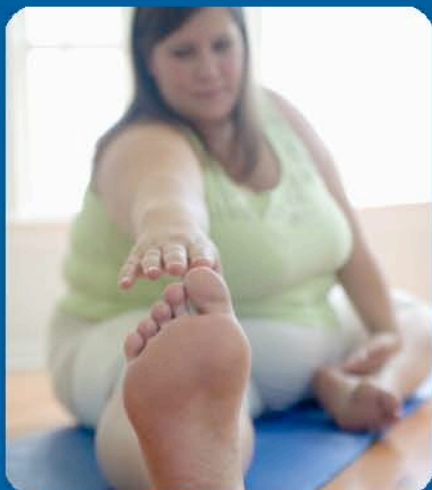


SOCIAL MARKETING AUDIENCE RESEARCH

Health and Well-Being and Family/Whānau Functioning: An Interim Report



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1.0 Executive Summary

1.1 Background

1.1.1 Health Sponsorship Council

The Health Sponsorship Council (HSC) is a New Zealand government agency that promotes health and healthy lifestyles through the development and delivery of health promotion and social marketing programmes¹. Its work focuses on reducing health inequalities, particularly for Māori, Pacific peoples, and other population groups at greatest risk of poor lifestyle-related health outcomes.

1.1.2 Social Marketing Audience Research Project

The HSC wished to conduct audience research that focused on parents and caregivers, to inform the development and delivery of social marketing strategies for the Smokefree, Auahi Kore, Healthy Eating and Problem Gambling programmes. Collectively the research is known as the Social Marketing Audience Research (SMAR) project.

The project is being conducted in three phases. Phases One, Two and Three involve the exploration of healthy eating, smoking and gambling in the context of New Zealand families and whānau, respectively — a separate report is being provided for each phase. Each phase also involves the exploration of health and well-being and family/whānau functioning - a final report on this topic, incorporating information from all three phases of the SMAR project, is required on completion of Phase Three.

TNS was commissioned to conduct Phase One of the SMAR project. It conducted a total of 12 focus groups, 18 family/whānau groups, 48 individual in-depth interviews with parents and caregivers and 10 interviews with children. The research sample comprised a mix of Pakeha, Māori, Pacific and Asian participants – see Section 3.0 for information about the research method, sample and procedure.

This document, *Health and Well-being and Family/Whānau Functioning: An Interim Report*, reports on Phase One findings on health and well-being and family/whānau functioning. Phase One findings that relate to eating are the subject of a companion report, *Healthy Eating in New Zealand Families and Whānau (December 2007)*.

¹ www.hsc.org.nz

1.1.3 Reader Notes

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

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.

1.2 Key Findings

1.2.1 What Constitutes Family/Whānau

Participants were asked to define what constitutes family/whānau for them, in particular, they were asked who they included (and excluded) as family/whānau members and why certain people were included (or excluded).

Family/whānau was perceived as comprising people who were connected through blood and marriage/partner relationships. It may also have included people who were not related in these ways, but who were considered ‘adopted’ family because of their close emotional ties with family/whānau members.

Blood and marriage/partner relationships – in this study four types of arrangements emerged within this category of family/whānau, as outlined below:

- People who lived in the same household (or nearby) – such family/whānau typically consisted of one or two parents and children, with the adults taking responsibility for the well-being of children in the household. Usually a sense of emotional closeness existed in such families/whānau.
- Māori grandparents bringing up mokopuna (grandchildren) in their own home, or living with the mokopuna and their parents (and playing a significant part in ensuring the well-being of the household). A sense of emotional closeness existed in such family/whānau arrangements.
- Some family/whānau had members who were emotionally estranged and had little contact with other members, whether or not they lived geographically close (this phenomena was evident across all cultural groups).
- Biological parents who were living apart from their children (Note: adults who were in the day-to-day parenting roles may not have regarded these absent parents as family/whānau, but children typically did).

'Adopted' family were, in some cases, included as family/whānau – these were usually adults who were not legally adopted, but who were considered part of a family/whānau by virtue of their long-standing and emotionally close relationship with family/whānau members. 'Adopted' family included close family friends and neighbours. 'Adoptees' usually lived nearby, rather than in the household.

Cultural differences² were noted in terms of how the participants in this study defined family/whānau, as outlined below.

Pakeha participants were more likely to interpret family/whānau as blood relations and relationships arising from marriage or de facto partnerships, with a focus on those living in the immediate household. (Note: Some Māori and Pacific participants shared a similar view of family/whānau, subscribing to the western concept of the nuclear family³).

The Māori concept of whānau was understood by many Māori to be fundamentally different from family. Whānau was generally described in one of two ways:

- Whakapapa whānau – this was a collective of people connected through blood/kinship (whakapapa) to a common ancestor.
- Kaupapa whānau – this was a collective of people who were connected through a common purpose, mission or interest (kaupapa) that was not usually based on kinship, e.g. religious affiliations kapa haka and sports groups.

Pacific participants, like Māori, had definitions of family/whānau that often extended beyond their immediate household to include family members living nearby, such as elderly parents, adult siblings and their children. For some Pacific participants family/whānau also encompassed social groups such as sports, youth and church groups.

It was common for Asian participants in this study to include blood and marriage relations in their country of origin (or elsewhere overseas) as family. Some Asian participants also included friends, neighbours and, in a few cases, colleagues, as part of their family. Where Asian migrants were socially and emotionally isolated in New Zealand, these ties took on greater importance. For example, a divorced Indian woman considered her New Zealand friend to be family, because her friend had supported her emotionally through her divorce which had left her estranged from her ex-husband's family.

² Note: A requirement of the SMAR project was identification of any cultural differences that existed in relation to the areas explored in the research.

³ Note: The nuclear family is typically seen as comprising two parents and a small number of children living in the same household.

1.2.2 Family/Whānau Roles and Responsibilities

Participants were asked to identify what key adult roles and responsibilities existed within their family/whānau.

Three broad roles were identified in this study - income earners, homemakers and caregivers. These roles were found among Pakeha, Māori, Pacific and Asian families/whānau. A summary of how these roles related to family/whānau eating practices follows:

- **Income earners** – working in full or part-time employment – income earners had less direct influence on the family/whānau diet because they were absent from the home during working hours. Although income earners may have held ideas about what children should be eating and drinking, it was often left to the adults in the homemaking and caregiving roles to plan for, implement, model and enforce healthy eating, because of their more direct involvement with the children throughout the day.
- **Homemakers** – parents (usually mothers) who were based in the home full-time – homemakers were in a key position to influence the family/whānau diet, because they tended to do much of the shopping and food preparation and were present in the home to influence and monitor what was eaten. Even where the homemaker was sharing the cooking (e.g. with an income earner) they were likely to be making key decisions about what types of foods got bought, and how much was spent on different food items.
- **Caregivers** were family/whānau members who regularly cared for children in the household. (The homemaker role sometimes incorporated the caregiver role). Caregivers were sometimes people such as grandparents, living within or outside the household. The caregiver role was influential when it came to the family/whānau diet, because caregivers were on the spot when children got hungry. Addressing hunger and keeping children happy was sometimes a greater priority than considering whether or not food was healthy.

In single parent households, the parent fulfilled all three roles outlined above, but may have derived support from adults outside the household, e.g. with grandparents providing caregiving.

Mothers in this study were often the main caregivers in families/whānau. This role was also filled by some fathers, and by grandparents – especially in Māori, Pacific and Asian families/whānau. Grandparents in the caregiver role may not have adhered to household rules around eating – allowing sweet foods and other treats without parents' knowledge (or even against their wishes). Parents were generally reluctant to tackle 'indulgent' caregivers out of an over-riding sense of gratitude for their support.

1.2.3 Key Issues/Challenges Facing Family/Whānau

Participants were asked what kinds of issues/challenges (if any) their family/whānau faced in daily living, i.e. issues/challenges that were 'top of mind' and occupied their thoughts or influenced the way they lived. The purpose of this line of questioning was to find out whether, and to what extent, health and well-being issues/challenges impacted on families/whānau in daily life.

A number of key issues/challenges common to many families/whānau emerged in this study, as shown below:

- Money worries
- Blended family/whānau
- Time scarcity
- Parenting
- Culture clash
- Life's surprises.

Money Worries

Many families/whānau reported money worries. These ranged from struggling to survive from pay-day to pay-day, to worrying about getting ahead financially, e.g. saving for one's own home, for children's education, or for retirement.

Socio-economic status and disposable income both influenced the nature of food and drinks consumed by families/whānau. The most financially constrained or budget conscious families/whānau fell into two groups in terms of healthy eating: those that said they could not afford more healthy food (such as fruit and vegetables and lean cuts of meat); and those that said they could not afford not to eat healthily because the overall cost was higher.

Blended Family/Whānau

Some parents in blended families/whānau struggled with the children's emotional reactions to loss and change resulting from parents breaking-up and re-partnering. They may also have had to work harder at creating and maintaining emotional bonds within the blended family/whānau, and avoiding differential treatment of step-children and biological children.

Children in blended families have sometimes had to re-learn eating habits (such as eating vegetables), or to adapt to living in two households with different eating rules and practices. Conflicts around food may have been heightened when step-parents were in the enforcing role in relation to eating.

Time Scarcity

Lack of time was a common issue for families/whānau, although it was felt less keenly in families/whānau with a full-time homemaker. Parents in paid work often struggled to fit 'quality' family/whānau time into long working weeks. Some parents worried that, in not spending enough time with their children, they were failing as parents. They also worried that they were not spending enough time with their partner, placing strain on relationships and making the task of parenting harder.

In the context of healthy eating, lack of time had a significant influence on food choices. Lack of time for meal planning and considered food shopping sometimes drove people in the direction of takeaways and packaged convenience foods. While the regular use of such foods helped to free up time spent on cooking (and cleaning up), their use sometimes induced feelings of guilt, especially when they became diet staples.

Parenting

Parents of babies, toddlers, pre-adolescents and adolescents seemed to particularly feel the strain of daily parenting. As their children moved through the various developmental phases, parents often felt under-prepared to cope (particularly if they were dealing with a phase for the first time). Parents of very little children may have felt sleep deprived and worn down by the demands of parenting this age group. Parents of older children often struggled with how to prepare and handle their teenagers in relation to risk-taking behaviours such as drug and alcohol consumption and involvement with fast cars. Any parental focus on healthy eating could take a back seat if offspring were engaging in risk-taking behaviour (e.g. alcohol consumption or unplanned sexual activity).

Culture Conflict

Asian parents in this study were often dealing with the perceived threat to their traditional values as their children adopted New Zealand attitudes and values. Asian parents placed great value on education and academic excellence. Some Asian parents were concerned that their children were becoming less motivated as they assimilated into New Zealand society. Having the mother in a full-time homemaker role had been a way for some Asian families to address this perceived challenge to their traditional values.

Life's Surprises

Inevitably, families/whānau were often dealing with unexpected events that changed the fabric of their lives, for a while or perhaps for good. In this study, life's surprises included: unplanned pregnancy, the death of a partner or parent, the breakdown of a relationship resulting in mokopuna moving in with grandparents, redundancy resulting in a change of traditional family roles (e.g. the female as the income earner) and the onset of dementia leading to full-time caregiving for an elderly parent.

Health and Well-being in Relation to Key Issues/Challenges

Most families/whānau did not include health and well-being issues among the key issues/challenges they were facing on a day-to-day basis. Rather, health and well-being issues were found to be 'sleeper issues', which percolated along in the background until a problem arose, at which point they became a significant (and often dominant) issue.

Families/whānau tended to take health and well-being for granted, until a problem arose which could not be overlooked. Even where a significant health issue existed, such as a chronic condition, this tended to become part of the background unless a significant worsening occurred, at which point it took centre-stage.

1.2.4 Health and Well-being

Participants were asked to describe their understanding of good health (and poor health) and well-being, with a view to finding out whether health and well-being were seen in the same way, or whether they were regarded as different.

Good Health

Good health was understood in two ways, namely as good physical health or as a superset of good physical, emotional and spiritual health (this reflected a holistic view of health).

Good Health as Physical Health

One common view of good health translated as good physical health. This was viewed from either a medical or physical activity point of view, as outlined below:

- From the medical point of view, the indicators of good physical health were: no obvious or known signs of being physically unwell, not being overweight or obese, not easily succumbing to sickness, and recovering quickly from illness.
- From the physical activity point of view, participating in physically demanding sports (e.g. netball or tennis as opposed to bowls) or exercise (e.g. running, cycling or going to the gym) were perceived as indicators of good physical health.

Factors perceived to contribute to good physical health included eating healthily (including eating 'correct' sized portions), getting enough exercise, drinking alcohol in moderation (or not at all), not smoking (or cutting down), getting plenty of sleep, and minimising stress (which was associated with potentially life threatening conditions such as cancer and hearts attacks).

Note: Poor health was typically understood as the opposite of good physical health.

Good Health as Holistic Health

An alternative and also common view of good health took a more holistic perspective, with good health being seen as a combination of physical, spiritual and emotional health.

The holistic view of good health incorporated feeling physically fit and well, being able to live life according to one's beliefs (spiritual health) and feeling positively engaged with life on an emotional level. Spiritual and emotional health were associated with having a supportive network (e.g. within the family/whānau, or among friends and work colleagues) and having balance across priority areas in life, particularly in relation to family/whānau relationships.

Well-being

Two views existed on the meaning of well-being. One view was that well-being only related to spiritual and emotional matters, while the other view was that it embraced physical, spiritual and emotional health. Note: The latter view of well-being equated with the holistic view of good health (see above).

Cultural Context of Health and Well-being

Pakeha

Pakeha participants typically associated good health with good physical health, and understood well-being as relating to spiritual and emotional well-being. Only a minority of Pakeha participants perceived good health from a holistic perspective (as described above).

Māori

Māori participants in this study could be divided into two broad groups in terms of how they perceived health and well-being.

Some Māori viewed health and well-being from a western perspective, where health typically related to physical health, and well-being related to spiritual and emotional well-being.

Other Māori had a more holistic view of health and well-being which embraced physical, spiritual and emotional matters (i.e. equated with the holistic view of good health discussed earlier).

Māori in this study had typically had contact (directly or through whānau members) with a range of health conditions common amongst Māori, e.g. diabetes, heart-related diseases, being overweight and smoking-related illnesses. While these conditions are not solely Māori conditions, some Māori viewed them as such because they had become part of their whānau – often affecting many whānau members over generations. Some Māori participants accepted there was an inevitability that they would be similarly affected, while others actively worked to avoid this happening.

The mokopuna-grandparent relationship resonated with many Māori. This had motivated some Māori grandparents to take (better) care of their health to ensure they were around to participate in the lives of their mokopuna.

Pacific Peoples

Pacific participants were similar to Māori in that some had a western perspective of health (as physical health) and well-being (as spiritual and emotional health), while others had a holistic view of health and well-being as embracing physical, spiritual and emotional health.

Some Pacific participants recognised the link between healthy eating and better health and well-being. This had typically stemmed from having a health scare and making dietary changes (on medical advice) to eliminate or manage the situation. There was increasing recognition among some younger Pacific participants of the need to move away from less healthy traditional Pacific foods to introduce healthier eating behaviour and enjoy better health.

However, some Pacific participants did not make the connection between diet and health. Rather they relied on medical solutions for health problems and did not see they had a role to play in achieving better health and well-being for themselves and their family, e.g. by eating more healthily.

Asian Peoples

While most Asian participants in this study had a holistic view of health and well-being, some participants (e.g. Indian people) had a western perspective of good health as physical health.

Health and well-being were often considered (more so by Chinese people) in financial terms. Enjoying good health and well-being meant less time off work sick and less money spent on medical bills. This meant effort was put into staying healthy – part of which was eating healthily.

Some migrant Indian participants had become more conscious of their physical health, especially their weight, after arriving in New Zealand. As part of the commitment to be more healthy, some Indian people were opting to eat more healthily (e.g. through substituting saturated fats with healthier alternatives and reducing the amount of fried foods consumed) and engaging in more physical activity.

Impact of Health and Well-being on Family/Whānau Functioning

Discussion took place with participants on how health and well-being impacted on the way their family/whānau functioned.

The study showed that health and well-being impacted on family/whānau functioning in any one or more of the following ways:

- Parents' ability to earn an income to support their family/whānau.
- Parents' ability to physically care for their children. This was particularly relevant in relation to babies and very young children, who required a great deal of physical care. Mothers reported that when their health suffered, the whole household was affected.
- Parents' energy and motivation to consistently attend to the physical and emotional tasks of parenting. This included giving time and energy to meeting children's nutritional needs by providing healthy foods and drinks, and avoiding or limiting less healthy ones. When parents were lacking in energy and motivation, their consistency and quality of their attention could slide.
- Parents' energy and motivation to model physical activity to their children, by participating in physical activity with them (e.g. bike riding, walking, swimming) and supporting their participation in organised sports (e.g. school teams). Parents who felt unfit and overweight were typically less ready to get involved in physical activity with their children.
- Parents' use of alcohol could impact on family/whānau functioning. A small number of parents in this study were recovering alcoholics, or had ex-partners with drinking problems. These families/whānau had experienced the physical and emotional neglect associated with a heavy drinker whose focus was on drinking at the expense of the family/whānau.
- Problem gambling also impacted on family/whānau functioning. A small number of parents in this study were children of problem gamblers. As children, they had experienced family conflict as well as physical and emotional neglect on the part of the gambling parent.

1.2.5 Health Issues

This study explored five health issues of interest to HSC: smoking, gambling, alcohol consumption, physical activity and healthy eating, and their impact on family/whānau functioning (discussed below).

Smoking

Smoking and its potential for harm was of high concern to many parents and caregivers. Smokers and non-smokers alike recognised that their children would be confronted with smoking as part of growing up, and hoped they would avoid taking up smoking.

Many households had rules about smoking outside, or not smoking around children, but these were not always consistently enforced. Some smoking parents (and caregivers) were in denial about their influence as role models in relation to their children taking up smoking, and elevated the relative influence of peers.

Gambling

Potential harm from gambling was seen as a distant threat by most families/whānau. Most people associated problem gambling with pokies and casinos, and saw this as ghetto-ised behaviour that did not concern their family/whānau. Many families/whānau saw no need to talk to their children about the potential risks of gambling, and indicated they would not know where to start in doing so.

Few people made a connection between playing Instant Kiwi and Lotto and potentially developing problems with gambling later in life. Many children were part of adults' Instant Kiwi and Lotto routines, with Instant Kiwi regarded as a harmless treat, and Lotto as the potential 'way out' of financial difficulties for some families/whānau (especially some Pacific families).

The exception to this generally low concern around gambling was among some Pacific peoples, who were aware that their community was vulnerable to gambling harm. Despite this, problem gambling tended to be associated with casinos and pokies, rather than other forms of social gambling that Pacific families routinely participated in, such as Housie.

Alcohol Consumption

Alcohol consumption was of high concern to many parents and caregivers. As with smoking, parents and caregivers recognised that their children would be confronted with alcohol as part of growing up, and that prohibition was not an enduring solution. However, many parents were not sure how to normalise alcohol consumption and how to teach their children to manage the risks associated with alcohol consumption.

Physical Activity

Physical activity was of low concern for most Pakeha and Asian participants and some Māori. However, it rated as a greater concern among Pacific peoples and some Māori.

There was generally a low level of concern among participants about physical activity. It was strongly linked with weight in the public mind: many parents cited lack of weight problems as tangible evidence that family/whānau members were sufficiently active. Other, less immediately apparent benefits of physical activity – such as cardiovascular health and having more energy – were less ‘top of mind’ than weight issues (and seemed less relevant in relation to children, who appeared to have plenty of energy regardless).

Despite the links made between physical activity and weight, some relatively inactive, overweight parents saw no pay-off for increasing their fitness levels.

Some Pacific and Māori participants were placing greater emphasis on physical activity, partly as a result of health scares or warnings from doctors. Some Pacific participants were aware that the Pacific community was being targeted in relation to obesity, and the messages about the benefits of physical activity in preventing and reducing obesity were starting to gain traction with this audience (as evidenced by some Pacific families incorporating physical activity into their daily routines).

Healthy Eating

Healthy eating was of low to moderate concern for most families/whānau. Not all participants understood that a good diet was a key contributing factor to good physical health. The belief that being physically active and not overweight were evidence of good physical health, regardless of diet, was relatively common.

Unlike the other health concerns covered in this report, eating is a fact of everyday life and continual decisions around eating (such as what to eat and how much to eat) are unavoidable. This study found that it takes knowledge, commitment, planning, time and energy on the part of at least one parent in the household to consistently prioritise healthy eating, and to follow through on healthy eating intentions. Other adults (parents and caregivers) with less commitment to healthy eating can undermine these intentions.

1.3 Conclusions

1.3.1 The Meaning of Family/Whānau

Family/whānau has different meanings to different people, with Māori and Pacific participants, in particular, typically having a broader understanding of family/whānau that includes people not resident in their household.

Given that wider family/whānau members can influence attitudes and behaviours in relation to the five health issues of interest to HSC, the HSC may need to be aware of these different understandings of family/whānau when developing strategies and communications for its social marketing programmes.

1.3.2 Key Issues/Challenges Facing Family/Whānau

Health and well-being did not feature among the key issues/challenges facing families/whānau on a day-to-day, only coming to the fore when a problem arose.

Rather than health and well-being only taking centre-stage in a negative context (i.e. when there is a problem), HSC may wish to explore how health and well-being could be celebrated as part of the foundation of a happy family/whānau. This could include encouraging parents and caregivers to take a proactive approach to health and well-being, and spelling out the links between health and well-being and having a happy family/whānau.

1.3.3 Health and Well-being

Good health did not have a universal meaning, with some people narrowly focused on physical health, and others taking a more holistic view (incorporating physical, emotional and spiritual health). This should be considered when developing communications.

Similarly, well-being did not have a universally understood meaning and nor was it a commonly used term. Should HSC wish to use the term 'well-being' in communications, it would ideally define the term. Well-being as a superset of physical, emotional and spiritual health would have currency with HSC's social marketing audiences.

1.3.4 Health Issues

Smoking

While smoking was of high concern for many families/whānau, some smokers remained in denial about their relative influence as a role model to children in the family/whānau. There is scope for HSC to emphasise the potency of parental and caregiver role modelling in relation to smoking. A compelling message for smoking parents and caregivers would communicate that giving up smoking may prevent the children they love from falling into the smoking trap. HSC may wish to consider communications that acknowledge the short-term challenges inherent in quitting smoking (grumpiness and household tension), while emphasising the longer term gains (a healthy, happy family/whānau).

Parents who were unconcerned about their children taking up smoking would benefit from being moved from a position of complacency, to one of active prevention. HSC may have a role to play in communicating preventative messages to such parents.

Gambling

Many people in this study assumed that children who were not brought up around gambling activities would effectively be inoculated from its harm. People generally discriminated between gambling that was perceived as harmless fun (Lotto, Instant Kiwi, Housie, an occasional flutter on the horses) and what they saw as problem gambling activities (casinos, pokies, regular TAB betting).

Parents would benefit from communications that provided guidance on how (and at what age) to raise and talk about the issue of gambling with children.

HSC may also want to consider developing communications that gently challenge the normalisation of gambling in the Pacific community.

Alcohol Consumption

Alcohol consumption was an issue of high concern to many parents. They recognised that their children would be confronted with alcohol as part of growing up. However, many parents were unsure how to teach their children to handle alcohol, and about the risks associated with drinking. HSC may have a role in providing guidance in this area and, in particular, offering strategies to help parents prepare their children/young people for dealing with alcohol consumption away from home.

Parents who were complacent in their belief that their children would not consume alcohol in inappropriate ways needed prompting to take a more preventative approach. HSC could potentially have a role to play in communicating preventative messages to such parents.

Physical Activity

The health benefits of physical activity, beyond weight control, had a relatively low profile in participants' minds. There is scope for HSC to promote physical activity as having health benefits above and beyond weight control, and to spell out these benefits. In particular, there is scope to emphasise the connection between physical activity and increased energy levels and holistic good health, whatever one's weight.

Healthy Eating

Some people were unaware of, or downplayed, the importance of healthy eating to good health. There is scope for HSC to communicate the role of diet in relation to good health.

Healthy eating does not happen by chance – it takes time, effort, planning, commitment and persistence on the part of parents and other significant caregivers. Good intentions with regard to healthy eating can be undermined by the lack of buy-in by the wider family/whānau. HSC may wish to consider promoting healthy eating as a family/whānau concern. There is also scope for HSC to consider reinforcing the attitudes and practices of healthy eating families/whānau, as well as to raise the profile and rationale for healthy eating among less healthy eating families/whānau.

1.3.5 Summary

In this study, health and well-being were not a great focus of day-to-day attention in families/whānau, until something went wrong. Despite agreeing that health and well-being were important, most families/whānau were consciously focused on more pressing issues such as money worries or lack of time. However, these issues often impacted on family/whānau health and well-being in negative ways.

The health and well-being of the adults in a family/whānau had both direct and indirect consequences for the children in their care. The health and well-being of the main caregiver in a household – usually the mother – was particularly influential.

Parents were powerful role models for their children in all the areas of health identified by HSC: smoking, gambling, alcohol consumption, physical activity, and healthy eating. Despite some awareness of their position as role models, parents and caregivers often provided mixed messages to their children, in effect instructing them to 'do as I say, not as I do'. Parents and other adults in the household sometimes also undermined each other by providing conflicting messages to children in their care – mainly through their actions.

The health and well-being impacts of smoking and alcohol consumption were generally widely understood. However, people needed reminders of the potential harm posed to their children by smoking and alcohol. They also required strategies for tackling these subjects with their children.



The potential threat to health and well-being posed by gambling was less well understood. People needed convincing that the issue of problem gambling was of potential relevance to their family/whānau. They also required strategies for introducing and discussing gambling with their children.

While healthy eating and physical activity were seen to contribute to health and well-being, understanding of their importance was patchy. Habits learned in childhood were influential, and it often took a health scare to prompt changes to diet or levels of physical activity. People needed reminding that healthy eating and physical activity are the building blocks of good health, and that good health is the foundation of happy families/whānau.