Study finds solving obesity epidemic can start at home

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Fighting the wave of adolescent obesity in New Zealand could be as simple as establishing family rules and routines around food consumption and limiting screen time, a new University of Otago study

has found.

These positive approaches to staying healthy were revealed to be working for study participants, despite them being considered high-risk of the condition - those living in low socioeconomic, Pacific communities.

Lead researcher Dr Tasileta Teevale believes paediatric obesity is a health priority for New Zealand as it has one of the world's highest rates, particularly for Pacific New Zealanders.

"As Pacific New Zealanders make up one in four of our children under the age of 15 years, it is important for our country, and researchers, to focus on the health of New Zealand's next generation," she said.

The study, funded by the Health Research Council of New Zealand, used a novel solution-focused approach which looked at what families were doing well to keep themselves healthy.

This approach "highlights family resilience and agency," Dr Teevale said, as well as urged the research community to focus on highlighting positive behaviours to solve entrenched health issues.

It was important for solutions to come from the communities of interest, particularly for obesity research which could stigmatise people with the condition.

Researchers interviewed and assessed 68 parents and adolescents from 30 Pacific Island families in a low socioeconomic neighbourhood.

In analysing the data, the researchers were guided by one key question: how did the two households, one with an obese adolescent and one with a healthy weight adolescent, differ in terms of food and physical activity

practices in the home?

They found three key differences:

1. Parents with healthy weight children regularly ate breakfast and lunch while parents of obese children often skipped these meals due to time constraints and work commitments, such as working night shifts. In either case, children matched their parents' eating habits. In addition, obese children often substituted breakfast at home with high-energy store-bought food as breakfast on-the-run. One study participant reported buying fizzy drink and a pie for breakfast was common.
2. Parents with healthy weight children had specific, strict, household food rules, such as banning fizzy drinks, cooking homemade meals, and not buying junk food.
3. Households with healthy weight children had rules limiting screen time (such as television and electronic gaming).

These "resiliency factors" can be applied to obesity prevention and treatment programs and shows that solutions to obesity lie within the community.

This may be particularly effective for Pacific people, and other ethnic minority groups, who value role modelling from families with similar circumstances and backgrounds.

Along with adopting the habits of healthy weight households, the researchers recommended banning the sale of sugary drinks in schools.

"How can we say to parents to not have fizzy drinks at home, yet, when the schools are teaching about healthy nutrition in health class, and then the bell rings, students can purchase sugary beverages at the school canteen?

We need to follow World Health Organisation guidelines. The present government has been too pro-industry and anti-public health in its approach. In this way, the Minister of Health has been unsupportive of New Zealand's next generation health status," Dr Teevale said.

More information: Tasileta Teevale et al. Using appreciative inquiry methodology to develop a weight management program for obese children in New Zealand, *Australian and New Zealand Journal of Public Health* (2017). DOI: 10.1111/1753-6405.12719

Provided by University of Otago

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