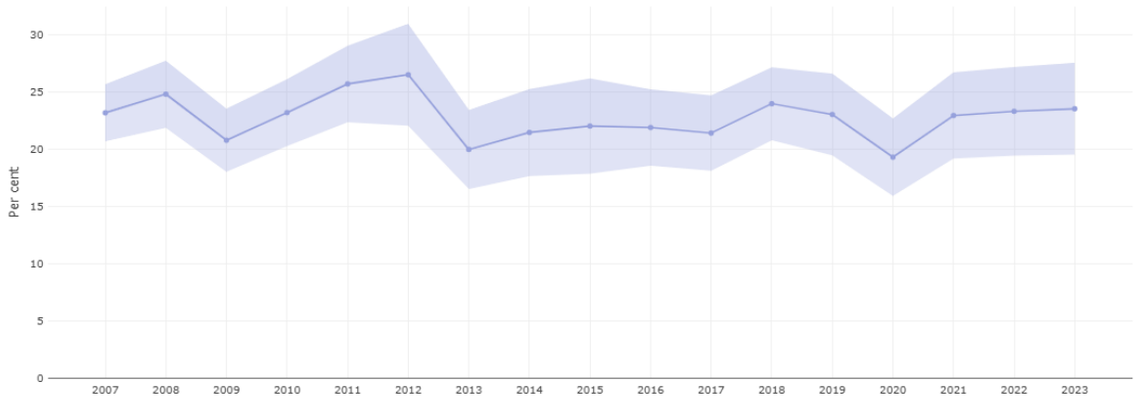
https://www.healthstats.nsw.gov.au/r/111282

Overweight and obesity in children

Boys and girls



Source:
NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Measure: Per cent

Compare: Sex, Period

Sex	Period	Per cent	LL 95% CI	UL 95% CI
Boys and girls	2023	23.5	19.5	27.6
	2022	23.3	19.4	27.2
	2021	23.0	19.2	26.7
	2020	19.3	15.9	22.7
	2019	23.0	19.5	26.6
	2018	24.0	20.8	27.2
	2017	21.4	18.1	24.7
	2016	21.9	18.6	25.3
	2015	22.0	17.9	26.2
	2014	21.5	17.7	25.3
	2013	20.0	16.5	23.4
	2012	26.5	22.1	31.0
	2011	25.7	22.4	29.0
	2010	23.2	20.3	26.1
	2009	20.8	18.0	23.5
	2008	24.8	21.9	27.7
	2007	23.2	20.7	25.7

Source:
NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Commentary: What can we learn from this data?

In 2018, overweight (including obesity) was the second leading risk factor contributing to the burden of disease in Australia (AIHW, 2021). The risk of developing chronic disorders increases with increasing body mass index (BMI) (Keramat et al 2021; Nyberg et al 2020).

The percentage of children living with overweight or obesity has been relatively stable in NSW over the last 10 years, with 24% of children aged 5-16 years in 2023 being overweight or obese.

In NSW in the combined years 2021-2023, the percentage of children aged 5-16 years who were overweight or obese was higher in those living in most disadvantaged areas (34%) compared to those living in the least disadvantaged areas (14%).

The difference between least and most disadvantaged areas has widened, particularly among boys. In 2021-2023, 14% of boys were reported as overweight and obese, compared to 43% in the most disadvantaged areas. Five years prior, in 2016-2018, 17% of boys were reported as overweight and obese, compared to 31% in the most disadvantaged areas.

Other indicators available on HealthStats NSW related to this topic include:

- Overweight and obesity in adults
- Body mass index by category

Notes: What are the technical details of this data?

Sources

NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Description of NSW Population Health Survey

For additional details see https://www.health.nsw.gov.au/surveys/adult/Pages/default.aspx.

Definition

Body Mass Index (BMI) is calculated as follows: BMI = weight (kg)/height $(m)^2$.

For 18 years and over, the BMI scores are underweight (BMI under 18.5), healthy weight (BMI from 18.5 to 24.9), overweight (BMI from 25 to 29.9), obesity class I (BMI from 30 to 34.9), obesity class II (BMI from 35.0 to 39.9), and obesity class III (BMI of 40 and over).

For children and adolescents, the same categories are used but are linked to international cut off points defined by age and sex to pass through a BMI of 16, 17, and 18.5 for underweight, 25 for overweight, and 30 for obesity at age 18 years (Cole et al. 2000; Cole et al. 2007).

The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week's time?

Source: https://www.health.nsw.gov.au/surveys/adult/Documents/questionnaire-2023.pdf

Details about body mass index categories in children

Details about monitoring body weight

Inclusions & Exclusions

Children aged 5 to 16 years were included.

In 2023, there were 1,108 respondents to this question. Details of respondents over time for this indicator are available here.

Statistical Methods

The indicator shows parent-reported data collected through Computer Assisted Telephone Interviewing (CATI).

In order to address diminishing coverage of the population by landline telephone numbers (<85% since 2010), a mobile phone number sampling frame was introduced into the 2012 survey. Between 2012 and 2019, the mobile phone number sampling frame made up approximately 30% of the sampling frame. From 2021, the survey is solely using a mobile phone number based sampling frame.

Estimates were weighted to adjust for differences in the probability of selection among respondents and were benchmarked to the estimated residential population using the latest available Australian Bureau of Statistics mid-year population estimates.

Dimensions/Variables

Local Health Districts (LHDs) are health administrative areas constituted under Section 17 of the NSW Health Services Act 1997 which became effective from January 2011 and were initially called Local Health Networks.

Postal Areas (POAs) were grouped according to the Australian Statistical Geographical Standard (ASGS) remoteness categories on the basis of Accessibility/Remoteness Index for Australia (ARIA version) score. Data prior to 2016 are based on the 2011 ARIA version and data for 2016 and onwards are based on the 2016 ARIA version.

Quintiles of socioeconomic status (Index of Relative Socioeconomic Disadvantage) based on the Australian Bureau of Statistics' Socio-Economic Indexes for Areas were allocated based on Postal Area of residence.

NSW Regional health areas in NSW are defined on the basis of Local Health District (LHD) geographic areas. Details of classification are available here.

Description of Local Health District

Description of Remoteness Measures

Description of Socio-Economic Indexes for Areas (SEIFA)