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Photo: ST

SINGAPORE - The growing number of children ballooning in weight in Asia poses a potential health problem which is not always taken seriously.

This is partly due to cultural reasons. Plump children are not frowned upon and some people even view chubbiness in young children as a sign of good health. But health authorities in Singapore view rising obesity, in people of all ages, as a problem that needs to be tackled. Their latest salvo is the One Million KG Challenge, the country's first incentive-based national weight management movement that was launched last month.

The goal is to get people to lose weight in exchange for freebies and chances to win prizes, such as shopping vouchers, as 1.7 million Singaporeans are already at risk of obesity-related diseases.

They are also looking to restrict the advertising of food and drink that are high in fat, sugar and salt to children from January next year.

They will draw up the criteria used to decide which food and beverage products can be advertised to children by September.

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In addition, there are plans to extend the Healthy Meals Programme to about 90 per cent of childcare centres by 2020. This programme was rolled out in primary and secondary schools in 2011 and in childcare centres in 2012. It aims to instill healthy eating habits in children. The Health Promotion Board will release more details on this by the end of this month.

Childhood obesity has been described by the World Health Organisation (WHO) as "one of the most serious public health challenges of the 21st century".

The WHO estimated that there are more than 42 million overweight and obese pre-schoolers globally. At least 2.8 million adults die each year as a result of being overweight or obese, it added.

A study released last week by researchers at Duke-NUS Graduate Medical School Singapore and at the Duke Global Health Institute estimated that the lifetime medical costs for an obese child could cost US\$19,000 (S\$24,000) more than for a normal weight child. A corresponding figure is not available for Singapore, but doctors say there is little time to lose as most obese children become obese adults.

"The major concern is that obese children are exposed to the risk factors for heart disease and stroke, which are diabetes, high blood pressure and high cholesterol, for a much longer duration. This long exposure could result in heart disease and stroke in their later life," said Dr Stanley Liew, an endocrinologist at Raffles Hospital.

"In other words, this is a ticking time bomb if left unchecked. Therefore, we have to increase the public awareness of the dangers of childhood obesity. It is much more cost effective to prevent obesity and its health consequences."

Childhood is the time to learn good habits which last for life, said Singapore Management University's Assistant Professor of Economics Kim Seonghoon. He suggested that government efforts, such as the One Million KG Challenge, would be more effective if the focus was on children and young adults whose lifestyles are relatively easier to change.

MORE FAT KIDS NOW

Dr Barathi Rajendra, a consultant in general paediatrics & adolescent medicine at the department of paediatrics, KK Women's and Children's Hospital (KKH), said a child is considered obese for his age and gender when his body mass index (BMI) is in the 97th percentile and above for children his age.

Dr Rajendra said the calculations for adult and child BMI are the same but interpreted differently, as the amount of body fat in children changes according to different stages of a child's development and growth. For example, during puberty, a child may experience accelerated growth and increased muscle mass, which could affect his BMI.

A recent check with the Ministry of Education showed the obesity rate of children from primary to pre-university levels in the past three years has remained stable at about 11 per cent, after rising from around 9 per cent in 2005.

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Schools switched from using BMI-for-height charts to BMI-for-age norms to measure obesity in 2010.

But we should not be congratulating ourselves for stemming the rise, or even comparing ourselves favourably with other developed countries, such as the United States, where the percentage of children aged five to 17 years who were overweight was at 35.5 per cent in 2011.

Consider that "in 1976, the prevalence of obesity was only 1.4 per cent for Primary 1 pupils, and it increased to 12.7 per cent by 2006", said Dr Liew.

"The obesity prevalence was 2.2 per cent in Primary 6 pupils 30 years ago, and has increased to 15.9 per cent," he added.

The impact of this "dramatic rise" is obvious to doctors, he said. "We are now witnessing more young children with type 2 diabetes, whereas it was very unusual only a couple of decades ago."

Type 2 diabetes, once known as adult-onset diabetes, has been associated with obesity and other lifestyle factors. "I've seen patients as young as 10 who are obese and have developed diabetes," said Associate Professor Lee Yung Seng of the paediatrics department at National University of Singapore's Yong Loo Lin School of Medicine.

Overweight or obese people also get sick at a younger age. "We used to see people getting heart attacks at 50, 60 years old about 20 years ago. Now, we are seeing younger people getting ischaemic heart disease," he said.

He added that there is evidence that the risk of heart disease goes up in tandem with the BMI of boys as young as seven and girls as young as nine. "You don't even have to be severely obese to develop a risk for future adverse health outcomes," he said.

Overweight or obese children are also likely to get teased or bullied and to suffer from self-esteem problems.

FAT IS SEEN AS CUTE

"In Asia, many still consider it cute or part of growing up to be obese when young," said Dr Ganesh Ramalingam, a consultant general surgeon at the Breast Care and Surgery Centre at Thomson Medical Centre, who has performed bariatric or weight-loss surgery on patients as young as 18.

"Sadly, the concept of an obese child is still not looked upon as a serious cause for concern in an Asian population, unlike in the West where public education and my fellow specialists in the medical field are far more advanced."

Dr Ramalingam said doctors in the West are even starting to offer weight-loss surgery on adolescents, which is still unacceptable here.

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Singapore has to go beyond sports and exercise programmes, he said. "Much more education of the risks of obesity is needed."

Prof Lee said most parents do not see obesity as a health problem until it is pointed out to them.

"Often, one or both parents of an obese kid is also obese. Their children may already be suffering from serious health problems such as diabetes," he said.

Some of these parents and children recognise the problem but are not motivated enough to make lifestyle changes, he said.

But the most important thing is for the entire family to recognise the issues and make changes together.

Obesity is "part genetic, part environment", said Prof Lee.

"Family members must change their lifestyles and eating habits together as the child looks towards his parents and siblings as role models."

PARENTS OVERFEED KIDS

While physical activity is important, diet is even more so.

"There has to be more awareness of the contribution of food," he said.

"We blame fast food too much. The main culprit is usually snacking between meals; the cakes, cookies and sweetened drinks, such as soft drinks."

Indeed, one mistake parents make is to make unhealthy snacks, such as potato chips, sweets and sweetened beverages, constantly available, said Dr Rajendra.

"Don't forget, we are our children's role models. We must be wary of how much we eat and what we eat," he said.

"If we, as parents, overeat and snack on junk food constantly, then our child will learn that this is normal behaviour and will emulate us."

"Junk food can be enjoyed if it is not eaten in excessive amounts or too near mealtimes, said Ms Christine Ong, KKH's chief dietitian.

Typical portions would be a scoop of ice cream, one small packet of potato crisps, one fun-sized chocolate bar or one goreng pisang.

Also, limit the consumption of such food to once or twice a week, said Ms Ong.

Another common mistake is to insist that a child finishes all the food on his plate at mealtimes, said Dr Rajendra.

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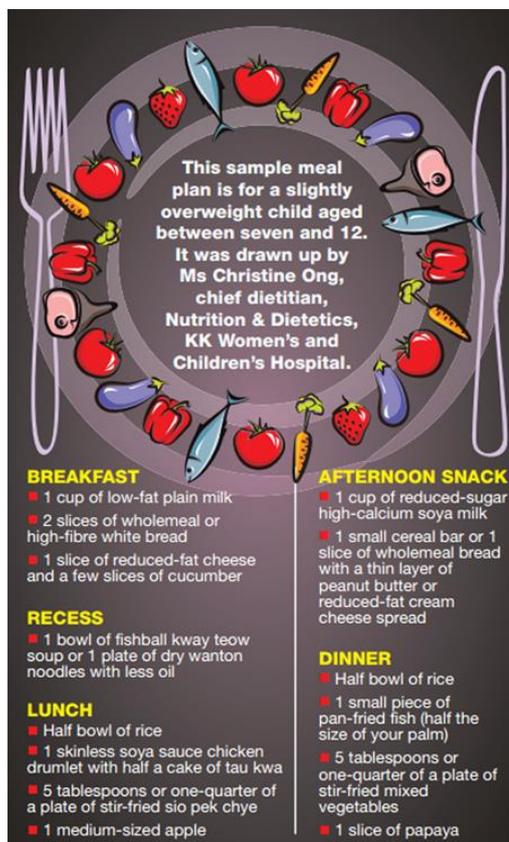
"Children need to learn to recognise sensations of fullness or hunger - there may be times when a child is hungry and would like an extra portion or other times when they don't want to finish a meal," he said.

"Parents should also recognise that a reasonable food portion should be placed on the plate and they should not overfill the plate."

As anyone can tell you, losing weight when you are overweight is tough. To avoid the pain later on, start as early as possible as obesity is largely preventable.

The Health Promotion Board recommends that children aged two years and above follow the same healthy eating guidelines as adults.

This means that children can switch to low-fat milk and dairy products if they are eating and growing well, said Ms Ong.



The key to preventing obesity is to maintain a healthy diet and to exercise. If this is not done, we could be looking at a much heavier public health-care burden in the near future.

To check your child's BMI, go to www.knowyourbmi.sg/children

WHAT YOU CAN DO WHEN EATING OUT

- Remove the skin from poultry
- Ask for more vegetables when having one-dish meals such as noodles, or order an extra dish of vegetables
- Choose food that is baked, grilled or pan-fried instead of deep-fried
- Taste food before adding sauces such as tomato ketchup
- Opt for fresh fruit as a dessert after the meal

Source: KKH's chief dietitian Christine Ong