

Family Roles in Supporting Healthy Eating among Adolescents – Qualitative Interviews with Parent-adolescent Dyads

K.S.N. LIU ¹, J.Y. CHEN ^{1,2}, K.S. SUN ³, J.P.Y. TSANG ¹, C.L.K. LAM ^{1,2}

¹ Department of Family Medicine and Primary Care, The University of Hong Kong ² Department of Family Medicine, The University of Hong Kong-Shenzhen Hospital ³ JC School of Public Health and Primary Care, The Chinese University of Hong Kong

1. INTRODUCTION

Healthy eating is vital in reducing adolescent obesity and future morbidities. While family influence on adolescent eating habits is well-studied, how families are able to support healthy eating in adolescents varies culturally.

2. AIM

This study aims to explore the factors underlying family influence of adolescent knowledge, attitudes and practices (KAP) of healthy eating in local context.

4. RESULTS

(i) Subject characteristics

25 adolescents aged 12 to 19 years and their mothers participated, whose gender, age, fruit and vegetable (FV) consumption and household monthly income were widely distributed (**Fig. 1**).

(ii) Main findings

We ascertained family roles of nutrition education, role modeling and food availability in promoting dietary KAP in adolescents.

Parental attitudes towards family health contributed to the willingness to perform these family roles, and four other domains and nine subthemes (a to i) were found underlying these roles (**Table. 1**):

1. Parental knowledge

- Health outcomes
- Recommendation on food choice
- Preparation of healthy food

2. Parenting style

- Child involvement
- Family expectation
- Cultivation of preference

3. Family health

- Illness experience in the family

4. Socio-economic (SE) factors

- Limited time
- Cost concern

Table 1. Key family **facilitators** and **barriers** of healthy eating in adolescents

	Family roles		
	Nutrition education	Role modeling	Food availability
Parental knowledge	<ul style="list-style-type: none"> Education on health outcomes of eating habits ^a Not knowing healthy choices for eating-out ^b 	<ul style="list-style-type: none"> Underestimating the recommended servings of FV ^b 	<ul style="list-style-type: none"> Healthy cooking methods and varied presentations ^c Homemade drinks to replace prepackaged beverages ^c Lack of knowledge of making food tasty with low oil and seasonings ^c
Underlying factors			
Parenting style	<ul style="list-style-type: none"> Involving adolescents in food preparation ^d Setting family rules with explanation ^e Parental sole responsibility in food preparation ^f 	<ul style="list-style-type: none"> Highlight of positive attributes of FV, e.g. taste and fun ^f 	<ul style="list-style-type: none"> Making half-prepared food available for adolescents to-cook ^d Consideration of adolescents' preference in preparing home meals ^f
Family health		<ul style="list-style-type: none"> Witness of positive health outcomes of healthy eating ^g Promoting perceived risk of health problems ^g 	
SE	<ul style="list-style-type: none"> Limited time to supervise adolescents during meal preparation ^h 		<ul style="list-style-type: none"> Saving money by limited eating-out and snacking ⁱ Convenience of eating-out or takeaway food ^h Concern of food waste prohibits keeping a stock of fresh FV at home ⁱ

N.B.: Referred to the nine subthemes

5. CONCLUSION

- Supporting roles of parental dietary knowledge and attitudes, parenting style, and family health in family influence on adolescent KAP of healthy eating.
- Health education on parents should promote their food skills, health concern and adoption of authoritative parenting to secure healthy home food environment for adolescents.
- Cultivating child preference for healthy food and involving child in meal planning and preparation are possible solutions to time and cost barriers in healthy home cooking.

For further information, kindly contact:
Ms. Kiki LIU (snliu@connect.hku.hk)

3. METHODS

Subjects: Parent-adolescent dyads

Sampling: Purposive sampling by age, gender, dietary intake and household income

Setting: Semi-structured interviews of 30 to 60 minutes conducted by Zoom conferencing with each dyad

Data analysis: Verbatim transcription of the interview audiotapes in Chinese, and independent analysis by two coders using thematic analysis

Figure 1. Subject distribution by gender, age, FV consumption and household monthly income

