

If you want to support the health and wellness of kids, stop focusing on their weight

October 14 2021, by Nichole Kelly, Elizabeth Budd, Nicole Giuliani



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Since the pandemic started, [people of all ages](#) have [gained weight](#). At the same time, the rate at which youth and young adults are seeking

treatment for eating disorders, [particularly anorexia nervosa and binge eating disorder](#), [has increased](#).

While the reasons for these changes are complex, [pandemic-related stress](#) and [weight bias](#)—the belief that a thin body is good and healthy, while a large body is bad and unhealthy—are prominent contributors.

As researchers who [study health behaviors](#) and are also parents of young children, we often see [health research](#) and health initiatives that place a disproportionate emphasis on weight.

That's a problem for two big reasons.

First, it draws attention away from better predictors of chronic disease and strategies to address these factors. Although a high body mass index, or BMI, is one risk factor for various chronic diseases, it is only one of many, and far from the [strongest](#). And while moderate weight loss does reduce chronic disease risk [for some people](#), about 80% of individuals who manage to lose weight [regain it](#). The other 20% describe their ongoing efforts to maintain their weight loss as [stressful and exhausting](#).

Second, disproportionate emphasis on weight reinforces weight bias. Weight bias, in turn, contributes to weight-related discrimination, like bullying and teasing, which is [common among youth](#). Across diverse samples surveyed, 25% to 50% of children and adolescents report being teased or bullied about their body size, and these experiences are linked to disordered eating and depression, as well as poorer academic performance and health.

To best support the physical and emotional health of children during this pandemic, we suggest reducing the emphasis on body size. Below are some specific tips for parents, teachers and medical providers.

1. Stop using the words 'fat,' 'obese' and 'overweight'

When asked, children and adults with larger bodies consistently indicate that these are the least preferred and most stigmatizing terms to talk about body size, while "weight" and "body mass" are the [most preferred](#).

So, consider modeling less stigmatizing language. For example, if your teen refers to her friend as "overweight," respond by saying, "Yes, your friend does have a larger body." Likewise, if your doctor refers to your child as "obese," ask them to share their "body mass index percentile" instead. Or, better yet, ask them not to talk about weight at all—which leads us to our next recommendation.

2. Focus on health behaviors

[Physical activity, eating habits](#) and [emotional support](#) from friends and family are stronger predictors of disease and death than BMI, and [all of these](#) have been greatly affected by COVID-19.

Considering that behavioral weight loss programs are ineffective for the [majority of people](#), we recommend focusing on behaviors that are more easily changed and have stronger influences on health and well-being. Regular [physical activity](#), for example, [improves mood](#) and [lowers risk](#) for heart disease and type 2 diabetes, even in the absence of weight loss.

Building and sustaining new [health behaviors](#) can be challenging. Parents are more likely to be successful if they start by setting [realistic goals](#) that include the whole family rather than singling out one child based on their body size.

Like [adults](#), kids enjoy activities more when they have a [say in the activity](#). So let them choose whenever possible. There are additional

physical and mental health benefits if these activities are done [outdoors](#).

3. Challenge weight biases

Weight bias stems in large part from the belief that individuals are responsible for their body size, and if they are unable to lose weight or keep it off, they are [deserving of blame and ridicule](#). These beliefs may contribute to an increased risk of disordered eating in children through parental behaviors like overly restrictive [feeding practices](#) and [negative comments about weight](#).

Parents are also [greatly affected](#) by this bias, reporting guilt and sadness for their perceived contributions to their child's weight.

We suggest that parents challenge weight bias by acknowledging that—quite literally—hundreds of factors outside of a person's immediate control contribute to [body size](#), including [genetics](#), [racism](#) and [trauma](#), and environmental factors, like [levels of crime and proximity to green space and recreational facilities](#).

4. Advocate against weight discrimination

Weight is the No. 1 reason youth are [teased](#), according to a large sample of teenagers in the United States. However, weight bias is lower in schools where body weight is part of [anti-bullying policies](#). Consider talking with your child's principal, attending the next PTA meeting and advocating for the inclusion of weight discrimination into existing bullying policies.

If your child is being teased, get curious. Ask them how they feel about it. Acknowledge that [weight](#) discrimination is a very real phenomenon. [Do not take this time to encourage weight loss](#). Instead, help your child

[appreciate their body as it is](#). Then, talk with their teacher. Schools who have teachers who are willing to intervene have [less bullying](#).

And if your child is struggling, consider working with a mental [health](#) professional, in-person or remotely. During the pandemic, there has been a [twelvefold increase](#) in psychologists in the United States providing care remotely, and although there are some reported challenges—like finding a private, quiet space—youth in treatment for eating disorders describe an appreciation for the accessibility, convenience and comfort [of this approach](#).

5. Help youth be savvy consumers of social media

Youth who spend [more time on social networking sites](#) feel more dissatisfied with their bodies and engage in more disordered eating. Furthermore, more than half of adolescents surveyed reported [increased experiences with weight discrimination](#) on these sites during the pandemic.

Of course, social media isn't all bad. [Research suggests](#) that it may depend on how youth engage with these sites, with "photo-based activities" being most closely linked to disordered eating symptoms.

Parents can help their children learn to notice when posting and viewing photos or following [appearance-focused influencers](#) leaves them feeling bad or comparing their [body](#) to others, and encourage them to take a break. They can also suggest that they consider unfollowing those accounts and instead seek out people who inspire them, make them laugh and help them feel empowered.

The last year and a half has been hard. As people consider how to resume some of their pre-COVID activities, it is our hope that food and movement can help families and communities to reconnect and feel

good. Our bodies have carried us through an extremely trying time and are deserving of respect and kindness.

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Provided by The Conversation

Citation: If you want to support the health and wellness of kids, stop focusing on their weight (2021, October 14) retrieved 26 June 2024 from <https://medicalxpress.com/news/2021-10-health-wellness-kids-focusing-weight.html>

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