

Causes for Childhood Obesity and the Strategies for Prevention

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Overweight and obesity in childhood show a negative impact on both physical and psychological health. The mechanism of obesity development is not fully understood and it is believed to be a disorder with multiple causes. Environmental factors, lifestyle preferences, and cultural environment to name a few, will influence in the rising prevalence of obesity worldwide. Obesity is an excess proportion of total body fat. A person is considered obese when his or her weight is 20% or more above normal weight. The most common measure of obesity is the Body Mass Index (BMI). A person is considered overweight if his or her BMI is between 25 and 29.9; a person is considered obese if his or her BMI is over 30. On the other hand, there are supporting evidences that excessive sugar intake by soft drink, increased portion size, and steady decline in physical activity have been playing major roles in the rising rates of obesity all around the world. Both over-consumption of calories and reduced physical activity are involved in childhood obesity.

Almost all researchers agree that prevention could be the key strategy for controlling the current epidemic of obesity. Prevention may include primary prevention of overweight or obesity, secondary prevention or prevention of weight regains following weight loss, and avoidance of more weight increase in obese persons unable to lose weight. Until now, most approaches have focused on changing the behavior of individuals in diet and exercise. Prevention may be achieved through a variety of interventions like targeting built environment, physical activity, and diet. The increased risk of chronic diseases requires effective strategies to promote health, facilitating the adoption of proper life styles from childhood

It is estimated that 90% of CVD is preventable. Prevention of atherosclerosis is by decreasing risk factors through: healthy eating, exercise, avoidance of tobacco smoke and limiting alcohol intake. Treating high blood pressure and diabetes is also beneficial. Treating people who have strep throat with antibiotics can decrease the risk of rheumatic heart disease. The effect of the use of aspirin in people who are otherwise healthy is of unclear benefit. The United States Preventive Services Task Force recommends against its use for prevention in women less than 55 and men less than 45 years old; however, in those who are older it is recommended in some individuals. Treatment of those who have CVD improves outcomes.

Cardiovascular diseases are the leading cause of death globally. This is true in all areas of the world except Africa. Together they resulted in 17.3 million deaths (31.5%) in 2013 up from 12.3 million (25.8%) in 1990. Deaths, at a given age, from CVD are more common and have been increasing in much of the developing world, while rates have declined in most of the developed world since the 1970s. Coronary artery disease and stroke account for 80% of CVD deaths in males and 75% of CVD deaths in females. Most cardiovascular disease affects older adults. In the United States 11% of people between 20 and 40 have CVD, while 37% between 40 and 60, 71% of people between 60 and 80, and 85% of people over 80 have CVD. The average age of death from coronary artery disease in the developed world is around 80 while it is around 68 in the developing world. Disease onset is typically seven to ten years earlier in men as compared to women.

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