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Ain Shams University Institute of postgraduate Child hood Studies

A study of some psychological Characteristics among obese children.

Thesis

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I. Introduction and definition .

Introduction

Obesity is one of the most important nutritional disease in the affluent countries of the world. In the absence of an internationally agreed criterion for diagnosis of obesity an exact figure on prevalence cannot be given, but surveys in Britain and the United states show that about one third of the population is overweight to an extent associated with diminished life expectancy. (Office of Health Economics 1969).

The word " obesity " is derived from the latin word obesus meaning eaten up or lean. That the term gradually came to mean the opposite is quite in keeping with the confusion and conflicting theories concerning its etiology.

In looking into the etiology of obesity, one should not lose sight of culturally propagated obesity. This nonpathological obesity is present in many ethnic groups, which place high premium on obesity. In some cultures, social status is actually measured in weight and girth. Aga Khan, a religious in leader receives annually gold equivalent to his weight by devotees.

The paintings of Rembrant and Rubin indicate that plumpiness was the ideal body image during their times. Barring the socially obese group and obesity accompanying endocrinological imbalance and other organic etiology. (Ananth, 1982).

Historically, Various cultures have either valued or derogated obesity. For example, Certain African tribes, prosperous chinese and upwardly mobile German men (Bruch 1959; Pflanz 1962) have held obesity in high esteem. On the other hand, the Greeks and the Romans disliked obesity; Western culture has always held fatness in low esteem through with marked variations depending on changing fashions and beauty ideals. (Ananth, 1982).

Definition of Obesity

Obesity is defined as an excessive proportion of body fat in the total body mass (Start & Davis 1972), as body weight exceeding by 20 percent of the ideal body weight (Robinson , 1967) . It was found that overeating is not a disease entity in itself but association with wide variety of psychiatric syndromes . It is usual for parents and child to closely relate feeding to love . It may be looked upon almost as an act of aggression towards the parents to point out to them that overindulgence in food may be deterimental . Bruch (1964) classified the possibilities of association of body weight and emotional adjustments . The ferociously objective evaluation of the obese child by his Juvenile associates evidenced in such nicknames as " hard " " two - ton " reflects the environmental mal-adjustment and the consequent unhappiness of the obese child . The impact of long continued feelings of inferiority , frustration and resentment may inflict serious damage. The menner in which the psychological consequences manifest them selves depends on the cultural environment of obese individuals . The hostile attitude is likely to have profound influence on the total personality of obese and his achievement. (Siddamme, 1978) .

2. Epidemiology and Prevalence .

Spidemiology and Prevalence

than erough to eat for any prolonged period of time. As a result, throughout history, as in many underdeveloped areas today, obesity has been restricted to the privileged classes. In many cultures, it is even a status symbol and the legendary yearly weighings of the Aga Khan suggest that the size of the leaders may represent a source of pride for an entire community. Under the circumstances, one might expect obesity to be more prevalent among the privileged groups. Reports from India Support less Systematic impressions from a number of cultures that this is indeed the case. (Ananth, 1982).

prevalence of obesity. Freed of constrains of undernutrition in the affluence of American society, many ethnic groups show a marked increase in the prevalence of obesity during their first generation in the united states. There after, various social influences combine to reduce the prevalence of obesity - from 24 per cent to 5 per-cent between the first and the fourth generations in the united states of America (Stunkard, 1980).

The most striking influence is that of Socioeconomic status. Goldblatt et al. (1965), in their studying., The relationship between obesity and

several social factors among 1,660 adult representatives of residental area in midtown Manhatton , found obesity 6 times more common among women of low socioeconomic status than among those of high status A similar , weaker , relationship was found among men. Two findings suggest that a causal relationship underlies these correlations . First , Social class of origin was almost as closely linked to obesity as was the subject's own social class (Stunkard, 1980) Although obesity could conceivably influence one's own social class, it can hardly have influenced the social class of one's parents. Furthermore, obesity is far more prevalent among lower - class children than it is among upper - class children , significant differences are already apparent by age (Moor ,1962). Garm et al. (1981) found that long-term gain in both subscapular and Triceps skin fold thickness was higher in children of lower family income level than those of higher family income .

The differential fatness gain accounts for socioeconomic "reversal " of fatness in the female shown in cross-resectional studies, and newly extends the phenomenon to both sexes. Briefly stated, the "income related reversal of fattness in the female", refers to the paradoxical fact that the low income girl is leaner than her more affluent peer, while the poor or impoverished women is considerably fatter than her richer age-equivalent (Garn et al., 1975). On studying the prevalence of obesity and thinness in children from a lower socioeconomic population receiving comprehensive health care. Du Rant et al., (1980)

found that black females had the highest prevalence of over weight obese children, followed by white males, black males, and white females.

Similar analysis have shown that social mobility, ethnic factors, and generation in the united states also influence the prevalence of obesity. The midtown sample included nine ethnic groups. (British, Russian, Polish, Lithernian, German, Autrian, Irish, Puerto Rican, Italian, Hangarish, Gzech and fourth generation American) as well as many, religions and secres (Gold blatt et al., 1965). The authors found differences among respondents of different religions. Lutherans, for example, were more often obese(24%) than Episcopalians (3%), but any statement made about lutherans and Episcopalians reflects also the difference between respondent of German and British extraction.

Age is the second major influence on obesity. There is a monotonic increase in the prevalence of obesity between childhood and age 50. At age 50, prevalence falls sharply, presumably because of the very high mortality of the obese from cardiovascular diseases in the older age group, women show a higher prevalence of obesity than men; this difference is particularly pronounced past age 50 because of the higher mortality rate among obese men after that age (Stunkard, 1980).

There are other epidemiologic observation First there are a number of observation suggesting the existence of a genetic component in the aetiology of obesity. Although it is usually difficult to separate environmental and especially behavioural component from more traditionally genetic ones, it being also understood that types of behaviour are also subjected to genetic influence. However, there seems to be little doubt that at least in a few genetically controlled syndromes e.g Laurance - Moon - Bardet - Biedle syndrome, The participation of a major genetic component in the obesity characteristic of the syndromes is generally accepted. On the other hand ,a large number of familial studies concerning identical and frontal twins, also identical twins raised either together or separately , lead to the predominant view. of the overriding importance of environmental nutritional and socioeconomic factors in the genesis of obesity in children and adult (Bray, 1976).

III. Clinical features of obesity .

Clinical deseription:

Obesity in childhood is much more difficult to define than it is in adulthood. The fat baby and the chubby toddler are commonplace and are not usually regarded as obese children. In general, obesity in youngsters begins to be diagnosed as a recognized and clearly identified syndrome during the grade school years. The obese child is one whose weight is clearly excessive for his age and his height. The obesity may have begun during infancy and continued through—out grade school and into adolescence, or it may begin later in childhood or even in early adolescence. The classically obese child has an obvious excess of adipose tissue.

The obesity itself is apt to interfere with child's participation in normal childhood activities, particularly in athletics. Taunts from other children further isolate the obese child, who turns increasingly to eating and less to ordinary physical activities. Sensitivity about obesity tends to become enhanced at puperty. At this time, many of these youngsters begin to take dieting more seriously. Also, families tend to pay less attention to obesity during prepuberty than at adolescence. From the statistical standpoint, obesity in children is more prevalent when they have obese parents. It is commonly observed that obese children are jolly on the surface, but unhappy inside, but this is not invariably so. Some obese youngsters