



# CHILDHOOD OBESITY: VIRGIN ISLAND PARENTAL PERCEPTIONS AND PARENTAL KNOWLEDGE OF POTENTIAL HEALTH RISKS



ARLENE SMITH-LOCKRIDGE, MD

Leadership Education in Developmental Disabilities (LEADD) Certificate Program  
Westchester Institute for Human Development University Center for Excellence in Developmental Disabilities  
and New York Medical College

In Collaboration with

Virgin Islands University Center for Excellence in Developmental Disabilities

## OBJECTIVE

This study is being conducted to determine:

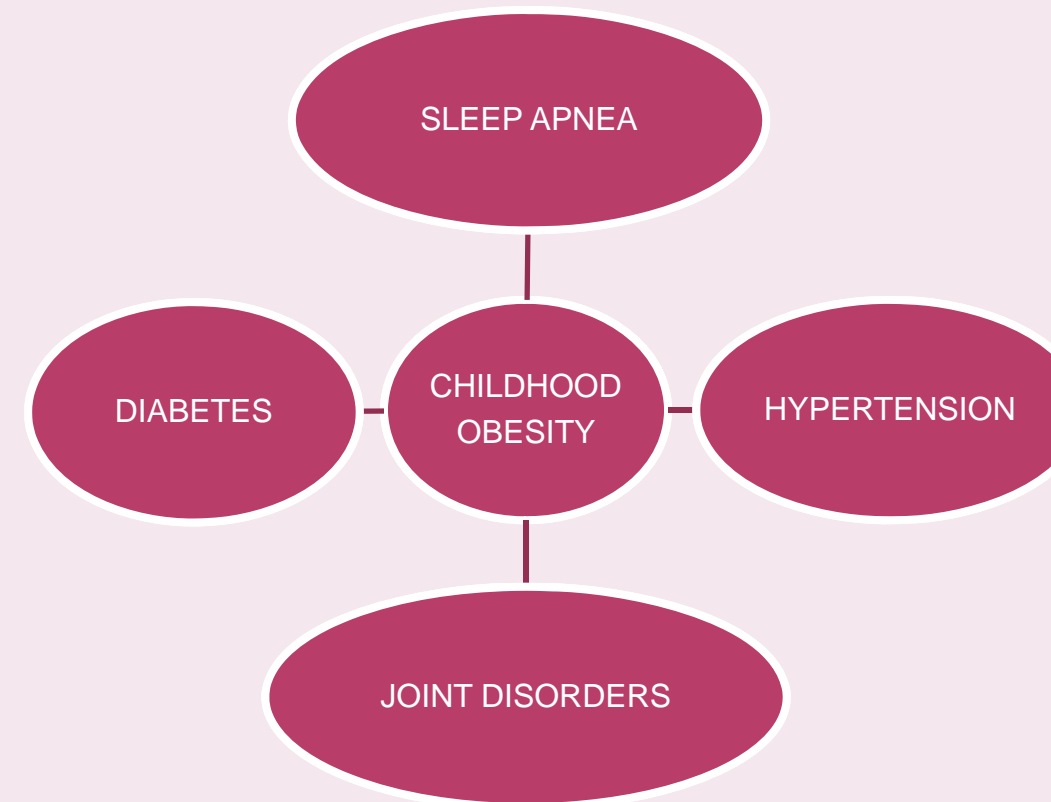
- 1) If USVI parents of obese children accurately perceive their child as overweight or obese
- 2) If USVI parents misclassify their overweight or obese children, to determine what factors contribute to the misclassification
- 3) If USVI parents know the health risks associated with childhood obesity

## BACKGROUND

- Childhood obesity is a major national public health issue.
- The National Health and Nutrition Examination Survey (NHANES) of 2003-2004 reported that 17.1% of US children and adolescents aged 2-19 (more than 12.5 million) were overweight (1) - an increase compared to the 1976 - 1980 survey.
- Co-morbidities of childhood obesity include hyperlipidemia, hypertension, and abnormal glucose tolerance - factors that increase the risk of cardiovascular disease and non-insulin dependent diabetes during childhood and adulthood (2).
- Obese children are also at a higher risk for sleep apnea, Blount's Disease, Slipped Capital Femoral Epiphysis(3).
- Numerous studies of parental perceptions of their child's actual weight and parental understanding of the health implications of childhood obesity have been conducted throughout the US and in other countries including UK.
- Several of these studies have reported high rates of maternal misperceptions with respect to their child's overweight status (4, 5, 6, 7, 8), but this issue has not been studied at all in the USVI .
- Active parental participation is an essential component to weight loss and obesity prevention programs (9, 10).
- Parents must first recognize that their child is overweight or obese, and must also acknowledge that obesity is indeed a problem for preventive programs to work.

1. Centers for Disease control (CDC), 2004
2. Dietz, 1998; Spiotta & Luma, 2008
3. Dietz, 1998
4. Baughcum et al, 2000
5. Eckstein et al, 2006

6. Etelson, Brand, Patrick, & Shirali, 2003
7. Carnell, Edwards, Croker, Boniface, & Wardle, 2005
8. Maynard, Galuska, Blanck, & Serdula, 2003
9. Epstein, Valoski, Wing & McCurley, 1990
10. Spear et al, 2007



## PROJECT DESIGN

Study Design:

Self-administered questionnaires will be distributed to parents of children attending the MCH & CSHCN clinics in both St. Thomas and St. John.

Subjects:

Study subjects will be recruited over a two month period from among the children between the ages of 2 and 18 years who are seen at the above mentioned clinics.

Exclusion Criteria:

- 1) Children with the diagnosis of thyroid disorder, Beckwith Weidemann Syndrome, or Prader Willi syndrome.
- 2) Questionnaires without an answer to the questions pertaining to parental perception of the child's weight.

## METHODS

Data Analysis:

Descriptive statistics will be used to summarize the demographic information, general characteristics of the subjects, and the choice of sketch and verbal response that classified the parent's perception of the child's body status. Chi Square and Fisher's Exact Test will be used to examine bivariate associations between actual BMI percentile, misclassification of obese children, parental knowledge of risk factors of obesity and various demographic information such as age, race, ethnicity, parental educational level, household income level and location of residence.

## PROGRESS TO DATE

The final project draft is to be submitted for IRB for review after which a pilot study will be conducted and then subjects will then be recruited for the study.

