

Does Socioeconomic Status effect the rates of childhood obesity in New Zealand?

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Introduction

Childhood obesity has become an epidemic in the developing world . Statistics show that 11% of children in New Zealand are obese and children of Maori or Pacific decent living in lower socioeconomic levels are most at risk (MOH, 2016). Obesity is a preventable health problem that is much easier to gain control of in children than in adults. Studies have shown that there is a correlation between low SES and childhood obesity due to parental education, access to food, life style behaviours, physical activity patterns and the demographic area you live in (Sutherland et, al., 2008). With the research question formulated above I was able to investigate further and find out the following information.

Statistics and Findings

- One in nine children in New Zealand are obese. (Kelly & Swinburn, 2015; MOH, 2016)
- Children are three times more likely to be obese if living in deprived areas (MOH, 2016).
- Children of Maori and Pacific Island decent are more likely to become obesity than those of European decent (MOH, 2016).
- 9 out of 10 parents with obese children perceive their child to be a normal weight (Kelly & Swinburn, 2015).
- For families on a single income or on minimum wage it costs 40-50% of a total income to provide a basic balanced diet (Robinson, 2010).
- Childhood obesity rate has doubled worldwide over the past 30 years (Sutherland et, al., 2008).
- Health issues associated with obesity include—cardiovascular disease, diabetes, stroke, osteoarthritis, hypertension, low self esteem and higher chance of adult obesity.

Implications

In 2006 4.5% of the total health care expenditure was spent on obesity—which is a preventable disease (Parliamentary Library, 2014). Hospitals are having to buy bigger beds, wheelchairs and commodes to accommodate patients who are obese. Statistics show that 80% of children who are classified as obese go on to become obese as adults (Kelly & Swinburn, 2015).

Recommendations

Although we cannot change peoples SES circumstance there are alternate options:

- Education for health professionals on what to look for and what the risks are for children in this predicament long term.
- Knowledge of what health services are available within low socioeconomic areas.
- Knowing the key populations at risk - so this becomes a routine check for when they see their GP/nurse or other health professional.
- Targeting information at children so they are aware of what food and exercise choices are good/bad.
- Providing schools with more information and visual props to utilise within the class room.
- Stop NORMALISING obesity within society.

References

- Kelly, S., & Swinburn, B. (2015). Childhood obesity in New Zealand. *New Zealand Medical Association*, 128(1417), 6-7.
- Ministry of Health. (2016). *Child obesity statistics*. Retrieved from <http://www.health.govt.nz>
- Parliamentary Library. (2014). *Obesity and diabetes in New Zealand*. Retrieved from <http://www.parliament.nz>
- Robinson, V. (2010). Food Cost For Families: *Analysis of the population of minimum wage and low income support benefit entitlements that families need to purchase a healthy diet*. Regional Public health. Wellington: New Zealand.
- Sutherland, R., Finch, M., Harrison, M., & Collins, C. (2008). Higher prevalence of childhood overweight and obesity in association with gender and socioeconomic status in the Hunter region of New South Wales. *Nutrition & Dietetics*, 65, 192-197.

Conclusion

There is no single solution to fix obesity but there are initiatives and strategies that are being implemented to help (MOH, 2016). Research shows that there is a correlation between SES and childhood obesity. It is important that health professionals do see SES as a risk factor for childhood obesity and are aware of how prevalent it is in our country.

category	Information relating to	Explanation
Population	Children between the ages of 2 and 18 years of age (school aged children)	I wanted to research all children under the age of 18 as they are a group easy to target while in school and because SES is such a narrow topic it give the whole picture SES has on childhood obesity. I will also see the impact of parental involvement and knowledge or lack of.
Exposure	Children living in all different SES whether it be low, middle or high.	I will be using articles that have included a mix of SES within their research to ensure an accurate answer to the question.
Comparison	Compare children in different SES form around the world.	By comparing data of children living in different SES I will get a clearer picture of who is affected by this. Especially those living in different coun-
Outcome	To find out if SES actually affects the rates of childhood obesity?	To encourage nurses to promote health and awareness around childhood obesity to reduce the statistics. To be aware that children of different SES may have risk factors to certain health issues.
Time	N/A	N/A

Rationale

I chose to make a poster to present my findings as it is a visual aide which can be show cased in a variety of settings. It is also something that children are more likely to look at and be engaged with than a written submission. As this assignment is based on children I thought that I should be focusing on what is more appealing to children and families.

A poster needs to be formatted appropriately, the title is important and information present needs to be clear and concise (Briggs, 2009). Keeping these things in mind I created a poster with key information and kept the lay out and design simple, this way it is easy to read with not too much going on.

A visual poster that is eye catching for the public can allow people to become aware of some of the issues children / families are facing in lower SES areas. It gives health care professionals something to work on as statistics show there is an obvious area of need for some change (MOH, 2016).

This poster can be displayed in areas where children, parents and health professionals can see it , in the likes of GP waiting rooms and on school walls. By promoting this information the message can be spread not only to the individuals in lower SES areas but to schools and health professionals so they can be more aware of the at risk individuals.

References

Briggs, D, J. (2009). A Practical guide to designing a poster for presentation. *Nursing Standard*.. 23,34,35-39.

Ministry of Health. (2016). *Child obesity statistics*. Retrieved from <http://www.health.govt.nz>

Nightingale, Z., Whitehead., D., LoBiondo-Wood, G., & Haber, J. (2013). *Nursing and midwifery research methods and appraisal for evidence – based practice* (4thed.). Sydney, NSW, Australia: Mosby.