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Kids in Action: is engaging children as co-researchers key to promoting healthy physical activity and dietary behaviors?

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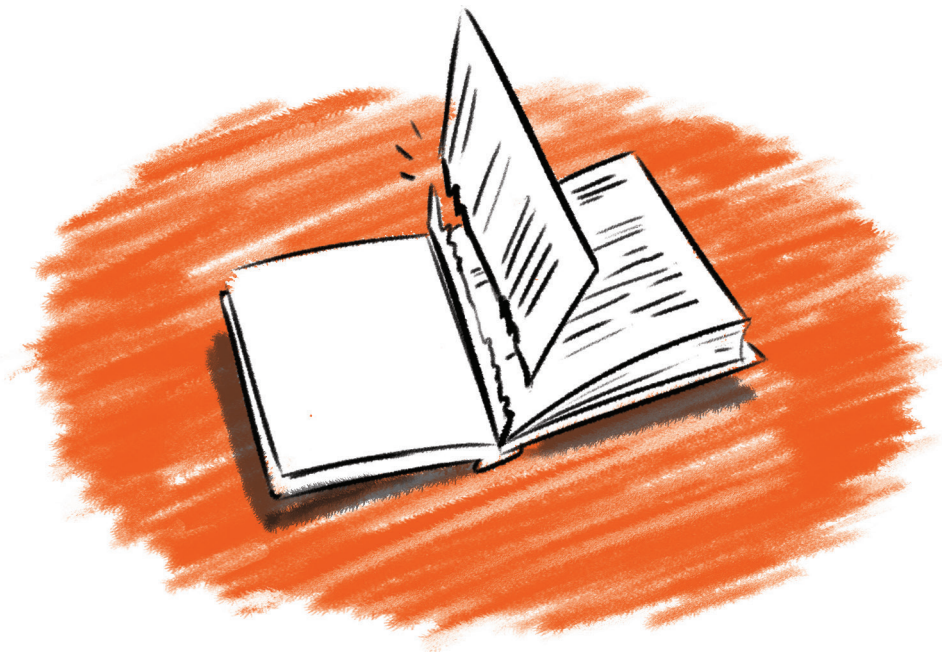
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Summary



Background

Children in low socioeconomic environments face health inequalities such as lower access to sports clubs and physical activity friendly and healthy food environments. As a result they are at higher risk for overweight and obesity. Many interventions have tried to tackle these health inequalities but thus far have been limited in their effectiveness. One possible explanation could be that most interventions are not developed together with the target group: children themselves. Involving children in the development, implementation, and evaluation of interventions targeting healthy behaviors could lead to better-tailored interventions, which are also more likely to be effective. This is what the Kids in Action study pursued.

Kids in Action

Aim

The initial aim of Kids in Action was to develop a sustainable approach to lower health disparities experienced by 9-12-year old children and their parents living in a low socioeconomic neighborhood in Amsterdam. To specify this aim, a needs assessment was conducted to gain insight into the health needs of children. These insights were provided through meetings with children as active participants, interviews with professionals, interviews with children and their parents, and informal meetings with mothers. Based on this needs assessment, the aim of Kids in Action was specified as stimulating physical activity and healthy dietary behavior in 9-12-year old children from a low socioeconomic neighborhood by developing actions in co-creation with children.

Methods

During three years, weekly meetings with children were held in which children conducted their own research and developed, implemented, and analyzed actions to address their needs. Youth Participatory Action Research (YPAR) was the leading approach in Kids in Action. In YPAR, children are trained in research methods and become co-researchers in the study. Children

conduct research to identify problems in their community and co-develop actions to tackle these problems. Instead of *research on* or *research about*, YPAR advocates *research with* and *by* children. To structure the YPAR process, YPAR was combined with Intervention Mapping. Intervention Mapping is a stepwise approach which ensures that interventions are evidence-based and grounded in theory. Combining YPAR with Intervention Mapping showed to be valuable as YPAR ensured children's involvement in every step, while Intervention Mapping ensured that actions were based on theory. Combining these two approaches is however time-consuming and requires a multidisciplinary team, including Intervention Mapping experts and participatory researchers experienced in collaborating with children. The YPAR and Intervention Mapping approach led to the implementation of a variety of actions, such as an Olympic sports event and cooking classes. To evaluate the impact of Kids in Action, a process and effect evaluation were conducted.

Results

The process evaluation included participatory meetings with children and interviews with community stakeholders to gain insight into their experiences as active participants/partners and the development of children's empowerment. Children and community stakeholders liked being participants/partners and were enthusiastic about the actions that were developed. Children enjoyed having a voice and working on actions that were actually implemented. Community stakeholders also valued the approach and increasingly included children's opinions in decision-making. Community partners mentioned observing positive developments in the participating children, such as increased leadership skills and awareness of healthy behavior. The hypothesis was that this positive development in children's empowerment and health behavior awareness would also lead to improved health behaviors, fitness, and self-rated health. This hypothesis was tested in the effect evaluation. The effect evaluation assessed children's physical activity, screen time, consumption of unhealthy snacks and sugar-sweetened beverages, neuromotor fitness, and self-rated health using accelerometers, questionnaires, and fitness tests. Children aged 9-12-years

old attending the four intervention schools and four control schools participated in the baseline and two follow-up measurements. Unfortunately, no consistent beneficial intervention effects were found, which could be due to several reasons. For example, the dynamic cohort design of the study, where each year the three highest grades of primary school participated in the measurements, led to a different sample measured at each time point. Furthermore, due to the participatory approach, the focus of the actions was unknown at baseline. Therefore, we could not match the outcome measures and instruments to the implemented actions.

Lessons learned

There are many lessons learned from the Kids in Action study, with three main themes concerning child participation: 1) Stakeholder involvement at different levels and in different research phases, 2) Shared control between children and adults, 3) Creating an empowering environment. Firstly, in Kids in Action children and community partners were involved in co-creating actions. Their involvement in the design of the evaluation study was however limited. Involvement of children and other stakeholders in all phases of a study could lead to aims and methods that are better tailored to their needs. Secondly, children were in the lead in the action development phase, but the researchers and community partners assisted them with their expertise and resources. Kids in Action started as a Youth Participatory Action Research approach, but the close collaboration with researchers and community partners may have resulted in a community-based approach. Thirdly, it is important to create an empowering environment in which children can develop various skills. Researchers can help in creating such an environment by providing favorable conditions and opportunities. However, the motivation and dedication of children themselves are also important as they have to be willing to engage in this developmental process.

Controlled pre-post trials, such as in Kids in Action, are rarely conducted alongside YPAR because of several challenges. Examples of challenges are finding comparable control schools and having no knowledge at the start of the study of the type of actions that will be developed, and thus

which specific health behaviors they target. This complicates choosing relevant outcome measures. Furthermore, it is challenging to find accurate measurement instruments for assessing health behaviors. We recommend future YPAR studies to include in-depth process evaluations and explore alternative evaluation designs. An example of the latter is the extended cohorts design as it does not require a control group: outcomes of the intervention group at time point one serve as a baseline and are compared to outcomes of age-equivalent intervention groups at following time points.

Conclusion

To conclude, Kids in Action resulted in improvements in children's empowerment and awareness of healthy behaviors, and the study was successful in engaging community partners in shared decision-making with children. More YPAR studies with suitable evaluation designs are needed to establish whether and how YPAR can lead to improvements in energy balance-related behaviors, neuromotor fitness, and self-rated health. As the process of including children in decision-making and action development has shown to be valuable for children's skill development, community engagement, and suitability of the developed actions, adults are recommended to structurally involve children in the decision-making process that concern children or their lives.