

## 7Ps of Nest Support Towards School- Age with Technology-Induced Juvenile Obesity

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### Abstract

Parents and significant others are becoming preoccupied these days, which demands most of their time that warrants them to allow their children to turn to technology to help the kids keep quiet and busy, thus, this permits them time to focus on making meals, send and read a few emails from their phone or even some personal leisure time. This study believes that when it comes to childhood obesity, too much screen time may contribute to unhealthy habits that can last a lifetime. In general, children today prefer to spend countless hours watching TV or playing with their gadgets, phones, and computer instead of heading outdoors to a park or getting active with friends. This study considers the fact that when children sit stationary for a longer period on watching television and playing video games on the computer, they neglect to have physical activities, in addition to having a compromise diet that consists of sodas and fast foods which will cause them to suffer from obesity. A qualitative research, which is phenomenological approach, was utilized in this study to ascertain the support of primary care giver of school age with technology-induced juvenile obesity ranges from six to twelve years old that determine their knowledge to the disease, perceived risk factors and health beliefs. There are five (5) key informants that were involved in this study and the result was qualitatively analyzed through cool and warm analysis. Seven (7) interesting classifications were transpired, recognizing the different kinds of support given by primary caregiver towards their technology-induced juvenile obese children classified as: protecting, pampering, projecting, perceiving, precepting, pretending and persevering. The study formulated a theory of seven (7) Ps of support among primary caregivers towards schoolers with technology-induced juvenile obesity.

**Keywords:** *Technology-Induced; Primary Caregiver; 7 Ps Support; Schoolers*

### Introduction

Parents and significant others are becoming preoccupied these days, which demands most of their time that warrants them to allow their children to turn to technology to help the kids keep quiet and busy, thus, this permits them time to focus on making meals, send and read a few emails from their phone or even some personal leisure time. This study believes that when it comes to childhood obesity, too much screen time may contribute to unhealthy habits that can last a lifetime. In general, children today prefer to spend countless hours watching TV or playing with their gadgets, phones, and computer instead of heading outdoors to a park or getting active with friends. This study considers the fact that when children sit stationary for a longer period on watching television and playing video games on the computer, they neglect to have physical activities, in addition to having a compromise diet that consists of sodas and fast foods which will cause them to suffer from obesity.

In America, China, India, Africa, 14% of adolescents are obese and at high risk to suffer from diabetes, high blood pressure, and heart disease. Increased obesity rates are a worldwide condition that is going to accumulate exponentially. Over the past 2 decades the percentage of childhood obesity has augmented more than twice, because of many advances in technology that has led to the creation of processed foods, and physical inactivity that makes the daily living much convenient. Television, gaming systems, iPod, computers, and more modern technologies are among many examples of reasons that keep the children slouch on the couch rather than seeing them playing in the fields. Studies have shown that 43% of teenagers had spent more than two hours of watching television a day [1].

Based on the study suggested by Kole [2] children watches television for a minimum of 3 hours and have 17 - 44% chances of becoming obese because they do not have physical exercise and likelihood to play outside with their friends. Malnutrition is rapidly increasing according to the nutritional surveys result among Filipinos; this revealed that there is a steady growth of childhood overweight and obesity cases. The Food and Nutrition Research Institute of the Department of Science and Technology also known as FNRI-DOST [3] reported that the initial results of the 8<sup>th</sup> National Nutritional Survey (NNS) shows that there are 9.1% cases of overweight among five to ten years old. In 2003, the prevalence rate of overweight among school-aged children in the Philippines between five to ten years old is 5.8%, it increased to 9.1% in 2013. Juvenile obesity in the Philippines is a silent outbreak that needs to be addressed since it is alarming those obese children in the country is continuously growing over the last decade. The WHO and the National Nutrition Council of the Philippines conducted a workshop to give emphasis about a National Multi-sectorial Action Plan to control the number of children suffering from obesity in the Philippines.

### Aim of the Study

This study aims to recognize the different support of primary caregivers of school age children with technology-induced juvenile obesity. It is imperative to find out and analyze the major factors that contribute to child obesity as early as now to avoid developing the risk at an early age.

### Theoretical framework

This study is anchored on Pender's (1982) The Health Promotion Model, which integrates the concept of individual characteristics and experiences, behavior-specific cognitions and affect and behavioral outcomes, presented by a diagram.

Pender's (1982) model focuses on three areas: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. The individual characteristics and experiences explain that each person has unique personal characteristics and experiences that affect subsequent actions. Further, the set of variables for behavior specific knowledge and affect have important motivational significance that can be modified through nursing actions. And the final model speaks about the behavioral health promotion outcomes. All these behaviors must have a result on the enrichments of health, functional ability, and quality of life to an individual.

This study highlighted that every person has an eccentric personal characteristics and experiences that sets variables for specific behaviors that influence the knowledge and action that gives significant importance to modify nursing interventions. Consistent with this model, this study focuses on desired behavioral outcome that serves as the end result of the Health Promotion Model. These significant behaviors should result in improved health, enhanced functional ability and better quality of life at all stages of the development. The final behavioral demand is also influenced by the immediate competing demand and preferences, which can derail intended actions for promoting health in relation to the effect of technology in juvenile obesity.

### Technology

Technology is a form of art that uses techniques, skills and methods sometimes it uses a device that can aid in making decisions, as entertainment and an instrument to help us communicate with our loved ones and friends.

Subrahmanyam., *et al.* (2000) states that increased usage of computers at home may have a big impact to every child, it explained how the developmental activities of a child could be shifted by home computers.

An increased in exposure to technology goes hand-to-hand with a decrease in outdoor activity. As children spend more time sitting in front of the TV or computer, they spend less time outside running around and burning off calories and energy. Over time, combined with an increased in eating snacks in between meals, this can lead to significant weight gain.

### Child obesity

Obesity is a medical condition in which body fat is accumulated and it is commonly caused by excessive food intake and lack of mobility.

Over the past 20 years, childhood obesity has rapidly increased. The society presently is very inactive and it lacks exercise, likewise, had an unhealthy eating habits. Children are living these days with all of these problems that need to be solved [2]. Excessive use of technology and poor eating habits are one of the many factors of child obesity. Staying glued in front of the television will mean a lack of exercise, focusing on excessive eating followed by an unhealthy lifestyle and thus contributing to advancing in the incidence of obesity in our children. Some people believed that children and adolescents in America are facing this common nutritional disorder. While many children are becoming overweight, the heavy children are getting even heavier.

### Juvenile diabetes mellitus

Type 1 diabetes in children is a condition in which your child's body no longer produces an important hormone called insulin.

Streisand., *et al.* (2015) emphasized that the young with type 1 diabetes (T1D) requires a lifetime medication to delay or prevent the onset of acute and chronic T1D-related complications such as seizure, coma, diabetic ketoacidosis, cardiovascular disease, retinopathy, neuropathy and nephropathy. Parents must adhere to their child's daily T1D management including frequent blood glucose (BG) monitoring, insulin administration, and diet/physical activity regulation. Engaging in healthy eating habits with adequate intake of vitamins and minerals.

Child needs insulin to survive; it requires consistent care that advances in blood sugar monitoring and insulin administration, which will improve the daily management of the condition.

### Eating habits

Arguments have been proffered that screen time promotes obesity in two approaches: faulty eating habits and/or lack of exercise. Evidence showed that the amount of time in watching television at 29 months and 53 months predicted an increased BMI at the age of 10 due to increase eating and limited physical activity (Pagani., *et al.* 2010) and an Australian study found out that preschoolers who watched more television did have increased BMIs but they were mediated both in inadequate physical activities and consuming more food calories while watching television (Cox., *et al.* 2012). As stated by Cameron., *et al.* 2012, a study of 10 to 12 years old in seven European countries found out that those who had a television in their bedrooms, and particularly those who watched more daily television, had inflated BMI levels. More television, video games, and computer use among American teens predicted increased body fat (Barnett., *et al.* 2010) while similar results were found for Canadian adolescents (Casiano., *et al.* 2012).

### Video games

Studies have shown consistent results of the effects of video gaming on health. One of the studies displayed that heavy video game usage increased social phobia, anxiety and lower academic performance among American children and preteens Genile., *et al.* (2011). Holtz and Appel (2011) highlighted more negative impacts of video gaming on youth including delinquency and both afflicting problems and affecting development of young people's mind.

If your child spends all of his free time playing video games and skips meals or loses sleep because of excessive gaming, a video game addiction can negatively impact his health. Children who spend more than two hours a day in front of a television or video games rather than participating in physical activities may suffer from childhood obesity.

### Time spent using technology

Rideout, *et al.* (2010) a Kasier Family Foundation study found out that 8 to 18 years old spends an average of 7 hours and 38 minutes a day using technology. Screen time is the biggest culprit, with children watching an average of 4 hours 29 minutes a day. Kids spent about 1 hour and 30 minutes a day using computers and 1 hour 13 minutes a day playing video games.

Children prefer to spend more time on technology, however, their primary caregivers should educate them that sitting and watching a screen in an average of 7 hours and 38 minutes a day is detrimental to their health since the child is not physically active.

### School-age

School age is the range of children normally attending school. It describes the expected physical, emotional, and mental abilities of children.

School-age period starts when children are about 6 years of age, when the deciduous teeth are shed and ends at about 12 years when the puberty stage begin. Puberty is the age when the reproductive organs become functional and secondary sex characteristic develops. Puberty begins 10 for girls and 12 for boys; some people define the school-age years as 6 to 10 for girls and 6 to 12 for boys. In this stage, they may acquire skills that are related to their willingness to try new responsibilities. Children in this stage are very pleasant and they are helpful to adults. With school-age children, it is important to set boundaries and informed the child on what is expected of them. Parents should provide a clear and consistent discipline.

### Physical development

Physical development refers to the physical and biological changes that occur in humans between birth and adolescence. As a child grows and changes, it increases his ability to explore and interact with the world around him. The school-age child gains weight rapidly and thus appears less thin than previously. Individual differences brought about by genetic and environmental factors are obvious at this time.

At the age of 6, boys tend to weigh about 21 kg (46 lb), and 1 kg (2 lb) more than girls. Each year schoolers have an additional weight of 3.2 kg (7 lb), mostly occur from age 10 to 12 for boys and from 9 to 12 for girls. Before they reach their teenage years, girls are usually bulkier than boys. They have an average weight of 40 to 42 kg (88 to 95 lb). At 6 years of age both boys and girls are on the same height of 115 cm (46 inches) and 150 cm (60 inches) by 12 years. Before they reach the sexual maturity and become capable of reproduction, girls between 10 and 12 years started to have a growth spurt while for boys will begin at the age of 12 and 14 years. Girls are usually taller than boys at the age of 12 years and their extremities grow faster than the trunk, leading to a gradual change in a relative proportions [4].

As the child becomes mature they will search for a new fun and exciting abilities to discover. Their coordination and stability continue to improve over time. Their body is also going through many physical changes as they prepare themselves to enter their adolescent years.

### Research Question

What characterized the support among Primary Caregivers towards Schoolers with Technology-Induced Juvenile Obesity?

### Research Methodology

#### Research design

A qualitative research, which is phenomenological approach, was utilized in this study to ascertain the support of primary care giver of school age with technology-induced juvenile obesity ranges from six to twelve years old in terms of the knowledge of the disease, perceived risk factors and health beliefs. In this approach, the phenomenological requires the inquiry of philosophy and psychology that characterized the supports of primary caregivers of juvenile obese children.

Phenomenology research design focuses on experiences, events and occurrences with regards or minimum regard for the external and physical reality. In phenomenology ideas are generated from rich amount of data by the means of induction and human interests. Moreover, phenomenology research design is a valuable philosophy for exploring human experiences in management studies.

#### Research locale and population of the study

This study was conducted in different communities in rural and urban areas in the Philippines. There are 2 key informants from urban area and 3 from rural area; a total of 5 key informants were interviewed. This area of interest was selected because of the alarming prevalence rate of obese children in the community.

#### Description of the key informants

The participants included in this study were the primary caregivers of school age children in different communities. There are 5 key informants involved from rural and urban areas of the Philippines. A primary caregiver is defined as the individual who takes primary responsibility for the daily care and rearing of a child. The primary caregiver may be a family member, a trained professional or another individual. Depending on the culture there may be various family members that are engaged in the childcare. The participants had this following criteria/s that was included in this study: (a) 25- years old and above (b) male/female primary caregiver (c) with technology-induced juvenile obese child/children (d) willing to participate in this study. Juvenile obesity criteria/s: (a) Gender (b) 6 - 12 years old (c) BMI percentile is 95 - 100% (e) technology-induced juvenile obese (f) willing to participate in this study.

The study had this following criteria/s that was excluded: (a) below 25 years old (b) not willing to participate in this study (c) without technology-induced juvenile obese. Juvenile obese excluded criteria: (a) 5 years old below and 13 years old above (b) BMI percentile is less than 95% (c) not willing to participate.

#### Research sampling

Purposive sampling technique was utilized in this study. A non-probability sampling that has no assurance that all respondents will have a chance to be included as part of the sample. This study depends upon the subjective judgement.

The participants in this study were the primary caregiver of school-age children situated in different community from urban and rural areas in the Philippines. This study sum up to a total of 5 primary caregivers with children ages from 6 - 12 years old.

The said participants were asked to analyzed their child's weight if it is suitable for their age which is supported through a weighing scale. The study conducted an interview to primary caregivers of children outside the University affiliation of the researchers. One primary issue that arise during the interview is their eating habits and their critical engagement to gadgets. The study aim to address the risk of becoming obese or overweight due to the rapid and uncontrollable growth of a child's engagement into gadgets and other form of technologies.

### Research ethics

Ethical considerations of the study followed the Nuremberg Code, namely: (1) the vitality of the voluntary consent of the respondents; should indicate to exercise free power of choice and the respondents should have sufficient knowledge and comprehension of the subject matter involved in this study, this is to enable them to make an understanding to enlighten their decision to participate in the study. Verbal assent is required because of BMI's measurement of the participants' child. Verbal approval is needed if the minor is below 12 years old. (2) The study should contribute and yield a fruitful result that have a good impact in the society (3) Based on prior research. This study used legitimate journals and resources to strengthened the accuracy of the result, which provides an adequate background of knowledge and information to support the study. (4) The respondents should be safe from physical or psychological injury or harm. Further, strict monitoring of the content and the procedure throughout the research has been made to ensure privacy of the respondents that may alter and violate the rights of the person involved in this study. (5) The benefits should outweigh the risks. The results of this study should discover a new and innovative medium of information that creates an effective propagation of new knowledge about the disease process and its prevention. (6) No study conducted where there is an a priori reason to believe that death or disabling injury will occur. (7) Protection of the anonymity and confidentiality of research participants. Participants were not forced and they should be willing to share their information in terms of sensitive data such as the minor's personal identification, thus, the researchers ensure to hold the information in conviction (8) Right to withdraw consent. With the use of the informed consent, the participants were allowed not to sign and can withdraw their participation during the interview and no reason to hold them from departing in this study. (9) This study must discontinue immediately if it will result to harm and can damage the participants, the university, and the researcher's reputations. The Institutional Ethics Review Committee (IERC) of Our Lady of Fatima University reviewed the research proposal.

### Research instruments

#### Semi-structured interview

Semi-structured interview is a type of in-depth interview that offers a great deal of flexibility for the researchers. While this can incorporate conversational aspects, it is mostly a guided conversation between the researcher and the participants. This study conducted a distinct in-depth interview since the information were gathered all at once that is tailored fitted from the research questions. The study maintains to follow the structure but warrants the researchers to probe the participants for additional details to expand the participants' thoughts, feelings, and opinions.

#### Instruments

The researchers used an audio and videotape recorder, a camera to record/video the in-depth interview within an hour meeting with the participants. Tape recorder was used to promote better concentration and to have an accurate recording of the responds during the time of interview, the discussion flows smoothly and there were no distractions, the researchers avoid being subjective on this study to give a better holistic picture of what is going on. Likewise, the respondents are less observed and they are more relaxed if the tape recorder was used in a discreet way. During the data analysis the researcher had the opportunity to review the material repeatedly to have a better interpretation.

The researchers also used BMI calculator, weighing scale and height measurements to compute the body mass index of the children being part of the study. Informed consent and verbal approval form was distributed to conduct the study.

### Data collection

#### Permission

Before the start of the study, letters of permission was distributed to the respondents including informed consent and verbal approval form, which allowed the researchers to conduct the interview among primary caregiver of children who are obese.

### Participants

Using purposive sampling technique, 5 primary care givers of juvenile obese who live in different communities in both rural and urban areas around the Philippines in which all of them interviewed. A primary caregiver is the person who takes primary responsibility for someone who cannot take care of himself or herself. The primary caregiver may be a family member, a trained professional or another individual. Depending on culture there may be various members of the family who are engaged in the care and juvenile obesity school aged children from 6 - 12 years old who has a BMI percentile is 95 - 100%.

### Procedure

The procedure was conducted for 3 days. On the first day, the researchers acquired permission by sending informed consent and verbal approval form to the participants with their juvenile obese children. The researchers also prepared the questionnaires ready for distribution to the participants with a brief introductory explanation about the participants' expectations during the study such as the nature and purpose of the study, also the questions to be asked, and the demographic profile/information of participants necessary for the study. On the second day, the participants were interviewed in the community using a weighing scale, height measurement and BMI calculator to measure their child's BMI for accurate recording and to have a baseline data. The interview has allotted an hour for each respondent through audio and videotape recordings. On the last day, the researchers give health education to the participants concerning proper diet, limitation on technology usage as well proper physical exercise. After conducting the interview the respondents received a ball and other toys to involve them to physical activities, likewise, the researchers oriented them how to play the games that is popular among kids in the 90's which is played in their own backyards.

### Data analysis

The data that was gathered through a tape and video recorder to record the participants and the researchers' in-depth interview that is not exceeding to 1 hour with a permission taken from the respondents. The study used a semi-structured interview since this gives a stronger deal of flexibility to the participants. The researchers guided this type of interview and were individually transcribed to come up with an accurate result. The result of the study will evaluate the extended text, which was subjected to a phenomenological reduction via the formation or selection framework. This framework was created to enable the researchers to observe both cool and warm analyses. The cool analysis part comprises of the relationship of the substantial statements or verbalizations of each respondent. These statements serve as a basis in the composition of the warm analyses stage where data classifications were formulated and ideas will evolve.

### Results

Through phenomenological research, the different kinds of support of primary caregiver towards technology-induced juvenile obese emerged. Researchers denominated as 7 Ps support, namely protecting, pampering, projecting, perceiving, precepting, pretending and persevering.

The nest represents the support given by the primary caregiver to their child who is technology-induced juvenile obese.



**Figure 1:** 7Ps of support among primary caregivers towards schoolers with technology-induced juvenile obesity.

### Protecting

Provision of care during the interviews about care and concern towards the schoolers were seen on the participants. Protecting theme refers to the primary caregiver provision of care as evidenced by the following statements.

#### Key informant 4 verbalized

“They are so cute and they actually see the love you’re giving them especially that we are doing our best.... I think that’s why she grew that much because we are giving our best to her especially she is a pre mature baby and that is why I am giving my all--until now and I will still give her the best as long as I am alive”.

“Initially our advice to her now that she is old enough, eventually she will be teased. For example in school, she might feel not important during events such as dancing since the organizer will think that she is not best fitted to represent their class because she is fat as compared to her classmates which in turn will reduce her confidence that might alter her self esteem in the future. It is also emphasized on her about the difference of being fat to skinny, which the later can get more opportunity of exposure to class participations. And the most essential advice that we told her is she should observed proper diet and take good care of her body”.

“As much as I want her to play outside however at times like this, I am hesitant to allow her to stay with her friends outside since I am not available to look after her, thus, this makes me more comfortable to let her stay at home instead”.

#### Key informant 5 verbalized

“Of course I am always telling her that it is better for us to be healthy by limiting our food intake and need to be active”.

### Pampering

Notably some of the key informants allow the behaviour of their schoolers. This is evident by the theme “Pampering”- permitting the behaviour of the child as evident by the following cues.

#### Key informant 1 verbalized

“It is nice because as if I have a pillow when I’m with her”.

“She always hugs me and it’s a nice feeling”.

#### Key informant 2 verbalized

“It is ok with me, although he’s a heavy eater”.

#### Key informant 5 verbalized

“Whenever she don’t have classes she uses and play gadgets until dawn”.

### Projecting

The key informants were asked about how they respond to the fact that their child is one of the technology-induced obese children and as a result this is labeled by the researchers as “projecting”. Projecting was considered as delineating to the problem among other factors. This is supported by the following statement.

#### Key informant 1 verbalized

“If someone criticized my child because she is fat, I feel hurt too”.

“Everything seems unbearable sometimes. It’s difficult because she is heavy when she’s tired and want us to carry her, like when she went for a medical checkup with his father she asked him to be carry her, you know during rush hour there is no available seat and you have to stand because it’s too crowded, then she fell asleep and her daddy needs to tolerate her weight, and her dad is not fat as me”.

### **Key informant 2 verbalized**

“It’s difficult and uneconomical; he ate 4 times a day and took a lot of snacks outside”.

### **Key Informant 3 verbalized**

“In taking care of her, I find it difficult because she is naughty and not following my orders and I can’t monitor her activity every day”.

### **Key Informant 4 verbalized**

“She seldom moves just like the other day I was telling her to even stand. There were times that I even asked her to step outside”.

### **Perceiving**

The principal investigators asked the key informants on how they respond to the fact that their child is one of the children who have technology-induced obesity and as a result of the findings researchers find “Perceiving”- looking in the situation as positive this is supported by the following statements.

### **Key informant 1 verbalized**

“It is nice because as if I have a pillow when I’m with her”.

“She always hugs me and it’s a nice feeling”.

### **Key informant 3 verbalized**

“I’m happy because I have a sibling like her because even though she is stubborn she is my sister after all”.

### **Key informant 5 verbalized**

“I’m happy because the twins brings happiness in the family”

“At first it is hard and I can’t accept it because I don’t want them to be like me in the future. And I don’t want them to develop depression. But I think when they grow up they will overcome it”.

### **Precepting**

In general, having a preception to a primary caregiver of a child is one of the key factors to become responsible primary caregiver. This aids them to have more guidance to their child as evidenced by the following statements.

### **Key informant 1 verbalized**

“As her mother of we’re always together she’s very kind even though sometimes we fight. It hurts when we fight”.

“I don’t pay attention to her when we’re fighting cause I know she will repeat that again”.

“Sometimes I give her advice that she needs to lose weight”.

### **Key informant 4 verbalized**

“Always. Just like the past few days I scolded her and there’s a time I even kicked her out of the house”.

### Pretending

As the key informants encountered the events of research interview activities, they were encouraged to answer questions as a result of 'pretending'. 'Pretending' defines as acting out as if it is normal. This is supported by following statements.

#### Key informant 1 verbalized

"She is coming to say "mommy sorry I'm not going to bother you anymore so that we can have a baby" it's cute".

#### Key informant 2 verbalized

"It's hard and expensive. He's spending 4 times eating. He also eats snacks outside".

"It is ok with me, although he's a heavy eater".

"I can't monitor him sometimes because I am busy selling in my store but after school I can monitor him especially when he is helping me with household chores".

#### Key informant 4 verbalized

"We really want to focus on just as much. It is hard for me to feed her because she is selective on what she wants".

"Because as a mother I am happy because she is small, she is cute, she is having fun with us".

"I don't find it convenient on my part especially around 11 - 12 am, we are already exhausted to monitor her and during holidays she is extending up until 1 am".

### Persevering

Interestingly, despite the difficulty of the primary caregivers to lift their child who are technology-induced juvenile obese, they still manage to handle them, take good care of them and support them as well. Persevering is concluded as the primary caregiver exerts an effort in raising their child. This is supported by the following statements.

#### Key informant 1 verbalized

"I told her that it is difficult for her and that she needs to maintain a balance diet especially she is a girl, they can easily bully her about her being fat. I am also thinking on what she feels. I believe that there is a lot of complication regarding her condition".

"Sometimes I am giving her advice that she need to loose weight".

#### Key informant 4 verbalized

"I'm busy, I am slicing my time with my kids and selling stuff".

### Discussion

This study aims to identify the different support among primary caregivers towards schoolers with technology-induced juvenile obesity. It is imperative to find out and evaluate the major factors that contribute to child obesity at an early stage. The primary caregivers expressed their experiences and their different approaches to support their child's needs. Theilheimer [5] describes that it is vital to understand the distinctive abilities of the primary caregivers to promote an excellent parenting to the child.

This study validates that there are 7Ps of supports among primary caregivers towards schoolers with technology-induced juvenile obesity that are identified as protecting, pampering, projecting, perceiving, precepting, pretending and persevering.

The primary caregivers were perceived as providing care through constant reminder therefore protecting is formulated as one of the support presented in this study. The primary caregiver's experiences from their parents while growing up have a great influence on their method to child rearing. Involvement in the child's upbringing has an impact on their behavioral regulation as they carry on into adulthood. Most decent parents are, justifiably, likely to safeguard their children from risks and educate them concerning threat, because that's part of being a guardian.

This study proves that the primary caregivers indulge almost all their attention, comfort and kindness to their child allowing them to feel comfortable as possible and giving them whatever they want, this is labeled as pampering. Pampering can be translated into catering to a child's needs and desires in an excessive way that it ends up affecting the character, nature or attitude of a person. Parents will end up letting their kids have their own way in the name of love and inconvenience. These is also a remarkable pressure on modern day parents to be perfect, however we cannot forget the seeds we are laying today will blossom into fruits tomorrow. The responsibility is entirely on the parents. Children are born innocent, but wrong upbringing spoils them. Pampering a child have a serious after-effects on his personality and the character, hence there are definitive limits set to indulging your child. Let the privileges not be misunderstood as rights and you are just about right. The damage to sensitivity can grow into a severe stage if unchecked.

In addition, one factor that influences the primary caregiver to render optimum care to their children is through projecting. This study believes that projecting tends to cause a great impact on child's development such as cultivating a more positive self-image that ultimately leads to success. However, this can manifest as undue pressure, which can lead the child to feel like a disappointment for not living up to the parent's expectations. Nevertheless, even in the best of circumstances, this can have an effect on childhood development, causing kids to adopt identities that might not actually be their own. In addition, projecting attention developed the child to feel humiliated, but if the primary caregiver is profound to give an appealing motivation this can lead to a boost of self-confidence.

This study also resulted to perceiving as one factor of support from primary caregivers to schoolers with technology-induced obesity. According to online parenting website Raising Children Network (2017), each of us desires to be respected, loved, and appreciated that can create satisfaction to others. Positive responses from parents are necessary to assist the child to shape an image of their self-worth. This indicates that in perceiving, constructive acknowledgment is essential to help the child gain their optimum level of self-confidence.

Moreover, precepting is also determined in this study since the primary caregivers oftentimes gives commands or instructions that has the power to demand the child to follow certain rule intended to regulate behavior or thought. Parents should be encouraged to identify challenges that hinder the building of effective relationship with their child. The incorporation of appropriate strategies can transform the primary caregiver's experiences into one that is fulfilling for their child. This may lead to a better parenting satisfaction that will create a beneficial effect for their children. The primary caregivers should act as role models for their kids in order for them to have the drive to follow guidelines.

It is interesting to note that respondents also demonstrate pretending as one of the supports given for their child with technology-induced obesity. Most of the responses gathered from this study speak and act so as to make it appear that something is the case when in fact it is not. Parenting goes far beyond the requirements for meeting the basic survival needs of the child, and parents have significant influence on how children turn out, including their personality, emotional development, and behavioral habits, as well as a host of other factors. It is important for the overall development of children that parents are present enough to support them, and this support fosters confidence and growth in many areas. Caregivers are often unwilling to express these negative emotions because of their fear of others' judgments the reason why their prefer to pretend.

Primary care givers in this study have demonstrated persevering, which is evident of the continuation of a course of action even in the face of difficulty or discouragement. When a child feel worn out, depleted, discouraged or ready to give up, here is the primary caregiver exerts effort advising, making them feel they are not alone and make them feel that everything will be alright. Slayton [6] states that much

of intricacies of raising a child take place in the context of ordinary life. A primary caregiver must have the perseverance to continuously educate and remind their child the proper guideline of discipline that they must.

This study is appropriate to use a qualitative approach in a phenomenological method to understand the primary caregiver's support to their technology-induced juvenile obese schoolers, therefore creating an impact of lifelong promotion of a healthier lifestyle for the children [7-16].

### Conclusion

This study recognized the different supports of primary caregivers of schoolers with technology-induced juvenile obesity through qualitative phenomenological method of research. Seven themes emerged defining the seven Ps of support among primary caregivers towards schoolers with technology-induced juvenile obesity namely: protecting, pampering, projecting, perceiving, precepting, pretending and persevering

Through "protecting" this serves as their expression to provision of care and concern. Through "pampering" this warrants the behavior of the child. Projecting is the presentation of the problem to other factors. Further, perceiving is the respondents' optimistic way of acknowledging their child's condition. In addition, precepting gives certain rule intended to regulate behavior or thought. Moreover, pretending defines as acting out as if it is normal. Through persevering this is widely understood on primary caregivers exertion of efforts in raising their children. These 7 Ps of support among primary care giver towards schoolers with technology induced juvenile obesity should be prompted to have a mutually attachment of collaborative support among healthcare professionals and the governments allowing the percentage reduction of obesity among children.

Conducting health education or educative activities for primary care givers is ensured for improving primary caregiver-child interactions in promoting the health and development of vulnerable children to avoid risky obesity at early age. This is through maintaining or enhancing parenting style or supporting style. This is possible with the presence of influential or powerful cues in giving education.

The paper provides sense to primary caregivers. Researchers must continue to explore other dimensions and layers of connotation of primary caregivers of schoolers with technology-induced juvenile obese.

### Recommendation

Although the researchers focuses on the lived experiences of the primary caregivers with juvenile obese children induced by the usage of technology, this study recommends a similar investigation on other age group to determine the effect of obesity on their body image. This study recommends future researchers to change the target participants from primary care givers to children who are directly affected by the condition.

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