Forum: HYC 2

Issue: Combating the global childhood obesity epidemic

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Introduction

Childhood obesity, which was once a problem concentrated in high-income countries, has now expanded to a wide range of areas in the world, and the excess weight among children now affects every region and income level (WHO 2025). The trend is not just a simple clinical concern, but it also signals deeper structural problems in modern food systems, social environments, and policy design. Many countries now have a “double burden of malnutrition,” where undernutrition and obesity exist at the same time, usually in the same communities, which is exposing inequities in access to healthy food, safe spaces for activity, or care.

The drivers of childhood obesity are multifactorial, all are in a way interlocked. The key contributing factor is how processed foods and sugary beverages are widely available and affordable (UNICEF 2025a). This causes reliance on such foods in middle-class families or those with less economic ability. At the same time, neighbourhoods may lack safe play areas, schools may not have sufficient opportunities for physical activity, and daily life is increasingly being dominated by devices. Policy gaps in almost all aspects add to the pressure. Weak regulation of marketing unhealthy foods to children and unclear school food standards, along with limited use of fiscal measures, allow unhealthy weight gain.

The consequences of children’s health, especially with obesity, are long-term. Children with obesity face higher risks of type 2 diabetes, hypertension, fatty liver disease, sleep disorders, and musculoskeletal problems (CDC 2024). Stigma, bullying, and mental-health harms that can take away from learning and well-being are also very likely. Without corrective action, excess weight in childhood often leads into adulthood, which will burden one’s health-care costs and productivity losses over a lifetime.

Definition of Key Terms

BMI for Age

A child's body mass index (kg/m²) is interpreted against an age and sex specific reference population, expressed as either a z-score (standard deviations from the mean) or a percentile. It standardizes weight status across growth stages and between boys and girls.

Overweight vs. Obesity (child cutoffs)

Weight categories defined by BMI for age thresholds, overweight, and obesity are similar but distinct categories. For ages 5–19, under WHO growth references, overweight is > +1 SD and obesity is > +2 SD above the median for age and sex (World Health Organization 2025).

Energy balance

The relationship between energy intake from food and drink and energy release, such as basal metabolic rate and physical activity. Positive energy balance leads to weight gain, while negative energy balance leads to weight loss.

Obesogenic Food Environment

The totality of environments, policies, and marketing activities that make high-calorie, nutrient-poor choices seem like amazing deals through availability, pricing, portion size, placement, promotion, and convenience (UNICEF 2025a).

Ultra Processed Foods

Industrial formulations are made mainly or completely from substances extracted from foods (refined starches, sugars, oils), along with additives (flavourings, emulsifiers, colourants). Common examples include sweetened cereals, packaged snacks, instant noodles, and many "kids' foods." High affordability and convenience drive overconsumption.

Sedentary Behaviour & Screen Time

Behaviours when one is awake are heavily characterized by low energy burning through long-term sitting, reclining, or lying. Commonly done through TV viewing, gaming, social media use, or seated studying. Different from "insufficient exercise," sedentary time is independently associated with weight gain and health risks, especially in metabolism.

Social Determinants of Health

The nonmedical conditions in which children live, learn, and play. This includes categories like

income, education, housing, transport, neighbourhood safety, food access, discrimination, and social support. These categories all shape the risk and ability for kids to adopt healthy behaviours. They explain distributional patterns and inequities.

Double Burden of Malnutrition

The presence of undernutrition (stunting, wasting, micronutrient deficiencies) and overnutrition (overweight/obesity) in the same population, community, household, or even individual at the same time.

Background Information

Global trends

Overweight and obesity in children have escalated in the whole world, not only in high-income countries but also in low and middle-income countries, whose trends have been the most dramatic, over the last 30 years (Phelps et al. 2024). Different statistics show the varying trends of obesity depending on the income of the country and the location, but the growth rates are generally high and indicate the fast transitions of food consumption. Several countries have not only reported outbreaks of childhood obesity following the COVID-19 pandemic but have also linked these outbreaks to decreases in physical activity and increased screen time (UNICEF 2025a). What has happened is a global burden of diseases that is widening and now bearing on countries that are battling both stunting and obesity simultaneously. Reliable trend data, determined by age, sex, urban-rural status, and socioeconomic strata, are very important in deciding where to put the resources.

Food systems and behaviours

The central factor for excess weight gain in children is positive energy balance that is kept up for a prolonged period, which roots from modern food systems and daily habits. Diets have progressively relied on ultra-processed products, and sugar-sweetened beverages have become a major addition to the diets. These beverages and products are affordable, palatable, and they are mainly marketed to young audiences. Furthermore, portion sizes, meal timing, and the presence of snacking in one's daily food intake have also contributed to the volume of intake. Along with the limited opportunities for play, active movement, and quality physical education, there are many restricting factors that hinder children’s energy spending. Kids who are into screen-based entertainment are also less likely to be physically active, and therefore, they have fewer hours of active time compared to those who engage in physical activities. In addition, the young can also be exposed to food marketing,

and decreasing sleeping times increases the risk to appetite regulation pathways (CDC 2024).

Social determinants and inequities

Childhood obesity has a pattern marked by social determinants, which can include household income, education, food access, neighbourhood safety, transport, discrimination, and social support. Families with limited resources often face higher exposure to low-cost, energy-dense foods and fewer safe spaces for physical activity, which can stretch the inequities from early childhood. In many settings, undernutrition and obesity coexist within communities or even households, all showing how widely available foods solve caloric scarcity but do not deliver nutrient quality.

Health, psychosocial, and economic consequences

Childhood obesity leads to the development of various health conditions relating to metabolism, among them impaired glucose regulation, high blood pressure, dyslipidaemia, and non-alcoholic fatty liver disease. Moreover, obesity might cause children to develop mechanical complications such as sleep-disordered breathing and orthopaedic problems during the children's growth period. The psychosocial damages may include bullying, which can lead to low self-esteem and anxiety or depression, and all these can interfere with learning and quality of life. The physique of children is very likely to be carried over into adulthood, and therefore, the risk of cardiovascular diseases, type 2 diabetes, and certain cancers will be higher for the whole life of a person. The economic costs of the situation consist of more healthcare needs, more time for the caregivers, and long-term productivity losses, which, in turn, bring more costs for households and health systems. Since a big part of the sequelae originated from childhood, the intervention made earlier gives a lot of health and economic returns.

Major Countries and Organisations Involved

United States

Childhood obesity is a major health problem in the United States and affects almost 20% of children and young people (CDC 2024). The key issue lies in the fact that the situation has been worsening, which means that the presence of childhood obesity will lead to a higher risk of obesity in adults. The United States significantly impacts how the rest of the world understands childhood obesity by implementing extensive surveillance systems and carrying out studies in its research institutions. Moreover, through its market and media presence, it also globally sets food and marketing standards.

China

Childhood obesity is a significant public health issue in China, with rates increasing in recent

decades due to dietary shifts towards high-fat, processed foods and a more passive lifestyle (Hong et al. 2023). While urban areas had higher rates, rural areas are catching up as well, and boys generally show higher obesity rates than girls (Hong et al. 2023). China takes a very influential place in the regional as well as international policymaking processes; therefore, the positions that it holds usually determine the main direction of the Western Pacific area. Simultaneously, the food and technology markets of China have a major impact on the supply chains and advertising practices in other parts of the world.

India

India faces a growing child obesity crisis, with the diagnosis of overweight and obesity in children rising dramatically, as well as predictions for millions of obese children by 2030 (Singh et al. 2023). This trend is driven by factors like a transition into inactive lifestyles, increased consumption of unhealthy foods due to easy access and marketing, rising incomes, and common family dynamics.

Tonga

Tonga suffers from the unfortunate fact that it has some of the highest rates of childhood overweight and obesity in the Pacific region, which are mainly caused by a small island food system that is heavily dependent on imported energy-dense products (UNICEF 2025a). Household budgets, what is available in retail stores, and marketing all move the diet towards packaged snacks and sugary drinks. At the same time, daily physical activity can be limited by the way people travel or the surroundings in which they live. The government is partnering with the region's fellow nations to improve school nutrition, growth monitoring, and community programs, thus linking child health to the whole non-communicable disease agenda.

World Health Organization

The WHO is the main organizer for activities related to the fight against childhood obesity, integrating scientific standard-setting with policy leadership and international coordination. It outlines and quantifies the issue using global growth standards and references, which allow for comparable data to be gathered from different countries. The Organization also provides guidance to member states through multi-sectoral strategies and action plans that integrate health, education, and food policies, and it has the Commission on Ending Childhood Obesity in order to gather the evidence and identify the most effective interventions.

United Nations Children’s Fund

UNICEF is a child-rights agency at the centre of global efforts against childhood obesity, which keeps in touch with WHO and other organizations to create links between health and education.

Through joint reporting, UNICEF established one of the latest reports called Feeding Profit: How Food Environments are Failing Children, which is a global report stating that obesity has become more dominant than underweight among school-age children and adolescents (UNICEF 2025b). These results have been used to influence policy-making and debate.

World Obesity Federation (WOF)

The World Obesity Federation is an international group of professionals, members of associations, researchers, and supporters who communicate the facts of science towards childhood obesity. It leads global advocacy, such as organizing the World Obesity Day campaign, to change the common view of obesity as a disease and attract policymakers' action. As a hub for knowledge, WOF sets forth policy recommendations, selects and compares data and good practices, and encourages training and capacity, especially in developing countries.

Viable Solutions

At the level of individuals and families, certain methods are capable of stabilizing the intake of excess foods. Examples can include the consistent role modelling of caregivers with healthy habits, shifting diets towards fruits, vegetables, and low sugar options, restricting sugar-sweetened drinks and highly processed snacks, as well as employing smaller portions with slower eating (CDC 2025). Regular sleep and set mealtimes can contribute to the normalization of appetite, whereas simple physical activity habits, like family walks, cycling, and time for unstructured active play, are the perfect substitution for long periods of sitting.

Some methods make healthy choices more appealing to children. In food retail and schools, nudge design can subconsciously lead children towards healthier choices. Healthier items can be placed in prominent positions and use clear cues to guide selection. Urban areas that are to be constructed could put emphasis on safe pavements, cycle lanes, and reliable public transport, which build daily movements.

Policy completes the whole image by securing and funding these changes at scale. Sugar-sweetened beverage taxes tied to local investments in school meals, play spaces, and health education have the potential to slow down obesity (Rogers et al. 2023). If such actions act together, approaches can move beyond “eat less, move more” toward redesigning the environment that shapes the issue.

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