

## 3.0 Method

### 3.1 Research Methods

#### 3.1.1 Qualitative Research

TNS supported HSC's decision to use a qualitative research approach to meet its information needs.

Qualitative research is concerned with identifying the range of issues that exist on a given topic, and understanding these in-depth. It reveals the underlying factors that lead to the formation of attitudes, motivate and prevent behaviours and influence people's perceptions of the world around them. Qualitative research allows the real issues to emerge, i.e. those that are genuinely important to people, and not just those issues that researchers feel might be important.

Qualitative research explores not just the rational, top-of-mind, conscious perceptions that individuals have but also the underlying emotive feelings. These are largely unconscious, yet act as powerful drivers of human behaviour.

The key limitation of qualitative research is that small sample sizes prevent data being subjected to statistical analysis. This means that findings cannot be generalised to the whole population from which a sample is drawn. However, users of qualitative research can have confidence in findings when samples are structured to include key groups of interest, and experienced, skilled qualitative researchers conduct the research. Such researchers can readily elicit information from participants, and interpret it with accuracy and insight. TNS provided qualitative researchers of this calibre for the SMAR project.

#### 3.1.2 Qualitative Methods

The two main methods used in qualitative research are in-depth (i.e. individual face-to-face) interviews and focus groups.

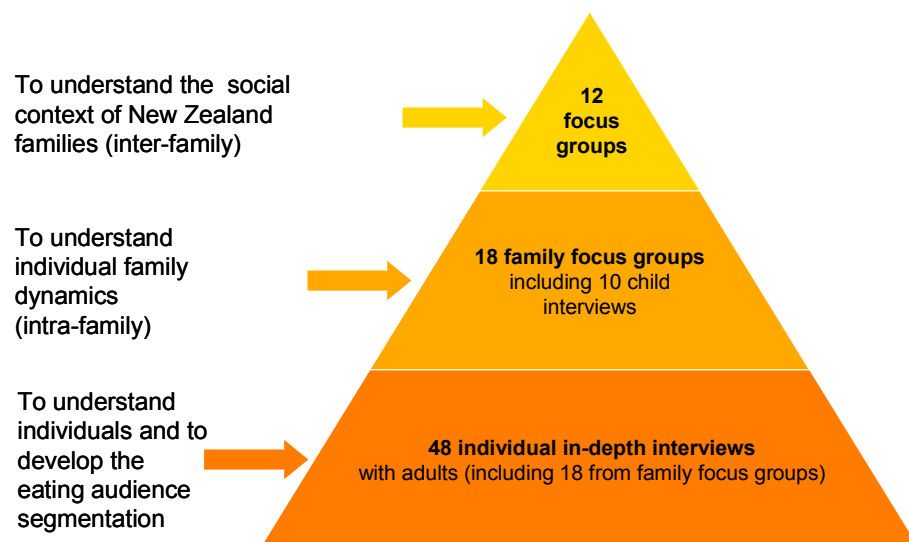
- An in-depth interview is a face-to-face dialogue between one participant and one researcher. This is the method of choice when discussing personal, sensitive or complex topics or when we want to understand people as individuals (e.g. their attitudes, behaviours, motivations and barriers) and when we need to develop an audience segmentation. In the privacy and security of the in-depth interview environment participants are typically willing to reveal their innermost thoughts and feelings, i.e. deep level information can be obtained using this method. The key limitation of in-depth interviews is that they do not allow for discussion and debate, as is possible with multiple participants in focus groups.

- Focus groups bring together six to seven individuals who have one or more shared characteristics (as defined by the research participant recruitment specifications). This is the method of choice when identifying and exploring the broad range of attitudes, behaviours and views that exist among a given audience and the social context that is driving them. The key limitations of this method are that participants may not be willing to reveal their underlying, emotive feelings in the open forum of focus groups, and may give socially desirable responses to appear good in front of others in the group.
- A derivative of focus groups is the family focus group. Such groups bring together two or more family members to discuss and debate a particular issue(s). The key advantage of family focus groups is that they can give insight into family dynamics in a way that is not possible with in-depth interviews or focus groups. The key limitation of family focus groups is that participants may not be willing to reveal their underlying, emotive feelings if there is a risk of creating conflict in the family.

### 3.1.3 Methods for Phase One of the SMAR Project

TNS recommended that a combination of focus groups, family focus groups and in-depth interviews be used to undertake Phase One of the SMAR project. TNS believed that this approach would best meet the objectives of the SMAR project because it could deliver understanding at multiple levels of family/whānau and operation, including the wider New Zealand social context, the family unit and the individual level. In-depth interviews with children were also included to add depth to the family focus groups and to identify children’s perspectives directly, rather than by proxy from the adults in the family focus groups.

The following diagram conceptualises the approach undertaken for Phase One of the SMAR project and provides an overview of the fieldwork conducted.



The contribution of each type of interview, including which topics were discussed, and how the findings have been applied in the reporting for Phase One of the SMAR project, is outlined below.

### **Focus Groups**

All 12 focus groups were used to explore the topics of health and well-being and family/whānau functioning, and eating in the context of family/whānau functioning.

Six focus groups were used to explore smoking in the context of family/whānau functioning - these focus groups are referred to in this report as *smoking groups* (see Table 1: Summary of SMAR Phase One Fieldwork, in Section 3.2.2 – Sample Characteristics). Six focus groups were used to explore gambling in the context of family/whānau functioning – these focus groups are referred to in this report as *gambling groups* (see Table 1: Summary of SMAR Phase One Fieldwork, in Section 3.2.2 – Sample Characteristics).

Focus group findings that relate to health and well-being and level of concern about healthy eating, smoking and gambling have been incorporated into this report (i.e. *Health and Well-Being and Family/Whānau Functioning: An Interim Report; December 2007*). Findings that relate to eating have been incorporated into the companion report *Healthy Eating in New Zealand Families and Whānau (December 2007)*.

### **Family Focus Groups and Individual In-depth Interviews with Adults and Children**

Family focus groups and individual in-depth interviews with adults and children primarily explored eating in the context of family/whānau functioning, but also included some discussion on health and well-being, and smoking and gambling.

As for the focus groups, findings from the family focus groups and individual in-depth interviews that relate to health and well-being and level of concern about healthy eating, smoking and gambling, have been incorporated into this report, and findings that relate to eating have been incorporated into the companion report *Healthy Eating in New Zealand Families and Whānau (December 2007)*.

## 3.2 Sample

### 3.2.1 Sample Considerations

A number of considerations informed the sample specifications for Phase One of the SMAR project, as discussed below.

#### Parents and Caregivers

The sample primarily comprised parents and caregivers of children aged five to 16 years old (inclusive). This focus is consistent with the HSC's focus on parents and caregivers as critical influences on children's and young people's health behaviours and outcomes.

For the purposes of this research parents and caregivers were defined as follows:

- **Parents** – had at least one child aged between five and 16 years (inclusive) who, on average, lived with the parent for at least two days out of seven. This included adoptive parents, step-parents and legal guardians.
- **Caregivers** – lived in the same household as at least one child aged between five and 16 years (inclusive), on average, at least two days out of seven, and had a parental or supervisory role in the child's life. To be eligible for interview, the caregiver had to be aged 18 years of age or over.

The requirement that parents and caregivers had to live in the same household as the child, on average, at least two days out of seven reflected the HSC's interest in exploring health and well-being in the context of household/family/whānau dynamics and practices.

#### Other Family/Whānau Members

Participants in family focus group interviews included a parent or caregiver, who also participated in an in-depth interview, and up to five other family/whānau members identified by the parent or caregiver as important members of their household/family/whānau. In some instances children participated in these family group interviews.

#### Children

A small number of eight to 16-year-olds were interviewed individually. This group of children were drawn from the families/whānau who participated in family group interviews. The lower age threshold of eight years old was set to ensure child participants were capable of participating meaningfully in a one-on-one interview.

## Ethnicity

The sample comprised Māori, Pakeha/New Zealand European, Pacific and Asian participants. The following categories were used in recruitment and sample specifications:

- Māori
- Pakeha/New Zealand European
- Pacific – Samoan
- Pacific – Tongan
- Pacific – Other (i.e. any Pacific group other than Samoan or Tongan)
- Asian – Chinese – including Chinese, Hong Kong Chinese, Cambodian Chinese, Malaysian Chinese, Singaporean Chinese, Vietnamese Chinese, Taiwanese
- Asian – South Asian - including Indian, Pakistani, Bengali (Bangladesh), Fijian Indian, Afghani (Afghanistan), Gujarati (Indian), Tamil (Indian or Sri Lankan), Punjabi (Indian), Sikh (Indian), Sri Lankan, Malaysian Malays/Indians, Singaporean Malays
- Asian – Other – including Korean, Filipino, Japanese, Cambodian, Indonesians, and all other Asian groups.

As shown in Table 1: Summary of SMAR Phase One Fieldwork in Section 3.2.2, the overall sample was biased in favour of Māori and Pacific peoples, to reflect the greater health inequalities experienced by these groups.

## Gender

The sample was purposefully design to include more females than males, reflecting that women are the main caregivers in most New Zealand households.

## Geographic Location

The sample comprised participants drawn from a selection of urban, provincial and rural locations throughout New Zealand, as follows:

- Urban – Auckland, Wellington and Christchurch
- Provincial and rural – Gisborne and rural environs, Wairarapa and Timaru. Note: Gisborne and rural environs were selected because of their large Māori populations.

In the larger population centres participants were recruited from areas of mid to high deprivation (deciles six to 10 in the New Zealand Deprivation Index<sup>10</sup>). Where necessary, a small number of exceptions were made to recruit the required ethnic group quotas. See Appendix One for list of suburbs from which participants were able to be recruited from.

### **Socio-economic Status**

The sample comprised participants drawn from low, medium and high socio-economic status households. The inclusion of high socio-economic status households reflected the HSC's interest in exploring differences in family/whānau attitudes, beliefs and behaviours relating to health and well-being, according to socio-economic status.

For the purposes of this research, household socio-economic status was based on total household income per annum - as outlined below. Higher thresholds were applied in urban locations to reflect the higher income earning capacity in these locations.

#### ***Urban (Wellington, Auckland, Christchurch)***

- Low – below \$40,000
- Medium – \$40,000 – \$70,000
- High – above \$70,000

#### ***Rural / Provincial (Gisborne City and rural environs, Wairarapa and Timaru)***

- Low – below \$30,000
- Medium – \$30,000 – \$50,000
- High - above \$50,000

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<sup>10</sup> Crampton P, Salmond C, & Kirkpatrick R. (2004). *Degrees of Deprivation in New Zealand: An atlas of socioeconomic difference. 2nd Edition*. Auckland: David Bateman Ltd.

## **Experiences of Healthy Eating, Smoking and Gambling**

The sample comprised participants who represented a range of family/whānau experiences of healthy eating, smoking and gambling. These experiences, referred to as health behaviour experiences in this report, were categorised and specified in the following way:

### ***Healthy Eating***

Eating in the context of family/whānau functioning was explored in all 12 focus group interviews, all family group interviews, the in-depth adult interviews and the child interviews.

In an effort to ensure a range of family/whānau eating practices, attitudes and beliefs were represented in the sample, parents and caregivers participating in the in-depth interviews were categorised and recruited according to the eating practices of a selected five to 16-year-old child in their family/whānau. The decision to recruit on the basis of a child's eating practices, rather than the parent's or caregiver's practices, reflected the HSC's interest in family/whānau influences on *children's* eating practices.

Parents and caregivers participating in in-depth interviews were recruited into the following categories:

- More healthy eater (MHE)
- Less healthy eater (LHE).

Eligibility for these categories was based on the parent's or caregiver's response to questions about the frequency with which the selected five to 16-year-old consumed a range of key foods (e.g. fruit and vegetables; takeaways; sugary drinks).

It is important to note that these categories are arbitrary and should not be read as a definitive statement about the child, parent/caregiver, or family/whānau eating practices. They were developed for the purposes of this research to ensure a range of eating practices were represented in the sample.

## **Smoking**

Smoking in the context of family/whānau functioning was explored in the six *smoking focus groups* (see Section 3.1.3). Each smoking group comprised a mix of participants from smoking and non-smoking households (where possible, an even mix of participants from each category was recruited). For the purposes of this research, these categories were defined as follows:

- Smoking household – if at least one person who lived there smoked at least one cigarette daily. Note: This meant the participant from a smoking household may or may not have been a smoker themselves.
- Non-smoking household – if no one who lived there smoked daily. Note: individuals in the household may have smoked from time-to-time but, to be eligible for this category, there had to be days where no one in the household smoked; the participant from a non-smoking household may or may not have been a smoker themselves.

## **Gambling**

Gambling in the context of family/whānau functioning was explored in the six *gambling focus groups* (see Section 3.1.3). Participants were recruited from three categories of gambling participation, defined for the purposes of this research as:

- Category One – a person who had placed bets on races or sports events (e.g. at the TAB), played the pokies, played table games (e.g. at a casino), or played internet games for money, on average, **12 or more times a year**.
- Category Two – a person who had placed bets on races or sports events (e.g. at the TAB), played the pokies, played table games (e.g. at a casino), or played internet games for money, on average, **six to 11 times a year**.
- Category Three – a person who had placed bets on races or sports events (e.g. at the TAB), played the pokies, played table games (e.g. at a casino), or played internet games for money, on average, **one to five times per year** OR had bought a Lotto or scratch ticket, played Housie or Bingo for money, placed money bets with family or friends on activities such as card games or sweepstakes, or bought a raffle ticket for fundraising in the last 12 months.

Note: Persons who had not participated in any of the above activities in the last 12 months were categorised as Category Three for the purposes of this research.

It was intended that each gambling focus group comprise a mix of three categories of gamblers, as outlined above. However, difficulties in obtaining Category One gamblers meant that the composition of each gambling focus group was typically biased towards Categories Two and Three gamblers.

## Exclusions

Certain types of people were excluded from the research on the basis that their input could bias the research findings. People excluded from the research were those whose household had a member who:

- Worked for a tobacco company, in the gambling industry at management-level (e.g. for Lotto, TAB, the pokies, casinos) or in the food industry at management-level
- Worked as a health professional (e.g. specialist, doctor, nurse, dietician, nutritionist, public health practitioner)
- Had dietary restrictions because of allergy or medical conditions
- Worked for a market research company.

### 3.2.2 Sample Characteristics

A total of 12 focus groups, 18 family focus groups, 48 in-depth interviews with adults and 10 interviews with children (aged eight to 16 years old) were conducted in Phase One of the SMAR project.

Table 1 below presents a summary of the fieldwork, broken down by ethnicity, method, and health behaviour experience. Further detail on the sample characteristics according to research method follows Table 1.

**Table 1: Summary of SMAR Phase One Fieldwork, by Ethnicity, Method and Health Behaviour Experience**

Method	Pakeha	Māori	Pacific Peoples	Asian Peoples	Total
Focus groups	2 <i>1 smoking</i> <i>1 gambling</i>	4 <i>3 smoking</i> <i>1 gambling</i>	4 <i>2 smoking</i> <i>2 gambling</i>	2 – <i>2 gambling</i>	<b>12</b> <i>6 smoking</i> <i>6 gambling</i>
Family focus groups	4 <i>2 MHE</i> <i>2 LHE</i>	6 <i>4 MHE</i> <i>2 LHE</i>	6 <i>3 MHE</i> <i>3 LHE</i>	2 <i>1 MHE</i> <i>1 LHE</i>	<b>18</b> <i>10 MHE</i> <i>8 LHE</i>
In-depth interviews with adults <sup>11</sup>	11 <i>5 MHE</i> <i>6 LHE</i>	17 <i>8 MHE</i> <i>9 LHE</i>	12 <i>5 MHE</i> <i>7 LHE</i>	8 <i>4 MHE</i> <i>4 LHE</i>	<b>48</b> <i>22 MHE</i> <i>26 LHE</i>
Interviews with children <sup>12</sup>	2 <i>1 MHE</i> <i>1 LHE</i>	2 <i>1 MHE</i> <i>1 LHE</i>	6 <i>3 MHE</i> <i>3 LHE</i>	–	<b>10</b> <i>5 MHE</i> <i>5 LHE</i>
<b>Total</b>	<b>2 focus groups</b> <b>4 family focus groups</b> <b>11 in-depth interviews with adults</b> <b>2 interviews with children</b>	<b>4 focus groups</b> <b>6 family focus groups</b> <b>17 in-depth interviews with adults</b> <b>2 interviews with children</b>	<b>4 focus groups</b> <b>6 family focus groups</b> <b>12 in-depth interviews with adults</b> <b>6 interviews with children</b>	<b>2 focus groups</b> <b>2 family focus groups</b> <b>8 in-depth interviews with adults</b>	

**Key:**

- MHE means 'more healthy eater'
- LHE means 'less healthy eater'.

<sup>11</sup> Eighteen of the in-depth interviews were conducted with parents and caregivers who had previously taken part in a family focus group.

<sup>12</sup> All child participants were members of a family/whānau that took part in a family focus group. These children took part in a 30 minute (individual) interview immediately prior to participating in their respective family focus group.

## Focus groups

Twelve focus groups were conducted as outlined in the table below; six focus groups were defined as ‘smoking groups’ and six were defined as ‘gambling groups’ (see Section 3.1.3).

**Table 2: Focus Group Sample Details by Geographic Location, Ethnicity and Health Behaviour Experience**

Ethnicity	Auckland	Wellington	Gisborne	Timaru	Total
Pakeha		Mixed gender <b>Smoking group</b>		Mixed gender <b>Gambling group</b>	<b>2</b>
Māori	Mixed gender <b>Smoking group</b>  Mixed gender <b>Gambling group</b>	Mixed gender <b>Smoking group</b>	Mixed gender <b>Smoking group</b>		<b>4</b>
Pacific Peoples	Samoan females <b>Smoking group</b>  Tongan/Other Males <b>Smoking group</b>  Samoan Males <b>Gambling group</b>	Tongan/Other Females <b>Gambling group</b>			<b>4</b>
Asian Peoples	South Asian Mixed gender <b>Gambling group</b>  Chinese/Other Mixed gender <b>Gambling group</b> <sup>13</sup>				<b>2</b>
<b>Total</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>12</b>

Four focus groups were gender-specific to take account of cultural sensitivities as follows:

- Auckland – Samoan focus group with female participants only
- Auckland – Samoan focus group with male participants only
- Auckland – Tongan/Other Pacific focus group with male participants only
- Wellington – Tongan/Other Pacific focus group with female participants only.

The other eight focus groups comprised a gender mix.

<sup>13</sup> The intention was that this focus group would be conducted in Christchurch. However, recruiters were unable to obtain sufficient participants in Christchurch so the group was conducted in Auckland.

### Family Focus Groups

Eighteen family focus groups were conducted as outlined in the table below. Family groups were categorised as 'More' or 'Less Healthy Eater', depending on the parent's or caregiver's response to questions about the frequency with which a selected five to 16-year-old consumed certain foods (see Section 3.2.1).

**Table 3: Family Focus Group Sample Details by Geographic Location, Ethnicity and Healthy Eating Category**

Ethnicity	Auckland	Wellington	Gisborne	Timaru	Total
Pakeha	LHE	MHE	LHE	MHE	<b>4</b> <i>2 MHE</i> <i>2 LHE</i>
Māori	MHE LHE	MHE LHE	MHE	MHE	<b>6</b> <i>4 MHE</i> <i>2 LHE</i>
Pacific Peoples	Samoan MHE Tongan LHE Other Pacific LHE	Samoan LHE Tongan MHE Other Pacific MHE			<b>6</b> <i>3 MHE</i> <i>3 LHE</i>
Asian Peoples	South Asian LHE South Asian MHE				<b>2</b> <i>1 MHE</i> <i>1 LHE</i>
<b>Total</b>	<b>8</b> <i>3 MHE</i> <i>5 LHE</i>	<b>6</b> <i>4 MHE</i> <i>2 LHE</i>	<b>2</b> <i>1 MHE</i> <i>1 LHE</i>	<b>2</b> <i>2 MHE</i>	<b>18</b> <i>10 MHE</i> <i>8 LHE</i>

**Key:**

- MHE means 'more healthy eater'
- LHE means 'less healthy eater'.

Note: Where an individual in-depth interview with an adult was associated with a family group, the family group was conducted first. This enabled the researcher to understand the context of a particular family/whānau, prior to deeper exploration of it in an individual in-depth interview.

### Individual In-depth Interviews with Adults

Forty-eight individual in-depth interviews<sup>14</sup> were conducted with adults as summarised in the table below. Further details on geographic location, ethnicity and gender for the in-depth interview sample are provided in Table 5.

**Table 4: Summary of In-depth Interview Sample by Ethnicity, Gender, Socio-economic Status and Healthy Eating Category**

Ethnicity	Number of Adult In-depth Interviews
Pakeha	11
Māori	17
Pacific Peoples	12
Asian Peoples	8
<b>Total</b>	<b>48</b>
Gender	
Females	29
Males	19
<b>Total</b>	<b>48</b>
Socio-economic status	
Low	16
Medium	16
High	16
<b>Total</b>	<b>48</b>
Healthy eating category	
More healthy eater	21
Less healthy eater	27
<b>Total</b>	<b>48</b>

<sup>14</sup> As mentioned, 18 in-depth interview participants had previously taken part in a family focus group.

**Table 5: In-depth Interview Sample Details by Geographic Location, Ethnicity and Healthy Eating Category**

Ethnicity	Auckland	Wellington	Gisborne	Wairarapa	Christchurch	Timaru	Total
Pakeha	Female LHE (3)	Male MHE Female MHE	Male LHE	Female LHE Male MHE	Male MHE Female LHE	Female MHE	<b>11</b>  <i>5 MHE</i> <i>6 LHE</i>
Māori	Female MHE Female LHE (3)	Male MHE (2) Female LHE Male LHE	Female MHE Female LHE (2) Male LHE	Female MHE Male MHE Female LHE	Female MHE Female LHE		<b>17</b>  <i>7 MHE</i> <i>10 LHE</i>
Pacific Peoples	Tongan male LHE Samoan male MHE Samoan female LHE Other male MHE Other female LHE Other male LHE	Tongan female LHE Tongan female MHE Samoan male LHE Other male MHE			Tongan female LHE Samoan female MHE		<b>12</b>  <i>5 MHE</i> <i>7 LHE</i>
Asian Peoples	Chinese female MHE Chinese male MHE Chinese male LHE South Asian female MHE South Asian male LHE	South Asian female LHE South Asian male MHE			Chinese female LHE		<b>8</b>  <i>4 MHE</i> <i>4 LHE</i>
<b>Total</b>	<b>18</b>  <i>6 MHE</i> <i>12 LHE</i>	<b>12</b>  <i>7 MHE</i> <i>5 LHE</i>	<b>5</b>  <i>1 MHE</i> <i>4 LHE</i>	<b>5</b>  <i>3 MHE</i> <i>2 LHE</i>	<b>7</b>  <i>3 MHE</i> <i>4 LHE</i>	<b>1</b>  <i>1 MHE</i>	<b>48</b>  <i>21 MHE</i> <i>27 LHE</i>

**Key:**

- MHE means 'more healthy eater'
- LHE means 'less healthy eater'.

### Child Interviews

The following table provides details of the 30 minute interviews conducted with ten children. Interviews with children were only conducted in Auckland and Wellington. Child participants' 'healthy eating' category was based on the parent's or caregiver's response to questions about the frequency with which a selected five to 16-year-old consumed certain foods (see Section 3.2.1).

**Table 6: Child Interview Sample Details by Geographic Location, Ethnicity and Healthy Eating Category**

Ethnicity	Auckland	Wellington	Total
Pakeha	Female LHE	Male MHE	<b>2</b> <i>1 MHE</i> <i>1 LHE</i>
Māori		Male LHE Male MHE	<b>2</b> <i>1 MHE</i> <i>1 LHE</i>
Pacific Peoples	Samoan female MHE Tongan female LHE Pacific Other male LHE	Samoan female LHE Tongan male MHE Pacific Other female MHE	<b>6</b> <i>3 MHE</i> <i>3 LHE</i>
<b>Total</b>	<b>4</b> <i>1 MHE</i> <i>3 LHE</i>	<b>6</b> <i>4 MHE</i> <i>2 LHE</i>	<b>10</b> <i>5 MHE</i> <i>5 LHE</i>

**Key:**

- MHE means 'more healthy eater'
- LHE means 'less healthy eater'.

### **3.3 Research Procedure**

#### **3.3.1 Recruitment of Participants**

PFI, an Auckland-based research recruitment company, obtained the participants for this study using its database of research volunteers and networking. Participants recruited from PFI's database of research volunteers were contacted and recruited by phone. In terms of obtaining participants via networking, details of potential participants were obtained from research volunteers via phone, with participants subsequently recruited via phone.

Every effort was made to obtain as many Māori and Pacific participants as possible via referrals; a total of 17 Māori and 15 Pacific peoples participants were obtained via this means.

As discussed earlier, every effort was made in the larger population centres to recruit participants from areas of mid to high levels of deprivation (see Section 3.2.1).

Note: The participants were recruited (and treated throughout the research process) in accordance with the Market Research Society of New Zealand's Code of Practice.

#### **3.3.2 Researchers**

Every effort was made to achieve ethnic matching of qualitative researcher and participant wherever possible, to enhance rapport and ensure that cultural nuances would be identified and correctly interpreted. However, in some instances, researcher gender was prioritised over ethnicity to maximise rapport, particularly with Pacific and Asian participants. Fieldwork with some Pacific and Asian participants was undertaken by experienced Pakeha researchers.

All focus groups, family focus groups, in-depth interviews and child interviews with Māori participants were conducted by Māori researchers.

#### **3.3.3 Venue**

The focus groups in Auckland and Wellington were conducted at TNS's offices at these locations. Focus groups at other locations were conducted at a local hotel.

Family focus groups were conducted at participants' homes.

In-depth interviews were conducted at TNS's offices in Auckland and Wellington and at a local hotel at other locations. These interviews were not conducted at participants' homes because it was felt this could impede frank discussion if other family/whānau members were present at the time of interview.

### 3.3.4 Duration

Each focus group and family focus group lasted approximately three hours.

The individual in-depth interviews with adults lasted up to two hours, while interviews with children lasted up to 30 minutes.

### 3.3.5 Incentive

As is usual in research, the participants were offered a gift to acknowledge their time and input, and to defray travel costs (where these applied).

- The participants in the focus groups and adult individual in-depth interviews were each given either a \$70 MTA voucher or a \$70 Progressive (supermarket) voucher, according to their choice.
- Families/whānau who took part in a family focus group received a 'group' gift of either a \$150 MTA voucher or a \$150 Progressive (supermarket) voucher, according to their choice.
- Each child who participated in an interview received a \$20 Warehouse voucher.

### 3.3.6 Interview and Discussion Guides

TNS developed the interview and discussion guides outlined below, in conjunction with HSC<sup>15</sup>:

- Interview guide for use in the adult in-depth interviews where participants had not taken part in a family focus group. Note: A specific guide was not developed for the adult in-depth interviews where participants had taken part in a family focus group (n=18) as the purpose of these interviews was to explore, in-depth, significant points that had emerged from the family focus group.
- Interview guide for use in interviews with children.
- Separate discussion guides for use in the smoking and gambling focus groups.
- Discussion guide for use in the family group interviews.

A copy of each guide is appended to this report.

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<sup>15</sup> Interview guides refers to the guides used in individual in-depth interviews with adults and interviews with children, while discussion guides refers to the guides used in focus groups and family focus groups.

### 3.3.7 Recording

The focus groups conducted at TNS's Auckland and Wellington offices were video recorded with participants' consent.

With the exception of a few participants who declined their interview to be recorded, all other fieldwork was audio-recorded with participants' consent. The tapes were transcribed to aid analysis and provide verbatim responses.

### 3.3.8 Analysis

The researchers individually analysed the data generated from their fieldwork using transcriptions (and in a few cases, notes, where participants had declined for their interview to be recorded). The data in the transcriptions were analysed using a pre-determined analysis framework that reflected the content of the interview and discussion guides. Note: The researchers had the flexibility to add categories to the analysis framework if indicated by their data.

The research team convened at TNS's Wellington offices to merge the findings from their individual analyses. This research team met for five day-long sessions to complete this process.

#### **Reader Notes:**

Unless specified, the findings in this report apply to both parents and caregivers (of five to 16-year-old children).

Where reference is made to 'Pacific Other' in the report, this signifies that the participant was a Pacific person who was not a Samoan or Tongan person.

Throughout this report reference is made to eating because this was the health area explored in-depth in Phase One of the SMAR project. While the companion report – *Healthy Eating in New Zealand Families/Whānau (December 2007)* – contains detailed findings on eating (e.g. attitudes, behaviours and practices), reference is also made to eating as it relates to family/whānau functioning in this report.



## Research Findings