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Childhood obesity is a public health issue

EDITORIAL

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Treatment must be aimed at society, not the individual child.

Over the last 30 years, obesity has spread like an epidemic over many parts of the world (1). The prevalence of overweight children in Norway is 13–18 %, with some age variation (2). The surge in childhood obesity has given rise to an increase in associated cardiometabolic conditions, hormonal disorders and skeletal disorders (3). Obesity can follow a child into adulthood and increase the risk of early complications, poor health and a reduced quality of life (4). Psychosocial challenges such as reduced self-esteem, limited social interaction, academic underachievement and systematic discrimination are associated with obesity (5) and can affect a child's future and ability to provide for themself.

Once established, obesity is difficult to treat. Even approved interdisciplinary, individual-oriented lifestyle interventions often have minimal effect (6, 7). Interventions can be too dependent on the child's motivation and self-control. Self-control is difficult for all children and is especially difficult when the child is in an environment that facilitates weight gain. My experience from the outpatient clinic is that many young people with obesity have so many other social and psychological challenges that they simply do not have the energy for the extra effort that such self-control requires. The order in which the challenges arose is not always known.

> *«Obesity is a societal disease that reflects our collective lifestyle, where political decisions about health, education, transport, food production and distribution all have a major impact»*

Society, and particularly politicians, should show greater interest in childhood obesity. This is not an individual problem, but a public health issue with the potential to cause a great deal of harm – a societal disease that reflects our collective lifestyle, where political

decisions about health, education, transport, food production and distribution all have a major impact.

Reports from Australia, inter alia, have shown that intervention programmes that were not primarily aimed at an individual level yielded promising results. The interventions were aimed at smaller communities and schools, and the result was a reduced prevalence of overweight children in the intervention group. The effect persisted in later cohorts of children in the same area. Interestingly, effects were also found in nearby municipalities, indicating a possible 'spillover' effect (8). Others have found that intervention programmes in schools, with measures aimed at both diet and physical activity, showed the best results (9). When preventive interventions are aimed at larger groups, children with obesity may benefit from the collective effort by all the others who participate, thus reducing the focus on the individual.

The World Health Organization states that overweight and obesity in children can be prevented through health promotion initiatives in the local community and in day-care centres and schools. A report by the Commission on Ending Childhood Obesity describes how this can be achieved (10). The initiatives are divided into six central areas that each deal with different aspects, such as physical activity, nutrition and weight control from pre-conception/pregnancy to late childhood. I would urge all political parties to familiarise themselves with these. This concerns almost all aspects of our lives and our social structure.

In the spring of 2020, the government and the population were fully behind the introduction of draconian measures to limit a pandemic. Is the government willing to take similar action to prevent the obesity epidemic among children – and are we willing to undertake a collaborative effort that could entail changes to our everyday lives? Childhood obesity is a public health issue that requires prompt and comprehensive action.

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