

Childhood Obesity and Overweight Prevalence has been Connected to Lifestyle Factors

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Abstract

If nothing is done to stop the trend, childhood, overweight, and obesity will likely continue to be serious issues that have a negative impact on people's health both individually and collectively. There have been several theories put up as to what causes childhood obesity. These include dietary changes, declining levels of physical activity, an increase in time spent sitting down, and hereditary variables. The rising prevalence of childhood obesity and overweight has also been linked to lifestyle variables, such as familial influences, societal changes, and media promotion. Health care providers should include adequate screening in their kid practise to address the issue. Additionally, children who are fat or who are at danger of becoming obese must undergo thorough evaluation.

Keywords: Obesity; Physical activity; Overweight; Cholecystitis; Pickwickian syndrome

Introduction

Weight gain that is abnormal or excessive and poses a risk to health is what is meant by the terms overweight and obesity. Body mass index (BMI), which is a person's weight (in kilograms) divided by their height (squared), is a basic demographic indicator of obesity (in meters). As demonstrated by the frequency of stunting, anaemia, and iron and zinc shortages, the globe is going through a fast epidemiological and nutritional change that is marked by chronic nutritional deficits. The prevalence of obesity, diabetes, and other nutrition-related chronic diseases (NRCs) like these, as well as cardiovascular disease and several types of cancer, is rising concurrently. In wealthy nations, obesity has reached pandemic proportions. Although affluent nations have the greatest incidence rates of kid obesity, emerging nations are also seeing an increase in this condition. Due to innate hormonal differences, women are more prone than men to be fat. It is becoming increasingly clear that childhood obesity has a significant role in the development of Type 2 Diabetes and Coronary Heart Disease. In the past 40 years, especially in the industrialised world, there has been an astounding increase in the percentage of youngsters who are obese. Studies that have come out of various sections of India over the past ten years also point to a similar pattern. In light of subsequent challenges to this theory, we now see them as distinct manifestations of the worldwide malnutrition issue. By concurrently addressing the underlying causes of nutritional deficiencies, this new approach enables us to regulate undernutrition and avoid obesity, diabetes, and other NRCs. With a life-course perspective on nutrition and child growth, this brief offers a public health overview of a few critical themes connected to the prevention of obesity and chronic illnesses. One of the most important public health issues of the twenty-first century is childhood obesity. The issue is widespread and is increasingly impacting many low- and middle-income nations, especially in metropolitan areas. An alarming rate of growth in prevalence has been observed. Over 42 million children under the age of five were thought to be overweight globally in 2010. Nearly 35 million of them are residents of underdeveloped nations. A BMI of 30 or more is typically regarded as obese. A person is deemed overweight if their BMI is 25 or higher. Major risk factors for a number of chronic illnesses, such as diabetes, cardiovascular diseases, and cancer, include being overweight and obese. Health issues are significantly exacerbated by being overweight. It raises the possibility of contracting a multitude of illnesses, such as Type 2 (adult-onset) diabetes, elevated blood pressure (hypertension), Heart attack (myocardial infarction,

or MI), stroke (cerebrovascular accident, or CVA), Congestive heart failure, cancer (including specific types like prostate, colon, and rectum cancer), gallstones, and gall bladder disease (cholecystitis), arthritis accompanied with gout, Degenerative arthritis known as osteoarthritis affects the knees, hips, and lower back. Pickwickian syndrome, which includes obesity, a red face, inadequate ventilation, and lethargy, and sleep apnea, which results in irregular breathing while sleeping and lowers blood oxygen levels. The most common dietary issue affecting kids and teens in the US is obesity. In America, 16-18% of children and adolescents are obese and 21-24% of children and adolescents are overweight; the prevalence of obesity is higher among particular ethnic groups. Obesity in children increases the risk of developing type 2 diabetes, insulin resistance, hypertension, hyperlipidemia, liver and kidney disease, and reproductive problems. Additionally, adult-onset obesity and cardiovascular disease are at increased risk due to this syndrome. The proportion of body fat may be determined using a variety of techniques. Techniques used in research include magnetic resonance imaging, multi-frequency bioelectrical impedance analysis, and underwater weighing (densitometry) (MRI). Techniques including BMI, waist size, and skin-fold thickness have been widely employed in the therapeutic setting. These techniques are adequate for identifying danger even if they are less precise than research techniques. However, given that children's bodies change as they go through natural growth, BMI may not be as helpful in discriminating between children and adults. In addition, BMI misclassifies fat-free mass (muscle and bone) and may overstate obesity in youngsters with robust, muscular frames. Additionally, the maturation patterns of the sexes and the various ethnic groups vary. According to studies, the BMI categorization system has a high specificity (95-100%) but a poor sensitivity (36-66%) for identifying overweight and obese children based on percentage of body fat. The best technique of categorization should be based on a direct assessment of fatness, even if the health effects of obesity are tied

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to excess fatness. Densitometry and other techniques can be employed in research settings, but they cannot be applied in therapeutic contexts. Bioelectrical impedance analysis (BIA) is frequently employed in large population-based investigations and therapeutic settings. Since central obesity, a risk factor for type II diabetes and coronary heart disease, is targeted by waist circumference, it seems to be more accurate for measuring obesity in youngsters. It is generally acknowledged that a growth in obesity is caused by an imbalance between energy intake and expenditure, with a rise in positive energy balance being strongly correlated with lifestyle choices and food preferences. However, there is mounting evidence that suggests a person's genetic history has a significant role in predicting their risk of obesity. Our knowledge of the elements contributing to obesity has benefited greatly from research. According to Davison et al. ecological model, nutritional consumption, physical activity, and sedentary behaviour are among the child obesity risk factors. Age and gender are two characteristics that can reduce the effect of such risk factors. Parenting practises and parents' lives also have an impact on the family. Environmental aspects including school rules, demography, and parental job obligations also have an impact on eating and exercise patterns.

Literature survey

Children's obesity is a "growing epidemic of the new millennium," according to Kimm. Over the past 20 years, there has been a noticeable rise in the prevalence of childhood obesity in the UK [1]. The frequency of childhood and teenage obesity has reportedly doubled, and the percentage of overweight children and adolescents has increased by up to 50%, according to Wilson [2], the Centre for Reviews and Dissemination [3], Caroli and Lagravinese [4], and others. According to recent estimates, 20-25% of children and adolescents in the USA are obese [5]. It is a global issue [6] and action is needed in many nations, including the United Kingdom [7], Italy [8], New Zealand, South America, Japan, and India [9]. Nowadays, childhood obesity and overweight are seen as serious public health issues [10]. The health effects of the rising prevalence are anticipated to have a negative impact on a large section of people's life, both as children and as adults. If nothing is done to stop the trend and help children and young people who are overweight or obese improve their health, this will constitute a huge strain on healthcare resources [11]. To allow health care practitioners to recognise those who are at risk or impacted, childhood overweight and obesity must be specified, along with diagnostic criteria. Despite the fact that more children are being classified as overweight or obese, these categories still lack a precise scientific definition and guidelines for how to be evaluated [12]. Cole et al. generated percentile numbers from these for children to determine overweight or obesity using the adult BMI cut-off of 30 as indicative of obesity and 25 as indicative of overweight. Thus, it is in line with the adult criteria of overweight and obesity [13] and uses cut-offs based on a percentile assessment. The instrument developed by Cole et al. [14] is regarded as a dependable indicator of overweight or obesity in kids between the ages of two and six [15]. Cole et al. definition of childhood overweight and obesity is the most widely used and well recognised description of the conditions. In addition to determining a child's current BMI, Rolland-Cachera [16] believes that the use of a predictive BMI curve to detect the onset of obesity even when this is not clinically evident may be useful to enable early intervention in children who are at risk of becoming fat [17]. Inactivity and obesity have been linked, according to Tremblay, Willms, Giugliano, and Carneiro, while Vandewater et al. observed that bigger kids spend more time in sedentary activities overall [18].

Discussion

However, because of their more intricate and multifaceted activity patterns, children provide a greater challenge when it comes to measuring levels of physical activity [19]. Moore et al. used a device that kids wore to record their total physical activity levels, which allowed them to more accurately measure kids' total activity [20]. Unlike some measures, their method included organised activity and incidental activity (although the device had to be taken off for swimming or bathing).

Conclusion

Although there is no evidence to suggest a connection between watching television and obesity in Europe, it has been shown that food advertising is most prevalent during kids' prime viewing times, with cereal, sweets, and salty snacks accounting for 60% of all food advertising. According to Jeffrey, exposure to advertisements promoting foods with poor nutritional value boosts kids' requests and purchases of those items.

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Conflict of Interest

Author declares no conflict of interest.

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