

Preventing Obesity in Children

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Abstract

Obesity is a recent health epidemic that has dire consequences for America's health, especially for its children. The causes contributing to this epidemic include sedentary life styles, caloric intake, and major changes in the eating patterns of American families. Among these changes in eating habits is the amount of food Americans consume, how often they consume those foods, and the types of foods themselves.

Preventing Obesity in Children

Americans are the fattest people on the planet and continue to expand. According to a survey of adult men and women in the United States during 1999-2000, published in JAMA: The Journal of the American Medical Association, 30.5% of Americans are obese, up from 22.9% ten years earlier, and nearly two-thirds (64.5%) are overweight (Flegal, Ogden, & Johnson, 2002).

Excess weight isn't just a matter of looks. Obesity magnifies the risk of heart disease, diabetes, high blood pressure, and other ailments thus overtaking tobacco as the leading cause of chronic illness (Brownell & Horgen, 2004, p. 4). An especially disturbing aspect of this trend is that

children are increasingly obese. The Center for Disease Control and Prevention (2002) reports that the percentage of obese children aged 6 to 11 almost quadrupled from 4% in 1974 to 15% in 2000, and the percentage of obese children aged 12 to 19 increased from 6% in 1974 to 15% in 2000 (United States, 2002). Obese children have a 70% chance of becoming obese adults with a much higher risk of serious illness than those of normal weight (Brownell & Horgen, 2004, p. 46). Furthermore, obese children suffer many serious health problems today. Pediatricians now routinely treat atherosclerosis and type II diabetes, diseases that used to be frequent only among older people (Tyre, 2002, p. 38). Today's children are among the first generation in American history who may die at earlier ages than their parents.

For most people in the United States, obesity is a matter of individual choice and old-fashioned willpower (Lee & Oliver, 2002). The usual advice for overweight people is to eat less and exercise more, but how applicable is this advice for children unless they have strong guidance from adults? How can children make intelligent choices about eating in an environment where overeating is normal and where few adults know what's in the food they eat? The United States has been successful in addressing teen health problems: drug use has dropped,

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teenage pregnancy has been reduced, and teen smoking has declined. We need to take a similar proactive response by taking concrete steps to reverse the trend toward more obese children.

Lifestyle, Calorie Changes

Lifestyle Changes. Many have blamed the rise in obesity on a more sedentary life style, including the move to the suburbs, where people drive instead of walk, and increased viewing of television. One study of children watching television found a significant drop in the average metabolic rate during viewing (Klesges, Shelton, & Klesges, 1993). Another study reports that reducing children's television viewing also affects their eating behavior (Robinson & Killen, 2001). No doubt that children who exercise less tend to weigh more, but the couch potato argument does not explain why the enormous weight gains have occurred over the past twenty-five years. The move to the suburbs and the widespread viewing of television began in the 1950s. Furthermore, the couch potato argument neglects the extraordinary rise of female participation in athletics. The number of young women playing a sport in high school has risen from 294,015 in 1971-72 to 2,856,358 in 2002-03, almost a tenfold increase (National Federation, 2003). Yet girls, like boys, have gained weight.

Calorie Changes. The simple answer to why Americans of all ages have steadily gained weight over the past three decades is that we're consuming more calories—about 500 more per person per day in 2000 than in 1984. Marion Nestle (2002), the chair of the Department of Nutrition and Food Studies at New York University, observes that “food is so overproduced in the U.S. that there are 3,800 calories per person per day, and we only need about half of that” (Spake & Marcus, 2002, p. 43). We're eating more food high in calories and high in fat .

Eating Patterns

Patterns of eating in America have changed over the past three decades. With more

people working longer hours and fewer staying at home, annual spending in adjusted dollars at restaurants increased nearly by a factor of ten between 1970 and 2003, from \$42.8 billion to \$426.1 billion (National Restaurant, 2003). The growth was most rapid among fast-food chains, which by 1999 were opening a new restaurant every two hours (Schlosser, 2001). According to Eric Schlosser (2002),

In 1970, Americans spent about \$6 billion on fast food; in 2001, they spent more than 10 billion. Americans now spend more money on fast food than on high education, personal computers, computer software, or new cars. They spend more money on fast food than on movies, books, magazines, newspapers, videos, and recorded music—combined. This is a nation wide phenomenon not just limited to a few small areas. (p. 3)

As the restaurant business became more competitive, fast-food chains realized that the cost of the food they served was small in comparison to the costs of buildings, labor, packaging, and advertising, so they began increasing the size of portions. Amanda Spake and Mary Brophy Marcus (2002) note: “When McDonald’s opened, its original burger, fries, and 12-ounce Coke provided 590 calories. Today, a supersize Extra Value Meal with a Quarter Pounder With Cheese, supersize fries, and a supersize drink is 1,550 calories” (p. 44). Large portions may represent good value for the dollar, but they are not good value for overall health.

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