



Research report

Stuck in a vicious circle of stress. Parental concerns and barriers to changing children's dietary and physical activity habits [☆]



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ABSTRACT

Introduction: Dietary habits and physical activity are often the focus of obesity prevention programmes and involving parents in such programmes has proven to be effective. The aims of this study were to describe parents' concerns about their children's diet and physical activity habits and to describe barriers to change. **Results:** The study used archival data gathered unobtrusively in the form of memos taken after sessions of Motivational Interviewing as part of the parental support programme, A Healthy School Start. The 74 MI-sessions were conducted from October 2010 to April 2011 with either a mother or father or both, all with children in pre-school class. Thematic analysis was applied. Three themes were identified regarding children's dietary habits: amount of food consumed influenced by behaviour in the family, eating situations influenced by stressful everyday life and family interplay, and food choices influenced by stressful everyday life and family interplay. One theme appeared regarding physical activity: physical activity influenced by stressful everyday life and family interplay. **Conclusion:** Family interplay appears to be an important link between the work–life stress perceived by parents and less healthy food and physical activity habits in the home. Both lack of parental cooperation and negative parent–child interactions may act as barriers to healthy eating and physical activity and should be addressed in future intervention studies on health-related behaviours of children.

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Introduction

Involving parents in obesity prevention programmes for children has proven effective (Golley, Hendrie, Slater, & Corsini, 2011; Niemeier, Hektner, & Enger, 2012). However, the interventions must focus on the needs of the targeted parents in order to attract them. Parents play an important role in the development of children's health-related behaviours through their general parenting styles, feeding styles, parental feeding practices and attitudes (Hughes et al., 2013; Scaglioni, Salvioni, & Galimberti, 2008). Parental role modelling is also of importance for children's development of healthy eating behaviours (Gibson et al., 2012). Previous studies suggest that parents when asked about general concerns of their children often rate other matters, such as education, higher than nutrition and physical activity (Slater et al., 2010). Concerns regarding diet or physical

activity seem to be more prevalent among parents of younger children, and nutrition seems to be of greater concern for parents than issues related to physical activity (Bohman et al., 2013; Crawford et al., 2008; Lopez-Dicastillo, Grande, & Callery, 2010; Pocock, Trivedi, Wills, Bunn, & Magnusson, 2010; Slater et al., 2010). Specific concerns regarding diet and physical activity vary with the age of the child. Parents of younger children indicate concerns such as “fussy eating” and the child eating too little, even when the child is not underweight (Lopez-Dicastillo et al., 2010). Child resistance is identified as a major barrier to healthy eating behaviours, followed by availability of healthy foods. Advertising and a busy lifestyle are also mentioned, while uncertainty regarding what food to provide constitutes a barrier to healthy eating for relatively few parents (Pocock et al., 2010; Slater et al., 2010).

Family dynamics, like other adult family members undermining a healthy lifestyle or family conflicts, has been identified as barriers to acting as a good role model and thus to a healthy diet and physical activity (Pocock et al., 2010). Insufficient time and being tired or unmotivated also constitute barriers for parents in encouraging physical activity and preparing healthy meals for children (Pocock et al., 2010). Furthermore, time, weather and safety are also mentioned as the most prevalent barriers to children spending time outdoors or walking to school (Pocock et al., 2010; Slater et al., 2010).

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So far, no study focusing on parents' perceived concerns regarding their children's dietary and physical activity habits has been undertaken in Sweden, which has a favourable context for family life through provision of low-cost preschool, free education from preschool-class (6-year-olds) as well as free meals in school and preschool for all children. The typical Swedish family consists of two working parents, who share parental leave and care for sick children, although not necessarily even. The children spend their weekday afternoons in after-school care.

This study has been conducted in a Swedish context and is part of the Healthy School Start (HSS) intervention which has been carried out in pre-school classes in a socioeconomically diverse municipality in Stockholm County. The 6-month HSS intervention was a parental support programme which aimed to promote healthy dietary and physical activity habits and to prevent overweight and obesity in 6-year-old children. The intervention consists of three components: (1) A brochure sent home to parents with evidence-based advice on diet and physical activity for children; (2) Motivational Interviewing (MI) with parents performed by MI counsellors with high fidelity. During the 45-minute session parents focused on a behaviour change for the child regarding diet or physical activity that they wanted to alter or change; (3) Ten classroom lessons following the themes in the parental brochure performed by the teachers according to a teacher's manual. The lessons were accompanied by a workbook for the children to take home and complete together with their parents (Nyberg, Sundblom, Norman, & Elinder, 2011).

Previous studies on parental concerns regarding diet and physical activity habits of children and barriers to change have used data collected through interviews or questionnaires (Crawford et al., 2008; Hesketh, Waters, Green, Salmon, & Williams, 2005; Lopez-Dicastillo et al., 2010). This study is instead based on unobtrusive archival data in the form of memos taken by the MI counsellor (ÅN) after an MI-session. Archival data do not influence what is being observed in contrast to interviews and questionnaires (Webb, Campbell, Schwartz, & Sechrest, 2000). The study hence provides an insight into needs described and acted upon within a natural setting.

The aims of this study were to describe parents' concerns regarding their 6-year-old children's dietary and physical activity habits and to describe barriers to change regarding these habits.

Methods and materials

Design

The study is a qualitative study based on document analysis of archival data from the HSS intervention.

Participants

Participants were parents with children in pre-school class (6 year olds), who participated in an MI-session and chose a target behaviour related to either diet or physical activity, as part of the HSS intervention. A total of 74 sessions held with 84 parents provided the material for this study: 55 mothers and 29 fathers. Sixty-four of the sessions were conducted with individuals and 10 with couples. All parents resided in a suburban municipality in Stockholm County, Sweden, and were classified as having middle to low socioeconomic status, based on educational background and housing (Galobardes, Shaw, Lawlor, Lynch, & Davey Smith, 2006). The parents resided in areas with mixed types of housing (blocks of flats, semi-detached houses and detached houses) and approximately a third of the parents had a low level of education (12 years or less).

Data collection

The data of the study consist of the memos taken by the MI counsellor, directly after each MI-session during the period of October 2010 to April 2011. MI is a client-centred, directive communication style that attempts to enhance a person's intrinsic motivation in order to facilitate behaviour change (Miller & Rollnick, 2013). Parents participated in an MI-session lasting approximately 45 minutes during which they focused on a target behaviour regarding their child's diet or physical activity behaviour in the home environment. As MI is a client-centred approach, the view of the parent was central in the sessions where they explored their thoughts, feelings and reasons regarding the behaviour change and had the opportunity to set a goal for behaviour change if they felt ready to do so. The parents' own apprehensions of the behaviour change conveyed through the exploration in the sessions constitute the data in the memos taken by the MI counsellor.

The memos have been taken according to a set format created at the start of the intervention, ensuring that the same information was gathered from each session, given that the information was provided by the parent. The memos encompass about 1–2 pages each and include information on which behaviour the parent wanted to change, the goal of the change, reasons for change, barriers to change, available resources, support needed, and the first step towards change as stated by the parents.

The MI-sessions were not conducted with this study in mind and the memos were not designed to answer the questions of this study. The memos constitute unobtrusive archival data from HSS from which the research team has gathered information relating to the research questions of this study in hindsight (Webb et al., 2000).

Data analysis

Thematic analysis was used in order to identify patterns and subsequent themes in the data that reflect the two aims of this study (Braun & Clarke, 2006). Parental concerns were analysed based on the part of the memos where parents stated their goals for behaviour change. Memos were deductively sorted into two groups: diet and physical activity. Themes reflecting parental concerns were identified and organised into similar groups. Further identification of sub-themes was performed and comparisons were made between themes.

The entire memos were used for analysis of barriers. Each sub-theme identified above was analysed separately for barriers. Barriers to change within the different sub-themes of parental concerns were identified and compared. A thematic map was developed and revised throughout the process.

The themes and sub-themes identified were reviewed by AB. Identification and comparison of themes and sub-themes was undertaken in collaboration by ÅN and AB. All authors then discussed the themes until consensus was reached.

Ethical considerations

The study was approved by the Regional Ethical Review Board in Stockholm (ref: 2010/934-31/1).

Results

Concerns around dietary habits appeared as three themes: the amount of food consumed influenced by behaviour in the family, eating situations influenced by stressful everyday life and family interplay and food choices influenced by stressful everyday life and family interplay. Concerns about physical activity appeared as one theme: physical activity influenced by stressful everyday life and family interplay (Fig. 1). The concept Family interplay was identified

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