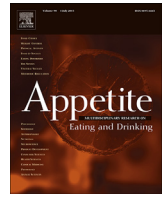




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# Eat, play, view, sleep: Exploring Mexican American mothers' perceptions of decision making for four behaviors associated with childhood obesity risk



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## ABSTRACT

**Objective:** This mixed methods study sought to understand who makes decisions about whether preschool-aged Mexican American children engage in eating, outdoor play, sleep, and screen time behaviors.

**Methods:** Forty Mexican American mothers of children ages 3–4 participated in two interviews, during which both closed- and open-ended questions elicited perceptions of who made decisions for the four behaviors, as well as who was present, mealtime rules, and food choice values. Interviews were transcribed, coded for emergent themes, and compared across participants.

**Results:** Participants generally perceived themselves to be primary decision makers for all four behaviors; however, food decisions often seemed to be made collaboratively with the child. Fathers were most likely to participate in evening television decisions. Other family members were rarely mentioned. Selecting foods that children liked was a strong food choice value, while cost was rarely mentioned. Participants appeared to have low perceived control over their child's behaviors relative to their perceived roles in decision making.

**Conclusions:** Mothers may be the primary audience for obesity prevention messages for preschool-aged, Mexican American children; however, health promotion programs may need to increase mothers' awareness of their control over children's behaviors. Understanding how children's behaviors are regulated is an important aspect of obesity prevention for low-income, Mexican American children.

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## 1. Introduction

The high rates of overweight and obesity among Mexican American children aged 2–5 are indicative of an ethnic disparity between Mexican Americans and non-Latino Whites that persists through adulthood (Ogden, Carroll, Kit, & Flegal, 2014; Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Parents substantially influence the eating (Birch & Davison, 2001; Ogata & Hayes, 2014;

Savage, Fisher, & Birch, 2007; Ventura & Birch, 2008) physical activity (Golan & Crow, 2004; Kuhl, Clifford, & Stark, 2012; O'Connor et al., 2013), sleep (de Jong et al., 2012; Giannotti & Cortesi, 2009; Kuhl et al., 2012; Mindell, Sadeh, Kohyama, & Howd, 2010; Smith, Leppert, Alfano, & Dougherty, 2014), and screen time (Barkin et al., 2006; Kuhl et al., 2012; Lampard, Jurkowski, & Davison, 2013) behaviors of children in this age range. These behaviors may interact to enhance or mitigate childhood obesity risk (Ogata & Hayes, 2014; Kuhl et al., 2012; de Jong et al., 2012; Gubbels et al., 2012). Despite acknowledgment of the influential role of parents, empirically based understanding is limited about who makes decisions about whether or not Mexican American children engage in behaviors associated with obesity risk, the home environments in

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which decisions are made, the values influencing these decisions, and the extent to which children are involved in decision making.

Limited research exists on parental decision making about preschool-aged children's health behaviors, particularly among Latino populations (Murphy, Ice, McCartney, Leary, & Cottrell, 2012; Spinks & Hamilton, 2015). Within the body of existing relevant research, most studies have focused on decision making about children's eating behaviors. For instance, in an exploration of parental decisions about portion sizes for snacks among both Latino and non-Latino preschool-aged children, Blake et al. (2015) found that many parents were unsure how they made such decisions, suggesting that routine behaviors that demand little attention may be more susceptible to social and environmental influences. Of those parents who described making conscious, reasoned decisions about the portion sizes of their child's snacks, the primary influences were the healthfulness of the food, snacking location, perceived level of child hunger, and amount of time that had passed since the child last ate (Blake et al., 2015). Only a few studies appear to have investigated decision making related to young children's physical activity and screen time behaviors. Murphy et al. (2012) observed that non-Latino parents of kindergartners involved children less in decisions about nutrition and more in decisions about physical activity. This finding suggests that decision making roles may vary for parents and children across different behaviors (Murphy et al., 2012). In a study of Australian mothers of children ages 4–5, Hamilton, Thomson, and White (2013) found that mothers' attitudes and subjective norms, mediated by behavior intention, were significant predictors of children's physical activity and screen time behaviors. Perceived control was a significant influence on intention, but only for physical activity (Hamilton et al., 2013). Barkin et al. (2006) found that Latino parents tended to be less restrictive of their children's media exposure than non-Latino Whites. It is not apparent that any research has been conducted on decision making related to preschool-aged children's sleep behaviors.

It is important to develop a better understanding of how preschool-aged children come to engage in behaviors associated with childhood obesity risk within particular racial and ethnic groups. Evidence suggests that there may not only be differences in parents' attitudes, beliefs, and practices related to children's behaviors between Latino and non-Latino populations (Cardel et al., 2012; Giannotti & Cortesi, 2009; McLaughlin Crabtree et al., 2005; Milan, Snow, & Belay, 2007; Vollmer & Mobley, 2013), but also among Latino ethnic subgroups (Thompson, Matson, & Ellen, 2013). Little is known about which family members in Mexican American households have the most influence on decisions about young children's eating, physical activity, sleep, or screen time behaviors or the extent to which, if at all, children and other family members are involved in such decisions. Some aspects of traditional Mexican culture, such as expectations for children to obey their parents (i.e., *respeto*) (Calzada, Fernandez, & Cortes, 2010) and traditional gender roles that assign more child care responsibility to mothers (Guendelman, Malin, Herr-Harthorn, & Vargas, 2001), may influence Mexican American mothers to make unilateral decisions about children's behaviors with little input from children or other family members. However, families who have immigrated to the U.S. may be affected by competing influences on gender roles, such as an economic necessity for mothers to work outside the home (Guendelman et al., 2001) and immersion in a society perceived to be more child-centric and valuing of children's independence (Calzada et al., 2010). Such influences may yield greater participation of Mexican American fathers in child care (Guendelman et al., 2001), resulting in greater involvement of children, fathers, or other family members in decision making. The amount of control the decision maker has over the execution of the behavior, the presence

of other people when decisions are made, and rules enforced while the behavior occurs, which guide the execution of decisions that have been made, may also influence decision making in the home environment. Developing a deeper, evidence-based understanding of who makes decisions about children's behavior and how such decisions are made is critical for appropriately targeting childhood obesity prevention interventions for Mexican American children.

The goal of this mixed methods study was to obtain a deeper understanding of how decisions are made regarding preschool-aged, Mexican American children's engagement in eating, outdoor play, sleep, and screen time behaviors. This paper explores three potential influences on decision making from the perspectives of Mexican American mothers: (1) who the primary decision makers are for the targeted behaviors; (2) who engages in the behaviors with the child; and (3) for eating, the rules that mothers impose and the factors that mothers value when making food choice decisions at breakfast and dinner.

## 2. Materials and methods

### 2.1. Participants

Forty Mexican American mothers were recruited in person from the waiting room of a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinic at a community health center in a U.S. Midwestern city. As WIC participants, all mothers were classified as low-income (i.e., a pre-tax income  $\leq$  185% of the U.S. Poverty Income Guidelines). Potential participants were approached by bilingual study staff and led to a private room where an eligibility screener and informed consent were administered. All interactions with study participants were completed in English or Spanish, with language choice guided by each participant's language use. Eligible participants were aged 18 or older, had a father or two paternal grandparents and a mother or two maternal grandparents born in Mexico, had a child aged 3–4, spoke English or Spanish, and reported that their child had a daily intake of either: (1) one or more servings of soda, flavored drinks, or *atole* (a Mexican beverage made with masa); or (2) two or more servings of 100% fruit juice. The latter criterion was a requirement for the parent study from which these data were drawn, which involved mothers of children whose intake of selected beverages exceeded recommendations for pediatric weight management at that time (American Dietetic Association, 2008; Barlow, 2007; Committee on Nutrition, 2001).

### 2.2. Data collection

Each participant completed two face-to-face interviews with trained bilingual staff approximately one week apart. During the first interview, a 30-min survey was administered to collect descriptive data about each participant and her child. During the second interview, in-depth interviewing techniques were used to collect qualitative data using a semi-structured interview guide developed by the research team with feedback from WIC clinic staff. The second interview lasted approximately 90 min and was audio recorded. Thirty-nine participants completed both interviews in Spanish. One participant completed the interviews in English. Mothers who completed both interviews received a \$25 gift certificate to a neighborhood grocery store. Informed consent was obtained from all participants. The research protocols were approved by WIC clinic staff and a university Institutional Review Board.

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