Double standards for community sports: promoting active lifestyles but unhealthy diets

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Introduction

The rising prevalence of childhood obesity is of great public health concern. Recent epidemiological research indicates that 25% of school-aged children in NSW, Australia are either overweight or obese.¹ Weight gain occurs as a result of energy imbalance whereby energy intake exceeds energy expenditure. Both physical activity and dietary intake are central to this energy equation, and obesity interventions and policies must consider both of these factors simultaneously to maximise their effectiveness.²

Canteens at sporting venues offer children food and beverage purchasing occasions. Despite their relatively small overall nutrition contribution, with most children attending these venues once per week,³ these canteens present messages to children regarding acceptable food choices.⁴ This study aimed to describe the nature of food and beverages purchased by children at community sporting venues, and to determine parent's perception of the healthfulness of these canteens and the role that government should play in regulating the types of food and beverages sold at these outlets.

Methods

Procedures

A market research company administered the questionnaire using Computer Assisted Telephone Interviewing (CATI), between 5 and 8 November 2007. Telephone numbers were randomly dialled from the company's database, consisting of a large representative sample of telephone numbers recruited from weekly national telephone surveys. Average survey length was 15 minutes.

Abstract

Issue addressed: Overweight and obesity in Australia is an emerging health concern. Obesity prevention initiatives must consider both physical activity and nutrition to be effective. Community sports venues have the capacity to promote healthy lifestyles through physical activity as well as healthy food choices.

- **Methods:** A telephone survey was conducted on parents of children aged 5-17 years in NSW to determine the nature of food and beverages purchased by children at community sporting venues and to determine parent's perception of the role that government should play in regulating the types of food and beverages sold at these outlets.
- **Results:** The majority of canteens at children's sporting venues were considered to sell mostly unhealthy food and beverages (53%). Very few parents reported that canteens sold mostly healthy food and beverages. Parents reported that their child's most frequently purchased food and beverage items at outdoor sports fields were water, chocolate and confectionery, soft drink and sports drinks, and ice cream. At community swimming pools the most frequently purchased items were ice cream, followed by snack foods, including chips, cakes and biscuits. Most parents (63%) agreed that government should restrict the types of food and beverages that can be sold at children's sporting venues.
- **Conclusions:** Children are receiving inconsistent health messages at sporting venues, with healthy lifestyles being promoted through sports participation, but unhealthy dietary choices being provided at sports canteens.

Key words: child nutrition, community sports, canteens

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So what?

The implementation of healthy eating policies at community sporting venues would ensure that physical activity and good nutrition are promoted simultaneously.

Participants

Eligible respondents included parents of children aged 5-17 years living in NSW, and who were the main grocery buyer for that household. The child in the household who had the most recent birthday was selected as the reference child.

Measures

The survey included closed-ended questions to address:

- if parents perceived the canteen to sell mostly healthy, unhealthy or a mix of healthy and unhealthy food and beverages. The term 'unhealthy food' was defined as 'food and drinks that are high in fat, sugar or salt, such as some types of fast food, soft drinks and confectionery products';
- the food and beverage items that children most frequently purchased from sporting venues, including both outdoor sports fields and community swimming pools; and
- the role that government should play in regulating the types of food products that can be sold to children at community sporting venues.

These questions formed part of a larger study investigating parent's views on factors influencing children's nutrition and physical activity, which was approved by the Cancer Council NSW Ethics Committee.

Data analysis

Data were analysed using SPSS version 14.0 for Windows (SPSS, Inc, 2004). A Pearson chi-squared test was applied to determine significant differences in food and beverage purchases between younger children (5-12 year olds) and adolescents (13-17 year olds). Results were considered significant at the 0.05 level.

Results

Four hundred and two parents participated in the survey, with an overall response rate of 26%. The majority of respondents were mothers (78%) with post-school education (77%), including college, apprenticeship and university qualifications. There were no significant differences in education level, marital status or household income for parents of younger children compared to parents of older children.

Frequently purchased food and beverage items

The food and beverage items most frequently purchased by children from outdoor sports fields were water (57% of parents reported that their child usually purchased this item), chocolate and confectionery (48%), soft drink and sports drinks (48%) and ice cream and iced confection (44%) (Figure 1). At community swimming pools, the most frequently purchased items were ice cream and iced confection (48%), followed by snack foods, including chips, cakes and biscuits (47%). At both outdoor sports fields and community swimming pools older children were significantly more likely to purchase soft drinks and sports drinks (63% adolescents vs. 40% young children at outdoor sports fields, p < 0.01; 53% vs. 25% at community swimming pools, p < 0.001) and pies and pastries (38% vs. 23%, p < 0.05; 37% vs. 11%, p < 0.001) than younger children. Conversely, younger children were more likely to purchase fruit juice than their older counterparts (25% young children vs. 16% adolescents, at both venues, ns), and ice cream and iced confection (51% vs. 32%, p < 0.05) and snack foods (45% vs. 30%, P=0.05) at outdoor sports fields.

Nature of food and beverages sold at sports canteens and the role of government in regulating these canteens

Parents reported that the majority of outdoor sporting fields (67%) and swimming pools (94%) that their child attended had a canteen. The majority of these venues were considered to sell mostly unhealthy food and beverages (53%). Very few parents reported that canteens sold mostly healthy food and beverages (4% outdoor sporting fields; 2% swimming pools).

Most parents (63%) agreed that government should restrict the types of food and beverages that can be sold at children's sporting venues.

Discussion

With healthy lifestyles being promoted through sports participation, but unhealthy dietary choices being provided at sports canteens, children are receiving inconsistent health messages at community sporting venues. This double standard appears to be consistent across venues and for different ages. Due caution should be taken in interpreting this finding, which is based on parents' self-report.

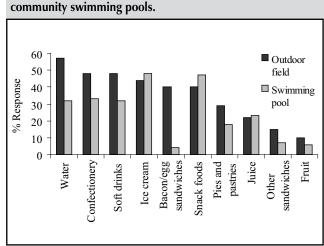


Figure 1: Comparison of parents' reports of food purchased by their child at outdoor fields and community swimming pools.

Despite the low response rate, which may have introduced some element of selection bias, respondents were not aware of the nature of the survey prior to their refusal to participate. Eligibility criteria also restricted the response rate, as has been observed in previous studies.⁵ This response rate included refused or terminated interviews, unanswered or engaged calls after three attempts; and households where the main grocery buyer was not available at the time of the survey.

To curb rising child obesity levels, population wide strategies that support both healthy eating and physical activity participation are required.² The implementation of healthy canteen policies at community sporting venues would ensure that physical activity and good nutrition are promoted simultaneously. Similar to current practices, which accredit clubs for responsible alcohol service and providing smoke free venues, accreditation and incentive systems could be used to encourage healthy canteen policies.

In NSW, the Hunter New England Area Health Service's 'Good for Kids. Good for Life' childhood obesity prevention program, recognises the need for healthy food provision at community sporting venues, and is working with Good Sports to improve the nutritional quality of canteens in this area.⁶ Such an initiative could be implemented across Australia. Good Sports was initially developed by the Australian Drug Foundation, to assist sporting clubs in managing alcohol related problems; but their extensive penetration into sporting clubs, with more than 2,000 clubs registered with their accreditation program Australia-wide,⁷ puts this organisation in good stead to assist clubs in other areas of health promotion and accreditation. The role of state Sport and Recreation Departments in promoting healthy canteens and in providing funding assistance to Good Sports should be considered. Hitherto in Australia, state governments have recognised the importance of promoting healthy food and beverages through canteens at other locations, with healthy school canteen policies now employed across most states and territories, and in Department of Health facilities in NSW, Queensland and Western Australia. Canteens at sporting venues have so far been neglected from this mandate. The development and evaluation of educational, recognition and policy strategies that can transform sports canteens into healthy canteens is a significant priority for sports medicine and public health in Australia.

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