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Obese adolescents' perceptions about the repercussions of obesity on their health*

PERCEPÇÃO DO ADOLESCENTE OBESO SOBRE AS REPERCUSSÕES DA OBESIDADE EM SUA SAÚDE

PERCEPCIÓN DE LOS ADOLESCENTES OBESOS RESPECTO DE LOS EFECTOS DE LA OBESIDAD EN SU SALUD

Solange Queiroga Serrano¹, Maria Gorete Lucena de Vasconcelos², Gisélia Alves Pontes da Silva³, Mônica Maria Osório de Cerqueira⁴, Cleide Maria Pontes⁵

ABSTRACT

The objective this study was to evaluate the perceptions of obese adolescents about the repercussions of obesity on their health. This study was based on the statements of fifteen obese adolescents, monitored at the Ambulatory Clinic of the 'Hospital das Clínicas' of the Federal University of Pernambuco, using a semi-structured interview, during the period between April and July of 2007. The statements that resulted from the transcriptions of the recordings were submitted to content analysis - transversal thematic modality. Four topics related to the objectives of the study were identified: 1) the perception of the concept of obesity; 2) obesity affecting the self-image of the individual; 3) obesity versus health and 4) the difficulty in returning to health. The adolescents perceived obesity as a sickness that was negatively affecting their health, and which contributed to their low self-esteem and made them feel isolated. They recognized that being healthy means following a balanced diet and participating in physical activity, and that it is imperative to have formal and informal support to overcome the difficulties in order to maintain a satisfactory quality of life.

KEY WORDS

Obesity.
Adolescent.
Self concept.
Health promotion.

RESUMO

O objetivo deste estudo é avaliar a percepção do adolescente obeso sobre as repercussões da obesidade em sua saúde. Baseou-se no relato de quinze adolescentes obesos, acompanhados no Ambulatório do Hospital das Clínicas da Universidade Federal de Pernambuco, no período de abril a julho de 2007. Os depoimentos, obtidos através de entrevista semi-estruturada, foram submetidos à análise de conteúdo, modalidade temática transversal. Foram identificadas quatro temáticas relacionadas com os objetivos do estudo: 1. A percepção do conceito de obesidade; 2. A obesidade afetando a auto-imagem; 3. Obesidade versus Saúde e 4. O difícil retorno à saúde. Os adolescentes perceberam a obesidade como doença, repercutindo negativamente sobre sua saúde, apresentando uma baixa auto-estima e a sensação de isolamento. Reconhecem que ser saudável é ter uma alimentação correta e praticar atividade física, sendo imprescindível o apoio formal e informal, sobrepujando as dificuldades para manter uma qualidade de vida satisfatória.

DESCRIPTORES

Obesidade.
Adolescente.
Auto-imagem.
Promoção da saúde.

RESUMEN

El objetivo de este estudio es evaluar la percepción del adolescente obeso respecto de los efectos de la obesidad en su salud. Se basó en el relato de quince adolescentes obesos que recibían seguimiento médico en el Ambulatorio del Hospital das Clínicas da Universidade Federal de Pernambuco, utilizándose el método de entrevista semiestructurada, en el período de abril a julio de 2007. Los testimonios obtenidos de las grabaciones transcritas fueron sometidos al método de análisis de contenido, modalidad temática transversal. Se identificaron cuatro temáticas relacionadas con los objetivos del estudio: 1. La percepción del concepto de obesidad, 2. La obesidad afectando la autoimagen, 3. Obesidad versus salud, y 4. El difícil retorno a la salud. Los adolescentes reconocieron a la obesidad como una enfermedad que acarrea repercusiones negativas en su salud, generándoles una baja autoestima y sensación de aislamiento. Aceptaron que ser saludable es mantener una correcta alimentación y practicar actividad física, siendo imprescindible el apoyo formal e informal para sobreponerse a las dificultades y mantener así una calidad de vida satisfactoria.

DESCRIPTORES

Obesidad.
Adolescente.
Autoimagen.
Promoción de la salud.

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INTRODUCTION

Obesity is defined as the increase of fat tissue, excess body fat, with increasing worldwide prevalence. Regardless of socio-economic conditions⁽¹⁾, obesity increases risks to the health of children and adolescents, being more prevalent in Southeastern Brazil than in the Northeast⁽²⁾.

Some factors influence it in childhood, such as early weaning with the introduction of other dairy foodstuffs; eating disorders; poor family relations, where the mother uses food as a form of rewarding, to make the child stop crying or to make up for her absence, offering candies⁽¹⁾.

During adolescence, puberty-related changes, low self-esteem⁽¹⁾; sedentary behavior; preference for *fast food*; compliance to fad diets; use of nutritional supplements and excess of nutritionally-unbalanced snacks contributes for the aggravation of the problem⁽³⁾. Advertising campaigns promote the sales of products such as sandwiches, soft drinks and fried foods, encouraging the interest for them and creating unhealthy eating habits⁽⁴⁾. On the other hand, fads and miracle diets promise immediate weight loss, seriously damaging health⁽⁵⁾.

Adolescents idealize their bodies according to their perception of image and esteem⁽⁶⁾. Obesity generates negative expectations about the physical body, since it does not fit the popular beauty standards⁽⁴⁾, which tend to worship lean bodies and discriminate fat people. It could develop body image disorders, expressed through depressive moods, feelings of anxiety, guilt, dismay, deprivation, exclusion and eating disorders⁽⁵⁾. The adolescents have difficulties to accept their own bodies, a reason why they do not like looking at the mirror⁽⁷⁾.

Socially, the opinions of their peers is a precept; but, faced with the stigma of disease, they are constantly victims of derogatory nicknames and prejudice⁽⁷⁾. Dissatisfaction with their bodies leads to difficulties in interpersonal, professional and leisure relations, keeping themselves apart from those who fit the so called *standards of normalcy*⁽⁸⁾. In order to compensate for their low self-esteem⁽⁶⁾, they resort to the pleasure provided by the food, which contributes for the maintenance and aggravation of obesity⁽⁹⁾. Being slender in modern society is a synonym of competence and success, while excess weight represents laziness, lack of control and self-discipline⁽¹⁰⁾.

Obesity control is observed to be difficult and to involve changes in eating and living habits, which will depend on the adolescents' awareness, family involvement, friends and healthcare professionals⁽¹⁰⁾. It is an important problem to be prevented in order to avoid the development of chronic-degenerative diseases that will influence the individuals' expectancy and quality of life negatively⁽¹¹⁾.

OBJETIVE

To evaluate the perceptions of obese adolescent in the repercussions of obesity in health, adopting the constructs of obesity, adolescence and health promotion as a theoretical framework.

METHOD

To understand the meaning of obesity⁽¹²⁾, a descriptive and exploratory study was designed, using a qualitative approach, in the Pediatric Endocrinology Outpatient Clinic of Hospital das Clínicas at Universidade Federal de Pernambuco (HC-UFPE), in Recife, Pernambuco.

The intentional sample⁽¹²⁾ consisted of fifteen obese adolescents aged 10 to 19 years with diagnosed obesity according to the Body Mass Index (BMI) for age and gender above the 95th percentile, according to the classification of the *National Health and Nutrition Examination Survey*⁽¹³⁾, calculated upon their arrival at the clinic. Later, their identification data were collected.

The ethical aspects of the study were approved by the Review Board of Centro de Ciências da Saúde at Universidade Federal de Pernambuco (CEP/CCS/UFPE), with no refusals regarding participation.

Individual interviews were held in a private room before the appointment with the nutritionist, taking around 20 minutes and recorded with an MP3-recording device. During the interview, the patients provided information about the history of family obesity and complications of this pathology, whose confirmation was obtained by checking the medical records.

Data collection was performed from April to July 2007 with semi-structured interviews (12), with the following guiding questions: 1) For you, what is obesity? 2) How do you see yourself as an obese adolescent? 3) What do you think about obesity regarding your health? 4) How do you take care of yourself?

The responses were integrally transcribed in the same day of the interview, with the respondents being identified alphabetically. The following standardization was chosen to standardize the speeches: [] pause during a response; [...] excerpt from other responses; ... abbreviation within the same response; () complementary observations of non-verbal contents and behaviors⁽¹⁴⁾.

The responses were submitted to a cross-section content analysis, which yielded the recurring themes of the categories, in an operation of differential classification of the structural elements of a group, followed by regroupings according to the analogy⁽¹⁴⁾, where categories with lower

Regardless of socio-economic conditions, obesity increases risks to the health of children and adolescents, being more prevalent in Southeastern Brazil than in the Northeast.

amplitude pointed to broader categories, without moving away from the meanings that were initially attributed⁽¹⁵⁾.

RESULTS AND DISCUSSION

The adolescents were aged 10 to 18 years, and their education ranged from elementary to high school. Five were males and ten were females. The weight at the time of the interview varied from 53.3 to 180.0 Kg, height from 139.5 to 171.9 cm and the Body Mass Index (BMI) between 23.9 to 62.9 Kg/m², all of them within the 95th-percentile range for age and gender⁽¹¹⁾. Among them, thirteen mentioned a family history of obesity. Regarding complications, hypertension was the most common, being detected in five adolescents. Four had eating compulsions; four had dyslipidemia; one was diabetic and another was undergoing rheumatologic treatment.

The following thematic categories were identified: 1) the perception of the concept of obesity; 2) obesity affecting self-image; 3) obesity *versus* health; 4) difficulty in regaining health.

Thematic category 1: the perception of the concept of obesity

Comprehension about the concept of obesity among adolescents was fragmented, being considered as

- ... too much accumulated fat (Hugo);
- ... an overweight person (Fatima);
- ... the fact of being too fat (Jeronimo).

However, Jeronimo, the youngest, related obesity with excess body fat, broadening the concept as described in literature⁽¹⁾.

Likewise, Daniela and Gabriela related weight, height and age, by demonstrating that they probably received more information from healthcare professionals about the pathology.

- [] It's when someone's weight is above the normal level, and, for my age, it is above (Daniela).

This adolescent was well-informed, with language and articulation that set her apart from the others, gesticulating when speaking. The other said:

The person eats too much fat, exaggeratedly for their age and size.

Obesity was emphatically considered as a disease:

It's already a disease! (Olivia);

[] a disease that damages your head (Eva).

Both related it with a disease due to lipid-based alterations that had been previously treated. Eva, however, showed low self-esteem and mentioned the use of antidepressants. Perhaps the use of the medication made her mention *head damages* when conceptualizing obesity.

For the investigated adolescents, the concept of obesity, although fragmented, was observed to reflect common sense, similar to the literature regarding the increase of adipose tissue and excess body fat that could be harmful for the individuals' health⁽¹⁾.

Excess weight may be the cause of suffering, depression and social isolation⁽⁸⁾, jeopardizing quality of life, which is often imposed by the valuation of slender, athletic bodies, as demanded by the social standards of beauty⁽⁴⁾. The acknowledgment of obesity by the adolescent and the family⁽¹⁶⁾ may become an opportunity of professional intervention and compliance with treatment⁽¹¹⁾, as the adolescent, being a historic and cultural human being, cannot be conceived outside its context⁽¹⁷⁾.

Thematic category 2: obesity affecting self-image

Perceiving means interpreting sensory stimuli that reach the sensorial organs and the brain; it is the process of feeling, paying attention and interpreting in order to know objects⁽⁷⁾. Body image is the figuration of one's own body, formed and structured in the individual's mind, developing through experience since birth⁽⁵⁾.

Some adolescents show low self-esteem, as made evident in the reports:

... I feel ridiculous, too fat (Ana).

... I see myself as fat, I don't feel well (Fatima).

Nestor denied his own body, mentioning:

[] I'm ashamed of going to the beach.

A study about body image on obese adolescents refers that they do not regard their bodies well or distort their perceptions⁽⁵⁾. There are reports of unworthiness, contempt and guilt⁽³⁾. The psychological effects of self-image should not be disregarded, because, when an adolescent is dissatisfied with their body image, there is usually a possibility of dissatisfaction in other aspects of their life⁽⁵⁾.

Mariana's fear regarding her self-image was evident:

I don't even look at the mirror, because I don't like it. I think I'm fat, ugly, I don't even know what I look like, because I don't like to look at the mirror.

Denial may be a way to minimize their suffering. She had the highest BMI in the sample and this was her first appointment with the nutritionist, not having been examined by the endopodiatician before.

In the study, two adolescents saw themselves as obese when looking at a mirror or at themselves in a photograph:

I see myself as a little weird [] when I look at the mirror, I see myself fat. When I look at my arm, I see myself thin (Cesar, showing his arm);

Gabriela smiled, saying:

... I only see myself fat when I look at a picture of me, because, when I look at the mirror, it's not like I'm fat.

Other adolescents attempted to balance their dissatisfaction with their bodies by showing positive physical characteristics and personal attributes, minimizing the denial of their own self-image⁽⁷⁾. Patricia calmly joked about her image:

... when I look at the mirror, I say: - My God, I'm fatter, I can't believe it! (smiles).

Studies show that the adolescents are reluctant in seeing their image reflected in a mirror, usually refusing to do so⁽⁶⁾. Other times they do it quickly, and others even become emotional⁽⁵⁾. The justification for this fear lies in the visualization of their own body image, due to feelings of shame, rejection of their own bodies, i.e., linking non-acceptance to the adolescents' psycho-emotional aspects⁽⁵⁾.

However, negative experiences that resulted from prejudice and discrimination were reasons for sadness and possible isolation for some of these youths. Two adolescents with severe obesity mentioned these feelings:

... I feel sad when I realize that people don't understand me [] I feel like I don't belong there (referring to the group). I'm a really different person! (concluded Daniela);

I see myself excluded from society, I feel humiliated (Eva).

Obese individuals are considered to be a target for exclusion in our society⁽⁷⁾.

Derogatory adjectives, such as ugly, lazy, incompetent, among others, are thrown at obese people since childhood, suggesting that they are responsible for their obesity due to lack of willpower and self-control⁽⁵⁾. Therefore, in addition to bearing the load of their own bodies, the obese adolescents still have to carry the weight of guilt and the responsibility for their own obesity⁽⁷⁾. The reports corroborate this statement:

... the boys mock me (Bernardo);

[] they call me names, it's bad (Cesar);

... people (schoolmates) mock me all the time, calling me names (Gabriela);

... they call me fat, a whale (Laís expressed sadness).

Socially, girls are expected to have slender and lean bodies, while boys should be athletic and muscular⁽⁴⁾. Likewise, obese adolescents also wish to fit the beauty standards established by the media, so that they can feel like they are within the social norms⁽⁴⁾. Gabriela said:

... when I buy clothes, there's nothing that fits me.

Olivia, revealing her dissatisfaction, explained and questioned:

... girls who are thin can wear whatever clothes they want. There are some clothes that won't fit me [] I wish I were thin, who doesn't want to be thin?

Female adolescents usually wish to wear fashionable clothes, which are usually produced in smaller sizes, but they refuse because they feel ashamed, deciding for bigger sizes that will fit their bodies⁽⁶⁾.

The interviewees showed that the pathway imposed by obesity, reflected in the need of losing weight, involves biopsychosocial aspects⁽¹⁰⁾.

I want to lose weight, because my health will improve (Fatima);

Oh, I wish I were thin; a person has to be thin to look beautiful nowadays (Gabriela);

... in the future I don't want to be fat, so I will be able to do the things I'm not doing now (Hugo).

Parallel to obesity, adolescents still have to face the biological transformations of their physical development. Worse, when compared to the group, they experience difficulties with integration. By comparing their bodies with others', they have an idea of the dimension of their own bodies, rejecting them⁽⁷⁾. As such, they have difficulties in their social relations, especially in making new friends or flirting⁽⁴⁾. Jeromino was concerned about

... losing weight to get girls to date me and being able to join the police or the army.

To make matters worse, lack of security, the inevitable coexistence with urban violence or lack of physical space force the adolescents out of the streets and backyards, spending countless hours in front of television, computer, videogames and internet⁽¹⁶⁾. As a consequence, they ingest sandwiches, cakes, soft drinks, candies, industrialized snacks and popcorn in excess⁽⁴⁾. This lack of physical activity, as well as the habit of skipping meals (especially breakfast) or the preference for quick industrialized meals (such as fast food) are part of the adolescents' lifestyle, influenced by fads, all of them factors that lead to obesity⁽⁵⁾.

Thematic category 3: Being fat is not a synonym of being healthy

Comprehension about the repercussions of obesity on health, for the respondents, was connected mainly to heart diseases⁽¹¹⁾. Youth obesity may be related to an unfavorable clinical-metabolic profile, increasing the risk for heart disease⁽¹¹⁾. Most of them observed that excess weight may: *cause problems in the heart*, since it is clear that *obese people are more likely to have more diseases: stroke, hypertension and others*. However, the perception as a health reference conflicted with the following speech:

Being thin is not always being healthy. However, being fat isn't being healthy either. (Daniela, who has hypertension)

Similar findings showed that, for obese adolescents, being healthy means having a beautiful body, maintaining a well-balanced diet and good hygiene. However, the comorbidities of obesity were not analyzed⁽¹⁰⁾.

Obesity is a risk factor for several chronic-degenerative pathologies, being a serious public and healthcare issue nowadays⁽¹¹⁾. The adolescents in this study reported:

... I have hypertension because of obesity, and a risk for diabetes and stroke (Daniela).

Gabriela and Laís stated:

...I have high blood pressure.

Mariana said:

...I have high blood pressure and high cholesterol.

I have high glucose, which may lead to diabetes" (Nestor);

I could have a heart attack because of my high triglycerides (Olivia);

I've got high blood pressure and arthritis because of the fat (Patrícia).

The statements show the perception of the repercussions of obesity on health.

It should be noted that the prevention of complications was paramount for Hugo and Olivia, respectively:

... too much fat will be harmful when I'm older;

... if I can get thinner, I won't have diabetes. Because, if I get it, I'll have to get thin. So, it's better to get thin without the disease.

The perception of health as something essential to the individual, not exclusively as biological entities, but involved in a cultural and socioeconomic context, reflects the importance of this statement⁽¹⁷⁾. Therefore, it is important to consider integral health, not only the diseases, promoting preventive actions for the biopsychosocial development of the adolescent⁽¹⁰⁾.

Another aspect that was evident in the responses was the presence of emotional problems caused by dissatisfaction with one's body and low self-esteem, which may lead to anxiety, depression, compulsion and bulimia⁽⁵⁾. Daniela even said that

... there was a time when I was depressed and didn't want to go to school,

While Eva revealed:

... sometimes I feel fine, but sometimes I feel terrible, desperate, I feel like I want to die, I didn't want to be like this. I spend the whole day crying, desperate.

Laís observed:

...sometimes I feel angry, like, shaking.

These adolescents had intense emotional difficulties, and the researcher referred them to an appropriate psychological service.

Since it causes shame and the feeling of lack of self-control and guilt, bulimic people tend to hide their use of

compensatory mechanisms such as vomiting, use of laxatives and diuretics, prolonged fasting and intense physical exercise to avoid weight gain from people who are close to them⁽⁵⁾. This shows that bulimia may be underreported⁽⁵⁾. As such, Eva felt defeated:

... there's no way of going without food. Every time I feel stressed, I feel like I have to eat. I only stop eating after I feel sick. Sometimes I spend a week vomiting.

The detection of eating disorders was relevant in the speeches according to the qualitative approach, as it is necessary to prioritize the appropriate treatment⁽⁵⁾. The case of this adolescent, at the time, led to her being referred to psychological therapy aggregated to clinical treatment. There is need for a multidisciplinary team in the service to monitor these youths when contemplating biopsychosocial aspects⁽¹⁸⁾.

Thematic category 4: difficulty in regaining health

The experience of obesity for the adolescent is permeated by several difficulties. However, regaining health seems to be the most challenging, especially within the family context perspective⁽¹⁷⁾, as some parents do not want to be seen as too strict by restricting or forbidding a given type of food⁽⁴⁾. As a response, some of the youths eat in secrecy, lie, among other behaviors⁽¹⁶⁾. Eva revealed that

If I'm eating too much, she (mother) tells me everything she's doing for me, she rubs it on my face.

Mariana stated:

When I see that thing (food), I want it. So, my father has to buy it.

Nestor confessed:

I eat whatever is there, and after the meal I eat even more.

Compliance with nutritional guidance, for some of them, was difficult⁽⁵⁾, because, after achieving a certain degree of success, the person tends to gain weight, which characterizes the *yo-yo diet*⁽⁷⁾ in obese patients, demonstrated in a study about excess weight⁽³⁾. This difficulty was reported for some youths:

... the doctor put me on a diet, but I can't follow it to the end. I eat too much chocolate (Ana);

... it feels like there's something inside me, speaking louder, which doesn't let me follow through with my diet (Eva);

... then, I say... I'm going to lose weight, I want to lose weight. Then, later, I... feel so hungry! When I open the food cabinet, I think, I'll start the diet tomorrow (Mariana).

These three adolescents have severe obesity and their reports reflect the difficulty expressed in regaining health.

On the other hand, some of them overcome their difficulties and are able to change their eating habits.

I reduced my intake of food. I'm eating more vegetables and salads. So, I think it really improved (Daniela);

... I want to lose weight. Therefore, I eat less, and I eat lots of fruit and vegetables (Irene);

... at night, when I wake up, I drink water, go to the bathroom, and do not eat anymore (Laís).

Diets, associated with regular physical activity for the reduction of body weight, were mentioned in the speeches:

I've tried going to the gym, playing soccer, jumping, I do a lot of things (referring to physical exercise).

I've been able to lose weight (Bernardo);

...I want to get thin: I play soccer to lose weight (Cesar);

It'll be a month since I enrolled in the gym class to see if it'll help me (Daniela);

I walk in the afternoon, three times a week, I feel better (Gabriela).

The adolescents showed the need of allying changes in their dietary habits and lifestyle with regular physical and sports activities⁽⁶⁻⁷⁾.

Jeronimo, who played sports *I play soccer and cycle* showed that physical activity, allied to diet are strategies that facilitate weight loss, which may contribute to the motivation and aspirations of desires within the youth universe⁽⁷⁾.

Doing sports, or even walking, is a synonym of health for these youngsters. They were seen to be aware of the importance of doing regular physical activity, reducing the time spent watching television, on the computer, playing

videogames and using the internet, which will possibly help them control the consumption of high-calorie snacks⁽¹⁰⁾.

On the other hand, faith is a strong factor in the health-disease process, being used in a distinct way, because the youths organize the representations according to their emotions, daily life and socio-cultural and religious institutions that they are part of⁽¹⁷⁾. Faith in God was considered an asset to achieve the cure, as identified in another study⁽¹⁸⁾. The records show:

I'll get there, in the name of Jesus (Laís);

I hope I can be well, God willing, from this problem I have. God will cure me (Patrícia).

FINAL CONSIDERATIONS

The perception of obesity as a disease reflected negatively on the health of the adolescents in this study. In addition, low self-esteem due to a *different* body image, translated in feelings of guilt and contempt, most times, causes the social isolation of these adolescents. They also know that society imposes a lean and slender body as the standard of beauty, and, by being aware of the process, they are willing to change this situation, as being healthy means having a correct and balanced diet, as well as doing some physical activity regularly. Formal and informal support is indispensable for them to be able to overcome difficulties and maintain a satisfactory quality of life. In this perspective, we recommend the creation of a support group consisting of a nurse, a physician, a nutritionist, a psychologist, a social worker and a physical educator, with the effective participation of the parents.

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