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2017



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Haygood, Emily. "Spain : Childhood Obesity" (2017). *Global Public Health.* http://digitalcommons.augustana.edu/pubh100global/1

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# SPAIN

#### EMILY HAYGOOD



#### Location:

- Is near Europe and the Northern part of Africa.
- Nearby Countries:
  - o Morocco
  - 0 Portugal
  - 0 France

# SPAIN AND CHILDHOOD OBESITY

# **Population:**

- 48,958,159 people as of 2017
- Roman Catholic 67.8%, atheist 9.1%, other 2.2%, non-believer 18.4%, unspecified 2.5% (2016 est.)
- Mediterranean and Nordic types

#### **Political Structure:**

• Parliamentary constitutional monarchy

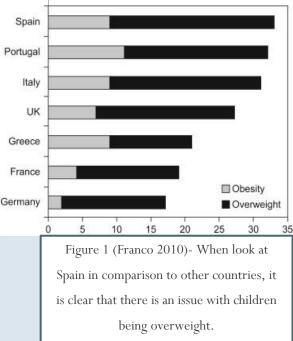
# **Major Challenges**

• Childhood obesity

## **Public Health Issue**

Childhood obesity is a condition that is rapidly increasing. Around 1/3 of children in Spain have an excess of bodyweight; this is alarming because the number of overweight and obese children in Spain is one of the highest in Europe (Franco 2010). Overweight and obesity both imply having excess weight, but they do differ slightly. Being overweight pertains to having more body weight than is considered "healthy" for one's age or build. Obesity on the other hand is having a body mass index (BMI) over about 30. Due to the fact that Spain is a high-income area, it is more common to see trends of obesity among the population. In the figure

below you can see how Spain lines up among other countries. Being a high income country exposes the population to more food and activities that can promote poor lifestyle choices. There is more access to things like television and fast food for example.



## **EPIDEMIOLOGY**

- Morbidity rate for overweight children in Spain:
  - o At least half of children in Spain are overweight
    - 26% of boys
    - 24% of girls

#### **INTERVENTIONS**

With the number of children affected increasing, it is clear that action needs to be taken to decrease or eliminate childhood obesity. It is difficult, costly, and hard to find therapeutic options, which suggests that they should focus on prevention rather than treatment. It would be easier to implement preventative measures rather than waiting for the issue to increase even more and have no means of treatment due to the fact that it is difficult to break a habit once they are established. Groups have gone in and begun to target typical things like advertising, education, and food environment.

These intervention plans have begun to assess the environment the children are exposed to and figure out how they can alter those exposures to ones that promote healthy living. A big issue they run into is that when working with this childhood age group, they also have to get the parents, teachers, community members, or anybody they come in contact with to also be on board with the changes and that is typically when they run into their biggest obstacle. In order for preventative plans to work properly they will need to find a way around that barrier.

# SUGGESTIONS TO ADDRESS THE ISSUE WITH CHILDHOOD OBESTIY

To address this issue I think it would be beneficial to put strict rules and regulations on school meals. Children spend much of their time at school so it would be beneficial to target these locations to enforce healthy habits.

This would include making sure children have recess or PE because that promotes healthy habits of being active rather than sitting all day. The school systems should have healthy options for food at lunch and snack. Exposing the children to healthy food choices during the day for the majority of the week would have the possibility to influence their choices outside of school.

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