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Ridding the World of Malnutrition: Childhood Obesity in Western Europe

Innumerable major and minor organizations have worked hard for past centuries to improve poverty and malnourishment caused by a deficiency in nutrients. Their work is gradually paying off. However, a paradox lies in this disheartening fact: As the number of people suffering from lack of food slowly declines, the number of people suffering from overweight and obesity begins its steep inclination. Nearly eighteen percent of the world's population is overweight or obese. Most often, these people are just as malnourished as those who are underweight. Moreover, the effects of obesity are as life threatening as malnourishment.

The United States of America is considered to be the leaders in obesity: Forty-four million American people have a Body Mass Index (BMI) of at least thirty. Although it may seem that number has grown gradually, in actuality, it has increased by seventy percent of what it was ten years ago. This proves an extremely rapid spike in the data. The European Continent, however, is facing a similar situation every bit as chronic as the epidemic we face in the United States.

Worldwide, twenty-two million children under age five are obese. More than seventy-seven percent of these reside in developing countries. Roughly ten percent of school-aged children (ages five to seventeen) are obese, and this number increased by more than twenty-five percent in the 1990's. Eighteen percent of European children are overweight. Additionally, that number of European school-aged children rises roughly 400,000 each year. Markos Kyprianou, European Commissioner for Health and Consumer protection, has realized the urgency of this problem and has already begun to act together with many parties—industry and consumer groups, health experts, and political leaders—in an effort to bring the epidemic to a halt. “I am particularly alarmed at the continued rise of overweight and obesity among school children,” he said. The “rise” that Commissioner Kyprianou refers to is dramatically apparent in Italy where approximately thirty-six percent of children are overweight.

Unfortunately, the trend for children who are overweight or obese is to develop into overweight adults. Thus, more than forty-two million European adults are considered to be overweight or obese. An alarming number of these live in urban areas, and represent low-income, less educated families.

Before the situation can be remedied, obesity must first be properly defined. Not only must a person be considered overweight to be classified as obese, but the excessive amounts of weight for that person must be regarded as a major cause for substantial health impairments in which the person suffers. The Encarta Dictionary defines obesity as “having a body weight more than twenty percent greater than recommended for the relevant height and thus at risk for several serious illnesses, including diabetes and heart disease.” Accordingly, the discussion of the second part of the definition is crucial: Obese people are at risk for several serious illnesses.

The consequences that are involved with being obese or even overweight are countless. They will be divided into three categories for this research project: health risks, psychosocial consequences, and financial costs. Each affects the victim in its own way, but all are equally devastating. Luckily, they can all be counteracted with a lifestyle change.

Knowledge of health risks is crucial to understanding why obesity is such a problem and why certain organizations do all they can to prevent it. Serious illnesses, including heart disease, hypertension, stroke, diabetes, respiratory disease, asthma, arthritis, and certain types of cancer, are all major health risks of obesity (Europe's Obesity Epidemic). Among children, Type 2 Diabetes—formerly called Mature Onset Diabetes—has seen a significant increase in numbers of those affected. The burden of Type 2 Diabetes is not only an excessive need for insulin, but also treatment requirements, which include kidney dialysis, damaged eyesight, neuropathy, and possible amputation surgery. Up to twenty-five percent of all obese children are diabetic and this number is increasing at unstoppable rates—only a decade ago, Type 2 Diabetes was unheard of in children (Epidemic of Children are Getting Adult Diabetes).

To make matters worse, Ireland, for example, has had reports of a fourteen-month waiting list for treatment of patients with Type 2 Diabetes. In France, one Parisian specialist has a six-month waiting list for the treatment of obese children (Waiting for a Green Light for Health?). Thus, treatment is already difficult to obtain and the situation is only becoming worse. There is an obvious need for prevention and intervention strategies in weight management and loss.

The psychosocial consequences of being overweight or obese often remain unnoticed or untreated. Depression, however, is one of the common psychological disorders associated with obesity. A combination of depression and obesity is a very tough situation to resolve. Those who are depressed tend to skip meals or eat excessively. Both result in malnutrition and the cycle often begins again. There is also a disorder caused by an individual eating fifty percent or more of his or her daily food intake during the evening or at night. This disorder is called “Night-eating Syndrome” and causes the individual to have trouble falling asleep or staying asleep (Taking a Nutrition History: A Practical Approach for Family Physicians).

In addition to all the physical and mental disadvantages, overweight and obese people have many extra financial costs tacked on to their situation. Those who are obese have higher medical expenses than those who are not. Between eight and fifteen percent of annual healthcare budgets are spent on healthcare for obese and overweight people (Proper Attitudes toward Nutrition). Although this number is already significant, it still continues to rise. An estimated US\$123 billion per year is spent on care and treatment for obese Americans and Europe is not far behind as the pressure increases to overcome these health problems (Waiting for a Green Light for Health).

Aside from healthcare costs, overweight and obesity contribute largely to the numbers of citizens using disability benefits from the government. Obesity is obviously a long-term health problem and it has many long-term consequences that are a burden on the individual. Therefore, disability benefits are used by obese people for extended years as opposed to being used for temporary purposes only. Early mortality is yet another effect on the economy, as costs to employers, insurers, and taxpayers are beginning to rise dramatically in the United States (Waiting for....). As the United States copes with these extended years of disability and early mortality rates, the European continent needs to recognize and react to these examples set by the United States.

Yet, in order to react, the causes of obesity must be identified and understood. Obesity is affected by many factors. Diet and lifestyle are the top two contributors, but subgroups, such as heredity, types of nutrients eaten, available sorts of foods, appetite, metabolism, and psychological factors, are also used to categorize causes for obesity. Fortunately, although these factors influence weight gain, they can also assist in its prevention and treatment. The next step, conversely, is to comprehend these specific aspects.

Diet is the first category that needs to be addressed. Diets have changed dramatically in the past three hundred years; in the 1700's, each person consumed 3.4 kilograms of sugar each year. Today, 68.2 kilograms of sugars are consumed per person per year (Proper Attitudes toward Nutrition). This is due to many reasons, including vending machines which sell high sugar carbonated drinks and fat-filled candy bars in schools. Consequently, this will not help the rising number of 400,000 children who will become overweight in Europe during the course of this next year.

Regrettably, sodas and candy bars are not the only types of food that cause obesity. Many other drinks and foods are associated with weight gain, especially in children. For instance, children who drink more than twelve ounces of juice per day have an increased risk of becoming obese (Taking a Nutrition History: A Practical Approach for Family). Another example includes that of children's cereals. The labels on certain Kellogg's cereals indicate that there are thirty-five grams of sugar for every one hundred grams of cereal. This is indeed a hindrance on an individual's effort to obtain a healthy diet; although many cereals are energy-rich, they often lack many necessary nutrients.

Not surprisingly, as the intake of sugar has sky-rocketed, food portions, in general, have also increased. McDonald's came out with the "super size" deal and Burger King initiated the "Whopper," both for promotional purposes. In a nutritional history form that is recommended for physicians to give to their patients, a sample question includes "How many times a week do you eat breakfast, lunch, or dinner away from home?" This question is intended to help determine fat intake. Meals eaten away from home generally contain more fat than those prepared in the individual's kitchen. This is because they have hidden fat sources and, i.e. McDonald's, they come in larger portions. Sadly, the larger promotional meals are sold as an incentive for the customer to buy from the fast-food restaurant and, therefore, are also incentives for higher fat intake (Taking a Nutrition History: A Practical Approach for Family).

The easiest way to solve the problem of too much sugar consumption is to get children to quit eating it or, at least, eat smaller portions. However, the marketing of such foods to children works against these efforts. Markets specifically target children in promoting their products, which often times, contribute to unhealthy diets. Back to the McDonald's example, the company is known as the "classic aggressive children's marketer." Many parents dislike the company because their children prefer a Happy Meal over a healthy diet. "[Children] do not have fully formed concepts of duty or right and wrong. This immoral targeting of vulnerable children adds to consumer distrust," stated Sean Bierley, the editor of the Advertising Handbook in Marketing Week. He, too, believes that it is wrongful for markets to target children because they do not understand why these foods will cause serious consequences later in life. Revisiting Kellogg's brand cereal, the company is an obvious professional at marketing to children; their X-Men 2 cereal has "Caramel and toffee flavours that work together in harmony to create a mutant taste you just can't miss!" Once again, the cereal is composed of thirty-five percent sugar.

The extra sugars and fats indicate more energy is easily accessible. Regrettably, this extra energy is not needed; the people's shift toward sedentary lifestyles requires less energy than was ever needed previously. This causes an overstock of sugar and fat, and the end result is obesity. In children especially, the lack of physical activity is also blamed for obesity. It is a natural inclination for children to be energetic and active. However, in today's lifestyles, children more commonly grow up in urban environments which are not ideal for spur-of-the-moment activities. The increased use of television and computers also discourages such activities and promotes the combination of a sedentary lifestyle with 'snacks' to keep the person busy (IASO, Waiting for...). In the family health study mentioned earlier, two of the questions include: "How many hours of

television do you watch every day? Do you usually snack while watching television?" This corroborates the IASO's statement that snacking while watching television can, therefore, be associated with childhood obesity. The average European watches more than three hours of television per day (egta.com)—these are three hours that children could be, and should be, participating in physical activities.

A study performed by Worldwatch Institute indicated that one fourth of the world's population is living the lifestyle that used to be only a privilege of very few. Obviously, an increase in obesity, financial issues, time pressures, and a decrease in quality of life are the results. Moreover, children with obese parents are likely to become obese themselves. This requires an extra effort on these children's part to maintain a healthy weight and an active lifestyle.

The factors discussed—diet and lifestyle—decide the child's general weight range early in life. Because obese children often become obese adults, the problem should be solved as early in life as possible. Opportunely, this dilemma can be remedied with relatively simple changes in lifestyle and/or diet.

These lifestyle and diet changes must follow initial efforts to make aware the causes, risks, and prevention techniques of obesity. This can first be done with a general education targeting children on healthy eating habits and healthy lifestyles. Schools can easily incorporate this simple task as part of their curriculum. Topics could include health risks of malnourishment and obesity, financial issues, the food pyramid, necessary nutrients, unnecessary extras, physical exercise, and creative ideas to boost the students' desire to live a healthy lifestyle. Second, social support should be added into the lives of the obese. Support groups would help boost morale and gain confidence to change diets or lifestyles. However, it is necessary that these education initiatives should target large numbers of people, rather than just the malnourished, in order to maintain a lasting effect. Third, small farmers should also be educated about the necessities and health benefits of growing more fruits and vegetables. In addition, these same farmers should be given incentives to do so. On a higher level, European Union council members and commissioners should also be more aware of the causes and effects of obesity. They can then enforce efforts, such as a ban of carbonated drinks in schools, to improve the situation across all sectors dealing with food.

Diet changes can be made after an individual understands the consequences. First, breakfast should always start the day. It is often heard by youngsters, "Eat your breakfast!" Parental intuition is one hundred percent correct on this issue. The word 'breakfast' evolved from the "breaking" of the overnight "fast" and, thus, is intended to do just that. Eating breakfast helps prevent hunger and overeating later in the day. When eating out, a few simple rules can be followed to avoid extra fat and calorie consumption. These include selecting grilled, poached, baked, or broiled meals, and avoiding condiments such as dressing and butter. Meals eaten at home should be carefully selected, as well. Avoid red meats, dark meat of chicken or turkey, and skins. Choose fish or shellfish at least once a week, and select white meat of chicken and turkey. For children, limit juice to less than twelve ounces a day and avoid sodas and sweetened ice teas. Eat one serving as opposed to two, and, as a general rule of thumb, daily fat intake should be less than thirty percent of total calories consumed. All of these rules can be adopted by school cafeteria systems as well, and well they should be. In one England school's decision to limit access to sweets and carbonated drinks during the school day, slimmer children resulted.

In addition to personal consumer changes in diet, the producers, marketers, and government can also do their part to help regulate fat intake. The idea of color-coded labels or

some other labeling regulation should be enforced for all foods. A simple code could be implemented to help the customer decide if the product can be consumed freely or eaten sparingly. The code should be extremely consumer-friendly. A good example would include a traffic lights system: A red band would signify the product should be avoided; A green would indicate a healthy choice. These codes could be based on salt, sugar, fat, or oil content, or a combination of the four. Marketers and advertisers have the power to shift emphasis to healthier alternatives and regulations should also be made to enforce this. Governments have already considered the initiation of a tax on high-fat foods in an effort to steer consumers away from these products, but, in a survey taken by the British Institute of Grocery Distribution, it was found that consumers would rather see prices of healthy foods lowered than an addition of a fat-tax. This would benefit the low-income families, who are already more prone to obesity than the middle-class population.

Diet and marketing are not the only factors that need to be modified in order to have a healthy life; physical activity needs to be added back into the sedentary lifestyles of the modern day and age. Replace the average three hours of television with after-school or after-work activities. Schools should also require additional periods of physical activity. Urban areas should seriously consider a revamp of the local physical infrastructure, which would eliminate unnecessary trips on transport systems when the distance can easily be walked or cycled. All of these possible solutions and many more small changes would add up to a significant increase in amounts of physical activity.

Lastly, health services and costs must be adjusted accordingly to compensate for today's changing needs of society. The International Obesity Task Force, with the European Association for the Study of Obesity, has already implemented a program to improve the awareness of existing specialists in order to gain a higher expertise in the field of study. It can only be hoped that these services may one day be unnecessary.

These strategies, when used in conjunction, will have lasting effects into our future. However, each must be given priority now. As children grow to learn math, science, and every other subject under the sun, they must also learn of themselves and what they must do in order to stay healthy and properly nourished. Everyone can do their part to help: from teachers and parents to policy-makers and other government officials, to national and international organizations. Our children can soon enjoy healthy lives, but action must be taken now!

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