
Factors That Promote Childhood Obesity: Lifestyle Preferences And Socioeconomic Status

How to Scale Down Childhood Obesity

Declared by the Center for Disease Control and Prevention (CDC) as a worldwide chronic health threat, linked to children with copious amounts of body fat and a body mass index (BMI) in the 95th percentile, is childhood obesity. Universally accepted and endorsed by the CDC, BMI is a weight mechanism that calculates body fat by dividing a person's weight in kilograms by the square of their height in meters. With that said, the primary source for childhood obesity generates from the overindulgence of both food and refreshments in which the body demands one's day-to-day routine. Alternative elements associated with childhood obesity include a sedentary lifestyle lacking physical activity, dietary patterns with increased consumption of fast food, and a family's socioeconomic status. Despite the impact these elements produce, families, schools, the media, and the notorious food and beverage industry all obtain the ability to combat childhood obesity as they command the dietary management and physical performance for children.

Development of Childhood Obesity

Accelerating beyond means, childhood obesity has developed into an epidemic affecting upwards of 18 percent of children worldwide. Documentary evidence parades that childhood obesity advances the attack of medical conditions in children such as high blood pressure (hypertension), type 2 diabetes, sleep apnea, and even fatty liver. As these medical conditions blitz children at such an early age their welfare and advancement begin to swim against the stream, setting forth social stigmas and withdrawal, further provoking the sedentary lifestyle, the overindulgence of food, and psychological prosperity.

Healthy Pregnancy, Healthy Start in Life

Once the template has been installed, it's challenging to override it. While poor nutrition and lack of physical activity are the first to be blamed for childhood obesity, research has exposed that children who are born from mothers who attained excessive weight gain during pregnancy were in all likelihood to be obese. The same research also pointed out that mothers who battled obesity foregoing their pregnancy would potentially transmit this battle onto their children. It's critical for physicians to establish a healthy range of weight gain throughout the course of a women's pregnancy and should note that nutrient-dense food and recurrent physical activity throughout the nine months will supplement a healthy beginning for their child.

Set Up to Fail

The necessary strategies to repel against childhood obesity will require a stable, supportive and adaptable approach by examining and making corrections to the child's environment and lifestyle. In today's age, society has developed into computerized addicts suffering from sleep debt and a sedentary lifestyle with a plethora of food access. Because of the digital technology

outbreak, society is able to exist in a setting that does not require them to get up and go or apply themselves. In addition to this, the food and beverage industry has formulated a system where the food is low-cost, convenient, and tasteful. As stated in an article by in an article on The BMJ "While school is an important setting for influencing children's health behavior, and delivery of knowledge and skills to support healthy lifestyles is one of its mandatory functions, wider influences from the family, community, media, and the food industry must also be considered" (Peyman). Good habits originate at home, framing parents as the target for childhood obesity as they arbitrate their child's habits, essentially affecting their physical and social environment. Having said that, parental modeling will be at the forefront of hindering childhood obesity.

Pivotal Role of Parents

Despite parents lacking complete oversight of a child's environment, they possess the ability to promote beneficial nutritional habits and physical activities while governing video games and television occurrences. As stated in an article from the Public Broadcasting Service (PBS) by Laura Santhanam, "In order to truly bend the curve on obesity, we are going to need broad environmental changes, If we make great efforts in one area of a child's life, such as school lunch, it doesn't override all the other areas of their life" (Santhanam). By strategizing an environment that incorporates hearty food habits and physical fitness, not only will children adopt a healthful lifestyle, but parents will hamper the chances of their child from falling within the 95th percentile. Measures that should be implemented by parents include:

1. Increase accessibility to nutrient-rich foods while decreasing the availability of nutrient-poor at home.
2. Terminate the use of food as a reward.
3. Limit the duration your child spends watching television and playing video games.
4. Promote physical activities that are both amusing and involve the entire family. All of these measures will transform a child's social and physical environment, ensuing favorable behaviors, designed to forbid obesity.

Play Outside, Not Video Games

The CDC recommends that children should engage in at least one hour of physical activity a day; waggling a mouse around redundantly or banging keys on a keyboard do not justify the physical activity. As stated in an article from Medicine Net by Dr. John Mersch "Recent studies indicate that only 20% of children experience more than two episodes of vigorous play per week, and 30% of these children watched more than two hours of TV per day. This does not include additional time engaging in computer games, texting, or talking on the phone with friends" (Mersch). It's clear that the longer the duration children spend behind a screen, the stronger the probability they will find themselves obese. Parents and schools must take the initiative! Parents can begin by either limiting a child's screen time, evict the television or computer from a child's bedroom, and prohibit screen time until after the age of two. Schools, where children spend eight of the 24 hours a day, must implement policies requiring children to participate in at least 150 minutes per week. A schedule change to allot more time towards recess will not jeopardize academics as it has been noted that recess has a favorable influence on academic achievements. On average, children allocate upwards of 44 hours a week gazing at either their television, computer, or phone screen. Now take into consideration the number of

fast-food commercials a child witnesses during this period of time.

Food for Thought

Increased availability and portion sizes for food that is both poor in quality and elevated in calories have reflected on the increase in children's waistbands. Today, 40 percent of a child's diet includes foods that are heavy in sugar and fats, otherwise acknowledged as empty calories, which should only account for 10 percent of their daily calories. Foods that are high in fat and sugar are contributing to the increase of elevated blood pressure and cholesterol level, leading to the development of type 2 diabetes and numerous heart diseases in children. Parents can launch healthy eating habits by outlawing the intake of sweets and soft drinks that are high in calories, cutting back on fast food consumption, and plan out healthy home-cooked meals. Children will eat what their parents buy, so modifying the eating patterns and habits of obese children emerges from parenting.

Real Food, Not Junk Food

Dietary energy, delivered by the food and beverages we consume, is essential for survival as it not only fuels our body but promotes muscle growth, body temperature regulation, and organ functioning. In order to maintain weight energy intake must match energy expenditure, to lose weight energy expenditure must outmatch energy intake, and to gain weight energy intake must outmatch energy expenditure which is the explanatory variable for childhood obesity. In simple terms, consuming more food and food that is calorie-dense increases energy intake. Beginning in 1950, the fast-food industry established itself with an approach to provide food that was not only convenient and sanely priced, but also savory and flavorful. Today, approximately 35 percent of children consume fast food on a daily basis, which amounts to about 187 additional calories a day, and about six extra pounds a year, easily fueling the childhood obesity epidemic.

On average, a fast food meal to feed a family of four ranges anywhere from \$20 to \$30 dollars. This is pricing out two double cheeseburgers, one regular cheeseburger, one six-count chicken nuggets, two medium fries, two small fries, along with four medium sodas. Meanwhile, the average cost of a home-cooked meal to feed a family of four is about \$14. This includes a whole rotisserie chicken, rice, black beans, vegetables, and a house salad! In addition to the low expense, a home-cooked meal provides fewer calories, a healthy variety, and embarks on supportive eating habits. On top of that, a routinely home-cooked meal facilitates an atmosphere where children earn better academic grades and healthy family rapport.

Genetic and Medical Factors

The sedentary lifestyle and consumption of excess calories are not the only root causes for childhood obesity as some children are more vulnerable to gain weight as a consequence of genetic factors and medical conditions. The Prader Willi syndrome, an out-of-the-ordinary genetic disorder set forth from birth, is caused by an absent gene on chromosome 15, sparking a famish sensation. Health conditions associated with endocrine disorders such as poor thyroid functioning and hormone imbalances encourage the storage of body fat increases the risk of obesity in children. Despite parents lacking control of the genes they transmit to their children, they have the ability to secure genetic tests which is effective for enlightening both parents and children on diet and physical activity programs.

Genes Alter Jean Sizes

Childhood obesity is uncovering genetic components and gene variations that are connected with body mass index. A Harvard article reports that “These gene variants are fairly common, and people who carry one have a 20 to 30 percent higher risk of obesity than people who do not” (Genes Are Not Destiny). The study of genetic variations has exposed 30 plus genes, and that if one small section were to edit or possibly adapt, could play a role by encoding itself for obesity. This study has also outlined that consuming a healthy variety of nutrient-dense food and engaging in physical fitness may counterbalance the editing of these genes. If medical providers established a system that provided parents with their child’s gene-environment, perhaps it may influence a promising pathway for parents to treat and prevent childhood obesity.

Prescription Medications

The factors behind medications and their influence on weight gain are unclear, but some medications are known to prompt an increase in food cravings, the storage of excess fluids, or pilot exhaustion and a lethargic outlook. Prescription drugs known to treat seizures, allergies, and attention-deficit/hyperactivity disorder (ADHD), which are all common in children, are noted for adding unwanted pounds. In an article from Time Magazine, Alice Park asserts that “Obesity has lifelong risks. If this is a consequence of stimulant use, and since there is evidence that we might be overprescribing stimulants, we might be contributing to the childhood- and adult-obesity epidemics” (Park). Prior to health care providers prescribing new medications to children, they should inform the parents of the likelihood for their child to undergo weight gain. If so, a boost in exercise and awareness of nutrition consumption should be advised by the provider in order to offset the possibility.

Conclusion

Childhood obesity is an epidemic affecting roughly 18 percent of children worldwide, shaping it to be one of the most chronic diseases due to its impact on social, physical, and psychological health. Factors that promote childhood obesity include environmental elements, lifestyle preferences, and socioeconomic status. As television viewing increased, physical activities decreased. As fast-food consumption increased, home-cooked meals decreased. As medication prescriptions increased, physical health decreased. All these factors can be resolved with the assistance of strong parenting and family support. Childhood obesity involves immediate and long-term consequences but can be reversed by shaping habits that promote healthier eating habits, reoccurring physical activities, and a better understanding of medication side effects.