An Exploration of How Fathers Attempt to Prevent Childhood Obesity in Their Families

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ABSTRACT

Objective: To understand how fathers of preschool-aged children define overweight and obesity in children, investigate how fathers influence or attempt to influence their child's nutrition and physical activity behavior, and explore the father's perceived role in making decisions regarding his child's weight status.

Methods: Explorative study using an online survey, with 9 open-ended questions. Content analysis using constant comparative method was applied to data. A total of 117 US fathers (35.6 ± 5.55 years, 85% white; 82% had a 4-year degree or more) of preschoolers were included in the final analysis.

Results: Four themes emerged from the responses: (1) causes of childhood obesity, (2) prevention and/or treatment strategies, (3) recognition of child excess weight, and (4) barriers to changing behavior.

Conclusions and Implications: Although qualitative studies with a more representative sample are needed, practitioners could engage both fathers and mothers in interventions aimed at improving a child's health.

Key Words: childhood obesity, fathers, preschool-aged children (*J Nutr Educ Behav*. 2018;50:283–288.)

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INTRODUCTION

Positive relationships have been found among fathers' and children's diet quality, physical activity, and weight status.[1-3] In addition, paternal food parenting practices have been associated with child eating behaviors[4] and paternal restriction has been positively related to child adiposity.[5] Although there is evidence to demonstrate the importance of fathers in determining a young child's health behaviors and weight, few studies included fathers in obesity intervention and/or prevention programs[6] or investigated parenting and child weight.[7]

Whereas including the whole family in an obesity prevention or treatment program seems to hold promise,[8] it is currently unknown how US fathers of preschool children rationalize and view obesity. Although fathers are more involved in child care responsibilities than previously acknowledged,[9] some health care providers may perceive fathers to be unconcerned about their child's weight or unmotivated to make changes.[10] Moreover, some health care providers may view fathers to be an unimportant target to prevent or treat childhood obesity compared with mothers.[10] This is concerning because fathers may feel ignored by physicians during health care visits for their child, even though these fathers would like information about diet and physical activity information.[11] This disconnect between some health care providers' perceptions and what fathers are seeking from the providers may result from how information is communicated and how fathers perceive childhood obesity.

Qualitative studies showed that mothers of young children tended to focus on child behaviors rather than standardized measurements to define excess weight.[12,13] When asked to describe their child's weight accurately, many parents could not classify their overweight or obese child correctly as such, and this estimation was worse among younger children.[14] In addition, mothers often view overweight or obesity as an older child problem, and it does not concern them when their child is much younger.[12,15] In fact, the term *oblivobesity* was coined to describe the trend of parental unrecognition of child obesity and the lack of concern about child excess weight.[16]

Aside from single questions assessing paternal concern about child weight,[4] detailed or rich information is missing regarding the extent of concern or what fathers would do to address those concerns. Therefore, the aims of this study were to (1) understand how fathers of preschool-age children define overweight and obesity in children and what leads a child to become overweight or obese, (2) investigate how fathers control or attempt to control their child's weight, and (3) explore the father's perceived

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Conflict of Interest Disclosure: The author's conflict of interest disclosure can be found online with this article on www.jneb.org.

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role in making decisions regarding his child's weight status.

METHODS

Participant Recruitment and Data Collection

The Illinois State University Institutional Review Board approved this study. To address study objectives, the author developed an online explorative survey using Select Survey Software (version 4, Select Survey for Illinois State University, ClassApps, LLC, 2012). The goal sample size was at least 150 eligible fathers, to account for incomplete surveys. Although sample size estimation is difficult for exploratory analysis, the author estimated this sample size to allow for data saturation within available resources.[17] Inclusion criteria included being able to read and write in English, being a father of ≥1 child aged 3–5 years, self-reporting eating ≥1 meal/wk with the target child, and being aged ≥18 years. No exclusion criteria existed for race, ethnicity, education level, or income level. Recruitment methods included social media posts (ie, Facebook), preschool e-mail listservs across the US (ie, Child Development Labs), and University e-mail listservs. If interested, fathers could click on the provided link within the message to complete the consent and survey, which was available for a total of 3 months.

After providing consent, fathers responded to 9 open-ended questions (Table 1). Eight questions were developed for pilot-testing with 3 fathers who met inclusion criteria. Table 1 presents changes to questions from the pilot test to the final, revised questions. Fathers also responded to 1 question from the Child Feeding Questionnaire[18] to assess their perception of their child's weight. Demographic information was obtained after the open-ended questions, including father and child demographics. It was estimated that the survey would take ≤30 minutes for fathers to complete. After completing the survey, participants received a $25 online gift card.

Table 1. Piloted and Revised, Final Open-Ended Questions Included in Online Survey for US Fathers of Preschool-Aged Children

Pilot Test Questions	Final Questions
What causes childhood obesity?	What do you think causes childhood obesity?
How much control do you think parents have over their child's weight?	How much control do you think parents have over their child's weight?
How do you know whether a child is overweight or obese?	How do you know whether a child is overweight?
If your child were overweight or obese, what would you do?	How do you know whether a child is obese?
Some people think it is the parent's responsibility to control the child's weight. What do you think?	If your child were overweight or obese, what would you do?
What do you do to keep your child healthy?	Some people think it is the parent's responsibility to teach the child healthy eating and physical activity habits. What do you think?
If you wanted to make changes to improve your family's health or your child's health, what would help you make those changes?	What do you do currently to keep your child healthy?
If you wanted to make changes to improve your family's health or your child's health, what would stop you from making those changes?	If you wanted to make changes to improve your family's health or your child's health, what would help you make those changes?
	If you wanted to make changes to improve your family's health or your child's health, what would stop you from making those changes?

Data Analysis

Data analysis was completed by the author, who had training and experience with qualitative research methods. A trained dietetics student completed the data analysis separately from the author to confirm codes and themes after all data had been collected. Exploratory data analysis, using content analysis methods, began during data collection. When approximately 25% of the goal sample size (n = 38) of the online surveys had been completed, the author began coding the responses to develop preliminary themes.[17] With each 25% increase in surveys completed, codes and themes were reinforced or revised until data collection was complete. During the simultaneous data collection and analysis, the author determined that saturation was reached, because no new themes emerged.[17] During data analysis, each question was analyzed and coded separately because each question provided context for the responses.[17] Open coding was the first step in analysis in which each response was read and notes were taken for each response to indicate potentially important ideas.[17] From these notes, codes were assigned to responses and themes were developed to group similar codes.[17] Both investigators wrote memos for each question to document the codes and a description of each code. All responses as a whole were then coded using the final coding scheme. During final code and theme revision, redundant or related themes were combined to represent 1 theme as they portrayed a persisting pattern

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