

A Study on Knowledge of Parents on Childhood Overweight And Obesity

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Abstract- *Overweight and obesity are defined as abnormal or excessive fat accumulation that impair health and are complex issues associated with genes, lifestyle behaviours, and the environment. The aim of the present study was to assess the knowledge of parents on childhood obesity and the finding of study revealed that 56% children were found to be in category of obese and 44% children were found overweight. Out of the total subjects 60% of the parents were aware about the difference between overweight and obesity and with this 36% of parents think unhealthy eating pattern was the cause of obesity, in which fast food was marked as the major issue. 86% of parents knew the future consequences and 46% subjects stated that risk factors are adults with obesity, diseases, low self esteem, psychological problems, where as 42% subjects think diseases like diabetes, high blood pressure, cardiac and liver problem will arise and 3% stated that it can be only adult with obesity.*

Keywords- Childhood, obesity, overweight, parents

I. INTRODUCTION

Overweight and obesity are defined as abnormal or excessive fat accumulation that impair health and are complex issues associated with genes, lifestyle behaviours, and the environment. The condition occurs when there is an imbalance between the amount of calories consumed and the amount of physical activity used to burn those calories. Overweight and obesity are generally defined by Body Mass Index (BMI) and BMI Percentile. In children and adolescents 2-20 years, overweight is defined by the Centres for Disease Control and Prevention as a BMI between the 85th and 94th percentile and obesity is defined at or above the 95th percentile for children of the same age and sex ^[1]

Parents play an important role in developing a home environment that brings up healthful eating and physical activity among children and adolescents. Parents' knowledge of nutrition; their influence over food selection, meal structure, and home eating patterns; their modelling of healthful eating practices; their levels of physical activity; and their modelling of sedentary habits including television

viewing are all influential in their children's development of lifelong habits that contribute to normal weight or to overweight and obesity.^[2]

II. AIM AND OBJECTIVE

AIM

Study the knowledge of parents on childhood overweight and obesity pattern.

OBJECTIVES

- To assess anthropometric measurements of children under the age group 8-12 years.
- To evaluate the knowledge of parents on childhood obesity.

III. REVIEW OF LITERATURE

Powell AM et al (2017) demonstrated that parental use of food as a reward leads to children's diminished ability to regulate intake, which then leads to increased emotional over eating. Results of this study have implications for both the prevention of disordered eating behaviours and childhood obesity prevention programs, suggesting the need to assist children in learning how to self-regulate in the presence of food.^[3]

According to **Golan M et al (2006)** research study stated that the goal of the present study was to evaluate the relative efficacy of treating childhood obesity via a family-based health-centred intervention, targeting parents alone vs. parents and obese children together. The results suggest that omitting the obese child from active participation in the health-centred programme may be beneficial for weight loss and for the promotion of a healthy lifestyle among obese children.^[4]

IV. DESIGNS AND METHODS

The present study was done to know the knowledge of parents on childhood overweight and obesity. The study was conducted in Delhi and Faridabad because it was feasible & easy and data collection was started in January 2017. Purposive sampling was done to collect a sample size of 50 samples having child with age of 8 – 12 years.

Questionnaire was formulated to collect qualitative data on demographic profile, health profile of both parents and children. Anthropometric measurements was also taken out like height, weight, BMI of children but the study was done on the knowledge of parents on their child with excess body weight.

V. RESULT AND DISCUSSION

TABLE 1- Mean and Standard Deviation of height, weight and BMI of children (N = 50)

Anthropometric measures	Mean ± Standard Deviation
Height(cm)	143.50 ± 7.217
Weight(kg)	53.14 ± 4.712
BMI	23.8 ± 2.52

Table-1 indicates the anthropometric measurements of the subjects, the mean and standard deviation of height was 143.40 and 7.217, the mean and standard deviation of weight is 53.14 and 4.712 lastly the mean and standard deviation of BMI was 23.8 and 2.52 standard deviation respectively. The height and weight mean was comparatively high then the normal ICMR standards.

TABLE 2- Distribution of subject’s children on the basis of BMI Percentile

BMI Percentile	No. Of samples(50)	Percentage%
BELOW <5: Underweight	0(0)	0
>=5 and <85 : Healthy weight	0(0)	0
>=85 and <95: Overweight	23(46)	46
Above >=95 : Obesity	27(54)	54

Table- 2 indicates that 54% children fall in the category of obesity and 46% were found to be overweight that is under the category of >= 85 and <= 95.

TABLE 3- Distribution of subjects on the basis of knowledge about childhood obesity of parents

A. Obesity	No. of subjects(50)
Weight gain	20(40)
Excessive fat in body	30(60)
BMI Percentile above 85	0(0)
B. Overweight and obesity are similar terms	No. of subjects(50)
Yes	20(40)
No	30(60)
C. Difference	No. of subjects(50)
Overweight excessive body weight & obesity a disease	19(38)
Obesity weight above the normal body weight & overweight healthy body weight	20(40)
Overweight more body weight & obese BMI above 30	9(18)
Overweight BMI above 25 & obese BMI above 30	2(4)

Values in parenthesis represent percentage.

Table-3 indicates knowledge about obesity in which 60% thinks excessive body fat and 40% knows as weight gain.40% subjects showed that obesity and overweight were similar terms.

TABLE 4- Distribution of subjects on the basis of knowledge about causes of obesity

A. Causes of obesity	No. of subjects(50)
Hereditary	7(14)
Unhealthy eating pattern	18(36)
Less physical activity	9(18)
Any medical condition	3 (6)
Overeating	13(26)
B. Food causes obesity	No. of subjects(50)
Fast food	21(42)
Fried food	15(30)
Starchy food	3(6)
Sweet	11(22)
C. Nutrition and Physical Act what was imp	No. of subjects(50)
Nutrition	0(0)
Physical activity	3(6)
Nutrition and physical activity are equally important	47(94)

Values in parenthesis represent percentage.

Table-4 indicated that 36% subjects think the cause of obesity was unhealthy eating pattern. While majority stated that the food which causes obesity was fast food. 94% subjects indicated nutrition and physical activity was equally important.

TABLE 5- Distribution of subjects on the basis of knowledge about healthy balance diet of parents.

A. Knowledge about healthy balance diet	No. of subjects(50)
Eating fruits and vegetables daily.	4(8)
Avoiding junk food.	7(14)
Eating all the food groups.	6(12)
All of the above.	33(66)
B. Healthy Diet discussion with child	
Don't know what is balance diet	1(2)
Never	2(4)
Occasionally	31(62)
Usually Always	16(32)
C. Knowledge about trans fatty acid	
Yes	7(14)
No	43(86)
D. See the value of trans fatty acid	
Yes	5(10)
No	45(90)

Values in parenthesis represent percentage.

Table-5 indicated that 66% subjects think healthy balance diet was eating fruits & vegetables, avoiding junk food and eating all the food group. 14% subjects had the knowledge about Trans fatty acid in which only 10% sees the value of it.

TABLE-6 Distribution of subjects on the basis of awareness and risk factor related to childhood overweight and obesity

A. Aware of consequences	No. Of subjects(50)
Yes	43(86)
No	7(14)
B. Risk factors associated with it	
Adult with obesity	3(6)
Diseases like diabetes, cardiac problem, high blood pressure, fatty liver disorder	21(42)
Low self-esteem and lower self-reported quality of life	3(6)
Psychological problems such as anxiety and depression.	0(0)
All of the above	23(46)

Values in parenthesis represent percentage.

Table – 6 shows that 86% subjects had the knowledge about future consequences of childhood obesity and 46% subjects stated that risk factors are adults with obesity, diseases, low self esteem, psychological problems, where as 42% subjects think diseases like diabetes, high blood pressure, cardiac and liver problem will arise and 3% stated that it can be only adult with obesity.

VI. CONCLUSION

A Study was conducted on knowledge of parents on childhood overweight and obesity. Selection of the subjects was done of parents with overweight and obese child age 8-12 years. Data collection was done by interviewing and questionnaire method of parents. Total number of subjects in the study was 50 subjects from Delhi- NCR region. Most of the questionnaires were filled by mothers. The study relieved that even after knowing the meaning and difference of obesity and overweight, parents still describe their child as slightly overweight. It also showed that the major cause of being overweight was unhealthy eating pattern, in which fast food was the main cause. Parents think both nutrition and physical activity were equally important and for this, parents divide the

time between play, study and screen, but there were no efforts from the child side as they were happier eating outside rather than eating homemade food. The study also indicated that parents had knowledge about healthy balance diet but they occasionally discuss about this with their child. With this majority of parents knew the consequence and future risk factors related to obesity and overweight and to avoid it they were also doing extra efforts like making healthy food, making them play more outside, indulging them in various activities and making them eat before 8pm.

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