

Relationships Among Factors Related to Body Mass Index, Healthy Lifestyle Beliefs and Behaviors, and Mental Health Indicators for Youth in a Title 1 School

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ABSTRACT

Introduction: The effect of being overweight in childhood has both physical and psychological implications. The purpose of this study was to determine the relationships among body mass index (BMI), healthy lifestyle beliefs and behaviors, and mental health indicators for 5th- and 6th-grade children in a Title I school.

Methods: This is a cross-sectional, descriptive correlational design on a convenience sample of youth in an urban school. BMI was calculated. Participants completed surveys that assessed healthy beliefs and behaviors, activity and nutrition knowledge, and mental health indicators.

Results: Children with higher BMIs reported difficulty in living a healthy lifestyle. This perceived difficulty affected their ability to make healthy choices. Belief in the ability to live a healthy lifestyle resulted in reported healthier behaviors. Anxiety and depression symptomatology were not significantly related to healthy lifestyle indicators.

Discussion: The results demonstrate that the proposed thinking, feeling, behavior triangle model was supported in this population. *J Pediatr Health Care.* (2014) 28, 234-240.

KEY WORDS

Body Mass Index (BMI), children, mental health, healthy beliefs and behaviors

The physical effects of being overweight in childhood have been well documented. Being overweight predisposes children to the development of adverse health outcomes, which include type II diabetes, hypertension, dyslipidemia, gallbladder disease, sleep apnea, musculoskeletal pain, and increased asthma symptoms (American Academy of Pediatrics [AAP], 2002; Bell et al., 2011; Carroll, Bhandari, Zucker, & Schramm, 2006; Castro-Rodriguez, Holberg, Morgan, Wright, & Martinez, 2001; Estrada, 2004; Kaechele et al., 2006; Stabouli, Kotsis, Papamichael, Constantopoulos, & Zakopoulos, 2005; Urrutia-Rojas et al., 2004). Additionally, children may also experience psychological distress related to excess weight such as anxiety and depression (Bell et al., 2011; Janicke, Harman, Kelleher & Zhang, 2008) and may experience more teasing and bullying and difficulties with peer relationships than their normal weight peers (Bell et al., 2011; Sawyer, Harchak, Wake & Lynch, 2011). Sanderson and colleagues (2011) have suggested that overweight children are more at risk for mood disorders in adulthood, with females being most affected.

For children who are overweight or obese, there appears to be additional characteristics that contribute to their risk of adverse health outcomes such as living in an unsafe neighborhood, socioeconomic status below the poverty level, and identification with race/ethnicity as black or Hispanic (Larson, Russ, Crall & Halfon, 2008). In a recent analysis of national survey data, it is estimated that 36% of children (ages 6 to 11 years) and 34% of adolescents (ages 12 to 19 years) have a body mass index (BMI) based on gender and age at ≥ 85 th percentile, indicating that they are overweight (Ogden, Carroll, Curtin, Lamb & Flegal, 2010). Mexican American youth are disproportionately affected, with 42% of children (ages 6 to 11 years) and 44% of adolescents (ages 12 to 19 years) having a BMI ≥ 85 th percentile, and 25% and 22%, respectively, being obese (BMI ≥ 95 th) (Ogden et al., 2010). Additionally, Mexican American children have an increased risk of being overweight if they also are socioeconomically disadvantaged (Forrest & Leeds, 2007). Furthermore, findings from studies indicate that treatment for mental health

disorders is lower in children who are socioeconomically disadvantaged (Olfson, Gameroff, Marcus, & Waslick, 2003) and Hispanic (Strum, Ringel, & Andreyeva, 2003).

TITLE I PROGRAM

Title I, Part A, is a federal program that is part of the No Child Left Behind Act. This program provides financial assistance to schools to ensure that all children have a fair and equal opportunity to high-quality education (Arizona Department of Education, 2009). Funds are allocated according to poverty estimates based on census data and the estimated cost of education for the state and the percentage of children from low-income families (United States Department of Education, 2010). A school that has Title I status is required to use research-based assessment systems for decision making, instructional strategies, and professional teacher development to ensure that instruction is delivered by high-quality staff.

The purpose of this descriptive pilot study was to determine the relationships among BMI, healthy lifestyle beliefs and behaviors, and mental health indicators for 5th- and 6th-grade children in a Title I school.

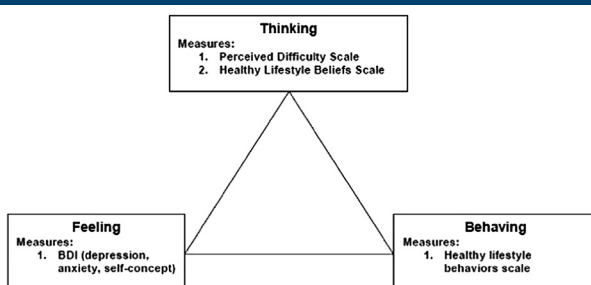
CONCEPTUAL FRAMEWORK

Cognitive Theory was chosen as the guiding framework for this study. The underlying premise of Cognitive Theory emphasizes that how an individual thinks affects his or her behaviors and emotions. This theory suggests that the individual perceptions, feelings, and behaviors are all interrelated and influence each other and are often called the thinking-feeling-behaving triangle as depicted in the Figure (Beck, Rush, Shaw, & Emery, 1979). According to this theory, the cognitive appraisal of a situation has a direct effect on the subsequent behaviors, which further influences the cognition and associated feelings. Operationalizing this theory would suggest that a positive relationship would exist between an individual's self-concept and subsequent beliefs that would result in healthy behaviors. Conversely, it would be expected that there would be a negative relationship between an individual's perceived difficulty in living a healthy lifestyle and behaviors that would be further influenced by a negative self-concept, or symptoms of anxiety and depression. Intervention programs based on these assumptions with overweight children and children who are anxious and depressed have been found to be efficacious (Jacobson, 2009; Jacobson & Melnyk, 2011; Melnyk et al., 2009) and will be the guiding framework in working with this population.

METHODS Design

A cross-sectional descriptive correlational design on a convenience sample was used for this study.

FIGURE. Thinking, feeling, and behaving triangle and measures. BYI-II = Beck Youth Inventory II.



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