



Parents' barriers and strategies to promote healthy eating among school-age children



Martha J. Nepper, Weiwen Chai*

Department of Nutrition and Health Sciences, University of Nebraska-Lincoln, Lincoln, NE 68583, USA

ARTICLE INFO

Article history:

Received 10 June 2015

Received in revised form

12 February 2016

Accepted 11 April 2016

Available online 14 April 2016

Keywords:

Parents

Barriers

Strategies

Healthy eating

Overweight

Healthy weight

ABSTRACT

The home environment is considered one of the most important settings in regards to the development of healthy eating habits among children. The primary purpose of this study was to explore parents' barriers and strategies in promoting healthy eating in the home. The secondary objective was to determine whether the barriers and strategies parents had were different between healthy weight and overweight/obese school-age children. Semi-structured individual interviews with 14 parents of healthy weight and 11 parents of overweight/obese children (6–12 years) were conducted in family homes from August 2014 to March 2015. Transcripts were recorded and codes and themes were verified by the research team and one qualitative expert. Themes emerging from both parents of healthy weight and overweight/obese children were: 1) Parents are busy and strapped for time; 2) Cost is a barrier in providing healthy food, but parents are resourceful; 3) Children ask for junk food regularly, but parents have strategies to manage; 4) Picky eaters are a challenge but parents know they have to overcome this barrier; and 5) Early exposure to unhealthy eating influences children's food choices but strategies can help. However, parents of overweight/obese children felt a lack of support from their spouses/partners for healthy eating in the home, which was not expressed among parents of healthy weight children. Additionally, barriers and strategies were similar among parents of children from different age groups [6–9 years vs. 10–12 years (pre-adolescents)]. Our results suggest while parents faced some challenges in promoting healthy eating in the home, they utilized several strategies to overcome these barriers, which are valuable for direct intervention to improve home food environment and manage children's weight.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

The home food environment is one of the most important settings in regard to a child's dietary intake and the development of obesity, since 65%–72% of daily calories are consumed in the home (Campbell et al., 2007; Rosenkranz & Dziewaltowski, 2008). Parents are seen as the nutritional gatekeepers and the key moderator that influences the provision of healthy foods to their children in the home (Briggs & Lake, 2011; Hanson, Neumark-Sztainer, Eisenberg, Story, & Wall, 2005; Wansink, 2006). Research is now beginning to explore how factors in the home food environment contribute to children's eating behaviors and weight status. It is suggested that homes with healthy weight children are more likely to have healthier food options available and limit the access to unhealthy foods (Brogan et al., 2012). Evidence further suggest that children's

dietary intakes in the home are influenced by parent's support for healthy eating (Briggs & Lake, 2011; Hanson et al., 2005). Thus, further exploring and understanding parent's views in the challenges and strategies in feeding their children healthy foods in the home is necessary for promoting healthy eating and improving the home food environment among children and their families.

Despite their critical roles in the home food environment, parents face many barriers in feeding their children in the home, and these perceived barriers may influence children's eating habits (Roos, Lehto, & Ray, 2012). A study conducted in an ethnically diverse population indicated that price of food and the lack of energy and preparation time were seen as barriers in fruit and vegetable consumption (Yeh et al., 2008). Family focus group results stated that lack of accessibility to healthy foods was another barrier to healthy eating (Berge, Arikian, Doherty, & Neumark-Sztainer, 2012). In addition, an adolescent's pickiness and taste preference was reported previously as a challenge during family meals (Fulkerson, Story, Neumark-Sztainer, & Rydell, 2008).

* Corresponding author.

E-mail address: wchai2@unl.edu (W. Chai).

Interviews with parents of 5- to 6-year old children revealed that the foods made available in the home influenced what their children ate; however, these parents often offered foods based on their children's tastes and preferences (Campbell, Crawford, & Hesketh, 2006). Similarly, focus groups with Latina mothers found that the types of foods brought into the home were determined by their children's preference, their ability to cook with these foods, and the price (Evans et al., 2011). Although previous studies identified barriers that parents face in providing healthy foods at home (Berge et al., 2012; Fulkerson et al., 2008; Roos et al., 2012; Yeh et al., 2008), few studies have explored the potential strategies or solutions to overcome these barriers from perspectives of the parents, given the fact that forming effective strategies is critical to helping parents promote healthy eating in the home. Furthermore, to our knowledge, whether parents of overweight and healthy weight children face similar issues as well as use comparable strategies at home in regards to feeding their children healthy foods have not been explored yet. Therefore, the primary purpose of this study was to explore parents' barriers and strategies in promoting healthy eating in the home. In addition, we sought to compare the barriers and strategies between parents of healthy weight and parents of overweight/obese school-age children.

2. Material and methods

2.1. Sample selection

The parents of children (6–12 years) were recruited from the metropolitan area in Lincoln and Omaha, Nebraska, USA to participate in one-on-one interviews. Parents were interviewed in concert with a larger study assessing the home food environment of healthy weight and overweight children and interviews were conducted after the completion of the home food assessment. A total of 25 participants (22 mothers and 3 fathers) were selected for the one-on-one, in-depth interviews from August 2014 to March 2015 based on their willingness to participate in the interviews. All participants were the main food shoppers and preparers for the family household. Eligibility requirements included having a child between the ages of 6 and 12 years and parents being fluent in English and greater than 19 years of age. Sample size was determined by the degree of data saturation, in which no new themes developed during the parent interviews. Written consent was obtained from the participants prior to the interviews. The study was approved by the University of Nebraska Institutional Review Board.

2.2. Data collection and participants

A qualitative collective case study design was used to explore parents' views of their barriers and strategies in healthy eating for their children at home, which is necessary to provide rich detail and insight into the topic (Merriam, 2009). Each interview was audio-taped and took approximately 45 min to complete. The interview questions were modified from previously published studies (Berge et al., 2012; Campbell et al., 2006) and were pilot tested with four study participants for clarity and comprehension. Questions were then revised and a semi-structured interview format was used, with interviewing occurring after the home environment survey was completed. The interview began with a general knowledge question regarding how parents would define a healthy food and followed with questions on barriers and strategies in feeding children healthy foods in the homes. Each question included probing questions which elicited further detailed answers from the participants (Table 1).

Parents completed a demographic questionnaire that included parent's age, working status, and educational levels, as well as

demographic questions for their children including children's age, gender and race/ethnicity. Children's weight and height were measured with light clothing and no shoes using a weight scale and portable stadiometer by the investigator. Body mass index (BMI) was calculated using Centers for Disease Control and Prevention guidelines and plotted on age/gender-specific growth charts (United States Department of Health and Human Services [USDHHS], 2002). Weight categories are defined as: \geq 95th percentile, obese; between the 85th and 95th percentile, overweight; and between the 5th and 85th percentile, healthy weight. No children were underweight (<5th percentile) in our study (Krebs et al., 2007).

2.3. Data analysis

All interviews were fully transcribed and analyzed by hand with data analysis and data collection occurring simultaneously by the investigator (Creswell, 2002). Each transcription was also independently analyzed and checked for accuracy by the second investigator, who listened to the audio and reviewed the transcription of the interviews. The preliminary exploratory analysis was used to gain a general overview of the data and to review data organization (Creswell, 2002). Inductive data analysis was used to aggregate the text into codes and each code was developed into themes that reflected parents' perceptions of their barriers and strategies in healthy eating for their children in the home (Creswell, 2002). Finally, cross-case theme synthesis was used to examine similarities and differences of themes across the interview transcriptions (Yin, 2009). The transcriptions were analyzed for quotes to determine if they would fit into one of the themes. If a quote was related to a theme, it was placed in that category and used in the working document. In terms of barriers and strategies in the individual theme category, parents might have mentioned both a barrier and a relevant strategy to overcome the barrier, or only a barrier but no related strategy that was mentioned. To validate the transcribed interviews, four participants were randomly selected to review the themes to determine if their views were adequately portrayed by the investigator. An expert in qualitative research reviewed the transcripts and developed themes independently from the research team. Any discrepancies in the themes were resolved and discussed among the qualitative expert and the research team.

3. Results

A total of 25 parents (14 parents of healthy weight and 11 parents of overweight/obese children) were interviewed. The average age of the participating parents was 39.0 ± 7.6 years. All parents graduated from high school and 56% had a college degree. Approximately 44% of the parents reported working full time. The average age of the children were 9.6 ± 1.6 years with a range from 6 to 12 years. The majority of children were white (88%) and 44% were overweight or obese (Table 2). In addition, 14 children (56%) were considered pre-adolescents (10–12 years), a transitional stage between childhood and adolescence (The term "children" would refer to children in both age groups in our study, 6–9 years and 10–12 years [pre-adolescents]).

Table 3 highlights the similarities and differences in themes and barriers and strategies (including examples of quotes) associated with each theme between parents of overweight/obese children and parents of healthy weight children. Six themes emerged during the parent interviews on their barriers and strategies including: 1) Parents are busy and strapped for time; 2) Cost is a barrier in providing healthy food, but parents are resourceful; 3) Children ask for junk food regularly, but parents have strategies to manage; 4)

Download English Version:

<https://daneshyari.com/en/article/7307292>

Download Persian Version:

<https://daneshyari.com/article/7307292>

[Daneshyari.com](https://daneshyari.com)