

Childhood Obesity

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## Childhood Obesity

### Introduction

One of the most serious problems facing public health in the 21<sup>st</sup> century is childhood obesity. Such children are prone to obesity in adulthood, and they are more likely at a younger age to have non-communicable diseases such as diabetes and cardiovascular disease. Overweight and obesity, and related diseases, are largely preventable. Therefore, the prevention of childhood obesity should be given priority. Preventing childhood obesity is the elimination of physical inactivity and a balanced nutrition. Children need to keep the rules of rational nutrition and regular monitoring of the physical activity of the child through a systematic measurement of height and weight is necessary (especially in case of the constitutional predisposition to obesity). Another important factor is that there should be early detection and treatment of diseases associated with hypothalamic and endocrine obesity. Obesity is a multi-factorial condition and there are several factors that contribute to its development. Hence, it provides the opportunity for individuals to carry out the appropriate actions to ensure that they reduce the chances of obesity development. Studies illustrate that some genetic predisposition is associated with the development of obesity. Hence, there is a need to determine the population at risk and take the necessary measures to protect these individuals. **There is a need to assess different approaches to reduce the development of obesity that could involve the implementation of different regulatory standards.**

### Point 1

Before implementing the appropriate intervention, there is a need to appreciate the extent of the problem of obesity in the community, some potential causes and the consequences. There has been an increase in the prevalence of obesity in the majority of countries, especially the developed parts of the world. The prevalence of obesity in these countries has increased by approximately seventy-five percent in the last ten years. In

essence, obesity in the community has acquired the nature of infectious pathologies (Rolland-Cauchera et al., 2006). One of the main causes of obesity is behavior. The behavioral patterns that influence the development of obesity include dietary patterns, physical activity and inactivity, medication usage and other exposure. Healthy behavior involves the adoption of regular physical activity and healthy dietary patterns. The increase of weight is dependent on the balance of calories between those that are consumed and those that are utilized during an individual's daily life. Hence individuals should monitor the above parameters to ensure that their weight does not excessively increase.

A healthy dietary plan is illustrated in the Dietary Guidelines for Americans, which places emphasis on the consumption of fruits, whole grains, lean protein, vegetables, fat-free dairy products, low fat dairy products and drinking water. There are also some guidelines for the physical activity recommendations of the American community by the Physical Activity Guidelines for Americans. The guideline has recommends that children should do some physical activity for at least sixty minutes on a daily basis. Other factors that play a role in the development of obesity include the community environment that includes the educational skills of members of the community, the advertisement of healthy foods, licensure and regulations in daily child care centers, an open and constant access to healthy and affordable foods.

Studies illustrate that approximately sixty percent of the obesity cases are from childhood. Hence, this raises a need for interventions to be carried out at this level of development. One of the consequences of obesity is the development of metabolic disturbances such as diabetes mellitus and cardiovascular conditions. There is also the development of other somatic conditions such as coronary heart disease, hypertension and cancer. Hence, the identification of the critical periods of obesity development in adolescents and children may also be part of the preventative approach for the development of the above

conditions. Studies that were done by Rolland et al (2006) illustrate that children that were underweight according to their BMI, and then had a rapid weight gain were at risk of developing obesity at a later stage. In fact, most of the metabolic conditions are visible in adolescence. The authors above found that the prevention and treatment of obesity among children is easier than in adolescents and adults. Therefore, this illustrates that there is a need for a set of standards to be implemented in organizations such as schools to monitor the diet of children. As illustrated above, it is one of the contributing factors to development of obesity. In addition, the study by Rolland et al (2006) shows that there should be early intervention as this is easier among the children than adults.

#### Point 2

As mentioned above, one of the main issues contributing to the development of obesity is an imbalance between the nutrients consumed and their expenditure. Therefore, there is a need to determine the quality of nutrients, and the use of nutrition to reduce the prevalence of obesity. Studies illustrate that the nutritional plan for children should be done individually (Lackey and Kolassa, 2004). The primary goal is the above mentioned need to create a balance between energy consumption and usage. For example, individuals that have a low level of physical activity should reduce the amount of food they consume. However, in order for the individuals to create the above balance, there is a need for an understanding of the nutritional value of different food products. There should be a way to compare different products and ensure that they are in the appropriate balance. The above information is also necessary if there is to be implementation of regulations and standards for schools and parents on nutrition.

Lackey and Kolassa (2004) state that

“To act on dietary advice, consumers will need easy ways to compare different foods on their nutrient density, nutrient to energy ratio, or some other objective

measure of nutritional value. As long as nutrient density remains undefined, the concept of a nutritious food is all too often a matter of personal opinion”

When the nutrition is monitored, there is a need to ensure that the weight reduction is done systematically and stabilization of weight results in the gradual reduction of BMI. The appropriate weight reduction and maintenance of the target BMI will lead to an increase in insulin sensitivity and the normalization of glucose tolerance. Other health benefits such as normalization of blood pressure and the reduction in the concentration of LDL have been reported in studies by Lackey and Kolassa (2004). Therefore, studies illustrate that the use of BMI is the most important method of assessing and controlling obesity.

The family, guardians and the children themselves should be willing to take the necessary approaches to correct their weight and concurrently their health. One approach alone is insufficient to achieve the necessary results of BMI that is less than ninety five percent. There is a need to coordinate the efforts between the family and the schools as the majority of children have meals in both the environments. The treatment must also be long term especially from a nutritional approach. In fact, many individuals are critical of dietary regulations in the form of rationing. These critics believe that a diet is too demanding and the incapability to adhere to the recommended portions means that the individual will likely increase his or weight. Hence, many individuals believe that there is a need to monitor the quality of the food instead of the portions. There must also be other approaches that complement the nutritional regulation process.

### Point 3

Obesity has some damaging effects to not only the quality of children health, but also has some economical and psychological implications. The immediate damaging impacts of obesity in terms of health of young children include mental illnesses such as clinical depression and anxiety. These individuals are subjected to social pressures by their peers and

this is especially prevalent among the young children. They are subject to practical jokes and mockery by their peers. Studies illustrate that these children usually have a low self-esteem. They are usually not able to participate in different events that their peers can do such as playing in the playground and other areas. Hence, they are usually left spending the majority of time alone. Hence, these children usually develop poor social skills and this may spread to other aspects of their lives through to adulthood. As mentioned above, these individuals usually have a low quality of life as they are usually limited in terms of their daily activities.

There are also some financial implications on the school and family of the child that are associated with the management and prevention of obesity. However, this is a necessary investment for both the school and the government. Wag et al (2003) state that

“Schools have been identified as a key setting for public health strategies to prevent overweight and obesity, because most children and adolescents spend a large proportion of time in school. Schools have many opportunities to engage children in healthy eating and physical activity and to teach, model, and reinforce healthful diet and physical activity messages”.

In addition, the investment in schools for the prevention of obesity can also be cost effective. The children will be modelled and taught the appropriate lifestyles and ways to prevent the development of obesity. Children are at school most of the time and they learn the majority of their behaviors at schools. As mentioned above, behavior is a main factor in the development of obesity. Hence, the regulation of these parameters is important as it also imprints a certain thought process in the child and attitude towards diet and obesity. Children and their family will have the appropriate motivation in eating habits and this will be long term.

As mentioned above, caloric regulation should be done careful as a sharp restriction may lead to deficiency in essential elements such as vitamins, minerals and other microelements. This will result in the reduction in bone mineralization and may affect the

overall growth process of these children. The growth process of children is also essential and this also makes this a challenge in implementing dietary restrictions on individuals of this age group. The educational institutions must also be careful in the message they present to the pupils. The pupils must not adopt a mindset where they are reluctant to eat as they may develop anorexia nervosa. The current trend being presented by television and other popular networks is that the ladies should have a particular body type of being slim. However, there is a need to educate the pupils that there are different body types and people should have be within their BMI.

#### Counter argument

However, the intervention of the government in this aspect of daily life may lead to a slippery slope. Individuals are aware of the health risks associated with obesity and the decision to take an approach towards resolving this issue should be individual. In fact, many people fear that allowing the government to impose such autonomous regulations on dietary regimes and activity could lead to intrusion in other realms of daily life. In addition, many studies already illustrate a significant genetic correlation in obesity; hence, the intervention by the government may be ineffective. The primary role that the government should serve in this aspect is that of an educator. It should attempt to provide the community with an abundant amount of information and the appropriate sources to visit in order to address the problem of obesity.

#### Conclusion

In summation, there is a need to regulate and monitor the weight of children as overweight and obesity are associated with numerous health and economic implications. There are also some psychological implications that are associated with such conditions. Hence, individuals in the community should take a multi-faceted approach in the resolution of obesity. Obesity is associated with the development of many health complications in the

future such as Diabetes mellitus, cardiovascular diseases and some musculoskeletal problems. In addition, individuals that are obese in their childhood have a higher probability of becoming obese in adulthood. There is a need to carry out a dietary approach that is combined with regular physical activity in order to ensure that children have the appropriate BMI. In essence, addressing obesity in childhood will lead to better prevention of its development in adulthood as well as prevention of other healthcare issues.

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