The Correlation between Food Habits and Obesity and its Effect on Self Image of Children

Thesis
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بسم الله الرحمن الرحيم
﴿قَالُواْ سُبْحَانَكَ لاَ عِلْمَ لَنَا إِلاَّ مَا عَلَّمْتَنَا
إِنَّكَ أَنتَ الْعَلِيمُ الْحَكِيمُ﴾
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List of Abbreviations

Abb.	Mean
AAP	American academy of pediatrics
AHA	American Heart Association
BMI	Body Mass Index
CDC	Centre for Disease Control and Prevention
CHOL	Cholesterol
CM	Centimeters
CO	Carbon Monoxide
COPD	Chronic Obstructive Pulmonary Disease
CT	Computed tomography
CVD	Cardiovascular Disease
DEMPU	Diabetic, Endocrine and Metabolic Pediatric Unit
DEXA	Dual Energy X-ray Absorbiometry
EBP	Elevated Blood Pressure
HT	Height
IGT	Impaired glucose tolerance
KG	Kilograms
MS	Metabolic Syndrome
NAFLD	Nonalcoholic fatty liver disease
NHANES II	National Health and Nutrition Examination Survey
OSA	Obstructive Sleep Apnea
SD	Standard deviation or ‘Z’ scores
SES	Socioeconomic status
SFT	Skinfold thickness
SGA	Small for Gestational Age

Abb.	Mean
TG	Triglycerides
WC	Waist Circumference
WHO	World Health Organization
WHR	Waist hip ratio
WT	Weight
YBRS	The Youth Behavior Risk Survey

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Abstract

Background: Pediatric obesity increases the risk of psychological ill health. Low self-esteem and behavioral problems are probably the most commonly experienced co-morbidities for obese children and adolescents.

Objective: To determine the correlation between food habits and obesity as well as the effects of obesity on self image and self esteem.

Methods: In present cross-sectional study we evaluated 50 children and adolescent with obesity and 30 healthy controls. Their ages ranged from 6-19 years. Studied children were subjected to: anthropometric measurements, Lipid profiles assessment, food habits questionnaire, self esteem and self image questionnaires.

Results: BMI has significant –ve correlation with self image questionnaire and non significant +ve correlation with self esteem questionnaire. Also there was highly significant increase in serum CHOL, TG and a significant decrease in HDL in obese.

Conclusion: Obese children are at increased risk of many psychological morbidities so efficient clinical prevention and intervention programs are essentially needed in obese children.

Introduction and Aim of the Work

Introduction

Obesity is caused by two simple factors, an unhealthy diet (typically too rich in sugar and fats and not enough fibers and carbohydrate) and not doing enough exercise to burn off the calories consumed **(Kerek, 2009).** Other factors can also cause obesity as genetics, nutrition, physical activity and family factors **(Marcus et al., 2002).**

Food habits have strong relation to obesity. Increased meal frequency and daily breakfast consumption have been inversely associated with childhood obesity **(Antonogeorgos et al., 2011).** The dietary habits of children have shifted away from healthy foods (such as fruits, vegetables, and whole grains) to a much greater reliance on fast food, processed snack foods, and sugary drinks. These foods tend to be high in fat and/or calories and low in many other nutrients **(Reilly, 2004).**

The numerous psychosocial, physical and economic consequences of overweight and obesity are well-known. Childhood overweight affects self-esteem and has negative consequences on cognitive and social development **(Hesketh et al., 2004).** Obesity impacts the self-perception of children entering adolescence, especially in girls, but in selected areas of competence. Obese children are at particular risk of low perceived

competence in sports, physical appearance, and peer engagement. Not all obese children are affected, although the reasons for their resilience are unclear **(Franklin et al., 2006).**

Aim of the Work

To determine the correlation between food habits and obesity as well as the effects of obesity on self eseteem and self image of children.

Chapter (1):

Childhood Obesity