Mothers’ Perceptions of Their Control Over Their Children’S Diets

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Given current trends in childhood obesity it would appear that many parents are failing to engage in effective feeding practices. This paper explores the factors that mothers feel diminish their control over their children’s diets to provide insight into why obesity is a growing problem in Australia. Interviews and focus groups with 20 mothers of young children identified three factors the mothers perceived to interfere with their ability to control their children’s diets: the behaviours of other caregivers, the stresses involved in managing family life, and the wearing effects of pestering.

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Mothers’ Perceptions of their Control over their Children’s Diets

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ABSTRACT

In an era of rising rates of childhood obesity it is increasingly important for parents to ensure their children consume healthy diets. Given current trends in childhood obesity, it would appear that many parents are failing to engage in effective feeding practices. As mothers remain the major influence on family eating patterns (World Health Organisation (WHO) 2000), the extent to which they consider themselves to be in control their children’s diets is important as it indicates where possible solutions to childhood obesity may lie. This paper explores the factors that mothers feel diminish their control over their children’s diets to provide insight into why obesity is a growing problem in countries such as Australia despite the ready availability of low-energy nutritious foods and the good intentions of parents.

BACKGROUND

There is a growing awareness of the need to prevent and treat obesity because of its serious health implications which include heart disease, hypertension, diabetes, gallbladder disease, some forms of cancer, and psychological conditions (WHO 2000, 2004). Obesity is now so prevalent in Western society that it has been labelled an epidemic (Spiegel and Alving 2005).

Targeting childhood obesity has been proposed as the most effective way to prevent adult obesity due to the tendency for overweight children to become obese adults, the higher rates of long term weight loss maintenance among children, and the difficulties involved in changing behaviours later in life (Bouchard 1996; Sothern and Gordon 2003). The prevention and treatment of childhood obesity is also necessary due to the increasing prevalence of obesity-related illnesses among children such as Type 2 Diabetes, sleep apnoea, orthopaedic complications, and weight-related depression (Dietz 1998; WHO 2000). In Western Australia, the context of this study, 23% of boys and 30% of girls were overweight or obese in 2003, an increase from 9% and 10% respectively in 1985 (Glasson et al. 2004; Hands et al. 2004). There is an urgent need for multi-disciplinary research to develop possible solutions to this rapid rise in childhood obesity (McGinnis 2006; Spiegel and Alving 2005).

The health literature highlights the role of parents in managing their children’s diets and body weight (American Dietetic Association (ADA) 2004; O’Dea 2003). Parents’ influence over their children’s diets is postulated to occur through three food-related roles: food providers, models of food consumption, and controllers of the eating environment. In their role as food providers, parents control which food products are kept in the home and in what quantities they are made available to children (Birch and Fisher 1998). The role of modelling food consumption is important because children mimic the eating behaviours of those with whom they share meals (Birch and Fisher 1998). The role of controlling the meal environment relates to how parents use mealtimes as opportunities to educate children about nutrition and promote the consumption of a wide range of healthy foods (Gable and Lutz 2001). Such behaviours can make long-term differences to children’s food choices (ADA 2004).

Despite the potential of parents to control their children’s food consumption behaviours and guide their future food choices, there is ample evidence that children’s diets are suboptimal. Many Australian children’s diets are deficient in specific vitamins and minerals such as calcium, zinc, and vitamin A (McLennan and Podger 1998). In addition, consumption of fruits and vegetables remains well below target levels despite these foods being readily available in almost all areas. A Western Australian survey found that 45% of the children sampled had not consumed any fruit on the previous day and 30% had not eaten any vegetables (Hands et al. 2004). The study also found that the consumption of vegetables among children is actually decreasing (Glasson et al. 2004). Combined with the rapidly increasing childhood obesity rates, these figures demonstrate that many parents are not adequately managing their children’s diets.

There are several possible causes for parental failure to achieve control over children’s diets. These include an insufficient knowledge of nutrition, a lack of motivation to ensure children eat well, and an inability to control children’s food consumption behaviours. This study focuses on the latter possibility. Although obesity models in the nutrition literature emphasise the role of parents in determining their children’s body weight outcomes through genetic inheritance and child feeding practices, numerous other environmental variables are also understood to play a role. These variables include cultural, social, marketing, and economic factors (Birch and Fisher 1998; McGinnis 2006; Spiegel and Alving 2005). Unfortunately, there has been almost no investigation of the relative influence of each of these factors (Hastings et al. 2003). Understanding the environmental forces against which parents must work to manage their children’s diets is important for developing consumer education programs and public policies aimed at reducing obesity and vitamin deficiency among children.

METHOD

As mothers tend to be at the forefront of child feeding on a daily basis (WHO 2000), this investigation focused on mothers’ attitudes to nutrition and child feeding. It was a grounded study in that particular issues were not foreshadowed prior to data collection. Two focus groups and 12 depth interviews were conducted with 20 mothers of young children. Middle class mothers were selected because of their accessibility and their ability to articulate the complex issues surrounding child feeding practices. Mothers were recruited to achieve representation of single and two-parent families, working and non-working mothers, and a spread of child gender and age (one to 12 years). Interviewee age ranged from 30 to 44. The mothers were sourced from two schools within the same geographic area—one a government school and the other a Catholic school. Personal contacts within the schools were initially contacted and a snowball method was then used to facilitate further recruitment.

The focus groups were kept intentionally small (four or five members per group) to facilitate detailed contributions from all participants. An interview guide was used to ensure coverage of specific issues (e.g., attitudes to particular food categories, current and ideal food choices, and experiences when grocery shopping), but interviewees were given considerable latitude to introduce other topics. The interviews ranged in length from 40 minutes to 1.5 hours, with the focus groups tending to run longer than the individual interviews. The interview transcripts were imported into NVivo 2.0 for coding and analysis. Data were coded to 87 nodes and node intersections were performed to facilitate closer examination of the data. Iterative sweeps between the nodes, node intersections,
and the full transcripts enabled the primary themes to emerge. One of the most apparent themes was mothers’ feelings of regular loss of control of their children’s eating behaviours. The findings relating to this theme are outlined below.

**FINDINGS**

In line with recent research in the US that found that mothers want to provide their children with a healthy diet (Sherry et al. 2004), all the mothers interviewed expressed a high degree of interest and involvement in their children’s diets. They seemed aware of the importance of good nutrition to children’s growth and development and were obviously keen to be good mothers in terms of their feeding practices. While there were occasional variances in stated beliefs about the types of foods that are healthy for children to consume, overall there was strong convergence on this issue. Most interviewees described at length how they make consistent efforts to provide healthy meals and snacks that their children will enjoy. Despite these efforts, however, they perceived that numerous factors interfere with their ability to achieve this goal. These factors include the behaviours of other caregivers, the stresses involved in managing family life, and the wearing effects of pestering. Each of these tensions is discussed below.

**When I’m Not Around**

The interviewees mentioned a range of other caregivers whom they felt at times undermined their ability to control the quality of their children’s diets. Fathers were perceived to be the worst offenders, followed by members of the extended family, teachers, coaches, and even medical practitioners. School canteens were also often viewed as a source of nutritional contradiction in terms of the foods offered to children.

*Husbands.* The interviewees typically described themselves as the food gatekeepers in the home. Whether they were full-time homemakers or working mothers, they saw an important part of their parenting role being food decisions and food education. Their husbands, by comparison, were not generally viewed as being skilled or motivated in this area. According to the interviewees, the role of father is viewed by husbands to include the authorisation of exceptions to household food rules and the provision of ‘treat’ foods. While some mothers were amused by this difference in approach to child feeding, others found it confronting and frustrating:

> He does like to indulge them far more than I do in treats and sweets, and often you feel kind of a party pooper in a way, you know, raining on everyone’s parade. That’s the way of Mums isn’t it? You’re always the bad guy… Their father sees me as being a bit too militant in my policing of what goes into them. I don’t see it as policing at all it’s parenting. I’ll turn it around until I end up feeling guilty about it.

Some of the mothers attributed the differences in parenting styles between mothers and fathers to different knowledge levels. They felt that mothers are more likely to consider the nutrient profile of the meal being offered while fathers take a more global view of eating that prioritises hunger satisfaction and energy consumption: “They haven’t actually balanced anything, but they’ve fed them.”

*Extended Family.* Grandparents, uncles, and aunts were also often accused of sabotaging mothers’ efforts to control the quality of their children’s diets. While this sometimes resulted in anger and resentment, the interviewees almost always portrayed the offender as well-intentioned. Most commonly, the family members were understood to be trying to please their children and create an emotional bond:

> My sister-in-law takes her there (McDonalds) because they think I am mean because I don’t take her… They think it’s something she would like.

> I know it is something that allows him (grandfather) to have that special bond, that special time where he’s the greatest, just for that small moment in time when Mum’s not here and it’s just us.

This tendency to empathise with the offender often resulted in the behaviours going unchallenged. The interviewees understood that going to fast food restaurants is an inexpensive and convenient way for family members to entertain young children and provide an outing that will be considered special and exciting. They were grateful for their family members’ desire to spend time with their children which made it difficult for them to criticise their choices.

Dependence on extended family members can be particularly difficult for single mothers who have few childcare alternatives. One interviewee was a single mother with three young children. She described how juggling the competing demands on her time and attention is made all the more difficult by the need to monitor the feeding practices of other caregivers and manage the outcomes when her requests are ignored:

> You can try and put your points of view across, but to have that maintained and supported by other caregivers within the family unit has been a problem for me—a very big problem over the years. There is a conflict of beliefs, and so where they’re indulged in something which I don’t allow, they’re always questioning me as to why their father or their grandfather has said yes.

Some interviewees discussed how the indulgences provided by well-meaning others had multiple implications for mothers. These included the more intensive parenting required as a result of the behavioural changes in their children after consuming foods high in sugar and additives and the heightened pestering for treat foods that could persist for an extended period after exposure. There is very little recognition in the literature that members of the extended family can constitute barriers to mothers implementing effective dietary control (see Bruss, Morris, and Dannison 2003 for an exception).

*Teachers and Coaches.* While the interviewees could excuse to some extent their family members’ dietary indiscretions with their children, they were much less forgiving of the same behaviours when enacted by teachers. Given their position of authority and presumed knowledge, teachers were expected to uphold healthy eating practices. The interviewees expressed confusion as to why teachers would provide their children with unhealthy foods and frustration at their inability to intervene. This inability stemmed from not being present at the time and a reluctance to deprive their children of special treats being enjoyed by their peers:

> This is one thing that annoys me about the school—they get so many sugary treats. My son loves his teacher, but he would get like a whole block of chocolate each week. My son would come out with a block of chocolate this big and the teacher would say to me, “Oh, is it okay if I give him a block of chocolate?” But I’m not going to say, “No, my child should be the only one in the class who doesn’t have one.”
Some mothers also described it as incomprehensible that sports coaches would disseminate vouchers for fast food restaurants as a reward for participation or success in sporting events. Concern was expressed that this is sending the wrong message to children who are likely to respect and admire their coaches and interpret the vouchers as an endorsement of the food products being awarded. Once again, mothers are put in a difficult position as to reject the voucher would disappoint their child. As one mother noted, “Where do you draw the line?”

School Canteens. It was generally agreed that the school environment should be supportive of healthy eating principles and that this should be reflected in the canteen menu:

I think it’s a shame that they don’t have a few more healthy options on the canteen menu. Like nice pumpkin or tomato soup—we used to have that at school.

The influence of the school canteen on children’s nutrition was understood to be complex. Not only do canteens signal to children the foods that are appropriate for them to consume, they also provide the nourishment that children need to meet their academic potential. In addition, canteens were understood to be a potential source of peer pressure:

Having my son start school this year I’m appalled to see what they sell in the canteen—just sausage rolls, pies, junkie sort of stuff that I would just never serve them at home. So it makes me sad because there are going to be kids that go to school who buy their lunch every day and my son will come home from school, because of peer group pressure, saying he wants to buy his lunch too… I just think it’s appalling. You can’t expect children to learn well in class if they’ve got that kind of rubbish in them.

Medical Practitioners. The most surprising “others” identified by mothers as being unsupportive of healthy eating practices were medical practitioners. Doctors, dentists, and nurses were discussed as sending children inappropriate messages about nutrition. The interviewees noted that medical practitioners are increasingly bestowing “bravery award” food vouchers from fast food restaurants to reward children for good behaviour during a procedure.

When my son had his stiches taken out, he got a certificate from McDonald’s for a free burger and fries. It’s issued through the doctor’s surgery!...Just think about the signals. They are so little and they pick up symbolism everywhere and the doctor is saying that McDonald’s is good for them.

Such actions by health care workers have implications for mothers who are attempting to control their children’s diets and favourably influence their food beliefs. As parents are not consulted prior to the child being given the voucher, they are in a difficult position if they require their child to refuse the reward. They face the prospect of disappointing a child who may have just had a frightening or painful experience and also possibly alienating a health care provider on whom they may need to rely in the future.

I’m Not Coping

Most of the mothers acknowledged that their children’s diets were not as good as they would like them to be because of the stresses of managing family life. They talked about the numerous educational, sporting, work, and social commitments that can result in a reliance on fast foods and take away meals to cope. Even those mothers philosophically opposed to the large fast food chains reported succumbing when life gets too hard:

The whole concept of this super corporation—I have real problems with that. But of course all of my militaristic views and ideologies are out the window when I have three children saying: “Mummy, I’m hungry” and I don’t have the time to cook, or the energy, or it’s the weekend.

In such circumstances, unhealthy foods take on the mantle of a necessary evil. They are time-saving and kid-satisfying, and thus provide real benefits to beleaguered mothers. Unfortunately, these benefits can be accompanied by a sense of guilt over their children’s health and their own adequacy as mothers. It has been noted that this reliance on unhealthy foods is becoming more common as larger numbers of women enter paid employment and look to convenience foods to help them cope (WHO 2000).

Pester Power

Many of the mothers talked about the power of their children to pester them into buying foods they consider to be unhealthy. They understood pestering behaviours to be a symptom of a learning stage during which parents need to hold their ground to set behavioural parameters and teach children appropriate ways of eating. Most interviewees gave the impression that their usual response to pestering is to say no, although most acknowledged that they do give in at times to keep the peace. This reported behaviour of refusing most requests is at odds with previous observational research in the US that showed acquiescence to be the more typical reaction (Burr and Burr 1977; Isler, Popper, and Ward 1987; Taras et al. 2000). The difference in outcomes between these previous studies and the present study may be the result of self-report versus observational data collection methods and/or cultural disparities.

While pestering children were described as irritating and frustrating, most mothers looked beyond their child to forces further down the pester chain that encourage their children to repeatedly request unhealthy foods. Often referred to generically by the interviewees as ‘marketing’, these forces included television, advertising, sales promotion, premiums, and packaging. Peers were also raised as sources of pester power, although this was typically in the context of peers being exposed to the same marketing stimuli as their child.

Television and Advertising. Television was often equated with advertising by the interviewees because of the significant licensing of television characters in children’s food marketing. The interviewees also seemed to associate television exposure with peer pressure as the influence of both forces tended to converge in accounts of how their children have become aware of new food products and subsequently engaged in pestering behaviours:

With my kids it’s something they’ve seen on TV and perhaps someone has had it at school and they’re very excited about it, so that’s perhaps why they ask. But I don’t know why they ask, perhaps they’re just thinking “One day she will. Get her at a weak moment. One day she’ll say yes.”

There was often a sense of surprise among the interviewees that their children had been exposed to advertising for such a wide range of unhealthy foods when they considered themselves to be vigilant in monitoring the television watched by their children.

My daughter doesn’t watch children’s shows. She’s not allowed to watch TV in the mornings or the daytime. Not even a video. So she doesn’t watch a lot…sometimes I’m amazed
that she’s seen ads for things that I don’t even know what they are. But I am around when she watches TV, so she must soak it up more than I do.

This lack of awareness among mothers of the extent to which their children are exposed to advertising has implications for their ability to control their children’s diets. Exposure has been found to be related to requests for the products advertised and parental purchases of these products (Taras et al. 2000). In light of the interviewees’ comments about the tendency for other people to provide their children with foods of which they disapprove, it seems likely that children’s triggered desires for advertised products will be indulged to some degree by husbands and extended family members. Bandyopadhyay, Kindra, and Sharp (2001) have noted that where parents have difficulty filtering advertisements reaching their children, there is an important role for public policy makers to protect children’s interests. If this sample of middle-class mothers had difficulty monitoring their children’s exposure to advertisements for unhealthy foods, many other parents may experience a similar problem.

While in the marketing literature there is considerable debate and confusion over the power of advertising to affect children’s food-related beliefs, attitudes, and behaviours (Kunkel 2005; Livingstone 2005; Young 2003), there was no doubt in the interviewees’ minds that much of their children’s pestering behaviours originate from advertising: “A lot of their requests at the supermarket are most definitely driven by the ads.” The extent to which advertising was perceived to influence children led some mothers to suggest that advertising to children is inappropriate as it reduces parental control:

I think what would be better is not to have the advertising on TV when kids are watching. That would probably be better because other things you can control—when or not you go out, where you go. Whereas sometimes you’re sitting at the TV and they see that advertising, it gives them the idea and they can pester.

Sales Promotion, Packaging, and Premiums. Most of the mothers with younger children (approximately one to six years of age) bemoaned their regular trips to the supermarket as a form of torture. They identified sweets at the checkout, junk food in the aisles, licensed characters on packets, and products bearing premiums as major hurdles to overcome while shopping. The placement of snack foods at the checkout was considered by the interviewees to be a very deliberate strategy by store management to increase sales by making their lives miserable:

Talking about checkouts, that’s a pain because they’re very clever. They get you at a very weak spot there because the kids at that stage are tired and you want something to keep them quiet so you can get through your stuff. You tend to weaken a bit and you buy stuff at the checkout.

While it was acknowledged that some stores provide a “family” checkout aisle, it was noted that the waiting time at this aisle is usually longer because of the greater demand for the service than is being provided for by the store. As a result, the longer waiting time becomes just as great an inconvenience as the pestering that occurs at the other aisles.

According to the interviewees, the sheer amount of unhealthy food sold in stores means that requests can be endless and entire aisles can become no-go zones for weary mothers:

You name it, there’s something in every aisle. Can we have chips, can we get lollies, can I have a treat, can I have a KinderSuprise, can I have a Yowie? No, no, no, no.

The interviewees discussed at length the proliferation of licensed products that can be irresistible to children and therefore the source of heart-felt pleading. They were convinced that food manufacturers intentionally use cartoon characters and bright colours on packaging to capture children’s attention and encourage them to request products from their hapless parents.

They seem to spot it a mile off, to be able to spot The Incredibles or whatever the latest thing is…They’ll even take stuff that I know they’re not going to eat because they’ve seen the picture on the front.

Grocery shopping with young children was often described as being similar in nature to psychological warfare. Mothers have to plan ahead to avoid product displays that are sure to incite excited and urgent pleas. They have to brace themselves for the onslaught of demands that need to be refused in such a way that the shopping trip can continue without excessive duress for all parties. Some mothers discussed how they organise baby sitting to avoid taking their children to the store. The picture painted was very different to Rust’s (1993) interpretation of observations of mother and child grocery shopping. According to Rust, shopping with young children is a pleasant teaching and learning activity for parents and children. Perhaps his observational data were not able to show the level of internal discomfort experienced by the mothers observed.

The tendency for many producers of children’s food products to use premiums to increase sales can be a further source of hardship for mothers. Premiums were associated in the mothers’ minds with peer influence as once a child’s friends had a particular premium it increased the pressure exerted by the child to buy the product. The fast food restaurant chains were noted as being particularly effective in their use of premiums, especially when the premiums are part of sets that become available gradually, thus necessitating multiple visits:

It really appeals to them, but that also makes them want to go back and they’re nagging me to go back more than once a week because they want to get the next one. They’re worried that they’re going to change the promotion before we get back there…I noticed that they were trying to push us to come more often, there was something on the tele saying “Don’t miss out”, and the kids really wanted to go.

DISCUSSION

The findings from these interviews with well-educated and predominantly affluent mothers show that they perceive a range of external forces to interfere with their ability to exert an ideal level of control over their children’s diets. Perceived control is an important element of consumer decision making as it has been related to the ability to perform tasks and tolerate frustration and the levels of self-confidence experienced when dealing with a particular product (Hui and Bateson 1987; O’Bearden, Hardesty, and Rose 2001). In addition, past research suggests that when individuals experience low levels of perceived control they form weaker intentions to enact the behaviour of interest (Kokkinaki 1999). In this case, mothers’ perceptions of their lack of control over their children’s diets could result in weaker intentions to monitor and manage their diets in the future. Mothers’ perceptions of dietary control are thus important to understand and address.
The external forces that were perceived to be especially problematic included family members and other caregivers, the difficulties associated with managing family life, and the wearing effects of pestering. While each of these forces is acknowledged in different bodies of literature, it is rare for them to appear together in accounts of parental feeding practices. Understanding how these forces impede mothers’ efforts to optimise their children’s diets provides insight into how parents can be empowered to enhance health outcomes for their children. Specifically, the findings indicate that efforts could be made to: (1) develop family and community education programs to bring different carers’ nutrition knowledge and behaviours more into line; (2) encourage the food industry to develop healthier convenience foods; and (3) introduce more stringent regulations to curtail the extent to which children are the targets of marketing activities.

Family and Community Education. Children look to their parents, teachers, and other caregivers for guidance on how to eat well and to support them in making appropriate decisions (O’Dea 2003). As noted by some marketing academics who oppose a more regulated advertising environment, parental influences on diet are strong and it is often the case that it is parents who are buying unhealthy foods for children in younger age brackets (Eagle et al. 2004). Educating parents and other carers about the ideal diet as defined by health authorities and providing them with the knowledge and skills they require to manage the effects of marketing activities and time deficits have the potential to make a positive difference to children’s diets. In particular, a disconnect needs to be introduced between giving children a treat and feeding them unhealthy foods. Education programs could outline the various alternatives that are available that fulfil the same need to delight children. Community education needs to extend to the school environment to ensure school canteens are providing nutritious foods and actively demonstrating the ideal diet to parents and children (Glasson et al. 2004).

Healthier Convenience Foods. The growing reliance on convenience foods puts greater responsibility on the shoulders of food producers. In the WHO (2000) report titled *Obesity: Preventing and Managing the Global Epidemic*, the argument is made that the food industry has taken advantage of the tendency for fat to increase food palatability to enhance sales of processed foods. This is problematic as the highly processed nature of many foods prevents people from being able to determine energy density and regulate intake accordingly. As mothers increasingly rely on pre-prepared foods to assist them manage family meal times, there is a need for the food industry to develop and promote healthier convenience foods. The discipline of Consumer Behaviour can contribute much to this process by investigating the aspects of food preparation and consumption that determine the attractiveness of convenience foods to parents. The results can be used to develop and promote healthier food options.

Regulation. This is a contentious area as some believe self-regulation of the advertising industry is adequate for all audiences (e.g., Eagle et al. 2004), while others disagree on the basis that young children in particular are vulnerable to advertising because of their inability to differentiate between commercials and programming and their lack of awareness of the persuasive intent of advertising (e.g., McGinnis 2006). Numerous studies have demonstrated that the foods most heavily advertised on children’s television are those that are high in fat, salt, and sugar (e.g., Zuppa, Morton, and Mehta 2003). Children are thus likely to receive competing messages about nutrition from the media and caregivers and as a result can be confused as to which is correct (Donkin et al. 1992).

The negative effects of advertising on children’s diets are being increasingly appreciated (McGinnis 2006; WHO 2004), although direct causation is difficult to demonstrate and indirect effects are suspected to be substantial (Hastings et al. 2003; Livingstone 2005). As the evidence mounts it is hoped that governments will heed the concerns of parents and health agencies and act to protect children from marketing forces against which they have little immunity.

In conclusion, there is growing agreement that the childhood obesity problem needs a multi-sectoral solution that includes the efforts of governments, international agencies, the media, communities, the food industry, and consumers (McGinnis 2006; WHO 2000). Such efforts could improve parents’ real and perceived control over their children’s diets and thus empower them to improve their children’s health outcomes. Parents continue to play a critical role in addressing childhood obesity, but the issues identified in this research demonstrate that they require assistance in the face of numerous adverse environmental forces.

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