

Publication Summary



Primary 1 Body Mass Index (BMI) Statistics

School Year 2013/14

Publication date – 17 February 2015



About this Release

This publication provides annual statistics on high, low and healthy body mass index (BMI) for Primary 1 school children, and includes data for school years 2004/05 to 2013/14. Statistics in this release are derived from height and weight measurements collected at health reviews in Primary 1 and recorded on the CHSP School system by NHS Boards.

Key Points

- In school year 2013/14 a total of 54,573 valid height and weight measurements were recorded for children in Primary 1 in Scotland. This is approximately 92% of children in Primary 1.

Based on epidemiological thresholds used for population monitoring purposes:

- In 2013/14, 76.4% of children in Primary 1 were classified as healthy weight, a small decrease on the 2012/13 figure of 77.5%.
- The BMI distribution of children in Primary 1 has remained broadly similar over the period 2004/05 to 2013/14 with between 21% to 23% of children at risk of overweight and obesity combined and around 1-2% at risk of underweight. In 2013/14, 22.6% of children in Primary 1 were at risk of overweight and obesity combined and 1.0% at risk of underweight.
- The prevalence of healthy weight amongst children in Primary 1 decreases as deprivation increases. In the least deprived areas (SIMD quintile 5), 81.1% of children were classified as healthy weight while in the most deprived areas (SIMD quintile 1) 73.2% were classified as healthy weight.
- The prevalence of healthy weight is slightly higher amongst girls than boys. In school year 2013/14, 77.2% of girls were classified as healthy weight compared to 75.7% of boys.

Background

There is continued concern over the levels of overweight and obesity among children in Scotland. Obesity during childhood is a health concern in itself, but can also lead to physical and mental health problems in later life, such as heart disease, diabetes, osteoarthritis, back pain, increased risk of certain cancers, low self-esteem and depression. Underweight in childhood can also be a cause for concern, indicating poor nutritional intake and/or underlying medical problems. Both over- and underweight develop as a result of an imbalance between energy consumption and energy expenditure.

The publication presents information for both epidemiological and clinical thresholds for classifying children into over- and underweight categories. Although the report includes brief commentary on the proportion of children in each clinical category, the main focus of the report commentary is the proportion of children in each epidemiological category. The reason is for comparability with previous years' publications and for ease of reference with published data in the rest of the UK, for example, the annual report on the [National Child Measurement Programme in England](#). Clinical thresholds have been included in order to support planning and delivery of clinical services, such as child healthy weight programmes in NHS Boards.

There have been a number changes made to this year's publication which include the use of a new Health Board configuration, an enhancement to the methodology and updated population estimates for Community Health Partnerships. These changes have been applied to data for all years presented resulting in minor revisions to some of the previously published figures. The revision does not affect the overall interpretation or conclusions to be drawn from previously published data. More information can be found in appendix A1 of the [Full Publication Report](#).

Contact

Dr Rachael Wood
Consultant in Public Health Medicine
NSS.isdchildhealth@nhs.net
0131 275 7028

Michael Nisbett
Senior Information Analyst
NSS.isdchildhealth@nhs.net
0141 282 2196

Further Information

Further information can be found in the [Full Publication Report](#) or on the [ISD website](#)

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