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Theoretical frameworks informing family-based child and adolescent obesity interventions: A qualitative meta-synthesis

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KEYWORDS

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Summary

Background: Child and adolescent obesity trends are rising throughout the world, revealing treatment difficulties and a lack of consensus about treatment. The family system is broadly viewed as a potential setting for facilitation of behaviour change. Therefore, family-based interventions have come into focus. However, the use of theoretical frameworks to strengthen these interventions is rare and very uneven. **Objective and method:** To conduct a qualitative meta-synthesis of family-based interventions for child and adolescent obesity to identify the theoretical frameworks applied, thus understanding how theory is used in practice. A literature review was conducted between January and March 2016. A total of 35 family-based interventions were selected for analysis.

Results: Eleven interventions explicitly stated that theory guided the development and were classified as theory-inspired. The social cognitive, self-efficacy and Family Systems Theory appeared most frequently. The remaining 24 were classified as theory-related as theoretical elements of self-monitoring; stimulus control, reinforcement and modelling were used.

Conclusion: The designs of family-based interventions reveal numerous inconsistencies and a significant void between research results and health care practice. Based on the analysis, this article proposes three themes to be used as focus points when designing future interventions and when selecting theories for the development of solid, theory-based frameworks for application. The themes are:

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(1) age of target group, (2) intervention objective, and (3) self-efficacy and readiness for change.

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Introduction

Child and adolescent obesity trends continue to rise [1,2], revealing the uncertainty that health care providers have about treatment [3–6]. Surveys investigating health care provider confidence in treating pediatric obesity have reported that many feel insufficiently competent in providing the necessary treatment practices effectively, often stating that training is needed [4,5]. Perceived treatment failure and a lack of resources are also a part of this complex problem [6]. The above-mentioned problems are thus contributing to younger people being diagnosed with diseases once thought to develop in adulthood, such as high blood pressure, Type 2 diabetes and cardiovascular diseases [7,8]. Consequently, the onset of non-communicable lifestyle diseases impede individuals educational attainment, labour market outcomes, and can even prevent poverty alleviation strategies from succeeding [1,2,9,10]. Psychological reactions of low self-esteem and negative body image also affect many within this population; thus, interventions for this population have gained attention [2,7,8,11].

Previously obesity interventions focused on teaching dietary restriction techniques for weight reduction solely to the child, resulting in weight-gain or little to no weight-loss, revealing its futility [12–14]. Studies measuring the long-term, psychological impact of these restrictive practices discovered that participants were more likely to develop an eating disorder and other psychological problems [12,15]. After this phase of failed intervention approaches, behaviour and environmental influences received greater attention, leading to the development and use of behaviour change, theory-based interventions, instead of knowledge-based programs [16,7]. However, testing these methods has predominantly been done with adults, not children and adolescents.

The use of theoretical frameworks determines how data is analysed and used [17,18]. They also assist in connecting concepts, forming new

hypotheses, explaining influential factors to phenomena studied and when they do or do not occur [17–19]. Theories do not explain why one person chooses something over another; instead, they combine a collection of phenomena enabling general speculations [20]. Speculations such as; a person from a certain place, that has experienced Y will ‘*tend to*’ do Z or is ‘*most or less likely*’ to do Z [20].

This study’s objective is to identify the theoretical frameworks informing family-based interventions targeting child and adolescent obesity, and to understand how they have been applied. In studying the frameworks applied, intervention methods and designs are analysed to bring us closer to determining the most effective treatment and prevention methods. Subsequently, this study can help create a parallel between research and practice, enabling practitioners to effectively work with the target population and their family.

Methods

A qualitative meta-synthesis analyses existing data through deconstruction and interpretation in order to refine or clarify existing knowledge [21–23]. According to Timulak, the objectives of applying this method are to provide a concise and comprehensive summary of the studies analysed, and to evaluate possible methodological influences on their findings [21,24]. Therefore the data analysed must address the same research question; in this case: *How to prevent or treat childhood and adolescent obesity by using a family-based approach?* [21]. Because of its interpretive manner, the approach varies between studies and the current approach is thus unique to this study [21]. This study is classified as a qualitative meta-synthesis of secondary data.

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