Plan Support- Childhood Obesity

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 The prevalence of obesity in children and the adolescents is increasing each passing year with the increased intake of the various unhealthy foods. The treatment of obesity is one of the most difficult challenges facing the different multidisciplinary healthcare providers. Understanding the eating attitudes and behaviors of a child is vital to the child's health since the dietary habit a person acquires during childhood persists through to adulthood. The understanding of the habit means that parents can get to control what their children eat and can, therefore, prevent obesity and any other eating disorder (Brown & Ogden, 2004). The increasing childhood obesity has placed a significant burden of the physical, psychological, and social health resulting in the need to alter the environment and the behavioral factors that could potentially increase the risk of childhood obesity.

Some of the theories that could be applied to address childhood obesity include the Social Learning Theory, Peer Modeling theory, the Social-Cultural theory and Cognitive theory. The Social Learning Theory (behaviorist-learning theories of classical conditioning)is whereby one learns from another through observation, imitation, and modeling. The Theory can be referred to as the bridge between the behaviorist and the cognitive learning theories since they are about monitoring an individual and encompass attention, memory, and motivation (Brown & Ogden, 2004). The application of Social Learning Theory to address childhood obesity is through observing the child's behavior, attitudes and outcomes of the different behaviors of the child. The observation of the behavior would then serve as a guide for action in through which a guardian can take in preventing childhood obesity. One can also learn about the influencing factors to childhood obesity such as environmental factors and can then start minimizing or improving on them depending on their desired outcome. However, to effectively use the theory one should have conditions such as attention, retention, reproduction, and motivation. The action plan applies social psychology to influence society to make a better choice regarding weight control through diets to shape the future of children and adolescents in terms achieving health and well being.

Peer modeling provided children with an opportunity of learning the different social skills from developing peers through the different activities they engage in such as games. The practice is used in ensuring that children acquire the best social skills that pertain to self-esteem and socio-emotional development. Peer modeling can be used to change the children's preference for different foods. The use of the model can be used by the child observing the best preference for food of the other children that are healthy and does not expose the child to obesity.

Social Cultural theory can be efficient in childhood obesity because it involve the environment and up bringing of the child. This theory believes to look at the parents or caretaker’s culture and address the issue of obesity from that point of view. Culture has a lot to do in the type of food the kids are exposed to and how active they can be. When taking this theory in consideration, the researchers can eliminate relapses to cultural food that are not good for the kids and can teach the parents about foods that are familiar to them, in return lower the chance of obesity. The action plan will impact knowledge for potential overweight children on how to access nutritious plant-based diets that are derived from their culture. This plan can eliminate frustration and it is one size fits all type of learning, rather a broader view on how to choose healthy foods that are nutritious to the body.

The use of the psychologists' perspective in approaching the problem could be problematic considering that one might not have the required expertise to accomplish the task. However, the following of the necessary procedures could result in one achieving the best possible solution. One of the best approaches is the use of parental attitudes and behaviors that are a major contributor to childhood obesity. Parental attitudes and behaviors play a crucial role in the development, maintenance, and prevention of childhood obesity. The adoption of the best parental attitudes is ideal for solving obesity as parents can start encouraging their children to take healthy foods that are not related to obesity. Restriction and the monitoring of food intake is a way of ensuring that children get the right amount and quality of food (Golan & Crow, 2012). It might not be one of the easiest approaches considering that most parents have been brought up from different backgrounds and could have adopted different parenting skills. The changing of the parenting skills could be problematic with some taking a long time to adapt. The psychology experts in counseling are a crucial resource in the action plan address the stigma of the obesity and related disorders affecting children and adolescents.

The primary ethical consideration when deciding the treatment option for childhood obesity is if the obesity is compromising the health of the child. It is, therefore, the responsibility of the caregiver to determine the effectiveness of the other available treatment options before evaluating the executive capacity of the child. It is also vital to decide whether the child understands all the possible aspects of intervention such as surgical procedures. The determination of the child's capacity to take surgical procedure is the doctor's responsibility, but the consent is the guardian (Perryman &Sidoti, 2015). The provision of consent by the guardian could be problematic because of the child, and the guardian might not agree on the best way leading to the guardian attempting to persuade the child's consent. The intervention should mainly focus on physical environment to ensure the society adopt healthy behaviors. To exercise equality, the action plan for future should target the entire population but not just individual with obesity conditions. Additionally, the action should aim at changing health behavior instead of focusing on body weights.

References

Brown, R., & Ogden, J. (2004). Children’s eating attitudes and behaviour: a study of the modelling and control theories of parental influence. *Health education research, 19*(3), 261-271.

Golan, M., & Crow, S. (2012). Targeting parents exclusively in the treatment of childhood obesity: Long‐Term results. *Obesity, 12*(2), 357-361.

Perryman, M. L., & Sidoti, K. A. (2015). Ethical considerations in the treatment of childhood obesity. *Medicolegal and Bioethics, 5*, 17-26.