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PHYSICAL ACTIVITY AND HEALTHY WEIGHT IN CHILDREN

The World Health Organization estimates that approximately 10 per cent of children and adolescents aged between five and 17 years are overweight. Of these approximately two to three per cent are obese (Lobstein et al 2004). In Australia, Magarey et al (2001) have determined that in 1995 15 per cent of boys and 15.8 per cent of girls aged between two and 18 years were overweight, and 4.5 per cent of boys and 5.3 per cent of girls were obese.

The prevalence of overweight and obesity among children and adolescents, including those in Australia, has recently increased in importance as a public health issue (Andersen 2000, Bini et al 2000, Booth et al 2001, Cole et al 2000). The rising prevalence of overweight in children has been attributed to dietary changes and increased intake of fast food, lack of physical activity, increased sedentary lifestyle, increased television viewing and the use of computers (Alfano et al 2002, Andersen 2000, Davison and Birch 2001, Nestle and Jacobson 2000). Obesity is a significant risk factor for health problems in adults and has been associated with abnormal lipid levels, impairment of glucose tolerance, high blood pressure, coronary heart disease, orthopaedic problems, and some cancers (Alfano et al 2002, Andersen 2000, Bini et al 2000). Children who are overweight are more likely to be overweight as adults and thus to be at increased risk of future health problems (Booth et al 2001, Freedman et al 2001, Frühbeck 2000, Wolfe et al 1994). There is also evidence to suggest that obese children are at greater risk of developing Type II diabetes, high blood pressure, sleep disturbances, and possibly psychological disorders (Bini et al 2000, Davison and Birch 2001, Frühbeck 2000, Wolfe et al 1994).

In response to concern about the obesity epidemic, in 2002, a national action agenda was developed, by the National Obesity Taskforce. This document, Healthy Weight 2008 — Australia's Future (Australian Health Ministers Conference 2002), focuses national effort initially on children and young people (0–18 years) and the families that influence and support them. Consequently there is the potential to reduce overweight and obesity in the longer term in the broader adult population.

The APA supports the goals of Healthy Weight 2008 which are to:

1. Achieve healthier weight in children and young people through actions which first stop and then reverse the increasing rates of overweight and obesity.
2. Increase the proportion of children and young people who participate in and maintain healthy eating and adequate physical activity.
3. Strengthen children, young people, families, and communities with the knowledge, skills, responsibility, and resources to achieve optimal weight through healthy eating and active living.
4. Address the broader social and environmental determinants of poor nutrition and sedentary lifestyles.
5. Focus action on giving children, young people, and families the best possible chance to maintain healthy weight through their everyday contacts and settings.

A key requirement is to support young people and their families in the home and in the wider community. In order to do this, a cross-sectoral, multi-settings approach is needed. The settings nominated are:

- Child care (including child care centres, family day care, and outside school hours care);
- Primary and secondary schools (including public and private schools, and use of school facilities);
- Primary care services (including general medical practice, community health centres, and other community-based and private sector services);
- Family and community care services (including social work, child protection, juvenile justice, Centrelink, and outreach services to vulnerable and disadvantaged groups);
- Maternal and infant health (including hospitals, infant and child health clinics, and community health services);
- Neighbourhoods and community organisations (including state/territory government, local government, community groups, recreation and sporting bodies, and private organisations);
- Workplaces (including government, private and not for profit work settings both formal and informal);
- Food supply (including food producers, manufacturers, and retailers, e.g. supermarkets, markets, stores, and food service outlets such as restaurants, cafes and take-aways); and
- Media and marketing (including television, cinemas, videos, electronic games, print, internet and commercial advertising, marketing, and promotions).

Decreased levels of physical activity contribute to the development of overweight and obesity. Not only are overweight and obese children less fit, but they often lag in refinement of gross motor skills such as running, jumping, and balls skills due to limited practice opportunities (Booth et al 1997) and their morphology may restrict freedom and ease of movement.

Physiotherapy is an holistic approach to addressing physical dysfunction in order to enhance the health and welfare of children. The APA contends that promoting physical activity is one important strategy to address the current problem of childhood obesity. Physiotherapists are well trained to assess the cardiopulmonary, musculoskeletal, and physical function of children who are obese and to work with such children and their carers in prescribing appropriate physical fitness, strength, and motor skill programs to meet their health needs.

Physical activity is critical to the maintenance of healthy weight in children. Physiotherapists are expert in addressing physical dysfunction and thus assisting children with barriers (e.g. obesity) to participation in physical activity. All children should have timely access to physiotherapy as required.

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