

[Health: What to Do about Childhood Obesity?](#)

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Health

What to Do about Childhood Obesity?

Changes in patterns of eating and playing are shaping today's youth in unhealthy ways, but reversing the process is simple and achievable

By Dr. Mrunal Patel

Over the past three decades, childhood obesity rates in America have tripled, and today nearly one in three children in America is overweight or obese. In Europe, around one in five children is overweight, and one-third of those are obese. How did we get here?

I remember growing up in India: we walked or biked to school; we had three recesses a day, a lunch break when we all ate from our lunch boxes and two small breaks to just get out on the grounds and play. After arriving home, eating a warm snack prepared by our mothers and finishing homework, everyone was out of the house to play with friends until being called back for supper. It's certainly not the same for children growing up in the USA.

A less active childhood is one of the most important factors contributing to childhood obesity. I found a lot of great information on the web about this growing epidemic, mostly from First Lady Michelle Obama's "Let's Move!" campaign (www.letsmove.gov) and the US Department of Health and Human Services, which I freely draw from, often verbatim, in this article.

Kids today lead a different kind of life: walks to and from school have been replaced by car and bus rides, while gym class and school sports have been cut and are often replaced with afternoons of TV, video games and the Internet. Nutrition

and Eating Habits

Convenience has become the main criteria for America's food choices today. Parents are busier than ever, leading families to eat fewer home-cooked meals. Children are getting most of their food away from home. Energy intake from food sources has increased from 20 to 32 percent between 1977 and 1994. Snacking between meals is the norm, not the exception. While kids thirty years ago ate just one snack a day, they are now trending toward three--so they're taking in an additional 200 calories a day just from snacks. I have noticed that Indian-American communities are following in these footsteps, eating more fast foods and serving easy-to-fix meals to children instead of traditional Indian meals at home. Even during gatherings and parties, kids are served cheese pizzas while the adults enjoy delicious, nutritious, traditional Indian food.

Portion sizes have also exploded. Food and beverage portions are two to five times bigger than they used to be. At a meeting of the Grocery Manufacturers Association in March 2010, Michelle Obama offered, "In the mid-1970s, the average sweetened drink portion was 13.6 ounces. Today, kids think nothing of drinking 20 ounces of soda at a time." Sugared beverages now represent up to 10 percent of the average child's and teenager's caloric intake, as milk consumption has declined over the last few decades.

We are now eating 31 percent more calories than we were forty years ago--including 56 percent more fats and oils and 14 percent more sugars and sweeteners. The average American now eats fifteen pounds more sugar a year than in 1970.

That's the bad news. The good news is by making a few simple changes, we can help our kids lead healthier, longer lives--and we already have all of the tools we need to do it. We just need the will.

Physical Inactivity and Sedentary Behavior

Watching television, using the computer and playing video games occupy a large percent of children's leisure time, influencing their physical activity levels. It is estimated that children in the US are spending 25 percent of their waking hours watching television. Statistically, those who watch the most hours of television have

the highest incidence of obesity. This is not only because little energy is expended while viewing television, but also because of the concurrent consumption of high-calorie snacks.

Child Obesity and the Built Environment

In my own experience, we have not allowed our daughter to walk to the tennis court or run through the neighborhood for the unjustified fear of something happening to her. The fear of kidnappings or attacks is so strong among parents that it prevails even when statistics in the neighborhood would show that we need not be so fearful. American culture has been described as having a pervasive "culture of fear" in which we are more obsessed with highly publicized events statistically unlikely to happen to us (such as kidnapping) than we are with far more common risks, such as obesity or heart disease.

As reported in an article by Nooshin Razani in the March 2010 issue of *Pediatric Annals*, the "suburbanization" of residential America has created sprawled-out communities, resulting in longer distances between destinations. In 1969, about half of all American children walked to school; today, only about 15-17 percent of school-going kids walk. As one teenager explained: "If students do any sort of after-school activity, they must drive themselves home, bum rides or wait to be picked up... My parents are sick of chauffeuring me, and I am sick of begging rides to go anywhere."

Parental Influences vs. Genetics

Despite the strong influence that genetics has on obesity, the increases in the incidence and prevalence rates of obesity in the US are likely due to behavioral or environmental factors, which have interacted with genes, and not the effects of genetics alone.

Constraints on parents' time can potentially contribute to children's weight problems, as working parents rely more heavily than non-working parents on prepared, processed and fast foods, which are generally high in calorie and fat and low in nutrition. We now know that parental food preferences directly influence and shape children's eating habits. Breast-feeding for six months has been shown to offer a consistent protective effect against obesity in children.

In addition, unsupervised children may spend a great deal of time indoors, perhaps due to safety concerns, watching TV or playing video games rather than engaging in more active outdoor pursuits.

Consequences of Childhood Overweight

Childhood obesity is a personal tragedy for the individual, a financial burden for the future of this country and a manifestation of our failure to instill healthy habits in our children. Research has shown that as weight increases to reach the levels referred to as "overweight" and "obese," there is increased risk of psychological conditions such as depressive symptoms, poor body image, low self-concept and risk for eating disorders, as well as physical health consequences such as insulin resistance, Type 2 diabetes, hypertension, high cholesterol, sleep apnea, early puberty, fatty liver and orthopedic problems.

Childhood Obesity in Asian Indians

As reported by Swati Bhardwaj in her review article in Asia Pacific Journal of Clinical Nutrition in 2008, recent trends in the Indian population indicate a rise in obesity in children as well as adults. The overall prevalence of overweight/obesity in urban children in New Delhi has shown an increase from 16% in 2002 to about 24% in 2006-2007. Asian Indians have higher body fat and abdominal obesity and lower muscle mass than white Caucasians. Due to these body composition attributes, Asian Indians develop insulin resistance, metabolic syndrome and diabetes even with a body mass index currently defined within normal limits.

There is a general misconception among parents in India and other developing countries that an obese child is a healthy child, so in an effort to keep a child "healthy," he or she is fed in excess. Many such children remain obese for life. The high burden of schoolwork and academic competitiveness has led to decreased participation in sports and any other form of physical activity.

Childhood obesity is clearly an epidemic. Efforts to prevent it should not be made in isolation. They should be part of a whole gamut of actions to promote healthier, more sustainable lifestyles. In the process, we will also reduce other chronic diseases, create more productive citizens and foster goals that are in harmony with the great philosophies of Sanatana Dharma.

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