Childhood Obesity

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The world is experiencing a surge in childhood obesity due to nutritional and dietary changes. According to Bhadoria et al. (2015), obesity has reaching damning levels in developed countries such as the United States, United Kingdom, and China. Obesity cases are also rising rapidly in emerging nations and the fifth leading cause of death in the world (Di Cesare et al., 2019). Importantly, childhood obesity is an issue of public health due to its harsh consequences and alarming prevalence since the extent of childhood obesity worldwide is at 18.5% (Di Cesare et al., 2019). Most of the obesity cases witnessed in adulthood originate from childhood. Obesity is a severe condition that could cause physical and psychological issues that would require the collaboration of community and families for effective management. Therefore, this paper's focus is childhood obesity, contributing factors, consequences, and prevention mechanisms.

Bhadoria et al. (2015) defined obesity as the accumulation of excessive body fat on one's body. According to the Center for Disease Control and Prevention (2018), overweight or obesity occurs when a person has a body mass index (BMI) of 95 and above. Importantly, childhood obesity poses a substantial threat to children. In most cases, obese children have surpassed being overweight and are at risk of different chronic health issues. The issues of childhood obesity are likely to proceed into adulthood. Childhood obesity affects not only physical health by exposing the victims to type 2 diabetes and other conditions but also poses psychological consequences such as poor self-image and self-esteem (Bhadoria et al., 2015).

Notably, Dabas and Seth (2018) indicated that obesity often results from an imbalance between intake of energy and expenditure, where positive energy balance increases due to the lifestyle adopted by a victim and the dietary preferences. A person's genetics may predispose

them to obesity and like conditions. The chances are that one would develop the disease in situations where one member of their family has a history of obesity. According to Bhadoria et al. (2015), about 25-40% of BMI is inheritable. However, the extent of obesity from genetic factors is minimal. From this, one can see that although genetics have a role in causing obesity. It is not the cause of the alarming increase in childhood obesity.

Asides from genetic predispositions, other factors such as dietary intake, physical activity, and sedentary behavior lead to childhood obesity. In particular, Bhadoria et al. (2015) indicated that a person's metabolic rate could cause obesity. The metabolic rate is the energy used in normal resting functions (Di Cesare et al., 2019). In sedentary adults, metabolism accounts for 60% of the total energy expenditure (Bhadoria et al., 2015). With this in mind, it is worth noting that obese people have lower basal metabolic rates. However, this issue cannot definitively explain the rising obesity cases in the world today.

The prevalence of obesity in the world today is attributable to a poor diet. Diets consisting of high fat and sugar levels are prevalent among most children and young adults. Fast foods are plenty in almost every town and city of the world. Obesity rates increased from 0.7 to 5.6% in girls and 0.9 to 7.8% in boys between 1975 and 2016 (Di Cesare et al., 2019). Similarly, the consumption of frozen and canned foods, among other convenient foods, has become prevalent in most parts of the world. Such foods are unhealthy and contribute to weight gain. Most parents are increasingly busy in their various workplaces. As such, they hardly have enough time to prepare healthy and decent foods. Moreover, a majority of people cannot afford fresh vegetables and fruits, which aid in diet regulation.

Further, amidst the changes in diet, most people dissociate themselves from any physical activities. Karki et al. (2019) asserted that children rarely engage in body exercising activities, which increases the rates of childhood obesity. Persons from different age groups often gain weight when they are not physically active. Exercise and physical activities burn calories and help individuals maintain a healthy weight. Children who are not active are less likely to burn calories. In effect, this leads to weight accumulation, which has damning consequences (Karki et al., 2019).

Children battling with obesity have a risk of developing different health and psychological issues. Some of the health conditions likely to result from obesity are diabetes, heart disease, and asthma (Karki et al., 2019). Diabetes is a condition where one's body does not metabolize glucose as required (Di Cesare et al., 2019). Some consequences of diabetes are eye and nerve damage and kidney dysfunction, which is an extension of some of the causes of obesity. Karki et al. (2019) stipulated that children and adults with obesity are at a higher risk of type 2 diabetes than those with average body weights. In addition to that, obesity signifies high levels of cholesterol in one's body. In the sequel, this causes high blood pressure, which raises the risk of heart failure and heart diseases. Also, Karki et al. (2019) indicated that obesity could be a risk factor of severe asthma, which is a disease characterized by chronic inflammation. Other common consequences are joint pain due to stiffness.

Consequently, childhood obesity predisposes a child to different psychological consequences. In a study by Karki et al. (2019), the results showed that obese and overweight children have issues with self-esteem. The self-esteem problems often emanate due to bullying and body dissatisfaction. Body dissatisfaction is higher among children with obesity than those

with healthy body weights (Di Cesare et al., 2019). The lack of satisfaction could result from cultural ideas, where being thin and slim is considered ideal beauty for women. A linear relationship often exists between body dissatisfaction and increased BMI, especially among girls. Asides from that, obese children are at risk of developing eating disorder symptoms. The prevalence of eating disorders such as bulimia, anorexia, and impulse regulation is common among children with obesity. Lastly, Karki et al. (2019) focused on the emotional issues associated with obesity. Due to bullying and intense criticism from society, children with obesity develop some psychological problems that trigger conditions such as depression and anxiety. As such, this affects the overall performance of a child both socially and academically.

Preventing childhood obesity is an approach that requires collaboration between social services, nutritionist, families, and communities (Dabas & Seth, 2018). Parents should be taught on the right diet that they should feed their children as they grow to avoid consumption of foods with high-calorie levels that could cause obesity. The government should be involved in the processes of policy development to enhance the formation of policies that create opportunities for a healthy diet and physical activity. More so, schools should intervene by ensuring that children exercise frequently when on the school premises to ensure that their weight remains on the check. The social service should create awareness on obesity, its risk factors, and strategies for preventing the development of this condition. Such measures could prevent the acceleration of childhood obesity cases in the world.

In conclusion, childhood obesity is a critical issue facing most children in developed and developing nations. Some of the risk factors for obesity are genes where one's genetic composition predisposes an individual to obesity. Other risk factors are basal metabolic rate,

uncontrolled consumption of foods with high calories level, and inadequate physical activity. Some of the consequences of childhood obesity are type 2 diabetes, high blood pressure, heart disease, asthma, and joint pains. Apart from physical complications, obesity could cause psychological issues such as depression, anxiety, eating disorders, and emotional problems. Preventing this issue would require an aggregated effort between the community, social workers, and families. The conclusion derived is that childhood obesity cases are on the rise, and urgent measures should be implemented for effective management.

References

Bhadoria, A., Sahoo, K., Sahoo, B., Choudhury, A., Sufi, N., & Kumar, R. (2015). Childhood obesity: Causes and consequences. *Journal of Family Medicine and Primary Care, 4*(2), 187. https://doi.org/10.4103/2249-4863.154628

Center for Disease Control and Prevention. (2018, July 18). *Tips for parents–ideas to help children maintain a healthy weight*. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyweight/children/index.html

Dabas, A., & Seth, A. (2018). Prevention and management of childhood obesity. *Indian Journal of Pediatrics, 85*(7), 546–553. https://doi.org/10.1007/s12098-018-2636-x

Di Cesare, M., Sorić, M., Bovet, P., Miranda, J. J., Bhutta, Z., Stevens, G. A., Laxmaiah, A., Kengne, A.-P., & Bentham, J. (2019). The epidemiological burden of obesity in childhood: a worldwide epidemic requiring urgent action. *BMC Medicine, 17*(1). https://doi.org/10.1186/s12916-019-1449-8

Karki, A., Shrestha, A., & Subedi, N. (2019). Prevalence and associated factors of childhood overweight/obesity among primary school children in urban Nepal. *BMC Public Health, 19*(1). https://doi.org/10.1186/s12889-019-7406-9