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**Parents should be involved more in children's nutrition more to promote healthy lifestyle**

Parents have significant impacts on their children feeding habits as well as their activity levels. Hence it is instructive to have the family obesity preventive plan. Due to the increasing cases of obesity, it is imperative to recognize it as a chronic disease which threatens psychiatric and physical conditions in childhood. The illness results in adverse cardiovascular, metabolic and orthopedic effects; it increases chances of adulthood obesity and deteriorates asthmatic problem. There is also a likelihood of type 2 diabetes doubling in the developed countries and becoming more prevalent in the developing world.

If proper dietary education is imparted on parents, they will transfer the nutrition knowledge to the children as they are their role models and teachers. This means that children behaviors are directly influenced by their parents. For instance, the parents that participate in physical exercises tend to influence their children towards the same. Coordinated School Health Programs (CSHPs) is strategic model plan applied to families and the community to impact their behavior, attitude and eating habits which affect children good nutritional diets. Though, it has been challenged in engaging parents as a result of their work commitments, social norms and limited health literacy (WOLFSON, GOLLUST and NIEDERDEPPE)

The parents’ failures to monitor the children during early stages of development run the risk of their kids developing unnoticed early adiposity rebound. Under normal circumstance, the body mass index (BMI) falls at the age of 4 to 6 years, after that the BMI is expected to increase gradually to adolescent. This is the adiposity rebound, encase it occurs before the age of 4 years it is considered as early and increases the chances of childhood and adulthood obesity. If the parent considers plotting of weight, height and BMI annually early adiposity rebound would be detected and curbed.

Childhood obesity has been attributed to parents’ inability to choose the balanced diet for their kids. A recent study has indicated children are taught on health diets whereby the responsibility rest with the parent (Nurse Practitioner ). The research concludes the barrier to fight against obesity is the lack of knowledge and education by the parents on how to provide healthy meals for the kids. In the study, the parents acknowledged the eminent problem to get a reliable source of nutrition knowledge. It is also complicated by traditional norms and beliefs that perceive inappropriate eating habits and weight gain as normal.

Secondly, low income is believed to be a contributing factor to childhood excess weight gain. Financial constraints limit the ability of parents to provide healthy food as a result of high prices for fruits and vegetables which are crucial for balanced diets. Poor families complained about the high cost associated with fast perishable nutritional foods. This places nutrition meals lower priority over other basic needs.

Thirdly, the conflict of education and the commonly acceptable practices at home and school contributes greatly to obesity. This could be evidently seen from the meals served at the school cafeteria and what majority of the parents prepare. Also, the class physical education is very different from what the kids practiced over the weekend. It was clear from the study most parents give in to children demands and often cook less; preferring prepared low nutrition diets at fast foods (McDonald and McWhinny).

Also, parents’ denial to accept their children are overweight or obese has a huge impact on the fight against obesity. The latest research showed information provided to parents about their kid's weight and heights were not acted upon as they considered their children to be normal. The data provided at goodwill to parents to follow up with the kid’s doctor was all in vain as they were not willing to accept the medical condition. The parents attributed the condition to genetic disorders, thus disregarding good healthy eating practices.

To curb obesity, several successful studies has been carried out which has described healthy practices that would reduce overweight both in children and adult proportionally. To start with, obesity effect in children can be reduced by a longer breastfeeding. A study shows that the risk of obesity is dramatically decreased by with an increase in the time of breastfed. Bottle feeding was attributed to increasing in overweight infants due to lack of control in feeding with breastfed protocol (Nurse Practitioner ).

Parents should teach their children on self-regulation as developmental feeding behaviors which are also a cause of overweight or obesity during childhood. If the parents are conversant with signs of satiety and hunger they will be able to provide the kids at the right time and when required. The knowledge of this kind will ensure there is no force feeding that increases the chances to gain excess weight.

Developmental behaviors should be taught to children without many strict conditions which may derail the process of gaining regulation and self-control. Human kinds are known to develop resistance against established regulation or rules. Kids just like adults respond negatively to harsh treatment and develop defiance against the will of the parents. Being gentle when giving instructions helps the kid to adapt to the more rewarding health foods slowly without any much reluctance.

Encouraging parents to be proactive in the matters concerning their kid’s obesity status will have a huge impact in the fight. The parent will be more willing to seek advance about diets and also the feeding habits of the young ones. Hence they will be able to utilize the locally available knowledge centres, acquiring the much anticipated diet benefits and transferring them to the general family.

A study has shown a great decrease in snacks and other energy foods preference from infants in return to more nutritional rewarding foods as a result of un-preferentially of certain foods by parents (McDonald and McWhinny). This formula of feeding is characterized meals which are iron fortified, thus more beneficial to the nutritional diets of the children.

With delayed introduction of solid meals to infants until they have fully developed and attained the recommended age by nutritionist; the age is about 6 months. The introduction of solid meal will therefore begin with iron fortified followed later with vegetables. From onset the infants will be equipped with a balanced diet; hence at the tender age they should be allowed to dictate the quantity.

By gently increasing the frequency of the meal per day, the induction of healthy foods will become key component. Delaying introduction of cow milk and fruit juice is crucial in curbing obesity. For happy healthy living healthy snacks and whole milk are necessary to toddlers. The parent should also keep an eye on the amount and frequency of meal taken by the toddlers. Before these kids join school they need to introduced to daily vegetables and fruits, fibres and meals with fats. Balanced meals should not be a one day affair but a routine which should be accompanied with fresh fruit juice, while minimizing salty and sweet foods.

Kids’ preferential food should be watched as well as fast foods, this will require the parents to be good diet mentors as they take them to the dining table frequently. Apart from the diets parents need to engage their children in exercise and discourage television. The kids need to be stimulated in physical activities whether at school or home, while also ensuring they have adequate sleep.

In conclusion, the strong condemnation of parents for child obesity should diminish, and the focus tilted towards obesity prevention policies (WOLFSON, GOLLUST and NIEDERDEPPE). Childhood obesity needs to be looked independently of the adult obesity. School administrators, parents and community health workers need to come together to fight against the external cause of child excess weight gain, such as school advertising. The joint nutrition controls will also link the gap between education and the nutritional and physical practices at home. Also, advocating attitudinal and behavior change among families and individual will be effective than intervention program aimed at impacting nutritional knowledge.

# Works Cited

John C. Rausch, Evelyn Berger-Jenkins, Andres R. Nieto. "Effect of a School-Based Intervention on Parents’." American Journal of Health Education (2015): 1-10.

McDonald, Andrea E and Shalon L McWhinny. "Childhood Obesity: An Examination of Rural School Stakeholders’ and Parents’." Texas Public Health Journal (2015): 1-4.

Nurse Practitioner . childhood obesity. 5 March 2007. 5 July 2016 <www.tnpj.com>.

WOLFSON, JULIA A, SARAH E. GOLLUST and JEFF NIEDERDEPPE. "The Role of Parents in Public Views of." The Milbank Quarterly (2012): 1-40.