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Background

Obesity is defined as an excessive accumulation of body fat. How much fat is “excessive” depends on the height and weight of the child. Between 5%-25% of children and teenagers in the United States are obese. The prevalence of obesity in the young varies by ethnic group. It is estimated that 5%-7% of Caucasian and African-American children are obese while 12% of Hispanic boys and 19% of Hispanic girls are obese. Studies show an alarming rise in obesity among children in the United States during the past twenty years. Not all obese infants become obese children, and not all obese children become obese adults. However, the prevalence of obesity increases with age among both males and females and it is more likely that obese adolescents will become obese adults.

Impact of obesity: Obesity presents numerous problems for the child. It takes a toll both in physical health and psycho-social adjustment. Childhood obesity is the leading cause of pediatric hypertension, is associated with Type II diabetes mellitus, increases the risk of coronary heart disease and increases stress on the weight-bearing joints. Studies have shown that obese children receive less acceptance from their peers and more discrimination from significant adults in their lives, exhibit a greater sense of rejection and failure, have poorer interpersonal relationships, and have limited group and social interests.

Causes: Childhood obesity most likely results from an interaction of nutritional, psychological, familial and physiological factors. The risk of becoming obese is greatest among children who have two obese parents. Although there is controversy around how much genetic factors play into obesity, parental modeling of both eating and exercise behaviors affects the children. In children, underactivity is a significant source of obesity, and as they grow older their activity levels decrease further.

Treatment: In general, weight loss diets are not recommended for most children. Not only is this approach psychologically stressful, but it may adversely affect growth and the child’s perception of normal eating. A child’s well-being and adopting a healthy eating and exercise style are more important than pounds lost. Successful behavioral strategies show considerable success in effecting long-term weight loss in both handicapped and nonhandicapped children. The best programs incorporate an exercise component and nutritional training, including slowing the rate of eating, limiting the time and place of eating, and problem solving exercises. Particularly effective are behaviorally based treatments that involve parents.

What Can I Do as a Parent?

1. Obesity is easier to prevent than to treat. Starting in early childhood, teach children proper nutrition, selection of low-fat snacks, good exercise/activity habits and monitor their television viewing.
2. Make good nutrition and exercise a family affair by planning lower fat meals, nutritious snacks and family activities. This makes the child feel included in a total family effort focused and health and not the isolated one with the problem.

3. Do not use food as a reward for an accomplishment, a substitute for love or compensation for a disappointment.
4. Teach children to recognize how their body tells them that they are hungry or full.
5. Encourage children to eat a wide variety of foods in moderation.
6. Do not encourage continued eating or “to clean the plate” when they are truly no longer hungry.

Further information concerning the prevention of obesity in children and adolescents can be obtained from your pediatrician, school nurse and school psychologist. Local mental health departments can inform you about types and availability of intervention programs in your area.

Resources

American Heart Association (1996). *Childhood obesity. Home, heart & stroke A-Z guide*. [On-line]. Available:< <http://www.amhrt.org/hs96/obeskids.htm>>

Eden, A.N. (1975). *Growing up thin*. New York: McKay.

Hassink, S. (1996). *Is my child obese?* [On-line]. Available: <[http:// KidsHealth.org/ parent/ nutrition/ child _ obese.html](http://KidsHealth.org/parent/nutrition/child_obese.html) >

Hirschmann, J. & Zaphiropoulos, L. (1985). *Are you hungry?* New York: Random House.

Summerfield, L. (1990). *Childhood obesity*. Washington, D.C.: Colleges for Teacher Education. (ERIC Document Reproduction Service No. ED 328556).

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