Childhood obesity

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Abstract
Childhood obesity is a problem that is increasing (Blessing, 1986). According to Dietz, (cited in Blessing, 1986), the number of obese children between the ages of twelve and seventeen increased by 39 percent between 1963 and 1980. Obesity increased for children in the six to eleven year old range by 54 percent during this same time frame. Plimpton (1987) cited a number of studies which indicated that 25 percent of American children are obese and that 80 percent of those obese children will become obese adults. The criteria used to define obesity in various studies range from 15 percent or more overweight (Epstein, Koeske, & Wing, 1983; Isbitsky & White, 1981; Mendelson & White, 1982) to 20 percent or more overweight (Epstein, Wing, Koeske & Valoski, 1984; Kirschenbaum, Harris & Tamarken, 1984; Wadden, Foster, Brownell & Finley, 1984).
CHILDHOOD OBESITY

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Childhood obesity is a problem that is increasing (Blessing, 1986). According to Dietz, (cited in Blessing, 1986), the number of obese children between the ages of twelve and seventeen increased by 39 percent between 1963 and 1980. Obesity increased for children in the six to eleven year old range by 54 percent during this same time frame. Plimpton (1987) cited a number of studies which indicated that 25 percent of American children are obese and that 80 percent of those obese children will become obese adults. The criteria used to define obesity in various studies range from 15 percent or more overweight (Epstein, Koeske, & Wing, 1983; Isbitsky & White, 1981; Mendelson & White, 1982) to 20 percent or more overweight (Epstein, Wing, Koeske & Valoski, 1984; Kirschenbaum, Harris & Tamarken, 1984; Wadden, Foster, Brownell & Finley, 1984).

When compared with their normal-weight peers, obese children are at a greater risk of developing social and psychological problems (Blessing, 1986). Because of these implications, it is important for counselors and other school personnel to be aware of the increase in numbers of these children and consider what needs to be done in meeting their needs. The purpose of this paper is to examine the factors
contributing to childhood obesity, the problems faced by these children, and to explore the treatments and treatment effectiveness.

Factors Contributing to Obesity

According to Bruch (1973), the family plays an important role in the development and continuation of childhood obesity. Bruch (1973) noted that the communication in these families may be dysfunctional with regard to role allocation, content, and conflicting emotional messages. In many of these families foods may also be used inappropriately (Hecker, Martin & Martin, 1986), including using food as a reward, a consolation, or a remedy for boredom. Results of a study on the effects of parental involvement in weight reduction programs for children supported the belief that the family environment plays an important role in childhood obesity (Kirschenbaum, Harris, & Tomarken, 1984).

While other members of the family may contribute to a child's obesity, a second factor may be that the child uses the weight as a means of expressing anger at the parents (Hecker, Martin & Martin, 1986). These researchers went on to explain that when the child is neglected by the parents, he or she may seek to control
them by remaining overweight, thus gaining their attention, even if it is negative.

Still a third factor contributing to obesity is television (Blessing, 1986; Tucker, 1986). Television viewers are exposed to food advertisements which promote undesirable and potentially harmful eating behaviors (Tucker, 1986). Tucker cited the following statistics: 67% of Saturday morning commercials and over half of the commercials on other children's programs feature sugared cereals and other sweets, presented as snacks to eat between meals; eating, drinking, or talking about food occurs approximately nine times during an hour of prime-time television; snacking constitutes 45% of all eating episodes, 24% of regular meals, and 31% of "other meals" of weekend, daytime children's programs. Tucker (1986) also stated that when the television set is on, activity ceases and the time for physical exercise is significantly reduced, leaving the watcher less physically fit.

In looking at the obese child, one needs to be aware that obese children face not only physical problems, but also a risk of psychological and social problems (Blessing, 1986). Blessing (1986) stressed
that it was important to not only understand obesity, but to also consider treatment and prevention.

**Physical Aspects**

Obesity has been linked to a low level of fitness (Epstein, Koeske, Zidansel & Wing, 1983). An overweight person has an imbalance of more body fat than lean body mass (Plimpton, 1987). In a study involving two hundred twenty school nurses, 90% believed that obesity contributed to hypertension and 89% felt it contributed coronary heart disease (Price, Desmond, Ruppert & Stelzer, 1987). Obesity has been found to be associated with high blood pressure, diabetes, orthopedic and other medical problems (Blessing, 1986).

**Social Aspects**

Negative stereotypes toward obese people exist in both obese and normal-weight children (Counts, Jones, Frame & Strauss, 1986). Competitive games enable others to observe the inefficiency of obese children and judge them accordingly (Plimpton, 1987). Plimpton (1987) stated that as a result of this evaluation, obese children are reluctant to perform in front of others and acquire a dislike for physical activity. A study in which children ranked other children in order of preference revealed that the
obese children were preferred the least when compared with children of normal appearance and those with various physical handicaps (Richardson, Goodman, Hastorf & Dornbusch, 1961).

Psychological Aspects

While Bruch (1973) found that obese people felt that they were controlled by someone or something other than themselves, Isbitsky & White (1981) noted that there was no significant correlation between obesity and locus of control. Research has found certain other psychological aspects that were affected by obesity. These included eating as a response to positive and negative feelings (Krieshok & Karpowitz, 1988); body-esteem (Mendelson & White, 1982, 1985); and self-esteem (Mendelson & White, 1985; Wadden, Foster, Brownell & Finley, 1984).

Krieshok and Karpowitz (1988) concluded that some overweight people use eating as a positive reinforcement since obese people find eating a more pleasurable experience than normal-weight people. They found that eating was also used as a negative reinforcement when done as a response to negative emotions such as anxiety, depression, or guilt.

Obese children tended to have lower body-esteem
than normal children (Mendelson & White, 1982, 1985). Mendelson and White (1985) further noted that obese girls had lower body-esteem than obese boys.

Self-esteem, however, varied with the age of the child. Younger children who were obese did not have a decreased self-esteem (Mendelson & White, 1985; Wadden, Foster, Brownell & Finley, 1984). At the pre-adolescent ages, being over-weight adversely affected self-esteem in boys, but not in girls. However, by adolescence, being over-weight did have an adverse effect on girls' self-esteem (Mendelson & White, 1985).

Treatment

Along with the need to understand the causes and problems of childhood obesity, research has also looked at its treatment and prevention.

Methods

Different methods have been utilized by various researchers in aiding the loss of excess weight by school children. Brownell and colleagues (as cited in Blessing, 1986) have developed a weight management program using behavioral techniques. This program is called LEARN, an acronym for lifestyle, exercise, attitude, relationships and nutrition. An emphasis
of this program is on maintenance, since dieting often makes dieting again more difficult.

Manchester (1978) found that weight reduction is attainable with children if they are receiving counseling treatment at the same time. According to Manchester the counselor could use either Rational Emotive Therapy or Behavior Modification techniques with successful results.

Kilmartin and Robbins (1987) noted that individual counseling with a multimodal approach could be effective for over-weight clients because of the complexity of their problems. Using this kind of treatment enables the client and counselor to deal with the developmental, social, and emotional issues as well as the weight loss. When using this model, Kilmartin and Robbins advise addressing target issues that are least threatening first.

Epstein, et al. (1981; 1984) developed the "Traffic Light Diet" which color codes food into three groups. Along with this diet, behavioral techniques are used with success.

Another way that school counselors could help obese children is through bibliotherapy. This technique allows children to gain an understanding
of themselves and their environment and learn from others (Schrank, 1982).

According to Blessing (1986), most obesity experts feel that it was necessary to have parental involvement in order for the child to have success in a weight reduction program. Hecker, Martin and Martin (1986) included the following successful processes: parental support of the children's weight loss with the counselor either modeling how to give that support, providing educative materials, or teaching family conflict resolution; teaching children to self-regulate their eating habits; teaching the children how to support their parents in the parents' weight reduction, causing a reciprocal process; and teaching the importance of emotional support rather than suggestions of exercise or food regulation may be easier for the family to understand. Using a family-based program proved successful in a number of studies (Epstein, Wing, Andrasik & Ossip, 1981; Epstein, Wing, Koeske & Valoski, 1984; Kirschenbaum, Harris & Tomarken, 1984; Spence, 1986).

Hecker, Martin and Martin (1986) suggested that while parental support is a necessary part in the
treatment of the obese child, the child needs to move beyond parental support to become independent and self-reinforcing. This independence could be achieved by working within the context of the school's environment (Blessing, 1986).

School

In terms of treatment, schools could also be involved through the establishment of peer programs (Foster, Wadden & Brownell, 1985). Physical Education teachers could provide a program with exercise regimens individually prescribed and followed. Less stress on competitiveness and more on cooperation in these classes would also promote a positive attitude toward physical activity (Plimpton, 1987). In the same article, Plimpton also recommended involving the children in the planning and choosing of activities.

Principals believe that the school's role in alleviating the problem of childhood obesity should be that of providing a comprehensive health curriculum with units on nutrition (Price, Desmond & Stelzer, 1987). School nurses also believe that the school should provide a comprehensive health curriculum, and 65% of them believe that the school is not doing enough (Price, Desmond, Ruppert & Stelzer, 1987).
Conclusion

Most experts agree that weight reduction is important for the physical, social and psychological health of obese children (Blessing, 1986). Dietz (1985), however, warned that children need to be monitored closely when on diets because their height may also decrease.

Childhood obesity is a significant problem in our society. Because lifestyle habits contributing to obesity are established in childhood (Price, Desmond & Stelzer, 1987), it is very important to deal with this issue at an early age. From the results of the studies mentioned in this paper, the child is not only affected physically, but the potential is there for social and psychological problems. It would appear that sometime in the elementary school years the obese child could suffer from lowered self-esteem, as well as a negative reaction from his or her peers. A child needs to be physically and mentally healthy in order to perform well in school. In the past, school personnel have been reluctant to address the obesity problem (Hecker, Martin & Martin, 1986). With one out of four children affected by this problem, the schools and parents cannot afford
to ignore this issue any longer. Recognizing that childhood obesity is a problem and educating the family as well as the child would be major steps in alleviating this condition. The school counselor is the person to initiate any action in this regard since he or she can be in contact with all the parents and has the expertise to deal with the whole child.
REFERENCES


