

Children's Obesity, A New Challenges of Public Health

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Abstract

There are over 31 risk factors that cause obesity in children. These factors are potentially recognized, but not confirmed. Identification of risk factors is the key to prevent the obesity. These factors lie along life as before conception (parents-genetics), during pregnancy (nutrition, addictions), the period of birth (breastfeeding or not), preschool, school age, adolescence, adulthood. That you get these factors should include a study of all these stages and to be measurable factors. This requires at least 20-30 years to see how it is caused and how it affects the life of subsequent obesity. This does not mean that should be expected. Measures should be taken for every stage of life that exceeds one, to avoid factors that are known, whether they be general as ethnic factor, socio-economic situation, globalization, urbanization and others whether they are individual factors as parents BMI, family tradition of feeding, child's sedentary life etc. There's necessary an urgent intervention based on everything we know. This should involve all of us with dedication and willfully (institutions-medical stuff-individual).

The fight against obesity must be done in two directions: social and healthcare. Important point is that obese child to be cooperative with his desire, to offer individual solutions and pleasing to him. It's necessary to draft programs by decision-making institutions as Ministry of Health and PHI. Must be designed brochures and books that talk about obesity, talking on TV, in schools, to increase the hours of physical education, doctors of kindergarten and school to chat occasionally with children about obesity, to add spaces like playgrounds, swimming pools and to encourage increasing the number of professionals in this field. Every public healthcare institution to assign 1-2 hours a day to talk about healthy nutrition.

All of us must work with dedication and without prejudice to the long term because this is the only way to increase healthy generations.

KEYWORDS: Obesity, children, healthcare, individual factors.

INTRODUCTION

Obesity has become an epidemic and a major concern for public health. Worldwide, at least 2.8 million people die every year because of obesity. Obesity can damage every system of the body of the child: heart, muscles, bones, kidneys, digestive tract, and hormones that control blood sugar and puberty. It is accompanied by a heavy social and emotional cost.

During the past three decades the prevalence of overweight and obesity has increased significantly. Globally, 170 million children (<18 years) are estimated to be overweight and in some countries the number of overweight children has tripled since 1980 onwards.

The problem is global and is steadily affecting many countries of low and middle, especially in urban areas. Prevalence is increasing at an important rate. During 2013, about 42 million children under 5 years old (6.3%) are overweight and 31 million of them live in developing countries.

For the first time the situation of overweight and obesity in Albania appears in one study of year 2013 conducted by SLI in cooperation with COSI (Childhood Obesity Surveillance Initiative). It showed that 15.2% of children aged 9-10 years are overweight, of which 3.8% are obese. The DHS's records, 2008-2009, revealed that about 22% of children under 5 years old are overweight or obese.

The overweight and obese children are possible to remain like this in adulthood and more likely to develop diseases like diabetes and cardiovascular diseases at a younger age. These non-communicable diseases (NCDs) cause premature mortality and long-term morbidity. The overweight and obesity, as well as their respective diseases, are largely preventable. The prevention of childhood obesity needs to be a high priority matter.

CAUSES OF OBESITY IN CHILDHOOD

William Wadd in his book for obesity in 1816 wrote "Obesity is not only a disease, but also a warning sign for other diseases". 200 years later the obesity has become a pandemic .

There is more than 31 risk factors that cause obesity in children. The problem is that these factors are recognized as potential risk factors, but not confirmed. Identification of risk factors is the key to prevent obesity. These factors lie during the long life: before conception (parents-genetics), during pregnancy (nutrition, addictions), the period of birth (breastfeeding or not), preschool, school age, adolescence, adulthood etc.

Excessive consumption of foods high in calories that contain high levels of saturated fats, trans-fatty acids, sugars free and / or salt in combination with insufficient physical activity contributes to obesity and diabetes. National surveys show that nourishment and drinks with high sugar content, can be a great source of discrete calories in the diet, especially in the case of children, adolescents and young adults.

PREVENTION

The World Health Organization (WHO) in 2004 has developed a Global Strategy on nutrition, physical activity and health (DPAS) that addressed the growing prevalence and burden of non-communicable diseases (NCDs). More specifically, the strategy focuses on improving the global diet and physical activity patterns, two of the main risk factors for NCDs.

I believe that prevention and the fight against obesity should be a priority for our country and although that PHI does not yet have a complete study about obesity and overweight of children and concrete data for ages 0- 19 years old. All institutions should be involved willfully in this initiative (medical personnel - individual - family).

Let's take the best models that the WHO provides to fight obesity and to adapt these by considering the characteristics of our population. Let's appreciate and encourage

the feeding habits that define our country by combining with new healthy cooking . It's necessary to prepare diets that are useful and accessible from all people because a study showed that caries and obesity coexist in children of low social status and economic.

DISCUSSIONS

The preventing of obesity is largely dependent on changing lifestyles and increasing the level of physical activity. It's necessary to change social perceptions of health by improving knowledge about risk factors of obesity and steps to promote physical activity.

Another problem arising from this study is the lack of knowledge of the community about the risks and complications of obesity, which remains a challenge for public health and society. Parents should pay attention to children's lifestyle.

The early screening of overweight and obesity ensures timely intervention, decrease the complexity and cost of diseases, it brings an improvement to the quality of life. So, it is necessary to improve people knowledges and awareness about obesity.

RECOMMENDATIONS

The obesity problem is multidimensional, so the solution will require an interdisciplinary approach involving the co-operation of food industry with other stakeholders, such as providers such as government and health care. The customer is an important player in resolving the obesity, since because the consumer can make healthy lifestyle choices at the individual level, but in the case of children are parents to play the main role.

A. Government

1. Reported by WHO (2008), our country has not a **national nutrition strategy** or a comprehensive study of obesity in children.
2. **Fiscal Policy.** Some countries in the world have imposed a tax on sweet drinks and sparkling and foods with a high content of saturated fats, acids and salts.
3. **Breastfeeding** become mandatory until 2 years.
4. Encourage the increasing number of professionals in this field as a **dietitian and nutritionist** because in our country do not exist in these specializations. It is mandatory presence of a psychologist health, physical educators, good cook, doctor and dentist in kindergartens and schools.
5. **Infrastructure** for the promotion of physical activity by creating sports and playground facilities in schools and neighborhoods.
6. Develop **brochures and leaflets** on a good health.
7. Do not allow **advertising of unhealthy foods**.
8. Schools must be designed to have **refectory**, so children can consume 2 important meals with healthy food.

9. Organize **marathons** for various age groups.

B. Family

*** Mother**

A child spends the most of time with his mother, so it's necessary to work hard with her because the healthy future of the young generation is in her hands.

1. Breastfeeding 6 months to 2 years minimum, for the fact that it contains different immunoglobulin to protect the child from various infectious diseases.
2. Breakfast is the meal undisputed to children and adults
3. It's healthy eating meals together as a family at the table
4. Since the age of 1-3 years, the child gains independence and logged everything in his memory, let us give you a spoon in hand and offer him variety of foods that he decided himself what he likes. The body needs more energy at the age of 4-5 years and let you teach dairy products, meat, fish and plenty of liquids.
5. The child needs a certain amount of fluid by his age. It should be provided to him: water, milk, fresh fruit juice, blueberry tea and other teas containing medicinal plants.
6. The mother should prepare bread and fruit for everyone who leaves the house for long hours.
7. Whenever mother cooks, she should keep the baby close, talking about how the food is cooked even allow them to do it together.
8. Mothers need to cook fresh food every day, based vegetables

*** Father**

1. Father has major impact on pregnant women food.
2. In numerous studies has been observed that feeding negative behavior are implemented more by fathers as fast food, sausages and pizza.
3. Father is the catalyst for physical activity. He encourages children to various sports games, walking, biking, swimming etc.
4. Father should stand watching television less and do not feed on the couch watching TV, but on the table.

C. Physician and medical staff

1. To explain the importance and values of breastfeeding to a pregnant woman. To help her feed her child every 2-3 hours. Follow step by step as breastfeeding continues (if it's possibly up to 2 years old).

2. To teach the children about the importance of: breakfast consumption, eating 5 meals a day, 5 fruits and vegetables a day, foods with less salt.
3. Physical activity for children to be at least 60 minutes a day
4. Each family physician and pediatrician, in association with each other can prepare study schemes to inform the condition of obesity and eating habits of the population under their oversight.

D. School

1. The teaching programme to have subjects like: How to cook and how to eat
2. To organize sports olympiad between schools
3. To increase physical education classes per week
4. To make as many as possible outdoor excursions
5. Do not be on school areas store that offers unhealthy foods like potato chips, sparkling etc.

E. Food Industry

1. To make the fruit and vegetable subsidy by the state in cooperation with the manufacturers.
2. Replace unhealthy foods with close substitutes, eg. sweets pies with sugar-free cakes, sweet drinks with fresh fruit juices etc.
3. To encourage more restaurants with traditional food
4. To increase the quantity and quality of domestic production, to have the possibility of consumption of bio products.

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