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**Informal meal time pedagogies: Exploring the influence of family structure  
on young people's healthy eating dispositions**

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## **Abstract**

Families are increasingly recognised as informal sites of learning, especially with regard to healthy eating. Through the use of Bourdieu's conceptual tools, this paper explores the role of family meals within different family structures and the informal pedagogic encounters that take place. How they help to construct young people's healthy eating beliefs, values and dispositions, together with what influences their ability to conduct healthy lifestyle practices within different social and material conditions, is also considered. This study draws from semi-structured interviews with students ( $n=62$ ) from three inner city comprehensive schools in the Midlands, UK, who were invited to interview with a friend from the same family structure. The interview protocol sought to uncover how often young people ate with their family and elicit their subjective views of family meals as a social context (pedagogical field) in which health messages were conveyed. Corresponding interview data were analysed using thematic analysis which revealed two main themes: (1) the importance of family meals as a pedagogic context for the (re)production of health-related beliefs, values and dispositions; and (2) the influence of family structure on individual agency. The narratives illustrate the varying role of family meals for young people in different fields and suggest that family (as a primary field) with its particular practices can act as a site of informal pedagogy, but crucially, only for those whose social and material conditions allow. We should therefore not assume that family meals are 'normative' for all families and may serve different functions for different families. Hence, in a period of economic depression and prolonged austerity, encouraging family units of any structure to invest in family meals from an early age will help to enhance young people's healthy dispositions.

**Key words:** family meals, informal pedagogy, healthy eating, field, dispositions

## Introduction

With growing concerns about obesity and overall health, it is important to understand when, where and how young people come to learn about health-related behaviours and particularly, healthy eating. Beyond the formal school context, families are increasingly recognised as informal sites of learning (Rich, 2012) and, with regard to healthy eating, the family meal is particularly important. Through the use of Bourdieu's conceptual tools, the purpose of this paper is to explore the role of family meals within different family structures and the specific pedagogic practices that take place and help construct young people's understanding, agency and dispositions with regard to healthy eating.

Recent studies concerning family meals have spanned both the sociological and bio-medical fields, with the former exploring the ways in which family meals contribute to overall patterns of family life (e.g., James & Curtis, 2010), while the latter have examined the value of family meals for young people's overall health (for example Pearson and colleagues, 2009). However, little consideration has been given to the actual pedagogic transmissions that occur during family meals and the impact on young people's dispositions, beliefs and values with regard to healthy eating.

Rich (2012) argues that concerns about young people's inactive lifestyles, a rise in fast food culture and poor diets, has led to a variety of initiatives which have sought to improve young people's health. In the UK and with particular regard to healthy eating, such prevailing messages are commonplace and transcend the formal school environment. For example, the government driven campaign *Change4Life*, targets families and bombards them with a wealth of information about what to eat and how to live 'healthy' lives. However, these campaigns often adopt a blanket approach to families, without great consideration of the daily socioeconomic and cultural challenges that different types of family face and their ability to conform to these prevailing messages. Hence, despite the family previously being

acknowledged as a source of influence on young people's beliefs and attitudes, only recently, through global neo-liberal and neo-conservative government policies targeting health promotion, has the importance of family as a *pedagogical site* been recognised (Dagkas & Quarmby, 2012). Furthermore, Fullagar (2009) argues that little work has been conducted to find out how diverse family formations add to the complexity of understanding how individuals come to learn about, and make health-related choices alone, and in relation to, significant others. It is therefore the pedagogical practices of family meals and their impact on young people's understandings of health-related behaviours that are a particular concern for this paper. As such, this paper captures young people's voice and explores the influence of family structure and informal pedagogies that occur during family meals in shaping healthy eating beliefs, values and dispositions in young people. Moreover, this study sought to uncover:

- How young people (re)produce knowledge of health through informal pedagogic contexts such as family meals;
- The extent to which family meals are affected by changes in family structure, and;
- Whether different family structures influence the transmission of cultural capital and individual agency with regard to health-related practices.

It is not our intention to override important formal pedagogic discourses that circulate widely as part of neoliberal and neo-conservative policies and practices on healthy eating and healthy lifestyles. Rather, it is to provide further insights on how informal pedagogic encounters that exists in the primary field of family, construct healthy dispositions for young people from diverse social backgrounds. It therefore takes a close look at family meals as a context where informal pedagogies and the (re)production of public health discourses concerning healthy eating occur. Furthermore, it considers the families' sociocultural contexts and the impact on their ability to engage in healthy lifestyle practices with their children. As such, this paper is

organised into five main sections: (1) the theoretical framework informing the study, including a discussion of informal pedagogies and Bourdieu's underpinning concepts; (2) the specific methodology employed; (3) the findings; (4) discussion of the main themes identified and; (5) conclusion.

### **Theoretical framework**

Tinning (2010, p. 18) defines pedagogy as 'a practice or set of practices, the purpose of which is to pass on or produce knowledge'. With regard to health, Tinning (2008, p. 416) suggests that this 'processes of knowledge (re)production' is concerned with the transmission of health-related beliefs, values, dispositions and identities produced through different pedagogical encounters. These pedagogic encounters can occur in a multitude of different environments where young people come to learn about and experience health. Tinning (2010) argues that all cultures attempt to reproduce themselves by passing on valued knowledge through means such as modelling, stories, metaphors and speech. This may occur through 'formal' pedagogic encounters that take place in institutional sites such as schools, universities or churches, where there is an 'explicit attempt to "pass on" valued knowledge' (Tinning, 2010, p. 20). However, pedagogical work is also done during 'informal' encounters that occur in non-formal fields such as parks, playgrounds and importantly for this paper, family (Tinning, 2008; 2010). Giroux (1998) would refer to this as a broader public pedagogy; one that recognises public, popular and cultural spaces as pedagogical sites. Importantly, such informal family practices transmit messages that nurture and configure attitudes toward, and understandings of, food, healthy eating and overall health (Evans and Davies, 2011).

What Tinning refers to as 'sites' for formal or non-formal pedagogy, Bourdieu (1984) terms 'fields'; a central Bourdieuean concept that underpins this paper. A field is a site in

which certain beliefs and values are transmitted, established and imposed on the people within it through the various relationships and practices that occur. In that sense, fields are sites of ideological reproduction and a key site for pedagogy and the (re)production of knowledge (Bourdieu, 1993). The family, as a network of agents predisposed to perceive each other in a specific way, tends to operate as a field (Bourdieu, 1996); structured by age, gender and capital possessions. Moreover, the family is a key field in which dispositions of habitus, associated with taste, interests, behaviours and attitudes are embedded in young people (Bourdieu, 1998). In essence, social structures are thought to provide access to different forms of capital, in different contexts and as a result, an individual's habitus is shaped accordingly (Bourdieu & Passeron, 1977).

For Bourdieu, habitus relates to individuals' embodied beliefs, values, ideals, speech, appearance and ultimately action. These embodied traits are taken up or impressed upon young people at an early age across a range of different social contexts through formal and informal pedagogic encounters (e.g., in the school or family) with various social agents (parents, teachers, peers) (Reay, 2004). Capital, on the other hand, is conceptualized in three forms: economic (one's financial state), social (possession of relational networks) and cultural (valued symbolic and material goods). More importantly, cultural capital is thought to exist in the *embodied state* (how one acts); in the *objectified state* (the cultural goods that one possesses); and in the *institutionalised state* (in the form of knowledge and educational qualifications, and with regard to this paper, knowledge and understanding of health) (Bourdieu, 1986). As such, it is suggested that the amount of capital accumulated by an individual will determine the range of available choices within a specific field (Bourdieu 1984).

In the study reported here, structural factors of family and, in particular, three different low-income family structures are considered in relation to how they influence subjective

behaviour with regard to healthy eating dispositions during family meals. The rationale for focussing on low-income family structures was rooted in existing evidence demonstrating that low-income young people suffer poorer health (UNICEF, 2007), while economic factors have also been documented to impact upon their dispositions toward certain health-related behaviours (Dagkas & Quarmby, 2012). For the purposes of this paper we have adopted a concept of social class that transcends ‘rigid notions’ and moves beyond the economic. According to Evans and Davies (2006, p. 797) the term social class implies ‘not just a categorization or classification of people with reference to some quality, but an invidious, hierarchical ranking of people which is inherently value laden’. As such, social class is, for Evans and Davies (2006), a set of social and economic relations that influence, dominate, and dictate people’s lives. Importantly, Bourdieu’s concepts are used here to highlight social inequalities across various fields where habitus is formed. Drawing from Bourdieu’s key concepts helps to understand how the micro-practices and informal family pedagogies are influenced within different fields and subsequently shape young people’s understanding of, and dispositions toward, healthy eating. The following section demonstrates the methodological approaches adopted to investigate our main research question: ‘how does family structure and the informal pedagogies that occur during family meals shape healthy eating beliefs values and dispositions in young people’.

## **Methodology**

Drawing from an interpretive approach and through engaging with Bourdieu’s key concepts, the purpose of this paper is to explore the role of family meals within different family structures and the specific pedagogic practices that take place and help construct young people’s healthy eating dispositions. Ethical approval was obtained from the authors’ institution Ethics Committee prior to data collection with permission obtained from the



gatekeepers of each participating school (a letter of intent explaining the study rationale was sent to the Head of each school and followed by face to face meetings before permission was granted). Consent to engage with the students was obtained via in loco parentis.

### ***Participants***

Sixty-two young people (aged 11-14) from three inner city comprehensive schools in the Midlands region of England, UK, participated in the study. These young people were selected from schools in neighbouring geographic wards designated as low socioeconomic status, based on the Index of Multiple Deprivation (IMD) score (Noble et al., 2008). The IMD is a UK Government measure of deprivation that includes assessments of income, employment, health, education, crime, housing and living environment (Noble et al., 2008). The IMD for the postcode of each school was obtained, indicating all schools were drawn from deprived areas. While this selection allowed for the gathering of data from young people who attended schools located in those neighbourhoods, the IMD represented a measure of deprivation for the school and not the individual participant. To counter this, IMD information was supplemented with additional data from school Ofsted reports, which also pointed toward high levels of deprivation in the surrounding catchment areas and in the pupils attending each school. The catchment areas for each school contained high levels of unemployment and state benefit claims. In all three schools, Ofsted data indicated that the majority of pupils were 'White British'. Participants were selected through purposeful sampling (Cohen et al., 2011) from schools in low-income areas, resulting in greater diversity, with individuals representing various family structures in the UK. As defined by the Office of National Statistics (ONS) (2004) our sample comprised three prominent family structures: *Two parent couple families; Lone parent families, and; Stepfamilies*. Two parent couple families consist of a two people living together (whether married or cohabiting) with their child(ren) (ONS, 2004). Lone

parent families are described as ‘a father or mother with his or her child(ren) where the parent does not have a spouse or partner in the household’ (ONS, 2004, p. 26). A stepfamily is ‘a married couple family or a cohabiting couple family where there are child(ren) who belong to only one member of the married or cohabiting couple’ (ONS, 2004, p. 41). However, it is important to point out that family, as a concept, is relatively fluid. Thus, ‘family’ can represent structures and environments that do not conform to the definitions provided above and are outside the normative understanding of family (Reynolds, 2002), with ‘parenting relationships’ existing outside the biomedical blood relationship model as expressed above (for example, same sex parents with varying blood relationships to children).

### ***Methods***

Semi structured interviews with the lead researcher were carried out with purposefully selected students ( $n=62$ ). Drawn from a larger project that collected additional demographic and family characteristics (see Dagkas & Quarmby, 2012; Quarmby & Dagkas, In Press), young people were invited to interview with a friend from the same family structure. Paired interviews were chosen to allow young people to feel more comfortable discussing information relating to their family structure with a friend who may share similar experiences. These interviews were conducted in an open staff room during lessons (with no staff present) and lasted between 20 and 45 minutes. The interview protocol sought to explore how often young people ate with their family and elicit their subjective views of family meals as a social context and pedagogical field in which health messages were conveyed. The use of interviews allowed the researchers an insight into the way the participants view, think and feel about their worlds (Powney & Watts, 1987). Conducting paired interviews with their friends meant that occasionally, some participants were distracted by their peer, though this was more easily controlled than in a larger group. Importantly, paired interviews might have impacted on

individual's desire to disclose sensitive information although previous research has suggested that such settings can lead to the generation of higher quality data (Highet, 2003). The semi structured interview schedule focused on the impact of family structure and meals eaten together, conversations during meal times and students' understandings about health in an effort to explicate the pedagogical practices employed within their families and its influence on their health-related dispositions. Typical questions included: 'Where do you normally eat dinner and who with?'; 'What do you talk about when eating dinner?'; 'What is your understanding of health?' and; 'Do you consider yourself healthy, why?'. The interview protocol was validated through a pilot study conducted with four children from one case school. As part of this process, the original instrument was refined with additional questions included, e.g. 'How often do you normally eat your evening meal with your family?'.

### ***Data analysis***

After the interviews all recordings were immediately transcribed verbatim. Multiple readings of the raw data and a thematic analysis were then employed whereby data were coded based on prior and emergent themes and simultaneous memos were recorded. In this case, Bourdieu's key concepts and the power relations evident within diverse family fields guided the initial analysis, together with a consideration of how wider structural forces constrained or facilitated subsequent actions. Following this, the process of identifying common themes began, and was based on deductive and inductive analytical procedures (Cohen et al., 2011). This involved scanning the data for themes and relationships among the initial categories, based on the semi-structured interview protocol. Working typologies were then developed based on an examination of the initial cases before being modified and refined on the basis of subsequent cases (Cohen et al., 2011). This allowed for the emergence of new categories as well as sub-divisions within each category. Negative cases that contradict emergent patterns

were also sought to expand, adapt or restrict the original construct (Cohen et al., 2011). Here, two strategies employed to ensure the study was trustworthy, rigorous and credible: (1) peer-debriefing and (2) member's check (Denzin & Lincoln, 2000). With regard to peer-debriefing, a detailed description of a sample of the responses was shared among the researchers to identify similarities and differences in the emergent categories. Moreover, the data analysis was conducted by two researchers who independently coded responses before resulting categories from both were compared. For the member check, eight children were revisited and asked to comment on transcriptions and preliminary findings, providing an opportunity to modify information.

## **Findings**

Drawing on Bourdieu's conceptual tools means that the findings must be understood in relation to the participants' position within social space at that particular time (Grenfell, 2008). Since family practices are many and varied, the narratives chosen below are not, therefore, representative of the whole data set. Instead, the voices of nine participants have been purposefully selected to illustrate the varying role of family meals for young people in different fields and the construction of their conceptions of health and particularly, healthy eating dispositions. As such, two prominent themes were constructed from the interview data. These were (1) the importance of family meals as a pedagogic context for the (re)production of health-related beliefs, values and dispositions; and (2) the influence of family structure on individual agency. This second theme is therefore discussed with reference to two parent couple families first, and then with reference to lone parent and stepfamilies. It is important to note that we have no intention here to make general empirical claims about low-income families (of a particular structure) but to provide insights into specific environments of informal pedagogical encounters that have traditionally been aligned with problematic and

risky behaviours in the context of neoliberal and neo-conservative guidelines concerning healthy eating. The quotations presented below include details of the individuals (pseudonyms and age) and importantly, their family structure.

### ***Family Meals as Pedagogic Contexts***

The following narratives demonstrate how interactions between parent and child, during family meals, shaped young people's health-related dispositions. An extract from Adam, a 14 year old male participant who lived in a two parent couple family at the time helps illustrate this. Adam reported that during family meals, both of his parents regularly mention how eating healthily could help with weight management. This demonstrated the nature of his family meals as an informal pedagogic context or pedagogic moment, in which parents transmitted information, beliefs and values about health practices and healthy eating.

They [his parents] always talk about being fit and healthy, well like when we're eating food she'll [mother] say like if you eat this you'll lose this much pounds (two parent couple family).

The identification of what we have termed 'appropriate' foods for healthy eating and maintaining weight was a key theme throughout the interviews. Many of the young people in this study (especially those from two parent families) reported how their parents used family meals as a context to help identify 'appropriate' foods, and those they should try to avoid. For instance, it was clear from many of the responses that certain 'appropriate' foods could be categorized as 'healthy' (fruit and vegetables) while others were considered 'unhealthy'.

Well, when we have dinner they [his mother and father] tell me what to eat... like fruit and stuff and how to stay healthy so I don't eat stuff that's bad, like pizza or takeaways (Danny, 13, two parent couple family).

Informal pedagogic practices such as these during family meals were often reinforced by parents, especially mothers, and mirrored in young peoples' dispositions in our study. For example, the use of similar discourses to describe healthy and unhealthy foods was evident in some interviews here. For 12 year old Elizabeth, her parent's views about health, transferred through similar pedagogic encounters, were reflected in her own beliefs and values:

Like, at dinner when you eat food like vegetables, and she [mother] says like, 'vegetables are the most healthy things, you should eat them to stay healthy' and I have to have milk coz that's good for you too...

Elizabeth then went on to describe health in a manner that mirrored this pedagogic encounter:

Being healthy is like when you eat and drink loads of like milk and water and erm... eating loads of fruit and vegetables. (Elizabeth, 12, two parent couple family).

Similarly, Garry also noted how his mum drew on notions of health to promote the benefits of healthy eating and as a result, he considered the consumption of fruit and vegetables as a method to avoiding illness.

When we're eating together, like erm usually my mum, would say to me to eat all my fruit and veg. and stuff to keep me healthy so I don't get ill (Gary, 13, two parent couple family)

In addition, the influence from such pedagogic encounters at dinner was evident in Garry's later comments. As explained earlier, Garry's mother drew on notions of ill health and the consumption of fruit and vegetables as a means to counter it. Reflections of his own health therefore mirrored his mothers' comments and pointed toward a realisation that if he adheres to this advice and eats the 'right' food then he might improve his health.

I wouldn't say I was amazingly healthy because I do eat quite a lot of sweets and erm, I don't really eat that much fruit and vegetables, although, my mum and dad make me... but... I eat loads of sweets and just stay on my computer or my drums and I don't

really do much exercise and stuff, and my mum tells me to eat more fruit and veg. and go out more so I think I'll try and do that a bit more in future (Gary, 13, two parent couple family).

These narratives indicate that family meals may, for some, provide an important pedagogic context that can promote healthy eating, facilitate family conversations and enable health-related views to be shared and (re)produced.

### ***Influence of Family Structure – Two Parent Couple Families***

As many of the above examples demonstrate, family meals were part of everyday life for many young people in two parent couple families. For some, this was often a time for family discussions that reinforced the transmission of health-related beliefs and values through intentional pedagogic practices. Harriet for instance describes how family meals formed part of her everyday normal routine with equal input from both her and her mother:

Yeah, we tend to do a lot of stuff together, cos erm, we always eat our meals together, always... Sometimes in front of the TV or at the table and I help my mum with her work preparation and cooking, so we do a lot of stuff together (Harriet, 12, two parent couple family).

Harriet's narrative also drew attention to how the whole family is involved in growing their own vegetables in the garden that they regularly use in family meals:

We had to grow our own vegetables for our dad... Like, we used to play [badminton in the garden] while he grew veg. and stuff but like we kinda all do it now... Cos it's healthier... well that's what dad says and oh yeah cos it's cheaper.

Given the attention her parent's afforded for eating healthily, it is perhaps not surprising that family meals for Harriet also served as an opportunity for her parents to reinforce healthy practices through parental modelling.

When we eat at the table or in front of the TV, they like tell me what to eat to be healthy but like... we all like, usually all eat the same stuff like vegetables and stuff anyway... everyone's plate is the same...

Harriet's narratives about growing their own vegetables, eating together and eating 'appropriate' foods allows us to observe her family doxa (Bourdieu, 1977); the natural beliefs and opinions operating within their family field which determine natural practice (in this case, the value and consumption of healthy food).

An emphasis on the role of family meals was also reported by Danny, a 13 year old who lived with both of his biological parents:

Whenever she [his mother] decides that we are going to have dinner she talks about health and stuff, cos my dad really cooks... Cos me and my dad have this thing against the American way of life, so we like sitting down and like sitting down together at the table, instead of sitting in front of the TV and watching it...

*Right, so you like to sit and eat around the dinner table?*

Yeah and she sometimes mentions like health when we're eating but, not like work and being a nurse health, but just like 'you should eat properly' (Danny, 13, two parent couple family).

As well as being together as a family, interacting and bonding, the above example also indicates that family meals offer an important context in which the transmission of health-related habits can occur. For Danny, the impact of eating meals with his mother (who drills in notions of healthy eating) and his father (who advocates a certain way of living) was evident in his desire to continue displaying similar values:

I eat everything healthy... And I really despise erm, hate like going to like MacDonald's, coz I just don't really like the food there, don't mind going out to



restaurants and everything cos it's not take away, but just don't like fast food places like MacDonald's... It's just fat and the way it's all cooked it's so disgusting, and sometimes it tastes sort of like the stuff that's gone in to it and it's not very nice

The nature of Danny's family meals and the particular interactions with his father was mirrored in his reluctance to eat MacDonald's, a stereotypical American fast food outlet which could be considered 'bad'; as evident in many global government initiatives for healthy eating. The result of such interactions for Danny and Harriet from two parent couple families, who share evening meals with their family, was the adoption of health orientated dispositions. However, the narratives of some young people in lone parent and stepfamily formations suggested that maintaining such interactions and transferring beliefs and values was problematic.

### ***Influence of Family Structure – Lone Parent and Stepfamilies***

Despite so far suggesting that the family meal is an important pedagogic context that influences individual's healthy eating dispositions, for some young people this wasn't necessarily the case. The narratives that follow are taken from young people living in alternative family structures (lone parent/stepfamilies) and offer a contrast to the comments from young people in two parent couple families who readily reported engaging in family meals. More specifically, the key reasons for not participating in family meals included their family structure (living in a lone parent family or experiencing a recent transition to a stepfamily) or, as documented in many cases, the socioeconomic variables that directly impact on parents' busy schedule and therefore less time with family members. As a result, the pedagogic processes discussed previously did not occur and parents could not engage in pedagogic practices that (re)produced healthy messages and habits.

For instance, the narrative accounts of 12 year old Taylor, who at the time of the interview lived with her mother and step father, indicated how a change in family structure impacted on existing pedagogical practices and the amount of time they spent together as a family. For Taylor, the change in family structure resulted in the loss of a unique encounter between her and her biological father:

Yeah, I remember being a little bit younger, and erm we had this like, my dad sat down with me and he drew our table, and he asked me what I'd had on Monday, and Tuesday, Wednesday, Thursday and Friday, Saturday and Sunday and then he'd show me like all the erm, meats I'd eaten and all the dairy products I'd had and stuff, and like it just opened my mind a bit more to see what like I used to eat

*Does that still happen now?*

No, not really cos I don't see my dad that often and I never really eat with my mum and erm my step dad (Taylor, 12, Stepfamily).

When Taylor lived with her biological father (in a two parent couple family) a food chart was used to help inform and guide her eating practices. Like those discussed earlier, an intentional pedagogic tool was used by her father to educate and assess the degree to which she was abiding by recommended daily intakes of specific food groups. However, the change in family structure has meant that her father can no longer monitor and enforce such practices. The resulting change in family structure (from a two parent couple to a stepfamily) meant that Taylor spent less time with her mother and stepfather who were commencing a new relationship.

I don't spend a lot of time with my family... I'm either in my room doing homework, or I'm just out... Like we're all close, but we don't really like talk and stuff, and then when we're like at the dinner table and stuff, it's usually only me and my brother, like my mum and my step dad will go into another room and stuff and have some privacy

As a consequence, family meals were isolated (just her and her brother), without pedagogic encounters occurring where parents could transfer health-related values. Moreover, there appeared to be less importance attached to what they ate.

Yeah, well we've just had like our front room decorated so we're not allowed to eat in there any more cos my little brother, he's five, he'll just totally wreck it, so we have to sit at the dining table and my mum and step dad sit in the front room. But, erm, like my mum always gives me and my brother whatever we want to eat, cos he usually only has like about this much a day, he doesn't have a lot of food and he's really skinny (Taylor, 12, Stepfamily).

Like Taylor, the ability of parents to monitor their child's food at meal times appeared to be reduced in some family structures. For instance, Jake (aged 11) suggested that despite cooking healthy food his mother and stepfather went out a lot and therefore couldn't monitor what he ate.

They [his parents] eat out a lot... like they will cook me a healthy dinner and then go out to eat so I just raid the cupboards and eat like biscuits and crisps and sit and watch TV (Jake, 11, Stepfamily).

Similarly, Kat (aged 12) also indicated that her lone parent mother couldn't monitor what she ate since she hardly saw her 'because she is working'. Despite her mother's repeated encouragement to eat healthy, the reduced contact and supervision over what she eats meant that Kat frequently consumed unhealthy foods at various other times:

I have healthy food but sometimes when I want some chips she'll like say that isn't healthy, but I can just go after school and get some chips (Kat, 12, lone parent family)

These examples are symptomatic of the issues raised by some young people in lone parent and stepfamilies whereby young people reported spending less time with their family and more time in isolation, particularly when it came to eating meals. In some lone parent

families, the busy work schedules of parents (who are forced by their social circumstances to work long hours) also restricted the amount of meals they ate together. This was particularly the case for Jack (aged 13 and living in a lone parent family at the time of the interview), who discussed rarely eating together which impacted on the type of food he was given. Jack's narrative indicated that his mother often coped by using quick and easy convenience foods that meant she didn't have to take extra time out of her busy schedule to prepare 'proper meals'.

Well, if she's in a rush it isn't like healthy food, it's just like pizza or something she sticks in the microwave...

*Is she normally in a rush?*

Yeah, well she has to rush back from work to take my sister to work so we never really eat together and she just makes whatever she can do quick for dinner (Jack, 13, lone parent family).

## **Discussion**

As a particular social field (Bourdieu, 1996), the family and its particular micro practices, inherent hierarchy and power relations can act as a site of informal pedagogy (Tinning, 2008) helping to shape dispositions and agency in certain ways. Importantly, most young people in our study came to understand health in similar ways to their parents, and recited, what Bourdieu (1977) might term a wider societal doxa; an orthodoxy surrounding the 'eat well, exercise right and stay healthy' discourse, recognising the binary between foods that are considered 'good' and 'bad'. Moreover, for some young people reported here, family meals offered unique pedagogic moments (Burrows & McCormack, 2011) for the transmission of cultural capital where parents passed on knowledge and beliefs about healthy eating and other health related dispositions. In this paper, the analysis of practice is done within the social

space of the family, which is structured by forms of capital. Moreover, the amount of capital held by individuals within that space determines their relative power within the field and in this case, such power often lies with the parents and especially mothers. Importantly, Bourdieu (1977) has argued that it is through discourses (transmitted here by parents) that we learn to behave, relate and obey and because of the power relations inherent within families, such pedagogic moments carry ‘pedagogic authority’ (Bourdieu & Passeron, 1977, p. 22) reinforcing the legitimacy of the discourse. However, not all families were subject to the same power relations. Interesting here was the fact that in some lone parent and step families, young people were told, without much say, what to eat, which reflected a traditional hierarchical relationship between parent and child where knowledge of healthy eating was transmitted in a linear fashion (from parent to child). These findings are similar to those of James and Curtis (2010) who revealed that, while in some families (across the same social classes) mutual decisions were made between parents and children, the more traditional, hierarchical parent-child relations were evident in the responses from some low-income families. This meant that young people only minimally participated in decisions about food and eating. However, in the present study, in other two parent couple families the balance of power was much more equal with young people having greater input and, while parents still engaged in pedagogic practices and transmitted knowledge, there was scope for young people to engage as active agents within the family (i.e. by helping parents prepare food). The nature of these pedagogic exchanges would suggest though that ‘unintended learning [is] made possible by a disposition acquired through domestic... inculcation of legitimate culture’ (Bourdieu, 1984, p. 28) and knowledge.

More specifically, in the narratives from young people in two parent couple families it was apparent that mothers, in particular, had a strong role in the transmission of health-related beliefs and values during family meals; findings that are consistent with previous research

(Burrows, 2009; James & Curtis 2010). Burrows (2009, p. 133) argues that it is with food that mothers, ‘as presumed gatekeepers of the kitchen are encouraged to be especially vigilant about not only what their children consume within the home but outside it as well’. Here, mothers acted as facilitators at meal times, responsible for social reproduction and the transmission of knowledge, values and beliefs about health. It was apparent that mothers, more often than not, made decisions about what and where they ate, were responsible for managing the consumption of healthy and unhealthy food and were the key source that helped them to determine what constituted a healthy meal.

Despite the prospect that family meals offer an important pedagogic context for family interactions and influencing young people’s health dispositions, the narratives presented here would suggest that family meals are not necessarily the norm, and may serve different functions for different families. For instance, some of the young people’s voices suggested that they faced various constraints, unique to their family structure, to the amount of family meals they engaged in and the implication of not eating together was that young people could ‘raid the cupboards’ for snacks, as one participant put it. For stepfamilies in particular, Bourdieu (1996) suggests that the introduction of a new member into a family (field) puts at stake the whole definition of the group, its boundaries and its identity, thus exposing it to redefinition and alteration. Here, some young people in stepfamilies tended to be isolated from their biological parent and their new partner/spouse who wanted time to themselves to build their new relationship. This, in turn, had a dramatic effect on the pedagogical practices and transfer of values that had previously occurred (e.g., in Taylor’s case). In lone parent families, young people were restricted due to the nature of the family environment and the fact that their mother’s had to work late or had to manage numerous tasks, which meant they struggled to find time to eat together (James & Curtis, 2010). Moreover, the purchase of ‘healthy’ foods was restricted due to the prevailing sociocultural constraints of some lone

parent families and, as a consequence, food provided at meal times was often quick, convenient packet meals or take-away. Since practice is reducible to the sociocultural conditions that shape the field (Bourdieu, 1996, 1998), it is perhaps not surprising that this was then mirrored in young people's agency and taste for convenient food (fast food and snacks etc.) which was symptomatic of the type of food enjoyed within their family.

Importantly, Lutpon (1996) has argued that because such fast foods (take-away or ready-made packet meals) carry associations of food prepared outside the home, they are characterised as 'bad' and denote a lack of a caring relationship between parent and child(ren). As a result, Wright et al. (2012) suggest that young people from low-income, lone parent families and perhaps even some step families are considered 'at risk' because their families are seen to either not know enough or not care enough to educate children about appropriate food and health choices. Rich (2012) moves on to contend that such a rationalist approach to health assumes that if parents are given the correct knowledge, then they can simply adjust their health behaviours and lifestyle of their child(ren) in accordance with prescribed 'norms'. However, even if these families undertake "ethical and moral reflexivity" (Rich, 2012, p. 15), they may still, as was evidenced here, be restricted by the prevailing sociocultural influences of their lives. As such, it is not that they do not know or care enough, but rather they may not have the appropriate or sufficient sociocultural resources that would allow them to alter the lifestyles and behaviours of their child(ren). In fact, the label of 'bad parenting' (Burrows and Wright, 2004) includes assumptions and judgements of 'improper' moral behaviour and inadequate norms of care for, and interaction with, children. Such practices are vulnerable to being understood as deficient against the 'normative' middle class model of parenthood toward child development or what Lareau (2002; cited in Vincent et al., 2010, p. 132) termed 'concerted cultivation'. As such, Burrows and Wright (2004, p. 90) state that 'it is often those parents who are already "othered" in the normalizing discourses of

parenting (i.e. lone parents, parents on low-incomes) who are further marginalized by these moral imperatives to regulate children'. Moreover, it is important to remember that creating an environment conducive to 'conditions of acquiring' is available only to those whose parents can afford them in terms of time and effort (Vincent and Ball, 2007, p. 1074).

Some of the narratives presented here would suggest that parents' own ability to engage in pedagogic encounters, transfer values and act in a surveillance and correctional capacity, was restricted in some low-income, lone parent and stepfamilies. Thus, even within similar social groupings, cultural transmissions and attention to healthy dispositions differs. A perception of low-income families as a homogeneous group is therefore not helpful in understanding existing inequalities (Dagkas & Quarmby, 2012). The families presented in this study, irrespective of their formation, adopted diverse informal pedagogic practices and dispositions to healthy eating based on the family's investment to eat and spend time together during family meals.

## **Conclusion**

Family meals offer an insight into the sensitive nature of family life and importantly, serve as a space to inform young people about healthy eating and appropriate eating choices. This paper has furthered knowledge with regard to the role of informal pedagogic practices and the family field. It has also demonstrated how family meals can act as an important pedagogic context for the (re)production and transmission of health eating knowledge and dispositions. However, changes in family structure and socioeconomic influences may disrupt the field and prevent certain pedagogical practices from occurring. The narrative accounts suggest that eating together on a daily basis might not be easily achieved in some lone parent and stepfamilies due to various sociocultural constraints of working patterns, time restrictions and because parents in recently established stepfamilies spent more time together, but apart from



their children. Thus, they engage in fewer family meals which restrict the pedagogic encounters, transmission and reinforcement of such values. Therefore, we suggest in this paper that family meals are an informal pedagogic context that can influence healthy practices and dispositions in youth, but only for those whose social conditions and family life afford time and effort for parents to create a climate that is conducive to acquiring such knowledge, beliefs and values about healthy eating. However, we should also not assume that family meals are the *only* time or space in which intentional pedagogical work regarding health is carried out, though it may be a particularly prominent one.

In the context of escalating fears around young people's health and wellbeing, Burrows (2009) argues that various family lifestyle practices have become a significant site through which health is governed, as evidenced through the increasing array of normalising family-focused pedagogic practices. However, health-related policies tend to reflect monoculture ideals that are reflective of specific societies, reinforcing existing societal inequalities that are rooted in socioeconomic and environmental features. For instance, many current family policies and much media coverage trade upon unexamined assumptions that normalise the moral possibilities of white middle class, married, heterosexual families, and the realities for many low-income, lone parent and stepfamilies are displaced by easy stereotypes and careless and damaging generalisations (Vincent et al., 2010). As evidenced here, there is great variety in family formation and functioning and as a result, not all families can eat together and may negotiate family meals in very different ways. This issue is, therefore, an important consideration in future research concerning young people's health practices, and should be considered in both policy and the design of future programmes in the field if we are to better understand and meet the complex, individual needs of those young people from diverse backgrounds. More specifically, this study has demonstrated that similarities and differences in meal patterns may exist *within* socioeconomic backgrounds.

Hence, any health care professionals working with young people and their families should highlight the important benefits of family meals, but not assume family meals are ‘normative’, everyday practices for everyone and seek to find ways of encouraging families to eat together and engage in the cultural transmission of healthy eating and other health related dispositions. In a period of economic depression and prolonged austerity, encouraging family units of any structure to invest in family meals might help to enhance young people’s healthy dispositions from an early age.

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