

SATURDAY FOCUS

REPORT
KRISTY GRANT

Kids fighting fat

Parents nationwide are being slammed for letting childhood obesity get out of hand but how do we know when our kids have put on one kilo too many? One Border mum describes her devastating wake-up call...

JIMMY was puffing, out of breath and simply couldn't keep up.

His weight had increased to the point he was classified as obese.

Charlie was ostracised and ridiculed for his size.

He was left out of activities because other students feared he would injure them.

Swimming was out of the question because he was too embarrassed to wear his bathers.

Believe it or not, these boys are just four years of age and are already affected by weight issues.

Both were heading for a lifetime of

health problems if they continued their bad eating habits.

Their respective parents were alerted to the issue by their kindergarten teacher who was concerned not only with their health but what type of food was being packed in their lunchboxes.

The excuse?

Jimmy's mother was working part-time, while his father worked long hours.

Television, quick snacks of unhealthy food and huge portions kept the kids entertained as their parents were exhausted.

In Charlie's case, his mother simply did not know what she should be feeding her son and in what quantity.

● **Dietitian Kerryn O'Brien prepares a healthy meal for children Francis Davies 3, Gemma Davies, 8, and Liam Davies, 6. Mrs O'Brien says healthy snacks are the first solution to combatting obesity, with exercise the next big step.**
Picture: PETER MERKESTEYN

Obesity in children is a major health concern, with a 2008 national health survey showing one quarter of all Australian children aged five to 17 is overweight or obese.

This rate has increased dramatically from 5 per cent in 1995.

Border dietitian Kerryn O'Brien said it was not only social problems like discrimination, victimisation and bullying that overweight children could face but also severe health issues.

Weight-related health problems in children include stress on the bones and joints, fatty liver, type 2 diabetes, high blood pressure, high blood fats, respiratory problems including snoring and sleep apnoea, heat intolerance,

breathlessness on exertion and osteoarthritis.

She said obesity was best described as a condition of excess body fat.

"In general, body fat accumulates when the energy or calorie intake from food and drink is more than the energy used up through being active over an extended period of time," Mrs O'Brien said.

Studies have shown that once children become obese, they are more likely to stay obese into adulthood.

This chance increases if one or both parents are overweight or obese.

Mrs O'Brien said while excess body fat could have a genetic or medical basis, those factors could not explain the rapid increase in the prevalence of obesity within the population.

A reliance on fast food or quick and easy meals, combined with less physical activity, was a recipe for disaster.

She said in recent years, gender specific body mass index charts had been developed for children.

"The BMI charts for children take into account the changes that naturally occur in body composition during childhood but still have ranges that indicate a healthy or less healthy weight," she said.

Charlie's mum, Gail, said he was 5kg heavier than he should have been for his age and height when she was first alerted to the fact he was classified as obese.

And while this weight variation would not be seen as significant in adults, it is in children.

"I was embarrassed when I was told that Charlie was obese," she said.

"I blamed myself because after all, I was the one that was providing the food to him.

"He kept eating it and I kept making it. I think that gaining weight for anyone is a gradual thing and often it goes unnoticed.

"When the GP told me that he was at risk of so many different diseases and that he was already suffering with some joint stress, I was horrified.

"But the clincher and most heart-breaking moment was when he refused to go swimming on a family holiday because some kids at the pool had told him he was fat.

"I knew I had to do something."

So out went the takeaway treats, processed frozen dinners, chips in the lunchbox and chocolate on supermarket visits.

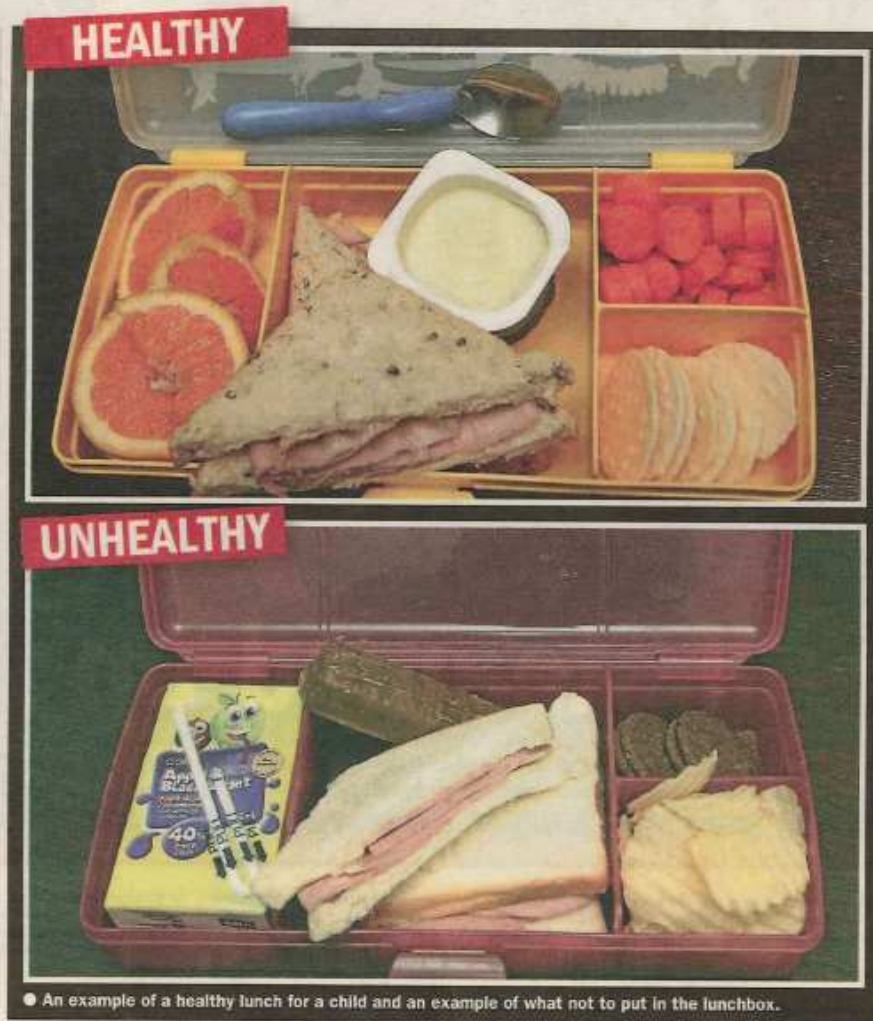
Mrs O'Brien said small changes in food and physical activity could lead to major changes in body weight.

"Being more active and choosing a healthy dietary intake is the first step," she said.

"I like to encourage the 5/2/1 principle.

"That is eat five serves of vegetables a day, two pieces of fruit, limit TV watching, computer or screen time to two hours only and include one hour of active play and exercise a day."

Mrs O'Brien said parents concerned about their child's weight should con-



● An example of a healthy lunch for a child and an example of what not to put in the lunchbox.

sult a health professional to have the child's BMI and weight assessed.

She said children had unique nutritional needs.

"Not only must they meet their requirements for daily activity but they must also meet the special needs of growth and development," she said.

But she was quick to point out that losing weight was not recommended for children.

It is about instilling healthy eating habits and regular exercise.

Obese and overweight children who start to follow a healthier regime more often than not grow in height while their weight stays the same or only increases slightly.

In Jimmy's case, a visit to a dietician was integral.

Regular meal times were suggested

TIPS FOR A HEALTHY SCHOOL LUNCH

Quick lunchbox ideas from dietician Kerryn O'Brien:

- Fill your child's lunchbox with a variety of healthy food, with small portions that can be easily opened by little hands.
- Fruit can include fresh fruit, fruit salad, tinned fruit, frozen fruit or dried fruit.
- Yoghurt, either fresh or frozen, and slices or cubes of cheese.
- A nibble pack with popcorn or dried fruit, savoury muffins or pikelets, breakfast bars, rice cakes or leftover homemade pizza.
- In winter, noodles, spaghetti or homemade soup in a vacuum flask.
- Vegetable sticks with dip or celery sticks with peanut butter or cottage cheese.
- Instead of a packet of chips try rice cakes, prawn crackers, pretzels, pita bread triangles, grissini sticks, mini toasts, bread sticks or rusks and two-minute noodles or dried rice noodles.
- Sandwiches can include skin-free chicken, canned fish, low-fat cheese, grated cheese, avocado, baked beans or egg.
- Water should be the preferred drink and milk limited to two 250ml glasses each day.

to stop Jimmy grazing throughout the day and also to regulate his appetite.

"It is up to parents to provide what food is to be served, when it is served and where, and it is up to the child how much to eat," Mrs O'Brien said.

Jimmy's parents were told that the quality of meals needed to improve so their son could be exposed to a greater variety of healthy foods.

The drink of choice was to be water, with milk limited to 500ml a day and adult portion sizes were out.

Snacks were fruit and yoghurt rather than chips, biscuits and sweets.

Television was limited to two hours a day and Jimmy was encouraged to ride his bike, visit the park and even play with his toy cars rather than sit idly or play computer games.

Over the next year, Jimmy grew into his weight, with his height going up and his weight remaining the same.

Jimmy's physical fitness also improved and he now enjoys playing with his friends at school and is less self-conscious when running or going swimming," Mrs O'Brien said.

Gateway Community Health, in Wodonga, is about to embark on its most recent school-based campaign to promote healthy eating and lifestyle.

CHAMPS, or Children's Healthy Activities Mentoring Program for Schools, focuses on addressing key risk factors for becoming overweight.

It focuses on local children in grades five and six who will then become mentors in the community.

Health promotion co-ordinator Kylie Gillison said the project had been piloted in 2005 with great success.

"The CHAMPS program will teach students to gain new skills to improve their health through advocating for better health options, such as a healthy school canteen or improving playground equipment," she said.

"Or changing physical activities to suit all students and not just include a 'sport' but rather include activities such as dancing, gardening, walking or games such as hopscotch."

She said information would be delivered using videos and podcasts and students could interact on blogs.

For Gail and Charlie, the realisation that he was obese at an early age and the desperate effort to combat the condition was their saving grace.

"If we hadn't tackled this now, who knows what sort of health ramifications Charlie would have down the track," Gail said.

"I would beg all parents to look at what their children are eating and how much physical exercise they are doing.

"It is up to parents to instil healthy eating and living into their children.

"I could have been unwillingly causing Charlie great harm and setting him up to a life that would see him struggle with weight, self-esteem and health problems.

"Obesity in children is a serious issue, it is more common than you think and it is something that we can all work to prevent."