**CASE STUDY FOR ADVOCACY WORKSHOP**

**CHILDHOOD OBESITY TALKING POINTS**

* Childhood obesity is an epidemic in both developed and developing countries. Some countries in Asia showed an increase in obesity rate among children, i.e., China 11.3%, Malaysia 8.4%, Japan, 21.7% in boys and 17.4% in girls, and Singapore 19.4% in boys and 14.6% in girls (Sinawat, 2008).
* In Thailand, results from a nation-wide survey of 47,389 grade 6 students from 268 primary schools in the urban settings in 2005 found that 16.7% of students are overweight and obese (Mo-suwan, 2008).
* Obesity is the most important risk factor for the development of Type 2 diabetes in children which is now a major health problem globally. The increasing prevalence of overweight or obesity parallels the prevalence of Type 2 diabetes (Hannon, Rao, & Arslanian, 2005).
* Childhood obesity has been attributed to sedentary lifestyles, change in eating patterns and food selection, economic advancement, and urban setting.

**Background**

Childhood obesity is a global epidemic [1].

The prevalence of obese children aged 6-11 years has more than doubled since the 1960s.

Results from the 1999-2002 National Health and Nutrition Examination Survey (NHANES), indicated that 15.3% of children aged 6-11 years were overweight [2]. In Thailand, a nutritional survey was conducted in Bangkok primary schools between 1992 and 1994 involving 2,885 student respondents. The results showed that obesity prevalence rates had increased from 25.9% to 31.5% in demonstration schools, 25.7% to 28.1% in private schools, 23.3% to 27.4% in government schools, and 11.2% to 14.6% in Bangkok Metropolitan schools [3].

In summary, childhood obesity had become an important public health problem in Thailand, especially in big cities such as Bangkok.

Other studies [4, 5] showed that childhood obesity also led to the risk of obesity in adulthood. Long-term health consequences of obesity include type 2 diabetes, cardiovascular disease, hypertension, hyperlipidemia, certain forms of cancer, as well as respiratory and skin problems [6, 7]. Obesity in school children was influenced by society, economic conditions, environmental changes, the family’s eating habits and child rearing practices [8], leading to unhealthy eating behavior [7] and a sedentary life style characterized by increased television viewing and a lack of physical exercise [9]. It has been reported that poor self-control and low self-discipline are the most important for eating in response to external food stimuli [10, 11] leading to obesity.

Background reproduced from Sirikulchayanonta et al\*. BMC Public Health 2011, 11:158

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