

## **Overweight and Obese Children's Psychosocial Effects: A Review of the Literature**

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### **Abstract**

Childhood obesity has reached epidemic proportions in both developed and developing nations. Childhood obesity and overweight have been shown to have a negative influence on both physical and psychological health. The goal of this study was to look at the psychological and psychosocial effects of childhood obesity. Obese and overweight children were more likely than their healthy-weight peers to have various related psychosocial issues, which may be affected negatively by childhood obesity stigma, taunting, and bullying. Childhood obesity stigma, taunting, and bullying are widespread and can have significant implications for mental and physical health and performance. Furthermore, childhood obesity can have a significant impact on a child's psychological and emotional well-being, self-esteem, and overall quality of life. To battle the present obesity epidemic, a coherent and comprehensive strategy is required to counteract this rising trend that jeopardises the health and well-being of the next generation.

**Keywords:** Psychosocial Effect, Overweight, Obese, Children, Adolescents , Stigma

### **Introduction**

Overweight and obesity in children are important public health concerns across the world. According to a World Health Organization(2018) research, these obese youngsters would suffer respiratory issues, higher fracture risk, hypertension, early indicators of cardiovascular disease, insulin resistance, and psychosocial impacts. Obesity and overweight have a

detrimental psychological influence on the individual who suffers from them, and these negative consequences are becoming more prominent (Rankin et al., 2016; Sanders et al., 2015). Several previous studies have found a link between overweight and obese children and psychiatric and psychological disorders (Wilfley, Vannucci, & White, 2010; Marks, Shaikh, Hilty, & Cole, 2009; Goodman & Whitaker, 2002), as well as a negative impact on the child's psychosocial and quality of life (Williams, Wake, Hesketh, Maher, & Waters, 2005; Schwimmer, Burwinkle, & Jama, 2003). As a result, the material reviewed in this article will address the influence of obesity on the psychological and social health consequences experienced by overweight and obese children.

### **Impact Health Psychology**

A large and growing body of literature has investigated, obesity and overweight disorders have a detrimental influence on the psychological development of children and adolescents. According to Reilly and Kelly (2010), research on the psychological, social, and behavioural effects of childhood obesity reveals that obese children are more likely to experience body dissatisfaction, low self-esteem, social isolation and discrimination, depression, and a lower quality of life. Thus, this part will go through the psychological repercussions of body shaming, depression and anxiety, poor self-esteem or lack of self-confidence, body dissatisfaction, binge eating disorder (BED) and Loss of Control Eating (LOC), and the influence on quality of life.

### **Body Shaming**

Body shaming, weight shaming, and appearance-based harassment are all ways of ridiculing or degrading someone based on their physical appearance (Duncan, Zimmer-Gembeck, & Furman) (2019). Being overweight or having a higher BMI served as a risk factor for body-shaming (Gam et al., 2020). It is comparable to the findings of Brewis and Bruening (2018), who discovered that students who were categorised as overweight or obese experienced more body shaming. Gam et al. (2020) identified that the overall prevalence of body shaming was 44.9 percent. This figure is greater than the findings of Bucchianeri, Eisenberg, Wall, Piran, and Neumark-Sztainer (2014) and Eisenberg, Neumark-Sztainer, and Story (2003), which were 38.2 percent and 30 percent respectively.

### **Depression and anxiety**

This paediatric obesity problem is linked to a number of physical and psychological morbidities, such as cardiometabolic risk factors, a reduction in health-related quality of life, and depression or depression (Farpour-Lambert et al., 2015; Sanders et al., 2015). Previous research has found a link between overweight and obese children and adolescents and sadness or depression, negative mood states, and low self-esteem (Goodman & Whitaker, 2002; Goldstein & Weissman, 2001). According to previous studies, negative peer variables such as mockery or peer taunting are more prevalent in obese and overweight children than in normal children (McCormack et al., 2011; Goldfield et al., 2010). As a result, obese and overweight children who are victims of peer bullying and school bullying are at a greater risk of acquiring mental comorbidities such as poor self-esteem, anxiety, depression, and eating disorders (Van Geel, Vedder, & Tanilon, 2014).

**Low self-esteem or lack of self-confidence**

Obesity in children is connected with psychological issues that can have a negative impact on a child's development, such as a lack of self-confidence and self-concept (Griffiths, Parsons, & Hill, 2010). In both adults and children, self-esteem and obesity are inextricably linked (Huebscher & Klem, 2010). Preliminary research has found that these obese youngsters experience emotions of inferiority and have poor mental health (Latzer & Stein, 2013; Pulgarón, 2013). When compared to children with normal weight, children with weight problems and obesity have a higher chance of suffering poor self-esteem difficulties, according to Mendiratta (2014). Another study discovered that, while obese and overweight boys and girls had lower self-esteem than their normal-weight classmates, it appears that girls score worse on self-esteem, body image, and overall well-being measures than their peers (Taylor et al., 2012; Franklin et al., 2006). While Javier, Arenas, and Ruiz Martinez (2015) found that 12.22 percent of children aged 8 to 11 in Mexico were fat, 94 percent of that number suffered from low self-confidence issues related to body image. Obese children had higher levels of anxiety, depression, and taunting, as well as lower levels of self-esteem, according to Sepulveda et al. (2019). Some research, however, have indicated that obese children had poorer self-esteem, while others have not (Jansen, van de Looij-Janse, de Wilde, & Brug, 2008; Ackard et al., 2003; Renman et al, 1999).

**Body dissatisfaction**

Among the significant psychosocial negative effects are that children or adolescents who are overweight and obese have negative body image or body shape appearance problems (Gouveia et al., 2014; Piquart, 2013; Neumark-Sztainer, 2011). A number of studies have found that obese and overweight children or adolescents who are highly dissatisfied with their body shape will experience anxiety symptoms and depression, lack of self-confidence, stress, and low quality of life (Gouveia et al., 2014; Piquart, 2013; Shin & Shin, 2008; Allen, Byrne, Blair, & Davis, 2006). In addition, the study of Shin and Shin (2008) found that high dissatisfaction about body image is related to weight status and lack of self-confidence among obese children aged 10 to 12 years. The study of Helfert and Warschburger, (2011) showed that parents who give negative comments and are dissatisfied with the child's body shape will influence the child's dissatisfaction with the body shape they have. Several studies have revealed that children with poor self-appearance are less involved in physical activity (Andrew, Tiggemann, & Clark, 2016; Kopcakova, Veselska, Geckova, van Dijk, & Reijneveld, 2014). Other than that, a survey data from Be Real found that 36 percent of girls and 24 percent of boys report avoiding taking part in activities like physical education due to worries about their appearance (Body image in childhood | Mental Health Foundation, 2017).

**Binge eating disorder (BED) and Loss of Control Eating (LOC)**

Binge eating disorder is a condition in which a person consumes enormous amounts of food in an uncontrollable manner and is unable to stop eating (Brownley et al., 2016). Binge eating disorder has been found as prevalent in children or adolescents with weight concerns, according to Ranzenhofer et al (2012). According to previous research, 36.5 percent of young individuals have Binge Eating Disorder, and the youngest age to suffer Obese Binge Eating Disorder is 10.88 years old, which is generally a girl (Dikshit, Karia, Shah, Sonavane, & Desousa, 2020). Nonetheless, prior research indicates that, while Binge Eating Disorder syndrome is less frequent in children, with a prevalence rate of 0 to 1 percent (Decaluwé, Braet, & Fairburn, 2003), Loss Control of Eating (LOC) is a common characteristic identified in Binge

Eating Disorder. Tanofsky-Kraff (2008) reported 9 to 30 percent of children and early adolescents (aged 6 to 13 years) said that the feeling of Loss control of eating is an eating experience regardless of how much food is consumed. Based on this, it was discovered that losing control of one's food as a kid was related with anxiety and depression symptoms (Tanofsky-Kraff, 2008), social issues (Elliott et al., 2010), and weight status (Tanofsky-Kraff et al., 2004).

### **Impact of Quality of Life**

Obese children reported lower quality of life in the physical, emotional, social, and school functioning categories, as well as overall quality of life, indicating that obesity has a detrimental influence on children's everyday lives (Khairy, Eid, El Hadidy, Gebiril, & Megawer, 2016). ). These findings are in line with those of Riazzi, Shakoor, Dundas, Eiser, and McKenzie (2010), who found that obese and overweight people experienced impairment in all Health Related Quality of Life (HRQoL) aspects when compared to normal weight people. However, these findings contrast those of Hughes, Farewell, Harris, and Reilly (2006), who showed that only physical health was significantly impaired in obese children aged 8–12 years in the United Kingdom. Other findings, on the other hand, show that children with an unhealthy BMI have poorer HRQoL across a variety of life domains as young as 10–11 years old (Wallander et al., 2013). Because of the intractable nature of obesity, these deficits in their quality of life are likely to persist. According to a longitudinal study, children who have experienced more weight-related teasing have more weight-related stigma (Gmeiner & Warschburger, 2020). A research that looked at 15 prospective cohort studies discovered that children who were obese were roughly five times more likely to be obese as adults than those who were not obese (Simmonds et al., 2016). As a result, children who suffer weight-related stigma may carry these unpleasant sentiments into adulthood, increasing their risk of experiencing persistent psychological discomfort and a poorer quality of life (Palad, Yarlagadda, & Stanford, 2019).

### **Social Health Impacts**

Obesity, in addition to its psychological consequences, has a detrimental influence on adolescent social health of children and adolescents, according to research (Puhl & Latner, 2007). This has a significant impact on children's life till they reach adulthood. Bullying and teasing, weight stigma, social isolation, and rejection will all be discussed in this section.

### **Bullying and weight teasing**

Bullying and humiliation from peers and family members has a significant influence on overweight or obese youngsters. Obese or overweight children have recently been found to have poorer self-esteem and confidence than children of normal weight (Aparicio, Canals, Arijia, Henauw, & Michels, 2016). Based on this, the social difficulty that these children will encounter as teens is that they will be bullied and ridiculed (Kaltiala-Heino et al., 2016). Bullying has a major influence on the emotional and physical well-being of children, according to Rettew and Pawlowski (2016), and is considered a kind of abuse. Bullying victims have psychological stress or mental health problems (Nguyen, Bradshaw, Townsend, Gross, & Bass, 2019; Le et al., 2016; Moore et al., 2017; Thomas et al., 2015), loneliness (Moore et al., 2017), anxiety disorders (Moore et al., 2017), depression (Abd Razak et al., 2019; Moore et al., 2017; Murshid, 2017), suicidal behavior (Hertz et al., 2015), lack of physical activity (Hertz et al.,

2015), underweight (Lian et al., 2018) and problems of overweight or obesity (Lian et al., 2018).

Bullying is a kind of violence that involves purposeful, repetitive abuses against peers with the objective of causing harm to the victim while working within a power imbalance between bullies and victims (Smith, 2004; Olweus, 1993). Bullying can be direct or indirect, and it can take many forms, such as physical contact (striking, shoving), verbal abuse (teasing, name-calling), spreading rumours, and social isolation. Bullying is prevalent throughout the world, affecting both young children and adolescents, as well as boys and girls; its negative effects on child adjustment have been widely documented (Arseneault, Bowes, & Shakoor, 2010; Bacchini, Affuso, & Trotta, 2008; Brunstein Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Perren & Hornung, 2005; Wang, Iannotti, and Luk, 2010). Wang et al (2010) identified that overweight boys and obese girls were more likely to be verbally abused, but no differences in other kinds of victimisation were discovered. More recently, Puhl, Peterson, and Luedicke (2013) showed that verbal teasing was the most common type of victimisation reported by obese adolescents, followed by relational aggression, cyberbullying, and physical aggression in an in-depth study of weight-based experiences of victimisation in weight loss treatment-seeking youths.

According to Elgar et al (2015), global studies indicate that up to 30 percents of teenagers have been bullied. Meanwhile, in 2017, Southeast Asian nations, including Malaysia, reported that 35.0 percent of teenagers were bullied (Abd Razak et al., 2019). Bullying in school has been characterised as a kind of interpersonal aggression between peers in childhood and adolescence, and it will impair academic success, prosocial skills, and psychological well-being, according to Moore et al (2017) (e.g. depression, anxiety, self-harm, and behaviour suicidal acts). Furthermore, early research has discovered that this act of bullying refers to the process of a person being treated negatively by peers frequently and purposefully (Olweus, 1994). This has a detrimental influence on youngsters since studies have shown that bullying has a long-term effect on them until they reach adulthood (deLara, 2018). Several studies, however, indicate that a percentage of these overweight and obese youngsters become bullies (Dario Bacchini et al., 2015; Kukawadia, Craig, Janssen, & Pickett, 2012). According to several research, obese children are more than twice as likely to be bullied by their classmates, girls are more likely to have relationship difficulties with their peers, and men are also bullied or become bullies (Cornette, 2011; Gray, Kahhan, & Janicke, 2009; Robinson, 2016).

### **Weight Stigma**

Obese children experience a negative social stigma, which has a detrimental psychological influence on the kid. According to Puhl and King (2013), children and adolescents who are obese will encounter stigma connected to weight problems at various periods and stages of life development. Obesity stigma is defined as the tendency to form unreasonable judgments based on a person's weight (Washington, 2011), which includes weight-related stereotypes (i.e. characteristics of obese people as lazy, unmotivated, incompetent, and undisciplined), prejudice (avoiding obese people or holding a grudge against obese people), and discrimination (i.e. in educational settings). As a result, obese children and adolescents who experience negative stigma associated with obesity on a regular basis are especially prone to health issues (Puhl & King, 2013). This includes the link between physical issues and psychological health, which contributes to the poor psychological impact on such obese youngsters (Rankin et al., 2016; Güngör, 2014). Discrimination against fat persons, whether



children, adolescents, or adults, has significant psychological consequences. Weight discrimination, according to Puhl et al. (2015), appears to have become commonplace, accepted by society, and generally unchallenged in Western culture.

Obese children and adolescence, for example, are at a high risk of being subjected to weight discrimination, either publicly (e.g., verbal mocking, physical bullying, cyberbullying) or implicitly (e.g., social isolation, stigmatisation, or avoidance) (Puhl & King, 2013). Furthermore, Zuba and Warschburger (2017) revealed that 1047 samples of children aged 7 to 11 years had experienced weight stigma that was linked to weight status factors and psychological difficulties after 2 years (such as eating uncontrolled, emotional problems, and behavioural problems). Children and adolescents who encounter weight stigma in a range of educational settings were found to be influenced by their classmates as well as the teachers themselves (Puhl & King, 2013). Previous research has indicated that obese children are less socially acceptable in school, have less social ties, and are more likely to be bullied than their normal-weight classmates (Lumeng et al., 2010; Krukowski et al., 2009).

Furthermore, obese children face negative stigma from teachers as well as negative stigma from classmates. Teachers' stereotypes of children with this weight problem exist, according to cross-sectional studies (e.g., low confidence in obese children due to social, physical, and teamwork skills compared to children of normal weight), and there are both implicit (Lynagh, Cliff, & Morgan, 2015) and explicit stages (Peterson, Puhl, & Luedicke, 2012). According to research, teachers had lower expectations of fat students than of non-obese students, including assumptions of inferior physical, social, and intellectual aptitude (Peterson, Puhl, & Luedicke, 2012). Recent evidence has found that weight-related distractions and harassment in schools are associated with a high Body Mass Index (BMI) and poor academic performance (Krukowski, Smith West, et al., 2009). In addition, previous research has discovered that obesity stigma is likely to limit obese children's educational opportunities (Puhl and King, 2013; MacCann & Roberts, 2012).

### **Social Isolation and Rejection**

The research shows that children and young people with obesity have social isolation and rejection in the face of obesity. Approximately 66 percent to 77 percent of obese kids reported being often excluded from the social activity of their peers, according to research carried out by Puhl, Luedicke and Heuer (2011). This condition might be attributed to society's stigmatisation of fat youngsters as lazy, dumb, ugly, and unhappy (Puhl & Latner, 2007). Furthermore, because of the great prevalence of weight stigma and the social acceptability of weight prejudice, afflicted persons may internalise widespread weight-related preconceptions, such as that people who are overweight are sluggish, uninspired, clumsy, or inept (Brownell, Puhl, Schwartz, & Rudd, 2005) and to take anti-fat stances (Ratcliffe & Ellison, 2015; Puhl & Latner, 2007). Obese females are more prone than boys to face social isolation and rejection (Boneberger, von Kries, Milde-Bush, Bolte, Rochat, & Ruckinger, 2009). In terms of peer connections, obese male adolescents found it twice as difficult to establish new acquaintances and were three times as likely to have no close friends (Berg, Simonsson, & Ringqvist, 2005). According to Khairy et al (2016), obese children are more prone to feel socially rejected as a result of their increasing weight. These findings are similar with the findings of Wallander et al (2013) in the United States, who discovered that obese children had considerably worse social functioning than normal weight youngsters.

## Conclusion

Obesity in children is not only a health concern but also a psychological problem. According to a review of the data, obesity has a substantial influence on the mental health of children, social relationships and mental well-being. It is disgraceful when the psychological consequences of these fat youngsters endure until adulthood. Research on the psychological impact of obesity on children is therefore essential in raising awareness of the risks of obesity. This study on psychosocial impacts also raises awareness among obese children and adolescents about the importance of changing their lifestyle to one that is beneficial for their well-being.

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