How caregiving nutrition/dietetics majors experience home foodwork

by

Kathleen M Hoss-Cruz

B.S., Missouri State University, 2003
M.P.H., University of Minnesota, 2008

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Educational Leadership
College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2024

Abstract

The purpose of the research was to explore how female nutrition/dietetics majors at a large, Midwestern university, with a caregiving role in their home, interpreted their roles in home foodwork, how their formally acquired nutrition knowledge influenced that role, and how they saw their role in home foodwork shaping their careers. These future nutrition professionals will enter a field that focuses on individual behavior change to address the systemic issues of nutrient-poor dietary patterns and rising rates of non-communicable disease and other chronic health conditions. Using social reproduction theory as my conceptual framework, I conducted an Interpretive Phenomenological Analysis of a total of eighteen interviews conducted with six participants who met the participant criteria. I analyzed each interview through a multi-step coding and theming process which ended by comparing themes across all six participants. All participants had primary responsibility for foodwork in their homes with varying levels of assistance from family members. They faced challenges in meeting foodwork goals including time poverty, family food preferences, and gendered expectations. Participants prioritized nutrient-dense foods in their homes, but this required trade-offs in other areas of social reproduction. Based on this finding and the evidence from the literature review, I concluded that social reproduction in the home is not something one adult—or even a nuclear family—can do well alone. To facilitate the foodwork aspect of social reproduction, families need access to nutrient-dense, affordable convenience foods; a safe place in which to experiment with new foods and recipes without spending their own money; initiation and/or restoration of government programs that support foodwork and other social reproduction activities; and a dietetics profession that is more critical of the structural inequities that lead to nutrient-poor dietary patterns in the first place.

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Approved by:

Major Professor
Dr. Haijun Kang, Professor

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Dedication

I dedicate this work to my participants. May you go out and rock the nutrition field.

Preface

I would like to preface this work with a brief introduction of this type of research to my colleagues in the dietetics field. As I will argue in the introductory chapters, we are a field of study that relies heavily on quantitative research based in the scientific method. There are some of you who will be no stranger to the type of inquiry featured in this dissertation, but many more of you will be unfamiliar with it—and may even question whether this is research at all. You may be familiar with qualitative research, but most likely as an adjunct to a quantitative study (e.g. 'mixed methods'). This inquiry is based upon 'pure' qualitative research which represents a constructive, rather than an objective, way of understanding a phenomenon (Bhattacharya, 2017). When we construct knowledge (or, rather, co-construct it with our participants—we avoid the term 'subjects' in this type of research), our findings consist of how our participants view a phenomenon, experience it, and make meaning of it. This is not something that can be done well with a large number of participants because it involves a 'deep dive' into their lives. .

This type of research still forms a part of how create a picture of the whole phenomenon. It is part of the hermeneutic cycle whereby we zoom in on a particular piece of the jigsaw puzzle that makes up the 'picture' of a particular health issue and then zoom back out again to see the entire picture. If we only ever stay focused on one piece of the puzzle, we are unable to see the big picture, but if we fail to zoom in on the puzzle pieces, we are unable to see how they all fit together. This dissertation represents a form of inquiry that is simply different, but no less legitimate—and one that still belongs in the jigsaw puzzle.

Chapter 1 - Introduction

In this chapter, I provide a contextual background for this study by describing the health challenges facing the world today, namely, increasing rates of non-communicable diseases (NCDs; National Institute of Diabetes Digestive, & Kidney Diseases, 2021; World Health Organization, 2022). The conventional solutions to these health challenges fail to consider the complexities associated with the onset of these conditions because they largely focus on individual interventions, rather than community, societal, and/or national changes to the systems contributing to these diseases (Bessey et al., 2021; Calogero et al., 2019; Gutin, 2021; O'Hara et al., 2021). Many current interventions rest on the sociocultural expectation that women are primarily responsible for foodwork in the home (Bowen et al., 2014; S. Daniels et al., 2012; Koch, 2015, 2019; Szabo, 2011; Wolfson et al., 2021).

It is this contextual background that sets the stage for the use of the theoretical framework of social reproduction and neoliberalism. I make the case that social reproduction (the care, feeding, and education of current and future workers) is the foundation of capitalist societies; that women and/or members of non-dominant racial/ethnic groups tend to be responsible for social reproduction; that social reproduction is difficult in neoliberal/neoconservative societies (Adkins, 2019; Backer & Cairns, 2021; Merone & Ashton, 2021; Monaghan et al., 2018); and, based upon this dissertation research, not possible for the nuclear family to do well alone. Based upon the contextual background and the theoretical framework, I present a summary of the research purpose, research questions, and the methodology of interpretive phenomenological analysis (J. A. Smith et al., 2009); how I conducted my research; the results of my data collection; and finally, my interpretation of the findings. I conclude this chapter with a discussion of my positionality as the researcher; how this

research contributes to the larger narrative of the science of nutrition; and how I operationalized key terms.

Contextual Background: The Nutrition Transition

An overarching problem that global society is facing today is an unprecedented rise in the prevalence of non-communicable diseases, paralleling a rise in obesity and overweight (National Institute of Diabetes et al., 2021; World Health Organization, 2022). A major contributing factor to this change is the Nutrition Transition which began in high-income countries after World War II and is now affecting low- and middle-income countries (Baker et al., 2020; Gayathri et al., 2017; van Beusekom, 2020; World Health Organization, 2015). Even though the Nutrition Transition is a global phenomenon involving the global food system, many public health and healthcare interventions addressing the consequences of this transition focus instead on individual behavior change (Coveney & Booth, 2019; Koch, 2015). The 'individual' in question is often a mother or other woman with a caregiving role in the home (Bowen et al., 2014; L. A. Daniels, 2019; Szabo, 2011; Wolfson et al., 2021).

Efforts to improve global health have been shifting over the past few decades from addressing underweight and micronutrient deficiencies to addressing rising rates of overweight and obesity. In the United States, for example, most adults fall into the Body Mass Index (BMI) cutoffs for either overweight (BMI > 24.9) or obesity (BMI > 29.9) and over 40% of children have a weight-for-stature that exceeds the cutoff for overweight (> 85th percentile; National Institute of Diabetes and Digestive and Kidney Diseases, 2021). Globally, 51% of adults have a BMI greater than 24.9. Approximately 19% of all children between ages five to nineteen have a stature-for-weight "greater than 2 standard deviations above WHO Child Growth Standards median" (World Health Organization, 2022, para.4). This rise in body weight in global

populations had coincided with a rapid increase in the prevalence of non-communicable diseases such as hypertension, heart disease, cancer, and osteoarthritis leading to rising healthcare costs and negative impacts on economic growth (Gayathri et al., 2017). From a biological level, there has been no significant change that explains the sudden rise of overweight, obesity, and non-communicable diseases. So, what has changed?

Since the Industrial Revolution, food systems had begun to change (Allitt, 2014), but the end of World War II saw a progressive change in how food was produced in high-income countries like the United States (Willett et al., 2019). who began to increasingly incorporate both industrial and technological methods into farming and animal production. Genetically assisted agriculture along with fertilizers, improvements in equipment, concentrated animal feeding operations, and government support meant higher production per acre and per animal. This led to the rise of "commodity" crops (crops grown in large quantities). This drove down the cost of ingredients for food processors and manufacturers and led to the creation of ultra-processed foods which have been a significant part of the food available in the US since the 1970's (Gayathri et al., 2017). Ultra-processed foods are designed to be palatable and convenient. Most are ready-to-eat or ready-to-heat, requiring minimal preparation and many are shelf-stable (Monteiro et al., 2010).

In most high-income countries, ultra-processed foods make up much of the dietary pattern. Similar patterns are seen in low-and-middle income countries where ultra-processed foods make up an increasing percent of the dietary pattern (Baker et al., 2020). Combined with increased marketing, trade liberalization, and growth of transnational food corporations, a "rapid rise in economic development and urbanization has simultaneously led to drastic changes in the dietary habits...and decline in physical activity levels of the population," (Gayathari et al. 2017,

p. 452) of low-and middle-income countries. This is called the "nutrition transition". Wherever this occurs we see populations (a) increasing caloric intake, (b) replacing whole grains with refined grains, (c) increasing fat intake, (d) increasing food animal intake, (e) and high intakes of added sugars and sugar-sweetened beverages. What specific ultra-processed foods people are eating will look differently in each country and region, the world as a whole is moving towards a more ultra-processed dietary pattern (Baker et al., 2020; Gayathri et al., 2017).

Wherever the Nutrition Transition occurs, we also see an increase in overweight, obesity, and prevalence of non-communicable diseases and other chronic health conditions. Pre-COVID-19, non-communicable diseases were the primary cause of morbidity and mortality worldwide (63% of all global deaths)—and with COVID-19, the presence of one or more non-communicable diseases was associated with increased risk of morbidity and mortality as the result of the infection (van Beusekom, 2020). Many low- and middle-income countries struggle to have adequate healthcare infrastructure to meet the demand of a rise in non-communicable diseases—especially when they're still trying to deal with more 'traditional' conditions such as undernutrition and infectious diseases (World Health Organization, 2015). Presence of non-communicable disease is not just harmful to the health of individual citizens but for a country's progress. For example, for each 10% rise in the incidence of NCDs, there is a 0.5% drop in annual economic growth. This is true for all countries, not just those in the high-income category (Gayathri et al., 2017).

Few people of any age living in the United States meet national dietary guidelines for recommended intakes of nutrient-dense foods (Dietary Guidelines Advisory Committee, 2020). When infants, children, and adolescents are not offered and/or do not consume nutrient-dense dietary patterns, they are at risk for poor growth and development (Raymond & Morrow, 2021).

Not only it is it important for infants, children, and adolescents to be offered nutrient dense foods, but how parents and caregivers interact with their charges throughout this process affects growth, development, and acceptance of nutrient-dense foods (Pérez-Escamilla et al., 2017). Acceptance of nutrient-dense foods at an early age promotes healthier dietary patterns in adulthood (Dietary Guidelines Advisory Committee, 2020). Parents and caregivers have multiple, important responsibilities when it comes to the food environments of infants, children, and adolescents that have lifelong consequences for health (Pérez-Escamilla et al., 2017).

Problem Statement

Currently, many public health and healthcare efforts focused at affecting the consequences of the Nutrition Transition, focus on treating overweight and obesity through weight loss and maintenance. The weight normative approach holds that weight is the key determinant—and marker—of one's health and wellness and that only by achieving a normal weight (defined as a certain BMI range) can health be achieved. People outside of the normal range are labeled as flawed, abnormal, unhealthy, and even diseased. The weight normative approach assumes that weight loss is possible and that encouraging people to lose weight will promote health.

This weight normative emphasis contributes to 'weight stigma', a form of discrimination that is associated with poor physical and psychological health outcomes (Bessey & Lordly, 2020; Calogero et al., 2019; Gutin, 2021; O'Hara et al., 2021). The weight normative approach has been the dominant paradigm for health improvement in public health and healthcare alike. Ironically, this emphasis on thinness as the only way towards health has led to a great deal of unhealthy eating behaviors and relationships with food. And the weight normative approach is not working because it has not been successful in reversing overweight, obesity, and non-

communicable diseases (Bessey & Lordly, 2020; Calogero et al., 2019; Gutin, 2021; O'Hara et al., 2021).

One of the foci in improving the public's health is reducing the reliance on ultra-processed foods through increasing home foodwork. Food prepared in the home is typically healthier than food prepared outside the home (Wolfson et al., 2020), but the amount of foods prepared outside the home consumed in the American dietary pattern has increased over the past decades (L. P. Smith et al., 2013; Taillie, 2018; Tumin & Anderson, 2017) leading to a decline in food preparation skills (McGowan et al., 2017; Meah & Watson, 2011; Stead et al., 2004; Taillie, 2018; Wolfson et al., 2017). Nutrition education and interventions focused on increasing the amount of foods prepared in the home (Glanz et al., 2021) along with improving food literacy (Slater, 2017), nutrition literacy (Velardo, 2017; Vettori et al., 2019), and food agency (Trubek et al., 2017; Wolfson, Lahne, et al., 2020) have the potential to improve American dietary patterns (Murimi et al., 2017). However, their impact may be limited since they are not only targeted at individual behavior change, but they are targeted at women (Koch, 2015, 2019) specifically.

Women are more likely to be tasked with the burden of home foodwork than men (Bowen et al., 2014; Daniels et al., 2012; Koch, 2015, 2019; Szabo, 2011; Wolfson et al., 2021) and, as a result, tend to be the intentional or unintentional target of nutrition interventions (Koch, 2015, 2019). Focusing solely on women both fails to consider the fact that women are often subject to the will and preferences of others in the household (Abbott et al., 2010; Kennedy et al., 1998; Szabo, 2011; Wolfson et al., 2021) and reinforces the idea that women should be the primary food prepares in the home (Koch, 2015). Moreover, caregiving women have multiple intersectionalities that influence their daily lives. These can include but are not limited to dis/ability, sexual orientation, race, ethnicity, immigration status, and socioeconomic status

(Holli & Beto, 2018). It is these complexities that make focusing solely on individual behavior change unlikely to improve health and weight (Bessey & Lordly, 2020).

Nutrition interventions that solely focus on individual solutions (e.g., home foodwork) are unable to address the fact that dietary patterns are the result of the complex interaction of one's genetics with one's lived environment (Braveman & Gottlieb, 2014). This is referred to as the social determinants of health (Healthy People 2030, n.d.). Our social determinants of health are those conditions in which we are born, grow, live, work, and age. These conditions and circumstances are shaped by families, communities, the distribution of money, power, and resources at the global, national, local, and community level (Raymond & Morrow, 2021). Poor dietary patterns are, at their root, a societal problem, the solution for which the public and health professionals alike tend to assign solely to individual women (Koch, 2019). Therefore, it is important to critique weight normative and individually focused interventions because of their tendency to place the burden and blame on individual families, and, especially, individual women.

Theoretical Framework

Nutrition interventions focused on nutrient-dense foodwork do appear to produce modest improvements in dietary patterns (Reicks et al., 2014; Slawson et al., 2013). However, traditional nutrition education methods are not able to produce the significant changes in dietary patterns needed to improve health outcomes because they teach people to navigate within their current circumstances rather than asking them to interrogate, and possibly even to change, those circumstances altogether (Coveney & Booth, 2019; Travers, 1997). For example, in my own experience as a nutrition professional, a common nutrition education topic is "healthy eating on a

budget" which teaches people how to eat healthy despite low wages rather than questioning why people do not make living wages in the first place.

There is a need for a critical theory that interrogates dominant social structures to offer a different perspective as to the difficulty of translating nutrition knowledge into behavior change. Feminist theory is a critical theory that questions, challenges, and seeks to disrupt dominant paradigms that maintain inequities (Wigginton & Lafrance, 2019) such as, for example, expecting women to continue to be solely responsible for improving dietary patterns in their families. Given the breadth of feminist theory, however, it is important to focus on a sub-theory that gets at the domestic sphere under which home foodwork falls. That theory is social reproduction.

Social reproduction theory falls under the umbrella of feminist theory. Social reproduction theory, as defined in feminist literature, argues that capitalist production (e.g. paid labor, production of goods and services) does not happen unless social reproduction also happens (Backer & Cairns, 2021). Social reproduction consists of the activities that ensure a worker can go to work—and that offspring are able to become future workers themselves. Social reproduction can happen in the home setting, but also in places like schools, churches, and daycare centers. In other words, anywhere "people care, teach, love, and learn," (Backer & Cairns, 2021, p. 1096).

Foodwork is an aspect of social reproduction. "All patterns of social reproduction involve food. We have to eat to live, although how much we eat, what it culturally represents, how it arrives at the table, and how we eat it has been subjected to (accelerating) transformations," (Bakker & Gill, 2019, p. 517). Food helps to engage in other aspects of social reproduction by providing us energy and nutrients. At the same time, foodwork is a part of

social reproduction (Stevano, 2024). The Nutrition Transition has significantly altered global dietary patterns leading to social changes in how foodwork is carried out within families and health effects that promote or impede our ability to carry out both productive and social reproductive activities (Stevano, 2024).

Much of social reproduction is unpaid, including foodwork in the home. If it is paid work, it is because those responsible for the unpaid portion can no longer do it themselves (due to the responsibilities of paid work) and must outsource aspects of social reproduction to maid services, restaurants, nannies, etc. Whether paid or un(der)paid, it is typically undervalued by society and primarily carried out by women and/or members of non-dominant racial/ethnic groups (S. Ferguson et al., 2016). Yet, as many feminist writers argue, capitalism and paid work would not function without the un(der)paid work of social reproduction (Backer & Cairns, 2021).

Since social reproduction is essential to capitalist success, capitalist societies following more Fordist-Keynesian models offer societal and governmental support for this process (Adkins, 2019). This can include government-sponsored or funded childcare services, education, family leave, welfare, universal healthcare, pensions, etc. However, many capitalist societies have shifted towards more neoliberal or neoconservative models of governance. Aspects of social reproduction formerly considered the duty of the government as part of its responsibility to its citizens increasingly becomes outsourced to the 'free market', becoming the individual responsibility of a family. "In practice, this transformation has involved a process of transfer of the costs and risks of the protection of populations previously shouldered by capital and the state to populations themselves," (Adkins, 2019, p. 23). To bring this back to the focus of this research—nutrition and health—neoliberalization means that people must navigate within a food

system and food environment that are driven by the free market (profit above health) and yet considered individually responsible for choosing and consuming a nutrient-dense dietary pattern.

Feminist scholars of this theory argue that social reproduction is the foundation of capitalist societies because it encompasses the care, education, and feeding of current and future workers (Backer & Cairns, 2021). However, in a neoliberal/neoconservative system, social reproduction is left to families to figure out on their own. In other words, it becomes the responsibility of individual families which, due to sociocultural expectations, usually means adult women, to utilize the free market to carry out social reproduction activities (Adkins, 2019; Bakker, 2020). Unfortunately, the free market is often more about profit, making the social reproduction services potentially sub-par and expensive (Adkins, 2019). In terms of food and foodwork, food prices can be unpredictable while at the same time, the most affordable food available may not promote health (Stevano, 2024).

What is it like for women to navigate in a system that sets them up for failure in providing nutrient-dense foods to their families yet holding them accountable for failing? This is the system in which the next generation of nutrition and dietetics professionals is being educated (Coveney & Booth, 2019). Weight normativity is alive and well in dietetics education. Individually focused behavior change is a key focus in clinical education (Brady, 2019, 2020). The dietetics profession itself is female dominated (Rogers, 2021) making it highly likely that the person focusing on individual women as the targets of behavior change is also woman. So, what is it like to be a caregiving female nutrition/dietetics major trying to engage in nutrient-dense foodwork in the home?

Research Purpose

The purpose of this research was to examine how female nutrition/dietetics majors with a caregiving role in their home navigated the social reproduction of home foodwork within a neoliberal/neoconservative system. The goal of this inquiry was to explore the tendency of placing the burden of improving family dietary patterns at the individual level through nutrient-dense home foodwork carried about by women, and to examine not only how pre-existing, evidence-based nutrition knowledge influenced the foodwork aspect of social reproduction but the how their future career path as a nutrition professional further influenced that experience.

Research Questions

The primary research question in this study was: What was it like to be a dietetics and/or nutrition major with a caregiving role in the home in regard to home foodwork? To help answer the primary research question, I asked the following sub-questions:

- How did caregiving female nutrition/dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork?
- How did they describe the influence of their ongoing learning on home foodwork?
- How did they describe their vision for the future as both a professional and caregiver in how they approach home foodwork?

Methodology

This goal of this study was to examine the lived experiences of caregiving female nutrition/dietetics students responsible for foodwork in their homes. Therefore, I needed an appropriate methodological framework to capture this process. The methodological framework for this research was qualitative, specifically interpretive phenomenological analysis (IPA; J. A.

Smith, 1996, 2017; J. A. Smith et al., 1999 which is utilized in health-related fields (J. A. Smith, 2017). As a methodological framework,

> Interpretive Phenomenological Analysis (IPA) has a conception of the person as inherently self-reflective who, when faced with difficulties or unexpected events, quite naturally attempts to make sense of what is happening…thus the primary role of the researcher is to (a) invite the participant to share in this sense-making, (b) to act as a witness to its articulation, and (c) and then in turn, to make sense of it, (J. A. Smith, 2018, p. 1955).

IPA is a qualitative approach founded in phenomenology, hermeneutics, and idiography (J. A. Smith, 2017). The goal of using IPA is to examine an individual's lived experiences without undue influence by the prior theories or assumptions of the researcher. However, IPA proponents also recognize that the researcher is interpreting how the participant makes meaning of their experience (J. A. Smith, 1996, 2017; J. A. Smith et al., 1999). The IPA researcher provides an "interpretive analysis" (J. A. Smith, 2017, p. 303) based on the descriptions elicited from a participant regarding a particular phenomenon. IPA is also meant to be idiographic in that each interview is assessed and analyzed prior to the next which allows the researcher to both connect findings across all participants but to also maintain an exploration of the individual's experience (J. A. Smith, 1996; J. A. Smith et al., 1999).

Population

The participant criteria for this study were (a) cisgender female; (b) have a caregiving role in their home (either children or elders); and (c) nutrition/dietetics majors in a large midwestern, higher education institution. Throughout this paper, I refer to my research population as "nutrition/dietetics majors." The social expectation that women are the primary

preparers of food in a household cuts across socioeconomic, age, ethnic, cultural, and racial lines (Wolfson et al., 2021). Therefore, focusing specifically on certain demographic characteristics beyond gender was not relevant to this research.

However, to explore the gap between knowledge and behavior change, I recruited participants who had completed an upper-level life course nutrition class, who planned to make either dietetics or health their future career but have not yet started any type of practical experience such as an internship. My goal was to limit my recruitment to those who had not yet experienced the 'real world' of practice and were still operating from personal experience of caregiving and their formally acquired nutrition knowledge. I did not recruit any student enrolled in any classes at a time when their grade could be perceived to be contingent on participation. I recruited a total of six participants all of which were caregivers to minor children. Please see Table 1 in Chapter 4 for a list of participant characteristics.

Data Collection and Analysis

I recruited a total of six participants and conducted three interviews each based on the recommendation of my committee (Red Corn, A.S., personal communication, March 3, 2023) as J. A. Smith et al. (2009) are ambiguous as to the need for more than one interview per participant. I followed the data collection method of IPA, which is in-depth, semi-structured, one-on-one interviews. IPA interviews are not prescriptive. Rather they are guided, open dialogues whereby I kept in mind the research questions when interviewing participants instead of following a strict list of questions (Fade, 2004; J. A. Smith, 2017). I did have a list of interview questions that I developed for this project (please see Chapter 3) but I was not bound to them and tried to let the conversation flow. J. A. Smith et al. (2009) recommend that those new

to IPA use more guidelines in their interviews, so I felt more comfortable with a list of potential questions rather than trying to wing it.

After each interview, I uploaded the audio recording into a program called Otter.ai (https://otter.ai/home) which auto-transcribed the interview. The goal was to correct. then analyze the transcript, identify relevant concepts, and conduct the next interview; however I found that I was so slow at analysis in the beginning that I started conducting interviews just to keep moving forward. However, I did review the transcript of the previous interview before conducting the next and I did complete data analysis for all three of a participant's interviews before moving onto data analysis of the next participant. As I was analyzing the data, I began to identify commonalities in themes across all participant data (Fade, 2004; J. A. Smith, 2017) but waited until all analyses were conducted before fully fleshing out the top-level and sub-level themes. During data analysis of single interviews, the three interviews of a single participant, and then the eighteen interviews together, I used visuals and mind-mapping to solidify my ideas and interpretations. I kept a research journal throughout the process to record my thoughts and methodology. I used NVivo (Version 12) to conduct all data organization and analysis after transcripts were finalized in Otter.ai.

Researcher Positionality

I work in a positivist profession: nutrition science and dietetics. I believe that the role of the registered dietitian-nutritionist is to act as an interpreter of scientific knowledge to the public. We should not set the narrative, but ensure that reliable, valid, and evidence-based scientific information about the relationship between food, nutrition, and health is communicated to non-experts. Scientific research is how we arrive at the evidence with which to make such recommendations. However, since knowledge alone does not equal behavior change, nutrition

educators must consider the impact of various determinants of health (Mills et al., 2015) on an individual's ability to achieve good nutritional status.

Many of our best planned interventions tend to break against the barriers of human nature, the lived environment, and sociocultural context. This is where qualitative research becomes an important component of both planning and assessing the effectiveness of nutrition interventions. People can gain nutrition knowledge relatively easily, but it rarely leads to sustainable, long-term change if we also are unable to address the realities of their daily lives. To understand the realities of their daily lives, we must inquire. We cannot simply prescribe a solution to these problems. Rather, I believe that we must find a way to help people help themselves.

Despite my commitment to maternal and child health, I am not a mother. My knowledge of caregiving is theoretical rather than lived experience. My parents raised us with healthy relationships with food in a way that was intentional but not forced. Without even realizing it, they practiced many of the central tenants of the Division of Feeding Responsibility (Satter, n.d.). We could eat to our own definitions of satiety, exposed to a variety of different nutrient-dense foods, and had minimal opportunities to eat ultra-processed foods since my mother cooked from scratch and we could not afford to eat out frequently. I am the oldest of six children and only my father worked outside the home. Even though I am currently struggling with my weight, I have never had a BMI higher than 29.9; and while I did suffer from disordered eating during two separate occasions, it never developed into a long-term issue. I do not understand what it is like to suffer through constant dieting or an unhealthy relationship with food that began with how one's parents approached food. I do not understand what it is to have a limited range of preferred foods, have limited cooking ability, nor what it is like to eat an unvaried diet. My

only exposure to the challenge of feeding children in the home is watching my own mother prepare meals daily and watching two of my sisters (each with different approaches) provide food for my nieces and nephew. With this positionality in mind, I had to be open to any potential challenges that participants described during their interviews and to carefully avoid imposing any of my own judgements on their experiences.

Significance of this Research

While critical inquiry has been around in the nutrition and dietetic fields for some decades (Travers, 1996, 1997), critical approaches in nutrition and dietetic research are still in their infancy (Coveney & Booth, 2019). Therefore, this research adds to the small, but growing, body of qualitative research in the nutrition and dietetics field. I believe that questioning the cultural role of women as the primary food preparers in the home is vital to better understand of how to develop nutrition interventions that do not unduly burden women.

Developing a better understanding of challenges participants face in healthy home foodwork to design better nutrition interventions is important for several reasons. First, Americans currently do not consume a dietary pattern that supports health, which is evident by our continued high rates of non-communicable diseases and other chronic conditions (Dietary Guidelines Advisory Committee, 2020). Second, good nutritional status begins before we are even conceived with the health status of both parents having lifelong effects (Godfrey et al., 2010; Hanson et al., 2015). Therefore, it is important that current and future parents be able to feed themselves well. Third, the foundations for lifelong dietary preferences are developed during the first 1000 days of life so it is vital that parents and caregivers not only understand what to feed their young children, but also how to feed them (Mennella et al., 2016; Pérez-Escamilla et al., 2017). Fourth, good nutritional status supports health at all stages of life

(Dietary Guidelines Advisory Committee, 2020) so caregivers and parents themselves benefit from nutrient-dense dietary patterns. Fifth, by focusing my participant population on nutrition/dietetics majors, I was able to explore how women who will be making recommendations to others about dietary and lifestyle changes managed home foodwork themselves. Sixth, I asked my participants to explore the gendered nature of the foodwork aspect of social reproduction,.

Definition of Key Terminology

Cooking. The act of heating food for consumption. Can be heating ready-to-heat food or heating food prepared from "scratch" ingredients. Cooking is one part of foodwork.

Dietary pattern. A combination of foods and beverages consumed by an individual over a of period days, months, or years. It is the dietary pattern over the life course that appears to have the greatest influence on long term health versus individual nutrients or foods (Dietary Guidelines Advisory Committee, 2020). Our dietary pattern's effect on our health is from the sum and interactions of the components of the foods and beverages we consume over our life.

Dietetics. The science of managing food and dietary patterns to influence health outcomes. Registered dietitian-nutritionists are the health professionals associated with the field. They translate scientific evidence around nutrition and food into interventions targeted at individuals and groups (Raymond & Morrow, 2021). Nutrition and dietetics are interdependent, but different fields.

Division of Feeding Responsibility. A feeding and parenting behavioral approach developed by Ellyn Satter. The division of feeding responsibility consists of two different jobs: the parent or caregiver's job and the child's job. A parent is responsible for maintaining scheduled and consistent meal and snack times; offering varied, developmentally appropriate,

and nutrient-dense foods; providing a developmentally appropriate feeding environment; and enforce reasonable (for the child's age) behavior during meals and snacks. The child is responsible for how much they eat from the foods offered by their parent or caregiver—or if they will even eat at all and to maintain reasonable behavior at the table (Satter, n.d.).

First 1000 days. The period of the human health that starts at conception and ends at age two. This part of the life course involves of a set of critical and sensitive developmental periods unlike any other in the human life course (Hanson et al., 2015). The "1,000-day window has a profound impact on a child's ability to grow, learn and thrive —and a lasting effect on a country's health and prosperity...The impact of poor nutrition early in life has lasting effects that can transcend generations", (FHI 360, 2024, para. 2).

Food agency. A theory that postulates "how an individual's desires form and are enacted in correspondence with social environments: broadly, agency emerges from the complex interplay of individual technical skills and cognitive capacities with social and cultural supports and barriers" (Trubek et al., 2017, p. 297).

Food environment. A person's food environment is their direct interaction with the food system. It consists of food access (physical and economic ability to acquire and afford a nutrient dense dietary pattern. A food environment also consists of the availability of food (availability of safe, nutritious, and culturally acceptable food). A person's food environment consists of all the factors that directly influence their daily food choices (Fanzo & Davis, 2021).

Foodwork. All the processes involved in food preparation. Includes meal planning, grocery shopping, preparation of foods for consumption including cooking, slicing, chopping, combining, etc.

Foods prepared outside the home. Any ready-to-eat food purchased outside the home for immediate consumption. These foods either do not require cooking or only need to be reheated prior to consumption. Includes ultra-processed foods, but also ready-to-eat minimally processed or moderately processed foods that are purchased for immediate consumption outside the home. This category also includes but is not limited to food and beverages from restaurants dine in, take out, or drive through, vending machines, gas stations or convenience stores, and grocery store delis.

Food skills. "Include the knowledge and skills to be able to select and prepare food with the available resources, to produce a nutritionally balanced, age appropriate and satisfying meals for those that are consuming it, this includes meal planning, shopping, budgeting, resourcefulness, and label reading. These skills are essential to prepare a meal in the home environment," (Lavelle et al., 2017, p. 2).

Minimally processed or "whole" foods. Part of the Nova Food Processing Classification system of classifying foods by their level of processing rather than their category or group. Foods that closely resemble their original form. They may have been altered slightly to enhance their consumption such as freezing, peeling, removal of inedible portions, and/or slicing/chopping. No processed culinary ingredients have been added (Monteiro et al., 2010).

Modern-type society. Compared to traditional-type communities (defined below), modern-type societies are urban and tend to have larger populations: there is greater racial and ethnic variety; greater and more complex division of labor; and more social hierarchy. There are higher levels of formal education and more overall contact with the world beyond the borders of a particular city or country. The economy of a modern-type society is based more on commercial transactions and money. There are fewer enduring kin-relationships. For example,

divorce is more common, siblings may move away from each other and from parents, elder parents may live alone, children may be raised in nuclear families. People in modern-type societies also have frequent fleeting interactions with strangers such as on a subway or in an elevator. The cultural values of modern-type societies tend to place more value on individualism and independence (Greenfield et al., 2003).

[Moderately] processed food. Part of the Nova Food Processing Classification system of classifying foods by their level of processing rather than their category or group. Any combination of minimally processed food and processed culinary ingredients. The ingredients for a moderately processed food are typically used in home kitchens and the processes can be replicated with relatively simple tools. Monteiro et al. (2010) uses the term "processed foods" but I have found that people conflate processed food with ultra-processed food so the qualifier of "moderate" identifies this as a separate Nova category.

Nutrient-dense food. A nutrient-dense food or beverage is one that both (a) provides vitamins, minerals, and other food components that contribute to adequate nutrient intakes and (b) has little or no solid fats and added sugars, refined starches, and sodium (Dietary Guidelines Advisory Committee, 2020). A nutrient-dense dietary pattern is a dietary pattern based on nutrient-dense foods (U.S. Department of Agriculture, U. S. Department of Health, & Human Services, 2020).

Nutrient-poor food. Refers to a food or beverage that calories but little or no vitamins, minerals, nor other health-promoting substances; or if it does contain vitamins, minerals, or other important nutrients, it is also high in solid fats, added sugars, and/or sodium (Dietary Guidelines Advisory Committee, 2020).

Nutrition. The total of how organisms obtain nutrients, what count as nutrients for said organisms, how they metabolize them, digest them, absorb them, and use them to drive body processes. The science of nutrition is the investigation of how nutrition affects how an organism flourishes (Raymond & Morrow, 2021). Nutrition and dietetics are interdependent, but different fields.

Obesity and overweight. Obesity is defined in the United States as a Body Mass Index (BMI) greater than or equal to 30 kg/m2. Overweight is defined as a BMI greater than or equal to 25 kg/m2 (Raymond & Morrow, 2021). Overweight is defined in some Asian countries as a BMI greater than or equal to 23 kg/m2 (World Health Organization Expert Consultation, 2004). Obesity and overweight are early warning signs for an increased risk of non-communicable diseases such as Type 2 Diabetes, some forms of cancer, hypertension, and heard disease (Dietary Guidelines Advisory Committee, 2020).

Processed culinary ingredient. Part of the Nova Food Processing Classification system of classifying foods by their level of processing rather than their category or group. Processed culinary ingredients are minimally processed foods that still closely remember their natural state yet are not something we typically eat by themselves (examples include olive oil, honey, herbs, spices, and maple syrup). They are culinary ingredients that have only undergone enough processing to make them useful (Monteiro et al., 2010).

Responsive feeding. Responsive feeding is one of the key dimensions of responsive parenting/caregiving. It involves a feedback loop between infant and caregiver or parent. The infant signals hunger, the caregiver or parent responds positively and promptly to the signal with the developmentally appropriate feeding mechanism, and the infant learns something critically important for their development: there is a predictable response to their signals, they will be fed.

Responsive feeding also involves identification of satiety cues—caregivers know when to start feeding based on infant signals and when to stop feeding based on infant signals (Pérez-Escamilla et al., 2017).

Social reproduction. Social reproduction consists of all the activities involved in the care and feeding of the worker in a capitalist system. It also encompasses those activities that prepare the next generation of workers to be contributors to capitalist societies (Gimenez, 2018). Social reproduction "encompasses the activities associated with the maintenance and reproduction of people's lives on a daily and generational basis," (Ferguson et al., 2016, p. 28). This research is concerned with social reproduction activities conduced in the home which includes domestic chores and foodwork, (Gimenez, 2018).

Time poverty. Time poverty refers to the concept of time constraints in modern life. "Defined as the chronic feeling of having too many things to do and not enough time to do them16,17, time poverty is increasing in society," (Giurge et al, 2020, p. 993). Perceptions of and/or actual time poverty can have negative affects on mental health and well-being (Giurge et al., 2020).

Traditional-type community. In comparison to the modern-type society defined above, this represents the way most humans have lived for most of our existence. For thousands of years, most humans lived in relatively small communities—and after the discovery of agriculture—our primary economic activity was subsistence agriculture. Economic interchanges tend to be based more on barter than money or commerce. These communities were—and tend to still be today in many parts of the world—relatively small with lower use of technology; more ethnically and racially homogenous, and more isolated from the outside world. There tends to be less division of labor (as in most people have the same job), less hierarchical social structure, and

lower levels of formal education. Their cultural values tend towards more collectivism and interdependence. Lifelong relationships and lifelong kin relationships are more common. In other words, interactions with strangers can be relatively rare and families are more likely to stay together for the duration of life (Greenfield et al., 2003).

Ultra-processed foods. Part of the Nova Food Processing Classification system of classifying foods by their level of processing rather than their category or group. Ultra-processed foods are produced with ingredients and processing techniques unique to the food processing industry. Ultra-processed foods are designed to be appealing, palatable, shelf-stable, and convenient to use. They are generally ready-to-eat, ready-to-heat, and/or ready-to-drink and require minimal preparation to consume (Monteiro et al., 2010).

Summary

There is a need to mitigate the rising rates of non-communicable diseases and other chronic health conditions due to their impact on individuals, populations, and countries. Reducing the risk of non-communicable diseases is an effort that must start even before an individual is born (Hanson et al., 2015). This requires a healthy lived environment and dietary patterns for both parents and offspring (Raymond & Morrow, 2021). Foodwork is an aspect of social reproduction that can ensure a healthy current and future generation of productive members of society (Backer & Cairns, 2021) requiring interventions at global, national, regional, local, community, and individual levels (Willett et al., 2019).

Unfortunately, many nutrition interventions leave the foodwork aspect of social reproduction to the individual, rather than addressing the societal forces that have contributed to poor dietary patterns, sedentary lifestyles, and unhealthy living environments (Coveney & Booth, 2019). These are typical approaches of neoliberal/neoconservative societies/governments where

individual responsibility is prioritized (Merone & Ashton, 2021; Monaghan et al., 2018). Moreover, this approach is perpetuated by public health/nutrition professionals in the nutrition interventions designed to improve dietary patterns. The individuals whose responsibilities are prioritized in this case are typically women who are most often the ones responsible for food and other domestic work in the home setting—even if they are paid workers (Bowen et al., 2014; Daniels et al., 2012; Koch, 2015, 2019; Szabo, 2011; Wolfson et al., 2021).

Chapter 2 - Literature Review

In this chapter, I introduce the field of dietetics and dietetics education; explore the current literature on home foodwork; and review the results of qualitative studies that examine how women experience home foodwork. I include a discussion of the themes identified during the literature review for this dissertation including the pressures and expectations women face when responsible for home foodwork along with the consequences of those pressures. Finally, this chapter addresses how the theoretical framework of neoliberalism and social reproduction are a central part of the structure of gendered expectations, roles, and even consequences of home foodwork.

Women and Home Foodwork

Worldwide, women are more likely than men to be responsible for home foodwork (Bowen et al., 2014; S. Daniels et al., 2012; Koch, 2015, 2019; Szabo, 2011; Taillie, 2018; Wolfson et al., 2021). Although men in the United States are increasing the amount of time spent cooking, women still spend far more time in foodwork (Taillie, 2018). According to Storz et al.'s (2022) secondary data analysis of pre-COVID-19 US dietary patterns, 80% of women surveyed reported they were responsible for home foodwork, versus less than 40% of men and the same percentage reported they were responsible for grocery shopping. In another study Tan et al. (2020) not only found that "mothers were typically characterized as responsible for meal planning and using methods to organize the entire task," but that "neither mothers nor fathers reflected on the potential influence of gender roles in shaping the division of labor," (p. 1064). In other words, the gendered division of labor may be unconscious in many families.

According to a pre-COVID global assessment by Wolfson et al (2021), women cooked more frequently than men. Even though Holm et al. (2015) found a simultaneous decrease in the

prevalence of women cooking and an increase in men cooking in Finland, Norway, Denmark, and Sweden, in half of all studied households, women were still responsible for foodwork. This was born out in the studies examined in this literature review (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Das & Mishra, 2021; Etilé & Plessz, 2018; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; Parker & Morrow, 2017; E. Parsons et al., 2024; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019). For example, da Silva et al. (2021) reported that over 95% of Brazilian women still cooked for their families—even if working fulltime. Even though the number of women working has increased in France, men have not increased their own domestic workload in response, leaving many women still responsible for foodwork in the home (Etile & Plessz, 2018). All the cited studies were conducted or published using pre-COVID data.

Did COVID-19 bring about any changes in gender division of home foodwork? Studies on the effect of the COVID 19 lockdown—henceforth referred to as "lockdown—on factors related to food consumption are still being published, but results of preliminary studies show that changes in household foodwork dynamics are mixed. For example, a survey of dietary changes in Japan during lockdown found that more women than men were responsible for home foodwork and this did not change significantly during the quarantine period (Hayashi & Takemi, 2021). In another study, Cloutier et al. (2021) found that lockdown saw an increase in the number of men involved in foodwork in Quebec. On the other hand, they found that men decreased their visits to grocery stores whereas women either increased or did not change the amount of time spent in or visits to the grocery store. Nanayakkara et al. (2022) found that Australian parents spent more time with their children on foodwork during lockdown. Ogundijo et al.'s (2021) study on food purchasing behaviors during lockdown included a higher percentage

of female than male respondents yet concluded no relationship between gender and changes in habits.

Other studies on dietary pattern changes during COVID-19 lockdown did not address who was doing the cooking (Dou et al., 2021; Hoteit et al., 2022; Janssen et al., 2021) or who was doing the food purchasing (Janssen et al., 2021). It remains to be seen if the return to non-lockdown living conditions resulted in a return to traditional gender roles in terms of foodwork. It is clear, at least, that pre-lockdown, women carried the responsibility for home foodwork. If the expectation is for women to be the responsible party for home foodwork, what conditions do they face that enables those pressures and what are the consequences of those pressures?

Adult Learners in Distance Dietetics Programs

This research focused on adult learnings, i.e. female dietetics majors in a distance program. To describe the characteristics of an adult learner, it is first important to understand the definition of adult. To be an adult is to meet the legal definition of adulthood in one's country of residence (Merriam & Bierema, 2014; Merriam & Brockett, 2007) and to be in the biological state of having completed the cognitive development and growth of puberty (Raymond & Morrow, 2021). It also involves social roles and perceptions (Merriam & Bierema, 2014). Adults, at least in most modern-type societies, differ from children in that they have responsibilities outside of simply going to school such as children, employment, and bills. The "self-perception" of adulthood is the extent to which an individual sees themselves as responsible for their own activities of daily living (Merriam & Brockett, 2007).

Adults typically add formal education on top of their other responsibilities whereas children (at least in countries with strict child labor laws) are assumed to solely have the responsibility of formal education (Merriam & Bierema, 2014). Children are usually assumed to

be in education because that is society's expectation or even legal requirement whereas adults enter formal education for self-improvement, health, well-being, and career change or advancement (Merriam & Bierema, 2014). Adult learners typically bring with them a larger variety of life experiences compared to children. Adult learners are fully adults, not adults-in-transition which is a term for late adolescents who are assuming some social roles of adulthood but may still be financially or otherwise dependent on parents or caregivers (Merriam & Bierema, 2014).

Because adults have different lives than children, they learn differently (Merriam & Bierema, 2014; Merriam & Brockett, 2007). The educational theory of andragogy attempts to describe the unique characteristics of adult learners (Merriam & Bierema, 2014). Proponents of andragogy posit that adults are self-directed and internally motivated in their learning. Adult learners are engaged in formal education because they want to learn about the subject, and they see benefit for their career path. Because they are internally motivated to learn, they tend to prefer immediate rather than future/theoretical knowledge application. In other words, learning should benefit them now versus at some undefined future date. With their focus on the immediate benefit of their knowledge, adult learners tend to be more interested in the 'why?' and 'so what?' behind their learning (Merriam & Bierema, 2014).

Nearly 85% of students attending formal postsecondary education fit into the definition of adult delineated above (Post-secondary National Policy Institute, 2021). Post-traditional—also known as non-traditional—is a term applied to students who do not fit the characteristics of traditional students who are typically between ages 17 – 24, live on or near campus, start their higher education immediately after completing secondary education, and primarily attend classes in person. Post-traditional students are a diverse group of students, but common characteristics

typically include delayed enrollment into higher education after high school, (usually) parttime attendance, employed part- or fulltime, financial independence, and dependent children. Most post-traditional students who have dependent children are female and single parent heads of household. Post-traditional students are also most likely to utilize blended or fully online formal education programs. Approximately 80% of students enrolled in online-only programs are in the post-traditional group (Post-secondary National Policy Institute, 2021).

There are currently 13 didactic distance dietetics education programs that are accredited through the Accreditation Council for Education in Nutrition and Dietetics (Academy of Nutrition and Dietetics, 2024). In total, there are more than 600 accredited programs making distance programs a little over 2% of the available accredited options for dietetics education (Rogers, 2021). Despite this seemingly small number, accredited distance dietetics programs have been increasing in number over the past decades (Bueche et al., 2023). In the program that is the site of this research, 76% of enrolled dietetics majors are distance students (Whitehair, 2023). Unfortunately, there is very little research in the dietetics field on distance dietetics programs (Bueche et al., 2023). For example, Bueche et al. (2023) found that only seven publications on distance dietetics education had been published in the previous year. There are no studies to date delineating the characteristics of distance dietetics majors as compared to on-campus dietetics majors. Given the characteristics cited above, distance students are more likely to have caregiving roles in their home making the population of distance dietetics students an appropriate pool from which to recruit caregiving women.

Gendered Expectations of Nutrition Experts

Public health and nutrition efforts can perpetuate the idea that women are responsible for home foodwork (Koch, 2019). One profession within those fields is dietitians. According to the

International Confederation of Dietetics Associations, the dietitian is a "professional who applies the science of food and nutrition to promote health, prevent and treat disease to optimise [sic] the health of individuals, groups, communities and populations" (2017, para. 1). The dietetics field emphasizes a biomedical, positivist, evidence-based approach to education, research, and practice. The dietetics profession can be hegemonic in the way it defines 'healthy' dietary patterns, how it defines health in the first place, and in how professionals are expected to practice. "Hegemonic nutrition is an approach that sees food, eating, and nutrition as things that can be understood and arranged through standardization, sciencitization, decontextualization, delocalization, reductionism, and hierarchical ordering," (Brady, 2019, p. 9). What a hegemonic approach does not address is the complex network of determinants that enable or disable an individual client from making healthier choices, namely the social inequities that challenge both individual and community health. Reducing food to a carrier for nutrients also ignores the sociocultural impact that food has on human beings, making communities and individuals at risk for receiving 'one size fits all' recommendations that ignore their sociocultural realities (Bessey et al., 2021; Brady, 2019, 2020). Dietetics' hegemonic approach that focuses on individual change (as exemplified by the Academy of Nutrition and Dietetics's "Nutrition Care Process") is consistent with neoliberal approaches to addressing health (Brady, 2019; Gingras & Brady, 2019).

This hegemonic approach to dietetics likely comes from a long struggle to be legitimized as a profession. When medical practice shifted from something primarily carried out by women lacking formal education in the form of traditional midwives and healers to a profession requiring education, men took over. Women were only able to re-establish themselves in health-related professions through home economics whereby sanitation, nutrition, basic health, and

childcare practices could be learned by professional women and taught to the public. As a natural extension of 'women's work', it was less likely to cause offense among those who did not wish for women to enter professions reserved for men (i.e., medicine). To gain legitimacy as a profession, early nutritionists worked hard to associate themselves with the home economics field in order to be 'allowed' to participate in higher education.

As time went on, women were no longer banned from the medical professions, so dietetics aligned itself with the medical field and moved away from home economics. By distancing themselves from home economics, dietitians tried to distance themselves from the gendered nature of home foodwork (MacLellan, 2019). Despite accredited undergraduate education, an accredited dietetic internship, passing a national exam, and as of 2024, achieving a master's degree, dietitians still work in subordinate positions in most healthcare settings (MacLellan, 2019). For example, despite having more total hours of education on nutrition that most physicians, registered dietitian nutritionists cannot write dietary orders or change a tube feeding prescription in many healthcare facilities (Culkin, 2022; Patel et al., 2022; Tewksbury et al., 2022).

As of 2020, 92% of practicing dietitians are female (Commission on Dietetic Registration, 2020). If the provision of home food has been (and still is) primarily women's work and that dietitians first gained legitimacy as a profession through the 'academization' of women's work, this may be a contributor to the profession's struggles to gain respect—because social reproduction itself always suffered from a lack respect (S. Ferguson et al., 2016), despite its foundational role in society (Backer & Cairns, 2021). What other conditions are present that encourage the persistency of gendered responsibility for home foodwork?

Persistency of Gendered Home Foodwork

From the review of the literature, women are expected and pressured to engage in home foodwork for a variety of reasons. Home foodwork is incorporated into feminine identity and foodwork is part of cultural expectations of women. These cultural expectations can be more traditional or part of evolving societal ideas of what makes an 'ideal' (or non-ideal) wife and mother. These expectations are inherently unachievable, have moving targets, and are often contradictory.

Responsibility for home foodwork continues to be a part of feminine 'culture' or identity even in modern-type societies. In other words, to be feminine is to be responsible for home foodwork. For example, for the Irish participants of a study by Cronin et al. (2014), foodwork was a key part of female caregiving identity. Food for these women had a complex and contradictory role in their identities. Providing home-cooked meals was considered a way to be a good wife and mother. Conversely, they lived in a food environment where messages to 'indulge' in nutrient-poor, ultra-processed foods abound—along with an equal number of messages that women should be thin and control their intake. For many of the Brazilian participants in the study by da Silva et al. (2021), "cooking activities were the social responsibilities of mother, wife, and housewife, and they should perform it," (p.13). Participants frequently couched their foodwork responsibilities in traditional terms of masculine and feminine social responsibilities.

While women are increasingly entering the workforce in France, French men have not significantly increased the amount of time they spend cooking in the home—yet the family home-cooked meal still has strong cultural connotations (Etile & Plessz, 2018). If that cultural expectation remains in place, then who is under pressure to fulfill it despite the time demand of

paid work? In Canada, Martin (2018) found that her participants associated home foodwork with their identities as mothers and demonstrated love and devotion to their children through food. Women themselves adopt and perpetuate the cultural expectation of their responsibility for foodwork (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Das & Mishra, 2021; Etilé & Plessz, 2018; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; Parker & Morrow, 2017; E. Parsons et al., 2024; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019). As the participants of Cronin et al.'s (2014) study reported, food can be contradictory when incorporated into feminine identity.

Women responsible for foodwork in their homes can face contradictory expectations. For example, among the Zulu participants of Ojong and Ndlovu's (2016) study, women were caught in a cultural bind. On the one hand, a Zulu woman is not supposed to cook for her future husband until they are formally engaged. On the other hand, female cooking ability was something that their future husbands used as a method of judging their suitability as future wives. Participants reported worry that if they did not cook for their partners, their men would seek another woman who would (Ojong & Ndlovu, 2016) causing them to ignore one tradition in favor of another. In India, women are still primarily responsible for home foodwork, but also the most at-risk during times of food insecurity. In other words, they may be responsible for preparing meals that they themselves will not get to eat, thus harming their nutritional status and that of their offspring (Das & Mishra, 2021). Women not only face traditional, cultural contradictions around home foodwork but more recently evolving societal constructs also provide contradictory, and often unrealistic, expectations.

One of the themes from this literature review relates to unrealistic societal expectations of women's home foodwork, is the concept of the "ideal mother" (Bowen et al., 2014; Cronin et al.,

2014; da Silva Oliveira et al., 2021; Etilé & Plessz, 2018; Koch, 2015; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019). This standard can vary, but the "message that good parents—and in particular, good mothers—cook for their families dovetails with increasingly intensive and unrealistic standards of 'good' mothering," (Bowen et al, 2014, p.21). Key characteristics of this ideal includes providing nutrient-dense, home-cooked, from-scratch meals to partners and children (MacKendrick & Pristavec, 2019, Mehta et al., 2020, Parker & Morrow, 2017; Parsons, 2016). The ideal mother can level up by focusing on home-grown food and sustainability (Parker & Morrow, 2017). The ideal mother is also capable of balancing an emphasis on good nutrition in the home without going overboard and creating disordered eating in her children (MacKendrick & Pristavec, 2019).

This ideal mother embodies middle-class, European American, neoliberal values (Koch, 2015; Parker & Morrow, 2017) not only because she takes upon herself the individual responsibility to protect her children from harmful food environments (Parker & Morrow, 2017) but has the resources and knowledge to provide home-cooked, from-scratch, nutrient-dense meals (MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019). The ideal mother standard, as demonstrated through her ability to cook, can also be used to judge women's suitability as future wives (Ojong & Ndlovu, 2016) or to train the next generation of wives and mothers (Woolhouse et al., 2018). This expectation is unrealistic and produces a contrary, non-ideal category that women must avoid if they are to be considered good mothers.

Women who fail to meet the societal expectations of the ideal mother run the risk of being classified as non-ideal mothers. One type of non-ideal mother is one who provides her

children with a Westernized dietary pattern based on ultra-processed foods (Parker & Morrow, 2017) because she is lazy and/or uneducated about good nutrition (MacKendrick & Pristavec, 2019; Woolhouse et al. 2018). This type of non-ideal mother is typically identified as lower or working class (MacKendrick & Pristavec, 2019; Martin, 2018; Parker & Morrow, 2017; Parsons, 2016; Parsons et al. 2020).

A non-ideal mother can also embody European-American, middle-class values of providing nutrient-dense, from-scratch meals to her children, but what makes her non-ideal is that she goes too far (Cronin et al., 2014; MacKendrick & Pristavec, 2019). The participants in a study by MacKendrick and Pristavec (2019) actively tried to distance themselves from the 'crazy organic mother" who is so obsessed with providing her children a healthy, organic diet that she caused them to develop disordered eating.

> These mothers, we argue, are caught in an impossible bind of cultural expectations: they must make perfect food choices for their children but must not be (or at least should avoid being perceived as) too perfect or obsessive and maintain just the right emotional expression about food (vigilant, but also fun and relaxed), (MacKendrick & Pristavec, 2019, p. 459).

Women must walk a tightrope of societal expectations and it does not help that the actual standard itself can vary.

People and societies have different, often contradictory, standards of the "ideal" mother. Who is considered non-ideal is in the eye of the beholder. Parker and Morrow (2017) found that their urban homesteading participants reinforced the ideal of a stay-at-home mother while Parsons (2016) participants identified an ideal of a Renaissance woman who could provide from-scratch, home-cooked meals all while working fulltime. Martin (2018) found that working-class

participants struggled with the contradiction of needing to provide from-scratch, home-cooked, nutrient-dense meals without adequate financial resources which forced them to turn towards other sources of food. Participant had to also be ideal community food participants who were grateful for the food provided and did not complain about the fact that it was nutrient poor and ultra-processed—even if it meant she would not be able to meet the ideal mother standard (Martin, 2018). Women in the study by Cronin et al. (2014) identified the struggle between the marketing messages to indulge in nutrient-poor foods versus the social expectation that they and their families consume nutrient-dense meals and achieve healthy body weights. Who, then, is the true representative of the ideal mother? In not having a clear answer but a set of contradictory, unrealistic expectations, women find themselves unable to achieve any of these ideals because of the reality of providing nutrient-dense foods in the home.

Challenges of Foodwork in the Home

Women face multiple cultural expectations regarding home foodwork, but the reality of daily life in the modern world means that these standards are unachievable. Women spend physical and mental labor on foodwork including planning, shopping, and preparation. They must navigate paid work, other domestic chores, financial resources, and family preferences.

Acquisition of food, preparation of food, and clean-up after foodwork all require physical labor and time (Condrasky & Hegler, 2010; Hartmann et al., 2013; McGowan et al., 2016; J. M. Parsons, 2016; Quagliani & Hermann, 2012). Despite increasing numbers of women entering the workforce, in many countries, men have not increased their participation in domestic work at the same rate (da Silva Oliveira et al., 2021; Etilé & Plessz, 2018; Holm et al., 2015). The number of single-parent, head-of-household families has been increasing over the past decades (The Annie E. Casey Foundation, 2022) meaning that more women are responsible for home

foodwork without the help of a partner. Even women whose role as food provider for children has presumably passed (e.g., grandmothers) are still called upon to fulfill traditional gender roles due to financial and time pressures (Neuman et al., 2019). In the case of single-parent homes, Neuman et al. (2019) found that their low-income, single parent (male or female) participants often relied on grandmothers (as opposed to grandfathers) for help with childcare, domestic chores, and foodwork. Women are spending a significant portion of each day in paid work and then coming home to be responsible for most domestic chores—including foodwork. Even if they are not physically engaged in foodwork, they are mentally engaged in this chore.

Women responsible for foodwork in the home must expend a great deal of mental work on the task—especially if they wish to provide nutrient-dense meals (Bowen et al., 2014; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016). Participants in the reviewed studies planned meals taking into account family preferences (Bowen et al., 2014; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020), finances (Bowen et al., 2014; da Silva Oliveira et al., 2021; Koch, 2015; MacKendrick & Pristavec, 2019; Martin, 2018; Neuman et al., 2019), time (Bowen et al., 2014; Cronin et al., 2014; Etilé & Plessz, 2018; Koch, 2015; MacKendrick & Pristavec, 2019; Mehta et al., 2020; Parker & Morrow, 2017; E. Parsons et al., 2020; Woolhouse et al., 2019), ingredients (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Koch, 2015; MacKendrick & Pristavec, 2019; Martin, 2018), and availability of food preparation facilities (Bowen et al., 2014). Even the act of grocery shopping can be challenging as grocery store design capitalizes on a parent's likelihood they will give into a child's demand for a (usually nutrient-poor and ultra-processed) food item (Koch, 2015). The complex nature of foodwork in addition to the

coordination of other domestic chores and family schedules can leave women little time to focus on their own physical and mental well-being.

Consequences of Difficult Home Foodwork

The realities of home foodwork described in the above section have consequences for family health since time poverty may lead to reliance on nutrient-poor foods, poor maternal mental health, and neglect of maternal physical health. Many study participants lacked nutrition knowledge, had misconceptions about nutrition, and lacked knowledge of responsive feeding practices. All these factors place the health and well-being of individual family members at risk.

The amount of mental and physical labor that goes into foodwork in addition to unrealistic expectations, make ideals impossible to achieve and place women at risk for poor mental health (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Koch, 2015; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019). Studies showed that participants were stressed from meal planning; experienced anxiety over ensuring they provided healthy meals; were frustrated when those healthy and/or from-scratch meals were rejected; and felt guilty when time, money, or other reasons kept them from serving the types of meals they felt were healthy (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Das & Mishra, 2021; Etilé & Plessz, 2018; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019). Participants compromised their own food preferences and self-care to achieve foodwork goals (Mehta et al., 2020). "Consequently, these women often felt that they live[d] their lives not through their own perspectives," (Ojong & Ndlovu, 2016, p. 41).

As the provision of healthy, home-cooked meals is a key expectation of 'ideal mothering', some participants implied failure to meet this expectation meant failed motherhood (Grote et al., 2018; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019).

> In fact, the power of emotion (e.g., pride, love, guilt, shame) to drive the mothers' pursuit of all three ideals (good mother, good consumer, and good food program participant) suggests that the women were not only trying to be *good* at these roles, but were trying to be good *through* their efforts to meet these ideals, (Martin, 2018, p. 127, emphasis in the original).

So, what happens to mental health when women fail to be 'good' in those roles?

The reality women face when engaged in home foodwork has potential consequences for physical health in addition to mental health. Because of time poverty women often turn to restaurant, take-out, and/or other forms of ultra-processed foods simply to get a meal on the table (MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Woolhouse et al., 2019). Dietary patterns high in ultra-processed foods also tend to be high in sodium, solid fats, and added sugars while at the same time inadequate in fruits, vegetables, whole grains, plant-based proteins, and healthy oils (Baker et al., 2020; Gayathri et al., 2017; Grotto & Zied, 2010; Willett et al., 2019). These dietary patterns are associated with an increased prevalence of overweight, obesity, and non-communicable diseases including hypertension, Type 2 Diabetes, heart disease, cancer, autoimmune disease, inflammatory bowel diseases, and food allergies (Baker et al., 2020; Dietary Guidelines Advisory Committee, 2020; Gayathri et al., 2017; Grotto & Zied, 2010). Dietary patterns not only have a long-term consequence on individual health, but nutrient-dense dietary patterns are essential for the growth and development of infants, children,

and adolescents (Bhutta et al., 2017; Branca et al., 2015; Fanzo et al., 2019; Persson, 2018). In other words, the challenges women face in engaging in foodwork, especially when it impairs the ability of their families to consume nutrient-dense foods, has both short- and long-term consequences for health.

In addition to factors in their lived environment including time contraints due to paid work, societal definitions of ideal mothering, and financial stressors due to a lack of a living wage, participants revealed individual factors that can also impede the ability of the family to consume nutrient-dense foods. For example, participants' ideas of what constituted healthy meals did not necessarily coincide with current scientific understanding of nutrient-dense dietary patterns (Grote et al., 2018; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019)—if they even had evidence-based nutrition knowledge in the first place. For example, Mehta et al. (2020) found that participants were largely unaware of the Australian national dietary guidelines. Participants across studies tended to associate cooking from scratch, consuming organic and other non-GMO foods (MacKendrick & Pristavec, 2019; Parker & Morrow, 2017), vegetable consumption (Cronin et al., 2014; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020), and avoidance of ultra-processed foods (Cronin et al., 2014; da Silva Oliveira et al., 2021; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019) to be the primary indicators of healthy dietary patterns.

Nutrient-dense dietary patterns should be plant-based with an emphasis on fruits, vegetables, nuts, seeds, beans, peas, and whole grains (Anderson et al., 2019; Dietary Guidelines Advisory Committee, 2020; Willett et al., 2019). There is currently no scientific evidence that

organically grown and/or non-GMO foods are superior to conventionally grown foods and genetically assisted agriculture (Nawaz et al., 2019). While minimizing the consumption of ultra-processed foods can help decrease intake of added sugars, solid fats, and sodium (Monteiro et al., 2019; Willett et al., 2019), minimally processed foods, processed culinary ingredients, and [moderately] processed foods can also be high in these three problem nutrients and are not automatically healthier for being less processed (Gibney, 2019; Gibney et al., 2017). While knowledge does not necessarily equal behavior change, for behavior change to happen, people need to understand what changes need to be made (Raymond & Morrow, 2021).

In addition to a lack knowledge of what foods support family health, participants in the reviewed literature revealed a lack of understanding of feeding approaches that support family acceptance of nutrient-dense foods. Catering to the preferences of family members, particularly children, was a common theme among the participants in the research reviewed. Especially in low-income families, participants in the studies reviewed were often hesitant to try nutrient-dense, minimally processed dishes due to fears that the family would not eat them, and ingredients would be wasted (Bowen et al., 2014; da Silva Oliveira et al., 2021; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019).

Children, especially during the first 1000 days, benefit from being exposed to a wide variety of textures and flavors to assure acceptance of a nutrient-dense, varied dietary pattern through the life course (Grote et al., 2018; Liberman et al., 2016; Pérez-Escamilla et al., 2017; Raymond & Morrow, 2021; Silva et al., 2016). It is normal for infants and children to reject new foods and foods with bitter flavors such as vegetables: caregivers and parents may have to offer a food over a dozen times (or more) before it is accepted (Grote et. al, 2018). Parents and caregivers often cater to infant and children's food preferences under the mistaken assumption

that eating anything is better than a refusal, when they are actually placing them at risk for malnutrition by enabling them to consume a limited number of foods (Grote et al., 2018; Liberman et al., 2016; Pérez-Escamilla et al., 2017, 2019; Raymond & Morrow, 2021; Silva et al., 2016; however, even though children should be repeatedly offered rejected foods [Grote et al., 2018], this is something that may not be possible in low-income families who cannot afford to waste food [Daniel, 2016]). Caregivers and parents not only need to understand what to feed their children, but how to feed their children (Black et al., 2015; Pérez-Escamilla et al., 2017).

In conclusion, women still bear responsibility for much of home foodwork which is a part of culturally constructed feminine and maternal identities. This expectation is inherent to both traditional-type communities and modern-type societies (Cronin et al., 2014; da Silva Oliveira et al., 2021; Das & Mishra, 2021; Etilé & Plessz, 2018; MacKendrick & Pristavec, 2019; Martin, 2018; Neuman et al., 2019; Ojong & Ndlovu, 2016; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019). Even though men are increasingly taking on domestic chores (Holm et al., 2015; Taillie, 2018), the expectation remains that women will provide nutrient-dense foods in their home exists regardless of whether they engage in paid work or stay at home (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Etilé & Plessz, 2018; Koch, 2015; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019).

The expectation that mothers are responsible for providing nutrient-dense home food does not only exist within the ‘lay’ community, but is also perpetuated by nutrition, health, and public health professionals (Koch, 2015). These expectations are consistent with the neoliberal/neoconservative trend of assigning individual responsibility for health and minimizing

the effects of the determinants of health on individual dietary patterns (Merone & Ashton, 2021). Because the expectation is that mothers are the gatekeepers of their children's dietary patterns, the inevitable failure of these unrealistic pressures places women at risk for poor mental health (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Koch, 2015; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019).

Women face a variety of challenges when it comes to nutrient-dense foodwork including time poverty (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; E. Parsons et al., 2020; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019), lack of finances (da Silva Oliveira et al., 2021; Das & Mishra, 2021; MacKendrick & Pristavec, 2019; Martin, 2018; Neuman et al., 2019), subservience to family food preferences (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Martin, 2018), and non-evidence-based understanding of healthy dietary patterns (MacKendrick & Pristavec, 2019; Mehta et al., 2020; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019). The ability of families to provide themselves with nutrient-dense dietary patterns is key to their current and future health (Raymond & Morrow, 2021) and is a key part of the progress of society (Backer & Cairns, 2021; Bakker, 2020; Federici, 2019; Gimenez, 2018; Rodríguez-Rocha, 2021).

Theoretical Framework

As previously stated, it is often the assumption of both lay and health professionals alike that mothers are primarily responsible for their family's nutrient-dense dietary pattern and that they are to blame for any health issues in their families resulting from a lack of a healthy dietary pattern (Koch, 2015; MacKendrick & Pristavec, 2019; Martin, 2018; Merone & Ashton, 2021;

Parker & Morrow, 2017; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019). The feminist critical theory of social reproduction can help to question this assumption. Social reproduction is an appropriate sub-theory for this research because social reproduction itself is difficult in a neoliberal/neoconservative system that expects individuals to take sole responsibility for health and wellbeing (Merone & Ashton, 2021) despite it being dependent on multiple determinants of health (both within and outside of our control [Raymond & Morrow, 2021]).

The overarching epistemological approach to this work is feminism. Feminist theory is broad, but core commonalities include an avoidance of dualistic and/or hierarchical thinking and acknowledgment that all problems are 'wicked' (complex and intertwined); and that feminism is not just a thought exercise. Feminism focuses on asking how processes came to be rather than assuming that is how they always were and will be. Feminism questions and seeks to upend traditional power arrangements and inequities. Feminist inquirers should consider a more equitable way of addressing a particular phenomenon. Finally, feminist researchers are expected to be engaged citizens who bring to life their more equitable ideas. Because feminist theory is "sprawling, productive, diverse and political assemblage[s]," (K. E. Ferguson, 2017, p. 270), this research focused on one theory that fell under the umbrella of feminist theory: social reproduction and, particularly, how social reproduction functions in neoliberal/neoconservative capitalist societies.

Social Reproduction

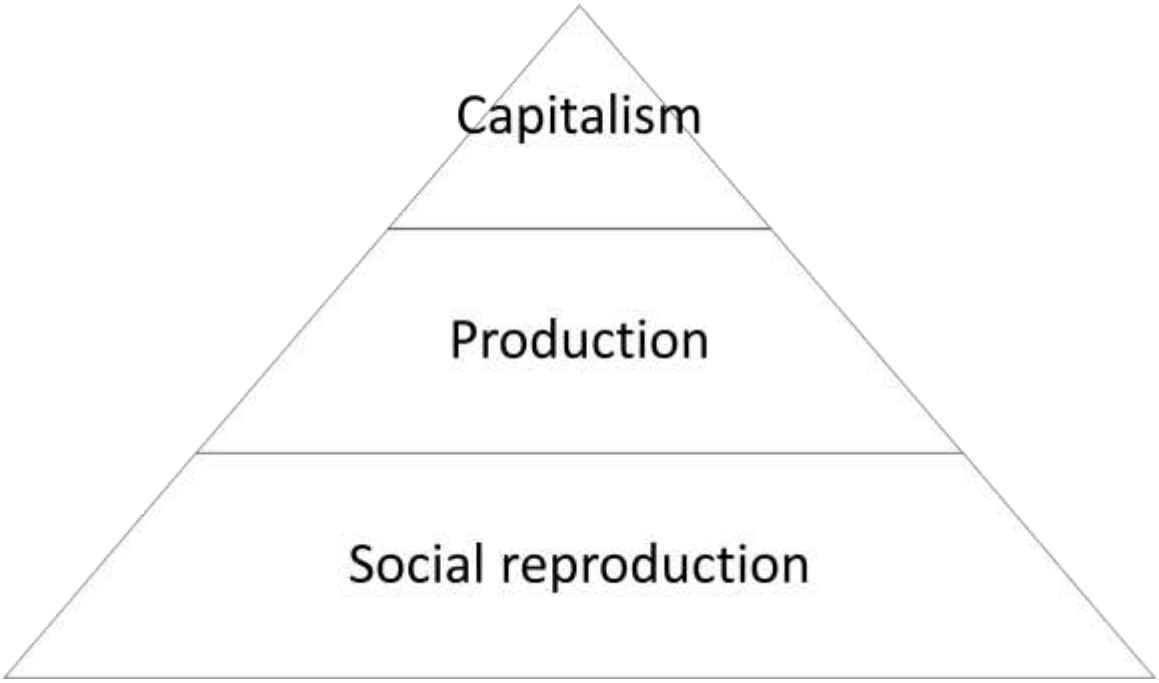
Social reproduction theory centers on the idea that unpaid labor carried out in the home is a major contributor to capitalist success while at the same time being exploited and undervalued (Federici, 2019). Social reproduction has a long history in economic and social theory and was

originally used to define how social systems reproduce (Federici, 2019). This idea was adapted through a socialist feminist lens in response to an absence of acknowledgement of unpaid domestic work in socialist and communist writings (S. Ferguson et al., 2016; Gimenez, 2018). While many interpretations exist, in general, social reproduction in the feminist context refers to "the activities associated with the maintenance and reproduction of peoples' lives on a daily and intergenerational basis," (Ferguson et al., 2016, pp 27 – 28). Unpaid or low-paid domestic work enables paid production work by keeping houses and clothes clean; feeding current and future workers; and indoctrinating the next generation of workers with capitalist values. In other words, social reproduction is a tool that capitalism uses to reproduce itself[1] (Backer & Cairns, 2021; Gimenez, 2018; see Figure 1).

[1] Some authors (Newberry & Rosen, 2020) anthropomorphize capitalism as if it is an all-powerful deity or a self-aware guiding hand of socioeconomic life, hence the deliberate anthropomorphizing in this phrase.

Figure 1

Visual Interpretation of The Connection Between Capitalism, Production, and Social Reproduction.



Note: This visual contains social reproduction at the bottom of the pyramid, emphasizing its foundational nature in capitalist life. One level above is production which includes the economic activities that drive capitalism. The last level is capitalism which is dependent on the foundations of social reproduction and production.

Social reproduction occurs outside the unpaid, domestic sphere through paid work, in schools, in religious centers, and in communities. Governments can become involved in aspects of social reproduction through paid family leave, child welfare monitoring, food assistance, and other social programs (Winders & Smith, 2019). Liberation by one household from aspects of social reproduction by house cleaners, laundry services, childcare, take-out food, etc. simply

passes on the work to paid workers. Much of social reproduction is de-valued, even when it is paid work. Women and members of non-dominant cultural, ethnic, and racial groups tend to make up the majority of those engaged in paid social reproduction activities—and those tend to be low-paying jobs (Winders & Smith, 2019).

Foodwork is a key aspect of social reproduction (Szabo 2011). This can include paid and unpaid work, but undervalued (Szabo, 2011) nonetheless despite its critical importance for human capital's maximum productivity (Godfrey et al., 2010; Hanson et al., 2015). Foodwork in the modern industrialized food system is accomplished in a variety of ways. It can be done in the home from scratch, in the home from ultra-processed foods (ready-to-eat or ready-to-eat), or through a combination of the two. The government is also involved in foodwork through school feeding and childcare programs. Foodwork can also be accomplished with the assistance of non-profits such as food banks and community meals (Szabo, 2011). Foodwork can be outsourced to restaurants and the deli counters of grocery stores by dining in, driving through, or taking out. Just as with other aspects of social reproduction, foodwork is generally carried out by women (Wolfson et al., 2021), people of color, and/or immigrants (Bakker, 2020; Bakker & Gill, 2019).

The foodwork aspect of social reproduction is necessary for a productive society. The healthiest dietary patterns have these key components: (a) plant-based protein sources along with intake of sources of Omega-3 fatty acids; (b) fats from unsaturated sources with minimal saturated fat intake and no *trans*-fat intake; (c) carbohydrate intake from whole grains with minimal consumption of refined grains and added sugars; (d) at least five servings of fruits and non-starchy vegetables per day; (e) emphasis on nutrient-dense minimally-processed and moderately processed foods while reducing overall reliance on ultra-processed foods. These requirements are general, meaning that individual dietary patterns can follow these principles yet

still be adaptable to a variety of different cultural food patterns and preferences (U.S. Department of Agriculture et al., 2020; Willett et al., 2019). To achieve this nutrient-dense dietary pattern requires cooking skills, basic nutrition and food safety knowledge (Condrasky & Hegler, 2010); food, nutrition, media, and health literacy (Quagliani & Hermann, 2012); financial resources, access to transportation; access to food, kitchen equipment, and storage facilities for food (Hartmann et al., 2013); the "know-how" to plan meals, shop for ingredients, and budget for foods (McGowan et al., 2016); and the time in which to accomplish all of these tasks (Lavelle et al., 2016; McGowan et al., 2017; McGowan et al., 2016).

Families can struggle with the foodwork aspect of social reproduction. They face time poverty (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; E. Parsons et al., 2020; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019), a lack of financial resources (da Silva Oliveira et al., 2021; Das & Mishra, 2021; MacKendrick & Pristavec, 2019; Martin, 2018; Neuman et al., 2019), access to facilities (Bowen et al.), a lack of food preparation knowledge (McGowan et al., 2017; Meah & Watson, 2011; Stead et al., 2004; Taillie, 2018; Wolfson et al., 2017), a lack of evidence-based nutrition knowledge (MacKendrick & Pristavec, 2019; Mehta et al., 2020; E. Parsons et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019), and/or a lack of family acceptance or support for nutrient-dense dietary patterns (Abbott et al., 2010; Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Kennedy et al., 1998; Stead et al., 2004).

Nutrient-dense dietary patterns are essential for good health, but they are more expensive than nutrient-poor, ultra-processed dietary patterns (Rao et al., 2013); even if the nutrient-dense dietary pattern saves money in the long term (Scrafford et al., 2019) because minimally processed whole foods are less profitable for food manufacturers (Monteiro et al., 2018;

Monteiro et al., 2010) and receive (at least in the US) more government support throughout the supply chain (Franck et al., 2013). Social reproduction in general is made more difficult in any societal structure where responsibility is placed (almost) entirely upon the individual without consideration for the effect of the system, such as in neoliberal/neoconservative systems (Merone & Ashton, 2021).

Neoliberalism

While governments can become involved in aspects of social reproduction, in a neoliberal/neoconservative social/governmental/economic system, the responsibility for social reproduction is largely placed upon individual families. Neoliberalism has multiple definitions, but it can be considered an economic policy that became prevalent in the latter third of the 20th century in developed, capitalist countries (Harvey, 2005). Fundamental characteristics of neoliberalism include championship of the free market; an emphasis on the freedom of the individual; minimal government regulation except to support business; a value for entrepreneurship; value for private property, an expectation of personal responsibility; and an emphasis on consumer choice (Girerd & Bonnot, 2020; Harvey, 2005; Monaghan et al., 2018). In other words, neoliberalism is a guiding philosophy of freedom to "overcome social constraints," (Girerd & Bonnot, 2020, p. 83) versus socialist or Keynesian capitalist ideas of freedom from hunger, unemployment, illness, etc. (Harvey, 2005). Neoconservatism is identical to neoliberalism in terms of political economic organization but prefers a 'moral code' over freedom of the individual. In true neoliberalism, individuals make their own decisions about sexual preference, gender identity, gender expression, abortion, etc. but neoconservatism sets limits on the behavior of individuals based on moral values (Harvey, 2005).

A risk of neoliberalism is that the interpretation has become the freedom of large corporations and financial institutions to continue to accrue capital while the majority

> experienced increasingly insecure working conditions (e.g. the rise of zero hour contracts), declining real incomes, erosion of pensions and growing indebtedness. Additional features of neoliberalization include privatization of public assets and services, the rolling back of the welfare state and other gains achieved by organized labour [sic], (Monaghan et al., 2018, p. 500)

in the decades after World War II. Ferguson (2017) argues that for women, neoliberalism envisions a "degraded version of feminism in which women face individual problems, which they overcome with self-discipline and time management, rather than public issues requiring collective redress," (p. 281). One of the ways in which personal responsibility falls to women in neoliberal societies is by continuing to assign them the duties of social reproduction in the home.

A key value in neoliberalism is personal responsibility which includes individual responsibility for the activities of social reproduction. Neoliberal government policies cut back on, or remove altogether, state support of aspects of social reproduction by national food programs, childcare support, and funding for education (Adkins, 2019; Bakker, 2020). Proponents of neoliberal-type systems do not promote government responsibility for social reproduction (Bakker, 2020). Social reproduction is outsourced to the free market and responsibility is transferred in its entirety to the worker (Adkins, 2019; Bakker, 2020). When families rely on the market for healthcare, childcare, education, nutrition, etc., they may become vulnerable to those market-based services' prioritization of profits over actually providing good healthcare, childcare, education, food, etc. Or they must go into debt to access higher quality social reproduction services (Bakker, 2020). Social reproduction in all its forms and practices

becomes a commodity, a source of profit rather than an integral part of human life, and for many aspects, human rights (Merone & Ashton, 2021).

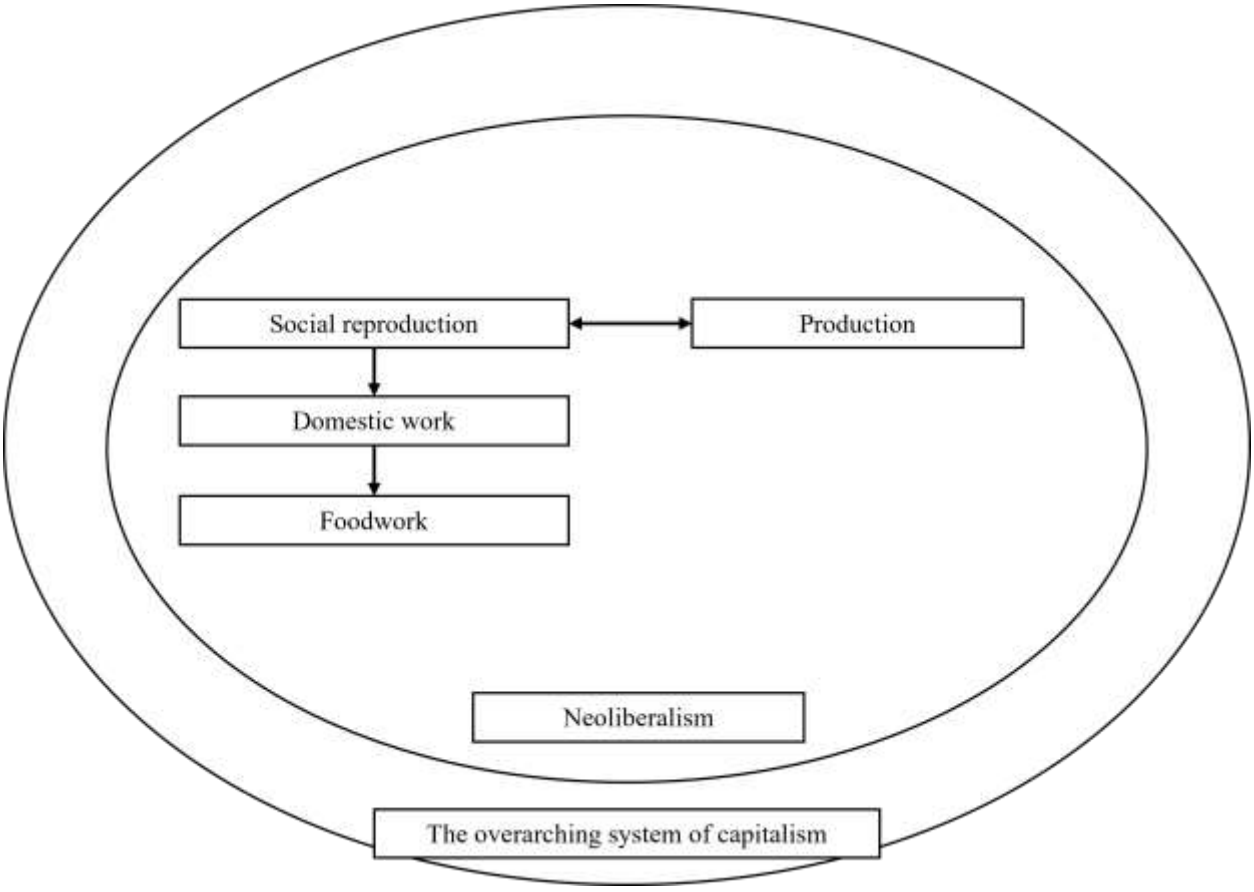
While public health efforts still exist in neoliberal/conservative governments, the emphasis of many public health messages around nutrient-dense dietary patterns is on individual/family-level changes (Koch, 2015). "Failing to make meals for the family from scratch is a problem located at the level of the individual; it is the lazy parents who fail to provide the "right" sort of meals for the family," (Woolhouse et al., 2018, p. 293). Koch (2015) and Bowen (2014) argued that focusing on families as the locus of change for national dietary patterns fails to acknowledge the hidden labor involved. These policies also fail to consider the fact that inadequate pay, inadequate childcare support, and inadequate family leave make the provision of nutrient-dense meals in the home extremely difficult (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Koch, 2015; Martin, 2018; Neuman et al., 2019; E. Parsons et al., 2020; Woolhouse et al., 2019).

Families trying to make ends meet may rely on alternate methods such as community food supports such as food banks to remain food secure (Feeding America, 2023). When families turn to these food programs, their choices are typically nutrient-poor and ultra-processed (Martin, 2018). Yet for a food program participant to complain about the lack of nutrient-dense options would be seen as ingratitude for charitable giving (Martin, 2018). Despite the lack of nutrient-dense options, when mothers who are also food program participants fail to meet dietary guidelines for their children, they are the ones held responsible (Bowen et al., 2014; Koch, 2015; Parker & Morrow, 2017; Szabo, 2011). Fathers, on the other hand, can choose to engage in home foodwork or withdraw without facing the same social consequences as mothers (Neuman et al., 2019; Parker & Morrow, 2017; Szabo, 2013).

Practices like urban homesteading can ensure healthy dietary patterns for families, but these practices require privilege to engage in successfully because of the required investment of time and money (Parker & Morrow, 2017) which can further exacerbate inequities among those who do not have the same level of cultural capital. For example, Parker and Morrow (2017) found that many of their urban homesteading participants were not necessarily interested in improving the food environments of their community—even if urban homesteading was a reported reaction to the poor-quality food environment in which they lived. This emphasis on change at the individual level and personal responsibility is a hallmark of neoliberal/neoconservative political values (Koch, 2015; Szabo, 2011; Woolhouse et al., 2019).

Figure 2

Visual Interpretation of the Relationship Between Production, Social Reproduction, and Neoliberalism in a Capitalist Society.



In a neoliberal, capitalist system, the employer becomes the priority over the employee (Adkins, 2019; Bakker, 2020; Girard & Bonnot, 2020; Harvey, 2005). Since the individual is solely responsible for social reproduction in the home, this must be squeezed around working life whenever and wherever possible. Then the worker is held responsible for being unable to carry out the work of social reproduction in the home despite a lived environment designed to make that very practice difficult (Adkins, 2019; Bakker, 2020; Winders & Smith, 2019). This was seen repeatedly in the articles reviewed in this chapter. For example, Woolhouse et al. (2018) argued that

> failing to provide a healthy diet (which was often conflated with cooking from scratch) was often implied as an individual failing on the part of lazy mothers, thus inviting the blaming of mothers for any current or future health problems encountered by family members (especially children) such as "obesity, (p. 290).

This theme was repeated in other studies with low-income women, especially, blaming themselves for being unable to provide ideal, nutrient-dense meals when financial resources and time poverty were significant barriers (Bowen et al., 2014; Martin, 2018; MacKendrick & Pristavec, 2019; Parsons, 2016). Koch (2015) argued that even progressive public health policies still put the burden of nutrient-dense dietary patterns onto the individual.

By restricting the time and resources available for foodwork and other aspects of social reproduction, neoliberalism increases the risk that families will rely on ultra-processed foods because they are more convenient, often shelf-stable and cheaper than nutrient-dense, less processed foods (Koch, 2015; Martin, 2018; Neuman et al., 2019; Parker & Morrow, 2017; J. M. Parsons, 2016; Woolhouse et al., 2019). As countries become increasingly industrialized, dietary

patterns are shifting to the following characteristics: excess consumption of calories from ultra-processed foods, refined carbohydrates, fatty meats, added fats; excessive sodium intake; and lacking in essential nutrients (Baker et al., 2020; Gayathri et al., 2017). This is called the 'Nutrition Transition' and has already occurred in high-income countries like the US., where, for example, 60% of our daily caloric intake comes from ultra-processed foods, (Martínez Steele et al., 2019). Wherever this transition occurs, we also see an increase in overweight, obesity, and prevalence of non-communicable diseases (NCDs). Non-communicable disease is not just harmful to the health of individual citizens but for a country's economic progress. For example, for every 10% increase in the incidence of NCDs, there is a 0.5% drop in annual economic growth (Baker et al, 2020; Gayathari et al., 2017). One could argue that the foodwork aspect of social reproduction provides nutrient-dense foods to current and future workers which are essential for productivity in the capitalist system. That by forcing families to increasingly rely on nutrient-poor, ultra-processed foods, neoliberal capitalism is harming itself.

Role of the Theoretical Framework in this Research

In this research, social reproduction (especially the foodwork aspect) and neoliberalism are the lens for interview question development and data interpretation. Even neoliberal/neoconservative government systems retain departments or ministries focused on the public good such as education, epidemiology, public health, etc. For example, in the United States, the Department of Agriculture, the Food and Drug Administration, the Centers for Disease Control and Prevention, the National Academy of Sciences, and the Department of Health and Human Services all dispense nutrition and health information. As argued above, these agencies frequently target individual behaviors over systems-level changes (Braveman &

Gottlieb, 2014). I argue that neoliberal health efforts typically focus on short-term, individual solutions to long-term, societal problems.

Those who plan on entering the nutrition and health fields are often indoctrinated into individual-focused interventions (Coveney & Booth, 2019). These are the future health professionals who will be treating individuals and working at community, regional, state, and national levels. These future health professionals must also engage in social reproduction in the home in their own lives. Especially in the nutrition and dietetics field, these future health professionals are more likely to be women than men (Rogers, 2021). What is it like, then, for female nutrition/dietetics majors to navigate the foodwork aspect of social reproduction for themselves? Moreover, a gap I identified in the literature was that participants in these studies often lacked evidenced-based nutrition knowledge. Does having evidence-based nutrition knowledge improve the foodwork aspect of social reproduction? Or does it result in even more unrealistic pressures and expectations upon women? And/or does it make female nutrition/dietetics majors more sympathetic to the struggles their future clients and patients have? It was these questions that drove the participant selection criteria and methodology discussed in Chapter 3.

Social reproduction, including foodwork, is an essential part of society (S. Ferguson et al., 2016). For current and future members of that society to function, they need to be healthy. To be healthy, they need to consume nutrient-dense dietary pattern, meet physical activity guidelines, avoid harmful substances, such as excessive alcohol consumption, tobacco use, illicit drug, etc., and have access to quality healthcare (Raymond & Morrow, 2021). All the things listed require more than an individual's decision to engage in a particular behavior or avoid a particular hazard (Braveman & Gottlieb, 2014). They require food systems that promote

nutrient-dense dietary patterns and safe lived environments (Willett et al., 2019). However, neoliberal/neoconservative governments and societies cede their authority to ensure a healthy populace to its individual members and to the free market (where profit is prioritized over well-being). By ceding authority, they also cede responsibility and hold individuals, not the system or nation, responsible for poor dietary patterns, sedentary lifestyles, and high rates of non-communicable diseases (Merone & Ashton, 2021).

Summary

In summary, it remains a global, sociocultural expectation that women are responsible for home foodwork (Wolfson et al., 2021). Not only are they responsible for home foodwork, they are also responsible for ensuring the food that is provided in the family is nutrient-dense and supports the health of their family (Koch, 2015). This expectation is implicit in public health programs, in nutrition education, in communities, and in women themselves (Bowen et al., 2014; Koch, 2015; Szabo, 2011). The reality that most women face, however, is quite different. The ability of a woman to successfully provide her family with nutrient-dense foods is challenged by multiple factors outside her control (Szabo, 2011). Yet women are still held responsible for a failure to provide nutrient-dense foods (Bowen et al., 2014).

This is only exacerbated in neoliberal/neoconservative societies when governments actively dismantle social reproduction support systems, placing more and more of the burden of social reproduction upon an individual family (or, more specifically, an individual woman) while at the same time 'blaming the victim' for their failure to meet unrealistic expectations (Adkins, 2019). The individual focus in neoliberal/neoconservative systems means that public health professionals, nutrition and dietetics professionals, and individuals focus on individual-level changes in what is essentially a societal-level problem (Brady, 2019; Monaghan et al., 2018).

Using a feminist lens, this research interrogated why women were tasked with the burden of healthy changes in the home setting. This research examined how female nutrition/dietetics majors (who will graduate to and work in this current system) navigated their own social reproduction responsibilities around foodwork. In other words, did their evidenced-based nutrition knowledge give them advantage over other families, or did it add to the unrealistic expectations women already face when it comes to the foodwork aspect of social reproduction? Finally, this research assessed if female nutrition/dietetics majors' own experiences of home foodwork influenced their future practice as nutrition professionals.

Chapter 3 - Methodology

This chapter justifies the use of a qualitative, interpretive phenomenological analysis (IPA) approach in answering the research questions in this study. I explain the core components of the IPA approach along with addressing some of the criticisms it has received in the phenomenological literature. This section addresses the methods that I used in this study including participant selection, recruitment, interview questions and development. I then describe the data analysis process. Included in this sub-section, I relate my approach to a pilot study conducted in preparation for this research. This chapter ends by addressing the ethical considerations for this study including protection of data and validity.

Research Questions

The primary research question for this study was "What is it like to be a dietetics and/or nutrition major with a caregiving role in the home in regard to home foodwork?" To help answer the primary research question, I developed the following sub-questions: (a) How do caregiving female nutrition/dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork? (b) How do they describe the influence of their ongoing learning on home foodwork?, and (c) How do they describe their vision for the future as both a professional and caregiver in how they approach home foodwork?.

Justification for a Qualitative Approach

While the goal of quantitative research is to provide mathematically valid generalizations across groups outside the realm of coincidence, qualitative research is concerned less with breadth than depth. Qualitative researchers seek to develop an understanding of how human experience and to make meaning of particular experiences including the daily lives of individuals (Bhattacharya, 2017). Quantitative research develops theory as an outcome, whereas qualitative

research starts with a theoretical perspective which "plays a key role in informing what a qualitative study might look like," (Bhattacharya, 2017, p. 26). A qualitative approach to nutrition education helped me understand how people with a high level of pre-existing nutrition knowledge experienced the process of trying to eat better. While quantitative approaches can help us to understand if a particular approach is effective (statistically), it is qualitative research that can help us to better understand why.

The field of nutrition research, especially in the dietetics profession, is largely positivist and qualitative research has only become an accepted form of inquiry within the past 10 to 15 years (Moisey et al., 2022). Despite its increasing acceptance, it is not a popular approach especially as a stand-alone approach (Leepile, 2019). In other words, mixed methods research is more commonly used in the nutrition and dietetics literature than stand-alone qualitative studies (Moisey et al., 2022). However, given the nature of my research questions and the fact that I focused on getting at a depth of experience versus a breadth, stand-alone qualitative methodology was appropriate to this research. Because qualitative research consists of multiple methodological frameworks, it was important to narrow down to one framework that is appropriate for the research purpose and questions. In the case of this research, I chose interpretive phenomenological analysis (IPA).

Methodological Framework

IPA "is a qualitative research approach committed to the examination of how people make sense of their major life experiences. IPA is phenomenological in that it is concerned with exploring experience in its own terms," (J. A. Smith et al., 2009, p. 1). IPA researchers are concerned with two things: (a) how participants reflect upon an experience and (b) how the researcher themselves interprets the participant's reflection. IPA researchers are particularly

focused on how an individual participant reflects on how their experience affected them. "IPA studies are conducted on relatively small sample sizes, and the aim is to find a reasonably homogeneous sample, so that, within the sample, we can examine convergence and divergence in some detail," (Smith et al., 2009, p. 3).

IPA, as defined by Smith et al. (2009), is founded in three core theoretical tenants: (a) phenomenology, (b) hermeneutics, and (c) idiography. The phenomenology (the "P") of IPA is influenced by Husserl and Heidegger, who appears to be the most influential in the field of IPA, Merleau-Ponty, and Sartre. The 'phenomenological' component of 'Interpretive Phenomenological Analysis' is the attempt to discover how meaning is made (Smith et al., 2009). Heidegger inspired the idea of exploring experience and Merleau-Pontry and Sartre provided further influence on IPA with considerations of the influence of the lived environment and sociocultural context of both the individual and the researcher analyzing the experience of the individual.

The 'interpretive' component of IPA comes from hermeneutics, a theory of interpretation originating from biblical scholars (Smith et al., 2009). The two primary influences of hermeneutics on IPA are from Gadamer and Schleiermacher. IPA researchers take a deep dive into their participants' intentions and meaning making rather than a description or surface analysis. Moreover, IPA researchers acknowledge that true bracketing (from Husserl's phenomenology) is not possible and that they must strike a careful balance between acceptance that we are not without any forethoughts or assumptions about our area of research while at the same time not allowing our own lens to overshadow the analysis. At the same time, our analysis of the data changes our perceptions of the phenomenon (our fore-structure) which in turn changes how we view the next set of data (Smith et al., 2009). The authors also discuss the

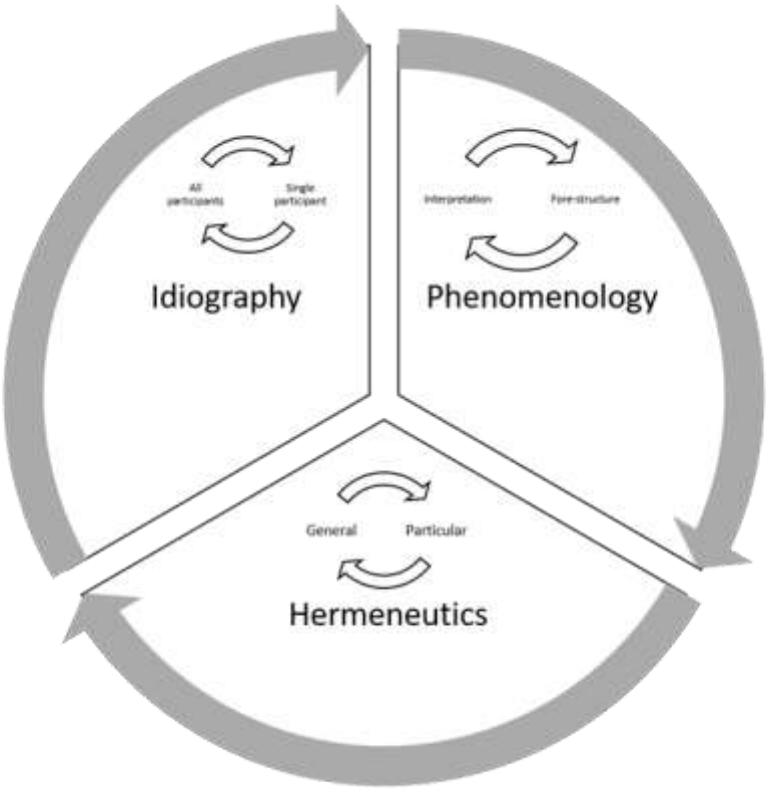
'hermeneutic circle': cyclical relationship of analyzing parts to understand the whole and analyzing the whole to understand the parts.

The idiographical component of IPA refers to the close analysis of a single participant's data (called a case in Smith et al., 2009, but avoided in this study so as not to be confused with case study research) within their context of place, lived environment, time, intersectionalities, sociocultural milieu, etc. An IPA researcher thoroughly analyzes a single participant's data before collecting the next participant's data. Analysis of the previous participant's data can influence the interview questions for the following data collection (Smith et al., 2009). Like all qualitative research, IPA focuses on depth, rather than breadth, of results. While generalizations can be built from IPA research results, they can only be done cautiously. IPA allows for comparison of results across different participants.

IPA is phenomenological in that it attempts to analyze each participant's experience on its own terms and without preconceived categories; it is hermeneutic in that the researcher attempts to interpret those experiences; and it is idiographic in that each participant's data is analyzed thoroughly and independently prior to moving on to the next. Smith et al., (2009) argue that IPA is a version of phenomenological inquiry suited for psychological inquiries as it tries to understand human experience through exploring how people make meaning of their experiences. In IPA, the researcher attempts to view the world from the participant's perspective, while at the same time acknowledging that they are also looking at the participant from an external viewpoint. An IPA analysis is as much the interpretive work of the researcher as a representation of what the participant said during their interview—with all interpretations grounded in the data. See Figure 3 for a visual interpretation of the IPA theoretical foundation.

Figure 3

Visual Interpretation of The Theoretical Foundations of IPA.



History, Use, and Critique of IPA

Smith (1996) introduced the term "interpretive phenomenological research" (IPA) in the mid-1990's, but argued he was simply naming a pre-existing methodology used in medical sociology. At the time, the quantitative paradigm in psychological research was upset by the introduction of qualitative methodologies. Discourse analysis was the primary qualitative methodology introduced into psychological research which posits that what people say during an interview or on a survey may have very little to do with their actual cognition (Smith, 1996). Smith (1996) proposed IPA as a solution to both the need to inquire into participants' experiences but also get at what they are actually thinking, unlike in discourse analysis. IPA is

used in nutrition research for a variety of topics in obesity, eating disorders, breastfeeding, etc., but is not yet in wide use in dietetics-specific literature.

Like all forms of inquiry, IPA is not without its critics. For example, Giorgi's (2010) chief objection to IPA was that it was unscientific. He criticized Smith and colleagues for suggesting that its methodology was flexible despite being prescriptive. He argued that if a methodology was flexible, then it was not reproducible if one could pick and choose one's methods. However, ge failed to address why someone, who was deliberately reproducing the study of another, would be flexible with pre-established methodology. He furthermore argued that IPA was not prescriptive enough in that the methodology should define exact parameters where variation is possible (Giorgi, 2010). In Smith's (2010) rebuttal, he pointed out that Giorgi (2010) used only two resources from Smith and colleagues instead of the instructional book on IPA by Smith et al. (2009) which provided much more detail on IPA methodology compared to two book chapters summarizing the practice as part of larger textbooks on psychological research (Smith, 2010). Giorgi's (2010) critique of IPA appears to be based in quantitative standards as applied to qualitative research. As these are two entirely different approaches to research, the comparison is not useful. The literature seems quiet on IPA critique until van Manen (2017).

van Manen's (2017) critique of pseudo-phenomenological studies sparked a much larger debate between a variety of phenomenological scholars (Halling, 2021; J. A. Smith, 2018; van Manen, 2018; Zahavi, 2019). van Manen (2017) argued that IPA should more appropriately be named "interpretive psychological analysis" as, while he believed it was inspired by phenomenology, it is not actually phenomenological. This is because, as van Manen (2017) argued, phenomenology is not about how participants make sense of experience nor can it be

reduced to a series of prescribed steps for data collection and analysis. Another major objection was IPA's lack of emphasis on bracketing/epoché (van Manen, 2017). Smith (2018) responded by arguing that van Manen (2017) had a narrow view of what constituted phenomenological analysis and simply because IPA did not fit into that view did not mean it was not a branch of phenomenology (Smith, 2018). van Manen (2018) responded that he essentially had no quibble with IPA as a qualitative method but was convinced it was more aligned with psychology than phenomenology (van Manen, 2018). Zahavi (2019) joined the argument to say that, while he agreed that what Smith was doing was not phenomenological, van Manen's approach was not phenomenology either. Halling (2021) gently chided both van Manen and Zahavi for claiming sole authority over what defined phenomenology in the first place and reminded them that when phenomenology gets adopted by fields other than philosophy, it must be adapted for use in its new context. Halling (2021) argued that the evolution of phenomenology as a field of inquiry occurred even when its 'founding fathers' were creating it and encourages researchers to be careful of critiquing the work of researchers working in those fields in which they were not experts.

When self-proclaimed experts in phenomenology cannot agree on what defines phenomenological inquiry, it becomes difficult for rank amateurs such as myself who are still trying to understand the concept to know what type of methodological framework they are using. However, I was not concerned with what IPA should be called or in which camp of qualitative methodology its creator would prefer it to be housed. Psychological theories of behavior change have a long history of use in dietetics research (Rigby et al., 2020) so if IPA, as van Manen (2017, 2018) suggests, should be considered a psychological qualitative research approach, that did not change its usefulness in my research. Despite an extensive literature review, Fade (2004)

is the only author to specifically write a guide for IPA for dietetics research. Fade (2004) argued that IPA is appropriate when certain values and beliefs are unlikely to remain outside of the inquiry, by either participant or researcher. I argue that given the essential nature of food to me and my participants' lives, health, daily existence, and culture, using IPA to research foodwork was appropriate.

Justification for the Use of IPA

Interpretive phenomenological analysis comes from the hermeneutic phenomenology camp which acknowledges that no researcher is truly objective (Smith et al., 2009). Even when we attempt to view the world through a positivist and objective manner, we are still subjectively making decisions about what to view. Therefore, it is not possible to have knowledge of a participant's worldview without also interpreting it through our own lenses (Smith et al., 2009). This is consistent with feminist theory (Lafrance & Wigginton, 2019). IPA is concerned with the everyday experiences of participants, how they reflect on them, how they make meaning of them, and finally, how the researcher interprets their reflection/meaning-making of their experience. Wigginton and Lafrance (2019), argued that it is difficult to have 'objective' knowledge about our participants' daily lives making IPA's methodological framework appropriate for a feminist theoretical framework.

Both Lafrance and Wigginton (2019) and Smith et al. (2009) acknowledged the difficulty of true 'representation' in this type of research. In this research, women with a caregiving role were the focus. In IPA, we attempt to view the world through the participant's eyes while at the same time acknowledging the impossibility of this task. Smith et al. (2009) strongly encouraged IPA researchers to remain grounded in their data and avoid flights of fancy. They cited as an example someone's psychoanalysis of a particular participant's data that went far beyond what

could be reasonably interpreted from the experience. The goal of using IPA is to understand how people make meaning of their experiences (Smith et al., 2009). That made this an appropriate methodological framework for this research. If we do not understand how women experience daily foodwork for their families, we will never understand what is required of nutrition and public health efforts attempting to improve nutrition in the home.

Research Design

Participant Selection

The participant inclusion criteria were adults who identified as cisgender female with a caregiving role in their home who (at the time of their interviews) were dietetics, nutrition and health, or nutritional sciences majors at a large, Midwestern state university or had just graduated from a large, Midwestern state university but had not yet started their dietetic internship. The purpose of this was twofold: (a) as I had identified a lack of evidenced-based nutrition knowledge in the participants of studies reviewed in Chapter 2, I was curious to see if those with evidenced-based nutrition knowledge experienced foodwork differently; and (b) as nutrition/dietetics majors, I felt it was important to understand how they perceived their own role in home foodwork as they would soon be the next 'generation' of nutrition professionals to develop interventions. Informed from a pilot study, this research included women with multiple roles of student, worker, and caregiver. Participants were required to have a caregiving role in their home, meaning that they were responsible, at least in part, for the welfare of children or elder adults. I excluded potential participants if they did not fit the above inclusion criteria. I did not consider any other demographic factors (e.g., race, ethnicity, age, socioeconomic status) important as long as the above criteria were met.

Participants. I recruited a total of six participants and conducted three interviews with each participant. See Table 1 for a list of participant demographic characteristics. All participants met the recruitment criteria of being female, a nutrition/dietetics major who had not yet started their internship and had a caregiving role in the home. I assigned each participant a pseudonym to protect their identity.

Table 1

Demographic Characteristics of Participants at The Time Of Their First Interview

Pseudonym	Age	Ancestry &/or ethnicity	Children in the home	Partner status	Work status
Angela	Early fifties	Hispanic; Mexican ancestry	2	Single head-of-household	Parttime work
Darya	Early thirties	European ancestry; first generation immigrant	2 (< 6 years old)	Partnered	Parttime work; husband works fulltime
Jasmine	Late twenties	African ancestry	2 (<6 years' old)	Partnered	Works 0.75 FTE; husband active-duty military
Kapri	Mid-thirties	African ancestry	1	Partnered	Full time student, husband works fulltime
Laura	Early forties	European ancestry	2	Partnered	Parttime work; husband works fulltime
Stephanie	Late thirties	European ancestry	1	Partnered	Full time student; husband works fulltime

Pilot study

In the Fall of 2021, as part of a doctoral class project, I carried out a pilot study with the goal of testing my research questions, interview questions, and IPA methodology. At the time of the pilot, my research question was: How do participants define their roles in preparing food in the home within their cultural, social, and environmental contexts? The sub-questions were (a) What do participants perceive as important in providing food to their families? and (b) If they identify any challenges to healthy food provision, how do they assess their own abilities to overcome any perceived challenges? My initial participant recruitment criteria did not include the restriction to nutrition/dietetics majors, however, the two participants I ended up interviewing both were dietetics majors.

I practiced using IPA methodology to code and interpret the results of both interviews. This pilot also gave me the opportunity to explore the utility of NVivo software in annotating, coding, theming, and journaling the data analysis process. The results of the pilot study led me to refine my participant criteria because I concluded that, in the pursuit of a career devoted to helping others consume a nutrient-dense dietary pattern, this was the first thing both participants had to sacrifice in their own lives to be able to devote enough time to their studies. Both participants were responsible for home foodwork, domestic chores, childcare, and the other unseen labor of life activities (i.e., scheduling, doctor's appointments, children's school, etc.). While both husbands were supportive of their wives' efforts to change careers, their support consisted of lowered expectations for the completion of domestic duties rather than taking on some of the burden. The participants' interest in, and developing knowledge of evidence-based, nutrition resulted in a desire to provide nutrient-dense foods in the home. Their inability to complete these goals in their home added to their stress level. As a result of this added layer of

complexity, I decided to include the criteria of dietetics and/or nutrition major. The pilot study helped me to solidify my interview questions, participant criteria, and methodological framework.

Data Collection Methods

I used an interpretive phenomenological analysis (IPA) methodology (Pietkiewicz & Smith, 2014) to conduct in-depth, semi-structured, one-on-one interviews with women who were nutrition/dietetics majors at a large, Midwestern, public university and had a caregiving responsibility in their homes. Most post-traditional students at the research site were in the distance section of courses rather than in on-campus sections. Therefore, I identified potential participants based on their responses to discussion boards during their time as a student in a completed semester of a distance upper-level nutrition course. I looked for students who mentioned children or elders in their home during their introductory discussion board posts. During recruitment, I also identified three participants through email communications that occurred after they had completed the upper-level course. In communicating with the student, I informed them of the research study and asked if they were interested in learning more. I enrolled participants in the study via the informed consent form. I sent the informed consent to those students who met the criteria and expressed interest in being interviewed. They printed out, signed, scanned, and then returned the form to me via email. Once I received their form, we scheduled the interview at a time that worked best for them. I recruited a total of six participants and conducted three interviews each (Saldaña, 2021). However, due to time constraints, I was unable to analyze each interview before moving on to the next (Smith et al., 2009).

I conducted all interviews via Zoom video conference software. IPA interviews are guided but open dialogues (Fade, 2004; J. A. Smith, 2017), so I used an interview guide (see

Appendix A). As the goal is a semi-structured conversation between the interviewer and interviewee, some of the interview questions were not addressed and others were added spontaneously. Smith et al. (2009) recommend the use of semi-structured, rather than unstructured interviews because the guide can help the researcher collect data that will contribute to answering the research questions. Furthermore, the interview guide allows the researcher to phrase more complex questions in advance (Smith et al., 2009). Throughout each interview, I took notes that I incorporated into my data analysis and analytic memos (Bhattacharya, 2017).

I transcribed the recording using a de-identified transcript uploaded into otter.ai, a password-protected account only accessed on secure wireless internet. Once transcription review was complete, I downloaded the transcript and deleted all data from the cloud. I stored all identifiable data on a password-protected computer hard drive. I uploaded the transcript of the participants' interviews into NVivo Pro software (Version 12) and utilized the features of NVivo to code, annotate, and write/store analytic memos. I de-identified data prior to storage in NVivo. All data is stored on the password-protected hard drive of the author's university-owned laptop.

Development of the Interview Guide

I developed a set of interview questions to serve as a guide for one-on-one interviews with participants (see Appendix A). These questions had been under construction for several years, part of a proposed, but never completed, pilot study. I added additional questions from a literature review on assessing food agency (Clark-Barol et al., 2021; García-González et al., 2018; Trubek et al., 2017; Wolfson, Lahne, et al., 2020) based on a pilot survey project I completed in another doctoral class. I then tested the interview questions in the pilot study mentioned above.

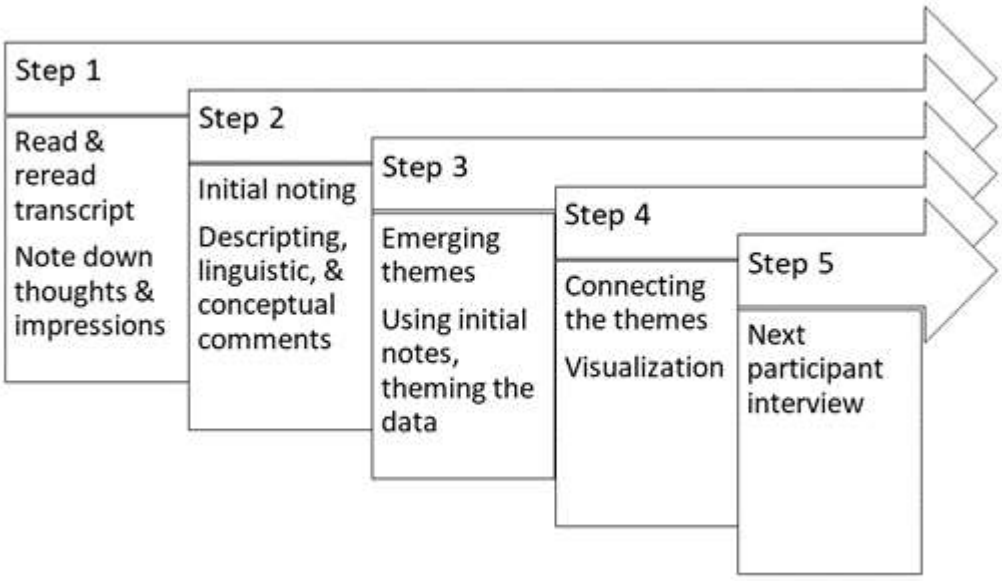
Some of the questions used in the pilot survey were based upon research from Trubek et al (2017) and Wolfson et al (2017). Using a focus group approach with members of both high-income and low-income neighborhoods in Baltimore, the authors (Wolfson et al., 2016) were unable to quantify cooking from their results since both income groups agreed that the exact definition of cooking was an individual's choice. In both income groups, individuals described the difficulty of achieving healthy foodwork given the lack of time they had to prepare healthy foods plus the high cost of healthier ingredients. However, in all groups there were individuals who were able to surmount those barriers leading the authors to create the concept of food agency (Wolfson et al, 2016). A similar group of authors (Lahne et al., 2017) developed a quantitative assessment of food agency based on their theory of food agency (Lahne et al., 2017, 2019; Trubek et al., 2017; Wolfson, Lahne, et al., 2020) and their qualitative research (Wolfson et al., 2016). I used aspects of each of those survey instruments and qualitative research questions and adapted a few of the quantitative questions from that survey into open-ended, qualitative questions.

Data Analysis

Smith et al. (2009) guided my data analysis process. "IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences," (Smith et al., 2009, p. 1). I conducted the data analysis through the lens of feminist theory which questions dominant social structures and ideologies and postulates a better way of 'doing things', (K. E. Ferguson, 2017). I focused my data analysis on the role and challenges of the participant in their home regarding foodwork. See Figure 4 for a visual representation of the data analysis process as recommended by Smith et al. (2009).

Figure 4

Steps of Data Analysis for IPA as Recommended by Smith et al. (2009).



Step 1: Read and reread the transcript. While correcting the written transcripts from audio, I took a set of initial notes in the form of a research journal. I did this originally in NVivo and then in Microsoft Word due to software glitches with the memo function in NVivo. Then I exported the written transcript as a PDF file from Otter.ai into the Collanote mobile application. Using Smith et al.'s (2009) recommended process for IPA, I conducted further reads of the transcripts. Collanote allows the user to write directly onto a PDF with an electronic pen, so I handwrote my thoughts and reactions on the data next to transcript text during the first reads of the transcript. After I felt familiar with the transcript, I exported the hand annotated PDF from Collanote into NVivo to use the research memo function in NVivo to start Step 2. During this first step, I sometimes created a hand-drawn visual amongst the text in Collanote to help me understand what I was seeing in the data (see Chapter 4 for finalized examples). According to Smith et al (2009), Steps 1 and 2 often flow together. I also found this to be true.

Step 2: Initial noting. First cycle coding (Saldaña, 2021) is referred to as "Step 2: Initial noting," (Smith et al., 2009, p. 83). The goal is to produce a comprehensive, detailed set of notes and comments on the data. "At the center of the account you develop through initial notes, there is likely to be a descriptive core of comments which have a clear phenomenological focus and stay close to the participant's explicit meaning," (p. 83). The goal is to describe what matters most to the participant, within the context of the larger research question, and what these things mean to the participant. As the goal of this study was to assess how caregiving women with a nutrition knowledge background view their roles and challenges around foodwork in their families, the hope was to elicit those factors that were most significant to them when it came to home foodwork.

This coding pass was intended to be a line-by-line assessment of the data ("splitter" coding per Saldaña, 2021). Smith et al. (2009) recommend looking for three different types of data from participant transcripts: (a) descriptive comments, (b) linguistic comments, and (c) conceptual comments. While Smith et al. (2009) states that this can be done at once, I found that during the pilot project, I felt more comfortable doing one pass at a time. In other words, "first cycle coding" contained three individual passes of coding. Descriptive comments are Smith et al.'s (2009) version of "in vivo" coding (Saldaña, 2021) where I used participant's own words or phrases to describe what I saw. At this point, I took what the participant said at face value and contemplated their experience of their lived environment (Smith et al., 2009).

The linguistic comments pass involves focusing on how the content is presented (Smith et al., 2009). Does the participant pause at a certain place or laugh in response to a question? This required putting all of that back into the Otter.ai-generated transcript during Step 1. How did they use language to describe their experiences? The pass for conceptual comments is more

interpretive in nature. Here the researcher starts to move away from what the participant says to how they interpret what they mean. According to Smith et al. (2009), this pass often ends up being noted in question form. This was also a time when my own subjectivities and lenses could come into play, yet this stage is not about finding answers or making final conclusions. It is focused on exploring potential meanings (Smith et al., 2009) while staying grounded in the data.

While I originally thought I would need to do the three passes separately as I had done in the pilot, I only did this a couple more times with the first participant's first two interviews. After that, I felt comfortable enough to do all three at once. This is permitted per Smith et al. (2009). Because of the limitations of using the annotated methodology function in Nvivo, you cannot code from it. I used the memo to record my notes instead. The practice I developed for Step 2 was to thoroughly read a single passage of text and then rewrite it in my own words in the research journal. Then I added any thoughts or analysis that came to mind in addition to the summary of the participants' words. I always included the time stamp and a direct quote in the research memo. I also typed up any of the handwritten comments I made during Step 1 and placed them in the appropriate point in the timeline. I converted any visuals I hand drew during Step 1 into an image using the "SmartArt" function in Word.

Step 3: Emerging themes. Per Smith et al. (2009), "Step 3: Emerging themes" (p. 91), works more with the annotations (e.g., comments from Step 2) than the actual data. This is Saldaña's (2021) second-cycle or "lumper coding" where larger portions of data are taken together. "The task of the analyst changes as the analyst simultaneously attempts to reduce the volume of detail…whilst maintaining complexity in terms of mapping the interrelationships, connects, and patterns between exploratory notes" (p. 91). The goal of this stage is to be interpretive rather than descriptive. This step ended up being divided into two given the nature of

NVivo which is more suited to the type of qualitative analysis described by Saldaña (2021) compared to Smith et al. (2009). To get the data into a format that could then be used for Step 3, I did a "Round Two" coding pass (Saldaña, 2021) of both the interview transcript and the interview's research memo. The purpose of this step was to create codes in NVivo that could be used as themes (Smith et al., 2009), but I needed a way to connect back to the raw data because annotations cannot be coded, so this was the work around.

I assigned codes (i.e., themes, Smith et al., 2009) to the annotations based on the conclusions made in the memo with attention to the original text. To help keep track of both the raw data and my Step 2 work, I coded both the original transcript and the analytic memo — including my analysis. The goal of this step was to identify themes (and codes and categories) that captured an understanding of the data. This was a hermeneutic process by which I considered a part of the data but also kept in mind the whole of the data (Smith et al., 2009).

After the diversion into Round 2 coding, I created a document file in Microsoft Word that contained the codes and their descriptions for a particular interview. I reviewed each code, its description, and the phrases assigned to that code. During Step 3, I re-assigned or un-coded phrases. I moved codes under other, more over-arching codes or separated a code from a higher order code. This was repeated in NVivo. Throughout this process, I kept in mind the research questions and conceptual framework. I kept notes of why I chose to make a particular change in the Word document. To maintain transparency, I saved all incarnations of a participant's codebook as a PDF and archived them in NVivo.

Step 4: Theme connection. The last stage of analyzing a single interview is "Step 4: Theme Connection" (Smith et al., 2009, p. 95) where the researcher builds a visual representation of the preceding analysis. I used the concept map functionality in NVivo to

visualize the connections the codes identified in Step 3. Since I focused on the influence of social reproduction in the home, gender, and neoliberalism on foodwork, it was important for me to keep the research questions in mind as I decided if some themes generated from the previous step were appropriate to be included in this last step. My goal was to bring "together the emergent themes and producing a structure which allows [me] to point to all of the most interesting and important aspects of [my] participant's account" (Smith et al., 2009, p. 96).

During both Steps 3 and 4, I reviewed the themes/codes/categories I identified and examined how they connected or did not, with each other. Some themes were abstracted and made into a super-ordinate theme, while others were subsumed or placed under an overarching theme (Smith et al, 2009). During an IPA project, it is important to pay attention to any themes that seem to be in opposition to other themes. It is also important to pay attention to both a theme that appears only once as well as to themes that appear over and again (Smith et al., 2009; tracked with NVivo).I kept a running analytic memo describing my thought process throughout this entire stage (Smith et al., 2009).

Analytic Records. Saldaña (2021) described analytic memos as a record of the cognitive and meta-cognitive process that went into each stage of the data analysis process. I used both the memo function in NVivo and Microsoft Word for this process. Starting with the second participant's data, I noticed significant glitches within the research memo function. In response, I used Microsoft Word to house my analytic memos until Step 3 of the process. Once it was time to code, I copied-and-pasted the text of the analytic memo into a new research memo in NVivo and only used the NVivo version after that.

I used my analytic memo each time I engaged with the data. At first, I kept all my analyses in one general research memo; however, as I completed more interviews, and the memo

function got glitchier, I decided to start a new memo for each interview. By the end of data collection and analysis, I had generated eighteen analytic memos. Another feature of NVivo I found useful was the ability to place a relatively detailed description of a code using the description field of the code's properties

Subsequent Interviews. Smith et al., (2009) recommends that the entirety of the process described above be completed before moving on to the next interview. This was originally my goal because Fade (2004), who wrote about IPA in nutrition research, suggested bringing themes identified in a previous analysis to help guide questioning if mentioned by a participant. Fade also warned not to let any previous analysis drive questioning of subsequent participants. Smith et al. (2009) encourages IPA researchers to start fresh with each new participant and to not let the previous participant's data unduly influence the subsequent data collection and analysis. However, Smith et all. (2009) also acknowledge that absolute bracketing is not possible. They write that "during this process, you will inevitably be influenced by what you have already found (and in hermeneutic parlance therefore your 'fore-structures' have changed" (Smith et al., 2009, p. 10).

While I was able to completely analyze each of the first participant's interviews before scheduling the next, it took me awhile to become comfortable with the process and to get through all the steps. By the time I was ready to move on to the second participant, it had taken me nearly six months to finish one participant. Even though I became faster at analyzing the second participant's data, I started scheduling interviews before I was completely done with analysis out of the necessity to move forward. By the time of the last three participant interviews, I did all three interviews with each participant before analyzing them. I would, however, review the transcript of an interview before a subsequent interview. It would have been ideal to

completely analyze an interview before scheduling the next, but I found, much like my participants did when trying to carry out nutrition recommendations in the home, that what is recommended in a textbook is not always possible in real life.

Bringing It Together. After I had conducted and analyzed all three interviews from a single participant, I printed out their entire codebook. I put a large piece of butcher block paper up on the wall of my living room. I cut up each code with its description and taped the codes on the butcher block paper (Figure 5). My goal was to bring together the themes, categories, and codes from the three interviews and create one cohesive set of information. Once all the codes (in this context I'm using code to include theme, category, and code) were on the wall, I moved them around if needed. I also created a theme called archive where items could be placed that were interesting but not relevant to the inquiry at hand. As always, I kept the research questions and conceptual framework in mind as I rearranged information. Once everything was arranged, I used the paper itself to identify overarching themes, and hand drew connections between items. Then I took everything back to NVivo and reordered everything in the software as I had done it by hand on paper. Finally, I created a concept map in NVivo to capture the concept map I had created on paper.

Figure 5

Photograph of the Last Step of Analyzing One Participant's Data From All Three Interviews.

Note: Similar codes/categories are visually clumped together on the paper. I used the sticky notes to name the overarching theme for a particular clump of information. A single piece of paper contained the code, category or theme, name on the left and the detailed description on the right. Highlighted text reflects a significant word within the concept.

During Step 3, as I coded in NVivo, I added a unique identifier to the front of each code (e.g., . For example: "P2 I2"). This helped keep visual order in NVivo which sorts alphabetically. Any theme, category, or code that was unique to a single interview kept its original identifiers which was the specific interview I had identified it from (e.g.,example: "P1 I1 Barriers to meeting foodwork goals"). If I had identified data from more than one interview for a category or theme, I just used the participant's number as the identifier in front of the code text (e.g., example: "P3 Family influences on foodwork"). It was important to me to be immediately able

to identify the source of each theme, category, or code, —even if this was is not something specifically recommended by Smith et al. (2009).

As I went through the process of coding and theming participant interviews, I began to see patterns and started using the same language to identify a common theme. For example, "Outsourcing social reproduction" was a code that referred to whenever a participant utilized another entity, for foodwork such as the National School Lunch Program or a restaurant, for foodwork. Each theme was would be labeled in NVivo by participants (: "P1 Outsourcing social reproduction"; "P2 Outsourcing social reproduction", etc.); and so on. I decided not to do a final merging of all codes and themes across all six participants as I wanted to keep their information separate to reduce confusion. By using the same label for certain themes, I could use the search function in NVivo to analyze across cases rather than risk losing any unique connections through merging participant information.

After the last of the interviews had been conducted and analyzed, I did a final comparison across the six different participants to find what was common and what was unique between them (Smith et al, 2009). As described in the previous paragraph, I gave would give patterns the same name in each participant's data set rather than merging e them together in the software. Duringsoftware. During this final review, my goal was to identify a master list of themes common across all participants (Fade, 2004). I also kept in mind my analytic notations justifying how those themes were built up in the first place. As always, I kept the conceptual framework and research questions in mind because there were several codes, categories, and themes that were interesting but needed to be 'pruned' from the analysis because they were not relevant to the research in question (Fade, 2004). I did not delete them, however, but moved them, intact, under an "archive" code, one for each participant. It was the common themes, (with

consideration for a significant, ‘uncommon’ theme(s) or two) that became the results of this research, t—the narrative I’ve have built that describes the experience of home foodwork for female dietetics and/or nutrition majors (Fade, 2004).

Data Representation. I collected data from three rounds of interviews with six participants who met the participant criteria of female nutrition and/or dietetics major with a caregiving role in their home. I conducted and recorded all interviews via Zoom. During each interview, I took field notes of observations that were utilized during data analysis and writing of analytic memos. I used Otter.ai software to extract de-identified transcripts from the recordings. I double-checked the accuracy of the transcripts line-by-line in Otter.ai, which often excluded important pauses, added notes in brackets about the tone of voice or laugh form the participant, and adjusted the use of slang (e.g., Millennials frequently insert the word “like” into a sentence), so I had to bracket it off with commas to mark it as an artifact of language rather than a contributor to the sentence. I also used that as an opportunity to record my initial impressions of the data.

I downloaded the transcript into a word processing file and uploaded it into NVivo software, deleting the transcript from Otter.ai. I followed Smith et al.’s (2009) recommendation of completing several passes of reading the transcript without coding but recording thoughts and impressions through analytic memos. The first round of coding was done using IPA’s Steps 1 and 2 and consisted of a close, line-by-line analysis of the data while making detailed notes Smith et al. (2009) rarely used the term coding or codes. The notes act as codes in IPA. During this step, I sometimes created a visual to help me understand what I was seeing in the data. I added a “Round 2 Coding” step in order to create the “interpretive themes” (Smith et al., 2009) term for the codes generated during the second cycle, into functional use in NVivo. In Step 3, I

ordered and re-ordered the codes into, under, or above other codes, categories, and/or themes. In Step 4, I used the concept map function in NVivo to build a visual representation of the previous analyses (Smith et al., 2009). Throughout this process, I used analytic memos to record my thought processes and to define codes and themes. Once I had finished analyzing the three interviews of one participant, I conducted "Step 4+", which, for me, was to print out the codebook and manually order and re-order codes, categories, and themes, repeat the process in Nvivo, and generate a final concept map of the results.

Once I had conducted and analyzed all eighteen interviews (six participants, three interviews each), I compared results across participants with the goal of determining overarching themes that form a narrative that addresses research questions (Fade, 2004). Each relevant overarching theme is discussed in the results and discussion chapters. This consists of a detailed description of each predominant theme. Each theme write-up contains relevant direct quotes from the data, and analysis from the literature for my interpretations. I provide tables to help explain some of the data. A goal of the followings chapters is to present the analysis in sufficient detail that the reader can make conclusions about the data (Smith et al., 2009). Another goal of the following two chapters is to re-present, to the best of my ability, my participants' lived experiences of foodwork while also being female nutrition and/or dietetics majors with a caregiving responsibility.

Ethics

Procedural Ethics

I did not start data collection until I received approval from the university's Institutional Review Board (IRB) in April of 2023. I recorded interviews to a password protected university Zoom account and then downloaded them onto a password-protected university computer. De-

identified data spent a brief time in the cloud through the otter.ai software, a password protected account on a secure wireless internet, until it was auto transcribed, double-checked by me, and then downloaded to the hard drive of my password protected computer.

I deleted the transcripts and recordings from cloud storage. Data was in the form of Zoom MP4 audio/visual files which were transcribed verbatim. Data will be stored for three years then deleted from the memory of the storage computer. Identifiable participant data is kept confidential, stored on a password-protected computer. I assigned a code to each participant by order of interview (P1, P2, P3, etc.) and I waited until the write-up was nearly completed before assigning all participants a pseudonym. Because I know each participant personally and continue to interact with some of them, I did not want to get into the habit of thinking of them by their pseudonym lest I accidently use it in real life. Their code number was used for their data instead of any identifying information. Only the research team (listed on the IRB form) was allowed access. No identifying participant information will be used in any public display of findings including but not limited to poster sessions, conferences, or journal articles.

Participants were not interviewed until they signed and returned the consent form. Participants had the option to withdraw from the study up until the point this write-up was presented to mt doctoral committee. Because some participants were current students at the time of interview, I reassured them that their participation in the interview had neither a retroactive nor future impact on their grade in any course. I made it clear to participants that they did not have to answer any questions they did not wish to and that they could end the interview at any time without penalty. I read a debriefing statement at the end of the interview (see Appendix A for Interview Guide).

Quality in IPA Research

Smith et al. (2009) provide guidance for validity (their words) in their guidebook on IPA based on Yardley (2000). Yardley lays out several characteristics of high-quality qualitative research that parallel the later works of Tracy (2010) and Pilnick and Swift (2011), focused on qualitative research in the dietetics field. All ethical guidelines highlight the importance of the relevance of the topic. Any research should have utility to its target audience (Pilnick & Swift, 2011; Tracy, 2010; Yardley, 2000). Yardley states that sometimes a work is useful because it contributes a new way of thinking to the field. While critical research is not new to the dietetics field, it is relatively rare, and critical theory is not a typical part of a dietetics curriculum (Pilnick & Swift, 2011; Tracy, 2010; Yardley, 2000). This dissertation contributes to the body of critical dietetics research.

Another characteristic set by Yardley (2000) is "sensitivity to context" (p. 220). Smith et al. (2009) argue that choosing IPA can demonstrate sensitivity to context as conducting an IPA study requires the researcher(s) to develop sensitivity to and rapport with the participants. In my research, I developed rapport with my participants through multiple interviews and by developing a conservational interview style. Smith et al. also argued that a properly conducted IPA study is grounded in the data collected, with conclusions made cautiously and backed up by relevant literature. During the write-up portion of this process, I demonstrated my conclusions through providing relevant quotes from the data (Tracy, 2010). This is also a part of rigor, as described below.

Sensitivity to context includes researcher reflexivity and an awareness of the positionality of the power balance between researcher and participant (Yardley, 2000). In Pilnick and Swift (2011) this was under the characteristic of reflexivity and "fair dealing" (p. 212). In Tracy (2010)

this falls under sincerity, credibility, and ethics. In the case of this research, I was an instructor speaking with students which could create a potential power imbalance. I helped mitigate this by ensuring participants did not feel their course grade was riding on their participation in this research. In my personal experience, distance dietetics students enjoy the opportunity to speak with their teachers face-to-face since they do not have the synchronous, in-class experiences of on-campus students; so, an initial connection is relatively easy to establish. This remained true throughout my conversations with all six participants. During the third interview with each participant, I had planned to conduct member checks which would allow the participant agency in how their data was interpreted (Yardley, 2000). However, since I found myself unable to get an interview fully analyzed before the need to conduct the next interview, I typically did not have anything to check. Finally, I completed this research with an attention to my own assumptions and biases, as laid out in my positionality statement in Chapter 1, with careful attention to avoiding finding what I'm looking for in the data analysis and interpretation (Pilnick & Swift, 2011; Tracy, 2010; Yardley, 2000).

Good qualitative research is characterized by coherence (Tracy, 2010; Yardley, 2000). Yardley and Tracy both describe coherence as a congruity and appropriateness between theory, methodology, methods, analysis, interpretation, and conclusion. The pilot study I conducted helped me to test out interview questions, interview techniques, and data analysis methods. This provided the opportunity to explore the fit of research questions, interview questions, data collected, and analysis methods. Yardley and Tracy consider coherence to be part of the results as well. Does the study accomplish its goals? By keeping in mind the research questions throughout the process, I hoped to demonstrate that the purpose was clear and attended to throughout the research (Tracy, 2010).

Other components of a quality qualitative study are transparency (Pilnick & Swift, 2011; Tracy, 2010; Yardley, 2000) and clarity (Pilnick and Swift, 2010). Transparency refers to a clear and detailed record of the methods employed. I met this component through the extensive use of NVivo software to track all of my interactions with the data (e.g., analytic memos, annotations, etc.) so that other researchers could follow my process through this research. This is also part of the "independent audit" [p. 183] component of valid IPA research. As this is a dissertation, I was not working in a group; however, my records are still available for committee members to review if desired.

The fourth characteristic of a good qualitative study (Yardley,2000) is a commitment to rigor, a concept also used by Tracy (2010). Rigor reflects a serious commitment to the research process which was demonstrated through collecting an adequate amount of data from my participants (with the goal of reaching data saturation) and providing a complete, complex analysis and interpretation of the data. This includes highlighting any data that is contradictory to the original expectations of the research (Yardley, 2000). To ensure a consistent process of analysis and record-keeping, I re-did my analysis of the six interviews of the first two participants as I developed my rhythm with the third. The original analysis of the first two participants' data was overly detailed and I combined their codes together, which I should not have done given methodological recommendations from J. A. Smith et al. (2009). I felt that re-analysis produced much clearer results with better attention to the research questions and conceptual framework.

Summary

This study explored how caregiving, female nutrition and/or dietetics majors experienced foodwork in their homes. Because I planned to explore their lived experiences, I wanted to

acquire a rich, detailed set of data that would not have been possible if I had chosen quantitative over qualitative methodology (Bhattacharya, 2017). Moreover, I wanted to not only explore lived experience, but also how participants make meaning of their lived experiences. It is those lived experiences of responsibility for home foodwork that influence how they feed their own families, but also how they will approach their nutrition or dietetics career in the future. As the researcher, I made meaning of their experiences. IPA was an appropriate methodological framework for this inquiry because it acknowledged that both participant and researcher were part of this process. Throughout data collection, analysis, and presentation, I did my best to follow the steps laid out in Smith et al.'s (2009) book on IPA, using the experience I gained conducting a pilot study with a similar set of research and interview questions and following university and IPA guidelines for validity and procedural ethics.

Chapter 4 - Findings

This research answered the following question: What is it like to be a dietetics and/or nutrition major with a caregiving role in the home in regard to home foodwork? (abbreviated as RQ-0).

To help answer the primary research question, I asked the following sub-questions:

- How do caregiving female nutrition/dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork? (Abbreviation: RSQ-01).
- How do they describe the influence of their ongoing learning on home foodwork? (Abbreviation: RSQ-02).
- How do they describe their vision for the future as both a professional and caregiver in how they approach home foodwork? (Abbreviation: RSQ-03).

In this chapter, I present the findings of this research. I first introduce my participants, followed by the major findings of their interviews. This chapter addresses three major themes associated with the three research sub-questions. RSQ-01 is addressed in Theme 1: Responsibility for foodwork in the family setting; RSQ-02 is addressed in Theme 2: Experience and formally acquired nutrition knowledge; and RSQ-03 is addressed in Theme 3: Future practice. I organized the data under each of the three major themes by relevant sub-themes.

Theme 1: Responsibility for Foodwork Within the Family Setting

How did caregiving female nutrition/dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork? Foodwork for them could be a chore, it could be a grind, it could be an expression of love, but most of all, it was important for the health of their family. All six participants took on the primary responsibility for foodwork in the home. While not all were solely responsible for the physical labor involved in foodwork, all

took primary responsibility for meal planning and deciding what foods to purchase. All participants reported barriers outside of their control which impeded their ability to fully meet their foodwork goals. All participants reported the capability of putting together a meal that was relatively simple in construction without requiring a recipe but also reported capability of relatively complex cooking.

Roles and Responsibilities for Foodwork

In both Laura and Stephanie's households, everyone was willing to help with various aspects of foodwork. In Laura's household, her husband, daughter, and stepson were all "very helpful and opinionated about it, too." However, Laura was responsible for menu planning and purchasing. In Stephanie's household, her husband would frequently make breakfast for the family, or if Stephanie had an evening meeting or class, he would take over the dinner responsibility. Stephanie was typically responsible for meal planning if she had time, but when she did not, either she or her husband would come up with a meal on the fly. Stephanie was also the person who primarily decided what foods were purchased from the grocery store, but she stated that she could send her husband to the store with confidence:

> Even if, like, they go to the store, like, he knows--this is gonna sound bad, but it's almost like he's trained now as to what to look for. He'll go to the grocery store, and he'll pick out the good foods, and he'll pick out the other things. But if it comes down to he's curious about it, I'll get a quick text message like, "hey, what do you think of this?" And then I'll get the last word, so I would like to say me.

She also taught her daughter, often as part of homeschooling lessons, how to read labels and grocery shop for nutrient-dense foods. "Kind of funny, she knows how to read labels, and she understands nutritional content. I wonder where she gets that from [laughs]." Her daughter was

also learning how to prepare foods for the family, but Stephanie did set boundaries as to what her daughter could do, and honored her daughter's own boundaries as to what she was willing to do.

Laura and Angela both had children living in the home who were on the autism spectrum. They reported feeding challenges with each child. For Laura, while her husband was easy to feed, her stepson influenced meal planning.

> Now my stepson is a whole new ball of wax. Because I'll come in—I—in fact, I've stopped meal planning, especially when he's around. And I'll go day to day and be like, "how does this sound?" "what if we did it this way?" I'm like, "well, cinnamon doesn't really go on meat very well. Let's skip that." [laughter].

Laura's biological daughter's also had autism-related feeding issues had led to the need for some adaptations in the household. She was only able to accept a limited number of foods. While Laura stuck to making one meal for the whole family, her daughter could find something else to eat if she was not able to tolerate the main meal offered: "So I'm always--I'm always on the hunt for something like that she can just free feed and eat when she's feeling okay. Laura had to closely watch her daughter during meals because she would continue to try to eat something that was causing issues, just to be polite.

As a single head-of-household, the responsibility for various aspects of foodwork automatically fell to Angela. She menu planned and cooked primarily for herself due to her children's limited number of acceptable tastes and textures: "[participant laughter] it's hard to feed them. [participant laughs]." To mitigate feeding issues, Angela tried to have them grocery shop with her so that they could pick out foods they think would eat. This was also when she tried to set boundaries around their food choices to encourage choosing more nutrient-dense options. Even if her children were contributing to making food choices during shopping and

participating in her meal planning efforts, Angela still had to do the mental work of keeping up with planning, organization, and prioritizing foodwork in the home: “I think because, like, it's really in my hands to be on top of it. So if I'm falling behind with everything else [unintelligible] It's not like they're gonna come and say, hey, it's time to [menu plan]…” Even when she was intentionally trying to meal plan, she found herself forgetting to include that in the plan for the day.

> So I've been trying to stick to a really strict schedule, and I write it down "from this time to this time I do this" Every single night I go, "Oh, I didn't schedule meals". [participant laughs] So it's always like something I fit wherever I can rather than from this center: "This time we eat".

For Darya, Jasmine, and Kapri, they were responsible for all aspects of home foodwork. However, Darya and Jasmine’s husbands helped with breakfast before the kids left for school (unless Jasmine’s husband was deployed). Jasmine started her day very early so she could have time to herself before the children had to get ready for school. Her children were served their food preferences in the morning to expediate getting them out the door and to school on time.

> And so breakfast consists of whatever they're going to eat [emphasis on "whatever"]. So typically, my daughter, she sticks to oatmeal, also. She just loves oatmeal. That makes me happy because it's healthy and good for her.

Kapri’s husband and son got up earlier than her and made their own breakfast choices from items she had pre-selected and/or pre-prepared, such as porridge. Kapri cooked her breakfast since she had more time than the men in her family for this meal.

Darya, Jasmine, and Kapri all relied on food available from the Childcare and National School Lunch Programs (US Department of Agriculture [USDA]) to provide their children meals

during the day. Jasmine did have to prepare a meal for her youngest's daycare, but her son got school lunch. Jasmine modeled her daughter's lunch after the MyPlate from the USDA and US Department of Health and Human Services, but even on a good day, her daughter seemed to take only a couple of bites. Kapri's son relied on his high school's lunch program plus snacks either purchased while at school or provided by her.

None of these three participants had children with special needs like Laura and Angela, but they were still dealing with picky eaters. Darya's youngest daughter was pre-school aged. Darya described the conflict that she often felt between getting calories in her daughter versus introducing her to a variety of nutrient-dense foods.

> You have to kind of go with something that you know is not right for her. But you—she actually need some calories. Especially when they get sick. And it's now the season she gets sick. It's something that she's not going to be willing to try new foods. She wants her pizza. She wants her pancakes, like, whatever the waffle pancakes that comes ready from the package. I'm not happy about that. But I know that she needs to eat something. She was sick. So let's get--let's get her some calories there.

Jasmine was going through the same with her youngest, still a toddler. In her family, meals were as simple as possible, and Jasmine typically cycled through a limited number of things the family would accept. Despite this, she still tried to incorporate nutrient dense foods: "And we usually, honestly, are pretty well rounded with like, vegetables—We're not, like, by any means, like, fat-free, gluten, none of that stuff—gluten free, dairy free. We are—I'm—I am for whatever my kids will eat."

Even though Kapri did not have young children in the home, she described her husband and teenage son as very picky. She tried to plan and prep dinner head of time to avoid having to

negotiate the dinner menu because her husband and son tend towards plain and unvaried food preferences. She did try new things with them, but at the same time cooked nutrient-dense, balanced meals within the acceptable limits of their food preferences, along with a new item for them to try. If she did not plan a meal for the evening, it became a back-and-forth negotiation between herself, husband, and son that usually ended up with cheese pizza, hamburgers from McDonalds, or a vegetable-free meat and rice dish from a Chinese restaurant.

> But ordinarily, if I don't pre-plan, I do--because I do have to [negotiate], "What do you guys want for dinner?" And usually, it goes back and forth: my husband, "I don't know, ask [son]," and so then I asked my son and then, like, "I don't know, what does dad want to eat?" And then he comes back to me, "I don't know. What do you feel like?" [sighs] "I don't know. I always have to make the decision, that's why I'm asking you guys what do you feel like?"

She developed several techniques for 'sneaking in' nutrient-dense foods that they would normally refuse to eat altogether or would pick out from a mixed dish. She pureed extra vegetables into sauce or chopped them up so finely that they could not be separated from the rest of the dish being served. Her goal was to help them to consume nutrient-dense foods.

> It's not killing them. It's actually benefiting them and their health, so I'm just gonna continue with my process because that's one argument I just do not care to have…I'm, like, so that I will continue doing what I'm doing then, because if I leave it up to them, they will never get a balanced meal. They won't eat anything…Like these are the weird things that I have to do.

All participants prioritized meals prepared in the home over relying on take-out and other ready-to-eat foods. For example, in Darya's household, their main meal was when her daughters

get home from school, and they had a late lunch/early dinner that she cooked. Because her husband worked long hours, a family dinner was relatively rare during the week, but they shared a philosophy of the importance of homecooked meals for health. Due to Darya's upbringing, eating food prepared at home was normal for her versus eating out or getting take-out.

> First, that it's less expensive. And then second to that, it's healthier, obviously, when you cook it, when you know what goes in the food. And we have—me and he we have similar beliefs about food like that. It's better if—it's better to eat what you cook when you know what goes in it. And maybe it's kind of cultural, too. When I was growing up, I—we didn't have this luxury of picking food up from restaurants. It's just something that my mom cooks and everybody eats.

However, there were also times when ready-to-eat food was necessary. Supper in Darya's household could be on-the-go if her girls had activities in the evenings that took them out of the home. In Stephanie's household, if she got too busy with schoolwork or was attending an evening live webinar for a university class, her husband would either cook (as described above) or order delivery. Kapri's family was reliant on fast food and take-out during her son's basketball season, and she expressed relief when the season ended since it was difficult to find nutrient-dense options from those sources.

All participants had the primary responsibility for foodwork in their respective families. They either had partial or full responsibility for preparing food, but all were responsible for the 'mental' work of foodwork: menu planning and grocery choices. All attempted to incorporate nutrient-dense foods on a regular basis. They tried not to consistently rely on ready-to-eat foods. Each participant's family provided varying levels of assistance or, in the case of children with impediments or who were picky eaters, changes were made to the physical and mental aspects of

foodwork. There was no participant in this group who carried a minimal responsibility in the home for either physical or mental aspects of foodwork.

Factors that Impeded Participants in Meeting Their Foodwork Goals

Though all participants had several semesters of nutrition education, they lived in the real world. In other words, despite their nutrition knowledge, all faced challenges when it came to meeting their foodwork goals. See Table 2 for a list of common barriers to participants' meeting their foodwork goals.

Table 2

Participants' Reported Barriers to Meeting Foodwork Goals

Participant	Barrier
Angela	Lack of meal planning, lack of organization and prioritization, perceived time poverty, picky children, when the kitchen was not cleaned after the last foodwork effort
Darya	Boredom, lack of appropriate ingredients or substitutions, lack of time to experiment with recipes, picky children
Jasmine	Foodwork is a chore (especially when solo-parenting), picky children, solo parenting during military deployments and disrupted routines as a result, time poverty
Kapri	Critical family members, picky family members
Laura	Boredom, "decision fatigue", "foodwork is a chore", picky children, time poverty
Stephanie	Finances, lack of prioritization, "laziness"

The most reported barrier to meeting foodwork goals was time poverty. Laura, for example, was working part-time, going to school fulltime, caring for children in the home, and, more recently, helping with grandchildren. While Angela also cited time as an impediment, she argued that it was "perceived time" as she posited that it does not really take her all that long to cook a simple, but satisfactory meal. She admitted it was less about the time required to do foodwork and more about the time to clean up afterwards. Having a dirty kitchen is demotivating for the next meal: "I like to cook, eat and then walk away. Then I come back and I'm like, 'Oh my gosh, this kitchen is a mess. And it's time for the next meal'. And 'how do I cook with this mess?'" Darya felt that lack of time kept her from getting to experiment with recipes, especially with making them more nutrient-dense because experimentation required more time and mental energy than she could expend in a day. Due to dealing with picky children, she tended to fall back on old favorites, nutrient-dense items she knew her kids would eat, and tried to vary what she served within that list, always making sure to include fruits and vegetables.

While Jasmine reported a lack of time, that lack of time varied according to the disruption in their routine whenever her husband had a military deployment. She stated that when she was solo-parenting she did not have time to do extensive, from-scratch preparation for foodwork.

> I don't have the time to concentrate on, you know, not burning a meal because I'm running away every 10 seconds, because—and then another kid is, you know, just breaking things, and things like that. I can see that my attention span is like this, the whole time I'm like, walking away and—and it's just it's a lot.

Military deployments were disruptive for Jasmine's family because they broke routines; routines that had to be rebuilt once her husband returned. By and by the time the routine was rebuilt, it was broken again by the next deployment. This included her ability to meet her

foodwork goals. The day became a grind whereby she just had to make it through dinner only to start the whole process over again the next day.

> Most of the time, like, I was even feeling this way last night, I'm just like, "gotta make it through dinner". Like, if I just make it through dinner, then, like, we're smooth sailing, and it because it's just, like, a process, like, you have kids running everywhere. You're gonna hear her--running everywhere, you're overstimulated, and then you're, like, making dinner. And then everyone eats it in two minutes. And then there's, like, "You got to clean it up". And so I feel that way was just so many meals, like, you're like, "I just have to get through this." And then I can, like, focus more or, like, you know, stop and enjoy whatever they're doing. It's not like keeping them busy while I'm doing something, you know.

Both Laura and Jasmine stated that foodwork had become a chore. Jasmine argued that she would enjoy cooking if she had more time and patience to devote to it, but was frustrated because of the varied preferences in the home, and especially pickiness. Trying to find something everyone would eat was tough. For Laura, foodwork could sometimes be a chore simply because it became the center of household activity.

> Yeah. So it's just been—it's on one side, I'm, like, "Yeah, I'm gonna cook I'm gonna take a break". But it's never like that. When I cook there's always the buzz around and chattiness and, and everything. And it's—it is fun. But it can also be a grind.

Laura and Darya mentioned boredom as a barrier to completing foodwork goals. Laura's boredom came from having made so many meals over the course of her life. She also referred to this as a sort of "decision fatigue" (her words). She had gotten to the point where she did not want to think about it any longer.

> I've been cooking dinner since I was in high school. And there's days where I'm just--I don't want to think about it anymore. I'm just tired. That's a LOT of meals. And I'm afraid to do the math on it [laughter] of how many meals I've cooked so far in my life.

Laura managed that boredom and decision fatigue by being on the hunt for something new to try. Darya's boredom related to the limited amount of experimental cooking she could accomplish due to a lack of ingredients and appropriate kitchen equipment. An inappropriate substitution or the absence of an ingredient altogether could ruin a dish.

> So sometimes it's like you find the recipe and then you don't have all the tools. And it turns out just not what you expected. Well, I think that's my other frustration. Sometimes I want to have all the tools. I want to have kitchen to be equipped the way I want it, but it's not. It's not happening for years [laughs a little].

Angela and Stephanie reported a lack of prioritization of foodwork as a barrier to meeting foodwork goals. Angela often forgot to meal plan. She would go to the store, buy groceries, but then get back home without any idea of what to do with it all. Even when she meal planned, it was easy to be swayed by others' requests. For example, she would have a meal in mind but then give in when her kids asked for fast food. For Stephanie, "poor planning" (her words) meant that she did not plan with the intention of engaging in foodwork: "I have the best of intentions to do something, but I don't plan my day adequately to be able to produce that."

Angela started formally meal planning again, so we discussed barriers to continuing that behavior. One factor that impeded her attempt to establish a meal planning habit was how busy she could get. Once again, time poverty was a barrier. Budget also ended up being an unexpected challenge. While the first week of meal planning was fun, it was also expensive. Limiting

choices for future weeks made it less interesting, and they had to incorporate ingredients purchased but not used during the first week.

When asked what Stephanie felt were factors that kept her from meeting her foodwork goals, she first replied “laziness”. In her case, laziness often resulted from not eating properly during the day and then having a sugar crash right around the time for meal prep. As a result, she lost motivation, they ordered out, and everything got pushed off to another day. Finances were another factor impeding her ability to meet her foodwork goals. Her husband was unlikely to ever tell her no when it came to food choices, but she still made food purchasing decisions based on needs versus wants.

The chief barrier that Kapri seemed to face in meeting her foodwork goals was described above with her family’s limited food preferences. While she did not allow it to change what she cooked, she did face criticism from her husband over her food choices: “And so for him, he's just, like, ‘Yuck’. I'm, like, ‘okay, don't yuck my food, like, that's MY food. So, like, you know, to each his own however that...that's—that's my culture.’”

Factors that Helped Participants Meet their Foodwork Goals

On the other hand, each participant was able to cite factors that promoted their ability to meet their foodwork goals. Oftentimes, the same thing that was a challenge, when reversed, could be a promoter. See Table 3 for a list of common promoters of meeting foodwork goals reported by participants.

Table 3

Participants’ Reported Promoters of Meeting Foodwork Goals

Participant	Promotor
Angela	Adequate time, affordable food, clean kitchen, plain cooking

Darya	Finding nutrient-dense foods and recipes that her family liked, formally gained nutrition knowledge
Jasmine	Assistance of another adult, kitchen equipment, partially pre-prepared ingredients
Kapri	Emotional connection to foodwork, "fun" foods and ingredients, partially pre-prepared ingredients
Laura	Appreciation from others, assistance of family members, Experimenting with recipes, kitchen equipment, plain cooking,
Stephanie	Assistance of family members, emotional connection to foodwork , food availability, kitchen equipment

Kitchen equipment was commonly mentioned as a promotor of meeting foodwork goals. For example, when asked what helped Laura to meet her foodwork goals, she mentioned a few kitchen equipment essentials including an electric pressure cooker and a food processor. The electric pressure cooker was also important for Jasmine because she could throw everything in and walk away until it was done. Stephanie was proud of her collection:

> So...the first thing I would have to say is I have a very, very well equipped kitchen. I have more kitchen supplies than most housewives do, like, I could probably open a small commercial kitchen. I have a lot. I have something for everything. But I...were most like women have a lot of shoes, I have kitchen stuff…Like, it's just there's--it's having that flexibility of different utensils helps a lot.

Stephanie also specifically addressed the need for adequate storage space, especially freezer space along with the utilities to run it. She tended to buy many things in bulk to save so needs

the storage space to accommodate that. Instead of ruining a meal due to a lack of ingredients or kitchen equipment, Stephanie could not even remember the last time she had messed up a meal due to a lack of proper ingredients, substitutions, or equipment. Something may not have come out as expected, but only because it had a slightly different flavor.

Along with certain types of kitchen equipment, Jasmine relied on meeting her foodwork goals with partially pre-prepared ingredients. By purchasing nutrient-dense ingredients that were pre-chopped and/or pre-marinated, putting together the family meal becomes much less complicated. Kapri was the same except that she did the preparation work herself. For example, when she bought chicken from the grocery store, she put it in marinades and froze it or she pre-chopped vegetables like onions and peppers and froze them to be used in a later recipe.

> Because nobody wants to be in the kitchen every day, so while, to you, it looks like I'm cooking every day. And I do cook every day, but [emphasis on "but"] it's not as crazy as you think it is, because I have already prepared a lot of things ahead of time. So, it's not a stressful process.

Another example is that she would make up a whole batch of something for breakfast, such as pancakes. The extra was stored in the freezer and ready to go whenever someone wanted pancakes. This foodwork strategy not only helped to meet her foodwork goals but improved her attitude toward foodwork: "But cooking doesn't make me stressed, …because I have already prepared a lot of things ahead of time. So, it's not a stressful process."

Both Laura and Angela cited the importance of simple or plain cooking. Laura stated that she was not a fancy chef. She did not go for pretty when it came to food preparation; she went for quality and a lack of waste. As a trained chef, Angela had the ability to prepare complex

dishes but reiterated that being intentional about plain or simple cooking helped her meet foodwork goals.

> I can eat very, very simply, like, I am that person that does the one pot meal… But yeah, I think just like being confident to throw anything together and it's gonna taste okay. You know, you season it well, it's gonna taste okay. Doesn't have to--you don't have to always follow a recipe.

Laura helped to alleviate the boredom with cooking (described in the previous section) by engaging in little experiments with foodwork which helps keeps things fun and gets the kids involved.

> And we were talking—this was just a couple of days ago—my daughter was talking about, you know, water pie from the [Great] Depression, because the teacher had made it. And then she goes, "it was actually really good". I was like, "that's what we should do this summer. Let's pick out a Depression recipe, and we'll make it or something and see, that'll be our new challenge". [laugh] So I don't know, it's all over the place here.

Kapri also felt that it was important to keep things fun with foodwork because it helped her not to get bored in her dietary pattern. She cited as an example, a new-to-her Asian noodle:

> The darndest things to try and pick up though because they're so—you know rice—the glass noodles so they're very slick and now you have the added width and being round so they're not that easy to pick up. And that was so funny. So, I'm sitting there trying to eat it. I'm like, oh my gosh! [laughs]… Yes. [laughs] It was hilarious…what's life without a little whimsy?..I kind of feel like that's the other important thing with eating, like, you have to make your meals fun as well. I mean, because if it's fun, or it's colorful, you're going to want to eat it.

As discussed previously, Laura and Stephanie regularly relied on another adult in the home to take over foodwork. Jasmine also brought up the need to have another adult, but mostly just to watch her kids while she engaged in foodwork. One example she cited was making both Thanksgiving and Christmas dinners the previous holiday season. The fact that her parents kept her kids occupied meant that she could devote the time needed to properly prepare the dishes. When her husband could be home for dinner, he helped her by taking care of the kids so she could get the foodwork done; or he would take over some of the cleaning duties.

> I would say honestly, just even having--my kids have someone to distract them. It makes the biggest difference, because like, cooking a meal with two kids who just want your attention, yeah, all of that is a lot. And he also helps in the way that, like, he is good about, like, cleaning up… So he helps a lot when he's here.

Darya cited her university learning as something she felt was very valuable to her when feeding her family. She had digital, media, nutrition, and science literacy (terms I assigned to her descriptions). She stated that gaining expertise in nutrition and having access to evidence-based resources through her university library benefits the health of her family.

> I think having all this knowledge, of course, for my family to make decisions when it comes to food, when it comes to healthy diet…So I think that's, like, I'm personally very happy. I learned a lot…So it helps me to make my decisions that I can trust and then use what I know to apply it in my family. That's—I think that's the greatest part and that's how I enrolled in that school because I'm not an expert but first I want to be expert to myself and to my family.

Stephanie reported that a variety of grocery stores (food access and availability) were also important for her to meet her foodwork goals. She had access to a great deal of grocery

stores. Not only did food have to be high quality and reasonably priced, but it also had to be ethically sourced. Stephanie was very interested in where her food comes from and how it was grown/raised.

Emotion Informed Foodwork

A factor in helping participants meet their foodwork goals was its emotional influence. All participants expressed pleasure when their foodwork was well-received or when they were able to engage in stress-free foodwork. For example, Angela reported that when she was home during COVID, her joy in foodwork returned. She was able to cook three meals a day from scratch and got into baking again. For Laura, whose first husband had never liked her cooking ("Yeah, he hated it. Everything I ever made,"), she now enjoys a receptive audience in her second husband: "He loves it. I — he had been eating just crap for so long. That to have homemade food. Good food. He loves it. Even stuff that—like he'll love it, even if it's not his favorite. He's gonna love it." Darya recounted a story of how she had created the perfect salad dressing that her picky children would actually eat. "My kids love it much more. I'm like, "Wow, yeah! I did it!" [laughs]." Her voice gave the impression of joy and a sense of accomplishment.

For Stephanie, food was a way she expressed her love for her family. Because she did not grow up in a home where she felt loved and valued, it became important for her to treat her own family in a different way: "My family—not having a family growing up that I honestly felt valued and appreciated in; and that was a family unit [that] didn't have that whole aspect. My family is everything [emphasis on everything] to me." For example, when she and her husband were first married, she would get up very early in the morning to make him breakfast: "Like, when [husband] first got in the military, we were a newly married couple, and we didn't have [daughter], I woke up every frickin' morning at 4am with him, made him breakfast, had his

lunch ready and sent him off his way. Every. Morning." For her, the effort of packing his lunch, of getting up to make him breakfast was how she demonstrated her love for him.

> So [husband] was my family at the time, I didn't have [daughter]—before that—and it's, like, I wanted to do whatever I could to show him that and to support him, because he would support me in the same way—in a different—so it was, like, it was out of a place of...it made me feel good to know that I was doing something for him when he's in an environment that I have no control over.

Offering any type of food can be considered a way of expressing love, but for both Stephanie and Kapri, who used the exact same phrase, "food is my love language", providing others not just with food, but nutritious food, added an extra layer. Stephanie likened foodwork for others as giving a part of herself and when it was nutritious, that just enhanced the meaning.

> Food is my love language, which is why I think I'm married in Italian. But, like, cooking food and entertaining with food, and just presenting food, something that I made from my heart that I—I am just passionate about--and especially when it's nutritious—[unintelligible] it makes me feel good to see others eat that. To just see that I'm able to nourish them—like, it's a me [emphasis] thing more than anything as to why I do it the majority of the time.

Without prompting, Kapri expressed a nearly identical view as Stephanie.

> And I guess that's how I feel about it and why it was important for me to continue with doing that when I left home. Because, for me, it's almost a love language, really, to prepare a good meal for someone and for it to be nutritious, like you're gonna get not only something to eat, but you're gonna gain some kind of benefit from it as well. Like so here, let me feed, you let me take care of you. [laughs].

Stephanie described the provision of nutrient-dense food as a way of not just nourishing the body, but also the soul.

> And if he says, "Hey, this is really good", then that makes me happy because I know he's enjoying something and I know I'm helping nourish his body—and his soul, for that matter. That's—that's the part that I think is inspiring because when people realize that and they do find that feeling—for those who find it. I think that's what drives them to keep going. Because you're able to bring joy to someone through something that you made. Something that is personal, something that is a part of you, essentially, and share it with others and they're receiving of that, and they're enjoying that-like, that's love.

Kapri took this a step further and likened feeding others to a form of therapy. Good food elicited an emotional reaction which could prompt people to open up to her in a way that would not have happened without the gift of nutritious food.

> Yeah, and I feel a lot of its therapy as well. And...while it's therapeutic for me to...to do—to engage in that; to prepare those meals and everything and to talk to people about, "Oh, this is why eating grains is important for you." While that's helpful for me, I also feel like it's therapeutic for them as well because you're also...typically when somebody has a good meal, they're sitting there, they're talking—while they might talk to you about the meal—they're also going to talk to you about themselves, whatever else, if anything is bothering them or not, it's almost like going to the beauty salon.

I felt it was important to include this section on the positive emotional connection that participants had with foodwork because, even though they reported foodwork to be grind and a chore, there was also joy in meals well received.

Gender Shaped Foodwork Experiences

Gendered differences in expectations around foodwork was a challenge participants experienced. or rather, a standard some of them or others set for them(selves) that added to the burden of foodwork. For example, while Laura prioritized nutrient-dense foodwork for her children when she was a single mother, she gave her second husband a lot of grace for being heavily reliant on ultra-processed foods when he was a single father. When describing a typical day of foodwork in the home, Darya reported that her husband did help in the morning with the children's breakfast "But when he does, it's primarily cereal breakfast: milk and cereal. And because that's the easy way for him to serve." Even though they had the same amount of time in the morning to get the children off to school, she cooked a full breakfast when it was her turn.

Kapri experienced higher expectations around foodwork from her in-laws compared to their expectations for their own son. For example, Kapri's mother-in-law had no issue with her son (Kapri's husband) eating whatever he wanted unless it was something Kapri was serving him, then it had to be nutrient-dense and from-scratch.

> And it's...but if--if my husband did that, like, he will gladly just open a plain box of mac and cheese, and that's his meal. And she will know this but won't say anything to him. So, I feel like there's very much the double standard there. Like it's expected, as the woman, you kind of have to create these balanced meals, but men kind of get away with whatever…my mother in law, so she knows her son how picky he is, but when we got married, like, usually—almost every day or every other day, we'll have some vegetable with our meal. But the one day that she hears about me not preparing a vegetable to go with my meal, she actually said, "You're just having pasta?"—or whatever it was—

"You're not preparing any vegetable, a salad, no side, nothing? Like that's not very balanced, [nickname], you should know about—you should know better than that."

Those double standards did not just come from her mother-in-law. Her father-in-law came from a conservative background and even rebuked her for suggesting that her husband learn how to cook more nutrient dense foods: “So, he definitely has that macho, misogynistic attitudes like, yep, [imitating her father-in-law’s accent] ‘but what does he need to cook like that for you? He has you.’ And I'm, like, ‘Okay’ [sarcastic tone of voice,].

While Kapri was able to identify a double standard, I would argue that assumptions of gender roles in the home can be unconscious. For example, when she discussed her idea for a meal service for postpartum mothers, she proposed pre-partum meal prep courses for mothers-to-be so that the family would be fed post-partum.

> And—and possibly offering, along with the food, offering some courses, like meal prep courses for moms, or, like, saying [garbled] this is how you can meal prep for your family prior to delivery so that they have food, so you don't you also don't have to worry about nutritious meals for the rest of your family.

As much as I resonated with her postpartum care idea, there is a gender role assumption in the idea of having meal prep classes so that the woman can prepare ahead of time to make sure her family has nutritious meals in the freezer. If it is a single mother, it makes sense, but what if there is a partner or another adult in the household, why would we not expect the partner to be responsible for foodwork?

Jasmine argued that men get praised for every action of domestic social reproduction they choose to undertake—something she never experienced for herself.

> I always tell my husband, I'm, like, "Father's Day is every day." If a dad does one thing—and he is, "oh my goodness!" Like, I can't tell you how many times my husband has gone to the grocery store., and I'm, like, walking back looking on the shelves and someone's, like, "Oh, look at you just taking care of your kids." And I'm like, "If I got that every single time [laughs] I went anywhere with them..!" So, I'm, like, every day is Father's Day!" They are praised for every little thing that they do. That is the norm. That is our normal."

She took that idea beyond foodwork and described how her husband could move through his week without much consideration for the mental work of social reproduction in the home.

> I literally tell him; I'm, like, "what does it feel like to run out of like soap? And then you get in the shower the next day, and there's soap. Like, you don't even have to, like, think about the fact I'm over here, like, oh, we ran out of soap. I'm gonna have to go get soap. I'm gonna probably pick up the kids and then go to the store with both kids". And yeah, so where he's, like, "oh, soap". You know, it's just so interesting to me how, like, that works…

Then she went on to describe how for her husband, his only mental burden was his day job, while hers was her day job, plus being a student and a mother, and coordinating all of the domestic social reproduction activities within the family.

> And he's like, "it's Sunday. Love Sunday". And I'm, like, "okay, Monday, we have this, this and this". And we somehow have to have dinners planned for the week. And that also involves writing all of that down and then going—I hate grocery shopping—going grocery shopping, fitting that time in and then it's, like, and then you have to make it and then you have to, like, put it in the fridge and pull out food on...I'm, like, "ugh!"

In Jasmine's observation, women did not just continuously worry about getting everything done, but whether they were doing it right. She gave examples of worrying over her daughter's poor intake, whether she had allowed her kids too much screen time, if they had missed her while at daycare, and what impact those factors would have on their long-term well-being.

In this section I addressed "RSQ-01, How do caregiving female nutrition and/or dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork?" by addressing participants' responsibility for foodwork in the home. All six participants had the primary responsibility for foodwork in their home even if they were not always directly responsible for cooking. Various factors influenced their ability to meet their foodwork goals including the influence and assistance of (or lack thereof) family; time; budget; nutrition knowledge; kitchen equipment (or lack thereof); perception of foodwork as a chore or a grind; pre-prepared or pre-preparing ingredients; emotional connection to foodwork; and gendered double-standards.

Even though they each identified barriers to the achievement of their foodwork goals, they consistently chose to feed themselves and their families (foodwork in the home) rather than to be fed (take-out food, ultra-processed food, and restaurant food). Participants had a strong emotional connection to food work that went beyond the physical provision of food. The gendered nature of food work at home, and other aspects of social reproduction in the home, was an additional challenge that participants faced at different times in their lives, which included double standards and unrealistic expectations.

Theme 2: Life Experience and Formally Acquired Nutrition Knowledge

How did participants describe the influence of their ongoing learning on home foodwork? Although each participant came to their program with a pre-determined focus on nutrition and

health, they described how their acquired knowledge shaped their health behaviors. This was the second major theme I identified running throughout all eighteen interviews: the interplay of the participants' life experiences and the nutrition knowledge they gained at university. In this section, I report findings related to life experience and formally acquired nutrition knowledge, organized by sub-themes.

Life Experience

Because each participant was a post-traditional college student, they were entering their university education with work and life experiences that differentiated them from students who took the conventional path of high school to college without any time in between. They reported that their experiences with foodwork, health, and formally/informally gained nutrition knowledge influenced their desire for more knowledge and influenced how they saw themselves in their future practice (addressed in Theme 3).

Laura enrolled in the university's nutrition program because she felt her experience, while making her more credible to her gym clients, was also not enough to help them: "And I was coming across—because I said—my own issues with autoimmune, I attract people with issues. They wanted someone that they can identify with." She went on to say that personal experience made her more credible to her clients but was also important for her to have more trust in a health or nutrition profession.

> …here's a bias I have personally. I don't trust nutrition advice from someone that has always been skinny their whole life and hasn't had any medical issues. They don't get to have an opinion in my life. Because not having a thyroid and having some metabolic issues and some hormone issues. You don't know what you're talking about, unless you've actually walked that path.

However, she also found that her experience with autoimmune issues was not enough by itself to help her help her clients, so it was time for her to go to university and gain knowledge.

> They wanted someone that they can identify with. And [pause] I couldn't help them. And it bugs me. [emphasis on 'bugs'] It bugged me not having the answers to questions like—"I don't—I can't answer that. I can't answer that question either. I don't know, I, I am a fraud. I don't belong in this space. I need to go to school."

Jasmine echoed this need for experience to be credible, especially if one is going to work with mothers and children. "…My experience, especially as a mom, and everything, is going to be probably, like, the most impactful…But, um...I think it's helped me to see, like, how much of a load that moms carry, essentially, too." Jasmine described how her realization of achievable health behaviors changed with motherhood. Her current profession is in personal training. Looking back to before she had children, she admitted how much of the advice she gave was unrealistic. As a mother, she had much better understanding and empathy.

> And then I think it's also made me a lot less, like, judgmental, honestly, like, the things I said, I would do, like, when I was a mom, I'm, like, "that's hilarious". I think I've been deeply humbled. I'm doing all the things that I said I wouldn't do and then some.

She also dealt with this lack of empathy with her child-free employees. She argued that their lack of understanding of what it meant to have children impeded those personal trainers' ability to be effective in their practice. Because her subordinates lacked that personal experience, they often got frustrated and perceived their clients as being non-compliant. They doubled-down on their recommendations rather than recognizing that their clients lived very different lives: "You're telling them—they're telling you 'I can't do this'. And you're saying, 'you just have to try harder' And, like, they tell you, 'this is not gonna work for me.' Like, they can't try harder."

Jasmine also argued, that from a diversity, equity, and inclusion perspective, one's racial/ethnic/cultural background gave a nutrition professional a set of lived experiences that made them more credible to those with the same or similar backgrounds.

> There needs to be—we have—there needs to be more dietitians that look like me, there needs to be more dietitians that are male—that look like everyone [emphasis], you know what I mean? I think our field needs a lot of, like, diversity…Because when you go into a hospital, there's going to be people that see a dietitian, and they're not going to trust them based on what they've been through or what they've seen or whatever. So, it would just be nice to see that.

On the other hand, for Angela, it appeared to be a new idea to her that her personal experiences of struggling as a single mother to feed her children nutrient-dense foods might help her to be more credible when working with clients with similar challenges.

> I mean, I guess I hadn't thought about that. But you're right, there's probably you know, every single parent probably goes through this and you know, it's not really talked about. Maybe—maybe sharing my personal story would—would help a little bit. Like you know, "I know what you're going through and I know what it's like to just, you know, feel like you just want to give up. But, like this is important, give up on the laundry [unintelligible; but not] the nutrition.

Her experience raising children with autism inspired her to seek out a dietetic internship rotation with a clinic that works with children with special needs.

Later, Angela seemed to have given more thought to how her experience of raising children with autism would potentially give her more credibility with parent clients: "If I didn't have the experience, I think I mean, this sounds pretty awful. But I, you know, may have

thoughts like, like, ‘Oh, come on, just be stricter with your child’ or you know.” She had experienced that lack of empathy from nutrition professionals because they simply did not understand the complexities of feeding children on the autism spectrum.

Darya, amid dealing with her own picky pre-school aged child had similar thoughts regarding the credibility of health professionals who have the same experiences as her. She cited her pediatrician as an example. To her, it was helpful to hear that he had children of his own because he was able to share what worked and what did not. Darya was able to see herself leveraging her own experiences of dealing with picky children to help future nutrition clients.

> Because sometimes, for example, if I know nothing about gerontology, but I can study that, but I don't have experience in that area: serving and helping older people. I don't think I'll be as effective if I did have the experience. So, for me, like in my situation, having this experience with kids, and how to feed them and dealing with picky eating over time. I think it's something extra… So, I think I will be more successful in this area because I can--I have something I can share, because, like, "I know exactly what you're talking about". "I know what you--I know how you feel right now, I know your struggles. So let me help you.”

However, like Laura, she also worried that her personal experience was not enough since she had not yet resolved the pickiness problem with her youngest daughter.

For Stephanie, much of her lived experience around food and nutrition was based more on what not to do as a future nutrition and health professional. She recounted her first experience with a registered dietitian after she had been diagnosed with gestational diabetes: “Like, she made me cry. She was—she was awful. Like, I wish I could write a freaking complaint on that woman to this day. It’s been 10 and a half years and I’m still scarred by it.”

Another example of what not to do comes from Stephanie's mother. Stephanie actively tried to engage in foodwork in a different way than her mother "because I did not want to repeat the cycle. I did not want to scar my daughter…And it's, like, 'Oh, heck no, like, we are going to do everything right.'" Her experience of growing up with housing and food insecurity gave her empathy with future nutrition clients struggling with the same background.

> Like, those are the things that, like, I grew up with, you know, like, I slept on a park bench before. You know, so it's like, it's a big step. So, like, I think all of that led into me being so determined and so passion[ate] because I feel that, within my own family, and then as a dietitian, having that relatable piece, and being able to look at someone and not judge them, because you understand them. And how that can convey is going to mean so much more, because you have a better chance of helping someone make a difference.

As post-traditional students, a potential advantage these participants have over their traditional peers is their life experience of caregiving. Participants both valued life experience in other health professionals and felt that their own life experiences, especially around caregiving of children, would make them more empathetic nutrition professionals. However, Laura found that her lived experience was not enough to make her skilled at nutrition and that she needed formal nutrition education to answer her questions. Darya worried that her perceived inability to resolve pickiness in her youngest would make her unable to help families going through the same issue—even as it gave her empathy with them.

Formally Acquired Nutrition Knowledge

In this section, I address how participants leveraged their university-gained nutrition knowledge to shape health behaviors. Even though participants came to the formal study of

nutrition with pre-existing interest in and knowledge of nutrition, they utilized their university learning in daily life.

Formally acquired nutrition knowledge influenced participant behavior. For Laura, her journey towards her nutrition degree influenced more than just her personal health because she brought healthy changes into her home to improve the nutritional status of those living with her. However, her formally gained nutrition knowledge often conflicted with the informally gained nutrition knowledge of others. For example, her stepson's biological mother had a very strict definition of healthy eating, one that was not consistent with the current evidence-based understanding that Laura gained from her university learning. This led to challenges in feeding her stepson.

> But it's things like "we can never have high fructose corn syrup". I'm like, bro, it's still sugar, sugar, sugar. There's no good food, bad food. It's just...you can't assign it like that. Take it in moderation. Yeah. She even has him scared to eat fat…I was able to have a real conversation one day and I was like, your—your brain is growing real fast, kiddo. You need fat to make your brain work. And it's--so that's all been really fun [sarcasm].

While Laura felt it was important to encourage those in her household to consume a more nutrient-dense dietary pattern, she forced herself to have a more 'hands-off' approach with her oldest daughter and grandson: "It's been really challenging to have to step back with my oldest daughter because she—her son is a year—so my grandson just turned a year—and let her learn. Because I really just want to...[laughter]."

For Angela, she found that formal education in nutrition helped to remotivate her to feed herself and her family in a nutrient-dense way.

> Because [pause] when I've had to do, you know, do food preparation at home on my own, I kind of gave up, like, I had my ideals of, of what I wanted to eat. And when things got really difficult, it was just like, "Okay, let's just do fast food". Yeah, and, you know, I, I gave up quite a bit. And then, so, yeah, being a dietetic student, it has raised the bar again, it's okay, I remember now, how it should be. And so I started making, you know, a few changes.

In response to a question if raising the bar added pressure, Angela reiterated that her education not only helped her, but also helped her to set boundaries with her children when it came to food choices: "Okay, we're gonna go grocery shopping, but we're not buying this, this, and this. You know, just putting a little bit more guidelines with what they can choose."

Often, she did not learn anything new about a particular beneficial behavior, but all the same was motivated to try again. For example, in one of her classes she had to do an assignment on making small but positive changes. She decided to research meal planning and even though she did not learn anything new, she decided to rebuild the habit: "We actually did it, my kids and I. You know, we sat down and came up with meals, and the shopping list. And so yeah, big, huge improvement [laughter]."

On the other hand, during a discussion board in one of her nutrition classes, a new concept Angela discovered was that she had a very unhealthy relationship with food.

> And it was really apparent when we had to do as a discussion and one of the classes…But it was--the discussion was like, "What's your relationship with food?" That was super eye opening that discussion because there were, you know, people's responses were, like, "Well, I eat when I'm hungry. And I stop when I'm full". "And I eat what I like", and, and I was, like, "Really? You just...you know when you're full?" Because I don't seem to have

> that mechanism. [somewhat sheepish laughter] And I'm--I have overeaten on food that I didn't think was so tasty [intelligible], like, [why am I] still eating something? It's not that good. I'm still, like...Um, so yeah, that's when I really started to analyze my relationship with food.

Her process of formal learning exposed her to how others saw their relationship with food and helped her to become self-aware: “Okay, this is disordered eating. This is not — this is not okay, this is not normal. Not everybody experiences this — this type of relationship with food.” This inspired her to seek out an internship rotation in an eating disorder clinic.

For Darya, her formal nutrition knowledge ‘raised the stakes’, making her even more worried than before about her daughters’ nutritional status.

> Which makes me uncomfortable—makes me uncomfortable. Because you can always think...it's like overthinking problem…Vitamins, she's not getting her vegetables or not getting her "good" food. I think I would probably, I would worry less before nutrition education. So definitely going to school and studying about all these processes and how it—how it makes their body feel. Then you come home and like, "Okay, what am I doing?" Now, I know this, now I know that, so you worry—you have more—you'd like—you develop anxiety. [laughs a little] it makes you—makes you kind of—okay, you try harder now.

Nor was Darya certain that everything she learned applies to her family—or at least she was unsure of how to use it with her youngest daughter. For example, when asked about the Division of Feeding Responsibility (Satter, n.d.), a technique she learned in her life course nutrition class, she was able to correctly recite the philosophy and approach but admitted that it did not work out so well in practice.

> Yeah, I think I tried it [sheepish laughter]. I try that, and I actually tried to follow it for a while. And I, I feel like it's different for every child. And also the parents patience… You know, and still, like I'm having anxiety, because you can offer, offer, but if she refuses, refuses, refuses, then you start "Okay, oh, my gosh, she's hungry. She didn't have for breakfast, no dinner, no lunch, no dinner? So what am I gonna do?" So, like, that wa s my question. If she—if the child keeps refusing the food, then what is the next one?

Jasmine cited the same concerns when asked about Division of Feeding Responsibility—even though she was more comfortable and consistent with its use.

> Yeah, I actually definitely apply them. I don't think that I used to, like, when I first became a parent. And honestly, I think I've done that without necessarily knowing that was the thing to do. Especially with, like, you know, making sure you're serving the food that is at least healthy. You have control over that, but you don't have control over how much they eat. Yeah, that actually takes a lot of pressure off. Because it's, like, if I worried about everything that she ate…she would just never eat. I think it's actually easier…Um, but I think it actually makes it easier. I do think sometimes, like, it's just hard because it's, like, I know [emphasis] these things. And like, even knowing, like, okay, like, healthy food for your kids. Like, you want to give them the best. But it's also, like, once your kid stops eating, you know…anything [emphasis], you're like, "what are you going to eat?" Like, and it's easy to fall into that trap of just, like, "give them whatever they'll eat."

Like Jasmine, Kapri had also instinctively applied some of the Division of Feeding Responsibility approach when her son was young because that was how she had been raised in her own home. She cited, as a guiding example, her great-grandparents who had been farmers

with sixteen kids. They were not about to make different meals for so many children so “either you ate or you didn't.” Her husband and in-laws, however, disagreed strongly with this approach and even questioned whether it was a form of child abuse.

> We also didn't just kind of give in to children when feeding, but my husband and his family, or at least his family here, they took the approach, like, okay, well, "if the kid doesn't want to eat this, then we offer them an alternative meal.” They offer them an alternative meal. And I said, "No!" I found that so weird. I said, "no, why are you making a totally different meal?” But what he would do would be behind my back do things, like, okay, go offer for another meal. I'm like, "You're just undoing my work" I—they thought I was weird, like, in that, "oh, well, this could be considered abuse." And I said "it's not abuse!" I said, "the child is not going to let himself starve.”

So, it was validating to her when, during her university class on life course nutrition, she learned that what she had been doing all along was what was recommended by nutrition professionals: “And then so when we went over that section in class, I said, ‘See here, like, see it's here! All the professionals, everybody knows this is not abuse!’ I said, ‘because no child is going to let themselves starve!’”

Stephanie’s experience with her formal nutrition education helped her to gain confidence in her pre-existing knowledge and behaviors.

> The stupid little social, like, qualms that they have about whatever trend is going on. They don't affect me anymore. Like, having the degree I have, and having the knowledge I have, has put a confidence in me about my choices… I'm gonna do me and I know what's right based off my education…I have more self-confidence in what I do and who I

am, which is a reflection—and like I said, the education piece definitely has helped with that.

Participants reported being influenced by formally acquired nutrition knowledge. Laura's nutrition knowledge helped her to encourage healthier changes in her family but could also lead to conflict with her stepson due to less evidence-based understanding of nutrient-dense dietary patterns. Like Laura, Angela found that her nutrition knowledge helped her to encourage healthier behaviors in her family, but also re-motivated her to prioritize the nutrient density of her own dietary pattern—even if what she learned was not always new to her. Her formal university learning also influenced her perception of her relationship with food and helped her to understand that was an area of health in which she needed to improve. Darya found more to worry about regarding her children's dietary pattern with her increase in evidence-based nutrition knowledge while at the same time doubting that everything she was learning could be applied in her home. Jasmine, Stephanie, and Kapri found confirmation in what they were already doing around foodwork with their families.

Participants following evidence-based nutrition recommendations. While it should not be assumed that knowledge automatically leads to behavior change, I paid attention to participant comments that indicated whether they incorporated aspects of evidence-based nutrition knowledge into their lives and with their families. This section presents statements that indicated how well participants following established nutrition guidelines except for the Division of Feeding Responsibility was addressed in the previous section.

In Laura's household, she tried to incorporate an anti-inflammatory dietary pattern based on plant foods while at the same time considering the unique needs of her children with autism and gradually introducing her husband to more nutrient-dense foods. Laura was trying to set up

an environment in her home that “nudged” her family members into eating more nutrient-dense foods. Angela also had to consider the unique food challenges of her children with autism. However, she tried to model small, reasonable, and achievable health changes: “like, yesterday, I just baked some sweet potatoes and ate them like that, without anything. I can enjoy it. And I know my kids can't. But I'm thinking maybe them watching me enjoy it will influence their decisions later on in life?” She no longer fights her son over his food preferences.

> I give him a lot of flexibility. As I mentioned, before I cook--I cook a meal. And if he doesn't like it, I'm not going to struggle with him. You know, those are, those are the long gone days, you know, because when he was younger, yeah, it was a struggle. And now I just, you know, okay, you don't like it, then you make your own meal. And then, constantly reminding him about making healthy choices, because if he makes his own meal, it could be like all processed foods.

She’ll also periodically offer him nutrient-dense snacks which he may or may not consume. She sets boundaries when she takes him grocery shopping as he prefers ultra-processed foods and would easily fill the cart with nutrient-poor choices.

Informed by her university learning, Angela had prioritized making “micro” changes rather than trying to change all of her health behaviors at once: “Say, for my kids, motivating my kids, I have finally learned, you know, it's probably through school and the classes that I've taken, but I have finally learned not to always focus on the big picture.” The focus on small, reasonable changes appeared to reflect a shift in her health philosophy: “Tiny habits can feel like progress. It doesn't have to be like the whole thing. The whole perfect life that you're striving for.”

Both Darya and Jasmine reported the MyPlate (a visual representation of the Dietary Guidelines for Americans housed at ChooseMyPlate.gov [United States Department of Agriculture, n.d.]) was an inspiration for meal planning and ensuring their family was exposed to nutrient-dense foods. Jasmine even stated, "And we're very much, like, a 'MyPlate family'". Both tried to ensure that every family meal had something from each of the five food groups. Though she didn't use the term 'MyPlate' specifically, Kapri also worked to provide a 'balanced' meal to her family that included a grain, protein source, and a vegetable.

In general, participants reported following nutrient dense dietary patterns consistent with those they had been taught at university. They did not report following them strictly but admitted to adapting and incorporating what they could, given family preferences, children with special needs, and the reality of their lives.

Theme 3: Future Practice

How did participants describe their vision for the future as both a professional and caregiver in how they approach home foodwork? Their life experiences with foodwork, health, and formally/informally gained nutrition knowledge informed their desire for university-provided nutrition knowledge but also shaped how they saw themselves in their future practice. Four participants (Angela, Darya, Jasmine, and Stephanie) would be going on to become registered dietitian-nutritionists, one into public health (Laura), and one was still working out her post-graduation career path (Kapri).

Current Knowledge and Experience Shaped Ideas of Future Practice

When Laura entered the nutrition program, it was to fill in the gap in the knowledge that she found when working on nutrition with her more medically complex gym clients. However, as she progressed, she decided to continue her education with a Master of Public Health. She

realized she was no longer interested in the individual aspect of health because she found that making change there was not sufficient. Things need to happen at a higher level to improve health. She initially just wanted more knowledge, but now she wanted a position of power and authority that could impact more than just one person: “When I started, I was like, "I just want to be able to answer some questions that I can't answer" so "Screw that, I want to be higher up in policy making real changes.”

Jasmine discussed how it was important for her in her future practice to leverage her experience as a person of color, mother, student, and worker all at the same time, to set more reasonable expectations and to meet clients/patients where they are. To Jasmine, it was important to see the whole person and their lived reality. She posited that the lack of diversity in the dietetics profession led to a lack of empathy and understanding of what different people were going through. She argued that dietetics professionals became so focused on practice guidelines and recommendations that they were unwilling to adapt their interventions to the context in which a client or patient lived. As a woman who often carried the responsibility of social reproduction in the home alone, due to husband’s military obligations, Jasmine felt that her experience gave her more understanding of where women are coming from — and more willingness to question her male clients as to how they would be contributing to the health of their families.

For Stephanie, her goal had always been to work with athletes, but her education helped her to broaden her definition of who benefitted from performance nutrition and where she could see herself working. She realized that she did not have to work for the National Football League to improve the health and well-being of athletes: “That's the biggest thing that it's helped me

realize is that, whether it's an NBA[2] player, an NHL[3] player, a college D1[4] player, a freakin' firefighter, a policeman, a military Ranger, like, they're all athletes, you're still making a difference." Even if she did not end up working with athletes, she would be content as long as she was able to help people lead healthier lives because her education had helped her to see the power that a nutrient-dense dietary pattern had for human health: "I would rather 100 people know me as 'that woman helped change my life' than ever be in a history book. Because I physically helped people."

When Kapri entered the university's nutrition program, she had seen herself in more of the nutrition and foodwork side of home economics. However, she had a transformational moment during her life course nutrition class that changed her thoughts about her career path.

> I want to really work with, specifically, the nutrition for postpartum mothers…I started thinking about it in [life course nutrition class]—I'd, like, dug deep into that. I said, "you know, what? I'm really, really into this!" And I just—it just stuck. And I just couldn't unsee it."

Kapri hoped to start a business that delivered nutrient-dense meals to postpartum mothers to help support their recovery. However, she was not entirely sure how she would achieve that goal. She was considering graduate school to help her achieve her idea of a postpartum nutrition care practice; but later, she was more ready to just get out there and start working.

For Laura, Angela, Stephanie, and Kapri, their university learning influenced how they saw their career pathway. Laura changed from an individual focus to a public health focus, Angela decided to pursue an internship rotation addressing disordered eating, Stephanie adjusted

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[2] National Basketball Association
[3] National Hockey League
[4] Division 1: the 'highest' level of college sports

her goals for working with athletes, and Kapri was inspired to explore a career focus that supports the nutrition needs of postpartum mothers. While neither Darya nor Jasmine expressed any change of heart that occurred as the result of their university education, their education has confirmed their career goals of becoming registered dietitian-nutritionists.

Factors Impeding Other Families' Ability to Improve their Dietary Patterns and Health

One question from the interview guide that I was able to ask every participate related to what they thought families other than their own needed to improve their dietary patterns and health. My goal with this question was twofold: (a) I wanted to hear their thoughts on the various factors influencing a family's ability to meet foodwork goals and provide nutrient-dense foods and (b) I wanted to see how they combined their lived experience and their formally acquired nutrition knowledge to give their opinions on practice in dietetics and nutrition. See Table 4 for a list of participant ideas. Because of the wide variety of responses, I focus this section on the ideas that most participants addressed.

Table 4

Participant-generated List of Perceived Barriers and Promoter to Improving Health and Nutrition Status in Other Families

Participant	Promoter	Barrier
Angela	Food skills; food agency; meal planning; organization; prioritization; simplified foodwork; engaged culinary	Sociocultural factors: 'hustle' culture; capitalist cooption of 'wellness' and 'self-care'

	nutrition education; 'slow food' and 'slower' lives	
Darya	Time; patience; essential tools; food literacy; nutrition literacy; access to experts; digital literacy; internet access; help (it takes more than one adult)	Nutrition misinformation; lack of experts; lack of time; lack of patience; lack of nutrient-dense 'convenience' foods
Jasmine	Realistic expectations; accurate representations of parenthood; reframing traditional roles for parents/genders; capacity; income; food security; food access; food literacy; nutrition literacy; division of feeding responsibility; flexibility and personalization of recommendations	Lack of diversity, equity, inclusion, and belonging in health and nutrition professions; inequitable pathways to the development of experts; the individual focus in healthcare and public health efforts; public health efforts that are vulnerable to political polarization; rigid adherence by health, nutrition, and public health professionals to recommendations; bias in healthcare and public health
Kapri	Prioritization of foodwork; change in sociocultural attitudes; engaged culinary nutrition education; gender-	Weaponized incompetence (especially in male partners); nutrition misinformation; lack of prioritization of foodwork; lack of

	neutral family and consumer sciences education; efficient foodwork strategies	understanding of people's individual context/needs
Laura	Food skills; food literacy; developing a healthy relationship with food; whole health/whole person approach; nutrition literacy; digital literacy; food agency; access to outdoor spaces; places in which to prepare meals	Reductionist solutions; instant gratification; nutrition misinformation; food deserts and food swamps; poor body image/body dissatisfaction
Stephanie	Prioritization of and intentionality in foodwork; digital literacy; food literacy; time; budgeting; community agency; engaged citizenship; education; honest advertising; transparent food origins; grocery stores with better layouts; more accessible non-GMO and organic foods	Prioritization of profit over health by the food industry; 'bad' dietitians; 'wellness' influencers promoting nutrition misinformation

Note. I assigned appropriate terms to participant descriptions (example: “food skills” when they spoke of the need to understand how to prepare food).

Culinary Nutrition Education. Laura, Angela, Stephanie, and Kapri all identified culinary nutrition education as important (I assigned the term to what they were describing). For example, Laura described her idea for a comprehensive food and nutrition course in middle and high schools for all genders. The class would build food skills, nutrition literacy, food literacy, and how to grow one's own food. She would invite students' families to attend to educate them on how to prepare tasty nutrient-dense foods along with how to budget and menu plan. Angela had a similar idea but for adults. She emphasized a hands-on approach that encouraged people not to be so tied into exactly what a recipe says to do. Kapri emphasized the importance of making culinary nutrition classes fun and engaging. Stephanie discussed the possibility of university-level culinary nutrition education for all genders. She argued that teaching cooking skills was the equivalent of teaching a person to fish rather than simply giving them fish.

Health and Nutrition Misinformation. Another factor that most of the participants (Laura, Darya, Jasmine, Stephanie, and Kapri) addressed as being an issue for families was health and nutrition misinformation. This can be an impediment to families eating healthier because it defines what healthy is. Conversely, having high health and nutrition literacy can protect a family against fad diet and dietary supplement trends (Raymond & Morrow, 2021). Since so much of our information comes from the internet and social media, digital, media, and science literacy enhance families' ability to make evidence-based decisions about health and nutrition (Raymond & Morrow, 2021).

When Laura was the owner of a gym, she experienced a constant barrage of trends in fad diets and dietary supplements. To prove their lack of efficacy to her clients, she followed the diets and took the supplements herself.

> I wanted that authority to be able to tell people, "It's not going to work. And I'll tell you why". You know, or" Yes, CrossFit is a high intensity workout. It's hard. We work very hard". And then you get people walking in the door with their pre workout. And I'm like, dude, "just drink a cup of coffee"…yes, we work very hard. For about 20 minutes. That's it? That pre workout is not for this workout.

In the case of her gym clients, being able to cite the scientific evidence base would not have been as influential as the fact that she, herself, had followed that diet or tried that supplement. Perhaps the most worrisome part of her dealing with nutrition misinformation was when it led families to make poor decisions about the health behaviors of their children in the name of athletics. The obsession with sports, especially, had driven the caregivers of young people to prioritize that over child health and well-being. As an example, she told the following story,

> I was running kid classes. And I had this grandmother who had custody of her—her grandson. He was eight, I think—little—little heavier boy…And she's like, "I want him to do your classes". Like, cool. "We're gonna play; we're going to have some fun". She goes, "you're playing?" Yeah, "we're playing". "They're going to get some exercise but we're playing". She's like "it's football season. He needs to gain muscle. Until wrestling season when he needs to gain weight." He was eight.

Like Laura, Stephanie's concerns around nutrition misinformation began with performance nutrition for athletes and physically active people. She also cited 'wellness' influencers and 'bad' dietitians as two other causes of nutrition misinformation.

> Influencers. First and foremost: Influencers. I—bad dieticians. There are bad dietitians out there. My—oh, my—my chest is getting tight thinking about it. It boils my blood so bad. Like I loathe [emphasis]—that's how strong I am about this.

Darya lamented the difficulty for families to wade through the vast array of nutrition misinformation available online to determine what their family should eat and what health-related behaviors to engage in. She had high nutrition literacy, so it was easy for her to identify misinformation from evidence-based information,

> But for parents, I guess, they usually try to do their research. If it's social media they would probably look at the link, website, and the number of followers [laughs] which is not the best. Sometimes you buy [into these] followers and things like that.

Among her own circle of acquaintance, nutrition misinformation was rampant. Darya expressed that when she was called upon to 'mediate' a dispute among her friends over nutrition information and/or behaviors, each person expected the 'expert' to be on their side. She tried not to take sides and argued that if a behavior was working for that person, she was not going to dissuade them from it.

Among Jasmine's circle, she had seen how nutrition misinformation, especially promoted by influencers with unrealistic lifestyles lead to her friends getting 'worked up' over non-evidenced based health and nutrition information. Jasmine pointed out that she had to step away from social media because it was putting too many unrealistic expectations on to her; especially when these influencers were probably not telling the truth about their lives anyway. She argued that social media has placed unrealistic expectations especially upon mothers.

> Motherhood blogs, or like "MomTok" or "TikTok" or whatever it is, and how they present these realities that are just not possible. And you're only getting this, like, really short clip of what—and that's really where I got a lot of, like, my [emphasis] fear from was it was, like, "This mom is able to, like, do all of these things and I'm, like, I am—I am not doing that for my child. So I need to do it."

In Jasmine's circle, 'urban homesteading' is a popular trend. Jasmine observed friends who were trying to achieve urban-homesteading-type ideals promoted by influencers, finding themselves spending all their time on foodwork and other aspects of social reproduction and not actually having time to nurture and raise their own children. Jasmine described her own process of learning to set aside these unrealistic ideals: "Like, I can't, like, nourish my kids emotionally because I'm taxing out on—'Sorry, kid, I'm trying to make sure this is like low fat, dairy-free, and, gluten-free, and without chemicals, and with all of these other things these guys [influencers] are saying...'"

For Kapri, while she didn't address nutrition misinformation directly, she pointed out that wellness influencers perpetuating nutrition misinformation lived different lives than many of their followers:

> And oftentimes, they're already starting out from a place that most of us are never going to be starting from, like you're already—you're either starting from being ultra-thin or you already had these habits and everything. So now you're telling other people, "Yeah, if you just do this..." Like most of the world is not starting from that same place.

Five out of the six participants spoke to nutrition misinformation being a concern for other families. They identified the fitness space and social media influencers as significant sources of nutrition misinformation. They felt that this misinformation had the potential to give parents and caregivers incorrect information about child nutrition and set unrealistic expectations for how mothers should parent their children.

Other Approaches to Improving Health and Nutrition in Families. This section presents responses to interview questions where I assessed the ability of participants to identify influences on family health and dietary patterns beyond nutrition education. When asked what

additional interventions families needed to improve their health, Laura identified some environmental factors that impeded families' ability to consume nutrient-dense foods:

> Because you know, I feel like even though we have so many grocery stores, people are still—very—we still live in that food desert. I think there we have plenty of space. We should have community gardens, we should have empty kitchen facilities for people to be able to come in and cook who don't have access in their homes.

She also brought up the need for safe outdoor spaces for people to be more physically active.

Angela made a comparison of the American culture of health to the one described by a sister who has lived for more than two decades in France. In France a person can take time off for oneself and downtime is valued. She brought some interesting insight into the fact that we may need a cultural shift here in the states to make time valuable for self-care, including foodwork.

> It's very—meals are very much a family thing. In France, it's still very much practiced. And...but you know, their-their work ethic is completely different than ours and, you know, we value 12 hour days...and it's not like that over there. They get a lot of free time so they have opportunity to walk down the street to the market, get the food, cook it together and sit down together and then have, you know—share what they did during the day together.

Another issue she pointed out was that there seemed to be a co-option of the self-care movement to make a profit. People were encouraged to buy all sorts of expensive gadgets and products to de-stress, which ended up being another stressor. She posited that a person working on mindfulness at home was not profitable to companies, so they must find a way to make money off self-care.

Darya lamented that nutrient-dense 'convenience foods' are not readily available and are more expensive that nutrient-poor counterparts.

> Well, the prices used to be lower. We could go to the shop where sometimes they have like ready food--ready to go. And we know it's fresh and healthy. You'll be fine getting those foods, but now it's like, oh, it's expensive. So you have to get something that you eventually make from scratch. And it takes time, which you don't have. And that's kind of overwhelming that the convenience is not the same--you need to pay more for this convenience.

This connects with Angela's observations above about American 'hustle' culture in that if we are going to be hustling and working long hours, then we are going to need access to ready-to-eat foods that are nutrient-dense since we will not have time to make them at home.

Of the six participants, Jasmine spoke the most about interventions other than nutrition education to improve the health and well-being of families even when not being directly asked (see Table 4 for the entire list of her thoughts and the "Experience" section for her arguments for increasing DEI efforts in the nutrition field). She discussed how nutrition care should focus beyond what people are eating and how much they weigh. For example, she argued that families first need a living wage: "The first thing that comes to my mind, um, no, it doesn't have to be a lot of money. But I do think that first, like, food security is huge," followed by nutrient-dense foods in their food environment. In the end, she argued that it came down to "seeing the whole person": how they are situated within their lived environment, their intersectionality, their mental health, and their food security.

Stephanie focused on food companies' influence on health. She argued for honest advertising to keep food companies from promoting unhealthy products as healthy, creating

consumer confusion and myths about certain food components. Along those same lines, she argued that grocery stores should be designed for human health, not profit:

> Like it's just it—it's the grocery stores need to be more...and they're not, let me just say that real quick—they need to be more multi shopper friendly versus multi marketed friendly. The sugary cereals are at kids levels. So sales are higher up, because they want you to grab based off of appeal and not nutritional content. And I think we need to change that.

Kapri's ideas around changes needed for the improvement of health in families focused on her desire to improve the health and nutritional status of postpartum mothers. She discussed the lack of sociocultural value for the health and nutritional status of postpartum women and the removal of the care of the female reproductive cycle from the purview of female midwives to male medical professionals.

> The change was…just about how women used to deliver babies. And ultimately the change was when, not to knock men, but when men came into the picture, because women did find, when we were together as a community together, helping each other because we had that knowledge and helped one another…you had women that did all the work, because you-we knew what we needed… But that's changed over time, because men entered the picture, and they apparently knew best [laughs].

I consider Themes 2 and 3 and the confluence of three, interwoven concepts that I identified throughout participant interviews: their lived experiences as mothers, wives, and workers; their informally and formally gained nutrition knowledge as students; and how that knowledge and experience would potentially improve their future practice as nutrition professionals. Their lived experiences were an essential component of their future practice but

not enough to stand alone without formally gained nutrition knowledge. The confluence of their lived experiences, their formal nutrition knowledge, and their hopes for their future practice influenced what they think is necessary to improve the health and nutrition status of families.

Summary

In this chapter, I presented the results of an interpretive phenomenological analysis of how caregiving nutrition/dietetics majors experience foodwork in their families. I identified three predominant themes based on each research sub-question: Theme 1: Responsibility for Foodwork Within the Family Setting (RSQ-01 How do caregiving female nutrition/dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork?); Theme 2: Life Experience and Formally Acquired Nutrition Knowledge (How do they describe the influence of their ongoing learning on home foodwork?); and Theme 3: Future Practice (How do they describe their vision for the future as both a professional and caregiver in how they approach home foodwork?).

Theme 1 addressed RSQ-01 by describing responsibility for foodwork; how family influences that responsibility; what factors they felt promoted or inhibited their ability to meet their foodwork goals; the perceived influence of emotion on foodwork; and how they perceived gender informed their foodwork.

Theme 2 addressed RSQ-02 by presenting common sub-themes that I identified during the data analysis process: participants' lived experiences as mothers and workers and their formally gained nutrition knowledge. Under the "lived experience" sub-theme, I explored how their lived experiences influenced their level of empathy with others trying to make positive dietary and lifestyle changes and how lived experience was also not enough to compensate for a lack of formal nutrition education. Under the "formally acquired nutrition knowledge" sub-

theme, I explored how that formal study influenced their current health and nutrition behaviors and how well they felt they were following the nutrition recommendations they were learning in the university setting.

I addressed RSQ-03 with Theme 3: Future Practice. In this theme, I explored how participants saw the confluence of their formally gained nutrition knowledge and lived experiences influencing their current practice. This theme also addressed what participants felt was important for families to consume more nutrient-dense dietary patterns and highlighted two common ideas: the need for culinary nutrition education and the problem of rampant nutrition misinformation. I presented data from my interview questions that explored participants' ability to identify the influences on families' ability to consume more nutrient dense dietary patterns beyond better nutrition knowledge. The next chapter addresses the overarching research question of "What is it like to be a dietetics and/or nutrition major with a caregiving role in the home in regard to home foodwork?" (RQ-0) by presenting an analysis of the results of this study through the lens of the theoretical framework: the feminist theory of social reproduction operating in a neoliberal/neoconservative system

Chapter 5 - Discussion and Conclusion

In this research endeavor I have addressed the following question: What is it like to be a dietetics and/or nutrition major with a caregiving role in the home in regard to home foodwork? (abbreviated as RQ-0). To help answer the primary research question, I have the following sub-questions:

- How do caregiving female nutrition/dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork? (Abbreviation: RSQ-01).
- How do they describe the influence of their ongoing learning on home foodwork? (Abbreviation: RSQ-02).
- How do they describe their vision for the future as both a professional and caregiver in how they approach home foodwork? (Abbreviation: RSQ-03).

The goal of these research questions was to address the influence of caregiving and foodwork experience on future nutrition professionals to contribute to a critique of nutrition interventions focused solely on individual behavior change because they are unable to get at root causes of nutrient-poor dietary patterns and chronic disease (Braveman & Gottlieb, 2014)

Summary of Findings

To answer my research questions, I conducted a total of 18 one-on-one interviews with six participants. All participants met the recruitment criteria: cisgender female, nutrition/dietetics major who had not yet started a dietetic internship or master's program; and a caregiver to children &/or elder adults. During data analysis, I identified three primary themes that I will review below.

Theme 1: Responsibility for Foodwork Within the Family Setting

How did caregiving female nutrition and/or dietetics majors describe their roles and responsibilities in the home as a caregiver around foodwork? Foodwork played a central role in the lives of participants. All participants were responsible for the mental aspect of home foodwork. Assistance with the physical aspect of home foodwork varied among participants with some almost entirely responsible, and others that could consistently rely on family members to assist. Participants identified a variety of factors that promoted or challenged their ability to meet their foodwork goals. The two most common challenges were time poverty and picky family members. The gendered nature of foodwork, and other aspects of social reproduction in the home, was an additional challenge that participants experienced at various points in their lives which included double standards and unrealistic expectations. Factors that promoted their ability to meet their foodwork goals varied across participants and included assistance from family members, adequate kitchen equipment, simple approaches to foodwork, and partially pre-prepared ingredients. Participants had a strong emotional connection to foodwork that went beyond the physical provision of food.

Theme 2: Life Experience and Formally Acquired Nutrition Knowledge

How did participants describe the influence of their ongoing learning on home foodwork? All participants came to their formal education with pre-existing interests and understanding of nutrition and/or food, but their formally acquired nutrition knowledge still had influence on their health behaviors. All participants reported actively trying to incorporate nutrient-dense foods into foodwork, including keeping national dietary guidelines in mind when meal planning. Participants consistently leveraged their nutrition knowledge in their lives, even if it was with small improvements in the health behaviors of self and family. Participants reported that their

lived experiences undergoing their own health issues and as caregivers gave them greater understanding of how others experience health behaviors and they hoped this would translate into how they approached their future patients and clients. On the other hand, participants discussed how experience was not a replacement for formal education while at the same time, not everything learned in formal education was applicable to their real-world experiences of caregiving and engaging in health behaviors.

Theme 3: Future Practice

How did participants describe their vision for the future as both a professional and caregiver in how they approached home foodwork? Participants reflected on how their lived experience and their university knowledge influenced their ideas of future practice. For most participants, their formal learning process confirmed that they had made the right choice of career pathway. For the remaining two participants, their formal learning process inspired a change of course. During interviews, I also explored participants' ideas of what families, other than their own (separate set of questions for their family) needed to have more nutrient dense dietary patterns. Participants had a broad range of answers (refer to Table 4 in Chapter 4), but the two most common topics were the prevalence of nutrition misinformation and the need for practical nutrition education, especially culinary nutrition education. Along the same lines, I asked participants to identify what forces they saw influencing family health and nutrition behaviors that could not be addressed with nutrition education. Again, answers varied and included food security (e.g., access, availability), corporate responsibility, diversity/equity/inclusion in the dietetics profession, and better healthcare during the reproductive cycle.

Discussion

Based on the findings, I made several inferences. First, participants' life experiences as students, workers, spouses, and caregivers melded with their formally acquired nutrition knowledge to inform how they saw their future practice as nutrition professionals. Participants reported that their own experiences with chronic disease and as caregivers would help them to be more empathetic to future clients or patients in similar situations. Second, I concluded that participants had been shaped by their formally acquired nutrition knowledge. Even though each participant came to their university learning with a pre-established interest in nutrition and health, their formally acquired nutrition knowledge informed their daily lives and how they approached foodwork in the home. Third, participants followed the evidence-based health guidelines they learned at university to the best of their ability. However, participants faced challenges to following those guidelines which included time poverty and picky children. Fourth, when participants were solely responsible for foodwork and other aspects of social reproduction in the home, those challenges to providing nutrient-dense foods required trade-offs with other aspects of social reproduction. In essence, social reproduction in the home cannot be done well by the nuclear family alone, much less a single head-of-household.

Lived Experience Shaped Ideas of Future Practice

How did participants describe their vision for the future as both professionals and caregivers in how they approached home foodwork? Participants' lived experiences as students, workers, spouses, and mothers, along with their university education informed how they saw their interactions with future clients or patients. This is consistent with typical differences between adult learners versus children and adults-in-transition (Merriam & Bierema, 2014). Because of their status as adults, participants were living with many of the various forces that

influenced their ability to follow nutrition recommendations in the home. Participants also discussed the disconnect that existed between evidence-based guidelines and individual situations of families. They understood that their nutrition interventions are adjusted to what each family could handle.

Their experiences were consistent with the experiences of other health professionals. There is literature addressing the influence of life experiences such as disability (Battalova et al., 2020), physical illness (Volkman, 2021), eating disorders (De Vos et al., 2016), mental illness (Fox, 2002), experience in a direct patient care profession (Cox & Loftus, 2022), and children of their own (Pozniak et al., 2024; Schindler et al., 2017) on a health professional's ability to be empathetic and develop rapport with their patients or clients. Health professionals without the experience of caregiving may not understand the difficulty of carrying out recommended health behaviors in various contexts (Braun et al., 2020; Osborne et al., 2021; Pozniak et al., 2024; Schindler et al., 2017).

Limitations of Lived Experience for Systemic Change

While empathy may help caregiving female nutrition professionals create more realistic interventions for clients and patients, it will not help them resolve the fundamental causes of nutrient-poor dietary patterns and non-communicable disease (Braveman & Gottlieb, 2014). An individual health professional is not necessarily in a position to make structural changes (Pozniak et al., 2024). When I asked participants what they felt families needed in order to consume more nutrient-dense dietary patterns, a typical first response was nutrition education, followed by factors like family budgeting and organization. This echoes what I reported in Chapter 2, many participant ideas reflected their university education, which does not typically address

fundamental, large-scale solutions to health problems (Berwick, 2020) and how neoliberal American society views health behaviors in general (Merone & Ashton, 2021).

On the other hand, empathy due to lived experiences can also become an impetus to bring about systematic change. Participants identified multiple determinants of health in interviews (see Table 4 in Chapter 4) including hustle culture, food corporations, grocery store layout, overmedicalization of the reproduction cycle, and a treatment rather than prevention focus of healthcare. Clearly, participants had seen the forces that affected family health but may not yet have seen how they could play a critical role in bringing about change. Introduction of this type of education into nutrition and dietetics curriculum could help nutrition and dietetics students bridge the gap between awareness and action (Brady, 2020).

Contradictions in Lived Experience's Effect on Future Practice

Participants in this research felt that their personal experiences mattered when it came to their future practice. However, there may be a risk that their experiences as mothers responsible for foodwork in the home may overshadow their hard-earned professional expertise. Braun et al. (2020) studied women in the agriculture industry who leveraged their role as mothers to reassure Canadian consumers that conventional agriculture was safe. The authors argued that while the Canadian agricultural industry was actively encouraging women in the field to use their voices, they were only invited to do so in a gendered way. This ran the risk of reinforcing the gender stereotype of a mother being the gatekeeper of nutrition and foodwork in the home (Braun et al., 2020).

Leveraging their denigrated/devalued experience in the foodwork aspect of social reproduction, participants may give the impression that one type of expertise (i.e., motherhood) is more valuable for a woman than another (i.e., registered dietitian-nutritionist). As discussed in

Chapter 2, the dietetics profession already struggles with legitimacy due to its association with home economics and the female dominated nature of the field (MacLellan, 2019). Even though social reproduction is foundational to society and the basis upon which capitalism is built (Backer & Cairns, 2021; Murtola & Vallelly, 2023), it remains devalued and un(der)paid (Ruiz-Castro et al., 2024). In addition, because foodwork is a daily part of human life, nutrition may be seen as a field of science that does not require an expert's advice on how one should engage in healthy behaviors (Horsburgh & Barron, 2019). This is also consistent with the neoliberal notions of personal responsibility and taking charge of one's own health (Fackler, 2021) as described in Chapter 2.

While personal experience of parenting may help participants become more effective future professionals, those responsibilities can take time away from work. Conflicts can arise between familial duties, for which my participants were responsible. and their work obligations (Pozniak et al., 2024). In a study of parenting dietitians, Williams et al. (2021) observed that the conflict between work and family was associated with burnout and job dissatisfaction. Being a working parent in a neoliberal system increases the risk that social reproduction activities in the home must be fit in around working hours (Adkins, 2019; Bakker, 2020; Winders & Smith, 2019). In other words, employers may benefit from a nutrition professional's caregiving experience while at the same time, employment demands can take away from a nutrition professional's ability to care for her family.

Formally Acquired Nutrition Knowledge Informed Participant Behavior. How did participants describe the influence of their ongoing learning on home foodwork? The participants in the literature I reviewed in Chapter 2 were vulnerable to and had dietary practices consistent with non-evidence-based nutrition information (MacKendrick & Pristavec, 2019;

Mehta et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019). My participants reported that their formally acquired nutrition knowledge was their primary source of nutrition information. This is consistent with other research on dietetics students in that, as they move through their academic studies, their levels of nutrition and science literacy increases (Hong et al., 2016; Lawrence et al., 2016; Moraes Prata Gaspar et al., 2024; Popiolek-Kalisz et al., 2024; Trahearn et al., 2021). Their evidence-based nutrition knowledge increased their health and nutrition literacy, leaving them less vulnerable to nutrition misinformation.

I identified a lack of evidenced-based nutrition knowledge among the participants in the literature reviewed in Chapter 2 (MacKendrick & Pristavec, 2019; Mehta et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019) so I was curious if formally acquired nutrition knowledge shaped participant behavior. In the case of my participants, it does appear that evidence-based nutrition knowledge informed their dietary patterns. This is not to say that participants' dietary patterns always met all recommendations, but that, to the best of their ability, they included nutrient-dense foods in their foodwork. My participants' desire to apply what they were learning at university into their own lives is consistent with how adult learners approach education (Merriam & Bierema, 2014). Like many other adult learners, they all came formally acquire knowledge because of a prior interest in the subject and out of a desire to change career paths (Merriam & Bierema, 2014). However, this attention to the foodwork aspect of social reproduction meant sacrifices in other aspects which I address later in this chapter.

Influence of Formally Acquired Nutrition Knowledge on Stress Over Nutrient-Dense Foodwork. Because of the results of the pilot study, I conducted (reviewed in Chapter 3), and the literature review presented in Chapter 2 (Bowen et al., 2014; da Silva Oliveira et al., 2021; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020), I expected that formal

nutrition learning would increase the stress levels of all of my participants over foodwork in the home. However, only Darya reported an increase in stress due to a better understanding of the relationship between food and health (detailed in Chapter 4). Angela was grateful that her formally acquired nutrition knowledge helped her to raise the bar for her dietary pattern. Jasmine stressed less over what she was providing to her children even compared to when she was working on her master's degree in nutrition, which occurred before completing her dietetics degree. Stephanie and Kapri both reported feeling validated in what they were already doing in their homes.

While most participants did not report significant levels of stress over the nutrient-density of the foods they offered their family, this was something they observed in others. They mostly attributed this stress to nutrition misinformation. For example, Jasmine spoke of her circle of fellow military wives who often stressed over eliminating certain additives or food components (such as preservatives or genetically modified organisms) from their family dietary patterns to the point where they were not sure what foods were safe to offer their children. Interestingly, these are the same misconceptions that were reported among the participants in the literature reviewed in Chapter 2 (Bowen et al., 2014; da Silva Oliveira et al., 2021; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020). My participants identified 'homemaker' and fear mongering 'wellness' influencers as major culprits in the stress their friends faced when trying to feed their families

I argue that rampant nutrition misinformation contributes to the stress and unrealistic expectations that many families, and especially women, face when trying to establish healthier dietary patterns5. As argued in Chapter 2, women are considered the gatekeepers of nutrition and health in the home (Braun et al., 2020; Koch, 2019). Gatekeeping is even more difficult if one

does not know what is allowed in and what is not. Women are at risk for being blamed either way. If they allow in too many nutrient-poor foods, they do not care about their family's well-being. If they are too obsessed over what is allowed past the gate, they place their family at risk for disordered eating (MacKendrick & Pristavec, 2019).

Formally Acquired Nutrition Knowledge Shaped Awareness of Disordered Eating. As discussed in Chapter 4, one outcome of formally acquired nutrition knowledge was that a participant discovered she had disordered eating behaviors, which is common among dietetics and nutrition students (Budhiwianto et al., 2023; De Moraes Prata Gaspar et al., 2024; Poínhos et al., 2015; Rocks et al., 2017). All my participants came to their university studies with some pre-existing nutrition knowledge, but this realization came solely from Angela's university learning. While, Díaz Gutiérrez et al. (2019) found that some dietetics students enrolled in their nutrition program with the goal of treating their poor relationship with food, for Angela, this was not something she discovered until she was already in the program. While her nutrition program was integral to Angela learning about her disordered eating, it also helped perpetuate it due to the weight-normative approach common in most dietetics programs (Laing et al., 2021). On the other hand, Angela reported leveraging other university learning to mitigate her tendency towards an unhealthy relationship with food and body dissatisfaction by focusing on small, reasonable changes to her health behaviors. However, weight loss was still her goal which indicates that she had a weight-normative approach to her personal health—as discussed in Chapter 2, this is a standard approach in dietetics education.

Dietitians are expected to maintain a certain body weight and eat a certain way if they are to be considered credible (Bessey et al., 2021). This may be a contributor to the high prevalence of disordered eating behaviors and body weight dissatisfaction among dietetics and nutrition

students (Budhiwianto et al., 2023; Díaz Gutiérrez et al., 2019; Poínhos et al., 2015). Health professionals in general are expected to 'practice what they preach' regardless of whether health behavior recommendations are realistic for adults with families who work fulltime (or overtime as in the case of many physicians; Monaghan, 2010a, 2010b).

Like the participants in the literature reviewed in Chapter 2, participants may face competing unrealistic expectations. In my participants' case, it is exacerbated by their future profession. As nutrition professionals, their body weight and how they feed their families may be an integral part of their credibility in their work, independent of their actual expertise (Braun et al., 2020; Monaghan, 2010a, 2010b). Caregiving female nutrition professionals may be expected to conform to the sociocultural expectation of mothers as the nutritional gatekeepers in the home creating homecooked meals from scratch for their children (Braun et al., 2020). They are expected to focus on nutrient-dense dietary patterns in the home without going overboard and giving their children disordered eating, a concern described by the participants in MacKendrick & Pristavec's (2019) study, as presented in Chapter 2, while at the same time maintaining their own BMI within the weight normative acceptable range of 18.5 – 24.9 (Bessey et al., 2021; Budhiwianto et al., 2023).

Influence of Responsibility for Foodwork on Participants

How did participants describe their roles and responsibilities in the home as a caregiver around foodwork? Like the participants in the research articles reviewed in Chapter 2, all participants had the primary responsibility for foodwork in their homes. This is consistent with previous research which found that women, in general, still are responsible for foodwork in the home (Wolfson et al., 2021). Even though participants prioritized nutrient-dense foodwork in their homes due to their interest in nutrition and formally acquired nutrition education, they faced

many of the same challenges in foodwork as participants in the studies reviewed in Chapter 2. The parents/caregivers discussed in the Chapter 2 literature review (MacKendrick & Pristavec, 2019; Mehta et al., 2020; J. M. Parsons, 2016; Woolhouse et al., 2019) lacked evidence-based nutrition knowledge; however, all participants in this research had several semesters' worth of evidence-based, formally acquired nutrition knowledge.

Time Poverty Shaped Foodwork

Time poverty was a key factor reported in Chapter 2 (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; E. Parsons et al., 2024; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019) and in recent studies of dietetics students' dietary patterns (De Moraes Prata Gaspar et al., 2024; Trahearn et al., 2021). It was also a common factor that influenced participants' ability to meet their foodwork goals. They were full- or part-time workers; full- or part-time students; caregivers, including of grandchildren; and responsible for foodwork in the home. Even if one does not conduct a time-use study in families, one can estimate the amount of time that is available during the work week if one follows all recommended health behaviors and accounts for average work hours and commutes (National Heart, Lung, and Blood Institute, 2022; United States Bureau of Labor Statistics, 2023; United States Census Bureau, 2023; United States Department of Health and Human Services, 2018). By that estimate, families have roughly 2.5 to 5.5 hours of 'free' time to engage in foodwork, other domestic social reproduction activities, children's after-school activities, children's homework, and parent's homework, if they are also in schoo1. American women spend an average of 51 minutes each day on foodwork and can save 30 minutes if they rely on fast food instead (Hamrick, 2016). In other words, families are out of time.

Participants cited a lack of planning and organization as one reason they did not have time to engage in foodwork. As described in Chapter 2, within our capitalist and neoliberal system, time poverty is not attributed to systemic issues and an overreliance on women for social reproduction in the home but rather as something that can be overcome through better time management and planning by individuals (e.g. women; K. E. Ferguson, 2017). Instead, we should consider time one of our determinants of health (Mehta et al., 2020). For the participants in the literature reviewed in Chapter 2, a lack of time for healthy behaviors led to reliance on nutrient-poor convenience foods (MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Woolhouse et al., 2019), stress, poor mental health, (Bowen et al., 2014; Cronin et al., 2014; Da Silva Oliveira et al., 2021; Fredericks et al., 2020; Grote et al., 2018; Koch, 2015; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; E. Parsons et al., 2024; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019) and an increased risk of non-communicable diseases (Gayathri et al., 2017; Grotto & Zied, 2010). If families are going to eat better, then they need time for foodwork (Mehta et al., 2020), more than just the mother needs to be responsible for foodwork (Koch, 2015; Mehta et al., 2020), and there needs to be an increase in the availability of affordable, nutrient-dense convenience foods[5] (Agarwal & Joshi, 2021).

Family Food Preferences Shaped Foodwork

Catering to children's food preferences is common both nationwide (National Poll on Children's Health, 2017, 2024) and among the participants in the studies reviewed in Chapter 2 (Bowen et al., 2014; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020). Participants in this research all reported that family food preferences could be a barrier to

[5] We cannot forget that the people producing those nutrient-dense convenience foods will need living wages so they, too, can prioritize nutrient-dense foods in their homes

meeting foodwork goals. In the case of Laura and Angela, their major challenges came from feeding children with special needs, which is not something that can be addressed with general behavioral approaches such as those recommended by Satter (n.d.). Even though all participants in this research provided nutrient-dense foods in the home, some still navigated within the confines of family preferences despite university education on behavioral techniques to mitigate stress over picky eating (see Chapter 4's discussion of Division of Feeding Responsibility). They reported concern over their children's poor appetite which included long periods without eating and a reduced ability to cope as key factors in planning meals within children's preferences.

Somewhere along the way, the parent/caregiver (e.g., the mother) was given responsibility for ensuring a child ate. Kapri brought up a valid point when she questioned why families would cater to children's food preferences to such an extent that they would plan all meals around their children's preferences and make a different meal if the first one was rejected. As discussed in Chapter 4, this was not something that was done in Kapri's family. Nor was this my personal experience growing up, although my parents still argued with picky siblings over their lack of food intake. A fundamental principle behind the behavior techniques that mitigate picky eating is that the child is the only person responsible for how much they eat and if they choose to eat at all. The caregiver is responsible for providing developmentally appropriate, nutrient-dense foods on a reasonable schedule, but not for assuring that their child actually eats these foods (Satter, n.d.).

The idea that a mother is responsible for not only preparing but ensuring her child consumes an adequate amount of nutrient-dense foods was consistent throughout the literature reviewed in Chapter 2 (Bowen et al., 2014; Cronin et al., 2014; da Silva Oliveira et al., 2021;

Das & Mishra, 2021; Etilé & Plessz, 2018; MacKendrick & Pristavec, 2019; Martin, 2018; Mehta et al., 2020; Neuman et al., 2019; Ojong & Ndlovu, 2016; Parker & Morrow, 2017; E. Parsons et al., 2024; J. M. Parsons, 2016; Szabo, 2011; Woolhouse et al., 2019) and in literature I reviewed for this chapter (Braun et al., 2020). As presented in Chapter 2, foodwork has strong connotations related to gendered stereotypes of love, mothering, femininity, and even suitability to be mothers and wives (Bowen et al., 2014; Ojong & Ndlovu, 2016). Failure to provide nutrient-dense foods and a failure to get children to consume those foods can be seen as a failure of motherhood (Bowen et al., 2014; Cronin et al., 2014; Da Silva Oliveira et al., 2021; S. Daniels et al., 2012; Koch, 2019; MacKendrick & Pristavec, 2019; Szabo, 2011).

Social Reproduction in the Home is Not Something One Adult Can Do Well Alone

Social reproduction within a neoliberal sociocultural/governing system forms the conceptual framework for this inquiry. In Chapter 2, I argued that social reproduction activities are the foundation of capitalist society, chiefly through their role in ensuring healthy and functional current and future workers (Winders & Smith, 2019). The foodwork aspect of social reproduction is key for ensuring that health and functional capacity (Szabo, 2011). As with other aspects of social reproduction, foodwork tends to be devalued (and the science and profession of nutrition are also devalued [Horsburgh & Barron, 2019; MacLellan, 2019]); is usually un(der)paid; and carried out by women and/or members of non-dominant racial and ethnic groups (Bakker, 2020; Bakker & Gill, 2019).

As the result of my literature review, data collection, and data analysis, I argue that for social reproduction in a home to be done well, it requires, at minimum, two adults. By well, I mean that the family can meet national recommendations for nutrient-dense dietary patterns, physical activity, and sleep; engage in nurturing care of children; and be able to meet goals for

household chores (cleaning, laundry, etc.). If one adult is to devote themself entirely to social reproduction in the home, then another adult must have paid work and earn enough money through that paid work to support the family. If partnered adults are both engaged in paid work, then both adults must equally share the tasks of social reproduction in the home for it to be done adequately. However, many women in heterosexual partnerships, who work outside the home, in bear these responsibilities alone (da Silva Oliveira et al., 2021; Winders & Smith, 2019). When there is just one adult in the household responsible for all domestic social reproduction, it simply does not get done well or another adult (usually a grandmother; Neuman et al., 2019) or an older child must step in to help.

One of the reasons that one or two adults cannot do this alone is that the concept of a nuclear family is relatively new in terms of human history. For millennia, even into the current age, a multi-generational home was the rule, not the exception (Greenfield, 2009). Even though social reproduction is a term developed for capitalist societies it has always been a part of everyday life. It was with Greenfield's (2009) interpretation of Tönnies' Gemenschaft and Gesellschaft cultures in mind that I concluded that the participants in the studies presented in my literature review, as well as my own participants, faced difficulties with social reproduction tasks in the home because they were trying to carry out alone what had been formerly conducted by an extended family.

In more traditional-type/autonomous-relational-type societies (Maynard et al., 2015), the partner, though I personally believe they should, does not necessarily have to engage in home social reproductive work to alleviate the burden on a woman who has just given birth because the women in her family and/or community will take up that role. These women visit the new mother, help her to clean, do the laundry, and prepare meals. They help with the enculturation

and education of her offspring. However, in a modern-type society, particularly in a nuclear family, there may be no one else around but the partner, if there is one. If the partner is unwilling to take upon themselves the responsibility for social reproduction activities in the home, then it is left to the woman who has just given birth. Then it's likely to not be done well, if at all. As foodwork is a key aspect of social reproduction (Bakker & Gill, 2019; Stevano 2024), the woman will not be able to feed herself well, which will compromise her ability to recover and to care for her child (Hanson et al., 2015).

In other words, one adult cannot do all this alone. This was borne out in the stories told by participants who either had to make trade-offs or relied on other family members to get everything done. Jasmine made two key statements when describing the difficulty of solo-parenting: (a) "If you are really good at one thing in your family, something else is not going well." and (b) "And yeah, hopefully that thing is, like, what is impacting your family the least." If a woman is solely responsible for social reproduction activities in the home (e.g., single head-of-household, solo parenting, uninvolved partner), there will be tradeoffs. Hopefully the opportunity cost is the least harmful thing to the family. Yet it is the mother who will get the blame for the high pile of dirty laundry and finger paintings on the wall (S. Ferguson et al., 2016) or for childhood obesity if she prioritizes the laundry and the dirty walls and relies on nutrient-poor foods to feed her family since there are only so many hours in a day (Martin, 2018; Parker & Morrow, 2017).

Outsourcing Aspects of Social Reproduction

Because social reproduction activities in the home takes at least two adults to be done properly, families 'outsource' those tasks to others (Backer & Cairns, 2021). During my data analysis, I found that outsourcing aspects of social reproduction was common among

participants, both currently and historically. Common examples of outsourcing the foodwork aspect of social reproduction were the meal-delivery services that provide the raw ingredients for cooking, fast-food, take-out, hiring someone to help cook meals, purchasing pre-prepared ingredients, and relying on government nutrition programs.

The downside of relying on ready-to-eat foods for the foodwork aspect of social reproduction is that it is difficult to find nutrient-dense options, much less affordable ones (Barosh et al., 2014). This is a frustration Darya encountered during busy evenings when she needed to get takeout for her daughters: "And that's kind of overwhelming that the convenience is not the same—you need to pay more for this convenience. Kapri also reported relying heavily on restaurant food during her son's busy basketball season and that finding nutrient-dense restaurant food was a challenge especially since they live in the South. The need to outsource the foodwork aspect of social reproduction runs counter to the narrative that 'good' mothers provide from-scratch meals to their children (Bowen et al., 2014; Etilé & Plessz, 2018; MacKendrick & Pristavec, 2019; Martin, 2018).

Outsourcing the foodwork aspect of social reproduction also means that participants had to give up control over the nutrient density of the foods their children would receive. Darya, Jasmine, and Kapri outsourced some of their foodwork to government-sponsored food programs for daycare centers and public schools. Jasmine lamented the poor quality of the school offerings for her son: "They actually do not have healthy options at all. Like it is usually like French fries, burger and he's just like set on us ordering… he wants to be a big kid, he doesn't like me packing his lunch." Darya had a similar comment about her daughter's daycare food options which is probably why she had an apologetic tone in her voice when she admitted that she did not pack her oldest daughter's lunch because she did not have time. In Darya's eyes, she

was not being a good nutrition student, a good mother by not devoting time and effort to packing her daughter's lunch each day.

Even though any school or daycare food program sponsored by the U.S. government must meet minimum standards of nutrient density (United States Department of Agriculture, 2024), it was not up to the standards of the participants relying on these foods to feed their children. Yet for them to critique food quality might have created the same situation as participants in Martin (2018) ran into when relying on food banks to fill in the gaps in their family's food security, a cultural expectation highlighted by the old saying: "Beggars should not be choosers." In other words, in our neoliberal society, a mother should not complain about a lack of nutrient dense foods if she is going to outsource that responsibility to someone else; while at the same time, she will be held accountable for not ensuring that nutrient-dense foods are offered to her children (Koch, 2019).

In the United States, especially, with our culture of individual responsibility that even pre-dates our neoliberal leanings, we have viewed childrearing as an individualized, personal process rather than a part of human development that has profound impact on society (Kotiswaran, 2023). While not all clichés ring true, I believe that it does take a village to raise a child. For all their limitations, government programs are important for foodwork and other aspects of social reproduction (Adkins, 2019; Bakker, 2020). Here in the United States, programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Breakfast and Lunch Programs (NSLP), and the Supplemental Nutrition Assistance Program (SNAP) can alleviate some of the burden of food insecurity in families (Caulfield et al., 2022; Frank et al., 2020; Gundersen, 2019; Wang et al., 2023). Paid family leave, not publicly available in the U.S.,, subsidies for childcare, free public education, and other

government programs contribute to social reproduction in the home for families (S. Ferguson et al., 2016). In my opinion, assistance with social reproduction for a family does not have to stem entirely from national levels. States, regions, municipalities, and communities can all contribute to the village that helps raise children.

The foodwork aspect of social reproduction is vital for the health and well-being of current and future workers (S. Ferguson et al., 2016). However, in families with children and/or families with heterosexual couples, it is something that is often placed upon the woman (Winders & Smith, 2019). In the case of my participants, they were primarily responsible for foodwork in the home along with being workers, students, and caregivers. For some, they had the assistance of older children or another adult. Others were alone or could be alone for long periods of time. Still others had full responsibility despite other adults in the home. They were people with the same 24-hour days as anyone else so they were forced to make decisions about what could possibly be accomplished. Because they prioritized nutrition and health, they had to choose other aspects of social reproduction in the home to delay or sacrifice.

Implications for Future Research

In terms of future research, I agree with Bueche et al. (2023) that more research is needed for distance dietetics/nutrition programs and their students and with Stevano (2024) who argued that more research is needed on the foodwork aspect of social reproduction—especially as it influences individual and family health.. Since most students enrolled in online-only programs are post-traditional (Post-secondary National Policy Institute, 2021), it is important to discern how post-traditional dietetics and nutrition students differ from traditional counterparts. Though *cis*gender males represent only a small percentage of practicing dietitians (Rogers, 2021) it would be important to discern how male nutrition/dietetics students experience foodwork,

especially if they partnered. Finally, it would be interesting to repeat this study with non-caregiving and/or traditional students to explore how their perceptions of the foodwork aspect of social reproduction differ from caregiving dietetics and nutrition students.

Studying gender and sexuality diverse families could bring a broader perspective to how gender and gender roles influence responsibility for social reproduction in the home. This research focused on *cis*gender women and did not have any gender and/or sexuality diverse participants. It would be important to understand how gender and sexuality diverse couples manage responsibility for the foodwork aspect and other tasks of social reproduction in the home traditionally assigned to the *cis*gender woman in a heterosexual relationship.

The effect of military life on foodwork and other aspects of social reproduction in the home is an area for study. Laura, Jasmine, Stephanie, and Kapri discussed the effect that military service had on their lives. They reported that military service was disruptive due to deployments and long working hours. For example, despite Laura's first husband being active-duty military, they were still food insecure early in their marriage. Anecdotally, many of the distance dietetics students in my classes are military-connected (likely due to distance programs being optimal due to frequent moves); and so it would be interesting to study the effect of military connection on dietetics students.

Since life experiences may create empathy in health professionals for their patients or clients undergoing similar experiences (Battalova et al., 2020; Brady, 2019; Cox & Loftus, 2022; De Vos et al., 2016; Fox, 2002; Pozniak et al., 2024; Schindler et al., 2017; Volkman, 2021), I argue it is important to understand how those without lived experiences can also develop empathy and rapport with patients or clients. A history of caregiving should not be an employment requirement for a health professional working with parents and children (United

States Equal Employment Opportunity Commission, n.d.); however they still need to understand the challenges of caregiving.

Most critical work that I have encountered in this dissertation journey comes from sources outside of the United States. For example, the *Journal of Critical Dietetics* is published in Canada. The dietetics profession in the United States would benefit from more critical research approaches (Coveney & Booth, 2019) and from accepting qualitative research as a stand-alone method of inquiry (Palermo et al., 2021). While nutrition recommendations should always be as evidence-based as possible, there is value in exploring how people experience those recommendations (Campbell et al., 2024; Jenkins et al., 2021) and if/how systemic inequities, biases, and/or assumptions influenced those recommendations in the first place.

Implications for Practice

Families need to be supported in providing nutrient-dense foods to their families in the home setting and when on-the-go. Like all health approaches, this requires interventions at multiple levels of the determinants of health: from individual heads-of-household to transnational food corporations (Braveman & Gottlieb, 2014; Weaver et al., 2014). In this chapter and in Chapter 2, I argued that the neoliberal leaning of many governments worldwide places the burden of social reproduction onto families, and especially, on women; Adkins, 2019). Because of this burden, I concluded in this chapter that social reproduction in the home was not something the nuclear family can do well alone. If we in the nutrition/public health field(s) want to help families consume nutrient-dense dietary patterns, we need to find ways to support families in that effort (Brady, 2019, 2020; Koch, 2015).

Government-run food programs like the Supplemental Nutrition Assistance Program and National School Lunch in the United States can help low-income families outsource some of the

foodwork aspect of social reproduction (Frank et al., 2020; Yang et al., 2022). On the other hand, they are not a solution for the fundamental causes of food insecurity, including food availability (e.g., is there food available ?) and food access (does the person have financial resources to purchase food (Clapp et al., 2022). If families are unable to make a living wage, then food security will always be an issue (Chaudry & Wimer, 2016). If nutrient-dense foods remain more expensive than nutrient poor foods, nutrient-poor dietary patterns will continue to be an issue (Rao et al., 2013). However, the government assuming responsibility for some aspects of social reproduction such as food and childcare programs, paid family leave, and promoting nutrient-dense dietary patterns at multiple levels of our determinants of health could contribute to easing the burden of social reproduction in the home on individual families (Adkins, 2019; Bakker, 2020; Merone & Ashton, 2021).

Affordable, nutrient-dense convenience foods could facilitate foodwork in nuclear and, especially, single-parent families (Agarwal & Joshi, 2021; Starck et al., 2021; Weaver et al., 2014). As much as the advocates for slow food, e.g. Michael Pollan call for a return to from-scratch home-cooked meals, that is simply not practical (Bowen et al., 2014). Without some sort of catastrophic societal collapse, those living in modern-type societies will not spend an entire day on the activities of social reproduction in the home (García et al., 2015), unless they are financially supported with a living wage by another adult.

The challenge will be to find a balance between nutrient-density, convenience, and processing level of foods. Weaver et al. (2014) described a variety of different technologies capable of significantly improving the nutrient-density of ultra-processed foods (which are by part of their definition, convenience foods that are either ready-to-eat or ready-to-heat). On the other hand, researchers like Monteiro et al. (2019; the creators of the term ‘ultra-processed’)

argued that, by their inherent nature, ultra-processed foods cannot be made more nutrient-dense, but consumers will be led to believe they are. Many consumers are already skeptical of industrially produced foods (Hässig et al., 2023; Rose et al., 2023), just as they are skeptical in general of genetically modified organisms, food additives, and preservatives (Cao & Miao, 2023; Early, 2020; Lefebvre et al., 2019; Mesías et al., 2021) so I conclude that methods to make minimally and [moderately] processed foods more convenient and affordable should be a priority.

However, fear of rejection of new foods leading to wasted money keeps many low-income families from serving unfamiliar foods to children (Connell et al., 2016; Daniel, 2016). I argue that low-income families need nutrition interventions that allow them to experiment with nutrient-dense foods and recipes. Given the rampant nature of nutrition misinformation (Horsburgh & Barron, 2019), families do need evidence-base nutrition education (Diekman et al., 2023). Culinary nutrition education, a common recommendation among my participants, not only offers evidence-based information but teaches the practical skills to prepare nutrient-dense foods in the home (Hasan et al., 2019; Ng et al., 2022). My recommendation is for culinary nutrition interventions to offer a place for families to try a variety of nutrient-dense foods without affecting the family budget.

Dietetics and nutrition students would benefit from learning more critical approaches to healthcare such as public health nutrition that does not focus solely on individual interventions and weight inclusivity (Coveney & Booth, 2019). The Commission for Dietetic Registration (the governing body of both accredited dietetics programs and practicing registered dietitians; Academy of Nutrition & Dietetics, 2022) has included cultural competency in their learning standards but the profession itself is still designed to produce individuals who advise other

individuals on health behaviors (Brady, 2019, 2020). I argue that the voice of the nutrition expert (the registered dietitian-nutritionist) is critical at all levels of the determinants of health to ensure that guidelines, regulations, and interventions designed to improve health are evidence-based. In my opinion, nutrition professionals need to be comfortable seeing and questioning the systemic inequities and sociocultural pressures that create disparities in health and well-being.

Limitations of this Research

While one of the strengths of this research is that it contributes to the limited body of critical inquiry research within the nutrition and dietetics field, it is limited by the fact that there is so little critical inquiry work done in this field (Coveney & Booth, 2019). Therefore, there is limited research precedent for both the use of theoretical and methodological (see Fade, 2004) frameworks specific to nutrition and dietetics. In other words, I have had to adapt methods used in other fields (Lafrance & Wigginton, 2019; Smith, 2017), without much basis in my own field for this research.

A methodological limitation of this study was that I was not able to follow the recommendations of J. A. Smith et al. (2009) to analyze one interview before conducting the next. The first interview series with Laura took six months to complete. At that rate, it would have taken me over two years to complete all eighteen interviews. While I did get faster when analyzing Angela's data, it was still a couple of months before I was ready to move on to Darya. As a result, I ended up scheduling and conducting interviews before I was finished analyzing the previous one.

Another limitation related to following the methodology of J. A. Smith et al. (2009) was the fact that, again due to the need to keep moving forward with data collection and analysis, I was unable to continue to conduct line-by-line assessments and had to switch to coding larger

sections of text instead. This line-by-line coding was part of what took me so long to analyze Laura's three interviews and so, by necessity, I had to take an approach that allowed me to get through data faster. J. A. Smith et al. (2009) were vague as to the necessity of conducting more than one interview per participant so it may be that this methodology is not efficient when there are repeated interviews of the same participant.

While the research question explored how female nutrition/dietetics majors navigate home foodwork focused on nutrient-dense dietary patterns, this research was just that: an exploration. The research questions helped to identify the ability of some women (with pre-existing, evidenced-based nutrition knowledge) to navigate home foodwork, but it was not able to (nor intended to) alter the circumstances that define those parameters. In other words, this is not an intervention study. One of the key expectations of feminist inquiry is that action is generated as a result (Ferguson, 2017). While walking my participants through the gendered nature of their responsibilities did not necessarily generate action that I was aware of, at least one participant (Angela) expressed that she spent a lot of time after each interview thinking about what we had discussed. Another participant invited me to speak to a student organization about my background and philosophy of dietetics because the information shared resonated so well during our interviews. Darya was inspired to try a version of the Division of Feeding Responsibility with her pickiest child we had discussed during our second interview. However, generating action on the part of the participant was not the primary intention of this inquiry.

Conclusion

What is it like to be a dietetics/nutrition major with a caregiving role in the home regarding home foodwork? Foodwork can be a grind and a source of stress, but it can also be an expression of love. Foodwork can be fun. Foodwork was a way for my participants to help their

families be healthier. Sometimes foodwork was a way to correct past wrongs or to gain control over one's life. Foodwork was a contributor to and an outcome of their nutrition education. My participants not only came to their university nutrition education with a prior interest in food, nutrition, and foodwork, their educational experiences also inspired further commitment and passion for the field. Their education inspired them to make, or to continue to make, changes in the home, helped them discover new things about themselves, and sometimes raised the stakes. Foodwork in the home was an experience that could help the future nutrition professionals in this research develop rapport with their future patients or clients. It was a way for them to practice what they will preach while at the same time inspiring grace for themselves with increased awareness of the realities families face when trying to prioritize nutrient-dense foodwork in the home. Foodwork is a central aspect of social reproduction (Bakker & Gill, 2019; Stevano, 2024). Foodwork whether conducted within or outside of the home, is essential for human health and well-being (Hanson et al., 2015; Schulze et al., 2018). I argue that it is too important to leave to just one person in an individual family who already has responsibility for paid work, all other aspects of domestic social reproduction, and possibly even schoolwork (if they are a post-traditional student). Supporting social reproduction, health, and well-being in families requires the efforts of individuals, families, communities, and local/regional/national governments (Braveman & Gottlieb, 2014). Nutrition professionals, like the ones my participants will become, should play an integral part in ensuring that people not only understand evidence-based nutrition knowledge but that their lived environment supports access to and availability of nutrient-dense dietary patterns.

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Appendix A - Interview Guide

Participant:

Date & time:

Note: IPA interviews are not prescriptive. Rather they are guided, open dialogues whereby I will keep in mind the research questions when interviewing participants instead of following a structured list of questions (Fade, 2004; J. A. Smith, 2017). These are potential questions I might ask through the dialogue. These questions may evolve during the interview process.

Procedure

- introduction of self and participant
- discussion of informed consent: confirmation of receipt of signed version of the consent form and receipt of research information
- reminder of confidentiality, voluntary nature of the participation, and the fact they can withdraw at any time (including during the interview) without penalties
- reminder that this is a "judgement-free" interview, that their eating habits/dietary patterns will not be judged; the goal of this study is to find out exactly how people eat to best understand what challenges (if any) people face in eating healthy

Discussion/interview:

1. Start with "Walk me through a typical day of meal preparation in your household."
2. Potential interview questions by research question

Main research question	
What is it like to be a dietetics and/or nutrition major with a caregiving role in the home in regard to home foodwork?	
Research sub-question:	Potential interview questions:
How do they describe their roles and responsibilities in the home as a caregiver around foodwork?	Walk me through a typical day of meal preparation in your household. Can you describe everyone's role in the household in providing and/or preparing food? (Follow up questions as needed): Who in your household is responsible for providing the money for food? Who manages the money in the household? Who in the

	household decides what foods to purchase? Who in the household decides what foods to prepare? Who in the household is responsible for preparing the meals? Could you describe key milestones in your life when you learned that those were the roles in the home? (Follow up questions as needed): When and how did you realize that was to be your role? How did you come to that realization? Can you describe any household which is different? (Follow up questions as needed): How are they different? In what ways? Why do you think that is? If you did not have to shop/prepare/cook _____specific time frame (e.g. yesterday, last week, tomorrow, etc.)_____ what do you think would you do instead?
How do caregiving female nutrition/dietetics majors describe the influence of their ongoing learning on home foodwork?	(If the participants mention any difficulties or challenges): Tell me about a time you experienced _____(mentioned challenge or difficulty)_____. Can you give me an example of a time when you were not able to prepare a meal or food item that you wished to? (Follow ups as needed): Can you give me a specific example of a time when you wanted to purchase something to prepare a meal but were unable to make that decision? If you had control over that decision, what would have done differently? Describe some foods you prepare that come out exactly as you hoped. Describe some times when you prepared food that did not turn out as planned.

	What factors (if any) help you to prepare meals at home? (For example, size of kitchen, availability of appliances, food access, etc). What factors (if any) are barriers to you to preparing meals at home? (For example: kitchen space, appliances, food access, etc.) Describe someone or a household that you think is healthy. (Follow ups as needed): Why do you think that is? In what ways is that household different from yours? Tell me about your healthiest recipes and how you prepare them. Why do you consider them to be healthy? Tell me about a recipe you consider less healthy and how you prepare it. Why do you consider it unhealthy or less healthy? (Follow ups as needed): Can you describe what a healthy family would look like? What are important things you to have to consider in order to prepare healthy meals for your household?
How do they describe their vision for the future as both a professional and caregiver in how they approach home foodwork?	How do you see your own experiences impacting how you'll interact with patients or clients in the future? What factors do you see influencing the ability of others to provide nutrient-dense foods for their families?

Debriefing Statement Read Aloud at the End of Each Interview

Thank you so much for your participation in this interview and for agreeing to be a part of my research. I may need to contact you again to clarify information you shared with me during this interview or I may have additional questions. You do not have to participate further if you do not wish to, but this will help ensure that I can represent your words as accurately as possible. You the participant will be kept confidential and I will not use your name—a pseudonym will be used to protect your identity in any articles that come out of this research. This applies to any other identifying factors from your interview such as where you live, etc. Again, you are

welcome to withdraw your participation at any time and please do not hesitate to contact me or anyone else listed on the consent form if you have any questions, comments, or concerns. Again, thank you so much for being a part of this research

.

Appendix B - Institutional Review Board Approval for this Research

KANSAS STATE UNIVERSITY | University Research Compliance Office

TO: Haijun Kang
Educational Leadership
Manhattan, KS 66506

Proposal Number IRB-11664

FROM: Lisa Rubin, Chair
Committee on Research Involving Human Subjects

DATE: 04/26/2023

RE: Approval of Proposal Entitled, "A Critical Inquiry into How Female Nutrition and/or Dietetics Majors With A Caregiving Responsibility in Their Home Perceive Their Roles in the Social Reproduction of Home Foodwork Within a Neoliberal Lived Environment."

The Committee on Research Involving Human Subjects has reviewed your proposal and has granted full approval. This proposal is **approved for three years from the date of this correspondence.**

APPROVAL DATE: 04/26/2023

EXPIRATION DATE: 04/25/2026

In giving its approval, the Committee has determined that:

No more than minimal risk to subjects

This approval applies only to the proposal currently on file as written. Any change or modification affecting human subjects must be approved by the IRB prior to implementation. All approved proposals are subject to continuing review, which may include the examination of records connected with the project. Announced post-approval monitoring may be performed during the course of this approval period by URCO staff. Injuries, unanticipated problems or adverse events involving risk to subjects or to others must be reported immediately to the Chair of the IRB and / or the URCO.

Electronically signed by Lisa Rubin on 04/26/2023 2:24 PM ET

203 Fairchild Hall, Manhattan, KS 66502 | (785) 532-3224 | fax: (785) 532-3278

Appendix C - Consent Form

KANSAS STATE UNIVERSITY
University Research Compliance Office

Institutional Review Board (IRB)
Informed Consent Form
comply@k-state.edu | 785-532-3224

PROJECT TITLE:
A Critical Inquiry into How Female Nutrition and/or Dietetics Majors With A Caregiving Responsibility in Their Home Perceive Their Roles in the Social Reproduction of Home Foodwork Within a Neoliberal Lived Environment

PROJECT APPROVAL DATE:		PROJECT EXPIRATION DATE:		LENGTH OF STUDY:	6 months

PRINCIPAL INVESTIGATOR: Kang, Haijun PhD/ Associate Professor

CO-INVESTIGATOR(S): Kathleen Hoss-Cruz, MPH RDN

CONTACT DETAILS FOR PROBLEMS/QUESTIONS: khosscruz@ksu.edu; Justin Hall, Room 205

IRB CHAIR CONTACT INFORMATION: Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224; Brad Woods, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

PROJECT SPONSOR: none

PURPOSE OF THE RESEARCH:
The purpose of this project is to learn from female nutrition and/or dietetics majors who also have to take care of children and/or adults, navigate home foodwork (cooking, meal preparation, shopping, planning, etc.). This project wants to learn how these participants describe the provision of foods to their their families (especially since they now have background nutrition knowledge and will make this their career).This project also wants to learn why women in general tend to be the ones with the responsibility of meal provision and questions that role.

PROCEDURES OR METHODS TO BE USED:
We will meet online-only via Zoom (or another software you prefer). I will ask you a series of questions about home food preparation. You can end the interview at any time you wish without penalty. I will ask to interview you a total of three times, you are welcome to refuse any further interviews or end future interviews at any time you wish without penalty. Since this is research into how you feel about the subject of home food preparation, I will be recording the webinars to review later (both audio/visual, but if you prefer to leave your camera muted, that is fine). While I do not for see this happening, I may need to end your participation even if you agree to participate in this research.

BIOLOGICAL SAMPLES COLLECTED (Describe procedure, storage, etc.):

n/a
Whole genome sequencing will not be included as part of the research
Not Applicable.

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:
Not Applicable.

RISKS OR DISCOMFORTS ANTICIPATED:

KANSAS STATE UNIVERSITY
University Research Compliance Office

Institutional Review Board (IRB)
Informed Consent Form
comply@k-state.edu | 785-532-3224

RISKS OR DISCOMFORTS ANTICIPATED:

While this study presents minimal risk, you may discuss aspects of your life that are stressful to you. This may cause anxiety or stressful thoughts. I will be happy to help you locate some well-being services in your area if desired.

BENEFITS ANTICPATED:

The goal of this study is to develop a better understanding of the successes and challenges of home food preparation among women like you who prepare food in the home. This study will contribute to an understanding of how to develop better public health efforts and nutrition education programs. You will be given the opportunity to talk through your challenges and successes.

EXTENT OF CONFIDENTIALITY:

Anything that can identify you personally will be kept private, stored on a password-protected computer, which is kept in a locked location. The interviews will be recorded directly to a password-protected university computer rather than "the cloud". You will be given a "code name" and the code name will be attached to your information instead of any identifying information. Only the research team (Kathleen Hoss-Cruz and Haijun Kang) will be allowed access. Interview recordings will be kept on a password protected computer which is kept in a locked location. Data will be destroyed after three years.

The information or biospecimens that will be collected as part of this research could be used for future research studies or distributed to other investigators for future research studies without additional informed consent.

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS? ☐ Yes ☒ No

PARENTAL APPROVAL FOR MINORS:

PARENT/GUARDIAN APPROVAL SIGNATURE:	n/a	**DATE:**	n/a

Terms of participation: I understand this project is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

(Remember that it is a requirement for the P.I. to maintain a signed and dated copy of the same consent form signed and kept by the participant).

PARTICIPANT NAME:			
PARTICIPANT SIGNATURE:		**DATE:**	
WITNESS TO SIGNATURE: (PROJECT STAFF)		**DATE:**	

Appendix D - Recruitment Email

Subject line: Request for (volunteer) interview participation for a dissertation project

Body of email: Hi [insert student's name here]!

I was your instructor for [insert course] during the [insert season/year] semester. I am currently working on my doctoral dissertation research.

I remember from your initial discussion board post that you have a caregiving role in your home. The purpose of this project is to learn how women like you, who have nutrition knowledge and a caregiving role in their families, experience food provision. The goal for my dissertation is to make better public health and nutrition education programs.

If you are interested (you are under no obligation to participate—all voluntary!), please let me know and we can set up a time for the first interview (and I'll need to send you a consent form). We will meet online-only via Zoom (or another software you prefer). I will ask you a series of questions about home food preparation. The interview should take about an hour. I hope to conduct a total of three interviews with you. You can end any interview at any time you wish and/or refuse further interviews without penalty.

Since this is research into how you feel about the subject of home food preparation, I will be recording the webinars to review later (both audio/visual, but if you prefer to leave your camera muted, that is fine). Your data will be kept confidential, and I am the only one who will have access to data attached to your name (my major professor will have access to de-identified data).

If this is something you would be interested in, please let me know. If not, I totally understand and wish you the best this [insert current] semester!

Kathleen Hoss-Cruz