

Strategic Leadership in Practice: A Literature Review on Advocating Children Obesity Prevention in Cameroonian Context.

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ABSTRACT

Children obesity became an endemic issue around the worldwide in general and in Cameroon in particular way. Existing literature demonstrated that childhood obesity is increasingly affecting children in Cameroon. This paper aimed to find out through literature review strategy of advocating children's obesity prevention in Cameroonian context. This work emphasized on the role of the parents and the society to prevent the childhood obesity that has been growing during these last decades. This paper made some important recommendations that could help parents and other practitioners to face these global challenges. Recommendations are: 1) Assessing children for obesity risk to improve early identification of elevated BMI, medical risks, and unhealthy eating and physical activity habits. 2) Calculating the Body Mass Indices (BMI) at least annually and put together with familial obesity information, and medical risks to assess the child's obesity risk. 3) Preventing both specific eating and physical activity behaviors, which are likely to promote maintenance of healthy weight. In addition 4) Providing counseling techniques such as motivational interviewing, which helps families identify their own motivation for making change. The results of this world could useful for parents, schools leaders, health leaders, etc. in handling childhood obesity in Cameroon and abroad.

Keywords: Strategic Leadership, Advocating, Children, Obesity, Prevention.

INTRODUCTION

Around twenty years ago, obesity in general has become a global health problem (Wamba, Oben, & Cianflone, 2013). Early in 2005, the World Health Organization report quoted by Wamba, Oben, and Cianflone (2013) stated that about 1.6 billion adults were affected around the globe, with about 400 million adults pointed out as obese. In this worldwide consideration, Cameroon was found having adult population with overweight and obesity, both men and women. For example, adult with overweight represented 21.6% for men and 28.6% for women. Obese men represented 6.5%, while obese women percentage was 19.5%. Both adulthood overweight and obesity were prevalent and increasing in both rural and urban areas. Twenty years after, this situation has evolved and is not only limited to adult population, but also observed among young population, in particular among children.

According to World Health Organization (WHO), childhood obesity is defined as a weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median. Childhood obesity is a serious medical condition that affects children and adolescents. Children with obesity have weight above the normal weight for their age and height. The probability that obese children become obese in their adulthood is high, in a very especially way if one or both of parents are obese.

Childhood obesity is one of the most serious public health challenges of the 21st century. Childhood obesity rates have dramatically risen over the past few decades (Liang, Matheson, Kaye, and Boutelle, 2014). The problem is global and steadily affecting many low and middle-income countries. This is recurrent in Cameroon, particularly in urban settings. The prevalence has increased at an alarming rate. Globally, and according to WHO (World Health Organization), in 2016 the number of overweight children under the age of five, is estimated to be over 41 million. Almost half of all overweight children under five lived in Asia and one quarter lived in Africa. According to Mayo Clinic (2022) data, many factors risks have been identified among others diet that is regularly eating high-calorie foods, lack of exercise, family factors, psychological factors, socioeconomic factors, certain medications, etc. Sometimes childhood obesity leads to physical, social and emotional well-being complications (Mayo Clinic, 2022).

Cameroon is not left aside. According to World Bank, 8.6% of the population was overweight in 2014. According to the Multiple Indicator Demographic and Health Survey (MIDHS, 2011), the prevalence of childhood overweight and obesity in Cameroon was 6%. The situation is becoming alarming and preoccupying for the Health Ministry in Cameroon. This paper aimed to find out ways in literatures to analyze and advocate childhood obesity.

LITERATURE REVIEW

Parenting Role in Preventing and Fighting Childhood Obesity

This paper emphasized parental role in preventing childhood obesity. Fombo et al., (2025) led a study where the socio-ecological model, which proposes that childhood obesity results from multiple levels of influence, including modifiable risk factors at the individual, interpersonal (such as family), community, and policy levels, can help explain the complex factors causing this disparity (Kim & Kwon, 2022). They also argued that sedentary lifestyle can be encouraged at the individual level by variables like body composition, which can restrict physical activity and involvement in leisure activities, especially in disorders like spina bifida (Bandini et al., 2015).

Parents not only give birth to their children and helping them to grow up, but they are also called to play a key in developing and keeping a favorable home environment that fosters healthful and physical activity among children (Lindsay, Sussner, Kim, and Gortmaker, 2006). Parents may be able to influence significantly the way their kids are nourished. This helps children to prevent overweight and obesity. They could also establish a nutrition education program teaching to their children including topics on healthy meals, snacks that provide nutrition for growing bodies, eating behavior and attitudes. According to The American Academic of Political and Social Science (AAPSS, 2008), parents could shape their children food preferences and eating behavior by removing for example all chips and cookies from the cabinets and have fresh fruit or cut vegetable.

Studies of child nutrition and growth are detailing the ways in which parents affect their children's development of food and activity-related behaviors. Lindsay, Sussner, Kim, and Gortmaker (2006) argue that interventions aimed at preventing childhood overweight and obesity should involve parents as important forces for change in their children's behaviors. The authors begin by reviewing evidence on how parents can help their children develop and maintains healthful eating and physical activity habits, thereby ultimately helping prevent childhood overweight and obesity. They show how important it is for parents to understand how their roles in preventing obesity change as their children move through critical developmental periods, from before birth and through adolescence.

Leddy, Power, & Schulkin (2008) said that maternal obesity could result in negative outcomes for both women and fetuses. Obesity in pregnancy can also affect health later in life for both mother and child. They also affirm that children have a risk of future obesity and heart disease.

According to Lobstein, Baur, & Uauy (2004), the changing nature of the environment towards greater encouragement of obesity has been described in World Health Organization. The Technical Report on chronic disease as follows stated that Changes in the world food economy significantly contributed to shifting dietary patterns and increased consumption of energy-dense diets high in fat, particularly saturated fat, and low in unrefined carbohydrates. The said patterns were combined with a decline in energy expenditure, a sedentary lifestyle-motorized transport, labor-saving devices at home, the phasing out of physically demanding manual tasks in the workplace, and leisure time that is largely devoted to physically simple pastimes are all causes of obesity, mainly the children obesity.

Given the preponderance of evidence in the research literature that childhood obesity is a significant risk factor for future health problems, obesity is considered a major public health problem. The risk factors associated with obesity that threaten the public's health, and the multiple and interrelated factors associated with childhood overweight and obesity, are well documented in the literature. This observation has led to the area of advocacy and its importance to national agenda. Children and youth are the future of families and nation. If they are neglected, and do not have a strong health, the future will be compromised. The great part of responsibility lay on parents in general and mothers in particular.

Societal Role in Preventing and Fighting Childhood Obesity

Children who have obesity may experience teasing or bullying by their peers. This can result in loss of self-

esteem and an increased risk of depression and anxiety (Mayo Clinic, 2022). The societal role to prevent and to fight childhood obesity could as proposed by Mayo Clinic Staff (2022):

1. Setting a good example by making healthy eating and regular physical activity a family affair. Many works supported the benefits of diets that rich in plant sources of fats and protein, fish, nuts, whole grains, fruits and vegetables for example are highly recommended (Willett and Stampfer, 2013). According to Cooke (2007), children's food preferences are significantly associated with their patterns and influence their normal development.
2. Having healthy snacks available including air-popped, fruits with low-fat yogurt, etc. In playing their role in reducing childhood obesity, choosing healthy snacks for their children is important. According to Rahman, Cushing and Jackson (2011), children with obesity need safe places to be active and local markets that affordable and healthy food options.
3. Offering new foods multiple times. In general, children are exposed predisposed and prefer high-energy such as sugar and salt foods. However, exposing children to varied and new foods within a positive social environment (Cosmi, Scaglioni and Agostoni, 2017) will help them to the needed variety of foods at the appropriate time. Encouraging children for new foods acceptance is key in overcoming overweight and childhood obesity (Hendy, 1999). Parents need to check the quality of new foods picked from supermarkets and assess their effectiveness.
4. Choosing nonfood rewards because promising candy for good behavior is a bad idea. This could lead the children to a broader understanding of self-control or self-regulation in childhood and generate novel lines of inquiry (Liang, Matheson, Kaye, and Boutelle, 2014).
5. Being sure that the child gets enough sleep because too little sleep may increase the risk of obesity. Sleeping enough on regular basis help to solve sleeps problems (Aparicio, Canals, Arija, Henauw, and Michels, 2016). Gozal and Gozal (2012) observed that in modern life, children are unlikely to obtain sufficient or regular sleep and waking schedules. Authors added that inadequate sleep affects the regulation of hormonal systems.

Studies have pointed out that researchers, policymakers, and practitioners (Gozal and Gozal, 2012) should make use of such information to develop more effective interventions and educational programs that address childhood obesity right where it starts - at home, with parents. Consequently, the problem that this paper was addressing is the obesity of children. If not taken into care, this plea will constitute a public health problem, financial bleeding and family emotional and physical suffering.

In the sphere of control of this paper, there are factors like composition of balanced daily diet, taking into consideration calories intake, education and discipline in number of foods served, making sure that children exercise regularly.

Studies show that even non-rigorous exercise like walking and using stairs, has a positive effect. Obese children perform less physical activity (Shao, He, and Tan, 2022). Activity that uses 1,500 to 2,000 calories per week is recommended for maintaining weight loss.

Diet and exercise are vital strategies for losing and maintaining weight. A study by the National Weight Control Registry found that nearly all of 784 study participants who had lost at least 30 pounds, and had maintained that loss for one year or longer, used diet and exercise to not only lose the weight, but also to maintain the weight loss.

This paper advocates for prevention of childhood obesity, translated in change in eating habits, doing more physical activities, and taking less refined foods. The role of this paper could be to make sensitization of public health authorities on the impact of obesity on the Nationwide. However, in the sphere of concern, where there is no necessarily possibility of control, there are factors like government and economic policies that are sometimes just concerned by the financial interest that they can have on what they sell, without taking into account the public health of population.

1. For example, the amount of processed foods with too much sugar, fat or salt, is increasing daily. Parents can have control on what they serve to their children, but at school or far from parents, sweets and fried foods easily tempt them (Liang, Matheson, Rhee, Peterson, Rydell, and Boutelle, 2016).
2. Another sphere of concern is television program that are more and more attracting children and they spent more of their time sited and moving less. Sometimes, television advertising and marketing programs

encouraged foods with high sugar and high fat. The challenge needs to be addressed. According to Dennison and Edmunds (2008), television could help by limiting and restricting marketing and advertising high fat, high sugar, and high calorie foods to children.

3. According to Ndemba, et al. (2020), fitness centers are remarkably abundant in Cameroon, but are not easily used to face the childhood obesity and are not definitely easy accessible to children. This non-accessibility is another factor that contributes to the children obesity increase. The children's sedentary can be challenged by having more accessibility to fitness centers for physical fitness.
4. Telephones have become a great danger for health because youth are more concentrate in sending messages laying in sofas or in beds. This behavior contributes a lot to overweight and childhood obesity increase. Several studies have indicated a possible relationship between smartphone dependence and childhood obesity. Scholars pointed out that excessive usage of telephones constitutes a potential risk factor of obesity (Ma, Wang, Li, & Jia, 2021).

In order to realize my objective, the following methods and strategies will be exploited:

- Lobbying or direct communication: this will involve influencing through direct, private communications with decision-makers Cameroon Parliament representatives and members of national assembly who are decision-makers; this can be a powerful tool to reduce childhood obesity rate.
- Campaigning: This involves speaking publicly on the issue with a view to generating a response from the wider public and using a variety of techniques such as:
 - a. Awareness Campaign
 - b. Newsletters
 - c. Media partnerships with newspapers, journalists and film-makers
 - d. web-based bulletins and online discussions
 - e. Public events on TV and radio
 - f. Large-scale advertising campaigns.
- The Nutrition Improvement Program (NIP) of Cameroon Baptist Convention (CBC) Health Services is a great help for the population. Patients with a variety of diseases, including as diabetes and obesity, can receive education, sensitization, and counseling services from this faith-based organization, which also offers healthcare facilities and dietary counseling nationwide. It places a strong emphasis on encouraging the use of local food sources and the best feeding techniques.
- In practical terms, they have educated more than fifty nutrition counselors to offer individualized guidance and food preparation demonstrations in their health facilities.
- National policies to combat obesity and malnutrition are developed and implemented through governmental and interministerial initiatives. The Multisectoral Plan for the Development of Food in Cameroon, lobbying for legislative reforms (such as limiting the sale of unhealthy foods in schools), and developing forums for nutrition monitoring are some of these initiatives.

Sobngwi-Tambekou et al. (2024) conduct a study that demonstrated that a well-designed, multi-sectoral nutritional education program might be the cornerstone for enhancing teenagers' healthy eating habits and acting as a means of preventing non-communicable diseases. The National School Hygiene Policy's amendment to mandate food hygiene and nutrition education training for school canteen vendors and the incorporation of nutrition education sensitization sessions into the regular operations of school healthcare are two more noteworthy accomplishments of this program.

CONCLUSION

Summary

In summary, the childhood obesity is an emotional, family, social and public Health issue that must be absolutely address, because children and youth are the future of families and Nation. Recognition is increasing that

overweight and obesity are not only problems of individuals, but also society wide problems of populations. Failing to address that issue will seriously compromise the prosperity of every chain of the society: bad productivity, money spent in medicines. Decision makers must get involve in the resolutions of this crucial issue, because obese children not only limit their life choices but may also lose self-esteem. Obesity can lead to heart disease, suicide, cancer and even death.

RECOMMENDATIONS

1. Assess children for obesity risk to improve early identification of elevated BMI, medical risks, and unhealthy eating and physical activity habits;
2. BMI (Body Mass Indice) should be calculated at least annually and put together with familial obesity information, and medical risks to assess the child's obesity risk;
3. Prevention that include both specific eating and physical activity behaviors, which are likely to promote maintenance of healthy weight;
4. Counseling techniques such as motivational interviewing, which helps families identify their own motivation for making change.
5. Healthcare facilities and dietary counseling nationwide, with a strong emphasis on encouraging the use of local food sources and the best feeding techniques.
6. Nutrition counselors to offer individualized guidance and food preparation demonstrations in their health facilities.
7. The Multisectoral Plan for the Development of Food in Cameroon, lobbying for legislative reforms such as limiting the sale of unhealthy foods in schools.
8. Multi-sectoral nutritional education program as the cornerstone for enhancing teenagers' healthy eating habits and acting as a means of preventing non-communicable diseases.
9. The amendment to the National School Hygiene Policy including mandates for food hygiene and nutrition education training for school canteen vendors and the integration of nutrition education sensitization sessions into school healthcare operations.

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