# Warning half of Australia's kids will be overweight by 2050, but is it the full picture?

A new study warns that half of Australian children could be overweight or obese by 2050, prompting calls for urgent government intervention. But some experts say we need to rethink what obesity really means.



A new report warns 50 per cent of Australian children and adolescents could be overweight or obese by 2050. But is it as alarming as it sounds? Source: AAP / Danny Lawson

Australia is facing an obesity crisis, according to a new study, with researchers calling for government intervention.

A new forecast estimates half of Australian children will be obese or overweight by 2050. But experts say it's much more complicated.

## New projections show rise in obesity

The Murdoch Children's Research Institute found that half of Australian children and adolescents (aged five to 24) are projected to be obese or overweight by 2050, with a third forecast to be classified as obese. The study, coinciding with World Obesity Day, used an established forecast model and Body Mass Index (BMI) data from 204 countries and territories.

Globally, the study found that a third of children and adolescents are forecast to be overweight (385 million) or obese (360 million) by 2050.

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"At the moment across the world, there's about 490 million children and adolescents living with either overweight or obesity. That prevalence has doubled since 1990 and the prevalence of obesity alone has tripled," Jessica Kerr, report author from the Murdoch Children's Research Institute, told SBS News.

"For Australia alone, there's currently about 2.3 million children and adolescents living with overweight or obesity in Australia ... we're estimating that by 2050, 50 per cent of all children and adolescents in Australia will be living with either overweight or obesity, which is a very significant number."

Kerr says that while Australia has a lower prevalence than some regions — such as the Middle East, North Africa, Latin America, and Oceania — it ranks in the top three among high-income countries.

According to Kerr, a key driver of this increase is that Australia exists in an obesogenic environment — one that makes maintaining a healthy lifestyle challenging.

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"What this means is that even if you want to lead a healthy lifestyle, it's really difficult to do when you're surrounded by an environment that's telling you to do the opposite and is promoting obesity."

"This giant burden will not only cost the health system and the economy billions, but complications associated with a high Body Mass Index (BMI), including diabetes, cancer, heart problems, breathing issues, fertility problems and mental health challenges, will negatively impact our children and adolescent now and into the future, even holding the potential to impact our grandchildren's risk of obesity and quality of life for decades to come," Kerr said.

# A 'monumental societal failure'

Kerr says the findings highlight "monumental societal failures" and a lack of coordinated global action towards what some call the 'obesity epidemic'.

"There hasn't been a big coordinated action at the policy, at the government level to affect all sorts of changes in a child or an adolescent's environment, so I think in that respect, we've really let them down," Kerr said.

"For too long, there's been that focus on these individual-level behaviour change

strategies that, although they do work for some people for a short period of time ... they don't lead to sustainable change."

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Her recommendations include adding taxes to sugar-sweetened beverages and unhealthy foods, enforcing stricter marketing and advertising regulations on fast food, and subsidising healthier foods to make fresh produce more affordable.

"We really need multi-sectorial action across all levels of government. If we're going to impact this, we need to change the systems that our young people live in rather than focusing on the young person and what they themselves can do."

## Is BMI the right metric?

But advanced accredited practicing dietitian and lecturer at Queensland University of Technology, Dr Fiona Willer, questioned the study's methodology and its emphasis on children's body size.

"We now know, without a shadow of a doubt, that body size does not equate to healthiness and nor does it reflect people's dietary patterns," she said.

"The 'monumental societal failure' is to not look deeper and really understand the way people live right now. It's not down to individual personal responsibility. It's all our jobs to make sure that everyone has good nourishment and good food."

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Willer adds that the methodology of the study, which used an established forecast model alongside BMI data from 204 countries, has limitations.

She says the study's forecasting model assumes trends will continue indefinitely without factoring in biological and societal adaptations and raises concerns about the reliance on BMI as a primary metric.

"The thing about BMI is that it's an okay early screening tool, but should be used as a screening tool, as a trigger for a GP to do more investigations, for example," she said.

"The growth and development of children and adolescents is hugely dynamic. We can never use BMI accurately in there.

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"BMI is absolutely hopeless to use in those populations. It was never designed that way. If we're using BMI in kids, what we're really trying to do is jam an adult risk screening system into a very dynamic, noisy period for growth."

Kerr acknowledged the limitation, saying BMI "can't distinguish between health and disease by itself" but argued that at a population level, it remains a useful

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epidemiological tool.

## The impact of weight stigma

Willer called for more nuance in discussions about people in larger bodies.

"The body size is an expression of something else that's going on," Willer said.

"Targeting the body size would absolutely do [people] a disservice by ignoring the root cause."

"When we're problematising people's body size instead of actually looking deeper into the minutia of somebody's health situation, we are doing them a deep disservice."

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Georgia Bates, dietitian and committee member of Size Inclusive Health Australia, adds that weight is often treated as "the end all and be all of health".

"The real public health crisis is rampant weight stigma," she told SBS News.

She adds that the complexities of obesity go beyond health implications, including:

- Weight stigma and chronic stress, which can impact cardiovascular health and

metabolic function.

- Weight bias in healthcare, which can delay or complicate diagnoses and treatment.
- **Healthcare discrimination**, where "people of a higher weight are often dismissed or have their health concerns attributed solely to their weight," leading to delays in care.
- **Workplace bias**, where weight discrimination can impact hiring decisions, pay rates, and promotions.
- **Interpersonal stigma**, leading to bullying, unsolicited advice, or judgment about eating and exercise.
- **Mental health impacts**, with chronic exposure to stigma and bias contributing to anxiety, depression, and disordered eating patterns.

Kerr says that part of the recommended changes is to reduce individual stigma.

"There's been a lot of focus on individual-level change strategies ... and that tends to put blame on the individual and increases stigma, which is a really big barrier for prevention and treatment."

"One of the main slogans for World Obesity Day is that it's the overarching systems, not the people or the individuals, that need to change," she said.

"We really need to work on reducing the stigma. It's not the young person's fault they've developed obesity, it's the environment's fault, it's the system they've been placed in."

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Willer says it's not just time to shift the focus from individual responsibility, but also to question why having a larger body is perceived as inherently negative.

"The proposition that having a population with larger-bodied kids is a bad thing for society is flawed. I would like to see the data that would bear that out because Australian kids are pretty healthy comparatively speaking," she said.

"Using this negative narrative to try and make us worry about the nutrition intakes of children is not an ethical approach. We should all be focused on every Australian child being able to access good food and nutrition.

"Everybody eats. Everybody deserves to eat well. And we can't see how well somebody eats from looking at them."

For support with eating disorders or body image concerns, call Butterfly National Helpline on 1800 ED HOPE (1800 33 4673) or visit <a href="www.butterfly.org.au">www.butterfly.org.au</a> to chat online or email, 7 days a week, 8am-midnight (AEST/AEDT).







