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Short Communication

Psychosocial Issues of Obese Children - Nurses Roles

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Abstract

Nurses play a crucial role in addressing psychosocial issues among obese children. Childhood obesity is a complex health issue that extends beyond physical health, impacting emotional well-being and social interactions. Here are some ways nurses can contribute to addressing psychosocial issues in obese children which are discussed in the article. Nurses need to be empowered to manage these concerns as they play a vital role in the health care team.

Keywords: Obesity; Psychological Issues; Low Self Esteem; Stigma

Introduction

At the beginning of the 21st century, the global crisis of children's obesity prompted researchers to look at perspectives other than traditional nutrition-science-based approaches to address the problem. Starting in 2005, our research team conducted a longitudinal study of rural elementary-school children [1]. The Inter- and Intra-Personal Risk (IIPR) model of obesity in childhood is an interdisciplinary representation of psychosocial risk factors based on empirical work in developmental, family, and nutritional sciences [2]. In this article, we present our work on psychosocial aspects of children's obesity among children at elevated risk for obesity due to their rural, low-income status. And we describe how our interdisciplinary work—which draws on the social, nutritional, and biological sciences—has played a role in expanding knowledge of the correlates of children's obesity and how they can be studied.

Figure 1

In the mid 2000s, research on children's obesity reached a turning point. Previously, research into human factors in children's obesity focused primarily on variables related to food and activity such as unhealthy eating and low physical activity. Studies that addressed psychosocial variables within the family were likely to focus on demographic variables (e.g., family income, single-parent status), and research that addressed factors related to schools or peers tended to examine variables like school lunches and nutrition curricula. Psychological variables studied were primarily related to children's self-esteem and body-esteem (self-evaluations of one's body or appearance), or to behavioral correlates such as internalizing and externalizing problems and depression. Based on reports by children with obesity, researchers were just starting to document teasing by peers.

As early as the 1990s, two interdisciplinary research groups examined family and peer factors in children's obesity. In the United States, studies by Birch and colleagues, and in the United Kingdom, studies by Wardle and colleagues helped alert researchers to the importance of psychological factors in the development of children's eating behavior and obesity. However, psychosocial factors in this work tended to be tied to food and physical activity. For example, Davison and Birch [3] proposed a contextual model of children's obesity in which parenting style referred to feeding practices and interactions with peers referred to dynamics such as children's exposure to peers who ate different food than they ate. This model has been influential, contributing to the turning point that coincided with the start of our work. But despite the model's

ecological approach, which suggests broadening factors to be examined, research worldwide focused largely on food intake and activity. Birch and Davison [4] examined factors related to the family environment and children's behavior controls. Yet eating environments referred to parents' eating behaviors and feeding practices, and behavioral controls referred to children's ability to regulate food intake. Proposed behavioral mediators of the link between parents and children's weight status included disinhibited or binge eating—behaviors tied directly to food. Wardle's group studied psychological variables such as negative attitudes toward obesity [5] and parents' feeding styles [6].

Childhood obesity in India is largely due to environmental influences, such as a change in diet from traditional to 'modern' foods, rich in fat and sugar [7]. Indians are genetically predisposed to obsessivity, but the rapid increase in childhood obesity is due to an imbalance between calories consumed and energy spent1. About 10-20% of children in India are obese, and this number increases to up to 30% among adolescents [2]. While obesity was once considered to be a sign of affluence in India, it is now being observed even among the middle and lower middle class populations [7].

In the early 2000s, we found ourselves at the forefront of a global challenge - childhood obesity. The conventional methods rooted in nutritional science weren't enough to tackle this crisis, prompting our team to explore alternative perspectives. Since 2005, we've been immersed in a longitudinal study focusing on rural elementary-school children. Our Inter- and Intra-Personal Risk (IIPR) model, born from interdisciplinary collaboration across developmental, family, and nutritional sciences, sheds light on psychosocial risk factors. In this narrative, we delve into the intricacies of childhood obesity among rural, low-income children, unraveling the profound impact of psychosocial elements.

The mid-2000s marked a pivotal moment in childhood obesity research, steering away from the conventional emphasis on diet and physical activity. Our exploration unearthed psychosocial variables within families, going beyond demographics. School and peer-related studies also evolved, moving beyond lunches and curricula. The psychological landscape expanded, encompassing self-esteem, body-esteem, and the crucial yet understudied realm of teasing by peers, as reported by children with obesity.

As early as the 1990s, pioneering interdisciplinary groups in the U.S. and the U.K., led by Birch, Wardle, and others, laid the groundwork for understanding family and peer factors in childhood obesity. Despite this, psychological factors were often tethered to food and physical activity. Influential models emerged, like Davison and Birch's contextual model, paving the way for our transformative work. Yet, despite ecological perspectives urging a broader examination, global research remained fixated on food and activity.

The narrative expands to India, where childhood obesity is propelled by environmental shifts in dietary habits. Transitioning from traditional to 'modern' foods, rich in fat and sugar, has led to a surge in obesity among genetically predisposed individuals. Shockingly, 10-20% of Indian children and up to 30% of adolescents grapple with obesity. Once a symbol of affluence, obesity now infiltrates even the middle and lower-middle-class demographics.

Our journey is a testament to the power of interdisciplinary collaboration, weaving together insights from social, nutritional, and biological sciences. We've not only uncovered the intricacies of childhood obesity but also paved the way for a more comprehensive understanding of its correlates. The message is clear: it's time to broaden our horizons and embrace a holistic approach to combat this global health challenge.

Assessment and identification

Conduct thorough assessments to identify psychosocial issues related to obesity. This includes evaluating self-esteem, body image, peer relationships, and emotional well-being.

Communication and counseling

Communicate effectively with both the child and their family to understand their concerns, fears, and challenges Provide counseling and support, addressing the emotional aspects of obesity and promoting positive body image.

Education

Educate children and their families about the psychological and social impacts of obesity. Help them understand that obesity is a multifaceted issue with both physical and emotional components.

Promotion of healthy lifestyles

Collaborate with other healthcare professionals to promote healthy lifestyles. Nurses can play a role in educating families about nutrition, physical activity, and overall wellness.

Building self-esteem

Implement strategies to build the child's self-esteem. Encourage them to focus on their strengths and achievements rather than their weight.

Support groups

Facilitate or refer families to support groups where they can connect with others facing similar challenges. This provides a sense of community and reduces feelings of isolation.

Anti-bullying initiatives

Work with schools to implement anti-bullying initiatives to create a supportive and inclusive environment for all students, regardless of their weight.

Collaboration with mental health professionals

Collaborate with mental health professionals to address underlying emotional issues. This may involve referrals for therapy or counseling services.

Advocacy

Advocate for policies and practices that promote a positive and inclusive school environment. This includes advocating for physical education programs, nutritious school meals, and anti-bullying measures.

Parental support

Provide support and resources for parents to help them address the psychosocial needs of their children. This may involve referring parents to counseling services or support groups.

Monitor and evaluate

Regularly monitor and evaluate the child's progress in terms of psychosocial well-being. Adjust interventions as needed and involve other healthcare professionals as required.

Conclusion

By addressing psychosocial issues among obese children, nurses contribute significantly to the holistic well-being of the child, promoting positive mental health alongside physical health. It requires a multidisciplinary approach involving healthcare professionals, educators, and families to create a supportive environment for these children.

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