Parents’ views and experiences when their preschool child is identified as overweight: a qualitative study in primary care

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Background. Prevalence of overweight in children has increased significantly in many countries in the past decades. Few parents identify their own children as overweight, especially very young children. Motivating parents is difficult, and interventions to attain normal weight often fail.

Objective. To explore parents’ views and experiences when health professionals identify their preschool child as overweight.

Methods. In-depth interviews were held with parents of 10 overweight children aged 2.5–5.5 years. Parents were recruited at well child clinics in rural parts of eastern Norway. Interviews were recorded digitally, transcribed verbatim and analysed thematically.

Results. Parents presented themselves and their toddlers as vulnerable. To protect their child from developing low self-esteem and eating disorders, some parents preferred their child not to be present when discussing overweight. Growth charts were looked upon as objective and useful. Parents talked readily about their own weight experiences. Being overweight themselves represented both a barrier to, and motivation for, dealing with their toddler’s overweight. Parents appreciated support from professionals in kindergarten, but grandparents often undermined the parents’ effort to make changes.

Conclusions. Early childhood overweight should be addressed in a sensitive and respectful manner and should consider whether the index child should be present during discussion. It may be helpful for clinicians to discuss parents’ own weight and dieting experiences and concerns about eating disorders. All the child’s caretakers should be considered a target for intervention, and grandparents and kindergarten professionals should be included.

Keywords. Child health, obesity, overweight, parents, primary health care, qualitative research.

Introduction

The prevalence of overweight and obesity in children has increased significantly in many countries in the past decades. In Norway, ~15% of boys and 18% of girls aged 4–16 years are overweight.1 (In this paper, ‘overweight’ also includes ‘obese’ or ‘obesity’.) However, few parents perceive that their child is overweight. In a Norwegian study,2 70% of parents who had an overweight child aged 2–19 years presumed that their child was of normal weight. In particular, the parents of the youngest children shared this misconception: 91% of overweight children aged 2–5 years were considered by their parents to have a normal body mass index (BMI).

In earlier studies, parents who were concerned about their child being overweight reported that they considered primary care as an appropriate setting for discussing this issue.3,4 However, they were reluctant to consult their GP because they feared being blamed for their child’s overweight and because they were concerned that being labelled overweight could affect their child’s mental well being.3 Parents report that some GPs lack knowledge, interest, time and resources to treat overweight children.5

Many health professionals find it difficult to raise the issue about a child’s overweight because of low self-efficacy, insufficient communication skills, parents’ denial and resistance towards discussing weight issues.6 Early intervention seems important for
treating an overweight child, but these perceived difficulties might postpone intervention. Harrington et al. found the first 2 years of age to be critical for later weight development, and De Kroon et al. reported the interval between 2 and 6 years to be the most critical stage for the development of overweight in adulthood.

To our knowledge, no other qualitative studies have been carried out to explore the views of parents of preschool children about their child’s weight. The first step in an intervention is to promote parental engagement and motivation. Almost all preschool children in Norway visit well child clinics (WCC) for vaccinations and regular check-ups, which include measurement of height and weight that are plotted into percentile charts. Deviation from normal growth is by routine discussed with parents. Normal BMI for children and adolescents changes according to age and gender. The term ISO-BMI is a measurement of overweight and obesity defined by the International Obesity Task Force corresponding to adult BMI. ISO-BMI above 25 is defined as overweight, and ISO-BMI above 30 is defined as obesity. At our own WCC, we tried to recruit parents of 4-year-old children with an ISO-BMI of 25 or above to group counselling sessions. During a 1-year recruitment period, we succeeded in only 1 out of 90 accessible families. Our failure promoted an interest in parents’ early experiences when first informed that their child is overweight.

The aim of the study was to explore parents’ views and experiences when a health professional identifies their preschool child as overweight.

Methods

Recruitment
To this study, we recruited parents of preschool children with an ISO-BMI of 25 or above. GPs and public health nurses at seven WCCs in the eastern rural part of Norway informed parents about the study, and handed out written invitations. These WCCs were located within 150 km from the home town of the first author enabling visits by car. They covered all children with varying socioeconomic background in the area. During the recruitment period of 6 months, 4 of the WCCs were able to recruit participants: mothers of 9 children and both parents of 1 child (Table 1). The families were ethnic Norwegian and had at least one grandparent living in the same county. All children were healthy and attended kindergarten.

Interviews
Parents gave their informed consent to participate in semi-structured interviews conducted by the first author; she is a GP with a speciality in family medicine (Norwegian Medical Association). The other authors have PhDs applying qualitative methods. The interviews took place at the families’ local WCC during March–September 2012, no <4 weeks after consultation at the WCCs. The interviews lasted 45–75 minutes. An interview guide was used during each interview. The main topics included the parents’ experiences at the WCC, their perceptions of their child’s weight and their own weight and the family’s relationship within their extended family and with kindergarten. Interviews were recorded digitally and transcribed verbatim by the first author.

Data analysis
Sound tracks were listened to, and transcriptions were read by all three authors who worked together on the qualitative analysis through discussions. Transcripts were imported into the software package ATLAS.ti (atlasti.com). Qualitative data were analysed through systematic text condensation as described by Malterud. Analysis followed these steps: (i) reading transcripts and listening to sound tracks to obtain an overall impression; (ii) identifying and coding for units of meaning, representing different aspects parents experienced when their child was identified as overweight; (iii) condensing and summarizing contents of each coded group and (iv) generalizing descriptions and concepts summarized into subcategories and then into main themes.

Results
Two main themes emerged from the data: (i) parents’ feelings and concerns when being told that their child is overweight; and (ii) parents’ experiences when being informed that their child is overweight.
overweight and (ii) motivational factors that may help them change their lifestyle. The main categories and subcategories are presented below.

**Parents’ feelings and concerns when being told that their child is overweight**

Parents reported that overweight was a thoroughly difficult issue to discuss. They presented themselves and their children as easily hurt. Most parents did not consider their child to be overweight. This theme comprised three subcategories: (i) parents being vulnerable; (ii) relationship with the child; (iii) conceptions about the child.

**Parents being vulnerable.** Confronted with the thought of their toddler being overweight, parents stated that this assertion evoked bad feelings. Some health professionals were described as being prejudiced and offensive, using words like ‘fat’ and ‘big belly’. Some parents felt they were not respected or were not believed as telling the truth about the family’s diet. Two parents feared that the GP would report them to child welfare for inadequate parenting.

Of course, it’s difficult. Nobody wants to hear there’s something wrong with their child. There is almost nothing that can make parents more terribly unhappy, hurt and angry like that. And you would like to defend... Still it’s so important how it’s presented to you. If I was to say to someone that “Now your kid is too fat – there is too much candy, too much fatty food and too much sitting in front of the TV”, then I would for sure not accomplish anything, right? (Interview 2)

Most of the parents described themselves as overweight. Their experience was that losing weight was difficult or almost impossible, and that the health care system was unable to offer much help.

**Relationship with the child.** Parents found it easier to talk with clinicians without the child present. Parents feared that their child could understand parts of the conversation and develop low self-esteem. Half of participants feared that their child could develop an eating disorder if weight became the focus. Parents found it difficult to talk with their children about the weight issue. They struggled when having to say ‘no’ to unhealthy food, or reducing portion sizes.

Then I talked to her (GP) in the corner of the room, and told her that I thought talking about weight was difficult. We agreed on setting up a new appointment so that I could talk with her without him (the child) being present. (Interview 5)

**Conceptions about the child.** Some parents were totally unprepared and felt surprised when told that their child had excess weight.

She doesn’t look bad at all – she looks very nice! And I thought: “My God, is she overweight?”…but I didn’t start crying. (Interview 10)

More than half of the parents considered their child to be of normal weight. Many parents described their child as ‘big according to his/her age’—i.e. big, but not fat. Some explained this as reflecting heavy bone structure and unchangeable genes. When buying clothes, some parents had reflected on their child’s weight because he/she did not fit into standard sizes.

**Motivational factors**

All parents accepted that they were mainly responsible for their child attaining normal growth. However, they expressed a desire to receive support from primary health care, kindergarten and grandparents. Participants noted several disadvantages and bad experiences in relation to overweight. This theme comprised three subcategories: (i) consequences of overweight; (ii) dialogue with health professionals; (iii) relationships with significant others.

**Consequences of overweight.** Participants believed that overweight people are stigmatized and meet prejudice in society. Parents feared that if their child became overweight, he/she would be teased in kindergarten and school, could develop low self-esteem and would find it difficult to find nice clothes. They also feared that the child could become physically clumsy, and might fall behind his/her peers, and would not be able to join sport activities. Only one mother was concerned about her child developing future illness related to obesity. All parents spoke freely about their own weight. Parents with excess weight emphasized that they did not want their children to experience the same difficulties as they had, and they would try not to make the same mistakes as their own parents.

I have always felt big... It’s just ONE trip shopping, and then I would like to hide for a couple of hours. It’s something about never being able to find clothes, never feeling nice… I’m going to work hard so that she (the child) will not inherit this. It’s just not a worthy feeling. (Interview 2)

**Dialogue with health professionals.** Participants expected to be informed by their GP and public health nurse about the possibility that their child was overweight. They acknowledged that this was not an easy task. The growth charts were looked upon as useful tools ‘telling the truth’, but some parents needed an explanation to understand the charts. Parents wanted health professionals to express themselves carefully, to ask for the parents’ opinion and to avoid giving warnings. Parents felt relief when explained that their child did not need to lose weight but should grow into a normal weight.
If overweight had been an issue and you could see that things were going in the wrong direction, I would hope for more focus and closer follow-ups. Perhaps we could make a plan about what to do. And then we would have a shared responsibility to carry it out. (Interview 3)

Relationship with significant others. These children had 2–3 of their daily meals in kindergarten. All parents trusted the staff and felt that they had unique understanding of their child and general competence about children’s health. Parents appreciated the sound food routines and inclusion of much physical activity in the kindergarten schedule.

To celebrate your birthday in kindergarten – that’s an experience, an activity. It’s nothing you’re going to eat! And that might help you on the way. (Interview 4)

For most children in this study, grandparents had an influence on the quality and quantity of food served. Some grandparents did an excellent job, whereas others ‘spoiled’ the children by giving them unhealthy food, sweet beverages and perhaps an extra dinner. Some parents found it difficult to make grandparents, especially their in-laws, understand that the child would appreciate fruit and activities just as much. Some parents suggested that the WCC could educate grandparents.

It’s good to have grandparents close by, but my child knows that if she goes there, she’ll have anything she asks for. I try, but it seems even harder to raise grandparents than children (laughs). But I think it’s a well-known issue because grandparents somehow have a right to spoil them, especially with sweets. It’s an everlasting job when we try to restrict this. (Interview 4)

Discussion

Summary of main findings
This study illustrates how vulnerable and sensitive parents are when discussing that their child is overweight. However, parents did want to discuss the issue with health professionals who were understanding and interested in the parents’ point of view. Growth charts were looked upon as objective and useful when explained to parents. To protect their child from developing low self-esteem and eating disorders, parents preferred consultation without the child being present. We found that parents would talk readily about their own weight experiences. Being overweight represented both a barrier to and motivation for approaching and dealing with their toddler’s weight problem. We noted that parents considered kindergarten to be helpful, whereas some grandparents were described as undermining the parents’ effort to maintain a healthy lifestyle.

Strengths and limitations
As far as we know, this is the first study performed in primary care by interviewing parents about their experiences with early consultation about their toddler being overweight. None of the children had yet been referred to a paediatric ward. In this setting, one might expect parents to present resistance and scepticism as we know that few parents perceived their toddler as overweight. Consistent with other studies, recruitment of participants was difficult, and including more participants might have provided a wider range of views. However, our study succeeded in recruiting participants who were both satisfied and dissatisfied with the information they received at the WCCs. Parents were interviewed at their local WCC, and they knew that the researcher also works as a GP. Interviews conducted by a non-clinician, telephone interviews or interviews in the family’s own home may have resulted in other thoughts and feelings being expressed. Participants lived in rural districts in Norway, close to their child’s grandparents, and made frequent use of kindergartens. Other experiences might be expressed by parents in an urban environment and with different cultural backgrounds.

Comparison with existing literature
Identification of their child as overweight evoked negative feelings such as anger and guilt among the parents. Similar to the findings of Haugstvedt et al., parents felt stigmatized and that their parenting skills were being questioned. According to Vartanian and Smyth, stigmatizing obese individuals decreases their motivation to diet, exercise and lose weight. Parenting an overweight child and being overweight oneself may feel like a double stigma. Consistent with others, we also found that many parents did not accept that their toddler was overweight.

Parents appreciated supportive weight discussions, which can help with motivation to consider behaviour change. However, to protect their child from developing low self-esteem and eating disorders, parents preferred to discuss the issue of overweight without the child present. Research supports the concept that overweight children aged 5–10 years often have lower self-esteem than do children of normal weight. Childhood obesity is associated with increased risk of later eating disorders, especially when the child is teased about its weight by peers or family. Johnson and Wardle suggested that body dissatisfaction, rather than restrained eating, is the primary cause of eating disorders. Consistent with the works of others, parents in our study appreciated when health professionals were sensitive and respectful. In an Australian study, health care nurses found it especially difficult to raise children’s weight issues if their parents were considered overweight, which will be the case of many of these parents. A British cohort study has shown that the odds ratio is 11 of becoming obese at the age...
of 7 when both parents are obese. However, we found that parents freely shared their own experiences with being overweight and dieting. These experiences were presented as both a resistance to and motivation for dealing with their child’s overweight. Rhee et al. found that parents who considered themselves overweight were more ready to make behaviour changes to help their child lose weight than were parents who had a normal weight.

We found that parents appreciated the support derived from good eating habits and physical activity while their child attended kindergarten. In the study of Van Lippevelde et al., parents considered physical activity and nutrition of children aged 10–12 years, a responsibility to be shared with school. Grandparents, however, were not always described as helpful by our participants. Similarly, Stewart et al. noted that the extended family often undermines and fails to support lifestyle changes initiated by parents and the health care system.

Implications for clinical practice
When addressing childhood overweight at an early stage, clinicians should be sensitive and respectful to both parents and children. Parents may want follow-ups and an opportunity to talk with health professionals without the child being present. It seems advantageous to discuss the parents’ own weight and dieting experiences, and possible fear of their child developing eating disorders. Clinicians may show parents growth charts and explain that their children do not need to lose weight but grow into a normal weight. To help a family change its lifestyle, kindergarten and the extended family should be involved.

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References