


African American Fathers' Perceived Role for the Dietary Behaviors of Their Children: A Qualitative Study

American Journal of Men's Health
March-April 2019: 1–9
© The Author(s) 2019
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1557988319840851
journals.sagepub.com/home/jmh


Ledric D. Sherman, PhD, MA¹
and Matthew Lee Smith, PhD, MPH, CHES^{2,3,4}

Abstract

The purpose of this study is to investigate African American (AA) fathers' involvement in promoting healthful decisions related to obesity and the issues that are potentially influencing dietary patterns among their children and within their households. This exploratory study gathered data via semistructured focus groups ($n = 3$), which were thematically analyzed utilizing a grounded theory approach. Participants included AA fathers ($n = 20$) with a mean age of 37 years (± 11.79), all of which had one or more children between the ages of 6 and 18 years. Three significant subthemes emerged from the focus group sessions, which included fathers' perspectives about: (a) teaching by example; (b) eating healthy is expensive; and (c) cooking and eating at home. Understanding AA fathers' perceived and desired role in their children's health edification can inform initiatives that actively engage these men, and nurture their level of involvement, to promote positive health behaviors among their children. Such efforts are necessary for AA fathers to realize their potential to effectively serve as change agents and actively improve the health of their children, families, and communities.

Keywords

African American, fathers, obesity, nutrition, diet, health promotion

Received October 11, 2018; revised March 3, 2019; accepted March 8, 2019

Children's healthy dietary habits diminish their risk of becoming obese (Cullen et al., 2004) and developing chronic illnesses such as type II diabetes, cardiovascular disease, and cerebrovascular disease. Recent trends indicate that children consume less than the suggested daily servings of fruits and vegetables and more sweetened beverages than recommended (Draxten, Fulkerson, Friend, Flattum, & Schow, 2014; Harris & Ramsey, 2015). Behaviors associated with diet are established early in life and model consumption patterns of their family members (Bronson, 2000). Given the limited purchasing power of children, parents play an important role in governing key dietary factors (e.g., behavioral modeling, food availability), which have been associated with children's food consumption (Pearson, Biddle, Gorely, 2009; Wang et al., 2013; Webber & Loescher, 2013). While parents report wanting their children to consume nourishing foods and beverages (Sherry et al., 2004), more information is needed to better understand their perspectives of their role in their children's food consumption and dietary behaviors.

Mothers have chiefly been the center of research on child-feeding practices (Campbell et al., 2010; Spruijt-Metz, Lindquist, Birch, Fisher, & Goran, 2002), with maternal effects being exclusively assessed or used as a proxy for both parents. However, such research has rarely focused on fathers or their ability to impact the health behaviors of their children. The role of a father is to meet (independently or in tandem with his partner)

¹Department of Health and Kinesiology, Texas A&M University, College Station, TX, USA

²Center for Population Health and Aging, Texas A&M University, College Station, TX, USA

³Department of Environmental and Occupational Health, School of Public Health, Texas A&M University, College Station, TX, USA

⁴Department of Health Promotion and Behavior, College of Public Health, The University of Georgia, Athens, GA, USA

Corresponding Author:

Ledric D. Sherman, PhD, MA, Assistant Professor, Health Division, Department of Health and Kinesiology, Texas A&M University, 4243 TAMU, College Station, TX 77843, USA.
Email: lsherman@tamu.edu



the economic, emotional, educational, and other developmental needs of his children (Sriram & Navalkar, 2012).

Fathers who spend more time with their children show increased engagement in child rearing and patterns of co-parenting, whereby both parents have overlapping or shared responsibilities for rearing children (Feinberg, 2003). In response, family research has moved away from a deficit model that highlights the absence of fathers' actions to a generative model that highlights fathers' contributions (Doherty, Kouneski, & Erickson, 1998). The ensuing research overwhelmingly supports positive effects of fathers' active and regular engagement on children's social, behavioral, psychological, and cognitive outcomes (Khandur et al., 2016; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). In short, fathers can influence the health and behaviors of their children.

Specific to nutrition and diet, weight gain among fathers was positively associated with weight gain among their children (Snethen et al., 2008), which indicates fathers have a strong influence on eating behaviors within the household (Fraser et al., 2011; Paes, Ong, & Lakshman, 2015). Relative to fathers of other ethnicities, African American (AA) fathers often exhibit different food parenting practices (Khandpur, Charles, Blaine, Blake, & Davison, 2016) and have different perspectives about their child's weight (e.g., not seeing their child as overweight when they in fact are; Baughcum, Chamberlin, Deeks, Powers, & Whitaker, 2000; Jain et al., 2001). AA fathers' feeding styles are rarely studied and relatively few studies have examined the impact of paternal feeding practices on child obesogenic behaviors or child weight status. A review by Khandpur and colleagues on paternal feeding practices concluded that AA fathers commonly use pressuring feeding practices and were not as likely to monitor their child's intake compared to AA mothers (Khandpur, Blaine, Fisher, & Davison, 2014). Furthermore, a study comparing feeding practices used by AA mothers and AA fathers found that fathers were significantly less likely to use neutral prompts, reasoning, and praise with their kindergarten children compared to mothers (Orrell-Valente et al., 2007). While studies have demonstrated strong links between AA maternal dietary practices and children's consumption, most studies including fathers have primarily contained European American or European males (Duncanson, Burrows, Holman, & Collins, 2013; Lazzeri, Pammolli, Pilato, & Giacchi, 2011; Vanhala, Laitinen, Kaikkonen, Keinänen Kiukaanniemi, & Korpelainen, 2011). While AA fathers have expressed higher commitment levels for caregiving activities relative to Latino and Caucasian fathers (Leavall et al., 2012), there are limited published studies investigating the relationship between AA fathers parenting practices and their children's dietary behaviors.

Given the dearth of available information about the AA father subgroup, this purpose of this exploratory qualitative study is to investigate AA fathers' perceived role in promoting healthful decisions related to dietary patterns among their children. This study is a more narrowed examination of a larger thematic analysis (Odum, Smith, & McKyer, 2014). It extends beyond what is already known among non-AA fathers, in that it specifically focuses on this understudied group of fathers and attempts to better understand their perceptions about nutrition. This investigation is particularly important because AA fathers face unique cultural and contextual factors that can influence their health behaviors and health-related interactions with their children (Garfield & Isacco, 2012; Smith, Ory et al., 2015). More specifically, these unique issues include whether they reside with their children and/or partner, their relationship status with the child's mother, their employment status and whether they make financial contributions to the family, and their perceived self-efficacy to take action (Garfield & Isacco, 2012).

Methods

Research Design and Procedures

Details about the methodology used for this study are presented elsewhere (Odum et al., 2014). As part of a larger initiative, focus groups were conducted with AA fathers to explore the concepts related to fathers' perspectives about nutrition and their role in childhood obesity prevention. Twenty AA fathers of children participated in three focus groups, which were conducted in a rural Southwestern location. Focus group size ranged between four and eight participants. Purposive sampling with snowballing recruitment for additional participants was used to recruit AA fathers residing in a rural community located in east-central Texas. To be included in the study, participants were required to be English-speaking, an AA father, over the age of 18 years, and have a child between the ages of 6 and 18 years.

Traditional recruitment approaches (e.g., flyers, direct approach) were utilized to recruit participants from local establishments (e.g., churches, barber shops, grocery stores). Participants were provided a \$25 gift card and a meal as incentives for participating in a focus group. Because recruitment was initially difficult, an additional \$10 gift card was provided to participants who referred another father to join the study. A total of 14 fathers were initially recruited. An additional six fathers were referred using this "snowball" method. These recruitment methods are considered common practice in the United States to engage participants, especially within subpopulations that are hard-to-reach.

Table 1. Select Questions From Semistructured Interview Guide.

1	What health topics do you talk about with your child?
2	Give me an example of a health discussion that took place between you and your child.
3	Do you think your child has learned any health behaviors from watching you?
4	What are some of the barriers that make it difficult to talk to your child about health topics?
5	Who do you think should be responsible for talking with your child about health topics?
6	What health topics do you think fathers should discuss with their children?
7	What health topics do you think mothers should discuss with their children?
8	Who do you think influences your child in terms of their health behaviors?
9	Is there any topic that you anticipate talking with your child about, but have not yet brought up?
10	What are topics that you discuss with your daughter, but not your son?
11	What are topics that you discuss with your son, but not your daughter?
12	Do you think that your son or daughter listens to you more than the other (i.e., do you think you have more of an impact on your daughter? Son?)

A series of semistructured, open-ended focus group items were developed to ascertain information necessary to address four research questions: (a) How do fathers perceive their role as health liaisons for their children? (b) Who do fathers believe should be responsible for influencing their children's health behaviors? (c) What health topics do fathers believe to be important for their children? and (d) What perceived barriers hinder fathers' role as health liaisons for their children? (Odum et al., 2014). Items were developed by investigators using concepts identified within the literature about paternal influences on childhood obesity prevention, which were loosely framed within the Health Belief Model (Bruss et al., 2005) and Socioecological Model (Robinson, 2008). Items were drafted to align with the constructs of the Health Belief Model and encompass the principles of the Socioecological Model. Three experts in the field reviewed these items for face and content validity based on the research questions. Questions from the semistructured interview guides are presented in Table 1. All focus groups were conducted at a neighborhood recreation center. Written consent was obtained from all study participants prior to their engagement in focus groups. Each focus group lasted approximately 1 hr. All focus groups were facilitated by a moderator and a study investigator.

Investigators audio-taped all focus groups using a digital recording device to enable for accurate transcription of participant responses. The focus groups were transcribed verbatim and analyzed for thematic structure. An audit trail was maintained throughout the duration of the study. An audit trail is a collection of sources and documents used during data collection and analysis to establish/confirm the credibility (i.e., internal validity), trustworthiness, and rigor of the study (Creswell & Miller, 2000). Instrument development processes, raw data, analysis procedures and coding, and process notes were maintained as part of the audit trail and reviewed by an

independent content expert. All protocols and materials for this study were approved by the Institutional Review Board at Texas A&M University (protocol #2007-0754).

Data Analysis

A detailed description about qualitative data analyses are provided elsewhere (Odum et al., 2014). Coding and theme development were conducted via ATLAS.ti (version 5.2) (Scientific Software, 2007). Data analyzed using Strauss and Corbin's grounded theory approach (Strauss & Corbin, 2008). First, data were coded line-by-line, and potential relationships between codes were examined and initial themes were developed. Two independent reviewers participated in this process. After, a second round of coding was conducted, using the initial themes as a guide, which confirmed the presence of four major themes (Odum et al., 2014). Two independent reviewers also participated in this process. In cases where agreement was not achieved, a third reviewer was introduced to reconcile. The four themes were further explicated to define their ranges and content by reviewing the quotes comprising each theme, resulting in the sub-themes. Using a reflexive approach, discussions between the investigators and data analysts were held to rank the salience of subthemes that emerged from the codes and their relevance to the study's intent.

As described in the coded theme analysis by Odum et al. (2014), fathers reported diet ($n = 57$ codes) as the most relevant/important health topic for their children. Based on the participants' perceived importance of this issue, an in-depth investigation of this topic was pursued. The current study isolated all diet-related statements across the four themes and coded them line-by-line. Relationships between codes and were examined and three diet/nutrition-specific subthemes were created: (a) teaching by being an example; (b) eating healthy is expensive; and (c) cooking and eating at home. Next,

Table 2. Participant Demographics ($n = 20$).

	<i>n</i> (%)
Age ^a (in years)	37 (± 11.8)
Employment status	
Employed full-time or part-time	13 (65%)
Not-employed	7 (35%)
Marital status	
Married	11 (55%)
Single	6 (30%)
Divorced	3 (15%)
Education	
Less than high school	5 (25%)
High school graduate	6 (30%)
Some college	5 (25%)
College graduate	4 (20%)
Residency status	
Child living in home full-time	11 (55%)
Child living in home part-time	4 (20%)
Child does not live in home	5 (25%)

Note. ^aMean and standard deviation reported.

these three subthemes are further explicated by defining their scope and providing relevant participant quotes.

Results

Table 2 reports the characteristics of the 20 AA fathers who participated in the focus groups. The average age of participants was 37 years. The majority of participants self-reported as being employed (65%), married (55%), and having a high school education or higher (75%). Further, 55% of fathers reported their child lived in their home full-time, and 20% reported their child lived in their home part-time.

Three significant subthemes emerged from the focus group sessions. Identified subthemes included fathers' insights about: (a) teaching by being an example; (b) expensive to eat healthy; and (c) cooking and eating at home. Further explanation about each subtheme is provided below.

Teaching by Being an Example (Subtheme A)

The AA fathers in this study believed they should talk to their children, as well as take the necessary actions to serve as a model for healthy eating behavior. Fathers' perspectives included a mix of active engagement and passive modeling, both of which were described when defining their role. These fathers believed their roles were to limit the consumption of unhealthy foods (e.g., candy and other related sweet foods, sugary soft drinks), provide as balanced of a diet as possible in their homes, and

promote appropriate oral and body hygiene. A few rationales that speak to their conscientious outlooks were:

That's why we, as fathers, we've got to kind of stress, push it so, so they won't get to that level. I'm a diabetic because I didn't do right, so I want to see them do right so I've got to work on, you know, work on them.

So I think, as fathers, today, with all that comes at our children, we're gonna have to armor up and realize that all of our children, health issues, the way I'm looking at it I'm speaking for myself that it's imperative that we try to be as involved in it as much as possible.

If you let kids eat candy, they gonna eat candy as much as they can. But you know you have kinda limit them and not just candy but other junk in general while growing up, teaching them right and wrong so, I know it may look like we're talking with our kids, but I think in a sense it all leads up to, to, you know, being healthy.

Limited time and a fast-paced lifestyle were identified as contributing to unhealthy food consumption. As seen in the below example, one participant suggested that he and his wife's demanding work schedules have hindered their family from eating as healthy as they should:

I try to talk to my kids about eating vegetables and having a more balanced diet, but the way it is with me and my wife working, it's hard to do that so we eat a lot of fast food places a lot of times. So I try to get them to at least sit down and eat a decent meal, and cook a decent meal. I really try to talk to them about sitting down and stop running so much and then try to eat a balanced, a more balanced diet.

Additionally, among this subtheme, participants shared comments that stressed the need to balance maintaining a healthy weight and becoming overweight, which included the avoidance of sugary foods and drinks and hinted at incorporating exercise for a healthy lifestyle:

I'm for people having meat on their bones, but at the same time, you got to stay away from becoming overweight.

We stress um, eating proper and we try to uh, cut back on the sweets, we think that going to the dentist, you know cavities, so we try to cut back on the sweets, the sodas, which is kinda hard, especially in this day and this day and time. And I love Dr. Pepper so it's kinda hard to keep the sodas out of the house, but that's what we stress. Exercise and eat, eat, try to eat properly.

As another example of passive modeling, participants commented about how children can pick up on their parents' habits by observing what they eat and drink over time. A participant stated:

Whatever you do, your kids pick up on and it will be passed down. My attitude towards has been, if I eat what I wanna eat, my son would pick up. My wife says I'm cutting you off steak. She says no more red meat and they hear me say I work every day and if I want steak, I'm gonna have steak! And they pick that up. My son's wife says that he tries to be too much like me. But yeah, your kids, everything you do they watch you and it affects them more than what you think.

Eating Healthy Is Expensive (Subtheme B)

During the focus groups, participating fathers remarked about financial costs as a barrier to purchasing and eating healthier food options for them and their families. Participants believed that some parents don't have enough money to buy fresh foods and must purchase cheaper, less healthy options. Participants felt that buying fresh (like fruit and other produce) and nonprocessed foods is not affordable for some families. Participants recognized that inexpensive foods (like those purchased at fast food establishments) were less healthy, but were compelled to buy them because of finances. Concern was also expressed about the length of time that fresh foods remain edible, indicating that having to throw away rotten/expired foods is not economical. Therefore, some families, especially those with a limited income, are forced to purchase unhealthily prepared and processed items. Examples regarding this matter included:

Their parents don't have the funds, they get it where they buy the things that last longer and that's not gonna be your fresh and healthy stuff.

I noticed eating healthy, it costs money, it's kinda expensive, because you know, fresh, fresh, fresh, fresh, rather than frozen and pasteurized and so I think that maybe like with the kids, not say you know our kids, but kids in a community that don't really have, their parents don't have the funds, they get it where they buy the things that last longer and that's not gonna be your fresh and healthy stuff.

I think the media has an effect on all of us related to food and eating habits, you know, because it's so cheap to eat unhealthy. Uh, for example, and I'm guilty of this too, you can go to McDonalds and get 2 cheeseburgers and feed your whole family for about 8 dollars, whereas you go to Subway or somewhere and eat healthy, and it's expensive.

Cooking and Eating at Home (Subtheme C)

Among the comments provided, participants mentioned that cooking and eating meals at home was something they have encouraged in their household to avoid regular fast food consumption and unhealthy weight gain among the family. This recognition shows the value placed on

cooking and the nutritional benefits of avoiding fast food. However, fathers often used words like "try" when talking about cooking at home, which indicates the existence of barriers to making this a routine behavior. Examples regarding this subtheme included:

Cause I'm like I tell my wife, we need, to cook more, eat at home more, you know, instead of all this fast food.

A lot about fast foods, they're putting weight on and everything so you try to talk to them about that and try to cook at home a lot more.

Discussion

This study examined the perceived role of AA fathers to promote healthful behaviors to promote good nutrition and prevent obesity among their children. Overall, these study findings indicate AA fathers perceive their role to be two-fold, both passive and active. As described by the participants, the nutrition-related behaviors adopted by their children may be a result of passive modeling, which is what children observe of their fathers and parents. Alternatively, the nutrition-related behaviors adopted by their children may be a result of active engagement and communication about diet and food consumption. These concepts were embedded within the three subthemes that emerged from this qualitative inquiry: (a) teaching by being an example; (b) eating healthy is expensive; and (c) cooking and eating at home.

Findings suggest participants felt strongly that changes were needed within their homes to improve the overall health and dietary patterns of their families. While these fathers indicated they attempt to make these changes by deterring certain foods such as fast food and sugar-sweetened beverages, they also reported barriers associated with the costs of healthy eating and cooking home meals. These findings are supported, in part, by previous studies that identified similar challenges to healthy eating among parents and young adults (e.g., demanding work schedules and the cost of eating healthy; Escoto, Laska, Larson, Neumark-Sztainer, & Hannan, 2012; Devine et al., 2009). However, limited studies have examined barriers to healthy eating specifically among children of AA fathers (McGee, Richardson, Johnson, & Johnson, 2014).

Subtheme A: Teaching by Being an Example

In recent decades, America has become a "grab-and-go" society, which is marked by a dramatic increase in the purchases of convenient, less wholesome foods (Guthrie et al., 2002; Neilson et al., 2002). Consuming unhealthy foods adversely affects the nutritional quality of the

family diet and makes it difficult for children to meet current dietary recommendations and maintain a healthy weight (Ayala et al., 2008; Cullen et al., 2004; Thompson et al., 2004). In the current study, fathers perceived their role to be both active and passive in the home to encourage more home-cooked meals and healthy food choices. While fathers indicate the need to talk with their children about changing their unhealthful food and beverage consumption patterns, they may also require additional tools and resources that help them start the conversation. Additionally, because fathers indicated their role was to lead by example, additional efforts are needed to help fathers initiate dietary changes that can be observed by their children.

Subtheme B: Eating Healthy Is Expensive

The economic cost and strain of eating healthy is an issue that has gained prominence as an important healthy equity concern. For some families, the cost of food presents a critical financial challenge (Ayala et al., 2008). This challenge may be because families with children must spend substantial funds on other living expenses such as transportation costs, school supplies, clothing expenses, entertainment costs, and other financial debt or obligations (McDermott & Stephens, 2010). Due to financial barriers that some families regularly face, fast food diets are more economically convenient than whole food healthy diets (Powell, Chaloupka, & Bao, 2007). In the current study, fathers indicated their desire to bring healthy foods into the home, but barriers associated with perceived cost and shelf life (i.e., the length of time fresh foods remain edible) were expressed. Efforts are needed to make healthier food options affordable and accessible to families of all income levels regardless of whether they live in a rural or urban community. More specifically, to overcome financial barriers, we recommend a more frugal approach to household budgeting and interventions focusing on less expensive, healthier food selection and preparation. For example, serving raw fruits and vegetables may reduce preparation time as well as the cost of healthier diets (Carlson, Lino, Juan, Hanson, & Basiotis, 2007; Fulkerson et al., 2011; Monsivais, Aggarwal, & Drewnowski, 2014; Rose, 2007). However, many fathers may require practical and realistic tips for “financial fitness,” which can help them “stretch their dollar” while introducing healthy foods to their children and households (Tang, 2017). While interventions are needed, existing resources are available to assist fathers with money management and finance organization (e.g., online budgeting tools such as Mint.com, PersonalCapital.com, and LearnVest.com).

Subtheme C: Cooking and Eating at Home

It is common that families dine out or bring home “take-out” from restaurants frequently, which reduces the amount of meals they prepare in-home (Lachat et al., 2012; Reicks, Trofholz, Stang, & Laska, 2014). Previous research indicates that spending time on food preparation at home might be essential to healthier dietary habits (Simmons & Chapman, 2012). However, from the current study, barriers to in-home cooking were alluded to by participants. As such, interventions are needed to purposefully help fathers with meal planning and preparation, which encompasses having a diverse menu or range of food options for their children each week. Existing resources are available to fathers to assist them with meal planning and food preparation (e.g., websites such as healthyeating.org and fitfatherproject.com).

Consistent with all subthemes that emerged from this study, the launch of President Barack Obama's President's Fatherhood Pledge (The White House, 2012) promotes fatherhood as a personal responsibility and defines fathers' vital role within their families and communities. Based on the belief that fathers can make profound difference in the lives of their children, this initiative provides resources to assist fathers to: (a) change the lifestyle behaviors of the fathers; (b) provide financial fitness for healthy cooking; and (c) teach nutrition basics, cooking techniques, and recipes for healthy and quick meal preparation.

Findings from this study indicate that efforts are needed to engage fathers in interventions that address barriers to healthful eating behaviors, which can promote AA fathers as role models for their children. To reach fathers, previous research supports that the intervention setting can be important for intervention recruitment and retention (e.g., workplace, clinical settings, and faith-based organizations; Smith, Tandon et al., 2015, 2018). Online resources are also inexpensive and readily available, although internet-based information exchanges require the father to actively seek out information (and know what information is credible). While men should be a primary target of such interventions, the entire household (e.g., partners, children) should be engaged in programs to promote support for healthy behaviors and healthier home environments. To maximize effectiveness for AA fathers, interventions must be appropriately tailored to include and adhere to cultural and societal norms (Smith, Tandon et al., 2015). While changing the fathers' behavior may influence household dietary patterns, another key component of such interventions should surround communication and strategies for starting father-child discussions about health topics (Caldwell et al., 2004; Garfield & Isacco, 2012; Hecht et al., 2003).

Limitations

This study is not without limitations. First, as with any qualitative study, findings may not represent the larger AA father population. AA fathers were recruited from one county in Central Texas; therefore, regional differences may not have been represented in this study (especially meaningful when considering the obesity rates, nutrition dietary matters, and family culture in Southern states relative to Northern states, for example). Further, the inclusion criteria indicated that participants must have been AA. While the sample represented a mix of cultures within this heterogeneous group, this classification did not allow for differences to be explored based on subgroups of AA men (e.g., first generation vs. natives, nationally-born natives vs. international immigrants, men from the Caribbean vs. African countries). Therefore, findings may not be widely generalized beyond this study sample. Another possible shortcoming of the current study is that no specific questions that asked fathers to report their perspectives about their child's eating patterns. Such perspectives about their children's nutritional behaviors may have influenced fathers' perceived role in terms of diet and obesity prevention. Additionally, data saturation was not assessed to determine how many focus groups were needed. While the three focus groups provided rich and robust information about AA fathers' perspectives, additional focus groups may have been necessary to fully capture the scope of such perspectives. There were no efforts to identify the effect of the focus group format on the conversations and shared content between participants. While group and individual qualitative data collection strategies have merits and shortcomings (in terms of responses received), the researchers selected focus groups because of the exploratory nature of the study's research questions and desire to create broad overviews about issues for societal/cultural subgroups (Smith, Sosa, Tisone, & McKyer, 2011). Additional efforts are needed to engage more AA fathers in similar studies from geographically diverse regions and stratified by counties of origins and other culturally-appropriate characteristics.

Conclusion

Limited information is available about AA fathers' influence on their children's dietary behaviors. Study findings indicate that fathers would like to have a stronger role in the health of their children, but may require interventions that can bolster their passive and active influence. It is paramount that health-care professionals encourage and support AA fathers to endorse and promote healthy meal-time habits and nutrition with their children. Findings

suggest the need for culturally-appropriate nutrition education, financial fitness, and meal preparation interventions for this population.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Center for Community Health Development at Texas A&M University, which is a member of the Prevention Research Centers Program (cooperative agreement number 5U48 DP000045) from the Centers for Disease Control and Prevention (CDC). The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the CDC or any other health agency.

References

- Ayala, G. X., Rogers, M., Arredondo, E. M., Campbell, N. R., Baquero, B., Duerksen, S. C., & Elder, J. P. (2008). Away-from-home food intake and risk for obesity: Examining the influence of context. *Obesity, 16*(5), 1002–1008.
- Baughcum, A. E., Chamberlin, L. A., Deeks, C. M., Powers, S. W., & Whitaker, R. C. (2000). Maternal perceptions of overweight preschool children. *Pediatrics, 106*(6), 1380–1386.
- Bronson, M. B. (2000). *Self-regulation in early childhood: Nature and nurture*. New York, NY: The Guilford Press.
- Bruss, M. B., Morris, J. R., Dannison, L. L., Orbe, M. P., Quitugua, J. A., & Palacios, R. T. (2005). Food, culture, and family: Exploring the coordinated management of meaning regarding childhood obesity. *Health Communication, 18*(2), 155–175.
- Caldwell, C. H., Wright, J. C., Zimmerman, M. A., Walsemann, K. M., Williams, D., & Isichei, P. A. (2004). Enhancing adolescent health behaviors through strengthening non-resident father-son relationships: A model for intervention with African-American families. *Health Education Research, 19*(6), 644–656.
- Campbell, K., Andrianopoulos, N., Hesketh, K., Ball, K., Crawford, D., Brennan, L., ... Timperio, A. (2010). Parental use of restrictive feeding practices and child BMI z-score. A 3-year prospective cohort study. *Appetite, 55*(1), 84–88.
- Carlson, A., Lino, M., Juan, W. Y., Hanson, K., & Basiotis, P. P. (2007). *Thrifty food plan, 2006*, (CNPP Reports 42899). United States Department of Agriculture, Center for Nutrition Policy and Promotion.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice, 39*(3), 124–130.
- Cullen, K. W., Baranowski, T., Klesges, L. M., Watson, K., Sherwood, N. E., Story, M., ... Pratt, C. (2004). Anthropometric, parental, and psychosocial correlates of

- dietary intake of African-American girls. *Obesity Research*, 12(S9), 20S–31S.
- Devine, C. M., Farrell, T. J., Blake, C. E., Jastran, M., Wethington, E., & Bisogni, C. A. (2009). Work conditions and the food choice coping strategies of employed parents. *Journal of Nutrition Education and Behavior*, 41(5), 365–370.
- Doherty, W. J., Kouneski, E. F., & Erickson, M. F. (1998). Responsible fathering: An overview and conceptual framework. *Journal of Marriage and the Family*, 60(2), 277–292.
- Draxten, M., Fulkerson, J. A., Friend, S., Flattum, C. F., & Schow, R. (2014). Parental role modeling of fruits and vegetables at meals and snacks is associated with children's adequate consumption. *Appetite*, 78, 1–7.
- Duncanson, K., Burrows, T., Holman, B., & Collins, C. (2013). Parents' perceptions of child feeding: A qualitative study based on the theory of planned behavior. *Journal of Developmental & Behavioral Pediatrics*, 34(4), 227–236.
- Escoto, K. H., Laska, M. N., Larson, N., Neumark-Sztainer, D., & Hannan, P. J. (2012). Work hours and perceived time barriers to healthful eating among young adults. *American Journal of Health Behavior*, 36(6), 786–796.
- Feinberg, M. E. (2003). The internal structure and ecological context of coparenting. A framework for research and intervention. *Parenting: Science and Practice*, 3(2), 95–131.
- Fraser, J., Skouteris, H., McCabe, M., Ricciardelli, L. A., Milgrom, J., & Baur, L. A. (2011). Paternal influences on children's weight gain: A systematic review. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*, 9(3), 252–267.
- Fulkerson, J. A., Kubik, M. Y., Rydell, S., Boutelle, K. N., Garwick, A., Story, M., ... Dudovitz, B. (2011). Focus groups with working parents of school-aged children: What's needed to improve family meals? *Journal of Nutrition Education and Behavior*, 43(3), 189–193.
- Garfield, C. F., & Isacco, III, A. J. (2012). Urban fathers' involvement in their child's health and healthcare. *Psychology of Men & Masculinity*, 13(1), 32–48.
- Harris, T. S., & Ramsey, M. (2015). Paternal modeling, household availability, and paternal intake as predictors of fruit, vegetable, and sweetened beverage consumption among African American children. *Appetite*, 85, 171–177.
- Jain, A., Sherman, S. N., Chamberlin, D. L. A., Carter, Y., Powers, S. W., & Whitaker, R. C. (2001). Why don't low-income mothers worry about their preschoolers being overweight? *Pediatrics*, 107(5), 1138–1146.
- Khandpur, N., Blaine, R. E., Fisher, J. O., & Davison, K. K. (2014). Fathers' child feeding practices: A review of the evidence. *Appetite*, 78, 110–121.
- Khandpur, N., Charles, J., Blaine, R. E., Blake, C., & Davison, K. (2016). Diversity in fathers' food parenting practices: A qualitative exploration within a heterogeneous sample. *Appetite*, 101, 134–145.
- Lachat, C., Nago, E., Verstraeten, R., Roberfroid, D., Van Camp, J., & Kolsteren, P. (2012). Eating out of home and its association with dietary intake: A systematic review of the evidence. *Obesity Reviews*, 13(4), 329–346.
- Lazzeri, G., Pammolli, A., Pilato, V., & Giacchi, M. V. (2011). Relationship between 8/9-yr-old school children BMI, parents' BMI and educational level: A cross sectional survey. *Nutrition Journal*, 10(1), 76.
- McDermott, A. J., & Stephens, M. B. (2010). Cost of eating: Whole foods versus convenience foods in a low-income model. *Family Medicine*, 42(4), 280–284.
- McGee, B. B., Richardson, V., Johnson, G. S., & Johnson, C. (2014). Qualitative study among African American parents to inform an intervention to promote adoption of the dietary guidelines for Americans food and physical activity recommendations. *Food and Nutrition Sciences*, 5(9), 835–849.
- Monsivais, P., Aggarwal, A., & Drewnowski, A. (2014). Time spent on home food preparation and indicators of healthy eating. *American Journal of Preventive Medicine*, 47(6), 796–802.
- Odum, M., Smith, M. L., & McKyer, E. L. J. (2014). African-American fathers' perspectives on their children's health education: A qualitative, exploratory study. *Frontiers in Public Health*, 2, 276.
- Orrell-Valente, J. K., Hill, L. G., Brechwald, W. A., Dodge, K. A., Pettit, G. S., & Bates, J. E. (2007). "Just three more bites": An observational analysis of parents' socialization of children's eating at mealtime. *Appetite*, 48(1), 37–45.
- Paes, V. M., Ong, K. K., & Lakshman, R. (2015). Factors influencing obesogenic dietary intake in young children (0–6 years): Systematic review of qualitative evidence. *BMJ Open*, 5(9), e007396.
- Pearson, N., Biddle, S. J. H., & Gorely, T. (2009). Family correlates of fruit and vegetable consumption in children and adolescents: A systematic review. *Public Health Nutrition (Wallingford)*, 12(2), 267.
- Powell, L. M., Chaloupka, F. J., & Bao, Y. (2007). The availability of fast-food and full-service restaurants in the United States. *American Journal of Preventive Medicine*, 33(4), S240–S245.
- Reicks, M., Trofholz, A. C., Stang, J. S., & Laska, M. N. (2014). Impact of cooking and home food preparation interventions among adults: Outcomes and implications for future programs. *Journal of Nutrition Education and Behavior*, 46(4), 259–276.
- Robinson, T. (2008). Applying the socio-ecological model to improving fruit and vegetable intake among low-income African Americans. *Journal of Community Health*, 33(6), 395–406.
- Rose, D. (2007). Food stamps, the thrifty food plan, and meal preparation: The importance of the time dimension for US nutrition policy. *Journal of Nutrition Education and Behavior*, 39(4), 226–232.
- Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes. A systematic review of longitudinal studies. *Acta Paediatrica*, 97(2), 153–158.
- Scientific Software. (2007). *ATLAS.ti (version 5.2). The Knowledge Workbench*. Thousand Oaks, CA: SAGE Publications.
- Sherry, B., McDivitt, J., Birch, L. L., Cook, F. H., Sanders, S., Prish, J. L., ... Scanlon, K. S. (2004). Attitudes, practices, and concerns about child feeding and child weight status among socioeconomically diverse white, Hispanic, and African-American mothers. *Journal of the American Dietetic Association*, 104(2), 215–221.

- Simmons, D., & Chapman, G. E. (2012). The significance of home cooking within families. *British Food Journal*, 114(8), 1184–1195.
- Smith, M. L., Bergeron, C. D., Ahn, S., Towne, S. D., Mingo, C. A., Robinson, K. T., ... Ory, M. G. (2018). Engaging the underrepresented sex: Male participation in Chronic Disease Self-Management Education (CDSME) programs. *American Journal of Men's Health*, 12(4), 935–943.
- Smith, M. L., Ory, M. G., Ahn, S., Belza, B., Mingo, C. A., Towne, S. D., & Altpeter, M. (2015). Reaching diverse participants utilizing a diverse delivery infrastructure: A replication study. *Frontiers in Public Health*, 3, 77.
- Smith, T. K., Tandon, S. D., Bair-Merritt, M. H., & Hanson, J. L. (2015). Parenting needs of urban, African American fathers. *American Journal of Men's Health*, 9(4), 317–331.
- Smith, M. L., Sosa, E. T., Tisone, C. A., & McKyer, E. L. J. (2011). Quality enhancement groups: A qualitative research method for survey instrument development. *Journal of Health Behavior and Public Health*, 1(1), 15–22.
- Snethen, J. A., Broome, M. E., Kelber, S., Leicht, S., Joachim, J., & Goretzke, M. (2008). Dietary and physical activity patterns: Examining fathers perspectives. *Journal for Specialists in Pediatric Nursing*, 13(3), 201–211.
- Spruijt-Metz, D., Lindquist, C. H., Birch, L. L., Fisher, J. O., & Goran, M. I. (2002). Relation between mothers' child-feeding practices and children's adiposity. *American Journal of Clinical Nutrition*, 75(3), 581–586.
- Sriram, R., & Navalkar, P. G. (2012). Who is an 'Ideal' father? Father, mother and children's views. *Psychology and Developing Societies*, 24(2), 205–237.
- Strauss, A., & Corbin, J. (2008). *Basics of qualitative research* (2nd ed.). Thousand Oaks, CA: SAGE Publications.
- Tang, N. (2017). Like father like son: How does parents' financial behavior affect their children's financial behavior? *Journal of Consumer Affairs*, 51(2), 284–311.
- The White House. (2012, August 21). *Promoting responsible fatherhood*. Retrieved from: http://www.internationaler-vaertag.de/images/reden/Barack_Obama_fatherhood_report_6.13.12_final.pdf
- Thompson, O. M., Ballew, C., Resnicow, K., Must, A., Bandini, L. G., Cyr, H., & Dietz, W. H. (2004). Food purchased away from home as a predictor of change in BMI z-score among girls. *International Journal of Obesity*, 28(2), 282–289.
- Vanhala, M. L., Laitinen, J., Kaikkonen, K., Keinänen Kiukaanniemi, S., & Korpelainen, R. (2011). Parental predictors of fruit and vegetable consumption in treatment-seeking overweight children. *Journal of Human Nutrition and Dietetics*, 24(1), 47–53.
- Wang, L., Dalton, W. T., Schetzina, K. E., Fulton-Robinson, H., Holt, N., Ho, A.-L., ... Wu, T. (2013). Home food environment, dietary intake, and weight among overweight and obese children in Southern Appalachia. *Southern Medical Journal*, 106(10), 550–557.
- Webber, K. J., & Loescher, L. J. (2013). A systematic review of parent role modeling of healthy eating and physical activity for their young African American children. *Journal for Specialists in Pediatric Nursing*, 18(3), 173–188.