

Childhood and adolescent obesity worldwide expected to increase 70 percent by 2030

Katy Kinner
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The world's population of children and adolescents with obesity is predicted to increase by 70 percent by 2030, from 150 million to 254 million. Without intervention, experts predict rates of obesity in higher income countries will stabilize at high levels while low and middle-income countries will struggle to handle a rapidly increasing public health problem.

The above figures were published in the World Obesity Federation's, "Atlas of Childhood Obesity," a 212-page report released this October that displays the latest data on obesity prevalence of infants, children and adolescents in 191 countries.

Data for the Atlas was gathered from an article authored by the NCD Risk Factor Collaboration (NCD-RisC) titled: "Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2,416 population-based measurement studies in 128.9 million children, adolescents, and adults." The article was first published in an October 2017 issue of the medical journal *The Lancet*.

The NCD-RisC analysis was the first of its kind to measure worldwide trends in obesity, analyzing data covering four decades from 1975 to 2016. As the title suggests, the study pooled 2,416 population-based studies that provided height and weight measurements of 128.9 million people, with 31.5 million of the total falling between the ages of 5-19 years.

The study categorizes children as 5-9 years old and adolescents as 10-19 years old and defines obesity as more than two standard deviations above the median of the World Health Organization (WHO) growth reference for children and adolescents. While it will not be addressed in this article, the study also focuses on global figures and health consequences of underweight children and adolescents.

The WOF Atlas begins by displaying the NCD-RisC data through ranked lists of each country's obesity risk

scores, obesity prevalence and predicted 2030 obesity prevalence.

The countries with the current highest prevalence of child obesity by percentage are Cook Islands, Nauru and Palau with obesity rates of 40.7, 40.6 and 40.0 percent respectively. The subsequent eight countries are also Pacific Island countries. The United States is ranked 15th with a 25.4 percent child obesity rate. Kuwait, Qatar and Puerto Rico are 12th, 13th and 14th with one quarter of their child population qualifying as obese. Figures are expected to worsen by 2030 with child obesity rates in Cook Islands, Nauru and Palau expected to reach 45.9, 43.3 and 44.8 percent respectively.

Cook Islands, Nauru and Palau also have the highest rates of adolescent obesity with Nauru at 32.3, Cook Islands at 31.3, and Palau at 30.4 percent. The U.S. is ranked 11th with 21.0 percent of its adolescents classified as obese in 2016. In 2030, rates are predicted to grow to 41.6 percent in Cook Islands, 40.1 percent in Palau and 39.4 percent in Nauru.

The Atlas' list of countries by the assigned risk scores more effectively illustrates the shocking predicted growth. The risk score indicates the risk of a country having or acquiring a significant childhood obesity problem in the next decade. The countries with the top ten risk scores, the first eight with the highest score of eleven, are Cook Islands, Kiribati, Micronesia, Niue, Palau, Puerto Rico, Swaziland, Tokelau, Bahamas, and New Zealand.

Pacific Island countries take many of the top twenty positions in lists of both current and predicted 2030 per capita obesity levels. While neither the Atlas nor the NCD-RisC puts forward a hypothesis, a UNICEF report states that most Pacific Island countries have not returned to pre-2008 per capita GDP levels and due to inflation, food prices, especially fruits and vegetables, are still out of reach for many households. As a result, families turn to cheap and less nutritious alternatives. Low levels of

employment, widespread poverty and poor education also plague many islands in the Pacific region.

It is worth mentioning that obesity is not an indication that nutritional needs have been met or exceeded. It is not uncommon that a child could subsist off cheap, but high-calorie food products containing little to no vitamins like vegetable oils, trans fats and processed carbohydrates that render them both obese and malnourished.

The next 200 pages of the Atlas are made up by the “Country Report Cards” which list the country’s obesity prevalence broken up by age and gender and grants a percentage representing its chance of meeting the WHO goal of “no rise in obesity levels from 2010 to 2025”.

According to the Atlas, only one in ten countries have a 50 percent or higher predicted chance of meeting the WHO goal. Many countries received a zero percent chance of meeting the target. Even countries with comparatively significant public health initiatives such as the United Kingdom, only received a 37 percent chance of meeting the target. The US received a 17 percent chance.

A closer look at the original NCD-RisC study provides further details on this global upward trend. The data shows a global increase in both mean Body Mass Index (BMI)—a calculation based on a person’s height and weight—and prevalence of obesity among children and adolescents in the past four decades. In high-income countries, mean BMI plateaued in 2000 at high levels while regions of east, south and southeast Asia still struggle with accelerating rates.

From 1975-2016, the global age-standardized prevalence of obesity in children and adolescents increased from 0.7 percent to 5.6 percent in girls and 0.9 percent to 7.8 percent for boys. Every region worldwide saw an increase in obesity prevalence in the past four decades with the highest proportional growth found in southern Africa, a 400 percent increase per decade, and the smallest proportional growth found in high income countries with an increase of 30-50 percent per decade.

Neither report theorizes at length about why developing countries are facing skyrocketing obesity rates, but other obesity studies point to factors such as globalization and urbanization. Personal food choices are influenced by price and availability and with the globalization of food markets, processed and fast food options are offered at competitive values. Urbanization is also linked to a significant reduction in physical activity levels, leading to weight gain. Contrary to past conceptions that obesity is a moral and personal failing, the latest research paints obesity as a social problem with low socioeconomic status

and education levels acting as major risk factors.

As many obesity reports indicate, obesity disproportionately affects poor and working class communities. Children and teens in these communities have less access to tools that contribute to healthy lifestyles such as nutritious food, recreation programs, public initiatives or safe play areas. In addition, poor health care coverage traps young people in a cycle of worsening health issues, further exacerbating the inequalities.

Obesity is not only a social epidemic but one of the most preventable causes of early death. It has been linked to an increased risk of chronic disorders such as type 2 diabetes mellitus, heart disease, stroke, musculoskeletal disorders, and certain types of cancer such as endometrial, breast and colon cancer. Children and adolescents with obesity are also particularly impacted by low self-esteem and depression, with young women at a higher risk for more severe symptoms.

Scientists and medical professionals across the world have rightly recognized childhood obesity as one of the largest public health issues of the 21st century. The solution in fighting against it has less of a clear consensus with a dominant appeal toward governmental reform and local community initiatives. The Atlas itself was released as part of the UN Decade of Action on Nutrition (2016-2025) which seeks to coordinate among non-profits and governmental agencies to slow and reverse growing obesity rates.

But no amount of pressure or reform can reverse a health crisis of this magnitude. Obesity is a global social issue that cannot be solved within a capitalist system that places the financial interests of the wealthy elite over the health interests of the vast majority. Across the world, the demand for healthy lives for the world’s youth comes into conflict with the profit interests of food corporations, giant agricultural industries and their governmental representatives.



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