


2010

What are the Perceptions of Hispanic Parents Associated with Eating Habits of Hispanic Children Ages 6--12 and Obesity?

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What are the Perceptions of Hispanic Parents Associated
with Eating Habits of Hispanic
Children Ages 6-12 and Obesity?

A thesis/project submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Degree of Master of Science in Nursing
Boiling Springs
2010

By

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Abstract

The main objective of this study is to identify the perceptions of Hispanic parents associated with eating habits of Hispanic children ages 6-12 and obesity. The purpose was to identify if the child's intake was different based on the parent's perception of whether or not their child had a weight problem. The idea was to examine how many times certain foods are consumed and compare that to the parent's perceptions. The study was a descriptive study. The children had to be in the 95th percentile and between the ages of 6-12 to qualify for the study. Parents were approached by the treating nurse and Spanish speaking interpreter when needed to explain the purpose of the study and to obtain a consent. Hispanic parents were given a consent form, demographic sheet, and 30 item food questionnaires on their child's well child examinations. The consent form, demographic sheet, and food questionnaire, the information was locked in a secure area in the pediatric clinic. There were 12 potential candidates that were asked to complete the questionnaires and eight out of twelve completed them. Certain foods were identified as being consumed numerous times during the week such as: pizza, macaroni and cheese, and hamburgers, cheeseburgers, and hotdogs. Activities such as video game playing, and television watching were noted to excessive in certain cases. Majority of parental responses reported they felt their child was healthy, although all children had a BMI in the 95th percentile or more. Parents also reported that they do not perceive their child as having a weight problem.

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Chapter I

Introduction

Working in a pediatric clinic, there has been an increase in obese and overweight children documented over the years with their BMI at the 95th percentile or higher. The American Heart Association December 2009 reported that for Mexican Americans, 40.8 percent of males and 35 percent of females between the ages of two and 19 are overweight or obese, making the Hispanic population the fastest growing effected ethnic group in the United States, compared to Caucasian and African American populations. The American Obesity Association in 2005 stated that Mexican American children ages six to 11 were 39.3 percent overweight and 23.7 percent were obese. According to Murphy and Polivka (2007), in 1999 roughly 127 million dollars was spent on hospital costs that were directly related to childhood obesity; at the current rate by the year 2025 that number is projected to eclipse 100 billion dollars.

Background

According to Black (2010), the problem of childhood obesity is such an important issue that First Lady Michelle Obama has become involved, making it a top priority within the administration. In Black (2010), Mrs. Obama is encouraging food companies to take the steps to start producing and promoting healthier foods rather than products that are currently targeted at children. In February 2010, The First Lady announced a major initiative called “Let’s Move!” the goal of the initiative is to end the childhood obesity epidemic within one generation.

Since the 1970's (Willette, 2007) childhood obesity has more than doubled for children ages two to five and ages 12 to 19, and children between the ages of six and eleven have more than tripled in weight. It is estimated that 32.7 percent of Mexican American boys are overweight compared to only 27.8 percent of girls (Willette, 2007). Willette (2007) identified several risk factors such as: inactivity, diet, genetics, psychosocial factors, family, social factors, and eating high calorie foods. Willette (2007) reports that research has shown that children under the age of eight spend an estimated two and half hours of either watching television or playing video games. To help combat the epidemic of weight problems in children, parents are encouraged to teach their children healthy eating habits and monitor what they are eating at home or at school. Willette (2007) also recommend that schools take a larger part in fighting the problem by offering healthier choices, nutritional education classes, and more focus physical education.

According to Swain and Sacher (2009), prevention and management is a complicated undertaking of childhood obesity. A similar program to Let's Move has been established in the United Kingdom to combat childhood obesity. The MENDE program has been established and is a community, family based program. The program teaches life style changes such as behavior changes to boost physical activity. The program also focuses on behavioral changes for altering the family's diet and their home environment to be more positive in losing weight. The goal of the MENDE program (Swain & Sacher, 2009) is to decrease childhood obesity of 2000 children by the year 2020. One hindrance in combating childhood obesity and weight issues is that parents do

not acknowledge their children have a weight problem. It is a great task, but nurses play a vital role in identifying children who are overweight and obese, and in assessing the families' readiness to a start treatment and awareness regiment.

According to Hunt (2009) we are living in a time of an obesogenic environment. This means that approximately one third of children are overweight and at least one in every thirteen deaths in the Europe is related to obesity. Rapid weight gain (Hunt, 2009) in the early months of life is linked to obesity in adulthood and physical problems such as: asthma, skin problems, orthopedic problems, sleep apnea, gallbladder disease, hypertension, fatty liver, high glucose, and polycystic ovarian syndrome can occur. Other problems seen in children can include emotional and behavior issues associated with being overweight.

Doolen, Alpert, & Miller (2009) reports that parents are the most influential in their children's life and unfortunately many do not recognize their child is overweight. According to Doolen et al. (2009) children of highly educated parents were shown to be less likely at risk or overweight in comparison to less educated parents. Less educated parents were less likely to acknowledge the problem and feel they cannot change their child's activity levels. Doolen et al. (2009) reported that culture does influence parent's perceptions of their children's weight. Being considered overweight is perceived differently amongst various cultures, and in some cultures it is more accepted than others. A survey that was performed in the year 2000 included 200 parents of two to five year olds that were overweight and involved in a WIC program. Approximately 95 percent of the participants were Hispanic, while the remaining five percent were Caucasian, African

American, Asian, or other. Only seven percent of the parents perceived their child as being overweight, when actually 43 percent of the kids were clinically overweight.

Research by Hancox and Poulton (2006) showed that childhood obesity is now a global epidemic focused on environmental and lifestyle factors. A total of 1037 children were assessed at age three, and at age 15, 976 were still participating. Their study examined the number of hours children watched television and the BMI of children up to the age of 15. This study showed a direct correlation with the number of television hours viewed and higher BMIs.

Theoretical Framework

The theoretical framework is based on the idea that if healthcare providers are able to assess the child's food intake, weight, activity, parent's perception during physical exams, then intervention can be started sooner. Early intervention is the key to prevent these children from becoming obese adolescents and adults. Tools used in this research, could be used by pediatric clinics in their routine well child checks to assess for problems.

Nursing Theorist

This research is guided by the nursing theorist Madeleine Leininger and her cultural care diversity theory. Cohen (1991), states that Leininger spent her career focused on caring and evolving this term into an essential part of nursing. Leininger has been called the founder of transcultural nursing Cohen (1991). Leininger showed that caring was not unique to nursing, but the way that we care for people to include their culture, values, patterns and life style is what is unique. Leininger felt that the focus on nursing can be the individual patient, their families, their culture, or society Nelson (2006). Leininger discovered in her practice that lack of knowledge about characters of certain cultures was a missing link in her ability to provide care to patients. She even expressed during her practice a feeling of "culture shock" and felt helpless at times when trying to care for patients (Nelson, 2006). Leininger wanted nurses to become more culturally sensitive to provide better care to patients and families (Nelson, 2006).

Purpose and Rationale

The purpose of this study is to examine the perceptions of Hispanic parents associated with eating habits of Hispanic children ages six to twelve and obesity. The aim is to identify parent's perceptions of their child's weight, health, and food intake to better treat childhood obesity. With identifying these perceptions, interventions can focus on the Hispanic/Latino population in preventing childhood obesity. Sheehan & Yin (2006) states that children cannot be fully responsible for their weight and health and rely on their parents to buy appropriate foods, nurture them, protect them, and provide healthy options for them.

Chapter II

Review of Literature

The literature review will address areas related to the perceptions of Hispanic parents associated with eating habits of Hispanic children ages six and twelve and obesity and is divided into three sections. The first section will address research related to child's activity. The second section will focus on research studies about parent's perceptions of their child's weight. Finally, the third section will discuss further research related to other external factors of their child's weight and the child's BMI.

Activity

Cecil-Karb and Grogan-Kaylor (2009), examined the relationship between parents' perceptions of neighborhood safety and children's BMI. The sample for the study was taken through the National Longitudinal Survey of Youth (NLSY) Center for Human Research and was composed of both parents and children. Cecil-Karb and Grogan-Kaylor (2009), contributes to the literature on neighborhoods and child health through the use of longitudinal analysis with nationally representative data. The study began in the year 1979 following both men and women and in the year 1986 it began conducting interviews with the children. The sample included 5,886 children that were between ages five and twenty. From the year 1994 and 2000, parents were asked questions regarding their perception of neighborhood safety based on the neighborhood safety scale as followed: low (not safe), medium, and high (the safest).

The study by Cecil-Karb and Grogan-Kaylor (2009) examined the correlation of parent's perception of neighborhood safety and an increase in indoor activities such as

watching television. The results showed a direct correlation between television viewing and higher BMIs. Children who were overweight watched an average of 30 more minutes of television a day compared to children who were not overweight. Children who lived in perceived unsafe neighborhoods watched an average of one and a half more hours of television a day compared to kids in safe neighborhoods. A bivariate analysis was also conducted in the study and reported that Latino and African American children are more likely to be overweight compared to Caucasian children in the study. A limitation to this study was that despite the parent's perception, there were not any actual crime rates reported and future studies should include examining what characteristics make parents perceive their neighborhood as being unsafe.

Johnson, Pilkington, Lamp, He, & Deeb, (2009) assessed parent reactions to a school-based body mass index (BMI) screening in Leon County, Florida for children in kindergarten through eighth grade. BMI was calculated by nursing staff in the school's district. Height was calculated to the nearest 0.25 inches using a portable stadiometer and weight was calculated to the nearest 0.5 pounds using a portable digital scale. Letters were sent home from the school notifying them of the BMI results.

Approximately 50 parents were randomly selected to be interviewed by phone from the four main categories (underweight, overweight, normal weight, and risk for being overweight) resulting in oversampling in three categories, and under sampling in one. The interview wanted to examine parent's recollection of the letter, reaction to their child's BMI, and the interventions that need to be taken. Structural phone interviews were developed to assess parent's reactions to the letter and recall the information about

their child's BMI. Parents were informed that the interview was voluntary and out of the 296 parents, 74 percent agreed to be interviewed. Parent's BMI was calculated by self reports of weight and height through the phone interviews.

According to (Johnson et al., 2009) most parents had a positive reaction to the screening and 66 percent wanted the schools to continue conducting screenings. Out of all participants, 63 percent with an overweight child were able to recall their child was overweight; 68 percent of the parents were able to recall their child was categorized as underweight. Approximately 25 percent of the parents expressed concern about their child's weight. Ethnic minority parents supported the schools and screenings, and wanted their child to participate in exercise programs that could be offered after school. The study found that parents with overweight children were more likely to change their child's diet and their activity levels. The parents who reported themselves as being overweight expressed interested in exercise and cooking classes. Potential health consequences (Johnson et al.) identified in children that can lead into adulthood are:: asthma, hypertension, dyslipidemia, glucose intolerance and insulin resistance, sleep apnea, orthopedic problems, A limitation of the study was that the majorities of participants were Caucasian and were less likely to be eligible for free or reduced lunch programs.

Hesketh, Graham, and Waters (2008), investigated children's after-school activity and associations with body mass index (BMI) and family circumstance. This study was conducted in Victoria, Australia and the sample was part of a two stage program offered through the Health of Young Victorians Study (HOYVS). HOYS

conducted a two phase stratified random sampling to select 24 elementary schools that would represent various government, catholic and independent schools. The sampling was designed to include the different geographic areas of the region. The study consisted of 1,234 parents and 854 children who were between the ages of eight and thirteen. Both children and parents were required to complete a diary of the child's activities after school for two hours. Parents completed a diary in 15 minute increments between the hours of four and six in the afternoon for two days and rate their child's activity level on a scale of one to seven. One meaning in the bed, two means sitting, three means standing with little activity, four means a slow walk, five means light activity, six means moderate activity such as swimming and running, and seven means intensive activity such as competitive sports. These activity scores were converted into metabolic equivalent scores (METs) that were used for analyzing the results. The mean daily MET scores and total daily MET scores were used as outcome variables.

Parents reported larger activity levels for their children compared to activity levels the children reported in the same study. Boys appeared to be more active after school than girls. The results showed that BMI was not directly associated with activity levels and family situations; however, cultural background was directly associated activity. Met scores were higher for children and parents from Australia. MET scores were also higher with moms who completed more school and spoke English at home. Limitations of the study included that the study did not find any aspects of family situations except cultural background that may have helped understand children's activity

choice. This study is one of the rarest studies done that examines children's activity during imperative time right after school.

Perceptions

Pengelly (2005) conducted a study to explore parents' perceptions of overweight and obesity in themselves and their children in the United Kingdom. The study consisted of 277 parents and their children that were randomly selected from a group of participants in The Early Bird Study. The mean age of children in the study was four to seven years old. Parents were classified as either being overweight or obese by calculating their BMI. Children were categorized by using the United Kingdom 1990 body mass curves tool for children. Parents were asked to rate their weight and their child's weight on a five point likert scale. The likert scale ranged from one meaning very underweight to five being very overweight.

There were several findings in the study including: 11 percent of the children were obese, and eight percent were overweight. Majority of the mothers (52 percent) were overweight (including obese) and 72 percent of the fathers were overweight (including obese). Out of the parents, (Pengelly, 2005) 40 percent of overweight mothers and 45 percent of overweight fathers felt they were within normal weight. Only 25 percent of the parents perceived their child as being overweight, however 50 percent reported their child was obese. Daughters were perceived to be more overweight than boys. The study concluded that the parents in the study were inadequate at identifying obesity and overweight problems in their children and in themselves. The study also did not find any significant differences in higher and lower economic classes.

Blazencic-Mladenovic et al. (2006) performed a descriptive study looking at both the parent's and children's perceptions about the child's nutritional status. There were 2263 children that were randomly chosen from seven primary Belgrade (Siberia and Montenegro) schools with 1555 children completing the study. The phase of collecting data was giving questionnaires to both the parents and children. Next, anthropometrical measurements consisting of BMI and body fat were taken from the children.

The results of the study (Blazencic-Mladenovic et al., 2006) showed that approximately 18 percent of the males and 11 percent of females were considered overweight or obese. Children were found to be more unbiased compared to their parents when assessing their nutritional status. The girls reported themselves as being overweight or obese in the study compared to the boys and majority of the mothers of the overweight and obese children had weight issues of their own. In the normal and underweight range, both the parent's and children's answers highly correlated, however, this was not the case with the overweight and obese children. Approximately 41 percent of parents considered their daughter overweight or obese, while 71 percent of the girls in the overweight/obese category considered themselves overweight/obese. Obesity was found to be more common in the boys than in the girls. A limitation in the study found that some participants try to inadequately diet for month to a year affecting their growth and puberty. Another limitation was that some parents were culturally influenced about health and weight.

Other External Factors

Braet et al. (2007) examined overweight children's view of their eating behavior, compare it to the parent's perception regarding their child's eating behavior and how parent-child agreement is influenced by overweight status and age. The study included 498 children ages seven to fifteen years old that were referred to an outpatient weight treatment center in Belgium. Of the participants, 37 percent were male and 63 percent were female. First, the children's BMI was calculated by obtaining weight and height by a pediatrician.

Next, both the parents and the children completed the DEBQ, or Dutch Eating Behavior Questionnaire. The DEBQ consisted of three areas: emotional eating, external eating, and dietary restrained eating. Each question has a five point answer with : one being never, two means seldom, three is sometimes, four is often, and five means very often. Questions that were answered as non applicable were treated as missing data for the purpose of this research. Mean scores were found for all three areas by dividing the sum by the total number of items.

Braet et al (2007) found differences between the parent's perceptions and the child's perceptions about restrained eating behaviors. Parents scored higher on reporting their child's emotional eating habits and external eating habits. Emotional eating showed a 0.45 percent correlation between the children's and parent's responses. The parents also showed a positive correlation with restrain eating. The study showed low correlations between the severity of the child's weight and answers on the DEBQ. Possible

limitations in the study included possible bias that may be accounted for by both parents and children.

Small, Melnyk, Anderson-Gifford, and Hampl, (2009) conducted an exploratory, qualitative study to describe the meaning of overweight and its relationship to health as perceived by Mexican immigrant parents of preschool children. Participants included 11 Mexican parents of preschoolers in the Arizona University area that participated in focus groups that were coordinated by the researchers. Researchers worked with staff at a small health care clinic to recruit parents

The parents consisted of nine females and two males who spoke English. The parents consisted of a heterogeneous, convenience sample, with all parents having similar backgrounds. Focus groups were audio recorded and documented. Topics of the conversation included: the meaning of extra weight in childhood, the causes of obesity and overweight, the uncertainty of not knowing, the move from Mexico to the U.S. , the effects of society, role of being a parent in the U.S., and how to identify their child's needs.

The study (Small et al, 2009) found the parents associated children's weight problems to poor physical and mental health. Findings showed that parents felt that childhood obesity comes from how the child is raised and responsibility is placed on the parent. Parents felt they should be role models by making healthier choices. The study did show that some parents feel that in infancy and toddlerhood, excess weight is a sign of good health. Parents expressed that Hispanic food was a direct cause of weight gain

and were uncertain in identifying if their child had a weight problem. A limitation found in the study was the limited size of the focus group.

Stewart, Chapple, Hughes, Poustie, and Reilly (2008), used purposive sampling to examine parent's perceptions of the treatment their children were receiving at an outpatient weight center in the United Kingdom. The study (Stewart et al., 2008) interviewed 17 parents whose children were between the ages of five and eleven being treated for obesity in an outpatient program. The parent's perceptions were collected during in depth interviews a year after the child started the program and were analyzed using framework methods.

Findings showed that although parents felt that recording their children's lifestyle was a burden, overall it did increase both the children and the parent's awareness of their lifestyle. The study found that parents were not aware of how much television their children were watching until after the lifestyle recording and parents reported positive responses when using behavioral change techniques. Limitations in the study included time restraints that prevented researchers from interviewing more of the parents that caused a limited number of participants.

Murphy and Polivka (2007) conducted a descriptive study to examine parents' perceptions of the school's role in childhood obesity and preferences for receiving BMI information. A convenience sample was taken in an after school program that was affiliated with a suburban Ohio school system. Parents were given a questionnaire called the Parents Perception of Body Mass Index and Obesity in School-Age Children. This questionnaire consisted of forty four yes or no questions and two Likert scale type

questions. Parents were asked about their familiarity with BMI and if it was appropriate for schools to use. First, parents were asked whether they strongly agreed, agreed, were neutral, disagreed, or strongly disagreed with five questions regarding obesity. Then parents were given ten questions asking them if certain factors caused obesity. Next, 11 questions were asked regarding the school's role in the prevention and treatment in obesity. Parents were asked to also record their preference for receiving BMI information for the schools. Last, a demographic questionnaire was completed to provide information regarding parent's self report of their weight and height and their child's weight and height.

The findings showed that majority of the participants were Caucasian females, with a college degree whose children were male between the ages of seven and eight years old. Majority of the parents reported poor eating habits, inadequate parental control, and inactivity, as the main causes of childhood obesity. According to parents in the study television watching, video games, and computers were the main reasons for their child's obesity. Parents reported that schools should address weight problems and approximately 75 percent of the parents were in favor of eliminating junk food in schools and 82.8 percent reported that nutrition and weight loss education should be available in every school. Majority of parents reported they would like to receive a letter from the school nurse regarding their child's BMI. Several limitations in the study included: self bias, indirect contact, and low participation rate.

Summary

Majority of parents are unaware of their child's BMI that categorizes them as overweight or obese. Direct correlations are shown in the research between inactivity such as playing video games or watching television and children becoming overweight. Research supports that parents who perceive their neighborhoods as unsafe are more likely to have overweight children because of limited outdoor activity. Research supports that parent's perceptions of their own weight problems correlates with how parents perceive their child's weight. In the research parents would like schools to take a more active role in combating obesity by offering nutritional classes, more physical activity and eliminating unhealthy foods in schools.

Chapter III

Methodology

Tools

To examine how Hispanic parents perceive their child's eating habits and obesity, parents were given a demographic sheet and a food frequency questionnaire. The demographic sheet asks parents questions such as: age, ethnicity, and their perception of their child's activities and weight. On the demographic sheet, questions were asked about the child's sedentary lifestyle such as watching television and playing video games. The food frequency questionnaire was taken from the NHANES study. The NHANES questionnaire was reduced from originally 164 questions to 30 questions. The questionnaire includes foods that may either be prepared at home or from outside the home.

Sample and Setting

Participants were recruited through the pediatric clinic. The co-investigator accessed physicians' daily schedules through a computer program called IDX. Any potential Hispanic patients that were between the ages of six and twelve and scheduled for well child checks were noted. When these patients arrive, their height, weight, and BMI was automatically calculated by the treating nurse. If the BMI was at least in the 95th percentile, the treating nurse or physician notified the researcher of potential participation. The treating nurse or physician approached the parent with a certified Spanish interpreter that was already employed by the pediatric clinic to inform them of the research, ask questions, and obtain informed consent. Once informed consent was

obtained, the parents were given the demographic sheet and the food questionnaire. Once parents had completed the forms, their participation in the research was complete.

Confidentiality

After the BMI was gathered, information was disposed of by the co-investigator per the pediatric clinic's policy and nothing could be linked back. All forms and data collected were kept in a secure locked location at the pediatric clinic and only shared with members of the research team to comply with federal HIPPA regulations.

Coded data was entered into a personal computer for analysis utilizing the statistical package for social sciences (SPSS) version 16.0. The answers were coded 1-9 on the food frequency questionnaire and are as followed: 0=never, 1=once a day, 2= 2-3 times a day, 3= 4-5 times a day, 4= 6 or more times a day, 5= once a month or less, 6= 2-3 times a month, 7=1-2 times a week, 8= 3-4 times per week, and 9= 5-6 times a day. The data was analyzed looking at quantitative measures and analyzing for frequency and descriptive data from both the intake of food, parent's perceptions, along with activity such as television watching, playing sports, and video games. Graphs are provided for visual analysis for the research.

All ethical considerations were taken and each participant and their child were treated ethically and with respect. Parents who chose not to participate in the research were thanked for their time. There were no known minimal risks that occurred to either the patients or parents for participating in this study.

Chapter IV

Results

All analysis was conducted using the computer software SPSS or Statistical Packages for the Social Sciences, 16.0. The study compared Hispanic parent's perceptions with their child's eating habits. During the recruitment phase, twelve parents were asked to participate in the study and eight accepted, two of which had two children resulting in questionnaire completed on 11 children. Of the study sample, 63.6% were males and 36.4% were females.

Parents perceived their child as mostly healthy (81.8%) however, 54% felt their child had a weight problem. The majority of the parents (45.5%) responded that their child exercises three to five times a week and 18.2% reported their child exercises every day. Only 27.3% of parents reported their child exercises only one to two times a week. The most popular type of exercise reported by the parents was playing outside and running. Majority of the parents (53.6%) reported their child played video games less than two times a week. Most parents (54.5%) reported their child watched television two to three hours a day and 9.1% reported their child watches four to six hours a day. (Table 1).

Table 1. *Parent's Perceptions of Child's Activity*

| Activity | Frequency | Percentage |
|---------------------------|----------------------|-------------------|
| Exercise | 1-2 times a week | 27.3% |
| | 3-5 times a week | 45.5% |
| | Everyday | 18.2% |
| | Never | 9.1% |
| | Total | |
| Video Game Playing | 1-2 times a week | 36.4% |
| | 3-5 times a week | 27.3% |
| | Every day | 18.2% |
| | Never | 18.2% |
| Television Viewing | < than an hour a day | 36.4% |
| | 2-3 hours a day | 54.5% |
| | 4-6 hours a day | 9.1% |
| | 7 or > a day | 0% |
| | Total | 100% |

Parents were asked to complete a 30-item food questionnaire that was modified from the original National Health and Nutrition Examination Survey (NHANES). The original survey consisted of 165 questions and was modified into 30 questions due to time restraint purposes. Results showed the majority (81.8%) of parents believed their children drink fruit drinks two to three times a day but only 45.5% of parents reported the fruit drinks were never sugar free or diet. Majority of parents (45.5%) reported their child drinks milk as a beverage everyday and 18.2% of parents reported their child drinks milk two to three times a day.

Parents reported their children (63.6%) drink 2% milk, and 18.2% of parents reported their child drinks nonfat to ½ % milk. Parents reported the majority of their children (45.5%) drinks fruit juice once a day. An equal number of parents reported their

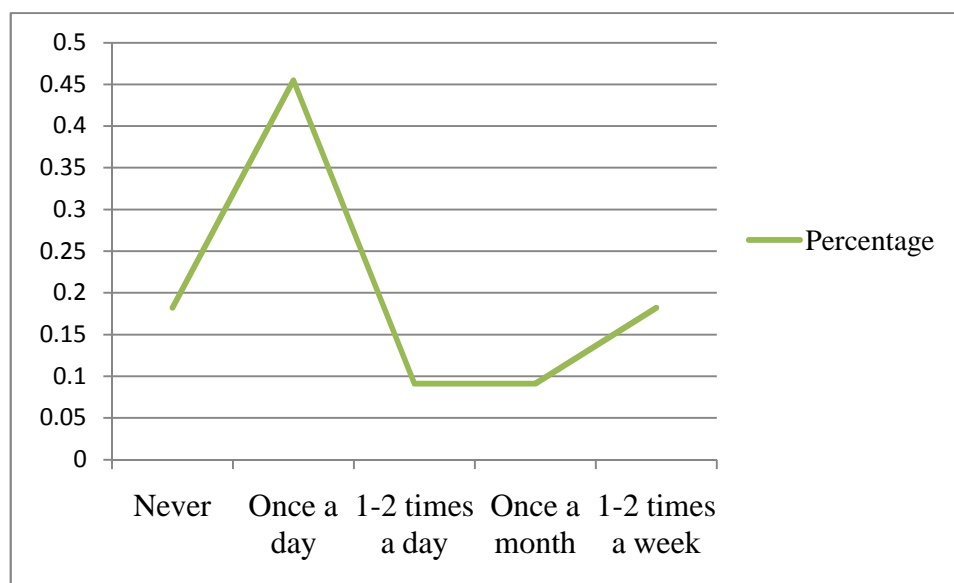
children drink soda pop never, once a day, two to three times a month, one to two times a week; three to four times a week. When asked how often these soda pops were soda, tea, or diet most parents (36.4%) reported never.

Parents reported their child ate cooked cereals, oatmeal, or grits three-four times a week (27.3%), and responses were equal (9.1%) for never, two to three times a day, once a month, and two to three times a month. Cold cereal was reported to be consumed mostly three to four times a week (36.4%) to 9.1% reporting two to three times a week and up to four to five times a day (Table 2).

Table 2. *Cereal Consumption*

| Food | Never | Once a day | 2-3 times a day | 4-5 times a day | Once a month | 2-3 times a month | 1-2 times a week | 3-4 times a week |
|--------------------------------------|--------------|-------------------|------------------------|------------------------|---------------------|--------------------------|-------------------------|-------------------------|
| Oatmeal, grits, cooked cereal | 9.1% | 18.2% | 9.1% | 9.1% | 9.1% | 9.1% | 18.2% | 27.3% |
| Cold Cereal | 0% | 36.4% | 9.1% | 9.1% | 0% | 0% | 18.2% | 27.3% |

The majority (81.9%) of parental responses indicated their child ate fruit 2-3 times a day and (27.3%) reported salads were consumed once or twice a week. The majority of parents (45.5%) reported their child ate vegetables once a day compared to 9.1% reported their child eats vegetables once a month or two to three times a day (Figure 1).

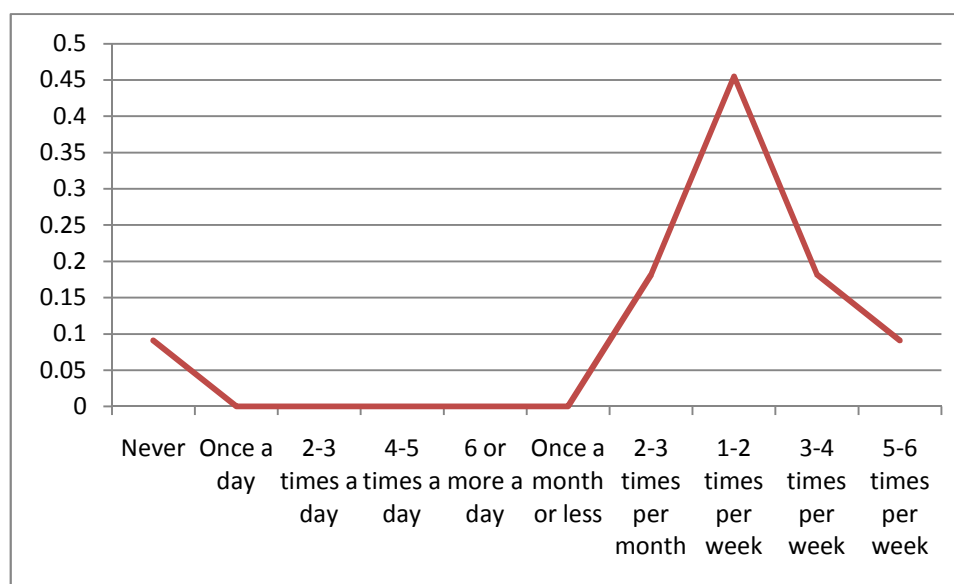
Figure 1. *Vegetable Consumption*

Parents reported their child (45.5%) ate French fries, home fries, hash browned potatoes, and tater tots two to three times per month and equally eating either mashed, baked, or boiled potatoes (27.3%) never to two to three times per week. Most parents report their child (45.5%) is consuming grains such as rice and brown rice one to two times per week and 27.3% report once a day. The majority (45.5%) of parents responses indicted their child ate tacos and tortillas one to two times per week. An equal number of parents reported their children ate pancakes, French toast, and waffles never and one to two times per week. Parents reported their child (36.4%) ate spaghetti, lasagna, or other types of noodles two to three times per month, and macaroni and cheese (36.4%) one to two times per week.

The majority of parental responses reported their child (45.5%) never ate potato or tortilla chips, and popcorn, crackers, biscuits, or pretzels 1-2 times per month (36.4%). Parents reported their child ate pizza two to three times per week (45.5%), and hot dogs,

hamburgers, or cheeseburgers one to two times per week (45.5%). The majority (45.5%) of parents reported their child ate beans, including black, cooked, or refried three to four times per week. Parental responses showed their child (45.5%) ate chicken or chicken nuggets one to two times per week, and 54.5% of parents report the chicken is fried. The majority of parents (63.6%) reported their child never ate sausage or bacon, and ate fish or steak one to two times per week (54.5%). The majority (54.5%) of parental responses indicated that their child ate from a convenience store or fast food restaurant one to two times per week. Parents reported their child (45.5%) ate sweets such as doughnuts, cake, ice cream, cookies, and candy one to two times per week compared to 9.1% that never eats sweets or eats them five to six times per week (Figure 2).

Figure 2. *Sweets Consumption*



Descriptive statistics for results of the food questionnaire for the two groups, parents who felt their child had a weight problem and parents who did not, revealed some

differences. There were no differences found between the two groups regarding parental report of amount of fruit drinks consumed. However, differences were found between the two groups regarding parental report of the amount of vegetable and fruit intake; amount of diet or sugar free juice drinks consumed; milk and soft drink consumption. Differences were seen between the two groups regarding intake of foods such as: cereal, grits, potatoes, rice, tacos, tortillas; spaghetti, macaroni, potato chips, hotdogs, hamburgers, chicken, and beans but no differences in the reported intake of breakfast foods such as pancakes and waffles. Differences in the two groups were evident in the parental report of the children's consumption of sweets, and foods from convenience stores and fast food restaurants, however, there were no significant differences in parent's perceptions of the children's pizza intake. The study showed that the children whose parents perceived they had a weight problem consumed more food compared to the children whose parents did not perceive as having a weight problem.

Chapter V

Discussion

The purpose of this study was to examine the perceptions of Hispanic parents associated with the eating habits of their children ages six and twelve and obesity. The majority of parents (81.8%) perceive their child as being healthy but only 54% felt their child has a weight problem; however they had a BMI of 95th percentile or greater. As indicated in the literature, parents expressed they were uncertain in identifying if their child had weight problems.

This study is supported by the literature review about activity, food consumption, and parent's perceptions of their child's health. Most parents reported (45.5%) their child exercises three to five times a week, 18.2% reported their child exercises every day. However, a small percentage reported their child never exercises. The responses of video game playing and television viewing was not expected with the majority (36.4%) of parents reporting their child only plays video games one to two times per week; however 18.2% reported they play daily. Parents reported (54.5%) their child watches television two to three hours a day and 9.1% reported up to four to six hours a day. This is an excessive amount of television and video playing where the child is being inactive and the literature supports that a decrease in activity contributes to overweight kids.

As seen in results, several foods and beverages appear to be consumed more frequently than others, which were anticipated. Majority of parents reported that their child drinks fruit juice every day, but only eats vegetables once a day. Foods such as rice,

tacos and tortillas were reported as being consumed one to two times a week, which could be culturally influenced. Macaroni and cheese, pizza, cheeseburgers, hotdogs, hamburgers were reported to be consumed by some children multiple times throughout the week and sweets were reported up to five to six times a week. Foods bought at convenience stores or fast food restaurants were often consumed one to two times per week; where foods such as pancakes, French toast, and pizza were reported being consumed more than once a day. As supported in the literature, parents who report poor eating habits in their children and the inability to control their activity are the main causes of childhood obesity. The study showed that the children whose parents perceive them as having a weight problem consumed more food ,especially unhealthy food, than the children whose parents did not.

Limitations

In this descriptive study of convenience sampling there were several limitations. First, the limitations consisted of only having a limited pool of eight parents and eleven questionnaires were completed. Next, self bias was a limitation because parents reported what they perceived their child was consuming; however at school they may be eating more or less. The study was limited to Hispanic parents and children. Therefore, the perceptions reflected in this study may not reflect perceptions of a more diverse group. The geographic region where the pediatric clinic is located provides a limitation to the study because perceptions may not reflect the geographic region as a whole. Patients in the pediatric clinic are from low income backgrounds. If the research had been expanded into a broader demographic with more diversity, the results may have shown higher

consumption of healthier foods that are more expensive versus food from convenience stores and fast food restaurants.

Implications for Nursing

Nurses (Sheehan & Yin, 2006) are valuable at promoting optimal health, because they work in schools, hospitals, clinics, health departments, and other places children may seek care, treatment, and prevention for becoming obese. The position statement (Sheehan & Yin, 2006) of the National Association of School Nurses consists of recommendations for primary prevention, screening, advocacy, funding, legislation, and research. In Pennsylvania (Sheehan & Yin, 2006) there are state school programs that rely on school nurses to identify the children who are underweight, normal weight, at risk for being overweight, and those who are overweight. These nurses are part of a management team in obesity treatment centers that provide counseling, support, and follow ups.

Nurses can play a pivotal role in educating patients about proper nutrition and exercise. They can help children find activities they enjoy through the community or school and can assist parents and children on proper food choices. Nurses can also collaborate with school nurses in helping to provide healthier choices for children at school by becoming active in political, government decisions, and school board decisions. If children are not getting the appropriate food choices they need at home, at least one meal a day, at school could be a healthier one.

Implications for Further Study

Recommendations for further studies would include using a larger population sample. Having an interpreter present to assist parents should they have questions would be another recommendation for further studies. Recommendations for similar studies would include expanding the demographic to parents with children of various ages and different ethnic backgrounds. Not all ethnic backgrounds and culture see overweight children or childhood obesity as a health complication, but instead as being healthy, therefore looking at different ethnic and culture backgrounds could provide broader perceptions. Because self bias was a limitation, for further studies, children should keep a food journal to record food and beverage intake or the information should be collected directly through observation.

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