

Oblivobesity: Looking Over the Overweight That Parents Keep Overlooking

David L. Katz, MD, MPH, FACPM, FACP

A recent study reported in the *British Journal of General Practice* examined the correspondence, or more aptly the lack thereof, between the BMI of nearly 3000 children and parental perception of weight status.¹ Parents tended to recognize children as overweight only when they were above the 99.7th population percentile; the official cut point is set at the 85th percentile. Translating this into raw numbers, nearly one of three parents underestimated the weight status of their children. From the parental perspective, only 4 of 2976 children in the cohort were very overweight (*i.e.*, BMI above the standardized 95th percentile). Objectively, that number was 369.

Invited to do so by the BBC,² the researchers speculated that the excess weight of a given child was hard to spot against a rising population mean. In other words, as the average weight of children in the UK rises, what every parent considers normal seems to rise with it.

This is by no means the first time we have heard about prevalent, at least relative, parental obliviousness to obesity in children. The tendency has been reported in New Zealand,³ Native Americans,⁴ the general population in the United States,⁵ Australia,⁶ Belgium,⁷ Ireland,⁸ and Pacific Islanders,⁹ at least. With a global footprint, the predilection may warrant a name all its own: *oblivobesity*.

Parental obliviousness bedevils our responses to rampant childhood obesity in ways that are largely self-evident. Whether or not knowledge is reliably power,¹⁰ denial and delusion are reliably disempowering. We do not always fix what we know to be broken, but we virtually never fix what we are overlooking—whether at the personal level or that of our culture. Climate change and its consequences, such as drought, illustrate this all too well. As long as the problem could be denied, few, if any, societal resources were directed to solutions. With regard to health, the best examples of costly denial are perhaps alcoholism and addiction, where acknowledgment of the problem is uniformly recognized as the first part of the solution.

But the pursuit of objective information to supplant parental misperception is controversial. When Mike Huckabee, as governor of Arkansas and chair of the National Governors Association, introduced universal BMI “report cards” in the schools of his state, a modest decline in childhood obesity rates statewide ensued. That was a very big deal in a part of the country inordinately prone to this intractable problem. Even so, ambivalence about weighing kids in schools prevails.¹¹ The worry persists that making kids step on a scale will embarrass or stigmatize them, and sending information about obesity home to parents will, in essence, “blame the victims.”

There are legitimate concerns in all that, and we are thus obligated to ensure that the acquisition of accurate data, and the enlightenment of families to trouble under their roof, does not invite such unintended consequences. If we are to eradicate oblivobesity, it will not be with objective measures alone, but also with compassion, guidance, and empowerment in the mix. If, instead, we choose not to know what our kids weigh, and whether or not it is a threat to their health, it invites potentially grave consequences, some quite predictable, others rather less so.

Two reports within the past year address such dangers. The first, issued by the CDC in July 2014, used a representative sample of children and adolescents in the United States to compare actual weight with perceptions of weight.¹² The principal finding was that more than 80% of overweight boys and 70% of overweight girls misperceived their weight as “normal.” The frequency of such misperception declined as socioeconomic status rose, indicating that families with more resources were more likely to have heightened awareness of healthy weight.

A related article, published about a week later in *Preventing Chronic Disease*,¹³ also compared actual and perceived weight in a nationally representative cohort of children and adolescents. The researchers then went on to look at the correlation of these measures with attempted weight loss. As in the earlier article, a high percentage of

kids—and their parents—underestimated their weight. This group was roughly 3 times less likely to attempt weight loss than overweight kids who accurately assessed their weight.

Among the relatively small percentage of kids who overestimated their weight, the rate of attempted weight loss was more than 9 times higher than among kids who perceived their weight status accurately. This is an alarmingly high rate of “dieting” among kids who have no need to lose weight in the first place and clear cause for worry about incipient eating disorders.¹⁴

So, our disinclination to weigh our kids routinely is not sparing them our culture’s unfortunate preoccupation with weight. It is merely distorting their perspective of their own weight, what is healthy, and how to get there from here. Our kids are prone to the perils of a societal preoccupation with weight, rather than a focus on health and the lifestyle factors that support it. Eating well and being active are important regardless of weight, because they promote health. Weight is merely one among many measures that suggest something about overall health—albeit an important one.

There is an alternative to oblivobesity that does not involve obsession with weight; that does not blame the victim; that does not ostracize the overweight child; and that does not imply bathroom scales measure anything important about human worth. That alternative is a focus on health and family, love, and the long term.

Should we know whether or not our kids, or ourselves, are overweight? Of course, just as we should know—before a mechanical calamity—that the oil in our car needs changing, or our tire pressure is low. Obesity in our children, as in ourselves, is associated with a genuinely dire array of potential consequences. Avoiding these is best done with early intervention, rather than late.

As for that intervention, there will be times—at the extremes—when it will need to be clinical. But if we are constantly aware and efficiently responsive, there will not be nearly so much heavy lifting involved—and the solution can be cultural instead. Families can increase their devotion to eating well and being active, together, and thereby help a child lose weight and, more important, find health. But not alone, and not encumbered by shame or blame. Together, and because of love.

Knowledge may or may not translate into power. Obliviousness far more reliably translates into powerlessness. Parents cannot ignore the threat of obesity to our children and still hope to fix it. We can, however, fix it, without fixating on it. The BMI is just a measure of potential health risk, like a dashboard indicator light. When it flashes, it is not an indication of failure or neglect, but an invitation for corrective action before things go from bad to worse.

This readership doubtless encompasses many parents and grandparents, some of whom may well be looking over the very problem in quite intimate circumstances. We then can understand that we, too, have skin in the game.

We should consider that the wages of oblivobesity may be even higher than meets the eye, for the problem may be autocatalytic. If parental inattention fosters a rising mean

BMI among children globally, and a rising mean BMI fosters acclimation among parents to that ever higher norm, then obesity in our children becomes the new normal. This might be okay if “okay at any size” were true when viewed through the lens of epidemiology. In a world where children routinely get what used to be “adult onset” diabetes, it clearly is not.

It falls to us, then, to champion by all means at our disposal recognition, uncoupled from recrimination. If we are to end the perils of overlooking, we must propagate in its place both the denotations, and connotations, of understanding.

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