**Childhood obesity is becoming a serious problem in many countries. Explain the main causes and effects of this problem and suggest possible solutions.**

Childhood obesity is defined as a serious health condition that involves having excess body fat at a young age. (Mayo Clinic, 2025). It also involves having a Body Mass Index (BMI) at or above the 95th percentile for age and gender in children aged 2 years and older. (Cleveland Clinic, 2024). It has become one of the most alarming challenges in the world today, both in developed and developing countries as more and more children are being diagnosed with it and with its complications. Childhood obesity is more common than initially thought.

In the year 2022, the World Health Organization (WHO) estimated that 160 million children worldwide were living with obesity. Furthermore, studies done by the United States Center for Disease Control (CDC) in the years 2017 to 2020 showed that obesity affected about 19.7% of children and adolescents aged between 2 and 19 years of age. The most affected age group was found to be between 12 and 19 years of age and the highest prevalence of childhood obesity was found in Hispanic children. In England, 26.8% of children aged between 2 and 15 were either overweight or obese in the years 2022 and 2023. It was also found that boys were more likely to be obese than girls. (The House of Commons Library, 2025)

Obesity in general results when there are more calories taken than energy expended. Various factors have been known to cause childhood obesity. The most significant causes include unhealthy eating habits, lack of physical activity and family and home environment factors.

This essay argues that childhood obesity is primarily caused by unhealthy dietary habits, sedentary lifestyles, genetics, the size of a family’s income, and underlying health conditions. It often leads to serious long term health conditions such as diabetes, high blood pressure and psychological problems such as low self-esteem and depression. However, there are solutions to it which include changes in dietary habits, engaging in physical activities and treatment of underlying conditions.

There are several causes of childhood obesity. One of the main factors is unhealthy eating habits. Frequent ingestion of large portions of highly processed foods and high fat and sugar diets has contributed to childhood obesity. There is excessive calorie intake without essential nutrients. In Italy, specifically in Campania, 37% of 8-year-olds are overweight while 17% are obese since the children increasingly prefer calorie rich foods such as pizzas. (THE TIMES, 2025).

 Another factor is the lack of physical activity mainly attributed to increased screentime. Smartphones, video games and TVs have replaced physical activities such as play, walks and visits to recreational facilities. This leads to weight gain and eventually to obesity because a child is unable to exercise since they are preoccupied with their devices. A study done in the United Kingdom involving 2,000 parents revealed that kids get less than 4 hours of exercise a week but spend more than 14 hours looking at screens. (THE Sun, 2025)

A family’s socioeconomic status also contributes greatly to childhood obesity as it will influence the cost and accessibility to healthier foods and access to parks or recreational facilities where children can exercise. Parents from families with a lower socioeconomic status will often work long hours to earn their keep hence there is limited time to prepare healthy food options for the kids and to supervise feeding on the healthy foods. Moreover, junk food takes less time to prepare, is more accessible and is also more affordable. The long working hours will also mean that parents have less time to take children to parks and recreational facilities to exercise.

Genetics play a role in childhood obesity. Children with obese parents and siblings are more likely to develop childhood obesity. This is attributed to some genes that contribute to weight gain. It has been found that these genes are more common in some ethnic groups such as Hispanics than others. Faulty variants of the DENNDIB gene that influences the leptin-melanocortin pathway can lead to persistent hunger which contributes to obesity. (THE TIMES,2025). Familial genetic history is, however, not a prerequisite for obesity.

Several health conditions cause childhood obesity. One of them is hypothyroidism which is characterized by low amounts of thyroid hormone in blood. This slows down metabolism, leading to reduced burning of calories and increased storage of fat. A deficiency in the growth hormone also contributes to childhood obesity since the hormone also plays a role in metabolism. Its lack therefore leads to reduced lean body mass and increased fat storage. Another condition is Cushing syndrome where one has high amounts of the hormone cortisol in blood. The high levels have been known to increase appetite, leading to overeating which leads to weight gain and eventually to obesity. Insulin, a hormone, plays a role in the metabolism of proteins and fats. Another hormone, leptin, is linked to satiety. Insulin and leptin resistance in the body has been linked to childhood obesity. (NIH, 2022).

Finally, some external factors outside of human control have been attributed to childhood obesity. One such example is the COVID-19 pandemic which led to widespread quarantine and house confinement. Children were unable to go out and engage in physical exercises. Furthermore, their emotional and mental wellbeing was impacted due to abrupt school closures and the fact that many could not meet with their peers. This led to the development of coping mechanisms such as increased screentime to beat boredom and development of unhealthy eating habits such as binge eating, all of which were likely to culminate in obesity. A study done by the Journal of Paediatrics and Child Health in the year 2021 in Australia found out that children aged between 5 and 12 gained an average of 2.5 kilograms in the year 2020. Moreover, obesity rates in children increased by 6 to 10% in the same year. Children were also found to be active for less than 30 minutes per day.

The effects of obesity on a child are fatal as it not only causes health problems but also affects the child socially.

First, the health of a child is severely impacted. Childhood obesity increases the risk of a child developing heart problems, otherwise known as increased cardiovascular risk. Many of these problems manifest in early adulthood. They include high blood pressure and dyslipidemia, all of which if left unchecked, could be life threatening. Insulin resistance, one of the causes of childhood obesity, eventually leads to poor glucose tolerance and type 2 diabetes mellitus in obese children and adolescents. The United States Center for Disease Control and Prevention (CDC) estimates that about 20,000 new cases of type 2 diabetes mellitus are diagnosed yearly in United States children and adolescents with 90 to 95% of these children being obese or overweight. Furthermore, obese girls have been known to experience menstrual irregularities. They often start their monthly periods earlier, typically before 10 years of age. Obese adolescents on the other hand end up experiencing oligomenorrhea or amenorrhea due to a condition known as polycystic ovarian syndrome (PCOS) which is mainly fueled by insulin resistance. According to the Journal of Clinical Endocrinology and Metabolism, insulin resistance is present in 70% of obese adolescent girls diagnosed with PCOS. Other complications of childhood obesity include asthma, nonalcohol related liver disease and renal disease.

Secondly, it has been found that childhood obesity affects a child’s emotional wellbeing and their self-esteem. Obese children have been known to have low self-esteem and to develop depression, anxiety and paranoia. This is mainly because they are prone to bullying and teasing by their peers. They have also been known to have unsatisfactory academic performance and have conduct problems such as disobedience and disruptive and aggressive behavior as they sometimes end up being bullies.

Despite the havoc that childhood obesity causes to a child and family, there are possible solutions to it. One of the first and main things to do is a change in dietary habits through reduced intake of soft drinks, fast foods, sugary foods and ultra-processed foods. This should be implemented in all areas that a child spends time in. A change in dietary habits starts with the introduction of healthier food options to every meal and practicing portion control. A healthier, balanced diet consists of fruits, vegetables, legumes, whole grains, nuts and a reduction of carbohydrate and fat intake. Japan has successfully introduced healthy school meals known as “kyushoku”. This has partially contributed to the low obesity rates in children in the country. In addition to this, there should be a reduction in sedentary activities such as a reduction in screentime and promotion of physical exercises through encouraging play, walks and regular visits to parks and recreational facilities. The American Diabetes Association recommends that children engage in at least 60 minutes of moderate to vigorous physical activity daily to reduce the risk of obesity and type 2 diabetes. activities. Obese children should receive encouragement, positive feedback and when necessary, therapy on their journey to a healthier weight. This will boost their morale and self-esteem.

Addressing underlying health conditions helps treat childhood obesity. Increasing thyroid hormone levels in blood through medication treats hypothyroidism. Injections of growth hormone will treat its deficiency while for Cushing syndrome, there are interventions to lower cortisol levels. Obese children with insulin resistance that have developed type 2 diabetes are to be started on medication and a change of diet to lower blood sugar levels.

In conclusion, childhood obesity is on the rise, especially since the COVID-19 pandemic. The effects of obesity on a child are fatal and may even shorten their life expectancy. On the bright side, it has several solutions which, when implemented, lead to a healthy, long and meaningful life for a child and improve the health and wellbeing of a society as a whole.

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