

Kicking Childhood Obesity

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Childhood obesity – the size of the problem

Earlier this year the American Medical Association voted to classify obesity as a disease. This decision was not universally popular but the reality was that over one third of Americans woke up one morning with this ‘disease’. Should the same be applied here as New Zealand is currently ranked third in the OECD with 26.5% of the adult population deemed obese? The worrying trend is that, at 28.5%, the percentage of New Zealand children aged 2-14 years in the obese category is even higher. Moreover, Pacific and Maori children are 2.5 and 1.5 times more likely to become obese relative to children in the overall population, respectively.

It is estimated that 4.5% of the total health care budget – \$686 million – is spent on overcoming obesity. Furthermore, an additional \$225 million (2006 estimate) of lost productivity has been associated with obesity.

Childhood obesity has been linked with poor academic ability, physical and mental illness, reduced self-esteem and quality of life and greatly increases the likelihood of becoming obese as an adult. As the average age of New Zealand’s population increases it will be imperative that our workforce – the children of today – is as healthy as possible.

So, what can be done about this problem? How can we as individuals, and collectively as a nation, reduce this burden? This is of course a very complex issue and one that needs to be tackled using a multi-disciplinary approach. This article focuses on physical activity and energy expenditure rather than energy intake perspectives.

Reduce physical inactivity

Like numerous weight-loss ‘diets’ there are many physical activity guidelines that have not been overly successful. It may be that the architects of these guidelines were aiming too high and more emphasis needs to be placed on the earlier parts of the stages of change models.

A growing research area is looking at ways in which to reduce physical inactivity in children. The main premise is that if these periods of inactivity can be minimised then children will seek more physically active pursuits. The amount of ‘screen time’ (television, computer and smartphone use) in children has been associated with long-lasting adverse effects such as raised cholesterol, smoking, and being overweight. However, it is important that children have access to play areas, and suitable equipment to play with, when the tele is turned off.

Learn motor skills early through fun activities

Pre-school children with better motor skill proficiency have higher chances of participating in vigorous play, improved fitness, increased perception of sports competence and enhanced physical activity levels into adolescence and adulthood. These motor skills include being able to jump, climb up and down safely, throw and catch a ball – what seem very simple activities but very important for long-term development. In addition, research has shown that learning these motor skills positively affects academic and cognitive ability as well.

Making learning fun and engaging will be far more effective for toddlers and young children. The inclusion of music and dance, visual stimuli and group play using appropriate equipment will help accelerate the learning process. Special physical activity classes do exist but may be cost-prohibitive for many people at present.

Better marketing of exercise

Most New Zealand children do not meet the recommended 60 minutes of moderate-to-vigorous physical activity per day. The public at large may still perceive exercise as regimented activities such

as going to the gym and/or playing competitive sport and so these guidelines may be put in the 'too-hard' basket.

Therefore, exercise practitioners may need to refocus their marketing efforts to highlight the importance of 'bite-size' units of exercise accumulated throughout the day, advising small-scale lifestyle adjustments rather than wholesale changes, and highlighting the immediate benefits of exercise (e.g. 'feel-good' factors) rather than something that may happen in the future (e.g. better health).

Parent interaction vital

The parent's level of activity, as well as their BMI, has been associated with the physical activity and body mass of their child. Thus, for any intervention programme to be successful, parental interaction is vital. This parent-child interaction is a key component of a popular physical activity class for children aged 6 weeks to 6 years (Jumping Beans). Parents are taught how to interact with their child and learn ways in which to manage risk.

As more and more pre-school children are placed in childcare (40% in 2012) it is very important that parents find the time to play with their child and teach them vital life skills.

What are other countries doing?

Scandinavian countries have some of the best schooling systems in the world (and also dominate quality of life surveys). In Finland – which has been at the top of OECD academic student assessments since 2000 – children do not start comprehensive school until 7 years of age. The focus of the education system is to encourage learning through play from 1-7 years (all state funded). Teachers are trained to help children learn through physical activity and many of them also have Master's level qualifications.

These countries also have higher tax rates to pay for these services – is the reduction of childhood obesity something New Zealanders are willing to invest in?

Embrace technology

It may be too convenient to blame technological advancements on reducing physical activity levels. A more pragmatic approach may be to work with the best of the digital age to enhance physical literacy and activity levels. One of the better innovative aspects includes the race to make gaming consoles more interactive and physically demanding (e.g. Wii, dance platforms). Social media can also be utilised to enhance physical activity amongst children.

Exercise practitioners therefore need to think more creatively and interact with children in more savvy ways.

Government needs to play leading role

The government will need to focus more on preventative as opposed to reactive measures to combat childhood obesity. Both the Ministry of Education and Ministry of Health have a part to play in reducing childhood obesity and better coordination of efforts will be required.

New Zealand does have one of the better schooling systems and rightly focuses on core academic disciplines. However, the issue of physical literacy needs to reach equal status if New Zealand children are to become healthier and less obese. Therefore, toddlers and pre-schoolers require physical activity classes, from trained staff using specialised equipment.

Long-term planning, as opposed to short-term interventions, will be needed. The marketing of physical activity needs to be re-examined and society needs to be willing to adapt with technological advancements.

There is hope for the future. We need to plan for it now.