

Parenting, Food Practices and Health Conceptions in Bhaktapur

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Abstract

Nepal is currently experiencing a dramatic increase in the incidence of food-related diseases as a consequence of unhealthy diets and physical inactivity. Despite the increased availability of nutritional advice provided by the government and health institutions, studies show that most people do not follow these guidelines, suggesting a lack of willingness by people to adhere to the advice provided. Despite the contribution of several medical studies, the socio-cultural reasons for the lack of adherence to health guidelines have yet to be explored in any depth. With the goal of contributing further insights on this topic, this paper discusses the author's research findings on the connection between changes in the family and within the production and consumption of food in relation to the topic of healthy eating. Specifically, based on an intensive one-year fieldwork in Bhaktapur among the Newar community, this article focuses on two main points. The first focuses on parents' beliefs, preferences and household dynamics in relation to food decision making, through an exploration of family relations and parent-child interactions. The second aspect addresses differing conceptions of health, with a focus on the main sources of information and misinformation in relation to health, dietary diversity and nutrition.

Keywords: food choices, health, Nepal, nutrition, parenting

Introduction

Many scholars have discussed the importance of food within Nepalese society by stressing the links that food practices have with rituals, healing and hierarchy systems (Shrestha 2012; Stone 1983). Moreover, food choices and practices occupy a distinctive place in Newar culture, specifically within the definition of social relations between castes, genders, and generational groups, based on the concept of purity and impurity (Löwdin 1985, Levy 1990)¹. However, socio-cultural dynamics are poorly understood within food security policy. Drawing from a 15-months ethnographic

¹ See also Dumont 1980.

fieldwork research (2018-2019) in the Newar city of Bhaktapur (Nepal)², this paper discusses recent findings on the connection between changes in family structures and within the preparation and consumption of food relative to the topic of healthy eating. Discussion will be developed around two main points. The first focuses on parenting and household dynamics in relation to food decision making through an exploration of family relations and parent-child interactions. The second aspect addresses differing conceptions of health, with a focus on the main sources of information and misinformation in relation to health, dietary diversity and nutrition.

The methodology of this research includes participant observation and structured interviews with more than one hundred local people. From these interviews, themes related to daily diet, health beliefs and parental approaches have shown to be deeply interconnected. The majority of the people interviewed were fathers and mothers aged between 30 and 50 years old, with some younger people around 18-25 years old and elders around 60-70 years old also included. The social strata that makes up parents today is very different from that of past generations. With the exception of most elders, the majority of the interviewees have received school education (and in some cases university education), most of the men have changed profession from the occupation of their fathers and many women are now working³. Education and access to media are important factors in the modification of people's beliefs over parenting attitudes and eating practices. The data collected has been purposely selected here to discuss views of healthy eating from people who could afford any type of food, and for which affordability is not the main driver of choice.

When using the concepts of «junk» and «healthy», in this article I refer to a generalised view of junk food as packaged and/or processed, anything that is not-home made, and often Western in origin or influence. Conversely healthy food encompasses nutritious items, generally full of vegetables, balanced proportions of meat and carbohydrates, limited use of salt, sugar and oil, and an absence of taste enhancers such as monosodium glutamate (MSG), colorants and other additives. However, I will then go further into an exploration of people's understanding of the concepts as these ideas and definitions can and do vary from person to person. It is important to preliminary acknowledge here that when obtaining firsthand data there is a high margin of error due to the partiality of the sample and the possibility of discordance between what people say and what they do. However, in anthropology what people say is nevertheless of a great importance and it is on the interviewees voices that this discussion is built.

² Bhaktapur has a population of 304,651 (CBS 2012).

³ In a Hindu caste society such as that of Newars, people traditionally followed the job of their fathers.

Overview on food choices

As a consequence of a rapid process of modernisation⁴, which has been featured by improvements in the transportation system, education and health services and by an expansion of mass media, access to food has changed, but the poverty rate has remained high, with 25.2% below the national poverty line (Asian Development Bank 2016). Over the last twenty years, due to the post-1984 globalisation of national markets (Dhungana and Pfefferle 2016) and to shifts in consumption habits (Upreti and Müller Böker 2010), Nepal is experiencing a dramatic increase in the incidence of food-related non-communicable diseases (NCDs), such as obesity, coronary diseases and diabetes as a consequence of unhealthy diets and physical inactivity (Popkin 2002, Kohl et al. 2012)⁵. Despite the increased availability of nutritional advice provided by the World Health Organisation-Country Office of Nepal and the Ministry of Health and Population, studies show that most people do not follow these guidelines, suggesting that there is no longer a lack of available information, but rather a lack of willingness by people to adhere to the advice provided (Ghimire 2017). Recent medical research has reported that the most common explanation for the refusal of healthy food is that it is not tasty, while the preference for junk food is often linked to affordability, taste, and because it is easy to cook and time-saving (Vaidya et al. 2017, Oli et al. 2015). The same studies have linked these preferences to inner family dynamics, such as the inability to control children or the need to please partners or elders. There is an important distinction that should be made here on the concept of junk food as affordable. In fact, not all junk food is affordable, and the drivers of choices for wealthier and poorer people are different. While some people will prefer affordable junk food because meat and vegetables can be too expensive for them, wealthier people will buy more expensive types of junk food, because they do not have time to cook meat and vegetables. Here the preference for certain types of junk food is often related to advertising, which are at the base of the making of new tendencies fostering social status.

At the household level, there are strong divisions between the Valley and the surrounding villages in regard to food accessibility. Within the Valley, there are large inequalities in terms of malnutrition (see for example the peripheries populated by people coming from villages, who abandon agriculture looking for more remunerative jobs and instead remain living in temporary tents for years). The poorest people in these areas (of which the majority often, but not always, belong to the still

⁴ The downfall of the Rana regime in the 1950s, coinciding with the demise of the British regime in India, opened Nepal to Western tourism and new economical contacts. In 2008, the country became a federal democratic republic.

⁵ Non-communicable diseases are those diseases with slow progression and long duration. Eighty percent of global NCD deaths occur in low and middle-income countries (World Health Organisation, webpage: <http://www.who.int/features/factfiles/noncommunicable_diseases/en/>)

marginalised low caste groups) have less access to nutritious food and often are limited to junk food as the only affordable option. Conversely, in the context Bhaktapur, among people who are wealthy enough to be able to make healthy choices, some evident transitions can be found within the eating preferences of adults, elders and children, which together with lack of physical activity are at the base of the spread of food related-NCDs. These include a shift from the consumption of vegetables to a higher consumption of meat, which is now cheaper and available in larger quantities (in the past this was a luxury, and most people were only able to consume meat several times a year). Another dramatic change can be seen in the contents of snacks, which have passed from fruit, milk and curd to packaged chips, momos, and various kinds of sweets. The changing features are:

1. Shift from the consumption of vegetables to a higher consumption of meat, which is now cheaper and available in larger quantities.
2. The content of the second meal (*tiffan*), or second lunch, is changing for the members of the middle class working in Kathmandu. These people, in fact, cannot go home for the break or cannot reach a local *pathi* due to lack of time and so they choose junk food, such as *momos* (dumplings) and *chow mein* (noodles).
3. The content of the snacks has changed dramatically, passing from fruit, milk and curd to packaged chips, *momos*, and various kinds of sweets.
4. Enlarged family events, which always feature a large amount of food are now decreasing. However, several *guthi*⁶ food events still persist.

At the same time, some unchanging features of dietary habits were detected. These include:

1. The presence and role of food in rituals.
2. Daily consumption of *dal bhat*⁷, which is eaten once or twice per day, and *samaj baji*⁸.
3. The definition of a meal schedule: This is a priority for many people. Those who do not follow one almost always claim to have had ill health effects. Many people have made some life-style changes based on the management of their time for ensuring a regular eating schedule. The schedule changes according to the profession and the office requirements. Most of the people believe that people were healthier in the past, because there were more physical jobs and a more balanced diet (in the main cities of the Kathmandu Valley there has been a large expansion of the tertiary sector in the last 50 years). The majority of the people living in Bhaktapur and working in

⁶ A Newar social group with religious and social function.

⁷ Traditional meal made of rice and lentils.

⁸ A complete Newar dish composed of several items, such as rice, choila (spicy meat), fried fish, eggs and vegetables.

Kathmandu claim to have been forced into working rhythms in which they do not have much time for consuming meals and so they opt for junk food at fast food restaurants on a daily basis, even if they know that this is not very good for their health.

4. Almost all the men interviewed claim to go to the local restaurant (*pathi*) at least once per week with their friends after work (after 5 pm). They always consume local alcohol, and meat in large quantities.

Can traditional food be the solution?

To combat the emergence of diet-related issues, the World Health Organisation-Country Office of Nepal has developed a Multisectoral Action Plan on the Prevention and Control of NCDs in Nepal for the period 2014-2020. In addition, the Department of Food Technology and Quality Control released the first food-based dietary guidelines for Nepali people in 2012 in Nepali language, with the goal of increasing the health conditions of all people and contributing to equitable human development⁹. A revised edition, supported by the Ministry of Health and Population, UNICEF, the World Health Organisation and the World Food Program, was translated into English in the following years. The guidelines, directed at the general public draw from Western dietary conceptions, and include suggestions on various foods such as preferring wholegrain products to refined cereals, eating fish, eggs and vegetables and reducing the consumption of meat, salt, sugar and fats, while also recommending the avoidance of alcohol and tobacco. They also include suggestions on special nutritional care for adolescents, elderly and pregnant women.

Another nutritional campaign, supported by Save the Children, Hellen Keller International, Jhpiego, the Nepali Technical Assistance Group, Nepal Water for Health, and the Nutrition Promotion and Consultancy Service, in close coordination with Nepal government, made strategic use of national family dynamics. It was launched in 2011 and concluded in 2016 with the aim of promoting the nutritional status of women and children under the age of two years. A mother-in-law persona was chosen from a very popular Nepali radio drama to star in a media campaign about nutrition in Nepal¹⁰. During the campaign, called *Suaahara* (good nutrition), the character of the mother-in-law demonstrated to parents how to cook for children in everyday contexts and in case of sickness¹¹. These videos were often shared through mobile phones. Community activities also included cooking demonstrations

⁹ Government of Nepal website-Ministry of Health <http://www.mo hp.gov.np/content/nutrition-programme>.

¹⁰ The drama, called “Bhanchhin Aama” (translation: “Mother Knows”), is a weekly radio program and a call-in program.

¹¹ USAID webpage <https://www.usaid.gov/nepal/fact-sheets/suaahara-project-good-nutrition>

to show couples how to cook in a way that was healthy and tasty at the same time. The result of this campaign has been that husbands and other family members have embraced family work that was traditionally assigned to women.

However, despite the availability of nutritional advice and the presence of numerous sensibility programs, studies show that the majority of people still do not respect these guidelines, suggesting that there is not a lack of access to information, but rather a lack of willingness to adhere to the advice provided by health professionals (Ghimire 2017).

Some scholars have defined the spread of Western eating models as «cocacolisation» (Dhungana and Pfefferle 2016), an eating pattern that is in sharp contrast to the dietary guidelines promoted by the government, NGOs and health professionals. In addition to these two contrasting models, the traditional eating style is still popular and preferred by a majority of the population. However, composed primarily of curries and meat cooked with lots of oil and salt, fried bread and sweets, the traditional Nepali diet is not necessarily healthier than the new Western products. Local people are aware of this, and they distinguish between homemade and commercial food rather than between traditional and foreign, by categorising food bought outside of home as commercial even when it consists of a typical local dish (Oli et al 2017). In their opinion, if commercial food is in any case unhealthy, homemade food is not necessarily healthy either, but unless illness arises, «taste» is in this case preferred to «health». In fact, household members in the Kathmandu Valley generally do not like the taste of healthy food and reserve it for sick people (Oli et al. 2017). With some ad hoc modifications, traditional local food could be the solution to the problem of the spread of NCDs, however children do not like local food and parents do not have time to cook it.

In fact, despite the fact that parents do not follow health guidelines regarding their own and their children's nutrition, the collected data reveals that almost everybody possesses some level of knowledge on the topic. Nevertheless, people rarely pursue healthy lifestyles, and diversified health beliefs have emerged. A recurrent answer was given by people when asked why they do not pursue a healthy lifestyle was that they do not have time for preparing healthy food, which is understandable since men now work more hours than farming required in the past and women are now working too. Conversely, poorer people, who work longer hours, are still able to cook healthy food every day, because they do not have enough money for fast food. The fact that poorer people find the time to cook healthier food despite being very busy, while the wealthier cannot find the time, suggests that the improved economic conditions of many Newari families mean that food decision making is not anymore related to affordability, however, this does not necessarily equate to choices based on health conceptions either. Consequently, I suggest that the one of the main reasons for the pursuit of unhealthy diets from the wealthier middle class needs to be traced back to changing household dynamics.

Changing household relations

Beside the interest shown by medical studies in the food transition, the effects of modernity have led scholars to observe a change in family structures and roles within the major cities of the Kathmandu Valley (Goldstein and Beall 1986, Kaspar 2005). Traditional family structures in Nepal follows the Hindu system of patriarchal family, with the elders holding the power of decision-making within the family and with women being generally submissive to the decisions of husbands and fathers-in-law (Mandelbaum 1970, Gray 1995; 2006, Caldwell 1982). However, in the last 50 years, the model of joint family has been substituted in many cases by a nuclear family (Goldstein and Beall 1986), within which husbands and wives have equal decision-making power (Kaspar 2005)¹². The research material derived from this fieldwork confirmed how this transition to nuclear families has led to a redefinition of the relations between spouses and between parents and children. These important transitions in family structures and roles mean that it is now very important that a study on the change in the perception of parenting relations in Nepal is conducted. Moreover, a study on the perceptions and behaviours of people as parents can constitute a fundamental base for an improvement in the understanding of local views on healthy food, in order to create solutions to improve healthy eating in Nepal and ultimately reduce the level of diet-related diseases.

According to Oli et al. (2017), daughters-in-law within joint families lack the authority to make decisions and this constitutes an important barrier to the development of healthy eating habits. Parents in law, in fact, are reported to prefer traditional tasty (and unhealthy) food rich in salt and oil and their wishes must be respected. The same study reports that seniors and children are the members of the family who generally prefer unhealthy food, and that parents are not able to control their children as their grandparents are often spoiling them with sweets and candies. According to this study, the education of mothers can help to improve the health status of their children as they acquire more confidence in controlling their children's lifestyles (Oli et al. 2017). In a similar vein, some studies in this field emphasise the role of mothers' education for improved access to health facilities (Matsumura 2001). Other studies on changing family structure have adopted the perspective of improved gender equality within the context of outmigration (Kaspar 2005). Additional studies addressing gender equality and changing marriage relations have focused on microcredit (Rankin 2001), and on literacy (Ahearn 2001). Another group of studies

¹² A survey to the Nepal Demographic Health Survey of 2006 within rural areas of the Terai region, found that women decision making increase proportionally with their age, employment and number of children (Acharya et al. 2015).

have addressed the topic of changing family structure in Nepal from the perspective of access to child health care. Specifically, Pokhrel and Sauerborn (2004), notice that when women are at the head of the house, they are more sensitive in perceiving children illnesses than when they are not. This research is fairly incomplete, however, as it does not include an observation on the family structures and on the role of fathers in these dynamics. Additionally, neither the studies addressing change in family structure, nor the studies on changing gender relations have addressed the topic of changing parenting beliefs and practices.

Parenting styles

Nowadays, Newar families in the Kathmandu Valley are prevalently nuclear or composed by a maximum of two or three joined families. It is now rare for families with many members to live together. According to the interviewees, the reasons for this is because of limited space and because of inevitable family arguments, generally related to property management.

District	Number of households	How many persons in the household								
		1	2	3	4	5	6	7	8	9 or more
Patan	109,797	6,502	13,912	21,954	28,193	17,550	10,482	4,372	2,514	4,318
Bhaktapur	68,636	3,636	7,498	12,425	18,084	12,000	7,018	3,152	1,762	3,061
Kathmandu	436,344	33,242	67,564	95,012	108,821	63,062	33,690	14,000	8,020	12,933

Households by number of persons (CBS 2012)

The occasions for all the extended members of a family to gather and eat together are rare and are limited to festival occasions. According to the interviewees, children do not attend ritual feasts anymore because food is no longer a motivation. In the past, children wanted to go to their relative's houses to enjoy the feasts, and to eat meat, which was not a daily food, but rather a treat reserved for special occasions. With this motivation having disappeared, children no longer want to spend time with people that they do not know very well and prefer to spend time with friends. At the same time, some schools provide a complete meal for the students and this has been given by some of the interviewee as a motivation for attendance. This means that

food can still play a motivational role in children's behaviour when children's economic background is less advantaged.

The present study found that within nuclear families parenting attitudes have changed from the past. This is largely related to education and media influence, and to the transitioning role of women in the household, whom are now not only responsible for cooking for the elders, but also, together with their husbands, for their children's health and education. The main aspect that has emerged in relation to changing family and social relations in nuclear households concerns the importance of «friendship» (*paasa-paasa*) over the traditional family and social boundaries and to the transition of the role of parents to more friendly relations with their children. In the past, relationships between parents and grown-up children were colder, especially with fathers, who demanded «respect» and abnegation of personality from their children. Matrimonial choices, job, decision-making over economic aspects were all aspects in the hands of the male householder (generally the elder) and children had no role in decision making until they were married and old enough to become the household's head (which for some never happened if they were younger brothers).

People generally eat meals together in the evening in the context of the household, with few exceptions. Eating together become a crucial moment to foster domestic bounds: «when we are all together for dinner, we can share stories about our days, and discuss any issues we might have», said a twenty-year-old girl. «To share our lives and our problems with our parents is very important in order to have a healthy mind», said a thirty-year-old boy still living with his parents. These views are confirmed by most of the fathers and the mothers interviewed. A forty-year-old father said: «a father should listen to their children, be friend to them. Children often have very good ideas, and it is right to listen to their opinions, especially after they turn sixteen». «Nowadays», says a young boy, «parents do not beat their children anymore, and this is a big change from the past».

Regarding the definition of «friendships», people said that this means that they listen to them, try to help when they have problems, do not raise their voices at them and do not beat them like they did in the past. Additionally, they care of their needs, teach them good values and care about their health. They give to them «respect», rather than demanding it. They value their education and generally have the goal of providing them with «good lives», by which they mean better lives than what they have themselves had. In the desires of parents, this concept encompasses better education and higher paid jobs. The concept of parents as friends can emerge because children are not required anymore to work in the fields or in the house. In fact, education, with the perspective of making good money and improving the socio-economic condition of the whole family, is nowadays the number one priority of many parents. However, the emergence of friendship as a new mode of relationship between parents and children might lead to negative approaches to food choices.

According to many, children's eating patterns are based on shared responsibilities between spouses, even if mothers are supposed to make the daily choices, while fathers are more careful to check that children are on track with their studies. A young mother said: «a mother should love their children, the same as the father, but the mother is still more responsible for children's daily eating choices, while the father for their education. However, these daily choices are based on decisions made by husbands and wives together». The daily choice over what food to provide to their children was observed to have become a new topic of discussion between spouses, leading in some cases to conflict when different opinions occur.

Health conceptions

The emergence of friendship as a new mode of relationship between parents and children leads to diversified approaches to food choices. Some parents respect their children's opinions, others simply cannot stand their insistence and in either case they often make choices that are also against their children's health. Much more rarely, parents deny junk food to their children, as the majority prefer to avoid conflict. For example, all the interviewees believe that it is not good to give packaged food to their children. However, children really like it and insist on having it, and parents want to make them happy, or cannot stand their screaming. The establishment of big supermarkets, which offer convenience and an ample range of foreign products (mainly from India) loaded with sugar, salt, oil and MSG are influencing these changing practices. Additionally, children's desires and requests are informed and driven by the many media forms that they are exposed to during the average day, and from friends at school. Parents often give in to their children's requests because, as they say, they respect their children's opinions (they say that they will eventually understand by themselves and there is no reason to force them) or else they simply cannot stand their insistence. In some other cases, the giving of junk food might be due to ignorance or misbeliefs, while as I previously said, in poorest families it is often the only option.

Here is a brief statistical outline of the data that I gathered in relation to food choices from mothers and fathers (where unless specified, no gender trend was detected): 50% of the people interviewed respect the will of their children in purchasing junk food because they want to treat them as friends. 40% say that children should only be treated as friends and their opinions considered after the age of 16. The remaining 10% affirm that children should always respect parents' decisions and that they do not purchase junk food even if the children insist. 80% say that they know that junk food is bad for health, but they still purchase it because the children insist. 20 % buy junk food because they want to show their love and they feel guilty for being away from home for extended periods (for instance because they

work in Kathmandu or even outside of the Kathmandu Valley, which is more often the situation of fathers). 20% of people buy junk food for their children secretly from their partner (more often the mother does this).

80% believes that children start asking for junk food because they see it advertised on TV and 20% say that they learn about it from friends. 100 % of people affirm that they do not trust advertising and instead consult with friends regarding new products on the market. 50% of the people do not trust new products and prefer old brands and old well-known products. Many new brands of instant noodles have failed in the last 10 years because of this. 5% of the interviewed people do not know what junk food is or that is bad for health. 50% of people say that junk food is convenient because is time saving, but 30% say that it is too expensive. 100 % of the people aged between 18 and 30 years old say that they would like to embrace a healthy eating and lifestyle regime, but they claim that they do not have enough time to cook healthy food and that junk food is more convenient. However, all of them spend between 1 and 4 hours on their phone, YouTube or TV each day. 100% of non-vegetarian people interviewed eat meat at least once per week, which many people talk about being one of the most noticeable changes in modern society (as it was previously unaffordable).

The possibility of making healthy choices, even if many do not, is linked to a new idea of health as managed by the self rather than as a matter of destiny (*dosha*) as determined by the astrologers (*gyoti*) as it was in the past. Newar people today comprehend illness and health issues through a process of experience and through dialogue with trusted people. Besides personal experience, the increased education and the spread of secularist ideas are resulting in a passage from the idea of health as a consequence of the gods' decisions and destiny linked to previous life actions, to an understanding of health as a consequence of lifestyle and personal choices.

Consequently, individual ideas over the concept of healthy eating are rising. When asked to define what «healthy food» means, people have reported that it means hygienic (20%), easy to digest (30%), and low in salt and fat (50%). The time of exposure to TV (which is larger for housewives), has shown to be linked equally to both reliable conceptions of health and to many misconceptions. In fact, television programs often explain the rules of a healthy lifestyle to people, while, alternatively, the advertising of junk food may have the opposite effect. 50% of the people affirmed that they have understood how to be healthy from their personal experiences of sickness due to a stressful lifestyle, and the remaining 50% said that they have heard what they know about health from friends, sport coaches, doctors, TV, or from personal research on the Internet.

Conclusion

The emergence of friendly relations between parent and children seems to play a major role in food choices. In contemporary Nepal, children and younger adults are subject to intense junk food advertising campaigns that seem in practice to be far more influential than those informative ones pursued by the Nepali government and other NGOs. Parents are ill equipped to oppose their children's demands within the new family structures that are less reliant on kinship ties and diverge from the traditional authoritative structure. The factors driving choices which come into play here include a pester power behaviour of the children, and a tendency of parents to spoil out of guilt or the giving of junk food due to ignorance or misbeliefs. Parents are also influenced in this way by the media and by the opinions of their friends and colleagues¹³.

The diminishing respect that children have towards parents, and young people towards elders in general, has been mentioned by almost all of the interviewees. This is crucial when trying to understand the newly forming parent-children relations in terms of «respect». The kind of respect that a friendly relationship includes is very different from the traditional one, in which respect was given to the elders in the form of submission to their will and abnegation of one's personality. With the emergence of friendly parenting, children now have more influence over food purchasing decisions than they have had in the past. This can be a positive aspect for more balanced and open family relationships; however, this also can lead to increased junk food consumption and less healthy diets. The danger here is that new norms are emerging that put health second to other priorities and this could be detrimental for future generations.

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¹³ These findings resemble many of the studies on parenting and health conducted in recent years in Western countries. See for example “Changing Family Food and Eating Practice: The family Food Decision-Making System” (Gillespie & Johnson-Askew 2009) a study on American parents' perceptions on food, eating, health and well-being; and “Changing Families, Changing Food” (Jackson 2009, p.1). See also studies on the influence of mother's educations on food parenting practices and food habits of young children (Vereecken et al. 2004), or on the link between soft drink consumption and food family rules (Verzeletti, et al. 2009). See also Lawlor and Prothero (2011) on the concept of ‘pester power’ in relation to the purchasing of commercial items. Finally, see studies on the counter-effects of “controlling feeding practices”, such as food restriction or pressure to eat (Orrell-Valente et al. 2007, Loth et al. 2013, Kaufman & Karpati 2007, Vereecken et al 2009). However, these studies are limited to developed countries and they lack a socio-cultural approach.

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