

What Should Be Done About Child Obesity?

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Introduction

Childhood obesity has become an epidemic in the contemporary society. According to Hendricks et al. (2013), prevalence rates of childhood obesity have increased significantly over the last four decades. Internationally, nearly 170 million children below 8 years of age are estimated to be obese. Childhood obesity is associated with several psychological and physical problems, and this has caused huge rises in medical costs in almost all countries. Children are believed to gain weight due to lack of physical activity and overconsumption of sugar-rich foods. These are encouraged by cultural factors, lifestyle preferences and environmental factors, giving a predictable pattern of childhood obesity globally (Dehghan, Akhtar-Danesh and Merchant, 2005). In view of these factors and the ultimate health consequences of childhood obesity, parents, schools, governments and the general public need to take action to reduce, prevent and eliminate childhood obesity (Hendricks et al., 2013).

Ideally, parents do not have full control over what their children are willing to eat, but they do have all the powers over what types of foods are stocked in the kitchen cupboard (Lumeng, 2005). In addition, mothers drive their children towards making food preferences from the time they learn how to differentiate food types. Mothers can therefore help to prevent childhood obesity by teaching their children to prefer healthy foods, and to develop positive eating habits. Lumeng (2005) highlights that; this strategy of childhood obesity prevention is only possible if parents are equipped with adequate and relevant knowledge on nutrition. Professionals working with mothers of young children are highly encouraged to base their trainings about feeding and nutrition on scientific substantiation. Parents are also charged with

the responsibility of controlling a child's eating pattern. This pattern determines the frequency by which this child eats as he or she develops. Children who are exposed to regular eating, at any time of the day, are likely to over-eat and gain unnecessary weight (Dehghan, Akhtar-Danesh and Merchant, 2005). Parents are therefore encouraged to train a child to wait until banquet before he or she can be fed, even if the child is hungry. This strategy aims at fulfilling the theory that, a child will develop good appetite and eat a good meal when he or she is trained to eat only at formal meal times. Consequently, parents can help prevent child obesity by exposing them to healthy foods, which should only be taken at formal meal times (Lumeng, 2005).

Children normally spend better part of the day in schools, where they eat different types of foods and engage in different types of activities. Involvement of schools in obesity prevention is therefore necessary to reverse the childhood obesity epidemic (Welchsler et al., 2004). Study has shown that effectively implemented and properly designed school programs can help promote healthy eating and physical activity. According to recent research, childhood obesity reduction has direct connection to healthy foods, physical activity and good nutrition programs in schools (Welchsler et al., 2004). For instance, most schools in the United States with the highest prevalence of childhood obesity sell competitive foods to school children. Competitive foods include items such as French fries, sugary snacks, soft drinks and cookies. The number of obese children could significantly reduce, if only the sale of such types of foods in schools could be avoided (Hook and Altman, 2012). This shows that schools can do a lot to help students espouse and uphold physical activity and healthy eating behaviors. The Center for Disease Control and Prevention has documented school policies that should be practiced by schools in their efforts towards reduction, prevention, and elimination of childhood obesity (Welchsler et al., 2004).

Considering the role of environmental factors in increasing the prevalence rates of childhood obesity, policies should be implemented with the aim of changing environments in which children live. Federal, organizational and local policies are already in place, but little is done to make them effective (Hook and Altman, 2012). Examples of policies that countries should focus on include; advertisement policy, school nutrition and education policy and physical education and activity policy (Friedman and Schwartz, 2008). Advertisement policy will help prevent childhood obesity by controlling advertisement of junk foods, soft drinks and sugar-rich foods on school notice boards, textbooks, school buses, and other media sources (Friedman and Schwartz, 2008). School nutrition and education policy will help improve nutrition standards of competitive foods that are sold in all government schools in terms of sugar level, fat content and calorie levels. Additionally, this policy will help reduce, prevent and eliminate childhood obesity by encouraging provision of fresh foods to children, including fresh fruits and vegetables (Welchsler et al., 2004). Physical education and activity policy will ensure that all institutions hosting children incorporate physical activity sessions in their daily programs. Again, this policy will help prevent childhood obesity by encouraging parents and teachers to teach children about the importance of exercise, and the negative effects of physical inactivity. All governments globally should strive to make these policies effective in order to eliminate childhood obesity from the society (Friedman and Schwartz, 2008).

Together with parents, schools, and national governments, the general public also has a role to play to reduce the occurrence of childhood obesity. The general public should implement different varieties of interventions that target physical activity, diet and built environment intercessions (Dehghan, Akhtar-Danesh and Merchant, 2005). Physical activity intervention involves organization of community-based programs that ensure that children periodically

participate in joint activities. Such programs will take care of all children within the community, including those who do not engage in similar activities at home and at school (Hendricks et al., 2013). In addition, diet intervention strategies implemented by members of the general public can help prevent childhood obesity. The best diet intervention that should be implemented involves advising all parents in the community to restrict their children from television viewing, especially during meals. Study has shown that television viewing during meals interrupts a child's concentration in eating, and may cause the child to gain unnecessary weight (Welchler et al., 2004). Like diet intervention strategy, built environment intervention strategy can help prevent occurrence of childhood obesity (Dehghan, Akhtar-Danesh and Merchant, 2005). Built environment intervention involves provision of healthier choices to large proportion of the society. Such interventions include creation of walking networks, public open spaces, recreational facilities, and cycling networks for use by all members of the community. The general public should demonstrate seriousness in implementing physical activity, diet and built environment interventions in order to reduce, prevent and eliminate childhood obesity from the community (Dehghan, Akhtar-Danesh and Merchant, 2005).

Conclusion

Childhood obesity has multiple causes ranging from lifestyle to environmental causes. Obese children suffer from both physical and psychological problems. These make childhood obesity a matter of concern globally. Parents, schools, national governments and the general public should therefore take the initiative to deal with childhood obesity. These groups of people should implement effective plans to control the current childhood obesity epidemic, and to prevent occurrence of new cases.

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