

# Free argumentative essay on strategies for combating childhood obesity

[Health & Medicine](#), [Obesity](#)



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## **Introduction**

Child obesity is assuming a worrisome trend in the US. A casual observer will tell you that our children are increasingly becoming obese and unable to enjoy the life of a normal child should. Obesity is rapidly increasing across all ethnic and socio-economic groups thus straining families and the entire nations and also putting the future of America in jeopardy. In spite of opposing voices, parents, teachers and medical practitioners must emphasize strategies like regular exercise, proper diet and concerted efforts between stakeholders to combat child obesity. In this paper, I will present essential statistics of child obesity in the US, examine the causes, analyze the effects, propose strategies to curb childhood obesity and the concomitant counter-arguments and draw a logical conclusion from these aspects.

## **Pediatric Obesity in the US – The Facts**

Facts and figures do not lie, so we are reminded always. 12.7 million children aged between two and nineteen years in America are obese with more boys than girls affected. Significantly it is increasing more rapidly among children from background with low-incomes, little education and high unemployment rates. Moreover, in the year 2011, a study established that obesity prevalence among native Indian and Alaskan children stood at 17.7%, 14.7% for Hispanics, while Non-Hispanic blacks were rated at 10.6%. Others included Non-Hispanic Whites whose pediatric obesity was rated at 10.3% while Asians and Pacific Islanders were rated at 9.3% (“Statistical Fact Sheet: 2013. Update.”). These statistics indicate a worrying trend because the prevalence of obesity has been rising at a relatively high rate among all ethnicities and nationalities in America.

## **Causes of Pediatric Obesity**

The most fundamental approach to solving a problem is always to understand its genesis. Obesity is essentially a lifestyle problem. It is more about how we choose to live and how we socialize our children. To begin with, parents are the guiltiest parties because they have chosen to give their children a largely sedentary life. Many of our children spend their time doing very little or no physical activity and we encourage them with television and computer games occupying most of their time. Such children rarely know how to plant a garden, wash a car or repair a damaged toy or fence. All travel is through automobiles or other motorized form of transport. Consequently, such children end up imbibing a lot of calories while utilizing

very little energy. The excess starch is stored in form of fats, thus the plump appearance (Wieland, Marcus, and Wabitschv 54). A good example is Peter Kane who was in a school that was famous for athletics but could not participate together with a group of obese kids. Instead they opted to play video games thus aggravating the problem. They were also ferried to and from school by bus and Pete had problems playing with his age mates and climbing steep places (“ I was a Fat KindThis is My Story.”).

Secondly, poor dietary habits have contributed immensely to the pathetic situation our children are facing today. Unlike the past when today’s parents were children and would rush home to the warm, delicious and nutritious foods of their mothers, we shamelessly prefer to feed our children what we ironically call junk food. It is appalling that most of us would rather buy fries, hot dogs and hamburgers for our children rather than cook for them.

Moreover, the portions of food our children take are often huge with this trend being confused for healthy eating. Many parents are too busy to control the amount and quality of food eaten by their offspring. We pretend to be too busy fending for our young ones and creating a better future for them while in reality we are destroying the same future by ensuring our children will be too obese, sick or dead to enjoy it. Gone are the days when nutritional charts would feature prominently in our kitchens; when a balanced diet was the norm and when a meal without fruits or vegetables was frowned upon. Today we and our children do not eat for health but for fun. Ironically, it is not that we have no money to eat well. No. We actually have so much money that we can afford to misuse it on junk food for our children. These foods are full of fats and salts and coupled with sedentary

lifestyles, this becomes a fecund ground for pediatric obesity (Wieland, Marcus, and Wabitschv 53).

Thirdly, the environment in which our children are growing is also a great contributor to obesity (Paxon et al. 7). Many of our children rarely get a chance to be outside home. They spend time indoors playing video games, watching television or engaging in some form of passive recreation. School may not also help because of the emphasis on the cognitive at the expense of co-curricular activities. Even where Physical Education and Exercise are part of the curriculum, the programmes are not emphasized or well-planned so as to become an effective strategy for combating obesity, perhaps because that is not the primary intent. Moreover, when children venture outside, housing expansion and creation of office space has resulted in more built-up areas with little or no space for recreation. We tend to value money-making ventures more than we do the welfare of our children.

The other recognized sources of child obesity are hormonal imbalance and heredity. Hormonal imbalance relates to the manner in which hormones are secreted in the body and the concomitant implications. For example, may overeat owing to an irresistible urge and this may result in obesity.

Moreover, there are cases where a child may inherit obesity from parents thus become vulnerable to the condition. Hormonal imbalance is rare but treatable in some cases while inherited obesity can also be controlled in children (Paxon et al. 7).

## Effects of Child Obesity

In life, cause is followed by effect and this is the case with child obesity.

Pediatric obesity is instrumental in causing morbidity. This implies that obese children are vulnerable to a host of diseases due to a depressed and weakened immune system. While diseases are normal in life, it is important to mitigate and militate against them and obesity is one of the fecund grounds for illnesses. If you have an obese child you are likely to spend a lot of time taking him or her to the doctor, as opposed to the child being in school or playing with others (“ The Effects of Obesity”).

Obese children are also at a risk of more complicated and life-threatening health conditions like hypertension, diabetes (Type II) and cardiovascular conditions. This owes to the fact that the excess fat blocks arteries and blood is not able to flow normally. Excess blood sugar from surplus consumption of starch also destabilizes blood sugar processing thus precipitating diabetes. Similarly, such kids are prone to bone and joint problems, breathing complications, sleeping problems, disease related to the liver and gall bladder among other problems. Tiger Green’s struggle with childhood obesity is a typical example. At the tender age of twelve years, he was taking six pills daily to overcome pre-diabetic and thyroid complications. His father’s situation did not encourage either because at the same time the older man was undergoing a second heart surgery to treat heart problems precipitated by obesity (Oliviera, “ Teen Tells his Story to Inspire Obese Kids Get Fit.”). Young obese girls may also experience menstrual problems and even fertility complications once they become adults. Depression is also prevalent among obese children due to the stigma that they undergo from

their colleagues at school and during other social activities and this may aggravate the situation because the obese child will withdraw from other children and physical activity and revert to eating irregularly thus leading to more obesity (“ The Effects of Obesity”).

Economically, when you are pursuing treatment for an obese child, you channel a lot of money to this course at the expense of other worthwhile family activities. The situation is made worse by the fact that such a child may undergo treatment and care well into adulthood. The effect is no less serious on the nation because healthcare systems have to dedicate more time and resources to this lifestyle condition while there are many other health conditions that need attention (Paxon et al. 4).

### **Strategies to combat child obesity**

Having established that obesity has assumed pandemic status, what should be done to avert further problems and the uncertainty of humanity in the future? Experts have come up with various strategies to combat pediatric obesity. These approaches are fundamentally related to and are consequential to the causes and effects cited earlier. While these methods may not be foolproof it is crucial that all efforts that can curb this lifestyle catastrophe be utilized.

The second crucial strategy is related to sedentary lifestyles (Stanton and Hills 134). Exercise beats all other strategies when it comes to rolling back the effects of obesity. It is crucial that our children experience some kind of physical exercise. Think about your child. When does he or she do anything really physically exerting? Every school-day, you either drive your children to

school or they are picked from the vicinity of your home by the school bus. When they return from school, they sit before the television as you or some kind of hired laborer does the house chores. The list of indolent lifestyles can go on. So, why not reverse the trend? Give them chores to perform at home like helping with the dishes, cleaning the house, raking the leaves in the yard, washing the family car and any other mechanical duties? Similarly, teachers can design a specific routine exercise regime for all students but especially for the obese cases. In addition, parents can engage exercise experts to design personalized and systematic physical activities that can become a routine for obese children from the confines of their homes. Exercise will help burn the excess fat and help the blood to flow normally. Having a gym in school or enrolling children in one will be beneficial in combating obesity in children.

Proper diet and exercise may be the most important strategies to combat obesity but concerted efforts by all stakeholders will go a long way in combating obesity. This implies that parents, teachers and medical practitioners must create a joint effort that ensures obese children are kept busy and free from stigma. Working as a unit is also important in creating synergy and initiating research efforts that can make current strategies more effective and create even better approaches. Through research, methods for combating inherited child obesity and obesity from hormonal discrepancy. In spite of this, I have encountered pessimists who argue against exercise and dieting as strategies to overcome obesity. In fact, these people argue against any efforts to change the status quo. For example, they posit that since obesity can be inherited or emanate from hormonal imbalance, then



not even proper diet or exercise can control it. However, in my opinion these argument does not hold water because a child with inherited obesity is likely to get worse if he or she does not eat well and / or does not engage in physical activity while the opposite is true. In essence, physical exercise and proper diet still remain the best way to curb child obesity.

Another argument which results from fallacious application of research findings is that obesity is rapidly increasing among the poor (Paxon et al. 7). Those against efforts to curb child obesity therefore see no relation between diet and child obesity since poverty is characterized by starvation. This argument is erroneous because the poor may not eat excess food regularly but when they do it, they tend to overindulge. Secondly, the impoverished children often eat the cheapest food, which is usually starch - the main contributor to obesity. Poor children also live in poor neighborhoods with little recreation space and few or no facilities for exercise thus increasing obesity among children. Essentially, even among the underprivileged, poor dieting and lack of exercise are the cause of child obesity.

There are also those who argue that letting children out of the home environment is exposing them to criminals of all sorts who may be more dangerous than obesity. However, two wrongs do not make a right. If we really care for our children's present and future, we must create an avenue for them to exercise and burn extra calories that are the cause of obesity.

## **Conclusion**

If the current generation of American children is a reflection of the future we anticipate, then the American race might soon be extinct thanks to child

obesity. We cannot sit back and watch a generation going to waste because of mainly eating poorly and irresponsibly and failing to exercise. Obese children, households and the entire American nation are reeling from increasing child morbidity, cardiovascular and pulmonary complications and immense financial expenditure on treatment of obesity-related problems. It is incumbent upon us as parents, children, medical experts and teachers to emphasize on balanced diets, regular and deliberate exercise and concerted and synergized efforts among all stakeholders as strategies of overcoming childhood obesity (Paxon et al. 3). In essence, we have the information, we know what to do, let us join hands and overcome obesity.

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