UK Data Archive

Study Number 6428

Middle-class Parents' and Teenagers' Conceptions of Diet, Weight and Health, 2007-2008

USER GUIDE

PARENT INTERVIEW TOPIC GUIDE

Currently in Scotland there's not enough information about what young people and their families eat, and what they think about their health. Everybody has their own opinion about these things but I'd like to know what YOU think – there aren't any right or wrong answers to the questions I'll ask you, so I'm not testing you. We'll just talk about various things and if you have any questions, I'll make sure we have time to talk about them at the end.

- we'll talk for about an hour, but it depends on how much you've got to say
- everything you tell me is confidential – so I won't tell anyone at all what you've said. When I've listened to what you've said on the tape, I'll give you a pseudonym, so even the people I work with won't know your real name. I'll also change the names and details of anyone else you talk about, so you can tell me anything you want to.
- I want to tape record what we say, so that I don't have to write it down – is that OK? The information will be held at the national data archive at the University of Essex and will be accessible to other researchers, but anything that could identify you, your family or friends will be changed to preserve confidentiality.

If you want me to stop the tape, or feel uncomfortable talking about something, just say 'I want to stop now' and we won't continue.

1. EVERYDAY FAMILY FOOD HABITS

- I'd like to start by finding out what a typical day is like for your family. Firstly, who lives here with you?
- Let's start by talking about yesterday:
  - Go through day
  - Working patterns of parents
  - When children come and go
  - When/where parent eats and with whom

(BE AWARE OF WHETHER THEY SHOW THAT THEY KNOW WHAT ADOLESCENT IS EATING)

- WHO prepares/shops for food?
- WHO decides what food to buy/prepare? PROBE whether other family members ever have a say in this.
- ASK ABOUT THE EVENING. PROBE snacking habits, what they do in the evening, who with.
- IS THIS A TYPICAL PATTERN?
- WHAT ABOUT DAYS WHEN THE ROUTINE IS DIFFERENT (e.g. the weekend). Look at different patterns to the day, including food.
- TIME SPENT TOGETHER – some families spend a lot of time together and others don't. What do you do together as a family? PROBE any physical activities.

- EATING TOGETHER – some families eat together regularly whereas other families don't. When do you eat together? (LOOK AT CIRCUMSTANCES IN SOME DEPTH)
- If they DON'T eat together, PROBE why not, what factors influence this.

2. SOCIAL WORLD

- ADOLESCENT'S FRIENDS/SOCIAL NETWORKS. Who do they hang out with/where? When do they eat with each other?
- PARENTS' FRIENDS/SOCIAL NETWORKS. PROBE about extended family. What do they talk about together? When do they eat with others?

3. FOOD RULES

- SUMMARISE what they've said regarding ADOLESCENT'S habits.
- PROBE more about how much they know about what adolescent is eating throughout the day:
  - What sort of eater would you say [adolescent] is?
  - What sort of eater were they like when they were younger?
  - What foods do you think [adolescent] likes to eat?
  - What foods do YOU like to eat? Do other family members like the same foods?
  - Is [adolescent's] taste similar to yours or different? FRIENDS' tastes similar or different?
  - Have your tastes changed? Has [adolescent's] tastes changed?
- GENERAL RULES:
  - What things do you ALWAYS do or say regarding food at home?
  - What things do you expect others in your family to do? PROBE children or spouse not allowed certain foods/have to eat certain meals.
- SPECIFIC RULES:
  - What RULES do you have regarding [adolescent]?
  - Prompt: Rules about where food is eaten, with whom, when, how much (portion sizes – who decides, how food is served), table manners.
- HISTORY:
  - What about when they were younger?
  - PROMPT: Rules about where food is eaten, with whom, when, how much (portion sizes), table manners
  - Find out when these rules changed/stopped. PROBE in detail.
- NON-FOOD RULES
  - What other rules and expectations do you have regarding [adolescent]?
  - Have these rules changed?
  - What are these rules dependant on?

4. FOOD TALK & ATTITUDES

- WHAT things to do with food do you tend to talk about in your family? PROBE everyday food, nutrition, healthy food, dieting.
- Do you ever talk to [adolescent] about food? PROBE everyday food, nutrition, healthy food, dieting.

5. HEALTH

- How do you think your family's HEALTH is? PROBE individual family member's health.
- What things do you think affect your family's health? PROMPTS for factors that affect health:
  - Housing/living conditions
  - Luck or chance
  - Illnesses that run in families
  - Stress in daily life
  - Your lifestyle – things like exercise, smoking and drinking
- What do you do that might help your health? Is that important to you? Why?
- What things do you do that you think are bad for your health?
- How important is eating to your health (if not mentioned already)?
- What does your family do to keep healthy?
- There is a lot of information at the moment about 'healthy eating' – what does 'eating healthily' mean to you? Where do you get your information? PROBE GP, health practitioners, magazines, newspapers, TV.
- What do you think [name] eats that's healthy?
- WHAT do you think about your family's diet?
- Is there anything you'd like to change about the way your family eats? How do you think you can achieve or do that? PROBE specific people in family.
- What makes it difficult to achieve that?
- How concerned are you about your family's diet? How concerned are you about [name] diet? PROBE why does [name] diet concern you?
- IF APPROPRIATE:
  - What are you doing at the moment to change your family's heath/eating habits?
  - What are you doing at the moment to change [adolescent's] health/eating habits?
  - What do you think you need to do in order to help [adolescent's] change their eating habits? (How hard will that be?)
  - Probe whether they think it is down to adolescent to change.

- Some parents think that their children's health is their responsibility, whereas others feel that teenagers should look after their own health – what do you think?
- When you look at the way that you and your family eats, how do you think it compares with other families or people you know? How does [name] diet compare with other teenagers you know?

6. WEIGHT LOSS & BODY IMAGE

- Has anybody in your family ever tried to lose weight? PROBE who, when how
- Why do you think some people try to lose weight?
- What do you think is a good reason to want to lose weight?
- What do you think is a good way to lose weight? What do you think is a bad way to lose weight?
- How do you think people can keep their weight the same?
- Is there anybody in your family or anyone else that you know who ought to lose weight? PROBE why…
- How concerned are/were you about [their] weight?
- What do you think your family needs to do in order to help [name] lose weight? How hard will that be? PROBE whether they think it's down to individual to lose weight.

IF MENTIONS SELF

- WHY do you think you needed to lose weight?

IF MENTIONS ADOLESCENT

- What do you think about [adolescent] trying to lose weight?
- How concerned are/were you about [adolescent's] weight?
- Did you give [adolescent] any advice about losing weight?
- What do you think your family needs to do in order to help [adolescent] lose weight? How hard will that be?
- How do you think that your family's weight compares to other people that you know? PROBE family/friends
- What do you think of the way these people look? SHOW PICTURES: PROBE re fatness and thinness. What they think an obese person looks like (definitions).

7. TO FINISH…

- So finally, why do you think young people eat the way they do?
  PROBE
  - Money
  - Preferences
  - Access/availability
  - Gender

- Age

So how have you felt about being interviewed?

Do you have any questions for me?

Thank them for taking part.

YOUNG PERSON INTERVIEW TOPIC GUIDE

Currently in Scotland there's not enough information about what young people and their families eat, and what they think about their health and weight. Everybody has their own opinion about these things but I'd like to know what YOU think – there aren't any right or wrong answers to the questions I'll ask you, so I'm not testing you. We'll just talk about various things and if you have any questions, I'll make sure we have time to talk about them at the end.

- we'll talk for about an hour, but it depends on how much you've got to say
- everything you tell me is confidential – so I won't tell anyone at all what you've said. When I've listened to what you've said on the tape, I'll give you a pseudonym, so even the people I work with won't know your real name. I'll also change the names and details of anyone else you talk about, so you can tell me anything you want to.
- I want to tape record what we say, so that I don't have to write it down – is that OK? The information will be held at the national data archive at the University of Essex and will be accessible to other researchers, but anything that could identify you, your family or friends will be changed to preserve confidentiality.

If you want me to stop the tape, or feel uncomfortable talking about something, just say 'I want to stop now' and we won't continue.

1. EXPLORE YOUNG PERSON'S SOCIAL WORLD

- Tell me about your everyday life, what you get up to at home and with your friends. Let's start with yesterday, what time did you get up…
  WORK THROUGH DAY looking at
  - What/when they eat, with whom and why
  - Who talks to who
  - What they get up to

  (PROBE in detail about each part of the day, whether this was a TYPICAL day COVER ENTIRE SCHOOL DAY AND AFTER SCHOOL)
  - PROBE for snacks/drinks etc.
  - PROBE who they spend evenings with, what they do/talk about. When do you do something/eat something DIFFERENT to that?
- WEEKEND
  Now tell me what you do at the weekend. Cover what they do, who with, when they eat. TYPICAL AND UNTYPICAL WEEKENDS, WHEN DO YOU EAT DIFFERENTLY?
- TASTES AND PREFERENCES
  - What do you like to eat and why?

- Do others in your family or friends like eating the same as you or differently? PROBE what this is based on/how do you know

- FAMILY FOOD PRACTICES AND 'RULES'
  - What things are you allowed to eat without asking at home?
  - Are there things your parents are strict about?
  - Who usually cooks in your family? When is this different?
  - Where do you eat food?
  - Who do you eat with? Some families eat together while others don't…
  - Who tells you when and what to eat?
  - How much do you eat? (Amounts/portion sizes) PROBE: Do you finish all the food on your plate? How is food served?
  - Have any of these rules changed?
  - Whose responsibility is what you eat?
- OTHER PRACTICES
  - Some families spend a lot of time together, and some don't. What does your family do together?
- NON-FOOD RULES
  - What other rules does your family have? (PROBE chores, curfew, who they can hang out with, TV)
  - Have any of these rules changed?
- RULES AT SCHOOL
  - Are there any rules about where you're allowed to eat at school?
  - Are there different rules for different year groups?
  - Are there any rules about who you're allowed to eat with?
  - How long do you have for lunch?
- MONEY
  - Do they get an allowance
  - Where do they get money for food etc.
  - How do they pay for school dinners
  - Do they use their own money for food
  - Who pays for the shopping at home
- CULTURAL INFLUENCES
  - If they talk about magazines, which ones.
  - Which TV programmes do they watch, what do they think about the stars on them etc. Celebrities they think are healthy.

2. EXPLORE YOUNG PERSON'S RELATIONSHIPS WITH FAMILY AND OTHERS

- You've told me a little bit about your family and friends already and on the questionnaire you said that (SUMMARISE FAMILY DETAILS FROM QUESTIONNAIRE) but I'd like to know more about you, your family and other people who might be important to you.

- PROBE: If always lived with these family members/when/if it's changed.
- PROMPT (If necessary for specific family members):
  - How do you think you get on with your [mum/dad/siblings]?
  - Can you talk to your [mum/dad/siblings]?
  - Is she/he strict? What about? Do you ever have to discuss with them about what you're allowed to do?
  - PROMPT: do you ever talk about food/what you would like to eat?
- Now let's talk about your FRIENDS

  WORK THROUGH CLOSE FRIENDS (define close friend, if necessary, as someone you like to spend a lot of time with)

  If they say they have no close friends, PROBE who they hang out with, who they like etc. If they say no one, PROBE who they talk to about problems, share exciting news with.
  - Are they similar to you? (Similar family/house/habits; older or younger?)
  - Where do you hang out? PROBE information on where their friendships happen
  - What things do you like to do together? What things do you talk about? How long have you been friends?
  - Do you eat together? (When/what)

  IS THERE ANYONE ELSE WHO'S IMPORTANT TO YOU?

3. HEALTH

- Now I'd like to talk a little about health. I wonder whether you think some people LOOK healthier than others?
- What do people mean when they talk about being 'healthy'?
- How do you think your health is? Is your health important to you?
- What things do you think affect your health?
  - Some people think that [physical symptom e.g. cancer, diabetes, heart disease/heart attacks] is affected by what you eat – what do you think?
  - Do you know anybody with these diseases?
- PROMPTS for factors that affect health. (Some people think that xxx affects health, what do you think?) (ONLY AFTER PROBING FIRST)
  - Housing/living conditions
  - Luck or chance
  - Illnesses that run in families
  - Stress in daily life
  - Your lifestyle – things like exercise, smoking and drinking
- What do you do that might help your health?
- What things do you do that you think are bad for your health?
- How important is eating to your health (IF HASN'T MENTIONED ALREADY)?

- What does your family do to keep healthy?
- There is a lot of information at the moment about 'healthy eating' – what do you think you eat that could be healthy? Where do you find out about 'healthy eating'? PROBE parents, school, doctor, magazines, newspapers, TV.
- What sort of eater do you think you are? PROBE Fussy (what does a fussy eater mean), picky…
- What sort of eater were you when you were younger (work forwards if necessary)
- Would you like to change what you eat in any way?
- How do you think you can achieve/do that

- Whose responsibility is it to look after your health? Why? PROBE has this changed?
- What do you think of what your mum/dad/siblings eat?
- When you look at the way that you and your family eats, how do you think it compares with other families or teenagers you know?

4. WEIGHT, APPEARANCE AND BODY IMAGE

- It's often reported that some young people your age think a lot about their appearance so I want to ask you some questions about how people look now. Is that OK?
- What do you think of the way these people look? SHOW PICTURES. PROBE: are they too fat, too thin, just right?
  - What makes you say that? How do you decide if a person is too fat/thin? – NOT in terms of health (unless they raise it)
  - What IS *too* fat? Is it important?
  - Who do you know who has a similar body shape to [boys in picture/celebs]?
  - What do you think about their shape/size?
- How would you describe yourself? What words would you use to describe yourself?
- How important is the way you look to you?
- Do you think you look the same as other people in your family or friends?
  - PROBE about individuals participant has already named: in terms of shape, body size, build
- Is there anybody you know who you think is overweight or obese? What makes you think that?
- Is there anybody you know who you'd like to lose weight?
  - How concerned are/were you about their weight?

- What do you think your family could do to help [name] lose weight? How hard will that be? PROBE whether they think it's down to individual to lose weight. Is it important?

- What difference do you think the food you eat can make to your appearance?
- What about your weight, does it stay the same, or go up, or down? PROBE when did it change? Why?
- [refer to questionnaire answer] – what makes you think you're too fat/too thin/about right?
  - Are you comparing yourself to others?
  - Have other people ever commented on your weight or size?
  - Does it bother you? Is your weight important to you?
  - IF APPROPRIATE: what do you do/have you done to lose/gain/maintain your weight? What do your friends/family do to lose/gain/maintain weight? What do you think about that? (PROBE for all individuals)
- Whose responsibility is your weight?
- PROBE why do you think some people put on or lose weight? Why can some people eat a lot and not gain weight, and not others?
- Do you think some people do need to lose weight? Why?
- What do you think is a good way to lose weight?
- What do you think is a bad way to lose weight? Why?

5. TO FINISH…

- So why do you think young people eat what they do? PROBE
  - Money
  - Preferences
  - Access/availability
  - Being a boy/girl
  - Age

Some people have agreed to be interviewed because there was something in particular they wanted to talk about – what made you want to take part?

Do you have any questions for me?

Thank them for taking part. Ask to see mum or dad to arrange interview.

Date ………….. I.D. …..

YOUNG PEOPLE, HEALTH & DIET IN SCOTLAND QUESTIONNAIRE

Thank you for agreeing to fill in this questionnaire. **Your answers will be looked at by the research team and by no-one else.** The questions are all about you, your health, your eating habits and your family.

Please answer all **18** questions by writing in your answer or ticking the box that matches your answer. If you need any help please feel free to ask the researcher.

Please make sure you don't turn over two pages at once by mistake!

1. What is your date of birth?

………..**date** …………**month** ………..**year**

2. Are you a boy or a girl?

☐ Boy ☐ Girl

3. Over the last 12 months, would you say your health has been…?

☐ Excellent
☐ Good
☐ Fair
☐ Poor

4. What are your favourite foods?

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

5. Who prepares your food at home most of the time? Is it your….?

☐ Mother ☐ Father ☐ Yourself ☐ Someone else (who?)…………

6. What do you usually do at lunchtime?

☐ School dinners

☐ Packed lunch
☐ Buy lunch at shops
☐ Go home for lunch
☐ Other (please explain) ………………………………………………………………

7. How often do you eat breakfast?

☐ I hardly ever/never eat breakfast
☐ 1-2 days a week
☐ 3-4 days a week
☐ 5-6 days a week
☐ Every day

8. How often do you eat crisps?

☐ I hardly ever/never eat crisps
☐ 1-2 days a week
☐ 3-4 days a week
☐ 5-6 days a week
☐ Every day

9. How often do you eat chocolate or sweets?

☐ I hardly ever/never eat chocolate or sweets
☐ 1-2 days a week
☐ 3-4 days a week
☐ 5-6 days a week
☐ Every day

10. How often do you eat fruit?

☐ I hardly ever/never eat fruit
☐ 1-2 days a week
☐ 3-4 days a week
☐ 5-6 days a week
☐ Every day

11. How often do you eat vegetables?

☐ I hardly ever/never eat vegetables
☐ 1-2 days a week
☐ 3-4 days a week
☐ 5-6 days a week
☐ Every day

12. Please tick which of the following activities you do 3 times a week or more?

- ☐ Watch television/watch a video/watch a DVD
- ☐ Listen to music
- ☐ Play sport (like football, netball, rugby, hockey etc. – even if it's just with your friends)
- ☐ Walk for at least 20 minutes
- ☐ Play computer games/use a computer (outwith school hours)
- ☐ Cycle for fun or just to get around
- ☐ Swim
- ☐ Read comics, magazines or books (outwith school hours)
- ☐ Do nothing in particular
- ☐ Skate/skateboard
- ☐ Text/play games on a mobile phone
- ☐ Dance
- ☐ Hang out with friends
- ☐ Other activities (please write in)

……………………………………………………………………………………………………

13. Right now, do you think your body is….?

- ☐ much too thin
- ☐ a bit too thin
- ☐ just about right
- ☐ a bit too fat
- ☐ much too fat

14. Have you been on holiday in the past year?

☐ Yes ☐ No ☐ Not sure

15. Do you share a bedroom at home?

☐ Yes ☐ No, I have my own bedroom

16. Please tick which of these people <u>usually</u> live in your home? *If your mother and father live in different places, answer for the home where you live most of the time*

- ☐ Mother
- ☐ Father
- ☐ Stepmother (or father's partner)
- ☐ Stepfather (or mother's partner)

☐ Grandmother
☐ Grandfather
☐ Brother/s (including half, step or foster brothers)
How many brothers? ……
☐ Sister/s (including half, step or foster brothers)
How many sisters? ……
☐ Other people (write it down)
……………………………………………………………………………………………………

17. Do the adults that you live with have a paid job?

Mother
☐ Yes ☐ No ☐ Not relevant
Father
☐ Yes ☐ No ☐ Not relevant
Stepmother (or father's partner)
☐ Yes ☐ No ☐ Not relevant
Stepfather (or mother's partner)
☐ Yes ☐ No ☐ Not relevant
Grandmother
☐ Yes ☐ No ☐ Not relevant
Grandfather
☐ Yes ☐ No ☐ Not relevant

***If YES, what job(s) do they do?**

……….

……….

18. Do you know your home postcode?

☐ Yes Write your postcode in here ……………………………….
☐ No Please write down the name of your street

………………………………………………………………………………………….

Thank you.

Now please complete the yellow sheet enclosed with this questionnaire.

Parents' & teenagers' conceptions of diet, weight & health: Does class matter?

Introduction

The importance of paying attention to children and young peoples' health and eating habits has been firmly stated in documents such as Eating for Health: Meeting the Challenge (Scottish Executive, 2004) and the recently published Food and Health Action Plan (Department of Health, 2005). These documents place a continued emphasis on understanding the factors which contribute to socio-economic (class) inequalities in health. Children and young people from lower social class groups are known to consume a diet that is less 'healthy' than their peers from other social groups (Shaw et al., 2000), including less frequent consumption of fruit and more regular consumption of high sugar soft drinks (Vereecken et al., forthcoming). Children/young people from lower social class groups are also at greater risk of becoming overweight/obese, particularly if one or both parents are overweight (Jotangia et al., 2005). A rise in the general prevalence of obesity amongst children/young people raises a particular concern because of concurrent risks for psycho-social well-being and longer term risks for health (Royal College of Physicians, 2004).

Whilst there is no universal definition of social class, here it is taken to mean a hierarchical (and unequal) framework of relationships which arise from the social organisation of labour, education, wealth and income (Bradley, 1996). Whilst it is widely accepted that the unequal material circumstances associated with class distinctions influence peoples' lives and health (Williams, 2003), it is through attention to the everyday lived experience of deprivation or affluence that we can see how class might underpin growing inequalities in health. Bourdieu (1984), in his work on habitus, argued that social distinctions are maintained through the production and control of bodily practices, which, as Williams (1995) suggests, are often mundane and taken-for-granted. This implies that daily practices and beliefs surrounding diet, health and weight might provide a 'structuring structure' which, whilst serving to distinguish one class group from another, would be 'neither known nor chosen by [such groups]' (Williams, 2003: 143). Bourdieu and others postulated that people from lower social class groups may have a utilitarian attitude towards health, valuing bodies free from illness and capable of performing everyday activities (Bourdieu 1984; d'Houtard and Field 1984). The middle-classes, however, may be more likely to value enhanced wellbeing, rather than merely a functional absence of disease (Blaxter 1990; d'Houtard and Field 1984). In light of this, some commentators have argued that higher social class groups are protected against obesity because of the value they place on maintaining a socially acceptable thinner body (McLaren & Kuh, 2004). However, quantitative research that has explored social class differences in attitudes to ideal body shapes has either produced inconclusive results (Wardle & Griffith 2001), has only been conducted with adult women (McLaren & Kuh, 2004), or has not included children beyond primary school age or adequate comparison groups of overweight/obese and non-overweight/obese children (Wardle et al. 1995). A lack of qualitative research in this area also means that the mechanisms which might explain differences and similarities between different groups remain unexplored.

Recent attempts to explore the role of class in explaining young peoples' health-relevant behaviours suggests that structurally determined experiences may not be as influential as in previous generations (Karvonen et al., 2001; West & Sweeting 2004). Such issues are, however, likely to be complex and dynamic. Some evidence, for example, suggests

that young people from working class backgrounds start following potentially problematic health trajectories earlier than their middle class peers (West & Sweeting, 2002). Other work, however, indicates that, as young teenagers start to shy away from the adult gaze, they may spend increasing amounts of time with peers (Hendry et al., 2002), including those from different socio-economic groups (West & Sweeting 2004). This 'blending'of contemporary peer groups (West & Sweeting, 2004) may not only result in young people becoming more active in determining their own health-relevant behaviours (Furlong & Cartmel, 1997), it may also account for why some studies have found little or no social class differentiation in health outcomes amongst early teenage groups (West and Sweeting 2004), unlike older and younger age groups (Sacker et al., 2002).

Whilst gender differences have been observed in the eating habits of boys and girls (e.g. Brannen et al., 1994; Sweeting et al., 1994), there is no recent evidence of social class difference in the dietary practices of male and female young teenagers. Qualitative work on body image has tended to focus on the perspectives of girls because it is generally assumed that girls engage with issues of appearance and 'thin ideal' bodies (Frost, 2001). However, some work suggests that boys may also value their appearance, and, like girls, 'do looks' (Frost, 2003). Few qualitative studies have adequately explored the perspectives of boys and girls, from a range of social class groups and with a range of BMIs, though Watson (2000) has suggested that working-class boys prefer a body that is 'fit for purpose'.

Recent qualitative research undertaken by the applicants in Scotland (Backett-Milburn et al., in preparation; Wills, 2005; Wills et al., 2005; Wills et al., in press) has highlighted and explored diet, health and weight issues amongst families from lower social class groups with young teenagers (aged 13-15 years) with a range of BMIs (interviews were undertaken with boys and girls and their parents). The proposed research, which will focus on young overweight/obese and non-overweight/obese teenagers and parents from higher social class groups, will facilitate a critical examination of some of the key findings from the completed research (outlined below), and enable us to explore whether class underpins perceptions and practices regarding diet, health and weight. Ultimately, such work will inform debates about inequalities in health and drive forward appropriate policies on health, diet and obesity. Theories about class-based predispositions and distinctions will also be revisited in the proposed study to elucidate their relevance for overweight/obese and non-overweight/obese young teenagers and their parents.

The working class teenagers in our completed study tended not to give priority to concerns about food/eating (Wills et al., 2005) and rarely associated their poor eating habits with long term health (Wills, 2005). Many participating parents and teenagers perceived genes as playing an important part in determining health/body size (Backett-Milburn et al., in preparation; Wills et al., in press). Most parents were not overly concerned about the 'healthiness' of their younger teenagers' diets and some perceived that the food provided for young teenagers at home was, at least, better than the food available elsewhere (Backett-Milburn et al., in preparation). Other health-relevant behaviours, (e.g. smoking and drinking) were of greater concern to parents than diet and/or their children being overweight (Backett-Milburn et al., in preparation). The very obese teenagers were often anxious or depressed about their body size and reported attempts at 'crash' dieting (Wills et al., in press). Acceptance and satisfaction with body

size was, however, quite common (irrespective of BMI), even though half of those who were overweight/obese (and a minority of those who were not overweight/obese) had attempted weight loss (Wills et al., in press). One surprising finding was that most of our working-class parents and young teenagers thought that a preoccupation with dieting or becoming 'too thin' should not be encouraged in young people *or* adults - regardless of their weight (Backett-Milburn et al., in preparation; Wills et al., in press).

Many of the boys and girls in our study placed different emphases on aspects of their food/eating practices and body image; boys, for example, cited being 'slowed down' as a negative consequence of being overweight/obese, whereas girls who were overweight/obese, and those who thought they were overweight, reported not being able to wear the same clothes as peers as an important issue (Wills et al., in press). Girls wanted to maximise the time spent 'hanging out' with friends during the school lunch-break whereas boys wanted to 'run about' with friends rather than prioritise eating lunch (Wills et al., 2005). Non-overweight/obese boys were the only group among our teenage participants who did not express the sentiment that individuals should be happy whatever their weight (Wills, 2005).

In the absence of comparative research, it is impossible to know to what extent, and in what ways, the everyday lived experience of social class is responsible for the findings reported above. The proposed study has been formulated in light of this lacuna.

Aims and objectives

The proposed study will (a) examine the dietary practices and health and weight conceptualisations of BMI-defined obese/overweight and non-obese/overweight young teenagers (aged 13-15 years) from middle-class families (b) situate these observations within the 'habitus' of the family by exploring the aforementioned issues from the perspectives of their parents (c) compare these data to the data already collected in the applicants' recent study involving BMI-defined obese/overweight and non-obese/overweight young working-class teenagers and their parents.

The objectives are: (1) To gain an in-depth understanding of middle-class parents' and young teenagers' conceptualisations of the teenager's dietary practices and health/weight concerns (2) To explore similarities and differences in dietary practices and health/weight conceptualisations between the middle-class and working-class participants. (3) To explore the salience of class based-predispositions and distinctions (e.g. habitus) to understanding the health-relevant behaviours and conceptualisations of obese/overweight and non-obese/overweight young teenagers and their parents. (4) To conduct an integrated programme of consultation and dissemination with relevant policy, practitioner and lay (including young people) audiences. (5) To make recommendations for policy and practice initiatives aimed at improving inequalities in young teenagers' health.

Research questions

The following research questions have been identified to address the study's aims and objectives and existing gaps in substantive and theoretical knowledge:

1. How do middle-class young teenagers and their parents discuss/negotiate everyday dietary practices? What influences and contexts do they perceive as affecting the dietary practices/preferences of young teenagers?

2. Do perceptions of obesity/overweight and its development differ within and between middle-class families with BMI-defined obese/overweight and non-obese/overweight young teenagers?
3. What are the perceived facilitators and barriers to dietary change within middle-class families with and without obese/overweight young teenage members? What importance do these families place on diet in relation to health and weight?
4. Are there gendered differences in the ways in which (a) diet, health and obesity/weight are perceived by middle-class young teenagers who are obese/overweight or non-obese/overweight? Do middle-class parents perceive diet, health and weight issues as being different for their sons and daughters?
5. How do middle-class families with obese/overweight and non-obese/overweight teenagers compare, in terms of the above topics, with working-class families?

Methodology and study design

As in our previous study[1], we will use a qualitative approach to enable flexibility and depth in data gathering. This will ensure that the analysis and interpretation of the data are grounded in and guided by the experiences of participants (Mayall, 2002). As well as documenting the broad contours of experience, and how these may differ between/within different families, a qualitative approach, through its emphasis on interaction and everyday practice, can shed light onto the interrelated processes of structure and agency (Rogers et al., 1997). This is particularly important given that our aim is to explore the influence of class context amongst our previous working-class participants compared with the proposed middle-class sample of families. It is also important that the proposed study adopts the same methodology and study design as the previous study, to allow a full comparison between the data sets. The proposed study will therefore include in-depth interviews with 13-15 year olds and their parents. The following sections parallel our previous study; any revisions to the previous protocol are explained where appropriate.

Sample

36 participants aged 13-15 years will be recruited along with one of each participant's co-resident parents or guardians (preference will be given to those adults who assume most responsibility for the family diet); a total of 72 interviewees. We found in our previous work that this sample size was adequate in terms of the generation and saturation of themes. Three schools have agreed to participate in the study, all based in areas of relative affluence in Edinburgh and East Lothian. Only 0-10% of pupils at the participating schools are eligible for free school meals and each school is located in the least deprived quintile of postcode sectors in Scotland[2] (McClone, 2004). Two of the schools are state secondary schools and the third is an independent school.

Recruitment

Recruitment will occur in two stages. The first stage will involve the creation of a pool of participants from which the interview sample will be selected. We will target 2nd (S2) and 3rd year (S3) students aged 13-15 years at the 3 participating schools. The research

[1] Obesity and diet in early adolescence: a qualitative study of diet-related risk behaviours and beliefs in Scottish families resident in areas of deprivation. Funded by the Research Unit in Health Behaviour and Change at the University of Edinburgh and NHS Health Scotland (Oct 2002-Sept 2004).

[2] In our previous study of teenagers from lower social class groups, participating schools had an average of 27% of pupils eligible for free school meals; these schools were located within the 20% of most deprived postcode sectors in Scotland

team will administer a screening questionnaire in order to collect young people's socio-demographic information plus other information which will be used to screen participants and prompt discussion during the interviews (e.g. favourite foods and perception of own body size). The questionnaire will be based on the instrument developed in our previous study of working-class teenagers/parents. This will be administered to approximately 4 classes of S2 and 4 classes of S3 students at each of the 3 schools as our experience suggests that this number of classes should be sufficient to recruit an adequate number of young teenagers with a range of BMIs. Participants will have their height and weight measured in private in the school nurse's room. The research team is sensitive to the issues which may arise when weighing young teenagers (and all are experienced at doing so). Our experience suggests that few teenagers decline to be measured and many are reassured by the protocol we follow (see Ethical Considerations).

Participants will be asked to indicate on the screening questionnaire if they wish to be considered for an interview. This will form the second stage of recruitment. Thirty-six participants will be selected for interview on the basis on their gender (18 boys, 18 girls), their BMI (18 BMI-defined[3] as overweight/obese and 18 not BMI-defined as overweight/obese) and their family's social class (based on parental occupation/s, family affluence and level of deprivation[4]).

Participants selected for interview will be telephoned, and parents/guardians will be asked if they are willing to be interviewed themselves. In our previous study, we encountered no major difficulties recruiting 36 young people aged 13-15 years and their parents/guardians (34 parents/guardians were interviewed) during the 12 months scheduled for fieldwork. The young teenagers said they enjoyed being the focus of attention during the study and expressed a keen interest in talking about dietary and body image issues. Our experience with young people also suggests that boys are just as willing as girls to talk to a (female) research fellow and overweight/obese teenagers and parents are no less likely to participate than their non-overweight/obese peers.

Research methods
Individual, in-depth interviews will be carried out with each young teenager and (separately) with their parent/guardian. The interviews will each last approximately 60 minutes. All interviews will be tape-recorded with participants' consent and we anticipate that most will take place in participants' homes. We developed two topic guides which were fully piloted and used in our previous study and these will be used during the proposed research. The topic guides were developed after a comprehensive literature review, a focus group with 13-15 year olds and pilot interviews with parents and were adjusted in light of the emergent findings. Both schedules are appended. These may be revised in response to comments raised during the planned meetings of the

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[3] Body Mass Index (BMI) will be calculated as weight (kg) / height (m) squared. Thresholds for defining young people as overweight/obese or not overweight/obese will be based on the age and sex specific thresholds published by the International Obesity Task Force (Cole et al., 2000).
[4] We will choose teenagers whose parent/s' occupations are reported to be in class 1 or 2 of the NS-SEC (Office of National Statistics, 2004). Family affluence will be ascertained from positive responses to 2 items adapted from the Family Affluence Scale (Currie et al., 1997) - whether the child has their own bedroom and whether the family had at least one holiday in the past year. Deprivation will be assessed using the 2001 Carstairs scores for Scottish postcode sectors (McClone, 2004) with households falling into the least deprived quintile being eligible for interview.

advisory group and young person's consultation group, and also in response to emerging findings.

Analysis
As with our previous study, we will take general theoretical and procedural direction from grounded theory research (Strauss, 1987). Analysis of the data will involve all co-applicants (all of whom are experienced qualitative researchers) and the study's research fellow to ensure that the interpretative processes are insightful and collaborative (Bryman & Burgess, 1994). The transcripts from interviews with middle-class teenagers and parents will initially be read through repeatedly and cross-compared to establish the emergent and recurrent themes in the data. Members of the research team will each produce accounts of their own determination of themes, sub-themes and issues across/within teenage and parent 'cases' for regular team meetings. This process will ensure that individual interpretations of the data are validated by other team members before being introduced into the final coding framework (Bryman & Burgess, 1994). We found it useful in our previous study to analyse transcripts without prior indication from the research fellow about which participants were overweight/obese or non-overweight/obese. This ensured each team member's interpretation was not clouded by personal reflections about diet or weight/body size. The data will be exported into QSR N6 and this will be used to log the emergent themes (and also to write 'memos' about the analytical processes).

To facilitate a comparative analysis with the data from our previous study, we anticipate that at least part of the broad coding scheme already developed will be utilised. The broad codes previously used were: eating with family; eating with others; tastes and preferences; weight/body image; and, health. Data on general themes relating to adolescence were also coded to provide contextual information. We anticipate, however, that analysis of the middle-class data set will highlight new issues leading to the identification of new themes and the development of new, 'finer-level', codes. Data from the working-class study will also need to be revisited in light of emergent sub-themes from the middle-class study. Our analytical strategy will, therefore, be iterative and reflexive to maximise the theoretical and substantive potential of the study (Spencer et al. 2003).

Once the inquiry has preceded this far, Dr Wills will undertake a cross-comparison of the two data sets. This will entail revisiting the sub-themes identified in each of the two data sets to look for similarities and differences in research participants' accounts (Lofland & Lofland 1995), across and between social class groups. Analysis from this phase of the study (see Section 21) will be discussed in meetings with other members of the research team. Interpretations will be cross-checked and validated and any contested issues will be rigorously tested by revisiting the data. Interpretations will be further validated during consultation sessions with young teenagers at the participating schools.

Ethical considerations
Research involving young people demands particular attention to ethics (Alderson 2000; Morrow & Richards 1996). The applicants will adhere closely to the guidelines set out by the British Sociological Association and ethical approval will be sought from the City of Edinburgh/East Lothian education departments[5]. As the proposed research

[5] And from the University ethics committees

has already been discussed with school nurses and/or heads of each school[6], we do not anticipate any problems in gaining ethical approval. Parents will be sent information about the study and asked to 'opt out' if they do not wish their child to participate. The parents of teenagers selected for interview will be asked to give their own written consent before interviews commence. Details of the study will be explained verbally to each class of young teenagers and this will be accompanied by an information sheet and ample time for questions. Participants will then be asked to give written consent before questionnaires are administered. Participants will be assured that they can withdraw from any part of the study and that any information they share will not be passed to others. The protocol we have developed for use when weighing/measuring young teenagers will also help to address any concerns participants may have (e.g. we will use scales with a remote monitor so that participants do not see their weight measurement and we will only disclose their weight if they ask to be told). To ensure anonymity, the planned consultation sessions will involve young people in the same year groups, but not the same classroom groups, as the participants themselves.

User involvement and dissemination of findings
Young people will be involved in the proposed study by way of a series of consultation sessions organised at the start and towards the end of the research. We will also organise three dissemination seminars with policy/practice audiences in order to meet our stated objectives. This will give us an opportunity to present our findings, verify our conclusions about the similarities/differences between social groups and to discuss what recommendations should arise as an outcome from the research. Full details about the consultation sessions and dissemination seminars are given in Sections 21 & 22 of the application form. The findings from the consultation/dissemination sessions will be incorporated into the final report.

The findings will also be disseminated via conferences and journal articles, spanning different disciplines. Members of the research team will each present papers at major conferences (see Sections 11 and 22). We anticipate that the research team will produce at least five papers based on data from the proposed study and from the analysis of the combined data sets. Journals to which we will consider submitting papers include Social Science & Medicine, Sociology of Health and Illness, Health Education Research and Community Practitioner. As with our previous study, an accessible 'findings' summary will be circulated widely to academics, policy makers and practitioners.

WORD COUNT: 3,496

[6] Emails of support are appended to the application

NON-TECHNICAL ANNEXES:
Bibliography
Teenager and parent topic guides
Emails from participating schools regarding support/access

TOTAL WORD COUNT OF ANNEXED ITEMS: 3,368

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To cite this output:
Wills, Wendy et al (2008). Parents' & teenagers' conceptions of diet, weight & health: Does class matter?: Non-Technical Summary (Research summary)
ESRC End of Award Report, RES-000-23-1504. Swindon: ESRC

ACTIVITIES AND ACHIEVEMENTS QUESTIONNAIRE

1. Non-Technical Summary

A 1000 word (maximum) summary of the main research results, in non-technical language, should be provided below. The summary might be used by ESRC to publicise the research. It should cover the aims and objectives of the project, main research results and significant academic achievements, dissemination activities and potential or actual impacts on policy and practice.

Background

The importance of understanding young people's health and eating habits has been firmly stated by policymakers and there is an ongoing need to improve awareness of the factors which contribute to class inequalities in health between different population groups. There is little empirical research, however, which has looked at how the everyday practices and perceptions of young people and their families might contribute to class-based inequalities in diet, weight and overall health.

Aims and Objectives

The study aimed to: (a) Examine the dietary practices and health and weight conceptualisations of BMI-defined obese/overweight and non-obese/overweight young teenagers (aged 13-15 years) from middle-class families. (b) Situate these observations within the 'habitus' of the family by exploring the aforementioned issues from the perspectives of their parents. (c) Compare these data to the data already collected in an earlier study involving young working-class teenagers and their parents.

The objectives were to: (1) Gain an in-depth understanding of middle-class parents' and young teenagers' conceptualisations of the teenager's dietary practices and health/weight concerns. (2) Explore similarities and differences in dietary practices and health/weight conceptualisations between the middle-class and working-class participants. (3) Explore the salience of class based-predispositions and distinctions (e.g. habitus) to understanding the health-relevant behaviours and conceptualisations of obese/overweight and non-obese/overweight young teenagers and their parents. (4) Conduct an integrated programme of consultation and dissemination with relevant policy, practitioner and lay audiences. (5) Make recommendations for policy and practice initiatives aimed at improving inequalities in young teenagers' health.

Findings

Everyday food practices and perceptions of weight in middle-class families

'Family' is created through a myriad of mundane everyday practices; so, in their accounts, parents and teenagers revealed much about their ideals of middle-class

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family life and, given the nature of the research, what they thought was a 'healthy family' and an 'acceptable' body/weight. When considering the wider context, these middle-class parents and teenagers described few worries about their daily lives, including few concerns about money, and most felt they lived in 'nice', unthreatening areas.

The close, daily supervision and surveillance by middle class parents of young teenagers' food choices was a key theme to emerge; this was apparent in both teenagers' and parents' accounts. It seemed that some issues were non-negotiable, for instance young people were expected to eat, or at least try, some vegetables, even if they did not always enjoy them. These claims were borne out in the teenagers' own interviews.

A moralising discourse about weight and the felt gaze of others featured strongly in these middle-class parents' and teenagers' accounts. Whilst some interviewees were concerned not to be perceived as judgemental, moral statements about the (over)weight of other people were scattered throughout the interviews. Not becoming fat was frequently voiced as important by young people and sometimes described in relation to being perceived as lazy, unhealthy or indicative of an inability to control a desire for 'bad' foods. Being overweight was also perceived as detrimental to taking advantage of 'life opportunities'. For teenagers this was most often related to performance at sport or continued participation in physical activities. For parents, concern was expressed about children being overweight in relation to perceived poorer health later in life, not feeling good about oneself and not being able to take part in everything that life has to offer.

Parents' and young teenagers' conceptualisations of diet, weight and health: Does class matter?

The lives of the middle-class parents and teenagers we interviewed were, it seems, positioned within a context of relative security, choice and future aspirations. In contrast, the working-class families from our earlier study described everyday lives characterised by risk, uncertainty and a focus on the 'here and now'. These contexts underpinned family practices and conceptualisations relating to diet, weight and health and formed the habitus: the 'structuring structure' or 'generative principle' which drives the social distinctions that, ultimately, contribute to inequalities in health.

From our two studies it appears that the middle-class habitus is defined by a future-oriented expectation in relation to 'acceptable' food and eating practices and conceptualisations relating to a 'respectable' body size and healthy lifestyle. In contrast, the working-class habitus seems underpinned by the construction of 'good enough' practices relating to diet, weight and health; these 'good enough' practices are being driven by a focus on more pressing concerns about everyday life.

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Conclusion and impact of the research

This study has shown that experiences and conceptions relating to diet, weight and health are driven by class-based distinctions and tastes. The findings add to the existing body of work on class, particularly in relation to highlighting the temporal imperative that underpins the family habitus. Working class practices are based on a need to 'get by' which impedes a future-oriented outlook. The middle classes are able to prioritise future-relevant behaviours relating to diet, weight and health because of their more socially and economically secure family lives.

In Scotland, findings from the research are being used to help health boards implement child healthy weight initiatives. The findings from the working-class study have also informed the Department of Health's new Healthy Living social marketing initiative.

Achievements to date

The research team has presented findings to academic, practitioner and policy audiences at six conferences. We consulted with groups of young people at the beginning and towards the end of the research. These consultations helped us to understand if our findings 'made sense' to young people and they also helped us to shape our recommendations for policy and practice. Journal articles are currently being drafted and one user-relevant article has been written and will be published in January 2009. Further articles, conference presentations and a book chapter are planned.

In order to share our findings with a non-academic audience, we organised two seminars, one in Scotland and one in England. These reached approximately 55 non-academic users and gave us an opportunity to discuss our findings and develop our policy/practice recommendations.

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Parents' and Teenagers' Conceptions of Diet, Weight and Health: Does Class Matter?

End of Award Research Report to the ESRC

November 2008

Wills, W.J., Backett-Milburn, K., Lawton, J., MacKinnon, D. and Roberts, E.M.

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Background

The importance of understanding young people's health and eating habits has been firmly stated in documents such as Healthy Eating, Active Living [1], Healthy Weight Healthy Lives [2] and the Food and Health Action Plan [3]. These documents place a continued emphasis on increasing knowledge about the factors which contribute to socio-economic (class) inequalities in health. There is little empirical research, however, which has examined how the everyday practices and perceptions of young people and their families might contribute to class-based inequalities in diet, weight and overall health.

Whilst there is no universally accepted definition of social class, it can be taken to mean a hierarchical (and unequal) framework of relationships which arise from the social organisation of labour, education, wealth and income [4]. It is widely acknowledged that the unequal material circumstances associated with class distinctions influence peoples' lives and health [5]. However, it is through attention to the everyday lived experience of deprivation or affluence that we can explore how issues of class might underpin inequalities in health. Bourdieu [6], in his work on habitus, argued that social distinctions are maintained through the production and control of bodily practices, which, as Williams [7] suggests, are often mundane and taken-for-granted. This implies that daily practices and beliefs surrounding diet, health and weight might provide a 'structuring structure' which, whilst serving to distinguish one class group from another, would be 'neither known nor chosen by [such groups]' [6:143]. Bourdieu and others have postulated that people from lower social class groups may have a utilitarian attitude towards health, valuing bodies free from illness and capable of performing everyday activities [6, 8]. The middle-classes, however, may be more likely to value enhanced wellbeing, rather than merely a functional absence of disease [9, 10].

Earlier qualitative research undertaken by the grant holders [11-16] explored diet, health and weight issues amongst young teenagers (aged 13-15 years) and their parents from lower social class groups. Half the participating young teenagers were overweight/obese. The research reported here, which focused on young overweight/obese and non-overweight/obese teenagers and parents from higher social class groups, was conducted to facilitate a critical examination of some of the key findings from the earlier study, enabling us to explore whether and in what ways class underpins perceptions and practices regarding diet, health and weight. Ultimately, such work will be used to inform debates about inequalities in health and drive forward appropriate policies on diet and obesity.

Aims and objectives

The study aimed to: (a) Examine the dietary practices and health and weight conceptualisations of BMI-defined obese/overweight and non-obese/overweight young teenagers (aged 13-15 years) from middle-class families. (b) Situate these observations within the 'habitus' of the family by exploring the aforementioned

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issues from the perspectives of their parents. (c) Compare these data to the data already collected in an earlier study involving young working-class teenagers and their parents.

The objectives were to: (1) Gain an in-depth understanding of middle-class parents' and young teenagers' conceptualisations of the teenager's dietary practices and health/weight concerns. (2) Explore similarities and differences in dietary practices and health/weight conceptualisations between the middle-class and working-class participants. (3) Explore the salience of class based-predispositions and distinctions (e.g. habitus) for understanding the health-relevant behaviours and conceptualisations of obese/overweight and non-obese/overweight young teenagers and their parents. (4) Conduct an integrated programme of consultation and dissemination with relevant policy, practitioner and lay audiences. (5) Make recommendations for policy and practice initiatives aimed at improving inequalities in young teenagers' health.

We were able to meet our objectives through in-depth engagement with and analysis of the data (objective 1); a critical and comparative analysis of the two data-sets (objective 2); judicious engagement with relevant debates for team discussions and in order to prepare papers for publication (objective 3); and, through our consultation and dissemination activities with a variety of audiences (objectives 4 and 5).

Methodological approach

It was important that we adopted the study design used in the earlier study of working-class families, to allow a full comparison between the data sets. The project therefore included in-depth interviews with 13-15 year olds and their parents. This qualitative approach ensured that the analysis and interpretation of the data were grounded in and guided by participants' experiences [17].

Research methods and recruitment of participants

Recruitment occurred in two stages. The first stage involved the creation of a pool of participants from which the interview sample was selected. We targeted 2nd (S2) and 3rd year (S3) students aged 13-15 years at four participating schools[1] in areas of relative affluence in Edinburgh, East Lothian and Fife. Three of the schools were state secondary schools and the fourth was an independent school. The research team administered a screening questionnaire in order to collect young people's socio-demographic information plus other information which was used to screen participants and prompt discussion during the interviews (e.g. favourite foods and perception of own body size). The questionnaire was based on the instrument developed in our earlier study of working-class teenagers. Participants had their height and weight measured, in private, usually in the school nurse's room, by two members of the research team (or one member of the research team and the school nurse). In total, more than

[1] Schools which had a relatively low number of students eligible for free school meals were contacted and asked to participate in the research. The schools were in the same geographic area as those in our earlier study.

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400 young people completed a questionnaire and most of these had their height/weight measured. As with our earlier study, only a small minority of teenagers, all girls, declined to have their measurements taken. However, the process of being weighed/measured did raise a number of issues for young people back in the classroom and we are preparing a paper on this topic to disseminate these findings to researchers and practitioners.

Participants were asked to indicate on the screening questionnaire if they wished to be considered for an interview. This formed the second stage of recruitment. Thirty-six participants were selected for interview on the basis on their gender (18 boys, 18 girls), their BMI (18 BMI-defined[2] as overweight/obese and 18 BMI-defined as 'normal' weight for their age and gender) and their family's social class (based on parental occupation/s, family affluence and level of deprivation[3]). Participants were White/Scottish, reflecting the local population as a whole. Defining social class in a qualitative study proved a complex and interesting issue. We decided on the stated objective indicators at the outset of the study. All of the participating families were interviewed at home by the study's research fellow (RF), however, thereby facilitating a more subjective observation of each 'postcode sector', as well as a (partial and brief) observation of each family home. This prompted much discussion amongst the research team about whether objective indicators truly capture what it *is* to be middle-class. For example, some families live in postcode sectors not classified as being socio-economically advantaged but children within some of these families attend a fee-paying school and their parents have professional occupations; similarly some families live in affluent areas but do not have professional-level jobs. These discussions and observations fed into our analyses about classed practices and also informed our thoughts about future research priorities (see P14).

Participants selected for interview were telephoned, and parents asked if they were also willing to be interviewed. Preference was given within each family to the parent who assumed most responsibility for the family diet and those who were willing to be interviewed. Only one parent declined, because of ongoing personal problems. The parent sample consisted of 33 mothers and two fathers.

Individual, in-depth interviews were carried out with each participant. The interviews each lasted between 45-90 minutes. All interviews were tape-recorded and most took place in participants' homes.

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[2] Body Mass Index (BMI) was calculated as weight (kg) / height (m) squared. Thresholds for defining young people as overweight/obese or not overweight/obese were based on the age and sex specific thresholds published by the International Obesity Task Force [18].

[3] We chose teenagers where at least one parent's occupation was reported to be in class 1 or 2 of the NS-SEC (Office of National Statistics, 2004). Family affluence was ascertained from positive responses to 2 items adapted from the Family Affluence Scale [19] - whether the teenager had their own bedroom and whether the family had at least one holiday in the past year. Deprivation was assessed using the 2001 Carstairs scores for Scottish postcode sectors [20] with households falling into the least deprived quintile being eligible for interview. As an additional check, we also looked at the Scottish Index of Deprivation (see http://www.scotland.gov.uk/News/Releases/2006/10/17104536).

Data analysis

The transcripts were initially read through and discussed at analytical team meetings to establish the emergent and recurrent themes in the data. Analysis of the data involved the PI, co-investigators and the RF. The data were exported into QSR N6 and this was used to log and code the emergent themes. To facilitate a comparative analysis with data from our earlier study, we discussed using the broad coding scheme we had already developed. The broad codes previously used were: eating with family; eating with others; tastes and preferences; weight/body image; and, health. Data on general themes relating to adolescence were also coded to provide contextual information. After our initial reading of a selection of transcripts it became clear that these six codes were appropriate for broad coding of the current data. One additional broad code was added to the framework, to reflect the extensive data on physical activity.

Members of the research team each produced accounts of their own determination of themes, sub-themes and issues across/within teenage and parent 'cases' for regular team meetings. Meetings were held approximately every 6 weeks and we decided in advance whether to concentrate on analysis of young people; parents; or parent/young people dyads and which emergent themes to focus on. Throughout the analytical process, the grant holders who had been involved in the earlier study interrogated the middle-class data in relation to findings from the earlier, working-class study. This led us to revisit some of our analyses from the earlier study to reflect on and explore possible classed practices and perceptions which we were unable to 'see' without comparative data from families from higher social class groups. Further comparative analyses were then undertaken systematically to check that these interpretations could be validated across and between social class groups.

Ethical considerations

The applicants adhered to the guidelines set out by the British Sociological Association and ethical approval was sought from the relevant local education authorities[4]. Parents were sent information about the study and asked to 'opt out' if they did not wish their child to participate. The parents of teenagers selected for interview were asked to give their own written consent before interviews commenced. In schools, the RF, accompanied either by the PI or postgraduate students specially recruited for the project[5], explained the study to each class and then facilitated a debate with students to engage them with the research topic. They were given an information sheet and each session included time for questions. Participants were asked to give their written consent before questionnaires were administered.

Findings

[4] And from the University of Hertfordshire ethics committee
[5] All personnel underwent enhanced Criminal Records Bureau checks before the study commenced

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The findings are presented in three sections. The first section explores some of the emergent themes from interviews with middle-class young people and their parents (Objective 1). The second section explores some of the key similarities and differences between the practices and perceptions of these middle-class families and the working-class families from our earlier study (Objective 2). Section three examines the salience of class-based dispositions (e.g. habitus) for understanding our findings (Objective 3). These sections are presented to illustrate that we have addressed our research questions (see original proposal). All participants have been given pseudonyms.

The dietary practices and health/weight conceptualisations of middle-class families

'Family' is created through a myriad of mundane everyday practices; so, in their accounts, parents[6] and teenagers revealed much about their ideals of middle-class family life and, given the nature of the research, what they thought was a 'healthy family' and an 'acceptable' body/weight. When considering the wider context, these middle-class parents and teenagers described few worries about their daily lives, including few concerns about money, and most felt they lived in 'nice', unthreatening areas.

Negotiation of everyday food practices

The close, daily supervision and surveillance by parents of young teenager's food choices was a key theme to emerge; this was apparent in both teenagers' and parents' accounts.

Not only was it apparent that mothers were in overall charge but the majority controlled portion sizes by serving meals onto plates and/or commenting to their teenager if they felt s/he took too much/too little from any communal dish. It seemed that some issues were non-negotiable, for instance young people were expected to eat, or at least try, some vegetables, even if they did not always enjoy them. These claims were borne out in the teenagers' own interviews.

> Chloe: Like last night there was like sausages and erm baked, er it's like mashed potato and, erm, it was like broad beans and something, so like I was on the er sausages and we kind of just like you put on the thing and pass it along, but then I'm never allowed to be part of the vegetables 'cause I always put the wrong amount on my plate (laughs).

The majority of parents and teenagers claimed that snacks were seldom taken without parental consent, or that the young person did not need monitoring because s/he had developed sufficient self-discipline to limit his/her own consumption of snack (or junk) foods. Parents and young people often spoke about less healthy snacks not being readily available at home (Judith's mother: 'I

[6] The findings from interviews with middle-class parents are further discussed in the appended output by Backett-Milburn et al.

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tend, rather than put temptation in her way, I tend just not to do it, so none of us have it').

However, as the parental interviews unfolded, it became apparent that achieving control over the everyday eating practices of a young teenager was often an ongoing challenge requiring continuous monitoring, education and intervention. The need to monitor and intervene was regularly expressed in (and justified by) a nutritional discourse by parents, as the following quote illustrates:

> Matthew's mother: I try to, to… tell him about the necessity of eating a wide variety of food, and the vitamins and so on, and he'll say to me 'oh I learnt all about that at school!' And I do sometimes have a go at him and say 'well look, I know you know about all this, but when I leave you to your own devices you can't even eat 5-a-day, um, and why is that'?

There were few, if any, perceptible differences in the negotiation of food and dietary practices between the families with and without an overweight/obese teenager. Gendered differences were also not apparent from these data.

Conceptualisations of weight and fatness

Wanting to have a 'normal' body, in terms of its shape or size was frequently raised by young people; normality often meant looking like 'everyone else', that is, not too fat or too thin, but 'just right'.

Those young people who perceived themselves as being overweight[7] or who said they wanted to lose weight *were* defined by their BMI as being overweight for their age and gender. However, by no means all of the BMI-defined overweight young teenagers saw themselves as such. Moreover, very few parents considered their child to be above a 'normal' weight. Weight gain was seen as an inevitable part of getting older by parents and teenagers and a minority of young people explicitly mentioned puberty as a cause of weight gain.

A moralising discourse about weight and the felt gaze of others featured strongly in these middle-class parents' and teenagers' accounts. Whilst some interviewees were concerned not to be perceived as judgemental, moral statements about the (over)weight of other people were scattered throughout the interviews, as the following quotation illustrates:

> Elspeth: Fat people, I hate fat people. I don't hate their personalities, I just don't like the way they look. I just don't know why folk would do that to themselves.

Not becoming fat was frequently voiced as important by young people and sometimes described in relation to being perceived as lazy, unhealthy or indicative of an inability to control a desire for 'bad' foods. Disgust at the (over) consumption of 'junk' food (by oneself or others) was viewed particularly

[7] Note that participants were not informed by us of their weight status

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negatively by young people who were defined by their BMI as overweight or obese. Being overweight was also perceived as detrimental to taking advantage of 'life opportunities'. For teenagers this was most often related to performance at sport or continued participation in physical activities. Gender was important here, with boys concern about weight, and also muscularity, related to being 'fit for sport' both now and when they reached adulthood. The activities that young people took part in were also gendered, with boys participating in team games like rugby and football whilst girls were more likely to mention horse riding and dance lessons[8].

For parents, concern was expressed about children being overweight in relation to perceived poorer health later in life, not feeling good about oneself and not being able to take part in everything that life has to offer (Finlay's mother: 'so more energy to do all the things they want to do with their life').

The majority of parents raised the issue of their own weight gain or attempts to lose weight at various stages of their lives. Their experiences led these parents to want to shield their sons and daughters from the vagaries of dieting (see quote, below) and discussions with teenagers about weight were considered a 'no go' area, unless this was initiated by young people themselves. Parents said they were more likely to consider discussing the benefits of aspiring to a healthy lifestyle rather than focusing on weight or weight loss.

> Alexander's mother: I also… yeah because I don't want the kids to know that I was on a diet. I wouldn't want them to think that this is what it's about. I think it sends out the wrong message.

Parental fears about middle-class teenagers developing negative attitudes to eating or weight were not unfounded as a few young people spoke about feeling negatively about their bodies and their unsuccessful attempts to control their weight. These teenagers often spoke about their mental wellbeing in relation to negative body image with some reflecting on events or emotions which related to feeling 'bad' about their weight or size (e.g. moving schools; feeling stressed or depressed). This discourse was not related to being BMI-defined as overweight for this minority of teenagers in the study.

These interviews highlighted the significance that young people placed on their appearance at this stage of the lifecourse. The importance of appearance was gendered, with girls being perceived by almost all parents and teenagers as worrying more about how they looked.

Parents' and young teenagers' conceptualisations of diet, weight and health: Does class matter?

[8] Some girls did, however, mention playing hockey and a few boys took part in martial arts.

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The lives of the middle-class parents and teenagers we interviewed were, it seems, positioned within a context of relative security, choice and future aspirations. In contrast, the working-class families in our earlier study described an everyday life characterised by risk, uncertainty and a focus on the 'here and now'[9]. These contexts helped form the habitus; the 'structuring structure' or 'generative principle' that Bourdieu, and others [6, 7, 21, 22], have described as driving the social distinctions that, ultimately, contribute to inequalities in health. These contexts, which differentially underpinned family practices and conceptualisations relating to diet, weight and health, are now discussed more fully.

From our two studies it appears that the middle-class habitus is defined by a future-oriented expectation in relation to 'acceptable' food and eating practices and conceptualisations relating to a 'respectable' body size and healthy lifestyle. In contrast, the working-class habitus seems underpinned by the construction of 'good enough' practices relating to diet, weight and health, with these 'good enough' practices being driven by a focus on more pressing concerns about everyday life.

The construction of 'good enough' practices in working-class families

Many of the working-class families described living risky, uncertain lives in terms of everyday context. Several of the working-class teenagers were being cared for by grandparents when we interviewed them; this was often because of parental illness or death, overcrowding or family conflict. Concerns about employment and money were voiced by several parents and grandparents along with worries about children being bullied, mixing with the wrong crowd or living in what were sometimes perceived as unsafe neighbourhoods. Dietary and weight concerns were seen as being of little importance when compared with these other, more salient risks including the risks associated with other health-relevant behaviours like drug taking, smoking, alcohol and sex [11], for example:

> Lewis's mother: 'So it's no' so much the food-wise I dinnae think, it's the smoking an' the drugs an' the drink-wise that's mair worrying than the food, ken, what he's eating. An' running aboot wi' the wrong crowd is worrying but you just have to try an' impart wisdom'.

Expecting and allowing young people to develop autonomy was an important issue for the working-class parents and teenagers. Teenagers often said they ate separately from their parents or at different times (Jeremy: 'if I'm doing something in my room I'll just have my tea up there'). Young people often actively negotiated increasing autonomy with their parents with regard to food/mealtimes, in order to fit in with their desire to regularly meet friends and 'hang out'. Statements such as 'at his age he'll eat what he wants to eat' (Alec's grandmother) and 'I just leave him up to hisself' (Neil's mother) [11] reflect views expressed by most of the working-class parents. The negotiation of

[9] A draft paper focusing on the comparative data relating to the food and eating practices of the participating families is appended to the report (Wills et al.)

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everyday food and eating practices did not appear to be gendered for these parents and teenagers.

Even though some parents stated that they wanted their family to eat a 'healthier' diet, accommodating individual family members' schedules and accepting their specific preferences and tastes was a taken for granted aspect of family life. There was little mention of expecting working-class children to eat vegetables they disliked and the sample teenagers did not tend to report eating vegetables on a regular basis. Where parental control of eating practices was described by teenagers [16] or parents this was often related to minimising food wastage, ensuring that everyone got their 'fair share' of food and making sure that food lasted until the next planned shopping trip. This sometimes meant parents restricting access to fruit, fruit juice and dairy products like milk and yogurt.

Working-class parents' flexibility regarding mealtime practices was also related to their perception that young teenagers were old enough to take responsibility for their own dietary choices. This allowed some parents to distance themselves from their teenager's less than healthy preferences (Leanne's mother: 'what can I do? I mean I cannae force food down her neck'). Taking a more active part in directing or shaping young people's dietary choices was usually raised in terms of being ineffectual and a nutritional discourse (unlike in the middle-class interviews) did not emerge from interviews with working-class parents and teenagers. A 'fussy' teenager was one who was difficult to cater for, rather than one who would not eat healthily [11]. 'Getting by' involved ensuring that families were fed (sometimes on a limited budget); health did not 'add value' to food choices and was rarely put forward as relevant for decisions about food.

In the interviews there seemed to be little discussion or reflection regarding the future self; parents and teenagers focused on nurturing a functioning body which could 'fit in' with its current context. Chronic health problems were largely endured as being 'part of life' and bodies were generally acceptable, whatever their size. In contrast to the middle-class sample, most working-class young teenagers and their parents/ guardians did not moralise about the body size of others. Many expressed the view that there were more important things in life than worrying about weight.

Positioning the middle-class child: The future (healthy) adult

The middle-class accounts of diet, weight and health tended, overall, to be rooted in a taken for granted enjoyment of 'good health'. As the interviews progressed, aside from explicit mentions of nurturing teenaged bodies to be/become healthy, it was apparent that both parents and teenagers perceived that the development of a healthy adult body which could function well in the wider world was an implicit goal. A more nuanced analysis of the data indicated that the future social adult needed to be moulded to fit in with the various environments, including eating environments, which the teenager would have to navigate. Also, almost all parents emphasised the importance of their young teenager doing 'whatever

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made them happy' throughout life. An emphasis on future happiness implied a certain level of security in expectations about choices and success.

Parents did not seem to accept that teenager's tastes were 'set' and there were several ways in which parents seemed to be trying to ensure that their teenager's dietary practices would alter in the direction they felt was acceptable. Developing 'adult tastes' (particularly for healthy or spicy foods), for example, was a central concern for this sample, for instance:

> Jessica's mother: 'But also you know she's got much better in that she'll quite happily have some curry, yeah, and, and she likes very raw steak and things like [that]'

Being physically active was put forward as an essential aspect of being a healthy, moral citizen. The majority of interviewees described their families and indeed most relatives, apart perhaps from elderly ones, as physically healthy and able to lead active lives. Leading busy, active, lives seemed to be a key social value and such values were passed on to children, both by a parent striving to set a personal example and by direct support and encouragement. Young people frequently talked about the range of activities they and their families participated in. Only occasionally was there any reference to problems, with young people becoming bored with an activity or being influenced by their peers for example. This was usually presented to show that parents were dealing with this, to ensure that such issues did not stand in the way of their implicit goals for their teenager's future, for instance:

> Alexander's mother: 'you know there's certain friends that we prefer him not to go with, not because they're not nice kids but because the activities are more PlayStation oriented and you know TV oriented, whereas other friends like to be out and about so…'

Discussion

Our findings suggest that social distinctions are, as Bourdieu [6] contended, embedded in practice. Whilst difference in terms of where our families lived and parental occupations were inherent aspects of our working-class and middle-class samples, it was everyday practices and conceptualisations regarding diet, weight and health which marked teenagers and parents as 'different' from individuals in other social groups. It was evident that children were moulded by their parents according to their own classed expectations about current and future behaviour [23]. Implicit values and assumptions [24] about bringing up children, and ideals about family life were seen through exploring diet, weight and health.

Teenagers developing autonomy, in relation to being able to make their own food decisions and take responsibility for their health, were important markers of 'being' working-class [25]. Middle-class families displayed [26] their aspirations about the future through expecting young teenagers' tastes to diversify and their bodies to be active and 'thin enough' to participate in adult

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life. Middle-class families are, by the very nature of *being* middle-class, more likely to have access to the social, economic and cultural capital necessary to facilitate these futures [27]. Working-class families, whilst sometimes displaying a desire to invest in their children (in terms of wanting to improve their diet, for example) are often the reflexivity 'losers' [28] in this regard. They simply do not have the capital required to make such changes to lives lived in a context of risk and insecurity, where 'getting by' takes priority over diet and (over)weight.

Thin-ideal bodies have little value when shared ideals [29] amongst communities [30] indicate that what you have is 'good enough' [31] to function on a day to day basis. The middle-class bodily hexus is such that a discourse of health dictates that there is a moral imperative, fuelled by current 'moral panics' [23] about obesity , to implore children to 'toe the line' and keep their bodies an 'acceptable' size. Being *seen* to be 'respectable' in this regard is also an important marker of middle-class distinctions [6, 27, 32].

Conclusion and impact of the research

This study has shown that experiences and conceptions relating to diet, weight and health are driven by class-based distinctions and tastes. The findings add to the existing body of work on class, particularly in relation to highlighting the temporal imperative that underpins the family habitus. Working-class practices are based on a need to 'get by' which impedes a future-oriented outlook. The middle-classes are able to prioritise future-relevant behaviours relating to diet, weight and health because of their more socially and economically secure family lives. Gender differences were apparent in the accounts of boys and girls in relation to the importance of appearance and physical activity practices but not in relation to the negotiation of food and eating practices. There were few differences in relation to families with and without an overweight or obese teenager. Analysis of 'difference' in terms of social class is currently undergoing a renaissance in the UK and our published outputs from conferences and journals[10] will add to this body of academic knowledge.

In Scotland, following our user seminar and ongoing communications with NHS Health Scotland, findings from the research are being used to help health boards implement child healthy weight initiatives [33]. The findings from the working-class study have already informed the Department of Health's new Healthy Living social marketing initiative [34] and the updated findings will inform this ongoing work. Our aim, as with our earlier study on this topic, is to generate, in due course, media interest with each of our published papers/reports so that the research is accessible to the general public.

Future research priorities

It seems that the landscape may be changing, in terms of socio-economic inequalities in nutritional status and obesity prevalence [35], therefore revisiting this research topic at some point in the future, in order to explore how class-

[10] See Appendix A

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based dispositions might shift to accommodate such contextual changes would be extremely pertinent[11]. Whilst our interviews with two generations within families have illustrated how children absorb or are influenced by the habitus of their parents and kin, it would be illuminating to explore practices and conceptualisations about diet, weight and health with older generations; families at different stages of the lifecourse; and, multiple siblings within families. Socially mobile families may also differ in terms of habitus. A multi-cultural focus would also be worth exploring as our research was concerned only with White/Scottish families.

Activities and outputs

We have undertaken a series of activities and produced a number of outputs in order to disseminate our findings to academic and user audiences. Details are included in Appendix A.

Appended documents

Appendix A: Activities and Outputs
Appendix B: Policy and Practice Recommendations
Appendix C: Bibliography

[11] This would also allow for social, cultural and economic shifts that occur as a result of the current unstable financial climate.

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Collaborating Investigators and Centres: Professor Kathryn Backett-Milburn, Dr Julia Lawton - **Research Unit in Health, Behaviour and Change, University of Edinburgh** Dr Donna MacKinnon - Scottish Government

Project Duration: 2 years, ends August 2008

Brief Background

The importance of paying attention to children and young peoples' health and eating habits has been firmly stated in documents such as Eating for Health: Meeting the Challenge (Scottish Executive, 2004) and the Food and Health Action Plan (Department of Health, 2005). These documents place a continued emphasis on understanding the factors which contribute to socio-economic (class) inequalities in health. Children and young people from lower social class groups are known to consume a diet that is less 'healthy' than their peers from other social groups, including less frequent consumption of fruit and more regular consumption of high sugar soft drinks. Children/young people from lower social class groups are also at greater risk of becoming overweight/obese, particularly if one or both parents are overweight . A rise in the general prevalence of obesity amongst children/young people raises a particular concern because of concurrent risks for psycho-social well-being and longer term risks for health.

Aims and Objectives

The proposed study will (a) examine the dietary practices and health and weight conceptualisations of BMI-defined obese/overweight and non-obese/overweight young teenagers (aged 13-15 years) from middle-class families (b) situate these observations within the 'habitus' of the family by exploring the aforementioned issues from the perspectives of their parents (c) compare these data to the data already collected in the grant holders' recent study involving BMI-defined obese/overweight and non-obese/overweight young working-class teenagers and their parents.

Study Phases

1) Screening questionnaire and height/weight measurements in schools. Scottish S2 and S3 (13-15 years) students from 5 schools invited to participate. Data collected from ~400 young people.

2) In-depth interviews with 36 young people and 36 parents

This project has now finished, click here to view final report

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