The Prevalence of Childhood Obesity: A Wellness Curriculum for Group Counseling

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Anne Marie King

Bowling Green State University
The considerable health concern among the general public in terms of the effects of childhood and adolescent obesity are well documented. The degree of obesity among children and adolescents are rising at an astonishing rate and has reached national epidemic proportions (Pyle & Poston, 2006). Since 1980, the prevalence for obesity has doubled for children, and tripled for adolescents (Ogden, Flegal, Carroll, & Johnson, 2002). Overweight children and adolescents are more likely to become obese adults, and currently, estimates indicate that more than 129 million U.S. adults are considered to be overweight or obese [U.S Department of Health and Human Services (USDHHS), 2003].

The relationship between childhood and adult obesity is clear; therefore, early empirically based prevention programs that include nutrition education and promote physical activity are essential.

Childhood and adolescent obesity have profound physical, mental, and psychosocial health consequences. Moreover, childhood obesity indirectly affects children’s academic, personal/social, and career development; therefore, schools are an important channel where nutrition and physical education can be implemented and addressed (Ballard & Alessi, 2004). More specifically, professional school counselors (PSC’s) have a framework that easily allows implementation for a host of programs and activities focused around physical and nutritional wellness. This should be a priority in our comprehensive school based programs given the alarming effects adolescent obesity has on physical, mental, and psychosocial health. In essence, the PSC has an opportunity to play a vital role in addressing, and ultimately preventing, childhood obesity.
An abundance of research links childhood obesity with serious physical illness and health risk factors. Youth with obesity are more likely to suffer from short-term medical consequences, such as obstructive sleep apnea, hypertension, altered metabolism, asthma, type 1 diabetes, and hyperinsulinemia. Being overweight as a child also affects adult health. Long-term effects on adults include cardiovascular disease, type 2 diabetes, gallbladder disease, and osteoarthritis (Berg, 2004).

The rise in obesity, as well as the health problems associated with it, has had a considerable impact on health care, which is currently at a record-breaking high. Currently, obesity accounts for 9.1% of total direct health care cost in the United States. According to Health and Human Services, an obese individual’s annual Medicare expenditure is 37% higher than an individual who is not obese. The estimated costs, directly and indirectly, of obesity in the United States are from $69 billion to $117 billion annually. Given the current trends, health care costs related to obesity can be expected to increase (USDHHS, 2003).

Childhood and adolescent obesity can also create negative mental and emotional health. The psychological stress of social stigmatization imposed on obese children is just as damaging as the medical morbidities. Several health experts suggest health risks due to obesity are not the greatest problems; rather, the mental and emotional damage is more problematic (Burg, 2004). Immediate consequences of being overweight as perceived by children themselves are psychosocial ramifications, such as social discrimination, low self-esteem, depression, and negative self-body image (Ogden et al., 2001). In a comprehensive study, obese girls were less likely to have a social network of friends,
more likely to experience mental and emotional problems, and more likely to attempt suicide (Falkner et al., 2001).

Negative physical, mental, and social health effects due to obesity play an important role in a child’s academic performance (Ballard & Alessi, 2006). An ever-increasing body of research shows that poor nutrition and obesity affect behavior and academics. A comprehensive study of 11,192 kindergartners showed that obese children were more likely to have significantly lower standardized test scores, especially in reading and math, when compared to non-obese students (Ballard & Alessi, 2006). Another comprehensive study conducted on adolescent girls revealed an increase drop out rate, lower IQ scores, and were more likely to be held back a grade (Falkner, et al., 2001). A well-nourished and physically active child is better able to learn, has more energy, stamina, and self-esteem (Pyle & Poston, 2006).

With childhood obesity on the rise, and the direct effect it has on adolescent development and academic performance, it is pertinent that schools implement comprehensive based programs and curriculums designed to decrease obesity through nutrition education and physical activity (Berg, 2004). The school, were children spend a majority of there time, is a perfect place to implement nutrition education through policy, programming, and intervention efforts. Schools can have a significant impact on both nutrition and physical education through research-based, theory driven curricula. In essence, schools are primary stakeholders in the childhood obesity epidemic (Berg, 2004).
Abundant opportunities exist for PSC’s to take a leadership role in this critical area of child health. Professional counseling literature includes minimal research regarding the influence of obesity on student development; however, the delivery system designed by American School Counseling Association provides an excellent structure to host programs and activities to address adolescent obesity. More specifically, support, educational, and prevention groups are great ways to encourage, support, and inform obese students (Ballard & Alessi, 2006).

Support group counseling for obese children can offer a nurturing environment to foster self-esteem, confidence, and positive body image. Support groups are a way for obese children to express their feelings and understand that others are experiencing similar feelings. Groups comprised with carefully screened students can be extremely beneficial. It provides a safe place for students to discuss and overcome common issues.

Professional school counselors can also implement educational groups for teachers, parents and students. Conducting an educational group for teachers is a great way to encourage facilitation of positive nutrition and physical activity within lesson plans. By educating and encouraging teachers, the PSC is indirectly reaching the students. Forming an education group for parents may be the most effective approach to successfully counseling obese children. According to the American Obesity Association, families are the primary role models for children’s eating habits and level of physical activity (AOA, 2002). Consequently, for children to adopt and implement a healthier lifestyle, it is imperative to educate and encourage parents about the benefits of healthier lifestyles for their children.
In conclusion, there is a need for systemic change in curriculum to addresses the obesity epidemic. Clearly, childhood obesity effects a child’s academic, personal/social, and career development; therefore, the PSC has a vital role in addressing, and ultimately preventing, childhood obesity in our comprehensive school based programs. I strongly agree that our framework easily allows implementation for a host of programs and activities, especially group work, focused around physical and nutritional wellness. It should be a priority given the alarming affects adolescent obesity has on a child.

Looking beyond the obvious health concerns, emotional problems, such as feelings of guilt, anxiety, and depression, often exist within adolescent obesity. In addition, obese children are often teased, bullied, and have low-self esteem. With this in mind, PSC’s should actively promote a curriculum to enhance group counseling for obese students. This will allow them to gain nutritional and physical wellness information, set realistic goals, and discuss common feelings. With the increase of obesity in schools, I believe group counseling is an excellent resource to have available for obese students.

As the prevalence of adolescent obesity continues, the PSC will have an active role in establishing intervention and prevention services in schools. Professional school counselors are in good position to promote knowledge, attitudes, and behaviors among our children to help develop nutritional and physical fitness patterns that can improve intellectual development, as well as physical and emotional health. Accordingly, counselors, teachers, principals, parents, the school board, and community must actively collaborate to provide a curriculum that enhances school-based obesity intervention and prevention programs so our children may grow up physically and emotionally healthy.
References


