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Doing Best for Children: An emerging grounded theory of parents' policing strategies to regulate between-meal snacking

By Ruth Freeman, Ph.D.; Richard Ekins, Ph.D. & Michele Oliver, M.Med.Sc.

Abstract

Changes in children's lifestyle from structured family meals to unstructured between meal sugar snacking has been recognised as a risk factor in childhood obesity. Parental insights into children's between meal snacking and their experiences of regulation are important if an understanding of sugar snacking is to be gained in the field of childhood obesity. The aim of this study was to use grounded theory techniques to analyze the qualitative data obtained from participants and to generate an emerging theory of snack regulation. A series of focus groups with parents and their children were conducted. Data were analysed using grounded theory techniques. The core category that emerged from the data was 'doing best'. Parents used the behavioural strategy of policing as a consequence of doing best. Parents had to balance time availability, disposable income, energy levels, parental working patterns and family life with the child's food wishes and social needs. Balancing such contextual constraints influenced the style of policing.

Introduction

The World Health Organization (WHO, 2002) has stated that added and refined sugars should contribute to no more than 10 percent of an individual's total calorific intake. Recent research has shown that the average teenager obtains 20 percent of their calories from added sugars and consumes on average 50kg of sugar/person/year (Sibbald 2003). The increased sugar consumption has been linked to the steep rise in childhood obesity and particularly in children living in deprivation and poverty (Strauss, 2002; Lobstein and Frelut, 2003; Lobstein et al., 2003).

Childhood obesity is associated with increased health risks in childhood, reduced self-esteem (Sarlio-Lahteenkorva et al., 2003, Sahota et al 2001), and quality of life (Friedlander et al., 2003). Childhood obesity acts as an independent risk factor for adult obesity (Tingay et al., 2003) and is linked with adult cardiovascular disease, adult onset diabetes, osteoarthritis and cerebral vascular accident (Parsons et al., 1999) as well as low-income work and poverty (Tingay et al., 2003). Childhood obesity, with its many health, social and life-course consequences, is perceived as a harbinger of adult ills (National Institute for Clinical Excellence [NICE], 2004).

Various suggestions have been proposed to explain the increasing prevalence of childhood obesity. These include the food industry flooding the marketplace with cheap high-sugar and high-fat foods (Sibbald, 2003), the absence of readily available low-cost healthy foods (Alderson and Ogden, 1999; Bunting and Freeman, 1999) and shifts in structured family mealtimes to childhood between meal snacking (Feunekes et al., 1999; Strauss, 2002). Reasons given by families for changing from structured to unstructured eating patterns are important in the childhood obesity story (Alderson and Ogden, 1999; Feunekes et al., 1999). Therefore, this research team embarked upon an investigation to increase understanding of this unstructured pattern of sugar intake in children.

Qualitative data was collected as part of a larger controlled trial (Oliver et al., 2002), which evaluated the role of school-based snacking policies upon the consumption of snack foods in 9 and 11-year-old children. As it was important to discover if school-based policies affected the children's out-of-school snacking, parents and children were approached to canvass their views and opinions on regulating snacking between meals. The aim of this study was to use grounded theory techniques to analyze the qualitative data obtained from participants and to generate an emerging theory on snack regulation.

The Research Context

Participants in this study came from the Southern Health and Social Services Board (SHSSB), located in Northern Ireland (NI). In this area, the majority of schools tend to be in small towns or villages. All SHSSB primary schools were classified by socio-economic status (SES) in accordance with the NI Department of Education's use of

free school meal entitlement (FSMs). This is an aggregate-level measure of poverty, low-income and social deprivation. Currently, 25 percent of all NI primary school children are entitled to FSMs (Department of Education, Northern Ireland [DENI], 2001) which reflects the proportion of children living on or below the poverty line (Northern Ireland Statistics and Research Agency [NISRA], 2003). Schools were classified as middle SES schools if up to 15% of the children were in receipt FSMs and classified as low SES schools if 40% or more children were provided with FSMs.

Participants

Sixteen primary schools were selected from 54 primary schools in the SHSSB region. Eight schools were classified as middle SES schools and 8 schools were classified as low SES schools. Three hundred and sixty-four children attended the selected schools. A twenty-five percent random sample of children (n=91) was selected by researchers using computer generated random numbers. Ninety-one invitations to participate, together with parental and child information leaflets, written consents, were distributed by Year 5 and Year 7 teachers. Ethical approval was obtained from the local ethical research committee.

Sixty-four Caucasian children (forty 9-year-old children and twenty-four 11-year-old children) and their parents agreed to take part. Fifty-one percent (n=33) of the children were girls. Twenty-eight children attended low SES schools and 36 children attended middle SES schools, which reflected the SES and ethnic profile of the SHSSB region (NISRA, 2003; DENI, 2001).

The focus group discussions

Parents and children were interviewed separately using a focus group format. Two sets of 8 focus group discussions took place with parents and children over an eight-week period. As the interviews continued, the researchers deliberately chose fathers in order to develop new concepts and ideas that emerged from the data. For instance, fathers acted more erratically than mothers, for example using the child's weight on one occasion to refuse money for sweets but on another occasion giving the same child money for snacks.

The interviews took place in a variety of agreed settings. The children

and parents were asked to focus upon their attitudes towards a range of issues associated with healthy eating. The children and parents were invited to talk about any subject they wished to, to refuse to pursue any topics they found disagreeable and to close the interview at their request. Refreshments for the participants were provided. All groups were audio-taped for transcription.

Qualitative data analysis

The qualitative data in this study were analysed using grounded theory techniques. Grounded theory is a general method of data analysis leading to conceptualization. The methodology entails (1) the generation of substantive categories, (2) creating definitions of and linkages between categories at different levels of abstraction and (3) making constant comparisons between cases, instances and categories in order to explore fully the complexities of a data corpus. While grounded theory uses a systematically applied set of methods to generate an inductive theory about a substantive or formal area, it is also useful as a set of techniques to analyze data in a qualitative study. The latter approach was applied to this study. The focus of this qualitative exploration was how parents regulated their children's between meal snacking.

In any grounded theory study, whether the aim is to generate theory or simply analyze data, the research purpose is to clarify the main concern and find out how participants resolve that concern. The resolution of the main concern forms the core category. The core category accounts for most of the variations in a pattern of behaviour (Glaser, 1992).

The procedures and techniques of grounded theory followed in this study were that of open and selective coding. As mentioned previously, the data analysis was conducted as part of a controlled trial and this constrained the researchers' ability to conduct theoretical sampling. The controlled trial allowed for a longitudinal and in-depth quantitative analysis of child reported and actual snacking behaviours in the school environment (Oliver et al., 2002). It did not provide an insight into what happened at home. It was decided to collect parents' views and opinions on the regulation of their children's between meal snacking. The rigor of the ethical committee together with the constraints of time meant that it was impossible to conduct theoretical

sampling. Nevertheless, this study describes an emerging grounded theory as a core category gradually appeared during the analysis of the data.

The Research Findings

Doing Best – The Core Category

The core category that emerged from the data was 'doing best'. The desire to do best was consistent across all parents irrespective of socio-economic status or household budget; however, for some parents doing best was hard to achieve. Constraints such as time availability, energy levels and parental working patterns all influenced the parents' resolve to enforce the family's regimes that ensured their children were getting the best.

This was apparent when mothers and fathers tried to do their best to provide a healthy diet for their children. Parents did not wish their children to snack between meals and in some families sugar snacks were only eaten at week-ends. In other families, children were allowed the snack of their choice if they 'ask permission first', 'ate good food first' and 'only if they shared [*with others*]'. Other parents provided a limited supply of snacks for all the family. The children could help themselves, however, once the snacks were eaten no more would be provided. A final group of parents provided a constant supply of sugar snacks and allowed children to snack at anytime as they believed this was 'doing the best for [*their*] child'.

The concern with doing their best for their children was also affected by parental ability to be consistent. The degree of consistency with which parents enforced their family snacking regimes varied between parents, families and households. Fears about greediness or a child's lack of food intake, for example, gave rise to compromises. Children who nagged, children who were sick or who had poor appetites were allowed to consume large amounts of snack foods. It seemed that the consistency of the enforcement of the family snacking regime was dependent upon a power tussle between the parents' resolve to do best for their children and the child's persistence to get snacks. Because variation in parental determination to enforce family snacking regimes existed, it became possible to conceptualize the strategy employed to do best as policing. Two policing styles emerged – these were hard

policing and soft policing.

Hard policing

Hard policing was a consequence of doing best. Hard policing was a dictatorial and strict mode of enforcement. Mothers spoke of being resolute and consistent in their control of the family food regimes.

The cultivation of healthy (good) eating habits was of central importance to parents. Being initiated into the compulsory elements of the families' between meal sugar snacking policies meant that young children were acquainted with the household's food directives:

If you don't eat your food, like, you just eat a little bit of your dinner and go out and then come back in looking for sweets or biscuits – you won't get any. If I don't eat all my dinner I don't get any chocolate bars. Mummy says, 'If you don't have room for good food you don't have room for rubbish'. (Child 32)

I wouldn't ask – she [*mother*] just gives me what I am allowed – just on Friday – that's **only** when I'm allowed sweets, biscuits and cola. (Child 9)

The consistency and rigor of the deployment of the household food rules suggested that doing best and providing healthy foods had acquired a moral flavor. Mothers and fathers had the conviction that it was their moral responsibility to ensure that their children developed 'correct' and 'healthy' dietary habits. Eating sugar at the permitted times was 'good', however, eating sugar snacks at any other time was 'bad'. The requirement for parents to instill 'good' dietary choices appeared to be linked to morality and to perceptions of good parenting:

Parents should know they shouldn't give children sweets – it's bad for them. Like when you go to the movies and you see them coming in with bags and bags of sweets and you know what, the parents are wrong for doing it. (Mother 3)

The power inequity, which existed between parents and children, within the hard policing style, suggested that parents held the power. Any changes or shifts in power from parent to child resulted in parental actions to readdress the power balance. In some situations, parents

were unable to hold onto their power and saw their authority slip away as children continually nagged for sweets and grandparents accused mothers of depriving their children. With ever-greater numbers of children in the family, the parents' attempts of 'keeping an eye' on the children's activities became increasingly difficult. Mothers complained of 'a lack of energy' and a 'reduced resolve' to keep their children 'on the straight and narrow'. These observations allowed two styles of hard policing to emerge – consistent hard policing and inconsistent hard policing.

Consistent hard policing

Consistent hard policing was characterised by parents who consistently and resolutely enforced the household food regimes. Parents appeared all powerful with the ability to reward for compliance and punish their children for defiance:

After tea, as long as Jane's made a good attempt at eating her food then – only then can she have a biscuit or what ever she wants. (Mother 10)

I sneaked the chocolate bars Mummy had for the visitors for me and my friends. There was none left and when Mummy found out she slapped me, so she did, she slapped me hard and I didn't get sweets or biscuits for ages. (Child 21)

Despite the parents' belief that they relaxed the household food rules and became more flexible as children approached adolescence, this was not supported by the data. Many older children admitted to openly flaunting their parents' wishes and to practising a deception upon their parents:

Sometimes I get carried away [laugh], like the odd time when Mum works night duties - so when I come in from school, she's in bed. I just help myself to her chocolate biscuits and she never knows. (Child 35)

On discovering their children's disobedience and deceptions, the parents' rage was palpable:

I was so cross, so ashamed not to mention embarrassed. I

took him to the doctor. He threw his blazer at me and all these chocolate and sweet papers fell out of his pockets. He knows he's not allowed to eat sweets during the week, only at weekends. Then I discover he's eating them behind my back. (Mother 2)

She's just disgusting. She knows I don't allow sweets during the week and never in their bedrooms! Then what do I find – under her bed - empty chocolate and sweet wrappers – and it gets worse – a tin of drinking chocolate – half empty - with a teaspoon in it. I could have swung for her. I was so cross what with the mess not to mention that she had lied to her father and me. (Mother 15)

The children's resolve to circumvent and to break the rules suggested that sugar had become immoral and had acquired the status of the forbidden – something pleasurable to be done behind parents' backs.

Physiological pleasures and sugar highs

Evidence from the physiological literature demonstrates that high levels of sugar-induced opioids exist after eating sugars – in other words, sugar can induce a euphoric state – a 'sugar high' (Grigson, 2002; Kelley et al., 2002). In this guise, sugar snacking could be conceptualized in terms of illicit dependency, an obsessive desire for a 'sugar high' and the children's deceptive behaviour as a means of satisfying their 'junkie-sugar' cravings.

In this climate of deception and enforcement, sugar became the first battleground from which other more serious disagreements developed:

My sister's older boy and his sister wanted to come to the garage with me and I was really pleased to have their company. They bought sweets! I knew their mother would be furious – the daughter swore me to secrecy – it was all quite unpleasant. I thought this isn't a battle worth waging and then what did I hear that the older boy – he's about 16 had been out with his mates – he'd got drunk and was too frightened to go home – the mother disapproves of alcohol too. The

children just deceive her all the time – she hasn't attempted to give them any means of managing – it's like living in a police state she dictates and the children deceive her. (Mother 4)

Inconsistent hard policing

Under a continual verbal onslaught by children, mothers and fathers often gave in and practiced an erratic or inconsistent form of hard policing. Despite parents threatening either punishment or 'never to bring those damn biscuits into the house again', when children continued to 'torture', 'moan and groan for long enough', their mothers gave in. Mothers stated that they wanted 'an easy life', 'to keep things calm', 'to keep them occupied' and 'just to pacify them' as reasons for capitulation to the children's demands:

If I want money for the shop to get sweets I just keep going on and on about getting money and my Mum gets real cross. First she says, 'No'. If I nag enough then she just grabs her purse, hands me out the money and says, 'Do what you want with it!' – that's 'cause she's in a bad mood cause I have nagged and won't leave until I get money for sweets. (Child 20)

Friends, fathers, grandparents and family visitors were lured into the children's schemes to obtain sugar snacks. All these individuals were used as conspirators in a form of blackmail to break maternal resolve:

I've bought 'Sunny Delight' so they could try it. It didn't mean to say they were going to like it - but when they nagged and said their friends all had it and they're the only ones who didn't - then I worried they felt different– I mean, like they were losing out - so I bought it. Yeah, it was – what do they call it? – Ah, yes a peer pressure thing. (Mother 22)

Similarly, parents recognised that visiting family provided children with an opportunity to extort sugar snacks and family visitors were greeted with delight. The reason being that children recognised that snacks would not only be on offer but, with visitors present, requests for snacks would not be refused:

Suppose I'd have to admit I've been guilty myself, 'cause I know my sisters don't buy sweets [*laugh*] for their children

either - so when it comes to visiting them I would usually bring something, a 'treat' [*laugh*] you know those fun packs, those bars, I mean I would treat them, I would do that but not for my own children. (Mother 42)

As soon as I hear Auntie Jane in the house – I run to the kitchen 'cause I know she'll have brought sweets for Mum and her to eat. Even if she hasn't Mum will get the biscuits out and Mum says, 'Just take one and get out' -then I take one and sneak two biscuits or even [*laugh*] more! (Child 14)

Hard policing: doing best for children?

Hard policing is a consequence of parents doing best for their children. But are hard policing strategies best for children? Hard policing styles initiate children into a family's food regimes and re-enforce the household rules regarding between meal sugar snacking. The difficulty, however, for parents relying upon hard policing styles is that, while younger children readily comply with parental rules, as they become older and enter adolescence they reject parental values. Parents are forced to adopt an inconsistent style of hard policing and because of the dictatorial nature of earlier consistent hard policing strategies children are left with no repertoire to control their sugar cravings. Recent research, by Hill (2003) provides support for this proposition. He questions the appropriateness of using restrictive dietary practices with children and is of the opinion that parents who rigidly and dictatorially control their children's food consumption bring up children who are unable to develop their own internal or 'self-regulatory dietary abilities'. Hill (2003) has called for the need to re-consider parental influences upon children's food choices, to help parents develop appropriate dietary skills and to provide children with the internal means of managing their dietary cravings.

Soft policing

Soft policing was characterised by what seems an apparent lack of parent-power as parents yielded to their children's demands and wishes. The provision of sugary snacks, demanded by children, ensured that children ate 'at least something', had the same foods as their peers and parents had a 'quiet life'. Parents, therefore, appeared subservient to their children; however, this camouflaged the parental

wish to do best for their children.

Central to soft policing and paramount in the parents' strategies, therefore, was the need to do best for their children. Balancing such contextual constraints as family life and disposable income with the child's food cravings and social needs influenced the style of policing. Consequently, lower socio-economic group families appeared less restrictive when regulating their children's between meal sugar snacking. Rarely, but on occasion, parents would be inconsistent and would not permit their children to eat snacks whenever they liked. This suggested that two styles of soft policing existed – consistent soft policing and inconsistent soft policing.

Consistent soft policing

Consistent soft policing was characterised by children snacking between meals and choosing what, when and where to eat:

Well everybody's different really; maybe other parents would say that they give them sweets to pacify them or to keep them happy. Well I'm inclined to buy her a packet of biscuits or sweets because she likes them. I try my best for her and the best thing is for her to have what she likes to eat'. (Mother 39)

If there's a packet of chocolate biscuits sitting in our house and I said, 'Don't eat them!' they would eat them anyway. I would always buy them sweets whenever I go to the shop, I don't think it does them any harm and they like them so much. (Mother 56)

This apparent abnegation of control by parents was perceived as a 'coping mechanism' to ensure that parents had a 'quiet life' and that their children ate at least something:

My Jim, just won't eat meals, full stop. I set him down to different meals and he picks at them, he won't eat them at all. He eats packets of crisps or sweets and he is skinny, he is desperate I can't get him to eat anything good. I will give him something sweet because my attitude is as long as he's getting something. I have to make sure he is getting something you know. (Mother 19)

At first sight, it seemed that the children had considerable power over their parents. This suggestion, however, ignored the fact that parents recognized the power of sugar and used it to do the best for their children. Sugary snacks were used as a protection from being bullied or ridiculed at school. The inclusion of a chocolate bar, in a lunch-box, for instance, ensured that children were the same as everyone else and included in their peer group:

I mean you're not going to send them to school with a lunch-box that's different from everybody else. (Mother 62)

I heard of a couple of cases of kids like who weren't allowed to have chocolate biscuits or anything like that well - they're sort of laughed at and teased by other children. (Mother 59)

Parents believed that their children needed calories and the source of the calories was unimportant – 'whatever foods – doesn't matter as long as its calories' and 'my attitude is it doesn't matter what the calories are as long as he's eating something'. Wasted foods not only resulted in lower calorific intakes but also money being effectively lost from the household budget – money [food] literally being 'thrown to the dogs'. In these situations, parents feared that a reduction in disposable income would result in their children having less than the best. Therefore, when children demanded particular foods these were provided irrespective of their costs or nutritional value. In the following examples, mothers consistently provided foods that they knew their children would eat and are illustrative of consistent soft policing:

My daughter will say, 'Oh I would love Chinese [food]', so then they all want a Chinese [meal] and I say, 'That's a good idea', you know, maybe not thinking. Yes, its expensive but it'll be eaten when it's bought – not be wasted like all the other food that's thrown out and that's money down the drain. (Mother 19)

When I get home from my shift say at half five or six o'clock I'm exhausted. I get out the chip pan and put on the chips and I think that'll do them – it's gets the children filled. (Mother 28)

Inconsistent soft policing

Inconsistent soft policing was a rare occurrence. It was most notable in fathers' interactions with their children and was observed when fathers feared their children were becoming obese. Fathers often gave their children money for sweets:

My Daddy gives money to me - my Daddy's awful soft - the shops only across the road for sweets. (Child 55)

Daddy would give me money, so he would, to go up to the shop to get sweets and then when I come back down Daddy says, 'Where's my share?'. (Child 57)

The behaviour of fathers changed when they noticed their children had gained weight. Fathers refused to provide money for sweets and discouraged their children to eat biscuits:

My Daddy just says I'm not allowed them. He says, 'You're getting too much weight on and you have to lose some of it'. (Child 61)

Children complained of their fathers' inconsistencies – sometimes they were told they were 'too fat and given sweets' and at other times they were 'too fat for sweets':

Last week my daddy called me fat, like I know I am and that's annoying but what I find really annoying is when I ask him for money for something to eat he calls me fat. (Child 59)

Mothers also acted inconsistently when they noted their children were heavier. The inconsistent nature of their dietary interventions was such that it often resulted in the children eating more of everything:

My wee fellow would be a bit overweight. I have stopped buying all that sweet stuff. It's a banana – he gets if he's hungry. I say, 'Have your banana' but then he eats crisps, then he has a drink, then a wheaten bread sandwich, then he has to have something on top of them and he'll still eat a big dinner. (Mother 60)

Soft policing: balancing constraints to do best

Soft policing was a balancing act that parents performed to do best for their children. Parents juggled such contextual constraints as family life, disposable income, children's social needs and food wishes to do best for them. Parents, nevertheless, recognised the power of sugar and, within the guise of soft policing, used it to do the best for family life. The need for a 'quiet life' was essential when mothers worked night shifts. In other family situations, 'sugar as pacifier', was used when parents wanted their children to be quiet:

Say with wee ones - now you know what if you were taking them somewhere - now say if I was bringing my wee one here today – well I'd have been inclined to buy her a packet of biscuits or sweets to keep her occupied, to keep her quiet. So you'd like mm you try your best to buy the best thing for the children – sure the best thing – to keep them quiet. (Mother 19)

For the most part, but not entirely, parents who practiced soft policing were living near or on the poverty line. For families balancing doing best within the constraint of low-income there was an increased tendency for lower quality diets (Blackburn, 1999). As the cheapest source of calories came from foods with high fat and high sugar content (Casey et al., 2001), children whose parents worried about their children's food intake or who had financial concerns, were more likely to provide meals that were inadequate in fruit and vegetables (Chinn et al., 2001) or to be characterised as 'unhealthy' (Sweeting and West, 2005):

Mary will not eat so I say she might as well have sweets or chips instead of a dinner with vegetables that will be thrown out. (Mother 20)

The association between maternal employment, socio-economic status and diet has been highlighted as central in children's 'unhealthy snacking' and 'less health eating' (Sweeting and West, 2005). Despite the strength of evidence supporting Sweeting and West's (2005) conclusions, their analysis excludes the difficulties encountered by low socio-economic group parents when they attempt to find solutions to their families' problems. The findings presented here, buttress and extend the work of Sweeting and West (2005). By conceptualizing

soft policing as a consequence of doing best, this work provides the means to understand parental behaviours. Even in the face of potential adversity, parents strive to provide the best lives for their children, not only with regard to diet but also with respect to their children's quality of school and family life.

Discussion

The background to this study was a controlled trial to evaluate the effectiveness of a school-based policy to regulate children's between meal snacking. Because of the nature of the experimental design, it proved difficult to assess the effect of the policy on outside school snacking. Consequently, a series of interviews was arranged and conducted with participants to discover their views and opinions on regulating their children's sugar snacking. The aim of this study was to use grounded theory techniques to analyze the qualitative data and to generate an emerging theory on snack regulation.

An emerging grounded theory of snack regulation

The core category of 'doing best' was central to all parental activities surrounding their children's sugar snacking. Hence, a consequence of parents 'doing best' was the policing of their children's snacking between meals. Two policing styles emerged – these were hard and soft policing. In the home environment, parents had to balance time availability, their energy levels, parental shift work, and family life with the child's food cravings and social needs. Balancing such contextual constraints influenced the style of policing and, therefore, some parents consistently or inconsistently practiced hard and/or soft policing. Central to all policing was the parental wish to do best for their children.

To generate a complete grounded theory, it would be necessary to conduct theoretical sampling; however, due to time limitations and ethical approval constraints, it was impossible to do this in the present programme of research. To create a substantive theory, it would be necessary to theoretically sample parents of children and adolescents in different situations where parents are doing best. Some parents in the current study provided glimpses and hints of how adolescence restricted and shifted their policing styles when doing the best for their adolescent sons and daughters. As children entered adolescence,

parental policing styles gradually acquired a softer dimension with shifts from consistently harder to inconsistently softer policing styles. It may be postulated that parents with adolescent children would increase their dragnet. Parents would not only police snacking but also their children's home-work, out of school activities, friends and peers, sexual encounters as well as their consumption of alcohol, tobacco and drugs. In an atmosphere of the adolescent revolt, parents would be unable to maintain consistent hard policing styles and parents, in an attempt to do best, would shift from hard to soft policing with the tendency to adopt inconsistent policing styles.

Limitations

Difficulties abound in health promotion research and evaluation (Watt et al 2001). The first difficulty is that the health promoter perceives a health problem and imposes their solution upon a target population. The second difficulty is that the health problem belongs to the health promoter and not to the individuals. It is this mismatch in perception of health need, which, we suggest is at the centre of difficulties in health promotion. In contrast grounded theory supports the emergence of problems that are identified by people (Glaser 1998). As individuals start to interact they make sense of their own environment, their specific difficulties and concerns. Doing so allows them to identify what is going on in their lives and the social processes they use to solve their concerns, difficulties and/or problems.

Therefore, at the outset of this programme of research there were limitations. The researchers had not allowed the problem to emerge - the health problem of childhood obesity and its solution (the regulation of between meal snacking) had been imposed upon the parents by the researchers. When the parents' concern emerged as doing best for their children, it allowed the researchers to understand the place of between meal snacking in the family lives of the participants. What was primary for parents was to do their best for their children and the need to regulate (police) was secondary. Another limitation of the study was the lack of theoretical sampling which restricted the aims of the study with regard to theory generation. It would not be true to state, however, that this study represents a qualitative exploration of parental views rather it represents an emerging theory since the core category 'doing best' emerged from the data.

Conclusions: grounded theory in health promotion

Since the Ottawa Charter (WHO, 1986), health promotion has become conscious of the need to work in partnership with communities to strengthen community actions for health. Partnerships to strengthen community action have been defined within the construct of community capacity, being defined by Labonte and Laverack (2001) as the “increase in community groups’ abilities to define, assess, analyze and act on health (or any other) concerns of importance to its members” (p.114). Community capacity is, therefore, not an inherent property of a locality nor of the groups of individuals within it. Community capacity is about the social interacting that binds people together (Laverack, 2004). With greater social interacting and increasing capacity, the community becomes empowered to identify its own health problems and solutions to them (Laverack 2004). To have effective partnership working the health promoter must ‘tune in’ (Freire, 1970) and gain an insight into the community’s concerns and worries. The importance of grounded theory techniques for partnership working, community capacity and health promotion, therefore, cannot be overstated.

Despite the limitations of this present study, the use of grounded theory techniques to analyze the qualitative data provided the researchers with an insight into the family lives of parents and children. The awareness that parents wanted to do their best for their children allowed the researchers to re-assess their current methods of health promotion with children and parents and to adopt partnership working with children and parents. The health promoter who uses grounded theory techniques will gain an insight into people’s concerns and the behaviours they use to solve those concerns. The adoption of a grounded theory approach is essential if health promotion is to be informed, assisted and empowered to strengthen community actions for health.

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