



2018

How Saving the Cookies for Santa Could Save Our Children

Grace M. Conroy
Butler University

Follow this and additional works at: <https://digitalcommons.butler.edu/buwell>

 Part of the [Life Sciences Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Conroy, G. M. (2018). How Saving the Cookies for Santa Could Save Our Children. *BU Well*, 3(1).

This Articles and Multimedia is brought to you for free and open access by the Undergraduate Scholarship at Digital Commons @ Butler University. It has been accepted for inclusion in BU Well by an authorized editor of Digital Commons @ Butler University. For more information, please contact digitalscholarship@butler.edu.



How Saving the Cookies for Santa Could Save Our Children

Grace M. Conroy

Abstract: Environmental factors and high sugar lunches represent a few proposed causes of the childhood obesity epidemic. Consequences of this epidemic are not limited to physical illnesses in children, but also psychological ones. The solution to this issue is more complex than a low carbohydrate diet or increased physical activity. Children need to be raised in an environment which fosters healthy lifestyle habits year-round.

It's that time of year again - the holiday season. The season begins around the last week of November and extends into the New Year. Families gather to eat, drink, and be merry. As holiday spirit dances around the minds of little boys and girls, so do the thoughts of tasty cookies, candies, and cakes. The holidays are magical for children, but as they grow older they realize the holidays lack the luster of their youth due to the weight gain, exhaustion, and unhealthy decisions associated with the holidays. The Obesity Action Coalition attempts to combat weight gain during the holidays by publishing tips and tricks to avoid gaining extra weight.¹ The holiday season makes up less than 11% of the year, yet the amount of people who gain weight during this period is significant. Does it matter if you gain a couple of pounds around the holidays? Does it matter that our kids eat a couple extra servings of potatoes on Thanksgiving, or have a few too many Christmas cookies waiting up for Santa? Not necessarily. The larger issue with the holiday splurge is the unhealthy habits of children which continue throughout the year. 18.5% of children aged 2 to 9 years suffer from obesity. This equates to 12 million overweight children in America.² Due to rising obesity rates, practitioners have seen a drastic increase in pediatric cardiovascular disease.³ Other disease states previously found only in adult patients, such as type 2 diabetes and atherosclerosis, are now being diagnosed in the pediatric population.⁴ This information raises the questions of why is this happening, and what can be done to fix it? Environmental factors and high sugar lunches represent a few proposed causes of the childhood obesity epidemic. This epidemic leads not only to physical illnesses in children, but also psychological ones. To combat the childhood obesity epidemic, the solutions must entail more than a low carbohydrate diet or increased physical activity. Children need to be raised in an environment which fosters healthy lifestyle habits.

A longitudinal prospective cohort study done in the UK showed children less than 3 years old who watch television for more than 8 hours a day have an increased risk of developing childhood obesity.⁵ The American Psychological Association states for every hour children sit and watch television per day, the risk of eating unhealthy food increases.⁶ For each hour of television watched, the average child consumes 150 additional calories, usually consisting of sodas or sugar filled juices. This increase in caloric intake while watching television could be attributed to the amount of food commercials children see on

television. Food advertisements make up nearly half of all advertisements played on children television stations, with the majority of these being for candy. This phenomenon plagues online and school advertisements too. Many children play "adver-games," or games promoted by food companies. Also, companies give children access to free downloadable items such as coloring books, which expands their advertisement time. Penn State research showed 1.6 billion annual dollars are spent on food advertisements targeted toward children by the food industry.⁶ Not only does this result in a higher chance of eating these companies' unhealthy foods, but it can negatively impact children's mental status.

Negative body image, depression, and low self-esteem are seen earlier in childhood if they are exposed to multiple hours of television.⁷ Television is becoming increasingly accessible with the advances in technology. When children are exposed to television on a regular basis, they are placed in an environment that sets them up for failure. Their environment puts them at risk for consuming more calories and having negative self-image. Children's environments play crucial roles in their development and future.⁸ With the highly influenceable state children are in, television is a major concern and must be addressed in order to slow down the childhood obesity epidemic.

Excess television time may lead children to increase food consumption, but another factor playing into this epidemic is the types of food accessible to children. During the holiday season, candies and cookies are abundant. Children are often encouraged to indulge during this month-long season. Many family parties revolve around the arrangement of unhealthy foods. A recent film called *What the Health* shed some light upon the impact of sugary foods on obesity.⁹ The *New York Times* deemed their claims against sugar to be true, pinning sugar as a culprit in cavities and heart disease.^{9,10} Sugar is not an innocent sweet treat, it can become an addiction. A study looked at the impact of sugar consumption in rats. When rats were given sugar in addition to their foods, they started to show signs of dependency similar to those found in cocaine addicts and alcoholics.¹¹ Dr. Robert Lustig, a pediatric neuroendocrinologist, thinks sugar is a poison. He even compares sugar's impact on the liver to one affected by alcohol.¹² For reference, many alcoholics end up dying of liver

complications due to the toxic effect of alcohol on the liver. Peanut butter and jelly sandwiches, yogurt packs, fruit snacks, juice boxes, sport drinks, granola bars, and white bread are commonly found in children's school lunches. While some of these may seem healthy, they all possess extremely high sugar content.^{13,14} This causes parents to unknowingly feed their kids into the addictive sugar cycle. The increasing accessibility and advertisement of unhealthy foods, along with the unknowingly high sugar content in common school lunch foods creates a recipe for disaster for children, and has contributed to the childhood obesity epidemic.

So, what if children are obese? What if we replaced the word obesity with fatty liver disease, diabetes, high cholesterol, sleep apnea, depression, anxiety, anorexia, or abnormal menstrual cycles? Those words add a more serious tone to the word obesity and represent some of the side effects associated with obesity. Obesity is not a benign process, it can cause both emotional and physical consequences in children. Obese adolescent females were found to have a higher incidence of eating disorders.¹⁴ Childhood obesity is also linked to poor academic performance, social stigmatism, and low self-esteem.¹⁴ Obesity leads to a vicious cycle of adolescents obtaining a negative self-image, practicing harmful eating habits, and making socially unhealthy decisions, which then reinforce a negative self-image. The high prevalence of cyberbullying and social media pressures today only adds to the emotional burden. Obese children are at a higher risk of being bullied and suffer from social isolation.¹⁴ Many pediatricians will revert to antidepressant medications to try to solve the problem. Unfortunately, many antidepressants come with side effects including more weight gain.

Another side effect of obesity includes its causation of the body to produce a proinflammatory state, which places children at an increased risk for additional comorbid conditions. There are many risk factors associated with childhood obesity due to obese children being more likely to be obese well into adulthood. Obesity leads to a higher risk of cancer, metabolic syndromes, asthma, and bone problems.¹⁵ These disease states are beginning to be diagnosed in children due to the increased prevalence of obesity in children. Type 2 diabetes is another disease now being diagnosed in the pediatric population due to insulin resistance caused by obesity. Children as young as 6 years old are now presenting with a life altering disease state. The most at-risk children are African American obese children. Also, these children may experience an earlier onset of puberty, which can be challenging for many young patients to grasp.¹⁶ With the increasing incidence of obesity associated with early onset of adult disease states, health systems across America are struggling to find proper treatment guidelines and ways to prevent this alarming epidemic.

Let's take a step back to connect the dots. Food companies constantly advertise their unhealthy products to children. Television and technology use is increasing in the pediatric population, increasing the number of ways food companies can reach children. Not only are food companies

advertising directly to children, they are portraying their food as healthy when it is secretly loaded with sugar. Also, children are highly impressionable during their development; therefore, this environment is setting them up for failure. In turn, childhood obesity is rising and causing both physical and psychological consequences. Social media and bullies add pressure to obese children, creating a vicious cycle of low self-esteem. Not only are children facing issues, but practitioners are presented with children who have disease states more commonly diagnosed in adult patients. These disease states are further complicated by the lack of scientific data to support their treatments.

To prevent obesity rates from increasing children must start forming healthier habits. However, telling children to eat healthier is nearly impossible with the unhealthy environment they are forced to live in. A simple "diet and exercise plan" seems to be ineffective because children crave sugar and their new comorbidities can prevent them from working out. For this epidemic to slow down, society must create an environment, which emphasizes the need for children to make healthy decisions. This holiday season, let's put more emphasis on the holiday magic and less on the self-indulgence to prevent it from continuing throughout the year. And, let's leave a few extra cookies for Santa and a few less for the drummer boys.

References

1. Lerner D. Holiday Weight and How to Avoid It. Obesity Action Coalition. <http://www.obesityaction.org/wp-content/uploads/07-Holiday-Weight.pdf>. Accessed January 15, 2018.
2. Physical Activity and Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/physicalactivity>. Updated June 4, 2015. Accessed January 1, 2018.
3. Obese Children Have Greater Risk for Adult Heart Disease. Health Essentials from Cleveland Clinic. <https://health.clevelandclinic.org>. August 26, 2016. Accessed January 15, 2018.
4. Bridger T. Childhood obesity and cardiovascular disease. *Pediatr Child Health*. 2009;14(3):177-182.
5. Reilly JJ, Armstrong J, Dorosty AR, et al. Early life risk factors for obesity in childhood: cohort study. *BMJ*. 2005;330(7504):1357. <https://doi.org/10.1136/bmj.38470.670903.E0>.
6. The impact of food advertising on childhood obesity. American Psychological Association. <http://www.apa.org>. Accessed January 15, 2018.
7. Budd GM, Hayman LL. Addressing the childhood obesity crisis: a call to action. *MCN AM J Matern Child Nurs*. 2008;33(2):111-118. <https://doi.org/10.1097/01.NMC.0000313419.51495.ce>
8. Blair C, Granger DA, Willoughby M, et al. Salivary cortisol mediates effects of poverty and parenting on executive functions in early childhood. *Child Dev*. 2011;82(6):1970-1978. [10.1111/j.1467-8624.2011.01643.x](https://doi.org/10.1111/j.1467-8624.2011.01643.x).

9. Andersen K, Kuhn K. *What the Health* [video]. What the Health. <http://www.whatthehealthfilm.com/>. Published March 7, 2017. Accessed January 15, 2018.
10. Sifferlin A. What the Health: What the Vegan Netflix Film Gets Wrong. *Time Health*. <http://time.com/4897133/vegan-netflix-what-the-health/>. August 2017. Accessed January 15, 2018.
11. Avena NM, Rada P, Hoebel BG. Evidence for sugar addiction: Behavioral and neurochemical effects of intermittent, excessive sugar intake. *Neurosci Biobehav Rev*. 2008;32(1):20-39. <https://doi.org/10.1016/j.neubiorev.2007.04.019>.
12. Lecoultre V, Tappy L. Fructose, sugar consumption, and metabolic diseases. In: Farooqui T, Farooqui AA eds. *Metabolic Syndrome and Neurological Disorders*. Chichester, UK: John Wiley & Sons Ltd;2013:501-514. <http://onlinelibrary.wiley.com/doi/10.1002/9781118395318.ch31/summary>. Accessed January 15, 2018.
13. Marcus MB. 5 worst things to pack in your kid's school lunch. *CBS News*. <https://www.cbsnews.com/news/school-lunches-the-5-worst-things-to-pack/>. September 2016. Accessed January 15, 2018.
14. Pimmel-Freeman M. 15 Items You Should Never Pack In Your Child's Lunch. *HealthyWay*. December 2016. <http://www.healthyway.com/content/items-you-should-never-pack-in-your-childs-lunch/>. Accessed January 15, 2018.
15. Healthy Schools. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyschools/index.htm>. January 2017. Accessed January 15, 2018.
16. Koyuncuoğlu Güngör N. Overweight and Obesity in Children and Adolescents. *J Clin Res Pediatr Endocrinol*. 2014;6(3):129-143. <https://doi.org/10.4274/jcrpe.1471>.