

Childhood Obesity in Asia with Particular Reference to Malaysia

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Rapid and sustained economic growth, modernization, urbanization plus the globalization of food markets, and significantly less physical activity in all sectors have fuelled the obesity epidemic in developing economies. Collectively these factors have underpinned the worldwide nutrition transition and associated societal changes. One of the more problematic consequences is that in Asian countries undergoing nutrition transition, over-nutrition often co-exists with under-nutrition. Under-nutrition early in life and subsequent obesity in adulthood predisposes such individuals to high blood pressure, heart disease and diabetes at an earlier age and in a more severe form than those who were never undernourished. Current obesity levels range from below 5% in China and Japan to much higher rates in other countries however despite relatively low prevalence rates across countries like China, the rates are almost 20% in some cities. Estimates suggest that in Thailand the prevalence of obesity in 5-12 year-old children rose from 12.2-15.6% in two years. In the Pacific region, childhood obesity had already more than doubled to 5% in 2006 and is expected to rise to 7% - a threefold increase over previous studies. In Asia the average is also forecast to rise threefold from 1.5% to 5.3%. Complications due to inconsistent measurement approaches, the appropriateness of criteria for cut-offs, the relationship of overweight and obesity with co-morbidities coupled with the lack of systematic monitoring are some of the major concern in the formulation and effective implementation of intervention programs in developing countries.

Childhood obesity is a condition where excess body fat negatively affects a child's health or well-being. As methods to determine body fat directly are difficult, the diagnosis of obesity is often based on BMI. Due to the rising prevalence of obesity in children and its many adverse health effects it is being recognized as a serious public health concern. The term overweight rather than obese is often used in children as it is less stigmatizing

The first problems to occur in obese children are usually emotional or psychological. Childhood obesity however can also lead to life-threatening conditions including diabetes, high blood pressure, heart disease, sleep problems, cancer, and other disorders. Some of the other disorders would include liver disease, early puberty or menarche, eating disorders such as anorexia and bulimia, skin infections, and asthma and other respiratory problems. Asthma severity is not affected by obesity however. Overweight children are also more likely to grow up to be overweight adults. Obesity during adolescence has been found to increase mortality rates during adulthood. Obese children often suffer from teasing by their peers. Some are harassed or discriminated against by their own family. Stereotypes abound and may lead to low self-esteem and depression.

A 2008 study has found that children who are obese have carotid arteries which have prematurely aged by as much as thirty years as well as abnormal levels of cholesterol.

Childhood obesity can be brought on by a range of factors which often act in combination. “Obesogenic environment” is the medical term set aside for this mixture of elements. The greatest risk factor for child obesity is the obesity of both parents. This may be reflected by the family's environment and genetics. Other reasons may also be due to psychological factors and the child's body type.

A 2010 review stated that childhood obesity likely is the result of the interaction of natural selection favouring those with more parsimonious energy metabolism and today's consumerist society with easy access to energy dense cheap foods and less energy requirements in daily life.

Factors include the increase in use of technology, increase in snacks and portion size of meals, and the decrease in the physical activity of children. A study found kids that use electronic devices 3 or more hours a day had between a 17- 44% increased risk of being overweight, or a 10- 61% increased risk of obese (Cespedes 2011).

Childhood obesity is common among children from, low-income, African American and Hispanic communities. This is mainly because minority children spend less time playing outside the house and staying active. Some contributors to childhood obesity is that parents would rather have their children stay inside the home because they fear that gang, drug violence, and other dangers might harm them

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