

The Role African American Parents Play in Childhood Obesity in Central Mississippi

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ABSTRACT: Mississippi has the second-highest adult obesity rate in the United States particularly in the African American community. As the first teachers of children, parents play a vital role in promoting physical fitness, healthy diets and nutrition. Currently, Mississippi has the highest rate of childhood obesity in the nation, which is a direct correlation to the high obesity rate among adults in the state. The causes of obesity among African American children can vary between socioeconomic status, culture, or lifestyle of parents. Often parents in African American communities do not perceive their children as being overweight. Analysis of data suggests that 72% percent of parents believe their children are normal weight. Since childhood obesity is associated with Type II diabetes and high blood pressure among children eight years old and older in Mississippi, this study emphasizes the importance of changing the perception of weight control among African American parents and the risk factors associated with children being overweight.

Keywords – childhood obesity, overweight, nutrition, reducing obesity

I. INTRODUCTION

There are various hindrances to dietary for African American parents, which fluctuate contingent upon life stages, the individual, or group of people's food choice (EUFIC, 2006). We eat obviously because we are hungry, yet, what we eat isn't restricted to physiological or nourishing needs (EUFIC, 2006). According to EUFIC, there are six factors that impact nourishment decisions or food choice: biological determinants (yearning, hunger, and taste); economic determinants (cost, pay, accessibility); physical determinants (training, condition, cooking abilities and time); social determinants (culture, family, friends and dinner designs); psychological determinants (inclination, stress, and blame); and behavior determinants (frames of mind, convictions, and learning about sustenance).

Most African American families live unscheduled busy lifestyles. The unawareness of time makes it troublesome to rehearse great dietary patterns (Center for Disease Control, 2017). It is common for adults, children or families to eat at many different venues throughout the day and week. This is becoming the norm in the 21st century. Getting sufficient amounts of nourishment and eating as a family has transformed into an African American culture household past time. Eating meals outside the household is just one alternative, families have become exceptionally acquainted with using the microwave to prepare a full course meal in a surge. The nutrients in food vanish when prepared inappropriately or overcooked. Cooking fresh food regularly is more beneficial than food cooked from a can.

Today, youthful youngsters are putting vitality into hardware, mobile phones, computer games, PCs, and TVs. According to the Department of Health and Human Services, children six and older need a minimum of one hour every day of physical development (The American Heart Association, 2013). A vast bit of physical activity should be extraordinary significant to moderate or enthusiastic high-sway development.

Childhood obesity is a major public health crisis nationally and internationally. It is caused by overeating, imbalance meals, behavioral, and environmental factors. When the parent of an overweight child is unknowledgeable of the health factors that arise in obese children, their offspring(s) may face the challenge of having physical, psychological, and social health problems. Children's development should be supported by their parents enforcing physical activities and a healthy meal plan. Today's children development is characterized as a life essential with limited opportunities for physical engagement and nutritional meals. As a result, more children are living unhealthy lives.

This study obtained the perception of the role African American parents' play in childhood obesity in Central Mississippi and the risk factors that lead to young children being overweight. Many studies reviewed looked at childhood obesity from a medical perspective or from adult reports. This investigation had African American parents' make a conclusion about their children's weight and potential obesity risk factors. This study heightens African American parents and their children's awareness of the importance of eating habits and health risk factors to prevent childhood obesity.

II. RELATED LITERATURE

Obesity in young children is a developing epidemic in the United States. It affects almost one-fifth of all children, making it the most widespread chronic disease of young children. Daily, young children are being diagnosed with diabetes, hypertension and other co-morbid conditions associated with being overweight or obese. Children are defined as "affected by obesity" if their body mass index-for-age (BMI-for-age) percentile is greater than 95 percent. Children are defined as "overweight" if their BMI-for-age percentile is greater than 85 percent and less than 95 percent. Heaviness in children is determined by using BMI-for-age percentiles. This technique computes the child's weight grouping based on age and BMI, which is a computation of weight and height (Obesity Action Coalition, 2019).

Promoting a healthy diet and habitual physical activity are major factors in fighting childhood obesity. National research recommends that roughly one-fourth of two to five-year-old children are stout or overweight. In Mississippi, research led by the University of Southern Mississippi (2011) demonstrated that more than thirty-three (33) percent of three and four-year-olds and practically fifty (50) percent of five-year-olds in Head Start programs were corpulent or overweight. In some private and public child development programs serving children zero to five, there are no dietary tenets or specific approaches. On the other hand, children who attend kindergarten through twelfth grade in a government-funded school setting experience food programs controlled for fat and salt substance, in addition to other things.

The Mississippi Department of Education reported in 2003 that 97,741 Mississippi young children were enrolled in child development facilities, and around 77,603 of these children are five years of age or younger. According to *Obesity in Mississippi: A Report Compiled by the POWER Initiative (2009)*, it was reported that currently there are approximately 1,720 operating child development facilities throughout the state with a consolidated enlistment of 135,567 children enrolled. The Mississippi Department of Education concluded by stating that models, with respect to nutrients and physical activities for children in child development facilities serving children zero to five and youth programs, offer a sound domain for the duration of the day and can urge families to embrace more advantageous healthy practices when children are at home.

Naturally, humans react to the feeling of hunger. All people, young and old, require energy and nutrients to live, however, many people are unaware of what constitutes appropriate portion sizes and as a result intake excess foods that are not always the healthiest choice. From birth, taste and familiarity influence eating habits. Taste, smell, and food texture preferences progress due to multiple encounters and are influenced by our attitudes, beliefs, and expectations. Sweet and high-fat foods have an undeniable sensory appeal and are often consumed for enjoyment or satisfaction of craving and not nourishment (EUFIC, 2006).

Infants are predisposed to satisfying taste. Soon after birth, infants express preferences for sugary flavors and refuse those that are tart, bitter, or unpleasant. Sweet foods such as fruits, flavored yogurts, and juices are unhesitatingly received by infants, while foods such as vegetables, that sometimes contain bitter components, are primarily rejected. Young children's tolerances of nutritional foods that have less pleasing taste are shaped by their multiple encounters of tasting those foods. New foods should be offered to young children three to five years of age at least ten to sixteen times prior to acceptance occurs (Savage, Fisher, and Birch, 2008).

Parents, guardians and young children living in households where the average income is below the poverty line often consume unbalanced diets and have a low intake of fruits and vegetables. Access to nourishing foods is a recurring issue in many low-income poverty-stricken African American neighborhoods. African American communities notably have fewer grocery stores. These communities are considered "food deserts," communities without easy access to supermarkets that sell fresh produce and nutritional foods (Noonan, Velasco-Mondragon, and Wagner, 2016). Transportation to fresh markets or grocery stores can be a challenge for those without transportation. Many people have to leave the town they live in to have access to a

fully stocked supermarket. Accessible markets tend to be more expensive than those that are located a few miles away on the outskirts (EUFIC, 2006).

According to the Center for Disease Control (2017), there are contributing factors which cause young children to be overweight. Often, young children eat larger portions and consume more energy through foods and drinks that are not considered to be the healthiest choice. Young children frequently eat foods that are high in sugar and lack proper nourishment. To balance fatty high sugary foods and weight, young children must be involved in gross motor movement activities. The absence of physical movement can lead to being overweight or obese. It has been proven that young children are not participating in the appropriate amount of daily physical movement; thus the daily calorie intake is not balanced legitimately and can prompt heftiness. 21st-century young children are inclined to the stationary way of life, for example, sitting in front of the television, eating an immeasurable amount of unhealthy snacks, and completely disregarding gross motor activities (Center for Disease Control, 2017).

Youth obesity has been an increasing concern for over 150 years. The World Health Organization (WHO) characterizes heftiness or obesity as unreasonable calorie intake related to an absence of physical exercise. These factors have been distinguished as major inclining and irritating components (The American Heart Association, 2013). Young children who are overweight are at risk of developing cardiovascular defects, hypertension, expanded cholesterol levels, respiratory issues, insulin deficiencies, greasy degeneration of the liver, and muscular distress (Karnik, 2012). The Mayo Foundation for Medical Education and Research (2018), reported that when a young child is consistently eating unhealthy nourishments, for example, quick meals, microwaveable foods, and candy machine snacks, they are more prone to put on weight. The Foundation states further that treats, sweets, and sugary beverages, including natural juice products can cause weight increase. This is particularly valid in situations where unhealthy nourishments are constantly accessible and physical activity isn't supported.

Psychosocial or social variables may also be a contributing factor to the expansion in youth weight. These variables incorporate absence of informal communities, social disengagement and underestimation, single-parent families, parental joblessness, child disregard, aggressive behavior at home, early inappropriate behavior and misuse, and parental psychopathology. A few procedures may intervene in the relationship between early-life injury and overweight which incorporate more significant rates of skipping dinners to shed pounds, dangerous eating-related distractions and practices, more noteworthy utilization of sustenance in light of pressure, and decreased physical activity.

Parents play a vital role in promoting health and the prevention of childhood obesity. Parents are responsible for being positive role-models, setting limits, purchasing and introducing healthy foods for family consumption, and maintaining healthy eating habits and a family exercise ritual. Young children who lack a regular routine, boundaries, limits, and supervision at home or in a child development facility have a greater chance of being overweight or obese (Nieman and LeBlanc, 2012).

III. METHODOLOGY

This study investigates the African American perception of childhood obesity risk factors. To become aware of the importance of healthy eating and physical fitness, a child needs to have the appropriate guidance from their parents or guardians necessary to enhance their physical and mental development. The information provided by this study determines the impact or influence that parenting and lack of knowledge on healthy eating and physical fitness have on young children. This research provides information on risk factors which lead to childhood obesity in African American communities in Central Mississippi.

Before beginning the study, the researchers completed an academic research application required by the Internal Review Board (IRB) to conduct research. After receiving permission from the IRB at Tougaloo College, the researchers proceeded with the implementation of the study. Consent letters explaining the purpose of the study and surveys were sent to sixty-five African American parents or guardians of children zero to eight years of age by email and delivered face-to-face in the Central Mississippi region. The survey asked a series of questions to determine the awareness of obesity amongst young children of African Americans parents.

This study used a qualitative design to collect data from participants on factors that cause obesity and parents' perception of their children weight. To fully understand the outcome of the people of interest, one needed to conduct effective research. A survey was designed and distributed to a random group of sixty-five African American parents and guardians in Central Mississippi who had children three to five years of age enrolled in a child development setting. Each survey contained a cover letter explaining the purpose of the study and the importance of returning the questionnaire. Fifty-five parents and guardians completed and returned the survey.

Data was analyzed using the comparative method and the Statistical Package for Social Science (SPSS), which involves dividing data into isolated occurrences, coding, and assigning categories. These

categories are represented within the participants' results and those that the researchers differentiate as significant to the study.

IV. FINDINGS

To become aware of the importance of healthy eating and physical fitness, parents and guardians must know what causes obesity and understand the difference between normal weight, overweight, and being obese. To help prevent obesity in young children, the appropriate guidance is needed. The information provided in the findings below determined factors that can lead to childhood obesity in African American young children and parents perception of their children's weight in Central Mississippi.

Table 1. Length of Time Children Watch Television Each Day in the Household

	Frequency	Percent	Valid Percent	Cumulative Percent
1- 2 hours	33	60.0	60.0	60.0
3 - 5 hours	20	36.4	36.4	96.4
5 - 8 hours	2	3.6	3.6	100.0
Total	55	100.0	100.0	

Table 1 represents the number of hours that children in the household watch television each day. The results show that 60 percent of the participants' child(ren) watch television from one to two hours a day; 36.4 percent of participants' child(ren) watch television for three to five hours a day; and 3.6 percent of the participants' child(ren) watch television for five to eight hours daily.

Watching television daily for long periods normally can lead to a lack of gross motor activities. For the majority of young children, not participating in physical activities is the leading cause of childhood obesity especially when watching television is accompanied by salty, sugary, and fatty snacks or meals (Olson, 2015).

Table 2. Length of Time Participants Children Use Technology While in the Household

	Frequency	Percent	Valid Percent	Cumulative Percent
1- 2 hours	27	49.1	49.1	49.1
3 - 5 hours	21	38.2	38.2	87.3
5 - 8 hours	7	12.7	12.7	100.0
Total	55	100.0	100.0	

Table 2 represents how many hours a participants' child(ren) use technology while in the household each day. Analysis of the data reveal that 49.1 percent of children use technology daily for one to two hours; 38.2 percent of children in the participants' household use technology three to five hours per day; and 12.7 percent of participants' children use technology five to eight hours per day in the household.

The use of technology (cell phones, iPads, computers, and video games) exposure for long periods of time can be a factor in causing obesity in young children. The American Academy of Pediatrics (2016) suggest no more than two hours per day of screen time/technology use for children over two years to five years of age and no screen time for children under the age of two years.

Table 3. How Often Participants Children Participate in Physically Active Activities

	Frequency	Percent	Valid Percent	Cumulative Percent
Daily	19	34.5	34.5	34.5
Weekly	22	40.0	40.0	74.5
Monthly	10	18.2	18.2	92.7
Never	4	7.2	7.2	100.0

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Weekly	22	40.0	40.0	74.5
Monthly	10	18.2	18.2	92.7
Never	4	7.2	7.2	100.0
Total	55	100.0	100.0	

Table 3 presents how often participants' child(ren) participate in physically active activities. 34.5 percent of participants' child(ren) participate in physical activities daily; 40.0 percent of participants' child(ren) participate in physical activities weekly; 18.2 percent of participants' child(ren) participate in physical activities monthly; and 7.2 percent of participants' child(ren) never participate in physical activities.

According to the article, "Kids and Exercise," young children must participate in physical activities for a minimum of 60 minutes each day. The participants' results in this study indicate that approximately 65 percent of their children do not participate in daily physical activities. Children zero to five ought to be involved in physical development activities throughout the day. Children 12 to 36 months should be involved in 60 minutes of physical fitness activities for a minimum of 60 minutes daily and children 37 to 60 months should participate in gross motor movement activities for at least 120 minutes each day. School-aged children, five to eight years of age should be allowed to participate in 60 minutes or more of motor development activities daily and not be immobile for periods longer than two to three hours unless they are sleeping (Gavin, 2018).

Table 4. Number of Soda or Sweetened Beverages Drunk Daily by Children

	Frequency	Percent	Valid Percent	Cumulative Percent
None	13	23.6	23.6	23.6
1 – 3	40	72.7	72.7	96.4
3 – 5	2	3.6	3.6	100.0
Total	55	100.0	100.0	

Table 4 reflects the answers participants gave to the question asking how many sodas or sweetened beverages do their child(ren) drink daily. Responses indicated that 23.6 percent of the participants' child(ren) drink no soda nor sweetened beverages on a daily basis; 72.7 percent of participants' child(ren) drink sodas or sweetened beverages one to three times daily; and 3.6 percent of participants' child(ren) drink three to five sodas or sweetened beverages each day.

In-taking an insufficient amount of sodas or sweetened drinks can help lead to weight gain and obesity. The intake of sodas and sweetened beverages have poor nutritional quality due to the excessive amount of sucrose or fructose found in them. Calories present in these beverages have little to no dietary value and do not offer the same fullness of high nourishment beverages and foods (World Health Organization, 2019).

Table 5. Parents Perception of their Children Weight

	Frequency	Percent	Valid Percent	Cumulative Percent
Normal Weight	40	72.7	72.7	72.7
Overweight	12	21.8	21.8	94.5
Obese	1	1.8	1.8	96.4
I am not sure	2	3.6	3.6	100.0
Total	55	100.0	100.0	

Table 5 represents participants perception of their child(ren) weight. 72.7 percent of participants believe their child(ren) are normal weight; 21.8 percent of participants believe their children are overweight; 1.8

percent of participants believe their child(ren) are obese; and 3.6 percent of participants were unsure of their child(ren) weight status.

Research led by the University of Southern Mississippi confirmed that at least thirty-three (33) percent of three and four-year-olds and practically 50% of five-year-olds in Head Start programs were overweight. Only 23 percent of parents who participated in the survey perceive their child(ren) to be overweight or obese. At least ten percent of parents have a misconception of what it means for their child(ren) to be overweight or obese.

V. CONCLUSION

Young children are going to involve themselves in technology and media; this is not a substitute for physical activities. Parents, guardians, and early childhood educators have the authority to limit television, technology, and media time to a minimum. Young children should not be exposed to media sources for more than two hours daily. Young children should be involved in gross motor activities on a daily basis. Access to recreational parks and intramural clubs or organizations is a basic need for the wellbeing of young children. Young African American children who have access to and utilize recreational facilities and programs lower their chances of being overweight or obese. Parents, guardians, and early childhood educators can also help by going outside with their children and just "play." Play is sometimes all a child needs. Not only does gross motor play help with decreasing the risk of being overweight, but play and motor activities can also help with all areas of development, including affective and cognitive development.

Controlling the intake of sugary foods and beverages (sodas, kool-aid, and sugary drinks) is the responsibility of the parents, guardians, and early childhood providers. Although it is ok to have a treat on occasion, having sugary snacks should not be habitual. Make eating healthy fun. Develop a recipe book of healthy and nutritional snacks. This will help lower the fructose level and calorie count eaten with foods throughout the day.

Parents are a child's first teacher and play a critical role in childhood obesity. Knowing what it means to be overweight, obese, severely obese, and the risk factors of excessive weight as a parent can have a positive impact on a child's life. Parents can influence their children's weight positively by encouraging and providing healthy foods and beverages at home and constructive support for physical activities. Parents have a responsibility to promote and provide a healthy lifestyle due to children's behavior being influenced by their guardians and home environment.

Mississippi has been known to be the most obese state for years; we must start with our youth to change that scenario.

VI. RECOMMENDATIONS

Obstetrics, Pediatricians and Community Health Workers should provide educational recourses to parents that provide concrete information on the importance of nourishment and nutritional food and energized physical movement. Resources should discuss restricting time on computers, tablets, telephones, television, and video games under two hours per day. Although numerous societal variables influence young children's eating and movement propensities, parents and guardians can have a significant effect on their children by adopting a healthy eating and fitness plan for their children directly after birth.

Child development environments, early learning centers, school-age after school programs, and early childhood education public school classrooms should provide health and physical development activities for a minimum of 30 minutes each day. All students should be given the opportunity daily to participate in physical movement activities. Due to young children spending a minimum of 6 hours in a structured learning environment Monday through Friday, assistance from educators is needed to help decrease the percentage of overweight youth zero to eight years of age and older. Educators can provide developmentally appropriate fine and gross motor activities daily inside and outside the classroom. Examples may include, but not limited to: finger-plays; moving to a rhyme; nature walks; relay racing; Duck, Duck, Goose; Red light, Green light; Simon Says; and Follow the Leader.

Parents of children young and old should provide nutritional meals and snacks in the home and promote energized physical movement. The time utilized on computers, telephones/cell phones, and television need to be restricted to less than two hours per day. Even though numerous societal variables influence children's eating and movement propensities, parents and guardians can apply a significant effect on their children by promoting a healthy functioning way of life from birth. Providing a healthy diet, registering young children in intramural sports and activities, walking or biking in a safe place, and going outside to play and have fun are ways to prevent obesity.

VII. COMPLIANCE WITH ETHICAL STANDARDS

Conflict of Interest: The authors declare that they have no conflict of interest.

Funding: There was no funding obtained to complete this research project.

Ethical Approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the college and was approved by Tougaloo's internal review board prior to participant recruitment.

Informed Consent: Informed consent was obtained from all individual participants included in the research project.

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