

Mothers' Beliefs towards Children's Food Behavior: A Phenomenological Study

Prayag Raj Joshi

M.Phil. Leading to Ph.D. Programme

Health Education

Tribhuvan University

Graduate School of Education, Kathmandu

prayash.joci@gmail.com

Abstract: *Childhood illness is common in Nepal. Children's eating behavior and mother's feeding style as well as their attitudes regarding food play a crucial role in children's health status. This study is carried out as I couldn't find the report studied on maternal views about children's food behavior in the Nepal. This study used a phenomenological study of qualitative research design to explore maternal perceptions about their children's food behavior like: feeding styles, eating behaviors in Kathmandu valley. Participants for in-depth interview were recruited and sampled from households with school going children and their mothers in Kirtipur municipality of Kathmandu district. Groups were divided by total annual income. Subjects for interview were decided as mothers and no age limitation was set for participants in each group. Verbal informed consent was taken from every selected subject as ethical approval. Subjects were assured for the anonymity/ secrecy and confidentiality of the information and allowed to refuse to participate in the study at any time if they wish. After collecting the data a qualitative codebook was developed as themes started to emerge. Two models namely Health Belief Model and the Theory of Reasoned Action were applied in this study as a theoretical framework. Basically, two themes, children's eating behavior and mother's feeding style and attitudes included strategies for food management, discrepant views between parents were identified in the study. Children's eating behavior and mothers feeding styles differed based on their economic status and their beliefs regarding food. Similarly, parent's busy schedule was also the determinant factor for children's food behavior.*

Key words: children's food behavior, experience, mother's beliefs, parents, phenomenology

Introduction

Background of the Study

Increased household incomes and the number of working married couples have brought changes in values of food, which further brought changes of food behaviors of children. Similarly, increasing trend of eating out causes the decreasing the opportunities of eating at home. Frequent eating out of the home environment has been shown to be associated with less healthful food choices and lower intake of micronutrients(Lachat et al.,2012) In the same way, because of such changes in the social environment, the children's available pocket money has been increased and they directly join in the consumption behavior to satisfy their desires due to food advertisements through mass media, and thus independent food selection and purchase behaviors of children who are out of their parents' control have been greatly increased compared to the past, and most of such purchases have been made on the way from school to home after classes (Lee, 2006).

In particular, the management of foodstuff around the schools, which is out of parents' reach, is poor and the snacks such as candies, chocolates, and jellies made of cheap and low-quality ingredients are sold at stationery shops or small shops, and it has been reported that cheap food products were mainly sold near elementary schools(KEDA,2007). Related facilities for such foodstuff around schools cooked and sold foods without sanitation facilities such as refrigeration and food storage shelving increases concerns for the development of food poisoning (ibid).

Thus, children's food behavior problems could allow for potential deficiency of nutrients caused by nutrient imbalance due to increased intakes of fast foods (Park, 2006; Yoon, 2002). Children are easily enticed by food advertisements due to the lack of senses, and they have conventionally preferred salty tastes and thus the sodium intake of elementary, middle, and high school students. These problems developed by the purchasing decisions of the children themselves and most of the selected foods are processed foods and the intake of those processed foods not only brought nutritional imbalance and adverse influence on the establishment of proper dietary habits but also raised problems of safety following excessive intake of harmful food additives and of various risks related to food sanitation

Children spend more time alone at home due to working parents or more time at private institutes after school, and thus children eat instant foods or insufficient meals with limited kinds of foods as eating alone rather than eating together with family has increased, and increased frequency of eating alone in children has decreased psychological satisfaction and stability. According to the study on the consumption behaviors of directly purchasing foods in case of higher grades in elementary school (Lee,2006), children purchased foods mainly at stationery shops and supermarkets near school for the average of 2-3 days per week, and usually selected cookies, gum, candy, and frozen snacks, mostly concerning the 'taste' of products when purchasing. Such eating out behaviors of children can interfere with regular meal eating rhythms and bring nutritional imbalance by selecting undesirable foods in the aspect of nutrition, and also cause problems in the aspect of food safety in children with less accurate judgment on foods (Kim et al., 2007).Therefore, children themselves and multi-dimensional approaches, which can be summarized as active guidance at home and at school, are needed to solve nutrition and health problems.

Problem Statement

A review of the literature revealed that limited information is available on Nepalese mother's beliefs of their children's food behavior and use of healthy food ideas when making food choices. This general idea suggests me that only basic information is available on food behavior. However, there is limited actual data on the beliefs of mother's philosophies and values on food choices. More research data are needed to document mother's beliefs towards their children's food behavior. Therefore, it is academically significant to conduct a qualitative research study to collect data on mother's beliefs for their children's food.

Purpose of the Study

The main purpose of the study was to explore mother's beliefs towards children's food behavior.

Significance of the Study

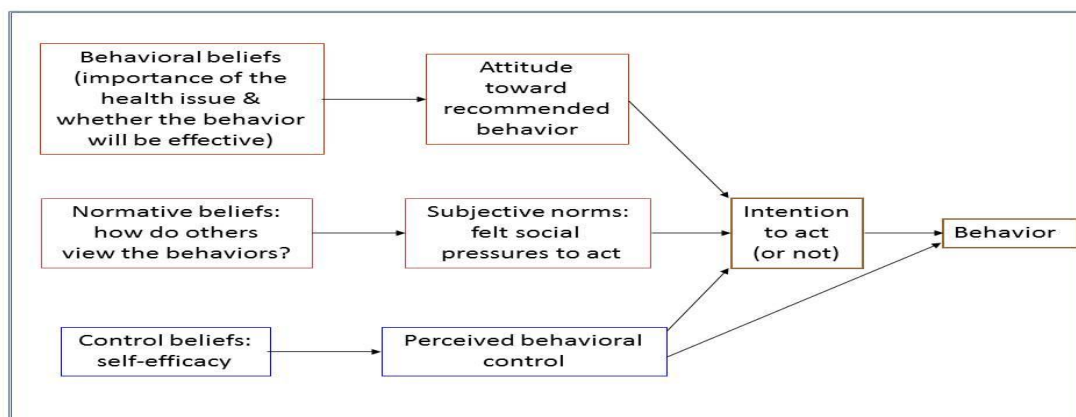
Like other research this research is also beneficial to various concerned people. For e.g. Health educators may use the results of the study to develop education programs, and to increase awareness of mother's perception of food and nutrition. Community health educators may use data from this study to modify food and nutrition programs to facilitate the needs of the mother's population. Health education specialists may have access to data that can be used to develop teaching programs that are client-centered and focused on the relevant needs of the mothers. The data from the study can be shared with the local and state departments of health, local health facilities, and local community groups. The health departments and community groups may use the data to initiate a conversation on mother's views on nutrition and food behavior. So this study is significant for research.

Research Question

1. What are the beliefs and experiences of the mothers towards children's food behavior?

Conceptual Framework

This study is mainly based on Health Belief Model and Theory of Reasoned Action. Based on above mentioned two models I developed a modified conceptual model fit my study of mother's beliefs towards their children food behavior.



Theoretical Framework

For my study, I draw on two major models to explore the mother's beliefs towards children's food behavior. The first model, health belief model HBM, propounded by Hochbaum, Rosenstock and Kegels, in 1950s, deals with health behavior is determined by personal beliefs or perceptions about a disease and the strategies available to decrease its occurrence (Hochbaum, 1958).

As my study requires, this model helped me to understand the beliefs of mothers towards their children's food behavior. The Health Belief Model (HBM) is by far the most commonly used theory in health education and health promotion (Glanz, Rimer, & Lewis, 2002 National Cancer Institute [NCI], 2003). I applied this model in my study as I also have so many experiences regarding this field and as I am also from that place where so many kinds of wrong perceptions are still prevailing regarding food behavior. Personal perception is influenced by the whole range

of intrapersonal factors affecting health behavior. The Health Belief Model (HBM, Becker, 1974) is a theoretical framework used to explain and predict health behavior. Maternal attitudes were operationally defined as the mother's view on controlling their children's feeding in regards to restriction and pressure to eat and monitoring food intake (Birch et al., 2001). As Costanzo and Woody's theory (1985) indicates, parents show more control in areas that they have issues controlling (Costanzo & Woody, 1985). Similarly, I used the idea of health belief model as it predicts a wide variety of health related behaviors and understands patients' response to symptoms of disease to explore the mothers' beliefs towards their children's food behavior. The following four perceptions serve as the main constructs of the model: Perceived Seriousness, Perceived Susceptibility, Perceived Benefits, and Perceived Barriers. Each of these perceptions, individually or in combination, can be used to explain health behavior.

Another theory I applied in my study is the Theory of Reasoned Action TRA, developed by Martin Fishbein and Icek Ajzen in 1967 aims to explain the relationship between attitudes and behaviors within human action. It is used to predict how individuals will behave based on their pre-existing attitudes and behavioral intentions. An individual's decision to engage in a particular behavior is based on the outcomes the individual expects will come as a result of performing the behavior. Most of the behaviors of a person are influenced by his/her attitude. So, I want to find out the relationship between attitudes and behavior of mothers for the purpose of food selection to their children. My study tries to find the relationship between attitudes and behavior with action regarding food behavior. As this study requires, this theory helped me to find the relationship between their attitudes and behavior within human action. The ideas of this theory implied that a person's behavior is influenced by personal philosophies, personal feelings, and personal desire to make a realistic change (Fishbein & Ajzen, 1975). This means the individual may be motivated to make health changes because it was a personal decision. TRA says that a person's intention to perform a behavior is the main predictor of whether or not they actually perform that behavior. According to the theory, intention to perform a certain behavior precedes the actual behavior. Behavioral intention is important to the theory because these intentions "are determined by attitudes to behaviors and subjective norms"

Similarly, theory of reasoned action may also be the theoretical approach that influences the study of mother's food choices. Being a member of that society, I know there are numerous misconceptions regarding food behavior, housing, clothing as well. This theory suggests that stronger intentions lead to increased effort to perform the behavior, which also increases the likelihood for the behavior to be performed. The ideas from the theory of reasoned action which included individual attitude, personal beliefs, and the desire to engage in food-related activities were incorporated into a study that assessed food consumption, and food selections (Ackermann & Palmer, 2014). The principles of the theory of reasoned action focused on the belief system of a person, and the individual intention and desire to integrate ideas into life choices. The principles of the theory of reasoned action support the idea of personal choice and the idea of an informed decision as relevant ideas for influencing food selections. The philosophical ideas from the theory of reasoned action have influenced the focus of this research study on food choices and use of nutritional information.

After reviewing several theoretical ideas, I concluded that many other philosophies are also applicable in researching mother's perception towards selecting healthy food. For example, The Health Behavior Theory infers that a person must be aware of the need for a behavior change and the environment may help to support the behavior change (Glanz, Rimer, & Lewis, 2002). So, among various theories related to health education I am going to apply these two models in my study namely: Health Belief Model /HBM and Theory of Reasoned Action / TRA to find the mother's perceptions towards children's food behavior.

Methods

Subjects and Methods

This study was designed, as a part of qualitative study, to analyze interview data. Participants were selected by systematic procedures using purposive sampling method to make it more rigorous and clearly defined selection criteria appropriate for the study purpose. Data was collected by using phenomenology approach on the basis of saturation of information in field to explore the perceived beliefs and experiences of mothers. When same information was used to repeat from the next respondents then researcher came to know the saturation of information and stopped the data collection. In-depth interviews (IDIs) were conducted 3 participants in this study. Direct interview with mothers at field level was carried out. Semi structured open-ended questions were used for interview. The responses were reported through note taking and then voice was also recorded in tape recorder and some photographs were also taken with permission of respondents. In-depth interview was focused to collect the qualitative information. The interviews were read several times to gain understanding of the text and to capture the essential meaning. So, the researcher reviewed the transcripts several times, responses were classified, coded and made final report.

Sample Selection Procedure

Participants for in-depth interview were recruited and sampled from households with school going children and their mothers in Kirtipur municipality of Kathmandu at district. Groups were divided by total income and education expense levels. Income level was grouped such that those, whose total annual income is over 3 lakh rupees, are high income household, Rs. Annual income 1-3 lakh were taken as medium level household and below 1 lakh annual incomes house hold were taken as a low level income household. Thus, 1 high income household, 1 mid-income household, and 1 low-income household were selected for study participants. Subjects for interview were decided as mothers and no age limitation was set for participants in each group.

Ethical Consideration

Verbal informed consent was taken from every selected subject as ethical approval. Subjects were assured for the anonymity/ secrecy and confidentiality of the information and allowed to refuse to participate in the study at any time if they wish.

After collecting the data a qualitative codebook was developed as themes started to emerge. Qualitative data analysis was categorized into, immersion (familiarized with the data), condensation (codes and coding) and drawing and verifying conclusions (Miles, et al., 2014).

As Greene stated, I listened to recorded interviews, post-interview personal reflection recordings, read the interview transcripts in both Nepali and English, and reviewed contextual notes he had made following the interviews (Greene, 2007). This process of immersion stimulated ideas about data analysis (Harris et al., 2009). In the same way, for the process of data condensation, the themes were identified based on a review of selected codes that revolved around the interview questions (maternal perceptions, maternal feeding styles, and child eating behaviors). These selected codes reflected the content of the codes and the different ways they were manifested across subjects. Data condensing allowed for analysis and synthesis through write-up of notes and memos. This process continued as interviews were added to the study and new understanding emerged from the data.

It also ensured organization of the data and facilitated agreement/disagreement as new codes were added (Creswell, 2013). A codebook was maintained throughout the qualitative phase of the study to trace the data and coding schemes undertaken. This process was critical because it allowed the researcher to start analysis during data collection and aided in a more focused fieldwork experience and served as a basis for cross-case analysis for multiple interviews through allowing common themes to emerge (Miles, et al., 2014).

Objectivity aimed to provide an unbiased stance during execution of the research study (Miles et al., 2014). I explicitly attempted to be self-aware of personal assumptions, values and biases and affective states and how this would influence the study (Miles et al., 2014). This was achieved through documenting field notes on thoughts, feelings, reactions and impressions of each study phase. Moreover, another aim of using triangulation was to minimize and counterbalance the deficiency of a single method, therefore enhancing interpretation of the findings (Thurmond, 2001).

As Yin (2014) recommended, two techniques to ensure reliability. First, selected interviews were part of the overall research project. Thus, the protocol developed was organized to include all phases of the study and not just interviews. The study protocol ensured that procedures for data collection and analysis were consistent and standardized with all participants. I developed a qualitative codebook, which was created as soon as the interviews started and this included interview comments as the interviews progressed (Knafl, 2014; Yin, 2014). Moreover, I collected the data, which made my role explicit and enhanced inter-rater reliability.

As Elo et al., (2014) and Merriam, (1995) stated, I sought to understand the world from the viewpoints of the participants in the study (Merriam, 1995). In the study, dependability was achieved by triangulation through the use the multiple data and examination on whether quantitative data supported or refuted qualitative data.

As qualitative researcher views reality as constructed and interpreted (Merriam, 1995). Descriptions of analysis and findings which were meaningful, context-rich and thick were used. Finally, explanation building was sought in the data analysis of each interview, where the findings were well linked to the constructs of the study and the theoretical framework (Miles et al., 2014; Yin, 2014).

The credibility examined whether the findings of the study could be trusted and were confirmable, valid or reliable (Denzin, 2009). In this study, I was provided contextual details and richness as a basis for checking in with assumptions and biases, questioning and theorizing (Smyth, 2008). Credibility of the translation procedure was ensured through specifically describing the process and justifying the recruitment of the pre-test sample (Acquadro et al., 2008).

As Elo et al., 2014; Lincoln & Guba(1985)stated, authenticity was achieved through immersion in the data and the field by interacting with participants to understand others perspectives in their contexts (Gilgun, 2006; Leavy, 2014). Internal consistency of findings was improved by the qualitative data being from the same participants providing multiple data drawn from several sources.

Final conclusions and verification was completed after a few drafts of organizing and writing and re-writing the analysis piece altogether. After getting suggestions and feedback from my teachers (Dr. Khanal and Dr. Phyak), it became clearer.

Qualitative Data Analysis

Some semi-structured questionnaires were developed to collect the qualitative information from the respondents for the purpose to make in-depth understanding on beliefs towards food behavior. Basically, discussion was held under 2 themes: **Children's eating behavior** and **Maternal Feeding Styles and Attitudes** .On the basis of nature of occupation and level of education, focus of these themes was slightly categorized during the interview. The questions related with knowledge, attitude, belief and food behaviors were much discussed among mothers who had school going children. Respondents were from different ethnicity.

Researcher: I would like to know from you regarding food behavior.

All the respondents perceived food behavior as a serious matter for children's health. According to respondents view, every woman should pay attention in children's food behavior for their health. Respondents were conscious to their children's food behavior.

1. Children's Eating Behaviors

In this portion of the interview mothers were asked to first, describe their child's eating, second, how they responded if her child's specified that s/he was not hungry during a meal, third, if mothers were bothered if their child ate when emotions were heightened (i.e. happy, nervous or sad), if so why or why not, and fourth, mothers were asked to describe their child's food environment. These results are presented in two subsections, eating time and traditions in eating.

- Eating –Time

Mothers of children of low income level described that their child ate only when they were hungry or a scheduled time. "My children eat according to a schedule. They don't eat much. They eat when they are hungry and on a scheduled time. If they don't eat on time, they feel sick. When I feel this, I give them some snacks when I feel that my child does not want to eat her meal." Another mother who was sitting next to her commented on the same topic and added, "If he is hungry, he loves to eat and asks me to cook fast and sometimes he helps me to finish cooking fast." When asking the mothers of children of low level income to elaborate on the

speed of eating, there were mixed responses, some ate slowly, and others ate fast; additionally, one mother further described her son's eating style as "he is so clean, he does not like mess on his plate."

All but three mothers responded similarly when asked, how they responded if their child stated s/he was not hungry during a meal. One from the middle level income category responded that she said "if she is not hungry I don't force her to eat. If she is really not hungry, that's okay." The third mother who responded differently had a child of high level income, and she tried to encourage the child to eat even when the child verbalized she was not hungry. "I try to encourage her by saying the food is delicious, and don't you want to eat with me?" She explained further that she now encourages and does not force her child to eat. "In the past, if she was not hungry, I used to force her eat. She would tell me she couldn't breathe. She was four at the time. I used to force her, and she would vomit. So why force her?"

What also stood out when asking the question on child's eating without hunger was a mother of a child high income level, "I just keep his food and tell him he can play and eat later when he is hungry? I always make sure that he has drinking water. I try to help him. Sometimes he just vomits. "Most of the time he vomits, if he drinks something with food". He eats a lot. At the beginning I used to serve juice with meals in big cups, now I just use small ones. Food time is only for food." Another description that also stood out from a mother of children of high level income was that the mother explained about food and hunger in her family. "My son eats to be more physically active, and we eat to have energy. He gets this from his father, my husband's family eats when they feel hungry; they eat sweets just as kind of treat and to try it. They travel abroad, so they bring sweets just to try it."

Mothers also were asked whether they were bothered if their child ate when emotions were heightened (i.e. happy, nervous or sad), if so why or why not. Collectively all the mothers interviewed responded to this question either stating they were bothered (or not) or by noticing (or not) emotional eating in their child. Mother of children in the high income level reported seeing this in her child. "When she is happy she doesn't eat a lot because she is more focused on the moment and on the thing that's making her happy, but when I notice she is overeating I wonder if she is feeling sad and I starting distracting her by asking her to do some arts and crafts." A mother of middle level income category reported not noticing if their child was an emotional eater. While the majority of mothers in this category reported being bothered if their child was an emotional eater; a mother of a male child of high income level shared her struggle. "He eats in both cases. It bothers me, and I advise him to stop eating, but he does not stop. What can I do, I just can try. I feel that he is choosy with food for some kinds of food." There was only one mother in this category who reported it did not bother her if her child was an emotional eater.

A mother of a normal weight category reported that she did not notice this in her child, but drew a comparison between adults and children. "For us as adults, I feel it is normal. We are like this. If they are happy, I don't want to forbid them. Until now they are not like this, when they are sad they don't want to do anything or talk, they go to sleep. Food is an entertainer in your loneliness,

you feel bad, so food can entertain you, chocolate, chips, ice cream or sometimes salty things. Children are different, and I never noticed my children doing this.”

2. Maternal Feeding Styles and Attitudes

In this portion of the interview mothers were asked to, first, tell me about a typical day for the families’ and child’s eating pattern, second, how mothers manage meals, and fourth, when mothers were faced with an eating problem with her child, how would they solve it. The child’s favorite foods were reported in the questionnaires during the quantitative phase. The discussion in this section consists of themes around and the strategies for food management.

- Strategies for food management

First, when mothers shared a typical day for the families’ eating pattern and more specifically their children’s eating patterns, it was clear that with all the families in low level income, middle and high level income category were consistent in that weekday and weekend routines differed. Weekdays were more structured, and they had consistent meals, whereas weekends were spent alongside extended family members and there were usually two meals (i.e. late heavier breakfast and then lunch and dinner as one meal). A mother of a low level income category shared the importance of routine. “You have to keep it (routine) like this, if you change something it will change all our life, you have to keep this track, or it will destroy your life, so I have to put them in bed on weekends at the same time as weekdays. I may let them stay up an hour more or something until 9 pm. I know if I let them stay up till 9:30 pm, they will wake up the next day at 12 pm. So I have to keep it controlled, when you keep children in this routine, they will get used to it.”

Breakfast during the weekdays for the majority of families in both categories was rarely eaten at home and children either had no breakfast or a light start to their morning (i.e. milk, a piece of fruit, biscuits, half a piece of bread) or ate more traditional food items that will be discussed later.

Another time routine that altered schedules was when guests were coming. One mother of high level income category expressed how her food management was altered and that could be attributed to Nepalese customs. She explained “We usually don’t have dinner, everyone inside the house takes something, and that’s it, except if we have guests. Similarly, a mother from the high level income category echoed a similar message in regards to her child and chocolate milk saying, “I bought a box of it yesterday because we have guests at our house and I noticed that he drank two in a short time. Therefore, I decided to hide the boxes. Otherwise, he was going to drink it all.”

Mothers were asked how they managed meals. A mother from high level income category explained “I have a house helper (has been with the family for 15 years), she cooks, and she’s responsible for the daily menu, she chooses, and sometimes my daughter chooses the food for the day, I mean if someone wants something particular for lunch, they request it, and it also depends on what she has in the fridge.”

Similarly, the help of parents was also shared from one of the working mothers from the low level income category. The mother from the low level income category shared she could not manage without her mother's help "Aama is really a gift from God. To have parents to keep your children with them (while the mother is at work), it is impossible to do it alone. I tried it while taking a course, and I was coming back while leaving them with the babysitter. I came back to find them so hungry. We just would get anything like Chiura and Dalmoth. We were consuming bad things. She also shared "my mom is available now, my parents don't like modern foods, my mom cares about them, she lets them play, but food, they must eat together, we were raised like this too, so it is the same routine, we were doing the same thing with my siblings."

Aside from house helpers, mothers were asked to reflect on how they reacted when they were faced with an eating problem with their child. Mother of children who was from high level income category asked to reflect on two scenarios. If the child refused a particular food and wanted a certain food, mother explained giving choices, "I will give their choices and if they asked for another unhealthy choice I will tell her sorry you can't have that, and I'll tell her fine you don't look hungry it's ok for me if you don't want to eat now, and she usually gives up and eats what was offered."

For the second scenario if the child wanted a particular food the mother disapproved of, a mother of from children high level income category shared how they managed this situation and often were not consistent with one way. It was either they gave a little (then no is no), did not give a choice, hid the food (or gave a little), or said no (sometimes choice). A mother from the high level income category explained how she gave a little (then no is no), "I give her a small quantity, for example, if she wants chocolate or sweets, I tell her okay, we will take it, but I will give you a small quantity, and I give her the quantity I want. "If the child is still persistent, mother says, "Sometimes no, she shouts for example, but I stand my ground."

Whereas, a mother of children who was from low level income category responded to the two scenarios differently (refused to eat and the child wants a food mother disapproves of). For the first scenario when the child refused to eat a certain food, the child usually ate after the mother sometimes told the child that others would eat your food, she then asked the child just to try it, and she did not force the child and explained the benefits and asked other children around the child to try the food.

References

- Acquadro, C., Conway, K., Hareendran, A., & Aaronson, N. (2008). *Literature review of methods to translate health: Related quality of life questionnaires for use in multinational clinical trials*. *Value in Health*, 11(3), 509-521.
- Becker, M. H., & Rosenstock, I. M. (1984). Compliance with medical advice. In A. Steptoe & A. Matthews (ed.).
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3 ed.). Thousand Oaks, CA: Sage.
- Denzin, N. K. (1970). *The research act: A theoretical introduction to sociological methods*: Transaction publishers.

- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE Open*, 4(1), doi :2158244014522633.
- Gilgun, J. F. (2006). The four cornerstones of qualitative research. *Qualitative Health Research*, 16(3), 436-443. doi: 10.1177/1049732305285338
- Glanz, K., Rimer, B.K., & Lewis, F.M.(2002). *Health Behavior and Health Education* (3rd ed.). San Francisco: Jossey-Bass. Health care and human behavior London: Academic Press. pp.135–152.
- Greene, J. C. (2007). *Mixed methods in social inquiry* (Vol. 9). San Francisco, CA: John Wiley & Sons.
- Harris, J. E., & et al.(2009). An introduction to qualitative research for food and nutrition professionals. *Journal of the American Diet Association*, 109(1), 80-90. doi: 10.1016/j.jada.2008.10.018
- Hochbaum, G.M. (1958). Public Participation in Medical Screening Programs: A Socio-psychological Study (Public Health Service Publication No. 572). Washington, DC: Government Printing Office.
- Knafl, K. A. (2014, June). *Finding the story in the literature: Mixed methods family synthesis research*. Paper presented at the Paper presented at the Family Research Institute: Conceptual & Methodological Issues, Chapel Hill, NC.
- Leavy, P. (2014). *The oxford handbook of qualitative research*: Oxford University Press.
- Lachat, C., Nago, E., Verstraeten, R., Roberfroid, D., Van Camp, J., Kolsteren, P., (2012). Eating out of home and its association with dietary intake: A systematic review of the evidence. *Obes Rev*. 13(3) PP.29–46.
- Merriam, S. (1995).What can you tell from an n of 1?:) Issues of validity and reliability in qualitative research. *PAACE Journal of Lifelong Learning*, 4, pp.50-60.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook*. Thousand Oaks, CA: Sage.
- National Cancer Institute [NCI], (2003). *Theory at a Glance: A Guide for Health Promotion Practice*. Washington, DC: U.S. Department of Health and Human Services.
- Thurmond, V. A. (2001). The point of triangulation. *Journal of Nursing Scholarship*, 33 (3), 253- 258.
- Yin, R. K. (2014). *Case study research: Design and methods*. Thousand Oaks, CA: Sage.