

The topic that I am going to delve deeper into is the medium to long term physical and psychological effects of childhood obesity. Obesity is unfortunately a common disease in today's world. Obesity is classified by having a body mass index (BMI) above 30. BMI is an attempt to quantify the body mass (fat, bone and muscle tissue) of an individual. Obesity is something that most if not all nations will have to tackle as one of the largest health risks to society. Kim posits in 2016 that in American alone, obesity could cost upwards of \$200 billion in the coming years and the problem is only growing more prominent. Indeed, it is no longer something that affects those in adulthood, rather something that is beginning at young ages and being carried forward into adolescence and young adulthood.

The level of obesity in children is a growing problem in western civilisation and in some developing countries. Children between six and 11 have seen a rise in the prevalence of obesity from 4% in 1971–74 to 18% in 2009–10 (Prentice 2005). Furthermore, the prevalence of obesity in adolescents ages 12–19 increased from 6.1% to 18% in the same time frame (Prentice 2005). The problem is growing exponentially with each passing decade. It has major consequences to both physical and mental health. It is an increasing epidemic with numbers doubling in the past two decades in Ireland (Morgan *et al.* 2008). Quality of life is limited by obesity, short term and long term. (Dietz 1998) suggest obesity in children can have a detrimental impact whilst growing up, and problems can follow them through into adulthood. Indeed, children are cited to have a higher chance of premature death and disability in adulthood and are likely to remain obese well into adulthood. Long term obesity has the potential for the development of non-communicable diseases such as reduced cardiovascular health and diabetes. However, to only examine the physical health implications would not paint a clear picture of the wide-ranging implications of a continued rise in childhood obesity.

Indeed, compared to healthy-weight children and adolescents, there seems to be a consistent heightened risk of psychological implications including depression, anxiety, lowered self-esteem, and behavioural disorders in children with obesity (Ranking *et al.* 2016). The development of such psychological disorders forces the weight put on the healthcare systems of respective countries to be doubled. Specifically, not only will nations have to contend with a physically impaired population but also must manage growing psychological issues (De Niet and Naiman 2011). However, though this presents as a societal issue, it influences the individuals social and psychological development even more so. Obesity can lead to bullying from peers in educational and recreational settings. Indeed, being overweight increases the likelihood of being bullied by upwards of 63%. Bullying can lead to social isolation, reduced self-esteem, and often accentuate or create more severe psychological issues such as anxiety or depression. Resultantly, this can often lead to the worsening of weight issues as evidence supports that people seek solace in comfort foods during times of personal adversity (Geliebter and Aversa 2003). This creates a cyclical problem where children are bullied for their weight, they eat to feel momentarily better, and as a result the bullying only intensifies and causes increased psychological issues that will shape the direction of children's lives for years to come.

Certainly, childhood depression can lead to the formation of unhealthy relationships, reckless behaviour and recurrent worsening psychological implications as time progresses. Childhood obesity is clearly an issue that society must face and soon. The purpose of my research will be to provide a focused and detailed understanding of the causes, structures, and implications of

a growing societal issue. Only by fully understanding the scope of the issue, and the issues it is causing on a daily basis can a solution or approach be found to lessen the problem. I will begin my research by tackling the 'why' surrounding the growing prevalence of childhood obesity by examining its links with poverty and poor nutritional standards in Western countries. Furthermore, I will expand upon this by researching the poor educational rigours surrounding adequate nutrition in schools while detailing systems and practices that are already in place. I will then progress to looking at the short term physical implications in both recreational, educational and daily life settings. Carrying on I will examine the longer lasting implications such as the development of non-communicable diseases such as diabetes and heart problems. Moreover, I will examine what is perhaps the most overlooked aspect of obesity, the sociopsychological implications and how obesity can affect the healthy development of children during their transition into young adulthood. Finally, I will examine the current deficiencies in systems put in place to tackle the problem and outline more effective solutions so that this growing issue can be tackled before it causes a massive impact to the healthy development of many children around the world.

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