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AOA Fact Sheets

Obesity in Youth

Diabetes, hypertension and other obesity-related chronic diseases that are prevalent among adults have now become more common in youngsters. The percentage of children and adolescents who are overweight and obese is now higher than ever before. Poor dietary habits and inactivity are reported to contribute to the increase of obesity in youth.

Today's youth are considered the most inactive generation in history caused in part by reductions in school physical education programs and unavailable or unsafe community recreational facilities.

This fact sheet outlines many factors related to obesity in youth that make it the major health care challenge for the 21st century.

Overweight and Obesity Defined

- Overweight and obesity for children and adolescents are defined respectively in this fact sheet as being at or above the 85th and 95th percentile of Body Mass Index (BMI).
- Some researchers refer to the 95th percentile as overweight and other as obesity. The Centers for Disease Control and Prevention (CDC), which provides national statistical data for weight status of American youth, avoids using the word "obesity," and identifies every child and adolescent above the 85th percentile as "overweight."
- The AOA uses the 95th percentile as criteria for obesity because it:
 - corresponds to a BMI of 30 which is obesity in adults. The 85th percentile corresponds to a BMI of 25, adult overweight.
 - is recommended as a marker for when children and adolescents should have an in-depth medical assessment.
 - identifies children that are very likely to have obesity persist into adulthood.
 - is associated with elevated blood pressure and lipids in older adolescents, and increases their risk of diseases.
 - is a criteria for more aggressive treatment.
 - is a criteria in clinical trials of childhood obesity treatments.

Prevalence and Trends

- Approximately 30.3 percent of children (ages 6 to 11) are overweight and 15.3 percent are obese. For adolescents (ages 12 to 19), 30.4 percent are overweight and 15.5 percent are obese.
- Excess weight in childhood and adolescence has been found to predict overweight in adults. Overweight children, aged 10 to 14, with at least one overweight or obese parent (BMI \geq 27.3 for women and \geq 27.8 for men in one study), were reported to have a 79 percent likelihood of overweight persisting into adulthood.

Gender

- Overweight prevalence is higher in boys (32.7 percent) than girls (27.8 percent). In adolescents, overweight prevalence is about the same for females (30.2 percent) and males (30.5 percent).
- The prevalence of obesity quadrupled over 25 years among boys and girls, as shown in Table 1.

Table 1

Increase in Obesity Prevalence (%) Among U.S. Children (Ages 6 to 11)		
	Boys	Girls
1999 to 2000	16	14.5
1988 to 1994	11.6	11
1971 to 1974	4.3	3.6

Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.

- Obesity prevalence more than doubled over 25 years among adolescent males and females, as shown in Table 2.

Table 2

Increase in Obesity Prevalence (%) Among U.S. Adolescents (Ages 12 to 19)		
	Males	Females
1999 to 2000	15.5	15.5
1988 to 1994	11.3	9.7
1971 to 1974	6.1	6.2

Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.

Race

- African American, Hispanic American and Native American children and adolescents have particularly high obesity prevalence.
- Overweight (85th percentile) and obesity (95th percentile) prevalence for children and adolescents is presented by racial group in Table 3.

Table 3

Race	Children (Ages 6 to 11) Prevalence (%)		Adolescents (Ages 12 to 19) Prevalence (%)	
	Overweight	Obesity	Overweight	Obesity
Black (Non-Hispanic)	35.9	19.5	40.4	23.6
Mexican American	39.3	23.7	43.8	23.4
White (Non-Hispanic)	26.2	11.8	26.5	12.7

Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.

- Among female youth, the highest overweight and obesity prevalence is found in black (non-Hispanic) girls (ages 6 to 11), 37.6 percent and 22.2 percent respectively, and black (non-Hispanic) adolescent females (ages 12 to 19), 45.5 percent and 26.6 percent respectively.
- Among male youth, the highest overweight and obesity prevalence is found in Mexican American boys (ages 6 to 11), 43 percent and 27.3 percent respectively, and Mexican American adolescent males (ages 12 to 19), 44.2 percent and 27.5 percent respectively.
- Overweight prevalence for Native American children and adolescents (ages 5 to 17) was reported in a 1999 study as 39 percent for males and 38 percent for females in the Aberdeen area Indian Health Service.
- Asian American adolescents (ages 13 to 18) were reported to have an overweight prevalence

of 20.6 percent in the 1996 National Longitudinal Study of Adolescent Health.

- Asian-American and Hispanic-American adolescents born in the U.S. to immigrant parents are more than twice as likely to be overweight as foreign born adolescents who move to the U.S.

Health Effects

Many adverse health effects associated with overweight are observed in children and adolescents. Overweight during childhood and particularly adolescence is related to increased morbidity and mortality in later life.

Asthma

- Prevalence of overweight is reported to be significantly higher in children and adolescents with moderate to severe asthma compared to a peer group.

Diabetes (Type 2)

- Type 2 diabetes in children and adolescents has increased dramatically in a short period. The parallel increase of obesity in children and adolescents is reported to be the most significant factor for the rise in diabetes.
- Type 2 diabetes accounted for 2 to 4 percent of all childhood diabetes before 1992, but skyrocketed to 16 percent by 1994.
- Obese children and adolescents are reported to be 12.6 times more likely than non-obese to have high fasting blood insulin levels, a risk factor for type 2 diabetes.
- Type 2 diabetes is predominant among African American and Hispanic youngsters, with a particularly high rate among those of Mexican descent.

Hypertension

- Persistently elevated blood pressure levels have been found to occur about 9 times more frequently among obese children and adolescents (ages 5 to 18) than in non-obese.
- Obese children and adolescents are reported to be 2.4 times more likely to have high diastolic blood pressure and 4.5 times more likely to have high systolic blood pressure than their non-obese peers.

Orthopedic Complications

- Among growing youth, bone and cartilage in the process of development are not strong enough to bear excess weight. As a result, a variety of orthopedic complications occur in children and adolescents with obesity. In young children, excess weight can lead to bowing and overgrowth of leg bones.
- Increased weight on the growth plate of the hip can cause pain and limit range of motion. Between 30 to 50 percent of children with this condition are overweight.

Psychosocial Effects & Stigma

- Overweight children are often taller than the non-overweight.
- White girls, who develop a negative body image, are at a greater risk for the subsequent development of eating disorders.
- Adolescent females who are overweight have reported experiences with stigmatization such as direct and intentional weight-related teasing, jokes and derogatory name calling, as well as less intentional, potentially hurtful comments by peers, family members, employers and strangers.
- Overweight children and adolescents report negative assumptions made about them by others, including being inactive or lazy, being strong and tougher than others, not having feelings, and being unclean.

Sleep Apnea

- Sleep apnea, the absence of breathing during sleep, occurs in about 7 percent of children with obesity. Deficits in logical thinking are common in children with obesity and sleep apnea.

Note: Information for this fact sheet comes from various sources, some of which use different terminology for the 85th and 95th percentile of BMI. For consistency, the AOA refers to any use of the 85th percentile of BMI as overweight and the 95th percentile as obesity in children and adolescents. In general, childhood is defined as 6 to 11 years of age, and adolescence as 12 to 19 years of age.

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