Child Obesity

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Child obesity became a serious social and medical issue all over the world, especially in the United States. This public health issue is affecting over 12 million children in the United States, which is approximately 17% of children. This issue is associated with several reasons, such as lack of physical activities, spending more time in front of the screen, and a high caloric diet. Overweight and obese children are more at the risk of developing psychological and physical complications. Children with severe obesity are mostly resistant to Mellitus type 2 diabetes, hypertension, metabolic syndrome, and ovarian syndrome. Adolescents and obese children often visit general physicians for their diet management. As it will later play a significant role in obesity treatment and prevention as it required entire family lifestyle modification.

Recently, childhood obesity increased drastically all over the world but specifically in developed countries (Dehghan, Akhtar-Danesh, & Merchant, 2005). In the United States, more than 25% of children are overweight, while 11% considered obese (Pratt et al., 2013). It is noticed that in childhood, both obesity and overweight have a remarkable effect on psychological and physical health (Rogers et al., 2015). The mechanism which is involved in the development of obesity is still not fully understood. It is believed as the disorder with several causes. It involved various factors, such as environment, culture, and lifestyle preferences (Dehghan et al., 2005). These factors are playing a central role in obesity regularity all over the globe. Generally, obesity and overweight are considered as the result of the increased fat intake and caloric diet. However, there is some supporting evidence that provides evidence that excessive intake of sugar is also contributing to the development of obesity. The sugar intake is increased globally in the form of soft drinks. The lack of physical activities is also playing the main role in obesity increasing rates (Dehghan et al., 2005). Therefore, both calories over consumptions and lack of physical exercise are contributing to childhood obesity.

It is agreed by all the researchers that prevention can be an important strategy for controlling obesity. The primary prevention includes controlling obesity and overweight at the initial stage. Secondary, through the prevention of weight gain after weight loss and avoiding more weight (Seth & Sharma, 2013). When an obese person gains weight, it becomes hard for him to reduce it. Till now, most of the approaches focused solely on the individuals' behavioral changes through exercise and diet. Although such strategies have the least impact on the obesity increasing rate (Rogers et al., 2015), it is reported that almost 50% of the adult population is obese because once the excessive weight is gained, it becomes difficult to lose it (Dehghan et al., 2005).

The obesity in adolescents an even childhood is linked with health complications, which include type 2 diabetes, hypertension, orthopedic issues, sleep disorders, metabolic syndrome, and ovarian syndrome (Pratt et al., 2013). The psychological issues associated with obesity include low-self-esteem, depression, stigmatization, and discrimination (Segni, 2000). The obesity in childhood increased the chances that the person will remain obese in adulthood as well. Recently, it is analyzed that 30 to 40% of childhood obesity eventually transformed into type2 diabetes, which will further increase the risks associated with cardiovascular diseases and various other health complications (Dehghan et al., 2005). In turn, it will potentially reduce a person's life expectancy. It is observed significantly that obese children have more frequency to become depressed (Dehghan et al., 2005). The maximum age limit for overweight children is 40 to 55 years, as they are more likely to develop digestive and cardiovascular diseases. They die because of any reason as compared to healthy and lean people.

However, the overweight and obesity definition has been changed with time. It can be defined as body fat (BF) (Dehghan et al., 2005). However, there is no cut-off point for overweight and obesity excessive fatness in adolescents and children. Similarly, there is no particular mechanism understood for the development of obesity (Pratt et al., 2013). Obesity occurs when energy intake exceeds the amount of energy expenditure. However, several etiologies cause this imbalance, so; nobody can link one etiology with obesity. The genetic factor that influences the particular child's susceptibility to be in the obesity conducive circumstances. Although the cultural environment, lifestyle preferences, and environmental factors also play a crucial role in the obesity prevalence at a global scale. In the least cases, child obesity is because of the genes such as the deficiency of leptin, and some medial causes such as the increase in hormone deficiency and hypothyroidism or through any drug side effect (Dehghan et al., 2005).

It has been observed that in recent year’s food become easily available and affordable at a large scale(“(PDF) Current Trends in Childhood Obesity Research,” n.d.). The food prices are decreased about the amount of income (“Journal of obesity,” n.d.). The food concept changed significantly as the lifestyle marker and the source of pleasure. Nowadays, children developed terrible eating habits, and nutrition is no longer considered a necessity. Children eat more sweets and candies all the time with no exercise(“Childhood obesity—Symptoms and causes,” n.d.). However, exercise is a crucial thing that keeps the body healthy. However, it is not the only thing that makes the person healthy (Seth & Sharma, 2013).

Obesity is harmfully associated with both adolescents and children, which is continuously increasing morbidity in the region. It is also contributing to the risks of diabetes and cardiovascular diseases (Han, Lawlor, & Kimm, 2010). Also, childhood obesity is associated with asthma, fatty liver, chronic kidney diseases, sleeping disorder, inflammation, and hyperglycemia (Dehghan et al., 2005). Through the children's standpoint, the significant consequences of obesity might be associated with psychosocial issues such as poor performance at school, poor self-image, and social isolation (Caprio et al., 2008).

Children are mostly considered as the main population for the intervention of obesity control strategies. There are several reasons behind it, firstly because once the excessive weight established, it becomes difficult to reduce it (Caprio et al., 2008). Secondly, there are potential interventions present for children as compared to adults such as schools. Schools are considered as natural settings that can easily influence the children's physical activity and food environment (Dehghan et al., 2005). Similarly, the other care services after school and preschool institutions also provide similar opportunities. Henceforth, it is more sensible to develop obesity treatment and initials preventions during childhood. So, the preventions might be achieved by several interventions by targeting the already developed environment, diet, and physical activity (Seth & Sharma, 2013). For obesity control, the challenge is to identify the obese environment and then influence them. So, they will make healthier choices in life and contribute to the betterment of society (Caprio et al., 2008).

Obesity is referred to as a chronic disorder, which has several causes. In childhood, obesity and overweight produce a significant impact on psychological and physical health. Furthermore, psychological disorders, particularly depression, occur in obese children with greater frequency. Hence, it is believed that both lack of physical exercise and calories over consumptions more specifically involved in childhood obesity. There are some ways through which obesity can be controlled. However, further research is required for the examination for the intervention of effective strategies for obesity prevention and treatment. Such strategies could be specific to culture, ethnicity, and economic aspects based on the targeted population.

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