



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

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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

Jnderlying factors

other domains and nine subthemes (a to i) were found underlying these roles (*Table.* 1):

1. Parental knowledge

- a) Health outcomes
- b) Recommendation
- on food choice
- c) Preparation of
- healthy food

2. Parenting style

- d) Child involvement
- e) Family
- expectation f) Cultivation of
- preference
- Family health
 - g) Illness experience in the family
- 4. Socio-economic (SE) factors h) Limited time

i) Cost concern

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

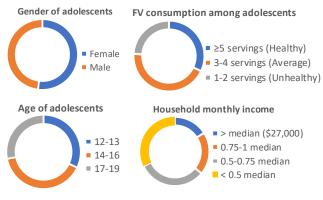


Table 1. Key family facilitators and barriers of healthy eating in adolescents Family roles Role modeling Nutrition education Food availability · Education on health • Underestimating the · Healthy cooking methods and varied rledge outcomes of eating habits a recommended servings Parental presentations ^c Not knowing healthy of FV ^b Homemade drinks to replace knowl choices for eating-out b prepackaged beverages ^c · Lack of knowledge of making food tasty with low oil and seasonings ^c Involving adolescents in · Highlight of positive · Making half-prepared food available for style attributes of FV, e.g. food preparation ^d adolescents to-cook ^d taste and fun f • Setting family rules with Consideration of adolescents' Parenting explanation e preference in preparing home meals ^f · Parental sole responsibility in food preparation f · Witness of positive health health outcomes of healthy eating ^g Family Promoting perceived risk of health problems g Limited time to supervise Saving money by limited eating-out adolescents during meal and snacking SШ preparation h · Convenience of eating-out or takeaway food h Concern of food waste prohibits

5. CONCLUSION

N.B.: Referred to the nine subthemes

keeping a stock of fresh FV at home ⁱ

- 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.

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