

Changing children's diets: developing methods and messages. By Kathryn Hart, *Centre for Nutrition and Dietetics, School of Biomedical and Molecular Sciences, University of Surrey, Guildford GU2 7XH*

The overriding picture of child and adolescent health within the UK is one of increasing dietary quantity yet decreasing dietary quality. This is associated with an increase in both short and longer term morbidity within these age groups, evidenced by the rising rates of childhood obesity (Chinn & Rona, 2001) and the encroachment of Type II diabetes into childhood (Kaufman, 2002).

Health behaviours are dynamic and multi-factorial, being subject to influences and interactions from an inter- and intra-individual to a macro-environmental level. In order to effect behaviour change the exact health environment of the target population must be characterised and capitalised upon. For food choice specifically, this requires an understanding of the relative influence of factors such as taste and food preferences, culture and socio-economic status (SES) and the media. This situation is further complicated for children and young adults due to the relatively large contribution made to their food micro-environment by parents and carers, through the addition of variables such as parental knowledge, preferences and feeding practices (Hart *et al.*, 2003). Combined with the limited health urgency and variable nutrition knowledge and behaviour change power of young people this highlights the potential role of parents as intermediates in the behaviour change process.

Consequently the author's work has focused on the construction of this parental element of the current UK child food environment, with a view to informing the development of appropriate and effective dietary interventions to improve the current and future eating behaviour of UK families.

Through the application of qualitative and quantitative methodologies, specifically focus groups and a questionnaire developed to assess the key constructs of the Theory of Planned Behaviour (Ajzen, 1988), the barriers and benefits perceived by parents to be associated with the provision of a healthy diet were identified and quantified within parental samples recruited from a range of SES backgrounds in the South East and North West of England. These results were used to inform the development of a parental education programme, which was subsequently pilot tested and evaluated in order to highlight the practical implications for intervention delivery within this population.

Results indicated a general rejection by parents of traditional nutritional messages and sources of information in favour of a more concrete but a flexible approach. Parents also appeared more likely to engage with messages with a short term health focus that were delivered by neutral agencies. Whilst healthy eating was viewed positively, parents tended to set themselves unrealistic targets and to have sub-optimal nutritional knowledge and an inadequate awareness of their own influence as a model for their child's behaviour. Negative approaches to food control were frequently observed along with practical barriers to education uptake, most notably a lack of time. Results would suggest that behavioural techniques should be promoted in preference to simple fact acquisition and novel, possibly 'virtual' approaches to parent-educator contact are worthy of further investigation. Parental attitudes and behaviour differed by family socio-economic status (SES) and parents also appeared to reinforce inappropriate gender stereotypes in relation to food and exercise behaviour. Social support was shown to positively impact on parental intention to provide a healthy diet.

Whilst tailored nutrition education programmes are required which promote behavioural techniques via SES sensitive approaches, this research has confirmed the overarching role of environmental support. By nurturing family and community cohesiveness the potential for long-term behavioural change and health improvements in primary school-aged population may be realised.

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