

Research links family's role in reducing childhood obesity

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Despite recent data showing that childhood obesity in the U.S. has begun to drop, overweight and obese kids and teens remain a personal and public health hazard. According to the Centers for Disease Control and Prevention, about 17 percent of children and adolescents ages 2-19 are obese—that's roughly 12.5 million kids and teens.

"The data indicate that children with obesity just don't have as good a quality of life," said Ric Steele, professor of psychology and applied behavioral science at the University of Kansas. "Risk for type 2 diabetes is skyrocketing. The CDC predicts that within 20 years half of America will have type 2 diabetes. We can think about societal costs represented in this figure—that's a monumental investment in an essentially preventable illness."

Steele says that there are individual costs as well: "At the individual level, children and adolescents with obesity may not feel as well. They may not sleep as well. And they may actually experience some psychosocial problems like teasing, victimization, depressive symptoms—and just generally don't feel as good as they could feel if they were in a healthier condition."

For such children and teens, Steele has compared the effectiveness of two intervention programs that depend upon the child or teen's entire family for support. The KU researcher said that engaging the family is critical for developing healthier eating and <u>lifestyle habits</u> that lead to a reduction in weight in children and teens.



"Kids don't do shopping for themselves usually," Steele said. "For kids, eating decisions and exercise decisions are based in part on what's considered normal. So for me, as the dad, to say, 'Go outside and play,' if I'm not willing to be active, too—that sends a mixed message that doesn't really work for the kids. We think about a whole family approach. We all want to be healthy. So regardless if I'm personally overweight or not, I need to live a lifestyle that's healthy and will encourage a healthy lifestyle for all of the members of my family."

In a paper published in the *Journal of Pediatric Psychology*, Steele compared Positively Fit, a nutrition, exercise and behavior modification program for children and their families, which featured 90-minute counseling sessions and spanned 10 weeks, with a brief family intervention consisting of three hourlong visits with a dietitian.

"Both of the groups ended up losing weight from pre-intervention to post-intervention and at one year followup," said Steele. "That's particularly true for the pre-adolescents."

Steele used zBMI (age- and sex- standardized body mass index) for the primary outcome of the study. At the one-year followup, 41 percent of the participants in the Positively Fit program saw reductions greater than 0.18 in zBMI. Meantime, 38 percent of the participants in the brief family intervention also met this measure.

"Even though weight loss didn't differ very much between the two groups, self-reported quality of life improved dramatically for the kids in the Positively Fit program," said Steele. "We assume that's because of some of the topics covered in the Positively Fit group sessions. We talk about eating out, we talk about being around peers who may or may not be overweight, and we talk about victimization and teasing. We deal with a lot of real-world problems in Positively Fit that the other intervention just doesn't deal with. So it makes sense that their quality of life would



have improved due to the intervention."

One group that didn't see large changes to zBMI was adolescents.

"Parents have so much more influence over the younger kids," Steele said. "Your 14-year-old or 15-year-old? Their job in a sense is to break away and be more independent. So it may take a different kind of intervention for those adolescents who are more autonomous and increasing in their autonomy over time." Steele's current work is investigating ways to make the intervention even more effective for families.

Provided by University of Kansas

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