

# OVERWEIGHT/OBESITY, PHYSICAL ACTIVITY AND DIET AMONG AUSTRALIAN SECONDARY STUDENTS – FIRST NATIONAL DATASET 2009-10

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## Abstract

There is an increasing prevalence of overweight and obesity among young people, placing them at higher risk of chronic diseases, including some cancers, later in life. Previously in Australia, there has been no standardised monitoring of adolescents' body weight, and dietary and physical activity behaviours across all states and territories and at a national level. To address this gap, Cancer Council Australia and the National Heart Foundation of Australia established the National Secondary Students' Diet and Activity survey. Based on the successful Australian Secondary Students' Alcohol and Drug survey implementation model, the National Secondary Students' Diet and Activity survey was first conducted in 2009-10 with a national representative sample of 12,188 secondary school students from year levels 8 to 11 (ages 12 to 17 years). The main findings from this survey were that, in general, students' patterns of consumption of vegetables and fruit and time spent in physical activity and small screen recreation were less than optimal. Further, just under one in four students were classified as overweight or obese, according to objective height and weight measurements. With government funding support, the National Secondary Students' Diet and Activity survey can become a regular monitoring system and allow Australian adolescents' dietary and physical activity habits and their prevalence of overweight and obesity to be tracked over time.

Obesity is a significant public health challenge facing Australia, as evidenced by the National Preventative Health Taskforce identifying it as one of its three key targets for preventative action, along with tobacco and alcohol, to reduce the burden of chronic disease in the community.<sup>1</sup> Of particular concern is the increasing prevalence of overweight and obesity among young Australians,<sup>2</sup> placing them at greater risk of developing a number of chronic conditions, most notably some cancers, diabetes and cardiovascular disease.<sup>3</sup> Excess weight essentially occurs as a result of energy imbalance, with both dietary behaviour and physical activity important influences.<sup>4</sup>

To effectively tackle the issue of childhood obesity, it is important to first gain a population-based picture of young people's body weight, and dietary and physical activity behaviours. Previous efforts to monitor these health risk factors within the Australian youth population have largely been either state-based (eg. *NSW Schools Physical Activity and Nutrition Survey*,<sup>5</sup> *WA Children and Adolescent Physical Activity and Nutrition Survey*<sup>6</sup>) or sporadic national surveys with limited sample sizes that do not allow for individual state/territory reporting (eg. 2007 Australian National Children's Nutrition and Physical Activity Survey).<sup>7</sup> To address this gap in existing data, Cancer Council Australia and the National Heart Foundation of Australia established the National Secondary Students' Diet and Activity (NaSSDA) survey.

The NaSSDA survey was specifically designed to provide a coordinated state/territory and national approach to the collection and reporting of the prevalence of overweight/obesity, as well as eating and physical activity patterns, among Australian adolescents. This model is based on the Australian Secondary Students' Alcohol and Drug (ASSAD) survey, which has been conducted on a triennial basis since 1984.<sup>8</sup> The success of the ASSAD implementation model in providing state and national trend data regarding adolescent use of tobacco, alcohol and illicit substances has contributed to a strong evidence-base for the advocacy and evaluation of tobacco control policy initiatives at both levels of government. For example, analysis of the ASSAD survey data from 1990-2005 has demonstrated that policies such as clean indoor air laws and increased prices of cigarettes are associated with lower adolescent smoking.<sup>9</sup>

Internationally, there are many examples of ongoing monitoring systems with a focus on youth weight status and related health behaviours. The Health Behaviour in School-aged Children study, conducted every four years in a growing number of countries across Europe and North America, collects data on physical activity and eating behaviours among students aged 11, 13 and 15 years.<sup>10</sup> In the United States, the biennial Youth Risk Behaviour Surveillance System (YRBSS) assesses trends in unhealthy dietary behaviours and physical inactivity among high school students.<sup>11</sup> Both surveys also monitor