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**What's in that box? An account of foods in kindergarteners
lunchboxes**

A thesis presented in partial fulfilment of the requirements
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ABSTRACT

Through an ethnographic exploration, this thesis explored the basic process of how foods have come to be in the lunchbox, to question another aspect of the relationship people have to food, and how this contributes to what children are eating. Additionally, two socioeconomic areas were chosen according to their deprivation levels as a way to further explore how foods may differ according to socioeconomic status. From these two areas, discourses of children, their parents, and kindergarten teachers were collected, to gather multiple experiences and first hand accounts of food-related issues. Furthermore, health promoters from an Auckland based health organisation were also recruited for this research. Health promoter representatives captured another perspective of why and what foods go into the lunchbox, which further illustrated the possibility that the construction of the lunchbox is affected by a variety of influences.

Multiple qualitative methods were used to uncover the complexity of food issues among participant groups. These methods included: focus groups with children during their lunch break, focus groups with teachers at the kindergarten, and a focus group with the health promoters at their headquarters. Furthermore, interviews took place with the parents at their home, whilst the lunchboxes were prepared. The main finding was that there were no significant differences in the content of the children's lunchboxes, despite participants being recruited from a low or high socioeconomic area. Furthermore, two themes of accountability and health emerged in the analysis. Throughout these themes, the influences of neoliberal agendas were present, as participants often internalised and individualised responsibility and health issues. However, at the same time, participant groups were aware of the constraints that environmental influences had on decision-making. Together these themes revealed interwoven discourses that exposed a messy set of interrelated food topics. In closing, this project is unique as it looked specifically at early childhood lunchboxes, which is a current gap in the literature. This thesis contributed to a growing body of literature surrounding foods inside the lunchbox.

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CHAPTER I

INTRODUCTION

A human being is primarily a bag for putting food into
(Orwell, 1962)

Food is an essential feature of everyday life (Mintz & Du Bois, 2002). To survive, we depend on gathering, purchasing, or preparing food to eat. As well as providing subsistence, food is symbolic both socially and culturally (Morasso & Zittoun, 2014; Williams, Crockett, Harrison & Thomas, 2012). For example, we can use food to mark occasions, such as birthdays with birthday cake, or as a way to catch up over dinner (Counihan & Van Esterik, 2013). We can also express ourselves using food references. For example, she was the apple of his eye. Food can be a marker of traditions, such as a turkey at thanksgiving, or Jiaozi dumplings on the eve of a Chinese New Year (Counihan & Van Esterik, 2013). Our choice in food may signify religion, as Judaism and Muslim practices prohibit the consumption of pork (El Garah, Beekun, Habisch, Lenssen & Adaui, 2012). Quite simply, food is never just food, but rather, food is capable and symbolic in other capacities (Coveney, 2014). As Lang (1998) notes, food provides a valuable space for academic study. In this thesis, food will be used as a lens to go beyond nutritional and functional properties. In this way we may come to realise how food shapes, symbolises and underpins our identities as individuals.

Food and nutrition

Western society is saturated in health messages about food (Brown & Witherspoon, 2002; Coveney, 2014; Madden & Chamberlain, 2004). Nutritional science is an example of a highly active area, dedicated to providing understandings of improving health through food research (Coveney, 2004; Gross & Cinelli, 2004; Wildman, 2009). The field of nutrition will calculate, rationalise, and allocate food using scientific reasoning, and through this discourse has contributed to how we see food today (Popkin, 2003). As scientists regularly make new beliefs and facts about food for society to follow, an increasing number of individuals have spent more time worrying about food, and its perceived health benefits (Devcich, Pedersen & Petrie, 2007). For example, scientific discoveries inform the public that dietary fat increases the likelihood of diseases, such as coronary artery disease, heart

attacks, and ultimately death (Chamberlain, 2004; Willett, 2012). As found by Taubes (2001), millions of citizens made the switch to a low-fat and cholesterol-free diet, as healthy eating became equivalent with avoiding dietary fat. Therefore, as well as guiding populations about what to eat, nutritional advice may serve as a reminder that there are health hazards associated with food (Chamberlain, 2004).

As explained by Monaghan (2005), fatness is a public issue that goes beyond scientific discourse. For example, the creation and marketing of fat-reduced food products has become big business. The food industry spends billions of dollars a year selling the less-fat-is-good message (Lang & Heasman, 2004; McGinnis, Williams-Russo & Knickman, 2002). Additionally, the low fat industries can be present through television shows, education on healthy lifestyles, shaping habits, and by telling us what our diets should be (Grenhalgh, 2012). Furthermore, we are being conditioned to fear fat through an expansive exercise industry that promotes weight loss, gym subscriptions, and diet drugs (Jones & Hughes-Decatur, 2011; Nestle, 2013). The government also has fat fearing related policies. For example, there is a food pyramid that informs and recommends daily intake of how much, and what types of food to avoid because of its fat content (Goldberg et al., 2004). Therefore, it is apparent that there is a shared and guided concern by a variety of industries to promote self-regulation of body fat. Thus, broader discourses around fat filter ideologies that conclude fatness is a disease state that can be self-inflicted, and therefore, should be controlled by individuals (Thow, Jan, Leeder & Swinburn, 2010).

Food and the body

In contemporary western society health status, body shape, and morality are intertwined (Evans, 2009; LeBesco, 2011). For example, people are being judged as unhealthy, and bad citizens by the size of their waistlines (Coveney, 2008; LeBesco, 2011; Norman, 2013). Non-conformity to slenderness (being overweight), has been found to have negative consequences (Grogan, 2008). For example, obese/overweight people are marked by moralities of gluttony, a lack of self-discipline, and self-indulgence (Evans, 2009; McGuinness, 2012; Throsby, 2007). Additionally, Greenleaf, Starks, Gomez, Chambliss and Martin (2004) study showed that participants associated fat and obese individuals with characteristics such as lazy, slow, disgusting, and gross. Furthermore, Latner and Stunkard (2003) also found that fatness morals are deeply pervasive, as even young children express

negative stigmatisations towards larger children. Furthermore, it was found that people may feel ashamed when they are viewed as overweight/obese (Brown, 2010; Puhl & Heuer, 2009). As Valentine (2000) argues, too much individuality or deviation from social norms carries social consequences of exclusion. Therefore, larger people are arguably excluded and blamed for not gaining control of their body (Mik-Meyer, 2008).

However, a society that objectifies bodies by appearance, may paradoxically coerce people towards disordered associations with food and the body (Corbin, 2003; Greenleaf et al., 2004; Saguy & Gruys, 2010; Thome & Espelage, 2004). For women in particular, there is a stronger emphasis placed on the appearance of a thin body (Talukdar, 2012; Wilcox & Laird, 2000). Therefore, women in contemporary western society may even be socialised to believe that their problems come from being too fat (Allen & Sachs, 2007). In contrast to women, masculinity studies that focus on men and food have found that men produce masculinities by associating healthy food as insubstantial (Lyons, 2009). This induces unhealthy practices around food, such as eating larger portion sizes, and choosing certain foods because of its masculine status. For example, choosing to eat red meat, rather than a salad (Chamberlain, 2004). Therefore, we can view food itself through gendered practices (Lyons, 2009). Thus, women have found to be more familiar with healthy eating guidelines in comparison to men, as body issues reinforce gendered practices around healthy eating and appearance, for both men and women (Chamberlain, 2004; Lyons, 2009).

There appears to be a link of neoliberalism and responsibility in contemporary western society, as it is often the responsibility of a person to lose weight, rather than to re-evaluate the interventions themselves (Evans, 2006; Monaghan, 2005; Throsby, 2009). For example, Ogilvie and Hamlet (2005) concluded that it was the responsibility of the individual to lose weight and exercise more, as opposed to looking at the environmental factors that may have contributed to weight gain. Additionally, the food pyramid provides over-simplified messages about carbohydrates and fats that may make it harder for people to determine what to eat (Willet & Stampfer, 2003). For example, Lawton et al. (2008) study found that migrants found it hard to follow dietary recommendations from the food pyramid, as the recommendations had no references or did not include their ethnic foods. Thus, it may be

hard for people to know what to eat when there are discrepancies even among nutritional experts (Chamberlain, 2004; Nestle, 2013).

As Chamberlain (2004) suggested, health advice is confusing. As Coveney (2006) elaborates, scientific nutritional discourses have shaped our relationship with food. For example, scientific words have replaced what foods are made of, such as: saturated, unsaturated, poly-saturated, and trans-fats (Chamberlain, 2004). However, it may be difficult for some to choose the healthiest option when faced with tracking grams of fats, counting calories, and choosing foods based on the basis of sodium content (Vatlin, 2002). In contrast to jargon terms, morality discourses can provide simpler terms. For instance, there are apparent good and bad types of food (Coveney, 2014; Lupton, 1996; McPhail, Chapman & Beagan, 2011). People may see a pudding and regard it as sinful, and those who are tempted to break a diet may relay that they are trying to be good (Monaghan, 2005). In an earlier study by Stein and Nemeroff (1995), the ‘you are what you eat’ paradigm was very much evident, as participants judged others negatively relative to how much fatty foods they ate. Furthermore, Paisley, Sheeshka and Daly (2011) found eating fruit and vegetables were associated with the ‘should syndrome’. For example, participants felt they should eat vegetables and fruit as they were socially perceived as good, rather than by preference. This could be reflected by wider societal constructs of the ideal diet, where fruit and vegetables are highly promoted for their health value. Thus, failure to meet the requirements of good and bad eating, has translated to good and bad individuals.

Food and the environment

Coveney (2014) argues that there is no restraint from food in western society. While some starve, there are others that are overeating themselves to death (Kessler, 2009; Millstone & Lang, 2003; Petrick & Quinn, 2004). Coveney (2014) takes an environmental approach to this problem by placing accountability on the result of unregulated consumerism, instead of the lack of individual control. For example, globalisation, which is marked by unification in national boundaries, has resulted in a national food market that is controlled by a small number of conglomerates. This has allowed companies to be able to supply cheap, palatable, and energy-dense foods that are easily accessible and readily convenient (Coveney & O’Dwyer, 2009; Lang & Heasman, 2004; Nestle, 2013; Swinburn et al., 2011). Major food corporations such as Kellogg’s, Coca-Cola, and McDonalds are just some

examples of multinational food companies that contribute to how we see food in today's society (Finkelstein, 2003).

Conversely, a major health concern in both developing and western countries is that people are exposed to processed inexpensive foods through forceful promotion, and increased availability (Pan, Malik & Hu, 2012). For example, McDonalds provides a universal experience, where it aims to produce the same taste anywhere around the world (Osman, Johns & Lugosi, 2014). However, this comes at a cost of food dissociation (Nestle, 2013). For instance, O'Kane (2011) argues that mass production of food has distanced people from knowing where ingredients, origins, or the production of food takes place. Therefore, when food is provided in the form of packets, and is processed rather than as whole raw foods, increasingly there will be a number of people who do not know where their food comes from, or how it is produced (Lang & Heasman, 2004). Thus, by mass food production, food conglomerates have the ability to control eating habits of whole populations (Kessler, 2009).

Food choice

McKee and Raine (2005) argue that free will may be constrained by circumstances. When looking at healthy or unhealthy food purchases, several researchers associated price with food purchase behaviour, rather than choice alone. For example, Darmon, Lacroix, Muller and Ruffieux (2014) concluded that those with lower income tended to purchase more types of unhealthy food in comparison to high-income earners. Dibsall, Lambert, Bobbin and Frewer (2003) also found low income groups have unhealthy diets, compared with higher socioeconomic groups, as they feel they could not afford a healthy diet. Additionally, in western society, healthy foods come with a higher cost (Jetter & Cassady, 2006). This may contribute to research that concludes that low income consumers purchase more unhealthy foods in comparison to high income consumers, as healthy foods are less affordable among low-income consumers (O'Brien, Shuman, Barrios, Alos & Whitaker, 2014).

Moreover, those with a low-income bracket have been found to have limited choices in food purchases because of cost. As a consequence they are often targeted as unhealthy, and deemed bad citizens. Instead, Drewnowski (2004), and French (2003), looked beyond individual circumstances to evaluate the impact of food prices on choice. Both researchers

found that individuals and families with limited resources may select cheap energy dense foods, in favour of fresh fruit and vegetables, even though they may be aware of healthy and unhealthy values in food. This may perpetuate a system that reinforces blame on those who may already be constricted by their environment, rather than evaluating broader structures (Coveney & O'Dwyer, 2009; Story, Kaphingst, Robinson-O'Brien & Glanz, 2008).

There are also different avenues that explore how people's choices can be influenced. For example, food choice has been recognised as symbolic and economic (Andrieu, Darmon & Drewnowski, 2006; Furst, Connors, Bisogni, Sobal & Falk, 2002; Green, Draper, & Dowler, 2003; Schor & Ford, 2007). Additionally, food choice has been researched to reflect aspects of life through social preferences, identities, and cultural meanings (Bisogni, Connors, Devine & Sobal, 2002; Honkanen, Verplanken & Olsen, 2006; Mintz & Du Bois, 2002). On a broader level, food choice has been viewed as a way to create consumer demand for food suppliers who manufacture and distribute food (Lockie, 2002). In contrast, on a micro-level, food choice will determine what nutrients enter the body. This shows that the diversity of researchers, and subsequent research fields involved in food choice is divergent. However, they can also be unified, as they all look to uncover human habits, desires, and idealism through food knowledge.

Food marketing has also been known to influence the food choices people make. For example, Wilson, Signal, Nichols and Thomas (2006) found that the time distribution of advertisements is likely to be a way to target children as consumers to influence purchasing. Valkenburg and Buijzen (2005) also concluded that children in their study recalled eight out of twelve brands, showing that children were able to recognise popular branding and may be more likely to request these items at the supermarket. Additionally, Thomas and Chrystal (2013) found that marketing exerts a strong environmental influence of purchasing within supermarkets. According to Thompson, Cummins, Brown and Kyle (2013), supermarkets are highly designed to facilitate spending behaviours at an unconscious level. Therefore, marketers use tactics such as in-store promotions, price reductions, and special offers to entice customers to buy products (Thomas & Chrystal, 2013). Furthermore, Nestle (2013) aimed to expose food conglomerates schemes of

convincing people to eat more of their products. For instance Nestle (2013) revealed that food companies spend billions of dollars, and work effortlessly to persuade nutrition professionals, the government, and media officials that their products are health promoting, or at best, do no harm (Johnston & Baumann, 2010; Ludwig & Nestle, 2008). As Coveney (2006) comments, individual choice is in some way an illusion, as it is difficult to consider the individual without exploring how environmental pressures affect them.

Food and the family

The home is a place where family eating practices occur. Social relationships are also at the core of shared, or communal eating (Fulkerson, Neumark-Sztainer & Story, 2006a). Therefore, eating in solidarity equates to the conventional meaning of ‘the family’. For example, the importance of eating as a family has been traditionally linked to a sense of togetherness, reinforcing unity, affirming identity, and promoting cohesion as a familial unit (Fulkerson et al., 2006b).

Traditionally, feeding practices were highly gendered, with women being the primary caregivers (Allen & Sachs, 2007). Feminist researchers argued that regardless of class, culture, and ethnicity, the majority of mothers were expected to provide caring responsibilities, as well as home cooked meals (Allen & Sachs, 2007; Kröller & Warschburger, 2008). Past research by DeVault (1991) discussed that women may construct an ideal family through her feeding/caring work. A women’s duty around food in the home may be typical of planning, preparing, and then worrying about the nutritional content of the food (Chamberlain, 2004). Women are also required to arrange the meal, and finally serve it to their family (Allen & Sachs, 2007).

Dietary intake among family members has also been explored in a family dinner setting (Franko, Thompson, Bauserman, Affenito & Striegel-Moore, 2008; Welsh, French & Wall, 2011). Food choice is one area that can be influenced by other family members preferences (Allen & Sachs, 2007). For example, parental presence during dinnertime may be positively associated with higher nutritional intake of dairy, vegetables, and fruits (Neumark-Sztainer et al., 2006; Videon & Manning, 2003). Additionally, fewer family meals together had a lower rate of consumption of fruits, vegetables, and dairy (Gillman et al., 2000). Savoca and Miller (2001) also noted that when one person in a family changes their diet, other

family members may be more inclined to change their eating behaviours as well (Sobal & Nelson, 2003).

Conversely, in comparison to past eras with a 'traditional' three-meal pattern, major changes in the twentieth century revolutionised food economically and socially, with a rise of convenience and processed foods (Lang & Heasman, 2004; Mestdag, 2005). This may be due to societal needs as parents work longer hours, resulting in fewer family meals, with meals now being eaten away from home (Cullen, 1994; Mestdag, 2005; Poulain, 2002). As a consequence, today's eating practices have been regarded as a loss of traditional values that were once shared during the family meal times (Warde & Martens, 2000). This may also be a response to altering family structures, changing work roles, lifestyles, and food systems (Guthrie, Lin & Frazao, 2002; Poulain, 2002). Thus, in more recent times westernised eating practices have yielded to new ways of eating as a family.

According to Coveney (2006), adolescents in comparison to past decades are now expected, and expect to have choice, autonomy and independence. Robinson (2000) explored children's perception of how much, and what kind of foods children thought they were allowed to eat. Results indicated that children believed that they had a high degree of control over the types of foods that they ate. Additionally, children in more recent times have been found to negotiate with their parents about what to eat, which has been linked to influencing family decisions over what kinds of food are consumed (Wang, Holloway, Beatty & Hill, 2007). Furthermore, children have been found to use a variety of tactics to influence parental purchases of food. For example, children employ emotional strategies such as begging, being unnaturally nice, or extra affectionate (Shoham & Dalakas, 2005; Su, 2011). Furthermore, persuasion was another tactic used by adolescents to influence parents into making purchases in their favour (Shoham & Dalakas, 2005). Additionally, rational tactics such as bargaining were also found to influence parents giving into their children's request (Namie, 2011; Su, 2011). The term 'pester power' has also been used to describe the child's influence on their parents purchasing (Campbell et al., 2012; Roberts, Blinkhorn & Duxbury, 2003). Furthermore, Kelly, Turner and McKenna (2006) found that at times parents would 'give-in' to their children's pestering.

Conversely, a New Zealand study by Lee and Beatty (2002) measured the amount of influence that all family members had when purchasing food. Lee and Beatty (2002) found that adolescents played an important role in determining what foods they should eat. Atkins and Bowler (2001) also found that the metaphoric head of table has shifted alongside the child's food preferences. Therefore, in comparison to past generations of the child being seen and not heard, the growing importance of the children's voice in today's society allows children to discuss and negotiate what they should, and should not be eating (Coveney, 2006; Coveney, 2014). Thus, in contrast to traditional mothers dictating what is to be consumed, today's families have a stronger child influence than previous generations (Lee & Beatty, 2002).

With a growing independence in food rights, the adolescent demographic is now becoming a target to the advertisement industry (Coveney, 2006; Nestle, 2013). For example, children are exposed to a variety of ideas about food choice and taste both within and outside the home. Within the home, advertisements on television may potentially influence children's food selection (Taylor, Evers & McKenna, 2005). For example, children want products that they have seen on television (Kelly, Turner & McKenna, 2006). For example, an advertisement on Gatorade (a sports drink), focussed on children as its slogan suggests, "it is best to drink during ball games" (Moore & Lutz, 2000). Children have also been found to become brand loyal effortlessly (Cowell, 2001). Therefore, the food industry clearly engages with children directly as active consumers. However, this may implicate the child-parent dynamic. For example, Kelly et al. (2006) found that it was difficult for parents to deny their children products children wanted, especially those that featured cartoon characters and/or celebrities. Thus, marketing efforts may influence children into wanting foods that go against their parent's ideologies surrounding healthy foods, as heavily marketed or branded foods are generally unhealthy (Lindstrom, 2004; Neumark-Sztainer, Story, Perry & Casey, 1999).

Schlegelmilch (2001) argued that advertisement creates parent-child conflict as a result of parent's refusal to purchase what the child has seen on television. At the same time, children are also being blamed for their food decisions (Brown & Ogden, 2004). For example, a study led by Power, Bindler, Goetz and Daratha (2010) found that parents

blamed their child for having poor appetites, and/or being a fussy eater. On the other hand, Cebzynski (2007) debated that it is 'overindulgent parents who give into their every whim,' which causes children to be overweight, rather than advertising influences. Lotz (2004) also stated that allowing children to become obese causes indirect harm to the child, which is a form of parental neglect. Thus, children choosing food can be highly problematic as children can be susceptible to blame if they become overweight (Coveney, 2006). However, when we only consider the responsibilities of the child and parent, we may exclude other structures that shape rationalities.

Parental control seeking behaviours have also shown unhealthy diet choices later in children's lives. This has come from a reaction from parents that control what their children ate during their adolescence (Gibson et al., 2012; Wang et al., 2007). For example, parents criticising their child's weight in an attempt to promote healthy eating, or by expressing concerns and modifying the feeding environment, parents may send a message to their children at a young age that their weight is undesirable (Berge, 2009; Eisenberg, Berge, Fulkerson & Neumark-Sztainer, 2012; Neumark-Sztainer, Faulker, Story, Perry, Hannan & Mulert, 2001; Savage, Orlet Fisher & Birch, 2007). Satter (1996) suggested a trust paradigm instead of a controlling paradigm, which allowed children to eat the amount needed, with it being normal for some children to be bigger than others. Therefore, instead of blaming parents, or enforcing controlling behaviours around food modification, Coveney (2006) suggested we should critically examine environmental influences. This may also serve as a reminder that parents alone should not be accountable for 'children's fatness'.

Kindergartens, children, and the lunchbox

Kindergartens are an interesting space for children, as they are independent from their parents, beyond the home. At school children must create their own relationships with others away from interactions with their family members (Metcalf, Owen, Shipton & Dryden, 2008). Although children are away from the home, the lunchbox is an object that draws together home, school, parent, and child (Metcalf et al., 2008). For example, the parent will prepare the food inside the lunchbox for the child to eat, while the teacher monitors the child's eating and the contents of the lunchbox during meal times. The child is expected to eat the contents inside the lunchbox, and the parents are expected to provide healthy foods for the child. Furthermore, the child's choice of food inside the lunchbox is

constricted to the contents inside. However, even though the children's food choices are constrained to the contents within the lunchbox, children may perform various food practices beyond the teachers or their parents. For example, children may engage in food trading, throwing away food, comparing, or talking about food (Domel Baxter, Thompson & Davis, 2000). In this way it could be said that children make their own identities and relationships with food.

Although parents pack the lunchbox, they are often 'policed' by others (Metcalf et al., 2008). For example, the foods that are expected to be placed inside the lunchbox are often encouraged by state interventions, and guided by nutritional concerns. For example, The Ministry of Education (2007) has dictated what makes a nutritious lunch, which are "sandwiches with filling of cheese and lean meat" (p. 39). The Heart Foundation is another example of an organisation that informs the population about appropriate lunchbox foods through lunchbox tips, and by guiding policies for early childhood education centres (see healthy heart award) (The Heart Foundation, 2014). Lunchbox foods are also judged on nutritional content (Dresler-Hawke, Whitehead & Coad, 2009). Rogers, Ness, Hebditch, Jones and Emmett (2007) argued for the forefront of nutritional concerns stating that primary school packed lunches often consist of foods that are high in fat, sugar, and sodium, which opposes optimum nutritional guidelines and is of great national concern. Similarly, Bathgate and Begley (2011) found that there was a population level concern about the amount of additives that lunchbox foods had. This shows that the lunchbox foods are being scrutinised by the general public as well as researchers, and authority figures.

Children's lunchboxes may also be influenced by teacher instructions (Vasquez, 2013). Teachers' involvement in what children are eating has been regarded as 'essential to sustainable change' (Kubik, Lytle & Story, 2005). For example, schools offer access to influencing eating practices of children (Kubik et al., 2005). Therefore, teacher modelling has been researched as a way to encourage young children to accept food, especially foods that are considered 'healthy options' (Hendy & Raudenbush, 2000). Furthermore, teachers have repeated contact with students during the day (Kubik, Lytle, Hannan, Story & Perry, 2002). Thus, it is thought that teachers should be able to influence youth through role modelling, and normative practices (Cruess, Cruess & Steinert, 2008). Kubik et al., (2002)

also argued that teachers who support healthy eating practices could create positive healthy eating changes for their students. However, the other side of this argument has been looked at through individualising the problem and assigning responsibility to the teachers alone. For example, a newspaper article titled “is it really the place of teachers to be telling parents what food to bring” highlighted arguments of responsibility, and teachers resistance to being responsible for children’s food choices (Stuff, 2008). Additionally, Hendy and Raudenbush (2000) argued that teacher modelling is only effective when the teacher is enthused about the food. Another suggestion made by a teacher in Power et al. (2010) study was that teachers attribute adolescent behaviour to poor parenting, rather than poor teaching. Therefore, teachers’ accountability in what children are eating has been researched and scrutinised by various institutions.

Metcalf et al. (2008) contended that the lunchbox should be seen as a cultural artefact. A study into the Japanese lunchbox, the Obento, by Allison (1991), revealed that the Obento was balanced culturally, rather than nutritionally. For example, mothers would be judged on the appearance of the Obento, rather by nutritional content. In a western setting, the packet of crisps has been regarded as a savoury snack that is ubiquitous to the lunchbox culture (Baggini, 2007). Furthermore, according to western lunchbox culture, the lunchbox must have something savoury and something sweet, such as a sandwich, biscuit, fruit, and/or a sweetened yoghurt (Metcalf et al., 2008). Vasquez (2013) also looked at cultural distinction through lunchbox foods at primary schools. Vasquez (2013) found that children’s lunches embraced normative mainstream practices, which assimilated what foods would be inside the lunchbox. For instance, the white bread sandwich was the most common item found at school, even though it is not considered a healthy option. Therefore, parents may actually know about what should go into the lunchbox, but choose what is socially accepted instead.

Furthermore, in a school like setting, adolescents are exposed to group situations, such as eating with their peers. Morality is also distinct as ideological lunchboxes can be created out of social norms. For example, ‘Somali girls didn’t bring their ethnic food to school because other children would laugh’ (Vasquez, 2013, p. 6). As Stead, McDermott, MacKintosh and Adamson (2011) found, ridicule is a powerful force that affects perception

of food. Wooten (2006) also argued that deviation from peer group norms often lead to bullying and/or ridicule. Therefore, possibilities of bringing ‘other’ foods were seen as a step away from the ‘Eurocentric white sandwich’ (Vasquez, 2013). Thus, adolescents may be reluctant to eat other foods for fear of being different within group situations (Dovey, Staples, Gibson & Halford, 2008). However, by not bringing certain foods because of social distinctions, it also implies that there is a system that promotes conformity (Vasquez, 2013). This may also be problematic to nutritional guidelines as Cooke (2007) found young people are attracted to unhealthy foods that are high in fats and sugars.

It is apparent that the lunchbox is subject to intense public scrutiny, as lunchbox issues are available for viewing pleasure on popular TV shows (Metcalf, et al., 2008). For example, a documentary on TV aired featuring a nutritionist advising viewers what not to put in the lunchbox (Burns-Francis, 2014). Treat foods such as chips, biscuits, and chocolate were also considered bad fillers (Burns-Francis, 2014). Furthermore, a sandwich would be ‘better’ if it was just fillings without bread (Burns-Francis, 2014). Additionally, a popular food based TV series by Jamie Oliver on school foods has also ensured persistent public interest on what adolescents should and should not be eating (Lake & Townshend, 2006; Pike, 2008). Although the concerns about the lunchbox vary, what is shared in common is a moral concern for what is good, guided by wider societal discourse.

Aims and Objectives

As there has been much debate and exploration on eating practices by a variety of research fields, this thesis aims to take an explorative point of view. The lunchbox is an object that children, parents, teachers, and health promoters interact with. The lunchbox is also a commonly used object by a demographic which often has little choice of its contents. Therefore, using the first hand accounts of those who play a role in the lunchbox, this thesis aims are as follows:

- To explore food issues surrounding the lunchbox.
- To gather and interpret kindergarten children, their parents, kindergarten teachers, and health promoters perspectives of lunchbox food.
- To explore whether socioeconomic status by income affects the contents inside lunchbox foods.

As Bastian and Coveney (2013) point out, victim blaming comes from avoiding structural causes. Therefore, this thesis aims to open up a dialogue among individuals who in some way have a relationship with the lunch box, to go beyond 'simply food in the lunchbox'. Through interconnected fields I aim to represent different demographics to identify, distinguish, historicise, and symbolise. This thesis may even expose, empower, or disempower discourses that we commonly take for granted.

CHAPTER II

METHODOLOGY

Ethnography shines a light, sometimes a very strange one, on what people are up to
(Van Maanen, 2011, p. 229).

Research design

Richardson (2000) encouraged a variety of methods to be used when conducting ethnographic work. Similarly, this thesis presents a qualitative study with a range of methods, to portray the ways in which people understand, rationalise, and express their everyday experiences. These methods include focus groups, participant interviews, observations, field notes, and photographs in order to access a broad range of information, whilst gathering enough detail to enable readers to have a comprehensive understanding of what transpired in each group. I have used a flexible research design to structure this study. In my design, I chose to define the fields I would work in, attempt to gain entrance into those locations, and recruit participants in order to collect data. The emerging story that resulted from data collection presents findings in a meaningful way.

Defining the fields

Kindergartens. I required that the kindergartens that were chosen were not self-catered. I also required access to be able to recruit parents/caregivers/Whānau and their children from that kindergarten. Thirdly, I needed to recruit teachers from the same kindergarten that children and parents would be recruited from. Lastly, that I would have access to conduct a focus group with the children during their normal lunchtime routine. Two kindergartens in Auckland were recruited based on socioeconomic differences. These locations were chosen to fulfil the aim of exploring food issues, in relation to socioeconomic status areas, and both met the above requirements.

Parent's homes. I wanted to capture an authentic experience of a parent making/preparing/obtaining food for the lunchbox. For this to occur, it was vital that the parents allowed me to come to their home, or to the area in which they prepared the food for the lunchbox, so I could watch, and discuss the lunchbox making process. When

agreeing to be a part of this study, parents also needed to consent for their child to be a part of the focus group that would be conducted at the kindergarten.

Health promotion organisation. I was interested in the Auckland based health promoters, as their organisation is invested in promoting lunchbox nutrition to early childhood centres around Auckland. Additionally, health promoters have access to influence children, parents, and kindergarten teachers' ideologies of foods inside the lunchbox, and may do so through a number of different ways. For example they provide resources, nutritional guidelines, and educate kindergarten staff, children and parents.

Gaining entrance to the field

Before any formal discussions took place between any potential participants, the Massey University Human Ethics Committee (MUHEC) was approached for approval of the study, and ethical approval was gained.

Ethical consideration

Confidentiality is maintained throughout this study by using pseudonyms for all participants. All participants were fully informed of the research prior to participating, and were provided with an information sheet detailing the nature of the research, and what their involvement would be. Consent forms were signed and returned by all participants before any data collection occurred. I refrained from using any form of deception at all times, and emphasised to participants that they had the right to withdraw from the study during the interview. Furthermore, there was no harm anticipated for the participants who were recruited for this thesis. The kindergartens, and all families that participated received a Koha for their participation. The health promoters were invited on a voluntary basis. All data is stored securely by protected passwords, with my supervisor being the other only person allowed access to raw data.

Participant recruitment

Kindergartens. Firstly, I recruited the head teachers of both kindergartens. The head teacher then distributed information sheets to colleagues. The recruitment process for kindergarten teachers was all-inclusive. This meant that any teacher that wished to participate from each of the kindergartens would be recruited, due to the small amount of

teachers that worked for each kindergarten. In total four teachers from each kindergarten were recruited.

Parents. The parents received an information sheet detailing the nature of the study with my contact information, and a flyer in a child friendly format for the child to view. The parents received this information from a head teacher. It was intended that I would recruit no more than the first six families that were interested in participating from each kindergarten. In total five parents from the higher socioeconomic kindergarten, and three parents from the low socioeconomic kindergarten were recruited.

Children. The parents that consented to be a part of this study also gave consent for their child to be included in the focus group. However, during the focus group session the children's participation was voluntary, and they were able to leave at any time. In total five children from the higher socioeconomic and three children from the lower socioeconomic kindergarten were recruited.

Health promoters. I gave information sheets to a health promoter representative from the organisation, who then distributed information to colleagues. In total four health promoters were recruited.

Gathering data

Focus groups. Focus groups were undertaken with children, teachers, and health promoters to gather insights, perceptions, and reveal what they thought about the foods inside the lunchbox. These accounts provided a valuable understanding that offered different viewpoints about food-related lunchbox topics. Though these groups do not physically prepare the food for the lunchbox, they may influence decisions that affect what foods are chosen. As this thesis centres on kindergarten-based lunchboxes, it was crucial to hear what actual kindergarten children thought about their lunchboxes. Additionally, inclusion of teachers and health promoters captured different perspectives in relation to the lunchbox.

Method for teachers' kindergarten focus group. Both kindergarten focus groups followed the same format. I arranged a suitable time to hold a focus group at the kindergarten after work hours. Before the focus group began, I would introduce the study, and myself. I would also reiterate that the focus group was being voice recorded and could be turned off at any stage if requested. Before the focus group began, informed consent forms were distributed, filled out, and returned.

The first question that I asked to each focus group was “what are some challenges to the lunchbox?”. I used prompts when needed (see appendix d), to facilitate group discussion, but aimed for a permissive and less structured environment, giving control to the participants to direct conversations. The focus groups came to a natural close, with the final question asked by myself “is there anything we haven't touched on that anyone would like to add.” The focus group session was agreed to take 60-90 minutes.

Method for children's focus group at the kindergarten. I wanted to establish the focus groups with the children in a familiar interactive environment. Therefore, the focus groups were conducted during lunchtime on the tables where children normally go to eat their lunch. This allowed the children in this study to interact with their food when I was present so I could gather additional observations and field notes. I provided pictures of various foods (see appendix e) for the children to engage with. These were positioned in the middle of the table during the focus group session. Children often used these pictures to express how they felt about food, which was useful as it provoked deeper conversations around some food issues.

Not all children from each kindergarten were a part of this study, and because the focus groups were held in a common space, other children often approached the table and joined in conversation. To keep the conversation natural, I did not exclude extra children from joining in on conversations. However, unconsented children have been omitted from data analysis.

I arranged a suitable date when all the children for each focus group would be in attendance at the kindergarten. I then gave advance notice to the parents so they would be aware that

the focus group was taking place on the given day, and to allow the parents to watch if they liked. The focus groups were between 10-15 minutes respectively.

Method for health promoter focus group. This focus group was conducted at the health promotion headquarters. I reiterated that the focus group was voice recorded and reminded all participants that the voice recorder could be switched off at any time during the focus group. Before the focus group began, informed consent forms were distributed, filled out, and returned.

I started the conversation by asking, “what are some challenges to the lunchbox”. From there I gave control to the participants allowing group members to guide and direct conversation. As the participants were voluntarily a part of the focus group, I aimed to not exceed the allocated time of 90 minutes.

Parents’ interviews. The initial idea of interviewing parents at their home was to observe and talk to parents as they prepared their child’s lunchbox, so I could invoke deeper discussions that could be materialised during conversation. For example, I was able to further question when a parent picked one food over another in the cupboard. Moreover, I was able to gather observations of daily life practices that strengthened my overall understanding of how lunchbox foods came to be chosen. I was also able to witness conversations amongst family members, which provided insights on family dynamics. This method provided an array of data through additional observation, and field notes.

Method for parent interview. I asked parents to prepare the lunchbox as they would everyday, and discuss their thought processes out loud whilst doing so. This allowed parents to discuss topics freely without being constrained by a set question list. However, I would probe further, or use a word prompt if the discussion moved away from food-related issues.

However, a limitation with this method was that asking to go into the family home was met with hesitation from some parents from the lower socioeconomic kindergarten. After a small number of parents from lower socioeconomic kindergarten were recruited after a lengthy amount of time, I approached a teacher to discuss why this may have occurred. It

was brought to my attention that some parents felt embarrassed about inviting me into their home. To overcome this without excluding parents who may participate if it was at another location, I was able to invite parents to participate in a mock kitchen at the kindergarten. One parent agreed to this procedure and we used the kindergarten kitchen as a mock environment to their home. After the interviews came to a close I would take a photo of the lunchbox and the food that was inside. The interviews with the parents ranged from 30-60 minutes.

Data analysis

By using a qualitative approach I was better able to consider food beliefs in different contexts from the point of view of the participants. An upside of multiple methods such as focus groups, observation, field notes, photographs and interviews, was the vast amount of data I extracted to bridge together a variety of perspectives for any given argument. At the same time, this approach was rigorous and labour intensive. However, it was a valuable strategy for this research approach, was that it provided multiple perspectives from a variety of demographics that would not have been possible from using a single technique or participant group.

Each voice recording was transcribed verbatim by myself into a word document. I began coding the data by placing coded data into distinct categories in order to identify any major categorical themes. I used direct phrases or words that the participants said in order to find similarities or differences among groups for a particular theme. I then re-categorised data into an umbrella and sub-themes using a diagrammatic method. By categorising data by themes, I was able to locate what different groups thought about a particular topic.

However, I found that children's voices were being left out of some categories, as their conversation topics were less diverse than other groups. Nevertheless, to provide a robust analysis I included their perspectives as much as I could. The initial strategy behind researching with children using a focus group method was to provide a space for children to discuss and interact with each other as they would normally would around lunchtime. Furthermore, using a focus group method, the children would have their peers around them, which was believed to be a way to invoke more discussion and provide a safer platform than a one on one conversation with an unknown researcher. Additionally, using pictures,

prompting food discussions, and watching and interacting with the children as they ate the contents in their lunchboxes, I had hoped to provoke food conversations within the group. This was achieved as children did provide data for some food topics. However, reflecting on the data collected, I may have been limited as I only conducted one children's' focus group per kindergarten. A suggestion for future research using a focus group method would be to attend lunchtimes with the children for a number of occasions, so that when data is eventually collected the children may feel more comfortable with the researcher's presence then having a one off focus group where the researcher may be regarded as an outsider.

Furthermore, I used the photos of their lunchboxes in combination with the children's views on lunchbox foods to bring forth a chapter that reveals what foods they were actually eating. In total there were three predominant themes. These were: the meanings behind lunchbox foods, accountability issues, and food and health related issues. Additionally, there were two deeper meaning behind lunchbox foods, five accountability, and four health related sub-themes.

The following chapter, "food for thought" illustrates through the photos I took of the children's lunchboxes, that regardless of socioeconomic status, the contents of food inside the lunchbox draws together more similarities than differences. This lead to an analysis of exploring participant's rationalities and how their discourses can be shaped by environmental influences such as wider government policies, food conglomerates, and societal ideologies of healthy and unhealthy. Chapter four, "accountability in the lunchbox" reveals both individualised and externalised responsibility issues around foods inside the lunchbox. Furthermore, the analysis revealed that there was no one source of culpability, and rather a messy, complex variety of sources, that were found to be accountable for food issues inside the lunchbox. Chapter five, "health status in the lunchbox" represents different ways in which health and foods are interwoven, which revealed interconnections between larger social, cultural, and political systems. For example, in the social and cultural contexts there was known health ideals that informed moralities around foods. Throughout the next three chapters there will be references that illustrate how neoliberal ideologies have shaped individual rationalities and contemporary understandings of foods inside the lunchbox.

CHAPTER III

FOOD FOR THOUGHT

The destiny of nations depends on the manner of how they nourish themselves
(Brillat-Savarin, 1949)

There is more inside the lunchbox than the foods to be consumed. In this chapter food goes beyond nourishment, to provide a space for meanings behind lunchbox foods. For example, the food inside the lunchbox needs to comply with the child's appetite, with teachers' approval, with the kindergartens food policy, and at the same time abide by the social norms of healthy eating. We will now look at photos I took of the children's lunchboxes.



Figure 1. Photo showing child's lunchbox



Figure 2. Photo showing child's lunchbox



Figure 3. Photo showing child's lunchbox



Figure 4. Photo showing child's lunchbox



Figure 5. Photo showing child's lunchbox

Food rationalities

As this is not a nutrition based thesis, I will not elaborate on the nutrition of these lunchboxes. I am more interested in how these foods were chosen to be a part of the lunchbox. Subjectively, I look at these lunchboxes and see more similarities than differences. These are because of the commonalities found among the lunchboxes. Firstly, all of the lunchboxes contain a type of fruit. After watching a couple of parents prepare the lunchbox, I noticed a general script in parents' discourses that alluded to a socially constructed fact about healthy foods. For example, Ella, a parent shows this in her response when I asked her how she feels about healthy and unhealthy:

Oh the usual

(Ella, parent from low socioeconomic kindergarten)

Drawing on Foucauldian concepts of governmentality (Coveney, 2014), it is possible to explore discourses as underpinned and legitimised by specific rationalities, such as discourses around healthy food. Through particular regimes that are often filtered through broader groups such as the government, our actions can be shaped. For example, our rationalities surrounding healthy eating can be shaped, by choosing certain foods over



Figure 6. Photo showing child's lunchbox

others through governmental discourses telling us what foods to eat. For example, there are food and nutrition guidelines set by the government to shape and regulate populations eating, which ranges from infants to the elderly (Ministry of Health, 2015).

As the lunchbox enters into the kindergarten, it is constrained by additional bodies. For example, teachers are also made subjects to the lunchbox through governmental techniques. This discussion amongst the high socioeconomic kindergarten teachers highlights this point:

Harriet- So you kind of monitor different children in different ways depending on what they got, and what their attitude towards food is

Tamara- It works well because they come up to us and get us to open the packages

Kim- Cause otherwise they will fill up on the chips and not get to the healthy stuff

(Focus group with teachers from high socioeconomic kindergarten)

In this sense, the lunchbox has become a space which emerges as a governmental practice that shapes and influences whomever makes contact with it, be that the child eating it, the parent preparing it, or the teacher supervising consumption.

When I entered the high socioeconomic kindergarten, it was apparent that there were unspoken factors that could influence the lunchbox. Upon entering the main room, there were various displays of posters illustrating a variety of fruits and vegetables. The aesthetics of this space serves as an encouragement to the children to adopt healthy eating practices. Maggie, a parent even discusses this area as an acknowledgement of why she packs certain foods for her child:

Because up on the wall at kindergarten they have pictures of what a good lunchbox should look like and types of foods that should be put in there, fruit and vegetables, crackers that type of thing

(Maggie, parent from high socioeconomic kindergarten)

Health promoters are outsider educators that make a place in the lunchbox by creating normative discourses around children's nutrition. The Heart Foundation (2014) is one example that has direct contact with educating pupils, parents, and teachers through a combination of educational strategies around healthy eating. For example, the healthy heart award is given to kindergartens as an incentive for a variety of good healthful behaviours that can be achieved as a result of collaboration among pupils, parents, and teachers. Recently, the high socioeconomic kindergarten produced a 'wrapper free' initiative to encourage healthy lunchboxes and discourage lunchbox foods with wrappers. However, a wrapper free initiative by the kindergarten was discussed among parents with mixed feelings:

So we would take the muesli bar out of the wrapper because for us it wasn't really a massive thing because we didn't have a lot of it anyway

(Wendy, parent from high socioeconomic kindergarten)

Tracey, another parent felt that surveying children and rewarding them on the basis of what was in their lunchbox sent the wrong message:

I thought it was a little bit like propaganda because they were giving out little pieces of paper with a smile on it and it said that the child had a healthy litter less lunchbox. So they grouped those two things together. If it didn't have a wrapper, then it was healthy for you, but most of the mums were taking it out of the packet and putting it into the lunchbox. So they may have got that little badge for it being litter less, but it was linked with being healthy, so you could just put salty chips in there and your away, you get yourself a smile

(Tracey, parent from high socioeconomic kindergarten)

Tracey's response shows that the wrapper free campaign did not fulfil her ideologies around healthy eating, even though it aimed to promote healthy lunchboxes. As Tracey mentions, children still had unhealthy foods such as chips in their lunchbox, but were rewarded with a sticker. This may demonstrate that if you abide by wider rationalities by self-modifying your behaviour, you will be rewarded, and in this case be given a sticker. In

a larger sense this reflects people's desire to be good citizens, even though it goes against health knowledge.

Globalisation in standardising the lunchbox

Nevertheless, if we look beyond individual interpretations and instead consider why we carry these discourses, it becomes evident that societal messages may inform our judgements. Both teachers, Caitlin and Tamara, argue this point:

Caitlin- It's a global thing, and in our western culture it's the fast food diet

Tamara- The packaged business

(Focus group with teachers from high socioeconomic kindergarten)

Caitlin and Tamara have both voiced an understanding towards a global consumption culture. The term globalisation can be used broadly to refer and relate to different processes, as well as states of existence (Steger & Wilson, 2012). In particular, through food globalisation influences, there has become a type of worldwide-unified taste (Hughes & Lawrence, 2005; Kearney, 2010). For example, food conglomerates are now a central feature of food globalisation, and are evident in the lunchbox when we see standardised packaged food. In turn, we are also encouraged to think about food not coming from a farmer but from processed food corporations (Lang & Heasman, 2004). Tamara a teacher, noted specifically that a 'normal' lunchbox contains processed food:

So it's like actually totally normal to see in the lunchboxes here processed muesli bars, processed chips, so that's what children see as normal, that's what should be in the lunchbox, not just a sandwich and a piece of fruit

(Tamara, teacher from high socioeconomic kindergarten)

Reflecting on Tamara's quote, processed foods have become a symbolic example of western culture (Gutham & DuPuis, 2006). Foods that come from factories are now an everyday staple. Looking at the above lunchboxes and noting that they all have one form of processed food, can also reflect this notion. Additionally, food in contemporary western society has become homogenised through food conglomerates offering efficiency,

predictability, and convenience (Vignali, 2001). For example, McDonalds is efficient as you can even drive through to collect your meal. It also offers predictability that the products will be the same in all locations. Thus, corporations such as McDonald's have become a sign of contemporary lifestyle, and is exemplified by Marie, a parent, when she answers my question:

Sinead- What are your thoughts on processed foods?

Marie- It has its place, muesli bars, chippies it's all processed isn't it? So it's no problem

(Marie, parent from high socioeconomic kindergarten)

Furthermore, processed foods were also a sign of convenience:

Yeah mainly takeaway stuff cause I go there every now and then and you have heaps of people, like working families. They don't have the time to cook, and it's convenient

(Ella, parent from low socioeconomic kindergarten)

Another reason why there are standardised processed foods inside the lunchboxes could be for reasons of convenience. A health promoter Karl mentioned time saving as a key motivator for supplying processed foods in the lunchbox:

But sometimes you just kind of do what works for the meantime when your busy and you've got other things to do, rather than focussing on making sure you have your 5+ a day, or your fruit and vegetables everyday

(Karl, parent from high socioeconomic kindergarten)

On the other hand, when convenience food, time, and poverty were considered, it was suggested by participants that lower social classes are more likely to use the cheaper, less healthy lunchbox fillers which are filled with processed foods:

They stop at the shop and it's \$2 or \$2.50, and you get chips, juice, and all that sort of stuff. No nutritional value, it's just a convenience thing

(Petra, teacher from low socioeconomic kindergarten)

So I guess it's all about convenience in these times. The poor kids miss out on the good stuff, the main stuff, cause the cost of vege is ridiculous. It's ok at the moment cause what the kids like is in season, but when it's out, man

(Ella, parent from low socioeconomic kindergarten)

However, when looking at the lunchboxes where three of the above photos are from families that could be categorised as a lower socioeconomic status than other lunchbox families, it is interesting to see how all lunchboxes contain processed foods. Adding to what the photos show, Harriet, a teacher, simply states:

Money feeds it, and poverty feeds it. It's just different qualities or expensive packaged food. It is an expensive muesli bar, or, it is a really shitty one that it is in there

(Harriet, teacher from high socioeconomic kindergarten)

Food is overproduced in many countries (Nestle, 2013). Overproduced food followed by aggressive marketing has been noted in the United States and elsewhere (Chopra, Galbraith & Darnton-Hill, 2002; Silventoinen et al., 2004). With the overly abundant food supply, combined with a society so affluent that most people can afford to buy more food than they need, this sets the stage for competition. The food industry must compete fiercely, thereby they need to create products that will sell, regardless of nutritional status (Nestle, 2013). To satisfy stockholders, food companies must convince people to eat more of their products, or to eat their products, instead of their competitors. Therefore, as long as the supply of energy dense food is not reduced, the prevalence of social inequalities in health is likely to sustain, and lunchbox foods will continue to be a reflection of these inequalities (Drewnowski, 2004; Friel, Marmot, McMichael, Kjellstrom & Vågerö 2008).

In summary, this chapter indicates that food inside the lunchbox carries more significance than simply selecting and packing. Instead, lunchbox foods can be the result of a variety of rationalities that can result in normalising certain discourses that sustain certain foods being chosen over others. This is evident by the types of food that are appearing inside the lunchbox. For example, processed food is clearly evident in the lunchbox, but this does not match normative discourses surrounding healthy foods, and the right ways to feed a child. It is evident that there are other agendas that may not be overtly visible at first glance, when looking at the contents of lunchbox foods. However, as we explore deeper in the next two chapters through issues of culpability and health themes, it becomes clearer that the foods you see above are not simply fixed objects. Rather, the foods inside the lunchbox are the result of a variety of interwoven discourses that are messy and complex.

CHAPTER IV

ACCOUNTABILITY IN THE LUNCHBOX

To lengthen thy life, lessen thy meals
(Franklin, 1737)

This chapter looks at the different interpretations of food culpability that took place when discussing foods inside the lunchbox. Although the lunchbox is typically prepared by the parent for the child, this chapter reveals that there are other contexts that need to be addressed, before placing accountability for bad choices solely on the parent. Furthermore, there was no predominant person, organisation, or conclusion of who should be held responsible for a nutritionally poor lunchbox. Rather, accountability topics were found to be contextual, layered, and dependent on a variety of factors that will be elaborated on throughout this chapter. Therefore, by analysing a person within context, it was revealed that the environmental conditions could affect the choices a person makes.

Choice

Choice can be seen as a positive factor in western society (Savani, Stephens & Markus, 2011). Ryan and Deci (2000) found that some place value on having choices, while Barlas and Obhi (2013) contend that choice is important for a person's sense of freedom. At the same time, choice is linked to individual responsibility, as it positions people as accountable for the choices they make (Wikler, 2002). This could be why parents have been argued to be responsible for the development of their child's eating behaviours (Grimm, Hamack & Story, 2004; Neumark-Sztainer et al., 2014). When talking to several parents I also found that they assumed responsibility for their child's eating developments:

I take responsibility for the lunchbox

(Lily, parent from low socioeconomic kindergarten)

It falls on the parents who serve their kids

(Marie, parent from high socioeconomic kindergarten)

Well I guess it's your choice, your child is your responsibility

(Tracey, parent from high socioeconomic kindergarten)

However, we must also consider that choice carries hidden, unanticipated, and potentially negative consequences (Botti & Lyengar, 2006). Choosing the right foods is generally associated with making a health conscious decision, and with that comes an underlying pressure faced by parents, if they do not choose foods that align with socially constructed righteous foods. This consequence is shown by a group of teachers who place blame on parents:

Sinead- Let's talk about the blame

Harriet- The parents, it's always the parents fault, definitely the mother

Caitlin- Generally yeah

(Focus group with teachers from high socioeconomic kindergarten)

Holm (2003) uses the concept of victim blaming as the tendency to place blame on the individual for their personal health and subsequent illness. When the parent is placed as responsible for their child's eating without considering other factors that led them to this decision, they can be subjected to blame. Thereby, to have choice, is to also have the power to blame others, regardless of external circumstances. Furthermore, some teachers in this study expressed their view of not wanting to be held accountable for their pupils eating practices, although one health promoter believed that they should be held accountable in some way:

Sinead- What if I said responsibility?

Harriet- Parents lack of. I think more and more they are putting stuff onto teachers. We demonstrate responsibility in eating, and we do that as professionals, and we also do that as individuals

Caitlin- We could enforce it, but we choose not to

(Focus group with teachers from high socioeconomic kindergarten)

It's a role-modelling thing as well. Teachers at that kindergarten should be eating the foods that they are recommending for the kids

(Helen, health promoter)

Teachers have been expected to engage in pedagogies around children's eating practices, as they are perceived as a pivotal role of encouraging healthy habits (Nicklas et al., 2001). For example, Benton (2004) stated that we model our food intake on those around us. However, teachers from both kindergartens also talked about the pressures they face when they personally ate known non-socially acceptable foods at the kindergarten:

Linda -But for the most part we eat pretty good ourselves while we are here

Sinead- So why feel guilty?

Petra-Cause we

Linda- Just saying, it sometimes feels guilty when they see us, because the children usually say "are you having KFC, oh are you allowed"?

(Focus group with teachers from low socioeconomic kindergarten)

I had a similar discussion about feeling guilty when eating socially accepted unhealthy foods around children with the teachers from the high socioeconomic focus group:

Harriet- I stash chocolate in an apron, I'll put an apron on if I've got something naughty

Sinead- Do you want to tell me more about naughty?

Harriet- Chocolate bars, crap, sugar

(Focus group with teachers from high socioeconomic kindergarten)

Feeling guilty may arise from socially constructed standards of what foods we should and should not be eating. For example, when discussing teacher's responsibilities with the health promoters they believed that it is a teacher's responsibility to set an example of what to eat through role modelling behaviours:

It's a role-modelling thing. Teachers at that kindergarten should be eating the foods that they are recommending for the kids as well

(Karl, health promoter)

Therefore, teachers are being held accountable, similarly to how parents feel responsible. Additionally, teachers also face certain pressures when recommending foods for the lunchbox. However, by placing blame onto either the parents or teachers, or both parties, we assume that they are responsible for their own choices. This way of thinking may be rationalised through environmental influences such as health promoting neoliberal agendas that fail to look beyond environmental aspects. Social issues around eating have become personal issues, and in this way problems will continue to be individually framed, placing the person as culpable, rather than the social structures that govern these practices (Ayo, 2012).

As choice is interwoven through contemporary westernised lifestyles, it was interesting to note what the children themselves thought about the choices they could make about the contents of their lunchbox:

Sinead- So you help choose your lunchbox?

Calvin- Yeah

Barry- Yeah

Steven- We choose anything

Frank- I want to have treats in my lunchbox

(Focus group with children from high socioeconomic kindergarten)

However, being able to choose came with restraints, as Wendy elaborated, her child did have choices, but the children were limited by the types of food that they could pick:

Sinead- So food choice for them, do they have much of a role?

Wendy- Yeah they do have food choice, like I will often say what's going in your sandwich, but then the choices are very limited in terms of it's either ham, or marmite, so it's sort of a choice

(Wendy, parent from high socioeconomic kindergarten)

It seems as though giving some control to the child was seen as positive by Wendy if the choices were constrained to what she thought was socially acceptable healthy foods. This may come from broader influences that claim consumers are responsible for their own lifestyle choices (Coveney, 2014; Nestle, 2013). However, this allows responsibility to be placed on individuals such as the parents or teachers, whilst other sectors are free to persuade and encourage what are considered the wrong choices. For example, Frank the child above said "I want to have treats in my lunchbox". Interestingly, in another conversation with his father, Bruce objects to allowing Frank to have a choice, as he would pick socially unacceptable foods:

Sinead- Does Frank help decide what goes in the lunchbox?

Bruce- (Laughs) in a way, as I said, Frank can't put all the stuff in that he wants, otherwise it would be all the sweet things

(Bruce, parent from high socioeconomic kindergarten)

As we live in a society that encourages health promotion through changing and monitoring behaviour on an individual level, children are being conditioned from a young age to make decisions based on socially accepted healthy foods. Inappropriate foods are synonymous with unhealthy foods. Therefore, it can be considered that the lunchbox foods have socially constructed regulations in place, that restrict children's access to choice as way to moderate intake of certain foods. However, in contrast to what Bruce said above, the health promoters believed that giving children a choice to decide what goes into their lunchbox was a positive way to educate and influence children into making healthy choices:

I think children being able to make a choice on what goes into their lunchbox with their parent, gives the empowerment to the child. They are more likely to probably eat that because they chose it, and they helped

(Helen, health promoter)

However, it seems as though the choices children can make will continue to be limited to what is socially acceptable. A child having a choice is complicated, as parents want their children to pick healthy foods, even though the children themselves want foods that are unhealthy. At the same time, the health promoters believed that children having a choice in the contents of the lunchbox could be empowering. However, this may induce blame or culpability on children when they may choose foods that are considered bad, due to environmental influences such as advertising.

Advertising

Looking beyond individual capabilities, the advertisement industry was held accountable by different groups and placed as responsible, particularly for the choices people make:

Well I mean Kellogg's, Jesus Christ, it just feeds people packaged sugar. They are just disguising it, so they are lying

(Harriet, teacher from high socioeconomic kindergarten)

Harriet's distaste for the food industry reflects other debates among companies, consumers, and governments, about the role that advertising should take to act more responsible in respect to food consumption behaviour. The food industry is often held accountable for the intensive distribution and promotion of fast foods and snack foods (Albritton, 2009). Similarly, I have examples of parents, teachers and health promoters also agreeing that food industries have the power to influence. For example:

It's annoying because they know exactly how to do it

(Bruce, parent from high socioeconomic kindergarten)

We are all influenced, it's designed to attack our brain isn't it, and they know how to attract our children

(Caitlin, teacher from high socioeconomic kindergarten)

Marketing and commercials over the years have sort of told us what to do

(Judy, health promoter)

Furthermore, a child having a role in choosing what foods to place in the lunchbox has seemingly been compromised by the influences of marketing techniques. One example illustrated by Dixon, Scully and Parkinson (2006) found that children are consumers by influence. In this study, they found that advertisers would place cereal boxes at child eye level so that children had an opportunity to recognise and then request products. Interestingly, Marie also notices this as she shops with her children:

Sinead- What do you think would influence the children into what they want to buy?

Marie- The placement of it, if they can see at their eye level

(Marie, parent from high socioeconomic kindergarten)

In addition, Bruce discussed how his son would request certain foods as a result of marketing techniques:

I brought him a McQueen yoghurt once in the supermarket, because he likes it (McQueen), and now he won't try anything else

(Bruce, parent from high socioeconomic kindergarten)

One debate blames marketing campaigns that target children, as children are less likely to be aware of the health consequences of eating high calorie foods (Ebbeling, Pawlak, & Ludwig, 2002). Another study by Borzekowski and Robinson (2001) also concluded that children aged two to six years old preferred advertised foods. Therefore, when children do have a choice, it may be influenced by marketing and advertisements rather than perceived health benefits. Another area in which some groups considered that influence children, is through marketers using colours in a way to attract children:

I think that the marketing is so insane, like it's quite in your face and you go to the isle where the kids lunchbox stuff is, it's so bright and colourful. It's really

appealing, like I think that's really wrong, it shouldn't be the colour of the packet, and the kids go "can I have that, can I have it" and it looks like it would be fabulous ya know

(Tracey, parent from high socioeconomic kindergarten)

Yeah it does influence food especially the way they package it ya know? Especially for kids, it's bright colours, and things like that

(Maggie, parent from high socioeconomic kindergarten)

According to Aslam (2006), colour is an integral element of marketing communication. Additionally, colour often envisages the flavour we will taste (Downham & Collins, 2000). For example, green can be related to 'health foods'. Furthermore, a brightly coloured food package was more likely to draw attention than a dull looking package (Labrecque, Patrick & Milne, 2013). Additionally, marketers will use brand/colour strategies to lure children (Robinson, Borzekowski, Matheson, & Kraemer, 2007).

Price of food

When exploring discourses outside of individual choice, other matters arose. One such issue was the price of food, as a barrier to making selections that are socially constructed as responsible choices. The price of food in New Zealand was met as a contentious issue. There were several elements that were perceived as a barrier to being able to make a healthy lunch. These will now be discussed in turn.

Basic necessities such as food are fundamental to human rights (Ministry of Social Development, 2014). Additionally, food security is the ability to acquire nutritionally adequate foods that meets needs (Bastian & Coveney, 2013; Carter, Lanumata, Kruse & Gorton, 2010). However, the participants in this study found that food insecurity exists as a consequence of limited resources:

It's not like we could afford to have lunch because that's just what it came down too

(Linda, teacher from low socioeconomic kindergarten)

Drewnowski and Specter (2004) demonstrated that lower income groups experience higher rates of food insecurity. Carter et al. (2010) also found that food insecurity is a concern for about 20% of New Zealand households. In this study, teachers of the low socioeconomic kindergarten were less likely to blame the parent and more likely to blame the prices of food when they saw lunchboxes with unhealthy foods:

Whatever the content is, especially for this area, especially in the low socio areas, we are grateful regardless if it's a packet food ya know. At least they thought about putting something in the lunchbox for their child

(Petra, teacher from low socioeconomic kindergarten)

Possible consequences of food insecurity have been found to result in the consumption of a poorer quality of diet, leading to poorer nutritional status (Leung, Epel, Ritchie, Crawford & Laraia, 2014). Additionally, New Zealand has been cited as having one of the highest rates of obesity and food insecurity in the developed world (Carter et al., 2010). According to Drewnowski and Specter (2004) food insecurity and its relationship to obesity is believed to exist because those who are food insecure may consume foods that are inexpensive, but at the same time high-energy dense foods. For the lunchbox, teachers are finding these cheaper foods as a result of the low cost:

Harriet- For \$1 you would have a lunch packet that would have: two packets of chippie type things, and they are not brands that are very known to us here in New Zealand, um a pop drink that is green red or fluoro orange, a little thing of American cookies

Caitlin- Oh those are coming into fashion

Harriet- And all that for \$1, so all packaged, but all really shitty type of food

(Focus group with teachers from high socioeconomic kindergarten)

However, a difference of opinion arose when talking to the health promoters about the perceived low cost of unhealthy packaged foods, where they discussed these kinds of food as more expensive:

I think that cost is used as an example, yet packet stuff is more expensive when you think about it, and yeah it's an interesting one because they'll say healthy food is too expensive, but actually when you work out, it's not

(Helen, health promoter)

However literature revealed that fruit and vegetable affordability is a barrier for low-income consumers (Dibsdall et al., 2003). Instead of looking at the clear complex issue of social class, much research has been dedicated to looking at personal responsibility and freedom of choice when it comes to barriers of a healthy diet (Drewnowski, 2009). For the families that Linda, a teacher in the low socioeconomic kindergarten described, it seems difficult to be able to afford the more expensive healthy foods due to their unavoidable circumstances:

In terms of some of our Whānau here, parents could have all these other things financially going on, and food might be this amount of money (gestures small fist), and if you look at it that way, it might not be a pay week for mum, it's dad's pay week. But, we might have to pay this, so maybe their lunches might not be as flash as the following week. So there's all these things too. Could even be that because of culture supporting other families overseas

(Linda, teacher from low socioeconomic kindergarten)

Drewnowski and Specter (2004) also found that healthy eating for low income, and food insecure households may be an unachievable goal considering the high cost involved in healthy eating. Similarly, Ella commented on the cost of food being a barrier to being able to afford healthy food:

Cost of living is a big factor, you find that most of the island families eat noodles, cause it works out cheaper. They just eat what they can afford

(Ella, parent from low socioeconomic kindergarten)

Interestingly, Bruce a parent from the high socioeconomic kindergarten also had an experience where he could not provide healthy food for his child because of the price:

Sinead- And what about food price

Bruce- Uh yeah, it's quite expensive in New Zealand, especially fruits and vegetables. He loves watermelon, but last time I wanted to buy a watermelon it was \$16 and I was like, I'm not going to buy a watermelon for \$16

(Bruce, parent from high socioeconomic kindergarten)

One approach governments in countries such as England, America, and France used, was to apply sale taxes to certain foods, to discourage the purchases that were seen as the least nutritious, or most harmful (Caraher & Cowburn, 2005). For example, in France, foods such as sweets, chocolates, and vegetable fat attracted a value added tax (VAT) of 20.6%, while other foods had a lesser VAT of 5.5% (Reisch, Eberle & Lorek, 2013). Similarly, in the United States, various foods such as soft drinks and sweets have sales taxes added as a way to regulate and deter consumer purchasing of certain foods (Schroeter, Lusk & Tyner, 2008). Cash and Lacanilao (2007) found that regulation of foods through taxation is a mirrored concept that follows the successful use of increasing taxes to discourage cigarette purchasing. In this study, the idea of how to improve access to healthy foods was raised by various groups in different ways:.

It would be really nice if milk were cheaper. Well, milk and cheese and butter and that is really expensive, and that's kind of your basics for baking and making things

(Marie, parent from high socioeconomic kindergarten)

Marie felt that certain foods should be subsidised in order to make them more accessible and affordable for the population. Looking into the literature I found that Denmark was the first country in the world to explicitly introduce a 'fat tax' (Smed, 2012). This entailed an across the board tax on all foods that contained saturated fat above 2.3%. However, this taxation system was abolished after one year due to increased costs for consumers and companies (Nestle, 2013). Furthermore, it was argued for making the poorest members of the public even poorer as consumers had to pay more for basics such as butter, dairy products and meats (Nestle, 2013).

Taking a different approach to changing the prices of foods, some of the teachers in this study discussed lowering the price of fruits and vegetables, instead of taxing the price of foods with a high content of fat:

Sinead- How can change be met in society?

Tamara- Bring the price of fruit and veges down

Kim- Yeah, let milk be cheap

(Focus group with teachers from high socioeconomic kindergarten)

However, Tiffin and Arnoult (2011) argue that the mentality of the population would not change appreciably, with considerable numbers of people continuing to consume unhealthy diets. As Tiffin and Arnoult (2011) conclude, food taxation could potentially influence people's eating behaviour and overall health, but the size of its impact and the wider consequences are unclear. Another way that was discussed among differing groups of participants was to address the government's role in regulating the prices of food. As Karl, a health promoter, simply states:

While the bad options are still by far the cheapest, we gonna be fighting an uphill battle I say, unless somebody makes regulations

(Karl, health promoter)

As Sacks et al. (2015) concluded, effective government actions through policies are essential to increasing the healthiness of food environments. Currently, Swinburn, Dominick and Vandevijvere (2014) argue that New Zealand food policies have little implementation by the government. Therefore, there is a gap to address unhealthy food environments by prioritising policies and infrastructures that address food-related issues.

Government accountability through food policies

Sinead- How do you feel about the governments roles in the lunchbox, are they present?

Wendy- No not really, I would say no, I haven't noticed that, they don't help

(Parent from high socioeconomic kindergarten)

Inthorn and Boyce (2010) argue that governments encourage individuals to regard health as a private matter, and not something associated with social change. However, all groups felt strongly that there needs to be some form of mandatory policy in the kindergarten sector to regulate lunchboxes:

As a parent myself it would be great to have some mandatory policy around healthy eating for children, because it's a requirement for better learning

(Judy, health promoter)

Currently there are no mandatory food policies for the early childhood education sector. A lack of an enforced policy means that it is up to the individual kindergarten coordinators to apply and enforce a food policy at the kindergarten, but only if they wish too. However, this places responsibility and pressure on teachers to apply and enforce food policies:

Harriet- It comes back to the individuals

Caitlin- It sits on our policies

Harriet- Even the Auckland kindergarten association, they don't have a food policy. So the Auckland kindergarten association governs with policy, and each kindergarten governs with procedures, so we write a healthy food procedure. We can't write policies and that comes back to how we enforce it

Tamara- Yeah so if we all liked McDonalds we wouldn't have an issue

Harriet- My last kindergarten we brought Wendys, McDonalds, KFC

Tamara- Yeah, so if we ate fish and chips everyday for lunch as a team we wouldn't be worried about what the children were eating, which is crazy isn't it?

(Focus group with teachers from high socioeconomic kindergarten)

There once was a National Administration Guideline (NAG5) as a governing policy that ensured that any foods and drinks sold at schools were healthy options (Tolley, 2009). This was to promote and make available only healthy food and nutrition for all students.

However, the government later retracted this guideline with no new minimum nutritional standard for school canteens in its place (Tolley, 2009). Researching further into a possible reason as to why the government would remove a seemingly helpful policy, it was discovered that there were issues around being perceived as a ‘nanny state’. However, a form of government that reflects a ‘nanny state’ can also be viewed as one that moves away from being perceived as controlling individual needs, and at the same time, has the power to deflect responsibility for individual health. For example Karl, a health promoter said that:

Schools got behind it and parents were quite happy with it and I think it was a backwards step to remove it

(Karl, health promoter)

Furthermore, unlike schools:

The thing I like is that kindergartens are such a captive audience they’re not going to get food anywhere else, whereas high school kids can go to the dairy on the way or the fish and chip shop on the way home whereas you’ve got a real opportunity when the kids are at kindergarten to have healthier food

(Helen, health promoter)

Halkier and Holm (2008) use the term ‘political consumption’ to describe how ordinary consumers are required to solve a range of societal and political problems. Moreover, because schools have been framed as a ‘problem’, using educational reform through teachers, responsibility may instead divert attention away from the negative implications of other policies. However, Alison is aware of this and notes that there needs to be education on a higher level to filter change:

Sinead- And who do you feel like we need to educate more for the lunchbox?

Alison- The top dogs at the ministry of education, put some regulation in place, so high up

(Alison, health promoter)

Without the government's presence in the lunchbox, the teachers have been left to assume responsibility for enforcing and educating about lunchbox foods. As a result, it is currently up to the teachers to enforce healthy eating practices:

Teachers would be a big player to convince them that they could have a policy

(Judy, health promoter)

Presently, a lack of policy means that health promoters need to convince teachers to have policies, as currently if a kindergarten does not want to encourage healthy eating, they do not have to. Therefore, the groups were in alignment that the government needs to take action with a revision of mandatory food policies around children's eating in the kindergarten, in order to create a better environment for growth and development.

Education

Responsibility around educating people to make health conscious choices was intertwined with accountability discourses. For instance, the different groups saw the role of education as both an individual and collective obstacle.

As a parent, Tracey believes it is her responsibility to provide the right kinds of food for her child:

I think it's my responsibility what goes in their bodies. I make sure I'm giving them stuff, maybe I'm educated wrong, but this is my version of health

(Tracey, parent from high socioeconomic kindergarten)

Typically educational campaigns have been found to focus on individual level behaviour change (Hornik, 2002). Outcomes are focused on helping people to adopt healthy behaviour, or for individuals to recognise unhealthy social norms. Tracey demonstrated this type of education strategy, by recognising that she needs to be aware of what foods to

provide and avoid for her child. In this sense education is socially accepted as a matter of personal responsibility, rather than a matter of social responsibility (Hoek & Jones, 2011).

However, one criticism to individual level education campaigning is that low socioeconomic status groups fail to benefit equally, compared to higher socioeconomic groups (Nkansah-Amankra, Agbanu & Miller, 2013). For example, low socioeconomic groups may know about healthy and unhealthy eating practices, but be constricted by limitations in the individuals' environment (Masuda et al., 2012). As Ella, a parent mentioned:

Yeah it's quite pricey, the vegetables, fruits, it's out of season, it's quite expensive, but yeah he loves his out of season

(Ella, parent from low socioeconomic kindergarten)

Furthermore, Walls, Peeters, Proietto and McNeil (2011) critique health promotion campaigns as having a top-down approach, meaning that campaigns fail to address the broader structures as barriers, and instead aim to change behaviours at an individual level. Furthermore, individual led interventions such as health promotion campaigning may encourage changes that individuals on their own cannot make (Jochelson, 2006). In this study, one teacher, Harriet, felt that more responsibility was being placed onto the teachers:

I think society and education as a sector is pushing more and more onto teachers about being responsible to teach children

(Harriet, teacher from high socioeconomic kindergarten)

In western societies we are advised to manage our bodily practices in highly specific ways. In terms of individualisation, health issues have been successfully personalised so that individuals, rather than governments or business, are now responsible for managing health related issues. Therefore by educating parents and teachers it may only provide an immediate solution. However, if we look to the higher decision makers and no longer ignore the context, there may be a chance for health education to become a wider policy to benefit society.

This chapter highlights the complicatedness when trying to individualise accountability for food inside the lunchbox, to one group, institution, or factor, without considering how they are inter-related. For example, by being seen as an individual agent who makes autonomous decisions, parents and teachers are more likely to be blamed or held accountable for children lunchboxes when inadequate foods are inside. However, by considering broader influences such as price, education, policy and advertising, it was revealed that constraints faced by people may limit the choices people are able to make, which affects what foods go inside the lunchbox. Furthermore, ignoring environmental influences creates victim blaming and guilt for parents, especially in the low socioeconomic group, who know that they should be buying healthy foods, but are constrained to making choices based on external influences such as the prices of healthy foods.

Therefore, neoliberal ideologies that are embedded in policies, prices, and education should be challenged for making the individual responsible for their own behaviours, as they fail to provide social and structural changes that impede the health and wellbeing of the population, and instead only create personal responsibility and self-regulating subjects (Ayo, 2012). Thus, the idea of having a choice of what food to put in the lunchbox carried with it, hidden, and potentially negative consequences. At the same time, all groups were aware of social institutions such as the government, the education sector, food conglomerates, and advertising industries power to shape and influence the environment in which people live. This strengthened the argument that responsibility is an issue of many, as a person constrained by their environment has limiting abilities in having a choice.

CHAPTER V

HEALTH STATUS IN THE LUNCHBOX

People have funny ideas about what healthy food is sometimes

(Alison, health promoter)

The relationship people have with food is interwoven with ideas surrounding health. This chapter explores what the participants thought about food when considering health issues. Furthermore, it was considered that food is a highly moral issue in such a way that foods have become good or bad, dependent on if they are healthy or unhealthy. This may drive feelings such as guilt, and shape the relationships people have with their own culture, as well as dictate what a lunchbox culture is. Lastly, food labels are considered as a way to view the complexities of food and health issues.

Healthy foods

It could be argued that the overt nature of public health debates provides societal messages on how to eat. For instance, there is increasing pressure to eat foods that are healthy, and intense scrutiny on foods that are seen as unhealthy. Societal knowledge around foods that are healthy and unhealthy have been mirrored in the discourse that some participants used around certain foods:

I'm not like a Nazi, but yeah I definitely think about if he's getting the right amounts. Not too much sugar, and not too much salt

(Tracey, parent from high socioeconomic kindergarten)

Harriet- Well I'm gonna say sugar is poison (room laughs)

Caitlin- I'm big on fruits and veges and healthy foods like that

Tamara- Yeah and I've just been giving up sugar and carbohydrates too

(Teachers focus group from high socioeconomic kindergarten)

The strong use of words such as, "Nazi" and "poison" exemplify the ingrained idea that certain foods are healthy. This language enforces public health agenda that target the right

way to live. When talking further to participants, it was apparent that the different groups share similar ideals about healthy foods:

Sinead- What's a healthy food for you?

Mika- Sandwiches

Troy- And apples

Nicola- Watermelon and sandwich and mango

Troy- Kiwifruit

(Children from low socioeconomic kindergarten)

Sinead- So healthy foods is more like?

Maggie- So fruit, vegetables, carrots, uh crackers, you know, cheese and crackers, salami rolls, good sandwiches, cheese and ham sandwiches yeah. So I try to limit the sugar, for example, cookies, chocolate, those types of things

(Maggie, parent from high socioeconomic kindergarten)

At some kindergartens they really encourage that healthy food

(Anya, teacher from low socioeconomic kindergarten)

They know fruit and vegetables are healthy that's for sure

(Judy, health promoter)

From the above conversations, healthy ideologies were ingrained into the foods the participants thought they 'should' be eating. Furthermore, Ayo (2012) argues that health promotion strategies encourage autonomous health promoting behaviours by reinforcing neoliberal practices. In this sense, neoliberalism can be reflected by a facilitation of beliefs that emphasise good and healthy citizens through certain foods being healthy and good. At the same time, neoliberal agendas become a useful tool for governments to encourage individuals to make changes to their own behaviour according to a societal list of do's and don'ts. Thus, it seems important to further elaborate on where people get knowledge about healthy foods. This is some of the places Marie cited:

Kindy is really good about it, they give kids little stickers if their lunchbox has healthy in it, and it shows diagrams. Even with Plunket, I found that Plunket gives you tips on what kids should have in their lunchbox. There's lots of items you can find out about. There's some website, little treasures or something, and you can go in there, and they can give you all these little ideas on what to put in sandwiches

(Marie, parent from high socioeconomic kindergarten)

I found it interesting that Marie said 'what kids should have in their lunchbox'. In a broader sense this can reflect the way society has told us what foods are healthy and unhealthy, and therefore what foods we should eat and should not eat. However, if the above representations about healthy foods are certain, then why in chapter three were there photos of foods other than what is considered healthy inside the lunchbox? If we explore how discourse affects people, we may come to realise that our relationship with food is complicated and can also be a product of our environment.

Food morals

Choosing, preparing or consuming food may communicate something about your self to others (Coveney, 2014). For example, McPhail et al. (2011) found that participants established fruits and vegetables as good. Food has also been found to shape a person's moral character (Bendford & Gough, 2006). In this way, eating healthy foods is generally associated with feelings of goodness. Thus, there has become an increased importance of eating healthy, or proper, to be a good citizen (Coveney, 2014). Wendy and Marie, two parents, discussed their children as 'good' when they ate foods that are linked with healthy:

Yeah they are pretty good eaters. I find them pretty good eaters with their vegetables, they'll eat the carrots

(Wendy, parent from high socioeconomic kindergarten)

Peter is a good eater, he loves lots of fruit

(Marie, parent from high socioeconomic kindergarten)

This shows that from a young age children may be taught that to be good is to eat healthy. The lunchbox is also being shaped by moralities of healthy and good. Thus, when we categorise good and bad, we tend to pathologise food (Stevenson, Doherty, Barnett, Muldoon & Trew, 2007). Bruce and Wendy reasoned with what food to put in the lunchbox based on goodness. For Bruce, he chooses foods because they were good. Similarly, Wendy reasoned that the foods she chose weren't bad compared to other foods:

Food I mean, it cant be like something like chips, I wouldn't want to put it in there, or lots of sweets is not good

(Bruce, parent from high socioeconomic kindergarten)

(Talking about Le Snac crackers for the lunchbox) I kind of think they are not too bad compared to some of the other stuff

(Wendy, parent from high socioeconomic kindergarten)

In a similar way to healthy foods, participants used unhealthy and bad interchangeably. For the lunchbox, it was by avoiding foods that were seen as unhealthy:

Bad foods would be all the sugar loaded foods you know? Chocolate and cookies, all with a lot of sugar. All that food for me is bad, and all that takeaways

(Maggie, parent from high socioeconomic kindergarten)

Lots of sweet stuff and lots of fatty stuff. I really don't like processed you know, like artificial food, like two minute noodles has all the artificial flavours, and you don't even know what's in there. That's the worst I think

(Bruce, parent from high socioeconomic kindergarten)

Avoidance of foods that are socially unhealthy extended into practices surrounding what children should eat in their lunchbox at kindergarten. For example, the teachers discussed educating the children on making the right choice, by picking the healthy foods first, and eating the unhealthy foods last:

Make good choices of what you're eating, instead of going for the chips

(Harriet, teacher from high socioeconomic kindergarten)

So for us we would say to the children, if you want to eat your cookie then you know you have to eat your fruit first, choose something healthy first

(Petra, teacher from low socioeconomic kindergarten)

If a child brings in a pie then it's put aside and they are encouraged the sandwich.

So it's the talk with the parents again, don't bring a pie

(Linda, teacher from low socioeconomic kindergarten)

However, this may put increasing pressure on people to consume foods that are seen as good, and enhance feelings of guilt when eating perceived bad foods (Coveney, 2014). In an earlier study, Stein and Nemeroff (1995) found that people would feel guilty depending upon the number of calories in the food. More recently, Gonzalez and Vitousek (2004) concluded that fatty foods induced feelings of guilt. Therefore, food has now become an issue of anxiety and guilt (Benford & Gough, 2006; Steenhuis, 2009). Again, widespread health promotion campaigning has taught us to avoid fats and sugars in foods. Thus, when people eat these associated foods it may induce feelings of guiltiness, because the foods they are eating are perceived as bad, and this is not socially accepted.

I found that the teachers and the health promoters discussed seeing bad foods in the lunchbox as a result of guilty parents:

Caitlin- Perhaps mothers and fathers over cater to children in case they are distressed or for comfort

Kim- That part they can take control of, cause they are not here everyday, but at least the child is going to be eating

(Teachers focus group from high socioeconomic kindergarten)

Helen- I think there is a lot of guilt, the reason why parents put in a lot of packets, and I guess what we consider junk, it's that guilt of "I'm putting you in care all day everyday and this is my sort of way of making up for it"

Alison- Yeah

Helen- Yeah it starts to become where the snacks are more treats than anything else

Alison- Sometimes they are the foods that they know that the children will eat. They'd hate the thought of them going to kindergarten or day care all day and not eating anything

(Health promoters focus group)

In the above two quotes, it seems that parents may know about healthy and unhealthy food, yet they may choose to supply unhealthy or bad foods for reasons such as guilt. Metcalfe et al. (2008) discussed how parents relieve their guilt for their children being at day care by substituting nutrition contents for love. For example, children may favour unhealthy foods such as lollies, and parents who feel guilty for leaving their child may reinforce these requests. In the conversations with the higher socioeconomic kindergarten, teachers witnessed pupils being bribed by their parents:

Kim- The first thing you hear the children say to their parents is "are we getting an ice cream after kindy?" "If you get your bag quickly we can go"

Harriet- Yeah food is reward and bribery

(Teachers focus group from high socioeconomic kindergarten)

As a result of children having access to unhealthy foods, there is even more pressure on teachers to enforce healthy eating habits when food becomes a substitute for a reward.

Culture

This research found that there was some ethnic diversity when discussing food. Ideals related to ethnicity were often revealed when participants contrasted their ethnic food with other food choices. For example, I found that Ashleigh in particular held beliefs and expectations about traditional island food compared to western food:

Sinead- So galo fills you up, whereas bread doesn't?

Ashleigh- Yeah Island food, we love it, we eat fish and stuff, we eat what we love, like taro leaves

(Ashleigh, parent from low socioeconomic kindergarten)

Ethnic ideals of one culture in comparison to another culture were also apparent when the participants discussed living in New Zealand. For example, Bruce, found it difficult for his son to assimilate into a New Zealand culture of eating food from the lunchbox, as this ideal differed from that of his native origin:

Sinead- So, what would be some challenges to the lunchbox then?

Bruce- He doesn't want to eat it, and because we are from Austria, at home we normally have a hot lunch, we cook at home. When he was younger I was always cooking him a hot lunch, and then we started kindergarten, and now he has a cold lunch and he doesn't want it

(Bruce, parent from high socioeconomic kindergarten)

Thus, Bruce felt that moving to a new environment limited his ability to get his son to eat food. Furthermore, I found that food could conceptualise some ethnic identities in different ways. For instance, Ella has changing views on her traditional ethnic food as a response to a new culture. This shows that culture can influence conceptualisation of healthy and unhealthy food:

Sinead- What would be healthy eating and living?

Ella- Vegetables, fruits, and then you have your carbs like pastas rather than having taro, cause it's quite starchy. We replacing some of the stuff we use to eat which is kind of quite difficult in terms of, we are used to that stuff

(Ella, parent from low socioeconomic kindergarten)

It seems as though Ella's ethnic identity has absorbed western values at the expense of her own cultural knowledge and traditions. It could also be apparent that western culture has

shaped her rationalities, which now determines her food choices. Additionally, globalisation of certain foods has been found to affect food choice (Prescott, Young, O'Neill, Yau & Stevens, 2002). One teacher also noted the struggle some ethnic groups have when choosing foods for their child's lunchboxes:

I find different cultures have different understandings with what their child has for lunch. Because of a certain food that they were brought up with, that's what they put in lunch. Where I know some centres or kindergartens sort of push the sandwich. But some families are not used to bread, and of course the children don't eat the sandwich

(Anya, teacher from low socioeconomic kindergarten)

Furthermore, I found that parents that migrated to New Zealand from Island countries struggled with their children's food preferences as a result of children rejecting their traditional cultural food in favour of westernised foods:

Ashleigh- You know my cooking, he will never eat my cooking

Sinead-What kinds of things do you make?

Ashleigh-Oh he likes fried sausage, I give it to him, and chicken nuggets, you know our Island food like Tongan food, he doesn't like it

(Ashleigh, parent from low socioeconomic kindergarten)

Lily- Sometimes I make the other stuff like sushi, I do a lot of stuff, Doritos and things because the kids they grew up here, they say, "hey we eat too much Island food, can we eat something else"

(Lily, parent from low socioeconomic kindergarten)

Through food globalisation, ethnic practices and values are under threat. From the above quotes it is apparent that traditional cultural practices and traditional knowledge about food are being replaced by consumerism and westernisation. This in turn is setting new core values and principles based on western ideologies, such as the New Zealand standard of

healthy eating. Moreover, in a New Zealand context, Vasquez (2013) found assimilation of a 'kiwi' culture through the sandwich. This research found that broader guidelines, such as those from the Ministry of Education (2007) enforced homogeneity in a way that those with 'other' sandwiches or food were distinguished as different or 'bad'. My study also found that participants distinguished the sandwich as part of a New Zealand culture. However, this had repercussions for those whose values differed from New Zealand culture:

But the problem is that normally the sandwiches, and I know this is a thing in New Zealand, I know a lot of people have sandwiches with carrots and vegetables and things, but Frank just doesn't eat it so I don't put it in anymore

(Bruce, parent from high socioeconomic kindergarten)

Robert's mum (he's Cambodian) said he never eats it, he never likes it, but because he's in an Auckland kindergarten, she's giving him sandwiches, she's making him food that she knows he doesn't like and he's not eating

(Harriet, teacher from high socioeconomic kindergarten)

Intrigued by the parent's responses, I asked one set of teachers what would be a common example of a typical New Zealand lunchbox:

Harriet- A white bread Nutella sandwich with jam and crackers, with a muffin, but it would only be chocolate chip

Kim- Yeah because that is so westernised ya know, it used to be a cupcake it used to be really small, not that big, and now they are those giant things

Harriet- With icing higher than the cupcake

Caitlin Yeah those things upsized, and yeah it's Americanised

(Teachers focus group from high socioeconomic kindergarten)

However, a New Zealand lunchbox may not be healthy, as stated by one of the health promoters:

Some parents might simply just put sandwiches in and think peanut butter and jam sandwich, that's a sandwich, that's healthy, but definitely not

(Judy, health promoter)

Therefore, if we consider ethnicity in lunchbox food matters, it becomes apparent that ethnicity and culture can be involved in food choices and affect what foods are chosen. It is apparent that culture may shape how a person views food and this may affect what is seen as healthy or unhealthy. Furthermore, it may be hard to know what to feed a child when assimilating into the New Zealand culture.

Food labelling

From 2002, nutrition labels became compulsory for all manufactured foods sold in New Zealand (Signal et al., 2008). Food labels contain scientific nutrition and health information, and were introduced as a strategy to provide comprehensive information to consumers to improve diets. Chan, Patch, and Williams (2005) argued that nutritional labels have the potential to guide people to healthier choices. Additionally, Perez-Escamilla and Halderman (2002) concluded that those who used food labels were more likely to have a diet consisting of higher intakes of fruit and vegetables, and lower intakes of fat. However, this study found that participants had problems with food labels. In particular, they found them hard to read, unclear, deceptive, or not valuable. As a result, the individual is often blamed for having an unhealthy diet, instead of re-evaluating the food labels themselves.

One programme designed to help New Zealanders make informed healthy choices when it comes to purchasing food is through the collaboration of The New Zealand Heart Foundation (NHF) and the food industry. A labelling campaign 'pick the tick' is set to provide a guide to healthy food choices for consumers, by displaying a tick on foods that are believed to be the healthier choice out of similar products (Marshall, O'Donohoe & Kline, 2007; Young & Swinburn, 2002). The NHF has set nutritional criteria for food products. The food manufacturers whose products meet the criteria enter a license agreement that enables them to display the tick logo. I asked some of the participants for their views on the tick:

Sinead- How about the tick you see on foods sometimes, what are your views on that?

Wendy- I mean obviously it's good to see ya know, but then I would still look at certain things like the sugar and salt content on the packaging as well

(Wendy, parent from high socioeconomic kindergarten)

Wendy mentioned that she focuses on other factors when purchasing food and does not solely rely on foods with a tick. Additionally, Tracey (parent) and Harriet (teacher), were not convinced by the tick offering the healthiest choices:

Sinead- We were talking about food labels, do you think about the tick you see on some food?

Tracey- I don't pay attention to that, I would just look at the sugar content because I've looked at things that have the heart foundation thing, and other ones that don't, and they have way less sugar. So I don't really look at the heart foundation tick

(Tracey, parent from high socioeconomic kindergarten)

Harriet- Well there's the healthy heart award, ya know the foods with the tick on it. My understanding of that is it's the best of that category. So many people submit their food to see if it gets the healthy heart tick and the best of those foods get it. So it doesn't matter or necessarily mean good whole healthy food. It's just the best muesli bar, out of the muesli bars. But it's still gonna be way too high in sugar

(Harriet, teacher from high socioeconomic kindergarten)

Both Harriet and Tracey did not agree with claims that the tick on certain foods was always the healthiest option. They felt that foods that carried the tick had high sugar content, which they identified as unhealthy. In the past three decades through overt campaigning, contemporary western society has been conditioned to fear dietary fat (Oakes & Slotterback, 2005). However, Harriet and Tracey both display knowledge of a newer trend

to avoid the consumption of products containing sugar. The increasing complexity of guidelines is illustrated by sugar intake advice. Previously we were told to avoid sugar, and now we are told to choose and prepare food with little added sugars (Nestle, 2013). Additionally, sugar has been added to nearly all processed foods (Bray, Nielsen & Popkin, 2004). However, a growing body of literature also finds that excessive sugar consumption negatively affects human health (Lustig, Robert, Schmidt & Brindis, 2012).

It was interesting to listen to the discussion that the health promoters had around parents and food labels:

Helen- Only if they can read the label if they understand what they are looking for

Karl- Yeah it can go both ways too, like I said before, because if it's got a health claim or something, your going to focus on that and not focus on the other things that are in the product

Alison- Yeah most parents couldn't read a nutrition information packet

Helen- They wouldn't have a clue

Alison- They could have a look at it but they wouldn't quite get it

Helen- Or they will look at the wrong bit

Alison- Or they will look at the wrong bit and wouldn't understand what's relative, that kind of thing, so they wouldn't know what 53 grams of sugar was, but definitely know the health claims on it, if it says organic

Judy- I think if they pick the tick it's an easier one

(Health promoter focus group)

From this discussion it seems as though the health promoters believe that the parents do not understand food labels, which could be a reason as to why they choose foods that are not always the healthiest choice. However, Brownell and Koplan (2011) found labels lacked an easily understood way for consumers to decipher nutritional status of food. I also found that there were other factors, and not just confusion surrounding food labels, that deterred parents from purchasing the healthiest option:

Sinead- Do you look at labels on packets or how do you buy food?

Ella- What's cheaper price so nah

(Ella, parent from low socioeconomic kindergarten)

Ashleigh- It's good sometimes when you go buy stuff and it is cheap, and it's got the tick, and I'm like oh hey this is good

Sinead- And do you look at labels on the back of foods?

Ashleigh- I look at them, but if I see something that is cheaper I will go for that thing

Sinead- So if your buying food you look at the price?

Ashleigh- Yeah I have to because we have got a mortgage

(Ashleigh, parent from low socioeconomic kindergarten)

Price was important to Ashleigh and Ella. Both stated that they chose food because of the cheaper price, regardless if it had a tick on it. Therefore, the price was seen as a limit to the range of possible choices they could make. Another New Zealand study that looked at Māori, Pacific, and low-income shoppers also found that participants rarely used nutrition labels to assist with food purchases because of price limitations (Signal et al., 2008). Therefore, resources, instead of knowledge may also drive food purchases and affect food choices regarding healthy or unhealthy.

As more research surrounding food is conducted, the idea of what is healthy food is constantly developing. Healthy and good are entwined with morality, whereas unhealthy and bad often equate with guiltiness and stigmatization. I found that parents had an underlying unspoken rule about what foods were healthy and acceptable. However, these rules challenged their actions at times when they knew what not to put in the lunchbox, but did so anyway. For example, the parents knew that processed foods were bad, yet they appear in all the children's lunchboxes for this study. Interestingly, the children themselves also showed understandings of societal approved healthy foods. This may reflect that even from a young age, children are being conditioned to environmental influences that dictate what to eat.

Furthermore, the teachers found it challenging to enforce healthy eating behaviours when they do not control what foods go into the lunchbox, which also mirrored health promoters views that people know about healthy foods, yet they do not always follow these guidelines. Additionally, culture was found to have an impact on food beliefs where it would shape and constrain what foods were prepared for the lunchbox or eaten in general. Food labels were a way to expose the difficulties individuals face when trying to make healthy choices, and it was found that food labels were not always trusted or used when deciding what foods to purchase. Thus, the relationship people have with food, and what goes into the lunchbox, is more complicated than simply choosing a healthy food option.

CHAPTER VI

CONCLUSION

This investigation started with a simple idea of acknowledging that the process of determining which foods go into the lunchbox can be complicated. From the beginning, my overall aim was to unravel the contradictions, complexities, ideologies, interactions and perceptions that children, parents, teachers, and health promoters had about the foods that are placed into the lunchbox. Going beyond a simple account, food was also used to highlight how people's food practices were shaped by a variety of economical, cultural, and socio-political pressures. Throughout this research I have argued that food should be thought about in a wider context, and in this way I would contribute to bringing forth a broader agenda of food-related issues.

Concluding main findings

In the preceding chapters, I was able to locate and consider food topics in a variety of contexts. For example, food behaviours were revealed to be a complexity of interpersonal and environmental circumstances. I was also able to structure the investigation in order to fit my research style of reflexivity and adaptability. The participants in this ethnographic investigation were always encouraged to talk freely, which allowed for more information to be collected than was offered through the analysis. Focus groups were a valuable way to collect data for this thesis as they elicited a variety of views within a familiar group context. As food-related issues within the daily lives of people in these groups can be intertwined, it was valuable collaborating with groups as a unit rather than as individuals. Interviewing the parents at their homes provided a multisensory reward. I was able to step inside their environment, and that provided a rich space to collect data and elicit information about daily life. As the interviews were conducted in a kitchen setting, it aided in keeping discussions focused on food-related topics.

By taking photos of the different lunchboxes, I discovered more similarities than differences in the contents of the foods that were inside each lunchbox, regardless of socioeconomic status. It was also revealed in the data analysis that all groups evaluated foods in similar ways. For example, food issues were linked with morality, as people

framed food talk in moralistic overtones of good versus bad. When considering why people shared similar rationalities of food ideologies, it was established that there are increasing pressures to be self-disciplined and self-regulating to avoid certain foods, in order to make the right choices. However, when we consider that people select, rather than choose freely their food, it becomes possible to point out the power of environmental influences and how they affect individual rationalities. For instance, nutritional discourses that are informed by experts produce socially constructed meanings of foods (Pike, 2008). In turn, knowledge will define what it means to be healthy to people, and in this way will produce social standards for how people should behave in respect to their food practices. Therefore, food choices were found to be associated with societal acceptability, based on judging food as good or bad, where those who ate unhealthy were more likely to be judged as less moral than those who ate healthily.

At the same time, choice is intertwined with personal responsibility. However, this approach to viewing food and health issues may over-emphasise behavioural justifications, instead of tackling structural factors (Larson & Story, 2009). For example, by problematising food issues at an individual level, accountability issues will continue in underplaying eating behaviours as a result of environmental influences. For example, it may ignore the effects of globalisation, advertising, ineffective policies, pricing issues, and access to food (Caraher & Coveney, 2004). Therefore, this reductive focus limits improvements being made on a structural level, as it focuses on changing individuals rather than the environment (Hoek & Jones, 2011; Larson & Story, 2009; Pike, 2008).

Furthermore, a consequence of having a standardised westernised lunchbox culture, is that the majority of European based values and social systems that may influence the foods that may be chosen, may not apply to all. For example, the lunchbox contents in this study mirrored the Ministry of Health (2007) recommendations of what a lunchbox should look like. For example, all lunchboxes had a piece of fruit and a sandwich. However, this lunchbox culture may exclude and marginalise other cultural foods that parents may want to put in the lunchbox, resulting in a strain on families who may not be familiar with foods, such as the European sandwich (Vasquez, 2013). In a larger sense, this reflects how people can be made to feel guilty when they go against social norms (Honkanen, Verplanken &

Olsen, 2006). For example, this study revealed that children would be given foods that were not typical of their culture. For instance, some parents in this study discussed how they would give their children sandwiches, even though the children would not be inclined to eat them, because that was not their usual food that the children were used to at home. This strengthens the argument that in contemporary western society, individual behaviour is shaped by social standards, and it could be a reason as to why there were more similarities than differences in the contents of the children lunchboxes, despite socioeconomic or cultural differences.

Conversely, social standards that reflect self-regulating, self-monitoring, and autonomous behaviours encourage change at an individual, rather than at a structural level (Coveney, 2014). In this way, to be a good citizen is to monitor and regulate ones diet by eating standardised foods. Therefore, having influencing discourses that regulate individuals through self-surveillance, whereby individual's problematise their own choices, habits and practices, ethnicities that may not follow western culture may feel oppression and stigmatisation if they do not conform to a western lunchbox culture.

Environmental influences such as the current lack of food policies provided by the New Zealand government can have an impact on children's lunchboxes. A lack of policy discourages a sense of clear rules on acceptable foods at the kindergarten for children, parents, and teachers (Utter, Scragg, Percival & Beaglehole, 2009). Currently, there are no government regulations that standardise healthy food guidelines for the early childhood education sector. In this way there are no clear examples of good practices, or support for children, parents or teachers. This leaves total responsibility to the teachers to prepare, provide, and govern food curriculums. Furthermore, parents are expected to know what foods they should provide, without any clear indication from the government (Peters, 2001; Utter et al., 2009). Furthermore, teachers in this study discussed policing children's lunchboxes and encouraging them to make the right choices of choosing healthy over unhealthy foods. However, this may hold children accountable and make them subject to being blamed, which further focuses on individual behaviours rather than the larger problems. Therefore, a lack of guidance from the government that situates the children, parents or teachers as solely accountable for making the right choice, does not consider

other environmental influences outside of their control that may affect their ability to make the ‘right choice’. For example, this research identified issues such as advertising and food price as factors that constrained people into making a selection, rather than a choice about what foods to buy. Thus, a school based food policy set by the government would need to take into account the children, parents and teachers circumstances.

Additionally, even though there are no government food programmes in New Zealand, there are a variety of non-profit organisations such as The Heart Foundation, that provide guidelines and information to kindergartens, their teachers and parents. However, collaborations between kindergartens and non-profit organisations, such as The Heart Foundation, are on a voluntary basis, and therefore it is up to the individual kindergarten to be a part of their services. Therefore, at the present time, non-profit organisations that provide support to the community may be seen as an intermediate solution to a larger problem. Non-profit organisations have limited potential to support all kindergartens, whereas a government led initiation could have an across the board effect in providing support to families and kindergartens throughout New Zealand. As Crampton, Hoek and Beaglehole (2011) argued, non-government organisations may be a convenient solution for the government as they loosen democratic accountability. Thus, at the present time, non-profit organisations have limited capabilities to implement changes across New Zealand.

In Future

As an exploratory study that was only able to look at two kindergartens in the Auckland area, there are various avenues that could be further explored to gather a deeper understanding of how lunchbox foods come to be. One avenue to deepen future research could be by taking photos of the lunchboxes over a longer period of time. A longitudinal study may provide richer discourse into eating trends over time, as food and health information are continuously evolving. For example, one idea could be allowing the parents to take the photos over a period of time to gain a more comprehensive understanding of the contents of the lunchboxes, as I was only able to take a single photo of the lunchbox for a particular day. Thereby, watching both the families, and the foods that enter the lunchbox over time may provide hidden clues and new insights into lunchbox food paradigms.

Furthermore, to build on the finding that different socioeconomic areas produced similar lunchboxes, future research could also look to explore other socioeconomic areas, to question factors such as the food environment, where participants live, and whether other areas produce similarities or differences. Current literature shows discrepancies between high and low socioeconomic groups in terms of nutrition, consumption patterns, and food choices (Metcalf, Scragg & Jackson, 2014). However, these researchers do not focus exclusively on food issues within the lunchbox. Currently, there is very limited research, especially in the New Zealand context, that explores socioeconomic differences and whether socioeconomic status has an effect on the foods inside the lunchboxes. Therefore, additional research would be able to provide more clarity on the relationship between socioeconomic differences and contents in lunchbox foods. For example, this research gathered information from only two areas in Auckland. Other socioeconomic areas such as those classed as middle class, and other regions of the country, would be another way to add additional literature that explores the foods inside the early childhood demographic lunchboxes.

In closing, this research has explored different people's perspectives that reveal the interconnectedness of food topics. We have seen how individual rationalities can be shaped by environmental influences, which affect how foods are viewed and chosen for the lunchbox. Furthermore, we have considered that environmental influences, rather than people's choices can affect food related decisions. Additionally, it was concluded that food morality contributed to daily negotiations with food, to the point where some came to feel guilty about their eating, as they are not adhering to normalised practices of being a good citizen. Although the groups differed on their opinion at times, all were unanimous in showing that food inside the lunchbox is more than simply selecting, preparing, and packing; it is about a variety of intertwined issues that manifest themselves through a food related space. One thing is for certain; our relationship with food is far from simple.

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APPENDICES

Appendix A- Information sheet- parents, teachers, and health promoters

What's in that box? An account of foods in kindergarteners lunchboxes

PARENT/WHĀNAU INFORMATION SHEET

About the researcher:

Hi my name is Sinead Watson. I am currently completing my Masters of Science in Health Psychology degree at Massey University. I am conducting this research as part of my Masters thesis, which is supervised by Professor Kerry Chamberlain.

What is this research about?

My study is interested in looking at what foods kindergarten children (aged 2-4) have in their lunchboxes, and how these foods have come to be chosen. I would like to invite the maker/preparer of the lunchbox, and also the child that receives the lunch to be a part of my research. I would like to hear your thoughts/feelings/opinions on kindergartener lunchbox foods, and any issues you think that are of relevance to that topic.

Volunteering for this project

Your kindergarten has provided this information sheet to you. Once you have carefully read through the information provided, you can either email or call/txt me (details provided below) to volunteer, or ask any questions you may have about the research. It is important to note that your participation to the study is entirely voluntary and you are not obliged to volunteer after reading this information sheet.

During your participation

For you: On the day of the study I will bring along a consent form to fill-in and sign. After the form is signed and collected I will then introduce myself and invite you to talk about food and its relationship to the lunchbox. For example, what foods you choose to put in the lunchbox and why. You can tell me anything you like, as I am here to listen and gather your insights. I would like to talk to you about these topics whilst you are preparing or obtaining the food for your child's lunchbox. This could be anywhere and at any time, for example, at home or on the way to the kindergarten. I would also like to take a photo of the

foods that are inside the lunchbox. This discussion will probably take between 60-90 minutes and will be audiotape recorded and transcribed. However, please note that all your contributions will be kept confidential. In my thesis and any publications from this research I will use pseudonyms and no one will be able to identify you or your child or the kindergarten your child attends.

For your child: On the day of the study I invite your child during her/his lunch break to be a part of a focus group. This will be made up of class peers that are also participating. As your child is eating lunch I would like to talk about any thoughts or ideas she/he may have about the food that is in the lunchbox. The group discussion will take place over a lunch break and will be audio recorded. However, please note that I can turn off the audiotape recorder if requested, and that all contributions from your child will be kept confidential. In my thesis and any publications from this research I will use pseudonyms and no one will be able to identify your child.

As a thank you for your participation your family will receive a \$20 Pak n Save voucher. If you decide to withdraw from the study, this does not affect your family receiving the voucher.

Handling your information

Welfare and confidentiality for all participants is held as extremely important at Massey University. All our discussions are recorded for the purposes of this project only, and will be kept secure at all times under password-protected folders. Only myself, and my research supervisor, Kerry Chamberlain, will have access to the information you provide. On completion of this project you are entitled to request the summary of the research findings, which will be completed on the consent form.

Your rights as a participant

Please note that you are under no obligation to accept this invitation. If you decide to participate you have the right to:

- Withdraw at any time during the focus group or up to one week after the completion of the focus group; after that time your data will be included in the analysis.
- Provide information on the understanding that your name will not be used
- Be given access to a summary of the project findings when it is concluded
- Ask me to turn off the voice recorder at any time during the discussion

Contact details

If you have further questions please contact me, as I am happy to discuss any questions/comments/concerns you may have. Your participation is very welcomed and I thank you for your consideration.

Cell phone: txt or call: 0276237249 **or Email:** watson.sinead@gmail.com

Or my research supervisor:

Professor Kerry Chamberlain:

Phone: (09) 4140800 ext 41226 **or Email:** K.Chamberlain@massey.co.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 14/015. If you have any concerns about the conduct of this research, please contact Dr Lily George, Acting Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43279 email humanethicsnorth@massey.ac.nz

What's in that box? An account of foods in kindergarteners lunchboxes.

TEACHER INFORMATION SHEET

About the researcher

Hi my name is Sinead Watson. I am currently completing my Masters of Science in Health Psychology at Massey University. I am conducting this research as part of my Master's thesis, which is supervised by Professor Kerry Chamberlain.

What is this research about?

My study is interested in what foods kindergarten children (aged 2-4) have in their lunchboxes, and how these foods have come to be chosen. I would like to invite you to be a part of a focus group, which would consist of your work peers. I would like to hear what your thoughts/feelings/opinions are on kindergartener lunchbox foods and any issues you think that are of relevance to that topic.

Volunteering for this project

The head teacher has provided this information sheet to you. Once you have carefully read through the information provided, you can either email or call me (details provided below) to volunteer, or ask any questions you have about the research. It is important to note that your participation in the study is entirely voluntary and you are not obliged to volunteer after reading this information sheet.

During your participation

On the day of the study I will invite you to join a focus group and talk about food and its place in children's lunchboxes. I will bring along a consent form to fill-in and sign. After the forms are signed and collected I will then introduce myself and invite everyone in the group to introduce themselves as well. I will then answer any other questions you may have about the research. This will be followed by discussions about food in general and what might be in the lunchbox in particular. The group discussions will probably take between 60-90 minutes and will be audiotape recorded and transcribed. However, please note that I can turn off the audiotape recorder if requested, and that all your contributions will be kept confidential. In my thesis and any publications from this research I will use pseudonyms and no one will be able to identify you or the kindergarten.

As a thank you for your participation your kindergarten will receive a \$40 Pak n Save voucher. If you decide not to take part or to withdraw from the study, this will not affect your kindergarten receiving the voucher.

Handling your information

Welfare and confidentiality for all participants is held as extremely important at Massey University. All our discussions are recorded for the purposes of this project only, and will be kept secure at all times under password-protected folders. Only myself, and research supervisor Kerry Chamberlain will have access to the information you provide. On completion of this project you are entitled to request the summary of the research findings, which will be completed on the consent form.

Your rights as a participant

Please note that you are under no obligation to accept this invitation. If you decide to participate you have the right to:

- Withdraw at any time during the focus group or up to one week after the completion of the focus group; after that time your data will be included in the analysis.
- Provide information on the understanding that your name will not be used
- Be given access to a summary of the project findings when it is concluded
- Ask me to turn off the voice recorder at any time during the discussion

Contact details

If you have further questions please contact me, as I am happy to discuss any questions/comments/concerns you may have. Your participation is very welcomed and I thank you for your consideration.

Cell phone: txt or call: 0276237249 **or Email:** watson.sinead@gmail.com

Or my research supervisor:

Professor Kerry Chamberlain:

Phone: (09) 4140800 ext 41226 **or Email:** K.Chamberlain@massey.co.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 14/015. If you have any concerns about the conduct of this research, please contact Dr Lily George, Acting Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43279 email humanethicsnorth@massey.ac.nz

What's in that box? An account of foods in Kindergarteners lunchboxes.

HEALTH PROMOTERS

INFORMATION SHEET

About the researcher

Hi my name is Sinead Watson. I am currently completing my Masters of Science in Health Psychology at Massey University. I am conducting this research as part of my Master's thesis, which is supervised by Professor Kerry Chamberlain.

What is this research about?

My study is interested in looking at what foods kindergarten children (aged 2-4) have in their lunchboxes, and how these foods have come to be chosen. I would like to invite you to be a part of a focus group, which would consist of your work peers. I would like to hear what your thoughts/feelings/opinions are on kindergartener lunchbox foods and any issues you think that are of relevance to that topic.

Volunteering for this project

Either your work peer or myself has provided this information sheet to you. Once you have carefully read through the information provided, you can either email or call me (details provided below) to volunteer, or ask any questions you have about the research. It is important to note that your participation to the study is entirely voluntary and you are not obliged to volunteer after reading this information sheet.

During your participation

On the day of the study I invite you to join a focus group and talk about food and its place in children's lunchboxes. I will bring along a consent form to fill-in and sign. After the forms are signed and collected I will then introduce myself and invite everyone in the group to introduce themselves as well. I will then answer any other questions you may have about the research. This will be followed by discussions about food in general and what might be in the lunchbox in particular. The group discussions will probably take between 60-90 minutes and will be audiotape recorded and transcribed. However, please note that I can turn off the audiotape recorder if requested, and that all your contributions will be kept confidential. In my thesis and any publications from this research, I will use pseudonyms and no one will be able to identify you or the organisation you work for.

Handling your information

Welfare and confidentiality for all participants is held as extremely important at Massey University. All our discussions are recorded for the purposes of this project only, and will be kept secure at all times under password-protected folders. Only myself, and research supervisor Kerry Chamberlain will have access to the information you provide. On completion of this project you are entitled to request the summary of the research findings, which will be completed on the consent form.

Your rights as a participant

Please note that you are under no obligation to accept this invitation. If you decide to participate you have the right to:

- Withdraw at any time during the focus group or up to one week after the completion of the focus group; after that time your data will be included in the analysis.
- Provide information on the understanding that your name will not be used
- Be given access to a summary of the project findings when it is concluded
- Ask me to turn off the voice recorder at any time during the discussion

Contact details

If you have further questions please contact me, as I am happy to discuss any questions/comments/concerns you may have. Your participation is very welcomed and I thank you for your consideration.

Cell phone: txt or call: 0276237249 **or Email:** watson.sinead@gmail.com

Or my research supervisor:

Professor Kerry Chamberlain:

Phone: (09) 4140800 ext 41226 **or Email:** K.Chamberlain@massey.co.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 14/015. If you have any concerns about the conduct of this research, please contact Dr Lily George, Acting Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43279 email humanethicsnorth@massey.ac.nz

Participants Wanted!



Who?

Children aged between 2-4 years old

What?

To talk about the food in your lunchbox

Where?

During lunch time at your kindergarten

Why?

To see what you think about the food in your lunchbox



Please get your parent or caregiver to read to you the information sheet attached for more details about becoming a volunteer.

THANK YOU!!! ☺

Appendix C- Consent form for parents, teachers and health promoters

What's in that box? An account of foods in kindergarteners lunchboxes

PARENT/CAREGIVER/WHĀNAU CONSENT FORM

I have read the information sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I agree to participate in this study under the conditions set out in the information sheet.

- I agree that my child I prepare lunch for can participate in this study by being a part of a focus group at the kindergarten.
- I agree to a photo of my child's lunch and lunchbox being taken.

Signature of participant _____ Date: _____

Full Name- printed _____

Childs Name- printed _____

RESULTS FOR RESEARCH FINDINGS

If you would like a copy of the research findings either by post or email please provide your contact details:

Email: _____

Postal address: _____

What's in that box? An account of foods in kindergarteners lunchboxes.

TEACHER CONSENT FORM

I have read the information sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I agree to participate in this study under the conditions set out in the information sheet.

Signature of participant _____ Date: _____

Full Name- printed _____

RESULTS FOR RESEARCH FINDINGS

If you would like a copy of the research findings either by post or email please provide your contact details:

Email: _____

Postal address: _____

What's in that box? An account of foods in kindergarteners lunchboxes.

HEALTH PROMOTER CONSENT FORM

I have read the information sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I agree to participate in this study under the conditions set out in the information sheet.

Signature of participant _____ Date: _____

Full Name- printed _____

RESULTS FOR RESEARCH FINDINGS

If you would like a copy of the research findings either by post or email please provide your contact details:

Email: _____

Postal address: _____

Appendix D- List of word prompts used for focus groups and interviews

INTERVIEW/FOCUS LIST TOPICS AND PROMPTS

Health(y)

Food

Food choice

Food preference

Good food

Bad food

Everyday food

Unhealthy

Influences

Food environment

Social influences

Accountable

Appendix E- Pictures used for children's focus group



