Overweight and obese children have arguably become the primary health problem in developed nations and, to some degree, in other parts of the world. The definitions of overweight and obesity differ between epidemiological studies, but most scientists agree that children who are overweight exceed 20% (25% for obese) of their ideal body weight, based on age, weight, height and frame. The body mass index (BMI) is typically used to derive and apply these percentages to health risks. However, experts now indicate that it is not an absolute measurement and there is margin for error when using BMI to calculate health risk depending on body-type (ectomorphic, mesomorphic or endomorphic) and bone structure and density. The formula for body mass index also varies but a BMI of 25 or more is generally considered overweight and 30 or more is considered obese.

The Problem
Preventing obesity in children ultimately involves eating less and being more physically active. Sounds simple? For several decades now, governments have invested billions of dollars into programs to increase physical activity among youth and the general public. Despite these government initiatives, and since the inception of such programs, children are more obese today than ever before. Between television, video games, internet, fast-food, sedentary lifestyle and convenience, it is clear that cultural factors have had an incredible influence and a negative impact on our health. The limitation of current approaches to combat childhood obesity may also, in part, contribute to the problem. For example, school-based programs might not be particularly effective if children are feeling unwell or lack the athletic ability to participate in physical activity. Furthermore, children who are uncomfortable, uncoordinated or lack the athletic ability to enjoy physical activity may be more prone to inactivity and diet-related obesity. Most people who exercise for physical fitness can be categorized into individuals who are primarily fit because of regular exercise or reducing sedentary behaviour. The problem is that an extremely large percentage of school programs continue to encourage an active lifestyle or reducing sedentary behaviour but the children are more obese than ever. A culture of inactivity and diet-related obesity among children is a growing concern. Preventing obesity in children ultimately involves eating less and being more physically active. Sounds simple? For several decades now, governments have invested billions of dollars into programs to increase physical activity among youth and the general public. Despite these government initiatives, and since the inception of such programs, children are more obese today than ever before. Between television, video games, internet, fast-food, sedentary lifestyle and convenience, it is clear that cultural factors have had an incredible influence and a negative impact on our health. The limitation of current approaches to combat childhood obesity may also, in part, contribute to the problem. For example, school-based programs might not be particularly effective if children are feeling unwell or lack the athletic ability to participate in physical activity. Furthermore, children who are uncomfortable, uncoordinated or lack the athletic ability to enjoy physical activity may be more prone to inactivity and diet-related obesity. Most people who exercise for physical fitness can be categorized into individuals who are primarily fit because of regular exercise or reducing sedentary behaviour. The problem is that an extremely large percentage of school programs continue to encourage an active lifestyle or reducing sedentary behaviour but the children are more obese than ever. A culture of inactivity and diet-related obesity among children is a growing concern.

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Causes of Childhood Obesity
As in adults, in children causes of obesity are hypertension, stroke, colon cancer, chronic inflammation, diabetes, increased blood clotting tendency and other cardiovascular disease risk factors. In one study, childhood obesity increased the risk of death from heart disease in adulthood twofold over several years.

Type 2 diabetes, once unrecognized in adolescents, now accounts for as many as half of all new diagnoses of diabetes in some populations. This condition is almost entirely attributable to the pediatric obesity epidemic, through heredity and lifestyle factors which affect individual risk. Psychosocial effects are also becoming more severe in children who are often ostracized for being overweight resulting in depression and suicide tendencies.

Causes of Childhood Obesity
As in adults, a child's bodyweight is regulated by numerous physiological mechanisms that maintain balance between energy intake and energy expenditure. Any factor that raises calorie intake or decreases energy expenditure by even a small amount will cause obesity in the long term. Genetic factors can also have a significant impact on the development of obesity. As in adults, in children causes of obesity are hypertension, stroke, colon cancer, chronic inflammation, diabetes, increased blood clotting tendency and other cardiovascular disease risk factors. In one study, childhood obesity increased the risk of death from heart disease in adulthood twofold over several years.

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