

Original Research Article

A Study on Attitude and Practice of Parents on Childhood Overweight and Obesity

Shivani Bhatia¹, Ms. Binu Bhatia²

¹Research Scholar, ²Assistant Professor,
Department Nutrition and Dietetics

Manav Rachna International Institute of Research and Studies, Faridabad, India.

Corresponding Author: Shivani Bhatia

ABSTRACT

Overweight and obesity are defined as abnormal or excessive fat that accumulate in the body which impair health and are complex issues associated with genes, lifestyle behaviours, and the environment. The difference between overweight and obesity in children can be distinguished through BMI Percentile. The aim of the present study was to assess the attitude and practice of parents on childhood obesity and the finding of study revealed that 56% children were found to be obese and 44% children were found overweight. Even after having the knowledge about obesity and overweight, majority of parents with 48% think their child was slightly overweight. While all parents prefer small & frequent meal for their child but only 68% give more than 4 meals in a day. Majority of parents were concern about their child weight but 56% of children were not trying to do anything about their weight. To overcome this 60% parents make sure their child eat healthy food every other day. 96% parents themselves avoid eating outside and focus on healthy eating while 40% eat healthy with their child only. 46% parents frequently discuss about physical activity but 22% parents were unhappy with the amount of physical activity. 96% focus on both physical activity and studies while only 26% children go and play outside daily. The data was collected and tabulated through mean, standard deviation and SPSS software which shows statistical significance with p value .00 between different criteria's.

Keywords- childhood, overweight, obesity, parents

INTRODUCTION

Although definition of obesity and overweight has changed over time, it can be defined as an excess of body fat (BF). There is no consensus on a cut-off point for excess fatness of overweight or obesity in children and adolescents. A study by conducted by Williams *et al.* (1992), on 3,320 children in the age-group of 5–18 years classified children as fat if their percentage of body fat was at least 25% for males and 30% for females, respectively.^[1] The Center for Disease Control and Prevention defined overweight as at or above the 95th percentile of body mass index (BMI) for age and “at risk for overweight” as between 85th to

95th percentile of BMI for age.^[2,3] An Indian research study has defined overweight and obesity as overweight (between ≥85th and <95th percentile) and obesity (≥95th percentile).^[4]

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 modeling of healthful eating practices; their levels of physical activity; and their modeling 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.^[5]

AIM AND OBJECTIVE

Aim

Study the attitude and practice 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 attitude, practice of parents on childhood obesity.

MATERIALS AND METHODS

Locale of the Study

The study was carried out in local areas of Delhi-NCR.

Sampling

The target of population comprised of parents with overweight and obese child age 8-12 years.

Sample Size

The sample size for this study was composed of 50 subjects.

Sampling Technique

Purposive sampling technique was used to select the sample

➤ Inclusion Criteria

- Children under 8-12 years of age.
- Parents of overweight/obese child.
- Parents who were willing to participate in the study
- Parents who can communicate in Hindi and English.

➤ Exclusion Criteria

- Parents who were not willing to participate in the study.

Collection of Data

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. The data was collected and then evaluated through mean, standard deviation and SPSS software.

RESULT

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

As per the table, 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

As per the table 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 description of child body weight.

Child Body Weight	No. of subjects(50)
Overweight	22(44)
Slightly overweight	24(48)
Obese	2(2)
Normal weight	2(2)

Values in parenthesis represent percentage.

As per the table 48% subjects think their children were slightly overweight after knowing the meaning of obesity while only 44% says they were overweight

TABLE-4 Distribution of subjects on the basis of their attitude towards meals

A. Consuming frequent, small and healthy meals in a day are good	No. of subjects (50)
Yes	50(100)
No	0(0)
B. Dinner time	
7-8	0(0)
8-9	26(52)
9-10	21(42)
After 10	3(6)
C. Sleep after dinner	
Yes	7(14)
No	43(86)
D. Meals consume in a day	
3	5(10)
4	11(22)
More than 4	34(68)

Values in parenthesis represent percentage.

As per the table all the subjects prefer small, frequent, healthy meal for their children. 52% subject have their dinner at 8-9pm. 68% subject's children consume more than 4 meals in a day.

TABLE-5 Distribution of subjects on the basis of efforts of child on his/her body weight

Efforts by child	No. Of subjects (50)
Lose weight	17(34)
Gain weight	0(0)
Stay the same	5(10)
Not trying anything	28(56)

Values in parenthesis represent percentage.

As per the table the efforts of child on his/her weight was found that 56% subject's child were not doing anything about their weight while only 34% making efforts to lose weight.

TABLE-6 Distribution of subjects on practice of healthy eating.

A. Frequency of child's eating healthy	No. of subjects(50)
Every day	14(28)
Every other day	30(60)
Weekends	6(12)
Never	0(0)
B. Avoiding yourself to eat out	
Yes	48(96)
No	2(4)
C. Focus on your healthy eating	
Yes	48(96)
No	2(4)
D. Activities to make child eat healthy	
Make healthy food	13(23)
Eat with him/her	20(40)
Keep some reward for them	11(22)
By being angry and forcefully	6(12)

Values in parenthesis represent percentage.

As per the table out of the total 60% subjects make sure child eat healthy every other day. 96% subjects avoid eating outside and focus on healthy eating at home. Lastly 40% subjects eat with their child to make them eat healthy and avoid eating outside food.

TABLE- 7 Distribution of subjects on the basis of practice of physical activity

A. Discussion of physical activity	No. Of subjects(50)
Never	0(0)
Occasionally	8(36)
Frequently	23(46)
Usually Always	9(18)
B. Happy with the amount of exercise/physical activity	
Very happy	2(4)
Happy	37(74)
Unhappy	11(22)
Very Happy	0(0)
C. Be physically active or focus on studies	
Physical activity	1(2)
Studies	1(2)
Both	48(96)
D. Allow child to get in physical activity	
Yes	46(92)
No	4(8)
E. Frequency of child go & play out	
Daily	13(26)
1-2 times a week	11(22)
4-6 times a week	25(50)
Never	1(2)

Values in parenthesis represent percentage

As per the table 46% subjects frequently discuss the importance of physical activity with their children. Majority of subjects that was 74% were even happy with the amount of physical activity their children were doing. 92% subjects even allow their children to get involved in physical activity and rest 8% does not allow in which only 26% children go and play outside daily.

TABLE 8 Association between BMI percentile and frequency of playing outside

BMI Percentile	Frequency of playing outside				P value
	Daily	1-2 times	4-6 times	Never	
Overweight	6	6	9	0	.00
Obesity	7	5	16	1	

In table 8 it was found that the differences was statistically significant which means frequency of playing outside effects the BMI Percentile of the child.

TABLE 9 Association between BMI Percentile and meals consumed in a day

BMI Percentile	Meal consumed in a day			P value
	3	4	More than 4	
Overweight	1	5	15	
Obesity	4	6	19	

TABLE 10 Association between focus on healthy eating and making healthy food

Focus on healthy eating	Making healthy food				P value
	Every day	Every other day	Weekends	Never	
Yes	14	28	6	0	.00
No	0	2	0	0	

The result was statistically significant which shows the relationship between focusing on healthy eating and making healthy food.

DISCUSSION

Parents influence plays an important factor in shaping their child weight, lifestyle and health. Parent's attitude and practice toward nutrition, healthy diet, food selection, physical activity, screening, studying, behaviour and concern will influence child habit from normal to overweight and then obese. Similar observation was discussed in the study by L. Epstein offers three reasons for involving parents in obesity prevention interventions. First, obesity runs in families, and it may be unrealistic to intervene with one member of a family while other family members are modelling and supporting behaviours that run counter to the intervention's goals. Second, parents serve as models and reinforce and support the acquisition and maintenance of eating and exercise behaviours. Finally, to produce maximal behaviour change in children, it may be necessary to teach parents to use specific behaviour-change strategies such as positive reinforcement. [6]

The findings revealed that parents were concern about their child weight and making every possible way to avoid the risk factor and consequences related to obesity and overweight. Parents were not only focusing only studies but also on physical activities and healthy eating habits. When asked from children majority were not trying to do anything about their weight instead they enjoy eating more of junk food than homemade food. Therefore to avoid

In table 9 it was found that the differences was statistically significant which means consuming small and frequent meals also affect the child weight.

this parents focus on making junk food into healthy manner and more appealing for their children and also involve their child in various activities like cycling, dancing and swimming.

The study also indicated that the BMI Percentile can be influenced through frequency of playing outside and meal consumed. It was found that focusing on healthy food will influence both making and eating healthy food.

CONCLUSION

In conclusion of the study, it can be said that the parents attitude and practice towards their child health was influencing as they were concern about their weight and height. During the study it was found that parents were making many efforts make child reduce their weight while dividing time between study, play and screen. Parents also avoid consumption of eating outside to make sure their child eat whatever the healthy food was cooked at home. But it can be concluded that in many cases the cause of obesity was unhealthy eating patterns and overeating as the children prefer more of junk food and there were no extra efforts from the child's side to reduce their weight.

REFERENCES

- Williams DP, Going SB, Lohman TG, Harsha DW, Srinivasan SR, Webber LS, et al. Body fatness and risk for elevated blood-pressure, total cholesterol, and serum-lipoprotein ratios in children and adolescents. Am J Public Health. 1992; 82:527. [PMC free article] [PubMed]
- Flegal KM, Wei R, Ogden C. Weight-for-stature compared with body mass index-for-

- age growth charts for the United States from the Centers for Disease Control and Prevention. *Am J Clin Nutr.* 2002;75:761–6. [PubMed]
3. Himes JH, Dietz WH. Guidelines for overweight in adolescent preventive services - Recommendations from an Expert Committee. The Expert Committee on Clinical Guidelines for Overweight in Adolescent Preventive Services. *Am J Clin Nutr.* 1994;59:307–16. [PubMed]
 4. Nawab T, Khan Z, Khan IM, Ansari MA. Influence of behavioral determinants on the prevalence of overweight and obesity among school going adolescents of Aligarh. *Indian J Public Health.* 2014;58: 121–4. [PubMed]
 5. J. P. Kaplan, C. T. Liverman, and V. I. Kraak, eds., *Preventing Childhood Obesity: Health in the Balance* (Washington: National Academies Press, 2004).
 6. L. Epstein, “Family-Based Behavioural Intervention for Obese Children,” *International Journal of Obesity and Related Metabolic Disorders* 20, suppl. 1 (1996): S14–21.

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