

Talking to kids about weight: What the internet says and why researchers are wary

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Topic Domain	Example	Number Guidelines Included (%)
Conversation tips	"Some phrases you could encourage them to use when talking to their children include: 'We as a family' or 'Your dad and I think we should focus on eating more healthy foods and doing more active things together as a family'" (Health Promotion Ireland)	12 (92%)
Body acceptance & self-esteem	"Point out examples of your child's strengths to help your child recognize that they possess positive qualities." (Rudd Center)	9 (69%)
Behavior modeling	"Parents play a determining role in the behavior of their children, as well as the environment in the home. They are models and serve as important examples for their children." (EASO)	8 (61%)
Dietary recommendations	"Talk to them about why an overly salty or heavily sugared snack is not the best choice." (NIDDK)	7 (54%)
Other influences	"Use programs and ads to spark chats about your values. These talks may help your child make healthy choices outside the home." (NIDDK) "Making changes to your child's lifestyle directly as a result of the bully's words is not a good idea. Discuss making changes separately from the bullying with your child." (Health Promotion Ireland)	7 (54%)
Addressing weight versus overall health	"Unless advised by a health prof. focus on health and healthy lifestyle rather than weight loss." (Sydney Children's Hospitals Network) "There's no evidence that discussing weight as a matter of health, in a motivating and caring way, results in psychological harm." (STOP)	7 (54%)
Contact with HPs	"For Advice/Support You may call or consult: • your child's physician • the school nurse/physician in your region • a dietician" (EASO)	6 (46%)
Physical activity	"Encourage your child to join a sports team or class, such as soccer, dance, basketball, or gymnastics at school or at your local community or recreation center." (WIN)	6 (46%)
Attitude modeling	"When you see examples of weight bias – whether in the media, in public, or targeted towards your child – express your disapproval and explain to your child why it is wrong." (Rudd Center)	4 (31%)

The table shows the nine different topic domains identified in the guidelines, examples of how they appeared and a percentage of how often they appeared. Credit: Center for Weight, Eating and Lifestyle Science at Drexel University

Parents, caregivers and health care professionals are increasingly concerned about childhood obesity. Compounding their concern are

fears of inadvertently provoking disordered eating, such as unhelpful dieting, when discussing a child's weight status (i.e. normal weight, overweight or obese). Given the complexity of these concerns, major health advocacy groups have independently published guidelines for having conversations with children about weight status—all at the fingertips of parents, caregivers and health care professionals with a quick internet search.

To help sort it all out, researchers from the Center for Weight, Eating and Lifestyle Science (WELL Center) in the College of Arts and Sciences at Drexel University systematically reviewed numerous independently published guidelines for having conversations with children about [weight status](#) to analyze their content, consistency, actionability and scientific support.

"It's important that parents and [health care](#) professionals be critical consumers of guidelines on talking to kids about overweight and obesity because guidelines have a lot of variability between them on the question of whether or not to talk about a kid's weight directly," said Elizabeth Lampe, [graduate student](#) in the College of Arts and Sciences and lead author. "Parents and health care professionals should read several different guidelines and make sure that they are making the best decision for their kid, since every situation can be unique."

Researchers performed web-based searches that identified 59 independently published guidelines on [childhood obesity](#) by major health advocacy groups. Only 13 provided explicit direction on how the caregiver or health care professional should approach a conversation about overweight or obesity with a child.

Throughout the 13 guidelines, nine topics were identified within the advice provided: attitude modeling (covered by 31% of guidelines), behavior modeling (61%), dietary recommendations (54%), [physical](#)

[activity](#) (46%), body acceptance and self-esteem (69%), conversation advice (92%), contact with health care professionals (46%), talking about "weight" versus "overall health" (54%) and external factors, such as bullying and/or media (54%).

Lampe noted that although all guidelines presented similar content, several inconsistencies in recommendations emerged. Only three of the 13 guidelines referenced any scholarly sources and only a small minority of advice was easily applied to everyday situations by caregivers or health care professionals.

"We call for future guidelines to unify their messages for caregivers and [health care professionals](#) and be better supported by scholarly data," said Lampe.

She added that parents and caregivers are not the only consumers of these guidelines.

"Policy makers may be using these guidelines to influence their decisions or practitioners might use these [guidelines](#) to inform their practice," said Lampe. "Some important implications of this could be a lack of health behavior change and potential perpetuation of weight stigma."

The report, "[Guidelines for Caregivers and Healthcare Professionals on Speaking to Children About Overweight and Obesity: A Systematic Review of the Gray Literature](#)," was recently published in *Translational Behavioral Medicine*. Authors include Sophie Abber, graduate student; Evan Forman, Ph.D. and Stephanie Manasse, Ph.D. of Drexel University.

More information: Elizabeth W Lampe et al, Guidelines for caregivers and healthcare professionals on speaking to children about

overweight and obesity: a systematic review of the gray literature,
Translational Behavioral Medicine (2020). [DOI: 10.1093/tbm/ibaa012](https://doi.org/10.1093/tbm/ibaa012)

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