

# The extent of obesity in lewisham borough health essay

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The problem of childhood obesity cannot be explored without taking into cognisance the issue of health inequalities. The attempt to bridge the gap between the rich and the poor is more of an economic predicament than morality. It is a known fact that malnutrition not only contributes to poor health but also obesity. The UK government foresight committee reports that an estimate of a quarter of children and a more than half population of adult will be affected by obesity in 2050 with alarming results of diabetes, heart disease and stroke. This will in turn reduce the financial strength of the NHS as they will spend £6.5bn in tackling this problem. Moreover, the ripple effect will cart away £49bn from NHS as a greater proportion of the population will be made redundant (NHS 2009). It is in this light that the world health organisation suggests the proper implementation of policies that will promote inequality in health and healthy equity (WHO 2009). Most cases reveal that the available policies are more of a preventive measures rather than the promotion of healthy living. A good example is the trade policy which is a contradiction to health policy because it encourages the unwholesome production, trade and consumption of foods rich in fats and sugars to the detriment of fruits and vegetable product (WHO 2009).

According to Sobal and Stunkard publication in 1989, studies have shown that the problem of obesity in developing countries can be linked to people in the higher socio-economic category. But this does not seem to be scientifically proven in recent times as people in low income society are mostly affected by this predicament. It therefore implies that obesity is not peculiar to class distinction but rather the high risk factor in lower socio-economic groups (SEGs) (Sobal and Stunkard 1989). The Western Europe

conducted a research and concluded that there is a thin line between social strata and obesity in Europe. This study reflected that 20-25% of obesity found in men and 40-45% in women were directly linked to variations in socio-economic distinction.

### **The factors that determine obesity as it relates to politics, economics and the environment.**

The problem of obesity varies in relation to different groups in the society. Most of the factors that can be linked to obesity can be discussed thus:-

#### **Education**

Research has shown that there is a wide gap in education among women particularly those in OECD countries. This implies that women with high literacy rate are more conscious of their weight as they can combat obesity and avoiding its attendant effect (Sassi et al 2009; Marques-Vidal et al 2010). Nevertheless, men showed a combination of both patterns. The WHO Monica project which for ten years assessed ten million men and women living in 21 countries (14 in the European Region) realised that low BMIs were attributed to high educational standard in women compared to the men population that was relatively small in population size (WHO 2009).

#### **GENDER**

The high rate of obesity is more predominant in women that belong to lower socio-economic groups (SEGs) in various countries as compared to men with much emphasis on the OECD. The lifestyle choices including alcohol abuse, smoking, gender inequality, low self esteem, family gate- keeper and the inability to appreciate societal norms and models explains this (Sassi et al

2009). In addition, women that are socio economically challenged suffer more likelihood of giving birth to under and over weight babies because of the difficulty in the implementation of the recommended healthy feeding habits or practices particularly in the area of breast feeding. The resultant effect is obesity as their children are deprived of the benefits of building self worth thus highlighting the relationship between obesity and socio-economic misnomer (Sassi et al 2009).

## **ETHNICITY**

This is another determining factor of obesity or under weight in most European countries. Some studies have revealed that women in certain ethnic minority class records higher rate of obesity than in other ethnic variation. Nevertheless, this is not always tenable as not all minority variations record high rates of obesity (Wardle et al 2002).

## **ENVIRONMENTAL FACTORS**

This can be linked to such factors including recreational trails, parks, green areas tourist sites and sidewalks. The absence of these amenities or facilities in the society can cause obesity as physical activities for fitness are reduced and this affect the overall attitude of people to keeping fit (Gordon et al 2006; Lovasi et al 2009). Studies have shown that urban setting have high density of large food storage in terms of quality and durability as compared to small shops (Moorland et al 2006; Moore et al 2002). In other words, each society or setting exhibits its own peculiarities. It also explains that rural residents are not physically active as compared to urban dwellers. Moreover,

low income earners are more physically inactive or passive than high income earners (Park et al 2005; Bull et al 2006).

## **SOCIAL SUPPORT**

Studies have shown the relationship between social support and networking as dominant in higher SEGs which affirms the relationship between obesity and socio-economic misnomer (WHO 2009; Bull et al 2006). These studies revealed that the integration of social support including family and friends, health care providers etc provides an opportunity for health enlightenment. It also implies that people that are socially isolated suffers the deprivation of wholesome health awareness and practices.

## **UK POLICY AND OBESITY**

England is the only country with a definite strategic document to tackle the problem of obesity at the national level than all the developed countries. These strategies are not pronounced in other developed world as it is not included in their public health policy document. Furthermore, obesity prevention and eradication is gradually finding its way in dietary habits and nutrition, physical activity policy or strategic documentation. The department of health of the UK government in January 2008 made a publication that read 'Healthy weight, healthy lives: A cross government strategy for England. The strategy analysed five major aims of the policy including the promotion of children's health, promotion of healthy food, incorporating physical activity as a lifestyle, encouraging safety and health in the work place, the provision of incentives for healthy living and the provision of adequate care and support for individuals who suffers from obesity or under weight. As part of

the national strategy, the UK government is embarking on the investment of PE and sporting events in the educational curriculum to promote active participation in school sports. The different authorities are collaborating with the transport charity in the construction of over 7000 miles of new cycle lanes and crakes and also making provisions for linking more schools into network of national cycling. These prospects are means of getting children and adults into a lifestyle of physical fitness (Department of Health 2004). In 2004, the government directed his investment in the area of the development of schools with sporting activities and events that were represented in the various local authorities. This initiative recorded huge success as numerous sports and physical activities were introduced in schools as well as the introduction of 2 hours weekly PE for children by trained PE teachers. The children were left with location choice depending on the weather condition. The school also made provision for out-of-school and after-school club activities including arts, basketballs, chess, choir, dance, drama, football and tennis. These clubs activities were free of charge apart from the tuition for instruments and sports coaching. The importance of these activities cannot be ruled out as it helped school children in the development of healthy habits of physical fitness (Department of health 2004). The UK government aided by the department of health again published "Healthy weight, healthy lives" in April 2009. This particular publication combined a holistic approach of the population as it encouraged the development of healthy weight by laying emphasis on individuals who are under weight and unsupportive, healthy growth of children, food choices and physical activities for the sole aim of curbing obesity in children. The

government also incorporated different kinds of programme ranging from child health programme, change for live, food promotion and physical education which boosts healthy lifestyle in children. Moreover, the government also initiated food health action plan in 2005 to help in healthy food choice and to minimise obesity in England through the improvement of nutritional balanced diet. It analysed the issue of simplified food labelling, obesity education, prevention of unwholesome consumption, nutritional standards in schools, hospitals and workplace (Department of Health 2009). The government campaign on restrictive advertising and promotion of children foods and drinks rich in salt and sugar has been ongoing since 2007. This advertisement used broadcast and non broadcast media including vending machines and packaging. In 2003, the government came up with a publication titled 'Every child matter' and highlighted the five key points that are essential to healthy living in children and young people. These include the following: Be healthy, Enjoy and achieve, Stay safe, Make a positive contribution and Achieve economic well being. These slogans have been instrumental to healthy living as parents were motivated to make good nutritional choices and also guide their children in making wise decisions about diet and food. This campaign against obesity has increased awareness and provides precautionary measures for obesity. A good example of the government campaign against obesity is the '5 A DAY' slogan. New measures and prospects are evolving as the national and local government are collaborating through effective and consistent communication and dissemination of health issues to the public. One of such communication is the '5 A DAY' campaign which explains and stipulates the criteria for food

counts and portion for both children and adults. Consequently, the government has ensured the maintenance of hygienic conditions of meals in schools through the training of kitchen and catering staff. This has improved the quality of meals in schools (Department of health 2009). The promotion of healthy living is not only a government portfolio as agencies for health promotion have been researching into the behavioural change approach and organisations have joined in the campaign as they advised individuals on the importance of healthy diet and keeping fit through regular exercise.

## **IMPLEMENTATION OF INTERVENTORY MEASURES BY LEWISHAM AUTHORITIES IN THE COMBAT OF CHILDHOOD OBESITY.**

Lewisham borough records a high level of childhood obesity in year 6 children than other boroughs of London. This research by England health survey (HSE) IN 2009 also showed the possibility of increasing rate of obesity. This resulted in the establishment of programme 2009-12 children and young peoples plan (CYPP) to partner with agencies in the borough to work with children, young people and their families for the purpose of reducing obesity (HSE 2009). However, this CYPP plan was designed to be a medium term project and objective (HSE 2009). The introduction of increased maternal obesity was put in place to enlightened mothers on healthy lifestyle and this partnership was designed to combat maternal obesity by working with families to achieve a common goal. Hence, Lewisham children and young people's strategic partnership board, the shadow Health and well being Board highlighted the following goals:-The reduction of childhood obesity for 6 year pupils in Lewisham by March 2011



by 12% for reception pupils (age 5) andThe reduction of childhood obesity for year 6 pupils (age 11) by 24. 3%.

## **RECENT DEVELOPMENTS**

In March 2011, primary school age children in reception recorded an increase of 13. 6% obesity with 1. 6% increase higher than the previous year. Performance decreased in statistical neighbours in 12. 5% and 9. 8% in national average (HSE 2011). There was also an increase of 2. 3% on previous years analysis for year 6 pupils and 24. 4% of obesity for all Lewisham pupils by March 2011. This almost exceeded their goal of 24. 3% as a high level of obesity was speculated despite the fact that Lewisham childhood obesity maintained almost the same rate and pace with their statistical neighbours, the national average of 18. 7% was noticeably discouraging (HSE 2011).

## **THE IMPACT OF IMPLEMENTED ACTIVITIES BY LEWISHAM AUTHORITIES**

There has been the implementation of training programme for 100 key workers including school nurses, midwives and health workers for the purpose of creating awareness and increasing the number of staff to 500. This programme was aimed at educating children, young people and mothers about healthy eating habits and lifestyle. The programme consisted of sporting activities and events and came to a conclusion in October 2011 (CYPP 2009-11). Furthermore, the childhood weight management training programme had 40 key personnel in attendance and served as an empowerment for staff as they developed confidence in working with parents and families. There was a proactive response by school nurses who worked <https://assignbuster.com/the-extent-of-obesity-in-lewisham-borough-health-essay/>

with children considered to be very over weight by the child 29 measurement programmes in 2010. Lewisham also had an impressive participation rate of 93% in the national child measurement programme that exceeded the national participation rate of 90%. Hence, obesity rate in Lewisham was considerably better than the national average as was identified in their data submission (CYPP 2009-11). The results of the child measurement and a detailed information (change of life leaflet) was assessed and given to parents of children in reception and year 6 who took part in the programme. This change of life leaflet consisted of useful information about healthy lifestyles and local initiatives that are useful in maintaining a healthy lifestyle and physical fitness. In addition, over 500 children were given useful advice and support by the school nurses. Pregnant women and young families were also enlightened on the need for healthy start scheme and start vitamins by trained personnel. There was a positive growth in the distribution points for free vitamins in Lewisham in 2010 as children centres and health centres were added. By March 2011, the percentage of pupils who take school lunches was planned by the Lewisham authority to have increased to 54% (HSE 2011).

## **OUTCOME**

Despite the non achievement of plans by Lewisham in March 2011 to increase the number of pupils taking school lunches to 54%, there was no doubt an increase to 51. 70% in the number of pupils taking school lunches. This was significant as it was higher than the national rate of March 2010 which was 39. 5% (HSE 2010). Primary schools usually are more synonymous with school lunches than secondary schools recording about 61% of higher

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patronage by pupils than the goal of 58%. Hence, there is likelihood of about 32% of secondary school pupils having school meals as compared to the set goal of 40% (HSE 2010). The CYPP devised that the measure devised in increasing the number of meals in primaries were effective. This was as a result of the improvement in the quality of menu and staff training with its attendant effects on value for money and quality meals. The arrangement of meals in secondary schools differs from that of primary schools. The market posed a threat as the high percentages of schools are inaccessible to fast food outlets that people use when the need arises. Put differently, most schools operate on cashless systems. On the contrary, staff training was a priority as Lewisham adopted a different approach for getting meals available so as to discourage people from unhealthy alternatives (HSE 2010). The changes in menu have been a continuous process to sustain the patronage of this age group (CYPP, 200-12). A new menu has been initiated and has gained widespread popularity. This menu is more organised to include a more 'adult' menu particularly for pupils for secondary age. Lewisham is making plans to introduce the new menu to more schools. The need to extend the cashless payment options will eradicate the frequent availability of meals to pupils eligible for free school meals and also encourage the availability of secondary schools meals (HSE 2010). In addition, the CYPP in Lewisham set up a goal to enhance the provision and availability of free school meals to 85% come summer 2010.

## **OUTCOME:**

All schools = 81. 3% Primary schools = 84. 7% Secondary schools = 73. 7%

## **ACTIVITY AND IMPACT**

The reduction of obesity have been continuously supported by the promotion of opportunity for children and young people to be involved in sports as part of a healthy lifestyle (CYPP 200-12). The youth sport trust funded and managed the performance with the aid of national survey of schools. In spite of the lack of measurement and unspecified collection of data, the council have maintained continuity in the promotion of healthy activities for children and young people through sporting opportunities including the provision of parks, regeneration programme and playing areas. The free swimming offer for all Lewisham residents under 16 year olds have been ongoing and tremendous increase in the number of swim sessions have been recorded in 2010-11 than in 2009-10 (CYPP, 200-12). Breastfeeding has been proven to be part of an early healthy living. Hence, the Lewisham borough has made efforts to increase this awareness at 6-8 weeks from birth to 72. 5% by January to March 2011.

## **OUTCOME:**

Breastfeeding was proven to record a high positive response with an increase to 75. 9% at September 2010 thereby exceeding the set goal of 70. 7% for September 2010.

## **ACTIVITY AND IMPACT**

The role of breastfeeding in reducing childhood obesity is indispensable. Hence, Lewisham has continued in the enlightenment of mothers and creating awareness in increasing breastfeeding time from 6-8 weeks to a longer period. The aim is to achieve UNICEF baby friendly accreditation to

the proper execution of baby friendly ethical standards. This will ensure the maintenance culture of breastfeeding from 6 weeks thereby increasing the number of mothers engaging in exclusive breastfeeding. In September 2010, the community approved the infant feeding policy and Lewisham began the execution of its maternity best 31 ethical standards with a certificate of commitment to show for it in June 2010 (CYPP 2009-10).

## **LEWISHAM PLANS TO REDUCE CHILDHOOD OBESITY IN THE FUTURE**

The Lewisham children and young people's plan 2009-12 highlighted the following plans to reduce childhood obesity in Lewisham borough:-Staff training and consistent building of local capabilities to create awareness on individuals role in the promotion of healthy weight and active lifeThe achievement of a total involvement in the National child measurement programmeThe provision of feedback and child measurement results to parents and consistent follow-up by school nurses to children who have tendencies of obesity

## **PHYSICAL ACTIVITIES AS AN INVENTORY MEASURES FOR CHILDREN OF DIFFERENT AGE GROUPS**

Physical activity is considered to help reduce the chances of obesity. This informs the plans of the UK department of health in setting out physical activities guidelines in 2010 for children in diverse age groups (DH 2011). This guideline stipulate the danger of more than 2 hours TV viewing in childhood and adolescent to include poor fitness, smoking, raised cholesterol and overweight in adulthood. Children are mostly tied between making wise

choices and surfing the net, watching TV and playing games over their activities. Although these activities can be helpful mentally, it requires long restrictive movement. This supports the fact that children should spend not more than 2 hours a day engaging in these activities at the expense of other active activities. Pre-schoolers should be monitored and encouraged in their TV exposure and time limit (DH 2011). Physical activities play a major role in children and such should take a high frequency so as to improve activeness. Children should only be inactive for long periods only when they are asleep. Physical activity for children who are active is not only fun but also part of a healthy routine. It does not only help in the development of growth but also in building relationships and learning physical and social skills. Children can learn to stick to healthy habit when they are young which forms their attitude as they grow. Children need up to several hours of moderate vigorous activity every day. In addition, children are not advised to spend more than 2 hours a day for electronic media entertainment (computer games, TV and Internet) during daylight hours (DH 2010).

## **ROLE OF PARENTS**

The parents play a major role in the life long enjoyment and physical activity of the child as he or she is the child's first role model. Parents are advised to be actively involved in both the health of the child and his physical activity. They should constantly emphasise the importance and the provision of good meals and nutrition in the child growth and development (DH 2011).

## **FACTORS LIKELY TO MILITATE AGAINST THE EFFECTIVE INTERVENTION OF OBESITY REDUCTION**

Length of the intervention programme: - studies have shown that the length of intervention begins from nine weeks to three years and interventions of all lengths have proven to be successful in reducing obesity. But (Keith Haddock 1994) alleged the relationship between shorter treatment periods and larger treatment effect. Hence, reduction in obesity starts from kindergarteners through high school seniors. This is because intervention with adolescents record less success compared to intervention with younger children (Sallis et al 1995). The implementation of voluntary activity can succeed in students in the middle elementary grade (Sahota et al 2001).

## **RECOMMENDATIONS**

The fact that children need a healthier lifestyle to combat childhood obesity in their adolescent years is undebateable. The role of physical activities in this combat is indispensable. In other words, there are other factors including knowledge (physiological), environmental, behavioural, cultural, government (Lewisham borough policies) and financial factors. The early years of children entails the need to be physically active and spontaneous so as to inculcate these activities in their daily routine. This can be achieved by the joints efforts of government, parents and teachers through inputs such as funds and policies. The different approach should not exclude consultation and effective implementation of communicated economic projects.

## **CONCLUSION**

The strategies for promoting physical activity are mostly theory based which comprises the school, community, and family involvement. Childhood obesity can be effectively prevented if programme that are culturally relevant are designed for the diverse schooled age children with more emphasis on ethnicity, age, gender and region. But the realisation of these programmes would imply the inputs from the various stakeholders such as government, school education board, parents, educators, industries and trade organisations, professional bodies and the mass media. This can enhance the achievement of a universal physical and health education curricula that will not only reduce obesity but bring it to a minimal bay.