



VOICES FROM THE FIELD

Obesity: Challenges in Prevention

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Perspective Service

We have an obesity problem beyond comprehension in this country. According to Statistics Canada, in 2004, 26% of Canadian children and adolescents aged 2 to 17 were overweight or obese,¹ while 8% were obese. Over the past 25 years, the obesity rate in this age group has tripled.² The CEECD papers³⁻⁸ present critical research in this area. Accessible, relevant, refereed, up-to-date and with Canadian content, they are a valuable tool when discussing this topic, and have significant implications.

Several points presented in these papers are of particular note. Chaput and Tremblay state, “Prevention of obesity in children should be the first line of treatment.”⁴ This is crucial, yet in practice, real prevention factors are often not considered. For example, many schools in Newfoundland and Labrador have a new policy prohibiting fried foods from the cafeteria menu. But the real dilemma is that, just 200 metres away, there’s a fast food restaurant. There has to be a philosophical change.

Chaput and Tremblay also point out that “obese children are exposed to weight stigma and may be vulnerable to psychological effects, such as depressions, and social effects, such as isolation. Consequences of bias like isolation or social withdrawal could contribute to the exacerbation of obesity through psychological vulnerabilities that increase the likelihood of over-eating and sedentary activity.”⁴ This stigma is visible in schools every day, and is important to take into account when designing and implementing prevention programs. Blaming children is not the way to resolve or deal with this situation.

In addition to the papers by U.S. and Canadian researchers, those by Wabitch (Germany)⁷ and Reilly (U.K.)⁶ reveal that the same problems and concerns are quite prevalent across western cultures. Obesity is even creeping into developing countries, as a result of current eating patterns. Chaput and Tremblay point this out in their introduction: “Obesity has replaced malnutrition as the major nutritional problem in some parts of Africa, with overweight/obesity being as much as four times more common than malnutrition.”⁴ Even in Canada, where segments of the population are undernourished, it does not mean these same communities don’t face problems of obesity, too. Some current nutrition programs aim to address both these issues.

Gaps between research, policy and practice

Unfortunately, even with all this research at our fingertips, Canada still has one of the highest rates of obesity in the world. This suggests that we need more applied research, that is, research to show us what prevention programs and measures work. We need more examples of prevention programs in early childhood centres that address the issue of obesity. What kinds of programs are effective for children ages 3 to 5? How can we gear programs to their level and cognitive ability? As these papers show, the first five years of life are critical in developing healthy eating and lifestyle habits.

We also need to pay more attention to cultural differences, taking into account different eating patterns. A fair amount of research has been done on First Nations and obesity, but this is only one of the many cultural groups living in Canada. In a country that prides itself on its multiculturalism, it is imperative that we have more culturally-relevant research. There are large pockets of eating patterns that should be studied. For example, the eating patterns of people in rural Newfoundland and Labrador may be substantially different from those of people living in Montreal or Toronto. Even within those major cities, there are hundreds of different ethnic and cultural groups—Toronto has been recognized as one of the most multicultural cities in the world. Fortunately, the new *Canada Food Guide* does take this diversity into account.

Paediatric exercise is another key component of obesity prevention. However, it is critical that we look at paediatric exercise from a child development perspective. For example, the heart rate of a 4-year-old is different than that of an adult. Often, in child care settings, activities are based on adult parameters. This dooms initiatives to failure from the start. It is important for both educators and researchers to be informed of child-specific parameters, so as to recognize what exercises and activities are appropriate for young children. In order to address the issue of obesity, we have to look at the population we are serving.

Some key research questions still need to be addressed in greater depth. What are the impact of infant-feeding practices on the development of overweight and obesity? While several of the CEECD papers touch on this question, it would merit a study of its own. What are the parental and environmental influences on obesity? Even though such influences vary according to location, some factors are relevant to the country as a whole.

The research shows that disposition for obesity starts in the early years and, in many cases, follows people throughout their lives. It is critical that we act early to promote good nutritional habits and an active lifestyle, so as to prevent the stresses obesity places not only on these individuals but on our health system and society as a whole.

Comments recorded by Eve Krakow

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