

# **Exploring the impact of socioeconomic status on the food and eating practices of Maltese families.**

Joslyn Calleja

A dissertation submitted to the Faculty of Arts in fulfilment of the requirements of the Master of Arts in Sociology (Full-time by Research) at the University of Malta.

8<sup>th</sup> February 2024



## **University of Malta Library – Electronic Thesis & Dissertations (ETD) Repository**

The copyright of this thesis/dissertation belongs to the author. The author's rights in respect of this work are as defined by the Copyright Act (Chapter 415) of the Laws of Malta or as modified by any successive legislation.

Users may access this full-text thesis/dissertation and can make use of the information contained in accordance with the Copyright Act provided that the author must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the prior permission of the copyright holder.

**FACULTY/INSTITUTE/CENTRE/SCHOOL Faculty of Arts**

## **DECLARATIONS BY POSTGRADUATE STUDENTS**

### **(a) Authenticity of Dissertation**

I hereby declare that I am the legitimate author of this Dissertation and that it is my original work.

No portion of this work has been submitted in support of an application for another degree or qualification of this or any other university or institution of higher education.

I hold the University of Malta harmless against any third party claims with regard to copyright violation, breach of confidentiality, defamation and any other third party right infringement.

### **(b) Research Code of Practice and Ethics Review Procedures**

I declare that I have abided by the University's Research Ethics Review Procedures. Research Ethics & Data Protection form code ARTS-2023-00018.

As a Master's student, as per Regulation 77 of the General Regulations for University Postgraduate Awards 2021, I accept that should my dissertation be awarded a Grade A, it will be made publicly available on the University of Malta Institutional Repository.

To my parents Anna and Mario, and to my sister Nicole for their constant support.

In memory of my grandparents Nikolina and Joseph. Gone but never forgotten.

# ACKNOWLEDGEMENTS

I would like to thank my family for their support throughout this dissertation.

I would like to thank all the participants who participated in this research. Without them, this research would not have been possible.

Lastly, I would like to express my gratitude to my dissertation supervisor, Dr. Kay Polidano, who was always available to supervise me and guide me throughout this dissertation.

# ABSTRACT

The purpose of this research is to understand better food and eating practices of Maltese families in relation to socioeconomic status. The objectives of this study were to a) understand sociologically the meaning Maltese families assign to unhealthy/healthy food and eating practices, b) the role that socioeconomic status play in this, and c) the barriers and facilitators of unhealthy/healthy food and eating practices. A number of thirty participants participated in my study. Two qualitative methods were used for this research. Twenty-three participants were required to fill in a food diary and participated in a follow-up interview, while seven participants were interviewed only. The interview was semi-structured. A self-administered questionnaire was given to the participants in order to understand better their demographic characteristics such as the level of education, family structure, annual household income and occupation. These demographic characteristics helped me to understand better the socioeconomic status of the participants. Most of the participants were females, formed part of a nuclear family, resided in Haż-Żebbuġ and in Żabbar, worked in the social welfare services sector and earned €21,000 to €30,000 per year.

Several participants especially mothers who work in social welfare services and have young children used nutritional discourse to construct healthy/unhealthy food and eating practices. Most of the participants attached a positive meaning to food and prioritised commensality (the act of eating together). This study concludes that the inflation has taken a toll on the participants especially low-income participants. Some low to median income participants changed shopping practices and food brands to save money. Most of the participants buy food from the supermarkets to benefit from point schemes. Moreover, several participants buy fruit and vegetables, and meat from the fruit vendor and butcher respectively due to high level of trust.

Most of the mothers prepare food from scratch because they feel responsible for their families' well-being.

## Table of Contents

<b>DECLARATIONS BY POSTGRADUATE STUDENTS.....</b>	<b>ii</b>
<b>ACKNOWLEDGEMENTS .....</b>	<b>iv</b>
<b>ABSTRACT.....</b>	<b>v</b>
<b>CHAPTER 1- INTRODUCTION.....</b>	<b>1</b>
<b>1.1 Introduction.....</b>	<b>1</b>
<b>1.2 Obesity in Malta .....</b>	<b>3</b>
<b>1.2.1 Health and Nutrition.....</b>	<b>3</b>
<b>1.2.2 Dietary guidelines for Maltese adults.....</b>	<b>5</b>
<b>1.2.3 The medical discourse.....</b>	<b>6</b>
<b>1.2.4 The social gradient of obesity.....</b>	<b>7</b>
<b>1.3 Food consumption and inflation .....</b>	<b>9</b>
<b>1.4 Social class in Malta.....</b>	<b>11</b>
<b>1.4.1 Politics in relation to social class in Malta .....</b>	<b>12</b>
<b>1.4.2 Marxist approach in relation to social class in Malta .....</b>	<b>13</b>
<b>1.4.3 Poverty and Social Exclusion in Malta .....</b>	<b>15</b>
<b>1.4.4 Social classes and food choices .....</b>	<b>18</b>
<b>1.5 Research questions.....</b>	<b>19</b>
<b>1.6 Conclusion .....</b>	<b>22</b>
<b>CHAPTER 2- LITERATURE REVIEW .....</b>	<b>24</b>
<b>2.1 Introduction.....</b>	<b>24</b>
<b>2.2 Mediterranean diet .....</b>	<b>24</b>
<b>2.2.1 How Mediterranean is the Maltese diet? .....</b>	<b>26</b>
<b>2.2.2 Reasons for low adherence to the Mediterranean Diet among Maltese people.....</b>	<b>28</b>
<b>2.3 Sociological perspectives on food and eating practices.....</b>	<b>37</b>
<b>2.3.1 Marxist view on food choices .....</b>	<b>37</b>
<b>2.3.2 DeVault’s work on eating habits.....</b>	<b>39</b>
<b>2.3.3 Charles and Kerr (1988) study on gender inequality .....</b>	<b>40</b>
<b>2.3.4 The importance of eating together.....</b>	<b>42</b>
<b>2.3.5 The decline of the family meal .....</b>	<b>43</b>
<b>2.3.6 Bourdieu’s work on food .....</b>	<b>45</b>
<b>2.3.7 Forms of capital.....</b>	<b>50</b>
<b>2.3.8 Habitus in relation to food and eating practices .....</b>	<b>52</b>



2.3.9 Scholars applying Bourdieu's (1979/1984) work in their studies .....	55
2.4 The social construction of food .....	57
2.4.1 How people construct food choices decisions? .....	59
2.5 Conclusion .....	61
<b>CHAPTER 3- METHODOLOGY AND METHODS .....</b>	<b>62</b>
3.1 Introduction.....	62
3.2 The research questions .....	62
3.3 Methodological approach .....	63
3.4 Sampling and recruitment .....	64
3.4.1 Target population.....	64
3.4.2 Sampling techniques .....	65
3.4.3 Data collection .....	69
3.5 Methodological limitations of food diaries.....	78
3.6 Data analysis.....	79
3.6.1 Analysing the food diaries .....	79
3.6.2 Analysing the interview transcripts.....	79
3.7 Ethical considerations.....	81
3.8 Strengths and limitations.....	82
3.9 Conclusion .....	83
<b>CHAPTER 4- FINDINGS .....</b>	<b>85</b>
4.1 Introduction.....	85
4.2 The meaning people attach to food.....	93
4.3 Healthy vs unhealthy eating habits.....	96
4.3.1 Nutritional health.....	96
4.3.2 Food preparation.....	99
4.3.3 Food labelling .....	101
4.3.4 Eating healthy to remain thin? .....	103
4.3.5 Parenting and food.....	105
4.3.6 'Natural' food .....	112
4.4 Scepticism about corporations and trust in local food .....	115
4.4.1 Going local .....	117
4.4.2 Trust/scepticism in restaurants.....	121
4.5 Barriers to eating healthy food .....	122

4.5.1 Individual-level reasons .....	123
4.6 Financial situation .....	126
4.6.1 Changing food choices .....	128
4.6.2 Switching shops .....	129
4.6.3 Changing food brands .....	132
4.6.4 Income vs takeaways and restaurants .....	133
4.7 Gender roles in food practices .....	134
4.7.1 Who prepares the food? .....	134
4.7.2 How are eating habits shaped by work commitments? .....	136
4.7.3 Who buys the food? .....	138
4.8 Eating practices .....	138
4.8.1 Eating together or eating alone? .....	139
4.8.2 Communication over the dinner table .....	140
4.8.3 The link between food and celebrations .....	142
4.8.4 Cutlery and eating manners .....	144
4.9 Conclusion .....	145
CHAPTER 5- CONCLUSION .....	147
5.1 Introduction .....	147
5.2 First research question .....	147
5.2.1 Factors influencing how people perceive healthiness .....	148
5.2.2 Cultural influences on food .....	154
5.3 Second research question .....	158
5.3.1 How does socioeconomic status influence food preparation? .....	160
5.3.2 The association between social capital and food invitations .....	162
5.3.3 Are eating manners important for all participants? .....	164
5.4 Third research question .....	164
5.4.1 Other barriers to healthy food .....	170
5.4.2 The impact of globalisation on food .....	171
5.4.3 Why eating convenience foods? .....	171
5.4.4 Why is commensality important? .....	172
5.4.5 Policy implications .....	173
5.5 Conclusion .....	177
References .....	179

<b>Appendix 1- Leaflets both in Maltese and in English for participants who live in the Western district and are required to complete the diary and participate in the interview.....</b>	<b>217</b>
<b>Appendix 2- Leaflets both in English and in Maltese for those participants that were required to participate in the interview only.....</b>	<b>221</b>
<b>Appendix 3- Consent forms both in English and in Maltese .....</b>	<b>225</b>
<b>Appendix 4- Food diary in English and Maltese.....</b>	<b>229</b>
<b>Appendix 5- Topic guide in English and Maltese .....</b>	<b>247</b>
<b>Appendix 6- Questionnaire in both Maltese and English.....</b>	<b>253</b>
<b>Appendix 7- Details about different occupational classes .....</b>	<b>261</b>

## **List of Figures**

Figure 1 - The Healthy Plate .....	5
Figure 2- Obesity and overweight rates by gender and educational attainment .....	9
Figure 3- Social class in Malta from a Marxist perspective.....	13
Figure 4- Map of Maltese districts .....	21
Figure 5- Bourdieu's participants' characteristics .....	48
Figure 6- Food and capital .....	49
Figure 7- First page of the food diary .....	72
Figure 8- Second page of the food diary .....	73
Figure 9- Goldthorpe's class schema .....	87
Figure 10- Cost of food basket in 2022 and in 2023.....	169

## **List of Tables**

Table 1- Causes of mortality in Malta in 2019 and percentages of deaths .....	3
Table 2- Persons' perception of their capacity to afford various material and social deprivation items by year.....	16
Table 3- Statistics about people who are materially and socially deprived/ severe materially and socially deprived .....	18
Table 4- Localities and districts .....	22
Table 5- Participants' demographic characteristics .....	88

# CHAPTER 1- INTRODUCTION

## 1.1 Introduction

This dissertation is about food and eating practices among Maltese families with children, paying particular attention to the role of socioeconomic status. For the purpose of this study, food practices are defined as the food that people eat on a daily basis and the reasons behind these decisions. Eating practices are defined as the reasons why people eat with their family or on their own on a daily basis. These definitions of food and eating practices were mainly inspired from the study done by Wills and colleagues (2011). Food and eating practices are also going to be referred as eating habits throughout this dissertation. This topic is particularly salient at present, as Malta is currently going through a period of economic inflation, which potentially has affected food choices among Maltese families.

My interest in eating habits stemmed from my previous research, which was part of my undergraduate dissertation (Calleja, 2022). This study was about how the residents of Cottonera, Imnsida and Qawra dealt with poverty during the COVID-19 pandemic, between 2020 and 2021. To explore in detail the issues that residents faced and what were the services or schemes that they could benefit through the Foundational for Social Welfare Services (FSWS), and other institutions, I interviewed social workers working in these communities and other professionals based at the FSWS. My research was qualitative. My findings revealed that people were negatively impacted by COVID-19; not only in terms of physical health but also their living situation, such as unemployment and even homelessness. This significantly impacted people's ability to buy food, thus having to resort to certain schemes such as the Foodbank Scheme, Fund for European Aid to the Most Deprived (FEAD) and State Funded Food Distribution Scheme

(SFFD). My previous research inspired me to explore the factors (such as the recent inflation) that lead people to engage in particular food and eating practices.

My research is important because, Malta is experiencing high rates of obesity, morbidity and mortality which are partly caused by food. Food and eating practices are topical because, Malta is experiencing the recent economic inflation. Since limited research was done in Malta about food and eating practices, this research will provide a better insight about the impact of socioeconomic status (SES) on the food and eating practices of Maltese families. Socioeconomic status is defined through occupation, educational attainment and annual income (Adler and Newman, 2002; Oakes and Andrade, 2017). It is important to bear in mind, that there is no agreed-upon definition on socioeconomic status (Oakes and Andrade, 2017). However, as Oakes and Rossi (2003) argued, SES is defined as how much access people have to resources such as earned income, skills and education, power and network of friends. Hence, these resources are known as material capital, human capital and social capital (Oakes and Rossi, 2003). Those with higher SES tend to do their utmost to improve their own SES (Oakes and Andrade, 2017). In addition, high-SES people also tend to do their utmost to improve their children's SES so that they could have better life chances. A term that is similar to SES is social class. Similarly, to SES, social class is used to locate the person's position in the social hierarchy. While SES needs several aspects to be measured, the measure of social class is rather coarse and mainly measures the means of production.

Thus, this chapter offers an overview of the Maltese context with regard to food consumption and SES. Obesity as a public health and social problem as well as the recent economic inflation will also be discussed. Since literature and statistics about eating habits among Maltese people is

limited, non-scholarly literature such as newspaper articles and press releases will be cited where necessary.

## 1.2 Obesity in Malta

The exploration of food choices is especially important given the high rates of obesity in the Maltese population, which is a long-standing and growing problem (OECD/European Observatory on Health Systems and Policies, 2021). Indeed, in 2019, more than one in four Maltese adults were classified as obese, placing Malta as the country with the highest rate of obesity in the EU.

### 1.2.1 Health and Nutrition

Poor nutrition is a major contributor of mortality in Malta (OECD and European Observatory on Health Systems, 2021), (see Table 1). This further strengthens the importance of understanding people's food and eating practices and the reasons behind them.

*Table 1- Causes of mortality in Malta in 2019 and percentages of deaths*

Causes of mortality in Malta in 2019	Percentages of deaths
<b>Dietary risks</b>	<b>18%</b>
Tobacco smoking	16%
Low physical activity	5%
Alcohol consumption	3%
Air pollution	4%

(OECD/European Observatory on Health Systems and Policies, 2021, p. 7).



“Note: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor.

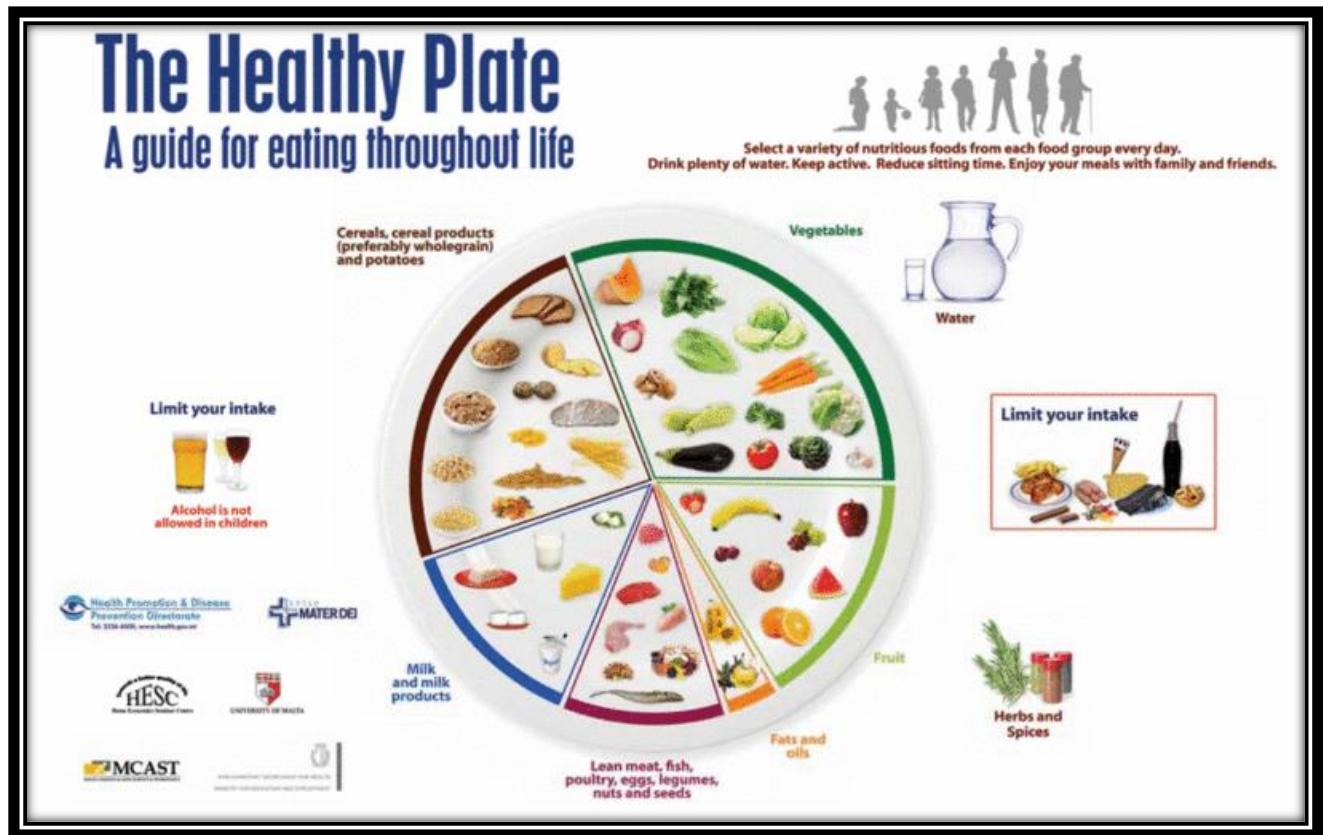
**Dietary risks include 14 components such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption.** Air pollution refers to exposure to PM2.5 and ozone” (OECD/European Observatory on Health Systems and Policies, 2021, p. 6). Sources: IHME (2020); Global Health Data Exchange (estimates refer to 2019) as cited in OECD/European Observatory on Health Systems and Policies (2021, p. 7).

Poor nutrition is a contributing factor to obesity. For example, in 2019 a low percentage of Maltese adults as well as 15-year olds reported that they eat vegetables on a daily basis (OECD/European Observatory on Health Systems and Policies, 2021). The percentages were 30% and 25% respectively. However, percentages regarding fruit consumption were higher for Maltese adults and 15-year olds. Fifty-seven percent of adults and 34% percent of 15-year-olds responded that they consume fruit on a daily basis. Low physical activity is also a contributing factor to obesity. In 2018, Malta was classified as the fourth lowest among other EU countries regarding physical activity. More boys (15%) than girls (5%) are physically active in Malta.

In view of high rates of obesity, a national health strategy which was known as *A Healthy Weight for Life: A National Strategy for Malta 2012-2020* was implemented (Busuttil et al., 2012). One of the strategies to reduce obesity was to control food availability in schools and to limit adverts that promote food with a low nutritional value. Moreover, the national strategy aimed to encourage people to engage more in physical exercise by collaborating with Local Councils to increase walkability within the community.

## 1.2.2 Dietary guidelines for Maltese adults

Figure 1 - The Healthy Plate



(University of Malta et al., 2015).

One solution to encourage Maltese people to eat nutritious food is The Healthy Plate presented in Figure 1 (University of Malta et al., 2015). The Healthy Plate was developed by an Advisory Group, with representatives from the University of Malta, MCAST, Mater Dei, Home Economics Seminar Centre (HESC) and the Ministry of Health and approved by the Health Promotion and Disease Prevention Directorate of the Ministry of Health (FAO, 2016; University of Malta et al., 2015). The Healthy Plate represents six different food groups (University of Malta et al., 2015). These food groups are: cereal products, vegetables, fruit, milk and dairy, meat and alternative meat products, fats and oils.

The Healthy plate encourages people to choose food that has high nutritional value from each of the six food groups (University of Malta et al., 2015). Different proportions of each food group are presented in the graphical representation of the Healthy Plate so that people would have a clear idea of how much portion of food they should eat. The Healthy Plate is mainly aimed for the general population of adults aged 19 to 65 years.

Maltese adults are advised to drink 1.5 to 2 litres of water each day and eat 240 grams of vegetables per day and 160 grams of fruit per day (University of Malta et al., 2015). Maltese adults are advised to buy fresh, local and seasonal fruit and vegetables. They are also encouraged to drink low in fat milk and cheese, to eat two or more portions of fish every week, and choose lean cuts of meat whilst avoiding processed food.

Although, these policies often seek to change behavioural choice on an individual level, many sociologists would argue that more deep-rooted change is needed on a structural level to address the social determinants of health.

### **1.2.3 The medical discourse**

A variety of discourses such as the medical discourse is used in scholarly literature to frame obesity. A medical discourse which conceives obesity as a disease is increasing in popularity (Dietz et al., 2009; Brown and Virgil, 2013; Brauer et al., 2015). When obesity is medicalized, the obese person is treated as a patient and urged to seek the advice of a medical doctor (Stefánsdóttir et al., 2020). The medical doctor views the patient as a person who cannot solve the problem on his or her own and needs the doctor's assistance (Stefánsdóttir et al., 2020). Thus, the patient trusts the doctor to cure his or her obesity (Heshka and Allison, 2001). However, several scholars have criticised the medical discourse (Patterson and Johnston, 2012). For

instance, social scientists criticise the medical discourse because they view it as oppressing fat people (Patterson and Johnston, 2012). For example, Mazer (2001, as cited in Patterson and Johnston, 2012) argued that fat bodies have their own agency and that not every fat female wish to be slim. In addition, Sobal (1995, as cited in Stefánsdóttir et al., 2020) argued the medical discourse places responsibility on the fat person.

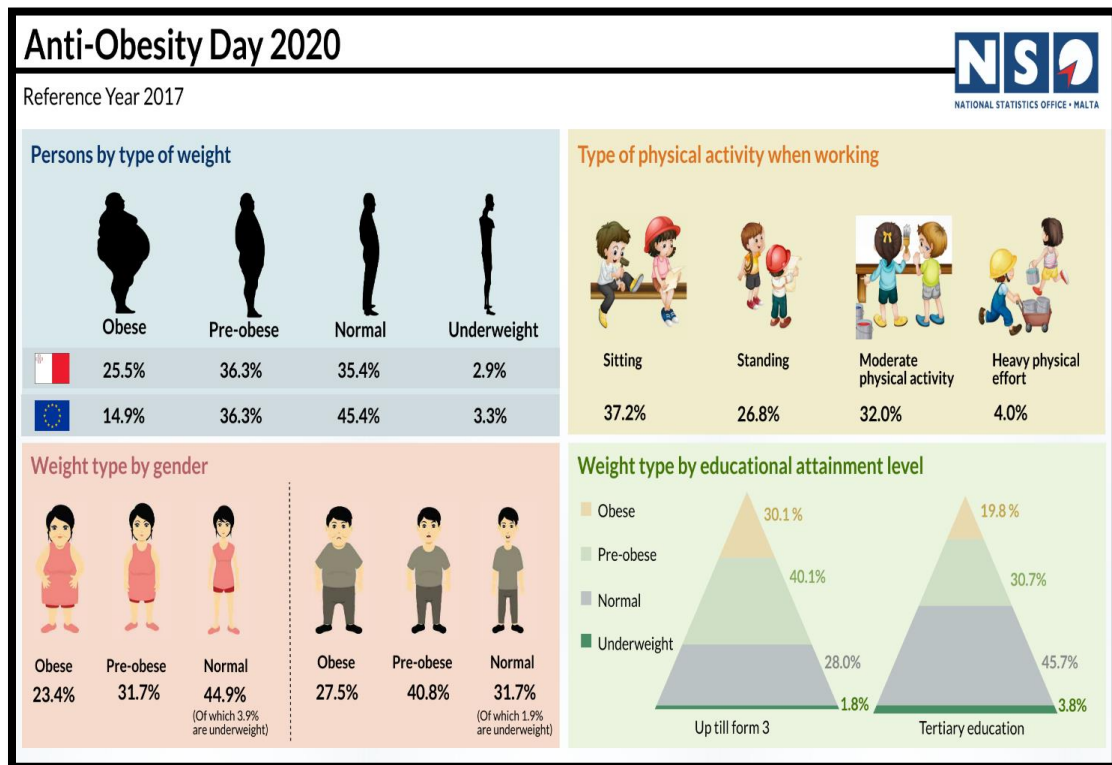
#### **1.2.4 The social gradient of obesity**

A social gradient in obesity rates is evident all over the world (Angela and Donkin, 2014). As explained by Angela and Donkin (2014), a social gradient in health means that people who have a low SES have worse health compared to people with higher SES. Evidence for this lies in the social patterning of obesity rates, in particular the role of SES (Mackenbach et al., 2008; Drewnowski et al., 2014; Boylan et al., 2014; Gallus et al., 2014; Marques et al., 2018). These cited studies suggest that people with a low SES are more at risk to be obese than those with a higher SES. The reason being is that people with a higher SES are more likely to do physical exercise and eat nutritious food than people with lower SES (WHO, 2002). In addition, Wang (2001) reported that US adolescents with a low SES had a higher risk to be obese, although no link was found between SES and obesity among US children under 10 years of age.

Interestingly, Chinese and Russian children and adolescents with a high SES had a higher risk to be obese than children and adolescents with lower SES. Obesity was most evident among people who live in the urban areas of China and among people who live in the rural areas of Russia (Wang, 2001). Wang (2001) obtained these results from nationwide surveys that were done in China (1993, as cited in Wang, 2001), Russia (1992, as cited in Wang, 2001) and in the US (NHANES III, 1988-1994). Like the study of Wang (2001), Trivedi and colleagues' quantitative study (2015) showed that the rate of obesity was higher among rural residents than among urban

residents in the USA. A percentage of 35.6% of rural residents were obese, while 30.4% of the urban residents were obese in the USA. The rural residents had a lower SES compared to the urban residents of the USA. On the other hand, Thapa and colleagues (2021) found from their quantitative study that obesity was evident among people with a high SES who live in urban areas of Myanmar. Interestingly, more females who live in the urban areas of Myanmar were more obese than females who live in the rural areas of Myanmar. The percentages were 27.9% and 12.7% respectively. This suggests that a cultural element is also at play (Wang, 2001; Trivedi et al., 2015; Thapa et al., 2021). One possible explanation that high SES groups are more likely to be obese than low SES groups in China is that high SES groups can easily buy meat and fatty foods. Interestingly, meat and fatty foods are more expensive than vegetables in China (Ge et al., 1999, as cited in Wang, 2001). The reason why high SES groups in Myanmar are more likely to be obese might be that groups with a high SES have more access to ultra-processed and packaged food than groups with a low SES (Mohammed et al., 2019).

Figure 2- Obesity and overweight rates by gender and educational attainment



(NSO, 2017, as cited in Borg, 2020)

In Malta, this social gradient specifically in obesity is also visible. Educational attainment is a crucial factor influencing weight in Malta as seen in Figure 2 (NSO, 2017, as cited in Borg, 2020). In 2017, the most recent statistics offering such information show that the highest percentage of obesity (30.1%) was among people of lower educational attainment (i.e., those individuals who had not fully completed secondary education). This starkly contrasts with only 19.8% obesity among those who completed tertiary education. Gender also appears to be another crucial factor that influences obesity. In 2019, more men (28%) than women (23%) were classified as obese (OECD/European Observatory on Health Systems and Policies, 2021).

### 1.3 Food consumption and inflation

Official statistics and research findings around food consumption in Malta are very limited, especially recent ones. One of the few available surveys has been conducted by The Malta Standards Authority (MSA) back in 2010. Despite being outdated, it is still worthy to summarise the main findings, in order to glean some insight on the topic.

The Malta Standards Authority (2010) carried out a five-day survey about food consumption among 1045 Maltese adults aged 19 to 65 years. Most of the participants were females. The survey reported the consumption of food and drinks during breakfast, morning snack, lunch, afternoon snack and dinner.

Most of the Maltese adults reported a high intake of sweets, chocolates and biscuits, and tea, coffee and hot chocolate during breakfast, morning snack and afternoon snack. During lunch, most of the participants reported a high intake of pasta and bottled water, soft drinks, tea, coffee and hot chocolate. During dinner, several participants reported a high consumption of chicken, pasta, fish and fish products as well as bottled water, coffee, tea, hot chocolate and soft drinks. A high intake of fresh fruits and a low intake of frozen/canned/other fruits was reported by Maltese adults during breakfast, morning snack, lunch, afternoon snack and dinner (MSA, 2010).

*The Times of Malta* also conducted an investigation in 2022 about food consumption in Malta (Amaira, 2022), using a different approach from the MSA (2010) survey. *The Times of Malta* analysed 300 items that were most sold in a well-known supermarket in Birkirkara. The most items that the Maltese buy in this supermarket are bananas and Twistees (Maltese packaged snack). Benna's 2.5% fat milk was the third most item that is sold in this particular supermarket. On the other hand, Maltese bread was not bought much by the Maltese people, ranking as the 42<sup>nd</sup> item that is most sold. Some other common items that Maltese people like to buy from this supermarket are Kinnie (a Maltese soft drink), chicken legs and sugar.

A key social determinant of obesity, in subsubsection 1.2.4 is money. Currently, Malta is going through a period of economic inflation, which is leading to higher food prices (Vella, 2023). The European Council (2023) argued that food prices have been increasing since the mid-year of 2020. This is attributed to the Russian invasion on Ukraine. Before the war, Ukraine was one of the largest wheat exporter in the world. However, due to the war, Ukraine has decreased dramatically the grain exports, which resulted to crucial food security concerns for millions of people around the world. The grain production was reduced by 29% in the market year of 2022/2023.

The rise of high food prices due to the war is not only reported in Malta but also across other European nations. For instance, Belgium and the Netherlands reported a rate of 9.46% and 7.8% respectively on food inflation (Trading Economics, 2023). Malta registered the highest food inflation in February 2023 with 12.9% (NSO, 2023).

#### **1.4 Social class in Malta**

In contrast to many countries such as the United Kingdom, the local National Statistics Office (NSO) never constructed a socio-economic classification (Brown and Formosa, 2016). Instead, Brown and Formosa (2016) argued that in the census of 2011, the National Statistics Office constructed six different occupational classes. These were classes:

- I. Employers and self-employed
- II. Administrative managerial
- III. Professional technical and related workers
- IV. Executive and clerical workers



V. Skilled and semi-skilled workers

VI. Unskilled workers.

The census of 2011 showed that the highest number of people worked as service and sales workers in Malta (NSO, 2014), amounting to 33, 860 workers. On the other hand, the lowest number of people worked in the armed forces in Malta in 2011, totalling 1, 613 people.

Not much sociological literature has been published around socioeconomic status in Malta in recent times, however, below I will be providing a brief overview of what has been written whilst bearing in mind that this may be outdated. The Maltese society has since undergone significant social change, particularly in the economic sector.

#### **1.4.1 Politics in relation to social class in Malta**

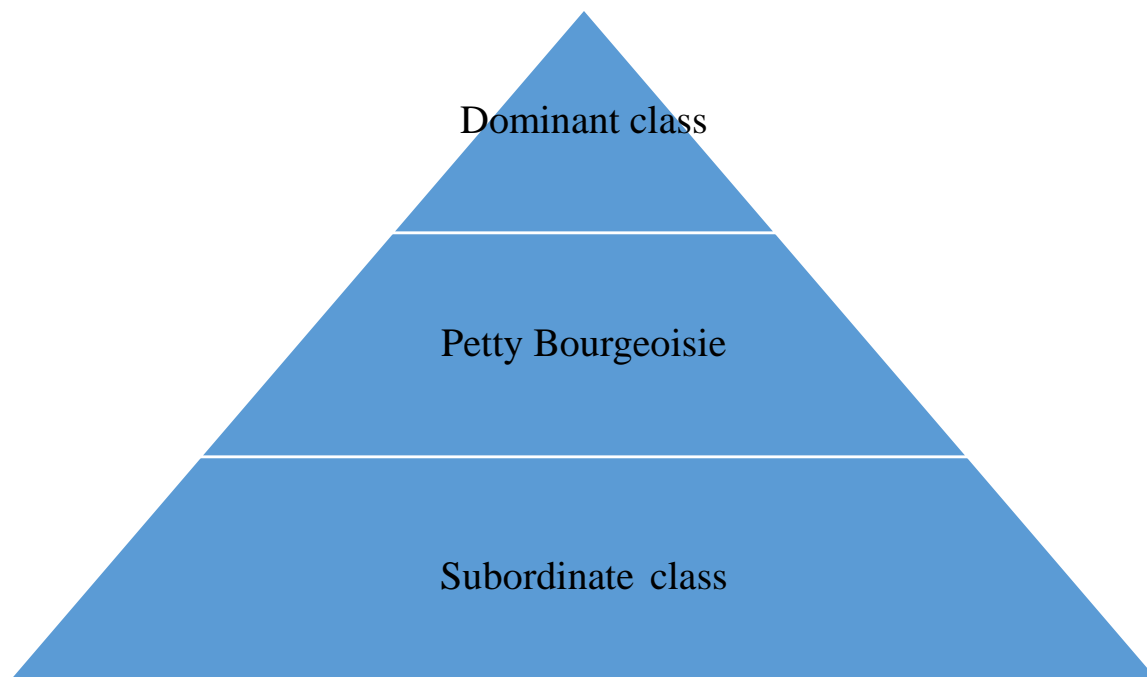
During the late 1970s, the discourse of social class was prominently used by the Malta Labour Party, the elected socialist government at the time (Baldacchino, 2013). The working class were placed top on the political agenda of this government (Vella, 1989a, 1989b, as cited in Brown and Formosa, 2016). Therefore, the economic gaps between traditional workers and aspiring bureaucrats were narrowed down.

However, in 1987, the Nationalist Party came into power (Brown and Formosa, 2016). They promoted free market and people were encouraged to continue their education. As a result, Malta saw a rise in the rates of managerial, professional, administrative and clerical employment. On the other hand, as Baldacchino (2013) argued, the traditional working class was negatively impacted by globalisation, industrialisation, deregulation and neo-liberalism. However, one has to bear in mind that the working class was not placed on the top of the political agenda of the

Labour Party, but when the Labour Party won the election of 2013, Dr. Joseph Muscat together with the Labour Party shifted their orientation to middle class. The Labour Party has formed the new middle class in Malta (Times of Malta, 2013; Mizzi, 2016). According to Dr. Muscat, those people who were earning €20,000 to €30,000 formed the new middle class (Malta Independent, 2019). In this regard, Muscat argued that the working class and other classes below the middle classes had disappeared (Attard, 2021).

#### **1.4.2 Marxist approach in relation to social class in Malta**

*Figure 3- Social class in Malta from a Marxist perspective*



(\*Miliband, 1987, as cited in Sultana, 1991).

The Marxist perspective presented in Figure 3 is only one stratification system among many and will be discussed further in the literature review. This topic is of greatest debate as there is no consensus what is the best way to measure social class. As Gordon (1949) argued, there is no

---

<sup>1</sup> The reason why I cited Sultana (1991) was that I did not have access to Miliband's book *Class Analysis*.

exact meaning of social class but social class is used to differentiate classes through money, work career, status, group identification and family background. Thus, sociologists use the term social class to link people with the horizontal stratification.

Ronald Sultana (1991) used a Marxist approach in relation to social class in Malta. Sultana (1991) argued that there are three class groupings in Malta, each consisting of two sub-groupings. The three social class groupings as featured in Figure 3 were the dominant class, the petty bourgeoisie and the subordinate class (Miliband, 1987, as cited in Sultana, 1991). The power elite, which were part of the dominant class, was a small class in Malta (Sultana, 1991). As Miliband (1987) argued, the power elite occupied positions of authority in political parties, in the state and in society. Hence, presidents and prime ministers were part of the power elite. The bourgeoisie were also part of the dominant class (Miliband, 1987, as cited in Sultana, 1991). The bourgeoisie were also considered as powerful because, they had the power to influence both society and the state in various aspects (e.g. economic and cultural aspects). The bourgeoisie were business owners that have medium-sized firms and professionals (e.g. lawyers, doctors and senior teachers).

The second social class was the petty bourgeoisie (Sultana, 1991), also known as the middle class. The middle class shared similar characteristics of both the dominant class and the subordinate class. The middle class was similar to the working class because, both classes depend on their income to live and had a lack of autonomy at work. However, depending on the particular circumstances, the middle class was either loyal to the working class or the dominant class. For example, if the economic conditions of the middle class were good, the middle class tended to be loyal to the dominant class and vice versa. The middle class consisted of two subclasses (Miliband, 1987, as cited in Sultana, 1991). The first sub-class consisted of small

businessperson and shopkeepers, while the second sub-class consisted of semi-professionals (e.g. social workers) working in the administration and service agencies.

The third social class was the subordinate class (Miliband, 1987, as cited in Sultana, 1991). This class had two sub groupings, which were the working class and the underclass. Most of the population belonged to the working class, who depended on their labour power to earn their wage, which might be relatively low.

The lowest social class is the underclass (Miliband, 1987, as cited in Sultana, 1991). This class consists of people who are permanently unemployed due to chronic sickness, disability or other social problems. In this regard, in October 2023, 2.5% of the population was unemployed in Malta (NSO), 7.0% of which were aged 15 to 24 and 2.0% aged 25 to 74.

### **1.4.3 Poverty and Social Exclusion in Malta**

An analysis of poverty and social exclusion is part and parcel of discussions around SES. One of the measures that is used to measure poverty is the At-Risk-Of-Poverty or social exclusion (AROPE). The AROPE was created in 2010 to measure poverty in Europe (Instituto Nacional de Estadística, 2022). The AROPE is currently used by the EU to measure poverty and social exclusion (Eurostat, 2021). AROPE is split into three measures, which are:

At-Risk-Of-Poverty Rate (ARP), which measures poverty in terms of money (Darmanin, 2018).

Severe Material Deprivation (SMD), which measures resource poverty (Darmanin, 2018). SMD is estimated on a set of nine items (NSO, 2023) (see the first 9 items in Table 2). If a household cannot afford to buy or pay at least five out of the nine set of items, the person/household is considered as socially and materially deprived. If a household lacks at least

seven out of thirteen deprivation items, the household is considered as severely and materially deprived (NSO, 2023) (see Table 2 and Table 3).

The Low Work Intensity rate (LWI), which measures unutilised labour potential (Darmanin, 2018).

In 2021, 5.5 % of the Maltese population were severely materially and socially deprived, in contrast to 4.9 % in 2022 (NSO, 2022; 2023). Of particular relevance to this research, one item that is measured is whether people afford to buy meat, chicken, fish or vegetarian equivalent every second day. In 2021, 6.2% of the Maltese population did not afford to buy these types of food, while in 2022 this percentage rose to 7.5%.

*Table 2- Persons' perception of their capacity to afford various material and social deprivation items by year*

	2021		2022	
Material and Social Deprivation Items.	Number of persons	%	Number of Persons	%
Household cannot face unexpected financial expenses.	79,530	<b>15.7</b>	78,728	<b>15.4</b>
Household cannot pay for one week's annual holiday away from home.	168,150	<b>33.1</b>	170,965	<b>33.3</b>
Arrears on mortgage or rent payments, utility bills, hire purchase instalments or other loan payments	39,831	<b>7.8</b>	31,317	<b>6.1</b>
Household cannot afford a meal with meat, chicken, fish or vegetarian equivalent every second day.	31,445	<b>6.2</b>	38,612	<b>7.5</b>
Household cannot keep the home adequately warm in winter.	39,821	<b>7.8</b>	38,752	<b>7.6</b>
Household cannot afford a car.	9,216	<b>1.8</b>	7,439	<b>1.5</b>
Household cannot replace worn-out furniture.	80,538	<b>15.9</b>	78,979	<b>15.4</b>
Person cannot replace worn-out clothes with some new ones.	25,938	<b>6.0</b>	27,449	<b>6.3</b>
Person cannot afford to have two pairs of properly fitting shoes.	26,519	<b>6.1</b>	28,644	<b>6.6</b>
Person cannot afford to spend a small amount of money each week on him/herself ("pocket money").	51,086	<b>11.8</b>	53,790	<b>12.3</b>
Person does not have regular leisure activities.	45,065	<b>10.4</b>	47,781	<b>10.9</b>
Person cannot get together with friends/family for a drink/meal at least once a month.	33,181	<b>7.7</b>	30,578	<b>7.0</b>
No access to internet connection at all.	10,862	<b>2.5</b>	6,972	<b>1.6</b>

(NSO, 2023).

“The estimated total number of persons living in private households was 507, 822 in 2021 and 512, 838 in 2022” (NSO, 2023).

“For household related items, figures reflect the number of persons within private households that cannot afford the given item” (NSO, 2023).

*Table 3- Statistics about people who are materially and socially deprived/ severe materially and socially deprived*

Deprivation	2021		2022	
	Number of Persons.	%	Number of Persons.	%
Persons deprived of at least 5 of the above items mentioned in Table 2 (materially and socially deprived persons).	49,769	<b>9.8</b>	49, 298	<b>9.6</b>
Persons severe materially and socially deprived (lacking at least 7 items out of the 13 material and social deprivation items.	27,769	<b>5.5</b>	25, 370	<b>4.9</b>

(NSO, 2023).

#### **1.4.4 Social classes and food choices**

It is by now widely established that class differences are related to food choices. As discussed by Gofton (1989), many researchers found that middle classes tend to prepare healthy meals and include natural ingredients in their meals. This is potentially due to higher health and nutritional literacy as well as having more income and time to buy and prepare healthy food. Coveney's (2005) qualitative study among low and high-SES parents also showed that middle class parents use nutritional discourse when they discuss food, for instance by using medical terms (e.g. fibre and risk of disease). Wills and colleagues (2011) also found from their qualitative study that was done in Scotland among working class and middle class families with teenagers that the middle class families consumed more nutritious meals such as fresh fish, asparagus, and king prawns. The middle class used a nutritional discourse to construct healthy eating practices such as eating the 'right' foods.

Wills and colleagues' study (2011) was a key source of inspiration for me when formulating my research questions. Wills and colleagues (2011) mentioned that middle class families reported a low intake of sugary and fatty food (e.g. chocolate and pizza), while emphasising the importance of eating vegetables to remain healthy. On the other hand, working class families tended to consume frozen fish fingers, crisps and chocolate. Unlike middle class families, working class families did not force their children to eat vegetables if they did not like them. In addition, an earlier study done by Hupkens and colleagues (1997) which focused more on females' dietary practices also reported that higher-middle class females ate more foods that contain fibre (e.g. brown bread, fruit and vegetables) than working-class females. On the other hand, working-class females ate more fats and meat.

### **1.5 Research questions**

This is a qualitative study. Food diaries and semi-structured interviews were used to collect data. The aim of my study was to explore food and eating practices among Maltese families in relation to SES.

The research questions informing my study are the following:

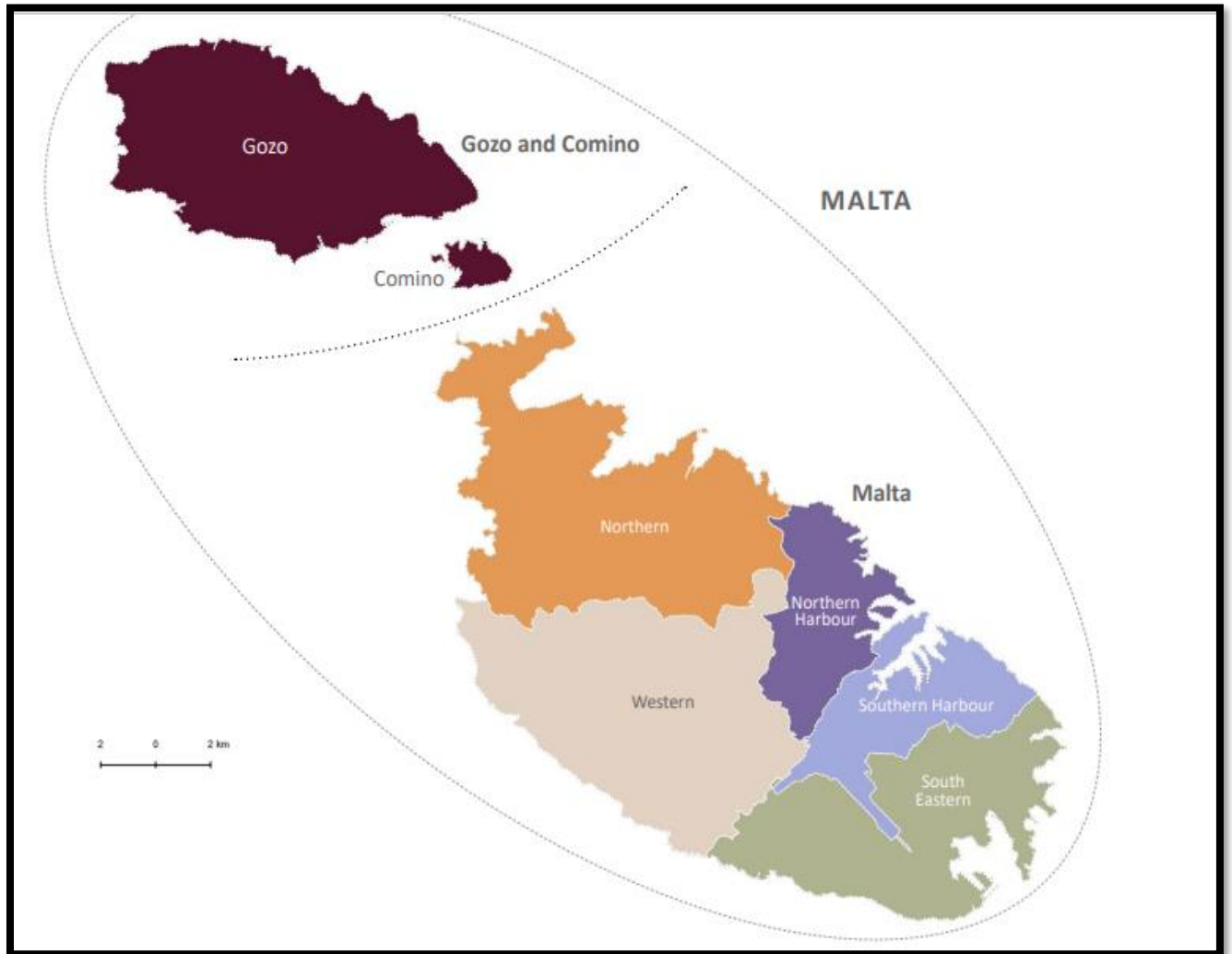
1. How do Maltese families construct meaning around healthy and unhealthy food and eating practices?
2. What role does socioeconomic status play in the mean-making around healthy/unhealthy food and eating practices?
3. What are the barriers and facilitators for Maltese families to engage in food and eating practices considered to be healthy/unhealthy?



Maltese families with children who reside in the Southern Harbour district and the Western district were eligible to participate in this study. Maltese families with children were only eligible to participate in this study because several dynamics are associated with food habits within a family. During the time that I was doing my research back in 2022, the latest statistics published by the National Statistics Office (2022) showed that the Southern Harbour district and the Western district presented two contrasting economic realities in 2020. In 2020, the Southern Harbour registered the highest rate of households who were at risk of poverty with 22.5%, while the Western district registered a low rate of households who were at risk of poverty with 15.0% (NSO, 2022). However, in 2021 the Southern Harbour district registered a lower rate of poverty compared to 2020 (NSO, 2023). In 2021, 17.6% of households who were at risk of poverty resided in the Southern Harbour while, the Western district registered a low rate of households who were at risk of poverty with 14.1% (NSO, 2023).

In this dissertation, food and eating practices of the participants who live in the Western district and in the Southern Harbour district are going to be explored more in detail. It is important to clarify that selection of these two districts is not intended as a comparative exercise, as it would not suit the qualitative methodology used. However, these two districts were chosen to make sure that I have a diverse sample in terms of living situation, age, gender, SES and place of residence. Short questionnaires were administered in order to measure the participants' SES. Educational attainment, occupation and annual household income were three important factors to measure the participants' SES.

*Figure 4- Map of Maltese districts*



(NSO, 2023, p. 4)

*Table 4- Localities and districts*

Southern Harbour	Bormla, Fgura, Floriana, Luqa, Żabbar, Kalkara, Marsa, Raħal Ġdid, Santa Luċija, Isla, Tarxien, Valletta, Birgu, Xgħajra.
Northern Harbour	Birkirkara, Gżira, Qormi, Hamrun, Imsida, Pembroke, San Ġwann, Santa Venera, San Ġiljan, Swieqi, Ta' Xbiex, Pietà, Sliema.
Southern Eastern	Birżebbuġa, Gudja, Haħ Ġħaxaq, Kirkop, Haħ Safi, Marsaskala, Marsaxlokk, Imqabba, Qrendi, Żejtun, Żurrieq.
Western	Dingli, Balzan, Lija, H'Attard, Haż-Żebbuġ, Iklin, Imdina, Imtarfa, Rabat, Siġġiewi.
Northern	Għargħur, Mellieħa, Imġarr, Mosta, Naxxar, San Pawl il-Baħar.
Gozo and Comino	Fontana, Għajnsielem and Comino, l-Għarb, l-Għasri, il-Munxar, in-Nadur, il-Qala, San Lawrenz, Ta' Kerċem, Ta' Sannat, ir-Rabat, ix-Xagħra, ix-Xewkija, iż-Żebbuġ.

(NSO, 2023, p. 5).

## 1.6 Conclusion

In this chapter, I sought to offer an overview of the Maltese context with regard to the relationship between SES and food consumption, whilst outlining the purpose and rationale for this study.

The next chapter is the literature review, which will focus on theoretical and empirical literature on the topic. The third chapter is the methodology, which will focus on the research techniques used to gather data for this research. The fourth chapter will present and analyse the findings, which will then be discussed in the final chapter in the context of literature. The last chapter of this dissertation is the conclusion.

# CHAPTER 2- LITERATURE REVIEW

## 2.1 Introduction

This chapter will introduce different theoretical perspectives, which may be employed to understand food and eating practices, in particular with relation to SES. Empirical studies will also be discussed to support these perspectives and theories. Although, literature related to eating habits in Malta will feature in this chapter, much of the literature prevails from North America and European countries, given the limited sociological literature available on the topic locally.

## 2.2 Mediterranean diet

The Mediterranean region is famous for having a diet with a high nutritional value (Cuschieri and Libra, 2020). The Mediterranean diet is believed to help prevent disease and extend life. This is due to being rich in fibre, fresh vegetables that are high in Vitamin C and fish, which have a high rate of omega-3 fatty acids (Anania et al., 2018; Lopez-Garcia et al., 2014). In addition, the Mediterranean diet also consists of olive oil and unrefined cereals (Anania et al., 2018).

One of the benefits of the Mediterranean diet is high life expectancy (Menotti, 2016). An earlier study done by Willet and colleagues (1995) reported that during the early 1960s, the majority of the population in Greece and the population of Southern Italy had one of the highest life expectancy in the world thanks to the Mediterranean diet. Recently, Eurostat (2023) reported that in 2021 the regions of Italy, France and Spain had the longest life expectancy from birth. The highest life expectancy was reported in Madrid with 85.4 years. The Autonomous Province of Trento, which is a region in Italy, reported the fifth highest life expectancy with 84.2 years. Interestingly, Malta has also a high life expectancy of 82.5 years. Among these health benefits is evidence that this diet may decrease the risk of various chronic diseases such as cardiovascular

diseases, type 2 diabetes and cancer (Couto et al., 2011; Estruch et al., 2013; Sarsangi et al., 2022).

Numerous studies since then have continued to reveal the significant benefits of consuming a Mediterranean diet. A randomised controlled trial done by Estruch and colleagues (2013) explored specifically its potential to prevent cardiovascular events. A number of 7447 Spanish males and females aged 55 to 80 years participated in this study during 2003 to 2009. Eligibility criteria was based on those participants who had either type two diabetes mellitus or were at risk of at least three factors; “smoking, hypertension, elevated low-density lipoprotein cholesterol levels, low high-density lipoprotein cholesterol levels, overweight or obesity, or a family history of premature coronary heart disease” (Estruch et al., 2013, p. 2). These participants were split into two groups. The first group was asked to follow the Mediterranean diet while using extra-virgin olive oil every day (approximately 1 litre every week). The second group was asked to follow the Mediterranean diet while eating 30g of mixed nuts per day. The last group (control group) was asked to control their diet by following a low fat diet. The first two groups reported good adherence to the intervention. The most groups that reduced the risk of cardiovascular disease were persons who followed the Mediterranean diet and took extra-virgin olive oil every day or ate 30 grams of mixed nuts every day. These two groups reduced the risk of three major cardiovascular events per 1000 person-years. Moreover, those persons who were initially free from cardiovascular disease reduced the risk by 30%. However, the last group who followed a low fat diet did not decrease the risk of cardiovascular disease. Another study done by Panagiotakos and colleagues (2007) also showed that the Mediterranean diet could reduce the risk of non-communicable diseases in elderly people in Cyprus. Between 2004 and 2005, Panagiotakos and colleagues (2007) used a random study to investigate the relationship between

the Mediterranean diet and non-communicable diseases among 53 men and 97 women aged 65 to 100 years. A total percentage of 60% of males and 68% of females had a high cholesterol, while only 26% of males and 18% females were diabetic. Panagiotakos and colleagues (2007) observed that a 10-unit increase in the diet score helped participants to reduce the risk of non-communicable diseases. For instance, participants had only 6% chance of developing hypertension and diabetes, 9% chance of developing high cholesterol and 12% chance of being obese. Moreover, those females who followed the Mediterranean diet had 21% less chance of developing one additional risk factor (e.g. hypertension, diabetes, high cholesterol and obesity), while males who followed the Mediterranean diet had 14% less chance of developing another one additional risk factor.

### **2.2.1 How Mediterranean is the Maltese diet?**

This representation of the Mediterranean diet as the epitome of health is paradoxical when comparing it to the alarmingly high obesity rates in the Maltese islands, which are located at the centre of the Mediterranean Sea. To understand this conundrum, Cuschieri and Libra (2020) conducted a nation-wide cross-sectional study in Malta between 2014 and 2016. The objective was to explore if Maltese adults still follow the Mediterranean diet. In order to study the Maltese population, data was collected about the lifestyle factors and socio-economic situation of the Maltese population. Some lifestyle factors included smoking and alcohol intake. Socio-economic data included education and occupation. A number of 3,947 people aged 18 years to 70 years participated in this study. Cuschieri and Libra (2020) found that more women than other counterparts followed the Mediterranean diet. The most group of people who followed the Mediterranean diet were people who did not smoke and engaged in physical exercise regularly. On the other hand, the least group of people who followed the Mediterranean diet were those

who did little physical activity and had smoking habits. Interestingly, education was not found to be a contributing factor to the Mediterranean diet. In this regard, people with high occupational level and medium educational level were less likely to follow the Mediterranean diet. On the other hand, the factors that influenced high adherence to the Mediterranean diet were old age, non-smoking and unemployment. Old women who were unemployed and non-smokers reported high adherence to the Mediterranean diet. As Costarelli and colleagues (2020) argued unemployed females were the most group of people who followed the Mediterranean diet because, they were influenced by their older generations of mothers to be responsible to prepare meals for their families.

Similar results like Cuschieri and Libra (2020) were reported in a quantitative study done by Cefai and Camilleri (2011). The aim of Cefai and Camilleri (2011) was to investigate what university students understand by diet and related health practices. In addition, factors such as gender, faculty and year of course were reported, in order to investigate better whether these factors influence high or low adherence to the Mediterranean diet. A number of 494 undergraduate students participated in this study. One of the most interesting results was that the university female students reported higher intake of fruit and vegetables than male students did. However, most of the university students reported low adherence to the Mediterranean diet. For instance, half of the students reported that they take 0 to 2 servings of fruit and vegetables per day. In addition, only 15% of the students reported that they take five or more servings of fruit and vegetables per day. Although the students reported a low intake of fruit and vegetables, but the students reported a high consumption of water with 84% of the students reported that water was their most preferred drink. On the other hand, alcohol was the least preferred drink.



This distancing from the Mediterranean diet has not only been reported in Malta. Greece, for instance, is also experiencing low adherence to the Mediterranean diet. In this regard, Farajian and colleagues (2011), conducted a semi-quantitative study in Greece in 2009 to evaluate children's diet by assessing their adherence to the Mediterranean diet by using the KIDMED (Mediterranean Diet Quality Index for children and adolescents) questionnaire. A total number of 4786 Greek children aged 10 to 12 years participated in this study. The assessment of children's adherence to the Mediterranean diet was also associated with obesity rates. Farajian and colleagues (2011) found that only 4.3% of the participants had high adherence to the Mediterranean diet. These children reported that they did physical exercise regularly and reported a high consumption of fruits, vegetables, legumes, dairy products, fish, bread and nuts. However, Farajian and colleagues (2011) reported high rates of overweight and obesity among the other children who did not follow the Mediterranean diet.

### **2.2.2 Reasons for low adherence to the Mediterranean Diet among Maltese people**

In this section, I am going to explore potential reasons why Malta is reporting low adherence to the Mediterranean diet. History, migration, food advertising and globalisation are going to be explored in detail to address this issue.

#### **2.2.2.1 History**

There are many reasons why the Mediterranean populations including the Maltese population have low adherence to the Mediterranean diet. One of the reasons might be historic. As discussed by Tessier and Gerber (2007), history has influenced Malta regarding food choices. Their study based on a structured qualitative questionnaire underscores this factor. Their aim was to analyse changes in food consumption over time of 24 food items in Malta and Sardinia. A number of 60 females were interviewed. Two and more generations of mothers and daughters were included in

the study, the reason being that females are mainly responsible to prepare food. The participants had to report their intake of cereals, meat, fish, dairy products, sweets, fats and alcoholic drinks. The selection of these two islands is that several invaders ruled both Sardinia and Malta. Malta was more influenced by its history regarding food consumption than Sardinia. On the other hand, Sardinia managed to maintain its original culture (Berlinguer and Mattone, 1998, as cited in Tessier and Gerber, 2007). The last coloniser of Malta, the British Empire, in particular had a lasting impact on the food consumption in Malta (Tessier and Gerber, 2007). For example, 40 out of 60 Maltese females reported that they prepared the traditional English breakfast with bacon, eggs, sausages and toast with cheese. This accounts to an estimate of 67% reported that they prepared and consumed baked beans, especially as part of an English breakfast. The British Empire also left its influence on the intake of fry-ups, roast meat meals and custard (Cassar, 2016).

#### ***2.2.2.2 Migration***

Another factor, closely associated with the history of Malta, is migration patterns. Since more Maltese than Sardinians immigrated to countries, which are not in the Mediterranean such as Canada, Great Britain, USA and Australia, their food habits have changed (Tessier and Gerber, 2007). Hence, when Maltese emigrants returned to Malta, they ate differently from Maltese who did not immigrate to non-Mediterranean countries.

#### ***2.2.2.3 Food advertising***

Food advertisements are another reason why Maltese people especially children are obese (Cauchi et al., 2014). In several countries around the world, foods with poor nutritional value such as soft drinks are advertised to children through television (Cairns et al., 2009).

In relation to childhood obesity and food advertising, Cauchi and colleagues (2014) did a cross sectional survey in Malta, in order to analyse the extent and nature of food and drinks advertising to children on seven national Maltese television stations. The adverts were recorded for one week between seven o'clock in the morning to ten o'clock in the night. Cauchi and colleagues (2014) focused on the peak viewing times when children watch TV. A number of 6431 advertisements were analysed, with the majority being food advertisements. The authors found that 7.2% of food advertisements were aimed at children under the age of 16 years. Ninety-five percent of these food advertisements promoted unhealthy food (e.g. chocolate). Chocolate and confectionery advertisements were the most advertised during peak viewing times when children watch TV with 40%. Unhealthy food was advertised more frequently during children's peak viewing times than during the hours where children were less likely to watch television. Some of the persuasion tactics in these food advertisements were focused on taste, fun and peer status. Hence, the key message of the adverts aimed at children was that children are socially accepted if they consume advertised food items.

#### ***2.2.2.4 Globalisation***

Another factor that influenced all the Mediterranean populations was globalisation (Chauveau et al., 2013). Globalisation refers to the increasing interconnectedness between countries. Through, ideas, goods and capital, countries are being more connected together (Cassimon et al., 2018). Globalisation had deeply influenced people's food choices. Since food is now mass-produced, people have the facility to choose a variety of food products and outlets (Germanov and Williams, 2017). These food developments people have more cultural knowledge on food termed as 'culinary capital.' (Naccarato and Lebesco, 2012, as cited in Germanov and Williams, 2017). This is a form of cultural capital where food choices are reflected through detailed knowledge

and reflection about where food was produced, the quality of food and how health is affected by food and its preparation. Moreover, through globalisation particularly the media, international trade and travel, the cosmopolitanisation of food emerged (Tomlinson, 1999, as cited in Germanov and Williams, 2017), where foreign cultures have blended into local cultures, leading to emergence of new tastes and cuisines. Nowadays people have more access to foreign cultures than their own local culture. Access to foreign cultures enable people to include multicultural aspects (e.g. food) into their own lifestyle. Through cosmopolitanism, a plurality of lifestyles are emerged through several ethnic cuisines and fusion of food (Tomlinson, 1999, as cited in Germanov and Williams, 2017).

#### **2.2.2.4.1 The influence of globalisation on food features in America**

McDonaldization is a theory that was developed by Ritzer (2011) in his seminal book *The McDonaldization of Society*. This theory is based on the popular fast food restaurant McDonald's. Ritzer (2011) used Weber's theory of rationalisation to develop his theory of McDonaldization. Through, rationalisation, social and economic life are organised on the principles of efficiency (McLenish, 1993, as cited in Kombako, 2022). Weber argued that modern institutions are being influenced by calculation, measurement and control. Since progressive rationalisation occurred in the world, this process could not be reversible. Weber referred to this process as "Iron Cage." In this regard, Ritzer (2011) argued that a rationalised society might not be rationalised after all. Through Weber's theory of rationalisation, Ritzer (2011) discussed the principles of McDonaldization: efficiency, calculability, predictability and control. As argued by Ritzer (2011), the principles of fast-food chains like McDonald's are influencing deeply the American society and the rest of the other countries. Through the theory

of McDonaldization, Ritzer (2011) also discussed globalisation and glocalisation. Glocalisation means that global practices have been interacted in the local context. As a result, the global practices influence the local's culture and economy (Mommaas, 2004). Ritzer (2011) refers to the terms globalisation and glocalisation as either 'something' or 'nothing.' In this case, 'something' refers that the local culture has created something. In contrast to 'something,' 'nothing' refers that no meaning is associated with this term. Ritzer (2011) argued that glocalisation of 'something' is something that is made locally and carries meaning in particular countries. On the other hand, globalisation of 'nothing' is that something is created to please people's tastes and is sold with low prices. Globalisation of 'nothing' facilitates companies to expand because everything is made the same and the market is promoted the same. Hence, glocalisation of 'nothing' is that when something is in high demand but its transformation carries no meaning. Ritzer (2011) argued that McDonaldization is both the globalisation of 'nothing' and the glocalisation of 'something.' McDonald's and other fast-food chains are an example of globalisation of 'nothing' because these multinational companies create the same food and processes that mean nothing to local people. McDonaldization has also the power to influence local restaurants to become more like McDonald's and thus the processes of McDonaldization are spread all over the world. On the other hand, McDonald's is an example of glocalisation of 'something' because the fast food restaurant tries to adapt itself in several ways in order to integrate with local cultures (Ritzer, 2011). For instance, McDonald's serves beer in France, while in the USA McDonald's only serves non-alcoholic drinks (Lupton, 1996). In addition, in Holland McDonald's serves the fries with mayonnaise, while in the USA fries are served with ketchup (Lupton, 1996). Globalisation of 'something' and globalization of 'nothing' are also evident in other aspects of life. For instance, museums are a globalisation of 'something'

because, they cater for particular people and deliver something unique (\*<sub>2</sub>Ritzer, 2007, as cited in Yeganeh, 2020). On the other hand, a souvenir shop is an example of glocalisation of ‘nothing.’ The reason being that although the souvenir shop is selling items that are part of the local culture but ironically the items are produced in a foreign country (Ritzer, 2007, as cited in Yeganeh, 2020).

As Ritzer (2011) argued, one of the successes of McDonaldization is efficiency. Ritzer (2011) argued that McDonald’s offers an efficient way for costumers to fill their stomach in a couple of minutes. The employees of McDonald’s are efficient because they follow predesigned steps of process. The drive-through has made the process even quicker. In this regard, Ritzer (\*<sub>3</sub>2000, as cited in Kombako, 2022) discussed irrationality of rationality. It is one of the consequences that progressive rationalisation cannot be reversible which Weber referred to as “Iron Cage.” The reason being that Ritzer (2000) associated irrationality of rationality with the drive-through is that the customers do not wait in the restaurant to be served but wait outside the restaurant to be served.

Ritzer (2011) added that efficiency is also seen in homemade cooking. The reason being is that people are now heating their “homemade” fast foods in their microwaves. According to Ritzer (2011), it is more efficient to “heat homemade” fast food rather than ordering fast food from a fast food chain. The reason being is that more hassle is involved when eating food from a fast food chain because you have to drive the car to the restaurant, go to the restaurant and return back home. On the other hand, you only need to go once to buy the “homemade” fast food.

---

<sup>2</sup> Yegnah’s (2020) book review was cited because I did not have full access of Ritzer’s book, *McDonaldization*, 5<sup>th</sup> edition.

<sup>3</sup> Since I did not have full access to Ritzer’s book *McDonaldization*, 4<sup>th</sup> edition. Thus, I cited the book review written by Kombako (2022).

Nowadays efficiency is evident on the type of food that working mothers are preparing for their children. For example, Slater and colleagues (2012) did a qualitative study among working mothers who earned a median income and who had primary school-aged children. The mothers and the children lived in Winnipeg, Canada. Their aim was to explore the decisions that mothers make on food choices and food provisioning. A number of 11 middle-income North American females were interviewed. These participants argued that since they have a busy life, they cook convenience food or order a takeout. From their study, Slater and colleagues (2012) argued that children eat food that has a low nutritional value (e.g. frozen fish fingers and tinned soup).

#### **2.2.2.4.2 Big Food corporations**

The food chains who produce processed food such as McDonald's are known as Big Food corporations. Big Food corporations contribute to large sums of money to the food business (Plunkett Research, 2023). According to Plunkett Research (2023), global food and agricultural industry was worth \$10.5 trillion in 2022. Big Food corporations increased their power in the food business through several strategies such as nutritionism which will be discussed further in this subsection (Clapp and Scrinis, 2017). Clapp and Scrinis (2017) argued that nearly in every country of the world food with a low nutritional value (e.g. processed food) have become easily available with the consequence that many people are feeling sceptical about the health risks associated with processed food. As argued by Monteiro and colleagues (2013) argued, Big Food corporations are also responsible for non-communicable diseases (e.g. diabetes). As argued by Scrinis (2013), the main health concerns that Big Food corporations had to deal with within the last hundred years were nutritional deficiencies such as the low intake of micronutrients and over-consumption. These health concerns were responded by the Big Food corporations. As Scrinis (2015), argued firstly products were fortified by adding micronutrients (e.g. vitamins) to

packaged foods. For instance, Scrinis (2013) mentioned that Diet Coke Plus was added with vitamins B<sub>6</sub> and B<sub>12</sub>. Secondly, Scrinis (2015) argued that Big Food corporations reduced the amount of sugar, salt and saturated fat (also known as “bad” nutrients as mentioned by Scrinis, 2013) which were found in their products. Therefore, foods that have a low nutritional quality have been improved. For example, Scrinis (2013) mentioned that chicken nuggets contain less fats than before. Thus, these products are coded as “lesser evil” foods (Scrinis, 2013). Thirdly, Scrinis (2015) mentioned that nutrients (e.g. omega-3 fatty acids) were added to the products. However, the nutritional strategy employed by Big Food corporations received a lot of criticism. For instance, Clapp and Scrinis (2017) argued that this strategy has distracted people to focus only on the nutrients (e.g. protein and calcium) added to the products, whilst drawing away attention of the large quantities of sugars found in these types of packaged and processed food. For instance, customers were encouraged to buy Kellogg’s Cocoa Krispies because, the company argued that this product helps children to boost their immunity through the vitamins A, C and E which were added to this product (Scrinis, 2013). However, one has to bear in mind that Kellogg’s Cocoa Krispies is highly processed since it contains additives and high amounts of sugars and salt. Thus, people focused more on the vitamins since it they are beneficial for their children’s health and focused less on additives, sugars and salt. As Scrinis (2013) argued the practice employed by Big Food corporations to focus on nutrients only is related to the dominant ideology of nutritionism (Scrinis, 2013). Nutritionism had left a strong impact on nutrition science research since the 19<sup>th</sup> century. This ideology has been employed in various food sectors (e.g. dietary advices, food engineering and marketing practices). Hence, nuritionism helped people to gain more knowledge about food. Through this ideology, people focused on the nutrients by understanding how the nutrients are beneficial for their health. Nutritionism is also



evident on how Big Food corporations make use of nutritional buzzwords to promote their products. Some examples of nutritional buzzwords are calorie-burning green teas, low-glycaemic-index meal replacements, probiotic ice-cream and heart-healthy chocolate chip muffins. Since these foods are marketed through nutrient and health claims, nutrition experts and the food market industry code these foods as functional foods. The reason being that these foods carry health claims.

#### **2.2.2.4.3 The impact of the media on food**

Big Food corporations are not the only reason why people are concerned about food safety. People are also concerned about food safety because, the media reports food scandals (Lupton, 2000 and Ha et al., 2020). For example, the media reported pig disease in Vietnam. As a result, several people in Vietnam stopped buying pork, and are now buying other types of meat (World Bank, 2017). Since we are now living in a 'risk society,' (Giddens, 1999) people have the duty to read the information about food to manage their diet better (Ward et al., 2011). In this regard, Ward and colleagues (2011) did a qualitative study among 47 shoppers in Australia. The participants lived in higher and lower socio-economic metropolitan and rural locations. The objective of this study was to measure the level of trust people had in different sources of food information. These sources included the Australian food supply and media sources. Hence, this study was about the reliability of food information. This study found that several participants trusted the Australian food supply. However, there were different opinions whether the participants trust the media reporting or not regarding food issues. For instance, the participants did not trust Tabloid newspapers and commercial television services because they create uncertainty when reporting about food issues. One of the sources that the participants trusted about the reporting food issues was ABC television. With regards, to media reporting about

health risks, several participants mentioned healthy eating. They argued that they feel uncertain about the healthiness of food because they feel confused on what food they should eat. For instance, one participant argued that when she reads the newspaper, she finds that a particular food is ‘bad’ for our health and then in the next day she finds that the same particular food is ‘good’ for our health. Therefore, participants reported inconsistencies in the information that the media presents, which made them feel stressed. Uncertainty about food and healthy eating was managed especially by young persons who had a high SES through sources, which participants believed that are credible such as health magazines. Others argued that they reject information that is confusing about healthy eating. Few participants with a low SES either confirmed or denied media reporting. From this study, high SES participants question the information resources, while low SES participants are less likely to question information resources.

## **2.3 Sociological perspectives on food and eating practices**

In this section, different sociological studies are going to be discussed such as the studies of Marx (1867, as cited in Foster, 2016), DeVault (1991, as cited in Fisher, 1992) and of Bourdieu (1979/1984). The decline of the family meal and studies about whether people eat together or alone are going to be discussed in this chapter too. Moreover, the construction of healthy and unhealthy eating habits and the construction of food choice decisions are going to be discussed at the end of this chapter.

### **2.3.1 Marxist view on food choices**

One of the earliest sociological study on food dates back to Marx. Marx’s main interest was food consumption under capitalism, in particular food consumed by the working class (Foster, 2016). To understand the English working class, in the late 1860s Marx (1867, as cited in Foster, 2016) referred to the work of John Simon, a leading British medical professional who investigated

British public health. Simon and his colleagues found that staple foods and drinks of the English working class were potatoes, bread and tea (Wohl, 1983). Few amounts of meat were consumed by stocking weavers, shoemakers, needlewomen and silk weavers. These workers consumed food that was high in carbohydrates and in fats, while they consumed little fresh green vegetables and milk. Since the workers worked long hours, engaged in physical labour and walked a long distance from home to work and vice versa, tea and bread were not enough.

This research was used by Marx (1867, as cited in Foster, 2016), to investigate the inadequate nutritional intake of workers in industrial towns. In his book *Capital* volume 1, Marx argued that the workers of Lancashire factories had a very low consumption of carbohydrates. Moreover, Marx (1867, as cited in Foster, 2016) argued that the unemployed workers consumed fewer carbohydrates than workers of Lancashire factories. Regarding protein, both the employed and the underemployed ate a very low quantity of protein.

Foster (2016) also mentioned that Marx did not only analyse the nutritional intake of workers but he analysed questions of food degradation, additives and toxins. These questions were related to the fact that food was transformed into a commodity. In the 19<sup>th</sup> century, these questions were discussed under the title of “adulteration.” This means that food was unfit of being consumed. Questions were being asked of what does food contains and why food is being adulterated. In this regard, Marx (1867, as cited in Foster, 2016) also criticised adulteration. He pointed out that the working class and the middle class were consuming adulterated food products.

Unfortunately, factory owners, food manufacturers and shopkeepers were selling dangerous food full of toxic ingredients to workers. Reducing the nutritional value of the products resulted into more profit. Marx (1867, as cited in Foster, 2016) also relied on the work of Hassall who was physician. Hassall used a microscope to detect food adulteration in 2,500 food and drink samples

(Foster, 2016). Hassall detected several doses of alum toxic that was used to whiten the bread, as well as copper in bottled pickles and mercury in pepper. Hasall found that colours were added to food, which were detrimental to people's health. Thus, capitalists were increasing profit through food adulteration. Marx also associated food adulteration to class. The bread of the poor was produced underground with the consequence that it was produced with adulterated flour with alum, while the bread of the rich was produced in the finest bakeries. Thompson (1971), a Marxist Historian also mentioned adulteration. He argued that there were three kinds of loaves associated with the three social classes. The white loaf for the high classes, the intermediary household loaf for the middle classes and brown loaf for the poor. Thompson (1971) referred to brown loaf as offal since it had a poor quality.

### **2.3.2 DeVault's work on eating habits**

Eating habits are not only related to social class but also to gender. Feeding was an action discussed by \*4DeVault (1991, as cited Fisher, 1992). DeVault's work shows that the women's main responsibility is to prepare food and feed it to their families. However, DeVault's research shows that feeding food has two major consequences on women. On a positive note, preparing food rewards women because, they feel socially accepted and strengthen their relationship with their families. On the other hand, feeding can also oppress females. Feeding is a form of oppression because women serve men, the social and economic system. Unfortunately, both the social and economic system disempower women. Although DeVault's research showed that women do their utmost to prepare meals of high nutritional value for their families, however women never receive the same kind of nurturance they provide for their family members.

---

<sup>4</sup> I could not access the original work of DeVault (1991). Therefore, I used the book review written by Fisher (1992).

DeVault (1991) carried out a qualitative study among families with children to investigate the experiences of people regarding planning and coordinating family feeding. However, more females adults (n=30) than men (n=3) were interviewed. In this study, households who earned more than \$100,000 and single mothers who lived on welfare benefits were interviewed. Both working mothers and homemakers participated in this study. The study took place in USA.

De Vault's (1991) interviews revealed that women had a lot of responsibility with regards to planning and coordinating family feeding, which she referred to as 'feeding work' and described as being a difficult intellectual activity. DeVault's work showed that women's domestic shopping was an important dimension of women's unpaid work. Regardless if they were rich or poor, women argued that they had to plan shopping carefully and make hard choices. The social class of poor females constrained their gendered work. For instance, one participant mentioned that she faced extremely difficult arrangements in order to manage to make a shopping trip on a daily basis.

Regarding, how DeVault's (1991) participants viewed the practice of feeding, all of the women argued that they viewed the feeding practice as a form of service. However, rich and poor women expressed different meanings. In poor families, feeding was seen as a necessity. In contrast to poor women, rich women argued that through feeding, they can express themselves and feeding also served as a bonding time with their families. In households with high income, men were also more involved in feeding decisions and were more aware of nutritious and style of eating.

### **2.3.3 Charles and Kerr (1988) study on gender inequality**

Charles and Kerr (1988) also did a study about food and gender. Charles and Kerr (1988) did a qualitative study with 200 females living in North England who had at least one preschool child and engaged in part-time employment or were not gainfully employed. Their aim was to investigate the association between gender and food preparation. Charles and Kerr (1988) found that gender inequality was produced through household meals. However, on a positive note, household meals strengthened the relationship between household members. This study also found that females expressed their affection towards their male partners through food. Hence, food helped men to remain happy with their wives. Furthermore, mothers showed love and attention towards their children through birthday cakes. Besides birthday cakes, 36% of the children whose mothers were interviewed celebrated their birthday by organising a party with party food.

Interestingly, females whose male partners were engaged in paid employment did their utmost to please their male partners and children's food tastes. However, these women did not pay much attention to their own food tastes. In addition, females prepared food to make sure that all the members of the family are well fed and that they enjoyed the meal. In contrast, to the women whose male partners were engaged in paid employment, women whose male partners earned a low income or were unemployed, did not do their utmost to please their male partners' food tastes. However, all mothers from all social strata felt that they were responsible for the eating habits and health of their family members (Charles and Kerr, 1988).

Interestingly grandparents gave sweets to their grandchildren to express their love and affection. However, mothers felt stressed that on one hand, they have to allow the grandparents to give

sweets to the children to express love to their grandchildren and on the other hand, they have to maintain their own control over their children's food choices. In contrast to families whose grandparents buy sweets for their children, middle class households had different concerns. Middle class households were more concerned about how much nutrients their children eat. These families expected their children to consume food that costs a lot of money and that has a high status.

#### **2.3.4 The importance of eating together**

Commensality is an important term related to eating habits. Commensality is a term that is used in social sciences to explain the act of eating together (Jönsson et al., 2021). Commensality originated from the Latin medieval word *commensalis*. The prefix *com-* means that something can be shared among many individuals. The other suffix *mensa* means that the table is used to eat food. This means that through commensality, people share the table. However the suffix of *mensalis* means sharing the food itself. Commensality can also mean to share the cost of the meal because the medieval term *commensalia* can designate *symbola* which means financial contribution to a meal. These medieval terms were explained through the dictionary *Glossarium Mediae et Infimae Latinitatis* written by Cange and colleagues (1883, as cited in Jönsson et al., 2021). According to Golino (2014), people who eat food together communicate better with each other. In addition, as Douglas (1973/2003) argued, food is not only essential to survive but is a way to express and build social relationships. Douglas (1973/2003) even mentioned that food such as traditional dishes help families to unite during special events (e.g. Christmas). Interestingly one of the benefits of commensality is that young children eat a wide range of foods (Goto et al., 2014). Another benefit of commensality as highlighted by Absolom and Roberts (2011) is that eating food together helps young people to talk about school exams and make

plans with their family members. Food can also help stepparents and children to build a positive relationship. In this regard, Wills and colleagues (2008) did a qualitative study in Scotland to investigate how young people with a low SES feel about their everyday eating habits within their home. Young people showed in their study showed that they accepted their stepparent by sharing a meal with him or her. Wills and colleagues (2011) also argued that when the parents include their teenage children in food practices such as preparing and buying food, teenage children generate more trust with their family members. Food has also an element of control. In this regard, Bassett and colleagues (2008) did a qualitative study among 47 European Canadian, Punjabi Canadian and African Canadian families. Their objective was to investigate how teenagers and parents find a compromise on the teenagers' food decisions. According to Bassett and colleagues (2008), the teenagers had a substantial control over their food choice decisions. Teenagers chose their food to eat for breakfast, lunch and snack. However, the dinner was prepared by their mothers or grandmothers and hence, they had less choice on what food they eat. However, if the teenagers did not like the food that their mothers or grandmothers prepared for them, the teenagers were free to cook something else for themselves. Parents controlled their teenagers' household food choices by using several strategies such as coaching and coaxing.

### **2.3.5 The decline of the family meal**

Although several scholars such as Charles and Kerr (1988), and Absolom and Roberts (2011) argued that household meals strengthen the relationship between family members, Warde (2016) and Putnam (2000, as cited in Wright, 2001) argued that, eating together as a family is becoming less popular (Warde, 2016). In this regard, Warde (2016) and Putnam (2000, as cited in Wright, 2001) argued that the family meal is now in decline.



There are many reasons why the family meal is now in decline. For example, in the United Kingdom, the Office for National Statistics (ONS) (2012) argued that the average household size declined by a third between 1961 and 2001 due to declining fertility and longer life expectancy (Jamieson and Simpson, 2013). Therefore, households with two adults and dependent children (nuclear families) have declined. While, 38% of households in the United Kingdom were nuclear families in 1961, in 2011 only 21% of the households were nuclear families. On the other hand, the number of one-person households increased (Jamieson and Simpson, 2013). The percentage of one-person households in 1961 was 12% compared to 29% in 2011 (Jamieson and Simpson, 2013). Interestingly, the lowest fertility rate in EU was registered in Malta in 2021 with 1.13 live births per female (Eurostat, 2023). Like Jamieson and Simpson (2013), the National Statistics Office (2023) reported that thousands of Maltese people are now living alone. The National Statistics Office (2023) argued that the census of 2021 showed that 22, 665 of Maltese males and 21, 270 of Maltese women are living alone. This accounts for 63% of persons who live in single-person households. Middle aged males and elderly females are more likely to live alone.

To explore the way that people prepare their food and, whether people eat alone or together Yates and Warde (2012) conducted a quantitative study in Britain. A total number of 2784 people participated in this study. The participants were required to fill in a food diary. One-person households reported that they eat 74% of the meals alone. In contrast to one-person households, people who live with others reported that they only eat 27% of their meals alone. However, even households with dependent children reported eating alone due to work and school. However, they are more likely to eat together during the weekend. During the weekdays, the households with dependents eat 32.5% of meals alone, while they eat 14.8% of the meals

alone during the weekends. In this quantitative study, more males (76%) than females (70%) who live alone reported that they eat more alone. In addition, the working class have a tendency to eat more alone than the service class.

Interestingly, one-person households and shared households prepare food differently. For instance, one-person households prepare more homemade food than shared households. On the other hand, shared households eat more ready-to-eat meals than one-person households (Yates and Warde, 2017).

Gallegos and colleagues (2011) also did a quantitative study about family meals in Australia. A number of 625 adolescents from Year 10 participated in this study. The objective of Gallegos and colleagues (2011) was to explore the beliefs and practices that comprise the family meal. Most of the adolescents described their meal that they ate the last evening as a family meal. The majority of the adolescents viewed the family meals as an opportunity to spend time with their families. These findings offer a challenge to common myths about the declining importance of the family meal (Gallegos et al., 2011). For example, in contrast to the moral panics, participants with working mothers reported that they still eat meals together, and take this as an opportunity to talk and bond with their family members. This function challenges stereotypes that adolescents do not want to interact with others.

### **2.3.6 Bourdieu's work on food**

Bourdieu's work on eating habits is very important to analyse, especially in relation to SES.

Bourdieu (1979/1984) is famously known for his seminal book *Distinction: A Social Critique of*

*the Judgement of Taste*. In this book, Bourdieu (1979/1984) presents a quantitative study, which he carried out in France in the late 1960s. His aim was to sociologically, understand the different practices such as food and eating practices among the French. To reach his aim, Bourdieu (1979/1984) developed these concepts: habitus, capital and field. The habitus is a structure that classify practices. Through the habitus, people learn how to behave every day by interacting with other people from a young age. Thus, the habitus is mainly learned through primary socialization. Through, the habitus people learn a number of preferences or dispositions to interact in the social world. For instance, these dispositions and preferences are reflected through the eating habits of different social classes. Interestingly, through the habitus people unconsciously take for granted the ‘rules of the game.’ Since, every social class has a different habitus; Bourdieu (1990) argued that people from different social classes have to keep their boundaries. The reason is that if they interact with each other, they would feel like an ‘alien’ (Bourdieu, 1979/1984), meaning that they would feel very uncomfortable.

Besides the habitus, Bourdieu (1979/1984) also developed the concept of field. The field is a particular place where individuals are classified into different social classes. As Bourdieu (1979/1984) argued, the position of each social actor is determined by interaction between the field’s rules, the person’s habitus and the person’s capital. A field is a site where people struggle and negotiate over how much capital they should possess.

In addition, Bourdieu (1986) argued, the social world can be better explored through different forms of capital. The forms of capital that Bourdieu (1979/1984; 1986) mainly discussed were

economic, cultural and social capital. In this regard, different forms of capital help to establish power relations.

It is important to note that these forms of capital are not interchangeable. Hence, because a person is rich in economic capital, does not mean that the person is rich in cultural capital. To bring this difference clearly, through his survey with 1,217 participants, Bourdieu (1979/1984) sought to map out the food and eating practices across different social classes. To do this, he constructed a classification model based on four social classes. These social classes were the working class (e.g. skilled workers), new petite bourgeoisie (e.g. small shopkeepers and independent craftsmen), the established petite bourgeoisie (e.g. primary teachers) and dominant class (e.g. senior executives). It is important to bear in mind that the new petite bourgeoisie and the established bourgeoisie formed the middle class, while the dominant class is also known as the upper class. This model is explained in detail in Figure 5, taken from Bourdieu's original work.

Figure 5- Bourdieu's participants' characteristics

**Table A.1** Main characteristics of survey sample: percent in each class fraction, by sex, age, education and social origin.

Class fraction	Sex			Age			Highest educational qualification						Social origin (father's class)		
	N	M	F	<31	31-45	46+	CEP, CAP	BEPC	Bac	Incomplete higher ed.	Licence	>Licence	Working classes	Middle classes	Upper classes
Unskilled, semi-skilled	66	69.7	30.3	45.5	36.4	18.2	100	0	0	0	0	0	70.0	30.0	0
Skilled, foremen	69	73.9	26.1	27.5	36.2	36.2	73.5	26.5	0	0	0	0	59.3	41.7	0
Domestic servants	31	19.4	80.6	38.7	29.0	32.3	96.6	3.4	0	0	0	0	41.2	53.0	5.9
Small shopkeepers	44	48.8	51.2	16.3	30.2	53.5	65.1	18.6	14.0	2.3	0	0	11.8	82.3	5.9
Independent craftsmen	56	71.9	28.1	12.3	42.1	45.7	87.7	7.0	5.3	0	0	0	44.2	53.5	2.3
Commercial employees	40	47.5	52.5	47.5	32.5	20.0	57.5	32.5	10.0	0	0	0	30.3	57.5	12.1
Office workers	200	34.0	66.0	50.0	24.0	26.0	50.0	32.0	16.0	2.0	0	0	12.2	68.3	19.6
Junior administrative executives	47	70.2	29.8	10.6	44.7	44.7	30.5	39.1	30.4	0	0	0	23.8	66.7	9.5
Technicians	38	81.6	18.4	36.8	39.5	21.1	27.8	47.2	22.2	2.8	0	0	19.4	58.1	22.6
Primary teachers	40	37.5	62.5	42.5	37.5	20.0	0	5.0	75.0	20.0	0	0	17.6	70.6	11.8
Junior commercial executives	20	65.0	35.0	30.0	60.0	10.0	20.0	15.0	40.0	20.0	5.0	0	5.0	60.0	35.0
Secretaries	14	0	100.0	50.0	42.9	7.1	7.1	28.6	57.1	7.1	0	0	14.3	50.0	35.7
Medical and social services	45	22.2	77.8	40.0	40.0	20.0	4.7	25.6	46.5	16.3	7.0	0	10.8	40.5	48.6
Art craftsmen	23	60.9	39.1	47.8	30.4	21.7	40.9	13.6	18.2	22.7	4.5	0	10.5	47.9	42.1
Cultural intermediaries	17	76.5	23.5	23.5	52.9	23.5	11.8	11.8	23.5	35.3	17.6	0	18.8	18.8	62.6
Commercial employers	72	66.7	33.3	13.9	30.6	55.6	16.7	25.0	36.1	11.1	2.8	8.3	5.9	47.0	47.0
Industrial employers	30	73.3	26.7	3.3	40.0	56.6	13.8	13.8	37.9	24.1	3.4	6.9	3.6	17.9	78.6
Public-sector executives	80	85.0	15.0	5.3	47.4	47.3	0	0	25.0	10.0	60.0	5.0	11.8	35.3	52.9
Engineers	72	91.7	8.3	27.8	38.9	33.3	8.4	0	2.8	38.9	38.9	11.1	12.5	25.1	62.5
Private-sector executives	80	70.0	30.0	20.0	35.0	45.0	0	11.1	16.7	27.8	44.4	0	5.6	11.1	83.3
Professions	52	69.2	30.8	19.2	36.5	44.2	1.9	0	0	5.8	71.2	21.2	2.2	26.1	71.8
Secondary teachers	48	52.1	47.9	37.5	45.8	16.7	0	0	4.3	4.3	47.8	43.5	12.5	48.0	39.7
Higher-education teachers	19	84.2	15.8	0	47.4	52.6	0	0	0	0	0	100	0	26.3	73.7
Artistic producers	14	78.6	21.4	28.6	42.9	28.6	14.2	7.1	21.4	28.6	21.4	7.1	16.7	0	83.3
Total working class	62.0	38.0	36.7	34.9	27.1	88.2	11.2	0.6	0	0	0	0	61.8	37.4	0.8
Total established petite bourgeoisie	49.0	51.0	36.3	32.0	31.6	48.7	27.3	21.0	3.0	0	0	0	19.7	72.7	7.6
Total new petite bourgeoisie	42.0	58.0	38.7	43.7	17.6	15.5	19.8	37.9	19.8	6.9	0	0	11.4	43.8	44.8
Total dominant class	74.5	25.5	17.9	39.3	42.8	5.5	6.8	16.7	17.5	37.9	15.6	8.0	29.4	62.6	

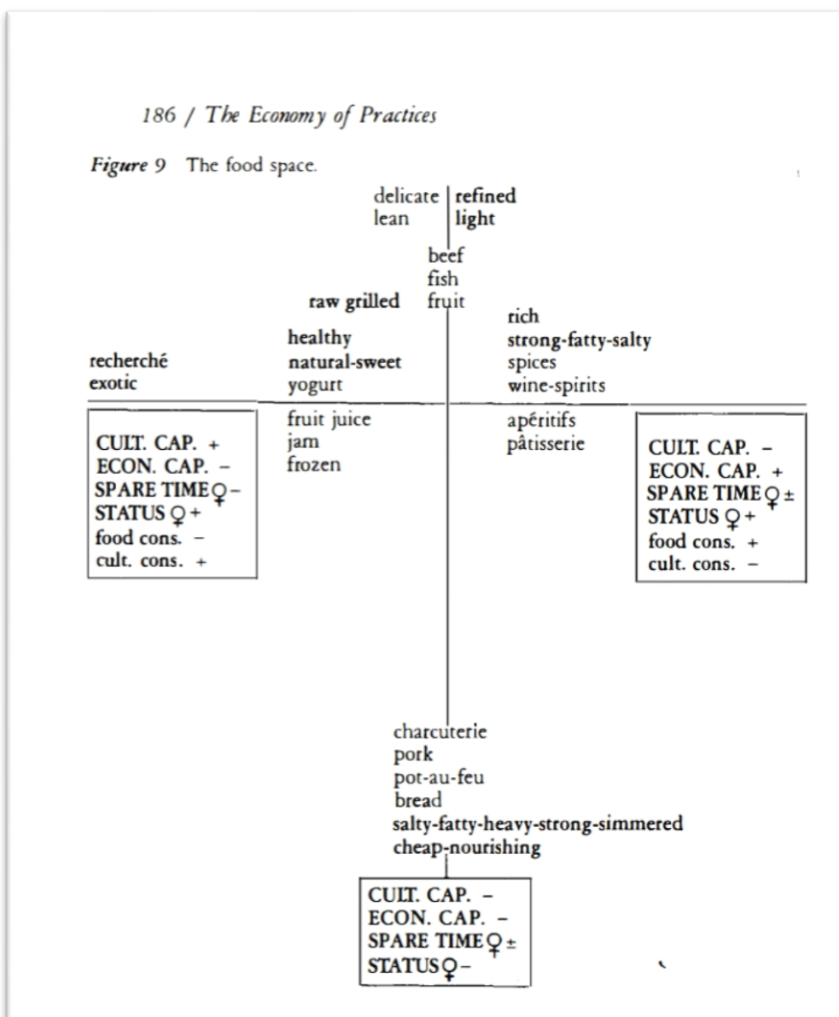
504 / Appendix 1

(Bourdieu, 1979/1984, p. 504).

Bourdieu (1979/1984) also compared the levels of capital between different social classes. He argued that the petite bourgeoisie (e.g. teachers) is richer in cultural capital while, the dominant class (e.g. senior executives) and the working class (e.g. skilled workers) are less rich in cultural capital. However, the upper class is richer in economic capital while, the middle class and the working class are less rich in economic capital. This is evident in how much money these different occupational classes spend on food and cultural items. The industrial and commercial employers spent more money on food and less money on cultural items, while higher and secondary teachers spent more money on cultural items (e.g. books and toys) and less money on

food. Higher and secondary teachers spent 4.3% of their money on culture, while, industrial and commercial employers spent only 1.3% on culture. On the other hand, higher and secondary teachers spent 24.4% of their money on food, while industrial and commercial employers spent 37.4% of their money on food. The different types of food that different employers or employees consume is also evident through different forms of capital. This classification can be understood more clearly in Figure 6, taken from Bourdieu's original work.

*Figure 6- Food and capital*



(Bourdieu, 1979/1984, p. 186).

Bourdieu (1979/1984) argued that since professionals and senior executives are rich in economic capital, they chose to consume traditional cuisine that is expensive such as fresh vegetables and meat. On the other hand, teachers chose to consume food that is less expensive such as ‘exotic food’ (e.g. Italian cooking and Chinese cooking). Since teachers were rich in cultural capital, they consumed food that is healthy and naturally sweet such as yogurts. In this regard, Bourdieu (1979/1984) even mentioned that middle class women are concerned about their body shape because it is part of their habitus and is also a practice to distinguish themselves from other social classes. Moreover, since the working class (e.g. manual workers) are poor in both economic and cultural capital, they consumed foods that do not have a high nutritional value such as pork. Interestingly, although craftsmen were richer in economic capital, they had similar food preferences like that of the working class such as heavy food. According to Bourdieu (1979/1984), this is because they shared similar cultural capital.

### **2.3.7 Forms of capital**

Economic capital means that capital is generated through money (Bourdieu, 1986). In addition, having your own property is also a form of economic capital. Therefore, economic capital can be transmitted from one person to another.

Besides, economic capital, there is also cultural capital. Cultural capital is mainly generated through socialisation and education (Bourdieu, 1986). Cultural capital is available through three forms; embodied cultural capital, objectivised cultural capital and institutionalised cultural capital. Embodied cultural capital requires a lot of personal effort and time investment. This type of capital is linked to the body. Embodied cultural capital is acquired in the “form of long-

lasting dispositions of the mind and body” (Bourdieu, 1986, p. 17). The embodied cultural capital can be converted into a habitus. However, this type of cultural capital cannot be transmitted from one person to another like economic capital. For instance, Bourdieu (1979/1984; 1986) mentioned that etiquette and the use of different cutlery are part of the embodied cultural capital. Secondly, cultural capital can be objectivised through the possession of books, dictionaries, pictures, machines and instruments. Since this consists of material objects, it can be transmitted from one person to another like economic capital. Thirdly, cultural capital can be institutionalised through educational qualifications.

Another type of capital is social capital. Bourdieu (1986) argued that social capital is acquired through informal relationships such as a membership in a group. Hence, people build relationships through several groups such as the family. People also build stronger connections through common names. For instance, the family name, the name of the school and the name of a class can help to build stronger connections. According to Bourdieu (1986), having a network of friendships is a form of investment because, people can benefit from these relationships both for a short and long term. To maintain these connections, a set of obligations have to be followed. For example, one of the obligations is to show respect to others. In addition, exchanging gifts is an important aspect to maintain connections.

Bourdieu (1986) was not the only person who discussed social capital. Putnam (\*52000, as cited in Wright, 2001) had also discussed social capital in his seminal book *Bowling Alone: The Collapse and Revival of American Community*. Putnam (2000) mentioned social capital by discussing the lack of participation in the USA. For instance, he mentioned that the Americans

---

<sup>5</sup> This whole paragraph was cited from the book review of Wright (2001) because I did not have full access to Putnam’s book.



are less involved in formal relationships (e.g. trade unions and politics) and in informal relationships (e.g. family meals and visiting friends). According to Putnam (2000), social capital declined in the USA because of pressures of time and money (this also includes that female roles have changed), mobility and sprawl (for example, people dedicate less time to others due to busy life), technology and mass media (which both contribute to self-isolation), and generational changes in values and behaviours related to civic engagement. However, Putnam (2000) did acknowledge the negative consequences of social capital. For example, he mentioned trust and networks between anti-government paramilitary groups. As a result of this element of trust, the Murrah Federal Building was bombed by anti-government paramilitary groups.

### **2.3.8 Habitus in relation to food and eating practices**

Bourdieu (1979/1984) himself has employed the concept of habitus to understand food and eating practices among the French. According to Bourdieu (1979/1984) food and eating practices cannot be understood on their own but in the context of household expenditure on food, food consumption, the amount of time people dedicate to cooking, the sexual division of labour within the household and food preferences of different professional groups.

In the context of when Bourdieu was writing, he (1979/1984) argued that when people have more disposable income, they are able to spend more money on nutritious food. This change in food budget is reflected in the food choices. People with higher earnings have a tendency to spend less money on pasta, potatoes, beans, pork and wine. These types of food are considered as cheap, fatty and heavy. On the other hand, people with higher earnings spend more money on

lighter and non-fatty foods such as veal, lamb and fresh fruit and vegetables. For example, manual workers (working class) spent 3.4% of their food expenditure on pork, while clerical workers (established petite bourgeoisie) spent only 2.5% of their food expenditure on pork. On the other hand, clerical workers spent 3.0% of their food expenditure on fresh fruit, while the manual workers only spent 2.4% of their food expenditure on fresh fruit.

In *Distinction*, Bourdieu (1979/1984) also discussed the concept of taste. In this regard, the concept of taste has both a literal meaning and a conceptual meaning. He argued that there are two types of tastes: the taste of luxury and the taste of necessity. The taste of luxury is also defined as the taste of freedom. The dominant class has a taste of luxury because, their high level of capital enable them to buy any food that they wish.

However, the working class (proletariat), who have a “taste for necessity”, consume food, which is cheap and filling such as beans, bread and potatoes (Bourdieu, 1979/1984). Working classes have a “taste of necessity” due to low level of economic capital and low level of education. Furthermore, working classes eat food that is filling because they needed to sustain themselves to engage in manual labour. Bourdieu (1979/1984) added that due to different tastes, tensions existed between classes. For instance, the bourgeoisie (dominant class) tended to look down upon the proletariat, with their food taste regarded as ‘vulgar’.

Bourdieu (1979/1984) also mentioned that on Sunday working class women are busy serving food and washing up. On the other hand, working class men remain seated while, they eat and drink. He added that in working class families, when coffee is served, the spoon is passed from

one person to another, in order to stir the coffee. This practice is done because, one feels at home and it also saves time for women. Moreover, the working class prioritised functionality in their meals. This means that they made sure that every member of the household filled his or her stomach.

However, the style of the bourgeoisie is very different from that of the working class. For example, everyone waits for each other before starting to eat (Bourdieu, 1979/1984). Dishes are served in a strict sequence; fish, meat, cheese and dessert. In addition, every dish is presented like a work of art. The table have to be cleared before the dessert is served. Etiquette and the use of different utensils are important things for the bourgeoisie when they eat food. Furthermore, Bourdieu (1979/1984) mentioned that the bourgeoisie prioritise the type of food rather than the amount of food. Hence, aesthetics is prioritised more than functionality.

Time devoted to cooking is another important factor when studying food and eating habits. Bourdieu (1979/1984) found that manual workers spent more time cooking than senior executives, professionals and industrialists. This resulted into 69% of whom they argued that they like elaborate cooking. On the other hand, only 51% of senior executives, professionals and industrialists argued that they like elaborate cooking.

Bourdieu (1979/1984) also discussed how often people frequented restaurants. Regarding frequenting restaurants, 51% of farm workers and 44% of industrial workers did not frequent restaurants to eat. When eating a restaurant, farm workers chose a substantial dish rather than a

light grill. In contrast to farm workers, senior executives prefer to order a light grill rather than a substantial dish.

### **2.3.9 Scholars applying Bourdieu's (1979/1984) work in their studies**

Backett-Milburn and colleagues (2010) did a qualitative study among middle class families with teenage children in Scotland to investigate how the social and cultural conditions of these types of families help to maintain a 'healthy' diet and physical well-being. A number of 36 young people (aged 13 to 14 years old) and 35 parents participated in this study. Similarly, to Bourdieu's study (1979/1984), middle classes families did their utmost to eat 'healthy.' As Bourdieu (1979/1984) argued, middle classes have a high level of cultural capital. This was also apparent in the study of Backett-Milburn and colleagues (2010) because, middle class families had a high level of cultural capital, which moulded their teenagers' eating habits and shaped their tastes. Backett-Milburn and colleagues (2010) argued that middle class parents encouraged their children to develop a taste for healthy and spicy foods. In this regard, middle class parents mentioned that they prepare food from scratch for their teenagers to remain healthy and use little processed meals.

Wills and colleagues (2011) also did a qualitative study to explore the food beliefs and practices of the Scottish middle class and working class families in order, to explain class differences through social, economic and cultural capital. A number of 36 working class teenagers aged 13 to 15 years were interviewed. Moreover, 35 parents or grandparents who were also working class members participated in this study too. In addition, 36 middle class teenagers aged 13 to 15 years and 35 middle class parents were interviewed too. The interviews were summarised through two

qualitative case studies. For the purpose of this study, middle class family is referred as ‘The Connells’ and the working class family is referred as ‘The Watsons.’ These surnames are pseudonyms to protect the participants’ identities. Similar to Bourdieu’s (1979/1984) findings, Wills and colleagues (2011) argued that the middle class family were richer in cultural capital and the working class family were less rich in cultural capital. The middle class parents worked professional jobs while, the working class parents worked a manual job. With regards, to food consumption, similar to Bourdieu’s (1979/1984) findings, Wills and colleagues (2011) found that the Connells ate food which is considered as more nutritiously healthy than the food consumed by the Watsons. For example, the Connells consumed fajitas, stir-fries, different types of salad, fresh fish and asparagus. On the other hand, the Watsons consumed food which had a low nutritional value such as chocolate, pizza and tinned sweetcorn. In contrast, to working class children, middle class teenagers were expected to eat vegetables even if they did not like them. The reason is that eating healthy is very important for the middle class families. On the other hand, working class teenagers were responsible for their dietary practices. In *Distinction*, Bourdieu (1979/1984) argued the working class prioritised functionality in their meals while the middle class family prioritised form (aesthetics) in their meals. Functionality was also apparent among the working class family interviewed by Wills and colleagues (2011). They argued that the working class family made sure that all the members of the family fill their stomach regardless if the meal is healthy or unhealthy. On the other hand, through eating habits, the middle class family promoted health. Hence, nutritional discourse was strong in middle class family. Moreover, the Connells prioritised form of every day meals through commensality and by preparing nutritious meals. In contrast to Connells, the Watsons did not eat together on a daily

basis except on Sunday. In addition, the Connells enjoyed inviting guests at their home, while the Watsons did not invite guests at their home except for one family member.

Bridle-Fitzpatrick (2016) did a qualitative study in urban Mexico among low, middle and high-SES families to understand contemporary dietary changes and nutritional health disparities. A number of 20 families participated in this study. Similarly, to Bourdieu's study (1979/1984), Bridle-Fitzpatrick argued that low-SES families have a "taste of necessity." The reason is that they earn a low income and thus, they only afford to buy cheap foods. In addition, low-SES families prioritised fulfilling foods over light foods. The middle-SES families were in a better economic situation to consume food that they like. Middle-SES families did consume nutritious food such as chicken, beef, some fruits and vegetables but reported a high consumption of soft drinks and hot cakes. In contrast to low-SES families, like Bourdieu (1979/1984), Bridle-Fitzpatrick (2016) found that high-SES families had a taste of luxury because, they had enough money to buy food that they like such as, expensive takeout meals (e.g. Chinese food). However, high-SES families chose "lighter foods" to maintain a good body shape since it is part of their habitus (Bourdieu, 1979/1984). Light foods included salads, chicken breast with broccoli and soy sauce.

## **2.4 The social construction of food**

Social norms are an important aspect to consider when studying eating habits. As Bettenhausen and Murnighan (1985) argued, social norms have the power to control people's behaviour. The belief that healthy behaviour is heavily affected by social norms is supported by the Theory of Planned Behaviour (Ajzen, 1985, as cited in Ball et al., 2010) and Social Cognitive Theory

(Bandura, 2001), which are two important psychological theories. Social support is the main key for people to engage in particular health behaviours.

Drawing on literature, Ball and colleagues (2010) distinguished between two different types of social norms. Descriptive norms are norms that people perceive how typical people (including family and friends) will behave in a particular situation. Hence, people perceive that typical people would follow the norms for healthy behaviours. Injunctive norms are norms that people feel expected to follow. Thus, people feel that others would either approve healthy behaviour or disapprove unhealthy behaviour.

Ball and colleagues (2010) did a quantitative study. The objective of this study was to investigate the associations between social norms in relation to physical activity and eating behaviours among women. A number of 3610 females aged between 18 to 46 years from Victoria Australia and lived in socioeconomically disadvantaged neighbourhoods participated in this study. Eating fast food was strongly associated with social norms related to fast food consumption. The majority of the women agreed that other women whom they knew ate fast food. Hence, this group of women reported a high intake of fast food (Ball et al., 2010). Similarly, the intake of soft drinks was also strongly associated with social norms for the consumption of soft drinks. High intake of soft drinks was reported among women because they knew many other women who drank soft drinks.

The consumption of fruit and vegetables was also significantly associated with social norms related to healthy eating (Ball et al., 2010). High intake of fruit and vegetables was reported among women because they knew many women who eat healthy food. Thus, this study shows that people engage in particular health behaviours because, they make their decisions based on social norms.

### **2.4.1 How people construct food choices decisions?**

Food decisions are also constructed through life course (Elder et al., 1985, as cited in Sobal and Bisogni, 2009). Food choices are impacted by several dynamic processes such as food choice trajectories, people's events and experiences, personal factors, contexts and capital (Sobal and Bisogni, 2009).

Food choice trajectories are constructed by individuals as they move through their life, progress in their life and develop expectations for their future food choice decisions (Elder et al., 1985, as cited in Sobal and Bisogni, 2009). For example, Devine and colleagues (1998) did a qualitative study in the USA to investigate how the life course can influence the food choices of fruit and vegetables. A number of 86 people participated in this research. Of particular Devine and colleagues (1998) found that "food roots" and food upbringing are provided through early family cuisine which later shapes their food roles and eating identities, people develop constant patterns of food choices over time. Therefore, Devine and colleagues (1998) found that people were influenced by their families to eat fruit and vegetables.

Secondly, food decisions are constructed through people's events and experiences (Elder, 1985, as cited in Sobal and Bisogni, 2009). When a person experience a change during a particular life course, it affects the way that the individual constructs food choice decisions because age can change people's life course (Devine et al., 1998). For instance, Devine and colleagues (1998) found that age could affect how people pay more attention to their diet by eating more vegetables. Moreover, if people experience particular life events that they were not prepared for they will find it difficult to adapt their food choices. For example, Devine and colleagues (1998) mentioned family transitions such as a mother moving in with her child could affect the food practices.



Thirdly, contexts also shape food choice trajectories (Sobal et al., 2006). Contexts are the environments in which people live their life. Food trajectories are impacted by different conditions such as social, cultural, political and economic conditions. For instance, Falk and colleagues (1996) did a qualitative study among 16 North American people to explain how factors affect elderly people in their food choices. Falk and colleagues (1996) found that the elderly have experienced the economic depression when they were young. Hence, the economic depression influenced them to not waste food.

Food decisions are also influenced by personal factors (Furst et al., 1996). In this regard, Furst and colleagues (1996) did a qualitative study among 29 adults living in the central New York state of the USA. Furst et al. (1996) found that personal factors (characteristics of the person) could influence food choice decisions. Personal factors include other factors such as psychological factors (such as food preferences), and social factors (such as gender roles and parent responsibilities) (George and Engel, 1980; Sobal and Bisogni, 2009). In this regard, Bisogni and colleagues (2002) did a qualitative study among seventeen middle class adults to explore eating identities. Bisogni and colleagues (2002) found that their participants used personal characteristics to describe their eating identities. For example, some participants described themselves in relation to the food they consume such as “fast-food eater” and “meat and potatoes guy,” and quantity of food eaten.

As discussed earlier, food choice decisions are also influenced by the amount of capital (e.g. cultural and social capital) people possess (Bourdieu, 1979/1984). In this regard, Bisogni and colleagues (2005) did a qualitative study among 25 people with moderate to low incomes to investigate how the management of food and eating is connected to life course events and experiences. From this study, Bisogni and colleagues (2005) found that there were participants

who experienced downward shifts in their financial situations, which affected negatively their food choices. However, most of the participants argued that they have strong skills to manage food costs. Others also added that they use coupons and avoid eating out to save money. People also develop make food decisions easier by eliminating, restricting or substituting particular food or ingredients (Sobal et al., 2006).

Thus, food choice decisions are constructed through different processes including food choice trajectories (e.g. being influenced by your family to eat particular food) (Devine et al., 1998), contexts (e.g. making sure not to waste food due the economic depression) (Falk et al., 1996), people's events and experiences (e.g. eating more vegetables due to age) (Devine et al., 1998), personal factors (e.g. describing yourself based the food that you eat the most such as fast-food eater) (Bisogni et al., 2002) and the amount of capital people possess (such as cultural and social capital) (Bourdieu, 1979/1984).

## **2.5 Conclusion**

In a nutshell, theoretical and empirical studies have been explored on a macro-level, such as the McDonaldization theory, the strategies used by Big Food Corporations to advertise their food products, Marx's study on food choices among the working class and on a micro-level such as how people construct food choice decisions in their everyday life. The next chapter outlines the research techniques used to gather data for my study.

# **CHAPTER 3- METHODOLOGY AND METHODS**

## **3.1 Introduction**

This chapter is about the research techniques that were used to gather data for my study. A qualitative methodological approach was adopted and will be discussed in this chapter. I will also discuss sampling techniques, recruitment strategies, and methods of data collection which included food diaries and semi-structured interviews. Moreover, thematic analysis and ethical considerations are going to be discussed at the end of this chapter.

## **3.2 The research questions**

As mentioned in chapter 1, my main interest was to explore food and eating practices among Maltese families with children, particularly in relation to their SES. For the purpose of this study, food practices are defined as the food that people eat on a daily basis and the reasons behind these food decisions. Eating practices are defined as whether people eat alone or together and the reasons behind these decisions. These definitions of food and eating practices were mainly inspired from the study of Wills and colleagues (2011).

The research questions informing my study are the following:

1. How do Maltese families construct meaning around healthy/unhealthy food and eating practices?
2. What role does socioeconomic status play in the meaning-making around healthy/unhealthy food and eating practices?

3. What are the barriers and facilitators for Maltese families to engage in food and eating practices considered to be healthy/unhealthy?

### **3.3 Methodological approach**

This study is informed by a qualitative methodology. The reason why I chose a qualitative methodology instead of quantitative methodology was that I was mainly interested in people's *experiences* related to eating habits and more crucially, how they reflect on these experiences (Lincoln and Guba, 1985). Thus, a social-constructivist approach was used in this study.

A qualitative approach allowed me to ask “how” and “why” questions that were necessary to address my research questions (Yin, 2009). On the other hand, a quantitative methodology does not encourage much open-ended answers (Jackson, 2007). Allowing participants to discuss in-depth their eating habits is necessary to understand the meaning behind their food choices and the factors underly them.

Another reason why I chose a qualitative methodology over a quantitative methodology because, I was not interested to gather findings, which are representative of the Maltese population (Cresswell et al., 2003, as cited in Jackson et al., 2007). Hence, as Frey and colleagues (1992, as cited in Chesebro and Borisoff, 2007) argued I was more interested to collect data through words rather than through numbers.

My methodological approach was particularly influenced by interpretivism. The interpretivist approach is a way of viewing the world as subjective (Nueman, 2014). The main interest of this approach is the meaning that participants create (Alharahsheh and Pius, 2020). Neuman (2014) argued that through interpretivism every person understands the world differently and look at the

world in different contexts. Thus, the persons' actions and behaviours cannot be predicted. As Edward and Skinners (2009, as cited in Khan, 2014) argued, the researchers who use the interpretivist approach are mainly interested on how people view the social world. Therefore, interpretivism is not interested to generalise the understanding that people have for the whole population (Creswell, 2007).

### **3.4 Sampling and recruitment**

In this section, I am going to discuss the sampling techniques, which were snowball sampling and convenience sampling and the recruitment strategies that were used for this study.

#### **3.4.1 Target population**

In line with my research questions, I was primarily interested in recruiting Maltese families with children. The reason why I chose to specifically recruit families with children over other family structures was due to the diversity of food dynamics that may exist within families with children. One of the dynamics that exist among parents and children is that both of them do not have the same control over food decisions (O'Connell and Brannen, 2014). For instance, children must eat together with their parents and that they should wait for everyone to finish their food before leaving the table (MacDonald et al., 2018). One adult from each family, above the age of 18 years, was eligible to participate. Each adult acted as a 'representative' for his or her family. Given that food and eating practices are cultural, I was keen to interview Maltese families only so as to provide a more in-depth understanding.

Since I was also interested in the dimension of SES, I developed the eligibility criteria in such a way that might facilitate the recruitment of a diversity of SES. As discussed in chapter 1, I have mainly done this by recruiting families who live in the Western district and Southern Harbour district. The reason why these two districts were chosen is because, on average they present contrasting economic realities. The highest percentage of households who were at risk of poverty was registered in the district of the Southern Harbour with 22.5% in 2020. On the other hand, the Western district had one of the lowest of rate of households living who were at risk of poverty amounting to 15.0%. Since statistics are from 2020, it's important to bear in mind that the pandemic was going on at the time and people struggled financially (Calleja, 2022).

Choosing two districts to recruit my participants, as opposed to the general population, has also made the recruitment process more manageable, by keeping it more focused.

### **3.4.2 Sampling techniques**

Given the study's qualitative approach, I was not interested to have a sample that represents the population (Neuman, 2014). Thus, a non-probability sampling was used to select participants for my research. One characteristic of non-probability sampling is that as smaller sample size is associated with it (Guo and Hassey, 2004).

Another characteristic of non-probability sampling is that as a researcher I did not have to decide the exact number of participants that I need before conducting the interviews but based my decision on the quality and quantity of the data I collected (Neuman, 2014).

Thus, my aim was to identify a diverse sample in terms of living situation, age, gender, SES and place of residence.

The main strategy that was used for this research was convenience sampling.

Towards the end of my recruitment, I had more participants from the Western district and less participants from the Southern Harbour district. Therefore, during this stage, sampling became more purposeful because I had to make sure that there was not an overrepresentation of participants from the Western district (Neuman, 2014). At this stage, I was more focused to recruit participants from the Southern Harbour district by asking people whom I knew from this district if they wish to participate in my research. I also asked other participants that if they knew people from the Southern Harbour district who wish to participate in my research they could do so by sending me an email.

Although, participants were easily accessible and this is the main advantage of convenience sampling but the main drawback is that it is likely to be biased and hence my research does not represent the population (Mackey and Gas, 2005). One characteristic of my research is motivation bias (Stratton, 2021). Hence, my research depended on the participants' motivation. The motivation of the participants depended as Stratton (2021) argued on the interest that the participants had on my research topic. Several participants told me that they were interested in my research because, they enjoy preparing food. Other participants were motivated to participate in my research because they were rarely interviewed about eating habits.

#### ***3.4.2.1 Recruitment strategies***

A variety of strategies were devised to recruit my participants. One of these was to recruit parents whose children benefit from Scheme 9 and attend primary schools, which are located at

the Southern Harbour district. The Ministry of Education is responsible for scheme 9 (Diacono, 2021). Children who go to school and have financial difficulties are eligible to benefit from this scheme. Scheme 9 consists of a set of five benefits, from which parents have to choose one. These include a) free uniform, b) free healthy lunch every day, c) free stationery, d) free photocopies, and e) free extracurricular activities (e.g. summer school and Klabb 3 to 16). The reason behind this recruitment strategy was to ensure the recruitment of participants from the lower end of the socioeconomic spectrum.

In order to recruit parents whose children benefit from scheme 9 and attend a primary school in the Southern Harbour district, official approval was granted from the Ministry for Education Research Ethics Committee (MREC). This approval covered the recruitment of participants from the following Primary Schools in these locations: Senglea, Vittoriosa, Kalkara, Valletta, Floriana, Marsa, Luqa and Tarxien. The MREC also set a requirement for the head-teachers of the Primary Schools to sign a permission letter in order to recruit the participants. Unfortunately, this recruitment strategy proved to be unsuccessful because none of head-teachers signed the permission letter and no response was sent to me by email.

I was also going to recruit participants who reside in Paola, Tarxien and Santa Luċija and benefit from the services of St Jeanne Antide Foundation. Again, this choice was motivated by a need to recruit participants from lower socioeconomic backgrounds. St Jeanne Antide Foundation is a Non-Governmental Organisation (NGO) who assist families who are facing various difficulties such as financial difficulties and domestic violence (St. Jeanne Antide Foundation, 2023). However, after I sent the required documents to St Jeanne Antide Foundation, approval was not granted and no reason was provided about why my research was not approved. Hence, this recruitment strategy was not used.



Another recruitment avenue were private Facebook groups of Maltese towns and villages. Although, the administrators granted me permission to post my leaflet on these online groups, this also proved to be unsuccessful.

#### ***3.4.2.2 Snowball sampling***

Given the lack of success with the above recruitment strategies, I had to increasingly rely on snowball sampling. Snowball sampling is also known as reputational and respondent driven sampling (Neuman, 2014). For the purpose of recruiting participants for my research, I contacted a few persons who were eligible to participate in my research (Bryman, 2012). I contacted people in my personal networks such as friends and colleagues. After my friends and colleagues participated in my research, I asked them that if they knew other people who wish to participate in my research they could do so by sending me an email. There was a good response from the participants' side because most of the participants recommended their family members or their colleagues who agreed to take part.

Although snowball sampling has greatly helped my recruitment, it is important to highlight its drawbacks. The main one is selection bias. The participants recommended their family members or colleagues who share similar demographic characteristics such as SES. For instance in my research there was an overrepresentation of participants who work within the social welfare services sector and earn a medium to high income. These participants also shared the same level of education with the majority having a Bachelor's Degree and a few others had a Master's Degree. Furthermore, most of these participants resided in the Southern Harbour district and only a few resided in the Western district.

Another characteristic of selection bias is that there was an overrepresentation of participants from Haż-Żebbuġ. The reason is that I knew several people from Haż-Żebbuġ and several participants coincidentally recommended many people from Haż-Żebbuġ and Żabbar. This led to an underrepresentation of individuals from various other villages which could have made the sample more diverse.

#### ***3.4.2.3 The participants***

Thirty participants participated in my research. Fourteen participants reside in the Southern Harbour district, while 16 reside in the Western district. A summary of the participants' demographic characteristics is provided in the chapter 4.

#### **3.4.3 Data collection**

Two complementary methods of data collection were used to generate insight about the eating habits of my participants, namely food diaries and in-depth interviews. Twenty-three people filled in the food diary and participated in a follow-up interview, while 7 participants participated in the interview only. The reason why food diaries were combined with a subsequent interview was that, although the food diary gave me a detailed account of what the participants ate, the food diary on its own would have not been sufficient, since I was mainly interested in the meaning that participants attach to their food and eating practices (Alaszewski 2006). On the other hand, the reason behind the decision to not ask everybody to fill in the diary was to reduce participant burden (Lee and Almedia, 2015). As a result, of the length of time required to fill in each diary entry, participants may suffer from participant burden and disincentive participation (Lee and Almedia, 2015).

#### ***3.4.3.1 Diary-interview method***

A diary-interview method was used for this study. This method is known as such because both the food diary and the interviews are linked with each other (Zimmerman and Wieder, 1977). Participants were required to fill in a food diary because, as a researcher, I could not observe directly the eating habits of the participants, and the diary was therefore used as an observational log so that I conduct an in-depth interview with the participants.

One reason why the food diary was used in this research was to overcome recall bias. Recall bias means that participants underreport or over report the details about their eating habits (Raphael, 1987). As a result, the data will not be accurate.

Another reason why participants were required to fill in the food diary was that the food diary gave me a clear idea on how to plan the interview (Latham, 2004). Since food and eating practices are part of our daily routine, the food diary was a good research tool to describe these practices, which are mundane, and repetitive (Boyle, 1985, as cited in Palojoki and Tuomi-Gröhn, 2001). Moreover, both the food diary and the interview gave me a good insight about the participants' daily practices than using the interview alone as a research tool (Boyle, 1985, as cited in Palojoki and Tuomi-Gröhn, 2001). Another reason why these two methods were combined was that the follow-up interviews were able to contextualise the responses of the diary (Elliott, 1997).

Although diaries have several advantages, one of their major drawbacks is their time-consuming nature (Bolger et al., 2003). The reason is that diary periods can affect the quality of the data and also the number of the participants that are willing to fill in the diary (Keleher and Verrinder, 2003). Diary periods mean the amount of days or years that is required from the participant to

complete the diary (Verbrugge, 1980). If the participants are required to fill in a diary for a long period (for instance, three months), participants may suffer from ‘participant fatigue’ (Verbrugge, 1980). Another drawback of long diary periods mentioned by Keleher and Verrinder (2003) is that ongoing reflection might influence participants to change their practices. Bearing this in mind, my participants were required to fill in the food diary for one week only. Many scholars used short diary periods in their research. For example, Palojoki and Tuomi-Gröhn (2001) asked their participants to record food preparation by filling in a diary for four days only, while Thomas and Edmund (2017) asked their participants to fill in a food diary for 5 days only.

#### ***3.4.3.2 The structure of the food diary***

The participants had the option either to fill in the food diary online or to ask for a physical copy. The online diary (Microsoft Excel) consisted of four tabs. Before, I decided to use Microsoft Excel I tried a variety of online applications so that the participants could easily access them from their smartphone. However, the online applications were more concerned about the calories intake rather than the food and manner of preparation, and were thus not suitable for this study. Attention was paid to format the diary on Excel in a simple and lay friendly manner.

The physical copy of the food diary, which consisted of nine pages can be found in Appendix 4. Figures 7 and 8 displayed in the following pages feature screenshots of the diary used. Fifteen participants preferred to fill in the food diary through Microsoft Excel, while eight participants asked for a physical copy of the food diary. The first page/first tab of the food diary included a set of instructions, to make sure that the participants fill in the diary well (Corti, 1993; Alaszewski, 2006).

*Figure 7- First page of the food diary*

Instructions:

1. When you have the statement, how you prepared the breakfast/lunch/dinner or where you ate the breakfast/lunch/dinner you can mention for example using the cooker, convection oven, ordered food from Wolt or Bolt, breakfast club and pre-prepared meals. Please do not let this diary influence/change your food choices...not feel pressured to buy expensive food. Buy food that you can afford.
2. Please do not worry about spelling or grammar. However, if you are going to fill the diary by handwriting, please try to write as clearly as you can, using a pen.
3. Try to fill the food diary everyday. However, if you could not fill the diary on a particular day, do not worry just leave that day blank and fill the following day. However, do not try to fill the diary in any later than one day after the entry was due. For example, do not write the food that you ate on Tuesday on Thursday.
4. If you require more space in order to fill the diary, you can add more rows or columns if you are filling the diary online. If you are filling the diary physically, please turn the page and at the back of the page please write the date and write whether you took the food during breakfast, lunch or dinner.
5. In the next page, you have an example of how you should fill in your food diary.
6. If you have any issues or questions when you are filling in the diary, please do not hesitate to contact me on [joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt).

As indicated in Figure 7, one of the most important points in my diary was that the participants should not let the food diary influence their food choices. Another important point was that the participants were instructed to fill in the diary every day.

The second page of the diary included an example of how the food diary should be filled. Figure 8 presents the second page of the food diary, which can be found on the next page.

Figure 8- Second page of the food diary

Monday	Date: 6/2/2023
Breakfast taken between 00.00-12:00 Please include both food and drink.	Toast and coffee.
In the next box please write/type how you prepared the breakfast or where you ate the breakfast.	I used the toaster.
If your children did not eat the same breakfast mentioned above, please write/type it in the next box. Kindly write/type how you prepared your child's or children's breakfast or where the child or children ate it.	My child ate kiwi and apples and drank water during breakfast club.
Lunch taken between 12:00-17:00. Please include both food and drink.	Burger, chips and coke.
In the next box please write/type how you prepared the lunch or where you ate the lunch.	Since I was at my workplace, I ordered a burger from McDonald's. The burger, chips and drink were delivered by Bolt.
If your children did not eat the same lunch mentioned above, please write/type it in the next box. Kindly write/type how you prepared your child's or children's lunch or where the child or children ate it.	My child ate his lunch at school. My child ate a sandwich with butter and ham and drank water.
Snack Please include both food and drink.	Cereal bar and a cup of coffee.
Dinner taken between 17:00 and 00.00. Please include both food and drink.	Lasagna and kinnie.
In the next box please write/type how you prepared the dinner or where you ate the dinner.	I prepared the lasagna by using the oven.
If your children did not eat the same dinner that was mentioned above, please write/type it in the next box. Kindly write/type how you prepared your child's or children's dinner or where the child or children ate it.	My child did not like lasagna, therefore I prepared some chicken nuggets, chips and fresh salad. The chicken and chips were prepared by using a convection oven.

As Corti (1993) suggested it is very important that the participants are provided with an example of how the diary should be filled, so that they will have a clear idea of what they are expected to do. I instructed my participants to write the food that they ate and the manner of preparation/where they ate their food. Although the participants had to include some details such

as kitchen appliances but they were not required to write too much detail such as the ingredients and the process of how they prepared the food.

Most of the participants understood what they had to do. However, participants who were 45 to 54 years old asked for a physical copy because, they said that it was easier for them to fill in the food diary by hand instead of filling it through a technological device.

With regards, to filling in the diary, some participants did not know what their children or siblings ate during the day and therefore, they left some diary entries blank.

Some of the participants, who filled the food diary online, sent it to me after the first few diary entries to check if they were filling it well. However, the majority of the participants, who filled in the food diary online, sent it to me when they completed the food diary. However, they still asked me to check if it was good so if something was wrong, they would have filled it again.

Most of the participants filled in the diary as it was expected from them and if some entries were unclear I clarified about these diary entries during the follow-up interview.

Most of the participants did not forget to fill it in. Only a few participants forgot to fill it in.

Although, most of the participants were keen to fill in the diary, however, there were a few participants, who felt shy to fill in the diary because they ate a lot of food during the day. Hence, they told me during the interview that they did not write all the food that they ate on the diary.

This indeed one shortcoming of this research method. As Bolger and colleagues (2003) argued the participants were not completely honest when filling in the food diaries because, they felt slightly uncomfortable.

#### ***3.4.3.3 In-depth interviews***

The food diaries were used as part of an elicitation technique during the interviews (Zimmerman and Wieder, 1977). Usually the most common object associated with elicitation are photos, where people are shown a photo and they are asked to expand on it. Similarly, in my interviews, participants were directed to their own diary entries, which acted as prompts for further elaboration. Thus, the main reason why food diaries were used as an elicitation technique was to generate further information about the participants' eating habits. Secondly, food diaries helped both the participants and I to create an in-depth discussion. Since food diaries were used as an elicitation technique throughout the interviews, the participants justified their reasons for choosing to eat particular food mentioned in the diary.

The interview was semi-structured. An interview topic guide was prepared beforehand on the basis of my literature review (see Appendix 5). The interview topic guide had four different themes. These were a) lifestyle factors, b) economic factors, c) the construction of healthy and unhealthy food and drinks, d) rules and etiquette. With regards, to lifestyle factors, the participants were mainly asked about who is responsible for food shopping and who prepares food at home. With regards, to economic factors, the participants were mainly asked about their opinions of unhealthy/healthy food and drink prices. The participants were also asked about whether the inflation affected their food choices. With regards, to the construction of healthy/unhealthy food and drinks, the participants were mainly asked about the advantages and disadvantages of unhealthy/healthy food and drinks, their opinion on natural and processed food. With regards, to rules and etiquette the participants were mainly asked about their opinion on eating manners and the use of cutlery and their opinion about the use of technological devices during mealtimes.



Although, the topic guide was prepared beforehand, its semi-structured format permitted me to ask questions, which, were not listed in the topic guide thus, letting participants themselves, lead me to issues, which should be explored in more detail (Bryman, 2012).

#### ***3.4.3.4 Demographic questionnaire***

At the start of each interview, participants were handed a demographic questionnaire, in order to understand better the SES of my participants. The questionnaire was self-administered and the participants filled in the questionnaire themselves. The reason being was to make sure that participants did not feel uncomfortable talking about their personal financial matters, such as income, openly. All the questions were multiple choice. Only eight questions were included in the demographic questionnaire (see Appendix 6). Some questions that were asked were the level of education of the participant interviewed, the annual household income and the type of family structure. Although participants were asked about their annual household income, at no point during the interview were they actively asked to reveal details about their economic situation. In fact, the participants had to underline an estimate of their household income and hence, were not required to give me the exact number of how much their household earns. The reason being that no questions were asked about the participants' economic situation was because Chan-Brown and colleagues (2016) mentioned from their qualitative study on money, that some of their participants felt uncomfortable talking about their economic situation.

#### ***3.4.3.5 Carrying out the interviews***

The interviews were arranged at a time and place that was convenient for the participants. For my research, the participants had the choice either to do the interview online or face to face.

Some of the interviews that were done physically were done at the participant's house. Other interviews that were done face to face were done at my house because, some of the participants knew me before they were asked to participate in my research. Thus, I did my utmost to make the environment comfortable as much as possible (DiCicco-Bloom and Crabtree, 2003).

The key for a productive research interview is to establish a good relationship with the participants (Saunders and Thornhill, 2009). Attention to building a good rapport with my participants may have helped make participants feel more comfortable by being honest about their eating habits. Through sense of humour and self-disclosure, the participants felt comfortable during the interview. For instance, during the interview, I also told my participants what I eat. In addition, I noticed that when some participants answered that they eat processed food, they felt a bit shy. Therefore, to make them feel comfortable I was completely honest with my participants and told them that I also eat processed food. Hence, through honesty the participants trusted me. I also noticed that the participants enjoyed talking about the food that they love to prepare. Thus, I asked them for the recipe and they really appreciated it. As Neuman (2014) suggested I tried to be friendly and honest with the participants. To have a successful interview, I let the participants finish from their answers and participants were also given enough time to think before answering my questions.

As Bryman (2012) argued, I made sure that, the interview was balanced. This means that during the interview I did not talk more than the participants because, the participants could have felt passive. On the other hand, I did not talk too little because, the participants could have felt that their answers were incorrect. Hence, well-informed judgements were also important during the interviews (Galletta, 2013). During the interviews, it was very important for me as a researcher to know at what time I should or should not interrupt the participants when they are answering

the questions (Galletta, 2013). However, I required time to develop this skill. As a result, it got much easier with time to know when I should interrupt or not interrupt the participants. Mainly I interrupted the participants when they mentioned something very interesting for my research and I asked them to elaborate their answer.

Most of the questions that were asked to the participants during the interview were open-ended, allowing the participants to freely elaborate on their responses (Galletta, 2013). All interviews that were done physically were audio-recorded and took about 45 minutes to 1 hour and 30 minutes. The majority of the online interviews were done on the Zoom application and hence, the interviews were both video-recorded and audio-recorded. However, there were a few participants who did not know how to use Zoom application. Thus, video calls were done through the Messenger application. In this case, the interviews were only audio-recorded by using an audio-recording device since Messenger does not have the facility to record the interviews.

### **3.5 Methodological limitations of food diaries**

Although food diaries helped me to have a clear idea about the participants' eating habits, this research method may lead to various limitations. As discussed by Bolger and colleagues (2003), one of these limitations of physical diaries is honest forgetfulness, which I have encountered in my study. Honest forgetfulness means the failure to remember to fill in the diary at a particular time (Bolger et al., 2003). Honest forgetfulness also results from failing to have the diary at hand. Hence, my participants might have forgotten to fill in some diaries entries and instead of leaving them blank as instructed, they filled the diary entries after the entries were due. Thus, as Alaszewski (2006), argued specific diaries such as food diaries have their own limitations

because, I had to depend on the participants to write accurate information about their eating habits.

Another limitation that is associated with diaries is selection bias (Alaszewski, 2006). Not all of the participants are capable to fill in a diary because they may find it hard. Therefore, I made sure that when I selected the participants to fill in the diary, they were capable to fill in the diary.

### **3.6 Data analysis**

After the interviews were ready, they were transcribed, so that I could examine in detail what the participants had said during the interview.

#### **3.6.1 Analysing the food diaries**

After all the participants returned their food diaries, I analysed the food diaries through content analysis. The reason why I chose to analyse food diaries through content analysis was to describe people's experiences related to food and eating practices and identify commonalities and patterns (Kyngäs, 2020). Since I had a clear idea of what I was looking for, I examined the food diaries to find important points, which were relevant to my research (Alaszewski, 2006). I tried to find the most consumed food and drinks and the least consumed food and drinks. I also tried to find the most common manners of preparation and the least common manners of preparation. Hence, I coded the data within the food diaries and themes were identified through similarities and differences between the coded data (Alaszewski, 2006).

#### **3.6.2 Analysing the interview transcripts**

After I transcribed the interviews, I analysed the data collected from the interviews through thematic analysis. Thematic analysis is a method that is commonly used in qualitative research (Braun and Clarke, 2006), with its aim being to identify themes and patterns across the data (Forman et al., 2008, as cited in Vaismoradi et al., 2016). One of the benefits of thematic analysis is that it permits the researcher to be flexible because, it does not have theoretical orientation (Clarke and Braun, 2006).

As Clarke and Braun (2006) suggested, the first step of thematic analysis was to familiarise myself with the data by reading several times the transcriptions, listening to the audio or video recordings and by taking down notes.

The second step was to code the data (Clarke and Braun, 2006). As a researcher, I coded the data by capturing the most interesting features of the data (Clarke and Braun, 2006). Riger and Sigurvinsdottir (2016) suggested that the data could be coded either through the computer or manually. Since I coded the data manually, I kept in mind Clarke's and Braun's (2006) recommendation that data should be coded by using highlighters to examine potential patterns.

As Clarke and Braun (2006) suggested, the third step was to develop a set of themes, which were relevant to my research. Different codes were fitted under different themes.

The fourth step was to review the themes (Clarke and Braun, 2006). As Riger and Sigurvinsdottir (2016) argued when themes are identified, they have to be reviewed and clarified. In my case, there were themes, which were not relevant to my research questions (Riger and Sigurvinsdottir, 2016). During this phase, I also had to evaluate whether the codes fitted in the right theme (Clark and Braun, 2006).

As Braun and Clarke (2006) suggested, the fifth step was to define and name the themes. At this point, I had to determine the main idea presented in each theme. Then each theme was named in relation to the main idea.

The sixth step was to write up the findings (Braun and Clarke, 2006). As Braun and Clarke (2006) argued writing up the findings is an important part during the process of the thematic analysis. As Riger and Sigurvinsdottir (2016) argued, the researcher should write the analysis in a way that the reader views the researcher as trustworthy. Hence, I wrote how the data illustrated the themes and discussed the decisions that I took during this study ((Riger and Sigurvinsdottir, 2016). The write up phase will be discussed more in detail in the chapter 4.

### **3.7 Ethical considerations**

Prior to starting data collection, I sought approval from the University of Malta's Research Ethics Committee (UREC) and the Ministry of Education Research Ethics Committee (MREC).

Before conducting the interviews, all the participants were required to sign a consent form. All the participants were informed both through the leaflet (information sheet) (see Appendix 1 and Appendix 2) and through the consent form (see Appendix 3) that they were not obliged to participate in my research (BSA, 2017), (Seidman, 2006). Hence, the participation was entirely voluntary (Seidman, 2006). The participants were also reminded that if they choose to participate in my research and suddenly they change their mind they were free to withdraw from the study at any time without any consequences (BSA, 2017).

I also put the participants' minds at rest that the audio recordings and the video recordings will be stored securely on a university server and after two years, all recordings will be permanently

deleted. The participants were reminded both in the leaflet and the consent form and even before the interview that they will be recorded only for research purposes (BSA, 2018). The participants were reminded that they had the right to access the recordings and transcripts and if there was something that they did not wish to be mentioned in my dissertation, I was obliged not to mention that information in my study (BSA, 2017). The participants were informed that the only persons who will have access to the recordings were the supervisor and myself (Seidman, 2006). Generally, the participants commented that they enjoyed taking part because, the topic was not sensitive and everything was straightforward. However, I was careful when questions related to the inflation were asked so that the participants would not feel uncomfortable.

As a researcher, I had to be ethical by protecting my participants' identity. For this reason, pseudonymization was used throughout the research, by substituting the original names with fictitious ones in the transcripts and dissertation (BSA, 2017).

### **3.8 Strengths and limitations**

One of the main limitations of this study is social desirability bias. Social desirability bias means the possibility that participants gave me answers, which they deem to be more socially acceptable, instead of being fully honest (Grimm, 2010; Bergen and Labonté, 2019). For example, when I asked one participant about her opinion around the price of unhealthy food, she replied that she never buys unhealthy food. Of course, it is difficult to determine in situations like if what the participant is saying is an accurate representation of reality, but it is important to maintain a critical attitude.

Another limitation was that my sample had an overrepresentation of participants who reside in Haż-Żebbuġ and Żabbar and who work within the social welfare services. The sample could have been more diverse in terms of geographical factors and SES.

One of the strengths in this study is that in the context of a qualitative study, a relatively large sample of 30 participants have taken part.

Another strength of this study is that multi-method study was used for this research. Since most of the participants completed the food diaries, the food diary gave me a more complete understanding of the food that participants ate and the manner of food preparation. The in-depth interview helped me to understand what the participants mean by unhealthy/healthy food and eating practices.

Another strength of this study is that it had a high level of authenticity. Since this is a qualitative study, I was more interested to achieve authenticity rather than reliability (Neuman, 2014).

“Authenticity means offering a fair, honest, and balanced account of social life from the viewpoint of the people who live it every day” (Neuman, 2014, p. 218). In contrast to authenticity, Neuman (2014, p. 212) argued that, “validity means dependability or consistency.” Since authenticity is not concerned about having one version of the truth, my participants had different opinions about their eating habits. Through authenticity, different opinions were held about eating habits. Thus, as Lincoln and Guba (1985) and Guba and Lincoln (1994, as cited in Bryman, 2012) argued authenticity can be achieved through fairness. Fairness means that the research provided different participants’ perspectives (Guba and Lincoln, 1994, as cited in Bryman, 2012).

### **3.9 Conclusion**



A qualitative methodological approach, based on a diary-interview method was used for this research. The diaries were analysed through content analysis, while interviews were analysed through thematic analysis. The research findings will be discussed in detail in the next chapter.

# CHAPTER 4- FINDINGS

## 4.1 Introduction

This chapter is going to present the research findings derived from a sample of thirty participants. Before moving on to present these findings, I will be providing an overview of the participants' characteristics. At the beginning of the interviews, the participants were asked a series of close-ended questions about their annual household income, educational attainment, occupation, and household structure. These questions were asked to understand better their living situation and SES. Although, the participants had to only provide their own educational attainment, occupation, gender and age but they had to include their family income when they were asked about their annual household income. Participants' names have been pseudonymised to protect their identity.

As discussed in the previous chapter, participants were selected from two different districts in Malta in the attempt to maximise the diversity of my sample. A total number of 14 participants lived in the Southern Harbour district, compared to 16 who resided in the Western district. Most of the participants (n=25) formed part of a nuclear family with two parents and children. Only Sven, Nikita, Muriel, Melvin and Elaine live in single parent households. Most of the participants were females aged 25-54 and worked full-time (n= 11) or part-time (n= 7). Only six males participated in this research. All males worked full-time except for one full-time student. Four males resided in the Southern Harbour district, while two males resided in the Western district. Of the 11 female participants working full-time, only four resided in the Western district, while all the others worked part-time. In contrast to the working females from the Western

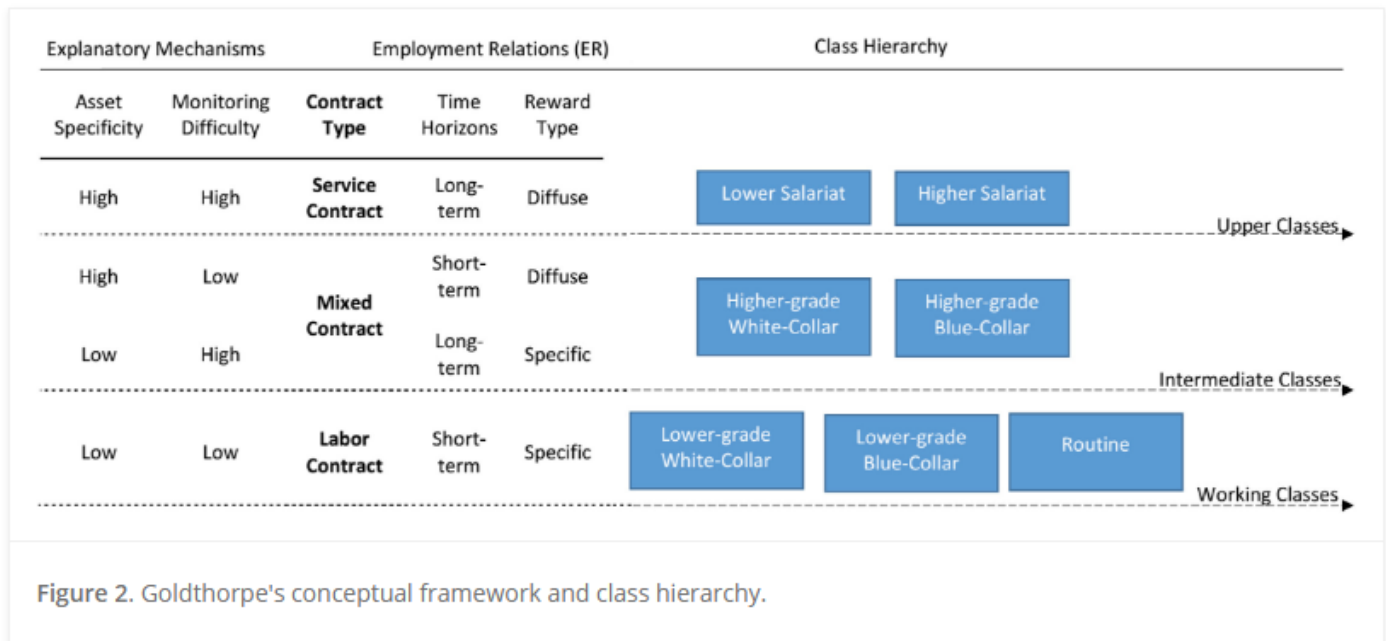
district, all female participants from the Southern Harbour district worked full-time work except for one full-time student. Half of the participants worked in lower managerial, administrative and professional occupations.

With regards, to the annual household income, most of the participants earn €21,000 to €30,000 per year (n=13), while only three participants have an annual household income of more than €60,000. Overall, the annual household incomes were higher in the Southern Harbour district than in the Western district.

Few participants from both districts had a post-secondary level of education (n= 3) or a Master's Degree (n=5), with the rest having a secondary level or a Bachelor's Degree. The participants' demographic characteristics are summarised in Table 5. I based the participants' occupational class on the Standard Occupational Classification of 2020 (SOC 2020) (ONS, 2023), which is itself based on the Goldthorpe's class schema. After evaluating various stratification systems, I decided that this one was the most straightforward and suited the purposes of my study.

According to Goldthorpe (2007, as cited in Smullenbroek et al., 2022), and Goldthorpe and Erikson (1992, as cited in Smullenbroek et al., 2022), there is the lower-grade blue-collar, lower-grade white-collar and routine occupations. These occupations are part of the working classes. The higher-grade white-collar and blue-collar form the intermediate classes. The lower salariat and the higher salariat form the upper classes. The higher and lower salariat class consists of managerial and professional occupations. Higher-grade blue-collar workers are mainly technicians and manual supervisors, while lower-grade white-collar involve people who work in sales and service occupations. Goldthorpe's class schema is summarised in Figure 9.

Figure 9- Goldthorpe's class schema



(Smallenbroek et al., 2022, p. 6).

According to the Office for National Statistics (2023), one of the strengths of Goldthorpe's class schema is that it is used internationally and can be understood clearly.

The eight-class version was used to classify my participants' occupational class (ONS, 2023).

The eight classes are:

- I. Higher managerial, administrative, and professional occupations
- II. Lower managerial, administrative, and professional occupations
- III. Intermediate occupations.
- IV. Small employers and own account workers.
- V. Lower supervisory and technical occupations.
- VI. Semi-routine occupations.
- VII. Routine occupations.

## VIII. Never worked or long-term unemployed

The most occupations that carry the most responsibility on their hands are the higher managerial, administrative, and professional occupations (ONS, 2023). Most of my participants worked in lower administrative and professional occupations because, they worked within the social welfare services sector. Only two participants who work in these sector were classified as higher managerial, administrative and professional occupations. The reason being is that their rank is higher than those of the other participants who work in the social welfare services sector. Lower managerial, administrative and professional occupations carry less responsibility compared to higher managerial, administrative, and professional occupations. Intermediate occupations are related to sales and clerical services (ONS, 2023). Small employers and own account workers are those people who only hire a few number of workers. Self-employed workers are also part of this class. Lower supervisory and technical occupations include those people who are supervisors and have a modified labour contract. Routine and semi-routine occupations have a basic labour contract. People who never worked or have been unemployed for a long time are classified as never worked or long-term unemployed. (For more details about the different grades of this schema, see Appendix 7).

*Table 5- Participants' demographic characteristics*

The participants' name and occupation:	The participants' localities:	Annual household income:	Educational attainment:	Age :	Occupational class:
1. Roberta works full-time within the social welfare services sector.	Fgura (Southern Harbour district).	€31,000 to €40,000.	Master's Degree.	35-44.	Higher managerial, administrative, and professional occupations.
2. Rina works as a part-time healthcare worker.	Sigġiewi (Western district).	More than €60,000.	Bachelor's Degree.	44-54.	Lower managerial, administrative, and professional occupations.
3. Patricia works full-time within the social welfare services sector.	Tarxien (Southern Harbour district).	€21,000 to €30,000.	Bachelor's Degree.	35-44.	Lower managerial, administrative, and professional occupations.
4. Raisa works full-time (reduced hours) within the social welfare services sector.	Żabbar (Southern Harbour district).	€31,000 to €40,000.	Bachelor's Degree	25-34.	Lower managerial, administrative, and professional occupations.
5. *6Petra who is a homemaker.	Haż-Żebbuġ (Western district).	€21,000 to €30,000.	Secondary level.	45-54.	Routine occupations.
6. Nikita works full-time within the social welfare services sector.	Żabbar (Southern Harbour district).	€21,000 to €30,000.	Master's Degree.	25-34.	Lower managerial, administrative, and professional occupations.
7. Benjamin works full-time within the social welfare services.	Sigġiewi (Western district).	€51,000 to €60,000	Bachelor's Degree.	25-34.	Lower managerial, administrative, and professional occupations.

---

<sup>6</sup> Petra's family depends on her husband's income. Petra's husband works in a routine manual occupation.

8. * <sup>7</sup> Rita is a homemaker.	Żabbar (Southern Harbour).	Less than €20,000.	Secondary level.	35-44.	Semi-routine occupations.
9. Marisa works full-time within the social welfare services sector.	Haż-Żebbuġ (Western district).	€21,000 to €30,000.	Bachelor's Degree.	25-34.	Lower managerial, administrative, and professional occupations.
10. Amelia works full-time within the social welfare services sector.	Rabat (Western district).	€31,000 to €40,000.	Bachelor's Degree.	45-54.	Lower managerial, administrative, and professional occupations.
11. Muriel works full-time within the social welfare services sector.	Luqa (Southern Harbour district).	€21,000 to €30,000.	Bachelor's Degree.	35-44.	Higher managerial, administrative, and professional occupations.
12. * <sup>8</sup> Nadia is a homemaker.	Cospicua (Southern Harbour district).	Less than €20,000.	Secondary level.	55-64.	Intermediate occupations.
13. Jane who works part-time within the educational services.	Haż-Żebbuġ (Western district).	€21,000 to €30,000.	Secondary level.	45-54.	Intermediate occupations.
14. Melvin is a full-time clerk.	Vittoriosa (Southern Harbour district).	€21,000 to €30,000.	Secondary level.	25-34.	Intermediate occupations.
15. Marilyn works part-time within the childcare services sector.	Haż-Żebbuġ (Western district).	€21,000 to €30,000.	Secondary level.	55-64.	Intermediate occupations.
16. Shaun works full-time within the social welfare services sector.	Żabbar (Southern Harbour district).	€21,000 to €30,000.	Secondary level.	45-54.	Lower managerial, administrative, and professional occupations.
17. * <sup>9</sup> Elaine is a long term	Haż-Żebbuġ	Less than €20,000.	Secondary level.	45-54.	Routine occupations.

<sup>7</sup> Rita's family depends on her husband income and he has a semi-routine manual occupation.

<sup>8</sup> Nadia's husband is retired and thus they depend on his retired pension. Her husband worked as a clerk.

<sup>9</sup> Elaine used to work a routine manual job.

unemployed person.	(Western district).				
18. Ariana works full-time within the financial sector.	Xghajra (Southern Harbour district).	More than €60,000.	Master's Degree.	25-34.	Lower managerial, administrative, and professional occupations.
19. Pamela works as a part-time healthcare worker.	Haż-Żebbuġ (Western district).	More than €60,000.	Diploma certificate.	45-54.	Lower managerial, administrative, and professional occupations.
20. * <sup>10</sup> Luca works full-time within the armed forces.	Santa Luċija (Southern Harbour district).	€21,000 to €30,000.	A' Levels.	18-24.	Intermediate occupations.
21. Paige is a full-time educator.	Sigġiewi (Western district).	€51,000 to €60,000.	Master's Degree.	25-34.	Lower managerial, administrative, and professional occupations.
22. Clint works in a full-time technical job.	Żabbar (Southern Harbour district).	€41,000 to €50,000.	Secondary level.	45-54.	Lower supervisory and technical occupations.
23. Ramona is a part-time driver.	Rabat (Western district).	Less than €20,000.	Secondary level.	35-44.	Routine occupations.
24. * <sup>11</sup> Scarlett is a full-time student.	Żabbar (Southern Harbour district).	€41,000 to €50,000.	A' Levels.	18-24.	Lower managerial, administrative, and professional occupations.
25. Valeria works part-time within the financial sector.	Haż-Żebbuġ (Western district).	€21,000 to €30,000.	A' Levels.	45-54.	Lower managerial, administrative, and professional occupations.
26. Chelsea works full-time	Rabat	€21,000 to €30,000.	Master's Degree.	25-34.	Lower managerial, administrative, and

<sup>10</sup> Since Luca works in the armed forces and his rank is not high, his occupation was classified as an intermediate occupation as suggested by SOC of 2020 (Office for National Statistics, 2023).

<sup>11</sup> As suggested by SOC (2020), full-time students should be classified according to their household members' occupation (ONS, 2023). Her family members work in the educational sector.



within the social welfare services sector.	(Western district).				professional occupations.
27. Sandra works full-time in the health sector.	Paola (Southern Harbour district).	€21,000 to €30,000.	A' Levels.	45-54.	Lower managerial, administrative, and professional occupations.
28. * <sup>12</sup> Rose is a homemaker.	Haż-Żebbuġ (Western district).	Less than €20,000.	Secondary level.	55-64.	Semi-routine occupations.
29. * <sup>13</sup> Sven is a full-time student.	Sigġiewi (Western district).	Less than €20,000.	Bachelor's Degree.	18-24.	Routine occupations.
30. Laura works as a part-time clerk.	H'Attard (Western district).	Less than €20,000.	Secondary level.	35-44.	Intermediate occupations.

Research findings are presented under six themes, namely:

1. The meaning people attach to food
2. Healthy vs unhealthy eating habits
3. Scepticism about corporations and trust in local food
4. Financial situation
5. Gender roles in practices
6. Eating practices

This chapter will also present some quotes. It is important to note that on the left side, the block quotations are in Maltese and are literally the participants own words, while on the right side the block quotations are translated to English. Quotes that are not block quotations are written in English only.

---

<sup>12</sup> Rose's family depends on her husband's retired pension. Her husband used to work in a semi-routine occupation.

<sup>13</sup> Sven's parent works in a routine manual occupation.

## 4.2 The meaning people attach to food

Most of the participants attached a positive meaning to food. Several argued that mealtimes serve as family quality time after a long day at work.

<i>“ . . . naħseb huwa xi ħaġa sabiħa li wara ġurnata xogħol u skola qisu li npoġġu naqa bilqiegħda u nieklu at least, ħalli ndumu kwarta, nofs siegħa imma at least poġġejna.”</i>	<i>. . . [I] think that it’s nice that after a day at work and at school we sit down and we eat together at least, even if it takes 15 minutes or half an hour but at least we’re [together].</i>
---	---

In addition, Patricia attached gathering to food, *“Food for me means a form of a break or a moment of gathering. We stopped from doing something for the reason to be together . . . food unites people and is also comfort.”* Patricia also added:

Many, in particular mothers, viewed the preparation of food as an expression of love for their families. This is similar to what DeVault (1991, as cited in Fisher, 1992) argued that, through food, women strengthen their relationship with their families. DeVault’s study (1991, as cited in Fisher, 1992) which paid particular attention to the relation of gender with food, showed that high-income females felt that meals serve as a bonding time with their families, while low-income females argued that food is a form of necessity. However, unlike, DeVault’s low-income participants (1991, as cited in Fisher, 1992), both my low and high-income females argued that meals serve as a bonding time with their families. For example Rita, a mother of two teenagers and earned low household income (less than €20,000), argued:

<p><i>L-ikel hu l-għaqda tal-ħin tal-familja. Nieħu pjaċir narahom jieklu allavolja jkolli xi tlieta differenti imma ngħid meta jieklu ngħid eja ma ħadt ix-xogħol għalxejn u qlajt il-kċina kollha, platti, tazzi u storbu u once li jieklu ngħid kielu, kuntenti huma u kuntenta jiena.</i></p>	<p><i>Food is a [form] of gathering and is a family quality time. I enjoy watching them eating, although [I] prepare three different dishes but when I see them eating I feel that I didn't do the work in vain and when they finish eating, [they feel] happy [with the food] and I feel happy too.</i></p>
---	--

Marisa explained how she also derives satisfaction from sharing food in the workplace:

<p><i>. . . Jigifieri xi ħaġa li tista' tixxerja ma' ħaddieħor u jiena nħobb pereżempju nieħu xi ħaġa tal-ħelu u noħodha x-xogħol. Hija xi ħaġa li tgħaqqad u li ħa tferraħ lil ħaddieħor biha. Jieħdu pjaċir tax-xogħol meta noħdilhom il-ħelu.</i></p>	<p><i>. . . It's something that you can share with someone and I like to prepare some desserts for my colleagues. It's a form of gathering and it makes people happy. My colleagues really feel happy when I share with them my homemade desserts.</i></p>
--	--

Roberta who works in the social welfare services sector viewed food as a sign of prosperity, which elicits a sense of gratitude:

<p><i>... L-ikel hu xi haġa sabiġha, jien għalija jiġifieri hija xi haġa ta' ġid li inti fl-aħħar mill-aħħar min jaf kemm hawn nies imutu bil-ġuħ u għandhom nuqqasijiet, u kemm ma napprezawhx, jiġifieri aħna li nkunu mdorrijin nieklu kuljum u dejjem sibna platt fuq il-mejda [. . .] Hafna mid-drabi noħduh for granted imma thinking about it ġieli nkun qed naħsel il-platti nibda ngħid li hawn hafna platti imma mbaġħad bejni u bejn ruhi nibda ngħid kieku m'għandix platti maħmuġin ikun ifisser li ma tajthomx x'jieklu . . .</i></p>	<p><i>... It's something good because many people die from hunger and we don't appreciate it because, we're used to eat every day and we always found food on the table [. . .] Most of the times we take it for granted. Sometimes while I'm washing the dishes, I grumble that there are several dishes [to wash] but then I realize that if I don't have dirty dishes it means that I didn't give them anything to eat. . .</i></p>
---	--

However, not all participants shared this positive sentiment towards food. For example, Sven (in his early twenties) argued that he has mixed feelings about it. On the one hand, when he feels yearning for a particular food, such as a piece of chocolate, he would really enjoy eating it. On the other hand, when he does not know what to eat or he is very busy, he feels that eating food is an extra task to do. Hence, in these circumstances Sven feels that eating is mandatory because, if he does not eat, he would then feel dizzy and tired. Hence, as Bourdieu (1979/1984) discussed in his book *Distinction*, food was seen as a form of necessity by Sven. However, Bourdieu (1979/1984) identified the “taste of necessity” among the working class due to low economic capital and low educational level. Like Bourdieu (1979/1984), Bridle-Fitzpatrick’s (2016) qualitative study in

urban Mexico among 20 low, middle and high-SES families showed that low-SES families have a taste of necessity. However, one has to bear in mind that Sven's educational level is high, while his annual household income is low.

Moreover, Muriel (in her early forties) also attached mixed feelings towards food. Muriel argued that she always had a strange relationship with food. Ever since she was a young girl, she had weight problems and has been trying different diets to lose weight. Recently, Muriel is avoiding certain types of food to remain the same weight. However, sometimes she finds comfort in food especially when she is alone after a hard day at work. In these circumstances, Muriel would eat something unhealthy or order a sushi. She added that sushi and unhealthy food are like a reward for her. Muriel added that she feels that she has a love and hate relationship with the food. Since Muriel works within the social welfare services sector, she sees several people like her age, which means in their early forties who suffer or die from horrible experiences. Therefore, Muriel feels that she should enjoy life day by day and if she does not feel to prepare food, she would order a takeaway.

### **4.3 Healthy vs unhealthy eating habits**

In this section, I am going to discuss the main discourses that people used to construct meaning around what is healthy and unhealthy. Interestingly, strong nutritional discourse was identified among several participants especially mothers with young children who work in the social welfare services sector.

#### **4.3.1 Nutritional health**

Since Rina, Sandra and Pamela are healthcare workers, they constructed unhealthy and healthy eating habits through the lens of nutritional health. For example, when I asked Rina about the dietary habits of her family, she argued:

<p><i>. . . Ġejja minn familja bid-diabete jiġifieri dik li ngħidulha strong family history: jkun hemm storja ta' diabete u allura [iz-zokkor] ilu snin twal li ġie eliminat mid-dieta tagħna. Speċjalment jiena ma tantx nieħu kafejjiet. Jien nieħu [kafé wieħed] filgħodu u [kafé ieħor] fl-erbgha ta' wara nofsinhar imma pereżempju r-raġel tiegħi jhobb jieħu kafè regolari u allura aħjar ma nieħdux zokkor. Hija rutina tagħna jiġifieri [li] zokkor xejn.</i></p>	<p><i>. . . I come from a family that has diabetes, which is known as a strong family history: there's a diabetic history and thus, [sugar] has been eliminated from our diet for several years. I don't take a lot of coffees. I only take [one coffee] during the morning and [another coffee] at 4 p.m. but for example my husband likes to drink coffee regularly and thus, its' better that we don't take sugar. It's a routine that [we] don't take sugar.</i></p>
--	--

In this regard, as discussed in the literature review, Wills and colleagues (2011) did a qualitative study to explore the food beliefs and practices of the Scottish middle class and working class families in order, to explain class differences through social, economic and cultural capital. Wills and colleagues' (2011) showed that middle class people who worked professional jobs also used a strong nutritional discourse to construct their eating habits. The use of nutritional discourse was also apparent among my participants who worked in lower managerial, administrative and professional occupations. In addition, an earlier qualitative study done by Coveney (2005) about the relation of socio-economic differences and food found that parents with a high-SES

especially the middle class parents make use of food concepts (e.g. risk of a disease and vitamins) that are often used by professionals. This was also apparent among my median to high SES participants. Although, most participants are not healthcare professionals, they also used a nutritional discourse to construct unhealthy/healthy eating habits. For example, Luca who works in the army took a methodical approach to explain his family's diet:

<p><i>“Ara basically aħna d-dieta tagħna l-iktar qiegħda bbażata fuq ħaxix. Ara għandek 50% minnha tkun ħaxix, għandek forsi 25% laħam u mbagħad il-bqija carbs . . . m’aħniex it-tip ta’ familja illi nieħdu ħafna helu u pasti u hekk.”</i></p>	<p><i>Our diet is basically based on vegetables. Fifty percent of the diet consists of vegetables, 25% consists of meat and the rest is carbohydrates . . . we aren’t a type of family who eats a lot of sweets and desserts.</i></p>
---	---

However, in my sample, nutritional discourse was not only prevalent among people who work professional jobs but also among people who have a lower occupation and earn a low income. For instance, Laura and Marilyn who have intermediate occupations and earn less than €20,000 and €21,000 to €30,000 respectively argued that they avoid unhealthy food because it contains few nutrients. In contrast to my low-SES participants, Coveney (2005) argued that low-SES parents define unhealthy and healthy food in functional aspects (e.g. vitality and stamina). This was not apparent in my sample.

Participants mentioned several sources of information, which influenced their dietary choices. Some participants mentioned that their mothers taught them how to prepare healthy food. For example, Raisa argued:

<p><i>. . . Jien hekk mdorrija meta kont żgħira dejjem ikollok ħaxix, protein [pereżempju], tiġieġ, ħut, jew jekk m'għandekx ħut għandek laħam rqiq tal-friża ngħidlu, imbagħad għandek il-carbohydrates [pereżempju], għagin, ross u patata. Hekk darrietna l-mummy u bqajt l-istess jiena.</i></p>	<p><i>. . . I was raised up from a young age to always include vegetables, proteins [e.g.] chicken, fish, or if you don't have fish, you can include a thin slice of beef, then you have the carbohydrates [e.g.] pasta, rice and potatoes. Our mother brought us up that way and I continued [preparing food] the same way.</i></p>
--	--

Other sources of knowledge about healthy food were school subjects such as Home Economics.

#### **4.3.2 Food preparation**

The majority of both working females and homemakers argued that they prepare everything from scratch and they put time and effort to ensure that every member of the family eats healthy food. The work of Wills and colleagues (2011) and of Backett-Milburn and colleagues (2010) are very important for this subsection. Backett-Milburn and colleagues (2010) did a qualitative study among middle class families in Scotland to investigate how the social and cultural conditions of these types of families help to maintain a healthy diet and physical well-being. Their study showed that middle class people prepare food from scratch. In my study this practice was apparent among median to high SES participants particularly those who worked in professional jobs and earned a medium to high income. However, in contrast to study of Wills and colleagues' study (2011), my participants who had a low SES such as homemakers and those who have intermediate, manual and routine occupations also reported to always prepare food from scratch



for their families because, they wanted them to be healthy. For instance, Laura who works as a clerk explained how her family avoids sugar by preparing the protein bars themselves instead of buying them ready-made. This contrasts with Rose who is a homemaker, who mentioned that they are happy to eat ready-made protein bars, perceiving them as still healthy due to containing vitamins and few fats. However, Rose also does her utmost to prepare food from scratch. For example, Rose argued that she prepares fresh chicken drumsticks, as well as the white sauce from scratch and by including fresh vegetables. Some participants reported making creative adjustments to recipes of their preferred food, which they would otherwise avoid due to being unhealthy. For instance, Laura mentioned that rather than depriving herself from having pizza, she prepares it herself by using protein flour within the pizza dough to remain healthy. Rose mentioned that instead of buying a ready-made ice cream, she prepares the ice cream from scratch by using fruit, ice and Hopla (cream brand) to remain healthy. Rose added that she does not add sugar with the ice cream because, fruit contains natural sugar.

This nutritional discourse even extends to what type of beverage is consumed in the household. For example, Marilyn said: *“I drink water . . . Water is healthy for the teeth . . .”* Several participants said that they always drink water at home/workplace to reduce the risk of chronic conditions. However, although many participants argued that soft drinks are unhealthy, they still drink them regularly or occasionally. A few participants added that they only drink diet soft drinks at home. For example, Petra argued that diet soft drinks contain less calories. Since her family drinks soft drinks regularly, Petra feels less guilty by buying the diet version: *“I prefer to eat 200 calories from a piece of chocolate and feel that I enjoyed eating it rather than drinking calories from a bottle because, soft drinks are very sugary.”* So she associates nutrition with the number of calories rather than taking into the consideration the specific nutrients.

Others argued that they feel the need to prepare beverages from scratch for their families to remain healthy. For instance, Rina argued, “*[Packed] juices contain a lot of sugars. It’s a routine that I always prepare a fresh orange juice for my daughter, I always have fresh oranges [at home] to prepare orange juice.*” In this regard, the participants argued that more nutrients, vitamins and minerals are taken when drinking fresh smoothies instead of packed juices. On the other hand, there were some participants who argued that fruit should never be blended because, more sugar is released through the blending process.

In addition, there were conflicting opinions about how healthy food should be prepared. For example, many participants argued that they boil the vegetables while others argued that they eat their vegetables raw or steam the vegetables, to prevent the proteins, nutrients and vitamins from being lost through the boiling process. Several participants viewed baking and grilling as a healthy manner of preparation. Several participants avoid frying food, while others argued that they use little oil as possible while frying food. Interestingly, both Rina and Raisa added that they use the Frylight (a light cooking oil brand) when preparing food to avoid using heavy cooking oil while frying food.

#### **4.3.3 Food labelling**

The nutritional discourse especially came up when I asked my participants whether they read the food labels or not. Only a few participants mentioned reading the food labels at the time of the purchase to make healthier food choices. Since both Paige and Laura’s husband are athletes, this nutrition awareness was even stronger, as they carefully monitored the amount of calories, as well as a breakdown of carbohydrates, fats and sugars consumed during the day. With regard to

food labelling, Paige expressed preference for the English food labelling system, which is based on a traffic light system:

<p><i>. . . Pereżempju tal-Ingilterra jurik, il-colour coding system. Ir-red għandek high in fats jew high in sugars. Orange is a bit mild. Green it's healthy. [. . .] Iktar ma jkun aħmar iktar ħazin, jiġifieri bħall-biscuits ħa jkollok high in sugar u high in fat, allura iktar processed u hekk, imbagħad green ovja ħa jkun iktar healthy, allura tgħid aħjar ngib dan milli l-ieħor. Allura n-nies iktar għandhom ċans jikkumparaw [prodotti li huma sustanzjużi u li huma inqas sustanzjużi] imma hawn Malta trid tfittex iktar, x'fih il-prodott; kemm fih zokkor, kemm fih xaħam u carbohydrates.</i></p>	<p><i>. . . For example, in England there is the colour coding system. Red means that the product is high in sugars or in fats. Orange is a bit mild. Green it's healthy [. . .] The more red the product is, the more unhealthy it is, for example, biscuits are high in sugar and in fat, so they're more processed, then green is obviously healthier, so you say it's better to get this product rather than the other. Therefore, people have more chance to compare [unhealthy and healthy products] but in Malta you have to search more what the product contains; how much sugar it contains, how much fat and carbohydrates it contains.</i></p>
--	--

Laura explained that her husband burns 3,000 calories per day, and since his intention is not to lose weight, he eats many carbohydrates. He even uses the kitchen scale to measure the calories.

A few participants mentioned that they read the food labels because of food allergies. For example, Marilyn argued, “*That’s the story of my life. I read the food labels because I have several food allergies; there are several foods that I cannot eat . . .*”

Few participants also argued that they prefer checking the products' expiry date rather than the food label to avoid food waste.

#### 4.3.4 Eating healthy to remain thin?

Some participants argued that they do not only eat nutritious food to stay healthy but also to remain thin. For instance, Raisa argued “... *For my appearance, I know that if I'm going to increase in weight, I'll feel mentally bad. It affects me a lot so, I'll try to be careful both for my mental and my physical health.*”

Raisa added that she always reads food labels to maintain a good weight:

<p><i>“Tiegħi iva għax jien persuna li jekk ma noqgħodx attenta neħxien, imma r-raġel peress li rqiġ jiekol li jffettilu. Fis-sens jekk hemm croissant, jekk hemm ċikkulata d-dar ħa jiekolha mhux problema.”</i></p>	<p><i>[I read food labels] because I'm one of those persons that if I'm not careful I [easily] get fat but, [on the other hand] since my husband is thin, he eats every food that he likes. If there's a croissant or chocolate at home, he'll eat it because [weight] isn't a problem for him.</i></p>
---	---

Marilyn was the only participant who brought up intermittent fasting to maintain a good weight:

<p><i>Il-fasting fil-bidu bdejt naqra fuqu minħabba d- dieta u hekk. Jien kont qed nbati ħafna bix-xatka u ridt innaqqas mill-weight u għidt ħa nibda d- dieta u bdejt nara fuq il-fasting u bdejt naqra fuqha u hekk, imbagħad sirt naf li hija tajba ħafna għas-saħħa illi inti ċerti affarijiet bħall-</i></p>	<p><i>Initially I read about the fasting for dietary purposes. I suffer from sciatica and I wanted to lose weight and I began to read about it. Then I found that it's really good for one's health such as for cholesterol because it</i></p>
---	--

<i>kolesterol u hekk jitbaxxa waħdu, għoġbitni, it worked u bqajt biha.</i>	<i>lowers down on its own, I [obviously] liked it, it worked and I continued with it.</i>
---	---

Both Laura and Marilyn complemented their diet with physical exercise, usually walking a few kilometres per day (5 km to 7 km and 4 km to 5 km respectively), and attend fitness classes to remain thin. Hence, the studies of Bourdieu (1979/1984; 1986) presented in chapter 2 (see subsection 2.3.6) are relevant here. Bourdieu (1979/1984) employed the concept of the habitus to understand food and eating practices among different social classes. Interestingly, he found that high-SES women such as middle class women were concerned about their body shape because it is part of their habitus and is a practice to distinguish themselves from other social classes. Similarly to Bourdieu's study (1979/1984), Bridle-Fitzpatrick's (2016) qualitative study in urban Mexico showed that high-SES families were concerned to maintain a good body shape. In my study being concerned about the body shape was apparent across a few participants with median to high SES. However, in contrast to Bridle-Fitzpatrick's (2016) study, Laura who has a low SES was also concerned to maintain a good body shape. Bourdieu's (1986) concept embodied cultural capital is also relevant here. As discussed in chapter 2, embodied cultural capital is acquired in the "form of long-lasting dispositions of the mind and body." (Bourdieu, 1986, p. 17). This type of capital is linked to the body. It requires a lot of personal time and investment. Through, embodied cultural capital people learn to engage in appropriate behaviours. Hence, Laura and Marilyn have a high level of embodied cultural capital because they do physical exercise on a daily basis.

#### 4.3.5 Parenting and food

It is worth noting that the nutritional discourse was more prevalent among mothers of young children. The reason is that they felt responsible for what they feed to their children. This sense of responsibility was also apparent in the studies of DeVault (1991, as cited in Fisher, 1992) and Backett-Millburn and colleagues (2010). For instance, Chelsea (she was the only participant who spoke in English) who works in the social welfare services sector explained:

*. . . For my son for instance especially when he was born, I steamed everything for him because I wanted him to have as much vitamins as possible. Now it's a little bit less because he's now more used to food and he eats a lot of food like we do. Basically if we boil for us, I'll boil for him as well. I just try not to boil it for too long for instance so it doesn't remove a lot of vitamins . . .*

Like Chelsea, Roberta who also works in the social welfare services sector also spoke about this strong sense of responsibility to prepare nutritious food for her children, which she attributed, in part, to the media:

<i>. . . Moħħok iktar mistrieh li t-tfal taf x'inti ttihom, li mhux qed ssajjar għalik biss u tiġi taqa' u tqum minnek nnifsek imma taf li għandek it-tfal, li taf li għandek ttihom affarijiet naqa aktar healthy u huma għadhom iridu jikbru u għadhom fl-iżvilupp tagħhom. Thossok hafna aktar responsabbli x'inti ssajjar u x'inti ttihom fl-aħħar mill-aħħar. Għandna l-</i>	<i>. . . You put more your mind at rest what food you are preparing [because] you aren't cooking for yourself only but you know that you have children and you know that you should give them healthy food [because] they are growing up and [healthy] food is good for their development. You feel much more responsible for what you cook and what you</i>
---	--

<i>kampanji li l-ħin kollu għaddejjin u l-media tagħmel ħafna brainwashing qisu fuqna li importanti l-piż, importanti l-eżerċizzju, importanti l-ikel nutrittiv allura dak il-ħin [aħna] mtabbrin b'ħafna responsabilità.</i>	<i>give them in the end. We have campaigns that are constantly going on and the media does a lot of brainwashing on us that weight is important, exercise is important, nutritious food is important so at that time we're given a lot of responsibility.</i>
---	---

However, some participants especially mothers of young children argued that they always try to cook food that their children like. Therefore, as Charles and Kerr (1988) argued women want their family members to enjoy the food that they prepared for them.

From my sample, most of the mothers irrespective of their SES did not expect their children to eat food that they do not like. On the other hand, Wills and colleagues' study (2011) and Backett-Milburn and colleagues' study showed that high-SES mothers such as middle class mothers expected their children to eat food that they did not like such as vegetables.

However, my participants felt frustrated to juggle the different tastes of family members especially where children were concerned due to limited options that they like. Hence, in these circumstances the mothers would prepare a separate dish for their children despite it being unhealthy:

<p>... Jien it-tifla tiegħi sfortunatament għadha ma tiekolx soppop jew majjal il-forn jew torta, [allura] nagħtiha kif ktibtlek fid-diary [tal-ikel] naqa sausage rolls, daqqa chicken nuggets, jiena m'iniex happy iġifieri m'għandiex opinjoni għolja tal-ikel pprocessat. Nippreferi l-homemade cooking. (Rina).</p>	<p>I don't have a good opinion on processed food. Unfortunately, my daughter doesn't eat [vegetable] soups, oven-baked pork or pies, [therefore] as I wrote on the [food] diary, I give her sausage rolls or chicken nuggets. I'm not happy [with this situation] as I don't have a good opinion on processed food. I prefer homemade cooking. (Rina).</p>
--	--

Rita also argued:

<p>Dik problema kbira għax hadd ma jiekol l-istess hawn. Jiena nsajjar kollox id-dar imma eżempju fenek iż-żgħir il-forn biss iħobbu, stuffat ma jħobbux. [Allura] Irrid nagħmillu xi ħaġa oħra. Issa waqajna fuq il-wraps. Il-kbir jekk eżempju nagħmel għagin mgholli ma jħobbux, jridu l-forn. Ir-raġel iridu mgholli [l-għagin]. Jippreferih mgholli, jieklu l-forn imma jgerger naqa ħa ngħidu hekk. Mhux kollha l-istess. Jiena kollox niekol u jekk nsibu lest iktar ahjar.</p>	<p>It's a big problem because no one eats the same food here. I cook everything but for example my youngest son only likes oven-baked rabbit meat but [he] doesn't like it as a stew. [Thus], I have to prepare something else for him. Now he's eating many wraps. If I prepare boiled pasta, my oldest son wouldn't eat it and instead prefers oven-baked pasta. My husband prefers boiled pasta. He eats oven-baked pasta but [he] grumbles a bit. Not everyone [eats] the same. I eat everything and if someone prepares it for me the better.</p>
--	--



Muriel described how food choices are also influenced by her child's living arrangements:

<p><i>Laħam aħmar ma nieħux, allura, ħlief forsi xi burger, allura l-iktar [laħam] li nixtri kapuljat li nista' nsibu mithun mingħand anyone u laħam aħmar naf li l-papa' tagħha jagħmel ħafna, allura nserrah rasi li qisha [it-tifla tagħha] qed tieħu minn hemm [mingħand id-dar tal-ex raġel tagħha]. Meta ġieli nipprova [nipperpara xi ħaġa differenti] tghidli li m'għamiltux tajjeb. Allura hawnhekk [it-tifla tiekol biss] ħut, tiġieġ, għaġin u pizzez. Aħna ilna sseparati, allura drat li qisu ċertu ikel tieklu mingħand il-papa' u ċertu ikel li tiekol mingħandi . . .</i></p>	<p><i>. . . I don't eat red meat expect only a burger so the [meat] that I buy most [is] minced beef which is available in every shop and I know that her father cooks red meat several times so I put my mind at rest that she [Muriel's daughter] is eating it from there [at her ex-husband's house]. When sometimes I try [to cook different food], she tells me that I didn't prepare it. So from here, [she only eats] fish, chicken, pasta and pizza. We've been separated for several years now so she's now used to eat particular food at her father's home and to eat particular food when she's with me . . .</i></p>
---	---

Mothers with young children added that they agree with the school policy that children should only bring a healthy lunch at school. However, Jane expressed that sometimes this takes a toll on the parents since it is difficult to persuade children to eat healthily:

<p><i>Orajt, naqbel li jkun healthy, naqbel li jrid ikun hemm fiit minn kollox. Mhux dejjem faċli għax it-tfal jorbtuk, nara minn tiegħi xi thobb</i></p>	<p><i>Ok, [I]agree that it must be healthy. I agree that children should eat a variety of food. However, it's difficult because, children don't</i></p>
---	---

<p><i>u x'ma thobbx. Jien it-tifla tiegħi pereżempju tghidilhiex itiha ħobż bil-kunserva jew ħobż bit-tadama għax ma ticolulekx. Mela ntiha xi ħaġa li thobb li huwa l-ħobż bil-butir, speċjalment ħobż tal-Malti. Itihix l-islice, għax ma tiklux u ggibuli lura jew ntiha ħobż, slice ħobża Maltija, b'naqa butir u perżut fin-nofs u ticoluli, karottu nej tieklu, allura hemmhekk moħħi mistrieħ [li qed tiekol xi ħaġa sustanzjuża]. Tuffieha toħodha. Meta morna għand in-nutritionist kienet tatna bħal qishom pakketti ta' snacks imma magħmulin mill-kejl, veggie snacks jisimhom. Allura qed ntiha xi ħaġa tal-vegetables magħha . . .</i></p>	<p><i>always like healthy food, in fact my daughter doesn't like everything. For example, my child doesn't like bread with tomato paste or with tomato because, she wouldn't eat it. So I give her food that she likes which is bread with butter especially Maltese bread. I don't give her a sandwich because, she would definitely not eat it and return it back, [so I give her] a slice of Maltese bread with some butter and ham and she eats it. She also eats one raw carrot so at least I put mind at rest [that she's eating something healthy]. She also eats one apple. When we went to the nutritionist, she recommended ready-made-healthy snacks made from kale which are called veggie snacks. So I give her something made from vegetables. . .</i></p>
--	--

Unlike, Charles and Kerr's (1988) research that only middle class households are concerned about how much nutrients their children eat but, several mothers irrespective of their SES were concerned about their children's intake of nutrients. In this regard, all of the mothers with school-aged children supported them to make healthy food choices at school.

However, those participants whose children are older noted that secondary schools are less strict on school lunches. In this regard, Roberta argued:

<p><i>To be honest kemm it-tifla speċjalment u anke t-tifel kellhom iktar [regoli], kienu iktar strict meta kienu l-primary. Meta qegħdin s-sekondarja m'għadhomx jagħmlu fuss kemm x'għandhom fil-bottles tal-ilma jiġifieri [l-istaff tal-iskola ma jiċċekjawx] jekk [it-tfal] għandhomx ilma jew xi soft drinks jew xi affarijiet, jekk igibux croissants, jekk igibux ċikkulati, jekk igibux affarijiet iġifieri rajt qisu qabża mill-primarja għas-sekondarja . . .</i></p>	<p><i>To be honest both when my daughter and my son attended primary school, [the school staff] were stricter [on school lunches]. At secondary school, [the school staff] don't make a fuss what drinks children have in their bottles which means [they don't check] if children have water, soft drinks or something else [in their bottles], [the school staff] don't make a fuss whether children bring croissants or chocolates so [school rules] are different from primary to secondary school. . .</i></p>
--	---

Moreover, according to Rita, secondary schools deliver contradictory messages to their students because, while they are encouraged to eat healthy, tuckshops still sell unhealthy food. Roberta added that:

<p><i>. . . Fil-verità mbaġhad kif ġieli tgħidli t-tifla, "Mela nagħmlu ħafna healthy restrictions u mbaġhad biex niġbru l-flus u nagħmlu l-fund raising, nagħmlu l-muffin day u nagħmlu d-doughnuts u nagħmlu l-ġelati u nagħmlu</i></p>	<p><i>. . . To be honest my daughter tells me that, "There are several healthy restrictions and then for fund raising, we always organise a muffin day, doughnuts, ice creams or we organise a hotdog day or burger day," so</i></p>
---	--

<p><i>whatever, jew nkella nagħmlu hotdog day jew nagħmlu burger day,” jġigifieri ma kinitx leading by example [min-naħa tal-iskola] [. . .] It-tifla ġieli nnutat [u] tghidli li huma mheggin jieklu healthy u t-teachers jarawhom deħlin bil-Bolt [servizz tat-takeaway]. It-tfal jindunaw [b’dawn l-affarijiet], jġigifieri t-tfal jindunaw. . .</i></p>	<p><i>that’s not a leading example [from the school’s side] [. . .] My daughter sometimes notices [and] tells me that they are encouraged to eat healthy and then they see their teachers ordering Bolt [takeaway service]. Children notice [these things], children notice . . .</i></p>
---	---

There were conflicting opinions whether there is enough awareness for children on healthy food in Malta. For instance, Marisa argued:

<p><i>[Ikel mhux sustanzjuż] issibu, issibu haġna iktar mill-healthy naħseb jiena, speċjalment kif għedtlek meta tmur go restaurant il-food options [l-għażliet tal-ikel] li ssib kważi kollha unhealthy ikunu sfortunatament. It-tfal kollha chicken nuggets u chips, fish fingers biċ-chips., Ma jagħmlulekx chicken breast, patata u haixix bħall-kbar, jġigifieri dik hija żball kbir għax, it-tfal minn età żgħira qed ngħidulhom li dawn huma l-options tagħhom [tal-ikel]; pizza, għagin, chicken nuggets u żjut. Jġigifieri jekk forsi nintroduċu iktar affarijiet healthy, meta</i></p>	<p><i>[Unhealthy food] is easier to find than healthy food in my opinion, especially when I told you that when you go to a restaurant the food options that you find are almost unhealthy unfortunately. The children’s menu only serves chicken nuggets and fish fingers with chips. Children aren’t served with chicken breast, potatoes and vegetables like the adults. That’s a big mistake because children from a young age are taught, that their [food] options; pizza, pasta, chicken nuggets and oily food.” If we maybe introduce more healthy</i></p>
--	---

<p><i>mbagħad jikbru dawn it-tfal ha jgħidu ara hemm options oħra li huma tajbin fil-verità.</i></p>	<p><i>food [options], when the children will grow up they will be more aware that other options are good too.</i></p>
--	---

On the other hand, Rina argued, “. . . *Everyone is taught to [eat] a mixture of vegetables. It’s important to eat a portion of vegetables regularly.*”

#### **4.3.6 ‘Natural’ food**

Many participants associated healthy food with ‘natural’ food’- food that has no preservatives unlike processed food such as canned food or packaged food. They used the Maltese term *naturali* to distinguish natural food from processed food. Vegetables were the most mentioned example.

Most of the participants defined natural food similarly to Marisa:

<i>Ikel naturali hija l-inqas li tkun</i>	<i>Natural food is the least processed food.</i>
<i>proċessata. Ma tkunx proċessata, ma</i>	<i>It isn't processed, doesn't contain</i>
<i>jkunx fih ħafna additives bħall-canned</i>	<i>additives like canned food. If you're</i>
<i>food. Dak għaliya mhux naturali. Jekk ha</i>	<i>going to buy canned peas or canned</i>
<i>tixtri piżelli tal-bott, jew mushrooms tal-</i>	<i>mushrooms, they aren't natural. Thus,</i>
<i>bott mhux naturali fil-verità. Affarijiet</i>	<i>natural food is the freshest food. To be</i>
<i>kemm jista' jkun friski. Jiena ma tantx</i>	<i>honest, I don't like using canned food.</i>
<i>nħobb nuża affarijiet tal-bott ha nkun</i>	<i>Instead of canned food, I prefer using</i>
<i>onesta. Nippreferi mbaġħad tal-friża</i>	<i>frozen food. . .</i>
<i>pereżempju piżelli tal-friża nuża.</i>	
<i>Mushrooms dejjem nixtri l-frisk, qatt ma</i>	
<i>wżajt tal-bott. . .</i>	

Several participants classified the Mediterranean diet as healthy because, it includes lentils, fruit, vegetables, fish, olive oil and seeds/legumes. Moreover, many participants associated traditional Maltese food that they commonly eat such as *kunserva*, *ftira*, *soppa tal-armila* (widow's soup), *minestra* (traditional Maltese soup), *bragjoli* (beef olives), *ravjul* (ravioli), *patata l-forn* (oven-baked potatoes) and *fenek* (rabbit meat) with the Mediterranean diet. It is important to note that the Mediterranean diet carries several benefits such as high life expectancy as mentioned in the literature review (see section 2.2). In my sample, there were contrasting opinions whether Turkish, Chinese and Indian foods are healthy or unhealthy. A few participants argued that Indian and Turkish foods are healthy since they contain fewer fats and are less oily compared to Chinese food. On the other hand, several participants argued that Chinese food is unhealthy. For instance, Marilyn described Chinese food as heavy and very different from Mediterranean food.

In contrast to natural and Mediterranean food, all of the participants classified processed food as unhealthy. Long shelf life, long expiry date, preservatives and additives were the most common reasons why participants defined canned food as processed. Some participants, like Luca and Laura below, shared with me their concerns around the dangerous consequences of consuming such food:

<p><i>. . . Tant kemm ċertu ikel pproċessat qiegħed ikollu kimiki illi qed jibda jkun hawn ċertu tfal illi qegħdin jitwiellu b'hyperactivity bħall-ADHD. Hafna minn dawn it-tip ta' problemi li qed isibu fit-tfal illum il-ġurnata qed tiġi mit-tip ta' ikel pproċessat li qed jagħmlu illum il-ġurnata. (Luca).</i></p>	<p><i>. . . Since certain processed food contains a lot of chemicals, it's causing children to be born with hyperactivity such as ADHD. Most of these kinds of problems that are being found in children nowadays is coming from the kind of processed food that is produced nowadays. (Luca).</i></p>
<p><i>. . . Jien nemmen li l-problema tal-mard bħall-cancers giet tul iż-żmien minħabba dal-ikel li qed nieklu [. . .] Illum kumbinazzjoni skoprejt li qabel il-cancer kien fuq wieħed minn kull erbgħa, [issa] sar wieħed fuq kull tnejn. Nofs il-ġenerazzjoni bil-cancer. . . (Laura).</i></p>	<p><i>. . . I believe that the problem of diseases like cancers has come over time because of this type food that we're eating [. . .] By coincidence today I discovered that in the past cancer was [found] on one in four [persons], [now] it is found on one in two [persons]. Half of the generation has cancer. . . (Laura).</i></p>

Several participants mentioned that healthy food prevents chronic diseases and long-term illness: *“I think in the long term the healthier you eat the better because you’ll reduce salt, sugar, blood pressure, diabetes; you’ll reduce the health risks,”* (Marisa) and a few others also cited benefits to their mental health.

#### **4.4 Scepticism about corporations and trust in local food**

Several participants were sceptical about the authenticity of ingredients in certain foods (e.g. ready-made burgers). Nearly half of the participants try to avoid cooking processed food for themselves because, they view it as unhealthy. However, several of these participants (including participants who avoid cooking processed food for themselves) but they still buy processed food (such as chicken nuggets and burgers) for their families because they like it. Others viewed it as ‘necessary evil’ due to the practicality of buying/eating this type of food. Due to a high level of health and nutritional literacy, most of the participants are sceptical about health risks associated with processed food due to unhealthy ingredients. Scepticism is widely discussed in the literature. For instance, Clapp and Scrinis (2017) argued that nearly in every country of the world food with a low nutritional value (e.g. processed food) have become easily available with the consequence that many people are feeling sceptical about the health risks associated with processed food. The reason being that the food products produced by Big Food corporations have low levels of nutrients (Scrinis, 2013). For instance, Scrinis (2013) mentioned that Kellogg’s Cocoa Krispies which is a product produced by Big Food corporations is highly processed due to high concentrations of sugars, salt and additives. However, some of my working mothers and the full-time students also mentioned that they cook processed food due to a busy life. In this regard, they mentioned that it is easier to prepare processed food rather than



healthy food. Thus, the practical nature of processed food makes it easier for participants who do not have time to prepare food from scratch.

As seen previously, the participants emphasised the benefits of natural food, which they described as the least processed food. However, a degree of scepticism was also raised with regard to how ‘natural’ these foods really are. For instance, many expressed their concerns about the use of pesticides in crop production. For example, Jane argued, *“Sometimes I even view ready-made salad as unhealthy although I know that it’s produced in Malta . . . I wonder how it stays good.”* Some emphasised the importance of washing the vegetables properly to remove pesticides. Sven expressed similar concerns:

<p>. . Meta mmur għal xi haġa healthy ġieli qas nħossni li qed niehu xi haġa healthy tant kemm ikun fiha pestiċidi u dal-ħmerijiet. Pereżempju jien ma niehux tuffieħ. Ilni ma niehu tuffieħa snin, imma bil-wax li jpoġġu madwarha, ngħid dan vera healthy? Qisni vera xettiku fuq l-ikel healthy għalkemm jgħidu li huwa healthy u kul iktar minn hekk minn ġewwa xorta ma nħossnix li qed niehu xi haġa healthy ġieli għax, Alla jaf minn fejn għaddiet biex qegħdin jipprezentawha.</p>	<p>. . . When I choose healthy food I feel that I’m not eating something healthy because it contains a lot of pesticides. For example, I don’t eat apples. I haven’t eaten an apple for ages since apples contain a lot of wax and I wonder if they are really healthy. I’m really sceptical about healthy food even though they say it’s healthy and eat more than that but, I still don’t feel like I’m taking something healthy sometimes because, God knows where it went through to be presented.</p>
---	--

Sven continued:

<i>Naħseb ukoll anke [...] jekk tkun qed tieħu salad bl-affarijiet kollha mifqughin pestiċidi jew hekk ġieli anke moħħok qed jgħidlek li qed nieħu xi ħaġa healthy u hekk. Qisu anke l-moħħ, nidħku bina nnfusna ġieli ngħidu għax qed nieħdu xi ħaġa healthy, u tibda tħossok aħjar wara wkoll, imma mbagħad tirrealizza x'qed tiekol fil-verità . . .</i>	<i>I also think that [...] if you're eating a salad which contains a lot of pesticides, your mind is telling you that you're eating something healthy. It's like our brain, we're manipulating ourselves because we're eating something healthy and you start to feel better and then you realize what you are [actually] eating . . .</i>
---	--

This concern among my participants also applied to the meat industry, “. . . *Chickens used to weight 2.5kg, nowadays one chicken weighs 4kg because everyone is injecting [them] so that the chicken will increase its weight.*” (Luca).

This anxiety about the quality of food that people consume, in particular the conditions in which it is produced such as chemical fertilizers and breeding techniques has been reported in the literature (Warde, 2016).

#### **4.4.1 Going local**

Trust also played a key role in deciding where to purchase one's food. Most of the participants argued that they always buy fruit and vegetables from the local fruit vendor. Both Sandra and Marilyn argued that they always buy fresh and seasonal fruit and vegetables. For example, Marilyn explained that she never buys strawberries in December because they are grown out of season in

a hothouse. This aligns with the recommendation of the University of Malta et al. (2015) to buy local and in season fruit and vegetables as a means of keeping healthy. However, Muriel expressed her concern that fruit and vegetables bought from vendor vans are exposed to air pollution, as they do not typically cover their production.

Only three participants mentioned buying fruit and vegetables from large-scale supermarkets. Others choose not to, as they only sell non-local fruit and vegetables which might not be as fresh. For instance, Rina argued:

<p><i>. . . Idejaqni hafna li nixtri [frott u ħaxix ta' barra], inti taf illi hawn supermarkets, chain ta' supermarkets f'Malta li jgib il-ħaxix, imma naf li hu ħaxix minn barra. Dak probabli nsibu orħos minn dak lokali, però żgur ma nixtrihx. Żgur, għax jien ngħid li għandi xorti li l-pastarda li xtrajt illum inqatat ilbieraħ, x'irid iktar?</i></p>	<p><i>. . . I don't like to buy [non-local fruit and vegetables], you know that there are supermarkets, a chain of supermarkets in Malta that sell vegetables but I know that the vegetables weren't produced in Malta. I know that probably they're cheaper than local vegetables but, definitely I wouldn't buy them. Definitely, because I say to myself that I'm lucky that the cauliflower I have bought today was picked up yesterday, what else do I want?</i></p>
---	---

Like Rina, Scarlett equates 'local' with 'quality' claiming that fruit and vegetables are "more genuine" and taste better. A similar argument has been put forward in terms of buying meat. Several participants prefer to buy meat directly from the butcher as they consider it fresher than products in the meat section in supermarkets.

Luca explained:

<i>“ . . . Insa li ha mmur u nixtrilek minghand is-supermarkets dan it-tip ta’ laħam għax jiena għamilt żmien illi kont butcher, naf x’jigri, naf x’kont nsib speċjalment fit-tiġieġ . . . ”</i>	<i>. . . Forget it that I’m going to buy this kind of meat from the supermarkets because I used to work as a butcher and I know what happens and what I used to find especially in chickens. . .</i>
--	--

Luca also provides an environmental argument for buying meat directly from the butcher, in terms of reducing mass production. Few participants buy meat from the supermarket and when they do, they opt for a local meat brand such as Prime. Rita emphasised the importance of buying ‘local’ particularly when it comes to rabbit meat, which features in a traditional Maltese dish. Rita’s husband typically buys rabbits directly from a person who raises them. They trust this person because they know exactly what food the person feeds the rabbits. However, Rita did mention instances where she bought a frozen rabbit from a local butcher, whilst expressing her scepticism:

<i>“ . . . Meta mmur għand tal-laħam ġieli xtrajt [fenek] ikun ffriztat. Nghidlu, “Isma’ [dan frisk]?” Jghidli, “Naf x’qed inbighlek. Nixtrihom minghand wiehed.” Imbagħad nghidlu, “Basta tixtrihom.”</i>	<i>. . . Sometimes, I buy frozen rabbit meat from the butcher. I ask him, “Listen [is this fresh]?” He replies, “I know what I’m selling you. I buy them from a [particular] person.” Then I reply, “The most important thing is that you buy them.</i>
--	---

Some participants highlighted hygienic reasons for buying from ‘trusted’ shops, such as the fish shop and butcher shop. Rina, for instance, explains that in contrast to supermarkets, “*Both the [local] fish shop and the butcher shop are clean*”:

<p>. . . Jien narahom li meta tixtri mingħand il-butcher shop tradizzjonali, jien narah li l-laħam ikun iktar frisk. Anki ma jkollux dak il-ħafna jdejn bħalma jkun hemm fil-butcher section tas-supermarket. L-istess tal-ħut igifieri s-section tal-ħut tas-supermarket idejaqni ħafna. Meta mmur nixtri l-ħut minn go fish shop igifieri bħalma għandna [ir-raħal], jigifieri dan ikun hemm persuna wieħed, kollox frisk mmens, ħanut nadif tazza, jmissu hu biss b’idejh igifieri jagħtik [hu biss]. Għandhom ndafa kemm tal-ħut u kemm tal-butcher, wara kull klijent jaħslu jdejhom igifieri jogħġbuni ħafna minħabba li m’hemmx ħafna jdejn, [minħabba] l-indaġa tagħhom u narahom iktar friski.</p>	<p>. . . I think that when you buy from the traditional butcher shop, I think the meat is fresher. It doesn’t even have as many hands [involved] as there are in the butcher section of the supermarket. The same applies to fish. I really don’t like the fish section of the supermarket. When I buy fish from the [local] fish shop, there’s only one person, everything is always fresh, and the shop is always clean, only the seller touches the food with his hands, after every client they wash their hands and that’s why I like to buy from these shops because, less hands are involved, the shops are always clean and they always sell fresh products.</p>
---	--

This trust towards the ‘local’ also extended to food brands. For example, some participants argued that they always buy local dairy products, in particular the *Benna* milk brand.

Several participants always use the tomato paste of the local Three Hills brand, despite being more expensive, while some expressed a preference for the local Mayor brand when buying tomato pulp and tomato sauce. Despite being canned, Marilyn argued, “. . . *For tuna fish I like to use the Elite brand with olive oil, I always try to be healthy.*” Local bottled water brands were also preferred, with many preferring *Kristal*. For example, Raisa argued: “*Kristal is the healthiest [water] because, it’s the least [water brand] that contains salt.*” In some cases, they did opt for a less favourite brand such as the *Pavi-Pama* water, which is obtained by exchanging free water coupons at a leading supermarket.

#### 4.4.2 Trust/scepticism in restaurants

When I asked participants about their family’s patterns of eating out, the importance of trust came up once again. Valeria and Luca, for instance, mentioned avoiding restaurants altogether as they do not trust restaurants to cook food for their families. For example, Luca argued:

<p>. . . <i>Iktar issir konxju meta taħdem f’dis-sengħa ta’ x’qed tiekol. Jien pereżempju l-iktar ikel li nħossni komdu niekol kważi kważi l-pizza għax [il-kok] qed jagħmillek il-pizza dak il-ħin [li tkun ordnajtha] u mbagħad il-problema għax kif tibda ssir lesta ma tafx. Pereżempju d-dqiq jibbliċjawn biex jidher abjad. Jigifieri meta ngħidlek xħin taqbad taħseb ma tieqafx. Xi</i></p>	<p>. . . <i>You become more aware when you work as a chef of what you’re eating. For example, the food that I feel most comfortable eating is pizza because the [chef] is preparing the pizza at the time [that you ordered it], however you don’t know how the pizza was prepared. For instance, the flour can be bleached to look white. Sometimes when you start thinking, you can’t stop. Sometimes even in the healthiest</i></p>
---	--

<i>kultant anke l-iktar postijiet healthy ħa ssib          ċertu affarijiet illi ma jagħmlux sens.</i>	<i>places you'll find certain things that don't          make sense.</i>
--	--

Roberta added that her family always eat in restaurants that have good reviews. She trusts restaurants where she can see the kitchen easily from her table because she feels safe about how the chefs are preparing the food. Roberta added:

<i>. . . Jien tolqotni ħafna hygiene jiġifieri jekk          nara l-post mdellek u speċjalment l-iktar li          ninnota minn ġol-bathrooms. Il-bathrooms          indicator kbira ta' kif qed żżomm il-bathroom,          aħseb u ara l-kċina kif qed tkun u hemm l-          affarijiet kollha [tal-ikel]. . .</i>	<i>. . . Hygiene is the most important thing to me.          If I see the place is dirty, especially what I          notice the most from the bathrooms. The          bathrooms are a great indicator of how the          bathrooms are being maintained, let alone the          kitchen from where [food] is stored. . .</i>
--	---

Laura also added, “*We try to look for good restaurants. . . We choose restaurants that we know that they’re genuine, because my husband eats so healthy that he easily gets sick [when eating unhealthy food].*”

## 4.5 Barriers to eating healthy food

There are several reasons why people do not like or buy healthy food. This section will explore the barriers that the participants mentioned by categorising them into individual-level reasons and societal-level reasons.

#### 4.5.1 Individual-level reasons

In this subsection, I am going to explore the barriers that participants themselves mentioned why they do find it difficult to eat healthy food due to manner of preparation, taste and accessibility.

Barriers to eating healthy food mentioned by a few participants were its time-consuming preparation and short shelf life. Some participants argued that they eat unhealthy food because, it is easy to prepare. For example, Amelia argued that unlike her mother, she does not prepare the pasta sauce from scratch but use a canned ready made sauce. Like Amelia, Scarlett argued:

<i>. . . Faċli biex tixtri l-affarijiet lesti. Bil-ħajja [mgħaġġla] tal-lum tghid titfgħu, eżempju għandna ħabta nixtru l-pizza pockets. Qisek titfagħhom fil-microwave u fi tliet minuti għandek tnejn. Biex tagħmel is-soppa jew il-brodu ara kemm ddum. Allura qisek għall-ħajja mgħaġġla ta' bħalissa l-ideal l-ipproċessat [biex tipprepara].</i>	<i>. . . It's easy to buy ready-made products. Since life is now [busy], we buy pizza pockets. You only heat them in the microwave for three minutes and you have three portions. If you have to prepare a soup or brodu, it will take you a lot of time to prepare it. Since we have a busy life, processed food is the ideal food [to prepare].</i>
--	---

Others argued that healthy food is less fulfilling, and in some cases, less tasty:



<i>L-ikel unhealthy itjeb mill-ikel healthy fit-togħma għax l-unika haġa li għandu tajjeb l-ikel unhealthy huwa it-togħma u dik li jagħmlek kuntent ukoll [. . .] Jien ngħid għaliya iktar nieħu pjaċir nieħu xi haġa unhealthy, ħalliha li tagħmilli d-deni imma jien qed nieħu pjaċir niekolha. . . (Shaun).</i>	<i>Unhealthy food tastes better than healthy food because the only advantage that unhealthy food has is its taste and it makes you happy [. . .] I feel happier when I eat unhealthy food even though it makes me sick but I still enjoy eating it. . . (Shaun).</i>
--	--

All participants also argued that healthy food is significantly more expensive, which may be a barrier for many families. Elaine argued:

<i>“Biex tiekol healthy trid tonfoq il-flus u anke jekk ma tiekolx healthy għax, kollox għola, imma ngħid għaliya jien meta nagħmel id-dieta iktar tigini flus, għax l-affarijiet tad-dieta kollha għoljin. Jien hekk narahom.”</i>	<i>To eat healthy you have to spend [a lot of] money and even if you don’t eat healthy because everything is expensive now. If I’m going to follow a healthy diet it will cost me more money because all of the healthy products are expensive. [At least] I think healthy food is expensive.</i>
---	---

The role of finances in influencing food choices will be unpacked further in section 4.6 below.

#### 4.5.2 Societal-level reasons

This section is going to explore the social and structural factors that participants reported as hindering them from accessing healthy food.

Some participants argued that in Malta healthy food is not easily accessible. *“In some supermarkets I find [organic food] but it isn’t enough. I think there are only few options available. . .”* (Benjamin). Like Benjamin, Petra added, *“I find it difficult to buy [healthy food]. There are certain supermarkets who store healthy food in some corners. For example, instead of buying white pasta, there is another type of pasta . . .”*

On the other hand, all participants argued that fast food outlets and supermarkets are making it easier for customers to buy unhealthy food. For instance, Scarlett argued:

<i>Iva [ikel mhux sustanzjuż] ssibu ħafna aktar minn ikel healthy. Jiena fejn noqgħod kważi kull kantuniera għandek jew tal-pastizzi u, fi triq waħda għandek ħames takeaways u tlieta tal-pastizzi. [Mill-banda l-oħra] ħwienet tal-ħaxix fir-raġal kollu hawn tnejn [biss]. Jigifieri qisek ssib [ikel unhealthy faċilment]. Jekk ssib [takeaway] wieħed magħluq ħa ssib hamsa [oħra] miftuħin . . .</i>	<i>[Unhealthy food] is easier to find than healthy food. Where I live almost every corner has a pastizzeria, in one street you have five takeaways and three pastizzerias. [On the other hand], there are [only] two green grocers in this village. I mean it’s easy to find [unhealthy food]. If you find one [takeaway] closed, you’ll find [another] five open . . .</i>
--	---

A few participants also pointed out that pastizzerias and doughnut vans can be found in close proximity to schools, which they believed contributed to the high rate of childhood obesity in

Malta. In addition, some participants discussed how the inflation affected them negatively to buy healthy food. The impact of the inflation will be discussed in section 4.6.

## 4.6 Financial situation

All of the participants argued that healthy food is expensive such as fish, fruit, vegetables and meat, while most of the participants mentioned that unhealthy food tends to be less expensive. However, some participants argued that even unhealthy food is expensive. Most of the participants highlighted their concerns about the recent inflation, as they described how it has affected their family's eating habits and shopping practices. Some expressed their scepticism around this marked increase in food prices, claiming that shops are taking advantage of the COVID-19 pandemic and the Ukrainian War to make more profit.

<p><i>. . . Minhabba li nagħmel xirja darba fil-gimgha dejjem għandi bejn €150 sa €200 per week bħala familja ta' erbgha, jiġifieri nmutajt li żied l-ammont wara l-COVID, jiġifieri wara l-COVID jekk qabel kont sa €150 jkolli xirja, illum biex ikolli xirja li fiha l-istess rrid inżidilha xi €50 iktar iġifieri qed titlagħli xi €200, jiġifieri naħseb l-affarijiet għolew . . .</i></p>	<p><i>. . . Since I buy food once a week, I always spend €150 to €200 every week for a family of four people and I noticed that the prices increased after COVID-19 because, before I used to spend €150 on food shopping. Nowadays to buy the same amount of food I have to add €50 more so it's costing me around €200 so I think food prices have increased . . .</i></p>
---	--

As discussed in chapter 1, the European Council (2023) argued that food prices have been increasing since the mid-year of 2020. Unfortunately, prices continued to increase due to the Russian invasion on Ukraine. Ukraine was one of the largest wheat exporters in the world.

However, due to the war, Ukraine has decreased dramatically the grain exports, which resulted in food security concerns for millions of people around the world. Eurostat (2023) also added that the price of oils and fats increased by 23% from March 2022 to March 2023.

Participants with a low household income (i.e., less than €20,000 p.a.) argued that they are finding it difficult to cope with high food prices. For example, Elaine a single mother from Haż-Żebbuġ argued that she does not afford to buy food in bulk because she is currently unemployed. She now buys food that her family needs nearly every day:

<p><i>. . . Mitejn euro kemm se jservuni? Nipprova nqassamha fil-gimġha rrid. Mhux nispiċċa nonfoqha mit-Tnejn u nispiċċa bla flus. Allura nipprova. Bhalissa m'iniex qed naħdem għax, kieku qed naħdem u għandi naqa paga tajba ngħid ha mmur nagħmel xirja u dejjem ssib u mhux noqgħod ġejja u sejra. Iktar worth it hux.</i></p>	<p><i>. . . How can I live with €200 per week? I'm careful how to spend the €200 throughout the week so I won't end up spending it on Monday and end up with no money at all. [At least] I try. Currently, I'm not working because, if I was working and earned a good income, I would buy food in bulk so I would always have food available without the need to buy food every day. It's more worth it.</i></p>
--	---

However, Elaine still stated she manages to buy food that her family likes.

Similarly, to Elaine, Rita a middle-aged person from Żabbar explained:

<p>. . . Jien għandi l-paga tiegħi hi naqa baxxa; tar-raġel. Ifhem aħna qegħdin [familja ta'] erbgħa. Skont il-paga, trid tara kif ħa tqassam. Iebsa fil-veru sens tal-kelma li iebsa biex tqassam paga għax hu jhalli kollox f'idejja [. . .] Imma iebsa, [almenu] għalija iebsa. Il-ħajja [saret] mingħajr kontroll ta' xejn . . .</p>	<p>. . . My husband earns a low income. We're [a family of] four. I have to be careful how I spend the money. It's very hard in the literal sense of the word. It's very hard to make a budget with one income because my husband leaves the budgeting responsibility on me... It's hard, [at least] for me it's hard. There isn't control over prices. . .</p>
--	---

Hence, it seems that in my sample, it's mostly women who are entasked with food and budgetary decisions. Gender roles were also discussed in detail in the literature review (see subsections 2.3.2 and 2.3.3).

#### 4.6.1 Changing food choices

Thirteen participants have an annual household income of €21,000 to €30,000. One of them is Marilyn who argued that before the inflation she used to eat salmon three to four times per week. Now since four pieces of salmon cost €15.00, she is cooking it less frequently; only once or twice a week. Sandra took a more drastic decision because, her family had to cut down on fish and replacing it with chicken, as it tends to be cheaper than other types of meat and fish.

Sven who has a low annual household income argued, that before the inflation he used to buy more 'unhealthy' food (e.g. sunshine snacks). However, nowadays these snacks also have

become expensive and thus Sven steers away from them. Whilst at his educational institution he would prefer to buy something healthier, like nuts, he opts for chocolate instead as it is more affordable. Sven added that both him and his mother reduced the intake of junk food to save money.

In addition, some participants added that they reduced the intake of expensive meat to save money. For example, Luca argued that on Sundays, his family used to cook meat that is quite expensive like ribeye, which they now avoid.

A few participants also explained how they started buying fish in season or a whole salmon to save money. However, as Chelsea argued, *“Otherwise fish is very expensive which is very weird given that we are living on the island, surrounded by the sea and fish.”*

Although, most of the participants reported that healthy food (e.g. fruit and vegetables) is expensive, they still manage to buy it.

Hence, from this subsection participants were seen to adopt several strategies to make food decisions easier. As Sobal and colleagues (2006) argued my participants developed strategies to make food choices easier by eliminating, substituting or restricting particular food. In addition, an earlier study done by Falk and colleagues (1996) which was mentioned in the literature review also showed that external events could influence people’s food decisions. Falk and colleagues (1996) mainly highlighted how the economic depression affected deeply the elderly participants’ food choices. Although Malta is not experiencing economic depression but similarly, my participants’ food choices were affected by the recent inflation.

#### **4.6.2 Switching shops**

Some low-income participants changed places from where they do their grocery shopping to save money due to the inflation. For instance, Rita told me that she is buying less food from her local mini-market and instead going to a large-scale supermarket, “*Before this started that everything is becoming really expensive, I used to buy from a mini-market which is near my house but [then it] started to increase its prices. [Now], I think I save something. It’s not easy.*”

Rita added:

<p><i>. . . Però s-supermarkets iwa tiffranka. Immorru għand tal-Pama aħna. Jkolli l-vouchers ukoll dawn tal-flixken għax tal-ħaxix biss hawnhekk joħodhom. Immorru għand il-Pama u ngħid nsarraġ kollox hemm mbagħad . . .</i></p>	<p><i>. . . However, from supermarkets you do save money. We go to Pama. I save the vouchers of the bottles (in Malta plastic bottles are exchanged with vouchers) because, here only the fruit vendor accepts the vouchers. We go to Pama and I exchange the vouchers there . . .</i></p>
---	--

In addition, both Rita and Sandra (with annual household income of €21,000 to €30,000) buy local fruit and vegetables from the fruit vendor to save money.

Irrespective of their annual household incomes several participants argued that they shop around to save money; “*Sometimes we have 10 items on the list and we go to five different supermarkets to save money because, not every supermarket sells food products with the same prices [. . .] Life is becoming hard.*” (Luca). Nadia’s family, whose only source of income is her husband’s

retirement pension, also emphasised the importance of shopping around to stretch their money to the end of the month.

Pamela was the only participant whose household earns more than €60,000 p.a. yet she also explained switching her shopping practices. She stopped buying food from a wholesaler and is now buying food from *Pavi* to save money. Pamela also argued that she is buying less frequently from LIDL to save money:

<p><i>“ . . . Issa għamel żmien il-LIDL kien worth it u mbagħad ma baqax worth it. Bħalissa il-Pavi worth it, imma bħalissa ngħid għax dan erbat ijiem oħra ma tistax tgħid [x’sse jgħri]. ”</i></p>	<p><i>. . . There was a time when Lidl (associated with low cost products) was worth it but now it’s no longer worth it. Right now Pavi is worth it, but right now I’m saying because you don’t know what will happen in the next four days.</i></p>
--	--

*“ . . . First of all I go to Pavi on purpose because to check the offers . . . ”* (Pamela).

It is worth noting, however, that these changes in shopping habits were not reported across the board, mainly due to practical reasons. For example, Roberta whose annual household income is €31,000 to €40,000 p.a. argued:

<p><i>Kollox mis-supermarket [nixtri inkluz ħaxix u laħam]. Jien naf min pereżempju mmur għand detergent shop u jiffranka. Jigifieri fejn jidħol budget ta’ flus naħseb aħna li nkunu naħdmu u jkollna a very busy schedule ma tantx tista’ toqgħod tilgħab bil-prezzijiet. Tista’</i></p>	<p><i>I buy everything from the supermarket [including meat and vegetables]. I know someone who for example goes to a detergent shop to save money so when it comes to budgeting skills, I think that people who work and have a busy schedule like us don’t have the</i></p>
--	---



<i>tagħmilha [li tixtri kollox mis-supermarket] għax, forsi jkollok il-flus f'idejk . . .</i>	<i>time to shop around. We can maybe may be do it [that we buy everything from the supermarket] because we have enough money in our hands . . .</i>
---	---

### 4.6.3 Changing food brands

As seen in subsection 4.4.1, many participants have certain food brands they preferred. In some cases, however, compromises were made to save money. This was especially stressed by Luca:

<i>Skont id-ditta ħa jaffetwa l-prezz. Jigifieri ahna konna naraw xi kafè fejn in-Nescafé qiegħed ċertu prezz naqa għoli imma hemm ditta oħra illi pereżempju jgib il-LIDL għall-mod tal-kelma u jiġi bi prezz irħas. Xorta wahda kafè qed tieħu [hi x'inho d-ditta] [. . .] Xi kultant trid timxi skont xi jgħidlek il-but mhux li jgħidlek ilsienek.</i>	<i>Price varies across brands. For example, Nescafé [coffee brand] is expensive, but another [coffee] brand such as LIDL's is cheaper. You're still drinking coffee [regardless of its brand] [. . .] Sometimes you have to buy food according to your income and not according to your taste.</i>
--	--

Pamela whose household earn more than €60,000 p.a. also reported changing the food brands. Particularly, Pamela felt guilty that she is now buying a non-local tomato pulp brand as the local Mayor tomato pulp was becoming expensive. Hence, the 'taste of necessity' was identified in Luca's family and Pamela's family, irrespective of income. In contrast, Bourdieu (1979/1984) identified this taste of necessity among the working class only and identified the taste of luxury

among the bourgeoisie. The same goes for Bridle-Fitzpatrick (2016) who mentioned that the ‘taste of necessity’ was only identified among low-SES families, while the ‘taste of luxury’ was identified among median and high-SES families. On the other hand, Pamela who has a high income and Luca who has a median income expressed a ‘taste of necessity.’

Despite the inflation, the majority of the participants did not change any other food brands, as they prioritised taste over cost. For instance, Roberta and Jane argued that their family members would immediately recognise that they used new food brands and they would refuse to eat the meal.

#### **4.6.4 Income vs takeaways and restaurants**

A few participants from low-income households argued that they do not frequent restaurants or buy takeaways. For example, both Sven’s mother and Elaine whose annual household income is less than €20,000 p.a. only take their family out to a restaurant once or twice a month. Elaine also pointed out that when they do eat out, they make sure to choose a restaurant that is affordable. Both Elaine and Sven’s mother, rarely order takeaways, although Elaine’s adult children and Sven himself do so twice to three times per week. Like Elaine and Sven, Jane argued that they rarely go to a restaurant:

<i>Ifhem jien nieħu minni. Ġeneralment għalhekk naqgħu għall-pizza, xhin ikollok il-familja ta' seba' min-nies miegħek u thallashom kollha inti minn paga waħda, fis-sens fiha hu. Allura ġeneralment nħares lejn il-prezz u nara x'hemm l-irħas u nieħu lilu . . .</i>	<i>Generally we order pizza because, when you have a family of seven people, you have to pay them all from one income, it's a lot. Therefore, I usually look at the price and check what the cheapest food is, and I order that . . .</i>
---	---

Pamela was the only participant with a high annual household income that argued that her family only order a takeout once to twice a month as she argued that cooking food at home is a far cheaper option.

However, the majority of the participants order takeaways or eat in restaurants once a week despite their moderate household income. From my sample, less than half like to order Chinese, sushi, Turkish or Indian. Most of the participants rarely eat this type of food and prefer more mainstream options such as burgers, pasta, chicken nuggets (especially children), pizza, and soft drinks. In addition, from my sample, I observed that males are more likely to eat meat and drink beer, wine or soft drinks while females are more likely to order fish or chicken.

## **4.7 Gender roles in food practices**

In this section, I am going to discuss the gender roles in relation to food preparation and food shopping.

### **4.7.1 Who prepares the food?**

As mentioned in subsection 4.3.2, most of the participants argued that they always prepare healthy meals from scratch. Mothers of young children felt more responsible to feed their children healthy food. Only one participant, Muriel does not have a tendency to prepare food from scratch and mostly relies on heating ready-made food such as pizza, due to feeling tired after work. Muriel's manner of food preparation is similar to the dimension of efficiency discussed in the McDonaldization theory which was discussed in Chapter 2 (see subsection 2.2.2.4.1). Ritzer (2011) argued that efficiency is not only found in fast food restaurants but also in homemade cooking. The reason being that people are now heating their "homemade" fast foods in their microwaves. As argued by Ritzer (2011), it is more efficient to heat homemade fast food rather than ordering fast food from a fast food chain saving the hassle involved when eating food from a fast food chain because, you have to drive the car to the restaurant, go to the restaurant and return back home and it is also cheaper.

From a sample of thirty participants, only five males prepare food on a daily basis. Despite the fact that most of women work, female participants shared a prominent sense of cooking responsibility. For example, Roberta argued:

<p><i>Mill-ewwel, mindu żżewiġna konna għadna qas kellna t-tfal mill-ewwel hadtha f'idi [ir-responsabilità li nipprepara l-ikel], mill-ewwel hadt ir-riedni. Naħseb ukoll li hu [ir-raġel tagħha] trabba go familja li dejjem kienet ommu li ssajjar. Jiena ġejja minn familja li dejjem ommi kienet ssajjar u tiegħu allura</i></p>	<p><i>When we got married and even before we had children, I immediately took on the cooking role. I also think that he [her husband] grew up in a family where his mother was mainly responsible to cook. I come from a family where my mother was always cooking, so I</i></p>
--	--

<i>naħseb qisu dik automatically lilek tpoġġik f'pożizzjoni li inti ħa ssajjar. . .</i>	<i>think that automatically puts you in a position where you have to cook. . .</i>
---	--

In this regard, DeVault (1991, as cited in Fisher, 1992), argued that men who live in high-income households are involved in cooking decisions. On the other hand, my study showed irrespective of the household income that men were not much involved in cooking decisions.

However, there are some instances when males prepare food. For instance, Roberta works long hours twice a week and thus her husband prepares food for their children after school. However, she argued that because he lacks cooking skills, he tends to prepare only unhealthy food (e.g. heating chicken nuggets and chips in the convection oven).

Several females argued that they were influenced by their older female generations to prepare traditional Maltese foods such as *pulpetti bil-corned beef* (corned beef croquettes), *balbuljata* (a meal mainly made from tomatoes and eggs), *minestra* (widow's soup) and, *aljotta* (fish soup). In this regard, Devine and colleagues (1998) also found from their qualitative study that “food roots” and food upbringing are provided through early family cuisine. This was strongly apparent in my findings as participants reported being influenced by older female generations.

#### **4.7.2 How are eating habits shaped by work commitments?**

The emancipation of women, who are now increasingly participating in the labour sector have also, brought changes in the food habits of families. Some working females (both part-time and full-time) always plan a food menu or prepare food from a day before.

For instance, Valeria argued:

<p><i>Meta jkun possibli iwa [nipprepara l-ikel mill-bidu]. Jien nhobb nippjana [l-ikel]. Perezempju jekk naf li l-oġġett ha joħodli tul ta' hin u naf li għada m'iniex xogħol minn hawn, ngħid ha nipprepara dixx mqarrun, halli xhin jigu [ir-raġel u t-tfal mill-iskola jew ix-xogħol] kemm naqtgħalhom u nsahhan. Jien dejjem minn lejliet nkun naf x'ha nagħmel.</i></p>	<p><i>If possible I prepare food [from scratch]. I like to plan [food]. For example, if I know that particular food will take a lot of time to be prepared and I know that tomorrow I will not work from home, I'll prepare mqarrun (oven-baked pasta) from a day before so that when they [her children and her husband] return [from school or work], I only have to heat it. I always plan food from a day before.</i></p>
---	---

Ramona argued, “. . . I always cook food on Sunday morning for Monday because on Monday I spend all the day [working] and I don't have time [to prepare food]. . .”

Raisa also argued:

<p><i>Ija [nippjana] minhabba x-xogħol. Li nagħmel għax diffiċli biex ssajjar, nagħmel menu ta' gimgha jien, nkun naf meta ha nieklu chicken, nkun naf meta ha nieklu għagin [. . .] Ezempju kull nhar ta' Gimgha dejjem wraps ahna nagħmlu għax, il-Gimgha nkun qed nnaddaf u allura gas down u ngħid ha nagħmel wraps ta'</i></p>	<p><i>Yes, [I plan food] because of work. It's difficult to cook so I plan a menu for the whole week. I'll know when we'll eat chicken, when we'll eat pasta [. . .] For example, every Friday we always eat wraps because, on Friday I'm busy cleaning the house and I prepare wraps since they aren't time consuming [. . .] Planning a</i></p>
---	---

<i>malajr [. . .] Il-menu tajjeb, ma tifqagħx</i>	<i>food menu is always good because, you don't</i>
<i>mohħok kuljum xi trid tagħmel u tagħmel</i>	<i>have to worry what food you should cook every</i>
<i>varjetà għax jiena kieku niddejjaq niekol l-</i>	<i>day and prepare a variety of food because, I</i>
<i>istess.</i>	<i>don't like to eat the same food every day.</i>

The issue of planning and coordinating family feeding was also apparent across the low and high income participants of DeVault's study (1991, as cited in Fischer, 1992). In addition, my participants were influenced as mothers to make decisions about food. Sobal and Bisogni (2009) also reported that the social factors (e.g. gender roles and parent responsibilities) influence people's food choice decisions.

#### **4.7.3 Who buys the food?**

In contrast to food preparation, several males do the food shopping themselves. For instance, Rina and Valeria argued that their husbands are always the ones who buy food from the supermarket.

However, several females also argued that they buy food themselves either because their husbands do not have time to buy food or because they are not interested to buy food. Sandra argued; "*... normally I do most of the shopping myself. It's like we took that role that I do it myself.*"

Some participants, on the other hand, carried out their food shopping as a family as they viewed as an outing and serving as family quality time.

#### **4.8 Eating practices**

In this section, I am going to discuss how participants' families like to eat their food, such as eating together or alone. Moreover, I am going to discuss the reasons why participants like or do not like to invite people at their home for food.

#### 4.8.1 Eating together or eating alone?

The majority of the participants do not eat breakfast and lunch with their whole family due to work and school commitments. A third of participants reported rarely eating dinner together during the weekdays due to work and extra-curricular activities. For the rest, however, effort was made to eat together as a family:

<p><i>Jien bqajt bis-sistema l-antika li l-familja trid tiekol flimkien. Ġieli ż-żghira ssirilha l-ħin kwazi biex torqod u r-raġel ikun għadu ma ġiex u irridu nistennew lill-pa [biex nieklu].</i></p> <p><i>Nghidilha li dak mar ix-xogħol għaliha, mela nridu nistennewh biex nieklu flimkien. Inħoss ċertu guiltiness jekk ma nieklux flimkien. Bix-shift iridu nistennewh [għax] jispiċċa fl-10 tal-filgħaxija jew nkella meta jkun ta' filgħodu xorta nispiċċaw nieklu f'xid-9, id-9.30 p.m. (Jane).</i></p>	<p><i>I stayed with the old system that the family must eat together. Sometimes my youngest daughter has to sleep on a particular time but if my husband hasn't arrived from work, we wait for him [to eat]. I tell her that he went to work for her so we have to wait for him to eat together. I feel guilty if we don't eat together. If he works a night-shift, he finishes work at 10 p.m. and if he works a day-shift, we still eat at 9 p.m. or 9:30 p.m. (Jane).</i></p>
--	--

The most participants that did not eat with their family members were those parents who work night shifts and single parent families. However the majority of the participants do eat with their



family members. Hence, unlike Warde's (2016) discussion that the family meal is now in decline, most of my participants eat together nearly every day. The weekends naturally made it easier for families to eat together. Most of the participants in fact reported always eating together during weekends. For example, Raisa argued, *"Yes we try to do some healthy things together for our relationship."* Petra added, *"On Sunday it's a must that we eat together."*

In some cases, they also ate together with their 'extended family' during the weekend or once to twice a week during the weekdays.

Eating together is also known as commensality (Jönsson et al., 2021). Hence, like my participants, families who eat food together communicate better with each other (Golino, 2014). Therefore, as Douglas (1973/2003) argued food is not only essential to survive but is a way to express and build social relationships.

#### 4.8.2 Communication over the dinner table

To communicate better during mealtimes, the majority of the participants do not allow their family members to use the mobile phone:

<p><i>. . . Jiena d-dar fuq il-mejda tal-ikel il-mobile ma jiġix għax idejaqni ħafna għax l-unika ħin li jkollok flimkien. Tant kemm il-ħajja saret mghagġla li qisu fil-ħin tal-ikel għandek ċans titkellem, tiekol u taqta' naqa. Dik hija regola tad-dar u mindu kellna t-tifel iktar u iktar il-</i></p>	<p><i>. . . The mobile phone isn't allowed because on the table because it bothers me a lot and it's the only time we have together. Life has become so busy that it seems at lunchtime you only have a chance to talk, eat and relax. That's a rule of the house and since we had the child we are</i></p>
--	---

<p><i>mobile ma jintużax. Jiena t-tabib qalli li vera mhux tajjeb għax, inti l-mohħ ma jkunx qed jirreġistra li qed jiekol u dejjem jieklu iktar, b'hekk qed ikun hawn hafna obeżità. (Raisa).</i></p>	<p><i>stricter that mobile phones aren't allowed during mealtimes. Initially, the child's doctor told me that it's very unhealthy because, the brain doesn't register that the child is eating and [thus] the child always eats more, so that's why we have high rates of obesity. (Raisa).</i></p>
--	---

This rule, however, is also the source of many arguments over the dinner table. Marilyn argued, *"I really feel irritated. My husband likes to use the mobile phone and thus that's why we fight. While we are eating I don't want mobile phones as much as possible. . ."*

*" . . . My husband started to be addicted to the mobile phone now because his work requires that people text him and arrange several appointments [...] It irritates me a lot. . ."* (Sandra).

Others argued that they do not have much control when their family members use the mobile phone. For example, Jane argued that although she did her utmost to stop her youngest daughter from using the mobile phone during mealtimes, her child still does it. Similarly, to Raisa, Jane argued:

<p><i>. . . Jekk iż-żgħira qed tiekol biex tiekol kolloxx trid tibqa' mqabbda mas-siġġu tara [il-videos fuq il-mobile] u tiekol, allura l-platt ha jiżvojta għax mingħajr ma taf, qegħda aljenata tara [il-mobile], iktar milli aljenata tara x'qed tiekol. . .</i></p>	<p><i>. . . To eat everything my youngest child has to stay on her chair watching [videos on the mobile phone] while eating. So she eats the food without noticing that her plate is becoming empty [because] she's more focused on watching videos rather than what she is eating. . .</i></p>
---	---

Only a few participants allow their children to use the mobile phone during mealtimes. For example, Muriel explained how she sometimes watches a video with her child while they are eating, which she also considered as quality time. She did however remark that she connects better with her child, when their tablet or phone is charging. When eating in a restaurant, Muriel especially takes the no-phone-at-the-table rule seriously, as she views it an opportunity to socialise. Some participants reported using their phones to take pictures, especially if they are in a restaurant and the food is presented nicely. For example, Rose argued, “. . . *when the food is presented nicely, we immediately take a photo of it.*”

#### **4.8.3 The link between food and celebrations**

Most of the participants mentioned that they invite their family members to celebrate a special occasion such Christmas Day, New Year’s Day and birthdays. The Eurovision and *Mużika* (a singing Maltese competition) were also other special occasions where some participants invited their friends at home. For some, there was no need to celebrate an occasion to host guests, but was a regular occurrence throughout the year:

<p>“Jien nħobb nistieden iġifieri nsibhom l-okkażjonijiet u jekk ma nsibx [okkażżjoni] nivvintaha. Nistieden ħafna jew nagħmlu tal-imod ikun hemm il-Eurovision, kumbinazzjoni fid-diary kien hemm Mużika Mużika dawn l-affarijiet kollha ndaħħalhom, l-Easter, il-Ġimgħa l-Kbira kollox, aħna kollox okkażjoni.” (Marilyn).</p>	<p><i>I like to invite people. I always invite people for every special occasion and if there is no special occasion I make sure that I find one to invite people. I invite people a lot and for example, if there is the Eurovision, coincidentally on the diary there was Mużika Mużika. I also invite people for Easter, Good Friday, for everything, for us every event is an occasion. (Marilyn).</i></p>
--	--

<p>Aħna d-dar tagħna qisha xi open door policy. Aħna nħobbu nlaqqgħu n-nies fis-sens jekk hawn il-Eurovision nħobbu ngħidu lill-ħbieb. Jekk issa qed jagħmel temp tajjeb nagħmlu bbqs fuq il-bejt. Aħna nħobbu nlaqqgħu n-nies ngħid il-verità. Qisu naraha xi ħaġa bħala mument ta' ġabra. Qisu m'għadniex noħorġu bit-tfal ħlief il-bandli. Allura qisu biex ningabru dejjem nridu nkunu ma' mejda ngħidilha jiena. Allura qisu l-ikel dejjem jaqgħad. (Patricia).</p>	<p><i>Our house is like an open door policy. We like to invite people. For example, for the Eurovision we like to invite our friends. Now if the weather permits, we'll do barbeques on the roof. To be honest we like to invite people. It's a form of gathering. Nowadays we only go to the playground with the children. Thus, to be together we always have to gather around the table. Thus, food always unites people. (Patricia).</i></p>
--	--

Most of the participants prepare food from scratch when they invite people at their home. They typically prepare three course meals such as pasta or soup, meat and a dessert. A few instead opt to ordering finger food. Several participants however mentioned that they rarely invite people at their home. For instance, Paige a high-SES participant did not like feeling pressured to prepare several dishes with a good taste.

In this regard, Wills and colleagues (2011) argued that only middle class people like to invite people for food, while working class people do not like to invite people for food. In contrast, only half of my participants with a median to high SES like to invite people at home for special occasions, while eleven out of fifteen people who work in a routine, semi-routine and intermediate occupations like to invite people at their home for special occasions. For special occasions, the females were also mainly responsible from food preparation, although, a few reported receiving help from their husbands.

Such celebrations also called for ‘cheat days’ whereby participants allow themselves to eat anything irrespective of calories or whether a food is healthy or unhealthy. Except for Christmas Day, some participants preferred celebrating events by eating out in restaurants.

#### **4.8.4 Cutlery and eating manners**

Some participants placed importance on laying the table before dinner, by setting the fork, the knife or the spoon and the napkin. Most of the participants argued that eating manners and the use of cutlery are important during mealtimes. However, many argued that they eat certain foods such as pies, rabbit meat, burgers, chips and pizza with their hands. In this regard, Jane used a Maltese

idiom to explain that using your own hands even while eating is important, “*L-idejn mgharef tal-fidda.*”

Some mothers placed importance in teaching their children to use the cutlery. However, some argued that their children still do not use the cutlery because they prefer to use their hands. Interestingly, Sandra argued that her son likes to eat without cutlery because he likes to feel the food texture with his hands. Emphasis on eating manners was especially made when eating out in restaurants.

Few participants argued that they feel irritated when their family members do not respect the eating manners. For instance, Sandra argued:

*“... Sometimes he [her husband] feels the need to burp and it irritates me a lot. I tell him, “If you want to burp, go to the toilet.” He [then] replies, “Why should I go to the toilet and leave the table? ...”*

These eating manners are related to Bourdieu’s concept of the habitus (1979/1984). He argued that the ‘habitus’ is when people learn how to behave every day by interacting with other people from a young age. Bourdieu (1979/1984) argued that etiquette and the use of different utensils are important things for the bourgeoisie when they eat food. Therefore, etiquette and the use of different cutlery are part of the embodied cultural capital (Bourdieu, 1979/1984; 1986).

## **4.9 Conclusion**

In a nutshell, participants constructed unhealthy/healthy food and eating practices through nutritional health. Unfortunately, the inflation has affected several participants to change their food choices and shopping practices. Most of the participants like to invite their family members

or friends for special occasions. Interestingly, women who work both part-time and full-time are mainly responsible to cook food. In this regard, mothers of young children felt responsible to prepare nutritious food for their children. The next chapter will discuss the key findings in the context of the research questions and existing literature.

# CHAPTER 5- CONCLUSION

## 5.1 Introduction

This dissertation set out to investigate food and eating practices among Maltese families with children, paying particular attention to their SES. To this end, thirty interviews were conducted with people, the majority of them being females, who live in the localities of the Southern Harbour district and the Western district of Malta.

In this final chapter of this dissertation, I will be discussing the key findings in the context of the research questions and existing literature.

## 5.2 First research question

This section will address the first research question:

How do Maltese families construct meaning around healthy/unhealthy food and eating practices?

Given the lack of existing empirical studies about eating habits in Malta, I will be drawing on international literature whilst recognising and highlighting the importance of cultural variation when comparing these to the answers given by my Maltese participants.

Generally, most of the participants attached a positive meaning to food. In this regard, they argued that mealtimes serve as a family quality time after a long day at work. Thus, household meals help to strengthen the relationships between household members. This is commonly reported in the literature across different cultures (Charles and Kerr, 1998; Berge et al., 2013; Yu



et al., 2015; Smith et al., 2020; Harris et al., 2020; de la Torre-Mora et al., 2021). In addition, my participants attached love and care to family meals.

Participants viewed healthy and unhealthy food through the lens of nutritional health. For example, most of the participants argued that people who eat unhealthy food are more at risk of developing chronic diseases such as diabetes and cancer. In this regard, several participants perceived processed food (e.g. canned food) as unhealthy due to long expiry date, long shelf life and due to high concentrations of additives and preservatives. Since most of the participants viewed frying as an unhealthy manner of preparation, they mentioned that they use little oil as possible while frying food. In contrast to unhealthy food, the participants associated healthy food with the prevention of chronic diseases. When discussing healthy food, most of the participants argued that a high intake of vitamins and nutrients are taken when eating healthy food.

Participants argued that they prepare healthy food through boiling, baking, steaming and grilling. In this regard, mothers, especially those with young children expressed a sense of responsibility to prepare healthy food for their children to ensure their optimal development. A useful concept in the literature to help me evaluate how my participants distinguished healthy food from unhealthy food is that of ‘perceived healthiness’ (Plasek et al. 2020).

### **5.2.1 Factors influencing how people perceive healthiness**

As anticipated, my participants associated certain product categories such as fruit, vegetables, chicken and protein bars with perceived healthiness. Besides the product category there were other factors that influenced how Maltese families perceive healthiness.

As highlighted by Plasek and colleagues (2020), the ingredients that the product contains played a key role on how participants perceive the product as healthy or unhealthy. For example, most

of the participants used nutritional discourse to construct meaning around healthy and unhealthy food. Some of them, for instance, mentioned that they steam food for their children to preserve as much nutrients as possible. The terms vitamins, proteins, minerals, fibre and fat were prevalent among mothers with young children. In addition, other mothers with older children associated the prevention of chronic diseases with healthy food. Few of the mothers also mentioned that they read food labels to make sure that their family members are eating healthy food. Furthermore, food labels were also read by some female participants who were concerned about their weight. In fact, they mentioned that they read the ingredients of the products to prevent weight gain. For example, Paige in her late twenties was the only person who mentioned the traffic light system as an easy way of how she evaluates whether the product is healthy or unhealthy. While a couple of participants mentioned that they read the carbohydrates, fats, calories and sugars, the others did not specify what ingredients they pay attention for. However, most of the participants do not check the ingredients of the products because either they are now used to the products that they buy or because they find it impossible to check the ingredients of every food product. Like my participants, Lazzarini (2016) argued that consumers perceive healthiness through the fat content while, Pires and colleagues (2019) argued that consumers perceive healthiness through reduced sodium and fat content. Interestingly, none of my participants perceive the healthiness of the product through its colour and shape. On the other hand, Marques da Rosa and colleagues (2019) concluded from their quantitative study that their participants associated blue and green packaging and angular packaging with healthier foods. Taste also influenced Maltese families on how they construct meaning around healthy/unhealthy food. For example, several participants argued that healthy food is less tasty compared to unhealthy food and vice versa. Thus, they seem to associate pleasure with unhealthy food. Food

brands also played a key role in the participants' taste. In this regard, most of the participants had certain local food brands that they prefer over other brands. For instance, some participants mentioned that they always buy local dairy products or tomato-based products. Therefore, buying the same brand ensures the consistency of this pleasurable experience. However, most of my participants associated taste with their preferred brand and did not perceive healthiness through food brands. Like my Maltese participants, Carrete and Arroyo (2012) concluded that their participants based their food decisions mainly on taste. However, in contrast to my Maltese participants, Arredondo and colleagues (2009) argued that their participants associated the brand name with perceived healthiness.

From where food was grown or made was another important factor of how my participants constructed meaning around healthy/unhealthy food practices. For instance, most of my participants argued that they always buy local instead of imported food. In this regard, the participants argued that they always buy local fruit and vegetables from the fruit vendor because, they considered these local products as fresher than the ones sold in the supermarkets, which tend to be imported. The same applied to meat. Most of the participants argued that they always buy meat directly from the local butcher, they sell fresh and local meat products. On the other hand, the participants showed a lack of trust towards the meat section of the supermarkets because, whose products tend to be not as fresh. Hygiene was another important factor why some of the participants buy fruit and vegetables and meat directly from the fruit vendor and the local butcher shop respectively. Greater trust towards local food was also reported among many studies (Burchardi et al., 2005; Darby et al., 2008; Yue and Tong, 2009). In these studies, consumers trusted local food due to its safety. Like my participants, several studies also mentioned that customers perceive local food as fresh, healthy and wholesome (Naspetti and

Bodini, 2008, Onozaka and Mc Fadden, 2011). In addition, Magalhaes and colleagues' qualitative study (2022) also showed that Brazilian and Spanish participants prefer to buy meat from the regular and traditional butcher shops due to high level of quality. However, in contrast to my Maltese participants, Magalhaes and colleagues (2022) mentioned that their participants do buy meat from the supermarket if it has a high level of hygiene.

#### ***5.2.1.1 Why are people sceptical about food?***

Besides, local products, the participants also mentioned processed food. Although, several participants buy processed food, they still showed a lack of trust towards it, as they associated health risks with it. As discussed in the literature review, food chains that produce processed food are known as Big Food corporations (Clapp and Scrinis, 2017), (see subsection 2.2.2.4.2). Clapp and Scrinis (2017) argued that nearly in every country high processed and packaged foods have become available with the consequence that many people like my Maltese participants are feeling sceptical about the health risks associated with processed food. Similarly, Warde (2016) argued that people are concerned about pre-prepared meals. For instance, people are viewing processed food as hazardous to health because it lacks fibre and vitamins and contains high concentrations of salt, fat and sugar (Warde, 2016). However, despite their scepticism my participants still cook it every day either because their family members like it or due to busy life. Moreover, Monteiro and colleagues (2013) argued that Big Food corporations have contributed to the increase of non-communicable diseases. Hence, to address the problem of unhealthy food, Big Food corporations applied some strategies to reduce 'unhealthy' ingredients and increase 'healthy' ingredients. However, as Clapp and Scrinis (2017) argued this strategy have distracted people to focus on the nutrients (e.g. protein and calcium) added to the

products and draws away attention of the large quantities of sugars found in processed and packaged food.

As anticipated above, several of my participants associated health risks with processed food. Interestingly, although most of the participants viewed natural food (e.g. chicken, fruit and vegetables) as healthy as it is the least processed, a degree of scepticism was also raised with regard to how ‘natural’ these foods really are. The reason is that some participants argued that fruit and vegetables contain a lot of pesticides and that chickens are injected with water to increase their weight. Therefore, they felt that food with pesticides is damaging their health. The European Food Safety (EFSA) (2022) also argued that people are now feeling concerned about the side-effects of industrialisation of food such as the pollution caused by the factory-farming and the use of hormones, pesticides and fertilisers in food production. In this regard, the Special Eurobarometer on Food Safety in the EU (2022) conducted a quantitative study across EU countries to explore the perceptions and attitudes that Europeans have about food safety (EFSA, 2022). A total number of 26, 509 people aged 15+ took part in this study. From this study, 40% of the Europeans reported that they feel concerned about pesticide residues in food. The most people sharing this concern were Greeks with 69%, compared to the Czechs with the lowest score of 25%. Furthermore, 39% of the Europeans reported that they feel concerned about the antibiotic, hormone or steroid residues in meat. The highest percentage was among Germans with 68%. On the other hand, only 29% of the Maltese had this food concern.

The work of Giddens (1999) on risk can provide a better insight of why my participants expressed their scepticism on food. The ‘risk society’ approach can provide an important insight on how people define ‘risk’ in relation to eating (Lupton, 2000). According to Giddens (1999), ‘risk society’ does not mean that the world has become more dangerous. However, society is

now concerned about its future and its safety. As a result, of feeling concerned, risk is generated. According to Giddens (1999), there are two types of risks. These are the external risk and the manufactured risk. The external risk happens because people do not have control over the earth. Thus, external risk happens unexpectedly. On the other hand, manufactured risk is a result of human development (e.g. science and technology). Science and technology create several uncertainties because, people do not have past experiences related to manufactured risks. In addition, people do not know exactly what the risks are and how they can calculate them correctly. Unfortunately, manufactured risks cannot be solved through a simple solution and thus, need more scientific advance to be solved properly. One popular manufactured risk was the BSE (Giddens, 1999). BSE is disease commonly found in cattle (Lanska, 1998). In fact, BSE is also known as mad cow disease (Lanska, 1998). This disease was identified in the United Kingdom due to technological change (Giddens, 1999). The UK Government had argued that the BSE did not carry much risks because, scientists put the government's mind at rest about the BSE (Giddens, 1999). However, there were thousands of BSE cases identified (Lanska, 1998). Unfortunately, due to the mad cow disease, hundreds of people died (Meikle, 2012). Hence, the BSE and other food scandals had lead people to feel concerned on what food they are eating because it can affect their health negatively (Almas, 1999).

The only food that participants were not concerned about was organic food. This idea relates to the Farm to Fork Strategy introduced by the European Commission (2020). This strategy addresses the challenges of sustainable food systems. These challenges include changes in diets, access to food and increased in land demand among others (Boix-Fayos and de Vente, 2023). The Farm to Fork strategy was introduced to reduce pesticides and fertilisation and to increase organic farming by at least 25% by 2030 (European Commission, 2020). Hence, the effect of

climate change is reduced through this strategy. Since this strategy introduces sustainable food systems, these systems carry several benefits. For instance, every person will have better access to nutritious and sufficient food. Thus, every person will afford to buy the most sustainable food. One of the most positive result of the Farm to Fork strategy was that organic farming in the EU increased from 5.9% in 2012 to 9.9% in 2021 due to high demands for organic products (European Environment Agency, 2023).

### **5.2.2 Cultural influences on food**

Culture can deeply influence people's food and eating practices. For example, commensality was evident among the participant's food and eating practices particularly when it comes to the eating part. For instance, most of the participants mentioned that they always eat together with their families.

#### ***5.2.2.1 What are the reasons that people eat together?***

As discussed in the literature review (see subsection 2.3.4), commensality is a term that is used in social sciences to explain the act of eating together (Jönsson et al., 2021). Commensality has originated from the Latin medieval word *commensalis*, meaning to share a table, share the food itself or share the cost of the meal (Cange and colleagues, 1883, as cited in Jönsson et al., 2021).

Commensality is also a cultural aspect. Since Malta is at the heart of the Mediterranean Sea, commensality is part of the Mediterranean diet because it symbolizes cultural heritage (Serra-Majem and Medina, 2015). As the United Nations Educational, Scientific and Cultural Organisation (UNESCO) (2013) argued commensality “is the foundation of the cultural identity and continuity of communities throughout the Mediterranean basin. It is a moment of social exchange and communication, an affirmation and renewal of family, group or community

identity . . . bringing together people of all ages, conditions and social classes.” Interestingly, females play a key role as food providers in Mediterranean cultures (Bellisle, 2009). Therefore, the Mediterranean diet model views females as those people who provide food. In this regard, Mediterranean countries are known to prepare food with fresh ingredients, which is very time consuming (Bellisle, 2009). Although men are now becoming more responsible to prepare food (Bove et al., 2003), but women still remain more responsible than men with regards to food preparation (Bava et al., 2008). Moreover, the Mediterranean culture emphasises the importance of sharing cuisines with families or groups of friends (Bellisle, 2009).

Hence, one reason why most of my female participants prepare food themselves with fresh ingredients and prioritise commensality is due to the Mediterranean culture. Some of my participants argued that they do not always eat dinner together especially during the weekdays due to work or extra-curricular activities. Interestingly, most of the participants who eat alone on a daily basis are those who live in single parent families and people who work night shifts. Few of these participants considered the practice of eating alone as unhealthy either because they attached the feeling of loneliness when eating alone or because they do not know any other families who have similar eating practices. However, the majority of the participants argued that they do their utmost to eat dinner together every day to spend some family quality time, which can be considered as a healthy eating practice. Thus, food is an important part of social capital, via the ritual of eating together (McNeill et al., 2010; Newman, 2014; Luca et al. 2021). The reason being is that social connections are maintained through shared meals (Julier, 2013). In this regard, Luca and colleagues (2021, p. 7) argued that “. . . commensality, food sharing and mealtime inclusion, participation and contribution can be viewed as expressions of a food well-



being-oriented approach, which seeks to prioritise food as a means of developing and sustaining both physical and social capital.”

The study of Wills and colleagues (2011) which was discussed in the literature review also discussed commensality. While in Wills and colleagues’ (2011) study, it was only the middle class who typically prioritized commensality, in my study this was apparent across all participants, irrespective of their SES. This might be interpreted through a cultural lens, the Mediterranean culture played a key role in the participants’ eating practices. In contrast to what Warde (2016) and Putnam (2000, as cited in Wright, 2001) argued as discussed in the literature review, my study shows that the family meal is not in decline in the Maltese culture. However, given that only 30 participants participated in my study, this is only an observation and not a generalisation. The participants also mentioned that eating a takeout or in restaurant together with their family or friends is also a healthy eating practice, as it promotes connection. In this regard, most of the participants mentioned that they like to order unhealthy food which can be regarded as social food. Moreover, a few participants also mentioned that once to twice a week especially during the weekend, they eat together with other family members such uncles, aunties, siblings, parents or parents-in-law, cousins and grandparents.

In line with the association of Mediterranean cultures with commensality, de la Torre-Moral and colleagues (2021) conducted a qualitative study to investigate family practices and how family meals are presented among families with children aged 12 to 16 years. In addition, the study also assessed the impact of conviviality on the adherence of the Mediterranean Diet. A total number of twelve families who live in Catalonia (Spain) participated in this study. Most of the participants mentioned that family meals helped them to build a strong relationship with their family members. Therefore, conversations during meals helped parents to interact better with

their children. In this regard, the participants argued that no mobile phones were allowed on the table to communicate better with their families during mealtimes. This practice was also apparent among my Maltese participants. However, de la Torre-Moral and colleagues (2021) mentioned that watching a television programme during mealtimes was a conversation starter for some of the participants. In addition, family meals served as an opportunity for parents to teach their children social and cultural values. A high adherence to the Mediterranean diet was reported among those people who had the longest family meals. Similarly to de la Torre-Moral and colleagues (2021), Petruzzellis and Craig's (2016) qualitative study among 39 French, Spanish and Italians also showed that the Mediterranean culture influenced most of the Spanish and the Italian participants to view the sharing of meals with their families or friends as important. In fact, the Spanish and Italians mentioned that their family members were the most important persons in their life. Hence, the Mediterranean culture influenced participants to prioritise their family. The Spanish and Italians argued that eating with other people around a table was very important because, the Mediterranean culture portrays the ideal nuclear family, with the father as the head of the family together with his wife, children and his extended family eating together. Moreover, the Mediterranean culture encourages people to talk during meals. Inviting friends for food is another important practice in Mediterranean countries. Thus, meals around the table strengthened the relationship between the family members and friends. In contrast to Spanish and Italian participants, the French participants did not mention family meals. I only mentioned these two qualitative studies because there is a lack of research about the role of commensality in the Mediterranean countries.

Commensality does not only help families to strengthen their relationships with their family members but also helps people build new connections with people who live in their same

community. Therefore, social capital is increased thanks to these new connections. In this regard, Luca and colleagues (2021) did a qualitative study among 45 people who benefit from free meals and volunteers in the Midland region (which is in England) to understand better the work of community food services. Of particular relevance for my study, Luca and colleagues (2021) found that eating together and serving food to others create spaces where people can socialise with others and in the same time contribute to their community. Hence, social capital is increased thanks to community food services. Another study done by Smith and Harvey (2021), showed similar results like the study of Luca and colleagues (2021). Smith and Harvey (2021) did a multi-method study in Nottingham. Their aim was to mainly understand the social contexts that support commensality. The values of social eating practices were also discussed in Smith's and Harvey's study. This study found that commensality increases social capital because, the participants meet new people and eat the same meal at the same time with others. Smith and Harvey (2021) also found that the way how chairs and tables are arranged help the participants to build conversations with other people.

### **5.3 Second research question**

In this section, I am going to discuss the second research question. The second research question was:

What role does socioeconomic status play in the meaning-making around healthy/unhealthy food and eating practices?

As discussed above, nutritional discourse was used by the majority of the participants to define healthy and unhealthy eating practices. Preparing food from scratch was prioritised by most of the participants. Since only 30 participants were interviewed, only a few differences were

reported among low to high SES participants regarding the manner of food preparation.

Irrespective of their SES, most of the participants argued that they order a takeaway or eat in a restaurant once a week. However, there were a few low to median income participants who argued that they cannot afford to eat in a restaurant or buy a takeaway every week. Regardless of earning a high, medium or low income, the inflation has affected in some ways low to high SES participants. Nearly all participants reported shopping around to save money. In this regard, the participants also mentioned that they buy food from the supermarkets and less food from the grocery shops to save money. For instance, they mentioned that thanks to supermarkets, they benefit from point schemes, save BCRS vouchers and benefit from free water coupons.

When constructing healthy/unhealthy food and eating practices, most of the participants regardless of their SES used nutritional discourse. Whilst this nutritional discourse was used by low to high SES participants, this was not the case in Wills and colleagues' (2011) qualitative study who argued that that only middle class participants make use of nutritional discourse. In this regard, both the studies of Wills and colleagues (2011) and Karademir-Hazır (2021) showed that nutritional discourse is prevalent among middle classes due to more access to cultural and economic capital. As discussed in the literature review (see subsection 2.3.6) Bourdieu (1979/1984) argued that social classes have different levels of cultural capital and economic capital. For instance, middle classes are rich in cultural capital and less rich in economic capital while dominant (or upper) classes are less rich in cultural capital but richer in economic capital. In my sample, median-SES participants were rich in (institutionalised) cultural capital and less rich in economic capital. However, high-SES participants were both rich in (institutionalised) cultural capital and in economic capital. On the other hand, low-SES participants were both poor in (institutionalised) cultural capital and in economic capital.

Most of the participants irrespective of their SES mainly shaped healthy/unhealthy food practices through health advantages and disadvantages. Awareness, physical and economic accessibility were other factors that shaped the participants healthy/unhealthy food practices. For example, all of the participants mentioned that unhealthy food can be easily accessible in terms of physical accessibility. With regards to, physical accessibility of healthy food, several participants who have a low level of institutionalised cultural capital (e.g. secondary level) mentioned that in Malta healthy food is not difficult to be physically accessed. On the other hand, many participants who has a high level of institutionalised cultural capital (Bachelor's Degree and Master's Degree) mentioned that healthy food is difficult to be physically accessed. However, all participants irrespective of their level of institutionalised cultural capital argued that healthy food is very expensive. However, one has to bear in mind that most of the participants had a high level of institutionalised cultural capital.

### **5.3.1 How does socioeconomic status influence food preparation?**

As discussed earlier, most of the participants irrespective of their SES, prepare food from scratch because, they considered it as a healthy manner of food preparation. This similarity could be due to cultural expectations. As Woolhouse and colleagues (2019) argued in several cultures, a 'proper' meal means that the mother should prepare the meal from scratch with several fresh ingredients and at home. Those parents who fail to provide healthy meals from scratch may be labelled as lazy. As mentioned in subsubsection 5.2.2.1, one of the Mediterranean cultural expectations is that females to prepare food with fresh ingredients (Bellisle, 2009). Thus, SES did not affect much how participants prepare food. On the other hand, in other studies preparing food from scratch was only reported among middle class families because they consider it as an

important practice to prepare healthy food (Wills et al., 2011; Parsons, 2014; Karademir-Hazır., 2021) Hence, preparing meals from scratch is part of the middle class habitus in order to display a ‘healthy’ family life (Jackson, 2009 cited in Parsons, 2014).

All of my participants labelled convenience, ready-made, processed food and pre-packaged food as ‘bad’ or unhealthy. In some other studies, these views were typically more held by middle classes families (Parsons, 2014; Karademir-Hazır, 2021).

However, there were more median to high SES participants than lower SES participants who mentioned that they do include convenience foods in their meals due to lack of time. For instance, some median and high SES participants mentioned that do not prepare pasta sauces from scratch and instead they use canned sauces. On the other hand, most of the low-SES participants mentioned that they cook food from scratch and make little use of convenience foods. Most of the median to high SES participants mentioned that every week they order a takeout to save time from cooking food. However, some studies reported that cooking convenience food was a practice only apparent among working class families (Wills et al., 2011; Dowler et al., 2001 cited in Deeming, 2013; Parsons, 2014). Hence, in contrast to what Bourdieu (1979/1984) mentioned that saving time is an important dimension in the working class households, saving time was most prioritised by my median to high SES participants due to working long hours.

Although, some participants mentioned that they were affected negatively by the inflation, they still buy food that is expensive. For example, most of the participants eat fresh chicken, and fresh vegetables. Bourdieu’s (1979/1984) observation that working class families tend to eat cheap and fulfilling food was not apparent in my study.

All of the participants mentioned that they do try to teach their children to eat healthy food. Irrespective of their SES, children were given healthy food that they like for school lunch, such as fresh fruit. However, if the children do not like healthy food (e.g. vegetables) their parents would not force them to eat healthy food. Moreover, all of the mothers mentioned that if their children do not like the dish that they prepared for dinner, the mothers would prepare a separate dish for their children even if it is unhealthy. This contrasts to what Wills and colleagues (2011) argued that middle class parents expect their children (especially teenagers) to eat food that is perceived as healthy such as vegetables even if they do not like them. An earlier study conducted by Backett-Milburn and colleagues (2010) showed that the reason why middle class parents control their teenagers' food tastes is to increase their teenagers' cultural and social capital.

There were a few low, median and high SES female participants who did their utmost to remain thin by eating healthy food and do some physical exercise. On the other hand, Bourdieu (1979/1984) reported that this observation was only apparent among middle class women. Bourdieu (1979/1984) argued that middle class women are concerned about their body shape because it is part of their habitus and is also a practice to distinguish themselves from other social classes. Similarly to Bourdieu (1979/1984), Mollborn and colleagues (2021) argued that middle class parents pressure their children especially girls to maintain a good body image.

### **5.3.2 The association between social capital and food invitations**

Most of the participants like to invite their friends or family members at their home to celebrate a special occasion (e.g. Christmas Day and New Year's Day). The Eurovision and *Mużika* (a singing Maltese competition) were also other special occasions where some participants invited their friends at home. The participants considered these food invitations as a healthy eating

practice. The reason is that they felt that these events are an opportunity where one can socialise while eating some food. In this regard, the participants argued that they prepare three course meals from scratch for their guests. Thus, social capital is an important term to discuss in relation to celebrations. As discussed in the literature review (see subsection 2.3.7), Bourdieu (1979/1984) argued that through social capital, people build strong relationships with other groups (e.g. family). Bourdieu (1979/1984) also mentioned that having a network of friendships is a form of investment because, people can benefit from these relationships both for a short and long term. In this regard, Holland and colleagues (2007) did three studies about social capital and celebrations. Of particular relevance to my study, I will discuss the third study only. A number of 30 Caribbean young people (aged 16-30) from the second-generation and third-generation who lived in London, Birmingham, Manchester and Nottingham participated in this qualitative study. The participants' family and kinship members in these areas of United Kingdom were interviewed too. Many respondents mentioned that Christmas was an important celebration because, they meet with their family members including those who do not live in the United Kingdom. Family ethnic customs and traditions were celebrated in Christmas. For example, traditional Jamaican food (e.g. ackee and salt fish) is cooked and all the family members eat together to celebrate Christmas. Thus, social capital is maintained through strong family relationships, strong solidarity and support. In addition, Julier's (2013) qualitative study also showed that there is a link between social capital and celebrations. Julier (2013) interviewed 35 American households to explore how the Americans socialize together. Julier (2013) found that participants invited guests at their home who share a similar SES. For instance, middle class participants shared meals with other middle class people. Moreover the guests had similar social capital like the participants. The reason being is that they had similar network of friends. Food



was shared when participants hosted dinner parties, buffets and potlucks. Therefore, social capital increased through dinner parties because, social ties were maintained.

However, there were several other participants in my sample especially participants with a median to high SES that mentioned that they do not like to invite people for food due to feeling pressured to prepare a lot of food. On the other hand, Wills and colleagues (2011) argued that while middle class people like to invite people for food, working class people do not invite people for food.

### **5.3.3 Are eating manners important for all participants?**

All participants regardless of their SES argued that eating manners and using the cutlery are important practices during mealtimes. However, only a few participants were strict on their family members to eat with the cutlery and to follow eating manners. In fact, they argued that eating without cutlery is an unhealthy eating practice. Therefore, as discussed in the literature review (see subsection 2.3.7), eating manners and the use of cutlery are linked to embodied cultural capital which were discussed by Bourdieu (1979/1984; 1986). Bourdieu (1979/1984) argued that etiquette and the use of different cutlery were important factors for the bourgeoisie while eating meals.

## **5.4 Third research question**

This section is going to discuss the third research question:

What are the barriers and facilitators for Maltese families to engage in food and eating practices considered to be healthy/unhealthy?

Since this particular question is very specific to the Maltese context, and lack of local scholarly literature exists, I will be referring to newspaper articles and other media portals to discuss my findings.

All of the participants argued that unhealthy food is easily physically accessible because there are several shops (e.g. pastizzerias, supermarkets, fast food outlets and confectionaries) around Malta that sell unhealthy food (e.g. burgers and *pastizzi*). On the other hand, there were mixed opinions whether healthy food is physically accessible in Malta. There were several median to high SES participants who argued that healthy food especially organic food is difficult to be physically accessed in Malta. In addition, most of the median and high SES participants argued that generally healthy food is difficult to be physically accessed in Malta. However, these participants mentioned that healthy food can be found in the health section of the supermarkets and from the farmer's market or fruit vendors. In addition, low-SES participants mentioned that healthy food can be accessed easily in terms of physical accessibility. However, some of low-SES participants did acknowledge that healthy food is more physically accessible in supermarkets rather than in grocery stores. Another barrier that all of the participants mentioned regarding healthy food is that it is time consuming, while the facilitator of unhealthy food as mentioned by the participants is that it takes only a few minutes to be prepared. The participants also mentioned that unhealthy food is tasty, fulfilling and easier to stock.

The biggest barrier to consuming healthy food identified in the study, reported by participants across all SES, were economical; in particular the recent inflation. Although most of the participants argued that unhealthy food is also expensive, it is however cheaper compared to healthy food. For instance, participants mentioned that special offers are only available on unhealthy food such as croissants. Irrespective of their SES, most of the participants argued that

they are shopping around to save money and are mostly buying food from supermarkets. However, most of the participants mentioned that they buy meat directly from the butcher shop and fruit and vegetables from the fruit vendor to save money. Some low-income participants changed places from where they buy their groceries to save money due to the inflation. Despite the inflation, most of the participants did not change any other food brands, as they prioritised taste over cost. However, a few low to median SES participants mentioned that they are buying cheap brands to save money.

The participants' concerns over inflation and their food purchasing habits are also reflected in local surveys. Survey results by Sansone (2023) published recently on the newspaper *MaltaToday* (2023) reported that over this past year and a half, Maltese families are switching to cheaper products and are trimming their grocery budgets to save money. The survey showed that Maltese people are now choosing less popular brands to save money, as well as buying food from supermarkets to benefit from special offers and schemes. This shopping practice was apparent across all of my participants. I also noticed both from the food diaries and during the interviews that several participants are eating chicken every week. One median-SES participant; Sandra mentioned that she cooks chicken frequently because it is cheaper than other types of meats. Similarly, Sansone (2023) reported that Maltese people are now buying more chicken than beef and pork because chicken is cheaper. In addition, due to the inflation thousands of Maltese people had to resort to services that provide free meals. For instance in 2023, 27,000 people benefitted from free meals provided by the Soup Kitchen. The Soup Kitchen is an organisation in Malta which opened its doors in 2021 and operates on donations only (Agius, 2024). The Soup Kitchen offers a hot meal three times every week. The aim of this organisation is to offer food and other services (e.g. computer classes) to people who have social difficulties

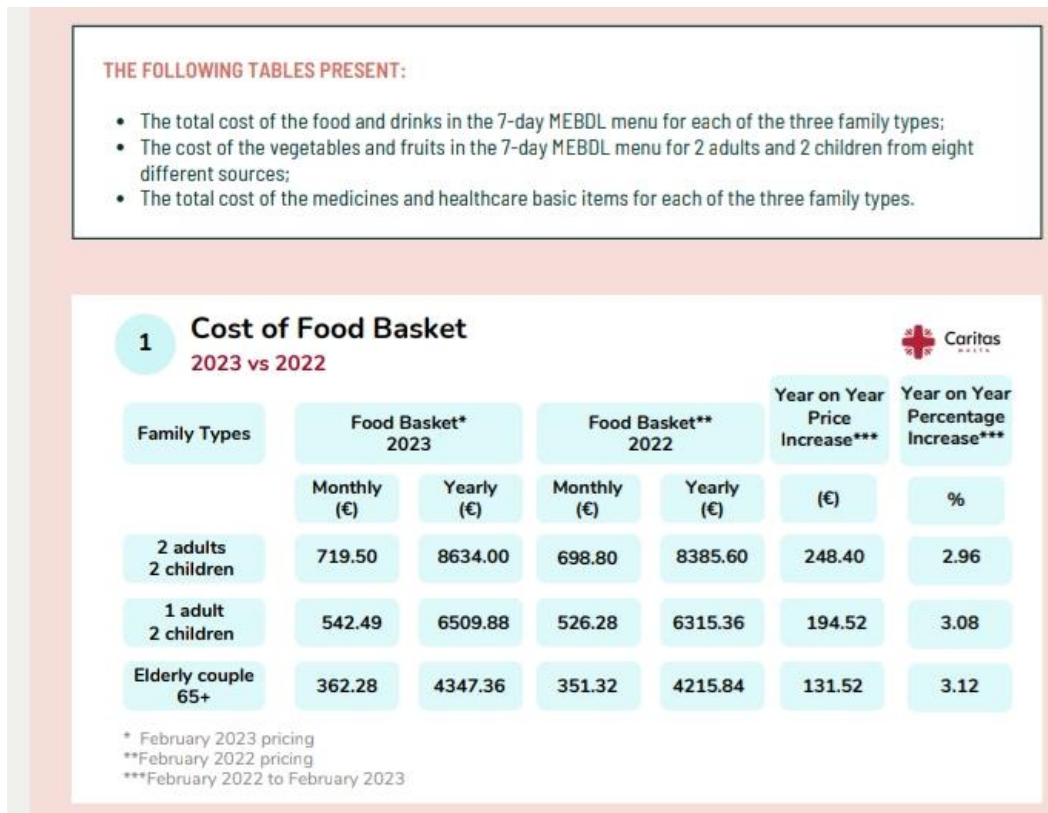
(Micallef, n.d.). The organisation reported that most of the service users in 2023 were Maltese (86%) (Agius, 2024). Most of the service users resided in Valletta, Floriana, Marsa, Qormi, Żebbuġ, St Paul's Bay, Kirkop, tal-Pietà, Msida, Gżira, Hamrun, Hal Luqa, Bormla, Birkirkara, Paola, Sliema and Fgura. The Soup Kitchen also mentioned that in 2023 more than 120,000 lunches and packaged suppers were prepared for its service users (Agius, 2024).

Restaurants were also impacted negatively by the inflation. Cummings (2023) reported that the Association of Catering Establishments noticed that restaurants have decreased their sales by 20% in 2023 due to the inflation. Although restaurants are busy, customers are spending less. For example, due to the inflation, customers are not ordering a bottle of wine and instead they are ordering wine by glass to save money. Moreover, restaurants used to open the season on 8<sup>th</sup> December. However, in 2023, restaurants opened their season on 13<sup>th</sup> December.

Although, the inflation has affected negatively my Maltese participants, most of my participants still chose to eat in restaurants or order a takeaway once a week. However, there were a few low-income participants who mentioned that they rarely eat in a restaurant due to the inflation. In this regard, it is worth noting that the firm KPMG (2023) conducted a report about the economic situation in Malta. KPMG (2023) reported that people are cutting down on non-essential items and services (e.g. restaurants and hotels) due to the inflation. In comparison to 2021, in 2023 people spent more money on essential items and services (e.g. food) and less money on non-essential items and services. In 2021, 47% of the household expenditure was spent on non-essential items and services, while 53% of the household expenditure was spent on essential items and services. Similarly to 2021, in 2023 49% of the household expenditure was spent on non-essential items and services, while 51% of the household expenditure was spent on essential items and services.

Caritas Malta also conducted a quantitative study about the impact of the inflation, focusing specifically on low-income families (Piscopo and Bonello, 2023). Caritas is an organisation that is part of the Catholic Church and its main aim is to help people who are facing poverty (Caritas Malta, n.d.). Caritas provided a 7-day Minimum Essential Budget for Decent Living (MEBDL) menu for three types of families; two adults and two children, one adult and two children and elderly couple aged 65+ (Piscopo and Bonello, 2023). A 7-day menu was priced for these types of families in several food shops around Malta and Gozo. These food shops included supermarkets, mini-markets, fruit and vegetables vans, vegetables and fruit corner store and Farmers Market in Ta' Qali. In the food basket, seasonal food and organic food were taken into consideration. Figure 10 presents how the cost of a food basket increased from February 2022 to February 2023 for these types of families due to the inflation.

Figure 10- Cost of food basket in 2022 and in 2023



(Piscopo and Bonello, 2023, p. 5).

In relation Figure 10, some of my low income participants mentioned that it is difficult for them to live on the retired pension. Hence, that is why they shop around or buy food from the supermarkets to save money. From Figure 10, one can notice that the elderly couples who are aged 65+ were the most affected by the food inflation (Piscopo and Bonello, 2023). The price of a food basket for elderly couples aged 65+ increased by 3.12% in 2023. The increase of the 7-day menu was particularly significant for families who earn a low income and live in rented homes. These families may buy a low amount and low quality of food to be able to pay their rent every month. On the other hand, low income families may change their rented home by moving to a home with a lower rent to be able to buy a higher amount and a higher quality of food for their families. With regards to food prices, all shops or vendors who sell food and vegetables

increased their food prices but the Farmers market remained the cheapest place to buy fruit and vegetables. The reason is that families spend €38.50 on fruit and vegetables every week from the Farmers market, in comparison to €77.07 per week when purchasing these from the fruit and vegetables corner store. Piscopo and Bonello (2023) argued that the Caritas study also revealed that pre-packaged fruit and vegetables are more expensive. To encourage people to consume more fruit and vegetables, Caritas recommended that the tax on fruit and vegetables should be reduced to encourage people to consume more nutritious food. Caritas also recommended that more Farmers markets should be organized adding to the markets that are in Vittoriosa and Ta' Qali. To make these markets more accessible, more direct buses in each town and village should be introduced so that people especially those with mobility difficulties can easily travel to the markets every Saturday morning.

#### **5.4.1 Other barriers to healthy food**

Financial issues are not the only reason why Maltese people do not eat healthy food. As discussed in section 5.4, my participants mentioned that unhealthy food tastes better than healthy food and is more fulfilling. Similarly to my participants, a survey carried out by online media portal *Lovin Malta* in 2022 found that one of the drawbacks of healthy food cited by the survey respondents was the perception that healthy food is not fulfilling (Barbara, 2022). A number of 459 Maltese people filled in a survey by the *Lovin Malta* to explore why Maltese people are obese. Most of my participants mentioned that one of barriers of preparing healthy food is that it is time consuming. Similarly to my study, *Lovin Malta's* survey reported that people prepared unhealthy food because, it is easy to prepare and little time is required to prepare unhealthy food. Also consistent with my findings, *Lovin Malta's* survey reported that a longer expiration date,

generally associated with highly processed food items, was a commonly cited reason for being drawn to unhealthier food as it was easier to stock.

#### **5.4.2 The impact of globalisation on food**

Several participants mentioned that they were influenced by their older female generations to prepare Maltese traditional food. However, my participants, especially participants with a median SES mentioned that they also order or prepare Turkish or Chinese food. The consumption of burgers, pizza and chicken nuggets was reported among most of the participants. These types of food are not part of the traditional Maltese diet. However, as discussed in the literature review (see subsection 2.2.2), Maltese people are reporting a low adherence to the Mediterranean diet due to history, food advertising, migration and globalisation (Tessier and Gerber, 2007; Cauchi et al., 2014). Hence, globalisation has affected negatively the Maltese diet. Since globalisation enabled increased technology and travelling, Maltese people are drifting away from the Mediterranean diet and are now following the Western diet (Hu, 2008).

#### **5.4.3 Why eating convenience foods?**

Moreover, some of my participants mentioned that they order takeaways via a phone app that can be delivered to your door in a matter of minutes. They mentioned that they order a takeout via a phone app every week because it is convenient and several food options are available through this application. Therefore, phone apps (e.g. Bolt and Wolt) are also an example of efficiency since it is a facilitator for quick food. To become more efficient, in October 2023, Bolt Food had launched a new feature for Maltese customers (Vella, 2023), which allows them to order meals in advance. This means that Bolt users can now order food through the application even if the



restaurants are fully booked or closed. This efficiency can be linked to Ritzer's McDonaldization theory. In this regard, Ritzer (2000, as cited in Kombako, 2022) discussed the irrationality of rationality. As discussed in chapter 2, one of the most consequences of progressive rationalisation is that cannot be reversible which Weber referred to as "Iron Cage" (Ritzer, 2000, as cited in Kombako, 2022). Thus, Bolt is a result of irrationality of rationality because, customers do not order food directly from the staff but order food via a food application. In addition, they do not wait for the food at the restaurant, but the food is delivered at their home or workplace with the consequence that there is no verbal communication between the customers and the staff.

#### **5.4.4 Why is commensality important?**

Only a few participants mentioned that they do not eat with their family due to working night shifts. However, most of the participants who live in single parent families mentioned that they eat alone on a daily basis. In this regard, Danesi (2012) associated negative feelings such as stress with people who eat alone. However, my participants mentioned that they are used to eating alone but they did acknowledge that commensality is a healthier eating practice. On the other hand, participants who prioritised commensality mentioned that they would feel sad if all the family members would eat separately. Hence, the Mediterranean culture influenced my Maltese nuclear families to feel guilty if they eat alone. The reason being is that the Mediterranean culture portrays the ideal nuclear family eating together (Petruszellis and Craig, 2016). For example, Cappellini and Parsons (2012) interviewed 18 families and did mealtime observations with 15 families to explore meal patterns. In particular relevance, for my research, some participants of Cappellini and Parsons (2012) mentioned that they feel guilty because they

do not adhere to the ideals of the family meal. The participants of Cappellini and Parsons (2012) defined the ideal family meal as sharing homemade food while, talking happily with other family members. In this regard, participants felt that they need to justify themselves for not eating together. Therefore, as Daly (2001) argued family meals present the idea that families are expected to eat happily with their children. However, there are cultures that do not prioritise the act of eating together. For instance, in Samoa, older and titled adults are expected to eat before untitled adults and children during important meals (Ochs, 1988). In addition, the eating habit of the tribe of Matsigenka is that males are expected to eat before females and children when there are several family members present (Izquierdo, 2001).

#### **5.4.5 Policy implications**

In this section, I am going to discuss health policies that were introduced in Malta. However, health policies of other countries will be discussed too. The reason being is to analyse how we could borrow ideas from other countries.

##### ***5.4.5.1 National Health Strategy for obesity***

In acknowledgement of Malta's growing problem with obesity, a national health strategy for 2023-2030 has been established (Ministry for Health in Malta, 2022). One of the measures is that families with risk of obesity will be assisted through collaboration with childcare centres, kindergartens and schools. These educational institutions will focus on the children's diet and nutrition to be in a better position to identify and assist families with risk of obesity. Programmes will be introduced to assist children at risk of obesity. One of the programmes is that children and adolescents will also be assisted by a new service set-up within the community. This new

service will provide both physical and mental health services for children and adolescents within their community. Another strategy is that healthy lunches will be promoted in school. Whilst, this strategy sounds good but, some of my participants mentioned some contradictions which need to be paid attention to. For instance, those participants whose children attend secondary schools mentioned that these schools are less strict than primary schools on school lunches. Although, students are encouraged to eat healthy but teachers order takeout food and canteens sell unhealthy food. A few participants mentioned that on one hand children should eat healthy at school and on the other hand, they are provided with unhealthy food during school parties and they contribute to fund raising activities (e.g. organising a hotdog day) by buying unhealthy food at school. Thus, this is not a leading example from the schools' side. Some participants also pointed out that pastizzerias are close to schools with the consequence that several children eat unhealthy food after school hours.

#### ***5.4.5.2 Breastfeeding policy in Malta***

Since evidence suggests that breastfeeding can reduce the risk of obesity in children, the World Health Organization (WHO) (2011) recommends that infants should be breastfed in the first six months of their life and continue to be breastfed thereafter while being fed good quality of food. In line with this, breastfeeding was promoted in Malta through the *National Strategy for 2012 to 2020* (Busuttil, et al., 2012). In 2023, the Office of the Principal Permanent Secretary for the Office of the Prime Minister (2023) encouraged parents to breastfeed their infants. The Office of the Principal Permanent Secretary for the Prime Minister (2023) introduced the measure that every parent is entitled to leave the workplace for one hour to breastfeed the child without loss in pay.

#### ***5.4.5.3 Traffic-light nutrition labelling scheme***

A measure adopted by the UK Government (Food Standards Agency, 2007) and the Victoria State Government (State of Victoria, 2016) to prevent obesity is the front of-pack traffic-light nutrition labelling (TLL) which one of my participants Paige, made reference to. Paige argued that she found the TLL helpful when making decisions on what to buy. The TLL schemes have been positively related to the amount of nutritious food populations eat (Lobstein & Davies, 2009; Cowburn & Stockley, 2005). Therefore, several food standard agencies and consumer groups have suggested that products should contain the TLL (Kelly et al., 2009, as cited in Sacks et al., 2011). The most common scheme of the TLL is the one that highlights the amount of fat, saturated fat, sugar and salt (Food Standards Agency, 2007). Each nutrient is coded with a colour; red, amber and green. The colours show how much nutrients the product contains. Another measure is the taxation on sugar-sweetened beverages (SSB) (Backholer et al., 2017). Some countries that implemented the SSB tax are Saudi Arabia, United Arab Emirates and Portugal (Backholer et al., 2017).

Overall, evidence from empirical studies suggest that such policies do indeed lead to weight loss (Sacks et al., 2011; Emrich et al., 2017). A quantitative study done by Sacks and colleagues (2011) among the Australian population who were 20 years old showed that the mean population weight was reduced by 1.3 kilograms thanks to the TLL. Another study done by Jalloun and Qurban (2022) also showed that the SSB tax is effective. Jalloun and Qurban (2022) did a cross-sectional survey among 200 males and females aged 18 to 45 years old who live in Medina, Saudi Arabia. The purpose of the Jalloun and Qurban (2022) was to investigate the associations between the consumption of sugar-sweetened beverages particularly soft drinks and obesity risk

as indicated by body mass index (BMI). The impact of the SSB tax and how it decreases the risk of obesity as indicated by the BMI was also explored in this study. Due to the SSB tax, participants reduced the consumption of soft drinks by 19%. Interestingly, the decrease of soft drinks consumption was 75% greater for obese respondents than among lean and normal respondents. Before the SSB tax was introduced, the mean weight of the participants was  $88.89 \pm 15.9$ , and more than 32% of the participants were obese. After the SSB tax was introduced, the mean weight was reduced to  $84.5 \pm 15.3$ , while the percentage of obese participants was reduced by 23%.

#### ***5.4.5.4 Sugar Pollution policy in the United Kingdom***

To tackle obesity, the UK is doing its utmost to reduce the intake of sugar among its population (Vera et al., 2022). Vera and colleagues (2023) argued that since the population of the UK is producing, importing and consuming a high intake of sugar, this phenomenon has become known as the ‘sugar pollution.’ The Office for National Statistics (2021, as cited in Vera and colleagues, 2023) reported that the UK population is consuming two and a half more sugar than needed. Therefore, to reduce the ‘sugar pollution’ in 2023, the UK Government argued that the taxes imported refined sugar will increase (Vera et al., 2023). Moreover, taxes will be increased on imported confectionery and other high-sugar products.

To tackle obesity, in 2019, the UK Government banned junk food advertising on Transport for London (TfL). Thomas and colleagues (2022) argued that the restriction of salty, sugary and fatty foods on TfL has led to consumers to restrict unhealthy products. As a result of TfL, the UK had registered 94, 867 fewer cases of obesity, saving the national health and social care system £218 million over the lifetime of the current population.

Most of the barriers that my participants reported were ‘structural,’ and these can only be addressed via policy making.

## **5.5 Conclusion**

This study has some strengths and limitations. One of the strengths of this study is that a good insight about the impact of SES on the food and eating practices of Maltese families was provided, given that few studies were conducted about eating habits in Malta. Another strength of this study is that in the context of a qualitative study, a relatively large sample of 30 participants have taken part. That said, a more diverse sample in terms of geographical area and social background could have led to more nuanced findings; especially to address the second research question which focused specifically on participants’ SES. As mentioned in chapter 3, it was originally intended for me to recruit parents from St Jeanne Antide Foundation and from primary schools in certain locations to ensure greater diversity but these recruitment strategies were not successful. Thus, snowball sampling was used for this study, which led to a degree of sampling bias.

Focusing particularly on families with children, as opposed to adult individuals has also allowed me to gain a broader picture of the familial dynamics related to food. The reason being is that children do not always like to eat the same food like their parents and therefore, mothers prepare a separate dish for them. This allowed me to understand the role of different people in the households, in particular the mothers’ role.

The use of food diaries as one of the methods of data collection has also offered me a comprehensive picture of what participants eat and how they prepare their meals. Using the

participants' food diaries as an elicitation tool during the interviews has also led to some insights which otherwise could have been missed.

While I originally set out to explore the role of SES on people's approach to food and eating practices, in my sample, no major differences across participants was noted. Instead, culture seemed to play a more dominant role, in particular the Mediterranean diet model emphasising the importance of family meals and that women prepare food (UNESCO, 2013; Bellisle, 2009).

While it is true that people are drifting away from the Mediterranean diet in terms of the actual food they eat, the food preparation and eating practices are still very much in line with the Mediterranean culture.

# References

Absolom, S., & Roberts, A. (2011). Connecting with others: The meaning of social eating as an everyday occupation for young people. *Journal of Occupational Science*, 18(4), 339-346.

<https://doi.org/10.1080/14427591.2011.586324>

Adler, N. E., & Newman, K. (2002). Socioeconomic disparities in health: pathways and policies. *Health affairs*, 21(2), 60-76.

<https://doi.org/10.1377/hlthaff.21.2.60>

Agius, M. (2024, January 27). 27,000 people turned up at Soup Kitchen in 2023. *Newsbook*.

Retrieved January 24, 2024, from <https://newsbook.com.mt/en/27000-people-turned-up-at-soup-kitchen-in-2023/>

Amaira, C. (2022, June 2). Bananas and Twistees: Malta's staple food revealed. *Times of Malta*.

Retrieved July 2, 2023, from <https://timesofmalta.com/articles/view/bananas-and-twistees-maltas-staple-food-revealed.959038>

Anania, C., Perla, F. M., Olivero, F., Pacifico, L., & Chiesa, C. (2018). Mediterranean diet and nonalcoholic fatty liver disease. *World journal of gastroenterology*, 24(19), 2083.

<https://doi.org/10.3748/wjg.v24.i19.2083>

Alaszewski, A. (2006). *Using Diaries for Social Research*. London, California and New Dehli, SAGE Publications Ltd.

Alharahsheh, H. H., & Pius, A. (2020). A review of key paradigms: Positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3), 39-43.

[https://gajrc.com/media/articles/GAJHSS\\_23\\_39-43\\_VMGJbOK.pdf](https://gajrc.com/media/articles/GAJHSS_23_39-43_VMGJbOK.pdf)



- Almas, R. (1999). Food Trust, Ethics and Safety in Risk Society. *Sociological Research Online*, 4(3), 275-281. <https://doi.org/10.5153/sro.337>
- Arredondo, E., Castaneda, D., Elder, J. P., Slymen, D., & Dozier, D. (2009). Brand name logo recognition of fast food and healthy food among children. *Journal of community health*, 34, 73-78. <https://doi.org/10.1007/s10900-008-9119-3>
- Attard, J. (2021). *Social class and mobility in Malta-A Sociological Investigation*. [Unpublished dissertation, University of Malta].
- Backett-Milburn, K. (2000). "Parents, children and the construction of the healthy body in middle-class families." In A. Prout & J. Campling (Eds.), *The body, childhood and society* (pp. 79-100). London, Palgrave Macmillan.
- Backett-Milburn, K. C., Wills, W. J., Roberts, M. L., & Lawton, J. (2010). Food, eating and taste: Parents' perspectives on the making of the middle class teenager. *Social Science & Medicine*, 71(7), 1316-1323. <https://doi.org/10.1016/j.socscimed.2010.06.021>
- Backholer K, Blake M, Vandevijvere S. (2017). Sugar-sweetened beverage taxation: an update on the year that was 2017. *Public Health Nutrition*, 20 (18):3219-3224. <https://doi.org/10.1017/S1368980017003329>
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52(1), 1-26. <https://doi.org/10.1146/annurev.psych.52.1.1>
- Baldacchino, G. (2013). *The Social Class in Malta: Still Our Daily Bread?* <https://www.um.edu.mt/library/oar//handle/123456789/41548>

Ball, K., Jeffery, R. W., Abbott, G., McNaughton, S. A., & Crawford, D. (2010). Is healthy behaviour contagious: associations of social norms with physical activity and healthy eating. *International Journal of Behavioural Nutrition and Physical Activity*, 7(1), 1-9. <https://doi.org/10.1186/1479-5868-7-86>

Barbara, G. (2022, April 30). Motivation, Money and Temptation: 5 Reasons Why Maltese People Are Obese According To Them. *Lovin Malta*. Retrieved May 30, 2023, from <https://lovinmalta.com/malta/5-reasons-why-maltese-people-are-obese-according-to-them/>

Bassett, R., Chapman, G. E., & Beagan, B. L. (2008). Autonomy and control: the co-construction of adolescent food choice. *Appetite*, 50(2-3), 325-332. <https://doi.org/10.1016/j.appet.2007.08.009>

Bava, C. M., Jaeger, S. R., & Park, J. (2008). Constraints upon food provisioning practices in ‘busy’ women's lives: Trade-offs which demand convenience. *Appetite*, 50(2-3), 486-498. <https://doi.org/10.1016/j.appet.2007.10.005>

Bellisle, F. (2009). Infrequently asked questions about the Mediterranean diet. *Public Health Nutrition*, 12 (9A), 1644-1647. <https://doi.org/10.1017/S1368980009990498>

Berge, J. M., Hoppmann, C., Hanson, C., & Neumark-Sztainer, D. (2013). Perspectives about family meals from single-headed and dual-headed households: a qualitative analysis. *Journal of the Academy of Nutrition and Dietetics*, 113(12), 1632-1639. <https://doi.org/10.1016/j.jand.2013.08.023>

Bergen, N., & Labonté, R. (2020). “Everything is perfect, and we have no problems”: detecting and limiting social desirability bias in qualitative research. *Qualitative health research*, 30(5), 783-792. <https://doi.org/10.1177/1049732319889354>

- Bettenhausen, K., & Murnighan, J. K. (1985). The Emergence of Norms in Competitive Decision-Making Groups. *Administrative Science Quarterly*, 30(3), 350–372.  
<https://doi.org/10.2307/2392667>
- Bisogni, C. A., Connors, M., Devine, C. M., & Sobal, J. (2002). Who we are and how we eat: A qualitative study of identities in food choice. *Journal of nutrition education and behaviour*, 34(3), 128-139. [https://doi.org/10.1016/S1499-4046\(06\)60082-1](https://doi.org/10.1016/S1499-4046(06)60082-1)
- Bisogni, C. A., Jastran, M., Shen, L., & Devine, C. M. (2005). A biographical study of food choice capacity: Standards, circumstances, and food management skills. *Journal of nutrition education and behavior*, 37(6), 284-291. [https://doi.org/10.1016/S1499-4046\(06\)60158-9](https://doi.org/10.1016/S1499-4046(06)60158-9)
- Björnwall, A., Sydner, Y. M., Koochek, A., & Neuman, N. (2023). Perceptions and experiences of eating alone among community-living retired Swedes: Loss, routine and independence. *Appetite*, 186, 1-8. <https://doi.org/10.1016/j.appet.2023.106570>
- Boix-Fayos, C., & de Vente, J. (2023). Challenges and potential pathways towards sustainable agriculture within the European Green Deal. *Agricultural Systems*, 207.  
<https://doi.org/10.1016/j.agry.2023.103634>
- Bolger, N., Davis, A., & Rafaeli, E. (2003). Diary methods: Capturing life as it is lived. *Annual review of psychology*, 54(1), 579-616. <https://doi.org/10.1146/annurev.psych.54.101601.145030>
- Borg, C. (2020, March 4). Just over 25% of Maltese population is obese. *Newsbook Malta*. Retrieved September 10, 2023, from <https://newsbook.com.mt/en/just-over-25-of-maltese-population-is-obese/>

Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. (R. Nice Trans.). United States of America, President and Fellows of Harvard College and Routledge & Kegan Paul Ltd. (Original work published in 1979).

Bourdieu, P. (1990). *The logic of practice*. Stanford university press.

Bourdieu, P. (1986). "The Forms of Capital." In J. G. Richardson (Ed.), *Handbook of Theory and Research for the Sociology of Education* (pp. 241-258). New York, Greenwood Press.

Bove, C. F., Sobal, J., & Rauschenbach, B. S. (2003). Food choices among newly married couples: convergence, conflict, individualism, and projects. *Appetite*, 40(1), 25-41.

[https://doi.org/10.1016/S0195-6663\(02\)00147-2](https://doi.org/10.1016/S0195-6663(02)00147-2)

Boylan, S. M., Gill, T. P., Hare-Bruun, H., Andersen, L. B., & Heitmann, B. L. (2014).

Associations between adolescent and adult socioeconomic status and risk of obesity and overweight in Danish adults. *Obesity Research & Clinical Practice*, 8(2).

<https://doi.org/10.1016/j.orcp.2013.03.006>

Brauer, P., Gorber, S. C., Shaw, E., Singh, H., Bell, N., Shane, A. R., ... & Canadian Task Force on Preventive Health Care. (2015). Recommendations for prevention of weight gain and use of behavioural and pharmacologic interventions to manage overweight and obesity in adults in primary care. *Cmaj*, 187(3), 184-195. <https://doi.org/10.1503/cmaj.140887>

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. <https://doi.org/10.1191/1478088706qp063oa>

Bridle-Fitzpatrick, S. (2016). Tortillas, Pizza, and Broccoli, Food, *Culture & Society*, 19 (1), 93-128. <https://doi.org/10.1080/15528014.2016.1147871>

British Sociological Association. (2017). *BSA statement of ethical practice*.

[https://www.britsoc.co.uk/media/24310/bsa\\_statement\\_of\\_ethical\\_practice.pdf](https://www.britsoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf)

Brown, M., & Formosa, M. (2016). "Social Class." In M. Briguglio and M. Brown. (Eds.), *Sociology of the Maltese Islands* (pp. 134–148). Luqa, Miller Publishing.

Brown, W. Virgil, MD. (2013). From the Editor: What is obesity? *Journal of Clinical Lipidology*, 7(4), 289-290. <https://doi.org/10.1016/j.jacl.2013.05.007>

Bryman, A. (2012). *Social research methods* (4th ed.). New York, Oxford University Press.

Burchardi, H., Schröder, C., & Thiele, H. D. (2005). *Willingness-to-pay for food of the own region: empirical estimates from hypothetical and incentive compatible settings* (No. 378-2016-21413). <https://doi.org/10.22004/ag.econ.19365>

Busuttil, R., Gauci, C., Borg Buontempo, M., Massa, M., Micallef, C., Pace, L., . . . Vincenti, K. (Eds.), *A healthy weight for life: A national strategy for Malta 2012-2020*. Superintendence of Public Health Ministry for Health. [https://health.gov.mt/wp-content/uploads/2023/04/A\\_Healthy\\_Weight\\_for\\_Life-A\\_National\\_Strategy\\_for\\_Malta\\_2012-2020\\_EN.pdf](https://health.gov.mt/wp-content/uploads/2023/04/A_Healthy_Weight_for_Life-A_National_Strategy_for_Malta_2012-2020_EN.pdf)

Cairns, G., Angus, K., Hastings, G., & World Health Organization. (2009). *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. Geneva, World Health Organization.

Calleja, J. (2022). *Dealing with Poverty during the Situation of COVID-19: A Sociological Perspective Focused on Three Maltese Communities*. [Unpublished dissertation, University of Malta].

- Cappellini, B., & Parsons, E. (2012). "Sharing the meal: Food consumption and family identity." In R. W., S. Askegaard & L. Scott (Eds.), *Research in consumer behaviour* (Vol. 14, pp. 109-128). Leeds, Emerald Group Publishing Limited.
- Caritas Malta (n.d.). *ABOUT*. Caritas Malta. Retrieved November 30, 2023, from <https://www.caritasmalta.org/about/>
- Carrete, L., & Arroyo, P. (2014). Social marketing to improve healthy dietary decisions: Insights from a qualitative study in Mexico. *Qualitative Market Research: An International Journal*, 17(3), 239-263. <https://doi.org/10.1108/QMR-11-2011-0023>
- Cassar, C. (2016). *Maltese food habits* [Booklet]. Valletta Arts Council, Malta. <https://www.um.edu.mt/library/oar/handle/123456789/26127>
- Cassimon, D., Engelen, P.J., & Van Cappellen, H. (2018). Globalisation. In A. Marciano & G. Ramello, G. (Eds.), *Encyclopedia of Law and Economics* (pp. 1-9). New York, Springer.
- Cauchi, D., Reiff, S., Knai, C., Gauci, C., & Spiteri, J. (2017). Television food advertising to children in Malta. *Health Promotion International*, 32(3), 419-429. <https://doi.org/10.1093/heapro/dav105>
- Cefai, C., & Camilleri, L. (2011). The Dietary Habits of Maltese University Students. *Malta Medical Journal*, 23(2), 7-12. <https://www.um.edu.mt/library/oar/handle/123456789/1028>
- Chan-Brown, K., Douglass, A., Halling, S., Keller, J., & McNabb, M. (2016). What is money? A qualitative study of money as experienced. *The Humanistic Psychologist*, 44(2), 190-207. <https://doi.org/10.1037/hum0000024>

Charles, N., & Kerr, M. (1988). *Women, food, and families*. Manchester and New York, Manchester University Press.

Chauveau, P., Fouque, D., Combe, C., & Aparicio, M. (2013). Evolution of the diet from the paleolithic to today: Progress or regress? *Néphrologie & Thérapeutique*, 9(4), 202-208.  
<https://doi.org/10.1016/j.nephro.2013.03.011>

Chesebro, J. W., & Borisoff, D. J. (2007). What makes qualitative research qualitative? *Qualitative research reports in communication*, 8(1), 3-14.  
<https://doi.org/10.1080/17459430701617846>

Clapp, J., & Scrinis, G. (2017). Big food, nutritionism, and corporate power. *Globalisations*, 14(4), 578-595. <https://doi.org/10.1080/14747731.2016.1239806>

Corti, L. (1993). Using diaries in social research. *Social Research Update*, (2). Guilford, University of Surrey. <https://sru.soc.surrey.ac.uk/SRU2.html>

Costa, M. (2020, March 22). [WATCH] Coronavirus: 17 new cases, no Covid-19 deaths to date, non-essential shops to close. *MaltaToday*. Retrieved January 4, 2024, from [https://www.maltatoday.com.mt/news/national/101185/coronavirus\\_deputy\\_pm\\_to\\_announce\\_new\\_restrictive\\_measures\\_at\\_2pm\\_charmaine\\_gauci\\_to\\_give\\_update](https://www.maltatoday.com.mt/news/national/101185/coronavirus_deputy_pm_to_announce_new_restrictive_measures_at_2pm_charmaine_gauci_to_give_update)

Costarelli, V., Michou, M., Panagiotakos, D., & Lionis, C. (2020). Adherence to the Mediterranean diet and weight status in children: The role of parental feeding practices. *International Journal of Food Sciences and Nutrition*, 72(1), 112-122.  
<https://doi.org/10.1080/09637486.2020.1765151>

- Couto, E., Boffetta, P., Lagiou, P., Ferrari, P., Buckland, G., Overvad, K., ... & Trichopoulou, A. (2011). Mediterranean dietary pattern and cancer risk in the EPIC cohort. *British journal of cancer*, 104(9), 1493-1499. <https://doi.org/10.1038/bjc.2011.106>
- Coveney, J. (2005). A qualitative study exploring socio-economic differences in parental lay knowledge of food and health: Implications for public health nutrition. *Public Health Nutrition*, 8(3), 290-297. <https://doi.org/10.1079/PHN2004682>
- Cowburn, G., & Stockley, L. (2005). Consumer understanding and use of nutrition labelling: A systematic review. *Public Health Nutrition*, 8(1), 21-28. <https://doi.org/10.1079/PHN2004666>.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Thousand Oaks, London and New Dehli, Sage.
- Cummings, J. (2023, December 23). Restaurants worried as diners watch their wallets. *Times of Malta*. Retrieved January 2, 2024, from [https://timesofmalta.com/articles/view/restaurants-worried-inflation-bites.1074471#cta\\_comments](https://timesofmalta.com/articles/view/restaurants-worried-inflation-bites.1074471#cta_comments)
- Cuschieri, S., & Libra, M. (2020). Adherence to the Mediterranean Diet in Maltese Adults. *International Journal of Environmental Research and Public Health*, 18(1), 1–10. <https://doi.org/10.3390/ijerph18010010>
- Danesi, G. (2012). Pleasures and stress of eating alone and eating together among French and German young adults. *Menu: the Journal of Eating and Hospitality Research*, 1, 77-91. [https://serval.unil.ch/resource/serval:BIB\\_34E57A3F87E4.P001/REF.pdf](https://serval.unil.ch/resource/serval:BIB_34E57A3F87E4.P001/REF.pdf)
- Daly, K. J. (2001). Deconstructing family time: From ideology to lived experience. *Journal of marriage and family*, 63(2), 283-294. <https://doi.org/10.1111/j.1741-3737.2001.00283.x>



Darby, K., Batte, M. T., Ernst, S., & Roe, B. (2008). Decomposing local: A conjoint analysis of locally produced foods. *American Journal of Agricultural Economics*, 90(2), 476-486.

<https://doi.org/10.1111/j.1467-8276.2007.01111.x>

Darmanin, J. (2018). POVERTY, SOCIAL EXCLUSION AND LIVING CONDITIONS IN MALTA: AN ANALYSIS USING SILC. *Quarterly Review*, 2, 61–70.

<https://www.centralbankmalta.org/file.aspx?f=61857>

Deeming, C. (2013). The choice of the necessary: class, tastes and lifestyles: a Bourdieusian analysis in contemporary Britain. *International Journal of Sociology and Social Policy*, 34(7/8), 438-454. <https://doi.org/10.1108/IJSSP-03-2013-0039>

de la Torre-Moral, A., Fàbregues, S., Bach-Faig, A., Fornieles-Deu, A., Medina, F. X., Aguilar-Martínez, A., & Sánchez-Carracedo, D. (2021). Family meals, conviviality, and the Mediterranean diet among families with adolescents. *International journal of environmental research and public health*, 18(5), 1-16. <https://doi.org/10.3390/ijerph18052499>

Devine, C. M., Connors, M., Bisogni, C. A., & Sobal, J. (1998). Life-course influences on fruit and vegetable trajectories: qualitative analysis of food choices. *Journal of Nutrition Education*, 30(6), 361-370. [https://doi.org/10.1016/S0022-3182\(98\)70358-9](https://doi.org/10.1016/S0022-3182(98)70358-9)

Diacono, T. (2021, May 22). Malta Is Giving Free Lunches, Uniforms And More To Over 2,700 Disadvantaged Schoolchildren. *Lovin Malta*. Retrieved March 22, 2023, from <https://lovinmalta.com/lifestyle/living-in-malta/skema-9-malta-schoolchildren/>

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical education*, 40(4), 314-321. <https://doi/10.1111/j.1365-2929.2006.02418.x>

Dietz, W. H., Benken, D. E., & Hunter, A. S. (2009). Public health law and the prevention and control of obesity. *The Milbank Quarterly*, 87(1), 215-227. <https://doi.org/10.1111/j.1468-0009.2009.00553.x>

Directorate-General for Health and Food Safety. (2019). *Health Equity Pilot Project*. [https://health.ec.europa.eu/system/files/2019-04/hepp\\_malta\\_en\\_0.pdf](https://health.ec.europa.eu/system/files/2019-04/hepp_malta_en_0.pdf)

Donkin, A. J. (2014). "Social gradient." In W. C. Cockerham, R. Dingwall & S. R. Qullah. *The Wiley Blackwell encyclopedia of health, illness, behaviour, and society* (1<sup>st</sup> ed., pp. 1-6).

Douglas, M. (2003). *Food in the social order*. (Vol. 9). (Original work published in 1973). London and New York, Routledge.

Drewnowski, A., Moudon, A. V., Jiao, J., Aggarwal, A., Charreire, H., & Chaix, B. (2014). Food environment and socioeconomic status influence obesity rates in Seattle and in Paris. *International journal of obesity*, 38(2), 306-314. <https://doi.org/10.1038/ijo.2013.97>

European Commission. (2020). *Farm to Fork Strategy for a Fair, Healthy and Environmentally-Friendly Food System*. [https://food.ec.europa.eu/system/files/2020-05/f2f\\_action-plan\\_2020\\_strategy-info\\_en.pdf](https://food.ec.europa.eu/system/files/2020-05/f2f_action-plan_2020_strategy-info_en.pdf)

EFSA. (2022). *Food safety in the EU*. [https://www.efsa.europa.eu/sites/default/files/2022-09/EB97.2-food-safety-in-the-EU\\_report.pdf](https://www.efsa.europa.eu/sites/default/files/2022-09/EB97.2-food-safety-in-the-EU_report.pdf)

EFSA Panel on Nutrition, Novel Foods and Food Allergens (NDA), Turck, D., Bohn, T., Castenmiller, J., de Henauw, S., Hirsch-Ernst, K. I., ... & Vinceti, M. (2022). Tolerable upper intake level for dietary sugars. *EFSA Journal*, 20(2) 1-338. <https://doi.org/10.2903/j.efsa.2022.7074>

Emrich, T. E., Qi, Y., Lou, W. Y., & L'Abbe, M. R. (2017). Traffic-light labels could reduce population intakes of calories, total fat, saturated fat, and sodium. *PloS one*, 12(2), 1-10.

<https://doi.org/10.1371/journal.pone.0171188>

Elliott, H. (1997). The use of diaries in sociological research on health experience. *Sociological research online*, 2(2), 38-48. <https://doi.org/10.5153/sro.38>

Estruch Ramón, Ros, E., Salas-Salvadó Jordi, Maria-Isabel, C., Dolores, C., Arós Fernando, . . .

Martínez-González, M. A. (2013). Primary prevention of cardiovascular disease with a Mediterranean diet. *The New England Journal of Medicine*, 368(14), 1279-1290.

<https://doi.org/10.1056/NEJMoa1200303>

European Environment Agency. (2023). *Agricultural Area under organic farming in Europe*.

<https://www.eea.europa.eu/en/analysis/indicators/agricultural-area-used-for-organic>

Eurostat. (2023, March). *Fertility statistics*. Retrieved September 10, 2023, from

[https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Fertility\\_statistics#live\\_births\\_per\\_woman\\_in\\_the\\_EU\\_in\\_2021](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Fertility_statistics#live_births_per_woman_in_the_EU_in_2021)

Eurostat. (2021, November 11). *Glossary: At risk of poverty or social exclusion (AROPE)*.

Retrieved June 10, 2023, from [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At\\_risk\\_of\\_poverty\\_or\\_social\\_exclusion\\_\(AROPE\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_(AROPE))

Eurostat. (2023, December 23). Life expectancy by age and sex. Retrieved December 29, 2023, from

[https://ec.europa.eu/eurostat/databrowser/view/DEMO\\_MLEXPEC/bookmark/table?lang=en&bookmarkId=34d45433-5f98-419b-90e5-063518da130b](https://ec.europa.eu/eurostat/databrowser/view/DEMO_MLEXPEC/bookmark/table?lang=en&bookmarkId=34d45433-5f98-419b-90e5-063518da130b)

Eurostat. (2023, March 16). Life expectancy of birth down to 80.1 years in 2021. Retrieved November 19, 2023, from <https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20230316-1#:~:text=In%202021%2C%20the%20regions%20in,in%20Spain%2C%20Italy%20and%20France.>

European Council. (2023, October 23). *Infographic - How the Russian invasion of Ukraine has further aggravated the global food crisis*. Retrieved November 9, 2023, from <https://www.consilium.europa.eu/en/infographics/how-the-russian-invasion-of-ukraine-has-further-aggravated-the-global-food-crisis/>

Falk, L. W., Bisogni, C. A., & Sobal, J. (2000). Diet change processes of participants in an intensive heart program. *Journal of nutrition education*, 32(5), 240-250.  
[https://doi.org/10.1016/S0022-3182\(00\)70572-3](https://doi.org/10.1016/S0022-3182(00)70572-3)

Falk, L. W., Bisogni, C. A., & Sobal, J. (1996). Food choice processes of older adults: a qualitative investigation. *Journal of nutrition Education*, 28(5), 257-265.  
[https://doi.org/10.1016/S0022-3182\(96\)70098-5](https://doi.org/10.1016/S0022-3182(96)70098-5)

FAO. (2016). *Food-based dietary guidelines – Malta*. Retrieved September 7, 2023, from <https://www.fao.org/nutrition/education/food-based-dietary-guidelines/regions/countries/malta/es/>

Farajian, P., Risvas, G., Karasouli, K., Pounis, G., Kastorini, C., Panagiotakos, D., & Zampelas, A. (2011). Very high childhood obesity prevalence and low adherence rates to the Mediterranean diet in Greek children: The GRECO study. *Atherosclerosis*, 217(2), 525-530.  
<https://doi.org/10.1016/j.atherosclerosis.2011.04.003>

Fischler, C. (2011). Commensality, society and culture. *Social science information*, 50(3-4), 528-548. <https://doi.org/10.1177/0539018411413963>

Fisher, B. (1992). [Review of *Feeding the Family: The Social Organization of Caring as Gendered Work*, by M. L. DeVault]. *Symbolic Interaction*, 15(4), 529–532. <https://doi.org/10.1525/si.1992.15.4.529>

Food Standards Agency. (2007). *Front-of-pack Traffic light signpost labelling Technical Guidance* (2). <https://nutritionprogram.files.wordpress.com/2009/11/frontofpackguidance21.pdf>

Foster, J. B. (2016). Marx as a Food Theorist. *Monthly Review*, 68, 1-22. [https://doi.org/10.14452/MR-068-07-2016-11\\_1](https://doi.org/10.14452/MR-068-07-2016-11_1)

Furst, T., Connors, M., Bisogni, C. A., Sobal, J., & Falk, L. W. (1996). Food choice: a conceptual model of the process. *Appetite*, 26(3), 247-266. <http://baileynorwood.com/rcfp/files/GoodSource3.pdf>

Furst, T., Connors, M., Sobal, J., Bisogni, C., & Falk, L. W. (2000). Food classifications: Levels and categories. *Ecology of food and nutrition*, 39(5), 331-355. <https://doi.org/10.1080/03670244.2000.9991623>

Galdes, M. (2022, November 27). 1,000 days of Covid-19: How we started and where we are today. *The Malta Independent*. Retrieved February 12, 2023, from <https://www.independent.com.mt/articles/2022-11-27/local-news/1-000-days-of-Covid-19-How-we-started-and-where-we-are-today-6736247765>

- Gallegos, D., Dziurawiec, S., Fozdar, F., & Abernethie, L. (2011). Adolescent experiences of 'family meals' in Australia. *Journal of Sociology (Melbourne, Vic.)*, 47(3), 243-260. <https://doi-org.ejournals.um.edu.mt/10.1177/144078331038682>
- Galletta, A. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication* (Vol. 18). New York and London, New York University Press.
- Gallus, S., Lugo, A., Murisic, B., Bosetti, C., Boffetta, P., & La Vecchia, C. (2015). Overweight and obesity in 16 European countries. *European journal of nutrition*, 54, 679-689. <https://doi.org/10.1007/s00394-014-0746-4>
- George, E., & Engel, L. (1980). The clinical application of the biopsychosocial model. *American journal of Psychiatry*, 137(5), 535-544. <https://doi.org/10.1176/ajp.137.5.535>
- Germanov, J., & Williams, L. (2017). "Food, Class and Identity." In J. Germanov & L. Williams (Eds.), *A Sociology of Food and Nutrition. The Social Appetite*. (4<sup>th</sup> ed., pp. 187-201).
- Giddens, A. (1999). Risk and Responsibility. *The Modern Law Review*, 62(1), 1–10. <http://www.jstor.org/stable/1097071>
- Gil-Hernández, C.,J., Guillem, V. L., & Pérez, S. T. (2022). *Technology, Tasks and Social Classes in Europe*. <https://joint-research-centre.ec.europa.eu/system/files/2022-05/JRC129522.pdf>
- Gofton, L. (1989), Sociology and Food Consumption, *British Food Journal*, 91(1), 25-31. <https://doi.org/10.1108/00070709010133766>
- Golino, A. (2014). Food from a sociological perspective. *Italian Sociological Review*, 4(2), 221-233. <https://doi.org/10.13136/isr.v4i2.84>

- Gordon, M. M. (1949). Social class in American sociology. *American Journal of Sociology*, 55(3), 262-268. <https://doi.org/10.1086/220535>
- Goto K, Ominami C, Song C, Murayama N, Wolff C. (2014). Globalisation, localization and food culture: perceived roles of social and cultural capitals in healthy child feeding practices in Japan. *Global Health Promotion*, 21(1), 50-58. <https://doi.org/10.1177/1757975913511133>
- Grimm, P. (2010). Social Desirability Bias. In J. Sheth, & N. Malhotra (Eds.), *Wiley International Encyclopedia of Marketing*. Hoboken, John Wiley & Sons.
- Guo, S., & Hussey, D. L. (2004). Nonprobability sampling in social work research: Dilemmas, consequences, and strategies. *Journal of Social Service Research*, 30(3), 1-18. [https://doi.org/10.1300/J079v30n03\\_01](https://doi.org/10.1300/J079v30n03_01)
- Ha, T. M., Shakur, S., & Do, K. H. P. (2020). Linkages among food safety risk perception, trust and information: Evidence from Hanoi consumers. *Food Control*, 110, 1-8. <https://doi.org/10.1016/j.foodcont.2019.106965>
- Harris, H. A., Jansen, E., & Rossi, T. (2020). 'It's not worth the fight': Fathers' perceptions of family mealtime interactions, feeding practices and child eating behaviours. *Appetite*, 150, 1-9. <https://doi.org/10.1016/j.appet.2020.104642>
- Herrick, C. (2009). Shifting blame/selling health: corporate social responsibility in the age of obesity. *Sociology of Health & Illness*, 31(1), 51-65. <https://doi.org/10.1111/j.1467-9566.2008.01121.x>
- Heshka, S., & Allison, D. B. (2001). Is obesity a disease? *International journal of obesity*, 25(10), 1401-1404. <https://doi.org/10.1038/sj.ijo.0801790>

- Holland, J., Reynolds, T., & Weller, S. (2007). Transitions, networks and communities: The significance of social capital in the lives of children and young people. *Journal of youth studies*, 10(1), 97-116. <https://doi.org/10.1080/13676260600881474>
- Hu, F. B. (2008). Globalisation of food patterns and cardiovascular disease risk. *Circulation*, 118(19), 1913-1914. <https://doi.org/10.1161/CIRCULATIONAHA.108.808493>
- Hupkens, C. L., Knibbe, R. A., & Drop, M. J. (1997). Social class differences in women's fat and fibre consumption: a cross-national study. *Appetite*, 28(2), 131-149.  
<https://doi.org/10.1006/appe.1996.0070>
- Instituto Nacional de Estadística. (2022). *Living Conditions Survey (LCS). Year 2021 Final results*. [https://www.ine.es/en/prensa/ecv\\_2021\\_en.pdf](https://www.ine.es/en/prensa/ecv_2021_en.pdf)
- Izquierdo, C. (2001). *Betwixt and between: Seeking cure and meaning among the Matsigenka of the Peruvian Amazon* (Publication No. 3048698). [Doctoral dissertation, University of California]. ProQuest One Academic.
- Jackson, R. L., Drummond, D. K., & Camara, S. (2007). What is qualitative research? *Qualitative research reports in communication*, 8(1), 21-28.  
<https://doi.org/10.1080/17459430701617879>
- Jamieson, L., & Simpson, R. (2013). *Living alone: Globalisation, identity and belonging*. Springer. Palgrave Macmillan.
- Jalloun, R. A., & Qurban, M. A. (2022). The impact of taxes on soft drinks on adult consumption and weight outcomes in Medina, Saudi Arabia. *Human Nutrition & Metabolism*, 27, 1-5.  
<https://doi.org/10.1016/j.hnm.2022.200139>



Jönsson, H., Michaud, M., & Neuman, N. (2021). What Is Commensality? A Critical Discussion of an Expanding Research Field. *International Journal of Environmental Research and Public Health*, 18(12), 1-17. <https://doi.org/10.3390/ijerph18126235>

Julier, A. P. (2013). *Eating together: Food, friendship and inequality*. University of Illinois Press.

Karademir-Hazır, I. (2021). How (not) to feed young children: A class-cultural analysis of food parenting practices. *The British Journal of Sociology*, 72(5), 1200-1213. <https://doi.org/10.1111/1468-4446.12900>

Keleher, H. M., & Verrinder, G. K. (2003). Health diaries in a rural Australian study. *Qualitative Health Research*, 13(3), 435-443. <https://doi.org/10.1177/1049732302250342>

Khan, S. N. (2014). Qualitative research method: Grounded theory. *International journal of business and management*, 9(11), 224-233. <https://doi.org/10.5539/ijbm.v9n11p224>

Kombako, D. (2022). [Review of *The McDonaldization of Society: A Book Review*, by G. Ritzer]. 1-5.

[https://www.researchgate.net/publication/362520066\\_The\\_McDonaldization\\_of\\_Society\\_A\\_Book\\_Review](https://www.researchgate.net/publication/362520066_The_McDonaldization_of_Society_A_Book_Review)

Koro-Ljungberg, M. (2008). "A social constructionist framing of the research interview." In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 429-444). New York, The Guilford Press.

- KPMG. (2023). Malta Economic Outlook. Retrieved from <https://assets.kpmg.com/content/dam/kpmg/mt/pdf/2023/04/malta-economic-outlook-april-2023.pdf>
- Kyngäs, H. (2020). “Inductive Content Analysis.” In H. Kyngäs., K. Mikkonen & M. Kääriäinen. (Eds.), *The Application of Content Analysis in Nursing Science Research* (pp. 13-22). Springer International Publishing.
- MacDonald, S., Murphy, S., & Elliott, E. (2018). Controlling food, controlling relationships: exploring the meanings and dynamics of family food practices through the diary-interview approach. *Sociology of Health & Illness*, 40(5), 779-792. <https://doi.org/10.1111/1467-9566.12725>
- Machín, L., Aschemann-Witzel, J., Curutchet, M. R., Giménez, A., & Ares, G. (2018). Does front-of-pack nutrition information improve consumer ability to make healthful choices? Performance of warnings and the traffic light system in a simulated shopping experiment. *Appetite*, 121, 55-62. <https://doi.org/10.1016/j.appet.2017.10.037>
- Mackenbach, J. P., Stirbu, I., Roskam, A. J. R., Schaap, M. M., Menvielle, G., Leinsalu, M., & Kunst, A. E. (2008). Socioeconomic inequalities in health in 22 European countries. *New England journal of medicine*, 358(23), 2468-2481. <https://doi.org/10.1056/NEJMsa0707519>
- Mackey, A. & Gass, S. (2005). *Second language research: Methodology and design*. New Jersey, Lawrence Erlbaum Associates, Inc.
- Magalhaes, D. R., Maza, M. T., Prado, I. N. D., Fiorentini, G., Kirinus, J. K., & Campo, M. D. M. (2022). An exploratory study of the purchase and consumption of beef: Geographical and

cultural differences between Spain and Brazil. *Foods*, 11(1), 1-19.

<https://doi.org/10.3390/foods11010129>

*Malta Independent*. (2019, August 11). More people feeling part of middle class shows success of our economic policies' – PM. Retrieved January 20, 2024, from

<https://www.independent.com.mt/articles/2019-08-11/local-news/More-people-feeling-part-of-middle-class-shows-success-of-our-economic-policies-PM-6736212093>

Marques da Rosa, V., Spence, C., & Miletto Tonetto, L. (2019). Influences of visual attributes of food packaging on consumer preference and associations with taste and

healthiness. *International Journal of Consumer Studies*, 43(2), 210-

217. <https://doi.org/10.1111/ijcs.12500>

Marques, A., Peralta, M., Naia, A., Loureiro, N., & de Matos, M. G. (2018). Prevalence of adult overweight and obesity in 20 European countries, 2014. *The European Journal of Public*

*Health*, 28(2), 295-300. <https://doi.org/10.1093/eurpub/ckx143>

McNeill, F., & Weaver, B. (2010). Changing lives? Desistance research and offender management. <http://dx.doi.org/10.15496/publikation-23362>

Meikle, J. (2012, April 12). Mad cow disease – a very British response to an international crisis.

*The Guardian*. Retrieved January 8, 2024, from

<https://www.theguardian.com/uk/2012/apr/25/mad-cow-disease-british-crisis#:~:text=The%20linked%20human%20disease%2C%20called,cost%20the%20British%20taxpayers%20billions.>

Meirhaeghe, A. (2016). How obesity relates to socio-economic status: identification of eating behaviour mediators. *International Journal of Obesity*, 40(11), 1794-1801.

<https://doi.org/10.1038/ijo.2016.109>

Menotti, A., Puddu, P. E., Maiani, G., & Catasta, G. (2016). Cardiovascular and other causes of death as a function of lifestyle habits in a quasi extinct middle-aged male population. A 50-year follow-up study. *International journal of cardiology*, 210, 173-178. <https://doi.org/10.1016/j.ijcard.2016.02.115>

Micallef, M. (n.d.). *ABOUT US*. Soup Kitchen OFM Valletta, Retrieved January 29, 2024, from [https://soupkitchenofmvalletta.com/?page\\_id=2](https://soupkitchenofmvalletta.com/?page_id=2)

Ministry for Health in Malta. (2022). *A National Health Systems Strategy for Malta 2023 – 2030. Investing successfully for a Healthy Future*. [https://health.gov.mt/wp-content/uploads/2023/04/A\\_National\\_Health\\_Systems\\_Strategy\\_for\\_Malta\\_2023 - 2030 Investing Successfully for a Healthy Future EN.pdf](https://health.gov.mt/wp-content/uploads/2023/04/A_National_Health_Systems_Strategy_for_Malta_2023_-_2030_Investing_Successfully_for_a_Healthy_Future_EN.pdf)

Mizzi, D. (2016, August 7). Muscat: New middle class proves growth is being felt by people. *MaltaToday*. Retrieved January 19, 2024, from [https://www.maltatoday.com.mt/news/national/68313/muscat\\_new\\_middle\\_class\\_pr](https://www.maltatoday.com.mt/news/national/68313/muscat_new_middle_class_pr)

Mohammed, S. H., Habtewold, T. D., Birhanu, M. M., Sissay, T. A., Tegegne, B. S., Abuzerr, S., & Esmailzadeh, A. (2019). Neighbourhood socioeconomic status and overweight/obesity: a systematic review and meta-analysis of epidemiological studies. *Bmj Open*, 9(11), 1-12. <https://doi.org/10.1136/bmjopen-2018-028238>

Mommaas, H. (2004). Cultural clusters and the post-industrial city: Towards the remapping of urban cultural policy. *Urban studies*, 41(3), 507-532.

<https://doi.org/10.1080/0042098042000178663>

Monteiro, C. A., Moubarac, J. C., Cannon, G., Ng, S. W., & Popkin, B. (2013). Ultra-processed products are becoming dominant in the global food system. *Obesity reviews*, 14, 21-28.

<https://doi.org/10.1111/obr.12107>

Mollborn, S., Ricles, B., & Pace, J. A. (2021). “Healthier than just healthy”: Families transmitting health as cultural capital. *Social Problems*, 68(3), 574-590.

<https://doi.org/10.1093/socpro/spaa015>

Moore, M. E., Stunkard, A., & Srole, L. (1962). Obesity, social class, and mental illness. *Jama*, 181(11), 962-966. <https://doi.org/10.1001/jama.1962.03050370030007>

Naspetti, S., & Bodini, A. (2008). Consumer perception of local and organic products: substitution or complementary goods? *The International Journal of Interdisciplinary Social Sciences*, 3(2), 111-122. <https://doi.org/10.18848/1833-1882/CGP/v03i02/52526>

National Centre for Health Statistics (US). (1994). *Plan and operation of the third National Health and Nutrition Examination Survey, 1988-94*.

<https://wwwn.cdc.gov/nchs/data/nhanes3/3a/VIFSE-acc.pdf>

National Statistics Office. (2014). *Census of Population and Housing 2011: Final Report*.

[https://nso.gov.mt/themes\\_publications/census-of-population-and-housing-2011-final-report/](https://nso.gov.mt/themes_publications/census-of-population-and-housing-2011-final-report/)

National Statistics Office. (2023). *Census of Population and Housing 2021: Final Report: Population, migration and other social characteristics*. <https://nso.gov.mt/wp-content/uploads/Census-of-Population-2021-volume1-final.pdf>

National Statistics Office. (2023). *Graphical Illustration of Malta by Nuts Classification*. [Online Map]. [https://nso.gov.mt/themes\\_publications/regional-statistics-malta-2023-edition/](https://nso.gov.mt/themes_publications/regional-statistics-malta-2023-edition/)

National Statistics Office. (2022). *Regional Statistics Malta 2022 Edition*. [https://nso.gov.mt/themes\\_publications/regional-statistics-2022/](https://nso.gov.mt/themes_publications/regional-statistics-2022/)

National Statistics Office. (2023). *Regional Statistics Malta 2023 Edition*. [https://nso.gov.mt/themes\\_publications/regional-statistics-malta-2023-edition/](https://nso.gov.mt/themes_publications/regional-statistics-malta-2023-edition/)

National Statistics Office. (2023, March 21). *Retail Price Index (RPI): February 2023*. NSO. Retrieved September 12, 2023, from [https://nso.gov.mt/retail-price-index-rpi-february-2023/#:~:text=In%20February%202023%2C%20the%20annual,Food%20\(12.19%20per%20cent\).](https://nso.gov.mt/retail-price-index-rpi-february-2023/#:~:text=In%20February%202023%2C%20the%20annual,Food%20(12.19%20per%20cent).)

National Statistics Office. (2023, April 26). Table 1. Persons' perception of their capacity to afford various material and social deprivation by year. [Excel file]. Retrieved from October 18, 2023, from <https://nso.gov.mt/eu-silc-2022-estimates-of-material-deprivation-and-housing-problems/>

National Statistics Office. (2023, April 23). Table 2. Material and Social Deprivation and Severe Material and Social Deprivation rates by year. [Excel file]. Retrieved October 18, 2023, from <https://nso.gov.mt/eu-silc-2022-estimates-of-material-deprivation-and-housing-problems/>

National Statistics Office. (2023, November 29). *Unemployment Rate: October 2023*. NSO.

Retrieved October 23, 2023, from <https://nso.gov.mt/unemployment-rate-october-2023/>

Neuman, L. W. (2014). *Social research methods: Qualitative and quantitative approaches* (7<sup>th</sup> ed.). United Kingdom, Pearson Education Limited.

Newman, L. L. (2014). Commensality, Sustainability, and Restaurant Clustering in a Suburban Community. *Suburban Sustainability*, 2(2), 1-23. <http://dx.doi.org/10.5038/2164-0866.2.2.2>

Nixon, L., Mejia, P., Cheyne, A., Wilking, C., Dorfman, L., & Daynard, R. (2015). “We’re part of the solution”: evolution of the food and beverage industry’s framing of obesity concerns between 2000 and 2012. *American journal of public health*, 105(11), 2228-2236. <https://doi.org/10.2105/AJPH.2015.302819>

Lanska, D. (1998). The Mad Cow Problem in the UK: Risk Perceptions, Risk Management, and Health Policy Development. *J Public Health Pol*, 19, 160–183. <https://doi.org/10.2307/3343296>

Latham, A. (2004) Researching and writing everyday accounts of the city: An introduction to the diary-photo diary-interview method. In C. Knowles & P. Sweetman (Eds.), *Picturing the Social Landscape: Visual Methods and the Sociological Imagination* (pp. 117-131). London, Routledge.

Lazzarini, G. A., Zimmermann, J., Visschers, V. H., & Siegrist, M. (2016). Does environmental friendliness equal healthiness? Swiss consumers’ perception of protein products. *Appetite*, 105, 663-673. <https://doi.org/10.1016/j.appet.2016.06.038>

Lee, S., & Almeida, D. M. (2015). “Daily diary design.” In S. K. Whitbourne. (Ed.), *The Encyclopedia of Adulthood and Aging* (pp. 297-300). New Jersey, Wiley-Blackwell.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, London, New Dehli, Sage Publications.

Lobstein, T., & Davies, S. (2009). Defining and labelling ‘healthy’ and ‘unhealthy’ food. *Public Health Nutrition*, 12(3), 331-340. <https://doi.org/10.1017/S1368980008002541>

Lopez-Garcia, E., Rodriguez-Artalejo, F., Li, T. Y., Fung, T. T., Li, S., Willett, W. C., ... & Hu, F. B. (2014). The Mediterranean-style dietary pattern and mortality among men and women with cardiovascular disease. *The American journal of clinical nutrition*, 99(1), 172-180.  
<https://doi.org/10.3945/ajcn.113.068106>

Luca, N. R., Smith, M., & Hibbert, S. (2023). A community-based participatory research approach to understanding social eating for food well-being. *Emerald Open Research*, 1(10), 1-21. <https://doi.org/10.1108/EOR-10-2023-0008>

Lupton, D. (1996). *Food, the Body and the Self*. London, California and New Dehli, Sage Publications.

Lupton, D. (2000). “Food, risk and subjectivity.” In M. Calnan, J. Gabe & S. M. Williams (Eds.), *Health, Medicine and Society Key Theories, Future Agendas* (1<sup>st</sup> ed., pp. 205-218). London and New York, Routledge.

Oakes J. M., & Andrade, K. 2017. “The Measurement of Socioeconomic Status.” In Oakes J. M., & J. S. Kaufman (Eds.), *Methods in Social Epidemiology* (2<sup>nd</sup> ed, pp. 23-42). New Jersey, John Wiley & Sons, Inc.

Oakes, J. M., & Rossi, P. H. (2003). The measurement of SES in health research: current practice and steps toward a new approach. *Social science & medicine*, 56(4), 769-784.  
[https://doi.org/10.1016/S0277-9536\(02\)00073-4](https://doi.org/10.1016/S0277-9536(02)00073-4)



Ochs, E. (1988). *Culture and language development: Language acquisition and language socialization in a Samoan village* (Vol. 10). Cambridge, New York, New Rochelle, Melbourne, Sydney, Cambridge University Press.

Office for National Statistics. (2012). *Measuring National Well-Being—Households and Families, 2012*. [http://www.ons.gov.uk/ons/dcp171766\\_259965.pdf](http://www.ons.gov.uk/ons/dcp171766_259965.pdf)

Office for National Statistics. (2023). *SOC 2020 Volume 3: the National Statistics Socio-economic Classification (NS-SEC rebased on the SOC 2020)*.  
<https://www.ons.gov.uk/methodology/classificationsandstandards/standardoccupationalclassification/soc/soc2020/soc2020volume3thenationalstatistics socioeconomicclassificationnssecbasedonthesoc2020#the-questions-to-ask>

Office of the Principal Permanent Secretary. (2023). *MANUAL ON WORK-LIFE BALANCE MEASURES*.  
[https://publicservice.gov.mt/en/Documents/Public%20Service%20Management%20Code/PSMC%20Manuals/Manual\\_on\\_Work-Life\\_Balance\\_Measures.pdf](https://publicservice.gov.mt/en/Documents/Public%20Service%20Management%20Code/PSMC%20Manuals/Manual_on_Work-Life_Balance_Measures.pdf)

OECD and European Observatory on Health Systems and Policies. (2021). *State of Health in the EU Malta: Country Health Profile 2021*. [https://www.oecd-ilibrary.org/social-issues-migration-health/malta-country-health-profile-2021\\_cd4b1ed7-en](https://www.oecd-ilibrary.org/social-issues-migration-health/malta-country-health-profile-2021_cd4b1ed7-en)

Onozaka, Y., & McFadden, D. T. (2011). Does local labelling complement or compete with other sustainable labels? A conjoint analysis of direct and joint values for fresh produce claim. *American Journal of Agricultural Economics*, 93(3), 693-706.  
<https://doi.org/10.1093/ajae/aar005>

Panagiotakos, D. B., Polystiopi, A., Papairakleous, N., & Polychronopoulos, E. (2007). Long-term adoption of a Mediterranean diet is associated with a better health status in elderly people; a cross-sectional survey in Cyprus. *Asia Pacific journal of clinical nutrition*, 16(2), 331-337.

<https://apjcn.nhri.org.tw/server/APJCN/16/2/331.pdf>

Palojoki, P., & Tuomi-Gröhn, T. (2001). The complexity of food choices in an everyday context. *International Journal of Consumer Studies*, 25(1), 15-23. <https://doi.org/10.1111/j.1470-6431.2001.00140.x>

Parsons, J. M. (2014). When convenience is inconvenient: 'Healthy' family foodways and the persistent intersectionalities of gender and class. *Journal of Gender Studies*, 25(4), 382-397.

<https://doi.org/10.1080/09589236.2014.987656>

Patterson, M., & Johnston, J. (2012). Theorizing the obesity epidemic: Health crisis, moral panic and emerging hybrids. *Social Theory & Health*, 10, 265-291. <https://doi.org/10.1057/sth.2012.4>

Petruzzellis, L., & Craig, C. S. (2016). Separate but together: Mediterranean identity in three countries. *Journal of Consumer Marketing*, 33(1), 9-19. <https://doi.org/10.1108/JCM-04-2015-1406>

Pires, M. A., de Noronha, R. L. F., & Trindade, M. A. (2019). Understanding consumer's perception and acceptance of bologna sausages with reduced sodium content and/or omega-3 addition through conjoint analysis and focus group. *Journal of Sensory Studies*, 34(3), 1-10.

<https://doi.org/10.1111/joss.12495>

Piscopo, S., & Bonello, A. (2023). *MINIMEBDL 2023 FOCUSING ON THREE LOW-INCOME HOUSEHOLD CATEGORIES*. Caritas Malta. <https://www.caritasmalta.org/wp-content/uploads/2023/07/MiniMEBDL-2023-REPORT.pdf>

Plasek, B., Lakner, Z., & Temesi, Á. (2020). Factors that influence the perceived healthiness of food. *Nutrients*, 12(6), 1-20. <https://doi.org/10.3390/nu12061881>

Plunkett Research. (2023). *Food, beverage and grocery overview*. Plunkett Research. Retrieved November 20, 2023, from <https://www.plunkettresearch.com/industries/food-beverage-grocery-market-research/>

Povey, R., Conner, M., Sparks, P., James, R., & Shepherd, R. (1998). Interpretations of healthy and unhealthy eating, and implications for dietary change. *Health Education Research*, 13(2), 171-183. <https://doi.org/10.1093/her/13.2.171>

Raphael, K. (1987). Recall bias: a proposal for assessment and control. *International journal of epidemiology*, 16(2), 167-170. <https://doi.org/10.1093/ije/16.2.167>

Riger, S, & Sigurvinsdottir, R (2016). “Thematic analysis.” In J. A. Leonoard & D. S. Glenwick (Eds.), *Handbook of methodological approaches to community-based research: Qualitative, quantitative, and mixed methods*, (pp. 33-41). New York, Oxford University Press.

Rito, A. I., Buoncristiano, M., Spinelli, A., Salanave, B., Kunešová, M., Hejgaard, T., ... & Breda, J. (2019). Association between characteristics at birth, breastfeeding and obesity in 22 countries: The WHO European Childhood Obesity Surveillance Initiative–COSI 2015/2017. *Obesity facts*, 12(2), 226-243. <https://doi.org/10.1159/000500425>

Ritzer, G. (2011). *The McDonaldization of society* (6<sup>th</sup> ed.). United States of America, Pine Forge Press, an Imprint of SAGE Publications, Inc.

Rokkan, T., Phillips, J., Lulei, M., Poledna, S., & Kensey, A. (2015). How was your day? Exploring a day in the life of probation workers across Europe using practice diaries. *European Journal of Probation*, 7(3), 201-217. <https://doi.org/10.1177/2066220315610242>

Sacks, G., Veerman, J. L., Moodie, M., & Swinburn, B. (2011). ‘Traffic-light’ nutrition labelling and ‘junk-food’ tax: a modelled comparison of cost-effectiveness for obesity prevention. *International journal of obesity*, 35(7), 1001-1009. <https://doi.org/10.1038/ijo.2010.228>

Sansone, K. (2023, August 27). Bitten by inflation, families are spending less at supermarkets. *MaltaToday*. Retrieved December 27, 2023, from [https://www.maltatoday.com.mt/news/national/124614/bitten\\_by\\_inflation\\_families\\_are\\_spending\\_less\\_at\\_supermarkets](https://www.maltatoday.com.mt/news/national/124614/bitten_by_inflation_families_are_spending_less_at_supermarkets)

Sarsangi, P., Salehi-Abargouei, A., Ebrahimpour-Koujan, S., & Esmailzadeh, A. (2022). Association between Adherence to the Mediterranean Diet and Risk of Type 2 Diabetes: An Updated Systematic Review and Dose–Response Meta-Analysis of Prospective Cohort Studies. *Advances in Nutrition*, 13(5), 1787-1798. <https://doi.org/10.1093/advances/nmac046>

Saunders, M., & Thornhill, A. (2009). *Research Methods for Business Students* (5<sup>th</sup> edition.) Pearson Education, United Kingdom.

Scrinis, G. (2013). *Nutritionism: the science and politics of dietary advice*. New York, Columbia University Press.

Scrinis, G. (2015). Reformulation, fortification and functionalization: Big Food corporations' nutritional engineering and marketing strategies. *The Journal of Peasant Studies*, 43(1), 17-37. <https://doi.org/10.1080/03066150.2015.1101455>

Seidman, I. (2006). *Interviewing as qualitative research. A guide for researchers in education and social sciences*. (3rd ed.). New York and London, Teachers College, Columbia University.

Serra-Majem, L., & Medina, F. X. (2015). "The Mediterranean diet as an intangible and sustainable food culture." In V. R. Preedy & R. R. Watson (Eds.), *The Mediterranean Diet An Evidence-Based Approach* (2<sup>nd</sup> ed., pp. 37-46). Academic Press. <https://doi.org/10.1016/B978-0-12-407849-9.00004-X>

Sidenvall, B., Nydahl, M., & Fjellström, C. (2000). The meal as a gift—the meaning of cooking among retired women. *Journal of applied gerontology*, 19(4), 405-423. <https://doi.org/10.1177/073346480001900403>

Singh, A., Dhanasekaran, D., Ganamurali, N., Preethi, L., & Sabarathinam, S. (2021). Junk food-induced obesity-a growing threat to youngsters during the pandemic. *Obesity Medicine*, 26, 1-6. <https://doi.org/10.1016/j.obmed.2021.100364>

Smallenbroek, O., Hertel, F., & Barone, C. (2022). Measuring class hierarchies in postindustrial societies: a criterion and construct validation of EGP and ESEC across 31 countries. *Sociological Methods & Research* 0(0), 1-41. <https://doi.org/10.1177/00491241221134522>

Smith, M., & Harvey, J. (2021). Social eating initiatives and the practices of commensality. *Appetite*, 161, 1-15. <https://doi.org/10.1016/j.appet.2021.105107>

- Smith, S. L., Ramey, E., Sisson, S. B., Richardson, S., & DeGrace, B. W. (2020). The family meal model: Influences on family mealtime participation. *OTJR: Occupation, Participation and Health*, 40(2), 138-146. <https://doi.org/10.1177/1539449219876878>
- Slater, J., Sevenhuysen, G., Edginton, B., & O'neil, J. (2012). 'Trying to make it all come together': structuration and employed mothers' experience of family food provisioning in Canada. *Health promotion international*, 27(3), 405-415. <https://doi.org/10.1093/heapro/dar037>
- Sobal, J., & Bisogni, C. (2009). Constructing Food Choice Decisions. *Annals of Behavioural Medicine*, 38(1), 37-46. <https://doi.org/10.1007/s12160-009-9124-5>
- Sobal, J., Bisogni, C., Devine, C., & Jastran, M. (2006). "A conceptual model of the food choice process over the life course." In R. Shepherd & M. Raats (Eds.), *The psychology of food choice* (pp. 1-18). United Kingdom, CABI.
- State of Victoria. (2016). *Traffic light system, Healthy choices*. <https://heas.health.vic.gov.au/wp-content/uploads/2023/03/Healthy-Choices-Traffic-Light-System.pdf>
- Stefánsdóttir Á. (2020). Three positions on the fat body: Evaluating the ethical shortcomings of the obesity discourse. *Clinical Ethics*, 15(1), 39-48. <https://doi.org/10.1177/1477750920903455>
- St.Jeanne Antide Foundation. (2023). *Services*. Antide Malta. Retrieved July 11, 2023, from <https://www.antidemalta.org/services-overview.html>
- Stratton, S. J. (2021). Population research: Convenience sampling strategies. *Prehospital and Disaster Medicine*, 36(4), 373-374. <https://doi.org/10.1017/S1049023X21000649>

Sultana, Ronald G., & Sultana, Ronald G. (1991). Sociological Perspectives on Class in Malta. *Economic and Social Studies*, 5, 1-24.

<https://www.um.edu.mt/library/oar/handle/123456789/16991>

Tessier, S., & Gerber, M. (2007). Factors determining the nutrition transition in two Mediterranean islands: Sardinia and Malta. *Public Health Nutrition*, 8(8), 1286–1292.

<https://doi.org/10.1079/phn2005747>

*Times of Malta*. (2013, March 10). Labour wins with huge majority. Retrieved January 17, 2024, from <https://timesofmalta.com/articles/view/labour-wins-a-huge-victory.460840>

Thapa, R., Dahl, C., Aung, W., & Bjertness, E. (2021). Urban–rural differences in overweight and obesity among 25–64 years old Myanmar residents: A cross-sectional, nationwide survey. *BMJ Open*, 11(3), 1-11. <https://doi.org/10.1136/bmjopen-2020-042561>

The Malta Standards Authority. (2010). *The Malta Standards Authority Food Consumption Survey 2010 Report*. Retrieved July 11, 2023, from <https://www.slideserve.com/jetta/the-malta-standards-authority-food-consumption-survey-2010-report>

Thomas, C., Breeze, P., Cummins, S., Cornelsen, L., Yau, A., & Brennan, A. (2022). The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study. *International Journal of Behavioral Nutrition and Physical Activity*, 19(1), 1-12. <https://doi.org/10.1186/s12966-022-01331-y>

Thomas, N., & Emond, R. (2017). Living alone but eating together: Exploring lunch clubs as a dining out experience. *Appetite*, 119, 34-40. <https://doi.org/10.1016/j.appet.2017.03.003>

Thompson, C., Cummins, S., Brown, T., & Kyle, R. (2016). Contrasting approaches to ‘doing’ family meals: A qualitative study of how parents frame children’s food preferences. *Critical public health*, 26(3), 322-332.

<https://doi.org/10.1080/09581596.2015.1089353>

Thompson, E. P. (1971). The Moral Economy of the English Crowd in the Eighteenth Century. *Past & Present*, 50, 76–136. <http://www.jstor.org/stable/650244>

Trading Economics. (2023). *Belgium Food Inflation*. Trading Economics. Retrieved November 20, 2023, from <https://tradingeconomics.com/belgium/food-inflation>

Trading Economics. (2023). *Netherlands Food Inflation*. Retrieved November 20, 2023, from <https://tradingeconomics.com/netherlands/food-inflation>

Trivedi, T., Liu, J., Probst, J., Merchant, A., Jones, S., & Martin, A. B. (2015). Obesity and obesity-related behaviours among rural and urban adults in the USA. *Rural and remote health*, 15(4), 217-227.

<https://search.informit.org/doi/abs/10.3316/INFORMIT.224583221201537>

University of Malta, MCAST, Mater Dei, HESC, Ministry of Health and Disease Prevention Directorate of the Ministry of Health. (2015). A Healthy Plate. A guide for eating throughout life. [Online image].

[https://www.fao.org/index.php?eID=tx\\_cms\\_showpic&file=uploads%2Fpics%2FPicture1.gif&md5=6a96b5740dbc78e07183ddfea3df6c0dc86bf112&parameters\[0\]=YTo0OntzOjU6IndpZHRoIjtzOjM6IjgwMCI7czo2OiJoZWlnaHQiO3M6NDoiNjAw&parameters\[1\]=bSI7czo3OiJib2R5VGFnIjtzOjQxOiI8Ym9keSBzdHlsZT0ibWFyZ2luOjA7IGJh&parameters\[2\]=Y2tncm91bmQ6I2](https://www.fao.org/index.php?eID=tx_cms_showpic&file=uploads%2Fpics%2FPicture1.gif&md5=6a96b5740dbc78e07183ddfea3df6c0dc86bf112&parameters[0]=YTo0OntzOjU6IndpZHRoIjtzOjM6IjgwMCI7czo2OiJoZWlnaHQiO3M6NDoiNjAw&parameters[1]=bSI7czo3OiJib2R5VGFnIjtzOjQxOiI8Ym9keSBzdHlsZT0ibWFyZ2luOjA7IGJh&parameters[2]=Y2tncm91bmQ6I2)



ZmZjsiPiI7czo0OiJ3cmFwIjtzOjM3OiI8YSBocmVmPSJqYXZh&parameters[3]=c2NyaXB0OmNsb3NlKk7Ij4gfCA8L2E%2BIjt9

University of Malta, MCAST, Mater Dei, HESC, Ministry of Health and Disease Prevention

Directorate of the Ministry of Health. (2015). *Dietary Guidelines for Maltese Adults*.

[https://hpd.gov.mt/sites/default/files/2023-07/healthy\\_eating\\_the\\_mediterranean\\_way\\_en.pdf](https://hpd.gov.mt/sites/default/files/2023-07/healthy_eating_the_mediterranean_way_en.pdf)

Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice*, 6(5), 100-110. <http://dx.doi.org/10.5430/jnep.v6n5p100>

Vella, S. (2023, October 4). Finally! Bolt Food Launches Scheduled Delivery Service In Malta. *Lovin Malta*. Retrieved November 30, 2023, from <https://lovinmalta.com/malta/finally-bolt-food-launches-scheduled-delivery-service-in-malta/>

Vella, M. (2023, March 2020). Malta inflation rates explode with rise in food prices.

*MaltaToday*. Retrieved April 12, 2023, from

[https://www.maltatoday.com.mt/news/national/121879/inflation\\_rates\\_explode\\_with\\_rise\\_in\\_food\\_prices](https://www.maltatoday.com.mt/news/national/121879/inflation_rates_explode_with_rise_in_food_prices)

Vera, J., Sinclair Taylor, J & Burt, H. (2023). *Sugar pollution: Curbing sugar supply for health and the environment*. <https://www.actiononsugar.org/media/actiononsugar/sugar-and-health/sugar-supply/SugarPollution-Oct23.pdf>

Verbrugge, L. M. (1980). Health Diaries. *Medical Care*, 18(1), 73–

95. <https://doi.org/10.1097/00005650-198001000-00006>

UNESCO. (2013). *Mediterranean diet*. Retrieved January 4, 2024, from <https://ich.unesco.org/en/RL/mediterranean-diet-00884>

Wang, Y. (2001). Cross-national comparison of childhood obesity: The epidemic and the relationship between obesity and socioeconomic status. *International Journal of Epidemiology*, 30(5), 1129-1136. <https://doi.org/10.1093/ije/30.5.1129>

Warde, A. (2016). *The Practice of Eating*. United Kingdom, Polity Press.

Ward, P. R., Henderson, J., Coveney, J., & Meyer, S. (2011). How do South Australian consumers negotiate and respond to information in the media about food and nutrition? The importance of risk, trust and uncertainty. *Journal of Sociology*, 48(1), 23-41. <https://doi.org/10.1177/1440783311407947>

Willett, W. C., Sacks, F., Trichopoulou, A., Drescher, G., Ferro-Luzzi, A., Helsing, E., & Trichopoulos, D. (1995). Mediterranean diet pyramid: a cultural model for healthy eating. *The American journal of clinical nutrition*, 61(6), 1402-1406. <https://doi.org/10.1093/ajcn/61.6.1402S>

Wills, W., Backett-Milburn, K., Gregory, S., & Lawton, J. (2008). 'If the food looks dodgy I dinnae eat it': Teenagers' accounts of food and eating practices in socio-economically disadvantaged families. *Sociological Research Online*, 13(1), 67-79. <https://doi.org/10.5153/sro.1681>

Wills, W., Backett-Milburn, K., Roberts, M., & Lawton, J. (2011). The framing of social class distinctions through family food and eating practices. *The Sociological Review (Keele)*, 59(4), 725-740. <https://doi.org/10.1111/j.1467-954X.2011.02035.x>

Wohl, A. S. (1983). *Endangered lives: public health in Victorian Britain*. London, JM Dent and Sons Ltd.

Woolhouse, M., Day, K., & Rickett, B. (2019). “Growing your own herbs” and “cooking from scratch”: Contemporary discourses around good mothering, food, and class-related identities. *Journal of Community & Applied Social Psychology*, 29(4), 285-296.

<https://doi.org/10.1002/casp.2400>

World Bank. (2017). *Food safety risk management in Vietnam: Challenges and opportunities*. <https://documents1.worldbank.org/curated/en/415551490718806138/pdf/113828-REVISED-WP-Technical-working-paper-EN-FINAL.pdf>

World Health Organization. (2002). *Diet, nutrition, and the prevention of chronic diseases: report of a joint WHO/FAO expert consultation*. [https://iris.who.int/bitstream/handle/10665/42665/WHO\\_TRS\\_916.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/42665/WHO_TRS_916.pdf?sequence=1)

World Health Organisation. (2011, January 15). *Exclusive breastfeeding for six months best for babies everywhere*. Retrieved December 28, 2023, from <https://www.who.int/news/item/15-01-2011-exclusive-breastfeeding-for-six-months-best-for-babies-everywhere#:~:text=Exclusive%20breastfeeding%20for%20six%20months%20best%20for%20babies%20everywhere,-15%20January%202011&text=WHO%20recommends%20mothers%20worldwide%20to,optimal%20growth%2C%20development%20and%20health.>

World Health Organisation Regional Office for Europe (2022). *WHO European Regional Obesity Report 2022*. <https://iris.who.int/bitstream/handle/10665/353747/9789289057738-eng.pdf?sequence=1>

Wright, K. (2001). [Review of the book *Bowling Alone: The Collapse and Revival of American Community*, by R. D. Putnam]. *Voluntas*, 12(2), 181-184.

<https://doi.org/10.1023/A:1011242820303>

Yates, L., & Warde, A. (2017). Eating together and eating alone: Meal arrangements in British households. *The British Journal of Sociology*, 68(1), 97-118. <https://doi.org/10.1111/1468-4446.12231>

Yau, A., Berger, N., Law, C., Cornelsen, L., Greener, R., Adams, J., ... & Cummins, S. (2022). Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis. *PLoS medicine*, 19(2), 1-23.

<https://doi.org/10.1371/journal.pmed.1003915>

Yeganeh, H. (2020). [Review of the book *The McDonaldization of Society*, by G. Ritzer]. 1-3.

[https://www.researchgate.net/publication/347932810\\_A\\_Review\\_of\\_The\\_McDonaldization\\_of\\_Society\\_by\\_George\\_Ritzer](https://www.researchgate.net/publication/347932810_A_Review_of_The_McDonaldization_of_Society_by_George_Ritzer)

Yiengprugsawan, V., Banwell, C., Takeda, W., Dixon, J., Seubsman, S. A., & Sleight, A. C.

(2015). Health, happiness and eating together: what can a large Thai cohort study tell us?. *Global journal of health science*, 7(4), 270. <https://doi.org/10.5539/gjhs.v7n4p270>

Yin, R. K. (2009). *Case study research: Design and methods* (4<sup>th</sup> ed., Vol. 5). USA, Sage.

Yue, C., & Tong, C. (2009). Organic or Local? Investigating Consumer Preference for Fresh Produce Using a Choice Experiment with Real Economic Incentives. *HortScience horts*, 44(2), 366-371. <https://doi.org/10.21273/HORTSCI.44.2.366>

Yu, H., Veeck, A., & Yu, F. (2015). Family meals and identity in urban China. *Journal of Consumer Marketing*, 32(7), 505-519. <https://doi.org/10.1108/JCM-09-2014-1146>

Zimmerman, D. H., & Wieder, D. L. (1977). The diary: diary-interview method. *Urban life*, 5(4), 479-498. <https://doi.org/10.1177/089124167700500406>

**HOW WILL  
YOU PROTECT  
MY PRIVACY?**

I will record your voice by using an audio-recording device. After the interview, I will transfer the recording on a password-protected university server where it will be stored securely.

The audio-recording will be deleted from the device. If you prefer the interview to be held via Zoom, the video recording and audio recording will be protected by a high security password. The only people who can have access to your recordings are my supervisor and myself.

**HOW WILL MY  
INFORMATION BE  
USED?**

I will type up the interview on the computer. Your name and details which can identify you or your relatives will be removed. Instead of your real name, I will use a fictitious name, so that your identity will be protected. Your information will only be used for my dissertation and any related outputs.

Your research data will be stored securely on the university server for two years, after which it will be permanently destroyed.

**WHAT  
HAPPENS  
NOW?**

If you wish to participate in my research, kindly send me an email on

[ioslyn.c.calleja.19@um.edu.mt](mailto:ioslyn.c.calleja.19@um.edu.mt)

I will send you a food diary to be filled for one week by email. The consent form and a questionnaire will be sent to you by email too. If you prefer to fill the consent form, the questionnaire and diary by a pen or pencil, I will give a hard copy of these documents. Do not hesitate to email me for a hard copy. A follow up interview will be arranged if you agree.

The food diary, questionnaire and consent forms will be both in English and in Maltese (fill the one that you most prefer).

If you have other concerns you can also email my supervisor Dr. Kay Polidano on

[kay.polidano@um.edu.mt](mailto:kay.polidano@um.edu.mt)

**Appendix 1- Leaflets both in Maltese and in English for participants who live in the Western district and are required to complete the diary and participate in the interview**



**L-Università  
ta' Malta**

Exploring the impact of  
socioeconomic status on the  
food and eating practices of  
Maltese families.

You are being invited to participate in my research. Before taking the decision to participate in my research, please read the leaflet carefully. By reading the leaflet, you will understand why the research is being done and what will be involved.



## THE RESEARCH

Food is at the heart of our daily lives.

People from different walks of life are known to consume different kinds of food.

This research study is exploring food and eating practices among Maltese families. I am interested in hearing about your daily food and eating practices and the reasons behind them.

## WHY I HAVE BEEN INVITED?

You have been invited because you form part of a family with children.

## WHO IS THE RESEARCHER?

I am Joslyn Calleja, a Master's student at the University of Malta.

## WHAT WILL I HAVE TO DO IF I WISH TO PARTICIPATE?

I will send you the consent, a short questionnaire and a food diary, which you would be invited to fill in over a period of one week. The, consent form, questionnaire and food diary will be sent to you by email. You can also ask to fill the diary, questionnaire and consent through a hard copy by email. This food diary will ask you about the food that you and your family ate that week. I will also invite you to take part in an interview after filling in your diary, although you are free to decline this invitation. The interview will be done at a place and time that is convenient for you. If you cannot attend physically for the interview, we can also arrange to meet on Zoom. I will record the interview by an audio-recording device with your permission. During the interview, I will ask you more questions about your perception of food choices and practices.

## AM I OBLIGED TO PARTICIPATE?

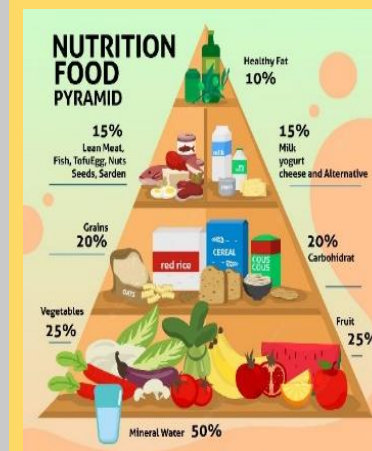
No, you are not obliged to participate. If you do not wish to participate, put your mind at rest that there will be no consequences. On the other hand, if you choose to participate in this research but you change your mind, you are free to withdraw from the study.

## WHAT ARE THE RISKS OF TAKING PART?

There are no risks of taking part. However, if there are questions that you do not wish to answer, you can. You can stop the interview at any time.

## WHAT ARE THE BENEFITS TO TAKING PART?

There may be no direct benefits in taking part. However, your participation will help to analyse food and eating practices in Malta, in relation to socioeconomic status.



## KIF HA TKUN PROTETTA L-IDENTITÀ TIEGHI?

Jiena se nirrekordja l-vuči tieghek billi nuża apparat diġitali.

Wara li ssir l-intervista, dan ir-recording se jiġi trasferit fuq server universitarju protett permezz ta' password. L-intervista se tkun protetta b'mod sigur.

Jekk tippreferi li l-intervista ssir fuq Zoom, ir-recording kemm tal-filmat kif ukoll tal-vuči tieghek se jkunu protetti permezz ta' password b'saħħitha. L-uniċi nies li se jkollhom aċċess għar-recordings tieghek huma jiena u t-tutor tiegħi Dr. Polidano.

## KIF SE TIĠI UŻATA L- INFORMAZZJONI TIEGHI?

L-intervista se tiġi ttajpjata fuq il-kompjuter. Ismek u dettalji li jistghu jikxfu l-identità tieghek jew informazzjoni dwar il-qraba tieghek se jitneħħew.

Minflok ismek se nuża isem iehor (fittizju) sabiex l-identità tieghek tkun protetta. L-informazzjoni se tiġi użata biss għat-teżi tiegħi u xi artikli relatati magħha.

L-informazzjoni tieghek se tkun miżmhuma b' mod sigur fuq server universitarju għal sentejn. Wara li jghaddu dawn is-sentejn, l-informazzjoni se tiġi mhassra b'mod permanenti.

## IMBAGHAD X'JIĠRI?

Jekk tixtieq tipparteċipa f'din ir-riċerka jekk joġġhok ibgħatli email fuq [joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt)

Permezz tal-email jiena se nibgħatlek kwestjonarju qasir, id-djarju tal-ikel kemm bil-Malti kif ukoll bl-Ingliż. Jekk joġġhok imla dan id-djarju għal ġimgħa (Mit-Tnejn sal-Hadd). Se nibgħatlek ukoll l-formola ta' kunsens u kwestjonarju qasir. Il-formoli ta' kunsens u l-kwestjonarju se jkunu kemm bil-Malti kif ukoll bl-Ingliż (għalhekk wieġeb bl-aktar lingwa li tippreferi).

Jekk tixtieq li ntik kopja tal-kwestjonarju u tad-djarju u timlieh b'idejk flok timlieh online, jekk joġġhok ibgħatli email. Wara li timla d-djarju tal-ikel u bil-kunsens tieghek, naghmlu intervista.

Jekk għandek xi mistoqsijiet ohra, jekk joġġhok ibgħat email lit-tutor tiegħi Dr. Kay Polidano fuq

[kay.polidano@um.edu.mt](mailto:kay.polidano@um.edu.mt)



L-Università  
ta' Malta

Exploring the impact of  
socioeconomic status on the  
food and eating practices of  
Maltese families.

Inti qed tiġi mistieden/mistiedna biex tipparteċipa fir-riċerka tiegħi. Qabel ma tiddeċiedi biex tipparteċipa, jekk joġġhok aqra l-leaflet sew. Xhin taqra l-leaflet, inti se tifhem aħjar għala qed issir din ir-riċerka u x'tinvolti l-parteċipazzjoni tiegħek.





## IR-RIĊERKA

L-ikel huwa parti mill-hajja taghna ta' kuljum.

Nies minn oqsma differenti, jieklu tipi differenti t'ikel.

L-interess tiegħi huwa biex nifhem ahjar l-ikel li l-familji Maltin jieklu u r-raġunijiet għaliex pereżemju familja tiddeċiedi li tixtri ikel partikolari.

## GĦALFEJN ĠEJT MISTIEDEN/A BIEX NIPPARTEĊIPA?

Inti mistieden/a biex tipparteċipa għaliex, inti tiffirma parti minn familja fejn hemm it-tfal (tfal adulti jew tfal li huma dipendenti fuqek għax għadhom żgħar).

### MIN HU/HI R-RIĊERKATUR/RIĊERKATRIĊI?

Jiena Joslyn Calleja, studenta tal-Masters fl-Università ta' Malta.

### X'IRRID NAGHMEL JEKK NIXTIEQ NIPPARTEĊIPA?

Jiena se nibghatlek id-djarju tal-ikel, il-formoli tal-kunsens u l-kwestjonarju permezz ta' email. Il-kwestjonarju u l-formoli tal-kunsens se jkunu kemm bil-Malti kif ukoll bl-Ingliż. Jekk tippreferi timla id-djarju tal-ikel, il-kwestjonarju u l-formoli tal-kunsens b'idejk tiddejjaq xejn biex tibghatli email biex intik kopja.

Fid-djarju inti mitlub/a biex tikteb l-ikel li inti u l-familja tiegħek kiltu f'dik il-ġimgħa. Wara li inti timla d-djarju, inti tigi mistieden/a biex tipparteċipa f'intervista. Inti liberu jew libera li ma tipparteċipax fl-intervista. L-intervista se ssir f'post u hin li huma konvenjenti għalik. Jekk ma tkunx tista' tigi għall-intervista, nistghu niltaqghu permezz ta' Zoom. Bil-permess tiegħek, l-intervista se tigi rrekordjata b'apparat diġitali li jirrekorja l-vuċi tiegħek (jekk naghmlu l-intervista wiċċ imb wiċċ, jekk issir b'Zoom nirrekorja kemm il-filmat u anke l-vuċi tiegħek). Waqt l-intervista, jiena se nsaqsik mistoqsijiet relatati mal-ikel li inti u l-familja tiegħek tagħzlu li tixtru u tieklu. Il-mistoqsijiet se jkunu hemm bil-Malti u anke bl-Ingliż. Għalhekk inti għandek l-għażla li twieġeb jew bil-Malti jew bl-Ingliż.

## JIENA OBLIGAT LI NIPPARTEĊIPA?

Le, inti m'intix obligat/obligata li tipparteċipa. Jekk ma tixtieqx tipparteċipa, serraħ moħħok għax mhux ha jkun hemm konsegwenzi.

Jekk mill-banda l-oħra tiddeċiedi li tipparteċipa, imma imbagħad tbiddel fhemtek mhix problema. Inti dejjem liberu/libera biex tieqaf milli tipparteċipa.

### X'IHUMA R-RISKJI JEKK NIPPARTEĊIPA?

M'hemm l-ebda riskji jekk tipparteċipa. Jekk ikun hemm mistoqsija li ma tixtieqx twieġeb, m'intix obligat/a biex twieġibha. Barra minn hekk, inti tista' twaqqaf din l-intervista xhin trid.

## X'INHUMA L-BENEFIĊĊJI JEKK NIPPARTEĊIPA?

Jista' ma jkunx benefiċċji għalik jekk inti tipparteċipa.

Mill-banda l-oħra l-parteċipazzjoni tiegħek se tgħin sabiex nanalizzza l-effett tal-qagħda soċjoeekonomika fuq l-ikel li l-familji Maltin jieklu.



### HOW WILL YOU PROTECT MY PRIVACY?

I will record your voice by using an audio-recording device. After the interview, I will transfer the recording on a password-protected university server where it will be stored securely.

The audio-recording will be deleted from the device. If you prefer the interview to be held via Zoom, the video recording and audio recording will be protected by a high security password. The only people who can have access to your recordings are my supervisor and myself.

### HOW WILL MY INFORMATION BE USED?

I will type up the interview on the computer. Your name and details which can identify you or your relatives will be removed. Instead of your real name, I will use a fictitious name, so that your identity will be protected. Your information will only be used for my dissertation and any related outputs.

Your research data will be stored securely on the university server for two years, after which it will be permanently destroyed.

### WHAT HAPPENS NOW?

If you wish to participate in my research, kindly send me an email on

[joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt)

I will send you a short questionnaire and the consent forms by email. The questionnaire and the consent forms will be both in English and Maltese (fill the one that you prefer the most).

If you have other concerns you can also email my supervisor Dr. Kay Polidano on

[kay.polidano@um.edu.mt](mailto:kay.polidano@um.edu.mt)

**Appendix 2- Leaflets both in English and in Maltese for those participants that were required to participate in the interview only**



Exploring the impact of socioeconomic status on the food and eating practices of Maltese families.

You are being invited to participate in my research. Before taking the decision to participate in my research, please read the leaflet carefully. By reading the leaflet, you will understand why the research is being done and what will be involved.



## THE RESEARCH

Food is at the heart of our daily lives.

People from different walks of life are known to consume different kinds of food.

This research study is exploring food and eating practices among Maltese families with children I am interested in hearing about your daily food and eating practices and the reasons behind them.

## WHY I HAVE BEEN INVITED?

You have been invited because you live in a family with children.

## WHO IS THE RESEARCHER?

I am Joslyn Calleja, a Master's student at the University of Malta.

## WHAT WILL I HAVE TO DO IF I WISH TO PARTICIPATE?

I will send you the questionnaire and consent forms by email. You can ask for a physical copy of both the questionnaire and consent form by email. The questionnaire, interview questions and consent forms will be both in English and in Maltese. The interview will be done at a place and time that is convenient for you. If you cannot attend physically for the interview, we can also arrange to meet on Zoom. I will record the interview by an audio-recording device with your permission (if the interview is done physically, while if the interview is going to be done on Zoom, I will record both your voice and the Zoom video). During the interview, I will ask you more questions about your perception of food choices and practices.

## AM I OBLIGED TO PARTICIPATE?

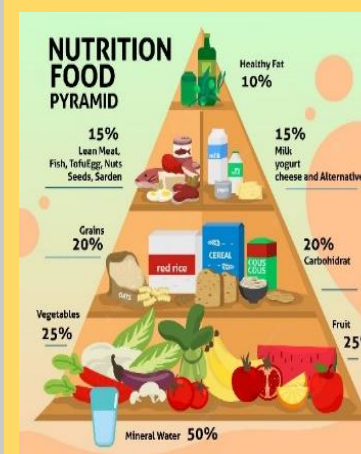
No, you are not obliged to participate. If you do not wish to participate, put your mind at rest that there will be no consequences. On the other hand, if you choose to participate in this research but you change your mind, you are free to withdraw from the study.

## WHAT ARE THE RISKS OF TAKING PART?

There are no risks of taking part. However, if there are questions that you do not wish to answer, you can. You can stop the interview at any time.

## WHAT ARE THE BENEFITS TO TAKING PART?

There may be no direct benefits in taking part. However, your participation will help to analyse food and eating practices in Malta, in relation to socioeconomic status.



## KIF HA TKUN PROTETTA L-IDENTITÀ TIEGHI?

Jiena se nirrekordja l-vuči tieghek billi nuża apparat li jirrekordja l-vuči biss.

Wara li ssir l-intervista, l-intervista se tiġi trasferita fuq server universitarju protett permezz ta' password. L-intervista se tkun protetta b'mod sigur.

Wara, l-intervista se tiġi mhassra minn fuq l-apparat li jirrekordja l-vuči biss.

Jekk tippreferi li l-intervista ssir fuq Zoom, ir-recording kemm tal-filmat kif ukoll tal-vuči tieghek se jkunu protetti permezz ta' password b'saħħitha. L-uniċi nies li se jkollhom aċċess għar-recordings tieghek huma jiena u t-tutor tiegħi Dr. Polidano.

## KIF SE TIĠI UŻATA L- INFORMAZZJONI TIEGHI?

L-intervista se tiġi ttajpjata fuq il-kompjuter. Ismek u dettalji li jistgħu jikxfu l-identità tieghek jew informazzjoni dwar il-qraha tieghek se jitnehhew.

Minflok ismek se nuża isem iehor (fittizju) sabiex l-identità tieghek tkun protetta. L-informazzjoni se tiġi użata biss għat-teżi tiegħi.

L-informazzjoni tieghek se tkun miżmhuma b'mod sigur fuq server universitarju għal sentejn. Wara li jgħaddu dawn is-sentejn, l-informazzjoni se tiġi mhassra b'mod permanenti.

## IMBAGHAD X'JIGRI?

Jekk tixtieq tipparteċipa f'din ir-riċerka jekk joġġhbok ibgħatli email fuq [joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt)

Permezz tal-email jien se nibgħatlek l-formola ta' kunsens u l-kwestjonarju. Tista' wkoll ssaqsini biex timla l-formola tal-kunsens u l-kwestjonarju billi tibgħali email. Il-kwestjonarju u l-formoli ta' kunsens se jkunu kemm bil-Malti kif ukoll bl-Ingliż (wieġeb bl-aktar lingwa li tippreferi).

Jekk għandek xi mistoqsijiet ohra, jekk joġġhbok ibgħat email lit-tutor tiegħi Dr. Kay Polidano fuq

[kay.polidano@um.edu.mt](mailto:kay.polidano@um.edu.mt)



Exploring the impact of socioeconomic status on the food and eating practices of Maltese families.

Inti qed tiġi mistieden/mistiedna biex tipparteċipa fir-riċerka tiegħi. Qabel ma tiddeċiedi biex tipparteċipa, jekk joġġhbok aqra l-leaflet sew. Xhin taqra l-leaflet, inti se tifhem aħjar għala qed issir din ir-riċerka u x'tinvolti l-partecipazzjoni tiegħek.



## IR-RIĊERKA

L-ikel huwa parti mill-hajja tagħna ta' kuljum.

Nies minn oqsma differenti, jieklu tipi differenti t'ikel.

L-interess tiegħi huwa biex nifhem ahjar l-ikel li l-familji Maltin jieklu u r-raġunijiet għaliex pereżemju familja tiddeċiedi li tixtri ikel partikolari.

## GHALFEJN ĠEJT MISTIEDEN/A BIEX NIPPARTEĊIPA?

Inti mistieden/a biex tipparteċipa għaliex, inti tiffirma parti minn familja fejn hemm it-tfal (tfal adulti jew tfal li huma dipendenti fuqek għax għadhom żgħar).

### MIN HU/HI R-RIĊERKATUR/RIĊERKATRIĊI?

Jiena Joslyn Calleja, studenta tal-Masters fl-Università ta' Malta.

### X'IRRID NAGHMEL JEKK NIXTIEQ NIPPARTEĊIPA?

Jiena se nibgħatlek l-formoli tal-kunsens u l-kwestjonarju permezz ta' email. Il-kwestjonarju u l-formoli tal-kunsens se jkunu kemm bil-Malti kif ukoll bl-Ingliż. Jekk tippreferi timla l-kwestjonarju u l-formoli tal-kunsens b'idejk tiddejjaq xejn biex tibgħatli email biex intik kopja. L-intervista se ssir f'post u hin li huma konvenjenti għalik. Jekk ma tkunx tista' tiġi għall-intervista, nistghu niltaqghu permezz ta' Zoom. Jiena se nirrekordja l-intervista permezz ta' apparat li jirrekordja l-vuċi tiegħek biss (jekk naghmlu l-intervista wiċċ imb wiċċ, jekk issir b'Zoom nirrekordja kemm il-filmat u anke l-vuċi tiegħek). Jiena se nuża dan l-apparat bil-permess tiegħek. Waqt l-intervista, jiena se nsaqsik mistoqsijiet relatati mal-ikel li inti u l-familja tiegħek tagħzlu li tixtru u tieklu.

## JIENA OBLIGAT LI NIPPARTEĊIPA?

Le, inti m'intix obligat/a li tipparteċipa. Jekk ma tixtieqx tipparteċipa, serraħ moħħok għax mhux ha jkun hemm konsegwenzi.

Jekk mill-banda l-oħra tiddeċiedi li tipparteċipa, imma imbagħad tbiddel fhemtek mhix problema. Inti dejjem liberu/libera biex tieqaf milli tipparteċipa.

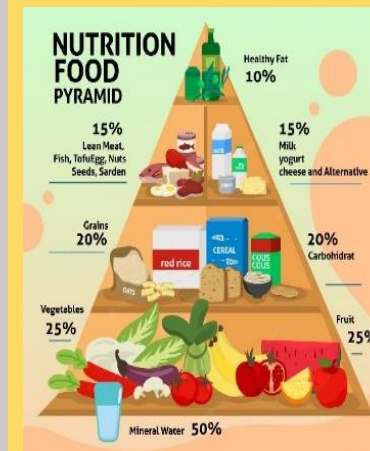
### X'IHUMA R-RISKJI JEKK NIPPARTEĊIPA?

M'hemm l-ebda riskji jekk tipparteċipa. Jekk ikun hemm mistoqsija li ma tixtieqx twieġeb, m'intix obligat/a biex twieġibha. Barra minn hekk, inti tista' twaqqaf din l-intervista xhin trid.

## X'INHUMA L-BENEFIĊĊJI JEKK NIPPARTEĊIPA?

Jista' ma jkunx benefiċċji għalik jekk inti tipparteċipa.

Mill-banda l-oħra l-parteċipazzjoni tiegħek se tghin sabiex l-effett tal-qagħda soċjoekonomika fuq l-ikel li l-familji Maltin jieklu.



## Appendix 3- Consent forms both in English and in Maltese

### **Formola tal-Kunsens tal-Parteċipant/a**

Exploring the impact of socioeconomic status on the food and eating practices of Maltese families.

Jiena, hawn taht iffirmat/a, nagħti l-kunsens tiegħi li nieħu sehem fl-istudju ta' Joslyn Calleja. Din il-formola tal-kunsens tispjega t-termini tas-sehem tiegħi f'din ir-riċerka.

1. Inghatajt l-informazzjoni bil-miktub dwar l-iskop tar-riċerka; kelli l-opportunità nagħmel il-mistoqsijiet, u kull mistoqsija ngħatajt twegiba għaliha b'mod sħiħ u sodisfaċenti.
2. Nifhem ukoll li jiena liberu/a li naċċetta li nieħu sehem, jew li nirrifjuta, jew li nwaqqaf il-parteċipazzjoni tiegħi meta nixtieq mingħajr ma nagħti spjegazzjoni jew mingħajr ma niġi penalizzat/a. Jekk nagħzel li nipparteċipa, jaf niddeċiedi li ma nwegibx kull mistoqsija li ssirli. F'każ li nagħzel li ma nkomplix nieħu sehem fl-istudju, l-informazzjoni li tkun laqet ingabret mingħandi tithassar dment li jkun teknikament possibbli (ngħidu aħna, qabel ma tiġi anonimizzata jew ippubblikata), u sakemm l-għanijiet tar-riċerka jkunu jistgħu jintlaħqu u ma jintlaqtux serjament.
3. Jiena konxju li l-identità u l-informazzjoni personali tiegħi mhux se jiġu żvelati fl-ebda pubblikazzjoni, rapporti jew preżentazzjonijiet li joħorġu mir-riċerka u minflok se jintuża l-psewdonimu (isem fittizju).
4. Għandi l-opportunità li nirrevedi siltiet tat-traskrizzjoni tal-intervista tiegħi li r-riċerkatur jixtieq jirriproduċi fir-riżultati tar-riċerka qabel ma dawn jiġu ppubblikati, jekk nixtieq nagħmel dan.
5. Nifhem li l-informazzjoni kollha miġbura se tiġi miżmuha għal sentejn wara li jitlesta l-istudju. Imbagħad l-informazzjoni se tithassar b'mod permanenti.

6. Nifhem li, skont ir-Regolament Ġenerali dwar il-Protezzjoni tad-Data (GDPR) u l-leġiżlazzjoni nazzjonali, għandi dritt naċċessa, nikkoreġi u, fejn hu applikabbli, nitlob li l-informazzjoni li tikkonċernani titħassar.
7. Nagħti l-permess tiegħi biex din l-intervista tiġi rrekordjata bl-awdjo u traskritta (ittajpjata).

*Jekk ikun meħtieġ (għall-intervisti u l-focus groups li jsiru biż-Zoom):*

8. Jiena naf li [il-metodu tal-ġbir tal-informazzjoni] se ssir online; u r- ir-riċerkatriċi se tuża ż-Zoom. Ir-riċerkatriċi ha tuża password b'saħħitha sabiex kemm il-filmat u d-diskors ta' waqt is-sessjoni jkunu protetti. Ir-riċerkatriċi se tirrekordja kemm l-filmat u d-diskors ta' din is-sessjoni.

Qrajt u fhimt l-istqarrijiet t'hawn fuq, u naqbel li nipparteċipa f'dan l-istudju.

Isem il-parteeipant/a: \_\_\_\_\_

Firma: \_\_\_\_\_

Data: \_\_\_\_\_

---

Joslyn Calleja

[joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt)



## **Participant's Consent Form**

Exploring the impact of socioeconomic status on the food and eating practices of Maltese families.

I, the undersigned, give my consent to take part in the study conducted by Joslyn Calleja. This consent form specifies the terms of my participation in this research study.

1. I have been given written information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I understand that I am free to accept or refuse to participate, and can stop participation at any time without giving any reason. I may also choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (for example, before it is anonymised or published).
3. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from the research and a pseudonym (made up name) will be used instead.
4. I have the opportunity to review extracts of my interview transcript that the researcher would like to reproduce in research outputs before these are published, should I wish to do so.
5. I understand that all data collected will be archived for 2 years after study completion and then permanently destroyed.
6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
7. I give my permission for this interview to be audio-recorded and transcribed (typed up).

*If applicable (interviews held online via Zoom only):*



8. I am aware that the interview will take place over Zoom and the researcher will protect the audio record and the video record by using a high security password. The researcher will both video record and audio record the session.

I have read and understood the above statements and agree to participate in this study.

Name of participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

Joslyn Calleja  
[joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt)

## Appendix 4- Food diary in English and Maltese

### Instructions:

1. When you have the statement, how you prepared the breakfast/lunch/dinner or where you ate the breakfast/lunch/dinner you can mention for example using the cooker, convection oven, ordered food from Wolt or Bolt, breakfast club and pre-prepared meals. Please do not let this diary influence/change your food choices...not feel pressured to buy expensive food. Buy food that you can afford.
2. Please do not worry about spelling or grammar. However, if you are going to fill the diary by handwriting, please try to write as clearly as you can, using a pen.
3. Try to fill the food diary every day. However, if you could not fill the diary on a particular day, do not worry just leave that day blank and fill the following day. However, do not try to fill the diary in any later than one day after the entry was due. For example, do not write the food that you ate on Tuesday on Thursday.
4. If you require more space in order to fill the diary, you can add more rows or columns if you are filling the diary online. If you are filling the diary physically, please turn the page and at the back of the page please write the date and write whether you took the food during breakfast, lunch or dinner.
5. In the next page, you have an example of how you should fill in your food diary.
6. If you have any issues or questions when you are filling in the diary, please do not hesitate to contact me on [joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt) .

Monday	Date: 6/2/2023
Breakfast taken between 00.00-12:00 Please include both food and drink.	Toast and coffee.
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	I used the toaster.
If your children did not eat the same breakfast mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	My child ate kiwi and apples and drank water during breakfast club.
Lunch taken between 12:00-17:00. Please include both food and drink.	Burger, chips and coke.
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	Since I was at my workplace, I ordered a burger from McDonald's. The burger, chips and drink were delivered by Bolt.
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	My child ate his lunch at school. My child ate a sandwich with butter and ham and drank water.
Snack Please include both food and drink.	Cereal bar and a cup of coffee.
Dinner taken between 17:00 and 00.00. Please include both food and drink.	Lasagne and Kinnie.
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	I prepared the lasagne by using the oven.
If your children did not eat the same dinner that was mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's dinner or children's dinner or where the child or children ate it.	My child did not like lasagne therefore I prepared some chicken nuggets, chips and fresh salad. The chicken and chips were prepared by using a convection oven.

Monday	Date:
Breakfast taken between 00.00-12:00 Please include both food and drink.	
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	
If your children did not eat the same breakfast mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	
Lunch taken between 12:00-17:00. Please include both food and drink.	
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	
Snack Please include both food and drink.	
Dinner taken between 17:00 and 00.00. Please include both food and drink.	
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	
If your children did not eat the same dinner that was mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's dinner or children's dinner or where the child or children ate it.	

Tuesday	Date:
Breakfast taken between 00.00-12:00 Please include both food and drink.	
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	
If your children did not eat the same breakfast mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	
Lunch taken between 12:00-17:00. Please include both food and drink.	
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	
Snack Please include both food and drink.	
Dinner taken between 17:00 and 00.00. Please include both food and drink.	
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	
If your children did not eat the same dinner that was mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's dinner or children's dinner or where the child or children ate it.	

Wednesday	Date:
Breakfast taken between 00.00-12:00 Please include both food and drink.	
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	
If your children did not eat the same breakfast mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	
Lunch taken between 12:00-17:00. Please include both food and drink.	
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	
Snack Please include both food and drink.	
Dinner taken between 17:00 and 00.00. Please include both food and drink.	
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	
If your children did not eat the same dinner that was mentioned above, please write or type it In the next box. Kindly write or type how you prepared your child's dinner or children's dinner or where the child or children ate it.	

Thursday	Date:
Breakfast taken between 00.00-12:00 Please include both food and drink.	
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	
If your children did not eat the same breakfast mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	
Lunch taken between 12:00-17:00. Please include both food and drink.	
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	
Snack Please include both food and drink.	
Dinner taken between 17:00 and 00.00. Please include both food and drink.	
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	
If your children did not eat the same dinner that was mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's dinner or children's dinner or where the child or children ate it.	

Friday	Date:
Breakfast taken between 00.00-12:00 Please include both food and drink.	
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	
If your children did not eat the same breakfast mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	
Lunch taken between 12:00-17:00. Please include both food and drink.	
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	
Snack Please include both food and drink.	
Dinner taken between 17:00 and 00.00. Please include both food and drink.	
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	
If your children did not eat the same dinner that was mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's dinner or children's dinner or where the child or children ate it.	



Saturday	Date:
Breakfast taken between 00.00-12:00 Please include both food and drink.	
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	
If your children did not eat the same breakfast mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	
Lunch taken between 12:00-17:00. Please include both food and drink.	
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	
Snack Please include both food and drink.	
Dinner taken between 17:00 and 00.00. Please include both food and drink.	
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	
If your children did not eat the same dinner that was mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's dinner or where the child or children ate it.	

Sunday	Date:
Breakfast taken between 00.00-12:00 Please include both food and drink.	
In the next box, please write or type how you prepared the breakfast or where you ate the breakfast.	
If your children did not eat the same breakfast mentioned above, please write or type it In the next box. Kindly write or type how you prepared your child's breakfast or children's breakfast or where the child or children ate it.	
Lunch taken between 12:00-17:00. Please include both food and drink.	
In the next box, please write or type how you prepared the lunch or where you ate the lunch.	
If your children did not eat the same lunch mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's lunch or children's lunch or where the child or children ate it.	
Snack Please include both food and drink.	
Dinner taken between 17:00 and 00.00. Please include both food and drink.	
In the next box, please write or type how you prepared the dinner or where you ate the dinner.	
If your children did not eat the same dinner that was mentioned above, please write or type it in the next box. Kindly write or type how you prepared your child's dinner or children's dinner or where the child or children ate it.	

### Struzzjonijiet:

1. Xhin ikollok miktub, kif inti ppreparajt il-koloazzjon/l-ikla ta' nofsinhar/ l-ikla ta' filghaxija, jew fejn kilt il-koloazzjon/l-ikla ta' nofsinhar/ l-ikla ta' filghaxija, tista' ssemmi pereżempju li użajt il-forn jew il-cooker. Tista' tikteb li ordnajt l-ikel minn fuq il-Bolt jew Wolt. Jekk joġġbok tħallix dan id-djarju jinfluwenzak jew ibiddel l-ikel li inti u l-familja tiegħek tieklu..... tħossokx pre-okkupat/a biex tixtri ikel li jiswa ħafna flus. Ixtri l-ikel li inti taffordja.
2. Meta timla d-djarju tinkwetax li jista' jkollok xi żbalji tal-kitba. Jekk timla d-djarju b'idejk jekk joġġbok ikteb b'mod li jintgħaraf u uża biro jekk joġġbok.
3. Jekk joġġbok ipprova imla d-djarju kuljum. Jekk ikun xi ġurnata li ma stajtx timla d-djarju ma jkun ġara xejn. F'dak il-każ halli dik il-ġurnata vojta u ikteb l-ikel li kilt l-ġhada ta' dik il-ġurnata. Jekk joġġbok tiktibx l-ikel li tkun kilt pereżempju t-Tlieta, il-Ħamis. Ikteb l-ikel li tkun kilt fil-ġurnata l-propja.
4. Jekk ikollok bżonn ta' aktar spazju biex tikteb, tista' żżid kaxxa oħra jekk inti se timla d-djarju online. Jekk se timla d-djarju b'idejk kompli ikteb fuq wara tal-paġna. Jekk joġġbok f'dan il-każ ikteb jekk l-ikla kinitx il-koloazzjon/l-ikla ta' nofsinhar/ l-ikla ta' filghaxija u d-data.
5. Fil-paġna li jmiss għandek eżempju ta' kif inti għandek timla d-djarju.
6. Jekk ikollok xi mistoqsijiet jew diffikulta biex timla d-djarju, tiddejjaq xejn milli tibgħatli email fuq [joslyn.c.calleja.19@um.edu.mt](mailto:joslyn.c.calleja.19@um.edu.mt)

It-Tnejn	Data: 6/2/2023
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	Toast bil-butir u bil-ġobon u tazza kafè.
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb fil-kaxxa tal-lemin kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	Ippreparajt it-toast billi wżajt it-toaster.
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	It-tifel kiel kiwi u tuffieħ u xorb l-ilma l-iskola waqt il-breakfast club.
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	Burger, chips u coke.
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	Peress li kont qiegħda/qiegħed fuq il-post tax-xogħol ordnajt l-ikel mill-McDonald's. Użajt l-app tal-Wolt biex iwassali l-ikel fuq il-post tas-xogħol.
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	It-tifel kiel l-ikla ta' nofsinhar l-iskola. Waqt l-ikla ta' nofsinhar it-tifel kiel sandwich bil-butir u l-perżut xorob l-ilma.
Ikla ħafifa. Jekk joġġbok inkludi kemm l-ikel fuq ukoll x-xorb.	Cereal bar u tazza kafè.
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġbok ikteb kemm l-ikel kif ukoll ix-xorb.	Lasagne u Kinnie.
Fil-kaxxa tal-lemin ikteb kif inti ppreparajt l-ikla ta' filgħaxija.	Ppreparajt il-lasagne billi użajt il-forn.
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	Peress li t-tifel tiegħi ma jhobbx il-lasagne ippreparajtlu chicken nuggets, chips u ffit insalata. Użajt il-convection oven biex ppreparajt iċ-chips u ċ-chicken nuggets.

It-Tnejn	Data:
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb fil-kaxxa tal-lemin kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	
Ikla ħafifa. Jekk joġġbok inkludi kemm l-ikel fuq ukoll x-xorb.	
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġbok ikteb kemm l-ikel kif ukoll ix-xorb.	
Fil-kaxxa tal-lemin ikteb kif inti ppreparajt l-ikla ta' filgħaxija.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	

It-Tlieta	Data:
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġhbok iktib kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġhbok kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġhbok iktib kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġhbok iktib kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	
Ikla ħafifa. Jekk joġġhbok inkludi kemm l-ikel fuq ukoll x-xorb.	
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġhbok iktib kemm l-ikel kif ukoll ix-xorb.	
Fil-kaxxa tal-lemin iktib kif inti ppreparajt l-ikla ta' filgħaxija.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	

L-Erbgħa	Data:
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġhbok iktib kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġhbok kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġhbok iktib kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġhbok iktib kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	
Ikla ħafifa. Jekk joġġhbok inkludi kemm l-ikel fuq ukoll x-xorb.	
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġhbok iktib kemm l-ikel kif ukoll ix-xorb.	
Fil-kaxxa tal-lemin iktib kif inti ppreparajt l-ikla ta' filgħaxija.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	

Il-Hamis	Data:
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	
Ikla ħafifa. Jekk joġġbok inkludi kemm l-ikel fuq ukoll x-xorb.	
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġbok ikteb kemm l-ikel kif ukoll ix-xorb.	
Fil-kaxxa tal-lemin ikteb kif inti ppreparajt l-ikla ta' filgħaxija.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	



Il-Ġimgħa	Data:
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	
Ikla ħafifa. Jekk joġġbok inkludi kemm l-ikel fuq ukoll x-xorb.	
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġbok ikteb kemm l-ikel kif ukoll ix-xorb.	
Fil-kaxxa tal-lemin ikteb kif inti ppreparajt l-ikla ta' filgħaxija.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	

Is-Sibt	Data:
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġbok ikteb kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġbok ikteb kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	
Ikla ħafifa. Jekk joġġbok inkludi kemm l-ikel fuq ukoll x-xorb.	
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġbok ikteb kemm l-ikel kif ukoll ix-xorb.	
Fil-kaxxa tal-lemin ikteb kif inti ppreparajt l-ikla ta' filgħaxija.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġbok ikteb fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġbok ikteb ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	

Il-Ħadd	Data:
Il-kolazzjon jittiekel bejn 00.00-12:00 Jekk joġġhbok iktib kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġhbok iktib kif inti ppreparajt il-kolazzjon jew fejn kilt il-kolazzjon.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-kolazzjon.	
L-ikla ta' nofsinhar titiekel bejn 12:00-17:00. Jekk joġġhbok iktib kemm l-ikel li kilt f'dan il-ħin u x-xorb li ħadt f'dan il-ħin ukoll.	
Fil-kaxxa ta' fuq il-lemin jekk joġġhbok iktib kif inti ppreparajt l-ikla ta' nofsinhar jew fejn kilt l-ikla ta' nofsinhar.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt il-kolazzjon tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' nofsinhar.	
Ikla ħafifa. Jekk joġġhbok inkludi kemm l-ikel fuq ukoll x-xorb.	
L-ikla ta' filgħaxija titiekel bejn il-17:00 and 00.00. Jekk joġġhbok iktib kemm l-ikel kif ukoll ix-xorb.	
Fil-kaxxa tal-lemin iktib kif inti ppreparajt l-ikla ta' filgħaxija.	
Jekk it-tifel/a jew it-tfal ma kilux mill-istess ikel msemmi hawn fuq jekk joġġhbok iktib fil-kaxxa tal-lemin l-ikel li kielu. Jekk joġġhbok iktib ukoll kif inti ppreparajt l-ikla ta' filgħaxija tat-tifel/a jew it-tfal tiegħek jew nkella fejn kielu l-ikla ta' filgħaxija.	

# Appendix 5- Topic guide in English and Maltese

## **Theme 1: Lifestyle factors:**

1. Can you explain the most consumed foods and drinks that you and your family eat during weekdays (from Monday to Friday) and the manner of preparation please?
2. Can you explain the most consumed foods and drinks that you and your family eat during the weekend (Saturday and Sunday) and the manner of preparation please?
3. Can you think of the days and times when you and your family eat together or individually?
4. What are those circumstances that affect you and your family either to eat alone or together? (I will ask this question if the participants do not elaborate on the third question).
5. How do you shop for your food and drinks?
6. Who is responsible from food shopping?
7. Who is responsible from food preparation?
8. How do you and your family feel when you invite people at home to eat?
9. Can you think about the food and manner of preparation when you (including your family) organise parties or prepare food for special occasions?
10. Who normally prepares food when people are invited to eat at your home?
11. Do you feel that people should provide you with a feedback about the food that you prepared?
12. Do you and your family go on holidays abroad?
13. What are your thoughts about food and manner preparation when you are abroad?
14. What are the circumstances that affect you and your family either to eat together or individually when you and your family are abroad?

15. How do you feel that books impact your food choice (including your family's food choice) and manner of preparation?
16. If you or your family practice sports, how does sports influence your food choice (including your family's) and manner of preparation?
17. How do you think that education influence your family's (including yours) food choice and manner of preparation?
18. What are your thoughts about the impact that food and drink advertisements leave on your food choice and manner of preparation?
19. How do you feel when you and your family eat food that is prepared outside your home (for example restaurant or a hotel)?
20. Where do you and your family prefer to eat outside your home?
21. What is the dish that you choose when you eat outside your home?
22. What is the dish that your children prefer when they eat outside your home?

## **Theme 2: Economic factors**

1. What are your thoughts about healthy food and drink prices?
2. What are your thoughts about unhealthy food and drink prices?
3. How do you feel about the impact that food and drink prices left on your food choices and manner of preparation?
4. Since food prices had increased, was your method of food shopping impacted?
5. Which is the food brand that you and your family prefer to use the most?
6. What are your thoughts about the accessibility of healthy food and drinks in Malta?
7. What are your thoughts about the accessibility of unhealthy food and drinks in Malta?

### **Theme 3: The construction of healthy and unhealthy food and drinks:**

1. How do you feel about reading food and drink labels?
2. What are your thoughts about natural food and processed food?
3. Can you mention and explain different ways of how healthy food and drinks should be prepared?
4. Can you mention and explain different ways of how unhealthy food and drinks should be prepared?
5. Can you think of the benefits and drawbacks of engaging in healthy food and eating practices?
6. Can you think of the benefits and drawbacks of engaging in unhealthy food and eating practices?
7. If I mention the Mediterranean diet, what examples come in your mind?
8. Where do you and your family prefer to eat food associated with the Mediterranean diet?
9. What are your thoughts about food which is not part of the Mediterranean diet?
10. Where do you prefer to eat food that is not part of the Mediterranean diet?

### **Theme 4: Rules and etiquettes**

1. If you have children that attend breakfast club, can you please mention the food that your children eat?
2. What are your thoughts about the food prepared during breakfast club?
3. What are your thoughts about the rules issued by schools and club 3 to 16 about lunches?
4. How do you and your family feel when you have to use the cutlery (fork, knife, teaspoon and spoon) to eat?
5. What are your thoughts about eating manners?
6. What are your thoughts about the use of electronic devices during breakfast/lunch or dinner?

### **L-ewwel tema: L-istil tal-hajja:**

1. Tista' tispjegali l-aktar ikel li inti u l-familja tiegħek tieklu matul il-ġimgħa u l-mod ta' kif tippreparawh?
2. Tista' tispjegali l-aktar ikel li inti u l-familja tiegħek tieklu s-Sibt u l-Ħadd u l-mod ta' kif tippreparawh?
3. Tista' telabora dwar il-ġranet u l-hinijiet li inti u l-familja tieklu flimkien jew nkella individwali?
4. Liema huma ċ-ċirkustanzi li jaffettwaw lilek u l-familja tiegħek biex tieklu flimkien jew nkella wehdkom? (Din se nsaqsiha jekk ma jkunux elaboraw hafna fit-tielet mistoqsija).
5. Min jixtri l-ikel u x-xorb fil-familja tiegħek?
6. Inti kif tixtri l-ikel u x-xorb għall-familja tiegħek?
7. Min jipprepara l-ikel fil-familja tiegħek?
8. Kif thossukom inti u l-familja tiegħek meta tistiednu n-nies għall-ikel?
9. Tista' taħseb f'ikel u l-mod ta' kif tippreparah meta inti u l-familja tiegħek tistiednu n-nies għal xi okkażjoni speċjali jew għal xi festa?
10. Min normalment jipprepara l-ikel meta tistiednu n-nies id-dar?
11. Thoss li haddiehor għandu jgħaddi kummenti (speċi ta' feedback) fuq l-ikel li tkun ppreparajt?
12. Inti u l-familja tiegħek ssiefru ta' spiss?
13. Meta inti u l-familja tiegħek ssiefru, kif thossukom dwar l-għażla u l-preparazzjoni tal-ikel? (Din se nsaqsiha jekk ikunu jsiefru ta' spiss. Jekk ma jkunux isiefru naqbiżha).
14. Liema huma ċ-ċirkustanzi li jaffettwaw lilek u l-familja tiegħek biex tieklu flimkien jew individwali meta ssiefru? (Din se nsaqsiha jekk ikunu jsiefru spiss. Jekk ma jkunux siefru naqbiżha).
15. Kif taħseb li l-kotba jaffettwaw l-għażla tal-ikel (tiegħek u tal-familja tiegħek) u l-mod ta' kif tippreparah?
16. Jekk inti jew il-familja tiegħek tippratikaw xi sports, kif l-isports jaffetwa l-għażla tal-ikel u l-mod ta' kif tippreparah?

17. Kif taħseb li l-edukazzjoni taffetwa l-ikel u l-mod kif tippreparah għall-familja tiegħek?
18. Kif taħseb li r-reklami tal-ikel jinfluwenzaw lilek u l-familja tiegħek kemm fl-għażla kif ukoll fil-preparazzjoni?
19. Kif thossok meta inti u l-familja tiegħek tieklu ikel li jkun msajjar barra mid-dar tiegħek (bħal pereżempju restaurant jew lukanda)?
20. Meta inti u l-familja tiegħek tmorru tieklu barra mid-dar, fejn tippreferu tmorru?
21. X'inhum normalment l-ikel li tagħżel meta tmur tiekol barra mid-dar tiegħek?
22. X'inhum l-ikel li normalment jieklu t-tfal meta jieklu f'post barra mid-dar?

**It-tieni tema: Il-fatturi ekonomiċi:**

1. X'inhum l-opinjoni tiegħek dwar il-prezzijiet ta' ikel u xorb li huma sustanzjużi?
2. X'inhum l-opinjoni tiegħek dwar il-prezzijiet ta' ikel u xorb li huma inqas sustanzjużi?
3. Kif taħseb li l-prezzijiet tal-ikel u x-xorb affettwaw l-għażla tal-ikel u l-mod ta' kif inti u l-familja tiegħek tippreparaw l-ikel?
4. Minhabba ż-żieda fil-prezzijiet tal-ikel u x-xorb, l-għażla minn fejn tixtri l-ikel affettwat lilek u l-familja tiegħek?
5. X'inhuma l-ħsibijiet tiegħek dwar l-aċċessibilità ta' ikel u xorb sustanzjuż f'Malta?
6. X'inhuma l-ħsibijiet tiegħek dwar l-aċċessibilità ta' ikel u xorb inqas sustanzjuż f'Malta?
7. Liema hija d-ditta tal-ikel li inti u l-familja tiegħek tużaw l-aktar?

**It-tielet tema hija dwar x'jifmhu l-parteciċipanti dwar ikel sustanzjuż u ikel inqas sustanzjuż:**

1. Thoss li hija xi ħaġa importanti li taqra l-informazzjoni fuq wara tal-prodott tal-ikel u x-xorb (bħal kaloriji)?
2. X'inhuma l-ħsibijiet tiegħek dwar l-ikel naturali u l-ikel ipproċessat?
3. Tista' taħseb f'modi differenti ta' kif għandu jkun ppreparat ikel u xorb sustanzjuż?



4. Liema taħseb huma l-vantaġġi u l-iżvantagġi meta tiekol ikel sustanzjuż u tixrob xorb sustanzjuż?
5. Tista' taħseb f'modi differenti ta' kif għandu jkun ppreparat ikel u xorb li huwa inqas sustanzjuż?
6. Liema taħseb huma l-benefiċċji u l-iżvantagġi meta tiekol ikel u tixrob xorb inqas sustanzjuż?
7. Meta tisma' Dieta Mediterranja, x'eżempji jiġuk f'moħħok?
8. Fejn tippreferu tmorru inti u l-familja tiegħek biex tieklu ikel relatat ma' Dieta Mediterranja?
9. X'inhuma l-ħsibijiet tiegħek dwar ikel li mhuwiex parti mid-Dieta Mediterranja?
10. Fejn tippreferu inti u l-familja tiegħek biex tieklu ikel li mhuwiex parti mid-Dieta Mediterranja?

**Ir-raba' tema: Il-manjieri u l-etikett:**

1. Jekk għandek it-tfal jattendu l-breakfast club, tista' ssemmi l-ikel li jieklu t-tfal waqt il-breakfast club?
2. X'inhuma l-ħsibijiet tiegħek dwar l-ikel li jiġi ppreparat waqt il-breakfast club?
3. X'inhuma l-opinjoni tiegħek dwar ir-regoli ta' kif għandu jkun il-lunch tal-iskola u ta' Klabb 3 to 16?
4. Kif inti u l-familja tiegħek tħossukom meta tużaw l-cutlery biex tieklu (furketta, sikkina, mġharfa u kuċċarina)?
5. X'inhuma l-ħsibijiet tiegħek dwar il-manjieri relatati mal-mod ta' kif tiekol l-ikel?
6. X'inhuma l-opinjoni tiegħek dwar l-użu ta' apparat elettroniku (bħal mobile) waqt il-ħin tal-ikel?

## **Appendix 6- Questionnaire in both Maltese and English**

1. How old are you?

18-24

25-34

35-44

45-54

55-64

65+

2. Gender

Male

Female

Other

Prefer not to say.

3. What is your highest educational attainment so far?

Secondary Level

A' Levels

Bachelor's degree

Master's degree

Doctorate

Degree

4. What is your current employment status?

Full-time

Part-time

Self-employed

Unemployed

Retired

5. What is the total annual income of your household?

Less than €20,000

€21,000 – €30,000

€31,000 to €40,000

€41,000 to €50,000

€51,000 to €60,000

Above €60,000

6. What is your current occupation?

Professional workers (for example, doctors, nurses, engineers, social workers).

Executive and clerical workers (for example, clerks).

Skilled and semi-skilled workers (for example, catering workers).

Other (Please write your occupation).

7. Where do you live? (Please circle the locality where you live please).

Southern Harbour district - Cospicua; Fgura; Floriana; Hal Luqa; Haż-Żabbar; Kalkara; Marsa; Paola; Santa Luċija; Senglea; Hal Tarxien; Valletta; Vittoriosa; Xghajra

Western district- Had-Dingli; Hal Balzan; Hal Lija; H'Attard; Haż-Żebbuġ; Iklin; Mdina; Mtarfa; Rabat; Siġġiewi.

8. What is your household structure?

Household of adults and dependent children (children who are 17 years old and under).

Household of couples and adult children (couples whose children are 18 years and over and still live with their biological parents/ step-parents/adoptive parents).

Single parent household with dependent children (a man/ a woman or person of another gender who take care of children who are 17 years old and under).

Single parent household with adult children (adult children who are 18 years old and over and still live with their parent).

Other

1. Kemm għandek żmien?

18-24

25-34

35-44

45-54

55-64

65+

2. Ġeneru

Mara

Raġel

Ġeneru differenti minn dawn msemmija hawn fuq.

Nippreferi ma ngħidx.

3. X'inhu l-ogħla livell edukattiv tiegħek s'issa?

Livell sekondarju

Livell avvanzjarju

Livell ta' Baċellerat

Livell ta' Masters

Livell ta' PHD

4. X'inhu l-istat tax-xogħol tiegħek bħalissa?

Full-time

Part-time

Nahdem għar-rasi

Ma nahdimx

Irtirat/irtirata

5. Jekk joġġhbok mmarka bejn wieħed u ieħor kemm hu d-dħul annwali tal-familja tiegħek (mill-ewwel sal-aħħar tas-sena)?

Inqas minn €20,000

€21,000 – €30,000

€31,000 to €40,000

€41,000 to €50,000

€51,000 to €60,000

Iktar Minn €60,000

6. Jekk joġġhbok immarka taħt liema kategorija tikklasfika x-xogħol tiegħek?

Ħaddiema professjonali (pereżempju, ħaddiema soċjali, tobba, infermiera u enġiniera).

Ħaddiema klerikali (pereżempju, skrivan).

Naħdem f'xogħol li fih ċertu sengħa (pereżempju naħdem fis-settur tal-catering).

Għandi xogħol differenti minn daww imsemmija hawn fuq. (Jekk joġġbok iktib x'inhw x-xogħol tiegħek.)

7. Inti f'liema lokalità toqgħod?

Id-distrett tal-Punent- Ħad-Dingli, Ħal Balzan, Ħal Lija, Ħ'Attard, Ħaż-Żebbuġ, Iklin, Imdina, l-Imtarfa, ir-Rabat u s-Siġġiewi.

Id-distrett tan-Nofsinar- Bormla, il-Fgura, il-Furjana; Ħal Luqa; Ħaż-Żabbar, il-Kalkara, Marsa, Raħal Ġdid, Santa Luċija, l-Isla, Ħal Tarxien; Valletta, il-Birgu, ix-Xgħajra.

8. Jekk joġġbok immarka t-tip ta' familja li tgħix fiha inti.

Familja li fiha hemm adulti kif ukoll tfal dipendenti fuq l-adulti. It-tfal f'dan il-każ dipendenti fuq l-adulti għax għadhom taħt is-sbatax-il sena u ma jaħdmux.

Familja li fiha hemm koppja li magħha jgħixu tfal adulti. Tfal adulti f'dan il-każ li għandhom 'il fuq minn tmintax-il sena. F'dan il-każ koppja tinkludi l-ġenituri bioloġiċi, ġenituri li addottaw it-tfal jew ġenituri fejn hemm il-missier hu bioloġiku imma l-omm mhix bioloġika (step-parent) jew bil-kontra l-omm hi bioloġika imma l-missier mhux bioloġiku (step-parent).

Familja li fiha l-mara jew ir-raġel jew nkella persuna ta' ġeneru differenti trabbi jew irabbi lit-tfal wahdu jew wehidha. It-tfal f'dawn il-każ huma dipendenti fuq l-adult għax għadhom taħt is-sbatax-il sena u ma jaħdmux.



Familja li fiha l-mara jew ir-raġel jew nkella persuna ta' ġeneru differenti jgħix/tgħix mat-tfal adulti. Tfal adulti f'dan il-każ li għandhom 'il fuq minn tmintax-il sena.

Oħrajn.

## **Appendix 7- Details about different occupational classes**

The managerial, administrative and professional occupations class is divided into two groups (ONS, 2023). These two groups are higher managerial, administrative, and professional occupations and lower managerial, administrative and professional occupations. Those in the higher managerial, professional and administrative occupations occupy a position, which consists of a service relationship with the employer. Those workers who belong to this class are in charge of general planning and have to supervise the operations in the name of the employer. The employers, workers and self-employed can work in higher professional occupations. With regards, to lower managerial and administrative occupations, the workers have less responsibility compared to higher managerial and administrative occupations. The workers in the lower managerial and administrative occupations also supervise operations in the name of the employer. However, in contrast to higher managerial and administrative occupations, lower managerial and administrative occupations are supervised under the senior managers. With regards, to lower professional and higher technical occupations, these occupations have less responsibility compared to higher professional occupations.

Intermediate occupations do not have a high level of authority. Clerks and workers who work in the sales and service sectors are classified as intermediate occupations (ONS, 2023).

There are also small employers, own account workers and lower supervisory and technical occupations (Office for National Statistics, 2023). Small employers employ less than 25 workers. These employers have some form of power over their workers. Own account workers are those people who are self-employed and do not hire employees. Self-employed workers engage in non-professional trade, personal service, semi-

routine or routine occupations. In addition, there are lower supervisory occupations that have a modified form of labour contract and work in lower technical occupations, semi-routine occupations and routine occupations. Foremen and supervisors are classified under the lower supervisory occupations. Both routine and semi-routine occupations have a basic labour contract. However, the semi-routine occupations have a slightly more work autonomy than routine occupations.

There are also people who are classified as never worked and long-term unemployed (ONS, 2023). This means that there are people who never worked in paid employment and wish to work and there are people who have been unemployed for a long time and are doing their outmost to find a job. In this case, the long term unemployed can be classified according to their last job.