



## 6. Children Aged 5-12



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One of the most worrying health trends over the last 10 years has been the increase in the proportion of obese and overweight children. This is the result of changes in the way children live today. In order to address this problem and prevent a proportion of these children becoming obese adults, a change in the balance between food intake and energy expenditure needs to occur.

### 6.1 Promoting a healthy weight

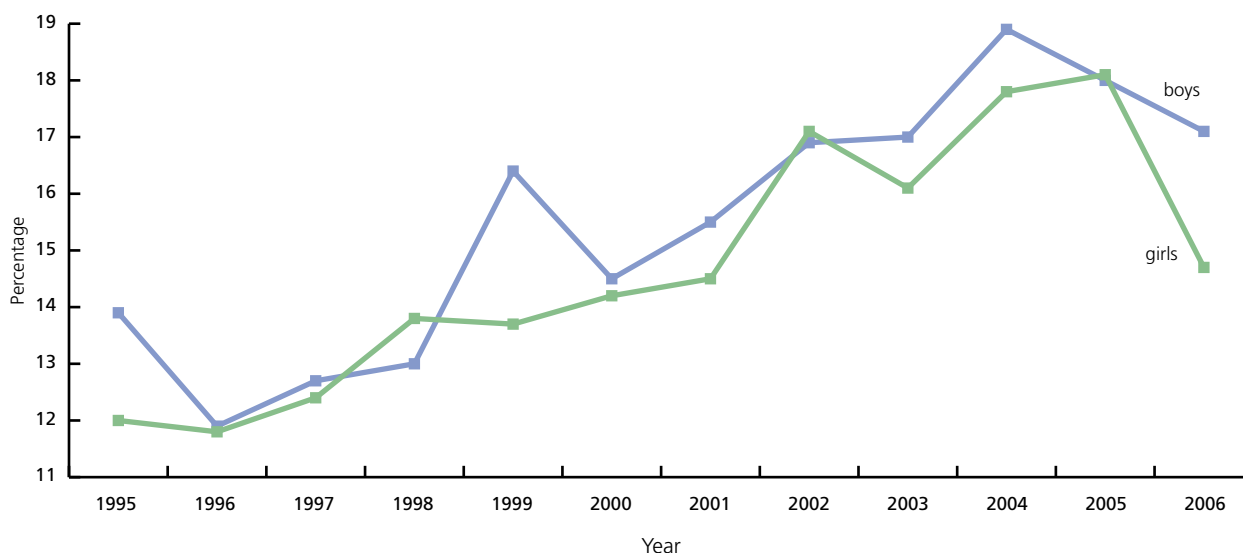
Rates of obesity and overweight have increased sharply in the UK since the mid-1980s and are projected to continue to rise. Almost two-thirds of adults and a third of children are either overweight or obese. The Foresight report (Government Office for Science, 2007) indicated that without clear action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050.

People who are obese or overweight have an increased risk of a wide range of serious diseases and health consequences including heart disease, stroke, cancer and diabetes. Increasing rates of obesity are creating a future of rising chronic disease and long-term ill health which will curtail life prematurely, cause long-term incapacity, reduce quality of life and consume increasing amounts of healthcare resources.

The evidence from Foresight suggests that the causes and determinants of obesity are broad-ranging and involve complex interactions of cultural, social, environmental and lifestyle factors.

The most recent figures (2006) show that, among children aged two to 15, almost one-third (29.7%) are overweight or obese. Figure 6.1 shows that among children aged two to 15, approximately one-sixth are obese (16%).

**Figure 6.1: Obesity trends among children aged 2-15, England, by sex, 1995-2006**



Source: Health Survey for England, 2006



There are social group differences in obesity among children with 12.4% in managerial and professional households classified as obese, compared with 17.1% in semi-routine households.

It has been estimated that if current trends continue, one-fifth of children aged two to 10 years will be obese by 2010 and about 25% of all children under 16 could be obese by 2050.

“Healthy Weight, Healthy Lives: A cross-government strategy for England” (Department of Health and Department of Children, Schools and Families, 2008) sets out a clear ambition for promoting healthy weight, particularly in children, with the aim of reducing the proportion of overweight and obese children to 2000 levels by 2020. The strategy emphasises the early prevention of weight problems to avoid the ‘conveyor-belt’ effect into adulthood.

Most evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in eating patterns.

Recent work by Foresight (2007) suggests a multitude of factors influencing food consumption and physical activity including genetics, psychological, cultural and behavioural factors. Tackling the causes of excess weight is complex and multi-faceted involving individuals, the communities, industry and the government. However, the evidence on what works effectively is less well-developed.

Based on the latest evidence from the National Institute of Health and Clinical Excellence (2006 and 2008) and the Foresight report (2007), the government hopes to target five main policy areas to tackle excess weight: to promote children’s health; to promote healthy food; to build physical activity into our lives; to support health at work and provide incentives more widely to promote health, and to provide effective treatment and support when people become overweight or obese.

The National Child Measurement Programme (NCMP) introduced in 2005 provides some data about prevalence of overweight and obesity in children in Reception (four to five year-olds) and Year 6 (10-11 year-olds).

Table 6.1 shows the prevalence of obese and overweight children by year and gender. The percentage of boys and girls in both year groups who are overweight in Devon is very similar to the England figures – however, the percentage of children who are obese in Devon is lower than the England figures. The prevalence of obesity and overweight is higher in boys than girls in both age groups in Devon, mirroring the national picture.

**Table 6.1: Prevalence of obese and overweight children by year and gender, in Devon and England, 2007-2008**

		% overweight	% obese
Reception Class	Boys	13.6%	8.8%
England average		13.6%	10.4%
Reception Class	Girls	12.0%	7.3%
England average		12.3%	8.8%
Year 6	Boys	13.8%	15.9%
England average		14.4%	20.0%
Year 6	Girls	13.8%	12.2%
England average		14.2%	16.6%

(Source: National Child Measurement Programme: 2007-08, Devon Primary Care Trust)

Future trends make it clear that without effective action, almost two-thirds of children could be overweight or obese by 2050. The government strategy recommends early prevention of weight problems to avoid the ‘conveyor-belt’ effect into adulthood. It recommends looking at preventing overweight and obesity in children by focusing on the following life stages: pre-conception and antenatal care; breastfeeding and infant nutrition; early years and schools.

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### References

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National Institute for Health and Clinical Excellence (2006). Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. NICE clinical guidelines 43. London

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### 6.2 Improving levels of physical activity

Regular physical activity is central to leading a healthy life. It can prevent disease, promote and maintain physical and mental health, and has clear social benefits.

The Chief Medical Officer described regular physical activity as the ‘best buy’ in public health and recommends that to benefit health, adults should take part in half an hour of moderate level activity on five or more days a week and children should take part in an hour a day. In addition, there are specific recommendations to ensure the maintenance of bone health, strength and flexibility.

Estimates based on the “National Programme Budget Project” suggest that physical inactivity could be costing Devon Primary Care Trust as much as £10,909,480 per annum in primary and secondary care costs (Department of Health, 2009).

#### Adults

According to the “Health Survey for England” (2006), 40% of men and 28% of women report achieving the recommended levels of physical activity - an increase over the figures reported in 1997 (men 32%, women 21%). Males are more active than females at all ages and participation declines with age. Between the ages of 65 and 74 years, only 17% of men and 13% of women report achieving the recommendations and this level drops further to 8% of men and 3% of women aged over 75 years.

There is a lack of awareness of the recommended levels of physical activity, with 69% of men and 68% of women either under-estimating or being unaware of the correct recommendations (The Health and Social Care Information Centre, 2009).

Over two-thirds of adults would like to be more physically active, but work commitments and lack of leisure time are identified as the main barriers to achieving this outcome. Women are more interested in being more physically active at all ages than men, with the biggest difference in the 16-24 age range (The Health and Social Care Information Centre, 2009).



## Children and young people

The Health Survey for England 2006 showed that more boys (72%) than girls (63%) reported achieving the recommendations. For girls, the percentage declined from the age of nine years and, by the age of 15 years, only 66% of boys and 47% of girls reported being active at the recommended level.

Objectively-measured data collected in a regional study found that the vast majority of 11 year-olds are not active at the recommended levels. The data suggested that only 5.1% of boys and 0.4% of girls took part in more than 60 minutes of moderate to vigorous level activity every day. Those surveyed were most active in the summer and least active in the winter (Riddoch et al, 2007).

As with adults, there is a lack of awareness of the recommended levels of activity with only 10% of children aged 11-15 thinking that they should be physically active for an hour a day at a moderate level. A further 8% of boys and 3% of girls overestimated the minimum recommendation.

Girls were more likely than boys to want to do more physical activity at all ages - 74% of girls aged 11-15 compared to 61% of boys (The Health and Social Care Information Centre, 2009).

There is clear evidence to support the health benefits of regular physical activity; however, further research is required to establish the type of interventions that increase commitment in the longer term.

Regular physical activity can reduce the risk of developing cardiovascular and coronary heart disease; type 2 diabetes; musculoskeletal disorders such as osteoporosis; stroke, obesity and certain cancers, by up to 50% (Department of Health, 2004).

The National Institute for Health and Clinical Excellence (NICE) has produced a series of recommendations (based on the evidence available) to support organisations and individuals in increasing participation in regular physical activity:

- Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings (NICE Public Health Guidance, January 2009).
- Four commonly used methods to increase physical activity: brief interventions in primary

care; exercise referral schemes; pedometers and community based exercise programmes for walking and cycling (NICE, March 2006).

- Physical activity and the environment: guidance on the promotion and creation of physical environments that support increased levels of physical activity.

Sport England has committed to carrying out a survey of participation in physical activity every two years. The survey, "Active People", provides an indication of participation but does not include all types of physical activity.

Participation is defined as taking part on at least three days a week in moderate intensity sport and active recreation (at least 12 days in the last four weeks) for at least 30 minutes continuously in any one session. The activities included will be expanded in 2009 to include dance, active commuting, gardening and active conservation.

The "Active People Survey" has shown an increase in participation in the Devon County Council area from 22% in the first year (October 2005-06) to 24% in the second survey (October 2007-08). The first survey completed a sample of 1000 people per Local Authority and the second 500 people per Local Authority.

The South West has the highest proportion of children meeting the recommendations in the country, with boys at 81% and girls at 75%.

In summary, the large majority of people are not sufficiently active to benefit their health but there is considerable desire on the part of adults and children, particularly women and girls, to be more active. Awareness of the level of activity needed to maintain and promote health is limited; however, the National Institute for Health and Clinical Excellence provides detailed guidance on the action needed to address these issues.

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### References

Department of Health (2009). *Be Active, Be Healthy*. London: Department of Health

Department of Health (2004). *At least five a week: evidence on the impact of physical activity and its relationship with health*. London: Department of Health

Riddoch, C. J., Mattock, C., Deere, K. et al (2007). Objective measurement of levels and patterns of physical activity. *Archives of Disease in Childhood* 92: 963-969

The Health and Social Care Information Centre (2009). *Statistics on obesity, physical activity and diet*.

### Recommendations

- 6.1 To provide women of childbearing age with advice before conception and during the first 12 weeks on the importance of a healthy diet.
- 6.2 To support women who are overweight and obese during pregnancy in making healthier lifestyle choices.
- 6.3 To promote breastfeeding, as it has an essential role to play in improving health and reducing health inequalities and protects babies and mothers from a range of poor health outcomes, including obesity.
- 6.4 To support parents and carers in understanding and providing a healthy, balanced diet for their babies and young children.
- 6.5 To promote Healthy Start to pregnant women and families with children under the age of four who are either in receipt of specific benefits or are pregnant and under the age of 18.
- 6.6 To ensure "Early Years" establishments such as nurseries, childminders, and playgroups, play a crucial role in shaping children's eating and physical activity patterns.
- 6.7 To utilise play strategies to provide many opportunities for physical activity.
- 6.8 To support schools through the Healthy Schools programme to deliver opportunities to contribute to improving healthy weight, food and nutrition, physical activity and fitness.
- 6.9 To support parents to negotiate a reduction in passive activities such as watching television and using computers, coupled with a balanced diet with a calorie intake that does not exceed the child's energy requirements.
- 6.10 To develop a physical activity strategy with Active Devon that reflects the national recommendations spanning all age ranges and settings.