Health behaviors of Armenian schoolchildren as a risk factor for developing NCDs

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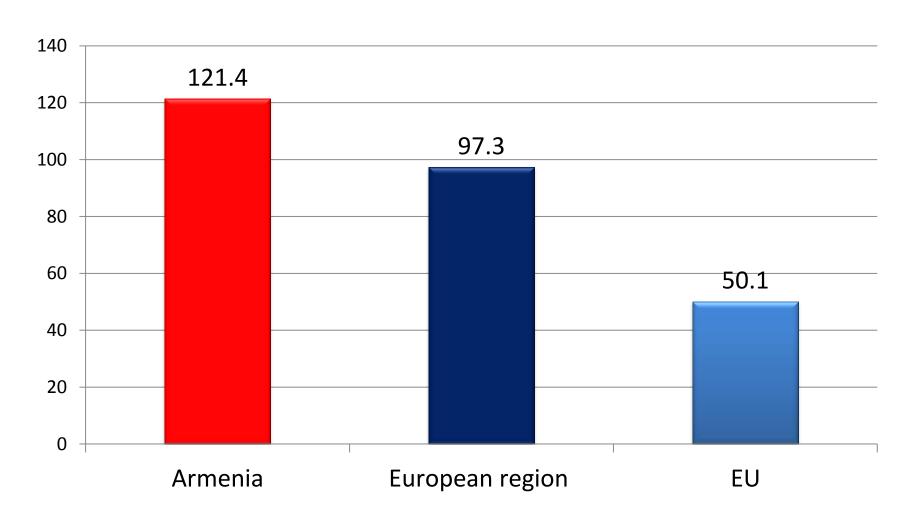
American University of Armenia, May 26, 2014



Morbidity and mortality in Armenia: some comparisons

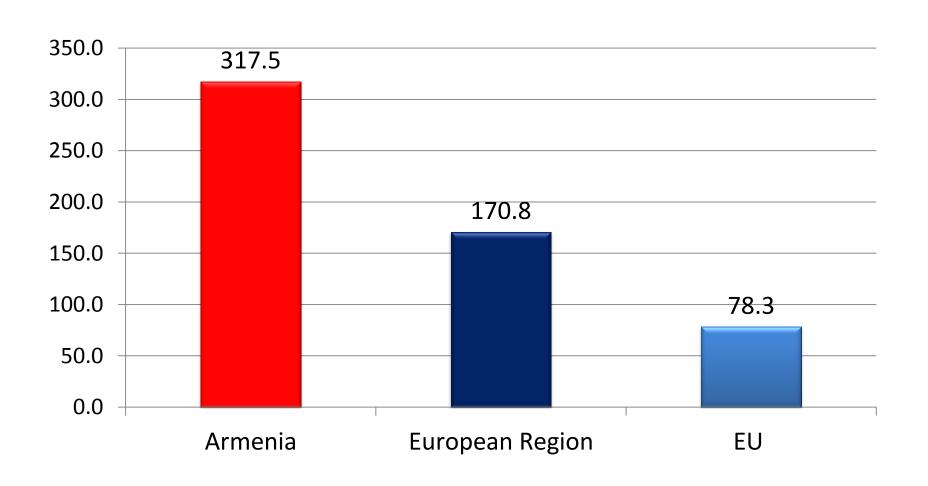
SDR, cerebrovascular diseases

all ages per 100000 (WHO Database, 2013)



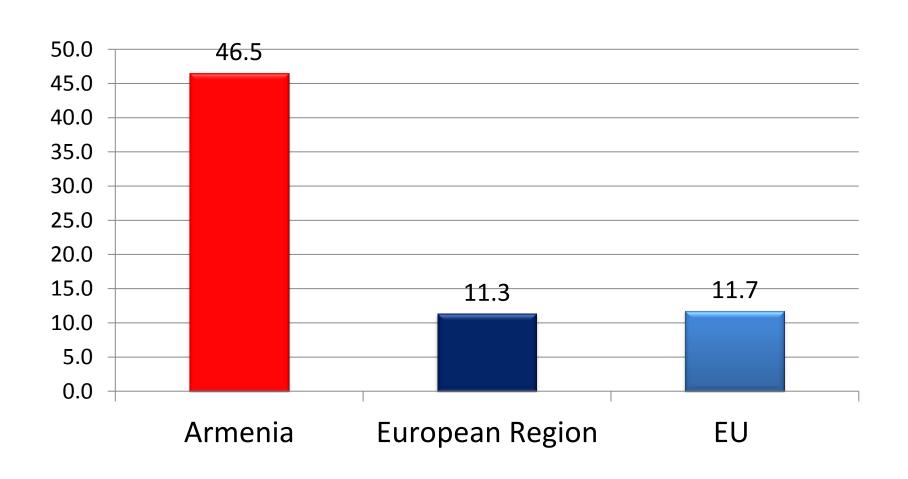
SDR, ischemic heart disease

all ages per 100000 (WHO Database, 2013)



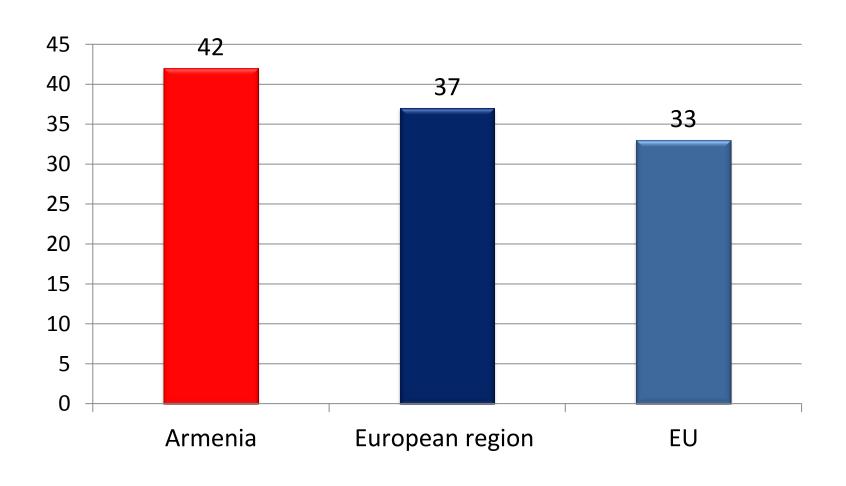
SDR, diabetes

all ages per 100000 (WHO Database, 2013)



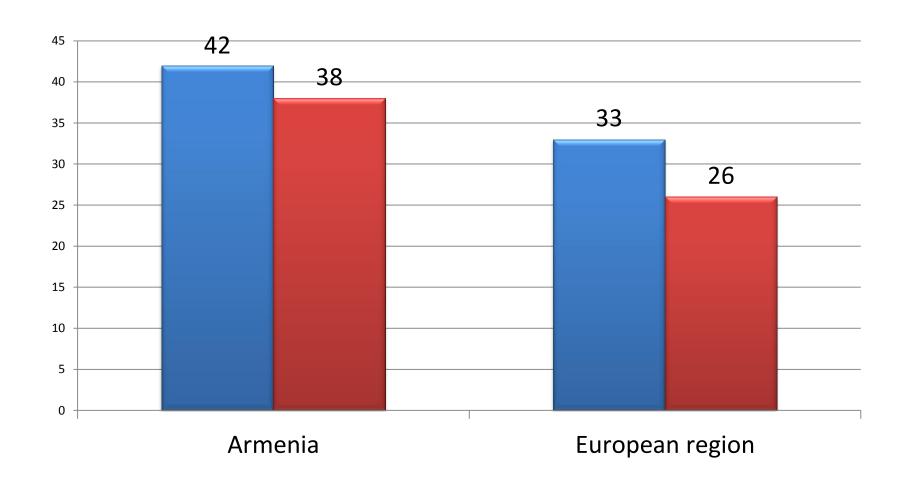
SDR, trachea/bronchus/lung cancer

all ages per I 100000, (WHO, 2013)



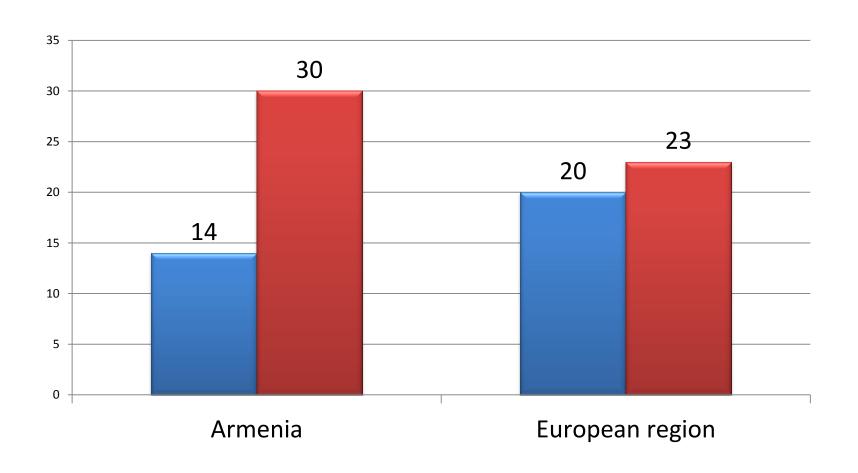
Prevalence of raised blood pressure in men and women 25 years and above (%)

WHO, World Health Statistics, 2013



Men and women aged ≥20 years who are obese (%)

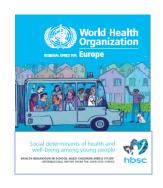
WHO, World Health Statistics, 2013





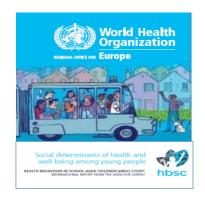
What affects adults' health?

..up to 60 per cent of early deaths in adults and one third of DALY are caused by behaviors established in adolescence period (WHO, 2002)



Study on Health Behavior in School-aged Children (HBSC)

- Cross country study of behaviors of school-aged adolescents of three age groups: 11, 13, 15
- Started in 1983 by colleagues from UK, Norway, Finland; now 39 countries of Europe, US, Canada, Israel (and beyond)
- HBSC network: consortium of independent research groups; unified and agreed methodology
- Coordination: ICC in Edinburgh, auspice of WHO Euro



Armenian HBSC 2009 / 2010

- Armenia: 2005, 2009/2010/ 2013/2014
- Sampling study 2009/2010: 2833 children of 64 schools sampled by probability-proportional-to-size method
- A standard HBSC anonymous questionnaire of 220 variables,
 combined in 81 questions and divided into 17 categories
- Data are included in WHO reports

Eating behaviors

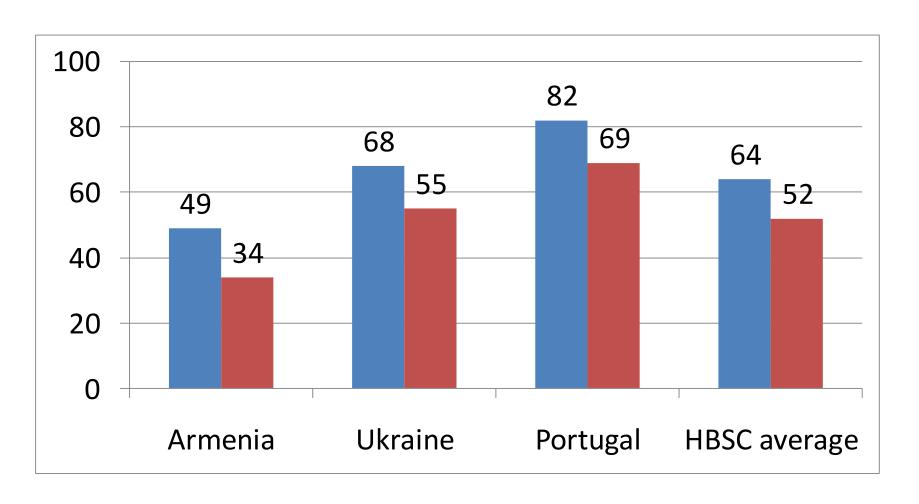


Breakfast consumption

- Have breakfast every day on weekdays 57% of 15-yearold boys and 46% of girls
- With age the prevalence of having breakfast decreases
- Adolescents from villages have breakfast less often
- "Never have breakfast during weekdays" 19% of boys and 30% of girls

Breakfast every working day

Per cent of 15 year-old **boys** and **girls**, (WHO HBSC report, 2012)



Consumption of carbonated soft drinks

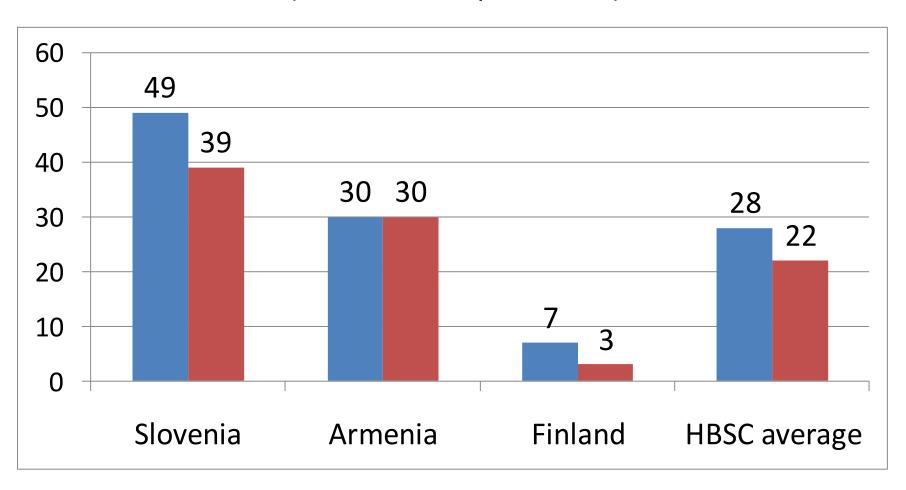
Every day, once or more than once soft drinks are used by 30 % of adolescents

With age the prevalence increases

 No difference between sexes (Armenia is only country, where girls use soft drinks with same frequency)

Use carbonated soft drinks every day

Per cent of 15 year-old **boys** and **girls** (WHO HBSC report, 2012)



Sweet consumption

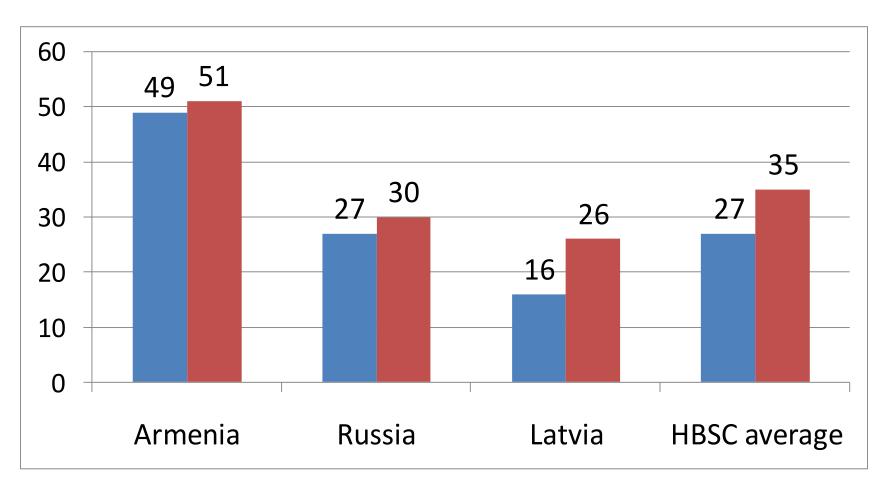
- More than half eat sweets every day
- One third of all these respondents use sweets more than once a day
- Girls tend to use more often
- Sweet consumption during TV watching is used by 13% of girls and 11% of boys

Consumption of fruits and vegetables

- Vegetable and fruit consumption level is moderate-to-high
- Children from villages consume fruits less than urban
- Only 27% of 11-year old boys and 32% of 11-year old girls eat vegetables every day

Eat fruits everyday

15 year-old **boys** and **girls**, (WHO HBSC report, 2012)





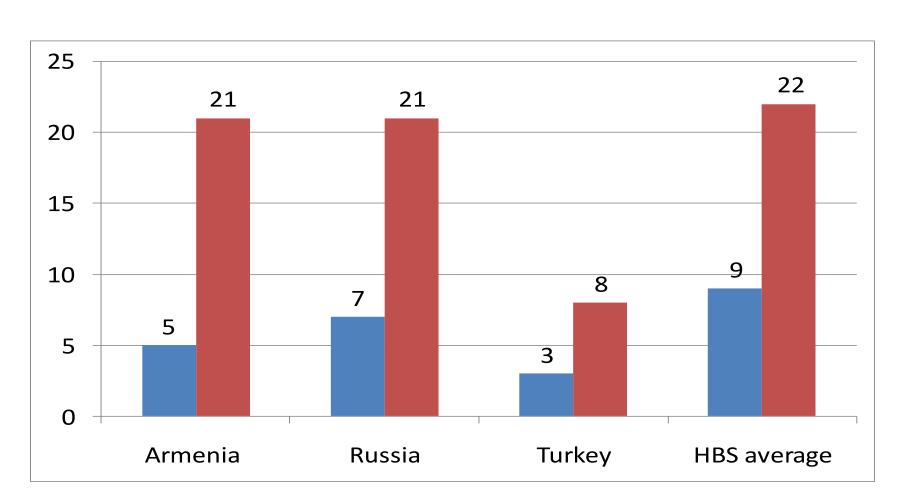
BMI, weight control and body image

Body Mass Index

- There is a tendency of overweight among Armenian adolescents
- One of sixth of 11-years boys and 13% of girls have overweight or obese
- One of five 15-year old girls thinks that she is fat and do something to lose weight

Try to lose weight

Per cent of 15 year-old **boys** and **girls** (WHO HBSC report, 2012)





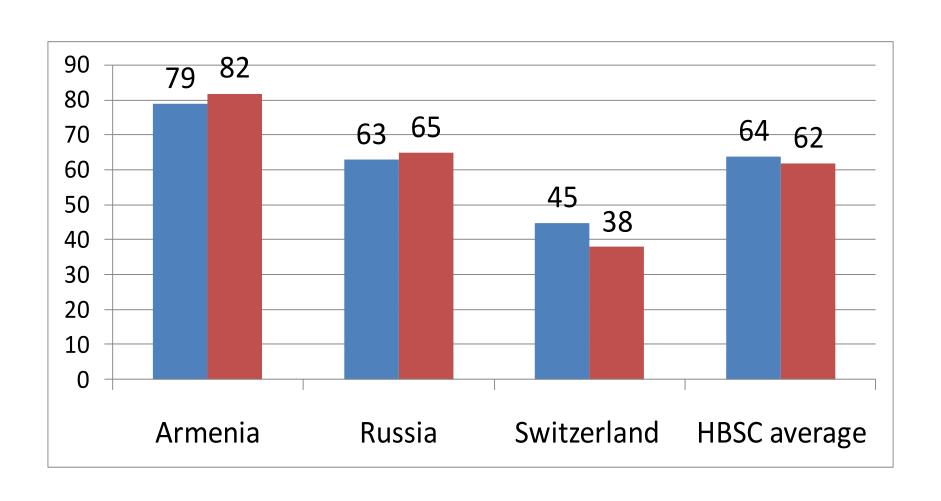
Physical activities, Sedentary behaviors

Physical activity

- Almost one of ten reported not attending physical education classes
- Only one third attended mentioned classes 3 times per week (as in school curriculum)
- Rural children are more active
- More than half of respondents are not engaged in any sports

Daily TV watching 2 hours and longer

Per cent of 15 year-old **boys** and **girls** (WHO HBSC report, 2012)





Prevalence of chronic diseases

Chronic diseases

Eight per cent of teens claimed that they have some chronic disease and regularly take medications for long period

Conclusions

- Behaviors of Armenian children, adolescents (adults), including eating habits are risk factors for developing NCDs and by itself are «hided killers», the same as tobacco
- Improving nutrition is a crucial point for improving health status of Armenian children, adolescents and adults and reducing health and social expenses («double burden»)
- Implementation of evidence-based both «public health» and «clinical» interventions, based on life-cycle approach, starting childhood and adolescence periods is needed

