Children who are overweight or obese are at a greater risk of poor health in adolescence as well as in adulthood. Among young people, psychosocial problems such as poor self-esteem, eating disorders and depression can result from being obese. Excess weight problems in childhood are associated with an increased risk of being an obese adult, at which point cardiovascular disease, as well as pulmonary and musculoskeletal complications, become health concerns (Inchley et al., 2016).

Overweight (including obesity) rates based on measured (rather than self-reported) height and weight are about 23% for boys and 21% for girls, on average, in EU countries, although rates are measured in different age groups in different countries (Figure 4.10). Boys tend to carry excess weight more often than girls, with the largest gender differences observed in Denmark and Iceland (8 percentage points), as well as in Poland (12 percentage points). In contrast, the United Kingdom (England), Ireland, Portugal and Sweden, as well as Switzerland and Turkey show larger overweight rates among girls, the largest differences being in Sweden (8 percentage points) and Ireland (7 percentage points). More than one in four children are overweight in Austria, Hungary, Portugal, and more than one in three in Greece and Italy.

In complement, overweight rates can be derived from self-reported height and weight. Self-reported measures tend to underestimate obesity and overweight. According to the Health Behaviour in School-based Children survey, 21% of boys and 12% of girls are overweight in 2013-14 on average across EU countries, with a range from 12% in Denmark to 30% in Malta (Figure 4.11).

Trends in child obesity have been increasing in the past few decades worldwide (Lobstein et al., 2015). The average of self-reported overweight rates (including obesity) across EU countries increased between 2001-02 and 2013-14 from 11% to 18% in 15-year-olds (Figure 4.12). The largest increases during this period were in Bulgaria, Greece and Malta, where the rates now reach between 20% and 30%. There was also a marked increase in the Czech Republic, Estonia, Ireland, Latvia, Poland, Romania, Slovenia and Sweden with the rate now reaching between 15% and 20%. The proportion of overweight or obese children at age 15 remained relatively unchanged in Denmark between 2001-02 and 2013-14, while the increase in Austria, France, the United Kingdom (England) was somewhat more modest than in other countries.

The *EU Action Plan on Childhood Obesity 2014-2020* aims to halt the rise in overweight and obesity in children and young people aged 0 to 18 years old by 2020. It is based on several key areas for action, including the support of a healthy start in life, promoting healthier environments, especially in schools and pre-schools (limiting exposure to less healthy food options, access to free drinking water) and increasing research (improvement of systematic data collection and proper dissemination of findings) (European Commission, 2014). The Joint Action on Nutrition and Physical Activity is a direct contributor to this plan. Its goals include forecasting the economic costs of overweight and obesity, improving the implementation of interventions to promote health nutrition and physical activity for pregnant women and families with young children, and increasing the use of nutritional information of foods by public health authorities, stakeholders and families (European Commission, 2015).

Definition and comparability

Estimates of overweight and obesity are based on body mass index (BMI) calculations using either measured or child 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. 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 2013-14. 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 is subject to under-reporting, missing data and error, and requires cautious interpretation.

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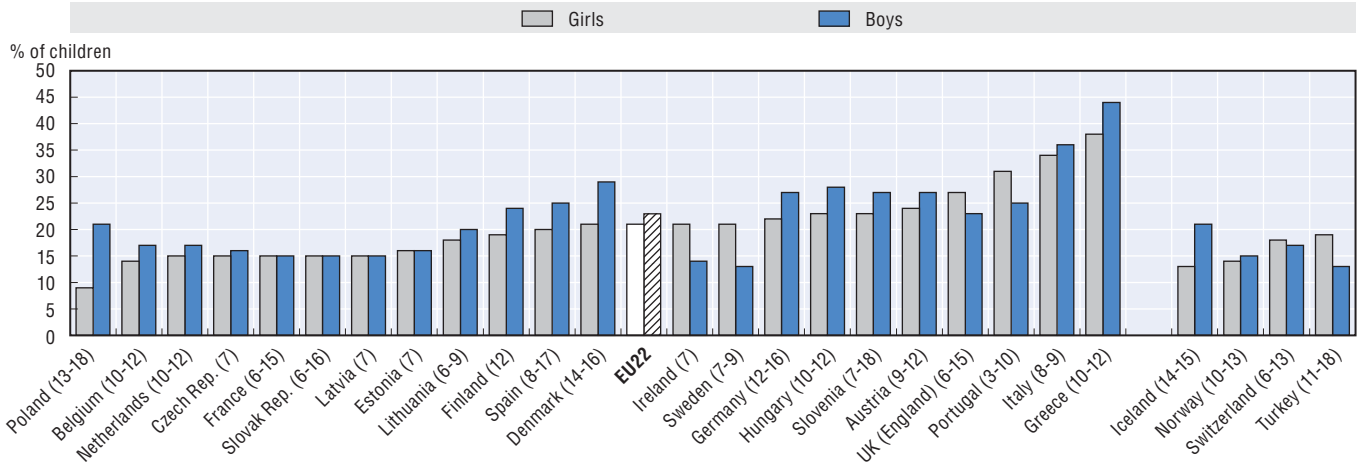
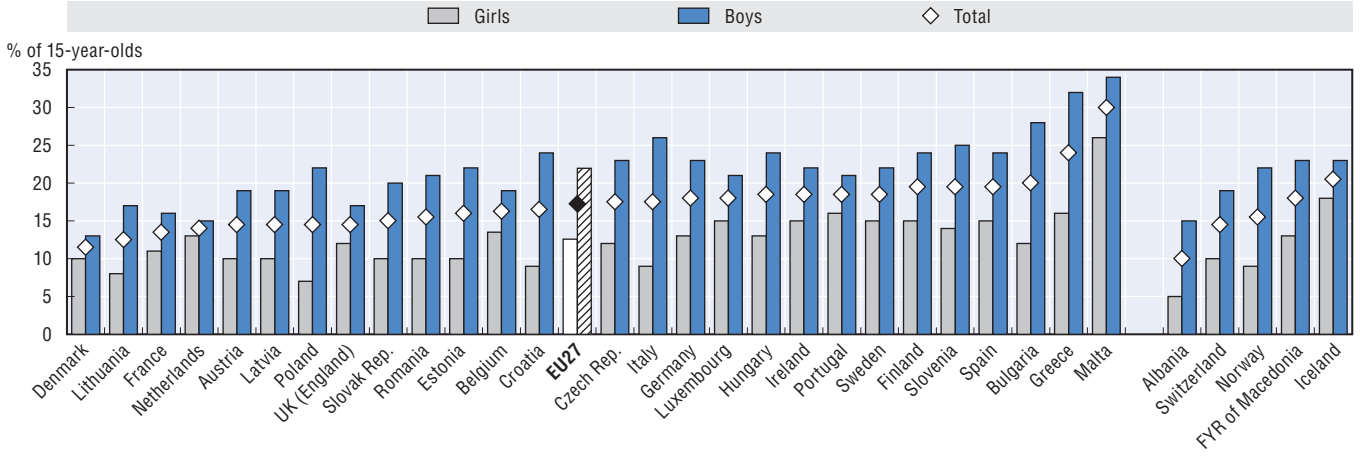
4.10. Measured overweight (including obesity) among children at various ages, 2010 (or latest year)



Note: The numbers in parentheses refer to the age of the children surveyed in each country.
Source: International Association for the Study of Obesity, 2013; World Obesity Forum, 2016.

StatLink http://dx.doi.org/10.1787/888933429010

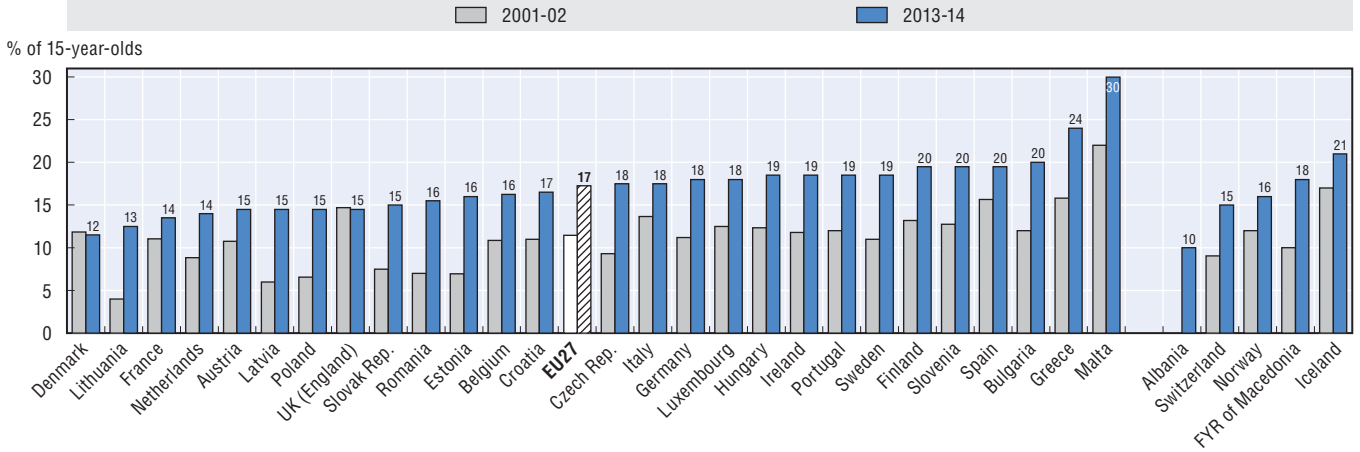
4.11. Self-reported overweight (including obesity) among 15-year-olds, 2013-14



Source: Inchley et al. (2016).

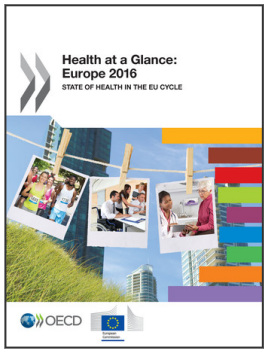
StatLink http://dx.doi.org/10.1787/888933429021

4.12. Change in self-reported overweight among 15-year-olds, 2001-02 and 2013-14



Note: For the Slovak Republic, Romania, Luxembourg, Bulgaria and Iceland, the first data point refers to 2005-06 rather than 2001-02.
Source: Currie, C. et al. (2004); Currie, C. et al. (2008); Currie, C. et al. (2012), Inchley et al. (2016).

StatLink http://dx.doi.org/10.1787/888933429032



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