Childhood Overweight and Obesity in South Australia

An evidence-based summary for action

Government of South Australia
Preventive Health SA

This summary describes the key drivers of overweight and obesity and highlights the evidence-based action needed to create healthier systems and promote a healthy weight for children and young people in South Australia.

Key messages

1

Almost 4 in 10 South Australian children are living with overweight or obesity. Without prevention action, this will increase to an additional 1,800 children by 2029.

2

Obesity prevention will save money and lives. Reducing child overweight and obesity by 5% across Australia will equal lifetime savings of about $8 billion.

3

Halting the rise and reversing the trend in obesity requires systems change to protect children and young people from environments that promote obesity.

4

South Australia has the opportunity to lead the nation by employing **evidence-based obesity prevention policy and program approaches.**

1 Obesity is one of the most critical public health concerns

In 2024, 37.1% of children and young people aged 2-17 years in South Australia were living with overweight or obesity – this has risen by almost 25% in the last 3 years.[1]

If no action is taken to reduce overweight and obesity in South Australia, it's expected that:

The number of children living with overweight or obesity will grow by 1,800 by 2029.[2]

The life expectancy of children born in 2023 will reduce by seven months – a reversal that is larger than the negative impacts of COVID-19.[3]

2 Health and economic impacts of obesity are severe

Children who have an unhealthy weight are more likely to experience overweight and obesity as an adult. In 2024, almost two thirds (66.0%) of adults were living with overweight or obesity.[1]

Living with overweight and obesity has overtaken smoking as the number one cause of preventable health conditions such as type 2 diabetes, heart disease, and several cancers.[4]

Urgent preventive action is needed to fight overweight and obesity and protect the health and wellbeing of South Australians. Investment now will save lives and money in the future.

In 2024[1], among South Australian adults with:

Diabetes	Heart Disease	Cancer
86.1% were living with overweight or obesity	**80.2%** were living with overweight or obesity	**73.4%** were living with overweight or obesity

If we can achieve the change in systems needed to reduce childhood overweight and obesity across Australia by 5% by 2030, as set out in the National Obesity Strategy, this will equal savings of almost $8 billion in total lifetime costs.[5]

3 Drivers of obesity are deeply rooted in everyday life

A child's physical surroundings, including their home, school, and neighbourhood, and the systems that govern these environments, influence health and wellbeing.

Today, children grow up in highly obesogenic environments. That is, surroundings that encourage high energy intake and low physical activity, leading to weight gain.

Aspects of obesogenic environments can be categorised into four groups:

Food environment
Settings with high availability of unhealthy food, low availability of healthy food

Physical environment
Spaces that limit physical activity and promote sedentary behaviour

Social and cultural environment
Social and cultural norms that promote unhealthy food and physical inactivity

Policy environment
Policy and regulations that promote unhealthy food and physical inactivity

The below figures, reported among children in South Australia in 2024[1], reflect an environment where unhealthy food and drinks are convenient, heavily promoted, and part of everyday life. Additionally, excessive use of technology that is now part of modern society, goes hand in hand with less physical activity.

Unhealthy weight risk factors

59.4%
of children ate fast food at least once a week

10.0%
of children consumed soft drink every day. Among teens 15-17 years, this was almost double (19.3%)*

45.7%
of children exceeded the daily guidelines of less than 2 hours screen time during the week, while 73.8% exceeded guidelines on the weekend*

Healthy weight protective factors

11.1%
of children met the recommended daily vegetable intake of 2.5-5.5 serves*

64.7%
of children met the recommended daily fruit consumption of 2 serves*

24.2%
of children met the recommended daily physical activity guidelines of 60 minutes*

**Daily recommendation dependent on age and gender. Screen use and physical activity behaviours were reported among children aged 5-17 years, fruit and vegetable consumption among children 2-17 years, and soft drink consumption among children 1-17 years.*

4 Protecting children requires system changes

Childhood is a critical period to establish lifelong healthy eating and exercise habits. Preventive action that targets changing individual choices alone is not enough.

Meaningful action to prevent childhood obesity means creating healthier systems – changing environments so that making the healthy choice is the easy choice for South Australian families.

Public health evidence demonstrates that a combination of comprehensive strategies including changes to laws and regulations, school- and community-based approaches, as well as public education campaigns, is required to effect change.

Policy to promote healthier food environments could include regulations for advertising, pricing, labelling, portion sizes, taxing, and ingredient reformulation

Effective school-based approaches incorporate nutrition education, physical activity programs, and the creation of healthy food environments

Awareness campaigns targeting healthy eating include campaigns informing consumers of nutritional content of foods and the risk of obesity

While the solution is complex – requiring ongoing commitment, as well as strong partnerships across government sectors – it is only with a combination of population approaches such as these, we will create the shift needed to benefit the health and wellbeing of children now and in the future.

A comprehensive prevention strategy focused on environmental drivers of obesity will also work to reduce the negative impacts of weight-related stigma. A focus on individual behaviour is not only ineffective for prevention, but can worsen health and wellbeing outcomes among people living with overweight and obesity.[6]

5 Targeted supports to promote healthy weight for all children

Not everyone starts at the same place. Some children experience more barriers to a healthy weight compared to other children. In South Australia, factors including where you live, cultural background, and family income, are all linked with a greater risk of overweight and obesity.

To ensure health equity, **population approaches need to be combined with targeted prevention approaches, tailored to support children and young people facing greater risk.**

Across 2020-2024[1], compared to all children aged 2-17 years in SA, overweight and obesity was:

46.1%
higher among Aboriginal and/or Torres Strait Islander children

28.2%
higher among children living in the most socioeconomically disadvantaged areas

6.1%
higher among children living in rural areas

6 Obesity prevention is key to a healthier future

South Australia has committed to global and national targets to promote health and wellbeing, and equitable health outcomes, for all.

Obesity prevention among children and young people is key in achieving these targets, and will be a powerful driving force in creating a sustainable system to prevent chronic disease and reduce their impact on future generations.

Target: Reduce overweight and obesity in children and adolescents 2-17 years by at least 5% by 2030
National Preventive Health Strategy 2021-2030 | National Obesity Strategy 2022-2032

Target: Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
National Preventive Health Strategy 2021-2030 | National Obesity Strategy 2022-2032

Target: Close the gap in life expectancy for Aboriginal and Torres Strait Islander people by 2031
National Agreement on Closing the Gap

7 What does evidence-based action look like?

Global guidelines provide a roadmap to reducing obesity and creating healthier environments. Locally, Australian research has highlighted a variety of cost-effective prevention approaches, including both policy and program focused options.[7,8]

Some examples of evidence-based approaches to childhood obesity prevention include:

1

Create healthier public spaces by restricting advertising of unhealthy food and drink

Food and drink marketing affects children's knowledge, preferences, and consumption. Leading the nation, the South Australian government announced a ban of unhealthy food and drink advertising on buses, trains and trams in January 2025.[9] Evaluation will measure any changes in exposure to unhealthy advertising and as a result, any changes in the diets of South Australians.

2

Ensure healthy school environments, empowering children to develop healthy habits

Schools are an important environment for obesity prevention. Introduction of school food and nutrition policies, including standards for food provided or available to purchase, as well as nutrition education, is recommended by the WHO Global Acceleration Plan to Stop Obesity[10], and will set the benchmark for policy to create school environments for lifelong healthy habits.

3

Restrict marketing of unhealthy products in retail outlets to encourage healthy choices

Marketing in retail outlets such as supermarkets, shape buying decisions through the 'four Ps' of price, promotion, place, and product. While not introduced in Australia, policy to restrict the marketing of unhealthy food and drink (e.g., chocolate, lollies and sugar sweetened beverages) is a priority of the National Obesity Strategy and has public support from parents.[11]

4

Deliver media campaigns to build knowledge, skills and confidence to live an active life

Media campaigns expose the population to health messages to increase awareness, and shift norms and behaviours. The LiveLighter campaign aims to increase awareness of health risks of obesity and encourage healthy eating and physical activity. Shown to be effective in other states[12], the campaign was launched in South Australia in June 2025.

8 Further information

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4 **Australian Institute for Health and Welfare.** Living with overweight or obesity overtakes tobacco as new leading burden of disease risk factor. 2024. *https://www.aihw.gov.au/news-media/media-releases/2024/december/living-with-overweight-or-obesity-overtakes-tobacco-as-new-leading-burden-of-disease-risk-factor*

5 **Carello et al.** Economic benefits of reducing childhood and adolescent overweight and obesity in Australia. 2024. *https://www.phrp.com.au/issues/october-2024-volume-34-issue-3/economic-benefits-of-reducing-childhood-and-adolescent-overweight-and-obesity/*

6 **Brown et al.** Pervasiveness, impact and implications of weight stigma. 2022. *https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00138-9/fulltext*

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8 **Obesity Evidence Hub.** Key evidence on obesity trends, impacts, prevention & treatment in Australia. 2025. *https://www.obesityevidencehub.org.au/*

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11 **Gomez-Donoso et al.** Public support for unhealthy food marketing policies in Australia. 2025. *https://www.sciencedirect.com/science/article/pii/S1326020025000123?via%3Dihub*

12 **Morley et al.** Controlled cohort evaluation of the LiveLighter mass media campaign's impact on adults' reported consumption of sugar-sweetened beverages. 2018. *https://bmjopen.bmj.com/content/8/4/e019574*