

Research Article

Fathers' Perspectives about the Weight Culture in the Home Environment: A Qualitative Analysis

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Abstract

Objective: Weight-focused conversations are known to lead to harmful outcomes for children such as lower body satisfaction and overweight/obesity, however unlike mothers, little is known about fathers' perspectives and role in shaping the weight culture in the home environment. The main objective of this study is to examine father's perspectives about the weight culture in the home environment.

Methods: Diverse fathers (n = 13) from five different cultural backgrounds (i.e., Asian, Black, Hmong, Mixed/Other Race/Ethnicity, White) participated in a qualitative interview. A hybrid deductive/inductive qualitative approach was used in analysis.

Results: A total of eight main themes were found from three research questions including: (1) how do fathers describe weight-focused conversations in the home environment?, (2) what is the role of fathers in shaping the weight culture in the home environment?, and (3) how does the cultural background of the family influence weight-focused conversations in the home environment? Findings suggest that some households did not allow weight-focused conversations and some did. Findings related to a father's role in shaping the weight culture showed the importance of communication and parent's own experience, parent's role in educating children about perspective taking, and the importance of parents modeling health-focused conversations. Findings related to cultural background included intergenerational transmission of weight-focused conversations and stress related to living in the US.

Conclusions: Educating fathers about the unintended consequences of weight-focused conversations and weight stigma while helping them to reframe conversations into health-focused conversations could mitigate harmful outcomes associated with weight-focused conversations.

INTRODUCTION

While there are many influences on child health and wellbeing, prior research indicates that the weight culture within the home environment is strongly associated with child weight, weight-related behaviors, body satisfaction, and emotional wellbeing [1-9]. The weight culture in the home environment refers to weight-focused conversations that occur among family members including conversations about weight, shape, or size directed at the child or other family members, at oneself, or at others outside of the family. Cross-sectional and longitudinal studies have shown associations between parent engagement in weight-focused conversations and higher child weight status, unhealthy weight control behaviors (e.g., skipping meals, fasting, purging, binge eating), less healthful

eating behaviors, depressive symptoms, and lower body satisfaction and self-esteem [5-8, 10]. Whereas, parents and families who engage in conversations that focus on healthy eating and/or engaging in physical activity (i.e., health-focused conversations) versus weight-focused conversations have children with lower weight status, less unhealthy weight control behaviors, and fewer depressive symptoms [1]. Additionally, cross-sectional studies have found associations between other family members (e.g., siblings) engagement in weight-focused conversations and child unhealthy weight control behaviors and depressive symptoms, higher weight status, and lower body satisfaction [11, 12]. Furthermore, studies indicate that parent weight-focused conversations can be transmitted intergenerationally and affect the health and wellbeing of the next generation of children [3, 8, 13].

While there are clear associations between weight-focused conversations and child health and wellbeing, few studies have examined fathers' role specifically in weight-focused conversations [11, 12]. The few studies that do exist suggest that fathers engage in weight-focused conversations, but they focus on different aspects of these conversations than mothers and others in the household. Specifically, one study found that mothers were more likely to use weight-focused conversations that were centered around concerns for their child's weight and health whereas, fathers were more likely to use weight-focused conversations that included teasing and appearance-related comments [11]. Because the tone and meaning behind teasing and appearance-based comments may be experienced more negatively such as weight stigma, versus comments focused on concern for weight and health, it is important to learn more about fathers' perspectives of the weight culture in the home environment. In addition, recent studies and a systematic review suggests the importance of fathers influence on broader child health behaviors. Findings from these early studies indicate that father involvement in child health behaviors is associated with child lower weight status, more physical activity, and more healthful dietary intake [14-17]. Thus, it is important to further investigate father's influence on child health and wellbeing including weight-focused conversations in the home.

Because the field of fathering and child health and wellbeing is still developing, there is a need for qualitative research to more clearly understand father's perspectives on weight-focused conversations in the home environment. Knowing how fathers perceive weight-focused conversations and their role in shaping the household weight culture will inform interventions about how to include fathers in family-based programs to mitigate weight-focused conversations. It is also important to include fathers from a variety of diverse racial/ethnic backgrounds to understand more broadly how fathers engage in weight-focused conversations and perceive their role in the weight culture in the home environment. The current study aimed to examine the following research questions: (1) how do fathers describe weight-focused conversations in their home environment?, (2) what is the role of fathers in shaping the weight culture in the home environment?, and (3) how does the cultural background of the family influence weight-focused conversations in the home environment?

THEORETICAL FRAMEWORK

Family Systems Theory [18], (FST) informed the study design and qualitative analysis. Tenets of FST state that

family members are interconnected and bi-directionally shape each other's behaviors on a daily basis. In addition, behavior is best understood by analyzing interactions within the entire system, where a change in one member causes a reciprocal change in others. These bi-directional interactions ultimately impact the family unit as a whole. With regard to weight-focused conversations, FST indicates that when parents/caregivers engage in weight talk it increases the likelihood that other family members will also engage in weight-focused conversations and that these harmful conversations may be passed on intergenerationally.

METHODS

Qualitative data used in the current study were from the Family Matters [19] study, a National Institutes of Health-funded study. Family Matters is an incremental (Phase I = 2014-2016.; Phase II = 2017-2019), mixed-methods (e.g., video-recorded tasks, Ecological Momentary Assessment (EMA), interviews, surveys) longitudinal study designed to identify individual, dyadic, and familial risk and protective factors for child cardiovascular health. Phase I, a mixed-methods, cross-sectional examination of the family home environment was carried out for 150 children ages 5-7 years old and their families from low-income households across six racial/ethnic groups including, African American, American Indian, Hispanic/Latino, Hmong, Somali, and White (n = 25 from each racial/ethnic group). Phase II included the development of a longitudinal cohort study with sociodemographically diverse families (n = 1307). A comprehensive description of both Phases of the Family Matters study have been published elsewhere [19-22]. Data for the current qualitative analysis (n = 13) were from Phase I of the Family Matters study. The University of Minnesota's (UMN) Institutional Review Board Human Subjects Committee approved all protocols used in both phases of the Family Matters study.

Recruitment and Eligibility Criteria

Children and their families were recruited from Minneapolis/St. Paul, MN. Children were eligible to participate in the study if they were between the ages of 5-7 years old, had a sibling between the ages of 2-12 years old living in the same home, lived with their parent/primary guardian more than 50% of the time, shared at least one meal/day with the parent/primary guardian, and were from diverse racial/ethnic and low-income backgrounds.

Procedures and Data Collection

A 10-day in-home observation was conducted with each family, including two in-home visits and an 8-day

direct observational period in between home visits. The observational components included taking heights and weights on all family members, online surveys, an interactive observational family task, EMA surveys via text messages, diet recalls, home food and physical activity inventories, and a parent interview. In home visits were conducted in pairs by two of our bi-lingual staff from different cultural backgrounds and in the language preferred by the family (i.e., English, Spanish, Hmong, and Somali). All study materials were translated into Spanish, Somali, and Hmong. Qualitative interviews were conducted by one staff member who spoke the preferred language of the parent. For the current study, the qualitative interviews were utilized.

Sample Demographics: The analytic sample included sociodemographically diverse fathers ($n = 13$) from Minneapolis and St. Paul, Minnesota living in urban communities (Table 1). One main caregiver of the child was identified for the study, given they would be the parent most involved with the child's day-to-day activities and would be able to provide the key information needed for the study. The 13 fathers in the current analysis included all fathers in the larger 150 sample who identified as the main caregiver of the study child.

Families were well distributed across Black = 15%, Asian = 38%, White = 23%, Mixed/other = 23% backgrounds. Additionally, fathers were from low-income households, with 61% of fathers earning less than \$49,000 per year. Fathers were approximately 40 years old (mean = 39.5; $sd = 8.1$) with children aged 6 years old (mean = 6.1; $sd = .07$). All of the fathers worked full- or part-time and 38% had a high school diploma or less. All of the fathers were married, 62% were currently employed, and 38% received public assistance.

Measures

Qualitative Interview: We developed interview questions based on our own and other's prior research on weight-focused conversations in the home environment, in addition to our community-based researchers' input on cultural norms regarding weight-focused conversations. Specific interview questions (Table 2), were designed to explore family weight-focused conversations and the family weight culture in the home environment. A semi-structured interview guide was paired with interviewers who were trained to use probes to ensure questions were fully answered. All interviews were audio-recorded and transcribed. Interviews conducted in a language other than English were transcribed and translated into English by a study team member who was from the community in which our participants lived and was fluent in their language. The interview length across households ranged from 20-60 minutes.

Table 1: Sample Characteristics of Fathers ($n = 13$) in the Family Matters Study: Phase I.

	N	%
Father's characteristics		
Age in years, mean & SD	39.5	8.1
Race/ethnicity		
White	3	23%
Black	2	15%
Asian (Hmong)	5	38%
Other	3	23%
Education		
Less than High School Diploma	2	15%
High School Diploma	3	23%
Some College	3	23%
Bachelor's Degree or higher	5	38%
Currently Employed	8	62%
Currently Married	13	100%
Weight Status		
BMI $\leq$ 25	5	38%
25<BMI $\leq$ 30	5	38%
BMI>30	3	23%
Child's characteristics		
Female	5	38%
Age in years, mean & SD	6.1	0.7
Race/ethnicity		
White	3	23%
Black	2	15%
Asian	5	38%
Other	3	23%
Weight Status		
pBMI $\leq$ 85	9	69%
85<pBMI $\leq$ 95	2	15%
pBMI>95	2	15%
Household characteristics		
Number of children, mean (SD)	3.2(1.0)	
Number of adults, mean (SD)	2.1(0.3)	
Annual Household Income		
< \$20,000	2	15%
\$20,000 - \$34,999	3	23%
\$35,000 - \$49,000	3	23%
\$50,000 - \$99,000	2	15%
\$100,000+	3	23%
Received Public Assistance	5	38%

Qualitative Analysis

All transcripts were coded using a hybrid deductive and inductive content analysis approach [23]. The hybrid deductive/inductive qualitative approach allowed for the main research questions (how do fathers describe weight-focused conversations in their home environment?; what is the role of fathers in shaping the weight culture in the home environment?; and how does the cultural background of the family influence weight-focused conversations in the home environment?) to guide the development of the coding tree (deductive), while also allowing for unique themes to emerge (inductive) during the coding. To ensure transcripts were interpreted through an appropriate cultural lens, coding teams with

Table 2: Parent Interview Questions Regarding Weight-focused Conversations in the Home for the Family Matters Study (n = 150).

	<i>I'd like to ask you some questions about how weight is talked about in your home.</i>
Question #1	<i>How does the topic of weight or talking about someone's body size or shape come up in your family? Can you give me an example?</i>
	Questions to get answers to: • How do people talk about weight? Is it helpful or not? Do people get hurt feelings?
Question #2	<i>In your opinion, what is the best way to talk about a person's weight, shape or size? How should you talk about a family member's body shape, size or weight versus a friend or stranger?</i>
Question #3	<i>How do you as a parent respond when someone in the family talks about another family member's weight, body shape or size? How do you respond if a family member is talking about a friend's or a stranger's weight, body shape or size?</i>
	Questions to get answers to: • What do you think people should do or say when people get "teased" about their weight?
Question #4	<i>How do you think your family or the community you grew up in influenced how you talk about weight (or weight teasing) now?</i>
	Questions to get answers to: • For example, how has your race/ethnicity/culture influenced what you think you should say or not say, about people with a "larger body size?"
Question #5	<i>If you were concerned about your child's weight (e.g., becoming a health problem) how would you talk to your child about it?</i>

representation from each of the different cultures in the study who were native speakers developed an initial coding tree through group coding twelve transcripts (i.e., 2 from each racial/ethnic group). After the creation of the coding tree, qualitative coding took place in multiple stages by two main coders: (1) line by line coding to identify broad themes; (2) organization of themes into sub-themes; and (3) identification of overarching themes. Overarching themes were then organized around family meal characteristics to understand parents' perspectives of factors related to family meals (deductive analysis). Sub-themes also emerged during the coding of the overarching themes (inductive analysis).

The iterative coding process included weekly meetings in which coders met to discuss and refine themes with the larger team who represented all cultures of our study families. All mother and father interviews from Phase I were coded to ensure theme saturation. A kappa, which measures inter-rater reliability of coders, of 0.86 was achieved across all coded transcripts. While interviews were originally conducted and analyzed with the entire sample of 150 parents, for the current investigation, interviews with father participants (n = 13) were selected from the prior coded interview data and recoded to address the specific research questions examined in the current study using the same hybrid deductive/inductive approach as the entire sample. NVivo 12 (QSR International Pty Ltd, Melbourne, AU; 2018) software was used for the qualitative coding. Table 3 includes additional quotes by theme and sub-theme. All names in quotes have been changed to protect participant confidentiality within the text and the additional quote table (Table 3). Additionally, father demographic characteristics are included with each quote for context.

Trustworthiness of Data: Lincoln and Guba's (1985) four criteria to evaluate trustworthiness of

qualitative data were applied for our analysis. We used triangulation of sources, specifically analyst triangulation to ensure *credibility*. This included using multiple coders and analysts from different cultural backgrounds and multiple disciplines for qualitative analyses. We used thick description in which coders from different cultural backgrounds identified any cultural or social relationship patterns and contextualized them within the themes found to address *transferability*. We used external audits by co-authors not involved with the coding to evaluate the process and product of the findings for achieving *dependability*. For *confirmability*, we reduced researcher bias by using multiple investigators in the study design and in writing this paper to ensure that we had other's interpretations, values, and personal perspectives represented with regard to the study findings.

RESULTS

Results are organized according to the study's three main research questions. Within each research question, main themes and sub-themes are presented.

RQ1: How do Fathers Describe Weight-Focused Conversations in the Home Environment?

There were two main themes found for research question one including: (1) weight-focused conversations are not allowed in the home environment and (2) weight-focused conversations occur in the home environment, with several sub-themes under each theme.

Theme: Weight-Focused Conversations are Not allowed in the Home Environment

Fathers who shared that weight-focused conversations were not allowed in their home environment identified three sub-themes describing how they kept their home environments free of weight-focused conversations.

Table 3: Additional Qualitative Quotes by Fathers Organized by Research Question, Theme, and Sub-theme..

Research Question (RQ)	Theme (T)	Sub-Theme (S-T)	Quote
RQ1: How Do Fathers Describe Weight-Focused Conversations in the Home Environment?			
T1: Weight-Focused Conversations are Not Allowed in the Home Environment			
	S-T1: Weight-focused conversations/teasing is not acceptable		...if you don't have anything good to say, then don't say it. Then you don't engage with them in talk [weight-focused conversations]...for your children, you want kom zoo [to be good]...you tell them the good...because if you go and talk to someone [about weight] then you thuum them and there is conflict. (Hmong, 25 years old)
			My parents would say if you see these people [overweight], don't tease them. The ones who are naturally a certain way like dislocated nose, lips, and lab muam [cock eyed] you should not tease. If you see them just be friendly. (Hmong, 39 years old)
	S-T2: People's weight/appearance is not your business		It's sort of like being teased about anything else, 'No, that's not your business.' It's really in the same category as making fun of someone because they have a disability of another sort. So, not really appropriate. (mixed/other race/ethnicity, 33 years old)
			I don't like them to talk about someone's weight because they shouldn't get involved in someone else business. (Black, 38 years old)
			I would advise that person, don't worry about another person's affairs...if that person is healthy and they are fine with their weight then leave them alone. (Black, 58 years old)
			But I feel like it's not something that can be easily be approached...I guess that's not the way I concern myself with, so I don't approach anyone about their weight. I think that's up to the individual, if you're happy with yourself, then that's your concern. (Hmong, 29 years old)
			I try to tell them to have respect...It shouldn't be that you are looking at a person's physical size. We tell them to have respect for everyone else. It doesn't matter how they are. Dark skinned, fat, short. We tell them... that everyone is different and not because one is shorter and another is taller. (Hispanic, 38 years old)
			It's sort of like being teased about anything else, 'No, that's not your business.' It's really in the same category as making fun of someone because they have a disability of another sort. So, not really appropriate. (mixed/other race/ethnicity, 33 years old)
	S-T3: Weight-focused conversations can lead to bad outcomes		...if they don't understand you then you thuum them and they have lower self-esteem and they won't get better. (Hmong, 49 years old)
T2: Weight-Focused Conversations do Occur in the Home Environment			
		S-T1: Should be direct with people	I tell him that he needs to be in better physical shape. That he needs to do more sports...and more physical activities. (Hispanic, 39 years old)
			I would just tell him [if I was worried about my child being overweight], eat less, you're getting a little too big...he could be about 3 times his size...(Hmong, 32 years old)
			For me if I see something good about their body then I would tell them...if I see a person who is chubby or big then I would say that, one, they eat cheese and these things to my children so they know. They [child] would be able to read too and find a consistent understanding. (Hmong, 38 years old)
			When someone is overweight, you should talk to them about it, tell them to lose weight. If I'm very close to someone like a family member, I would. If its someone who I am not related to, then I wouldn't. (Black, 38 years old)
			We talk about weight. We say, you know, if you're going, if you eat—we just say, 'If you eat a bag of chips, a whole bag of chips, that's not healthy, and it's going to make you gain weight, and It's going to make you unhealthy, and you won't be able to do activities because you'll probably weigh more.' Yeah, but we do say, 'If you eat excess food, you will weigh more...' (White, 32 years old)

		S-T2: Health-focused reasons for weight-focused conversations	'Hey, you know, you are on the heavier side, and the reason why we are concerned, and we're saying something is because we don't want your health to deteriorate...if you don't like your pants too tight, you need to lose some weight, you know. We talk about the health concern... for health reasons, you might want to reconsider what you're eating. You may want to reconsider your...you know you may want to be increasing your physical activities. (Hmong, 29 years old)
			...if you eat too much, you can, you know, it limits your health on the other (unclear) that's unhealthy too when that affects the physical activity and your feelings. (White, 40 years old)
			But yes I would speak to them if they were like that because it is, well now it is a... how would you say... asthma? uh-huh, because many overweight people can't breathe, and run and get tired. It's dangerous for someone like that. All their arteries get clogged, so it is dangerous. It's dangerous. If they were like that I would talk to them and I would help them. Maybe we would change the food we eat here... things. Well then like right now it doesn't happen, but I think one researches how to help kids when they're overweight. (Hispanic, 40 years old)
			It's not going to be good for you long-term to be overweight, and if you're overweight when you're ten, you're probably going to be overweight when you're forty. Those sorts of things need long-term planning, I guess. (Mixed/ other race/ethnicity, 29 years old)
			It is important but don't eat too much because in this country we live well in the home. If you eat too much then you get high blood pressure and diabetes so don't eat too much...they [child] ask if they can die from that and I would say that you can die (Hmong, 48 years old)
		S-T3: Using weight-focused comparisons with others	Sometimes I would say, "Being fat like that, you won't get a boyfriend. If you eat a lot, in the future, boys won't like you." She would say, "Ok, I don't like being fat like that." I have a fat auntie and would say, "Do you want to be fat like auntie?" She would respond, "Mommy, being fat like auntie cannot walk. I don't like it because I won't get a boyfriend." (Hmong, 28 years old)
		S-T4: Weight-focused conversations and physical attraction	For the one who is too big, I would say directly that this one eats too much and ask, going to the mall, 'you won't get to wear the pretty clothes. The nice clothes and shoes, you will not get to wear.' There are other kids that are bigger and smaller than them so we can teach them during shopping to not be like them [other kids]. You teach [them] that. (Hmong, 48 years old)
			They watch Elsa and Ana [from movie Frozen]. I would say, "if you want to be as pretty as them then you have to do what I say. They do have a fear of being fat. (Hmong, 48 years old)
RQ2: What Is The Role of Fathers in Shaping the Weight Culture in the Home Environment?			
	T1: Importance of Open Communication and Parent's Own Experience		
			And we don't need to be embarrassed about having a conversation that my skin is a different color than another person's skin, or that a person is thinner, or stronger or not as strong, or fat or thin or whatever than me, or different looking than we are, or that they're wearing different clothes or that they have a different culture. Let's talk about that [weight] (White, 34 years old)
			...we were in a situation with my son, and we were at the pool, and this larger person came walking in, and he said, 'Oh, my god, look how fat that person is.' Or something like that, it was just,...'What did you just say?' And you know it just echoed. It's like the worst thing, and we're in the pool. They're coming in the pool... You don't talk like that in public...you wouldn't say, wow, 'look at', they don't have an arm or something. You know, that's not appropriate.' So, if someone is larger, or you know, fat or bigger, we won't, you don't point that out either, that's just who they are, you know, and we don't know why they're that way. Sometimes people are that way because they didn't choose to be that way. Sometimes they eat very healthy and they are larger. (White, 32 years old)
			You tell them to eat zaub mov to be skinner and not only that, you tell them to exercise and you have to go with them. They are children, you can't just say it and they won't go. You have to go too to motivate them too. You are the one to watch them too. (Hmong, 47 years old)

T2: Parents' Role is to Educate About Perspective Taking, Not Talk About Other's Weight			
			For children, teaching them the positive things is the best. As a human we want to be a good person. As a human you have to practice being good. Even if someone else does something bad, you have to do what is good to receive what is good. (Hmong, 48 years old)
			I'm not going to judge someone for what they look like, you know. Just don't even talk about it. It doesn't matter. (Hmong, 32 years old)
			If it's talking about it as sort of just gossip, then that's not helpful, and we'd talk about that like we'd talk about any talk about any sort of gossip, which is that it's not really our business. Right, then that's a good teaching moment to be like, 'There's no reason for you to comment on it [weight], or frankly, even notice it all that much, because much like many other things about people, people have differences, and that's the way they are. (White, 32 years old)
T3: Weight-Focused Conversations as a Result of Child Approaching Parent			
			...for my kids, I would definitely talk to them about their weight whether it was getting better or worse...sometimes kids will even say, Mom I don't want to get fat... (Black, 38 years old)
T4: Parents Responsibility to Model Health-Focused Conversations			
			If she started not to be involved and stopped being as active and still continued to eat the same way, I would say, 'Well, maybe we need to re-evaluate what you're eating, how much you're eating to stay healthy, cause we don't want you—' It'd be more of a health thing. It wouldn't be like, 'Wow, you're getting big.' You know, not like that. It'd be like, 'How can we stay healthy?' ... and maybe get her a physical activity back up, which is not a problem right now with her. (White, 32 years old)
			I just want to make sure that they eat healthy and they're going to be strong... (Hmong, 32 years old)
RQ3: How Does The Cultural Background of the Family Influence Weight-Focused Conversations in the Home Environment?			
T1: Intergenerational Transmission of Weight-Focused Conversations While Growing from Parents			
			If we were back home, an overweight person...its considered a huge problem and your supposed to reduce it, by exercise or by eating less. (Black, 58 years old)
T2: Stress of Being in the United States (US)			
			...you tell them to kawm ntawv [go to school/get an education] and this and that but if other kids go to all sorts of places and they tell them—if your family doesn't do like them and your kids don't get rewards then they lose hope. And they think that niam txiv [mom and dad/parents] are ruam [dumb] or too strict. So you have to do that, "yea what they do in this country you have to do like that." (Hmong, 49 years old)
			This country is wealthy but has a lot of thieves so you are scared. Even if your child is going to school, you are very concern and always looking at the clock to pick them up. Our children tim ub [Thailand/Laos] can go themselves and come themselves. In this country, we are more concerned about our children. (Hmong, 48 years old)

Sub-theme 1: Weight-focused conversations/teasing is not acceptable: One way fathers kept weight-focused conversations out of their homes was by setting expectations and boundaries that teasing, talking about other's weight or other characteristics was not acceptable in their homes. One father shared,

[If] I hear them talking about weight amongst themselves....they say...you are overweight...I tell them that it is not right to say that...that is not good. (Hispanic, 39 years old)

Sub-theme 2: People's weight/appearance is not your business: Fathers who did not allow weight-focused conversations in their homes emphasized with their children that a person's weight and/or appearance was not their concern. Similar to other personal circumstances such as income, ability, or cultural background, weight-focused conversations were viewed as an opportunity to teach children to have respect for an individual's situation. One father stated,

'Why is it your business kind of thing?' I mean, if it's

talking about it as sort of just gossip, then that's not helpful, and we'd talk about that like we'd talk about...any sort of gossip, which is that it's not really our business. Right, then that's a good teaching moment to be like, 'There's no reason for you to comment on it, or frankly, even notice it [at] all... because much like many other things about people, people have differences, and that's the way they are. I mean, it's everything from things that people might gossip about to someone's money situation in their life. Those are all things that are frankly just not your business, and so, you need to stay out of that. (White, 41 years old)

Sub-theme 3: Weight-focused conversations can lead to bad outcomes: Fathers in home environments without weight-focused conversations shared that they emphasized to their children that if they did engage in weight-focused conversations it could lead to bad outcomes for the individual, such as using unhealthy weight control behaviors (e.g., diet pills, skipping meals, laxatives), or disordered eating diagnoses (e.g., anorexia).

I don't like to talk about weight...there's a danger of anorexia...I don't want you know, my girls [doing that]... (White, 40 years old)

Theme: Weight-Focused Conversations Occur in the Home Environment

In households where fathers indicated that weight-focused conversations did occur, there were four sub-themes describing how the family engaged in weight-focused conversations.

Sub-theme 1: Should be direct with people: Some fathers believed that when it comes to someone's weight, you should talk with that person about it and tell them directly your opinion.

When someone is overweight, you should talk to them about it, tell them to lose weight. If I'm very close to someone like a family member, I would. If it's someone who I am not related to, then I wouldn't. (Somali, 38 years old)

Another father said that open communication and addressing weight in a loving and concerned way is beneficial to a person,

...we have open communication and understanding, so I easily approach him, my wife easily approaches him, and... we talk about his weight as a concerned parent, not as someone trying to be mean or being a bully. We tell him why we think his weight is concerned. Why he shouldn't be eating what he should. Why he should be more active. It's all from a parent in a loving, concerned way. (Hmong, 29 years old)

Sub-theme 2: Health-focused reasons for weight-focused conversations: Fathers indicated that they engaged in weight-focused conversations in the home out of concern for their child's health. One father said,

...I would speak to them if they were like that [overweight] because it is... how would you say... asthma? Because many overweight people can't breathe, and run and get tired. It's dangerous for someone like that. All their arteries get clogged, so it is dangerous. It's dangerous. If they were like that I would talk to them... (Hispanic, 40 years old)

Sub-theme 3: Using weight-focused comparisons with others: Another way weight-focused conversations occurred in households was through encouraging children to avoid becoming overweight/obese by comparing or pointing out others who were overweight/obese.

Okay you eat too much and it will do this and that." And they have seen t.v. and they have seen [overweight] people on t.v. and so they will be like, "Oh I don't want to be like that." (Hmong, 48 years old)

Sub-theme 4: Weight-focused conversations and physical attractiveness: In households where weight-focused conversations occurred, physical attractiveness, body shape, and size were emphasized as a strategy to encourage their children to not overeat and prevent them from being overweight/obese. One father shared,

If they eat too much then I would teach them to not eat too much because they can get fat, won't look pretty, and you won't get the clothes you want to wear like the nice girls who are dancing you see. (Hmong, 47 years old)

RQ2: What is the Role of Fathers in Shaping the Weight Culture in the Home Environment?

There were four main themes found for research question two including: (1) importance of communication and parent's own experience, (2) parents' role is to educate, teach about perspective taking, not to talk about other's weight, (3) weight-focused conversations as a result of child approaching parent, and (4) parents' responsibility to model health-focused conversations, with several sub-themes under each theme.

Theme: Importance of Open Communication and Parent's Own Experience

Fathers discussed the importance of having open communication with their children to talk about "difficult conversations" from weight status, to race and ethnicity, income, and to ability. One father said,

I mean, I want them to ask questions. I want them to hear the way that we talk about it. And so, you know, I didn't tell Sean when he said... "that person is really fat.", "Shush. Don't talk about that." That's not the response I want. I want him to know, yeah, that's true. Some people are overweight. Some people aren't. Some people feel good about that. Some people don't feel good about that. It's not good to talk about people's images, or the way that they look, because they might feel bad, or feel good, or whatever about that, and we don't know until we know them. So really it's better to get to know a person before we start talking about that person. (White, 34 years old)

Fathers also emphasized the importance of their own personal experiences with weight and health issues as part of the conversations they were having with their children. One father shared,

I was very overweight...and I lost 80 pounds...it was not because of what people were telling me....it was because I was feeling bad...I began to practice sports and to do exercises.... and was able to be in shape again. People that are overweight ask me how did I become in good physical shape again...I tell them that it was because I exercise. (Hispanic, 39 years old)

Theme: Parents' Role is to Educate about Perspective Taking, Not Talk about Other's Weight: Fathers shared that they believed that parents have a key role in educating their children about how to take another person's perspective so they don't bully others, but rather have compassion and understanding for another person's feelings or how it would be to live in their body. One father stated,

...what I teach my kids...don't tease people about something they may or may not control. That's not—we all have our differences, especially my son, he knows, I mean it's a thing with him, he sometimes doesn't have filters. But then I say to him, 'Well, you know, some people might not understand what you're doing either, sometimes. You kind of act—and that you don't always have the right mindset sometimes.' And he's like, 'Yeah, that's right, I don't.' Then he kind of says,... 'Well, yeah, I shouldn't judge other people. I don't want them judging me.' And we tell our kids that, you know, 'If someone is being bullied or teased...you need to help them.' Because they've all been bullied or teased, and been the bully before, and so, we work through those things... like we can't tease friends. You don't like it. Why would you do that to your friend? And then would you let someone be bullied? (White, 32 years old)

Theme: Weight-Focused Conversations as a Result of Child Approaching Parent: Fathers identified that

weight-focused conversations sometimes come up because their child brings it up to them seeking advice or answers to questions. One father said,

[my child says]... 'Maybe because I'm a little bit heavier... it's hard for me to run.' Or, 'I get too tired....' and I think that alone makes him realize why there's some benefits to being more active, losing weight, you know. Maybe he could run faster, maybe he wouldn't be as tired. But one thing that he's mentioned, that I thought was really funny, was, 'I eat too much, and I poop too much. Like, if I didn't eat so much, I wouldn't have to poop so much. (Hmong, 29 years old)

Theme: Parents Responsibility to Model Health-Focused Conversations: Fathers emphasized the importance of engaging in conversations that were health-focused rather than weight-focused. This allows for modeling to their children better ways to support others to be healthy. One father shared,

Only time we talk about weight with the kids is when they've come back from their annual exams and stuff at the doctor, when we talk about, 'Yeah, how big you're getting,' and 'Congratulations, you're taller.' And all that kind of stuff, because we specifically try not to talk about it [weight] because at this age I don't think there's a lot of benefit to doing so. I think you can set up some bad things, but you can't really start any good things about weight other than to say, 'You're the weight you are.' (White, 41 years old)

RQ3: How Does the Cultural Background of the Family Influence Weight-Focused Conversations in the Home Environment?

There were two main themes found for research question three including: (1) intergenerational transmission of weight-focused conversations while growing up from parents and (2) stress of being in the United States, with several sub-themes under each theme.

Theme: Intergenerational Transmission of Weight-Focused Conversations While Growing up from Parents: Fathers discussed how weight-focused conversations occurred in the households they grew up in, which they believed influenced their current engagement in weight-focused conversations in their own homes. One father stated,

If we were back home, an overweight person...its considered a huge problem and your supposed to reduce it, by exercise or by eating less. (Somali, 58 years old)

Theme: Stress of being in the United States (US): Fathers identified that living in the US had shaped their food habits and lifestyle choices and that they didn't have the same concerns or needs to discuss weight or health in their

home countries. This shift brought about by acculturation was identified as the likely reason for engaging in weight-focused conversations currently. One father said,

Back there [Laos], there was no people that were overweight....people were very healthy. I did not grow up with that problem. (Hmong, 48 years old)

DISCUSSION

Results from the current study both support and expand prior research. Results indicating that weight-focused conversations were occurring in households with fathers as a primary caregiver is consistent with limited prior research suggesting fathers engage in weight-focused conversations [10-12, 20-22]. Study findings broaden prior research by showing a father's role in shaping the weight culture in the home environment in many ways, both positively and negatively. Furthermore, new findings showing how cultural background may also influence how fathers influence weight culture in the home environment may shape implications for the field.

With regard to our first research question about how fathers described weight-focused conversations in their home environment, we found there were both households that were engaging in weight-focused conversations and others that were not. These findings may benefit other families by providing key take home points on how to keep weight-focused conversations out of their homes and what behaviors may lead to weight-focused conversations in order to avoid them. In households where weight-focused conversations were not occurring, three themes were found regarding how fathers avoided these conversations within their households: (1) weight-focused conversations were not allowed, (2) people's weight/appearance is not your business and (3) weight-focused conversations can lead to bad outcomes. These findings suggest that having firm expectations and boundaries in the home environment about not engaging in weight-focused conversations, as well as being informed about the negative outcomes of these conversations (e.g., disordered eating) [1-4, 9], may mitigate weight-focused conversations in households.

With regard to households that were engaging in weight-focused conversations, fathers identified four themes about how these conversations were occurring: (1) should be direct with people, (2) health-focused reasons for weight-focused conversations, (3) using weight-focused comparisons with others, and (4) weight-focused conversations and physical attractiveness. These findings may suggest ways in which other families can self-reflect on whether they are encouraging weight-focused conversations and how to avoid these types of

conversations. For example, educating fathers and other family members that their good intentions around wanting to help their children be healthy such as being concerned about a child's health or being direct in their conversations with their children about weight may have unintentional consequences and that reframing the words they use into health-focused conversations (e.g., talking about eating healthy and being physical active without reference to weight, body shape, or size) may result in the intended effect they are trying to have on their child's health, while simultaneously reducing negative outcomes connected to weight-focused conversations.

Our second research question regarding fathers role in shaping weight-focused conversations yielded four themes including: (1) importance of communication and parent's own experience, (2) parents' role is to educate, teach about perspective taking, not to talk about other's weight, (3) weight-focused conversations as a result of child approaching parent, and (4) parents' responsibility to model health-focused conversations. These findings acknowledge both the difficulty of not engaging in weight-focused conversations, as well as potential solutions to address a parent's concern for their child's health in a more strengths-based way. For example, teaching children how to take on another person's perspective is a powerful life skill that will help them have compassion for others and not engage in weight-focused conversations and rather focus on health-focused conversations. In addition, when a child approaches a parent about their weight or when parents want to engage in meaningful or crucial conversations (e.g., weight, race and ethnicity, ability, income) with their children, parents can still embrace these opportunities, but be careful to frame them with a health-focused and strengths-based framework.

Our third research question found two themes related to how the cultural background of the family may influence the weight-focused conversations in the home environment including: (1) intergenerational transmission of weight-focused conversations while growing up from parents and (2) stress of being in the United States (US). These findings highlight the importance of family culture and lived experiences in shaping the family weight culture in the home environment. For example, knowing that experiences from childhood have a strong influence on parent's own future behaviors with their own children is important to know and address. This supports prior findings on intergenerational transmission of weight-focused conversations with mothers [3, 5-8, 13]. Also, being aware that acculturation to a new country may also play a part in how conversations related to weight, body shape, or size are shaped is key and can inform intervention development.

There are both strengths and weaknesses of the current study. Strengths of the study include the sample was fathers only, which is uncommon. Additionally, the fathers interviewed were from culturally different backgrounds which provides important perspectives that are more representative. Limitations of the study include that the sample size was small and from a specific geographical area and are thus not generalizable to other fathers. Additionally, all fathers in the study identified as being the primary caregiver in the household and married thus, another limitation of the study is that fathers who do not identify as primary caregivers or who are part of single-headed households may have different perspectives of the weight culture in the home environment. Future research is needed to compare fathers with differing caregiver roles in the family with regard to their perspectives of the weight culture.

CONCLUSIONS

Our study findings have implications for practitioners who work with families and children including Family Life Educators (FLE), Marriage and Family Therapists (MFT) and other mental health clinicians, health care clinicians (e.g., pediatricians, family medicine physicians), and researchers. One important implication would be to educate fathers about the unintended consequences of engaging in weight-focused conversations with their children. For example, fathers may not know that engaging in any form of weight-focused conversation can lead to unhealthy outcomes such as weight gain, disordered eating, body dissatisfaction, depression and other mental health issues [1, 10-12]. This may be due to the fact that weight-focused comments used by fathers and other family members may be experienced as weight stigma by children. Findings on weight stigma indicate that children who experience weight stigma are at increased risk for these harmful outcomes [5, 7, 10, 22]. Given that several households in our study were not engaging in weight-focused conversations, practitioners could share anticipatory guidance with parents about what these fathers were successfully doing to avoid weight-focused conversations including setting expectations and boundaries about not using these conversations, being educated about the outcomes connected to these conversations (e.g., disordered eating behaviors) [1], and using health-focused conversations instead.

Another important implication for practitioners who work with families and children is to model with parents the importance of avoiding weight-focused conversations and how to engaged in health-focused conversations. For example, if parents bring up concern about their child's

weight in a meeting or clinic visit, the practitioner (e.g., FLE, MFT, or pediatrician) could reframe the conversation to include health-focused language in real time through modeling for parents to learn from, as well as sharing with parents that health-focused conversations are more likely to achieve their hoped for outcome of increasing their child's health. For researchers, it would be helpful to include fathers in developing family-based interventions to mitigate weight-focused conversations. Our findings showed that fathers were very active in shaping the weight culture in the home environment and would be helpful partners in developing family-based interventions. For example, fathers shared the importance of modeling and engaging in health-focused conversations with their children, the insight that intergenerational transmission of weight-focused conversations occurs and that it should be minimized, and that a parent's role is to educate and help their children learn how seeing another person's perspective is important to reduce weight-focused conversations. These insights would be essential in creating materials and intervention targets for family-based interventions to mitigate weight-focused conversations. Family Systems Theory (FST) would support the idea of including fathers in designing family-based interventions to mitigate weight-focused conversations and would encourage a focus on family dynamics and engaging the full family unit in the intervention rather than individual family members only (e.g., parent, child). Full family unit involvement would work towards breaking potential intergenerational transmission of weight-focused conversations and rather promote transmission of health-focused conversations.

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Data Availability

The qualitative data is protected, but authors wishing to utilize the data can reach out to the first author for requests and the study team will partner with the requester to discuss possibilities.

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