



PARENTAL PERCEPTION OF CHILDHOOD OBESITY IN DUTCHESS COUNTY, NEW YORK

ELAINE SUDERIO-TIRONE, FNP, DNP



INTRODUCTION AND BACKGROUND

- Childhood obesity is a serious global health challenge (World Health Organization (WHO), 2014).
- Globally, the number of overweight and obese young children has increased from 32 million in 1990 to 42 million in 2013 (WHO, 2014).
- In the U.S., 16.9% of children are obese and 31.8% are either obese or overweight (Robert Wood Johnson Foundation, 2015).
- Obesity is associated with cardiovascular and metabolic diseases, chronic inflammation, type 2 diabetes mellitus, asthma and psychological problems (Krebs, Himes, Jacobson, Nicklas, Guilday & Styne, 2007).
- The Cornell study reports that an obese person incurs medical costs that are \$2,741 higher than if they were not obese. Nationwide, that translates into \$190.2 billion per year, or 20.6 percent of national health expenditures.

A key tool for combating obesity in children is parental involvement which is predicated with their recognition of their child's weight (Lundahl et al., 2014).

There are a number of parents who do not accurately assess their child's weight status (Lundahl et al., 2014).

These parents are less likely to take initiatives in achieving and maintaining their child's healthy weight (Chen, Lemon, Pagoto, Barton, et al., 2014).

RESEARCH PURPOSE

Examine the parents' understanding of obesity as a health risk, knowledge of basic healthy eating habits, and recognition of obesity in their children.

METHODOLOGY

Research Design

Non-experimental, quantitative, correlational, descriptive, cross-sectional study

Population

- Convenience sampling
- Parents of children 5 -17 years old in Dutchess County
- Power Analysis 95% confidence level confidence interval of 5, N = 381.

Data Analysis

Frequencies, means and standard. Descriptive analysis Variables were cross-tabulated and Pearson Chi Square analysis were calculated. Spearman rho correlation tests were done to examine relationships between variables .

RESULTS

- Samples (n= 1,008) who met the inclusion criteria and completed the survey
- 1,200 surveys were distributed in different offices-
- 1,075 surveys collected, with a response rate of 90%
- 11 did not meet the inclusion criteria
- 56 surveys were not completed and were therefore excluded from the study

DEMOGRAPHIC CHARACTERISTICS		FREQUENCY (N=1008)	PERCENT
PARENT GENDER	MALE	202	20%
	FEMALE	806	80%
PARENT RACE	WHITE	542	54%
	BLACK	230	23%
	ASIAN	47	5%
	ARAB	36	4%
	HISPANIC	148	15%
	OTHER	5	5%
EDUCATION	ELEMENTARY	29	2.9%
	MIDDLE SCHOOL	29	2.9%
	HIGH SCHOOL	195	19.3%
	VOCATIONAL	54	5.4%
	SOME COLLEGE	324	32.1%
	BACHELOR'S DEGREE	171	17.3%
	MASTER'S DEGREE	119	12%
	DOCTORATE	52	5.2%
	OTHER	18	1.8%

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Child's Weight Category Versus Accuracy of Perception

LEVEL OF ACCURACY	UNDERWEIGHT	NORMAL	OVERWEIGHT
ACCURATE	4 3.33%	480 97%	122 24.4%
INACCURATE UNDERESTIMATE	0 0.0%	10 2.0%	379 75.6%
INACCURATE OVERESTIMATE	8 67.7%	5 1%	1 0.2%
TOTAL	12 100.0%	495 100.0%	501 100.0%

Accuracy of Weight Perception Among Overweight and Obese Groups

OVERWEIGHT/OBESE PERCENTILE	ACCURACY	PERCENTAGE
>85 - 95 (OVERWEIGHT)	ACCURATE	19 5.4%
	INACCURATE UNDERESTIMATE	334 94.6%
>95 - UP (OBESE)	ACCURATE	101 68.2%
	INACCURATE UNDERESTIMATE	47 31.8%

DISCUSSION

- A high percentage of parents (76%) perceived their children's weight as normal when the children were actually either overweight or obese.

IMPLICATIONS

Insights on how to achieve the goals of weight management.

Target specific populations to provide proper education and help parents recognize their child's actual weight status.

The child's BMI should be discussed at every visit so that early intervention at all ages would be instigated immediately when necessary.

LIMITATIONS

The research used a convenience sampling restricted to one specific county of New York.

Generalizability of the results were restricted to parents of children between 5 to 17 years old.

Parents' height and weight were self-reported which depicts a potential inaccuracy of the information.

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