

Institute of Sport and Exercise Science

A preliminary investigation of child, parent and programme leader reflections on participation in and delivery of a family- based weight intervention programme.

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Introduction

Childhood obesity is considered to be the greatest public health risk to children today (Singh et al., 2008). Key publications have now called for qualitative evaluations to be undertaken in order to create an evidence base from the views of participants that may highlight why certain interventions may be more, or less successful (National Institute for Health and Clinical Excellence, 2006; Luttikhuis et al., 2009). Therefore the aim of this study was to investigate, through qualitative inquiry, child, parent and programme leader experiences of, reflections on and future intentions following participation in and delivery of a nationally implemented family-based weight intervention programme in the UK.

Method

Following institutional ethical approval from the University of Worcester and written informed consent, six families (parent and child) and one programme leader took part in semi-structured qualitative interviews (~30 mins) post-programme (Mean: 8 weeks post-programme). Interviews were audio-recorded and notes were taken throughout. The audio recordings were transcribed verbatim and all sensitive and identifying data deleted. Informal thematic analysis was used to analyse the data (Miles & Huberman, 1994). Following, first order themes (primary themes), were selected and coded, these were then sub-divided into secondary themes.

Results

Findings were divided into two categories: programme considerations and personal experiences/reflections:

A number of programme considerations arose. In particular both families and programme leaders identified a need for increased post-programme support (such as newsletters, reunions with other families etc.), with a number of families expressing a sense of 'abandonment' upon cessation of the programme.

I think the skills and activities should carry on for longer..as it just goes bam, finished, and that's it...find your own activities, but please keep on going. (Parent).

There was a consensus among children and parents that the length of the programme could be increased from 10 weeks in duration to ~ 3 months to maximise the effect. Furthermore it emerged that to sustain future participation in physical activity post-programme, the intervention strategy should consider the continuation of regular activity sessions per se. More specifically parents expressed the need for non-competitive activity sessions within their local vicinity to promote the continuation of newly formed physical activity behaviours.

If we can find the same type of exercise as we did on the programme that would be great...the one thing I would encourage is for them to work with the local services to develop that sort of thing. (Parent).

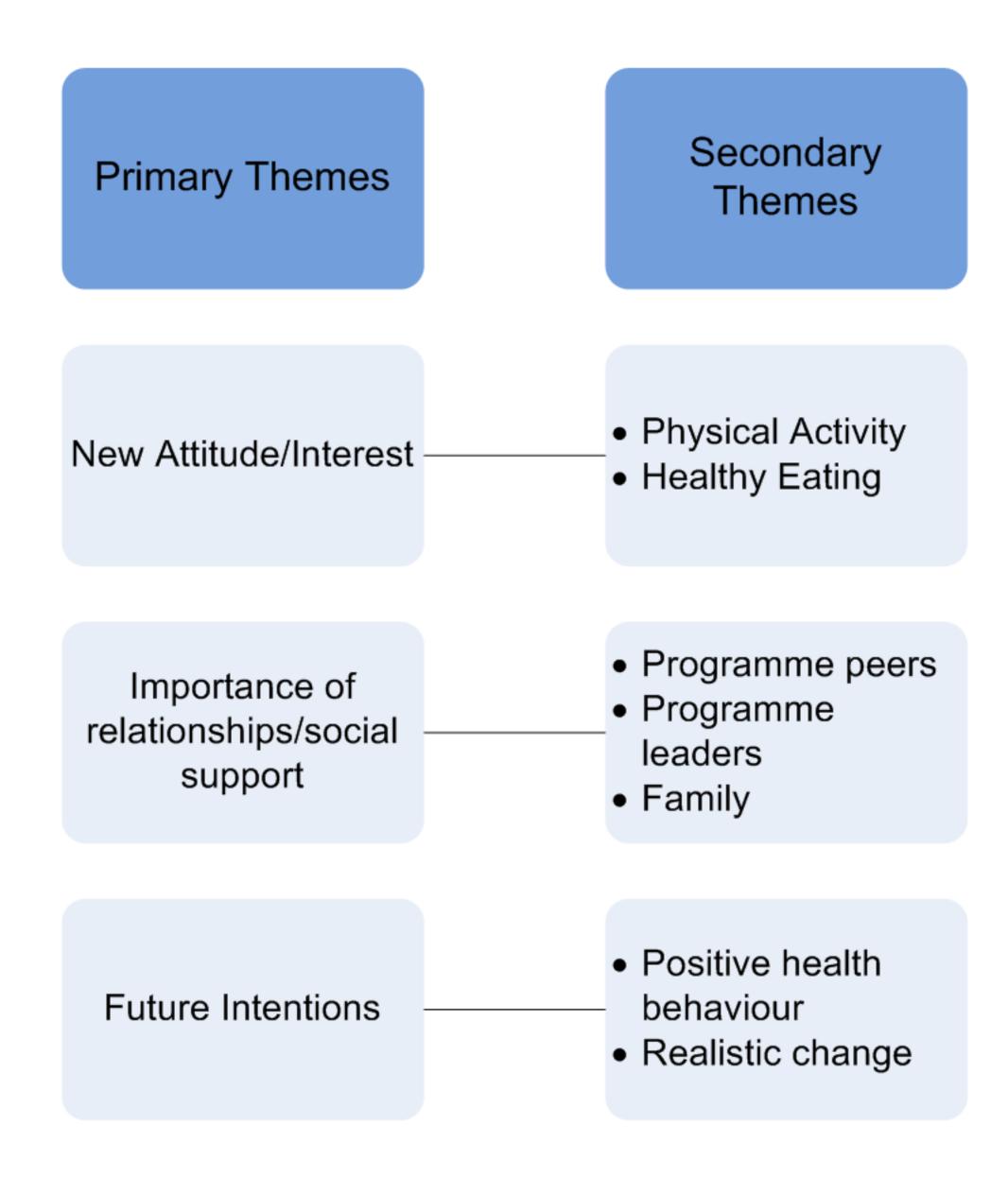


Figure 1. Identified themes relating to personal experiences and post-programme reflections.

- **Eighty-three percent** of participants reported that they had main tained the programmes suggested dietary composition at the time of interview.
- **Sixty-seven percent** of participants reported that they had maintained two hours of physical activity per week (the activity component of the programme consisted of two hours of multi-sports/games per week).
- One-hundred percent of children expressed their intention to undertake habitual physical activity and sport in the future.

I barely ever did games or p.e, I always used to think oh god, not games...but now I can't wait to play. (Child).

Conclusion

- Positive impact upon the families that took part, in particular the children displayed a new interest in positive health behaviours.
- Programme specific information, such as the optimal intervention length or post-programme support for example, will inform the future planning and implementation of this programme.
- Depth of information from ongoing interviews will contribute to a better understanding of lifestyle change and how such changes can be maintained in the long term.

References

Luttikhuis, H., Baur, L., Jansen, H., Shrewsbury, V. A., O'Malley, C., Stolk, R. P., et al. (2009). Interventions for treating obesity in children (review). *Cochrane Database of Systematic Reviews*, (1), 1-185.

Miles, M.B. & Huberman, A.M. (1994). *Qualitative Data Analysis*. U.S.A. Sage Publications Inc.

National Institute for Health and Clinical Excellence. (2006). *Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*. London: National Institute for Health and Clinical Excellence.

Singh, A.S., Mulder, C., Twisk, J.W.R., van Mechelen, W. & Chinapaw, M.J.M. (2008). Tracking of childhood overweight into adulthood: a systematic review of the literature. *Obesity Reviews*, (9)5, 474-488.

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