

# Understanding Parental Attitudes, Awareness, and Responsibilities in Childhood Obesity

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# Background and Rationale

- Obesity is an important contributor to many of the leading causes of morbidity and mortality worldwide.
- Furthermore, past research (Magarey et al., 2003) has shown the correlation between eating and exercise habits in childhood and adulthood.
- Healthy People 2010, a framework that classifies national health objectives, lists both physical activity and overweight/obesity as two of its leading health indicators.

# Background and Rationale (cont.)

- Current measures in place designed to track the progress of childhood obesity in America include the Body Mass Index (BMI).
- However, the complex etiology of obesity in children is still not completely understood.
- When it comes to deciding how problems with obesity develop during childhood, parents play a vital role in influencing their children's attitudes, behaviors, and overall health.

# Purpose and Overall Design

- This purpose of this project was to obtain information on parent perspectives on children's health and weight issues.
- Information was first gathered through a survey that assessed parental attitudes with respect to their own children's health and overall health issues.
- Next, an interview was carried out among community members in the same area as where the survey was conducted. This interview served to discuss the results of the survey and its implications, as well as to "brainstorm" ideas about how childhood obesity affects communities and ways strategies for combating the problem.
- Together, these processes sought to measure childhood obesity's impact in a community setting, identify parental attitudes about children's health issues, and creatively come up with new ideas on how to deal with America's obesity crisis.

# Methods (Survey)

- 21 multiple choice questions, room for comments (see Survey Handouts)
- Demographic information (gender, education level, family history of obesity)
- Some questions assessed parental attitudes about their child's health and the parent's self-reported level of control in terms of what their child eats and how much they exercise
- Other questions assessed parent's locus of control in terms of who has the most impact on their child's health
- Others assessed how many hours/week child and parents exercise/are sedentary
- 72 surveys distributed and completed in a rural family medicine clinic setting
- Surveys distributed over a period of approximately 4 weeks

# Methods (Interview)

- Interview conducted in same area where surveys were distributed
- 3 adult community members participated in interview, which lasted ~90 minutes
- Interviewees were recruited through personal contacts, distributed flyers
- Purpose of Interview: describe purpose of research project and share results of survey, as well as to discuss the overall topic of childhood obesity
- Specific topics of discussion included: difficulties in motivating children to exercise, fad diets in children, prevalence of eating disorders, etc.

# Results:

## Demographics

➤ 72 completed surveys:

➤ Gender:

- 6% male,
- 94% female

➤ Education:

- Grade school : 3%
- High school: 65%
- College: 29%
- Graduate school: 3%

# Results:

## Family History of Obesity

- Do you have family members that you know were obese or overweight?
  - 63%: yes
  - 11%: unsure
  - 26%: no

# Table 1: Parental Reports Related to Obesity in Children

First 12 questions in order of descending overall mean. Mean is correlated with degree of agreement.

Item	Mean (SD)
#10 (parent's responsibility for weight)	4.57 (.67)
#7 (link between self-esteem & weight)	4.21 (1.09)
#6 (importance of exercise)	4.15 (.80)
#5 (importance of healthy foods)	4.14 (.92)
#12 (child's responsibility for weight)	3.42 (1.05)
#4 (parent overweight/obese)	3.32 (1.58)
#11 (school's responsibility for weight)	3.28 (1.15)
#8 (difficult to limit junk food)	2.97 (1.31)
#2 (in charge of what child eats)	2.81 (1.12)
#9 (doctor's responsibility for weight)	2.56 (1.10)
#1 (one or more of children overweight)	2.18 (1.43)
#3 (child told me s/he is overweight)	2.11 (1.32)

## ***Legend***

1 =  
Strongly  
disagree

5 =  
Strongly  
agree

# Results:

## Parent and child weight status: Attitudes

- One or more of my children may be overweight:
  - 50% strongly disagree
  - 17% disagree
  - 7% neutral
  - 18% agree
  - 8% strongly agree
- Mean (SD) = 2.18 (.43) where 1 = SD and 5 = SA
  
- My child has told me that he or she may be overweight:
  - 50% strongly disagree
  - 17% disagree
  - 8% neutral
  - 22% agree
  - 3% strongly agree
- Mean (SD) = 2.11 (1.32) where 1 = SD and 5 = SA

# Results:

Parental Attitudes: Who has responsibility for a child's health?

- Doctors: Mean (SD) = 2.56 (1.10)
- Parents: Mean (SD) = 4.54 (.67)
- Schools: Mean (SD) = 3.28 (1.15)
- Children themselves: Mean (SD) = 3.42 (1.05)
- In order of descending agreement:  
Parents>Children>Schools>Doctors

# Results: Behaviors

- How many hours per day, on average, does your child spend exercising?
  - Mean (SD) = 2.19 (1.55) where 1 = 0-1 and 5 = 4 or more
- How many hours per day, on average, do you spend exercising?
  - Mean (SD) = 1.46 (.67) where 1 = 0-1 and 5 = 4 or more

# Results:

## Comparing Self-assessed Family History of Obesity with Other Questions

- Self-assessed family history of obesity with control over child's eating habits
  - yes: mean=2.60, ns/no: mean=3.15,  $t=2.0$ ;  $p=.051$
  - people with family members overweight are less likely to agree that they are in charge of what children eat
  
- Self-assessed family history of obesity with child stating he or she is overweight
  - Yes: mean=2.40, ns/no: mean=1.63,  $t=2.73$ ;  $p=.008$
  - people with family members overweight are more likely to report children telling them they are overweight
  
- Self-assessed family history of obesity with parent who is overweight
  - yes: mean=3.93, ns/no: mean=2.30,  $t=4.80$ ;  $p<.001$
  - people with family members overweight are more likely to report that they are or may have been overweight
  
- Self-assessed family history of obesity with difficulty in limiting child's junk food
  - Yes: mean=3.29, ns/no: mean=2.44,  $t=2.80$ ;  $p=.007$
  - people with family members overweight are more likely to indicate having difficulty talking with their children about eating habits, including junk food

# Selected Parent Comments from the Survey

- “I feel where I as a parent go wrong is prepackaged foods and sweets. I also feel we sit around more than we should. “
- “I believe that over eating is a social problem. Food like alcohol/drugs/etc. can be abused. I believe finding out a person’s triggers to over eating is the key to controlling weight. For example, what feeling or conditions/situations in a person’s life lead to over eating. I am the cause of my obesity until I can control myself I will always be obese.”
- “I have an 11 year-old daughter who seems overly concerned about her weight. I think the media plays a big role in problems such as this, especially with young girls.”
- “I think that schools need to provide P.E. for children everyday. That gives young children an opportunity to experience activities that they otherwise would not. It also allows them to exercise everyday.”

# Results (Interview)

## ➤ Topics of discussion included:

- What problems do you encounter in having children deal with their health?
- Do you have difficulty getting kids to exercise?
- What is your opinion on junk food in cafeteria?
- Milk: What is healthy in terms of type, amount, etc.?
- Are fad diets appropriate in kids?
- How have previously adult problems like diabetes begun to affect children?
- How do self-esteem issues play a role in weight control?
- What is the impact of eating disorders in the area?

## ➤ Selected comments:

- “What is junk food? Even though we all sort-of know what junk food is, the definition varies from person to person.”
- “Adults have to be models for kids in terms of both exercise and dietary habits.”
- “Overeating is an eating disorder just like anorexia is.”
- “How do you involve the community in kids’ health issues?”

# Discussion:

## Frequency of Overweight Children in the Study:

- Assessed in 2 ways:
  - Parent's view on child's obesity
  - If the child had expressed concern about his or her weight
- Within the context of this study, these means were similar.
- For the most part, parents surveyed in this study did not think their children were overweight.
- This study deliberately did not look only at parents of obese children with the view of examining possible differences between parents of obese compared to non-obese children.

# Discussion:

## Roles and Responsibilities in the Health and Weight Control of Children:

- Overall, parents do not tend to believe that physicians have a great deal of responsibility for a child's weight, and place more responsibility in the hands of themselves, children, and schools.
- If physicians want to attempt to change a child's weight, the approach needs to involve more than simply the traditional patient-physician roles.
- Obesity may have not yet become 'medicalized' even though it has profound medical implications.
  - This could be a reason why the prevalence of obesity continues to dramatically increase: society is attempting to treat on an individual basis, rather than on a population-wide basis.
- The role for public health needs to expand.

# Discussion:

Comparing Family History of Obesity with Other Questions:

- The questions that showed significant results when compared with reports of family history of obesity for the most part dealt with the parent or child being overweight or level of parental control of what children eat.
- Although the family history question did not correlate with a willingness to take action on the obesity issue, parents with a positive family history of obesity seem to be more willing to admit that there is a problem.

# Discussion:

## Parent Survey Comments / Interview Comments

- Parents seem to have concerns about obesity that deal with diet choices, portion control, exercise, self-esteem issues, etc.
- Several comments also dealt with gender differences in children's weight concerns
- Video games as a mode of sedentary activity were brought up several times
- School's impact on weight was also discussed: the importance of daily physical education, the increasing influence of schools on dietary choices: many students eat at least 1-2 meals/day at school, as well as snacks from vending machines

# Limitations / Future Implications

- No way to assess child's/parent's actual weight status (as compared with parent's beliefs)
- Predominantly female survey participants
- Limited cultural variation by survey participants
- Community Forum will be held in April where further community action will be discussed, (results not available at this time)
  - Area health professionals (physicians, dieticians, etc.), parents and other interested community members will be invited.