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Do negligent parents have obese children – a critique

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Abstract

Over the past years, the rates of childhood obesity has grown significantly, raising fear about the potential health and well-being of millions of children worldwide. Measures to help solve what has become known as the "obesity crisis" remain difficult considering children's insecurity and the dynamic existence of their climate. Early world of an infant, while somewhat small, is mainly comprised of the family. The family tends to be a strong tool even when the world of the infant grows to include peers and school as the infant matures. Parents are core members which affect the actions of a child. They do it by performing their position by parenting. Parenting refers to behaviors that parents perform with their child in order to promote physical, interpersonal-emotional and mental wellbeing and well-being over the lifetime of the child.

Keywords: Child obesity, parental role, child abuse, mental health

Introduction

Strategies to minimise the risk of obesity of a child also rely on changing the dietary patterns and sustaining a healthy degree of physical activity. While this is one way to fix the problem, according to a study by Temple University published in Child Abuse & Neglect's November problem, another way to minimize the risk of childhood obesity may actually be down to proactive parenting. Instances of negligence involve a parent who does not display adequate love for the child due to an obsession for their own concerns, who does not take the child to the doctor when he / she wants it, and who leaves a child without appropriate supervision. "The child does not, by comparison, recognise the cause of the abuse and the child does wrongly feel guilty," he said. "Such neglect interactions could translate into a lot of tension for the child which, in turn, could affect mood, anxiety, nutrition and behavior. As we know, adults eat in reaction to stress; the same could be true for children," said Whitaker.

Origins of an obesity problem in Children

It is important to analyze the history of the issue in order to grasp the magnitude of the current obesity crisis. Morbid childhood obesity is a meager epidemic which requires greater action by the State. Over the last decades of the nineteenth century, the main dietary issues linked to the wellbeing of children were not about food waste, but rather about food shortages and starvation of the childhood [2]. Expectations of increasing longevity and growth prospects strongly motivated parents to improve BMI for underweight infants [3].

Many parents, however, always behaved as if food would not always be available and overfeeding became even more common. With respect to early eating in childhood, physicians found that it was "extremely difficult to persuade the lay mind that rosy cheeks and a record of fine weight could be undesirable." [4]

Reasons of children obesity [5]

Difficulties in reducing childhood obesity, both physically and in the justice system, can be explained in part by the broad spectrum of factors that lead directly to the progression of the disease. It can be difficult for courts to ascertain the cause of morbid obesity in an infant. Although parental treatment does not impact genetic or chemical causes, it may affect factors such as dietary patterns in the environment. This segment offers a description of possible causes of childhood obesity and discusses their respective incidences in the epidemic of obesity.

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The role of parents on obesity in children ^[6,7]

Since parents actively affect the eating habits and weight of their children in a number of ways, parental responsibility for childhood obesity must be accepted by the legal system. One such impact has to do with the kind of food parents want to have in the kitchen. Not unexpectedly, children are more likely to be obese if they live in a family where they mostly eat processed meals rich in fat and sodium.

One research also found that parents dramatically expanded the size of portions they fed their children between 1977 and 1998. Broadly speaking, children currently eat about 350 more calories a day than children in the 1970s. This troubling pattern raises the likelihood of childhood obesity.

Who is to blame for childhood obesity?

According to a new study, found that 75% of the 2,259 physicians who responded think parents are largely responsible for the prevalence of childhood obesity. According to the World Health Organization, infant obesity is one of the most significant public health challenges of the 21st century. Obesity leaves children at high risk of type 2 diabetes, heart disease and asthma.

Dangers for obese children

One third of Kids in the U. S. Is overweight or obese, and the figure keeps increasing. Kids have less health and physical issues due to weight compared with adults. However, children who are overweight are at greater risk of being overweight teens and adults, putting them at risk of contracting chronic disorders like heart disease and diabetes later in their lives. Often, they are more likely to experience fatigue, depression and poor self-esteem.

Obese children have a variety of problems at risk including:

- Skin disorders such as sun rash, acne and fungal infections.
- Early cardiac failure.
- Having diabetes.
- Bone Concern.
- High blood pressure.
- High Cholesterol

Child negligence ^[9]

Child neglect is generally characterized as the failure of caregivers to obtain or offer appropriate medical attention, thus putting the child at risk of serious injury.

An rationale for classifying childhood obesity as negligence may be made where an afflicted child's caregiver fails to obtain medical attention, fails to offer required adequate medical treatment or fails to monitor the actions of his or her child to a degree that puts the child at risk of serious harm.

In general, doctors can report medical incompetence only where there are any three of the following conditions:

- A high risk of significant and impending harm.
- A fair chance that an intervention available will result in successful treatment.
- The lack of solutions to tackle the issue.

Conclusion

Childhood obesity is growing at an unprecedented pace, and effective efforts are being taken to mitigate this problem and its effects. In the case of obesity in the youth, it is not the simple prevalence or degree of obesity, but rather the existence of co-morbidities that are essential to the assessment of severe immediate injury. We concede that there is some difficulty in deciding whether an infant has established either

significant future damage or severe unsustainable damage, although we may not plan to guarantee that judges would adopt our model. The ambiguity of the relationship between parental style, effect on eating, worry, self-efficacy, and ethnicity poses a challenge in directing parents and designing health services and strategies to address obesity in children. Effective execution of the programme would involve the bidirectional relationship between parents as agents of change and their children.

References

1. <https://www.sciencedaily.com/releases/2007/11/071113100319.htm>.
2. See Benjamin Cabellero, *The Global Epidemic of Obesity: An Overview*, 29*epidemiological Rev.* ("Until the last decades of the 19th century, developed countries were still struggling with poverty, malnutrition, and communicable diseases."). 2007; 1:1.
3. See id. ("Moving the body mass index (BMI) distribution of the population from the underweight range toward normality had an important impact on survival and productivity.").
4. Ian G. Wickes, *Overfeeding in Early Infancy*, 1 *BRIT. MED. J.* 1178, 1179 (1952) (internal quotation marks omitted). Even today, many parents do not see any harm in having an overweight child. See *NAT'L Ass'N To Advance Fat Acceptance, Child Advocacy Toolkit*, 2011.
5. Body weight is thought to be "the result of a combination of genetic, metabolic, behavioral, environmental, cultural, and socioeconomic influences." Office of the Surgeon Gen., *the Facts about Overweight and Obesity, in Childhood Obesity in the United States* 123, 127 (Marie K. Frugier ed.), 2004.
6. Gable & Lutz, *supra* note 19, at 293
7. See generally Samara Nielsen & Barry Popkin, *Patterns and Trends in Food Portion Sizes, 1977-1998*, 289 *JAMA* 450 (describing the trends of parents feeding their children from 1977 to 1998). For example, the average number of calories in a portion of salty snacks increased from 132 to 225 and hamburger portions increased from 389 to 486 calories. Id at 452 tbl.2, 2003.
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9. <https://journalofethics.ama-assn.org/article/does-pediatric-obesity-indicate-child-neglect/2010-04>