

CHILDHOOD OBESITY FACTSHEET

WHAT IS OBESITY?

The World Health Organization (WHO) describes overweight and obesity as having “abnormal or excessive fat accumulation that may impair health”¹. In a healthy paediatric population, overweight and obesity are determined by children’s Body Mass Index (BMI), calculated by dividing the body weight in kilograms by the height in meters squared (kg/m²).

Obesity prevalence in children

- Worldwide an estimated 39 million children under the age of 5 were overweight or obese in 2020¹.
- In England, around 13% of toddlers aged 2-4 years are obese and 16% overweight².
- For children in reception year, aged 4-5 years, obesity prevalence increased to 9.7% from 9.5% in 2017/2018, and prevalence is higher in boys than girls for this age group (10% vs. 9.4%)³.
- For children living in the most deprived areas obesity prevalence was more than double that of those living in the least deprived areas³.

What are the causes of childhood obesity?

Obesity is a multifactorial disease driven mainly by an energy imbalance between calories consumed versus calories expended⁴. This imbalance is primarily caused by low levels of physical activity, a high calorie diet, and genetic disposition⁵.

Environmental changes have contributed to children expending less energy due to preferring sedentary activities. Also, children are currently following a diet high in added sugars and fat, consuming more than the recommended daily limit of sugar, with sugary drinks being one of the most significant contributors to the excess weight gain⁶.

Studies have also identified increased protein intake in early life as another risk factor for obesity⁷. Mean daily protein intake of children aged 1½-3 years is 42g, significantly more than requirements^{8,9}.

Common health consequences

Health problems linked with obesity have been extensively evidenced. Obesity may harm the function of organs and tissues such as liver, heart, pancreas, skeletal muscle, and joints. Obesity is also associated with multiple chronic diseases such as type 2 diabetes, hypertension, hypercholesterolemia, atherosclerosis, non-alcoholic fatty liver, and some types of cancers¹⁰. Poor psychological and emotional health are also related to obesity, with many children facing bullying and depression because of their weight.

Children living with obesity are more likely to carry that excess weight into adulthood and become adults living with obesity, having a higher risk of morbidity, disability and premature mortality¹.

How can obesity rates be reduced?

Overweight and obesity, together with their related chronic diseases, are mostly preventable¹. Healthy weight is mainly achieved through improving dietary intake, portion control and physical activity, however supportive environments and communities are essential in shaping people’s choices.

Treatment for childhood obesity focuses mainly on behavioural strategies decreasing excessive caloric intake, encouraging eating fruit, vegetables, whole grains and nuts, increasing physical activity (60 minutes a day for children) and limiting screen time¹¹.

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