

It's Time to Tackle Childhood Obesity

Olukayode Akinlaja *

Dept of Obstetrics & Gynecology, University of Tennessee College of Medicine, USA

*Corresponding Author: Olukayode Akinlaja, Dept of Obstetrics & Gynecology, University of Tennessee College of Medicine, USA

Received date: April 13, 2023; Accepted date: April 21, 2023; Published date: April 28, 2023.

Citation: Olukayode Akinlaja (2023), It's Time to Tackle Childhood Obesity, *J. Obstetrics Gynecology and Reproductive Sciences*, 7(2)

DOI: 10.31579/2578-8965/163

Copyright: © 2023, Olukayode Akinlaja. This is an open-access article distributed under the terms of The Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Childhood obesity, which is defined by a body mass index greater or equal to the 95th percentile for the age and sex, is gradually becoming a major problem in the United States that can easily metamorphose into future health issues and a shortened life span, if not mitigated. A prevalence of 19.3% was reported among children, 6.1% of whom were severely obese with an additional 16.1% overweight while a total of 14.4 million children and adolescents were affected in 2017/2018 (Ogden et al., 2018). This is noteworthy when compared to the overall childhood obesity prevalence of 5.2% between 1971 and 1974 (Fryar et al., 2020).

Obesity occurs more commonly in the older age groups with a prevalence of 21.2% in the 12–19-year-old age group as compared to 13.4% in the 2–5-year-old age group. It is also more prevalent among low income Black and Hispanic children at 24.2% and 25.6% respectively as compared with 16.1% among non-Hispanic White children in 2017/2018 (Fryar et al., 2020). There is also generally an inverse trend in relationship to the education level of the head of household with a prevalence of 10.9% seen in the 2–19-year-olds from the highest income group between 2011 and 2014 unlike the 18.9% in the lowest income category (Ogden et al., 2018). The obesity prevalence is also much higher at 44% in families at less than 100% Federal poverty level as compared to 26.3% in families at greater than 400% Federal Poverty Level (NSCH, 2007) and children on public health insurance tend to be more affected than their privately insured counterparts, as the type of health insurance coverage one holds, tends to correlate with the household income and socioeconomic status (NSCH, 2007). The rising trend can be attributed to many factors inclusive of the increased availability and consumption of fast food, access to and increased consumption of processed food with their high fat content and increasing sedentary lifestyles due to an increased screen time as well as complexities around some key public health determinants contributing largely to health inequities. It has been reported that about 63.8% of children aged 6–17 years engage in 4 or more days of vigorous activities per week (NCSH, 2007) and about 45.4% consume fruits less than 1 time a day while about 45.9% consume vegetables less than 1 time a day (CDC, 2021) while the prevalence of internet addiction in obese children and adolescents was twice the level found in their healthy counterparts (Bozkurt, et al. 2019). Studies also have shown that children and adolescents in the United States are still getting a high number of calories from the consumption of “junk” foods (Dunford et al., 2020). Obesity is a complex

medical condition that might result from several factors inclusive of genetics, dietary, individual, environmental and socioeconomic issues and is usually recognized by the presence of excessive adipose tissue (Bleich et al., 2008). It has been linked to numerous lifespans reducing multi-systemic health issues such as hyperlipidemia, hypertension, asthma, type 2 diabetes, obstructive sleep apnea, psychological disorders such as poor self-esteem, anxiety and depression, non-alcoholic fatty liver disease, increased coronary heart disease and premature deaths as adults (Belluck 2005). Even observation reports during the recent COVID pandemic indicated obesity to be the most common chronic condition associated with the rare hospital admission of children affected with COVID (Zachariah et al., 2020). The estimated direct medical cost related to obesity in the United States was about \$342.2 billion in 2013 (Biener et al., 2017) and there is a possibility that newer studies might indicate an increased economic impact, which makes it a crisis that urgently needs to be nipped in the bud. Obese children have a higher tendency to be obese adults as shown in the National Longitudinal study of Adolescent Health with about 71% of severely obese adolescents developing to be severely obese adults (Suchindran et al., 2010). It is therefore important for a collaborative effort to be initiated by health practitioners, policy makers and parents to devise a way to curb the trend of childhood obesity in order to cut out the root cause of a lot of future ailments with its associated morbidity and mortality as well as prevent the accompanying economic impact

Schools, being a place where children spend a substantial amount of their time can serve as a fulcrum for practices that foster lifelong healthy behavior. Health education should be included in their curricula and healthier snacks and lunches should be provided while at the same time more physical activities should be incorporated in the daily curriculum. This should be in conjunction with a broader education of the populace on the issue and the enactment of policies that support adequate funding for school-based initiatives, provision of more accessible recreational facilities and tax incentives that favor the availability of supermarkets with healthier food choices rather than fast-food joints among the general populace and this should be implemented, especially in the inner-city communities (Gostin et al., 2006). Policies should encourage the patronage of local farmers markets in these underserved communities while governmental nutrition programs should be tailored towards healthier food choices.

References

1. Belluck, Pam (2005). "Children's Life Expectancy Being Cut Short by Obesity". The New York Times. Retrieved June 1, 2021.
2. Adam, et al. (2017). "The High and Rising Costs of Obesity to the US Health Care System." *Journal of General Internal Medicine*, vol. 32, no. S1, pp. 6–8.
3. Bleich S, Cutler D, Murray C, Adams A (2008). "Why is the developed world obese?". *Annual Review of Public Health (Research Support)*. 29: 273–295.
4. Bozkurt, H., Özer, S., Şahin, S., & Sönmezgöz, E. (2018). Internet use patterns and Internet addiction in children and adolescents with obesity. *Pediatric obesity*, 13(5), 301–306.
5. Centers for Disease Control and Prevention. Nutrition, Physical Activity and Obesity Data, Trends and Maps website.
6. Dunford, E. K., Popkin, B. M., & Ng, S. W. (2020). Recent Trends in Junk Food Intake in U.S. Children and Adolescents, 2003-2016. *American journal of preventive medicine*, 59(1), 49–58.
7. CD, Carroll MD, Afful J. (2020). Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2-19 years: United States, 1963-1965 through 2017-2018. *NCHS Health E-Stats*.
8. Gostin, L., & Powers, M. (2006). What does social justice require for the public's health? Public health ethics and policy imperatives. *Health Affairs*, 25(4), 1053–1060.
9. National Survey of Children's Health 2007. Data analysis provided by the Child and Adolescent Health Measurement Initiative, Data Resource Center.
10. Ogden CL, Carroll MD, Fakhouri TH, et al. (2018). Prevalence of Obesity Among Youths by Household Income and Education Level of Head of Household- United States 2011-2014. *MMWR Morb Mortal Wkly Rep* 67: 186-189. icon.
11. The NS, Suchindran C, North KE, Popkin BM, -Larsen P. (2010). Association of Adolescent Obesity with Risk of Severe Obesity in Adulthood. *JAMA*. 304(18):2042–2047.
12. P., Johnson C.L., Halabi K.C., Ahn D., Sen A.I., Fischer A. (2020). Columbia Pediatric COVID-19 Management Group Epidemiology, clinical features, and disease severity in patients with Coronavirus Disease 2019 (COVID-19) in a children's hospital in New York City, New York. *JAMA Pediatrics*. e202430. Advance online publication.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article, Click Here:

[Submit Manuscript](#)

DOI: [10.31579/2578-8965/163](https://doi.org/10.31579/2578-8965/163)

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more <https://www.auctoresonline.org/journals/obstetrics-gynecology-and-reproductive-sciences>