Parents’ role in prevention of childhood obesity

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Shireen Shehzad Bhamani

Madam, childhood obesity has reached an epidemic proportion in developing countries, including Pakistan. A Karachi-based survey in 2005 showed a prevalence of 5.7% for obesity among children whereas a recent Lahore-based study found an even higher prevalence of 7.5%. The impact of obesity on the lives is devastating when measured in terms of morbidity, mortality and disabilities. Pakistan, being poor in economic and health indicators, cannot afford the emerging costs of obesity epidemics. Thus, every effort should be made to prevent and modify unhealthy lifestyles by increasing health promotion measures while the condition is still in its early phase. Parent-based interventions can be of great importance if we want to start the prevention of childhood obesity from home.

Increase in obesity is attributable to a number of factors, including shift to unhealthy diet, and the switch from active leisure and recreational sports to sedentary forms of entertainment, including television, computer and video games. There is also an increasing trend of eating junk and empty caloric foods by the children. Parental education, socioeconomic status and reinforcement of cultural beliefs for being obese are found to be significantly associated with a cluster of unhealthy lifestyles which are leading to the increase in obesity statistics.

Parents can be very helpful in preventing childhood obesity. They are the key persons to shape their children’s dietary practices, physical activity, sedentary behaviours, and therefore their weight status. Their knowledge of nutrition can influence over food selection and home-eating patterns. Their modelling of eating practices and sedentary habits, including television viewing, are all influential in their children’s development of lifelong habits that contribute to obesity. Therefore, knowing the importance of parent’s role, clinicians and researchers should target this group to achieve the goal of reducing and preventing obesity in children.

In Pakistan, the availability of a tested parental-based approach is scanty. Hence, strategies such as demonstration of healthy eating habits by parents and the introduction of nutritious foods during early years of childhood were found to be significant in international studies which need to be tested in our context also. Moreover, fast food should be restricted, unhealthy snacks between meals should be discouraged and children should be motivated to do exercise. Parents should also be motivated to plan regular checkups of children. Families should try to make physical activity a family priority and establish rules that encourage activity and limit leisure time in front of the TV or computer.

Hence, to produce maximal behaviour change in children, it may be necessary to teach parents to use specific behaviour-change strategies. Parents are the core change mediators in weight-related interventions, and therefore their involvement is fundamental for the induction of a healthy environment, modelling of healthy eating habits and activity patterns. Thus, counselling families on behaviour change has been suggested as the paramount approach to prevent and manage childhood obesity. Government policy should also encourage physical activity as part of the school and madressah syllabus to prevent childhood obesity, otherwise we will continue struggling with obesity epidemic.

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References


