



How parents process child health and nutrition information: A grounded theory model

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ABSTRACT

The aim of the present study was to investigate low-income parents' experiences receiving, making meaning of, and applying sociocultural messages about childhood health and nutrition. Semi-structured interviews were conducted with parents from 16 low-income Early Head Start families. Verbatim interview transcripts, observations, field notes, documentary evidence, and follow-up participant checks were used during grounded theory analysis of the data. Data yielded a potential theoretical model of *parental movement toward action* involving (a) the culture and context influencing parents, (b) parents' sources of social and cultural messages, (c) parental values and engagement, (d) parental motivation for action, (e) intervening conditions impacting motivation and application, and (f) parent action taken on the individual and social levels. Parent characteristics greatly impacted the ways in which parents understood and applied health and nutrition information. Among other implications, it is recommended that educators and providers focus on a parent's beliefs, values, and cultural preferences regarding food and health behaviors as well as his/her personal/family definition of "health" when framing recommendations and developing interventions.

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1. Introduction

Increased prevalence of childhood obesity has led to its designation as a global health "epidemic" (World Health Organization, 2000). The United States of America 2009–2010 prevalence rates of overweight/obesity were estimated to be 31.8% for children ages 2–19 years and 9.7% for children ages 0–2 years (Ogden, Carroll, Kit, & Flegal, 2012). The obesity epidemic has disproportionately affected children from lower-socioeconomic backgrounds (Lieb, Snow, & DeBoer, 2009) and ethnic minority children (Ruiz, Pepper, & Wilfley, 2004). Impoverished communities often have less access to healthy foods and to safe environments for physical activity (Franko & George, 2009), and these communities are underserved when it comes to prevention for weight-related problems (Lieb et al., 2009). The term "weight-related problems" encompasses obesity, body image concerns and eating disturbances (Irving & Neumark-Sztainer, 2002) and these problems are thought to be fueled by a modern Euro-centric food environment that promotes eating high fat foods, vilifies obesity, and exalts

thinness (Birch & Ventura, 2009).

Due to increasing awareness about the complex etiology of obesity and disordered eating, prevention programming has adopted an ecological approach that targets children's home environments and communities as well as media and policy (Story, Kaphingst, Robinson-O'Brien, & Glanz, 2008). Within the prevention literature, there is a particular need for early intervention studies involving caregivers of children younger than six years of age (Faith et al., 2012; Flynn et al., 2006). Early childhood is a sensitive time when exposure to foods and eating environments can impact later food choices and long-term regulation of energy (Olstad & McCargar, 2009). Early intervention programs, such as Early Head Start, have begun to integrate relationship-based programming and obesity prevention (Early Childhood Learning & Knowledge Center, 2014; Stark, Mann, & Fitzgerald, 2007). Relationship-based programming promotes positive relationships between providers and families so that families feel supported/respected and are better able to care for the emotional and physical health of their children (Head Start National Centers, n.d.). The Institute of Medicine (2011) has recommended that primary care doctors and other public service providers communicate health and nutrition information to parents as early as possible. Yet dissemination of health information alone appears to be inadequate for

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promoting healthy eating habits and physical activity for children.

Research results indicate that caregivers often have accurate and appropriate ideas about healthy eating and physical activity for their children but have difficulty putting this knowledge into action (Brewis & Gartin, 2006; Hebestreit et al., 2010). Parents are consumers of sociocultural messages related to their child's health, weight and nutrition (e.g., from media, family, doctors; Hebestreit et al., 2010) however, these differing sources can send competing messages about prevention of childhood obesity versus eating disorders (Schwartz & Puhl, 2003). How caregivers receive and make meaning of these messages has yet to be explored. Moreover, there is a lack of research investigating parents' perceptions of taking action at home or in their community to influence child health. An evidence based understanding in these areas is critical to designing interventions that can better serve parents' needs and help them to optimally care for the health of their children.

The objective of this study was to gather qualitative data supporting a deeper understanding of parents' experiences as consumers of sociocultural health messages as well as their perceptions of agency and empowerment. The research question guiding the study was: What are low-income parents' experiences surrounding sociocultural messages about their child(ren)'s health and nutrition? The sub-questions included the following: (a) where do parents attain their children's health information related to body weight and nutrition, (b) how do parents interpret and make meaning of these physical and psychological health messages, (c) how do parents respond to, and apply, this information at home with their children, (d) in what ways do parents see these experiences and/or information influenced by social categories such as race/ethnicity, sex/gender, age and socioeconomic status, and (e) how are/would parents engage in individual and social activism to prevent and address these issues?

A qualitative research design best fit the research questions and goals of the present study, and this design allowed for a unique perspective on parental experiences that has not been included in the literature thus far. Use of a qualitative method was also consistent with a strengths-based multicultural approach to participant experiences. This approach focuses on respecting and valuing the expertise of diverse, low-income, and marginalized individuals by providing an inductive and emic account of their experiences. This is different from deductive approaches that take theory and try to prematurely apply it to multicultural and low-income populations. It is hoped that this research will help inform prevention efforts for childhood weight-related problems in low-income families.

2. Methods

Both postpositivist and constructivist paradigms informed the development and execution of the present research. A grounded theory approach was chosen for the qualitative analysis because it is a highly structured method of inquiry and is well established (Bisogni, Jastran, Seligson, & Thompson, 2012; Ponterotto, 2005). Grounded theory is an inductive research approach that is intended to inform and develop theory that is "grounded" in participants' data (Charmaz, 2004). Consistent with grounded theory, hypotheses were not predetermined but emerged and were tested during the analysis process (Corbin & Strauss, 2008).

This study was a collaborative research project with an Early Head Start (EHS) program in the rural Midwest. I, the principal investigator, obtained a cooperative agreement from the EHS coordinator, and the university's Human Subjects Committee approved the study. The results were used to inform the program of possible areas for intervention and improvement.

2.1. Participants

Research participants were parents from 16 EHS families. All participants identified themselves as the biological parent of the EHS child. Interviews were conducted with 12 mothers, 3 fathers, and 1 parent dyad (i.e., biological mother and father present during the interview). Participant ages ranged from 18 to 40 years ($M = 27.4$). Participant educational levels ranged from completion of 9th grade to completion of three years of college. Participants' racial identity included 15 White/Caucasian and 1 Black/African American. The sex of the participants' children who were enrolled in EHS was equally divided (girls = 8, boys = 8). Twelve of the families also had other children living in the home. All families were at the federal poverty line or below.

2.2. Procedures

Participants were recruited through EHS home visitors when families completed a needs assessment questionnaire. Fifty EHS families completed the needs assessment survey, and 32 families expressed an interest in an additional interview portion of the research. There were no significant differences between caregivers who expressed an interest and those who did not based on caregiver age [$t(44) = -0.449, p = 0.656$], sex [Chi-square(1) = 0.227, $p = 0.634$], race/ethnicity [Chi-square(2) = 1.318, $p = 0.517$], marital status [Chi-square(4) = 3.472, $p = 0.482$], or level of education [Chi-square(2) = 2.486, $p = 0.289$]. From the group of consenting families, a purposive sampling strategy was used to select as diverse a sample as possible. Eligibility based on: (a) families with at least one child currently enrolled in Early Head Start (age 0–3 years), (b) families with at least one of their children above the age of 1.5 years and eating table food, (c) parents who spoke fluent English, and (d) written informed consent to participate in the study. Potential participants were first screened via telephone and then an appointment was made for the interview in their home or another preferred location. Informed consent was reviewed on the phone and in person; once consent was given, audio recording began. Participants received a \$10 gift card.

2.2.1. Data sources

I interviewed all representatives from 16 EHS families. Interviews lasted 35–80 min. The semi-structured protocol included open-ended questions aimed at exploring participant recall of his/her cognitive and emotional processes when receiving, understanding, and applying sociocultural messages regarding child nutrition, weight, and health. Interview questions were developed based on research questions and feedback from EHS home visitors. These individual interviews provided most data, however, observation periods, field notes, follow-up interviews, and contextual research data were also used to inform the analysis. The follow-up interviews occurred during the analysis phase of the study so that I could review the emergent themes and ask participants questions for clarification (also known as *member checks*; Stiles, 1993). Documentary evidence for the present study consisted of relevant news, magazines, media, EHS handouts, and county statistics. This contextual evidence provided information about the sociocultural framework of participant experiences (Morrow, 2005). For example, a few parents mentioned Jamie Oliver's Food Revolution in their interviews, and so documentary evidence included watching videos and gathering information from the website to inform my understanding of participant responses. During analysis, multiple data sources (i.e., interviews, observation, follow-up interviews, and documentary evidence) were used to check the accuracy of the interpretations and conclusions from the data (i.e., *data triangulation*; Lincoln & Guba, 1985).

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