



Brazilian Maternal Weight Perception and Satisfaction With Toddler Body Size: A Study in Primary Health Care

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Background Maternal perception and satisfaction with child's weight status are important to detect early and to successfully treat the extremes in weight, especially during early childhood, when the child is more dependent on maternal care.

Objectives: To assess the inaccuracy of maternal perception of toddler body size and its associated factors and to analyze maternal dissatisfaction with toddler body size.

Methods: Cross-sectional study with 135 mother–toddler dyads attending Primary Health Care Facilities, São Paulo, Brazil. Children's actual weight status was classified using body mass index-for-age. Inaccuracy and dissatisfaction were assessed using an image scale. We used logistic regression to identify the factors associated with inaccuracy of maternal perception of toddler body size.

Results: Inaccuracy in maternal perception was observed in 34.8% of participants. Mothers of excessive weight children were more likely to have inaccurate perceptions (OR = 4.6; 95% CI 2.0–10.7), and mothers of children who attended well-child care were less likely to have inaccurate perceptions (OR = 0.3, 95% CI 0.1–0.9). More than half of mothers (52.6%) were dissatisfied with their toddler's size and desired a larger child (75.0% of mothers of underweight children, 25.0% of mothers whose children were at risk for overweight and 23.0% of mothers of overweight children).

Conclusion: The majority of mothers were inaccurate in their perception and was dissatisfied with their toddler's body size. Maternal inaccuracy and dissatisfaction differed by the weight status of the toddler. Attendance at well-child visits was an effective way to decrease maternal inaccuracy, which reinforces the importance of the influence of health professionals.

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EXTREMES IN WEIGHT (underweight or overweight) during early childhood can affect children's health and development over time. Overweight in infancy and childhood is associated with the prevalence of obesity later in the

life course (Monteiro & Victora, 2005), increases the risk of diabetes and cardiovascular diseases (Bridger, 2009) and delays child development (Slining, Adair, Goldman, Borja, & Bentley, 2010). Additionally, malnutrition can have long-term effects on cognition, learning, and behavior (Walker et al., 2007).

Maternal perception and satisfaction of child weight status is a key factor in appropriate feeding behavior, as mothers can either restrict food or pressure their child to eat more (Ricca et al., 2010; Webber, Hill, Cooke, Carnell, & Wardle, 2010). The parental perception of their child's weight status can also affect their concerns about the child's health. Parents with accurate perception of their child's weight status have a higher degree of concern, so they consequently improve the children's diet quality, increase the probability of letting their child be attended in childcare (Moore, Harris, & Bradlyn, 2012; Tschamler, Conn, Cook, & Halterman, 2010), and are able to determine when to take measures against extremes in weight. This environment of parental perception represents an important initial step for early nutritional problems detection and for a successful treatment (Rietmeijer-Mentink, Paulis, Van Middelkoop, Bindels, & Van der Wouden, 2013).

However, a systematic review shows that even among overweight children, 62.4% of mothers incorrectly perceived their children as being of adequate weight (Rietmeijer-Mentink et al., 2013). Also, when it comes to toddler body size, 30% of mothers were dissatisfied (Hager et al., 2012).

Studies of parental perceptions of child weight status have mainly been conducted in western and northern countries and have focused on preschool or school-age children. Considering the mid-income countries in Latin America, only Brazil, Argentina, Mexico and Chile have developed studies on parental perception of their child weight status. These studies followed the global trend and also assessed preschool or school-age children group and found similar results to those observed worldwide: mothers were inaccurate in their perception of their child's weight status (Rietmeijer-Mentink et al., 2013).

In Brazil, the setting of this study, no previous investigation has assessed maternal perception or satisfaction of children aged 12 to 36 months (toddlers) (Chuproski & Mello, 2009). Therefore, it is crucial to understand how mothers perceive the problem of under or overweight and to assess their satisfaction with child's weight status in order to support Brazilian policymakers and health providers in preventing childhood weight problems. Besides the lack of studies assessing toddlers, the country has also faced an increase in overweight in all age groups, just as many other high-income countries. Understanding this phenomena in such a large mid-income country might contribute to scale up actions towards better parent–children feeding relations.

Commonly, the verbal descriptors scale is used to measure maternal perception of the child's weight (Rietmeijer-Mentink et al., 2013). However, when parents are presented to a series of body silhouettes and need to

choose a silhouette that most resembles their child's body size, this image scale provides a larger percentage of accurate perception (Hager, McGill, & Black, 2010). Studies that use image scales to gauge parental perception result in greater accuracy in assessing child body size compared with studies using verbal descriptions (52.3% versus 37.6%) (Rietmeijer-Mentink et al., 2013). On the other hand, some authors suggest that parents know when their child is overweight, but they are unable to verbally label their child as overweight due to negative associations with the word "overweight" and society's stigmatization of obese individuals (Neumark-Sztainer, Wall, Story, & Van Den Berg, 2008).

In this way, this study addresses gaps in the research about maternal perceptions of child's body size because it focus on toddlers by using an image scale to assess both, perception and satisfaction.

Our aim is to assess the inaccuracy of maternal perception of toddler body size and its associated factors. We also analyze maternal dissatisfaction with toddler body size. Research questions for this study were as follows: 1) How do mothers perceive their toddler's body size? 2) What factors are associated with inaccuracy of maternal perception of toddler body size? and 3) Are mothers dissatisfied with their toddler's body size?

Our hypotheses were as follows: 1) mothers of underweight, at risk for overweight and overweight children have more inaccurate perceptions of their toddler's body size compared to mothers of adequate weight toddlers; 2) inaccuracy of maternal perception of toddler body size is related to characteristics of the child, mother and head of family; and 3) mothers of underweight, at risk for overweight and overweight children are more dissatisfied with their toddler's body size compared to mothers of adequate weight toddlers.

Methods

This descriptive cross-sectional study is part of a larger project approved by the Institutional Review Board of the University of São Paulo, Brazil. Data were collected in 2013 (February to April) at 12 Primary Health Care Facilities (PHCF) in a small urban municipality in São Paulo State, Brazil. The larger project included 356 mothers and their children less than 3 years of age. This study includes 135 mothers and their children aged 12 to 36 months (toddlers). Children aged 12 to 36 months who were enrolled in the PHCF and receiving health services during the period of data collection with their biological mother were included in the sample. Exclusion criteria were having disabilities and chronic diseases. This information was provided by the mother.

Mothers were approached and interviewed by the researchers in the PHCF. They were given time to learn about the study, ask questions and become comfortable with their decision to participate in the study. We gathered information on characteristics of the children (age, gender, birth weight, weight status, well-child care attendance, health

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