

Childhood Obesity Prevention

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Introduction

With the growing rates of childhood obesity in New Zealand (Ministry of Health, 2015), childhood obesity is a significant health issue currently facing New Zealand that needs to be addressed. I have decided to look at literature to determine whether parent-based or school-based interventions are more effective in preventing obesity. I have formulated the following question to aid me in my research. “In children up to age 18 who are classified as being obese, are preschool/school-based interventions significantly effective in preventing obesity development compared with home or parent/family-based obesity interventions for the duration of childhood (up to 18 years of age)?”

Benefits of Parent-Based Interventions

- Parents can begin to implement healthy behaviours in their children during infancy and early childhood.
- Parents play a major role in helping children form healthy behaviours (O’Brien, McDonald & Haines, 2013).
- Parents have great influence over their children’s eating habits (Rausch, Berger-Jenkins, Nieto, McCord & Meyer, 2015).



Benefits of School-Based Interventions

- Schools can incorporate health education into homework and school newsletters.

Recommendations

Ensure that obesity interventions begin during early childhood, as this is a critical period of a child’s growth and is a crucial time to implement healthy behaviours (Rendall, Weden, Lau, Brownell, Nazarov & Fernandes, 2014).

Educate parents about healthy behaviours, as parents have much influence over their children, and can therefore influence their children’s health behaviours (O’Brien et al., 2013).

Remove the negative stigma around obesity by not treating it as something to be ashamed about when discussing it with children and families. As a result, parents and children will be more likely to engage in obesity prevention programmes (Gillespie, Midmore, Hoeflich, Ness, Ballard & Stewart, 2015).

Collaborate with schools to provide education around healthy behaviours through the use of homework and school newsletters. This has been proven to be an effective method of obesity prevention (Kipping, Jago & Lawlor, 2011).

Conclusion

In using my research question stated above, I was able to find a wide range of literature. This literature allowed for an extensive look into the benefits of both parent-based and school-based interventions. Overall, the literature supports the use of parent-based interventions as opposed to school-based interventions, as parents have much more influence over their children (O’Brien et al., 2013). Therefore, school-based interventions are not significantly effective in preventing obesity development compared to parent/family-based interventions.

References

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PECOT Category	Information relating to question	Explanation
Population	Children aged between 4- 18 years, who are classified as obese.	Looking at the impact of parent involvement in obesity prevention in children who are classified as obese, and how parent involvement affects the outcome in improving the lifestyle of these children.
Exposure (intervention)	Parental involvement in obesity prevention, through education and participation.	I will be looking at articles about parent involvement, and how this impacts on weight loss and lifestyle improvement in children who are obese.
Comparison	School based interventions in obesity prevention in children.	I will be looking at how school based interventions in childhood obesity compare with parental involvement.
Outcome	Children between 4- 18 years who are currently classified as obese, losing weight and losing their obese status.	I hope to gain an understanding of the effect of parental involvement in obesity prevention in children, and how this affects the children's ability to improve their lifestyle and lose weight, therefore their obese status.
Time	N/A	Obesity prevention in children is not a finite event. Rather, it is an ongoing process of health promotion and education occurring throughout childhood, leading to healthy lifestyles. Therefore, there is no timeframe for this investigation.

Table one: PECOT model (Schneider & Whitehead, 2013).

Rationale

Due to the growing rate of childhood obesity in New Zealand (Ministry of Health, 2015), I decided to research the effectiveness of school-based interventions compared with parent-based obesity interventions.

I chose to present my information in a poster, which is an effective method of educating people about a health issue (Ilic & Rowe, 2013). The poster can be displayed in areas where parents and families, and health professionals can see it, such as GP practices, hospital waiting rooms and in schools. By presenting this information as a poster, it will “provide the viewer with a concise overview of the project/topic...”

This will lead to more effective knowledge transfer, which in turn brings about a change in people's attitudes towards the health issue at hand.

Overall, through using a poster to present my information, parents and health professionals alike will be well informed of the importance of parental involvement in childhood obesity prevention. Appropriate actions may then be taken to implement this knowledge, thus improving the health of children in New Zealand.

References

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