

Fighting the childhood obesity crisis in america

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Fighting the Childhood Obesity Crisis in America The childhood obesity crisis in America is growing at an alarming rate and there needs to be a solution for our children's health and future. Over 17% of children in the United States are considered obese and that number continues to rise. The rate for childhood obesity has tripled since 1980 (Center for Disease Control, 2011). Remember a standard paragraph is 5-7 sentences. Obesity occurs when a child is above the normal weight for his or hers height and age (Mayo Clinic, 2010). Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex (Center for Disease Control, 2011). Those extra pounds can start children on a path to health problems now and as adults. Remember a standard paragraph is 5-7 sentences. There are many risk factors and causes that can contribute to a child becoming obese. The first and most important is their diet. Children today are eating more high fat, high sugar, and high calorie foods. These foods are traditionally more convenient and cheaper to prepare than a wholesome home cooked meal, which may be hard to come by if both parents work full-time. Schools are also partly to blame; more than half of U. S. schools offer sugary drinks and unhealthy food options for children (Center for Disease Control, 2011). Food portions are also larger than they were in the past which can cause the child to overeat without meaning to (Center for Disease Control, 2011). Another major cause of childhood obesity is lack of exercise. Most children do not get the recommended amount of physical activity every day, and in turn, they do not burn enough calories to prevent weight gain (Mayo Clinic, 2010). Watching television and playing video games takes up precious time that children could be involved in physical activity. The average child watches

about 4. 5 hours of television a day (Center for Disease Control, 2011).

Children who come from families who are also obese have a much higher chance of becoming obese themselves. This is due partly because the family may only have high fat, high calorie foods available and the family may not encourage exercise. Also children who are depressed, stressed, or even bored will also turn to food to cope with their psychological problems.

Children from low-income families are also more prone to obesity because of the lack of resources available to the family about healthy eating habits and proper exercise (Mayo Clinic, 2010). The environment in which a child lives in is not the only cause of obesity. Certain genetic disorders and diseases can also contribute to weight gain. Prader-Willi syndrome can cause children to have a chronic feeling of hunger and affects 1 in 15, 000 children (Prader-Willi Association, 2011). Children with Prader-Willi syndrome also tend to have a slower metabolism, and coupled with the urge to eat constantly, they are at a higher risk of becoming obese (WebMD, 2011). Children who suffer from Cushing's syndrome may also be at risk for obesity because the disorders causes body fat to deposit around the upper body (Family Doctor, 2010). The consequences of childhood obesity can affect children not only physically, but psychologically as well. Children who suffer from obesity will have dire consequences dealing with their health. Obese children are more likely to suffer from high cholesterol and high blood pressure. These factors can contribute to the buildup of plaques in the arteries. These plaques can cause arteries to narrow and harden, which can lead to a heart attack or stroke later in life (Mayo Clinic, 2010). Type 2 diabetes, which used to be known as adult onset diabetes, is now affecting children. Type 2 diabetes is a

chronic condition that affects the way the body metabolizes glucose, that disease itself can cause an array of complications (Mayo Clinic, 2010). Children may also develop asthma and other breathing problems such as sleep apnea, caused by the excessive weight on the body. The extra weight can affect the way the lungs develop and the can affect health of the lungs (Mayo Clinic, 2010). Obese children are more likely to start puberty at an earlier age. Obesity causes hormone imbalances in children and that can lead to an earlier onset of puberty in both boys and girls (Mayo Clinic, 2010). Obese children may also suffer from musculoskeletal and joint problems because of the extra weight and pressure exerted on the joints, bones and muscles (Center for Disease Control, 2011). The physical complications and consequences of childhood obesity are severe and the psychological problems that go along with childhood obesity may be just as grim. Children who are obese may suffer from low self-esteem and may be bullied in school. Children who are bullied are more likely to lose self-esteem and it also increases their risk for depression as well (Mayo Clinic, 2010). Children who develop depression as a result of being obese may feel an overwhelming sense of hopelessness, they may lose interest in normal activities, sleep more than usual, and cry a lot. Obese children also tend to have more behavior and learning problems. They tend to have more anxiety and poorer social skills than normal weight children. This can result in children acting out in class or they may completely withdraw socially (Mayo Clinic, 2010). The psychological problems are not only a problem now, but they can continue into adulthood (Center for Disease Control, 2011). Children who are obese need to be seen by their physician regularly to not only diagnose

obesity, but to rule out any genetic disorders that may be contributing to weight gain. The physician will evaluate the child's BMI, or body mass index, family history of obesity, child's eating habits, child's activity level, and will do numerous blood tests to check their cholesterol, blood sugar level, and hormone levels (Mayo Clinic, 2010). Unfortunately, there is no one solution to fighting the childhood obesity epidemic in America. There must be a combined effort of not only the children and family, but of the community as well. Some parents of children who suffer from obesity may turn to quick fixes such as weight-loss surgery and prescription weight-loss medications. Weight-loss surgery may only be recommended for children who are severely obese and have tried other methods of losing weight. Weight-loss surgery is rare in children and it does carry risks. It is also not guaranteed to help the child lose all the weight needed (Mayo Clinic, 2010). Prescription weight-loss medications are also not recommended for children. Most weight-loss medications are approved for adults 18 years and older. If a child has high cholesterol as a result of being obese, a physician may prescribe a statin to help lower it (Mayo Clinic, 2010). The most effective solution to help children lose weight is healthy eating and exercise. Parents are the ones who buy and prepare the food the child eats the majority of the time. Parents can make little changes to the foods they serve and it can make a big difference. Parents should choose more fruits and vegetables when at the grocery store. They should avoid purchasing convenience foods which are usually high in fat and sugar. Healthy foods should be available at all times for snacking (Mayo Clinic, 2010). Parents should serve more water and cut down on sugary drinks such as soda and fruit juices (Center for Disease Control,

2011). Sugary drinks provide little to no nutrients and a child may feel too full after drinking them to have room for healthier foods (Mayo Clinic, 2010). Eating around the dinner table as a family instead of in front of the television, computer, or video games encourages families to share about their day and can bring awareness to how much food is actually eaten. Parents can also limit how many times the family eats at a fast food restaurant or a sit down restaurant. It is no secret that fast foods are very high in fat and calories, and limiting these outings can reduce overall calorie consumption (Mayo Clinic, 2010). Physical activity is critical when losing weight. Physical activity helps children build strong bones, muscles, and helps children stay alert during the day, and stay asleep at night. Children need at least an hour or more of physical activity every day (Center for Disease Control, 2011). Parents should strive to increase their child's activity level to help them shed the extra weight. Children should be limited to no more than two hours of recreational computer use and television time a day. Other sedentary activities such as playing video games and talking on the phone should be limited as well. Children should be encouraged to play to get moving. Games such as hide and seek and tag are great activities to burn calories and improve overall fitness (Mayo Clinic, 2010). Activities should also be fun and should be developed around the child's interests. If a child is artistic, parents can take them on a nature walk to gather items to make a collage. If the child likes to climb, take them to a park with a jungle gym. It doesn't matter where the parent takes them, or what they do, as long as it is interesting to the child. It is also important to remember to be an active parent and to set an example, if your child sees the family as active

and healthy, then they will more likely be active themselves (Mayo Clinic, 2010). Parents of obese children play a critical role in helping the child feel loved, supported and in control of their weight. Parents should take every opportunity to build the child's self-esteem. They should talk openly and directly with their children about the topic of health and fitness, without being critical or judgmental (Mayo Clinic, 2010). Parents should praise their children for their efforts even if they are small, and they should help them keep their focus on the goal by remaining positive. The community can also play a large role in helping control the obesity epidemic. Schools can limit the sales of sugary drinks and unhealthy food choices to children. They can also expand programs that bring local fruits and vegetables to the school, and put salad bars in the cafeterias (Center for Disease Control, 2011). Communities can help create and maintain parks and playgrounds that are easily accessible to children and that are safe. They can also support quality daily physical education in schools and in child-care facilities (Center for Disease Control, 2011). As you can see, it is imperative that the solutions I have discussed be implemented to our children now, so we can avoid the awful consequences of childhood obesity. Parents, children and their communities need to work together to help wipe childhood obesity out of our nation. Our children deserve a healthy happy life now, and in the future.

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