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SUBMISSION TO THE HOUSE OF REPRESENTATIVES

INQUIRY INTO OBESITY IN AUSTRALIA

from

Professor Jan Wright
Faculty of Education
University of Wollongong*
Wollongong, NSW 2522
Ph: 02 42213664
Email: jwright@uow.edu.au

Associate Professor Michael Gard
School of Human Movement Studies
Charles Sturt University*
Bathurst, NSW 2795
Ph: 02 6338 4484
Email: mgard@csu.edu.au

Professor Richard Tinning
School of Human Movement Studies
University of Queensland

Dr Ken Cliff
Faculty of Education
University of Wollongong

Dr Robyne Garrett
School of Health Sciences
University of South Australia

Dr Gabrielle O'Flynn
School of Human Movement Studies
Charles Sturt University

Professor Christine Halse
Centre for Educational Research
University of Western Sydney,

Dr Simone Fullagar
Department of Tourism, Leisure, Hotel and Sport Management
Griffith University

Dr Heidi Gilchrist
School of Public Health, Faculty of Medicine
The University of Sydney

Dr Louise McCuaig
School of Human Movement Studies
The University of Queensland

Rosie Welch
PhD student
Faculty of Education
University of Wollongong

Alison Wrench
PhD student
School of Health Sciences
University of South Australia

*Contacts for further information

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We write as a group of concerned academics who have been researching in the area of physical activity and physical education for most of our careers. We want in this submission to provide an alternative point of view to the idea that there is an 'obesity epidemic' which requires urgent government intervention.

Instead we propose that there is sufficient robust research to suggest that the claims to an 'epidemic' are exaggerated and have been dramatised to catch public attention and funding. More importantly we argue that the promotion of such an idea can have consequences that are 'unhealthy' and counter to the well-being of children and young people. And lastly, we argue that rather than focusing on physical activity to prevent obesity, government policy and funds would be better directed at providing facilities, access and opportunities for children and young people to be physically active, to learn and to engage in a wide range of physical activities within and outside schools.

i) Exaggerated claims about an 'obesity epidemic' are likely to have unhealthy consequences for children and adults

The Australian Institute of Health and Welfare has reported on a number of occasions that Australians have never been healthier[1]. In 2004 they reported that Australians today live longer and healthier lives than at any time since records have been kept and that improvements in health outcomes have been most rapid in recent years. In particular, they note that these improvements have happened in significant part because of changes to people's lifestyles. These Australian findings are mirrored in other Western countries where rates of many of the diseases most commonly associated with overweight and obesity, including ischemic heart disease, have dropped dramatically.

Although it is clear that of the incidence of overweight and obesity are increasing, a number of leading international obesity researchers have pointed out that the health consequences of this change are not clear. This point is worth bearing in mind when faced with some of the more startling predictions emanating from parts of the scientific and medical communities. These include claims that obesity will cripple Western economies,[2] slash 10 years off life expectancy,[3] and lead to a generation of children – today's children – dying before their parents.[4] Some even go as far as suggesting that without a war on obesity the entire populations of countries such as Australia, the United States and the United Kingdom will be overweight or obese within a few decades.[5] These predictions are ***not credible*** and should not form the basis for serious public policy development. It is widely accepted in the academic literature that we simply do not know with any degree of certainty what contribution body fat *per se* plays in excess mortality and morbidity. To take one specific example, it is certainly the case that diabetes appears to be increasing in Western countries

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[1] Australian Institute of Health, 2004
[2] Colditz, 1999; Colditz & Mariani, 2000
[3] Mason (2005); Olshansky, Passaro, et al. 2005
[4] Fox, 2003.
[5] Johnson, 2001

although diabetes is diagnosed much more aggressively today than in the past. But there remains considerable controversy about the causes and cures of diabetes and the role played by body weight. It is widely acknowledged that 'normal weight' people can be diabetic and that most overweight and obese people are not diabetic. A leading researcher in this field has claimed that while overweight and obese people are more likely to suffer from diabetes, diabetic symptoms can be reduced and even eliminated through lifestyle measures (improved diet and increased physical activity) without any change to weight status.[6] Our book, *The Obesity Epidemic: Science, Morality and Ideology,* covers these issues in much greater detail[7]. A copy of this book has been sent to Prime Minister Rudd's office but we would be happy to send another copy if required.

In the interests of brevity, we suggest that there are two important 'take home points' which arise from a sober assessment of rising obesity numbers and the data concerning the health consequences of this increase. First, most Australians live long, healthy lives. We understand that labelling something as a crisis is a powerful political strategy,[8] however, it simply makes no sense to characterise obesity as a health crisis since to do so will inevitably lead to scarce health resources being directed to change the lives of millions of Australians who are already healthy. Second, acknowledging the health of the general Australian population does not change the fact that there are groups of Australians who do not enjoy the same health outcomes as the majority. In fact, our argument is that calling overweight and obesity a crisis makes it less likely that areas of health need will be adequately or precisely addressed. Obesity is not a problem for 'everyone everywhere' and it is closely linked to social inequality.

ii) The idea of an 'obesity epidemic' and the practices that it motivates have damaging effects for children and young people, and for the relationships between parents and children

Discussion about childhood obesity in recent years has raised some important social policy issues. However, perhaps inevitably, it has also generated a great deal of misinformation about Australia's children. In particular, the idea of a 'couch potato' generation has dominated discussion to the point that politicians, journalists and many scientists talk as if it were simply a matter of common sense that today's children are lazy and inactive. In actual fact there is a dearth of data on which to base any conclusion about changes over time in children's physical activity levels. The data that do exist show no evidence of a precipitous decline and a recent Australian study found that today's children were just as interested and involved in sport as previous generations.[9] This study's leader announced that the idea of a generation of lazy children was an 'urban myth'.[10] Likewise, while a wide range of social commentators

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[6] Gaesser, 2002

[7] Also see Appendix 1, 2 and 3 for more details.

[8] For the case against labelling this a crisis or an epidemic see for example Kirk, D. (2006). The 'obesity crisis' and physical education. *Sport Education and Society* 11(2): 121-135. and Thorpe, S. (2003). Crisis discourse in physical education and the laugh of Michel Foucault. *Sport, Education & Society* 8(2): 131-153.

[9] Booth & Okely, 2002

[10] Price, 2005.

have decried the impact of televisions and computers on childhood physical activity, there is now considerable agreement in the research community that television and computer use appears to have almost no bearing on the amount of physical activity that children do. For example, in many studies some children score high on both technology use and physical activity and many other children score low on both[11].

These are important points to keep in mind when framing public policy. During the term of the Howard Coalition government, policy decisions concerning childhood physical activity seemed to assume that Australian children were a uniformly moribund lot and that simply providing extra opportunities for physical activity, no matter what their type, quality or intention, would be better than the current situation. In other words, lazy assumptions about Australian children led to lazy policy formulation. There were no signs that the previous government had given any thought to the idea that access to high quality physical activity experiences is unevenly distributed across Australia. To take a specific example, mandating that Australian primary schools must conduct a certain number of minutes of physical activity every day was bad public policy for a series of reasons. First, many schools already enjoy excellent sporting and recreational facilities. Well funded schools will also often be the schools that can afford extra staff to conduct lunch time and after school physical activity rather than imposing this as an extra burden on teachers. There is good research to show that for middle class Australian children, physical activity is easily incorporated into the daily routine of their lives[12]. In other words, the policy of mandating levels of school physical activity is most easily implemented in schools where the children are already most likely to be physically active and also most likely to already have ample access to sporting and recreational facilities. Once again, thinking about Australia's children in terms of a physical activity 'crisis' is unlikely to lead to sensible public policy.

We argue that the very public attention on fatness as abhorrent, promotes self-monitoring and weight management practices that are dangerous for children and young people. While some of this becomes evident in the prevalence of young people with eating disorders, we would also argue from our research that a preoccupation with being thin or not being fat is very common among young people. Food and activity become associated with the amount of 'energy in and out'. This approach, common in the cultures within schools and in school curricula and teaching about health leaves out the pleasures of moving competently, and the complexities of our relationships with food.

We refer in particular to the work of Professor John Evans and Dr Emma Rich in the UK (see Appendix 1 and 2), Professor Christine Halse (University of Western Sydney) and Associate Professor Jennifer O'Dea (University of Sydney) in Australia, and to the concerns expressed by Professor Susan Sawyer, Director of the Centre for Adolescent Health, Melbourne, with the increasing number of very young children being admitted to the Royal Children's hospital with eating disorders (Jill Stark, *The Age*, Aug 31, 2006).

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[11] For reviews see Marshall & Biddle et al. 2004; Ekelund, Brage et al. 2006

[12] Wright, Macdonald & Groom, 2003; Wright & O'Flynn 2007

iii) **Rather than focusing on physical activity to prevent obesity, government policy and funds would be better directed at providing facilities, access and opportunities for children and young people to be physically active, to learn and to engage in a wide range of physical activities within and outside schools.**

Much of the epidemiological research on overweight and obesity points to its greater prevalence amongst populations who are socially and economically disadvantaged. We also point to interesting research by Pickett et al[13] that suggests that countries with the greatest gap between the rich and the poor have the highest level of obesity.

We argue that this points to the importance of structural changes to improve the health of all. In relation to physical activity we should be promoting a social justice approach rather than an approach that blames the individual for not being healthy (for not being the right weight), particularly when those individuals are the most vulnerable in society. In fact an intensified focus on obesity can create further social division as body size becomes a source of stigma, discrimination and shame. These are hardly the social conditions that would enable individual or population lifestyle change. Our research reveals stark contrasts between the facilities and resources for physical activity and physical education in government schools, particularly those in poorer areas, compared to private schools[14]. For the young people in these government schools, school is often the main and often the only opportunity they have for physical activity. In their communities, access in terms of places to play, transport, and costs as well as their other commitments to family preclude participation in physical activity outside of school. We argue, therefore, that rather than spending funds on public health promotion campaigns directed at the prevention of obesity, funds should be directed at:

- building community facilities for active play (see example in Toronto, Canada[15]);
- improving school facilities and making these more widely available as centres for community activities – physical activities being one of a variety of uses;
- integrating active living design into urban renewal, new suburban development and provision for rural and communities to enable recreation infrastructure and services.

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[13] Pickett et al, 2005

[14] Wright et al 2003; Wright & O'Flynn, 2007

[15] http://www.toronto.ca/parks/recreation_facilities/comcen/comcen_index.htm

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