



## The Perception of One's Bodily Size among Obese Kids and Youths

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### Abstract

Misjudgement of height leads to a lack of willingness to make health-promoting changes and unhealthy weight-loss behaviors, making obese children more likely to become obese adults. To estimate the frequency of height misperceptions in children and adolescents, we conducted a cross-sectional study as part of another study on eating disorders among Greek adolescents (National Institute for Educational Policy Research, Law No. 2018). 04). From January to December 2019, two trained assistants visited 83 primary and secondary schools in the western region of Greece, interviewing and anthropometrically measuring 3,504 children aged 10-16 (CL99%). bottom. Of the 3,504 children surveyed, 1,097 were obese, of which 424 were obese and 51 were underweight. For her 875 children (25%) who did not report weight or height and were classified as non-responders, no 'perceived' BMI was calculated. Weight bias was inversely associated with BMI, with obese and overweight non-obese children underestimating their weight, while underweight children overestimating their weight. Conversely, height bias was positively correlated with BMI bias. BMI bias was independent of gender, age, parental education, and place of residence. In summary, we can say that our study clearly supports existing findings on unrealistic body image in overweight children and adolescents. Timely recognition of these erroneous decisions can help motivate healthier eating habits, systematic physical activity, and weight management measures.

**Keywords:** Childhood Obesity; Child and Adolescent Development; Diet; Eating Disorders/Body Image; Family Health; Health Promotion

### Introduction

Height misjudgment is when a person misjudges their weight status. Self-perceived body image is subjective and can be influenced by family and cultural stereotypes, media and social comparisons. People can feel pressured to conform to certain body shapes and sizes that are considered attractive or desirable in their communities and cultures. This can lead to negative self-esteem, body dissatisfaction, and a distorted view of one's own body. For example, some cultures encourage slim and slender figures, while others favor curvaceous and voluptuous figures. These social pressures can lead individuals to view their bodies as inappropriate or unattractive, resulting in negative self-perceptions [1].

When working with overweight children and adolescents, it is important that health care professionals identify height misperceptions and provide education and support to accurately assess weight status. Assessing height misperceptions involves assessing a person's perception of height and comparing it to their actual height and make-up. This can be done through measurements such as Body Mass Index (BMI), waist circumference, and body fat percentage, but it can also be done through subjective assessments such as questionnaires and interviews. When dealing with overweight children and adolescents, it is important that health professionals treat height misjudgments with great care and empathy. It's important to address these concerns in a collaborative, rather than critical, manner.

Childhood obesity can lead to a variety of serious health problems, including diabetes, heart disease, and high blood pressure, and obese children are more likely to grow up to be obese adults, leading to lifelong health complications. There is a possibility. Furthermore, childhood obesity can negatively affect mental and emotional well-being and cause social and psychological problems [2].

Childhood obesity is a major problem in Greece, with the number of overweight and obese children increasing in recent years. According to the World Health Organization (WHO), more than 25% of children aged 5 to 17 in Greece were overweight or obese in 2016, and Greece

has the highest rate of childhood obesity among WHO European Region countries. I'm here. Several factors contribute to the high rate of childhood obesity in Greece, including poor eating habits (skipping breakfast), lack of physical activity and a sedentary lifestyle. Many children eat high-calorie, high-fat foods, and in some areas, access to fresh fruits and vegetables is limited.

Lack of exercise is also a big problem as many children spend a lot of time in front of screens such as televisions and computers. This lack of physical activity and improper eating habits lead to weight gain and increase the risk of obesity-related health problems. Health professionals can also play an important role in promoting healthy behavior and body image by educating children and young people about the importance of healthy eating habits, physical activity and self-care. Encouraging you to engage in positive self-talk and focus on your strengths and abilities can also help boost self-esteem and promote a healthy body image [3, 4].

### Materials and Methods

This study was incorporated into the Greek Youth Eating Disorders Study (National Institute for Educational Policy Research, Law No. 04 of 2018) and was approved by the Ethics Committee of the University of Patras. Written parental consent and verbal consent from participants were obtained. The study included 3504 children and adolescents aged 10-16 years (CL 99% ± CI 5%) enrolled in 83 primary and secondary schools (15% of regional institutions) in the Western

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Greece region, with simplified sampling. was used. The only exclusion criterion is the absence of parental consent or verbal consent from the participant. From January to December 2019, two trained assistants from Patras University Hospital visited the school, interviewed the children and performed anthropometric measurements. During interviews, participants were asked to report their weight and height without knowing that anthropometric measurements would be taken to minimize socially desirable responses to please the researchers. All children were examined in the same outfit. More specifically, her weight with minimal clothing was measured using the Seca 877 scale to within 0.1 kg, and her height without shoes was measured using her Seca 217 stadiometer. Measured within 0.1 cm. BMI was calculated as height/weight<sup>2</sup>. BMI z-scores and percentiles were determined using extended international cutoffs associated with the underlying LMS curves [5].

## Discussion

Therefore, BMI calculated from self-reported weight and height values is significantly different from actual BMI. This inverse relationship between perceived height and actual height existed across the BMI spectrum. This relationship was not affected by participants' gender, family education level, urban, semi-urban, or rural area of residence.

Previous studies have shown that 75% of overweight children in China and 25% in China believe their weight is ideal. The degree of height underestimation varies and depends on different ethnic and socio-demographic parameters. However, a potential limitation of these studies is that the perception of body image asks general questions such as 'Do you consider yourself normal, overweight, or underweight?' It may have been evaluated using. Clearly, the answers to such questions are subjective and can be influenced by various factors such as social and cultural norms, media, and personal beliefs [6, 7].

In our study, we asked children to report their weight and height, and used these values to calculate a 'perceived' BMI as a more reliable measure of self-perceived body image. . This approach enables a more accurate and sophisticated understanding of human body perception. It is highly unlikely that participants would recall lower weight values while reporting correct or higher height values. However, it is also possible that some overweight participants gave more "socially acceptable" responses.

This observation is consistent with research findings that may reflect an increased need for these children to conform to social norms. In addition, previous studies have found an association between false perceptions of height and participants' socio-demographic characteristics. BMI bias was found to be lower for children and adolescents from high-income households than for children and adolescents from middle- and low-income households [8].

## Conclusion

In summary, despite its limitations, this is the first study of height

misperceptions in Greek children and adolescents. Our research supports existing evidence for unrealistic body images in overweight children and adolescents. Our findings show that overweight Greek children and adolescents not only tend to underestimate their weight, but also overestimate their height, and their BMI calculated from self-reported weight and height values It shows that it does not match the actual BMI greatly. Misperceptions of height in children and adolescents have a significant impact on their lack of motivation to make lifestyle changes to improve their health, which may lead to the persistence of unhealthy habits and increased risk of obesity-related health problems. I have. Additionally, if a patient misjudges their height and their health care provider is unable to effectively communicate their need for weight loss, their ability to provide appropriate treatment and care may be compromised. Greece has the highest rate of childhood obesity among European countries. Timely recognition of such misconceptions is therefore important and can help motivate healthier eating habits, systematic physical activity and weight management measures [9, 10].

## Acknowledgement

None

## Conflict of Interest

None

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