

Childhood Obesity - A Trending Concern in India

JOHNSON

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Abstract

Childhood obesity is a growing concern not only in India but also in many developing countries around the world. Several factors contribute to the rising trend of childhood obesity in these regions: Changing Diets: With economic growth, there has been a shift in dietary patterns towards more energy-dense and processed foods. Traditional, healthier diets are often being replaced by fast food and sugary beverages. It's crucial to tackle childhood obesity comprehensively, involving multiple stakeholders, including government, healthcare providers, educators, and parents, to create a supportive environment for children to maintain a healthy weight and overall well-being.

Keywords: Childhood, Cut-Points, India, Obesity, Overweight, Prevalence

Introduction

The term overweight refers to excess body weight for a particular height whereas the term obesity is used to define excess body fat¹. Overweight and obesity primarily happen either due to excess calorie intake or insufficient physical activity or both. Furthermore, various genetic, behavioural, and environmental factors play a role in its pathogenesis. Childhood obesity is a forerunner of metabolic syndrome, poor physical health, mental disorders, respiratory problems and glucose intolerance, all of which can track into adulthood². Developing countries like India have a unique problem of 'double burden' wherein at one end of the spectrum we have obesity in children and adolescents while at the other end we have malnutrition and underweight.

Globally, the prevalence of childhood obesity has risen in recent years. The International Association for the Study of Obesity (IASO) and International Obesity Task Force (IOTF) estimate that 200 million school children are either overweight or obese³. It is difficult to compare prevalence rates of childhood obesity in different countries due to several limitations: lack of nationally representative surveys of school children and paucity of serial measurements over time. Ogden et al⁴ reported that

the percentage of obese children in the US (6-11 yr age group) was 7 per cent in 1980 which increased to 20 per cent by 2008. Parallely, among adolescents (age groups of 12-19 yr) obesity rates increased from 5 to 18 per cent. Recent figures from the IOTF website³ showed prevalence rates of overweight/obesity as 40 per cent in both genders in US. Studies conducted on childhood obesity suggest that it may be plateauing off in some developed countries, while steep increases continue to occur in developing countries^{5,6}. However, these trends are not well documented.

Background

Lower BMI (body mass index) cut-offs of 23 and 25 kg/m² have been suggested by the World Health Organization (WHO) and IOTF for Asian Indian adults for overweight and obesity, respectively^{7,8} but these are not applicable for children and adolescents. Over the years, there has been a lack of consensus on the various cut-points or definitions used to classify obesity and overweight in children and adolescents. This makes it difficult to interpret and compare the global or national prevalence rates^{9,10}. For children and adolescents, overweight and obesity are usually defined using age and gender specific normograms of BMI.



There is lack of national representative data on obesity in children from India with its widely varying geographical, social and cultural norms. Here we attempt to review available literature on childhood overweight and obesity from India using the various cut-points used to define childhood and adolescent obesity. We also used the published data from India from 1981 to 2013 to plot the trend in childhood obesity and to look at its key socio-demographic patterns.

Causes of Childhood Obesity

Lack of Physical Activity: Increased urbanization has led to a more sedentary lifestyle for many children. The availability of technology and increased screen time has reduced physical activity levels.

Poor Eating Habits: Junk foods, fast foods are available for the children and the healthy eating habits are not being reinforced at home, schools and in communities.



Lack of Public Awareness: In many developing countries, there is still limited awareness about the risks associated with childhood obesity and the importance of a healthy lifestyle.

Socioeconomic Factors: Inequality in access to healthy food and safe places for physical activity is a significant issue. Lower-income families may not have the means to provide their children with nutritious food or opportunities for physical activity.

Cultural Factors: Traditional cultural practices may encourage overeating during festivities or social gatherings.

Advertising and Marketing: The aggressive marketing of unhealthy foods and sugary beverages, often targeted at children, plays a role in shaping dietary habits.

Measures to Reduce Childhood Obesity: To address the issue of childhood obesity in developing countries like India, several strategies can be considered:

Public Awareness Campaigns: Increase awareness about the risks of childhood obesity and the importance of a balanced diet and physical activity.

Healthy School Initiatives: Promote healthier food options in schools and encourage physical activity as part of the curriculum.

Regulatory Measures: Implement regulations on food advertising to children and taxation on unhealthy foods and beverages.

Community Engagement: Involve communities in promoting healthier lifestyles and making fresh, nutritious foods more accessible.

Healthcare Interventions: Provide support and resources for families to manage childhood obesity.

Research and Data Collection: Invest in research to understand the local dynamics of childhood obesity and its causes, so that interventions can be tailored accordingly.

Conclusion: Childhood obesity can have serious health consequences, including an increased risk of chronic conditions like diabetes, heart disease, and certain types of cancer. Additionally, it can lead to psychological and social issues, as obese children are often stigmatized and may suffer from low self-esteem.

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