Childhood Obesity: Literature Review

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Childhood obesity is a condition that has become increasingly problematic in society. An estimated 1 in 5 children in the United States is obese (Centers for Disease Control and Prevention [CDC], 2019). Many contributing factors contribute to the high prevalence of obesity in children, such as a sedentary lifestyle and poor dietary education. The purpose of this literature review is to investigate factors that contribute to this health condition and possible ways to combat obesity in children.

Perspectives and Impact of a Parent-Child Intervention on Dietary Intake and Physical Activity Behaviours, Parental Motivation, and Parental Body Composition: A Randomized Controlled Trial

Children's diet and physical activity often reflect that of their parents. If a child becomes obese, they are very likely to remain obese into adulthood which could come with many health risks. Implementing interventions that increase the entire family's physical activity and nutritional intake will lead to weight loss and better health outcomes in the children (Karmali et al., 2020).

Key Points

This study collected a dyad of volunteers consisting of one parent and child whose parent's body mass index (BMI) was greater than 25 (Karmali et al., 2020). The researchers divided the volunteer groups into experimental and control groups. In the experimental group, the parent would receive health education and physical exercise training from a certified physical

trainer, while in the control group, the parent only received health education. Data was collected from all participants before, during, and after the experiment (Karmali et al., 2020).

Assumptions

Providing parents proper education on nutrition and offering physical training will promote healthier lifestyles for both the parent and the child (Karmali et al., 2020). Giving parents nutritional guidance that teaches the effects of poor diet and creating a healthy meal planning regimen will improve the family's diet. Making parents physically active will increase the likelihood that they will try to make their children more active. By instilling these lifestyle modifications in the parental unit, the entire family will likely live healthier lives (Karmali et al., 2020).

Deficit/Conclusion

Both the control and experimental group had positive outcomes from nutritional education (Karmali et al., 2020). While in-person training may lead to improved outcomes in curbing obesity, it is not feasible to utilize this to solve childhood obesity as a whole. Improving health education offered to families may be the most cost-effective method to improve health outcomes in children. Nursing failing to embrace this concept would lead to the continued lack of proper knowledge on healthy choices and the continued rise of childhood obesity.

Growing Healthy Together: protocol for a randomized clinical trial using parent mentors for early childhood obesity intervention in a Latino community

Latino children have the highest prevalence of obesity amongst racial groups in America (CDC, 2019). This randomized control trial looked at interventions that could positively influence overweight children that belong to low-income Latino families (Foster et al., 2019).

The goal of this story was to assess the effectiveness of behavioral interventions given to find the best methods for promoting healthier lifestyles in young children.

Key Points

Recruitment for this study utilized Head Start, a support organization that helps low-income families (Foster et al., 2019). Latino families with a child between the ages of two to five in the 95th percentile for BMI were eligible for recruitment. They then placed caregiver-child dyads into either a control group, an active control group, or an experimental group. Researchers planned to collect the data at the end of the study in December 2020 (Foster et al., 2019).

Assumptions

This study utilized the control sample method divided into three groups (Foster et al., 2019). The control group received basic health information, the active control group received monthly meetings with a mentor, and the experimental group received a more dynamic curriculum. Utilizing this three-teared approach determines the effectiveness of minimal, moderate, and highly active interventions. Assessing the effectiveness of the multiple different methods may point researchers to the most efficient ways to reduce the prevalence of childhood obesity in these communities (Foster et al., 2019).

Deficit/Conclusion

Though the study ended before results could be collected, this nursing student agrees with the author's line of reasoning. Minority families are more likely to be of lower socioeconomic status, increasing the likelihood of having poor health (Foster et al., 2019). Therefore, utilizing multifaceted approaches to problems such as childhood obesity may locate the most efficient

solution. Nursing failing to accept this line of reasoning would deny the impact childhood obesity has on Latino communities.

Comparative Effectiveness of Clinical-Community Childhood Obesity Interventions

Though obesity rates in ages 2-5 have plateaued, the prevalence of childhood obesity is at an all-time high. Researchers at Jama Pediatrics see childhood obesity as an issue that stems from the low socioeconomic status of some communities (Taveras et al., 2017). By looking at individuals in these communities that have overcome obesity in these communities, clinicians can identify effective interventions to help reduce pediatric obesity in these communities.

Key Points

This study recruited 721 families with a child aged 2 to 12.9 years old with a BMI in the 85th percentile. (Taveras et al., 2017). Researchers divided these families randomly into one of two groups. Both groups received enhanced clinical care from their regular healthcare providers. This enhanced care entails resources on healthy eating, the importance of regular exercise, and how to improve the quality of sleep. The enhanced group received one on one coaching from a trained specialist monthly. These coaches used motivational teachings that tailored to the family's specific needs. Both groups received monthly contact through email to assess the progress. The BMI was collected and qualitative questionnaires at the end of the experiment 1 year after the beginning (Taveras et al., 2017).

Assumptions

Factors that lead to the increase in childhood obesity stem from a socioenvironmental origin that influences families' health decisions. Designing a community resource with the

explicit goal of reducing childhood obesity may reduce poor health in these communities (Taveras et al., 2017). Utilizing an active intervention group and an inactive intervention or control group assesses the number of resources necessary for tackling the pediatric obesity problem.

Deficit/Conclusion

The study results showed a modest drop in BMI in both the active and the control groups. The difference in results was negligible, suggesting that while active coaching may yield better results, improved clinical interventions alone may be sufficient in improving the overall health of pediatric clients (Taveras et al., 2017). This nursing student finds this conclusion to be a satisfying one. This article implies that access to community resources or clinical education may improve health in pediatric populations. Nursing failing to embrace these concepts may lead to the continued degradation of health in our children.

Conclusion

Childhood obesity is an endemic problem in America that significantly increases the likelihood of significant health issues later in life (CDC, 2019). These quantitative articles have shown that these issues stem from a lack of resources and education about healthy lifestyle choices and more strongly affect communities of lower socioeconomic status. Evidence-based practice suggests that improving the accessibility of education regarding diet and exercise will improve health amongst our pediatric clients. The nursing profession can be the first step in advocating for better health in children by offering this information to families while in clinical settings.

References

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