# Childhood obesity amid the COVID-19 pandemic

## Carol Natukunda explains why we must pay attention to childhood obesity during the COVID-19 pandemic

Eights months at home and the school uniform cannot fit. It sounds a little exaggerated, but it is familiar story happening in many elite and urban families.

With schools closed due to the COVID-19 pandemic, emerging evidence is putting a spotlight on childhood obesity. Children under lockdown are eating more junk food and watching more TV at the expense of physical activity.[1] School systems that have introduced online classes and distance learning offer no solace either, as they do not have the component of physical education that otherwise characterises the vigorous traditional school system.

The World Health Organisation (WHO) defines obesity[2] as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. Worldwide, rates of overweight and obesity continue to grow in adults and children. From 1975 to 2016, the prevalence of overweight or obese children and adolescents aged 5–19 years increased more than four-fold from 4% to 18% globally(WHO). Once considered a problem only in high-income countries, overweight and obesity are now dramatically on the rise in low- and middle-income countries, particularly in urban settings.[2] In Africa, the prevalence of overweight and obesity among children under five years of age was 5% in 2017, and in absolute numbers there has been an increase of almost 50% since 2000, from 6.6 million to 9.7 million in 2017.[3]

The question is how much worse it will get, now that the children are leading sedentary lifestyle at home. The emerging evidence on childhood overweight and obesity during the COVID-19 pandemic builds predominantly on research from high-income settings. Heymsfield et al[1] found that compared to behaviors recorded a year before, the children are eating an additional meal per day and sleeping more during the COVID-19 lockdown. They are also spending up to about five hours per day in front of phone, computer and television screens. At the same time, they have dramatically increased their consumption of red meat, sugary drinks and junk foods. Heymsfield etal research generally finds that physical activity, on the other hand, has declined tremendously since schools closed.

This therefore demonstrates that that the cost of

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the COVID-19 pandemic extends beyond direct viral infection, and transmission. In fact, public health experts predict that depending on the duration of the lockdown, the excess weight gained may not be easily reversible and might contribute to obesity during adulthood, if healthier behaviors are not re-established and reinforced.[1]

In October 2019, long before the pandemic, UNICEF warned that an alarmingly high number of children were suffering the consequences of poor diets and a food system that is failing them.[4] Globally, close to 45 percent of children between six months and two years of age are not fed any fruits or vegetables. Nearly 60 percent do not eat any eggs, dairy, fish or meat. In contrast, 42 percent of school-going adolescents in low-income countries are consuming carbonated sugary soft drinks at least once a day, and 46 percent eat fast foods at least once a week. This has contributed to overweight and obesity levels in childhood and adolescence.

## Double burden

Obesity is one side of the double burden of malnutrition. ""We now have malnutrition of lack and malnutrition of excess. The more affluent families are, the more the risk. What are we feeding children on? Chips, chapati, and other processed foods! And children are getting non-communicable diseases at a much younger age," Dr. Beatrice Kihara, the President of the African Federation of Obstetrics and Gynaecology told the 2019 ICPD side event meeting hosted by ACHEST in Nairobi last year. The consequences of this double burden of malnutrition are enormous for middle and low income countries.[5] It not only affects healthy growth of children at household level, but is also an underlying cause associated with about a third of young child deaths, as the capacity to resist disease is impaired.[4,5] Specifically, overweight or obesity in childhood is likely to persist into later life, and to lead to health problems such as hypertension, heart disease, and type 2 diabetes.[2,3,4] It is also associated with adverse psychosocial effects and lower educational attainment.[3]

## Way forward

The good news is that obesity is preventable. Given that children are at home more than ever before, parents and guardians are their biggest influence and they need to lead by example to exercise and also make healthy food choices as often as possible. WHO's current "Be Active" campaign aims to help households do just that – and to have some fun at the same time. At the individual level, people are advised to limit energy intake from total fats and sugars; increase consumption of fruit and vegetables, as well as legumes, whole grains and nuts; and engage in regular physical activity (60 minutes a day for children and 150 minutes spread through the week for adults.[2]

However, behavioural change doesn't happen overnight. The COVID-19 public awareness campaigns by Ministries of Health must include nutrition and encourage families to maintain healthy lifestyle choices.[7]

Global research shows that addressing food insecurity will likely have long term benefits for child health. There is evidence that limited or uncertain availability of nutritionally adequate foods especially in urban areas may be associated with disordered eating and a poor diet, potentially increasing the risk for obesity and health problems.

Finally, as countries implement virtually learning amidst COVID-19, a multisectoral government committee must come up with ways to make physical education for the children part and parcel of the schedule.

### References


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