

## OUR CHILDREN ARE IN A HEALTH CRISIS

Childhood overweight and obesity in Australia has reached epidemic proportions, with an estimated 25% of children now being classified as overweight or obese (about 26% of boys and 23% of girls aged 4 to 14 years) – more than at any other time in our recorded history – and it has been predicted that this figure will increase to 50% by the year 2020 (Murdock Children's Research Institute, 2002). This places Australia as having one of the highest rates of obesity among developed nations.

The obesity crisis is having a significant impact on the physical and emotional health of young Australians. Early health intervention and prevention efforts are therefore needed to reduce the problem.

**Short Term Consequences:** There is now abundant evidence that childhood obesity adversely affects health and is not simply an aesthetic issue. Probably **the most common short-term consequence of overweight and obesity in children is psychological ill-health.** Social and psychological consequences include stigmatisation, discrimination and prejudice. Although this is a complicated issue, **obesity has in general been linked to low self-image, low self-confidence and even depression in some obese children.**

**Longer term consequences:** More than 70% of obese children and more than 85% of obese adolescents will become obese adults. There is a marked increase in risk of ill-health arising from obesity in childhood that is independent of their weight as an adult. For adolescents and young adults who are obese, there is increased risk of poor socio-economic outcomes (lower educational attainment, social isolation, low income). Ultimately the net effect of all of these adverse consequences of childhood obesity is an increased risk of ill-health and risk of premature death in adult life.

### 1. Psychosocial

- Poor Self Esteem
- Depression
- Eating Disorders

### 2. Pulmonary (lungs)

- Sleep Apnoea
- Asthma
- Exercise Intolerance

### 3. Gastrointestinal

- Gallstones
- Steatohepatitis (fatty liver disease)

### 4. Renal (kidneys)

- Glomerulosclerosis (scarring of the kidneys' tiny blood vessels)

### 5. Musculoskeletal

- Slipped capital femoral epiphysis (hip problem)
- Blount's Disease (rare growth disorder that affects children, causing the legs to bow outwards just below the knees.)
- Forearm fracture
- Flat Feet

### 6. Neurological

- Pseudotumor cerebri (is a neurological disorder that is characterized by increased intracranial pressure (ICP), in the absence of a tumor)

### 7. Cardiovascular (heart & blood vessels)

- Dyslipidaemia (is a disruption in the amount of lipids in the blood)
- Hypertension (high blood pressure)
- Coagulopathy (defect in the body's mechanism for blood clotting)
- Chronic Inflammation
- Endothelial Dysfunction (dysfunction of the cells that line the inner surface of all blood vessels including arteries and veins)

### 8. Endocrine (hormonal)

- Type 2 Diabetes
- Precocious Puberty
- Polycystic Ovarian Syndrome (girls)
- Hypogonadism (boys- when the sex glands produce little or no hormones)

## Two recent articles in Australian Newspapers tell the sad and worrying consequences of our childhood obesity problem.

In The Australian Newspaper 28 Jan 2007, reporter Lou Robson said, "More than 60 Queensland teenagers, some as heavy as 180 kg, have resorted to stomach banding surgery and many others are on hospital waiting lists." Dr Blair Bowden, Lap Band surgeon, stated "Our kids are the first generation that have the potential to die before we do." He blamed a lack of exercise and too much junk food. "Our kids are inactive as a result of PlayStations, the internet, remote-controlled TVs and the fact parents drop their kids at school and won't let them play at the park because of the risks involved. It's a result of high-calorie foods and soft drinks which I think we should legislate against."

In the Sunday Mail Newspaper Dec 10 2006, Elissa Doherty, Health Reporter for the Sunday Mail reported that overweight teenage boys are resorting to having their breasts reduced to avoid embarrassment and improve their self esteem. Adelaide surgeons said bulging obesity levels were resulting in more boys and girls going under the knife.

### What is causing this epidemic for our children?

- 1. Too much high calorie, poor nutrient food and drink.**
- 2. Too little time being physically active.**
- 3. Too much time spent engaged in electronic media activities, some of which involve frequent exposure to advertisements of high calorie snack foods and drinks.**

A policy document by Dr Michael McDowell on Children and the Media developed for the Royal Australasian College of Physicians in 2003 suggested that for Australian children between 7 and 14 years of age:

- 45% have televisions in their bedrooms (compared to 21% in the year 2000)
- 27% have a VCR in the bedroom (10%)
- 22% had their own computer in the bedroom (14%)
- Technologies in the bedroom were more likely for single children, boys and where families subscribed to pay TV.
- 36% of children indicated that their parents let them watch anything, 58% said their parents sometimes told them what to watch, and 12% indicated that their parents always decided what they watched.

- 4. Not enough family time with modelling of good nutrition and physical activity.**
- 5. Parents are worried about the safety risks of letting their children play in public places and parks which is inadvertently encouraging more sedentary activity.**

In 2004, \$410 million was spent on food advertising in Australia. 1% of food advertised promotes healthy food. 99% promotes fast food, ice cream, soft drinks and other junk food. ("A fat lot of good ads do", Bob Brown,

An Australian study examined 239 food advertisements during children's television slots. Of these, 25% were for fast food restaurants and 22% for chocolate and other confectionary. Only 1% were for vegetables and there were no advertisements for meat. As a result children may believe that the advertised foods are good for them when fast food is actually unhealthy. For example, a single burger is likely to contain more fat than a child's recommended daily intake. Compound this with chips, sundaes, soft drink on an outing and energy intake has increased significantly.

## What can we do to Help our Children?

- Model and encourage good exercise and nutritional habits and make good nutrition and regular exercise a priority for your family
- Don't enforce old patterns from your own childhood about eating everything on your plate, or forcing a child who naturally grazes on food to fit the 3 meals a day
- Stick to good quality foods from each of the food groups
- Provide healthy snacks for school and eliminate or at least minimise heavily processed packaged foods. Did you know that one can of soft drink has up to 10 teaspoons of sugar?
- Minimise the consumption of soft drinks and juices and increase the intake of water. Did you know that one can of soft drink has up to 10 teaspoons of sugar?
- Reduce the number of heavily processed unhealthy foods available in the home and increase the availability of fresh foods & other healthy snacks
- Limit TV & computer game time while encouraging and participating with your children in more active pursuits
- Set realistic and achievable goals for increased physical activity and introduce activity and exercise gradually and make it a routine
- Provide praise and attention for good nutritional and activity choices
- Provide rewards (**not** food) for motivation. Rewards for appropriate behaviour or choices is not bribery. Bribery is giving rewards for unethical behaviours or and that is not what you are encouraging. Rewards can be fun activities or social activities as generally what is most motivating for a child **is time with you**. Play a game with them as the reward
- Don't watch TV during meals
- Make meal time the family communication time, giving everyone an opportunity to talk
- Involve your children in cooking and preparing healthy meals. Introduce this activity early as young children often enjoy being part of the food preparation process
- It's important to encourage a range of outdoor activities as not all children are sporting types. Activities like cubby building, playing on the swings, etc. all contribute to your child's healthy development
- Deal with meal-time behaviour problems by allowing and encouraging appropriate discussion, imposing appropriate rules, ignoring minor problems, using minimal fuss, natural consequences, and time out if necessary
- Learn about ingredient labels and stick to Low-Glycemic index foods

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