

# Adolescent overweight and obesity

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Introduction

Overweight is the possession of body fat that is above a range that can, by any means, be considered optimally unhealthy. It is a condition most prevalent where supplies of food are in plenty with sedentary lifestyles to boot. Globally, this condition is at epidemic levels with increases being noted across a majority of age groups, especially in adolescents and adults. While a normally functioning body requires body fats to function, excess body fats has been shown to derail flexibility and movement. Obesity is in extension, a condition where body fat accumulates in excess to the point where one is at risk of serious health effects. This paper seeks to define and describe overweight and obesity in adolescents.

Health condition

Overweight and obesity are used to define weight ranges greater than that considered healthy at any given height. Body weight ranges above limits of health have been proven to increase the probability of certain health

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problems like osteoarthritis and cardiovascular disease (Munsch, 2005 p117). These ranges of weight are determined via calculation of the body mass index or the BMI, calculated by using an individual's height and weight (Bagchi, 2010 p129). For adolescents, BMI interpretation varies by age, due to the increased rates of growth at this age, while also varying by sex. Healthy BMI's for boys 15.5-21.8 for 13.0 year olds, 17-24.2 for 16.0 year olds and 18.6-26.4 for 19.0 year olds. For girls, they range from 15.3-22.5 at 13.0 years, 16.7-24.6 at 16.0 years and 17.8-26.1 at 19.0 years (Burniat, 2002 p313). BMI's above these given ranges at the specified ages indicate an adolescent who is overweight.

#### Effects of Overweight and Obesity

There has been a continuous increase in the percentage of overweight and obesity in adolescents. 15 percent of all adolescents, that is around 9 million, are overweight, which is about three times what it was in the early 80's (Sield et al, 2008 p56). Although adolescents have fewer health problems linked to weight than adults do, there is a risk of moving on to adulthood as overweight. Overweight and obese adolescents run the risk of developing health conditions such as high blood pressure, heart disease, stroke, diabetes, and some cancer (Friis, 2005 p167). Obesity has also been identified as a culprit in the weakening of physical health, shortened life expectancy, mental illness and stress (Freemark, 2010 p16). Additionally, most overweight adolescents are more prone to bullying not only as victims, but also as antagonists. Therefore, this condition requires understanding and love from parents, teachers and peers.

#### Prevalence of Condition in Australia

Standard definitions used to measure obesity and overweight in Australia

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were passed in December of 2002 (Burniat, 2002 p314). These conditions were found to change notably according to age, rising in infancy, dipping during pre-school years before going up again during adolescence.

Approximately 20-25% of Australian adolescents fell under the definition of obese in 1995 which was twice that tabulated in 1986 (Anzar, 2010 p83).

### Conclusion

Overweight and obesity are problems that the modern world has to address, if it has to move forward with vigor. The emergence of social media has led to many adolescents leading sedentary lifestyles, which have in turn led to an increase in overweight occurrences. It is only with the involvement of government agencies in collaboration with private enterprise that this problem can be controlled.

### References

- Anzar L. A. (2010). *Epidemiology of Obesity in Children and Adolescents: Prevalence and Etiology*. New York: Springer.
- Bagchi D. (2010). *Global Perspectives on Childhood Obesity. Current status consequences and prevention*. Boston: Jones & Bartlett Publishers.
- Burniat W. (2002). *Child and Adolescent Obesity: Causes and Consequences, Prevention and Management*. New York: Cengage Publishers.
- Freemark M. S. (2010). *Pediatric Obesity: Etiology, Pathogenesis, and Treatment*. New York: Springer.
- Friis R. H. (2005). *Epidemiology 101*. Boston: Jones & Bartlett Publishers.
- Munsch C. S. (2005). *Obesity and binge eating disorder*. *Bibliothica Psychitrica*. New York: Springer.
- Sield et al. (2008). *Counseling Overweight and Obese Children and Teens*:

Health Care Reference and Client Education Handouts. Chicago: American Dietetic Association.