



Global Obesity

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Rate of child obesity have risen dramatically worldwide. For example, obesity prevalence among 6-17 year old Canadian children is reported about 8.6% and additional 17% are classified as overweight. In the USA children weight on average 5kg more than they did 30 years ago, and one in three children are considered overweight. In low-and middle-income countries obesity is rapidly rising. Moreover, nutritional burden in these countries are doubled as over a fifth of children less than 5 years of age are not only obese but also stunting in height and developmental milestones.

Obesity in childhood persists into adulthood causing adverse metabolic and psychological outcomes. These adverse outcomes are related to a complex web of interactions between genetic, biological, environmental, social and economic factors. Our understanding of obesity must be entirely changed if we are to pause and reverse the global obesity epidemic. Individual, family, community and national interventions are required to address obesity at multiple levels. On one hand, we need to recognise that individuals bear some accountability for their health in order to balance calorie intake and energy expenditure. On the other hand, we should recognize that today's food environments exploit children's biological, psychological and social vulnerabilities, readily inviting them to eat unhealthy foods.

As health care professionals, we are responsible to educate the public. As epidemiologists, we strategies screening programs and recommend growth monitoring or serial measurements of height and weight to identify disrupted growth at early stage. Setting up a task force to write guidelines for screening obesity amongst Iranian children and to discuss lifestyle behaviours and other preventive strategies are recommended.