

Original Research: Brief

Children's Discourse of Liked, Healthy, and Unhealthy Foods



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ABSTRACT

Background Food literacy and nutrition education from kindergarten to 12th grade is a recommended strategy to address obesity prevention. However, limited research has explored children's understanding and conceptualization of food and healthy eating to inform the development of curricula and messaging strategies.

Objective To explore and identify patterns and themes regarding how children discuss and describe food and healthy eating.

Design Focus groups were conducted during which children were asked to identify and describe foods they liked and perceived as healthy and unhealthy. To triangulate findings, children also completed written worksheets on which they identified and described foods. Discourse analysis was used to code and interpret data by focusing on the language children used in relation to different types of food.

Participants/setting Seven focus groups were held with children in grades 3 through 7 (n=38) from one rural community.

Results Analysis indicated four main themes. Children used a heuristic based on major food groups to determine healthfulness, did not strongly connect health values with liked foods and foods perceived as unhealthy, expressed that taste, texture, and visual appeal primarily shaped likeability, and associated liked foods with positive home and family experiences.

Conclusions Children's descriptions of liked and unhealthy foods were largely disconnected from health values and connected to taste and familiarity. Nutrition education should expand strategies beyond promotion of health benefits to include taste and sociocultural familiarity.

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HILDREN'S POOR DIETARY BEHAVIORS HAVE LED TO increased risk for conditions such as obesity and type 2 diabetes.¹ During the past decade, energy intake from major food groups, including fruit and vegetables, meat, fish and poultry, and milk significantly decreased and energy intake from sugar-sweetened beverages, candies, and dessert significantly increased among children aged 6 to 11 years.^{2,3} To address these trends, food literacy and nutrition education is recommended.⁴ Yet, limited research has explored children's understanding of food and healthy eating to inform the development of curricula and messaging.

The Institute of Medicine identified implementation and monitoring of food literacy and nutrition education from kindergarten to 12th grade as a key strategy for accelerating progress in obesity prevention.⁴ Childhood is a time of significant cognitive and psychosocial development, and considered an important period for the formation of eating habits.⁵ Education during this time has potential to shape food-related perceptions and behaviors and contribute to the development of lifelong healthy eating habits.

Research indicates that individuals have personal systems of food values, knowledge structures, and heuristics that influence their food choices and behaviors.⁶ These personal food systems are shaped by social and cultural contexts and simplify mental processing of food choices made on a daily basis. Children are more likely to respond to education and messaging strategies that correspond to their personal food systems.⁷

Qualitative research of children's food and healthy eating perceptions has uncovered several important factors related to their food choices (eg, taste and accessibility).^{8,9} Research studies have also asked children to sort or categorize predefined lists of food items in terms of healthfulness to assess their nutrition knowledge.¹⁰⁻¹³ However, there are limitations in these studies and gaps in knowledge remain. Much of this research has focused only on fruits and vegetables, and many of the studies have been directed by health behavior theories criticized for assuming relatively high rationality and cognitive processing of food choices.^{9,14} These assumptions may limit insight regarding children's food and healthy eating values and knowledge structures that form as a result of their social and cultural context.

Qualitative research with inductive frameworks can generate rich descriptions about how food and healthy eating

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is understood within one's social and cultural context.¹⁵ For example, adults' descriptions of food values and choice processes from in-depth interviews and focus groups have been used to understand how adults construct and negotiate food values, classify foods, and form and revise strategies for choosing foods.⁶ The purpose of this study was to explore how children understand and conceptualize food and healthy eating to inform nutrition education and messaging strategies. The specific aim was to identify patterns and themes in data gleaned from children's discussions and respective descriptions of food and healthy eating.

METHODS

Study Setting

This study was conducted in a rural county school district in Virginia. In 2012, the county had a population density of 29.6 people per square mile and a total population of 17,088 (62% white and 35% African American). More than half of students in the elementary and middle school in this community were eligible for free and reduced lunch, 70% and 60%, respectively. The county's median household income is \$36,378; 57% of the Commonwealth average. This study was approved by the institutional review boards at the University of Nebraska Medical Center and the University of Virginia.

Subjects and Procedures

To gain a range of child perspectives, school administrators selected and recruited children (quasirandomly from arbitrarily chosen class lists) from grades 3 through 7. Administrators were asked to exclude participants with behavior disorders or disabilities that would limit their ability to participate in the session. Administrators sent parents materials about the study and a consent form, which was resent until a sufficient number of students returned signed consents. Children with parental permission were invited and assented to participation. We used an emergent process of preliminary analyses (assessing for saturation of themes) and data collection to refine sampling and data collection methods.¹⁶ Seven focus group sessions were conducted (n=37). Each session targeted four to five participants per session based on recommended practices for focus groups with children.¹⁷ Two sessions each were held with thirdgraders (n=9), one session with children in grades 3 and 4 (n=8), and one session each with children in grades 4 (n=4), 5 (n=6), 6 (n=6), and 7 (n=4). Two research team members with prior training in focus group facilitation methods led moderation of the focus groups, taking turns moderating and note-taking. Another team member was also trained on the protocol and participated as a notetaker in several sessions. All focus groups were conducted in the school cafeteria during nonservice times on school days. Each session was audiorecorded and lasted approximately 30 to 45 minutes.

Focus Group Measures

A semistructured guide was used for each session that included the following leading questions across all sessions and grade levels: "What foods did you eat yesterday?", "What kinds of foods do you eat most of the time?", "What kinds of foods do you like or are your favorite and why?", and "What kinds of foods are healthy or unhealthy and why?". The moderators asked the group each question and called upon

participants as needed to solicit responses. Probing and clarifying questions such as, "How do you describe [these foods]?", were used to generate additional discussion and descriptions as participants answered the leading question. The first three focus groups were analyzed for preliminary themes, which indicated potential differences in how children described foods they understood as healthy, unhealthy, and liked foods. A Food Descriptor Grid was administered to strengthen validity of findings and provide a second data source for triangulation 18 in the final four focus group sessions (one each with children in third grade and children in fifth through seventh grade [n=21]). Participants recorded responses in the written Food Descriptor Grid that had prompts similar to the focus group questions. Grid prompts included a request to name as many food items as desired in three categories (ie, food I like, food I think is healthy food, and food I think is unhealthy food), followed by a short description of each of these items. The participants could list the same item in multiple categories. During the first 15 to 20 minutes of the sessions, moderators answered clarifying questions while the participants completed the grid. During the remaining time, the moderators asked the focus group questions and also asked participants to share and discuss descriptor grid responses.

Data Analysis

Focus group audio files were transcribed and analyzed using NVivo 10 (2014, QSR International). Discourse analysis was used to examine how children's discussions and descriptions of food and healthy eating reflected social and cultural context.¹⁹ Coding and interpretation focused on identifying themes as signified by use of language. For example, units of data (words, sentences, and phrases) were coded based on the language children used to describe foods and compared across foods they liked, and foods perceived as healthy and unhealthy. Three research team members, including one not involved in conducting the focus group sessions, used an iterative process to review transcripts and develop a coding scheme, and consulted with other team members to discuss emerging themes. Two team members independently applied the final coding scheme on a subset of two focus group transcripts. Interrater reliability was measured using Cohen's kappa and was found to be of substantial agreement $(0.77)^{20}$ One team member finished coding the remaining transcripts.

Responses provided in the Food Descriptor Grid were manually entered into a spreadsheet. The foods children listed were coded by categories aligned with US Department of Agriculture MyPlate food groups (eg, fruit, starchy vegetable, and lean protein).²¹ Thematic analysis was used to code the descriptions children provided.²² The number of participants who listed at least one item in the major food groups and descriptive theme under the liked, healthy, and unhealthy food categories were used to summarize food descriptor data, which were compared and contrasted with focus group themes to triangulate findings.

RESULTS

Four major themes arose from focus group sessions, which were supported by findings from the Food Descriptor Grid, regarding how participants described food and healthy eating. Children used a heuristic based on major food groups

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