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Original Article

Living with childhood obesity: the experience of children enrolled in a multidisciplinary monitoring program

Viver com obesidade infantil: a experiência de crianças inscritas em programa de acompanhamento multidisciplinar

Vivir con obesidad infantil: experiencia de niños matriculados en programa de monitoreo multidisciplinario

Silvia Veridiana Zamparoni Victorino[1], Larissa Gramazio Soares[1], Sonia Silva Marcon[1], Ieda Harumi Higarashi[1]

This study aimed to understand the perceptions of obesity from the perspective of obese children enrolled in a multidisciplinary monitoring program. Descriptive exploratory study of qualitative nature. Data collection occurred in December 2013, along with eight children accompanied by a child and adolescent obesity group in a municipality in northwestern Paraná, Brazil, through semi-structured interviews. Data were submitted to content analysis, from which four categories emerged: "Obesity in children's perspective"; "Being an obese child"; "Eating and the practice of physical exercise in the routine of obese children"; and "Living with obesity: social and family implications for children." It was verified the negative impact of obesity on children's lives, justifying the importance of multidisciplinary follow-up through group activities, seeking a comprehensive care. Nursing is accountable for planning activities of health promotion and control of this disease, in order to improve the quality of life.
Descriptors: Obesity; Child Nutrition Disorders; Child Health; Pediatric Nursing.

Objetivou-se compreender as percepções acerca da obesidade, a partir da perspectiva de crianças obesas inscritas em programa de acompanhamento multidisciplinar. Estudo descritivo-exploratório, de natureza qualitativa**.** A coleta de dados ocorreu em dezembro de 2013, com oito crianças acompanhadas por um grupo de obesidade infanto-juvenil em um município brasileiro do noroeste paranaense, através de entrevista semiestruturada. Os dados foram submetidos à análise de conteúdo e emergiram quatro categorias: "A obesidade na visão infantil"; "Ser uma criança obesa"; "A alimentação e a prática de exercícios físicos na rotina da criança obesa"; e "Convivendo com obesidade: implicações sociais e familiares para a criança". Constatou-se o impacto negativo da obesidade na vida das crianças, justificando a importância do acompanhamento multiprofissional por meio de atividades grupais, visando uma assistência integral. À enfermagem, cabe o planejamento de ações de promoção à saúde e de controle deste agravo, para à melhoria na qualidade de vida.
Descritores: Obesidade; Transtornos da Nutrição Infantil; Saúde da Criança; Enfermagem Pediátrica.

El objetivo fue comprender percepciones sobre obesidad, a partir de perspectivas de niños obesos matriculados en programa de monitoreo multidisciplinario. Estudio descriptivo, exploratorio, cualitativo. La recolección de datos se realizó en diciembre de 2013, con ocho niños acompañados por un grupo obesidad infante juvenil, en ciudad brasileña del noroeste paranaense, a través de entrevista semiestructurada. Los datos fueron sometidos a análisis de contenido y emergieron cuatro categorías: "Obesidad en la visión infantil"; "Ser un niño obeso"; "Nutrición y práctica de ejercicio físico en la rutina del niño obeso"; y "Vivir con obesidad: implicaciones sociales y familiares para el niño". Se constataron efectos negativos de la obesidad en la vida de niños, justificándose la importancia del seguimiento multidisciplinario a través de actividades grupales para atención integral. A la enfermería cabe el planeamiento de actividades de promoción de la salud y control de esta enfermedad para mejora de la calidad de vida.
Descriptores: Obesidad; Trastornos de la nutrición del Niño; Salud del Niño; Enfermería Pediátrica.

[1]Universidade Estadual de Maringá. Maringá, PR, Brazil.

Corresponding author: Silvia Veridiana Zamparoni Victorino
Avenida Massuo Yoshi 4450, Parque Industrial, Marialva. CEP: 86.990.000. Maringá, PR, Brazil E-mail: veridiana.victorino@gmail.com

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Introduction

Currently, obesity constitutes a public health problem that affects different age groups[1], with rapidly increasing prevalence even among children and adolescents, influencing the morbidity rates associated with weight gain. In Brazil, over the last twenty years, the prevalence in the age group between 5 and 9 years went from 4.1% to 16.6% among boys, and from 2.4% to 11.8% among girls[2]. In a survey conducted with adolescents, about 20% are overweight and almost 6% of males and 4% of females were classified as obese[3].

It is worth mentioning that adolescence is considered a stage where people go through several changes, leading to personality affirmation, sexual and spiritual development, search and planning of personal and professional life projects, and self-esteem consolidation[4]. In this perspective, it can be highlighted that adolescence is an important phase for personal development, influencing the adult life.

Thus, when obesity affects children and adolescents, it is usual they develop symptoms suggestive of depression, manifested for instance by attention deficit, hyperactivity, low self-esteem and behavioral disorders, which can impact their development in this stage of life[5].

Studies focused on the discourse analysis of obese children and adolescents revealed the high prevalence of body dissatisfaction, specifically related to abdominal obesity, representing an important risk factor for the development of cardiovascular diseases. Furthermore, it is worth stressing the prejudice suffered by these clients, especially by not fitting the socio-cultural standards of beauty[6-9]. It should be noted that there are few studies regarding the children's perceptions of obesity.

Given the above, this study is justified by seeking to discuss the conceptions and feelings of overweight and obese children, bringing up important information able to stimulate the development of actions for proper monitoring of this public. This way, by emphasizing the perceptions and particular needs of this child clientele, it provides possibilities for a directed coping process and understanding of a health problem increasingly common in our society. For this reason, this research aimed to understand the perceptions regarding obesity from the perspective of obese children enrolled in a multidisciplinary monitoring program.

Method

A descriptive exploratory study with qualitative approach conducted with obese children accompanied by a private health service provider in Paranavaí, in northwestern Paraná, Brazil, that offers its users the care in Preventive Medicine, where the obese children and adolescents group belongs.

The group has 25 people enrolled, aged 05-14 years, who meet twice a week to perform activities related to the central theme of obesity. A multidisciplinary team of nurses, physical educators, nutritionists, occupational therapist, psychologist, and physiotherapist carries out monitoring. The group develops activities such as hiking, cooking workshop, rhythm classes, drawing, nutritional counseling, growth and developmental monitoring of children, among others.

For this study, people aged up to twelve years were considered children, while adolescents were those aged between twelve and eighteen years[10]. Therefore, we sought to include all participants from the group classified as children, and aged at least 7 years. This lower age limit was adopted considering that this period marks the beginning of the children's autonomy development and logical construction, so the individuals are able to cooperate with others and work in groups with efficient communication[11]. Adolescents were excluded from this study given their unique characteristics related to the transition to adulthood, which could represent a bias for the analysis of the group's perceptions of obesity in their context of life and health.

In total, there were nine participants eligible

under the inclusion criteria and accompanied by the children and adolescents obesity group, but only eight individuals were interviewed, since one child was not participating of group activities within the stipulated period for data collection.

Data collection took place in December 2013 through semi-structured interviews within the institution, in a reserved place, with prior appointment, and after the formal consent of parents and the agreement of children. For the interviews, the following guiding question was used: "What does obesity mean in your life?", among other questions that sought to encourage respondents to reflect about obesity and their lives. Interviews were recorded and audio records later fully transcribed for analysis.

Transcribed reports underwent a thematic content analysis[12] according to the three steps recommended by the technique: pre-analysis, material exploration, and treatment of results and interpretation. From this process, the meaning units that supported the setting of the three category themes of the study were registered.

It is worth pointing out that all ethical and legal procedures in force have been strictly observed, and that the Standing Committee on Ethics in Research Involving Human Subjects of the Universidade Estadual de Maringá approved the research project under protocol No. 494.167. To preserve the anonymity of the survey respondents, their speeches were identified with the word "child" followed by a numeral symbolizing the order of the interviews.

Results

Figure 1 presents the characterization of respondents, providing a better view of the results and allowing an easier analysis and comparison.

Child	Age (years)	Gender	Schooling (grade in primary education)	Time in the group (months)	Initial body mass index	Final body mass index	Number of people at home	Schooling of parents/guardians
1	8	F	3rd	18	21.92	35.66	2	Incomplete high school
2	8	M	3rd	-	-	-	3	Complete higher education
3	9	F	4th	9	24.3	24.62	4	Complete high school
4	8	F	3rd	3	24.29	22.45	3	Complete high school
5	10	F	4th	32	20.57	25.63	5	Complete higher education
6	11	M	4th	16	23.03	24.06	4	Complete high school
7	8	F	4th	2	21.64	35.66	4	Complete high school
8	10	M	3rd	9	26.52	29.51	3	Complete high school

Figure 1 - Characteristics of children assisted in the obesity monitoring group

Child 2 did not present record of time participation in the group.

Data analysis from the interview process with accompanied children enabled to establish the following four thematic categories: "Obesity in children's perspective"; "Being an obese child"; "Eating and the practice of physical exercise in the routine of obese children"; and "Living with obesity: social and family implications for children." These units comprise, as a whole, the corpus of the analytical process and will be presented and discussed below.

Obesity in children's perspective

In the perception of the children interviewed, obesity is the result of overeating, sedentary lifestyle, and improper diet: *Obesity is when someone is overweight, they eat a lot of junk food and do not exercise, so if they do not lose weight, they will gain more and more* (Child 01). *The person becomes obese, eats too much, does not exercise, for instance, the person sits on the couch, just eating and eating, so they become like this* (Child 03). Additionally, another aspect identified was the fact that most of the children interviewed associated obesity as a trigger for the occurrence and establishment of cardiovascular and systemic comorbidities. *It is a person who is overweight, eating everything that is not good for health, candy, drinking soda, eating off-hour, it can bring bad things for health, cholesterol, diabetes, blood disorder, and heart problem* (Child 05). *Obese is someone who ate a lot of junk food and did not exercise, and if they continue like this, they will have heart diseases. So not to be sicker, they will have to stop eating and exercise* (Child 06).

Self-perception in obese children

This thematic category highlights the main feelings and perceptions of the children interviewed in relation to their body image.

The discourses revealed sadness and dissatisfaction with body image, as well as the sense of guilt for being in that condition. *I wish I had a magic wand, to ask for and lose weight and do need not to be on a diet, you know? I was very skinny, but I ate too much... I should not have put on weight, but I ate too much* (Child 03). *It is horrible, because the others keep joking, they call me a whale, they say that if I start walking the earth trembles... I do not like it, I want to be skinny, I do not like being fat* (Child 05).

They also showed that living with this condition leads to loss of vanity and sense of body shame. *Being a child is cool, but being overweight is annoying because the person is fat. I feel ugly because I am fat* (Child 07). *It is bad to be fat, I do not stare at myself a lot, no... I do not like it* (Child 06). *Yeah, I do not stare at myself in the mirror a lot* (Child 08).

Eating and the practice of physical exercise in the routine of obese children

With regard to eating, the reports revealed the adoption of balanced diets, ensuring adequate intake of different food groups, promoters of healthy growth.

As for the number of meals, it was verified that children have 03 (three) to 06 (six) meals a day: *In the morning, I drink banana milk and eat bread with ham and cheese. That is it. Then, at nine o'clock in the school, I take a snack from home that is the same from breakfast or I eat the school's food that is always varied. At lunch, sometimes there is salad, rice and meat. Then, when my mother comes home, around six forty-five, I eat a banana and later, at dinner, about nine-thirty, I eat the same from lunch* (Child 01). *I wake up and eat at school, bread with butter and tea. At recess, I eat a banana and an apple. At lunch, meat, rice, beans and salad. At the afternoon recess, I eat bread with butter and tea. Then, in the late afternoon, I eat some cereal or a banana and at evening, at dinner, I eat rice, beans, meat and salad* (Child 04).

Children described the restrictions imposed on their daily routine. It is worth mentioning that the eating behavior already portrayed reveals the influence of restricting unhealthy foods in the diets of children, who despite stating a preference for candy, soft drinks, snack foods, processed meats, and fried foods, accept avoiding such foods due to obesity. *I like chips, but I cannot eat them, so I do not to eat it so much more. My father and mother tell me a lot not to eat them* (Child 02). *My grandmother has an ice cream shop, I can eat one junk food on the weekend, but I can eat just one ice cream on Saturday and one on Sunday; and on weekdays, I do not eat these things* (Child 03). *There is sausage, which I like a lot, but my*

mother says I am not allowed to eat it (Child 06). *Candy, soda, French fries, everything that makes you fat, my mother does not let me eat them. Once I went to a restaurant and ate more salad than things that make you fat* (Child 07).

Therefore, it appears that, when it comes to eating habits, children seem to have adopted a pattern of consumption influenced by their obesity, under the supervision of parents and oriented within the activities of the obesity-monitoring group. For this reason, monitoring weight and height, as well as other metabolic parameters and health, together with a process of continuing education can be a driver for changing the habits of this clientele.

Nevertheless, there were children who reported spend long periods without eating any kind of food, which leads to the need for a team intervention, in order to prevent the occurrence of other eating disorders such as anorexia or bulimia: *In the afternoon, I do not eat much because I spend most of the time on the computer* (Child 02). *In the afternoon, I do not eat anything, I do not like to eat...* (Child 05).

As regards to physical activities, all children mentioned common childhood games, such as riding a bike, playing catch, hide and seek, and racing. In the reports, despite seeing the physical exercises as games, children can relate the benefits of this practice for weight loss. *I run, I play a lot, these things, I ride my bike whenever I can, you know? My father works out, then he takes me on Saturday and Sunday for hiking, I play a lot hide and seek, hula-hoop, catch. I feel good, it helps me lose weight. I do it because I like and lose weight* (Child 01). *I jump rope... I play the whole afternoon, I feel very good, because I know that will bring benefits to my health and will help me too, and I have fun* (Child 05). *Playing football, jump rope.... I play every day in my house and football too; I have physical education at school as well. It is cool, it helps me lose weight* (Child 07).

Even though they report practicing physical activity by playing with colleagues and friends, it was also evidenced a tendency to sedentary lifestyle in the analyzed discourses. *There are times when I spend most of the afternoon in front of the computer... I spend most of the time on the computer* (Child 02). *At home, I see more television, I do not do anything else* (Child 04). *I watch a little TV and spend a lot of time on the computer* (Child 05).

Living with obesity: social and family implications for children

When asked about the relationships these children have with school friends, family, and professionals and participants of the childhood obesity group, the reports pointed out, in a special way, the suffering faced by these children in school, to be ridiculed and humiliated due to obesity. Thus, bullying constitutes a very common phenomenon in the experience of obese children, often leading to low self-esteem problems and behavioral disorders. Moreover, and notwithstanding the increasingly frequent reality in our society and in different areas of social interaction, children told that the issue of childhood obesity is not addressed in school neither collectively or individually. *It sucks, because the kids at my school keep talking about me, saying that I am fat, and I get sad... they tease me* (Child 3). *My friends call me fat, a little bit, right?! Some people call me a whale* (Child 04). *In school, it is bad, because the others are joking, making fun of me* (Child 05).

In family relationships, the mother appears in the speeches as the main agent of motivation and encouragement for children, supporting them to better align their eating and lose weight, besides being a permanent source of affection, providing children with feelings of comfort and security. *My father, my mother, my aunts, they say that I have to lose weight; they say they like me, that I am... I am fine, but I have to lose weight* (Child 01). *My mother told me to lose weight, so now I am trying to* (Child 03). *But my mother says that if I eat right, I will lose weight* (Child 05).

With regard to the children and adolescent obesity group, all interviewees have showed excitement in joining the group. They reported feelings of acceptance and inclusion, as well as comfort and safety, due to the identification with the other members of the group. Furthermore, they showed satisfaction when performing physical activities, through the games proposed, in addition to lifestyle changes. *Here in the group, we play a lot, no one says I am fat; no one talks these things* (Child 03). *The thing is, when I was not here, I ate candy, gum, many things. Now that I am here, I eat more fruits, vegetables, many things* (Child 04). *I like to come here because we do a lot of stuff, we play,*

we run a lot (Child 06). *I like the group because I like to play here, do physical education, play with colleagues* (Child 08).

Discussion

Of the eight children in the study sample, six presented an increase in Body Mass Index from when they entered the group; it is also important highlighting the substantial increase in Body Mass Index of one child (Child 7) going from 21.64 to 35.66 over only two months.

Although this is an important finding, since the child is part of the obesity group aimed specifically at reducing this index, it must be considered that any effect of educational interventions, in terms of behavioral change and especially in the anthropometric variables, is only likely to cause-effect association after a longer follow-up period. Evaluating the results in short-term programs or interventions of this nature refers to the need to consider the contextual and behavioral aspects of children and family to determine/control childhood obesity. Therefore, it is essential to analyze the subjective aspects and relatives of participants (users of services) as a strategy for the reorganization and continued planning of interventional actions.

Given the above, it shows the difficulty of working this problem, reinforcing the thesis of the need for extended interventions in terms of lifestyle and nutrition of individuals affected by this condition. As expected, the impact of this type of interventions is only verifiable in the medium and long term.

Nonetheless, other factors should be considered when analyzing this performance, the measurement of anthropometric data and Body Mass Index represent signals about the need for systematic review of the activities implemented by the group, as well as the adherence, in order to guide the institution for the adoption of new behaviors or approaches.

Let us not forget that the concept of obesity is associated with multifactorial causes, such as genetic, environmental, psychological, emotional, physical inactivity, and changes in eating habits influenced by social, economic and cultural situation[13]. These multiple factors may be the main determinant of great difficulty for controlling this disease.

In this perspective, the speeches of children portrayed a very suitable domain of knowledge about the concept of obesity, its causality and main consequences. It is considered very positive having this perspective on obesity from childhood, because it can trigger a process of internalization of the subjects on the need for change, while denoting the effectiveness of the multidisciplinary group work, in relation to providing information on the topic.

The support and follow-up of these individuals should consider the obesity approach in order to avoid behaviors of guilt and self-depreciating that can endanger not only the management of the problem, but also the overall wellbeing of these children. This fact points to the importance of the psychology professional performance in the monitoring group, with a view to prevent this type of injuries.

The reports also reveal the children's knowledge about the genesis and consequences of obesity, which may result from the fact this clientele is inserted into the obesity-monitoring program. This way, one can relate the existence of this knowledge contribution to the improved access to health information by the children interviewed, which thus can relate the main factors contributing to obesity and correlate this condition with the emergence of many other health problems.

Nevertheless, the difficulty in weight control was evident, even with the participation in the group, despite the knowledge acquired or the efforts registered in the speeches.

Data collected also showed that obesity leads to creating a negative body image among children. Regarding the body image perception, there was the presence of feelings of sadness and discontent with themselves. These results confirm the findings of another study conducted with 24 obese adolescents from a public school in the city of Matamoros, Tamaulipas, Mé-

xico, which identified they had a distorted body image, inferiority complex, and reported having experienced rejection by their peers at school, suffered abuse and scorn from peers, leading them to feel inferior[14].

Even though they emphasize different age groups, it is clear that even in childhood the aesthetic standards of thinness have a strong influence and are desired from the earliest ages[15], affecting coping with turbulence common in adolescence, and compromising the entry into adulthood.

Obesity at this stage of life can have direct implications on the emotional and behavioral development process of children. It is important that parents and health professionals are aware of children's psychological needs.

When looking at the narrative structures that make up the speeches presented, there are the relations established by children with society and the way they suffer from obesity in a very important phase of life development, considering specially the various implications of this experience for youth and adulthood.

The statements reveal a significant discontent of children in relation to their body image, causing feelings of guilt and loss of self-esteem and vanity. Thus, providing psycho-emotional support to children who are experiencing this situation becomes as important as instructing them regarding the adoption of healthy habits or prescribe dietary or pharmacological therapies. The priority is to ensure a support that promotes feelings of safety, acceptance, and encouragement so that coping with this condition occurs less traumatically and more effectively.

Still in this perspective, the reports showed the difficulty in the relationship with colleagues in the school environment, as well as the suffering caused by bullying in this context. The importance of adequate professional support in these scenarios is proved by studies that confirm a strong relationship between obesity and the occurrence of psychological injuries that can be depressive, behavioral and social problems, and even identify that obese children were with important internalizing symptoms such as depression, requiring individualized psychological intervention[16].

It is reiterated the importance of a multidisciplinary approach focusing on establishing healthy habits related to eating and practicing physical activity, associated with providing psychological support. In this sense, group activities, well accepted among the children interviewed, become extremely important by enabling and stimulating the exchange of experiences among participants and support for treatment adherence, thus contributing to the socialization process of children participants.

With regard to eating habits, the speeches of children revealed they strive to have a balanced diet, besides pointing out that their food choice is influenced by parental guidance, who restrict calorie foods like chips, soda and candy, even though this is the favorite option for children. Behavioral components that most directly influence the occurrence/maintenance of obesity were addressed, namely food and physical exercise.

In the speeches, the adoption of certain dietary restrictions by children as well as the reasons that support such practice stands out positively. Nevertheless, it is noteworthy the importance of continued monitoring by parents and the multidisciplinary team, especially towards the consolidation of healthy habits and prevention of other psychological or nutritional disorders related to food. A research conducted in two state schools in the city of Ribeirão Preto, Brazil, found that the eating habits of adolescents have been suffering changes, characterized by increased consumption of processed products, leading to a diet high in sugars, fats and cholesterol[16].

Regarding physical activities, common childhood games were reported along with their positive association with weight control and reduction. On the other hand, they share space with a series of habits known to be associated with a sedentary lifestyle. A positive aspect, however, and worth mentioning is the fact that children relate physical exercises to playful

activities, which should constitute an element to be valued and encouraged by health educators in order to establish positive meanings and correlations to contribute to the consolidation of these habits.

These data should be the basis for health and education professionals to invest in physical activities through play, reducing the idle time of children and adolescents that are usually dedicated to video games, computers and television, accompanied by the intake of high-calorie foods. These findings are in compliance with those found by the National Survey of School Health, which found that only 30.1% of students were physically active, i.e. practiced 300 minutes or more of physical activity per week[17]. The Brazilian Society of Pediatrics recommends the daily performance of physical activity, for at least 60 minutes, comprising activities that strengthen muscle and bone at least three days a week. The activity may occur in the context of play, games, sports, work, transportation, recreation, physical education or being part of the exercise. It is also important to reduce the time of sedentary activities such as watching television, playing video games, among others[13].

With regard to school, it must promote healthy habits, encouraging the consumption of healthy foods (fruits and vegetables mainly) and physical activity, thus having a powerful influence for a healthy adult life[18-19].

As for the family, it is worth mentioning the importance of family support to encourage the child in pursuit of healthy lifestyle habits and its role as supporter core for coping with obesity and its negative repercussions. In this context, it is important that children feel secure and motivated in carrying out their daily tasks in an inclusive manner and with the other children. For this purpose, the role of the family in welcoming and approaching the subject with the child is paramount. Equally important is the role of schools and education professionals, who should be alert and sensitive to deal with this condition, avoiding discriminatory practice and bullying among children, and adequately addressing such relationship crises.

Moreover, the benefit of the childhood obesity group should be valued, given that this insertion enables obese children to experience positive feelings of inclusion and motivation, and sharing experiences that can inspire the transformation of their lifestyle and health behaviors.

Speeches of children on the participation of the family, with special reference to the mothers, in the implementation process of a healthy diet were essential. Literature refers to the influence of parents on the stigmatization suffered by obese children and shows that communication between parents and children can sometimes endorse negative stereotypes associated with obesity. It is important mentioning that the parents of obese children are facing a complex challenge because they must support and help protect the self-esteem of their children, besides helping choose healthy foods[20].

Final Considerations

It was found that obesity has a significant negative impact on the lives of children in the study, including from the negative perception of their body image, associated with feelings of sadness, guilt and loss of vanity, to the realization of the need to adapt the diet, through experiencing dietary restrictions and pressure related to physical activity. So many challenges at an early stage of the lives of these individuals are faced as a means for achieving social acceptance, given the importance this factor has in promoting the quality of life of people.

In this context, experiencing bullying, strongly pointed by respondents, deserves special attention from educators, health professionals and family, seeking to find protective strategies that prevent embarrassment situations and the deleterious effects of such experiences in the lives of these individuals.

It is extremely important that health professionals, particularly in nursing, are able to recognize in the speeches of this clientele a rich source of information, and from them to plan concrete, individual and

collective actions more effective in controlling this disease. These will lead to improved quality of life at this stage and thus decrease the chances of chronic diseases and their complications in adulthood.

This way, promoting the learning of healthier lifestyle habits in childhood reduces the negative impacts of this disease on adolescence, a period with difficult enough transformations. Furthermore, it promotes a more secure and balanced entry into adulthood, and with minimal economic impact, considering the expenses related to comorbidities derived from obesity.

In light of these findings, one can say that the multidisciplinary monitoring through groups is extremely important so children and adolescents can be watched in full, considering not only their physical health but also their mental, emotional, and psychosocial well-being.

As limitation of this study, it was identified the difficulty in approaching with children a topic still permeated with prejudice and usually related to a condition of psychological and social suffering for them. Nonetheless, the importance to give voice to these subjects, as a means to highlight the challenges to address this disease, also refers to the need for further studies to give proper visibility to this issue so important today. Therefore, it is suggested the conduction of further studies to address such experience in other age groups, such as adolescence, and in different socioeconomic and healthcare scenarios.

Collaborations

Victorino SVZ and Soares LG contributed to the data collection, organization, analysis and interpretation, and drafting of the article. Marcon SS and Higarashi IH guided and followed the construction of the article.

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