

Household routines may help reduce BMI in minority children

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An intervention to improve household routines known to be associated with obesity increased sleep duration and reduced TV viewing among low-income, minority children, and the approach may be an effective tool to reduce body mass index (BMI) in that population, according to a study published by *JAMA Pediatrics*.

Racial and ethnic [minority children](#) and those who live in low-income households are disproportionately overweight and it is urgent to develop an intervention for them, Jess Haines, Ph.D., M.H.Sc., of the University of Guelph, Ontario, Canada, and colleagues, write in the study background.

"The purpose of this study was to assess the extent to which a home-based intervention, compared with a mailed control condition focused on healthful development, resulted in improvements in [household routines](#) that may be preventive of childhood overweight and [obesity](#) among racial/ethnic minority and low-income families with children aged 2 to 5 years," the authors note.

The study assigned 121 families with children at random into intervention (n=62) or control groups (n=59). A total of 111 children-parent pairings completed the six-month follow-up assessments.

The intervention, which used home-based counseling and phone calls, was designed to change behaviors related to excess weight gain, but child weight was not discussed in the intervention.

Compared with the control group, which received educational materials, intervention participants experienced increased sleep duration (0.75 hours/day), greater decreases in TV viewing on weekend days (-1.06 hours/day) and decreased BMI (-0.40), according to the study results.

"In summary, after six months, we found that the Healthy Habits, Happy Homes intervention improved [sleep duration](#) and TV viewing behaviors, as well as decreased BMI among racially/ethnically diverse children from low-income households. Future studies with a longer follow-up are needed to determine maintenance of these behavior changes," the authors conclude.

In an editorial, Aaron E. Carroll, M.D., M.S., of the Indiana University School of Medicine, Indianapolis, writes: "Everyone knows that an obesity epidemic exists in the United States right now."

"However, few dispute that preventing obesity is much easier than curing it. But obesity starts so young now that only by focusing more on young children, can we hope to stop overweight before it starts," Carroll continues. "Rather than drill down to a specific eating or exercise change, creating a healthier household may be a better way not only to improve weight, but overall physical and mental health as well."

"Plenty of caveats exist. The change in BMI was small, and it is unclear whether it will persist in the long-term. ... Of course, further work is needed to see how such an intervention could scale up into a larger program, let alone into public policy. But by focusing on behaviors that in and of themselves are good regardless of BMI, Haines et al have provided us with an [intervention](#) that can be considered in and of itself desirable even if the obesity effect is transient," Carroll concludes.

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