TOOL D9 Targeting behaviours

For:	Commissioners in primary care trusts (PCTs) and local authorities
About:	This tool details the key behavioural insights from the national social marketing research conducted by the Department of Health.
Purpose:	• To give local areas an understanding of how families with children aged 2-11 years and minority ethnic communities perceive health and weight and diet and physical activity (see below). • To give local areas a sense of the difficulties of achieving the desired behaviours.
Use:	Can be used to help inform the initial design of interventions which can then be tailored to take account of the local environment by testing the design with the target groups.
Resource:	*Insights into child obesity: A summary.* A draft of this report is available to PCTs and LAs through their Regional Public Health Group. A final report will be published in late 2008.

When structuring local obesity strategies, it is important to understand the behaviours of the target group so that interventions can be designed accordingly. At a national level, the Department of Health conducted qualitative research among families with children aged 2-11 years, including both general population families and families in black and minority ethnic (BME) communities (Pakistani, Bangladeshi and Black African [Ghanaian and Nigerian]), to gain an understanding of their diet and physical activity behaviours. Researchers observed families over a number of days to obtain knowledge of what families were 'actually' doing rather than what the families 'perceived' themselves or 'claimed' to be doing. Below are details of the key behavioural insights from this research.

Insights on health and weight

General population

Parents have an inaccurate picture of their own and their children's weight

While childhood obesity is acknowledged as a problem, parents often do not recognise that it is relevant to their own family. Only 11.5% of parents with obese and overweight children identified their children as being obese or overweight.

Parents disassociate their families from the issue of obesity

Parents often refuse to acknowledge that their children are overweight, even when told so by a health professional. This is a sensitive issue for parents as childhood obesity is often connected in parents' minds with cases of severe neglect and abuse. This is repeatedly reinforced by media stories of extreme obesity. Also, parents are alienated by academic and medical language: phrases like 'clinical' or 'morbid' obesity encourage many families in the priority clusters to disassociate themselves from the issue.

Parents are unaware of the risks associated with behaviours such as sedentary activity or constant snacking

Many parents seriously misperceive the risks associated with their diet and levels of physical activity. High-risk behaviours like eating a lot of convenience foods, high levels of snacking and sedentary behaviour are prevalent, yet perception of risk is low. 'At-risk' families are also largely unaware of their own risk behaviours, underestimating how much unhealthy food and convenience food they buy and overestimating the amount of activity their children do.

Awareness of health risks associated with being overweight or obese is limited

The relatively low importance attached to concerns about diet and activity could be partly explained by lack of awareness of the health risks associated with poor diet and inactivity. Data from Cancer Research UK show that only 38% of adults recognise that obesity is a risk factor for heart disease and just 6% are aware of the link to cancer. Awareness of the health risks for children is particularly low.

Parents believe their children are healthy if the children are happy

Many parents assume their children are 'healthy' as long as they seem happy and provided they have no obvious health problems. Many families in the priority clusters therefore see health as related to emotional and psychological wellbeing rather than physical wellbeing. Prioritising children's happiness in this way can lead parents to encourage 'unhealthy' activities such as snacking and excessive sedentary behaviour because it makes their children happy.

It can be hard to engage with the concept of 'healthy living'

Adopting a 'healthy lifestyle' is seen as hard work, stressful and unrealistic. It is also strongly linked to 'middle class' values and activities such as yoga classes, gym membership and buying organic food. Many families in the priority clusters see healthy living as the province of stay-at-home mums who can afford not to work and instead spend their time exercising and shopping for and cooking healthy meals. At the same time, they identify strongly with those commercial brands that seem to align themselves with their priorities and promise rewarding, positive experiences.

Black and minority ethnic (BME) families

Parents' attitude towards health is reactive and tends to be more rational and physical than emotional

Parents took a reactive approach to their child's health, seeing it as an absence of illness. They defined health as the child's ability to function in terms of their overall priorities, especially around education and faith, such as doing homework, going to school and observing religious obligations.

Childhood obesity is not an overt issue

The media gave younger parents some low-level awareness of childhood obesity being a government concern. However, older parents tended to be less engaged with the media and thus were less aware. Parents were unlikely to personalise the issue, even if they were aware of it. This was because they were unaware of the long-term health risks or the risks attached to poor diet and low activity levels, and they misjudged the weight of their children, either assuming that it was puppy fat or that their child was an appropriate weight. Importantly, it was possible to talk to parents directly about obesity. Direct and rational messages that deal with obesity and health were very motivating to minority ethnic parents, and obesity did not carry the same emotive connotations that it did for mainstream parents.

'Big is beautiful' is a powerful cultural influence

Many parents were more concerned about their children being underweight rather than overweight and often cited family pressures to have 'chubby' children. There was a sense that being 'big' was considered to be more appealing and desirable and a sign of health and wealth.

Insights on family diet

General population

Parents have surrendered food choices to their children

In many of the families in the priority clusters, parents placed great value on giving choice to children, particularly over food. Given the choice, children will more often than not opt for unhealthy foods which can lead to problem behaviour such as hyperactivity, lethargy or tantrums.

Snacking is a way of life for many families in the priority clusters

Families in the priority clusters use snacks in a number of complex ways: for example, as rewards for good behaviour, as 'fillers' during periods of boredom, or to appease conflict. Parents are often unaware of how much snacking they are doing themselves and how much their children are doing. They have a false picture of what kinds of snacks their children are consuming, and they have a misplaced sense of 'control' – they say they only allow snacks when their children ask but in reality they never say 'no'.

Parents focus on 'filling up' their children

Parents are more likely to be concerned about not giving their children enough food than about giving them too much. In young children there are concerns over a failure to grow and develop rapidly. By school age, parents are often concerned that their children have enough energy for the multitude of activities that they have to do. In older children there is a perceived risk of eating disorders such as anorexia nervosa or bulimia nervosa, despite the absence of evidence that parental behaviour can affect the risk of developing these conditions. Parents' shopping choices are therefore focused on buying the foods they know their children will eat.

Parents lack knowledge, skills and confidence in the kitchen

While parents will often cite 'time and convenience' or their own 'laziness' as the reasons why they don't cook from scratch, in reality the main barriers to cooking meals are lack of knowledge, skills and confidence. Anecdotally, mothers talked about experiencing feelings of rejection in the past when children had refused meals that they had prepared. Many therefore stick to a limited repertoire of 'tried and tested' meals which has the effect of making their children more fussy about food.

Black and minority ethnic (BME) families

Food is a critical part of community life

Food plays an important role and there is considerable emotion invested in cooking, sharing and consumption of 'good' food. For women it fulfilled a number of functions – demonstrating love for their family (by taking time and effort to cook 'proper' family meals); a sign of status – being able to provide food in abundance to families and friends; and a sign of good upbringing – for women in traditional families, being able to cook ethnic meals from scratch demonstrated they had been well brought up by their mothers.

Cooking from scratch is widespread and knowledge and skills are high

Cooking traditional foods from scratch with fresh ingredients was widespread and occurred on a daily basis, so parents believed that their diets were healthy. Traditional cooking methods were observed and cooking practices had been passed on from mother to daughter. However, unhealthy elements, particularly in the use of cooking oils and ghee (clarified butter), were found to be commonplace. While some mothers believed they had cut down on the use of cooking oils, others felt they could not because of family members' preferences.

Family diets are well planned and organised but there is an emphasis on abundance

The cultural significance of food and the prevalence of more authoritarian parenting styles meant that family meals were well planned and organised. However, it was clear that even within this there were unhealthy practices, such as large portion sizes at mealtimes because of the value placed on the provision of abundant food, frequent meals (sometimes twice in an evening) and children being encouraged to clear their plates.

Consumption of unhealthy 'Western foods' is unregulated by parents

Children were being allowed to consume large quantities of Western convenience foods in addition to their traditional family meals. Parents acknowledged that Western foods could be unhealthy but because children were also eating traditional foods which maintained their cultural values, parents believed that overall their children's diet was acceptable.

Insights on physical activity

General population

Parents believe their children are already sufficiently active

Many parents believe their children are getting enough exercise during the school day to justify sedentary behaviour at home. In most cases, researchers believed that parents were confusing high energy levels with high levels of activity.

Children are allowed and encouraged to be sedentary

High levels of sedentary behaviour were observed among children in families in the priority clusters. It was apparent that currently parents tend to encourage this, both as a way of controlling children and stopping them from behaving boisterously, and as a way of bonding with them by getting them to join in the sedentary activities they themselves prefer.

Sedentary behaviour is a status symbol

Sedentary behaviour is often linked to expensive and aspirational entertainment products such as games consoles and televisions. This is partly why a sedentary lifestyle is seen as a status symbol – as something the family has earned, and as compensation for working hard the rest of the time. Having paid for expensive toys such as PlayStations, parents will also put pressure on children to get 'value for money' by using them regularly.

Playing outside is perceived to be too dangerous

Parents were often reluctant to let their children play outside, whether or not they were accompanied by an adult, because of concerns about safety and the nature of the local environment. They also wanted to keep their own children away from older children, who might be a negative influence.

Car use is habitual and regarded as a status symbol

Families in the priority clusters see cars as status symbols and a means of exercising power and control over their own lives. Thus many are using them for short, walkable journeys, for example to school or the local shops. Many parents reported that their children strongly resisted the idea of walking to school and cited the simplicity, speed and convenience of the car. However, it seems likely that their own reluctance to walk is a major reason for their car-dependency, and a powerful influence on their children's attitudes and behaviour.

Black and minority ethnic (BME) families

Children want to be more physically active

Parents believe that enough physical activity is being done in school and that the children are therefore already sufficiently active. However, children themselves want to be more active to relieve boredom.

Physical activity is not a key part of any of the three cultures (Pakistani, Bangladeshi, and Black African [Nigerian and Ghanaian])

Physical activity was not a cultural norm in any of the three cultures, particularly taking part in organised activity. The parents' priority for their children was the children's education, and in Muslim families this included religious instruction after school. The focus outside school hours was therefore homework, extra tuition and attendance at Mosque schools. In addition, mothers were expected to care for their family and extended families, and so it was hard to justify time away from home being physically active.

Key barriers cited are 'tiredness', 'time', 'weather' and 'safety'

Low activity levels were observed across mothers. Health reasons were not a reason for being physically active and there is a belief, especially among older Black African women, that 'big is beautiful'. For other mothers, tiredness and time associated with work and family pressures were often cited. The UK weather made walking less attractive and not a practical option. Safety was a key issue for children being physically active.

Some differences among younger, less traditional fathers

Younger fathers, particularly those born and brought up in the UK, are more likely to be involved in playing sports at the weekend, particularly cricket and football. These were activities that they often involved their male children in, but female children were often not perceived to be their responsibility.