'It's my child, it's my choice' – Using figured worlds to explore parent's attitudes to health promotional interventions and their influences on decision making for choosing the content of their primary school aged child's packed lunch.

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Abstract

Objective: This study aimed to explore parent's attitudes toward the content of their child's packed lunch, school healthy eating policies, and their child's wishes. Furthermore, in this context, it also aimed to explore perceptions of health promotional materials and how these interventions interplayed with issues parents felt were important.

Design: The ideology of 'figured worlds' was used as a stance to consider the relationship between bounding structures within society and the individual positional identity. Focus groups interviews obtained qualitative data of parent's multiple viewpoints. Iterative Categorisation was employed as a method of analysis to observed findings in the data in relation to the individuals as intersubjective beings and their behaviour influenced by environmental conditions.

Setting: A cross selection of local schools and parenting network were approached. Snowballing techniques were implemented highlighting the inclusion criteria.

Subjects: Participants Parents were required to have a child attending primary school who they provided a packed lunch for on a regular basis.

Results: Three umbrella themes were identified: *The Parents Ideal, The Child's Desires,* and *Inconsistencies of the Governing School.* A fourth theme, *The Health Promotional Intrusion* provides insight into the parent's reality when being presented with health promotional materials*.*

Conclusions: This study has highlighted the complex, conflicting interplay between parents' ideal for their child's diet, their child's desires and the governing approaches to encouraging healthier choices. This understanding is vital when designing specific interventions to meet the needs of individuals, which prevent, protect and promote a healthy lifestyle for children and their families.

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Key Words

Childhood obesity, Primary School Health, Public Health Interventions, Health Promotion, School Health

Key Points

This qualitative study explores the complexity that interplay between a parents, child(ren) and public health approaches aimed to encourage healthier school packed lunch choices.

The analysed data highlighted the challenge parents had in reconciling differences in opinion and explored the influential forces these had on content of a child's lunch.

This is further compounded by parent's impression of inconsistencies in the school's healthy eating policies and a feeling that health promotional materials they receive via school had little or no influence on their own behaviours as the lunch packer.

A broader understanding of the context in which health promotional interventions are received by parents is vital for public health practitioners. These interventions must be designed to meet the needs of individuals and prevent, protect and promote a healthy lifestyle for children and their families.

Reflective Questions

1. How might a school nurse collaborate with schools, parents and children to help communicate healthy eating based on these findings?

2. What is the benefits and disadvantages of targeted health promotional interventions vs a universality approach?

3. How might you design health promotional interventions for healthy eating based on these findings?

Introduction

It is widely understood that a healthy body weight is achieved through diet and physical activity
[1]. However, obesity is still a global major public health concern. Increasingly, younger
generations are becoming obese and remaining obese through to adulthood [2]. According to the
UK data, 22.6% of reception age children (age 4-5 yrs) are overweight and this increases
considerably by year 6 (age 10-11 yrs) to 34.3% [3]. This obesity epidemic must be understood in
the context of its multifaceted complexities. For example, literature increasingly recognises
contributing factors which encompass genetic predisposition and an increasingly obesogenic
environment [4, 5]. Inequalities of obesity are also recognised in the UK, with children of a lower
socioeconomic status being substantially more likely to be obese [6, 7]. Additionally, children from
black or ethnic minority groups or children of parents who are overweight are also more at risk
[7-9]. This is evidence that, although individuals may have an understanding of the importance of
diet and physical activity, there are multiple complex barriers preventing them from choosing a
healthy lifestyle. Therefore, Public Health interventions designed to improve the diet of families'
need complex considerations in their approach. The traditional political ideology of liberal
individualism, which situates the individual as accountable for making healthy choices is at odds
with this approach [10]. Thus, health promotion for behaviour modification now draws upon
different theoretical understandings.

Public Health England are incorporating an 'embodied connectivity and collectives'
pedagogy approach with their £2million mass marketing health promotional campaign
'Change4Life' [11, 12]. Their aim is to collectively encourage families with children aged 5-11 to be
'food smart' by using distinct behavioural science framed phrases [13, 14]. The campaign

intentionally moves away from government branding and the word 'obesity' and works in partnerships with multiple civic, commercial and charity organisations to alert individuals to sugar content [15]. Although the campaign was seen to be effective in the short term, exploring how to sustain longer term behavioural change requires further investigation [16]. Additionally, as an approach to support behavioural change, they regularly deliver materials designed to be relatable, to children via their primary schools. For example, 'Adventure in Sugar Smart World' is a children's activity pack, which features games and stickers to get children to spot the higher-sugar food and drinks and choose healthier swaps [17]. However, the lack of evidence that is able to isolate cause and effect, the challenges of delivering these interventions and the difficulties with measuring the desire behaviour changed outcome, mean additional insights are needed to determine their effectiveness [18].

In addition to the UK's national efforts, local authorities are working with their local schools to meet national food and nutrition standards in the meals they provide children [19, 20]. However, ensuring that children who choose to bring their own packed lunch to school also meet these standards, is more challenging [21]. For example, compared to school meals, packed lunches have higher proportions of sugar and salt [22]. Additionally, inconsistencies and variations of locally devised policies mean their impact on the healthiness of pack lunches is unknown [23]. Finally, Shilling [24] highlights an antagonistic relationship between individuals and institutional structures through which they are governed via policy and practice. In this context, there is potential for conflict between the interests of the parents providing the packed lunch and the school's requirement to monitor. In light of these potential challenges, this study aimed to explore local parent's attitudes to their school policies, health promotional materials such as

Change4Life and how such interventions may interplay with issues parents feel are important when making decisions for the content of their child's pack lunch.

Method

The ideology of 'Figured worlds', spaces where individuals can engage in cultural practices through discourse, was employed [25]. This stance considers the relationship between bounding structures within society (i.e. schools, obesogenic environment) and the individual positional identity (i.e. parents) [26]. In this context the design of the study aimed to obtain a rich qualitative data set which allowed the researcher to situate the parent's reality of how and what influences their decisions for their child's packed lunch. Focus groups were utilised in order to obtain multiple viewpoints, study parents' everyday use of language and to explore the degree of consensus on the topic [27]. A cross selection of Derbyshire (England) schools were contacted and asked to disseminate an invitation for parent participation in the study. Snowballing techniques were also used, targeting local parenting networks, with the inclusion criteria specifying that parents needed to have both a child attending primary school and provide a packed lunch for their child. Once the research team had an adequate list of potential participants, focus groups were randomly allocated.

Data was collected from two focus groups interviews conducted in July 2018, one with three participants and the other with five (total n=8). All participants were female except for one male parent. All parents sent their children to state-funded schools and it was confirmed that all provided their children with packed lunches. Two researchers conducted the focus group interviews, one facilitating the discussion and the other taking on the role of a mediator. In addition to questions guiding the conversation, National health promotion materials (e.g.

Change4Life) were presented to participants to stimulate conversation and elicit perspectives on their use [28]. The focus groups, which lasted for 1 hour and 53 minutes in total, were recorded and transcribed verbatim.

The systematic technique used for data analysis, complementing the figured world ideology, was Iterative Categorisation (IC) [29]. The IC was completed as follows: 1) a basic coding frame was constructed with deductive codes retrieved from data generation; 2) all transcribed data was sorted into inductive codes generated during this process; 3) a descriptive analyses was then completed by two researchers who spontaneously identified themes, categories and relevant phrases, drawing connections within the data independently to understand how issues uncovered in the research interconnect. During this stage the language and discourse are not merely representational but have the power to reflect attributes of culture [25]. Finally, in stage 4) an interpretive analyses, was conducted by two of the researchers who discussed their findings and came to a consensus of key points to expand on. The first researcher then further developed these with the aid of theories and published literature. At this stage, the researcher observed the individual subjects as intersubjective beings, their behaviour partially influenced by environmental condition.

Results

Three prominent umbrella themes were identified as being important to parents when making decisions for the content of their child's packed lunch. These were: *The Parents Ideal, The Child's Desires,* and *Inconsistencies of the Governing School.* A fourth theme, *The Health Promotional Intrusion*, provides insight into the parent's reality of being presented with health promotional material and how they interplay with their decisions*.*

The Parents Ideal

Parents discourse focused on the healthiness and dietary needs, practicality and cost of providing a packed lunch. The parents understood the importance in providing healthy content *'for me it's got to contain some of your five a day'* (Janet), while also being able to ensure adequate portion size and monitor consumption *'the nice thing about having the packed lunch, they bring home what they don't eat so you know if they've eaten everything'* (Kelly) and meet specific dietary needs. However, this was balanced with practicality and freshness *'I need to consider what he will actually eat, making sure that it is healthy, that it will still be fresh at lunch time, so nothing's going to go off, and it's not going to be messy'* (Rachel), with the lack of refrigeration at schools further limiting packing options. There were also concerns about items lasting between weekly shops *'I can't keep up with … going to the supermarket … every other day to keep buying more fruit because it soon goes off'* (Kelly)*.* Finally, the perceived value of lunch packing compared to school meals varied considerably, for instance while Paula stated *'I think I worked out it's almost about an extra £40 a month, and because I'm doing packed lunches for myself anyway most of the time it's stuff that I would have already bought'*, Anne stated *'sometimes parents are put off by the cost of things, you know if you're looking at certain foods and you've got a family that hasn't got a lot of money, it's sometimes easier to just let school deal with it and let school feed your child'.* Concern was also expressed that school meal portion size was inadequate, especially when child attends after school clubs. Claire expressed this point by saying *'she'd come home starving 'but mummy there isn't very much''*.

The Child's Desires – *relationship with food, influence of peers and awareness of rules*

Children were able to influence their parent's decisions. This was evident in concerns expressed that their child(ren) would refuse to eat what was provided *'she's very stubborn, she wouldn't eat it and she would be no good for the rest of the day'* (Sally). In this context the packed lunch was justified as the healthier alternative as Claire explains *'she would have vegetarian hot dog and then I found out, she said 'but I don't eat the sausage', 'you're having a chip butty aren't you?'*. It was thought that children were also significantly influenced by their peers. Anne stated, *'My 8 year old has pack up every day because that's what's all her friends do'.* Pete added *'when it's nice weather those with packed lunches can sit outside, so they want to do what their friends do'.* The children were influenced by the content of their peers packed lunch *'she'll come back and be like 'so and so had this and you don't even let me have cheddars'* (Kelly). This extended to the child(ren) also identifying restricted content in their peers' boxes, as Anne's child told her *'so and so had Smarties today and that's not allowed'.* One school appeared to utilise the influence of peers by assigning roles to the older child(ren) to monitor packed lunches *'as you leave the hall they check the lunch boxes to see what they've eaten, and if they've eaten it they get a sticker'* (Sally). Paula believed that monitoring the boxes in this way was having a negative impact on her child's mental health *'to the point where they were really anxious about inspecting their lunch box before I gave it to them to take to school'.* In contrast, Pete believed restricting the items was having the opposite effect *'making things 'you can't have this, you can't take that', you make it more exciting, it's like 'ooh we've got chocolate, it's great'.*

Inconsistencies of the Governing School – *policy implementation and institutional schedules.*

There were inconsistencies in parents understanding of a school policy '*I don't know if there's an actual policy or not*' (Sarah)*.* Paula's awareness of a policy was verbally communicated through her children '*but haven't actually had anything in writing to say 'this is acceptable, this is not acceptable''.* Claire added '*our school's not that strict, I think chocolate and sweets are frowned upon but a packet of crisps and a little cake, that's fine'.* However, Racheal stated '*I've been on the bad list'* in regards to an incident when the school contacted her about a restricted item. Kelly did not agree with the way the policy was enforced '*they then take that (restricted item) off the child and won't let them eat it'.* Sarah added that her child(ren)'s school fluctuated on their view of restricted items rules '*there was a bit of 'no chocolate bars in lunch boxes' type thing but they seem to have backed down on that'.*

Parents also felt that at times the school have different standards to the way they treat children. Sarah raised a view '*we wouldn't expect work to say 'you can't have anything that is beyond water or fruit and veg all day''.* Pete also highlighted that some school practices contradicted what they required from parents '*what do they do for fundraising, what do they sell? Cakes'.* Claire added '*you're making me having all this fruit and vegetables in my lunch box and my friend's sat next to me with a school dinner with sticky toffee pudding'.*

The schedule of the school was also an influence '*the infants they all go in first because they're younger, in the juniors they have to wait for the infants, and she said that if she's dinners she would have to wait for the infants to finish eating and then queue up'* (Anne). Here the parents highlight that if they had a packed lunch they were able to have lunch earlier. There was also a concern that they don't get very long to eat their lunch and for some child(ren) that was difficult

'he doesn't have time to eat them all because … the school lunch has finished and he's been the last sitting'.

Health Promotional Intrusion – *circumnavigating, intersecting and remaining static*

All the parents had experienced their child bringing home different health promotional materials via their school in the past. Paula remembered a portion size wheel *'it was helpful in terms of those portion sizes in 'how much meat, how much pasta'*. Sally remembers being given information about an app *'you could scan everything in your cupboard, she was really interested in that and we went through and we were going 'look at this''*. A '120 calories per snack' campaign was promoted via Pete's child(ren) school because *'I've heard they've had a lot of issues with parents sending the family size bags of crisps for one child'*. The parents in the focus groups felt the health promotional campaigns did not apply to them *'these aren't really for most parents are they, because we know, whether we're underweight or overweight, we know what's a healthy diet'* (Anne). Sally felt *'a lot of the parents English isn't their first language or they don't speak English at all, and they're the children that they're trying to target'*. Paula added *'we're all sending in reasonably healthy lunch boxes anyway so it comes across as a bit condescending'*. Claire believed these types of interventions should be more targeted *'instead of addressing everybody and banning things we should be looking at those that need a little bit of help'*. However, for Anne an effort was made to engage her child(ren) with the materials, despite not being very interested in it herself *'when it's given to us I do put it to her and she will have a look at it but I personally don't take too much notice'*. For Kelly, it was available time which stopped her from engaging with the material *'[I] wouldn't pay any attention to it at all, but that's just me cause I'm working to quite a tight schedule anyway'*. However, for most it was the thought that these materials

were telling the parents how to behave '*I don't like you dictating to me what I will and will not do*' (Sarah)*. Racheal adds *'it's my child, it's my choice and I kind of know what I'm doing'*. Pete described it as '*things like this are a bit nanny state'.*

Schools also directly educated the children via topic projects and specific tasks such as tasting and cooking. This was seen as positive amongst the parents because the children would often come home and share the knowledge they had learnt in class with them. Pete commented in relation to this activities '*think if you can change the thinking of the children and the children want to eat healthily and they want to make those choices, it's a lot easier.'* In this context, the parents felt the focus on education the children was effective way to promotion a healthy style and this approach was not governing the parent's behaviour within this equation.

Discussion

Parent's discourse suggested that the ideal lunchbox would contain healthy and practical food choices alongside being affordable and meeting the dietary needs of a child. Furthermore, this ideal was put into action through a parenting style that is unique to each parent. In developmental literature, 'parenting style' is a broad term that refers to the emotional climate within which parenting habits are exercised [30]. Classified into four typologies, each category is distinguishable by the degree of responsiveness and behavioural control a parent exercises onto the child [31]. Parenting style can be viewed as a psychological building block to a child's social environment, and these factors have contributed to child obesity rates in the last few decades [32]. It is therefore worthwhile that further research explores how the mechanisms controlling different parenting styles, can affect children in their mid-childhood (ages 7-11). It is during this

period of a child's growth that children become more susceptible to childhood obesity, given that their eating patterns begin to change, with a larger intake of foods that are more energy dense and poor in nutrients [33].

Parenting style can shape interactions with children in different contexts, however, it is parenting in the domain of feeding that can reflect more general traits; exploring a parent's decision-making process on packed lunch gives insight into the nature of feeding styles and practices used to mediate healthy eating. Feeding styles are usually classified into authoritative, authoritarian and permissive with an authoritative style attributed to healthier weight and dietary results in children [34]. Both the authoritarian and permissive styles have been connected to unhealthy eating amongst children [35]. The findings of the present study demonstrate that, for a parent, choosing a packed lunch enabled the monitoring of a child's eating; this is an example of a feeding practice used to facilitate or limit the ingestion of food [36].

By restrictive means, placing pressure on a child to eat, monitoring a child's food intake, and through the use of rewards, both schools and parents take on the role of primarily influential actors in a child's food environment [37]. However, the parent's discourse highlights that in some situations one actor develops a dependency upon another in controlling a child's eating patterns. For example, Anne mentioned that in the case of parents being financially challenged, it might be easier to pass the baton of monitoring a child's diet over to the school, who will then take on the responsibility of feeding the child. Likewise, for the school to successfully implement its policies and institutional schedules, parents need to be both aware of and receptive to its regulations. Although parenting styles have the power to influence a child's dietary intake and

obesity risk, it should be noted that how a child chooses to behave, also influences parenting style.

How a child behaves is affected by peer influence as well as his or her neophobic tendencies towards food. According to Roper & La Niece [38] children become increasingly influential to food brands as they grow older and peer approval is the core influence motivating that behaviour. Peer messages are also comprehended with greater clarity and internalized by preadolescents when they are related to their own body image [39]. Schools showed an understanding of the effects of peer influence when they utilised it as a method of reinforcement to help children make wise food choices. This was explained in relation to how older children were given the authority to monitor the lunchboxes of other children to check if they had eaten all of their food and to identify contraband items. Though this method of surveillance used by the school was considered to be anxiety-inducing by some, more positive conception of the monitoring process were viewed as a form of operant conditioning when older students attempt to strengthen the healthy food habits of other children by giving them a sticker if they finish eating the food in their lunchboxes. This reflects the behaviourist stance of operant conditioning, where if a behaviour is reinforced, it has a higher probability of being repeated [40]. However, operant conditioning does not factor in the function of inherited and cognitive factors in learning and is therefore, a partial explanation of the human learning process [41]. Reinforced by Thaler & Sunstein [42] in Libertarian Paternalism, human rationality is bounded, with our deliberative cognitive processes limited by a lack of information and rooted in cognitive biases. Choices are never free from interferences and therefore interferences will need to be controlled for healthcare to be promoted.

In an ambition to promote healthy eating, schools have shaped different policies that face the challenge of inconsistent implementation. However, the findings of the present study highlighted varied awareness of school policies and channels of communication between the school and parents, and often it was the child who acted as the conveyor of information. Parental involvement and engagement are elements that can strongly influence the development of positive partnerships, which has multiple benefits for the child [43, 44]. It is therefore, important for teachers to develop channels of communications with the parents in order to encourage a stronger parent-teacher partnership. This will increase the chances of the school successfully implementing a full packed lunch school policy. Additionally, it was the schools that were more flexible with packed lunch options that suited the parents the most. For example, allowing children to choose on the day if they wanted a dinner or a packed lunch or schools which offered a packed lunch option, provided by the school.

It is clear that the implementation of National Public Health Promotional Campaigns is not a straightforward process. The participating parents made it clear that they felt that health promotional materials implied their current behaviour needed changing and they did not like being told what to do. Additionally, when parents did wilfully respond to health promotional materials or school policies, they would then have to reconcile differences between the wishes of their children and of the school. There was also a feeling from the parents that these interventions were not relevant to them. They already felt that they were doing all they could, in their situated environment, to ensure their child was having a balance diet. One parent suggested these interventions from the government ought to be targeted, instead of being addressed to all parents. For instance, these materials may be better utilised by Specialist Community Public

Health Nurses (School Nurse). School Nurse's potentially possess the complex skills to implement these types of materials with the families they support, as part of the Health Child Programme [45] and further investigations could potentially explore this. Finally, this study also reinforces what has previously been highlighted, namely that more research is still needed in community, home and preschool settings to underpin the development of public health strategies to tackle childhood obesity [46].

Conclusion

This study has highlighted the complexity of the interplay between a parents' ideal for their child's diet, their child's desires and requirements and the governing approach to encouraging healthier lunch choices. The discourse of the parents emphasised the challenge of reconciling differences in opinion and influential force of these actors and healthier ideals. This is further compounded by parent's impression of inconsistencies in the school's implementation of healthy eating policies and a general feeling that health promotional materials had little or no influence on their own behaviours as the lunch packer. A broader understanding of the context in which interventions are made is vital when designing specific interventions, which meet the needs of individuals and prevent, protect and promote a healthy lifestyle for children and their families.

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