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Effect of obesity on children

Introduction

Obesity among juveniles is a global problem. Because childhood plumpness is not seen as abnormality, cases of obesity often go undetected. Statistics reveal nearly 25% children in Australia are obese. Such high figure exerts pressure on health care services with treatment related expenditures exceeding \$37 billion (Rune et. al., 2015). Not much behind is US where 23% of toddlers aged between 2 and 5 years are obese. Besides the impact on exchequer, obesity among juveniles affects mental and physical health. High blood pressure, cholesterol and such ailments are common within the population (Sisson et. al., 2016). Prevention is thus critical to ensure a healthy mental and physical growth of children. Many studies have aimed to determine the causes of obesity and thereby deduce how it can be prevented. Some such endeavours have investigated the relation between obesity and physical activity, while others have concentrated on healthy eating habits. But since the problem is multifaceted, prevention strategy must encompass other factors also (Sisson et, al., 2016). This paper reviews three studies conducted to explore alternative routes to obesity prevention. In doing so it aims to detail essential aspects of obesity among children.

Applied methods

The three studies, reviewed herein, focus on different methodologies like quantitative data, experimental groups and secondary data used in the studies. A sample size of eighty parents in Australia were finalized by the researchers and assigned to experimental and control groups. The first set was provided obesity pamphlets while the latter were provided stress management

literature (Rune et. al., 2015). Morano et. al. (2016) aimed at studying the result of 6 months intervention program on obesity where eighteen children from 10 years to 12 years and obese were selected for the study. The researchers chose an urban middle school, Parisi-De Sanctis in Foggia, Italy. Sisson et. al. (2016) followed use of secondary data and PRISMA (Preferred Reporting Items for Systematic Reviews and Meta Analysis) guidelines were taken care of. 97 articles were selected which together presented 71 interventions. Experimental designs were eligible for this study. Moreover the study followed Stetler's Level of Quantitative Evidence. The children in US are more focused in the study.

Findings

Parental Perception and Awareness

Rune et al. (2015, p.130) assesses the effectiveness of short-term, parental education interventions aimed at increasing their knowledge about risks associated with obesity and how to assess the weight of their children precisely in Australia. They emphasized that educational pamphlet can help increase awareness and understanding within parents. Health risks if identified will act as a motivator in changing behavior. However neither of the other two studies conducted by Morano et. al. (2016) and Sisson et. al. (2016) lays emphasis on parental perception and awareness.

Physical Activity

Morano et al., (2016, p. 1079) concluded that to prevent obesity in students in Italy it is necessary to focus on physical activity. They suggested that interventions should aim to improve perceived physical ability. Time invested in Physical Activity (PA) and lifestyle related PA

shows a positive influence on regulation of energy thus helping children in managing their weights in a long term. Similarly Sisson et. al. (2016, p. 61) although included other factors focused on the importance of physical activity in their study. Interestingly, physical activity is highlighted by both studies and so it assumes importance. Thus it can be concluded that physical activity is a significant deterrent of obesity and should be focused upon by parents. Exercise habit should be inculcated among children by enhancing their perceived physical viability. This implies that to prevent children from becoming obese they will have to enjoy being fit.

Nutrition

Another important aspect identified by Sisson et. al. (2016, p. 61) shows that nutrition and dietary plans are important for children suffering from obesity. Moreover dietary plans shall not be ignored. The dietary intake shall be involve parents. Similarly Marono et al. (2016, p.1079), focused on encouraging children to shift towards healthier options which are nutritional and substitute unhealthy food with low calorie food. Moreover addressing personal health of every child had positive results and so becomes an important factor to be taken care of. However research by Rune et al. (2015) is quite limited while Marono et. al (2016) attempts a more holistic approach. It is evident that researchers have made a conscious effort to study how childhood obesity can result from a host of factors beyond nutrition singularly.

Screen Time

From the study conducted by Sisson et al. (2016, p. 65), we learn that screen time can be altered via health behaviour interventions. That holds positive news for child caregivers at the centers. Since screen time can be reduced, centers should try and encourage children into other activities.

Preventing increases in screen time helps the centers in reducing child obesity. However the other two studies do not focus on the affects of screen time in the childcare centers. Though this study looks at screen time beyond physical activity and diet, yet its scope is limited compared to the study conducted by Marono et. al (2016).

Limitations and future research

Sample sizes of the studies considered in this study are rather limited, though they have reported significant findings. Yet it can be a drawback when it comes to generalizing the results. That most of the dietary habits were self-reported, is also a drawback of the studies. While relation between HRQoL and obesity has been dealt with in the literature, causal relation between weight reduction and HRQoL does not get established clearly. As such how HRQoL elements can be used to stimulate weight loss remains elusive. The third study is limited by the absence of any consistent measuring unit, which impacted direct comparison between the different elements contributing to obesity. Had that been possible the identified intervention strategies could have been precise. Future researchers should ponder over these aspects while planning future projects. A larger sample size should be selected and the dietary habits should be reported by parents, to eliminate any bias.

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