

# [Childhood obesity: mental and emotional issues](https://assignbuster.com/childhood-obesity-mental-and-emotional-issues/)

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Childhood Obesity: Mental and Emotional Issues Amber Allen ENG 122 Instructor: Katie Newbanks TA: David Surratt January 15, 2012 Childhood Obesity: Mental and Emotional Issues Childhood obesity is a rapidly growing issue in the United States of America. Children see the world differently than adults. Many see children that were of average height and weight in grade school but as they reached junior high and high school they begin noticing the changes other kids had gone through. Some of them look too thin but others find themselves at the opposite end of the spectrum. Over time, they become overweight and can barely carry themselves to classes. For many students, they have regular doctor appointments, trips to the school nurse for medications, and a few even have surgery before they are 16. These types of struggles can cause mental and emotional issues, especially in young children and teens therefore they struggle with self-esteem, confidence, and some even convince themselves that they aren’t smart or beautiful because of their weight. Self-esteem is having pride in yourself, who you are and where you want to go in life. Many overweight children and teens struggle with acquiring the self-esteem they deserve. In 2003, Robert I. Berkowitz, the medical director of the University of Pennsylvania’s weight and eating disorders program, found that one in seven U. S. children were obese. This researcher found that kids who are obese have mood and self-esteem issues. In research performed in 2008, researchers discovered that obesity among children increased from approximately 10. 0% in 1988 to as high as 19. 6% in 2008 (Ogden, 2008). This very drastic increase has been a struggle for children for the last twenty years. As research has continued, they have found many important factors and differences in the history and physical examinations of patients with two different types of obesity; idiopathic and endogenous. Patients with idiopathic obesity consist of more than 90 percent of obesity cases. These patients are usually tall in stature, above the 50th percentile. It is common for these patients to have a family history of obesity. Their mental function is usually normal or advanced. Their mental function is usually normal, where as their bone age can be normal or advanced. The physical examination process is otherwise normal. However, less than ten percent of obesity cases are considered endogenous. They are usually sorted in the fifth percentile or less. Their family history of obesity is irregular or uncommon. They are often mentally impaired and have delayed bone age. These patients also have associated stigmata on their physical examination (Williams CL, Campanaro LA, Squillace M, Bollella M., 1997). There are many health and emotional risks obese children must face. These risks are greatly increased when they are not living a healthy lifestyle and maintaining a healthy weight. Obesity in children increases their risks for serious health conditions like type two diabetes, high blood pressure, and high cholesterol but they are also likely to have to low self-esteem that stems from being teased, bullied, and rejected by peers (Gavin, 2009). Gavin explains risks and issues facing obese children. She has reviewed many different articles of supporting evidence for obesity in children. If this disease is not just handled but handled properly there may be more risks that arrive. The studies describe how obesity in children causes them to have mental and emotional issues. There are many struggles children have to face; they should not have to worry about their health. Parents need to take action and set their children up to succeed. By feeding children donuts, greasy take-out food, sugar filled snacks, and other empty calorie foods they are not getting the nutrient and energy enriched foods to help them succeed. Peers need to realize that each person does not always choose what they eat, when they eat, and sometimes, even if they get to eat. Bullying, looks, laughter, and even avoidance are all issues overweight children face from their peers. Some kids bully other kids because of their weight. Many children give looks of disgust because of another child’s size. Kids point and laugh at the “ fat kid" that can’t make it up the hill. Many children get ignored by their peers because of their size. These actions are causing an abundance of mental and emotional stress on obese children. Many believe that children make their own choices. Children are set up for failure by their parents providing non-nutrient enriched foods for their consumption. Parents do the grocery shopping. Parents make the meals. Parents are the ones in charge of their children’s diets. Parents need to step up and get kids to get up and move. Many parents do not know the risks, issues, and struggles. These issues are fed by parents and parents need to be setting the example for the children. When their energy intake is higher than their energy output they gain more weight. If they would encourage kids to get up, get outside and move they would burn off more calories they have taken in. In 2003, Daniel J. DeNoon wrote an article titled, “ Obese Children Suffer Like Cancer Kids". In his article he studied a number of doctor’s research. Dr. Jeffrey B. Schwimmer, director weight and wellness center at Children’s Hospital and Health Center, San Diego, states, “ Obese children suffer from physical, emotional, and social problems…For psychosocial health, obese children actually reported worse health than those with cancer…Children who are obese are not sympathized with. In fact, they are stigmatized, yet their quality of life is as bad as that of kids with cancer. "(2003). These findings have compared one very dangerous disease to a disease that is not as commonly known or acknowledged. If research continues as strongly for childhood obesity as it does for cancer that is a positive action to hopefully be able to prevent or at least aid in curing both diseases. In 2003, another study was done to test the quality of life for obese children. They tested overweight children compared to normal weight children. There were 371 children between the ages of eight and eleven. Using the BMI percentiles for age and sex they found that 17. 5% were considered overweight, 12. 4% were at risk of being overweight, 8. 1% were underweight and the remaining 62% were of normal weight. They compared these 371 children under four categories; the confidence interval, subscales measuring self-esteem, physical functioning, and effect on the parent’s well-being. Overweight children scored lower in every category. Their lowest scores were under the physical functioning category at 1. 7 — 6. 8 (Friedlander, S., Larkin, E, Paler, T., Redline, S., Rosen, C., 2003). These researchers used the BMI percentiles as an aid to determine each child’s overall health before their exams. As children suffer from teasing and taunting from their peers, looks they get while eating out, and even health problems like high cholesterol, high blood pressure, as well as their physical incapability they acquire thoughts that they are not good enough, and that there is no way to change the way they look until they are older and can have surgery. This is wrong. If they change their lifestyles, exercise habits, and eating habits together they can accomplish acquiring a healthier life and healthier size. With self-esteem and confidence issues, as well as personal views of themselves, obese children suffer from mental and emotional issues due to their weight. References Berkowitz, R. I., DeNoon, D. J., Schwimmer, J. B. (2003). Obese Children Suffer Like Cancer Kids Retrieved from www. webmd. com/diet/news/20030408/obese-children-suffer Friedlander, S., Larkin, E., Paler, T., Redline, S., Rose, C. (2003). 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