Correspondence

Response to: Overweight and obesity among adolescents in Norway: a response from the UK

Sirs,

Stevens et al. have responded to our article in *Journal of Public Health*,¹ and raised some interesting questions. Although many of their points have already been discussed in our article, we feel that it might be relevant to elaborate the discussion further.

The accuracy of self-reporting might always be questioned, especially what concerns proxy measures. The traditional proxies for socio-economic situation (SES) have been education, occupation and income. It might, however, be questioned which of the three is the best proxy, and this will also depend on a country’s culture and economy. There is no accurate measure for the situation, as a proxy will always be a proxy. Surveys in children have traditionally used the parents’ SES. In adolescence, between child and adult age, this is more difficult. Young people have not reached a stable situation themselves and might also report the parents’ situation wrongly. However, a Norwegian study showed a good agreement between the parents’ and the adolescents’ reports of the family’s SES using the three proxies.²

There has been a demand for better proxies for SES in the adolescent group. Currie has proposed different material goods as a proxy, but in a welfare state with high economic standards like Norway, this does not seem relevant.³ Friestad et al.⁴ has, therefore, proposed another proxy for the educational variable: ‘plans of education’. They investigated the validity of this proxy, and found that by the age of 15, educational plans among adolescents seemed to be stable for their further lives. They also found a good correlation with the parents’ final education. Plans of education have been used in several studies, including a Norwegian study of obesity and SES in Oslo.⁵ We found it appropriate to use this variable in our study, representative for the whole country. In addition, we used a variable of parents’ income. Both showed an association with obesity among adolescents.

We are aware of, and have discussed, the validity of self-reported weight and height in the study. As reported in several previous reports, the adolescents, especially the girls, seem to underestimate their weight and overestimate their height. Because of the focus on body image in the western countries, we have mentioned that the sex difference we found in obesity might be due to the girls’ twisted reports.

We believe that the term ‘activity’ used in describing physical activity is adequate, and will not be misunderstood in Norway. The term has been used for many years in the HBSC studies (Health Behaviour in School-aged Children).⁶ It has also been discussed in the press several times during the last years, due to the presumed increasing trend of obesity in several countries.

Since the data used in our study stem from a general health survey, we were not able to include other variables more closely related to obesity. Concerning mental health, there were some questions, but we did not investigate these associations.

We might also add that the questionnaire was mainly filled in a classroom setting, with supervision of a teacher, and did not allow communication/discussion among the pupils during the session.

Finally we believe that our choice of variables is not applicable in all countries with different economy and culture. We believe that we still have a long way to go for a global comparison in this respect.

References


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