Published in final edited form as:

Eat Behav. 2018 April ; 29: 137–143. doi:10.1016/j.eatbeh.2018.03.007.

An Exploration of the Frequency, Location, and Content of Parents' Health- and Weight-Focused Conversations with their Children and Associations with Child Weight Status

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Abstract

Introduction—Although parental weight-focused conversations with children have been associated with more unhealthy weight and weight-related outcomes in children and adolescents, little is known about the content and context of these conversations or conversations about healthy eating in the home environment. This study examines the frequency, location, and content of health- and weight-focused conversations in the home environment and examines the association between specific types of health- and weight-focused conversations with child overweight status.

Methods—Mixed-methods data were collected from parents of children from primarily low-income, minority homes (n=110). Quantitative data included the frequency and location (i.e., “the context”) of different types of health- and weight-focused conversations, while open-ended, write-in survey questions investigated “the content” of these conversations.

Results—Parents reported having more health-focused conversations with their child compared to weight-focused conversations; parents of children who were overweight had more frequent health- and weight-focused conversations than parents of children who were not overweight. The most frequent location for these conversations was during a family meal. In addition, parental health- and weight-focused conversations were more common with overweight children ($P<0.05$). Open-ended, write-in responses from parents for both health- and weight-focused conversations included conversations about moderation/portion control, unhealthy foods, and healthy foods.

Discussion—Open-ended, write-in results suggested that parental conversations about healthy eating were similar to conversations about weight. Results of this mixed-methods study provide an incremental next step in better understanding the nature of parental health- and weight-focused conversations with children.

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Keywords

weight-focused conversations; healthy eating; parenting; children; childhood obesity

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1. Introduction

Previous research demonstrates significant associations between parental weight-related conversations and multiple concerning outcomes in children and adolescents, including higher body dissatisfaction, more depressive symptoms, and more unhealthy weight control behaviors (e.g., fasting).^{1–4} Some research has also shown significant associations between parent weight-related conversations and child overweight status.⁵ Despite these associations, little is specifically known about the content of these conversations or the context in which a parent discusses health or weight with their child.

Prior research suggests two types of parent weight-related conversations that occur: health-focused conversations (e.g., conversations about health that do not mention weight) and weight-focused conversations (e.g., encouragement to lose weight).⁶ A systematic review examining the association between parent weight-related conversations and child outcomes found that health-focused conversations were associated with better outcomes (e.g. body satisfaction) and weight-focused conversations were associated with poorer outcomes in children (e.g., increased likelihood of dieting).^{6–8} However, health-focused conversations were only examined in two studies. The systematic review concluded that health-focused conversations may avoid the negative associations (e.g., low body image) found with weight-focused conversations. These prior findings are corroborated by a cross-sectional study that found that when parents engaged in weight-focused conversations with adolescents, the adolescents were more likely to diet and use unhealthy weight-control behaviors. However, adolescents were less likely to use these weight behaviors if parents engaged in health-focused conversations.^{2,9}

Given that the family/home environment has a strong influence on children's and adolescent's weight and weight-related behaviors,^{10–12} and because families are an identifiable intervention point, it is important to understand how health- and weight-focused conversations occur within the family, specifically between parents and children. Understanding how parents approach these conversations may inform recommendations for parents wishing to discuss weight and health issues with their children. Additionally, if health-focused conversations are thought to be an effective strategy for parents wanting to address weight and health with their child, then further qualitative and quantitative investigations are needed to understand how parents conceptualize conversations about healthy eating.

The current mixed-methods study sought to expand the field's understanding of how health- and weight-focused conversations occur in the home environment by using data from both open-ended, write-in responses and survey responses. Specifically, the study addressed the following research questions: 1) What is the frequency of health- and weight-focused conversations in the home? 2) Where are health- and weight-focused conversations occurring?; 3) What do parents report saying when engaging in health- and weight-focused

conversations?; and 4) How are different types of health- and weight-focused conversations associated with child weight status?

2. Material and methods

Family Meals, LIVE! (FML) study was a mixed-methods cross-sectional study conducted between 2012–2013 in Minneapolis/Saint Paul that investigated risk and protective factors for childhood obesity in the home environment among diverse families.¹³ Participating families had children between the ages of 6–12 years old and were from low-income and minority households. One year after the completion of *FML*, all *FML* participants were sent a letter inviting them to participate in an ancillary cross-sectional study called *Family Meals, LIVE!: Sibling Edition (SE)* which investigated parent feeding practices and child eating behaviors in siblings.¹⁴ Of the original 120 *FML* participants, 110 families participated in *SE*. (Three families declined participation, and seven were unable to be contacted.)

Data collection for *SE* occurred during an in-home visit where researchers consented/assented and gathered anthropometric data on all family members. The primary parent/guardian (i.e., the same primary parent/guardian from *FML*) also completed an in-depth, on-line survey as well as a qualitative interview. This study utilizes anthropometric data in addition to data from the on-line survey from *SE*. Comprehensive study procedures for both *FML* and *SE* have been previously documented.^{13,14} All study procedures were approved by the University of Minnesota's Institutional Review Board Human Subject's Committee.

2.1.1 Weight and Health-focused Conversations

Parents were asked four survey questions regarding health- and weight-focused conversations with their child taken from prior studies,^{2,9} including: 1) "Have you had a conversation with your child about healthy eating habits?"; 2) "Have you had a conversation with your child about his/her weight or size?"; 3) "Have you mentioned to your child that he/she weighs too much?"; 4) "Have you mentioned to your child that he/she should eat differently in order to lose weight or keep from gaining weight?" Response options were: Never or rarely; A few times a year; A few times a month; A few times a week; or Almost every day.^{2,9} The "child" in the survey question referred to the target child who participated in the *FML* study. For any question the parent selected a response option other than "Never or rarely", there were two additional questions asked to identify the content and context of the conversations, including: "Where did you have this conversation?" and "What did you say to your child?" Response options regarding location of the conversation were: When watching TV or movies; When out in a public place (while shopping or in a restaurant); During a meal with my family; At a sports event or activity; When driving in a car/truck from one place to another; Other (which included a write-in text box). Parents were then provided an optional write-in text box to give examples of what they said to the child as part of the health- or weight-focused conversations.

2.1.2 Weight Status

Using standardized procedures, trained researchers obtained height and weight measurements on the child and parent during in-home data collection.¹⁵ Weight was

measured to the nearest 0.1 kg using a calibrated scale; height was assessed to the nearest 0.1 cm using a stadiometer. Both height and weight measures were taken twice to ensure intra-rater reliability. BMI percentile values were calculated using CDC guidelines.¹⁶

2.1.3 Covariates

Child and parent age were calculated using self-report birthdates and survey completion dates; child sex was assessed through self-report. Parent race/ethnicity was assessed with the item “Do you think of yourself as 1) White, 2) Black/African-American, 3) Asian 4) Hawaiian or Pacific Islander, or 5) American Indian/Native American?”

2.2 Mixed-Methods Analysis

2.2.1 Statistical Analysis of Quantitative Data—A descriptive analysis of the frequency of conversations was performed for the sample population, including a stratified analysis by child overweight/not overweight. The number of locations where health- or weight-focused conversations occurred was examined for the full sample with a stratified analysis by child weight status. Generalized linear models were applied to examine the association between dichotomous frequency of health- or weight-focused conversations (at least “A few times a year” compared to “Never or rarely”) and dichotomous child overweight. A binomial variance family for the outcome, child overweight, and an identity link was applied to produce overweight risk difference estimates (“RD”) as opposed to odds ratios. This modeling strategy examines measures of association on an absolute scale (i.e., measures of association reflecting the difference in prevalent overweight probability observed in the data).¹⁷ The risk difference must fall between zero and one and is interpreted as the excess prevalent overweight probability observed in the exposure relative to the reference level. Statistical adjustment for child age and sex as well as parent race and age was applied in all inferential statistical analyses. Sampling weights were calculated as percentages of the overall sample on the basis of the following characteristics: child BMI, gender, age, and recruitment location. The inverse of these sampling fractions was included as a weight in all analyses to allow measures of association generalizable to the clinic-level population from which the sample was recruited. Analyses were performed in Stata 13.1 SE (StataCorp, College Station, TX 77845).

2.2.2 Analysis of Write-In Data—Response options to the write-in question “What did you say to your child?” (for each of the 4 conversation questions) were coded using an inductive content analysis approach.^{18,19} Responses were first read in their entirety and then coded individually by the first and last authors to identify themes. Coders then met to collapse these identified themes into broader themes. Placement of write-in responses were discussed until 100% consensus was met. Occasionally, parents’ open-ended, write-in responses addressed multiple themes, thus coders were not restricted to fitting responses into a single theme. Parents (n=58) who provided at least one write-in response to the question “What did you say to your child?” were demographically similar to the full *SE* parent sample (i.e., primarily African American females, mean age of 36, majority overweight).

3. Results

3.1 Demographic Characteristics

Demographic characters of *SE* participants can be found in Table 1.

3.2 Frequency of Health- or Weight-Focused Conversations

Out of the four health- and weight-focused questions asked, parents most frequently reported having a conversation with their child about healthy eating habits, with 16% reporting having these conversations almost every day (Table 2). In general, parents of children who were overweight reported having more frequent conversations about weight compared to parents of children who were not overweight.

3.3 Location of Health- or Weight-focused Conversations

Family meals were the location parents most often reported having health- or weight-focused conversations with their child (Table 3). In general, parents with children who were not overweight endorsed having health-or weight-focused conversations with their child at family meals more frequently than parents of overweight children. Parents also had the option to write-in a response if they chose “Other” as a location. Examples of these responses can be found on Table 3.

3.4 Content of Health and Weight-focused Conversations

Themes resulting from the write-in qualitative coding are listed below, with major themes bolded. Because there was significant overlap of themes across the four health- and weight-focused conversations, results are presented first by the main overlapping themes and next by unique themes that emerged per question. As parents were only provided a write-in box if they reported having the specific health- or weight-focused conversation, and because the write-in box was optional to complete, the number of responses per question varied. Additionally, responses were only used when they were deemed codeable, which meant that coders had to be able to understand the intent of the respondent. (The most common non-codeable response was “okay”.) Most participants (n=58) provided a write-in response to the question “What did you say to your child?” regarding healthy eating habits; 31 participants provided a response regarding the child’s weight or size; 8 provided a response regarding the child weighing too much, and 14 provided a response regarding the child eating differently in order to lose weight or keep from gaining weight. This resulted in a total of 111 codeable responses. Additionally, although parents who provided write-in responses were demographically similar, parents who reported write-in responses describing weight-focused conversations were significantly more likely to have an overweight child. However, this was not the case for parents describing health-focused conversations.

3.4.1 Themes spanning all health- and weight-focused conversations—Out of all write-in responses, three main themes emerged across all four health- and weight-focused questions: 1) Focus on healthy foods (32/111 responses); 2) Focus on moderation and portion control (27/111 responses); 3) Focus on unhealthy foods (20/111 responses). Examples of write-in responses regarding focus on healthy foods included, “When we eat we have to make sure that we are taking in healthy amounts of healthy foods,” “You must

eat all your greens,” and “Explain why we have to eat from all food groups and why eating a good breakfast is important.” Examples of write-in responses regarding focus on moderation and portion control included, “That it’s not good to eat just because it’s there,” “Just tell them to slow down on certain foods,” and “Cut down food portion, worry about her getting bullied.” Some write-in responses regarding focus on unhealthy foods included, “We can’t just eat sweets, we must eat ‘real’ food too,” “Putting junk in your body can be harmful,” and “If you are hungry at a meal, do not fill up on junk food.”

3.4.2 Themes unique to individual health- and weight-focused questions—

Themes unique to specific health- and weight-focused conversations are below. There were no additional themes that emerged regarding the survey response “child should eat differently in order to lose weight or keep from gaining weight”.

3.4.2.1 Conversations about healthy eating habits: Many parents (n=12) reported sharing general sentiments with their child regarding healthy eating, for example, “Eating healthy is important” and “Important to have good nutrition.” Additional health-focused messages involved food’s effect on the body (n=9). Examples of responses regarding food’s effect on the body included, “Eating healthy makes your body work better,” “The more money you spend on eating good, the less you’ll spend at the Dr.,” and “The harmful effects of processed foods and sugary drinks, blood sugar/energy and eating to feed our bodies and brains so we can feel good, have energy and flourish.”

3.4.2.2 Conversations about child’s weight or size: Two unique themes appeared in conversations regarding the child’s weight or size: focusing on the long-term effects of being overweight (n=4) and making specific comments about the child’s weight or size (n=7). Examples of responses regarding long-term effects included, “I told him he needs to cut back on eating so much or he’s gonna be overweight,” and “...her parents are overweight and how to avoid making the same mistakes.” Responses concerning the child’s weight or size included, “We discuss percentile rate of her height and weight, with statistics from her yearly exam,” and “You’re getting so tall and thin.” Two parents also focused on exercise in their write-in responses.

3.4.2.3 Conversations about child weighing too much: Two parents reported specifically mentioning to their child that he/she needed to lose weight. These responses were, “Gotta lose some of that weight,” and “That he needs to diet because he’s gaining too much weight”. A third parent mentioning exercise, “We are going to get you more active.”

3.5 Association between Health- and Weight-focused Conversations and Child Weight Status

After adjusting for child age and gender and parent age and race, parent engagement in health- and weight-focused conversations was significantly associated with higher risk of child overweight for all questions (Table 4). For example, the adjusted risk of child overweight for parents that, “mentioned to their child that he/she weighs too much” at least a few times a year compared to those that never/rarely had these conversations was 0.57 (95% CI: 0.45, 0.69, $p < 0.01$).

4. Discussion

Previous research shows that parental weight talk (e.g., criticizing a child's weight, encouraging child to lose weight) is associated with negative child health outcomes (e.g., increased risk of dieting), and parental health talk, without the mention of weight, is associated with higher child health and well-being⁶. In this study, parents reported having health-focused conversations (i.e., conversations about healthy eating) with their children more often than weight-focused conversations. Additionally, parents having health- and weight-focused conversations with their children was associated with increased risk of child overweight status ($P<0.05$) (Table 4). Given the previous research showing significant associations between parental health-focused conversations and better child outcomes,^{2,6,9} finding a significant association between health-focused conversations and child overweight status in the current study was not expected.

Write-in qualitative responses may provide insight into the significant positive association between healthy eating conversations and child overweight status. Two main themes found across all health- and weight-focused conversations included moderation or portion control ("If I did not guide or regulate my child's eating, she would eat too many junk foods,") and a focus on unhealthy foods (e.g., "It's not good to eat a lot of snacks"). These responses are suggestive of parent restriction,²⁰ and research has consistently shown a relationship between parent feeding restriction and increased child eating of unhealthful foods and higher weight status²¹. It may be the case that potentially-helpful conversations about healthy eating (e.g., focusing on healthy foods) are negated if a parent also simultaneously has conversations with the child on potentially-unhelpful topics (e.g., portion control, his/her weight). It is also possible that parents began having conversations about healthy eating habits with their child only after the child became overweight. Furthermore, simply asking parents if they engage in conversations about healthy eating with their children may not be an adequate measure. More research is needed regarding the relationship between parents' health-focused conversations with their children and overweight status.

An important new finding from this study regards the location/context in which weight-focused conversations were occurring. Parents most consistently reported having health- and weight-focused conversations at a family meal; parents of children who were not overweight were more likely to have these conversations during a family meal compared to parents of overweight children. The family meal may be an appropriate place to have conversations about healthy eating, particularly if parents are able to keep the focus of the conversation on health and nutrition, rather than pressuring the child to eat or restricting the child's intake. However, conversations that carry a judgmental or shaming tone related to food and weight during the family meal—or anyplace where family connection could take place—may create a negative emotional atmosphere, something previous research has shown to be associated with child overweight status.¹³ A previous qualitative study investigating familial weight talk found a range of events that prompted parental weight talk with their child (e.g., a visit to the doctor).²² It is important to understand the events that may prompt a parent to discuss weight with their child. For example, informing a parent at a doctor's visit that her child is overweight without giving the parent the tools to address this with the child could ultimately lead to negative child outcomes. In this example, it is also the provider who would need to

be given the tools regarding how to talk to parents who might wish to address weight with their child.

Results of the current study also showed that parents who provided write-in responses regarding the content of *weight-focused* conversations were significantly more likely to have an overweight child. This is not surprising since parents of overweight children more frequently reported weight-focused conversations with their child than parents of children who were not overweight (Table 2). Furthermore, out of all questions examined, parents most frequently reported engaging in health-focused conversations with their child; previous research suggests that health-focused conversations may be effective in encouraging child well-being (e.g., body satisfaction).⁶ It may be more productive for providers and interventionists to focus on improving the health-focused conversations parents are already having with their children rather than just trying to reduce weight-focused conversations, although this needs to be explored in further research.

This study has several strengths. It provides new information regarding the content and context in which health- and weight-focused conversations are occurring and provides a mixed-methods approach to understanding parents' weight-related conversations with their children. This study also broadens the understanding of health- and weight-focused conversations by including children as opposed to adolescents, particularly in the homes of a low-income, minority population. Furthermore, this study gives direction for a more enhanced qualitative exploration of the content and context/location of parental health and weight-focused conversations with children.

The study also has limitations. Social desirability may have led participants to over-report having conversations with their children they perceived as positive and under-report having conversations they perceived as negative. Given the cross-sectional nature of the study, causality cannot be determined. Additionally, the data used for this study was obtained from optional open-ended, write-in questions from a self-selected subset of participants. Thus, this data does not provide the same level of richness a qualitative interview or more in-depth mixed-methods analysis would. Relatedly, only half of participants responded to at least one write-in question asking about the content of the health- or weight-focused conversations with their children, however, these mothers were demographically similar to the full sample. Furthermore, the majority (83%) of respondents were either overweight or obese, thus, parents may have reported weight conversations differently than non-overweight parents. Finally, this study was conducted in a primarily low-income and African American sample; it is unclear whether parents of different incomes or race/ethnicities speak about weight or health in the same manner.

Future research should investigate parents' motives for having weight-related conversations in particular locations (e.g., when watching TV/movies) and how parents distinguish "health" conversations from "weight" conversations. This study also indicates that more in-depth questions may need to be developed to truly understand health-focused conversations between parents and children. This study only examined parents' perspective of health- and weight-focused conversations. It would also be important to understand how the child perceives or interprets these conversations. Future research should also investigate if the

frequency of weight talk is more important than its mere presence (i.e., can making a comment about a child's weight infrequently be just as harmful as making these comments infrequently.) Future research should also seek to understand which health-focused conversation strategies are most effective for children and adolescents. Furthermore, it may be important for future research to measure parent's awareness of whether or not their child is overweight and how this is related to parent health and/or weight talk.

5. Conclusions

Out of all the health- and weight-focused conversations examined, parents most frequently described having conversations with their child about healthy eating, and the family meal was the place these conversations most often occurred. Three main themes emerged from the open-ended data across all health- and weight-focused conversations: focus on healthy foods, moderation and portion control, and focus on unhealthy foods. Future studies evaluating "health" conversations may want to consider better measures to truly understand what parents are saying to their children regarding healthy eating. Additionally, more information is needed to understand where health- and weight-focused conversations are occurring and what is prompting these conversations. Overall, the current study results provide a step forward in understanding the relationship between parental health and weight-focused conversations with children and provide direction for future research wanting to develop recommendations to ensure these conversations are productive and not harmful.

Acknowledgments

Funding source: Research is supported by grant number R56HL116403 from the National Heart, Lung, and Blood Institute and by grant number R21DK091619 from the National Institute of Diabetes, Digestive and Kidney Disease. Content is solely the responsibility of the authors and does not necessarily represent the official views of the National Heart, Lung and Blood Institute, the National Institute of Diabetes, Digestive and Kidney Disease or the National Institutes of Health.

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Highlights

- Parental weight talk with children most frequently occurred at family meals
- Parents most frequently reported conversations about healthy foods with their child
- Health-focused conversations were significantly associated with child weight status
- Health-focused language was qualitatively similar to weight-focused language

Table 1

Characteristics of Parent and Child participants of the Family Meals Live! Sibling Edition study

	Parent	Child
Sex		
Female	104 (95%)	50 (45%)
Male	6 (5%)	60 (55%)
Average Age in Years (sd)	35 (7)	9 (2)
Parent Weight Status¹		
Obese (BMI: 30+)	64 (58%)	
Overweight (BMI: 25–29.9)	27 (25%)	
Normal Weight (BMI: 18.5–24.9)	19 (17%)	
Child Weight Status¹		
Obese (BMI-%ile: 95+)		32 (29%)
Overweight (BMI-%ile: 85–94.9)		24 (22%)
Normal Weight (BMI-%ile: 5–84.9)		54 (49%)
Race		
Black or African American	69 (62%)	72 (65%)
White	21 (19%)	13 (12%)
American Indian or Alaskan Native	4 (4%)	4 (4%)
Asian	4 (4%)	4 (4%)
Mixed/Other	12 (11%)	17 (15%)
Parent Relationship Status		
Single/never married	31 (28%)	
Married	27 (25%)	
Not married, living with significant other	20 (18%)	
Dating, not living together	19 (17%)	
Separated	5 (5%)	
Divorced	7 (6%)	
Widowed	1 (1%)	
Annual Household Income		
< \$20,000	55 (50%)	
\$20,000 – \$35,000	25 (23%)	
\$35,000 – \$50,000	11 (10%)	
\$50,000 – \$75,000	12 (11%)	
\$75,000+	6 (5%)	
No Response	1 (1%)	

¹. Parent and child height and weight were objectively measured by trained researchers.

Table 2

Health- and weight-focused conversation frequency stratified by child weight status by a primarily low-income and minority population participating in the Family Meals, LIVE!.: *Sibling Edition* study

	Total Counts (%) (n=110)					
Health- and Weight-focused conversations:	Never or rarely	A few times a year	A few times a month	A few times a week	Almost every day	
Have you had a conversation with your child about healthy eating habits?	22 (20%)	19 (18%)	33 (30%)	18 (16%)	18 (16%)	
Have you had a conversation with your child about his/her weight or size? [†]	57 (52%)	28 (26%)	17 (15%)	4 (4%)	3 (3%)	
Have you mentioned to your child that he/she weighs too much?	91 (83%)	9 (8%)	6 (5%)	2 (2%)	2 (2%)	
Have you mentioned to your child that he/she should eat differently in order to lose weight or keep from gaining weight? [†]	76 (70%)	10 (9%)	13 (12%)	9 (8%)	1 (1%)	
	Overweight (OW) Counts (%) (n=56) Not overweight (NOW) Counts (%) (n=54)					
Health- and Weight-focused Conversations:	Never or rarely (OW)	A few times a year (OW)	A few times a month (OW)	A few times a week (OW)	Almost every day (OW)	Almost every day (NOW)
Have you had a conversation with your child about healthy eating habits?	7 (12%)	10 (18%)	15 (27%)	10 (18%)	14 (25%)	4 (7%)
Have you had a conversation with your child about his/her weight or size? [†]	19 (35%)	18 (33%)	11 (20%)	4 (7%)	3 (5%)	0 (0%)
Have you mentioned to your child that he/she weighs too much?	38 (68%)	8 (14%)	6 (10%)	2 (4%)	2 (4%)	0 (0%)
Have you mentioned to your child that he/she should eat differently in order to lose weight or keep from gaining weight? [†]	28 (51%)	9 (16%)	10 (18%)	7 (13%)	1 (2%)	0 (0%)

[†]One parent of an overweight child did not provide a response to two weight conversation questions; for these two questions n=109.

Interpretation Example: Parents reported on the frequency of engaging in conversation about healthy eating habits with their child. 20% of parents (n=22) reported never or rarely having conversation with their child about healthy eating habits. Among parents with overweight children, 12% of parents (n=7) reported never or rarely having conversation about healthy eating habits. Among parents with children who were not overweight, 28% of parents (n=15) reported never or rarely having conversation about healthy eating habits.

Table 3

Health- and Weight-focused conversation location frequency stratified by child weight status by a primarily low-income and minority population participating in the Family Meals, LIVE! *Sibling Edition* study

Total Counts (%)						
Health- and Weight-focused Conversations:	When watching TV or movies ^a	When out in a public place (while shopping or in a restaurant)	During a meal with my family	At a sports event or activity	When driving in a car/truck from one place to another	Other ^b
Have you had a conversation with your child about healthy eating habits?	24 (13%)	29 (16%)	68 (37%)	13 (7%)	28 (15%)	20 (11%)
Have you had a conversation with your child about his/her weight or size?	14 (16%)	8 (9%)	29 (34%)	6 (7%)	14 (16%)	15 (18%)
Have you mentioned to your child that he/she weighs too much?	4 (18%)	1 (5%)	6 (27%)	3 (14%)	4 (18%)	4 (18%)
Have you mentioned to your child that he/she should eat differently in order to lose weight or keep from gaining weight?	12 (20%)	7 (12%)	22 (37%)	4 (7%)	9 (15%)	5 (9%)
Overweight (OW) Counts (%) Not overweight (NOW) Counts (%)						
Health- and Weight-focused Conversations:	When watching TV or movies ^a	When out in a public place (while shopping or in a restaurant)	During a meal with my family	At a sports event or activity	When driving in a car/truck from one place to another	Other
	(OW) (NOW)	(OW) (NOW)	(OW) (NOW)	(OW) (NOW)	(OW) (NOW)	(OW) (NOW)
Have you had a conversation with your child about healthy eating habits?	15 (15%) 9 (11%)	13 (13%) 16 (19%)	31 (31%) 37 (45%)	6 (6%) 7 (9%)	17 (17%) 11 (13%)	18 (18%) 2 (2%)
Have you had a conversation with your	11 (19%) 3 (11%)	6 (10%) 2 (8%)	16 (27%) 13 (47%)	4 (7%) 2 (8%)	9 (15%) 5 (18%)	13 (22%) 2 (8%)

Total Counts (%)									
Health- and Weight-focused Conversations:	When watching TV or movies ^a	When out in a public place (while shopping or in a restaurant)	During a meal with my family	At a sports event or activity	When driving in a car/truck from one place to another	Other ^b			
child about his/her weight or size?									
Have you mentioned to your child that he/she weighs too much?	4 (19%)	1 (5%)	6 (29%)	2 (9%)	4 (19%)	4 (19%)	0 (0%)	0 (0%)	0 (0%)
Have you mentioned to your child that he/she should eat differently in order to lose weight or keep from gaining weight?	10 (21%)	6 (12%)	16 (33%)	4 (8%)	8 (16%)	5 (10%)	1 (10%)	0 (0%)	0 (0%)

^a . Interpretation Example: Parents reported on the locations that they engaged in conversation about healthy eating habits with their child. Of the locations assessed, parents reported having healthy eating habits conversation 13% of the time while watching TV or movies. Across all locations, parents with overweight children who endorsed having conversations with their child about healthy eating habits more than never/rarely reported these healthy eating conversations while watching TV/movies 15% of the time.

^b . Similar patterns emerged for “Other” write-in responses for both health- and weight-focused conversations, with “at home” being the most frequent response, and “in private” (e.g., “mostly with me and her”) being the second most frequent. Other response options included “doctor’s appointment”, “trying on clothes”, “with friends”, and “at certain events”.

Table 4

Adjusted^a risk of prevalent child overweight status in a primarily low-income and minority population by frequent and infrequent weight talk behaviors

Target Child (n=110)	Overweight RD	95% CI	p-value
Have you had a conversation with your child about healthy eating habits?	0.34	(0.09, 0.59)	<0.01
Have you had a conversation with your child about his/ her weight or size? [†]	0.41	(0.20, 0.62)	<0.01
Have you mentioned to your child that he/ she weighs too much?	0.57	(0.45, 0.69)	<0.01
Have you mentioned to your child that he/ she should eat differently in order to lose weight or keep from gaining weight? [†]	0.28	(0.03, 0.52)	0.03

[†] One parent of an overweight child did not provide a response to two weight conversation questions; for these two questions n=109.

^a . Adjusted for child age and gender; parent age and race.

Interpretation Example: The adjusted risk of prevalent child overweight for parents that had conversations with their children about healthy eating habits at least a few times a year compared to those that never or rarely had conversations with their child about healthy eating habits was 0.34 (95% CI: 0.09, 0.59, $p < 0.01$).