The Salience of Food Labeling among Low-income Families with Overweight Children
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- Research focus:
  - Multi-level behavioral change strategies:
    - (i) communications to motivate individuals to adopt healthier practices and
    - (ii) environmental modifications to make the healthy choice the easy choice.
  - Child obesity, alcohol consumption, ageing, and mental health.
1. To understand the numerous and often competing motivations that drive food purchases.
2. To appreciate the role of qualitative research methods in exploring food decisions.
3. To understand that different population groups can have different food-related priorities.
4. To be able to relate research outcomes to public policy implications.
Child Overweight and Obesity

- Concentrated in low SES areas

- Most disadvantaged areas
  - Child overweight 20%
  - Child obesity 12%

- Least disadvantaged areas
  - Child overweight 14%
  - Child obesity 5%
Aim

- To investigate barriers, motivators, and facilitators to diet and physical activity in low SES families with overweight/obese children
- Using the “sensitisation” method
- Food labelling – emergent theme
Sample

- 37 Low SES families
  - Annual household income < $60,000
  - No tertiary qualifications
  - Overweight/obese children 5–9 years

- Sensitisation data collection
  - Interviews
  - Focus groups
  - Self-introspections
  - Memory work
# Sample Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Quantity</th>
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<tbody>
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<tr>
<td>Men</td>
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* Total adds to more than 37 because some parents had more than one child in the specified age range and overweight category.
Study Extension

- Original study length of 6 months
  - Extended to 12 months
## Data Sources

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<tr>
<th>Data collection method</th>
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<td><strong>Total</strong></td>
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Analysis

- QSR NVivo9
  - Nodes
    - Demographic variables
    - Interview guide topics
    - Key word searches
    - Emergent themes
Food–related goals:
- Coping
  - Price
  - Perishability
  - Convenience
- Family harmony
  - Children’s taste preferences
- Health
  - Additives
  - Nutrients
  - Teeth

Nutrition information sources:
- Friends and family
- Marketing
  - Television advertising
  - Packaging
- Education programs
  - Specialised programs for parents
  - Adult weight loss programs

Confounding factors:
- Lack of awareness of child’s weight status
- Low self–efficacy
- Low nutrition knowledge
- Contradictory information
It’s hard to stick to healthy eating sometimes because we just can’t afford to buy all the food. I would like to buy, to eat healthy. Don’t have a job, I live on my own, just me and the kids. Got no support from family and friends. At the moment, just trying to get by. It’s hard—just about everything, from gas to water and electricity, has gone up. Even rent. It’s hard for me because I don’t work at all, plus I have car problems and that’s just cutting my budget to buy healthy food even more.

- Single, 4 children, 9th handwritten introspection
It's just so hard. I mean, come on! You walk through—it's bad enough doing a big shop, as in I've got my list, I know what I want. Up and down the aisles, boom, boom, boom. Let alone stopping at every item you pick up and checking it. I mean, come on, you know, who's got time to do that? It’s insane!

- Single, 3 children, focus group
If I see that it’s got no preservatives or additives in it, I will grab it. But it’s got to be there in front of me, because with 2 kids you don’t have time for looking and seeing, “Oh yeah, that’s got 626,” or whatever.

- Single, 2 children, 1st interview
When it comes up with those things with percentages, I don’t understand that. Like, a percentage of your daily intake, I don’t really get that. And I don’t know what the actual intake is for me.

- Single, 2 children, 1st interview
I got these cans of soup which are supposed to be 98% fat free and everything, which is ideally what I like. But my grandma discovered and told me, “Do you realise how much sodium is in this can?” And it’s like, “Gee, I can’t win, can I?”

- Married, 3 children, 2\textsuperscript{nd} interview
The Special K—I couldn’t believe it that it, too, was on the bad list [provided by her dentist]! I was really upset, you know? You know the woman on the television says, “If you eat it for, you know, 7 days, you will lose weight.” So like, I feel actually annoyed at that, because I think when you want to be good, what do you choose?

- Married, 3 children, 2nd interview
Implications

- “In your face” food labelling
- User-friendly food labelling
  - Stars?
- Regulate health claims (more)
- Get other stakeholders involved
  - GPs/health practitioners
  - Current affairs programs
  - Grandparents
Learning objectives

1. To understand the numerous and often competing motivations that drive food purchases.
2. To appreciate the role of qualitative research methods in exploring food decisions.
3. To understand that different population groups can have different food-related priorities.
4. To be able to relate research outcomes to public policy implications.
Questions?