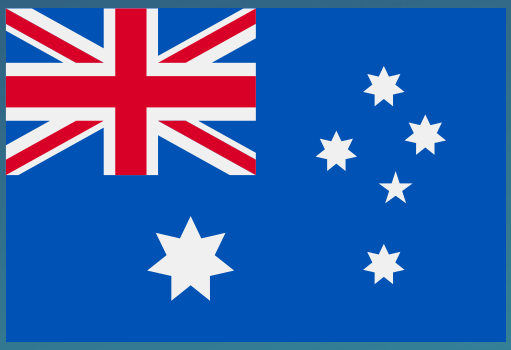
Australia



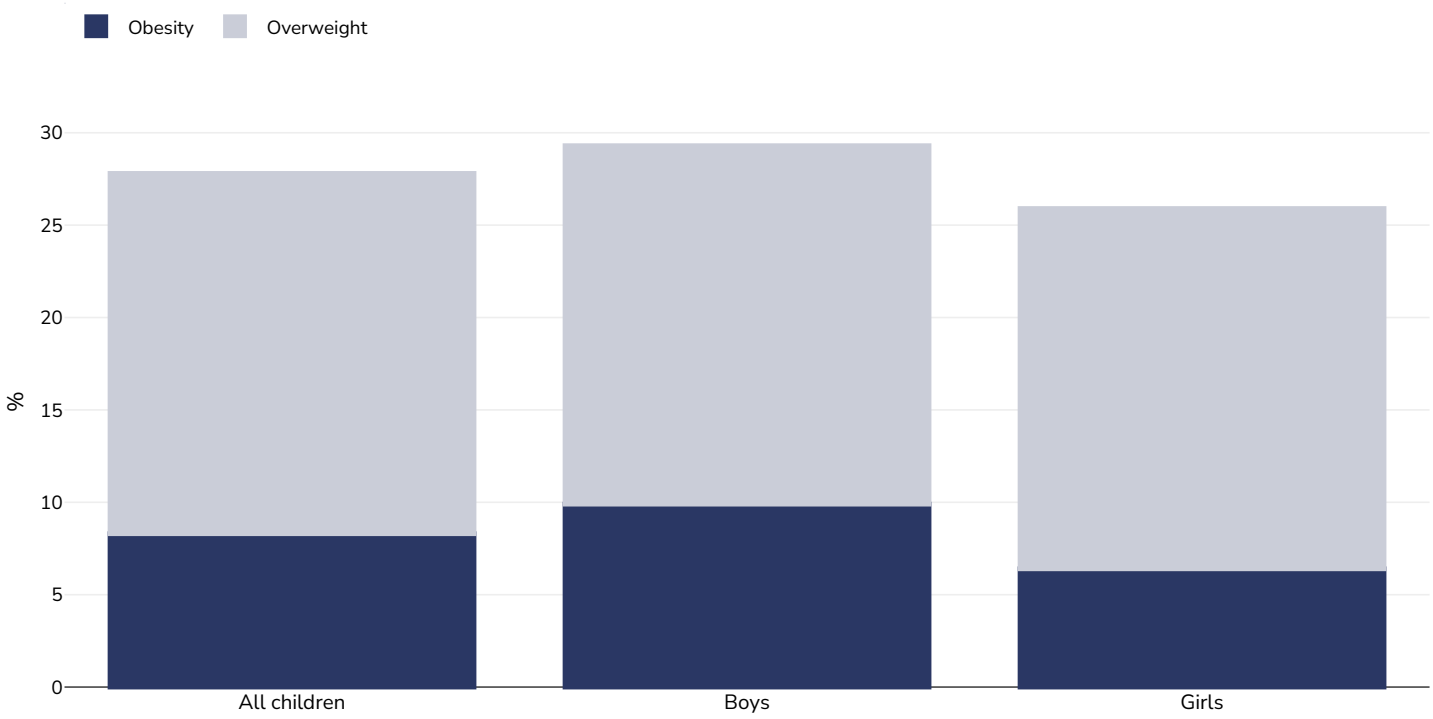
Country report card - children

This report card contains the latest data available on the Global Obesity Observatory on overweight and obesity for children, including adolescents (aged 5 to 18 years). Where available, data on common and relevant obesity drivers and comorbidities are also presented.

View the latest version of this report on the Global Obesity Observatory at https://data.worldobesity.org/country/australia-10/ .

Obesity prevalence

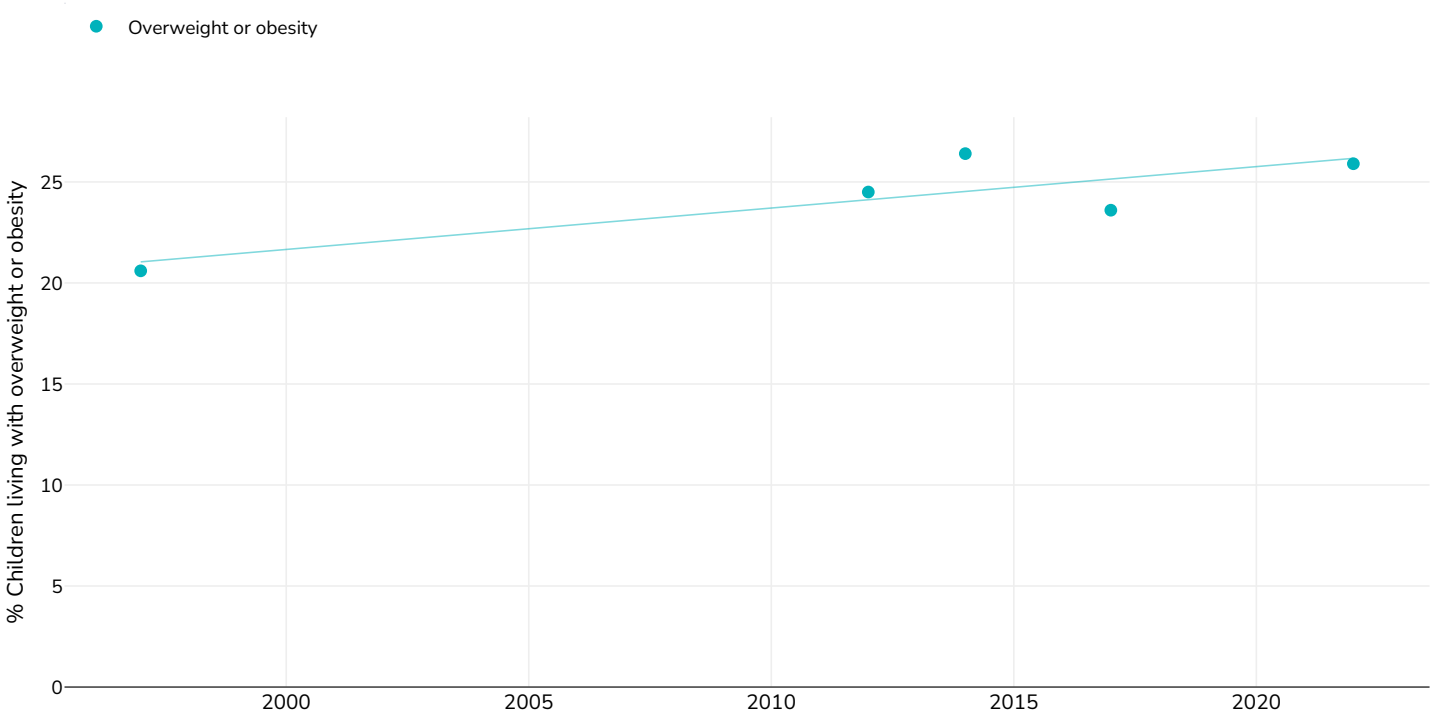
Children, 2022-2023



Survey type:	Measured
Age:	5-17
Sample size:	~4222
Area covered:	National
References:	Australian National Health Survey 2022-2023. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi- (Accessed 03.01.2024)
Notes:	Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 56.8% of child respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight
Cutoffs:	IOTF

Children living with overweight or obesity in Australia

Girls



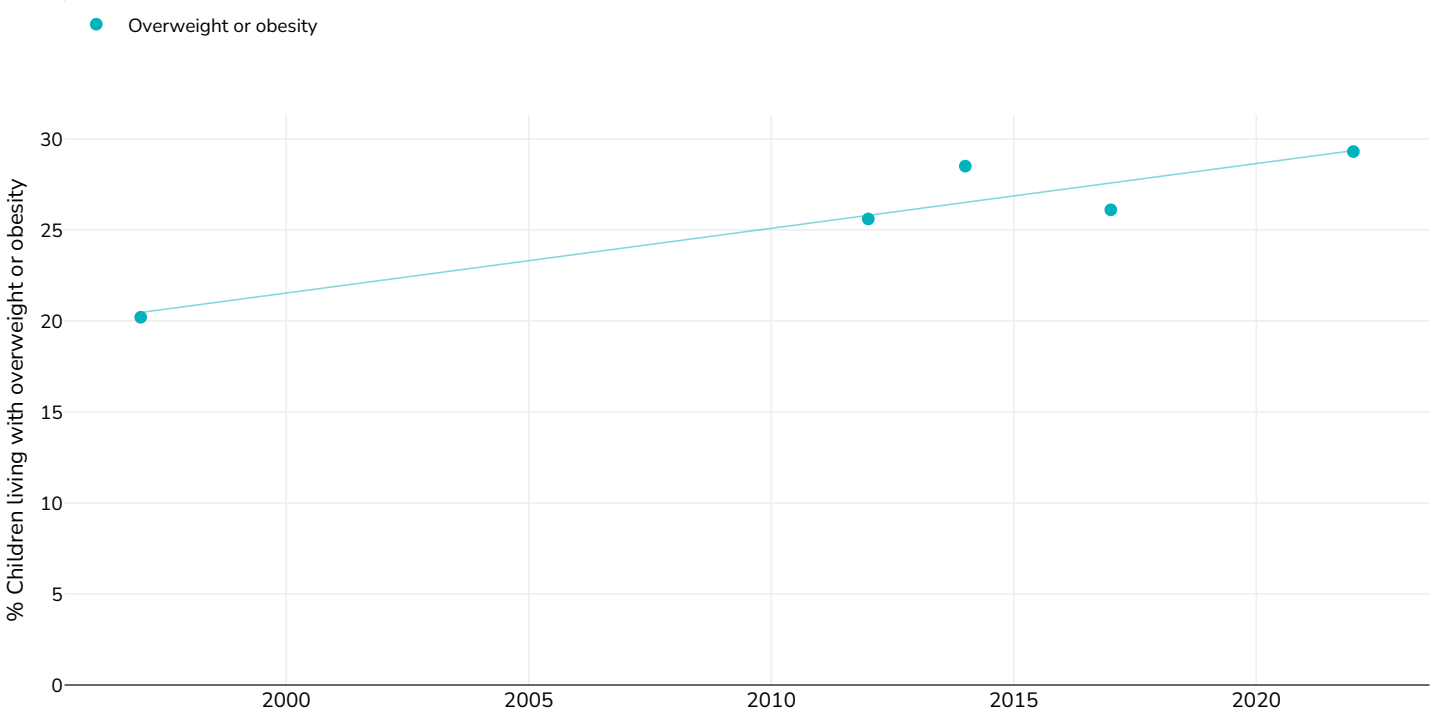
Survey type: Measured

References:

1997: Booth ML, Dobbins T, Okely D, Denney-Wilson E and Hardy LL. 2007. Trends in the prevalence of overweight and obesity among young Australians, 1985, 1997 and 2004. Obesity, 15 (5): 1089 - 1095.
2012: O'Dea JA, Dibley MJ. Prevalence of obesity, overweight and thinness in Australian children and adolescents by socioeconomic status and ethnic/cultural group in 2006 and 2012. International Journal of Public Health October 2014, Volume 59, Issue 5, pp 819-828
2014: Australian Health Survey First Results 2014-15 (http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf last accessed 4th January 2017)
2017: Australian National Health Survey 2017-18 https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 02.10.2020)
2022: Australian National Health Survey 2022-2023. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi- (Accessed 03.01.2024)

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Boys

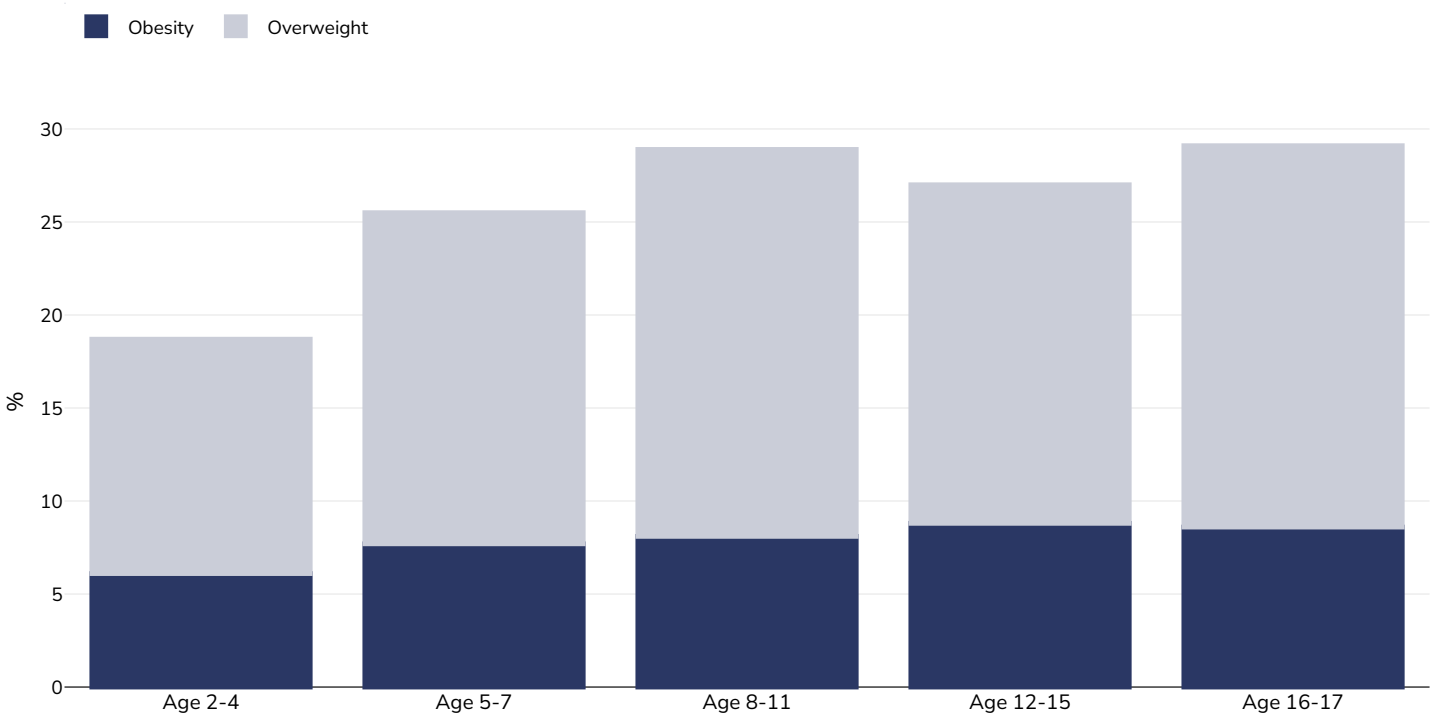


Survey type:	Measured
References:	1997: Booth ML, Dobbins T, Okely D, Denney-Wilson E and Hardy LL. 2007. Trends in the prevalence of overweight and obesity among young Australians, 1985, 1997 and 2004. Obesity, 15 (5): 1089 - 1095. 2012: O'Dea JA, Dibley MJ. Prevalence of obesity, overweight and thinness in Australian children and adolescents by socioeconomic status and ethnic/cultural group in 2006 and 2012. International Journal of Public Health October 2014, Volume 59, Issue 5, pp 819-828 2014: Australian Health Survey First Results 2014-15 (http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf last accessed 4th January 2017) 2017: Australian National Health Survey 2017-18 https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 02.10.2020) 2022: Australian National Health Survey 2022-2023. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi- (Accessed 03.01.2024)

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Overweight/obesity by age

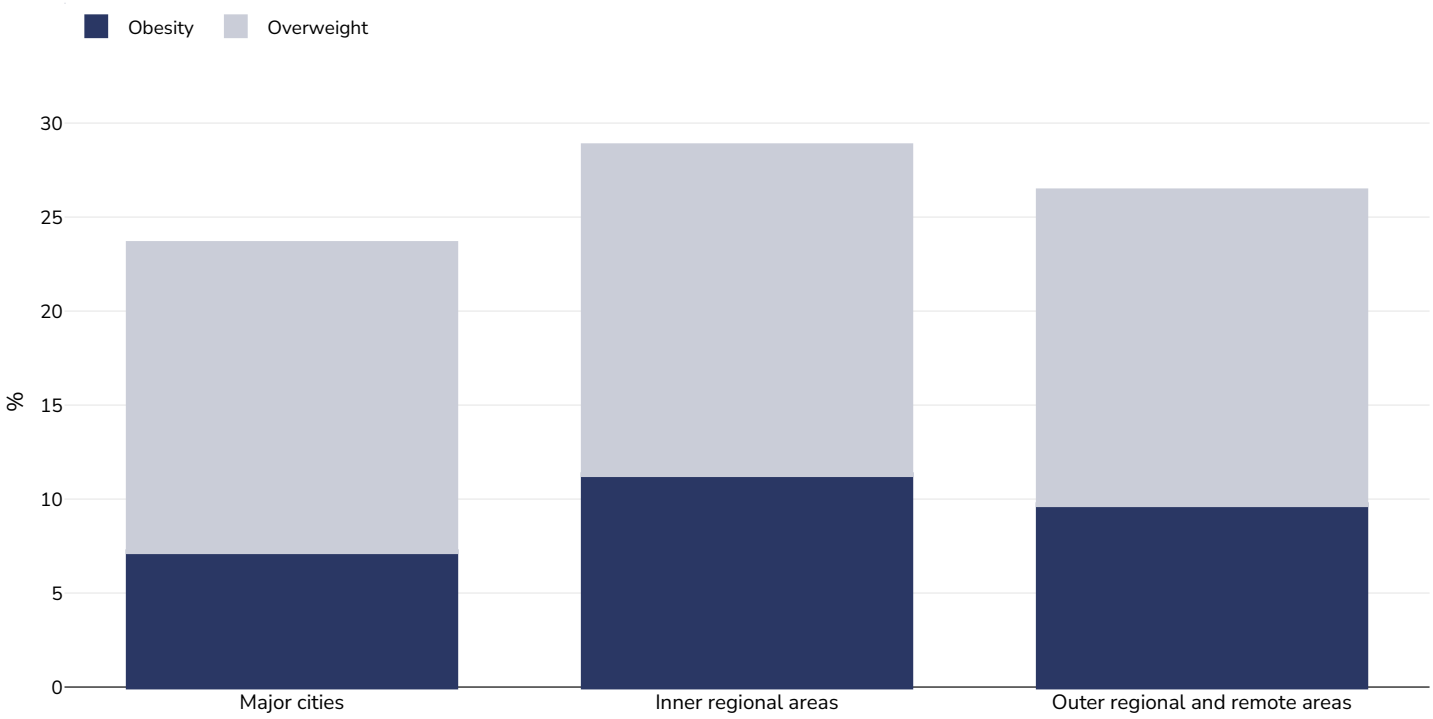
Children, 2022-2023



Survey type:	Measured
Sample size:	~4222
Area covered:	National
References:	Australian National Health Survey 2022-2023. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi- (Accessed 03.01.2024)
Notes:	Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 56.8% of child respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight
Cutoffs:	IOTF

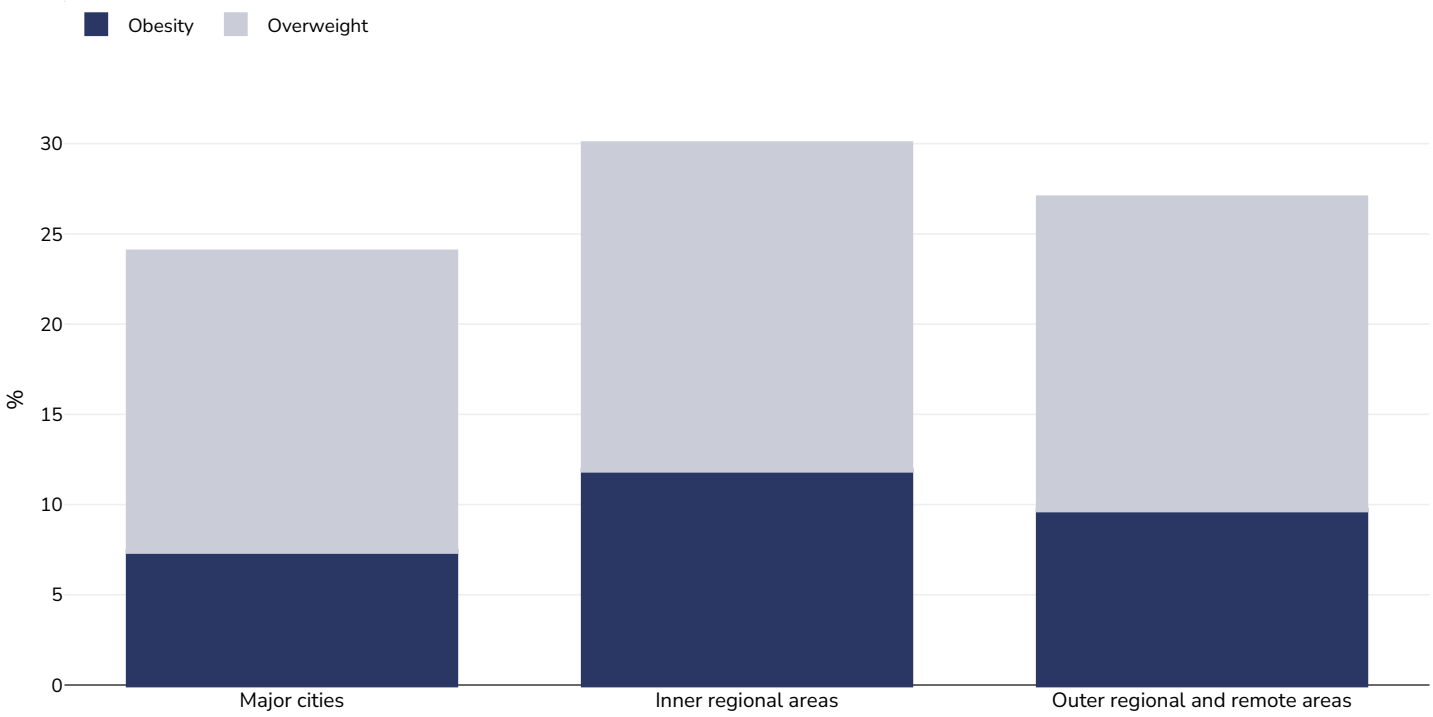
Overweight/obesity by region

Children, 2017-2018



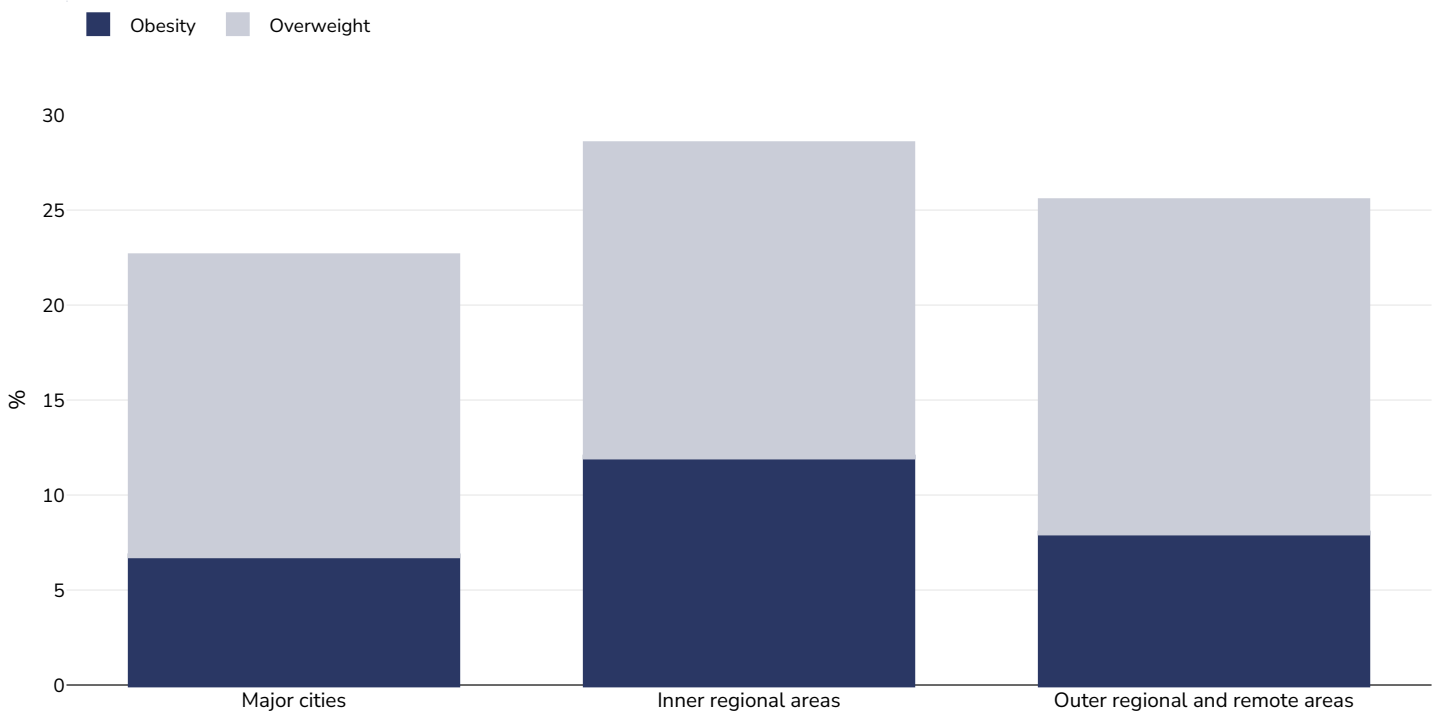
Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

Boys, 2017-2018



Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

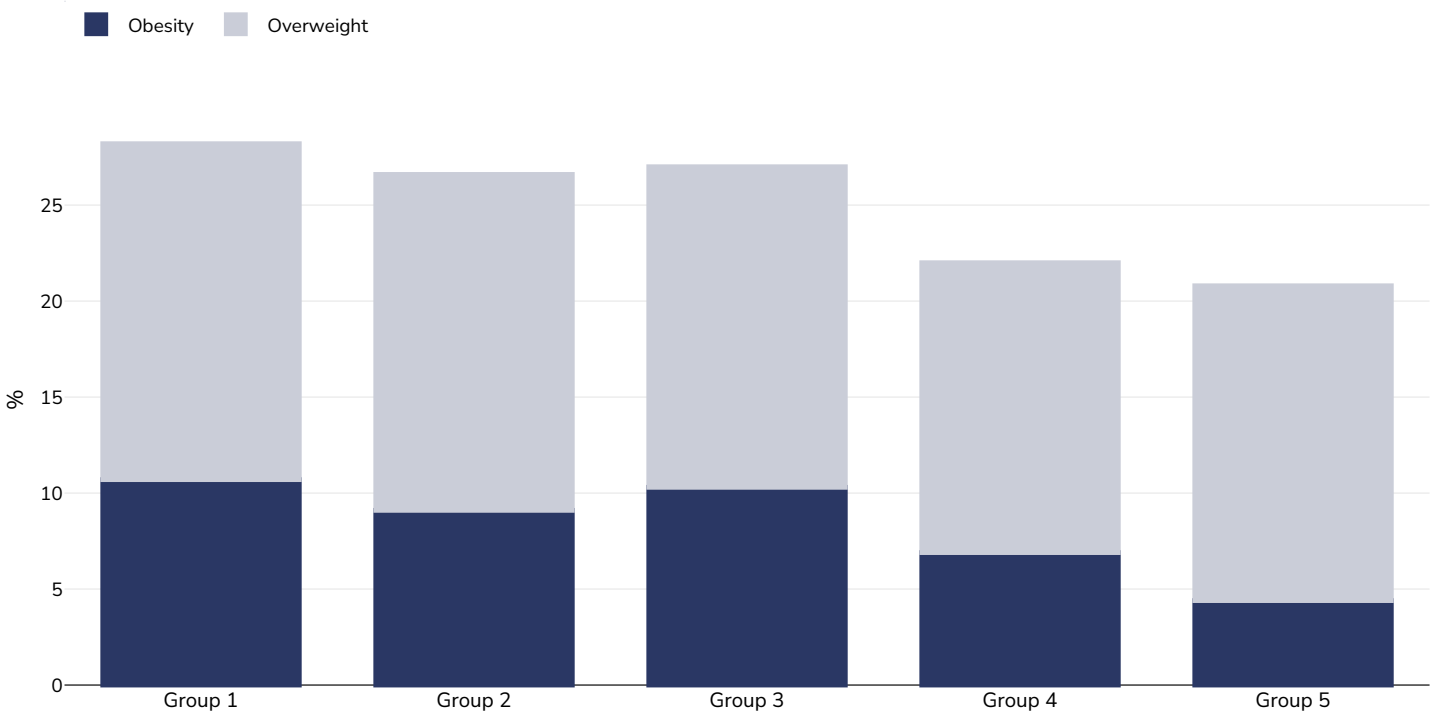
Girls, 2017-2018



Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

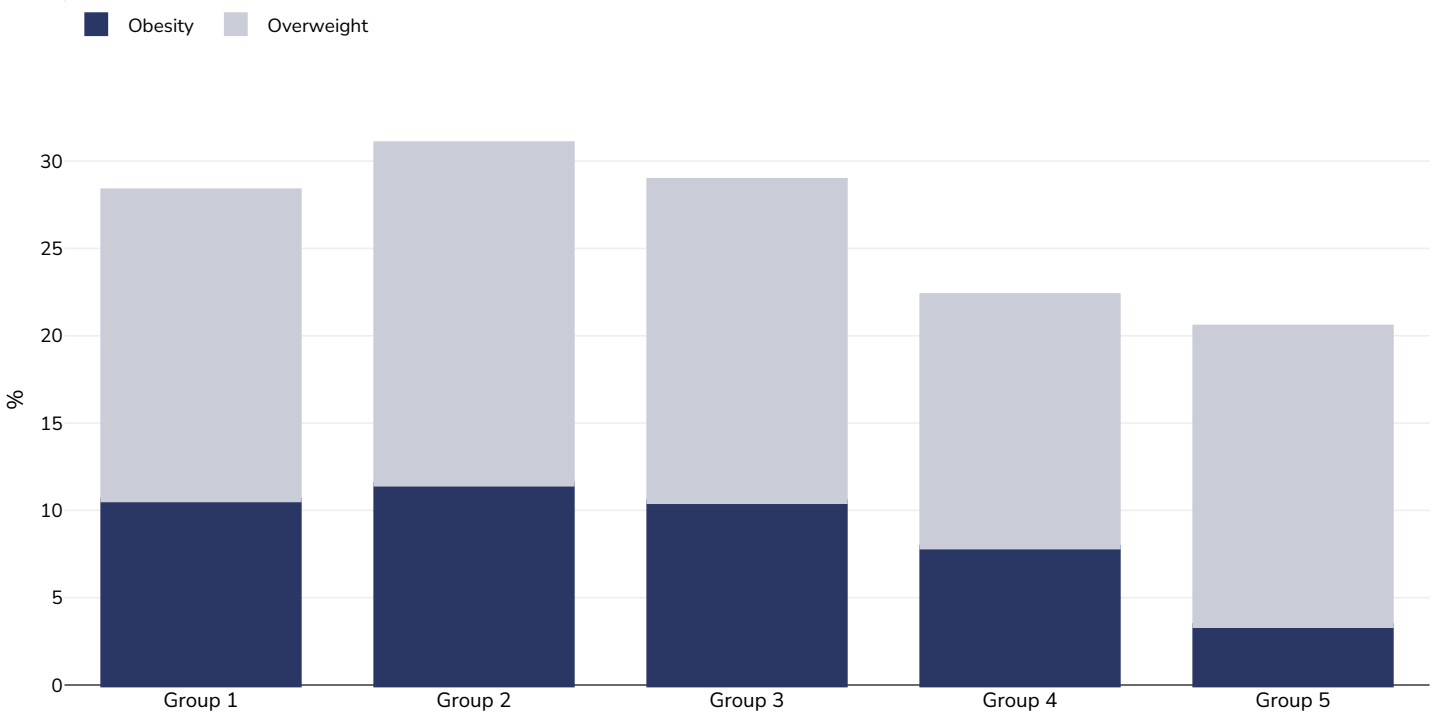
Overweight/obesity by socio-economic group

Children, 2017-2018



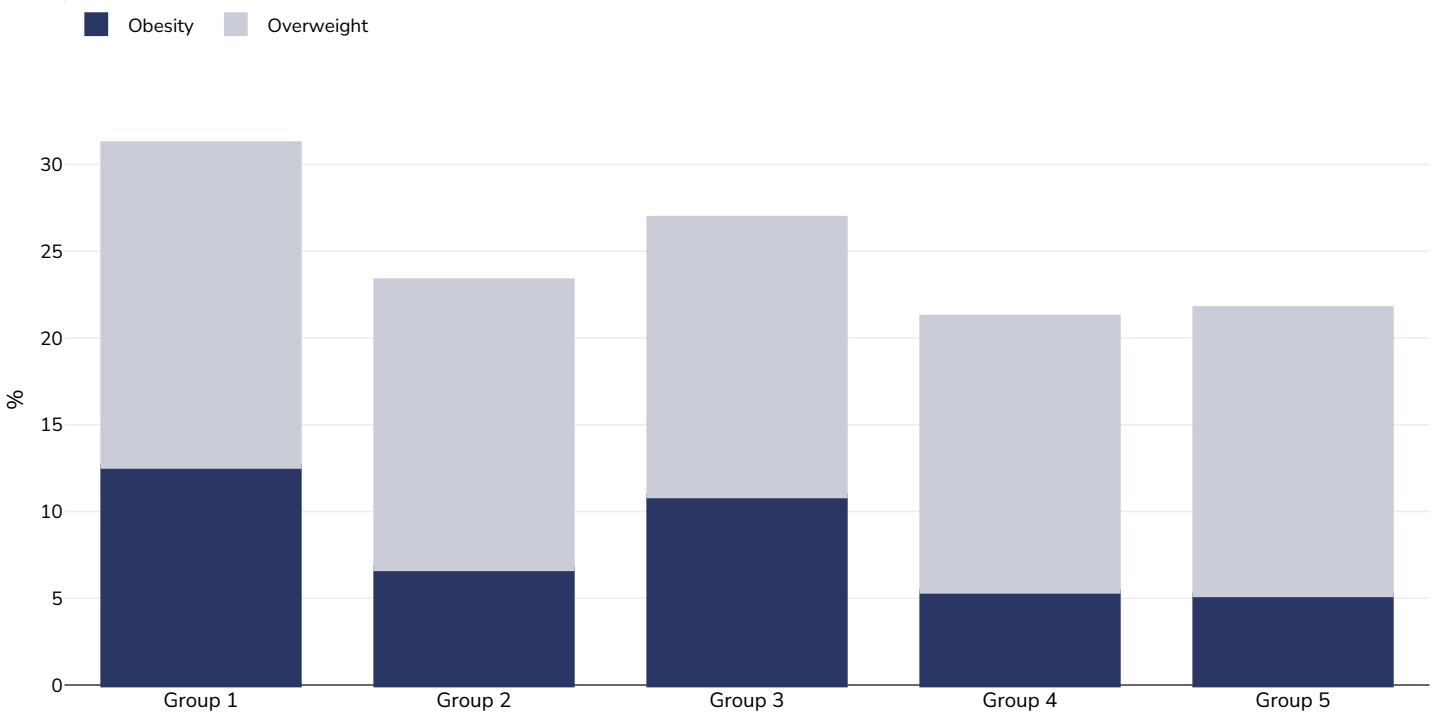
Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."
Definitions:	Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas
Cutoffs:	IOTF

Boys, 2017-2018



Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."
Definitions:	Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas
Cutoffs:	IOTF

Girls, 2017-2018

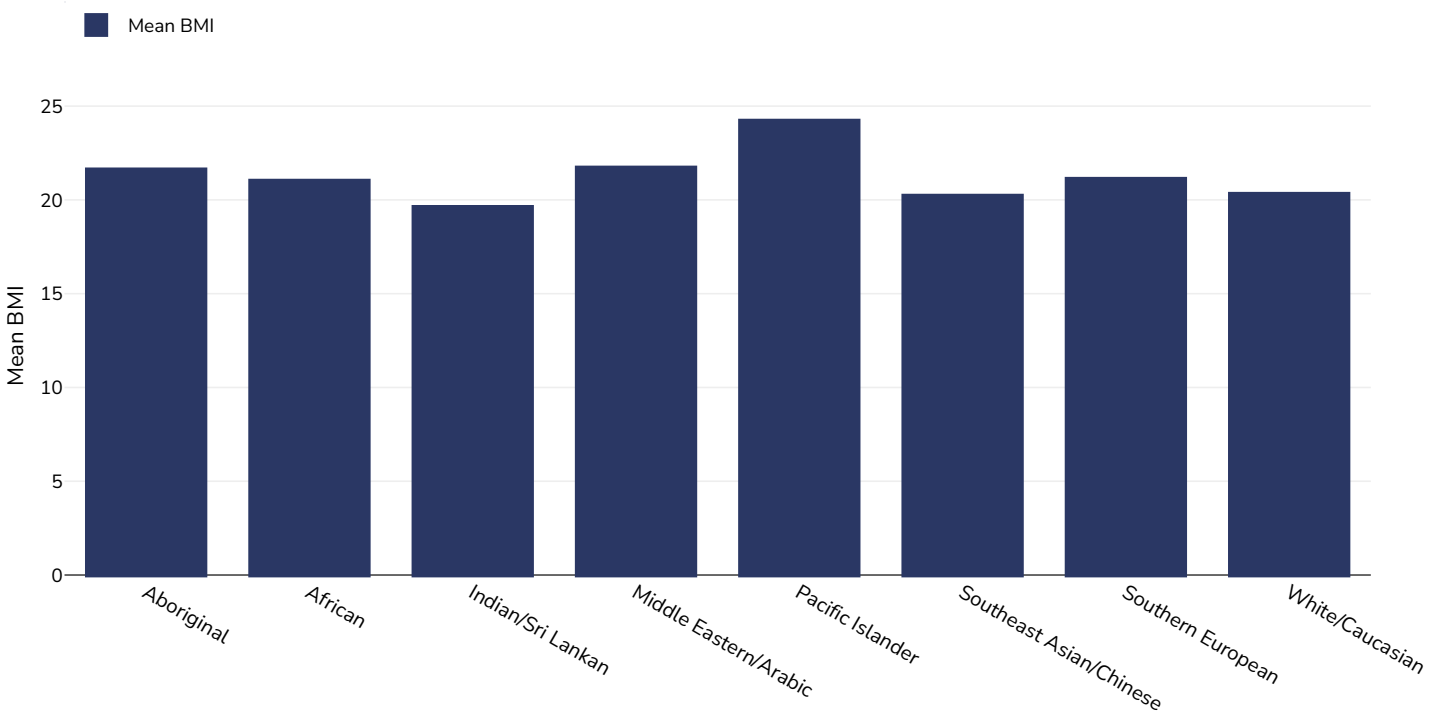


Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."
Definitions:	Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas
Cutoffs:	IOTF

Overweight/obesity by ethnicity

Ethnic groups are as defined by publication of origin and are not as defined by WOF. In some instances ethnicity is conflated with nationality and/or race.

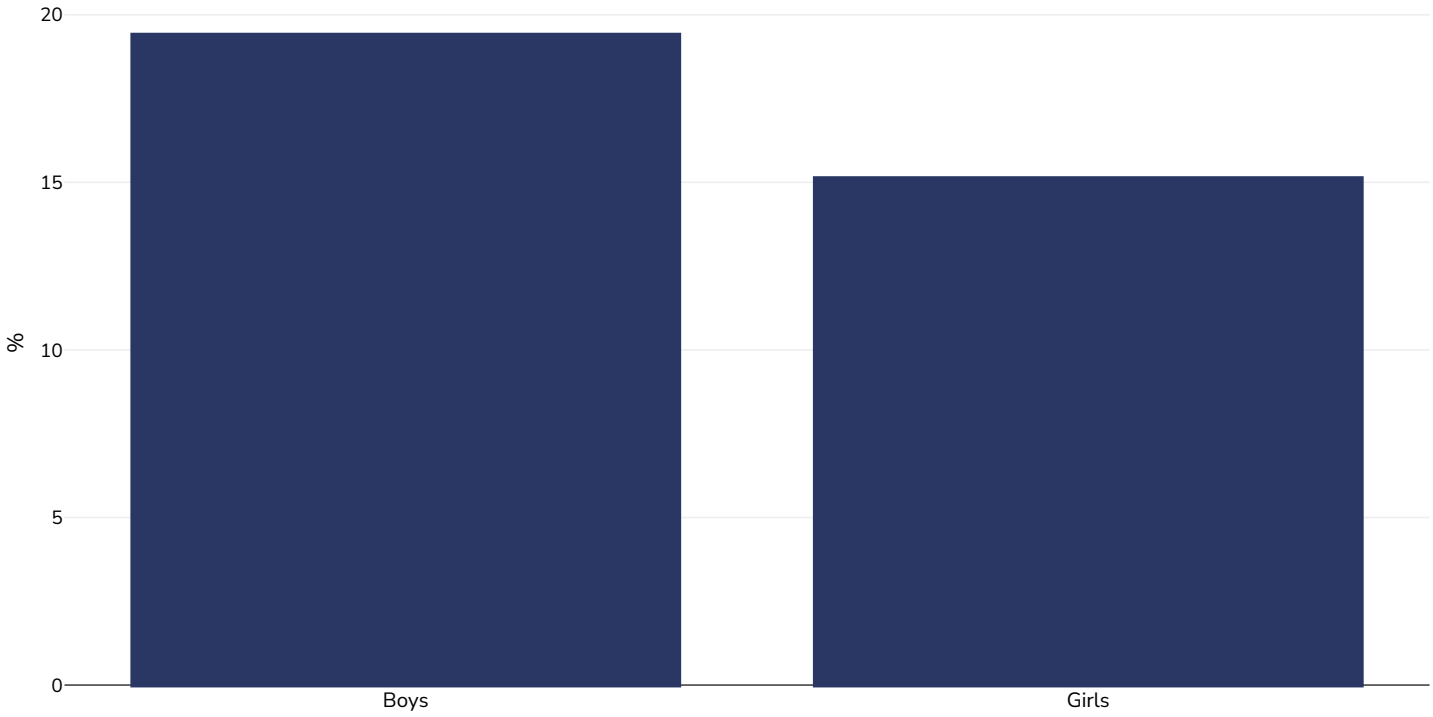
Children, 2012



Survey type:	Measured
Age:	6-18
Sample size:	12869
Area covered:	National
References:	O'Dea JA, Dibley MJ. Prevalence of obesity, overweight and thinness in Australian children and adolescents by socioeconomic status and ethnic/cultural group in 2006 and 2012. Int J Public Health. 2014 Oct;59(5):819-28. doi: 10.1007/s00038-014-0605-3. Epub 2014. Accessed 30.09.21.
Cutoffs:	IOTF

Double burden of underweight & overweight

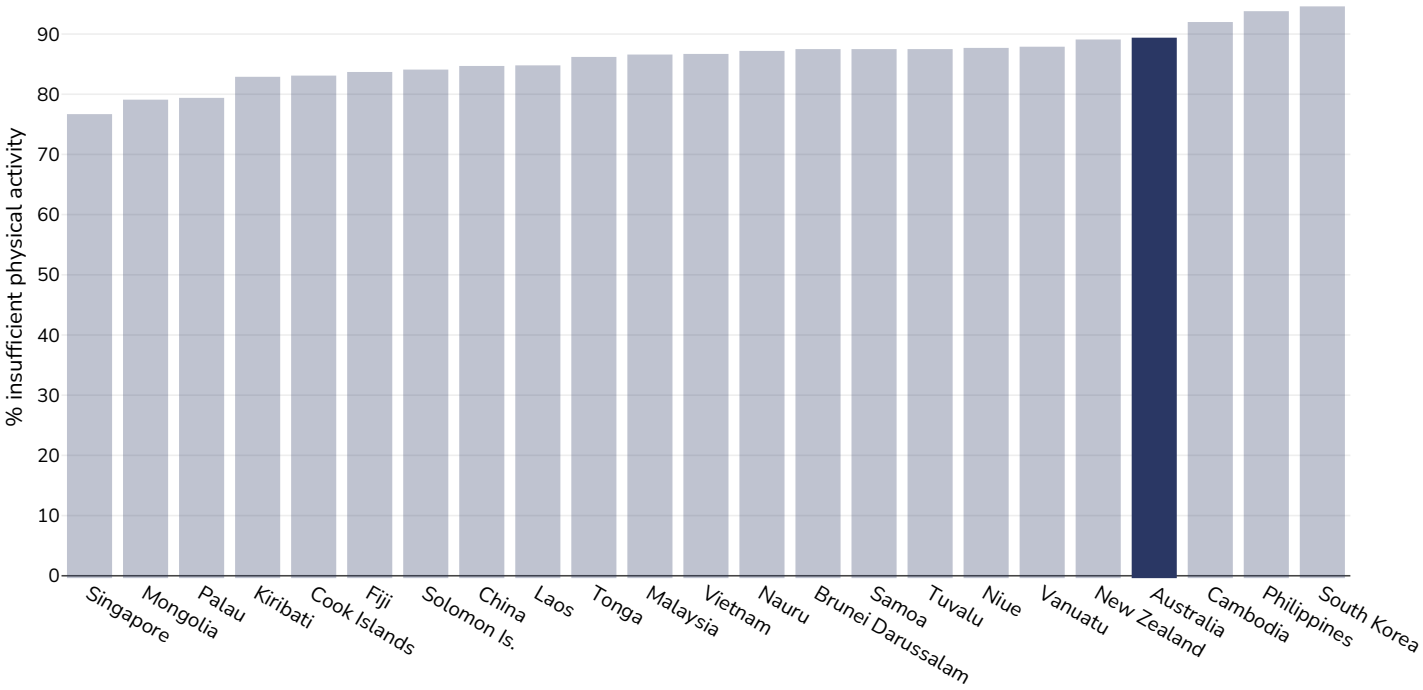
Children, 2022



Survey type:	Measured
Age:	5-19
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2.
Notes:	Age standardised estimates
Definitions:	Combined prevalence of BMI < -2SD and BMI > 2SD (double burden of thinness and obesity)
Cutoffs:	BMI < -2SD and BMI > 2SD

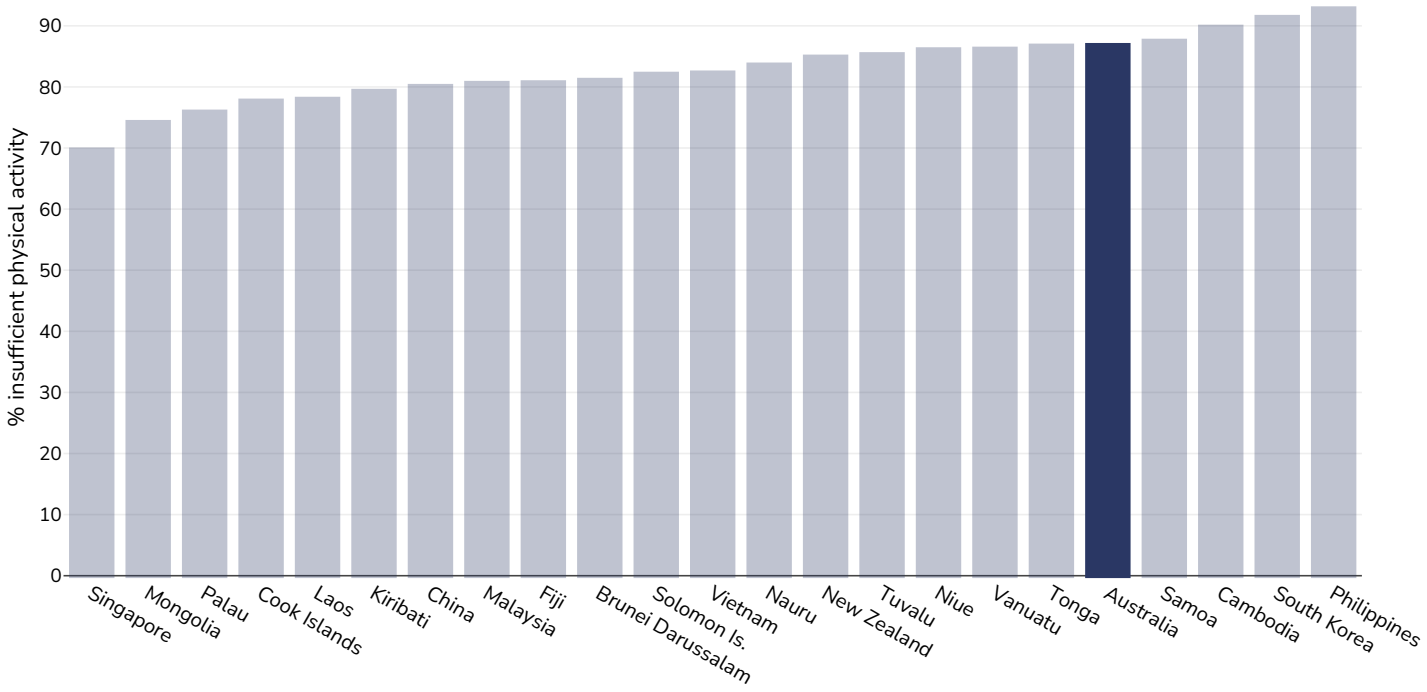
Insufficient physical activity

Children, 2016



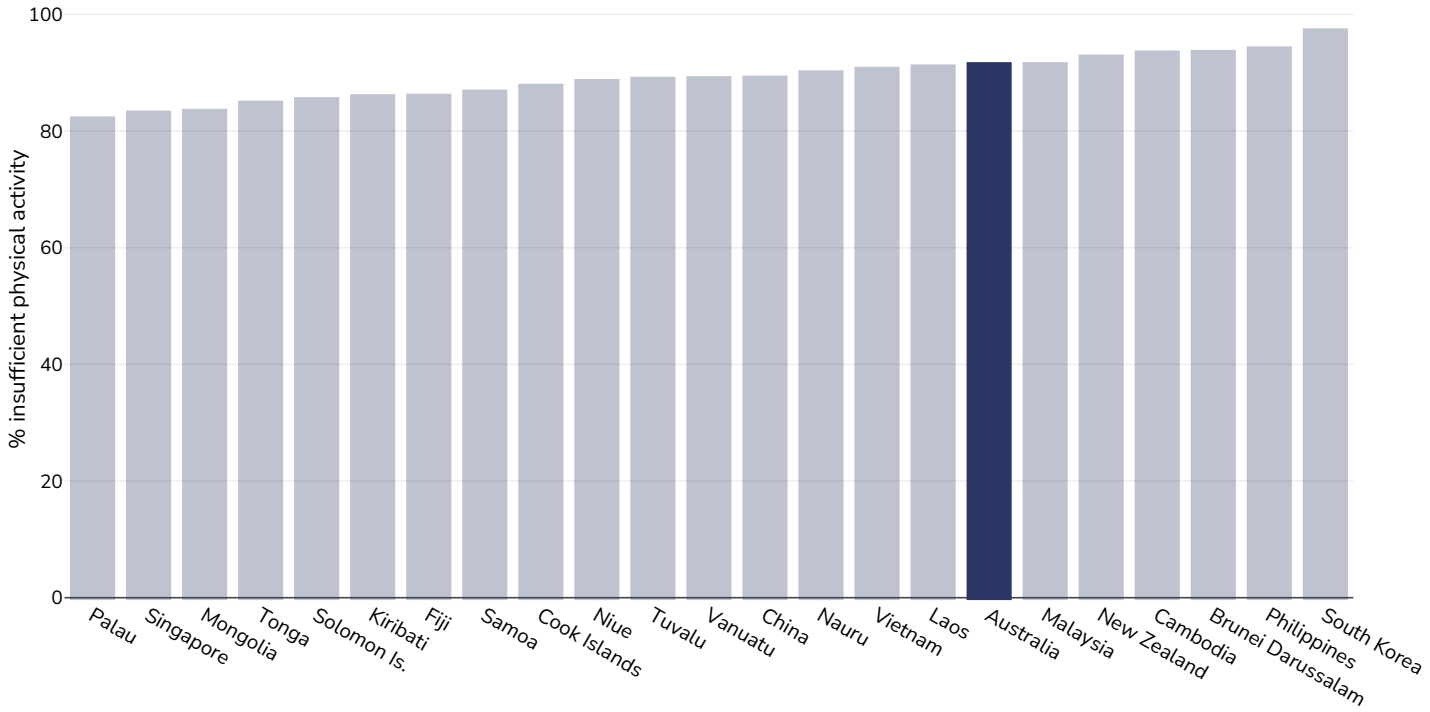
Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.
Definitions:	% Adolescents insufficiently active (age standardised estimate)

Boys, 2016



Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.
Definitions:	% Adolescents insufficiently active (age standardised estimate)

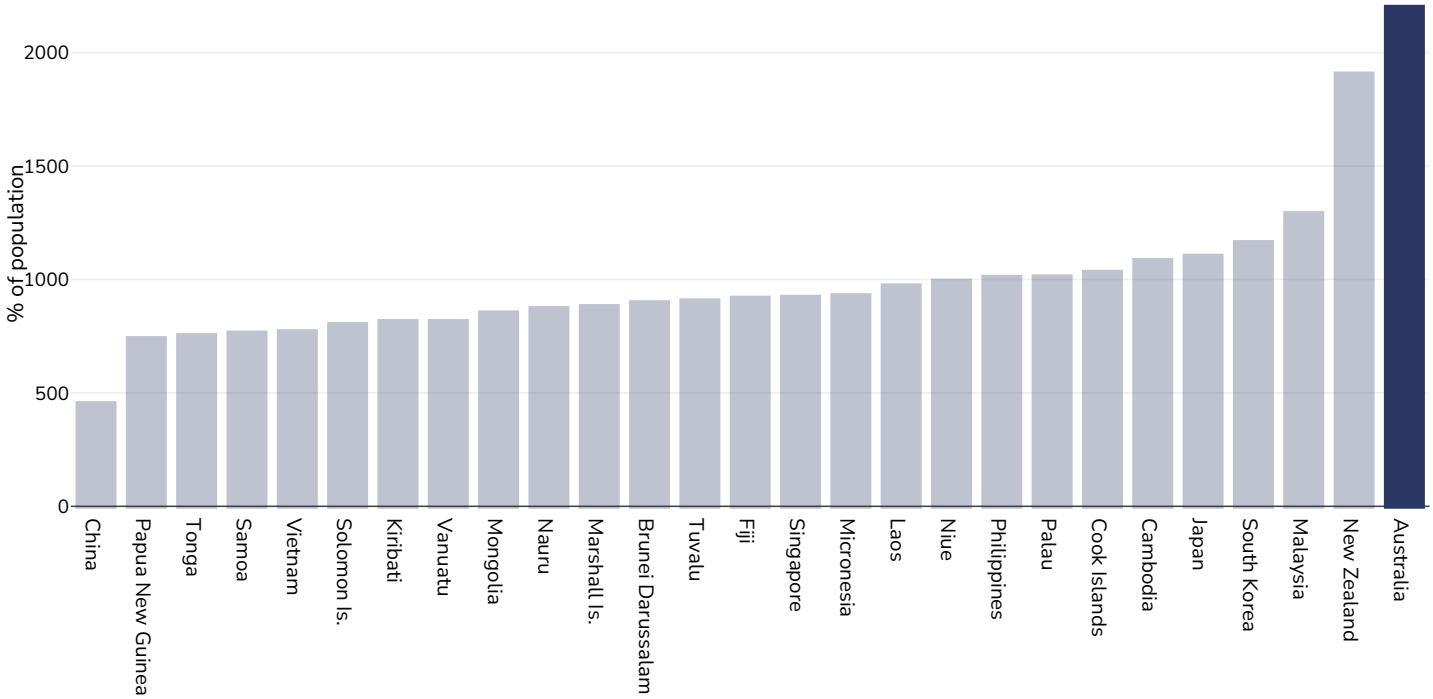
Girls, 2016



Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.
Definitions:	% Adolescents insufficiently active (age standardised estimate)

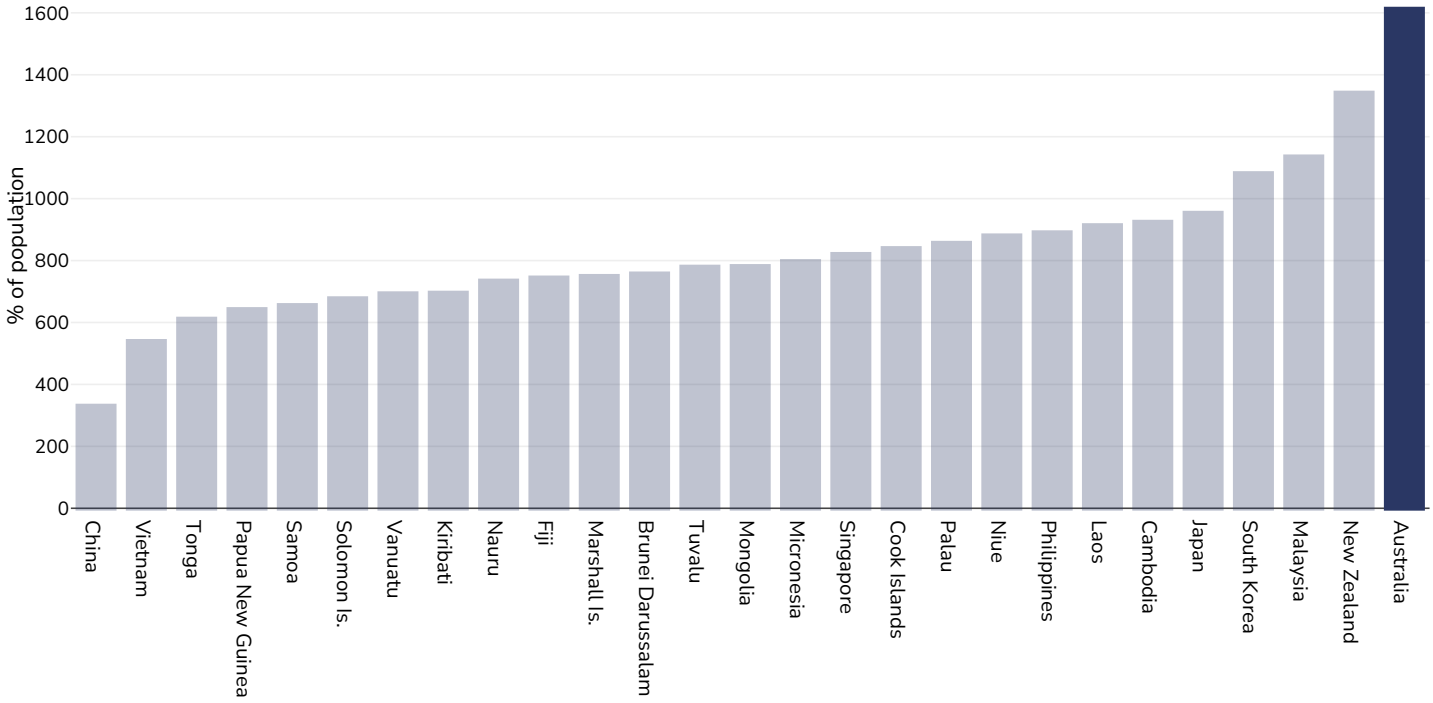
Mental health - depression disorders

Children, 2021



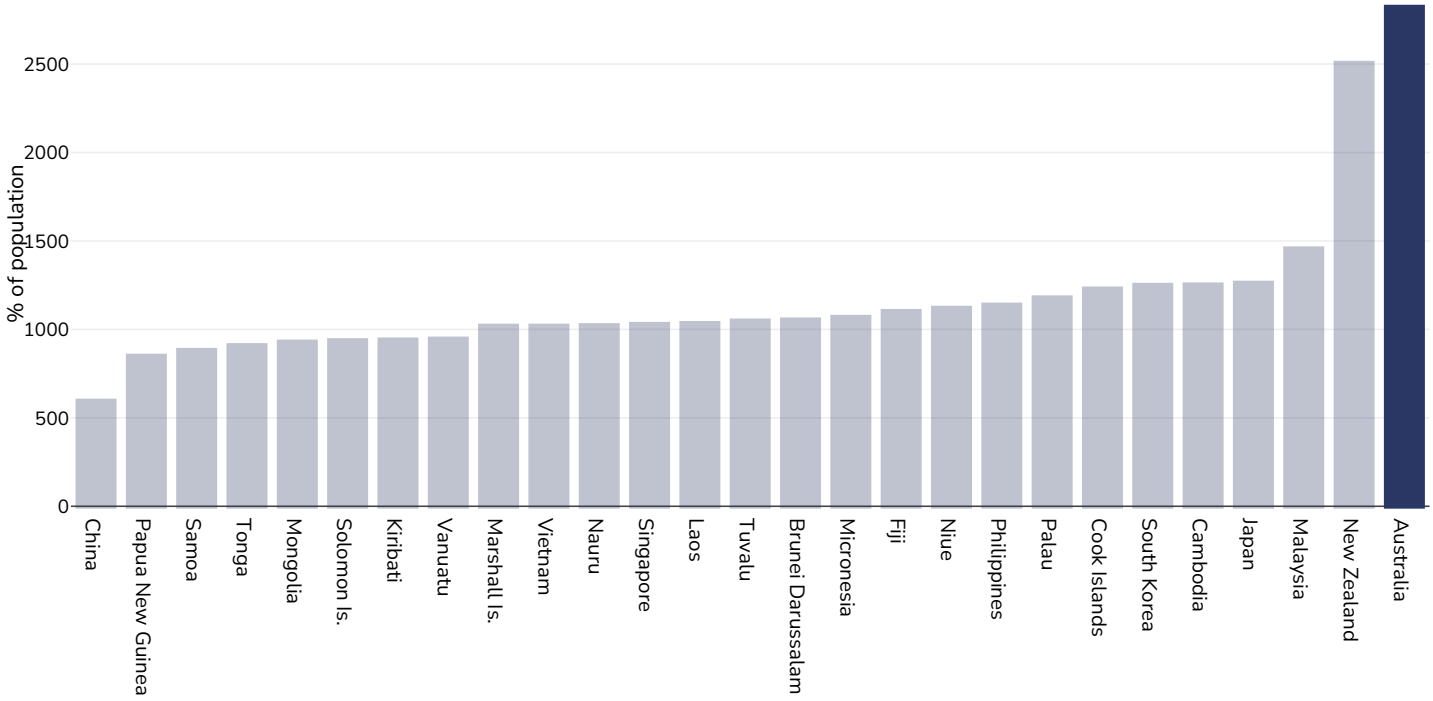
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)
Definitions:	Number living with depressive disorder per 100,000 population (Under 20 years of age)

Boys, 2021



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)
Definitions:	Number living with depressive disorder per 100,000 population (Under 20 years of age)

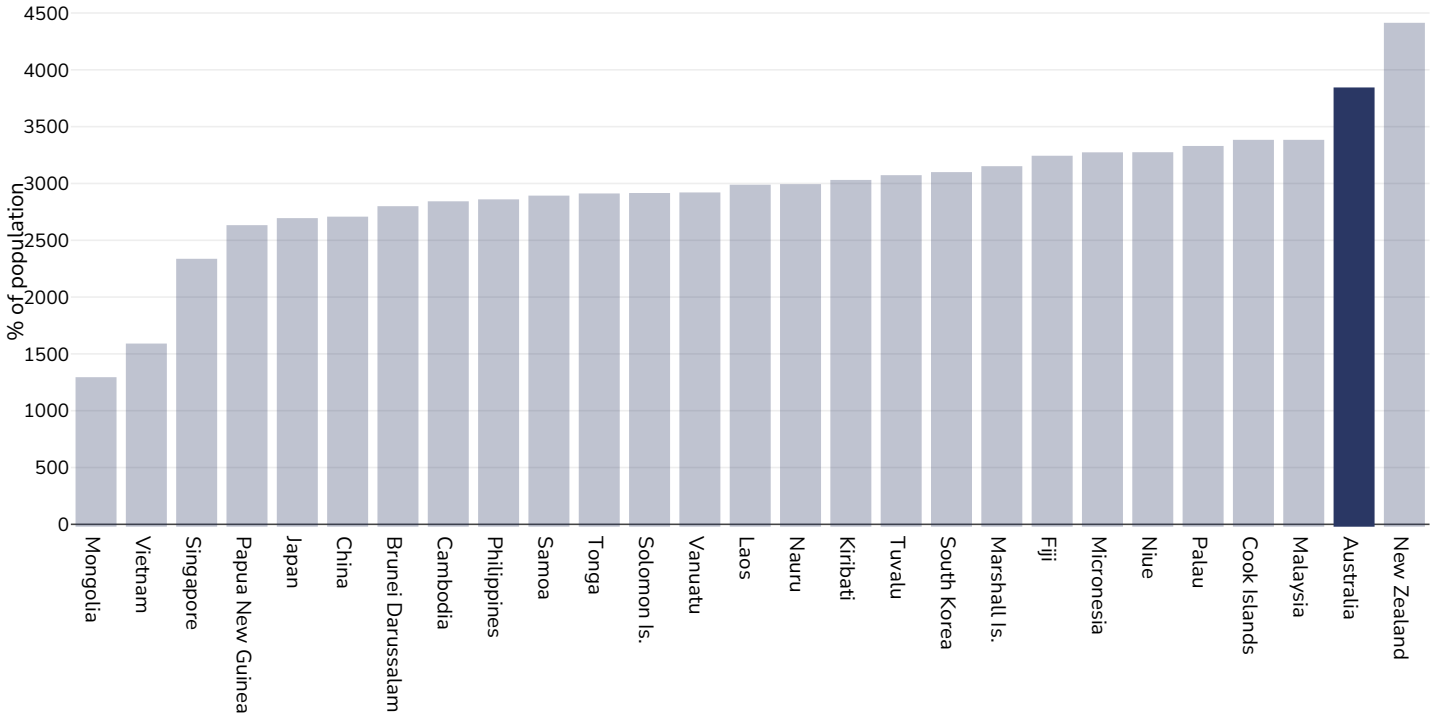
Girls, 2021



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)
Definitions:	Number living with depressive disorder per 100,000 population (Under 20 years of age)

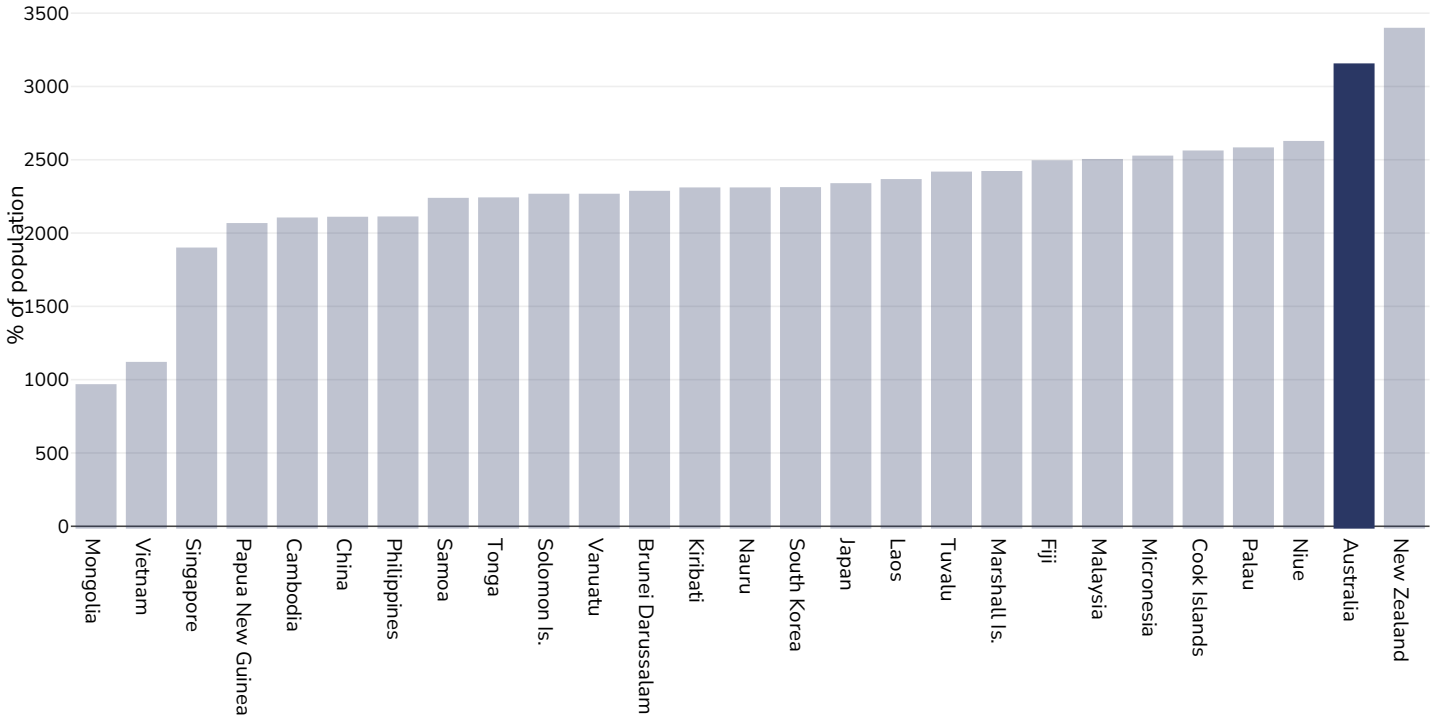
Mental health - anxiety disorders

Children, 2021



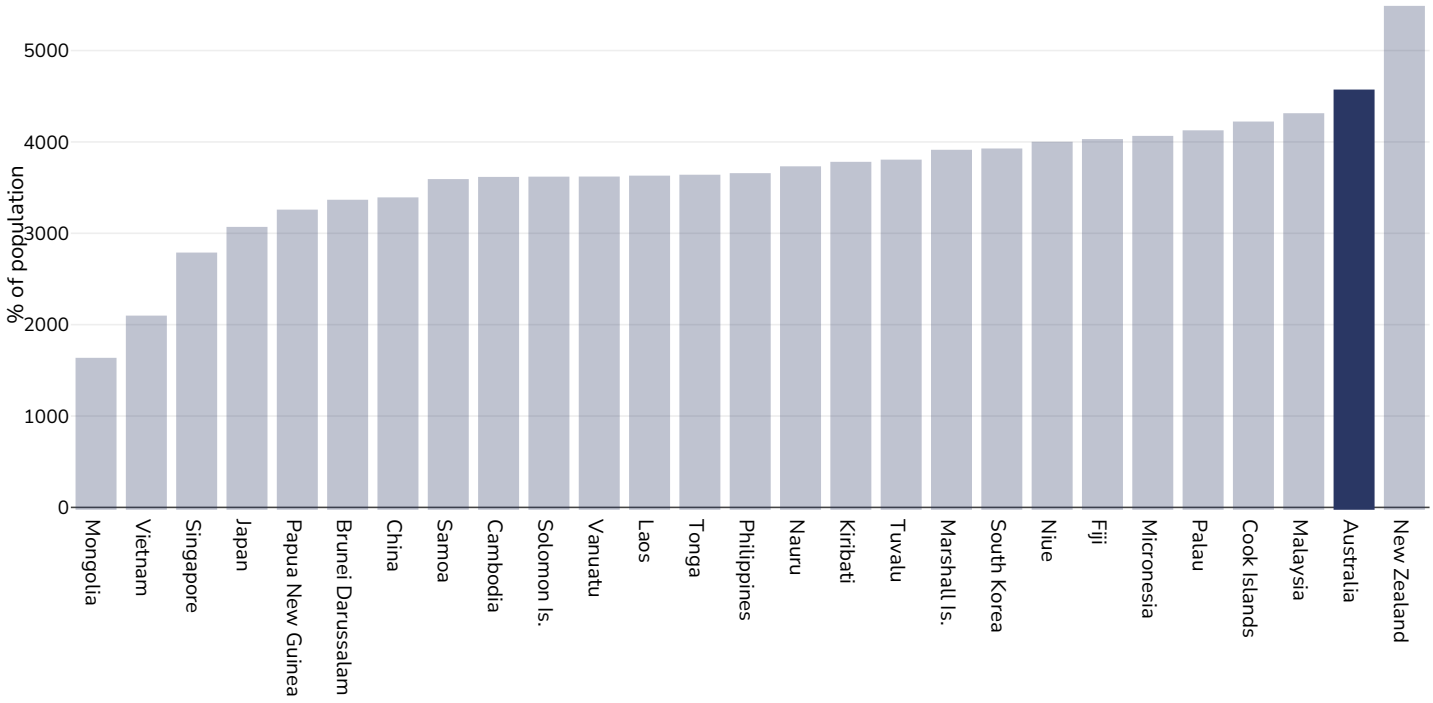
References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)

Boys, 2021



References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)

Girls, 2021



References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)

PDF created on July 14, 2025