to discuss the framework. From these discussions the framework was adjusted. The resulting grounded theory is the framework

presented below: The Family Meal Framework. All participants have been given pseudonyms to protect their identities and all have been given family identification codes (e.g., F1 = Family 1). Families F1-F16 are from the 1990s sample, and families F17-F28 are from the 2020 sample.

4 Results

4.1 Participants

Fifty-four participants from 28 families were included in this analysis (Table 1). All but two families contained a female and male adult. Three single mothers were involved in this study, one of whom lived with a male boarder. The combined sample of 1990s and 2020 participants had a mean age of 40 years, and the average number of children per household was 2.4, both slightly higher than the average Australian population at both time points (Australian Bureau of Statistics (ABS), 1995, 2017a, 2019). The rates of employment were also largely reflective of the Australian population at the time, with more men and women in employment in the 2020 sample, and fewer stay-at-home parents than in the 1990s (Australian Bureau of Statistics (ABS), 1994, 2020).

Table 1 Demographic characteristics of participants from 1990s and 2020 interviews

	Participant characteristics		
	Total participants n=54	**1990s participants n=32**	**2020 participants n=22**
Gender of adults			
- Male	26/54	16/32	10/22
- Female	28/54	16/32	12/22
Age of adults mean (range)	40 (26-55)	38 (26-46)	43 (34-55)
Highest level of education*			
- Secondary school	15/54	13/32	2/22
- Some tertiary education	3/54	0	3/22
- Trade or business qualification	4/54	4/32	0
- Degree or tertiary diploma	26/54	10/32	16/22
- Higher degree	5/54	4/32	1/22
Employment Status			
- **Paid employment**	**39/54**	**20/32**	**19/22**
o Females	17/28	8/16	9/12
o Males	22/26	12/16	10/10
- **Homemaker**	**9/54**	**7/32**	**2/22**
o Females	9/28	7/16	2/12
o Males	0	0	0
- **Not employed**	**6/54**	**5/32**	**1/22**
o Females	2/28	1/16	1/12
o Males	4/26	4/16	0
	Family characteristics		
	Total families n=28	**1990s families n=16**	**2020 families n=12**
Single parent households	3/28	1/16	2/12
Number of children living at home mean (range)	2.4 (1-4)	2.4 (1-3)	2.4 (1-4)
Ages of children living at home mean (range)	9.5 (0.5-24)	8 (0.5-19)	10 (2-24)
Household employment status			
- Two parents employed	15/28	7/16	8/12

- One parent employed	9/28	6/16	3/12
- Neither parent employed	4/28	3/16	1/12
Household status*			
- Provided by state	1/28	0	1/12
- Renting from housing trust	5/28	4/16	1/12
- Renting privately	5/28	3/16	2/12
- Paying off mortgage	8/28	3/16	5/12
- Outright owners	8/28	5/16	3/12
Area of recruitment			
- High advantage/low disadvantage	14/28	8/16	6/12
- Low advantage/high disadvantage	14/28	8/16	6/12
Household income*[a]			
- Lowest quintile	0	0	0
- Second quintile	4/28	2/16	2/12
- Third quintile	4/28	3/16	1/12
- Fourth quintile	10/28	5/16	5/12
- Highest quintile	6/28	3/16	3/12

All data presented as n=, unless otherwise specified
*Missing data for level of education n=1, household status n=1, household income n=4
[a]Quintile's based on census household forms in 1991 and 2016

4.2 The family meal conceptualised

There is currently no standard, universal definition of the family meal (Martin-Biggers, et al., 2014). Thus, the definition of the family meal presented here is one that was used by participants i.e., most, ideally all, members of the immediate family present, and consuming a meal together in the household. The location in the household, type of food and other activities that occurred at the time of eating varied across families and across the two samples. The unifying factor was the presence of family members and the activity of eating food in the same place at the same time. Figure 1 below, the 'Family Meal Framework' provides a framework constructed to understand the components of cognitive and physical work involved in executing the family meal. The framework is composed of five separate but interacting components; a cyclical process that requires cognitive and physical effort each day. A narrative account of the execution of the family meal for one participating family is provided before breaking down the framework and it's involved components. See supplementary file 3 for the coding tree of the 1990s and 2020 data informing the framework.

4.2.1 Narrative account of the Family Meal Framework

Melanie and Andy, a married couple with two daughters, Suzie aged 11, and Scarlett aged 7, are both employed outside of the home. The family meal is very important to Andy, who has fond memories of them from childhood, but Melanie never had family meals growing up and does not believe she places much importance on them. Melanie does not eat breakfast in the morning, and with herself and Andy at work and their daughters at school during the day, the evening is the only time they are all available to share a family meal. Each week, Melanie plans the meals she will be preparing. Melanie wants the family to eat the same meal, but not everyone likes the same foods. Melanie and Andy want to eat exciting meals, but their daughters have limited palates. Although they want to develop their daughters'

palates, Melanie feels it is too much to expect them to try something new each night. This results in nights where the adults eat a separate meal to the children. When deciding what to prepare Melanie must consider the cost of the ingredients, and the variety and balance in cuisines and ingredients. Additionally, Melanie eats a vegetarian diet, but worries about her daughters' nutritional intake, so includes several meat-based meals for the week, with vegetarian alternatives for herself. Prior to purchasing ingredients for the meals for the week, Melanie checks the fridge and cupboards against the inventory Andy has created and writes a list of the items she needs to purchase. Melanie prefers to purchase her ingredients online but goes to the supermarket on a Sunday morning if unable to shop online. Each afternoon, when Melanie gets home, she consults her meal plan and decides which meal she is going to prepare, depending on the time and energy she has available. To help reduce the time involved in preparation, Melanie will sometimes serve leftovers from previous meals. Once the meal has been prepared, the family sit down to eat together at the dining room table. The children are not forced to eat anything they do not wish to, as Suzie once vomited from being forced to eat too much tuna mornay. The family check in on one another, ask each other questions and play word games during the meal. The children are not allowed to use any technological devices, and conversation about off-putting topics is banned. If Andy is not home for the family meal, Melanie will make it a special 'mummy-daughter' night, eating the meal in front of the television. If Melanie is not home for the family meal, Andy will try to execute it as per normal, however it would be more likely that takeaway is served.

This is just one example of some of the cognitions, actions, outcomes, beliefs and responsibility of the family meal for one family. These components make up the Family Meal Framework and are presented in more detail below.

4.2.2 Cognitions of the family meal; Considerations to be made

The 'cognitions' in the Family Meal Framework represent the mental work and decision-making involved in the family meal. These are the factors that parents consider when attempting to execute the family meal and are thus termed 'considerations'. These factors were divided into 'actively considered', 'subconsciously considered' and 'situationally considered' categories. The 'actively considered' factors were those 'front of mind' in relation to the family meal. For example, factors such as cost, time, family food preferences, or family schedules may be 'actively considered' when making decisions about the family meal. The 'subconsciously considered' factors were those that influenced parents' decisions but were not necessarily 'front of mind', such as cultural or religious background, marketing and advertising, or familiarity and habit. These were classified as subconscious as they were considerations that were automatically considered by participants, and thus often did not

require additional thought. The 'situationally considered' factors were actively considered by parents but were dependent on the situation they were facing, such as energy levels, or who was or was not going to be present for the meal. Examples of each of these types of considerations are provided in the excerpts in Table 2.

It should be noted that not all factors were considered by every family, and not all were considered equally. The factors that were taken into consideration varied, and different considerations were often at odds with one another. Parents tried to align multiple considerations where possible but were often unable to do so due to more pressing constraints on their choices. When nutrition and variety were factors parents ideally tried to consider, more practical considerations such as time, convenience and cost often had to be prioritised instead, as evidenced by the following participant quote:

> George: Lack of time, it's just so easy to drop back to the things that you go, *well I've done it before, I know how long it will take*, I don't have to sit and think about it. You get something new and you go, *oh how long's that going to take?* . . . It's quite easy for me to, *let's run with it*, but I s'pose it would be good to get a bit more exotic. (F19, both parents employed, two children aged 8 and 5 years old)

Table 2 Participant quotes regarding considerations made for the family meal

Cognitions of the family meal; Considerations	
Category	**Demonstrative Quote**
Actively considered ❖ Children's eating habits ❖ Cost ❖ Developing children's palates ❖ Ease or convenience ❖ Ethics ❖ Food preferences ❖ Freshness, quality and source of produce ❖ Health, nutrition or balance ❖ Pleasurable experience ❖ Schedules ❖ Season or seasonality ❖ Store specials ❖ Time available ❖ Variety or experimentation ❖ What's available house or shops	Brooke: Well nutritional, I make sure that they had a balance of everything, so it's a matter of balancing out your meat and your vegetables . . . you need to eat a certain number of meat, I'd say about three or four times a week and then white meat and a bit of fish . . . and vary your vegetables . . . I work on the basis you've got to have every colour. (F10, father employed, stay-at-home mother, two children aged 3 and 1 years old) Helena: It's thinking about where am I going to get this stuff from? Where can I get it from that's going to be good quality, will last the week, 'cause I don't want to have to shop every couple of days. (F24, single-mother family, stay-at-home mother who home-schools her children, three children aged 24, 12 and 10 years old) Andrew: I wouldn't buy, should we say [brand name] tomatoes, because I perceive them as being more healthy as Italian tomatoes, I'd just buy the Italian ones because they'd be cheaper. (F2, both parents employed, two children aged 11 and 8 years old)
Subconsciously considered	Meg: No, we cook by custom, by tradition you know. (F9, father employed and

❖ Cultural or religious background ❖ Cooking facilities ❖ Familiarity or habit ❖ Food storage facilities ❖ Marketing and advertising ❖ Medical or health considerations ❖ Skills or confidence in cooking	studying, stay-at-home mother, three children aged 11, 9 and 3 years old) George: I s'pose you tend to fall into a trap of having your little, not your favourites but your regulars. There's the cans of five different varieties of baked beans, and there's just the one that you go, that's what we get cos that's what we always get. (F19, both parents employed, two children aged 8 and 5 years old)
Situationally considered ❖ Energy levels ❖ Who is or is not present	Connie: There's maybe one or two nights a week we might be too tired and we just go and get a takeaway. (F11 both parents employed, three children aged 19, 17 and 10 years old) Patrick: The structure changes because if that's the case [mother absent from the meal], it's the same when I'm not here, like they'll [children] come in the loungeroom and eat it. (F3, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)

4.2.3 Actions involved in the family meal; Processes to undertake and strategies required

Once the considerations regarding the family meal were made, action followed. Actions are separated from the cognitive processes because they are the behaviours required to execute the family meal. Where the cognitive tasks could be viewed as 'invisible work', actions are the more 'visible work' of the family meal. The actions are divided into two categories: strategies and processes. The strategies are the plans of action that assist parents in executing the family meal. The processes are the actual tasks required to execute the family meal, broken into three main categories: planning, purchasing, and preparation.

Strategies were required by parents to align these processes of planning, purchasing, and preparation with the considerations required for their family. There were many strategies parents across the two samples used to execute the family meal, such as looking for new inspiration, purchasing ingredients in bulk, preparing separate meals, and purchasing takeaway. For example, if families needed to consider cost (an active consideration) when thinking of ingredients to purchase for the family meal (process of purchasing) they would need a strategy for purchasing ingredients within their financial resources, such as creating a budget or seeking out store specials. Another example was if a family had minimal time available (an active consideration) to prepare the meal (process of preparation) then they might use convenience foods or leftovers to make the process less time consuming. See Figures 2 and 3 respectively for a pictorial representation of these examples. Examples of the strategies and processes are provided in Table 3 and Table 4 respectively.

Table 3 Participant quotes regarding strategies involved in the family meal

Actions of the family meal; Strategies	
Category	**Demonstrative Quote**
Strategies related to planning ❖ Asking others/ Outsourcing meal decisions ❖ Budgeting ❖ Inspiration and ideas ❖ Meal kits ❖ Shopping list	Mary: Most times see I make a shopping list and I price the items, and I always price them a little bit over the item so that if we happen to see something we want that's extra, the prices are over the items, that don't happen to be going that much over the budget. (F3, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old) Claire: We've got the, like the Google home thing in our kitchen, and we're both in the habit of just saying "add whatever to the shopping list", which is then on both of our phones, which has kind of really changed the way we do the shopping list actually. (F22, both parents employed, two children aged 6 and 4 years old)
Strategies related to purchasing ❖ Buying in bulk ❖ Chasing bargains ❖ Getting children involved ❖ Home delivery of groceries ❖ Meal kits ❖ Shopping list ❖ Shopping online	Melanie: I did do online shopping when I was working five days a week, because it was just so hard to find times. (F28, both parents employed, two children aged 11 and 7 years old) Audrey: I do it [shopping] all over the place because I like to shop for bargains. (F15, both parents employed, one child aged 10 years old) Interviewer: So you have to bring the gear back home? Gemma: No, I get it home delivered. (Family F6, neither parent employed, three children aged 4 years, 1.5 years and 6 months old)
Strategies related to preparation ❖ Accommodating children's preferences ❖ Avoiding serving disliked foods ❖ Cooking in bulk ❖ Cooking separate meals ❖ Getting children involved ❖ *Meal kits* ❖ Modifying meals or preparing additions ❖ Outsourcing to other family ❖ Preparing meals in advance ❖ Preparing separate meals ❖ Providing substitutions ❖ Serving everyone the same meal ❖ Serving	Hank: We'll buy sauces, already pre-mixed sauces which we can use, just add that to the food after we've cooked it and make it very tasty . . . we can have Greek, we can have Chinese, we can have Spanish, Mexican hot spicy stuff, we can have curry. (F11 both parents employed, three children aged 19, 17 and 10 years old) Gaye: I'm trying to get my 11-year-old son a bit more involved with the cooking . . . when I'm shopping I say to him, "what do you want to have for dinner tonight?" And he chooses the main meal and then contributes to preparing it as well, with the idea that in due course he'll actually be able to take over the kitchen for me sometime. (F12, father employed, stay-at-home mother, two children aged 9 and 7 years old) Scott: Harriet's pretty fussy with her food, if I know that she's not going to be interested in a particular option, I'll know to prepare something else for her, it's usually just like a sort of tinned pasta that she loves, I know it's a safe bet so if I make that she'll eat it. (F18, both parents employed, two children aged 5 and 2 years old) Griffith: My mum doesn't live that far away, I'll just ring her up and say, "hey, do you

leftovers ❖ Serving special foods ❖ Serving takeaway foods ❖ Using convenience foods	mind making us some quick pasta tonight? We can pick it up on the way through." (Family 20F4, both parents employed, two children aged 9 and 4 years old)

Table 4 Participant quotes regarding processes involved in the family meal

Actions of the family meal; Processes	
Category	**Demonstrative Quote**
Processes related to planning ❖ Ad hoc ❖ Deciding on the day ❖ No plans ❖ In advance ❖ Set menus	Melanie: I'm very organised, so I have my meal plans for the week. (F28, both parents employed, two children aged 11 and 7 years old) Gaye: I usually look through the cupboards and the fridge and say, "Well what's here and are we going to have this this week?" (F2, both parents employed, two children aged 11 and 8 years old)
Processes related to purchasing ❖ Frequency and length of time ❖ Location ❖ Transport	Richard: Mondays is a day off and I'll usually do one or two shops in a Monday and it might account for one or more meals. But it's not uncommon to do shopping everyday. (F17, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old) Interviewer: How do you get to Arndale to do your shopping? Maxine: Circle Line bus . . . or walk, yeah, if the weather's nice (F14, single-mother family, mother and boarder studying, one child aged 5 years old)
Processes related to preparation ❖ Activities of preparing the meal	Eddie: Sometimes on Tuesdays I come home at three and I think, yeah, today's a good day for cooking. So, I take the meat out and take the recipe things and chop it up and start cooking. (F14, single-mother family, mother and boarder studying, one child aged 5 years old) Julianne: 'Cause I use my phone as my, like to cook and stuff, so I do sort of sometimes even have it out because I had the menu on it, or something. (F20, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old)

4.2.4 Outcomes of the family meal; The family meal itself

The outcome of these cognitions and actions was the family meal itself. This category incorporated the family meal occurrences, the environment, and the behaviours of those at the family meal. Although the family meal is the direct consequence of the cognitions and actions preceding it, how the family meal takes place and is experienced can directly affect those cognitions and actions in the future. If the experience was positive, it may reinforce the

cognitions or actions so that the positive experience can be repeated. If the experience was negative however, it may prompt parents to reconsider the cognitions and actions so that the negative experience can be avoided in future. For example, children's disruptive behaviour at the meal may result in parents attempting to have the meal earlier, before children become too tired and irritable. Examples of the outcomes of the family meal process are provided in Table 5.

Table 5 Participant quotes regarding outcomes of the family meal

Outcome of the family meal	
Category	**Demonstrative Quote**
Family meal occurrence ❖ Different on weekends	Julianne: The family meal to me, is everybody sitting down at the same time. So most probably the only one of that would be dinner time, because obviously we're not home together at any other time. (F20, father employed, stay-at-home mother, four children, one aged 7 and triplets aged 6 years old) Patrick: Saturday afternoon at lunch time we usually sit down and have something to eat and then we'll go off and do our things again . . . At teatime we'll sit down all together. (F3, father unemployed, stay-at-home mother, three children aged 15, 11 and 8 years old)
Family meal environment ❖ Eating separately ❖ Food served ❖ Location ❖ Technology	Scott: It's just in the loungeroom, so April and I will be sitting in our chairs, Harriet will be sitting on the floor, she has like a little pop-up table to eat her meals on . . . Howie will be in the highchair, so we're all sort of sitting next to each other, just in the loungeroom. (F18, both parents employed, two children aged 5 and 2 years old) Natalie: We don't let iPads or anything like that on. We sometimes have the TV from the lounge, but we try to limit that because it just causes distraction. (F19, both parents employed, two children aged 8 and 5 years old)
Family meal behaviours ❖ Convincing children to eat ❖ Disruptive behaviour ❖ Multi-tasking ❖ Picky eating and reactions to food	Interviewer: How do you encourage him to eat meat? Dean: Through threats . . . Threats and bribes. (F15, both parents employed, one child aged 10 years old) Sylvia: Brianna [daughter] she tends to play with her food and mess around a while, she'll sit there, "mum I can't eat this". (F5, father employed, stay-at-home mother, two children aged 6 and 3 years old)

4.2.5 Beliefs and feelings related to the family meal

The category of beliefs and feelings encompassed parents' expectations, feelings, and perceived benefit and value of the family meal. Parents' beliefs and feelings about the family meal sit on the border of this cycle, representing their pervasiveness across all stages.

These beliefs or feelings could have a direct impact on the outcome of the meal. For example, Anastasia (F23), a single mother, wanted to provide a traditional family meal for her son, even though she did not consider their current situation as the typical 'big' family that she had growing up. However, when the outcome was eating a meal together in front of the television, she felt it hindered communication and that she was not spending quality time with her son. Being unable to live up to her expectations of what the family meal should look like led to feelings of dissatisfaction, which resulted in a new resolve to try to change the outcome of the family meal.

> Anastasia: I do prefer to have meals at the kitchen table, because that's what I did when I was a child . . . I s'pose 'cause we don't have a big family, it's happened that it's just my son and I . . . It feels more impersonal in the lounge, like it's not a sort of a special mealtime . . . I think I'm really going to try to organise for us to have at the table, and even if he says, "no", I'm actually going to say, "no we have to have it at the kitchen table". (F23, single-mother family, mother employed, one child aged 12 years old)

Parents' beliefs and feelings about the family meal could also have an indirect impact on the outcome of the meal, by changing the cognitions and actions that precede it. Parents would either replicate the cognitions and actions to reinforce positive outcomes or change them to prevent negative outcomes from reoccurring. For example, parents finding their children's negative reactions to the food they have prepared disheartening, may decide to consider their children's preferences more than other considerations (cognition) and may change the types of meals they prepare (action). These beliefs and feelings could extend outside of the family meal event to any of the processes of planning, purchasing and preparation. For example, finding the shopping experience (process of purchasing) more or less enjoyable when the whole family attend may result in parents either insisting family members come along, or going to great lengths to ensure they are able to go alone. Examples of the beliefs and feelings related to the family meal are provided in Table 6.

Table 6 Participant quotes regarding beliefs and feelings at the family meal

Beliefs and feelings regarding the family meal	
Category	**Demonstrative Quotes**
Expectations ❖ Defining elements ❖ Dissatisfaction with practices ❖ Past experiences ❖ Rules ❖ Traditions or rituals	Paul: It's something I've just grown up with so it's just normal to me, to sit together. (F6, father unemployed, stay-at-home mother, three children aged 4 years, 1.5 years and 6 months old) Sylvia: Yeah, I try to keep to the basic rules. No elbows on the tables, don't

	play with your knives and forks, or your spoon whatever. The general ones like eating with your mouth closed. (F5, father employed, stay-at-home mother, two children aged 6 and 3 years old)
Perceived importance and value ❖ Checking in ❖ Child development and learning ❖ Dedicated time together ❖ Display, share and instil family values ❖ Promoting and facilitating communication ❖ Teaching or role modelling	Donna: It's a real bonding thing and if we didn't have it then I think our relationships would be quite strange, 'cause we wouldn't know what's going on in each other's lives. (F27, both parents employed, three children aged 20, 18 and 8 years old) Jennifer: Yeah, I mean, I don't know. It is symbolic, I think there is something symbolic going on at sitting at the table, we are a family, we do things together, we eat together. (F17, father employed, mother casual volunteer, four children aged 19, 18, 13 and 11 years old)
Feelings toward the family meal and food tasks ❖ Positive feelings towards family meal or processes ❖ Neutral feelings towards family meal or processes ❖ Negative feelings towards family meal or processes	Alison: I don't enjoy shopping, I just go and do it because it has to be done and it just takes so much longer if I've got two children I have to argue with. (F4, father unemployed, mother employed, two children aged 9 and 7 years old) Leslie: The shopping is exciting because you know every season is different, and this season we might have plenty of this and the next season you have other things, so it's always exciting to have those changes. (F25, both parents employed, one child aged 12 years old)

4.2.6 Person(s) responsible for the family meal and the processes involved

Bordering and encompassing all aspects of this cycle, and crucial to its functioning, is the person(s) responsible. The family meal involves complex processes and requires a significant amount of physical and cognitive work, and someone must be responsible for it. Persons responsible for the family meal varied between and among the participants from either sample. It was more common for families from the 1990s sample to have one person responsible for the work of the family meal (the mother in all cases), but it was more common in the 2020 sample for this responsibility to be shared between parents (in two-parent households). This category not only explored who was responsible for the work, but how responsibility was shared, how this may have changed over time and how men and women differed in their approaches to undertaking certain tasks. Examples of the persons responsible for the family meal are provided in Table 7.

Table 7 Participant quotes regarding person(s) responsible for the family meal

Person(s) responsible for the family meal	
Category	**Demonstrative Quotes**
Responsibility for food work ❖ Male versus female behaviours ❖ One person responsible ❖ Shared responsibility	Interviewer: Do you cook as well Andrew? Andrew: Yes, less often. Gaye: Less often than I do but he still does cook. (F2, both parents employed, two children aged 11 and 8 years old) Claire: Depends on the day and who's worked longer or who's around the place ready to do it . . . both of us probably do half, half, maybe I do slightly more 'cause I work a little bit less. Christopher: Ooh controversial, controversial. Claire: That's controversial of me, it's probably about fifty-fifty. Christopher: Thank you. (F22, both parents employed, two children aged 6 and 4 years old) Interviewer: So, who does the shopping? Alison: I do. Interviewer: Has that always been the case? Derek: Apart from illnesses and, or hospital due to babies. (F4, father unemployed, mother employed, two children aged 9 and 7 years old)

5 Discussion

This grounded theory study produced a framework of the multiple cognitive and physical components involved in executing the family meal. It encompasses the impact the outcome of the family meal (how the meal is served, eaten, and received by family members) has on the cognitive and physical tasks that precede it. It explores how beliefs and feelings related to the family meal have the ability not to just impact the outcome of the family meal, but also the cognitive and physical processes leading up to it. Finally, the framework acknowledges the persons undertaking this work, that the work can be done alone or in partnership, and that this impacts how the family meal, and it's involved processes, are undertaken. Although it has been established that feeding the family requires effort, energy, and time (Berge, et al., 2013; Bowen, et al., 2019; Charles & Kerr, 1988; DeVault, 1991; Malhotra, et al., 2013; Mehta, et al., 2019; Quick, et al., 2011), this study provides a framework for clearly distinguishing and understanding the work and effort required to execute the family meal. While the family meal may seem quotidian and a routine part of family life, this framework demonstrates that it requires a series of highly choreographed steps to execute. Previous work specifically focusing on unpacking the effort required for the family meal has not gone

as far as to provide a framework that encompasses all five components of cognitions, actions, outcomes, beliefs and feelings, and person(s) responsible, nor do they account for the cyclical, reactive nature of these components, or how they interact with one another.

Previous exploration into the work of the family meal has largely focussed on the physical components of the family meal, and there is minimal exploration into the mental, or cognitive components. Charles and Kerr (Charles & Kerr, 1988), and DeVault (DeVault, 1991) were some of the first authors to document these 'invisible' tasks required to feed the family. This identification of the invisible tasks parents were routinely undertaking, unrecognised by others, and often unbeknown to themselves, was a huge contribution to understanding the effort and coordination that is required for feeding a family (DeVault, 1991). One such cognitive effort related to the family meal is the decision-making of the meal. Previous authors have described various factors individuals and parents consider when making food decisions (DeVault, 1991; Furst, et al., 1996; A. H. Gillespie & Gillespie, 2007; Kirk & Gillespie, 1990), but none as extensive as those explored in the present framework. These factors, termed 'considerations' in the present framework, have been given alternative labels by other authors, such as 'values' or 'goals' (Furst, et al., 1996; A. H. Gillespie & Gillespie, 2007; Sobal & Bisogni, 2009; Sobal, Bisogni, Devine, & Jastran, 2006). However, positioning them in this way indicates a virtue behind the decisions, when in many instances, parents were making decisions based on necessity and available resources. Budgeting may be a 'goal' for parents, but it may also be a necessity due to limited financial resources. Positioning these factors instead as considerations does not attribute virtue to the factors, but rather indicates that parents' decision-making is highly dependent on priorities, preferences, and resources. Additionally, the acknowledgement of these factors as being considered actively, subconsciously, or situationally, presents a new understanding of these decision-making processes. Understanding that there are factors that parents do not actively take into consideration, but are rather automatically accounted for, such as medical requirements, or cultural and religious practices, may assist our understanding of how parents make decisions, and how ingrained habits and marketing may inherently impact those decisions. The identification of situational considerations also indicates the highly reactive and often ad-hoc nature of food provision decisions for the family meal.

The family meal itself is not immune to both being impacted by and impacting these decision-making processes. The inclusion of the outcome of the family meal as an interacting component of this framework, is because of the clear impact the experience of the family meal has on the cognitions and actions that precede it. The family meal is often viewed as an isolated occasion, the end result of the planning, purchasing, and preparation

that precedes it. What happens as a result of the meal, or after the meal, is less often explored. Previous researchers have explored how children's fussy eating or their disruptive behaviour at the meal can result in parents feeling frustrated and despondent (Del Bucchia & Peñaloza, 2016; Kinser, 2016; Kling, Cotugna, Snider, & Peterson, 2009; Meah & Jackson, 2013). Parents in previous studies have been described as avoiding or persisting with serving foods that are refused by children, separating children from one another or removing them from the table when being disruptive (Del Bucchia & Peñaloza, 2016; Kinser, 2016; Kling, et al., 2009; Trofholz, Thao, et al., 2018), which alludes to the reflexive and reactive elements of the family meal. However, this framework is the first to link these experiences at the family meal with the entire cycle that precedes it. Again, this is important information, particularly regarding family meal promotion and targeting in intervention research. Understanding the reactive and reflexive nature of the experience of the family meal itself, provides a key to understanding how we can use the event to encourage positive changes to the cognitions and actions that precede it.

The family meal is a highly symbolic event, that is rich with tradition and idealism (Charles & Kerr, 1988; DeVault, 1991; Walton, et al., 2020). Family meals are considered valuable, conveying a sense of family unity (Berge, et al., 2013; Charles & Kerr, 1988; DeVault, 1991; Malhotra, et al., 2013; Martinasek, et al., 2010; Quick, et al., 2011); a time where family members put aside their own priorities and activities for the sake of spending time together (Cinotto, 2006). As such, they are a heavy with expectation, both internal and external, from societal discourse, past life experiences, and health recommendations (Oleschuk, 2020; Wilk, 2010; Woolhouse, et al., 2019). The dominant messages about family meals, the role they play in protecting children, and the responsibility of parents to conduct them in a meaningful way, can create tensions for parents, and imbue particular expectation on how family meals should be conducted (Wilk, 2010). Additionally, past experiences of family meals in childhood can create complex feelings and expectations about family meals in adulthood. Parents in previous studies have described feelings of anguish at their inability to create conflict-free, pleasant family meals as experienced in their childhoods, finding a dissonance between the expectation of family meals and the practicality of executing them in contemporary society (Wilk, 2010). Additionally, not all parents find the family meal, or its involved processes, to be a positive experience (Kinser, 2016; Kling, et al., 2009). These expectations and feelings about the family meal and it's involved processes can impact all components related to the family meal. This further highlights the extremely complex nature of the family meal, and all the components that can impact decisions, processes, and experiences of the family meal.

The family meal experience cannot be discussed without the acknowledgement of the person, or persons, responsible for it. The data used for this study indicated that for the 1990s sample, the typical arrangement of responsibility for food provisioning falling to the mother, was still largely the case. This pattern resonates strongly with other studies exploring divisions of household labour (Charles & Kerr, 1988; Daminger, 2019; DeVault, 1991; Murcott, 1983; Robertson, Anderson, Hall, & Kim, 2019), however, the 2020 sample presented a slightly more contemporary story, with more shared responsibility between mothers and fathers, and one father taking on sole responsibility for this work. The rise of mothers' employment outside of the home was evident in the 1990s, and this has only continued to increase over time (Australian Bureau of Statistics (ABS), 2017b; Australian Institute of Family Studies (AIFS), 2010). This has created a double burden for many mothers, having to be both the exemplar worker, and primary caregiver (Dinh, Strazdins, & Welsh, 2017; Offer, 2014; Wilk, 2010). Many authors have documented this uneven distribution of household labour between men and women and have explored the negative impact feelings of unequal distribution can have on parents (Daminger, 2019; Offer, 2014; Polachek & Wallace, 2015). The family meal is but one aspect of caregiving and family life, and as demonstrated by this framework, requires an immense amount of work and effort every single day. Although increased participation of men in the kitchen has been acknowledged by other authors (Fielding-Singh, 2017; Khandpur, Blaine, Fisher, & Davison, 2014; Khandpur, Charles, & Davison, 2016; Meah & Jackson, 2013), the distribution is still far from equal in many instances, and this endless cycle of family meal related work still falls largely on women.

This current grounded theory study confirms previous findings regarding the significant work involved in feeding a family and expands current knowledge by providing a conceptual framework encompassing the five reactive elements involved in the execution of the family meal. The framework encapsulates the cognitions, actions, outcomes, beliefs and feelings, and responsibility of the family meal, presenting a constant, cyclical, and reactive process, open to influence and change over time. Prior research has extensively explored individual food decision-making (Furst, et al., 1996; Sobal & Bisogni, 2009; Story, et al., 2008), mothers decision-making for the family (Blake & Bisogni, 2003; Slater, et al., 2012), and decision-making as a family (A. H. Gillespie & Gillespie, 2007; A. M. Gillespie & Johnson-Askew, 2009), but has not exclusively investigated or provided detailed information on family meal decision-making. Other studies that have been more focussed on family meal processes have explored some of the cognitive and physical work involved, where the responsibility for the family meal lies, and some of the influential components and motivators of the family meal (Berge, et al., 2019; Bowen, et al., 2019; Charles & Kerr, 1988; DeVault,

1991; Smith, et al., 2019), but none have explored them all together. This is the first framework to incorporate all of these components, demonstrating their relationship with one another and highlighting the constant, reflexive and reactive cycle of the seemingly quotidian family meal. This framework is useful in not only acknowledging and understanding the different components of the family meal, but also how they interact with one another. This framework provides clear opportunities for targeting future research and interventions so we can better understand and utilise the family meal as a health-promoting activity.

5.1 Strengths and limitations

A strength of the framework produced from this grounded theory study is its inductive creation through analysis of data collected from 54 participants of 28 families, from two opposing suburbs of socio-economic advantage, across two different time points. Its creation from the analysis of interview data from the 1990s, its validation from analysis of interview data from 2020, and its verification through obtaining feedback from 2020 participants adds rigour and strength to the framework. The ability to present this framework as relevant across time, based on the interviews of families in the past and present, without having to rely on memory or retrospective accounts is an additional strength. The study sample is also unique, containing coupled parents, single parents, parents working full time and part time, with close to half of the sample being male; a statistic which is not often captured in research conducted on families or family food provision (Khandpur, et al., 2016; Metcalfe, Dryden, Johnson, Owen, & Shipton, 2009).

While the recruitment of participants in both samples from suburbs of high and low socio-economic advantage and disadvantage was undertaken with the intention of providing a diverse sample of high- and low-socioeconomic position (SEP) participants, geographical indicators of SEP are not necessarily a strong indicator of individual socioeconomic advantage or disadvantage. Therefore, the samples may not be as representative of high and low SEP families as intended. Additionally, participants self-selected to be involved in both samples, therefore self-selection bias could have occurred whereby participants opted to be involved due to interest in the study, and a wide representation of views may not have been captured. Finally, the presence of the interviewer in the discussion and the fact that dietitians were conducting the interviews in both samples may have impacted the discussion with participants.

6 Conclusion

The framework presented in this grounded theory study provides a deeper conceptual understanding of the family meal and it's involved processes. The five interacting

components presented in the cycle provides a deeper understanding of the specific components required to execute the family meal. With this understanding of the family meal and its involved processes, we can specifically and effectively target future exploratory and intervention family meal research and determine how best to utilise the family meal as a health-promoting activity for families.

7 Declarations of interest

None.

8 Data availability

The data is not able to be made openly available to the public due to the nature of the data, the conditions of ethics approval, and privacy concerns. Data may be made available via a request to the Authors in which a formal data sharing agreement may be required.

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10 Author contributions

Georgia Middleton: Conceptualisation, methodology, formal analysis, investigation, writing – original draft, review & editing, project administration, funding acquisition. **Rebecca Golley:** Conceptualisation, methodology, writing – review & editing, supervision. **Karen Patterson:** Conceptualisation, methodology, writing – review & editing, supervision. **John Coveney:** Conceptualisation, methodology, writing – review & editing, supervision.

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Figure 1 Click here to access/download;Figure;Figure 1.docx

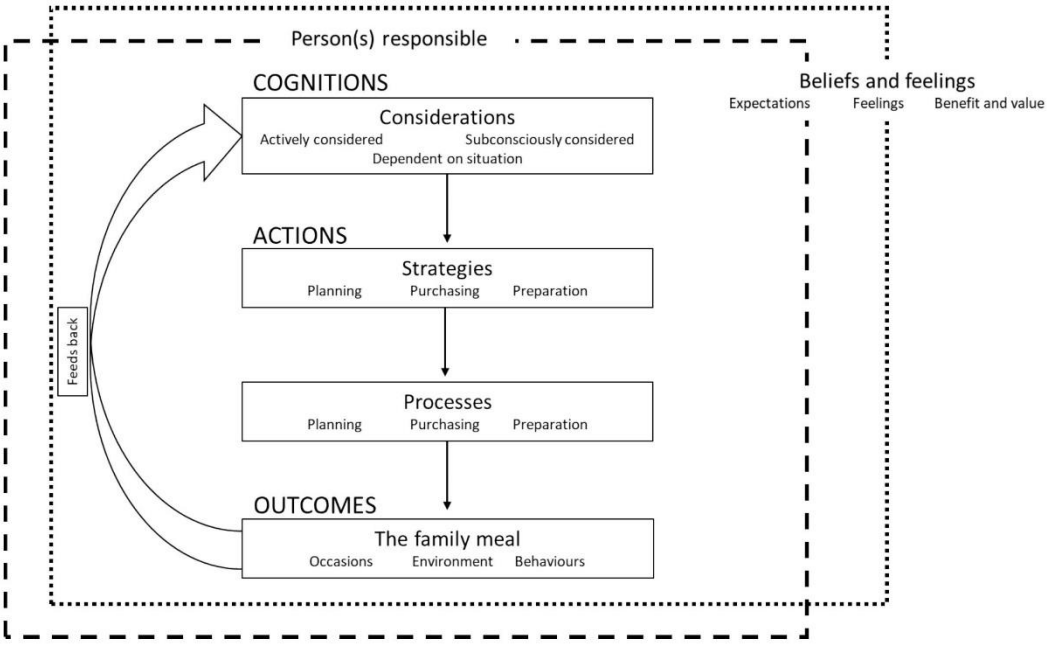


Figure 1 The Family Meal Framework

Figure 2 Click here to access/download;Figure;Figure 2.docx

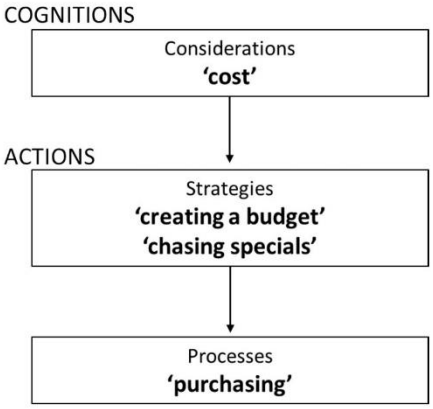


Figure 2 Pictorial representation of 'cost' consideration example scenario

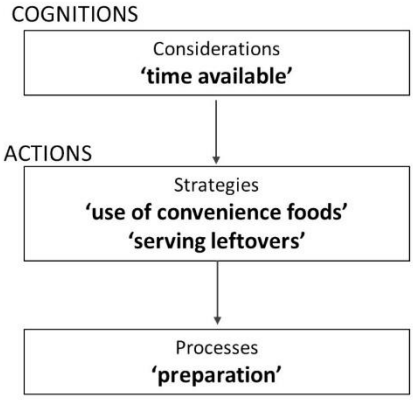
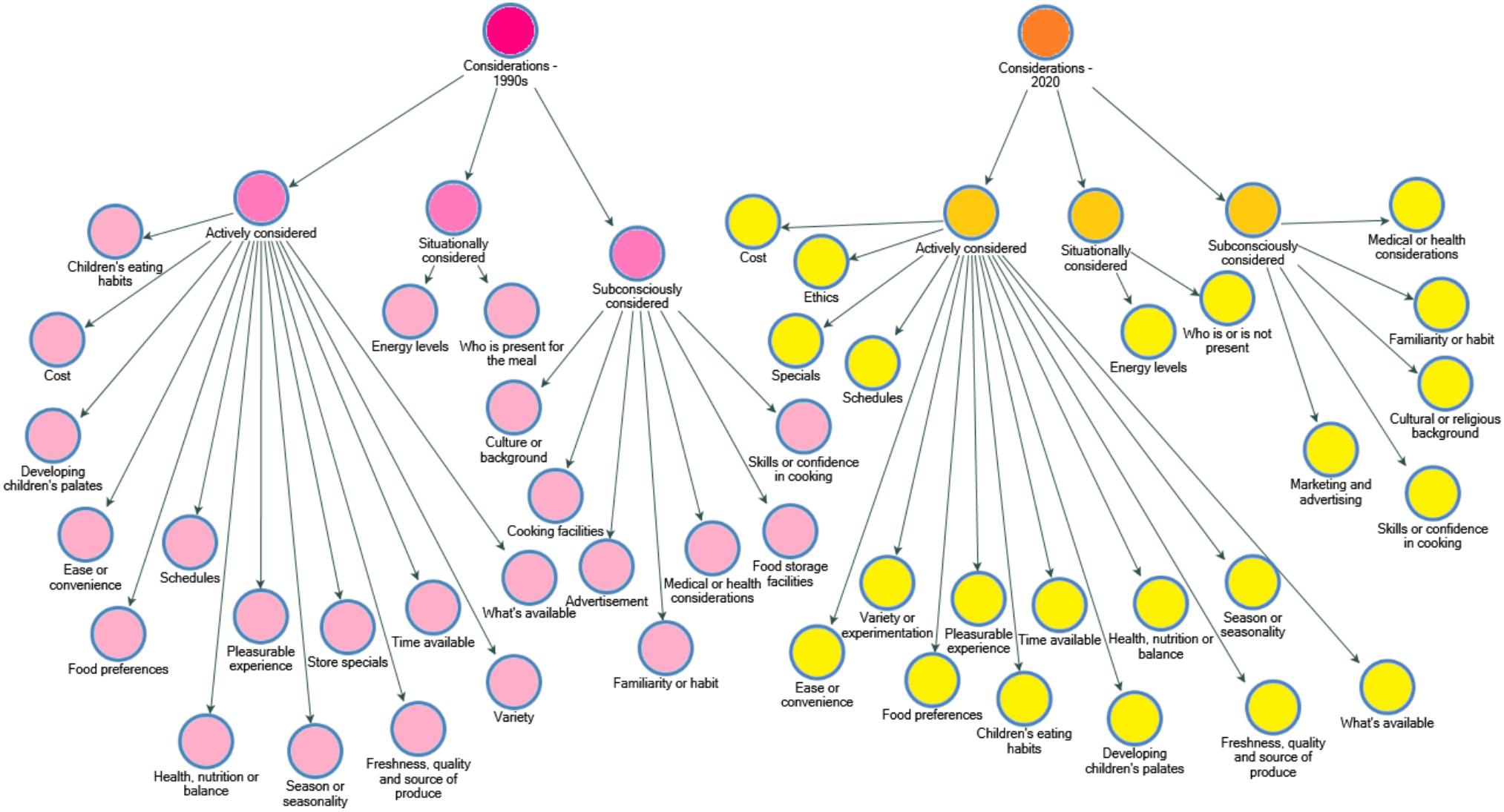


Figure 3 Pictorial representation of 'time available' consideration example scenario

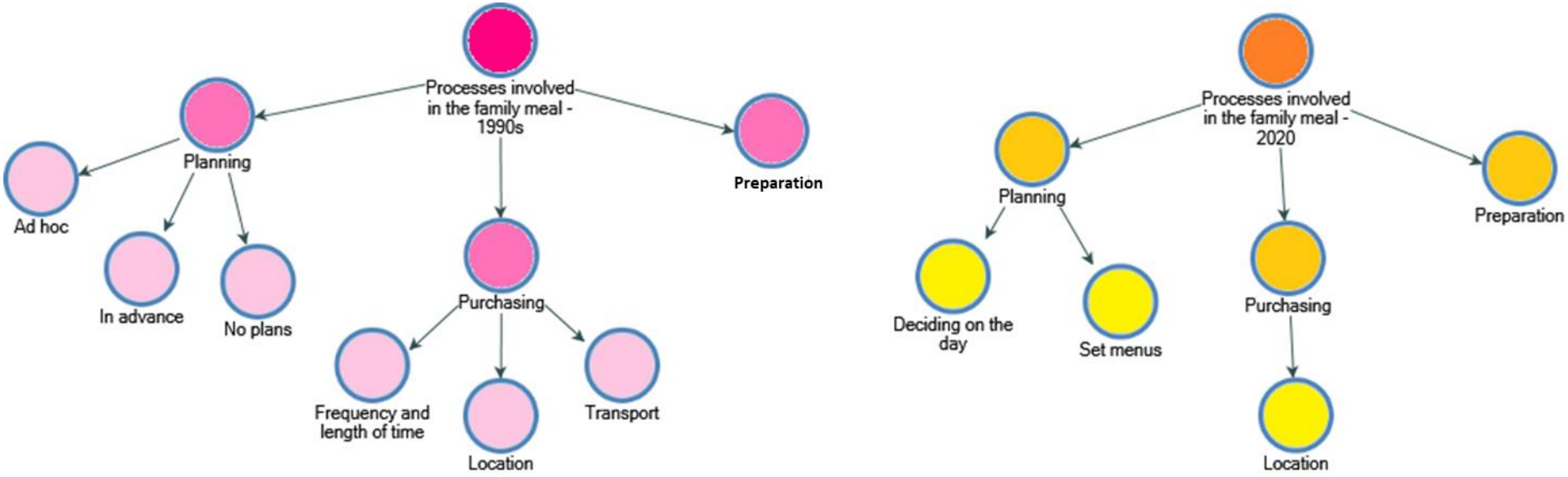
Ethical statement: Ethics approval was granted for the collection of the 1990s interview data at the time of data collection by the Committee on Clinical Investigation, Flinders Medical Centre (application number 67/92), and approval for the secondary analysis presented in this paper was granted by the Flinders University Social and Behavioural Research Ethics Committee in 2019 (#8473). Ethics approval was granted for the collection and use of the 2020 data by the Flinders University Social and Behavioural Research Ethics Committee in 2019 (#8461).

Declarations of interest: none

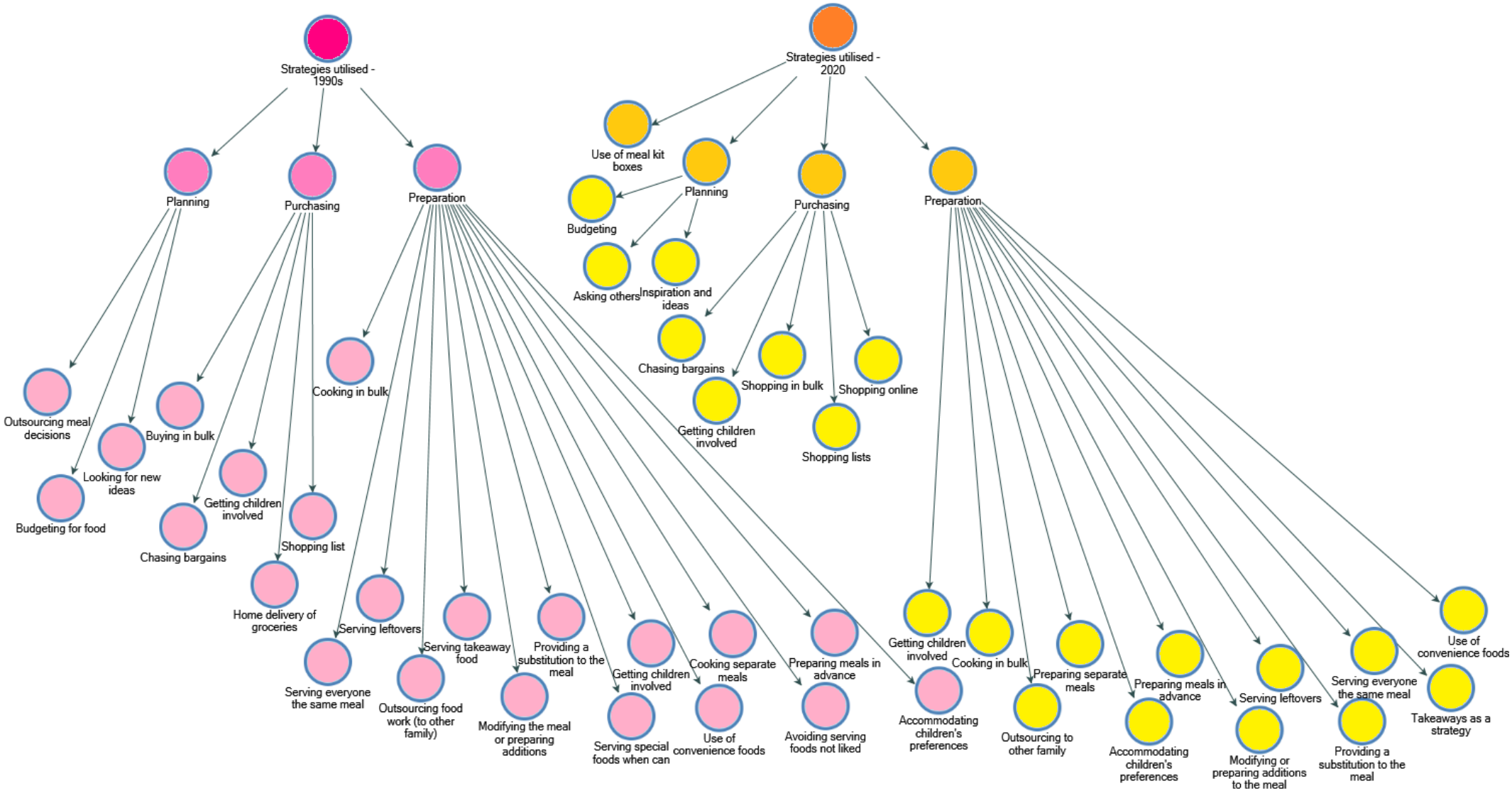
Appendix 20 Coding tree of 'The Family Meal Framework'



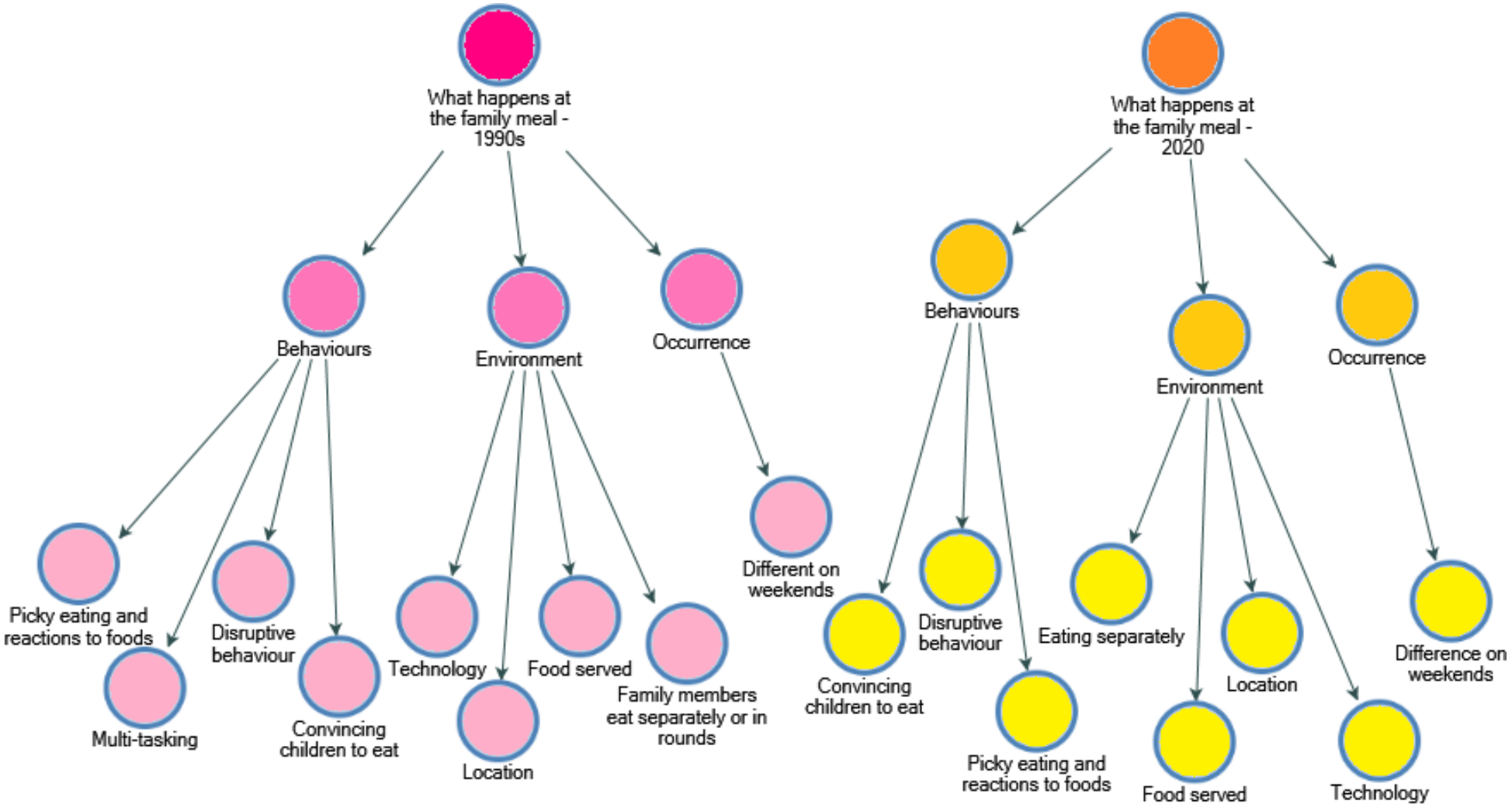
Coding tree of 1990s and 2020 data informing 'Considerations' of The Family Meal Framework



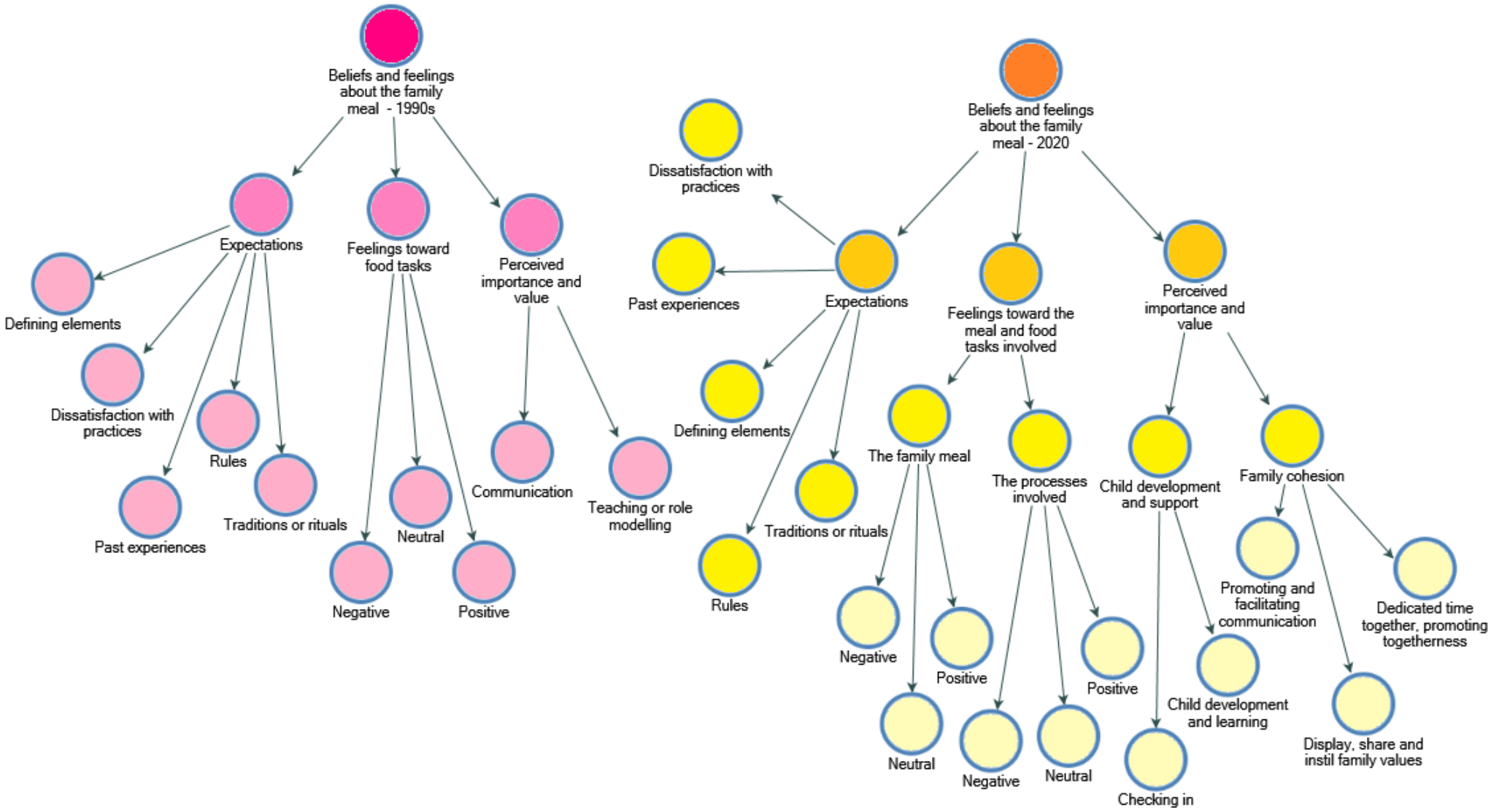
Coding tree of 1990s and 2020 data informing 'Processes' of The Family Meal Framework



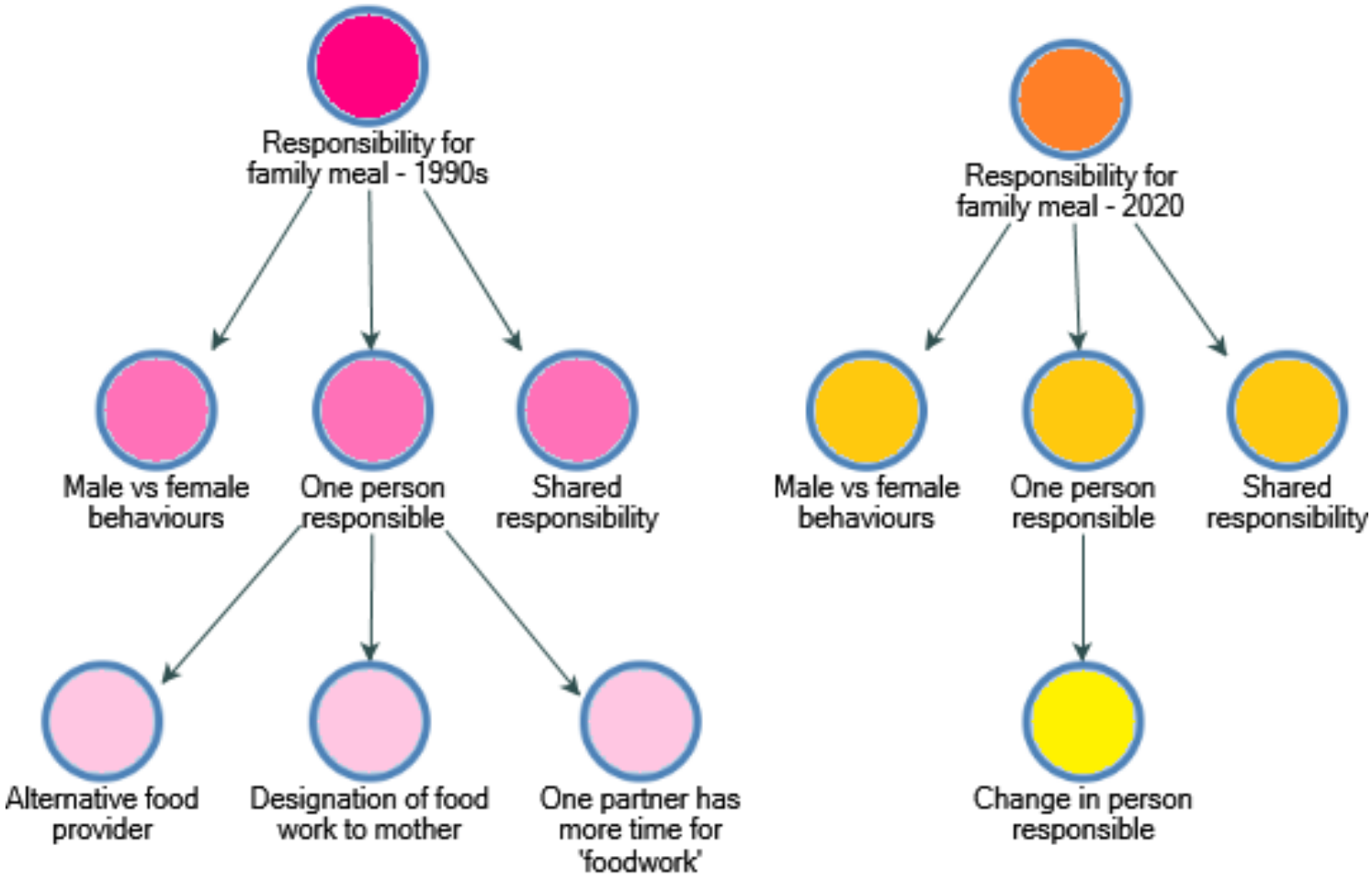
Coding tree of 1990s and 2020 data informing 'Strategies' of The Family Meal Framework



Coding tree of 1990s and 2020 data informing 'Outcomes' of The Family Meal Framework



Coding tree of 1990s and 2020 data informing 'Beliefs and feelings' of The Family Meal Framework



Coding tree of 1990s and 2020 data informing 'Persons responsible' of The Family Meal Framework