



Dear Delegates,

It is a pleasure to welcome you to the 2014 Montessori Model United Nations Conference.

The following pages intend to guide you in the research of the topics that will be debated at MMUN 2014 in committee sessions. Please note this guide only provides the basis for your investigation. It is your responsibility to find as much information necessary on the topics and how they relate to the country you represent. Such information should help you write your Position Paper, where you need to cite the references in the text and finally list all references in the Modern Language Association (MLA) format.

The more information and understanding you acquire on the two topics, the more you will be able to influence the Resolution writing process through debates [formal and informal caucuses], and the MMUN experience as a whole. Please feel free to contact us if and when you face challenges in your research or formatting your Position Papers.

We encourage you to learn all you can about your topics first and then study your country with regard to the two selected topics. Please remember that both committee members need to be well versed and ready to debate both topics.

Enjoy researching and writing your Position Papers.

We look forward to seeing you at the Conference!

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United Nations Children's Fund

UNICEF's mission statement

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.

UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children.

UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress.

UNICEF mobilizes political will and material resources to help countries, particularly developing countries, ensure a "first call for children" and to build their capacity to form appropriate policies and deliver services for children and their families.

UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities.

UNICEF responds in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children and those who provide their care.

UNICEF is non-partisan and its cooperation is free of discrimination. In everything it does, the most disadvantaged children and the countries in greatest need have priority.

UNICEF aims, through its country programmes, to promote the equal rights of women and girls and to support their full participation in the political, social, and economic development of their communities.

UNICEF works with all its partners towards the attainment of the sustainable human development goals adopted by the world community and the realization of the vision of peace and social progress enshrined in the Charter of the United Nations.

Source: http://www.unicef.org/about/who/index_mission.html

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Childhood Obesity

Topic Background



Over the past several decades, the issue of childhood obesity has exploded into a global public health crisis. The World Health Organization defines obesity as "a condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health may be impaired."ⁱ "Overweight" is defined as having excess body fat, muscle, bone, and water, while "obese" refers to a severe excess of body fat.ⁱⁱ Body Mass Index (BMI) is the measure of percentage of fatty mass the body contains as compared to overall size, and many countries have different perspectives on what BMI constitutes obesity.

Worldwide in the past thirty years, rates of obesity in children have more than doubled while rates in adolescents have tripled.ⁱⁱⁱ Mexico has the highest rate of childhood obesity (38% ages 5-19), a rate that is also one of the fastest increasing in the world.^{iv} In both the United States and Australia in 2008, 32% of children were either overweight or obese, compared to the average of 10% worldwide.^v

This does not, however, mean that obesity is solely a developed world issue – rates of obesity are climbing in developing countries due to changing, more "western" diets, urbanization, and disruption of previously active lifestyles.^{vi} The World Health Organization estimates that 75% of overweight children live in developing countries.^{vii}

The worldwide obesity rate is expected to surge by fifty percent in the next ten years, ultimately leading to increases in severe health problems. Children who are obese and live sedentary lifestyles are more likely than active, healthy children to grow into obese adults with dramatically increased risk of many health problems, including heart disease, type 2 diabetes, stroke, osteoporosis, orthopedic issues, and significant hormonal issues, not to mention potential extreme emotional and psychological implications.^{viii}

Economically, obesity costs heavily. In the United States in 2009, an estimated \$152 billion went towards direct obesity-related health issues, while the loss in productivity caused by obesity and health issues was estimated to be worth \$30 billion.^{ix} A 5% reduction in obesity rates could lower healthcare costs the equivalent of 13% of the 2009 federal deficit. Many societal factors contribute to these growing numbers, including lower socioeconomic status, increased availability of cheap, energy-dense foods, and lifestyles that require less physical activity. Most cases of obesity result from a combination of these factors, but the most direct cause of childhood obesity is obesity of parents.

Lower socioeconomic status has been linked to higher rates of obesity most directly through consumption of the cheapest calories available – i.e. fast or processed foods, which often contain higher levels of unhealthy fats and carbohydrates. Children whose parents follow bad eating patterns are likely to adopt those patterns early on, putting them at increased risk of early on-set of obesity.



Those who are of lower socioeconomic status also tend to have less leisure time to devote to exercise or high-energy recreational activities. The availability of packaged, processed, fast food has dramatically increased in the past several decades, while the cost of fresh foods puts them out of reach for many poorer families. Portion sizes have also exploded; the average bagel size has doubled from three inches to six in thirty years, while the average soda cup size and popcorn bag size have nearly tripled.^x

The National Heart, Lung, and Blood Institute estimates that a typical meal for today's American of a bagel and coffee, pizza and soda, and a salad and soda over three meals contains almost 1,600 more calories today than the same meal – in smaller portions – thirty years ago. Portion size has become so distorted in terms of what today's world thinks is healthy that without proper education as to the nutritional facts of the food one consumes, one can unknowingly consume more than 500,000 extra calories per year than someone with the same tastes thirty years ago.

While consuming more calories of less healthy food, children are less active and leading sedentary lives. Over the years, leisure time for the typical child has evolved to now include watching television, playing video games, or computer use after school, rather than outdoor or active pastimes. Parents of these children may lead similar lives working at desks or in stores or behind counters, sedentary lifestyles they likely will pass onto their children. Public transportation and cars have reduced the need to walk, playing sports can be costly, and children are growing up observing and being trained for careers that require less and less manual activity. As the global population spends more time at computers than performing manual exercises, obesity will continue to rise, threatening global health and healthy genetic patterns, productivity, life expectancy, and more.

Past Actions

The issue of childhood obesity has only surfaced in international discussions in the past ten to twenty years, thus the list of laudable international action is short, but an incredible amount of efforts in communities and individual states have emerged.

The World Health Organization is the largest of many organizations worldwide attempting to provide frameworks and education for health lifestyles. In 2012, WHO released a report entitled “Prioritizing Areas for Action in the Field of Population-Based Prevention of Childhood Obesity: A Set of Tools for Member States”.^{xi} The report detailed the detrimental effects of obesity on children and tools for prevention and control at the international regional, government, private sector, and civil society levels. The report also called upon states to utilize WHO's 2004 Global Strategy on Diet, Physical Activity, and Health (DPAS) which has two foci: “improving global diet and physical activity patterns.”

WHO also highlights the need for new forms of education designed for developing countries, where “western” food products such as Coca-Cola products and candies have in tandem with chains like McDonald's pervaded and upset traditional diets. In June 2013, WHO issued new recommendations aimed at low- and middle-income countries.^{xii}

Other regional, national, and community-level organizations have sought to take action, such as the International Obesity Task Force, which in 2002 published a joint report with the European Association for the Study of Obesity. The report estimated that, in the year of publication, as many as 80 million children in the European Union were overweight or obese.



Other non-governmental organizations such as the Global Alliance for the Prevention of Obesity and Related Chronic Diseases works directly to help implement the World Health Organization’s strategies and disseminate best practices to prevent early childhood obesity.

States and individual cities have attempted to push solutions that could be applicable worldwide. New York City Mayor Michael Bloomberg in 2012 pushed legislation that would have banned soda cup sizes over 16oz in places such as movie theaters, fast-food restaurants, and sports stadiums. Ultimately, the legislation failed after the state court held that it was unlawful, despite unanimous support from the New York City Board of Health and Board of Health and Mental Hygiene.^{xiii}

Despite this failure, across the United States sodas in school vending machines have been replaced with diet versions and First Lady Michelle Obama is praised for her “Let’s Move” campaign for healthy living, while in Mexico, efforts to mandate longer physical education hours in schools, more gym and playground space, and to ban junk food from schools have been widely supported.

Possible Solutions

This committee must produce plans to advance awareness and education of healthy living worldwide and to control obesity and its detrimental externalities, particularly in developing countries. This committee should focus on addressing three sub-issues:

- **Cost of Healthy Food Options:** World food prices in general are on a huge upswing, and particularly in urban areas, prices of fresh vegetables, fruits, and whole grains continuously surge with increased transportation and maintenance costs. How can this committee make healthy food affordable? How can governments promote fresh-food businesses? What education will be necessary to encourage demand for healthier goods?
- **Availability and Economic Viability of Unhealthy Food Options:** Fast food chains and junk food suppliers are amongst the most profitable corporations in the world with the farthest reach. Unhealthy foods fill schools, stores, and restaurants, in enormous portions. To what extent should government or communities be able to limit availability of these foods? How does this committee propose to educate people about the dangers of overconsumption of these foods and the risks of obesity?

- **Decreased Physical Activity:** Now more than ever children can play and learn without ever leaving the sofa. How does this committee propose to encourage active, healthy lifestyles? How can information regarding the benefits of physical activity be disseminated? What can governments and communities do to support programs that focus specifically on getting children moving again?



Childhood obesity stands to present great harm to the global economy and human population, in terms of health care costs, productivity, and long-term morbidity. The WHO has already deemed childhood obesity one of the foremost problems of the 21st century; uncontrolled and unaddressed, the issue of childhood obesity will follow today's children as they grow into adults and will snowball into a full-blown crisis of human public health.

Further Research



Guiding Questions

- What is the rate of childhood obesity in your country?
- What right does the international community, or state and local governments have to impose food restrictions?
- With technology making physical activity less and less necessary, how can children adopt healthy lifestyles, and maintain them?
- What should the international community do to ensure that healthy food supply is constant and viable?

Research Sources

- World Health Organization: <http://www.who.int/en/>
- Food and Agriculture Organization of the United Nations: <http://www.fao.org/home/en/>
- American National Heart, Lung, and Blood Institute: <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/news-events/matte1.htm>

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ⁱⁱ National Heart, Lung, and Blood Institute. "Disease and Conditions Index: What Are Overweight and Obesity?" Bethesda, MD: National Institutes of Health; 2010. <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/news-events/matte1.htm>

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^v Bessesen, Daniel H. "Update on Obesity." *Journal of Clinical Endocrinology and Metabolism* 93(6): 2027-34. June 2008. <http://jcem.endojournals.org/content/93/6/2027>.

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^{vii} "WHO Issues Guidance on Emerging Double Threat of Childhood Obesity and Undernutrition in Low- and Middle-Income Countries." World Health Organization. June 5 2013. http://www.who.int/mediacentre/news/notes/2013/obesity_undernutrition_20130605/en/index.html

^{viii} "The Surgeon General's Vision for a Healthy and Fit Nation." Office of the Surgeon General. Rockville, MD, U.S. Department of Health and Human Services; 2010.

^{ix} "The Cost of Obesity: Infographic Winner." The George Washington University School of Public Health. April 2, 2013. <http://publichealthonline.gwu.edu/cost-obesity-infographic-nphw/>

^x National Heart, Lung, and Blood Institute.

^{xi} "Childhood Obesity: A Set of Tools for Member States." World Health Organization. 2012, Geneva, Switzerland. http://www.who.int/dietphysicalactivity/childhood/Childhood_obesity_Tool.pdf

^{xii} "WHO Issues Guidance on Emerging Double Threat of Childhood Obesity and Undernutrition in Low- and Middle-Income Countries."

^{xiii} "Judge stops NYC ban on large sugary drinks, city plans appeal". CNN. March 11, 2013. <http://www.cnn.com/2013/03/11/us/new-york-large-soda-ban>.