



Physical activity, healthy eating and overweight/obesity

2003

Department of Human Services Southern Metropolitan Region

Victorian Population Health Survey

The Victorian Population Health Survey is an annual statewide survey that the Department of Human Services (Health Surveillance and Evaluation Section, Public Health Group) undertakes in the second half of each calendar year to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.

This fact sheet presents major findings from the Victorian Population Health Survey 2003 relating to physical activity, healthy eating and body mass index for persons aged 18 years or over in the department's Southern Metropolitan Region.

Southern Metropolitan Region

The Southern Metropolitan Region has the largest population of the departmental regions, with an estimated population of 1.156 million people in 2003. From the region, 831 respondents (or 11.1 per cent of the total sample of 7500 households) completed the Victorian Population Health Survey in 2003.

Levels of sufficient physical activity (time and sessions)

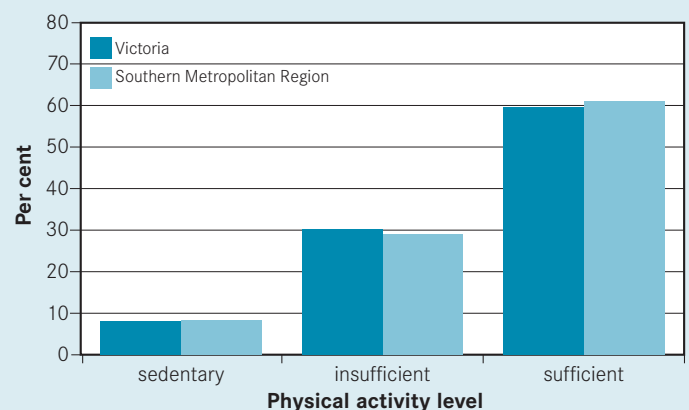
Physical inactivity is a modifiable risk factor for a range of diseases and conditions. Physical activity can provide a range of health benefits, including reducing the risk of coronary heart disease, stroke, hypertension, type 2 diabetes, colon cancer and osteoporosis. Participation in regular physical activity can also improve mental health, help to manage arthritis and prevent injury from falls by improving strength and balance, especially in older people. The *National physical activity guidelines for Australians*¹ recommend that individuals undertake at least 30 minutes of moderate intensity activity on most days of the week.

¹ Australian Department of Health and Aged Care 1999, National physical activity guidelines for Australians, Canberra.

Figure 1 presents the proportion of adults from the Southern Metropolitan Region who were:

- **sufficiently active** for health benefits (150 minutes or more of at least moderate intensity activity over five or more days per week)
- **insufficiently active** for health benefits – some physical activity but less than sufficient (that is, did less than 150 minutes and/or participated in activity fewer than five times per week)
- **sedentary** (physically inactive).
- Approximately 60.9 per cent of adults in the Southern Metropolitan Region undertook sufficient regular physical activity to achieve health benefits (figure 1).
- Almost 30 per cent (28.9 per cent) of persons aged 18 years or over in the region participated in some physical activity but did less than the level recommended to obtain health benefits.
- More than 8 per cent (8.3%) of adults in the region were physically inactive or sedentary.
- The proportions of the adult population in the region who were sufficiently active, insufficiently active or sedentary were similar to the proportions for the Victorian population as a whole.

Figure 1: Levels of physical activity





Levels of sufficient physical activity (time and sessions), by sex, age and education

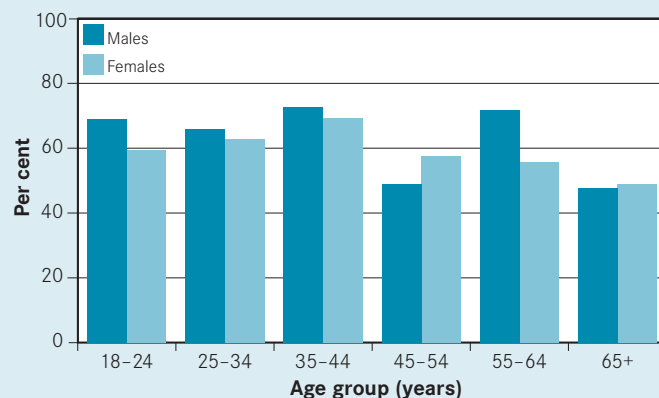
Table 1 presents the proportion of adults in the Southern Metropolitan Region who were sufficiently active to achieve health benefits, by selected characteristics.

Table 1: Participation in sufficient physical activity (time and sessions)

	Southern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Sex				
Male	62.6	56.6–68.2	61.4	59.1–63.7
Female	59.4	54.6–64.0	57.6	55.7–59.6
Age group				
18–24 years	64.2	52.1–74.8	66.9	62.2–71.4
25–34 years	64.4	55.2–72.6	64.8	61.1–68.3
35–44 years	70.9	62.9–77.8	63.0	59.9–66.1
45–54 years	53.3	44.5–62.0	57.6	54.0–61.1
55–64 years	63.6	53.7–72.5	57.6	53.6–61.4
65+ years	48.3	40.2–56.6	46.6	43.2–50.1
Education level				
Primary	9.7	2.1–35.0	40.6	32.9–48.8
Secondary	59.4	54.1–64.4	57.3	55.2–59.3
Tertiary	64.2	58.6–69.5	63.6	61.2–65.9

- There were no significant differences by sex, age or education in the proportion of adults in the Southern Metropolitan Region and the proportion of Victorian adults who undertook a sufficient level of regular physical activity (table 1).
- The proportion of adults in the region who accumulated a sufficient number of activity minutes on a regular basis (that is, most days of the week) ranged from 48.3 per cent of those aged 65 years or over to 70.9 per cent of those aged 35–44 years.
- Similar proportions of males and females in the region undertook sufficient regular physical activity.
- There were no significant differences by age group in the proportions of males and females in the region who undertook sufficient moderate intensity physical activity to gain health benefits on all or most days of the week (figure 2).

Figure 2: Sufficient physical activity (time and sessions) – Southern Metropolitan Region

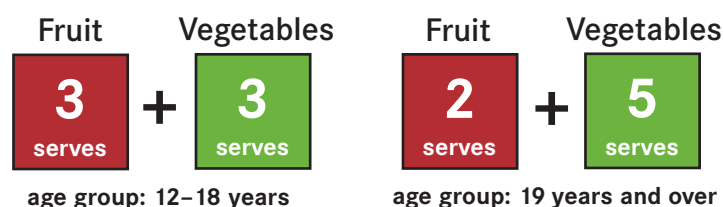


Note: Persons who participate in sufficient regular physical activity are sometimes referred to as undertaking 'adequate' physical activity.

Healthy eating

Adults often need to balance their eating and physical activity to prevent weight gain. The *Dietary guidelines for Australian adults* and those for adolescents and children² highlight the groups of foods and lifestyle patterns that promote good nutrition and health. Adults should include plenty of wholegrain foods, vegetables and fruit, and eat according to their energy needs. The dietary guidelines for vegetables recommend a daily intake of three serves for persons aged 12–18 years and five serves for persons aged 19 years or over. The recommended daily intake of fruit is three serves for persons aged 12–18 years and two serves for persons aged 19 years or over. The recommended number of fruit and vegetable servings is higher for pregnant and breastfeeding women.

Figure 3: National Health and Medical Research Council's recommended daily intake of fruit and vegetables



Note: Excludes pregnant and breastfeeding women.



² National Health and Medical Research Council 2003a, *Dietary guidelines for Australian adults*, Canberra; National Health and Medical Research Council 2003b, *Dietary guidelines for children and adolescents in Australia incorporating the infant feeding guidelines for health workers*, Canberra.



Table 2: Proportion who usually eat recommended serves of fruit each day

	Southern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Males				
18*-24 years	39.7	24.6-56.9	36.0	29.7-43.0
25-34 years	39.2	25.8-54.4	40.7	34.9-46.7
35-44 years	35.1	22.8-49.8	38.9	33.8-44.3
45-54 years	39.0	26.6-52.9	45.6	40.2-51.1
55-64 years	37.4	23.5-53.8	46.2	40.3-52.2
65+ years	51.2	38.6-63.7	50.7	45.4-56.1
Total	39.9	34.1-46.0	42.8	40.5-45.2
Females				
18*-24 years	56.8	39.6-72.4	49.9	43.0-56.8
25-34 years	39.5	29.3-50.7	50.0	45.5-54.5
35-44 years	55.3	45.6-64.6	56.3	52.3-60.1
45-54 years	47.3	36.6-58.3	58.0	53.4-62.5
55-64 years	70.6	57.0-81.4	67.7	62.6-72.4
65+ years	60.1	49.0-70.2	63.9	59.2-68.3
Total	53.5	48.7-58.3	57.3	55.4-59.3

* Please note: Refer to Figure 3 for recommended intake of fruit for 18 year olds.

- Only 39.9 per cent of males in the Southern Metropolitan Region consumed the recommended amount of fruit each day (table 2).
- The proportion of males in the region who ate the minimum recommended number of serves of fruit each day ranged from 51.2 per cent of males aged 65 years or over to 35.1 per cent of those aged 35-44 years. Below age 65 years, the proportion of males who met the dietary guidelines for fruit varied within a narrow range (35.1-39.7 per cent).

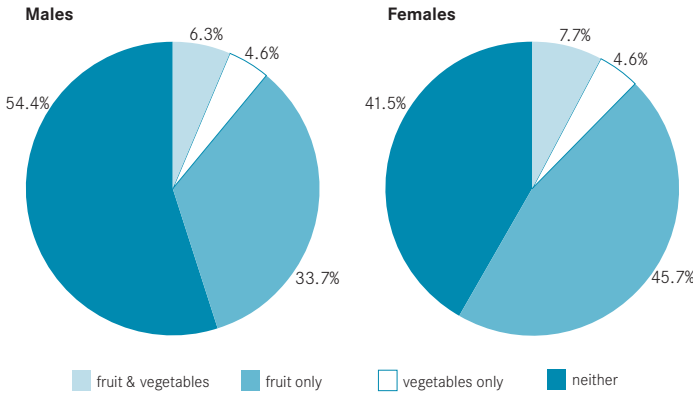
Table 3: Proportion who usually eat recommended serves of vegetables each day

	Southern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Males				
18-24 years	8.2	2.9-21.3	10.4	7.1-15.0
25-34 years	10.3	4.1-23.4	10.2	7.0-14.6
35-44 years	12.5	5.9-24.4	7.5	5.1-10.9
45-54 years	8.4	3.4-19.1	8.7	6.3-11.9
55-64 years	9.0	3.1-23.7	12.6	9.3-16.8
65+ years	16.3	8.5-28.8	11.6	8.5-15.5
Total	10.9	7.7-15.2	9.9	8.6-11.4
Females				
18-24 years	9.4	3.4-23.1	9.2	6.0-13.8
25-34 years	8.3	3.5-18.1	10.7	8.1-13.9
35-44 years	9.7	5.1-17.5	14.0	11.4-17.1
45-54 years	13.8	8.0-22.7	14.9	12.0-18.2
55-64 years	25.4	15.5-38.9	21.3	17.3-25.8
65+ years	11.9	6.5-20.9	14.6	11.8-17.9
Total	12.3	9.5-15.8	13.9	12.6-15.3

* Please note: Refer to Figure 3 for recommended intake of vegetables for 18 year olds.

- The proportion of females in the region who ate the minimum recommended number of serves of fruit per day ranged from 39.5 per cent of those aged 25-34 years to 70.6 per cent of those aged 55-64 years.
- In the Southern Metropolitan Region, 10.9 per cent of males and 12.3 per cent of females consumed the recommended number of serves of vegetables each day (table 3).
- The proportion of females in the region who satisfied the dietary guidelines for vegetables ranged from a low of 8.3 per cent of those aged 25-34 years to 25.4 per cent of those aged 55-64 years.
- The proportion of males in the region who satisfied the dietary guidelines for vegetables ranged from 8.2 per cent of those aged 18-24 years to 16.3 per cent of those aged 65 years or over.
- For both the Southern Metropolitan Region and the whole of Victoria, the proportion of adults who ate the recommended minimum number of serves of vegetables each day was lower than that for fruit for each age group, for both males and females.

Figure 4: Adherence to dietary guidelines for fruit and vegetable consumption – Southern Metropolitan Region





- In the Southern Metropolitan Region, more than four in 10 females (41.5 per cent) and more than half of all males (54.4 per cent) met neither the fruit nor the vegetable guidelines for healthy eating (figure 4).
- Similar proportions of males and females (6.3 per cent and 7.7 per cent respectively) met the dietary guidelines for fruit and vegetables.

Overweight and obesity

The health risks of being overweight or obese include an increased risk of developing type 2 diabetes, cardiovascular disease, high blood pressure, certain cancers, sleep apnoea and osteoarthritis. Physical activity, along with a healthy diet, plays an important role in the prevention of overweight and obesity. To maintain a current healthy weight, the amount of kilojoules/calories used should equal the amount of kilojoules/calories consumed. Individuals who eat more (that is, consume more kilojoules/calories than they expend) gain weight; individuals who eat less than they expend lose weight.

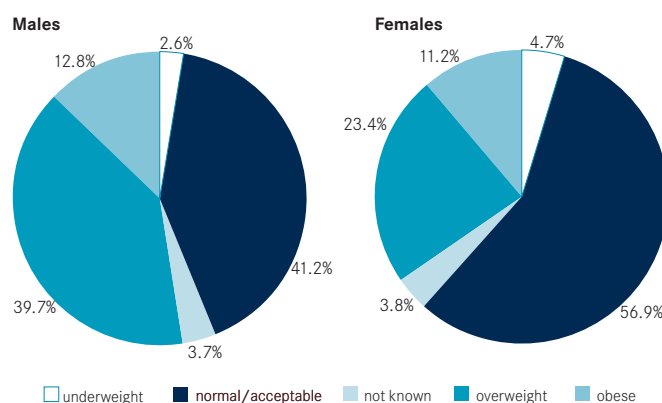
The most common population-level measure of weight status is the body mass index (BMI). Self-reported height and weight data were used to determine the BMI for each survey respondent (weight in kilograms divided by height in metres squared). Being overweight refers to increased body weight in relation to height, compared with a standard of acceptable or desirable weight. BMI data were classified into the following categories using the standard cut-offs recommended by the World Health Organisation³:

- less than 18.5 (underweight)
- 18.5 to less than 25.0 (normal)
- 25.0 to less than 30.0 (overweight)
- greater than 30.0 (obese).

Being overweight may be due to increases in body fat or increases in lean tissue. Individuals who are overweight due to lean tissue mass are not necessarily overweight, regardless of BMI.

Figure 5 presents the prevalence of each BMI category for males and females aged 18 years or over in the Southern Metropolitan Region.

Figure 5: BMI categories – Southern Metropolitan Region



- The proportion of adults in the Southern Metropolitan Region who were overweight was 39.7 per cent for males and 23.4 per cent for females (figure 5). A further 12.8 per cent of males and 11.2 per cent of females were classified as obese.
- The ‘not known’ category includes persons who did not provide weight and/or height data. A similar proportion of females and males (3.8 per cent and 3.7 per cent) were classified as not known.
- A significantly greater proportion of females than males (56.9 per cent and 41.2 per cent respectively) were of normal or acceptable weight for their height.

³ World Health Organisation 2001, Obesity: preventing and managing the global epidemic, WHO Technical Series no. 894, Geneva.





Table 4: Prevalence of overweight/obesity

	Southern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Males				
18–24 years	26.9	14.7–44.1	30.0	24.1–36.6
25–34 years	48.5	34.1–63.1	50.6	44.7–56.6
35–44 years	58.4	44.5–71.1	59.0	53.7–64.1
45–54 years	61.8	47.9–74.0	65.2	59.9–70.2
55–64 years	72.3	56.4–84.0	65.4	59.6–70.8
65+ years	44.3	32.2–57.2	51.8	46.5–57.1
Total	52.5	46.4–58.5	54.3	52.0–56.7
Females				
18–24 years	18.2	8.2–35.9	19.7	14.8–25.6
25–34 years	38.1	27.9–49.4	36.1	31.9–40.6
35–44 years	33.1	24.5–42.9	37.0	33.2–40.9
45–54 years	43.5	33.0–54.6	44.7	40.2–49.3
55–64 years	42.7	30.8–55.5	50.8	45.5–56.0
65+ years	29.5	20.6–40.3	38.5	34.2–43.1
Total	34.6	30.2–39.3	38.0	36.1–39.9

- The proportion of males in the Southern Metropolitan Region who were overweight or obese increased with increasing age, to 72.3 per cent of those aged 55–64 years (table 4).
- More than one third of females (34.6 per cent) in the region were overweight or obese. The proportion of females who were overweight or obese ranged from 18.2 per cent of those aged 18–24 years to 43.5 per cent of those aged 45–54 years.

Rates

The 2001 Victorian population⁴ has been used when specifying population weights to ensure that the adjusted sample distribution is representative of the population by age group, gender and region. Differences between regions in the age and sex distribution of their populations may account, in part, for differences in overall region-specific rates.

Confidence intervals

The rates reported in this publication are based on information collected from a sample of adults, selected at random by household telephone number. As a result, they are subject to sampling variability. This means that the rates are estimates and may differ from those that would result if all adults in Victoria had been included in the survey.

One measure of the amount of variation associated with an estimate is the confidence interval. Estimates with wider confidence intervals reflect a higher degree of unreliability in the estimate and should be used with caution. Confidence intervals that do not overlap are interpreted as representing significant differences.

Additional information

The method of the Victorian Population Health Survey 2003 and other results may be found in the report *Victorian Population Health Survey 2003: selected findings*. This report and other useful resources may be viewed or downloaded from the website www.health.vic.gov.au/healthstatus

VicHealth provided support for the Victorian Population Health Survey data analysis. Information about VicHealth initiatives to increase levels of physical activity and promote the health of Victorians is available at the website www.vichealth.vic.gov.au

⁴ Department of Infrastructure 2001, Population projections 2001, Government of Victoria, Melbourne.



Source:

Victorian Population Health Survey 2003
Public Health Group
Rural and Regional Health and Aged Care Services Division
Department of Human Services Victoria

