Childhood Obesity

Perceptions Held by the Public in Calgary, Canada

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ABSTRACT

Objective: To investigate the perceptions about causes and prevention of childhood obesity held by the adult public in Calgary, Canada.

Design: Using a cross-sectional survey design, adults were recruited from a shopping mall located in a region of Calgary, Alberta characterized by mixed ethnic and socio-economic residents.

Subjects: 264 adults in Calgary, Canada.

Measurements: Participants completed a self-administered questionnaire that involved rating the importance of 25 potential causes of obesity and 13 potential preventive measures, using a four-point Likert scale anchored by “not important” and “very important”. Demographic information including age, sex, educational level, parental status, and self-reported weight and height was also collected.

Results: Principal components analysis of questionnaire items revealed five “cause” factors (‘parental responsibility’, ‘over-consumption and media promotion of unhealthy foods’, ‘misuse/overuse of modern technology’, ‘children’s lack of knowledge and motivation’, ‘physical activity environment’) and two “prevention” factors (‘healthy public/private policy and targeted intervention’, and ‘media campaigns and compulsory physical education’). Tests for group differences revealed that women ranked ‘over-consumption of unhealthy foods and media influence’ and ‘physical activity environment’ as more important causes of childhood obesity than men. Additionally, persons classified as obese ranked ‘misuse/overuse of modern technology’ and ‘healthy public/private policy and targeted intervention’ as more important than those persons classified as under/normal weight.

Conclusion: By providing a snapshot of views held by the public regarding childhood obesity in this large Canadian city, this study offers preliminary guidance about publicly acceptable intervention strategies for use by health promotion researchers and policy-makers.

Key words: Obesity; child; public opinion

La traduction du résumé se trouve à la fin de l'article.

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Research indicates that globally, and particularly in the western world, the incidence of obesity in children has risen alarmingly.¹ In Canada, for example, measured height and weight data from 1978/79 and 2004 reveal a nearly threefold increase in obesity prevalence among children age 2-17 years, from 3% to 8% over this 25-year period.² This is a concern because childhood obesity is a risk factor for health and psychosocial consequences both short- and long-term.^{3,4}

Considering the multifactorial nature of childhood obesity, it is no surprise that many different prevention strategies have been proposed.⁵⁻⁷ However, the pattern of public support for these initiatives in different locations is not well understood. Very few studies have canvassed the public’s views, even though an understanding of lay views is critical for developing strategies that are publicly acceptable.⁸

The goal of our study was to examine the public perceptions in Calgary, Alberta of the causes and prevention of obesity among children in kindergarten to grade 6. This study represents a modified replication of the work of Hardus et al. (2003), completed in Australia.⁸

METHODS

Subjects and procedure

Using a cross-sectional survey design, a convenience sample of 264 adults aged 18 plus (37.3% 18-30, 22.7% 30-40, 22.0% 41-50, 15.2% 51-65, and 3.8% 65+) were recruited from a shopping mall located in the ethnically and socio-demographically diverse northeast quadrant of Calgary. During three days in January 2005, adults were invited to complete a questionnaire on childhood obesity. Data were collected during all open hours in hopes of capturing a diversity of shoppers. This study was approved by the University of Calgary Conjoint Health Research Ethics Board.

Measures

We adapted a questionnaire developed by Hardus et al.⁸ for the purpose of assessing lay perceptions of causes and strategies to prevent obesity among children in kindergarten to grade 6. The questionnaire took five minutes to complete and required respondents to rate the importance of 25 potential causes of childhood obesity (e.g., healthy foods often aren’t available), and 13

TABLE I
Distribution of Demographic Characteristics of the Respondents (N=264)

Characteristic		Valid Percentage	Frequencies
Sex	Male	47.0	124
	Female	52.7	139
	Missing	0.4	1
Education	High school or less	22.0	58
	Incomplete post secondary	32.6	86
	Completed community/tech/trade	22.8	55
	Completed university or more	22.0	58
	Missing	2.7	7
Parental Status	Parents	46.6	123
	Non-parents	48.1	127
	Missing	5.3	14
Weight Category	Under/Normal	43.2	114
	Overweight	31.8	84
	Obese	17.0	45
	Missing	8.0	21

potential preventive measures (e.g., compulsory daily physical education). We initially pilot-tested the questionnaire with 57 adults to ensure that items were understandable and acceptable in the Calgary context. The 4-point Likert response format was modi-

fied from the original to include two negative response options (not, not very), and two positive response options (somewhat, very). The survey also captured socio-demographic data including sex, education, age, parental status, and self-reported height

and weight. We computed body mass index (BMI, kg/m²) for each respondent, which we then categorized.⁹ Due to insufficient numbers, we collapsed underweight (n=2) and normal weight categories, and the three obese categories were also collapsed. The survey required the respondent to be literate in the English language to a grade 5 level, using the Flesch-Kincaid grade level index available through Microsoft Word™ 2003.

Data analysis

Primary analyses entailed a principal components analysis followed by assessment of group differences in factor scores using *t*-test and ANOVA. Before engaging in the analysis, data were examined for missing values, outliers, and adherence to statistical assumptions. All analyses were conducted using SPSS version 12.0.

Principal components analysis (PCA) was performed separately for the “cause” and “pre-

TABLE II
Results of Principal Components Analysis of Lay Perceptions of the Importance of Causes of Obesity Among Children in Grades K to 6

Factor and Items	Factor Loadings	Not (%)	Not Really (%)	Somewhat (%)	Very (%)	Missing (%)
Factor 1: Parental responsibility						
Cronbach alpha: 0.82						
Percent of variance: 12.34%						
Parents don't care about being physically active	0.87	3.8	23.9	42.0	29.9	0.4
Parents don't care about eating healthy	0.82	3.0	20.8	46.6	28.4	1.1
Parents don't know how to promote physical activity	0.74	3.8	16.3	46.2	33.7	0.0
Parents don't know how to promote healthy eating	0.72	2.7	15.2	49.6	32.2	0.4
Parents aren't aware of the dangers of obesity	0.58	6.1	20.8	42	30.7	0.4
Factor 2: Over-consumption and media promotion of unhealthy foods						
Cronbach alpha: 0.70						
Percent of variance: 10.09%						
Over-consumption of fast foods	0.72	0.0	3.4	20.8	75.4	0.4
Eating too many high-fat foods at home	0.65	0.0	6.1	39	53.8	1.1
Eating over-sized servings of food	0.64	0.8	14.4	28	56.4	0.4
Eating too many high-fat foods at school	0.64	1.9	12.1	33.7	51.9	0.4
Media promotion of unhealthy foods	0.56	1.9	8.3	28	63.7	0.0
Factor 3: Misuse/Overuse of modern technology						
Cronbach alpha: 0.77						
Percent of variance: 8.82%						
Watching too much television	0.86	3.8	11.7	25.4	58.7	0.4
Modern technology (cars, computers, video games)	0.78	2.7	8.7	27.7	60.6	0.4
Eating in front of the TV	0.73	4.2	15.2	31.1	48.9	0.8
Factor 4: Children's lack of knowledge and motivation						
Cronbach alpha: 0.79						
Percent of variance: 8.73%						
Children don't care about eating healthy	0.87	7.6	22.3	31.4	37.5	1.1
Children don't know about the dangers of obesity	0.78	8.3	18.9	26.1	46.6	0.0
Children don't care about being physically active	0.77	4.2	28	37.1	27.3	3.4
Factor 5: Physical activity or environment						
Cronbach alpha: 0.85						
Percent of variance: 7.72%						
Lack of other safe places to be physically active	0.86	17.4	36.4	31.4	14	0.8
Lack of safe cycling and walking paths	0.83	21.2	36.7	27.7	13.6	0.4
Items not included/loading on more than one factor						
Genes	—	4.2	14	58.3	22.7	0.8
Lack of physical activity at school	—	3.4	19.3	41.7	35.2	0.4
Lack of physical activity outside of school	—	1.5	7.6	37.9	52.3	0.8
Overemphasis on academic work	—	15.2	38.3	30.7	15.2	0.4
Children have too much money to spend	—	8	25	39.4	26.9	0.8
Healthy foods are expensive	—	17.8	34.1	30.7	16.7	0.8
Healthy foods often aren't available	—	28	35.6	26.9	9.5	0

TABLE III

Results of Principal Components Analysis of Lay Perceptions of the Importance of Prevention of Obesity Among Children in Grades K to 6

Factor and Items	Factor Loading	Not (%)	Not Really (%)	Somewhat (%)	Very (%)	Missing (%)
Factor 1: Healthy public/private policy Cronbach alpha: 0.71 Percent of variance: 20.93%						
High-fat foods should have an additional 5% tax	0.76	73.1	29.9	14.8	17.8	0.4
Give 5% tax incentives to manufacturers of healthy food	0.72	22.7	18.6	25	33.9	0.8
Advertising of high-fat foods should be banned during children's viewing hours	0.64	8.7	31.4	31.1	28.0	0.8
Obesity prevention actions should only be directed to children who are overweight, but not yet obese	0.58	41.7	23.9	13.6	20.5	0.4
The food industry should reduce the portion sizes of take-out foods	0.57	14.4	24.6	27.7	32.6	0.8
The government should build more safe cycling and walking tracks	0.43	6.1	23.9	38.3	31.4	0.4
Factor 2: Media campaigns and compulsory physical education Cronbach alpha: 0.58 Percent of variance: 13.75%						
Daily physical education in school should be compulsory	0.75	1.1	3	13.3	81.8	0.8
Healthy eating should be promoted on children's TV	0.69	0.8	2.3	20.8	75.4	0.8
The government should run regular healthy eating and physical activity campaigns in the mass media	0.61	4.2	6.8	36.7	52.3	0.0
Items not included/loading on more than one factor						
Obesity prevention actions should be directed to all children	–	1.1	3.8	21.2	72.7	1.1
More healthy foods should be served in schools	–	1.1	2.3	17.4	79.2	0.0
Food labels should highlight the calorie/kilojoule content of foods	–	4.2	12.5	29.5	53	0.8
Children should spend no more than 1 h a day watching TV or playing computer games	–	3.4	17.4	33.3	45.5	0.4

vention" items, to condense the large number of survey items into a smaller number of coherent factors to be examined in additional analyses. Component extraction was followed by Varimax orthogonal rotation. Several criteria were used to assess the adequacy of the solution: only components with an eigenvalue greater than one were considered; the simple structure of the rotated analysis was confirmed; and acceptable internal consistency of factors was ensured based on a Cronbach's alpha of 0.7 or above.¹⁰

Factor scores were thus computed for each individual: these are estimates of the scores that individuals would have received on each of the factors had they been measured directly.¹¹ Distributions of factor scores were evaluated for normality and transformations were performed where appropriate. Finally, *t*-test and ANOVA were used to examine group differences in factor scores. We also evaluated whether or not there were any statistically significant interactions between sex and education, sex and parental status, and education and parental status.

Test-retest reliability

We also conducted a separate study to examine the test-retest reliability of the survey instrument. Sixty individuals were asked to fill out the questionnaire on two different occasions two weeks apart. Statistical methodology for assessing agreement when the outcome is neither measured nor dichotomous, but rather categorical, is in its

infancy. Accordingly, we chose to calculate a weighted Cohen's kappa statistic based on partial agreement. We calculated weighted kappas with the conditions that a change between not and not really or somewhat and very represented 80% agreement and a change between not really and somewhat represented 50% agreement. This resulted in a mean kappa of 0.66 (sd .08) range 0.40 to 0.78, indicating substantial agreement.¹² The item with the lowest kappa (0.40) was 'media promotion of unhealthy foods', an item asking about causes of childhood obesity. A potential reason for the low agreement with this item is unknown. Further validation of this instrument is needed.

RESULTS

Descriptive statistics

The demographic characteristics of the 264 respondents are presented in Table I, and questionnaire scores are summarized in Tables II and III. The demographic characteristics of our sample closely represent those of Calgary. For example, 22% of our sample completed post-secondary education compared to 23.4% of Calgarians.¹³ Regarding cause items (Table II), several items were endorsed as somewhat or very important by a majority of respondents, including *over-consumption of fast foods*. Other items were rated as not important by a majority of respondents, including *healthy foods often aren't available*. The prevention item considered the most impor-

tant was *daily physical education should be compulsory* and the item ranked the least important was *only directing prevention actions to children who are overweight but not yet obese* (see Table III).

Results of factor analysis

Five factors were retained from the principal components analysis of cause items. These are presented in Table II, which includes details of what items loaded on each factor and their internal consistency scores. Factors were named based on their constituent items, and together the 5 factors accounted for 47.7% of the variance. The items loading on factors 1 to 4 were supported by the majority of those surveyed. In contrast, 2 items loading on factor 5 were perceived to be not/not really important by the majority of those surveyed: a lack of safe cycling and walking paths, and a lack of other safe places to be active.

Factor analyses of the prevention items resulted in two factors being retained which accounted for 34.7% of the variance (see Table III).

Demographic differences in factor scores

Analysis of variance revealed that on two of the cause factors, 'over-consumption and media promotion of unhealthy foods' and 'physical activity environment', women rated these two factors more important than did men (see Table IV). There were no significant differences by parental status or

TABLE IV

Summary of the T-test of the Factor Scores by Sex and Analysis of Variance of the Factor Scores by BMI Category

Factors	Sex					Weight Category					
	Male‡	Female‡	t	d.f.	P	Under/ Normal‡	Overweight‡	Obese‡	F	d.f.	P
Causes											
1. Parental responsibility	1.67 (0.27)	1.68 (0.32)	-0.24	229	0.808	1.68 (0.32)	1.65 (0.29)	1.68 (0.28)	0.15	2, 211	0.858
2. Over-consumption/media promotion of unhealthy foods	-0.13 (1.02)	0.14 (0.96)	-2.07	229	0.041*	0.00 (1.05)	0.01(0.96)	-0.13 (1.06)	0.30	2, 211	0.742
3. Misuse/Overuse of modern technology	-0.07 (1.06)	0.09 (0.92)	-1.23	229	0.223	-0.15 (1.01)	-0.04 (1.03)	0.33 (0.78)	3.62	2, 211	0.029*
4. Children's lack of knowledge and motivation	0.05 (0.92)	-0.04 (1.07)	0.71	229	0.476	-0.04 (1.04)	0.03 (0.99)	0.05 (0.95)	0.16	2, 211	0.857
5. Physical activity environment	-0.24 (0.97)	0.23 (0.98)	-3.63	229	<.001†	-0.00 (0.99)	0.07 (1.03)	-0.06 (0.92)	0.24	2, 211	0.786
Prevention measures											
1. Healthy public/private policy	-0.09 (1.04)	0.08 (0.95)	-1.35	247	0.181	-0.14 (0.95)	0.02 (0.97)	0.32 (1.05)	3.48	2, 227	0.033*
2. Media campaigns and compulsory physical education	-0.09 (1.03)	0.08 (0.97)	-1.29	247	0.199	0.01 (1.06)	0.12 (0.70)	-0.11 (0.88)	0.95	2, 227	0.39

* p<0.05, † p<0.001, ‡ Mean(s.d.).

TABLE V

Two-way ANOVA (2 x 4) of Sex by Education

Factors	Sex(main effect) F(df)[P]	Education(main effect) F(df)[P]	Sex x Education Interaction F(df)[P]
Causes			
1. Parental responsibility	0.052(1, 218)[.819]	3.770(3, 218)[.011]	0.745(3, 218)[.527]
2. Over-consumption/media promotion of unhealthy foods	5.648(1, 218)[.018]	0.785(3, 218)[.504]	1.658(3, 218)[.177]
3. Misuse/Overuse of modern technology	2.092(1, 218)[.150]	1.463(3, 218)[.226]	0.165(3, 218)[.920]
4. Children's lack of knowledge and motivation	0.563(1, 218)[.454]	0.199(3, 218)[.897]	1.021(3, 218)[.384]
5. Physical activity environment	14.907(1, 218)[.000]	1.564(3, 218)[.199]	3.414(3, 218)[.018]*
Prevention measures			
1. Healthy public/private policy	0.912(1, 234)[.341]	1.076(3, 234)[.360]	2.551(3, 234)[.056]
2. Media campaigns and compulsory physical education	2.066(1, 234)[.152]	0.429(3, 234)[.732]	0.463(3, 234)[.708]

* p<0.05

education level. There was, however, a statistically significant sex by education interaction for factor 5 'physical activity environment' (see Table V). Men and women with lower levels of education felt this factor was of similar importance, whereas at higher levels of education women ranked this factor as more important than did men. With regard to weight category, persons classified as obese ranked 'misuse/overuse of modern technology' more importantly than those classified as underweight or of normal weight (see Table IV).

For the prevention factors, there were no statistically significant differences by sex, parental status, or education level as well as no statistically significant interactions. However, those classified as obese ranked factor 1 'healthy public/private policy' as significantly more important than did those in the under/normal weight group (see Table IV).

DISCUSSION

To the best of our knowledge, this is the first Canadian study to examine community perceptions of the causes and prevention

of childhood obesity. The primary limitation of our work is our use of a convenience sample, which limits external validity of the findings. This study is preliminary and warrants reproduction in a larger sample where other attributes may be examined, such as ethnicity. On the other hand, this study built on its predecessor⁸ in a number of ways. First, we replaced the original response scale with a symmetrical one, to improve the quality of the questionnaire.¹⁴ Second, we incorporated body mass index as a variable in the present study, based on self-reported values of height and weight. Although such data are acknowledged to be prone to reporting bias,¹⁵ it is advantageous to incorporate such information due to the finding that obese respondents may be more likely to have an external weight locus of control, and therefore may have different perceptions than normal weight individuals.¹⁶ Third, we provided test-retest reliability data for the survey instrument.

We found that Calgarians who participated in the study did not indicate one particular causal factor for childhood obesity, but rather considered multiple factors

to be important. This multifactorial view is consistent with the multidimensional nature of obesity as indicated by current research,^{8,17} and may reflect 'common knowledge' on the part of the public about this health issue.

As in Melbourne, the Calgarians surveyed in this study predominantly endorsed 'parental responsibility', indicating that they think parents are in part at fault for childhood obesity. In both Calgary and Melbourne, factors in the environment (i.e., availability and price of food) were generally not seen as important. The environment is increasingly being implicated as an important influence on energy intake and expenditure, and is therefore considered a causal factor in recent increases in population-wide weight gain,¹⁸ yet this finding suggests that public opinion may be at odds with current research.

Regarding views on prevention, these Calgarians supported strategies such as: more healthy food choices in schools and compulsory daily physical education. This information may provide policy-makers with a starting point from which to address

childhood obesity in ways that are palatable to the public. Respondents generally opposed the item regarding putting an additional 5% tax on high-fat foods. Although this is only a single item, the finding is consistent with the politically conservative culture in Alberta, in which many citizens oppose government intervention in personal decisions. This finding also concurs with a recent American study that found that the public opposes most tax-based or regulatory strategies to reduce childhood obesity.¹⁷

The demographic differences in these respondents' views suggest that women place more emphasis on environmental causes of obesity than men. Additionally, Calgarians who were classified as obese scored higher on 'misuse/overuse of modern technology' than those who were classified as under/normal weight. These patterns are somewhat difficult to explain but may reflect the personal experiences of obese individuals.

The finding of no significant differences between men and women, parents and non-parents, and the varying education levels for any of the prevention factors indicates that these groups shared common views about prevention. This finding is in contrast to the American study, which found that support for some interventions was statistically greater among more-educated respondents and women.¹⁷ This may partially reflect the greater socio-economic homogeneity of the city of Calgary relative to the United States as a whole. Persons classified as obese ranked 'healthy public/private policy' as more important than did those who were under/normal weight. The importance placed on these environmental factors by persons classified as obese is consistent with other research suggesting that obese individuals are more externally oriented than non-obese persons,^{16,19} and therefore are more likely to attribute outcomes to factors outside the control of the individual.^{16,19}

CONCLUSION

Results of this study provide a snapshot of views held by the adult public in this large Canadian city with regard to causes and prevention strategies for childhood obesity. In this way, this study offers preliminary guidance for health promotion researchers

and policy-makers as to publicly acceptable prevention strategies. As public support is critical to successful implementation and sustainability of any prevention strategies, this information represents an important first step.

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RÉSUMÉ

Objectif : Étudier ce que la population adulte de Calgary (Canada) perçoit comme étant les causes de l'obésité de l'enfance et les moyens de la prévenir.

Méthode : Nous avons administré une enquête transversale à des adultes recrutés dans un centre commercial de la région de Calgary, en Alberta, dans un quartier caractérisé par la diversité ethnique et socioéconomique de ses résidents.

Participants : 264 adultes de Calgary (Canada).

Mesures : Les participants ont rempli un questionnaire auto-administré où on leur demandait d'évaluer l'importance de 25 causes possibles de l'obésité et de 13 mesures de prévention possibles à l'aide d'une échelle de Likert en quatre points allant de « aucune importance » à « très grande importance ». Des données démographiques ont aussi été recueillies (âge, sexe, niveau d'instruction, état parental et poids et taille déclarés par l'intéressé).

Résultats : L'analyse en composantes principales des éléments du questionnaire a mis au jour cinq facteurs « causals » (responsabilité parentale, surconsommation et promotion médiatique des aliments malsains, mauvais usage ou usage excessif de la technologie moderne, manque de connaissances et de motivation des enfants, milieux peu propices à l'activité physique) et deux facteurs de « prévention » (politiques publiques et privées saines et mesures d'intervention ciblées, et campagnes de publicité dans les médias et éducation physique obligatoire). Des tests visant à déceler les différences entre les groupes ont montré que les femmes jugeaient « la surconsommation d'aliments malsains et l'influence des médias » et « les milieux peu propices à l'activité physique » comme des causes plus importantes de l'obésité de l'enfance que les hommes. De plus, pour les répondants obèses, « le mauvais usage ou l'usage excessif de la technologie moderne » et « les politiques publiques et privées saines et les mesures d'intervention ciblées » étaient plus importants que pour les répondants ayant un poids normal ou inférieur à la normale.

Conclusion : Comme elle donne un aperçu de l'opinion publique d'une grande ville canadienne sur le sujet de l'obésité de l'enfance, cette étude peut servir à établir les orientations préliminaires de stratégies d'intervention jugées acceptables par le public à l'usage des chercheurs et des décideurs en promotion de la santé.

Mots clés : obésité; enfant; opinion publique