Childhood overweight and obesity is not only a local problem in Hong Kong but also a global concern. The age standardized prevalence of overweight and obesity in school students aged 2 to 19 years increased from 8.3% to 13.2% between 1980 and 2013 globally. In Hong Kong, the prevalence of overweight and obesity among primary school students increased from 16.1% in 1995 to 20% in 2013. Overweight and obese children have a high risk of developing chronic diseases in adulthood. Compared with children classified as not overweight, obese children were more likely to have metabolic diseases in adulthood, such as diabetes mellitus (Relative Risk (RR): 5.4), hypertension (RR: 2.7), increased in triglyceride (RR: 3.0), and atherosclerosis (RR: 1.7).

Research also demonstrated that obese children were more likely to have psychological problems such as activity restrictions, internalizing problems (worthless/inferior, sad/depressed, low self-esteem, and social withdrawal), externalizing problems (argumentative, cruel, disobedient, stubborn and irritable), and grade repetition. Chinese traditional child care beliefs contribute to child obesity in Hong Kong context. Parents and careers believed in “good appetite is kinds of blessing”. There is a widespread traditional belief that excess body fat represents health, prosperity and good parenting. Besides, parental knowledge and practice are crucial factors contributing to childhood obesity in Hong Kong. Parents and careers used to provide tasty food as a way of love and appraisals. Some parents showed misconception about healthy diet and child obesity. They believed that the problem of obesity would be resolved when the children grew up. Furthermore, it is highly academically orientated in Hong Kong, and admission to prestigious secondary school is extremely competitive.

Students are exhausted by the intense amounts of work and study, both in class and after class, resulting in sedentary lifestyle with ignoring the importance of physical activity and school life balance. Childhood obesity prevention programs should be implemented at an early stage of child development. Even though Department of Health organizes various programs, such as EatSmart@school.hk Campaign, to cultivate a healthy lifestyle among school children and preschool children. Those programs mainly implement school-based activities without emphasizing the collaboration between families and schools.

Conceptual framework is formulated to serve as a guide for the family-school partnership intervention (Figure 1). Family school Partnership is an evidence-based approach to reinforce active collaboration between schools and families, and share the responsibility for preventing children obesity. The obesity stakeholders including schools, homes, communities and clinical settings should be involved in the program. As Chinese traditional
cultural beliefs highly contributes to childhood obesity, the intervention should be culturally sensitive to meet the different expectation of Asian families. Through family-school partnership interventions focused on collaboration among different stakeholders, the entire community creates a favorable environment and culture which are supportive of healthy eating and physical activity to prevent subsequent childhood obesity.

References