Healthy babies: A preliminary qualitative assessment to identify strategies to prevent early childhood obesity

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Healthy babies: A preliminary qualitative assessment to identify strategies to prevent early childhood obesity

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BACKGROUND/INTRODUCTION

• In 2014, 14.5% of 2–4 year old WIC recipients had obesity.1
• Overweight and obesity in preschoolers increases the risk for adult overweight and obesity by 5 times.2
• Known risk factors for early childhood obesity include: Hispanic ethnicity, low income, rapid weight gain in infancy, early introduction of solid foods, restrictive feeding practices, excessive television viewing, and short sleep duration.3,4
• Little is known about the best way to deliver an early childhood obesity prevention intervention.

OBJECTIVE

to determine parental understanding of healthy weight in childhood, interest in childhood obesity prevention, and recommendations for program delivery

METHODS

STUDY DESIGN: Qualitative research with 15 participants in English- and Spanish-speaking focus groups

PARTICIPANTS: Parents of young children who receive medical care through 1 of 2 large underserved practices in Allentown, Pa.

OUTCOME MEASURES: Qualitative analysis used theoretical framework based on the Health Belief Model.5

RESULTS: THE HEALTH BELIEF MODEL

MODIFYING FACTORS

Demographics

• "Well, she was preemie, so when she was born, she was only three pounds."
• "So I had my son at 15."

Parental upbringing

• "Well, when I was younger my parents were more strict on our eating so they’d be like, ‘You have to eat everything on your plate.’"
• "Be like, ‘You have to eat everything on your plate.’"

School and Daycare

• "It’s not the before when they would give you pizza…Now there is a variety of fruits, vegetables.

Knowledge

• "I do not pay that soda, at all, for my kids."
• "Not junk food or McDonald's and all that stuff."

CUES TO ACTION

Growth chart

• "So I always ask them, I’m like, ‘Is my daughter overweight?’ And they’re like, ‘No,’ because they was like, if you look at the growth chart, she’s tall for her age, so her weight matches her height."

Medical problems from unhealthy behaviors

• "My 10-year-old, he’s just got corny, for some reason…So now, I like pretty much cut [snack] out.

Visual Cues

• "They’re not like where I could see their ribs or anything like that."
• "Well, when they are growing I take notice with their clothes; because one is accustomed to see them daily, another person who is living with them can notice more rather than someone who is not."

REFERENCES


DISCUSSION

Respondents were concerned about overweight as well as obesity and felt that a program should focus on healthy weight. Recommendations from respondents varied in regard to location, timing, and program activities and topics.

Limitations of this study included difficulty recruiting English-speaking participants.

CONCLUSION

The outcomes of this study will be valuable in the design and evaluation of interventions to prevent early childhood obesity.