



Behavioral assessment of obese preschool children

*Project submitted to the college of nursing in partial fulfillment to
The degree Bachelor of Nursing*

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

(وَلَقَدْ كَرَّمْنَا بَنِي آدَمَ وَحَمَلْنَاَهُمْ فِي
الْبَرِّ وَالْبَحْرِ وَرَزَقْنَاهُمْ مِّنَ الطَّيِّبَاتِ
وَفَضَّلْنَاهُمْ عَلَى كَثِيرٍ مِّمَّنْ خَلَقْنَا

صدق الله العلي العظيم



سورة الأسراء (الآية 70)



ما أحمل أن يتوود المرء بأعلى ما لديه والأحمل ان يهدي
العالي للأعلى.

هي ذي ثمرة جهدي اجنيها اليوم هي هدية أهدبها الي:
والدي العالي حفظه الله.

امبي العزيزة اطال الله عمرها

جميع اخوتي وأخواتي وأصدقائي

والى من ساندني في انتاز هذا العمل

I certify that this project of research

***Behavioral assessment of obese preschool
children***

WAS PREPARED UNDER MY SUPERVISION AT THE COLLEGE OF
NURSING UNIVERSITY OF BASRA PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE DEGREE OF BACCALAUREATE IN NURSING.

ASST. Farhan Lath Aayez

Supervisor
COLLEGE OF NURSING
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ABSTRACT

Background: The prevalence and severity of obesity in children and adolescents has led to a high prevalence of comorbid conditions, including high blood pressure, early development of atherosclerosis, and type 2 diabetes. Behavioral assessment of obese preschool children

Result :

The highest percentage of participants 55 answered that their children sometimes participate in physical activities. 37% of the participants the highest percentage responded that their children sometimes spend in physical activity for a long time. And 50% of the participants with the highest percentage said that they should always allow their children to eat snacks between meals. What is 44 percent of the participants and they are the highest percentage who sometimes share food as a reward for their children. 51 The highest percentage of the participants is their children do not watch TV while eating, 46% the highest percentage of the participants answered that sometimes their child spends a long time watching TV, 51% of the participants the highest percentage are their children who use electronic devices. 51% of the highest proportion of participants whose children sometimes eat sweets excessively, and 50% of the highest proportion of participants answered that sometimes the cause of obesity is lack of movement and staying at home for a long time. And 42% of the participants are the highest percentage sometimes insuring the economic factor and the high monthly family income on obesity. 44% higher percentage of participants who believe that increased hours of sleep leads to obesity in children.

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Chapter one :Introduction

1-1 Introduction

1-2 Important of the project

1-3 Problem of the project

1-4 Goals of the projects

Chapter 1

1.1. INTRODUCTION

Obesity is a major public health crisis among children and adults.[1,2] The range of weights for individuals if greater than the ideal weight, which is considered healthy for the particular height, is termed as either overweight or obese. Childhood-related obesity is an increasing concern with respect to the health and well-being of the child. Body mass index (BMI), a measure of weight with relation to height, is not only used as an outcome measure to determine obesity but also as a useful anthropometric index for cardiovascular risk.[3] For children between 2 and 19 years, BMI is plotted on the CDC growth chart to check for the corresponding age and sex related percentile. Childhood obesity is defined as a BMI at or above 95th percentile for children of same age and sex.[4] Classifications of obesity in children depend upon the body composition of the child, as it varies with respect to age and sex of the child.[4]

Obesity

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health, leading to reduced life expectancy and/or increased health problems (5)People are considered obese when their body mass index (BMI), a measurement obtained

by dividing a person's weight in kilograms (Kg) by the square of the person's height in meters (m), exceeds 30 kg/m², with the range 25-30 kg/m² defined as overweight. (6)

Obesity increases the likelihood of various diseases, particularly heart disease, type 2 diabetes, obstructive sleep apnea, certain types of cancer, and osteoarthritis.(5)Obesity is most commonly caused by a combination of

excessive food energy intake, lack of physical activity, and genetic susceptibility, although a few cases are caused primarily by genes, endocrine disorders, medications, or psychiatric illness. Evidence to support the view that some obese people eat little yet gain weight due to a slow metabolism is limited .(7)

Childhood obesity is a condition where excess body fat negatively affects a child's health or well-being. As methods to determine body fat directly are difficult, the diagnosis of obesity is often based on BMI. Due to the rising prevalence of obesity in children and its many adverse health effects it is being recognized as a serious public health concern.(8)

1.2. Important of the projects

Obesity is a common health problem in society, so we try in our research to identify the real causes of childhood obesity, which include psychological and physical effects, and develop educational programs for the purpose of reducing them.

1.3. Problem of the project

With more than 42 million overweight children around the world, childhood obesity is increasing worldwide.

1.4.Goals of the projects

- 1_ Developing organized scientific programs for the purpose of achieving and treating obesity
- 2- Knowing the causes of obesity in children
- 3- Knowing the nutritional habits that lead to obesity in children

Chapter two :Review of Literature

2.1. Definition of obesity in children

2.2. Classification

2.3. Causes of Childhood Obesity

2.4. Consequences of Obesity

2.5. Treatment

2.6. General Tips for Parents

Chapter two Review of Literature

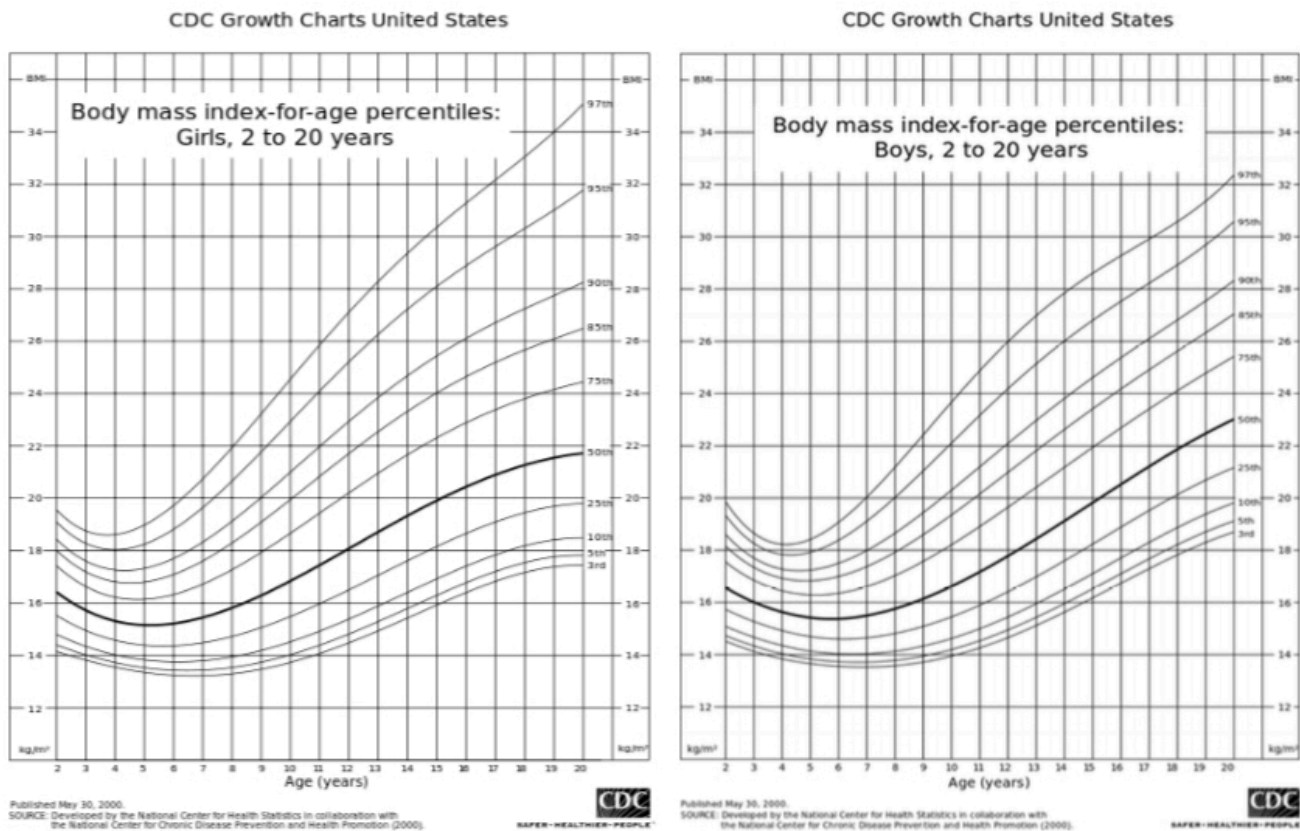
2.1. Definition of obesity in children body fat negatively affects a child's or well- being

The most widely accepted method to screen for excess adiposity is calculation of body mass index (BMI).[9] Abnormal BMI cut-offs in children are determined by age- and sex-specific percentiles based on growth charts, as the amount of body fat changes with age and differs between boys and girls.[10]

A BMI between the 85th and 94th percentiles is defined as overweight, and a BMI \geq 95th percentile is defined as obesity.[11][12] Severe obesity is defined as BMI of 120% of the 95th percentile.[13]

For children under 2 years of age, BMI percentiles are not available; thus, obesity may be defined as a weight \geq 95th percentile for height.[11]

2.2. Classification



The US Preventive Service Task Force with a high BMI need to lose weight though. High BMI can identify a possible weight problem, but does not differentiate between fat children who do have excess adipose tissue. It is therefore-reported that not all children-or lean tissue.[14] Additionally, BMI may mistakenly rule out some-beneficial to supplement the reliability of a BMI diagnosis with-additional screening tools such as adipose tissue or skin foldmeasurements.[15]

2.3.Causes of Childhood Obesity

Genetics Childhood obesity is often the result of an interplay between many genetic and environmental factors. Polymorphisms in various genes controlling appetite and metabolism predispose individuals to obesity when sufficient calories are present. Over 200 genes affect weight by determining activity level, food preferences, body type, and metabolism.[16] Having two copies of the allele called FTO increases the likelihood of both obesity and diabetes.[17]

Family practices

In the recent decades, family practices have significantly changed, and several of these practices greatly contribute to childhood obesity:[18]

- With a decreasing number of mothers who breast-feed, more infants become obese children as they grow up and are reared on infant formula instead.[19]
- Less children go outside and engage in active play as technology, such as television and video games, keep children indoors.
- Rather than walking or biking to a bus-stop or directly to school, more school-age children are driven to school by their parents, reducing physical activity.
- As family sizes decrease, the children's pester power, their ability to force adults to do what they want, increases. This ability enables them to have easier access to calorie-packed foods, such as candy and soda drinks.
- The social context around family meal-time plays a role in rates of childhood obesity

Social policies

Different communities and nations have adopted varying social practices and policies that are either beneficial or detrimental to children's physical health. These social factors include:[18]

- the quality of school lunches
- the emphasis of schools on physical activity
- access to vending machines and fast-food restaurants
- prevalence of and access to parks, bike paths, and sidewalks
- government subsidies for corn oil and sugar
- advertising of fast-food restaurants and candy
- prices of healthy and unhealthy foods
- access to fresh, healthy, and affordable food.[20]

Advertising

Advertising of unhealthy foods correlates with childhood obesity rates.[18]]In some nations, advertising of candy, cereal, and fast- food restaurants is illegal or limited on children's television channels.[21]The media defends itself by blaming the parents for yielding to their children's demands for unhealthy foods.[18]

Socioeconomic status

It is much more common for young people who come from a racial or ethnic minority, or for those who have a lower socioeconomic status, to be overweight and to engage in less healthy behaviors and sedentary activities.[22]

2.4.Consequences of Obesity More Immediate Health

Risks

Obesity during childhood can harm the body in a variety of ways. Children who have obesity are more likely to have:[23][24]

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease.
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes.
- Breathing problems, such as asthma and sleep apnea.

- Joint problems and musculoskeletal discomfort.
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn).

Childhood obesity is also related to . [25][26]

- Psychological problems such as anxiety and depression.
- Low self-esteem and lower self-reported quality of life.
- Social problems such as bullying and stigma.

Future Health Risks

- Children who have obesity are more likely to become adults with obesity.[27]
Adult obesity is associated with increased risk of several serious health conditions including heart disease, type 2 diabetes, and cancer.[28]
- If children have obesity, their obesity and disease risk factors in adulthood are likely to be more severe.[29]

2.5.Treatment

of childhood obesity depends on several factors these include:

- Co-occurring medical conditions (such as high cholesterol, high blood pressure, diabetes, or other obesity-related conditions)

Treatment for childhood obesity may involve:

- Changes in the child's diet and eating habits
- An increase in the child's physical activity level
- Weight loss surgery or medication (only under specific circumstances)
- Behavioral counseling

Multi-Disciplinary Treatment

A 2015 study discovered significant changes in BMI after intensive treatment for childhood obesity involving a multi-disciplinary approach.[30]including:

- Dietary education
- Physical activity education
- Coaching in a group setting on behavioral management and physical activity
- Therapy sessions with a psychologist
- Weekly in-home coaching sessions, to identify play areas for children and help remove low-nutrient foods from the home environment
- Group physical activity sessions led by a physiotherapist (a specialist in physical activity)

Medication

For some children, medication may be prescribed as part of a weight loss program. Medication is only prescribed under specific situations, such as for children who have obesity and diabetes or other obesity-related conditions.

2.6.General Tips for Parents

When a child (or adolescent) is diagnosed with obesity, the healthcare provider will recommend a diet, along with goals for increased activity and healthy weight loss.

There are some general guidelines that most professionals recommend:

- Parents—not the children— must take charge of the food that is purchased and cooked as well as when it will be eaten.
- A healthy diet consists of ample fresh fruits, vegetables, lean meat, healthy fats (such as avocados and olive oil) as well as whole grains.

- Saturated fats, trans-fats, sugary baked goods, and high caloric/high sugar drinks (this includes fruit juice), processed foods, and fried foods should be eliminated from the diet.
- Healthy snacks should consist of foods such as fresh fruits, nuts, and high-fiber whole foods (such as popcorn).
- Parents should cook at home as much as possible and avoid eating out, particularly at fast-food restaurants.
- Parents and children should have family meals together with ample time to converse.
- Parents should not allow eating in front of the television or while viewing any type of electronic device (such as smartphones or tablets). According to Mayo Clinic, eating while playing video games, or in front of a computer or television, can result in eating too fast and overeating.[31]
- Parents should control portion sizes, avoiding the mistake that many parents make by forcing the child to finish all the food on the plate.

Chapter three :Design of the study

3.1. Design of the study

3.2.Setting of the study

3.3.The sample of the study

3.4. Project instrument

3.5. Validity of the questions

Chapter 3

3.1. Design of the study

The study was conducted in Basra Governorate, Al-Asher area and Al-Zubair District. The study period is 4 months from 2021 to 2022.

3.2. Setting of the project:

Study preparation

Fifty six children from different areas in Basra Governorate, Al-Asher and Al-Zubair District participated in the study.

3.3. Sample of the study:

The study sample consisted of (56) obese children. The study sample was taken from homes in Basra (29) female and (27) male of different levels.

3.4. Project instruments

questionnaire format (21) questions was determined. The questionnaire was distributed to 56 families, all participants answered (21) questions, and presented to professors at the College of Nursing to take their opinions and advice.

3.5. Validity of the questionnaire

The validity of the questionnaire: The validity of the content of the knowledge test of the study tools was determined by a team of (5)

experts from the University of Basra / College of Nursing. All experts have more than (5) years of experience in their jobs, these experts have asked you to view the tools for content, clarity, relevance and sufficiency. Changes and modifications are made in connection with the suggestions and recommendations of experts.

Chapter four: Result

4.1. Result

Table(22):the distribution of the sample according to responses to questionnaire regarding percentage and mean of score

Responses		Never		Some times		Always			
No	Item	F	%	F	%	F	%	MS	S
1	1-participate in any physical activity?	7	12.5	31	55.4	18	27.7	2.2	S
2	2-Does your child spend time exercising? I physical activity for a longer period of time?	19	33.9	21	37.5	16	24.6	1.9	Ns
3	3-Does your child eat a lot when he feels Loneliness, boredom and nervousness?	16	28.6	19	33.9	21	32.3	2.1	S
4	4-Do you allow your child to eat snacks between main meals?	5	8.9	23	41.1	28	43.1	2.4	S
5	5-Do you use food as a reward for your child?	24	42.9	25	44.6	7	10.8	1.7	NS
6	6-Should society have a greater role In the fight against childhood obesity?	2	3.6	8	14.3	46	70.8	2.8	S
7	7-Do you serve meals in your home that contain On vegetables and fruits?	10	17.9	12	21.4	44	67.7	3	S
8	8-Do you let your child decide the amount of candy? that he wants to eat?	17	30.4	21	37.5	18	27.7	2.0	S
9	Does your child participate in physical activities like running (football)?	18	32.1	19	33.9	19	29.2	2.0	S
10	10-Are you satisfied with your child's physical activity?	14	25.0	23	41.1	19	29.2	2.1	S
11	Does your child watch TV while eating Food ?	29	51.8	15	26.8	12	18.5	1.7	NS
12	Does your child spend a lot of time eating? watching TV?	17	30.4	26	46.4	13	20.0	1.9	NS
13	Does your child use electronic devices Lots ?	29	51.8	19	33.9	8	12.3	1.6	NS
14	-of constant encouragement from parents eat the food?	37	66.1	16	28.6	3	4.6	1.4	NS
15	Excessive consumption of sweets	19	33.9	29	51.8	8	12.3	1.8	NS
16	Lack of movement by staying for periods long at home ?	13	23.2	28	50.0	15	23.1	2.0	S
17	Is the situation in which your child is alone His parents are influential in obesity?	21	37.5	27	48.2	8	12.3	1.8	NS
18	-many children in the same house Eating together?	10	17.9	20	35.7	26	40.0	2.3	S
19	-Does the economic factor of high monthly household income have an effect on obesity?	21	37.5	24	42.9	11	16.9	1.8	NS
20	-Do you think that obesity prevents children from leading their lives normally?	41	73.2	12	21.4	3	4.6	1.3	NS
21	Do you think that increasing sleep hours leads to obesity in children?	25	44.6	25	44.6		4.6	1.5	NS

The table(22) showed that 52.3% of mean of score(MS) of answered questions were significant while the rest were non significant. On other hand the percentage of participants response to questions showed variation in percentage .

At [31] showed eating while playing video games, or in front of a computer or television, can result in eating too fast and overeating.

Chapter five: Discussion

5.1.Discussion

5.2.conclusion

5.3.recommendation

5.4.References

5.1. Discussion

Childhood obesity is a serious medical condition for children and adolescents. It is particularly worrisome because excess weight often puts children on the path to health problems that were previously considered problems of adults, such as diabetes, high blood pressure and high cholesterol. Childhood obesity can also lead to low self-esteem and depression. The data showed that 5 always believe that obesity prevents children from practicing their activities normally. 44 of the participants do not believe that increasing sleep hours leads to obesity in children. 44 sometimes believe that increasing sleep hours leads to obesity. In children, (17) stated that over 200 genes affect weight by determining activity level, food preferences, body type, and metabolism. [16] Having two copies of the allele called FTO increases the likelihood of both obesity and diabetes. [17] One of the best strategies for reducing childhood obesity is to improve the eating and exercise habits of your whole family. Treating and preventing obesity helps protect your child's health in childhood and into the future. Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health, leading to reduced life expectancy and/or increased health problems (5).

The results of the present study showed that the highest percentage of participants 37 answered that their children do not eat much when they feel bored and 33 sometimes. Evidence to support the view that some obese people eat little yet gain weight due to a slow metabolism is limited. (7).

The highest percentage of participants is 51.8% of whom their children do not watch TV while eating and 26.8% answered that their children sometimes watch TV and 21.4% of them always watch TV while eating (Table 11).

5.2. conclusion

- 1- participants 37.5% answered that their children always eat when they feel lonely.
- 2- 14.3% of them use electronic devices a lot.
- 3- 42.9%, of whom sometimes the high economic factor has an impact on the obesity of their children
- 4- The highest percentage of participants 66.1% of them do not encourage their children to eat –
- 5- 50.0% of children have less movement by staying at home,
- 6- 44.6% of participants , do not believe that increasing sleep hours leads to obesity in their

5.3. recommendation

- 1- Implement comprehensive programs that promote healthy eating and reduce the intake of unhealthy foods and sugar-sweetened beverages among children
- 2- Implement comprehensive programs that promote physical activity and reduce discriminatory behavior Low mobility among children
- 3- Ensure that guidance on the prevention of noncommunicable diseases is strengthened and integrated with existing guidance on antenatal care, to reduce the risk of childhood obesity

4- Provide guidance and support on a healthy diet, sleep and physical activity in early childhood to ensure children grow up appropriately and develop healthy habits

5- Implement comprehensive programs that promote healthy school environments, health and nutrition education, and physical activity among children

6- Providing multi-component family lifestyle management services and weight among obese

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Chapter six :Appendices

6.1.Appendix (A)

6.2.Appendix (B)

6.1.Appendix (A)

المتخصصين والتدريسيين الذين تم عرض الأستبيان عليها:

ت	الأسم	اللقب العلمي	الشهادة	الاختصاص	مكان العمل
١	محفوظ فالح حسن	استاذ	دكتوراه	فلسفة تربيته بدنية	كلية التمريض
٢	وصفي ظاهر عبد علي	أستاذ مساعد	دكتوراه	فلسفه	كلية التمريض
٣	سجاد سالم عيسى	أستاذ	دكتوراه	طب اسره	كلية التمريض
٤	أفكار فاضل كريم	مدرس	ماجستير	تمريض نفسيه وعقليه	كلية التمريض
٥	هشام حسين عبد الروؤف	مدرس	دكتوراه	بورده عراقي في اشعه التشخيصيه	كلية التمريض

6.2.Appendix (B)

بسم الله الرحمن الرحيم
استمارة استبيان حول (التقييم السلوكي لأطفال ما قبل المدرسة الذين يعانون
من السمنة المفرطة)

الجنس
الحاله المادية : جيد متوسط ضعيف

الجزء الثاني : المحور العلمي

ابدأ	احياناً	دائماً	التقييم السلوكي لاطفال ما قبل المدرسه الذين يعانون من السمنة المفرطة	
			هل يشارك طفلك في أي نشاط بدني	١
			هل يقضي طفلك في ممارسة النشاط البدني لوقت طويل	٢
			هل يأكل طفلك كثيراً عندما يشعر بالوحده والممل والعصبية	٣
			هل تسمح لطفلك بأكل وجبات خفيفه بين الوجبات الرئيسية	٤
			هل تستخدم الطعام كمكافاة لطفلك	٥
			هل يجب ان يكون للمجتمع دور اكبر في مكافحه البدانه في مرحله الطفولة	٦
			هل تدع طفلك يقدر مقدار الحلوى التي يريد ان يأكلها	٧

			هل يشارك طفلك في الأنشطة البدنية مثل الجري (كرة القدم)	٨
			هل انت راضي عن النشاط البدني الذي يقوم به طفلك	٩
			هل يشاهد طفلك التلفاز اثناء تناول الطعام	١٠
			هل يقضي طفلك وقت طويل في مشاهدة التلفاز	١١
			هل يستخدم طفلك الأجهزة الألكترونية بكثرة	١٢
			التشجيع المستمر من قبل الوالدين على تناول الطعام	١٣
			التناول المفرط للحلوى	١٤
			قلة الحركة من خلال البقاء لفترات طويلة في المنزل	١٥
			هل الحالة التي يكون فيها طفلك وحيد لدى والديه مؤثراً في السمنة	١٦
			الأطفال الكثيرون في البيت الواحد وتناول الطعام بشكل جماعي	١٧
			هل عامل الأقتصادي الدخل الأسره الشهري المرتفع ذات تأثير على السمنة	١٨
			هل تعتقد ان السمنة تمنع الأطفال من ممارسه حياتهم بشكل طبيعي	١٩
			هل تعتقد ان زيادة ساعات النوم تؤدي الى حدوث السمنة لدى الأطفال	٢٠
			هل تقدم في منزلك وجبات تحتوي على خضراوات والفاكهه	٢١

ملخص المشروع

الخلفية: أدى انتشار وشدة السمنة لدى الأطفال والمراهقين إلى ارتفاع معدل انتشار الحالات المرضية المصاحبة ، بما في ذلك ارتفاع ضغط الدم ، والتطور المبكر لتصلب الشرايين ، ومرض السكري من النوع ٢ . التقييم السلوكي لأطفال ما قبل المدرسة الذين يعانون من السمنة المفرطة

نتيجة :

أجابت أعلى نسبة من المشاركين (٥٥٪) أن أطفالهم يشاركون أحياناً في أنشطة بدنية. أجاب ٣٧٪ من المشاركين بأعلى نسبة أن أطفالهم يقضون أحياناً وقتاً طويلاً في النشاط البدني. وقال ٥٠٪ من المشاركين الحاصلين على أعلى الدرجات إنه ينبغي عليهم دائماً السماح لأطفالهم بتناول وجبة خفيفة بين الوجبات. ما هي أعلى نسبة من المشاركين ٤٤ بالمائة الذين يتشاركون الطعام أحياناً كمكافأة لأطفالهم. ٥١٪ أعلى نسبة من المشاركين هي أن أطفالهم لا يشاهدون التلفاز أثناء الأكل ، ٤٦٪ أجاب أعلى نسبة من المشاركين أنه في بعض الأحيان يقضي أطفالهم الكثير من الوقت في مشاهدة التلفزيون ، ٥١٪ من المشاركين أعلى نسبة هم أطفالهم الذين يستخدمون الأجهزة الإلكترونية. ٥١٪ من أعلى نسبة من المشاركين الذين يأكل أطفالهم أحياناً الحلويات بشكل مفرط ، وأجاب ٥٠٪ من أعلى نسبة من المشاركين أن سبب السمنة في بعض الأحيان هو قلة الحركة والبقاء في المنزل لفترة طويلة. و ٤٢٪ من المشتركين هم أعلى نسبة في بعض الأحيان تؤمن العامل الاقتصادي ودخل أسري شهري أعلى على السمنة. ٤٤٪ نسبة أعلى من المشاركين الذين يعتقدون أن زيادة ساعات النوم تؤدي إلى السمنة عند الأطفال.



التقييم السلوكي لأطفال ما قبل المدرسة الذين يعانون من السمنة المفرطة

قدم المشروع لكلية التمريض تحقيقا جزئيا لدرجه بكوريوس
تمريض

بواسطة

هديل مجيد خلف

زهراء حازم هزل

طلاب المرحلة الرابعة

بإشراف

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