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Scrip spoke presentation:

Slide 1: Childhood Obesity in the Early Years

Good morning, my name is Cristiane Ribeiro de Freitas, student number 2417935 and in this presentation, I will explore the complex issue of childhood obesity in the early years.

Slide 2: Introduction

The World Health Organisation (2025) estimates that over 35 million children under the age of five were overweight or obese, highlighting the global urgency of addressing this issue. In Wales, Public Health Wales (2023) reports that nearly one in four children aged four to five are classified as overweight or obese, indicating a pressing national concern. Early childhood represents a vital window for shaping long-term health, as children's routines and dietary patterns are still emerging and heavily influenced by caregivers and the environments around them (UNICEF, 2019). This presentation examines how factors in the early years contribute to obesity, its impact on development and well-being, and the role of practitioners, families, and Welsh policy in prevention.

Slide 3: Obesity, Definition and Impact

Overweight and obesity arise when there is a sustained excess of caloric intake relative to the energy expended by the body, leading to the accumulation of excess body fat (Cheung, 2018). According to the British Nutrition Foundation (2024), early childhood obesity is diagnosed using age-specific body mass index (BMI) percentiles, where children above the 95th percentile are classified as obese. In Wales, the Child Measurement Programme (Public Health Wales, 2023) systematically records the height and weight of children aged four to five, providing a structured approach to monitoring growth. This initiative supports the early identification of children at risk of obesity, enabling local authorities and practitioners to track prevalence, tailor interventions, and evaluate public health strategies.

Childhood obesity is becoming increasingly common, with onset often occurring between the ages of five and six, as well as during adolescence (Jebeile et al., 2022). Research by Monthe-Drèze et al. (2021) highlights that inadequate maternal nutrition

during pregnancy can compromise prenatal development, raising the risk of obesity later in childhood. This risk is further intensified by maternal smoking, which is linked to higher rates of childhood overweight (Schnurr et al., 2022), and by maternal obesity, as children born to mothers with excess weight are more likely to develop obesity themselves (Mannino, Sarapis and Moschonis, 2022). Segal and Gunturu (2024) state that obesity in the early years is associated with numerous adverse health outcomes, including type 2 diabetes, cardiovascular disease, asthma, and poor emotional well-being, with potential lifelong implications. Excess weight also places strain on bones, potentially limiting mobility and participation in active play, which is essential for healthy development (Fintini et al., 2020). Olivieri (2020) further explains that consuming nutritionally inadequate foods during early childhood can have a negative impact on brain development, particularly in areas associated with learning and memory, such as the hippocampus. These effects may impair cognitive development and limit children's capacity to fully engage in early education.

Balasundaram and Krishna (2023) found that childhood obesity can negatively affect well-being by contributing to low self-esteem and social isolation, which may, in turn, reduce children's willingness to engage in outdoor play and collaborative activities. Over time, persistent exposure to these emotional and social challenges has been linked to a greater risk of developing mental health conditions such as depression, particularly in cases where children face stigma or exclusion due to their weight (Rao et al., 2020). As outlined in Maslow's Hierarchy of Needs (Stoianov, 2017), without stable access to basic physiological needs, such as nutritious food and physical safety, children may struggle to progress toward emotional security, social belonging, and self-confidence. This reinforces the view that when childhood obesity is not addressed, it is likely to persist into adulthood, leading to long-term health and well-being challenges (Simmonds et al., 2016).

Slide 4: The role of Early Years Practitioner

Obesity prevention efforts are most effective when introduced during the foundational stage of early childhood (Baur and Garnett, 2018). Early years practitioners are instrumental in establishing environments that support healthy eating and physical activity (Brodie, 2018). The Foundation Phase Framework, as highlighted by Thomas and Lewis (2020), emphasises active, play-based learning, which contributes to obesity prevention by promoting consistent physical activity. For example, practitioners might design structured outdoor activities, such as climbing, jumping, and balancing, that foster physical development while supporting healthy weight regulation. Concurrently, the Curriculum for Wales (Welsh Government, 2020) adopts a holistic approach through its Health and Well-being Area of Learning and Experience, encouraging practitioners to integrate nutritional awareness and emotional literacy into everyday routines. During snack times, for instance, children may be guided to reflect on how nutritious foods help them feel strong and energised, linking physical health to emotional well-being. According to the Public Health Agency (2018), practitioners are uniquely positioned to reinforce these healthy habits by modelling consistent, health-focused behaviours, whether by promoting enthusiasm for active play or demonstrating positive food choices during shared mealtimes. The Healthy Weight: Healthy Wales Delivery Plan 2022–2024 (Welsh Government, 2022) complements these frameworks by promoting early, school-based interventions to

encourage healthy lifestyles, including the organisation of celebratory events that reflect nutritional best practices.

Slide 5: Family Engagement in Obesity Prevention

Family engagement is widely regarded as essential in addressing childhood obesity, as parents play a key role in shaping their children's eating behaviours and overall lifestyle habits (Ling, 2023). This is supported by Johnson et al. (2024), who emphasise that parental modelling and consistent family routines significantly influence children's dietary patterns, underscoring the importance of involving families in obesity prevention strategies. Early years practitioners can support this collaboration by maintaining regular communication with families, such as organising workshops to promote the implementation of nutrition strategies at home (Brodie, 2018). This approach is further supported by the Food and Nutrition for Childcare Settings guidance (Welsh Government, 2024), which encourages consistency between home and setting by recommending practices, such as providing sugar-free snacks and sharing healthy recipes to reinforce healthy eating habits. The Healthy Child Wales Programme (Welsh Government, 2022) promotes a collaborative approach by encouraging early identification of health concerns and facilitating routine discussions with parents, where early years practitioners, in partnership with health visitors, can offer tailored guidance on age-appropriate physical activity to support informed family decision-making and healthy weight development. The Child Measurement Programme for Wales (Public Health Wales, 2023) supports early identification of weight issues in children aged four to five, allowing practitioners and parents to work together on simple changes, such as reducing sugary snacks, to promote healthier habits. However, without reinforcement at home, the benefits of school-based interventions may be significantly reduced, highlighting the need for cohesive, family-centred approaches to childhood obesity prevention (Ling, 2023).

Slide 6: Limitations - Poverty

Despite these proactive efforts, significant barriers such as poverty may limit the overall effectiveness of obesity prevention strategies in early childhood. According to Children in Wales (2024), 29% of children in Wales were living in poverty. The Welsh Government (2017) explains that families in socioeconomically disadvantaged areas often struggle to afford fresh, nutritious food, increasing reliance on unhealthy diets and elevating the risk of obesity and related health conditions. Prakash and Munyanyi (2021) further highlight that energy poverty can restrict families' ability to prepare healthy meals at home, reinforcing dependence on processed foods and deepening health inequalities. Moreover, ultra-processed, high-sugar foods tend to be more affordable and accessible for low-income households, which increases the likelihood of excessive weight gain and long-term health problems (Carvajal-Aldaz, Cucalon and Ordonez, 2022). Compounding these issues, children affected by poverty may also lack access to safe outdoor environments, which reduces opportunities for active play and reinforces sedentary behaviours (Bandyopadhyay et al., 2023). Early years practitioners play a key role in reducing obesity risk by supporting disadvantaged families through tailored guidance, connecting them with local services, and embedding healthy routines into daily practice (Jackson et al., 2021), a role further

strengthened by the Healthy Child Wales Programme (Welsh Government, 2016), which promotes early identification of health concerns and sustained collaboration with families to support consistent, informed health behaviours in low-income communities. This aligns with the Child Poverty Strategy for Wales (Welsh Government, 2024), which aims to reduce inequalities by improving access to affordable food and supporting family wellbeing.

Slide 7: Summary

In conclusion, childhood obesity in the early years is a complex public health issue shaped by biological, social, and environmental factors. As discussed, early years practitioners, in partnership with families and guided by Welsh policy frameworks, play a critical role in obesity prevention by fostering healthy behaviours from an early age. However, the effectiveness of these efforts relies on coordinated and sustained collaboration among practitioners, families, and communities. Ultimately, addressing childhood obesity is not only a public health imperative but also a matter of children's rights, as enshrined in Article 24 of the United Nations Convention on the Rights of the Child (UNICEF, 2019), which guarantees every child the right to the highest attainable standard of health.

Slide 8: THANK YOU FOR WATCHING!

Slide 9: Reference List

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