Super-Sized KIDS

If they are to develop good health and nutrition practices, children and young people need responsible adult examples.

SARAH WAS A PATIENT OF MINE for 11 years. She had talked of being a missionary or a Bible translator. She loved the Lord, and she loved life.

Unfortunately, her life was cut short. She didn't die from a car accident, drowning or a gunshot wound; she died from obesity.

I first saw Sarah for her 3-year-old well-child visit. She was already overweight. Her baby bottle was filled with a soft drink.

Through the years I coaxed, cajoled, encouraged, pleaded with, beseeched, implored and appealed to her parents and family to change their nutritional and exercise habits. They simply did not.

Sarah's first hospitalization for diabetes occurred when she was only 8 years old. She developed high blood pressure at age 10. Her family's lack of attention to these problems led to asthma, heart problems and scores of hospitalizations. Finally, at age 14, Sarah's body gave out. Her last trip to the hospital was for a diabetic coma that led to a massive heart attack and death.

I was with Sarah when she took her last breath. When she died, I cried.

When my wife, Barb, and I were approaching middle age and our children were approaching adolescence, we all realized our readings on the bathroom scales were higher than we cared to admit. One night we sat down to discuss the issue.

We knew we weren’t exercising enough, that we ate out at fast-food restaurants more than we should, and that our diets were higher in sugar and saturated fat than was healthy. We had also gotten away from eating together as a family and were eating some meals in front of the television.

We knew we needed to improve, but instead of making changes, we decided to keep a daily diary of what we ate. At the end of one month, we had another family discussion.

We discovered we had eaten only nine dinners together as a family. All of us had avoided breakfast more times than not and had consumed a surprising number of soft drinks and an unexpected amount of snack food. Our meeting ended with a decision to do some fact-finding.

As concerned parents, Barb and I were continually reading and learning how to be better in this role. We realized that if we wanted to improve our children’s nutrition, we needed some education—and we needed to improve our own nutritional habits.

During the next two weeks, we read books about how to improve our family’s nutrition. We learned the difference between good and bad fats, carbohydrates and proteins. We learned about our children’s varying nutritional needs. We learned how to select snacks low in “bad” saturated fats or trans fats and “bad” sugars. All we read convinced us that nutrition, exercise and sleep were essential to our health as well as our children’s health.

Moreover, we became convicted by the Holy Spirit of the sin of gluttony in our home. We suspect we are not alone in this sin. Kenneth Ferraro, a professor at Purdue University, has published a study that showed that increased levels of religious participation predict a higher body weight.

Ferraro says, “Overeating may be one sin that overlook. And as such, many firm believers may have not-so-firm bodies.”

In addition, there is now evidence of the harm of obesity among faith communities. As an example, the Annuity Board of the Southern Baptist Convention in Dallas has reported that the top two medical claims paid by the denomination's health insurance program in 2002 were for obesity-related ailments, including back problems and high blood pressure. And only the Lord knows the impact obese bodies have on our witness for the Lord.

Nutritional habits are not taught to children as much as they are "caught." Barb and I came to the sober realization that we needed to demonstrate good nutrition before our children would practice it. As we came to understand the necessity of good exercise and activity habits for our kids, we realized we needed to do those activities, whenever possible, right along with them.

Armed with facts and ideas, we were prepared to make some key decisions at our next family meeting—decisions that have positively influenced our family's health ever since. We changed our nutrition and exercise habits. As a result, we felt better, had more energy, slept better and lost weight—as a family.

Barb and I wish we had made these changes when our children were younger—and we're not alone in this desire. A national survey of parents indicated that almost 70 percent want their children to have good nutrition and eating habits. However, only 40 percent said they've succeeded in this area of parenting.

Why this discrepancy between desire and success? Most parents aren't willing to practice what they preach. Only 51 percent of parents rate exercising and being physically fit as absolutely essential to impress on their children. In addition, more than nine out of every 10 parents say they let their child eat junk food. And 20 percent of parents let their children eat junk food constantly.

The startling statistics in this national survey pinpointed what I saw in my practice and in my own family: We parents are failing to teach good nutrition and exercise habits. If we want our children to be highly healthy, we must model good nutrition and eating habits. Furthermore, we must teach these principles to children when they are young rather than waiting, as Barb and I did, until their teenage years.

National surveys show that obesity is epidemic in teens, children and even toddlers. Studies tell us infants and toddlers are being fed poorly—with too much fat, sugar, and salt, and too few fruits and vegetables. One-third of these children are fed no fruits or vegetables—and for those who are, fries are the most common selection.

Most kids spend too much time in front of the TV and too little time sleeping at night and playing outside during the day. Most families don't spend significant time walking and talking together. All this leads to sedentary, overweight families.

It may surprise you to learn that the vast majority of the factors leading to overweight or obese kids are not genetic factors but lifestyle factors. Simply put, overweight and underactive couch potatoes are not born; they are raised.

There's no better time than before age 5 to make a lifelong impact on a child's nutritional habits—an impact that will contribute to disease prevention for years to come. If we do not model healthy nutrition, exercise and sleep habits, our children (and their children) will likely suffer grave consequences—physically, emotionally, relationally and spiritually.

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