

Knowledge and practices of school adolescents in situation of obesity



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ABSTRACT

Introduction. The World Health Organization (WHO) defines adolescence to the stage which takes place between 10 and 19 years old, is one of the most complex stages and determinants of life, characterized by transformation from child to adult biological and psychosocial. From the anthropometric viewpoint, more than 20% of the total growth of height and up to 50% of adult bone mass is reached during adolescence, hence the

importance of adequate nutritional intake through a varied and balanced diet. This context could be approached to make approximations to reality, knowing the knowledge and practices adolescent food from a qualitative paradigm. Objective: To describe the knowledge and practices of school adolescents in situation of obesity. Methodology: Descriptive, qualitative approach participant observation and in-depth interview technique was used. The interviews were conducted until theoretical saturation. The population was made up of seven students of basic level, with a diagnosis of obesity. For the analysis of the information analysis of thematic content is worked. Results: The analysis of speeches showed a category: knowledge (in) common adolescent and family contains two attributes: 1.1) the knowledge of adolescents regarding obesity and 1.2) the knowledge of the family with respect to adolescent obesity. Conclusions: The adolescent acquires this knowledge about obesity according to what the family transmitted it from generation to generation and these have not had impact, so does not become aware of the damage they can cause to their health and make healthy food and exercise care and practices to reduce this problem.

Keywords: Knowledge, Practices, Adolescent, Obesity

1 INTRODUCTION

Adolescence is one of the most complex and determining stages of life, it is characterized by profound transformations from child to adult in the biological and psychosocial field, it is not only a period of adaptation to bodily changes but a phase of great determinations towards greater psychological, emotional and social independence (Papalia, Wendkos, Dustin, 2010)

The adolescent transition is an integral component of health care, where the adolescent is expected to transition from childhood to adulthood independently and successfully. According to the World Health Organization (WHO), more than 20% of the total growth of height and up to 50% of adult bone mass is reached during adolescence, experiencing the fastest process of physical growth,



emotional and intellectual maturation, including the development of physical, emotional and social changes and establishing a new way of relating to the world (WHO, 2014).

During adolescence, an adequate nutritional intake is essential, through a varied and balanced diet, to achieve this requires the active participation of health professionals who occupy an important strategic position together with the family, school and the media, which, together establish education as a guiding axis to promote health, promote proper nutritional habits and prevent current and future problems (WHO, 1995).

However, today according to (Alvarez, 2012) the adoption of diets high in saturated fats, sugars, carbohydrates, and low in polyunsaturated fats and fibers as well as little physical activity, are some characteristics of the nutritional epidemiological transition, in addition to the availability of food at low cost has allowed the population to access foods with high energy content, causing overweight and obesity which increase the risk of developing chronic diseases such as diabetes, high blood pressure, cardiovascular diseases, etc.

Likewise (Aguilar, 2014) mentions that the imbalance between calories ingested and energy expenditure may be the fundamental cause of overweight and obesity. Some factors that increase it are, on the one hand, the global modification of the diet, with a tendency to increase the consumption of hypercaloric foods, rich in fats and sugars, but with few vitamins, minerals and other macronutrients; Also to the tendency to decrease physical activity, due to the increasingly sedentary nature of many jobs, changes in means of transport and increasing urbanization.

Hence the importance that the adolescent acquires this knowledge about food, these would have to be transmitted by the family, this set of knowledge, thoughts or customs transmitted from generation to generation during the course of life and the practices they develop in relation to their body weight, evidence that does not apply the idea of what they know about food, of the teaching received, of the thought or customs that he has acquired during the course of his life (Delbino, 2013).

The family environment is a declared risk factor, due to the practices and lifestyles of its members, which if combined with genetic predisposition, generate environments very conducive to the development of metabolic diseases that are increasingly frequent in adolescence (Contreras, 2008).

According to the above, the level of food and nutrition education can drastically change an individual's eating practices, since the greater the knowledge, the better availability, consumption and use of food. Food education aims to obtain healthy eating habits, respecting the traditions, customs and identity of the communities, contributing to the improvement of the nutritional status and therefore to the quality of life of a group (Álzate, 2012).

However, the reality is that it has not happened ideally, given that in current times it has been observed that overweight and obesity in adolescents between 12 and 19 years is an increasingly frequent health problem in the population. Data from the latest National Health and Nutrition Survey



indicate that one in three adolescents is overweight or obese according to the body mass index (BMI) indicator, which leads to triggering chronic degenerative diseases, such as diabetes, hypertension, metabolic syndrome, among others, whose clinical complications generate disabilities, which results in high social and economic costs (Martínez, 2011). The prevalence of overweight and obesity has increased dramatically in recent decades, a situation that is clearly evidenced in nutritional epidemiological statistics worldwide¹⁰.

Based on the previous approach, it is necessary to address the phenomenon of overweight and obesity from the point of view of education in adolescents, since it is a tool that health personnel should use to improve feeding practices. Regarding the concept of "knowledge" about food, the different research works explain the meaning of the knowledge and eating practices developed by the adolescent; Alejandro and Brito¹¹ mention that the food environment provided by the family plays an important role in eating skills and practices, because it is directly related to physical access to food and consequently to dietary culture; Martínez¹¹, asserts that the level of food and nutrition education can drastically change an individual's eating practices, the greater the knowledge, the better availability, consumption and utilization of food. Similarly, Tamay¹² mentions that inadequate food practices together with poor nutrition affect a person's health status. In this way, malnutrition appears, either due to excess or deficit in food consumption, however in both cases the ability to relate and function in society is limited.

The positions that identify the knowledge are diverse, however the results that have been shown around the previous studies, are from a perspective of nutrition, but not from the approach of the care provided by nursing in order to improve this knowledge and practices that the adolescent performs with conscience for the benefit of his health.

Given this epidemiological and disciplinary panorama, an approximation of the adolescent's reality is required, through the use of qualitative research, which helps to describe the subjectivity of the phenomenon and with this achieve contributions to complement the care required by the adolescent in this situation of disease, so the following objective arises: To describe the knowledge and practices of obese school adolescents in a second-level pediatric hospital in the city of Tlaxcala, Mexico.

2 METHODOLOGY

The study design was based on a qualitative, exploratory and descriptive approach. The main instrument of inquiry was the researcher himself, who relied on a semi-structured interview and narrative records which were stored in audio for later transcription and analysis. This with the aim of not losing detail of the speeches to be able to establish an approach to open coding through categories. The inclusion criteria were: adolescents all diagnosed with obesity, who came to the endocrinology service for treatment in a pediatric hospital. The interviews were carried out in the months of October



to December 2015, it was authorized by the ethics committee of the National University of Trujillo, Peru.

3 PROCEDURES

Informed consent was requested from the parents of the adolescents for the interview to be recorded, once they agreed to be interviewed in an office assigned to us in the hospital, in order to avoid distractions and promote trust, they were informed that their names or reference of the institution where they were provided would not be used. A questionnaire was applied, on the characterization of the adolescent, it contained the sociodemographic data and a directed interview.

In a second stage, the interviews were transcribed by the researcher, and the guided content analysis was carried out, where the units of analysis were identified and subsequently broken down into sub categories and categories that would allow the development of the final report of the research (Hernández, Fernández, Baptista, 2010). Ethical considerations: The qualitative research was based on criteria of rigor; credibility, applicability and relevance and what is provided by the Regulation of the General Health Law on Research (SS, 2016).

4 RESULTS

Six semi-structured interviews were conducted with adolescents with obesity. The recorded material lasted was 240 minutes. The category was identified: The knowledge of adolescents regarding obesity.

In the category "the knowledge of the adolescent regarding obesity" the dialogues show what the adolescent thinks he knows about what obesity is, what the doctor has mentioned when he goes to consultation:

(...) "I do not know what obesity is, I only know that I have 3 kilos more (...), the doctor told me that if I gain weight I can develop diabetes, I have received enough information about the disease, and I think it is due to being overweight, I do not know how many kilos I weigh exactly, (...) I think my obesity may be genetic since my parents are overweight and my maternal grandparents have diabetes "(...) John

(...) "Obesity is gaining weight and not having your ideal weight according to your age and height, and if you are obese you can have diabetes problems and if I do not want to suffer from it I do not have to be obese, (...) When I came the first time to consult the doctor informed me of the consequences that could have for obesity and especially for my grandparents who suffer from diabetes" (...) (...) "Obesity is not being healthy, not being able to do things, that people make fun of you, that they bully you, (...) It is a person who looks healthy but has fatty liver and who looks chubby, (...) I weighed 56 kgs at 10 years, my family considers that I am not overweight, nor do they consider themselves overweight they say they are plump and of these plump relatives are four uncles, I don't know if they suffer from diabetes mellitus" (...) Guadeloupe



(...) "Obesity means that if we are obese we can have problems such as diabetes, hypertension and we would not be healthy as before, (...) Since I was little I am overweight, my mother also and the brothers of my maternal and paternal grandparents have diabetes, in the second appointment at the obesity clinic they told me that I had high sugar and they prescribed metformin tablets every 12 hours "(...) Ricardo

(...) "Obesity is not a good thing for me, for us, I just went to the doctor and he told me that it is a problem that we can have or that we can alter the sugar or the pressure, (...) The doctor told me that I have to do a lot of exercise, and lower a little to the diet, walk, swim, run, but all I do is walk, in the day I walk 20 to 25 minutes" (...) Raquel

(...) "Obesity is not having the weight according to your age and height, (...) I started at age 15 to go to endocrinology because I was overweight, my paternal grandparents suffer from diabetes, so diabetes is hereditary, so I may have the risk of suffering from it if I do not take care of myself, so my parents worried and told me that I had to take care of myself, because I could suffer the same "(...) Araceli

(...) "Obesity is not having the weight according to your age and height, (...) I started at age 15 to go to endocrinology because I was overweight, my paternal grandparents suffer from diabetes, so diabetes is hereditary, so I may have the risk of suffering from it if I do not take care of myself, so my parents worried and told me that I had to take care of myself, because I could suffer the same" (...) Armando

5 DISCUSSION

To describe the knowledge and practices of adolescents in situations of obesity, it is necessary to use naturalistic paradigms that allow us to glimpse the subjective implications of our study subject, where adolescents mention what they know and do to improve obesity and thus reduce the incidence of chronic diseases at an early age. This is related to the transition that the adolescent is going through properly, makes him not take the health problem seriously. On the one hand the category implies the little knowledge regarding obesity and especially the care practices that must be performed, it can be observed that the little he knows is from the information he receives when he goes to consult with the specialist doctor who attends him, this being consistent with what Heidegger (1926) says, Similarly, Pérez-Gil (2012), mentions that knowledge is a product of what people do together, Olvera (2010), comments in his research that the knowledge and perception of adolescents about obesity are influenced by the perception and opinions of other people, which is decisive in the development of body image. Waldow (2008), highlights that the care he performs for himself is essential for the human being, it constitutes the basis for any interpretation that one wants to make of it, and that is what we observed in the previous dialogues that the adolescent does not have the slightest idea of what is the care of his health. When he assumes that it is a problem he is going through then says Freire (2015), he will be aware of what he has to do to correct that health problem. Caring for self for Michael Foucault (2007), refers to the adolescent first knowing himself, so that he becomes a moral subject, responsible for his own actions.

Waldow¹⁸ mentions that when the adolescent becomes part of his being the care and is thought and directed to all the things he does to lose weight, this action will help him grow and fulfill himself to be able to face the health problem he is experiencing.



The direct treatment and coexistence of the nurse with the adolescent, weighs it in a privileged situation when trying to understand the health phenomena that cannot be explained with mathematics, such as perceptions, experiences, speculations, meanings and attributes of them before a certain health problem, areas that have not been explored from the perspective of care (Olvera, 2010).

6 CONCLUSION

It is important to point out that the knowledge and practices of adolescents in relation to obesity are not very clear, since it is therefore necessary for the nursing professional to identify this type of problems in adolescents through qualitative research, identifying risks in them and especially what are those knowledge that the adolescent requires with respect to obesity and not only that they are concerned about the disease they may develop. if not that an awareness is achieved in them as Freire says¹⁶ where they manage to be aware of why they have to take care of themselves for their own good as people, that public policies regarding food focus on this population and that these public policies involve the nursing professional, so that they work with this group of adolescents and improve their knowledge and practices regarding obesity and change can be achieved in them.



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