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Research Paper

Childhood obesity: a societal problem needs to solve

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Abstract: Obesity means having too much body fat. It is not the same as being overweight, which means weighing too much. A person may be overweight from extra muscle, bone, or water, as well as from having too much fat. Both terms mean that a person's weight is higher than what is thought to be healthy for his or her height. Obesity is defined as excess body fat. Because body fat is difficult to measure directly; obesity is often measured by BMI, a common scientific way to screen for whether a person is underweight, normal weight, overweight, or obese. This paper brings together several literatures to provide a comprehensive examination of the major challenges facing obese children and their families. In particular, this paper documents the extent of stigmatization towards overweight children and reviews evidence of the conflicting advice given to parents about how to help children develop healthful eating in the face of biological and learned food preferences.
Keywords: Child, Problems, Obesity, Healthful foods, Health.
Abbreviations: body mass index (BMI)

INTRODUCTION

Childhood obesity has been identified as a major threat to children's health in the India. The prevalence of obesity in children between the ages of 6 and 17 years BMI 95th percentile of reference population] is currently estimated at approximately 11%, with an additional14% overweight with a BMI between the 85th and95th percentiles. These prevalence rates are a dramatic increase during which only 4–4.5% of 6–17 year-olds were overweight (Troiano and Flegal, 1998). Despite the alarm over these numbers, treatment and prevention are considered the primary responsibility of the individual children and their parents. Public health and economic strategies for the prevention and treatment of childhood obesity are often not taken seriously. There is a striking contrast between childhood obesity and other child safety issues. Most threats to children are considered societal problems to solve. The leading cause of death for children between 1 and 15 years of age is unintentional injury. In response to this, there is public education and legal measures that aim to prevent these injuries. For example, parents are warned about the

risks of injury or death from toys, such as choking on small items or falling off scooters. Certainly, parents are expected to keep unsafe toys out of the hands of small children and teach older children how to use toys in a safe manner. To facilitate this, however, unsafe toys that can break into small pieces or pose choking hazards are recalled.

The aim of this paper is to bring together several literatures to provide a comprehensive examination of the complex and multiple challenges facing obese children and their families. We live in a culture pre occupied with food and eating, and at the same time, there is a powerful societal stigma against obese individuals, including obese children (Wilson, 1994).

Messages about how to feed children

Society provides some consistent messages about how to feed children. The clearest messages involve the period before the child is born. Specifically, mothers should not eat anything that may be harmful to the growing baby and be sure to consume the required nutrients for optimal fetal health. There are popular books with extensive guidelines about how pregnant women should eat. Societal messages about feeding infants and to elders are also clear, and emphasize nutrition and health. When children are very young, the societal message is to feed them carefully and only with the best ingredients (Harris, 2010).

Mixed messages about obesity and eating disorders

The prevalence of childhood obesity is 11% among children between 6 and17 years of age. The prevalence of bulimia nervosa among young females is 1% and anorexia nervosa is 0.28%. As 90% of patients with eating disorders are female, the rates among young men can be assumed to be 1/10 of these (i.e. 0.1% for bulimia nervosa and 0.028% for anorexia nervosa). Research suggests that one of the risk factors of developing an eating disorder is being overweight as a child, so it is true that some of those who are today's overweight children may be tomorrow's patients with eating disorders. However, this is a very small percentage of the obese child population. In comparison, 60% of overweight children have developed at least one cardiovascular risk factor (i.e. high blood pressure, lipid levels or impaired glucose tolerance) and 20% of overweight children have two or more of these (Cowley, 2000; Begely, 2000). Fear of in advertently inducing more eating disorders should not keep people from addressing childhood obesity.

A challenge for parents: feeding children healthful foods

While the media and popular culture clearly promote poor foods, parents are held responsible for feeding their children properly. Yet, parents are vulnerable to the same societal pressures as everyone else to eat in an unhealthful manner. Parents are encouraged to show their children how much they love them by feeding them sweets, but at the same time are warned not to let their children get fat. The following section outlines several challenges parents face in promoting good nutrition in the current environment

Children are reluctant to try new foods

People are encouraged to eat a variety of foods in order to achieve a balanced diet. Yet, children do not immediately or willingly accept new foods, with the exception of sweets. This developmental fear of new and unfamiliar foods, called neophobia, is thought to have evolutionary roots to protect the child from eating potentially toxic or in appropriate substances. Initially, all foods to grow in infant are unfamiliar, and neophobic

reactions can substantially shape subsequent food preferences (Rozin, 1990).

Children are predisposed to prefer energy-dense foods

In addition to resistance to new foods and innate preferences for sweet and salty tastes, children are predisposed to learn to prefer energy-dense foods, which tend to be high in fat. Several reasons for this preference are possible. There are pleasant physiological and satiety effects from these foods – they often have rich flavors–and children may learn to associate these foods with special occasions.

Can children self-regulate their food intake?

Given the powerful biological and environmental influences to eat high-fat and sweet foods, many parents who want their children to eat a healthful diet feel pressured to restrict their child's intake of these foods. Unfortunately, parents are often alone as the voice of moderation against the backdrop of advertisements and daily exposure to unhealthful foods in our environment. Can children be trusted to self-regulate their intake, or should parents intervene and try to influence their child's eating? There are several studies suggesting that children can self-regulate their food intake under some circumstances. The finding that breast-fed infants have better self-regulation abilities than formula-fed infants supports the idea that children do better when they control their own intake. In theory, those who are breast-fed have more control over energy intake and gain more experience with self-regulation than formula-fed infants whose intake is controlled by whoever is holding the bottle (Wright et al., 1980).

What happens when parents restrict access to unhealthful foods?

Maternal attempts to control their daughters' food intake correspond within creased intake when these girls were given free access to restricted foods. The findings are compelling; in each study, there are strong correlations between mother's and daughter's weights, between the mothers' own dietary restraint and attempts to restrict their daughters' access to high-fat, high-sugar foods, and between maternal restriction and daughters' increased intake of restricted foods when given free access. The authors interpret these findings as evidence for the following sequence: some mothers struggle with their own weight, attempt to restrict their own intake and experience dietary restraint. These women worry their daughters will also have these problems and therefore try to restrict their daughters' intake. This leads the daughters to desire these foods even more and when given a chance, to eat these foods in excess of other girls whose mothers do not behave in this manner.

Do parents and children need more nutrition education?

There is some evidence that parents believe they feed their children healthful foods but, in practice, provide foods that they think their child will like. In one study, mothers thought they fed their children according to nutritional guidelines but actually fed those more sweets and less nutritious read and dairy products than they fed themselves. Parents need assistance in creating an environment where primarily healthful foods are available. If the environment naturally provided exposure to foods that are consistent with the food guide pyramid, children would adhere to its principles more easily. Until then, parents need ideas on how to protect their children from the current food environment.

Societal messages about fat

The societal message about being fat in the 21st Century is clear: it is bad to be fat. But why is it bad? Clearly, there are serious medical consequences of obesity. The

medical issues, however, are sometimes used to cloud the clear bias and discrimination against obese people. Obese people are not discriminated against because they are medically compromised. They are stigmatized because their obesity is viewed as a reflection of poor character. Common stereotypes associated with obese people include attitudes that they are lazy, incompetent, lacking in self-discipline, self indulgent and emotionally unhealthful.

Societal stigmatization of obese children

There is a growing literature documenting the extent to which obese children are targets of societal stigmatization. Prejudiced attitudes from other children and resulting peer rejection is one of the most common sources of stigmatization of obese children. Suicides of obese children have been reported resulting from severe stigmatization from peers.

Peer rejection of obese children

Recent studies found that 3-year-olds associate overweight children with the characteristics of being mean, stupid, ugly, unhappy, lazy and having few friends. Children aged 4–11 years described obese targets as ugly, selfish, lazy, stupid, dishonest, socially isolated and subject to teasing, while average weight targets were considered clever, healthy, attractive, kind, happy, socially popular and a desirable playmate.

Adult rejection of obese children

Peers are not the only sources of weight stigmatization in the school setting. One study examined attitudes towards obesity among junior and senior high school teachers and found biases including beliefs that obese persons are untidy, more emotional, less likely to succeed and have more family problems. In addition, 43% of teachers strongly agreed that 'most people feel uncomfortable when they associate with obese people', 55% agreed that obesity often stems as a form of compensation for lack of love or attention and 28% agreed that 'one of the worst things that can happen to a person would be for him/her to become obese.

DAMAGE DUE TO STIGMATIZATION

Impact on self-esteem

It is intuitive that obese children are likely to suffer psychologically; however, the research evidence is mixed. The authors note that inappropriate control groups and small sample sizes make it difficult to establish a clear relationship but, at least among the cross-sectional studies, obesity in children is often inversely related to self-esteem and body esteem. Amore recent study reported lower body esteem among overweight10–16-year-old girls.

Obese children blame themselves

Not only do overweight children feel badly about themselves, but the more they feel they are to blame for their obesity, the worse they feel overall. A study of children aged 9–11 years found significantly lower levels of self-esteem among clinically overweight children when compared to normal weight peers and also found that those children with the lowest esteem believed that they had personally caused their obesity. These children also felt extremely ashamed of their weight and attributed their weight to the reason for having few friends and being excluded from social activities. Furthermore, 90% of the overweight children believed that teasing and harassment from peers would cease if they could lose weight and 69% thought that they would have more friends if they were thinner. This study suggests that overweight children internalize societal messages that weight is within personal control and subsequently blame themselves for the negative social experiences that they confront. Being teased and socially rejected because of overweight

is quite different from stigmatization because of religion or ethnicity.

Role of parents: protecting obese children from stigma

Parents are held responsible for feeding their children and for their children's mental health and coping skills. However, just as parents live in the same society that promotes unhealthful eating, they also live in the society outline d above that stigmatizes and discriminates against obese individuals. The research on stigma suggests that parents may be stigmatizing their own overweight children in subtle ways which may be as harmful as other types of more overt stigmatization. An example of such subtle parental attitudes is a study that examined 9–11-year-old children and their parents. Parents were more likely to describe girls as too heavy and boys as thin even though both groups were average weight. Parental perceptions of overweight were related to low self-esteem among daughters. The authors reported that parents play a critical role in affecting how their children feel they should look and that overweight children possibly experience more parental concerns than average-weight children. Other studies have more directly assessed parental stigma towards obese children. One study found that parents communicated with their children in ways that endorsed stereotypes about obese children. Parents portrayed the obese child as having the most negative self esteem and self-concept of all three children. Negative parental attitudes towards obesity may have far-reaching consequences. In other words, parents need to send the message that they not only love and accept their children–and their children's bodies–as they are, but also want to support them in being healthy through making healthful food choices and being physically active. This is a delicate balance to achieve.

Change the food environment

There are multiple determinants of what children eat. Among them are biological influences, parental influences and societal influences. In order to address childhood obesity, all of these factors must be considered. The research to date has focused almost exclusively on understanding biological drives to eat certain foods and the link between parenting behaviors and food intake. It is important to note that research supporting the idea that children will appropriately self-regulate their intake has studied either infants who are regulating formula consumption or children who are choosing among primarily healthful options. This research has not been carried out in a naturalistic setting, where children were taken to fast-food restaurants or given unrestricted access to candy and soda. We do not know how living in our current environment influences food intake; our hypothesis is that it leads to over consumption. It is likely that some children are at higher risk of difficulty self-regulating and therefore, at higher risk of obesity than other children. It may be possible to determine in early childhood whether a particular child appears to have difficulty self-regulating his or her intake and, if so, provide guidance to the parents on how to help their child manage the current environment. New cognitive–behavioral treatment models for obese children that emphasize goals of adopting healthful eating habits instead of prescribing strict diets may be helpful for this purpose.

Shift the locus of responsibility

The locus of responsibility for childhood obesity needs to shift away from individuals and towards the environment. Society can address this health problem in a number of ways that are consistent with strategies used to combat other childhood diseases. Many of these are outlined in a recent article on the

obesity epidemic. Places that are intended to protect children, such as schools, need to become involved in proactive ways. Unhealthful foods should be removed from public schools. Physical education should return as a required part of each child's school day. Advertising unhealthful foods to children should be limited and advertising healthful foods should be subsidized. In addition, parents, teachers and others who work with children need to take on the challenges of educating children not only about nutrition but also about the importance of treating each other with respect and tolerance despite physical differences in size and shape.

Conclusion: When a child becomes obese because of eating the fast-food meals, we say that the child should not have eaten that food and that the parent should not have taken the child to the fast-food restaurant.

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