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## Focus groups with working parents of school-age children: What's needed to improve family meals?

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### INTRODUCTION

Parents are influential primary role models for healthy eating.<sup>1</sup> They are also gatekeepers for food and beverage availability within the home,<sup>1</sup> the location where almost 70% of the daily calories consumed by 6–11 year old children are eaten.<sup>2</sup> Consumption of healthful foods and unhealthful beverages are significantly predicted by their home availability.<sup>3, 4</sup> Over the last several decades, families have dramatically increased purchases of convenient, less healthful away-from-home foods,<sup>5, 6</sup> negatively affecting the nutritional quality of family members' diets,<sup>7</sup> and making it more difficult for children to meet current dietary recommendations<sup>8</sup> and maintain their weight.<sup>9</sup> Thus, encouraging families to eat at home while positively changing the home food environment appears to be one way to decrease children's consumption of unhealthful foods and beverages.

The family mealtime environment has the potential to impact the dietary intake and obesity rates of children.<sup>10</sup> Research has shown significant positive associations between family meal frequency and children's nutritional and food group intake,<sup>11, 12</sup> and inverse associations with consumption of soft drinks and high-fat foods<sup>12</sup> and obesity.<sup>11</sup> However, data indicate that the frequency of family meals may be declining, with children's reports of consuming a home dinner decreasing from 89% in 1973 to 76% in 1994.<sup>13</sup> Moreover, research indicates that many parents of school-age children are overwhelmed with meal planning and preparation.<sup>14</sup> Programs aimed at increasing family meals to prevent obesity are recommended by expert panels.<sup>15</sup> However, there are barriers to promoting frequent family meals. Detailed findings about how to overcome barriers and what parents need to facilitate frequent and healthful family meals is scant in the literature. The purpose of the present study was to conduct focus groups with working parents of school-age children to learn more about barriers that families face regarding family meals and gather ideas to guide

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the development of interventions to improve the frequency, atmosphere, and quality of food at family meals.

## METHODS

### Study Sample and Research Design

**Recruitment**—Parents of 8–10 year old children attending 3 elementary schools and/or after-school programs were recruited to participate in the study. The convenience sample was drawn from urban schools serving racially- and socio-economically-diverse families (across schools, 38% were minority and 32% received free/reduced lunch) in the Minneapolis Public School District. A recruitment flyer was posted by the check-in area of the after-school programs. Parents were invited to contact the study coordinator who answered questions and screened for eligibility (i.e., English-speaking, working adult with an 8–10 year old child in the household).

**Procedures**—Three focus groups were held at a neighborhood community center and a local church with approximately 9 parents per group using an established protocol. Questions were asked in a semi-structured manner and were facilitated by a moderator, with assistance from a co-moderator. One set of focus group questions was designed by study investigators to corroborate our previous research findings<sup>14</sup> by eliciting views on typical family meals as well as benefits and possible areas for change and included the following: “What are your typical family meals like?” “What do you really like about your family meals?” and “What would you like to change about your family meal?” The second set of focus group questions expanded on our previous research by asking parents to rate potential program ideas in terms of interest and importance. Parents received dinner and a \$50 gift card for study participation. Parents completed a brief survey prior to the focus group to assess supplemental questions (e.g., demographic characteristics, and frequency of family meals and specific foods served; see Table 1). The research was approved by the Institutional Review Board of the University of Minnesota and the Research, Evaluation, and Assessment Board of the Minneapolis Public School District.

**Participants**—Participants included 27 parents/guardians (81% mothers, 11% fathers, 4% female guardians, and 4% others; hereafter referred to as parents). The majority of parents were non-Hispanic (89%), and reported race as white (81%), black (7%), other (7%), and Asian (4%); two participants (7%) reported Hispanic ethnicity (1 white and 1 multiracial); 1 participant had missing data. Sixty-four percent were parents of boys. Parent age ranged from 23 to 65 years ( $M$  age = 43.1,  $SD$  = 8.3). More than half of parents reported being married (56%), followed by single/never married (26%), divorced (15%), and not married but living with significant other (4%). All parents had completed some college credit and were working (78% full-time and 22% part-time). About two-thirds of parents reported another adult living in the household; 89% of whom were employed. About half of households included more than 1 child (<18 years).

### Data Coding and Analysis

Means and frequencies were calculated for the survey questions. Focus group audiotape data were transcribed verbatim. A thematic analysis approach was used to analyze the transcript data. Independently, 2 of the authors reviewed each transcript, abstracted data, and developed matrices to organize themes for each of the focus group questions. New themes were added to the matrix as transcripts were reviewed. Results between the 2 abstractors were compared and differences were reviewed by a third author. Predominant themes were rank ordered in terms of emphasis to develop a summary of the findings.

## RESULTS

### Survey Results

More than half of parents reported eating family dinner at least 3 times in the past week (see Table 1) and about one-quarter reported never eating family breakfast in the previous week. About three-quarters of parents reported that a parent was present every evening when his/her child ate dinner. More than three-quarters of parents reported that their child never ate meals in front of the TV in the past week or did so infrequently (1–2 times). Many parents did not serve healthful foods regularly ( $\geq 5$  times/wk) at meals (vegetables=42%, fruit=75%, milk=59%).

### Focus Group Results

Time constraints were a dominant theme that emerged from descriptions of typical family mealtimes. Work schedules and children's extracurricular activities appeared to play a large role in whether dinner was eaten together during the week and contributed to parents feeding children quickly on the run. Parent comments consistently revealed how difficult it is for parents to prepare meals with time constraints and other responsibilities and included: "Eat it now, taste it later, let's go!" and "I'll be honest. I hate to say this. I'm almost resentful when I walk through the door. It's like blankety, blank, here we go again. I have to, you know, I got to take out the dog, and I got to do this, and now I've got to make dinner. I'm sorry."

Parents in all focus groups commented on the need to make meals quickly with what they had on hand such as "...I'm usually really tired by the time I get home so I just don't have the energy to whip up a meal" and "Well in my household, I'm the first one that gets there and I start to make whatever is the quickest thing. When I get home, I'm tired...I don't want to do much. Whatever is done the quickest way that's what they're going to eat."

A predominant theme regarding the mealtime environment was that parents often multi-tasked during dinner due to time constraints. Parents reported going through the mail, reading their children's homework or school-related notes, cleaning, and other household chores. One parent shared: "...I quick finish mine [my dinner] so I can get my other work done."

One consistent theme related to the benefits of family meals was that parents enjoyed the mealtime conversations and the feelings of connectedness with their children as they learned about their day such as "What was the best part of your day and what was the worst part? And you find out things that happen to them at school and things like that that you wouldn't otherwise probably find out" and "...So it's nice, we actually get into some really cool conversations at the table, when we get there together, when it happens."

A consistent theme regarding what parents would like to change about their family meal was a desire for children's help with meal preparation but avoiding it because of the mess it makes and the time commitment. One parent stated "...my son, he likes to cook. He likes to try to cook. He looks at those cooking shows, and I don't want him in the kitchen because, "you're going to be messing up, you're not going to clean up right, and then I'm going to have to go back and... but you see that's my fault because I don't give him a chance, you know what I mean?"

Parents also discussed the limited range of their children's palates and the frustrations they felt at trying to get their children to eat different types of foods, including "I wish I could get [child] to eat a healthier, broader range. I just don't know how a person can make a kid eat something because he will refuse...I never see him eat a vegetable." Some parents discussed how the school and child care food environments contribute to their child's limited food

repertoire and how it makes enforcing healthful habits at home more difficult. One parent stated "...his habits have totally changed and [I] blame a lot of it on the school, and partially the school environment ... this is something that I would change, and I've actually tried to change, is the nutrition environment that he encounters other places."

### Ratings of Program Idea Results

Based on previous survey findings,<sup>14</sup> parents were asked to indicate their interest in and perceived importance of several program ideas for increasing family meals (see Table 2). Parents were most enthusiastic about ideas that included feeding tips and recipes to create healthful, quick meals, followed by involving their children in food preparation, and how to change the foods offered at meals. Parents were less enthusiastic about reducing conflict at mealtimes and reducing television viewing; however, even these ideas generated above-average ratings.

## DISCUSSION

The purpose of the present study was to conduct focus groups with working parents of school-aged children to learn more about barriers that families face regarding family meals and gather ideas to guide the development of interventions to improve the frequency, atmosphere, and quality of food at family meals. Parents reported enjoying the sharing/bonding at meals, but also reported having limited time for meal preparation and frequent multi-tasking at mealtime. They expressed a desire to have children help more in meal preparation, but were concerned about the time and "mess" involved. They were also frustrated with the limited range of foods their children would eat. Preferred program ideas among parents for increasing family meals were feeding tips/recipes, meal planning/preparation, and changing the foods typically served at meals. Parents with school-age children indicate a need for creative programs to facilitate helping families plan and cook quick, healthful meals; develop skill building; and increase healthful food consumption.

Children's participation in meal preparation is often presented as an option for parents; however, our findings suggest that some parents are reluctant to involve their children in meal preparation due to time limitations and worries about creating a mess. Research with adolescents indicates that the frequency of preparing food is related to significantly lower intakes of fat, and higher intakes of fruits and vegetables and key nutrients.<sup>16</sup> Thus, a strategy to influence parental attitudes in regard to allowing their young children to occasionally assist with food shopping and help prepare meals could be educating parents on the nutritional benefits and life skill development for their children as they mature.

The present study findings of working parents indicate that although parents report frequent family dinners, they may be in the general vicinity during the meal, but may not always be eating with their children. Our findings that many parents multi-task while feeding their children support previous research findings<sup>17</sup> where employed mothers prioritized feeding their children, but liked to finish meals quickly so they could complete other tasks. Since parental modeling of fruit and vegetable intake has been shown to be an important determinant of child fruit and vegetable intake,<sup>18</sup> parental multi-tasking may also have negative implications for children's healthful eating unless they are role modeling healthful eating while conducting other tasks. Thus, future research should examine exactly what parents are doing when they report having a "family meal." In addition, an area of concentration for future family-based nutrition interventions should be to help parents explore how they might devote some evenings to meal preparation and social engagement with family while planning other times for quicker meals that allow time to complete household tasks.

Parents in the focus groups indicated their frustration with their children's limited range of food preferences. Although this issue was identified in our previous survey research as a barrier to family meals,<sup>14</sup> the spontaneous discussion in the focus groups indicates a robust finding for parents of school-age children. Additionally, the present study expanded on previous research by indicating in which ways children are picky (e.g., will only eat a limited number of foods) and identifying other environmental influences (i.e., school and childcare) that contribute to children's preferences. Picky eating decreases the likelihood of meeting nutritional recommendations and adequate consumption of fruits and vegetables.<sup>19</sup> Thus, to assist parents in increasing their children's consumption of healthful foods, perhaps interventions should be developed to increase parents' focus on active role modeling rather than reacting to picky eating behaviors<sup>19</sup> and encourage parental empowerment to change children's other food environments (e.g., by working with child care environments to offer healthful foods and cooking skills).

Our survey findings of the relative infrequency of serving fruits/vegetables at every meal indicates that nutrition educators may significantly influence healthful food consumption by encouraging parents to shop for and include more fruits at dinner as well as reminding them that raw vegetables can be served to reduce preparation time. Milk consumption could be increased if parents increased its availability at dinner and role modeled its consumption. These suggestions correspond to parents' interest in changing what foods are offered at mealtimes. In contrast, the variability of responses regarding parents' interest in reducing conflict and reducing TV time at meals indicate that some homes likely do not have substantial conflict at mealtimes and some parents either do not want to reduce TV time or already have reduced TV viewing at meals.

Parents in the present study identified similar benefits and challenges of family meals to the limited previous research to date,<sup>14, 20</sup> including: conversation and togetherness and spending time together (benefits), and wanting quick, easy, healthful meal ideas, and less food pickiness among their children (challenges). The similar themes from these studies indicate that intervention programs should highlight these positive aspects of mealtime while providing resources and venues for quick, healthful meal preparation that children will enjoy, particularly when time is short; an area of expertise among nutrition educators.

The strengths of the study include the collection of rich qualitative data from working parents regarding potential areas for intervention. The study had limitations, including a relatively small number of focus groups with parent volunteers who may have been more interested in nutrition and health than other parents, which may affect generalizability to other parents of 8–10 year old children as well as other age groups. Compared to the general Minnesota population (15% minority), our sample was more racially/ethnically diverse (22% minority). Given that we recruited working parents, our sample's slightly higher educational attainment (all had received some college credit) compared to adults in Minnesota (24%) may have influenced our findings. Findings of unemployed or less educated parents may differ as they may have fewer time constraints but more budgetary constraints and need for nutrition knowledge.

## IMPLICATIONS FOR RESEARCH AND PRACTICE

The study findings highlight key areas for intervention programs and implications for practitioners. The findings related to the need for quick and healthful meals and meal planning underscore how health behavior professionals can contribute to the health and well-being of families with school-age children. Professionals could conduct nutrition education activities, including resources for easy-to-prepare healthful recipes and reminders to serve raw fruits and vegetables to reduce preparation time. They could also educate

parents on the importance of eating with their children to serve as role models for healthy eating and the positive nutritional benefits and life-skill building associated with children's participation in meal preparation.

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Table 1

Parent report of family meal frequency and availability of foods at meals.

During the past seven days, how many times:	Never	1–2 times	3–4 times	5–6 times	7 times
...did all, or most, of your family living in your home eat dinner or supper (i.e., the evening meal) together?	0%	22%	37%	26%	15%
...did all, or most, of your family living in your home eat <u>breakfast</u> together?	27%	42%	12%	15%	4%
...was at least one parent present when your child ate his/her evening meal?	0%	7%	11%	7%	74%
...did your child eat dinner in front of the TV?	52%	30%	11%	4%	4%
...was at least one type of vegetable (other than potatoes) served at dinner in your home?	4%	19%	19%	23%	34%
...was <u>fruit</u> served at dinner in your home?	19%	30%	26%	15%	11%
...was <u>milk</u> served at dinner in your home?	22%	22%	15%	15%	26%
...was <u>dessert</u> served after dinner in your home?	15%	52%	19%	7%	7%



**Table 2**

Parent ratings of potential obesity prevention program ideas

<b>Program ideas to improve family meals</b>	<b>Rating of whether good idea to do or not<sup>a</sup> N = 27 (M, SD)</b>	<b>Rating of importance to families<sup>b</sup> N = 27 (M, SD)</b>
Feeding tips and recipes to help plan and prepare quick, healthful meals—you could practice some recipes at meetings	1.2 (0.4)	1.6 (0.7)
Meal planning and food preparation activities you could do at home with your child	1.4 (0.6)	1.6 (0.6)
Learning how you could change the types of food you have available in your home and served at meals (decrease high fat, high sugar foods)	1.4 (0.6)	2.1 (1.2)
Tips on how to reduce conflict during family meals	2.1 (1.0)	3.0 (1.0)
Tips to reduce watching TV during meals	2.1 (1.1)	3.0 (1.1)

<sup>a</sup> 1=excellent, 2=above average, 3=average, 4=below average, 5=failing

<sup>b</sup> 1=very important to 4=not at all important