

Knowledge on Obesity among Mothers of School Going Children

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Abstract

Childhood obesity is a serious medical condition that affects children and adolescents. Children who are obese are above the normal weight for their age and height. Obesity is a condition in which an individual is above the normal weight for his/her age and height. Obesity in children termed as childhood obesity. The more weight is gained by excessive fat accumulation which impairs health and leads to various body functioning disorders like thyroid diseases, diabetes, etc. If Body mass index (BMI) is more than 85%, will be considered as overweight and if it is above 95% it will be considered as the individual is obese.

Keywords: Obesity; Childhood; Body mass index; height; Weight.

Introduction

Childhood obesity is a serious medical condition that affects children and adolescents. Children who are obese are above the normal weight for their age and height [1].

Childhood obesity is particularly troubling because the overweight often start children on the path to health problems that were once considered adult problems – diabetes, high blood pressure and high cholesterol. Many obese children become obese adults, especially if one or both parents are obese. Childhood obesity can also lead to poor self-esteem and depression [1].

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obesity. The more weight is gained by excessive fat accumulation which impairs health and leads to various body functioning disorders like thyroid diseases, diabetes, etc. If Body mass index (BMI) is more than 85%, will be considered as overweight and if it is above 95% it will be considered as the individual is obese [3].

Children obese, overweight, or healthy, doctors use a scale called the body mass index or BMI. The BMI of a person is the measure of body weight relative to their height. It uses a formula to determine whether a person is underweight, normal, overweight or obese. For children, the scale uses an age and sex-specific measure called "BMI-for-age". Doctors use BMI-for-age growth charts made by the U.S. Centre for Disease Control and Prevention to track the growth of a child as per their age. The charts use a percentile system to show how your child's BMI compares with the other children in their age group [2].

The BMI of children and teens are classified as:

- 5th to 84th percentile – Healthy weight
- 85th to 94th percentile – Overweight
- 95th percentile or higher – Obese

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What the numbers mean is that if a child is in the 85th percentile, he is heavier than 85 percent of the children of his age and is overweight. If he is in the 95th percentile, he is obese [2].

Statistics sourced from the Indian Journal of Endocrinology and Metabolism: (A.) Somewhere between 5.74 percent and 8.82 percent of schoolchildren in India are obese. (B.) In urban south India, 21.4 percent boys and 18.5 percent girls aged 13-18 are either overweight or obese.

Worldwide, in the year 2000, the International Obesity Task Force (IOTF) declared about 10 percent of children aged 5-17 (about 155 million) were overweight, out of which two to three per cent (30 to 45 million) were obese. Among the reasons for childhood obesity were ubiquitous [4].

World Health Organization (WHO) has resolved to ensure that there is no increase in levels of obesity by the year 2025, based on obesity prevalence in the year 2010. Between 2000 and 2013, the Global Burden of Disease collaborative collected data on obesity trends from 184 WHO member countries. Researchers at the World Obesity Federation, United Kingdom used this data to extrapolate the prevalence of obesity in 2025. They found that worldwide, in the next eight years [5], around 268 million children and adolescents between the ages of 5 and 17 years are likely to weigh on the heavier side, of which 91 million are likely to be obese. These figures take into account current governmental policies and lifestyle habits. In addition, by the year 2025, around 12 million children are likely to suffer from glucose intolerance, 4 million children could develop type 2 diabetes, 27 million children could be diagnosed with high blood pressure, and 38 million children are likely to develop liver disease [4].

Material and Methods

Qualitative approach and descriptive survey Design was adopted for the study. The variables studied are study variable and demographic variables. The study variable was Knowledge on obesity among mothers of school going children (6 to 12 Yrs), where as the demographic variables includes: Age, Gender, Religion, Number of Children, Educational Status of Mother, Occupation, Income per Month, Body mass index. The study was conducted at Pediatric out patients department at Hindu Mission Hospital, Kancheepuram Dist. The accessible population

constitutes of 6 to 12 Yrs who attended the pediatric out patients department in Hindu Mission Hospital. The sample size for the present study was 30. Non probability purposive sampling technic was adopted to select a sample for the study. The inclusion criteria include:

1. Mothers who are having school going Children (6-12) years
2. Willing to participate in the study.
3. Children between (6-12) years who attended pediatric outpatient department at Hindu Mission Hospital.

Exclusion Criteria

1. Children who were malnourished (Under Weight).
2. Mother's who are not willing to participate in this study.

The Tools used for the data collection was structured questionnaires developed by the investigator which consists of 2 sections.

Section A

Demographic data which consists the item for obtaining information about the selected backgrounds factors such as age, sex, Religion, Number of Children, Educational Status of Mother, Occupation, Income per Month, Body mass index.

Section B

Structured Questionnaires developed by the investigator was used to assess the knowledge on obesity. A structured questionnaires consists of 20 statements in 5 aspects, obesity, diet, exercise, treatment, prevention.

The study was approved by ethical committee of Hindu Mission Hospital and Hindu Mission College of Nursing. The investigator explains the objectives and method of data collection. Data collection was done within the given period of one week in Hindu Mission Hospital. The data collection was done during the day time self introduction about the researcher and details about study was explained to the samples and the consent was obtained. The confidentiality about the data finding was assured to participants. The participants to 15 minutus to complete the tool and their cooperation were good. The collected data was coded and statistical analysis was done.

Results

Table 1: Distribution of demographic variables of the mother who are having school going children

N=30

Demographic variables	Frequency	Percentage
<i>Age:</i>		
6-7 years	19	63.35%
8-9 years	6	20%
10-11 years	4	13.33%
1-12 year	1	3.33%
<i>Gender:</i>		
male	16	53.33%
female	14	36.66%
<i>Religion:</i>		
Hindu	29	96.66%
Muslim	-	-
Christian	1	3.33%
Others	-	-
<i>Number of children:</i>		
Only one	10	33.33%
1-2	19	63.33%
3-4	-	-
5-6	1	3.33%
<i>Educational status of mothers:</i>		
Illiterate	1	3.33%
Higher secondary graduate	3	10%
Post graduate	9	30%

Table 2: Assessment of level of knowledge regarding childhood obesity among mothers who are having school going children with their demographic variables

N=30

Level of Knowledge	Frequency (f)	Percentage (%)
Adequate (21-30)	5	16.6%
Moderate (11-20)	23	76.5%
Inadequate (<10)	2	6.6%

Discussion

Today it is estimated that there are more than 300 million obese people world-wide. Obesity is a condition of excess body fat often associated with a large number of debilitating and life-threatening disorders. It is still a matter of debate as to how to define obesity in young people. Overweight children have an increased risk of being overweight as adults. Genetics, behavior, and family environment play a role in childhood overweight. Childhood overweight increases the risk for certain medical and psychological conditions. Encourage overweight children to expand high energy activity, minimize low energy activity (screen watching), and develop healthful eating habits. Breast feeding is protective against obesity. Diet restriction is not recommended in very young children. Children

are to be watched for gain in height rather than reduction in weight [4].

The focus of the study was to assess the knowledge of obesity among mothers of school going children (6-12 yrs), Hindu Mission Hospital in pediatric outpatient department. The results reveal that 16.6% (5) of mothers had adequate knowledge, 76.5% (23) of mothers had moderate knowledge and 6.6% (2) of mothers had inadequate knowledge regarding obesity.

The similar study was conducted by Dr. Preetam B Mahajan, 2010, on childhood obesity among school children (6-12 yrs) The prevalence of overweight [6] ($\geq 85^{\text{th}}$ percentile) among children was 4.41% and prevalence of obesity ($> 95^{\text{th}}$ percentile) was 2.12%. Mahe region had the highest prevalence of overweight (8.66%) and obesity (4.69%). Female children from private schools and urban areas were at greater risk of being overweight and obese [5].

Conclusion

The present study addresses 16.6% (5) of mothers had adequate knowledge, 76.5% (23) of mothers had moderate knowledge and 6.6% (2) of mothers had inadequate knowledge regarding obesity. Here are a few basic ways to prevent childhood obesity, breastfeed over formula feeding of babies, if that is an option. Nurse should give awareness regarding prevention of obesity. Help the child develop a liking for fruits and vegetables by delaying junk food as long as possible Avoid sugar-rich foods such [2] as candy, chocolates, ice creams and juices and reserve them for special occasions reduce screen time and increase outdoor time. Physical activity burns the calories consumed Encourage participation in sports and outdoor activities [2].

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