Editorial Oven Access

Childhood Obesity

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Childhood obesity is soaring high at global level and has become a serious cause of concern in medical science as well as in social fabric. According to Centers for Disease Control and prevention (2014), childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years. Poor dietary intake, physical inactivity and life style patterns are found to be the major reasons for obesity.

Now it is necessary to think hard about birth place for such habits. A new born is just a plain slate. A child generally imitates adults and gradually adapts their dietary pattern and life style. Food pattern of the child is mainly based on family food practices which are culturally and socially driven. Of course now-a-days, food choices are influenced by peer group, market, media and health professionals.

Children are exposed to a variety of food stimuli at home, school and outside in market or social gatherings. They are often attracted to obesogenic foods (foods which increase weight) like burger, potato chips, sweets, confectionary and soft drinks and also fascinated by jumbo size, big, mega and discount coupons. They are not strong enough to resist their temptation and tend to develop irresistible craving for and end up in overeating.

Sometimes psychological reasons like poor performance in school, lack of self-esteem and fear of bullying etc. provoke children to indulge in comfort foods. Obesogenic foods are often tasty, attractive, easily available, accessible and sometime affordable too. On contrary, these foods are high in fat, high in sugar, high in calorie and low in other beneficial nutrients. Overconsumption of such foods leads to obesity. Likes and dislikes for certain type of food and activity are also established in this age as it is a habit forming age. Indulgence in TV viewing, video game etc. further makes them inactive and gradually it becomes their lifestyle. In such children there is high rate of obesity and high risk for degenerative and inflammatory diseases. Growth and

development also occur in this age. Fat cells of the body grow in number and size in this age to take place the body shape and metabolism is also set at certain point. They need good nutrition and balanced intake of energy and nutrients. But Consumption of high calorie and low nutrient diet creates imbalance in the body and often result in obesity. But in obese children number of fat cells increase more rapidly and expand in size. On restricted diet, fat cell size may shrink but not the numbers. Metabolism may also slow down. On account of growth, children are seldom put on restricted diet. However, childhood obesity is often progressed towards adulthood obesity and increases the risk of hyperlipidemia; hypertension; insulin resistance; abnormal glucose tolerance, asthma, and sleep apnea among other conditions

Are all obese children are at fault...... Perhaps NOT.......

It is the time to put an eye on family trends, peer group behavior and media and medical advice. Nutrition education must be disseminated to family members with regard to healthy food choices, careful attention to child's lifestyle and activity routine. The consequences of childhood obesity like degenerative and inflammatory can be mitigated. It is responsibility of the schools to create certain tools for health of the children such as school health cards. Media should not misguide the people about food and certain pharmaceutical products with regard to body weight and body image. Medical professionals should take their role in convincing people not to indulge in wrong practices to avoid health problems and obesity. Market, media and medical opinions are the ones, where people reach maximum and trust most. At the same time, children should be allowed to have fun, play and enjoy peer group also. Behavioral treatment by parents, trainers and peers for at least 6-12 months can significantly bring down the incidences of childhood obesity. However, lifelong attention to healthy eating and active life style is necessary [1].

References

1. http://www.cdc.gov/healthyyouth/obesity/facts.htm

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