ABSTRACT

Objective: To understand how families of obese children deal with childhood obesity. Methods: descriptive, exploratory, qualitative study. Data collection took place from January to June 2017, through semi-structured interviews, in the homes of children followed-up at the Nutrition Clinic School of the Centro-Oeste State University, Guarapuava, Paraná. The data analysis was based on the technique of Content Analysis, thematic modality. Results: seven mothers and one grandfather of obese children participated in the study. From the data emerged two thematic categories: “The influence of the family on healthy habits” and “Childhood obesity and social prejudice”. Final considerations: dealing with childhood obesity by families requires acknowledgment of the critical role they play developing healthy habits in childhood. In addition, health education programs that target changes in eating patterns and stimulate physical activity are important for improving attention to the obese child’s family as they reduce weight-related harms and injuries.

Descriptors: Family Relations; Pediatric Obesity; Pediatric Nursing.

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RESUMO

Objetivo: compreender como famílias de crianças obesas lidam com a obesidade infantil. Métodos: estudo descritivo, exploratório, de abordagem qualitativa. Os dados foram coletados no período de janeiro a junho de 2017, por meio de entrevistas semiestruturadas, nos domicílios das crianças atendidas na Clínica Escola de Nutrição da Universidade Estadual do Centro-Oeste, em Guarapuava, Paraná. A análise dos dados fundamentou-se na técnica de Análise de Conteúdo, modalidade temática. Resultados: participaram do estudo sete mães e um avô de crianças com obesidade. Dos dados emergiram duas categorias temáticas: “A influência da família nos hábitos saudáveis” e “Obesidade infantil e preconceito social”. Considerações finais: o enfrentamento da obesidade infantil pelas famílias requer o reconhecimento do papel decisivo que desempenham na formação de hábitos saudáveis durante a infância. Além disso, programas de educação em saúde que almejam mudanças de padrões alimentares e estimulem a prática de atividades físicas são importantes para melhorar a atenção à família da criança obesa, pois permitem reduzir danos e agravos provocados pelo excesso de peso.

Descritores: Relações Familiares; Obesidade Infantil; Enfermagem Pediátrica.

INTRODUCTION

Obesity is currently considered a major public health problem because it is a multifactorial chronic disease whose prevalence has increased in both developed and developing countries(1). In addition, increasing obesity at an earlier age has worried researchers and health professionals, especially for the damages and injuries caused by overweight to the child. By 2016, the number of overweight children under five was estimated at more than 41 million, of which 35 million were in developing countries(2).

In Brazil, a nutritional epidemiological polarization is observed, marked by the persistence of malnutrition in certain regions and by the diffuse distribution of excess weight in others, which has reached indiscriminately the most diverse population groups. In this sense, it is necessary to reduce nutritional deficiencies and, at the same time, to promote healthy eating habits from childhood, in order to modify the nutritional, epidemiological and mortality profile of the population(3).

For proper dealing with childhood obesity, promoting healthy eating is critical during childhood when tastes are
being formed. It is also important that the child develops the habit of eating meals with his family at regular times, since the family’s eating habits and unhealthy practices of the caregivers are the main risk factors for childhood obesity(4).

Much is discussed about the prevention of childhood obesity by encouraging breastfeeding and promoting healthy eating, as well as through regular physical activity. In addition, regulatory standards and controls of the food industry for children are developed worldwide to prevent the inopportune and exaggerated consumption of foods of low nutritional quality among children and provide greater family food security(5).

In order to emphasize the complexity of childhood obesity, a qualitative, phenomenological study with those who experience childhood obesity, that is, obese children and their parents, investigated factors that make it difficult to cope with this phenomenon and emphasized the need for more effective interventions that consider all the elements that surround the phenomenon, including family relations(1). In this sense, authors recognize the influence of family habits on children’s eating, as well as the higher incidence of childhood obesity when one or both parents are obese, since the relatives have a significant influence on their children’s habits(6,7).

Considering the above, and the scenario of changes in the nutritional pattern, in which a significant increase in childhood obesity is observed and the importance of the family in this context is recognized, the present study is justified by the need to know better the dynamics of families of obese children in order to broaden the understanding of the phenomenon. Thus, this study aimed to understand how families of obese children deal with childhood obesity.

METHODS

A descriptive, exploratory, qualitative study carried out in the municipality of Guarapuava-Paraná (PR). Participants were eight family members of obese children followed-up at Nutrition Clinic School of the Centro-Oeste State University, through an extension project developed by the Nutrition course.

The inclusion criteria included: to be a family member of a child participating in the childhood obesity group; to be over 18 years old; and to live in Guarapuava-PR.

Data collection took place between January and June 2017 by three researchers. Firstly, telephone contact was made with the possible participants to be, in which we explained the objectives and procedures involved in the study and invited them to participate. Then, through acceptance, home visits were scheduled for semi-structured interviews, conducted by guiding questions. The interviews lasted approximately 20 minutes, were recorded and later transcribed in full. It is emphasized that the interview was not performed in the presence of the child, so that the relatives could express themselves with greater freedom regarding the phenomenon researched.

After transcribed, the data were worked through the technique of Content Analysis, thematic modality, proposed by Bardin(8), which contemplates a set of techniques of communication analysis aiming to obtain, through systematic procedures and objectives of describing, the content of the messages, indicators that allow the inference of knowledge regarding the conditions of reception of these messages. The three phases were covered: (i) pre-analysis, which consists in the organization of the collected material, when performing floating reading, to formulate hypotheses, which supported the elaboration of indicators, through text cuttings in the analysis documents; (ii) exploration of the material for the definition of the categories by means of the registration units corresponding to the segment of the message, in order to understand the exact meaning of the registration units; (iii) treatment of the results, for inference and interpretation of the data, for highlighting the information for analysis, culminating in inferential interpretations, moment of reflexive and critical analysis(8).

In compliance with the guidelines for human research in Resolution 466/2012 of the National Health Council, the project
was previously submitted to the Ethics Committee in Research with Human Beings of the Centro-Oeste State University, being approved under opinion no. 684.231. All participants signed the Free and Informed Consent Term in two copies and were kept under anonymity, so that they will be cited in this study only by acronyms, followed by a number corresponding to the order of the interviews, for example: interviewee 01 was presented as E1.

RESULTS

Characterization of study population

The age of the children whose family members participated in the study ranged from six to ten years; five were girls and three boys. On average, they had been participating in the university’s extension project for one year.

Regarding to the characteristics of the relatives, the majority was mother and only one was the grandfather. Almost all of them had less than six years of study, except one mother, who had higher education. The average income was between one and two minimum wages and, in the households, there were four people, on average.

The analysis of the speeches revealed two thematic categories: “The influence of the family on healthy habits” and “Childhood obesity and social prejudice”.

The influence of the family on healthy habits

It was possible to identify, through the speeches, that families recognized themselves as the main influence in the development of children’s eating habits, since all the actions they performed were reproduced by the children during the development process. This aspect can be verified in the following statements:

“There was one time he asked if I did not want to play ball with him … I said that later I would, but I did not go” (E1).

According to the interviewees, the fact that they worked and, thus, were absent from home during most of the day, had an impact on the dietary habits of the family, and therefore of the children, as expressed in the following statements:

“After six o’clock I go to school, but, all day long, she’s eating her ‘junk’. Dinner is at the grandmother’s. Then she eats with the grandmother, eats with her father, and when I get home, sometimes she says she’s hungry, that nobody gave her anything to eat. “I’m in not sure, so I give her food the same way” (E4).

“Rice, for a long time, I tried to cook the whole one, but, as a matter of time, I would come from work at lunch, but how about cooking time?” (E2).

In addition to eating habits, the interviewees also mentioned difficulties for regular physical activity. They claimed, above all, lack of time and reduced home space:

“There is no room here, it’s dangerous on the street and we work all day, we cannot get her to play, to spend energy” (E2).

However, some relatives, aware of the importance of physical exercise, encouraged children to practice physical activities continuously, despite the difficulties to start and keep them:

“Here at home even alone she does physical activity and she loves it, I start and I stop. He cannot wait to come to the group [follow-up of the University extension project, he loves. On vacation she will miss it” (E7).

In the course of the research, we also observed another point that deserves to be highlighted: the risk of differentiated eating at the weekends, which is often mentioned by family members as a synonym of leisure. It is pointed out that the term leisure was often associated with the consumption of caloric and unhealthy foods at the weekend, to please children. The following statements shows this behavior:

“Maybe if the adults practiced some sport, she would be more excited to do it too” (E4).
“On weekends we eat different things, some junk” (E4).

“There’s always that one: ‘Oh, I’m going to take a little goodie and this and that’. It does not good because he gets used to the wrong way” (E2).

Other respondents stated that they somehow tried to control the children’s diet, as they considered the food pattern they keep being exaggerated. Thus, they sought to eliminate some foods that they considered to be the most harmful to health:

“The other day he finished eating some donuts, then he got a yogurt, finished the yogurt and still wanted me to warm up the pasta left over from lunch at three o’clock in the afternoon for him to eat ... then he got up and went to get a cereal bar to eat” (E2).

“Pizza is not always, but we buy soda, ice cream, chocolate, fritters, popcorn, whatever crap she eats” (E4).

“In the morning it’s coffee with milk, bread and butter, seldomly a ham, because you must cut it, otherwise he would eat only ham and cheese. Rice he does not eat at all, but if I make rice dumpling, which is fried, he gobbles” (E6).

Also, in order to control the consumption of certain foods, some said to follow the recommendations of health professionals. However, when the child refused to eat what had been indicated, they allowed them to eat only the preferred foods among the others, which, according to them, made it difficult to cope with childhood obesity in the family. Thus, the guidelines were often not applied in practice, as the following statement reveals:

“I would make his food just like they directed me, very colorful. And he ate only the meat, the rest he left. Every day like this, and I as a mother, I prefer to give what he wants than seeing him not eating” (E3).

In summary, in this category it was evident that eating habits and regular practice of physical exercise among obese children are considerably influenced by the habits and routines of their families. In addition, although family members identify harmful eating habits in their children’s daily lives, routine work and lack of time prevent changes in lifestyle.

Childhood Obesity and Social Prejudice

In this category, it was possible to show, through the statements of the participants, that obese children suffer from prejudices, which demands family’s skills to help them face this situation:

“She talks a lot, makes new friendship easily, but nowadays she has been discriminated” (E5).

“There are children who call her chubby. Then, sometimes in the van they say, ‘I will not sit on beside you, you’re chubby’” (E7).

Dealing with behavioral and psychological conditions is also essential because social prejudice and judgment can alter children’s behavior and compromise their health:

“Other kids end up calling him fat, chubby. He gets upset and sad at times” (E3).

“She is very friendly, good and well behaved. The problem is when some child calls her chubby, then she comes crying at home” (E7).

By identifying situations of prejudice and discrimination, which are known to cause sadness to the children, parents were very concerned about offering support to their children so that together they could face obesity and deal with its consequences:

“Bullying is something we talk at home, we always talk about everything. We give enough freedom for him not to keep to himself” (E3).

“When she was younger, she was more active, after she became chubbier, she stopped, she likes to go, but I think she is ashamed to run, because there are some that are not so chubby. We want her to try because, in addition to helping with weight loss, she makes friendships” (E8).

It was identified that families lived daily with the prejudice and discrimination associated with childhood.
Child obesity and family struggle

Obesity and, therefore, encouraged the children to share their anguish. They also encouraged them to approach other children and make new friends, hoping that this would help them overcome emotional distress.

**DISCUSSION**

As to dealing with childhood obesity, it is central that the family recognize itself as a provider of healthy habits, or not, for children. In this regard, it was evident in this study the participants’ recognition that the beginning of obesity is linked to harmful habits of the family, both food and those resulting from lack of physical exercise. A similar situation was observed in a study carried out in two public schools in the interior of São Paulo, in which the parents identified themselves as part of the children’s obesogenic environment.

Another aspect recognized by the literature and evidenced in the present study concerns the absence of parents, who often work during most of the day, which is known to interfere with family life. This absence compromises the exchange of daily experiences between family members, which are essential to the child who is establishing their habits, either by the meal offered at the right time, by the choice of the correct foods, or by the strengthening of family ties.

However, overcoming this problem there may be many challenges. The study recognizes that parent-child involvement is often difficult due to lack of time to supervise nutrition and physical activities, and 85.7% of the children and adolescents interviewed showed that inadequate eating habits were associated with family psychodynamics.

Investigating the phenomenon more deeply, a qualitative study carried out in a city of Minas Gerais showed that family caregivers perceived physical and psychosocial impairments in the quality of life of overweight and obese children and adolescents.

Health professionals should work to ensure that the family recognizes the problem of childhood obesity as something shared by all members, and treatment should consider the groups’ histories, sufferings, conflicts, values, cultural beliefs and knowledge. Therefore, authors point out the need for psychotherapeutic treatment for both patients and their families in dealing with obesity.

In order to promote a healthy lifestyle by the children, the Ministry of Health established the need to promote the energy expenditure of this population, which involves, among other actions, the encouragement of physical activities in the family. The parents’ lifestyle influences, even unconsciously, the construction of a nutritional and life pattern that will determine, or not, the child’s obesity. Thus, changes in family structures, gender roles, and the values of a capitalist society can be considered as determining factors for overweight and childhood obesity, so that one way to achieve improvements in health care for children may be to strengthen these institutions.

A literature review on the influence of physical exercise on childhood obesity showed that overweight makes it difficult to perform this type of activity. In addition, the lack of willingness of obese children to do physical activity has attracted the attention of different authors, who point out the decrease in the physical performance and the parents’ irregular habits as obstacles to the confrontation of obesity. On the other hand, the decrease in BMI and cholesterol and the improvement of body composition are considered some of the benefits of regular practice of physical exercise in the family.

Although considered a source of pleasure, food should not be capable of compromising health by inadequate consumption. Although the habit of eating more caloric foods on weekends should not be strongly criticized, the child’s ability to develop a preference for such foods and desiring to eat them daily is troubling because they are tasty and therefore naturally instigate the consumption. In addition, obesity prevalence has increased in most industrialized countries as a result of overeating, promoted by easy access to highly palatable foods, together with high concentrations of salt, sugar, preservatives and high calories.
The difficulty in controlling food emerged from the speeches of the participants of this study as something to be wary, since, given the children’s demand or to stop a crying crisis or even a temper, they allowed them to consume only the food of their choice. Authors claim that this parents difficulty in denying certain foods to their children or demanding a healthier diet is common, especially when they feel guilty about having spent the day at work\textsuperscript{(18)}. It is a situation that not only contributes to the increase in weight and risk of comorbidity but also makes it difficult for the child to be treated by adhering to healthy habits, stimulated in the present study by participation in the extension project.

The evolution of society was accompanied by the production of various types of food, which were developed to guarantee greater acceptance of the population and, therefore, greater consumption and commercialization. New ingredients were used to produce increasingly attractive and tasty foods that could catch the attention of children. However, in addition to the fact that these products have reduced the quality of nutrients, consumption and easy access have been banalized, as well as the association of these foods with moments of fun and leisure\textsuperscript{(19)}. In this context, parents have the difficult task of controlling the consumption of these products among children, given the influence of the family in this context, which must be prepared to face the challenges involved in the necessary control of children’s eating patterns, especially when there already are associated comorbidities, such as juvenile diabetes mellitus\textsuperscript{(20)}.

Study finds that the eating to control the emotions of children is something that can also contribute to obesity in childhood. In this case, the fact that parents offer food for the purpose of alleviating feelings of emotional deprivation will make them frequently offer the child, who will want them frequently, many times exaggeratedly\textsuperscript{(21)}. Thus, the parents’ lifestyle unconsciously influences the construction of a nutritional and life pattern that will determine the child’s obesity\textsuperscript{(15,22-25)}.

It is important to emphasize that prejudice is one of the main problems to be faced by children who are overweight, especially in school settings\textsuperscript{(13)}. The discrimination obese children and adolescents suffered is increasing, and the impacts are observed early: smaller group of friends, less affection of parents and worse school performance\textsuperscript{(19)}. Social issues involving childhood obesity will largely contribute to behavioral changes and may lead to psychological problems in children.

When obesity affects children and adolescents, it is common for them to develop symptoms suggestive of depression, expressed by symptoms such as attention deficit, hyperactivity, low self-esteem and behavioral disorders, impairing their development in this stage of life\textsuperscript{(26)}. Studies also mention the existence of stigmatized patterns in society, which favor the development of symptoms of anxiety, depression and stress among obese children and adolescents, with impairments in their intrapersonal and interpersonal relationships\textsuperscript{(27)}. In this way, providing psychological support is as important as guiding and encouraging the adoption/maintenance of healthy lifestyle habits. Providing security, acceptance and encouragement enables more effective dealing with this issue\textsuperscript{(28)}.

**FINAL CONSIDERATIONS**

The results of this study show that families recognize the decisive role they play in developing healthy habits on the part of children. However, some difficulties faced by family members for the adoption of good life practices for themselves and, consequently, for children, became evident. Social demands, especially lack of time due to working, are the main reasons of the problem.

Parents need to be sensitized about the consequences of obesity so they can promote changes in family dynamics. Therefore, it is suggested that the whole family, and not only the child, should be followed up by offering care services to the obese child at school, at the health service or at outpatient clinics.
The family’s participation in the process of dealing with obesity is unparalleled, for the simple fact that everything the child observes and learns in the home will reflect in their daily lives. In this way, for him/her to achieve progress and modify her life habits, the support of parents and relatives is necessary.

Social prejudice was also identified in this study as a problem to be faced. Social factors, related to the prejudice associated with obesity, influence the life and feelings of these children.

Knowing the individuality of each family is essential, since each one can present different factors that increase the risk for obesity. Psychological components may contribute to a vicious cycle and favor weight gain and the development of other comorbidities. Therefore, the treatment of obesity is complex and requires the involvement of family members, since they are mainly responsible for teaching and encouraging healthy habits, as well as for identifying problems in the children’s organic and emotional development.

It is suggested that health education programs to address childhood obesity should privilege family care so that they can reach their primary goal of action (the child), because when they work only with the child patient, changing the dietary pattern becomes harder. In this sense, health professionals, when caring for obese children, should consider them in their family contexts, since eating patterns are inherited from the family.

Individual contribution of authors: Oliveira AC; Ribeiro DM; and Camargo EM: contributed substantially to the collection, analysis and interpretation of data and to the writing of the article and its critical revision. Soares LG; Abreu IS and Soares LG: contributed substantially to the research conception or design and approved the final version to be published. All authors claim to be responsible for all aspects of the work, ensuring its accuracy and integrity.

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