On Fathering and “Healthy Eating” in Everyday Life in Sweden

A Practice-Theoretical Analysis

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Abstracts

Par l’approche de la théorie des pratiques, cet article étudie les rhétoriques du « manger sain » à travers l’analyse de récits d’entretien d’un groupe de 31 hommes suédois (22-88 ans). L’objectif est de comprendre quels sont les facteurs qui facilitent ou limitent les pratiques du « manger sain » au quotidien. Les résultats montrent que ce qui est perçu comme « sain » par ces hommes relève aussi bien de représentations partagées que d’expériences corporelles, par opposition à une décision individuelle et rationnelle basée sur l’évaluation des faits. Manger est corrélé à d’autres engagements dans d’autres pratiques, principalement liées à la paternité. L’article met notamment en évidence que la paternité, théorisée comme une « meta-pratique » genrée qui gouverne le rapport des hommes à leur alimentation, devient un espace pour négocier de nouvelles opportunités et développer des habitudes alimentaires plus saines.

Index terms

Mots-clés : Paternité, consommations alimentaires, santé, masculinité, conventions sociales, théorie de la pratique

Keywords : fatherhood, food consumption, health, masculinity, social conventions, theories of practice

Author’s notes

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Full text

1 The aim of this paper is to explore how a group of men in Sweden (22-88 years old) express facilitators and constraints to “healthy eating” in their everyday lives. As scholars have previously argued (Evans 2011, Holm 2003 Meah 2014b), targeting such sociologically complex questions as food practices of everyday life with an individualised rhetoric of consumer responsibility is both scientifically dubious and unlikely to have beneficial effects when translated into policy. Instead, I adhere to the literature arguing that analyses of eating (Halkier and Jensen 2011, Jauho, Mäkelä and Niva 2016, Warde 2016), and other health-related activities (Blue, Shove and Carmona, Kelly 2016, Meier, Warde and Holmes 2018), benefit from analyses of aspects such as social conventions, routines, shared understanding, normative orientations and material conditions.
The paper demonstrates how “healthiness” is understood both based on culturally shared understandings and embodied experiences, as opposed to “rational” deliberation over facts, how procedures and social conventions are expressed as interfering with healthier priorities and how engagements with other practices (primarily related to fatherhood) interrelate with eating. I particularly argue that fathering is expressed as a life event functioning as a window of opportunity through its normative orientation toward certain food practices. Following Molander (2011), I thus suggest that fathering is a gendered meta-practice that can govern men’s food practices, perhaps in health-oriented ways.

Theories of Practice and (un)Healthy Activities—beyond Structure—Focused and Rationalist Explanations

Theories of practice are a diverse set of theories that take social practice, defined and understood somewhat differently, as the principal unit of social analysis. In sociology, the historical narrative usually focuses attention on a “first generation” such as Bourdieu (1972, 1977, 1980/1992) and Giddens (1979, 1984) who turned to social practices as a way of approaching a solution to the theoretical debate about whether to approach society as an outcome of universal structures or as emanating from the accumulation of deliberate individual actions.

“Second-generation” theorists, such as Theodore Schatzki, have then taken these ideas further. He has identified two ways of analysing practices: (i) as performances and (ii) as entities (Schatzki 1996). The former is about individual acts, such as a person eating or cooking. These are individual, but not enacted randomly. Instead, they are regulated by the logics of practices as entities. Practices as entities are understood as existing “out there”, constantly reproduced through their performances and coordinated collectively. Such an entity is described as “a temporally unfolding and spatially dispersed nexus of doings and sayings”, linked together through (i) understandings, (ii) rules, principles and instructions and (iii) teleo-affective structures, by which he means “ends, projects, tasks, purposes, beliefs, emotions and moods” (Schatzki 1996: 86).

In a seminal article on theories of practice and consumption, Warde (2005) referred to this as a nexus of (i) understandings, (ii) procedures and (iii) engagements. The first alludes to knowledge, embodied and cognitive know-how, and practical interpretations of practices, such as shared understandings of what it means to eat healthily. The second is about principles, instructions and rules, that is, implicit or explicit ways of regulating the practices and how they are performed. This can refer to social conventions—by which I mean socially agreed-upon guidelines for, or judgment of, actions, with the purpose of upholding social order (cf. Biggart, Beamish 2003: 444)—of sharing meals with family or colleagues, or instructions on how to avoid sugary foods. Third, engagements concern the affective and normative orientations related to what to do and accomplish, such as ways of feeding children that are driven by normative regulations of parenting. In general, theories of practice acknowledge individuals’ ability to think creatively, experiment, resist and have influence over the logics of the practices, but practices nonetheless, regulate, guide, constrain, and limit individual action. We are not dupes of social structure or culture, but social life cannot be reduced to an aggregate of self-interested individuals.

Moreover, when social research applies a practice-theoretical perspective to analyses of health-related activities, it is usually framed in critiques of social cognitive and rationalist models of behavioural change as well as structure-focused perspectives (Blue et al. 2016, Cohn 2014, Shove 2014). The first line of criticism is an argument against assumptions of cognitivism, where the main driver of action is intentions and attitudes, and rationality, where decisions serve the purpose of maximizing individual utility, following from deliberate cost/benefit calculation. The outcome of such assumptions, it has been argued, results in a responsibilisation discourse that blames consumers for their “failures”, for example in relation to food waste, food quality or food safety (Evans 2011, Holm 2003, Meah 2014b). Moreover, the consequence of such theories to public policy is that focus is directed either at individual minds or wallets, i.e., information campaigns or fiscal policies. The latter are often hard to establish, partly for ideological reasons but also due to the unclear effects on public health outcomes and on the market as a whole. Information is thus the go-to option if one assumes sovereign consumers are acting in their rational self-interest. I call this “the information paradigm”—the rationalist paradigm of thought in which “incorrect” behaviour is assumed to be caused by insufficient and/or incorrect information, something that is most suitably sorted out by more and better information. However, the evidence in favour of interventions emanating from this paradigm is weak (Cadario and Chandon 2018, Crockett et al. 2018, Sisowski, Street and Merlin 2017), and individualised approaches to medicine, health and illness have indeed been criticized by sociologists for decades (Stacey, Homans 1978).

The second criticism from practice theorists is against assumptions of people being products of structure, with their individual agency being underestimated. This point was particularly raised by Blue et al. (2016) who argued that public health policy tends to be positioned in the cognitivism/rationality paradigm when directed at the general population while being overly structure-deterministic when disadvantaged groups are targeted. As a consequence, the consumer-blaming rhetoric paradoxically exists in parallel with a rhetoric that constructs certain groups as agency-less victims of social structure. Analyses, it is argued, should avoid ending up on either side, with social practices as the unit of analysis being suggested as a middle-ground between the two. Drawing on how Alan Warde has theorised consumption and eating (Warde 2005, 2016), I have thus utilised this perspective when analysing men’s talk about their everyday performances. The purpose is to bring individual stories of innovation and constraint, social conventions, procedures and understandings to the level of social practice (cf. Julien 2019).

Health and Progressive Masculinity in Sweden

Before I describe the method, I will put the paper in its social and historical context. Sweden, the country in which the study was conducted, has a long history of public health interventions and monitoring of the population’s nutritional standards, orchestrated by the state (Neuman and Yngve 2018). In the 1930s, social engineers had an almost utopian view of how to plan a society of healthy, rational and productive people (Hirdman 1992), a rationalisation that involved food habits and social reforms such as free school meals.

From the 1960s and onward, political efforts have also targeted social change of gender relations by partly focusing on men. “Women’s issues” had long existed, but here the term jämställdhet was established, specifically referring to
gender equality compared to other forms of social equality (jämlikhet), and policies were brought to bear for men to become involved and caring fathers and for women to pursue careers (Florin and Nilsson 1999). Moreover, this progressive view of gender equality, based on the principle of gender neutrality, also included teaching boys how to do housework, partly by making home economics (now home and consumer studies) mandatory for all pupils in 1962 (Neuman 2016: 12-15).

As in the rest of Europe, the 1960s and 1970s also brought an agri-food industry that was seen as providing a healthier, hygienic and controlled diet to its population. In the later 1990s and into the new millennium, moreover, both public health nutrition and social reform transformed from state intervention to individualisation and autonomy of municipalities (on how to handle meal provision in the public sector, for example). “Healthiness” in Sweden, as elsewhere in the global north, now became an individual responsibility, with state regulation of individual behaviour primarily focused on making sure food is safe and offering dietary advice.

In other words, there is a history of Swedish political reforms, grounded in a primarily social-democratic political landscape, of creating a progressive, rational, healthy and gender-equal population. One that shares responsibilities of both parenting and housework and breaks down stereotypes of masculinity and femininity. Indeed, Sweden is consistently ranked as one of the world’s most gender equal countries (World Economic Forum 2018), with a relatively small but stable gender gap in time devoted to housework and food preparation (de Bonfils et al. 2017). Time-use surveys also demonstrate changes over time and differences related to age (Statistics Sweden 1992, 2003, 2012). This suggests that age and generation are relevant aspects, something that previous publications from the sample of men in this paper support (Neuman, Gottzén, Fjellström 2017a, b, 2018) and that I will demonstrate in the analyses below.

The country also has a population of good, but socially unequal health. Moreover, health metrics associated with social behaviour—such as eating, drinking alcohol and exercising—are also differentiated by gender, suggesting that the logics of practices remain gendered even in Sweden (Neuman, Yngve 2018, Public Health Agency of Sweden 2018). However, while the level of healthiness can indeed be measured using metrics of diverse validity, it is yet a socially constructed concept meaning different things to people. Thus, heretofore when I talk about eating healthy, I refer to the participants’ own expressions of what this means, expressions that are assumed to be derived from participation in social practices wherein understandings are socially shared and social conventions established.

Method and Data

The data for this article come from thirty-one men from various social backgrounds and different parts of Sweden. I conducted most interviews with two men at the same time, two with three men, and three one-on-one interviews. This method entails epistemological limits to what my study captures, such as practices’ “largeness”, which surveys can demonstrate, or the actual observation of doings. However, as Halkier et al. (2011: 117) have pointed out, “all qualitative data can be seen as “enactments”—social action, which can be used actively in interviewing to embody and elicit interaction about the shifts and intersections of the multiple practitioner positions of research participants”. There is no absolute distinction between participant observation and interviews since talking about and reflecting on practices are forms of enactment as well (cf. Browne 2016, Hitchings 2012). Thus, I contend that my methodological approach captures enactments of practices through talk, reflections of actions, the negotiation of understandings and meaning-making. Ethnographic observations or other forms of data capturing the actual performances would, however, enrich my findings and could possibly contradict them.

The participants were approached in public places (e.g. out on the street or in the gym), in senior centres, at an over-55 private residences, through social media and snowballed through gatekeepers. I first recruited one man and then asked him to bring a male friend. In the instances where I interviewed three men, the first person had brought two friends and I therefore interviewed all three. The reason for me wanting to interview acquainted men was an ambition to create an interactive conversation about a topic historically associated with women and femininity: food and domestic food responsibilities in everyday life. When the first man could not find a second participant, he was not further pressurised to do so and I consequently interviewed him alone. Participants were all told that this was a study on men and food in Sweden and that the interviews would involve discussions about both food and foodwork. When they came to the interviews, they were all given a consent form with information about the study. They were allowed enough time to read it and ask questions if anything was unclear (although nobody did). They were informed that they could withdraw at any time without having to give an explanation and that their data would be treated confidentially and used for this project only. Moreover, the study was approved by the Uppsala Regional Ethical Review Board (ERB), in late spring 2013. Having processed the application, the ERB decided that the study did not require an ethical review (Ref. no. 2013/213). For further details about the ethical issues regarding the study and how they were handled, see Neuman (2016: 49-51).

The age-span of my participants was deliberately broad and ranged from 22 to 88 years of age. I chose to divide these into three age categories: younger, middle-aged and older men. The categorisation could of course be different and should not be seen as absolute, but as a pragmatic heuristic for analysing patterns structured around age differences. What is interesting from this research perspective—that is, analyses within such a wide age-span—is the experiences over generations and long periods of Swedish history. Returning to the description above, such a sample provides a possibility for capturing experiences of gender relations in transition, shifting understandings of what it means and have meant to eat healthy, food fashions, conventions of eating, norms about domestic responsibilities and more. My inclusion criteria were participants (i) with a minimum age of 18 who (ii) no longer lived in their childhood home. I used a purposeful sample procedure combined with snowballing while recruiting participants, in order to end up with a variety of information-rich stories relevant to the inquiry at hand, and with the ambition of a maximum variation sample (Patton 2015). Despite this ambition, I still ended up mostly with men whom I would define as middle-class (judging by their occupations at the interview or preceding their retirement) or as aspiring middle-class (university students). Still, some working-class men, and one unemployed individual, participated in the study (Table 1). In the interviews with more than one participant, they were all part of the same age category.

Table 1. List of Participants (n=31), their Age and Occupation at the Time of the Interview or Before Retirement. All Names are Fictitious.
One participant was born in another Nordic country and two more had other ethnic backgrounds (East Asia and Eastern Europe). I did not ask questions about sexual orientation, but most participants referred to wives and girlfriends. Sixteen interviews were conducted in total, from about 45 minutes to a little bit more than two hours, with no clear differences in time that were unambiguously connected to the number of participants. The same can be said about content, with no patterns being obviously connected to numbers. The main difference is the lack of participant interaction in the single interviews with a more active participation on my part.

16 Interviews were semi-structured but open; each interview starting out with the question “What is food?” and continuing from there depending on how participants responded. I had an interview guide that I followed to the extent that all themes in the guide were to be covered in every interview. However, participants led the discussions so themes were not covered in chronological order and the level of richness for one theme compared to another differed greatly between interviews. In relation to this article, the most important theme to be mentioned is the one entitled “Health”. In some interviews, I asked directly whether food’s relationship to health is something they think about, or have thought about, in their everyday lives. However, this question was not required to be asked in all interviews because the very topic of food often resulted automatically in discussions about health.

17 All interviews were audio recorded and transcribed by the author. Whereas we did talk about health a great deal, any specific diseases are blacked out in the transcriptions. This was due to research ethics. The reason is simple: the specific disease is an irrelevant detail for the research question(s) to be answered. The important aspect is that health conditions were said to affect eating for some participants. Furthermore, although I contacted one man first, with the other one(s) following, they all received the same information about their rights as research participants. The data were systematically coded and analysed before, in a project that came to focus on foodwork and cooking in the everyday lives of the interviewed men (Neuman 2016, Neuman et al. 2017a, b, 2018). This was done through several readings of the material, including discussions with the co-authors about the data, and a systematic and open coding procedure using spreadsheet software.

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| Participant | Age | Occupation |
|-------------|-----|------------|
| Martin      | 85  | Retired engineer |
| Ernst       | 79  | Retired university teacher |
| Ludwig      | 84  | Retired agronomist |
| Robert      | 86  | Retired elementary school head teacher |
| Gunnar      | 71  | Retired accountant |
| Sven        | 81  | Retired university professor |
| Hans        | 84  | Retired typographer |
| Gerhard     | 79  | Retired glazier |
| Arthur      | 81  | Retired post office worker |
| Magnus      | 67  | Self-employed |
| Jon         | 88  | Retired Televerket (Swedish Telecom) worker |
| Erik        | 88  | Retired stockroom worker |
| Mark        | 64  | Retired industrial worker |
| Anton       | 60  | Industrial worker |
| Johan       | 41  | Unemployed |
| Lars        | 46  | Research and development engineer |
| Thomas      | 53  | Research and development engineer |
| David       | 46  | Research and development engineer |
| Fredrik     | 53  | Agency public information officer and journalist |
| Andreas     | 50  | Consultant/Restaurant chef |
| Simon       | 29  | University student |
| Jacob       | 26  | Engineer |
| Anders      | 32  | Caretaker |
| Peter       | 29  | Teacher |
| Marcus      | 27  | University student |
| Michael     | 24  | University student |
| Philip      | 23  | University student |
| Karl        | 23  | University student |
| Lee         | 24  | University student |
| Christian   | 22  | University student |
| Patrik      | 25  | Non-profit organization administrator |

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For this article, I systematically sought specific discussions about health. However, although these fragments of the data were left out of the previous publications, the whole data set was analysed from the start, so I was deeply familiar with it before the start of this particular article. The discussions about health were read and reread several times, coded for health-specific utterances, thematised for qualitative patterns and then analysed in relation to practice-theoretical assumptions of practices as nexuses of understandings, procedures and engagements (Warde 2005). The analysis was then discussed among colleagues with experience and expertise in qualitative analysis and practice theories.

Embodied Healthiness and Shared Understandings of Food

As mentioned above, assumptions that are fundamental to theories of practice have to do with embodied know-how, as a reaction to the paradigm of rational choice, and the shared understandings of practitioners. This section highlights how eating healthy is talked about in relation to these two aspects.

In several of the men’s accounts, the level of healthy eating seemed to be judged more on the embodied sense of health outcomes than on deliberate reflection on what was actually eaten. In other words, given that the interviewed men felt healthy, then the food, by definition, must have been healthy enough. This account was clearly related to age. One example of how one’s well-being is about embodied know-how can be found in an interview with Ludvig, an 84-year-old retired agronomist, and Robert, an 86-year-old retired head teacher of a compulsory school.

Robert: Yeah, I eat apples every day, the last thing I do... I eat some green-yellow kind that is called “Delicious”... I feel fresh in the mouth from eating apples.

Ludvig: Yeah, I agree, you feel, especially at night like, before you go to bed, that makes you feel well... I actually do that too quite often, not always but quite often...

Ludvig: Yeah, it’s an important addition to, it’s not a meal but an addition to the food, important to the food intake, absolutely.

Robert: When you go to bed, it’s mostly the case that several hours have passed since you last ate so then I gladly have an apple so it won’t be all empty.

Eating apples is here referred to as an everyday routine, as a habitual way of ending the day. The nutritional benefits of the apple are not reduced to antioxidants, fibres, low-glycaemic carbohydrates or some other characteristic that, nutritionally speaking, might be judged as the relevant aspect. And they made no reference to cognitive deliberation in reaching their decisions. Instead, some rather vague embodied perceptions of “feel[ing] fresh in the mouth”, “feel[ing] well” and preventing oneself from feeling “all empty” were advocated.

Ludvig spoke in similar ways about grated carrots, something that he claimed to eat a portion of every day for the sole purpose of adding something healthy. This does indeed indicate a decision based on intention and preference in the sense that he could have eaten other vegetables, or none at all, and that healthiness was a stated goal. Nevertheless, the fact that the claimed selection fell on this alternative is hardly a complete coincidence. Grated carrots are commonly accessible in the material structure of Swedish public dining and if one visits a lunch restaurant or a school canteen with a salad buffet, chances are high that this will be encountered. Thus, I would argue that this consumption habit exemplifies of how eating healthy simply becomes routine derived from a shared understanding of healthiness and what constitutes a Swedish “proper meal” (cf. Bugge and Almås 2006, Charles and Kerr 1986, Murcott 1982). Ludvig did indeed express agency and deliberate thought, but the selected alternative, that practice-theoretical assumptions suggest, is likely to be the outcome of the logics of the practice of eating in his sociocultural and geographical context rather than from a cognitive portfolio (Hindess 1990).

Another example of how healthy eating is expressed as a shared understanding comes from a discussion with Gunnar, a retired accountant, 71 years of age, and Sven, an 81-year-old retired university professor. Gunnar, demonstrating an awareness of (un)healthy eating fads that have changed over time, said that

Gunnar: […] once upon a time, it was a while back now, you shouldn’t eat fat. […] Now it’s shown that fat and proteins, that’s what we should eat, nowadays carbohydrates are the villain and I, then you get a little confused because I imagine that it is the carbs that are making people fat today. And fat is healthier than previously believed... but surely the health aspect has an influence [on his diet].

Sven: Yeah, if nothing else, then it has been lying there subconsciously that you should eat vegetables and not so much fat and so forth… I don’t know, I have thought, like, that intuition settles it, I mean if it looks appetising and tastes good, then I assume that it’s okay to eat it.

Despite the expressed knowledge of food fads, this did not seem to influence Gunnar much. The statement indicates understandings of changing healthy eating fashions and of historically shifting meanings attached to dietary fat. Sven, moreover, responded by referring to the “subconscious”, intuition and sensory perception. And the “Yeah, if nothing else then...” suggests a direct, and slightly sceptical, answer to Gunnar’s more information-oriented account. This or that might be correct, he seemed to say, but in the end, one’s intuition and embodied competence can provide guidance for the proper performance, rather than cognitive deliberation. If it felt good to Sven, “then I assume that it’s okay to eat it”.

In general, eating healthy concerned embodied experiences of feeling good or not, combined with shared understandings of “healthiness” as well as how those definitions of healthiness had changed over time. In the older group, healthy eating seemed a low priority in general. Not completely absent, but usually linked to a medical condition requiring adherence to a diet. However, as I will show below, responsibilities for one’s own body and for the well-being of significant others were, on the contrary, commonly expressed among younger and middle-aged men.

Interfered Healthiness and Social Conventions of Eating

In contrast to the older men quoted in the above section, several of the younger men said that healthy eating was a priority in life, although often constrained in different ways. One example comes from an interview with Karl and
Lee, two university students, 23 and 24 years old respectively, who discussed how a focus on exercise achievements and health could clash with what Warde (2005) calls procedures, both with other practices and with social conventions of eating. They talked about the issue of being different and standing out by adhering to a stricter diet than what they considered the average diet to be. Karl’s discussion about this led him to tell a story about a previous summer job.

Karl: It’s the same as being the guy at work who always brings a nice little really healthy lunchbox. I experienced that this summer when I worked... It was like, I didn’t have much money, if you’re working in June, you get it in August when you’re working hours so... and I couldn’t eat out, maximum once a week. The other days I tried to bring a lunchbox so they, they had this culture at work so they ate out almost every day and I was always the one who didn’t, and in the end it becomes cumbersome like “Well, you coming?”, like, “No”, like, “Yeah, we knew that”.

As described by Karl, the workplace environment was such that his eating was constrained. He did not want to experience the feeling of “being the guy at work who always brings a nice little really healthy lunchbox”. The meanings attached to the lunch break (the convention of eating out) imposed both financial and nutritional restrictions on him. Thus, a lifestyle perceived to be healthier conflicts with procedures in one’s leisure-time practices and social conventions, but also with how eating was commonly done at Karl’s workplace.

A slightly different example from the one above came from Michael and Philip, also university students, 24 and 23 years old respectively. Both claimed to enjoy cooking and associated it with being gender-equal men while enjoying the pleasures of eating tasty meals (Neuman et al., 2017a, b). They also liked to exercise but expressed ambivalence about the relationship between exercise achievements and diet.

Michael: A lot of people are obsessed with eating healthy and knowing about what’s healthy and what you’re supposed to avoid according to them. While I may go for eating what I want, as long as I have exercised enough anyway, although that doesn’t mean that I sit and eat ice cream all day... But I believe in, like, eating a varied diet and, no but if I want to eat something unhealthy now and again I’ll do it...

[...]

Philip: Yeah, I’ve had a similar view too... But then I’ve also had periods when I, just like when I almost calculated what I should eat when I have exercised the most and had the greatest interest in it, but then I’ve noticed that I don’t really think it’s healthy because, it’s not really an eating disorder but I feel that it gets too close to that when I’m supposed to calculate how many grams of protein I eat per day and those kinds of things... and that you should feel guilty when you’ve eaten ice cream or stuff like that, then I have just stopped bothering and instead, as Michael said, I eat what I want and exercise...

This quote suggests a sense of unease about cultural norms. For Philip, there were periods in which the meanings attached to eating healthy were said to be more compulsive, “not really an eating disorder” but enough to orient him towards a change of performances. However, the general view of food in these men’s lives was very positive, and they saw exercise as a good way to enjoy food without gaining weight. The ambivalence was thus mostly targeted at society, built on the impression that a lot of people, men and women, harbour unhealthy obsessions with their bodies and their eating. Healthy eating and exercise were part of their everyday routines, but they did not want them to take over their lives. Other practices were important and could be out-competed if their relationships to food and health would be more oppressive. For several of these younger men, eating was therefore linked to their bodies, keeping them healthy and fit, while sometimes competing with other valued parts of everyday life. The shared understanding of healthy eating, then, was closely connected to an idea of balance and avoiding excess (Neuman et al. 2018).

In sum, the findings in this section show that the expressed health concerns, as well as concerns of obsessions with healthy eating, are derived from the relationship with eating and exercise. As one would predict based on practice-theoretical assumptions, material circumstances, everyday procedures—such as the social convention of eating out with colleagues—involves a set of competing practices and meanings suggested to interfere with, and facilitate, healthy eating.

Prioritised Healthiness and Normative Orientations of Fatherhood

As I have already touched upon, practices are relational: they both compete and interconnect with other practices. This means that the routinisations of everyday life are a web of practices affecting the performances of eating. As pointed out by, for example, Evans (2011, 2012), Jauho et al. (2016) and Halkier and Jensen (2011), our “undesirable” engagements with food, such as wasting food, maintaining a desired weight, or eating in ways considered unhealthy, cannot be boiled down to carelessness or a general “deficit” in resources. Instead, they are outcomes of competing practices in everyday life. In my data, this was most clearly manifested in relation to fathering which is expressed as having formed new normative orientations to food practices.

Peter, a 29-year-old teacher who was interviewed together with his friend Marcus, a 27-year-old teaching student, had mentioned earlier in his account that becoming a father had changed his relationship with food. He now cared more about its nutritional quality while remaining relaxed about his own relationship to eating.

Peter: [...] it’s quite deliberate. We try to avoid sugar.

Marcus: Yeah, you said that early on, even before he popped out.

Peter: Yeah, but me and my girlfriend like, he can’t have any sugar, he’s gonna have to discover that himself. But now he’s been on penicillin for a while and then we’ve had to bribe him a bit so he’s got yoghurt with a rather high sugar content, but never, no we try to avoid it as much as possible. Sugar, like, juices, there’s so much sugar in them. There’s this, you read about how children have a natural... I don’t know how to explain it, but if they have a regular sugar intake they establish a strong interest in it. So... it’s a trade-off, a balancing act. Because if you keep him away from it really strictly, it can be the opposite afterwards. Like a latches effect.

Marcus: Forbidden fruit!

Peter: Yeah, forbidden fruit. So I don’t know, it’s double-edged.

In this quote, sugar is treated almost as a decisive socio-material element of the practice of eating, something that will have an inevitably strong function once introduced. Even when avoided, the character of “forbidden fruit”, that Marcus jokingly inferred while Peter was talking, means that it will influence the practice no matter what – either as an established sweet tooth or as a temptation. In other words, even when sugar is not eaten, it will have an effect given the meaning it will have attached to it. Moreover, the everyday routines were interrupted by the need to give his
son penicillin. As a consequence of another priority interfering, he was prevented from achieving his goal of avoiding sugar.

As this discussion shows, but also expressed among other younger fathers, parenting-related practices, comprising the role of carer and feeder, had directly influenced daily food practices. This food responsibility for significant others is something perhaps most clearly associated with women and motherhood (Cairns, Johnston 2015, Meah 2014a).

However, several recent studies (Meah 2017, Molander 2018, Neuman, Eli, Nowicka 2019, Szabo, Koch 2017), including previous publications from this project (Neuman et al. 2017a, b), suggest that the feeding of children is becoming an increasingly relevant part of fathering as well.

Molander (2011) has conceptualised mothering as a gendered “meta-practice” that governs the everyday feeding of children among single mothers in Stockholm. My data, as well as Molander’s own research on single fathers (Molander 2018), suggest that fathering, too, might indeed share some of these meta-practical functions in that the routines, the materiality (e.g. sugar avoidance) and the gendered meanings of food seemed to have been governed by their new roles as fathers. Thus, fathering is talked about as a life event working as a window of opportunity (Schäfer, Jaeger-Erben, Bamberg 2012), with the normative and affective orientations of feeding one’s children directing food habits in more health oriented ways.

Eating “Healthy” Beyond the Information Paradigm – Shared Understandings, Social Conventions and Meta-practices

In this article, drawing on interview data from thirty-one men (22–88 years old) in Sweden, I have demonstrated how ideas of healthy eating were expressed, focusing both on the internal dynamics of practices and their interrelatedness. In the following, I draw some theoretical conclusions and reflect on methodological limitations.

First, the link to healthy eating among the older men, but a greater concern among the younger. This might reflect broader patterns of the gendered nature of eating, one about norms of healthiness for both men and women. However, everyday procedures and engagements with other practices were described as interfering with the priorities of eating healthy, in line with arguments made in previous Nordic studies about food practices (Halkier, Jensen 2011, Holm 2003, Jauho et al. 2016). The allocation of time, the procedures of other practices, social conventions and everyday engagements, such as the normative regulation of activities, interfere with ambitions to eat healthy. Moreover, as this study indicates, shared understandings of eating healthy seem to be spreading culturally. Gunnar’s account most clearly exemplifies this when he claimed that “nowadays carbohydrates are the villain”, echoing the understandings produced by a low-carbohydrate, high-fat movement that seems to be spreading culturally. Gunnar’s account most clearly exemplifies this when he claimed that “nowadays carbohydrates are the villain”, echoing the understandings produced by a low-carbohydrate, high-fat movement that has been influential in the Nordic countries (Gunnarsson and Elam 2012, Jauho 2014). This is yet another social factor that challenges the information paradigm – not only do information-based interventions seem ineffective, there is also a plethora of competing information circulating in our culture. Some might be scientifically trustworthy, others are not.

Schäfer, Jaeger-Erben and Bamberg (2012) have argued that life events, including childbirth, can work as windows of opportunity for changes towards sustainable consumption patterns, a behavioral principle that is transferrable to the practice of eating as well. Here, we have seen it in the way that several of the men talked about becoming a father as a life event directing their food practices in more health-oriented ways. Based on this, I have drawn on Molander (2011, 2018) in suggesting that fathering might be a gendered “meta-practice” governing the men’s relationships with eating. Moreover, as previously argued on this sample of men, they saw being both food providers for their children and skilled cooks as important aspects of being fathers, partners and modern men in general (Neuman et al. 2017a, b). As such, it seems as if a modern form of fathering and a caring masculinity is connected to responsibilities of “properly” feeding children, something of relevance to continued research into gender and food in everyday life (Meah 2017, Molander 2018, Neuman et al. 2019, Szabo and Koch 2017). Gender is relational (Connell 1985, 2012), socially (re)produced and contested through everyday performances. Given that practices – such as eating or cooking – shift in terms of their gendered logics, so can individual gendered behaviours and structural gender relations.

One limitation of the study is the lack of systematic ethnographic observations. While qualitative interviews, and even surveys, are considered fitting for practice-theoretical studies of consumption, findings may nevertheless have been strengthened had I observed them in their performances around foodwork and meal arrangements. Another limitation is the sample of mostly socially privileged and healthy men. A great deal of poor health outcomes tends to disproportionally affect specific groups of men, for example the socioeconomically disadvantaged (Sabo 2005). However, my sample limitations do not change the central tenet of the article: that theories of practice can offer an alternative to individualistic models of behavioural change and to further challenge the information paradigm.

The form of practice theory I have used here offers a view of food habits as constrained, bound up in socio-material relations, routinised and collectively coordinated. Eating healthy meant different things to the men, sometimes based on what might be seen as rational deliberation, but even more based on embodied sensations, balance in life and shared understandings. This seems to contradict assumptions of the information paradigm. Moreover, expressed constraints alluded to structural competition among everyday practices and priorities. A finding in need of further exploration, finally, is the normative orientation derived from becoming a father, suggesting a possible connection between priorities of healthiness with a caring form of masculinity.

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List of Illustrations

| Title | Table 1. List of Participants (n=31), their Age and Occupation at the Time of the Interview or before Retirement. All Names are Fictitious. |
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