



**PARENTAL ROLES IN IMPLEMENTING
HEALTHY LIFESTYLE ETHICS IN PREVENTING
CHILDHOOD OBESITY IN MALAYSIA**

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BACKGROUND

Obesity is a complex disease involving an excessive amount of body fat [1]. To most individuals this is just a mere case of cosmetic concern. However, they fail to realise that this is a serious medical condition which could lead to increased morbidity and mortality. According to the World Health Organization (WHO), the prevalence of childhood obesity has increased at an alarming rate where globally in 2016, the number of overweight children under the age of five is estimated to be over 41 million. Childhood overweight and obesity is a major concern that puts children at an increased risk of poor physical health in the short term and of developing many chronic diseases later in life (Daniels 2006).

Compared to children with healthy weight, children with overweight or obesity are at a higher risk for asthma, sleep apnoea, bone and joint problems, type 2 diabetes, and heart disease. Children with obesity are also more likely to experience bullying, social isolation, depression, and lower self-esteem. Being in Malaysia, food is one of the most attractive and enjoyable experience one could have. Being rich in culture with diverse ethnicity, and its geographical location, the variety of ingredients is very rich and the taste has become inevitably delicious. This has led most of us to resort to eating out which has indirectly contributed in the alarming rate of increasing obesity among children. Another factor contributing to this problem is because in this era, most parents are both working.

Their children are usually left with their caretakers most of the time, which during this period, the caretakers will be responsible for the child's meal and food intake. Children who are cared for by care providers are more likely to receive food that is high in energy and of poor nutritional value, perhaps because care providers are more concerned with placating their wards than with the long-term health of the children. Furthermore, parents who work outside of the home may also serve more high-calorie pre-prepared, convenience, or fast foods due to time constraints. When the children are at school, it should be the responsibility of the school to oversee and monitor the types of food being served at the canteen and what kind of food is being consumed among the children.

Early childhood is a crucial time to foster healthy eating habits which will play an important role in the growth and development of the child. This is a crucial step in preventing childhood obesity. We need to realise that even the smallest change, begins from home and the main role players are the parents themselves.

Apart from parents, this issue should also be addressed by the teachers, caretakers, friends and by the public health team. We must work together and empower one another in combatting this public health concern [3].

CURRENT SITUATION

Our local environment influences the quality of food available to our children as well as their ability to be physically active. Making healthy choices may be easier in a neighbourhood with ample access to grocery stores and parks as compared to areas with more fast-food options and unsafe streets [2].

When addressing childhood weight concerns, there are many factors to be considered and not just merely the child's physical health. We need to look into other contextual factors that may be impacting the child's life as well as their family members. Several social determinants of health are associated with childhood obesity, such as:

- i. Lower educational attainment in a caregiver
- ii. Coming from a broken family (single-parent household)
- iii. Living below the poverty line

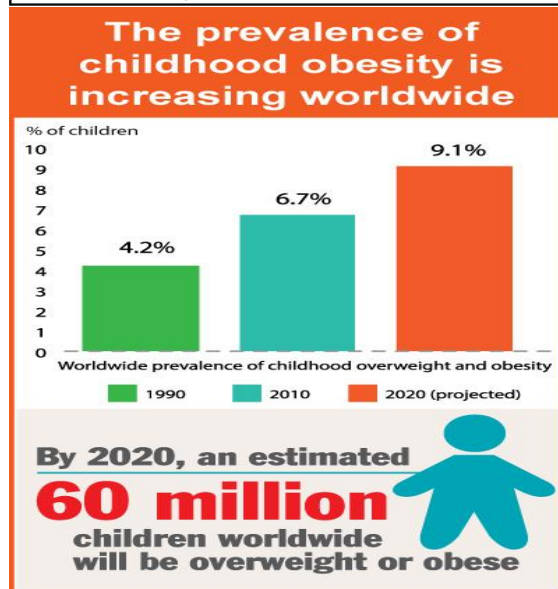
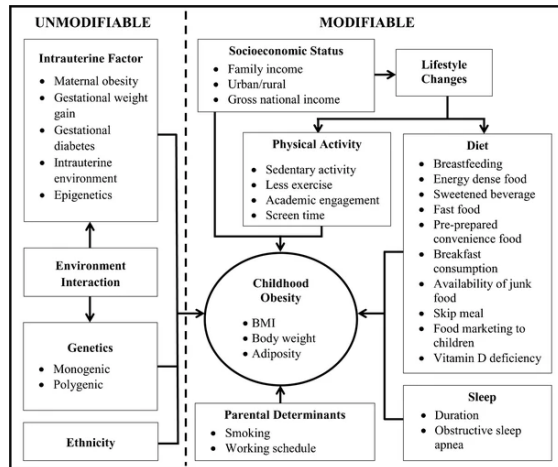
Food insecurity is an underlying social determinant of health that impacts a child's nutritional intake. High calorie, low nutrient diets are more common especially for those who are in places without a reliable access to healthy food. For those who are living below the poverty line, usually result in eating cheaper food which is high in calories. However, those from the high-income group also has a tendency of making the

wrong choices, such as preferring fast food which is also high in calories. Additionally, unsupervised children tend to make poorer nutritional choices when preparing their own snacks. It has also been reported that children consumed more fast-food items and carbonated drinks as compared to fruits and vegetables, as these food items were easily available through vending machines and school canteens

Apart from chronic diseases, obesity is also one of the main causes for obstructive sleep apnoea (OSA) and hypoventilation in some children.

The airway becomes narrower because of the increased fat around the neck and this results in repeatedly cessation of breathing during sleep due to airway obstruction.

This can be a serious problem with a high rate of mortality.

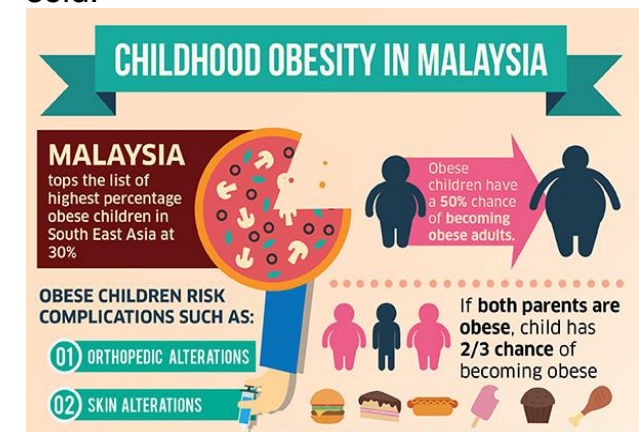


RECOMMENDATION

There are many approaches that parent can implement good ethics to help prevent childhood obesity. Firstly, is promoting healthy lifestyle, it is evident that children learn by observing behaviour in adults, ergo it's utmost important for parents to adopt healthy eating behaviour and be physically active. Secondly, parents should help their children to focus on good health rather than trying to make their children achieve a certain weight goal because it is crucial to educate children to cultivate healthy and positive notion towards food without emphasizing body weight. Thirdly, parents should involve children in planning and preparing meals and this could be achieved by establishing meal plans along with their children by following the food pyramid guide. This approach encourages children to be more comprehensive and valued when they feel included in a task. In addition to that, it's important for parents to help children understand the food pyramid guide and

gradually work with their children by planning physical activities together to achieve a healthy environment. Furthermore, parents should not impose food restrictions to young children because this contributes to eating disorders. The alternative approach would be portion control, which helps them instead to differentiate between healthy and unhealthy food.

Schools should be stricter in allowing what is being sold at their canteens. The public health should play a role here by educating and creating awareness and helping them plan healthier meals and snacks being sold.



The government should imply tax rules for salt and sugar in an effort to reduce high sugar and salt consumption.

The neighbourhood or the community itself can also play a role by organising events such as hiking, cycling or jogging to promote healthier lifestyle.

Implementing a healthy diet ethics in our daily life, will definitely help in reducing the incidence of childhood obesity. This is supported by many researchers conducted in Malaysia. For example, in a research carried out at a school in Kuala Lumpur [4], the researcher chose two schools with similar demographic characteristics and were assigned as intervention and control group. Overweight and obese children within the age of 9 to 11 years with no severe co morbidities were chosen. The intervention group children underwent six 30-min nutrition education lessons and had school delivery of wholegrain food on a daily basis over a 12-week period. Parents of the intervention group children attended 1-h

individual diet counselling session. Anthropometric measures were measured prior to the study, one month and at three months. The intervention group showed a significantly lower body weight at the end of the study compared to the control group.

In conclusion, inculcating a healthy lifestyle ethics will have a positive impact in managing childhood obesity. It is essential to incorporate it into childhood obesity intervention programs that are being implemented by the policy makers.

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