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Lifestyle disease and social context: Tackling Obesity in Children

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Abstract

Obesity is a common health issue worldwide. In addition, newer generations are turning obese at younger ages, at a faster rate and remaining obese for extended years, compared to older generation. This is because they are not meeting the physical activity guidelines and are in turn storing the excess food they consume as fat deposits in their bodies, which leads to numerous health complications in the long run. These health complications make the process of tackling obesity even more difficult, affecting the quality of life of the child. The current lockdown due to covid-19 has made the situation more challenging.

Childhood obesity shows socioeconomic inequality and costs a huge amount to the healthcare system. Social marketing initiatives across the globe have shown a positive trend in helping people lead healthier lifestyles. Nudging is one of the recent and most effective ways to make better choices at a subconscious level. When applied along with other behavior change theories, it can have significant benefits.

Recent childhood obesity prevention and treatment programs have targeted parents, showing that parents can act as a factor of change in a child's obesity prevention/ treatment journey. Moreover, social marketing can play a crucial role in achieving target behavior changes to improve health. A multi-level approach to obesity prevention and treatment is shown to have maximum results. Targeting different aspects of children's lives with the involvement of their close ones can have enormous benefits. This will in turn lead to healthier and disease-free future generations.

The problems of the haves differ substantially from those of the have-nots. Individuals in developing societies have to fight mainly against infectious and communicable diseases, while in the developed world the battles are mainly against lifestyle diseases. Yet, at a very fundamental level, the problems are the same-the fight is against distress, disability, and premature death; against human exploitation and for human development and self-actualisation; against the callousness to critical concerns in regimes and scientific power centres.

Keywords: Diseases of Poverty, Lifestyle Diseases, Optimism Deprivation, Farmer Suicides, Capability Deprivation, Well-Being, Longevity, Professional Burnout, Psychosomatic Ailments, Human Development, Faulty Lifestyle, Lifestyle Stress, Health Promoting Behaviours, Negative Emotions, Positive Health, The Simplicity Movement

While there has been great progress in the treatment of individual diseases, human pathology continues to increase. Sicknesses are not decreasing in number; they are only changing in type.

The primary diseases of poverty like TB, malaria, and HIV/AIDS-and the often co-morbid and ubiquitous malnutrition-take their toll on helpless populations in developing countries. Poverty is not just income deprivation but capability deprivation and optimism deprivation as well.

While life expectancy may have increased in the haves, and infant and maternal mortality reduced, these gains have not necessarily ensured that well-being results. There are ever-multiplying numbers of individuals whose well-being is compromised due to lifestyle diseases. These diseases are the result of faulty lifestyles and the consequent crippling stress. But it serves no one's purpose to understand them as such. So, the prescription pad continues to prevail over lifestyle-change counselling or research.

The struggle to achieve well-being and positive health, to ensure longevity, to combat lifestyle stress and professional burnout, and to reduce psychosomatic ailments continues unabated, with hardly an end in sight.

Biomedicine has to engage in battles on numerous fronts. While individual diseases have to be tackled, patient welfare safeguarded, and scientific progress forwarded, it also has to

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address the social forces that impinge on, regulate, modify, and at times derail many an earnest effort at disease control. Socio-economic and political factors, along with public awareness, are three crucial areas that cannot be neglected if the fight against disease and for positive health, well-being, and human development has to succeed. The main culprits here are poverty in the have-nots and lifestyle stresses in the haves, and both are interlinked with callousness in those who have the power to change things.

The problems of the haves differ substantially from those of the have-nots. Their concerns are different, as are their diseases. The social issues, interpersonal problems, and cultural ethos in the two groups are markedly different. Yet, at a very fundamental level, their problems remain the same–both fight against distress, disability, and premature death; they struggle against human exploitation and for human development and self-actualisation; and they struggle against callousness to critical concerns in regimes and scientific power centres. The haves are not any better off than the have-nots on these parameters, although they may appear to be so. It is only that the issues of disease, well-being, development, and the fight against callousness adopt different forms in these two groups. We will see later how this is true.

Stress, lifestyle, and well-being

There are ever-multiplying numbers of individuals whose well-being is compromised due to the lifestyle diseases mentioned above-the result of faulty lifestyles and the consequent crippling stress. But it serves no one's purpose to understand them as such. And hence they go unattended, even as the conditions that result therefrom are intensively treated. What a parody. So much treatment, such fancy infrastructure, so much research-but no realisation of the obvious. Simply because it does not serve the purpose of the establishment to accept it as such.

There are two main approaches to lifestyle diseases (and a third much needed addition):

Medical approach: The first we may call the medical approach. Here, the major effort of mainstream medicine is to get tests and procedures done, get people periodically examined, check their serum cholesterol/creatinine/blood pressure/blood glucose etc., get them to understand what is good and bad cholesterol, get the cardiac stress test done etc. They may prescribe cholesterol/triglycerides/blood-pressure/blood sugar-lowering drugs, as also drugs for angina and prevention of MI. This is the most vigorously followed approach, and receives the greatest clinical and research attention for obvious reasons-it adheres closely to the predominant medical model of diagnosis, pathology, and treatment.

Different from, but connected to, the above are the two lifestyle approaches we will try and outline below-the actionable lifestyle approach and the attitudinal change lifestyle approach.

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