

Understanding Childhood Obesity

An educational resource provided by



What is Childhood Obesity?

Childhood obesity is a serious health problem in the United States. More than 14.4 million U.S. children and teens are affected, making it the most common chronic disease of childhood. This number has more than tripled since 1980. More and more children and adolescents are being diagnosed with diabetes, hypertension and other conditions associated with obesity and severe obesity. Childhood and adolescent obesity has physical and emotional consequences, with a higher risk of bullying and harassment from peers.

In this section, you will find an in-depth look at childhood and adolescent obesity, its causes, how to measure it and more. Childhood obesity is a growing epidemic in the United States. It affects more than 18% of children, making it the most common chronic disease of childhood. Obesity in children and adolescents should be taken just as seriously as adult obesity. Obesity can affect children into adulthood and can negatively impact their physical and mental health.

With more and more children being diagnosed with diabetes, hypertension and other obesity-related health conditions, it's important to know the complex physiological, environmental and socioeconomic causes of childhood obesity. Some of those are:

- Environment
- Dietary patterns
- Genetics
- Health conditions
- Health disparities
- High amounts of stress
- Lack of physical activity
- Not getting enough good-quality sleep
- Medications
- Socioeconomic status



18%

**of children in the
U.S. are affected
by obesity**

Measuring Weight Status in Children

Obesity in children is determined by using a method called "BMI-for-age percentiles." BMI stands for Body Mass Index, which is a way to see if your child's weight is appropriate for their age and height.

Here's how you can find your child's BMI-for-age percentile:

1.

First, calculate your child's BMI using their weight and height. Use a BMI chart for children that shows weights and heights.

2.

Once you have the BMI number, find your child's age on the bottom of the BMI-for-age percentile chart, then look to the left or right to find their BMI.

3.

Use a pen or pencil to mark the point on the chart where their BMI and age meet. Find the shaded color on the bottom of the chart that matches the point you marked. This will show your child's BMI-for-age percentile.

4.

To determine your child's weight status, check the table located to the right of the chart.



BMI Chart

Weight in Pounds

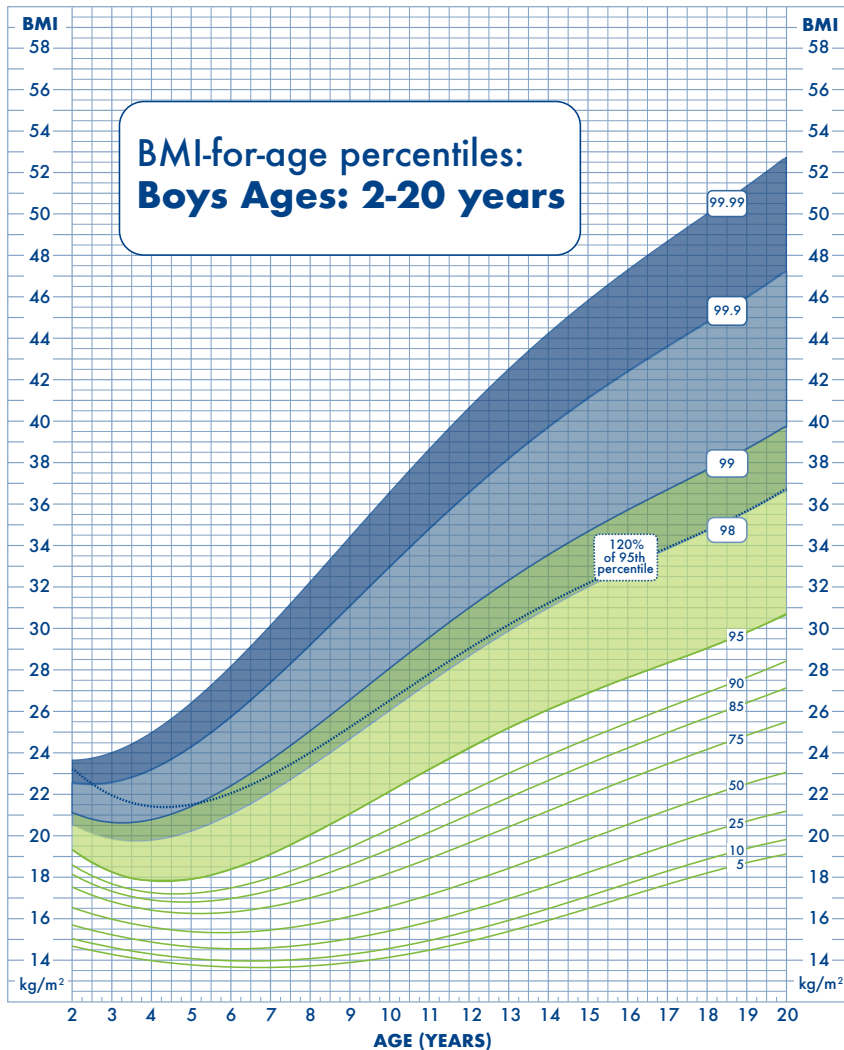
Height	Weight in Pounds																			
	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	
2'0" (24 inches)	24	37	48																	
2'1" (25 inches)	22	34	45	56																
2'2" (26 inches)	21	31	42	52																
2'3" (27 inches)	19	29	39	48	58															
2'4" (28 inches)	18	27	36	45	54															
2'5" (29 inches)	17	25	33	42	50	59														
2'6" (30 inches)	16	23	31	39	47	55														
2'7" (31 inches)	15	22	29	37	44	51	59													
2'8" (32 inches)	14	21	27	34	41	48	55													
2'9" (33 inches)	13	19	26	32	39	45	52	58												
2'10" (34 inches)	12	18	24	30	36	43	49	55												
2'11" (35 inches)	11	17	23	29	34	40	46	52	57											
3'0" (36 inches)	11	16	22	27	33	38	43	49	54											
3'1" (37 inches)	10	15	21	26	31	36	41	46	51	56										
3'2" (38 inches)	10	15	19	24	29	34	39	44	49	54	58									
3'3" (39 inches)		14	18	23	28	32	37	41	46	51	55									
3'4" (40 inches)		13	18	22	26	31	35	40	44	48	53	57								
3'5" (41 inches)		13	17	21	25	29	33	38	42	46	50	54	59							
3'6" (42 inches)		12	16	20	24	28	32	36	40	44	48	52	56							
3'7" (43 inches)		11	15	19	23	27	30	34	38	42	46	49	53	57						
3'8" (44 inches)		11	15	18	22	25	29	33	36	40	44	47	51	54	58					
3'9" (45 inches)		10	14	17	21	24	28	31	35	38	42	45	49	52	56	59				
3'10" (46 inches)		10	13	17	20	23	27	30	33	37	40	43	47	50	53	56				
3'11" (47 inches)		10	13	16	19	22	25	29	32	35	38	41	45	48	51	54	57			
4'0" (48 inches)			12	15	18	21	24	27	31	34	37	40	43	46	49	52	55	58		
4'1" (49 inches)			12	15	18	20	23	26	29	32	35	38	41	44	47	50	53	56	59	
4'2" (50 inches)			11	14	17	20	22	25	28	31	34	37	39	42	45	48	51	53	56	
4'3" (51 inches)			11	14	16	19	22	24	27	30	32	35	38	41	43	46	49	51	54	
4'4" (52 inches)			10	13	16	18	21	23	26	29	31	34	36	39	42	44	47	49	52	
4'5" (53 inches)			10	13	15	18	20	23	25	28	30	33	35	38	40	43	45	48	50	
4'6" (54 inches)			10	12	14	17	19	22	24	27	29	31	34	36	39	41	43	46	48	
4'7" (55 inches)				12	14	16	19	21	23	26	28	30	33	35	37	40	42	44	46	
4'8" (56 inches)				11	13	16	18	20	22	25	27	29	31	34	36	38	40	43	45	
4'9" (57 inches)				11	13	15	17	19	22	24	26	28	30	32	35	37	39	41	43	
4'10" (58 inches)				10	13	15	17	19	21	23	25	27	29	31	33	36	38	40	41	
4'11" (59 inches)				10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	
5'0" (60 inches)				10	12	14	16	18	19	21	23	25	27	29	31	33	35	37	39	
5'1" (61 inches)					11	13	15	17	18	20	22	24	26	28	30	32	34	36	37	
5'2" (62 inches)					11	13	15	16	18	20	22	23	25	27	29	31	33	34	37	
5'3" (63 inches)					11	12	14	16	17	19	21	23	24	26	28	30	32	33	35	
5'4" (64 inches)					10	12	14	15	17	18	20	22	24	25	27	29	31	32	34	
5'5" (65 inches)					10	12	13	15	16	18	20	21	23	25	26	28	30	31	33	
5'6" (66 inches)					10	11	13	15	16	17	19	21	22	24	25	27	29	30	32	
5'7" (67 inches)						11	13	14	15	17	18	20	22	23	25	26	28	29	31	
5'8" (68 inches)						11	12	14	15	16	18	19	21	22	24	25	27	28	30	
5'9" (69 inches)						10	12	13	14	16	17	19	20	22	23	25	26	28	29	
5'10" (70 inches)						10	11	13	14	15	17	18	20	21	23	24	25	27	28	
5'11" (71 inches)						10	11	13	14	15	16	18	19	21	22	23	25	26	28	
6'0" (72 inches)							11	12	13	14	16	17	19	20	21	23	24	25	27	

If your child's BMI is not listed on this chart, please visit the OAC's website at **ObesityAction.org** to calculate their BMI.

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Disclaimer: You cannot assess a child's weight using BMI alone. You must calculate their BMI and then plot it on the BMI-for-age percentile chart to determine their weight status.

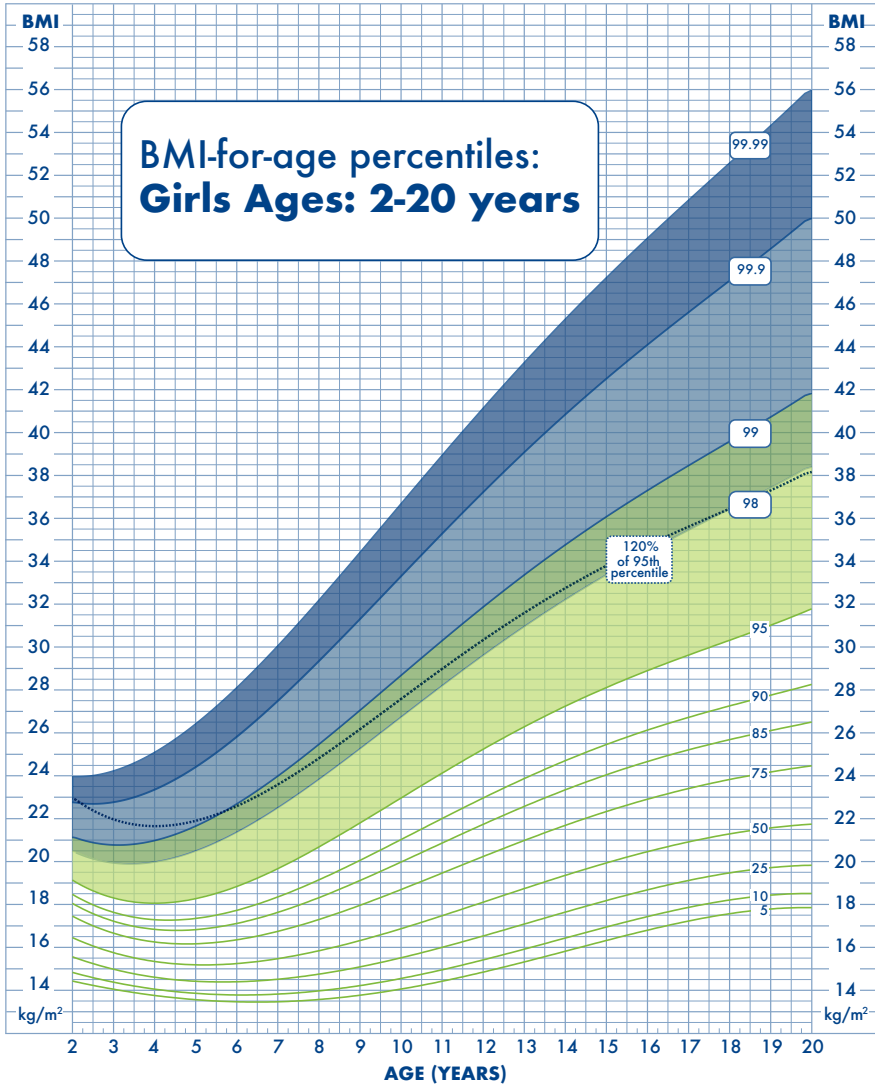
Boys BMI-for-Age Percentile



December 15, 2022
 Data source: National Health Examination Survey and National Health and Nutrition Examination Survey.
 Developed by: National Center for Health Statistics in collaboration with National Center for Chronic Disease Prevention and Health Promotion, 2022.
 CS3303034



Girls BMI-for-Age Percentile



December 15, 2022
 Data source: National Health Examination Survey and National Health and Nutrition Examination Survey.
 Developed by: National Center for Health Statistics in collaboration with National Center for Chronic Disease Prevention and Health Promotion, 2022.



A Note about BMI and Age Percentiles:



Remember, BMI-for-age percentile is just one way to check to see if your child is at a healthy weight. Despite its widespread use, BMI has limitations. It doesn't directly measure body fat or consider things like muscle mass and bone mass. For example, shorter children with a muscular build may have a high BMI but little body fat. Athletes may have a high BMI due to having higher muscle mass. Race and social determinants such as income, education, employment, access to healthcare and other factors can also play a role in a child's BMI.

Generally, if your child's BMI-for-age percentile is higher than 95%, it could mean they have too much body fat and might be at risk for health complications. Always talk to a qualified health professional to get advice about your child's weight and health.



Weight-Based Bullying

Understanding Weight-Based Bullying and How to Support Children and Adolescents

The Impact of Weight-Related Bullying

Children and adolescents who struggle with weight often face stereotypes, social exclusion, and discrimination. These experiences can contribute to anxiety, depression, low self-esteem, and poor body image. Research shows that children with obesity report a lower quality of life—comparable to children undergoing chemotherapy. Despite efforts to combat bullying in schools, weight-related teasing remains a common and harmful experience for many young people.

The Rise of Cyberbullying

With more time spent on social media and online gaming platforms, children and adolescents are increasingly vulnerable to cyberbullying. Online harassment, body shaming, and anonymous hurtful comments can deeply affect their mental well-being. Unlike face-to-face bullying, social media allows people to say things they might never say in person, making these interactions even more harmful.

Recognizing the Signs of Weight-Based Bullying

Weight-related bullying can lead to emotional distress, including anxiety, depression, irritability, low energy, and difficulty sleeping. Some children may withdraw from social activities, avoid school,

or even develop a fear of participating in physical activities due to teasing. Studies also show that youth who experience weight-based bullying are more likely to report thoughts of self-harm or suicide—an alarming and urgent concern that requires immediate attention.

How Parents Can Support their Children

If your child is being bullied because of their weight, encourage open conversations and reassure them that no one deserves to be mistreated. Help them identify a supportive friend group, talk to a trusted adult at school, and avoid reacting emotionally to bullies. Additionally, monitor social media activity, encourage participation in extracurricular activities, and seek support from medical professionals who specialize in both the physical and emotional aspects of obesity. Most importantly, remind your child that their worth is not defined by their weight—they are valued for who they are.

For more resources on weight-related bullying and support, visit

www.obesityaction.org/thrivetogether



Treatments for Children and Adolescents

Treating obesity in children and adolescents differs from treatment in adults. Involving the family in a child's weight management program is a key element of treatment. As a support system, family is integral in meeting weight management goals.

It's important to talk with your physician about options for treating childhood obesity. According to the American Academy of Pediatrics' 2023 Clinical Practice Guideline, comprehensive care may include:

- Nutrition support
- Physical activity
- Behavior modification
- Medications (pharmacotherapy)
- Metabolic and bariatric surgery

Nutrition Support: When treating a child or adolescent affected by obesity, it is often recommended that they consult a dietitian specializing in children's needs. Dietitians can best help children and their families understand healthy eating habits and how to implement them in their long-term diet.

Physical Activity: Another form of obesity treatment in children is to increase physical activity, which is crucial for long-term health. Studies have linked childhood inactivity to a sedentary adult lifestyle. The U.S. Surgeon General recommends that children engage in at least 60 minutes of daily physical activity.

Behavior Modification: Behavioral treatment includes a focus on nutrition, physical activity and behavioral change support. The intervention helps families turn newly-learned healthy behaviors into habits. Programs that engage the whole family can help support healthier weight and improve the health and well-being of children and adolescents who have obesity. Some behavior changes include:

- Changing eating habits
- Increasing physical activity
- Learning about the body and how to nourish it properly
- Engaging in a support group or extracurricular activity
- Setting realistic weight management goals





Pharmacotherapy:

The following four medications are approved for treating obesity in adolescents starting at age 12:

- Xenical®/Alli® (Orlistat)
- Liraglutide (Saxenda®)
- Phentermine/topiramate ER (Qsymia®)
- Semaglutide (Wegovy®)

Older Adolescents (Ages 16 and Older)

- Phentermine is approved for adolescents older than 16.

Children (Ages 6 and Older)

- IMCIVREE® (Setmelanotide) is approved for children age 6+ with Bardet-Biedl Syndrome, a genetic disease that causes obesity.

Metabolic and Bariatric Surgery:

Both laparoscopic Roux-en-Y Gastric Bypass (RYGB) and Vertical Sleeve Gastrectomy (VSG) are effective weight loss procedures in children, leading to sustained weight loss and resolving many obesity-related conditions. A referral to a comprehensive metabolic and bariatric surgery center with experience and expertise in the treatment of patients younger than 18 years does not necessarily mean the child or adolescent will ultimately have surgery. This referral provides the family with important information and additional evaluation of risks and benefits for use in making an informed decision.

Finding the right treatment for your child should be a family approach. As with adults, there is no one-size-fits-all treatment for childhood obesity. It is important for your child to be a part of the decision-making plan and feel comfortable throughout the process.



Thrive Together



Thrive Together
OAC'S Youth and Families Program

Thrive Together: Support for Youth and Families

Families navigating weight and health challenges often feel alone—but they don't have to. The *Thrive Together* Youth and Families Program, created by the Obesity Action Coalition (OAC), provides the resources, guidance and support families need to make informed decisions about their health.

This program offers:

- Understanding Childhood Obesity – Learn about causes, effects and treatment options.
- Support for Families – Find tools to help create healthier habits together.
- Bullying Prevention – Learn how to address weight-based bullying and encourage a positive self-image in your child.

Thrive Together is just one of the many valuable resources available through the OAC Community.

Why Join the OAC Community?

The OAC Community exists to educate, support and empower individuals and families navigating weight and health challenges. By becoming a part of this community, you gain access to:

- Weight and Health Education
- Community Blogs and Discussion Forums
- Ongoing Support and Meaningful Connections
- Advocacy Opportunities to Take Action
- And Much More

Join today and be part of a movement dedicated to creating a healthier future for individuals and families.

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**LEARN
CONNECT
ENGAGE**

Join Today!

OBESITYACTION.ORG/JOIN

About OAC

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



**LEARN
CONNECT
ENGAGE**

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education
- Community Blogs
- Community Discussion Forum
- Ongoing Support
- Meaningful Connections
- AND MUCH MORE



Join Today!

GO TO [OBESITYACTION.ORG/JOIN](https://www.obesityaction.org/join)