

Childhood obesity in low income and color families

Sociology



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Lecturer Child Obesity among Low Income and ColorHouseholds During the last four decades, the obesity levels increased continuously in all age groups. However, the rates increased four times in children between 6 and 11 years. Presently, approximately 23 million children are obese or overweight in the United States. The obesity levels are disproportionately high among the vulnerable groups like children from: low incomes households, African Americans, American Indians, American Latinos, and rural families. The health disparities illustrate that many families have inadequate access to; foods that are nutritious and affordable, and also safe active chances (Brownson, Boehmer & Luke 423).

Health statistics are not desirable. An estimated one in six American children suffers from obesity. Also, one for every three children is overweight.

Overweight and obesity lead to enhanced health problems; for instance, diabetes and hypertension (Poirier et al. 971). Government researchers have positively illustrated that obesity levels have declined in some age groups; for example, girls and younger children. Some signs illustrates that the health turnaround is applicable to certain children groups, than other. Young people from low income households are still significantly affected by obesity or overweight.

Obesity cases are more among kids having non-Medicaid health insurance, if compared to children possessing Medicaid. Medicaid is the government financed health program for the low income households. Other factors that affect obesity levels are family environments, feeding habits of children, and physical activities engaged by the children. In comparison to the children from affluent backgrounds, children who have Medicaid generally live in neighborhoods with insufficient outdoor and play areas, and also experience <https://assignbuster.com/childhood-obesity-in-low-income-and-color-families/>

safety challenges in the neighborhoods (Dollman & Norton 895). The low income families have insufficient access to shopping malls that sell food products that are fresh and healthy.

Parents with low income usually engage in fulltime employment, or in many cases have several jobs. The work demands minimize the time required for physical activities. Thus, the parents are not sufficiently able to pass the healthy behavior and activities to their children. When time is insufficient or tight, then it is easy and affordable to consume fast foods, than make fresh foods at home. Homes which greatly depend on fast foods have high cases of obesity among the children. Behaviors which enhance obesity generally take place because of the psychosocial and physical challenges, which hinders effective weight watching among the children.

Pre-school girls who live in urban areas are likely to be overweight or obese, is they continuously experience stressful situations like domestic violence and having parents who abuse drugs. Children who come from low income households experience diverse relationship based on obesity and family income levels. The diverse relationships are influenced by age, ethnicity, geographical location, and gender. For example, among the California teens, boys are responsible for major increase in the levels of obesity more so among poor households (Bhargava 2253).

Obesity levels among children can be reduced through several approaches. One approach is enhanced public awareness on the obesity or overweight problem. Awareness should focus on areas of healthy preparation and eating of especially fresh food products, and engagement in appropriate physical exercises by children and other household members. School based campaigns are very effective in combating obesity or overweight among
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children. The school campaign can focus on; for instance, reducing sugary drinks and fatty food intake (Jebb & Wells 19).

Works Cited

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