



## Research report

# Well, that's what came with it. A qualitative study of U.S. mothers' perceptions of healthier default options for children's meals at fast-food restaurants<sup>☆</sup>



Holly K.M. Henry<sup>a,\*</sup>, Dina L.G. Borzekowski<sup>b</sup>

<sup>a</sup> Lucile Packard Foundation for Children's Health, 400 Hamilton Avenue, Suite #340, Palo Alto, CA 94301, United States

<sup>b</sup> Department of Behavioral and Community Health, University of Maryland School of Public Health, 2242 Valley Drive, Room 2346, College Park, MD 20742, United States

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## ABSTRACT

**Introduction:** Using a qualitative design, this study investigated mothers' perceptions of food choices and default options, for children, at fast-food restaurants. **Study Design:** Mothers of 3- to 8-year-old children ( $n = 40$ ) participated in phone interviews. **Results:** Mothers praised fast-food restaurants for offering healthier choices, but voiced concerns about quality of the food. Half worried about meat products and several were distressed by the processing involved with food and beverages. Many said that their children wanted to visit fast-food restaurants because of advertised toys and not food offerings. Half liked bundled meals, as long as they could choose the specific items that were included. Having healthier defaults might eliminate battles, reduce forgetfulness and facilitate ordering. Most mothers favored healthier defaults because it would help "other parents." **Conclusion:** This small study provides strong support for offering healthier options at fast-food restaurants. Restaurants, schools and other food venues should design children's meals that make the healthy choice the easy choice.

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## Introduction

The rate of childhood obesity has more than tripled in the past thirty years (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). As a result, interventions including nutrition education, changes to school lunches, bans on advertising and industry self-regulation have been undertaken to shift the food environment toward one that is healthier for U.S. children. Attention has been focused on fast-food restaurants, as meals are often high in calories, fat and sodium, and frequency of eating out is increasing (Duffey, Gordon-Larsen, Jacobs, Williams, & Popkin, 2007).

One promising intervention is to alter the choices available for children's meals in fast-food restaurants. Harris et al. (2010) found that just 15 children's combination meals, out of a possible 3039 combinations at the top 12 fast-food restaurants (by revenue and marketing), met nutrition criteria for elementary-aged children (p. 48).

## Default options

Default side options are the items that come with combination meals at fast-food restaurants if you do not "explicitly request otherwise" (Brown & Krishna, 2004, p. 529). To date, default side options have been soda and French fries. Recently, fast-food restaurants have added items such as low-fat milk, water and apple slices to their children's menus. These items are not offered as the default; patrons can purchase the healthier items, but they must ask for them as a substitution.

To start a shift in fast-food culture, and help parents overcome the expectations and demands of their children, restaurants can alter their offerings to include healthier options as the default in children's meals. If healthy items were the default, parents might be less likely to purchase high-calorie, high-fat items because it would involve actively requesting less-healthy items. This change could facilitate healthier eating and is considered an example of "libertarian paternalism," nudging individuals toward a certain behavior while maintaining their freedom of choice (Downs, Loewenstein, & Wisdom, 2009; Ménard, 2010; Sunstein & Thaler, 2003).

Little scientific research exists on default items at fast-food restaurants, although there is ample research supporting the use of defaults in diverse venues such as organ donation, health care coverage and automobile sales. Consumers remain with default options rather than making alternative choices (Brown & Krishna, 2004; Pichert & Katsikopoulos, 2008). Defaults are appealing because: (1) choosing a

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\* Corresponding author.

E-mail address: [hollykhenry@gmail.com](mailto:hollykhenry@gmail.com) (H.K.M. Henry).

default requires less time, less effort and often less money, (2) the default may be considered an endorsed choice by policymakers or marketers, and (3) it is easier for consumers to stick with the default than choose among alternatives (Pichert & Katsikopoulos, 2008).

#### *Default options and food choice*

When confronted with too many choices, individuals adhere to a simple heuristic or make no decision (Herrmann, Heitmann, Morgan, Henneberg, & Landwehr, 2009). This is especially true for food choices, as individuals make approximately 200 consumption decisions each day (Novak & Brownell, 2011; Scheibehenne, Miesler, & Todd, 2007). Changing default options may influence decision-making away from unhealthy choices.

Between 2008 and 2009, just 5% of children ordered fruit and 14% ordered low-fat milk or water at U.S. fast-food restaurants (Harris et al., 2010). McDonald's has reported that although 88% of their customers were aware that apples are available with *Happy Meals*, just 11% requested them when purchasing *Happy Meals* (McDonald's, 2011). In 2006, the Walt Disney Company made their children's meals default toward healthier options. Initial company reports showed that around 60% of parents did not change their side-order items to substitute French fries and 83% did not change their beverage items to substitute soda (Walt Disney Company, 2008). In addition, there was no report that parents made additional side orders to compensate for items that were not part of the default meals.

The potential impact of defaulting toward healthier options has the potential to be substantial. For example, if a child, who eats at a meal from a fast-food restaurant twice a week, were to have the healthier side and drink options and not change their diet in any other way, he or she could potentially consume 1760 fewer calories and 72 fewer grams of fat, in just one month. As 0.45 kg of weight gain is equal to approximately 3500 excess calories consumed, over one year this reduction could potentially be approximately 1.72 kg of averted weight gain (Duyff, 2002). Recent research highlights that "consistent behavioral changes averaging 110 to 165 kcal/day may be sufficient to balance the energy gap" (Wang, Gortmaker, Sobol, & Kuntz, 2006, p. e1722).

An analysis of mothers' perceptions about default options in children's meals may highlight ways the fast-food restaurant industry could provide a healthier food environment. This research was conducted with mothers of young children, as opposed to fathers or other caregivers, because of the significant role mothers play as "nutritional gatekeepers" for their families, controlling the majority of the food purchased for and consumed in the household (Rosenkranz & Dziewaltowski, 2008; Wansink, 2003). Furthermore, women spend twice as much time as men shopping for food and three times as much time preparing foods for their families (Zepeda, 2009).

Our team chose to use a qualitative, interview approach as "the best way to get into the lived experience of a person who has experienced an important health-related issue is to enable the person to narrate that experience" (Nunkoosing, 2005, p. 699). Many mothers feel passionately about the food their children consume; using this approach allowed the researcher to understand personal and intimate factors influencing choices at fast-food restaurants. The interview allowed researchers to explore reasoning and emotions around specific settings and contexts related to food choices (Creswell, 2007). This study was designed to investigate and describe mothers' perceptions around food choices, and especially the default options, for children's meals from fast-food restaurants.

## **Methods**

This study was conducted between November 2011 and January 2012. Participants were mothers of 3- to 8-year-old children. Participants were initially recruited for a larger online survey through

free Internet forums for mothers available in several regions of the United States. The online survey covered mothers' experiences with fast-food restaurant meals, including default options. Following the online survey, participants were recruited to take part in the study. The Institutional Review Board of the Johns Hopkins Bloomberg School of Public Health approved all study protocols.

Two hundred and fifteen participants (31.5% of the original survey sample) indicated interest in taking part in this study. Of these, the first 125 who provided information were contacted and 43 were available. A total of 40 mothers completed the interview and are included in this analysis.

The average time for interview completion was 30 minutes (range = 18.5 minutes to 62.5 minutes). Before the interview, participants provided oral consent.

Participants focused on the same child who they had discussed during the online survey. Mothers with more than one child in the study's age range described the child whose birthday was coming up next at the time of the online survey.

Mothers answered open-ended questions on family meal patterns, typical meals for their child, decision-making at fast-food restaurants, nutritional quality of restaurant meals, presentation of alternative options for children's meals, meal sharing, and nagging at fast-food restaurants. Demographic data obtained included age, state of residence, marital status, education level, race/ethnicity, household income and household television ownership. Mothers received compensation (a \$10 gift card) for time involved.

The interviews were recorded using a digital recorder and transcribed verbatim. For each interview, the author listened to the recording multiple times, documenting reflections and notes on the transcript. A summary sheet was developed for each interview with information about the respondent characteristics as well as quotations and observations. The interviews were then coded using the following iterative, emergent process: (1) an a priori list of potential codes was applied to each transcript, (2) additional open coding was conducted as the author reviewed each transcript and recording, (3) transcripts were reread to revise themes and codes as new themes emerged in the interview transcripts, and (4) the author looked for both converging and diverging views within each theme. This process led to an initial coding framework. Using a consensus model, input was then sought from an informed advisor to make revisions to the framework and analysis plan. The web application for mixed-methodology data management and analysis (Dedoose Version 4.1.72, 2012) was employed.

Inherent within qualitative methodologies is the role of the researcher in shaping, analyzing and interpreting the data. It is impossible to disconnect the role of the researcher from the findings presented. The researcher should be considered an instrument within the study and any interpretations made partially a reflection of the researcher's own experiences. In 2005, Nunkoosing discussed this, saying, "health researchers who use interviews cannot pretend that their status, race, culture, and gender and their interviewee's status, race, culture, and gender do not influence what can be said, how it is said, and what can be written about" (p. 704).

The researcher felt many of the experiences discussed by respondents resonated with her own. Especially, the researchers' past work advocating for the regulation of meals in fast-food restaurants and advertising targeted toward children may have affected the questions asked and the interpretation of the responses.

## **Results**

### *Demographics*

The sample consisted of 40 mothers of children aged 3- to 8-years-old. Participants came from 16 states. Table 1 provides details on the sample.

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