

How do adults define the treats they give to children?

How do adults define the treats they give to children? A thematic analysis

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Declaration of Interest

None

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2

3 **Abstract**

4 One in four children on the Island of Ireland are overweight or obese. The consumption of energy-
5 dense, nutrient-poor foods such as snacks, contribute to one fifth of children’s calorie intake. However
6 the snack food literature has failed to draw firm conclusions between snack food intake and obesity.
7 Within this literature, the word snack and treat are used interchangeably, inconsistently and in differing
8 contexts, which may explain the poor link between snacks or extra foods, and overweight or obesity.
9 There is currently no academic definition of the word ‘treat’ relevant to an Irish population. Defining
10 how adults perceive the treats they give children is of particular importance in the context of children’s
11 diets, and may provide insight into the relative contribution of treats to energy intakes. Using ten focus
12 groups with adult caregivers of children, across the Island of Ireland, this study aimed to investigate
13 treat giving behaviour. This research highlights a paradoxical definition of treats: a treat was identified
14 as an energy-dense food that gave pleasure, was deserved and believed to be infrequent; participants
15 perceived this to be the true definition of treats which was coined “real treats”. However, in reality,
16 treats were given and consumed frequently, downgrading treats status to “regular treats” which reflected
17 their real-life use. Developing the definition of treats for an adult population, may enhance our
18 understanding of why adults give food treats to children, the role this has on the development of eating
19 habits, the design of interventions and communication strategies to reduce the consumption of non-
20 nutritive foods, labelled by adults as treats.

21

22 **Keywords** Childhood obesity, treats, snacking, health behavior, reward, food environment

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61

62 **Introduction**

63
64 39 In the Republic of Ireland, childhood obesity continues at a high level of one in four (Bel-Serrat et al.,
65 40 2017). Increased risk of overweight or obesity in adulthood is linked to higher childhood weight which
66 41 is associated with poor diet in children, as eating behaviours and habits formed in childhood are known
67 42 to continue into adult life (Birch & Fisher, 1998; Birch, Savage, & Ventura, 2007; Kerr et al., 2008). It
68 43 is widely hypothesized that energy-dense, nutrient-poor snacks contribute to childhood obesity,
69 44 however the literature has failed to find a consistent association between the two (Boots, Tiggemann,
70 45 Corsini, & Mattiske, 2015; Hartmann, Siegrist, & van der Horst, 2013; Larson & Story, 2013; Nicklas,
71 46 O'Neil, & Fulgoni, 2014; Piernas & Popkin, 2009). The evidence for associations between parental and
72 47 child caregiver food behaviours, such as snack choice, and childhood overweight or obesity is scarce
73 48 (Davis et al., 2007; IUNA, 2005; Larson & Story, 2013). One possible explanation for the lack of
74 49 evidence is the use of inconsistent definitions of snacks. Furthermore, there is a paucity of literature on
75 50 what distinguishes a snack from a treat, and the parental and child behaviours associated with giving
76 51 and receiving food treats (Davison et al., 2015; Turner, Kelly, & McKenna, 2006; Younginer et al.,
77 52 2016).

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79
80 53 There is an extensive body of research on parental feeding behaviours, however, the role or
81 54 **definition of treats tends to be undefined** (Bante, Elliott, Harrod, & Haire-Joshu, 2008; Birch et al.,
82 55 2007; Blaine et al., 2016; Blake et al., 2015; Brown, Ogden, Vogeles, & Gibson, 2008; Pescud &
83 56 Pettigrew, 2014; Petrunoff, Lwilkenfeld, King, & Flood, 2014; Younginer et al., 2016). Broadly
84 57 speaking, foods given to children other than their main meals, is typically for either nutritive reasons
85 58 (promoting growth or satiety) or non-nutritive/ emotion-focused purposes (such as a reward, for
86 59 behavioural control, to manage emotion or to celebrate events or achievements) (Musher-Eizenman &
87 60 Holub, 2007). Despite the nurturing intentions of adults, longitudinal research has shown that children
88 61 given food to manage their emotions may present with emotional-related eating problems (emotional
89 62 eating) in adulthood (Blissett, Haycraft, & Farrow, 2010; Braden et al., 2014; Farrow, Haycraft, &
90 63 Blissett, 2015; Watkins & Jones, 2014). Treats tend to be given for non-nutritive reasons; however the
91 64 behavioural motivations of adults and the long-term impact of treat giving behaviours requires further
92 65 investigation. Understanding the reasons and context in which caregivers give treat foods to children,
93 66 **as well as their definitions of treats**, is central to shaping the way children learn to eat, form eating habits
94 67 and develop attitudes toward food, all of which may continue into adulthood (Carnell, Cooke, Cheng,
95 68 Robbins, & Wardle, 2011; Farrow et al., 2015; Herman, Malhotra, Wright, Fisher, & Whitaker, 2012;
96 69 Jain et al., 2001; Larson & Story, 2013).

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99
100 70 There is a paucity of research into why adults give treats to children. Much of the published
101 71 work has predominantly been conducted in Australia where the government has adopted the phrase
102 72 “extra foods”, to define foods that are extra to dietary requirements (Johnson, Bell, Zarnowiecki,
103 73 Rangan, & Golley, 2017; Rangan, Schindeler, Hector, Gill, & Webb, 2009). One such qualitative study
104 74 that explored the beliefs and behaviours surrounding treat-giving, reported that treats were given

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121 75 regularly to low socio-economic status (SES) obese/ overweight children by their parents for multiple
122 76 reasons; these included parental lack of awareness of the negative health implications of unhealthy treat
123 77 foods for their children, and the need to limit provision of these foods. Treat-giving was found to be
124 78 used routinely to control children's behaviours, to provide affection and to resolve beliefs of deprivation
125 79 (Pescud & Pettigrew, 2014). Another qualitative study focussed on how parents understood treats and
126 80 in what circumstances they would provide treats to their children. No formal definition was employed
127 81 and parents described these extra foods as 'treats', 'sometimes foods' or 'junk foods'. Parents believed
128 82 these foods could be consumed regularly as part of a balanced diet and did not perceive an association
129 83 between the consumption of these foods and weight gain. This study reported that many parents
130 84 provided their children with treats daily with the belief that their child had a balanced diet. (Petrunoff
131 85 et al., 2014).

132 86 Developing strategies to support caregivers' healthier food choices requires a full
133 87 understanding of adults' perceptions of treats, and their motivations for providing them. Understanding
134 88 the reasons why caregivers give treats to children, particularly energy-dense foods, is central to shaping
135 89 the context in which children form eating habits as they progress to adulthood (Birch & Fisher, 1998).
136 90 Given the lack of a formal and robust definition of a treat, this research seeks to understand adults'
137 91 perception of the treats they give to children and to define treats on the island of Ireland (IOI) through
138 92 qualitative exploration.

139 93

140 94 **Materials and Methods**

141 95 A series of focus groups was carried out across the IOI to explore adults' perceptions and motivations
142 96 for providing food and non-food treats to children as part of a larger research project (Shan et al., 2018).
143 97 The consolidated criteria for reporting qualitative research (COREQ) checklist was used to ensure
144 98 comprehensive reporting of this research (Tong, Sainsbury, & Craig, 2007).
145 99

146 100 ***Research Team and Reflexivity Statement***

147 101 The interdisciplinary research team combined expertise in health psychology, psychology, public
148 102 health, sociology, and nutrition. The three facilitators (two female and one male) of the focus groups
149 103 had extensive experience in focus group moderation and facilitation skills. Male and female facilitators
150 104 were alternated between the focus groups. Facilitators met the participants for the first time at the start
151 105 of the focus groups, describing themselves as having a personal interest in the topic, and experience of
152 106 having or working with children. Participants were made aware that there were no right answers and
153 107 that those moderating the interviews were an external company.

154 108 The study was positioned within a phenomenological perspective, with an interest in
155 109 participants' individual experiences of their worlds. (Hammersley, 2004). Our interpretation of the
156 110 findings takes place within a social constructionist frame, in that we believe that the results arise from

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180 111 constructions of participants' experience with others in their social worlds, as well as with other
181 participants and the group facilitators.
182 112
183 113

184 114 *Study Design*

186 115 Ethical approval was sought and received from the Human Research Ethics Committee, University
187 College Dublin (LS-17-12 McCafferty-Murrin). This approach focused on how individuals experienced
188 116 treats and their treat giving behaviours. A qualitative methodology was employed using focus groups
189 117 to explore adults' beliefs, behaviours and experiences (Morgan, 1996). Purposive sampling was
190 118 conducted to recruit a diverse sample of caregivers of children across the IOI.
192 119
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194 121 *Participants*

196 122 Participant recruitment was carried out by two market research companies; Amárach and Perceptive
197 Insights. Amárach were responsible for the participant recruitment and data collection in the Republic
198 123 of Ireland (ROI) while their collaboration partners Perceptive Insights collected the data in Northern
199 124 Ireland (NI). NI is a separate jurisdiction to ROI and therefore, to yield high quality data, facilitators
200 125 were based in their national jurisdiction (either NI or ROI), which allowed for a comfortable group
202 126 dynamic to evolve. The market research recruiter had large panels of individuals, developed over time
204 127 through word-of-mouth and snowballing, which were recruited for the focus groups in this study based
205 128 on project specifications (detailed in Table 1). These panels include people aged across the lifespan,
206 129 with social, economic and geographic spread. Individuals were invited to participate based on whether
208 130 they met the specification for each group (see Table 1). These individuals were then asked if they were
209 131 available to participate in a focus group on the given date and time. At this point, they were asked any
211 132 additional project-specific screening criteria. Once they qualified, they were asked whether they are
212 133 happy to talk about treat giving to children, in a group setting for 90 minutes. The academic researchers
214 134 have previously partnered with Amárach on two grant applications.
215 135

217 136 Ten focus groups were conducted with 80 parents, grandparents, teachers, sports and leisure
218 137 coaches and other caregivers of children such as crèche or preschool carers. These groups of individuals
219 138 were selected to represent the majority of adult stakeholders likely to be responsible for treat food
220 139 provision. The focus groups were split into parents only, grandparents only, and mixed groups, made
221 140 up of coaches and teachers, some of whom were also parents or grandparents. These focus groups were
222 141 representative of the population living on the IOI, and took place in Belfast, Derry/ Londonderry,
223 142 Enniskillen (Northern Ireland), Dundalk, Dublin (two groups), Cork (two groups), Galway and
224 143 Limerick (Republic of Ireland) see Table 1. Individuals in these focus groups were from predefined
225 144 diverse socioeconomic groupings, and cared for children of a variety of ages. All 80 participants who
227 145 agreed to participate, did so.
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148 **Table 1: Recruitment criteria for focus groups**

<i>Groups</i>	<i>Stakeholders</i>	<i>Location</i>	<i>Age</i>	<i>Gender</i>	<i>Socio-economic status*</i>
<i>Republic of Ireland</i>					
Group 1	Parents	Dublin	18 – 50	Female	C2DE
Group 2	Mixed	Dublin	Mixed	Mixed	ABC1
Group 3	Parents	Cork	18 – 50	Male	ABC1
Group 4	Mixed	Cork	Mixed	Mixed	C2DE
Group 5	Grandparents	Galway	Mixed	Mixed	Mixed
Group 6	Parents	Dundalk	Mixed	Mixed	C2DE
Group 7	Mixed	Limerick	Mixed	Mixed	Mixed
<i>Northern Ireland</i>					
Group 1	Parents	Belfast	Mixed	Mixed	C2DE
Group 2	Grandparents	Derry/ Londonderry	Mixed	Mixed	Mixed
Group 3	Mixed	Enniskillen	Mixed	Mixed	Mixed

149 * **Socio-economic status (SES) is the social status or class of a group of people or of an individual and**
 150 **is determined using a combination of education, income and occupation. The recruitment of**
 151 **individuals for this study were grouped into ABC1, C2DE and Mixed, according to the UK National**
 152 **Readership Survey social grade: ABC1 – upper middle class, middle class and lower middle class;**
 153 **C2DE – skills working class, working class and non-working; & mixed was a group of varied SES.**

155 ***Procedure***

156 The focus group topic guide was designed and refined by the findings from a review of the literature.
 157 A pilot focus group was conducted by CMc within University College Dublin to finalise the topic guide.
 158 During the recruitment phase, the participants each filled in a demographic questionnaire. Each
 159 participant received a participant information sheet and thereafter signed a consent before commencing
 160 the focus group. Each focus group consisted of eight participants and lasted approximately 90 minutes.
 161 The focus groups took place in office spaces at each location. CMc and CLS attended one Dublin focus
 162 group (mixed) to monitor quality. **The participants were aware that two members of the research team**
 163 **were observing at the back of the room.** No other non-participants were present. The topic guide was
 164 split broadly into two halves; firstly, the discussion of treats in general and childhood memories of treats
 165 and secondly, participants' perceptions of their own treat giving behaviours. To prompt discussion of
 166 what items they would provide as a treat to the child/ children they cared for, a card sorting task was
 167 designed. Items commonly used as treats on the IOI were selected from a review of data in the Irish
 168 Children's Food Consumption Survey (IUNA, 2005). Participants were asked to sort cards into items

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298 169 they would use as treats, would not use as treats, or into a third group if the item did not apply to them.
299
300 170 This focussed discussion around examples of items that participants would provide as treats for the
301 171 children they cared for, and to elicit a distinction between snacks and treats. The focus groups were
302 172 digitally audio-recorded using a digital Dictaphone (Phillips). *As part of the verbatim transcription,*
303 173 *each participant was characterised as male or female,* noting the label and location of the focus group,
304 173
305 174 and as such, their quotes were de-identified.
306 174
307 175

308 176 ***Data Analysis***

310 177 *Following data collection and verbatim transcription, the transcripts were reviewed with the audio*
311 178 *recordings for quality checking purposes.* Data analysis was conducted by CMc and second coded by
312 178
313 179 CLS. Analysis began by listening to each of the audio recordings for all 10 focus groups multiple times
314 180 for familiarisation. The transcripts were analysed for code development using colour coding, pen and
315 180
316 181 paper-based technique initially for the first four transcripts, and then transferred to qualitative analysis
317 182 software NVivo11 where the remaining analysis took place. *Throughout this process, multiple meetings*
318 182
319 183 *with individual members of the research collaboration team, and with the whole team, took place to*
320 184 *allow for discussion of and generation of themes.* This coding was conducted deductively, working
321 184
322 185 through all 10 transcripts. Revision of codes took place where some codes were merged, deleted or
323 186 renamed for clarity. A second coder reviewed every 2nd code for 50% of the transcripts. A meeting
324 186
325 187 between first and second coder allowed for discussion about some small amendments to codes or to the
326 188 general coding structure. Once agreement between coders was reached, theme development was
327 188
328 189 undertaken by CMc. *The first author CMc discussed the coding and theme development process at*
329 190 *length in an iterative process with the second author CLS (second coder), CM and MTG, then also with*
330 190
331 191 *the wider research team.* Thematic content analysis was conducted *according to principles described by*
332 192 *Braun and Clarke (2006).*
333 193
334 193

335 194 **Results**

336 195 ***Participant Characteristics***

338 196 Table 2 describes the participant demographics. Half were parents and just over 50% were female.
339 197 Reflecting the demographic make-up of Ireland, the majority of participants were Irish (83.8%) and
340 197
341 198 aged between 26 and 55 years (78.8%).
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204 **Table 2: Characteristics of the focus group participants (n=80)**

Characteristics	n (%)
<i>Sex</i>	
Male	39 (48.8%)
Female	41 (51.2%)
Other	0 (0.0%)
<i>Age</i>	
18-25	3 (3.8%)
26-35	14 (17.5%)
36-45	27 (33.8%)
46-55	22 (27.5%)
56-65	6 (7.5%)
65+	7 (8.8%)
Not stated	1 (1.2%)
<i>Living areas</i>	
Dublin (ROI)	16 (20.0%)
Galway (ROI)	8 (10.0%)
Cork (ROI)	16 (20.0%)
Dundalk (ROI)	8 (10.0%)
Limerick (ROI)	8 (10.0%)
Belfast (NI)	8 (10.0%)
Derry/ Londonderry (NI)	8 (10.0%)
Enniskillen (NI)	8 (10.0%)
<i>Nationality</i>	
Irish	67 (83.8%)
British	12 (15.0%)
European	1 (1.3%)
<i>Role</i>	
Parents/guardian	40 (50.0%)
Grandparents	16 (20.0%)
Teachers, crèche/pre-school carers, sports, leisure coaches or leaders (mixed group)	24 (30.0%)

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416 *Occupation*
 417

418 Higher/ Intermediate managerial, professional	18 (22.5%)
419 Supervisory or clerical and junior managerial	13 (16.3%)
420 Skilled manual, Farmer < 50 acres	20 (24.1%)
421 Semi-skilled, unskilled manual, casual work,	13 (15.3%)
422 Retired and living on state pension	6 (7.5%)
423 Unemployed, stay at home parent or not working due to	9 (11.3%)
424 long-term sickness, full time carer	
425 Not Stated	1 (1.3%)

426
 427
 428
 429 NB: There was no representation for categories 'Student' and 'Farmer >50 acres'
 430

431
 432
 433 *Themes*

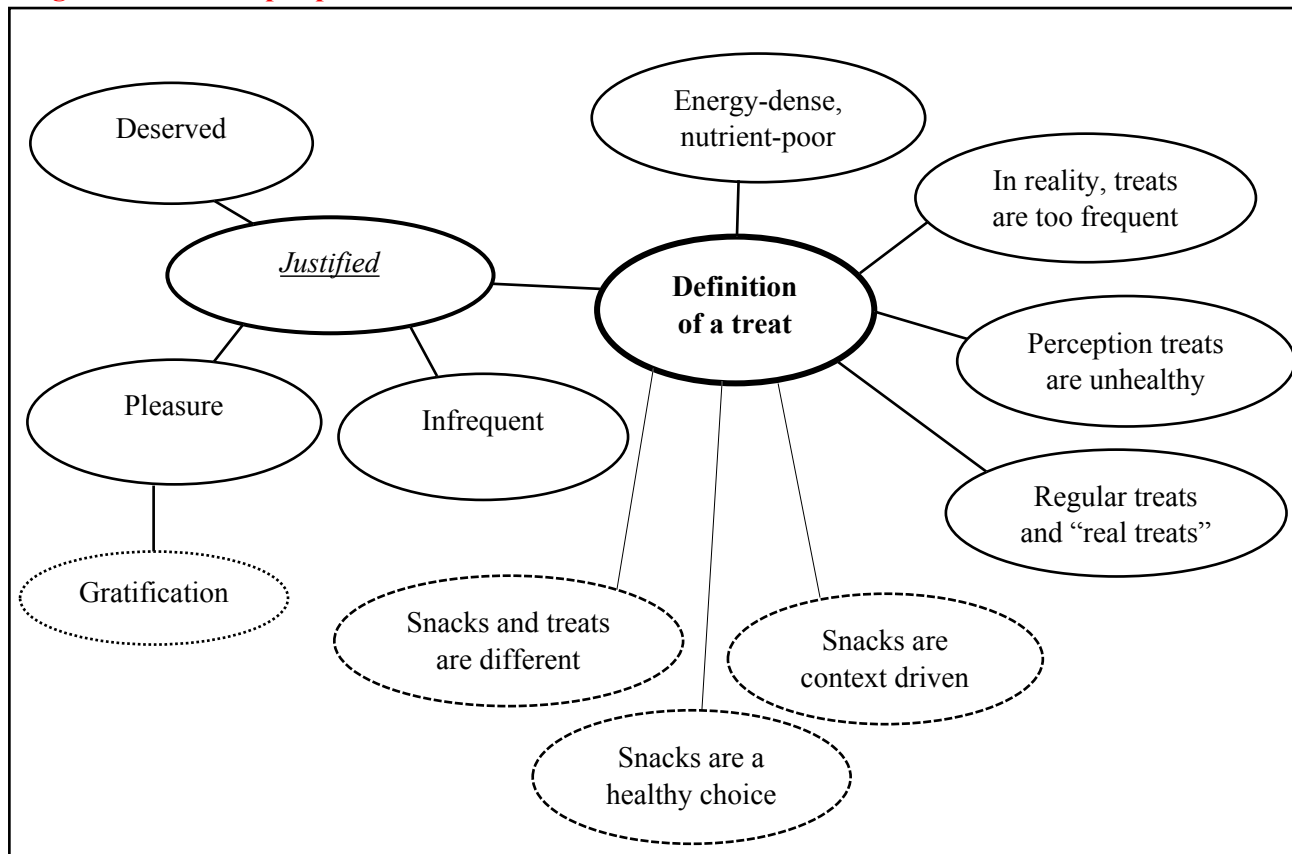
434 208 There was good consistency across the focus groups, and the themes presented are an accurate
 435 209 representation of the data collected.

436
 437 210 Overall, the data suggested that treats were defined as energy-dense, nutrient-poor foods which
 438 211 gave pleasure and were believed to be deserved. Treats connote a positive association and prompt a
 439 212 positive emotional response. Treats were acknowledged as being unhealthy. However, because their
 440 213 consumption was perceived to be infrequent, having or giving a treat was always justified. As each
 441 214 focus group discussion progressed, most participants spontaneously verbalised that, in reality, treat
 442 215 foods were a more frequent occurrence than they initially considered. This was agreed as the true nature
 443 216 of treats in today's society. Furthermore, a distinction between treats and snacking was elicited.

444
 445
 446
 447 217 One over-arching theme was observed with 13 main themes and one additional sub theme. Ten
 448 218 main themes were evidenced in the data to define a treat (energy-dense, nutrient-poor; perception that
 449 219 treats are unhealthy; in reality, treats are too frequent; regular treats and 'real treats'; deserved; pleasure;
 450 220 infrequent) one over-arching theme (justified) and one sub-theme (gratification); while three themes
 451 221 emerged which distinguish snacks relative to treats (snacks and treats are different; snacks are a healthy
 452 222 choice; snacks are context driven). The over-arching theme encompasses three of the main themes of
 453 223 the research while the sub theme is smaller and stems from one of the main themes.

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Figure 1: Mind-map representation of themes



Energy-dense, nutrient-poor

As part of the general discussion, the focus group participants discussed what constituted a treat. Most participants made initial reference to foods classed as nutrient-poor, energy-dense, high sugar, high fat, citing that, to them, treats could be characterised as sweet foods. This was the first verbalisation that the majority of participants made when asked what a treat was, which suggests that energy-dense food is central to the definition of a treat.

"Anything with sugar in it really." (Cork mixed group, male participant)

"I think when you think of kids and treats, you think food." (Derry/ Londonderry grandparents group, male participant)

"Because treat is sweet, it's sugar." (Dublin mixed group, male participant)

"A treat is like something like sugar." (Cork mixed group, female participant)

"So treats, I'm looking at salty, sugary foods, convenience foods, stuff we wouldn't ordinarily give them." (Cork parents group, male participant)

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534 270

535
536 271 *“Yeah sugary or fatty stuff are more treats, you’d hope you wouldn’t have them all the time.*

537 272 *You are not going to give a kid a burger everyday.” (Dublin mixed group, male participant)*
538

539 273

540 274 ***Perception that treats are unhealthy***

541 275 Participants, throughout all focus groups, provided implicit, for example through circumlocution or tone

542 276 of voice, and explicit acknowledgement that the foods they considered as treats (either for themselves

543 277 or for the children they care for) are unhealthy, “*bad for you*”, or “*the unhealthy stuff*”.

544 278

545 279 *“You see, anything we like tends to be bad for us.” (Belfast parents group, male participant)*
546

547 280

548 281 *“I’ve wrote down that treats are bad for you.” (Belfast parents group, male participant)*
549

550 282

551 283 *“But it seems to be the suggestion that treat in food terms isn’t an apple or banana or fruit or*

552 284 *whatever...It has to be something with lots of calories, something you enjoy.” (Belfast parents*

553 285 *group, male participant)*
554

555 286

556 287 *“It’s considered almost sinful.” (Limerick mixed group, male participant)*
557

558 288

559 289 *“In treats, I suppose it would be more unhealthy stuff you know, the pizzas, again the muffins,*

560 290 *favourite cereals, crisps and ice lollies, takeaways, all those things you sort of associate as*

561 291 *unhealthy.” (Enniskillen parents, female participant)*
562

563 292

564 293 **Over-arching theme - Justified: Deserved, Pleasure, Infrequent**

565 294 Justification was an over-arching theme, **comprised of three key themes: pleasure (with a sub-**

566 295 **theme of gratification), deserved and infrequent.** Participants expressed that they were able to justify

567 296 consuming and providing treats. Individuals implicitly and explicitly, expressed that treats were

568 297 inherently unhealthy, however given that these treats provide pleasure, participants were easily able to

569 298 justify deserving them for example as reward or because they were earned.
570

571 299

572 300 ***Pleasure***

573 301 For the majority of participants, there were explicit expressions of pleasure and happiness surrounding

574 302 the process of having or giving a treat. Treats were perceived as indulgent, and consuming a food treat

575 303 provided a positive taste experience.
576

577 304

578 305 *“Because a treat is something nice, something that’s bad for you. Something you’re not*

579 306 *allowed.” (Dundalk parents group, female participant)*
580

581

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593 307

594
595 308 *“It has to be something with lots of calories, something you enjoy.” (Belfast parents group,*
596 309 *male participant)*

598 310

599 311 *“I’m similar, again more sugary foods, or foods that you just, I suppose, wouldn’t have every*
600 312 *day would be more treat. Probably the unhealthy options are more treats and often more*
602 313 *enjoyable.” (Belfast parents group, female participant)*

604 314

605 315 *“Because they are not allowed biscuits and it’s just one day I had no Rich Tea [plain biscuit]*
606 316 *so they had a Bourbon [chocolate biscuit], my god they nearly, you know, the excitement*
607 317 *because it was like a chocolate biscuit!” (Cork mixed group, female participant)*

609 318

611 319 ***Sub-Theme of Pleasure: Gratification***

612 320 Positive emotional affect was combined with explicit pleasure in discussions of the enjoyment
613 321 associated with treats. Treats were expressed as desirable and special and it gratified individuals to
614 322 consume treats. Participants considered that children experience the same emotional response in having
615 323 a treat. This suggests a positive emotional response for consuming (or experiencing treats), suggesting
618 324 a feedback loop whereby this pleasures promotes repeated treating behaviour.

620 325

621 326 *“I actually wish I would feel guilty for eating chocolate but I don’t. I enjoy it and so I feel fine*
622 327 *about it.” (Cork mixed group, female participant)*

624 328

625 329 *“A treat is held more on a pedestal. “(Cork parents group, male participant)*

627 330

628 331 *“So I suppose like you were saying in primary school it’s still definitely a reward to get sweets,*
629 332 *treats there’s a big respect on them. It’s amazing what a packet of sweets can do.” (Dublin,*
631 333 *mixed group, male participant)*

633 334

634 335 *“Because we like them...you feel good when you are eating them, you don’t feel good after but*
635 336 *you still want them and they look good and the packaging, they are just calling to you, buy me*
637 337 *now! (laughing) it’s hard to resist them sometimes.” (Dublin mixed group, female participant)*

639 338

640 339 ***Deserved***

641 340 Lengthy discussions among most participants highlighted a common-sense belief that treats were
643 341 deserved although few could explicitly express a rationale behind this belief. This suggests ‘deserving’
644 342 a treat was a core belief which justified the provision or consumption of treats.

646 343

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344 *“So you are going against yourself by giving things you shouldn’t be giving them, but at the*
 345 *end of the day, they are children and everybody deserves a bit of a treat now and again.” (Cork*
 346 *mixed group, male participant)*

347
 348 *“That’s it too, like, where there’s food wise, if you have been eating healthy all week or*
 349 *whatever and then all of a sudden you need just a sweet binge, you’d call that a treat day now,*
 350 *you know what I mean?”*

351 *... “That’s basically it, like you are eating healthy most of the week I supposedly or whatever*
 352 *or you know, and you fancy a treat day, so it’d be call the Chinese or a café.” (Enniskillen*
 353 *parent group, male participants)*

354
 355 *“Everybody deserves a treat.” (Cork mixed group, male participant)*

356
 357 Treats were also considered to be earned or provided as a reward. This was intrinsically linked
 358 to the motivation for providing treats to children, many participants expressed *“reward means treats”*,
 359 or when asked, ‘what is a treat?’, many responded, *“a reward”*.

360
 361 *“But as I said earlier if you earned a reward it would be a treat.” (Cork mixed group, male*
 362 *participant)*

363
 364 *“Something they want, something they’ve earned.” (Dublin parents group, female participant)*

365
 366 ***Infrequent***

367 Early discussions centred around the belief that treats were occasional, rare or that they were restricted,
 368 for example, children were not allowed them frequently. Participants reflected on their childhood
 369 memories of treats and reminisced that treats were a rare and infrequent occurrence in their youth. This
 370 provided insight into individuals’ beliefs that treats were, and should be, infrequent.

371
 372 *“Obviously as long as they don’t ask too often.” (Female)*

373 *“As long as you don’t overdo treats.” (Male) (Derry/ Londonderry grandparents group)*

374
 375 *“I think while they might get sweets and eat a lot they don’t get them in school any more so it*
 376 *mightn’t be a treat at home but it’s a treat in school” (Dublin mixed group, female participant)*

377
 378 *“A treat is something that you don’t have every day of the week, or on a regular basis.” (Belfast*
 379 *parents group, female participant)*

380

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711 381 *“Sweets really are a treat, but a treat that they wouldn’t get too often, it would be a really*
712 *special one but obviously for reasons of teeth and other things.” (Derry/ Londonderry*
713 382 *grandparents group, male participant)*
714 383

715 384
716 385 *“I’m similar again, more sugary foods, or foods that you just I suppose you wouldn’t have*
717 386 *every day would be a treat” (Dublin mixed group, male participant)*
718
719 387

720 388
721 389 ***In reality, treats are too frequent***
722

723 390 Relative to the belief that treats were infrequent, individuals stated that if treats became too frequent,
724 391 they would lose their meaning and could no longer be classified as a treat. Yet most participants believed
725 392 they provided and gave treats too often to the children they cared for and that in reality, treats were a
726 393 regular occurrence. Participants believed there was an appropriate quantity of treats to have, and that
727 394 treating loses its positive association if it is a common or regular occurrence.
728

729 395 *“But then on a Friday, they’ll get bar in school and Friday, Saturday, Sunday they’ll get, they*
730 396 *probably make up for it in the whole weekend what they don’t have here, Monday to Thursday.”*
731 397 *(Dublin parents group, female participant)*
732 398

733 399 *“I probably give them far too much.”*
734 400

735 401 *“Yeah I do.”*

736 402 *“Yeah.” (group agreement)*

737 403 *“I’m sitting here look at it going oh god, as treats...really like the jellies!”*

738 404 *“Really the whole weekend is a treat.” (Dublin parents group, female participants)*
739 405

740 406 *“Sweets are bought as part of the weekly shop now.”*
741 407

742 408 *“Just become more normal. Whereas they used to be a bit more of a treat.” (Cork parents*
743 409 *group, male participants)*
744 410

745 411 Similarly, many participants said they wished to consume less treats and that their reasons for not doing
746 412 so were linked to failures in self-control. Many cited the food environment as a cause of frequent treat
747 413 giving and consumption.
748 414

749 415 *“It’s hard to classify things as a treat now because everything has become so available.”*
750 416 *(Limerick mixed group, male participant)*
751 417

752 418 *“And I’m like come on, you know, they become so desensitised to these treats that you know,*
753 419 *they get so much they get sick of them.” (Cork parents group, male participant)*
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418

419 *“Oh I’m every day, I wish I could be just weekend. But no, I’m every day.” (Cork mixed group,*
 420 *female participant)*

421

422

423 **“Regular treats” and “Real treats”**

424 Some treats were perceived as being “bigger” or “real”; they were seen as more important and special
 425 than “regular treats”. Other treats were perceived to be “regular”, “smaller” treats. This suggests a
 426 distinction between an infrequent treat that provides pleasure, whereas frequent treats become “regular
 427 treats” and may be perceived as less special. This is also linked to the context for treat giving: “real
 428 treats” tend to be given or consumed for more significant occasions, give more pleasure, and are linked
 429 to reward.

430

431 *“I think there’s different levels of treats you can give them, in terms of daily, there’s after your*
 432 *dinner or weekly or after exams. It broad, it’s not just one casual small thing.” (Belfast parents*
 433 *group, male participant)*

434

435 *“The real treat is getting a pizza or getting a [meal from named fast food outlet] I*
 436 *mean...because they don’t have [named fast food outlet] up where they live.” (Galway*
 437 *grandparents group, female participant)*

438

439 *“As they see that as a big, big treat but on a daily basis it’s, can I have this sweet can I have*
 440 *that.” (Dublin mixed group, male participant)*

441

442 *“Our grandson got coke for the first time at camp and it was his friend shared the can of coke*
 443 *...he thought it was great, you know, so it’s a huge treat for him to taste the coke. But they*
 444 *would never he wouldn’t have had it and they wouldn’t get it at home. So it would be considered*
 445 *a real treat.” (Galway grandparents group, female participant)*

446

447

448 **Snacks and treats are different**

449 Most participants both implicitly (for example through use of language, laughter or tone) and explicitly
 450 indicated that treats and snacks were different. Snacks were identified as being a variety of foods eaten
 451 or given in different contexts, which served multiple purposes. Although the definition of a snack varied
 452 according to context, the definition of a treat was centred around pleasure and gratification.

453

827 How do adults define the treats they give to children?
828

829 454 *“Parties, rewards, keeping them quiet, bribery that sort of thing is in the treat zone. I suppose*
830 *a snack is if you’re hungry and it’s not meal time.” (Cork parents group, male participant)*

832 456
833
834 457 *“I think they think there’s definitely a difference between them. Or there should be you know.*
835 *The snack can be a regular daily or multiple times a week thing. But a treat you want to hold*
836 *that up a bit high, something like a reward.” (Cork parents group, male participant)*

838 460
839 461 *“A treat can be something sweet, it can be ice cream whereas to me a snack has to be something*
840 *really nourishing.” (Derry/ Londonderry grandparents group, male participant)*

842 463
843
844 464 *“A snack is for nutrition, a treat is for taste.” (Male)*

845 465 *“Yes that’s it.” (Female)*

846 466 *“Yes that’s the nail on the head.” (laughing) (Female) (Galway grandparents group)*

848 467

850 468 ***Snacks are perceived as the healthy choice (context independent)***

851 469 Participants spontaneously cited low calorie crisps, raw fruit and vegetables, cheese and crackers, and
852 470 yogurts as examples of snacks when initially asked the difference between a snack and a treat.

854 471 Participants used the word healthy and light interchangeably. For example, participants cited a banana
855 472 as heavy and crisps as light, and therefore the latter was perceived to be a better choice of snack.

857 473
858 474 *“Yeah that’s a snack, banana is a snack. It’s a huge snack. Maybe like if you go down the*
859 *[named crisp brand] ... It’s low in calories and not really fattening.”*

860 475
861 476 *“They are low calorie kind of things but I would consider a snack anyway.” (Cork mixed*
862 *group, male participants)*

864 478
865 479 *“I’d be thinking slightly healthier as you said veg, nuts, berries, something like that more than*
866 *like...suppose a bag of crisps could be a snack, but I’d be more thinking snack as healthier and*
867 *more frequent.” (Dublin mixed group, female participants)*

870 482
871 483 *“It’s food, a snack would be healthy for me.” (Dublin mixed group, female participants)*

874 484
875 485 ***Snack choices are context driven***

876 486 Similarly to the discussion of the definition of treats, the discussion surrounding snacks also exposed a
877 487 paradox. Although treats and snacks are not mutually exclusive (a treat item can also be a snack), there
879 488 was an implicit suggestion that snacks were healthy and treats were not. The definition of a snack
880 489 changed when discussed regarding provision for children. Participants reported that snacks were given
882 490 to children before or after dinner, at snack time (part of a routine) and for convenience. Snacks were

886 How do adults define the treats they give to children?
887

888 491 therefore associated with a specific function according to the context in which they were given. There
889
890 492 was a belief that snacks were needed and necessary to manage hunger, to “keep them going” or to “tide
891 493 them over”. This function of preventing potential hunger was driven by the necessity to satiate at the
892
893 494 child’s request and to manage parents’ perception of their child’s hunger, with healthfulness an
894 495 irrelevant factor.
895

896 496

897 497 *“Or you know what, I have given a snack because they are dead handy like that when they
898 498 come back from football as well, is them hotdogs, they are rubbish as well.”*

899 499 *“Yeah they are so quick and easy!” (Dublin parents group, female participants)*

900 500

901 501 *“Yeah I would, yeah, I mean toast you know it’s...”*

902 502 *“It’s between meals.”*

903 503

904 504 *“Yeah it’s to tide them over, if he’s heading out to football and he had his meal but there’s a
905 505 gap there potentially and he needs the calories so you give him the slice of toast. Or the
906 506 pancake, those little mini-pancakes you can buy so they are not too crazy on the sugar, not too
907 507 fancy, but they have the starch and carbs to tide them over. That’s how I would view a snack
908 508 rather than a treat.” (Cork parents group, male participants)*

909 509

910 510 *“In between, like if one of mine came in from school and said they were hungry I’d let them go
911 511 in the cupboard and get like one cookie, or you know, even something.” (Female)*

912 512 *“In between.” (Male)*

913 513 *“Just to tide them over, nothing big, or like...” (Female) (Belfast parents group)*

914 514

915 514 **Discussion**

916 515 Overall, treats are primarily considered as energy-dense, highly palatable foods. This research found
917 516 that participants felt that treats were deserved, and they had a positive relationship with both giving and
918 517 eating food treats. Treats were acknowledged as being unhealthy however, because their consumption
919 518 was perceived to be infrequent, having or giving a treat was easily justified. Participants spontaneously
920 519 verbalised that, in reality, treat foods were a more frequent occurrence than they initially considered.
921 520 This was agreed upon as the true nature of treats in today’s society. Additionally, the data evidenced a
922 521 distinction between treats and snacking.

923 522

924 523 This novel piece of research addresses a significant gap in the literature where a formal
925 524 definition of treats is necessary to precede future research into this topic. On the IOI, as elsewhere, it is
926 525 recommended that consumption these energy-dense nutrient-poor foods should be limited, as they
927 526 promote excess energy intake and are associated with comorbidities in adults and children (SafeFood,
928 527 2017). The literature base on treat giving behaviours suggests that many parents lack insight, knowledge
929 528 and awareness into the negative health implications of the treats they provide their children (Pescud &
930 529

931 530

945 How do adults define the treats they give to children?
946

947 528 Pettigrew, 2014). Our research however suggests that adults were aware that treats were intrinsically
948 529 unhealthy, yet this awareness was moderated through justification of treat giving and treat consumption.
950 530 The positive relationship that individuals have with treats, whether as a provider or as a consumer,
951 531 presents challenges for intervention design, as the definition of a treat is that it is always justified.

953 532 It could be argued that the justifications sought to mediate any guilt experienced by adults and
954 533 outweighs consideration for healthfulness in treat choice as a cause of pleasure, deservedness and
956 534 gratification (Birch & Fisher, 1998). Parents seemed to struggle to verbalise the conflict between
957 535 knowing that treats are unhealthy while providing these foods to their children frequently and in a
959 536 positive context. This exposed associated cognitive dissonance, reflected in work by Watkins and Jones
960 537 (2014) who found parents struggle with the idea of ‘being a good parent’, experiencing ambivalence
962 538 and cognitive dissonance associated with doing what they think is right for their child, and doing what
963 539 their child would like them to do.

965 540 All participants reflected on their memories of treats as children, when treats were rare because
966 541 of low availability and relative high cost. Treats were an infrequent event and gratifying because
967 542 individuals believed that they could justify having or giving a treat, thereby eliciting a positive
969 543 emotional response (Petrunoff et al., 2014). However, treating occasions today were more frequent than
970 544 initially described by participants, a matter they reflected upon as the focus groups progressed. This
972 545 suggests a paradoxical contemporary definition of treats: “real treats” conform to the concept of a treat
973 546 as something infrequent that provides pleasure, yet treats are consumed more often than perceived, thus
975 547 becoming “regular treats”, which are downgraded as less special (despite their perpetual consumption).
976 548 This is also linked to the context where “real treats” tend to be given or consumed for more significant
977 549 occasions, give more pleasure and are linked to reward.

979 550 A positive feedback loop of treating behaviour appears to have developed in adults’ provision
980 551 and consumption of treats. This may result from the combination of the abundant and accessible nature
982 552 of energy dense foods in the food environment, and the positive emotional response associated with
984 553 treat foods, reinforcing the habitual use of treats in today’s society. With evidence that eating habits
985 554 developed in childhood are linked to those in adulthood, the frequent consumption of energy-dense
986 555 foods combined with the positive association of treats, may be contributing to the development of
988 556 emotional-related eating behaviours in children. Further, evidence from the focus groups indicates that
989 557 adults are consuming treats frequently too, and thus that modelling of this behaviour is taking place
991 558 (Birch & Fisher, 1998; Birch et al., 2007; Blissett et al., 2010; Faith, Scanlon, Birch, Francis, & Sherry,
992 559 2004).

994 560
995 561 **Snacks**

997 562 A novel component of this research was the formal consideration of the distinction between snacks and
998 563 treats. The literature presents challenges in developing this definition, as highlighted by Hess and
999 564 colleagues (2016), who posit that the definition of snacks depends upon a variety of individual, social

1004 How do adults define the treats they give to children?
1005

1006 565 and environmental factors such as time of day, the motivation/ purpose of the snack and food availability
1007
1008 566 (Hess, Jonnalagadda, & Slavin, 2016). Interestingly, these authors highlight that the most popular types
1009 567 of foods for snacks are energy-dense, nutrient-poor foods, which are the same types of foods defined in
1010
1011 568 our research as treats. This suggests that the difference between snacks and treats is context related.

1012 569 Participants in the current study were asked how they would define a snack. This question was
1013
1014 570 not framed specifically to address child feeding practices and was independently discussed in the
1015 571 contexts through which snacks were provided to children. It is important to note that although
1016 572 participants perceived snacks as healthy, this may not reflect the actual nutritional content of the food
1017
1018 573 as often participants use the word healthy and light interchangeably. The discussion surrounding snacks
1019 574 also exposed a paradox in the definition; participants perceived the concept of snacking to be a ‘healthy’
1020
1021 575 or ‘light’ food choice, but in the context of a busy lifestyle, snacks needed to be functional, energy-
1022 576 dense, satiating and convenient with little regard for healthfulness. These subtle distinctions in the
1023
1024 577 definition of snacking may go some way to explaining why research has been unable to demonstrate
1025 578 associations between snacking and weight status (Boots et al., 2015; Gregori, Foltran, Ghidina, &
1026
1027 579 Berchiolla, 2011). Further research should be developed to explore these variations in the definition of
1028 580 snacking and particularly the contexts in which snacks given or consumed.
1029

1030 581

1031 582 *Strengths and Limitations*

1032 583 We recognise that a focus group can inform opinions verbalised through group-think or social
1033
1034 584 conformity (Leung & Savithiri, 2009). Individuals whose views were different to those expressed by
1035 585 more vocal participants may not have felt comfortable articulating their perspectives. However, the
1036
1037 586 focus group facilitators in this study were trained to prompt individuals to share their views if they
1038 587 remained quiet for any period of time. Furthermore, qualitative studies aim, at most for theoretical
1039
1040 588 generalisability, however purposive sampling elicited a representative sample of caregivers of children
1041 589 across the IOI with a range of population groupings, allowing for some generalisability to similar
1042
1043 590 populations (Sim, 1998). As such, the focus group methods employed and data analysis, may be
1044 591 considered to have appropriate external validity, given the varied perspectives. The findings will require
1045
1046 592 replication elsewhere, as they reflect perspectives from two countries (ROI and NI in the UK) that share
1047 593 many cultural views and eating behaviours. The primary strengths of this study lie in the rich range of
1048 594 participant perspectives; the multidisciplinary insights brought to the analysis of participants’
1049
1050 595 phenomenological experiences; and the novel findings for how a ‘treat’ is conceptualised within
1051 596 contemporary, affluent Western European countries.
1052

1053 597

1054 598 *Recommendations for future research*

1055 599 Future research should explore the definition of treats from children’s perspectives, using a qualitative
1056
1057 600 methodology to gather in-depth data on children’s’ experiences of treats. The topic guide for this
1058
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1061

1063 How do adults define the treats they give to children?
1064

1065 601 research could be adapted for children of all ages, to specifically explore their definition of a treat, and
1066 602 how they experience receiving treats from adults in different contexts and situations.
1068 603

1070 604 **Conclusion**

1071 605 Treats are an energy-dense food acknowledged as unhealthy by the majority of focus group participants
1072 606 in this study. Treats give implicit or explicit pleasure and are consumed because individuals believe
1073 607 they are deserved, earned or are a reward. At the core of this definition is that treats are traditionally
1075 608 infrequent or rare. Treating oneself provokes gratification (positive emotional response). It could be
1077 609 argued that this gratification/ pleasure in combination with society's treat-promoting culture and
1078 610 environments facilitates a feedback loop, which ultimately results in a normalisation of treating
1080 611 behaviour and increased treat frequency. Given the high frequency provision of energy-dense, nutrient-
1081 612 poor foods, to children, it could be argued that adults should be given the tools to manage their treat
1083 613 food giving as a potential contributor to of reducing childhood obesity on the IOI.
1084 614

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1097 623

1099 624 **Declaration of Interest**

1100 625 We declare that no authors or collaborators had any personal or financial conflicts of interest.
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Treat Food Topic Guide

Questions in BOLD are the main questions Bullet points underneath are follow up questions	<u>Probes</u>	Constructs for Consideration
<p>ACTION: During the waiting period, guide participant to fill the consent form attached with the information sheet, and ask them to fill demographic questionnaire (in case some participants may leave early or rush to go at the end)</p>		
<p>1. Introduction</p> <p>1.1. Explain research, Amárach/UCD</p> <ul style="list-style-type: none"> • Thank you very much for agreeing to take part in our study. This study is initiated by Safefood and University College Dublin. The purpose is to understand why adults are giving treats to children. • My name is _____. I am a researcher based in Amárach, which is a market research agency. Together with my colleagues, we are helping UCD with their data collection. • It's important to be aware that we are an independent research team and we are not promoting anything. The only purpose that we are here today is to hear a bit about your thoughts and opinions. It's important to know this is a space where you can be completely honest, and anything you say will be anonymised. <p>1.2. Introduction for focus group, 'rules' and confidentiality issue</p> <ul style="list-style-type: none"> • Today we are going to have a focus group discussion. A focus group is a group discussion that focuses on a particular topic in depth. In the following hour and a half or so, we will be talking about issues related to treats. I am here to learn from you, to learn about your ideas, thoughts and comments on these issues. • It's important that I hear what EACH of you thinks. There are no right or wrong answers; there are neither stupid nor smart answers. It's a valuable answer as long as it's an HONEST answer. • As it's an informal group discussion, you are strongly encouraged to interact with other people at the table. However, in order to hear each person clearly, may I ask you that ONE PERSON SPEAKS AT A TIME? • Please feel free to speak up when you disagree with someone else here. It's okay to disagree, and it's okay to have different opinions and ideas from others in the group, your thoughts might be similar to those of many people who are not here at the table. Also, it's helpful for us to hear different points of view. • Also, it's my job to see that everyone has a chance to voice their opinions, as well as to keep us moving along so that we have time to discuss all of the questions. So, at times, it might seem as though I am cutting you off, and this is not meant to be rude but rather to make sure that we have time to hear from everyone on each question. • We will be tape-recording our discussion. This is because we want to get everything that all of you say and we simply can't write fast enough to get it all down! 		

<ul style="list-style-type: none"> • I want to assure you that all of your comments will be used only for the purpose of this research. We have created participant IDs for each of you. By doing this, you will never be named or identifiable in any of the reports released from this research. • In case anyone needs to use the bathroom, they are located _____. And if any of you has to leave early please let us know, and we'll let you go. • One last thing, would it be okay if we could ask you to put your mobiles on silent, just so it doesn't interrupt our discussion. Thanks. • Does anyone have any questions? You can always get back to me later. • I am now going to turn on the audio recorder 		
<p>ACTION: Turn on the recorder</p> <p>1.3. Warm up - Okay so just to start, can each person tell us your name, how many kids do you have/ care for, and how old are they?</p>		Introduction
<p>2. What do you think of when I say the word treat?</p> <ul style="list-style-type: none"> • Can you please give me examples • What makes something a treat? 		Definition of treats
<p>3. Thinking back to your own childhood, what was a treat to you?</p> <ul style="list-style-type: none"> • Can you tell me what memories you had of treats? • Can you tell me on what occasions you had food treats? • Who gave you treats growing up? 	<ul style="list-style-type: none"> - Would there be any other treats you can remember getting as a child? - Can you name a few of treats you remember from your childhood? - How often would you have a treat when you were younger? Daily, weekly, only on special occasions? - Grandparents/ parents, teachers, other adults, other family members? - Did you have free access to treat foods? Who controlled your accessed to these foods? 	Adult's memories of treats
<p>4. a) Thinking of now, can you please tell me how often and on what occasion you would treat yourself?</p>	<ul style="list-style-type: none"> - When would you treat yourself? How often? 	Adults' emotional regulation/hedonic response to food

<p>What would you treat yourself with? fruit/ shopping/ chocolate/ wine/ spa?</p> <ul style="list-style-type: none"> • How do you feel when you have a treat? 	<p>- Healthfulness of food considerations here?</p> <ul style="list-style-type: none"> - If you were to treat yourself with food, what sorts of foods would you have? - Can everyone give a few examples things they'd treat themselves with? 	
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MAKE IT CLEAR TO PARTICIPANTS THAT WE ARE NOW MOVING ON TO DISCUSS THEIR CHILDREN/ THE CHILDREN THEY CARE FOR

5. Now let's move on to your children/ the children you care for. We are interested to know what would be a treat to them? To answer this question, I have a small task for you.

- You'll each have a pack in front of you. In each pack you'll have a set of cards. At the top of each of your pile of cards, there's three label cards which say "Treats", "Not Treats" and "Neither" and as part of this task you'll place the rest of the cards under these three categories.

ACTION: Hand out the card sorting materials, the card sorting sheet should be labelled with participant ID (for photo taking)

- So you have around 30 cards which include pictures of both food items and non-food items. Can you lay them face up around or below the three label cards according to the three categories:
 - 1) Treats that you'd give your children
 - 2) Things that would not be treats for them
 - 3) "Neither", for example, foods your child/ child you care for, does not eat, or is allergic to

If some items you think are treats to your children are missing, then please use the post-its and the pen provided in the pack to write then on, and stick the post it under the appropriate label. Similarly, if there's a heading you think is missing, or that'd be a useful way to categorise the cards, then please feel free to write this on a post-it as well.

The pictures on these cards are just for illustrative purposes only, so if the picture doesn't exactly represent an item you're familiar with, then just use your imagination!

- You can put as many and as few cards into one category. And you can use a pen to draw a border between these three categories. After you have finished the sorting, we will take photos of your sorting.

I'm setting a stop clock here just for a few minutes as this should be just a quick sorting task and we can chat about it afterwards.

Set stop clock and inform participants they have around 3 minutes to complete this task

-----BEGIN CARD SORTING TASK-----

ACTION: Take photos of the card sorting results when each participant is finished, ensuring that their participant ID is visible in the picture		
So first, can everyone tell us what you have included under the 'treat' category? And can you give us a rough idea of why you've sorted the items into this category?		What treats are provided to children
<p>6. a) Look at those items you sort as treats, when would you give them to children</p> <p>Would these treats be given for special occasions?</p> <p>Would these treats be given for as a reward/ for good behaviour/ for achievements/ for school etc</p> <p>On a regular basis? Weekends, Fridays, daily routine?</p> <ul style="list-style-type: none"> • Would the treats you give your child at home, be any different to the treats they'd get while out and about? • Who decides what's a treat? 	<ul style="list-style-type: none"> - How often do you think children should have treats? - How often would you give them to your child/ children you care for? - What sort of occasions would you give your child a treat? - Is there any other occasion when you would give a child a treat? - What sorts of foods would they have while out and about compared to at home? - Why do you give different treats ___? - Would you or your child choose what treat they have? - What about for other family members? - Healthfulness of food considerations here? 	<u>Context/when/why treats are provided to children</u>
6. b) What do you think food treats are for? Why do you give them?	<p>PROMPT ON FREQUENCY THROUGHOUT</p> <ul style="list-style-type: none"> - If they've eaten up their food (dinner, veg, etc)? - If they've been good - If they carry out desired activities (clean up, finish homework) 	<p>Food as a means of behavioural control</p> <p>[Motivate - food]</p> <p>[Motivate - behaviours]</p> <p>[Motivate - inhibition]</p> <p>[Mood altering]</p> <p>[Mood amplification]</p> <p>[Routine]</p>

	<ul style="list-style-type: none"> - What about to refrain from bad behaviour (for example don't fight with siblings!) - What about to cheer them up (sad, disappointed – prompt on mood, occasions, frequency) - Or to celebrate? - As part of our routine - 'Lunchbox'...'After dinner'... 'Friday night' ... 'going to Granny's' [daily, weekly routines]? - What about on other occasions such as in nice weather, or if it's snowing; special occasions – like Chirstmas, Easter, family birthdays, outings etc etc] - What about just because? 	
<p>6. c) What kinds of things influence the treats you buy?</p> <ul style="list-style-type: none"> • What influence do your children have on the treats you buy? • How about if a treat is on promotion or on offer in the shops, are you more likely to buy it? • What about TV or the internet, do your kids ask for things they've seen? • Do you have a 'treat bowl'/ cupboard, etc. at home? • Do your children choose what treats they have? 	<ul style="list-style-type: none"> - How about treats their friends have – does that make a difference?) <u>[Prompt for other marketing]</u> - Is there an influence of the media on parent/carer, child OR peers - Do you think, if your children/ children you look after are old enough, that Social Media influences what treats they want? - What else influences the treats you buy? - Healthfulness of food considerations here? 	<p>Peer influence e.g. via other family practices</p> <p>Consumer behaviour – impact of marketing factors</p>

<p>6. d) What, if anything, do you feel after you've given a treat to your child/ the children you care for?</p> <p>What, if anything, do you feel if you've said 'no' to a treat for your child/ the children you care for?</p> <p>Looking back, how did you feel when you were younger, when you got treats?</p> <p>How do you think treat giving has changed since you were younger?</p>	<p>[If necessary] - guilty; enjoy children's pleasure; feel like a good parent/etc other</p> <p>[If necessary, prompt] Feel guilty/like a bad parent OR positive/good parent, etc [Parents only]- Would you say no to treat giving because you know other relatives/ adults are giving treats to your children? Does their treat giving to your children mean you change what and when you give treats to your children?</p> <p>- How does that relate to how you feel now about children getting treats? - Changes in society? - Do you think the way that you give treats now is because of what treats you got when you were a child?</p>	<p>Cognitive dissonance</p>
<p>6. e) When you are giving treats, would you be influenced by anybody else?</p> <p><i>[For parents]</i></p> <p>Would other family members give treats to your children differently than you do?</p> <ul style="list-style-type: none"> • What sort of response do you get from the children when you give them treats? • Does how your children react when you give them treats change what sort of treats you give them? 	<p><i>[For parents]</i></p> <p>- What about others around you, what sorts of treats do you think they give their children? Eg other parents at your child's school?</p> <p>- Would anybody else give your child treats? Eg, other family members? Fathers/ mothers, aunts/ uncles, godparents, grandparents? - Do you think you have a different point of view compared to others? Eg. grandparents, teachers, family, other parents, other adults?</p>	<p>Social Norms</p>

<p style="text-align: center;"><u>[For teachers/creche/ preschool practitioners]</u></p> <p>Would other members of staff at your school/ creche/ preschool etc give treats to your children differently than you do?</p> <ul style="list-style-type: none"> • What sort of response do you get from the children? • Does how the children react when you give them treats change what sort of treats you give them? <p style="text-align: center;">[For all]</p> <p>Do you think there should be any rules legislations in schools/nurseries about treats children are given?</p>	<p style="text-align: center;"><u>[For teachers/creche/ preschool practitioners]</u></p> <ul style="list-style-type: none"> - What about other colleagues around you, what sorts of treats do you think they give the children they care for? - Do you have the freedom to give children treats in the workplace ie, in the creche/ school? - Would the way that you give treats to the children you care for in the workplace, be different to the way you would give treats to your own children? - Is there any legislation or rules in your workplace, about the sorts of treats you're allowed to give the children you care for? 	
<p>7. In your option, what would you say is a snack?</p> <ul style="list-style-type: none"> • Do you see a difference between a treat and a snack? • Do your children know the difference between a snack and a treat? • What foods do you think other parents give their children as snacks? 	<p>Can you give me examples?</p> <ul style="list-style-type: none"> - Frequency, occasion, price, because of your childhood? etc etc 	<p>Snacks vs treats</p>
<p>8. Now let's move attention the non-food treats (refer to examples participants mentioned). What do you think could be done to encourage more caregivers to use these sorts of things as treats for the children they care for?</p>		<p>Non-food treats – barriers and facilitators to using non-food treats (relevance for recommendation)</p>
<p>9. Closing</p> <ul style="list-style-type: none"> • After discussing different aspects of treats, is there anything else you'd like to add? • Thank you very much for your participation in our focus group today, we really appreciate your time 	<p>Closing & Thank you</p>	

<ul style="list-style-type: none">• For confidentiality concerns, what is shared in the room stays in the room. <p>ACTION: Make sure everyone has handed in the signed consent form and demographic/ pre-task questionnaire.</p>		
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