Childhood obesity is a major concern

YOUR HEALTH

DR GITA MATHAI

As a medical student 50 years ago, I saw many children admitted to the paediatrics ward with malnutrition. They fell into two categories. Those with marasmus had skinny frames, loose skin, sunken eyes and were extremely lethargic. Those with kwashiorkor looked well fed at first glance. They had puffy faces, protruding bellies and swollen feet. This was not due to fat but to fluid accumulation. Today, India is facing the opposite problem.

Babies then were often born small, weighing around 2.5kg, compared to an average birth weight of about 3.1kg today. Mothers were malnourished, with inadequate milk production. Babies were weaned onto diluted cow's milk or, because infant formula was expensive, incorrectly reconstituted formula.

Today, childhood obesity has become a major concern. Around 8 per cent of children between 1 and 18 years of age are obese, and the prevalence is increasing by 5 per cent each year. Globally, India ranks second after China, despite now having a larger population. This is a worrying trend because obese children usually grow into overweight adults. The medical problems that begin in childhood and adolescence worsen progressively with age.

Between 10 and 15 years of age, blood sugar levels may begin to rise, leading to maturity-onset diabetes of the young (MODY) in susceptible individuals. If undiagnosed and untreated, this can result in vision loss, kidney failure and nerve damage. Blood lipid levels become elevated, leading to premature atherosclerosis and increasing the risk of heart attacks and strokes. Fat accumulates in the liver, altering it and impairing its function, leading to metabolic dysfunction-associated steatotic liver disease (MASLD), and eventually cirrhosis.

The knees and hip joints struggle to bear the excess weight. A protruding abdomen alters the normal alignment of the spine, leading to chronic back pain and poor posture. Asthma may develop or worsen. Fat deposits around the neck increase the risk of obstructive sleep apnoea, causing loud snoring and poor-quality sleep. This results in daytime fatigue, poor concentration and reduced academic performance.

Obesity can also trigger polycystic ovary syndrome (PCOS) in adolescent girls. They may develop acne, thinning of the hair on the scalp, excessive facial hair, irregular menstrual periods and later, fertility problems. Children may also be teased or bullied because of their appearance. They may be overlooked for stage performances, leading to low self-esteem.

Childhood obesity is caused by a mismatch between calories consumed and calories used. The excess calories are stored as fat. Both genetic and environmental factors influence eating habits. Entire families may follow unhealthy dietary patterns. The type of food parents and caregivers offer their children, the frequency of meals and the size of portions all make a significant difference. Children may become accustomed to sugary snacks and sweetened beverages from a very young age. Many are physically inactive, preferring screen time, television and mobile games to outdoor play. Television and social media repeatedly advertise unhealthy, high-calorie foods, creating a strong desire to consume them. Busy parents may rely on convenient, highly processed ready-to-eat foods instead of freshly prepared meals.

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The environment plays a key role. Children living in crowded neighbourhoods or high-rise apartments often have no safe place to play. Schools prioritise academic performance over physical education and games. After school, many children attend tuition classes or coaching centres, leaving little time for exercise or recreation. Unless schools, communities, policymakers and parents work together, the battle against childhood obesity and the dream of a healthy, productive India is doomed.

The writer has a family practice at Vellore and is the author of *Staying Healthy in Modern India.* **If you have questions on health issues, write to** *yourhealthgm@yahoo.co.in*