



A Qualitative Study of Family Healthy Lifestyle Behaviors of Mexican-American and Mexican Immigrant Fathers and Mothers

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ABSTRACT

This study qualitatively examines contrasting parental decision-making styles about family food choices and physical activities as well as willingness to change behaviors among Mexican-American and Mexican immigrant mothers and fathers of school-aged children. Twelve sex-specific focus groups were held in English or Spanish in 2012. Qualitative analysis informed by grounded theory examined parenting styles (ie, authoritative, authoritarian, or permissive), barriers to healthy lifestyle, and parents' stage of change about healthy lifestyles. One third of the 33 participating couples were born in Mexico. The majority of mothers and fathers described being permissive and allowing unhealthy food choices, and a minority of mothers reported more authoritarian approaches to promoting a healthier diet for their children. Mothers were more permissive than fathers about family physical activities and less engaged in these activities. Most mothers and fathers described only contemplating a healthier diet and more physical activity, while wanting their children to have a healthier lifestyle. These data suggest that clinicians need to assess and address differential parental roles when promoting a healthy lifestyle for children. Clinicians should also adopt culturally competent approaches to overcome barriers to parental engagement in diverse aspects of a healthy family lifestyle.

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MANY FACTORS CONTRIBUTE TO THE HEALTH threat from childhood obesity in the United States, but an increasingly sedentary, high-caloric food environment is a critical factor.¹ Parents can play a key role in combatting childhood obesity through efforts to counteract an unhealthy environment. However, many questions remain about unique and distinctive ways that parents can help or hinder their children's healthy lifestyle. Several studies have reported that more "controlling" parents are more likely to have children with a healthier body mass index (calculated as kg/m²).^{2,3} Yet, in a study of Mexican-American mothers and their fifth-grade offspring, controlling mothers' pressure on their children to eat adversely affected their children's weight.⁴ Therefore, parenting styles have complex effects on children's weight.

Relatively few interventions address parenting styles and children's weight. A systematic review found only seven randomized trials of parenting skills interventions for childhood

obesity.⁵ Most trials involve only mothers, such as the *Aventuras para Niños* trial.⁶ Yet researchers have found that both mothers' and fathers' weight changes are independently associated with their children's weight and reinforce engaging both parents whenever possible in interventions to reduce childhood obesity.⁷

Such interventions are a high priority for minority groups who are disproportionately affected by overweight and obesity. Mexican-American children are 40% more likely to be overweight than non-Hispanic white children.⁸ Because two thirds of Latino children younger than age 18 years have two parents living in the home,⁹ interventions that also involve fathers or male caregivers might be more effective.

This study conducted an in-depth qualitative examination of Mexican-American and Mexican immigrant fathers' and mothers' approaches to making decisions about their family's lifestyle behaviors, as well as current diet and physical activities. Based on qualitative review of parents' comments, the emergent themes appeared to be amenable to examination according to two behavioral constructs: (1) parenting typologies developed by Maccoby and Martin¹⁰ and (2) Prochaska's Transtheoretical Stages of Change model.¹¹ An examination was also conducted of discordance between parents' reports of personal habits and expectations of their children to have a healthier lifestyle. These qualitative data add to growing evidence that interventions to address

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children's obesity in Mexican-American and Mexican immigrant families should take advantage of both parents' complementary roles in defining the family's lifestyle.

METHODS

Participant Selection

Two-parent Mexican-American or Mexican immigrant families with school-aged children were recruited at libraries and schools by *promotoras* and local public librarians. Twelve focus groups were held from August 2011 through January 2012 in community settings in predominantly Mexican-American neighborhoods of San Antonio. Equal numbers of women ($n=33$) and men ($n=33$) attended sex-specific meetings with four to seven participants in each. Meetings lasted 60 to 90 minutes with refreshments and healthy snacks. All participants gave oral consent and received a \$20 gift card after the meeting.

Qualitative Methodology

Focus groups were moderated by two South Central Area Health Education Center staff, both of whom completed training in focus-group facilitation at our local School of Public Health, and 2 student observers. All study personnel completed human subjects' research Collaborative Institutional Training Initiative (CITI) training. Mothers and fathers met simultaneously in separate locations. Two sessions were held in Spanish, as preferred by some participants. Moderators followed a discussion guide developed by the study team based on a review of studies of parents' roles in childhood obesity (Figure). Discussion topics included perceptions of a healthy diet and an active lifestyle, decision making about family food choices and activities, approaches to promote a healthy lifestyle in children, current personal behaviors, willingness to change, barriers/facilitators to a healthier lifestyle, health-related knowledge/attitudes, preferences/decision making about family diet and physical activities (at school or elsewhere), and family behaviors. Focus groups were tape-recorded and transcribed verbatim by Area Health Education Center staff and reviewed for accuracy by a professional transcriptionist as well as a study team member. Transcribed discussions in Spanish were translated to English by a native Spanish-speaking certified translator.

Data Analyses

Analyses of transcribed focus-group data were conducted using an iterative process informed by grounded theory.¹² The research team met to develop an initial coding scheme that addressed mothers' and fathers' perspectives on diet and exercise, personal behaviors, and children's behaviors. Additional codes were developed based on themes emergent in the transcripts as noted here. Three study team members read transcripts and coded parents' comments. Because the dataset was relatively modest, all coders could review each of the transcripts fully in group meetings to ensure coding agreement. Where discrepancies arose, they were reviewed and discussed until consensus was reached.

Although the initial approach to data analysis was entirely inductive in nature, with no a priori hypotheses about factors likely to influence parents' approaches to healthy behaviors, it was evident upon reviewing the transcripts that parents' comments about their approaches to parenting with regard

to diet and physical activities were fully consistent with previously described parenting styles in the literature on childhood obesity. In a second round of analysis, therefore, transcripts were coded according to Maccoby and Martin's four categories of general parenting¹⁰: (1) authoritative style combines high responsiveness to the child with high demandingness; (2) authoritarian style combines low responsiveness with high demandingness; (3) permissive style combines high responsiveness with low demandingness; and (4) neglectful style reflects minimal involvement. For example, an authoritarian style was coded when a parent commented that he or she simply told the child to eat a specific food, permitting no discussion. Authoritative parenting was reflected by requiring the child to eat healthy food, but allowing the child to negotiate. Permissive style was coded if the parent said that he or she followed the child's wishes and made few demands that the child eat healthier foods. Neglectful style occurs when a parent expresses no interest in the child's diet. A similar approach was used for coding of parenting styles around family physical activities. No examples were observed of a neglectful approach to parenting for either food or physical activity.

The transcript analyses also revealed that parents' engagement in healthy lifestyles were amenable to classification according to Prochaska's Stages of Change model.¹¹ Because parents' comments did not permit fine distinctions, we combined the original five categories into three, including: (1) precontemplation if the parent indicated satisfaction with current unhealthy lifestyle (eg, "we won't eat vegetables"); (2) contemplation or preparation when the parent described considering or specific plans to change diet or exercise (eg, "I would like to learn how to prepare healthier foods"); and (3) action or maintenance when the parent and children was engaged in a healthy behavior (eg, "I play soccer with my son several times a week"). All second-round coding was conducted using the same process of individual team member coding followed by group review and discussion to reach consensus.

Lastly, statements were coded when indicative of discordance between parents' personal intentions, behaviors, and expectations of their children to have a healthy lifestyle. The final qualitative analysis step was to compare and contrast mothers' and fathers' comments about these topics. All study procedures were approved by the Institutional Review Board of the University of Texas Health Science Center at San Antonio.

RESULTS

Mean ages of the 66 participating mothers and fathers were 37.2 and 38.9 years, respectively, and they had a mean of 2.5 children (Table 1). Approximately one third of parents were born in Mexico and most completed high school. The majority of fathers had blue-collar jobs and most mothers were full-time homemakers.

Both mothers' and fathers' comments about parenting styles about diet were most commonly classified as reflecting a permissive approach (Table 2), followed by an authoritarian approach, especially for mothers. Children decided not only what they would eat at home but also what and where they would eat outside of the home. Children were usually permitted to select less healthy choices.

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