

Raising Healthy Females:  
Parental perceptions of roles and responsibilities

by  
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## **AUTHORS DECLARATION**

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions as accepted by my examiners.

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## Abstract

Within North America, more children are being classified as overweight and obese than ever before. Despite this alarming finding, limited research has been conducted on parents' views of their children's health in addition to their role in providing their children with a healthy lifestyle. The purpose of this qualitative investigation was to explore parents' perceptions of their daughters' healthy lifestyle, including their perceptions of their roles and responsibilities as parents. Participants were recruited from three *Girl Guides of Canada Brownie* Units in South-Western Ontario. Ten semi-structured, audio-taped interviews were conducted. All of the parents who volunteered to participate were middle class, well-educated, heterosexual, married and/ or common-law and had two to three children. Among those who were interviewed, one married couple took part together, and the remaining eight mothers and one father took part in individual interviews. Many of the participants had experienced problems with maintaining a healthy weight themselves and/or healthy lifestyle in the past. A phenomenological approach was taken by following Hychner's (1985) steps, including; bracketing my assumptions, listening for a sense of the 'whole', delineating units of general meaning, eliminating redundancies and outlining themes that captured the essence of lives experience for parents. Similar to Mannell and Kleiber's (1997) findings, participants in this study played an influential role in helping their children develop healthy behaviours that would carry on throughout their lives. All of the mothers and fathers interviewed were involved parents and were very committed to instilling healthy behaviors in their daughters. In line with Hays (1996) and Warner (2005), mothers in this study adopted 'intensive mothering roles' and fathers' behaviors reflected 'involved parenting' roles. Participants in this study deemed physical, mental and psychological health as important factors which contribute to a healthy lifestyle, but focused most of their discussions on their roles

and responsibilities in their daughters' physical health. A strong emphasis on their daughters' weight management was conveyed throughout interviews, as many participants, especially mothers, were concerned with their daughter's perception of body image and self-esteem. As they embraced their parental duties, they acted as role models to their children and spent time during family leisure activities and family meals teaching their daughters about the importance of physical activity and nutrition. Similar to Shaw and Dawson's (2001) study, family leisure was seen as purposive, with a strong focus placed on health. Parents in this study made their daughters' health a top priority by investing their time and finances for this goal, while remaining firm and consistent in encouraging healthy behaviours in their children. Despite the time and effort devoted to providing healthy lifestyles, many participants felt insecure and questioned whether or not they were doing enough. These characteristics displayed by participants were similar to Warner's (2005) concept of 'professionalization of parenthood'. This study has provided valuable insight to the fields of Recreation and Leisure Studies, Family Studies, and Obesity Prevention literature.

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## **Chapter 1.0: Introduction**

Over the past decade, the numbers of overweight and obese adults and children in North America have risen to an alarming rate (Canning, Courage & Frizzell, 2004; Tremblay, Katzmaryzk & Willms, 2002). According to Statistics Canada (2002), between 1998 and 1999, one third of Canadian children aged two to eleven were overweight, and half of these were obese. Finding ways to help children and adolescents adopt healthier lifestyles is paramount, as poor diet and inactivity are becoming common trends among Canadian youth. Various researchers have linked the incidence of overweight and obese children to physical inactivity and high-caloric diets (Ebbeling, Backstrand & Rodriguez, 1999; Janz, Burns, Torner; Willing & Warren, 2002; Janz, Burns & Levy, 2005; Kanda, Watanabe & Kawaguchi, 1997) as well as to an increase in the use of technology and the fast-paced lifestyle that many people lead in today's North American society. As many researchers attempt to uncover the reasons why youth are either overweight or obese, we must remember that various factors need to be examined in order to understand why children are leading unhealthy lifestyles.

Looking specifically at age and sex, inactivity amongst youth appears to be gendered, since Statistics Canada (2002) found that Canadian girls aged seven to thirteen are less active than their male counterparts. Burke, Beilin and Dunbar (2001) found that when examining adolescents, only girls experienced a negative relationship between physical activity levels and Body Mass Index (BMI). The less activity girls participated in, the higher their BMI indexes were. Lobstein, Baur and Uauy (2004) reported that there is a steady increase in the number of overweight and obese children in both North America and Europe that also have various diseases, such as: heart disease, diabetes, cancer, gall bladder disease, osteoarthritis, and endocrine disorders. These diseases are linked to inactivity and poor eating habits.

It is also important to examine girls in this age group because within North America, traditional gender norms continue to be reinforced and perpetuated in families, schools and throughout the mass media. These gender norms mean that many girls between the ages of seven and thirteen face additional barriers to being active. Unlike adolescent girls, boys are often encouraged to participate in more sports-based activities. Therefore, understanding girls' leisure and physical activity patterns is particularly important because people who are less active are often considered to be at a higher risk for developing numerous cardiovascular diseases.

Through various government campaign strategies implemented in North America, there have been numerous attempts to reduce obesity rates and promote healthier lifestyles. Katzmarzyk, Gledhill and Shpehard (2000) reported that according to the *Physical Activity Monitor Survey* by the Canadian Fitness and Lifestyle Research Institute, sixty-two percent of Canadians aged eighteen or older were deemed inactive. Due to alarming findings like these, the government changed the way they viewed 'physical activity' by adopting the term '*Healthy Living*'. This was done to encourage Canadians to participate in health enhancing behaviours each day by "making positive choices about personal health practices such as healthy eating, not smoking, building a circle of social contacts, and staying physically active" (Public Health Agency of Canada, 2006, ¶1). Although the Canadian government is trying to raise awareness and reduce obesity rates for both adults and children alike through the *Healthy Living* initiative, it is particularly important to examine how adults influence children's overall health and well-being as lifestyle habits are established at an early age.

Parents play a vital role in providing their children with the knowledge and application of daily health enhancing regimes. Various sociologists, such as James, Mead, and Erickson (as cited in Turner, Beeghley & Powers, 2002) argue that parents are significant sources of

information for their children. Furthermore, these researchers assert that parents not only teach their children about society's norms, values, and belief systems, but they serve as key role models for them as well. While parents play an important role in shaping their children's overall health and well-being, few studies have explored parents' perceptions of healthy lifestyles for their children. Researchers contend that the two primary components that lead to a healthy lifestyle are nutrition and exercise (Ebbeling, Backstrand & Rodriguez, 1999; Janz, Burns, Torner, Willing & Warren, 2002; Janz, Burns & Levy, 2005; Kanda, Watanabe & Kawaguchi, 1997). Although there are many opportunities for parents to teach their children about the importance of nutrition and physical activity, there may also be barriers that stand in their way. Thus, it is important to understand parents' thoughts and experiences concerning their children's health habits, in addition to the barriers that they face and the obstacles that they have overcome.

Since there are few research studies that have incorporated parents' views on different health related issues, Bloomfeild et al. (2005) claim that parents' perceptions of major health care challenges for their children needs to be further investigated. With the main focus on quantitative surveys, there has been a call for more qualitative research in order to obtain a better understanding of children's overall health and activity levels (Hill & Trowbridge, 1998; Hill & Peters, 1998; Swinburn, Egger & Raza, 1999). Yet it is difficult to determine whether or not parents believe that having a *Healthy Lifestyle* for their children is an important issue at all due to the fact that little is actually known about parents' views on the state of their children's physical activity levels and nutritional daily intake. Furthermore, parents' views of the expectations placed on them, both by themselves and by society, on how to raise healthy children have not been uncovered, nor have the various ways in which parents take on this role. Therefore, although various tools such as self-help books have been created for parents on childhood

obesity (Behan, 2001) there are still many questions left unanswered about parents' roles and their perceptions of these roles in fostering healthy lifestyles for their children.

Within this study, I have sought to capture parents' perceptions, and parental roles associated with *Healthy Living* for their children in addition to the particular roles that parents undertake. Specifically, this study focuses on parents' perceptions of *Healthy Living* and the ways in which parents influence and facilitate physical activity and nutrition for their children. Using the framework of *Healthy Living*, I conducted interviews with parents who had daughters aged seven to nine who were enrolled in a Waterloo Girl Guides of Canada *Brownie* Unit. I chose to interview parents with girls in this age group because they are less active than boys during this time period. Through qualitative investigation, I strove to find the *essence of experience* as well as the struggles and accomplishments that parents faced when trying to raise healthy females.

## **Chapter 2.0: Literature Review**

### ***2.1 Children's Health: Obesity***

Throughout North America there is a growing need to understand the health of our children as girls and boys engage in less physical activity, consume more unhealthy foods, and wear larger sized clothing than ever before. Statistics Canada (2002) surveyed Canadian children aged two to eleven in 1998 and 1999 and found that one third were overweight, and half were obese. The number of overweight children was high, consisting of thirty-eight percent of boys and thirty-five percent of girls respectively. Moreover, nineteen percent of the boys and seventeen percent of the girls were considered to be obese. Among these children, those who came from low-income families were more likely to be overweight and obese than those from wealthier families.

Based on three nationally representative cross-sectional studies, including the 1981 Canadian Fitness Survey, the second wave of the 1996 National Longitudinal Survey of Children and Youth, and the 1996 National Population Health Survey, Tremblay et al. (2002) assessed the temporal changes in Body Mass Index (BMI) from 1981 to 1996. Using self reported BMI from both parental reports and self reports from children, Tremblay et al. found that the number of overweight and obese children and adults had increased dramatically in a little over a decade. Examining children from the time of birth up to the age of thirteen, these researchers found that in 1981 eleven percent of the boys were classified as overweight, whereas by 1996 there was a dramatic increase to thirty-three percent. Similar findings were seen for girls within this study, in that the number of overweight girls rose from thirteen percent in 1981 to twenty seven percent in 1996. The number of obese children also increased dramatically from two percent for both boys and girls in 1981, to an astounding ten percent for boys and nine percent for girls in 1996

(Tremblay et al. 2002). Wanting to examine the data from the 1981 Canadian fitness survey and the 1996 National Longitudinal Survey of Children and Youth in greater depth, Willms, Tremblay and Katzmarzyk (2003) found that within Canada, the prevalence rate of obese children aged seven to thirteen increased significantly in every province from 11.4% in 1981 to 29.3% in 1996. Alarming, this trend seemed to begin at a very young age for some Canadians, in that over twenty-five percent of preschool children residing in Newfoundland and Labrador in 1997 were already considered overweight or obese (Canning, et al., 2004). Further, researchers identified that an increasing number of both adults and children alike were being classified as overweight and obese around the world (Finkelstein, 2001; Molnar & Livingstone, 2000; Saxena, Borzekowski & Rickert 2002).

In line with Canadian statistics, Tremblay et al. (2002) found that the numbers of overweight and obese adults were similar to those found in Britain. However, the number of Canadian children who were overweight or obese exceeded those in both Britain and Spain. An Australian study conducted by Burke, Beilin and Dunbar (2001), attempted to discover the link between environmental as well as genetic causes of obesity. These researchers surveyed Western Australian children every three years from the age of nine to eighteen and learned that ten percent of the boys, and eleven percent of the girls were overweight, whereas six percent of the boys and four percent of the girls were considered to be obese. Of particular significance was the finding that at the age of eighteen all of those who were obese had already been classified as overweight at the age of fifteen. Furthermore, ninety-one percent of the children in this group were obese or overweight at the age of twelve, and ninety percent of them had been obese or overweight at the age of nine. It has been suggested that low activity levels are an important factor in explaining the increase in children who are overweight and obese. Thus, this analysis

suggests that since health habits are established at an early age, early intervention is necessary to prevent poor health habits from forming.

Quantifying the association between physical inactivity and chronic diseases, Katzmarzyk et al. (2000), used the Physical Activity Monitor Survey by the Canadian Fitness and Lifestyle Research Institute to reveal that eleven to thirty five percent of various diseases might be eliminated if people who were sedentary became active. Statistics show that childhood diabetes is steadily rising (Peurrung, 2001). Moreover, there seems to be a direct link between children with excess weight and the prevalence of children with Type Two diabetes (Hart, Herriot, Bishop & Truby, 2003). Similarly, Dietz (1998) found various common medical consequences of obesity such as: rapid growth, hyperlipidemia, glucose intolerance, hepatic steatosis and cholelithiasis. Dietz outlines less common diseases linked to obesity, including: hypertension, sleep apnea and orthopedic complications. Various diseases such as those that are found in children are also associated with physical inactivity. As sixty-two percent of Canadians aged eighteen or older were considered inactive in 1999, Katzmarzyk et al. stated that approximately \$2.1 billion dollars was spent on health care in Canada which could be directly attributable to physical inactivity. Furthermore, they asserted that 10.3% of premature deaths could be prevented if sedentary individuals participated in physical activity.

In addition to physical health, emotional health issues are also associated with being overweight and obese among children. Strained by both physical and financial costs, our culture's preoccupation with thinness makes obese children more likely to experience systematic discrimination (Dietz, 1998). Children who are considered to be 'heavy set' are rated as less attractive and are bullied and teased twice as much as children with 'healthy weights' (Sweeting & West, 2001). Thus, literature has suggested that there is a strong association between weight

and teasing in addition to bullying at a young age (Pelican et al., 2005). Lobstein et al. (2004) assert that families need to provide support to their children when they make positive changes in their health habits by continuing to be teachers and role models of healthy lifestyles.

## ***2.2 Children's Activity Levels: the difference between boys and girls***

While both boys and girls are barely reaching the minimum standards of physical activity guidelines, to date, adolescent girls are at a serious disadvantage as they struggle to achieve a physically active lifestyle (McKenzie, Marshall, Sallis & Conway, 2000; Mota, et al., 2003; Robbins, Pender & Kazanis, 2003; Vilhajalmsson & Kristjansdottir, 2003). With fewer opportunities for girls' only sports, and a preference for engaging in less structured activities than boys, girls are more active at school in the mornings and afternoons and less active in the evenings (Mota, Santos, Guerra, Ribeiro & Duarte, 2003). As boys participate in more physically active games than girls in various places on the school playground, (McKenzie et al., 2000), girls participate in fewer physical activities than their male peers. Furthermore, in addition to being more active at school, males are engaged in more organized sports than girls since they participate in most of their physical activities in the evenings (Mota et al., 2003), which is when most organized sports are offered. While girls enroll in fewer co-ed teams and are less physically active throughout the week than boys (Vilhajalmsson & Kristjansdottir, 2003), girls are at a serious disadvantage when it comes to their health based on both their physical activity levels and their involvement level in organized sports.

Interestingly, there also seems to be a link between children's activity levels and the ways in which children carry out gender norms. When examining children's activity levels on the school ground, McKenzie et al. (2000) discovered that children abide by their gender norms.

These researchers found that boys participated in more competitive structured physical activities than girls, while girls participated in more cooperative unstructured play. In line with the Gender Intensification hypothesis, McHale, Crouter, and Whiteman (2004) also found that not only did girls spend less time participating in sports throughout their adolescence than boys, but that they also increased their time spent in socializing. Thus, it can be argued that children learn what is deemed appropriate for their sex at an early age as they participate in gendered activities.

“Leisure is often social and primarily characterized by feelings of enjoyment, relative freedom, and intrinsic motivation,” (Godbey, Caldwell, Floyd & Payne, 2005:p. 152). Further, Motl et al. (2001) assert that adolescents are intrinsically motivated when they participate in physical activities because they enjoy experiences that they think are fun. Since adolescents’ free time is characterized by challenge, competence, fun and identification with a social group (Shaw, Kleiber & Caldwell, 1995), adolescents prefer to participate in physical activities with friends to make leisure time more enjoyable (Flintoff & Scraton, 2001; O’Reilly, Tompkins, & Gallant, 2001; Robbins et al., 2003). Interestingly, boys often enroll in sports to compete, while girls enroll to attain higher social status with the hopes of making new friends (Saxena, et al., 2002). Many girls feel intimidated when trying out for sports because they do not think that they are as competent as their male peers, and as a result, their level of physical activity steadily declines when they make the transition from elementary to high school (Thompson, Humbert & Mirwald, 2003). Various theorists have asserted that adolescent females may be less willing to participate fully when coaches or physical education teachers are sarcastic about their abilities, and female adolescents are more likely to participate when they are able to learn new skills or when they are able to be with friends (Flintoff & Scraton, 2001; Robbins et al. 2003; Shaw et al., 1995). Thus,

another factor that affects females' levels of physical activity is the social and interpersonal context of sports and activities.

Feeling self-conscious when exercising and thinking that exercise is hard work may also have more of a negative effect on female adolescent motivation than on males (Saxena et al., 2002). While the images of females and males represent beauty and athleticism respectively, Robbins et al. (2003) conducted a study during gym class and found that adolescent girls did not exert themselves in order to avoid either sweating or messing up their hair and make-up. This may help to explain why adolescent girls use various excuses for not participating in physical activities, such as claiming that they are lazy and do not have enough time (Saxena et al., 2002).

Another important factor to take into consideration in regards to the level of activity adolescent girls partake in are the ways in which they view their weight and overall body image. It is important to note that self-identified overweight adolescent girls have negative feelings about both their physical appearance and their athletic competence compared to slim and athletic female peers (Farchaus & Hedger, 1997). Thus, this could make the recommended daily physical activity levels even less attainable for these girls. Through their qualitative work, Thompson et al. (2003) identified women who had weight concerns as children and who reported that they had felt awkward about their bodies and were too intimidated to try out for sports. This study showed that body esteem seems to be associated with self confidence, as girls with lower self esteem seemed to be less motivated to participate in physical activities. By making a greater effort to recruit girls to participate in a variety of sports and physical activities, both within schools and outside of them (McKenzie et al., 2000; Vilhajalmsson & Kristjansdottir, 2003), with the help of coaches and physical education teachers, gender differences in programs may be reduced or eliminated and girls may develop healthier body images in the process.

Aside from body image, many girls do not engage in physical activities because they may simply choose to spend their leisure time engaged in passive activities instead. One explanation for girls' decreased levels of physical activity is that girls increase their time spent in passive or inactive leisure (Janz et al., 2005). Interesting results were revealed when Vandewater, Shim and Caplovitz (2004) and Epstein, Paluch, Consalvi, Riordan and Scholl (2002) studied children between the ages of eight and twelve and found that children with a higher weight mass engaged in more sedentary activities such as video game use, than those with lower BMI indexes. They also found that girls who played a significant amount of video games were more likely to be overweight than boys who played video games. While the connection is still unknown about whether inactivity causes weight gain, if being overweight cause's inactivity, or if it is a combination of both, Janz et al. (2005) found physical activity to be associated with decreased fat mass and increased leanness, while TV viewing was associated with increased fat mass. Van den Bulck (2000) reminds us that, "TV viewing is an activity that burns few calories; it may displace activities that would have burnt more calories, and TV viewing is often accompanied by extra caloric intake" (p. 274). Furthermore, children seem to increase their snacking behaviours and eat less nutritious food when they watch television (Epstein, et al., 2002; Janssen, Katzmarzyk, Boyce, King and Pickett, 2004; Janz et al., 2002). In response to these concerns, various solutions have been proposed by researchers to decrease the amount of passive leisure and increase the amount of active leisure in children's lives.

### ***2.3 Children's Nutritional Intake***

In addition to physical activity, poor nutritional habits are important determinants of overall body weight and fat mass. Choosing prepackaged foods over fresh fruits and vegetables, many children's diets consist of items that contain high levels of fat, sugar and sodium, as they consume more calories than needed in a day. Various researchers have linked the increase in obesity to the rise of the fast food industry. Since the 1980s, consumers have focused on the value of their dollar rather than the nutritional value of their food as they have come to rely on quick, convenient meals that are low in price (Powers et al., 2003).

Although some restaurants are beginning to integrate healthier menu choices by offering smaller portions and vegetables as meals rather than as small side dishes (Powers et al., 2003), numerous children are still not attaining a balanced diet. In addition to the fact that companies are increasingly trying to create improved products that include vitamins and minerals to make them appear more nutritious and to offer an edge over their competitors (Hill & Tilley, 2002), supermarkets now carry an array of products that claim to contain fewer calories, less carbohydrates, lower cholesterol and reduced amounts of sugar. However, proper nutrients are found more often in the grocery department rather than on the supermarket's shelves. This may be problematic, as many Canadians may not be able to afford to purchase fresh fruit and vegetables over cheaper prepackaged meals.

According to the 2003 *Toronto Staff Report for the Board of Health*, food costs had increased by three percent since the June 2001 survey. In addition, this report found that due to rising food costs, in 1996, one-fourth of Canadians used more than fifty percent of their income on rent which left very little for food, bills and supplies for their families. Moreover, Neumark-

Sztainer, Story, Hanan, Stat and Rex (1996) found that low social economic status is a strong predictor of inadequate fruit and vegetable consumption.

While it is ideal for parents to help their children prevent poor eating habits from forming, parents are not the only ones who can make a difference. Evidence suggests that eating habits are developed at a young age (Ogden, Flegal, Carroll & Johnson, 2002). While schools are excellent places to learn about *Healthy Living* initiatives, effective teaching about health and nutrition does not typically occur during the primary school years, perhaps due to the major corporations' hold over school boards (Yoshihiro, 1982). Although Curran (1999) criticizes corporate sponsorship in schools, he explains that since school administrators face numerous funding problems, they are often forced to seek funding from non-traditional sources. Thus, schools often accept franchise agreements that guarantee corporations' exclusive right to sell or advertise to children in schools. By offering discounted products and free samples, marketers even offer rewards to students for attaining educational goals (e.g., reading five books and getting a free *personal pan pizza* from *Pizza Hut*). Sadly, even teachers have become victims of marketing as various brand names (e.g., *M&Ms*, *Skittles*, etc.) have been inserted into textbooks which have become a part of the curriculum.

Providing a quick fix for school funding problems, companies use both indirect and direct ways to market and sell their products to children. French, Story, Fulerson and Gerlach (2003) found that there are soft drink vending machines in two thirds of the schools in the United States. Because many schools also provide snack machines, children are given an opportunity to eat and drink extraordinary amounts of sugar at any time of the day in the form of chocolate, chips, candy and pop. However, many schools are beginning to pull companies like *Coca-Cola* out of their schools by eliminating pop machines. Some schools are also starting to encourage healthier

eating habits and critical discourses on advertising and consumption among students (Behan, 2001). On the other hand, few principals and/or food service directors have any official school policies relating to nutrition and food (French et al., 2003).

Trying to establish better health practices in schools, some principals have begun to implement various nutrition programs in an attempt to offer students healthier lunch menus in their cafeterias. A study conducted on grade five students' lifestyle and school performances Veugelers and Fitzgerald (2005) found that students in Nova Scotia in 2003 who were a part of the program had lower rates of being obese or overweight, and had better dietary habits as a result. Consuming more fruits and vegetables, and eating less calories derived from fat, they reported participating in more physical activity than the control group school which did not partake in the program.

While it is vital to inform students about proper nutritional practices (Nowak & Buttner, 2003), Veugelers and Fitzgerald (2005) also note the importance of striving to alter people's behaviours as well. Throughout their study, Veugelers and Fitzgerald came to the realization that even if healthy menu items were offered in schools, children did not necessarily choose them. As a result, they did not attain the healthier body weights as the other students who followed the guidelines. Thus, schools alone cannot alter students' eating behaviours. One way to help change children's eating habits is to incorporate and have the support of parents in school-based programs. Because most parents either pack lunches for their children or provide them with money to purchase items from the cafeteria, it is odd that parents have been left out of this discussion. Thus, little is known about parents' perceptions of their children's food intake when they are away from home.

## ***2.4 Advocacy of Healthy Lifestyles***

With over half of Canadians being overweight, Tremblay et al. (2002) assert that there needs to be more aggressive public health campaigns to combat what they see as the rising obesity epidemic. As mentioned previously, in 1998, the Canadian government began to use the term *Healthy Living* as a strategy to embrace the ideology of ‘fitness for all’ (Bercovitz, 2000). The idea behind this strategy is that health is determined by various factors including: genetics, physical environment, social and economic environment, individual behaviour, and the health care system (Public Health Agency of Canada, 2006). A recent public health campaign entitled, ‘Healthy Measures’ issued by Toronto Public Health outlines three ways to achieve a healthy lifestyle; ‘Be Active’, ‘Eat Well’ and ‘Be Yourself’ (Ontario Public Health Association, 2003). The ‘Be Yourself’ portion focuses on people’s mental and psychological health as it encourages people to think of themselves in positive ways. However, both the ‘Be Active’ and ‘Eat Well’ parts of the campaign relate directly to children’s physical health and healthy body weights. With the lack of attention given to parents’ views of physical activity though, little attention has been paid to the role that parents play in the nutritional status of their children.

## ***2.5 Understanding Parents’ Perspectives***

According to a recent study by the Canadian Medical Association (2006) conducted on parents with children under the age of eighteen, many parents are oblivious to the state of their children’s health. Although twenty six percent of Canadian children were identified in this study as obese, only nine percent of parents in this study thought that their children were ‘somewhat overweight’ or ‘very overweight’. Furthermore, the Canadian Medical Association found that eighty percent of these parents thought that their children were an ‘average weight’. Therefore

parents may not understand what appropriate weights are for their children, or perhaps they do not realize that their children's health could be in jeopardy.

To encourage children to maintain healthy lifestyles, parents can teach their children about healthy weights, healthy eating patterns, and the importance of physical activity in numerous ways. However, there are various reasons why parents may not always encourage healthy living to their children. As parents have led increasingly hectic lifestyles in both their paid and unpaid labour during the last two decades, children too have become far busier (Hofferth & Sandberg, 2001), leaving some families with little time to engage in healthy practices, such as eating nutritious meals together or pursuing physically active family leisure.

While Pelican et al. (2005) suggests that various people can have a powerful effect on an individual's life by shaping their identity, their lifestyle attitudes, and even their body image, little is known about the role of North American parents in their children's health and wellness. In a thirty year longitudinal study conducted in the United States, Hofferth and Sandberg (2001) found that free time for children declined by twelve hours per week, playtime decreased by three hours per week, and unstructured outdoor activities dropped an astounding fifty percent, while structured sports time doubled to over five hours per week. Although communication is vital to the learning process, Hofferth and Sandberg reported that household conversations no longer exist in many families, and family meal times have declined by one hour per week.

## ***2.6 Parents' Roles in their Children's Physical Activity***

Since the best way to teach a child a desired behaviour is to be a role model (Dietz & Strasburger, 1991), children often learn by example. Thus, parents play a major role in the development of their children's physical activity attitudes and behaviors (Thompson et al., 2003), through both words and actions. Considering that past leisure experiences influence future ones (Little, 1993), parents may influence what leisure activities their children choose. For example, Fogelholm, Nuutinen, Myohanen and Saatela (1999) found that parents' inactivity was a strong predictor of their child's inactivity. Parents provide social cues for their children based on their own behaviours, and as such, serve as role models for their children's health habits up to the age of twenty (Rossow & Rise, 1994).

Parents may not always know all of the opportunities that are available to them to teach or encourage their children how to attain healthy lifestyles. Johnson Tew and Havitz (2002) found that the most common way that public recreational activities are promoted is through the use of brochures. While Public Service Announcements such as *Healthy Living* strategies are sometimes broadcast on television, these messages are not as strong as the sometimes subliminal messages that are promoted in daily television programming (Dietz & Strasburger, 1991). Thus, some parents may encounter difficulties in finding appropriate information about children's leisure and the ways in which the whole family can pursue active leisure experiences together.

In interviews with both mothers and fathers from dual and single parent households, Shaw and Dawson (2001) found that regardless of gender, parents value their leisure time with their children and take the opportunity to teach their children about healthy lifestyles through family leisure activities. Shaw and Dawson's qualitative study captured parents' thoughts about their children's health and physical activity. These researchers state that "Most parents,

especially mothers talked about health and fitness as one of the benefits of physically active leisure pursuits” (p. 225). Furthermore, they found that parents do consider family leisure to be important because they see family leisure as a form of ‘purposive leisure’. Shaw and Dawson (2001) state that family leisure is “. . . planned, facilitated, and executed by parents in order to achieve particular short-and long-term goals” (p. 228). Thus, parents consciously pursue family leisure activities with purposes that are typically associated with issues such as healthy lifestyles and physical activity among others. Therefore, some parents make every effort to ensure that their children are engaged in various activities that promote health and physical activity.

Apart from family leisure, parents can use other strategies as well when dealing with the issue of physical inactivity and obesity. In a sample of seventh and eighth graders in the US, Motl, McAuley, Birnbaum and Lytle (2005) found that by decreasing the amount of time spent watching television, children often participated in more physical activities during their leisure time. Thus, by enforcing stricter viewing rules, it has been suggested that parents can directly affect the level of participation in other activities that may be more physically active. This can be a difficult task however, given that “children in the US spend more time watching television than they do in any activity other than sleep,” (Dietz & Strasburger, 1991: p. 8). While seventy-three percent of lower income children and fifty-six percent of higher-income children have their own televisions in their rooms, almost all children regardless of gender or ethnic background are exposed to at least seven hours of media per day (Roberts, 2000). Roberts states that, “The average youth in the US spends one-third of each day exposed to media, and the majority of that exposure occurs outside of parental oversight” (p.13).

Ironically, at the same time as many children sit in front of the television to be entertained for numerous hours during the day (Roberts, 2000), many parents are being

bombarded with messages on how to be a ‘good parent’ by enforcing stricter rules on their children. As North American society continues to stress the importance of parental involvement in enforcing stricter television viewing rules on their children, as well as planning and implementing family physical activities, parents may face increased constraints when attempting to facilitate healthy behaviours in their children. Despite the fact that more programs are now offered that are youth centered and cater directly to female needs by providing supportive environments where girls have a space of their own to be physically active, relatively few programs exist that are family based. Since parents play a large role in shaping their children’s health habits, parental perceptions need to be further examined. Little is currently known about how parents feel about messages from schools, families, friends and the mass media when it comes to children’s health. Therefore it is not known whether parents view these messages as sound advice, helpful guidelines, or direct criticism. Thus, understanding parental perceptions, will allow health and fitness experts to recognize the struggles and triumphs that parents face so that they can provide the support and resources needed to parents to help them facilitate healthy lifestyles for their children.

### ***2.7 Parents’ Roles in their Children’s Nutrition***

At a young age people not only develop their leisure preferences, but they establish their eating habits as well (Ogden et al., 2002). Mrdjenovic and Levitsky (2005) found that rather than eating the amount of food that they physiologically needed to eat, children who were four to six years of age ate as much as their caregivers served to them instead. In addition, they found that children do not compensate for large meals eaten previously, nor do they eat more or less based on whether they had a snack prior to their meal. Moreover, Rolls, Engell and Birch (2000) found

that compared to three and a half year olds, when five year olds were presented with larger portions of food, they consumed more. Interestingly, in an interview conducted with nine year old children, Robinson (2000) found that while eighty-nine percent of the children thought that their food choice was 'somewhat controlled' by adults, only twenty-six percent of children were allowed to leave food on their plates, while sixty percent were told to finish their meals. Thus, parents appear to play a crucial role in children's eating habits in terms of the type and quantity of food consumed.

Misleading claims found on packages like 'low in fat' often confuse grocery shoppers who fail to read the fine print indicating that the levels of carbohydrates, calories, and sodium are still relatively high. For example, items like frozen or packaged foods not only contain extremely high levels of salt and preservatives, but they also contain high levels of a variety of fats as well (Behan, 2001). Since some parents do not read product information, these parents may unknowingly bring home unhealthy food. In a survey of children in grade two to eleven, O'Dea (2003) indicated that one of the major barriers children struggled with when trying to 'eat healthy' was that they ate what was available to them in their homes. This suggests that if parents bring home food that contains little nutritional value, children have fewer opportunities to make healthy choices.

Given that parents believe that sharing meals together as a family is considered to be a 'precious' family moment (Astedt-Kurki, Hopia & Vuori, 1999), eating as a family could be one of the most enjoyable ways for parents to role model nutritious eating behaviours to their children. Daly (2001) states that although many parents feel that their time is spent in the 'service of children', parents consider family meals to be an essential part of 'family time'. While parents often encounter behavioural problems from their children during meal times, such

as refusing to stay seated while eating (Bloomfeild, et al., 2005), or by refusing to eat what they are given, many parents feel as though they are set up for failure because general nutritional guidelines are difficult to follow and hard to adapt to fussy children (Hart et al., 2003). There are also numerous other barriers to providing healthy meals, such as the cost of fresh food and the time span it takes to prepare meals (Hart et al., 2003). It is understandable therefore that families do not always eat together, and that single parent families where parents are more stressed in terms of time and energy, eat less meals together per week (4.4 days per week) compared to two-parent families (4.7 days per week) (Milkie, Mattingly, Noamaguchi, Bianchi & Robinson, 2004).

## ***2.8 Gender Differences in Parenting***

Throughout the literature, some gender differences in the ways in which parents foster healthy lifestyles in their children have been examined. Shaping their children's health habits in numerous ways, mothers and fathers do not always put the same amount of time and effort into their children's overall health and active leisure pursuits. Using a sample from the National Survey of Parents in 1999-2000, Milkie et al. (2004) found that while both single and married mothers and fathers feel time constrained, fifty percent of fathers and only thirty-eight percent of mothers felt like they had too little time with their children. These results could be due to the fact that husbands typically work twice the amount of hours per week in paid labour than their wives (Marks, Huston, Johnson & MacDermid, 2001). Surprisingly, Milkie et al. found that both single parents and those who had spouses that worked long hours had more free time with their children on a one on one basis than other parents. Moreover, in general, mothers are still primarily responsible for both domestic work in the home as well as caregiver work (Grompton, 2002),

and married women spend more time with their children in both household tasks and leisure than their husbands (Marks et al., 2001; Sayer, Gayther & Furstenburg, 2004). Therefore, compared to fathers, mothers may have more opportunities to model their health habits, provide children with important health related information and make more of an impact on their children's overall health. As a result, mothers may play a more central role in fostering their children's education and application of healthy lifestyles than fathers.

Shaw (1994) states that while both mothers and fathers value time spent in family leisure activities, mothers are much more likely to participate in 'leisure' and 'semi-leisure' with their children. Interestingly, Shaw found that while there was no interaction between mothers' parental satisfaction and leisure activities with their children, interaction with children in leisure activities significantly enhanced the parental satisfaction of fathers. This relationship could be attributed to the smaller amount of time that fathers spend with their children in comparison to mothers (Shaw, 1994).

Parents help shape their children's leisure activities in numerous ways, such as taking the responsibility for scheduling, providing transportation and paying for all of their children's activities (Howard & Madrigal, 1990; McHale, Shanahan, Updegraff, Crouter & Booth, 2004). Ehrenberg, Gearing-Small, Hunter and Small (2001) assert that although both parents plan family oriented activities and fun tasks for their children to participate in, most of their children's activities are arranged, planned, and organized by mothers. Furthermore, Shaw and Dawson (2001) found that mothers take on the primary responsibilities and work associated with family leisure. Among married parents, Howard and Madrigal (1990) discovered that although both parents contend that they allow their child to make the final decision about whether or not they would like to participate, it was the mothers who ultimately selected and determined which

choices of recreational activities their children would participate in. Therefore, parents' health habits (particularly mothers) inadvertently affect their child's future health and well-being since they ultimately choose which leisure experiences their children may participate in.

### ***2.9 Parents' Perceptions of their Children's Health and the Barriers that stand in their way***

Few researchers have examined parents' perceptions of their children's overall health and well being. Equating playing outside with watching television and playing computer games, Hood and Mayall (1998) found that parents viewed reading or learning to play instruments as more beneficial leisure activities for their children to pursue than physical activities, such as playing outside. Similarly, during a focus group conducted with one parent or guardian of children between the ages of seven and twelve in the United Kingdom, physical activity was only valued for its short-term benefits (such as a needed break from academic work) rather than outlining any long term benefits (Hart et al., 2003). Furthermore, parents talked about the physical short-term outcomes of their children's health in terms of shiny hair, soft skin and clean teeth. Thinking that physical activity influenced children's moods and behaviours, no mention was given to the benefits of physical activity on children's overall health and well-being (Hart et al., 2003). Therefore, with little value placed on physical activity, parents may deter their children (either indirectly or directly) from participating in active leisure.

During their focus groups, Hart et al. (2003) found that parents perceived numerous barriers that prevented them from allowing their children to participate in physical activity, such as a lack of facilities, child safety, bad weather and reliance on car transportation to take their children to and from activities. Viewing their own childhoods as 'safer' and 'more liberated', Kelley, Hood and Mayall (1998) reported that parents worried about their children becoming

abducted or subjected to violence in today's society. This fear ultimately made many parents structure leisure activities for their children outside of the home to keep them safe while also preventing them from interacting with 'undesirable' children (Kelley, Hood & Mayall, 1998).

Considering that mothers take on the primary responsibilities and work associated with family leisure (Shaw & Dawson, 2001), mothers may experience more constraints than fathers. In addition, when parents, particularly mothers, feel time pressed, stressed out, and/ or exhausted, these factors, along with others, could affect the extent of parents' involvement in their children's health. Surprisingly, Shaw and Dawson (2001) found that there was a lack of discussion on gender issues among parents. This suggested that the unequal division of labour among parents may be 'taken for granted'. Thus, parents may experience different barriers in terms of the prescribed gender norms that exist in our society in regards to children's health and well-being.

Although both mothers and fathers value their children's leisure time and their family leisure time, there are many barriers that stand in their way to providing their children with ample opportunities to participate in active leisure. Feeling pressured to bring up perfect children by trying to meet cultural expectations, parents often feel like failures (Bloomfeild et al., 2005) as they worry about whether or not they are being viewed as a 'good parent' (Hoover-Dempsey, Bassler & Burow, 1995). Additionally, if their children are overweight, parents receive negative feedback and criticism from others, and feel guilty as a result (Walsh et al., 1997). In today's North American society, parents are often unable to say 'no' to their children since 'happy children' are equated with 'good parenting' (Bloomfeild et al., 2005). Therefore, the perceptions and experiences of both mothers and fathers need to be captured and understood since many

parents may not know *how* to overcome external barriers such as the environment and societal expectations to help their children attain healthier lifestyles (Hart et al., 2003).

### ***2.10 Summary of Literature Review***

With over half of the North American population has been classified as overweight or obese, many children are plagued with chronic diseases that are related to obesity due to a lack of exercise and a poor diet. Since physical activity steadily declines when girls make the transition from elementary to high school, it is important to understand the health needs of females to ensure that they lead active lifestyles. Literature has suggested that because girls between the ages of seven and thirteen are less active than their male counterparts, they are at a particularly high risk for illnesses related to obesity and being overweight. As gender norms continue to persist throughout families, schools, and sport leagues, many girls in this age group feel so self-conscious about their bodies and their ability levels that they try to avoid the potential criticism from their coaches and their peers by engaging in more passive activities instead. While body mass has not been associated with gender differences in television consumption, compared to adolescent boys, girls who play videogames have a higher fat mass. With a diet consisting of prepackaged meals and little fresh fruits and vegetables, many children do not attain a nutritious diet. Therefore, when examining children's health, it is important to understand parents' roles in their children's lives because they provide a considerable amount of information, both formally and informally, to their children.

Parents not only serve as role models to their children through the types of food that they eat and the types of leisure that they pursue, but parents are also predominately the ones who help their children decide the type and quantity of food that they consume as well as the types of

activities that they engage in. Both parents and children are much busier now than they were less than a decade ago, and at the same time parents feel pressured by society as a whole to live up to the high standards set for them to be 'perfect parents'. There is evidence that suggests that parents want to provide their children with the best of everything, but parents' struggles and accomplishments with raising healthy children seem to be neglected in the literature, and many important parental experiences are left untold.

Daly (2003) explains that more research needs to be conducted to understand what may be inconsistent or contradictory when it comes to issues regarding the family. For instance, McHale et al. (2003), state that more researchers need to explore parents' roles as opportunity-providers and the ways in which they manage and shape their children's experiences. Since little work has focused on parents' views of the challenges of parenthood, Bloomfeild (2005) asserts that there is a growing need to understand parenting roles and the difficulties they encounter in the process. Girls between the ages of seven and thirteen are less active than their male counterparts, and as a result, Hill and Trowbridge (1998) stress the need for parents to be aware of their role in preventing childhood obesity. While research suggests that parents play an important role in terms of children's healthy or unhealthy lifestyles, it is important to understand parents' perspectives of this, as well as the struggles and accomplishments that they encounter. Gender norms influence adolescent girls in numerous ways. For example, adolescent females are much more self conscious of both their bodies and their physical abilities, compared to adolescent males. Parents' perceptions of potential obstacles that prevent their daughters from being physically active need to be further explored to learn how parents respond to these situations. This focus on parents' perceptions suggests the need for a qualitative research approach to

provide insights into parents' experiences of and attitudes towards their children's healthy lifestyles.

The purpose of this study was to explore parents' perceptions of their daughters' healthy lifestyles, in addition to the roles and responsibilities that parents adopted. This includes parents' views on the concept of *Healthy Living*, and parents' perceptions of their roles in terms of their children's physical activity and nutritional consumption. Based on the literature review, the concepts of physical activity, passive leisure, children's intake of nutritious foods, childhood obesity, in addition to parental time constraints and parents responsibilities were all addressed.

The specific research questions were:

- 1) To what extent do parental views of a 'healthy lifestyle' focus primarily on physical activity and nutrition as opposed to broader perspectives on health?
- 2) What are parents' perceptions of their roles with respect to their daughters' healthy lifestyles?
- 3) What specific responsibilities do they undertake in terms of active leisure, healthy nutrition, or other aspects of healthy lifestyles?

An interpretive approach was used in this study which included in-depth interviews with parents, followed by an inductive analysis of the interview data.

## **Chapter 3.0: Methods**

### ***3.1 Phenomenology as the guiding framework***

Qualitative research is an interactive, humanistic approach which focuses on active participation and building rapport with participants (Creswell, 2003). Taking a qualitative approach, I focused on emerging topics during in-depth interviews to learn more about participants' experiences. Guided by Hychner's (1985) analysis strategies, I chose Phenomenology as my theoretical framework because this approach requires researchers to focus on the meanings and experiences of participants. Taking a subjective approach, I interpreted interviews with the assumption that reality and meanings were constructed by each individual (Crotty, 1998). With the understanding that meanings are integrally linked to experience, I embraced Denzin and Lincoln's (2000) view that there is no 'one truth' that exists; rather, there are multiple realities. To achieve this, I made use of 'bracketing' by outlining my own assumptions and feelings prior to conducting interviews so that I could understand my biases and opinions while remaining open minded to participants' responses through theoretical sensitivity and reflexivity. Following phenomenological methods, I strove to uncover the essences of experience that participants have, in addition to discovering the meanings that people attach to them (Denzin & Lincoln, 2000), and explored the common essence of experience, and the perceptions and meanings that parents attach to *Healthy Living* for their daughters.

### ***3.2 Researcher's Role***

Crotty (1998) asserts that in order to take a fresh look at the phenomenon and capture the true meanings and experiences that participants have, researchers must break down their preconceived notions so that they are able to be open-minded when interpreting their data.

Therefore, it was important for me to bracket my views of the meanings of *Healthy Living*, physical activity, nutrition and parental constraints, so that I was better prepared to understand the experiences and meanings that interviewees shared with me (Hychner, 1985).

As an overweight child who struggled with maintaining my ideal body weight for a large portion of my life, I have various views and perceptions of what it is like to be a female overweight child. Although my peers rarely teased or criticized me, when I looked in the mirror I was critical of myself. Since all of my friends were fairly athletic, I participated in numerous activities so that I could spend time with them, but I failed to excel in any sports during my elementary years. As a “sub” on my elementary school’s soccer, volleyball, relay, and basketball teams, I sat on the bench cheering on my teammates while I looked at my peers in envy and turned to comfort foods to cheer me up.

My weight problem began when my mother, who had been a ‘stay-at-home mom’ became a ‘employed woman’. Since my mother was no longer home during the day, she had less time to prepare the home cooked healthy meals from scratch as she had done in the past. Unable to control my poor eating habits, my mother was no longer there to tell me to not eat a bowl of ice cream before dinner. Before I knew it, I was a short, stubby ten year-old girl who could only fit into woman’s size nine pants. Coming from a strict Italian family, who not only told me that I had to eat everything on my plate, my parents also forbade me to go any further than my backyard when playing outside.

Once my parents began to let me ride my bike and go for walks with my friends, I spent my free time in more physical activities and less time sitting on the couch eating cookies and chips. I began to learn the importance of healthy living during my teen years and took every opportunity to learn as much as I could about nutrition and physical activities. Spending a great

deal of time working with adults and children alike to promote fitness through my jobs as a fitness counselor for overweight youth and an Aquatic Fitness Instructor for all ages, I have repeatedly heard about the barriers, struggles and accomplishments that people face when trying to achieve or maintain a healthy lifestyle. Sharing numerous conversations with parents regarding their views of their children's health, I felt better prepared to conduct in-depth interviews with the parent interviewees.

As an interviewer, I embraced each topic and issue that participants discussed and asked non-leading probes to better understand their experiences. Fontana and Frey (2000) note the importance of gaining trust and building rapport with participants. With the goal of understanding their viewpoints while being empathetic, I was very careful to listen and not judge. Taking memos and keeping a journal of my own thoughts throughout the interviewing process, I practiced reflective thinking as I interpreted interview data and created what Fontana and Frey called a "sharedness of meaning" (660).

As a former member of Girl Guides of Canada for over a decade, and as a Junior Leader for one year, I feel connected to the Girl Guide community and have a strong grasp of what the *Brownie* program stands for and what the program entails. Since some interviews were expected to take place during *Brownie* meetings with parents, I did not intend to volunteer or to become a *Brownie* Leader to gain entry into this community. Instead, as a way to thank the *Brownie* unit, I asked the *Brownie* Leaders if they would like me to be a guest speaker at one of their meetings upon the completion of my analysis. Some *Brownie* Leaders have accepted my offer, and I will develop and run interactive activities for the girls to participate in over the course of one evening to help them work towards obtaining their 'Key to Active Living' badge. Throughout the process of promoting *Healthy Living*, I will also compile and distribute a few brief fact sheets along with

a list of resources including pertinent websites to be given to *Brownie* parents that answer some of the key questions that parents posed during their interviews. For example, I may include items concerning how to make physical activity a part of everyday living and how to encourage children to try new foods.

### **3.3 Recruitment**

As noted earlier, based on recent findings that suggest that Canadian females between the ages of seven to thirteen are less active than males (Statistics Canada, 2002), I purposefully selected parents who had daughters in this age group for my study. I decided to recruit parents who had children enrolled in a program that did not focus on physical activity alone so that I could generate more feedback on all aspects of healthy living for their daughters. In addition to purposefully selecting parents who had daughters in this age group, I also utilized convenience sampling. My convenience sample was drawn from parents who had one or more daughter(s) enrolled in a *Girl Guides of Canada (GGC) South Western Ontario Brownie Unit*. I selected this convenience sample for two reasons. First, I selected this location site because I resided in this region of Ontario when I was conducting my research. Second, I chose the *GGC Brownie* program so that I could recruit parents who had daughters that were roughly around the same age group. Since healthy behaviours are learned at an early age, and because parents may have more influence over their daughters' health and healthy lifestyles when they are younger, I chose the *GGC Brownie program* as opposed to the *Girl Guides* program. As a past *GGC* member and Junior Leader, I felt connected to the *Guiding* community and had a firm understanding of the *Brownie* program.

Prior to beginning my research I recognized that the *GGC Brownie* program was a place where seven to nine year old girls get together once a week to make new friends while learning more about their interests and their community through various games, songs, crafts and activities. The *GGC Brownie* program takes a holistic approach to fostering knowledge and new skills in participants. This program places a strong emphasis on respect, in terms of respecting themselves, others, and the environment. In order to achieve these goals, girls are encouraged to perform various skills and tasks in order to obtain ‘badges’. One of the areas of the Brownie program focuses on health, for girls are encouraged to work towards a variety of goals to earn their ‘Key to Active Living’ badge.

It is important to note that this sample was unique in some ways. First, the city and towns where participants live in *South Western Ontario* may be different from other areas in Ontario Canada. Residents of Kitchener-Waterloo are surrounded by an abundance of parks and trails within their neighborhoods, and also have a wide range of accessible community programs offered to them (Living in Kitchener, 2006; Parks Services, City of Waterloo Ontario, 2007). In addition, anecdotal evidence suggests that many people in the region have relatively healthy lifestyles, such as biking and walking rather than driving to the grocery store.

Second, since the parents in this study had already enrolled their daughters in *Brownies*, they may have been concerned about healthy balanced lifestyles for their children. Unlike sport-specific programs like tennis or soccer, *Brownie* parents do not expect their child to engage in consistent vigorous physical activity each week. Based on the program components of the *GGC Brownie* organization, it is reasonable to assume that parents who enroll their daughters have already taken some initiative to help foster certain skills and abilities in their daughters. For

example, I thought that parents who enroll their children in this program may have a greater appreciation for nature and participate in more active outdoor activities as a result.

A third way that this sample might be unique is the way in which participants view gender roles. As a program that is lead by and designed for females, the *GGC Brownie* program aims to empower girls as they break down gender barriers with the support of fellow girls and female leaders in ‘female only’ activities. This emphasis on equality is evident in the structure of the *GGC Brownie* program. Thus, parents of *Brownie* daughters might be likely to share this *GGC Brownie* philosophy of gender equality and value the importance of ‘female only’ activities.

Rather than participating in activities and games that focus on competition, girls who are in *Brownies* are encouraged to play and work cooperatively together instead. This may help to explain another way in which this sample could be considered unique. Due to the program’s focus on teaching young women about helping behaviors, I thought that parents may share this mentality as well and be more willing to volunteer to take part in my study. As a result, self-selection bias may have occurred. Along with their motivation to participate, another important factor to consider when examining participants’ backgrounds is the location in which they reside. The population of Kitchener-Waterloo has a higher average educational level compared to other areas of Ontario and a relatively small number of immigrant families (Federal Electoral District Profile of Kitchener-Waterloo, 2003).

I gave the parents who volunteered for this study the option of attending the interview together (if it was a two-parent family) or having one parent represent the caregiver role for their daughter(s). In this way, I hoped to capture the perspectives of both female and male caregivers in a variety of families, such as single and two parent families. I also felt that it was important to

give the parents the opportunity to participate in the interview together if they wished to do so, because it would potentially give me some insight into the similarity or divergence of their views in regards to their daughter's health. Although the participants in my study were fairly homogenous due to the research site and location, I welcomed participants from all age, sex, race, socio-economic status and marital status groups to try to ensure that parents from various types of families had the opportunity to be included.

### ***3.4 Data Collection***

Data collection took place from January 2007 to April 2007. My initial intent was to conduct five to ten in-depth, face-to-face semi-structured interviews with parents who had one or more daughters enrolled in a GGC South-Western Ontario *Brownie* Unit. After approval was granted from the Office of Research Ethics at the University of Waterloo, I contacted the Commissioner of GGC in a small city in South-Western Ontario. I spoke to the commissioner over the phone to discuss my research interests (please refer to Appendix: B) and she agreed to send an email on my behalf to all of the *Brown Owls* (*the main Brownie leader*) in both the town and the suburbs located within her GGC district. A few days later, three *Brown Owls* emailed me on behalf of themselves and the other *Brownie Leaders* in their *Brownie Units* to express an interest in my study. I called all of the *Brown Owls* at their homes to ask them if they had any questions about my study and in each case I set up a time and date that would be convenient to talk to the *Brownie* parents. During this conversation I also confirmed a time when I could go to the *Brown Owls'* homes to drop off copies of two information letters (please refer to Appendix: C and E) that needed to be distributed to *Brownie* parents over the next two weeks. All of the *Brown Owls* and *Brownie Leaders* were eager to help and agreed to hand out the information

letters at their next *Brownie* meeting. Based on the first information letter sent home (please refer to Appendix: C), parents were expecting me to come at the end of the next *Brownie* meeting to discuss my research with them and clarify any questions that they might have. In addition to speaking to the parents about my research that evening, the plan was for the *Brown Owls* to hand out information letters (please refer to Appendix: E) about my research to each of the *Brownie* girls as well.

I arrived at each of the *Brownie* Units fifteen minutes before the end of the *Brownie* meeting, wearing a name tag and holding a University of Waterloo binder to identify myself to parents. I stood in the hallway greeting parents with a smile as they came by and I then presented information related to my research study to them during the last five minutes of the meeting (please refer to Appendix D). Parents in the ‘Downtown Core’ group seemed to express the most interest in my study, as many of the parents interrupted me before I even finished talking, stating that they would love to participate. The parents in the ‘Suburbs B’ group also seemed interested and I had a few parents approach me after I outlined my research interests who agreed to participate. The parents in the *Brownie* Unit from ‘Suburbs A’ group, however, were less interested in my research topic; many avoided eye contact with me during my presentation and none approached me to ask questions. The following week I went back to the three *Brownie* Units to collect signed information letters from parents. Interestingly, many of the letters had both parents’ signatures on them indicating that both mothers and fathers would like to participate in the interview. Once I phoned each parent to arrange a convenient place and time to conduct an interview, all but one set of parents decided it would be best to only have one caregiver take part in the interview. This was due to work schedules and the need for a parent to be at home tending to their children.

Allowing my interviews to take on a conversational style, I took a qualitative Active interview approach. The interviews lasted between thirty and one-hundred and eighty minutes and were audio-taped. With the use of a semi-structured interview guide as a reference for discussion, I used open-ended questions and probes to understand their experiences and to encourage them to share their thoughts and opinions with me. I allowed the participant to pick the time and place that was the most convenient and comfortable for them so that I could conduct interviews in a non-threatening environment. Seven of the interviews were conducted in participants' homes while three were conducted in local coffee shops. Since data collection commenced just before March break, many parents were eager to conduct their interviews before the week of 'chaos' when their children would take a break from school. As a result, I conducted two interviews per day for four days consecutively, and one interview a day a few weeks later.

Prior to beginning each interview, I outlined what the study would entail once more and asked participants to sign a consent form (please refer to Appendix F) indicating that their participation was voluntary, that they would allow me to tape record their interviews and use various quotes in my research report (with the use of pseudonyms), and that I could contact them again to conduct member-checks.

The interviews focused on three main issues, including: 1) parents' views of a 'healthy lifestyle' and the extent to which the concept of healthy lifestyles was equated with physical activity and nutrition as opposed to broader aspects of health, 2) parents' perceptions of their roles with respect to their daughters' healthy lifestyles, and 3) the specific responsibilities that parents undertook in terms of active leisure, healthy nutrition, or other aspects of healthy lifestyles. Using probes to follow-up on ideas and issues raised by parents, various subtopics were addressed which related to these topics. These topics included parents' thoughts on physical

activity and nutrition, the ways in which parents viewed their roles and their expectations, and the barriers that stood in their way of providing their children with healthy lifestyles (please refer to Appendix A ). Rather than utilizing a pre-determined definition of *Healthy Living*, I allowed the participants to discuss their personal definition of healthy lifestyles.

At the end of each interview I thanked the participants for their time and provided them with a package containing a variety of resources supplied by *Toronto Public Health* that focused on fun ways to help youth and parents maintain a healthy lifestyle. All of the participants seemed to appreciate these resources and were particularly excited about the children's activity book that teaches children about their bodies and the importance of eating nutritious foods and being active. I also provided participants with a feedback letter (please see Appendix G), and had a variety of community resources for parents that focused on physical activity, nutrition and recreation programs in the area that they could utilize in case they wanted more information.

Immediately after the completion of each interview, I made notes of my observations, including participants' intonation and body language. I also kept an ongoing journal about the interview process and kept reflective notes which were added to my data collection and facilitated the analysis process. Within these notes, I also took time to consider how the data collection could be improved by adding or revising certain questions or probes for future interviews. This in turn helped me to keep my data in order and bracket my assumptions (Hychner, 1985). Therefore, data analysis was an ongoing process which began after each interview. Once all of the interviews were complete, I personally transcribed the forty minute to three hour audio-taped interviews verbatim.

### 3.5 Participant Profiles

The following chart highlights the number of girls enrolled in the *Brownie* Unit and the number of parents who volunteered to participate in my study.

Figure 1.0 Participation from each *Brownie* Unit

Location of GGC <i>Brownie</i> Unit	Downtown Core South-Western Ontario	Suburbs A South-Western Ontario	Suburbs B South-Western Ontario
Number of Girls <u>enrolled</u> in the GGC <i>Brownie</i> Program	18	6	4
Number of primary caregiver interviewees (one mother <u>or</u> one father)	3	0	2
Number of couple interviewees (both mothers and fathers who participated together)	1	0	0
Number of parent interviewees who were <i>Brownie</i> Leaders	0	3	1

Below is a break down of each participant's demographic information;

Figure 2.0 Participants' demographic information for *Brownie* Unit: Suburbs A

Participant's Name	Highest Level of Education	Employment status	Stay-at-home Parent	Relationship status	Number of children	<i>Brownie</i> daughter; Age	Participant <i>Brownie</i> Leader
Diane	University Degree	N/A	Yes	Married	3	Marie Age: 9	Yes
Hillary	College Diploma	(PT) Information Technology personnel	No	Married	3	Rianna Age: 7	Yes
Barb	University Degree	(PT) Retail Clerk	No	Married	3	Cathy Age: 8	Yes

\* Participants' and their daughters' names were replaced with pseudonyms.

Figure 2.1 Participants' demographic information for Brownie Unit: Suburbs B

Participant's Name	Highest Level of Education	Employment status	Stay-at-home Parent	Relationship status	Number of children	<i>Brownie</i> daughter; Age	Participant <i>Brownie</i> Leader
Bernadette	University Degree	N/A	Yes	Married	3	1) Kristina Age: 9  2) Leanne Age: 7	No
Julie	University Degree	(FT) Teacher	No	Married	3	Sophia Age: 7	Yes
Jennifer	University Degree	(FT) Special education instructor	No	Married	2	Leslie Age: 7	No

\* Participants' and their daughters' names were replaced with pseudonyms.

Figure 2.2 Participants' demographic information for Brownie Unit: Downtown Core

Participant's Name	Highest Level of Education	Employment status	Stay-at-home Parent	Relationship status	Number of children	<i>Brownie</i> daughter; Age	Participant <i>Brownie</i> Leader
Larry	Some College	N/A	Yes	Married	2	Daphne Age: 8	No
Sandra & Jason	Sandra & Jason: Masters Degree	Sandra (FT) Data analyst  Jason (FT) Advertiser	No  No	Married	2	Violet Age: 7	No
Desiree	University Degree	N/A	Yes	Married	3	Yasmine Age: 7	No
Tracey	Masters Degree	(FT) Business Director	No	Common Law	2	Abby Age: 9	No

\* Participants' and their daughters' names were replaced with pseudonyms.

### ***Diane***

Diane is a married stay-at-home mother who has three children. Her daughter Marie was nine years old and her two sons were age six and eleven. She graduated from university and currently lives in the suburbs. In her free time she volunteers at her daughters' *Brownie* unit (Suburbs A) as a Leader. Since she is usually home in the afternoons, Diane asked me to conduct the interview there. We sat in her kitchen and began our interview over a cup of coffee. While the initial meeting went very smoothly, Diane seemed to tense up once the interview began. For example, immediately after I pressed the record button, Diane's voice changed and red spots began to develop on her neck as she became very nervous. Her responses were quite brief and she added few thoughts or insights to questions posed. Therefore, this interview was by far the shortest one conducted, as it lasted only thirty minutes.

### ***Hillary***

Hillary has a college diploma and is employed in Information Technology. She is married with three daughters, aged nine, seven and two. When interviewing Hillary, we discussed her seven year old daughter Rianna, who was enrolled in the *Brownie* unit that she volunteers at as a Leader (Suburbs A). As an employed woman who was 'always on the go', Hillary asked me to meet her at her home in the suburbs later in the evening when her children were in bed. Throughout the interview she was very relaxed and answered all of the questions without hesitation. As a mother of three daughters, Hillary made various comparisons between her daughters when talking about Rianna's health. At times she seemed to speak in circles about certain topics but she always came to a conclusion on the matter a few moments later. We covered a wide range of topics and discussed numerous issues relating specifically to her daughters' health over a period of approximately two hours.

### ***Barb***

This university graduate had three children ages eight, twelve and thirteen. Barb was one of the *Brownie* leaders for Suburbs A, where her eight year old daughter Cathy was enrolled. I visited her home in the afternoon and sat in her kitchen throughout the interview. At first Barb was hesitant to answer questions because she had never really thought about them before. After about fifteen minutes however, she became more comfortable and spoke freely. While talking about her role in her daughter's health, she revealed that she and her husband were once overweight. Over the past few years however, they became 'lifetime members' of *Weight Watchers* because they reached their ideal weights. Interestingly, Barb kept on referring to herself as a 'mean mom' throughout the forty-five minute interview because of the number of rules and restrictions that she places on her daughters' nutritional consumption.

### ***Bernadette***

Bernadette is a university graduate who is a mother of three. She recently left her job and happily became a stay-at-home mother. Bernadette had two daughters enrolled in *Brownies* (Suburbs B), Kristina, age nine, and Leeanne, age seven, and one three year-old son. Bernadette asked me to come to her home in the suburbs in the afternoon to conduct the interview. Our interview commenced on one of the coldest days of the year. As such, her daughters' school declared a snow day which meant that Bernadette had to tend to all three of her children that afternoon. When I arrived and discovered this, I suggested that we reschedule the interview. She refused however and insisted that I stay. Prior to beginning the interview, I encouraged her to stop the interview at any time to either reschedule for another day, or to stop for a few minutes and then return later so that she could tend to her children if needed. Although we did stop the interview numerous times, Bernadette returned to the interview without skipping a beat and

seemed to be very attentive as she discussed her thoughts on healthy lifestyles for her daughters freely. During this interview it is important to note that one of her daughters, Leanne, sat in the kitchen with us for part of the interview. At first she sat with us because she was hungry and was instructed by her mother to sit at the table to eat, however she later returned to spend time with her mother and she sat on Bernadette's lap. Despite the fact that Leanne was present for part of the interview, it did not seem to change Bernadette's responses to questions as she answered most of them as if her daughter was not in the room. During the interview, Bernadette mentioned her own struggle with her weight. Our whole interview, including interruptions, lasted about two and a half hours, however, our actual interview took about one and a half hours to complete.

### ***Julie***

I met with the *Brown Owl* from the *Brownie* Unit Suburbs B after a *Brownie* meeting at a local coffee shop. Julie is a university graduate who is a full time teacher. With three children, two daughters age nine and seven and one son who is five, Julie is always on the go and has little time to spare. We did not waste any time as we sat down with a cup of tea to talk about her seven year-old daughter Sophia. Julie seemed very comfortable throughout the interview and spoke with a great deal of passion, using various metaphors and clichés to convey her thoughts on healthy living. She also mentioned her own struggles with weight loss in the past and explained how she actively teaches her children about healthy lifestyles so that her children would not repeat the same mistakes that she did while growing up. Talking very quickly and giving various examples, Julie's interview lasted a full ninety minutes.

### ***Jennifer***

As a special education instructor, Jennifer requested that we meet on a P.D. day one afternoon at a local coffee shop. Jennifer had one son who was eleven years old and one daughter

named Leslie who was seven (from *Brownie Unit Suburbs B*). She spoke with ease about her daughter's health and discussed her own struggles with weight management over the years. Jennifer talked about the way she felt as an overweight child, and explained the constant struggle that she still faces as she strives to achieve a healthy weight. Being on various diets and weight loss programs, such as *Weight Watchers*, Jennifer stressed the importance of modeling a healthy relationship towards food and exercise for her children. Although our drinks were finished quickly, we spent over two hours at the coffee shop that day discussing her role in her daughters' health.

### ***Larry***

Completing some college education, Larry was a stay-at-home father of two children. He had one daughter, Daphne, who was eight years old, and one son who was five. Larry lived in the Downtown core and kept himself very busy throughout the week. Since he was at home during the days, he asked me to conduct an interview with him at his home in the afternoon. We sat in his living room discussing a variety of topics as I learned more about how he helps to foster a healthy lifestyle for both his daughter and son. With his five-year-old at home, and many cats and dogs in the house, we had a few interruptions during the interview, but we got back on track quickly. During this time he also revealed his own struggle with making sound nutritional choices in addition to his own struggle with being overweight over the years. Immediately after stating this, Larry proudly shared his weight loss successes with me and explained the ways in which he is encouraging his children to eat healthier. Larry was quite content discussing his own role in his children's health and spoke in great detail about it, providing various examples. As a result, our interview lasted a full three hours.

### ***Sandra and Jason***

Sandra and Jason invited me to their home after their two children were in bed to conduct their interview together. They had two children, one girl named Violet who was seven years old (from the Downtown Core *Brownie* Unit) and one boy who was five years of age. For the course of the interview, we sat in the participants' kitchen over a cup of tea. This highly educated married couple saw eye to eye when it came to their daughters' health, and both of them played very active roles in fostering a healthy lifestyle for her. Throughout the interview they took turns speaking and tried their best to not talk over top of each other. Our interview lasted approximately eighty minutes and ran quite smoothly.

### ***Desiree***

Desiree is a stay-at-home mother of three children. She has two sons age three and five, and one daughter, Yasmine, who is seven. I met this university graduate one morning at a coffee shop across the street from her daughters' (Downtown Core) *Brownie* Unit. Desiree seemed very relaxed throughout the interview and shared many details of her health history with me. She revealed that she had both anorexia and bulimia as a teenager. As a result, Desiree made a conscious effort to foster a healthy lifestyle in her daughter. Although she spoke confidently about her positive efforts, many times she questioned herself during the sixty minute interview as she disclosed her anxieties of raising a healthy female.

### ***Tracey***

Tracey is a busy business director who has two daughters. Her youngest daughter was only a year and a half and her eldest, Abby, was nine (enrolled in the Downtown Core *Brownie* Unit). Our interview took place in her kitchen later in the evening when her children were

sleeping. Interestingly, at various points in the interview, Tracey spoke quietly to herself as she questioned whether she was doing the right things for her daughter in regards to her health. Although Tracey was very tired when I went to her home, the sixty minute interview went very well.

### ***3.6 Data Analysis:***

Seeking to understand participants' experiences, I read through the transcripts and my interview notes in addition to listening to the interview tapes numerous times. When examining my data, I was very conscious of my own assumptions and was careful to think about the interview as a whole without jumping to any conclusions as I examined each interview separately and then collectively (Crotty, 1998).

Following phenomenological methods, I went through a series of steps outlined by Hychner (1985), including;

- bracketing my assumptions
- listening for a sense of the 'whole'
- delineating units of general meaning
- eliminating redundancies
- clustering units of meaning
- outlining themes
- creating summaries
- outlining themes that capture the essence of lived experience for parents with daughters between the ages of seven and nine

I followed Hychner's (1985) outline, and read through my participants' transcriptions as I focused on uncovering the units of general meaning. Through phenomenological reduction, I ensured that I retained the original language used by participants as I looked for patterns of responses within and between interviews. By coding each interview one at a time, I reflected on the interviews as a whole without making sweeping generalized statements about them. To do

this I used the comment function in Word Perfect to add my own thoughts and interpretations. I also used the highlighter tool in Word Perfect to ensure that I did not overlook any important points. This enabled me to capture the rich data collected from the in-depth active interviews while allowing me to uncover the key emerging themes (Lofland & Lofland, 1995). After absorbing all of the transcripts in their entirety and noting the units of general meaning, I started to cluster units of meaning that were related to my research questions, while constantly referring back to my original data. Looking for common themes that emerged throughout each individual interview, I created a summary of each initial code to determine the differences and similarities between interviews on a variety of topics such as, parents' perspectives of healthy living, physical activity and nutrition (Crotty, 1998). As Hychner (1985) suggests, I also included my thoughts on issues about which I was unsure, in order to help shed light on new themes that might emerge. To do this, I copied and pasted all of the units of general meaning from each interview in a separate Word Perfect document. After printing each of these documents I cut out each quote and arranged them on a variety of bristol boards laid out on an empty bedroom floor. Grouping similar topics and initial descriptive themes together, I was able to eliminate redundancies. Upon re-reading each interview as a whole to verify emerging themes, I delineated clusters of meaning by identifying themes and properties that arose for each participant. This helped me to determine central themes that were common to most, if not all of the participants.

Throughout my analysis I was sensitive to participants who discussed their personal history with me. For example, some participants mentioned their own struggles with weight management and the ways in which they had dealt with them. Since six participants brought these issues forward, I decided to highlight participants' experiences by comparing and contrasting them with other participants' responses to similar questions or topics discussed.

Additionally, I compared and contrasted how female and male participants' roles and responsibilities for their daughters' health differed. Looking specifically at the barriers and opportunities that mothers and fathers encountered, I explored any gender differences in parenting that arose.

To gain feedback and to ensure that I captured participants' thoughts and experiences accurately, I conducted member checks. Since I had very few questions to ask participants during the follow-up interviews, I organized five to fifteen minute telephone calls with nine participants. It is important to note however that I did organize one brief informal face-to-face follow-up interview with Bernadette. During our initial interview, she touched on gender differences between boys' and girls' body images; however, she did not indicate why she felt this way. Therefore, to gain a more in-depth understanding of some of the topics discussed, I felt that it was necessary to spend a greater amount of time with her during her follow-up interview than with the other participants. I gave Bernadette the option of discussing these topics over the phone or meeting in person. She decided to meet in person and asked me to visit her home to discuss her interview in greater detail then. During my conversations with each of the interviewees during our follow-up discussions, I arranged a time and place to meet with parents to provide each one of them with a copy of their transcripts and my initial interpretations of their interviews. This was done to gather feedback on my preliminary analysis and to determine whether there were any other issues that I may have overlooked. All of the parents were pleased with my summaries and confirmed that my interpretations were consistent with their views. Since my interpretations did not differ from those of my respondents, it was not necessary for me to re-examine my notes in an attempt to negotiate meaning with my participants.

### ***3.7 Ethical Considerations***

To ensure that all ethical requirements were met, prior to conducting my research, approval was received by the Office of Research Ethics at the University of Waterloo. By treating participants with respect and avoiding any type of deception, I strived to reduce anxiety by allowing interviewees to tell their story in a comfortable environment of their choice.

In addition to protecting participants from harm, I also took precautionary measures for myself when attending interviews. Since eight parents requested that I go to their homes either in the afternoons or in the late evenings once their children were in bed, I decided to leave all of the participants' names, phone numbers, and addresses with my roommate in case of an emergency. As a cautious female, I also phoned a friend or family member before and after each interview to ensure my own safety. Furthermore, I asked my emergency contacts to call my cell phone after two hours if I did not phone them (since interviews were anticipated to conclude after two hours), and I instructed them to phone the police should I fail to answer the phone. Thankfully I did not have to resort to this because all of the participants interviewed were very kind and I did not feel threatened or fearful during any of the interviews.

After considering my own safety and that of my participants, I ensured that I was honest with parents as I made every effort to minimize any type of risk involved throughout my study. By signing consent forms for each step in the interview process, participants understood that their participation was completely voluntary and that they could refrain from answering any questions and withdraw from the interview at any time. I understood that the nature of my interviews might have been difficult for some parents to discuss; thus I tried to eliminate any power hierarchy between the interviewees and myself. I did this by explaining to participants

that since I am not a parent, I needed their help to understand parental views of *Healthy Living* for their daughters because they were the experts.

During the interviews conducted at participants' homes, there were various unexpected interruptions that occurred. From cats drinking out of participants' glasses of water, to playful children trying to get their parents' attention, there were many times when parents excused themselves from the interview for a few minutes to restore order in the home before continuing the interview. Although a few children were present for a moment or two during the interview to ask their parents for one thing or another, when interviewing Bernadette, one of her daughters sat at the kitchen with us for quite some time. At first I struggled with whether or not to ask Bernadette to tell her daughter to leave the room so that I would not violate any ethical codes of conduct. However, I quickly changed my mind after speaking to Leeanne, Bernadette's younger daughter in private when her mother left the room to attend to her son. It was then that Leeanne told me that she was glad it was a snow day because she got to spend more time with her mother that day. These comments combined with Bernadette's (who told me that she felt like she was missing out on her children's lives when she was at work) made me realize that I would be causing them both harm if I made Leeanne leave the room during the interview.

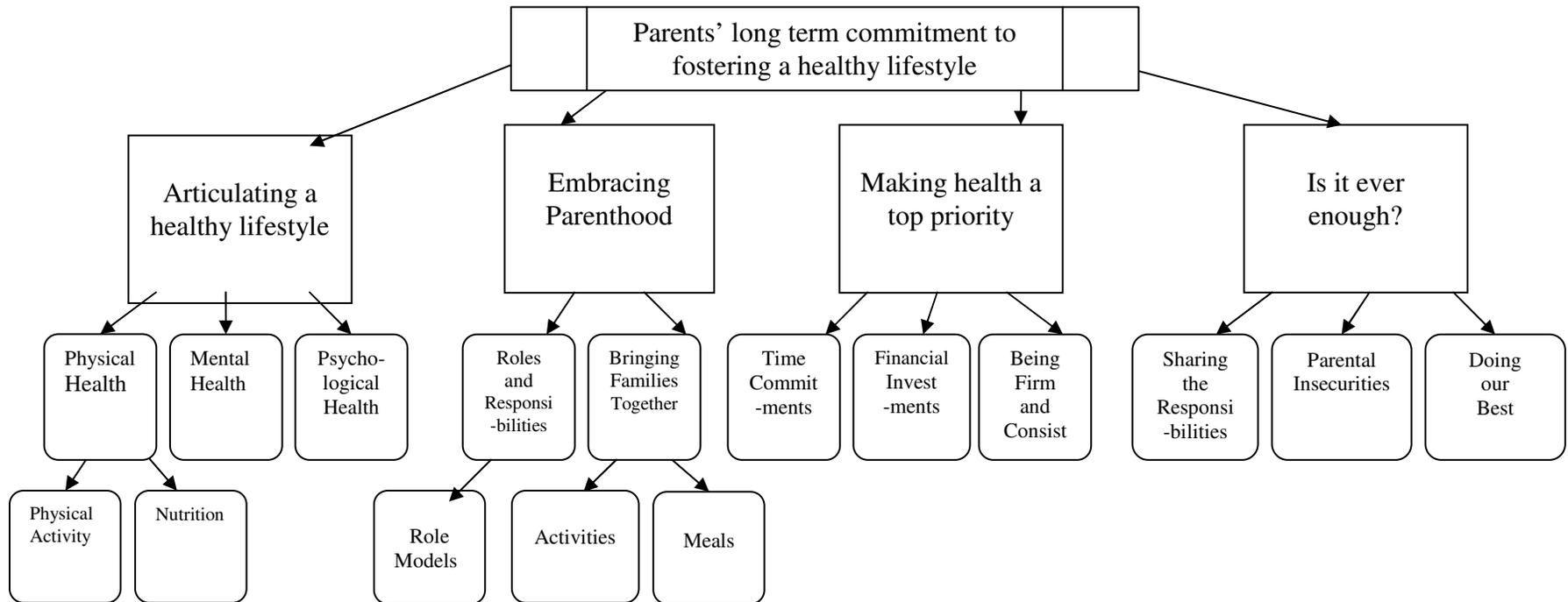
To my pleasant surprise, throughout the interview, Bernadette spoke about her daughters as if they were not even in the same house, let alone the same room. However, to be certain that her daughters' presence did not affect her interview, in addition to wanting to capture her thoughts accurately, I conducted a longer informal follow-up interview with Bernadette. It is important to note that the second time I met with her, we met again at her home, however this time her daughters were in school. After going through some of the questions that I needed

clarification on, she reaffirmed what we discussed in the first interview, thus indicating to me that her daughter's presence in the room did not affect her responses.

To protect participants' anonymity and to keep their responses confidential, I allowed participants to pick a pseudonym of their choice for themselves and their daughters. Some participants could not think of another name and asked me to assign a pseudonym on their behalf. This process was extremely important because I believe that it is my responsibility to share my knowledge with others. Therefore, through the use of pseudonyms, I have further reduced the chance of harming parents and their children.

Figure 3.0 Raising healthy females: Parental perceptions of roles and responsibilities

### **Raising healthy females: Parental perceptions of roles and responsibilities**



## **Chapter 4.0 Findings: Raising Healthy Females**

### ***4.1 Parents' Long term commitment to fostering a healthy lifestyle***

The main theme that emerged from the analysis was the evident commitment of all of the parents to raise healthy females. Moreover, they say this as a long term commitment to fostering healthy lifestyles for their daughters. Sandra articulated this commitment to her daughter's health when she said;

. . . as they get older you realize that, '*oh, you are not going to be there*'. You have to kind of give them the information and the understandings so that when you are not there they can still make those good decisions on their own.

Furthermore, when speaking about the importance of raising healthy children, each parent discussed their conscious effort to ensure that their children are: physically, mentally and psychologically healthy. As they embraced parenthood by being good role models and dedicating time for family activities, they made health a top priority for their children. All of the participants in this study strived to do everything possible to raise healthy females in the hopes that their daughters would continue to engage in health enhancing behaviours throughout womanhood. The ways in which the parents thought about, and put into practice this commitment can be explained through the main themes that developed throughout the analysis, including, 'Articulating a healthy lifestyle', 'Embracing parenthood', 'Making health a top priority' and, 'Is it ever enough?' (See Figure 3).

### ***4.2 Articulating a Healthy Lifestyle***

An all encompassing lifestyle. So, whether it's their emotional health, their mental health, um, their physical health. . . Everything. All encompassing (Julie, Full time teacher).

When it came to articulating a healthy lifestyle for their daughters, parents not only mentioned physical health, but also mental health and psychological health. Barb, a mother of three daughters outlined how,

. . . they [children] could be fed really well, and have a daily exercise routine so that they're, you know, physically healthy. But, if they are not getting that other part. . . they wouldn't be healthy. All around- like a healthy lifestyle.

Nevertheless, among these three aspects of health identified, participants focused primarily on physical health throughout the interviews.

While parents were concerned about their daughters' mental and psychological health, a few had some difficulty articulating what these entailed. For instance, some participants had difficulty explaining what their role was in helping their children become mentally and psychology healthy. Despite this, it was clear throughout the interviews that these two components of health as well as physical health were considered to be essential parts of healthy living for their daughters.

#### ***4.2.1 Physical Health***

Well, being active and balancing the amount of food that you eat. So, you have to think about intake and what it is that you are putting in your body and how you are dealing with your energy and exercise. Those are the main things in healthy living, right? Diet and exercise (Jason, Father of two).

Participants articulated physical health by outlining two key components of physical health, including: 1) physical activity and 2) nutrition. Additionally, they described the various roles and responsibilities they assumed as parents and how these helped to foster physically healthy lifestyles for their daughters. Interestingly, when discussing physical health, parents seemed to be preoccupied with body weight, calories and fat rather than overall health status.

#### 4.2.1.1 Physical Activity

Participants stated that physical activity is one of the most central aspects of their children's physical health. Furthermore, participants described how they attempted to teach their daughters how to incorporate physical activity into their daily lifestyle now so that they would choose to lead active lifestyles in the future. Desiree, who is a stay-at-home mother of three reported:

Long term stuff. . . so cycling and walking and swimming and things that me and my children can do for lifetime skills. . . And incorporate them into everyday. For instance, we always walk to school when I could drive because I want to encourage that kind of *automatic stuff* with the kids. It's eight blocks, you walk it. You don't drive and then pay for a gym membership. Healthy living means incorporating it into your everyday life.

Thus, many participants aimed to foster this 'automatic stuff' in their children so that they would continue to lead active lives in the future. An important motivation among parents was that their children would avoid becoming obese or at a higher risk of obtaining life threatening illnesses later on in life. Although all participants thought that this was a crucial part of parenting, those who had weight management problems were far more passionate about conveying these messages to their children. Jennifer, who had had weight management problems throughout her life, indicated how she wanted to,

. . . just try and really show that physical activity **should** be part of your day. So, show her, and my son that activity is just something that you do. It's not something you do to lose weight or get into shape for something, it's just something that should be part of your every day. And I didn't grow up with that message, and it has been harder for me to *naturally want* to be active I think.

The six participants who had had problems with managing their weight in the past made a particularly strong and conscious effort to teach their children how to be active on a daily basis.

Another reason that participants mentioned why they wanted their children to be physically active was so that they would stay out of trouble. A few parents used the phrase “idle hands make the devils work”. Tracy elaborated on how,

. . . Keeping her in sports is *really* great because when they become teenagers they’ll have something to distract them from that. Alcohol and drugs and boys and stuff like that. . .

When using sports and physical activity as a distraction, many participants thought it was very important to expose their daughters to these activities in order to help to prevent them from engaging in unhealthy behaviours as they grew older.

The parents talked about different types of value attached to physical activity for their daughters. First, they identified the importance of allowing their children to participate in unstructured outdoor activities. All parents spoke fondly of allowing their children to go outside to run and play.

. . . you know what? Having fun and playing can sometimes do a world of good. Um, is that part of a healthy lifestyle? In my mind, yes (Larry, Stay-at-home father).

While participants from the suburbs talked more about the large backyards that their children played in, participants from the Downtown core focused more on the convenient bike paths and the close recreation facilities that could be reached on foot in a relatively short time span. Despite the positive remarks made about each of these neighbourhoods, participants indicated that they were also concerned about their daughters’ safety. Nine out of the ten participants mentioned safety concerns when it came to allowing their daughters’ to play outside without a parent present. Furthermore, six of the ten participants found it difficult to motivate their child to go outside when there were few playmates in the neighbourhood for their daughters’. Tracy explained:

. . . the street is a little busy sometimes. And the kids these days don't play out on the street as much as they used to when I was a kid. . . The neighbourhood would be a barrier. Not **enough** kids!

Thus, the predominant obstacle parents identified in regards to their children engaging in unstructured playtime outdoors were due to safety concerns and the limited number of other children in the neighbourhood.

The second type of physical activity that parents discussed was structured physical activities such as: soccer, T-ball and ringette. Every participant noted that their daughters chose what activities they wanted to take part in, either by telling them or by selecting the activity when presented with a choice from their parents. Although their children were part of the decision making process, the parents were the ones who finalized the decision. Therefore, the parents played a large role in the types of activities that their children were involved in. Several participants revealed that they enrolled their daughters in activities that they themselves had enjoyed as children.

. . . we started with Ringette, and I had played Ringette as a child, and I thought she would try that. And it turned out that she really liked it. . . I was in *Brownies* too. You know? (Laughing) I am mimicking my life I guess . . . partly (Tracy, Mother of two daughters).

It is important to note that participants' daughters in all cases were extremely active, as they were all enrolled in one to three physical activities per week throughout the year. Although the daughters participated in more structured and unstructured physical activities in general during the warmer summer months, the parents also noted that their daughters were still active throughout the cold winter months as well.

#### **4.2.1.2 Nutrition**

. . . and making healthy choices with food too. Like, choosing to eat fruits and vegetables over eating snack foods that aren't so healthy (Barb, Part Time Retail Employee).

Another central component to physical health outlined by participants was nutrition. As discussed earlier, parents identified the need for their children to balance physical activity with their nutritional intake to achieve a healthy lifestyle. Participants in this sample not only encouraged physical activity, but they were also very aware of their nutritional intake as well. Virtually all of the participants mentioned that they loosely followed the Canadian Food Guide and all of them were conscious of both the food that they purchased and the types of foods that their children consumed. For example, Barb, who is a lifetime member of '*Weight Watchers*' noted that,

. . . there is just some foods that I just don't even buy because it's just not worth it when it comes to all of the additives and chemicals. Like yogurt for example; I don't buy anything with artificial sweeteners in it. I try to buy something. . . with the least amount of ingredients, with not too many additives in it.

In addition to being aware of additives in foods and unhealthy products on the grocery shelves, the parents suggested that they do their best to provide their children with healthy options in the home.

. . . they always gravitate towards the carbs. They will always gravitate towards a bowl of cereal. So sometimes they need a bit of direction to the fruit bowl instead. . . (Desiree, Stay-at-home Mother).

Participants described various meals that they create which encompass all of the food groups in breakfast, lunch and dinner. Participants noted that they make an effort to turn potential arguments into learning opportunities to educate their children about nutrition. All of the participants noted that they send well balanced lunches to school with their children, however many of the children often returned home with part of their lunches

untouched. Instead of scolding them, the parents tried to gently remind their children that they would like them to eat the food provided and then explained the rationale behind it. Being careful of the language that they used, participants asserted that they use this approach in order to help their children understand why their bodies need nutritious foods. When addressing the married couple, Sandra and Jason, they spoke in great detail about their own struggles with their daughter who ‘picked’ at her lunch. Sandra said that her children,

. . .bring their lunch bags into the kitchen. They just dump it, and sometimes I empty it out and sometimes I will find, like, a *whole* sandwich. And I will say, ‘Violet, why didn’t you eat your sandwich?’ And, oh, she will have all kinds of excuses, (mimicking her daughter) ‘I wasn’t hungry today. I ran out of time’. And it’s like, ‘it’s really important for you to fuel your body’.

Jason agreed;

We try to phrase it like that too.

When dealing with situations like this where potential arguments could arise, all of the participants stressed that they received tremendous support from their partners. Not only did participants’ partners support their approach to fostering a healthy lifestyle for their daughters, but they also helped to implement them as well. Sandra commented;

. . . I think that overall, if there wasn’t **two** of us doing this [fostering a healthy lifestyle for the children] all [of] the time, then it would be a lot. . .

Jason interrupted;

. . . I don’t know how single parents do it. . .

Sandra concluded;

. . . like I said, it’s a two person job. . .

Thus, participants relied on their partner to take an active role in providing their children with a healthy lifestyle.

On a similar note, all of the participants insisted that both them, and their partners do not tell their children to ‘finish their plates’; rather, they tell them to ‘listen to their body signals’ instead. The parents added that if children were hungry later, they would give them the rest of their cold dinner or a nutritious snack to ensure that they were eating healthy food throughout the day. Outlining the difference between a snack and a treat, all eleven parents agreed that not only were the two very different from one another, but that it was imperative for their daughter to understand the differences between them as well;

. . . but we have definitions in our house of ‘treat’ and ‘snack’. . . A snack is something that you have because you are hungry but it’s not a meal time. And a treat is something that you get *once* in awhile. . . (Julie, Full Time Teacher).

Thus, the parents make a very conscious effort to teach their children the difference between a ‘snack’ and a ‘treat’ in order to help their children understand how and when to eat certain foods to keep them healthy. Some participants explained that they teach this to their daughters so that they will not become overweight in the future because of poor food choices. Thus, participants’ concerns about body weight and obesity were evident in their discussions of food as well as their discussions of physical activity.

While all participants were careful about what foods to buy for their children, it is interesting to note that the six respondents who had weight management problems were particularly cautious of the amount of fat and carbohydrates inside of the foods that they fed to their daughters. Larry, who is a member of ‘*Weight Watchers*’ revealed;

. . . ‘Quaker rice crisps’? I started buying those because they are really wonderful for *Weight Watchers*. I have them opened that way I don’t get into potato chips. . . Um, Daphne likes them (whispers) don’t tell them that they are good for her!

Parents discussed ways that they modified their children’s snacks and noted numerous ways that they snuck vegetables into their meals. Although this finding contradicts the previous one about

educating their daughters about making nutritious choices, the over-riding goal was essentially the same: to ensure that their daughters ate healthy foods and maintained a healthy body weight.

A large number of participants had a vested interest in their children's dietary habits because of their own weight management problems in the past.

. . . they don't get candies everyday in their lunch, or chocolate chip cookies everyday. I got that everyday when I grew up- but *they are not having them* (laughing). I don't want them to, um- to have to *fight* with their weight, like all through their life . . . like *I* have (Barb, Retail Clerk).

This was clearly a factor that helps to explain parents' conscious effort to teach their children how to balance calories consumed with calories expelled in an effort to save their daughters from going through 'battles' with their weight. It was evident therefore that when discussing their children's nutritional habits, parents were more concerned with their children's weight and eating habits than about their children's overall health status and prevention of various illnesses.

#### **4.2.2 Mental Health**

. . . [being] inquisitive is also part of being healthy. You know, the mind is working and the body is just staying in tune with it. . . (Hillary, Mother of three).

All participants agreed that mental health is a crucial part of healthy living. Unlike physical health, parents had a difficult time articulating exactly what mental health encompassed. Instead, they gave various examples of mental health by outlining how their daughters attained the knowledge, the experience and the reasoning skills needed in order to problem solve. The parents thought that their main role in their children's mental health was to help them build autonomy so that they could handle problematic situations that may arise on their own. Interestingly, although participants all strived to build autonomy in their daughters, many struggled with their own role as a parent because they did not know how much freedom to give

or how much control to exert over their daughters to ensure that they become mentally healthy adults.

All of the participants agreed that it was important to give their daughters a variety of opportunities to lead a healthy lifestyle. By doing so, almost all of the parents mentioned that it was important to enrol their children in at least one physical activity in addition to other activities that stimulate the mind as well. Desiree reported;

. . . So that's why I said if you can only do two things, let's make one of them physical and one of them not. . .

Parents felt strongly about allowing their daughters to participate in various activities such as music and art. They felt that this was important to their mental health because it allowed their daughters to express themselves in different forms and draw upon other abilities and talents that they may possess.

In the process, some participants mentioned that they wanted their daughters to be exposed to different adults who could serve as role models for them. Thus, it was important to participants to give their daughters all of the tools necessary to make the right choices throughout their lives. As Larry suggested:

. . . a healthy child is like what I said. Is physically healthy and mentally healthy. Be able to make sensible decisions, rational decisions. . .

Participants suggested that once their daughters acquired the knowledge needed to make rational decisions, through various mentors, that it was important for them to learn from their own experiences as well. Therefore, participants stated that they allowed their daughters to take part in some of the decision making processes as well.

. . . letting them know that things **get** better . . . And **how** they will get better. Giving them suggestions and solutions. Letting them make some decisions along the way (Julie, Full time teacher).

Parents agreed that one of their main roles in teaching their daughters how to be mentally healthy was to teach them how to problem solve. By guiding them in making the right decisions, parents wanted to give their children the opportunity to learn from their mistakes and their successes now, so that they could be better equipped to deal with other situations in the future. To do this, parents emphasized the need to gradually let go of their children and trust that they had learned all of the skills necessary to be independent. During her interview, Desiree reaffirmed how crucial it is for parents to take a step back in order to allow their child to move forward. She explained;

. . . other times I think at her age especially, you need to let her go on her own. Have you ever heard the term ‘copter parents’? They hover. . . So the mom is always there making sure the play date is going ok and watching their kids. And I don’t want to be a copter parent. I don’t want to hover over her. . . you’ve got to encourage autonomy. . . that is a part of a healthy lifestyle too. . .

While it may sound simple to not be a ‘copter parent’, this was not an easy task for many participants to do. For example, participants mentioned the need for parents to stay relaxed and not worry about letting go. Dianne declared,

. . . our responsibility is making ourselves relaxed as far as. . . trusting to a certain extent that nothing is going to happen. If she walks around the block to her friends’ house . . . she is going to be just fine. . .

Even though parents agreed that building autonomy was the main component in establishing a mentally healthy lifestyle, parents identified that finding the balance between how much control to exert and how much independence to give their daughters is a very challenging task. Parents mentioned that while finding this balance was an ongoing responsibility, that it was one of the most difficult jobs attached to parenthood.

### 4.2.3 Psychological Health

. . . I guess I have a visual picture when I think of a healthy child. And it is a kid who is happy. . .they are just content with themselves. . . (Julie, Full time teacher).

When discussing psychological health, parents focused on the importance of helping their daughters develop their self-esteem and body image so that they would be content with themselves. Bringing up topics revolving around self-image, many of the mothers within the sample made reference to their daughters' perceptions of their body weight and body image. A few women revealed their own dissatisfactions as youth with their bodies and shared their fears that their daughters may possess the same negative feelings about their body image. Informing me of the ways in which they tried to arm their daughters with healthier positive self-images, they voiced their concerns about media's portrayal of women and the effects on female youth.

Participants were adamant that a healthy lifestyle must encompass a healthy self esteem. Desiree, who has suffered from both anorexia and bulimia, claimed that she wanted her daughter to have,

. . . a healthy sense of self too. To know that she is loved and wanted and worthy and all of those things. . . For a little girl, the more self-esteem and the more self-confidence that she has the better it will be. . .

Although all of the participants seemed to be in agreement with this statement, many had difficulty conveying how they helped to foster their daughters' self esteem. As they discussed the ways in which they praised their daughters for their accomplishments, the most common example used by parents to help build their daughters self confidence was cheering them on when playing sports. Julie, mother of three proclaimed:

. . . I wouldn't dream of missing one of my kids' practices or games. . . Because it's my job! I'm *their* cheerleader. No one in the world is ever going to love them more than me. So, I have to make sure that they know it. . .

Parents had a vested interest in watching their children participate in sports because it gave them a chance to show their daughter how much they love them and how proud of them they really are.

On a similar note, Bernadette, who had recently become a Stay-at-home mother exclaimed:

. . . that is just my most favourite thing to do. I just love to watch my kids play soccer. . . and the first time your kid scores a goal. . . it's as if you scored it yourself. . . I **love** to watch them and I love to see what they accomplish. . .

Interestingly, while participants expressed their enthusiasm when watching their children excel, they also noted that it was part of their parental duty. For example, a few female participants revealed that if they were unable to make it to a practice or a game for their child that other parents would question where they were and why they did not attend. Some mothers indicated that they felt obliged to go and cheer on their children; however, after saying this they were quick to reaffirm how much they enjoyed watching their daughters' activities. While fathers did not talk about this 'peer pressure' from other parents to attend their children's games, both of the fathers interviewed also expressed a great deal of interest in watching their daughters play sports. In fact, all of the participants discussed how important it was for both themselves and their partners to attend their daughters' activities and cheer them on.

Since all of the participants had two or three children, participants outlined the challenges of being able to watch each of their children's events. Participants discussed how they and their partners often split up in the evening to take each of their children to different events; they also described various strategies to determine which parent gets to

see which child. This ranged from alternating days with their partners depending on work schedules to games of ‘*rock, paper and scissors*’.

When speaking about structured activities, many participants observed that there were differences between co-ed and female-only sports. Noting that they were unable to choose whether to enrol their daughters in co-ed sports or female only sports due to programming, many stated that they preferred having their daughters play in female only sports instead because they felt that these activities help to build self-esteem. For example, when discussing their daughters’ soccer teams, eight participants observed that their daughters have more opportunities to play and be passed to when they are surrounded by girls rather than boys. Hillary, a *Brownie leader* in ‘Suburbs A’ explained:

. . . I think that for girls, that you **need** to get really self-assured about their sex because I think that it is **not** in their favour. . .they need to have some self assurance that, you know. . . *girls rule*. . . they just need that encouragement that they can do anything that they want. Anything that they are capable of.

Parents preferred that their daughters played in female-only sports for a number of reasons. First, participants felt that in female only programming, girls could not only build on their skills and be proud of their accomplishments, but that they were also able to recognize that females are just as capable as males. This was an important message that some of the mothers wanted to convey to their daughters to combat inaccurate and stereotypical portrayals of females. Not surprisingly, some of the same mothers who wished to break down these stereotypes were also the ones who were the most concerned about their daughters not being able to conform to stereotypical female images. For instance, Jennifer who is a mother of one daughter and one son, suggested that it is more difficult to achieve a healthy body image for girls than it is for boys. She claimed:

. . . I just think from a self conscious self-esteem point of view, it won’t be nearly as debilitating for him (son) to not look like a ‘GQ model’, but it will be for Leslie to not look like a girl in ‘Seventeen’ magazine. . .

All of the participants, especially mothers, contended that girls had a much tougher time incorporating a positive body image about themselves than boys because of media's portrayal of slim, beautiful, perfect looking women.

Since parents do not want their children to start out in the world feeling insecure, participants went to great extents to try to model a healthy sense of self and body image to their daughters. Desiree shared her own childhood experience of her slim mother always expressing dissatisfaction with her body which in turn may have helped to trigger her own eating disorders. Due to this, Desiree has become determined to be a good role model to her own daughter by not revealing her insecurities with her own body in front of her daughter. She proclaimed:

. . . I have big concerns with body image with girls. So, I try to make sure that I encourage her to be happy with her body. . . it is something that I model. I try to not express dissatisfaction with my own physical appearance in front of her. . .

Just as Desiree did not want to repeat past mistakes made by her mother, Jennifer did not want her own daughter to follow in her foot steps either when it came to her negative body image and self-esteem growing up. Reflecting on her own childhood, Jennifer shared how,

. . . I look back at pictures of myself now growing up. . . at that time I thought I was so heavy and so unattractive. . . and I just want to make sure that Leslie is confident enough with the way she looks that she is not dissatisfied or not always feeling that she is heavy or that she is. . . not attractive or any of those self-esteem issues around being healthy.

Although participants' daughters were between the ages of seven and nine, surprisingly three of the nine mothers interviewed stated that their daughters had already expressed dissatisfaction with their bodies and thought of themselves as being 'fat'. Tracy who is a mother of two daughters explained,

. . . but then the other day. . . she started saying that she thought she was starting to get *fat*. Nine years old and thinking about your body fat already. Craaaazy. . . I said. . . 'you don't have any fat on you!'. . . (whispers to herself) I have to talk to her about it.

As these three mothers revealed their shocking stories, they sounded both astonished and terrified at the same time. After explaining what occurred, each of them began to talk to themselves, stating that they needed to talk to their daughters about this in greater depth. Thus, while parents' main concern with their daughter's psychological health revolved around self-esteem and body image, they were not as confident of their own roles with regard to this issue as they were for their daughters' physical health. This may help to explain why parents focused primarily on physical activities and nutrition when discussing their roles in their daughters' health, rather than their roles in their daughters' mental and psychological health.

#### ***4.3 Embracing Parenthood***

. . . it's a big responsibility. . . but I mean, I *love* being a mom and I wouldn't trade it for the world (Bernadette, Mother of three).

All participants, regardless of gender agreed that although parenting was not an easy job, they loved being parents. Expressing happiness about taking on the difficult roles and responsibilities, participants quickly acknowledged that parenting is the most important job that they will ever have.

. . . I think all of those roles are (important) . . . it's all encompassing. It's the parents' job. You know, you choose to have a child, it's your job to take care of them. . . They become your first priority. Nothing else gets to come first. Nothing at all (Julie, Mother of three).

Participants accepted all of the responsibilities that came along with parenting and thought that it was their duty to live up to the high standards set for them by society. Discussing their roles and responsibilities, each participant went into great detail about how they try to model a healthy lifestyle to their daughters. Additionally, they expressed their love of spending time with their

children and explained how they turn family activities and meals into opportunities to teach and implement healthy living values in their daughters' lives.

#### ***4.3.1 Roles and Responsibilities***

You need to be an advocate. You need to be a role model. You need to be a teacher and a facilitator. You need to be the researcher and find out the information. You need to be the promoter. You need to be the conductor of the orchestra . . . just to get them through it all. . . (Julie, Mother of two daughters and one son).

Throughout the interviews, participants identified their own roles and responsibilities when articulating what they thought healthy living meant. Giving many examples of what they do to ensure that their child leads a healthy lifestyle, participants had great difficulty separating their own role from this process. Finding the responsibilities of parenthood and their own roles as parents to be impossible to differentiate, participants felt obliged to take on the enormous responsibilities of parenting with the help of their partners. Thus, participants did not question the high expectations placed upon them as parents, but instead insisted that it was just part of their job.

##### ***4.3.1.1 Role Models***

Again, exercise and setting a good example for them as well. . . if they see you eating junk all the time, they are going to. . . you have to put effort into it because it's a lot harder to eat healthy and to **be** healthy than not. . . You have to teach them young so that it carries on (Bernadette, Mother of three children).

Throughout the interviews, participants repeated the importance of setting a good example and being an excellent role model for their daughters. This was especially true for both setting an example in eating healthy and being physically active. Julie admitted,

. . . I mean, there is noooooo doubt at all that since we've had kids. . . we eat *far* better. . . We ate pasta five nights of the week before we had any children. . . Because it's our job to teach our kids how to eat right. . . it's our job to take care of them.

In addition to eating healthy, participants in this sample identified themselves as being fairly active as well. Thus, many exercised on a regular basis and were careful about their own food consumption. When talking about exercise regimes, participants reported that they do it for two reasons. They reasoned that it was not only for their own health, but also for setting a good example for their children. Jason, father of two children illustrated this when he said,

. . . so we are not just the facilitators of all that, we are also the examples because we are doing things too. We have got our own things that we do. (mimicking children) ‘*Where is mom?*’ ‘she is out for a run’. (mimicking children) ‘*Well, where’s dad?*’ ‘he is out for a bike ride, he will be back later’. . .

Thus, parents hoped that their daughters would internalize their examples and lead healthy, active lifestyles in their later years without forethought.

Although participants admitted that it is sometimes difficult to be an ideal example for their children all of the time, they did their best to model a healthy lifestyle as often as possible.

Desiree, mother of three children explained,

. . . our role is definitely modeling . . . sometimes when I don’t feel like walking I’ll make myself. To where ever we are going or whatever errands we are running. I think, ‘oh, I think I should just hop in the car to do this’. But then, ‘**no**’. I would like to model it . . .

Worried that their own children could become inactive in the future and be at a higher risk for developing illnesses as a result, all of the participants made a conscious effort to build activity into their children’s day. Moreover, they hoped that by doing so, their children would realize how easy it is to integrate physical activity and sound nutritional choices into their daily life as they get older. All participants, regardless of gender seemed to embrace their parenting roles and responsibilities as they became role models for their children.

### ***4.3.2 Bringing Families Together***

With their daughters in school full time and attending various activities throughout the week, participants were adamant that family activities and meal times were one of the few moments when families could truly come together. Participants viewed these activities as opportunities to spend time with their children and learn more about their child. Touching on various aspects of physical, psychological and mental health, parents seemed to be the most concerned with their daughters' physical and psychological health as they strived to build strong relationships with them.

#### ***4.3.2.1 Activities***

Participants thought that it was vital for them to actively participate in physical activities with their children. Insisting that engaging in family activities was fun and healthy; parents advocated that it was a great way to bond with their children as well.

. . . what I really love are the physical activities that we do with the family. . . You are doing something together. And you've got the physical activity, you have got the fun factor, you've got the family bonding. . . (Desiree, Stay-at-home mother).

Parents highlighted various examples of how they spend their leisure time in unstructured play with their children. For example, Jason explained how his whole family has fun while participating in physical activities together;

. . . I think a big part of it too is *doing* some of the things with them to show them how fun it could be. Like, they think it's the biggest kick when we all go tobogganing and we are all running up and down the hills. Like, just *doing* things with them is important . . . and you certainly have to **make** those opportunities available. That's **our** role. . .

As much as parents enjoyed their leisure time with their children, many employed parents in particular found it difficult to set aside their own responsibilities to make time

for their children. Despite this, participants in my study shared some of the ways that they ensured that they have time to play with their daughters.

. . . our responsibility. . . is to put aside some of our responsibilities. Like, fine, we won't do the dishes after supper. The sun's going down so let's go outside and play catch first. . . (Jennifer, Special Education Instructor).

Remarkably, despite the fact that all participants yearned to have more hours in the day, many participants and their partners actually spent their evenings and weekends volunteering as their daughters' coaches. Rather than sitting on the sidelines, some of these active interviewees clearly wanted to be a part of their children's activities as well. Hillary stated,

. . . my husband is the coach of her basketball. And I am a coach for soccer. So we try to encourage ourselves. We go to things. I mean, if you are there, you might as well get included, right? And be involved (Hillary, mother of three children).

Not only did parents appear to enjoy volunteering for their daughters' activities, but over half of the participants mentioned that their daughters did too. After talking about her own coaching role in her daughters' life, Hillary added,

. . . and I think they get kind of excited. . . They are young and they think that it's kinda cool that mom and dad are helping out. . .

Thus, the families in this sample enjoyed being active together because not only did it give them a chance to engage in health enhancing activities, but it also gave them a chance to enjoy their time with their children and strengthen their bonds with them as well.

#### **4.3.2.2 Meals**

It goes back to the healthy lifestyle thing. It [family meals] gives us a chance to be together as a *family*. . . being able to talk to your children is a *good* thing. . . (Larry, Stay-at-home father).

In addition to family activities, another way participants sought to strengthen their bonds with their children was during dinner time. This was primarily due to the fact that dinner time was one of only times in the day when the whole family would be together. Jennifer, a Special education teacher explained,

. . . It's [family meals] the only time from the minute we get up in the morning that we are all together in one room basically. So, I think it is really important to connect and find out what is going on with the day and plan for the next day . . . and it's a really enjoyable time.

It is important to bring attention to the fact that when discussing family meals, participants did not think that giving their children balanced, nutritious meals was the only benefit obtained. Rather than emphasizing the physical health benefits, participants stressed the importance of the psychological benefits gained during family meal times by highlighting the importance of family interaction. Desiree commented;

. . .the kids have to be at the table just to put in some time. If you are not hungry, I don't care. You come, you chat, you visit. You might get a few things in your mouth without realizing it. . . They need to put in some face time with us and talk about the day. . . For that *family* time.

Parents consistently emphasized the quality bonding time that occurred during family meals. Thus, parents found both activities and meals to be important moments with their children because it allowed them to not only spend quality time with their daughters, but to also engage in health enhancing behaviours with them.

#### ***4.4 Making Health a top priority***

. . . we always make sure that we find a way to make it work for the child, that it's still benefiting the child. . . we do everything that we can to make sure that our kids don't suffer because of somebody else's situation. . . (Julie, Teacher).

Participants declared their commitment to their children's health throughout the interviews and indicated that they do everything possible to put their daughters' health first.

Seeing it as part of their parental duty, participants were adamant that no obstacles or challenges presented to them would stand in the way of providing a healthy lifestyle for their children. Reallocating their time and money to invest in their daughters' health, participants noted that they had to be extremely calm, patient and consistent with their children when enforcing their values attached to healthy living.

#### **4.4.1 Time Commitments**

Embracing their role as parents, participants spent much of their own leisure time caring for their children. They did this by taking time to read food labels, preparing fresh meals, and coordinating and taking their children to numerous activities. Taking a great deal of time out of their days to foster a healthy lifestyle for their daughters, parents viewed these time commitments as part of the parenting job. When talking about food preparation, Barb who is a retail clerk stated,

. . . I look at fats, fibre, and now I've started to look at sodium . . . A lot of it is because of my own going to *Weight Watchers*. You want to look at labels. . .

Since almost half of the participants in this sample had struggled with their own weight, many had received some sort of education on nutrition and what to consume. As such, the majority of the participants were informed consumers, for they spent time in the grocery store comparing nutritional information on the back of food packages.

After parents had taken the time to purchase nutritious foods, they underwent a series of steps to ensure that their children actually consumed these foods. Dianne, a Stay-at-home mother of three explained the importance of,

. . . make[ing] sure that the good foods are available . . . [that nutritious foods are located] in a low setting [so that children can easily help themselves to it] and that the non-nutritional foods are minimized and [located in a] high [setting that is out

of children's reach]. That's the foods that the parents pull out . . . that way the kids can run over and grab an apple. . .

The other participants' comments were consistent with this in terms of emphasizing the importance of providing clean, accessible fruits and vegetables for their children. Since their daughters were still fairly young, parents took the time to wash, cut and serve these items to their children.

. . . we play a big role in making sure that she has access to a variety of foods that are healthy for her. So, we will chop up apples. Every night before bed they have a fruit platter. . . (Jennifer, Mother of two).

It is important to mention that there was a difference found between stay-at-home parents and employed mothers when it came to meal preparation time. For example, employed mothers found it much more difficult to find time to prepare fresh fruits and vegetables and create dinners from scratch than stay-at-home parents did. However, despite indicating these challenges, employed mothers still made time to do these things as often as possible.

While participants valued their family dinner times, they claimed that it was sometimes difficult to make healthy quick meals when their children had structured activities in the evenings. Since both family dinners and children's activities were on the top of the parents' priority lists, participants discussed numerous ways to work around this conflict. Hillary commented,

. . . We have kind of been fortunate that we will either eat later and do activities first, or do them afterwards. . . I try to plan activities if I can *before* dinner. . . or we can do it after so it is a little bit *later* after dinner. . .

Another way that participants discussed balancing their time was to schedule more activities on a couple of evenings per week so that they could have an evening or two free.

. . . I do try to cram it all. Like, our Monday nights are really busy, but I try to at least keep it all in one night. . . I would rather be extra busy on one than have a little something to get to on every single night. . . (Sandra, Data Analyst).

Finding ways to maximize their time, participants developed their own strategies to ensure that their children had opportunities to engage in health enhancing behaviours. Thus, even though participants spent much of their free time doing this and longed for more leisure time of their own, they seemed to be happy to accept this time commitment as part of their parental obligations.

#### ***4.4.2 Financial Investments***

Participants actively sought out resources to work around monetary concerns when it came to activities and food that would contribute to their children's health. Although some participants considered finances to be a challenge, none thought that it was a barrier to their daughters' health. Instead, they focused on activities that were either free or low cost. They also acknowledged ways to make activities cheaper. Julie stated,

. . . most of our activities are pretty low cost. . . there is a lot of things you can do cheaply. You know, in the summertime we go out for bike rides as a family. There is no cost involved. We go to the pool, but we buy a pass. So it saves up money by buying a bunch in advance. That kind of thing.

Furthermore, when parents could not find ways to reduce costs for activities, they weighed them in terms of how beneficial they were to their daughters' health. In the married couple's interview, Jason reasoned,

. . . money and time are always an issue. . . but, if it's one-hundred and fifty dollars that will take us from January till the end of May on something that she is going to like, then it is an easy investment. That's not hard. It's not going to take groceries off of the table. And as much as it is a lot of money, it's money well spent.

In this and other ways, parents were able to deal with the issue of money when it came to their daughters' health. While some participants talked about reallocating their funds, each tried to ensure that their daughters had all of the opportunities available to them to gain the tools needed to lead a healthy lifestyle.

In line with their thoughts on activity costs, participants conveyed similar ideas about nutritional costs as well. Many participants expressed their dissatisfaction with the high costs attached to nutritious foods. Bernadette fumed,

. . . I am not going to spend five dollars on a package of strawberries. I am not. . . That's the thing that really bugs me. You can get a bag of chips for *way* less than a head of lettuce sometimes. . . How do you justify that? . . . I don't like paying two fifty for a red pepper, but I will do it. Not every week. But I will do it.

Although many participants expressed dissatisfaction with the high prices of fruits and vegetables, many reasoned that it was worth spending the extra money if it meant that their daughter would be eating healthier. Barb agreed;

. . . I have also told myself. . . 'so the cucumber is three dollars'. . .if I were to buy a candy bar and that would cost me a **dollar**. . . why not spend an extra dollar if it means that they are going to have something that is better for them in the long run. Because, is it really better for them to buy something that will eventually clog up their arteries? . . . Why not spend the extra ***dollar now?***

Thus, many participants were able to justify spending more on activities and food that contributed to their daughters' health.

#### ***4.4.3 Being Firm and Consistent***

I think sometimes being firm. . . I mean, life would be **easier** for me if I let them eat junk food or watch TV after school . . . so sometimes you have to be . . . the unpopular one. You have to be the one to say, 'No. We are not watching TV'. . ." (Desiree, stay-at-home mother).

Participants reported that in order to encourage healthy habits in their children they had to be both firm and consistent. Discussing their own struggles with their daughters, when it came to enforcing rules, it was clear that participants possessed a great deal of patience in the process. Julie, mother of three stated,

. . . she won't eat beans. She'll eat *one* because mommy insists that she eats **one** bean. . . She will drag it out till the very end. There will be tears and weeping if it's something she really hates. . .

Although participants agreed that teaching their children about health and nutrition could sometimes be a difficult task, they also agreed that as long as they were patient and calm they could carry out this responsibility. Enforcing various rules and restrictions on her daughters' diet, Barb disclosed,

. . .if the *whole* meal she decides she doesn't like any of it? Well *sorry*. 'That's too bad! That is what you're having. And if you are hungry later? You can have it later!'. . .

To my surprise, four other participants also employed Barb's cold dinner rule when children did not finish their meals. Furthermore, every participant interviewed revealed other strategies that they have utilized to ensure that their daughters ate balanced meals. In order to provide their daughters with the guidance needed to lead healthy lives, parents tried to be firm and consistent. Thus, parents made their daughters' health a top priority by not only displaying an endless amount of patience to their children when teaching them about how to make healthy choices, but they also invested their time and finances in them to provide them with ample opportunities to lead healthy lives.

#### ***4.5 Is it ever enough?***

. . . I feel pressure on that side. Of **how** they are going to react. Are we equipping them properly to be out in the world? There is some pressure there. . . (Jason, Advertiser).

Hoping to provide their children with all the resources needed to lead healthy lifestyles, participants discussed their fears and their triumphs simultaneously. Stating that they were unable to do it alone, participants seemed to take pride in sharing the responsibilities of raising healthy females with the help of friends and family members. Although they claimed to do everything possible for their daughters and were doing their best, the majority of interviewees

questioned themselves on whether or not they were doing an adequate parenting job while pointing out some of the obstacles that stand in their way.

#### ***4.5.1 Sharing the Responsibility***

. . . ‘it takes a village to raise a child’. . . it’s the parents’ role to **lead**. Whether that is by example or finding other people to help coach their child and facilitate all of the areas that you are looking for to ensure a happy lifestyle and to ensure a healthy lifestyle for your child. . . I strongly believe in letting someone **else** help to raise my kids by ensuring that they have those opportunities. . . (Julie, Teacher).

Participants looked to others for support and guidance to foster physical, mental and psychological health in their children. Acknowledging the fact that they cannot raise a child alone, all of the participants praised their supportive partners and discussed the ways in which they shared and divided some of their parental responsibilities. Although most of the mothers were the primary caregivers, the fathers also played a significant role. Not only did participants rely on their partners for support, but they also learned tricks from others on how to integrate healthy living initiatives into their daughters’ lives. Looking to their friends, family members and neighbours for advice, participants discussed some of the ways that they incorporated the strategies of others into their parenting approach. For example, Bernadette explained,

. . .if we are having cheese sandwiches I’ll make it into shapes just to make it fun. .  
. my mom started that. She gave me that idea . . .

It is important to note that although they reached out to the community for assistance on raising healthy children, that next to their partners, the majority of interviewees relied on their own mothers or mothers’ in-laws most often.

#### 4.5.2 Parental Insecurities

. . . I think that the responsibilities are **huge**. Sometimes they overwhelm me. . . And I don't like to think about it too much because it keeps me up at night. Because of course as a parent, and especially as a mom. As a primary care giver I mean. . . but sometimes it just sits on you and you think, *'oh my God. I am so responsible for everything. For her entire sense of self. For her well-being. Everything I do is my fault.'* . . . and I am going to make mistakes. . . (Desiree, Stay-at-home mother).

Throughout the interviews, participants expressed their fears and anxieties about their parenting role. Although stay-at-home parents and employed parents faced different obstacles to some extent, each one questioned themselves on whether or not they were making the right decisions when it came to their daughters' health. As expected, stay-at-home primary caregivers felt better about the role they played in their daughters' health than employed parents because they had more time which could be devoted to their daughters on a daily basis. In contrast, employed parents felt that they were not doing enough for their children because they spent more hours at work than in the home. This was particularly true for females, as the women felt more guilt for being away than did the employed fathers. For example, many employed mothers felt that compared to stay-at-home mothers, they were not able to provide the same kind of fresh home cooked meals on a daily basis. Hillary, mother of three stated,

. . . we still buy the frozen dinner 'cause those are great. . . in a working world and you have to shoot something in the oven . . . time and convenience. . .

Throughout each interview, it was apparent that time was the largest obstacle facing employed mothers.

In addition to not having enough time to prepare home cooked meals, employed mothers also expressed a great deal of sadness when talking about the limits they inadvertently placed on their daughters' health. Tracy shared,

. . . that's the one thing I feel bad about because she doesn't. . . go home from school and go for a bike ride. She goes to someone's **house** and waits for someone to go and pick her up and then bring her home. And then it's dinner time. So, it's kind of sad in that way. Because that's *our* barrier. Our limitations. Because it's her life with working parents.

In line with not having enough time, although participants talked about the importance of role modeling, many employed mothers felt guilty when they took time away from their children to exercise. Sandra expanded,

. . . we both work full time and I worry (lowering her voice) '*I should be home with them more*'. . . and if I go for a long run, I have that constant, '*Oh, I should be home right now.*' You know, I'm like rushing to get home. . . as a parent you are struggling to find that balance too, with your own health and with your family.

In this way, many mothers felt compelled to devote all of their time and energy to raising their children, and felt guilty when caring for themselves.

Although participants suggested that the media emphasizes the importance of how to raise healthy children, they were adamant that media messages did not affect their parenting styles. Some responses though suggested that the media may increase parental insecurities. For instance, Hillary admitted,

. . . and when you read something about what you should do when your child is a baby, or something like that, and it's like, '*oh, I didn't **do** that.*' But it's like, '*there is nothing that you can **do** about that now!*' . . . you are like '*shoot!*' . . . It's not that they are pressuring me; it's more of myself, saying that I should know better.

Thus, it seemed that some parents may have internalized some of the messages that the media conveyed and tried to integrate it into their own parenting styles.

Another interesting finding was that the mothers who thrived to be 'super moms' pointed out the unrealistic expectations of female caregivers. Desiree declared,

. . . but I think that it is societal as well because anything that a child does that goes wrong, you are looking back at the mother. **N-O-T** the parents. . . so it may or may not have anything to do with her. But, society will blame her [the mother] and she will blame herself. . .

Since mothers accepted this idealistic role created by society, they became trapped in a cycle of guilt and effort. This ‘super mom’ mentality seemed to be restricted to females only. For example, while Larry took his primary caregiver responsibilities very seriously, he did not exhibit the same ‘super mom’ mentality that other female primary caregivers displayed.

. . . everything that goes on from when she [wife] walks out [the door to go to work] and comes back [home from work] falls to me. . . if my wife calls up at five-thirty and says, ‘listen, feed the kids dinner, I am going to be another two hours at work’. . . [those are some of] the roles and responsibilities. Like I said, the two of us have done a lot of role reversal. (Larry, stay-at-home father)

Since Larry did not talk about insecurities or guilt associated with his primary caregiving role as many of the mothers did, it is unclear about whether or to what extent he experienced this. Thus, this involved father who took on an ‘intensive parenting’ role seemed to be unique, in that he had a different perspective on parenting compared to the other fathers, but he did not seem to express the same mentality that many of the female primary caregivers described.

#### ***4.5.3 Doing Our Best***

. . . I know one friend told me. . . ‘*you can never be the perfect parent. Just like, don’t even try*’. . . you just do the best you can. . . I think I have done a **good** job in what I **want** to show her. And I guess that’s what every parent does. . . (Tracey, Business Director).

While the parents recognized that there are no perfect parents, each one declared that they were doing their best to ensure that their child was leading a healthy life. During his interview with his wife, Jason proclaimed,

. . . I think we feel pretty good about what we are doing. . . cause there is no manual for being a parent, but I think we are on the right track.

Although only one couple was able to participate in the interviews together, it was clear that each participant worked as a team with their partners. Throughout the interviews it became evident that participants sought to teach their daughters everything that they knew about physical, mental

and psychological health. Thus, parents did their best to help their daughters develop healthy habits that they could carry with them throughout their lives.

Throughout the interviews, participants displayed a wide spectrum of skills and a clear commitment when it came to their role in raising healthy females. Wondering if they were doing enough for their daughters, parents discussed the ways in which they reached out to their partners, their extended families and also their friends to seek out support and guidance. Although at times they felt insecure about their own roles in their daughters' health, all participants talked about doing the best that they could and hoping that their 'best' was 'good enough'.

. . . I hope it's something [that I have taught about eating healthy and being physically active] that she can carry through. There will be times when she won't listen to her body, but hopefully they will figure it out . . . you just do your best and cross your fingers. . . (Desiree, Stay-at-home mother).

#### ***4.6 Summary of Results***

After interviewing participants, it has become clear that the parents in this study not only had a vested interest in their children's health, but that they also actively sought out ways to help foster healthy lifestyles for their daughters. Consistent with the 'Healthy Measures' campaign (Ontario Public Health Association, 2003), the parent's top health priorities for their daughters included aspects of physical, mental and psychological health. Embracing parenthood and becoming good role models, both mothers and fathers invested their time and energy into their daughters' health. Reallocating their time and their financial contributions, participants demonstrated a great deal of commitment with their children in order to instill healthy messages. Interestingly, although mothers were primarily responsible for taking on the primary caregiver roles, the two men interviewed, and the husbands of the women interviewed also seemed to take

on an important role in their children's lives by striving to become co-parents as they shared a great deal of the parenting responsibilities.

## **Chapter 5.0: Discussion**

### ***5.1 The Development of Emerging Themes***

As a result of the analysis of the interviews on ‘Raising Healthy Females’, four main themes were developed with one over arching theme; Parents’ long-term commitment to fostering a healthy lifestyle for their daughters (please refer to Figure 3). The four main themes identified were, ‘Articulating a healthy lifestyle’, ‘Embracing parenthood’, ‘Making Health a Top Priority’, and ‘Is it Ever Enough?’. These four core themes along with their corresponding sub themes are summarized below.

‘Articulating a healthy lifestyle’ reflected the discussions in the interviews of parents’ meanings of healthy lifestyles for their children. The participants talked about ‘physical health’, ‘mental health’ and ‘psychological health’; although emphasis was placed on ‘physical health’. When talking about ‘physical health’, ‘physical activity’ and ‘nutrition’ were both a focus of the discussion. For parents, it was important that their children participated in appropriate activities and ate nutritious food in order for long-lasting health habits to be developed. Participants differentiated between ‘mental health’ and ‘psychological health’ for their daughters. ‘Mental health’ was thought to be important for being able to problem solve and make wise decisions. ‘Psychological health’, on the other hand, related to self-esteem.

All of the parents were very aware of weight issues and this influenced meanings and discussions related to all aspects of health. The parents wanted to prevent their children from developing habits that could lead to complications with weight, such as becoming overweight or obese. Since many of the participants struggled with their own weight and had poor health habits in the past, aspects of weight and physical, mental and psychological health were prevalent throughout many interviews. When talking about their daughters’ weight, some parents

discussed body image and self-esteem, conflating these two concepts. For example, mothers in particular stressed that in order for girls to be psychologically healthy and have a healthy self-esteem; girls must be content with their bodies. Mothers expressed more concern for their daughters in this regard than for their sons, and were not only concerned about physical health problems that could arise for their daughters, but psychological health problems associated with their weight and their health as well.

The second main theme that emerged was ‘embracing parenthood’. This was based on parents’ willing acceptance of the responsibilities that came along with being mothers and fathers. It was evident that the parents took their parental roles and responsibilities seriously when it came to their daughters’ health. Participants seemed to welcome the roles associated with being a parent, and put in a considerable amount of effort in teaching, modeling, and encouraging healthy lifestyles for their children. Not only did participants see this as an essential aspect of parenting, but it was one which they embraced as well. Participants in this study were very conscious of their own exercise and eating habits, believing that both their words and their actions were important in terms of teaching their children about healthy lifestyles.

Another aspect of ‘embracing parenthood’ was the notion of ‘bringing families together’. Interestingly, it was primarily through family ‘activities’ and ‘meals’ that parents and children were brought together. Not only did parents value the quality time spent with their children during these times, but they were also able to use this time to model and teach their daughters the importance of being physically active and eating nutritious meals.

The ‘embracing parenthood’ concept led to the third main theme of ‘making health a top priority’, which included ‘time commitments’, ‘financial investments’ and being ‘firm and consistent’ in all issues related to healthy lifestyles. When talking about ‘time commitments’,

participants explained how they were willing to sacrifice their own leisure time to take their children to structured physical activities and how they spent time purchasing food and preparing home cooked nutritious meals for their children. In terms of ‘financial investments’, participants considered the money that they spent on physical activities and nutritious foods to be well spent, since it contributed to their daughters’ overall health. Parents also felt that they needed to be ‘firm and consistent’ in the ways in which they conveyed their health messages to their children. Nevertheless, although participants expressed willingness to dedicate their time and their energy to their children’s health, many said that they felt exhausted and longed for more leisure time to be spent by themselves and with their families.

The final core theme that was developed was ‘is it ever enough?’. Although these parents did their best to instill healthy lifestyles in their children, and exhibited an extraordinary amount of effort in this regard, they still questioned themselves on whether ‘their best’ was really ‘good enough’. There was little discussion of ‘barriers’ to providing their daughters with healthy options, but parents still had insecurities and often expressed concerns that perhaps they should be doing more. For example, many participants felt insecure about the roles that they played with regard to their daughters’ health. This was especially true for their daughters’ mental and psychological health, as participants experienced some difficulty with articulating their roles and responsibilities in this regard. Thus, despite their efforts to ensure that their daughters were healthy, many participants exhibited signs of guilt when they were unable to meet the exceptionally high standards set for parents in today’s society.

Taken together, these themes indicated a high level of commitment among the parents in terms of their daughters’ health. In addition, both fathers and mothers expressed this commitment, typically claiming that both partners shared the parental responsibilities. Moreover,

the commitment was a long rather than a short-term commitment, putting their health beliefs into practice on a daily basis and encouraging their children to develop long-lasting healthy lifestyles. Parents revealed that they also reached out to their families and friends to share the responsibilities of raising healthy children.

While participants did work as a team with their partners to some extent, it was also clear that the mothers were the primary caregivers, and did the majority of this work with the exception of one stay-at-home father who took on an ‘intensive parenting’ role. While many female participants talked about ‘sharing’ responsibilities with their partners, evidence shows that in most families, mothers do most of the parenting work (Hays, 1996; Warner, 2005). Thus, as was seen in this case, mothers disproportionately took on the primary caregiver roles with the exception of one stay-at-home father.

## ***5.2 Discussion of Emerging Themes***

The parents’ dedication to make their daughters’ health a top priority indicates that, in some ways, they were not ‘typical’, or representative of Canadian parents in general. In the Canadian Medical Association (2006) survey, it was reported that many parents do not understand what appropriate weights are for their children, and do not always seek out opportunities to promote health enhancing behaviours. The participants in this study embraced parenthood and actively fostered healthy lifestyles in their daughters. They were all very aware of, and highly concerned about the health of their daughters. Thus, this sample may be exceptional.

The parents in the current study were particularly concerned about their daughters’ physical activity levels and sought out various activities such as; organized sports, active family

leisure and everyday activities in the attempt to build activity into their daughters' days. In addition to providing their children with an adequate amount of physical activity, parents were highly educated and did their best to ensure that their daughters were consuming nutritional foods. To do this, parents spent time reading food labels, cooking and eating family meals together and baking their own home made treats to avoid additives that would be harmful to their daughters' health. Both mothers and fathers believed that it was crucial for their children to develop good health habits, such as being physically active and eating nutritious foods early on in life.

Although parents were clear about their role in regards to physical activity and nutrition, they were less clear in regards to their daughters' mental and psychological health. Most participants stated that they wanted their children to be both mentally and psychologically healthy, however, they provided few examples of the ways in which they helped to foster these two aspects of health in their children. For example, when discussing 'mental health', they discussed the ways in which they helped their daughters to problem solve and build autonomy in order to be mentally healthy. In terms of 'psychological health', participants explained the ways in which they provided their daughters with encouragement and support in the hopes of building a healthy self-esteem in their daughters. This limited discussion on mental and psychological health may have been attributed to the fact that many parents admitted that they had not thought about their roles in these aspects of their daughters' health before. They seemed to be unable to provide the same kind of guidance with regard to these health issues as they were able to articulate for physical health. In this way, participants in this study may be more typical of Canadian parents of daughters of this age because of the many challenges of dealing with these complex issues.

Despite the fact that Canadian parents have been criticized for failing to do more to avoid the health ‘crisis’ associated with increased numbers of overweight and obese children (e.g., Canadian Medical Association, 2006), there is evidence that many parents provide their children with multiple opportunities to excel and to succeed in life. Ginsburg (2007), for example, illustrated how parents expose their children to a wide variety of things in an attempt to foster certain skills and character traits that will help their children thrive in the future. Again, the parents in the present study were similar to those in Ginsburg’s research, in that they seemed to do everything possible to live up to the high standards placed before them without questioning these standards.

Since parents in the present study were particularly concerned about health issues, they did seem to be exceptional. This may have been due to several factors, including the parents’ socio-economic status, their education level, and their connection to *Brownies* (which fosters health enhancing behaviours). Additionally, this could be due to self-selection bias, as participants who had a vested interest in their daughters’ health may have been more willing to volunteer to participate in this study than parents who did not take an active role in their daughters’ health.

Although this sample was unique, participant’s thoughts may reflect changing attitudes towards parenting, with the mothers adopting an ‘intensive mothering’ style, and fathers’ behaviors reflecting ‘involved parenting’ roles as well (Hays, 1996; Warner, 2005). ‘Intensive mothering’ roles and ‘involved parenting’ roles were particularly evident among the four stay-at-home mothers, the two part-time employed mothers, and the one stay-at-home father within this sample.

### ***5.3 Concern for Health***

The parents in this study were concerned about their daughters' health and emphasized the importance of their children developing healthy habits that they could carry on throughout the rest of their lives. It is important to note that when articulating a healthy lifestyle for their daughters, parents identified three key components, including: physical, mental and psychological health. Previous research has placed emphasis on nutrition and exercise as important factors that contribute to health (Ebbeling, Backstrand & Rodriguez, 1999; Janz, Burns, Torner, Willing & Warren, 2002; Janz, Burns & Levy, 2005; Kanda, Watanabe & Kawaguchi, 1997). Interestingly, when discussing healthy lifestyles for their daughters, physical, mental and psychological health all linked back to their daughters' physical activity levels, nutritional intake and appropriate weights. For example, when outlining mental health, participants stated that they wanted their children to make healthy choices in terms of the food that they consumed and the activities that they pursued. Similarly, when articulating psychological health, parents stressed the importance of their daughters being content with themselves, both mentally and physically. Thus, throughout the majority of interviews, participants emphasized physical health.

Thompson's research (2003) found that parents play a major role in the development of their children's physical activity attitudes and behaviours. The participants in this study also believed in this parenting philosophy and did their best to model a healthy lifestyle to their daughters. Participants encouraged their daughters to engage in physical activities because they believed that they needed to learn the importance of physical activity when they are young in order for them to develop long-lasting positive health behaviours.

All of the parents in this study were very active, and had very active children as well. This relationship between parents' and children's levels of activity is not surprising, given Fogelholm et al.'s (1999) research on this topic. This is consistent with Mannell and Kleiber's (1997) research that showed that parents thought that they played an influential role in helping their children develop behaviours that would carry on throughout their lives. When it came to structured physical activities, Little (1993) found that past leisure experiences influence future ones. Interestingly, participants' past leisure experiences influenced the types of activities that they enrolled their children in, for many parents enrolled their daughters in activities that they themselves enjoyed as children. However, just as the Howard and Madrigal's (1990) study revealed, participants in this study allowed their daughters to make the final decision about whether or not they wanted to participate in a particular activity.

Participants in this study thought that it was essential to teach their daughters about healthy eating at a young age. This finding was in line with Ogden's research (2002), which showed that parents believed that eating habits are developed at a young age. Participants in the current study did their best to incorporate a variety of healthy foods into their children's diets and encouraged them to eat nutritious meals and snacks. One way that parents spent quality time with their children was during family meals. Participants looked forward to family meals so they could reconnect with their loved ones while encouraging their children to eat a variety of healthy foods in the process. This finding supports previous literature that suggests that parents consider family meals to not only be enjoyable, but also essential to maintaining parent-child relationships (Astedt-Kurki, Hopia & Vuori, 1999; Daly, 2001).

When discussing physical activities, many participants noted that there were few barriers that stood in their daughters' way, aside from general safety concerns. Consistent with the

findings of Kelley et al. (1998), participants were scared to let their children out of their sight when playing outside for fear that they may be subjected to violence or injury or that they could be abducted by predators. In an effort to minimize these risks, parents enrolled their daughters in a variety of structured physical activities where they could learn new skills from adult mentors and be surrounded by peers in a safe environment.

Parents also reported few barriers in terms of providing their children with nutritious meals as well. Unlike the findings of Bloomfeild, et al. (2005) which outlined that parents faced barriers to children's nutritional intake, participants in the current study mentioned few behavioural problems from their daughters during meal times. Those who did discuss this topic did not see it as a major barrier; rather, they viewed it as an obstacle which could be overcome. Research by Robinson (2000) found that sixty percent of children had to finish their meals and that only a meager twenty-six percent of children were allowed to leave food on their plates. In contrast, while some children in the present study did not want to eat some, or all of their dinners, all of the participants in this study were adamant that they did not force their daughters to finish their meals. Instead of arguing with their children, participants said that they commended their daughters for 'listening to their body signals'. This indicates that parents in this study seemed to think differently about eating behaviours compared to most of the participants in Robinson's study. Rather than becoming frustrated or upset, participants in this study changed their approach when confronted with their children's behaviour problems at the dinner table. By being patient, consistent and firm, and giving other options to their daughters (e.g., eating their leftover dinners as a snack later), parents were able to exert a great deal of control over their daughters' eating patterns, and to encourage healthy eating practices.

The lack of mention of barriers among participants is surprising however, given other research on leisure constraints, work-life balance issues, high stress and anxiety of ‘intensive parenting’ practices, etc. It is important to note however, that participants in this study may have deliberately forgotten or neglected to discuss the barriers that stand in their way of raising healthy females. This may in part be due to participants’ fear of sharing their struggles because they may be viewed as ‘bad parents’ who could not overcome obstacles.

#### ***5.4 Focus on Body Weight***

As mentioned previously, parents primarily focused on physical health when discussing healthy lifestyles for their daughters, and seemed to be preoccupied with their daughters’ weight and appearance. Interestingly, many participants seemed to be more concerned with preventing their daughters from becoming overweight and/ or obese than about their children’s general health per se. The emphasis on weight may have stemmed from the fact that a large number of participants in this study had struggled with their own weight in the past, which may have made them more aware of the corresponding stigma and psychological problems associated with weight gain. Likewise, past weight problems may have motivated parents to teach their children about the importance of being physically active and eating nutritiously. Thus, it seemed that some parents were driven by their own experiences of having had weight problems in the past, and this was a primary motivator for parenting practices.

Another reason why parents may have been preoccupied with weight and physical health could be that participants may have had greater knowledge of obesity related literature and were aware of media coverage of this topic, but were less knowledgeable about the general health

literature. Participants' fears about their daughters' weight and health could have stemmed from recent attention in the press and elsewhere that has focused on childhood obesity.

The media plays a central role in perpetuating the value placed on flawless beauty. It is through the mass media and various advertising campaigns that we internalize what constitutes the ideal body image (Saxena et al., 2002). While the ideal body image for females is that of a slim, beautiful woman, Phares et al. (2004) found that not only do girls have more weight and body image issues than boys, but girls also have a higher drive for thinness and try to manage their weight through dieting and exercising. This trend seems to begin before adolescence, as girls express dissatisfaction with their bodies in terms of their weight, size, shape, appearance and capabilities (Sands, 2000). Interestingly, Hesketh, Wake and Waters (2004) found that throughout the elementary school years, there was an association found between low self-esteem and higher body mass. In line with these findings, some mothers in this study disclosed that their daughters were already concerned about their body images and viewed their slim bodies as being fat.

The mothers were more concerned about their daughter's body image in relation to their self-esteem, rather than their physical health. Furthermore, many mothers were nervous that their daughters might develop a poor body image if they became overweight, which in turn would lead to a negative self-esteem. Equating self-esteem with body image, much of the participants' discourse on their daughters' mental and psychological health was tied to body weight and body images, and the importance of making healthy choices and feeling good about the self.

Throughout the interviews, the mothers tended to raise more concerns about their daughters' body images than their sons'. This suggests that parents, particularly mothers, were aware of different societal attitudes towards male and female body weights and were concerned

about how their daughters would internalize the 'ideal body image'. This seemed to reinforce the parents' focus on maintaining their daughters' healthy weights in an attempt to help foster a healthy self-esteem and self-image in their daughters. Parents made efforts to reduce some gender stereotypes placed on their daughters by encouraging them to participate in a variety of physical activities. They encouraged this for two reasons; first, to help foster a healthy self-esteem in their daughters, and second, to encourage their daughters to participate in physically active games and sports to keep them healthy and fit. Thus, parents concerns were tied primarily to their daughters' health and body weight.

Since many of the sports teams and leagues were limited by sex and age, parents had little say in whether or not their daughters played on female-only sports or mixed-gendered teams. Some parents indicated that they preferred their daughters to play on female-only sports teams because their daughters would have more opportunities to play compared to mixed-gendered sports teams. Many participants claimed that boys tended to dominate mixed-gendered team sports. As a result, some parents were happy with the way leagues were organized by gender and age because they wanted their daughters to have as many opportunities as possible to be active and learn new skills.

Research by Thompson, Humbert and Mirwald's (2003), found that some girls are too intimidated to try out for sports because they feel less competent than their male peers. However, all participants in this study talked about their daughters' superior sporting abilities, and claimed that their daughters played just as well as boys on their mixed-gender sports teams. Thus, by giving their daughters the same opportunities that boys had, parents seemed to be trying to counter gender stereotypes.

### ***5.5 Embracing Parental Roles, Responsibilities and Commitments***

Parents seemed to welcome the responsibilities of parenthood and embraced their roles as teachers, facilitators, role models, etc., to help their daughters lead healthy lives. Similar to the parents in Rossow and Rise's (1994) study, the participants believed that they served as role models for their children's health habits, and as a result, they strove to portray positive messages to their children through both their words and their actions. Moreover, the parents in the present study put a considerable amount of time and energy into ensuring that their children engage in appropriate activities and develop healthy eating behaviours, as they sought to promote healthy lifestyles in numerous ways. This is surprising in some ways because of the busy lifestyles that many parents lead today (Hofferth & Sandberg, 2001). While the participants in this study said that they led busy lives, they also expressed a desire to spend more time with their children. This finding was especially true for full-time employed mothers. Interestingly, some participants said that their own time constraints were sometimes an obstacle to providing their children with a healthy lifestyle; however, they claimed that they did their best to not let their schedules stand in the way of their daughters' health.

One way that parents spent quality time with their children was during family leisure. Tsao (2002) asserts that parents build 'enduring' relationships through play when interacting with their children. Parents in this study clearly felt that the time they spent in family leisure was very important. This is consistent with research conducted by Shaw and Dawson (2001) who found that both mothers and fathers valued their leisure time spent with their children. Based on their study, Shaw and Dawson suggested that family leisure should be conceptualized as 'purposive leisure', because of the parenting imperatives that underlie this form of leisure practice. The parents' actions in this present study can also be seen as 'purposive'; in this case,

the primary purpose being their daughter's health, including their lifestyles, their activities, their nutrition, and their weights.

It is important to mention however, that parenting duties were not divided equally among couples. Instead, with the exception of one stay-at-home father; mothers took on the primary caregiver roles. The participants did not discuss gender differences in parenting, but this did not mean such differences were absent. Thus, the unequal division of labour displayed among participants may in fact be 'taken for granted' (Shaw & Dawson, 2001). For example, not only did most mothers take on the primary responsibilities and work associated with family leisure, as has been found in other studies (Shaw & Dawson, 2001, Ehrenberg, Gearing-Small, Hunter & Small, 2001), but female participants also spent more time teaching their daughters about healthy lifestyles as well. Furthermore, consistent with Craig's (2006) findings, few males took on 'intensive parenting' roles with the exception of the one stay-at-home father. As a result, mothers felt more time-pressed than fathers, and also felt more guilt when they were unable to fulfill all of their 'supposed' parental responsibilities. Thus, the characteristics of 'intensive mothering' (Hays, 1996), which encourages parents to concentrate all of their time and energy on the needs of their children, were evident in all female participants.

### ***5.6 Critical Perspective of Findings***

As they took on the professionalization of parenthood by striving to become 'perfect' parents, there seemed to be some contradictions within the parents' attitudes and roles with respect to their daughters' health. When critically analyzing the findings, contradictions were revealed in three ways. The first way in which the words and actions of parents seemed to contrast, revolved around gender equity. Although parents encouraged their daughters to

participate in resistant leisure pursuits to promote gender equity, mothers in particular still adhered to traditional gender roles in the home. The second way that participants revealed inconsistency was the way in which they viewed obstacles to their children's health. Throughout interviews parents claimed that few, if any obstacles stood in their way of raising healthy children. However, the fact that mothers often felt guilty about placing their own needs above their daughters seems to suggest that there were some obstacles that they had to overcome. Thus, it appeared that parents, particularly mothers, negotiated obstacles even if they did not consciously recognize them. In regards to their roles in their daughters' health, the third way that participants' behaviors contradicted their ideals revolved around their level of satisfaction. Although they stated that they were raising healthy children, the majority of the parents accepted the idealistic parenting ideologies which made them feel as though their 'best' was not good 'enough'. These three critical analyses on the contradictions revealed amongst participants will be discussed in greater detail below.

### ***5.6.1 Gender Equity***

Parents, particularly mothers, seemed to be conscious of gendered stereotypes and encouraged their daughters to resist conforming to prescribed female roles. Participants enrolled their daughters in various sports leagues and allowed their daughters to participate in a variety of healthy leisure pursuits, regardless of gender norms. A critical analysis of this finding seems to suggest that these parents consciously promoted gender equity: they seemed to resist and challenge gender norms by encouraging their daughters to participate in both masculine and feminine leisure activities. Through the promotion of counter-hegemonic sports, Bryson (1987) found that women are able to challenge and resist gender norms in a number of ways. This type

of resistance could be viewed as intentional, for participants in this study repeatedly tried to reduce systemic inequalities. Shaw (2001) asserts that resistant leisure pursuits are not only linked to power relations in society, but can also be viewed as political practices as well. Shaw states that, “Women's resistance involves individual agency in acts that challenge or resist the oppression or constraint experienced in everyday life” (p.198). When critically examining the findings in the current study, the concept of women’s resistance appeared to be present throughout the interviews.

While parents may have made a conscious and deliberate effort to allow their children to participate in leisure as resistance, parents may not have been aware of the simultaneous effects it would have on their daughters in terms of empowerment. Wearing’s (1992) study with adolescents found that girls who viewed leisure as resistant developed self-affirming identities and experienced increased feelings of self worth. This finding suggests that by enrolling their daughters in resistant leisure activities, participants in the present study may have helped their daughters develop self-affirming identities as well. Thus, by challenging gender norms, I believe that participants also facilitated the development of positive self-images for their daughters. This in turn could have been giving participants’ daughters the confidence needed to strive to achieve their goals and aspirations.

Within my sample, participants seemed to work at the individual level of combating dominant gender ideologies. Shaw (2001) argues that leisure resistance occurs at both the individual and collective level, for individual acts of resistance can impact others. For example, an individual can impact others by raising awareness of issues that challenge dominant ideologies, or an individual can encourage others to collectively band together to resist leisure activities that support inequality. Although both individual and collective resistance can be

successful ways of resisting gendered activities, Henderson (1997) notes that in order to eliminate leisure constraints, resistance must be made at the collective level. The philosophy of GGC with its emphasis on ‘female only’ program and organization is consistent with this idea.

The *GGC* believe that a program designed specifically for girls and led by women,

“... inspires an ethic of co-operation while encouraging leadership potential, it fosters in girls a sense of pride in their own gender and equips them to function as persons in their own right in these complex, competitive times. Guiding gives girls an opportunity during their formative years to experiment with various roles, and develop skills and capabilities, free from any negative or stereotyped attitudes. All-female organizations provide women with the opportunity to take executive and leadership positions and thus provide role models for girls,” (All female programming, 1987, ¶2).

Interestingly, while parents seemed to instill positive messages about gender equality in their daughters during their leisure pursuits, some of the mothers in this sample may have been counteracting these messages with their daily behaviours in the home. In line with traditional gender stereotypes, mothers in particular took on intensive parenting roles. Although they tried to achieve gender equity in the home with their partners, most of the mothers in this study were responsible for the primary caregiver work and appeared to take on traditional gender norms in the home. When examining these findings collectively, the words and actions of these parents often seemed to be contradictory. This could be problematic since mothers seemed to use leisure as resistance to teach their daughters about gender equity, yet modeled traditional gender norms in the home. This raises the question about what message is being sent to participants’ daughters. Sadly, while it is encouraging that parents were consciously attempting to instill the positive, hopeful message that their daughters can ‘have it all’, mothers own behaviours could be seen as idealizing the ‘super woman’ role. These contradictory messages could become problematic. For example, some of the mothers in this sample strove to meet the ‘superwoman’ idealized role and felt guilty when they fell short. Thus, one is left to wonder if daughters in turn will repeat the

‘superwoman’ cycle of striving to do everything and feeling guilty when they are unable to meet the unachievable standards set by society for women.

### ***5.6.2 Negotiation of Obstacles***

As discussed earlier, parents in the present study devoted much of their time to their children by making their children’s health their top priority. When discussing their devotion and time commitments to their children, participants mentioned few barriers when it came to their daughter’s health. Despite this, it seemed that parents did face some obstacles. A critical analysis of the findings indicates that parents ensured that their daughters were leading healthy lives by negotiating obstacles. Thus, the participants seemed to convey conflicting messages when it came to barriers to their daughters’ health for they did manage to negotiate these obstacles, even if they did not consciously recognize them as such.

While participants felt that work and family responsibilities were sometimes difficult to juggle in the little time that they had in the day, parents in the current study did not see this as a barrier to their daughter’s health. Although there was little emphasis placed on barriers, time seemed to be the biggest obstacle facing participants. Henderson (1997) notes that, “The real constraint isn’t time but something else that is taking the time” (p. 455). Similarly, rather than appearing concerned about time pressures, participants in this study did not view time as a constraint. I believe that rather than viewing these items as constraints, participants negotiated potential constraints to their daughters’ health by re-prioritizing their responsibilities and putting their children’s health first.

Participants, particularly mothers, negotiated constraints by devoting much of their time to their daughters’ health. Consistent with the findings from previous constraints research

(Rosenfeld & Wise, 2000; Shaw & Dawson, 2001), the participants in this study sacrificed their own leisure time in the service of their children. Although participants enjoyed their own free time, it seemed that they were more concerned with their daughters' health than with their own. This is problematic however because parents who invest most of their time and energy in their children, are arguably the ones who could benefit the most from time spent in leisure activities. I believe that this in turn may be giving children mixed messages about the importance of overall health. While parents preach the importance of being physically, mentally and psychologically healthy, by investing less time in their own health, parents may not in fact be modeling long lasting healthy lifestyles for their daughters.

Defining the negotiation of obstacles can be difficult to describe and even more complicated to analyze. In her study of the gendered meanings of leisure, Henderson (1994) discusses the complexities of the negotiation of constraints. Within the current study, participants seemed to negotiate obstacles by reevaluating their motivations, values and levels of satisfaction. Similarly, in an earlier paper, Jackson, Crawford, and Godbey (1993) outlined the links between constraints and behaviours and created a constraints model which included items such as motivation, values and satisfactions. Since participants in the current study placed a high value on the health of their children, they were motivated to encourage the development of healthy lifestyles in their daughters. As a result, I believe that the participants appeared to negotiate some of their own satisfactions by engaging in fewer personal leisure pursuits. Participants seemed to accept the ideology of parenthood as they strove to place their children's health before their own. Thus parents', particularly mothers', commitments to negotiate their own free time for the sake of their children reflect current traditional parenting ideologies.

### ***5.6.3 Parenting Ideologies***

All of the mothers in the present study seemed to accept the ideology of motherhood. The mothers expressed their desires to have more time in the day to devote to their daughter's health, and felt guilty when they were unable to spend long periods of time with their children. Furthermore, in line with other studies (e.g., Daly, 2001; Warner, 2005), the female participants in the present study felt particularly guilty when taking care of their own needs before those of their children. Although parents thought that they were doing their 'best' to raise healthy females, many participants questioned whether their efforts were good 'enough'. A critical perspective of these findings indicates that the parenting practices of the participants seemed to reflect dominant parenting ideologies.

Mothers in the present study exhibited characteristics that reflect Warner's (2005) concept of "professionalization of parenthood", in that they felt pressured to meet cultural expectations by striving to become 'perfect' parents. Although few parents spoke openly about feeling pressured to uphold these cultural expectations, a critical examination of the interviews showed that the parents who felt guilty and questioned themselves about whether their 'best' was really 'good enough' were the same ones who tried to achieve all of the 'supposed' roles and responsibilities set out for them by society. I believe that these displays of insecurity, guilt, or self-criticism may stem from societal pressures to become 'perfect' parents. In line with traditional gender norms, this phenomenon seemed to affect females more than males. Among the gender stereotypes held for females, women are stereotypically more caring, compassionate and nurturing than males. In accordance with these gender norms, the ideology of motherhood emphasizes a devotion to children and is characterized by caregiving and self-sacrifice (Forna, 1998). Interestingly, in their investigation on caregiving, Dupuis and Smale (2000) found that

while some female caregivers found the ‘ethic of care’ to be a constraint, others identified strongly with this role. This could be problematic however, as caregivers who accept gender norms and parenting ideologies may be less able to recognize constraints.

Ironically, although some participants recognized the discordance between the ideologies and the realities of parenthood, many tried to achieve the high parenting standards set by society. Henderson, Hodges and Kivel (2002), argue that people unknowingly incorporate ideological beliefs and values into their lives due to the hegemonic hold of society. For example, these authors suggest that women often accept the ideologies assigned to them by engaging in gendered behaviours. Participants in the current study seemed to internalize the ideology of parenting, whether it was at the conscious or unconscious level. By adhering to these ideologies however, I believe that parents are inadvertently perpetuating gender norms and parenting ideologies that are unrealistic.

There also appeared to be a contradiction in terms of the level of parental satisfaction in regards to their children’s health. Although participants asserted that their children were healthy, they were unsure if they were doing ‘enough’ for them. Bloomfeild et al. (2005) notes that parents can often feel like failures when they are not able to meet the high expectations placed on them by society, and experience parental guilt as a result. Moreover, Ginsburg (2007) found that parents commonly experience feelings of guilt when they are unable to meet societal expectations. Despite the fact that participants in the current study claimed that there was no such thing as a ‘perfect parent’, many seemed to have internalized the unrealistic ideologies of parenting put forth by society and had taken on the challenge of becoming ‘perfect parents’. In order for this vicious cycle to end, I think that parents need to recognize their parenting triumphs

and be satisfied with their efforts rather than inflicting guilt on themselves for not doing 'enough'. However, this may be easier said than done.

### ***5.7 Strengths and Limitations***

The use of a phenomenological approach was of value to my study because I was able to capture the thoughts and perspectives of parents which could not have been obtained from a quantitative methodology. As my goal was to learn more about an emerging topic which has not been explored extensively, I was not concerned with generating a representative sample; rather, my role as a qualitative researcher was that of an interviewer who was immersed in the phenomenon. As such, I sought to understand my participants' thoughts and feelings as I captured their experiences as accurately as possible.

While the purpose of qualitative research was not to obtain a representative sample, it is important to note that the parents who participated were exceptional in several ways. First, they placed a particularly high priority on their children's health and dedicated a considerable amount of time and effort to achieve their goals. This focus on health may be related to the fact that these families lived in fairly active communities that had a variety of accessible public parks and community programs. All participants were highly concerned with their daughters' health and each was confident that they were raising healthy females. Parents with this high level of concern about their daughters' health may have been more willing to participate in this study than other parents. Thus, the self-selection process may have limited, and excluded some parents from participating who may have been less involved in their children's health.

Secondly, in addition to expressing their own very strong beliefs of healthy lifestyles for their children, participants in this study also willingly embraced their parenting roles and

responsibilities. Thus, parents who had more time constraints or were less invested in their children's health may have discussed very different experiences and meanings associated with *Healthy Living* for their children. Interestingly, some parents mentioned that they had volunteered to participate in a variety of other studies. Therefore, a self-selection process was evident. Furthermore, , because the *GGC Brownie* program teaches girls to work together by helping others in need, the parents may have been interested in participating in this study in order to be role models for their daughters.

While the *Brownie* program runs with a small fee attached to it, it is important to note that some financial assistance is given to those who cannot afford it. Despite this, families of different socio-economic statuses were not represented. Rather, all of those who did participate were well-educated, upper-middle class citizens. This may have further affected my sample considering that I did not have the financial resources to compensate participants for their time. Since South Western Ontario has a large population of Caucasian, well-educated Canadian citizens, this research site may have limited my sample in terms of diverse social economic statuses and cultural backgrounds (Federal Electoral District Profile of Kitchener-Waterloo, 2003). All of the parents that volunteered for my study were Caucasian, heterosexual parents, nine of whom were married and one who was living with her common-law partner. Thus, this sample did not include other family types, such as immigrant families, single parent households, gay or lesbian parents, etc, who may have very different experiences and values compared to the present sample.

When interviewing participants, the use of one-on-one interviews worked very well because it allowed me to find out what both mothers and fathers thought about their daughters' health. Additionally, the use of the joint-interview with one married couple allowed me to

understand how some parents discuss and come to an agreement on how to raise healthy children. Among those who did participate, the imbalance of male and female interviews could be seen as a limitation. However, the two male interviews conducted seemed to confirm some of what the mothers said about their partners being involved fathers. Furthermore, the stay-at-home father illustrated that some fathers also take on the primary care giving role as mothers do.

It is important to note that prior to beginning the interviews, I assured participants that I was not there to judge or place blame; rather I was simply there to understand their experiences. Using non-prescriptive language, I utilized effective probes and I allowed participants to do the majority of the talking as I listened attentively and refrained from speaking more than was necessary. However, despite my efforts to convey a nonjudgmental and non-critical interviewing style, my presence as a researcher may have influenced participants' responses. For example, participants may have felt inclined to answer questions that were deemed socially acceptable by highlighting their efforts as a parent, rather than their failures when talking about their children's healthy lifestyles.

One potential limitation of my study is that my interviews took place during the coldest period of time during the winter months. Different topics may have arisen had I interviewed parents during the warmer months of the year. Interestingly however, all parents mentioned differences between the summer and winter months in regards to their daughters' physical activities and nutritional habits. Therefore, I believe that interviewing parents during the winter time could be viewed as a strength, for I had a better understanding of their daughters' health year-round instead of solely during the warmer months when more outdoor physical activities are feasible.

As a qualitative researcher I was able to strengthen my credibility by examining my own thoughts and feelings and the responses of my participants. Through the use of ‘memoing’ during interviews and keeping an on-going journal of my thoughts afterwards, I was able to be reflexive when interpreting participants’ thoughts and feelings. Another aspect that strengthened my credibility as a researcher was the use of member checks, which allowed me to verify information and ensure that I had captured participants’ views appropriately. Participants were encouraged to critique my analysis to ensure that I was not misinterpreting their experiences nor missing any relevant information that I may have overlooked.

The interviews revealed much about participants’ roles in their daughters’ health. It would have been interesting to learn more about the similarities and differences in parents’ views of both their daughters’ and sons’ health. However, due to the nature of this study, I was unable to focus attention on the issue of their son’s health. Thus, the overall significance of this study lies in the exploration of parents’ perspectives on daughters’ health.

While my research study answered various questions, new questions were also raised. One question that needs further exploration is why these parents were so committed to their daughters’ health? Furthermore, where did these strong beliefs stem from? Another equally important question to be addressed is, was this simply an exceptional group of participants, and/or to what extent do my findings reflect recent trends in parenting? Thus, although this study revealed much information about parents who raise healthy daughters, there are still many questions left unanswered and various items that need to be further investigated in future research.

### ***5.8 Concluding thoughts: 'Enough' is enough***

While trying to capture the roles and responsibilities that parents have in terms of their daughters' healthy lifestyles in my study, I believe that much can be learned from this exceptional group of parents. Among the lessons learned are two important points. Firstly, parents who are struggling to raise healthy children can learn different tips or strategies that have worked for other parents who are raising healthy daughters. Secondly, since parents in this study who were doing their 'best' to raise healthy children were concerned about whether they were doing 'enough', parenting ideologies need to be challenged and changed. I strongly believe that the ideology of parenthood needs to be re-examined so that it is more realistic and recognizes the realities and challenges of parent's everyday lives. Similar to Daly's (2001) analysis, I believe that parents need to challenge the unrealistic roles set out for them by society in order to eliminate the negative, self-inflicted feelings of guilt and anxiety that seem to be attached to parenthood. While I would like to commend all of the parents who are doing their 'best', I would like to challenge those who question whether or not they are doing 'enough' for their children to reflect on their parenting accomplishments and remember that often 'enough' is truly enough!

### ***5.9 Future Research Directions***

Multiple opportunities exist for future research to further examine parental roles and responsibilities for their children's health. Among these are opportunities for more qualitative research with mothers and fathers, both together and separately. Additionally, interviews could focus on parents who come from a variety of different types of families, socio-economic status, racial and cultural backgrounds. Furthermore, since many children live in other types of families

aside from the nuclear family (such as single parent households) it is imperative to examine the views of parents from other types of families.

It is important to interview both females and males to add insight into the ways in which gender may play a role in people's parenting styles. One way to do this is to conduct interviews with both mothers and fathers from intact families, together and separately, to assess how their parenting philosophies compare. While much can be learned from a joint interview to find out how parents' perspectives compare and differ, there are also advantages to interviewing parents separately first to allow them to express their own thoughts and feelings and to understand their views. It is important to note that although joint interviews are beneficial, some problems could arise in the process. For example, parents may speak over one another making it difficult to hear or understand what their views are, or one parent may dominate the conversation and express his or her own personal views rather than collective parenting strategies on how to raise healthy children.

In addition to studying both male and female parents, future research should also focus on whether parental roles depend on the gender of the child. This is an important factor to consider because some participants in this study thought and behaved differently when it came to teaching their sons versus their daughters about healthy lifestyles. Thus, another potential research study could examine parents who have sons and daughters in order to understand the differences and similarities between parenting ideologies when raising healthy males and females.

Some of those who were interviewed in the present study had two or three children. This issue may also be important and future research could focus on parents who have only one child in order to understand whether the number of children affects parents' roles in their children's

health. Additionally, exploring the perspectives of parents who have children of different ages would add insight into how parental roles may differ depending on the child's age and/ or the child's position in the family (e.g. first or second child). Furthermore, rather than just conducting cross-comparative studies, a longitudinal approach would be beneficial because research can be conducted on families with younger and older children as well. Not only would this add insight into parents' views of their children's health across the years, but it would also reveal any similarities or differences that may affect parental roles in different seasons of the years.

Another issue worthy of further investigation is healthy daughters' display of dissatisfaction with their body image. Although parents said that their daughters led healthy lifestyles, many of the mothers revealed that their daughters thought that they were overweight or fat. Thus, greater attention needs to be given to this point and whether there is a relationship between parental style and girls' body image concerns. In addition, more attempts need to be made to recruit parents who have children who lead less healthy lifestyles in order to examine the relationship between parental beliefs and behaviours and their daughters' self perceptions.

Overall, further research is needed in order to understand how parents think about and influence healthy lifestyles in their children. In order to understand whether this sample of active parents in their children's lives is a new trend, more research needs to be conducted to find out how widespread this phenomenon is, as well as the cultural and contextual influences on parents. There are still many questions left unanswered about the roles of parents in relation to their children's health. By investigating this topic further, we will have a better understanding of a variety of parental views and perspectives in regards to their children's health.

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## **Appendices**

## **Appendix A: Interview Guide**

### Introduction to interview:

*Thank you so much for meeting with me today. I know that parents want the best for their children and make every effort to provide them with the best opportunities that they can. Since I am not parent, the only way for me to truly understand the triumphs and struggles that parents face when raising a healthy female is to speak with parents like you. I hope you will think of this interview as an opportunity for you to share your experiences in the hopes of allowing other parents and health care experts to understand parents' views of their daughters' health.*

*Before we begin, I would like to break down some of the main topics we will be discussing, which are; 1) parents views of healthy lifestyles for their daughters, and 2) parents perceptions of their roles and responsibilities in regards to their daughters physical activity and nutrition. I would also like to remind you that if you feel uncomfortable answering any question or would like to end the interview, you may do so at any time.*

What comes to your mind when you hear the term 'healthy lifestyle'?

What comes to your mind when you think of a "healthy child"?

What do you think a healthy lifestyle for your daughter would entail?

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### Introduction to discussion on Healthy Lifestyles:

*Thank you for your sharing your views of healthy lifestyles for your daughter with me. We are now going to talk a little more about your role in your daughters' health in terms of the roles you play and the responsibilities that you take on.*

What roles do you think parents play (or should play) with respect to their children's health and lifestyle?

How do you think about your own role in your daughters' health?

What responsibilities do you feel you have?

Do you personally feel any kind of pressure to uphold these responsibilities?

If so, where do you think this pressure comes from?

### Introduction to discussion on parents' views of their daughters' physical activities:

*Now that I have a better understanding of what your roles and responsibilities are, I am very interested in learning more about your perceptions of your daughters' physical activity and the barriers or constraints that you feel may exist.*

i) Physical Activity

What role do you (or your partner) play in your daughters' participation of physical activities?  
(Probes: play mate, select/ pay for activity, chauffer, etc.)

Do you ever worry about how much physical activity your daughter gets?  
(Probes: type of activities, frequency, school: Physical education, recess, etc.)

What barriers if any do you think prevent her from being physically active?  
(Probes: time, safety, space, cost, location, gendered activities- how girls should behave, interest, homework, etc.)

Do you have any thoughts about how these obstacles could be overcome?

Introduction to discussion on parents' views of their daughters' nutrition:

*I would like you to share some of your thoughts on your role when it comes to your daughters' eating habits, in addition to the barriers that you may face, or the obstacles that you may have overcome in terms of nutrition.*

ii) Nutrition

What role do you (or your partner) play in your daughters' nutritional consumption?  
(Probes: grocery shopping, rules/restrictions on food, type/ amount of snacks, school lunch, etc.)

I would like you to picture your child eating a healthy dinner, what do you envision her to be eating?

Does your daughter typically eat meals like the one you just described?

If not, what does she usually eat?

Do you ever worry about your daughters' eating habits?

What barriers if any do you think prevent her from eating healthy meals?  
(Probes: picky eaters, time constraints, cost, advertisements, peers, etc.)

Do you think that there are any benefits that can be gained from eating meals together as a family?

Do you typically eat together as a family?

What, if anything, are the barriers or difficulties on eating together as a family?

(If these topics were unclear or were not addressed during the interview)

Demographic Information:

Age of child

Number of children in the family

Caregiver Role (mother, father, grandmother, etc.)

Type of relationship (married, single, divorced, etc.)

Employment status (type of job)

Partners' employment status (if relevant)

*iii) Other Thoughts (If relevant)*

*I noticed that you earlier stated that \_\_\_\_, can you share more of your thoughts on \_\_\_\_ with me?*

Final thoughts

Is there anything else that you would like to add?

**Appendix B: Verbal script:**  
**Girl Guides of Canada Waterloo district Commissioner**

My name is Anne-Marie Tamburro and I am a second year Master's candidate at the University of Waterloo in the Recreation and Leisure Studies Program. I am calling you today to discuss the possibility of me recruiting Brownie parents from the Waterloo district to take part in interviews to complete my Masters Thesis on 'Parents' perspectives of Healthy Living for their daughters' and their role within it'.

As a former Brownie, Girl Guide, Pathfinder, Ranger, and Junior Leader, I decided to conduct my Masters thesis within the guiding family. I am interested in finding out parents perceptions of their daughters overall health and well being, in addition to finding out what roles parents play when it comes to the health of their daughters. My study will aim to capture Waterloo Brownie parents' perceptions, experiences and roles associated with Healthy Living for their daughters.

In summary, I aim to conduct five to ten, sixty to ninety minute semi-structured tape-recorded interviews with Brownie parents as I strive to understand parents' experiences, struggles and accomplishments that they face when trying to raise healthy females. Once the interviews are completed, I will look for common themes that may emerge throughout each individual interview, and examine the differences and similarities between interviews and between the genders of parents on various topics, such as parents' perspectives of healthy living, physical activity and nutrition. Following the interview, I will provide participants with a type written transcript and conduct an informal interview over the phone or in person to clarify their responses and ensure that I captured their thoughts accurately. The purpose of this study is to explore parents' perceptions of their daughters' healthy lifestyle, in addition to the roles and responsibilities that parents adopt. This includes parents' views on the concept of *Healthy Living*, and parents' perceptions of their roles in terms of their children's physical activity and nutritional consumption.

Would this study be something that you would be interested in supporting?

If you would be like to help me recruit participants for my study, I would ask you to speak to all of the Brownie Leaders in the Waterloo district about my research interests to find out if any Brownie Units would be willing to help me recruit parents. To protect your Brownie leaders' privacy, you may provide them with my contact information so that the Brownie leaders can reach me if they are interested in helping me with my study.

In terms of recruitment strategies, I will provide the Brownie leaders who contact me with a letter to be sent home to each of the Brownie parents to invite them to attend the next Brownie meeting for about ten minutes to learn about how they can take part in my research study. At the end of the following Brownie meeting, I will conduct a brief ten minute meeting where I will introduce myself and discuss my study to parents face to face. After the brief introductory meeting, I will provide the Brownie leaders with an information letter to be sent home to all of the Brownie parents about the details of my study. On the letter, parents will be asked to return it at the next Brownie meeting to indicate if they would like to volunteer to participate. Parent participants can choose not to answer particular questions and can withdraw from the study at

any time. All information will be kept confidential and no one and no Brownie Unit will be identified in the thesis.

Before you decide if you would like to help me recruit participants to take part in this study, I would like to assure you that this study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Waterloo, and that there are no known or anticipated risks to participants in this study.

I will send you an email with the information I have given to you that you can use to forward. If you would like more information, I would be happy to forward you parts of my proposal or meet with you in person to go over any details that you may need clarification on.

I know that you have a very busy schedule and I really appreciate you taking the time consider my request. Please feel free to call me at 519 885-9724, or email me at [a2tambur@ahsmail.uwaterloo.ca](mailto:a2tambur@ahsmail.uwaterloo.ca) at your earliest convenience to let me know your decision. Thank you again. Have a wonderful day!

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**E-Mail to be forwarded to Brownie Leaders in the Waterloo Region:**

My name is Anne-Marie Tamburro and I am a second year Master's candidate at the University of Waterloo in the Recreation and Leisure Studies Program. I am e-mailing you today to discuss the possibility of me recruiting Brownie parents from the Waterloo district to take part in interviews to complete my Masters Thesis on 'Parents' perspectives of Healthy Living for their daughters' and their role within it'.

I am interested in finding out parents perceptions of their daughters overall health and well being, in addition to finding out what roles parents play when it comes to the health of their daughters. My study will aim to capture Waterloo Brownie parents' perceptions, experiences and roles associated with Healthy Living for their daughters.

In summary, I aim to conduct five to ten, sixty to ninety minute semi-structured tape-recorded interviews with Brownie parents as I strive to understand parents' experiences, struggles and accomplishments that they face when trying to raise healthy females. Once the interviews are completed, I will look for common themes that may emerge throughout each individual interview, and examine the differences and similarities between interviews and between the genders of parents on various topics, such as parents' perspectives of healthy living, physical activity and nutrition. Following the interview, I will provide participants with a type written transcript and conduct an informal interview over the phone or in person to clarify their responses and ensure that I captured their thoughts accurately. The purpose of this study is to explore parents' perceptions of their daughters' healthy lifestyle, in addition to the roles and responsibilities that parents adopt. This includes parents' views on the concept of *Healthy Living*, and parents' perceptions of their roles in terms of their children's physical activity and nutritional consumption.

In terms of recruitment strategies, I will provide Brownie leaders who contact me with a letter to be sent home to each of the Brownie parents to invite them to attend the next Brownie meeting for about ten minutes to learn about how they can take part in my research study. At the end of the following Brownie meeting, I will conduct a brief ten minute meeting where I will introduce myself and discuss my study to parents face to face. After the brief introductory meeting, I will provide the Brownie leaders with an information letter to be sent home to all of the Brownie parents about the details of my study. On the letter, parents will be asked to return it at the next Brownie meeting to indicate whether they would like to volunteer to participate in my study. Parent participants can choose not to answer particular questions and can withdraw from the study at any time. All information will be kept confidential and no one and no Brownie Unit will be identified in the thesis. I would like to assure you that this study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Waterloo, and that there are no known or anticipated risks to participants in this study.

If you would like more information, I would be happy to forward you parts of my proposal or meet with you in person to go over any details that you may need clarification on. I know that you have a very busy schedule and I really appreciate you taking the time consider my request.

Please feel free to call or email me at your earliest convenience,

Sincerely,

Anne-Marie Tamburro  
MA candidate, University of Waterloo: Recreation and Leisure Studies  
Honours BA, York University: Major: Sociology, Minor: Psychology  
(519) 885-9724, email: [a2tambur@ahsmail.uwaterloo.ca](mailto:a2tambur@ahsmail.uwaterloo.ca)

**Appendix: C:**  
**Invitation letter to Brownie parents:**  
**Brief meeting to learn more about me and my study**

Date: Day/ Month/ Year

Dear Parents,

Hello, my name is Anne-Marie Tamburro. As a former member of the Girl Guides of Canada community for over a decade, I am writing to you today to give you the opportunity to take part in an interactive study on “Parents perspectives of Healthy Living for their daughters, and their Role within it.”

As a current Masters candidate in the Recreation and Leisure Studies program at the University of Waterloo, and under the supervision of Professor Susan Shaw (519-888-4567, ext: 35019) your Brown Owl and Brownie Leaders of your daughter’s Brownie Unit have allowed me to speak to you about how you can participate in my study, if you wish to do so. This study is for my Master’s thesis and is not a Brownie activity. The information obtained through the interviews will remain confidential and no person or Brownie Unit will be identified in my thesis.

I will be coming to your Brownie Unit next week on Day/Month/Year, at \_\_\_\_\_pm, to chat with you briefly about the study and what it involves. In short, the research study involves interviews with parents to gain an understanding of their perspectives on children’s health and the challenges parents face related to their daughters’ physical activity levels and their nutritional consumption.

It is important to note that my research study has been reviewed and has received ethics clearance through the Office of Research Ethics by the University of Waterloo, and that there are no known or anticipated risks to you as a participant in this study. Attending the meeting next week does not in anyway commit you to participate in this study. Rather, this short meeting will be held to provide parents with information about my study in case if they are interested in taking part.

I look forward to seeing you next week to introduce myself and explain to you in greater detail what my study entails,

Thank you for your support,

Anne-Marie Tamburro  
MA candidate, University of Waterloo: Recreation and Leisure Studies  
Honours BA, York University: Major: Sociology, Minor: Psychology  
(519) 885-9724, email: [a2tambur@ahsmail.uwaterloo.ca](mailto:a2tambur@ahsmail.uwaterloo.ca)

## Appendix D: Script for brief meeting with Parents

Thank you so much for coming to see me tonight.

I would like to take the next five to ten minutes to tell you a little bit about a study that I am conducting for my Masters in Recreation and Leisure studies at the University of Waterloo.

Throughout the past several years, I have spoken to many parents who have shared their experiences along with their triumphs and struggles with raising healthy children. Since limited research exists on *parents perceptions of their children's health in regards to physical activity and nutrition*, I am interested in finding out your thoughts and opinions on this topic.

I would like to give you an opportunity to share your experiences and feelings about your daughters' physical activity levels and nutritional intake. In addition to learning about the roles that parents play in their daughters' healthy lifestyles and the responsibilities they take on, I am also eager to understand the barriers and / or challenges that parents face when it comes to their children's health and lifestyle.

All parents are welcome to attend interviews together as a couple, or one parent alone (the father, the mother, or another caregiver) to represent the caregiver role for their daughter(s). Interviews will take place in you daughter's Brownie facility during your daughters' Brownie meeting, or at another time or location more convenient for you. Each interview is expected to take approximately sixty to ninety minutes to complete. It is important to note that participation is completely voluntary, and you may withdraw from answering any questions or end the interview at any time. With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. When discussing your daughter, you may choose to use a pseudonym throughout the interview, or choose a pseudonym for your daughter for me to use when reporting my findings. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to take part in an informal interview over the phone or in person to confirm the accuracy of our conversation and to add or clarify any points that you wish to share. It is important to note that the text will be reviewed by both the researcher and the participants to ensure that participants' identity and their daughter's identity will not be disclosed either directly or indirectly. All information you provide is considered completely confidential. Your name and your daughters' name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Data collected during this study will be retained for two years in a locked filing cabinet of the researchers' home.

If you think you might be interested in participating, I will provide you with an information letter stating some of the key points I outlined today, so, if you wish, you can discuss this study with your daughter. By giving you this letter, it does not imply a commitment to participate. Rather, this letter will give you the opportunity to agree or not agree to participate or ask for further information or clarification. In case if you have any questions regarding this study, or you would like additional information to assist you in reaching a decision about participation, please contact me at (519-885-9724) or by email at (a2tambur@ahsmail.uwaterloo.ca). You can also contact

my supervisor, Professor Susan Shaw at 519-888-4567 ext. 35019 or email (sshaw@healthy.uwaterloo.ca).

Your interview will provide information about the issues and challenges that parents face when raising healthy children. Once my analysis is complete, participants will be able to request an abstract or executive summary for the study to find out the results of my study. Additionally, if parents ask for information about children, healthy eating, and physical activity, I will provide them with a list of community resources and websites.

I would like to assure you that this study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Waterloo, and that there are no known or anticipated risks to you as a participant in this study. If you have any comments or concerns resulting from your participation in this study, please contact Dr. Susan Sykes of this office at 519-888-4567 Ext. 36005.

## **Appendix E: Information letter for Parents**

Date:

Dear Parents,

This letter is an invitation to consider participating in a study I am conducting as part of my Master's degree in the Department of Recreation and Leisure Studies at the University of Waterloo under the supervision of Professor Susan Shaw. I would like to provide you with more information about this project and what your involvement would entail if you decide to take part.

The purpose of this study is to explore parents' perceptions of their daughters' healthy lifestyle, in addition to the roles and responsibilities that parents adopt. This includes parents' views on the concept of *Healthy Living*, and parents' perceptions of their roles in terms of their children's physical activity and nutritional consumption. The Girl Guides of Canada Waterloo Commissioner and the Brown Owl of your daughter's Brownie Unit have given me permission to speak with parents from your daughters' Brownie Unit about my study. I invite all parents who have a daughter enrolled in Brownies to participate.

I am interested in finding out your thoughts and opinions on this topic. I would like to give you an opportunity to share your experiences and feelings about your daughters' physical activity levels and nutritional intake. In addition to learning about the roles that parents play in their daughters' healthy lifestyles and the responsibilities they take on, I am also eager to understand the barriers and / or challenges that parents face when it comes to their children's health and lifestyle.

Both parents are welcome to take part in an interview: together as a couple or one parent alone (i.e., the father, the mother, or another caregiver). Interviews will take place in the \_\_\_\_ facility during your daughters' Brownie meeting, or at another time or location more convenient for you. Each interview is expected to take approximately sixty to ninety minutes to complete. It is important to note that participation is completely voluntary, and you may withdraw from answering any questions or end the interview at any time. With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. When discussing your daughter, you may choose to use a pseudonym throughout the interview, or choose a pseudonym for your daughter for me to use when reporting my findings. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to take part in an informal interview over the phone or in person to confirm the accuracy of our conversation and to add or clarify any points that you wish to share. It is important to note that the text will be reviewed by both the researcher and the participants to ensure that participants' identity and their daughter's identity will not be disclosed either directly or indirectly. All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Data collected during this study will be retained for two years in a locked filing cabinet of the researchers' home. Only researchers associated with this

project will have access. Once my analysis is complete, participants may request an abstract or executive summary for the outcomes of my study.

Your decision concerning participation in the study will not affect your daughter's current standing with the Girl Guides of Canada Program or the services in Brownies in the future. You may wish to discuss this research study with your daughter to see whether or not she would like you to participate in my study. If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me at (519-885-9724) or by email at (a2tambur@ahsmail.uwaterloo.ca). You can also contact my supervisor, Professor Susan Shaw at 519-888-4567 ext. 35019 or email (sshaw@healthy.uwaterloo.ca).

I would like to assure you that this study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Waterloo, and that there are no known or anticipated risks to you as a participant in this study. If you have any comments or concerns resulting from your participation in this study, please contact Dr. Susan Sykes of this office at 519-888-4567 Ext. 36005.

I look forward to meeting with you and learning more about your experiences. Thank you in advance for your assistance in this project.

Sincerely,

Anne-Marie Tamburro  
MA candidate, University of Waterloo: Recreation and Leisure Studies  
Honours BA, York University: Major: Sociology, Minor: Psychology  
(519) 885-9724, email: [a2tambur@ahsmail.uwaterloo.ca](mailto:a2tambur@ahsmail.uwaterloo.ca)

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Please indicate below if you would like to volunteer to participate in the research study described above.

*If you would like to participate in the study outlined above, please print your name, your telephone number, and the date below. Anne-Marie Tamburro will collect this form from the \_\_\_ Unit Brown Owl and I will contact you to arrange a convenient time and place for you to participate in an interview.*

<input type="checkbox"/> <u>Yes</u> , I would like to volunteer to participate in the research study described above.		
_____	(     ) _____	____/____/____
<i>Please Print Name(s)</i>	<i>Phone Number</i>	<i>(Day/Month/Year)</i>

## Appendix F: Consent Form for Interview

### CONSENT FORM

I have read the information presented in the information letter about a study being conducted by Anne-Marie Tamburro under the direction of Professor Susan Shaw of the Department of Recreation and Leisure Studies at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that I have the option of allowing my interview to be tape recorded to ensure an accurate recording of my responses.

I am aware that excerpts from the interview may be included in the thesis and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I am aware that Anne-Marie Tamburro will provide me with a typewritten transcript of my interview and will arrange an informal follow-up interview either on the phone or in person to ensure that she has captured my thoughts and perceptions accurately.

I understand that my participation in this study will not affect my daughter's current standing with the Girl Guides of Canada program or the services offered in Brownies in the future.

I was informed that I may withdraw my consent at any time without penalty by advising the researcher.

This project has been reviewed by, and received ethics clearance through, the Office of Research Ethics at the University of Waterloo. I was informed that if I have any comments or concerns resulting from my participation in this study, I may contact the Director, Office of Research Ethics at (519) 888-4567 ext. 36005.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

YES  NO

I agree to have my interview tape recorded.

YES  NO

I agree to the use of anonymous quotations in any thesis or publication that comes of this research.

YES  NO

Participant Name: \_\_\_\_\_ (Please print)

Participant Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ (Please print)

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix G: Feedback Letter**

March 2007

Dear Parent;

Thank you for spending your time with me today and sharing your experiences of Healthy Living for your daughter.

Your dedication and commitment to my study on “Parents’ perceptions of Healthy Living for their daughters’ and their role within it” will help shed light on parents’ experiences of raising healthy daughters along with the challenges faced and the achievements accomplished. Your valuable insight will help add important information to the empirical research on parents’ role in their children’s health.

After I personally transcribe your audio-taped interview, I will provide you with a copy and give you a chance to read through it. To ensure that I captured your thoughts and experiences accurately, I will call you to arrange an informal interview either in person or over the phone to discuss my initial interpretations and results from the study. The text will be reviewed by both the researcher and the participants to ensure that participants’ identity and their daughter’s identity will not be disclosed either directly or indirectly. All information that you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Data collected during this study will be retained for two years in a locked filing cabinet of the researchers’ home. Only researchers associated with this project will have access. Once my study is complete, you may request to obtain an abstract or executive summary for the study. If you would like to obtain a copy of my final report, I would be happy to provide you with one. Please feel free to call me at (519) 885-9724, or email me at [a2tambur@ahsmail.uwaterloo.ca](mailto:a2tambur@ahsmail.uwaterloo.ca), to notify me if you would like a copy.

I would like to remind you that this project has been reviewed by, and received ethics clearance through, the Office of Research Ethics at the University of Waterloo. In the event you have any comments or concerns resulting from your participation in this study, please contact Dr. Susan Sykes at 519-888-4567, ext. 36005.

Thank you so much for your assistance,  
Sincerely,

Anne-Marie Tamburro,  
Masters Candidate, University of Waterloo: Recreation and Leisure Studies  
Honours BA, York University: Major: Sociology, Minor: Psychology  
[a2tambur@ahsmail.uwaterloo.ca](mailto:a2tambur@ahsmail.uwaterloo.ca), (519) 885-9724

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**For your convenience, I have provided you with a few references related to my study that may be of interest to you.**

Behan, R.D. *Fit kids: raising physically and emotionally strong kids with real food*. NY:

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manipulating sedentary behavior on physical activity and food intake. *Journal of Pediatrics*, 140, 334-339.

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obesity in Canadian adolescents and their associations with dietary habits and physical activity patterns. *Journal of Adolescent Health*, 35, 360-367.

Povis-Alleman, G. *Save your child from the fat epidemic: 7 steps every parent can take to ensure*

*healthy, fit children for life*. Prima Publishing, United States, 1999.

Shaw, S. & Dawson, D. (2001). Purposive leisure: Examining parental discourses on family

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women's leisure. *Journal of Leisure Research*, 26 (1), 8- 20.

## **Appendix H: Verbal Script: Reporting the Findings**

Thank you so much for taking time out of your busy day to be a part of my research study. It was truly an inspiring learning experience to sit down with you to discuss your roles and responsibilities with regard to your daughter's health and healthy lifestyles. Today I am giving you a copy of the themes developed along with parts of my thesis discussion section which outlines the main findings of my study. If you would like to see a full copy of my thesis, please let me know and I will make one available to you. I'm sure that you are wondering what came out of my study, so I would like to spend a few minutes telling you a bit about my findings.

Many of the parents in this study talked about physical, mental and psychological health. The parents tended to highlight their roles and responsibilities in their daughter's physical health very well. They did this by focusing much of their attention on the ways in which they ensured that their daughters ate healthy food and were physically active. While they were also concerned about mental and psychological health, it was less evident to parents how this would be accomplished. When talking about their daughter's leisure time, many parents mentioned breaking down gender norms and did their best to instill the empowering messages to their daughters that they are capable of doing anything that they put their mind to.

Interestingly, many of the parents in this study refused to think about barriers when it came to their children's health. Instead, they negotiated potential obstacles, such as money and time, and reprioritized their daughters' daily activities to ensure that she was leading a healthy lifestyle. Putting their children's health first, parents talked about the pleasure they experienced from spending time with their children during family meals and family activities, and found these two activities to be key ways to teach their children about healthy lifestyles.

All of the parents interviewed said that they shared the responsibility of raising healthy females with their family and friends. Additionally, the fathers also appeared to be involved parents, who strove to become co-parents with their female partners. However, despite the fathers' commitment to their daughters' health, most mothers took on the primary caregiver role in this respect. Additionally, the mothers usually felt more guilt or anxiety about not devoting all of their time and energy to their children. This was particularly true for employed mothers. Although all of the parents thought that they were doing their very best to raise healthy females, most parents questioned themselves about whether their 'best' was really 'good enough'.

While most parents said that they did not feel any pressure from others to raise healthy children, they seemed to inflict guilt and anxiety on themselves. Surprisingly, although some parents said that there is no such thing as a 'perfect parent', many strove to take on this impossible role. Therefore, it seemed that parents internalized the ideology of parenthood and as a result, felt guilty that they were not doing 'enough' when they clearly were doing a lot. I was really saddened by this finding, and I hope that parents realize their constraints and know that enough is enough. I hope that the ideology of parenting will continue to be challenged in the future and eventually changed to reflect parents in today's society.

All in all, this was an exceptional sample of parents who truly cared about their children's well-being. It was evident in their discussions that they did everything possible to teach their daughters the skills and knowledge needed to lead long healthy lives. As a concluding note, I want to commend all of the parents who are doing their very best to raise healthy children, and encourage them to have a bit more faith in themselves. I really hope that by spending your time discussing your daughter's health with me, that you have realized that your 'best', is *more* than enough. You are doing an amazing job! I hope that when I have my own children, I can

implement some of your successful tips and strategies on how to raise healthy children. Thank you again for teaching me some life long skills while helping me to earn my Master's degree at the same time.