INQUIRY INTO CHILDHOOD OVERWEIGHT AND OBESITY

Organisation:

Catholic Women's League Australia

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Childhood Overweight and Obesity Submission by the Catholic Women's League Australia New South Wales Inc. to the NSW Parliament 9 September 2016

1. Introduction

Catholic Women's League Australia – New South Wales Inc. is the state peak body representing the CWLA in New South Wales. We are a Non-Government Organisation and are a member organization of the Catholic Women's League Australia Inc. (CWLA), the national peak body representing the League's six member organisations located throughout Australia. One of CWLA's four principle aims is to influence legislative and administrative bodies at all levels of government in order to preserve the dignity of the human person. Given our focus we feel compelled to contribute a submission to this particular inquiry.

2. Catholic Social Teachings

The CWLA NSW Inc. looks to the Catholic Church's social teaching, which we believe to be a rich source of wisdom and guidance about building a just society and living an ethical life amidst the challenges of modern society. Our social teachings are articulated through a tradition of papal, conciliar, and episcopal documents. One important social teaching theme relates to that of the Common Good, which can be explained as "the principle of the common good, to which every aspect of social life must be related if it is to attain its fullest meaning, stems from the dignity, unity and equality of all people. According to its primary and broadly accepted sense, the common good indicates "the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily"ⁱⁱ.

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3. Human Rights Framework

It is important to understand children's rights within the international human rights framework. The Convention on the Rights of the Child, to which Australia is a signatory, states at Article 3(1) that "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".

Article 24(1) states that "State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health". Further, Article 24(1)(c) goes on to state that "to combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water".

Thus, in whatever initiatives are taken by State parliament it is imperative that they be consistent with the aforementioned human rights standards. Children need to be protected and supported in the best way possible and all actions need to be implemented with their best interests in mind.





4. The Context in Australia

The most recent finalised census, i.e. the 2011 Australian census, reveals some interesting facts about Australian children. In 2011 - 12, an incredible 25.1% of children aged between 2 to 17 years of age were overweight or obese, consisting of 18.2% who were overweight and 6.9% who were obese. A further breakdown of these statistics is revealing and can indicate where the problem ages lie. 22.8% of children aged 2 to 4 years and 26.6% of children aged 12 to 15 years were overweight or obese. The number of boys who were overweight or obese was not significantly different from the number of girls, i.e. 24.6% for the boys compared with 25.7% for the girls)¹. Thus, this does not appear to be a gender focused issue but one which affects both sexes equally.

Some of the CWLA members have observed some changes that have occurred in how children eat and how their eating habits have changed over time, both as women who parent children and as women who have volunteered to help out at their children's school tuckshop. One member observed that mothers are ordering increasingly bigger lunches for their children when they are in kindergarten and as the children grow and are able to order their own lunches, this tendency to order "huge lunches" continues into both late primary and high school. Dieticians are observing that portion sizes are growing bigger. Many children and even adults are unaware as to what constitutes a normal or advised portion size.



¹

http://www.abs.gov.au/ausstats/abs@.nsf/lookup/33C64022ABB5ECD5CA257B8200179437?opendocume nt last viewed at 4 September 2016. 'Peace be with you' John 20:21

At the Obesity Australia Summit held in Canberra in November 2013 one observation that was made was that a common denominator in the lives of obese people is the failure to eat breakfast on a regular basis. This has biochemical ramifications as after sleeping and fasting overnight the body is primed to eat and metabolise breakfast efficiently. If this window is missed, what often happens is that the person will tend to grab unhealthy foods to satisfy their hunger and furthermore eat bigger subsequent meals resulting in an inefficient metabolism².

5. Research Available on Childhood Obesity Internationally

Internationally levels of childhood obesity are rising for a number of reasons, including the fact that children are eating more foods that are high in fat and sugars and spending less time on physical activity.³ Children who are overweight or obese during childhood are much more at risk of developing serious health issues later in life. The research suggests that once children become obese they face a greater chance of staying obese once they become adults, and face an increased probability of developing short and long-term health conditions, such as Type 2 diabetes as well as cardiovascular disease.⁴ There are not only serious health impacts from obesity but also economic impacts. For example, in 2008 the total annual costs of obesity for both children and adults living in Australia, including health systems costs, productivity and carers costs was estimated to be approximately 58 billion dollars⁵.

⁴ Australian Institute of Health and Welfare, Risk Factor Monitoring, A Rising Epidemic: Obesity in Australian Children and Adolescents, Canberra, 2004.



² <u>http://www.livestrong.com/article/292033-side-effects-of-not-eating-breakfast/</u> last viewed at 4 September 2016.

³ World Health Organisation, Global Strategy on Diet, Physical Activity and Health, Overweight and Obesity, viewed 6 July 2009, <<u>http://www.who.int/dietphysicalactivity/childhood/en/</u>>. Last viewed at 4 September 2016.

⁵ Access Economics, The Cost of Obesity, Ganberta, 2008, 20:21



6. Socioeconomic Factors

The living conditions and environment of our children can play a direct affect on the likelihood that they will become overweight or obese. One study showed that children living in areas of greatest relative disadvantage had higher rates of being overweight i.e. 20%, compared with children living in lower relative disadvantage, i.e. only 14% and faced more than double the rate of obesity i.e. 12% compared with children living in areas with the lowest disadvantage, 5%⁶. Perhaps this can be explained by the fact that fresh vegetables and fruits, and nutritious, healthy and organic food cost a lot more to buy than unhealthy, quick to prepare and buy fast food. Accessibility to information or education with regards to healthy eating and parenting choices may be more difficult for families from lower socioeconomic backgrounds to access given restraints on financial resources and consequently the ability to access such educational resources.

One of our members who works as a doctor has noted during her career that many families deriving from lower socio-economic backgrounds have now become a second generation of purchasers of pre-cooked meals. This is a consequence of having lost the ability to cook healthy and tasty meals. For many families struggling with financial challenges the ability to plan meals ahead, shop ahead of time, prepare tasty meals and cook from a repertoire of personal family recipes is a practice that is no longer followed. There may exist the knowledge of what is a healthy meal but the skill set required to prepare such a meal is no longer being developed. Preprepared meals are also the reason why many people lack the motivation to create healthy meals for their families.



⁶ King T, Kavanagh A M, Jolley D, Turrell D and Crawford D, 2005, 'Weight and Place; a Multilevel Cross Sectional Survey of Area-Level Disadvantage and Overweight and Obesity in Australia', International Journal of Obesity, pp 1–7.
'Peace be with you' John 20:21



7. The Current State Government Approach in New South Wales

The current New South Wales Government has a 'whole of government' program, known as the "NSW Health Eating Active Living Strategy: Preventing Overweight and Obesity in New South Wales 2013 – 2018"⁷. Some of our members have grandchildren who have reaped the benefits of this program and praise the efforts that have been taken in this regard. Thus, steps have already been taken to ensure that a governmental approach to this issue is in place, which is a positive beginning. The state government should be commended on implementing this initiative. This program appears to address many of the interventions highlighted in the scientific literature. However, there are a couple of areas that appear to be lacking in the current program and which could possibly require further focus and emphasis.

Firstly, a more comprehensive and proactive front of mind approach may be needed in order to bring about both political and social change. This might involve the requirement that all proposed development, regulation, projects and initiatives under the supervision of local and state government must address, at the beginning of the processes and where relevant, established benchmarks for the management of NSW's overweight and obesity problem – similar to benchmarks required for environmental and occupational, health and safety issues, as applicable.

⁷ Refer to the following link for more information: <u>http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf</u> last viewed at 4 September 2016.

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To ensure a 'whole government' approach beyond even where it is now, responsibility for these benchmarks and research monitoring could also be consolidated into one dedicated office, perhaps answerable to the Premier (we note that 'Tackling Childhood Obesity' is already listed as one of the Premier's 12 priorities). The establishment of such an office could serve to ensure that the government is treating this issue as one of the utmost importance and dedicating much needed resources towards properly overcoming this challenge in society.

The second suggestion arises from the fact that there appears to be little proposed reform targeting the inexpensiveness and geographical convenience and accessibility of food outlets offering families and children high energy/low nutrition meals and snacks along our many highways and in our many shopping centres. It's difficult to see how the Government's current program can be successful whilst this problem remains in place. So-called 'fast food taxes' have to be approached cautiously because of unintended consequences for lower socio-economic groups, but there don't appear to be government policies actively supporting alternative food outlets offering fresh, nutritious 'fast foods' and beverages. Policies like that would allow healthy 'fast food' outlets to compete with existing fast food outlets serving poor nutrition foods and beverages. At present people do not have many choices.

The vast majority of shops and outlets serving food for consumption appear to be focused on selling cheap, fast food. Options for nutritious alternatives, while they are beginning to make an appearance with franchises such as Boost (which sells fresh juices) are still few and far between. Perhaps the state government could go even further by creating possible tax breaks or subsidies for businesses that promote and sell healthy and nutritious food to the public. This may provide an incentive to fast food outlets to clean up their act and provide better and more healthy alternatives. One example where we have witnessed this happen was with McDonalds providing a healthy menu to its customers and not just selling pure junk food.

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Despite the difficulties that are frequently encountered in improving the situation it is evident that if we want to ensure that our children grow up to be strong, healthy and happy adults that we continue to fight against children suffering from obesity and becoming overweight. It is most definitely a fight that is worth fighting. Being overweight or obese as children endangers the child's life, in that health conditions can become rife. They furthermore risk a higher probability of not being able to engage in social activities such as sports and exercise and are at an increased risk of being bullied (REFS). These are reasons that justify increasing our efforts to ensure that children are able to live healthier lives.

8. Strategies to Assist Parents and Carers in Enabling their Children to Make Healthier Food and Beverage Choices and be Active, including by Participating in Sport

(i) Adopting a Family Approach to Combatting Childhood Obesity and Overweight

It would appear that because of children's exposure to the nutritional and lifestyle behaviours of their families and communities, the most effective strategies to combat childhood overweight and obesity need to address the problem within adult populations as well, i.e. childhood obesity is often a whole-family problem and needs a whole-family or even a whole-community solution. Unfortunately, overweight and obesity are social conditions that seem to be highly resistant to remedy with few international or Australian programs having any marked success in reversing them. This seems to be a consequence of the fast paced, modern lifestyle that children are living today.

Families can work together to ensure that children are as healthy as possible. If parents aim to lead a positive lifestyle they are in a position to exert a healthy example for their children to follow. If parents participate in sports with their children, children can take such important lifestyle examples and grow up as adults who themselves follow healthy lifestyles. Thus, in any approaches that are implemented to combat this issue the government needs to not only address messages to the children but direct them to the whole family unit.

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(ii) Recognition of Extra Curricular Sports and Activities in the School Curriculum

Extra-curricular sport and community service are currently not compulsory in state high schools. Perhaps there could be room for reform in this domain via greater engagement with local sporting clubs and NGOs so that children can participate and receive acknowledgement for their time spent in this way for the purposes of their own resumes. Perhaps such recognition could be extended to be included as actual school curriculum learning. By recognizing the importance of including such activities in a child's life, the child him/herself learns to take exercise and sport participation seriously throughout the course of their lives.

Some children are increasingly unable to participate in sport because their parents may work on the weekends due to financial pressures and thus transportation is not available to them to attend the sporting activities. Furthermore, some parents from lower socio-economic backgrounds may not be able to afford the prohibitive costs relating to enrolling children in sports, paying for their uniforms etctera. Perhaps funding could be allocated to supporting children who would like to participate in sports but are unable to do so because their parents can't afford it.

(iii) Use of Media Advertising to Educate Children and Parents

Increased media advertising would be helpful to encourage both adults and children to exercise or play sport, or engage in community service, particularly as a family. If children spends an increased amount of time focused on the Internet and television, this can be a good means of communication to convey information and education about how children can become healthy, engage in more exercise and make healthy eating choices. Social media is increasingly becoming a tool by which children and teenagers access the information they need. Greater use of this important resource can be an effective and efficient way of communicating important messages to young people. Such media initiatives need to target the whole family. If parents are able to "Peace be with you' John 20:21







learn important lessons from media, they are more likely to pass on such learned lessons to the whole of the family.

(iv) Education Courses

Information and education courses conducted at home, school and in the work place could be funded and implemented with a view to educating both adults and children about making healthy exercise and dietary choices. Adults need such information and guidance so they can help prepare healthy meals for their children and provide guidance to their children about how to eat healthily, exercise well and lead a healthy lifestyle. Children need this information so that they are able to make better choices with regards to the food they eat and the activities that they engage in. They furthermore need to understand that prolonged use of computer technology to the detriment of exercise can impact adversely on their overall health.

(v) Accredited Canteens

Schools need to ensure that junk food is eliminated from school canteens. Food that is sold at canteens should largely consist of nutritional, healthy food, including fresh fruit and vegetables. The traditional foods that were sold at canteens need to be eliminated and replaced with much healthier alternatives. Although it is clear that many schools have moved in recent years towards providing healthy recess and lunch food options, there is still some way to go to ensure that canteens become completely junk free. One way to promote this might be by providing tuck shops with accreditation for being an outlet that meets certain pre-established standards and are recognised as healthy eating establishments for school children. For schools that run such accredited tuck shops may be rewarded via greater resources, equipment or funds in recognition of their efforts to make the canteen a healthy place for children to buy their lunches, recesses and other snacks.





(vi) Expansion and Funding for Healthy Breakfast Programs

For children deriving from families who are struggling with financial difficulties, it can be difficult to ensure that their children are able to access and eat healthy breakfasts in the morning, and purchase and prepare healthy recess and lunches. Some schools in areas experiencing large numbers of families from low socio-economic backgrounds are able to provide students in need with a healthy breakfast at school, before lessons commence. Perhaps greater funding to expand this program needs to be provided so that even more children in such a situation are able to eat properly and do not suffer from hunger while at school. If the parents are unable to provide the food that their children need then they lack the opportunity to learn what healthy eating is all about. Such prepared school breakfasts can be supportive in educating children in this respect.

(vii) Healthy Eating and Exercise Lessons Should be Included within School Curriculums

Children need to be provided with education relating to healthy eating choices. Such education should be properly incorporated within the school curriculum as compulsory lessons, which all students must attend. Additional intensive programs educating children about the causes, consequences and prevention of overweight/obesity could be introduced. If children are assessed on their knowledge of this important area, they are more likely to take such lessons seriously and both memorise and remember the contents of such lessons. Additional teacher training across all disciplines should be provided so that measures about preventing overweight/obesity can be reinforced outside the Personal Development Health and Physical Education classroom.





9. Conclusion

The challenges of supporting our children to grow up to be healthy, strong, fit and active adults are great. As society makes fast food more and more accessible and as computer technology seizes the attention of our youth to the detriment of them engaging in exercise, future generations of children are going to face becoming overweight or even obese. We have a responsibility to ensure that our children are protected and provided with the best opportunities in life. For this reason, we cannot adopt an approach of burying our heads in the sand and hope that things will get better. We must become proactive and find better ways for dealing with this problem. Some ideas have been formulated and implemented but it is evident from the current state of the health of our children that such initiatives are not enough and that more action needs to be taken. Hopefully we can garner enough support from society at large, led by our government, to find more effective and beneficial ways to assist our children.

We wish the committee every success in its deliberations.

Yours sincerely,

Moya Potts

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