

# Opinions of Parents, Teachers and School Board Members Regarding Healthy Eating: A Qualitative Investigation of Lay Thai People's Perspectives

Kanyarat Korwanich DDS, MSc\*, Aubrey Sheiham BDS, PhD, DHC\*\*,  
Wichit Srisuphan RN, MPH, DrPH\*\*\*, Patcharawan Srisilapanan DDS, MS, PhD\*

\* Faculty of Dentistry, Chiang Mai University, Chiang Mai, Thailand

\*\* Department of Epidemiology and Public Health, University College London, London, United Kingdom

\*\*\* Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand

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**Background:** The prevalence of overweight, obesity, and dental caries is increasing in Thai preschool children. Parents and teachers influence the diet of young children.

**Objective:** To inform on, and be aware of what foods and drinks the children have consumed.

**Material and Method:** The present qualitative study investigated attitudes and practices among parents, school board members and teachers regarding preschool children's eating behaviors and regarding factors influencing children to purchase snacks and beverages. One hundred and fifty five persons took part in 14 focus group discussions.

**Results:** Regarding healthy eating in school, the participants were concerned only with the nutritional aspects of healthy eating and the specific foods eaten by the children. Factors influencing children's food choices included children's classmates, social factors, socioeconomic status, advertising, packaging, and marketing techniques.

**Conclusion:** These results made parents, teachers, and school board members realize that their children faced problems regarding their diet and health, and need to seek out their own strategies about how to promote healthy eating among preschool children.

**Keywords:** Healthy eating, Preschool children, Qualitative, Thailand

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Dental decay is a leading cause of oral disease in Thai preschool children. The oral health goal of the World Health Organization and the nation of Thailand in 2000 for caries-free primary teeth, were 50 and 30 per cent, respectively<sup>(1)</sup>. The percentage of caries free primary teeth in 5-6-year-old children in northern and other parts of Thailand in 2002 were only 14.2% and less than 12% respectively<sup>(1)</sup>. Therefore, in Thailand oral health is a significant health problem in preschool children. Oral disease in preschool children provokes pain that interferes with eating<sup>(2)</sup>, and affects children's quality of life and development<sup>(3)</sup>.

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Correspondence to : Srisilapanan P, Faculty of Dentistry, Chiang Mai University, Chiang Mai 50200, Thailand. E-mail: PS: [s.patcha@chiangmai.ac.th](mailto:s.patcha@chiangmai.ac.th)

Diet is one of the most important factors causing dental decay<sup>(4)</sup> especially in the primary dentition<sup>(5)</sup>. Some other factors influence the dietary habits of preschool children. For example, mothers provide food for their children and dietary habits tend to be passed from parent to child<sup>(6)</sup>. In addition, familiarity and social-modeling are powerful influences on food preference during childhood<sup>(7)</sup>. A study in Nongbua-lampoo Province in northeastern Thailand showed that the attitudes, economic factors and real experiences of the caregivers were related to different child-rearing practices regarding children's food consumption and dental cleaning<sup>(8)</sup>. Teachers or other caregivers are also important influencers of the development of food preferences in children<sup>(9,10)</sup>. Moreover, school policies

were found to be effective in promoting healthy eating by preschool children<sup>(11)</sup>.

The recommendation from the Thai Handbook for Nutrition Flag<sup>(12)</sup> states that children aged 6 years and over should (a) eat a variety of foods based on five food groups and maintain their proper body weight; (b) eat rice as a staple food and eat other starchy foods occasionally; (c) eat plenty of vegetables and fruits; (d) eat fish, meat, eggs and dried nuts regularly; (e) drink milk in quantities appropriate for the age, (f) eat a low fat diet; (g) choose a diet moderate in sugars and salt; and (h) eat clean food. The United States Centers for Disease Control and Prevention (CDC)<sup>(13)</sup> identify seven aspects of school-based healthy eating program: school policy on nutrition; a sequential, co-ordinated curriculum; appropriate instruction for students; integration of school food service and nutrition education; staff training; family and community involvement; and evaluation program. These recommendations are useful for parents and school staffs.

Preschool children are very young and not totally capable of planning a well-balanced diet. Therefore, indirect attempts to promote healthy eating through parents and other people surrounding them are necessary. In order to promote healthy eating behavior in preschool children, parents and school staff must understand the existing dietary behavior of their children.

As the authors were planning to develop appropriate healthy eating programs among preschool children, it was essential to investigate parental practices regarding children's eating behaviors, factors influencing children to purchase snacks and beverages, and the related opinions from influential people regarding healthy eating habits.

The present study was part of a larger research project, which aimed to develop a healthy eating policy for preschool children in Amphur Muang, Phrae province, Thailand. The qualitative research described here was used because it provided an in-depth view of opinion and had the potential for identifying possible solutions.

### Objective

The objective of the present exploratory study was to investigate opinions of parents, school board members, and teachers regarding healthy eating habits. Parenting attitudes and practices regarding eating behaviors, regarding factors that influenced children's eating behaviors and children's purchase of snacks and beverages were also investigated.

### Material and Method

The qualitative study was carried out in eight schools in Amphur Muang, Phrae province, Northern Thailand. All of them were located in rural communities. A qualitative methodology was employed using focus group discussions.

Participants in the discussions were persons who influence children's eating behaviors. For this reason, the parents of all children (373 families) were invited to join the discussions. Recruiting quotas for teachers (40 persons) were designed to include preschool teachers, headmasters, and teachers who were responsible for preparing school meals or managing school snack shops. In addition, school board members (40 persons) with a potential influence on a school's food policy were also invited to participate in the discussions.

One hundred and twenty three parents or guardians, 11 school board members, and 21 teachers took part in focus group discussions. There were 14 focus groups because some schools had two groups for separate topic discussions. Each focus group was composed of parents, school staff and school board members. The parents attending the groups were mainly women (78.1%). Sixty one point three per cent (n = 95) of the participants were laborers and 19.4% (n = 30) were farmers. Their ages ranged from 22 to 72 years. Fifty three point five per cent of the participants had completed only primary school and 31% had completed secondary school. Parents, guardians and school board members who could not participate in these focus group discussions were those who worked outside the village or whose work or other duties precluded them from attending the focus group discussions. Focus group discussions took place in school meeting halls and each session lasted between 45 and 60 minutes. All groups were facilitated by a moderator (KK) and an assistant moderator. The focus groups were audiotaped and transcribed verbatim by one of the moderators (KK).

Each group began with an investigation of general perspectives on children's food preferences and then examined specific knowledge, behavior, and views related to children's eating habits. To ensure consistency, discussion schedule were used in each focus group (modified from Hart et al<sup>(14)</sup>), as identified in Table 1. The main topics for the focus group discussion were the concept of healthy eating in school, how to promote healthy eating behaviors among preschool children, parenting practices relating to eating behaviors, and the factors influencing children's food choice.

**Table 1.** Discussion schedule

Section	Topics
Introduction and warm up	Children's food likes and dislikes
Healthy eating in school	Healthy eating opinion Current children's eating behaviour
Parental influence on food choice	Parent-child similarity in food preferences Family influence Parents' rules about food Perceived parental control of children's food choices and consumption
Nutrition knowledge	Current sources of nutrition information Perceived applicability of the five food groups to family meals
Conclusion	Overview of topics and emerging opinions Any other issues raised by parents

**Table 2.** Summary of the results

Emergenced themes	Description of each theme
Meaning of 'Healthy eating in school'	<ul style="list-style-type: none"> <li>· Eating nutritious diets based on the five food groups.</li> <li>· Eating well-balanced diets.</li> </ul>
Opinion on healthy eating behaviour at home	<ul style="list-style-type: none"> <li>· Cooking food based on the five food groups was not practical in a real life.</li> <li>· Parents provided food to their children based on the economic status of the family and the preferences of the children.</li> </ul>
Parenting attitudes and practices regarding children's eating behaviour	<ul style="list-style-type: none"> <li>· Children were not capable of planning a well-balanced diet.</li> <li>· Most parents could not control their children about what kind of snacks they should buy.</li> <li>· Parents should advise their children about what kind of snacks they should buy.</li> </ul>
Children's eating behaviours in schools	<ul style="list-style-type: none"> <li>· Children could eat all kinds of food provided in school but not at home.</li> <li>· Most children brought crispy snacks to school.</li> </ul>
Factors influencing children's food choices	<ul style="list-style-type: none"> <li>· Peer group</li> <li>· Television advertisements</li> <li>· Attractive packaging and premium, and the flavour of modern snacks.</li> </ul>
A need to develop a healthy eating policy	<ul style="list-style-type: none"> <li>· Developing healthy eating policy might be a good strategy to improve children's diet behaviour.</li> </ul>

A procedure of analyzing data from focus groups had many steps. First, the researcher (KK) identified big ideas that represented the findings from the focus group. The second step was a process of identifying units of information that became the basis for identifying categories. Next, the units that were

identified in step two were sorted into categories or themes. Categorization was brought together information units that were related to the same content<sup>(14,15)</sup>.

The present study was approved by the Faculty of Dentistry's Human Experimentation Committee, Chiang Mai University.

## Results

Various themes emerged from the data. They are summarized in Table 2. Many factors influencing children's eating behavior were reported. Moreover, a strategy to promote healthy eating behavior was also proposed in the present study.

### *Opinion on healthy eating in school*

When asked what healthy eating in school meant, the parents, teachers, and school board members said it meant eating nutritious snacks, food, and beverages based on the five food groups. In addition, they thought that healthy eating was about eating well-balanced foods and snacks everyday and having meals at appropriate times. Examples of responses were "Eat safe meals based on the five food groups and ensure that vegetables and fruits constitute more than fifty per cent of the meal" (senior school board member 1). "Eat nutritious food, especially vegetables and meat" (teacher 1). "Have meals based on the five food groups and a well-balanced diet every day" (grandmother 1). "Eat various foods and don't eat snacks between meals because children would take smaller meals" (school board member 1). "Eat various foods, meat, fish, eggs, and fruits" (mother 1). Regarding healthy eating in school, teachers, parents, and school board members were concerned only about the components of foods and drinks such as what foods the school provided for their children, e.g., fried rice with pork, vegetable soup, or milk. They were not concerned about the environmental, educational, and social factors that had an influence on healthy eating.

### *Opinion of parents on healthy eating at home*

At home, most parents did not cook food based on the five food groups although they knew that it was very important to do so. Food was provided to their young children based on the children's preferences and the economic status of the family. "I cook what my son likes because he will eat a lot and cut down on left over food" (mother 2).

### *Opinions on parenting attitudes and practices regarding children's eating behaviors*

The participants were asked what their children purchased when they went to the grocery shop together and if they had encouraged their children to buy any nutritious snacks. Most parents thought young children were not totally capable of planning a well-balanced diet. "If he has money, he will buy the snacks he likes" (mother 3). However, parents did not

encourage their children to purchase nutritious snacks because they did not want to make them feel bad and they thought that the teachers had more potential power in influencing their children's diet than they had themselves. Therefore, some teachers suggested a technique for parents to support and reinforce children's eating behaviors by providing healthy snacks, foods, and beverages for young children at home. It should emphasize the positive and highlight the appealing aspects of foods and beverages. "Parents should advise their children what to buy and sometimes you need some tricks to motivate them" (teacher 2). In addition, senior school board members related their experiences about how to raise young children with healthy eating behaviors; "You shouldn't let your child buy snacks or beverages by himself. He is too young." (senior school board member 2). "You should advise what she should buy" (school board member 3).

### *Children's eating behaviors in schools*

Every school provided lunch for the children. Each school tried to provide a variety of foods. However, the menus depended on each school's economic position. When the researchers asked school staffs what foods young children liked and disliked, they reported that most children ate everything provided in school. Preschool children's eating behaviors at school were different from those at home. They might eat some foods at school but never at home. "At home my daughter didn't eat vegetables or fruits, she ate only fried chicken, crispy snacks, and coca-cola, but when she had meals at school, the teacher reported that she ate everything" (mother 4).

Every school provided sugarless milk at break time. That is a national policy to provide sugarless milk for Thai students. The sugarless milk is the only one snack provided by the government to all Thai children from preschool to Grade 4. This was a reason that the children brought other snacks from home. At school, most young children brought crispy snacks rather than fruits or Thai desserts to school. Most parents allowed their children to buy snacks on the way to school. "She buys snacks at a village shop every morning and chooses it by herself. She knew it from television advertising programs, every weekend" (father 1).

### *Factors influencing children's food choices*

Some significant factors influenced food choices of preschool children. Firstly, their peer group influenced young children. For example, when their friends brought a new snack to school they asked their

parents to buy the same items. Secondly, young children were likely to be influenced by television advertising of food products, especially during cartoon programs. Thirdly, most children were more likely to buy high-fat or sweetened snacks or sweetened beverages because of their colorful packaging, and their convenience. In addition, young children preferred the taste of those snacks and beverages to fresh fruit. Finally, the premiums inside the snack packages were attractive. They included rings, plastic robots, or stickers. "When he (her son) bought a crispy snack, he didn't eat it. He wanted only the plastic robot" (mother 5).

### ***A need to develop a healthy eating policy for pre-school children***

After the focus group discussion on healthy eating concepts, all parents, teachers, and school board members admitted that they wanted to improve their children's diet both at home and at school. All of them agreed that there was a need to develop a healthy eating policy in school, especially regarding food and snacks for their children. "School should not provide candies for a young child" (grandmother 2). "At school, he is not allowed to eat snacks during school time" (mother 6). "We should not provide candies, snacks, and sweetened drinks in school, and not permit non-nutritious snacks or beverages to be sold in our school" (headmaster 1). "School will provide only nutritious food such as fruits, bread, and sugarless milk" (headmaster 2).

The focus groups reiterated that establishing a school policy on snacks would be a good strategy to encourage children to take nutritious foods and snacks. In addition, establishing such a policy would be a new method they had never considered before. Furthermore, they wanted to do something beneficial for their beloved children. However, the focus groups did not want to develop rules at home within each family because they thought that the involvement of school staffs, families, and community was more powerful. "We agree in developing rules. This is for our children" (mother 5). "It is difficult to do at home, I think at school is better" (mother 6). "If we and the teachers could co-ordinate, it would be better to encourage children both at home and at school too" (mother 7).

### **Discussion**

Parents and caregivers have the power to establish positive supportive environments that allow young children to develop good eating behaviors. Therefore, it is necessary to investigate their opinions,

which are useful for developing health promotion and intervention in preschool children. The opinions of the parents, teachers, and school board members, as expressed in the present study, concerning healthy eating in school focused only on diet and did not include environmental, social, or educational factors. A comprehensive healthy eating program that includes the environment, motivation, services, knowledge, attitude, and skills, might be enough to support long-lasting children's eating behaviors<sup>(13)</sup>. Thus, this would indicate a need to move away from a narrow perspective, which focused only on school menus, to a broader one such as improving the school curriculum on healthy eating and providing an environment in the village that offers the potential for socializing skills for children. In addition, parents had the basic knowledge on nutritional values but they did not apply it in real-life situations. Therefore, the health educators should regularly motivate parents and raise their awareness and concern about healthy diets for young children.

Many factors influenced food choice in preschool children. The major factors were attractive premiums inside snack packages, television advertisements and their peers. Intalohit *et al*<sup>(8)</sup> reported that environmental factors influencing young children's snack purchases were nearby kiosks, neighboring children, and television advertisements.

Young children are not very capable of planning a well-balanced diet each day. They may eat for social reasons. Eating the same foods as their peers helped them to make friends more easily. A study from Australian parents<sup>(16)</sup> showed that child peer pressures as a major barrier to healthy lifestyle. Likewise, an investigation of parental perspective regard to the role of peers<sup>(14)</sup> reported that peers could facilitate either healthy behavior or unhealthy behavior. Therefore, parents and teachers should have a good basic knowledge of nutrition and diet. They should be role models on food selection for the preschool children. If their selections are healthy choices, children will gain a positive perspective on those foods. In addition, co-ordination between parents, teachers and the community can establish a good environment and dietary practices for children<sup>(16,17)</sup>.

There was a consensus between parents, teachers, and school board members to develop school policies on healthy eating for preschool children. This might have a positive effect on young children's dietary behaviors because team-work on the part of the adults in the children's lives can lead to health benefits for the children.



Health workers conducting health projects should recognize that despite parents' concerns with the importance of nutrition, the economic status of the family is also a critical factor. In rural areas, most people have a lower economic status than urban dwellers. Thus, promotion of healthy eating practices should consider the life-style pattern and economic conditions of the subject population. Moreover, health promotion through the common risk factor approach, or the integrated health target approach, may yield more advantages than individual health promotion<sup>(18)</sup>.

Focus group discussion is a relatively new technique for the people in the rural area involved in the present study. They usually receive one-way communications, such as at parent-teacher meetings, from local radio stations in the village and in letters from school. Focus group discussion provides an opportunity to obtain the perceptions and attitudes of parents. Therefore, this method can be used to determine stakeholder interest and enthusiasm<sup>(15)</sup>.

In conclusion, the present study suggests that there are many external factors influencing food choices in preschool children. All caregivers should be concerned about these factors. Partnership among parents, school personnel, the community, and health officers will be necessary to develop a policy to promote healthy eating practices among Thai preschool children.

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## ความคิดเห็นของผู้ปกครอง ครู และคณะกรรมการสถานศึกษาเกี่ยวกับการรับประทานเพื่อสุขภาพ: การศึกษาเชิงคุณภาพในมุมมองของประชาชนทั่วไป

กันยารัตน์ คอวนิช, Aubrey Sheiham, วิจิตร ศรีสุพรรณ, พัทธวรารณ ศรีศิลป์นันท์

**ภูมิหลัง:** ความชุกของภาวะน้ำหนักเกิน โรคอ้วน และโรคฟันผุ กำลังเพิ่มมากขึ้นในเด็กปฐมวัยของไทย ผู้ปกครองและครูมีอิทธิพลเรื่องอาหารของเด็กเล็ก

**วัตถุประสงค์:** การให้ความรู้และตระหนักในการดูแลเรื่องอาหารที่เด็กรับประทาน

**วัสดุและวิธีการ:** การศึกษาเชิงคุณภาพนี้ศึกษาทัศนคติและพฤติกรรมการรับประทานของเด็กปฐมวัยจากผู้ปกครอง กรรมการสถานศึกษา และครู และศึกษาปัจจัยที่มีอิทธิพลต่อเด็กในการเลือกซื้อขนมและเครื่องดื่ม ด้วยการสนทนากลุ่ม จำนวน 14 กลุ่ม มีผู้เข้าร่วมการศึกษา 155 คน

**ผลการศึกษา:** ผู้เข้าร่วมการศึกษามีความตระหนักเรื่องการรับประทานอาหารเพื่อสุขภาพในโรงเรียน เฉพาะประเด็นสารอาหารในอาหารเท่านั้น และพบว่าปัจจัยที่มีผลต่อการเลือกรับประทานของเด็ก ได้แก่ เพื่อนร่วมชั้น สังคม เศรษฐฐานะ โฆษณา การบรรจุหีบห่อและวิธีการตลาด

**สรุป:** ผู้เข้าร่วมการศึกษาระบุถึงปัญหาด้านสุขภาพและโภชนาการที่เด็กปฐมวัยต้องเผชิญ ซึ่งจำเป็นต้องเร่งหาทางส่งเสริมการรับประทานเพื่อสุขภาพในเด็กต่อไป

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