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“Fat Kids Are Adorable”: The Experiences of Mothers Caring for Overweight Children in Indonesia

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ABSTRACT

This study aims to explore mothers' experiences in caring for overweight children under five years of age. This study used a descriptive phenomenology approach, with in-depth interviews with ten mothers who had overweight children under five years of age (2–5 years) selected by purposive sampling. The data was then analyzed using thematic analysis based on Collaizi's approach. This study produced eight themes illustrating that mothers were not only unaware of the children's overweight condition, but even felt more pleased to have overweight kids. This caused mothers not to give the optimum effort in limiting their children's food intake. The low awareness mothers had towards their children's overweight condition indicated the need for an intervention program that focuses on overweight children under five years of age to empower the family and increase family awareness in managing obesity early.

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Caring; children under five;
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Introduction

Unbalanced nutrient intake has an impact on children's health conditions in the future, resulting in malnutrition and increasing the risk of obesity (Do et al., 2016). The existence of malnutrition along with obesity in certain individuals or populations is known as the *double burden of malnutrition* (World Health Organization, 2017). The majority of countries with a lower-middle income have a tendency to increase obesity rates more rapidly than to decrease malnutrition levels (Sahoo et al., 2015).

A total of 45% of deaths in children under the age of five in 2014 were related to malnutrition; of those, 6.1% (41 million) of children were malnourished in the form of obesity (World Health Organization, 2017). Indonesia is included in 17 countries having three problems at once, which are stunting, wasting, and obesity (International Food Policy Research Institute, 2016). Indonesia as a middle-income country ranks first with the highest prevalence of obesity in children under five in Southeast Asia (Lindsay, Sitthisongkram, Greaney, Wallington, & Ruengdej, 2017). Based on the results of monitoring nutritional

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status, 5.3% of children aged 0–59 months are overweight, with a body weight index based on height. According to WHO in 2010, a country is considered to have no nutritional problems if the indicator of overweight children under five is below 5%. It is therefore concluded that Indonesia still suffers from nutritional problems concerning overweight children under five (Kemenkes, 2016).

Although parents consider overweight children adorable, there are many problems caused by obesity. Obesity in children under five causes health problems during childhood, adolescence, and adulthood (Jacobsohn, 2016; Kemenkes, 2012). Obesity during childhood can create poor health conditions and a high risk of illnesses and cause premature death (Jones, Jeell, Saksena, Saas, & Breda, 2017). Some of these conditions include the increased risk of diabetes, stroke, coronary heart disease, and hypertension (Reilly & Kelly, 2011). Obesity also impacts children's emotional and social well-being (Sahoo et al., 2015).

Some factors leading to obesity include genetic, food intake, physical activity, the role of the parents and environment (Sahoo et al., 2015). Parents have a role in feeding their children. Parents who do not control the types of food their children eat and their dietary habits can contribute to the incidence of childhood obesity (Mangrio, Lindstrom, & Rosvall, 2010). Parents, especially mothers, play a primary role in determining the nutrition quality and eating behavior of their children (Adamo & Brett, 2014). In addition to mothers serving as a role model for implementing healthy eating practices, they also control their children's physical activity, which could help prevent child obesity (Rachmi, Hunter, Li, & Baur, 2017). This study aims to explore the mother's experience in caring for overweight children under five.

Methods

This qualitative research using the descriptive phenomenology approach involved ten mothers with overweight children aged 24–59 months based on the *purposive sampling technique*. The overweight status in children was determined by using the weight index based on height with z -score > 2 SD using the z -score chart issued by WHO in 2005. This study was carried out in an area of community health center in East Java, Indonesia, which has the highest number of obesity children in East Java.

Data was collected through in-depth interviews that lasted 30–45 minutes using a voice recorder. Field notes were used as complementary data. Some of the questions asked in the interview included what mothers and others think about the children's growth, how daily interaction between the mother and child goes, and what the mothers have tried to do to facilitate their children's growth.

This study used thematic analysis alongside the Collaizi approach. The validity of the data was secured by member checking, maintaining data transferability by clearly describing the background of participants in the research, and getting information from people who understand qualitative research that were not involved in this study. This study had obtained ethical approval from the research ethics committee of the Faculty of Nursing Universitas Indonesia with no. 56/UN2.F12.D/HKP.02.04/2018.

Results

Participants' background

A total of ten participants engaged fully in this study. The mothers' ages ranged between 26–50 years. Seven out of ten mothers earned a high school degree, and the rest were bachelor graduates in economics. Seven mothers were unemployed, and the remaining participants worked for private companies. Six out of ten mothers' economic levels ranged from middle to upper class, while the remaining four were middle to lower class.

Theme analysis

There were eight themes identified in this study. Below are the descriptions:

Theme 1: Considering the children's weight still in the average weight

This theme describes the perception of the mothers assuming their overweight children to be in normal range because of their active movements, no complaints, sufficient body weight, normal food intake, and inherited fat body shape. The mothers' point of view on their children was supported by health workers such as doctors and nutritionists. Mothers also ignored the assumption of others stating that their children were fat.

“As far as I see, my kid still is fine. He is indeed looked bigger than his friends at his age. He is active and he doesn't eat too much. Indeed, looking at his posture, he looks fat. But, for me, as long as he is still active, it is not a big deal. His breath is not panting either, though.” (P1)

Theme 2: Allowing children to have excessive meals

Some mothers said that their children were not picky eaters. The children loved to eat anything and never asked for particular menus. Their children wanted to eat all types of food such as vegetables, fruits, or side dishes. Mothers also admitted that the amount of food their children ate was too much and that usually their children tended to eat more while doing other

activities such as watching TV or playing with gadgets. Mothers also tended to force their children to finish the meals by feeding them.

“[B]ut when he is having meals, he has many things to eat...he can finish one big portion of fried rice, but now he can eat almost just like my portion, but it only happens sometimes since I think it is too much for him.” (P5)

Theme 3: Giving children everything they want

Mothers tended to follow children’s desires and give them their favorite foods. Children liked to eat foods high in calories and sodium, such as filling and sweet foods. Mothers also said that most children preferred drinking milk to eating rice, causing irregular meal intake. The mothers would also give in to the children often when the kids felt hungry at night and asked for food.

“He loves to have heavy meals for snacking, such as meatballs. He also often drinks tea, six to seven bottles a day.” (P1)

Theme 4: Being aware of environmental influences on dietary habit

Mothers realized that the children’s diet was influenced by environmental factors such as family, the presence of food stalls, teachers, friends, and electronic media advertisements. The family influence could be in the form of eating habits or favorite foods, such as parents who loved eating vegetables being mimicked by their children. Mothers would try to force the children to eat exactly at meal time – when the children ignored it, the mothers would give them milk instead. The children would then just ask for food when another family member was eating. Running a food stall at home caused the children to ask for food sold in the stall. Teachers at school, friends, and electronic media advertisements also contributed to the children’s diet.

“When he sees me selling ice cream, he must ask for it. I already stop him, only give him one or two scoops, I used to give him three to four scoops.” (P10)

Theme 5: Overcoming children’s food refusal

The mothers reported times when the children’s appetite would decrease, or sometimes the children became picky about food, or the children refused to eat. The mothers tried to overcome it in different ways: by processing the meal, accompanying them to eat, giving them a fun and educational atmosphere while eating, and persuading children with play or their favorite food so they would want to eat.

“I usually distract him with toys so that he wants to eat, or strolling him around so that he wants to eat.” (P2)

Theme 6: Realizing the effects of obesity but being pleased to have fat kids

Mothers had often heard other people’s assumptions that their children were overweight, which did cause them to worry about the effects of obesity that might occur in the children. Some mothers were aware of the impact, for

example when children began having issues with movement. Mothers also began to worry when their children ate foods with a high concentration of fat, so they would then take measures to limit the intake of such foods. However, the mothers' efforts did not appear to be optimal since the mothers tended to feel happy to see their overweight children and thought their children would become thinner as they grew older.

"[I]n the future, if he is still fat like this, it will burden him in doing activities, hard to move, unlike his friends, being energetic. I am afraid of that." (P3)

"Yes, indeed, he is plump." (P8)

"[L]ooks like his sister, she is also plump, I like it..." (P8)

Theme 7: Raising overweight children like other kids

One mother said she was not doing anything specific to manage her child's obesity, caring for the child as she would if they were of average weight. Mothers carried out the routine habits of checking the children's weight at home, at the children health care clinic, or at community health services. Mothers were accustomed to providing food at home.

"The kid is normal, he is active though..." (P9)

"(children care) just like other stay-at-home moms..." (P9)

"I focus on caring my kids well. With the amount of weight meaning that I stay at home and take care of them. I focus more on the little one..." (P9)

Theme 8: Getting support and information in raising children

Mothers used to get support from the grandmother in raising children due to Indonesian cultural belief that the grandmother usually involve in raising children. Mothers also received support from children health care staff and health workers in the form of recommendations to control children's food intake to reduce children's weight. They also received information about child growth.

"He used to consume L (milk product), but the health center staff said I should change with the other product B (milk product). She said the ingredients are better, but I just reduce the amount intake only." (P8)

Discussion

The mothers' assumptions that their overweight children were at a healthy weight is in line with the results of the qualitative research. The results of this study indicated that some mothers considered their children healthy based on their weight. According to the mothers, a healthy child means one that moves actively, loves to eat vegetables and fruits, and does not get sick easily. What the mothers thought was based only on their own personal experience, but these assumptions were merely perceptions. Mothers' perceptions underlie their experiences in caring for their children (Jeffery, Voss, Metcalf, Alba, & Wilkin, 2005).

Similar results have also been found in cultures other than Indonesia, such as Turkey, Vietnam, the United States, the United Kingdom, and China. These studies found that overweight children are considered healthy and also symbolize well-being across multiple cultures (Rachmi et al., 2017). Obesity rates rise rapidly unnoticed in these populations. This can be attributed to parents' lack of awareness in identifying the conditions of obesity in themselves and their children. In a study done on 277 groups of overweight children with overweight parents, only a quarter of the participating parents were aware that their children were obese, while 33% of mothers considered their children's weight to be acceptable. The mothers also being overweight does not affect their perception of their children's weight (Jeffery et al., 2005).

Environmental factors such as parents, other family members, friends, teachers, advertisements on TV or in other media, and the presence of food stalls affected the children's dietary habits. Two mothers out of ten tended to worry when their children refused to eat. The mothers tried to force them to continue eating during meals by giving them milk instead so their nutritional needs remained fulfilled. The results of previous studies showed a positive correlation between maternal attitudes and behaviors that tended to force children to eat with a certain amount of increase in *BMI-for-age z-score* (BAZ) from 12 to 18 months in 64 overweight children (Sahoo et al., 2015). Other studies showed that the more healthy choices a mother made in fulfilling her child's meal needs, the better the quality of the child's nutrition. Mothers who have ability to processed food is called having good behavior in terms of feeding practices (Setyaningsih & Agustini, 2014).

Suggestions from health workers help make mothers more confident in choosing the best food for the family meals. Giving mothers the knowledge they need to make informed choices could lead to mothers having greater self-efficacy. Information from health workers tended to be more trusted by mothers than from other media or friends (Ramos et al., 2017).

The mothers' concern for their children's welfare arose when other people asserted that their children were overweight, and it was suggested they limit the children's food intake. Some participants were afraid and worried that children would get heart disease and breathlessness due to overweight bodies. Mothers who were aware of their children's condition and the impacts it had on the children's activities had attempted to limit the children's milk consumption, as excessive energy intake in the form of calories and fat during childhood can cause several cardiometabolic diseases (Sahoo et al., 2015). Some diseases associated with obesity can be prevented when children get effective diet management and reach an ideal body weight (Reilly & Kelly, 2011).

Overweight preschoolers often also have issues with picky eating and refusing to eat. Consistent with previous studies, the picky eaters tended to not want to eat vegetables, fish, and meat. The results of a systematic review showed certain factors related to a child's behavior were also a risk factor for obesity.

Preferences for certain foods, disliking new foods, and picky eating habits were found to be the obstacles children faced in adopting a healthy diet. This often led to parents resorting to fast food for their children since they did not want to eat anything else (Andersen, Christensen, & Sondergaard, 2013).

The results of this study revealed that parents, especially mothers, were not aware that their children suffered from obesity. However, upon hearing that others may think their children obese, some mothers began to worry about the children's growth. This led them to monitor their children's growth and their nutrient intake and to limit the children's food consumption. Family members and health workers supported the mothers' efforts. However, mothers who were not aware of their children's obesity felt happy with the health of their children. This caused the mothers' efforts to limit their children's food intake to be less than optimal. This proves to be an ongoing challenge for health workers, especially nurses, in spreading awareness to mothers and other family members as the Indonesian government's is currently facing the double burden of malnutrition.

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FINAL GRADE

GENERAL COMMENTS

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