

Obesity in children

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



Obesity in Children After reading the material for this week, the student began to research obesity in middle childhood. The student discovered the causes of middle childhood obesity, the effect of obesity on a child's health, psychosocial, and cognitive development, and ways to counteract obesity in middle childhood. The student has provided information on obesity solutions in her area, a national program to help stop childhood obesity, and has suggested other ways to help stop childhood obesity.

The Causes of Childhood Obesity Genetic factors contribute to childhood obesity (Parke & Gauvain, 2009). Obese children often remain obese throughout his or her lives. Children suffering from obesity often have obese biological parents. Children adopted by normal-weight adoptive parents may become obese if the child's biological parents are obese. According to Parke and Gauvain (2009), studies have shown that infants who have overweight parents are more responsive to the difference between sweet-tasting solutions and water. The preference for sweets at a young age increases the risk of childhood obesity. Middle childhood obesity also derives from the child's role-model's eating pattern and behavior (Parke & Gauvain, 2009). If the parent or role-model is eating junk food, lives a sedentary life, and watches too much television, the child is likely to do the same. Parents encouraging and prompting children to eat more because of his or her size contributes to child obesity. Parents rewarding children for eating everything on their plates teaches the child to rely on external instead of internal cues. As a result, children grow to eat when food is in sight instead of when he or she is hungry (Parke & Gauvain, 2009).

Effect of Obesity on Children's Health, Psychosocial, and Cognitive Development According to " Overweight And

Obesity" (2012), one in three children in the United States is overweight. Obese children may suffer from health issues such as diabetes, asthma, sleep issues, and hypertension (Parke & Gauvain, 2009). Obesity can lead to high cholesterol, high blood pressure, and lead to cardiovascular problems. Obese children may also suffer from joint problems, liver disease, and gall bladder disease (" Overweight And Obesity", 2012). Overweight children suffer psychologically from criticism from thinner peers and body-image disturbances (Parke & Gauvain, 2009). Obese children are often ridiculed and teased because they are overweight and are excluded from groups. Overweight children often avoid gym class to avoid ridicule for weight issues. Obese children have been known to have damaging psychological effects such as stigmatization, depression, and emotional trauma (Shoblom, 2012). Obese children are more likely to develop eating disorders such as anorexia or bulimia, and to develop a substance abuse problem (" Overweight And Obesity", 2012). Obese children are more likely to withdrawal from social interactions with peers and at home contributing to delayed cognitive development. According to Shoblom (2012), obese children are more likely to have slower cognitive development. Leptin, an appetite-suppressing hormone, is secreted by fat cells. Leptin is a common link between obese individuals and cognitive development. Leptin plays a role in both the metabolism and cognitive development, and obese individuals are often Leptin resistant. Obese children will grow into cognitively impaired adults and if America does not work hard to solve this problem than America is likely to be filled with cognitively impaired, unhealthy adults (Shoblom, 2012). Ways to Counteract Obesity in Middle Childhood Teaching children

how to manage their food intake and physical activity will help counteract obesity. Teaching children how to recognize when he or she is no longer hungry and stop eating when he or she feels full will help children keep from overeating (Parke & Gauvain, 2009). Parents encouraging children to be involved in physical activity, such as school sports will help the child stay fit. As long as physical education is catered to each child's individual needs and capabilities, physical education should be enjoyable for every child (" Prevent Obesity In Middle Childhood By The Promotion Of Physical Activity And Through Education", n. d.). When introduced at a young age, knowledge pertaining to eating healthy and the love for physical activity will be carried throughout the child's life. Involving the entire family in reversing obesity has been proven to help obese children (Parke & Gauvain, 2009). Reducing stressful interactions with family at the dinner table has also helped reduce overeating. According to Parke and Gauvain (2009), a family-based study that encouraged parents to be models of good eating and physical exercise found that " 34% of the children succeeded in losing 20% or more of their overweight poundage; at the close of the 10-year study, 30% were no longer obese" (p. 165). Another study where families took 2000 extra steps per day, reduced calories, and replaced sugar with no caloric sweeteners found that children in middle childhood were more likely to decrease and maintain their weight (Parke & Gauvain, 2009). Peers becoming " healthy buddies" with others at school has also shown promise in reducing childhood obesity (Parke & Gauvain, 2009). Older students were taught lessons on healthy eating, physical activity, and body image, and paired with younger students. The older students gained less weight and showed less of an increase in blood

pressure, and the younger students grew taller (Parke & Gauvain, 2009).

Obesity Solutions Provided in the Student's Area The County of Riverside Department of Public Health requires schools to do a physical fitness test to evaluate a child's performance according to established benchmarks ("Childhood Obesity: Fitness Testing Results In Riverside County, 2009", n. d.). Students are placed into categories based on their age and gender. Six separate tests are conducted and each test has its own standardized measurement system. Physical fitness test results from 2009 found that Nuevo and Lake Elsinore were among the five highest overweight percentages, whereas Temecula, Murrieta, and Riverside were among the five lowest overweight percentages. The County of Riverside Department of Public Health is working to lower overweight percentages in children through physical activity and nutrition ("Childhood Obesity: Fitness Testing Results In Riverside County, 2009", n. d.). Schools also play a large role in helping to solve the obesity problem in the student's area. Schools no longer allow vending machines with soda or candy on campus. Children's parents are also not allowed to pack the child's lunch with unhealthy items, such as soda, fruit punches, and candy. If items not allowed in school are discovered by teachers and other staff members than the items will be confiscated. Parents are no longer allowed to bring cupcakes or any baked goods to school to celebrate their child's birthday.

Program to Help Solve Obesity Problem The We Can! Program is a national campaign designed to help parents, caregivers, and communities help solve the obesity problem among children in middle childhood ("About We Can!", n. d.). The program educates parents and caregivers on ways to help promote physical activity and healthy eating

at home. The program provides families with tools, worksheets, and tips to work together for healthy living. The program also has community outreach, partnership development, and media activities to promote healthy eating in the youth population ("About We Can!", n. d.). The program is national but there are many locations throughout California and in the Riverside County area. Other Suggestions to Help Stop Childhood Obesity More programs designed to help children, parents, and caregivers manage healthy eating and exercise at home would help stop childhood obesity. The We Can! Program appears to be a good program but is the only program the student could find in the area. There were other programs in other counties, which were afterschool for children to get additional exercise but not offered in the student's area. These programs need to be free to the community as well because obesity is at large in lower class communities. The student believes if more education was offered free to families than obesity rates would lower dramatically. Another suggestion would be for a program to be designed that does in-services to public schools in the area to educate children on healthy eating and exercise. Many children may not have support at home to eat healthy and exercise. If a program was designed to provide them more information while in school than children unhappy with their appearance or health may have a support system away from home. Although schools seem to be supporting healthy eating habits, some children may need the extra support or another individual to talk to in a more private setting to help conquer his or her obesity problem. Conclusion Obesity among children in middle childhood is rising. The largest cause of childhood obesity is unhealthy eating and activity habits at home. Obesity affects children's

physical health, psychosocial development, and cognitive development reducing their quality of life. Education is one of the key ways to counteract obesity among children in middle childhood. Schools are working to solve the child obesity problem; however, there are not many programs in the student's area that provide help to obese children and their families. The student suggests that more programs be developed that cater to the needs of obese children.