

## 5 obstacles parents commonly face in child obesity treatment and how to overcome them

August 24 2018, by Lesley Young

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Treatment for children with obesity works best when parents and kids are equal partners in changing habits, says a U of A expert in pediatric obesity. Credit: World Obesity Image Bank

It's not easy helping kids with obesity lose weight: U of A experts provide advice on some of the challenges parents are up against.

While family motivation plays a vital role in the treatment and successful

management of pediatric obesity, changing health habits needs to be a 50-50 enterprise between parents and children with obesity for it to be successful, according to a University of Alberta expert.

"The best outcomes at our weight management clinic occur in families where both the parents and the children are on the same page and equally motivated," said Geoff Ball, a U of A professor of pediatrics and director of the Pediatric Centre for Weight and Health at the Stollery Children's Hospital.

"It's also about timing," added Ball, noting that their research shows that while many families don't act on the first referral to a weight management clinic, many do on the second or third referral.

"That suggests there isn't necessarily a lack of motivation at play, but rather that life and all its challenges may simply get in the way.

"The key is to keep offering families opportunities to access support and care, because we know that without intervention, [pediatric obesity](#) typically continues into adulthood."

With that in mind, here are five common obstacles parents face, and tips that may help in some situations.

## **1. Myths that perpetuate childhood obesity**

Some parents don't seek treatment for children with obesity because they believe either their child will "grow out of the fat" or that there is nothing unhealthy about their size.

"The reality is that most kids who are tracking along the growth curve and who are bigger are more likely to remain bigger or stay in that curve," said Ball.

On the other hand, some families don't think about their children's size in terms of BMI or health risks, but rather view it as normal because the rest of the family or friends may be bigger as well, explained Ball.

"They may say, 'Oh, my kid is big like his dad or grandma.' People don't need to be told they are big. They know. The issue is being able to help them at a time when they're ready, willing and able to access and accept support that can be addressed."

## **2. Unrealistic expectations that lead to apathy**

Nadia Browne, a U of A Ph.D. student in the Department of Pediatrics and a WCHRI-funded trainee, said [unrealistic expectations](#) can interfere with parents following through on treatment.

"Sometimes the expectations come from the media; other times family physicians who refer families may give them false hope around a weight-loss goal. Either way, it does contribute to clinic dropout rates when children don't lose the amount of weight they expect," said Browne, who conducts research on families' motivation at the Stollery pediatric weight management clinic under Ball's supervision.

"The healthiest approach is to come at treatment from a lifestyle perspective rather than focus on a number," she said. "We like to help families set their own goals and focus on making positive, simple changes, such as swapping out soda for more water."

## **3. Mental health challenges**

"We know from the literature that parents' mental health can contribute to [childhood obesity](#) and make treatment more challenging," said Ball.

"For example, if Mom or Dad is depressed and not very active and

making less [healthy food](#) options—all of which can have a negative influence on the child."

That's why the mental well-being of families is addressed at the clinic, often before any other weight management initiatives are undertaken, he added.

#### **4. Value judgments that provoke non-disclosure and shame**

For some families, logistical and financial issues can prevent them from travelling to a clinic or making healthy lifestyle changes to help their child lose weight, said Ball, noting their research is revealing another problem that exacerbates these particular barriers.

"We are finding that, in some cases, there's value judgment or implicit bias that creeps into the conversation between health professionals and families."

As a result, parents are not disclosing obstacles they perceive as shameful, such as being unable to afford healthy food options. In turn, parents may be missing out on assistance, he said.

For example, at the Stollery pediatric weight management clinic, social workers are available to help families gain access to food centres or obtain reduced rate passes to activity centres, noted Ball.

"The key is to help all health professionals become aware of the language they use in conversations about weight and health to keep their value judgments in check," he said.

#### **5. Cultural impediments**

Making healthy food changes can be a challenge for some families who are new to Canada and unaccustomed to eating in a certain way, said Browne.

To help some families make adjustments, the Stollery pediatric weight management clinic will have a registered dietitian visit the family's home or go grocery shopping with them to raise awareness about healthy foods that might otherwise be unfamiliar to them, noted Ball.

Bottom line is that parents should be proud of every positive step they make, no matter how small, toward helping their child make healthy lifestyle changes, said Browne.

"I encourage parents to keep up the good work, to acknowledge that what they are doing is not necessarily an easy thing to do. And to remind them that they have support in our clinic," she said.

Ball added, "Just to prioritize a few positive changes is a huge success. Physical activity isn't about how far or fast you run, but just getting out there and doing it. Families need to remember that all the small steps will add up and help over time."

Provided by University of Alberta

Citation: 5 obstacles parents commonly face in child obesity treatment and how to overcome them (2018, August 24) retrieved 20 April 2024 from <https://medicalxpress.com/news/2018-08-obstacles-parents-commonly-child-obesity.html>

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