
Childhood Obesity: Global Epidemic and Ethical Concerns

Numbers continue to climb for the global epidemic of childhood obesity. This serious issue has been brought to the attention of the public who have been taking preventative measures and action in hopes to reduce the number of cases. In a number of countries, public policies have been implemented to prevent obesity. However, in the U.S. efforts made are not enough or have not been effective to stop the obesity rate from increasing. Proposals for solutions to this health problem have been put on the table; however, eyebrows were raised when questioning the ethicality of the ideas.

Childhood obesity has demonstrated to be a global epidemic contributing to serious health complications. According to the World Health Organization, "The number of overweight or obese infants and young children (aged 0 to 5 years) increased from 32 million globally in 1990 to 41 million in 2016...If current trends continue the number of overweight or obese infants and young children globally will increase to 70 million by 2025. Without intervention, obese infants and young children will likely continue to be obese during childhood, adolescence and adulthood" (Facts and figures on childhood obesity).

A variety of groups including health care professionals, advocates, public policy officials, etc. have put forth great effort in attempts to stop the growing number of obese or overweight children. Preventions and solutions in past years concentrated on encouraging physical activity amongst the youth; however, to see effective results the children must gear towards a healthy diet and lower-calorie diets. This desperate search for solutions brings rise to questions regarding the ethical perspective of this health issue. Who holds the responsibility of ensuring the children are living a health life? Does the attention of such issue to public policy makers allow for stigma to occur? Childhood obesity is of major concern as numbers are only growing higher. With the urgent need for action and the difficulty of trying to find an effective approach on a community and personal level, public policy seems to be a favorable choice of action; however, attention must be given to address these ethical issues.

Global Efforts

Not only is childhood obesity a serious health issue in the United States but it has been a global epidemic affecting countries worldwide. Race, ethnicity, culture, and lifestyle are factors when it comes to obesity. From food diet to lifestyle choices, these differ from country to country and culture to culture. Likewise, when considering different approaches and preventative measures to carry out in a nation, leaders, health professionals, and public policy officials from various countries will have their own mindset on how they feel will fit best the people of their nation.

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Many countries have already implemented different policies to address obesity as seen in Table 1 (Zhang et. al, 2014). The table gathered from an article written by Zhang et. al, demonstrates various efforts by numerous countries to tackle obesity by changing policy in schools and marketing. Although nutritional diet should not be the sole solution, changing it produces great results, “n many countries, issuing national dietary guidelines has become standard practice during the past three decades, aiming to promote healthy diets for good health. These efforts also help in obesity prevention. School-related policies aimed at preventing childhood obesity have drawn the strongest support and have been implemented in many countries with more success than that achieved by other types of food policies” (Zhang et. al, 2014). Many policies are being advocated for, however, before implementing such policies, ethical considerations must be made and it should be ensured that no harm happens to the people of the nation.

Ethical Concerns

The first ethical concern is deciding where the responsibility falls in regards to ensuring a healthy life for children? Do the parents, caregivers, schools, communities, or the state hold this duty and obligation to the children by placing them on healthier diets, encouraging healthy habits, and taking preventative efforts against childhood obesity? There are multiple perspectives when tackling this concern that must be looked at individually in order to make a decision on how each group will take action when it comes to childhood obesity. Kersh et. al discuss the approach, “One theory for approaching this ethical concern is provided by John Stuart Mill’s harm principle: state intervention is justified when a person’s actions affect others. This principle recognizes the responsibility of the state to protect vulnerable populations from harming their own (or others’) health” (Kersh et. al, 2011).

This perspective suggests that the prime responsibility lays in the hands of caregivers and parents; however, it is the job of the state to be watchful and ensure that personal responsibility is working effectively. Since children may not be mature enough to make decisions on their own, the parents become the decision makers until the child becomes knowledgeable enough to make choices about food consumptions themselves. While it is the sole role of parents to ensure that the well-being and health of a child is not compromised, the state can work under Mill’s principle by acting under the Stewardship Model by being involved with policies that can essentially help this health issue. The state can intervene by manipulating the economy and market to intervene for childhood obesity by creating easier availability to healthier food choices, control sales, monitor advertising, banning certain ingredients, etc. (Kersh et. al, 2011). Childhood obesity has been known to be linked to social stigma causing psychologic and social issues. With this in mind, policies must be evaluated to avoid all possibilities of spurring social stigma.

The second ethical concern is whether proposed solutions will incite stigma between younger

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individuals. Kersh et. al discuss this ethical question, “For example, as the state attempts to protect school children by measuring and reporting body mass index (BMI), how can concerns about privacy and stigmatization be addressed...How can we address the stigma associated with the use of the term “obese”” (Kersh et. al, 2011). The stigma that is associate with being obese has brought a huge burden on the child leading to psychological problems. When attention is brought upon the health issue of childhood obesity to discuss public policies, media will spotlight individuals who are obese or overweight. This spotlight will bring attention to our youth who are obese from their peers which will likely spur stigma, ostracizing, and bullying.

Likewise, categorizing these individuals by BMI can point fingers at who is “obese” or not and with the negative connotations with the term, societal stigma will rise if privacy concerns are not addressed. The stigma may be a hindering factoring in getting action for public policy. Boyd Swinburn explains how stigma may be a challenge to get a sufficient body of people to initiate movement, “Indeed, the stigma associated with being obese means that the public constituency agitating for change is quite small. There is not a groundswell of overweight and obese people calling for action – the pressure is predominantly coming from the professional sector. Therefore, it will be important for obesity prevention advocacy to combine with other like-minded 'movements' to get policy action” (Swinburn, 2008). Stigma draws the attention away from coming up with a solution and advocating for policies to be placed to ostracizing certain individuals merely because of their weight and oversized build.

Conclusion

Childhood obesity is a global epidemic with fast-growing numbers in need for action to be taken place. Countries worldwide have implemented various policies touching economy, marketing, schools, etc. methods to reverse the increasing numbers. In the United States, previous efforts do not satisfy the goal significantly reducing the amount of obese individuals and preventing more youth from falling in this category. It seems that the primary focus in past years have been to encourage physical activity in young individuals; however, this does not suffice and should simultaneously work hand in hand with altering food choices. Certain policies have been introduced by the legislative and set in place; however, more policies should be placed to force healthier habits and lifestyles. In the U.S. the policy-making process requires much time and it is essential to address consequences of childhood obesity, ethical concern, and gather people to demand action in order to get a response.

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