The Health Care Provider's Experience With Fathers of Overweight and Obese Children: A Qualitative Analysis

Eliza Anti, MS, FNP, Jennifer S. Laurent, PhD, FNP, & Connie Tompkins, PhD

ABSTRACT

Purpose: The purpose of this study was to explore the experience of health care providers (HCPs) in the outpatient setting as they work with fathers of children who are overweight and obese.

Method: Interpretative phenomenological analysis was used for data collection and analysis. Seven HCPs were interviewed about their experiences.

Results: Two major themes emerged from the experiences of these HCPs: "dad in the back seat" and "paternal resistance."

Discussion: The theme of "dad in the back seat" captured the HCPs' experiences and perceptions of parental roles and related stereotypes with respect to fathers' lack of presence in the health-care setting, family roles that relegate fathers to the back seat in dealing with this issue, and the tendency of fathers to take a passive role and defer to mothers in the management of their child's weight. "Paternal resistance" reflected the perceived tendency of the father to resist the acceptance of his child's weight as a problem and to resist change and even undermine family efforts to make healthier choices.

Conclusion: HCPs' experiences of fathers as having a minimal role in the management of their child's overweight and obesity may lead them to neglect fathers as agents of change with regard to this important issue. J Pediatr Health Care. (2016) *30*, 99-107.

KEY WORDS

Childhood obesity, fathers, health care providers

Eliza Anti, Adult Nurse Practitioner, Barre Internal Medicine, Barre, VT.

Jennifer S. Laurent, Assistant Professor of Nursing, Department of Nursing, College of Nursing and Health Sciences, University of Vermont, Burlington, VT.

Connie Tompkins, Assistant Professor of Exercise Physiology, University of Vermont, Burlington, VT.

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Correspondence: Jennifer S. Laurent, PhD, FNP, Department of Nursing, College of Nursing and Health Sciences, University of Vermont, 204 Rowell Building, 106 Carrigan Dr, Burlington, VT 05404-0068; e-mail: Jennifer.Laurent@med.uvm.edu.

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Childhood obesity is a critical health threat (Swinburn et al., 2011). Approximately one third of youth in the United States are currently overweight or obese (Ogden, Carroll, Kit, & Flegal, 2014), and childhood obesity has been shown to persist into adulthood (Reilly & Kelly, 2011). The short- and long-term effects of childhood obesity are significant physically, psychologically, and economically for the individual, as well as for society. Adverse effects include both acute and chronic physical and psychological health problems, which may present in childhood or be undetected until adulthood. Obesity

increases children's risk of orthopedic conditions (Shultz, D'Hondt, Fink, Lenoir, & Hills, 2014), respiratory disease (Liu, Kieckhefer, & Gau, 2013), sleep apnea (Arens & Muzumdar, 2010), steatohepatitis (Leung, Williams, Fraley, & Klish, 2009), metabolic syndrome and diabetes (Caprio, 2012; D'Adamo & Caprio, 2011), hypertension (Tu et al., 2011), depression (Harriger & Thompson, 2012), and attention deficit hyperactivity disorder (Kalarchian & Marcus, 2012). The grave sequelae of childhood obesity raise the imperative to seek causes and potential solutions for this issue.

Parents are critical influences on child weight and weight-related behaviors and determine what food is available in the home, which is one of the most influential factors in affecting child food choices (Ezendam, Evans, Stigler, Brug, & Oenema, 2010; Reinaerts, de Nooijer, Candel, & de Vries, 2007). Further, parents determine the household environment and influence their children's eating habits (Pearson, Ball, & Crawford, 2011), activity level, and body mass index (Crawford et al., 2010). Parental obesity, parental role modeling, and parenting practices have all been shown to influence child weight status (Berge, Wall, Bauer, & Neumark-Sztainer, 2010; Keane, Layte, Harrington, Kearney, & Perry, 2012; Ventura & Birch, 2008).

Thus far the majority of literature investigating the parental role in childhood obesity has focused on mothers. However, the amount of time that fathers spend with their children has been increasing during the past several decades (Bianchi, 2000), and fathers have been assuming a broad range of roles and responsibilities that previously would have been managed by mothers (Garfield & Isacco, 2006; Yeung, Sandberg, Davis-Kean, & Hofferth, 2001). What little research exists suggests that fathers may play an important role in their children's weight status (Fraser et al., 2011; Khandpur, Blaine, Fisher, & Davison, 2014). For example, fathers have been shown to positively influence their child's obesity by modeling and encouraging healthy behaviors (Berge et al., 2010), justifying increased attention to the father as an agent of change with regard to child obesity.

Health care providers (HCPs) are in a unique position to interact with parents regarding their child's weight. These interactions may affect parents' motivation and propensity to elicit change in their household directed at several well-documented determinants of childhood obesity such as diet (Collison et al., 2010; Duffey & Popkin, 2013; Shang, O'Loughlin, Tremblay, & Gray-Donald, 2013), screen time (Ness et al., 2007; Miller, 2011), and physical activity (Drenowatz et al., 2013; Hohensee & Nies, 2012). Little is known about the father's role in the management of his child's weight, and even less is known about HCP interactions and experiences with fathers of overweight and obese children. The purpose of this study was to examine the experiences of HCPs as they work with fathers of overweight and obese children in the outpatient setting to understand how these perceptions might affect the ability of HCPs to engage fathers in this important issue. This knowledge will help us to understand what HCPs might need to effectively influence the families they work with. This understanding will assist in strategizing family-based approaches to child weight management in the effort to reduce childhood obesity.

METHODS

Research Methodology

Interpretative phenomenological analysis, as outlined by Smith, Flowers, & Larkin (2009), was used to guide data collection and analysis for this study.

Recruitment

After obtaining Institutional Review Board approval, the participants were recruited from an area in the rural northeastern United States with a predominant lower to middle socioeconomic status and White population. Recruitment was solely by word of mouth. Inclusion criteria were HCPs (physicians, nurse practitioners, and osteopaths) who were working with fathers of overweight and obese children.

Data Collection

Data were collected through semi-structured interviews with the primary investigator (PI) and audio recorded in their entirety. Six interviews were conducted in person and one was conducted by telephone. A flexible interview schedule was used. Supplementary questions were tailored to the participants' responses, and prompts were used to explore participants' responses in depth. The primary question, "Can you tell me about your experience, overall, with fathers of overweight or obese children?" was asked of all participants, along with the questions "What do you see as the father's role in parenting, with regard to their child's weight?" and "Is there anything else you would like me to know about your experience with fathers of overweight or obese children?" Participants were asked at what capacity they interacted with fathers, as well as how often they interact with fathers of overweight or obese children to gain a sense of familiarity with the subject matter.

Analytic Procedures

Interviews were transcribed verbatim and then de-identified. Data were analyzed using procedures outlined by Smith, Flowers & Larkin (2009),