

# Children from less affluent families are less active, have poorer diets and suffer from obesity, says report

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Credit: Alexander Grey from Pexels

A new report released by the WHO Regional Office for Europe reveals alarming disparities in the health of young people across the region, with

those from less affluent families disproportionately affected.

Dr. Jo Inchley from the University of Glasgow's MRC/CSO Social and Public Health Sciences Unit is the International Coordinator of the Health Behavior in School-aged Children (HBSC) survey. The survey monitors the health behaviors and social environments of nearly 280,000 boys and girls aged 11, 13 and 15 years from 44 countries in Europe and Central Asia.

The [report](#) paints a concerning picture of adolescents' [dietary habits](#), with a particular focus on the decline in [healthy eating](#) behaviors and the rise of unhealthy choices.

Fewer than 2 in 5 adolescents (38%) eat fruit or vegetables daily, with these figures declining with age (from 45% of 11-year-olds to 33% of 15-year-olds for fruit, and from 40% to 36% for vegetables). Worryingly, more than half of adolescents report eating neither fruit nor vegetables every day (56% of boys and 51% of girls aged 15).

Conversely, the consumption of sweets and sugary drinks remains high, with 1 in 4 adolescents (25%) reporting daily consumption of sweets or chocolate. This rate is higher among girls (28%) than boys (23%) and has seen an increase since 2018, particularly among girls (from 23% to 27% for 11-year-old girls and from 26% to 28% for 15-year-old girls).

While daily soft drink consumption has seen a minor overall decline since the last survey, it still stands at 15% of adolescents, with higher rates among boys (16% vs. 14% for girls) and those from less affluent families.

The report reveals a concerning link between socio-[economic status](#) and unhealthy dietary habits, with adolescents from lower-income families more likely to consume [sugary drinks](#) and less likely to eat fruits and

vegetables daily.

As Dr. Martin Weber, Team Lead for Quality of Care and Program Manager of Child and Adolescent Health at WHO/Europe states, "The affordability and accessibility of healthy food options are often limited for families with lower incomes, leading to a higher reliance on processed and sugary foods, which can have detrimental effects on adolescent health."

The prevalence of overweight and obesity among adolescents is a significant public health concern, with over 1 in 5 adolescents affected. This figure has risen since the last survey in 2018, from 21% to 23% in 2022. Rates of overweight and obesity are higher among boys (27%) than girls (17%).

Alarming, adolescents from less affluent families are more likely to be overweight or obese (27% compared with 18% of their wealthier peers). This disparity highlights the urgent need to address the underlying socio-economic factors contributing to these trends.

The report also raises concerns about low levels of physical activity among adolescents. WHO recommends that young people get at least an average of 60 minutes of moderate to vigorous physical activity (MVPA) per day. The report shows that overall, only 25% of boys and 15% of girls achieve 60 minutes of MVPA daily, with participation declining with age, particularly among girls (24% of 11-year-old girls vs. 13% of 15-year-old girls).

While 60% of adolescents meet the WHO recommendation for [vigorous physical activity](#) (VPA) at least three times a week, this rate is lower among girls (51%) compared to boys (69%). This gender gap widens with age, with 65% of 11-year-old girls meeting the recommendation compared to just 46% of 15-year-old girls.

Once again, socio-economic inequalities are evident, with adolescents from more affluent families reporting higher levels of both MVPA and VPA. This suggests that factors such as access to safe spaces for physical activity and participation in organized sports may be influenced by family income.

The disparities highlighted in the report have far-reaching implications, extending beyond immediate health concerns. The long-term health consequences of unhealthy eating habits, physical inactivity, and overweight/obesity during adolescence can be severe, including increased risks of cardiovascular disease, type 2 diabetes, and certain types of cancer. These conditions not only affect individual well-being but also place a significant burden on health care systems and economies.

"Regular physical activity, healthy eating habits and maintaining a healthy weight are essential elements of a healthy lifestyle," says Dr. Hans Henri P. Kluge, WHO Regional Director for Europe. "The report's findings signal a need for targeted interventions to enable adolescents to adopt healthier behaviors and avoid habits that affect not only their current health and well-being, but also their future trajectories as adults."

Furthermore, the socio-economic disparities in [adolescent](#) health behaviors contribute to a vicious cycle of disadvantage. Children from less affluent families are more likely to experience adverse health outcomes, which can hinder their educational attainment, employment prospects, and overall quality of life. This perpetuates social inequalities and limits opportunities for upward mobility.

## **Addressing the crisis**

The WHO Regional Office for Europe calls for urgent action to address these concerning trends. The report recommends comprehensive

strategies that focus on:

- **Regulating food marketing:** Implementing stricter regulations on marketing unhealthy foods and drinks to children and adolescents.
- **Promoting healthy eating:** Improving access to affordable, nutritious food, particularly for disadvantaged families, and implementing policies to discourage the consumption of unhealthy foods and beverages.
- **Increasing physical activity:** Creating safe and accessible environments for physical activity, and promoting initiatives that encourage adolescents to engage in regular exercise.
- **Targeted interventions:** Develop tailored interventions to support healthier behaviors among adolescents, particularly those from disadvantaged backgrounds. These interventions could include school-based programs that promote healthy eating and physical activity, community-based initiatives that provide access to affordable sports and recreation facilities, and public health campaigns that raise awareness of the importance of healthy behaviors.
- **Address social inequalities:** Policies should aim to reduce socio-economic disparities in health, ensuring all young people have the opportunity to lead healthy lives.

**More information:** A focus on adolescent physical activity, eating behaviours, weight status and body image in Europe, central Asia and Canada: Health Behaviour in School-aged Children international report from the 2021/2022 survey. [www.who.int/europe/publication ... i/item/9789289061056](http://www.who.int/europe/publication ... i/item/9789289061056)

Provided by University of Glasgow

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