

Children who are overweight or obese are at greater risk of poor health in adolescence and also in adulthood. Among young people, orthopaedic problems and psychosocial problems such as low self-image, depression and impaired quality of life can result from overweight. Excess weight problems in childhood are associated with an increased risk of being an obese adult, at which point cardiovascular disease, diabetes, certain forms of cancer, osteoarthritis, a reduced quality of life and premature death become health concerns (Sassi, 2010; Currie *et al.*, 2012).

Evidence suggests that even if excess childhood weight is lost, adults who were obese children retain an increased risk of cardiovascular problems. And although dieting can combat obesity, children who diet are at a greater risk of putting on weight following periods of dieting. Eating disorders, symptoms of stress and postponed physical development can also be products of dieting (WHO Europe, 2009).

Among 15-year-olds in EU member states, boys tend to report excess weight more often than girls; one-in-six boys and one-in-ten girls reported being overweight or obese in 2009-10 (Figure 2.2.1). More than 15% of adolescents in southern European countries (Greece, Italy, Portugal and Spain), as well as in Croatia, Iceland, Luxembourg and Slovenia report being overweight or obese. Fewer than 10% of children in Latvia and Lithuania, as well as in Denmark, France and the Netherlands report overweight or obesity.

Boys' and girls' perceptions of having weight problems often differ from their reported weight. Among 15-year-olds, 40% of girls and 22% of boys across EU member states thought they were too fat. Further, there is also no clear association between weight problems and weight reduction behaviours, with 22% of girls and 9% of boys reporting that they engage in weight-reduction behaviour; twice the rate of girls who report being overweight or obese, but only half that of boys.

Young people who report being overweight are more likely to miss eating breakfast, are less physically active, and spend more time watching television (Currie *et al.*, 2012).

Reported rates of excess weight have increased slightly over the past decade in most EU member states (Figure 2.2.2). Average reported rates of overweight and

obesity across the EU increased between 2001-02 and 2009-10 from 11% to 13% of 15-year-olds. The largest increases during the eight year period were found in the Czech Republic, Estonia, Poland, Romania and Slovenia, all greater than 5%. Only Denmark and the United Kingdom report any significant reductions in the proportion of overweight or obese at age 15 between 2001-02 and 2009-10, although non-response rates to questions about self-reported height and weight require cautious interpretation.

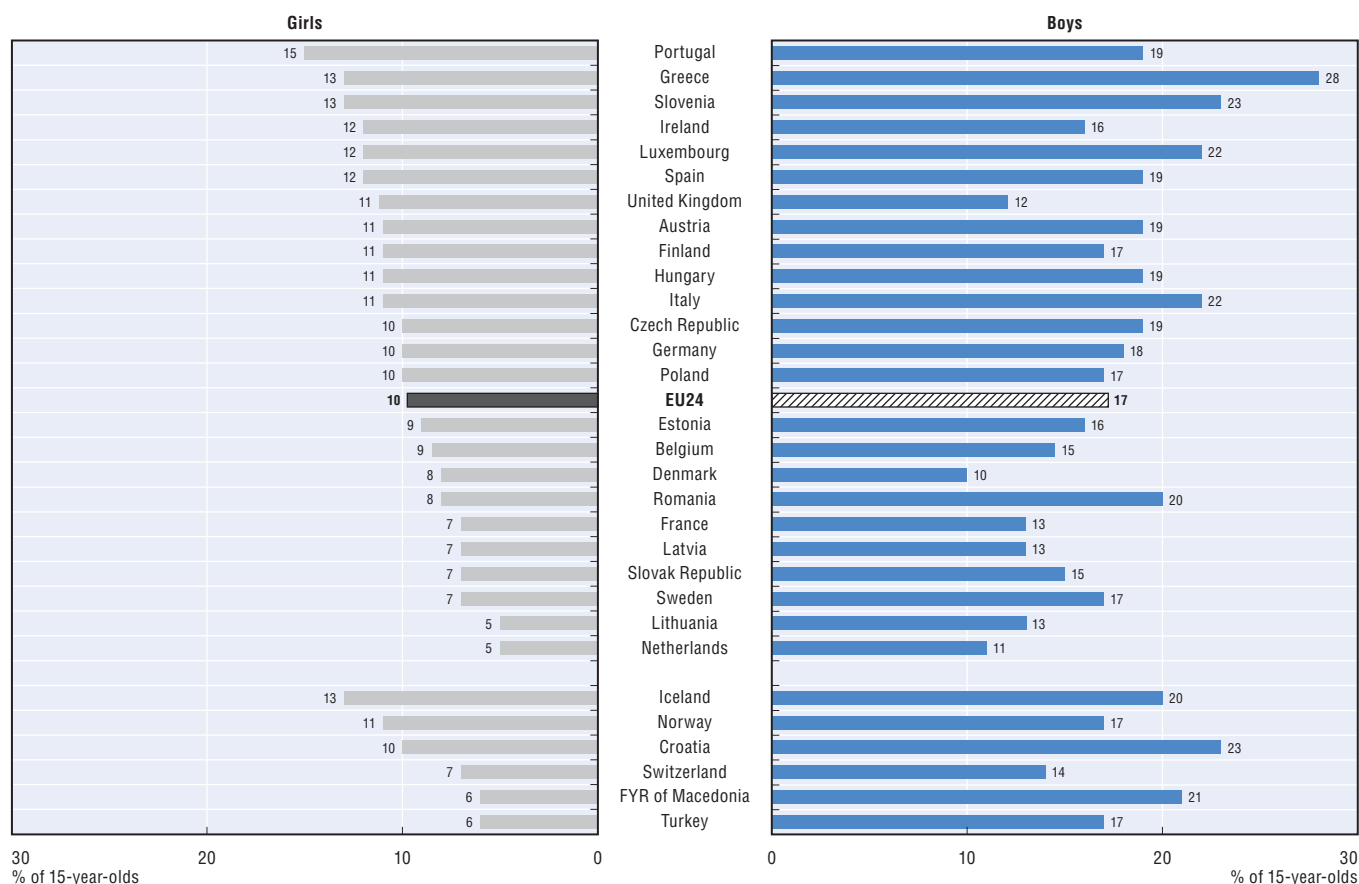
Childhood is an important period for forming healthy behaviours, and the increased focus on obesity at both national and international levels has stimulated the implementation of many community-based initiatives in European countries in recent years. Studies show that locally focused interventions, targeting children to 12 years of age can be effective in changing behaviours. Schools provide an opportunity to ensure that children understand the importance of good nutrition and physical activity, and can benefit from both. Teachers and health professionals are often involved as providers of health and nutrition activities, and the most frequent community-based initiatives target professional training, the social or physical environment and actions for parents (Bemelmans *et al.*, 2011).

### Definition and comparability

Estimates of overweight and obesity are based on body mass index (BMI) calculations using child self-reported height and weight. Overweight and obese children are those whose BMI is above a set of age- and sex-specific cut-off points (Cole *et al.*, 2000). Self-reported height and weight is subject to under-reporting, missing data and error, and requires cautious interpretation.

Data for 24 EU member states and six other countries are from the Health Behaviour in School-aged Children (HBSC) surveys undertaken between 2001-02 and 2009-10. Data are drawn from school-based samples of 1 500 in each age group (11-, 13- and 15-year-olds) in most countries.

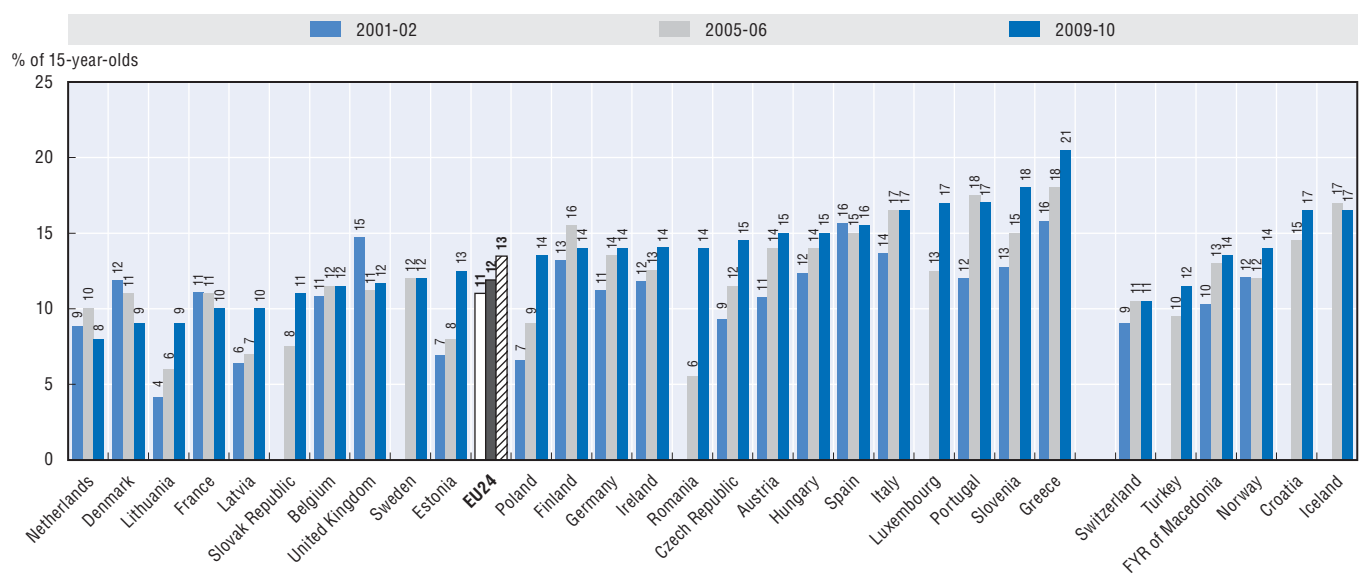
2.2.1. Reported overweight (including obesity) among 15-year-olds, 2009-10



Source: Currie et al. (2012), based on HBSC survey.

StatLink <http://dx.doi.org/10.1787/888932703829>

2.2.2. Change in reported overweight among 15-year-olds, 2001-02, 2005-06 and 2009-10



Source: Currie et al. (2004); Currie et al. (2008); Currie et al. (2012), based on HBSC surveys.

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