

Children who are overweight or obese are at greater risk of poor health in adolescence and also in adulthood. Being overweight in childhood increases the risk of developing cardiovascular disease or diabetes, as well as related social and mental health problems. Excess weight problems in childhood are associated with an increased risk of being an obese adult, at which point certain forms of cancer, osteoarthritis, a reduced quality of life and premature death can be added to the list of health concerns (OECD, 2010c; Currie *et al.*, 2008).

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.

Across most EU countries, one in seven children are overweight or obese (Figure 2.4.1). Aggregate figures for 2005-06 show that nearly one in five children in southern European countries (Malta, Greece, Portugal, Italy and Spain), are overweight or obese. Fewer than one in ten children in selected eastern European countries (Lithuania, Latvia, the Slovak Republic and Estonia) as well as in the Netherlands, Switzerland and Denmark are overweight or obese.

There is no clear association between weight problems and weight reduction behaviours at the national level. In most countries, the number of children who say that they are trying to lose weight is greater than the number with excess weight problems. Generally, countries where few children report excess weight problems also report weight reduction behaviours close to the EU average. Many of the countries with the highest rates of overweight and obese children have similar levels of weight reduction behaviour, each around the EU average of 13%.

There are important differences among children with excess weight problems, according to their age. In some countries older children have more excess weight than younger children, for other countries the opposite is true. A number, including the Netherlands, Norway, Sweden, Iceland and Switzerland, report increases in overweight and obesity rates for both boys and girls as children get older.

Rates of overweight and obesity among boys and girls are increasing across the European Union (Chart 2.4.2). Average reported rates of overweight and

obesity increased between 2001-02 and 2005-06 from 12% to 16% for 15-year-old boys, and from 7% to 9% for girls. Between 2001-02 and 2005-06, every surveyed country reported an increase in overweight or obesity for boys aged 15. The largest increases during the four year period were found in Austria, Lithuania and Poland. A similar pattern of increases is seen for girls, with rates in Portugal and Germany almost doubling. Only Ireland, Norway and the United Kingdom report reductions in the proportion of overweight or obese girls at age 15 between 2001-02 and 2005-06. However, because non-response rates to questions of self-reported height and weight were high in these countries, cautious interpretation is required.

Childhood is an important period for forming healthy behaviours. Schools provide an opportunity to ensure that children understand the importance of good nutrition and physical activity, and can benefit from both. Studies show that locally focussed actions and interventions, targeting 0-12 year-olds can be effective in changing behaviours.

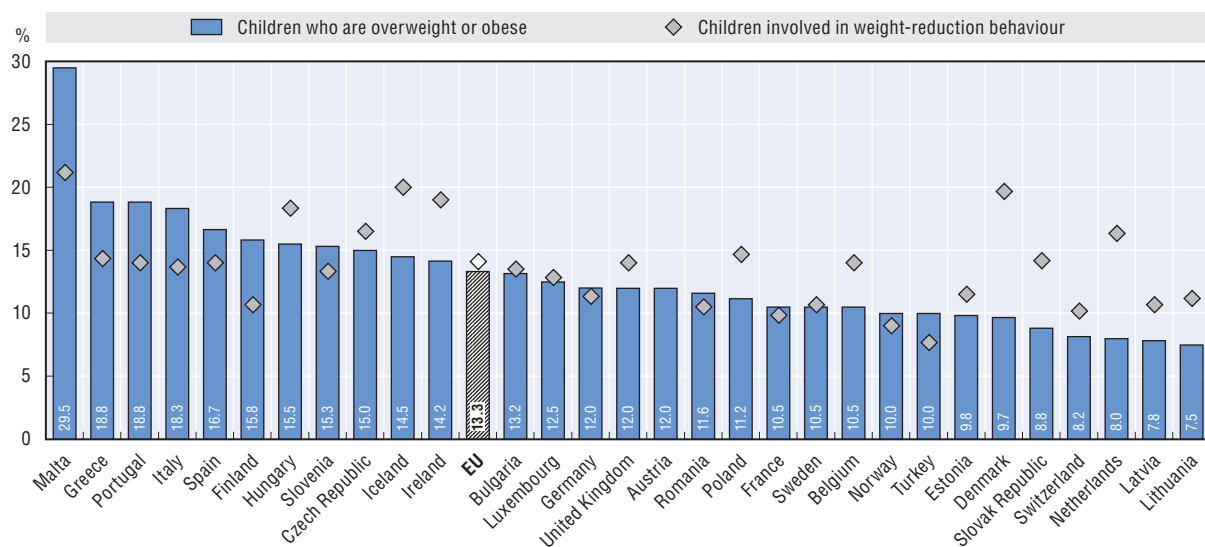
### Definition and deviations

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). Data on weight reduction record children who report being on a diet or doing something else to lose weight.

Indicators are taken from the Health Behaviour in School-aged Children Surveys in 2001-02 and 2005-06. Aggregate country estimates are crude rates of overweight and obese 11-, 13- and 15-year-olds in each country. Some countries report regional data only. Data are drawn from school-based samples.

Self-reported height and weight is subject to under-reporting and error, and requires cautious interpretation. In the 2005-06 survey, England and Norway have missing data for over 30% of respondents for 11-year-olds. The same is true for England, Ireland and Belgium for 13-year-olds, and in England and Ireland for 15-year-olds. In 2001-02, BMI data are missing for over 30% of respondents in Ireland.

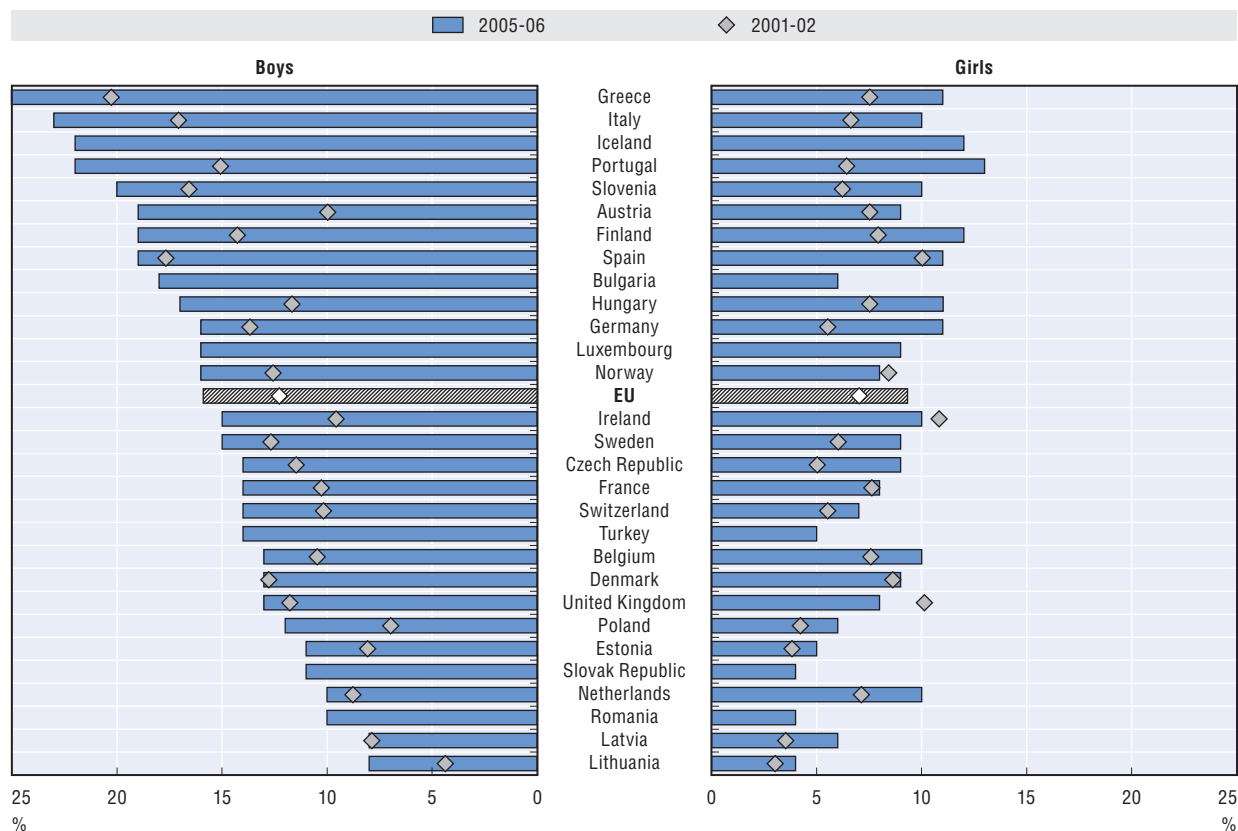
### 2.4.1. Children aged 11-15 years who are overweight or obese, and children who are involved in weight-reduction behaviour, 2005-06



Source: Currie et al. (2004, 2008).

StatLink <http://dx.doi.org/10.1787/888932336407>

### 2.4.2. Change in obesity rates between 2001-02 and 2005-06, for 15-year-old boys and girls



Source: Currie et al. (2004, 2008).

StatLink <http://dx.doi.org/10.1787/888932336426>



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