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## Changing Times and Expectations Impact on Childhood Obesity



Julie Norton  
Associate Professor Debra Harker  
Associate Professor Michael Harker

University of the Sunshine Coast  
Queensland, Australia  
[www.usc.edu.au](http://www.usc.edu.au)

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## Background

- In 2007–08, one-quarter of all Australian children, or around 600,000 children aged 5–17 years, were overweight or obese, up four percentage points from 1995 (21%) (ABS 2009)
- The obesity rate for children increased from 5% in 1995 to 8% in 2007–08 with the proportion overweight remaining around 17% over this time period; a shift towards the higher and heavier end of BMI (ABS 2009)
- Overweight and obese Australian children aged 2-3 yrs is 19%; 24% of 14-16 yr olds and 53% of adults (ABS 2008)

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## Background, cont..

- The aetiology of the increases in obesity is recognised as being complex; this study responds to the strategy of addressing adult obesity by focusing on the development of obesity in childhood.
- Eating habits develop in childhood and persist into adulthood (Boulton, Margery, Cockington 1995; Kelder *et al.* 1994; Singer *et al.* 1995)
- A review of 66 studies concluded that there are many modifiable risk factors for childhood obesity that reside in young children's family environments (Ventura and Birch 2008).



## Background, cont..

- Studies of parents of children between 5 and 11 years of age have found themes of influence on children's food intake to include food marketing, modelling and feeding strategies; food availability is influenced by children's food preferences, and healthy lifestyles are considered to be too challenging in the face of social norms, perceived constraints of time and the jeopardising of children's "happiness", (Campbell, Crawford and Hesketh, 2006; Hesketh *et al.* 2005; Medical Research Council, 2007)
- There is a dearth of studies focusing on attitudes and behaviours of parents of younger children.



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## Background, cont..

- This paper builds on extant literature and findings from the first phase of this research (Norton, Harker and Harker, 2009).
- Exploratory Phase - 16 primary caregivers of children (aged 1-5 years) - Caregivers who deemed it their responsibility to determine the quantity the child eats (in contrast to the child) practised overfeeding risk behaviours such as presenting food as desirable "treats" as an incentive to eat more everyday food.
- Self-regulation is diminishing as early as age 2 years. Children who exhibited less self-regulation; mothers who were more controlling of children's intake; the serving of larger food portions, in contrast to allowing self-selection of portion; 'pressure to eat' have been found to be associated with greater energy intake by children or overweight children (Birch and Fisher, 2000; Campbell, Crawford and Ball, 2006; Fisher, Rolls and Birch, 2003; Johnson and Birch, 1994).

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## Conceptual Framework

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graph LR; A([Family lifestyle]) --> D([Parental Cognitive Behaviour]); B([Parental Characteristics]) --> D; C([External Influences]) --> D; D --> E([Child's Eating Behaviour]);
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The diagram illustrates a conceptual framework where Family lifestyle, Parental Characteristics, and External Influences all influence Parental Cognitive Behaviour. Parental Cognitive Behaviour then leads to Child's Eating Behaviour.

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## Research Objective

To explore the role parents play in influencing the eating behaviour of their young children




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## Study Method

- Twenty four primary caregivers of children (1-2½ years)
- Diversity was sought regarding socio-economic status (Barros *et al.*, 2006); working status of the caregiver (Brown, Scragg and Quigley, 2008); family configuration (Anderson, Winett and Wojcik, 2000).
- Topics - included the child's eating history, the caregiver's childhood experiences and influences, objectives as a parent, foods suitable or not for a child and the caregiver's own eating habits.




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## Study Method, cont..

- Projective techniques
- One interview protocol - to facilitate cross-case analysis and confirm or disconfirm elements of prior theory whilst still allowing introduction of new concepts (Perry, 1998).
- Analysis of data utilised theory building strategies (Eisenhardt, 1989; Strauss and Corbin, 1990).




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## Findings

- Differentiation between caregivers who allowed the child to determine the quantity of their own intake of foods considered acceptable for daily consumption (CHs=15) and those caregivers who encouraged greater intake of such foods (CGs=10).
- A definite theme associated with caregivers who encourage a greater food intake (CGs) was that its origin was their own childhood and associated expectations.  
*" I suppose I just find it frustrating 'cos I eat everything and he doesn't.." J*
- One caregiver's concern, albeit regarding an older sibling was based on the fact that the child was smaller than others despite being an acceptable weight as per growth charts.



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## Findings cont..

- Origins of the attitude of CHs were "common knowledge",  
*"it's just one of those given things that she knows when she's had enough.."* K

- from training or experiences in child care or with their first child or from their own childhood experiences

*" I have cajoled him into eating, 'come on, you know, one more bite, you've almost finished, one more bite' – and then he's been sick – he's actually – he wasn't very well, so he wasn't hungry.."* L

- (one reacted against being force fed;  
the other continuing on not force fed,  
but no alternative available).



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## Findings cont..

- Seven CHs had parental objectives oriented towards the child's well being, in contrast to only one whose objectives also reflected social acceptability
- Six of nine who believed their current actions have long term effect on their child were CHs



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## Findings cont..

- Six of seven caregivers who reported "no problems yet" were CHs

*I don't think so at the moment, but I think that will come.  
I do think, as he's older and more aware, I do think that society and the way it is will conflict with me, and he will start to question – 'well why have they got it, why haven't I got it?' - Sort of thing.*



## Findings, cont..

- All five participants who were still breastfeeding their child (range 12-26 mo.) were CHs. Two women expressed lack of concern regarding amount of food consumed due to breastfeeding.
- No association was found between caregiver determination of quantity of food intake and socio-economic status (SES), working status of caregiver, presence of spouse nor whether or not caregivers had had a child prior to the "case child"
- Most CHs were older than 30 years (only 3 younger)
- All except one in this group had tertiary education
- No association with diet groupings and CHs



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### Conclusions and Further Research

- Cessation of breastfeeding - a time to target education
- About child development – greater association with feeding practices required
- Objectives of modern day feeding practices differ from the past
- Caregivers are highly influenced by comparison of their child with others (Norton *et al.* 2009) and concern about inadequate intake based on size comparison with other children is of concern particularly considering the high rate of childhood obesity and that parental recognition of children's ideal weight is poor (Sherry *et al.* 2004).



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# QUESTIONS?

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