

## OBESITY AMONG CHILDREN

Children who are overweight or obese are at a greater risk of poor health in adolescence as well as in adulthood. Obesity among children is also often related to psychosocial problems such as poor self-esteem, bullying at school, underachievement at school, eating disorders, and depression, leading to health and economic problems in adulthood.

Nearly one in eight children aged 7-8 is obese on average in EU countries (Figure 4.15) (WHO Europe, 2018). Cyprus, Italy, Greece, Malta and Spain show the highest obesity rates in 7-8 year olds. The lowest child obesity rates are in the Czech Republic, Denmark, France, Ireland and Latvia. The obesity rate among children aged 7-8 has in fact shown signs of decrease in several EU countries between 2007-08 and 2015-17. This decrease has been particularly strong in Greece, Italy, Portugal and Slovenia, although child obesity rates in Greece and Italy still remain relatively high.

On average across 23 EU countries, 14% of boys and 10% of girls aged 7-8 year olds are obese, according to the COSI study (Figure 4.16). Boys tend to carry excess weight more often than girls, with the largest gender differences observed in Austria, Italy, Greece and Romania (about 6-7 percentage points). In particular, more than one in five boys is obese in Cyprus, Greece, and Italy.

The WHO European Food and Nutrition Action Plan 2016-2020 was adopted by the WHO Regional Committee for Europe in 2014. Specific policy options in this action plan include stronger restrictions on the marketing of foods high in saturated fat, sugars and salt to children, the promotion of better labelling on the front of food packages, and strict standards for the foods available in schools. Using a life-course approach, the actions range from the protection and promotion of exclusive breastfeeding, to the improvement of the baby food market landscape, to the increase of intake of fruit and vegetable (WHO Europe, 2017).

The EU Action Plan on Childhood Obesity 2014-20 aims to halt the rise in overweight and obesity in children and young people by 2020. It is based on several key areas for action, including the support of a healthy start in life and promoting healthier environments, especially in schools and pre-schools (e.g. limiting exposure to less healthy food options and ensuring access to free drinking water) (European Commission, 2014). A mid-term evaluation report on its implementation will be delivered in the second half of 2018.

The Joint Action on Nutrition and Physical Activity (JANPA), run from 2015 to 2017, was a direct contributor to this action plan, notably by using the economic evaluation of the cost of obesity to encourage public actions, and by identifying multilevel, multi-sectorial and life-course approaches for preventing obesity, sedentary lifestyle and unhealthy nutrition (JANPA, 2017).

Another focus of action is through improving the availability of healthy food in schools through better

public procurement based on nutritional food quality standards (European Commission, 2017).

In the area of food marketing, the revised Audiovisual Media Services Directive allows the Commission and the Member States to continue working together with stakeholders to develop voluntary codes of conduct to reduce the exposure of children to aggressive marketing of foods high in fat, sugar or salt (European Commission, 2018). In 2018, a project started to measure children's exposure to food marketing especially in the digital sphere.

### Definition and comparability

Estimates of obesity are based on body mass index (BMI) calculations using measured height and weight. Obese children are defined as those with a BMI above the WHO age- and sex-specific cut-off points (de Onis et al, 2017).

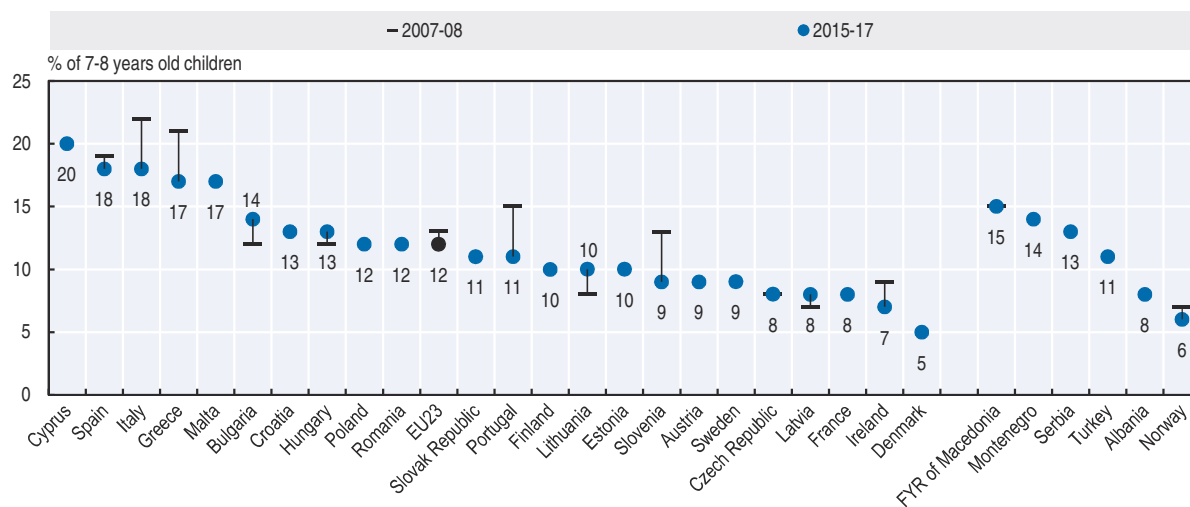
Measured data on height and weight are collected by the WHO Childhood Obesity Surveillance Initiative (COSI), which has monitored trends in overweight and obesity among primary-school-aged children for over 10 years (WHO, 2018).

Data refer to children aged 7 years old in most countries, except in Albania, Austria, Croatia, France, Italy, Norway, Poland, Romania and Sweden, where children are aged 8.

### References


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- WHO Europe (2017), European Food and Nutrition Action Plan 2015-2020, WHO Regional Office for Europe, Copenhagen, [www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/253727/64wd14e\\_FoodNutAP\\_140426.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/253727/64wd14e_FoodNutAP_140426.pdf).

#### 4.15. Changes in obesity rates among children aged 7-8 years old, 2007-08 (or nearest year) and 2015-17

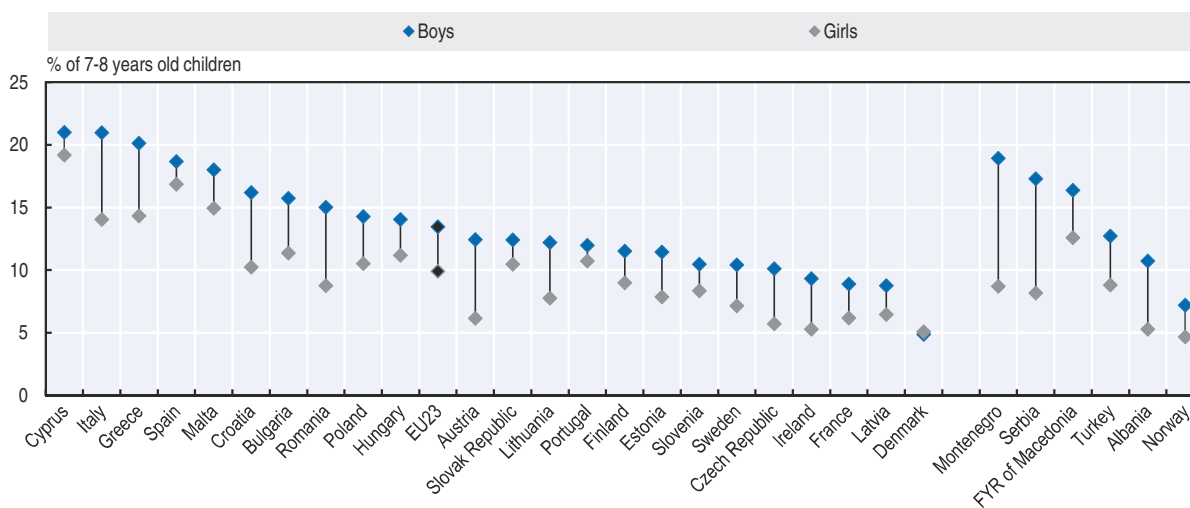


Note: The EU average is not weighted by country population size.

Source: WHO-Europe (Children Obesity Surveillance Initiative).

StatLink  <http://dx.doi.org/10.1787/888933835212>

#### 4.16. Obesity among children aged 7-8 years old, by gender, 2015-17



Note: The EU average is not weighted by country population size.

Source: WHO-Europe (Children Obesity Surveillance Initiative).

StatLink  <http://dx.doi.org/10.1787/888933835231>



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