Child obesity and physical activity

According to the World Health Organization, childhood obesity “is one of the most serious public health challenges of the 21st century”
Source: http://www.who.int/dietphysicalactivity/en/

Obesity in childhood is linked with serious illness such as diabetes and cardiovascular disease in adulthood. Making sure children have sufficient exercise is one of the key factors for preventing child obesity. All physical therapists are experts in movement and exercise, and the ways in which it promotes health. Some physical therapists, called paediatric physical therapists, specialise in working with children.

Childhood obesity facts

The World Health Organization defines obesity as having a body mass index of 30 or more.

Childhood obesity affects the poor as well as the affluent. The problem is global and is steadily affecting many low- and middle-income countries, particularly in urban settings.

In 2007, an estimated 22 million children under the age of 5 years were overweight throughout the world. More than 75% of overweight and obese children live in low- and middle-income countries.

Rising levels of childhood obesity are being caused by a shift in diet towards energy-dense foods high in fat and sugars, and a trend towards decreased levels of physical activity.

Child obesity and exercise

The World Health Organization recommends 60 minutes of moderate to vigorous intensity physical activity every day for children aged 5-18. Moderate activity includes brisk walking and cycling. Vigorous activity is exercise that makes people huff and puff – and could include dancing and household chores, as well as sports like running and football.
Every day, pre-school children should engage in at least 60 minutes unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping. 
Source: The National Association for Sport and Physical Education in the United States, from their statement of physical activity guidelines for children birth to five years. 
http://www.aahperd.org/naspe/template.cfm?template=ns_active.html

A systematic review published in the British Medical Journal looked at which approaches work best to increase children’s levels of physical activity. It found some evidence that for adolescents, interventions involving schools, family and community seem to work best. 
http://www.bmj.com/cgi/content/full/bmj.39320.843947.BEv1

A review of the evidence on the effect of physical activity on the development of pre-school children concluded that the availability of outside playing areas, and the encouragement and involvement of adults, were important in encouraging exercise. 

A study of Australian households found that pre-school children exercise outside more if their parents engage in physical activity, they have a larger backyard/garden, they have outdoor play equipment available, and there are rules about television viewing. 

Children with illness or disabilities are more restricted in exercise participation, and have higher levels of obesity than their peers. Finding structures that support them to participate brings psychological and social, as well as physical, advantages. Professionals such as physical therapists are well placed to ensure that activities are appropriate. 
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;121/5/1057

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