

Habit Formation in Exercise and Eating Behaviours for Young Children

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Background

The health of young people is a valuable topic with regard to disease prevention and quality of life throughout adolescence and adulthood. Eating and exercise habits, and what ultimately influences them, play a huge role in determining a young person's present and future health. Acquiring a better understanding of what these habits are and how we can influence and improve them, will aid in ensuring the health of young people and help reduce potential disease risk, related to a poor diet and lack of exercise.

One major health related issue for children is obesity, as it has been shown to be a strong indicator of adult obesity (Simmonds et al., 2015), with a 41% risk of becoming obese in adulthood if that person is obese at the age of 7 and 75% risk at the age of 12 (Rome, 2011). Adult obesity increases the risk of a multitude of diseases (Styne et al., 2017; Blüher, 2019), and cardiometabolic diseases can manifest much earlier in adolescence as a result of childhood obesity (Weihrauch-Blüher, Schwarz and Klusmann, 2019). Childhood obesity rates have continued to rise over 40 years throughout Europe, and on average the prevalence of overweight or obese children has increased by 18.5% from 1975 to 2016 (**Figure 1**). In more recent years the prevalence in younger populations who are either obese or overweight within the UK specifically, stands at around an average of 28% (**Figure 2**), with the rest of Europe showing similar rates (**Figure 3**). De Onis, Blössner and Borghi (2010) highlight the need for effective interventions starting as early as infancy to reverse the predicted trends.

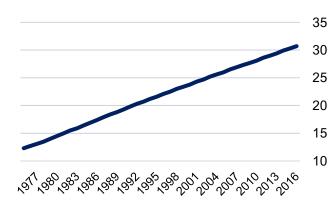
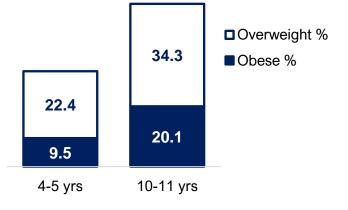


Figure 1. Average prevalence (%) of children who are overweight aged 5-9 years across countries in the European union over 41 years. Data compiled from the Global Health Observatory data repository (World Health Organisation, 2016)

BMI > +1 standard deviations above the median - crude estimate %

Figure 2. Obesity and overweight prevalence among children aged 4-5 and 10-11 years in reception and year 6 in England schools. Data taken from a report that is in part with the National Child Measurement Programme (NCMP) over the 2017-2018 school year (NHS, 2018).



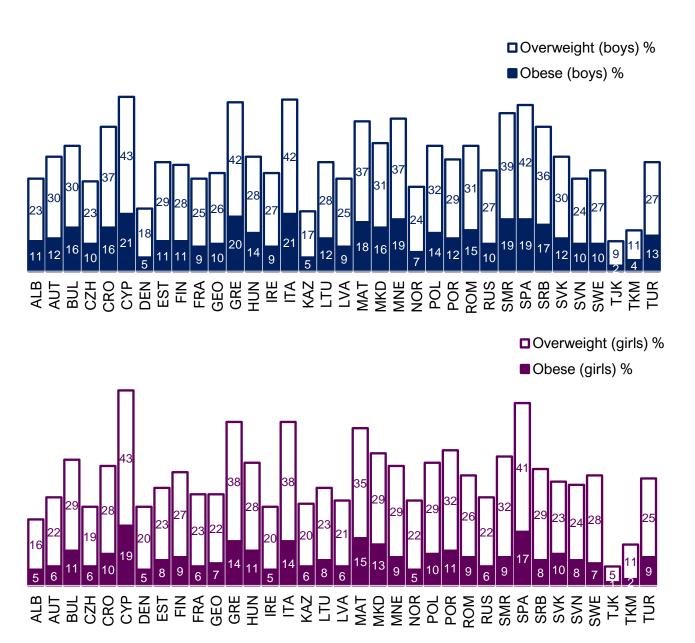


Figure 3. Obesity and overweight prevalence among children aged 6-9 years across countries in the European Union (excluding the United Kingdom and Germany who do not take part in this surveillance system and conduct their own). Data taken from a report done by the Childhood Obesity Surveillance Initiative (COSI) over 2015-2017 (World Health Organisation/COSI, 2018).

Improving a child's eating and activity behaviour is not only beneficial in terms of reducing obesity and related disease risk, but it's vital to ensure that they are avoiding undernutrition. Childhood undernutrition and subsequent nutritional deficiencies have been shown to negatively impact a child's growth (Black et al., 2013) and neurocognitive development (Nyaradi et al., 2013). Furthermore, ensuring physical activity is sufficient in early life has been shown to be important in improving fine and gross motor skills, self-perceived competence and self-esteem (Emck et al., 2009). Physical activity in sports and games provide opportunities to learn skills in leadership and social inclusion (Hansen, Larson and Dworkin, 2003; Bailey, 2005), which is also essential for a developing young person.

Early Life Influences – Physical Activity

Children's physical activity behaviours can be influenced by a number of factors, a social ecological model (**Figure 4**) outlined in a review by Lindsay, Greaney, Wallington, Mesa & Salas (2017) illustrates how different levels of influences can affect physical activity and sedentary behaviour in children.

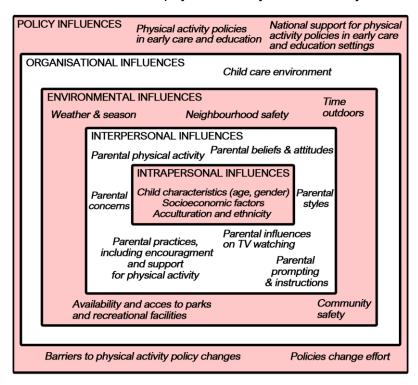


Figure 4. Influences on physical activity and sedentary behaviours of children organised within the social ecological model (Lindsay, Greaney, Wallington, Mesa & Salas, 2017).

Influences of a child's physical activity behaviour can start as early as pregnancy. A study by Mattocks et al., (2007) found that parents' physical activity during pregnancy and early in the child's life was associated with the child's physical activity at the ages on 11-12 years. Prenatal nutrition has also been shown to have an influence on children's physical activity habits, such in the case of the Dutch famine where total calories were limited but dietary fat was high in relation to other macronutrients. Offspring of the mothers exposed to the Dutch famine were reported to have reduced rates of physical activity (Lussana et al., 2008; Stein, Rundle, Wada, Goldbohm & Lumey, 2009).

Early life influences such as gender exist, boys have been shown to be more physically active than girls (Finn, Johannsen & Specker, 2002; Pate, 2004). Boys with siblings were also more physically active than boys with no siblings due to less time watching TV and girls from single parent families spent significantly more time watching TV than girls from two-parent families (Bagley, Salmon & Crawford, 2006).

Parental activity level was strongly correlated to child activity level, with parental sedentary behaviours reflecting in their behaviour (Ruiz, Gesell, Buchowski, Lambert & Barkin, 2011). Similar findings were found by Carson, Stearns & Janssen (2015), they found that parents in the lowest quartile of physical activity were 2.77 times more likely to have a child in the lowest quartile of physical activity compared with parents in the highest quartile of physical activity. Parents who held the view that physical activity was important, they knew physical activity recommendations and had positive associations with exercise have been found to have children engage with higher levels of physical activity (Zecevic, Tremblay, Lovsin & Michel, 2010; Sawyer et al., 2014). Adversely, concerns over children's safety by parents related to the neighbourhood and community (crime and traffic) has been reported to influence physical activity negatively (Dwyer, Higgs, Hardy & Baur, 2008).

Early Life Influences – Healthy Eating

Children's eating behaviours are influenced by many factors that can be defined as either intrinsic (e.g. genetics, age and gender) or extrinsic (e.g. parents, society and community), an overview of these are outlined in **Figure 5**.

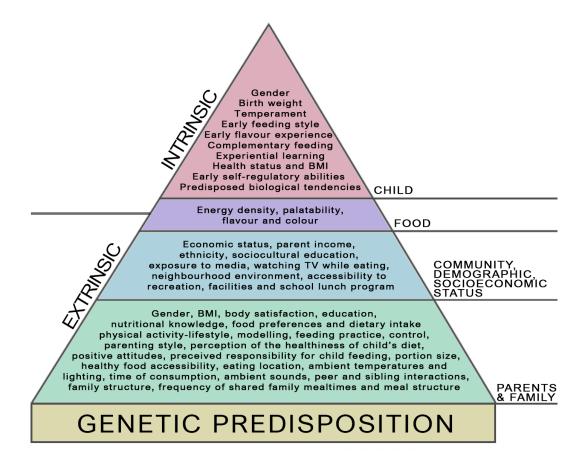


Figure 5. Environmental factors that influence child eating behaviour. Derived and adapted from De Cosmi, Scaglioni and Agostoni, (2017)

Parents & Family

Exposure

Parents and family play the greatest role in setting and influencing a child's eating behaviour within the early years of their life, especially in the case of the mother where in utero, the development of gustatory and olfactory systems are being formed. Flavours and subsequent food preferences are learned in part, from the mother's diet via the amniotic fluid, this continues after the child is born during breast feeding (Ventura and Worobey, 2013).

Exposure to solid food, with new tastes and textures after the months following breast feeding are also important in shaping and forming the child's future food preferences and eating behaviour (Harris, 2008). Food exposure is primarily dictated by parental control and food availability in the home (Brown et al., 2008), different practices related to parental control, have been shown to be stronger predicators than others, in influencing eating behaviour.

Availability & Accessibility

Availability of food, which would include the food that parents buy from the shops and make available to the child within home is strongly related to their eating behaviours and subsequent food consumption. Campbell et al., (2007) found that availability of unhealthy food within the home was positively correlated with sweet and savoury snacks and high-energy fluid consumption consumption. Other studies showed that the availability of healthy food within the home was positively correlated with a healthier diet within the children of the home (van der Horst et al., 2006; Couch, Glanz, Zhou, Sallis & Saelens, 2014)

Accessibility is different to availability as its described in a paper by Hearn et al (1998): "Whether the foods are prepared, presented, and/or maintained in a form that enables or encourages children to eat them". This is an important aspect related to parenting and food, healthy foods must not only be made available to the child but should be enjoyed as well. A meta-analysis by Yee, Lwin and Ho (2017) reported that food accessibility had a positive influence on healthy food consumption, this relationship was found by other researches as well (van der Horst et al., 2006; Ong, Ullah, Magarey, Miller & Leslie, 2016).

Rewards

Unhealthy foods like sweets or junk food that are used as rewards for good behaviour or achievement have been shown to adversely affect eating behaviours and habits by causing an increase in preference for the reward and reward sensitivity itself (Rollins et al., 2014). This effect is more pronounced in boys who have a high reward sensitivity (Lu et al., 2015). Using preferred foods or treats to reward a child for eating healthier foods or foods they dislike has been shown to cause a negative shift in preference (Birch, Marlin and Rotter, 1984) and that using food as a reward resulted in the devaluation of the target food relative to the reward food (Newman and Taylor, 1992). Roberts, Marx and Musher-Eizenman (2018) also reported that using food as a reward for food increased a child's neophobia or picky-eating habits compared to using a tangible or non-food reward.

Non-food based rewards to encourage or shape healthy eating behaviours has been shown to have more promising results. Remington et al (2011) showed that children who received exposure plus a tangible reward increased their intake of a target vegetable significantly more than the control group. Other studies have shown similar results whilst using non-food rewards such as stickers to incentivise vegetable and fruit intake (Corsini et al., 2011; Horne et al., 2011).

Pressure to Eat

Pressuring children to eat healthier food has been shown to often lead to overeating, a dislike in healthier foods and an interest in forbidden foods (Scaglioni, Salvioni and Galimberti, 2008). Birch et al (2001) also stated that restriction and pressure to eat can impede the development of adequate self-control of eating in children. Mixed results have been shown related to restrictive guidance, some studies demonstrated that it can be helpful in controlling healthy eating habits, whilst others did not, but Yee, Lwin and Ho (2017) highlighted in their meta-analysis that it is age dependent. Other studies agree that pressuring a child to eat specific foods is not an effective strategy for promoting healthy eating in children, rather a focus on setting an example as a good role model by improving one's own diet containing many fruits and vegetables that the child can imitate is a better method (Orlet Fisher et al., 2002; Galloway et al., 2005).

Modelling

Parental modelling, which is a parent's ability to influence their children with their own eating behaviours and consumption, has been shown to influence children's food consumption either in a negative or positive way (Palfreyman, Haycraft & Meyer, 2015). This is because the influence of modelling is food dependant, if the parent eats healthy food and sets a good example, this will then be more likely reflected in the child's eating behaviour. This is also true with unhealthy food, where a parent's unhealthy diet will be reflected in their children's (Brown, 2004; Campbell et al., 2007).

Yee, Lwin and Ho (2017) looked at many of the parental practices that are commonly employed to influence the promotion and prevention of different food consumption behaviours in children. They found similar results that are common in previous studies that were discussed above. The parental predictors associated with healthy and unhealthy food consumption can be seen in **Figure 6**. Practices that are both weak predictors (negative values) of healthy food consumption and strong predictors (positive values) of unhealthy food consumption should be avoided if the goal is to improve the child's eating habits (e.g. *Food as reward, Pressure to eat*). Practices that are both strong predictors of healthy food consumption and weak predictors of unhealthy food consumption should be adopted if the goal is to improve the child's eating habits (e.g. *Reward as verbal praise, Active guidance, Restrictive guidance*). Practices that are strong predictors in both healthy and unhealthy food consumption can be dependent on food type (e.g. *Modelling, Availability*).

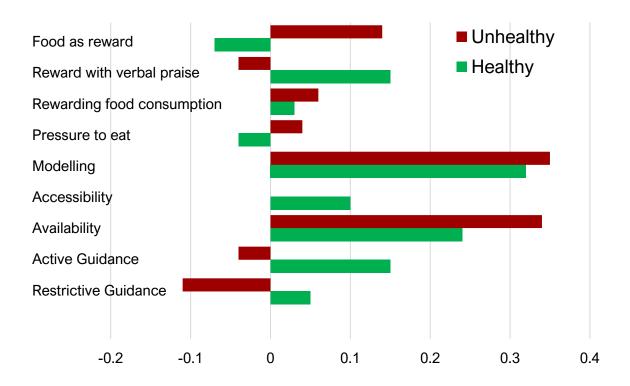


Figure 6. Parental predictors of unhealthy and healthy food consumption in children (Yee, Lwin and Ho, 2017).

Feeding Styles

Parental feeding styles are not goal orientated behaviours such as food parenting practices as discussed previously (e.g. using food as a reward), feeding styles deal with parent-child interactions in a general sense and act as the emotional environment during a meal (Vollmer, 2019). Food parenting practices occur in the context of a parents feeding style (Vollmer & Mobley, 2013). There are four categories in respect to feeding styles that have been laid out in the literature: authoritative (high demands on child's eating, high responsiveness to child's wants/needs), authoritarian (high demands on child's eating, low responsiveness to child's wants/needs), indulgent (low demands on child's eating, high responsiveness to child's wants/needs), and uninvolved (low demands on child's eating, low responsiveness to child's wants/needs) (Vollmer, 2019). These feeding styles have been associated with child dietary behaviours, authoritative parents which have high levels of maternal sensitivity and expectations for self-control, was associated the most with lower rates of childhood obesity (Rhee, 2006) and healthy food intake in children (Patrick, Nicklas, Hughes & Morales, 2005; van der Horst & Sleddens, 2017).

In contrast authoritarian parents which have high demands for self-control, but low levels of sensitivity were associated the most with higher rates of childhood obesity (Rhee, 2006) and negative associations with children's food intake (van der Horst & Sleddens, 2017). Other styles such as uninvolved/neglectful parents which have low demands for self-control and low levels of sensitivity have been linked with lower intakes of fruits and vegetables in children (Franchini, Poinhos, Klepp & de Almeida, 2011; Rodenburg, Oenema, Kremers & van de Mheen, 2012). Indulgent/permissive parents, which have low demands for self-control and high levels of sensitivity have been associated with higher rates of childhood obesity (El-Behadli, Sharp, Hughes, Obasi & Nicklas, 2015) lower rates of fruits and vegetables (Hoerr et al., 2009) and higher rates of low-nutrient-dense foods (Hennessy, Hughes, Goldberg, Hyatt & Economos, 2012). An overview of the feeding styles can be seen in **Figure** 7.

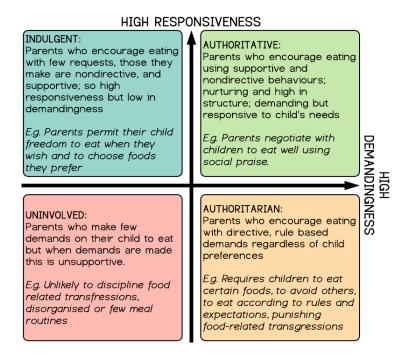


Figure 7. Four parental feeding styles and the relation to responsiveness and demandingness (Shloim, Edelson, Martin & Hetherington, 2015)

Socioeconomic

The socioeconomic status of the family can greatly influence food availability which we already know is a strong predictor of food consumption, studies that have compared children from families of varying socioeconomic statuses have found disparities in eating behaviours. Studies have also shown that countries with a lower socioeconomic status were strongly linked to unhealthy dietary patterns in children (Fernández-Alvira et al., 2014; Manyanga et al., 2017), whilst countries with a higher socioeconomic status were associated with higher fruit and/or vegetable consumption, diet quality, and diversity (Mayén et al., 2014).

Parents with a greater education and income have been shown to have a significantly positive impact on children's daily breakfast and fruit consumption compared with lower socioeconomic families (Petrauskienė, Žaltauskė and Albavičiūtė, 2015). Teaching strategies that promote healthy eating has been shown to improve healthy eating behaviours in children (Dudley, Cotton and Peralta, 2015), highlighting the lack of adequate nutritional education to be a contributory factor that may influence unhealthy eating habits.

There is a significant influence on eating behaviour with children in the presence of peers and friends within different social environments, energy intake increases generally apart from in situations where social-evaluation is high and when peers exhibit healthy eating (Salvy et al., 2012).

Television has also been shown to negatively impact healthy eating habits in children, the link between early television viewing and unhealthy eating was mediated by the perceived taste of unhealthy and highly advertised foods (Harris and Bargh, 2009).

Food

Food itself influences eating behaviours by different mechanisms, highly palatable foods that are high in fat and sugar have been shown to disrupt hunger and satiety signalling whilst activating reward systems that offsets normal appetite regulation (Erlanson-Albertsson, 2005), thus changing eating behaviours that can result in a higher caloric intake. Inappropriate nutritional signals can also manifest from nutritional deficiencies, excess energy and macronutrient imbalances that are experienced at a young age, which in turn can lead to metabolic dysfunction contributing to future obesity risk (Alles, Eussen and van der Beek, 2014).

As discussed previously, a lack of repeated exposure to a variety of foods at an early age (up to 36 months) has been shown to reduce food acceptance in later years, children that are older than 24 months showed less acceptance following repeated food exposure compared to younger children (Caton et al., 2014). Dovey et al., (2008) showed this to be a contributary factor in increasing picky/fussy eating behaviours and food neophobia.

Pleasure from Food

Eating is a primary source of pleasure for a child through development and later in life, it is closely linked with the satisfaction of the physiological needs that nourishment provides. Pleasure from food is multidimensional, it is derived from the sensory properties of food: Flavour, taste, smell, texture and appearance (The Sensory Dimension), cognitive representations of food or individual belief surrounding food (The Psychological Dimension) and the context of consumption or interaction with others whilst eating (The Interpersonal Dimension) (**Figure 8**).

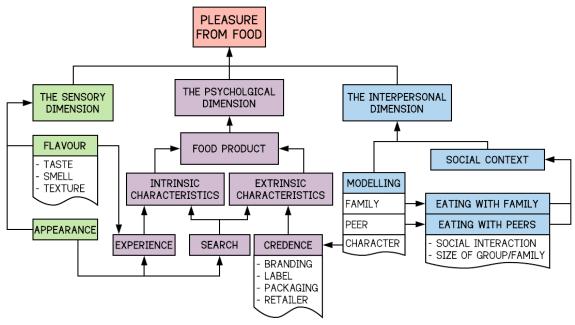


Figure 8. The three dimensions of pleasure from food and associated factors, diagram based on the work and literature reviewed by Fernqvist and Ekelund (2014) and Marty et al (2018).

The Sensory Dimension

The sensory dimension of pleasure develops at an early age, and one major component of food pleasure comes from flavour perception. Beauchamp and Mennella (2011) define it as the perceptual combination of smell, taste and oral chemical somatosensory stimulation (texture and temperature).

Taste

Taste is a sensation produced when a chemical reacts to receptors on the tongue and it is a very important aspect to flavour perception and development. It has been shown that new borns already have an innate preference for consuming foods with a sweet taste over non sweet foods. This may be a consequence of sweetness acting as a marker of caloric sugars in plants and energy density which is essential for survival (Bartoshuk and Beauchamp, 1994). Umami (savoury) tastes has also been described to have a possible innate component as well (Beauchamp and Mennella, 2011). Bitter tastes have been shown to elicit a rejection response in infants and it is generally assumed that this is the result of natural selection, where we have evolved to avoid toxic foods that tend to be bitter in taste for humans to favour sweeter foods that have a greater chance to meet energy demands (Glendinning, 1994; Simmen, and Hladik, 1998).

Many vegetables hold a bitter taste, which is why repeated exposure by the mother herself during utero all the way through breast feeding and then directly to the child is very important for the child to get used to bitter tastes so that vegetable consumption is adequate throughout life (Forestell and Mennella, 2007). Children are now vulnerable in a modern environment where early exposure to sugar laden foods and a lack of bitter tasting fruits and vegetables creates a taste profile later in life that is susceptible to overconsumption and obesity (Mennella and Bobowski, 2015).

A preference for salt taste has also been shown to have innate component that can be explained evolutionarily by the biological need for sodium and its scarcity in the diet of our primate ancestors (Beauchamp, 1987). It can also be modulated by the mother's actions in utero. A study by Crystal and Bernstein (1998) demonstrated that mothers who were experiencing morning sickness which results in maternal dehydration lead to an enhanced preference for salt in offspring. Another factor that contributes to a preference in salt is the ability for it to supress bitterness, which has been shown to enhance the flavour by increasing sweetness the palatability of the food (Breslin and Beauchamp, 1997). Early exposure to salty foods should look to be restricted not because salt/sodium is inherently

bad but that the effect that salty food has on increasing the preference for more palatable foods and decreasing a preference for potentially bitter fruit and vegetables could promote overconsumption of energy dense foods and a diet that lacks essential nutrients (Liem, 2017).

Smell, Texture & Appearance

Food odours appear to present themselves in a similar way to taste, odours that were more sweet smelling (strawberry, bubble-gum, cola and chocolate) were preferred by children compared to adults, whilst odours like spearmint and cloves elicited a more negative response from children compared to adults (Hoffman et al., 2016).

Texture of food has been shown to greatly influence food acceptance and pleasure, the manipulation of food texture caused a significant decrease in intake of the test food in a study by Werthmann et al (2015) irrespective of colour or taste.

Food colour and appearance has been shown to modify our perception and motivation to eat certain types of food, be it through flavour prediction or perceived pleasantness (Piqueras-Fiszman and Spence, 2014). A study by Foroni, Pergola and Rumiati, (2016) showed that a more red brightness presented in food images elicited a greater arousal than the colour green presented in food images. This may support the hypothesis that humans are more motivated by food with a reddish colour, and this could have implications when it comes to vegetable consumption.

The Interpersonal Dimension

Peer Modelling

Social eating situations where children can interact with other people has a significant influence on the pleasure that is experienced during eating and it's also a vital competent to the development of children's eating behaviours (Marty et al., 2018). Children are also more likely to consume new foods if others are eating the same type of food within a social context (Addessi et al., 2005) and learn about which foods are palatable by observing other people eating (Liberman et al., 2016). A study by Greenhalgh et al., (2009) showed the influence that peer modelling has on eating in children, they found that negative peer modelling, where peers showed a dislike in a certain food inhibits novel food consumption. Whilst children exposed to positive peer modelling caused a greater consumption of the target food but did not reverse the effects of negative peer modelling. Peer modelling has been shown to be more influential compared to adult or parent modelling related to food consumption, and when the gender of the peer is the same as the child, it has a greater effect on eating behaviours compared to if the peer was the opposite gender (Frazier et al., 2011). Cruwys, Bevelander and Hermans, (2015) have shown that peer modelling to be uniformly influential all through development.

Character Modelling

Influencing children's eating behaviour has also been demonstrated when the peer model is fictious and observed on a computer by increasing the consumption of the target food (Bevelander, Anschütz and Engels, 2012). A study looked at the influence of licensed characters on the preference of younger children and found that they significantly preferred the taste of foods that had a popular cartoon on the packaging compared with the same foods without the characters (Roberto et al., 2010). This would be considered a credence quality under the psychological dimension, but it could also be categorised as a "Character" model, similar to where a child can be influenced by a fictious life-like peer, they could see a fictious cartoon as a role model. Along with modelling influences within social situations, the social environment such as the number of people within a group has been shown to influence food consumption by increasing it and may do this through increasing pleasure from food (Lumeng and Hillman, 2007).

The Psychological Dimension

The pleasure a child gets from eating can also be influenced by cognitive factors such as thoughts, beliefs, ideas and imagery. Nelson (1970) describes a concept within consumer behaviour that determines the quality of a product and thus could influence food pleasure - Search qualities, which are determined by the consumer (parent) prior to purchasing. Experience qualities, which are obtained once the food is purchased. Credence qualities has been described to be another property that determines the perception of a product (Darby and Karni, 1973) and in regard to food, characteristics such as the branding, packaging and logos can be categorised as credence qualities which are extrinsic in nature and related to the food product. These external cues have been described by Deliza and Macfie (1996) to generate expectation and influence choice, sensory perception and hedonic liking of food. Intrinsic characteristics are part of the physical product itself and can be assessed before consumption and evaluated during consumption (Fernqvist and Ekelund, 2014).

Advertisements and branding of food packaging that utilise licenced popular characters has been shown to influence young children's taste preferences and snack selection. This type of branding is used frequently on energy dense, nutrient sparse junk foods and could have a big influence for the health of children and overconsumption of food leading to obesity (Roberto et al., 2010). Other studies have shown the power that advertising can have negatively influencing a childs food preference and consumption (Taras et al., 1989; Borzekowski and Robinson, 2001). A reduction in screen time (Shea, Harvey-Berino and Johnson, 2010) or the addition of televised messages related to healthier food options (Gorn and Goldberg, 1982) has been shown to positively influence a children's food preference and consumption.

Hedonic Behaviour

Hedonism is a concept that favours the pursuit of pleasure and self-indulgence as a primary goal and it can be conceptualised in different ways to illustrate its influence on behaviour. A proposed model for behaviour that is constructed round a four-component model was proposed by Mullan and Novoradovskaya (2018) – see **Figure 9**. Behaviours within the model are categorised as either one step or multistep actions, which is a measure of the complexity, the other criteria defines behaviour as having an immediate pay off/reward (hedonic), or that the benefit is realised in the long term (distal benefit), which is a measure of immediacy (Collins & Mullan, 2011). This model is important within forming healthy habits or trying to replace unhealthy ones, the complexity of the behaviour can be seen as a measure of how challenging it can be to form or dismantle a behaviour in place of a new one and the immediacy can be seen as a measure of when the reward is realised or if gratification is delayed or not.

Behaviours such as consuming an unhealthy snack could be seen as a one-step hedonic behaviour as it could require minimal preparation before consuming and the pleasure derived from it comes immediately. Conversely, maintaining a healthy diet could be seen as a multistep distal benefit behaviour as there are many components and sub actions within the primary behaviour and that the benefits or pleasure that can be seen from following a healthy diet would come in the long term (better body composition, health and wellbeing).

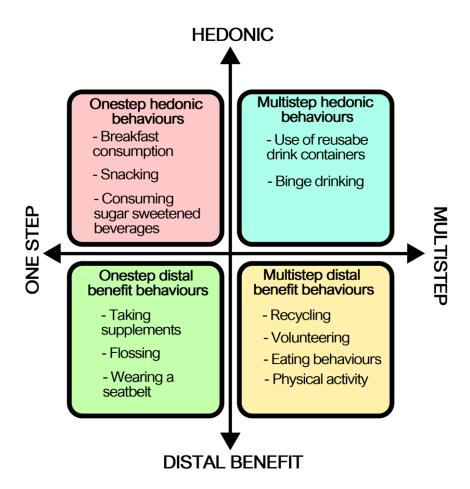


Figure 9. Behaviour classification based on number of steps and outcome of behaviour with examples (X axis ranges from one-step to multistep behaviour; Y axis ranges from hedonic to distal benefit behavioural outcomes) (Mullan and Novoradovskaya, 2018).

Habit

Habit can be defined as a process by which a stimulus generates an impulse to act as a result of a learned stimulus response association, or that a behavioural tendency occurs with minimal conscious awareness or reflection, in response to a specific number of contextual cues and conditions (Gardner, 2014). Orbell and Verplanken (2010) identifies three aspects that are central to a habit: a behaviour that is frequently repeated, has acquired a high degree of automaticity and is cued in stable contexts. Also, that decisions to perform an action that is initially dictated by a goal/reward (e.g. feeling hungry), becomes less goal orientated the more the action is repeated, which results in the integration of the behaviour as habitual that can be triggered by the cue alone (Orbell and Verplanken, 2010).

Habitual Instigation

Habitual instigation describes habitual selection and initiation of behaviour whereby an action that may have sub-actions associated with it, is completed without the need for individual cues for each sub-action (Gardner, Phillips and Judah, 2016). In the example in **Figure 10**; 'Going for a run' is cued by the initial sub-action of 'put on sneakers' but then the total action of 'Going for a run' becomes an automatic behaviour, with each sub-action within it being completed habitually.

Habitual Execution

Habitual execution refers to the completion of individual sub-actions, with the cessation of a sub-action that leads onto the automatic trigger of the next via cues (**Figure 10**).

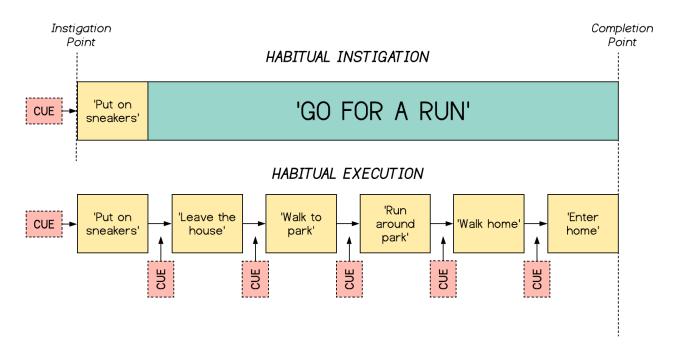


Figure 10. Figure adapted and simplified from a diagram by Gardner, Phillips and Judah (2016), It shows the difference between the concepts of habitual instigation and execution.

Habitual Formation

The formation of a habit occurs in phases and relies primarily on the repetition of a behaviour within a consistent context through associative learning. During the 'Initiation phase' a new behaviour and context will be selected, and the behaviour will start. Automaticity will then start to develop during the 'Learning phase' as the target action is repeated sufficiently, strengthening the habit (Gardner, Lally and Wardle, 2012). External cues are formed and the dependence on conscious attention and motivational processes is reduced (Lally, Wardle and Gardner, 2011), whilst habits are likely to remain even if after motivation or interest is reduced (Gardner, de Bruijn and Lally, 2011).

Lally and Gardner, (2013) suggested that habit formation typically followed an asymptotic curve during its development, with initial repetitions of behaviour causing a large increase in automaticity until reaching a plateau point at which the strength of the habit levels off and the "Stability phase" begins (see **Figure 11**). Automaticity was found to plateau on average at around 66 days after the inception of the behaviour (Lally et al., 2010), but there was substantial variance across participants and behaviour type. Gardner, Lally and Wardle (2012) suggested that it may be helpful to tell patients to expect habit formation (based on daily repetition) to take around 10 weeks, as people are reassured with the knowledge that behaviour becomes progressively easier as a habit forms.

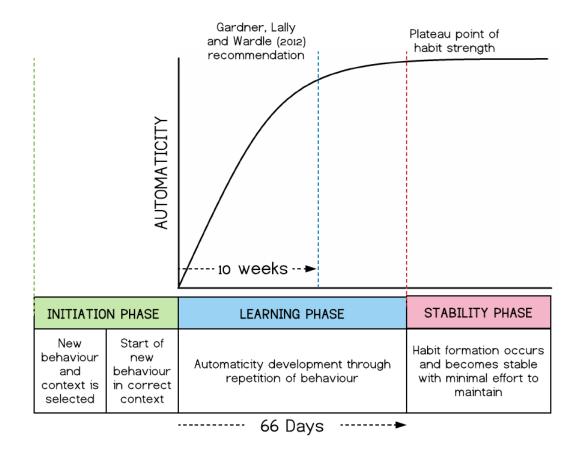


Figure 11. The three phases of habit formation and maintenance with the development of automaticity following an asymptotic curve.

Blue dotted line represents the 10 week point into habit formation and Gardner, Lally and Wardle (2012) recommendation of time point to inform patients.

Red dotted line represents the point at which the strength of a habit reaches a plateau and the stability phase begins.

Initiation Phase

The ability to start a new behaviour is the most challenging aspect of habit formation, this can be seen when looking at intention-behaviour relationships. A review by Sheeran (2002) showed that across a number of health-related behaviours, the average rate of people who intended to perform a behaviour, only 47% were successful in doing so. A more recent meta-analysis demonstrated similar findings, it found that a medium to large change in intention produced only a small to medium change in behaviour (Webb and Sheeran, 2006). A better understanding of the factors that improve the intention-behaviour relationship will ensure new behaviours are successfully implemented.

Planning has been shown to increase the chances that an intended behaviour will be performed and is a powerful self-regulatory tool that can help to translate goals into behaviour (Sniehotta et al., 2005). A distinction can be made between types of planning that find utility in different stages of behaviour change – Action planning, which Sniehotta et al., (2005) describes as "the process of linking goal-directed behaviours to certain environmental cues by specifying when, where and how to act". Action Planning has been shown to have strong effects on putting goals into action (Gollwitzer, 1999) and an important component of self-management of behavioural change for health outcomes (Lorig et al., 2013; Reinwand et al., 2016). Coping planning, the other type, is reactive and self-regulatory, which tends to increase during the weeks after a new behaviour has been instigated and would be

associated more with the learning phase of habit formation. It is used to combat unwanted influences on behaviour and to protect good intentions from distractions that may result in relapse (Sniehotta et al., 2005).

Instigating a behaviour that results in habit formation is more likely to be achieved when people anticipate courses of action (or its consequences) to result in positive outcomes (Bandura, 2001). Motivation is a key factor to ensure the initiation phase of habit formation is successful, also choosing an appropriate context in which to perform the action, such as an event (e.g. when they arrive at school), or a time of day (e.g. before breakfast), that is ingrained within a daily routine, provides an opportunity and stable starting point to initiate the behaviour for habit formation (Lally, Wardle and Gardner, 2011). When the control of a behaviour is perceived as realistic and the person has the capability to achieve it, there is a greater chance for that behaviour to be initiated into a daily routine (Ajzen, 1991).

Learning Phase

For a habit to form effectively, a behaviour must be repeated within the presence of the same contextual cues (Lally and Gardner, 2013), whilst remaining consistent (daily) over an adequate time scale (see **Figure 11**). Consideration must be given to the many factors that promote or discourage the maintenance of a new behaviour. People will maintain a new behaviour when they have a motive to do so, motivation to avoid negative health outcomes has been shown to be insufficient to maintain preventative behaviour that requires effort, compared to positive maintenance motives (Kwasnicka et al., 2016). Higgins' (2005) regulatory fit theory describes how people will engage with a behaviour if they feel more strongly associated with it, or if it fits within their decisions and prior engagement compared to if they view it as a responsibility or something they ought to carry out. It's important to set realistic goals that prompt positive emotions and adopt a small-changes approach (Hill, 2008), as this can increase effort and commitment to change through success expectancy, rather than ones that prompt a negative effect, which can lead to decreased effort or goal abandonment (Louro, Pieters and Zeelenberg, 2007). Self-efficacy (capability) and satisfaction for the new behaviour was strong a predictor of long-term success in smokers who attempted to quit (Baldwin et al., 2006).

Extrinsic motivation is a mediated of behaviour initiation, although intrinsic motivation has been shown to have a stronger influence on the maintenance of behaviour compared to extrinsic motivation. Hypothesised by Ryan and Deci (2000) in self-determination theory. Self-regulation, which is one's ability to actively control behaviour by inhibiting thoughts, desires, emotions and urges that lie in contrast to the set goal (Kwasnicka et al., 2016), has been shown to be important in controlling impulsive influences that could affect behavioural maintenance (Hofmann, Friese and Wiers, 2008). Coping planning, as mentioned previously, represents a critical self-regulatory strategy for behavioural maintenance (Scholz et al., 2008). Although one study found that coping planning by itself showed greater decreases in behavioural intentions compared to just repetition of a previously delivered intervention (Inauen, Stocker and Scholz, 2018). They concluded that coping planning decreases motivation for health behaviour maintenance for people who experienced minimal barriers prior to the planning intervention. Other studies found more promising results for coping planning used independently for reducing unwanted behaviour (Osch et al., 2008), and when used in conjunction with action planning (Carraro and Gaudreau, 2013; Koh et al., 2017). Monitoring the progress of a new behaviour makes it easier to recognise if the behaviour is meeting set goals, thus improving compliance. It also highlights how a behaviour is obtaining progression towards the goal, which ensures that the behaviour is performed correctly and consistently to maximise progression for future habit formation (Burke et al., 2009).

Some of these concepts have been discussed together in a model termed COM-B by Michie, van Stralen and West (2011), which represents behaviour and how it relates to capability, motivation and opportunity. This model can be seen in **Figure 12**, although it has been adapted to incorporate other influential factors (planning and repetition) that have been previously discussed, along with the representation of how an intention transforms into a behaviour, which then becomes habitual.

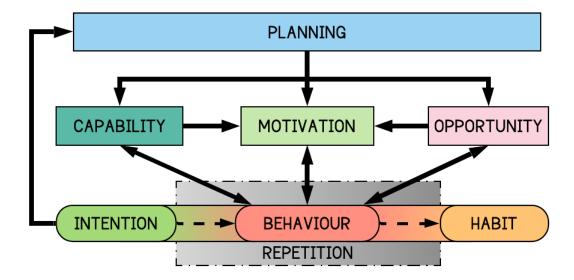


Figure 12. A framework that has been adapted from the COM-B system by Michie, van Stralen and West (2011). It shows the progression of how an intention becomes a habit through behavioural change and highlights some of the factors that influence that progression.

Stability Phase

With successful self-regulation of a new behaviour, habit development will form with consciously controlled behaviours becoming automatic over time with repetition (Kwasnicka et al., 2016). Although Verplanken (2006) makes the point that while repetition is necessary for habits to develop, it should be not equated with frequency of occurrence, rather a mental construct holding features automaticity, such as mental efficiency, difficult to control and lack of awareness. This shows that maintaining a habit can be done with minimal effort, which is great if the habit is positive, but if there are habits that have negative outcomes that conflict with the new behaviour trying to be instigated it may be difficult to form a habit from a new behaviour. Also, that strong habits from the past, have the ability to cause an individual to lapse back to that prior habit replacing the new behaviour (Kwasnicka et al., 2016).

The Dual Process Theory of Thought

There is the idea that there are two systems of thought, one being a quick, impulsive, associative, automatic and affective based form of reasoning and the other being a slow, thoughtful, calculated and deliberative processes (Gronchi and Giovannelli, 2018). Within cognitive and social psychology this idea has been given the name of "the dual process theory of thought" (Osman, 2004; Evans and Stanovich, 2013), and there are multiple different theories within it, but they all share the theme of dualism. Strack and Deutsch (2004) describe this two-system model by how it explains social behaviour. The impulsive system (System 1), which elicits behaviour through associative links and motivational orientations and the reflection system (System 2), which generates behavioural decisions based on knowledge about facts and values.

This theory was taken further to explain how it is integrated into behaviour change and habit formation, Rothman, Sheeran and Wood (2009) outlines a conceptual matrix for explaining how reflective and automatic processes are associated with the initiation and maintenance of food choices with possible interventional strategies to aid in behaviour change (**Figure 13**). The matrix shows where habit falls within this framework and that it is a key determinant of automatic processing during the maintenance of a behaviour, which we know is the product of repetition within a similar context, whilst using self-regulation to block out conflicting behaviours that would hinder that consistency.

Habits also bypass reflective control and automatically maintain behaviours by establishing associative connections in the memory between the response and cues within a context like the time of day or a physical location (Wood and Neal, 2007; Rothman, Sheeran and Wood, 2009). There are multiple theoretical models that connect reflective processing to action initiation, but they all hold a similar theme within them, which is the deliberation of the advantages and disadvantages of instigating the new behaviour over multiple determinants: The persons attitude towards performing the behaviour, the opinions of others about the new behaviour (social norms), one's ability to carry out the change (self-efficacy) and the decision to act (intention) (Rothman, Sheeran and Wood, 2009). This framework that incorporates dualistic systems of thought, may be a good troubleshooting tool when trying to identify the barriers that are preventing changes in behaviour and highlighting potential interventions that could aid in formation of new habits within health.

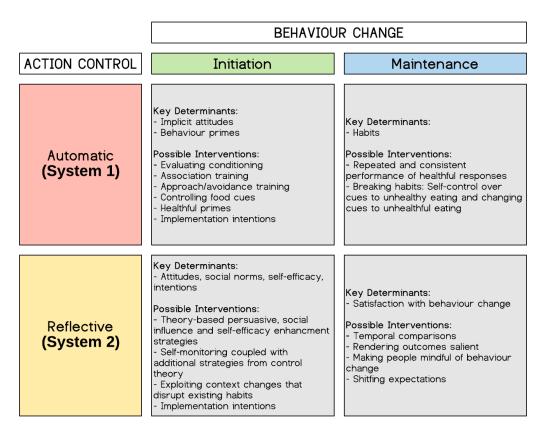


Figure 13. A conceptual matrix model illustrating how reflective and automatic processes relate in the initiation and maintenance of food choice with key determinants and possible interventions (Rothman, Sheeran and Wood, 2009).

Personality

Personality can be defined as a set of thoughts, behaviours and emotional patterns that derive and evolve from environmental and physiological factors (Corr and Matthews, 2009). There are many theories involving personality, one prominent theory within psychology being the Five Factor Model, also known as the big five personality traits (**Figure 14**).

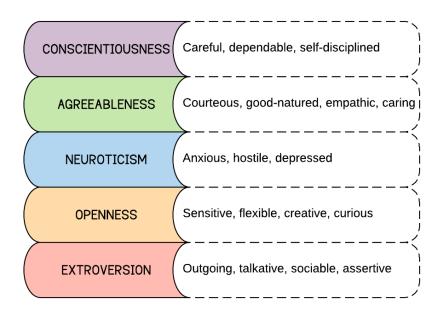


Figure 14. The Five Factor Model of personality with associated characteristics.

The emergence of how the Five Factor Model came to be and all the different iterations surrounding a five-dimensional model of personality can be seen in a review by Digman (1990). It has been demonstrated that personality traits that can be shaped during childhood, have lasting effects in adulthood on wellbeing and health (Hampson, 2008), especially for the trait conscientiousness (the tendency to be organized, responsible, and hardworking). Conscientiousness can be seen to be present at an early age (Kohnstamm, 1998; Abe and Izard, 1999) and develop through adolescence (John et al., 1994), Lamb et al., (2002) found that children increased in conscientiousness and agreeableness but became less extraverted over the ages of 2 to 15 years old.

The trait conscientiousness and its related facets have been suggested to be linked with temperamentally based self-regulation (Eisenberg et al., 2014), see **Figure 15** for the developmental model of conscientiousness from early life self-regulation. A child's ability to self-regulate behaviour can be dependent on many factors early in life such as low-quality parenting, family/residential stressors, and sociodemographic risk (Li-Grining, 2007), as well as genetic factors (Lemery-Chalfant, Doelger and Goldsmith, 2008).

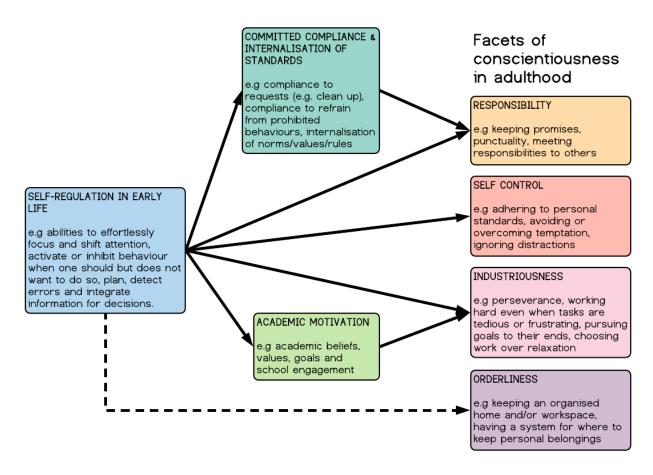


Figure 15. A developmental model of progression of the four facets of conscientiousness within adulthood from self-regulation in early life (Eisenberg et al., 2014).

An ability to maintain self-regulation in early life has been associated strongly with preventing obesity later on (Schlam et al., 2013; Anderson and Keim, 2016; Miller et al., 2018), also with the use of self-regulation strategies that improve executive function, researchers demonstrated that there was an increase in physical activity with children (Bassett-Gunter et al., 2017) and adolescents (Lubans and Morgan, 2009; Matthews, 2011). Emotional dysregulation is predictive of eating disorders in children and adolescence, especially females (Kelly et al., 2016; Gowey et al., 2017), and a failure to instil self-regulatory skills in early childhood predisposes children to excessive weight gain through early adolescence (Francis and Susman, 2009), also individuals who were already obese appeared to be weaker in executive functioning and self-regulation (Dassen et al., 2018).

Trait conscientiousness itself which is known to be strongly dependant on self-regulation in early life (**Figure 15**), has been shown to positively influence health outcomes in adulthood when measured at an early age by improved eating habits (Wilson et al., 2015; Vollrath, Torgersen and Torgersen, 2018; Intiful et al., 2019), increased physical activity (Rhodes and Smith, 2006; Sutin et al., 2016; Artese et al., 2017) and other health behaviours typical in healthy individuals (Roberts, Walton and Bogg, 2005; Hampson et al., 2007; Joyner, Rhodes and Loprinzi, 2018), it is also strong indicator of later health and longevity (Friedman et al., 1993; Deary et al., 2008; Kern and Friedman, 2008; Hampson et al., 2015).

Improving Physical Activity Habits

Knowledge

Educational interventions that provide children with the knowledge of the importance of physical activity and the benefits that can be reaped from incorporating it into their routine, have been shown to improve physical activity levels (Cecchetto, Pena and Pellanda, 2017). Interventions are also more effective when implemented at a younger age (La Torre et al., 2017).

Goal setting is an effective strategy when the goals that are set are appropriate (Haas, Mason and Haines, 2014), realistic (Bovend'Eerdt, Botell and Wade, 2009; Nelis et al., 2018), able to be monitored (Harkin et al., 2016) and can be modified dependant on goal related performance (Korinek et al., 2017; Larson et al., 2018b). Goal setting has been demonstrated to be an effective strategy in increasing physical activity and behaviour change (Shilts, Horowitz and Townsend, 2009; Burns, Brusseau & Fu, 2016; Epton, Currie & Armitage, 2017), the use of character modelling in conjunction with goal setting has also been shown to produce significant further increases in physical activity in children specifically (Horne et al., 2011; Larson et al., 2018a, 2018b).

Providing individuals with appropriate feedback on physical activity progress and goal related performance is vital for sustaining physical activity levels and instilling permanent behaviour change. Immediate feedback such as steps, distance, floors climbed and heart rate has been shown to be an effective form of feedback with increasing physical activity (Buchele Harris & Chen, 2018). Although, studies that incorporated supportive coaching in conjunction with immediate measurement feedback resulted in higher physical activity levels compared to just immediate measurement feedback alone (Van Hoye, Boen & Lefevre, 2012, 2015; Van Hoye et al., 2018).

Helpful Contexts & Barriers

The context and conditions that a child is presented with on a daily basis that can influence physical activity is another important factor to consider when trying to promote physical activity, a better understanding may help direct how schools, policy makers and parents can improve the environment that the child is exposed to increase physical activity levels. In regard to a school environment, studies have shown particular contexts and conditions to be more conducive to promoting physical activity whilst discouraging sedentary behaviour. Such as outdoor environments that provide active opportunities and enough open space with portable play objects such as balls to be interacted with (Bower et al., 2008; Brown et al., 2009).

Within social groupings on the playground, children were found to initiate in physical activity more often when adults were not present or involved with the immediate group and activity context (Brown et al., 2009). A systematic review by Morton et al., (2015) investigated whole school and PE specific environmental factors that influenced physical activity in adolescents, those factors and corresponding studies are included in a summary that can be seen in **Table 1**.

Table 1. A summary of the studies reviewed by Morton et al., (2015) that showed physical, social and policy factors within whole school and PE environments that have a significant influence on physical activity. Factors shaded in **GREEN** were significantly associated with higher physical activity/lower sedentary behaviour and factors shaded in **RED** (**barriers**) were significantly associated with lower physical activity/higher sedentary behaviour.

WHOLE SCHOOL ENVIRONMEN	JT	
Physical		
Activity setting (type, location)	(Bocarro et al., 2012) (Fjørtoft, Löfman & Halvorsen Thorén, 2010) (Sallis et al., 2001)	
Campus area per student	(Cradock, Melly, Allen, Morris & Gortmaker, 2007)	
Social		
Perceived school PA climate/support (Teachers)	(Birnbaum et al., 2005) (Graham, Bauer, Friend, Barr-Anderson & Nuemark- Sztainer, 2014) (McLellan, Rissel, Donnelly & Bauman, 1999)	
School social capital (e.g. connectedness)	(Button, Trites & Janssen, 2013) (Yancey, Grant, Kurosky, Kravitz-Wirtz & Mistry, 2011)	
	Policy	
Number of PA policies	(Galán et al., 2013)	
School offers intramural sport	(Hobin et al., 2012) (Kanters, Bocarro, Edwards, Casper & Floyd, 2012) (Fuller, Sabiston, Karp, Barnett & O'Loughlin, 2011)	
Quality of sports management	(Mandic, Bengoechea, Stevens, Leon de la Barra & Skidmore, 2012)	
Recess exercises	(Trang, Hong, Dibley & Sibbritt, 2009)	
PE ENVIRONMENT		
	Physical	
Size of instructional area	(Chow, McKenzie & Louie, 2009)	
	Social	
'Teacher influence'	(Abarca-Sos, Bois, Zaragoza, Generelo & Julian, 2013)	
Social support Positive feedback	(Zhang, Solmon, Gao & Kosma, 2012) (Pihu, Hein, Koka & Hagger, 2008)	
Provision of choice	(Lonsdale et al., 2013) (How, Whipp, Dimmock & Jackson, 2013)	
Active supervision	(Schuldheisz & van der Mars, 2001)	
Transformational teaching behaviours	(Schuldheisz & van der Mars, 2001) (Beauchamp et al., 2013)	
•	(Schuldheisz & van der Mars, 2001)	
Transformational teaching behaviours Psychological need support (autonomy, competence and relatedness support) Autonomy support	(Schuldheisz & van der Mars, 2001) (Beauchamp et al., 2013) (Zhang, Solmon, Kosma, Carson & Gu, 2011) (Chatzisarantis & Hagger, 2009) (Hagger, Chatzisarantis, Barkoukis, Wang & Baranowski, 2005) (Jackson, Whipp, Chua, Dimmock & Hagger, 2013) (Moreno-Murcia & Hernández, 2013) (Barkoukis & Hagger, 2012) (Hagger, Chatzisarantis, Culverhouse & Biddle, 2003) (Perlman, 2013)	
Transformational teaching behaviours Psychological need support (autonomy, competence and relatedness support)	(Schuldheisz & van der Mars, 2001) (Beauchamp et al., 2013) (Zhang, Solmon, Kosma, Carson & Gu, 2011) (Chatzisarantis & Hagger, 2009) (Hagger, Chatzisarantis, Barkoukis, Wang & Baranowski, 2005) (Jackson, Whipp, Chua, Dimmock & Hagger, 2013) (Moreno-Murcia & Hernández, 2013) (Barkoukis & Hagger, 2012) (Hagger, Chatzisarantis, Culverhouse & Biddle, 2003) (Perlman, 2013) (Jackson, Whipp, Chua, Dimmock & Hagger, 2013)	
Transformational teaching behaviours Psychological need support (autonomy, competence and relatedness support) Autonomy support	(Schuldheisz & van der Mars, 2001) (Beauchamp et al., 2013) (Zhang, Solmon, Kosma, Carson & Gu, 2011) (Chatzisarantis & Hagger, 2009) (Hagger, Chatzisarantis, Barkoukis, Wang & Baranowski, 2005) (Jackson, Whipp, Chua, Dimmock & Hagger, 2013) (Moreno-Murcia & Hernández, 2013) (Barkoukis & Hagger, 2012) (Hagger, Chatzisarantis, Culverhouse & Biddle, 2003) (Perlman, 2013) (Jackson, Whipp, Chua, Dimmock & Hagger, 2013) (Cecchini, Fernandez-Rio & Mendez-Gimenez, 2014) (Gao, Lochbaum & Podlog, 2011) (Jaakkola, Washington & Yli-Piipari, 2012) (Parish & Treasure, 2003) (Barkoukis & Hagger, 2012)	
Transformational teaching behaviours Psychological need support (autonomy, competence and relatedness support) Autonomy support Relatedness support Perceptions of learning/mastery	(Schuldheisz & van der Mars, 2001) (Beauchamp et al., 2013) (Zhang, Solmon, Kosma, Carson & Gu, 2011) (Chatzisarantis & Hagger, 2009) (Hagger, Chatzisarantis, Barkoukis, Wang & Baranowski, 2005) (Jackson, Whipp, Chua, Dimmock & Hagger, 2013) (Moreno-Murcia & Hernández, 2013) (Barkoukis & Hagger, 2012) (Hagger, Chatzisarantis, Culverhouse & Biddle, 2003) (Perlman, 2013) (Jackson, Whipp, Chua, Dimmock & Hagger, 2013) (Cecchini, Fernandez-Rio & Mendez-Gimenez, 2014) (Gao, Lochbaum & Podlog, 2011) (Jaakkola, Washington & Yli-Piipari, 2012) (Parish & Treasure, 2003)	

It is also important to setup up the environment at 'home' (inside and out) to be conducive to promoting physical activity for children and there are many factors that have been shown in the literature to influence physical activity in the home (**Table 2**).

Table 2. A summary of the factors that have a significant influence on physical activity within the home environment. Factors shaded in **GREEN** were significantly associated with higher physical activity/lower sedentary behaviour and factors shaded in **RED** (**barriers**) were significantly associated with lower physical activity/higher sedentary behaviour.

HOME ENVIRONMENT		
Sports equipment within the home that is easy to ac-	(Østbye et al., 2013)	
cess	(Haddad et al., 2017),	
Adequate indoor space for play	(Neshteruk et al., 2018)	
	(Kuo et al., 2009)	
Sports or activities outside of school	(Akhtar-Danesh, Dehghan, Morrison & Fonseka, 2011)	
Time outdoors	(McIver et al., 2009)	
	(Buro et al., 2015) (O'Connor et al., 2013)	
Parental engagement in childhood activities	(Suen, Cerin & Wu, 2015)	
Child feeding	(O'Connor et al., 2013)	
A positive home environment related to physical activ-		
ity (parental modelling, parental knowledge of physical activity recommendations, parental encouragement)	(Haddad et al., 2017)	
Living close to school	(Hesketh, Hinkley and Campbell, 2012)	
Dedicated Play time	(O'Connor et al., 2013)	
	(De Craemer et al., 2013)	
Independent exploration	(Hesketh, Hinkley & Campbell, 2012)	
	(Pouliou et al., 2014)	
Number of cars in the household	(De Craemer et al., 2013)	
	(O'Connor et al., 2013)	
Cost of activities	(Suen, Cerin & Wu, 2015)	
Cost of activities	(Pagnini, Wilkenfeld, King, Booth & Booth, 2007) (De Craemer et al., 2013)	
Lack of time	(Suen, Cerin & Wu, 2015)	
Luok of time	(Birken et al., 2015)	
Use of stroller	(Carson, Clark, Berry, Holt & Latimer-Cheung,	
	2014)	
	(Maitland et al., 2013)	
TV00 1	(O'Connor et al., 2013)	
TV/Video game time	(De Decker et al., 2012)	
	(Carson, Clark, Berry, Holt & Latimer-Cheung, 2014)	
	(Irwin, He, Sangster Bouck, Tucker & Pollett, 2005)	
Winter Season/Bad Weather	(Carson, Clark, Berry, Holt & Latimer-Cheung,	
	2014)	
0-1-4-	(Pagnini, Wilkenfeld, King, Booth & Booth, 2007)	
Safety concerns in the community	(Irwin, He, Sangster Bouck, Tucker & Pollett, 2005)	
Developing control	(Suen, Cerin & Wu, 2015) (O'Connor et al., 2013)	
Psychological control Physical or emotional abuse	(O'Connor et al., 2013)	
Physical of emotional abuse	(O Connot et al., 2013)	

Improving Healthy Eating Habits

Knowledge

Educational programmes that allow children to obtain a level of nutritional knowledge is vital to ensuring healthy eating habits are instilled and maintained. It has been demonstrated that multicomponent interventional strategies that included an educational component, are positively associated with children's development of nutrition knowledge, dietary behaviour changes, intake of healthy foods and the prevention of obesity (Burgess-Champoux et al., 2008; Foster et al., 2008; de Silva-Sanigorski et al., 2010; Folta et al., 2013 Cohen et al., 2014 Colley et al., 2019). Researchers that looked at the effect educational programmes had on fruit and vegetable consumption specifically found that intakes increased (Anderson et al., 2005; Gold et al., 2017; Choi, Lee & Hwang, 2018). Other studies have shown that educational interventions showed promise when educating the downsides to consuming unhealthy foods and drinks such as sugar sweetened beverages in reducing intake (James et al., 2004; Lo et al., 2008; Sichieri et al., 2009; Levy, Friend & Wang, 2011).

Nutritional education should not only be focused within a school environment, parents should look to be properly educated themselves in regard to nutrition so that education continues at home. Targeted interventions to improve parents or carers knowledge and techniques in relation to food has been shown to improve children's eating habits within the home (Sanders & Kirby, 2014; Gerards & Kremers, 2015; Goldthorpe, Ali & Calam, 2018), we also know that from research, parental education level in general has an influence on children's eating habits (Van Ansem et al., 2014; Scaglioni et al., 2018).

Teaching children goal setting strategies has also been seen to be beneficial when trying to change healthy eating habits, a 4 step goal-setting process that included 1) Recognising a need for change 2) Establishing a goal 3) Adopting a goal-directed activity and 4) Self-monitoring it was identified to promote dietary and behaviour change in children (Cullen, Baranowski & Smith, 2001). Although in a previously mentioned study, the use of character models in conjunction of goal setting did not increase fruit and vegetable consumption compared to the control (Larson et al., 2018b). Other multicomponent interventions that included goal setting with group participation and tasting found promising results for fruit and vegetable consumption specifically but also nutrition knowledge and asking behaviours (Baranowski et al., 2000).

Helpful Contexts & Barriers

There are many environmental and social factors that can influence a child's eating habits, these contexts and cues can promote the consumption of healthy foods like fruits and vegetables or act as barrier to healthy eating behaviours and promote unhealthy eating behaviours. Within schools, the importance of adopting and developing policies that are indicative of healthy eating habits is important for nurturing a healthy eating environment (Driessen, Cameron, Thornton, Lai & Barnett, 2014; Orava, Manske & Hanning, 2017). Youths also consume between one-third to one-half of their meals at school making interventions that improve the environment at school crucial for children's eating habits (Micha et al., 2018). The barriers and facilitators within a school environment that are associated with student eating behaviours can be seen in **Table 3**.

Table 3. A summary of the factors that have a significant influence on healthy eating within the school environment. Factors shaded in GREEN were significantly associated with facilitating healthy eating and factors shaded in RED (barriers) were significantly associated with lower healthy eating.

SCHOOL ENVIRONMENT	
Eating school lunches	(Au et al., 2018) (Au, Rosen, Fenton, Hecht & Ritchie, 2016) (Dubuisson et al., 2012)
Nutrition standards in schools	(Bevans, Sanchez, Teneralli & Forrest, 2011) (Micha et al., 2018).
School garden programmes	(Robinson-O'Brien, Story & Heim, 2009) (Somerset & Markwell, 2009) (Parmer, Salisbury-Glennon, Shannon & Struempler, 2009)
Free fruit and vegetable to students	(Davis, Cullen, Watson, Konarik & Radcliffe, 2009) (Coyle et al., 2009)
Multicomponent interventions	(Foster et al., 2008) (Burgess-Champoux et al., 2008) (de Silva-Sanigorski et al., 2010) (Folta et al., 2013) (Cohen et al., 2014) (Colley et al., 2019)
Cold filtered water provision	(Muckelbauer et al., 2009) (Loughridge & Barratt, 2005)
Healthier options in school	(Gosliner, Madsen, Woodward-Lopez & Crawford, 2011) (Mensink, Schwinghammer & Smeets, 2012)
Making healthier food more convenient	(Hanks, Just, Smith & Wansink, 2012)
Unrestricted vending machines providing unhealthy snacks	(Nickelson, Roseman & Forthofer, 2010) (Thompson, Yaroch, Moser, Finney Rutten & Agurs-Collins, 2010) (Park, Sappenfield, Huang, Sherry & Bensyl, 2010)
Peer pressure	(Al-sheyab, Gharaibeh & Kheirallah, 2018)
Skipping breakfast	(Kesztyüs, Traub, Lauer, Kesztyüs & Steinacker, 2017) (Traub et al., 2018) (Fayet-Moore, Kim, Sritharan & Petocz, 2016)
Takeaways near school	(Turbutt, Richardson & Pettinger, 2018)

It is also important to setup up the environment at 'home' (inside and out) to be conducive to promoting healthy for children and there are many factors that have been shown in the literature to influence healthy eating and behaviour in the home (**Table 4**).

Table 4. A summary of the factors that have a significant influence on healthy eating within the home environment. Factors shaded in GREEN were significantly associated with facilitating healthy eating and factors shaded in RED (**barriers**) were significantly associated with lower healthy eating.

and factors snaded in RED (barriers) were significantly associated with lower healthy eating.		
HOME ENVIRONMENT		
Participation in family meals	(Fink, Racine, Mueffelmann, Dean & Herman-Smith, 2014) (Videon & Manning, 2003) (Neumark-Sztainer, Wall, Perry & Story, 2003) (Neumark-Sztainer, Hannan, Story, Croll & Perry, 2003) (Gillman, 2000) (Shier, Nicosia & Datar, 2016) (Jackson et al., 2017)	
Parental consumption of healthy foods (modelling)	(Ong, Ullah, Magarey, Miller & Leslie, 2016) (Cooke et al., 2004) (Orlet Fisher, Mitchell, Wright & Birch, 2002) (Hanson, Neumark-Sztainer, Eisenberg, Story & Wall, 2005)	
Availability of healthy food within home	(Ong, Ullah, Magarey, Miller & Leslie, 2016) (Couch, Glanz, Zhou, Sallis & Saelens, 2014) (van der Horst et al., 2006) (Cullen et al., 2003) (Neumark-Sztainer, Wall, Perry & Story, 2003) (Hanson, Neumark-Sztainer, Eisenberg, Story & Wall, 2005) (Shier, Nicosia & Datar, 2016)	
"Allow/limit" food rules	(Couch, Glanz, Zhou, Sallis & Saelens, 2014) (van der Horst et al., 2006) (Shier, Nicosia & Datar, 2016)	
Food security	(Neumark-Sztainer, Wall, Perry & Story, 2003)	
Better educated parents	(Videon & Manning, 2003) (van der Horst et al., 2006)	
Grocery store close to home	(Barrett et al., 2017) (Edmonds, Baranowski, Baranowski, Cullen & Myres, 2001)	
Authoritative parental feeding style	(Patrick, Nicklas, Hughes & Morales, 2005) (Van der Horst & Sleddens, 2017) (Rhee, 2006)	
Non-caloric beverage availability in home	(Ebbeling, 2006)	
Availability of unhealthy food within home	(Campbell et al., 2007) (Grimm, Harnack & Story, 2004)	
Family fast food and restaurant meals	(Shier, Nicosia & Datar, 2016)	
Food insecurity	(Matheson, Varady, Varady & Killen, 2002) (Nackers & Appelhans, 2013) (Jackson et al., 2017)	
Low household income	(Bhattacharya, Currie & Haider, 2004) (Nackers & Appelhans, 2013) (Shariff et al., 2015) (Casey, Szeto, Lensing, Bogle & Weber, 2001)	
Skipping breakfast	(Kesztyüs, Traub, Lauer, Kesztyüs & Steinacker, 2017) (Traub et al., 2018) (Fayet-Moore, Kim, Sritharan & Petocz, 2016) (Videon & Manning, 2003)	
Lesser educated parents	(Videon & Manning, 2003)	
Screen team (TV/Video games)	(Pearson et al., 2017) (Stiglic & Viner, 2019) (Grimm, Harnack & Story, 2004) (Jackson et al., 2017)	
Indulgent or uninvolved parental feeding styles	(Hoerr et al., 2009) (Hughes, Shewchuk, Baskin, Nicklas & Qu, 2008)	
Authoritarian parental feeding style	(van der Horst & Sleddens, 2017) (Rhee, 2006)	

Practical Applications for Improving and Maintaining Healthy Eating Habits

Prenatal Considerations

- Diet of the mother should be of high nutritional quality with a variety of different healthy foods throughout pregnancy. This is important for shaping the child's taste preferences and subsequent eating behaviours. (p. 5)
- Nutrition of the mother during pregnancy should fall within the governments recommended guidelines, nutritionally complete and no unhealthy junk food as this can directly influence the taste preferences of the child. (p. 5)

Parental Considerations

- Nutrition of the mother after pregnancy during breastfeeding and throughout weaning should fall within the governments recommended guidelines, nutritionally complete and no unhealthy junk food as this can directly influence the taste preferences of the child. (p. 5)
- During the weaning period when solid food would be introduced, exposure to a variety of healthy foods such as fruit and vegetables should be instigated. (p. 5)
- Parents should maintain a healthy diet throughout the life of the child to act as a role model to support the maintenance of healthy eating behaviours. (p. 7, 26)
- Parents should be aware of nutritional guidelines and a basic knowledge of nutrition, health and cooking. (p. 9, 24, 26)
- Adopt an authoritative parental feeding style and try to avoid uninvolved, authoritarian or indulgent styles of parenting – Encourage eating using supportive and nondirective behaviours, demanding but responsive to child's needs, incorporate allow/limit rules. (p. 8, 26)
- Do not use unhealthy junk food or treats as a reward for good behaviour or eating healthy food. (p. 6, 7, 26)
- Utilise non-food based, tangible rewards to encourage and praise healthy eating. (p. 6, 7, 26)
- Do not pressure a child to eat healthier foods (p. 6, 7, 26)
- Take caution when setting restrictions on certain foods especially as the child gets older, although adopting restrictive guidance can be a good method for shaping healthy eating habits when used appropriately (p. 6, 7)
- Adopt active guidance towards forming healthy eating habits. (p. 7, 26)

Promoting Healthy Eating at Home

- Ensuring the child participates in family meals (p. 26)
- Healthy food needs to be made available within the home (pp. 6, 7, 26)
- Limit unhealthy food availability within the home (pp. 6, 7, 26)
- Healthy food should be made accessible to the child (foods should be prepared, presented, and/or maintained in a form that enables or encourages children to eat them) (pp. 6, 7, 26)
- Make non-caloric beverages available in the home (diet coke etc) (pp. 6, 26)
- Minimise the frequency the family uses fast food outlets and/or restaurants (p. 26)
- Try to limit a child's screen time on TV and video games (pp. 12, 26)
- Ensure the child does not skip breakfast (p. 26)

Promoting Healthy Eating at School

- Providing the child with the availability to purchase school meals (pp. 24, 25)
- The school should provide healthy food options and have high nutrition standards (pp. 24, 25)
- Vending machines in school should not contain unhealthy snacks and provide healthier alternatives (p. 25)
- Gardening programmes that the child can enrol into at school (p. 25)
- Free fruit and vegetables to be made available in school (p. 25)
- Cold filtered water to be provided within the school (p. 25)
- Healthy food to be made more convenient for students to purchase (p. 25)
- Multicomponent programmes with interventional components such as policy, education, family and community involvement, and/or food provision to improve the child's nutrition knowledge, dietary behaviour changes, and intake of healthy foods. (pp. 24, 25)
- Adopting traditional style games during PE to educate children on nutrition (pp. 30 32)

Practical Applications for Improving and Maintaining Physical Activity Habits

Prenatal Considerations

- Physical activity level of the mother should be adequate throughout pregnancy. (p. 4)
- Nutrition of the mother during pregnancy should fall within the governments recommended guidelines, nutritionally complete and no unhealthy junk food. (p. 4)
- If the child is female, then more care should be taken in ensuring that they get adequate physical activity as on average female children have lower levels of physical activity. (p. 4)

Parental Considerations

- Parents should engage or join in with the child during physical activities (p. 23)
- Parents should maintain a personal level of physical activity to act as a role model for promoting physical activity in their children. (pp. 4, 23)
- A positive home environment related to physical activity such as parents having a knowledge
 of physical activity recommendations and encouragement (pp. 4, 23)
- Provide psychological support and avoid any form of abuse or neglect (p. 23)

Promoting Physical Activity at Home

- Adequate indoor space for play. (p. 23)
- Dedicated play time. (p. 23)
- Time outdoors and independent exploration at an appropriate age (p. 23)
- Sports and activities should be organised outside of school (p. 23)
- Sporting equipment to be made available and easy to access within the home (p. 23)
- Living close to school so that the child can walk to school when at an appropriate age (p. 23)
- Ensuring the child has adequate nutrition whilst meeting recommended energy needs (p. 23)
- Live close to parks and recreational facilities (p. 23)
- Live in a safe community (pp. 4, 23)
- Try to limit the use of the stroller or carrying the child when walking is possible (p. 23)
- Allow adequate time to ensure the child can perform enough physical activity (p. 23)
- Whenever travelling, if walking is possible then do so as an alternative to taking the car (p. 23)
- Try to limit a child's screen time on TV and video games (pp. 4, 23)

Promoting Physical Activity at School

- Campus size should be big enough in relation to number of students (p. 22)
- A good student perception of support from teachers and staff to physical activity (p. 22)
- Provide an environment within school that fosters social cohesion between students and teachers (p. 22)
- Have policies that are specific to promoting physical activity (p. 22)
- The school to offer sporting activities within the building (p. 22)
- Providing break/recess physical activities (p. 22)
- Sports management and facilities to be of good standard (p. 22)
- Adequate size of instructional area during physical education (p. 22)
- Active supervision, active feedback and social support during physical education (p. 22)
- Providing children, the choice to choose between different physical educational activities (p. 22)
- Transformational behaviours by PE teacher (encourage, inspire and motivate) (p. 22)
- Non-controlling autonomy and relatedness support (p. 22)
- Avoid overcrowded class size during physical education (p. 22)
- Adopting traditional style games during PE to improve motor skills and increase physical activity (pp. 30 - 32)

Traditional Games in Physical Education

Traditional games, which are games that are often culture specific and passed down from generation to generation (e.g. Hide & Seek, Chase, Dodgeball, Tug-of war, What's the time Mr Wolf?) have been shown to be an effective educational tool within a school environment such as during physical education (Aypay, 2016; Trajkovik et al., 2018).

Traditional games have also shown the ability to improve motor skill development (Akbari et al., 2013; Charles, Abdullah, Musa, Kosni & Maliki, 2017), which is an important aspect to physical development and lifelong physical activity in children (True et al., 2017) as well as having a positive impact on academic performance (Macdonald et al., 2018).

When delivering nutritional education, studies have shown that an integrated "learning through playing" approach to be successful in improving children's knowledge about healthy foods and lifestyle (Rosi et al., 2016; Nekitsing, Hetherington & Blundell-Birtill, 2018). Other research has shown positive results when video games have been adopted to improve nutrition and health knowledge and changing behaviour (Baranowski et al., 2018).

Therefore, the use of traditional games to educate children on nutrition and health by adapting games to have a nutritional or health related theme within them, may be an efficacious in not only increasing children's physical activity, but also motor skill development and nutritional knowledge in general. This would help contribute to improving healthy eating and physical activity habits in children.

Hide & Seek

A game where any number of players will hide or conceal themselves within the environment for another player to close their eyes and count to a predetermined number before going to locate the concealed players. This could be adapted to teach nutrition and health in many ways such as:

The children hiding could wear coloured bibs/vests that represent either healthy or junk/bad food, when children wearing the colour related to bad food were located, they would then be allowed to chase the child seeking. The child seeking would then become 'safe' if they run back to a designated area called 'base, the child chasing would be out if they were not successful in catching. When children are located who are wearing the colour related to healthy food, they could join in on the seeking making the chase element harder for the chasers.



• The children hiding could hold cards that are related different foods (e.g. broccoli, fried chicken, potato, chocolate). When the child locates someone hiding, they can ask to view their card and would have to then decide based off what that card was if they wanted to leave them hiding or allow them to join in with them seeking. The aim of the game would be for the child to pick people hiding that have cards with healthy food types and to leave children hiding who have cards with unhealthy food types. An assessment of what cards were picked can be discussed at the end of the round.

Chase/tag/it

A playground game that involves two or more players chasing each other in attempt to "tag" or touch them, usually accompanied by saying "tag" or "it". At this point the player touched then becomes the person chasing other players.

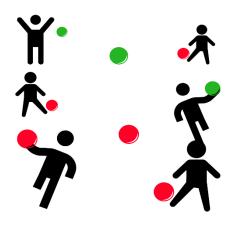
 Whoever the chaser is in the game would only be able to tag people with the addition of verbally naming an unhealthy food (e.g. chips, chocolate, burger, fizzy drink etc), this could be refereed by an adult qualifying successful 'tags' only when an unhealthy food was verbally named.



Dodgeball

Dodgeball is a team sport where two teams try to throw balls and hit each other whilst trying to avoid being hit themselves. The objective of the game is to eliminate all the players on the other team which is done by either hitting them with a ball or catching a ball that they have thrown.

• This game could be adopted by simply having two different colours of balls (red & green), one colour would represent unhealthy foods (e.g. red) and the other would represent healthy foods (e.g. green). The object of the game would be similar to the original, although players would want to avoid being hit by the red balls and would try to catch the green balls. Being hit by red balls would eliminate the player being hit and catching a green ball would allow a player that was already out to re-join the game. The game could be timed and whoever has the most players in play when the time is up wins the game. Clarification of what types of foods represent

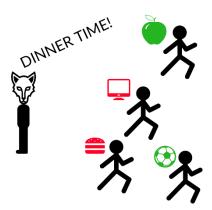


healthy (green) and unhealthy (red) could be conducted before the game begins with a test at the end of the game.

What's the time, Mr Wolf?

This game is a form of tag that involves one person (Mr Wolf) to stand at the end of a playground or field facing away from the other players. A call and response will then take place, all the players besides 'Mr Wolf' will chant in unison: "Whats the time Mr Wolf?", and 'Mr Wolf' can either answer by giving a time such as '5 O'Clock' which will allow the other players to take 5 steps whilst counting out loud the steps they take. Mr Wolf can also reply by shouting "Dinner Time" whilst turning around and trying to chase the other players before they get back to the starting point.

• This game can easily be adapted to help children understand specific foods that are good or bad for health or even different behaviours that have an influence on health positively or negatively (e.g. TV watching, sedentary behaviour, sport, outdoor activities). The players that are walking up on Mr Wolf could wear pre-made tshirts that have images of different healthy or unhealthy foods, practices or behaviours on the back. The objective of the game would be to try and chase the healthy foods, practices or behaviours instead of the unhealthy ones, reflection on how the players performed could be conducted after each game that would offer an



opportunity to correct mistakes and educate on different foods and practices that are healthy or unhealthy.

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