Last update: 22/09/2026

Metadata – Overweight and obesity in adults

Description	Overweight: Percentage of adult persons (≥18 years) whose Body Mass Index (BMI) is ≥ 25 kg/m². Obesity: Percentage of adult persons (≥18 years) whose Body Mass Index (BMI) is ≥ 30 kg/m². Increased central adiposity: Waist-to-height ratio ≥ 0.5 and <0.6 High central adiposity : Waist-to-height ratio >0.6
Rationale	Excessive body weight predisposes to various diseases, particularly cardiovascular diseases, diabetes mellitus type 2, cancers and osteoarthritis. Overweight is a growing public health problem. Many of the risks diminish with weight loss (1,2). Effective interventions exist to prevent and treat overweight and obesity. The indicator is recommended as a health promotion indicator by the OECD and is one of the ECHI indicators (3,4).
Primary Data source	Food consumption survey (FCS) 2022-2023 Belgian Health Interview Surveys (HIS) 2001-2004-2008-2013- 2018- 2023/2024 for self-reported data Eurostat
Indicator source	For the measured indicators: Belgian FCS report 2022-2023 https://www.sciensano.be/en/results-national-food-consumption-survey-2022-2023(5) For the self-reported indicators: Belgian HIS reports and HISIA 2001-2004-2008-2013-2018-2023/2024 https://healthinformation.sciensano.be/shiny/hisia/). For international comparisons: Eurostat provides comparable data for 2022 for the countries participating to Statistics on Income and Living Conditions (SILC)
Periodicity	Every 3-5 years for the HIS Every 6-7 years for the FCS
Calculation, technical definitions, and limitations	The Body Mass Index (BMI) is defined as the individual's body weight (in kilograms) divided by the square of their height (in meters). In the FCS, the height (without shoes), weight (with light clothes and without shoes), and waist circumference were measured by a trained investigator in the home of the participants. . The indicators were defined as: - Overweight: the percentage of people aged 18 years or older reporting measures of height and weight resulting in a BMI ≥ 25 - Obesity: the percentage of people aged 18 years or older reporting measures of height and weight resulting in a BMI ≥ 30 - Increased central adiposity: Waist-to-height ratio ≥ 0.5 and <0.6 - High central adiposity : Waist-to-height ratio >0.6 These percentages were weighted according to the survey design. In the HIS, weight and height are self-reported and derived from the questions: - BMI01: How tall are you? (cm) and - BMI02: How much do you weigh without clothes and shoes? (kg). If a woman was pregnant at the time of the interview, her weight before the pregnancy was asked. Self-reported data can suffer from inaccuracy of the measures. They can also be subject to some bias: overweight people tend to underestimate their weight and overestimate their height, leading to an underestimation of the overweight prevalence. However, it is likely that the bias remains quite stable over time, allowing for time trends monitoring.

International comparability	Availability: Yes. Eurostat data, based on EHIS or the Statistics on Income and Living Conditions, provide estimates for most of european country; availability depends on the year Comparability: Eurostat data come from different national data sources, which can hamper comparability. The lack of age-standardisation in international data can hamper the comparability for these indicators because overweight and obesity are increasing with age (except in the oldest age groups).

Metadata – Overweight and obesity in children and adolescents

Description	**Overweight:** Percentage of children and adolescents (3-17 years) whose BMI-for-age corresponding to an adult BMI of ≥ 25 kg/m² (according to IOTF-cut-offs). For international comparisons (HBSC), overweight is defined as the percentage of adolescents (15 years) whose BMI-for age > + 1 SD z-score. **Obesity:** Percentage of children and adolescents (3-17 years) whose BMI-for-age corresponding to an adult BMI of ≥ 30 kg/m² (according to IOTF-cut-offs). For international comparisons (HBSC), overweight is defined as the percentage of adolescents (15 years) whose BMI-for age > + 2 SD z-score.
Rationale	Overweight and obese children and adoelscents suffer from both short-term and long-term health consequences. Overweight and obese children are more likely to stay obese into adulthood and more likely to develop noncommunicable diseases (NCDs) like diabetes and cardiovascular diseases at a younger age. Childhood obesity is also associated with a higher chance of premature death and disability in adulthood. But in addition to increased future risks, obese children experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance, and psychological effects. Overweight and obesity, as well as their related diseases, are largely preventable. Prevention of childhood obesity, therefore, needs high priority (7,8).
Primary Data source	National Food Consumption Survey (FCS) 2014-2015 and 2022-2023 WHO international report on the Health behavior in school-aged children (HBSC) survey 2022. This data comes from two separated HBSC surveys that are conducted in Belgium: - HBSC in the French community (conducted by the Université libre de Bruxelles) - HBSC in the Flemish community (conducted by the University of Ghent)
Indicator source	FCS 2014-2015 and 2022-2023 WHO international reports on the HBSC 2022
Periodicity	FCS : Every +- 10 years HBSC: Every 4 years
Calculation, technical definitions, and limitations	**FCS** The FCS survey randomly selected participants from the Belgian National Register using multistage stratified clustered sampling methods, and height and weight were objectively measured by an interviewer. The results were weighted in order to better represent the target population, i.e., the Belgian population aged 3 years and older. A weighting factor was calculated for each respondent. Calculating these coefficients involves taking into account the distribution of the sample according to the province, sex, age, education level and season during which the interview was conducted. **HBSC** Self-reported data from the HBSC study, used for international comparisons, are based on standardized international sampling design based on multistage stratified cluster sampling approach. The HBSC surveys are filled by students between the 5th grade of primary to the 6th grade of secondary in the classroom. 2 distinct surveys are taking place in the French-speaking school system and in the Dutch-speaking school system. More information about the methodology of these surveys can be found on the respective

	website of these surveys (https://sipes.ulb.ac.be/, http://www.hbsc.org/membership/countries/belgium_fl.html). These questions are self-reported by the participants which can lead to bias in the responses. Statistical analyses were weighted to improve the representativeness of estimates for the study's target population. In the French Community, individual weighting coefficients were calculated taking into account three elements: - the probability of schools being included in the initial sample ; - the variation in response rates according to school characteristics: region or province, educational network, socio-economic index (only in the Brussels-Capital Region) and total number of pupils; - differences observed between students who took part in the survey and those in the reference population in terms of region, school year, gender (only in French-speaking Belgium) and educational orientation (from secondary 3 onwards). In the Flemish Community, the weighting factor was calculated based on the effective composition of the population by year of study, gender and type of education. Several limitations are to be mentioned. Height and weight are self-reported by the teenagers. The validity of surveys estimating excess weight in adolescents has not been studied. Height and weight in adolecents change quickly and maybe these self-reported measures are not up to date. The Body Mass Index (BMI) is defined as the individual's body weight (in kilograms) divided by the square of their height (in meters). During childhood and adolescence, the ratio between weight and height varies with sex and age, so the cut-off values that determine the nutritional status of those aged 0–18 years are gender- and age-specific. We use in this report, the cut-offs recommended by the International Obesity Task Force (IOTF) (9). For data from the International report, the cutt-offs for defining BMI categories are specific to age and sex based on z-score cut-offs. For national figures, an unweighted average of the results in EU-13 countries were done. This average does not include data from Ireland because there is more than 50% missing BMI data for this country.
International comparability	Availability: Yes, the HBSC is realized across 50 countries and regions. Comparability: The HBSC international standard questionnaire enables the collection of common data across participating countries. These data allow cross-national comparisons. However, for indicators of overweight and obesity in teenagers, attention should be put on the use of a common set of cut-offs for comparison.

Reference List

1. WHO. Obesity - Preventing and managing the Global Epidemic. Report of a WHO consultation on obesity. Geneva: WHO; 1998 p.

2. WHO. The challenge of obesity in the WHO European region and the strategies for response: summary. World Health Organization; 2007 p. 1–323.

3. Marshall M, Klazinga N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al. OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care. 2006 Sep;18:Suppl-5.

4. Verschuuren M, Achterberg PW, Gijsen R, Harbers MM, Vijge E, Wilk EA, et al. ECHI Indicator Development and Documentation - Joint action for ECHIM final Report Part II. Vol. II. RIVM; 2012. 1–287 p.

5. Van der Heyden J, Nguyen D, Renard F, Scohy A, Demarest S, Drieskens S, et al. Enquête de santé par examen belge. Bruxelles: Sciensano; 2019 Nov. https://his.wiv-isp.be/fr/Documents%20partages/HES_FR_2018.pdf

6. Whigham LD, Schoeller DA, Johnson LK, Atkinson RL. Effect of clothing weight on body weight. Int J Obes. 2013 Jan;37(1):160–1.

7. World Health Organization, Commission on Ending Childhood Obesity. Report of the Commission on Ending Childhood Obesity. 2016.

8. Singh AS, Mulder C, Twisk JW, van Mechelen W, Chinapaw MJ. Tracking of childhood overweight into adulthood: a systematic review of the literature. Obes Rev Off J Int Assoc Study Obes. 2008;9(5):474–88.

9. Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. Br Med J. 2000 May 6;320(7244):1240–3.