

4. NON-MEDICAL DETERMINANTS OF HEALTH

Overweight and obesity among children

Children who are overweight or obese are at greater risk of poor health in adolescence, as well as in adulthood. Among young people, orthopaedic problems and psychosocial problems such as low self-image, depression and impaired quality of life can result from being 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 (Lobstein, 2010; Currie et al., 2012).

Overweight (including obesity) rates based on measured (rather than self-reported) height and weight are about 24% for boys and 22% for girls, on average, in OECD countries, although rates are measured in different age groups in different countries (Figure 4.9). Boys tend to carry excess weight more often than girls, with the largest gender differences observed in China, Denmark, Iceland, Korea and Poland. In contrast, Ireland and South Africa show larger overweight rates among girls. More than one in three children are overweight in Brazil, Chile, Greece, Italy, Mexico, New Zealand, United Kingdom (England) and the United States, and about one in three boys in Spain, and one in three girls in Portugal.

Child obesity has increased in the past few decades worldwide and seems to be stabilising in high-income countries (Ng et al., 2014; Lobstein et al., 2015). Self-reported overweight rates (including obesity) across OECD countries slightly increased between 2001-02 and 2009-10 from 13% to 15% in 15-year-olds (Figure 4.10). The largest increases during this period were in the Czech Republic, Estonia, Poland and Slovenia, all greater than 5%. Significant reductions in the proportion of overweight or obese children at age 15 were only observed in Denmark and the United Kingdom between 2001-02 and 2009-10, although non-response rates to questions about self-reported height and weight may bias the results downward.

Childhood is an important period for forming healthy behaviours, and the increased focus on obesity has stimulated the implementation of many community-based initiatives in OECD countries in recent years. Studies show that locally focussed interventions, targeting children up to 12 years of age can be effective in changing behaviours. Schools provide opportunities 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 education, 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 either measured or self-reported height and weight, the latter possibly under-estimating obesity and overweight. Overweight and obese children are those whose BMI is above a set of age- and sex-specific cut-off points (Cole et al., 2000).

Measured data are gathered by the World Obesity Federation (WOF, former IASO) from different national studies, except for Germany (data come from the 2003-06 KIGGS survey) and Korea (based on the 2013 KNHANES survey). The estimates are based on national surveys of measured height and weight among children at various ages. Caution is therefore needed in comparing rates across countries. Definitions of overweight and obesity among children may sometimes vary among countries, although whenever possible the IOTF BMI cut-off points are used.

Self-reported data 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. Self-reported height and weight are subject to under-reporting, missing data and error, and require cautious interpretation.

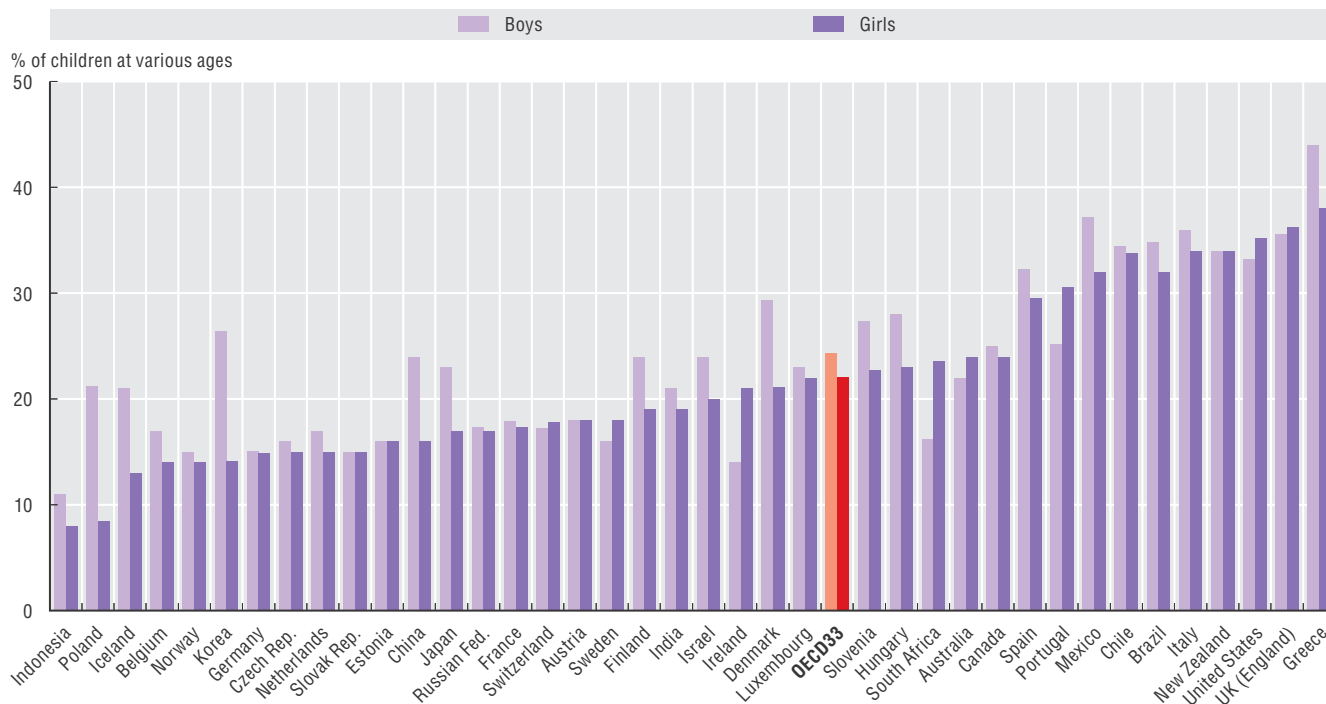
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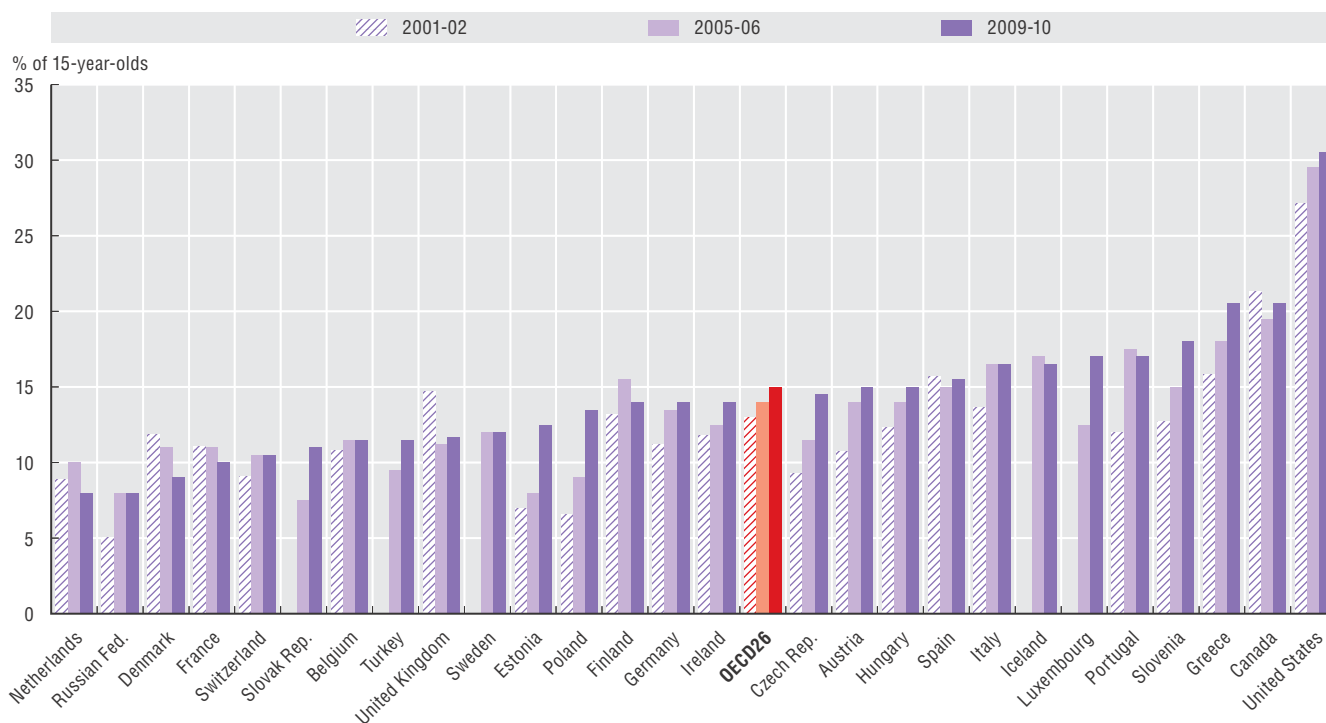
4.9. Measured overweight (including obesity) among children, 2013 (or nearest year)



Source: World Obesity Federation (2015), KIGGS (2003-06) for Germany and KNHANES (2013) for Korea.

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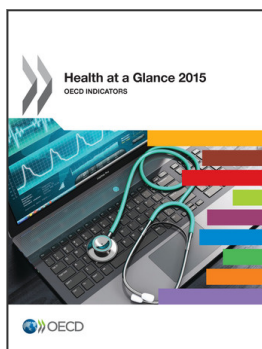
4.10. Change in self-reported overweight among 15-year-olds, 2001-02, 2005-06 and 2009-10



Source: Currie et al. (2004); Currie et al. (2008); Currie et al. (2012).

StatLink <http://dx.doi.org/10.1787/888933280866>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



From:
Health at a Glance 2015
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2015-en

Please cite this chapter as:

OECD (2015), "Overweight and obesity among children", in *Health at a Glance 2015: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2015-20-en

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