Research report

Investigating parents' food-provision behaviours via the sensitisation method

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A R T I C L E   I N F O

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A B S T R A C T

In this article, the sensitisation method is introduced as an approach suited to investigating nutrition-related issues affecting disadvantaged families. Using a longitudinal design, sensitisation is a combination of self-introspection, memory work, observation, individual interviews, and focus groups. The method was applied to child obesity as experienced in low socioeconomic families to generate information about parents' food provision attitudes and behaviours. Data were collected in Western Australia between May 2010 and May 2011. The outcome was a large quantity of data that provided deep insight into the food-related experiences of parents of overweight children. The growing awareness produced by the sensitisation process also resulted in reported behavioural change in many of the study participants, thus indicating that the method may effectively constitute an intervention in its own right.

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Introduction

Child obesity is a health problem that is greatly in need of new methodological approaches given the lack of success in preventing and treating the condition to date (Saris & Harper, 2005). The negative consequences of the condition for individuals and populations have resulted in a large number of studies in recent years seeking to identify contributing factors and investigate potential prevention and treatment programs (for reviews see Birch and Ventura (2009) and Monasta et al. (2010)). To date, however, little progress has been made and child obesity remains at epidemic levels in many countries (Han, Lawlor, & Kimm, 2010). The trend is most notable among children of low socioeconomic status (SES: O’Dea and Dibley, 2010; Singh, Siahpush, & Kogan, 2010; Stamatakis, Wardle, & Cole, 2010), suggesting that health inequalities will worsen over time unless improvements can be made to address the situation. However, the difficulty of the task is compounded by the problems associated with recruiting and retaining low SES participants in studies (Kleinman & Madans, 1985; Salmon, Campbell, & Crawford, 2006; Sonne-Holm, Sorensen, Jensen, & Schnohr, 1989).

Previous research has highlighted the need to develop research methods that can overcome parents’ concerns that their involvement in child obesity studies will reflect poorly on their parenting practices (Pagnini, King, Booth, Wilkenfeld, & Booth, 2009). This article describes a new qualitative research method, named sensitisation, that was designed to address this issue by providing parents with the opportunity to reflect on their food-related beliefs and behaviours over an extended period of time. Featuring a combination of existing qualitative data collection methods incorporated into a longitudinal study design, sensitisation has the potential to facilitate deeper access to the issues experienced at family level that impede the provision of healthy foods.

The sensitisation method was developed and applied to generate detailed information about the barriers, motivators, and facilitators influencing low SES parents’ behaviours in relation to their overweight children’s diets. A method was required that could investigate parents’ thoughts and feelings at a particular point in time and also facilitate greater understanding by sensitising the target group to food-related issues and allowing them to (a) consider these issues over an extended period of time and (b) examine their daily experiences in the light of this heightened awareness. Existing data collection methods were not well-suited to this task, resulting in the need to strategically combine a range of methods with varying strengths and weaknesses.
The aim of this article is to introduce the sensitisation method, provide an account of its application to the intractable issue of child obesity, describe its strengths and limitations, and suggest potential other areas of application. The findings provide insight into both the difficulties faced by low SES parents with overweight children and the methodological challenges associated with investigating these issues.

Child obesity

Australia, the context of the present study, has among the highest rates of obesity in the developed world. Nearly two-thirds of adults (63%) and a quarter of children (25%) are classified as either overweight or obese (Australian Bureau of Statistics (ABS), 2012). While these rates appear to have stabilised among children since 2008, adult rates have continued to increase (ABS, 2012). Similar trends are apparent in the US (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Health inequalities are evident in the large disparity in trends are apparent in the US (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Health inequalities are evident in the large disparity in child obesity rates in Australia according to SES. The national figure of 25% represents 8% obese and 17% overweight children. In low SES areas, the overall rate is 32%, which is comprised of 12% obese and 20% overweight children (ABS, 2009). By comparison, the equivalent rates among high SES children are 19% total, 5% obese, and 14% overweight (ABS, 2009). This state of affairs has resulted in calls for child obesity research focused specifically on low SES families and the factors contributing to their poorer weight outcomes (Hesketh, Waters, Green, Salmon, & Williams, 2005; O’Dea and Dibley, 2010).

Previous work that has specifically focused on the disadvantaged has found that low SES is associated with weaker nutrition knowledge (Parmenter, Waller, & Wardle, 2000; Rasen et al., 2003) and poorer diets (Boutelle, Birnbaum, Lytle, Murray, & Story, 2003; Campbell et al., 2002; Merchant, Dehghan, Behnke-Cook, & Anand, 2007; O’Dea and Dibley, 2010). On a more positive note, low SES parents have been found to be more desirous of nutrition information than more affluent parents (Hart, Herriot, Bishop, & Truby, 2003). Given these trends, there are likely to be major structural, cultural, social, and environmental factors that perpetuate unhealthy eating patterns among the disadvantaged (Crawford & Ball, 2002; Stewart, Makwarima, Barnfather, Letourneau, & Neufeld, 2008; Thomas, 2006). Unfortunately, much published research under-represents disadvantaged groups, largely because of lower response rates resulting from problems relating to illiteracy, access, and suspicion (Kniepp, Lutz, & Means, 2009; Sonne-Holm et al., 1989). An additional complication is that most studies of nutrition-related attitudes and experiences are cross-sectional in design. This does little to address the particular needs of low SES study participants who are likely to need time to develop the rapport and trust that is required for frank disclosure (Perez, Nie, Ardern, Radhu, & Ritvo, 2011).

Where researchers seek to better understand a phenomenon such as child obesity that has strong sociocultural and emotional determinants, research methods are needed that can (a) access study participants’ thoughts and feelings and the resulting behaviours; (b) analyse how these thoughts, feelings, and behaviours change over time; and (c) incorporate consideration of relevant environmental and logistical factors. The sensitisation method, as outlined below, was developed to make progress towards achieving these objectives.

Introducing the sensitisation method

While individual interviews have also been used (e.g., Jackson, Mannix, Faga, & McDonald, 2005; Lindelof, Nielsen, & Pedersen, 2010), focus groups appear to be the most common form of data collection in the few qualitative studies that have gathered data from parents of overweight children (for reviews see Hughes, Sherman, and Whitaker (2010) and Pocock, Trivedi, Wills, Bunn, and Magnusson (2009)). The use of alternative data collection methods has the potential to offer new insights to assist in developing and implementing more effective interventions in the future. In addition, combining multiple methods has the advantage of providing a source of triangulation that can generate a more robust interpretation than the use of individual data collection methods (Mays & Pope, 2000). The sensitisation method is longitudinal in approach and combines a range of data collection methods, some of which have rarely been used in child obesity research: self-introspection, memory work, observation, individual interviews, and focus groups. Each of these elements offers unique and valuable contributions to the understanding of nutrition-related issues. In combination, they provide a means of appreciating the multiple factors impacting these issues, how these factors can change in their nature and their influence over time, and how people respond to them in different ways according to the degree to which they are sensitised to their presence.

The section to follow outlines the characteristics of each individual qualitative method within the overall sensitisation approach. The application of sensitisation to a child obesity study focusing on low SES families is then outlined and the major methodological outcomes are reported.

Self-introspection

The complexities of real life make post-facto reporting problematic because of the sheer amount of detail that can be lost through memory or time constraints. Self-introspection can overcome this limitation to some degree by encouraging study participants to closely examine and report on their own thoughts about and reactions to stimuli. The examination process involves consideration of both ‘what’ is being thought about and ‘how’ the thought is being experienced (i.e., with a positive, neutral, or negative valence) (Gould, 1995).

By engaging in on-going monitoring of their mental processes and behaviours, individuals can progressively develop interpretations of these that they can share with others (Gould, 1995). This process can provide unique access to thoughts and emotions as they are experienced in a natural context (Ellis, 1991; Marti, Sackur, Sigman, & Dehaene, 2010). The primary benefit of self-introspection relative to other data collection methods is that it can provide access to detailed, relevant, and immediate information over an extended period of time (Holbrook, 1998). However, the method also has significant limitations which typically result in self-introspection being combined with other data collection methods. The main disadvantage is that it is a particularly subjective form of interpretation that involves individuals who lack research training attempting to make sense of their own thought processes (Carruthers, 2010).

Memory work

Originating in feminist research, memory work involves closely examining aspects of life that are typically taken for granted (Thomsen & Hansen, 2009), and there is a particular emphasis on the experience of emotions (Onyx & Small, 2001). It is similar to self-introspection in its inclusion of informants as co-researchers who are expected to participate in the interpretation of their own data (Onyx & Small, 2001). In classical memory work, informants document memory episodes that are examined individually and in group contexts, often over multiple sessions. Memory work has been previously applied to a limited range of topics, but most of these have been health-related. Examples include the
experience of physical activity (Sironen, 1994), interactions with health providers (Feldman, 1999), and health information preferences (Oinas, 1999).

Observation

There are often substantial differences between what people say they do and what they actually do (Adler & Adler, 1994). This has resulted in cautions against relying entirely on data generated via self-report mechanisms (Barnes, 1996; Huberman & Miles, 1994). In particular, verbal accounts alone cannot be expected to elucidate behaviour resulting from conformity values, as the common urge to be accepted ensures that taught responses are provided by respondents (Kluckhohn, 1967). In other words, not only are individuals taught to conform in their behaviours, they are also taught to justify their behaviours in ways that discount the importance of conformity pressures. Informants may also choose to deceive researchers where they consider it appropriate (Nachman, 1984).

Although the benefits of observation are appreciated in health research (e.g., Shaw, 2010), it is rarely used in its pure form because of the difficulties associated with interpreting observational data without the insights provided by other forms of data. It is therefore typically combined with interview data and/or participant observation to permit deeper exploration of possible explanatory factors (e.g., Christensen & Grims o, 2008).

Individual interviews

Interviews have the advantage of being able to generate data that can provide access to individuals’ motivations (Dichter, 1964), and they are also useful for exploring the effects of macroforces (e.g., social and cultural factors) on the thoughts and behaviours of individuals (Goodenough, 1980; Patton, 2002). Their main disadvantages are the tendency for interviewees to exhibit a ‘presentational self’ by providing information that portrays them in a positive light and to omit information that makes them psychologically uncomfortable (Dean & Whyte, 1958). Combining individual interviews with other data collection methods can allow these limitations to be offset by the strengths of the other methods (Onwueguzie & Leech, 2005).

Focus groups

Focus groups are especially useful for illustrating how group consensus is achieved and supplying a source of data triangulation when used in conjunction with other methods (Fontana & Frey, 1994; Lehoux, Poland, & Daudelin, 2006). The group dynamics that are visible during focus groups offer a form of social data that is difficult to obtain in other ways (Calder, 1977). Despite their advantages, focus groups can be difficult to organise because of the logistical problems associated with bringing multiple people together at the same place at the same time (Reinschmidt & Chong, 2007). They also present difficulties in terms of moderating individuals’ participation and preventing a small number of participants from dominating the group and some individuals from failing to contribute (Fontana & Frey, 1994). They should therefore be used carefully, especially for topics that can be uncomfortable for people to discuss in the presence of unfamiliar others. They are, however, acknowledged to be especially useful for exploring health-related issues (Hughes et al., 2010; Lehoux et al., 2006).

To take advantage of the strengths of these individual data collection methods and overcome the limitations of each, they were combined to produce a robust approach to investigating the many and varied factors influencing child obesity. This was a complex process that required careful consideration of issues relating to participant overload and attrition while encouraging optimal engagement and disclosure.

The study

Sample

Parents are often more appropriate targets for child obesity interventions than children because of their critical roles as (a) role models of food consumption and engagement in physical activity and (b) providers of food and activity opportunities (Birch & Fisher, 1998; Moore et al., 1991). As such, parents were selected as the sample population for the present study. Eligible parents had at least one overweight or obese child aged 5–9 years, had a household income of less than $60,000 per annum (the national mean gross household income was $73,300 per annum [ABS, 2008]), and lived in a household where no-one possessed a college/university qualification. The children’s age range included the early schooling years before children’s taste preferences become resistant to change (American Dietetic Association, 2004).

The initial recruitment plan was to involve a sample of 50 low SES parents for a 6-month study. Reflecting the intense difficulties that have been reported in attracting low SES individuals into previous studies, especially longitudinal studies (Blumenthal, Sung, Coates, Williams, & Liff, 1995; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005), recruitment was very challenging. Ultimately, 37 parents, almost all of whom were mothers, commenced the study (sample profile provided in Table 1). At the end of the 6-month period, 27 of these parents remained involved in the study. Because of the smaller starting sample and strong commitment among many of the remaining parents at the 6-month point, the study duration was extended to 12 months. This strategy enlarged the data set and provided insight into relevant factors over a longer period of time. Twenty-two parents agreed to continue for the full year, 17 of whom were still actively involved in the study at its completion. As shown in Table 1, while the commencing and completing samples were very similar, there were some differences in the profiles of those choosing to continue. In particular, there was a lower proportion of those working full time and those with male children in the final sample relative to the commencing sample. Data collection occurred between May 2010 and May 2011.

Parents participating in the study received remuneration for their contributions. Monthly payments were made progressively throughout the data collection period, averaging AUS$71 per month depending on the number of data collection episodes in which the participant had been involved. At the end of the 12 months, participants received a summary report that outlined the major findings.

Procedure

The study was approved by the University of Western Australia Human Research Ethics Committee. Potential participants were sourced through a social research agency that randomly telephoned households in Perth, Western Australia. Parents who met the eligibility criteria and expressed interest in participating in the study were sent an information sheet containing further details about the research process and were subsequently contacted to arrange an interview. During this first interview, participants signed consent forms to record their agreement with the requirements of the study and the remuneration arrangements. To commence the sensitisation process, participants were given a list of specific issues for them to monitor and contemplate over the coming months. These included media coverage of child obesity, food advertising, food-related behaviours of other parents, food-related
behaviours of extended family members, and child pestering for food products.

To meet the requirements of the sensitisation method, it was necessary for participants to provide data regularly, but there was considerable flexibility in the way this could be achieved. Participants were encouraged to attend at least two individual interviews and to provide fortnightly introspections. In addition, they were advised that there would be the opportunity to attend focus groups at the 6-month point to allow participation at the middle, and end of the 12-month period, while member-checking was undertaken to address any contamination from non-participants, but this proved to be unnecessary as there were no entries from individuals other than those participating in the study.

The individual interview rounds were scheduled at the start, middle, and end of the 12-month period, while member-checking focus groups were conducted at the 6-month point to allow participants to provide input into the emerging interpretation (as per Lincoln and Guba (1985) and Mays and Pope (2000)). The interviews and focus groups were semi-structured in nature, with discussion focusing on the foods provided to children for consumption in the home and at school, parents’ and children’s food preferences, family interactions during meals, and perceived barriers to providing children with a healthy diet. In line with the semi-structured approach, participants were able to introduce other topics that they felt were relevant to their children’s diets. Participants could select from a variety of introspection reporting mechanisms including email, a weblog, handwritten notes submitted in reply-paid envelopes, or a toll-free telephone message system. The weblog enabled them to enter their own comments and/or reply to other participants’ comments, and was monitored daily to ensure interactions were positive and to identify any possible instances of conflict or inappropriate language usage (of which there were none). The weblog was not password protected because there was the potential for the need to recall a password to constitute a barrier to its use. Frequent moderation was undertaken to address any contamination from non-participants, but this proved to be unnecessary as there were no entries from individuals other than those participating in the study.

The provision of multiple reporting mechanisms allowed participants flexibility according to their access to technology, their preferred methods of communication (i.e., written or verbal, independent or interactive), their time constraints, and their physical location (e.g., at home or elsewhere). Regular reminders were used to advise participants when their next introspection report and/or interview were due. The introspection reminders often contained optional issues that the participants could consider as well as discussing any topics of their choice. Examples of the introspection prompt issues included birthday parties, weekend activities, and treats.

Memory work was integrated into the study by asking participants to provide data relating to relevant memories that were triggered over the data collection period. During the first interview, participants were asked to consider incorporating memory work in their self-introspections throughout the study. During the individual interviews, participants were regularly prompted to reflect on past experiences related to the relevant topic of conversation. The application of memory work provided insight into the extent to which participants’ childhood experiences factored into their parenting practices and how aspects of the physical and social environment might have altered in recent decades and the resulting implications for children’s diets. Although memory work was not implemented in the strict form advocated by its originators (i.e., individuals’ memories reported to the sample group and analysed collectively), prompting participants to access their memories on a regular basis and to apply these memories to their contemplations of their current live experiences proved to be very productive.

Observations were conducted in several ways. These included (a) monitoring participants’ body language during interviews and focus groups; (b) watching parents interact with their children in their homes before, during, and after interviews; (c) being given ‘pantry tours’ by some participants; and (d) documenting the proximity of grocery stores and fast food outlets to participants’ homes. In total, more than 70 h of observations were conducted across these four areas. Detailed field notes were taken during observations to produce transcripts that could be included in the subsequent analysis process.

To ensure the study requirements were not onerous, participants could choose to vary the data provision process to suit their needs. For example, some participants were reluctant to take on the responsibility of submitting fortnightly introspection reports and instead elected to undertake additional interviews or focus groups. A group of three participants who lived in the same area chose to participate in 10 small focus groups over the 12 months instead of submitting introspections. These participants committed to regularly contemplate issues relating to their children’s diets and to discuss their evolving thoughts on these issues during the

<table>
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<tr>
<th>Category</th>
<th>Description</th>
<th>Number commencing study (n = 37)</th>
<th>Number completing study (n = 17)</th>
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<td>Gender</td>
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<tr>
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<td>Working part time</td>
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<td></td>
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<tr>
<td></td>
<td>3 Children</td>
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<td>4 + Children</td>
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</tr>
<tr>
<td></td>
<td>Obese</td>
<td>19</td>
<td>4</td>
</tr>
</tbody>
</table>

*4 Total exceeds number of participants because some participants had more than one child in the age range specified for inclusion in the study.
focus groups. They thus engaged in on-going introspection, but chose to report their thoughts in a different way. Despite the small number attending these sessions, they were considered to be focus groups rather than group interviews because there was considerable interaction among the participants.

**Analysis**

All introspections, transcripts, and field notes were progressively transcribed and imported into NVivo9 (QSR International Pty Ltd., Australia) for coding and analysis. The use of software is an accepted and increasingly common method of analysing qualitative data (Auld et al., 2007; Bringer, Johnston, & Brackenridge, 2006). In this instance, the sheer quantity of data generated by the sensitisation method made computer-assisted analysis the most feasible alternative.

Initially, a deductive coding schema was generated from the relevant literature, including behavioural models such as the Health Belief Model (Rosenstock, 1990), the Theory of Planned Behaviour (Ajzen, 1991), and Protection Motivation Theory (Rogers & Prentice-Dunn, 1997). This coding schema was inductively updated with emergent codes as data analysis progressed to allow the emerging findings to guide subsequent data collection episodes (as per Glaser and Strauss (1967) and Strauss and Corbin (1990)). As new codes emerged, earlier data were re-coded to ensure coverage of all relevant themes. NVivo's sophisticated search functions facilitated this process. Data interpretation occurred via the interrogation of individual content nodes (nodes being the storage points for content assigned to specific codes) and the running of text and matrix searches.

In terms of contributions to the study, the first author conceptualised the methodological approach, performed the literature review, managed the participant recruitment process, assisted with moderating the member-checking focus groups, and developed the paper. The second author conducted the individual interviews and the focus groups, managed participants throughout the introspection reporting process, transcribed the interview recordings, coded the data, and assisted in writing the paper. Both authors analysed the coded data and collaborated on the emerging interpretation.

**Results**

The methodological outcomes of the sensitisation method as applied to child obesity research with low SES families are outlined below. The major findings relate to the quantity and quality of data generated and the ability of the study to produce intervention outcomes. Where participants’ words are shown to support the methodological outcomes described, they have been modified in places for grammar. This decision was taken to preserve the participants’ dignity and increase the likelihood that their intended meaning was conveyed to an international audience. All names used are pseudonyms, and descriptors are provided at the end of each quote showing the demographic characteristics of the participant and the weight status of the focal child (represented as OW for overweight or OB for obese).

**Quality of data**

There were numerous indicators of the quality of the data obtained. First, the average length of the interviews and focus groups increased over the course of the study. The first-round interviews averaged 35 min in length, while the final-round interviews averaged 56 min. Similarly, the first-round introspection reports averaged 140 (weblog), 203 (handwritten), 330 (email), and 719 (phone) words, and the last-round reports averaged 154, 263, 250, and 781 words respectively. The only form of data collection that did not exhibit an increase over time was email introspections, with an average of 330 words in the first round and 250 words in the final round. This overall upward trend suggests that as participants became more familiar with the study requirements and more sensitised to the phenomenon under investigation, they were able to consider the issues more deeply and share more information about them. This was also evident in the nature of the information provided, as shown in the following quotes from the same participant who was willing and able to be more expansive in her responses about children’s school lunches as the study progressed:

Interviewer: What would typically go in your children’s lunchboxes?

Participant: (Silence) (single mother, four children (OB), first interview).

Interviewer: Do your children get what you would classify as treats in their lunchboxes?

Participant: Yeah, I put sort of in a little bit of everything. They have their fruit and they’ll have like an LCM bar and sometimes potato chips (second interview).

I think kids should have a healthy lunch like fruit and rice snacks that have got no sugar, salt, or artificial flavours in them. Chicken is all right – as long as you don’t put any skin or fatty pieces in the sandwich, it should be okay. Healthy choc milk, like the school-approved one, are good. My kids are fussy – if they don’t have chicken, they want spreads. It may be cheese spread. Sometimes they won’t eat their lunch or sometimes they just have recess. They come home with their lunch or sometimes their fruit, but they always eat their recess (twentieth handwritten introspection).

The second indicator that the quality of the data improved over time was that the number of personal disclosures increased, some of which contradicted previous statements. This suggests that the longitudinal approach, with its higher levels of rapport and trust, was able to reach below participants’ presentational selves (Maddux, Norton, & Leary, 1988). This outcome is demonstrated in the extracts below from one participant across two interviews conducted 12 months apart and an introspection submitted mid-way through the data collection period. This participant initially painted a rosy picture of food consumption and meal times in
her home. With increasing familiarity, she felt comfortable disclosing the difficulties she encountered juggling meal preparation with her other parenting and work responsibilities:

Participant: I’ll give them fruit every day with their lunch. They don’t always eat it, but every night we have veggies, and they eat them. So they are very good, they love their peas and corn.

Interviewer: And how do dinner times go in your family?

Participant: Most stuff will get eaten. We always sit at the table here together. It’s not usually a hassle dinner time, it’s pretty good (married mother, two children (OB), first interview).

“We rarely eat takeaways, but I do indulge in convenience foods for the lunch boxes (eighth blog introspection)”. Trying to do the food is so hard. It’s like, you know, come home and some nights it’s just like, ‘Oh God, what am I going to do?’. I try and put the slow cooker on before I go, and then it’s such a hassle trying to get healthy stuff, you know? And I’ve only got Thursdays and Fridays to do all the cleaning and the shopping, and it’s like, ‘Oh, I can’t be bothered’. So trying to pack their lunches is a bit hard, trying to keep it healthy and easy for me to prepare, yeah (third interview).

The third indicator of data quality was that participants reported heightened awareness of issues relating to child obesity over the course of the study. Initially, many had difficulty identifying factors other than their own perceived laziness that were influencing their ability to feed their children well. As the study progressed, they came to appreciate the multitude of other factors that were likely to be relevant. In particular, the participants became more aware of elements in their environments that influenced their food provision behaviours. They were able to share this growing realisation and explain how their lived experiences were affected by these factors:

There are about eight takeaway joints or more on the way home. Two Red Rooster, McDonalds, two Hungry Jacks, Chicken Treat, Subway, a couple of fish and chip places, and it is only a 10 min drive home. I have never looked at it like that before. And oh my God, us parents don’t stand a chance with those odds (mother in a de facto relationship, two children (OW), fifth blog introspection).

The use of the memory work technique was especially useful in encouraging participants to appreciate how times have changed since their childhood and the implications for their children’s diets:

Often after school I will go through the drive thru and get the children a soft serve (ice cream). I do this probably once or twice a week. I’ve been thinking about this and how it is probably a bit much when compared to what I grew up with (married mother, six children (OW), first handwritten introspection).

Although participants could nominate any issues of personal importance to them for their introspections, the suggested prompts were much appreciated for their ability to stimulate thinking and provide insight into issues that might not have been consciously considered previously. For example, the participant below discussed how she progressively became more sensitised to issues relating to children’s food consumption and how she particularly appreciated an introspection prompt that asked the parents to describe what they thought their children would be like in 10 years’ time:

I think it’s really good because it makes you think about things that you wouldn’t normally have, really think about them. And then you kind of carry that through into the week with you until the next time, and the next question comes up and you like pay more attention to what’s going on. And it’s so true, when you’re told to think about an issue, you think about it more, it’s so true. And the questions are really good, like you think, ‘Oh man, I haven’t even thought about that!’. Those are really good questions, yeah. That was very good, the 10 year question (married mother, four children (OB), 3rd interview).

**Intervention outcomes**

The purpose of the study was to obtain information to inform future interventions, but it quickly became apparent that the research process was yielding intervention outcomes of its own. Repeated contemplation of issues relating to children’s food consumption appeared to result in increased awareness as noted above, and in many cases also seemed to lead to increased confidence and behavioural change. At the root of these outcomes was the eventual acknowledgement that their children were overweight. Despite being in a child obesity study, a majority of the parents initially believed that their children were not overweight, and it took some time for them to come to terms with their children’s weight status. The following mother did not explicitly acknowledge that her daughter was overweight until her final individual interview at the end of the 12 months of data collection:

I was shocked that my daughter was overweight, I was definitely shocked, because I would never had said that, because I just thought it was healthy. But I think it opened my eyes – it did open my eyes a lot, and I don’t know how else you would word it. I must say I was very shocked my daughter was in that category, because I always thought I'd been very careful. But you know what? If you’re shocked, it’s kind of good too (single mother, one birth child and two foster children (OB), third interview).

With this realisation came the understanding that some of their food provision practices were suboptimal:

The longer I was involved, the more I realised, because I thought we were sort of quite healthy. The more I realized that, you know, there are still things that we can work on, and it makes you more aware (married mother, six children (OW), third interview).

The required levels of contemplation appeared to increase participants’ incremental absorption of information relating to food and diet. They reported that this increased their confidence in their knowledge levels and ability to positively influence their children’s health. This apparent empowerment through confidence is evident in the following quotes where the participants expressed their appreciation for the opportunity to think more deeply about the issues and learn new information:

I’m enjoying this study because it’s very informative, it keeps your brain ticking over. You don’t always go into panic stations (married mother, three children (OB), focus group).

Thank you so much for letting me participate in this study. It has made me step back and think more about the things that my children are eating and the long-term side effects that they can have on their lives, both good and bad (married mother, four children (OB), third interview).

I’m learning, and also I’m sharing whatever I can share. So it has been a very great experience, thank you (single mother, two children (OB), focus group).
Finally, there was the suggestion that behavioural change was occurring within the participants’ families. Participants reported being more vigilant in monitoring and modifying their children’s diets:

(The study) was good because it kept me aware of what I was doing with my own children, kept me on my toes. You know, “Oh, did they get enough fibre in their diet today?” or “Did they get enough vegetables?” Or, “God, I didn’t give them the vegetables today – I better start thinking about tomorrow what I can do to help make up for what they missed out on.” So yeah, it was good in the sense that it kept me on my toes (married mother, three children (OB), third interview).

Especially now being in the study, I’ve been more prominent about watching what they eat and trying to add different things into their diet, which I have actually had quite a lot of success with, especially with my three year old (single mother, two children (OW), focus group).

Discussion

The sensitisation method encourages individuals to contemplate an issue over an extended period of time and examine their own thoughts, motivations, and behaviours. It allows them to become ‘tuned in’ to their own behaviour and the behaviours of others with whom they associate to obtain deeper insight into the social and environmental factors at play. In this application of the method, a large quantity of data was generated from a relatively small sample and the quality of the data appeared to increase over time. While many of the benefits of the study are likely to be the result of the longitudinal design, the intentional focus on sensitising participants to diet-related issues may have contributed to the increases in awareness and reported behavioural changes that were identified.

The data generated by the sensitisation method may be richer and more enlightening than the outputs of cross-sectional studies that seek to understand individuals’ knowledge, attitudes, and more enlightening than the outputs of cross-sectional studies. The discovery of grounded theory is in analysing qualitative data sets.

References


