Author's response to reviews

Title: Physical Activity and Water Consumption in Preschoolers: Focus Groups with Parents and Teachers

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Author's response to reviews: see over
Dear editor,

Dear reviewers,

Please find enclosed the revision of paper number MS-5654472727889368: “Physical Activity and Water Consumption in Preschoolers: Focus Groups with Parents and Teachers” by Marieke De Craemer, Ellen De Decker, Ilse De Bourdeaudhuij, Beneditie Deforche, Carine Vereecken, Kristin Duvinage, Evangelia Grammatikaki, Violeta Iotova, Juan M Fernández-Alvirez, Kamila Zych, Yannis Manios, and Greet Cardon.

We would like to thank the editor and the reviewers for reconsidering the manuscript for publication and for the thorough review and helpful comments. We addressed all points and following our responses to the reviewers’ comments, the revised text is presented in italics and the changes are underlined. Further, changes were made accordingly in the manuscript. It is important to mention that, based on comments by Reviewer #1, we wanted to divide the manuscript in two separate manuscripts: the first one on physical activity in preschoolers and the second one on the consumption of water in preschoolers. However, based on the decision by the editor, whom we contacted regarding this issue, the manuscript could not be split. Thank you in advance for considering the revised manuscript for publication in BMC Public Health.

Sincerely yours,

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Reviewer #1:
Thank you for the time invested in the preparation of this manuscript. It includes useful and practical information. The purpose of this manuscript was to qualitatively understand how parents and teachers (collectively, caregivers) think possible and feasible to improve their preschool-aged children’s participation in physical activity and consumption of beverages. This study has many strengths – it was conducted in several European countries with a large number of both parents and teachers. However, there are some major weaknesses that need to be addressed. Namely, this manuscript seems scattered with too much information and not as much depth on any of the presented issues. It is my recommendation that you split this manuscript into two (as appears to be done with the sedentary behavior component of these focus groups). There are several ways this can be done: by splitting activity and drinking, splitting results from countries and finally splitting between results from teachers and results from parents. As currently written there is also a lot of lacking detail and information. Given this is a qualitative study there should be a richness of data that seems to be lost as they are trying to include too much into one paper.

Answer: We would like to thank Reviewer #1 for the suggestion of splitting the manuscript into two separate manuscripts. At first, we wanted to split the manuscript into two separate ones to improve the clarity and to give more details. However, we contacted the editor, who decided that the manuscript could not be split. We have tried to improve clarity and the lack of detail and information by changing the structure of the results section. These adaptations can be found further in this cover letter, as answers to separate comments.

Abstract
1. Line 1: “Advantage” I am not sure it’s an advantage, just a different design for different purpose.

Answer: As suggested, we removed the word “advantage” in the sentence. (lines 41-42)

Qualitative research is a method in which new ideas and strategies can be discovered.

*Answer:* As suggested, we changed the phrasing of drinking behaviour. We have changed the wording into “water consumption” and we have adjusted it throughout the manuscript. (lines 42-43)

This qualitative study aimed to investigate parents’ and teachers’ opinions on physical activity *and water consumption* of preschool children.

3. Line 4: “Focus groups” are these independent groups? As currently writing, implies that everyone was altogether, which is not what you did.

*Answer:* To make this more clear, we changed the wording into “separate, independent focus groups”. (lines 43-46)

Through *separate, independent focus groups*, they expressed their perceptions on *children’s current physical activity and water consumption levels, factors that influence and enhance these behaviours, and anticipated barriers to make these changes.*

4. Line 11: Replace executed with conducted.

*Answer:* As suggested, we replaced the word “executed” by “conducted”. (lines 48-50)

In total, twenty-four focus groups with 122 parents and eighteen focus groups with 87 teachers were *conducted* between October 2010 and January 2011.
5. Line 11: I am not sure “questioning route” is the verbiage you want to use. I think question or interview guide or list of questions is more appropriate. Please correct throughout.

   Answer: As suggested, the wording “questioning route” was replaced into “interview guide” and was this corrected throughout the entire manuscript. (lines 50-54)

Based on a semi-structured *interview guide*, questions on preschoolers’ physical activity (*opinions on preschoolers’ physical activity, how to increase physical activity, facilitators and barriers of physical activity*) and water consumption (*rules and policies, influencing factors to promote healthy drinking, recommendations for future intervention development*) were asked.

6. Line 11: “Questions”: About what regarding beverage consumption and physical activity? This is an example of lacking detail that I referred to in to general comments.

   Answer: As suggested, we have added more detail on the type of questions that were asked to the parents and teachers on physical activity (‘opinions on preschoolers’ physical activity, how to increase their physical activity, facilitators and barriers of preschoolers’ physical activity”) and water consumption (‘rules and policies, influencing factors to promote healthy drinking, and recommendations for future intervention development”). (lines 50-54)

   Based on a semi-structured *interview guide*, questions on preschoolers’ physical activity (*opinions on preschoolers’ physical activity, how to increase physical activity, facilitators and barriers of physical activity*) and water consumption (*rules and policies, influencing factors to promote healthy drinking, recommendations for future intervention development*) were asked.

Introduction

7. Page 5, Line 12: Please insert “such as” between behaviors and in.
**Answer:** As suggested, we inserted “such as” between “specific behaviours” and “in preschoolers”. (line 89)

Some reviews on specific behaviours, such as in preschoolers, have already been published.

8. **Page 6, Line 3: “Advantage”:** To use this word you need a caveat of when it has an advantage. For example, during a formative study or to understand participant perspectives, etc. Clearly, it wouldn’t be advantageous all the time.

**Answer:** We changed the word “advantage” in the sentence, so that it is comparable with the sentence in the abstract. (lines 104-106)

Qualitative research – and in particular the execution of focus groups – is a research method in which new information and ideas can be discovered, which would not be possible with questionnaires.

9. **Page 6, Line 5: Replace executing with conducting.**

**Answer:** As suggested, we replaced the word “executed” by “conducted”. (lines 106-107)

Conducting focus groups is a good step in collecting ideas and strategies for future interventions.

10. **Page 6, Lines 5-7: Sentence beginning with “furthermore”. Why?**

**Answer:** Indeed, the word “furthermore” has no use in this context. We deleted the word. (lines 106-107)
Conducting focus groups is a good step in collecting ideas and strategies for future interventions.

11. Page 6, Lines 6-8: Sentence beginning with “For PA”. What about these behaviors? How much, why, when, beliefs? Clearly stating this will make your unique contribution clear. As of now, I read this sentence and think “then why do another study if there have already been some done?”

Answer: As suggested, we made this sentence more clear by adding another sentence with more information on the focus groups that have already been conducted in caregivers on physical activity. Furthermore, we added a sentence to make the gap more clear. We also refer (in a further paragraph) to the community-based participatory research methodology. (lines 107-116 and lines 124-136)

For PA and water consumption, focus groups with parents, teachers or caregivers have already been conducted to obtain extra information on this specific behaviour, performed by the preschoolers at home or at preschool. These focus groups investigated barriers (e.g. trouble finding enough time to help the children, time, space, equipment, safety, inclement weather), and facilitators (e.g. parent role modelling, parent support, a child’s preference for being active, organised activities) of children’s PA and parental feeding styles, preschool nutrition policies and practices, and barriers and facilitators of healthy eating for preschoolers’ nutrition [19-32]. However, no focus group discussions have ever assessed recommendations of these caregivers (parents and teachers) for future intervention development, and what they perceive as feasible strategies.

To our best knowledge, only one other study previously investigated parental perceptions on suggestions for PA programming in preschoolers [36]. No other studies have been carried out, focusing on parents’ and teachers’ recommendations for future intervention development and feasible strategies to increase PA and water consumption in preschoolers. Therefore, the aim of this study is to qualitatively assess
parents’ and teachers’ perceptions of children’s PA (current levels, factors that influence children’s PA, strategies to enhance children’s PA, anticipated barriers to make these changes) and water consumption (rules and policies, how to increase water consumption and decrease the intake of sugar-sweetened beverages (SSBs), recommendations for future intervention development). More insight in their perceptions can help to develop a more effective intervention in preschoolers that aims at increasing preschoolers’ PA and water consumption. This method follows the community-based participatory research methodology, in which interventions are developed by a bottom-up approach [37].

12. Page 5, Line 9: remove phrase “the execution of”.

Answer: As suggested, we deleted the following part of the sentence: “in the execution of these focus group discussions”. Consequently, we made one sentence out of the first and the second sentence. (lines 117-118)

Involving the parents is important, because the home environment can be considered as the most important place where children develop these behaviours [22, 33].

13. Page 6, Line 11: Please add “-aged” following “preschool”.

Answer: As suggested, we added “-aged” after “preschool”: “preschool-aged”. (lines 118-123)

Nonetheless, preschool-aged children also spend a considerable amount of time at preschool educational programs: about 99% in Belgium, about 98% in Spain, about 95% in Germany, about 70% in Bulgaria, and about 45% in Greece and Poland [34, 35]. Consequently, such setting could as well play an important role in the promotion of healthy EBRBs in preschool children.
14. Page 6, Line 11: Also, please provide some context so readers can fully understand. Do all kids go to preschool? Is this day care? If not all kids go, please give the volume of kids in these countries or Europe that do go. This will be emphasizing the value of the teacher’s influence.

Answer: As suggested, we added some data on the volume of kids in the six European countries (Belgium, Bulgaria, Greece, Germany, Poland, and Spain) attending preschool educational programs. In Belgium, about 99% of children between four and six years old attend preschool, this was about 98% in Spain, about 95% in Germany, about 70% in Bulgaria, and about 45% in Greece and Poland. We added a sentence in the manuscript that refers to these numbers. (lines 118-123)

Nonetheless, preschool-aged children also spend a considerable amount of time at preschool educational programs: about 99% in Belgium, about 98% in Spain, about 95% in Germany, about 70% in Bulgaria, and about 45% in Greece and Poland [34, 35]. Consequently, such setting could as well play an important role in the promotion of healthy EBRBs in preschool children.


15. Page 6, Lines 14-16: Comment about no other qualitative work in this topic. Please refer to the work of Kristin Copeland as she has published several qualitative studies on these issues.

Answer: As suggested by Reviewer #1, the manuscripts by Kristin Copeland were explored and investigated, searching for opinions of caregivers on feasible strategies to increase physical activity in the childcare setting. In one paper, the questioning route mentioned one question asking about possible things that could be done at the childcare center to get the children more active. However, the results and discussion
did not mention the results that came out of the answers of the caregivers on this question. In the other papers written by Kristin Copeland, we did not find any results mentioning possible strategies and opinions for future intervention development. Therefore, we think that it is better to mention these papers in another paragraph mentioning existing literature on focus groups with caregivers of preschoolers. In fact, this means that the gap (this is the first manuscript covering opinions of parents and teachers’ on possible and feasible strategies to increase preschoolers’ physical activity levels and water consumption by intervention development) still exists. (lines 107-116)

For PA and water consumption, focus groups with parents, teachers or caregivers have already been conducted to obtain extra information on this specific behaviour, performed by the preschoolers at home or at preschool. These focus groups investigated barriers (e.g. trouble finding enough time to help the children, time, space, equipment, safety, inclement weather), and facilitators (e.g. parent role modelling, parent support, a child’s preference for being active, organised activities) of children’s PA and parental feeding styles, preschool nutrition policies and practices, and barriers and facilitators of healthy eating for preschoolers’ nutrition [19-32]. However, no focus group discussions have ever assessed recommendations of these caregivers (parents and teachers) for future intervention development, and what they perceive as feasible strategies.

References:

**Methods**

16. Page 7, Lines 17-19: Please address this nomenclature issue. Are these also day care centers? Are those different? Is preschool compulsory? I alluded to these comments earlier as well.

*Answer:* As mentioned in comment #14 by Reviewer #1, we use the term “preschool” for “preschool educational programs”. These preschool educational programs are non-compulsory, and can be attended in every European country mentioned in this manuscript. Furthermore, as mentioned in comment #14 by Reviewer #1, we mentioned the percentages of children that attend these preschool educational programs. We have added a sentence in the manuscript to make this more clear. (lines 152-156)

In European countries, different terms are used for *preschool educational programmes* (e.g. childcare, preschool, kindergarten). *These preschool educational programmes are not compulsory, and can be attended in all six European countries [39].* To keep the text as concise as possible, we will only use the term “preschool” from now on.


17. Page 8, Line 13: “Parents”: So these would only be parents of children attending preschool? If there are kids who do not go to preschool and/or child care, those parents might be inherently different. This distinction needs to be clear.
Indeed, the parents recruited were parents which children attend preschool or childcare. We did not recruit parents of which the children do not attend preschool/childcare, as in Belgium, Spain and Germany, virtually all children attend preschool. Also in the other countries, a considerable number of children attend preschool. We changed the sentence in the manuscript, to improve clarity. (lines 176-178)

The recruitment of *parents of children attending preschool* and teachers mostly occurred through preschools and through the researchers’ networks.

18. Page 9, Line 6: Please replace route with protocol or something else.

*Answer:* As suggested in Comment 5 by Reviewer#1, we replaced the wording “questioning route” into “interview guide” throughout the entire manuscript. Also, on page 9, line 6, “questioning route” was replaced into “interview guide”. (lines 194-196)

*To obtain standardization, a structured protocol - including a semi-structured interview guide - was developed reviewed, accepted and used in all participating countries.*

19. Page 10, Line 15: Only one researcher? What about consensus of multiple coders and triangulation. This should be included as a limitation. Even though 2 people have summarized, the emergence of themes and associated quotes should have included more than 1 person, especially since there were different people for each country, which can introduce bias and error if the different single coders had different background, cultures, beliefs, etc.

*Answer:* In fact, it is correct that having only one local researcher (in each of the six countries) could introduce bias and error. In each of the six countries, two or more researchers helped with the qualitative content analysis of the transcriptions. In the
sentence, we changed this into “was independently conducted by local researchers in each country”. Since we were not complete in the previous version of the manuscript, it is not necessary anymore to add this to our limitations. (lines 221-225)

After each country got full transcripts of the focus group discussions, a qualitative content analysis of the transcriptions was independently conducted by local researchers in each country, based on the instructions in the standardized protocol (either with or without data analysis software) to standardize the analysis of the focus groups.

Results

20. Page 12, Line 9: “Sufficiently active”: Did they happen to say what was sufficiently active to them? Not a major issue, just interesting.

*Answer:* Indeed, this would have been interesting to find out what parents think is sufficient physical activity for their children. Unfortunately, since this was not a question in the interview guide, the parents did not talk about this. Furthermore, in none of the countries, parents mentioned what “sufficiently active” meant to them.

21. Page 12, Lines 11-13: Sentence beginning with “A medical”. This is confusing to me. Is the doctor encouraging the kids or the parents to encourage the kids?

*Answer:* Indeed, the phrasing of this sentence is confusing and unclear. We changed the phrasing in the manuscript, so that it becomes more clear to the readers. (lines 311-313)

*Parents reported that a medical or doctor’s advice to increase their child’s activity level would serve as a source of motivation.*

22. Page 12, Lines 12-14: Sentence beginning with “some parents”. This too is confusing. They cannot be more active than they already are? What do you mean by resting? I
would encourage the use of quotes throughout the text to support your conclusions and statements.

**Answer:** Indeed, the phrasing of this sentence is also confusing and unclear. We changed the structure of the results in the manuscript, so that it becomes more clear to the readers. By adding quotes in the manuscript, we tried to add more structure and more clarity (lines 248-252; quotes: 253-255; 269-273; 283-285; 303-307; 333; 342-345; 355-357; 370-372; 379-382; 416-417; 426-433; 452-453; 463-464; 501-502; 512-513; 521-525).

*The majority of parents think that their children are sufficiently active and do not need additional activity.* Many parents reported that their preschool child is a member of a sports club. For example, preschoolers attend lessons in gymnastics, swimming, or dancing classes. Some parents raised concerns that children should not be involved in too many organized activities, so that they have sufficient time for resting as well.

“*I rather think that I have to slow down my child at that age.*”

“*Mine is very active, so we wanted a big part of this energy to be channeled to a sport.*”

“*He should not get too much... he is only 4.*”

23. Page 12, Lines 14-17: Sentence beginning with “The parents reported”. Is this things they already do or could do if they wanted their kids to be more active?

**Answer:** Indeed, out of the sentence, it is not clear whether parents already do this, or if they think they can do this in the future. We changed the structure of the results section, to make this more clear. (lines 278-285)

*Parental strategies included being a role model for their child, going outside or playing outside together with their child, making a routine to regularly go outside, letting children participate in organized activities (e.g. swimming lessons, gymnastics for preschoolers) and making time to take the children to sports lessons on weekend days.*
“I have decided to send my children to a youth movement or scouting to make them more physically active."
“When we are active, our children will also be active.”


Answer: Since the structure of the results section was changed (based on comments by Reviewer #2 and Reviewer #4), it wasn’t necessary anymore to specify the facilitators, because the facilitators are explained through the results section.

25. Page 13, Lines 5-10: Was this a question or a probe? So all other countries, besides Bulgaria, “volunteered” that information without prompt but the Bulgarians didn’t?

Answer: This was a probe. Parents mentioned this voluntarily in all countries besides Bulgaria. Parents always had the time and space to elaborate on the question. Only in Bulgaria, parents did not elaborate on this question. We added a word in the sentence to make this more clear. (lines 323-324)

Only Bulgarian parents did not spontaneously mention anything about their children being physically active enough.

26. Page 13, Line 12: Preschoolers have that volume of physical education?

Answer: Yes. In Flemish preschools, structured physical activity sessions are scheduled in the mandatory curriculum for two hours per week. The sessions are delivered by the classroom teachers (certified preschool teachers, but not specialized in physical education) or by a physical education specialist (certified physical education teacher). Also in Spain, preschoolers receive two hours of structured physical education sessions per week.

References:


27. Page 13, Line 13: “During spring and summer”: it’s not clear what you are emphasizing here that kids are more active when not in school. Are they not in preschool in spring or summer? Or are you emphasizing a seasonal effect?

*Answer:* As suggested, we have improved the phrasing of the sentence, so that it becomes clear that teachers are mentioning a seasonal effect, and not that children are not in preschool during spring or summer. (lines 337-338)

Also, having nice weather during spring and summer facilitates the children to be more active at preschool.

28. Page 14, Line 1: Did teachers comments if kids are sufficiently active or not? Interesting contrast to report. These discrepancies between parents and providers are also reflected in Copeland’s work.
Answer: We would like to thank Reviewer #1 for this comment, since this could have a valuable contribution in the manuscript. In fact, only Spanish teachers mentioned that they think that preschoolers are already active enough. Some of these teachers think that more physical activity would be too much and that the children would be exhausted. In Bulgaria, teachers reported that they think that preschoolers are not active enough. Furthermore, in Poland, Spain, and Belgium, teachers mentioned that preschoolers are very energetic and cannot sit still. In the last paragraph of the results of the teachers, we added the opinions from the Spanish teachers. (lines 385-392)

In Kristen Copeland’s work, we only found discrepancies between parents and caregivers on preschoolers’ clothing. Since this theme did not arise from the focus group results in this manuscript, we did not think it would add value when referring to the work of Kristen Copeland.

According to Spanish teachers, preschoolers are already active enough and some teachers even mentioned that more PA would be too much because the children would be exhausted. On the other hand, in Bulgaria, teachers mentioned that preschool children are not active enough. Bulgarian teachers think it is necessary to increase preschoolers’ PA levels. Furthermore, in Poland, Spain, Greece and Belgium, teachers mentioned that preschoolers are very energetic and cannot sit still in preschool. Only in Belgium and Spain, most children have two hours of physical education weekly. In Belgium, some children also have movement breaks in the classroom.

29. Page 14, Line 7: “It is difficult to use other spaces”. Do you mean they can only use their class, or do not want to use their class for activity, or have no other place to go?

Answer: As suggested, we made the phrasing of this sentence more clear. In that way, it becomes clear that, due to logistical reasons, it is sometimes difficult to use other spaces (e.g. hallway, dining-hall) instead of their own classroom. (lines 348-349 and 360-362)
One of the mentioned strategies that could be used to increase children’s PA at preschool was the use of other spaces, for example the playground, the hallway or the dining-hall.

Due to logistical reasons (e.g. not available, furniture cannot be moved, too disturbing for other classes), it is not always possible to use other spaces (e.g. playground, hallway) to make the children more active.

30. Page 16, Line 17: “On top of water and milk”. I am not sure what that means. In addition to?

*Answer:* As suggested, we changed the wording to “in addition to”. (lines 470-471)

In Bulgaria, Greece and Poland, children only receive fruit juices in addition to water and milk.

31. Page 16, Line 17: “Tea”: sweet or unsweet?

*Answer:* As suggested, we added the word “unsweetened” to the sentence, as in Poland, preschoolers are allowed to drink unsweetened tea. (lines 471-472)

Sometimes, they also drink unsweetened tea in Poland.

32. Page 16, Lines 13-22: What is being consumed does not seem like adequate use of a focus group. These data could easily have been collected by survey. Please explain. What is more helpful and necessary from a focus group is the richness and context – how, why, and your study purpose, how to change behaviors.

*Answer:* For this paper, it is interesting to know what is being consumed at European preschools, since there are differences between policies. We have tried to make this more clear in the results section (lines 486-502) and we have added a sentence in the
discussion to show the importance of knowing this information for future intervention development (lines 612-615).

Rules and policies about beverage consumption in European preschools

**In Belgium, Germany and Greece, soft drinks are not allowed at preschool.** Preschools are not allowed to provide or sell soft drinks and the children cannot bring them to preschool. In most preschools of these three countries, children can drink water, milk, chocolate milk, (organic) fruit juices and (unsweetened) tea. In Bulgaria, the children cannot bring beverages to preschool, they only have water available at the preschools. In Spain and Poland, only water is allowed.

**In Bulgaria, Greece, Poland and Spain, the children can drink water, usually after permission from the teacher, throughout the day.** Greek teachers reported that they remind children to drink water before starting a long activity or after being physically active. In Belgium, the children usually can drink together as a group at set times, for example before or after recess. Also, when some children are thirsty, they can always separately drink water. Teachers reported that they sometimes try to postpone the drinking to avoid that the children need to go to the toilet too often. Furthermore, in Poland, children get a glass of milk in the morning.

“We don’t have sugar sweetened beverages. We only offer water. The children drink water, milk, juice, diluted juices, and tea.”

**Furthermore, changing the policies at European preschools could be seen as potential targets for intervention development, since now, there are differences in European countries that can explain differences in preschoolers’ beverage consumption.**

33. Page 17, Line 4: “Main role models”. What do the teachers drink? Are they allowed to different less healthful beverages than the kids?

**Answer**: As suggested, it would be very helpful to know what kind of beverages the teachers drink. However, no question was asked to the teachers on this topic and it did
not come out of the focus group conversations spontaneously. Therefore, we could not include a sentence in the manuscript on this topic.

34. Page 17, Line 10: Why are “organic” and “unsweetened” in parentheses?

**Answer:** The reason why “organic” and “unsweetened” are in parentheses, is because in some preschools in those countries, children can drink organic fruit juices or unsweetened tea. In other preschools, children cannot drink organic fruit juices or can only drink sweetened tea. Therefore, we decided to put these words into parentheses.

35. Page 19, Lines 2-4: It seems like this background on the prevalence in inactivity and SSB consumption should be in the introduction to frame the health problem.

**Answer:** As suggested, we have added a sentence in the introduction to elaborate on the prevalence of inactivity in preschoolers. Furthermore, the prevalence on SSB consumption and consumption in general is already to be found in the introduction. (lines 91-98)

*US preschoolers are engaging in 7.7 minutes per hour in MVPA at school, of which 2 minutes in vigorous intensity [7, 9]. In the study by Bornstein et al., US preschoolers engaged in 42.8 minutes of MVPA per day [8]. A systematic review by Smithers et al. (2011) investigated the association between health and diet in young children, however limited evidence was found for the link between diet and health [10]. Furthermore, several studies in different countries showed low intakes of non-sugared beverages, fruit, vegetables, water and milk and high intakes of unhealthy snacks, sugared drinks, juices, total and saturated fat and added sugar [11-16].*

36. Page 19, Lines 12-15: Is tracking the behavior how to increase awareness? Tracking alone will not do anything without understanding and interpretation of these values and what the goals should be.
Answer: It is true that parents cannot do anything without the comprehension and interpretation of these values. We added two sentences to add this suggestion into the manuscript. (lines 549-553)

However, in the case of using objective measurement devices, this can only work when parents receive some sort of report so that they can understand what the activity-values mean. After they have received the report, they can set some goals (with or without help from external persons) regarding their child’s PA level.

37. Page 21, Lines 14-15: Sentence beginning with “on the other hand”. Did this come from your focus groups? If not, where is this coming from or is it your speculation?

Answer: Indeed, it is not clear out of the sentence and out of the phrasing whether this came out of the focus groups or whether this is speculation. In fact, parents reported this in the focus group discussions, so we added this into the sentence to make it more clear. (lines 593-595)

On the other hand, parents reported that they do not always have the time to participate in this kind of activities and teachers reported that it is hard to gather parents at preschool.
Reviewer #2:
I would like to congratulate the authors on their efforts. Organizing and conducting focus groups with standardized methods across multiple countries is a challenge for which researchers should be commended. While the study has its limitations, I think the results will contribute to the literature. I do have some serious reservations about the current draft of this article; however, I believe that all issues can be addressed by the authors.

Answer: We would like to thank Reviewer #2 for the nice words. As suggested, we will revise the current draft of this manuscript, to make it more clear and to incorporate more structure. Revisions have been done, based on comments by Reviewer #2, and can be found as answers underneath every comment.

General comments
Introduction/Purpose
1. The introduction and especially the paragraph describing the aim of the paper could be improved to better lay out the current literature, particularly existing qualitative data, and this paper’s purpose. In the 5th paragraph of the introduction (where aim of the paper is described), the paragraph identifies a specific gap in the literature – qualitative assessment of parent and teacher strategies to increase PA and encourage healthier beverage choices. However, the aim of the paper is much broader and therefore this first sentence is a bit misleading. From reading the paper, it appears that the aim is to qualitatively assess (via focus groups) teacher and parent perceptions of children’s current PA and beverage habits, the factors that children’s PA/bev (both facilitators and barriers), strategies to enhance children’s PA/bev, and anticipated barriers to making these changes. I would recommend starting the paragraph with a statement that summarizes all the aims of the paper. It would be very beneficial to the reader to have a clear outline of the major categories of issues addressed by these focus groups and to introduce a logical order for exploring these issues, which could then be used throughout the rest of the paper (i.e. presentation of results and discussion).
Answer: We would like to thank Reviewer #2 for the comments on the aim of the current manuscript. Therefore, we have changed the structure of the 5th paragraph, to make the aim more clear. Furthermore, we added a better overview of the qualitative work that already has been done in the past. (lines 107-116 and 124-136)

For PA and water consumption, focus groups with parents, teachers or caregivers have already been conducted to obtain extra information on this specific behaviour, performed by the preschoolers at home or at preschool. These focus groups investigated barriers (e.g. trouble finding enough time to help the children, time, space, equipment, safety, inclement weather), and facilitators (e.g. parent role modelling, parent support, a child’s preference for being active, organised activities) of children’s PA and parental feeding styles, preschool nutrition policies and practices, and barriers and facilitators of healthy eating for preschoolers’ nutrition [19-32]. However, no focus group discussions have ever assessed recommendations of these caregivers (parents and teachers) for future intervention development, and what they perceive as feasible strategies.

To our best knowledge, only one other study previously investigated parental perceptions on suggestions for PA programming in preschoolers [36]. No other studies have been carried out, focusing on parents’ and teachers’ recommendations for future intervention development and feasible strategies to increase PA and water consumption in preschoolers. Therefore, the aim of this study is to qualitatively assess parents’ and teachers’ perceptions of children’s PA (current levels, factors that influence children’s PA, strategies to enhance children’s PA, anticipated barriers to make these changes) and water consumption (rules and policies, how to increase water consumption and decrease the intake of sugar-sweetened beverages (SSBs), recommendations for future intervention development). More insight in their perceptions can help to develop a more effective intervention in preschoolers that aims at increasing preschoolers’ PA and water consumption. This method follows the community-based participatory research methodology, in which interventions are developed by a bottom-up approach [37].
Methods

2. The methods are well described, and I appreciate the use of NVivo software for data analyses. I would appreciate some additional clarity regarding the reports that were analyzed with NVivo. Generally, one analyzes transcripts directly, which would have required translation of all transcripts into English (which may not have been feasible). Since data was pulled and summarized into reports and then reports were analyzed, more detail is needed about the development of these reports. Did those reports include direct quotes? Exerts from transcripts? You should also provide a justification for why did you not translate transcripts and analyze those directly.

Answer: It is true that is not clear out of this paragraph how we did the data analysis (in detail). First of all, all countries conducted the focus groups in their own country. Afterwards, written transcripts of all focus group sessions were made in the country-specific language. Then, each country analyzed their country-specific transcripts of the focus groups (either with, or without data analysis software; which was based on the standardized protocol). After analyzing the data in each country, each country provided a country-specific report with the original information and some main findings, including quotes and exerts from transcripts. Finally, these reports were again analyzed using NVivo8 software, to summarize all findings into a covering report.

To make this more clear, we have changed the phrasing of the paragraph and we have added more information. (lines 220-236)

A verbatim written transcription of the focus groups in the local language was made in all countries, based on the information of the audiotapes. After each country got full transcripts of the focus group discussions, a qualitative content analysis of the transcriptions was independently conducted by local researchers in each country, based on the instructions in the standardized protocol (either with or without data analysis software) to standardize the analysis of the focus groups. The original information and main findings of the focus groups were identified and written down in English in a standardized template, including quotes and exerts out of the transcripts. In each country, this information was put into a report and was sent to the responsible researchers.
Two researchers analyzed and summarized the available information \textit{from the six reports (including quotes and exerts)} from all six countries using the qualitative data analysis software NVivo8 (QSR International Pty Ltd., Doncaster Victoria, Australia, Version 8, 2008). A data framework to code the data was used and was based on the major topics of the \textit{interview guide}. After analysing the data from all six countries, all findings from all countries were summarized into a covering report, \textit{and included quotes and exerts out of the transcripts}. \textit{This report} was reviewed and validated by all the focus group organizers [45, 46].

3. To improve organization of this section, I would recommend moving much of the information that currently appears in the 2\textsuperscript{nd} paragraph under participants section into the following procedures section. Procedures could then be organized into three paragraphs: describing logistics of the focus groups (location, length, incentives), describing the start of each session (consent, demographic survey), and presenting the focus groups procedures (structured protocol – development and content, moderators, training). I would also recommend reconsidering the sample questions pulled. You sample items should help guide the reader to the major findings – little of which is about parent motivation.

\textbf{Answer}: As suggested, we reorganized information out of the “participants-section” into the “procedure-section”. In that section, we subdivided the paragraphs into “logistics”, “start of the sessions”, and “focus group procedures”. Furthermore, we have deleted the sample questions and we have added a sentence that the interview guide can be found in Table 2 and Table 3. (lines 164-217)

\textbf{Participants}
Between October 2010 and January 2011, focus groups were executed in six different European countries: Belgium, Bulgaria, Germany, Greece, Poland and Spain. The focus groups were conducted in municipalities with the highest prevalence of overweight or obesity of either child or parent, \textit{because the ToyBox intervention will take place in comparable municipalities}. When this was not feasible, the prevalence of overweight had to be higher than the national level. In each country, four focus groups were undertaken
with parents and three with teachers. In order to receive feedback from parents of different socioeconomic status (SES) - who will both be targeted in the ToyBox intervention -, two focus groups were performed in parents of low SES (secondary school or less) and two focus groups in parents of medium or high SES (parents with higher education, college or university) in each country. An overview of the number of participants by low SES and medium-high SES can be found in Table 1. The recruitment of parents of children attending preschool and teachers mostly occurred through preschools and through the researchers’ networks.

Procedure

Logistics

Focus groups took place at preschools or local meeting rooms that were easily accessible. The focus groups lasted from one hour up to two hours and took place in a sufficiently comfortable and neutral room. In all countries, refreshments and biscuits or fruit were provided for the participants. In three countries, incentives were given because of difficulties with the recruitment (fruit basket, cinema ticket).

Start of each session

At the onset, parents and teachers had to fill out a demographic questionnaire and a written informed consent – in which they gave permission to audio-tape the focus groups.

Focus group procedures

All partners followed a focus group training led by researchers from Belgium to ensure consistency among the different countries. To obtain standardization, a structured protocol - including a semi-structured interview guide - was developed, reviewed, accepted and used in all participating countries.

The protocol consisted of guidelines for the sampling and recruitment of the participants, information about the location and setting, the taping of the discussions and guidelines for the moderator and co-moderator so they could optimally lead the sessions. The focus groups were led by a trained moderator and were assisted by a co-moderator. The moderator was familiar with the interview guide so that the topics for discussion could be
introduced. Furthermore, the moderator helped the group to participate in a lively and natural conversation. The co-moderator handled the logistics by for example taking notes, monitoring the recording equipment, or arranging the tables/chairs in the room. After each focus group session, both moderator and co-moderator debriefed about the most important topics, different ideas, differences with previous focus groups, unexpected findings and main impressions about the session.

**Interview guide**
The semi-structured interview guide for PA and water consumption was developed in accordance with established guidelines [40-42], based on the themes of the ToyBox-project and on previous focus groups on PA or nutrition [43, 44]. The interview guide was formulated to investigate the parents’ and teachers’ perspectives of influences on preschool children’s PA and water consumption. The provided questions were broad and open-ended. More detailed optional questions were asked when the discussion did not start up or continue spontaneously. The interview guide for PA and water consumption can be found in Table 2 and Table 3 respectively.

4. I would also consider removing the following: reference to the other papers published from these focus groups (unless you were using that to reference methods described elsewhere), differences in terminology (unless you can make it more concise), and reference to precede-proceed model. If you would like to include the reference to the precede-proceed model, you should add at least a brief (1 sentence) description of it and how it informs/guides this project.

**Answer:** As suggested, we deleted the references to the other papers published from these focus groups, as we did not use them to refer to methods described in these papers. Furthermore, we deleted the reference to the precede-proceed model, as it adds no extra value to the manuscript. At last, we deleted one sentence out of the terminology-issue (i.e. preschool, kindergarten, childcare). By deleting this sentence we wanted to make the issue more concise. However, based on comment #16 by Reviewer #1, we have added a sentence to make it more clear. (lines 150-156)
Within the scope of this study, focus groups with parents and teachers of four- to six-year-old preschoolers were conducted. In this paper, the discussions on PA and water consumption will be reported. In European countries, different terms are used for preschool educational programmes (e.g. childcare, preschool, kindergarten). These preschool educational programmes are not compulsory, and can be attended in all six European countries [39]. To keep the text as concise as possible, we will only use the term “preschool” from now on.

Results/Data

5. The data presented are very interesting, especially given that they were collected across 6 different countries. I think it is important to recognize the limitations in these data. Some focus groups had as few as 2 participants. The suggested size for focus groups is 10-12 participants (Krueger, R.A. and M.A. Casey 2000. Focus groups: A Practical Guide for Applied Research, 3rd edition). While recruitment for focus groups can be challenging, having at least 6 individuals is beneficial. In this study, it appears that 6 or 7 was the largest size group for many countries, and many focus groups were much smaller. Additionally, the total number of teacher or parent participants from some country was limited. For example, Poland’s sample included only 11 teachers, and Belgium’s sample only 16 parents. Are these sufficient numbers to reach saturation within a country? If not, then it may not be appropriate to make comparisons across countries. While the absolute number of parent and teacher participants is good, I think the limitations sections of the paper should recognize the small number of participants involved within each focus group and within some countries. The limitations section currently makes no mention of either of these issues.

Answer: We agree that conducting focus groups with only two participants not in line with the typical focus group methodology. It is true that we did not mention this limitation in the limitations section. This is clearly a hiatus in the limitation section, which is why we have added this limitation as the first and important limitation in the section on limitations. We have mentioned that the findings could be influenced by the low number
of participants in some focus groups. Focus groups with two persons are more interviews, rather than focus groups. (lines 629-634)

This study has some limitations. *First of all, due to recruitment difficulties, some focus groups were conducted without reaching the conventional group size (e.g. focus group with two teachers instead of a minimum of four teachers), which was required in the focus group protocol. Therefore, the findings might be influenced by the low number of participants in some focus groups. Furthermore, while* standardized protocols were used in each European country, different moderators and co-moderators executed the focus group discussions.

6. Writing: The writing and organization is one of the biggest areas of concern for this paper. While relevant information is included, it is not organized in a manner that leads the reader through a clear story. The presentation of information within each section and within each paragraph needs additional thought. This is especially problematic in the results section. I have taken the information of the first section of the results to provide an illustration of how this might be better organized. You will see from this example that I have organized the results to talk about (1) parent perceptions of children’s current PA levels, (2) factors that parents think influence children’s PA (those that facilitate and those that are barriers), (3) parents thoughts about strategies that could be used to increase child PA (both their own behaviors and then how others could help), (5) barriers to making these changes, and (6) what would motivate parents to make change and overcome these barriers. I would strongly encourage the authors to consider similar changes throughout the entire paper.

**Answer:** We would like to thank Reviewer #2 for the great example on how to organize the results section and we have tried to incorporate this throughout the whole results section. (lines 245-525)

**PHYSICAL ACTIVITY**

**Parents**
Parental perceptions of children’s current PA levels

The majority of parents think that their children are sufficiently active and do not need additional activity. Many parents reported that their preschool child is a member of a sports club. For example, preschoolers attend lessons in gymnastics, swimming, or dancing classes. Some parents raised concerns that children should not be involved in too many organized activities, so that they have sufficient time for resting as well.

“I rather think that I have to slow down my child at that age.”

“Mine is very active, so we wanted a big part of this energy to be channeled to a sport.”

“He should not get too much... he is only 4.”

Influencing factors of children’s PA (barriers and facilitators)

Parents were able to identify multiple factors of the environment that either facilitated their child’s activity or created barriers to it, most of which were related to the physical environment. Almost all parents mentioned that the weather was the most important factor as it determines whether or not their child can play outside. Environmental factors that were perceived to encourage children’s PA included having a playground close to the house, living in a rural area (children have more space to play outside), having an allotment, garden or yard and living close to a forest to go for a walk. Environmental barriers to children’s PA included inadequate space (in apartments or in the city), having a TV left switched on, having no playground in the neighbourhood of the house and having big streets that need to be crossed to reach the playground. In addition to these environmental factors, parental work-load was also perceived as a barrier.

“I do not have that much space in my house. My son cannot play upstairs in his room; there is only place for one bed and a closet. The only option I have, is letting my child play downstairs in a little corner.”

“We all work which means that we do not have enough free time for the children during the work week.”

Strategies that could be used to increase child’s PA at home

While parents may not believe that their children need additional activity, they were confident that they would be successful in making their children more active if needed. They were able to come up with multiple strategies that could be employed. Parental strategies included being a role model for their child, going outside or playing outside...
together with their child, making a routine to regularly go outside, letting children participate in organized activities (e.g. swimming lessons, gymnastics for preschoolers) and making time to take the children to sports lessons on weekend days.

“I have decided to send my children to a youth movement or scouting to make them more physically active”

“When we are active, our children will also be active.”

In addition to their own actions, parents were able to identify a number of additional factors they felt could support children’s PA. Social support emerged as an important issue, but could include many different forms – friends, siblings, cousins, neighbourhood children, or other acquaintances from the same age group. Environmental supports, including having an environment that invites children to be active, having bicycle tracks, and having a good connection to the playground, were also noted as important strategies for encouraging children’s PA. Parents also felt that the preschool could encourage child PA levels by providing sports activities for children. Also, parents thought that preschool teachers also have an important role in the PA of their child, since they are also role models.

Barriers in encouraging children to be more active

Parents also anticipated multiple barriers in encouraging their children to be more active. The most commonly reported barriers included lack of time, not being in the mood to do activities together with their child, the work-load of parents, difficult access to PA areas, large distances to the sports club, high cost of activities, and means of transportation (having no car, having only one car, bicycles).

“The obstacle to play outside with the children is that I am too busy or lazy or something like that. However, playing outside by themselves, I think, is fine under appropriate circumstances.”

“It would be difficult for me. For example on a Sunday, that is my relax day. Most of the time, I am not in the mood to go for a walk or to go to a swimming pool. On that day, we just lie in our couch with our pyjamas on.”

Motivational factors to make changes and overcome barriers

Parents must be motivated to encourage their children to be more active before they will invest in these strategies and tackle the anticipated barriers. Parents reported that a medical or doctor’s advice to increase their child’s activity level would serve as a source
of motivation. Additionally, a scientist offering information on the objectively measured PA level of their child could also help provide motivation and encouragement. Parents also reported that being involved in activities that the children perform at preschool could help motivate them to increase their child’s PA. Furthermore, when parent-child activities are organised – in which parents and children perform activities together – parents reported they would be more motivated to be involved in these activities.

PA in six European countries

PA in one European country is not necessarily the same as in another country. German, Greek, Polish, Belgian and Spanish parents all agreed that preschoolers are already active enough. Only Bulgarian parents did not spontaneously mention anything about their children being physically active enough. More low SES parents compared to high SES parents did not perceive the need to increase the PA levels of their children.

Teachers

Teacher perceptions of children’s current PA levels

The majority of the teachers mentioned that preschoolers are already very active. Although they think that sufficient PA is healthy and beneficial for the children, they also reported that it is important that preschool children also learn to sit still in preparation for primary school.

“It’s difficult for the children to sit still for a certain period of time.”

Influencing factors of children’s PA at preschool (barriers and facilitators)

Teachers mentioned that having enough available facilities is a facilitator of children’s PA at preschool. Also, having nice weather during spring and summer facilitates the children to be more active at preschool. Other mentioned facilitators were having enough space at preschool, having stimulating material at their disposal to keep the children physically active, and having a gym room that is available to them. Reported barriers of children’s PA were staff shortage and safety of the playground.

“In order to offer moving opportunities, more staff is necessary. For instance, a climbing landscape requires more supervisory staff. The children are not allowed to do it by themselves.”
“We have a space... very big... thank God for the past 1.5 years we are in a new building, very nice and we have a lot of equipment...”

Strategies that could be used to increase child’s PA at preschool

One of the mentioned strategies that could be used to increase children’s PA at preschool was the use of other spaces, for example the playground, the hallway or the dining-hall. Furthermore, teachers reported to organise a sports day or an “Olympic day”. Other strategies were: bringing their bicycle, roller-skates or rollerblades to preschool, organising morning gymnastics or playing traditional-, balance- and team games.

Teachers mentioned that they are also role models for the children, when teachers are more active, the children will be more active as well.

“Sometimes the children are easier to motivate when I participate myself. When I run around and jump on one leg they have a lot more fun and rather take part than when I just stand there and play with my drum.”

Barriers in encouraging children to be more active

Due to logistical reasons (e.g. not available, furniture cannot be moved, too disturbing for other classes), it is not always possible to use other spaces (e.g. playground, hallway) to make the children more active. For example, using the hallway is sometimes difficult because of the noise that is being produced and other classes could be disturbed. Another barrier to increase the children’s PA levels was a tight time schedule.

Motivational factors to make changes and overcome barriers

Some teachers reported that they frequently hear children talk about watching television at home and the teachers reported to believe that the children are inactive at home. For that reason, teachers want to promote PA at preschool.

“The last years, you hear that the children watch a lot of television. In the mornings, in the evenings, in the weekend,... I think it is important for the children to give them a chance to be physically active in the classroom.”

Other encouraging factors for promoting PA in preschoolers are the children’s reactions (smiling, having fun, being happy), parents’ approval and the children’s joy of being allowed to experience things by themselves. Also, when teachers would receive ready-to-use material, they would be more motivated to increase preschoolers’ PA levels.
Furthermore, they mentioned that practical tips and new ideas and activities would be very helpful to them, as well as involving the parents into the classroom activities.

“Maybe some party games or books or stories would motivate us.”
“Encourage the parents to do their best, to participate.”
“It has to be feasible in the classroom and with the children. No material for children older than six years, but really adjusted for the right age.”

**PA at preschool in six European countries**

**According to Spanish teachers, preschoolers are already active enough and some teachers even mentioned that more PA would be too much because the children would be exhausted. On the other hand, in Bulgaria, teachers mentioned that preschool children are not active enough. Bulgarian teachers think it is necessary to increase preschoolers’ PA levels. Furthermore, in Poland, Spain, Greece and Belgium, teachers mentioned that preschoolers are very energetic and cannot sit still in preschool. Only in Belgium and Spain, most children have two hours of physical education weekly. In Belgium, some children also have movement breaks in the classroom.**

**Policies at European preschools**

**In the different European countries conducting these focus groups, differences across countries concerning policies on PA became clear. In Belgium, teachers reported they do not have a set policy on PA although they have a covering policy on health and PA. In Bulgaria, teachers felt that the preschool policy focuses too much on teaching and other lessons, instead of PA. In Greece, there are no set policies or rules, so teachers can set their own rules. In Poland, they do not have a policy on PA, while in Spain they have a policy but it varies across types of preschools (e.g. public (specific programs) vs private (more equipment)). In Germany, policies were not specifically mentioned, teachers talked more about the curriculum instead.**

**WATER CONSUMPTION**

**Parents**

*Parental perceptions of children’s beverage consumption*
The majority of the parents mentioned that their children usually drink all kinds of beverages like water, fruit juices (orange and apple juices), plain, chocolate and flavoured/sweetened milk, soft drinks and (un)sweetened tea. Some parents had established rules about the consumption of beverages. For example, preschoolers cannot drink soft drinks or only on special occasions or during the weekend but they are always allowed to drink water. Furthermore, preschool children have restricted access to fruit juices and chocolate milk (most of the time they can have it once a day) in some households. Finally, children cannot drink much before they eat or go to bed.

“My children only drink cartons of orange juice. I have nothing else.”
“No, I have no rules. My children only drink water and they can drink as much as they want!”

Strategies to increase children’s water consumption
Parents reported several ways and strategies to increase the water intake of their children. First of all, the parents mentioned that they would try to be an example for the children by making it a habit to also drink water at home. Furthermore, they would put a water jug on the table, together with some glasses so that children can take and drink water whenever they want to. Finally, parents would also provide a nice drinking cup or a bottle with a sports cap, because this is also inviting for the children to drink water.

“The packaging is really important for children.”
“I think it would be a good idea to install such a „water station or something like that. When the children get in contact with water right from the beginning they will get used to drinking water and unsweetened tea. Or maybe also fruit juices diluted with water or fruit-water mixes. I think it would be very important to install such a station.”
“We drink (water), and when we drink, the children also drink.”
“It (the glass) has to be colorful, to be a favorite cup, to have a (cartoon) hero on it, to tell (the child): come and drink (water).”

Influencing factors of children’s water consumption
Although parents mentioned some strategies to increase water consumption in preschoolers, they also reported some barriers. For example, children tend to forget that they need to drink when they are playing, children have to be reminded to drink more, the parents cannot control the access to water that the children have at preschool and being
consistent and not having any other drinks at home. Belgian low SES parents mentioned that they would have a lot of difficulties with increasing the water intake of their children.

Strategies to decrease children’s sugar-sweetened beverage (SSB) consumption
The participating parents reported different strategies on how to decrease the intake of soft drinks and sugared milk drinks in preschoolers. The most commonly mentioned strategies included not buying those beverages, diluting soft drinks with water, using cacao powder instead of chocolate milk, using fresh fruit juices instead of packed fruit juices or fruit drinks and not drinking soft drinks themselves. However, a few parents in different countries mentioned that it is not necessary to decrease the intake of soft drinks and sugared milk drinks in this age group.

“I don’t have anything against it that, at that age now, he sometimes drinks a glass of lemonade with the meal.”

Role of the preschool and preschool teachers
Next to playing a role themselves in increasing their children’s water consumption, almost all parents had the opinion that the preschool and the teachers also have a key role in the promotion of healthy drinks in young children. Nowadays, preschools and teachers pay attention to healthy eating and according to the parents, teachers are a role model for the children. Other parents mentioned that teachers do not have an influence on what their children drink. German low SES parents agreed with each other that the preschool and the teachers have a big influence on children concerning food.

“When children have chocolate milk or other sugared sweetened beverages at school every day, the preschool will have a stimulating and key role for the intake of sugar.”

Consumption of water and SSBs in six European countries
The most important differences in the six countries were found in the kind of beverages that the children drink. Belgian, German and Spanish parents reported to serve sugared milk drinks and fruit juices to their children. However, some parents mentioned that they only serve soft drinks at special occasions. In Bulgaria, Greece and Poland, children only receive fruit juices in addition to water and milk. Sometimes, they also drink unsweetened tea in Poland. In Germany, children more often drink (unsweetened) tea, while in Greece
and Poland, preschoolers more often drink fruit juices. In all countries however, water was mentioned most. Furthermore, parents would be motivated to increase their child’s water intake and decrease the intake of SSBs, when they would receive some extra information on the topic from the preschool.

Teachers

Role of the teacher in promoting water consumption

Most teachers from all countries mentioned that they think they have an important role in increasing the water intake and decreasing the intake of SSBs in preschool children. Teachers think they are one of the main role models for preschool children’s consumption of beverages. Furthermore, they think it is important to educate the parents and to give them more information on this topic.

Rules and policies about beverage consumption in European preschools

In Belgium, Germany and Greece, soft drinks are not allowed at preschool. Preschools are not allowed to provide or sell soft drinks and the children cannot bring them to preschool. In most preschools of these three countries, children can drink water, milk, chocolate milk, (organic) fruit juices and (unsweetened) tea. In Bulgaria, the children cannot bring beverages to preschool, they only have water available at the preschools. In Spain and Poland, only water is allowed.

In Bulgaria, Greece, Poland and Spain, the children can drink water, usually after permission from the teacher, throughout the day. Greek teachers reported that they remind children to drink water before starting a long activity or after being physically active. In Belgium, the children usually can drink together as a group at set times, for example before or after recess. Also, when some children are thirsty, they can always separately drink water. Teachers reported that they sometimes try to postpone the drinking to avoid that the children need to go to the toilet too often. Furthermore, in Poland, children get a glass of milk in the morning.

“We don’t have sugar sweetened beverages. We only offer water. The children drink water, milk, juice, diluted juices, and tea.”

Influencing factors to promote water consumption in preschoolers
Because of the high prevalence of overweight in children, teachers are stimulated to promote healthy drinks in preschool-aged children. Other reported motivational factors included preschoolers’ (sometimes unlimited) consumption of soft drinks at home and teachers being convinced that healthy drinks are better for the children. Barriers for encouraging preschoolers to drink water included parents who sometimes think that teachers are meddling in their family situation, and not all parents want to introduce the preschool rules at home.

“But if a child tells you he already had coke in the morning... You don’t like to hear that and that’s why it’s important they can drink a healthy drink in school.”

Motivational factors to make changes and overcome barriers in the preschool class

Teachers reported to be motivated to carry out new information into the preschool classroom, when they would receive ready-to-use material. This way, teachers do not lose a lot of time and they can immediately introduce new materials. Furthermore, teachers do not like to use material with a lot of theoretical background, because they already know the theory.

“For instance to make a game in which you can learn what is healthy, what is less healthy, and why. This could, for example, be made with cards. Those could also be used for further discussions. And maybe the game could be performed physically active.”

“A seminar, a two-hour seminar, I think I would not attend... I do not think (of this) as further education; if it was a hundred-hour seminar I would not attend (either), I could not manage.”

Specific comments

Introduction


Answer: As suggested, we have added the review by Smithers et al. (2011) to the manuscript. (lines 94-96)
A systematic review by Smithers et al. (2011) investigated the association between health and diet in young children, however limited evidence was found for the link between diet and health [10].


8. 2nd paragraph, last sentence – Perspectives of parents and teachers on how to change child behaviors would most likely come from qualitative data, as you have done. And as you reference in the next paragraph, there have been a number of qualitative studies that have used focus groups to assess parent and teacher perspectives. So, it is unclear what gap in the literature you are trying to highlight (which you are setting up your paper to address).

*Answer:* It is true that the gap is not clear out of this paragraph. Based on comments by Reviewer #1, we changed some sentences in the paragraph to make the gap more clear. (lines 104-136)

Qualitative research – and in particular the execution of focus groups – *is a research method in which* new information and ideas can be discovered, which would not be possible with questionnaires. *Conducting* focus groups is a good step in collecting ideas and strategies for future interventions. For PA and water consumption, focus groups with parents, teachers or caregivers have already been *conducted* to obtain extra information on *this specific behaviour*, performed by the preschoolers at home or at preschool. *These focus groups investigated barriers (e.g. trouble finding enough time to help the children, time, space, equipment, safety, inclement weather), and facilitators (e.g. parent role modelling, parent support, a child’s preference for being active, organised activities) of children’s PA and parental feeding styles, preschool nutrition policies and practices, and barriers and facilitators of healthy eating for preschoolers’ nutrition* [19-32]. However, *no focus group discussions have ever assessed recommendations of these caregivers*
Involving the parents is important, because the home environment can be considered as the most important place where children develop these behaviours [22, 33]. Nonetheless, preschool-aged children also spend a considerable amount of time at preschool educational programs: about 99% in Belgium, about 98% in Spain, about 95% in Germany, about 70% in Bulgaria, and about 45% in Greece and Poland [34, 35]. Consequently, such setting could as well play an important role in the promotion of healthy EBRBs in preschool children.

To our best knowledge, only one other study previously investigated parental perceptions on suggestions for PA programming in preschoolers [36]. No other studies have been carried out, focusing on parents’ and teachers’ recommendations for future intervention development and feasible strategies to increase PA and water consumption in preschoolers. Therefore, the aim of this study is to qualitatively assess parents’ and teachers’ perceptions of children’s PA (current levels, factors that influence children’s PA, strategies to enhance children’s PA, anticipated barriers to make these changes) and water consumption (rules and policies, how to increase water consumption and decrease the intake of sugar-sweetened beverages (SSBs), recommendations for future intervention development). More insight in their perceptions can help to develop a more effective intervention in preschoolers that aims at increasing preschoolers’ PA and water consumption. This method follows the community-based participatory research methodology, in which interventions are developed by a bottom-up approach [37].

9. 3rd paragraph – You mention the existence of multiple qualitative papers, and there are many more not referenced. There is even a review of qualitative studies. I would like to know more about the focus and findings of these papers so that the reader is able to better understand how this particular study will fit within this qualitative literature. Additional studies to consider are listed below. While this is not a review, it is important to provide a clear understanding of the existing relevant literature.

Answer: As suggested, we have added some references to this 3rd paragraph on conducted focus groups with caregivers on physical activity and water consumption. We have added a sentence in the paragraph that gives some more information about the content of these papers. (lines 107-114)

For PA and water consumption, focus groups with parents, teachers or caregivers have already been conducted to obtain extra information on this specific behaviour, performed by the preschoolers at home or at preschool. These focus groups investigated barriers (e.g. trouble finding enough time to help the children, time, space, equipment, safety, inclement weather), and facilitators (e.g. parent role modelling, parent support, a child’s preference for being active, organised activities) of children’s PA and parental feeding styles, preschool nutrition policies and practices, and barriers and facilitators of healthy eating for preschoolers’ nutrition [19-32].

Results
10. 1st paragraph – Please insert the numbers of parents and teachers involved. “In total, 24 focus groups with 122 parents and 18 focus groups with 87 teachers were conducted…”

Answer: As suggested, we inserted the number of parents and teachers involved in the focus groups. (lines 239-240)
In total, 24 focus groups with 122 parents and 18 focus groups with 87 teachers were conducted between October 2010 and January 2011.

11. Physical activity, Teachers – You report what PA looks like in 2 countries in the 1st paragraph, then in the last paragraph you talk about current PA in 1 additional country. I would pull information about teacher perceptions about current child PA levels into one section (at the beginning). Also, what does PA look like in the 3 countries?

**Answer:** As suggested, we have put the information on PA in the separate countries in one paragraph (the last one). It provides more structure in the results section of the teachers. (lines 385-392)

According to Spanish teachers, preschoolers are already active enough and some teachers even mentioned that more PA would be too much because the children would be exhausted. On the other hand, in Bulgaria, teachers mentioned that preschool children are not active enough. Bulgarian teachers think it is necessary to increase preschoolers’ PA levels. Furthermore, in Poland, Spain, Greece and Belgium, teachers mentioned that preschoolers are very energetic and cannot sit still in preschool. Only in Belgium and Spain, most children have two hours of physical education weekly. In Belgium, some children also have movement breaks in the classroom.

Discussion

12. 1st paragraph – You have clearly stated the aim of the paper earlier in the paper, there is no need to repeat it here. Instead focus on the results and how these fit within the literature.

**Answer:** As suggested, we deleted the first paragraph of the discussion, which was a repetition of the aim of the paper.

13. 3rd paragraph – As you reflect on the results of this study, you write that parents and teachers agree that teachers are one of the main role models. While this may be true of
your findings, I do not think that this theme clearly emerges from the current presentation of the study results, especially around child PA. How might you insert data throughout the results section to make sure that this finding is well documented in the results section of the paper?

**Answer:** We have added a sentence in the results section from the parents (lines 293-295) and one in the results section from the teachers (lines 353-354) to make this more clear in the results. We also added a quote in the teachers’ section (lines 355-357).

*Also, parents thought that preschool teachers also have an important role in the PA of their child, since they are also role models.*

*Teachers mentioned that they are also role models for the children, when teachers are more active, the children will be more active as well.*

“Sometimes the children are easier to motivate when I participate myself. When I run around and jump on one leg they have a lot more fun and rather take part than when I just stand there and play with my drum.”

14. You present ideas about strategies that could be effective, but were there any other themes that emerged from teachers and parents? Any strategies that both groups felt were promising to help children increase PA or make healthier beverage choices?

**Answer:** Unfortunately, parents and teachers did not mention the same strategies in any of the countries. These are two groups of caregivers who have different opinions on how to increase PA levels and how to motivate and encourage preschool children. They also have different opinions on what can be done to motivate children to be more active. This did not come out of the focus groups, so we could not add this in the results’ section/discussion.

15. 4th paragraph – A lot of space is dedicated to the discussion of walking school busses. This did not appear to come up in the focus groups and therefore seems somewhat random to be such a large focus in the discussion.
Answer: It is true that there is too much space dedicated to the walking school busses, especially when this did not come out of the focus group results. Therefore, we decreased the information on the walking school busses. (lines 577-583)

For example, one way to increase preschoolers’ PA is the organisation of walking school buses, in which the children come to school in an active way. The walking school bus [50, 51] is an opportunity for children to walk to and from school, meanwhile being supervised by adults (mostly parents) and it is timetabled and structured. Currently, this is only established in primary school children. However, the feasibility in preschool children should be investigated.
Reviewer #3:

Thank you for the opportunity to review the above study which reports on the findings of focus groups from 6 European nations, interviewing parents and teachers of preschool children on their perceptions of SSB consumption and PA. Overall the paper is well written and adds value to the need to have healthy behaviours concurrently reinforced in the home and school environment.

Communicating with parents about their child’s weight related behaviours is not straightforward (e.g. ‘nanny state perceptions’, state vs individual rights etc). However the study does show that parents do want information suggesting well crafted messages may hold a degree of promise. Additionally the study shows that teachers need ‘packaged’ programs which can be used immediately.

Comments

1. I would encourage the authors to consider rephrasing “healthy drinking behavior(s)”.
   Potentially, water consumption… as this was key area to focus group discussions.

   Answer: As suggested, we have changed the wording into “water consumption” instead of “drinking behaviour”. We have changed this rephrasing throughout the manuscript.

   For example: lines 42-43

   This qualitative study aimed to investigate parents’ and teachers’ opinions on physical activity and water consumption of preschool children.

2. Further, for the authors to consider mentioning the use of policies within preschools. Policies can be very scalable provided the implementation is monitored.

   Answer: As suggested, we have added a paragraph on preschool policies in the six different European countries. (lines 394-403)

   Policies at European preschools
In the different European countries conducting these focus groups, differences across countries concerning policies on PA became clear. In Belgium, teachers reported they do not have a set policy on PA although they have a covering policy on health and PA. In Bulgaria, teachers felt that the preschool policy focuses too much on teaching and other lessons, instead of on PA. In Greece, there are no set policies or rules, so teachers can set their own rules. In Poland, they do not have a policy on PA, while in Spain they have a policy but it varies across types of preschools (e.g. public (specific programs) versus private (more equipment)). In Germany, policies were not specifically mentioned, teachers talked more about the curriculum instead.

3. Page 5, paragraph 1: Please delete “preschool” – the term typically refers to 3-5 year olds.

Answer: As suggested, we deleted the term “preschool” out of the first paragraph in the introduction. (lines 78-80)

In developed countries, the prevalence of overweight and obesity among children between the age of zero and five years increased from 7.9% in 1990 to 11.7% in 2010 with an expected prevalence of 14.1% in 2020 [1].

4. Page 5, paragraph 2: Were the beverages unsweetened and what type of snacks – unhealthy?

Answer: As suggested, we have made the sentence more clear by adding the word “unsweetened” for beverages and “unhealthy” for snacks. (lines 96-98)

Furthermore, several studies in different countries showed low intakes of non-sugared beverages, fruit, vegetables, water and milk and high intakes of unhealthy snacks, sugared drinks, juices, total and saturated fat and added sugar [11-16].

5. Page 7, paragraph 1: It would be useful to know the proportion of children in each country who attend preschool services.
**Answer:** As suggested by Reviewer #3, and by comment #14 by Reviewer #1, we have added some more information on the proportion of children in each country who attend preschool educational services. In Belgium, about 99% of children between four and six years old attend these kind of programmes. This makes about 98% in Spain, about 95% in Germany, about 70% in Bulgaria, and about 45% in Greece and Poland. We added a sentence in the manuscript (page 6, 2\textsuperscript{nd} paragraph) that refers to these numbers. Furthermore, we have added some information on whether these preschool educational programmes are compulsory or not (page 8, 1\textsuperscript{st} paragraph). (lines 118-123 and 152-156)

Nonetheless, *preschool-aged children* also spend a considerable amount of time at *preschool educational programs: about 99% in Belgium, about 98% in Spain, about 95% in Germany, about 70% in Bulgaria, and about 45% in Greece and Poland* [34, 35]. *Consequently, such* setting could as well play an important role in the promotion of healthy EBRBs in preschool children.

Reference: oecd.org; Enrolment in childcare and pre-schools, 2011 (last updated 14/06/2011); available at [www.oecd.org/els/familiesandchildren/37864698.pdf](http://www.oecd.org/els/familiesandchildren/37864698.pdf); accessed October 9\textsuperscript{th}, 2012.

In European countries, different terms are used for *preschool educational programmes (e.g. childcare, preschool, kindergarten).* These preschool educational programmes are not compulsory, and can be attended in all six European countries [39]. To keep the text as concise as possible, we will only use the term “preschool” from now on.


6.  Page 7, paragraph 2: Please add that it is implemented in the preschool setting.
**Answer:** As suggested, we have mentioned that the project is implemented in the preschool setting, by adding this to the first sentence of this paragraph. (lines 145-146)

This qualitative study was carried out as part of the European ToyBox-**study, and was implemented in the preschool setting.**

7. **Page 12, paragraph 2:** Consider changing the term “making” to “encouraging”.

**Answer:** Since we restructured the results section, we have made sure that we did not use “make”, but we have used “encourage” or “motivate” instead. We have changed this throughout the whole results section (underneath the example for the results on physical activity). (lines 247-325)

**Parental perceptions of children’s current PA levels**

**The majority of parents think that their children are sufficiently active and do not need additional activity.** Many parents reported that their preschool child is a member of a sports club. For example, preschoolers attend lessons in gymnastics, swimming, or dancing classes. Some parents raised concerns that children should not be involved in **too many organized activities, so that they have sufficient time for resting as well.**

“**I rather think that I have to slow down my child at that age.**”

“**Mine is very active, so we wanted a big part of this energy to be channelled to a sport.**”

“**He should not get too much... he is only 4.**”

**Influencing factors of children’s PA (barriers and facilitators)**

Parents were able to identify multiple factors of the environment that either facilitated their child’s activity or created barriers to it, most of which were related to the physical environment. **Almost all parents mentioned that the weather was the most important factor as it determines whether or not their child can play outside.** Environmental factors that were perceived to **encourage children’s PA included having a playground close to the house, living in a rural area (children have more space to play outside), having an allotment, garden or yard and living close to a forest to go for a walk. Environmental barriers to children’s PA included inadequate space (in apartments or in the city), having...**
a TV left switched on, having no playground in the neighbourhood of the house and having big streets that need to be crossed to reach the playground. In addition to these environmental factors, parental work-load was also perceived as a barrier.

“I do not have that much space in my house. My son cannot play upstairs in his room; there is only place for one bed and a closet. The only option I have, is letting my child play downstairs in a little corner.”

“We all work which means that we do not have enough free time for the children during the work week.”

Strategies that could be used to increase child’s PA at home

While parents may not believe that their children need additional activity, they were confident that they would be successful in making their children more active if needed. They were able to come up with multiple strategies that could be employed. Parental strategies included being a role model for their child, going outside or playing outside together with their child, making a routine to regularly go outside, letting children participate in organized activities (e.g. swimming lessons, gymnastics for preschoolers) and making time to take the children to sports lessons on weekend days.

“I have decided to send my children to a youth movement or scouting to make them more physically active”

“When we are active, our children will also be active.”

In addition to their own actions, parents were able to identify a number of additional factors they felt could support children’s PA. Social support emerged as an important issue, but could include many different forms – friends, siblings, cousins, neighbourhood children, or other acquaintances from the same age group. Environmental supports, including having an environment that invites children to be active, having bicycle tracks, and having a good connection to the playground, were also noted as important strategies for encouraging children’s PA. Parents also felt that the preschool could encourage child PA levels by providing sports activities for children. Also, parents thought that preschool teachers also have an important role in the PA of their child, since they are also role models.

Barriers in encouraging children to be more active
Parents also anticipated multiple barriers in encouraging their children to be more active. The most commonly reported barriers included lack of time, not being in the mood to do activities together with their child, the work-load of parents, difficult access to PA areas, large distances to the sports club, high cost of activities, and means of transportation (having no car, having only one car, bicycles).

“The obstacle to play outside with the children is that I am too busy or lazy or something like that. However, playing outside by themselves, I think, is fine under appropriate circumstances.”

“It would be difficult for me. For example on a Sunday, that is my relax day. Most of the time, I am not in the mood to go for a walk or to go to a swimming pool. On that day, we just lie in our couch with our pyjamas on.”

Motivational factors to make changes and overcome barriers

Parents must be motivated to encourage their children to be more active before they will invest in these strategies and tackle the anticipated barriers. Parents reported that a medical or doctor’s advice to increase their child’s activity level would serve as a source of motivation. Additionally, a scientist offering information on the objectively measured PA level of their child could also help provide motivation and encouragement. Parents also reported that being involved in activities that the children perform at preschool could help motivate them to increase their child’s PA. Furthermore, when parent-child activities are organised – in which parents and children perform activities together – parents reported they would be more motivated to be involved in these activities.

PA in six European countries

PA in one European country is not necessarily the same as in another country. German, Greek, Polish, Belgian and Spanish parents all agreed that preschoolers are already active enough. Only Bulgarian parents did not spontaneously mention anything about their children being physically active enough. More low SES parents compared to high SES parents did not perceive the need to increase the PA levels of their children.

Answer: As suggested, we changed the word “consequent” into “consistent”. (lines 436-440)

**Although parents mentioned some strategies to increase water consumption in preschoolers, they also reported some barriers. For example, children tend to forget that they need to drink when they are playing, children have to be reminded to drink more, the parents cannot control the access to water that the children have at preschool and being consistent and not having any other drinks at home.**

9. Page 19, paragraph 1: Consider adding a sentence about the use of social marketing to raise awareness – the findings showed that parents would like advice and information.

Answer: As suggested, we have added a sentence on the use of social marketing to raise the awareness of the parents and teachers. (lines 545-549)

Once the awareness on this problem is raised (e.g. by letting the children wear an objective measurement device (e.g. an accelerometer), letting the parents fill in a food diary or by using social marketing strategies to spread information about the topic), future interventions targeting both behaviours could include caregivers to positively adapt these EBRBs, at home as well as at preschool.
Reviewer #4:
This is an interesting paper which explores an area with little previous investigation. A major strength is the cross-country inclusion, despite relatively small numbers of participants within each country.

Major compulsory revisions

1. It is not clear why only children’s drinking behaviour and not other dietary behaviours – such as snacking or fruit & vegetable consumption – were included. A rationale needs to be provided for this.

   Answer: In the methods section, it is explained that the ToyBox-project targets on four separate behaviours. Therefore we have chosen to ask questions to the parents and teachers on these behaviours, within the scope of this study. In the project, we only focus on water consumption and sugar-sweetened beverage consumption. (lines 148-152)

   The project targets on: (1) increasing PA, (2) decreasing sedentary behaviour, (3) increasing the water intake and (4) decreasing the intake of sugar-sweetened beverages. Within the scope of this study, focus groups with parents and teachers of four- to six-year-old preschoolers were conducted. In this paper, the discussions on PA and water consumption will be reported.

2. There is no rationale provided as to why FG were undertaken across different countries in only those areas with the highest prevalence of overweight/obesity.

   Exploration of behaviours in areas which did not fit this criteria would have provided a point of contrast, or identified common themes among behaviours/perceptions, with those in overweight/obese areas. Additionally, this would have allowed the researchers to identify potentially resilient behaviours/perceptions which could be drawn on for future interventions.

   Answer: It is true that there is no rationale provided as for why the focus groups were undertaken in areas with the highest prevalence of overweight/obesity. The reason for
this, is that the ToyBox-intervention will take place in the same areas as in which we conducted the focus groups. Therefore, it was interesting to conduct the focus groups in those areas. We have added a sentence to make this more clear. (lines 166-169)

The focus groups were conducted in municipalities with the highest prevalence of overweight or obesity of either child or parent, because the ToyBox intervention will take place in comparable municipalities.

3. There is no rationale for SES inclusion criteria (participants, page 8) in the introduction or why differences might exist by SES.

Answer: It is true that there is no rationale provided as for why we had SES inclusion criteria. Again, this is because we target both SES-groups in the ToyBox-intervention. To make this more clear, we have added a sentence in this paragraph. (lines 171-175)

In order to receive feedback from parents of different socioeconomic status (SES) - who will both be targeted in the ToyBox intervention -, two focus groups were performed in parents of low SES (secondary school or less) and two focus groups in parents of medium or high SES (parents with higher education, college or university) in each country.

4. Did recruitment also take place through childcare centers? An explanation of what a “preschool” is in the included countries would be beneficial as this differs between countries and regions. Was attendance time at preschools similar across countries – i.e. are the children in attendance for roughly the same number of hours each week and if not would this make a difference to parental behaviours/perceptions/recruitment?

Answer: Recruitment took place through preschool educational programs, which also includes childcare centers. We have added a sentence to explain what a preschool educational program is. However, we could not find attendance times in preschools across countries, so we could not add information about that. (lines 152-156 and 176-178)
In European countries, different terms are used for *preschool educational programmes (e.g. childcare, preschool, kindergarten)*. These preschool educational programmes are *not compulsory, and can be attended in all six European countries [39]*. To keep the text as concise as possible, we will only use the term “preschool” from now on.

The recruitment of *parents of children attending preschool* and teachers mostly occurred through preschools and through the researchers’ networks.

Data analysis (p.10)

5. More detail regarding “qualitative content analysis” is necessary: what was the correspondence between countries? Did only one person do the analysis for each country? Was there cross-coder agreement tested at all?

**Answer:** As suggested – also by Reviewer #2 – we have added more details regarding the qualitative content analysis. First of all, all countries conducted the focus groups in their own country. Afterwards, written transcripts of all focus group sessions were made in the country-specific language. Then, each country analyzed their country-specific transcripts of the focus groups (either with, or without data analysis software; which was based on the standardized protocol). After analyzing the data in each country, each country provided a country-specific report with the original information and the most important and main findings, including quotes and excerpts from transcripts. Finally, these reports were again analyzed using NVivo8 software, to summarize all findings into a covering report. Unfortunately, cross-coder agreement was not tested.

To make this more clear in the manuscript, we have changed the phrasing of the paragraph and we have added more information. (lines 220-236)

A verbatim written transcription of the focus groups in the local language was made in all countries, based on the information of the audiotapes. After each country got full transcripts of the focus group discussions, a qualitative content analysis of the transcriptions was independently conducted by local researchers in each country, based on the instructions in the standardized protocol (either with or without data analysis)
software) to standardize the analysis of the focus groups. The original information and main findings of the focus groups were identified and written down in English in a standardized template, including quotes and excerpts out of the transcripts. In each country, this information was put into a report and was sent to the responsible researchers.

Two researchers analyzed and summarized the available information from the six reports (including quotes and excerpts) from all six countries using the qualitative data analysis software NVivo8 (QSR International Pty Ltd., Doncaster Victoria, Australia, Version 8, 2008). A data framework to code the data was used and was based on the major topics of the interview guide. After analysing the data from all six countries, all findings from all countries were summarized into a covering report, and included quotes and excerpts out of the transcripts. This report was reviewed and validated by all the focus group organizers [45, 46].

6. “Two researchers analyzed and summarized the available information” – was this the themes from the transcripts or the full transcripts or the “written down in English” bits (which needs much greater clarification) from the preceding paragraph?

Answer: As suggested, we have clarified this issue by adding a sentence. This sentence provides information about what was used for the final analysis and summary of the focus group results (i.e. the six reports, including quotes and excerpts). (lines 229-232)

Two researchers analyzed and summarized the available information from the six reports (including quotes and excerpts) from all six countries using the qualitative data analysis software NVivo8 (QSR International Pty Ltd., Doncaster Victoria, Australia, Version 8, 2008).

Results

7. Include a brief summary of the data from table 1 with the first paragraph.
Answer: As suggested, we have added some more information from Table 2 (the numbering of the tables has changed) into the first paragraph of the results. (lines 239-243)

In total, 24 focus groups with 122 parents and 18 focus groups with 87 teachers were conducted between October 2010 and January 2011. The total number of participants in all countries for parents ranged from 16 until 27 parents. For teachers, this number ranged from 11 until 20 participants. More detailed information is described in Table 4. An overview of the results can be found in Table 5 (PA) and Table 6 (water consumption).

8. Where are the quotes? The best thing about qual work is the inclusion of quotes and they are also the data from which your conclusions are drawn. The authors must include quotes to support their assessments.

Answer: As suggested by Reviewer #4 and by Reviewer #1, we have added quotes to the results, to support the findings out of the focus groups. (lines 253-255; 269-273; 283-285; 303-307; 333; 342-345; 355-357; 370-372; 379-382; 416-417; 426-433; 452-453; 463-464; 501-502; 512-513; 521-525)

9. Page 12, top: “Living in a rural area” – did any of the participants live in a rural area? What specifically about living in a rural area supported PA?

Answer: As suggested, we changed the phrasing of the sentence to make it more clear. Some participants did live in a rural area. The children have more space to play outside, which was a big encouragement to be more active outside. (lines 261-264)

*Environmental factors that were perceived to encourage children’s PA included having a playground close to the house, living in a rural area (children have more space to play outside), having an allotment, garden or yard and living close to a forest to go for a walk.*
10. The discussion in the results section seems to jump around a lot – try structuring it more along the lines of the data presented in the table for ease of reading & flow & clarity.

*Answer:* As suggested by Reviewer #4 and Reviewer #2, we have restructured the results to make the findings more clear and to ease the reading, the flow and the clarity. The restructured results section can be found in the manuscript and as an answer to Comment #6 from Reviewer #2. (lines 245-525)

11. Some parts of the results are repetitive and restructuring as per above suggestion will help minimize this. For instance, issues around playground availability/connection etc. are raised in several places as different things which really are just the same – barrier of major roads, playground close by. The authors may wish to revisit their themes and ensure that they are as parsimonious as possible.

*Answer:* As suggested by Reviewer #4 and Reviewer #2, we restructured the results section, to ensure the clarity of the results section and to simplify the structure. We have made these changes to delete some of the repetitiveness. The newly structured results can be found in the manuscript. Also, as mentioned in the answer to comment #10 by Reviewer #4 the restructured results section can be found as an answer to Comment #6 from Reviewer #2. (lines 245-525)

12. Page 13, paragraph 2: More low SES parents compared to high SES parents… present the split of low vs high SES in tables so that the reader know how many were in each group.

*Answer:* As suggested, we have added a table (Table 1) to illustrate an overview of the number of participants by low and medium-high SES parents, separated by country. We have added a sentence in the methods section, to make clear that there is a Table with this information. (lines 175-176)

*An overview of the number of participants by low SES and medium-high SES can be found in Table 1.*
Table 1. Overview of the number of participants by low SES parents and medium-high SES parents in six European countries (Belgium, Bulgaria, Germany, Greece, Poland, and Spain).

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of low SES parents</th>
<th>Number of medium-high SES parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>Germany</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Greece</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Poland</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Spain</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td><strong>76</strong></td>
</tr>
</tbody>
</table>

13. Last line of that paragraph is not clear.

**Answer:** As suggested, we have changed the phrasing of the last sentence of paragraph 2 on page 13. This was indeed not clear. (lines 316-318)

14. Page 22: Bulgarian teachers thought their kids were not active enough while others thought they were – the authors here should draw on published quantitative evidence to show differences between PA in Bulgaria to other countries. This would help elucidate the teachers’ perceptions as to whether or not they were accurate.
Answer: Unfortunately, we could not find any quantitative data on amount of PA of preschoolers in Bulgaria, compared with other countries. Therefore, we could not take this into account in the revision of this manuscript.

15. Page 22: Are there differences in policies between countries that would result in differences in drink consumption? Could this potentially explain such differences or be investigated for potential targets for interventions?

Answer: The differences in policies and rules between European preschools were explained in the results section (lines 486-503). Since there are differences between the countries concerning preschool policies on beverage consumption, this could be a potential target for intervention development. Therefore, we have added a sentence in the discussion section to make this more clear. (lines 612-615)

Furthermore, changing the policies at European preschools could be seen as potential targets for intervention development, since now, there are differences in European countries that can explain differences in preschoolers’ beverage consumption.

16. Table 2: It’s not clear why environmental factors is separate to facilitators/barriers as factors within the environment would act as either facilitators or barriers and therefore should be included with those themes. This may also help minimize some of the repetitiveness within the results section.

Answer: As suggested, we have added the environmental factors into the facilitators/barriers section in Table 5 (the numbering of the tables has changed), as indeed this helps to minimize some of the repetitiveness within the results section.

| Table 5. Results from parents’ and teachers’ opinions on preschoolers’ physical activity |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Theme                                         | PARENTS                                      | TEACHERS                                      |
| Opinion on preschoolers’ physical             | Preschoolers are sufficiently active. They also have to learn | Preschoolers are already very active. They also have to learn |
| activity levels | active.  
It is not necessary to increase their physical activity level. | to sit still in preparation for primary school. |
|---|---|---|
| **How to increase preschoolers’ physical activity levels** | Being a role model for the child.  
Playing together with the child.  
Let the child participate in organized activities.  
Regularly going outside with the children. | Using the hallway, the dining-hall or other spaces to do movement activities.  
Organizing a sports day or an “Olympic day”.  
Let the children bring their bicycle, roller-skates or rollerblades to preschool.  
Morning gymnastics.  
Traditional-, balance- and team games. |
| **Facilitators to increase preschoolers’ physical activity** | Having friends and/or siblings; having cousins’ and/or neighbours’ children; preschool providing sports activities; having an environment which invites the children to be active; having acquaintances with children from the same age, size of the garden, space at home. | Available facilities, enough space, stimulating material, availability of the gym room.  
Children’s reactions (smiling, having fun, being happy); parents’ approval; children’s joy of being allowed to experience things by themselves. |
| **Barriers to increase preschoolers’ physical activity** | Lack of time, not being in the mood to play together with the child, big distance to the sports club, work-load, cost price, means of transport. | Staff shortage.  
Safety of the playground.  
Time schedule. |
| **Do you have recommendations for a future intervention targeting physical activity in** | Involving the parents in child-activities.  
Organization of parent-child activities. | Ready-to-use material.  
Practical tips and information with new ideas and new activities. |
17. Table 3: Beverages – parents – not necessary to decrease – any evidence to show current levels of consumption within countries which could support this perception – that is, is consumption really low enough or is it just a perception?

Answer: We found some evidence on the current levels of consumption within the European countries. In Greece, 59.8% of four- to seven-year-old children consumed sugar-added beverages on a daily basis. In Belgium, more than 50% of children under four years drinks soft drinks or sweetened juices on a daily basis. Furthermore, for preschoolers specifically, almost 52% drinks 200ml or more of sugared drinks every day (including fruit juices). A Spanish study found that when preschoolers drink sugared drinks (soft drinks, extract-based drinks or fruit juices), they drink an amount of 338ml on a daily basis. For the other European countries, no evidence was found on the current levels of sugar-sweetened beverage consumption. However, we can conclude that it is a parental perception that the consumption is low enough. Quantitative numbers show that the intake of sugar-sweetened beverages is high.

References:
http://www.123aantafel.be/01/123aantafel_01.pdf
Española de Pediatría, Comité de Nutrición de la Asociación: Consumo de zumos de frutas y de bebidas refrescantes por niños y adolescentes en España. Implicaciones para la salud de su mal uso y abuso [Consumption of fruit juices and beverages by

Minor essential revisions

18. Participants (page 8): what does “strenuous recruitment” mean?

*Answer:* With “strenuous recruitment”, we mean that there were some problems with recruiting participants for the focus groups. As this might cause some confusion, we have changed the sentence, to make the meaning more clear. (lines 185-186)

*In three countries, incentives were given because of difficulties with the recruitment (fruit basket, cinema ticket).*

19. Procedure (page 9): “The co-moderator handled the logistics” – such as what?

*Answer:* For example, taking notes, monitoring the recording equipment, or arranging the tables/chairs in the room. We have made this sentence more clear, because this can cause some confusion. (lines 203-204)

*The co-moderator handled the logistics by for example taking notes, monitoring the recording equipment, or arranging the tables/chairs in the room.*

20. Results PA (page 11): last line: too many organized activities? Rather than too many things?

*Answer:* To make the sentence more clear, we have changed “too many things” into “too many organized activities”, after restructuring the results section. (lines 251-525)

*Some parents raised concerns that children should not be involved in too many organized activities, so that they have sufficient time for resting as well.*

*Answer:* Since we have restructured the results section, it was not necessary to add “other” in this sentence, because we have changed this sentence as well. (lines 261-267)

*Environmental factors that were seen to encourage children’s PA included having a playground close to the house, living in a rural area (children have more space to play outside), having an allotment, garden or yard and living close to a forest to go for a walk. Environmental barriers to children’s PA included inadequate space (in apartments or in the city), having a TV left switched on, having a playground that is too far away from the house and having big streets that need to be crossed to reach the playground.*


*Answer:* We have restructured the results section, but we still have added some examples to make the sentence more clear. (lines 278-282)

*Parental strategies included being a role model for their child, going outside or playing outside together with their child, making a routine to regularly go outside, letting children participate in organized activities (e.g. swimming lessons, gymnastics for preschoolers) and making time to take the children to sports lessons on weekend days.*

23. Facilitators: a scientist providing information – this is not clear?

*Answer:* With this, parents meant that it would be easier for them to make their child more active, when they would receive information from a scientist on the physical activity level of their child. As suggested, we have made the sentence more clear, since this was not clear without more explanation. (lines 313-314)
Additionally, a scientist offering information on the objectively measured PA level of their child could also help provide motivation and encouragement.

24. Teachers: Belgium & Spain – and what about other countries?

*Answer:* Since this was only in Belgium and Spain, we added “only” to the sentence, to make this more clear. Furthermore, we have added this sentence to the last paragraph on results of teachers. (lines 390-391)

*Only in Belgium and Spain, most children have two hours of physical education weekly.*

25. 2nd paragraph under teachers: teachers reported to “know” – do you mean believe?

*Answer:* Yes, we mean “believe” instead of “know”. We have changed this in the sentence. (lines 367-368)

Some teachers reported that they frequently hear children talk about watching television at home and the teachers reported to *believe* that the children are inactive at home.

26. Page 18: promote healthy drinks – what do they consider constitutes healthy drinks?

*Answer:* Since this was not a question in the interview guide, this was not asked to the teachers. However, in all countries, soft drinks are forbidden at preschool. But since teachers did not mention spontaneously what healthy drinks are for them, we cannot answer this question fully.

27. Discussion: first paragraph: aside from drinking behaviours there is nothing about nutrition in the paper so the authors should refer specifically to drinking behaviour rather than nutrition despite it being a component of that.
Answer: It is true that there is nothing about nutrition in the manuscript, aside from water consumption. Therefore, we did not mention nutrition in the manuscript. Furthermore, based on comments by Reviewer #2, we deleted this first paragraph of the discussion, since this was a repetition.

28. Table 1: Final column participants is not useful.

Answer: We have deleted the final column in Table 4 (the numbering of the tables has changed).

<table>
<thead>
<tr>
<th></th>
<th>Parents</th>
<th></th>
<th>Teachers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range of</td>
<td>Age range</td>
<td>Total</td>
<td>Range of</td>
</tr>
<tr>
<td></td>
<td>participants</td>
<td>(mean age)</td>
<td>participants</td>
<td>participants</td>
</tr>
<tr>
<td></td>
<td>(mean range)</td>
<td></td>
<td></td>
<td>(mean range)</td>
</tr>
<tr>
<td>BELGIUM</td>
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<td>30-45 (34.4)</td>
<td>16</td>
<td>2-8</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>(4.3)</td>
</tr>
<tr>
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<td>22</td>
<td>3-5</td>
</tr>
<tr>
<td></td>
<td>(5.5)</td>
<td>(35.1)</td>
<td></td>
<td>(4.0)</td>
</tr>
<tr>
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<td>18</td>
<td>3-7</td>
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<tr>
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<td>(4.7)</td>
</tr>
<tr>
<td>GREECE</td>
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<td>21</td>
<td>5-6</td>
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<tr>
<td></td>
<td>(5.3)</td>
<td>(38.4)</td>
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<td>(5.7)</td>
</tr>
<tr>
<td>POLAND</td>
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<td>26-38</td>
<td>18</td>
<td>3-4</td>
</tr>
<tr>
<td></td>
<td>(4.5)</td>
<td>(32.0)</td>
<td></td>
<td>(3.7)</td>
</tr>
<tr>
<td>SPAIN</td>
<td>4-10</td>
<td>28-43</td>
<td>27</td>
<td>5-8</td>
</tr>
</tbody>
</table>
Table 4. Descriptive information of the focus groups with parents and teachers in six European countries

<table>
<thead>
<tr>
<th></th>
<th>Parents</th>
<th></th>
<th>Teachers</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range of participants (mean range)</td>
<td>Age range (mean age)</td>
<td>Total participants</td>
<td>Range of participants (mean range)</td>
<td>Age range (mean age)</td>
<td>Range of number of children in the classroom (mean number)</td>
<td>Total participants</td>
</tr>
<tr>
<td>BELGIUM</td>
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<td>23-44 (35.1)</td>
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<td>3-5 (4.0)</td>
<td>23-59 (46.5)</td>
<td>22-34 (28.4)</td>
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</tr>
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<td>27-50 (36.8)</td>
<td>18</td>
<td>3-7 (4.7)</td>
<td>26-59 (42.9)</td>
<td>24-55 (29.8)</td>
<td>14</td>
</tr>
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<td>21</td>
<td>5-6 (5.7)</td>
<td>29-52 (43.6)</td>
<td>17-25 (21.1)</td>
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<td>5-8</td>
<td>28-52</td>
<td>14-18</td>
<td>20</td>
</tr>
</tbody>
</table>

29. Table 1: Include mean numbers of participants, ages, etc.

*Answer:* As suggested, we have added mean numbers of participants, ages and number of children in each classroom to Table 4 (the numbering of the tables has changed).
30. The number of children in centers seems to be small – are there other centers which would have more children than this and if so would that make a difference to the results?

*Answer:* The numbers of children in the table are numbers of children in one classroom (and not in one centre). To make this more clear, we have added the words “in the classroom” on top of column 7 in Table 4.

<table>
<thead>
<tr>
<th>Country</th>
<th>Range of participants (mean range)</th>
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<th>Total participants</th>
<th>Range of participants (mean range)</th>
<th>Age range (mean age)</th>
<th>Range of number of children in the classroom (mean number)</th>
<th>Total participants</th>
</tr>
</thead>
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<tr>
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<td>5-6 (5.7)</td>
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<td>11</td>
</tr>
</tbody>
</table>

**Table 4.** Descriptive information of the focus groups with parents and teachers in six European countries
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<th>28-43</th>
<th>27</th>
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<th>28-52</th>
<th>14-18</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPAIN</td>
<td>(6.8)</td>
<td>(36.3)</td>
<td></td>
<td>(6.7)</td>
<td>(41.4)</td>
<td>(16.0)</td>
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<tr>
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<td></td>
<td></td>
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<td>87</td>
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</tbody>
</table>
**Editor’s comments:**

1. For reporting qualitative studies, please adhere to RATS guidelines.

   *Answer:* We have incorporated the RATS guidelines (Relevance of study question, Appropriateness of qualitative method, Transparency of procedures, Soundness of interpretive approach) into our revised manuscript where possible.

1. Competing interests: manuscripts should include a “competing interests” section. This should be placed after the conclusions/abbreviations. Please consider the following questions and include a declaration of competing interests in your manuscript:

   **Financial competing interests**
   In the past five years, have you received reimbursements, fees, funding, or salary from an organization that may in any way gain or lose financially from the publication of this manuscript, either now or in the future? Is such an organization financing this manuscript (including the article-processing charge)? If so, please specify.
   Do you hold any stocks or shares in an organization that may in any way gain or lose financially from the publication of this manuscript, either now or in the future? If so, please specify.
   Do you hold or are you currently applying for any patents relating to the content of the manuscript? Have you received reimbursements, fee, funding or salary from an organization that holds or has applied for patents relating to the content of the manuscript? If so, please specify.
   Do you have any other financial competing interests? If so, please specify.

   **Non-financial competing interests**
   Are there any non-financial competing interests (political, personal, religious, ideological, academic, intellectual, commercial or any other) to declare in relation to this manuscript? If so, please specify.

   *Answer:* We have added the sentence: “The authors have no competing interests to declare.”
2. Authors’ contributions – Please include an “Authors’ contributions” section before the Acknowledgements and Reference list. For the Authors’ contributions, we suggest the following format (please use initials to refer to each author’s contribution): “AB carried out the molecular genetic studies, participated in the sequence alignment and drafted the manuscript. JY carried out the immunoassays. MT participated in the sequence alignment. ES participated in the design of the study and performed the statistical analysis. FG conceived of the study, and participated in its design and coordination. All authors read and approved the final manuscript.”

An “author” is generally considered to be someone who has made substantive intellectual contributions to a published study. To qualify as an author, one should 1) have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) have been involved in drafting the manuscript or revising it critically for important intellectual content; and 3) have given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship. All contributors who do not meet the criteria for authorship should be listed in an acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support.

Acknowledgements. Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include their source(s) of funding. Please also acknowledge anyone who contributed materials essential for the study. Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements. Please list the source(s) of funding for the study, for each author, and for the manuscript preparation in the acknowledgements section. Authors must describe the role of the funding body, if any, in study design; in the collection, analysis, and interpretation of
data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.

*Answer:* We have added a paragraph on the authors’ contributions; before the acknowledgements and reference list. Furthermore, we already had an “acknowledgements” section, so we did not change this any further.

*MDC conducted the Belgian focus groups, provided feedback on the interview guide, helped with analysing the data, wrote and revised the current manuscript.*

*EDD contributed in conducting the Belgian focus groups and provided suggestions.*

*IDB, BD, CV, EG, YM and GC provided feedback on the interview guide and the standardized protocol before the focus groups were conducted and provided suggestions.*

*KD contributed in conducting and analyzing the German focus groups and provided suggestions.*

*EG contributed in conducting and analyzing the Greek focus groups and provided suggestions.*

*VI provided feedback on the questioning route before the focus groups were conducted and provided suggestions.*

*JMFA contributed in conducting and analyzing the Spanish focus groups and provided suggestions.*

*KZ contributed in conducting and analyzing the Polish focus groups.*

*All authors read and approved the final manuscript.*

**Acknowledgement:** The ToyBox-study is funded by the Seventh Framework Programme (CORDIS FP7) of the European Commission under grant agreement n° 245200. The content of this article reflects only the authors’ views and the European Community is not liable for any use that may be made of the information contained therein.

3. Please provide the specific names of the ethics committees which granted approval for your manuscript.
Answer: We have added the different names of the ethics committees for each country. (lines 156-162)

This study was included in the approval of the ToyBox-study by Ethical Committees in all six European countries, in line with national regulations (i.e. the Ethical Committee of Ghent University Hospital (Belgium), CEICA (Comité Ético de Investigación Clínica de Aragón (Spain), Ethikkommission der Ludwig- Maximilians-Universität München (Germany), Komisja Bioetyczna (Poland), Committee for the Ethics of the Scientific Studies (KENI) at the Medical University of Varna (Bulgaria), and the Ethical Committee of Harokopio University of Athens (Greece)).

5. Please revise the title of your manuscript as it currently sounds as though you are looking at alcohol drinking behaviour in preschoolers.

Answer: As suggested, we changed the title into “Physical Activity and Water Consumption in Preschoolers: Focus Groups with Parents and Teachers”.

*Physical Activity and Water Consumption in Preschoolers: Focus Groups with Parents and Teachers*