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16 – Public attitudes towards taxation and subsidisation as obesity intervention measures: results from the IDEFICS parental questionnaire

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Introduction: There is a trend of increasing weight amongst school-aged children. Studies indicate that up to a quarter of school-aged children may be overweight, with a tenth of these obese. The cost of food has been implicated in this increase, with energy-dense foods tending to be cheapest. Consequently, higher taxes on unhealthy foods and subsidies for healthy foods have been proposed as potential intervention measures. However, the successful implementation of any such policies is likely to be politically susceptible to public acceptance.

Method: This paper draws on attitude data towards taxation and subsidisation generated from the first phase of the Identification and Prevention of Dietary and Life-

style-induced Health Effects in Children and Infants parental questionnaire.

Results: The results indicate that parents show a high degree of support for taxation and subsidisation of food products, but that there is significant variation in support between countries.

Conclusions: These findings are consistent with recent data suggesting that public(s) are increasingly supportive of taxation and subsidisation policies yet are in conflict with the attitudes of other key stakeholders who are less supportive of taxation-subsidy policies. The implications of these findings and potential for policy interventions are discussed.

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17 – Determinants of children's sedentary behaviour vary according to maternal weight status

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Introduction: Sedentary behaviour accounts for overweight and obesity independently of physical activity. Our objective was therefore to determine correlates of such behaviour in 7–9-year-old French children in 2007.

Method: A nationally representative sample of 2525 children participated in the study. Television viewing, video/computer duration and various characteristics of the children and their parents were assessed using a questionnaire completed by the parents. Correlates of television viewing

(<2 h/d *v.* 3 h/d) as a proxy for sedentary behaviour were estimated using multivariate logistic regression.

Results: Children spent 2 h 11'/d in front of a screen, two-third of it being due to television (1 h 32'/d). Television viewing was associated with the following characteristics: child's age, residence in an educational priority zone, member of a sports team, perception by parents of child's activity, how the child commutes to school and family traits (i.e. mother's age and weight status, parental education level and

occupation, number of children). In children of non-overweight mothers, sedentary behaviour was related to the child's age, socio-economic characteristics of the family and physical activity. However, children of overweight mothers had very few characteristics related to sedentary behaviour (i.e. no association was found with the child's characteristics and only a weak association with familial characteristics).

Conclusions: Correlates of sedentary behaviour in 7–9-year-old children vary according to maternal overweight. In contrast with children of non-overweight mothers, children of overweight mothers showed relatively homogeneous sedentary behaviour. Maternal status must therefore be taken into account when developing strategies to prevent sedentary lifestyles in children.

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18 – Ethical evaluations of childhood obesity interventions: equity and social justice

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Introduction: Questions about equity are an important aspect of ethical evaluations of childhood obesity interventions. This presentation identifies three equity concerns about such interventions and considers how these concerns can be integrated in their evaluation.

Methods: This presentation will draw on relevant empirical examples and public health ethics literature.

Results/conclusion: Since, in many industrialized countries, (childhood) obesity is more common among disadvantaged groups, interventions that reach these groups could reduce social inequalities in health. However, these interventions also raise equity-based concerns. First, experience with public health initiatives suggests that affluent groups often benefit more from such interventions than other groups; thus, such interventions may exacerbate, rather than reduce, health inequalities. Ethical evaluations must therefore identify rele-

vant disadvantaged groups and assess the degrees to which advantaged and disadvantaged groups have benefited from the intervention. Second, some anti-obesity strategies may impose harms or burdens on children or parents, e.g., by stigmatising parents and/or children. From an equity perspective, we must avoid a clustering of such burdens among the disadvantaged. Importantly, this analysis may have to consider harms in aspects of well-being other than health. Parents' and children's views on interventions help us identify relevant burdens. Finally, interventions may involve trade-offs between different aspects of equity. First, there may be trade-offs between equity gains along different dimensions, e.g., when health improvements can be affected by imposing burdens in other domains. Second, interventions may impose burdens on parents to bring about benefits for their children, leading to trade-offs between equity gains among children *v.* parents.

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19 – Prospective longitudinal study of childhood risk factors in the development of obesity – the STEPS study

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Introduction: STEPS is a longitudinal cohort study involving a systematic follow-up of children and their families from pregnancy to adulthood. It aims to produce comprehensive information about the interplay of health-related, psychological, social, economical and educational factors in childhood development. One part of the STEPS study is focusing at the childhood risk factors in the development of obesity.

Method: The study children (*n* 1818) have been born between March 2008 and March 2010. The data is collected using a variety of different methods, including questionnaires, health records and biological samples. The outcome measures comprise family socio-economic status and health history as well as physical activity and dietary habits. Weight, height, waist circumference and body composition of children and from both parents will be measured once a year.