

## **Social and cultural foundations of parents' perceptions of healthy eating in Slovenia: a qualitative study**

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## Abstract

**Background.** Food is essential for growth, development, and health, so it is important to develop healthy eating habits from a young age. This is influenced by culture, society, and personal habits, as well as family customs. The aim of this study is to investigate the influence of culture on the perception of healthy eating among Slovenian parents and to find out how these cultural factors influence their children's dietary choices.

**Material and methods.** A qualitative study was conducted using a purposive sample of 15 parents. Semi-structured interviews were conducted in November and December 2024. The questions were open-ended. Thematic text analysis was used to analyze the data.

**Results.** Four main categories were identified: media influence and personal preferences, family dynamics in eating, family role in eating habits, factors influencing healthy eating habits. Parents balanced traditional and contemporary influences, used shared meals to maintain cohesion, negotiated intergenerational practices, and adapted routines to limited time and food costs.

**Conclusions.** This study provides insights into the dietary perspective of Slovenian parents. Parents combine domestic, seasonal, and culturally established practices with ideas about healthy eating, while family dynamics, time constraints, and economic factors, including food costs, play a key role in their decisions.

**Keywords:** shared meals, media influence, family role, cultural influences, dietary habits

## Introduction

A healthy diet is the foundation of health and well-being and plays a key role in preventing malnutrition in all its forms, as well as in reducing the risk of developing chronic noncommunicable diseases such as diabetes, cardiovascular disease, stroke, and cancer [1]. Eating habits are established throughout life, beginning in early childhood, when family influence is particularly strong and fundamental values are transmitted. Children often imitate their parents' behaviors, including dietary and health practices [2]. For young children, early food experiences are associated with pleasure, comfort, and satisfaction [3]. Nutrition should provide essential nutrients while maintaining a healthy energy balance [4]. Moreover, the quality and type of diet influence not only physical growth but also intellectual, emotional, and social development, including learning and academic performance [2]. Social, cultural, and economic factors, including family environment, beliefs, values, work, and standard of living, shape eating patterns established in early childhood, which often persist into adulthood and can

have a significant impact on an individual's food choices, as well as on body composition, metabolism, and the balance between health and disease [5,6]. External influences, such as media, advertising, and peer networks, also impact food choices [7,8]. The act of eating represents an emotionally intense experience for children, and inconsistent meal rules or distraction during meals may reinforce negative attitudes toward food [9]. Excessive exposure to light from electronic devices has a direct impact on the consumption of foods high in fat, processed foods, alcohol, and sweetened beverages [8]. The ways in which food is chosen, prepared, served, and consumed contribute to the construction of multiple identities, including self, family, ethnic, national, and religious identities [10]. Frequent family meals are linked to positive nutritional outcomes in children – higher fruit and vegetable intake, healthier overall eating habits, lower consumption of sugary drinks, reduced BMI, and fewer eating disorders – as well as improved perceptions of family relationships among adolescents [11-13]. Extended family members, particularly grandparents, can further influence children's diets, offering both nutritious foods and sweet snacks, which may strengthen family bonds but sometimes challenge parental guidance. Such practice may strengthen mutual bonds yet can cause disagreements with parents and makes it difficult to establish consistent and healthy eating habits [14,15]. Some studies have highlighted the economic status of the family as a factor in determining what food will be on the daily menu. Economic conditions and parental education further channel choices: limited budgets steer families toward low-cost, energy-dense foods, while higher parental education is associated with greater fruit and vegetable intake [16,17].

In recent decades, eating habits have changed overall as a result of the greater availability of processed foods, the popularity of fast food, and changes in work habits and lifestyle [18]. A similar finding was reported in a Slovenian study from 2017, which observed the greatest deviations from healthy eating guidelines among adolescents, who exhibited particularly unhealthy eating patterns characterized by excessive consumption of sugar and sweet foods [19]. Other studies have shown that Slovenians consume too much meat and foods high in sugar, fat, and salt, while their intake of fruit, vegetables, dairy products, dietary fiber, and water is too low [20]. Traditionally, the Slovenian diet was shaped by geographical, economic, social, and cultural factors, distinguishing between simple everyday meals based on local produce and richer festive meals associated with family rituals, religious holidays, and social status, reflecting the cultural influence of Central European cuisine. Traditional dishes and cooking methods were an important part of the identity of Slovenian communities [21]. Nowadays, these traditions increasingly intersect with modern healthy-eating recommendations and a rapidly changing media environment, creating practical tensions for families operating

under time and cost constraints. Guided by sociocultural and ecological perspectives, and informed by social learning theory, we conceptualize eating as culturally situated, intergenerationally modelled, and shaped by multi-level influences (family routines, media signals, and economic conditions) [10]. Despite international evidence, little is known about how these influences interact in the Slovenian cultural setting, specifically, how families reconcile traditional practices with contemporary recommendations amid time and cost pressures. Accordingly, we focus on how family norms, media signals, and economic conditions intersect with intergenerational modeling to shape Slovenian parents' perceptions of healthy eating.

### **Aim of the work**

The aim of this study was to examine the influence of social and cultural factors on Slovenian parents' perceptions of healthy eating and to explore how these factors shape their dietary decisions for their children. Specifically, the study sought to identify key social and cultural influences on parental food choices and to examine how parents navigate traditional dietary practices alongside contemporary healthy eating recommendations.

### **Material and methods**

A qualitative descriptive research method was used, which explores and provides deeper insight into real-world problems. It collects the experiences, perceptions, and behaviors of participants. It answers questions of "how and why" rather than "how much" [22]. Within the framework of qualitative methodology, we used a descriptive interpretative method [23].

#### *Instrument*

We obtained the data by conducting semi-structured interviews. The interview guide was collaboratively developed by the authors and comprised nine open-ended questions organized into two parts. Items were developed from study objectives to ensure alignment with the concepts we aimed to explore. Examples of questions: 1. How would you describe the nutritional values and habits practiced in your family? Do you follow traditional Slovenian customs or more modern approaches? 2. How important is eating together in your family? How does it affect relationships between family members? 3. What dietary values and habits did you

adopt from your parents? How do they influence your decisions about your children's diet? The remaining six questions addressed the influence of traditional and modern dietary guidelines, the media and global trends, the role of the extended family and grandparents in shaping children's eating habits, possible obstacles to healthy eating habits, children's preferences and desires, and opportunities for improving the family's eating habits and health. The guide was reviewed within the research team and piloted with two parents outside the final sample to assess clarity, sequencing, and sensitivity.

### *Participants*

For this study, we employed purposeful sampling to recruit parents who could speak knowledgeably and from lived experience about family eating practices and perceptions of healthy eating. We did not develop an explicit quota frame in advance (i.e. we did not set minimum targets for specific participant categories). Instead, we relied on clearly defined inclusion criteria and an a priori minimum sample size of 15 interviews, intended to secure basic heterogeneity of experiences while allowing thematic consolidation. Recruitment proceeded on a rolling basis until this minimum was reached and ongoing analysis indicated that additional interviews were unlikely to yield novel codes.

Inclusion criteria were: adult parent of at least one child aged 1-18 years, residence in Slovenia, ability to participate in Slovenian, and provision of written informed consent to an audio-recorded interview.

Exclusion criteria were: current employment in nutrition/health promotion (to avoid expert bias) and inability to complete an interview due to time or health constraints.

Of the 15 participants, two were male, the average age was 38.9 years, the youngest participant was 32 years old, and the oldest was 51. Eight participants had two children, four had one child, and three had three children. Six participants, representing approximately one-third of the total sample, completed secondary education. Five of the 15 participants held a university degree, while four had completed higher education or vocational training. The majority of participants resided outside the city, with 3 living in suburban areas and 5 in rural locations, whereas 7 participants lived within the city. Regarding ethnicity, 2 participants are of Bosnian origin, and the remaining 13 are of Slovenian origin. Concerning family structure, 12 participants lived in nuclear families, while 3 lived in extended families.

### *Research process and data processing*

The research was conducted from October 2024 to January 2025. Potential participants were personally invited to take part in the study. The purpose, objectives, and methodology of the research were explained to them, and, depending on their availability, the expected time and location of the interview were arranged. Prior to the interviews, all the participants signed an informed consent form, thereby confirming their understanding of the study's purpose, objectives, and procedures, as well as the associated risks and benefits, the measures taken to ensure data confidentiality and anonymity, the expected duration of the interview, the option to interrupt the interview or decline to answer specific questions, and the option to provide feedback. All the interviews were audio recorded. Each interview lasted an average of 25 minutes. The participants' names were replaced with unique codes to ensure anonymity. Audio recordings were replayed multiple times, and verbatim transcriptions were produced. Data analysis was conducted in Slovenian using NVivo version 15 qualitative data analysis software to organize, manage, and code the interview transcripts systematically. In the initial stage, all transcripts were read thoroughly to gain a general understanding of the content. Subsequently, open coding was applied, and the data were grouped into potential categories and themes. Codes were iteratively grouped into higher-order categories based on recurring patterns, co-occurrence of concepts, and thematic similarity across interviews. During this process, cases were compared with one another to identify similarities and differences and to deepen the understanding of the phenomenon under investigation [24]. Individual topics were organized into broader thematic units representing the underlying concepts, referred to as categories [23]. An initial codebook, including code labels, definitions, inclusion and exclusion rules, and exemplar quotes, was created after open coding three transcripts. The coding process was carried out by one researcher, while the principal results were reviewed and verified by two additional researchers to strengthen the validity of interpretations. Thematic saturation was assessed iteratively, with no new codes emerging after the thirteenth interview and the final two interviews confirming redundancy. The entire research process and findings were carefully documented in order to support the transferability of the results [24].

### **Results**

Four main categories were identified (Table 1): media influence and personal preferences, family dynamics in eating, family role in eating habits, factors influencing healthy

eating habits. These categories capture recurring patterns in how parents interpret and negotiate healthy eating within everyday family life. Consistent with a qualitative descriptive approach [24], the findings remain grounded in the participants' experiences, while also indicating how practical factors, such as family routines, media influences, and economic conditions, interact in shaping dietary decisions.

**Table 1.** Overview of identified themes and subthemes

Theme	Subtheme
Media influence and personal preferences	<ul style="list-style-type: none"> <li>- Health as a priority</li> <li>- Influence of media on food choices</li> <li>- Following trends</li> </ul>
Family dynamics in eating	<ul style="list-style-type: none"> <li>- Shared meals</li> <li>- Food adaptation for children</li> <li>- Time as a barrier to shared meals</li> <li>- Meal preparation</li> <li>- Traditional eating habits</li> </ul>
Family role in eating habits	<ul style="list-style-type: none"> <li>- Transmission of habits and role modeling for children</li> <li>- Grandparents' role in family nutrition</li> </ul>
Factors influencing healthy eating habits	<ul style="list-style-type: none"> <li>- Meal preparation time as a factor</li> <li>- Food availability</li> <li>- Cost as a factor in food choice</li> </ul>

### *Influence of the media and personal preferences*

The influence of the media and personal preferences on the perception of healthy eating was particularly highlighted by the interviewees. These findings point to a culturally specific pattern in which parents actively filter media messages through established Slovenian norms of home-cooking and seasonality, indicating a selective rather than passive engagement with media influences. The most prominent themes within this category included "health as a priority", "media influence on dietary decisions", and "following trends". Most parents reported that they strive to balance modern trends with traditional dietary guidelines. For the majority, the key consideration is that food is homemade and prepared with seasonal ingredients. One of the participants said: *"We combine traditional guidelines, such as home cooking and the use of seasonal ingredients, with modern ideas, but we always make sure to stay true to our needs and lifestyle"*.

Traditional food preparation was often described as a value that ensures simplicity, sustainability, and reliability, as one interviewee points out: *“I stick to traditional guidelines because of their simplicity and sustainability. We avoid processed foods and sugar”*.

Some parents allow occasional indulgences, but always in search of balance: *“It is important to include as many healthy food choices as possible in our diets. Of course, not all meals can always be perfectly composed and organized from a nutritional point of view. A certain small portion must also be left for food that nourishes us through the enjoyment we get from eating it, even if it is not the most ideal nutritious food”*. Parents advocate a balanced approach to food, which can also mean recognizing useful trends: *“If an idea makes it easier to prepare healthy meals or brings something new and useful, we introduce it, but we avoid blindly following trends”*.

Parents are very critical of media information and often find it unclear and misleading, which makes nutritional decisions difficult. *“One day tomatoes are a miracle food that prolongs life, the next they are a carcinogenic poison that should be avoided at all costs. One day whole grain foods are wholesome, the next they are moldy and allergenic modern consumer scams. The Internet offers excellent recipes at every turn, but at the same time, a thousand and one pieces of information about certain foods, so that in the end, you no longer know what is true and what is not”*. That is why many parents prefer to rely on expert sources when making dietary decisions: *“I consult scientific sources and do not blindly follow media propaganda or trends”*. This pattern suggests that media influence operates as a negotiated rather than a dominant force, where parents actively reinterpret external messages through established cultural norms and practical family routines.

### *Family dynamics in eating*

This theme focuses on everyday interactional practices (e.g. shared meals and routines), whereas the following theme addresses intergenerational transmission of values and roles. Family dynamics are a key element influencing children's eating patterns. This theme reflects not only practical routines but also the cultural understanding of shared meals as a core relational practice within Slovenian families, where eating together functions as a mechanism for maintaining cohesion under time pressure. In this category, parents most often mentioned shared meals, adapting food to children, time as an obstacle to shared meals, meal preparation, and traditional eating habits. Shared meals are more than just feeding, they are the foundation for establishing interpersonal bonds, forming eating habits, and transmitting values. One parent

vividly described this importance: *“Eating together is very important as a way of socializing, expressing feelings, having various conversations and resolving dilemmas, and making new plans and agreements”*. Parents consciously make an effort to maintain shared meals despite their busy lifestyles. They emphasized prioritizing at least one daily meal together and actively organizing around it: *“If possible, we eat at least one meal together. We wait for each other so that we can eat together. Because that’s when we’re together and can talk and actually see each other. This is how we maintain our relationships”*.

This shows that family meals are not just a physical act of eating but an important mechanism for transferring cultural food practices to new generations. This suggests that shared meals function not only as a routine practice but also as a key social mechanism through which family cohesion and cultural norms are actively maintained.

#### *Family role in eating habits*

In contrast to family dynamics, this theme emphasizes intergenerational influence, particularly the role of parents and grandparents in shaping dietary norms. We initially acquire eating habits in our primary family, as the primary family and grandparents play a decisive role in shaping nutritional values. The dual role of grandparents, both as preservers of traditional food practices and as sources of indulgent foods, highlights a culturally embedded intergenerational negotiation that shapes children’s dietary socialization. In this category, parents most often mentioned the transfer of habits to children and their own example, as well as the role of grandparents in the family’s diet. Many parents base their dietary decisions on their own childhood experiences, as illustrated by the following statement: *“I took from my parents the idea that breakfast is the most important meal of the day. I try to pass this on to my children. I believe that a healthy and nutritious breakfast lays a good foundation for a successful day, so I try to ensure that our family has a varied and balanced choice every morning”*.

In addition, children’s preferences also influence their eating habits, with parents seeking a balance between respecting their wishes and maintaining nutritional quality: *“Since I have two children who are quite picky eaters, I have to adapt our, or rather their, diet to their preferences in order to ensure that they consume enough food during the day”*. Parents consider home-cooked meals and involving children in food preparation to be important. One of the interviewees said: *“In our family, we mainly follow our own customs. Traditional dishes are*

*important to us because they connect us to our cultural heritage, while also maintaining simplicity and balance in our diet”.*

Grandparents play a dual role: on the one hand, they contribute to the preservation of traditional eating habits, but on the other hand, they sometimes encourage less healthy food choices. One interviewee said: *“I often had lunch at my grandmother’s house, where she had more time and made sure we ate hot meals. I learned to appreciate home-cooked food, and we only eat it at home whenever possible”.* However, parents are critical of the influence of grandparents when it comes to offering sweets: *“The fact is that children eat more sweet foods when they are looked after by their grandparents”.* Other parents want the extended family to set an example for their children and not change the eating habits of the immediate family: *“I want grandparents and other family members to have as little influence as possible on my child’s eating habits. A varied diet is important for children, so it is important that other members of the extended family set an example for them”.*

The role of the family in eating habits is therefore clearly multifaceted and imbued with cultural significance. This reflects an ongoing intergenerational negotiation, where traditional values and contemporary health expectations are continuously balanced within the family context.

#### *Factors influencing healthy eating habits*

Parents most often mentioned practical obstacles such as time constraints, food availability, and food prices as factors influencing their families' eating habits. These constraints reveal structural pressures specific to contemporary Slovenian family life, where economic considerations and time scarcity require parents to adapt traditional practices to modern lifestyles while maintaining nutritional goals. Parents acknowledge that high-quality, organically grown foods are often more expensive: *“Fresh foods, organically grown foods, and products labeled as healthy are often more expensive than processed foods. This is a particular obstacle for families with lower incomes”.* To overcome these obstacles, parents develop their own strategies, such as cooking seasonal meals: *“We only cook one lunch, nothing for ‘special occasions’. That’s what we’re eating today and nothing else”.*

Lack of time often leads to the use of ready-made foods: *“When my daughters want ‘jota’ for lunch in the middle of the week, we just heat it up from a can. I can’t imagine when I would have time to cook it at home”.* Nevertheless, many strive for good organization: *“In terms*

*of time, some foods need to be prepared the day before to make cooking easier. Time is the biggest obstacle”.*

These data show that the social and economic context significantly influences the possibilities for implementing healthy eating practices in everyday life. These findings indicate that healthy eating practices are not determined solely by individual choice but are shaped by structural constraints that require continuous adaptation in everyday life.

## **Discussion**

This study shows that children’s eating habits are shaped through the interaction of traditional practices, modern influences, and parental preferences. Unlike previous studies, our findings highlight how parents do not simply adopt dietary guidelines but actively negotiate them within culturally embedded routines and structural constraints. The findings align with sociocultural and ecological perspectives, wherein family norms, intergenerational role-modelling, media signals, and economic conditions intersect to shape parental perceptions of healthy eating. Parents strive to integrate domestic, seasonal, and culturally established practices with contemporary notions of healthy eating, while family dynamics, time constraints, and economic considerations play a crucial role. Among these, parents particularly highlighted the cost of food as an important factor influencing day-to-day dietary choices and the feasibility of maintaining balanced family meals. Taken together, the results suggest that balancing traditional practices with contemporary guidance often reflects adaptation to social pressures and economic constraints rather than purely deliberate choice. Some individuals rarely consume fresh fruits and vegetables and other nutrient-dense foods such as seeds, nuts, beans, and whole grains due to economic reasons, often preferring more accessible, energy-dense foods over high-quality foods [16,25]. In contrast, a Finnish study [17] emphasizes that knowledge about healthy eating may be more influential than family income; even families with higher incomes can face challenges in providing nutritionally adequate meals due to competing financial obligations. In such cases, parents may lack the time or knowledge to encourage their children to try new fruits and vegetables instead of offering foods that are already familiar and accepted by the child. Our research confirms that a family’s social and economic status has a significant impact on their ability to implement healthy eating practices. Parents do develop strategies to overcome these limitations, such as cooking seasonal meals or preparing food in advance. Nevertheless, limited time and higher food costs remain persistent barriers to maintaining a

balanced diet. Recent Slovenian evidence similarly reports lifestyle-driven dietary deviations that complicate adherence to recommendations, particularly among youth [26].

Our research data indicate that media and global trends strongly influence parents' perceptions of healthy eating, although most parents exercise caution when introducing new habits. While some parents utilize media as a source of novel ideas, the majority prefer relying on proven information and traditional practices. This aligns with findings from a study examining the impact of television advertisements for processed foods on childhood obesity in the United Kingdom [27]. The researchers found that eliminating advertisements aired between 5:30 a.m. and 9:00 p.m. could reduce exposure among children, potentially decreasing the number of overweight or obese children aged 5 to 17 by up to 160,000 [27]. Similarly, exposure to advertising for unhealthy foods increases the likelihood that children will select and consume these products and develop favorable attitudes toward them. The attractiveness of such foods is further reinforced through the use of promotional characters and brand logos on packaging [28]. Media influence is not limited to television advertising. Marketing through magazines, online platforms, and social media has also been associated with changes in children's dietary behaviors. A strong association between exposure to food marketing and children's dietary patterns has been documented, highlighting the pervasive influence of media on food-related choices [28]. Consistently, family norms and the home food environment mediate how marketing and social signals translate into children's dietary practices [29]. Our findings show how, within this media environment, traditional habits, modern trends, and personal preferences intertwine to shape children's eating behaviors. The results emphasize that family dynamics are a key factor in shaping children's eating patterns. Shared meals are highlighted as a central element of family eating, which goes beyond the mere physiological consumption of food and, at the same time, creates space for interpersonal connection, emotional exchange, communication, and the transmission of cultural and dietary values. In the study, parents reported that despite time constraints, they make a conscious effort to organize shared meals, confirming that these meals serve as an effective mechanism for strengthening family ties and maintaining quality interpersonal relationships. This is consistent with findings indicating that eating together improves family dynamics and children's eating habits [9]. Beyond scheduling convenience, commensality operates as a cultural practice that sustains social connectedness and supports healthier eating patterns. Similarly, individuals who frequently eat alone may still consume three meals per day. However, these meals tend to be less nutritious, and overall eating habits are generally unhealthy [30]. From the perspective of the Socio-Ecological Model (SEM), eating in isolation removes the protective layer of the interpersonal microsystem, where

social support typically reinforces healthy norms [31]. Furthermore, improving the quality of children's diets and eating behaviors requires changes within the family environment, such as limiting television viewing during meals, controlling portion sizes, sitting together at the table, and promoting social interaction between parents and children. Children eating the same food as their parents has been identified as having the most significant impact on diet quality [32].

The results of our research highlight the dual role of grandparents in shaping children's eating habits. On the one hand, they contribute to the preservation of traditional and domestic eating habits, which strengthens cultural identity and food-related values. On the other hand, they may also encourage less healthy choices, particularly when offering sweet snacks, which can create potential conflicts with parental guidelines. These findings underscore the importance of involving grandparents in dietary interventions, as their role can support positive dietary practices while minimizing inconsistencies that may compromise children's nutrition. In contrast to studies conducted in other contexts, which emphasize the influence of the extended family on unhealthy eating behaviors [14], our study highlights the importance of shared meals as a cultural practice in preserving nutritional values. Grandparents often provide meals that combine healthy dishes with occasional indulgent snacks, reflecting both care and mutual affection. Such practices may positively contribute to the creation of a supportive nutritional environment and are associated with improved quality of children's nutrition; however, they may also lead to family conflicts and challenge the establishment of healthy eating habits. Compared with parents, grandparents are more likely to grant children greater autonomy in food choices, whereas parents actively promote dietary diversity and implement educational strategies related to nutrition [15]. Community-health research reinforces this multilevel view, showing that cultural practices, family norms, and local environments jointly shape everyday dietary decisions and the perceived feasibility of "healthy" choices [33]. Taken together, these patterns situate our results within sociocultural accounts of family food culture while underscoring multilevel (ecological) influences that extend from household routines to media exposure and affordability constraints [29].

### *Limitations of the study*

The main limitation of our study is the small number of participants and the purposive sampling, which restricts the generalizability of the findings to the broader population. Additionally, self-selection bias may have occurred, as participants who chose to take part may be more motivated or particularly interested in the research topic, and they may come from

similar geographical areas. The study focused exclusively on parents' perspectives rather than on those of children or experts, which means that the viewpoints of these groups were not captured and could provide additional insights into the topic. To complement these findings, a quantitative study with a larger sample would be valuable, as it would allow for statistical analysis of dietary patterns in Slovenian families. Such an approach could reveal important social dimensions, including the influence of education, socioeconomic status, and geographical differences, and contribute to the development of targeted nutrition programs and policies. Despite these limitations, our study provides an in-depth understanding of participants' experiences and can serve as a foundation for further research. The results indicate that parents often face constraints related to time, ingredient availability, and their children's food preferences. These findings suggest that public health programs could be developed to provide parents with practical tools for preparing balanced meals, encourage the adaptation of traditional dishes to align with modern dietary recommendations, and consider the economic and cultural contexts of families. Such guidelines could help parents strike a balance between traditional and modern dietary practices while promoting healthy eating habits.

## **Conclusions**

The study demonstrated that cultural context and family dynamics strongly influence the dietary choices of Slovenian parents. Key factors promoting healthy eating habits in children include combining traditional and modern practices, sharing meals, and involving grandparents. Parents often face challenges such as limited time, the high cost of quality food, and the influence of extended family, while media and current food trends also affect decision-making. Understanding these complex influences underscores the need to support families and the broader social environment in fostering healthy eating habits.

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This study involved human participants; however, it posed minimal risk. Written informed consent was obtained from all the participants prior to the interviews, and they were informed about the voluntary nature of participation and the confidentiality of their responses.

Artificial intelligence (AI) tools (DeepL Translate) were used to assist in translating parts of the manuscript. The translation was carefully reviewed and edited by the authors to ensure accuracy and clarity.

## References:

1. World Health Organization (WHO). Healthy diet [Internet]. Geneva: WHO; 2020 [access 2025 Jun 17]. Available from: <https://www.who.int/news-room/fact-sheets/detail/healthy-diet/>
2. Gutkowska K, Hamułka J, Czarniecka-Skubina E. The attitudes of 7-9 year old primary school students towards food and nutrition: insights from qualitative FGI research—the Junior-Edu-Żywnienie (JEŻ) project. *Nutrients*. 2023; 15(22): 4732. <https://doi.org/10.3390/nu15224732>
3. Šmit M, Kvas A, editors. [Family-centered approach to a healthy lifestyle: a collection of peer-reviewed papers: Debeli rtič, 10.6.2021]. Ljubljana: Chamber of Nursing and Midwifery of Slovenia; 2021 (in Slovenian).
4. Martini D, da Costa Ribeiro H, Gately P, Mattes R, Re R, Bier D. Positive nutrition: shifting the focus from nutrients to diet for a healthy lifestyle. *Eat Weight Disord*. 2023; 28(1): 51. <https://doi.org/10.1007/s40519-023-01580-1>
5. Poličnik R. [Healthy eating: a guide for healthcare providers]. Ljubljana: National Institute of Public Health; 2018 (in Slovenian).
6. de Oliveira Scudine KG, Castelo PM, Hoppe JPM, Portella AK, Silveira PP. Early influences on development of sensory perception and eating habits. *Adv Nutr*. 2024; 15(12): 100325. <https://doi.org/10.1016/j.advnut.2024.100325>
7. Jeong S, Lee J. Effects of cultural background on consumer perception and acceptability of foods and drinks: a review of latest cross-cultural studies. *Curr Opin Food Sci*. 2021; 42: 248-256. <https://doi.org/10.1016/j.cofs.2021.07.004>
8. Sa'ari AS, Hamid MRA, 'Ain Azizan N, Ismail NH. Examining the evidence between screen time and night eating behaviour with dietary intake related to metabolic syndrome: a narrative review. *Physiol Behav*. 2024; 280: 114562. <https://doi.org/10.1016/j.physbeh.2024.114562>

9. Piloquet H, Berge B, Maigret P, Hospital V. Food fussiness is associated with family environmental factors in 1-3-year-old children: a large-scale cross-sectional study. *Appetite*. 2024; 192: 107043. <https://doi.org/10.1016/j.appet.2023.107043>
10. Gerber S, Folta SC. You are what you eat... but do you eat what you are? The role of identity in eating behaviors—a scoping review. *Nutrients*. 2022; 14(17): 3456. <https://doi.org/10.3390/nu14173456>
11. Glanz K, Metcalfe JJ, Folta SC, Brown A, Fiese B. Diet and health benefits associated with in home eating and sharing meals at home: a systematic review. *Int J Environ Res Public Health*. 2021; 18(4): 1577. <https://doi.org/10.3390/ijerph18041577>
12. Knobl V, Dallacker M, Hertwig R, Mata J. Happy and healthy: how family mealtime routines relate to child nutritional health. *Appetite*. 2022; 171: 105939. <https://doi.org/10.1016/j.appet.2022.105939>
13. Snuggs S, Harvey K. Family mealtimes: a systematic umbrella review of characteristics, correlates, outcomes and interventions. *Nutrients*. 2023; 15(13): 2841. <https://doi.org/10.3390/nu15132841>
14. Martínez-Vargas L, Vermandere H, Bautista-Arredondo S, Colchero MA. The role of social determinants on unhealthy eating habits in an urban area in Mexico: a qualitative study in low-income mothers with a young child at home. *Appetite*. 2022; 169: 105852. <https://doi.org/10.1016/j.appet.2021.105852>
15. Jongenelis MI, Budden T. The influence of grandparents on children’s dietary health: a narrative review. *Curr Nutr Rep*. 2023; 12(3): 395-406. <https://doi.org/10.1007/s13668-023-00483-y>
16. Stone RA, Brown A, Douglas F, Green MA, Hunter E, Lonnie M, et al. The impact of the cost of living crisis and food insecurity on food purchasing behaviours and food preparation practices in people living with obesity. *Appetite*. 2024; 196: 107255. <https://doi.org/10.1016/j.appet.2024.107255>
17. Serasinghe N, Vepsäläinen H, Lehto R, Abdollahi AM, Erkkola M, Roos E, et al. Associations between socioeconomic status, home food availability, parental role-modeling, and children’s fruit and vegetable consumption: a mediation analysis. *BMC Public Health*. 2023; 23(1): 1037. <https://doi.org/10.1186/s12889-023-15879-2>
18. Mertens E, Colizzi C, Peñalvo JL. Ultra-processed food consumption in adults across Europe. *Eur J Nutr*. 2022; 61(3): 1521-1539. <https://doi.org/10.1007/s00394-021-02733-7>

19. Gregorič M, Blaznik U, Fajdiga Turk V, Hočevnar-Grom A, Delfar N, Korošec A, et al. [Various aspects of the dietary habits of the Slovenian population aged 3 months to 74 years. Electronic edition]. Ljubljana: National Institute of Public Health; 2019 (in Slovenian).
20. Gregorič M, Hristov H, Blaznik U, Koroušić Seljak B, Delfar N, Pravst I. Dietary intakes of Slovenian adults and elderly: design and results of the national dietary study SI.Menu 2017/18. *Nutrients*. 2022; 14(17): 3618. <https://doi.org/10.3390/nu14173618>
21. Makarovič G. [Diet in 19th-Century Slovenia]. *Slovenski etnograf*. 1988-1990; 33/34: 127-205 (in Slovenian).
22. Tenny S, Brannan JM, Brannan GD. *Qualitative study*. Treasure Island (FL): StatPearls Publishing; 2025.
23. Im D, Pyo J, Lee H, Jung H, Ock M. Qualitative research in healthcare: data analysis. *J Prev Med Public Health*. 2023; 56(2): 100-110. <https://doi.org/10.3961/jpmph.22.471>
24. Kim H, Sefcik JS, Bradway C. Characteristics of qualitative descriptive studies: a systematic review. *Res Nurs Health*. 2017; 40(1): 23-42. <https://doi.org/10.1002/nur.21768>
25. Barrett B. Health and sustainability co-benefits of eating behaviors: towards a science of dietary eco-wellness. *Prev Med Rep*. 2022; 28: 101878. <https://doi.org/10.1016/j.pmedr.2022.101878>
26. Radivo M, Poklar Vatovec T. Dietary patterns and lifestyle among Slovenian adolescents. A quantitative study. *Obz Zdrav nege*. 2023; 57(4): 239-257 <https://doi.org/10.14528/snr.2023.57.4.3229>
27. Mytton OT, Boyland E, Adams J, Collins B, O'Connell M, Russell SJ, et al. The potential health impact of restricting less healthy food and beverage advertising on UK television between 05.30 and 21.00 hours: a modelling study. *PLoS Med*. 2020; 17(10): e1003212. <https://doi.org/10.1371/journal.pmed.1003212>
28. Smith R, Kelly B, Yeatman H, Boyland E. Food marketing influences children's attitudes, preferences and consumption: a systematic critical review. *Nutrients*. 2019; 11(4): 875. <https://doi.org/10.3390/nu11040875>
29. Liu KSN, Chen JY, Ng MYC, Yeung MHY, Bedford LE, Lam CLK. How does the family influence adolescent eating habits in terms of knowledge, attitudes and practices? A global systematic review of qualitative studies. *Nutrients*. 2021; 13(11): 3717. <https://doi.org/10.3390/nu13113717>

30. Lee EJ, Lee KR, Kim JY. Analysis of differences in eating alone attitude of Koreans by dietary habits and age. *Appetite*. 2020; 152: 104695. <https://doi.org/10.1016/j.appet.2020.104695>
31. Albardan L, Platat C. A holistic exploration of the psychosocial, environmental, neurobiological, and individual factors influencing children's food choices: a narrative review. *Front Nutr*. 2025; 12: 1645293. <https://doi.org/10.3389/fnut.2025.1645293>
32. Skafida V. The family meal panacea: exploring how different aspects of family meal occurrence, meal habits and meal enjoyment relate to young children's diets. *Sociol Health Illn*. 2013; 35(6): 906-923. <https://doi.org/10.1111/1467-9566.12007>
33. Lekše R, Godec D, Prosen M. Determining the impact of lifestyle on the health of primary school children in Slovenia through mixed membership focus groups. *Journal of Community Health*. 2023; 48: 857-869. <https://doi.org/10.1007/s10900-023-01231-7>

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