

## Prevalence of overweight in Hunter primary school children – a pilot study

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Australian children and adolescents are getting fatter. When the 2000 International Obesity Task Force BMI for age cut points (2) were applied to two national data sets collected 10 years apart (1985–1995), the prevalence of overweight in Australian children aged 7–15 years had almost doubled, whilst the prevalence of obesity had tripled (1). This suggests that overweight and obesity levels are increasing in Australian children.

Students were recruited from four Hunter primary schools of varying socio-economic status (SES) (2-low SES, 1-high SES, 1-mod SES). Anthropometric data was obtained from children who had parental consent to participate in the survey. The study was approved by the Hunter Area Health Service, the University of Newcastle and the NSW Department of Education Ethics Committees. Children were categorised, using the BMI cut-points as either at a Healthy Weight (equivalent to an adult BMI  $\leq 25$ ), 'At Risk' of becoming overweight (equivalent to an adult BMI  $>25$  to  $<30$ ) or Overweight (equivalent to an adult BMI  $\geq 30$ ).

Of the 917 children who received an invitation to participate in the study, 290 children were weighed and measured. The average response rate across the schools was 31.6%. Of these 69% were identified as being in the healthy weight range, 19% in the 'at risk' group and 12% in the overweight group. The proportion of children in each category was not different across the four schools. The trends observed in this study suggest that childhood overweight and obesity in the 4 Hunter schools included in the study are similar to national statistics. However, due to the low consent rate of parents, it is difficult to determine if the children measured are truly representative of the schools' populations, therefore results cannot be generalised.

In conclusion, further studies are needed in the Hunter region to determine the true prevalence of overweight and obesity in school children. Methods of approaching parents and children need to address the low response rate for future prevalence estimates.

### References

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