

WHAT ARE THE INFLUENCES ON, AND HEALTH EFFECTS AS A RESULT OF, CHILD OBESITY AND WHAT CAN REGISTERED NURSES DO TO ASSIST AFFECTED CHILDREN AND THEIR FAMILIES?

A healthy start to life is fundamental to enable children to reach their full potential. The percentage of obese children within New Zealand has substantially increased over the past seven years (Ministry of Health, 2013). Child obesity has become a clinical practice issue, particularly in the primary health care setting. Statistics highlight obesity rates amongst Maori and Pacific children are significantly increasing resulting in health disparities between Maori, Pacific and European children

Evidence & Findings

New Zealand Health survey statistics from 2012/13 reveal:

- 1 in 9 children aged 2-14 years are classed as obese. This is equal to approximately 11% (85,000) of children.
- 1 in 4 approximately 27% are Pacific children.
- 1 in 5 approximately 19% are Maori children.
- Childhood obesity is higher amongst children who were living in deprived areas at 20% (Ministry of Health, 2013).

Health impacts of child obesity

Obesity in young children is linked to a variety of cognitive, physical, emotional and social consequences (Water, 2010).

For example:

- Hypertension and high cholesterol
- Exercise intolerance
- Sleep apnoea
- Type 2 diabetes (Water, 2010).
- Depression
- Personality disorders (Ministry of Health, 2012).
- Eating disorders (Pizzi & Vroman, 2013).

Significant influences that result in childhood obesity

Although family plays a substantial role in health of their children, the broader sociocultural, economic and physical environment surrounding the household plays an even greater role. Research demonstrates the influences affecting child obesity is caused by:

- Over-consumption of unhealthy foods
- Modern technology
- Mass media
- Parental responsibility (Covic, Roufeil, & Dziurawiec, 2007).
- Economic resources (Ministry of Health, 2012).
- Marketing – Particularly through advertising



Interventions for Registered Nurses to decrease child obesity

Interventions would be more successful if they were aimed at multiple levels of influence of the determinants of health, rather than directing it solely at the child. I would recommend RNs carry out regular health checks for children. These health checks should consist of:

- The child's BMI and plot on the growth chart, height, weight and blood pressure.
- A holistic assessment by the RN, assessing the family's socioeconomic status, psychological state and their health history to have an overall understanding of the patient.
- Nurses should encourage parents in prevention activities with their child and encourage parental modeling of healthy dietary choices.

References

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PECOT category	Information relating to question	Explanation
Population	Children aged 2-14 of Maori and Pacific ethnicity.	I want to look at child obesity within this age bracket because parents are most likely to be a major influence on their diet and consequent obesity, but also to research other influences. I want to research Maori and Pacific children and compare them to NZ European children to look at the health disparities.
Exposure	What are the influences leading to child obesity and what are the related health factors linked to obesity.	To understand the reasoning behind these influences and research how this may be severely affecting school aged children and the associated long-term health effects.
Comparison	The rate of obesity in different ethnic groups.	To see if there are health disparities between Maori and Pacific children compared to European children.
Outcome	To reduce the rate of childhood obesity and prevent obesity related diseases.	To encourage nurses to promote healthy lifestyles in children so it continues through their adulthood. Reduce inequity between Maori, Pacific and NZ European children and therefore help to decrease child obesity rates.
Time	21st century.	I will only include data from 2000 to have current data and information.

References

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Image References

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