

Round 5, 2018





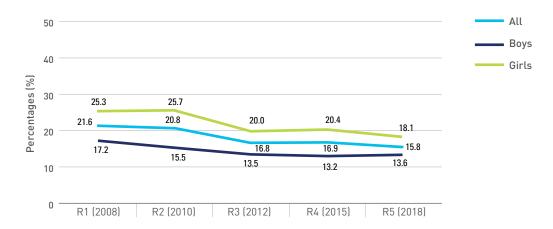


1 in 5 primary school children have overweight or obesity Overweight and obesity is **more prevalent in girls,** and in disadvantaged schools

Most schools are free from food and drink advertisement Sugarsweetened beverages are not available in most schools

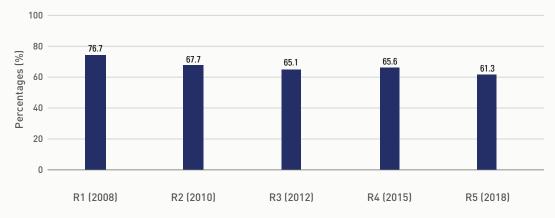
Ireland has participated in the WHO Childhood Obesity Surveillance Initiative (COSI) since its inception in 2008, measuring trends in overweight and obesity in primary school children.

Prevalence of overweight including obesity in Ireland during each round of COSI (categorised using IOTF standards). Values are presented for first class children for Rounds 1-5.



Participation

73% of invited schools participated in data collection (135 of 185 schools) in R5

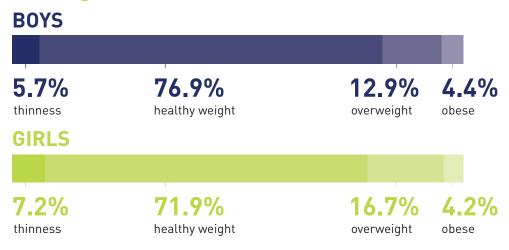


Percentage of parents who provided consent for their child to participate in body composition measures across all rounds of COSI.

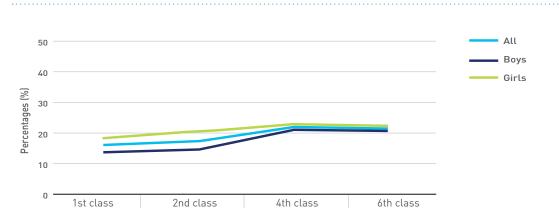


Percentage of registered children who were examined for basic body composition measures in R5. Values are presented by class, and all children.

Weight Class Prevalence



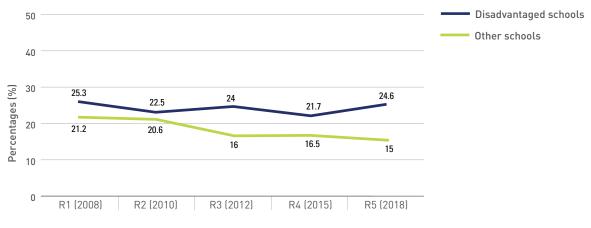
*of all children measured in Round 5



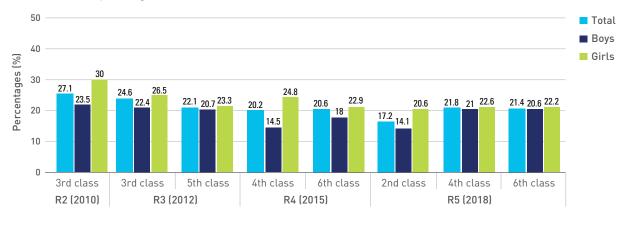
Comparisons of overweight including obesity prevalence (categorised by IOTF standards) for Round 5. Values are presented for all children, and boys and girls, based on class.

^{*}IOTF, International Obesity Task Force

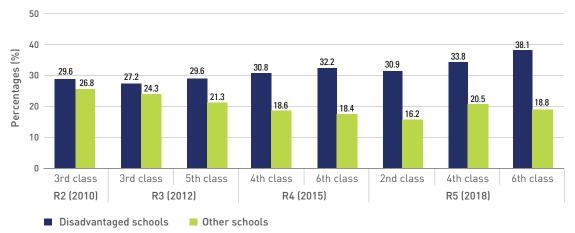
Comparisons of overweight including obesity prevalence (categorised by IOTF standards) across five rounds of COSI by disadvantaged schools. Values are presented for first class children for Rounds 1-5.



Comparisons of overweight including obesity prevalence (categorised by IOTF standards) in children in second class and above across Rounds 2-5 of COSI. Values are presented for all children, and boys and girls.



Comparisons of overweight and obesity (categorised by IOTF standards) in children in second class and above, across Rounds 2-5 of COSI by disadvantaged schools.



*IOTF, International Obesity Task Force

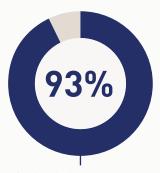
School Environment

Nutrition Environment

of schools are free from advertising and marketing of energy-dense and nutrient-poor foods and beverages

97% of schools include nutrition education in their curriculum

of schools do not have a vending machine present on school grounds



of schools have no sugarsweetened beverages available



of schools provide free fresh fruit for students



of schools have no savoury or sweet snacks available

*Values reported from 135 schools



Physical Activity Environment

100%

of schools have outdoor play areas for children

77%

of schools have an indoor gym for children

100%

of schools include physical education in their curriculum

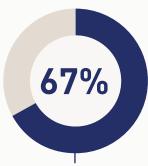
60 minutes

median duration of physical education per week in all schools

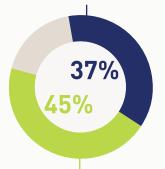
of schools report time to be a barrier in meeting minimum physical activity recommendations



of schools organise sport/physical activities for children outside school hours



of schools report less than half of children attend sport/physical activities organised outside school hours



of schools report facilities to be a barrier in meeting minimum physical activity recommendations

*Values reported from 135 schools



Policy Implications

The stabilisation of overweight and obesity prevalence appears to be continuing, with 1 in 5 surveyed children having overweight or obesity.

Despite this, prevalence is relatively higher in older than younger primary school children, while the trend for differences in prevalence between boys and girls continues, most significantly in first and second class children. A significant disparity is apparent between disadvantaged and other schools; this disparity is widening, particularly in older primary school children.

The school participation rate was similar to the previous round of COSI, while a slight decrease in the percentage of parents who consented for their child to participate in measurements was observed. Parental consent was received for approximately 3 in 5 registered children in Round 5. Given these participation rates, prevalence of overweight and obesity in children may be higher than observed in the present survey, as those children not participating may be at greater risk of overweight and obesity.

Several policy implications stem from these findings. While maintaining a focus on creating conditions for achieving healthy weight in early years, there is a need to develop a better understanding of, and effective responses to, factors affecting weight gain in families and communities experiencing socio-demographic challenges, and in children, particularly girls, between the ages of 8 and 12. The participation rates of children in COSI suggests development of additional strategies to survey Irish children may provide a more complete observation of the current state of overweight and obesity.

In conjunction with the positive outcomes identified, the school environment could be strengthened to positively impact weight. Ensuring all schools implement the Department of Education and Skills Wellbeing Framework presents an opportunity for schools to place a greater focus on health and well being. In particular this will provide a focus on the environmental, cultural, and curriculum elements within the school that may impact students' growth.

