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Addressing Obesity in Children and Adolescents in Putrajaya: Strategies for a Healthier Future

Executive Summary

Galen Centre for Health and Social Policy

Executive summary

Obesity in children and adolescents in Putrajaya has reached alarming levels, reflecting broader national and global trends.

The prevalence of obesity among Malaysian adolescents grew from 5.4% in 2006 to 14.8% in 2019, with Putrajaya having higher rates.

This crisis is mainly driven by a dynamic interplay of factors including dietary patterns, reduced physical activity, urban environments, and socioeconomic influences.

However, as obesity increasingly garners recognition as a complex, multifactorial chronic disease, the additional confluence of genetic, epigenetic and hormonal factors should be emphasized as well.

These include dysregulated appetite and energy metabolism, early-life programming, and metabolic adaptation, in addition to the relentless exposure to obesogenic environments.

This is compounded by the fact that Malaysia's population is experiencing a "triple burden of malnutrition" where individuals experience overweight or obesity, undernutrition, and micronutrient deficiencies.

Without intervention, obesity-related conditions like Type 2 diabetes and cardiovascular diseases will place an unsustainable burden on individuals and health systems.

This paper provides evidence-based, expert-informed recommendations to address obesity in children and adolescents in Putrajaya, leveraging the location's urban planning, governance, and community structures.

Drawing from national and international best practices, the paper presents key treatment modalities and forward-looking strategies to combat the epidemic.

Situation

Putrajaya's rapid urbanisation and increasing reliance on processed and fast foods have contributed to a surge in obesity rates, particularly inflicting children and adolescents from lower income households.

High screen time, low physical activity, and cultural dietary norms exacerbate the issue. Food affordability and availability impact dietary choices, with households relying on calorie-dense, nutrient-poor foods.

Parents and caregivers play a crucial role in shaping children's health behaviours, but cultural norms and misinformation often lead to the under-recognition of obesity as a serious health concern. Stigma can deter families from seeking medical intervention.

Putrajaya's healthcare system is well-developed but lacks specialised multidisciplinary teams to manage obesity in paediatric populations.

Treatment modalities

The treatment of obesity in children and adolescents requires a structured, multi-tiered approach.

Interventions that focus on lifestyle modifications, including structured dietary changes, increased physical activity, and behavioural support, are the foundation of paediatric obesity management. However, interventions among adolescents may have been understated, as grouping them with the paediatric group may not be appropriate.

School- and community-based initiatives play a vital role in encouraging daily physical movement, fostering healthier habits, and promoting sustainable change.

Psychological interventions may be more important to support sustainable weight management by addressing the stigma, as well as the emotional and behavioural aspects of obesity.

Engaging parents and communities in understanding obesity and preparing them to manage it, is crucial to ensuring these lifestyle changes are reinforced and sustained in home environments.

Obesity management medications can also be used as an option and in support of lifestyle interventions, particularly in cases of severe obesity or obesity with related health complications.

Several medications are now approved for use in adolescents such as GLP-1 receptor agonists. These have shown effectiveness in adolescents with more serious obesity by regulating appetite and metabolic function. However, these drugs require careful monitoring due to potential side effects and their high cost can limit accessibility.

Despite the global medical consensus, obesity is not yet widely recognised as a disease in Malaysia, leading to persistent stigma, inadequate policy and financial support, including limited insurance coverage or reimbursement.

In severe cases, bariatric surgery may be considered for adolescents with a body mass index (BMI) of 35kg/m2 or higher who also have obesity-related comorbidities.

While bariatric surgery has demonstrated success in weight loss and comorbidity reduction, it requires lifelong follow-up and adherence to lifestyle modifications to ensure and sustain long-term benefits.

"I had obesity in childhood. Today, even if I can lose weight now, I have lost my childhood."

- anonymous patient

Policy gaps

In the clinical setting, children often present with severe obesity-related complications before receiving treatment.

Screening and structured follow-ups are needed to facilitate the early detection of overweight, obesity, and its associated metabolic complications in children and adolescents. Effective weight management requires multidisciplinary collaboration among healthcare professionals.

Insurance schemes currently do not cover anti-obesity medications, nor bariatric surgery, placing the financial burden for treatments on families who will need to pay out-of-pocket..

However, Malaysia lacks structured training programmes for obesity specialists, and existing healthcare teams lack appropriate coordination.

Despite numerous national strategies, limited enforcement and poor cross-ministerial coordination have led to fragmented interventions in school and community settings.

School canteen guidelines, physical activity programmes, and nutritional education efforts remain inconsistent and unmonitored.

However, local research, including trials and community-based interventions, demonstrated measurable improvements in children and adolescents' anthropomorphic measures and health outcomes with targeted, systematic, and structured interventions.

Recommendations

Integrated healthcare strategies

- Early identification of obesity and/or preclinical obesity risks in children and adolescents.
- Involvement of families in the treatment journey to address misconceptions, equip parents and caregivers with knowledge and skills to actively participate in their child's obesity management and create supportive home environments.
- Establishment and implementation of multidisciplinary team care to improve care integration, quality, comprehensiveness, and outcomes.
- Early intervention with appropriate treatment, including tailored lifestyle modifications and pharmacological treatments like GLP-1 agonists, to prevent disease progression.
- Investment in upskilling and training of family medicine specialists to diagnose and manage paediatric/ adolescent obesity in the primary care setting.
- Improvement in follow-up mechanisms for school health team referrals of at-risk youth or youths who are living with overweight/obesity.

Institutional collaborations, and partnerships

- Advocacy for a whole-of-society approach that addresses the complex contributors to obesity, engages families and communities, and promotes healthier environments.
- Multisectoral collaboration across government ministries, including Health, Education, Women, Family, and Community Development, and local authorities.
- Use of international treaties like the Convention on the Rights of the Child (CRC) to galvanise multi-stakeholder action, enhance accountability, and foster commitment.
- Investment in monitoring, evaluation, impact assessment, and cost-effectiveness studies of policies and programmes.
- Advancement of public-private partnerships to improve access, mobilise resources, facilitate community engagement, and drive the use of innovative solutions to address obesity in children and adolescents.

Community and behavioural engagement

- Exploration of novel ways to encourage behavioural change among children and adolescents, including gamification, and incentives, and learning from other initiatives.
- Development of interventions informed by local evidence, sociocultural context, and community stakeholder input.
- Incorporation of youth perspectives to craft obesity interventions that are feasible, relevant, empowering, and sustainable.

By leveraging Putrajaya's structured governance and urban infrastructure, Malaysia has a unique opportunity to pioneer effective, scalable interventions that can serve as a national model for combating obesity among children and adolescents.

Investing in the treatment of obesity among children and adolescents is critical due to its far-reaching health, social, and economic implications.

Early and effective treatment can prevent the progression of obesity-related comorbidities, including type 2 diabetes, cardiovascular disease, and psychological conditions, reducing burdens on health systems and improving individuals' quality of life, educational and social outcomes, and healthcare costs associated with managing chronic diseases in adulthood.

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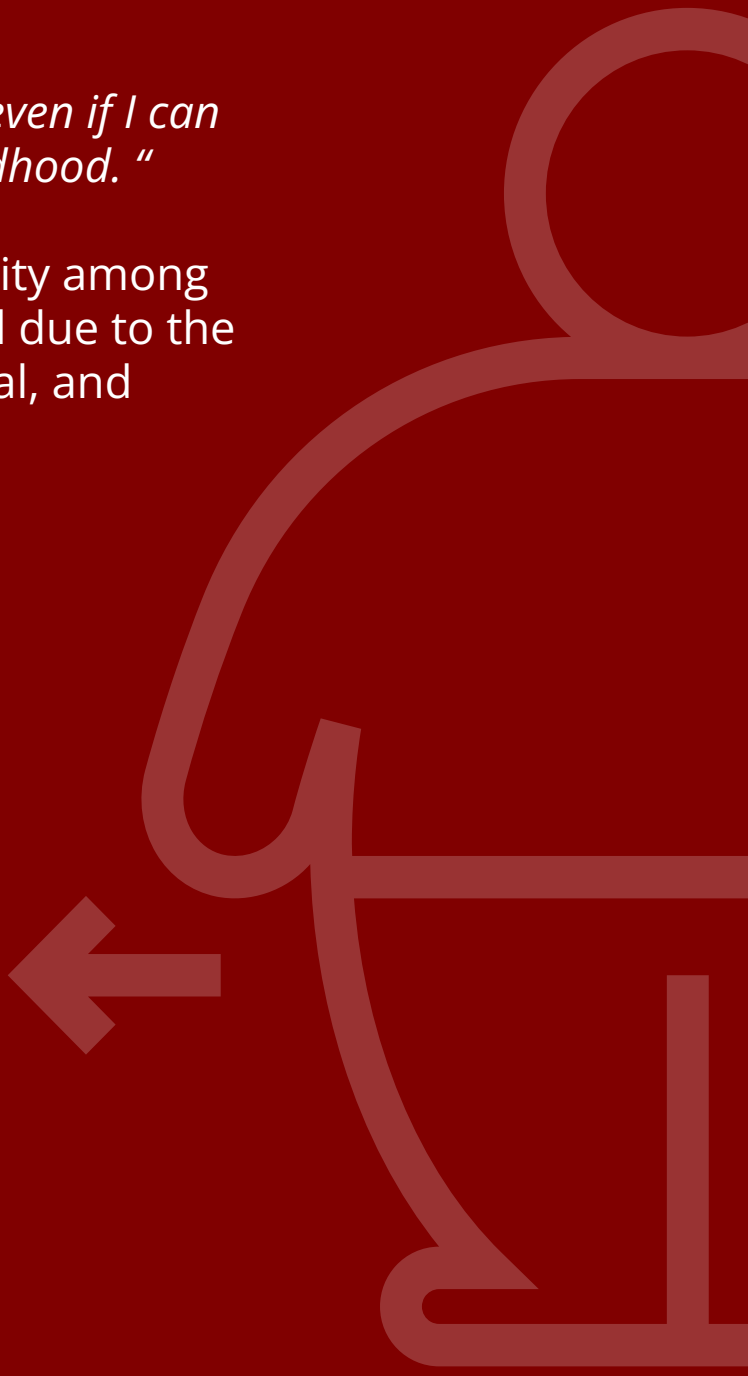

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We work to improve health and social conditions through research, advocacy, networking and relationship-building.

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