

Viewpoint against childhood obesity

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Childhood Obesity Body Mass Index, BMI has been historically used in the determination of obesity and overweight condition by relating one's weight to height. This measurement reveals over 23 million children in US being either obese or overweight as documented by Green, Hargrove and Riley. When the BMI measures to the 95th percentile or above for children between the age of 2 and 19, a case of obesity would be reported as noted by Barbour. Statistics show a rapid increase in the prevalence of obesity among children. The likelihood of such children growing into obese adults has been noted to be high. This is a worrying trend because childhood obesity has undesirable personal and social implications hence the need to avert the condition in America.

An obese child would be exposed to psychosocial problems. As noted by Green, Hargrove and Riley, such children would always be ridiculed and tormented by their peers. The problem has been noted to be even worse among girls known to be keen on their body images. This could even cause depression among such children. Such children become constant targets for social discrimination, which, coupled with their low self esteem, could hamper normal social functioning and academic success.

Moreover, and even more important to note is the fact that obesity is associated with a myriad of medical complications. Childhood obesity has been associated respiratory ailments, hypertension, high cholesterol, orthopedic problems and depression. As noted by Barbour, about 70% of obese children have a risk factor of contracting a cardiovascular disease while 39% have more than one of such factors. Green, Hargrove and Riley indicate that type 2 diabetes has been on the increase among African

American children as a result of obesity. Other health risks associated with childhood obesity include sleep apnea, hepatic steatosis and asthma.

As such, this impacts on the government spending on healthcare. As noted by Green, Hargrove and Riley, the estimates for healthcare associated to childhood obesity was about \$71 billion between 2008 and 2009. This informed a national healthcare organization known as Healthy People 2010 to seek to reduce the number of obese children aged 6 to 19 to 16% by the year 2020.

To develop appropriate preventive measures, it would be critical to understand the causes of obesity. Basically, obesity results from an imbalance between the consumed calories and the calories used for growth and development, physical activity and metabolism according to Barbour. This could be caused by an interaction of many reasons including genetic, environmental and behavioral factors. Such factors explain why obesity largely affects specific minorities, specifically those from poor backgrounds and minority races.

Therefore, children should be encouraged to adopt healthy lifestyles. As noted by Barbour, such would call for reduction on the portion of food taken, snacking, beverage consumption and energy-dense foods. Physical activities and abandonment of sedentary behaviors would also help children stay safe from obesity. For these measures to be effective, Green, Hargrove and Riley argue for their incorporation in school activities with support from parents. As such, preventing obesity needs a collaborative approach to realize meaningful results.

With the appreciation of the increased rates of childhood obesity, action

should be taken to prevent more children from falling victim. Childhood obesity negatively impacts on children's health and psychosocial well-being but also extends to affect the society that has to bear with the consequences, particularly through healthcare. As such, collaborative efforts of stakeholders would provide effective approaches to curbing the problem of childhood obesity in America.

Works Cited

" Obesity in Children Is a Serious Problem." Obesity. Ed. Scott Barbour. Detroit: Greenhaven Press, 2010. Web. 31 Mar. 2014. Green, Gregory, Brenda Hargrove, and Clarence Riley. " Physical activity and childhood obesity: strategies and solutions for schools and parents." Education 132. 4 (2012): 915. Web. 31 Mar. 2014.