iMedPub Journals http://www.imedpub.com

Journal of Childhood Obesity ISSN 2572-5394 2021

Vol. 6 No. 8 : 73

Lambeth's Community Initiative on Childhood Obesity an Appraisal of The Ready, Steady, Go Programme

Received: May 04, 2021; Accepted: July 28, 2021; Published: August 20, 2021

Abstract

This article highlights the prevalence rate of childhood obesity in Lambeth, London, UK. It draws attention to the consequences of this condition among children. It critically examines the "Lambeth Ready, Steady, Go!" weight management service which is a Lambeth's initiative on childhood obesity. It reveals what is currently working and the problem areas. It concludes with the recommended changes that would lead to better impact of the community based health promotion initiative.

Keywords: Obesity; Metabolic syndrome; childhood obesity

Introduction

The terms, 'obesity,' and 'overweight,' are defined as abnormal or accumulation of excessive fat which may damage health (WHO 2020). Obesity is causing an alarming but controllable rates of death globally [1]. The increase in the prevalence of obesity and overweight among children and teenagers is of serious public health concern [1-2]. Obesity and overweight in children is directly correlated to increased risk of obesity and negative health outcomes in adulthood. These include diabetes, cardiovascular disease and cancer and premature death [3]. It is thus critically important to pay unfeigned attention to children and young adults in the war against obesity. Obesity is mainly categorised by BMI (Body Mass Index), and "is calculated as body weight in kilograms divided by the height in meters squared (kg/m2). Childhood obesity is specified as body mass index above the 95th percentile for sex and age. Lambeth has high levels of childhood obesity (Lambeth Public Health 2019: 23). According to local data, all ethnic subgroups in Lambeth are more likely to be obese compared to the White British group, "with Black Caribbean and Asian residents nearly twice as likely to be obese" (4). In 2017/18, 10.5% of children in reception were obese. In addition to this, 24.6% of Year 6 children in Lambeth attained the same condition within the same years Moreover, Lambeth had high prevalence of BMI group in three categories, such as overweight (13.3%/14.9), obese (10.5%/24.6%), and excess weight (23.8%/39.5%) in both Reception & Year 6 than compared to London and England in 2017/18 (Figure 1) [4].

Consequences of Childhood Obesity

Childhood obesity has resulted in numerous health consequences which have negative impacts on the health and mental wellbeing

Sunzidha Meah*, Enemona Jacob

Department of Medicine, Coventry University London, Rainham Road, Dagenham RM10 TBN, United Kingdom

Corresponding author: Sunzidha Meah

meahs4@culonuni.coventry.ac.uk

Tel: +44-1986-4280

Department of Medicine, Coventry University London, Rainham Road, Dagenham RM10 TBN, United Kingdom

Citation: Meah S, Jacob E (2021) Lambeth's Community Initiative on Childhood Obesity an Appraisal of The Ready, Steady, Go Programme. J Child Obes. 2021, 6:8:73

of children. For instance, the onset of psychological, psychiatric disorders, and symptoms is more common in obese children and young people [5]. Additionally, young obese children have been perceived by their peers as lazy, ugly, and stupid. This may lead to social isolation. According to Zavaleta et al. (2014) [5], social isolation is labelled as, "inadequate quality and quantity of social relations with other people at the individual, group, community, and larger social environment level where human interactions takes place." This may have a negative impact on a child's mental health, and as a result may develop mental health conditions such as depression, as well as other internalising disorders like paranoia & anxiety (Eschenbeck et al. 2009). Also, findings from relevant studies suggests that obese youngsters are at greater risk of being diagnosed with mood disorder into adulthood [6]. Furthermore, obesity can cause hypertension, type 2 diabetes, asthma, and reduced liver function in childhood [7]. Due to the increasing prevalence of childhood obesity, a substantial portion of youths with diabetes now have type 2 diabetes, specifically children from low-income backgrounds, or of minority ethnicity or race. Also, children with obesity are more prone to have impaired health-related quality of life (HRQoL) than compared to healthy children. Also, severely obese youngsters were discovered to have a similar HRQoL to children with cancer (7).

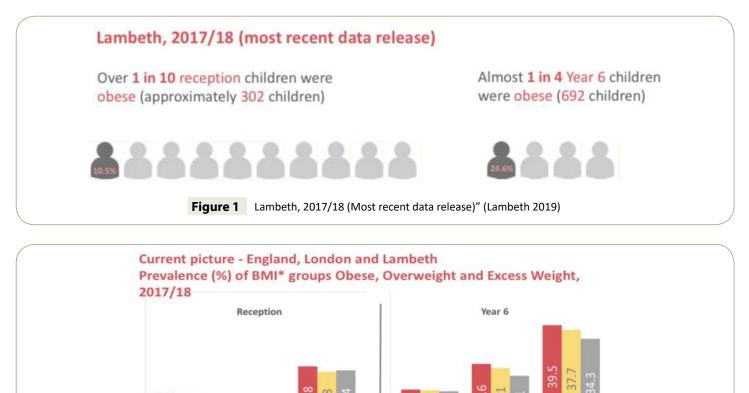
The Lambeth's Ready, Steady, Go Programme

To prevent obesity among children and to enhance the health of individuals within London's borough of Lambeth, the "Lambeth Ready, Steady, Go!" weight management service has been implemented. This intervention tackles childhood obesity by promoting healthier lifestyles for both children & families (Lambeth 2021). This community-led health initiative supports children aged 4-12 years and their families to create lasting behavioural changes to accomplish, "increased physical activity & reduction in sedentary behaviour" (Oki 2019: 10). Sedentary behaviours are categorised as any walking behaviours branded, by energy expenditure whilst in a sitting, lying, or reclining position (8).

In addition to this, Lambeth's weight management programme provides support in improving quality of diet, eating behaviour, self-esteem, and emotional well-being of children and their families (Oki 2019: 10). This intervention is free of charge and children/families can be referred to this service through their school as part of the National Child Measurement Programme (NCMP) (Lambeth 2020). Also, this service offers children and parent/carers, healthy eating workshops that are fun physical activities. It covers nutritional subjects, such as five-a-day, portion sizes, balanced diet, and food labelling (Lambeth 2020) (Figure 2).

Strengths of lambeth ready, steady, go! Weight management service

This initiative has been effective in reducing childhood obesity within Lambeth. 82% of children who participated in the programme, attained a low BMI score. Also, the programme made major improvements, "in nutrition, physical activity and well-being" of the participants (Oki 2019: 10). Moreover, the service showcases good inter-agency delivery. For example, Lambeth's initiative works alongside other institutions/NCMP. This is effective partnership working as it enables the initiative to gain additional referrals for the programme and assist those in needs. The utilisation of behaviour change models, such as social cognitive theory (SCT) is considered strength to this service. SCT argues that, "human behaviour is the result of dynamic interactions between personal, behavioural and environmental factors" (9). Applying this model as part of Lambeth's programme is beneficial because it motivates families to create acts of selfefficacy – Belief that one can positively accomplish a behaviour. This is advantageous for families as they will be able to keep goals like, maintain healthy diet and weight. This initiative is also known to collaborate effectively with the local community. Involving families as part of the programme has been beneficial because as this has enabled young children to gain support and positive reinforcements (National Institute for Health and Care Excellence 2015). Lambeth's weight management service is likely



Excess

Obese

Overweight

Figure 2 England, London and Lambeth Prevalence (%) of BMI* groups Obese, Overweight and Excess Weight, 2017/2018" (Lambeth 2019).

Overweight

Obese

Excess

to be more successful, change lifestyle choices, and improve children's BMI overtime due to families sharing common goals with others to tackle childhood obesity reinforcements (National Institute for Health and Care Excellence 2015) [10].

Weaknesses of lambeth ready, steady, go! Weight management service

Although there are multiple strengths to this local community-led service, weaknesses are not absent. For example, the Lambeth Ready, Steady, Go! Management Service requires both child and parent/carers to attend. This may be an issue for families who are constantly busy/working. Therefore, they may not be able to participate. Additionally, some parents/guardians may not attend or allow their child to join these types of initiatives due to the fear of stigmatisation. They may feel discriminated or judged as obesity is a sensitive subject. [11-15]. (2013) found that parents of young obese youths faced moral dilemmas, which led to approaches in which parents attempted, "to hide the fact that the children needed to lose weight in order to protect the children from feeling stigmatised."Furthermore, Lambeth's population group has a significant number of the BAME community. Some of these immigrant families do not speak English as their first language. This will inevitably lead to communication barrier and thus poor utilisation of the service [16-18].

Recommendations

To improve Lambeth's Ready, Steady, Go! Weight Management Service, the local community should:

1) Train their service providers/staff members or hire professionals with different language backgrounds [19,20]. This will be useful for families who are part of the BAME community as they will be able to gain support, receive good communication, and gain a better understanding of the initiative [21-23].

2) To accommodate working families who may struggle to attend the sessions due to busy schedules. The programme should promote the use of video calls which can be accessed through various technological devices, such as mobile phones, laptops, and tablets. An example of this is, 'Zoom [24-26].' Utilising this and other apps similar to this (teams) is good as it will allow families to attend Lambeth's session virtually without disrupting their work schedule. Families will be able to participate after or before work from within their own homes. This is both safe and convenient, especially within an on-going pandemic COVID-19. This digitalised arrangement would enable families to continue attending these healthy sessions whilst being in lockdown [27,28].

Conclusion

Overall, childhood obesity is extremely frequent within London's borough of Lambeth. Therefore, to reduce the negative impacts of this condition, the community based initiative – Lambeth Ready, Steady, Go! Weight Management Service - has been employed to decrease the negative impacts of this condition. This programme is effective in reducing the rate of childhood obesity within Lambeth. Also, this health promotion service utilises inter-professional working and behaviour change models like the Social Cognitive Theory in an operative manner.

Acknowledgement

The first author, Sunzidha Meah deeply appreciates the second author, Enemona Jacob, their lecturer and research project supervisor, for collaborating with them and providing encouragement, great input, and guidance over this work

Conflict of interest

No conflict of interest declared

References

- Abarca-Gomez L, Abdeen ZA, Hamid ZA (2017) Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. *The Lancet.* 390: 2627- 42.
- 2. Bagherniya M, Taghipour A, Sharma M (2018) Obesity intervention programs among adolescents using social cognitive theory: a systematic literature review. *Health Education Research.* 33(1): 26-39.
- 3. Engin A (2017) The Definition and Prevalence of Obesity and Metabolic Syndrome. In: Engin BA and Engin A (edition) *Obesity and Lipotoxicity. Advances in Experimental Medicine and Biology.* Switzerland: Springer, Cham. 2;1:1-17.
- 4. Eschenbeck H, Kohlmann WC, Dudey S (2009) Physician-Diagnosed Obesity in German 6- to 14-Years-Olds. *Obesity Facts*. 2;1:67-73.
- Franks PW, Hanson RL, Knowler WC (2010) Childhood obesity, other cardiovascular risk factors, and premature death. *New England Journal of Medicine*. 362: 485-93.
- 6. Hoeeg D, Grabowski D, Christensen U (2018) Intra-familial stigmatization: An adverse outcome of a family-based health education intervention to reduce childhood obesity. *Health Education*. 118(3): 227-238.
- 7. Jaacks LM, Slining MM, Popkin BM (2015) Recent trends in the prevalence of under- and overweight among adolescent girls in lowand middle-income countries. *Pediatric Obesity*. 10;6:428-35.
- James L, Linton CJ (2009) Handbook of Obesity Intervention for the Lifespan. 1st edition. Netherlands: Springer. 1;6;2-6.
- 9. Kelsey MM, Zaepfel A, Bjornstad P (2014) Age-Related Consequences of Childhood Obesity. *Gerontology*. 60;3:222-8.
- 10. Lambeth Public Health. Annual Public Health Report Lambeth 2018.
- 11. Lambeth (2021) Ready Steady Go guide,1;2;2-66.
- 12. Lambeth Summary Childhood Obesity in Lambeth, india, accessed 2021.
- 13. Lee DH, Keum N, Hu FB (2018) Comparison of the association of predicted fat mass, body mass index, and other obesity indicators with type 2 diabetes risk: two large prospective studies in US men and women. *Eur J Epidemiol.* 33: 1113- 23.
- 14. Lee DH, Keum N, Hu FB (2018) Predicted lean body mass, fat mass, and all cause and cause specific mortality in men: prospective US cohort study. *BMJ*. 2018;362: 25-75.
- Li YJ, Xie XN, Lei X, (2020) Global prevalence of obesity, overweight and underweight in children, adolescents and adults with autism spectrum disorder, attention-deficit hyperactivity disorder: A systematic review and meta-analysis. *Obesity Reviews*. 21;2:13-123.

Journal of Childhood Obesity ISSN 2572-5394

- Llewellyn A, Simmonds M, Owen CG (2016) Childhood obesity as a predictor of morbidity in adulthood: a systematic review and metaanalysis. *Obes Rev.* 17;2:56- 67.
- 17. National Institute for Health and Care Excellence. Obesity in children and young people: prevention and lifestyle weight management programmes. 2015.
- 18. Oki B (2018) Addressing Childhood Obesity and Promoting Healthy Weight in Lambeth. 1;2;1-6.
- 19. Rankin J, Matthews L, Cobley S (2016) Psychological consequences of childhood obesity: psychiatric comorbidity and prevention. *Adolescent health, medicine and therapeutic.* 7: 125-146.
- 20. Reilly JJ (2007) Childhood Obesity: An Overview. *Children & Society.* 21:390-96.
- Sanderson K, Patton CG, McKercher C, (2011) Overweight and obesity in childhood and risk of mental disorder: a 20-year cohort study. Aust N Z J Psychiatry. 45(5):384-92.

- 22. Sherer M, Adams HC (1983) Construct Validation of the Self-Efficacy Scale. *Psychological Reports.* 53: 899-902.
- 23. Simmonds M, Llewellyn A, Owen C (2016) Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obes Rev.* 17: 95- 107.
- 24. Stewart L (2011) Childhood obesity. Medicine 39(1): 42-44.
- 25. Thivel D, Tremblay A, Genin MP, (2018) Physical Activity, Inactivity, and Sedentary Behaviors: Definitions and Implications in Occupational Health. *Frontiers in Public Health.* 6;1:122-288.
- 26. Wang J, Evans-Lloyd B, Giacco D (2017) Social isolation in mental health: a conceptual and methodological review. *Social Psychiatry and Psychiatric Epidemiology.* 52: 1451-61.
- 27. Wang Y, Beydoun MA, Min J (2020) Has the prevalence of overweight, obesity and central obesity levelled off in the United States? Trends, patterns, disparities, and future projections for the obesity epidemic. *Int J Epidemiol*.49(3):810-823.
- 28. World Health Organization. Obesity and overweight. 2020.