

Do children hold compensatory health beliefs: An exploratory study

Introduction

This study explored whether children employ cognitive reasoning strategies similar to adults by activating compensatory health beliefs (CHBs) in order to justify unhealthy eating and activity levels that can promote weight gain.

CHBs are defined as ‘...beliefs that the negative effects of an unhealthy behaviour can be compensated for, or “neutralized” by engaging in a healthy behaviour.’ (Knauper et al, p.607). For example, ‘I will eat this cake now because I will go to the gym later.’

The CHB model stipulates that when people are faced with temptations and desires such as eating unhealthy food items but also hold goals such as not becoming overweight and remaining healthy, a motivational conflict or cognitive dissonance arises between desires and health goals (Rabiau, Knauper and Miquelon, 2006). This conflict can be alleviated by three strategies: firstly, deciding to resist the desire; secondly, adapting the perception of risk or harm caused by the behaviour; or thirdly, by creating or activating CHBs which Rabiau et al argue is the easiest path one can follow because you get the ‘best of both worlds’ as it is possible to indulge in the desired behaviour without any feelings of guilt or discomfort.

This aim of this study was to identify if UK children hold CHBs in relation to a range of health behaviours and to explore parents’ perceptions of whether children hold CHBs or not.



Method

Five children took part in a focus group discussion and thirty parents of primary school children completed an open-ended questionnaire to determine their thoughts on whether children hold CHBs.

A focus group schedule was developed based on past research findings of factors contributing to obesity and prevention of a healthy lifestyle. These include: physical activity levels; media related activities; a diet high in fat and low in fruit and vegetables; a high sugar diet; restricted sleep; skipping meals; and over activity. This schedule guided the focus group discussion in order to explore children’s cognitions and beliefs they might hold in relation to these behaviours.



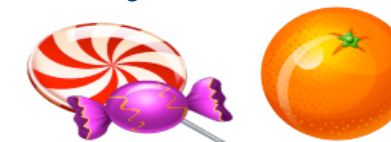
The open-ended parental questionnaire was developed based on responses from the focus group discussion. The questionnaire asked parents if their children hold CHBs in relation to: physical activity levels; media related activities; fatty food consumption; fruit and vegetable consumption; a high sugar diet; restricted sleep; skipping meals; and over activity. Parents were also given an opportunity to detail any other CHBs their children may hold that had not been identified. The resulting data was subject to a template analysis.

Analysis and Discussion

The children’s focus group discussion and open-ended parental questionnaire produced extensive data that achieved an insight into children’s reasoning processes when faced with unhealthy desires.

Data from this study would suggest children adopt similar cognitive reasoning strategies as adults when faced with

unhealthy desires that might compromise health goals, including the activation of CHBs.



CHBs were apparent across a range of behaviours that are identified in the onset of obesity including:

- Prolonged computer use

“It is fine to play on the computer for a long time as long as I go outside after and get my energy out.” (CHBs based on FG: P1 response)

- A high-sugar diet

“I can take the bad effects of fizzy drinks away by brushing my teeth extra” (FG: P2; PQ3, 9, 20)

- Fatty food consumption

“It doesn’t matter if I eat fried food as long as I do lots of sports” (CHB based on PQ2; PQ23)

CHBs may impede efforts to prevent weight gain as they can encourage unhealthy diet and activity levels. Such findings could help to explain the rising rates of obesity and consequent ineffectiveness of health promotion campaigns which aim to encourage physical activity and a healthy diet.

This has implications for the design of future interventions aimed at preventing obesity and overweight. If children reason that they can indulge in unhealthy behaviours using CHBs, health awareness campaigns will need to discourage and challenge the use of maladaptive CHBs and can promote adaptive beliefs so children are able to effectively compensate for the ill effects of unhealthy behaviours by performing accurate compensatory beliefs.