

**EXPLORING THE IMPACT OF A SHORT TARGETED HEALTH
PROMOTION PROGRAMME FOR CHILDREN AT A LOCAL SPORTS
CLUB**

A Participatory Action Research Study

By

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A dissertation presented to the Faculty of Health Sciences in part-fulfilment of the requirements for the Degree of Master of Science (Nursing) at the University of Malta

Department of Nursing
Faculty of Health Sciences
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Dedication

To my wife Melanie, my daughter Krista, all my family, my close friends and
to my supervisor.

Your constant encouragement and support, especially when being faced with difficult
times was instrumental to the completion of this dissertation

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Declaration



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Abstract

Background

Numerous studies confirm the factors responsible for the alarming obesity rates in the European Union. The Maltese islands are no exception with high rates of obesity among adults and children which are causing major concern for the nation's public health. Therefore, serious measures that target the obesity epidemic and promote physical activity and healthy lifestyles must be implemented in every possible setting.

Aim and Research Questions

The aim of the study is to explore the participants' experiences during the implementation of a brief health promotion programme in conjunction with their routine sports training sessions at a youth sports club. The research questions that guide this study are: *What is the impact of a brief health promotion programme at a local sports club on the various stakeholders?* and *How do the stakeholders experience this health promotion programme as part and parcel of the technical training and skill development?*

Design

Community based participatory action research (CBPAR) is the methodology utilised in this study that involved one purposefully chosen sports club and its administrator, coaches, youth members and their parents. This was a three-phase study carried out prior, during and after the intervention which involved a total of 24 participants. Face-to-face interviews were carried out with the administration and coaches prior to and after the intervention, whilst focus group discussions were conducted separately with children and parents. The health promotion intervention consisted of six 45-minute sessions covering a range of health topics, delivered by the researcher, administrator, and coaches.

Findings

The thematic analysis techniques utilised in both phases resulted in four emergent themes:

(i) Youth nurseries as health promotion hubs; (ii) Inspiring figures for the children; (iii) Cultural issues hindering a healthy lifestyle; (iv) Determinant environment to deliver health promotion.

Conclusion and Recommendations

A health promotion programme as part and parcel of the children's training programme was deemed critical for one's health and improved sports performance. The findings of this study reveal the stakeholders' enthusiasm and motivation to deliver such programmes to youths in a sports club environment. It was acknowledged that health promotion can be integrated in the club's mission statement to guide members into healthier lifestyle patterns. Although the recommendations of this dissertation apply specifically to the sports club under study, they can also be applied to other clubs and sports facilities. There is scope for further research on this topic and it was deemed imperative to implement policies that address the true needs of the Maltese population and protect and promote healthier lifestyles. Local sports clubs were identified as ideal environments to stimulate such a paradigm shift and effectively disseminate health promotion messages that encourage healthier lifestyles.

Keywords

Health promotion; Obesity; Children; Community Based Participatory Action Research; Youth Sports Clubs; Setting Base Approach

Abbreviations and Acronyms

CASP	The critical appraisal skill programme
CBPR	Community based participatory research
GAA	The Gaelic Athletic Association
HPSC-I	Health-promoting sports club index
HCP	Healthy club project
HCQ	Healthy club questionnaire
HBM	Health Believe Model
HP	Health promotion
IM	Intervention Mapping
IUHP	International Union for Health Promotion
NCD	Non communicable diseases
PAR	Participatory Action Research
PE	Physical Education
TA	Thematic Analysis
WHO	World Health Organization

Chapter 1

Introduction

In 1949, the World Health Organization (WHO) stated that health is a state of full, physical, mental, and social well-being and not just the absence of disability. Thanks to rapid improvements in research and technology in recent decades, the study of medicine is progressing in the areas of pharmaceuticals, infectious diseases, surgical interventions, technology, and advanced medical devices. However, non-communicable diseases (NCD) remain the main cause of premature death in many developed countries. The number of people with NCDs continues to increase at an alarming rate. According to the European Union (2020), more than 80% of NCD premature deaths can be classified into four major groups: cardiovascular diseases (17.9 million people annually); cancers (9.0 million); respiratory diseases (3.9million); and diabetes (1.6 million). Given the current lifestyle patterns and the aging population, these percentages are set to increase. In light of this, the WHO encourages and assists nations to reduce the number of deaths from NCDs.

The European Commission Knowledge for Policy with Scientific Evidence (2020) highlights official statistics by the European Union showing that over 70% (40 million) of 56 million global deaths are caused by NCDs. This is predicted to increase by 72% of deaths, equivalent to 52 million, by 2030. The WHO regional office in Europe estimates that 86% of deaths are caused by NCDs. They pointed out that a large percentage of these deaths are preventable if people simply maintain a healthy lifestyle. According to the National Mortality Register (2009) in Malta, 82% of all deaths were due to NCDs. This trend was predicted by the WHO in 2010 and preventive actions were introduced. NCDs will become more problematic globally by 2030 and it is estimated that the loss of life from NCDs in the next ten years will increase exponentially. This epidemic is just as concerning as the COVID-19 pandemic given that the WHO Coronavirus dashboard confirmed that nearly 5 million people have died from COVID-19 since March 2020 (WHO, 2019). This implies serious

action is needed to combat the rising number of projected premature deaths from NCDs around the world.

The public must be constantly informed about the risks of NCDs. The WHO (2010) estimates that NCDs could outnumber the number of communicable diseases in Africa by 2030 if no appropriate preventive action is taken. The surge of NCDs among people in developed countries in Europe is putting strain on public finances as well as physical and human resources. Dvorak, Fuller and Junge (2012) argued that communicable and non-communicable diseases cause enormous social and economic burdens on both developed and developing countries. Considering this, nations around the globe need to actively collaborate with other organizations to promote disease prevention and health promotion at the national and global levels. Peoples' holistic well-being is facing plausible threats from NCDs, particularly in the developed countries of Europe and North America.

Coronary heart disease, hypertension, diabetes, and some cancers are linked to obesity (Dvorak, Fuller and Junge, 2011). Accessible preventive measures for the public could significantly reduce obesity, the leading NCD in Europe and other countries. Donev, Pavlekovic, and Saletel Kragelj (2006) assert that the concepts of health promotion and disease prevention were brought to the forefront with the creation of the Ottawa Charter to promote global health. The Charter's action areas laid a solid foundation for a stronger orientation toward public health. Thirty five years later, the vision presented during this first conference still resonates and is considered the basis of every health strategy presented to improve quality of life globally. Leaders and policy makers must commit to public health policies that are accessible and comprehensible to all communities around the globe. The diagram below is a visual representation of the five main action areas that emerged from the Ottawa Charter for Health Promotion in 1986.



Figure 1: Showing the 5 action areas in health promotion from the Ottawa charter (1986)

(Source: <https://www.researchgate.net/figure/OTTAWA-CHARTER-FOR-HEALTH-PROMOTION-1986>)

Between 2013 and 2020, years after the Charter was first developed, the WHO launched a global action plan to reduce the threat of NCDs. The plan included nine targets that were tackled by the countries across the world:

WHO global action plan 2013 – 2020 targets

1. A 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases.
 2. A 10% relative reduction in the prevalence of insufficient physical activity.
 3. A 10% relative reduction in the harmful use of alcohol.
 4. A 30% relative reduction in the mean population intake of salt/sodium.
 5. A 30% relative reduction in the prevalence of tobacco use in persons aged 15+ years.
 6. A 25% relative reduction in the prevalence of raised blood pressure.
 7. A halt to the rising levels of diabetes and obesity.
 8. At least 50% of eligible people should receive drug therapy and counselling to prevent heart attacks and strokes.
 9. 80% availability of affordable technologies and essential medicines for people with major NCDs.
-

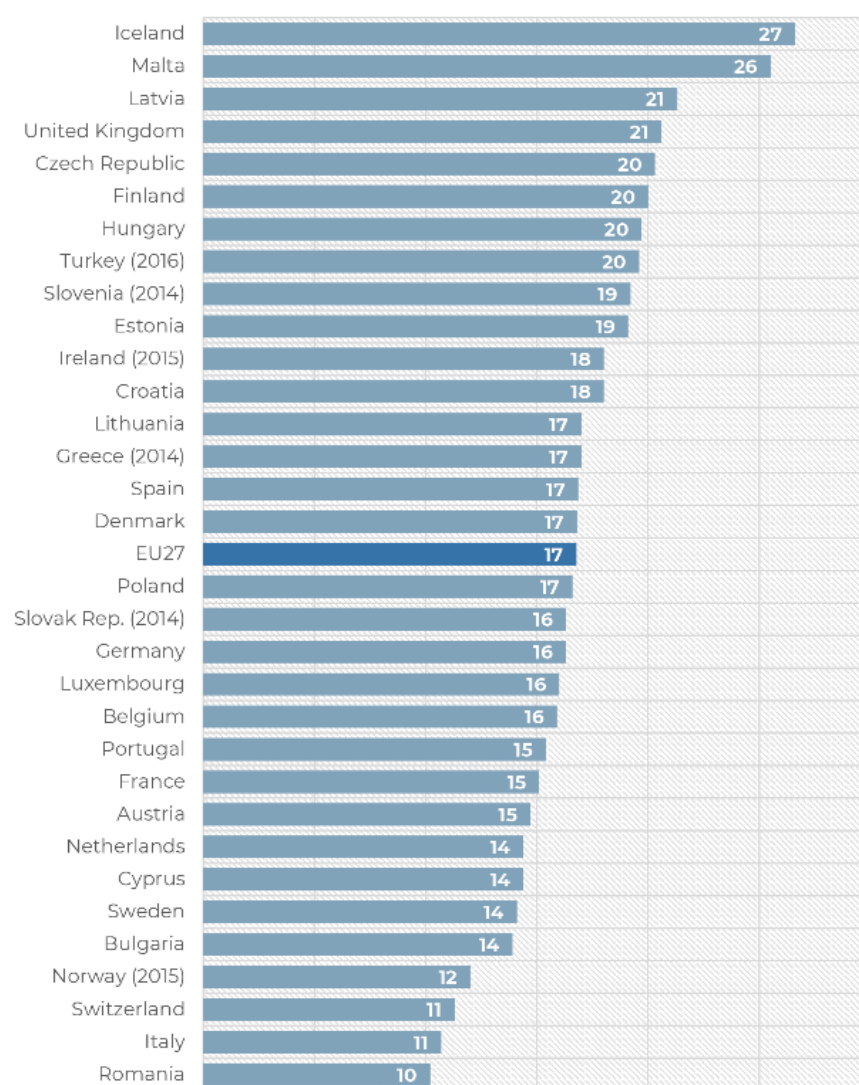
Table 1: Action plan from the ‘Global Action Plan for the prevention and control of NCD’ (WHO, 2013, p 5)

In addition to the targets identified, the WHO’s regional office in Europe published a ten-year strategy on how to address these targets. The top priority was to highlight the issue of decreased physical activity and empower people and communities through health-enhancing environments and participation in an integrated, multisectoral, sustainable and partnership-based approach. The aim is to mainly target points 1, 3, 6 and 7 that relate to obesity.

Obesity is a serious health problem in Malta that was highlighted in an EU report published in 2019 about the country’s current health profile. The report revealed that Malta has the highest rate of obesity in the EU with two out of every five deaths caused by cardiovascular disease. It was also reported that one-third of 15-year-olds in 2013-14 were obese because of their sedentary lifestyle, consumption of large portions and easy access to ready-made meals that have replaced the traditional Mediterranean diet. Furthermore, physical activity levels in 15-year-olds were below the EU average with just 9% of girls and 16% of boys exercising regularly. The study about health behaviour in school-aged children conducted by the WHO between 2017 and 2018 showed that 44% of boys and 34% of girls aged 11 in Malta were obese, whilst 38% percent of boys and 35% of girls aged 13 were obese. In the age 15 cohort, 41% of boys and 37% of girls were obese. Between 2014 and

2017, the girls had the highest levels of obesity. The statistics gathered by the Organisation for Economic Co-operation and Development (OECD) and the Health Behaviour in School Children (HBSC) study conducted by the WHO (see Figures 2 & 3) rank Malta as having one of the highest numbers of obese children and adults because of a poor diet and lack of physical activity. In light of these facts, serious consideration and action from various stakeholders is warranted to address this alarming health situation.

Obesity rates in Europe Percentage of adults who are obese (based on self-reported height and weight), 2018 or latest year



Note: Self-reported data
Source: OECD Health Statistics 2020, published in *Health at a Glance: Europe 2020* 

Figure 2: Adult obesity rates within European countries, showing Malta placing as second most obese country in Europe (Source: OECD Health Statistics 2020, published in Health at a glance: Europe 2020)

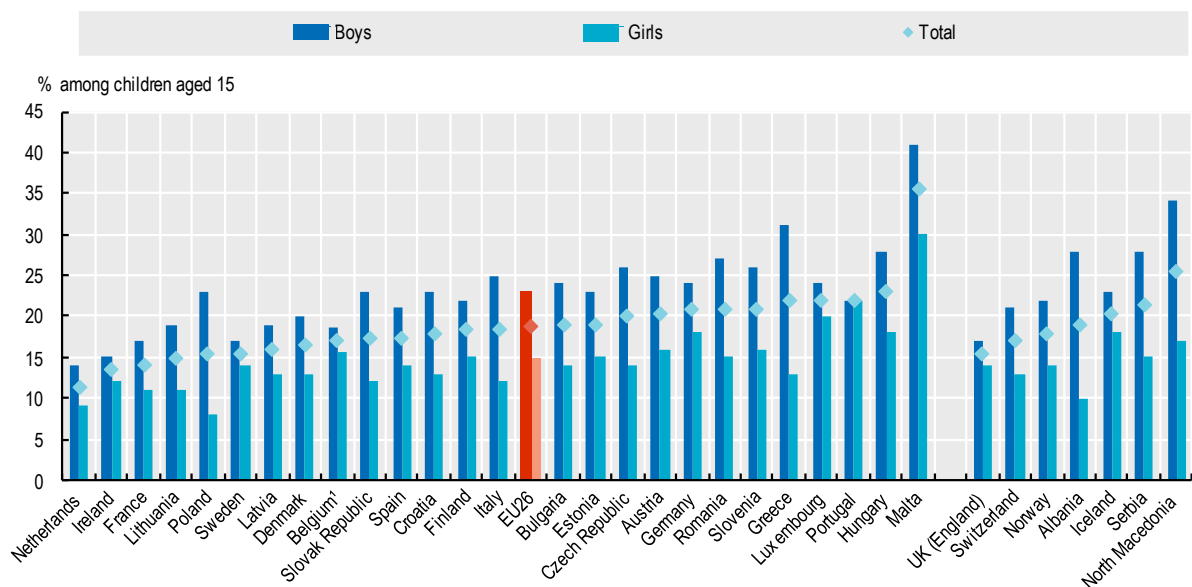


Figure 3: Showing worrying overweight and obesity numbers in local 15-year-olds compared to European countries (Source: HBSC data from Inchley et al., 2020; www.oecd-ilibrary.org/sites/7402dbb2en/index.html?itemId=/content/component/7402dbb2-en)

Cauchi, Rutter and Knai (2015) pointed out that various obesogenic environmental factors linked to dietary patterns of the Maltese people are likely to contribute to childhood obesity. Large portion sizes, pervasive advertising of unhealthy foods that target children, widespread availability of cheap fast foods and pastries from numerous confectioneries, ‘pastizzerias’, fast food chains and mobile junk food vendors, often near schools, are major contributors to the alarming obesity rates in Malta. In fact, several local studies acknowledge this worrying health issue (Cuschieri, et al. 2016; Grech, et al. 2016; Gauci & Calleja, 2017; Gauci et al. 2015) and aim to disseminate the findings and create effective policies.

As highlighted by Ziglio et al. (2000), the role of health promotion in health care reform has been insignificant. The budgets allocated were not large enough for sustainable action and there was not enough infrastructure power to develop a healthy public policy. Institutions across the globe must seek financial resources that can identify the necessary tools and human resources to combat the alarming numbers of NCDs and decrease current

and future health care expenditures. Cost-effective solutions to invest in health promotion were identified in the Global Action Plan (WHO, 2013). It was estimated that approximately US\$1 billion is needed to invest in health promotion for a period of eight years when compared to a loss of US\$47 trillion to treat NCDs and mental health disorders. The World Health Assembly has asked the WHO to develop an implementation roadmap for 2023-2030 that supports the prevention and control of NCDs (WHO, 2021). Indeed, targeted programs based on physical activity that target healthy lifestyles can result in reduction of obesity and the prevalence of NCDs across the globe. Such programmes must tackle the real needs of the communities and seek to modify existing unhealthy lifestyle choices in support of healthier ones. This can be achieved with education that targets people's positive change in attitude. To reach as many individuals as possible, similar programmes should be carried out in as many settings as possible to transform unhealthy attitudes into healthy ones.

1.1 Health and Promotion of healthy lifestyle a picture of Local situation

Although several actions are being taken to effectively disseminate the health promotion message across communities of the Maltese Islands, more work is needed. The mission statement of the Health Promotion and Disease Prevention Directorate within the Ministry of Health focuses on the protection and promotion of the health and wellbeing of all people residing in the Maltese Islands. The Directorate (2020) promotes health by:

- Supporting and empowering people to adopt healthier lifestyles
- Developing and implementing strategies to reduce the burden of communicable and non-communicable diseases
- Advocating for the creation of environments conducive to health.

Local legislation has changed in the past 20 years and new strategies to target health issues have been implemented. Such changes aimed to empower the Maltese population to acknowledge the various health problems they face and subsequently opt to lead healthier lifestyles. The various changes in legislation were an opportunity to implement important policies that aimed to safeguard the health status of people living in the Maltese islands. Since 2010, the local authorities have recognized the urgency to address these issues which led to the creation of the NCD strategy (2010), the National Cancer Plan (2011), the National Healthy Weight for Life Strategy (2012), the Food and Nutrition Policy and Action Plan for Malta (2014), an NAO Report on Physical Education and Sports (2010) and a National Policy for Sport in Malta and Gozo (2017-2027).

The Department of Health Services Management at the University of Malta, Directorate for Health Information and Research in partnership with the European Observatory on Health Systems and Policies released a document in 2017, 'Health Systems in Transition', that highlights the local health situation. It also stresses the importance of strengthening the health information system to enable proper monitoring and evaluation of the objectives in the National Health System Strategy. Improvements were made in the local public health sector by banning tobacco in certain areas. However, they argue that the percentage of childhood obesity in Malta is more worrying than in other European countries which reveals a disconnect between the policies and strategies implemented and their impact on the Maltese population.

Cuschieri et al. (2016) argue that the increase in obese and overweight adults can be seen in most European Countries but at higher rates in Southern Europe. The Maltese Islands have high obesity rates in all age groups (Brandt & Erixon, 2013). Considering this, various strategies have been implemented to address the growing trend of obesity with one launched by the Maltese Government in February 2012 under the guidance of the

Superintendent of Public Health. At that time, Malta had the highest levels of obesity with 72% of men and 53% of women classified as obese or overweight – the highest level in all the WHO European region. Following this startling revelation, a study of 4,000 participants conducted by Cuschieri et al. (2016) between 2014 and 2016 found that the obesity rate was 69.75% of the population of which 76.28% were men and 63.06% women. This demonstrated that the situation has further increased even after the launch of the strategy. In fact, the WHO European Childhood Obesity Surveillance Report (2015-2017) revealed that one-third of Maltese school-aged children were already overweight or obese (WHO, 2021). In fact, Maltese children's consumptions of breakfast, vegetables, and fruit consumption fluctuated at one of the lowest levels in Europe between 40-50%. Furthermore, almost half of the local children spent more than two hours watching television or using electronic devices during the week and up to 92% of their time on the weekends. Although strategies are being used to reduce obesity and promote healthy life choices amongst young children and their families, deeper exploration into the potential of local sports clubs as health promotion hubs is warranted. It is evident that leisure environment settings as health promotion hubs is understudied. Local authorities including the Youth and Sports Ministry are working to encourage children to play different sports which is part of the key strategy to reduce childhood obesity. The National Policy for Sports in Malta and Gozo (2017-2027) acknowledges that local children need to experience sports at the school and club levels.

A research study by Decelis et al. (2014) shows that children engaged in 18 minutes of moderate to vigorous physical activity during school hours and only 5 minutes before school hours. After school hours they were active for 28 minutes on average. Girls were less active than boys throughout the whole day.

Therefore, urgent focused action to reduce the rate of childhood obesity in the Maltese Islands is urged. In the past few years, various local policy documents discuss projects that have been carried in various ministries of youth and sports. These projects aimed to guide Maltese citizens into healthier lifestyles, reduce levels of obesity and shift their current mentality to a more sport-minded and active one. SportMalta is major sports entity that organises most sports activities and disseminates information about the importance of sports for health. They aim to promote these initiatives to all Maltese citizens to reduce obesity levels and change the prevailing mentality. They encourage children to become active in different sports offered locally. The 'Schools on the Move' programme (2016) provides students the necessary tools to become independent and physically active during their free time. This programme also addresses bullying and peer pressure in line with the SportMalta ethos of inclusion for all in physical activity that foster unity and solidarity.

These initiatives are instrumental in protecting and promoting the physical and mental health of children and adolescents locally. The emphasis of the local policies and initiatives that Maltese Government entities have implemented in the past few years is on local schools. Schools are the default choice to target children in health promotion campaigns, but existing sports clubs also have the potential to become effective health promotion environments. Sports club settings can help promote and protect the children's health. The most popular sport for children is football, but other sports such as tennis, basketball, rugby are just as engaging. Indeed, healthy lifestyles must be promoted at every opportunity and in every setting, not just in schools.

1.2 My interest in the subject

Physical activity (PA) is a key aspect of a healthy lifestyle and disease prevention, but it must be introduced in conjunction with other aspects such as balanced nutrition. PA and sports are essential elements of the health and well-being of individuals which is acknowledged in reports related to physical activity (Ministry of Education 2008, 2009a & 2009b). These can be instrumental for various communities to gain insight about the health threats that surround them whilst creating positive attitudes that promote healthy decision making. The core health message can be delivered through a well-structured health promotion programme for communities across the globe.

This dissertation investigates the potential of sports clubs as health promotion environments. It has been suggested that there is a natural link between sports clubs and health promotion; however further observation of this setting is required. The stakeholders within the sports clubs, the administrator, coaches, children, and their parents, were engaged in a brief health promotion programme as part of this research study. In Finland, Koski (2009) investigated numerous youth clubs and asserted that a healthy lifestyle is an important goal for them. Unfortunately, because the clubs often operate on a voluntary basis, promoting good health in tandem with sports training and the competitive aspect of sports poses challenges. Kokko (2010) confirmed this and asserted that although the sports clubs often neglect the aspect of health promotion, they still have the potential to deliver the health promotion message. Clubs can be environments where sports are practiced in tandem with health promotion activities. These settings are not just physical environments, but are also social contexts where environmental, organizational, and individual factors that influence individual and communal health intermingle (IUHPE, 2007).

Dooris (2013) and Kokko (2014) argue that a settings approach to health promotion (HP) focuses HP actions on the settings where people work, and play can generate changes

in setting-based factors that influence the health behaviours of participants. Traditionally in these last 30 years, the settings approach has been mainly applied in institutions, schools, villages, cities and at workplaces to promote health. Nowadays, this project forms part of numerous projects and programmes launched by WHO that translate health promotion concepts and strategies into practice in different types of settings around the world (Lafond, Heritage, Farrington and Tsouros, 2003). Over the past decade, this same approach has been studied and developed in non-institutional settings like sports clubs (Kokko, 2014). Kokko et. al. (2015) describe sports club settings as leisure settings for youth across the world that reach approximately half of the child and adolescent population aged 10 - 16. Kokko, Green and Kannas (2014) argued that due to their wide reach and informal nature, sports clubs are potential settings for the dissemination of health promotion messages. Several studies focused on health promotion in sports club revealed that they generally have a positive impact on health promotion but have not been exploited at the coaching and club levels enough (Geidne, Qennersted and Eriksson, 2013; Kokko, Kannas and Villberg, 2009; Megnack, et. al., 2015; Van Hoyer, et. al., 2015). These clubs are still underestimated even though they reach a wide population. In Malta, although clubs may be in favour of disseminating health promotion amongst the population, there is still minimal concrete interest in introducing health promotion programmes at the clubs.

Both my profession and personal interest have been major contributors to my interest in exploring the potential of health promotion in alternative environments like youth sports clubs. My working experience as a nurse for the past 21 years has led to my interest in the evolution of local and international public health. It has also caused me frustration about the missed opportunities that we have had to reduce the levels of obesity and NCDs locally. Moreover, as a parent of a teenager, I believe that effective health promotion at the sports club where she attends can influence members to make healthy

choices and engage in healthier lifestyles. Apart from this, I am a sports enthusiast, a member of a sports club and an avid cyclist. Engaging in physical activity clears my mind, helps me to detach from my hectic life and focus on my health and wellbeing. My professional career and personal interest in this topic have led me to this investigation about the impact of a brief health promotion programme in a youth sports club. This qualitative study captures detailed viewpoints and experiences from the club's administration, coaches, children, and their parents. It explores how this micro community can effectively promote health in the Maltese Islands. After a review of the extant literature, a literature gap was identified in the local context due to the scarcity of similar studies that promote health in alternative settings and micro communities. Although brief sessions related to health promotion are currently offered in local youth sports clubs, there are very few to no research studies that focus on this topic in Malta. Some form of health promotion programmes is offered but they are as scarce as the research on this topic in the local context.

A search of the University of Malta online library database yielded some unpublished undergraduate studies from the Faculty of Health Sciences (Cutajjar, 2008; Zarb, 2019) Education (Sciberras, 2017; Piscopo, 2012; Debono, 2017; Schembri, 2012; Zammit, 2006) and the Institute for Physical Education and Sports (Vella, 2011). The aim of these dissertations is different from this study because they discuss the worrying trend of obesity, the lack of physical education in schools, and the need for more nutrition education and the promotion of sports in schools and sports clubs. However, the current study aims to explore the participants' experiences during the implementation of a brief health promotion programme in conjunction with their routine sports training sessions at a youth sports club. A deep exploration into this environment can help generate a feasible plan of action to tackle the local obesity epidemic, which is causing an increase in NCDs,

the number of premature deaths and is placing a heavy burden on the local health care system.

1.3 The aims and Research Question

The aim of this study is to answer the research questions about this topic which is understudied locally. I explored the impact of a brief targeted health education programme on children within a local sports club. I also created a programme that addresses the needs of all players and involves the nursery to ensure the effectiveness of the study. The programme consisted of sessions that specifically address the needs of the children who attend the sports club. This study also aims to capture their perceptions and experiences prior to and after the intervention.

There is limited research on youth sports clubs (Kokko et. al., 2015). In the same vein, Hills, Andersen, and Byrne (2011) explained that there is evidence that programmes that provide regular physical exercise and advocate a controlled diet can reduce obesity levels and the prevalence of NCDs; however, health education that seeks to change people's attitudes and behaviours about healthy lifestyles remains the most effective approach to mitigate the problem of NCDs. The extant literature related to introduction of health promotion in various settings translates into a better understanding of the health message.

Valente (2010) highlighted the importance of this approach because the consideration of socio-ecological perspectives and the complexity of societies has been recognised as a key factor in health-related behaviours. The European Commission (2007) also acknowledged that sports settings support people to change their health behaviour. They are encouraged to develop policies and practices to establish health promoting sports clubs (HPSC) (Eime et al., 2008; Kokko et al., 2009, 2014). As previously mentioned, the lack

of published information on the topic of youth sports clubs as potential health promotion settings is the rationale of this study. I managed to capture rich detailed qualitative data about the stakeholders' experiences in youth sports clubs before and after the introduction of the brief health promotion programme. The research questions that guide this study are: ***What is the impact of a brief health promotion programme at a local sports club on the various stakeholders?*** and ***How do the stakeholders experience this health promotion programme as part and parcel of the technical training and skill development?***

1.4 Conclusion

This Introductory chapter discusses the alarming numbers of obesity and non-communicable diseases (NCD) globally with a particular focus on Europe. The situation in Malta is particularly worrying because, according to several renowned studies, the country has some of the highest percentages of obese children and adults in Europe. This chapter argues that this health crisis can be tackled through a series of targeted health promotion measures. The extant literature reviewed shows the various efforts that have been undertaken locally in the past 20 years to follow the WHO recommendations for the protection and promotion of good health. Nonetheless, the number of obese citizens with various NCDs continues to increase which is indicative of the overall unhealthy lifestyle of the Maltese population. This warrants serious consideration of drastic health promotion measures to address this crisis. At present, schools are the main settings to promote health promotion policies, but other settings such as sports clubs are considered just as effective, if not even more. The extant literature asserts that youth clubs are an alternative setting where health promotion can be effectively delivered from an early age.

This qualitative study explores the in-depth experiences and perceptions of the participants after the introduction of a brief health promotion programme in a local sports club. The next chapter presents an overview of the two theories applied to this research study that reflect the choice of topic and the entire research process.

Chapter 2

Theoretical framework

After research widely for theoretical frameworks that reflect the key aspects of the entire process of this research study, Peter Senge's Organizational Theory and the Health Belief Model Theory were deemed applicable for this research design. These theories guided me during the planning, introduction, analysis and discussion process.

2.1 Learning Organization – Peter Senge

Peter Senge's Learning Organization Model was developed to assist people working in organizations develop their capacity to achieve results through reflecting and working toward a shared vision. He defines organizations as, 'the place where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspirations are set free, and where people are continually learning to see the whole together' (Senge, 1990, p.3). This theory evolved around the importance of the reflections and actions of various organizations that apply this theory to surmount organizational hurdles and achieve their shared vision. Reese (2020) points out that Senge's Fifth Discipline emerged from action research within different organizations.

This theory evolved within a wide range of three major sectors: business, civil society, and government. The aim of the study is to explore the participants' experiences during the implementation of a brief health promotion programme in conjunction with their routine sports training sessions at a youth sports club does not base its success on what the organization does or where it is done (Senge, 1990). Within the context of this study, Peter Senge's Learning Organization Model aligned well because it identifies how certain key aspects work together to improve the organization. This study investigates the club's ability to create new outcomes for its members based on its values and mission statement. As the researcher of this study, I aimed to work hand in hand with the club to

plan and implement an intervention that truly reflects the needs of the club and its members. Peter Senge's model is based on five disciplines that matched the dynamic and enthusiastic participants at the club who truly wished to improve the club experience for all. Figure 4 shows the five disciplines that a learning organization experiences during the learning and change process.

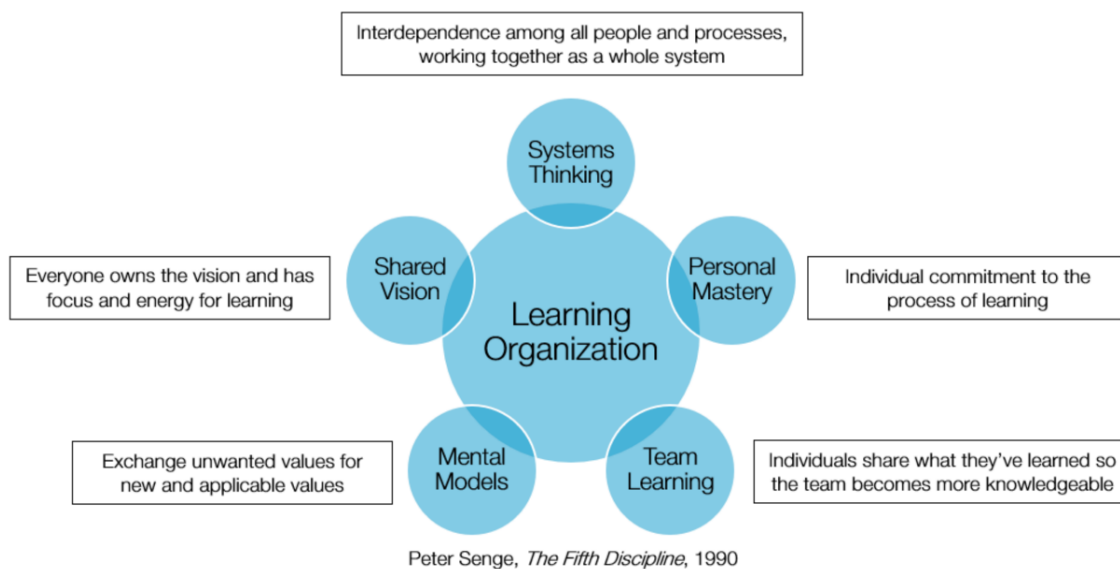


Figure 4: The five dimensions of a learning organization as per Peter Senge's Theory

Source: <https://greenlineinfo.com/the-learning-organization/>

Senge (1990) defines the organization as a living organism that must be managed as such. The current research study was designed to examine the participants' experiences and reactions to the introduction of a health promotion intervention within the sports club setting in view of experienced personal mastery of the organization. This was followed by examining how the participants plotted their mental models into shared visions and how they reflected on the importance of health promotion from an organisational perspective. Participants were receptive to learning new concepts and they also engaged in mature discussions. They worked together to create a more effective health promotion message that promotes increased physical activity and a healthier lifestyle. Senge's model was applied in this context to understand how children's performance can improve the quality

of sports. This implies that children and their families can learn about the importance of a healthy lifestyle whilst being sports enthusiasts which ultimately impacts performance in any sport. Nonetheless, since this study introduces new concepts, both the services and the service users must learn and prepare for this lifestyle change as a result of this learning process.

2.2 The Health Belief Model

The second framework used for this dissertation, the Health Belief Model (HBM), was crucial for this study which seeks to deeply understand how beliefs impact healthy lifestyles. This is an expectancy value model developed in the 1950's which has been introduced in a variety of public health settings (Rosenstock, 1974). The HBM illustrates how people perceive disease as a threat, and then through perceived benefits they are likely to take various preventive action (Deshpande, Basil & Basil, 2009).

Champion and Skinner (2003) argue that although this model has been investigated less frequently, specific cues such as environmental factors impact people's action. These cues to action can be internal or external, ranging from experiencing symptoms of an illness to exposure to an advertising campaign (Bish & Michie, 2010). This model is fundamental to capture the participant's initial threat to disease (**Perceived susceptibility**), their beliefs about the consequences of not leading a healthy lifestyle (**Perceived severity**), their perception related to positive benefits in opting for a healthy lifestyle (**Perceived benefits**), what can hinder health promotion (**Barriers to action**) and engagement in positive behaviour (**Cues and self-efficacy**). The stages of the HBM experienced by people exposed to health promotion is shown in figure 5 overleaf.

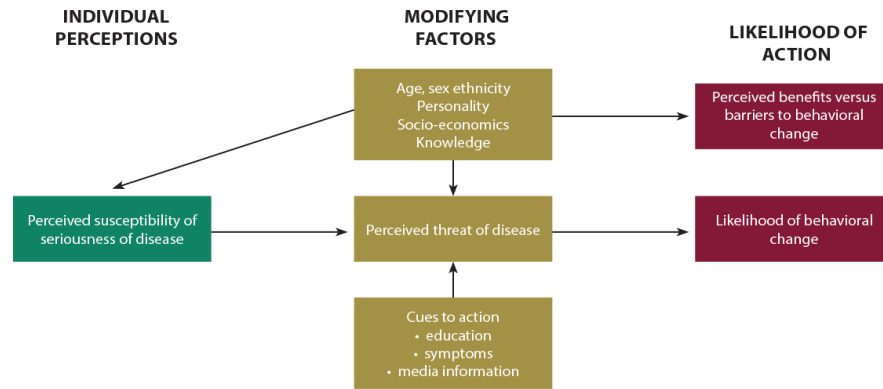


Figure 5: Highlight of the health belief model (Source: Binji, (2020) Taken from Transtheoretical model versus the HBM)

The application of the HBM theory aligned with my interest to examine the participants' behaviour in relation to unhealthy lifestyle choices. Through this study I sought to learn more about their health behaviours before the intervention and whether they were ready to take action to improve their health after they experienced the health promotion programme delivered at the sports club. I sought to understand if a tailor-made programme could shift their initial beliefs toward more positive behavioural changes after identifying the perceived benefits, not barriers, to behavioural change. The participants' reactions were captured with the implementation of the HBM, and it was determined that stakeholders would work together to deliver effective health promotion programmes that reduce unhealthy lifestyle choices.

2.3 Conclusion

These two theories were instrumental in this research study and laid the foundation to effectively interpret and explain the qualitative data collected. Additionally, these theories positively influenced this study's research design since they allowed me to deeply investigate the participants' viewpoints about the introduction of a health promotion programme.

Chapter 3

Literature Review

This chapter presents the literature search as well as a critique of the studies that were deemed pertinent. Given that this study explores issues relating to health as well as sports, the search was carried out across both these disciplines. As argued by Denney and Teksbury (2013), literature reviews primarily lead the writer to educate themselves on as much information as possible pertaining to the topic chosen. They continue by stating that literature reviews demonstrate the authors' solid understanding of the topic and provides credibility and integrity to the overall argument. The need for a literature review may arise from the abundance of information, divergent views, or a lack of consensus about a topic (Bolderston, 2008).

Another important factor considered within this literature review was the need to strike a balance between reliable sources that support and oppose the topic under study. The detailed review of literature led towards retrieving a small number of studies that focused on the potential that youth sports clubs have in promoting health within their environments. These were retrieved from the substantial number of studies found during the initial research phase. The literature search mainly consisted of academic studies pertaining to promotion of health and the potential of the sports environment. A literature gap was discovered pertaining to the lack of local studies that explore the potential of youth sports clubs. The research questions of this study guided the literature search and were based on keywords that were instrumental in formulating the following questions: *What is the impact of a short health promotion programme at a local sports club on the various stakeholders?* and *How do the stakeholders experience this health promotion programme as part and parcel of the technical training and skill development?*

3.1 Research Questions

In quantitative paradigms, a research question is typically framed within the PICO framework due to its predominantly experimental and quasi-experimental nature that searches for cause and outcome. Indeed, the framework applied for the quantitative is known as the PICO framework consisting of 'P' for population being studied, 'I' for the intervention, 'C' for comparison and 'O' for outcome. On the other hand, this study applied the PEO framework consisting of the 'P' for population and their problems, 'E' for exposure and 'O' for outcome.

For this search, the population included children, coaches, and administrators. Furthermore, given that I wished to include parents in this study, I searched for literature that included the parents' perception on this topic. These participants had to be exposed to a health promotion programme taking place in conjunction with the children's training. Also, the targeted outcome guiding this search included all participants' perceptions after experiencing the health promotion programme within their sport environment. The search design led towards forming the PEO framework required, as listed in Table 2 below:

PEO	Synonyms
Population	Children, Coaches, Administrator, and Parents who form part of a local youth nursery
Exposure	A short-term health education programme in conjunction with the usual sports training sessions
Outcome	Participants' perceptions pre and post intervention conducted with the children.

Table 2: The PEO and their Synonyms

The above keywords and their definition contributed to the formulation of the above-mentioned research questions listed in the introduction of this chapter. This research question guided me to identify possible keywords instrumental in identifying the

most suitable literature sources. Any possible studies that demonstrated the effect of the introduction of health promotion sessions amongst participants attending youth sports clubs were included. Keywords in conjunction with the set inclusion exclusion criteria that is identified in the following sub-section were critical for the search strategy. In sum, the search strategy led to the retrieval of five studies that explored the possibility of sports clubs as settings to promote the health of its youth members.

3.2 Search Strategy

To retrieve relevant literature reflecting the area under investigation, a detailed and comprehensive literature search strategy was planned to use the University of Malta library databases. These databases included EBSCO host, EBSCO host MELINE Complete, CINAHL Complete, PubMed Central, PubMed and Academic Search Complete. Google Scholar was another search option that expanded the search and increased the possibility of finding relevant literature. The literature search was conducted between January 2021 and September 2021 using different keywords addressing the main concepts of my research study. The following table shows the search terms used within multiple searches that were instrumental in identifying the most suitable studies:

Main Search terms used to search databases
<ul style="list-style-type: none">• Youth nurseries• Youth sports• Health promotion• Health promotion sports clubs• Setting approach

Table 3: Main Search terms used to search databases

3.2.1 Search Terms

The search terms shown in Table 3 were applied during each search. The most common Boolean operators ‘and’ and ‘or’ accompanied the search words. The Boolean word ‘and’ was used to obtain results containing both words. The initial search that utilised “Youth sports” AND “Health promotion” yielded 2,800 results. However, these results were quite vague and other strategies were applied. When mixing both Boolean commands and inserting synonyms within the following combinations, fewer but more focused results were discovered as shown in Table 4. This more focused search yielded more studies pertinent to the research questions of this study. The following searches included “Youth sports” OR “Youth sport” AND “Health promotion” yielded 1,883 results.

When the search was narrowed, and specific keywords and synonyms were applied together with the correct Boolean operators, fewer studies were retrieved but they were easier to filter. The best possible studies chosen are discussed in the later stages of this chapter. In fact, the keywords “Youth sports” OR “Youth sport” AND “Health promotion” OR “Healthy lifestyle” AND “Setting approach” yielded 780 results. These searches were conducted in the University of Malta and Google Scholar databases as shown in Tables 4 and 5 below:

	Search Term combination	Number of Hits
1	“Youth sports” AND “Health promotion”	2,836
2	“Youth sports” OR “Youth sport” AND “Health promotion”	1,833
3	“Youth sports” AND “Health promotion” OR “Health”	1,889
4	“Youth sports” OR “Youth sport” AND “Health promotion” OR “Health” OR “Healthy lifestyle” AND “Setting approach”	780

Table 4: Number of hits generated following search according to key combination within the UOM library database Search

	Search Term combination	Number of results
1	“Youth sport” OR “Health promotion sports club” AND “Setting approach” AND “Healthy lifestyle”	3,248
2	“Youth sports clubs” AND “Health promotion” AND “Setting approach”	11

Table 5: Number of results generated following search according to key combination applied within Google Scholar

3.2.2 Inclusion and Exclusion criteria

The targeted inclusion and exclusion criteria were key considerations of this search strategy. According to Randolph (2009), inclusion and exclusion criteria should be explicit and comprehensive enough so that the resulting sources are included or excluded based on the set criteria. This aimed to select the secondary literature that reflected the concepts investigated in the research questions. In terms of research quality, deciding on inclusion and exclusion criteria is one of the most important steps when conducting a literature review (Snyder, 2019). Furthermore, the quality of the secondary literature depends on other factors such as how the literature sources were selected and included (Tanfield et al., 2003; Wong et al., 2013)

Apart from keeping up with the population under study, the inclusion exclusion criteria assisted me in enhancing my knowledge of the research questions initially proposed. Patino and Carvalho Ferreira (2018) asserted that making judgments requires in-depth knowledge of the area of research and an understanding of how each criterion could affect the external validity of the study. The introduction of a health promotion programme within a non-professional sport structure is one of the main aspects identified in the search. The secondary studies must include males and females to achieve a balance between participants and outcomes of the respective studies.

The participants were under 18 since this study focuses on youth sports. Moreover, English articles were only accepted since translation was not feasible due to time constraints. Articles published in the last ten years were included and gender balance was an important aspect to consider when retrieving studies.

This literature review aimed to include study designs with similar aims that were conducted within youth sports clubs. To obtain a better understanding of this topic, any study that utilised different design and methods was included. The identified set of inclusion criteria aimed at selecting the most suitable and highest quality studies as shown in Table 6 below:

Criteria	Inclusion	Exclusion
Study type	Any (Qualitative & Quantitative)	Nil
Language	English	Non-English
Date of publication	From 2011 to 2021	Studies before 2011
Population characteristics	Youths (<18 years)	> or = to 18 years old
Gender	Both gender	Nil
Clubs' status	Non-professional administration	Professional administration
Study designs	Within a youth sports club	Outside a youth sports club

Table 6: Inclusion and Exclusion criteria applied for literature review

Tetzlaff, Page and Moher (2020) point out that PRISMA is an evidence-based minimum set of items for reporting that is used in systematic reviews and meta-analyses. PRISMA primarily focuses on the reporting of reviews evaluating the effects of interventions but can also be used as a basis for reporting systematic reviews with objectives other than evaluating interventions (e.g., evaluating aetiology, prevalence, diagnosis, or prognosis). During this literature search, the PRISMA flow figure captured

(Figure 6) the information related to the different phases of this literature review. Throughout its mapping system, I was able to show how many records were identified, excluded, and included for further review. As the researcher, I utilised the PRISMA diagram to highlight the reasons why several records were excluded from this review. As seen on the following page, the PRISMA flow figure is a visual representation of the entire process of this literature review.

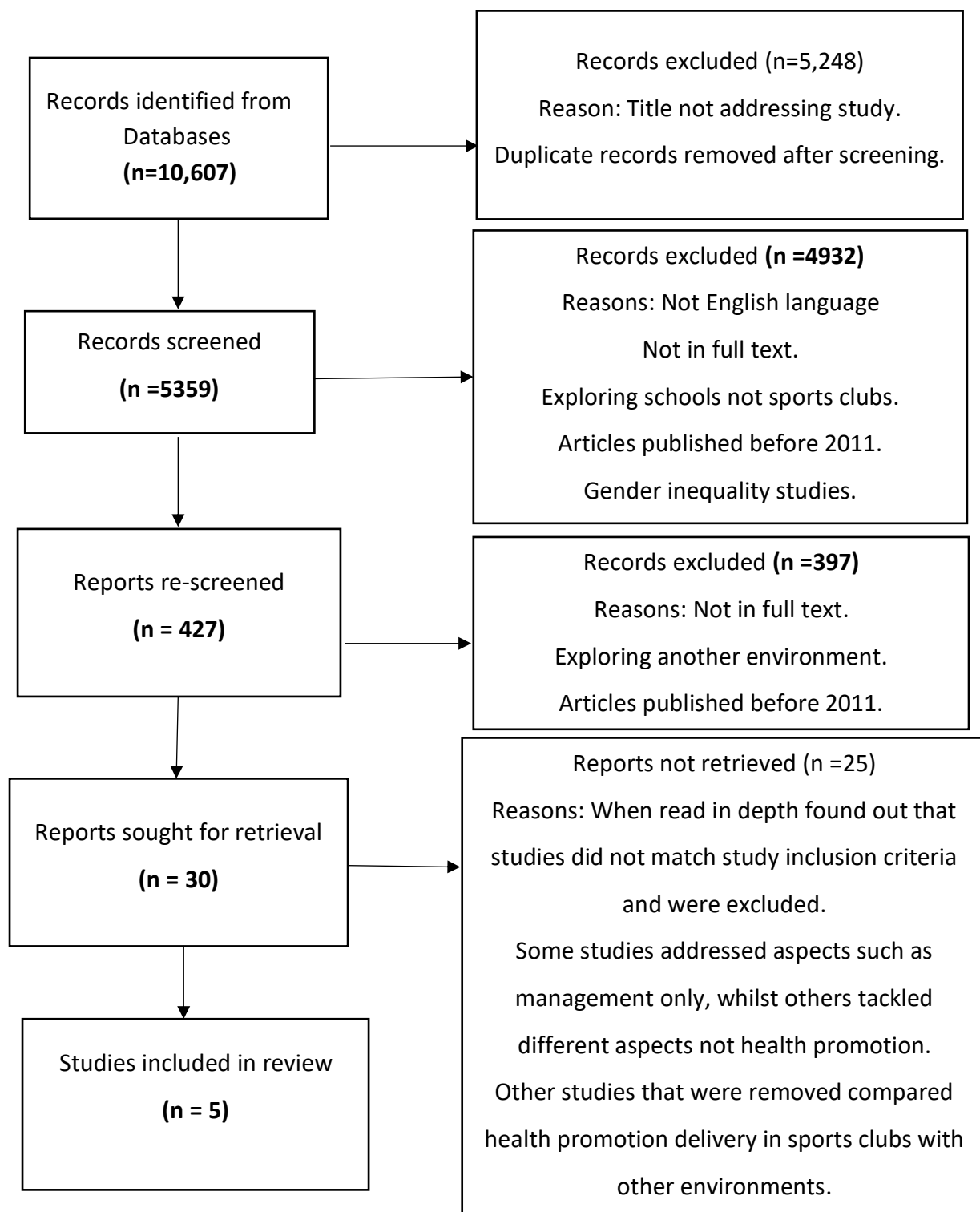


Figure 6: PRISMA (2020) flow diagram for new systematic reviews which only included searches of databases and register

Source : <http://prisma-statement.org/prismastatement/flowdiagram.aspx>

3.3 Overview of the studies

The final five studies retrieved from the literature search examined how health promotion in conjunction with community sports clubs can be instrumental in the effective delivery of a health promotion programme. The studies consisted of an integrated review, pre and post intervention quantitative design, mixed methods pre and post intervention designs, a quantitative design survey, and a Participatory Action Research (PAR). As shown in Table 7, the research papers retrieved were conducted mainly within the Scandinavian and Flemish regions of Europe, whilst two follow-up studies were from Ireland. An integrated review conducted in various countries was also included, but no local studies carried out at Maltese sports clubs were identified.

Authors	Country	Date of Publication	Method	Sample of Data collection
Geidne, Quennerstedt & Eriksson	Various	2013	Qualitative Integrative Review	Not applicable
Lane et al.	Ireland	2020	Pre-post intervention	18 sports clubs
Lane et al.	Ireland	2021	Mixed method Pre-post intervention	33 sports clubs
Meganck et al.	Flanders	2015	Quantitative Cohort survey	381 sports clubs
Van der Veken, Willems & Lauwerier	Flemish	2021	Community based participatory action research	N=3 football teams (32 participants)

Table 7: Research papers retrieved

Each of the above research papers will be critiqued in three stages:

- Stage One: Overview of the Study.
- Stage Two: Explanation of the Methodology.
- Stage Three: Discussion of the Findings.

3.3.1 Pre-Post and Mixed method designs - Lane et al.

Both studies conducted in Ireland by Lane et al. (2021) and Lane et al. (2020) studied clubs that form part of the Gaelic Athletic Association (GAA) that is considered part of the cultural fabric of Irish society. These popular clubs in Ireland participated in a pilot evaluation in 2020 called the 'Healthy Club Project' (HCP). This project took place over a period of two years at 18 participating clubs across four regions in Ireland. The project design consisted of a pre-post intervention in which the clubs completed the Healthy Club Questionnaire (HCQ) which sought to investigate the impact of the HCP on the clubs and to describe activities undertaken by the clubs. The participating clubs had to implement a model into the HCP that was based on the Delphi technique adopted by Kokko et al. (2006). This HCP framework had to reflect the World Health Organization's (WHO) approach to health promotion as well. The clubs had to examine the four main pillars to assist them when structuring their health promotion programmes into their daily activities. These pillars were governance, environment, partnership, and the health programmes. The clubs were encouraged to select their own health promotion activities that reflected the needs of their respective communities whilst also reflecting the important elements of the Healthy Club Framework.

The overall health promotion scores for the participating clubs when measured at follow-up (Range 0-34.0) showed a significant increase (23.85+/-3.34 from 19.88 at baseline ($p < .05$)). This significance was considered a moderate to very high improvement. Moreover, another statistically significant figure was noted within the policy index (Range

0-8.0) (5.38 from 3.65 at baseline ($p<.05$)). These encouraging results showed that clubs had exerted sufficient effort in including health and health promotion activities in club regulations and addressing these aspects in their annual reports. This study pointed out interesting findings pertaining to the improved management strategies targeting health that led to a 34% increase in club membership.

An evident limitation pointed out within this design was the absence of a control group to compare with the intervention group. This led to a scaling-up of the study into another phase where the researchers searched for more robust data and addressed the impact of health promotion within the clubs using control groups.

As pointed out within the first phase of their study, a follow up study was conducted by Lane et al. (2021). Phase 2 of the study consisted of comparing two groups, naming the healthy clubs ($n=23$) and the control clubs ($n=10$). This time both groups had to participate in the HCQ evaluation process at baseline and follow up on the intervention. Again, the HCQ was based on the healthy club index to assess health promotion orientation of the clubs at the beginning and the end of the HCP as per procedure in phase 1. The questionnaire was based on a healthy club index from the HPSC-I used in Finland by Kokko et al. (2006) to assess the health promotion orientation of Finnish clubs. For this phase, the Delphi method was also used which developed 22 standards divided into four 4 sub-indices: Policy, Ideology, Practice and Environment.

Additionally, only officers from the healthy clubs were asked to participate in the focus group discussions during all three stages of the HCP. However, only the final round of FGD was considered for this analysis to record the impact and experience of the HCP from the perceptions of the healthy club officers. This second phase study showed very interesting results when the clubs were compared. At baseline, the healthy clubs showed significant result when comparing the HP index score with follow up (18.38 to 25.52, ($p<.05$))

and comparing to Control clubs (25.52 Vs 22.51, ($p < 0.05$)). In relation to policy, healthy clubs increased from low to high (3.41 to 6.13, ($p < 0.05$)), whilst at the same time the control clubs scored low (3.95 to 3.85) on policy both times. This demonstrates statistical confirmation that the healthy clubs worked hard to improve their policy at the follow up stage when compared to the control clubs (6.13 Vs 3.85, ($p < 0.05$)). Phase 2 of this study confirmed the overall improvement in the health promotion orientation of the healthy club when compared to the control clubs. In sum, although results within GAA healthy clubs were encouraging, the researchers argued that the generalisability of study results should be carefully considered within other sports club context and further studies should be carried out.

3.3.2 Integrative review - Geidne et al.

The integrated review conducted by Geidne et al. (2013), based its review of international research looking into youth sports clubs as health-promoting settings and based their review on the health promoting settings approach introduced by the WHO. The researchers aimed to assess studies that concerned sports clubs for non-professional youth players. The studies considered issues about youth sports clubs relating to health promoting setting as described by WHO.

The researchers based their literature search on a set of focused inclusion and exclusion criteria and managed to retrieve 44 different publications. They investigated literature between 2000 and 2010 and opted for recent articles considering their review publication. These publications consisted of one book, two Swedish reports, the remainder from peer reviewed journals. This demonstrates how the researchers respected the aims of the integrated review since they opted to survey all available publications. The researchers based and presented their discussion of their findings which were organised

into five strategic areas of the Ottawa health promotion settings: ***Building a healthy public policy, creating supportive environments, strengthening community actions, developing personal skills, and Reorienting health services.*** The researchers urged that although sports clubs provide health benefits to the larger community (Dobbinson, et al., 2006), there is room for improvement to fine tune and implement certain policies. They argue that this can be attributed to the fact the club is managed voluntarily. In contrast, other studies retrieved from Sweden found that specialized sports federations or clubs recognized this potential and are working on their internal policies. Subsequently, these studies identified grants available by the Swedish sports federation to assist the sports clubs (Engstrom, 2008).

The importance of the creation of a supportive environment was highlighted by Fraser-Thomas and Cote (2006) who stated that the sports environment that did not specialise in deliberate practices performed better in terms of continued motivation, physical competence, and enjoyment. This was confirmed by other studies, such as Engstrom (2008) who found that sports clubs that promotes various sports to young children appear to have an impact on middle age children's exercise habits. The secondary literature reveals that sports clubs are an integral part of communities, hence it is of utmost importance that clubs work together with schools and other community groups to improve the holistic wellbeing of the community.

Although most of the studies retrieved argued in favour of partnership between schools and sports clubs within the communities, Kirk (2005) pointed out two major challenges related to the sharing of facilities by sports clubs and the cooperation between physical education teachers and coaches especially during the initial sampling. Furthermore, this review highlighted that in contrast with other clubs, health promotion

sports clubs do not only target motor development, but also target wider goals such as personal and social development through various informational and educational activities.

This integrative review identified outcomes from studies that recognized the importance of the coaches in line with Kokko et al. (2006) who describe coaches as authority figures for children. Their influence was confirmed to be either conscious or unconscious and positive or negative. Despite this, Gould et al. (2007) found that successful coaches had well defined philosophies, explicit life skills development and the ability to form strong relationships with players. They were capable of teaching and influencing the development of these life skills whilst also understanding the different environments that they practice in.

The importance of reorienting health services to work in conjunction with sports clubs towards promotion of health and wellbeing was also identified within various studies throughout this review. A study by Frisch et al. (2009) recognized the importance of coach education when pointing out that this can be included within the curricula of coach training programmes. Another aim of this review was to synthesize results in terms of a framework for the youth sports club which could be classified as health promoting settings. This review revealed that sports clubs have ample opportunities to become health promotion settings, but this does not happen automatically. Kokko et al. (2006) and Dooris (2004) created frameworks based on standards for health promotion sports clubs and identified different motivations of how these standards can be important to drive healthy setting works in a broad sense. In conclusion, throughout this literature review it was evident the transition to a health promotion sports club is very complex. However, through hard work and a focus on the club's philosophy, the transition from a sports club to a more focus health promotion environment is possible.

3.3.3 Participatory Action Study - Van der Veken, Willems and Lauwerier

This study carried out by Van der Veken, Willems and Lauwerier (2021) examined the development of a health promotion intervention that targets youths attending community sports programmes. Their approach for the study consisted of planning an intervention design model that was based on ongoing participatory action research together with the participants of the study. The researchers applied an Intervention Mapping (IM) tool created by Bartholomew et al. (2011) to utilise as a stepwise model for designing health interventions. This mapping structure consisted of these six steps:

1. Identifying community needs,
2. Stating intervention aims,
3. Selecting the methods and applications for behaviour change,
4. Constructing the programme plan,
5. Constructing the implementation plan
6. Constructing the evaluation plan.

The researchers blended the IM and PAR approaches to three main theoretical approaches to ensure proper underpinning of their intervention. The theories applied targeted social cognitive behaviour of participants models, the taxonomy of behavioural change and the methods and health action process approach. Subsequently, the underpinning theories aimed to tackle the main reasons behind health behaviour, understand behaviour change support and support the logical sequence of the intervention itself. The general aim of this study was focused on increased health promotion awareness of coaches by developing a programme based on healthy lifestyle and wellbeing modelling. This study was conducted over a 4-year period (2016-2019) in three small to medium Flemish cities and targeted young people. The mechanisms and context that factored into

how community sports affected the children's personal development, health, and social cohesion were examined.

Data were collected through observation during street soccer games and other physical activities. This community organized teams focusing on young children and teenagers from unprivileged and low-income areas. Semi-structured interviews were conducted with coordinators, coaches, and social partners (n=22) and youth participants (n=10). At the end of the study, focus group interviews with coordinators, coaches, and partners (n=6 and n=7) were conducted. The researchers aimed to understand the real needs of the cohorts under study and the issues pertaining to their self-awareness, sense of safety, self-confidence, and sense of belonging. The coaches and researcher worked together during this phase to improve environmental determinants that promote a supportive environment. The behavioural change methods based on Bandura (1986) assisted the researchers and the participants to set goals, identify appropriate role models and determine the best methods of applying the programme. Through effective discussion and reflection, the PAR model assisted in enhancing problem solving and identification of barriers that emerged during the process. The programme was successful because it was interactive and fun for both researchers and participants from the clubs. Firstly, this study discovered that sports clubs can powerful vehicles that nurture important teachings that guide youth's healthy choices. Secondly, the individual and environmental determinants are important factors that can nurture effective health behaviours and outcomes (Crosby and Noar, 2010; Kok et al., 2012). Thirdly, the nature of the PAR design was regarded by the researchers as instrumental in strengthening the approach to intervention in the development of their study. Their design and approach were instrumental to a sound programme that was practice-driven through continuous participation and reflection in tandem with the community stakeholders. In sum, the researchers' knowledge and the

community stakeholders' experience were combined assets which led to successful planning and delivery of an effective health promotion programme within alternative environments like the sports club.

3.3.4 A survey design - Meganck et al.

This study aimed to explore the health promotion profile of youth sports clubs, identify objective club characteristics, and predict the presence/absence of health promotion in youth sports clubs. Participants had to complete online surveys which included the Health Promotion Sports Club Index (HPSC-I) designed by Kokko et al. (2009). Using an overall index and four sub-indices, this tool captures the health promotion activity level of the club under study. The four sub-indices include: 1. Policy, 2. Ideology, 3. Practice and 4. Environment. The researchers adapted the works of Teixeira et al. (2012) and Robinson et al. (2006) to include indices for motives and barriers to health promotion within a youth sports club. Their study was conducted amongst representatives of 154 Flemish youth sports clubs with members under 18 years old. The respondents graded each item using Likert scales ranging from 1 (does not describe the club) to 5 (describes the club very well). Various sports were practiced in this club including gymnastics, football, and diving. Moreover, the mean number of members per club was 160, and on average about half of this number were youth members.

Results of this study revealed that 59% of the clubs were rated as 'low health promoting' after completing the HPSC-I. However, when linear regression was applied it was found that clubs that were founded recently and offered multiple sports in a recreational and competitive way scored higher on the health promotion indices. Moreover, the most significant barriers indicated were the lack of expertise and the concept of health promotion not considered as a priority for the board. In summary, this

study suggested that improvement is needed when transforming sports club into health promotion settings. Moreover, this study highlighted important aspects related to collaboration between experts in health promotion and sports club administration. Another key aspect consisted of the importance of financial and assistance from concerned entities. Addressing barriers, offering financial incentives, and enhancing collaboration between sports clubs and health promotion experts can reinforce the ability of youth nurseries to deliver health promotion programmes.

3.4 Critical appraisal of included studies

Critical appraisal tools were important in the appraisal of the studies retrieved. The Critical Appraisal Skill Programme (CASP) for systematic review was used to appraise the integrative review by Geidne, Quennerstedt and Eriksson (2012). The CASP cohort review tool was used with the study conducted by Meganck et al., (2014). The participatory action research conducted by Van der Veken, Willems and Lauwerier (2021) was appraised using the CASP tool for qualitative research. The Mixed Method Appraisal Tool (version 2018) for quantitative non-randomized methods was applied for the study conducted by Lane et al. (2020). For the Lane et al. (2021) study, a Mixed Method Tool was applied. These appraisal tools assisted me in the appraising of each of the five studies retrieved. The following subsections discuss the design of the studies, their populations and samples, their designs, ethical considerations and their results and outcomes.

3.4.1. Design of the studies

As pointed out within the previous sections, the designs of the studies vary. They consist of an integrative review, a non-randomized quantitative, a mixed method, a cohort design, and a qualitative result. These five retrieved studies consisted of a mix of primary

and secondary data collection. Mesly (2015) points out that gathering data can be accomplished through a primary source (the researcher) or a secondary source whereby the researcher obtains the data that has already been collected by other sources in scientific peer-reviewed journals. This implies that the studies conducted by Lane et al. (2021); Lane et al., (2020); Meganck et al., (2015) and Van der Veken et al. (2021) were considered as primary data since the researchers conducted the study with their respective design and cohorts first-hand. Moreover, the Integrative review by Geidne et al. (2013) consisted of a secondary data collection study.

Within their study conducted with the Gaelic Athletic Association of Ireland, Lane et al. (2020) recruited 18 clubs in 2013 to join the two-year pilot study. This consisted of a pre-post intervention quantitative design using a Delphi technique as adopted by Kokko et al. (2006). This assisted them in the development of a guide for the implementation of the Healthy Club Projects. They assisted the participating clubs by providing a framework that reflected the WHO settings approach to health promotion. The clubs were encouraged to follow these pillars when selecting a health promotion activity that reflected the needs of their respective communities. The researchers made sure to orient the club representatives by organizing days where they assisted the clubs to implement the healthy club framework for proposed activities. Clubs were also encouraged to appoint a healthy club officer to lead a small team and coordinate the health promotion intervention.

The follow up intervention conducted by Lane et al. (2021) was highlighted as the second phase of the above-mentioned study. This phase of the study aimed to work with healthy clubs (n=23) and control clubs (n=10). The participants had to complete a healthy club questionnaire at the start and end of a 20-month period. Moreover, the researchers designed a focus group discussion for the health clubs to take place after the health promotion intervention.

To assess the health promotion orientation of the clubs, an adapted version of the healthy club index was used that targets specific indexes pertinent to clubs promoting health promotion: Policy, Ideology of the club, Practice, Environment, Juvenile environment.

Van der Veken et al. (2021) aimed to develop a health promoting intervention that targets youth forming part of a community sports club. These youths formed part of a vulnerable section of the society since they were all experiencing social issues. The researchers planned an intervention mapping in tandem with the participatory action research that aimed to build a programme based on specific social, behavioural and health action process theories. However, they did aim to gather the first-hand perceptions through experiences from coaches, coordinators, social partners, and the participants. Each of the six steps of the intervention mapping process were attentively tackled by the researchers and the use of observations, semi structured interviews and focus group discussion assisted the systematic development of a health promoting intervention for the vulnerable participants. These steps of the intervention mapping consisted in identifying the community needs, stating intervention aims, selecting the methods and applications for behaviour change, constructing the programme plan, constructing the implementation plan, and constructing the evaluation plan. The study focused mainly from steps 1 to steps 4 of the mapping intervention and all the other steps were tackled from the researchers.

The design planned by Meganck et al. (2015) consisted of an online survey which included the health-promoting sports club index (HPSC-I). They aimed to grasp the health promotion activity level of sports clubs by using the same tool from the Lane et al. (2020) study. The researchers translated all the 22 items related to the dialogue from Finnish to Dutch with the developer Kokko in 2011. The researchers added two more sub-indices to

the existing four by underpinning existent theories in relation to perceived motives and barriers to health promotion within youth sports club environments.

The design applied by Geidne et al. (2013) consisted of an integrated review of literature that addressed youth sports clubs as health promotion settings. They based their research on the health promotion settings approach introduced by the WHO and their integrative review gathered a broad amount of literature including theoretical and empirical qualitative and quantitative studies and reports.

3.4.2 Populations/Samples

The target populations of all five studies were youths of both genders under the age of 18, as well as coaches and club administrators. The study conducted by Van der Veken et al. (2021) also included social partners as participants of the study and only one study (see Meganck, et al., 2015) conducted online surveys with the administration of the youth sports clubs. This was due to the vulnerable nature of the youths being studied in the specific sports clubs. The primary source studies were conducted within the European context, whilst the integrated review retrieved studies from the United States and Canada. However, the studies retrieved did not directly target youth sports clubs and health promotion. Other aspects were deemed as important for the review because they respected requisitions that WHO stipulate in relation to the youth sports club as health promoting settings. Overall, the purposive samples utilised in these primary source studies were representative of the community and/or country. As Maxwell (1997) argued, purposive samples are used when specific individuals, events or settings are chosen because they are known to provide important information that could not be gained from other sampling designs.

3.4.3 Ethics

Well-designed research is based on solid and fundamental ethical principles. The researchers must consider various principles related to the informed consent process, the concept of 'do no harm' and ensure participant identity and confidentiality. The Helsinki 1964 declaration specifically urges special attention and protection for vulnerable subjects, for "those who cannot give or refuse consent themselves, for those who may be subject to giving consent under duress, for those who do not benefit personally from the research and for those for whom the research is combined with treatment" (Singer, 2008: 79).

Three out of five studies clearly shared their ethical considerations by pointing out that their studies were given ethical clearance by their respective ethics board and informed consent was obtained from all participants prior the initiation of their studies (Lane, et al., 2021; Lane, et al., 2020; Van der Veken et al., 2021). In contrast, the quantitative cohort study conducted by Meganck et al. (2015) did not highlight any ethical considerations of the researchers or any possible ethical issues that emerged during their online survey with 154 youth sports clubs administrators. The researchers only mentioned that they respected the participants' rights by providing them with detailed information about the study. Apart from this, no other details related to ethical considerations and issues was apparent.

The integrated review conducted by Geidne et al. (2013) discussed how the researchers had no conflict of interest when conducting this literature review. They also highlighted that their research was funded by the Swedish Ministry of Health and Social Affairs and the Swedish National Institute of Public Health. Another essential point out the mutual aims of the researchers and governmental bodies to contribute more evidence-based research from around the world that focuses on the concept of youth sports clubs as health promotion youth sports clubs. As pointed out by Graf (2017), the combined

efforts of journal editors, publishers and researchers from universities and other research institutions is fundamental. Their efforts ensure trustworthy research and evidence to embody public policy, whilst identifying solutions for the most urgent issues such as to protect public health.

3.5 Results/Outcomes (Findings)

All five studies retrieved utilised different research designs with consistent findings that described youth sports clubs as ideal health promotion settings. Ultimately, the researchers were realistic when pointing out that this change would not happen immediately but was possible with the right attitude from all stakeholders (see Table 8). The vital elements that can lead to success range from updating the club's policies and ideologies and structuring programmes that protect and promote the health of the young club members and their families.

In the qualitative PAR based on Intervention mapping (IM), Van der Veken, et al. (2021) explained how the developmental process was carried out with six steps in the intervention mapping basing on active PAR with all participants from the clubs. Miche, et al. (2009) argued that content and development of such interventions is rarely described but usually simply set out. When exploring deeper into the real needs of the community, the researchers revealed that both individual and environmental level activities were associated with risky health behaviours among the youths attending.

This further highlighted the need for a participatory study to better understand the aims of the community and the necessary environmental interventions that promote member's health. Table 8 demonstrates how community sports are powerful vehicles that nurture self-awareness, self-efficacy, and a sense of belonging. These were found to be critical determinants of healthy choices amongst youths. This research study also revealed

that stimulating roles and responsibilities were important contexts for the youths. Coaches were seen as role models by the participants and their actions effectively assisted the youths. The coaches were instrumental at the individual and environmental levels. The researchers displayed the actions undertaken, the behavioural determinants and the scope and sequence of the intervention very clearly in three different tables. Moreover, they point out that although their study resulted in clear validity with the respective community under study, but the results may not apply to every community. However, this study has generated evidence about how to explore factors that affect the health of the participants in that group. This study that this intervention, even on a micro level, can complement other existing individual approaches used in public health practice and have potential in the provision of health education and support.

The quantitative cohort analysis by Meganck et al. (2015) targeted 154 youth nurseries (n=154) and explored their health promotion profiles, the characteristics of the club (e.g., size, type of sports etc.), predicted the presence or absence of health promotion in the club and identified perceived motives and/or barriers to health promotion in these clubs. The clubs completed an online HPSC-I survey consisting of twenty-two items sub divided into four sub-indices: Policy, Ideology, Practice, and Environment. Barriers and Motives were deemed important for the investigation and were added up with the above items and sub-indices. Upon analysis, three predictors achieved some degrees of statistical significance in relation to health promotion: Low - Policy (62.3%), Practice (75.3%), Environment (37.7%). The Ideology indices scored higher (55.2%) but scored low in internal consistency (0.43) when compared to the other sub-indices (0.80 to 0.92). This was confirmed when researchers applied linear regression and Ideology showed just 19% of the variance.

The environment and policy sub-index scored significantly higher among clubs that were recently opened. When testing the motives index, the participants scored significantly meaning that they acknowledged the importance of health promotion within the youth sports clubs' policy and actions. The analysis of variance identified a lack of internal support ($M=2.79$, $SD=1.022$ $P=0.040$) and a lack of resources ($M=3.01$ SD 1.05 $P=0.025$) as being indicators of barriers to the delivery of health promotion sessions within the youth nurseries. On the other hand, no significance was noted in relation to lack of external support ($M=3.07$ low versus $M=2.65$ high, SD 1.081 $P=.218$). This demonstrates that none of the potential barriers were key factors in the non-integration of health promotion policies and practices at the club (see Table 8).

In the first of two-pilot studies conducted by Lane et al. (2020) and Meganck et al. (2015), a questionnaire based on the HPSC-I (Kokko et al., 2006) was utilised that incorporated 34 items across the four sub-indices. The researcher compared the baseline results with the follow up results of the questionnaires that was distributed at two different points of the study, before and after the intervention. The researchers presented descriptive statistics and paired sample t -tests to highlight the differences between the baseline and follow up results. At the end of the study, clubs showed an overall health promotion index score of being moderate (19.88) at baseline and higher (23.85 +/-3.34) at the follow up stage ($P<.05$). The sub-indices of policy (3.65 at baseline to 5.38 at the follow up stage ($P<.05$)) and practice (3.17 at baseline to 4.06 at the follow up stage ($p<.05$)) shows significant improvement. The environmental indexes registered improvements, but they were not significant.

The only marginal decrease was in ideology (1.75 at baseline to 1.70 at the follow up stage) which showed no significant change. Although the results showed that the clubs registered significant improvement when compared to the starting point of the intervention, the researchers believed that more aspects need to be explored, as shown in Table 8. The researchers planned to include a controlled comparison and a larger sample size to widen their knowledge in this regard.

Authors	Designs	Findings
Geidne, Quennerstedt & Eriksson (2013)	Integrated Review	<ul style="list-style-type: none"> • Youth sports clubs have many opportunities to become a health promoting settings. • Clubs need to put emphasis on strategic aspects that can be instrumental towards success in delivering health promotion. • They need to be supportive with environment design activities that appeal to the specific age group of the children. • Coaches and parents are in a position to direct youths in choosing healthy options. • This intervention can be seen as high demanding on already burdened coaches and administrative members • Clubs must make sure that shifting towards becoming health promotion youth sports clubs is gradual and does not affect their operations.
Lane et al. (2020)	Pre-Post intervention, Quantitative	<ul style="list-style-type: none"> • Clubs progressed from being moderate to high health promoting after intervention. • After data collection, the policy scores improved significantly from the pre to the follow up stages. • To succeed, these programmes need assistance from governmental entities. • To ensure health promotion is on the club's agenda, appointing a 'healthy club officer' could be fundamental. • An increase of 34% in membership was noted due to the improved perceptions of people and the club's increased financial status because of the membership increase.

Lane et al. (2021)	Pre-Post Intervention Mixed Method approach	<ul style="list-style-type: none"> • This study showed a significant improvement (in Phase 2) within the healthy clubs when compared to the control clubs. • Healthy clubs experienced improvement in policy, practice and environment when compared to the control clubs. • The researchers aimed to take this study to another level by investigating organizational commitment and renewed consideration of the benefits of public health.
Meganck et al. (2015)	Survey, Quantitative	<ul style="list-style-type: none"> • Although most clubs supported the idea, 59% were found to be low health promoting when surveyed. • The most recently founded clubs scored higher in health promotion. • Health promotion was not considered as a priority and in some cases was considered a barrier. • A barrier to promote health within the sports environment was found to be lack of expertise in planning and conducting health promotion activities within their sports clubs.
Van der Veken, Willems & Lauwerier (2021)	Community Based Participatory Action Research	<ul style="list-style-type: none"> • Community sports may nurture important determinants leading to healthy choices amongst youths. • Coaches are in a strong position to support and nurture such choices. • The individual and their environment were considered high determinants of health behaviour • The PAR design was a strong point since the community stakeholders and researchers designed a practice-driven programme and shared their expertise through reflections and discussions.

Table 8: Design and Findings of the retrieved studies

The follow up study by Lane et al. (2021) used the same questionnaire that was applied in the first study but compared the results of the healthy clubs and control clubs. Apart from the questionnaire at the beginning and at follow up phase, the healthy clubs did not participate in the focus group discussions during the follow up phase. At the beginning of the study, the individual policy scores were among the lowest of the indicators at baseline for both groups. However, they improved significantly at the follow up stage. Policy and ideology at the follow up stage showed significant improvement in healthy clubs when compared to the control clubs. Healthy clubs performed significantly ($p,0.05$) in terms of overall health promotion when compared to the control group. On the other hand, the qualitative data collection with the appointed healthy club officers for each participating club was instrumental as very interesting aspects emerged. The focus group discussions with the club officials reflected three core themes: commitment to health, community engagement and volunteer burden. They shared their commitments as clubs representing the GAA have seen that their association is more than a sports organization and that sports has a natural affinity to health. Moreover, they recognized the fact that they have responsibilities towards themselves and others, so they were happy to participate.

In terms of community engagements, during the focus group discussions, the officers shared their surprise that non-active membership increased, and that non-member showed increased interest in participating in the health promotion interventions. They felt that the club had moved a step ahead toward being more than just a sports club. The themes of dependence on volunteers and the club's need to fulfil administration and coaching roles within the club emerged from the focus group discussions. The nature of their commitment was considered invaluable, and they must be well supported to continued providing such services to the communities.

The findings from the integrative review by Geidne, Quennerstedt and Eriksson (2013) were in line with the other studies as shown in Table 8. Subsequently, this review managed to identify other aspects relating to youth sports clubs (YSC) as health promotion hubs. They based their findings on the health-promoting settings approach that was introduced in the Ottawa Charter on Health Promotion. They managed to present and critique the studies retrieved under the respective strategic headings of the Ottawa Charter (highlighted in the overview section) whilst explaining its relevance for health promoting youth sports clubs. Furthermore, they synthesized their results into a framework that transforms youth sports club into health promoting settings. This review confirmed that YSCs have plenty of opportunities to become a health promotion setting since they are considered attractive to youths (Daniels, 2007). Sports clubs should be resilient when implementing change gradually. Previous studies stated that clubs should create supportive environments that deliver well-designed activities that promote good health appropriate with the children's age groups (Wagnasson, 2009). Coaches and parents were viewed as key players that support youths to make good decisions without being forceful (Kokko et al., 2006). Moreover, coaches were seen as influential in the children's moral functions and those connected with the YSC (Guivernau & Duda, 2002). The findings suggested that clubs should base these needs on their primary values and aims by upgrading their policies and orientating them toward becoming health promotion clubs (Le Menestrel & Perkins, 2007).

De knop and De Martelaer (2001) recognized that YSC are a living part of a community and should be more collaborative with other local community groups such as schools. With regards to policy change, an interesting factor that emerged consisting of policies that can affect the YSC's design and the parents' and coaches' attitudes.

Alternatively, this review, like other related studies, was cautious about the introduction of the health promotion sports club concept arguing that the transition must be smooth and not impact the clubs' normal operations. The studies conducted in Sweden revealed that their sports education organisations are at the forefront in terms of education to coaches, parents, and youth. Sweden is highly advanced in the development of policies at their clubs and gain extensive external support from local governing bodies and other sports governing organisations.

These studies pointed out that apart from benefiting from financial support from governing bodies, assistance from private companies is another option. However, this raises questions about companies importing alcohol and tobacco through the financing of youth sports clubs. To sum up, these findings revealed that clubs must take comprehensive and deliberate steps to refine their purpose, aims and activities to become successful health promotion sports clubs. The youths must be the central focus of such projects and support from all stakeholders is critical to their success.

3.6 Gaps in literature review

As emphasized by Robinson et al. (2011), research gaps can result from an extensive literature review and serve as a motive and rationale for the research study. Muller-Bloch and Kranz (2015) asserted that research gaps are evident after a thorough synthesis of the extant literature and the identification of a lack of information on the topic. This provides a rationale to conduct further research. Recent literature on this topic was searched extensively and several research gaps were identified relating to the lack of local studies that investigate this topic. Due to language limitations, only literature that was published in English was included in this review. In relation to the restriction for the last 10 years of published research, it was more pertinent to focus on the recent literature given the recent

rapid advances in research on obesity and sports. Another aspect evident during this review was the lack of international studies carried out within these last ten years. Other than the integrated review that was retrieved, most of the literature focused on the European region. The integrated review showed that several studies reflecting the inclusion criteria of this study were carried out in Europe between 2000 and 2010. Due to the lack of follow-up studies, fewer were retrieved between 2010 and 2020. It is plausible that a change in the keywords used for the search may have impacted the number of pertinent literature sources found during this literature review. The literature gap previously mentioned may have also emerged since human resources were limited and I acted as the sole researcher conducting the literature review.

3.7 Conclusion

The secondary literature retrieved stated that youth sports clubs have great potential to promote the health of the members and affiliates of the club. It is evident that to become a successful health promoting youth sports club, several key elements related to club's vision and aims need to be cautiously revisited. When instituting any changes, clubs must strive for a delicate balance that does not negatively impact its core values and practices. The various study designs investigated sports clubs with different methods that demonstrated the key factors that were present and those that were lacking when promoting the health of club members. These studies confirmed that extensive actions need to be taken to ensure the successful implementation of health promotion programmes within youth sports clubs.

In comparison, these studies captured factors and aspects that contributed towards the inability to conduct health promotion programmes within their club environment. Most of these sports club believed that their club had a natural obligation to promote well-being amongst their members. In contrast, due to factors related to club's beliefs or structural flaws, they could not introduce such a programme. The emergent findings of this study stressed that similar clubs can be presented with various methods of support to effectively introduce such programmes across all sport settings. Although the study conducted by Van der Veken, Willems and Lauwerier (2021) was conducted with small cohorts, they reaffirmed that researchers, youth sports clubs and youths can work together to promote effective shared leadership and decision making (Minkler & Wallerstein, 2003) for the benefit of all stakeholders.

These studies revealed that youth sports club should first acknowledge that they have a natural obligation to act as health promotion settings. Although most of the time competitive objectives overshadow aims to disseminate health promotion, clubs need to be able to work together with other community entities such as schools, organizations, and health promotion governmental entities. Even though the PAR study was conducted with a small cohort of participants, its results reaffirm that researchers, youths, and sports club administrators should work together to promote shared leadership and decision making (Minkler & Wallerstein, 2003). In the phase 2 study conducted by Lane et al. (2021), the results showed that the participating clubs became more health-promotion orientated. Nonetheless, from their respective outcomes and results, they acknowledged the need more extensive data collection on this in future larger scale studies.

Chapter 4

Research Design

This chapter will provide justifications for the design adopted in the study and will elaborate on the decision-making process behind the design. Indeed, these will include, the aims, objectives and research question, the methodology, including sampling technique, data collection and data analysis and will conclude by discussing the pertinent ethical issues arising in this study.

As asserted by Whittemore and D'Eramo Melkus (2008), to design and undertake a research study, researchers need a sound understanding of the entire research process. Indeed, this research process was described in five phases by Polit and Beck (2020) which includes: the conceptual phase, the design and planning phase, the empirical phase, the analytic phase, and the dissemination phase. In my role as a researcher, I choose an appropriate research design and considered many essential factors such as protection of all the participants from harm. The two main principles underpinning this study are that together with the participants the intervention is structured, and eventually targets change within the same community's practices and beliefs.

4.1 Aims and Objectives

As the researcher conducting this study, I defined a set of aims and objectives for this study in the hopes of gaining a deeper understanding of the participants' perception of the phenomenon under study. The aim of the study was to explore the participants' experiences during the implementation of a brief health promotion programme in conjunction with their routine sports training sessions at a youth sports club. This programme would take place in a sport setting in an attempt to explore the participants' experiences before and after the planned intervention. This was planned to better understand the impact of introducing health programmes within community youth sports

clubs. This study is based on the following targeted objectives: 1. To collaborate and design a health programme with an administrator and coaches that addresses the true needs of the community using a community based participatory action process. 2. To implement a small-scale participatory action research study whilst considering possible implications that may emerge upon conclusion of the study. 3. To encourage participants to actively engage in a transformative learning opportunity. 4. To structure and use data collection tools that capture the impact and perception of all participants before and after the proposed intervention.

The research questions guiding this study are: *What is the impact of a short health promotion programme at a local sports club on the various stakeholders? and How do the stakeholders experience this health promotion programme as part and parcel of the technical training and skill development?*

4.2 The Research Design

The choice of an appropriate research design is the most important factor to identify a sound design that underpins the research methodology (Checkoway, Pearce & Kriebel, 2007). Given that the research question aims to investigate the participants' experiences when involved in a specific health programme, a participatory design that is qualitative in nature is the most suitable, as highlighted by McIntyre (2007) who states that participatory action research (PAR) provides opportunities for co-developing processes with people.

A participatory design, rather than a non-participatory one, was chosen whereby the inclusion of participants in the design and execution of the process were imperative. Their contribution helped to shape the new intervention that reflected the actual needs

under investigation. Community-based participatory research (CBPR) is a critical approach used to improve health and promote health equity among ethnic/racial minorities, underserved and vulnerable communities (Jagosh et al., 2012). Likewise, the community being investigated was considered as a community that required CBPR intervention to change existing practices used by the club. To elaborate, Michener et al. (2012) asserted that by applying this design, researchers promote innovative, culturally appropriate, and evidence-based interventions that can enhance the translation of the research findings into more effective community and policy changes.

My personal interest in sports and public health juxtaposed with my solid background in researching international evidence-based literature, assisted my choice of research methodology. My aim as the researcher was to implement an effective programme that truly addressed the participants' needs. This was only possible after leveraging my knowledge of the evidence-based literature and combining it with the participants' knowledge and experience of the field and the youth sports club.

According to McOliver et al. (2015), with the help of the community, CBPR seeks to collaboratively develop research knowledge, trust, culturally centred research methods, sustainable interventions, and a community capacity. Power relations amongst academics, policy makers, community members and other stakeholders are also changed. Since this field of study was unexplored locally, this study represented a challenging opportunity to introduce and explore the introduction of this PAR design in this small-scale community.

During the numerous discussions with the coaches and the administrator and coaches, my role was to act as a catalyst in stimulating their experiences towards developing a programme that appeals and addresses the needs of the community whilst also considering the club's limitations. This resulted in successfully structuring the

programme together that accurately reflected the initial aims and objectives targeted by this study. In the same vein, McIntyre (2007) asserted that PAR emphasizes people's lived experiences, elements of individual and social change and the co-construction of knowledge. It has the potential to create public spaces where researchers and participants can reshape their understanding of how political, educational, social, economic, and familial contexts mediate people's lives. Kwan and Walsh (2018) identify five key attributes that structure CBPR: **i.** community as a unity of identity; **ii.** An approach for the vulnerable and marginalized; **iii.** Collaboration and equal partnership throughout the entire research process; **iv.** An emergent, flexible, and iterative process; and **v.** a research process that is geared toward social action.

Baum, MacDougal, and Smith (2006) argued that PAR differs from most other approaches to public health research because it is based on reflection, data collection, and action that aims to improve health and reduce health inequities by involved participants who take actions to improve their own health. This study revealed that the contributions of the participants' various experiences and knowledge led toward the success of the intervention. Meeting the coaches and the administrator was a two-way learning opportunity with everyone working to achieve a common goal and create a shared vision. The creation of an effective programme (Appendix A) was only possible through active discussion and reflection from these participants. This active collaboration-built trust between the coaches, the administrator and me. As a result, the administrator and the coaches were empowered and encouraged to engage in a spiral PAR process to continue delivering the programme and work on areas of improvement.

Although the above assertions indicated most of the advantages for a small scale CBPR, there were some disadvantages. Walters (2009) identified several disadvantages that include: 1. PAR has no research leader as group involvement and its democratic processes may lead to competing research agendas; 2. PAR may be impractical in a way that a group with a shared interest or problem cannot reach a consensus on what the problem is and how it would be best tackled. 3. PAR does not have a timeline and the process has no set date. In comparison to this statement, this study aimed to constantly inform and empower participants about the need to investigate this issue whilst emphasising that their youth sports club is an important community for contribution towards this research.

4.3 My Role as the Researcher

The nature of the CBPAR design led me to act as the data gatherer whilst also forming part of the community under study. Although I brought in my knowledge as a nurse and my interest in health promotion, I drew inspiration from the participant's experiences in the field of youth sports clubs in the community and we created a collaborative working environment during these meetings. Bartholomew et al. (2011) asserted that identifying the target user's needs and preferences for an intervention is an essential first step toward the intervention's development.

I made sure that the design of the CBPAR was respected throughout the whole process and participants were actively engaged in discussions and in the delivery of the intervention. This aligns with Lewin (1946), one of the main pioneers of action research, who presented three fundamental phases developed in a model similar to a cyclic spiral: **(1) planning**, which involves identifying and acknowledging a situation; **(2) action**; and

(3) *fact-finding* about the results of the action that should be incorporated into the subsequent phase when a new plan is created starting a new cycle. I ensured that the participants were never uncomfortable with my presence and reassured them of the importance of their contributions in structuring a programme that is critical for the delivery of an effective health promotion message within their club environment. As highlighted by Gray et al. (2000), the nature of CBPAR and its emphasis on partnership and participant control creates several challenges for the process of implementation, including problems in transferring control to the participants, conflicting expectations and agendas, problems in motivating people to engage in the research process and the time required for building partnerships.

In short, my role within this study began by identifying a number of small to medium clubs that were run on a voluntary basis. These clubs had to respect the aims and objectives identified within the previous chapters. This was followed by identifying potential participants with the assistance of the club intermediary, then, with the administrator's assistance, we set timelines that respected the club's schedule.

This timeline had to be revisited due to the COVID pandemic. Before the start of the study, several meetings with the club administrator, an intermediary and coaches took place. These meetings were a mutual learning process that involved intense discussion, reflection, and planning of the best possible intervention that would appeal to and address the needs of the children at the club. Furthermore, Wallerstein and Duran (2010) describe this process as to comprehend the local knowledge and local determinants leading to an authentic hybrid research, producing collaborative knowledge with high potential for application. Since most of the coaches were educators, their experience in the field of

sports and education was instrumental for me to gain deeper insight into the potential that similar programmes can have on children and the nursery as well.

As confirmed by Toro and Werneck (2007), action research is a tool for 'evoking wishes' and bringing citizens together so that they can act within their own reality. Social mobilization occurs when taking over the development of 'mobilizing participatory projects', the results of which are reached by consensus and accepted by everyone. Apart from creating the structure and technicality of how the programme will proceed, these meetings led to the identification of health promotion topics that reflected the needs of the children in a holistic manner. The six sessions planned aimed to be appealing, interactive, brief, and based on fun and games (Appendix A). Due to space limitations of the club, we had some issues with the venue when planning the delivery of these sessions. However, next to the training premises there was another block of classes where we could carry out the various sessions with the children and the interviews and focus group discussions with the children and their parents.

Through various research studies that I have encountered, it was evident that the presence of coaches was very important for the children. Indeed, this fulfilled my aim to empower the coaches and the administrator to deliver part or specific sessions to the children. After some talks and reassurance of my full support, they accepted.

Prior to initiating all three cycles of the study, I made sure to organize a short meeting with the parents and children to explain the scope of the study and resolve any potential issues. The study consisted of interviews and focus group discussions with participants before and after the intervention. The intervention took place after the first round of data collection was finished. Periodically, during the study proceedings I discussed and updated the club's administrator about the proceedings. I carried out the data

transcription, coding, merging of categories and identification of sub themes and emerging themes. The write-up of the dissertation followed.

4.4 The Setting

When considering various factors that I examined as a researcher, the decision to investigate one section within a youth nursery was taken and considered as a type of eligibility criteria. The factors examined included human and financial resources, whilst time and expertise were limited given that I was the sole researcher conducting this study. Patino and Ferreira (2018) asserted that inclusion criteria are defined as key features of the targeted population that investigators will use to answer their research question. One setting was identified due the nature of this CBPAR study and the limited amount of time to conduct this study.

The sports clubs identified consisted of small to medium nurseries with small groups per section. The sports club selected had to be a type of sport that is popular, but not the most popular. The selected sport is considered to have a substantial number of players when compared to football which has the highest number of members locally. The selected sports required a certain level of fitness and was considered as a team sport unlike tennis.

Three youth sports clubs with similar criteria were given a brief explanation about the study and they agreed to future participation in the study if contacted. They understood that only one club could participate in the study due the constraints mentioned in the beginning of this section. To facilitate a random choice and avoid bias when choosing one of the three clubs to participate, all three names were placed in a bag. The name of the winning club was drawn from the bag by my daughter. I then contacted the intermediary of the chosen club followed by the administrator to confirm their official interest in

participating in my study (Appendix B & C). Once the participating club was determined and duly contacted, they were provided with a detailed explanation about the scope of the research study to ensure a smooth and transparent intervention.

4.5 Data collection process

The data collection process was initially planned to start in October 2019 and finish by March 2020. All participants within the research project had to be active members and form part of the committee, such as youth coaches, parents/carers of the young members and the children from a specific section. The children were considered direct recipients of this intervention. The coaches were considered as direct recipients as well, considering that this intervention would impact them directly and indirectly during their training sessions. The parents were included in the intervention to understand their perceptions on whether there could be an impact on lifestyle outside the club. Finally, the management was included to gauge their perceptions on an intervention and whether it could be innovative or challenging when managing the youth nursery.

Data collection took place in the pre and post intervention phases. Coaches and administrative participants were asked to participate in semi-structured interviews, whilst the children and their parents were invited to attend focus group discussions. However, due to situation related to the COVID-19 pandemic; this study faced several setbacks including the data collection process that was attempted three consecutive times. These attempts are described in more detail below and feature in Figure 7 which highlights the data collection trajectory model.

4.5.1 COVID-19 effect over data collection process

Due to a personal situation, I had to postpone the planned start of this study in October 2019 to February 2020. After a few weeks into the first attempt during data collection phase, we were faced with the COVID-19 pandemic. Castro Superfine (2021) asserted that the global pandemic has presented a variety of challenges, including physically, emotionally, financially of which the effects are only beginning to be felt. After the last focus groups (Phase 1) with parents were conducted on Saturday the 6th of March, the first case of COVID-19 was identified in the Maltese Islands. Since then, until finishing the third attempt (see Fig. 2) on the study cycle, I had to adapt, replan and be flexible whilst also juggling my work in the intensive care unit, my family life, and my studies. Castro Superfine (2021) stated that these circumstances have required us to be more agile and flexible when interacting with colleagues and students and more innovative when carrying out research.

Within one week, by the 13th of March, the administrator, and head of the hub where I was collecting data informed me that operations were halted due to restrictions imposed by the Maltese Public Health Authorities. This situation drastically altered the course of my research study which was at a standstill for the next four months. I kept communication lines open with the club during this period. When the Public Health Authorities began easing restrictions of social distancing, the club administrator and supervisor of this study agreed to continue with the data collection and intervention during in summer 2020.

By the end of July everything was in place for me to begin my second attempt to restart the intervention phase. A second phase of interviews was conducted with the coaches and the management in addition to the focus groups with children. However, due

to various factors, participant attendance was low, and the situation was discussed with my supervisor. We decided to retain this second attempt as a pilot study. In collaboration with the club administrator and the study intermediary, my supervisor and I planned a third attempt for October 2020 with the 'under 12' age group. This third attempt was more successful than in the summer session because there were more participants, and we were able to complete the study without incident.

During the data collection and intervention process, all possible sanitary precautions were undertaken including temperature checks and the use of alcohol hand rub for all participants. The environment where the sessions were held promoted social distancing from their peers and from the person conducting the session. Moreover, the use of face masks was enforced for everyone involved throughout the duration of the sessions. There were a limited number of activities that included contact between children and those who were leading the sessions aimed to foster the messages better. Children were given a limited number of materials that included sponsored health-related products sponsored by local companies. These products were meticulously cleaned and placed in a basket where the children took their own products and did not share them. The subsequent interviews with coaches and the focus groups with children and parents were carried out using the Zoom online portal to avoid prolonged contact of participants in the same room.

4.5.2 First Attempt

The first cycle of data collection started in the beginning of February 2020 was halted abruptly in mid-March 2020 because of the partial lockdown enforced by the Maltese Public Health Authorities. At that point, the first phase of interviews and focus groups had been conducted. The second attempt to restart data collection took place in summer.

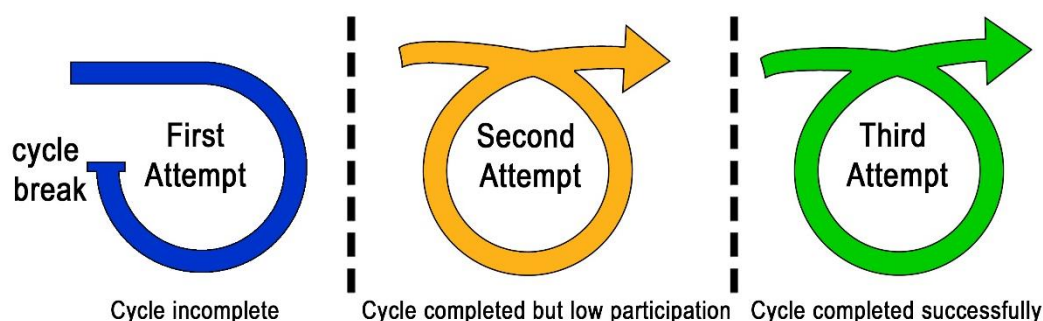


Figure 7: The three attempts of data collection capturing:

The incomplete first cycle, the second completed and then the third completed successfully.

Attempt	First Attempt	Second Attempt	Third Attempt
Period	Started mid-February 2020	Started end of June 2020	Started end of October 2020
Coaches/admin (n)	5	5	4
Parents & Children (n)	30	8	20
Comments	Cycle broke due to COVID-19 Mid-March 2020. Planned to attempt during summer.	Finished but participation was low. Targeted October 2020 for another attempt.	Cycle finished successfully.

Table 9: Data collection details of the three attempts

4.5.2.1 The sample

The identification of the above criteria reflecting the identified club and selection of its participants was instrumental in providing specific knowledge on the area under investigation. In fact, one major purpose of doing research is to infer or generalize research objectives from a sample to a larger population (Suresh, Thomas & Suresh, 2011). Subsequently, in most research projects, studying the entire population is impractical or even impossible (Datey and Kuthe, 2015). As explained by Hooda (2009), sample units give researchers a manageable and representative subset of the population under study.

Due to the small size of the nursery, all the administrative and coaching members were invited by the intermediary with a total population of five (n=5). The age group of the coaches varied from 19 to 35 years old, and the average age of management was 50 years old. The administration and coaching participants were constant during this attempt and the following one. In contrast, children and parents were newly selected for each of the three attempts. The children were purposefully selected, and their parents were then requested to participate in the research study. The purposive sampling technique, also called judgment sampling, is the deliberate choice of a participant due to the qualities the participant possesses (Etikan, Musa and Alkassim, 2016). In this research study, both populations represented by the management and the coaching staff were given an equal chance of being selected to participate. Moreover, the intermediary was free to invite all participants that satisfied the inclusion criteria only. According to Creswell and Piano Clark, (2011), this method involves the identification and selection of individuals or groups of individuals who are proficient, experienced, and well-informed about the phenomenon under study (Bernard, 2002).

For the first attempt, the children formed part of the 'Under 10' section of the club and their parents or guardians were automatically included. This group was deemed to be important for this study because children between the ages of nine and ten can easily grasp information provided to them. Only one section was purposefully selected after serious consideration of the time constraints involved. As the sole researcher, I determined that it was not possible to gather and process large amounts of data due to such constraints. Around 45 invitations to participate were sent to parents of children in the 'Under 10' section with fifteen (n=15) agreeing to participate. As previously mentioned, the sample for inclusion in the study was accepted by the Club Secretary who also acted as an intermediary for this study.

The assigned person approached participants and distributed an invitation pack to them that included detailed information about the study and consent forms (**Appendix D**). I invited all the participants to a meeting in February 2020 where I explained the scope of the study and answered their queries. The inclusion criteria for this study were clear and all the participants were approached in a transparent manner. This process was repeated by the intermediary during the second and third attempts of data collection.

4.5.2.2 Data collection

My main aim as the researcher, was to include the coaches and the administrator in the design, evaluation, and delivery of a successful and brief health promotion programme. This success was based on the mutual collaboration effect which also assisted me to refine the primary data collection tools. These tools were meant to investigate the participants' perceptions of the introduction and implementation of the proposed health promotion programme. A variety of methods of data collection available include,

observations, textual or visual analysis and interviews (individual or group) (Gill, Steward, Treasure & Chadwick, 2008). The participants' perceptions and experiences were captured through face-to-face interviews with coaches and administrator. Separate focus group discussions were carried out with children and their parents before and after the introduction of the health promotion programme. Legard, Keegan and Ward (2003) assert that the most common methods used in health care research are interviews and focus group discussions (FGD). The outcomes from these data collection methods were instrumental during the data analysis phase.

Lambert and Loiselle, (2008) highlighted the importance of data completeness since it is assumed that each method of data collection can reveal different aspects of the phenomenon of interest including complementary views, whilst developing a more comprehensive understanding of the breadth and depth of the findings. In this same vein, Molzahn et al. (2005) argued that individual interviews may be used to explore personal experiences, whereas focus groups are used to examine collective opinions and beliefs about the phenomenon under study.

Data were collected in different methods from the three sets of participants. Administrator and coaches had to undergo semi-structured interviews with open-ended questions. Tod (2006) defined semi-structured interviews as very popular in health care research since they enable researcher to ask predetermined questions while ensuring the participant discusses pertinent issues about the phenomenon under study. Indeed, Gil, et al. (2008) argued that less structured interviews facilitate a more in-depth and flexible interview approach¹.

¹ Data collection tools were approved by FREC in both English and Maltese language. However, tools for data collection used were in English version only as participants could communicate well in English language.

On the other hand, participating children and the parents/guardians were invited to participate in separate FGD during 'Phase 1 and Phase3' of this study. This method of data collection was selected since FGDs yield in depth information about the topics through intense discussion in the parents and children's groups. Gil and Bailie (2018) state that FGDs can be used alone or in conjunction with other methods, such as interviews or observations, and can help to confirm, extend, or enrich understanding and provide alternative insights. FGDs proved fruitful in this study and the supported the researcher's initial aim to gauge the participant's perceptions, attitudes, behaviours, and experience in relation to the health promotion intervention.

Both the interview and focus group guides for 'Phase 1 and Phase 3' were exclusively designed by me (Appendix E) and questions were given to third parties to test the clarity of the questions posed to ensure quality data collection. Snape & Spencer (2004) argue that given that qualitative research can be perceived as "soft science," it is important to develop a set of best practices that maintain the scientific integrity of the research process to maintain credibility. The interviews with coaches and the administrator lasted approximately 40 to 45 minutes. According to Krueger and Casey (2014), effective focus groups should be made up of small number of participants. The FGDs with children and their parents lasted between 45 minutes to 1 hour and had 10 participants in each respective group discussion. The interviews and focus groups discussions were duly transcribed in the English languages as the study participants were all fluent in the English language.

In both data collection phases, interesting experiences, and perceptions of the participants were captured. Content from the FGDs were studied and identified to extract the key aspects that promote open discussions and reduce the formality of the discussion.

Also, communication skills were well taken into consideration as I needed to understand when to intervene or listen actively to collect the best possible data from the participants. In my dual role as interviewer and moderator, I strived to maintain a comfortable environment for participants that was conducive to discussion. However, due to the COVID-19 restrictions, all interviews and focus groups were conducted online to mitigate the risk of physical harm and virus transmission.

4.5.2.3 Interview and Focus Group Discussion Location

All the coaches and administrator were given the option to attend the interview at the club premises prior to training or in a quiet spot near the premises. Eckler (2017) highlighted that interview locations should be given priority in the development and implementation of community-based projects to enhance the research process for the benefit of the researcher and participants. A couple of days before starting the research project the intermediary of this study and the club administrator informed me about this very interesting location that was offered to them by its respective administrator. It was a perfect possibility to conduct interviews and FGDs since this location was equipped with spaces to conduct sessions with the children. These spaces were equipped with the latest technology that provided a unique opportunity to deliver higher quality sessions in such a well-equipped environment. The interviews were conducted at a convenient location and time that did not interfere with the participants' personal routines. In contrast, to conduct an interview/FGD within the perimeter of the training grounds was challenging because of the noise coming from the ongoing training sessions.

The FGDs were conducted within the location offered to the club on behalf of the education department. A date for the FGD was set communicated to all parents when

soliciting their participation. These discussions were conducted in the quiet and comfortable environment in one of the halls comprising in the education hub close to the training grounds. Everything possible was done to accommodate all the participants for the interviews and FGDs. The principal objective was to obtain the most detailed information from the participants. As highlighted by Holloway and Wheeler (2010) a position of equality and mutual respect is central to the relationship between the researcher and the participants.

4.5.2.4 Audio Recordings

For this research study, all data collected through interviews, FGD and sessions done with all participants were audio-recorded using a digital recorder. As asserted by Al-Yateem (2012), data obtained from qualitative interviews/FGDs are typically recorded, transcribed, and analysed to extract the main themes. This method assisted me in storing all data collected and analysing each phrase and reflection shared by the participants. I also wrote down some personal field notes.

Participants were offered juice, coffee, tea, and biscuits to create an easy non-formal environment for the interviews and FGDs. The environment was not meant to be clinical or intrusive and some informal discussion took place before beginning the interviews and FGDs. It is thought that such an environment promoted healthy discussions that was reflected in the participants' authentic and personal statements about the phenomenon under study. The concept of a person wanting to present himself or herself in the best possible way is further complicated when these experiences, opinions and actions are recorded. Participants tend to be more aware and cautious about what they disclose and share during interviews and other interactions (Al-Yateem, 2012). Indeed, this

process was instrumental in producing a large amount of qualitative data relevant to the study.

Participant's protection was well taken into consideration during and after the recordings took place. This was reflected within a detailed information letter presented to them prior the start of the study (Appendix D). As stated by Knight (2018), health researchers have a duty of care to participants involved in the research process and must ensure information gathered is managed in an ethical and legally compliant manner. Participants were informed that the recorded audio and transcripts would be retained in a password-protected computer only accessible to me. I also assured them that I would be the only individual who would listen to the recording. Furthermore, this reflected that the study ensured full confidentiality to all participants being interviewed by confirming that all information and recordings would be destroyed upon successful completion of the research study. Considering the vulnerability of the children, parents were reassured during respective meetings and within the information letters, that the data were collected to understand the impact of the health promotion programme introduced within the youth nursery environment. Since videotelephony was used during the pandemic, parents were reassured that no video recording took place during FGDs both with their children and themselves. They all agreed to form part of videotelephony and understood the fact that this was being done for research purposes.

4.5.2.5 The intervention with the children

The initial idea for this research study is derived from my personal interest in sports and public health. Furthermore, my interest was reinforced after reading several studies that investigated youth sports clubs as potential settings for health promotion (Barriguete

et al.,2013; Fuller et al., 2010; Hertting & Kostenius, 2016). These triggered my initial idea of organising a brief programme with the children participating in my study. In addition, when applying the method of CBPAR, together with the administrator and coaches of the club, a brief health promotion programme was formed.

Collaboration with these individuals was a unique and mutual learning experience since we learnt extensively from each other whilst planning the programme. Six topics were finally identified using a non-formal approach that targeted the children's health and enhanced their attention. Nonetheless, participatory action designs require continuous collaborative efforts between academics and community partners, while recognizing the strengths of each and allowing for shared leadership and decision making (Minkler & Wallerstein, 2003).

Coaches and administrator were once again instrumental in contributing their knowledge and experience to define the ideal content to be delivered depending on the participating children's ages and abilities. My co-supervisor, Ms. Lara Tonna Grima, managed the educational aspect of my programme and refined the layout in an attractive and interactive manner. She ensured that the coaches were prepared well to deliver the talks during the sessions. The sessions consisted of interactive games, discussions and quizzes that aimed at effectively capturing the children's understanding on the various topics delivered.

Additionally, a PDF document (Appendix F) containing an overview of all the sessions was created with the assistance of my co-supervisor and was sent to all participating parents via email. Considering that the parents were not directly involved with the sessions, this was another means of keeping them informed about what was happening during the sessions.

A nutritionist, Ms. Shylene Taliana, endorsed the sessions related to nutrition and deemed their content pertinent for the young participants. The following sessions took place with the children:

1. Ensuring good personal hygiene
2. Importance of physical activity for life
3. Alternative ways of being active and fit
4. Watching weight
5. Keeping away from drugs and energy drinks
6. General and basic sport nutrition

A theme representing this programme was identified and integrated into the phrase 'Growing up Healthier and Stronger'. In addition, the blending of the ideas of all those involved inspired the idea for a logo of this programme and a catchy design was created by a colleague Mr. Manuel Zerafa, which can be found in the front page of the leaflet sent to parents (Appendix F). This design gave the programme an identity and was approved and welcomed by all participants.

4.5.3 Second Attempt

The second attempt took place during the summer junior sports camp where the children under 10 were involved. The study was completed with a small sample of three (n=3) children and parents. The sample size was low mainly due to fear related to the ongoing pandemic and the considerable case numbers at that time. The following Figure (cited in Cuschieri et al., 2020) confirms the increase in positive cases of COVID-19 in the Maltese Islands between mid-July and the first week of August 2020.

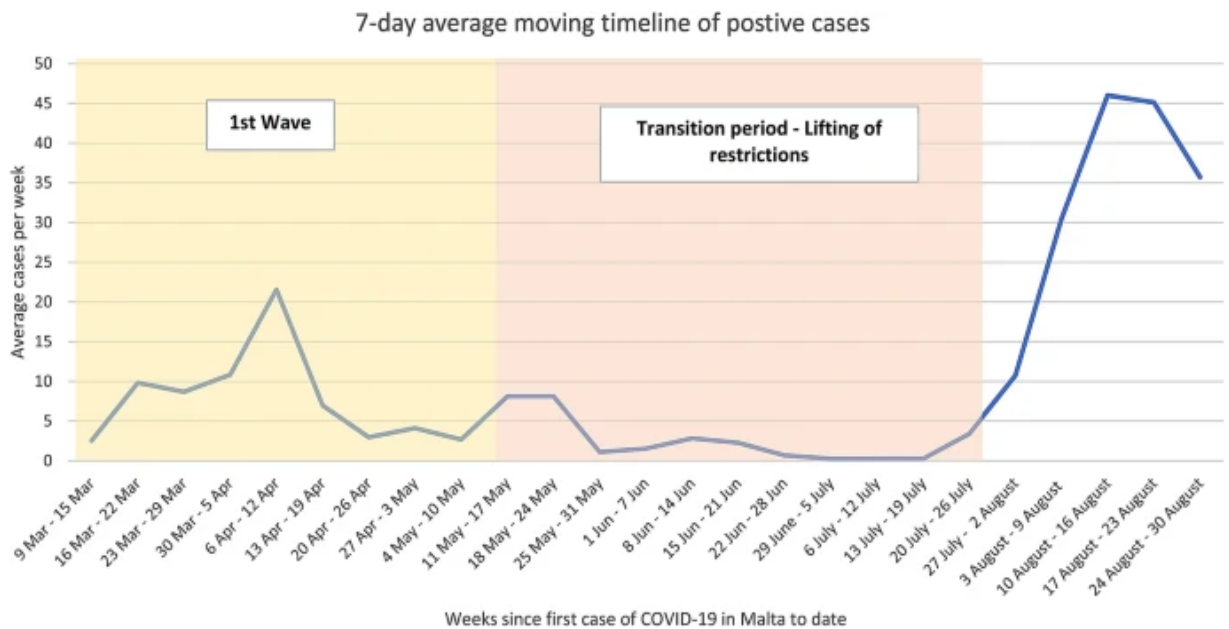


Figure 7: The rise in COVID-19 cases between July and August 2020. Source: Cuschieri et al. (2020) pg. 619.

4.5.3.1 Data collection

The same data collection design and data collection tool were used in the first, second and third data collection attempts. The method of collecting data from participants consisted of audio recordings of various Zoom interviews and focus groups sessions. Sessions were not video recorded at any time during the research study.

4.5.3.2 Intervention, Interview and Focus Group Discussion Location

When the pandemic struck, I had to revisit my initial plans to conduct the interviews and FGDs with the participants. To avoid close and prolonged contact, data collection was done virtually using the Zoom platform. Due to the COVID-19 restrictions imposed by the Public Health Authorities, this was the only possible means of data collection. This method proved fruitful because a number of individuals participated in the Zoom meetings without being in close physical contact with each other. Santhosh, Rojas, and Lyons (2021)

explained that video conferencing may provide researchers and research participants with a convenient and safe alternative to in-person qualitative research, albeit with some important limitations and considerations. Conversely, I made sure to engage in structural planning of the focus groups and interviews to maximize participation and reduce issues related to increased strain, which could have negatively affected data collection.

This was important as participants' safety was always a priority for me as the researcher. Indeed, all participants were informed within the respective information letters that they would be taking part in a videoconferencing platform when participating in their interviews and FGDs (Appendix D). Impressions about how the participants reacted to the FGDs and interviews were immediately noted after each meeting, as to assist me during the data analysis phase.

The interventions sessions with the children were conducted at the hub during this attempt. In addition, all possible measures requested by the Maltese Public Health Authorities were adhered to for everyone's sake. The measures included temperature checks, widespread use of hand sanitizers, social distancing and mask wearing at all times when inside the hub. The initial plans for the delivery of the session content were revisited due to these health measures and some of the planned activities were removed because they involved close interaction of participants. Such activities were substituted with activities involving less direct contact such as discussions and quizzes. The children welcomed and enjoyed these activities.

4.5.4 Final Attempt

In the third cycle of the study, the section changed for the 'Under 12' children and their parents. This section was identified as an important age because the children of that

age could grasp better the health message. This attempt was more successful than the summer period and ten children and parents (n=20) were involved. Together with my supervisor and the administrator of the club, we identified October 2020 as the closest target date to begin the study again. During this attempt, children from the 'Under 12' section were invited through the intermediary. Those interested had to sign the consent and assent form. The number of administrative and coaching staff remained the same, but they were still being constantly updated about the study proceedings. This is the actual study that was then completed successfully by the beginning of May 2021.

The FGDs with parents and children in this attempt were conducted on the Zoom platform. The previous, second, attempt served as a small-scale pilot study. The remaining interviews with the administrator and coaches and post intervention with the children also took place on Zoom at a convenient time for the participants. The intervention took place at the hub and all preventative health measures were adhered to as previously mentioned.

4.5.4.1 Data analysis

The very nature of qualitative research centres around the importance of analysis of verbal data collected and it is considered as the most important aspect of conducting a qualitative research study. As stated by Thorne (2000), to generate findings that transform raw data into new knowledge, a qualitative researcher must engage in active and demanding analytic process throughout all phases of the research. Qualitative researchers are more often concerned about unveiling knowledge about how people think and feel about circumstances they experience, rather than making judgements about whether those thoughts and feelings are valid.

Considering this, Denzin, and Lincoln (2005) asserted that qualitative research is a multi-method tool in the hands of the qualitative researchers that offers a multi-method focus involving an interpretative and naturalistic approach to its subject matter. To succeed, the qualitative researcher needs to be equipped with a theoretical lens to approach the phenomenon under study. As highlighted by Thorne (2000), the strategies used by researcher to collect or construct data and understand which data are relevant or important to answer the research question are analytical processes that influence the data.

All data collected during the various interviews with the management and coaching staff and the FGDs with both parents and the children were analysed using a thematic analysis method. Based on the theories identified within the second chapter, extraction of experiences and perceptions were better captured throughout the whole process of data collection and analysis. In qualitative studies, researchers gradually make sense of what they are studying by combining insight and intuition with an intimate familiarity with the data (Taylor, Bogdan and DeVault, 2016). This approach was identified after considering several other approaches used to analyse qualitative data. In contrast to this, one must consider the fact that the researcher had no experience as a researcher, interviewer, or data analyst prior this research project.

4.6 Thematic Analysis

Thematic analysis (TA) is an approach used to extract meanings and concepts from data that includes pinpointing, examining, and recording patterns or themes (Javadi and Koroush, 2016). Rubin and Rubin (1995; 2011) suggested that TA is a very exciting method of analysis as it assists researcher in discovering themes and concepts from the interviews/focus group discussions conducted. I have opted for TA due to its nature and

flexibility in examining all data collected by analysing every possible theme that emerged rather than a specific number of themes within a framework. Furthermore, thematic analysis is the organization and description of a set of data that is widely used in qualitative data analysis (Mitchell, et.al., 2010)

The data analysis process took place at different points after the phase 1 and phase 3 interviews and FGDs took place in December 2020 and June 2021. The transcription of the focus group and interview data involved ensuring that every detail of the participants' responses was captured. The transcripts needed to be detailed to capture certain features such as emphasis, speed, tone of voice, timing and pauses that are critical when interpreting data (Bogdan & Biklen, 2007). This process was followed by familiarizing myself well with the data collected and any interesting text was highlighted to assist in the identification of a considerable number of codes. An example of how one of the themes were generated is available in Appendix G. Regardless of who collected the data, it is vital that researchers immerse themselves with the data to familiarize themselves with the depth and breadth of the content (Braun & Clarke, 2006). Each code was assigned a specific letter or colour and after more reading and understanding their essence was merged into more categories. Throughout this process of analysing, coding, and extracting themes, peers were invited to assess this analytical procedure and determine whether my methods contained any person bias. As stated by Côté and Turgeon (2005), irrespective of the analytical procedure used, research credibility is enhanced if the data are analysed by more than one researcher.

The following process was utilised to identify sub themes from the previous categories that were merged. An inductive approach was applied to assist in identifying and categorising the data withing the respective sub-themes without any personal preconceptions or bias. Data were merged naturally, and themes were not adjusted according to my personal beliefs or any theory. Within their study Nowell et al. (2017) explained that when using the inductive approach, themes are strongly linked to data themselves and are not related to any specific questions asked to the participants.

The final part of this process consisted of identifying the final themes from the identified sub-themes. These themes captured the final aims of the study and were given catchy names to assist the reader to understand what the participants shared during phase 1 and 3 data collection. To ensure that the process of identifying themes and sub themes was logical, I asked my peers to review and critique my work. I asked them to look for any personal bias in my analysis. If the researcher can clearly and succinctly describe the scope and content of each theme and further refinement is not required (Braun & Clarke, 2006).

4.7 Ethical issues and considerations

Social science is an increasingly important tool in the hands of researchers that is used to study people from different points of views. Different methodologies that collect data from people can easily invoke various ethical issues if researchers are not attentive. St. John, Edwards-Jones, and Jones (2016) asserted that due to the fundamental differences that natural and social science research is conducted, conservationists can find themselves ill-prepared for the methodological and ethical challenges that arise during social research. The method of CBPAR shares similar ethical considerations that arise from more traditional methodologies (Kwan and Walsh, 2018).

During this study I did my best to avoid issues related to ethical weaknesses at any point in this research study. Similarly, Banks, et al. (2013) stated that researchers must not overlook the overall harms and benefits of research, the rights of participants to information, identity, and their responsibilities to act with integrity with all participants. The following subsections shed light on how these ethical considerations were tackled to avoid any sort of breaches or harms during the research process.

4.7.1 Ethical dilemmas in being a researcher within a community-based PAR

As already pointed out within this chapter, CBPAR looks to encourage participation of participants forming part of the research study. As identified by Reason (1995) and Whyte (1991), PAR bases its desire to conduct research “with” people, rather than “on” people. Being in contact with participants, structuring the design of the study or conducting it may cause a delicate situation at some points. In fact, maintaining confidentiality can be one strong component that puts the researcher in a difficult position when presented such a study to the members of the Research Ethics Committee. They may be wary of potential harms to all participants, especially to the young people who participate. However, with the right implementation of proper ethical procedures I aimed to safeguard all my participants. This led to a strong sense of security reflected by participants throughout various occasions when I had direct interaction with them.

The nature of CBPAR immersed me into a sports club where I was an outsider who no one knew previously. This could have caused participants to perceive me as intrusive to the club’s normal functioning. In fact, meeting with the club administrator and coaches and proposing a study that urges change, could have led these participants becoming defensive to avoid any negative exposure during the study. I endeavoured to instil a sense of trust in

the participants during the various meetings and throughout data collection process. I provided them with all the necessary details about the study and worked hard to gain their trust and accept me as part of their community. My intentions were always clear with the parents and children, and they were assured that they would not experience any harms or negative exposure as participants of the study. I assured participants that they could express their concerns with me at any time during and after research study and that the main goal was to capture their collective voices in a meaningful way.

4.7.2 Approval for the study

The administrator of the chosen club was contacted via mail, and he granted his permission to collaborate with the researcher throughout the study. The official permission from the club administrator is found in Appendix B. An intermediary was identified by the club administrator. This intermediary agreed to assist the researcher with the recruitment process of participants and maintain full confidentiality and discretion. The official agreement to confirm this collaboration is found in Appendix C. Additionally to conduct this research study as part of M. Sc in Nursing, approval was granted from the Faculty Research Ethics Committee (FREC) on two separate occasions for the two phases, Phase 1 in September 2019, and Phase 2 in April 2021 (Appendix H). These approvals and permissions permitted the researcher to conduct this research study under the strict ethics guidelines as stipulated by the University Research Ethics Committee (UREC).

4.7.3 Informed consent/assent for participants

Consenting to participate in this research study after being handed best possible information reflects the basis of the ethical principle of autonomy. A proper consent process is an important tool within the researcher's hands that builds trust to create

rapport between the researcher and the study participants (Amrita and Nilay, 2017). In this light, whilst reassuring all participants full confidentiality of personal and club information, none of the participants were coerced or pressured to participate and elected freely to participate or not. As highlighted within the Declaration of Helsinki on Ethical Principles on Medical Research involving human rights (World Medical Association, 2001), it is the duty of researcher to always protect the privacy and confidentiality of their research subjects during the study and upon its conclusion. Apart from meeting with me, all participants received a personalized information letter (Appendix D) that explained the aim of the study and other information about the study proceedings. Their role within this study was clearly explained and if there were any queries my supervisor and my personal contacts were provided in the information letter. On the other hand, the prospective young participants were also given a personalised information letter (Appendix D) that did not include any technical jargon and was understandable by the participants. They were guided through the aim of this study and their important role within this study. The informed consent process for clinical/social research requires good communication of study risks and benefits by the consent administrator so that potential research participants can decide whether to participate (Creswell, 2009). Apart from the information letters, the adult participants received a consent form organised in bullet point format for them to sign and consent their participation (Appendix D). The young participants had their own assent form where they had simple points that highlighted the reasons for signing the form (Appendix D).

All participants were invited to read the information letter prior to signing it and participants were encouraged to contact the researcher with any queries. The next step was to obtain consent from all participants who were interested in forming part of the participatory action research study. In all three cycles of this PAR, no major modifications

other than minor changes related to the dates were made on the information letters and consent/assent forms. An important modification within the information letters pertaining every participant was that of the videotelephony that had to be used for both interviews and FGD. Precautions undertaken to safeguard the children's health were also mentioned (Appendix D).

4.7.4 Maintaining Club's & Participant's confidentiality & privacy

Another important basis of this study that was given important consideration was that of maintaining strict confidentiality of the club and the club's participants to third parties. Strategies were implemented to protect the club and these individuals. The Club's name or the village where the children practiced was never identified to avoid identification of the participants. I was the only one with access to the pertinent information about the club and its participants to ensure strict confidentiality and protect them. Their identities were not revealed to third parties at any time. Furthermore, the participants who had interviews were provided the opportunity to review and comment on the transcript and confirm my interpretation of it. Raw transcripts were sent to the respective coaches and administrators for their review and to ensure that no part of the transcript would inadvertently identify them to third parties. Lincoln and Guba (1985) asserted that respondent validation is a common practice within qualitative research studies on interview data.

On the other hand, for those attending the focus group discussions a written transcript of the data collected was created from the whole group. Respondent validation was highlighted within the information letter given to all adult participants forming part of

the study. I ensured that the data collected during both interviews and focus group discussions were not disclosed to any third parties at any point during the study.

4.7.5 Accessibility of data collected during study

I safeguarded the club and the participants' identity in every possible way. The participants' identities were never exposed, and they were given pseudonyms in the transcripts. As highlighted within subsection 4.5.2.4, all participants were reassured that audio recordings would be conducted using a digital recorder and the data collected would be kept safe in a password-protected computer only accessible by the researcher. The digital recorder, external hard-drives and laptop were always kept in a secure location known to the researcher.

Wanbil et al. (2016) points out that data privacy can be achieved through technical and social solutions. They further explain that technical solutions include safeguarding data from unauthorized or accidental access or loss, whilst social solutions include raising awareness amongst participants about whether and their data is being used in a transparent and confidential way. Participants were also informed that researcher's supervisor may have access to certain parts of the transcripts to assist the researcher in the data analysis process. The parents were reassured that data collection pertaining their children would not expose their children to any harm.

4.8 Conclusion

The experience in planning and implementing this CBPAR was challenging. Various internal and external factors impacted the data collection and analysis. Considering that this was my first professional experience conducting a research study, it was challenging

for me to empower the target population throughout all stages of the research study. Moreover, to strike a balance between reflection and action was a challenge to ensure that reflection was conducted on every possible aspect of action. Active multi-voiced discussion was encouraged to promote critical reflection and improve the environment.

Some external factors made it difficult to complete the data collection phases. Due to the global pandemic, I had to attempt data collection three times which was time consuming and shortened the time allocated to data analysis. The pandemic also may have affected the level of participation since many people were wary of social interactions at that time. These internal and external factors were complex challenges for all involved. These external factors impacted the smooth flow of the study proceedings and the level of participation in this study.

This chapter provided a detailed account of the stages of the research design from the establishment of the inclusion criteria, the sampling technique, recruitment techniques, data collection, data analysis, the ethical approval process, and the informed consent process. Given that I attempted to collect data three times, this dissertation discussed the third cycle of data collection which was successful. Efforts were made to avoid any bias or imbalance related to the involvement of the community which could have resulted in an ineffective CBPAR method. The next chapter discusses the emergent findings from the interviews and focus group discussions conducted during 'Phase 1' and 'Phase 3' of this research study.

Chapter 5

Findings

This chapter presents the findings from the 'Phase 1' prior intervention and 'Phase 3' follow-up intervention. Excerpts from the transcripts are also included to corroborate the themes generated and demonstrate the phenomenon using the participants' own words. The interviews with the coaches lasted approximately 45 minutes. The focus group discussions with the children took approximately 40 minutes and 60 minutes with the parents. Figure 7 in Chapter 4 shows the timeline of the primary data collection process. For purposes of this thesis, the primary data displayed within the chapter originates from the third data collection attempt.

The three main groups of participants had different characteristics including the number of participants, age, and gender. Participation numbers during both Phases 1 and 3 are shown in Table 9 below. Most of the participants who began the study managed to complete it, but only one coach did not participate in the Phase 3 interviews for personal reasons. The eligible participants consisted of the administrator and four coaches, 30 children under 12 years of age and their parents. The participating coaches and administrator all had tertiary levels of education. Three of them were graduates and the other two were studying Physical Education at the University of Malta at the time of this study.

Two sets of focus group discussions were conducted with parents and the children in Phase 1 prior to the intervention. These were followed by another set of focus group discussions in Phase 3 of the study which followed the intervention. The coaches and the administrator had one interview in Phase 1 followed by another one in Phase 3.

Participants in 'Phase 1'	Number of participants	Gender	Age group	Participants in 'Phase 3'
Administrator/Coaches	5	2 males	Males 20 – 50	2 males
		3 females	Females 18 -35	2 females
Children	10	7 Girls 3 Boys	9 to 11 years	10
Parents	10	8 Mothers 2 Fathers	35 to 45 years	10

Table 10: Characteristics of the participants

As highlighted within the previous chapters, the data analysis aimed at mapping the identified codes and merging the identified sub themes into final themes that accurately reflect the participants' perceptions about various aspects of the study. These themes emerged out of 44 sub themes from the respective codes and from the raw primary data collected in Phases 1 and 3. The mapping process was supported by two theoretical frameworks explained in Chapter 2. These frameworks helped me understand the issues that were raised relating to organizational and healthy behaviours. Peter Senge's theory targets the art and practice of learning organizations whilst the Health Belief Model (HBM) assisted me to predict issues related to the participants' health behaviours before and after the implementation of the health programme at the sports club. Four emergent themes were identified after the data analysis process:

- Theme 1: Youth nurseries as health promotion hubs
- Theme 2: Inspiring figures for the children
- Theme 3: Cultural issues hindering a healthy lifestyle
- Theme 4: Determinant environment to deliver health promotion.

Excerpts from the different participants will be referenced according to the group of participants and the phase. The abbreviations for administrator will be (**Admin**), for coaches will be (**C**), for Children will be (**Children**) and for parents will be (**Parents**). Then to identify that interview findings come from different coaches the coaches were numbered (C1, C2, C3, C4), and phases were identified by including another number representing the phase at the end (C1.1 for **phase 1** or C1.3 for **phase 3**).

5.1 Administrator and Coaches

5.1.1 Phase 1 findings

During Phase 1 prior to the intervention, the administrator and coaches shared details of the club dynamics logistics and training sessions. Through the following descriptions the administrator and coaches shared their commitments to the sport as a discipline and the importance of cognitive development and the children's values. The administrator manages the club assisted by a team of volunteers/coaches who do their utmost to maintain an environment conducive to addressing the needs of the children and their parents. The administrator pointed out that they prefer to have a group of volunteers assisting him rather than a defined committee for various reasons. Nonetheless, this can be viewed as a main limitation for that club and possible other local clubs as he explained:

When you have a committee where it is structured with all designated positions might be by far more difficult for a club like ours...imagine that there is something that needs to be done immediately and as a committee we need to check which member of the committee is eligible to do it or give a go ahead to that thing to be done. (Admin 1.1)

5.1.2 An appealing environment

Through their attitude and their voices, the coaches, and administrator shared how they work as volunteers to promote fun whilst fostering different skills and values amongst their young members. Their sense of enthusiasm was evident when they shared statements related to creating an appealing environment.

To have a successful nursery, you must [create] an appealing environment for the children. First, it must [be] fun in capital letters, and that all the children enjoy their time with us. Number two is that all children will be empowered and by this it does not mean that the children must do exactly what the coach is instructing them to do, they must be given flexibility. Number three, you need to have a coach [who] is empathic, meaning that the coach can understand the children's feeling during the days they meet. (Admin 1.1)

The environment laid [out] for our children is a positive one. Children come over as they love to learn different skills. I could sense from a mile away that my children love to attend...their sessions because they detach from their usual routine of school. They can come and practice while enjoying new company of other children. (C3.1)

The administrator strongly believed that fun is the basis of an appealing environment for the children and their families.

Fun is a big word. Children makes sense of things with their feet...it means that if they are having fun, they will look forward to being back for other sessions...they come over and bring their friends along. (Admin 1.1)

An element that emerged from the first theme was the selection of coaches as a critical element in fostering a positive environment that motivates the children to attend again. Furthermore, it was evident that coaching children ages five and older requires

serious consideration of the type of coaches to engage. The administrator pointed out these following aspects:

At that age it is important that you have a coach appreciating that environment, [who] is not rigid and conducts an open session, leaving the children owners of the court. The coaches at that age must act as facilitators to succeed in teaching the children but through their channels rather than rigid channels that will never work with 5- and 6-year-olds. (Admin 1.1)

Then growing up and when they are more able to follow instructions from the coach, there were [small doses] of technique and tactics starts pouring in during the sessions. That dose will increase as participants grow. Then it is my responsibility that individuals working with the children are aware of these aspects and elements. Then discussions will follow to create sessions that are appealing to the children's age and how best they can plan. (Admin 1.1)

5.1.3 Working with a multicultural and ability difference

The ability of the club to work with multicultural children and those with different abilities is a key element that emerged during the Phase 1 interviews with the administrator and coaches. They had no problems working with children of different abilities and cultures and this element made the club more attractive for its members. For both coaches and the administrator, it was their pleasure to do their utmost to help the children grasp skills at their own pace.

I would have a plan...before the session, but if it's too hard for them I try to break it down and take a bit longer and the thing that follow that should be a progression from the one before. I may be doing it another time when they do it properly. (C4.1)

I also explain to them that there will be [children who] succeed at the first or second attempt but there will be others [who] succeed after trying for ten times or even more. To empower them, I bring up examples [about a younger] club player...[who] worked hard and...is one of Malta's best players. (C3.1)

The most important factor is learning whilst being with their teammates regardless of their learning abilities and nationalities.

...our club [has] Italians, Spanish, Serbians, Chinese, Koreans, Romanians [and] Arabs...something that it is an intriguing factor for our local athletes to learn and share the beauty and diversity in culture. This is an added factor when [transmitting] the importance of physical activity for their future. (Admin1.1)

5.1.4 Passing on important values for life

Another aspect that made this club attractive to their members was their effort in conveying the importance of core values other than the skills of game play. All the coaches and the administrator, in particular, displayed high levels of motivation in this respect. They believed that instilling values like effort and participation, helping others, self-direction and self-control are key to the formation of better adults in the future. Their sense of pride was evident when they explained to me the values they transfer to the children:

Presently with the under 10 and 12 sections our curriculum that has been delivered within these last three years...highlights four major important values:

Effort and participation [are encouraged] ...[and] our young athletes...do their best [at] the tasks given to them by their respective coaches.

Number two is that of helping others [and] we integrate this value during our routine activities, for example we give them...exercises where they experience...the help delivered to our teams [is hands-on].

Another value is self-direction [and] we give them five minutes...to create [whichever] activity they want. These are empowerment experiences [as if] they are doing something on their own initiative without coaches being involved in their decision.

[Furthermore] self-control is important in controlling emotions and...being kind and respecting others... for examples no pushing [is allowed since I] might injure my teammates... [and I should] control... [what I] say to others.

It is important that we do our best to assist these children to apply these important values outside the gym. How can they transfer these values at home? ...at the end of the sessions we ask them, so today we worked a lot on effort, can you give me some examples on how you conduct these types of efforts at home? (Admin 1.1)

The administrator and coaches were clear in their intentions about fostering these values to the children and applying them outside of the sports environment. They believed that their position of coaches is crucial to effectively transmit this message to the children for their future lives:

We immediately start having answers like...for example, helping their mother with the dishes when at home. This helps them...to figure out the importance of these fundamental values... (Admin 1.1)

I am in a very good position as from that young age I can start instilling important values that can be useful for their life, such as responsibilities, and even though the children are in a such tender age [where] they can start experiencing these values through play. (C1.1)

When faced with the possibility of the club conducting activities related to health promotion in the sports environment, the coaches and the administrator acknowledged that no actions have been taken in this regard, although they do not exclude the possibility of engaging in such activities in the future.

If I had to share with you our season curriculum, you will not find aspects related directly to health...but in practice, it does not mean that I am happy with our current situation, and I look forward to progress in this regard. (Admin. 1.1)

5.1.5 Coaches' role models

A key aspect raised by the coaches reflects the second theme related to how, why, and what makes them feel like a role model for the children. Prior to this, it was highlighted that they are in their current position due to their own childhood and adolescent role models.

I used to go with my father to see a relative during her training and playing matches...and from this time I was attracted to this sport. Then I...joined a club and since then I have [had a] 25 [year career] as a player [at] different club levels and [the] national squad. (Admin 1.1)

The [current] club administrator was a major factor that led me into this beautiful game [and] my family [also] played an important role into this. My family has been into sports and encouraged me to take on sports. (C4.1)

5.1.6 Coaching experience is full of satisfaction and responsibilities

The level of satisfaction that the coaches share cannot be quantified. Evidently this emerged whilst they recount on how much the children look forward to participating during the sessions. They explained that this makes it easier for them to exert all their effort and share their knowledge with them. The non-verbal cues they displayed during the interviews clearly displayed the pure passion that they transmit to as many children as possible.

Oh, it's fun, like I said you'll never know what they're gonna do. You shouldn't have high or low expectations. You must think like that they are not gonna do it at first but once they've tried it keep on doing it, they will manage. (C4.1)

Their positive expressions and energy make me look forward to being there for them. I love it when they are having fun during my sessions. This gives me a lot of satisfaction, since I feel that I am helping them in learning and [assisting] them [to feel like] an integral part of the group. (C2.1)

Their love to their role consistently emerged especially when a specific coach pointed out that it is very emotional when interacting with children with various learning disabilities and watching them master new skills. Throughout her explanation, I could perceive her emotions and her motivation to help every child.

Personally, I [try to help these children as much as I can]. The fact that I am in education helps me to [better interact with] these children and apply [certain teaching] methods...that I [also] use with my students in school. Their improvement is my satisfaction. (C 3.1)

We have children ready to form part of older sections and you'll have others that find it difficult to catch a ball. So, when you have a boy with ADHD/Dyslexia [who] manages to conduct an exercise well, the satisfaction is [immense]. (C 3.1)

The coaches acknowledged their admiration that children have for them. This is one of the aspects that motivates them to do their best for the children. They pointed out how being a role models carries the responsibility of transmitting a positive psychosocial experience to the children through sports activities. The coaches explain:

I aim to [share] the importance of sports to the children by...creating a positive experience. This experience will then assist them in keeping physically active as important aspect [of] their life. (C2.1)

I am aware that being a role model to these kids carries...important responsibilities. These years of experience in coaching have taught me to show my children that I mean to transmit everything that I know to them. I had several instances with kids at the nursery [who] come over and share [how] they do their best to follow me as...their role model. (C3.1)

You feel [like] you are giving them something they [can aspire to with you] being a role model in their [lives]. This is something that can be important and being someone [who] they can remember for the rest of their lives. Like once I had a coach...[who] after [some] sessions [came and give you] a hug whilst saying 'Thank you coach!! (C1.1)

A mutual concern shared during coaches and the parents' interviews were the worrying aspect of the local culture being too *laisse-faire* about the importance of living a healthy lifestyle. This aspect emerged only during this first phase of the study. They acknowledged that locally there is an urgent need to increase the frequency and efficacy of sharing healthy messages from the early years. Moreover, these aspects emerging from Theme 3 highlight the how disseminating a healthy message from a young age can fight the

serious issues of obesity in the Maltese population, especially in young children. They called for effective messaging that promotes healthy eating and the importance of physical activity throughout their lives. The coaches identified schools as important environments where healthy eating and physical activity can be further promoted.

Yes, I fully believe that both health and sports education are of [the] utmost importance. These should start as from early years and ideally [be part of] compulsory education. I believe that both subjects go well together, and more importance needs to be delivered primarily in local schools. (C 2.1)

Unfortunately, some of the children locally [who] are overweight, might be due to the results of lack of awareness of what are the best foods [to] consume. Schools can be another place where these children experience continuous teaching about importance of leading a healthy lifestyle based on balanced nutrition and exercise. Continuous awareness in such places can be instrumental in experiencing increasing numbers of obesity in Malta, it is worrying and scary when you see the numbers. Something needs to be done! (C3.1)

The coaches and administrators stressed the importance of sports and physical activity being instilled at a young age. They expressed their belief that actions must be taken to address the local health situation and they were in favour of targeted intervention to improve the community's health and wellbeing. Additionally, the message that sports and physical activity improved one's mental health and social well-being should be widely disseminated. This was shared through their personal experience in practicing sports from a young age.

Without any doubt a person [who] practices any sport...not only benefits from the physical aspect, but also [from better] psychological wellbeing. It is proven that good hormones are produced during exercise which explains the feel-good factor experienced. (C3.1)

A lot of people could not have made it, or they do not have a strong character when they grow. Sports reveal character rather than building it alone. (C1.1)

I believe that health and sports improve the individual on a holistic basis. I see this evidently in school where I practice, when comparing children that are involved actively in sports [who are] better performers in school, leadership and helpful, rather than... [those who] are not into health and sports. (C3.1)

5.2.1 Phase 3 findings

During this phase both the administrator and the coaches reinforced the key elements shared during the first phase related to the potential of the nursery environment. They reaffirmed their initial thoughts that the club is always ready for new challenges and has the potential to create an environment conducive to the dissemination of a strong health promotion message to its members. During the interviews with the administrator and the coaches, they recognized the potential to promote this further to the Maltese authorities and work together to achieve successful outcomes. Although this study took place during the pandemic, the participants would like to implement such a programme and believe that it will promote and protect the health and well-being of club members.

5.2.2 Belief in the programme

A shared willingness and eagerness were evident amongst coaches and administrator when discussing the club as an ideal environment to promote health messages. Theme 4 emerged after these participants discussed their belief in the feasibility of such a programme at the sports club. During this third phase, the participants identified various aspects that they experienced first-hand throughout the health promotion programme. Subsequently, other emerging findings targeted the club's readiness to overcome various challenges. Indeed, valid recommendations that enforced the structure of the nursery emerged during this phase. The concept of working together to achieve an important goal is described below by two of the participants:

Until you start something new...you will [almost always] find a fraction of individuals from management and...members [who] might be a bit hesitant until you manage to show the importance for example of such programmes, until they see how the sessions will be led and associate their lifestyle with some of the topics, it might take a bit of time...but its ok! (C1.3)

Planning takes a lot of time to research the best information before, to hand in and create best possible formula to ensure acknowledgment from the children. You must create a session that they...look forward to, especially when you work with children, like we do with the training sessions that aim to be more fun for the younger ones, more appealing, [examine their] motor skills rather than...technical stuff. (C3.3)

The club has the potential to successfully create similar programmes:

I believe that as a sports club we have a lot of potential to transmit a positive message than it is up to the children and their parents to understand that as a club we are doing our best to promote best healthy lifestyle tips for their present but also their future. (Admin 1.3)

The administrator did not shift his initial ideas shared during the first phase that related to the potential and exposure of the club in delivering an effective message to children and their parents. He was motivated more to work together for the next cycle of the programme in the next season when compared to the first phase of this study. He also pointed out that the club could proceed with similar programmes because there are coaches ready to deliver and assist during the sessions. Moreover, the children provided positive feedback despite the difficulties that the programme experienced during the pandemic.

Now that the program is over and I had the opportunity to follow[up], I strongly feel that similar programs have the potential [to] being included within the training sessions of the youths...It can be considered as an added value to the club's service, and I believe the parents will appreciate a similar added service offered by the club. (Admin 1.3)

When you asked some coaches to deliver whole or partial sessions in the initial phases of the meetings, they were excited about how a similar programme [could] be effective within the young members of the club. We were all [in favour] of the idea of the programme [taking] place within our nursery. (Admin 1.3)

I can also confirm with you that the children shared the fact that although the sessions [were] limited because of COVID-19 measures, they still enjoyed and learnt new aspects of how they and their families can be healthier. They enjoyed it! (Admin 1.3)

5.2.3 Ready to welcome new challenges

Although participation numbers of children and their parents were low, the coaches and the administrator still believe that similar programmes can be implemented in tandem with training sessions. An interesting finding raised by the administrator was the challenge of having a sustainable programme. He insisted that the administration, coaches, and volunteers must work hard to keep similar programmes running from one season to another and in all sections at the nursery.

One issue could represent time constraints for parents, moreover I am more than sure that if the club includes similar sessions as part of the kids' training routine [then] attendance will be better. (C3.3)

Another challenge might be [that when] I am introducing similar sessions with the under eight sections, another difficulty to avoid is to make sure that a similar programme will be scaled up for the under 10 and under 12 [groups] to ensure continuity of such programme. It must be planned to detail throughout the whole season experience. (Admin1.3)

It must be a programme integrated [as a] long-term plan and there must be what I call internalization of the knowledge acquired through learning and not just [conducting] some sessions for a week or two and that's it. There would be this element of internalization. I believe [that] without giving up immediately...it is worth [conducting] a similar programme...within my nursery... [in this way, we] are offering an added service to be [a better] nursery. (Admin1.3)

Both sets of participants were motivated whilst sharing details about the club's philosophy and how they welcome challenges. Their philosophy is 'Never giving up' and they believe that they can achieve every goal by working together. At this stage I could understand why this club functions well because they never give up and discover ways to

overcome challenges. I could perceive their energy, hard work and determination to help the children. The elements of fun, family and working together to achieve the goal, as in Peter Senge's model, were evident when speaking with participants:

I consider our club as being one big family and any things that are interesting that come up, we are eager to welcome them or [try them]. for the better of the children, club/coaches. (C1.3)

I am sure that other coaches... [most who are] very young [and] open minded [are] ready for change. So, I believe introduction of such programmes within our club might be a challenging one, however it will not be a problem [since the] coaches and administrator...are ready for such challenges. (C3.3)

I believe that if as a club we introduce such programmes in conjunction with the kid's training sessions, they and their parents will be intrigued to attend [and] improve their lifestyle whilst learning how to improve their performance... I mean, the sessions expose the nursery as being like a school, not the schools that we know as those are sitting down, instead there is an option that they start considering [the club] as very interesting [and something to look forward] to.' (C1.3)

The low attendance for the sessions was tackled by the administrator of the club who made it a point not to give up on this project. Despite this, he took this experience as a lesson learnt and transformed it into an opportunity to work harder for the children and the club. The admin and the coaches understood that the youth nursery is an environment with great potential to protect and promote good health in conjunction with teaching sports as explained below:

Another aspect that I want to point out is that although attendance to the sessions was low, I still believe that a program like this will [be attractive in the long run]. For example, [if] the parents...need to carry

out a lot of stuff during the time their children are at training and we [ask] them to leave their children 45 min before/after to attend for health promotion sessions, it will be a big opportunity for parents to carry out these errands especially on a Saturday. Their minds will be at rest as their children will be in a safe place whilst finishing off their errands. Life is too hectic. (Admin1.3)

5.2.4 Coaches and delivery of sessions

During Phase 3 of data collection, Theme 2 relates to inspiring figures for the children. The administrator's initial thoughts that were expressed in Phase 1 of the data collection did not waver. After experiencing the intervention, the administrator believed in the potential of coaches to deliver an effective health message. In fact, it emerged that there is a natural link between the coach and the effectiveness of the message being delivered. On the other hand, the coaches who had the opportunity to deliver part of the sessions were enthusiastic about the experiences and shared the positive feedback that they received. Such feedback motivated them to do more similar activities in the future. Other factors that emerged from the data collected show the added value of the mix of professionals and coaches in the delivery of a high-level, yet effective, programme. The club provides a non-formal and fun environment to the children and their parents.

Presently, together with our foreign coaches we are working on next season's nursery program, and now this can be easily integrated with the nursery's curriculum. Implementing easy knowledge that must be delivered to the children by their own coaches. (Admin 1.3)

On a personal note, when I have conducted part of the session, my sensation was that the children were very attentive and asked intelligent questions regarding the topic I was covering. (C3.3)

As you might have observed, we are considered as role models to these children and that makes learning much easier, also considering the importance of the environment to these children as well. (C4.3)

By seeing us leading some of the sessions will make them believe more, like, 'Ara l-coach tieghi qed turini kif niehu hsieb sahhti, mela ha nipprova naghmel mill ahjar halli nkun bhala'. (C1.3)

Coaches had contrasting ideas than the administrator in relation to mix of expertise pointing out that programmes will be enriched with the contribution of experts. The administrator could have mentioned that the programme could be led by coaches only because he believed in their potential since they have a background in education. However, as the coaches pointed out, to deliver sessions related to health, one needs to deliver the right material from various experts in health. Subsequently the idea of coaches delivering all the sessions can be a long-term plan.

However, I believe that if these programmes will have a mix of expertise in relation to the coaching experience mixed with experience of professionals or individuals experience fields of health, will surely make these programmes attractive for the children and their parents. (C3.3)

Obviously, I feel that involvement of coaches is a better strategy to use in the delivery of similar programmes. I do not see individuals [outside] of the club delivering sessions. I believe that coaches are in a unique position of being a role model for the children and the delivery of any session will result in better absorption form the children. (Admin 1.3)

Their trust in the potential of this programme within their environment led to both sets of participants to gradually target deliver of similar programmes across all sports clubs within the Maltese islands. They understood that this will take a lot of work and shared

possible traditional and innovative ways of how these programmes that can be scaled up in more clubs across the island.

I believe such programmes must be delivered on a national basis. At least they can start by talks once a year from a nutritionist and target all local sports clubs. The participants will experience the basics and if they are interested, they could attend or read more about the importance of nutrition. (C1.3)

I believe such programmes will have to be disseminated across the island as they have many benefits when considering the potential. (C4.3)

One can do it through social media, influencers, by teaming up with people that appeal to the age groups that are to encourage to join similar programmes. Nowadays, social media has become the best platform where one can promote anything with all age groups. (C1.3)

An observation from one of the coaches that emerged from Theme 4, indicated that plans to promote health from potential environments such as sports clubs must be seriously considered by the Maltese Authorities. However, it is imperative that these policies be seriously considered and implemented. The policies must truly reflect the needs of local sports clubs and not end shelved in the archives.

Plans must be objective and realistic enough to function at level playing field and not end up on a shelf and [be] discarded. Those who are involved in planning must keep that in mind. (C1.3)

Indeed, coaches believed that if all interested players come together these programmes can be delivered by the youth sports clubs across the Maltese islands. They pointed out that the involvement of local associations, governmental entities and European assistance and researchers' experience can be instrumental in creating a structure that promotes health promotion locally.

I believe that collaboration with local authorities can take place in succeeding. Like when we apply for European funds in relation to incentives that the clubs can obtain in relation to cover financial burden when creating such programmes that deliver a healthy message to our young members of the club. (C1.3)

An active collaboration between clubs and health authorities can lead in a better teamwork that can form a structure that supports us as clubs in dissemination of the importance of active and healthy lifestyles [of] our children and their families. (Admin 1.3)

5.3 Phase 1 Children's findings

5.3.1 What sports club environment means for the children

The children participating within this study contributed a large amount of interesting data that assisted me to better understand the issue under investigation. During this phase the children described how important the environment is for them to detach from their busy weekly routine. They shared how eager they were to attend, meet new friends and learn whilst staying active. They focused on these topics of discussion during this phase rather than during Phase 3. These findings were based on the theoretical framework of the health belief model (HBM). When asked why they liked the club environment, they replied:

The most important is that we play and learn together. I like meeting other children my age, I am making new friends. I look forward for Saturdays to come and meet these other children. At the club I learn on how to be more active. They also teach us on how to be better, like how to accept everyone in the team and even the others in the other teams. (Children FGD, 'Phase 1')

When describing how the environment is important for them, the children mentioned that the coaches make the environment fun. They appreciated the efforts undertaken by coaches and the administration in encouraging them and inviting them to watch the senior teams playing to better understand the game.

Our coaches invite us to follow the senior team so that we follow the game. This is something totally new for me as before I did not know [anything] about this game. Through this I learn more the rules of the game and enjoy watching the game. Our coaches were, and most of them are, great players as I see them in action when I go to the court to follow our senior teams. It's fun!!' (Children FGD 1.1)

5.3.2 Coaches and health promotion sessions

The children welcomed the idea of the short health programme in conjunction within their training sessions. They were curious and believed that there can be a natural link between health and their sports club. They confirmed how much they liked their coaches through their reactions when they discovered that their coaches would deliver part or some of the sessions. Their non-verbal gestures and the viewpoints expressed revealed their excitement and anticipation about the upcoming sessions:

It is a great idea and I believe that these sessions at the club will remain more in my mind...The fact that the environment is different from schools and is less rigid...I don't know how to explain this well, but, true there is some sort of link... I don't know, but the two things go together.

I think if I am learning how to stay healthy within a sports club, it makes a lot of sense to me. I am not sure how to explain myself well. I 'm waiting for my coach to deliver a session...I like my coach a lot. (Children FGD, 'Phase 1')

5.3.3 The coaches

Theme 2 emerged from the findings of the children's focus groups. The children considered their coaches as inspirational individuals and discussed the interesting aspects that inspired them. They showed their appreciation and satisfaction when describing their coaches as funny characters, but at the same time professionals who coach them. They mentioned that some coaches share stories about their professional sports career with them. These points emerged when the children were describing how their usual training sessions are carried out.

They are intelligent and know about the game. They are also funny, as during our training sessions they make us laugh. Like they tell us a joke or also make fun of themselves, I really like this. We learn and we have great fun [at] the same time. They teach us a lot. They have a lot of patience. I like the ways they do their best to teach us new things...like, they never give up until all of us have understood and [are] doing the exercise well. They are amazing people. (Children FGD, 'Phase 1')

The positive attitude of the coaches has created this mutual bond. The children pointed out that this reflects their effective focus on the importance of physical activity for life. Their body language showed appreciation and admiration towards their coaches' efforts.

They do very interesting sessions that are not boring. This makes me enjoy every session even if sometimes the sessions are tough.... Yes, I would like to be like them when I grow up as they are intelligent, sporty, and strong as well (smiles). I come to this club enjoy whilst learning to play this game. The coaches encourage us a lot and I feel good even when I fail to do an exercise. (Children, FGD 'Phase1')

5.3.4 Demand for more health promotion activity in other settings

As in for the theme highlighting the factors that hinder healthy lifestyles and how to mitigate them, the children shared their dissatisfaction with the lack of exposure to health promotion topics within their schools or other extracurricular settings they attend. This is a clear signal for similar sessions/campaigns to take place within the national school environment. Clearly, the children did not like this situation and discussed it during the FGD.

I used to go to scouts but now no...they used to come and teach us on topics like peer pressure and drugs. Maybe once a year...I do not think this is enough. Sessions that covered how unhealthy drugs can be for our bodies. It is important that we never take drugs as they are very unhealthy...I can't remember the last time we had a similar session. The session we did was on healthy eating, and it was long ago. Maybe more than a year ago...once they came in our class and shared some tips on how to eat healthy. I think it must be more than once a year...twice a year.

...I wish to have more physical activity lessons and maybe sessions that cover health promotion at school. (Children FGD, 'Phase 1')

One of the children argued that each scholastic year is packed with too much academic content and not enough session related to sports and healthy lifestyles. The other children agreed with this statement and showed their discontent with the current situation, saying:

We have a busy schedule, and the academic syllabus takes a lot of our time at school. Then I think that there will not be time for such sessions to take place more frequent[ly] in our schools. (Children FGD, 'Phase1')

5.4 Phase 3 findings

The children were able to share how these sessions in conjunction with their training sessions resulted in a positive experience. The content and individuals delivering the sessions were also approved. The children found the sessions informative, easy to understand and fun. They confirmed that the sessions were a success because they acquired new knowledge and felt empowered to share it with their family, teammates and friends at school who did not participate in the study. They were all looking forward for the next cycle to start in the next season.

Subsequently they discussed the issues that future programmes could tackle by sharing interesting ideas about how to make the programme more attractive to children to join. The children's non-verbal cue showed their enthusiasm. They also discussed how their coach and I, as the researcher, were influential in helping to increase their knowledge and learn how to choose right from wrong. When asked to share any negative aspect about the programme, they only mentioned that more games could be included in the future when COVID-19 restrictions were relaxed. The children look forward to more normality so that the sessions can be more interactive in the environment that they enjoy. They also look forward to similar programmes delivered at the nursery that could address interesting health topics. Through their words and actions, it was apparent that the children welcomed the idea delivered by their nursery. Through their words and mostly their reactions, they shared their intentions to welcome the idea and other possible changes as well, as shown below:

The place where we had the sessions was fantastic! We had facilities like quiet rooms, the interactive white board, that was an important part of our sessions. I think when COVID is over, and we could do what we used to do before the sessions, [it] will be much more interesting and the

children will learn more through games and other activities that we could not do because of COVID.

I think that the topics were very good, also these topics will be changed to others that can help the children to live healthier. My mum also told me that if the club will plan talks for [parents] then [it would] be an even better idea.

The time spent during the sessions was just right, I was never bored because the sessions were too long... for me were just right as the sessions were not too short nor too long. I agree with the others.
(Children FGD, 'Phase 3')

The mix of experiences and theory was a common finding that was also welcomed by the children and the coaches. They confirmed their initial surprise and looked forward to having similar sessions delivered mainly by their coaches, but also by some other professionals. The coaches remain very important role models in the children's lives.

The coaches will [still deliver] the sessions with the help of others like you. I like it like this. It was a surprise when we were told that the coaches will take part in the sessions, but it was great to have our coaches to encourage us to live healthy as they all do. (Children FGD, 'Phase 3')

The children confirmed that the sports club environment can be utilised to effectively communicate the health promotion programme. Data from the focus group discussions suggests several key success factors for the programme. The children's relationship with their coaches and administrator has led them to believe that the administration together with the coaches will work hard to keep up the programme functioning.

The children also highlighted the importance of similar programmes continuing across all youth nurseries. I could sense the authenticity of the message from the look in their eyes and the thoughts that they expressed. There was a consensus between the children, the coaches, and the administrator.

I hope that the club continues to deliver health promotion sessions to us and other children that attend our youth nursery. I really enjoyed taking part during our sessions. Thank you!

In the beginning I was not sure about all this.... Now I am sure that I have learnt some interesting different things on different health topics. Thank you!

I hope to see you and the coaches again doing such programmes for us. I am sure the administrator will do something as he likes when we are happy and learning. That is what he tells us. (Children FGD, 'Phase3)

5.5 Phase 1 Parents findings

It was evident that the parents are role models for the children and their contribution throughout this phase was deemed important when discussing the club environment. Nonetheless, there are obstacles such as local cultural issues that lead to unhealthy lifestyles that hinder the club's ability to protect the children and their families. The parents described the club as their second home because they feel at ease and cared for there. The club's organizational factors also helped to create an appealing environment. The parents stated that the administrator and the coaches do their utmost to make their children feel part of the group and are always ready to assist with any issues that club members face. They were also satisfied that the club does not place any undue pressure on their children, and they confirmed that the sports club can successfully disseminate a

health promotion message. In this regard, some parents pointed out that the sports club already unofficially delivers short talks on important values, as was described within the findings of the administrator and coaches.

They are always there to help; they know every child's name even though we have just started the season. It is a simple thing, but it means a lot for us as parents but mostly for our children that I feel that they feel that they have their second family within this club. They are fantastic!

I have discussed with other parents before joining this club and everyone is happy about how the administrator, his assistants and the coaches are always there to help with a smile in every issue [like] logistic difficulties and child development. They do miracles in my opinion.

Our coaches and the administrator follow the children one by one, and they also make sure to instil a sense of fair play amongst all children that are taking part during these tournaments. The coaches make sure that no extra pressure is put on our children. The children really like this thing of fair play. (Parents FGD, 'Phase 1')

Whilst acknowledging that sports clubs have a lot of potential in delivering health promotion, they pointed out various issues that clubs that operate on a voluntary basis encounter:

I believe that there is a natural link between health and sport, so a big yes if sports club [diversify] into...health promotion sports [clubs].... I also think that sports clubs can also include us as their parents in teaching us about various health aspects and on how to tackle healthy lifestyles better.

I see that Health Department can see similar programmes as an important assistance to their fight against the unhealthy lifestyle us Maltese [have]...

Health promotion department can send people I presume to assist in defining and help in conduction of such programmes...

Yes, could be through sponsorship, I believe [that] companies [would] be attracted when mentioning health related programmes especially those that import healthy products. (Parents FGD, 'Phase 1')

More specifically, one parent pointed out that the Maltese authorities and policy makers need to prioritise such interventions when weighing the pros and cons of similar health promotion interventions planned for the future.

I think that these clubs can give a great helping hand in sharing the health message to our children and to us parents as well. That might consist of a huge economic and human resource investment, but [in] the long run the country will experience return of investment as the local community will be much [aware of] health...in the future... (Parents FGD, 'Phase 1')

5.5.1 Inspiring figures for the children

For Theme 2, representing inspiring figures for the children, the parents recognized and contributed mainly toward their responsibility as roles models to the children. Coaches were not directly mentioned by parents during this phase, and they focused solely on their responsibility for the health of their children and family. They pointed out that better planning is needed due to the everyone's hectic lifestyle which hinders their ability to prioritize physical activity and healthy lifestyles. When they discussed the importance of inspiring figures, parents also linked to Theme 3 related to unhealthy habits that they follow because of their hectic lifestyles. Although they are aware about the responsibility as role models and being physically active, they explained several aspects that hinder them from dedicating the time to do so. They also argued that this could be attributed to a culture that

promotes laziness rather than staying physically active. Furthermore, many parents work long hours which can leave little motivation and energy to be physically active before or after work.

I totally agree that we are their constant example and by seeing me attending, when I have time to do some physical activity will help them for sure. It can also help them to prioritize with their hectic lifestyles now and in the future.

Technology makes a huge difference in children it keeps them stuck inside and detached from the beauty of nature. Again, we must be the ones to stop them and carry them along with us where they can do some real physical activities like at playing fields or at Ta'Qali playing football or riding their bikes. It must be part of their hectic routine... like to detach from their hectic week full of homework, studying and other extracurricular activities that are not related to physical activity. Our children need to understand that to detach from their stresses does not only mean to stay on the sofa playing videogames all the time, and we must be an example to this. (Parents FGD, 'Phase 1')

Most of the parents agreed that joining the club and letting the children decide to join the club means ensuring that their children stay active. They confirm that the main idea is to remain physically active rather than their children laying down on the sofa using electronic devices and other technology.

In my situation she decided... She used to see me playing sports and automatically decided to start experiencing this sport herself. Then my boy play football but when he comes with me as I still play with friends, he likes to play and attempt some shots as well...

I send my son to scouts as they instil a sense of being organized and being always ready to face different situations in life and not only scout related issues... (Parents FGD, 'Phase 1')

5.5.2 Unhealthy decisions hinder healthy lifestyle

There was a very small fraction of the parents who balance their hectic lifestyle with being physically active. Whilst explaining how she manages, this parent was encouraging others to apply strict time management rules to succeed. This parent confirmed that working long shifts does not stop her from balancing the needs of work, family, and life in general.

At least one hour daily, I run, swim, and ride a bike. I train for triathlon; I try my best to find that at least hour a day to practice all these sports.

I see it as an excuse, sorry...but I believe that one can find a way. Nowadays we look more towards how we are going to do more overtime to earn more money and forget to take care of our health. Once you aim for something you can get it, that is what I believe...

I believe that this could be an issue of a lazy culture, for example if I want to take my child to school, ideally, I park in front of the school door. If it's raining, we opt for the car rather than putting on a raincoat, get an umbrella and walk to school. Abroad you see children being accompanied to schools in their raincoat, wellies, and that's it, they walk, and they walk long distances as well to get to schools sometimes. (Parents FGD, 'Phase 1')

5.5.3 Schools as another important setting to promote healthy lifestyle

The participants acknowledged that schools can be a central environment that fosters the importance of healthy lifestyles and physical activity. In line with the other participants, the parents shared their concerns that local schools do not prioritise such aspects and focus solely on academics. They argued that improvement is needed in this regard because health-related talks and campaigns targeted at the children are rarely held.

Yes, there were rare instances when they or we had some similar sessions targeting drugs, peer pressure conducted by Sedqa staff, yes.

From our school what they do is a 'Healthy Week' and yes sometimes they come to speak to them, but not that frequently.

The syllabus is so vast, that when a teachers' timetable is being planned the first subject to be eliminated as much as possible is PE. I work in a school, and I can assure you that if you decrease the number of PE sessions no one will notice that, but if you try and decrease any one from the academic subjects everyone will start complaining about this. (Parents FGD, 'Phase 1')

Although the parents were in favour of healthy lifestyles, they expressed uncertainty about the contradictions between the rigid protocols related to food and beverage on school grounds and the activities hosted by the school that offer unhealthy junk food.

Even tuck shops nowadays sell healthy food and snacks, you can also find vending machines that are loaded with 'so-called' healthy snacks. Yes, schools are much more rigid regarding what food...the children take with them.

But one of the most contradictory things that I notice at my daughter's school is that when they have council organizing events and they present foods like muffins, milkshakes, hot chocolates, figolla, 'Maltese ftira' and all sort of food that it is not that healthy. These activities happen so frequently, sometimes every week. I understand that this is done for profit reasons, and I support these school activities. (Parents FGD, 'Phase1')

5.6 Phase 3 findings

When discussing the viability of such programmes, the parents stated that the club has the potential to promote and organise a successful health promotion programme. They recognize the perseverance of the administrator and the coaches in welcoming the challenges to this. They acknowledge that similar steps can be opportunities to redefine the club as a key player in the local promotion strategy. They were also positive about the chance that similar programmes could be easily implemented in the sports club environment since its exposure is considerable among local youths and their families.

[Regarding] the programme...it does not have to cause any burden on families as the idea behind it is purely [the] dissemination of important information [about] how to be healthy and live a healthy lifestyle

I totally agree that the club can built up on what you have started. I believe that this idea cannot stop here but needs to [evolve]. This programme must be an essential part of the training programme that our children take part in.

I believe a club like this is doing miracles every day, because they work on voluntary basis with our children. However, the professionalism that is evident throughout training sessions and their ways on how to deal with our children are impressive. They simply [go] out of their way for our children, and I am [certain]...that as a club they are working on building on something like this programme. (Parents FGD, 'Phase 3')

During this phase they recounted various experiences about the impact that these sessions had on their children. They said their children began discussing the importance of several aspects of the programmes to their families. The consensus among the parents who participated in the focus groups was that this programme was a fun learning opportunity for their children. They also liked the timing and structure of the sessions because it gave

them time to complete errands and chores whilst knowing that their children were learning safely at the hub. They also agreed with the other participants who shared their views on the important role of coaches in effectively delivering the health promotion message during the sessions. This strategy encouraged their children to look forward to the sessions. The parents also discussed the importance of external role models in their children's lives and that having the coaches deliver the sessions was an interesting idea.

My son was amazed with the session regarding nutrition, and he also talked about the presentation where you showed them how they can plan their meals together with us. He even searched on Internet for healthy food options that I can prepare. I was impressed by this attitude apart from [that] he encouraged me to investigate variety of healthy food options.

My daughter has mentioned and discussed with us issues relating to what the other parents have just told you, like, nutrition, drugs and about energy drinks. A topic that impacted on my daughter was...how to strike a balance between screen time and...being active around the house and...doing physical exercises. The fact that this session was delivered by one of their coaches was also an aspect that she really liked and pointed it out [to] us. She promised me and her father that she will do her best [to find] and [balance her time] to do other things rather than sitting down on the couch watching TV or using tablet etc... I hope so (laughs).
(Parents FGD, 'Phase 3')

In line with the other participants, they believed that when considering how the club administrator works hard for the nursery to continuously improve, they are certain that he is capable of building on the programme. The parents showed their enthusiasm whilst sharing their hopes that this programme would be shared across the nursery and their children would participate next season. The parents transmitted a 'feel-good factor'

when describing their thoughts about similar programmes that promote the importance of healthy lifestyles amongst children and their families.

In...your programme, there were 6/7 sessions, but I feel that if there would be more sessions it [would be] better, the children who attended were enjoying them as it is something unusual for them, not always the school method.

I totally agree with a program that long stands throughout the season but ideally now once every week as it will become repetitive, and this might disrupt the children's enthusiasm towards the health promotion sessions and programme. For example, every 2/3 weeks. (Parents FGD, 'Phase 3')

Like the other participants, the parents believed that similar programmes can be scaled up at a national level. They shared ideas about how this could happen and believe that similar programmes can be considered a return of investment on the country's health and well-being. They mentioned interesting ideas of how potential of sports clubs can be studied. All the key stakeholders could participate in the creation of the programme and protocols that reflect the national needs. The parents described this as a significant opportunity to protect and promote the general health of the people of the Maltese islands.

It will always be...an important help. I believe that...during piloting of a similar programme [on] a larger scale will need to [be remodelled] according to the reality of the issues raised by the clubs but also importantly by the parents and the children themselves. Then one can say that there is a programme across the board that aims to assist children within the nurseries and their families to live a healthy lifestyle but also a programme that reflects and responds to the realities that clubs and family face. [In doing this] similar programmes [will] not start and [then] die after a season or two.

This means that nationwide we will be investing in a brighter future for our islands in relation to [a] positive healthy nation.... all involved players [can] work hard together [with the aim of safeguarding] the dissemination of health message [with] a structure that supports all local sports clubs to [conduct] such programmes [at] their nurseries...why not scale these up to the older sections to help them grow stronger physically and mentally. Then we could say that our local sports clubs can be considered...health promotion sports clubs rather than...normal sports club. (Parents FGD, 'Phase 3')

5.7 Conclusion

The findings within this chapter were presented according to the participants' responses during Phase 1 and Phase 3 primary data collections. Four main themes emerged from the qualitative data collection and are explained in detail using the participant's own words as evidence of their relevance. The various quotes from the transcripts that were presented within the subheadings reinforce the research findings and provide a clear picture of the final emergent themes to the reader. The findings from the three sets of participants pointed out different interesting aspects that were experienced before and after the intervention. The participants described the youth sports club as a non-formal environment that has great potential to deliver the health promotion message. Coaches and administrator were viewed as inspiring figures who foster motivation and peace of mind to the club members. Moreover, the fact that these coaches delivered the session was applauded and reinforced the participants' positive viewpoints about it.

All the adult participants highlighted the glaring local issue of the hectic lifestyle as a major contributor to unhealthy lifestyle choices locally. The participants identified other environments as potential health promotion assets, but they are not being used to

effectively promote health and physical activity to local children. The children mainly stressed this viewpoint and said that schools should focus more on healthy lifestyles and less on academics. A consensus was reached by the participants who agreed that the programme could be successfully implanted by the administrator and coaches in the future. The children liked the sessions because their coaches delivered some of the sessions and they also met health professionals. The administration and the coaches welcomed this success and are motivated to introduce more programmes in future seasons. The parents also agreed that similar programmes should continue at the nurse's office and stressed that these programmes should be studied deeper and be scaled up to the national level.

Chapter 6

Discussion

This chapter discusses the emergent themes identified through the primary data gathered. As argued by Anderson (2010), the discussion of findings should be presented in the context of any similar research and or theories based on existing literature and should explain how the current research contributes to the existing body of knowledge. One must also consider how transferable the research findings are to other settings. Mainly, this discussion reflects the impact of the participants' perceptions about the introduction of a brief health promotion programme in conjunction with their usual routine sports training. Moreover, other aspects related to cultural issues that hinder healthy lifestyles of local residents are also discussed. These themes are discussed separately but in a holistic manner that portrays the differences and similarities of the participants' viewpoints. The aim of this research study is to understand and learn from participants, hence this chapter represents their overall learning experience. This study also examines the participants' viewpoints about the brief health promotion programme that was carried out in conjunction with regular sports training. The four emergent themes are discussed and interpreted in tandem with the extent literature as follows:

- Theme 1: Youth nurseries as health promotion hubs
- Theme 2: Inspiring figures for the children
- Theme 3: Cultural issues hindering a healthy lifestyle
- Theme 4: Determinant environment to deliver health promotion

6.1 Theme 1: Youth nurseries as health promotion hubs

The issues that were highlighted during the various discussions and interviews relating to youth nurseries as health promotion (HP) hubs are highlighted in this section. The data reveals that these environments are valuable assets in delivering social benefits

like HP. This aspect features in the data of the current study and in the extent literature (Darcy et al., 2014; Eime et al., 2015; Nicholson and Hoye, 2008). Community sports clubs can also be considered responsible toward society to a certain extent (Salcines, Babiak, and Walters, 2013) depending on their human or financial resources available (Casey et al. 2012).

This theme presents a discussion about the essence of the club's potential to effectively disseminate the HP message whilst still focusing on fostering the importance of sports amongst its members. The following subsections discuss in-depth the key issues that form a sound basis for youth sports clubs as HP hubs. These emerging arguments were based on my interpretation of the participants' viewpoints, the extant literature and both theories of learning organizations by Senge and the Health Belief Model Theory.

6.1.1 The club

As pointed out by De Knop et al. (2004) in the integrated review by Geidne et al. (2013), one-third of clubs investigated had a shortage of board members; however, most of the sports clubs had a functioning system for internal communications. This turned out to be a crucial aspect when discussing the club's possibility to conduct HP sessions. The small size of the club and the voluntary basis of how it was managed with only one administrator, coaches and some volunteers seemed difficult to manage; however, what appeared to be a considerably worrisome logistical flaw from the outside turned out to be the most productive method of operating this club. In fact, the feelings transmitted from the various participants indicate that this method is suited better for effective function rather than having a fixed committee with specific roles.

This suggested that due to its voluntary nature, this club would find it counterproductive with a committee with fixed roles. This was evident within the high levels of satisfaction expressed about the management of the club and the eagerness of the administration to deliver the HP message. It was also apparent that the administrator and coaches of the club were highly motivated to face new challenges and help people. The participants expressed positive viewpoints when discussing the way that the sports club cares for its members. The club offers holistic experiences to the children and even their parents, that resulted into different levels of satisfaction of the participants. Also, participants believed that its natural non-formality was an interesting opportunity to introduce brief health promotion sessions. These findings demonstrate that sports clubs could be more effective than schools in this regard. From my encounters with coaches and the children, I observed how the members attended the sports club with a positive attitude which is a crucial element of the learning process.

The way that this club functions reflects well on Senge's theory for organizations to succeed in present times. An example of this is that the administrator together with his volunteers and coaches share specific goals and work together to be creative and self-sufficient. Moreover, their motivation to work hard and welcome new practices confirmed that this theory fits perfectly within the sports club scenario. The administrator, coaches and volunteers share common goals, a love for the sport and are ready to welcome new challenges. These traits contribute to a solid foundation for the successful running of similar programmes in conjunction with routine sports training sessions.

6.1.2 Motivated administrator and coaches

Motivation of the administration and coaches was another key aspect that emerged when portraying the club as a HP hub. The members appreciate that although the club is operated on a voluntary basis, it manages to function well. Cacioppo, Gardner and Benson (1999) argue that positive feelings lead to more long-term engagement and participation in one's environment. The administrator and the coaches of this club dedicated most of their energy to the club and administrative needs and requirements. They are always there to support each other and tackle different challenges together. They focus most of their energy on doing their best to involve the children in the community whilst teaching them new skills. This implies that they are doing their best to transmit all their energy to foster a non-formal and fun environment to effectively teach new skills.

Like Senge's theory of organizational learning, each member of the organization needs to contribute to create an appealing environment for members and their families. Through a shared vision, they managed to integrate models derived from effective discussions and reflection. These were the products of their core beliefs and passions in sport based on their strengths in mastering their role towards the needs of the youth sports club.

This environment, together with its highly motivated staff, reflected the various statements shared by all participants when describing why they see the club as a setting where HP can be delivered. The administration's motivation was evident because they welcome various challenges and participated in this study. They were always ready to contribute the best that they could to the wellbeing of the children and their families. The level of motivation within the club was confirmed by the shared viewpoints of the parents who participated. They pointed out that the aim of the club was to do the best for their

children. According to Lane et al. (2021), setting approach can only be successful when HP activity aligns with the needs and running of the club.

Self-motivation and a strong sense of belonging to the club was transmitted by the administration that works hard to create a welcoming environment. This was reflected in the various viewpoints shared by all participants during data collection. More importantly, they indicated that the club could create the best possible environment for them by becoming a HP hub. The club was seen as the best place to carry out the research study. Furthermore, the participants indicated that this study was an opportunity for them to learn more about various HP topics. They also felt that the sports club could be scaled up to become a HP sports club. Through the shared belief shown by the participants, I deduced that this club works hard to foster a sound psychosocial experience for children and their parents. This could be attributed to the positive attitude expressed when they discussed the possibility of the club becoming a HP hub.

6.1.3 A natural link between sports club and health promotion

The aspect of the natural link between the sports club and health promotion emerged very clearly as a major theme during the data collection process. This theme was evident in the first phase when the participants discussed the worrying issue of obesity and other non-communicable diseases across the Maltese Islands. This theme captured well how participants did not consider much in being at risk of conducting unhealthy lifestyle, until they were faced by this study. When the participants were offered the opportunity to participate in the HP session, they began to understand the benefits of similar interventions. Subsequently, the administration, followed by the members, confirmed their common belief that the sports club as an ideal environment to deliver these sessions.

Becker (1974) and Rogers (1975) stated that motivation relates to pleasurable behaviours or engaging in inconvenient preventive behaviours driven by the belief that some health consequences may occur.

Prior to recognizing that the sports club could become a HP hub, the participants understood that there is an existent health problem that is equivalent or worse than the COVID-19 pandemic. They understood that obesity is linked to unhealthy lifestyles and can lead to many non-communicable diseases. This aligns with the Health Belief Model Theory given that the participants recognized that these programmes are important to promote the health promotion message and highlight the severity of unhealthy lifestyles of community members. The participants reinforced their initial beliefs about how the administration, coaches and volunteers work hard to create an environment that delivers sports training and promotes HP. Indeed, this issue revealed the positive attitude that the administration maintained despite the substantial challenges of participating in this research study, staying focused and implementing the elements of the research study into the club. It is notable that the administration's positive attitude led to full trust in the club to deliver HP sessions which was confirmed during the phase following the sessions. The administration's commitment throughout the whole experiences was consistent once they recognized the link between their sports club's potential to deliver the HP sessions. These findings are consistent with the discussion in Chapter 3 and the researchers Van der Veken et al. (2021) who asserted that community sports may nurture self-awareness, self-efficacy beliefs, and a sense of relatedness. These are important determinants of healthy lifestyles choices of the youth. In the same vein, all the participants of this study identified a common element that links the sports club with the promotion of health.

In conclusion, this theme captured the importance of having a hard-working organisation, albeit with limited resources, that creates an appealing environment for its members and their families. Such an environment is the basis of non-formal teaching that motivates and cares for its members. This is critical because the members and the administration gained full confidence in the possibility of this club becoming a HP hub. In fact, the findings that led to this theme that sports clubs can be a natural link to promote and protect the health of its members.

6.2 Theme 2: Inspiring figures for the children

Inspiring figures for the children was the second theme that emerged in this study. The theme of being highly inspirational was predominantly discussed by all participants in the first phase and was also discussed in the data collection following the intervention. Indeed, two fundamental aspects that emerged from this theme are the importance of role models and the coach's potential as a role model for the children. The coaches and administrators acknowledged that they are in a prime position to inspire the children to make better lifestyle choices. It is believed that the coach's role relates to the intervention towards effective practice and the psychosocial growth and development of athletes. Côté & Gilbert (2009) asserted that the coach is responsible for positive youth development. Interestingly, this study reveals that coaches have their own role models who were inspirational to them and helped them arrive at a certain point in their career. The children who participated acknowledged their constant motivation, effort, support to create a fun environment. They consider the coaches significant individuals in their lives and the parents acknowledged coaches as key players in the holistic development of their children. However, during the first phase of discussions, the parents acknowledged that they are

primarily responsible for their children's health and wellbeing. These initial perceptions were subsequently strengthened within the phase following the intervention where parents discussed the role of coaches in the healthy development of their children and the importance of the HP sessions.

6.2.1 Importance of role models

An important issue that links with the previous theme is the importance of individuals in the lives of coaches and administrators who inspired them to pursue sports as a career. Being a role model for the children carries considerable responsibilities since the coaches' behaviour is constantly observed during the training sessions. Indeed, they were appreciated more when delivering HP sessions to the children because of the important role in the eyes of the children and their parents. The positive psychosocial effect experienced by the children was reflected in the discussion together with other aspects related to the effectiveness of the coaches' messages. It was evident that a trusting relationship was built when the children discussed how the coaches treat them and motivate them. They mentioned some interesting aspects of how their coaches managed to succeed in their careers and that they wanted to follow in their footsteps.

Although parents acknowledged that coaches are special role models for their children, they also view themselves as primary role models for their children. This responsibility has been difficult to maintain because of their hectic lifestyle which has led to some unhealthy choices. They find it difficult to strike a balance between life and work and they have less quality time for themselves and their family. Devine et al. (2006) points out that it has become harder for employed parents to engage in physical activity with their children or to prepare home cooked meals because they lack time and energy. The

discussions captured significant indications that this lifestyle forces them to opt for unhealthy choices out of convenience. They often buy fast food for themselves and their children and cook fewer meals at home. They also dedicate less time for physical activity and spend more time in front of the television or electronic device. Unfortunately, this reveals how the children are being exposed to unhealthy lifestyle choices that create a vicious circle that engulfs them into this lifestyle as well. The Committee on Prevention of Obesity in Children and Youth, Food and Nutrition Board, and Board on Health Promotion and Disease Prevention (2005) pointed out that young children are influenced primarily by their families and their well-being depends on their parent's ability to create a home environment that promotes healthy eating habits and physical activity.

These important issues assisted parents to understand how dangerous these lifestyles are for themselves and their families. They recognized that if they really want to become their children's primary role model, then they need to plan ahead. In conclusion, the various FGDs showed that shifting towards a healthy lifestyle can work with proper planning which not always easy or convenient. Furthermore, parents could become important role models together with the children's coaches when motivating them to opt for a healthier lifestyle. These findings align with a study by Sonnevile et al. (2009) where parents acknowledged the importance of setting limits, coping with child resistance, planning menus, and cooking healthier meals.

6.2.2 The Potential Role of the Coach

The potential that club coaches must influence children's attitudes emerged as a central category within this theme. The data collected showed that they enjoy high levels of trust due to their ability to transmit effective messages that result in the children's

improved attitudes toward enhanced learning. It was also significant that these coaches left a positive impact on the parents as well. Many people believe that coaches' interventions involve specific athletic psychosocial growth and development skills; however, research shows that coaches are also responsible for positive youth development (Côté & Gilbert, 2009). A similar pattern was captured within this study, as the data indicated that coaches were constant motivators, supportive always with an ability to balance fun and work during training sessions.

On the other hand, the influence of the coaches together with the administrator carried the responsibilities of showing authority in running the club effectively which was appreciated during the various discussions. As pointed out in the study by Kokko et al. (2006) in the integrative review by Geidne et al. (2013), a coach's influence can be conscious or unconscious, positive, or negative. Coaches and administrator know best when to transmit values and skills to the children within the youth nursery. This led to another interesting issue that emerged from this study about the wider role of coaches as more than just trainers for their children. According to Geidne et al. (2013, as cited in Bloom et al., 2010), apart from being an instructor, teacher, trainer and motivator, coaches can be a disciplinarian, substitute parents, social workers, friends, scientists, students, managers, administrators, and publicity fund raisers. This expanded role of the coaches was revealed in the study's findings when all the participants, even the coaches themselves, acknowledged that they switch roles according to the needs of the situation. The participants appreciated how important the role of the coach is.

The coaches' strong position and extended role to deliver the health and wellness promotion sessions to the children resonated positively with the children and their parents. There was some scepticism in the phase prior the intervention, but the coaches rose to the

challenge and affirmed their effectiveness in delivering the HP sessions. This aligns with Van Hoya, et al. (2016) who found that HP activities conducted by the coaches contributed to a more positive sport experience and perceived health by the participating children.

The study reaffirms the extent literature related to the wider role of the coach as being more than an instructor. This reveals the natural link between their role and the HBM (1974) theory can be applied in such scenario. Coaches can be key players in bringing health problems to the forefront and helping the club members understand the severity of these health problems. When delivering the HP programme, they can transmit the perceived benefits of change and help change the members' initial perceptions of the severity of health problems related to unhealthy lifestyle choices. In the same vein, Van Hoya, et al. (2016) argue that HP activities conducted by coaches should focus on more positive sports experiences and health benefits in daily life to promote higher self-esteem that can decrease the drop-out intentions of children from the sports clubs.

Another emerging category from this theme highlighted was the role of the coach as an asset in assisting club members and their families to lead healthy lifestyles. Their role was further appreciated when participants realised that their communities are in danger because of the unhealthy lifestyles that they lead. The effective levels of communication between the administration and the members of the club were instrumental in reinforcing a mutual relationship based on trust. In fact, Fraser-Thomas, Cote, and Deakin, 2008 (cited in Geidne et al., 2013) collected data from sports club dropouts and found that open communication with coaches was a very important aspect. The way that coaches treat and respect children during the session by being sensitive and knowledgeable emerged as a key factor that strengthened their relationship and reinforced how the children and their parents perceived them. This aspect facilitated effective understanding when children

were delivered the sessions by coaches and the administrator. Within their study, Vella, Oades and Crowe (2010) pointed out that coaches see themselves as responsible for the development of a holistic and diverse range of sport-specific and non-sports specific competencies that are included in the broad notion of positive youth development. This study has also unveiled this aspect as the administrative and coaching participants acknowledged their hard work and respected their specific and nonspecific roles in fostering the children's steady development.

Being acknowledged and appreciated by children is what motivates the administration and coaches to work harder to create a positive environment. This environment is based on constant empowerment and reasonable expectations that do not negatively impact the children's psychosocial development. In return, the members of the club and their families reciprocate their coaches and the administrator by believing in their abilities. In fact, the role of coaches and importance in this relationship was strengthened by the findings of a study conducted by Van Hoya et al. (2016) who found that coaches' health promotion activities provided added value to that sports club activities whilst encouraged benefits of sports participation within the environment (Eime et al., 2013) and confirmed the potential of the role of the coach in the issue of public health (Mansfield et al., 2018)

6.3 Theme 3: Cultural issues hindering a healthy lifestyle

Within this theme, the discussion highlighted various aspects that emerged which are linked to culture in relation to the beliefs, perceptions and attitudes towards issues that hinder a healthy lifestyle. This study identified that these barriers of healthy lifestyle choices are heavily influenced by the social and physical environments of the community.

In general, the discussion focuses on the different factors that are worrisome and lead to unhealthy lifestyles with increasing cases of obesity in local children. This discussion also identifies the emerging factors that can be instrumental in empowering families to change their current attitudes toward healthy lifestyles. The participants' increased awareness of brief health promotion programmes that are based on the central components of the HBM theory can help promote healthy lifestyle choices. The HBM model can increase awareness about the importance of healthy lifestyles and promote adherence to a healthy lifestyle.

A key element that reflected the participants' worries was the lazy lifestyle that is prevalent locally. Information about healthy food consumption and general physical activity needs to be promoted by the local health authorities. This theme investigates the possibility of prompt action to tackle the ever-increasing numbers of obese children locally. This issue deserves priority since an obese youth population will lead to future increases in the number of non-communicable diseases; therefore, a discussion about the importance of educating children about these issues in the early years is critical. This was highlighted by Shonkoff and Philips (2000) who asserted that existing evidence demonstrates that effective interventions in early childhood can change the balance between risk and protective factors and shift the odds in favour of more desired outcomes in cases of childhood obesity. The following sub-headings discuss the main issues that hinder healthy lifestyles as identified in the various discussions. This was followed by another element that was deemed as an alternative environment where health promotion sessions or campaigns can be instrumental in promoting good health. Finally, the discussion transitions into the key factors that describe how these cultural issues can be overcome.

6.3.1 Main issues hindering a healthy lifestyle

The emerging discussion focuses on these cultural issues that hinder a healthy lifestyle and identifies interesting factors that help children choose between right and wrong in their daily lives. This study also pointed out the availability of various existing services that these children are surrounded with and how the places they attend can be influence better life choices. However, it emerged that although there are places and services that can be instrumental in promoting physical activity, healthy eating, and other health choices, they are not well structured to assist in the systematic promotion and protection of their well-being. Furthermore, there is also major concern about hectic lifestyles and their influence on unhealthy lifestyle choices.

When discussing cultural factors, it was evident that parents' behaviour influences the rest of the family. They often miss out on quality family time, engage in less physical activity, and lack time to prepare healthy food which is very worrisome. The discussions revealed that the parents worked long hours, and some are still studying. This leaves them less time to opt for a healthier lifestyle. Spending long hours in front of a screen and ignoring the importance of quality family time has negative physical and psychological effects on one's well-being. Although most of the parents were aware that large portions and unhealthy foods contribute to unhealthy lifestyles, they still opted for them. As asserted by Philippe, et al. (2021), young children depend on their parents for their food intake, hence it is important to gain additional insight into parental food portioning practices, the division of autonomy between parent and child in terms of determining portion sizes, and the drivers of these practices. This study revealed that this trend has happened locally for generations, and it is not an easy task for parents to control. External factors such as lack of knowledge, influence from the grandparents and the acceptable

amount of food and treats strongly impact the children. If parents exert minimal effort on their children to avoid specific unhealthy food, then they may ruin all their efforts. Another possible external factor could be fast food outlets that sell unhealthy food and the influence of unhealthy food promotion which alters the children's food preferences. It is a misconception that due to its location in the Mediterranean, people follow a Mediterranean diet, however this is not entirely accurate, and the lifestyle choices of locals may be influenced by a lack of education. The HBM can be applied to this scenario with regards to the large portions and unhealthy food and lifestyle choices. The HBM can target a change of beliefs amongst the local communities and can be introduced to children in the early years across all possible environments and services that engage with them to foster their physical and psychological wellbeing.

Salient issues that emerged from these discussions related to the ever-increasing number of fast-food restaurants which is contributing to unhealthy communities. Considering the hectic lifestyle that was initially mentioned by the parents, and the increase of these fast-food outlets, it becomes easier to opt for unhealthy food options rather than cooking healthy food. On the other hand, this discussion also tackled the issue that healthy food options are more expensive which often leads families to buy cheaper food that is easier to prepare. To conclude this subsection, the adult participants of this study pointed out the various factors that contribute to unhealthy lifestyle choices. The discussions also indicate that they are aware of the severity of the local obesity problem and its related risks. Moreover, they pointed out that need for innovative strategies that foster different approaches to tackle these issues and ensure better opportunities to care for themselves and their families.

6.3.2 Identifying potential in other environments

Salient issues emerging through discussion and forming this theme focused on environments that already exist where children attend. However, these environments, such as sports clubs and schools, are not utilising their full potential to protect and promote children's health from an early age. health from the children's early years. School environments are potential environment where health promotion messages and campaigns can be disseminated to children. The participants also believed that schools are influential because children spend considerable amounts of time there. It is believed that schools can educated children about the importance of physical activity and healthy eating by setting examples and policies. When considering that studies conducted locally (Grech et al., 2017) confirm that Malta has a high rate of obesity amongst its childhood population, this revealed an alarming trend the continues into adulthood (Lloyd et al., 2012). Considering this evidence, every possible intervention promoting health and physical activity across any environment is critical to address this alarming trend. A recurrent theme that was also discussed was the rigid protocols in schools that seek to eliminate sugary food and drinks and promoting drinking water. However, parents pointed out that frequent school fund raisers offer substantial amounts of unhealthy food options for the children to consume. Schools can transform such activities into unique opportunities to expose children to various healthy food options. These can be important opportunities for schools to promote healthy lifestyles among the students and their families. Unfortunately, local schools were seen as environments that focused almost all their energies on the academic syllabus with, as participants pointed out, minimal time allocated for physical activity and practically non-existent health promotion programmes. Participants believe that schools provide a unique opportunity for their children to learn more about health promotion

topics and prepare them to choose healthier food and lifestyle options. The participants believe that success is possible with their guidance accompanied by another role model who also fosters healthy living. They asserted that a general culture change is needed among policy makers in the education sector and the Maltese society in general. Partnerships can be created with important role models and behavioural change strategies to better plan the school curricula and help to reshape some parents' perceptions about this serious issue.

6.3.3 Overcoming cultural issues

Discussion surrounding this theme led participants to recognize the need to develop strategies that highlight the importance of health and wellness in the local community. They agreed that certain developments and changes could help shift peoples' unhealthy habits to more healthy lifestyle choices. When discussing the possibilities of how cultural issues could be overcome, participants showed their readiness to listen and change their general attitude by effectively planning a healthier lifestyle. The HBM fit well with this aspect that emerged from this theme. It was apparent that the participants understood that the local culture is leads many people's unhealthy lifestyle choices. They acknowledged the severity of the obesity and non-communicable disease problem locally and this triggered their decision to promote and protect the health of their families. The barriers perceived by the participants contributed to this relationship between their exposure and their behaviour during this study. As asserted by Carpenter (2010), previous research on HBM identified such perceived barriers as significant predictors of behavioural change.

The high rate of overweight and obesity amongst local children across the European Union (Wijnhoven et, al. 2012) and worldwide (WHO 2016) was acknowledged by the participants. In light of this, schools were identified as potential environments for academics in conjunction with the promotion and protection of children's health and wellbeing. The school policies related to consumption of sugary food and drink implemented in 2008 are some of the efforts by the Health Authorities to create awareness and motivate children and their families to engage in healthier lifestyles. It was argued that a serious conjoint strategy-making effort with the Maltese Health, Education, Youth and Sports Authorities can target the importance of health from a young age. The discussions revealed that participants were in favour of tackling this situation in the school environment and wanted to use all possible means to shift peoples' mindsets towards healthier lifestyles.

In relation to the increasing numbers of shops that sell junk foods, it emerged that local entities could push in for further taxation to discourage the consumption of unhealthy food. The participants suggested that the money collected from taxing unhealthy food outlets could be redirected as compensation to low-income families to buy healthy food. The feasibility of these fiscal incentives could encourage healthy nutrition by increasing the availability of healthy food outlets and restricting fast food outlets. This issue was explored by the Maltese Government in the 2012-2020 National Strategy for Malta (Superintendence of Public Health, Ministry for Health, the Elderly, and community care, 2012). Furthermore, this could be an opportunity to introduce healthy food options for families that are unable to purchase this type of food.

Another main issue that emerged from the various discussions was the importance of continuous education about healthy lifestyles to all members of society. These educational programmes must be structured to tackle personal and environmental factors that contribute to an unhealthy lifestyle. Considering these worrying issues lead to an unhealthy and lazy culture, more activities need to be undertaken to empower communities and help them change their current lifestyle. The importance of promoting physical activity was another issue raised throughout this study. It was suggested that communities can be informed about different types of physical activity that can be done at different levels. Information about the benefits of exercise, its 'feel-good' factor and the positive psychosocial effects it brings must be widely disseminated. In fact, sports and physical activity are an opportunity for everyone to stay fit whilst meeting their peers. It was evident that physical activity at a sports club, in school or outdoors at the park must be strongly encouraged to children and the community as a whole. Moreover, a discussion of how the Maltese Government could create more open spaces and environments that promote physical activity emerged from this theme.

6.4 Theme 4: Determinant Environment to Deliver Health Promotion

This theme emerged through salient issues raised by participants following the intervention with the children. The various sub-sections demonstrate the participants' overall satisfaction about the programme. This section is orientated towards the future of such programme and how the administration and coaches can work together with their members to succeed in these experiences. During this phase, the participants pointed out various interesting factors that could contribute to future seasons. The participants acknowledged that further large-scale investigations into this topic from different

perspectives are required. These aspects are identified within the following sub sections: Looking forward for next cycle; An environment with great potential; A mix of health professionals and coaches; and looking forward for scaling up of the programme.

6.4.1 Looking forward for next cycle

As pointed out within the introduction of this theme, the discussions that followed the intervention reinforced the initial perceptions about the possible success of the programme. The sheer enthusiasm displayed by all participants confirmed that this programme was more than welcome within the organizational and coaching sections of this club. When the study was in its last phases, the administration and coaches were already discussing and working together to implement the programme in the next season. This clearly indicated their motivation when faced by challenges that are considered as important for the children's development. As indicated by Priest et al. (2008), a sports club's potential can be vast when a culture of health enhancing behaviour is created and sustained. The various discussions and interviews suggested that the continuous motivation of coaches and administrators was instrumental in the introduction and success of the programme.

Their shared vision and enthusiasm about working together to lay the foundation for future programmes reflected Peter Senge's theory of a learning organisation. They had a vision to expand the role of the youth nursery and achieve this result together as a team by systematically discussing and reflecting on the ability to create programmes for the new cycle. Additionally, they applied their previous experience in managing the club with the newly acquired knowledge obtained through the study which triggered some organizational improvements for the following cycle.

Although being tested for the first time, the layout of the sessions was well appreciated from all participants. Participants looked forward to the next cycle after their experience attending the HP sessions partially delivered by the coaches, whom they consider role models. They all expressed enthusiasm about the next cycle and believed that the organisation is motivated and able to successfully deliver the programme. Another issue that was fundamental for participants was the level of content to be delivered during the six sessions. The content delivery and structure of sessions were based on the 'fun factor' to engage the children in various interactive activities that were well-received by all participants. The coaches who delivered the sessions expressed their satisfaction about the content of the sessions that we agreed upon during the meetings. The timing of the sessions also increased their level of satisfaction due to the unique idea of how health promotion can effectively take place within a safe and welcoming environment. Additionally, this reflected a strong sense of trust in an environment that has potential to protect and promote good health in the community. In the same vein, Potvin et al. (2003) argued that health promotion recognizes the need to consult and engage people within their community. They continue by identifying the importance of community based participatory action-based programmes by pointing out that programmes increasingly aimed at improving the health of children are being designed in partnership with children and parents (Potvin et al., 2003).

6.4.2 An environment with great potential

One of the retrieved literature studies by Lane et al. (2021) pointed out that within a supportive environment, health becomes intertwined with organisational goals, and the value of the coach in health promotion activities with youth becomes a priority.

This situation was significantly captured through the discussion about the club's potential to disseminate the health promotion message. The participants confirmed their view that the success of the health promotion programme at the sports club is linked to the motivation of the administrator and the coaches. The fact that they were included in the delivery of part or some of the sessions led participants to believe in the success of the youth sports club to successfully disseminate the health promotion message. The physical environment where the sessions took place was a key factor in the delivery of the sessions. The fact that if offered enough space and was equipped with technology improved the sessions even though social distancing had to be maintained because of the COVID-19 protocols. Nonetheless, we were lucky to secure this hub to host the sessions because it would have been difficult to conduct them in a room that was only equipped for basic needs. In fact, the lack of advanced equipment may be an obstacle for other youth nurseries interested in delivering such sessions. It is evident that resources are needed to expand and evolve the programme properly. As indicated by Meganck et al. (2014), financial resources may be a significant barrier for these clubs and to increase their exposure, clubs could seek increased funding from other associations, sponsorships by health promotion organisations (Kelly et al., 2014), or use a quality labels like 'Healthy Sports Club' to increase the chances of success. Another opportunity could be a cooperative effort between local sports clubs and schools to benefit from their respective resources. In line with this, Flintoff (2008) discussed how cooperation between schools and sports clubs encouraged and resulted into more opportunities for sports activities inside and outside schools. The lack of opportunity in relation to exposure to health promotion within other environment was identified within the sport club environment. The fact that the sessions were conducted in an environment that the children like made it more

appealing. Although the consensus was that schools have great potential to effectively disseminate the health promotion message to children, the sports club also showed potential to be an effective HP hub. In fact, this potential was confirmed when the children began sharing the health promotion message to their families and friends at school and even at the sports club.

6.4.3 A mix of health professionals and coaches

The participants were in favour of the coaches delivering the sessions, but it was determined that other coaches and health professionals from various fields could be included to create the most effective and diverse delivery of the sessions. This mix of experience and theory resulted into a mutual learning opportunity for both the coaches and the children. In addition, the children benefitted from the evidence-based content that was delivered by health professionals and the coaches enhanced their knowledge about various HP topics. However, there were contrasting viewpoints about who would deliver the sessions in the following cycles. On one hand, the administrator strongly believed that the coaches could conduct the sessions. Although this would be possible, several coaches would have to be trained and assessed when preparing and delivering these sessions in the long term. Similarly, the participatory action research study by Van der Veken, Willems and Lauwerier (2021), aimed to increase the HP behaviour of community sports coaches by developing a group coaching programmes that addressed themes like self-awareness of one's role as a community sports coach. They also positioned the coach as a role model who promotes healthy living by motivating and effectively communicating health and well-being goals in a positive and healthy environment.

No secondary literature related to the peoples' perceptions of outsiders delivering sessions alongside the coaches. The studies found focused on training coaches to deliver the sessions. This aligned with the administrator's belief that the coaches could deliver the sessions if sufficiently trained. Other issues that emerged during the various discussions after the intervention indicated that although coaches were respected by all members of the club, the content that is being passed over to the children had to be of evidence-based of the highest standard. Considering this, there was a consensus that due to some sensitive content, professionals from various fields should assist coaches with content delivery.

6.4.4 Scaling up the intervention

Another central issue that emerged as a major category representing this theme was the importance of scaling up this intervention. A general approval from participants was evident throughout the phase prior and following the intervention. It was seen as an opportunity for the club to scale up and increase the number of sessions with the rest of the sections. This was also seen as an opportunity for the organization of the club to implement new policies based on the club's mission statement. Although the creation of policies that respect the primary aims of the club cannot happen instantly, it may be possible with the right amount of motivation from the club's administration and cooperation from club members. The adult participants also suggested that with a solid plan, this study could be scaled up on a national level.

Since the start of the study, this club experienced a shift from being low to moderate to high health promoting because of the significant change in the participants' beliefs. These factors were present within all the studies retrieved in the literature review

since they describe a shift in policy and HP activities from being low to high after being exposed to HP (Lane et al., 2020 & 2021; Meganck et al., 2015; Van der Veken, Willems and Lauwerier, 2021). During the stage following the intervention, the club was also seen as an important link to promote the introduction of brief HP sessions within other sports clubs. Additionally, the participants suggested that its potential could be considered an opportunity for local authorities to work alongside the club and start planning how these sessions can be scaled up at other sports clubs. Meganck et al. (2015) pointed out that a sports club's actions to scale up needs encouragement and support by health promotion experts, associations, and the local governmental entities. Subsequently, it emerged that participants believed that local authorities need to seriously consider that the youth sports environment plays a role in protecting and promoting the health of the young members and their families. The organisation should base their work on both theories identified in this study by working together with members and parents. Peter Senge's (1990) organizational learning model aligns with the phase when the club administration meets and revisits all aspect of the programme. They will learn from this experience with the input of the members and through reflection and self-analysis. After being able to learn from extrinsic assistants such as myself, they will be able to transfer their knowledge to the children at the club.

The Health Belief Model theory is implemented when stakeholders meet as an organization with the intervention of all club members and recognize that their programmes must address different health issues to set their self-efficacy and threat level high to achieve effective results from the delivery of the sessions. As explained by Jones et al. (2015), once self-efficacy and threat are high and perceived barriers are low, the influence of the perceived benefits could influence behaviour.

Another issue raised concerns the scaling up of the programme to the national level. When considering the potential that similar programmes have in assisting communities to improve their health status, discussions between all key stakeholders are critical. The contributions of the programme proved important for the participants of the study, however this does not mean that other clubs may benefit in the same way when participating in such a study. In fact, Lane et al. (2021) argues that generalisability within the same cohort of clubs was acceptable, but generalisability to other sporting contexts should be carefully considered. This leads to other issues raised that encourage further research for larger scale studies amongst sports clubs and an examination of other non-sporting contexts. The participants indicated the necessity for a wider reach to promote health among youth when practicing their favourite extracurricular hobbies. Geidne, et al. (2013) pointed out that a single youth sports club can appear to be a small HP setting, however sports clubs combined with other forms of organized youth sports can reach a substantial part of the youth population and boost the club's potential.

It is apparent from the findings of this study that longitudinal or cross-sectional designs of local clubs' facilities require resources to gain a deeper understanding about the local situation. Additionally, the participants pointed out the need to support local sports clubs by using tailor-made structures that are meticulously planned to function and do not end up shelved because of the club's administrative limitations. Participants of the study acknowledged the severity of the childhood obesity epidemic locally. It was also evident that they understood the importance of such studies being conducted in a preferred environment like a sports club to investigate how children's behaviour influences their lifestyle choices. The HBM model aligns well in this scenario because the participants recognize the need for swift action to avoid negative health outcomes in the future. The

participants better understood the severity of the child obesity problem and their needs matched with the various secondary studies that support the need for future investigations and interventions that can mitigate the severity of this health crisis impacting the Maltese islands. This study also discusses the serious attempts that should be undertaken to scale up similar programmes to the national level. Participants believed that a solid collective effort is required from clubs, associations, policy makers, the private sector, and various Maltese Government entities. The participants at this stage believed that every possible means and environment to promote the HP message to the youth of the Maltese Islands is imperative.

6.5 The closure of the cycle

Figure 7 in Chapter 4 displays the data collection model of the CBPAR study that consisted of three cycles. These represented the nature of CBPAR comprised of cycles that involve the participants in planning, teamwork, creation of the study's structure, followed by the evaluation of the effectiveness of the implementation. This will eventually close the cycle and the changes pointed out during the evaluation stage will be integrated into the new cycle that follows. Due to difficulties related to the COVID-19 pandemic, this study struggled to close this loop. Three consecutive attempts were required to manage and complete a cycle and the third cycle was successful. This section explains how the loop will be closed and how the next cycle could possibly follow. According McNiff and Whitehead (2011), action research aims to be a disciplined, systematic process where researchers follow a cycle of observation, reflection, action, evaluation, and modification, rather than a closed circle that illustrates a repetitive process; however, a cycle of action

research is more accurately represented as a spiral coil that guides groups, organizations, and communities in new directions.

The cycle will close when the administrator and coaches of the club are presented with the findings of the CBPAR study. These discussions will be based on a structure that respects the identity and limitations of the club, whilst facilitating the strategy for the following cycle. Critical self-reflection can be instrumental in transforming their previous practices with newly acquired ideas to tackle difficult situations that may arise in the following cycle more effectively. As the researcher of the CBPAR study, together with the administrator and the coaches I will aim to empower and guide them to be self-sufficient within their own cycle. Subsequently, a new and different cycle will follow and my role as the researcher will end. At that point, the programme will be officially handed over to the administrator, but I will offer my support for any future cycles at the youth sports club.

6.6 Conclusion

This chapter has presented a discussion of the findings of the third attempt of this CBPAR. The four emergent themes consisted of approval from the participants that the youth sports club represented an opportunity to become a health promotion hub. This was captured through the hard work and determination of the coaches and administrative staff at the youth nursery. Local culture was another salient theme that emerged as being partially responsible for children's unhealthy lifestyle choices. It was acknowledged that schools should participate more in promoting and protecting the health of the children in the Maltese Islands. Schools were recognised as potential environments instrumental in tackling various issues that families face with unhealthy lifestyle choices linked to hectic lifestyles. Moreover, the final emerging theme from phase three confirmed that these clubs

were environments that can deliver health promotion. This emerged through the various voices that confirmed that the club is based on motivated staff who are ready to work hard to overcome the challenges using the best possible strategies to promote the health and well-being of the members. These themes were supported by the secondary literature retrieved in the literature review along with other pertinent literature sources. Both theories of Senge and the HBM aligned well with the sports club's desire to introduce brief health promotions programmes to its members and their families. These theories also aligned well with the attitudes of the administrator and coaches who work hard to reshape their own attitudes and their members about the serious issue of obesity and non-communicable diseases locally. It is apparent that they wholeheartedly wish to transmit the message of lifestyle change to the members and their families. This study reveals that future studies should also focus on the level of resources, namely human and financial, that local clubs possess. This data can provide a high-level view that sets the foundation that leads to the club's successful delivery of HP programmes. In summary, this study reveals that future follow-up studies on a larger scale to investigate the initial findings described herein are warranted.

Chapter 7

Conclusions and Recommendations

The aim of this final chapter is to share the experience of this community based participatory action research (CBPAR) through clear recommendations and conclusions. These can be instrumental messages that can assist key actors involved in observing, planning, and structuring various local plans and policies that reach and motivate the public and shift their behaviour towards healthier lifestyle.

7.1 Summary of the Study

Due to both environmental and behavioural elements, obesity is a well-established global epidemic effecting an estimate 50% of European population (Brandt & Erixon, 2013). The Maltese islands are no exception (Cuschieri et al., 2016) and between 2014 and 2016 69.7% of the local population was deemed overweight or obese. Even more worrying are the statistics in children who were surveyed in the HSBC Behaviour in School-Aged Children study which ranked Malta as the country with the highest prevalence of obesity amongst children ages 11 to 15 (WHO, 2016). Health needs to be promoted in people's everyday environments where they engage in activities where environmental, organizational, and personal factors can impact their health and wellbeing. The Ottawa Charter for Health Promotion Conference recognized health promotion as a process for people to increase control over and improve their health. This charter identified various settings that can be considered instrumental in disseminating health promotion messages such as schools, homes, and workplaces (WHO, 1986). Another setting where health promotion can be genuinely driven is within sports clubs. Studies by Kokko et al. (2006) and Rutten et al. (2007) identified the additional benefits of sports club operating outside of the formal education system and emphasised this voluntary collaboration between youth with adults as instrumental given that children are more receptive to the delivery of health information

when compared to school settings (Maro et al., 2009). The following research questions guide this CBPAR study: *What is the impact of a short health promotion programme at a local sports club on the various stakeholders?* and *How do the stakeholders experience this health promotion programme as part and parcel of the technical training and skill development?*

The aims of this study focus onto exploring the participants' experiences during the implementation of a brief health promotion programme in conjunction with their routine sports training sessions at a youth sports club. The research objectives of this study concern the collaboration and design of the programme with the administration and coaches that reflects the true needs of the community using CBPAR. It was imperative to properly structure and implement a small-scale participatory action research study that utilised data collection tools that adequately captured the impact and perception of all participants before and after the proposed intervention.

A qualitative participatory research approach was deemed the most suitable to investigate this phenomenon and answer the research questions. The participants' contributions shaped the intervention that respected and reflected the actual needs of the community under investigation. The basis of this study highlights the importance of working together as an organization that works to transform peoples' lifestyles in accordance with the theoretical frameworks identified. The frameworks that guided and structured this study were Peter Senge's learning organization and the Health Belief Model. The planning of the sessions addressed the needs of the users and club's strengths and weaknesses.

Three similar clubs were informed about these criteria and one of the clubs was selected randomly by my daughter. A club intermediary helped me identify potential participants for this study. The participants were purposefully selected according to their position and their ability to contribute detailed information that would answer the research questions and fulfil the study's objectives. There were three sets of participants: the club administrator, three coaches (there were four, but one withdrew from the study), and ten children and their parents who agreed to participate in the last cycle of the study. Data was gathered in three phases as follows: Phase 1 utilised face to face interviews and focus group discussions, Phase 2 consisted of the 6-week brief health promotion intervention and Phase 3 involved primary data collection using interviews and focus groups following the intervention. I developed the data collection tools and the interventions were developed through the active contributions of the coaches and club administrator. The interviews and FGDs were all audio recorded and all possible ethical measures to safeguard the participants' and the club's identity were adhered to. Prior to the final completed cycle, two attempts were made to collect data but were hindered due to various situations. The first cycle ended in mid-March 2020 because of COVID-19 restrictions. Another attempt was made in summer 2020 when there were fewer health restrictions, but the number of willing participants was too low to collect meaningful data. The last cycle was successful and began in the end of October 2020, ending in the beginning of May 2021. The primary data collected from interviews and FGDs in both respective phases were transcribed and thematically analysed verbatim to identify emergent themes.

Four themes emerged from the thematic analysis process:

- (i) *Youth Nurseries as Health Promotion Hubs*
- (ii) *Inspiring figures for the children*
- (iii) Cultural issues hindering a healthy lifestyle
- (iv) *Determinant environment to deliver health promotion*

The first emerging theme consists of the initial perceptions of all participants about the role of the sports club as a health promotion hub. This idea was supported due to the high level of motivation from the club and although it was organised on a voluntary basis, they did their utmost to address the members' needs. This led to the creation of an appealing environment for everyone at the club. There was a significant positive perception from all participants who acknowledged that the club has the potential to become a health promotion hub.

The second theme examined how influential role models and inspiring figures can effectively deliver the health promotion message and inspire children. The discussion revealed that coaches and parents serve as role models for their children. The participants acknowledged how their hectic lifestyles have led to unhealthy lifestyle choices that also impact their children's decisions. It is believed that the coaches have the potential to effectively deliver the health message because of their lifestyle, level of motivation and their sports career which is well respected by club members.

The third theme is considered fundamental to this study because it identified several cultural issues that hinder healthy lifestyle choices of the local population. The participants suggested potential environments that could be instrumental in the battle against childhood obesity in the Maltese islands. Moreover, this theme tackled key aspects about how culturally unhealthy choices can be tackled through a customised health

promotion programme that presents realistic policies to reduce risks leading to obesity and other non-communicable diseases.

The final emergent theme relates to the participants' positive outlook about the sports club's efficacy in delivering a health promotion message. After experiencing the intervention first-hand, the coaches and children reaffirmed their initial perceptions about the effectiveness of the sports club environment in transmitting a strong health promotion message. A solid link was identified during the first phase and was confirmed following the intervention. The parents acknowledged that the organisation's efforts and motivation were salient factors for future similar programmes. The youth nurse was enthusiastic about discussing and preparing for future cycles of the programmes that could be scaled up at other sports club on a national level. In the same vein, the secondary literature highlights the need for researchers, sports clubs, and policy makers to work together and acknowledge the potential they must improve certain aspects that are instrumental in the effective management of future interventions.

7.2 Implications of this study

The method of community-based PAR study was instrumental in discovering several interesting implications in view of future proceedings of similar programmes. This study identified the importance of further research studies to investigate the possibility of the youth sports club as a health promotion organisation. This could possibly lead to tailormade structuring and scaling up of similar programmes that truly protect and promote health in these alternative environments.

The first implication of this study relates to the importance of the youth sports clubs in the delivery of an effective health promotion programme. Although this was a small-scale study conducted within one club over a short period of time, some valuable insights were gleaned, and the results were promising. The discussions with participants showed that with an adequate level of motivation and assistance, local youth sports clubs can form part of the local prevention and promotion strategy to target health measures impacting children's health and wellbeing.

Sports clubs can be influential because their operations relate directly to health promotion. One aspect reinforces the other to increase the club's effective delivery of the health message. However, this change cannot happen in a vacuum and requires high levels of dedication and motivation from the club to create a welcoming and comfortable environment for members. Its success hinges on the club's ability to effectively disseminate the health messages in a fun and informal manner. These methods can also increase youth sports clubs' exposure since they are responsible for the children's athletic development and discipline. Sports clubs could naturally be part of the local health promotion structure and their passion and determination can set the rhythm for a healthier adulthood for the children. Nonetheless, involving clubs that are ready to commit and deliver health promotion message is not enough. This study has clearly identified that the participating sports club can face difficulties to commit themselves and introduce interventions since they may impact their normal operations. Therefore, the participants asserted that associations, health entities and government entities could assist the club to introduce similar programmes. Furthermore, the club can share their positive experience with peer clubs or their associations and discuss the introduction and scaling up of health promotion programmes in other local clubs.

The idea of having coaches delivering partial or full sessions was welcomed by the participants. The coaches' personality and commitment towards the club and its users were seen as instrumental in the effective delivery of the programme content to the children. Its success is based on the positive and proactive attitude always shown by their coaches with club members. The coaches' positive attitudes have created a bond of trust with the children who disseminated the message about the health promotion programme and the benefits of healthy lifestyles to their families and friends at school and at the sports club.

Adequate training of coaches and continuous assessment during the delivery of session together with professionals and people knowledgeable on various fields is essential to ensure a higher level of content delivery. Due to the sensitive nature of the content, it was recommended that the coaches deliver the sessions together with health professionals or individuals knowledgeable about health promotion and well-being. This idea was raised after considering the sensitive nature of the evidence-based materials presented during the sessions. Most of the participants acknowledged that a mix of health professionals and coaches would increase the quality of delivery as well.

The active discussions throughout both Phases 1 and 3 identified the immediate need to integrate more health promotion into the current school environment because it is severely lacking. Schools have great potential to disseminate the health promotion message to thousands of children and their families. In contrast, although these protocols limit the consumption of sugary food and drinks and ensures that tuck shops offer healthy food, obesity in primary school children is a present threat on the health of local children. Unfortunately, it appears that local schools focus mostly on the academic aspect and do not promote regular physical activity and health promotion. This worrying situation warrants that policy makers consider introducing health promotion and wellness several

programmes and campaigns for students and parent during the scholastic year. A paradigm shift by policy makers can lead to more partnerships with entities that promote the importance of healthy lifestyles for all.

Another serious implication raised by this study was the impact of the local culture on unhealthy lifestyle choices. This discussion identified the urgent need to target the cause of these unhealthy lifestyle choices. The participants explained that their hectic lifestyles are the major factor that is leading the local population to make unhealthy food choices and perform less physical activity. Although this study was conducted on a small scale, it highlighted the need for consistent action and found that similar programmes supported by the Maltese Health Authorities can facilitate a paradigm shift from unhealthy to healthy lifestyle choices. The experience of this community-based PAR study has shown that introducing similar programmes can be an eye-opening opportunity to mitigate the effects of the silent epidemic of obesity and non-communicable diseases. In fact, parents participating realised through first-hand experience that they can also be role models for their children if they increase their knowledge about healthy lifestyle habits.

The future of the programme proceedings within the club was an interesting implication for this study. Following the implementation of the brief health promotion programme, the participants were enthusiastic and looked forward to participating in similar programmes in future seasons. The programme was deemed successful because it was well-planned and well-integrated within the club's context and routine training. The administrator and coaches believed that similar programmes could be conducted for the young club members and their families. Even though the study was not finished, the administration and coaches were working on its implementation on a wider scale that also targets other sections of the nursery. After reviewing the study's outcomes and discussions

about the next cycle, the management could apply the PAR method to design a programme that reflects the true needs of their community.

7.3 Recommendations for the clubs

The recommendations for the club emerge from the participants' positive reactions to the introduction of the community-based PAR programme. Both theories of organizational learning and the Health Belief Model proved to be essential tools for the organisation and I during the research study which contributed to the participants' enthusiasm and anticipation for future programme cycles. The recommendations contained in this section seek to lead the club in their delivery of sustainable programmes in the future. The focus remains on their uniqueness and effectiveness in developing the children's sports skills. In the future, the sports organization will be able to lead the programme independently with minimal issues.

Considering the results of this study, the first recommendation is for the organisation to utilise the qualitative data gathered from the study and engage in discussions as a team with the members and families to develop this programme across all age groups. As a learning organization in charge of the club, they must collaborate and link their knowledge and experience with the primary data collected to assist the identification of new opportunities for the club and its members that will transform it from a youth sports club into a health promotion hub.

A second recommendation relates to the support required by external stakeholders to effectively conduct future programmes. Conducting a similar programme requires a considerable number of resources ranging from human resource professionals from different areas of health promotion and economic support. Since the participating sports

club is managed on a voluntary basis it requires a considerable amount of economic and logistical assistance to progress further with future programmes. Apart from this, the organization may consider requesting assistance from private companies to sponsor the programme fully or partially. The primary data collected for this study also suggests that the sports club should request assistance from the decision makers within the Maltese Ministry of Health in the Health Promotion Department in sending health professionals in various fields to conduct HP sessions with the children. This is a prime opportunity for the stakeholders to discuss the introduction of health promotion programmes in other local youth nurseries.

A third recommendation aims to encourage the club to share their findings with other similar clubs and demonstrate their activities during the introduction of the programme. This could be an interesting opportunity to scale up the introduction of brief health promotion programmes across multiple clubs. Moreover, sharing the ideas with other clubs is a learning opportunity to share best practices that can facilitate the implementation of such programmes across the Maltese Islands.

7.4 Recommendations for the authorities

All participants of this community-based PAR recognized the need for concrete actions to be taken by Maltese Health Authorities to tackle the growing numbers of obese citizens and the propagation of non-communicable diseases because of unhealthy lifestyle choices. On the other hand, local literature retrieved showed that a considerable number of efforts are being undertaken by authorities and NGOs to improve the local lifestyle. Unfortunately, the local health situation looks bleak given that Maltese children were classified as the most obese in Europe and such health issues very often carry on into

adulthood. These findings acknowledge the urgency of the local authorities to deploy all possible means to reduce the number of obese citizens and reduce premature mortality rates. Action points such as considerable investment in HP activities like the brief programme executed in this study could reduce overwhelming health expenditure in the future. Although this study was small scale and a small amount of primary data were collected, the outcomes related to the potential of HP environments in sports clubs is very promising. In fact, the first recommendation relates to the participants' beliefs that local authorities should monitor and evaluate the potential that such environments have in the promoting good health to their members. This can lead to further investigating on a larger scale from various points of views.

Furthermore, this study captured the importance of other environments such as schools that can also disseminate HP messages to children from early on. However, although participants pointed out that some protocols prohibiting sugary foods and drinks have been established, and fatty foods are not admitted in tuck shops, Malta continues to demonstrate alarming figures of childhood obesity. Simply establishing protocols does not mean that they are well-implemented. It is therefore imperative that policy makers within the Ministry of Education acknowledge this and strike a balance between academics, physical activity, and health promotion activities during the scholastic year. They must collaborate with all stakeholders to design policies that can be implemented by all local schools to promote the health and wellbeing of children and their families.

A third recommendation emanating from this study is that local authorities should carry out large-scale studies to assess the current situation of local sports clubs and schools and their potential to carry out future HP programmes. The findings of this study should be considered a clarion call for policy makers from various fields to unite with schools and

sports clubs to design policies that address the real needs of the youth. In fact, the participants of this community-based PAR asserted that it is not enough to simply create policies without proper implementation. Policies must support the real needs of the children in way that such interventions can be carried out with minimal difficulties and not face uncontrollable operating constraints.

The fourth recommendation evolved during the phase following the intervention. Participants viewed the results of this study as a unique opportunity for key stakeholders to evaluate, monitor, research and improve the local health situation. This study is the gateway to larger scale studies that can be carried out with strategic partners in the future to investigate the potential of sports clubs to protect and promote good health in local communities.

7.5 Recommendations for further research

Discussions emerging from the phase following the intervention produced interesting recommendations that pinpointed the need for future research to address various aspects of local sports clubs and their HP activities. Despite the small-scale nature of this study, the use of the community-based PAR approach enables the research questions to be answered and the research objectives to be fulfilled. Nonetheless, more questions arose from this study that need to be answered.

The first recommendation is meant to encourage the sports club to close the loop and implement the health promotion programme. After being given the feedback on the study proceedings, the organization must work to include the HP message as part of their club ethos without impacting their current modus operandi related to the sports discipline. It is recommended that a focus group be conducted over a 12-month period to better

assess the impact of the implementation of the programme at the club. This will assist the evaluation of their experience and could lead to a new cycle.

The second recommendation encourages authorities to carry out surveys with parents and children at all the sports clubs to explore their viewpoints of the HP programme as part of their training. The survey should include questions about their awareness of health promotion, programmes delivery level, and beliefs that gather pertinent information about the future development of such programmes. This recommendation targets a wider population to discover how members of other clubs feel about such interventions within their environments. This research could uncover any existing micro-culture that differs from other clubs, such as being more pro-sports or more pro-health. Similar studies that are carried out on a larger scale could highlight such idiosyncrasies.

The third recommendation encourages similar studies to be conducted at local sports clubs with all age groups to obtain a wider view of the implementation of such HP programmes. Such a study could reveal interesting insights about how people who engage in sports feel about the introduction of a HP programme and its related activities at their sports club. Moreover, the parents of children who attend the sports clubs can be surveyed to obtain a better understanding about the cultural aspects related to unhealthy lifestyles and their viewpoints on the topic of HP. Such studies could enable the researchers to devise solutions to tackle the issue of obesity and unhealthy lifestyles at its core.

The fourth recommendation suggests that a large-scale community-based PAR can be conducted across all local similar clubs. However, this may only be possible if adequate funding is secured to conduct such a large-scale study. Such a study requires significant resources and time. Each aspect of the methods being proposed on a national level amongst similar clubs need to be carefully considered.

7.6 Strengths and limitations of study

Like any research study, this study has its strengths and limitations. The value-added of this study is its uniqueness and the fact that at the time of writing, there were no similar studies identified that utilised a Participatory Action Research method to explore the potential of youth nurseries in sports clubs as health promotion environments. Furthermore, the structure of this PAR was integral in the creation of this study's interventions. Active collaboration with the administrator and coaches was the determining factor in the design and content of the interventions of this study. A mix of experiences in theory and practice were combined to create HP sessions that addressed the true needs of the community under study. This was not an easy task for the clubs' members and I, but this strengthened our bond and we worked toward a common goal.

This strong relationship assisted me in the proceedings of the study when working with the other participants of the club. Although collaboration with the club administration and coaches was fruitful, as the researcher conducting this PAR, I was not able to balance certain aspects of the partnership throughout the research process. Moreover, I only worked alongside a few of the participants and focused on them to a certain degree. My participants were mostly included during data collection, the delivery of the sessions and some of the preparation. However, due to time constraints I was unable to include the participants in the analysis and presentation of the data which somewhat limits the conclusiveness of this PAR study.

Participants were selected for this study using the non-probability purposeful sampling technique that reflects the initial scope of the study. After providing informed consent, the club intermediary was assigned the job to select coaches and inform the children and their parents from a specific section to all participate within this study. As the

researcher I was not involved in the participant selection process to avoid any biases. One disadvantage that could be noted is that I was able to select one sports clubs and not invite more to participate. Although one club does not provide an entirely representative sample, I had to operate within certain time constraints and with more time I could have invited more clubs to participate. The layout of data collection in Phases 1 and 3 can be viewed as a strength since they took place before and after the intervention with the children. I was able to capture the participants' viewpoints throughout the entire intervention and the tools utilised in Phases 1 and 3 were created by me based on the extent literature and the aims of the research study. The validity of the tools was tested for one whole cycle in the summer when the cycle was completed but the study had to be repeated due to a small sample size. The tools were tested, and important qualitative data emerged from the respective participants. This showed that the tools were valid, and the data collection methods utilised during the various interviews protected the data in adherence with the Faculty Ethics Board regulations. Confidentiality was considered as a crucial aspect of the study that was highly considered by me in not divulging information to third parties. Furthermore, the third phase of this study did not commence until the Faculty Ethics Board granted their ethical clearance.

This study was based on two theoretical frameworks that assisted me to understand the principles articulating this study. The frameworks consist of organizational and behavioural engagement aspects which were reflected in the primary data gathered from participants during the brief health promotion intervention. These frameworks helped to reveal the existing tendencies that emerged in the phases of construction, delivery, data collection, coding, and the findings discussion. These theories were pertinent links to the foundation of this research study, especially when combined with the five studies retrieved

after an extensive literature search. To prepare and conduct a similar study on my own was difficult because I had to balance studies, work, and family. Time constraints were constant, and I had to organize several meetings prior the start of the study with the administrator, coaches, and intermediary. This was followed by planning and conduction of FGDs, interviews and the interventions. The data collection process and the intervention were repeated three times because of COVID-19 restrictions and some participants' unwillingness to participate because of the public health emergency faced by the entire country. I also faced severe challenges in my professional life when I was working long hours as a senior nurse in the Intensive Care Unit during the critical months of the pandemic. This period was psychologically draining for me, and I had had to shift away from my studies for a brief period because my energy levels were depleted, and I lacked focus. Nonetheless, I managed to surmount these obstacles and eventually complete this research study.

When the third cycle of data collection and intervention was complete, the time-consuming process of data transcription and data analysis began. At that point, I was at a disadvantage because these concepts were new for me, and I lacked experience. A limitation of this study that is important to mention relates to the write up classifications of the interviews and FGDs. The data collection process began with the administrator, then the coaches and concluded with the children and their parents. However, the data collection was not conducted in order of importance of participant responses since each response is considered equally important for this study. A further limitation to mention is my lack of hands-on experience in health promotion. I am not nurse specialised in health promotion but have focused on this research topic due to my love of sports and physical activity in general.

7.7 Conclusion

This study explored youth sports club environment as effective health promotion environments. In fact, having multiple environments that promote health can deliver added value to address worrying numbers of obesity and non-communicable diseases in the Maltese population. I focused on one specific sports club to obtain an experiential and in-depth understanding about the implementation of a health promotion programme. I focused on the implementation rather than conducting a large-scale broad survey design because the aim was to gather rich detailed qualitative data about the participants' experiences of the intervention. Their viewpoints were critical because they expressed their frustration about similar programmes being developed without any follow through. Working alongside the club officials and conducting the study with the same officials, children and their parents was a positive experience for me as a researcher. All the participants welcomed this as a unique opportunity to engage in health promotion sessions in conjunction with their routine sports training sessions. The potential of the environment for the successful delivery of such programmes by coaches and professionals in an informal fun setting was well-received. They looked forward to participating and experience the HP sessions in the following season.

Even though this dissertation is not published, the administration of the club has already delivered some sessions during their summer camp and has invited professionals in various fields to conduct some sessions with the children. They also confirmed that they would like to continue this process in upcoming cycles. The official findings of this study will be disseminated to the club administrator and coaches to stimulate collaboration and discussion about future programmes in their nursery. Further personal assistance on a

voluntary basis will be offered to assist the club to deliver effective health promotion sessions in all sections of the youth nursery.

The PAR methodology presented a range of challenges for me given my inexperience in conducting a similar study and the inability to engage with participants at certain points of the study because of the ongoing national public health emergency instigated by the COVID-19 pandemic. The PAR process is presented in literature as a continuous spiral process, and it was a steep learning curve for me; however, I am grateful to have gained valuable experience from utilising this methodology. It was quite a unique experience to observe the two-way learning opportunity created by the coaches during their delivery of health information to the children that accurately reflects their needs.

In summary, time was one of the main limitations of this study because it was halted after a few weeks because of COVID-19 restrictions. PAR as a methodology requires the full engagement of participants to be successful and despite two failed attempts the third was fruitful. Low levels of participation and a partial lockdown also hindered the smooth implementation of the study; however, these challenges become a learning experience for me, and I revised some of my methods and tools. I was more prepared for the third attempt, and I managed to provide a welcoming and fun environment for the children. Despite the small scale of this study, the rich detailed qualitative data collected demonstrates how the HP intervention positively impacted the participants and stakeholders. The participants were engaged throughout the whole process and interesting findings were gleaned that impact future research trajectories. The PAR method can help the club to gradually transform into a youth sports club that promotes good health; however, such a transformation is only possible with a detailed action plan. The

recommendations described herein lay the groundwork for future interventions to develop tailored policies that promote and protect the health and wellbeing of the public.

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Appendices

Appendix A: Layout and material used during sessions

Session 1 Timeline - Ensuring good personal hygiene

Resources:

- Sources of referenced material that appeals for their age to understand importance of ensuring good personal hygiene and why.
- Pedagogical tools and knowledge on how to apply by the person leading the session.
- Interactive Quizzes, very short appealing presentations on different topics related to hygiene, Interactive games, Laminates for the children showing what do our hands carry.
- Information delivered will fit in the stipulated time of the session.
- A final certificate declaring that they are ‘**Hygiene Heroes**’ and a sticker showing that they are ‘**Germ busters**’.

Agreed Motto for Session

The first law of health..... Personal hygiene

Aim of the session: Through a fun way children will be assisted in understanding that hygiene is a fundamental aspect that connects directly to a personal good health. Children will also learn what and where are germs and how communicable diseases are possibly transmitted from one to another. Indeed, they will be invited to apply different practices on how to avoid possible transmission of these germs and other communicable diseases. Children will be able to explain why hand washing is so important by means of sharing this knowledge with the rest of the group. By these steps we will be assisting those children who do not follow the discussed hygiene practices to improve their lifestyle.

Short and long-term objectives set: The following are objectives that will be set at the beginning of this session;

- Explaining what personal hygiene is and highlight most important 5 personal hygiene activities; Body, face, eyes, hair, and teeth
- Understanding what germs are and in what ways the bad germs are spread by means of hands-on tasks.
- How does germs travel into our body and then cause the illness?
- Learning about importance of handwashing – Timing (Before after preparing and eating food; after visiting the toilet) and hands on technique
- Understanding and assisting children with challenges they find to practice handwashing in critical times.
- Setting up a hand hygiene club at the sports club itself or even amongst friends at school or any other community recreational group they attend. How they can be change agents within these environments and at their household with their families.

Personal hygiene

At the beginning of this sessions the children will be asked a simple question '**What do you think when you hear the word personal hygiene?**' By means of a couple of questions and paraphrasing, children will be assisted in expressing themselves on the importance and what do they think personal hygiene means.

Activity 1 'Hygiene wizards quiz'

A short quiz will follow in which will assist the children to grasp the basis of a strong structure of daily personal hygiene. The quiz will run as follows (**Children will be divided into two teams** and will be asked one question at a time trying to ask different children to involve everyone).

- Is washing my hands personal hygiene? (YES)
- Can we eat food without washing our hands? (No)
- Is washing the floor of your room personal hygiene? (No)
- Is brushing your teeth or cutting your nails personal hygiene? (Yes)
- How much times do we need to brush our teeth, once a month? (2 or 3 times dly)
- Do we need soap or other type of soap to perform personal hygiene? (Yes)
- Do we need to wash our face every day and keep our hair clean? (Yes)
- Do we need to wash our body daily to keep clean? (YES)
- Do we need to wash ourselves after our training session or doing other activity? (Yes)
- Is it fine to put on clean clothes after sports session or game? (Yes)
- How long (time) do you think it takes to wash your hands properly? (approx. 20sec)
- When we wash our hands do we need to clean them with soap and water always?

The winning team will be awarded '**Hygiene Star Points**' and will keep them for the following activities. This will be followed by a short presentation on what is personal hygiene (3-5 slides)

A second activity named '**Show me how you clean**' will follow where the children will share how do they perform personal hygiene of different body parts. Discussion of children's ideas and agree best ways on how NOT to let the Germs march on our body.

Activity 2 'Show me how you clean'

Each group will be handed four cards showing parts of the body. These body parts will include **Face, hair, eyes, ears, teeth, nails, and toes.**

- The next step will be that children will have to demonstrate to all how they perform hygiene on the body part that they were assigned.
- Then a short discussion on the short presentation will take place soon after each presentation.
- During their presentation children will be asked about the frequency of the hygiene they are performing.

This activity will serve as a link on the importance of optimal hygiene as to prevent from being sick in different ways. Linking to this section will come into play the second part where children will meet the '**Germs**' that makes us ill or even help us.

Germs are not for sharing, so wash your hands for more caring!

This will be followed by another short session that will assist children understanding on;

- How germs travel into our body to cause the illness. (Mostly by unclean hands)
- What steps can they take to avoid spread of the mentioned various germs.
- Understanding the importance of performing appropriate hand washing to prevent infection.

These activities will assist children towards **being more reflective** on how to avoid situation when they or their close acquaintances can become ill. They will be able to attain and apply evidence approach moreover they will develop more **a sense of social responsibility** by applying values that target respect for themselves and all.

Activity 3: Glittery germs (Spread through direct and indirect contact)

Time; 30seconds to 1minute to perform the activity.

- The students will be divided into two groups, where one student from each group will be randomly chosen and will be informed that he will be the infected one and glitters will be shed on their hand.
- The first child will be instructed to shake hands and touch clothes, hair of other children in his group.
- The other chosen child from the other group will be instructed to touch a ball and pass it over to his other children.

After activities children will be asked:

- What do they think what really happened during this first activity? The fact that they have touched the infected person and then touched each other's hands they have been infected.
- This activity will assist the children to think about other places and situations that transmission of germs can take place Ex; touching dirty knobs and cook or eat food; touching animals and then touch the T non-touch area (Eyes, nose, and mouth)
- They will understand that infections can be easily spread through unclean hands.
- How to avoid germs from spreading when sneezing or coughing.

Activity 4: Glittery germs part 2 (Hand washing, shielding our body from sickness)

In this activity children will be assisted to understand the importance of washing their hands in specific times during the day. This activity will be linked with the first activity. A short presentation will assist the children to understand more the importance of handwashing

After the discussion one group of children will be instructed to wash their hands with water only, whilst the other group will be washing their hands with soap and water, using the 20seconds technique. A discussion with a short presentation will follow and will lead the children to understand the importance of timing and method of handwashing (**with soap and water**). Children will also be encouraged to carry a hand sanitizer and use in instances where water and soap is not available.

This activity will assist the children acquiring knowledge on:

- Why do we need to wash our hands? What does those couple of seconds prevent if hand washing is performed well?

- Children will be able to identify which method is best to remove germs. (The difference soap makes)
- The right timing for hand washing.
- The right method for hand washing, including alternative methods such as hand sanitizer.

Activity 5; Wrapping up discussion and activity

During this activity children will be asked to participate into a short activity where they will show that they understood the basis of performing optimal personal hygiene. They should also understand how to break the chain of transmission by means of optimal personal, school, community, and household hygiene prevention practices.

Throughout this activity children will be able to;

- During final discussion all children will be empowered as being hygiene heroes and they could pass on the message to other friends at school and to their family members.
- They will be encouraged to start '**Hand hygiene star club**' amongst the above-mentioned individuals. By being a change agent will improve risk of increased sickness amongst their communities.
- Show basic principles of personal hygiene to live a healthier life and losing chance to go out and play.
- What and where germs are found.
- Able to understand what happened when we are sick with certain illnesses, therefore by means of transmission of germs.
- What measures can we do to prevent such transmissions of these germs that make us sick. Immunization, covering mouth when coughing or sneezing, throwing away contaminated tissues and most importantly handwashing.
- Understand that effective handwashing is the most important shield against transmission of these germs.
- Most importantly is that children will keep in mind to apply the moral values of '**Respect for self and for all around me**' on a constant basis.

At the end of this session children will be;

- Handed a small laminate showing an image of what our hands carries, hand washing steps and moments on one side and on the other side how germs are transmitted to our bodies.
- The children will be finally awarded a certificate confirming that the children are now '**Hygiene Heroes**' and will also be given '**germ buster stickers**' as well.

Material distributed to children during this session



Session 2 Timeline -Importance of physical activity in life

Resources:

- Sources of referenced material that appeals for their age to understand importance of sports for their lives.
- Pedagogical tools and knowledge on how to apply by the person leading the session (Club technical director).
- Interactive Quizzes, Short but appealing presentations on importance of sports in life, Stickers representing aspects of sports on their lives such as: **Respect, honesty, self-belief, Teamwork, determination and passion**'. For the winning team of the major intervention a sticker with **'Special star of the day'** award on it.
- Information delivered will fit in the stipulated time of the session.

Aim of this session: During this session, the children will discover on how sport can be a major contributor towards enhancement of their physical and mental development. This will be transmitted through different activities that varies from a presentation, quiz, and team building activity that will contribute towards their understanding of the importance of sports in life. Through these different activities and presentation, children will understand that sports is;

- Beneath all tactics, physical activity is fun.
- An important tool that can transmit an array of positive values to them.
- Physical activity and sports can break down various barriers whilst assisting them in feeling good about themselves.
- Helps to develop their **knowledge of the discipline, develop physically through exercise, meet new friends, learning how to be part of a team, learning rules and how to play fair** and much more.
- A powerful means that improves their self-esteem and good health.
- Develops positive character that will transmit more quality values to them for the present but in their future life.
- Makes them role models by directly or indirectly encourage each other as a team, other friends in school, and their communities but also to their family members.

A warmup question will take place where the person leading this session will ask the children the following open questions. **'In what ways do you think sports is helping you?'** After obtaining the children's views in regarding possible benefits that sports represent for them, a short presentation will take place.

Activity 1: Presentation & Quiz; Why sports is good form me?

This presentation will engage the children into understanding what in reality they are experiencing by practicing sports. This presentation will tackle aspects from the physical and also skimming through the mental aspect but also on values that they will be acquiring without even noticing. This presentation will consist of:
<http://www.jbcnschool.edu.in/blog/benefits-sports-students/>

- Sports is a fun activity that develops their self-confidence and self-esteem whilst learning new skills.
- Sports will assist them in becoming more disciplined (Mentally and physically) even on their everyday life.
- Development of social skills such as communication and leadership

- Benefits to physical aspect through sport activity
- Sports positive effect over the mental aspect
- Values; respect authorities, rules, team mates
- Psychological benefits from sport
- Performance enhancements

After the short presentation about the benefits of sports for the children's lives, a quiz on sport related benefits or no will follow. The children will be divided into two groups and will have to answer a question at a time. The winner will earn 'Star sport Knowledge guru points'.

The questions will be as follows;

- Sports must be played according to nationality, culture, skin colour or religion. Do you think this statement is right? **No**
- Do you think sport training improves issues related to weight (Obesity)? **Yes**
- Can sport be considered as an alternative preventive measure to many diseases that local population suffer from? **Yes**
- By practicing sport, you will improve only the physical aspect only? **No**. Which other aspect? **Mental aspect**.
- By attending to different sport, do you believe that your social skills improve in any way? **Yes**
- I think that with sport experiences you do not improve your self-esteem. **No**
- Sport disrupts you from your school achievements, what do you think? **No**
- Do you believe that sports have the power to make us more disciplined in sport and with our lifestyle? **Yes**
- Whilst becoming more disciplined, do you believe that the sport you practice is fun? **Yes**.
- Learning on being part of a team and social interaction does not make part of benefit from sport. **No**
- Do you believe that sports will guide you on how to best respect everyone around you? **Yes**
- Which statement is true; Sport teaches you to accept success and not to accept defeat OR it can be a means to view competitions and training as unique opportunities to learn from the success and their failure? **The second phrase**



Activity 2; Team building, problem solving and life skills through sport

The experience of being part of a sports club will lead the children to learn life skills, through the importance of sports as a discipline that will offer positive and negative experiences during competition and on training. Team building and problem solving are two life skills that each athlete must figure out constantly in the sport they practice. During these activities the children will be assisted to;

- Identify and frame the problem
- Figure out what can be under their control or not.
- Examine the good and the bad for their decision taken.
- Act on what they have decided on
- Together they can evaluate what where the result for their action.

The following short activity will be named '**Blind team formations**' where children will be divided into two groups where they can understand the importance of **teamwork** and **communication**. To conduct this activity the children will be blindfolded and will need to sit down on the floor and form a large circle. Then a rope will be tied from both ends and laid down in a circle in the middle of the group close enough that each member of the group will be able to touch it. Next step will be that the children will have to work together to create shapes that will be instructed by who will be leading the session.

Then who manages to form most shapes quickest will be able to obtain more '**Star teamwork points**'. These will be added with the previous achieved star points.

Learning objectives behind this activity; After activity is terminated the children will be asked, '**What did you learn from this activity?**' They will be assisted in understanding that they had to apply important aspects as a team that it is usually done during their team sport. These aspects consisted of;

- Team agreed strategy
- Support and trust (keeping in mind that team was blindfolded)
- Active communication amongst team
- Result was due to the continuous cooperation.

Activity 3; Round up of the session

During this last part participants from both teams will be presenting important aspect that they have learnt during this session. Children will be able to share aspects like;

- Sports transmit positive feeling amongst them. It is fun.
- Sports can be practiced by everyone, irrelevant the race, skin colour, religion
- Our body and mind mainly benefit from sports, reduction in risk of future medical conditions and obesity.
- Socially it helps a lot since they are meeting with other children and adults.
- This experience increases their self-esteem and help them win barriers.
- Sports assist in building stronger values
- Sports can also assist the children in improving life skills such as team building, leadership and problem solving.
- The fact that sports give them the opportunity to be role models for their friends and classmates at school, other children they meet within their communities and to their family.

Children will be encouraged to start a diary where they write important notes on it that includes type of training they conducted the intensity, the time and also how many times

a week. This will assist them to keep track on how many hours they are using for sports and how many hours they have passed on their studies and playing online/videogames per week. This will raise their awareness on maintaining a good balance between all these things to do during the week.

Children will be awarded stickers that highlight important aspects that sports transmit to them. These are **'Respect, honesty, self-belief, Teamwork, determination and passion'**. For the winning team **'Special star of the day'** stickers will also be awarded.



Session 3 - Alternative ways of being active and keeping fit

Resources:

- Sources of referenced material that appeals for their age to understand importance of ensuring good personal hygiene and why.
- Pedagogical tools and knowledge on how to apply by the person leading the session (Coach under 10).
- Interactive Quizzes, Short but appealing presentations on the importance of staying active, Laminates for the children showing important aspects if practicing alternative exercise and on the other side if not staying active.
- Information delivered will fit in the stipulated time of the session.

Aim of this session: During this session, the children will understand the importance of keeping active, by means of discovering simple alternative measures. They will understand that these activities can result in great benefit of doing different activities together as a family apart from the physical improvement part of it. By participating in various activities, they will discover that:

- Apart from the usual physical exercise at school and their sport club there could be other ways and means that will assist them in being active, thus staying fit.
- Instead of wasting considerable amount of time (approx. 7hrs per day) using TV, electronic devices for entertainment and their phones, they can use some of this time to be active and keep fit.
- Ideally screen time should be 1 to 2 hours per day to avoid losing precious time to spend together as a family.
- Together with their family they can choose different activities that are accepted by them and everyone can be involved
- These activities could be riding their bike, going for family walks with their pets, swimming or playing a sport such as soccer or running at the park.
- Alternatively, they can perform exercises such as muscle strengthening/resistance exercises inside the house when it is rainy. This include resistance exercises using body weight, sit-ups, jumping rope, push-ups which are recommended for them.
- A blend of balanced eating/drinking and alternative activities that makes them fit are important for muscle and bone strengthening and beyond all makes them feel better.
- Alternative activities can offer many benefits for their main sport practice and mental status in various ways.

Activity 1: Warm up session

Children will be asked some questions that will lead them to the presentation that will show them the importance of finding alternative activities that keeps them active and fit. The questions will be as follows:

- Do you believe that with your sport session and physical education lesson at school are enough to reach the needed physical activity per week? Why?
- Do you know the minimum number of time that you need to exercise per day?
- Are you capable to manage a minimum of 60minute per day in physical activity? Why?
- Can you give me an average of time spend on your electronic devices, TVs, and your phones per day? How much do you think you need to spend time on your devices?
- Do you believe that you can limit screen time and put that on your studies and on physical activities that you can do with your family and friends?

Activity 2 Presentation: Have fun be active with alternative fitness activity

This presentation will cover every point mentioned within the introductory points highlighted. The children will be introduced to the importance of managing better their times to keep time for other activities that are important for their wellness in regards growth and development. They will come across the wide possibility of activities of their liking that they can conduct not on their own but also accompanied by their families or guardians.

After the 5-minute presentation the children will be divided into two or 3 teams where they will be asked different questions about alternative activities that keeps them fit. The quiz will be named '**Having fun being active**'.

Activity 3 Quiz "Having fun, being active daily"

- **How much moderate (breathing quicker than normal) or vigorous (huffing and puffing) exercise do 5- to 12-year-old children need to do per day?**
a) 0 - 30 minutes b) 30 - 60 minutes c) 60 minutes or more
- **To go to your village centre for shopping with your parents, do we need to go always by car? If No by what means we can go?**
- **How often do you need to spend time per week in doing active things with your family (like playing/training at home, walking the dog, cycling or swimming)?**
- **Can you give me two examples of indoor exercises that can be practiced during rainy winter days?**
- **What is the ideal amount of time you can spend watching TV, playing computer games, reading or doing homework?**
a) more than two hours a day
b) between one and two hours a day
c) no more than one hour a day

- **True or False: Alternative activity does not strengthen your muscles and bones.**
- **Do you see physical activity as being important to increase your flexibility of your bodies?**
- **True or False: Can video game playing be an alternative to your usual physical activity?**
- **In 2 minutes on a paper that we will give you, you will write down as much alternative physical activity you can do on your own or with your family and friends.**
- **Each team has to mention two important benefits that alternative physical activity can do for everybody.**

Wrapping up the session

During this section of the session the moderator will highlight again with the children benefits a of daily minimum 60-minute exercise. These aspects include:

- Alternative exercises to sport practice are easy to do and does not need huge amounts of equipment.
- All the family can participate in every aspect, from planning what type of alternative activity to doing it together.
- To make it more interesting there is an array of exercises that can be done outside and inside when the weather does not permit.
- To perform, it will only take a minimum of 60 minutes 7 days a week. Time can be found in one way or another.
- Importance to reduce screen time as much as possible as this can lead to obesity, apart from other negative feelings.

Session 4 -Watching weight

Resources:

- Sources of referenced material that appeals for their age to understand importance of weight watching and why?
- Pedagogical tools and knowledge on how to apply by the person leading the session (Coach).
- Interactive Quiz '**Healthy Body Weight Maxi Quiz**', Short but appealing presentations on different topics related to why and how do they need to maintain an ideal body weight, Interactive activity where together with their coach they will read a declaration for improving weight management of themselves and their family. They will take the declaration sheet with them at home and ask their relatives to read it and start working on its content.
- Information delivered will fit in the stipulated time of the session.

Agreed motto for the session

Be smart, be healthy, and know how to watch your weight.

Aim of this session: During this session, the children will understand and learn about simple strategies on how to maintain ideal body weight whilst staying healthy. This session will highlight;

- A quick overview of the reality of local situation regarding overweight and obesity in children and adolescents. What is 'Overweight or Obesity'?
- What are the main factors that contribute to overweight and obesity?
- The fact that obesity and overweight at young age will lead to several bad health effects and also obesity in adult age.
- What is needed to watch weight considering aspects such as age, height, and sex. Living with a culture that promotes **Good habits** and not **Bad habits**. What is 'ideal body weight'?
- Importance of Adequate daily exercise and balanced nutritious choices.
- Their parents can be of a good help in this issue like type of foods to be stocked at the house, planning of physical activities for all the family together, To teach parents/guardians about the 5 most important steps in order to have a fit mum, dad and family.

Activity 1 Warm up session

The person leading the session will start by asking some questions easy question understand the level of knowledge the children have in relation to **watching their weight** and **what can they do to prevent obesity**. What do you understand by 'ideal body weight'?

- What do you understand by 'Overweight or Obesity'?
- In your opinion what factors do you think that contribute to obesity?
- Do you have any ideas on how can we avoid this to happen?
- Do you believe that a healthier weight is important for you? Why?

After sharing their views on the above issues, a short presentation not more than 6 slides will assist the children to understand how to tackle the above issues.

Activity 2; Presentation

This presentation named a '**A healthy weight, A healthy future**' will identify issues like;

- How can we monitor our weight and drastic changes in our body image and weight, keeping in mind that we are growing up. **Need to look and observe our body.**
- What causes our body weight to be negatively and positively affected? Type of food we consume,
- What do you understand by 'ideal body weight'? How can we measure it (Scales)
- What do you understand by 'Overweight or Obesity'? With the help of common tools like BMI
- Factors contributing to obesity
- How can we avoid this to happen? **5 important steps to keep an ideal healthy body weight are..... Eating a healthy diet** including fruit and vegetables and wider variety of foods, **Drinking needed amounts of water, drinks with high electrolytes and milk, Listen to their body-** what does it feel like to be full, overeating can lead to be uncomfortable and over a period of time can lead to unhealthy weight increase. **Limit screen time** – a specific amount of time allocated daily for technology (2hrs a day) finally, **Be active** – it is fun to do different activities like jogging, riding bikes, go out for walks with family, practice your favourite sport, exercise that strengthen core inside the house. Most of these activities can be done with your close family and friends.
- Why is a healthier weight more important? Change to a healthier you will increase in confidence levels, improved health benefits.

After the short presentation a wrap up discussion with the children will take place were the important points discussed about importance of maintaining a healthy weight will be highlighted.

Activity 3: Healthy Body Weight Maxi Quiz

Here the children will be divided into two groups and will be asked questions related to the above discussions and presentations regarding ideal healthy body weight and other issues discussed in this session. The components of teams will be asked to set a name that relates to the subject Ex; '**Body works**' OR '**Weight targets**'. The winner will gain special rewards '**Healthy weight star points**'. **The quiz will be as follows;**

- Is our country one of the first countries in relation to obesity and overweight children?
- Which of the following words can be described bad for our health, '**Overweight**' or '**Obese**'? Both
- Identify what circumstances lead to obesity in humans?

- Can you mention two type of tools that assist you in monitoring your weight?
Team A Scale, mirror, clothes, waist circumference, BMI etc...
- Can you mention two type of tools that assist you in monitoring your weight?
Team B
- Can you mention two of the five most important rules to keep a healthy weight?
Team A
- Can you mention two of the five most important rules to keep a healthy weight?
Team B
- Why it is so important to maintain a healthy body weight? **Feeling healthier and happier, keeping up healthy weight, strengthen body and muscles, reduce risks of injuries and infection and preventing chronic disease.**
- What happens when someone is obese or overweight? **Unhealthy, risk of being sicker, feeling sad, can be more at risk for chronic disease.**
- **Team A:** Can you mention 2 conditions that are associated with obesity?
- **Team B:** Can you mention 2 conditions that are associated with obesity? **Heart problems, circulatory problems, high blood pressure, high blood glucose etc....**
- Can you tell me how much time one needs to perfume various exercise per week?
60minutes 7 times a week.
- **Both teams;** If you were to lead a campaign, where would you conduct it and what would be your slogan for it?

Activity 4; Rounding up the sessions. Declaration of improving weight management of me, my family and where I am.

Before finishing this session, the children will confirm that they have grasped the importance of maintaining a healthy weight. They will be asked what aspects are important to keep a healthy weight, such as eating a balanced diet reduce sweet and fat intake and drink plenty of water. A declaration for this will be read together by the assistance of a power point. This will be as follows;

A motivation poem collaboratively designed by the children and the coaches was given out each child at the end of the session.

Session 5 - General Nutrition

Resources:

- Sources of referenced material that appeal for their age. This will be done to understand importance of general nutrition and why.
- Pedagogical tools and knowledge on how to apply by the person leading the session (Nutritionist).
- Interactive Quiz '**Healthy means wealthy**', Interactive sessions on 'meal planning', Short but appealing presentations on how they can be the change for themselves, families or the places they attend. The final activity will represent wrapping up the session and together they will sign a letter that later on they will pass over to their parents where they show their parents what did they learn during this session. Information delivered will fit in the stipulated time of the session.

Session layout and content were approved by a professional nutritionist prior delivery

Nutrition and maintaining a balanced diet

Aims of this session: This session will be one of the most important for the children to absorb as much as possible and take this important information with them home and in their respective communities. This session will cover basic important aspects of '**Nutrition**' and on how one choose to follow a well '**Balanced diet**' for every day and sport needs. The following aspects will be covered in different sessions and activities throughout this sessions, and these consist of;

- Importance of following a balanced diet to stay healthy and also active.
- Balanced diet consist of eating a big variety of foods in order to grow into strong adoloscents. Important to balance between the tree main sources that come from various food.
- Eating too much or too little can both be harmful for their health and wellbeing.
- Foods consists of different elements that help them grow their muscles and bones and others that gives us energy to study and also to conduct various sports and other day to day activities.
- They will also learn that other food is important for our body defences as these protects us from various diseases.
- These sources that come from food consists of '**Carbohydrates, Proteins, Vitamins and Minerals**'
- At their age caloric intake are similar for boys and girls. Extra caloric intake should be needed to balance with energy needed during athletic sessions. Ex; A 30Kg girl burns 270 calories when training for 60 min whilst a 60Kg boy burns 936 calories during a 60 min training session
- Important fuel source for athletes (**Carbs**) and these consist of whole grains, veg, fruits, milk and yogurt. Build up and repair of muscles (**Proteins**) not as primary sources of energy. Maintains blood glucose. **Good Fats** are important to protect vital organs by providing insulation, these are calorie dense source of energy. These sources consist of lean meat and poultry, fish, nuts, seeds, dairy products and olive and canola oils. Fats from fries, candy, fried foods and backed goods should

be kept at bare minimum. **Calcium, Vitam D and Iron** are important for stronger bones, muscle flexibility and also gastrointestinal activity.

- The importance of fluid intake on their performance will be also tackled. They should be informed on importance to drink according to environment before and after their sessions or matches.

The session will be started by a short talk that quickly introduces the children to all the above mentioned points aiming for best choice of foods in forming a well balanced diet. This short talk will be followed by a short presentation where the children will be given all important information about nutrition. A recap **short video clip** will assist the children in grasping the importance of choosing nutritious food to help in growth and body defences from different diseases (<https://www.youtube.com/watch?v=YimuldEZSNY>).

Activity 1: Quiz, 'Healthy means wealthy'

During this part the children will be divided into two teams and they will have to respond to questions related to the presentation delivered. The winners of this quiz will be crowned as the **'Wealthy Champs'**. The questions will be as follows;

- True or False statement; If a child does **NOT** have a balanced diet they will have fewer illnesses, disease and will grow strong – **False**.
- Who can tell me what does the word 'Nutrition' means?
- Who can tell me what does the word 'balanced diet means'?
- Describe a child that eats a balanced diet
- **True or False;** Doctors suggests eating very little portions of food. **False**
- Name 2 types of foods that protect our body from illnesses.
- **True or False statement;** Children can eat fruit only twice per week. **False**
- Now name 2 types of food that help your bodies to grow.
- Name 2 types of food that gives us energy?
- **True or False statement;** Overeating can be the result of a boy/girl that is skipping meals, leading to out-of-control hunger. **True**
- **True or False statement;** The daily food selection should include whole-grain products and bread, dairy products, meat, poultry, and fish; fruits and veg. **True**
- **True or False statement;** Boys and girls need equal amount of food to keep up a strong body – **True**.

Activity 2; Meal planning and choice

After being able to recognise the main important food groups and their benefits the children will be introduced to the next activity which will be named **'Planning and preparing my balanced lunch and meals in 5minutes'**. The children will have different images from the highlighted major groups with printed names of food and will need to place it in the right plate in time. During this session the children will be divided into two teams where they will work together;

- In planning a healthy balanced breakfast, lunch, or preparing before and after physical workout at the court.

- As a team they will decide to choose one of the above food and time. Teams cannot use the same timing and meal.
- The preparations will need to have a balance between different basic nutrients (Proteins, Carbs, Minerals and Vitamins, appropriate amount of water and avoiding excess fats, sugars and oily foods)
- They need to decide on how to prepare their meals in 5 minutes.
- When finished both teams need to present their meal plan and explain their choice of foods and how it can help their bodies during a usual day at school/home or on a sport activity day.
- Both teams will be encouraged to make this practice part of their daily routine. Moreover, the most creative team will be the winner and crowned as the '**Meal Planner Gurus**' of this activity.

By these sessions the children will improve;

- Their knowledge on the most important food sources for their body.
- Their understanding of these different food sources on different aspects such as growing healthy body, energy, and defence from viruses and muscle development.
- Understanding the importance of a food, fruit and veg diaries for themselves and their family and friends. By means of their acquired knowledge on type of foods and this diary, they will be knowledgeable in identifying healthy portions of food and drinks which are known as important towards improved healthy eating. Then they will be able to include different food and drinks sources at different times throughout their days.

Activity 3; Workshop: How can children influence their family and friends in various community settings towards promotion of healthy eating?

By the time this session will take place the children would have grasped the importance of what they eat, and drink will affect their growth and the way they train, perform, and recover. This session will be vital for these children to be ready to pass the message over to their parents and other friends to identify best nutrients that target their needs for growth and development. Some salient points in this regard could be;

- Together with their parents they can plan meals for the whole week, keeping always in mind to achieve a balance of food that comes from all four food groups.
- Parents can be encouraged to be creative with leftovers that can be easily used for lunch or supper during the next day.
- Together agree about the importance to read the ingredients, nutrition facts and other nutrition claims which can be found on different food labels. These are important for better healthy sources of food.
- Together with an adult they could identify recipes that contain healthy ingredients from the four main food sources.
- They can also identify the importance of appropriate portion to avoid waste of food and risk of overeating.
- Understand the importance of a full balanced breakfast consisting of all four food groups (Dairy, protein, grains, fruit, veg and carbohydrates).

- Transmit the importance of creating healthy snacks every day to avoid hunger between meals. These snacks should contain a mixture of carbohydrates and proteins and other important sources such as vitamin, fibre and minerals.
- These snacks should be always at hand, especially outside to avoid buying fast food from bars or other vending machines, as that is well known as not being healthy.
- Healthier alternative school (for the children) and work lunches (for parents and friends) as the one done within previous activities.
- Vending machines and bars at school, workplaces and in some community settings should be selling different healthy food options in order to promote healthy eating amongst those attending.

After finishing writing their points these will be read and all children will be given a badge showing that they can be a '**Health Change Agent**'.

Activity 4: Letter to parents

After the previous activity the children will re discuss the major points discussed during this session and then will sign a letter that later will be given to their parents/guardians. This letter will contain:

- They have learnt what does the word 'Nutrition', 'Balanced diet', are important for stronger healthy development and improving their sport performance.
- Importance to balance between the main 5 food sources (Carbs, proteins, dairies, vitamins and minerals, good fats) to obtain a balanced diet that will automatically benefit our body.
- Recognise some type of food that come from the above different sources.
- Able to choose and prepare various plates and lunch that contains a balanced variety of foods which are healthy.
- Able to recognise foods that are not good for our health.
- Together with their parents they are ready to compile and follow a food and fruit planner for a week.
- Together with your support they are also ready to reduce fatty foods, sweets and other foods that are rich in oils.
- They also promised that their families will start following a healthy path under their close supervision and as being their families and friends change agent.

At the end of the session, a letter based on salient aspects of the sessions was handed to the children to forward to their parents.

Session 5 (Second Part) -Basic Sport Nutrition

Resources:

- Sources of referenced material that appeals for their age to understand importance of basic sports nutrition and why?
- Pedagogical tools and knowledge on how to apply by the person leading the session (Nutritionist).
- Interactive presentation named '**Nutrition for young athletes**', interesting discussions on the importance of basic sports nutrition.
- Information delivered will fit in the stipulated time of the session.

Aims of this session: During this session the children will understand that a fundamental component of their training and performance plan is proper nutrition. Moreover, other aspects covered during this session will assist the children to understand:

- The basis of sport nutrition lies beneath the ability to consume a balanced diet that is made up of healthy food that in this case fuel their sport requirement over the body.
- Effect of training will directly target growth and development of the youth.
- At there are potential positive effects there could be potential negative effects of training and competitions on the developing bodies of the children.
- These negative effects on them as growing athletes when training intensifies could be various injuries.
- Proper nutrition is fundamental to increase risk of future negative situation.
- Nutritional needs has to match the level of exercise being undertaken during training.
- Boys and girls participating in heavy physical activity need a similar high specific energy (calorie requirement).
- This means that the children need to consume frequent meals and snacks that consist of the main food sources (Ample carbs, proteins, Vitamins and minerals)
- They need to include adequate amounts of liquids required to assist in well body functions and balance sweating.
- How to monitor their growth whilst exercising.

A presentation will take place where the above issues will be all tackled. The children will experience the daily path, from waking up until going to sleep including timing of nutrition and fluid intake.

Activity 1 Warm up session.... What is sport nutrition?

During this part the children will be asked warm up questions to prepare them for the following presentation. Here they will be asked the following questions about what is sports nutrition:

- Do you believe that there must be a best period when to switch to sport nutrition?
- Why do you think nutrition have to become part of your lifestyles, especially when practicing sports at a more competitive level?
- Do you think sports nutrition is for athletes only or children like you are in a way being very active?

- How much do you believe that balanced sports nutrition can be considered as fuel for you as children for your day-to-day life but most importantly to improve your performance?

Activity 2 Why is sport nutrition important for me?

The children will discover different important aspects of sports nutrition on their performance in the sports they practice and on a day-to-day basis. They will understand that they need to eat enough calories, focusing on real foods and hydration but none of not least they need to be consistency. Based on the design of a trail the children will discover;

- What are the foundations of sports nutrition for children?
- At what level they need to start adapting their diet based on sport nutrition.
- Importance of balance between balanced nutrition and hydration and amount of sleep?
- Risk of injury if not consuming appropriate fuels.
- Principles of nutrition will be the same, as they need to grow.
- Caloric intake will vary when sports activity per week increases.
- They can eat quite a big number of calories but ideally these need to come from whole foods rather than from processed food.

Throughout these sessions, children will be given the opportunity to learn about different possibilities of food that they consume throughout different times of the day. Below there are some examples:

Session 6 - Keeping away from drugs, alcohol and tobacco

Resources:

- Sources of referenced material that appeals for their age to understand importance of basic sports nutrition and why?
- Pedagogical tools and knowledge on how to apply by the person leading the session (Researcher/Someone from Sedqa).
- Interactive discussions and presentation named '**Be cool choose life over drugs**' they will learn the dangers of peer pressure in relation to alcohol and drug addiction.
- This presentation will tackle how unhealthy energy drinks can be for children's health. They will discover how many unhealthy ingredients are in these drinks and can be responsible for permanent harm to their body.
- Information delivered will fit in the stipulated time of the session.

Aims of the session: This session will focus on the following aspects:

- Basic understanding of what are drugs and the difference between illegal drugs and prescribed drugs. We will also tackle what happens to the body when one abuse from different drugs. basic description of what these can do to our bodies in general and when practicing any sport.
- This session will tackle how much energy drinks are unhealthy to their body.
- This session will focus on empowering the children on being able to deal with different situations and not turning to drugs, alcohol, or tobacco.
- The children will also be introduced to the ability to resist pressure from their peers to use these unhealthy substances.
- Being change agents within their close family in relation to tobacco and alcohol use by sharing their negative effects on the body.

Activity 1 Warm up questions before session starts

The children will be introduced to this session by means of some important questions. These will be as follows;

What can you understand by the words 'Substance abuse'?

Can alcohol and tobacco use be considered as drugs? Why?

Can you identify ages when people start or still abuse from these substances?

How and why do you think young and older people abuse from these substances?

What do you think these substances can do to our body and also mind?

Following these warmup questions the children will move on to a short presentation where they will understand in more detail some of the above questions that they were asked within the beginning of the session.

Activity 2 Presentation: Be cool, choose life over drugs

During these presentations the children will have a quick overview from what is the difference from prescribed medicine to drugs. Moreover, they will be briefed on the consequences to our body and mind when starting using drugs. They will also be encouraged to identify and say NO to peer pressure if there will be any consequences. In this regard they will be given a brief information on what is peer pressure.

They will also be given a glimpse of how they might face rough times and how they can overcome difficulties in many ways but not choosing drugs. They will be introduced to sports enhancing drugs and their consequences on the athlete's career and health. We will also highlight the dangers that are present in the variety of energy drinks that are on the market. We will highlight the dangers over health hazards on anyone consuming these types of drinks.

Finally, we will address alternative methods to these dangerous ways of how to enhance performance or energy levels to face their days. This session will focus on your child's self-esteem to strengthen them and face peer pressure and always say no to substances that might endanger their future lives and wellbeing.

Activity 3 Wrapping up activity 3 and the session

To argue on the below issues

During this last part of this session a wrap up discussion will take place. The children will be asked to identify two new things that they have learned about substance abuse. They will be briefed upon why people start and then keep on using drugs, alcohol, or both. The issue about peer pressure will be again given some importance where the children will be asked what to do if they or their friends are in a situation of pressure what will they do. Issue of what would they do if one of their family or friends in a drug or alcohol problem will be also raised. Finally issues like what is the best thing for them to do in the near future to avoid drugs, tobacco, or alcohol.

Appendix B: Approval from administrator of the club



Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Permission to conduct study within your club

3 messages

Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

27 June 2019 at 14:22

To: [redacted] Michelle Camilleri <michelle.camilleri@um.edu.mt>

[redacted]

Permission letter for club president

Dear [redacted]

I am Leighton Spiteri, I am a qualified nurse for these last 19 years and presently I am following a Master of Health Science in Nursing at the Faculty of Health Sciences, University of Malta. Since graduating as a nurse, I have also developed an interest in the importance of public health for the public and have been following how national strategies in health promotion were evolving according to the national health situation. Since young age, I have participated actively in football as a sport and never lost any opportunity to participate in events that I took part in school and local youth centres. Growing up I became a firm believer of the potential that sports can offer in order to maintain a healthy lifestyle. Presently I still practice two particular sports that are running and cycling which I find very helpful to detach from the hectic day-to-day life and most importantly keep fit and away from bad habits.

As part of my Masters programme, I am required to carry out an in depth research study. The aim of this study is to **explore the impact of a short-targeted health education programme for children within a specific sports club that will accompany their usual training sessions.** I am requesting you to accept me in carrying out my study within your club. This study entails the collection of exploratory data from you and your committee, coaches, the children and yourselves during the month of October. Implementing a 6 to 7 week intervention programme (25 to 30min/session) prior to the usual training session starting from End-October and ends by mid-December. The intervention will be followed up by means of other interviews with management and coaches, and focus groups with children and parents/guardians, to evaluate the impact of this programme.

I am particularly interested in exploring children under the age of ten for multiple reasons, one reason is that I have an 11-year-old daughter myself. The second reason is that healthy habits needs to be fostered with young children. What is required from you, the children and parents/guardians? I would like to carry out a focus group with those parents who agree to participate and I will carry out another focus groups with the children that have accept to participate as per agreed time and date that is convenient for them.

Data collected by means of semi-structured interviews with management and coaches and focus groups, will be audio, rerecorded. Separate focus groups will take place with children and parents/guardians, and may take approximately up to 1hour. Intervention session will be conducted mostly by the children's head coach, team coaches and by me as well. The reason why I opted for focus groups is that I want your collective voices even your children's, and not collecting individual voices. The training programme will cover sessions including: **healthy eating, good personal hygiene and general basic sports nutrition.**

Please be assured that only I as the researcher will be having access to all data. I will protect the club and each participant's identity through multiple methods by changing names, in transcribing from audio to transcript, certain particular issues will be masked. Transcripts will be circulated around adult participants in order to encourage them to check if there is anything that they might have said and could be identifiable. My academic supervisor may have access to the transcripts if need be but predominantly my supervisor will only be seeing my analysis and the chapters. My academic supervisor is Dr. Michelle Camilleri, Senior Lecturer, University of Malta, should you need any sort of clarification do not hesitate to contact her at any time on [redacted] or on michelle.camilleri@um.edu.mt

It is important that participation is voluntary. Participants have the right to withdraw at any point during this study and data pertaining that particular participant will be deleted. This study is an exploratory study that aims towards understanding the impact of the program amongst your children and will never expose them to any sort of physical and mental harm. It aims towards increase the body of knowledge on this topic under study. Indeed, on successfully completion of my masters program the recording and other delicate documents will be destroyed in order to safeguard the children, yourselves and all other participants. Moreover as long as data is not collected anonymously **“As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and where applicable ask for the data concerning you to be erased (or retained in anonymised form)”**.

If you wish that your club participate, please reply to me by signing this permission letter and hand it to me. In case you accept, on the first day of training of the 'Under 10' children, I will be present to explain the study to all participants in more detail, will collect permissions that were already sent and will have more copies should anyone wishes to wait for the explanation before handing in. I would be greatly appreciate that all participants of this particular group I am targeting consent to participate, because the more views and opinions I collect the better understand of this process and usefulness is.

The children will benefit from the direct interventions and ultimately I hope that in the long term there will be great benefits for your club as well. Whilst this study will not be of direct beneficial to you as parents, still your contribution in sharing your knowledge and experiences about this matter will be considered as being very relevant. This will only add to the grey body of knowledge on this issue under study. I invite you to kindly keep a copy of this information letter and please do not hesitate to contact me or my academic supervisor with any queries that you might have during the running of the study. I look forward to see you all on the first session in October.

Yours sincerely
Leighton Spiteri

29 June 2019 at 14:28

To: Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Hi Leighton,

I have read and confirm that I have been informed about the research study. I hereby give my consent for the study to be carried out within our basketball community.

regards,

Technical Director

[Quoted text hidden]

29 June 2019 at 15:09

Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Dear Mr.

I am glad that you have accepted to have me conducting the study within your basketball club. Looking forward to work side by side with you the staff and all other prospective participants.

Kind Regards
Leighton Spiteri
[Quoted text hidden]

Appendix C: Approval from intermediary of the club



L-Università
ta' Malta

Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Fwd: Permission to conduct my study

3 messages

Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

25 June 2019 at 13:05

To: [redacted], Michelle Camilleri <michelle.camilleri@um.edu.mt>

----- Forwarded message -----

From: **Leighton Spiteri** <leighton.spiteri.10@um.edu.mt>

Date: Tue, 25 Jun 2019 at 00:19

Subject: Permission to conduct my study

To: [redacted]

Leighton Spiteri



Permission from Intermediary

Dear [redacted]

I am Leighton Spiteri, I am a qualified nurse for these last 19 years and presently I am following a Master of Health Science in Nursing at the Faculty of Health Sciences, University of Malta. As part of my Masters programme, I am required to carry out an in depth research study. The aim of this study is to **explore the impact of a short-targeted health education programme for children within a specific sports club that will accompany their usual training sessions.**

After being granted permission from your club president, I am writing to ask for your permission to act as an intermediary throughout all phases of my study proceedings. Your assistance will include informing the prospective participants about the study being carried out between October 2019 and March 2020 within the under 10 section of your club. Initially you will be giving brief information regarding the study and then you will be handing in information letters, consent and assents to management, coaches, children and their parents. Together we will identify ideal dates, place/s where to carry out the interviews, interventions and the focus groups discussions with the respective participants. You will also be instrumental in introducing me to all the sections participating in this study. Your assistance will be a valuable asset for the study proceedings.

In case you would need to reach me for any query you can get in touch on [redacted] or mail me on; leighton.spiteri.10@um.edu.mt. Moreover, my academic supervisor Dr Michelle Camilleri, Senior Lecturer, University of Malta that is assisting me during this project is also available for any query you might have on [redacted] /23401164 or on michelle.camilleri@um.edu.mt.

<https://mail.google.com/mail/u/2/?ik=f591bf796f&view=pt&search=all&permthid=thread-a%3Ar-8329419973773930006&simpl=msg-a%3Ar13002...> 1/2

Kind Regards,

Leighton Spiteri

[Redacted] 27 June 2019 at 11:05
To: Michelle Camilleri <michelle.camilleri@um.edu.mt>, Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Hi [Redacted]

I, as [Redacted] secretary, accept your request to act as an intermediary throughout all your phases of your study proceedings. I hope I will be helpful in your studies and do not hesitate to contact me regarding any information you require.

Regards

[Redacted]

[Quoted text hidden]

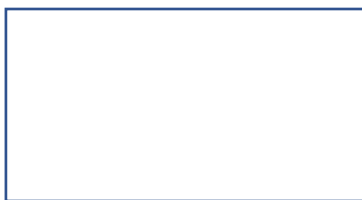
Leighton Spiteri <leighton.spiteri.10@um.edu.mt> 27 June 2019 at 11:09
To: [Redacted], Michelle Camilleri <michelle.camilleri@um.edu.mt>

Dear [Redacted]

I am pleased that you have accepted my request to conduct the study within your club. I will be in contact with later to plan study proceedings as best as possible. Thanks a lot.

Kind regards
Leighton Spiteri
[Quoted text hidden]

Appendix D: Participation Pack (Information Letters, Consent forms, assent forms for parents, children, coaches, and administrator)



Mr. Leighton Spiteri



leighton.spiteri.10@um.edu.mt

Information Letter for Parents

Dear Parent/Guardian,

I am Leighton Spiteri, I am a qualified nurse for these last 19 years and presently I am following a Master of Health Science in Nursing at the Faculty of Health Sciences, University of Malta. Since graduating as a nurse, I have also developed an interest in the importance of public health for the public and have been following how national strategies in health promotion were evolving according to the national health situation. Since young age, I have participated actively in football as a sport and never lost any opportunity to participate in events that I took part in school and local youth centres. Growing up I became a firm believer of the potential that sports can offer to maintain a healthy lifestyle. Presently I still practice two sports that are running and cycling which I find very helpful to detach from the hectic day-to-day life and most importantly keep fit and away from bad habits.

As part of my masters programme, I am required to carry out an in-depth research study. The aim of this study is to **explore the impact of a short-targeted health education programme for children within a specific sports club that will accompany their usual training sessions.** The sports club that your child attends has kindly accepted to be the site for my study. This study entails the collection of exploratory data from management of the club, coaches, the children, and yourselves during the month of October. Implementing a 6-to-7-week intervention programme (25 to 30min/session) prior to the usual training session starting from End-October and ends by mid-December. The intervention will be followed up by means of other interviews with management and coaches, and focus groups with children and parents/guardians, to evaluate the impact of this programme.

I am particularly interested in exploring children under the age of ten for multiple reasons, one reason is that I have an 11-year-old daughter myself. The second reason is that healthy habits need to be fostered with young children. What is required from you and your children? I would like to carry out a focus group with those parents who agree to participate, and I will carry out another focus groups with the children that have accepted to participate as per agreed time and date that is convenient for you.

Data will be collected from management, head coach, coaches that have direct contact with your children, parents, and your children. Data collected by means of semi-structured interviews and focus groups, will be audio, rerecorded. Separate focus groups will take place with your children and yourself and may take approximately up to 1 hour. Intervention session will be conducted mostly by your children's head coach, team coaches and by me as well. The reason why I opted for focus groups is that I want your collective voices even your children's and not collecting individual voices. The training

programme will cover sessions including; **healthy eating, good personal hygiene, and general basic sports nutrition.** Please be assured that only I as the researcher will be having access to all data. I will protect each participant's identity through multiple methods by changing names, in transcribing from audio to transcript, certain issues will be masked. Transcripts will be circulated around the parents to encourage participants to check if there is anything that they might have said and could be identifiable. My academic supervisor may have access to the transcripts if need be but predominantly my supervisor will only be seeing my analysis and the chapters. My academic supervisor is Dr. Michelle Camilleri, Senior Lecturer, University of Malta, should you need any sort of clarification do not hesitate to contact her at any time on or on michelle.camilleri@um.edu.mt

It is important that participation is voluntary. Participants have the right to withdraw at any point during this study and data pertaining that participant will be deleted. This study is an exploratory study that aims towards understanding the impact of the program amongst your children and will never expose them to any sort of physical and mental harm. It aims towards increase the body of knowledge on this topic under study. Indeed, on successfully completion of my masters program the recording and other delicate documents will be destroyed to safeguard your children, yourselves, and all other participants. Moreover, as long as data is not collected anonymously **“As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and where applicable ask for the data concerning you to be erased (or retained in anonymised form)”**.

If you wish to participate, please complete the attached consent form and hand it in to the headcoach on the first day of your children's training. On the first day I will be present to explain the study in more detail, and will have more copies should anyone wishes to wait for the explanation before handing in. I would be greatly appreciate that all the parents and children of this particular group I am targeting consent to participate, because the more views and opinions I collect the better understand of this process and usefulness is.

Your children will benefit from the direct interventions and ultimately I hope that in the long term there will be great benefits for the club as well. Whilst this study will not be of direct beneficial to you as parents, still your contribution in sharing your knowledge and experiences about this matter will be considered as being very relevant. This will only add to the grey body of knowledge on this issue under study. I invite you to kindly keep a copy of this information letter and please do not hesitate to contact me or my academic supervisor with any queries that you might have during the running of the study. I look forward to see you all on the first session in October.

Yours sincerely,

Researcher
Mr. Leighton Spiteri

Research Supervisor
Dr. Michelle Camille



Mr Leighton Spiteri



leighton.spiteri.10@um.edu.mt

Ittra ta' Informazzjoni lill-Ġenituri/Kustodji

Għażiż Ġenitur/Kustodju,

Jiena Leighton Spiteri, ilni ners kwalifikat għal dawn l-aħħar dsatax-il sena u bħalissa qed insewgi kors ta' Master of Health Science in Nursing fil-fakultà tal-Health Sciences, fl-Università ta' Malta. Kemm ilni li gradwajt bħala ners, kiber ukoll fija l-interess għall-importanza tas-saħħa pubblika, u nsewgi kif strateġiji nazzjonali fil-promozzjoni tas-saħħa qegħdin kontinwament jevolvu skont is-sitwazzjoni attwali tas-saħħa nazzjonali. Minn ta' età żgħira, kont attiv fil-futbol fejn kont nipprattikah bħala sport u qatt ma tlift l-opportunità li nippartecipa f'attivitajiet tal-iskola u fil-youth centre tal-lokal tiegħi. Iktar ma bdejt nikber iktarbdejt nemmen fil-potenzjal li joffri l-isport biex wiehed jista' jgħix f'saħħtu. Fil-preżent, qed nipprattika żewġ tipi ta' sport li huma l-giri u ċ-ċikliżmu fejn insibhom ta' għajnuna kbira biexnistrieħ mit-taħbit tal-gurnata u l-iktar importanti biex inżomm ruħi f'saħħti u 'l bogħod minnvizzijiet ħziena.

Bħala parti mill-programm tal-istudju tiegħi, huwa mitlub minni li nagħmel studju profund. L-għan ta' dan l-istudju huwa biex **niskopri l-impatt ta' programm edukattiv tas-saħħa fuq it-tfal waqt it-taħriġ regolari tagħhom, fi klabb sportiv speċifiku**. Il-klabb tal-isport fejn jattendi t-tifel/tifla tiegħek aċċetta li jkun il-post fejn nista' nagħmel l-istudju tiegħi. Dan l-istudju jitlob li matul ix-xahar ta' Ottubru niġbor informazzjoni mingħandek, mingħand il-kumitat tiegħek, il-coaches u t-tfal. Il-programm ser ikun qed jiġi implimentat fuq sitt jew seba' ġimgħat (minn 25 sa 30 minuta kull sezzjoni) qabel it-taħriġ tas-soltu u jibda mill-aħħar ta' Ottubru sa nofs Diċembru. L-intervent se jkun segwit minn intervisti mal-management, il-coaches u l-focus groups tat-tfal u l-ġenituri/kustodji tagħhom biex jevalwaw l-impatt ta' dan il-programm.

Jiena partikolarment interessat li niskopri t-tfal ta' taħt l-għaxar snin għal diversi raġunijiet. Raġuni waħda hija li jiena stess għandi tifla ta' ħdax-il sena. It-tieni raġuni hija li t-tfal minn ta' età żgħira għandhom jiġu esposti għal użanzi tajbin ta' saħħa. X'inhu meħtieġ mingħandek u mingħand it-tfal? Nixtieq inwaqqaf focus group għalikom li taqblu li tiegħu sehem f'dan l-istudju u nixtieq inwaqqaf focus group ieħor, din id-darba għat-tfal li jaċċettaw li jieħdu sehemfid-data u ħin konvenjenti għalikom.

L-informazzjoni se tkun miġbura mingħand il-management, head coach, coaches li għandhomkuntatt dirett mat-tfal tagħkom, mingħandkom u t-tfal. Din l-informazzjoni li ser tingabar permezz ta' intervisti semi strutturati u focus groups, se jkunu rekordjati. Il-focus groups tat-tfal tagħkom u tal-ġenituri/kustodji se jsiru separatament u se jieħdu bejn wiehed u ieħor madwar siegħa. L-interventi se jsiru l-biċċa l-kbira mill-head coach tat-tfal, il-coaches tat-tim u minni. Ir-raġuni għaliex għażilt il-focus groups bħala mezz ta' kif niġbor l-informazzjoni, hija li nixtieq niġbor il-vuċi ta' kulhadd inkluża tat-tfal tagħkom stess, u mhux il-vuċiindividwali biss. Il-programm ta' taħriġ ser jinkludi sessjonijiet ta' kif wiehed **għandu jiekol tajjeb, kif jieħu ħsieb l-igene personali tiegħu u informazzjoni ġenerali ta' kif wiehed għandu jiekol tajjeb waqt li jkun qed jipprattika l-isports**.

Nixtieq nassigurak li jiena biss bħala riċerkatur ser ikolli aċċess għall-informazzjoni. Huwa obbligu tiegħi li niproteġi l-identità ta' kull min jieħu sehem fl-istudju billi b'metodi diversi nibdel l-ismijiet minn meta jiġu rrekordjati għal meta jinkitbu, filwaqt ukoll li ċertu kwistjonijiet partikolari jiġu mgħottija. Traskrizzjonijiet tal-intervisti se jiġu mgħoddija lilkomsabiex jiġu ċċekkjati għall-eventwalità li seta' jkun thalliet xi informazzjoni barra. Is-supervisor akkademiku tiegħi jaf ikollha aċċess, imma prinċipalment se jkun qed jara l-analiżitiegħi u l-kapitli. Is-supervisor akkademiku tiegħi hija Dr Michelle Camilleri, Senior Lecturer fl-Università ta' Malta. F'każ li jkollok bżonn tikklarifika xi ħaġa tista' tikkuntatja fuq in-numru jew fuq michelle.camilleri@um.edu.mt.

Huwa importanti li l-partiċipazzjoni tkun waħda fuq bażi volontarja. Il-partiċipanti għandhom id-dritt li jirtiraw jekk u meta jridu huma matul dan l-istudju fejn l-informazzjoni kollha tal-partiċipant inkwistjoni tiġi mħassra. Dan huwa studju esploratorju fejn l-għan ewlieni hu li jifhem iktar l-impatt tal-programm fuq it-tfal tagħkom u qatt mhu se jesponihom għal xi xortata' dannu fiżiku jew mentali. L-iskop huwa biss li jżid l-għarfien fuq dan is-sugġett li qed jiġi studjat. Fil-fatt, kif appena jitlesta l-programm tiegħi ta' masters, ir-rikording u dokumenti delikati oħra jiġu meqruda biex it-tfal tagħkom, intkom u l-partiċipanti l-oħra tiġu mħarsa. Barra minn hekk, sakemm l-informazzjoni ma tkunx miġbura b'mod anonimu **"Bħala partiċipant taħt il-General Data Protection Regulation (GDPR) u l-leġislazzjon nazzjonali, għandek id-dritt li jkollok aċċess, tirraġġa u fejn hu possibbli ssaqsi fuq informazzjoni li ttrigwardja lilek li titħassar (jew li tinzamm b'mod anonimu)"**

Jekk inti tixtieq li inti u t-tfal tiegħu sehem, jekk jogħġbok imla l-formola ta' kunsens meħmuża u għaddiha lill-head coach fl-ewwel ġurnata tat-taħriġ tat-tfal. Fl-ewwel ġurnata jien ser inkunhemm preżenti biex nispjega l-istudju fid-dettall, kif ukoll ikolli miegħi iktar kopji fl-eventwalità li dak li jkun ikun irid jisma' l-ispjegazzjoni qabel jagħti l-permess tiegħu. Napprezza ħafna l-fatt li l-ġenituri/kustodji u t-tfal kollha ta' dan il-grupp li partikolarment nixtieq nolqot, jagħti l-kunsens tiegħu biex jieħu sehem peress li iktar ma jkun hemm opinjonijiet u fehmiet differenti miġbura iktar wieħed japprezza u jifhem dan il-proċess u l-użutiegħu.

Fil-fehma tiegħi t-tfal tagħkom se jibbenifikaw minn dawn l-interventi diretti u fl-ahhar u mhuxl-inqas nixtieq li l-klabb ikollu benefiċċji kbar ukoll. Filwaqt li dan l-istudju bħala ġenituri/kustodji jaf ma jkunx ta' benefiċċju direttament għalikhom, il-kontribuzzjoni tagħkombilli taqsmu l-esperjenzi u l-għarfien tagħkom se jkun relevanti ħafna u se jżid aktar fuq it-tagħrif li diġà hemm fuq dan is-sugġett. Nixtieq nistiednek biex iżzomm kopja ta' din l-ittra utiddejjaq xejn tikkuntatja lili jew is-supervisor akkademiku tiegħi fil-każ li jkollok xi mistoqsijawaqt li jkun qed isir dan l-istudju. Nistenna bil-herqa li narakom fl-ewwel sessjoni f'Ottubru.

Tislijiet,

Riċerkatur

Leighton Spiteri

Supervisor tar-Riċerka

Dr. Michelle Camilleri

Parents` Consent Form

I, the undersigned, give my consent for me and my child/children to take part in the study conducted by Mr. Leighton Spiteri under the supervision of Dr. Michelle Camilleri. The purpose of this document is to specify the terms of my participation in this research study.

- I have been given written and verbal information about the purpose of the study and all questions have been answered.
- I understand that my child and I have been invited to participate in a focus group within phase 1 and 3 of this study and Intervention (For child/children). The researcher will ask questions to explore **the impact of a short-targeted training health education programme for children, implemented within a local youth sports club as part of their usual sport-training program.**
- I am aware that the focus groups (Parents and children separately) will take roughly 1hr.
- I am aware that the intervention with the children will take roughly 25 to 30 min respectively prior to their usual training session.
- The audio recording of both focus groups will be transcribed and stored securely.
- The transcript will be given to me to check if there are any passages that might identify me.
- I am aware that the transcripts will be coded and that this data will be stored securely and separately from any codes and personal data.
- I am aware that only the researcher and examiners are the only persons who have access to this data for verification purposes.
- I am also aware that the coded audio-recordings and transcripts will be stored on the researcher`s personal computer that is password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published.
- I am aware that my and my child/children`s` identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
- I also understand that I am free to accept, refuse or stop personal and child/children participation at any time without giving any reason. This will have no negative repercussions on myself, and that any data collected from me will be erased/stored anonymously.
- I also understand that my contribution will provide a better understanding of the potential of health care education program amongst youth.
- I understand that under the General Data Protection Regulation (GDPR) guidelines, **“As a participant, I have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and where applicable ask for the data concerning me to be erased (or retained in anonymised form)”**.
- All recorded data and all documents linking the name of the participants to the data will be erased.
- I will be provided with a copy of the information letter and consent form for future reference.

- I have read and understood the points and statements of this form. I have had all the questions answered to my satisfaction, and I agree to participate in this study.

Participant (Name in Full) Signature

Date: _____

Should you have any sort of issues or concern regarding anything related to the study do not hesitate to contact the researcher or his research supervisors on the contact details listed below.

Researcher Contact details

Mr. Leighton Spiteri. Mob No; , email address: leighton.spiteri.10@um.edu.mt

Research supervisor Contact details

Dr. Michelle Camilleri. Mob No; , email address: michelle.camilleri@um.edu.mt

Researcher

Mr. Leighton Spiteri

Research Supervisor

Dr. Michelle Camilleri

Formola ta' kunsens għall-ġenituri/kustodji

Jiena, hawn taħt iffirmat, nagħti l-kunsens tiegħi għat-tifel/tifla/tfal u għalija li niehdu sehem f'dan l-istudju li se jitwettaq mis-Sinjur Leighton Spiteri taħt is-superviżjoni ta' Dr Michelle Camilleri. L-għan ta' dan id-dokument huwa li jispeċifika t-termini tal-parteeipazzjoni tiegħi f'dan l-istudju ta' riċerka.

- Jiena ġejt mogħti informazzjoni verbali u bil-miktub fuq il-għan ta' dan l-istudju u l-mistoqsijiet ġew kollha imwiegħba.
- Jiena nifhem li t-tifel/tifla/tfal tiegħi u jiena ġejna mistiedna biex niehdu sehem f'focus group f'fażi 1 u 3 ta' dan l-istudju u f'Intervent (għat-tifel/tifla/tfal). Ir-riċerkatur ser isaqsi mistoqsijiet biex jiskopri **l-impatt ta' programm edukattiv tas-saħħa fuq it-tfal waqt it-taħriġ regolari tagħhom , fi klabb sportiv għaż-żgħażaġħ.**
- Jiena konxju/a li l-focus groups (ġenituri/kustodji u tfal separatament) se jieħdu madwar siegħa.
- Jiena konxju/a li l-intervent mat-tfal ser jieħdu madwar 25 sa 30 minuta qabel is-sezzjoni ta' taħriġ tas-soltu.
- Ir-rekordjar fil-format awdjo taż-żewġ focus groups se jkun traskritt u maħzun b'mod sigur.
- It-traskrizzjoni se tiġi mgħotija lili biex niċċekkja jekk ikunx hemm xi ħaġa li tista' tidentifikani.
- Jiena konxju/a li t-traskrizzjoni se tkun ikkodifikata u l-informazzjoni se tkun maħzuna b'mod sigur u separatament minn kodiċi u informazzjoni personali.
- Jiena konxju/a li r-riċerkatur u l-eżaminaturi biss huma l-persuni li jkollhom aċċess għall-informazzjoni għal użu verifiku.
- Jiena wkoll konxju/a li r-rekordjar fil-format awdjo u traskrizzjonijiet se jkunu maħzuna fil-kompjuter personali tar-riċerkatur, protetti minn password u f'format ikkodifikat. Kull materjal stampat se jkun imsakkar u miżmum sakemm ir-riżultati jiġu ppubblikati.
- Jiena konxju/a li l-identità tat-tifel/tifla/tfal tiegħi u informazzjoni personali ma jiġux murija lil ebda pubblikazzjoni, rapporti jew preżentazzjonijiet marbuta ma' dan l-istudju.
- Jiena nifhem li jiena liberu/a li naċċetta, nirrifjuta u nwaqqaf lili nnifsi jew it-tifel/tifla/tfal tiegħi milli jieħdu sehem fi kwalunkwa ħin mingħajr ma nagħti ebda raġunijiet.
Dan kollu mhux se jkollu l-ebda riperkussjonijiet fuqi u kull informazzjoni miġbura mingħandi se titħassar jew tiġi miżmuma b'mod anonimu.
- Nifhem ukoll li l-kontribuzzjonijiet tiegħi se jipprovdu għarfien aħjar fuq il-potenzjal ta' programm edukattiv ta' saħħa fiż-żgħażaġħ.
- Jiena nifhem li taħt il-gwidi tal-General Data Protection Regulation (GDPR) **"Bħala parteċipant jiena għandi d-dritt, taħt il-General Data Protection Regulation (GDPR) u l-legiżlazzjoni nazzjonali, li jkollu aċċess, nirraġa u fejn hu possibbli nsaqsi għal informazzjoni li tikkonċerna lili biex titħassar (jew tiġi miżmuma b'mod anonimu)".**
- Kull informazzjoni u dokumenti rreġistrati li jkollhom rabta mal-isem tal-parteeipanti jiġu mħassra.
- Jiena se nkun provdut b'kopja tal-ittra ta' informazzjoni u l-formola ta' kunsens f'każ ta' referenza fil-futur.

- Jiena qrajt u fhimt il-punti u d-dikjarazzjonijiet kollha f'din il-formola. Kull mistoqsija li kelli giet imwiegħba kif xtaqt u naċċetta li nieħu sehem f'dan l-istudju.

Parteċipant (Isem sħiħ)

Firma

Data: _____

F'każ li jkollok xi tħassib jew kwistjonijiet li tixtieq tiċċara relatat mal-istudju tiddejjaq xejn tikkuntattja r-riċerkatur jew is-supervisors tiegħu fuq id-dettalji t'hawn taħt u fil- paġna l'oħra:

Riċerkatur

Leighton Spiteri

Imejl: leighton.spiteri.10@um.edu.mt

Id-dettalji tas-supervisor

Dr Michelle Camilleri

mowbajl

Imejl: michelle.camilleri@um.edu.mt

Information letter to the children

Hello,

My name is Leighton Spiteri and I am a nurse. I am also a student at the University of Malta. Parts of my studies needs me to carry out a project. I have chosen to carry out my project at your club with you, your parents and your coaches. My project will be exploring your experiences, your parent's experiences and your coaches and management experiences of having a special health education programme at the start of each training session.

This programme will consist of 6 session starting end of October start of November and will continue until mid-December. Each session will take from 25 to 30minutes. Your coaches will help me with the teaching of these sessions. Before and after these sessions I would like to have a group chat with you and your teammates, a group chat will also take place with your parents and your coaches and management. During these chats, we will discuss what you liked and disliked in these education sessions.

All these sessions will be all audio recorded. You may choose to speak or not speak during these sessions. I will never use your real name and will be writing about the experience as a group. I will do this to make sure your identity is always protected. I look forward to meeting you all at the first training session where I will be explaining to you and your parents about this project. I really hope you will all agree to take part because I think that this is an exciting and useful project.

Yours sincerely

Leighton



Researcher
Mr. Leighton Spiteri



Research Supervisor
Dr. Michelle Camilleri

Leighton Spiteri

Malta

Ittra ta' Informazzjoni lit-Tfal

Hello,

Jiena jisimni Leighton Spiteri u jiena ners. Jiena student ukoll l-Università ta' Malta. Bħala parti mill-istudji tiegħi għandi bżonn nagħmel proġett. Jiena għażilt li nagħmel il-proġett tiegħi miegħek, mal-ġenituri/kustodji u mal-coaches fil-klabb tiegħek. Bis-saħħa tal-proġett tiegħi ser inkun qed insir naf iktar l-esperjenzi tiegħek u tal-ġenituri/kustodji u l-esperjenzi tal-coaches u tal-management fuq kif jista' jkollok programm speċjali ta' saħħa edukattiva fil-bidu ta' kull sessjoni ta' training.

Dan il-programm ser ikun jikkonsisti minn 6 sessjonijiet li jibdew mill-aħħar ta' Ottubru/bidu ta' Novembru u jkomplu sa nofs Diċembru. Kull sessjoni ser tieħu minn 25 sa 30 minuta. Il-coaches tagħkom ser ikunu qed jgħinuni fit-tagħlim ta' dawn is-sessjonijiet. Qabel u wara dawn is-sessjonijiet, jien nixtieq li nkun nista' nitkellem magħkom u ma'shabkom fi grupp u ser nitkellem ukoll mal-ġenituri/kustodji, il-coaches tagħkom u l-management fi grupp ieħor. Matul dawn id-diskussjonijiet ser inkunu qed niddiskutu x'għoġobkom jew x'ma għoġobkomx f'dawn is-sessjonijiet edukattivi.

Dawn is-sessjonijiet kollha ser ikunu rrekordjat u inti tista' tagħzel li titkellem jew ma titkellimx. Jiena qatt mhu ser nuża l-isem vera tiegħek u ser inkun qed nikteb fuq l-esperjenza bhala grupp. Dan jiena nagħmlu biex nipproteġi l-identità tiegħek. Nistenna bil-herqa li niltaqa' magħkom għall-ewwel sessjoni ta' training, fejn ser inkun qed nispjega lilkom u lill-ġenituri/kustodji fuq dan il-proġett. Nixtieq minn qalbi li kollha taqblu li tieħdu sehem għaliex naħseb li dan il-proġett huwa eċitanti u bżonnjuż.

Dejjem tagħkom

Riċerkatur

Leighton Spiter

Supervisor tar-Riċerka

Dr. Michelle Camilleri

Participant Assent Form for Children

Leighton explained that:

1. He will be visiting our sports club and will be conducting a fun project with us.
2. We will be having discussion sessions in the beginning and the end of this project.
3. I will take part in health education sessions taking place at our club.
4. Our coaches and players from the senior squad will conduct these sessions as well.
5. All the sessions will be audio recorded.
6. Recordings will be stored safely and accessed only by him.
7. The name of the club and our names will be hidden.
8. He has discussed the project with my coaches, parent/guardian, and I can talk to them about any questions I might have.
9. I will choose if I want to take part in this project by ticking the face below.
10. He will never use my name when writing about our sessions.
11. I can decide to stop taking part in this project at any point.

Do you want to take part in this project?

Yes I want to take part.

No I don't want to take part.



Name _____

Researcher's Signature _____

Researcher
Mr. Leighton Spiteri

Date _____

Research Supervisor
Dr. Michelle Camilleri

Formola ta' kunsens għall-partecipanti tfal

Leighton spjega li:

1. Hu se jkun qiegħed iżur il-klabb tal-isport u se jagħmel magħna proġett fejn se nieħdu gost.
2. Aħna se jkollna diskussjonijiet fil-bidu u fit-tmiem ta' dan il-proġett.
3. Jien se nieħu sehem f'sezzjonijiet edukattivi ta' saħħa li se jsiru fil-klabb tagħna.
4. Il-coaches u l-players mill-iskwadra tal-kbar se jkunu qed imexxu dawn is-sessjonijiet ukoll.
5. Is-sessjonijiet kollha se jiġu rrekordjati fil-format awdjo.
6. L-informazzjoni miġbura se tkun maħzuna b'mod sigur u jkollu aċċess għaliha huwa biss.
7. L-isem tal-klabb u isimna se jkunu moħbija.
8. Hu ddiskuta l-proġett mal-coaches tiegħi, il-ġenituri/kustodji tiegħi u nista' nistaqsih kull mistoqsija li jista' jkoll.
9. Jien se nagħzel jekk irridtx nieħu sehem f'dan il-proġett billi nimmarka hawn taħt.
10. Hu qatt mhu se juża ismi meta jkun se jikteb dwar is-sessjonijiet.
11. Jien nista' niddeċiedi li nieqaf milli nieħu sehem f'dan il-proġett meta rrid.

Trid tieħu sehem f'dan il-proġett?

Iva rrid nieħu sehem

Le ma rridtx nieħu sehem



Isem _____

Firma tar-riċerkatur _____

Riċerkatur

Leighton Spiteri

Data _____

Supervisor tar-Riċerka

Dr. Michelle Camilleri



Mr. Leighton Spiteri



leighton.spiteri.10@um.edu.mt

Permission letter for club administrator

Dear ,

I am Leighton Spiteri, I am a qualified nurse for these last 19 years and presently I am following a Master of Health Science in Nursing at the Faculty of Health Sciences, University of Malta. Since graduating as a nurse, I have also developed an interest in the importance of public health for the public and have been following how national strategies in health promotion were evolving according to the national health situation. Since young age, I have participated actively in football as a sport and never lost any opportunity to participate in events that I took part in school and local youth centres. Growing up I became a firm believer of the potential that sports can offer to maintain a healthy lifestyle. Presently I still practice two sports disciplines, consisting of running and cycling which I find very helpful to detach from the hectic day-to-day life and most importantly keep fit and away from bad habits.

As part of my masters programme, I am required to carry out an in-depth research study. The aim of this study is to **explore the impact of a short-targeted health education programme for children within a specific sports club that will accompany their usual training sessions**. I am requesting you to accept me in carrying out my study within your club. This study entails the collection of exploratory data from you and your committee, coaches, the children, and yourselves during the month of October. Implementing a 6-to-7-week intervention programme (25 to 30min/session) prior to the usual training session starting from End-October and ends by mid-December. The intervention will be followed up by means of other interviews with management and coaches, and focus groups with children and parents/guardians, to evaluate the impact of this programme.

I am particularly interested in exploring children under the age of ten for multiple reasons, one reason is that I have an 11-year-old daughter myself. The second reason is that healthy habits need to be fostered with young children. What is required from you, the children, and parents/guardians? I would like to carry out a focus group with those parents who agree to participate, and I will carry out another focus groups with the children that have accepted to participate as per agreed time and date that is convenient for them.

Data collected by means of semi-structured interviews with management and coaches and focus groups, will be audio, rerecorded. Separate focus groups will take place with children and parents/guardians and may take approximately up to 1hour. Intervention session will be conducted mostly by the children's head coach, team coaches and by me as well. The reason why I opted for focus groups is that I want your collective voices even your children's, and not collecting individual voices. The training programme will cover sessions including; **healthy eating, good personal hygiene, and general basic sports nutrition**.

Please be assured that only I as the researcher will be having access to all data. I will protect the club and each participant's identity through multiple methods by changing names, in transcribing from audio to transcript, certain issues will be masked. Transcripts will be circulated around adult participants to encourage them to check if there is anything that they might have said and could be identifiable. My academic supervisor may have access

to the transcripts if need be but predominantly my supervisor will only be seeing my analysis and the chapters. My academic supervisor is Dr. Michelle Camilleri, Senior Lecturer, University of Malta, should you need any sort of clarification do not hesitate to contact her at any time on or on michelle.camilleri@um.edu.mt

It is important that participation is voluntary. Participants have the right to withdraw at any point during this study and data pertaining that participant will be deleted. This study is an exploratory study that aims towards understanding the impact of the program amongst your children and will never expose them to any sort of physical and mental harm. It aims towards increase the body of knowledge on this topic under study. Indeed, on successfully completion of my masters program the recording and other delicate documents will be destroyed to safeguard the children, yourselves, and all other participants. Moreover, as long as data is not collected anonymously **“As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and where applicable ask for the data concerning you to be erased (or retained in anonymised form)”**.

If you wish that your club participate, please reply to me by signing this permission letter and hand it to me. In case you accept, on the first day of training of the ‘Under 10’ children, I will be present to explain the study to all participants in more detail, will collect permissions that were already sent and will have more copies should anyone wishes to wait for the explanation before handing in. I would be greatly appreciating that all participants of this particular group I am targeting consent to participate, because the more views and opinions I collect the better understand of this process and usefulness is.

The children will benefit from the direct interventions and ultimately, I hope that in the long term there will be great benefits for your club as well. Whilst this study will not be of direct beneficial to you as parents, still your contribution in sharing your knowledge and experiences about this matter will be considered as being very relevant. This will only add to the grey body of knowledge on this issue under study. I invite you to kindly keep a copy of this information letter and please do not hesitate to contact me or my academic supervisor with any queries that you might have during the running of the study. I look forward to seeing you all on the first session in October.

Yours sincerely

Researcher

Mr. Leighton Spiteri

Research Supervisor

Dr. Michelle Camilleri

Club managements' Consent Form

I, the undersigned, give my consent to take part in the study conducted by Mr. Leighton Spiteri under the supervision of Dr. Michelle Camilleri. The purpose of this document is to specify the terms of my participation in this research study.

- I have been given a detailed written and verbal information about the purpose of the study and all questions have been answered.
- I understand that I have been invited to participate in a one to one interview within phase 1 and 3 of this study. The researcher will ask questions to explore the impact of a short-targeted training health education programme for children, implemented within a local youth sports club as part of their usual sport-training program.
- I am aware that the focus groups with parents and children separately will take roughly 1hr.
- I am aware that the intervention with the children will take roughly 25 to 30 min respectively prior to their usual training session.
- The audio recording of both interviews (Phase 1 and 3) will be transcribed and stored securely.
- The transcript will be given to me to check if there are any passages that might identify me.
- I am aware that the transcripts will be coded, and that this data will be stored securely and separately from any codes and personal data.
- I am aware that only the researcher and examiners are the only persons who have access to this data for verification purposes.
- I am also aware that the coded audio-recordings and transcripts will be stored on the researcher's personal computer that is password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published.
- I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
- I also understand that I am free to accept, refuse or stop personal participation at any time without giving any reason. This will have no negative repercussions on myself, and that any data collected from me will be erased/stored anonymously.
- I also understand that my contribution will provide a better understanding of the potential of health care education program amongst youth.
- I understand that under the General Data Protection Regulation (GDPR) guidelines, **"As a participant, I have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and where applicable ask for the data concerning me to be erased (or retained in anonymised form)"**.
- All recorded data and all documents linking the name of the participants to the data will be erased.
- I will be provided with a copy of the information letter and consent form for future reference.
- I have read and understood the points and statements of this form. I have had all the questions answered to my satisfaction, and I agree to participate in this study.

Participant (Name in Full)

Signature

Date: _____

Should you have any sort of issues or concern regarding anything related to the study do not hesitate to contact the researcher or his research supervisors on the contact details listed below.

Researcher Contact details Mr. Leighton Spiteri. Mob No; , email address: leighton.spiteri.10@um.edu.mt

Research supervisor Contact details Dr. Michelle Camilleri. Mob No , email address: michelle.camilleri@um.edu.mt

Researcher
Mr. Leighton Spiteri

Research Supervisor
Dr. Michelle Camilleri



Mr. Leighton Spiteri



leighton.spiteri.10@um.edu.mt

Information Letter for Coaches

Dear Parent/Guardian,

I am Leighton Spiteri, I am a qualified nurse for these last 19 years and presently I am following a Master of Health Science in Nursing at the Faculty of Health Sciences, University of Malta. Since graduating as a nurse, I have also developed an interest in the importance of public health for the public and have been following how national strategies in health promotion were evolving according to the national health situation. Since young age, I have participated actively in football as a sport and never lost any opportunity to participate in events that I took part in school and local youth centres. Growing up I became a firm believer of the potential that sports can offer in order to maintain a healthy lifestyle. Presently I still practice two particular sports that are running and cycling which I find very helpful to detach from the hectic day-to-day life and most importantly keep fit and away from bad habits.

As part of my Masters programme, I am required to carry out an in depth research study. The aim of this study is to **explore the impact of a short-targeted health education programme for children within a specific sports club that will accompany their usual training sessions**. Your sports club has kindly accepted to be the site for my study. This study entails the collection of exploratory data from management of the club, yourselves, the children, and parents/guardians during the month of October. Implementing a 6 to 7 week intervention programme (25 to 30min/session) prior to the usual training session starting from End-October and ends by mid-December. The intervention will be followed up by means of other interviews with management and coaches, and focus groups with children and parents/guardians, to evaluate the impact of this programme.

I am particularly interested in exploring children under the age of ten for multiple reasons, one reason is that I have an 11-year-old daughter myself. The second reason is that healthy habits need to be fostered with young children. What is required from you and the children? I would like to carry out a focus group with those parents who agree to participate, and I will carry out another focus groups with the children that have accept to participate as per agreed time and date that is convenient for you.

Data will be collected from management, head coach, coaches that have direct contact with your children, parents and children. Data collected by means of semi-structured interviews with you and management of the club and focus groups, will be audio, rerecorded. Separate focus groups will take place with the children and their parents, and may take approximately up to 1hour. Intervention session will be conducted mostly by your children's head coach, coaches and by me as well. The reason why I opted for focus groups is that I want parent's voices even the children's and not collecting individual voices. The training programme will cover sessions including; **healthy eating, good personal hygiene and general basic sports nutrition**.

Please be assured that only I as the researcher will be having access to all data. I will protect each participant's identity through multiple methods by changing names, in transcribing from audio to transcript, certain particular issues will be masked. Transcripts will be circulated around of the parents in order to encourage participants to check if there is anything that they might have said and could be identifiable. My academic supervisor may have access to the transcripts if need be but predominantly my supervisor will only be seeing my analysis and the chapters. My academic supervisor is Dr. Michelle Camilleri, Senior Lecturer, University of Malta, should you need any sort of clarification do not hesitate to contact her at any time on or on michelle.camilleri@um.edu.mt

It is important that participation is voluntary. Participants have the right to withdraw at any point during this study and data pertaining that participant will be deleted. This study is an exploratory study that aims towards understanding the impact of the program amongst your children and will never expose them to any sort of physical and mental harm. It aims towards increase the body of knowledge on this topic under study. Indeed, on successfully completion of my masters program the recording and other delicate documents will be destroyed to safeguard your children, yourselves, and all other participants. Moreover, if data is not collected anonymously **“As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and where applicable ask for the data concerning you to be erased (or retained in anonymised form)”**.

If you wish to participate, please complete the attached consent form and hand it in to the head coach or the gatekeeper on the first day of children's training. I would be greatly appreciate that all the parents and children of this particular group I am targeting consent to participate, because the more views and opinions I collect the better understand of this process and usefulness is.

Children will benefit from the direct interventions and ultimately, I hope that in the long term there will be great benefits for the club as well. Whilst this study will not be of direct beneficial to you as coaches, still your contribution in sharing your knowledge and experiences about this matter will be considered as being very relevant. This will only add to the grey body of knowledge on this issue under study. I invite you to kindly keep a copy of this information letter and please do not hesitate to contact me or my academic supervisor with any queries that you might have during the running of the study. I look forward to see you all on the first session in October.

Yours sincerely

Researcher

Mr. Leighton Spiteri

Research Supervisor

Dr. Michelle Camilleri

Head Coach and Coaches Consent Form

I, the undersigned, give my consent to take part in the study conducted by Mr. Leighton Spiteri under the supervision of Dr. Michelle Camilleri. The purpose of this document is to specify the terms of my participation in this research study.

I have been given a detailed written and verbal information about the purpose of the study and all questions have been answered.

- I understand that I have been invited to participate in a one to one interview within phase 1 and 3 of this study. The researcher will ask questions to explore the impact of a short-targeted training health education programme for children, implemented within a local youth sports club as part of their usual sport-training program.
- I am aware that focus groups (Parents and children separately) will take roughly 1hr.
- I am aware that the intervention with the children will take roughly 25 to 30 min respectively prior to their usual training session.
- The audio recording of both interviews will be transcribed and stored securely.
- The transcript will be given to me to check if there are any passages that might identify me.
- I am aware that the transcripts will be coded, and that this data will be stored securely and separately from any codes and personal data.
- I am aware that only the researcher and examiners are the only persons who have access to this data for verification purposes.
- I am also aware that the coded audio-recordings and transcripts will be stored on the researcher's personal computer that is password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published.
- I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
- I also understand that I am free to accept, refuse or stop personal participation at any time without giving any reason. This will have no negative repercussions on myself and that any data collected from me will be erased/stored anonymously.
- I also understand that my contribution will provide a better understanding of the potential of health care education program amongst youth.
- I understand that under the General Data Protection Regulation (GDPR) guidelines, **"As a participant, I have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and where applicable ask for the data concerning me to be erased (or retained in anonymised form)"**.
- All recorded data and all documents linking the name of the participants to the data will be erased.
- I will be provided with a copy of the information letter and consent form for future reference.
- I have read and understood the points and statements of this form. I have had all the questions answered to my satisfaction, and I agree to participate in this study.

Participant (Name in Full)

Signature

Date: _____

Should you have any sort of issues or concern regarding anything related to the study do not hesitate to contact the researcher or his research supervisors on the contact details listed below.

Researcher Contact details Mr. Leighton Spiteri. Mob No; , email address: leighton.spiteri.10@um.edu.mt

Research supervisor Contact details Dr. Michelle Camilleri. Mob No; , email address: michelle.camilleri@um.edu.mt

Researcher

Mr Leighton Spiteri

Research Supervisor

Dr Michelle Camilleri

Appendix E: Data Collection Tools (Phase 1 & 3)

Interview guidelines for management.

The following will be the structure of questions being asked for participants forming part of the management of this club. Semi-structured questions will be used to aid participants to open up more and provide an in-depth description of evolving themes during these interviews. The aims of these interviews will look at the impact of a short-targeted health education programme with children within an alternative environment to schools, such as a youth sport setting through the experiences of the managerial section of the club.

Thank you very much for giving me the opportunity to interview you.

- How has your sporting career developed since you were a child till today?
- How has your position within the administration developed?
- What is your club's mission and vision statement in relation to short and long-term targets?
- What in your opinion makes a good athlete/player?
- How important is health education/promotion to this club?
- How does this club create an environment that appeals to these young children? Elaborate please.
- In what ways, does the club transmit the importance of sports in life or as a lifelong aspect of being human? What are your personal views in this regard?
- To what extent does the club collaborate with other local health promotion entities or other sports clubs?
- To what extent do you believe that clubs like yours have the potential to transmit better the importance of health promotion to the young athletes?
- Is anything else you would like to add to our discussion that we have not discuss yet?

Thanks a lot for your participation. We will meet again during the next interview following the intervention session.

Linji gwida għall-intervista mal-management

Dan li ġej se jurina kif se tkun l-istruttura tal-mistoqsijiet li se jiġu mistoqsija lill-partecipanti li jiffurmaw parti mit-tmexxija ta' dan il-klabb. L-intervisti semi strutturati għandhom il-għan li jmexxu lill-partecipanti biex jiskopru aktar temi matul dawn l-istess intervisti. L-iskop ta' dawn l-intervisti huwa li jħares lejn l-impatt ta' programm qasir ta' edukazzjoni dwar is-saħħa fuq it-tfal fi ħdan ambjent alternattiv bħall-ambjent sportiv taż-żgħażaġħ permezz tal-esperjenzi tas-sezzjoni tat-tmexxija tal-klabb.

Grazzi ħafna talli tajtuni l-opportunità li nintervistakom.

- Tista' tgħidli kif evolviet il-karriera sportiva tiegħek minn mindu kont tfal sa'llum?
- Tista' wkoll tispjegali kif zviluppat il posizzjoni tiegħek fit-tmexxija ta dan il-club?
- X'inhil l-missjoni tal-klabb u l-istqarrija tal-viżjoni rigward il-miri fuq perjodu qasir u fuq dak twil?
- Fl-opinjoni tiegħek x'jagħmel plejer jew atleta tajjeb?
- Kemm hi importanti l-edukazzjoni/promozzjoni ta' saħħa għal dan il-klabb?
- Kif jista' l-klabb joħloq ambjent li jħajjar lil dawn it-tfal żgħar? Jekk jogħġbok iftaħ iktar fuq dan il-punt.
- B'liema mod il-klabb iwassal l-importanza tal-isports fil-ħajja jew bħala aspekk li l-bniedem għandu bżonn tul ħajtu kollha. X'inhuma l-ħsibijiet personali tiegħek fuq dan?
- Kemm jasal il-klabb li jikkollabora ma' entitajiet oħra lokali ta' saħħa jew klabb sportivi?
- Sa kemm temmen li għandu jasal klabb bħal tagħkom biex ikollu potenzjal li jgħaddi l-messaġġ ta' promozzjoni tas-saħħa lill-atleti zgħar?
- Jekk għandek xi ħaġa oħra li tixtieq iżżid ma' dak li ddiskutejna diġà, nitlobok li tħossok liberu li tiddiskuti iktar fil-fond.

Grazzi ħafna tal-partecipazzjoni tiegħek. Nerggħu niltaqgħu għall-intervista li jmiss wara l-intervent.

Interview guidelines for coaches

The following will be the structure of questions being asked for participants forming part of the coaching staff of this club. Semi-structured questions will be used to aid the participants to open up more and provide an in-depth description of evolving themes during these interviews. The aims of these interviews will look at the impact of a short-targeted health education programme with children within an alternative environment to schools, such as a youth sport setting through the experiences of the head coach and coaching staff.

Thank you for volunteering to participate in this study.

- How did your sporting career developed from when you were young age till today?
- Why and what make you decide to become a coach?
- How long have you been in coaching youths? (How was this? Positive/Negative experiences)
- How is being a youth coach, means for you?
- How do you organize your training sessions for a new season? (Content of session, distribution of time for different activities during a session, which activities are done most)
- How is the general atmosphere in training sessions with the children? Can you elaborate on the type of training sessions?
- How do you feel you influence/motivate your children during their training session?
- What are your personal views about the importance of health education and sports in life?
- Apart from assisting community actions and creating supportive environments, literature has shown that sports club which promote health can be an important asset and synergy towards building a healthy public policy and towards reorienting health services. How do you feel about the statement I have just read, in relation to the local situation?
- Do you have any other questions or issues you feel we have not discuss and are pertinent before we engage in the education programme?

Thanks a lot for your participation. We will meet again during the next interview after the intervention session.

Linji gwida għall-intervista mal-coaches

Dan li ġej se jurina kif tkun l-istruttura tal-mistoqsijiet li se jiġu mistoqsija lill-partecipanti li jiffurmaw parti mill-istaff tal-coaching f'dan il-klabb. L-intervisti semi strutturati għandhom il-għan li jmexxu lill-partecipanti biex jiskopru aktar temi matul dawn l-istess intervisti. L-iskop ta' dawn l-intervisti huwa li jħares lejn l-impatt ta' programm qasir ta' edukazzjoni dwar is-saħħa fuq it-tfal fi hdan ambjent alternattiv bħall-ambjent sportiv taż-żgħażaġħ, permezz tal-esperjenzi tal-head coach u l-istaff tal-coaching.

Grazzi ħafna li vvolontarjajt li tiegħu sehem f'dan l-istudju.

- Tista' tgħidli iktar fuq kif il-karriera sportiva tiegħek zviluppat, minn mindu kont żgħir s'issa?
- Għaliex u x'heggek tgħazel din il-Karriera?
- Kemm ilek fil-coaching fi hdan dan klabbs sportivi ta' żgħażaġħ? (kif tiddekrivi din l-esperjenza? Pozittiva/Negattiva)
- X'jfiesser għalik din il pozizzjoni ma dawn iz-zghazagh?
- kif torganizza l-programmi ta' taħriġ qabel ma jibda l'stagun?
- Kif inhu l-ambjent ingenerali fis-sessjonijiet ta' taħriġ mat-tfal? Tista' tiftaħ aktar fuq it-tip ta' taħriġ f'dawn is-sessjonijiet?
- X'tagħmel inti sabiex thalli impatt fuq it-tfal waqt is-sessjonijiet ta' taħriġ?
- X'inhuma il-ħsibijiet personali tiegħek fuq l-importanza tal-isport tul il-ħajja u l-persistenza għall-edukazzjoni fuq is-saħħa?
- Apparti minn azzjonijiet ta' għajjnuna minn komunitajiet u ħolqien ta' ambjenti ta' sostenn, ir-riċerka turina li l-klabbs sportivi li jippromwovu s-saħħa jistgħu jkunu ta' valur importanti fejn ukoll joħolqu sinerġija biex tinbeda politika pubblika ta' saħħa u riorjentazzjoni tas-servizzi tas-saħħa. X'inhuma l-ħsibijiet personali tiegħek lejn din id-dikjarazzjoni b'rabta mas-sitwazzjoni lokali?
- Għandek xi mistoqsijiet oħrajn jew kwistjonijiet partikolari li tahseb li ma' ddiskutajniex u li huma ta importanza, qabel ma nibdew il programm ma'

Grazzi ħafna tal-partecipazzjoni tiegħek. Nerġgħu niltaqgħu għall-intervista li jmiss wara l-intervent.

Focus group discussion with the children

The main purpose of this focus group discussion (FGD) during the first phase is to gather as much information from the young participants. This pertains their perspective on salient issues and their understanding on: general health issues, importance of physical activity, what leads to unhealthy lifestyles, the environment of their youth sports club and on the proposed intervention to be introduced with their children.

Thanks all for voluntarily accepting my invitation to participate within the study. I am happy and excited that I will be working with your group for this study. This meeting will be a great opportunity to discuss freely interesting facts that relate to health, sport and the environment of your club.

- I know that you might have already learnt a lot about health at school and other places you may attend. How do you keep yourself healthy?
- What kind of sports do you practice, at school and outside school? What do you like the most? How can this help you to stay healthy?
- Have you ever learnt anything about what makes us healthy at school/scouts or any other event? What sort of things have you been learning about? (Describe sessions, involvement of parents)
- Now I would like to ask you some questions about the club specifically. What do you like in particular about this club? Why do you attend regularly? (Environment, friends, and organisation)
- What can you tell me about your coaches?
- I have never been to this club. How does a normal training session go?
- How do you feel if I had to tell you, that soon your coaches are going to teach you different interesting topics on how to be healthy? (Which coaches they believe will hand the sessions. What will happen during these sessions? What type of topics they expect?)
- Do you have any other questions or anything else to say that you feel we have not discussed and are important before we start the education programme?

Thanks for all the information that you have shared with me. Now we will meet during the short intervention sessions.

Diskussjoni tal-Focus Group mat-Tfal

L-għan ewlieni tal-ewwel fażi ta' din id-diskussjoni tal-focus group (FGD), hu li tingabar kemm tista' informazzjoni fuq il-partecipanti ż-żgħar. Il-perspettivi tagħhom dwar kif jifhemu fuq kwistjonijiet ewlenin li jirrigwardjaw: kwistjonijiet ta' saħħa ġenerali, l-importanza ta' attività fizika, xi jwassal għal stili ta' ħajja mhux tajba, l-ambjent tal-klabb sportiv tagħhom u l-intervent propost biex jiġi introdott mat-tfal.

Grazzi li volontarjament aċċettajt l-inviti tiegħi biex tiegħu sehem f'dan l-istudju. Inħossni ferħan u eċitat li se nkun qed naħdem mal-grupp tiegħek fuq dan l-istudju. Din il-laqgħa se tkun opportunità kbira biex niddiskutu liberament fatturi interessanti relatati mas-saħħa, sport u l-ambjent tal-klabb tiegħek.

- Jien naf li wisq probabbli diġà tgħallimt ħafna fuq is-saħħa l-iskola u f'postijiet oħra fejn tattendi. Kif iżzomm ruħek b'saħħtek?
- X'tip ta' sport tipprattika, fl-iskola u barra mill-iskola? X'jogħgħbok l-iktar? Kif dan jista' jgħinek biex iżzomm f'saħħtek?
- Qatt tgħallimt fl-iskola/scouts jew x'imkien ieħor x'jagħmilna b'saħħitna? Fuq liema affarijiet kont qed titgħallem? (Iddiskrivi s-sessjonijiet, l-involvement tal-ġenituri/kustodji).
- Lura għall-klabb. X'jogħgħbok partikolarment f'dan il-klabb? Għal liema raġuni tiġi regolari? (Ambjent, ħbieb u l-organizazzjoni).
- X'taf tgħidli fuq il-coaches?
- Tista' tiddiskrivi s-sessjonijiet ta' taħriġ kif ikunu normalment?
- Intom kif tħossukom jekk illoġi ngħidilkom li l'coaches tagħkom ser imexxu diversi sessjonijiet fuq kif tistgħu tgħixu aktar f'saħħitkom? (Liema coaches jahsbu li se jmexxu lezzjonijiet. X'jahsbu li ser jigrigi waqt il-lezzjonijiet? X'tipi ta' suggetti huma jahsbu li ser jitgħallmu fuqom?)
- Għandkom xi mistoqsijiet jew dubji fuq xi haga li taħsbu huma vera importanti u li għandna niddiskutu qabel ma issa nibdew is-sessjonijiet ta' tagħlim?

Grazzi ta' l-informazzjoni li għaddejtuli. Nerga narakom waqt is-sessjoni

Focus group discussion with parents

The main purpose of this focus group discussion (FGD) during the first phase of this study is to gather as much information as possible from parents/guardians regarding their perspective on salient issues pertaining to general health issues, importance of physical activity, what leads to unhealthy lifestyles and on the proposed intervention to be introduced with their children.

While I take this opportunity to thank you for accepting to voluntarily, participate within this study. I Hope that this discussion and eventually the study findings will assist you all in better understanding the importance of health promotion in different settings such as this youth sports club.

- What in your opinion makes your child healthy? (Environment, physical activity, balanced nutritional intake, routine health check-ups)
- What in your opinion is the reason behind why Maltese children are increasingly getting more and more obese? Considering that, it is a global phenomenon. Why are our children topping global statistics?
- On an average per week, what kind of exercise or sports roughly in a week, how much physical activity your children do on an average week?
- What in your opinion hinders children and us as parents from doing more exercise during the week?
- How active are you and are your partners active?
- Can you share your idea on what is the recommended weekly amount of time for physical activity for you and your children? What type of exercise and their benefits for body and mind?
- What are your views in relation to the level of health education your children are receiving in their schools or other places they attend? Can you share your views in regarding the delivery and frequency of sessions please?
- What are the main reasons why you have encouraged your children to be a member of this sports club and not another hobby?
- What in particular do you like about the environment of this sports club?
- How important is it for sports clubs to develop the skills and technique in the particular sport, and in addition providing a good basis for healthy living?
- Regarding the sessions you have read about in the information letter, Can you share your initial perceptions on how these can be effective in a similar environment, like this sports club?
- Can you identify benefits or issues that a similar program can entail when handed within a similar setting?
- How can clubs like this can receive assistance in order to plan and conduct similar health sessions with the usual training sessions?

Diskussjoni tal-Focus Group mal-Ġenituri/Kustodji

L-għan prinċipali tal-ewwel fażi ta' din id-diskussjoni tal-focus group (FGD), hu li tingabar kemm tista' informazzjoni mingħand il-ġenituri/kustodji tat-tfal, dwar kif jifhemu fuq kwistjonijiet ewlenin li jirrigwardjaw: kwistjonijiet ta' saħħa ġenerali, l-importanza ta' attività fiżika, xi jwassal għal stili ta' ħajja mhux tajba, kif ukoll fuq l-intervent propost biex jiġi introdott mat-tfal tagħhom.

Grazzi li volontarjament aċċettajt l-inviti tiegħi biex tiegħu sehem f'dan l-istudju. Nispera li dan kollu jgħinek biex tifhem aktar l-importanza tal-promozzjoni tas-saħħa f'xenarji differenti bħal dan il-klabb sportiv għaż-żgħażaġħ.

- Fl-opinjoni tiegħek x'jagħmel lit-tifel/tifla/tfal tiegħek b'saħħtu/saħħitha/saħħithom (L-ambjent, attività fiżika, dieta bilanċjata, check-ups regolari)?
- Fl-opinjoni tiegħek x'inhi r-raġuni wara din li t-tfal Maltin kulma jmur aktar qed ikollhom problema ta' piż żejjed? Meta tikkonsidra li huwa fenomenu fid-dinja kollha, għaliex it-tfal tagħna qed ikunu quddiem nett fl-istatistika?
- X'tip ta' eżerċizzju jew sport it-tifel/tifla/tfal tiegħek jagħmel/tagħmel/jagħmlu bejn wieħed u ieħor fil-ġimgħa, u kemm jagħmel/tagħmel/jagħmlu attività fiżika medja fil-ġimgħa?
- Fl-opinjoni tiegħek x'iwaqqaf lit-tfal u lilkom il-ġenituri/kustodji milli tagħmlu iktar eżerċizzju matul il-ġimgħa?
- Kemm intkom attivi intkom u s-sieħeb/sieħba tagħkom?
- Tistgħu taqsmu magħna kemm l-attività fiżika hija l-inqas rikomandata fil-ġimgħa għalik u għat-tifel/tifla/tfal tiegħek? X'tip ta' eżerċizzji u x'benefiċċji taraw għall-ġisem u l-moħħ?
- X'inhuma l-opinjoni tagħkom rigward il-livell ta' edukazzjoni dwar is-saħħa li qed jirċievu t-tfal tagħkom fl-iskejjel u f'postijiet oħra li jiffrekwentaw? Jekk jogħġbok, tista' taqsam l-opinjoni tiegħek rigward il-frekwenza u kif jitwasslu dawn is-sessjonijiet?
- X'inhuma r-raġunijiet li heġġiġt lit-tifel/tifla/tfal tiegħek li jkun/u membru/i ta' dan il-klabb tal-isports u mhux jagħmel/tagħmel/jagħmlu hobby ieħor minflok?
- X'jogħġbok l-iktar fuq l-ambjent ta' dan il-klabb tal-isports?
- Kemm hu importanti għall-klabbs tal-isports li jiżviluppaw mhux biss il-ħiliet u t-teknika fl-isports, imma wkoll jipprovdu bażi tajba kif tgħix b'saħħtek?
- B'enfasi għas-sessjonijiet, inti qrajt fuqhom fl-ittra ta' informazzjoni. X'inhuma l-ewwel perċezzjonijiet tiegħek fuq kif jistgħu jkun jew ma jkunux effettivi f'ambjent simili ta' dan il-klabb tal-isports?
- Tista' tidentifika xi benefiċċji jew kwistjonijiet li programm simili bħal dan jista' jinvolvi jekk ikun mogħti fl'istess ambjent bħal dan?
- Kif jistgħu klabbs bħal dan jirċievi għajnuna biex ikun jista' jwettaq sessjonijiet ta' saħħa bħal dawn mas-sessjonijiet ta' taħriġ normali?

Phase 3 Tools (Post-intervention)

Interview guide (Management)

Thank you very much for accepting to meet with me now that the education program has been completed.

- Overall, how do you feel the programme went? What are your opinions having observed the interventions with the children?
- How do you think this intervention was perceived by i) the coaches/trainers; ii) the children; iii) the parents/guardians?
- What is your opinion about the potential (particularly in the long term) as well as the sustainability for such a programme? (Prompt: practicality, realistic, challenges and difficulties)
- How do you think that club coaches/senior team players can be involved in the delivery of these sessions? How do you feel about the fact that some of the sessions were delivered by their coaches? (Prompt: Does position within the club matter?)
- In your opinion, how can a youth sports club be attractive to children/parents with a change in policy that promotes a healthy lifestyle? (Prompt: Before and after)
- Based on your experience in the field of youth sports club management and the intervention itself, to what extent do you believe that clubs like yours have the potential to transmit more effectively the importance of health promotion to their young athletes? (Prompt: Do you see other local sports clubs giving this intervention importance? Is there potential for scaling up to other local clubs? Ideas on how this can be done?)
- How do you feel about collaborating with either other clubs or authorities that have an impact on health and sport, so as to influence a sustainable policy/structure that aims in improving health education amongst our communities towards improving public health? (Prompt topics: assistance to clubs; Resources (human and material), targeting a change in culture towards sports and living a healthy lifestyle)
- I have no further questions to ask you, is there anything else you would like to add to our discussions that you feel we have not discussed yet?

Linji gwida għall-intervista mal-management

- Napprezza hafna li aċċettajt sabiex tiltaqa miegħi, issa li l'programm ta' edukazzjoni fuq saħħa wasal fit-tmiem tiegħu
- Issa li l-programm ma tfal għadda. Inġenerali kif thoss li dan il programm mar? X'inhuma l-opinjoni tiegħek wara li kellek ċans tosserva lit-tfal waqt dawn id diversi sessjonijiet mat-tfal?
- Inti, kif taħseb li l-introduzzjoni ta' dan il-programm gie perceptit minn: i) Mill coaches; ii) Mit-tfal; iii) Genituri/Kustodji?
- X'inhuma l-opinjoni tiegħek rigward il potenzjal (Partikolarment fuq pjan fit-tul) kif ukoll is-sostenibilità ta' programm simili? (Għajjnuna; pratikalita, realistiku, sfidi u diffikultajiet).
- Kif taħseb li l'coaches/plejers ta l'skwadra tal-kbar jistgħu jkunu involuti waqt dawn is-sessjonijiet ta' promozzjoni tas-saħħa? Kif thossok fuq il-fatt li ċerta sessjonijiet tmexxew minn xi coaches tal-club? (Għajjnuna: Taħseb li l'posizzjoni ta' dawn il-persuni tgħin?)
- Fl'opinjonijiet tiegħek, kif in-nurseries f' Malta jistgħu jkunu ta' attrazzjoni lejn it tfal/genituri meta' dawn ta' l-ewwel jdahlu bdil fit-tmexxija tal-klabb tagħom li tagħti aktar importanza lejn stil ta' ħajja aħjar?
- Ibbażat fuq l-esperjenza tiegħek fil-qasam ta' nurseries ta' zghazagh u fuq l-intervent li għadu kif sar ma' tfal fil-klabb tagħkom, kemm taħseb li klabb b'ħall tagħkom jista' jkollhom potenzjal sabiex jitrazzmettu b'aktar efficijenza l-importanza tal-promozzjoni tas-saħħa lill-atleti zghar tagħhom? (Għajjnuna: Tara' klabb lokali oħrajn li jistgħu jagħtu importanza għall-interventi simili? Temmen li proġetti simili jistgħu jimxu madwar aktar klabb lokali? Tista' tgħaddili xi ideat ta' kif dan jista' jsir?)
- Kif taħsiba jekk jkollni ngħidlek li l-klabb tiegħek jikkolabora ma klabb oħrajn jew awtoritajiet sbiex jkun hemm impatt pozittiv fuq is-saħħa u sport, sabiex jigu introdotti policies/strutturi li jimmiraw lejn titjib fit-tagħlim tas-saħħa madwar il-komunitajiet lokali sabiex titjib il-livell fis-saħħa tal-pubbliku Malti? (Għajjnuna: Assistenza lill-klabb, Risorsi (umani u materjali), mira sabiex timbidel il-kultura prezenti ma waħda li tħares lejn promozzjoni ta' stil ta' ħajja sana)
- Jiena m'għandix aktar mistoqsijiet x'nagħmillek. Jekk għandek xi punti oħra li tixtieq iżżid ma'dak li ddiskutejna diga', nitolbok li thossok liberu li tiddiskuti iktar fil-fond.

Grazzi.

Interview Guidelines for technical staff

- In this second phase, semi-structured interviews will be carried out to develop an in-depth understanding of those taking part in coaching role within this sports club. The interviews will allow for discussion between the coaches and the researcher about the impact of the short- targeted health education program with the children that is currently being implemented as part of this research project.
- Thank you very much for giving me the opportunity to interview you again during this phase.
- Now that the intervention is over. How do you feel the program went? Did you have the chance to observe the interventions with the children? What is your opinion?
- Can you share your perceptions about the sustainability, potential or difficulties to introduce a similar program long-term or as part and parcel of the training program in a club like yours?
- Can you describe the general atmosphere amongst adult population towards the introduction of the intervention part and parcel with the usual training sessions? **Prompt: You coaches, management, and parents**
- How did the children react to the sessions delivered? **Prompt: Did they share what they were learning or were they looking forward to leaving the session and join the intervention sessions.**
- To what extend do you believe that involvement of coaching staff/management/senior squad players in delivering some sessions have affected the children and their parent's perception on these sessions? What are your perceptions on being involved directly in the delivery of these sessions? **Prompt: Challenging, interesting, inexperience.**
- Based on your experience in the field of youth coaching and the intervention itself. To what extend do you believe that clubs like yours have the potential to transmit better the importance of health promotion to their young athletes? Do you believe such programs can be scaled up to other sports clubs locally? How do you think it can be done? **Prompt: Do you see other local sports clubs giving this intervention importance?**
- In your opinion, how can authorities collaborate and include clubs like yours in forming part of a sustainable policy/structure that aims in improving health education amongst our communities towards improving public health? **Prompt: Assistance to clubs; Economic, human resources, resources, targeting a change in culture towards sports and living a healthy lifestyle.**
- Is there anything else you would like to add to our discussions that you feel we have not discussed yet?

Thank you.

Linji gwida għall-intervista mal-coaches

Grazzi ħafna li qed terga' tiehu sehem f'din it-tieni intervista tagħna, issa li l-programm mat-tfal tal-klabb tagħkom għadu kif spicċa.

- Issa li l-programm ma tfal għadda. Kif tħoss li l-programm mar? X'inhuma l-opinjoni tiegħek wara li osservajt dan il-programm li sar mat-tfal?
- Kif taħseb li marru is-sessjonijiet ta tagħlim fuq is-sugġetti varji tas-saħħa? Tista' tiddekrivi l-atmosfera madwar il-kollegi tiegħek coaches (l-aministratur tal-klabb) lejn l-introduzzjoni ta dan il-programm li kien jiffirma parti mit-taħriġ tat-tfal?
- Kif taħseb li t-tfal irreaġixxew għas-sessjonijiet li attendew għalihom? (Għajjuna: Kienu jigu jaqsmu dak li kienu qegħdin jittgħallmu jew kienu jkunu entuzjasti sabiex jittilqu mit-tagħriġ sabiex jattendu dawn is-sessjonijiet ta' tagħlim.)
- Kemm taħseb li l-involvement tagħkom bħala coaches/tmexxija, plejers mit-tim tal-kbar fit-tmexxija ta' ċerta sessjonijiet affettwat il-perċezzjoni ta' tfal u l-ġenituri tagħhom fir-rigward tal-programm komplut ta taħriġ u tagħlim fuq saħħa?
- Qed nibbaża din il-mistoqsija fuq l-esperjenza tiegħek fil-qasam ta coaching fil-livell ta żgħażaġh u dan il-programm li ghadna kif għamilna mat-tfal. Kemm taħseb li' klabbs bhall tagħkom għandu potenzjal sabiex jitrażmetti l-importanza tal-promozzjoni tas-saħħa ma' l-atleti zgħar tagħhom? (Għajjuna; Tara' klabbs sportivi oħra li jistgħu jagħtu importanza għall-programmi simili? Temmen li programmi simili jistgħu jkunu ntrodotti fi-ħdan klabbs oħrajn? Tista' taqşam xi ideat li għandek ta' kif jista jsir dan?)
- Tista taqşam il-perċezzjoni tiegħek fir-rigward ta sostenibilita, potenzjalita jew diffikultajiet sabiex tindroduci programm simili fuq tul ta zmien u li jkun parti integrali mill-programm ta training li l-klabb tagħkom joffri?
- Kif taħsiba jekk jkolli ngħidlek li l-klabb tiegħek jikkolabora ma klabbs oħrajn jew awtoritajiet sbiex jkun hemm impatt pozittiv fuq is-saħħa u sport, sabiex jigu introdotti policies/strutturi li jimmiraw lejn titjib fit -tagħlim tas-saħħa madwar il-komunitajiet lokali sabiex titjib il-livell fis-saħħa tal-publiku Malti? (Għajjuna: Assistenza lill-klabbs, Risorsi (umani u materjali), mira sabiex timbidel il-kultura prezenti ma waħda li tħares lejn promozzjoni ta stil ta' ħajja sana)
- Jiena m'għandix aktar mistoqsijiet x'nagħmillek. Jekk għandek xi punti oħra li tixtieq iżżid ma'dak li ddiskutejna diga', nitlobok li tħossok liberu li tiddiskuti iktar fil-fond.

Grazzi.

Focus group interview guide (Children)

This final focus group discussion with the children will encourage them to share their views in regard to their participation in this intervention. The topics covered will include:

- Their perception of having a sports club that teaches them on how to be healthy.
- Their views related to the sessions.
- What have you learned during these sessions?
- What are they going to do with the new acquired teachings?
- Future of this intervention.

Thank you very much for all taking the time to come to this focus group to share your ideas, opinions and experiences with each other. Now that the health education program is completed, what did you like about the sessions? (Prompt: the good, the bad, the ugly?)

- Who can tell me something they remember from the sessions? (Prompt: Which was the session do you remember most and why?)
- Different people taught you something interesting over these last 6 weeks, who did you enjoy the most? (Prompt: least and why? would you like more coaches or players from the senior squad delivering different sessions?)
- If you were in charge of the club (the boss), how would you have organized these sessions? (Prompts: What would you do differently? What to keep or change? duration, timing, frequency and topics)
- How was it having these sessions after your actual training sessions? (Prompt: interesting or less interesting? Too long or too short?)
- We discussed different topics. Were you able to talk about these topics to your coaches, families or friends at schools or other clubs?
- How did these sessions help you with your everyday life? How are you using what you learnt at these sessions in your normal daily life (prompt: at school, home, afterschool activities? Did your performance improve in sports and school?)
- How do you feel about having these sessions being part of your weekly training sessions? In your opinion, should these sessions continue into the next upcoming training season?
- I have no further questions to ask you, is there anything else you would like to tell me?

Diskussjoni tal-Focus Group mat-Tfal

Din id-diskussjoni mat-tfal ser tinkoraġġihom sabiex jaqsmu l-veduti tagħhom fir-rigward il partecċipazzjoni f'dan il-programm.

Punti diskussi ser jinkludu:

- Kif jaħsbuha li jkollom klabbli jagħllimom kif jkunu b'saħħitom barra li jitagħllmu l sport favorit.
- Il-ħsibijiet tagħhom fuq is-sessjonijiet varji li kellhom.
- X'tagħllmu waqt dawn is-sessjonijiet.
- X'qeghdin jagħmlu bl'affarjiet li tagħllmu.
- Il-futur ta programmi bħall dawn.

Issa li l programm qasir għadda, ser nistaqsikom ftit mistoqsijiet fejn intom ser tghiduli dak li tħossu fuq dak li għandu x'jaqsam ma sessjonijiet li attendejtu.

- Grazzi ħafna llkoll li ħadtu l-ħin sabiex tattendu għall dan il-focus group sabiex taqsmu l-opinjoni u l esperjenzi ma xulxin. Issa li l programm għadda, x'kien jgħogobkom l'aktar dwar is-sessjonijiet? (Għajnuna: It-tajjeb, Il-ħażin, l'ikraħ affarjiet li taħsbu li kien hemm)
- Minn jistgħa jgħidli xi haga jew affarjiet li tistgħu tiftakru minn dawn is-sessjonijiet? (Għajnuna: Liema kienet l'aktar sessjoni li tiftakar u għaliex?)
- Nies differenti għallmukom fuq dawn l-aħħar 6 ġimgħat, ma min hadtu pjaċir l'aktar u għaliex? (Għajnuna: Ma min l'anqas u għaliex? Tixtiequ aktar coaches jew plejers minn ta' tim tal-kbar jmexxu sessjonijiet huma?)
- Li kieku kontu tmexxu dan il-klabb (il-boss), tistgħu tghiduli kif kontu torganizzaw dawn is-sessjonijiet? (Għajnuna: X'tagħmlu differenti? Xi tħallu jew tibdlu? Kemm kontu tagħmluhom twal jew x'ħin kontu tagħmluhom? X'tim ta' suġġetti kontu tagħmlu?)
- X'tgħiduli fuq il fatt li kellkom dawn is-sessjonijiet wara t-taħriġ ta' l sport favorit tagħkom? (Għajnuna: interessanti jew anqas interessanti? Bħala hin, twal wisq jew qosra wisq?)
- Tkellimna fuq suġġetti varji. Tkellimtu fuq dawn is-suġġetti mal coaches, familjie jew ħbieb tagħkom fl skejjel jew klabb ohrajn fejn tiltaqgħu?
- Kif dawn is-sessjonijiet għenukom fil-ħajja ta' kulljum? Dak li tagħllimtu, qeghdin tippratikawħ personalment jew ma nies ohrajn? (Għajnuna: Iddiskutejtu is-suġġetti mal-familjari jew ħbieb? Dawn is-sessjonijiet affetwaw kif intom tmorru fl-skola u l-sport?)
- Kif tħossukom li kellkom dan il-programm li kien qed isir flimikien mat-taħriġ tagħkom? X'tgħiduli jekk ngħidilkom li sessjonijiet simili se jkomplu fil-klabb tagħkom?
- Jiena m'għandix aktar mistoqsijiet x'nagħmlilkom. Għandkom xi mistoqsijiet jew dubji fuq xi haga li taħsbu huma vera mportanti u li għandna nkomplu niddiskutu?

Focus group interview guide (Parents/guardians)

This focus group interview with parents/guardians follows on after the completion of the intervention.

During this session parents will be;

- Encouraged to contribute with all their ideas during the session.

- Encouraged to respect each other's opinion.

The focus group will start by giving the parents/guardians the details of the health education program that was given to the children during the last 30 mins of their training session over a 6-week period.

- Thank you very much for all taking the time to come to this focus group to share your ideas, opinions, and experiences with each other. Now that the health education programme is completed, I would like to invite you all to share your feelings about this programme that was given to your children. (Prompt: What are the feelings, experiences (anecdotes, expectations? Identify positive, negative, and curious aspects. Were there any challenges or barriers? What made it good?)
- How did your child react to these health education sessions? (Prompt: Did they look forward to the sessions after their training? In what ways did it affect them, can you elaborate more?)
- Which sessions did they love the most and why? (Prompt: How did these sessions impact them? Did they talk to you about the sessions or did something that they learnt about?)
- How did your children participate in the sessions? (What did they tell you when they left the training?)
- How important is a programme like this for your child's training and personal development?
- Sessions were delivered by myself and in some instances by their coaches and collaborated with external professionals. How do you feel about the fact that some of the sessions were delivered by their coaches? (Prompt: What is your opinion about the participation of coaches/senior squad players in delivering health promotion sessions to your children? Does it really matter to you who teaches your children?)
- Setting up such a programme entails a lot of logistical work. In your opinion, what can be done to assist local clubs in conducting these sessions part of the training programme?
- What would you say if I were to tell you that similar programs will be introduced to other sports clubs across Malta and Gozo? (Prompt; Doable? Needed? Sustainable?)

- How much power do you feel this club has to collaborate with other clubs and the relevant authorities so as to influence a sustainable policy/structure that aims to improve the overall health amongst our sporting communities? (Prompt topics: assistance to clubs; resources (human and material), targeting a change in culture towards sports and living a healthy lifestyle)
- Now that this intervention is completed, how can the club pursue similar sessions from the upcoming season?
- I have no further questions to ask you, is there anything else you would like to add to our discussions that you feel we have not discussed yet.

Diskussjoni tal-Focus Group mal-ġenituri/Kustodji

Din id-diskussjoni tal-focus group mal-ġenituri/kustodji ser titmexxa wara li jispjċċa l-programm mat-tfal.

Matul din is-sessjoni il-ġenituri/kustodji ser:

- Jkunu inkoraġġiti ikkontribwixxu bl'ideat kollha tagħhom matul din is-sessjoni.
- Jkunu nkorraġġiti jirrispettaw l'opinjoni ta'xulxin.

Dan il focus group ser jibda billi juri l ġenituri/kustodji, dettalji tal-programm li sar ma tfal tagħhom matul periodu ta sitt ġimgħat, wara sessjonijiet ta' taħrig tagħhom.

- Nixtieq niringrazzjakom kollha li ħadtu l ħin min tagħkom u attendejtu għall dan il focus group sabiex taqsmu l ideat, opinjonijiet u l esperjenzi ma xulxin. Issa li l programm għadda, jiena nixtieq nistidinkom sabiex taqsmu sensassjonijiet fuq dan il programm li t-tfal tagħkom attendew għalieħ. (Għajnuna: X'inhuma sensassjonijiet, esperjenzi (Sitwazzjonijiet partikolari li kellkom, aspettazzjonijiet? Individwaw aspetti pożittivi, negattivi u oħrajn kurjużi li kellkom. Kellkom sfidi partikolari? X'kellu tajjeb dan il programm?)
- Kif kienet ir-reazzjone ta' tfal tagħkom għall dawn is-sessjonijiet? (Għajnuna: Kienu jharsu l quddiem għall-dawn is sessjonijiet wara s-sessjoni ta taħrig? Kif affetwatom, tistgħu telaboraw aktar?)
- Liema kienu l'aktar sessjonijiet li għogbuhom l aktar u għaliex? (Għajnuna: Dawn is-sessjonijiet kif kellhom impatt fuq it-tfal tagħkom? Kienu jkellmukom fuq dawn is-sessjonijiet jew għamlu xi ħaga li tagħllmu min dawn is-sessjonijiet varji?)
- Kemm u kif ħadu sehem fis-sessjonijiet varji? (Għajnuna: X'kienu jgħidulkom it-tfal meta kienu jħallu l'post ta'fejn jipprattikaw?)
- Kemm u kif taħsbu li programmi bħall dan jista' jkun ta importanza għat-taħrig u l'żvilupp personali tagħhom?
- Xi sessjonijiet ġew immexijja minni u oħrajn kienu immexijja mill-coaches tagħhom ukoll. X'taħsbu fuq il-fatt li dawn is sessjonijiet tmexxew mill coaches u persuni fi tmexxija ta dan il-klabb? (Għajnuna: X'inhil l opinjoni tagħkom fuq dan il-fatt? Tagħmel differenza għalikom min jmexxi dawn is-sessjonijiet?)
- Sabiex tippjana, tikkordina u tmexxi programmi simili, jirrikjedi ammont kbir ta xogħol. Fl'opinjoni tagħkom, x'jista jsir sabiex klabb lokali jkunu assistiti sabiex imexxu programmi simili flimkien ma'sessjonijiet ta' taħrig ta' tfal tagħkom?
- X' tikkumentaw jekk jkolli ngħidilkom li programmi simili ser jkunu mifruxa lokalment ma klabb ta l sports oħrajn? **(Għajnuna: Taħsbu li tista issir? Taħsbu li huma bżonjużi kif ukoll sostenibli?)**
- Kemm taħsbu li klabb bħall dan għandu potenzjal sabiex jikollabora ma klabb oħrajn u awtoritajiet, sabiex jghinu fl-introduzzjoni ta struttura/policy li tkun ta sostenn għall clubs lokali sbiex jsiru klabb li jippromwovu l għixien b'saħħtu madwar il-komunitajiet sportivi? (Għajnuna: Assistenza lill klabb, rizorsi (Umani u materiali), Miri għall bdil fil kultura sportiva u ta'għixien san)
- Issa li dan il-programm għadda. Temmnu li l klabb jistgħa jkompli jibni fuq li sar u jkompli b sessjonijiet simili mill-stagun li gejj?
- Jiena m'għandix aktar mistoqsijiet. Jekk għandkhem xi ħaga oħra li tixtieq iżzid ma'dak li ddiskutejna diga', nitolbok li tħossok liberu li tiddiskuti iktar fil-fond.

Appendix F: Overview of the programme leaflet sent to parents



**A Short Health Education
Programme for Children
Attending a local
Sports Club**

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The Sessions	Pg.3
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Importance of physical activity for life	Pg.6
Alternative ways of being active & fit	Pg.7
Watching weight	Pg.9
General & Basic sport nutrition	Pg10
Keeping away from alcohol and drugs	Pg12



Dear Parent/Guardian

The initial idea for these sessions to take place within your child's sports club was due to the club's nature in disseminating non-formal education to your children. The very nature of sports club can be a trigger to enhance your and your children's understanding in the importance of various health topics that are vital for everyone in leading to a healthy lifestyle. The ability to deliver health promotion message the club can then be considered not only as a sports club, but also as a health promotion youth sports club. The unique approach of session delivery aims towards a versatile method, as their coaches, technical director and possibly players from the senior squad will assist in the delivery of almost all sessions. These individuals are mostly considered as being very close to your children, thus being considered as role models in relation to their sporting life. The children will experience six interactive health education short sessions. These sessions will be part of a study that will observe their and everyone's perception within the club in relation to the short health education session delivery.

Leighton

The sessions

- ❖ Ensuring good personal hygiene
- ❖ Importance of physical activity for life
- ❖ Alternative ways of being active & fit
 - ❖ Watching weight
- ❖ Keeping away from drugs and energy drinks
 - ❖ General & Basic sport nutrition



Ensuring good personal hygiene The first law of health... Cleanliness

Through a fun way, children will be assisted to grasp that hygiene is a fundamental aspect that connects directly to optimal health. Children will also learn what and where are germs found. We will also tackle on how communicable diseases are possibly transmitted from one to another. Indeed, they will be invited to apply different practices on how to avoid possible transmission of these germs and other communicable diseases. Children will be able to explain why hand washing is so important by means of sharing this knowledge with the rest of the group. By these actions we will be assisting those children who do not follow the discussed hygiene practices to improve their lifestyle. During these sessions, a set of objectives will be set and will aim towards:



- Explaining what personal hygiene is, and highlight most important 5 personal hygiene activities: Body, face, eyes, hair and teeth
- Understanding what germs are and in what ways the bad germs are spread by means of hands on tasks. How does germs travel into our body and cause illness.
- Learning about importance of handwashing – Timing (Before after preparing and eating food; after visiting the toilet) and hands on technique
- Understanding and assisting children with challenges they find to practice handwashing in critical times.
- Encourage your kids to set up a hand hygiene club at the sports club itself or even amongst friends at school or any other community recreational group they attend. They are perfect change agents within these environments and also amongst your respective households



Importance of physical activity for life

During the different activities and presentation, children will understand that sports is;

- Beneath all tactics, it is fun. It promotes higher self-esteem and good health.
- An important tool that can transmit an array of positive values to them.
- Sports can break down various barriers whilst assisting them in feeling good about themselves.
- Helps to develop their **knowledge of different disciplines, develop physically through exercise, meet new friends, learning how to be part of a team, learning rules and how to play fair** and much more.
- Develops positive character that will transmit more quality values to them for the present but in their future life.

- Makes them role models by directly or indirectly encourage each other as a team, other friends in school, and their communities but also to their family members.

Alternative ways of being active & fit

During this session, the kids will understand the importance of keeping active, by means of discovering simple alternative activities. During the session they will discover that:

- Most of us fail to get even a 10-minute walk once a month
- Ideally, they need to do 30 to 75minutes of brisk walking or vigorous exercise per day.
- Apart from the usual sports/physical exercise they practice there are few more that can help.
- Instead of wasting considerable amount of time (approx. 7hrs per day) of screen time, they can use some of this time to keep active and fit.
- Ideally screen time should be 1 to 2 hours per day to avoid losing precious time to spend together as a family.

- Together with their family they can choose different activities that are accepted by them and everyone can be involved
- These activities could be riding their bike, going for family walks with their pets, swimming or playing a sport such as soccer or running at the park.
- They will also discover alternative exercises such as muscle strengthening/resistance exercises inside the house when it is rainy. This include resistance exercises using body weight, sit-ups, jumping rope, push-ups which are recommended for them.
- A blend of balanced eating/drinking and alternative activities that makes them fit are important for muscle and bone strengthening and beyond all makes them feel better.
- Alternative activities can offer many benefits for their main sport practice and mental status in various ways.



Watching weight Be smart, be healthy, and know how to watch your weight...

Aim of this session: During this session, the children will understand and learn about simple strategies on how to maintain ideal body weight whilst staying healthy. This session will highlight;

- What is ‘Overweight or Obesity’?
- What are the main factors that contribute to overweight and obesity?
- The fact that obesity and overweight at young age will lead to several bad health effects and obesity in adult age.
- What is needed to watch weight considering aspects such as age, height and sex. Living with a culture that promotes **Good habits** and not **Bad habits**. What is ‘ideal body weight’?
- Importance of Adequate daily exercise and balanced nutritious choices.
- Their parents can be of a good help in this issue like type of foods to be stocked at the house, planning of physical activities for all the family together, To teach parents/guardians about the 5 most important steps in order to have a fit mum, dad and family.



General & Sports nutrition **Healthy means Wealthy**

This session will be one of the most important for the kids to absorb as much as possible and take this important information with them home and in their respective communities. This session will cover basic important aspects of ‘**Nutrition**’ and on how one choose to follow a well ‘**Balanced diet**’ for every day and sport needs. The following aspects will be covered by means of various activities throughout this sessions, and these consist of;

- Importance of following a balanced diet to stay healthy and also active.
- Balanced diet consist of eating a big variety of foods in order to grow into strong adoloscents. Important to balance between the tree main sources that come from various food.
- Eating too much or too little can both be harmful for their health and wellbeing.
- Foods consists of different elements that help them grow their muscles and bones and others that gives us energy to study and also to conduct various sports and other day to day activities.
- They will also learn that other food is important for our body defences as these protects us from various diseases.

- These sources that come from food consists of '**Carbohydrates, Proteins, Vitamins and Minerals**'
- Important fuel source for athletes (**Carbs**) and these consist of whole grains, veg, fruits, milk and yogurt. Build up and repair of muscles (**Proteins**) not as primary sources of energy. Maintains blood glucose. **Good Fats** are important to protect vital organs by providing insulation, these are calorie dense source of energy. These sources consist of lean meat and poultry, fish, nuts, seeds, dairy products and olive and canola oils. Fats from fries, candy, fried foods and backed goods should be kept at bare minimum. **Calcium, Vitam D and Iron** are important for stronger bones, muscle flexibility and also gastrointestinal activity.
- The importance of fluid intake on their performance will be also tackled. They should be informed on importance to drink according to environment before and after their sessions or matches.

Effects of illegal drugs, sports enhancing drugs & energy drinks on your body

This session will cover various aspects related to why humans opt for abusing from the usual illegal drugs but also will address issues related to sport enhancing drugs and energy drinks. This session will focus on the following aspects:

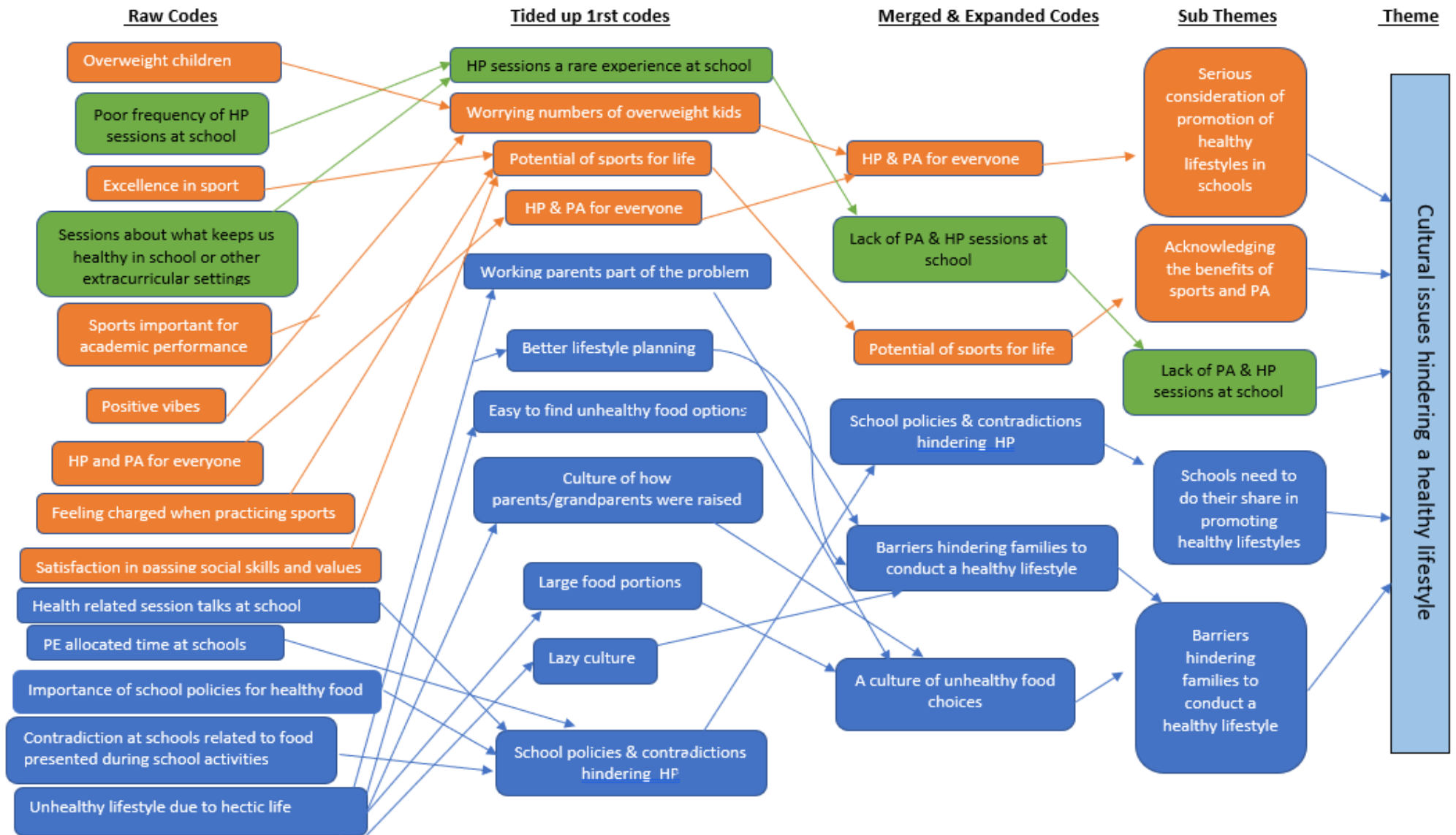
- Discover the different between legal and illegal drugs. What are drugs and how these can be taken?
- Why do humans end up making use of illegal drugs?
- How they can know when they are not feeling well and how they can seek for help..
- The children will also be introduced to the ability to resist pressure from their peers to use these unhealthy substances. Always ready to say NO to bad substances.
- Being change agents within their close family and friends by sharing their negative effects on the body.
- Introducing the kids to sports enhancing drugs, their use and effect on the body.

- What happens to those who administer these performance improvement drugs.
- Energy drinks contain unhealthy ingredients to improve performance. They can permanently harm their organs.

Discover how can they find alternative ways to gain their energy for next physical activity

Thanks

Appendix G: Coding Trail for Theme 3 (Cultural issues hindering a healthy lifestyle)



Appendix H: Approval from Faculty Research Ethics Committee (FREC) Phase 1 & Phase

3

Phase 1 approval



Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Research Proposal UREC FORM V_16APR2019 2208

Christabel Vella <christabel.vella@um.edu.mt>

11 September 2019 at 12:30

To: Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Cc: Michelle Camilleri <michelle.camilleri@um.edu.mt>, Josianne Scerri <josianne.scerri@um.edu.mt>

Dear Leighton,

I am pleased to inform you that FREC has reviewed your application and approval has been granted. You can now start collecting data. I wish you good luck in your studies.

Sincere Regards,

Christabel

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Administration Specialist

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On Tue, 23 Jul 2019 at 08:38, Christabel Vella <christabel.vella@um.edu.mt> wrote:

[Quoted text hidden]

Phase 3 approval



Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

UREC FORM V_15062020 7820 Leighton Spiteri

Rita Pace Parascandalo <rita.pace-parascandalo@um.edu.mt>

28 April 2021 at 08:09

To: Leighton Spiteri <leighton.spiteri.10@um.edu.mt>

Cc: Research Ethics HEALTHSCI <research-ethics.healthsci@um.edu.mt>, Michelle Camilleri <michelle.camilleri@um.edu.mt>

Dear Leighton,

your recently submitted amendments have been reviewed and are approved obo FREC. You may proceed with data collection.

Good luck

Regards
Dr Rita PP



Dr Rita Pace Parascandalo PhD (UClan)

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