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Exploring parental attitudes to childhood overweight and obesity and strategies for prevention in the Gateshead Millennium Study

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The high and increasing prevalence of childhood overweight (OW) and obesity (OB) is a global public health concern. Paediatric OW and OB are associated with both medical and psychosocial consequences and as a result there is a need for effective preventive strategies. Family-based interventions offer potential for success in OW and OB prevention⁽¹⁾, but there is limited evidence on what their content should be and which approaches would be acceptable to families. The present study explores parental attitudes to childhood OW and OB and potential preventive solutions.

Parents (mainly maternal, selected based on the parents registering their interest in this phase of the study) of a subset of children in the Gateshead Millennium Study⁽²⁾, a birth cohort of 1029 children in north-east England born between June 1999 and May 2000, were recruited into focus groups that used questioning and activity methods to explore parental knowledge of childhood OW and OB, potential solutions at a policy and family level and incentives for change. All sessions were audio-recorded and transcripts analysed using NVIVO 7 (QSR International Southport UK).

Seven focus groups were conducted with a total of twenty-eight participants (twenty-seven females, one male). Mean age and BMI of mothers was 38.1 years and 26.5 kg/m² respectively. Parents expressed concern about childhood OW and OB, but questioned the severity of the problem because of lack of confidence in information in the media. Parents underestimated prevalence of OW and OB nationally, tending to rely on physical appearances and making judgments based on their child's class or school rather than any objective assessment. Parental knowledge of problems that may occur as a result of OW and OB in childhood centred on social and mobility issues rather than health burdens. In contrast, parents were readily able to identify potential causes of childhood OW and OB, including increased consumption of convenience foods, lower activity levels, time pressures, advertising and safety concerns. Commonly identified strategies for intervention at a policy level were banning advertising of unhealthy food, provision of education for parents on parenting and cooking skills and financial assistance for family activities and healthy food produce. At a family level, parents indicated that family-based activities, moderating unhealthy food intake and sedentary behaviours, being a good role model and 'eating as a family' should be acceptable measures. Despite prompting, identifying incentives for behaviour change proved problematic since parents found this difficult to conceptualise and responses were restricted to concern for child health and financial assistance.

The findings suggest that there is some knowledge of the energy balance required to maintain a healthy weight and that there are numerous opportunities for family-targeted intervention aimed at preventing childhood OW and OB. However, the common underestimation of overweight and limited awareness of health-related consequences may have implications for public health interventions. Further work will need to explore the extent to which OW and OB in children are inaccurately identified by parents and continue to examine the potential preventive strategies acceptable to families.

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1. Mulvihill C & Quigley R (2003) *The Management of Obesity and Overweight. An Analysis of Reviews of Diet, Physical Activity and Behavioural Approaches*. London: Health Development Agency.
2. The Gateshead Millennium Study (2008) The Gateshead Millennium Study. www.ncl.ac.uk/gms/