



Our Children are in a Crisis!

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Childhood overweight and obesity in Australia has reached epidemic proportions, with an estimated 25% of children now being classified as overweight or obese (about 26% of boys and 23% of girls aged 4 to 14) – more than at any other time in our recorded history – and it has been predicted that this figure will increase to 50% by the year 2020 (Williams et al., 2002). This places Australia as one of the highest amongst developed nations.

This is having a significant impact on the physical and emotional health of our young Australians. Early health intervention is needed to reduce this problem.

Short Term Consequences: There is now abundant evidence that childhood obesity adversely affects health and is not simply a cosmetic issue. Probably **the most widespread consequence of overweight and obesity in children is psychological ill health**. Social and psychological consequences can include stigmatisation, discrimination and prejudice. Although this is a complicated issue **obesity has in general been linked to low self-image, low self-confidence and even depression in some obese children**.

Longer term consequences: There is a marked increase in risk of ill health in adulthood that arises from obesity in childhood, independent of adult weight. More than 70% of obese children and more than 85% of obese adolescents will become obese adults. For adolescents and young adults who are obese there is increased risk of poor socio-economic outcomes (lower educational attainment, social isolation, low income). Ultimately the net effect of all of these adverse consequences of childhood obesity is an increased risk of ill health and risk of premature death in adult life. In fact some of the health experts are warning that our current generation of children will have a shorter life expectancy than their parents.

Two recent articles in Australia Newspapers tell the sad and worrying consequences of our childhood obesity problem:

1. In The Australian Newspaper 28 Jan 2007, reporter Lou Robson said, "More than 60 Queensland teenagers some as heavy as 180 kg, have resorted to stomach banding surgery

and many others are on hospital waiting lists." Dr Blair Bowden, Lap Band surgeon, stated "Our kids are the first generation that have the potential to die before we do." He blamed a lack of exercise and too much junk food. "Our kids are inactive as a result of PlayStations, the internet, remote-controlled TVs and the fact parents drop their kids at school and won't let them play at the park because of the risks involved. It's a result of high-calorie foods and soft drinks which I think we should legislate against".

2. In the Sunday Mail Newspaper Dec 10 2006, Elissa Doherty, Health Reporter for the Sunday Mail reported that overweight teenage boys are resorting to having their breasts reduced to avoid embarrassment and improve their self esteem. Adelaide surgeons said bulging obesity levels were resulting in more boys and girls going under the knife.

So what is causing this epidemic for our children?

1. Too much high calorie, poor nutrient food and drink- they are overfed and undernourished
2. Too little time being physically active
3. Too much time spent on electronic media, some of which promote advertisements of high calorie snack foods
4. Not enough family time with modelling of good nutrition and activity modelling
5. Parents are worried about the safety risks of letting their children access outside activities (e.g. playing in the park)

Practical Suggestions for Eating Patterns

- Focus on being healthy, fit and active not on weight or dieting within the family
- Model and encourage good exercise and nutritional habits and make good nutrition and regular exercise a priority for your family
- Do not enforce old patterns from your own childhood about eating everything on your plate, or making a child who is a grazer, fit the *3 meals a day box*. This sets up habits which may extend into adulthood and become serious issues such as eating disorders
- Stick to good quality foods from each of the food groups.
- Learn about ingredient labels and stick to Low-Glycemic Index (GI) foods

- Provide healthy snacks for school and minimise heavily processed packaged foods.
- Minimise the consumption of soft drinks and juices and increase the intake of water. Did you know that one can of soft drink has up to 10 teaspoons of sugar?
- Reduce the number of heavily processed unhealthy foods available in the home and increase the availability of fresh foods and other healthy snacks.
- Just because your child refuses a healthy choice once don't give up. Research suggests that for fussy eaters a food needs to be represented at different times up to 30 times. Represent these in a casual way without any emotionally laden language or expectation.
- Present fruits and vegetables in an attractive way and in attractive containers in your fridge. Make them easily accessible to your child and in interesting forms like fruit kebabs & vegetable people etc
- Limit television and computer game time while encouraging and participating with your children in more active pursuits
- Set realistic and achievable goals for increased physical activity and introduce activity and exercise gradually and make it a fun normal, typical routine
- Provide praise and attention for good nutritional and activity choices
- Provide rewards (not food) for motivation. Rewards for appropriate behaviour or choices is not bribery. Bribery is giving rewards for unethical behaviours and that is not what you are encouraging. Rewards can be fun or social activities because generally what is most motivating for a child is time with you. Play a game with them as the reward
- Do not watch television during meal time
- Make meal time the family communication time, giving everyone an opportunity to talk. Share the highs and lows of your day. This teaches children to connect with their emotions and communicate.

- Involve your children in cooking and preparing healthy meals, start young on this as young children often enjoy being part of this process
- It is important to encourage other outdoor activities as not all children are sporting types. Things like cubby building and playing on the swings all contribute to your child's healthy development. Get out and do this with them, you will probably enjoy yourself.
- Deal with meal-time behaviour problems by imposing appropriate rules, ignoring minor problems, using minimal fuss, natural consequences and time out if necessary

For Parents: Subconscious Tips for Staying Slim and Happy

Research suggests that the subconscious constitutes 90% of our ability and the conscious mind only 10%. The subconscious is childlike and non-reasoning—have you ever met someone and instantly liked or disliked them, with no apparent evidence? We have a magnet, which operates 24 hours a day in the back of our mind and does not need logic. Have you ever walked into a shop and something JUMPED out at you? Intuitively?

The subconscious is very active; it collects information and does not need to know if it is right or wrong. It contains all the answers you need to know – we just sometimes forget to tune in. Have you ever had a 'eureka' moment when you dreamt the answer to a problem or discovered the solution when you were off doing something unrelated? Again, this is your subconscious working for you.

The following tips are designed for parents to implement because the messages you will then send to your children will be very powerful. We do not advocate structured weight loss plans for children without seeking medical advice.

Tip 1: Focus on the Positive!

As a parent, if you are trying to achieve your own shape change goals: make the decision first. Use visual reminders or pictures of your body shape change goals to be achieved- your subconscious notices what is around your house even if you are not paying full attention. **Start using the phrases 'body shape change' and 'being slim, rather than 'weight loss'**. When we think of the word *loss*, our subconscious mind invariably wants to help us find the lost item again. This is why many people regain weight when they cease a weight loss program (this has now been proven: researchers reported in the April issue of *American Psychologist*, on the most comprehensive and rigorous analysis of diet studies,

analyzing 31 long-term studies. These studies show that $\frac{1}{3}$ to $\frac{2}{3}$ of dieters regain more weight than they lost on their diets. In addition, the studies did not provide consistent evidence that dieting results in significant health improvements, regardless of weight change. Evidence suggests that repeatedly losing and gaining weight is linked to cardiovascular disease, stroke, diabetes and altered immune function. In summary, **there is little support for the notion that diets lead to lasting weight loss or health benefits.** And the same goes for children; Mann et al. 2007).

We are aware that some people find the ugliest, fattest photo of themselves they have and put that on the fridge in the hope that it will motivate them NOT to eat. By now you should be laughing and realise that our subconscious does not move very well away from negative outcomes- it just focuses on what it sees and heads there. The fat photo needs to go! Replace it with a great photo of yourself when you were happy with your shape; or if that has never happened, cut out a picture of someone else's body and put your head on it!

Tip 2: Write it down. The more detail, the better

Write down your fat burning and body shape change goals. A 1950s study of 1500 Harvard University graduates queried students about their ambitions in life and whether they wrote it down. The students were interviewed and while 75% discussed their specific ambition in life, only 3.3% wrote it down. You can guess who achieved their goals when a follow-up study was done many years later.

You may have previously read information about goal setting and how specific you need to be. The subconscious delivers whatever you ask for – so be specific! Here is a formula which you might find useful.

Set goals using a common acronym (SMART) - when setting goals you need to make sure you goal fits these areas:

S – Specific (it needs to be VERY specific)

M – Measurable (how will you KNOW when you have achieved it? You need to measure the outcome in some way)

A – Attainable (this means for YOU. Can YOU actually achieve such a goal?)

R – Realistic (is it a genuine goal for YOU?)

T – Timeframed (you need an end point of WHEN you know it will be achieved)

Your goal should be positive and not harmful to yourself, others or the environment; and it should be written in the present moment (as though it has already happened; and in your own language (not someone else's).

Here is an example of an excellent weight loss goal:

Goal – to achieve wearing a size 10 dress comfortably by December 11th, 2007; by jogging for 30 minutes every Monday, Wednesday and Friday afternoon and by reducing my kilojoule intake by 500 each day (as per my dietitian's recommendation)

S – it is specific. I am focusing on the size I want and I have stated HOW I am going to do this

M – it is measurable as I will be able to see in the mirror and in the dress how much my shape has changed.

A – it is attainable for me

R – it is realistic for me

T – it is timeframed as I have an end-goal (a specific date) to reach

Tip 3: Use your subconscious at night.

Activate your subconscious when you are going to sleep at night and when you are waking up by thinking of your goals as already achieved. Daydream a little about it and put as much detail into the image or picture in your mind as you can. Rather than picturing yourself in the image, pretend you are 'in' the picture – like the whole daydream is around you in your mind. This helps your subconscious mind to believe this 'daydream' has already happened (it is called associating with the feeling). It will then take you in the direction to help this daydream occur for real! Watch the movie in your mind when you go to sleep – get into the movie and enjoy it!

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