



A REVIEW OF CHILDHOOD OBESITY

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ABSTRACT

WHO defines overweight and obesity as an abnormal or excessive fat accumulation that presents a risk to health for epidemiological purposes and routine clinical practice, simple anthropometric measures are generally used as screening tools. BMI (weight/height²; kg/m²) is used as an indirect measure of body fatness in children and adolescents and should be compared with population growth references adjusted for sex and age. Childhood obesity is an increasingly serious problem in the United States. Nearly 1 in 5 children have obesity. Children with obesity are more likely to develop other serious health problems, including heart disease and type 2 diabetes. They are also more likely to suffer from anxiety, depression, and low self-esteem.

Keywords: *Childhood Overweight, Childhood Obesity, Risk Factors, Prevalence Rate*

INTRODUCTION

Overweight and obesity in childhood are growing worldwide, affecting not only the countries with the highest income but also the poorest ones. The high prevalence of the disease and its persistence and consequent relationships with chronic diseases in adulthood make it essential to identify strategies to prevent its onset. According to the World Obesity Federation, in 2023, there were approximately 42 million children under the age of 5 who were overweight or obese, and 50 million girls and 74 million boys aged 5–19 who had obesity worldwide.

PREVENTION

Recommendations for prevention of overweight and obesity in children include the following:

- Gradually work to change family eating habits and activity levels rather than focusing on a child's weight.
- Be a role model. Parents who eat healthy foods and participate in physical activity set an example, so a child is more likely to do the same.
- Encourage physical activity. Children should have 60 minutes of moderate physical activity most days of the week. More than 60 minutes of activity may promote weight loss and provide weight maintenance.
- Reduce screen time in front of phones, computers and TV to less than one to two hours daily.
- Encourage children and teens to eat only when hungry and to eat slowly.
- Don't use food as a reward or withhold food as a punishment.
- Keep the refrigerator stocked with fat-free or low-fat milk, fresh fruit and vegetables instead of soft drinks and snacks high in sugar and fat.
- Serve at least five servings of fruits and vegetables daily.
- Encourage children and teens to drink water rather than beverages with added sugar, such as soft drinks, sports drinks and fruit juice drinks.
- Eat meals together as a family. Family meals can create healthier eating habits
- Choose and prepare healthy foods that are lower in fat and have fewer calories to help your family make smart food choices.
- Get regular physical activity. Your children should get at least 60 minutes of daily physical activity.
- Reduce screen time. Try to limit screen time at home to 2 hours or less each day.
- Get enough good-quality sleep a relationship between lack of sleep and obesity that begins as early as infancy.

All children should visit a healthcare provider every year for wellness check-ups that include monitoring of weight and calculation of body mass index (BMI) percentiles. Some of the best ways to prevent childhood obesity are to:

RISK FACTORS

Researchers agree that children inherit genes, the blueprints for our bodies that make them more likely to have obesity. However, that genetic risk does not account for the increase in childhood obesity seen in recent years. A child's community also has an impact on their weight, as the community can affect a family's ability to make healthy choices. For example, fresh fruits and vegetables may be difficult to get, roads without sidewalks may make it unsafe to walk for exercise, or healthy meal choices in schools may be unavailable.

Most parents, however, do have some control over other risk factors that increase a child's risk of having obesity. These include:

- Eating a high-calorie, low-nutrient diet
- Not getting enough good-quality sleep
- Too much screen time
- Too little physical activity
- Personal or family stress or trauma

BMI FOR CHILDREN

BMI is used to determine whether your child's weight fits the criteria for overweight or obesity. It is compared with growth charts for children who are the same age and sex as your child. To learn your child's percentile, use the Center for Disease Control and Prevention's teens external.

- **Underweight** is a BMI below the 5th percentile.
- **Healthy weight** is a BMI between the 5th to the 85th percentile.
- **Overweight** is a BMI between the 85th percentile and the 95th percentile.
- **Obesity** is a BMI in the 95th percentile or above.

TREATMENT

Your child's provider will monitor your child's BMI and overall health during regular visits. They may talk to you about healthy lifestyle changes you can make as a family. If your child's weight does not respond to those, your child's provider may recommend medicine.

The good news for parents is that childhood obesity is reversible. Even small decreases in weight can have a positive impact on current health and future risk of health problems. The key is to learn the basics of maintaining a healthy weight, seek out resources in your community, and get both medical and mental health care for your child as needed.

CONCLUSION

To manage the growing public health crisis caused by increasing rates of childhood obesity across the globe, effective and well-researched treatment options are essential. In terms of paediatric populations, the number of potential therapies and the research to support their use is lacking when compared to treatment available for adults with obesity, although increasing research is being devoted towards childhood obesity.

REFERENCES

1. Lobstein T, Brinsden H. World Obesity Federation; London: 2019. Atlas of childhood obesity.
2. Pulgarón ER. Childhood obesity: a review of increased risk for physical and psychological comorbidities. *Clin Ther.* 2013;35:A18–A32.
3. Horesh A, Tsur AM, Bardugo A, Twig G. Adolescent and childhood obesity and excess morbidity and mortality in young adulthood— a systematic review. *Curr Obes Rep.* 2021;10:301–310.
4. Kelishadi R, Mirmoghtadaee P, Najafi H, Keikha M. Systematic review on the association of abdominal obesity in children and adolescents with cardio-metabolic risk factors. *J Res Med Sci.* 2015;20:294–307.
5. World Obesity Federation Global obesity observatory. 2021
6. NHS Digital. National Statistics: National Child Measurement Programme, England. 2017/18. Accessed April, 2021
7. Baker C. Briefing paper: obe