A school nurse describes her experiment

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Starting and running a school Weight Club

This club was established in a Devon co-educational school of 780 pupils as the result of a series of events, rather than a conscious decision.

It began with a weight survey on 4th-year children which looked for early signs of anorexia; and it soon became clear that a record of a child’s weight would be extremely useful in many aspects of health surveillance. A measurement programme of all the children in the school took place in 1980 and the information was recorded on their subsidiary cards.

Each child who was half a stone or more overweight was spoken to and advised accordingly. As a result a large number began to come down for weekly weighing, which involved constant repetition of the same advice to different children. Some expressed a wish for a weight club and so it was decided to see if it would be worthwhile.

Planning The Club

There were a number of people to be consulted before a club could begin. They were the School Medical Officer, the Headmaster, the Health Education Officer, the Head of Home Economics and the Adviser for Adult weight clubs. All provided invaluable help, information and guidance.

Further planning attempted to answer the questions Where, When, and What?

Where to hold the club? I am lucky enough to have two good-sized medical rooms which seemed ideal.

When to hold the club? The time agreed was for Friday lunch-time as this suited most people (12.45pm to 1.30pm)

What equipment was required? I already possessed scales with a height ruler attached in the medical room.

Paper work took up a great deal of time and included:

(a) a letter to parents asking for their permission;
(b) a weekly sheet for writing total food and drink intake;
(c) a card annotated with the child’s name for recording weekly weights, along with a piece of graph paper to plot weight gain and loss. This was needed for each club member.
(d) Books, magazines and leaflets were collected from various sources and these gave useful dietary information.

Medicals were arranged for those who were very overweight and some parents were visited to enlist their support and consent, further to the introductory letter. Only one mother refused consent, but this was not confined to a weight club alone, since her son was not permitted to join any club as he was expected home at lunch and straight after school. However, he proceeded to appear each week without being asked, produced many books on diets, and even reached and maintained his target. He was not allowed to join the club without his mother’s consent, but I found it hard to refuse to weigh him!
Size of the Club
Of the 780 children weighed, 56 were found to be at least half a stone or more overweight and two of these were obese. Of the 56 who were overweight,
(a) 28 preferred to do nothing or lose weight with parental guidance;
(b) 15 were weighed weekly but did not attend the club, and out of these 8 stopped attending after a few weeks;
(c) 12 joined the club;
(d) 1 wished to join but was unable to;
(e) 2 overweight members of staff assisted in the organisation and took part in the activities.
This seemed a manageable size for a club, given the size of the room.

Early Problems
There were several of these, which included the following:
(a) Finding enough chairs near at hand.
(b) Finding information relating specifically to children. Most, if not all, was geared to adults or to the very young.
(c) Thin children arrived in droves asking to join. All were weighed again (they had been checked earlier), shown where they should be on the weight chart and sent gently, but firmly, away.
(d) I found the Height and Weight percentile chart provided by the Health Authority somewhat confusing and in the end used the adult chart, as well as using wrist measurements to give frame size. As most of the children were nearly full grown, this caused little difficulty.

Implementing the Club
We met every Friday and each child was asked to bring a piece of fruit and a 1p piece. The fruit was given to the person who had lost the most weight during the week, and the 1p pieces were collected as a prize for whoever had lost the most weight by the end of the term.
The fruit idea worked extremely well. However, the money produced an unexpected result. The child who was expected to win didn’t and became rather upset for a while; she even gave up trying to lose weight, although she did come back to the club during the next term.
Each child was weighed in a different room from the club room as they were all naturally secretive about their actual weight. In fact, I was the only one allowed to know their weight. They were quite happy, however, to discuss their weight gains or losses with each other.
After a few weeks the time of the club was changed from 12.45pm to 12.30pm as nobody wanted to eat their lunch before being weighed! As a result, they began to bring their lunches into the club, thus providing useful discussion on diet. The main concern when looking at what they were choosing was that they did not include enough yoghurt and apple, for example.

Topics and Ideas
This involved much preparation and at times was also a little expensive.
Topics included taking a look at diet and work, and also advertising of junk foods from both magazines and television, and how the subject was put across to tempt. It is interesting to note that the children found that they had a lot to offer in these discussions.

Dietary Fibre We looked at different types of bread which were mainly brought by club members. The cooking and uses of beans, lentils and brown rice were discussed and they were given brown rice to try. Despite being reluctant to taste it at first, most did in the end!

Fats and Spreads A tasting session was also organised by the Home Economics department of various types of butter, spreads and margarine, which were put on biscuits, and we all, myself included, had to decide which was butter. The result was:

one correct;
one chose Echo margarine;
most chose St. Ivel Gold Spread.
The calorific values of fats and spreads were also investigated, along with other
foods. Alternative foods with low calories were discussed (e.g. low calorie squash).

Exercises
These were introduced with great care and a good deal of wariness on my part. One girl was not allowed to take part at all as she had been hospitalised with a slipped disc only a few months previously. One member of staff brought in a tape recorder and we exercised to music. This produced a great deal of enthusiasm and they arranged between themselves to go running a few times each week. They also tried to organise lunch-time squash sessions, but without much success. This did not last!

Other exercises, besides sport, were discussed, and included walking to school or using the stairs in shops rather than the lift. We found by research that the stairs in most shops were tucked well away from the main thoroughfare.

Evaluation
Once a month the two members of staff looked after the group whilst I saw each child individually to discuss their progress and look at their individual eating patterns.

A party was held at the end of each term using well balanced food; these were highly successful.

Other Resources and Information
After a while useful information came in from other people. A member of staff who was nothing to do with the club, brought in information about the “Welcome to our World” club. This was rather like Weight Watchers, and whilst we did not use their diets, some of the hints and tips were very good. For example: always sit down when eating; use a smaller plate; and my own favourite, before buying a cream bun imagine that a slug has crawled on it!

One of the children also brought in a diet which seemed quite good. The Health Education Officer arranged for a dietician to look at it. As a result, it was found to require a very full knowledge of dietary principles to make it work. Consequently, it was not used by any of the others.

Problems
No venture is without its problems and of course there were many in this case.

One girl never brought her 1p piece or any fruit, and never asked questions or produced magazines. Fortunately, no one seemed to notice as she never won the prize. She did lose weight quite well but I found out, thanks to an alert Dinner Lady, that her method of dieting was to miss meals. A medical was arranged and these problems were discussed with the School Medical Officer and her mother. Mother had also been losing weight by missing meals.

Another child whose method of dieting was to eat as little as possible one day and a great deal the next, would lose two pounds and gain two, lose two and gain two the whole time. A great deal of time was spent trying to guide her, but she found it too difficult to change her eating pattern and left the club.

Maintaining motivation was also a problem, and two members drifted off to join other clubs.

Results
Both the two obese children preferred to come separately to be weighed, when no one was looking.

The boy only came occasionally and, in spite of several medicals and advice from the School Medical Officer to his mother, he had no real backing from home. He said he would like to lose weight but never really sustained any effort to do so. He began at 15st. 12½lbs, aged 12 years, and when last weighed he was 19st. 13lbs. This was several months ago and he is probably beyond my scales now. Certainly he was not a success.

The girl began at 14st. 1½lbs., kept to a pattern of trying hard for several weeks and losing three or four pounds, then relaxing and putting all the weight back on. Mother was very supportive, joining her daughter with her diet, and did well herself. However, father, who had been
20 stone until ill health caused involuntary weight loss, was very negative. Even after a great deal of encouragement she also lost heart and gave up. Her present weight is 16 stone plus.

**The Bad News** Out of 20 who made serious attempts to lose weight:
- 3 stopped attending,
- 2 remained obese,
- 5 lost weight and regained it, and
- 1 maintained original weight.

**The Good News** Of the rest:
- 7 achieved target weight and maintained it,
- 1 achieved target weight through natural growth, and
- 1 lost weight steadily and had 10lbs. to go when she left school.

The above figures exclude the two staff members, and, of these, one lost only two pounds the whole time, and the other lost well, also gave up smoking, and maintained her weight loss until her husband became a member of the recent Falklands Task Force. She did not begin smoking again but her weight did suffer. I am pleased to be able to say that she is trying again.

**Summary**

The club brought about a great deal of work, but some material may be used again.

Motivation can be difficult to maintain. I personally consider that the club was and is worth the trouble. However, I also feel that the really obese children would have been better helped at an earlier age. There is a need for weight clubs in Junior or Infant Schools, even though they could be hard to organise.

The results may not be enormous but with luck, these children will be conscious of diet with their own children, and it may help in the long term.

Anyone who is thinking of beginning a club of their own would be well advised to seek help from other members of staff, Dinner Ladies etc. Without them my club would be difficult, if not impossible, to run. The school children’s True Weight pack is now available to give guidance.