



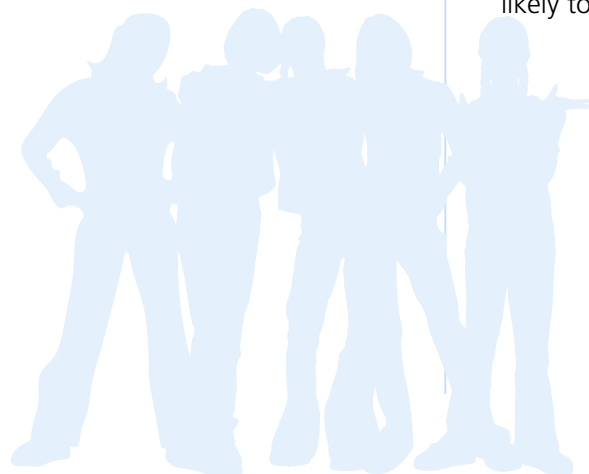
Girl Scouts of the USA Girls & Overweight: Key Facts

Many girls today do not eat well or exercise enough and are exposed to environmental influences that cause their health to suffer. According to the American Academy of Pediatrics, obesity is now the most chronic health problem among American children.

- ◆ In the 1960s and 70s rates for childhood obesity were fairly stable, at around 5 percent for children and adolescents.¹
- ◆ Since 1980, obesity rates have tripled in children ages 6 to 11 and doubled in adolescents ages 12 to 19.²
- ◆ Today, approximately 9 million children over age six are obese.³
- ◆ The estimated cost of obesity in the United States ranges from \$98 to \$129 billion annually.⁴

Over the past 25 years, the percentage of overweight girls has more than doubled. Low income and minority girls have the highest rates of childhood obesity.

- ◆ Currently, 16 percent of girls ages 6 to 19 are overweight, up from 6 percent in 1974.⁵
- ◆ Hispanic, African-American and Native American children are disproportionately affected by obesity when compared to the general population. Among girls the highest prevalence of obesity is found among African American and Hispanic girls.⁶
- ◆ Low income children are at higher risk for obesity. For girls of all ages, the incidence of overweight is highest at the lowest income levels and drops precipitously at the highest income levels.⁷
- ◆ In general, having obese parents more than doubles a child's risk of being obese. One study suggests that children of obese mothers are 15 times more likely to be obese by age 6 than children of normal weight mothers.⁸



Being overweight puts girls at risk both physically and emotionally and can negatively impact their ability to succeed as adults.

- ◆ Overweight children are more likely to become overweight adults and suffer from health problems later in life.⁹
- ◆ Obesity increases the chance of developing disorders, such as Type II diabetes, hypertension, cancer, cholesterol abnormalities, orthopedic problems, and asthma, as well as symptoms of depression and other psychological problems.¹⁰
- ◆ Adolescent girls 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.¹¹
- ◆ One study found that girls and young women ages 16 to 24 who were obese had fewer years of advanced education, lower family incomes, higher poverty rates and lower rates of marriage than women of the same ages who were not obese.¹²

Lack of physical activity, trends in food consumption and changes in eating habits have all contributed to the obesity problem.

- ◆ Less than 1 in 3 adolescents get a passable level of regular physical exercise. Overall, girls get less exercise than boys.¹³
- ◆ Participation in physical activity declines as children get older. From 1991–2003, the number of U.S. high school students attending daily physical education classes has dropped from 42 percent to 28 percent.¹⁴
- ◆ An increase in sedentary activities, including watching television, using the Internet, and talking on the telephone all contribute to a decline in physical activity and play among children. Children who watch more than 4 hours of television a day or have a television in the bedroom are more likely to be overweight or at risk for being overweight.¹⁵
- ◆ Over the past two decades, food portion size has grown and Americans spend almost half of their food dollars on restaurant foods and other foods prepared outside the home.¹⁶
- ◆ Lack of safe places to exercise and play may contribute to a lack of physical activity among children and youth.¹⁷



- ¹ Centers Centers for Disease Control and Prevention, National Center for Health Statistics, "Prevalence of Overweight Among Children and Adolescents: United States, 1999–2002." October 2004. Ogden, C. et al. "Prevalence and Trends in Overweight Among U.S. Children and Adolescents, 1999–2000." *Journal of the American Medical Association*, vol. 288, No. 14. October 9, 2002.
- ² Koplan, Jeffrey P., Catharyn T. Liverman, and Vivica A. Kraak, *Editors, Committee on Prevention of Obesity in Children and Youth, Preventing Childhood Obesity: Health In The Balance*, Institute of Medicine of the National Academies, National Academies Press, Washington, DC. September 2004.
- ³ *Ibid.*
- ⁴ *Ibid.*
- ⁵ See Note 1.
- ⁶ *Ibid.*
- ⁷ See Note 2.
- ⁸ Whitaker, R. et al. "Predicting Obesity in Young Adulthood from Childhood and Parental Obesity," *New England Journal of Medicine*, vol. 337, No. 13. September 25, 1997. Berkowitz, R., "Growth of Children at High Risk of Obesity during the First Six Years of Life: Implications for Prevention," *American Journal of Clinical Nutrition*, vol. 81, No. 1. January 2005.
- ⁹ American Academy of Pediatrics, Committee on Nutrition, Prevention of Pediatric Overweight and Obesity, *Pediatrics*, vol. 112, No. 2. August 2003.
- ¹⁰ *Ibid.*
- ¹¹ American Obesity Association, Obesity in Youth, AOA Fact Sheets, 2002.
- ¹² Dietz, W. "Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease," *Pediatrics*, vol. 101. 1998.
- ¹³ Centers for Disease Control and Prevention, Surveillance Summaries, "Youth Risk Behavior Surveillance – United States, 2003," May 21, 2004. MMWR 2004:53 (No. SS-2).
- ¹⁴ *Ibid.*
- ¹⁵ See Note 9.
- ¹⁶ St-Onge, et al. "Changes in Childhood Food Consumption Patterns: Cause for Concern in Light of Increasing Body Weights." *American Journal of Clinical Nutrition*, vol. 78, pp.1068-73.
- ¹⁷ See Note 9.

