

“We are healthy, so we can behave unhealthy”

Benefits, barriers and strategies of healthy eating and physical activity according to Dutch lower vocational students, their parents and school staff

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Background

Prevalence of overweight and obesity in Dutch adolescents is 16%.

Secondary school is a promising setting for prevention.

However:

- Dutch secondary schools often lack a school health policy
- Implementation of health interventions is difficult
- Long term effects are equivocal

We need more information about:

- The school as setting for prevention
- Perceptions and ideas of students about health behaviour
- Competences and motivation of school staff
- Involvement and participation of parents

Purpose of the study

To investigate the perceptions of 12 to 14 year old second grade lower vocational students, their parents and school staff concerning benefits, barriers and strategies of healthy eating and physical activity of adolescents, thereby gaining insight in their motivation and strategies for healthier behaviour and preventing overweight.

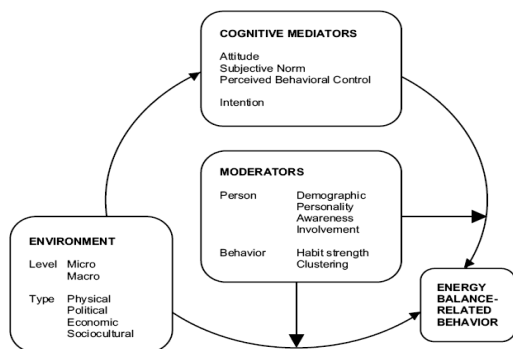


Figure 1. The EnRG-framework (Kremers et al, 2006)

Methods

11 focus group discussions with 37 students (14 years), 8 parents and 20 school staff members, from 3 schools. Quotations were coded to categories suggested in the EnRG-framework (fig. 1). Analysis with the Atlas.ti program.



Figure 2. The Dutch Healthy School Model, based on the American 'Healthy School Model' (Leurs & de Vries, 2005)

Findings

Adolescents

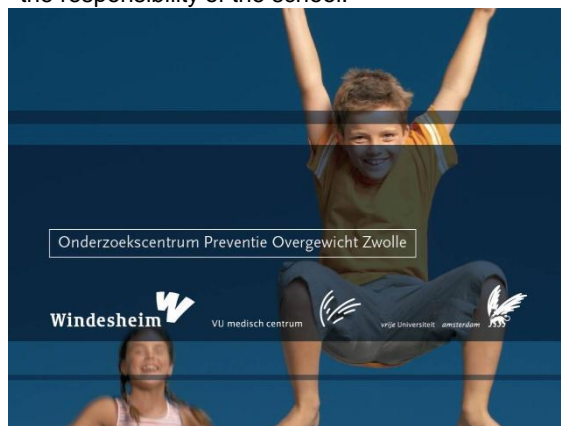
- Optimistic health perceptions resulted in unhealthy behaviour.
- Habits mostly determined behaviour .
- Unhealthy food was easily available and hard to resist.
- Adolescents held parents responsible for their health and health behaviour.
- Autonomous choices were often unhealthy.
- Schools could stimulate health behaviour more in health lessons and by offering healthy food and activities.

Parents

- The happiness of their children was more important than their health.
- Parental influence lessened, while peer influences increased.
- Parents tried to set a good example, but were not consequent in doing so.
- Parents offered opportunities to eat healthy and be active at home.
- Efforts at home could be more supported in the school setting.

School staff

- Unhealthy behaviour influenced the learning . performances and social behaviour of students in a negative way.
- The effects of existing health interventions in the school setting were unknown.
- School-based interventions should always have the support and involvement of parents.
- An integral school health policy could contribute to clarify the responsibility of the school.



Conclusions

- An integral school health policy, according to the schoolBeat model (fig. 2) is needed to create a healthy school environment and culture.
- The support and involvement of parents is essential.
- School-based interventions should focus more on the responsibilities of adolescents, their peers and parents.
- Further research should concentrate on the role, motivation and competences of school staff and the involvement of parents.