

Childhood obesity.

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Today children are becoming obese at very young ages and also staying obese. Reducing the levels of obesity will substantially save lots of lives. In Gateshead, an integrated public health policy supports a supplementary planning Document (SPD). During childhood physical activity markedly declines and most of the children in the area do not eat healthy diets. The Gateshead strategy had intentions to improve healthy food access and also control the site of unhealthy food outlets access. Also, the council targeted reducing obesity amongst children. Therefore, a hot food takeaway SPD was developed by the council. However, a hot food takeaway planning permission will not be given in cases where high obesity levels were of observed, hot food takeaways over proliferation, children congregate and where food takeaways clustering will negatively affect the local area vitality.

In England, the aim is to reduce the childhood obesity rate within the next ten years. The plan is to introduce a soft drinks industry levy. The revenue produced from the levy will be used to develop programs that reduce obesity, encourage balanced diets and physical activity among school-age children. The levy will be on importers and producers and not consumers, and it aims to encourage the reduction of the amount of sugar added by the producers in their products and also encourage consumers to adopt healthier alternatives. All the food and drinks sectors will also be challenged to reduce sugar in products that are consumed widely by children and contribute to their sugar intake. This can be achieved through reducing portion sizes, sugar levels and also shifting to alternatives with lower sugar amounts. Public Health England will lead the program.

The Agri-Food Technology council in the UK is also bringing food businesses together, innovation support and researchers to ensure they produce healthier products for the public. Public health England will also work with the Local Government Association and the local authorities to support them in tackling obesity amongst children. Besides, it will ensure there is Government Buying Standards for Food and Catering Services (GBSF) full uptake in the government departments. A voluntary healthy rating scheme will be developed in primary schools to recognize and encourage their contribution to preventing childhood obesity. The school Food plan has helped improved foods in schools. The Children's Food Trust has also been commissioned by the PHE to

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develop revised menus for early years. According to Nice guidelines (2006), the local authorities are required to encourage supermarkets, caterers and local shops to promote healthy drink and food and also work with restaurants and voluntary community service in promoting healthy eating choices.

Behavioural change approach has been used by the public health as evidenced above because the interventions involve mainly change in behaviours like taking less sugar more physical activity, adopting healthier lifestyles through healthy food choices, controlling food outlets and also adjustments of food plans. It is one of the best approaches as when the children adopt healthy lifestyles there will be a reduction in the obesity levels.



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Introduction

Obesity is a complicated condition, and it has serious psychological and social dimensions (Gatineau, 2011). Reduction in the levels of obesity will save lives because obesity increases susceptibility to premature deaths (Conolly, 2016). Overweight people are at a much higher risk of the development of type 2 diabetes than healthy weight adults. In 1995, approximately 200 million adults and 18 million children in the globe were obese and overweight respectively. In 2000, the number of adults was at 300 million. Obese children are not only at risk of heart disease but can also develop depression (Brownell, 2017) the economic costs are also very high. The government spends more money every year to treat diabetic and obesity than it does on the fire service, police, and the judicial service. NHS spends approximately £5.1 billion on obesity-related illnesses in England.

The National Child Measurement Programme data for the year 2014/2015 shows that one among five children of between 4-5 years old is obese girls (21.2%, boys 22.6%) and also one among ten children are overweight in the reception (girls 8.7%, boys 9.5%). Also, one among three children of between 10-11 years old is obese (girls 31.5%, boys 34.9%). There is an association between obesity and deprivation (Scarborough, 2011) studies show that children from deprived areas are likely to develop obesity. However, that does not mean that all the overweight children are from this group. For instance, obesity prevalence of among children living in deprived locations was 12% as compared to 5.7% among the children residing in the areas that are not deprived (Public Health England, 2017). The government has laid out a national plan that will reduce the childhood obesity levels, improving the wellbeing and health of the children and contributing to the reduction of future pressures on the society and NHS. The interventions should also address deprived locations.

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Obesity it's a complicated problem with many causes including genetics, culture, environment, and behaviour (Guy-Grand, 1989). However, the primary cause of obesity is energy imbalance due to unhealthy eating patterns, where one takes more energy through the intake of food than the energy being used by the body. According to the health and Social Care Information Centre, (2015) physical activity has a significant association with multiple health benefits among children, for example, bone and muscle strength, fitness and maintaining a healthy weight. Obesity may occur in children with family histories of obesity(Hawkes, 2015). Change in the physical activity and dietary patterns often result from societal and environmental changes related to the development and poor supportive policies in society.

A sustainable change can be achieved only through engaging communities, schools, families and individuals. The primary aim of England is to reduce childhood obesity significantly in the next ten years. The paper aims to identify the policies in place to reduce the cases of obesity and the approaches employed in fighting the problem.

Policies

Globally, obesity has become an epidemic with approximately 3 million people dying every year because of being obese (Lobstein, 2006). In 2010, the obese children below five years were estimated at over 42 million. WHO plays an essential role in the prevention of childhood obesity (James, 2009). In 2004, WHO developed the strategy on health, physical activity, and diet. The strategy encourages stakeholders into taking actions at the international, national and local levels to improve the patterns of physical activity and diets among populations.

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The government in England has taken an initiative which will reduce childhood obesity prevalence. First, it has introduced an industry levy for soft drinks. Children today are consuming many calories through intake of more sugar. In England, teenagers take most of the sweetened drinks produced by the companies. Most of the revenue from the levy is set aside for programmes and activities that will lead to a reduction of obesity also encourage balanced diets and physical activity among school-age children. The levy on producers will encourage them to aim at reducing the amount of sugar thereby providing healthier choices to the consumers. Many manufacturers have taken measures to stick to the provided regulations and reduce sugars in the products. However, the levy will bring stronger incentives. According to studies, however, taxing soft drinks is less likely to make significant changes on obesity reduction since some of the children will shift to healthier choices while those used to the high sugar diets will still purchase the drinks (Yvonne, 2015).

It is proven that the slow change in ingredients balance in our daily products and changing the size of products is one of the successful ways to improve diets and lead to healthy living (James, 2004). The primary reason is that change is universal and not at the individual level. The programme of 20% sugar reduction, will seek to reduce sugar from products that children eat more. The food and drinks industries will also be challenged to reduce the sugar amounts present in their products which contribute to the intake of sugar by the children to 20% by the year 2020. This can only be achieved through reducing levels of sugar and portion sizes of products (Lang, 2005) This programme by PHE (Public Health England) will be applied to all the sectors including manufacturers and retailers.

The PHE will also advise the government to set targets of sugars per 100g of products. The progress will be monitored through determining the average sugar in 100g of the product

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whether food or drink. PHE will review the progress and publish interim reports every six months. Some of the companies have set the pace by addressing the problem and acknowledging that it is essential to reduce their products' sugar levels.

The government is now focusing on innovation to help the next generation get healthier food choices. A study done by LondonMet revealed that healthy food choices cost more, and menus provided by food outlets have limited healthy food choices. UK government started a research and development competition that is worth £10 million which will stimulate research on new products and processes that will increase the range of healthy food choices for the new generation. Agri-Food Technology Council provides counselling on aspects such as nutrition and health whereas the Food Innovation Network unites researchers, food businesses and also innovation support to create a world-class research and development (Lang, 2005).

An excellent way which will determine the healthy food and drinks products are harmful and healthier is necessary to help families know healthy choices of food (Johnson, 2015). The restrictions on the advertisement of food and drinks are already in place for the protection of children and are based entirely on the nutrient profile which shows the composition of fat, sugar, salt, nuts, protein, and fibre. Therefore, the PHE is working hand in hand with industries and Non-Governmental Organisations to review the model of nutrient profile ensuring it complies with the given dietary guidelines. Also, it will ensure the nutrient profile model focuses on unhealthy products unlike affecting healthy products adversely (Public Health England, 2017).

It is essential to harness the public sector potential in the reduction of obesity among children (Lawrence, 2010). In England, the public sector is spending £2 billion every year on food and catering. Half of the money is spent on purchasing ingredients and food. These services ought to set an example to families and children on how the public sector takes measures to

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provide healthy food choices. Public sectors should also have food environments that are designed in a way that the available food choices are healthy ones and cheap so that the low socioeconomic groups can also access the food.

In 2013, a school plan was published, and it has brought lots of changes and improvements in the school food. In 2015, the school Food Standards was established and came into force (Knai, 2016). The PHE will support the Department of Education which will change the School Food Standards according to the dietary recommendations of the government. Most of the schools are under the School Food Standards although some of the academies are not. The PHE, therefore, is keen on encouraging the academies to embrace the action plan of reducing and preventing obesity among children. In line with this, the Education secretary of state will also lead the campaigns that encourage schools to follow the provided standards. The breakfast clubs in schools can also contribute significantly to the reduction of obesity among children, and it is the reason why the government will set aside £10 million every year from the levy revenue of soft drinks to expand the breakfast clubs. More children will benefit from this program.

The PHE, therefore, will work with the local authorities and support them reducing obesity among children. In England, the Ukactive members are committed to making the leisure and fitness centres healthier through the provision and promotion of healthy food options and restriction of food and drinks that are unhealthy (Public Health England, 2017). The health department has also taken the initiative through collaboration with Behavioural Insights Team, NHS and PHE England to integrate interventions that are behavioral in the NHS hospitals (Lloyd, 1961).

According to McKinsey Global Institute (2014), regular physical exercise comes with benefits among children. The Chief Medical Officers in the UK recommend that children and

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young people should also engage themselves in physical exercise for at least one hour every day. Majority of the schools provide only two hours for PE every week. However, there is a need to improve the number of hours of physical exercise per week. Primary schools should extend their time to at least one hour of PE every day (Parsons, 1999). The government is keen on how schools use the funding effectively and will be conducting assessments on the same. Physical activity will be included in the rating scheme of schools. Therefore, schools will be allowed to show the activities they have to improve the physical activity of the children.

The PHE will also set measures of how schools will be working with health centres, nurses, teams for healthy weights in the local authorities and other available resources to ensure that children are helped in developing healthy lifestyles. Furthermore, the government will avail a new online tool that is interactive which will be helpful to schools in planning for the physical activity time allocation (James, 2009). Also, it will help schools in the identification of gaps in the available opportunities to make the children active and will also give recommendations with a variety of options they can choose from.

It is essential for families to be provided with adequate information about the food they are purchasing for them to make healthy food choices (Swinburn, 2011). The UK has taken a step to ensure that families get the information through working with food industries to include labels in their products. However, there is an increasing concern among families since they do not understand the kind of sugars they should consume (Stamatakis, 2010). The new labelling recommendations show particular sugars that can be overconsumed easily.

The early years of life are very crucial in every child's development (Pischon, 2008). Before children start going to school already one in five children is obese, and between the ages of one to four, it is only one among ten children that meet the given physical activity guidelines

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in the UK. PHE has taken the initiative by commissioning the Children's Food Trust into developing menus for young aged children. The menus will be incorporated into the given guidelines to help the children achieve dietary recommendations.

Health promotion approaches

There are several health promotion approaches which can be employed in solving a particular problem in society (Branca, 2007). The primary objective of the medical approach is the reduction of morbidity and premature mortality (Pi-Sunyer, 1999). The main methods used in medical approach is risk education and medical interventions. The educational approach aims at providing information to the public and also ensures that society gains knowledge and understanding on issues about health in this case obesity (Johnson, 200). Empowering them with knowledge enables them to make well-informed decisions.

The social change approach aims at effecting change on the social, physical and economic environment to making it conducive for good health. The main focus here is changing society but not individuals (Conolly,2016). Empowerment health promotion approach aims to help the population in identifying what they want to know and also taking actions, making their own choices and decisions following their values and interests (Hawkes, 2015). The behavioural approach aims at changing the behavioural patterns of individuals. Improving public health highly depends on behavioural change (Bandura, 2004).

Behavioural change

Obesity is a problem that is mainly caused by poor behaviours such as unhealthy eating and harmful lifestyles. This is the primary reason why behavioural approach interventions are the

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best in solving the obesity problem in the UK. Today people have adopted lifestyles whereby they no longer eat healthy food choices but prefer take-outs where they take fries for example. Children are also not encouraged to play but just stay indoors either watching movies to playing games. This has had a very negative effect on obesity prevalence. It is the primary reason why obesity is on the rise in the UK. The behavioural change approach is preventive since its main focus is on people's lifestyles and encourages them to adopt healthy living behaviours (Waters, 2011). It is the best approach since it consists of a change in lifestyles. Also, it has become the focus of the public health sector just because it is essential to promote change in behaviour than just empowering the society with information.

The policies above have embraced the use of the behavioural approach to deal with childhood obesity. The first policy is the provision of food healthy choices into the schools. This policy will reduce childhood obesity significantly in London (Hawkes, 2015). Here, the children eat healthy foods which help them prevent and reduce obesity. It is a change in behaviour since if previously the children were for instance allowed to carry their food, they may not carry healthy foods. However, healthy food provision in the schools curbs the problem of bad food choices. Parents are also encouraged to provide healthy food choices to their children. With parents and teachers working together then it will significantly increase the chances of reducing childhood prevalence.

The policy to reduce sugar in products is a behavioural approach. This is mainly because it will indirectly affect the food choices of individuals in the UK. This is primarily because when the individuals when the people purchase the products, they will have less sugar which will be healthy for them. Taking less sugar is important in maintaining good health. According to (Lang, 2005) it is unlikely for individuals to reduce sugar intake as told. Therefore, the government's

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initiative for companies to reduce 20% of sugar in their products allows the children to take healthy food choices.

The programmes of creating school-based physical activities that get the children involved in health benefiting exercises and play time follow the behavioural approach. The primary reason is that since the children who were not involved in physical activities in the past and they will now change into engaging in physical exercise which will help in maintaining their weights and reducing obesity. It is quite evident that in today's world children during their free time immerse themselves into playing videogames and watching TV rather than get involved in physical activities (Gatineau, 2011). In research conducted by P. Wilson on childhood obesity, it showed that children enrolled in school curriculums based on reducing the TV and Videogame time had children facing lesser challenges with obesity. The activities scheduled for the child's daily activities play a significant role in their well-being. Children should be involved in physical activities that help them maintain a healthy body and be programmed for exercise and play time. Planned physical activities both at home and in schools can help the children stay in good shape (Lobstein, 2006).

The WHO strategy to improve physical activity and diet patterns also adopt the behavioural approach since it encourages populations to engage more in physical exercise and also improve their food choices. Once behaviour patterns change especially into eating healthy, then childhood obesity significantly reduces.

Social change approach is focused on effective change on the physical, social and economic nutritional environment to make it favourable for good health. The society should be educated on their nutritional lifestyle they are exposed to, mostly change in their nutritional behaviours, and culturally adopted ways to improve their health (Gatineau, 2011). The linked policy here is

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development to update the nutrient profile, which will determine the food and drinks that are healthier or harmful. Most importantly the government should provide advertisements to the society of food and drinks that will protect the children from obesity and other nutritional related disorders. Parents must be educated on the best nutritional health choice that will be convenient for their children.

To conclude, it is evident that obesity is the primary risk factor for children that affects both their physical and social life. The health of a child with obesity is at risk of further diseases. The health factors that affect a child with obesity, in the long run, affect the finances as it will be costly to treat the diseases that resulted from childhood obesity. Children growing with obesity are at more risk of suffering from social discrimination which in turn affects them psychologically. They are more likely to develop an inferiority complex and have a low esteem issue. Some become victims of bullying and others to boost their self-esteem become bullies. These effects are likely to affect the children more especially in adulthood.

Therefore, it is crucial for parents and schools to maintain the health of the children through changing the food choices from harmful to healthy. The children spend a lot of their time between home and school meaning team effort between parents, and the schools can help prevent, treat and beat the challenge of childhood obesity. The government in London should embrace the behavioural approach to mitigate and reduce the case of obesity.

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