

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

Sergey Sargsyan

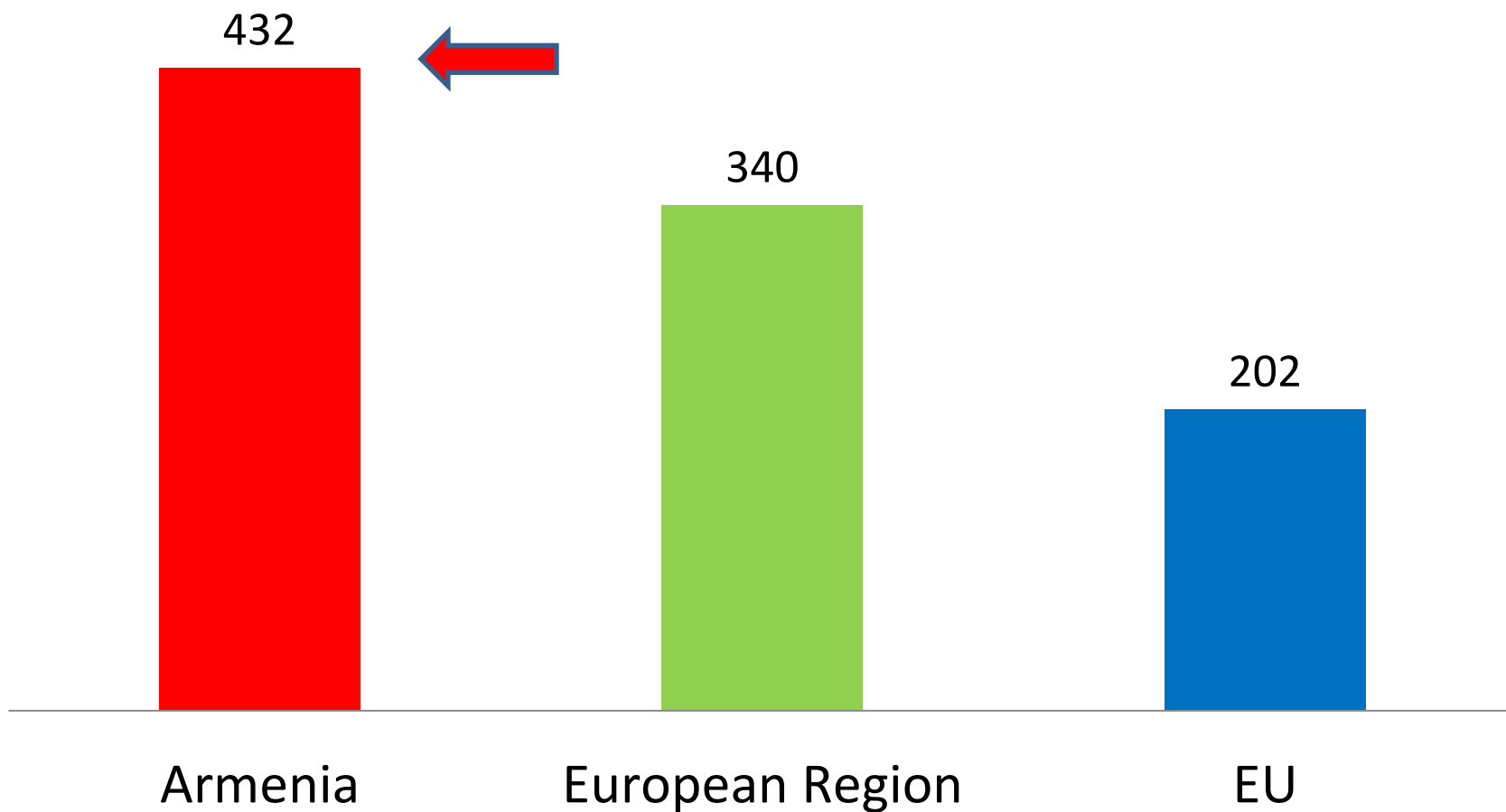
Marina Melkumova, Eva Movsesyan, Ara Babloyan
Institute of Child and Adolescent Health.
Arabkir Medical Centre, Yerevan, Armenia

American University of Armenia, May 31, 2016

Some data on morbidity and mortality in Armenia

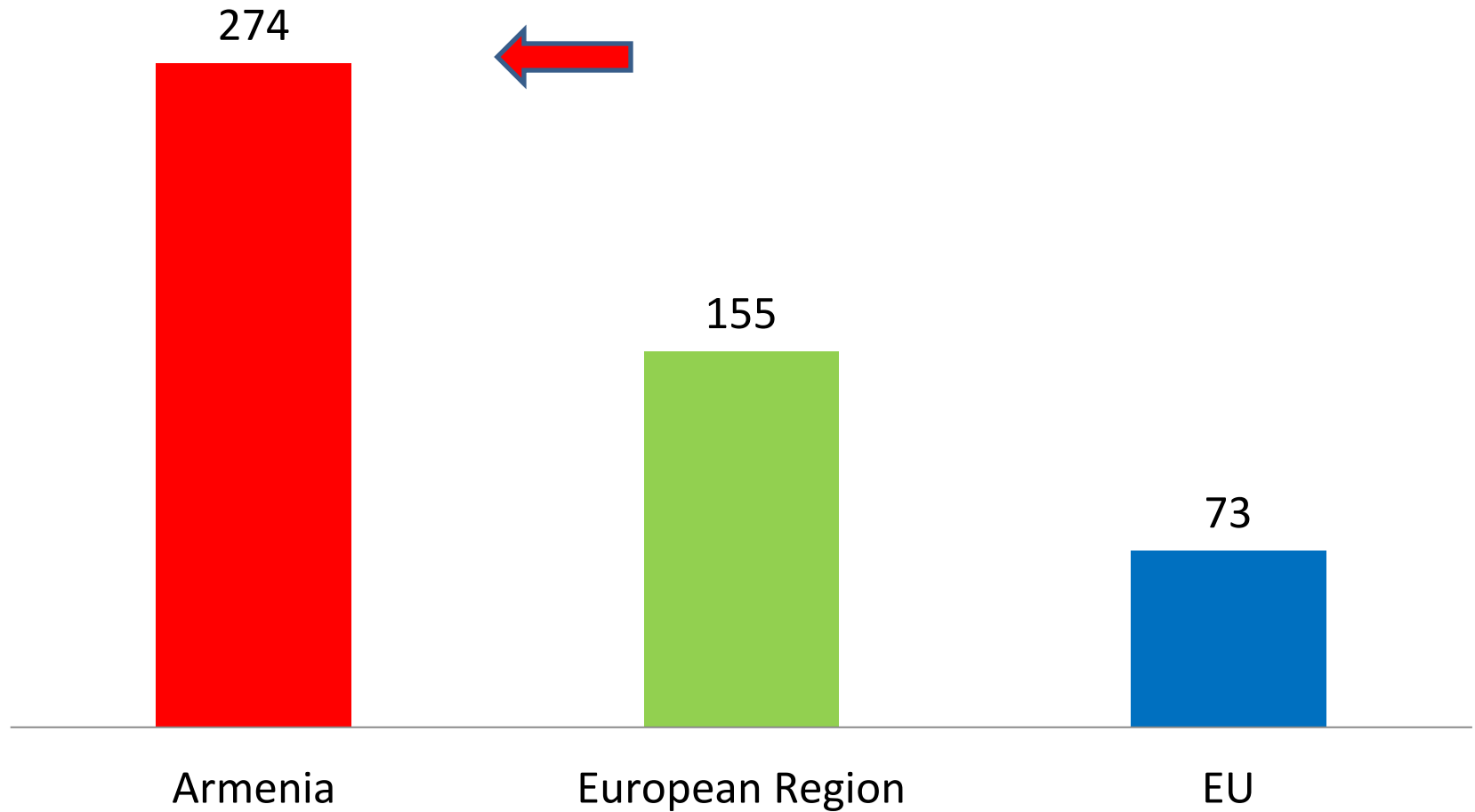


SDR, diseases of circulatory system, all ages, per 100 000



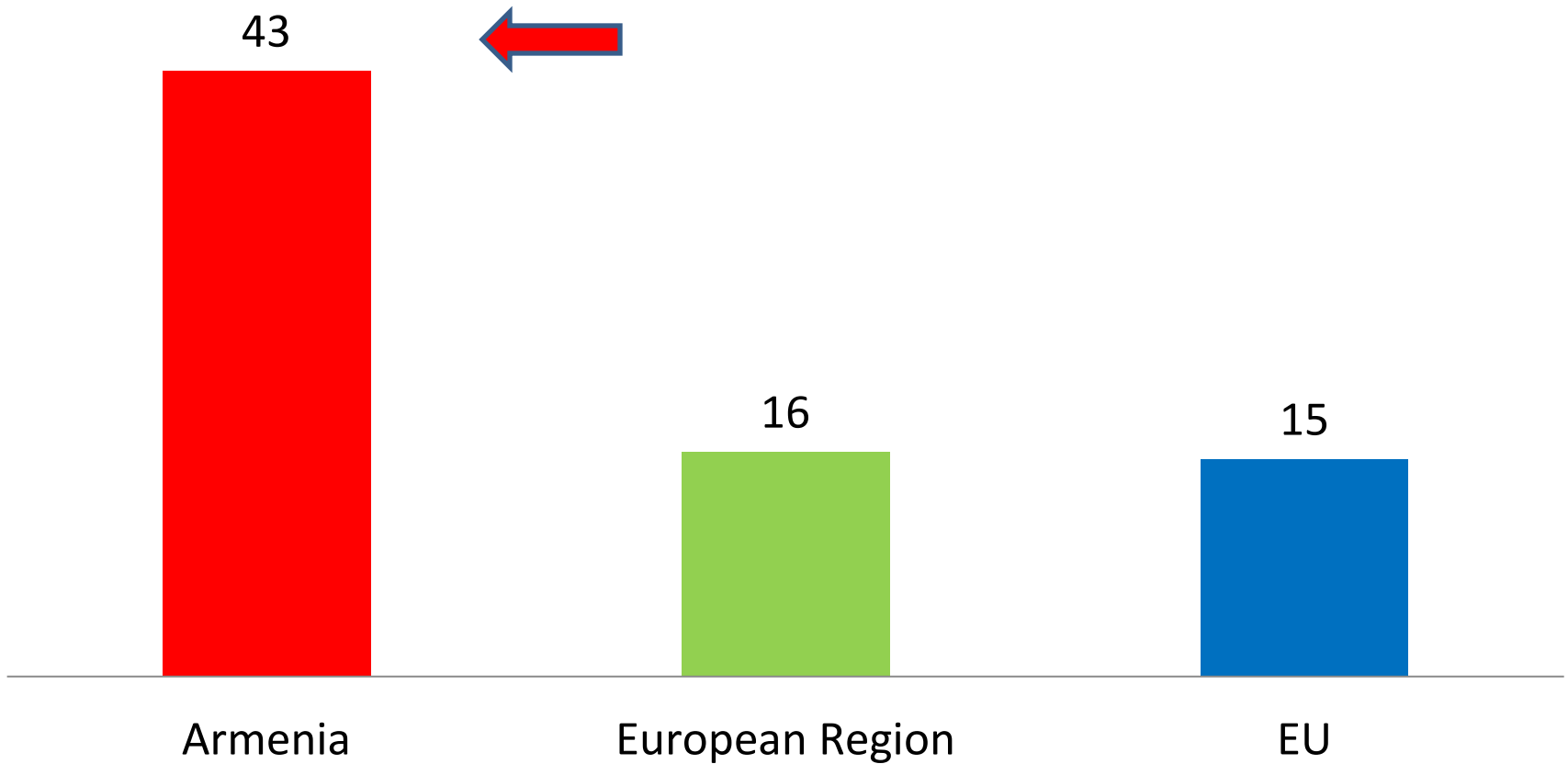
Source: WHO Database "Health for all", 2015

SDR, ischaemic heart disease, all ages, per 100 000



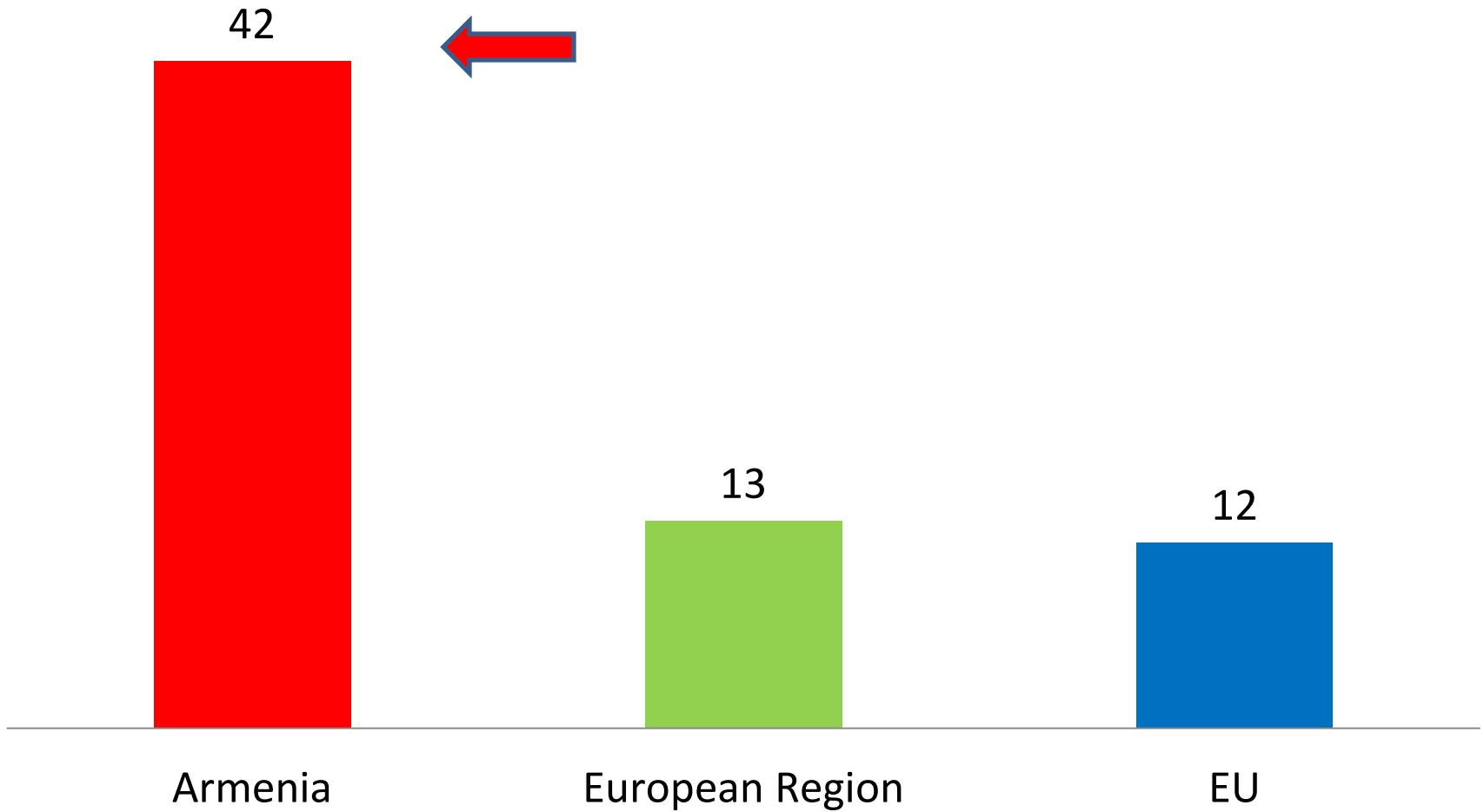
Source: WHO Database "Health for all", 2015

SDR, endocrine, nutritional and metabolic diseases, all ages, per 100 000



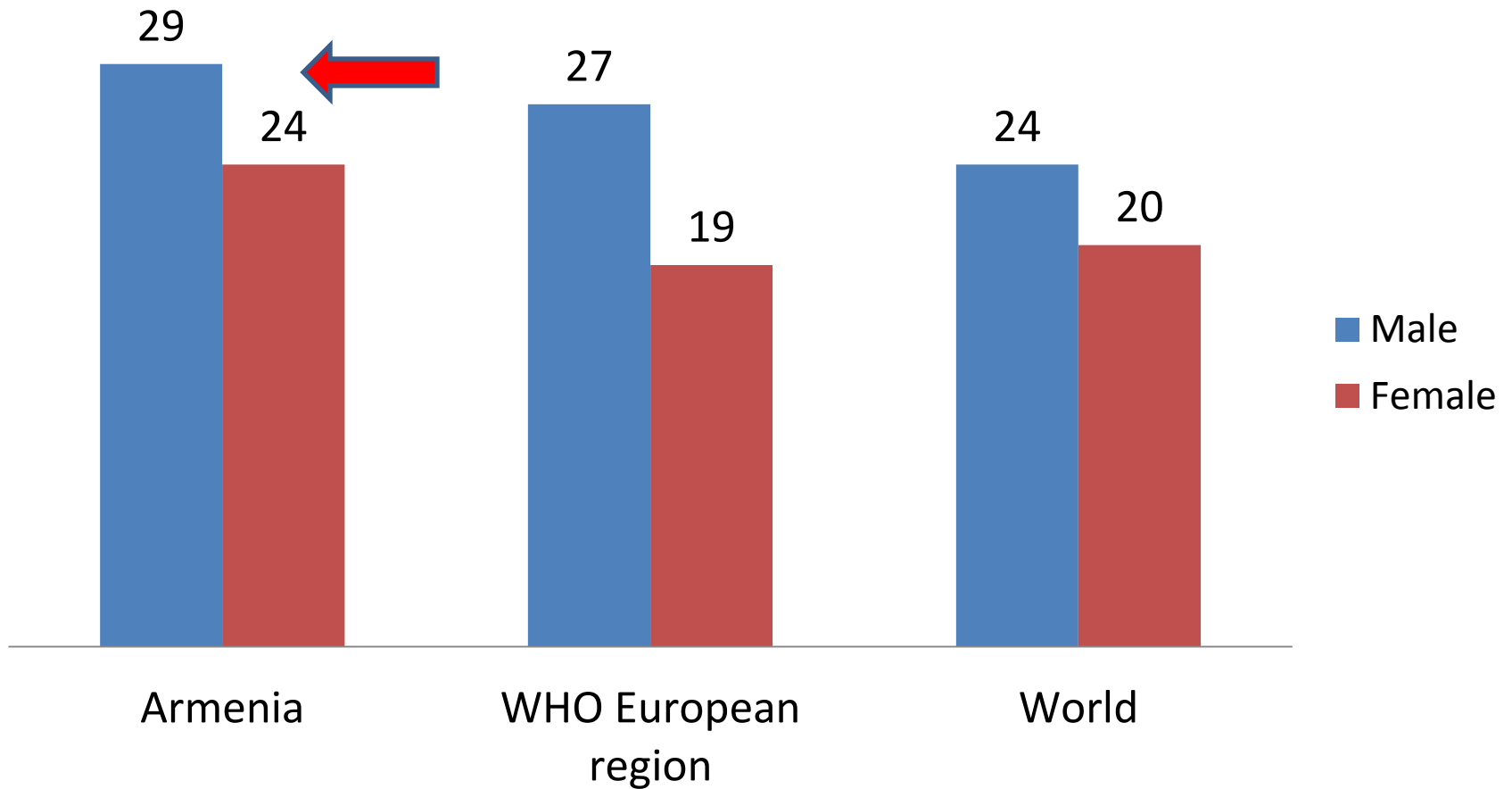
Source: WHO Database "Health for all", 2015

SDR, diabetes, all ages, per 100 000



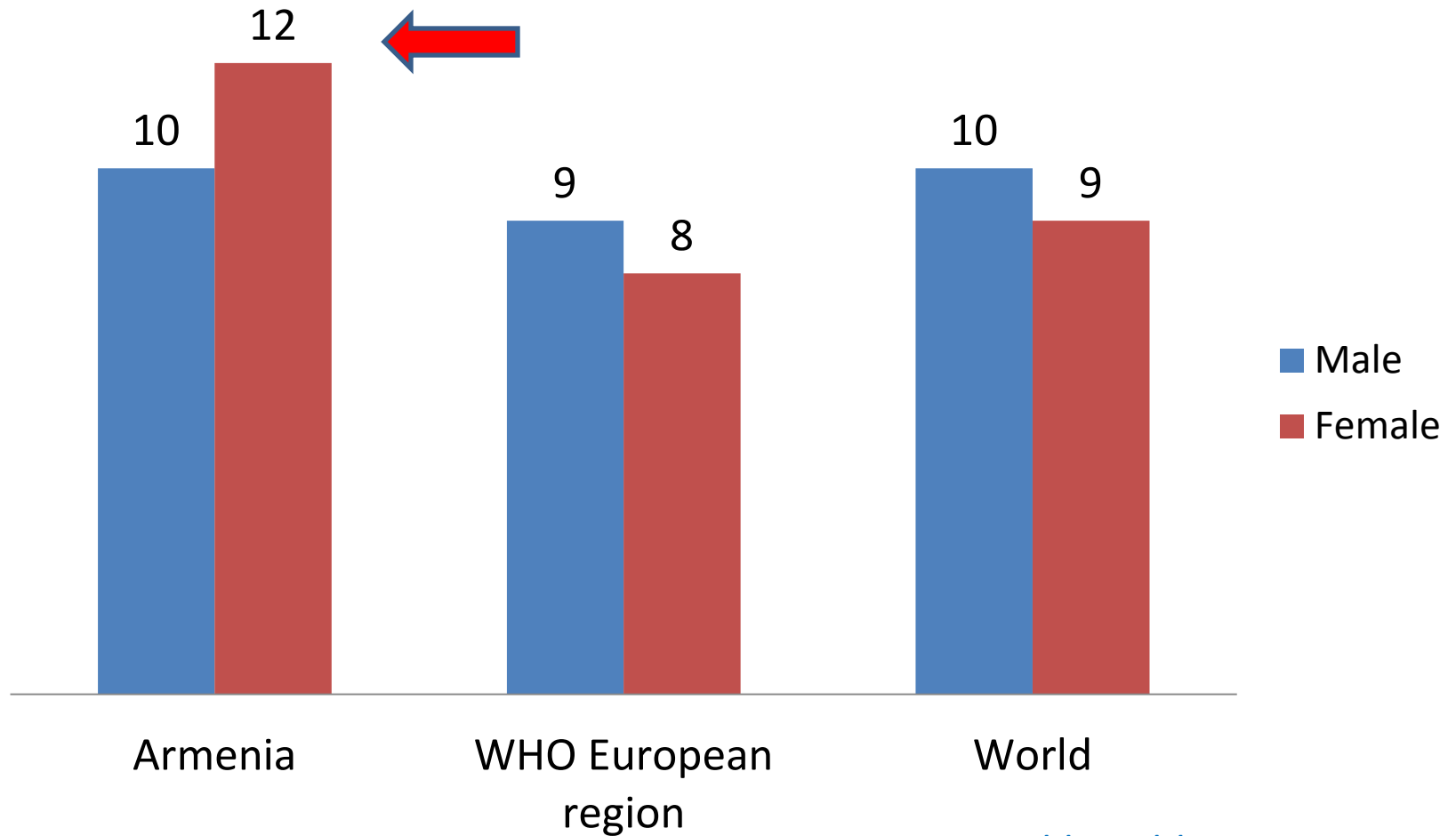
Source: WHO Database "Health for all", 2015

Prevalence of raised blood pressure among adults aged ≥ 18 years (%)



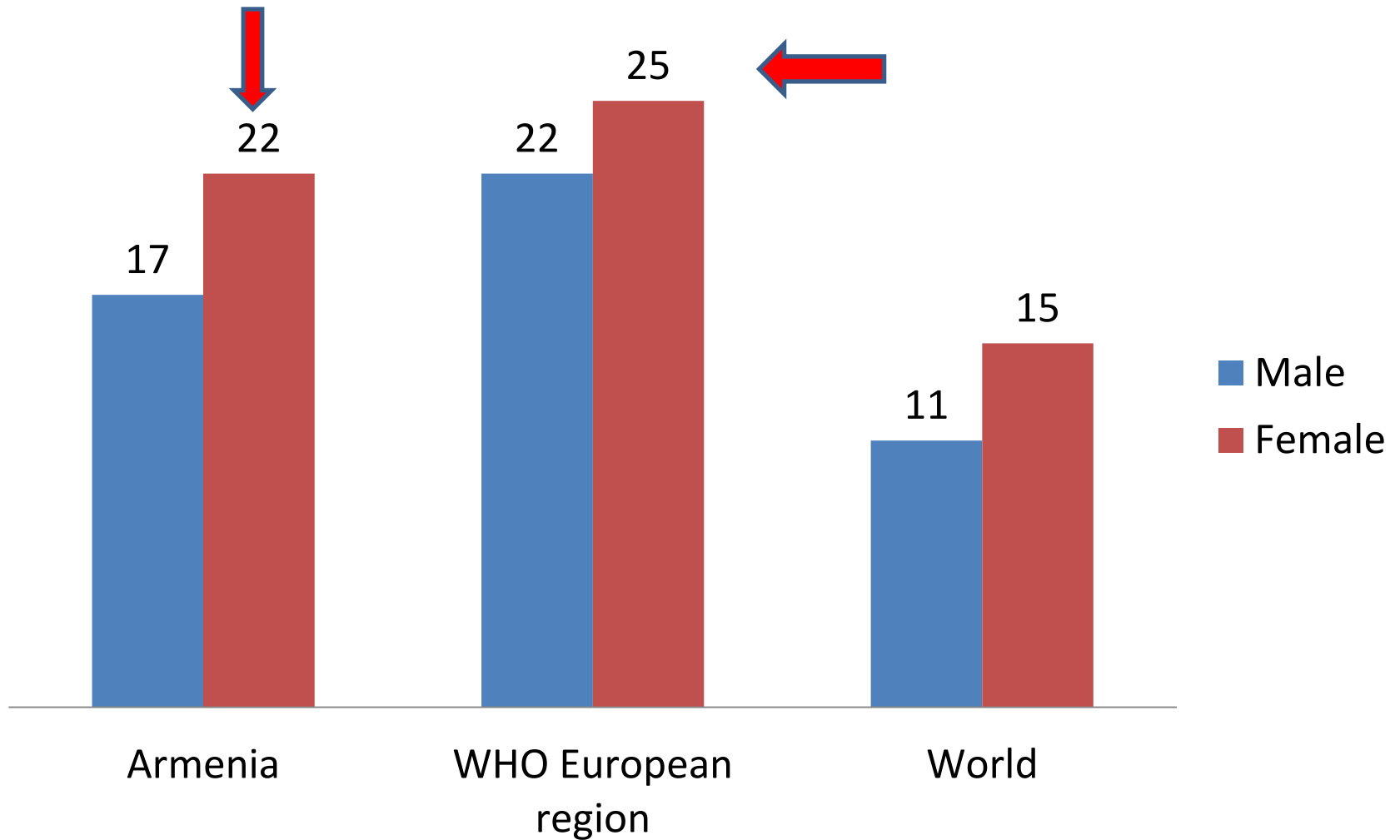
Source: World Health Statistics, 2015

Prevalence of raised fasting blood glucose among adults aged ≥ 18 years (%)



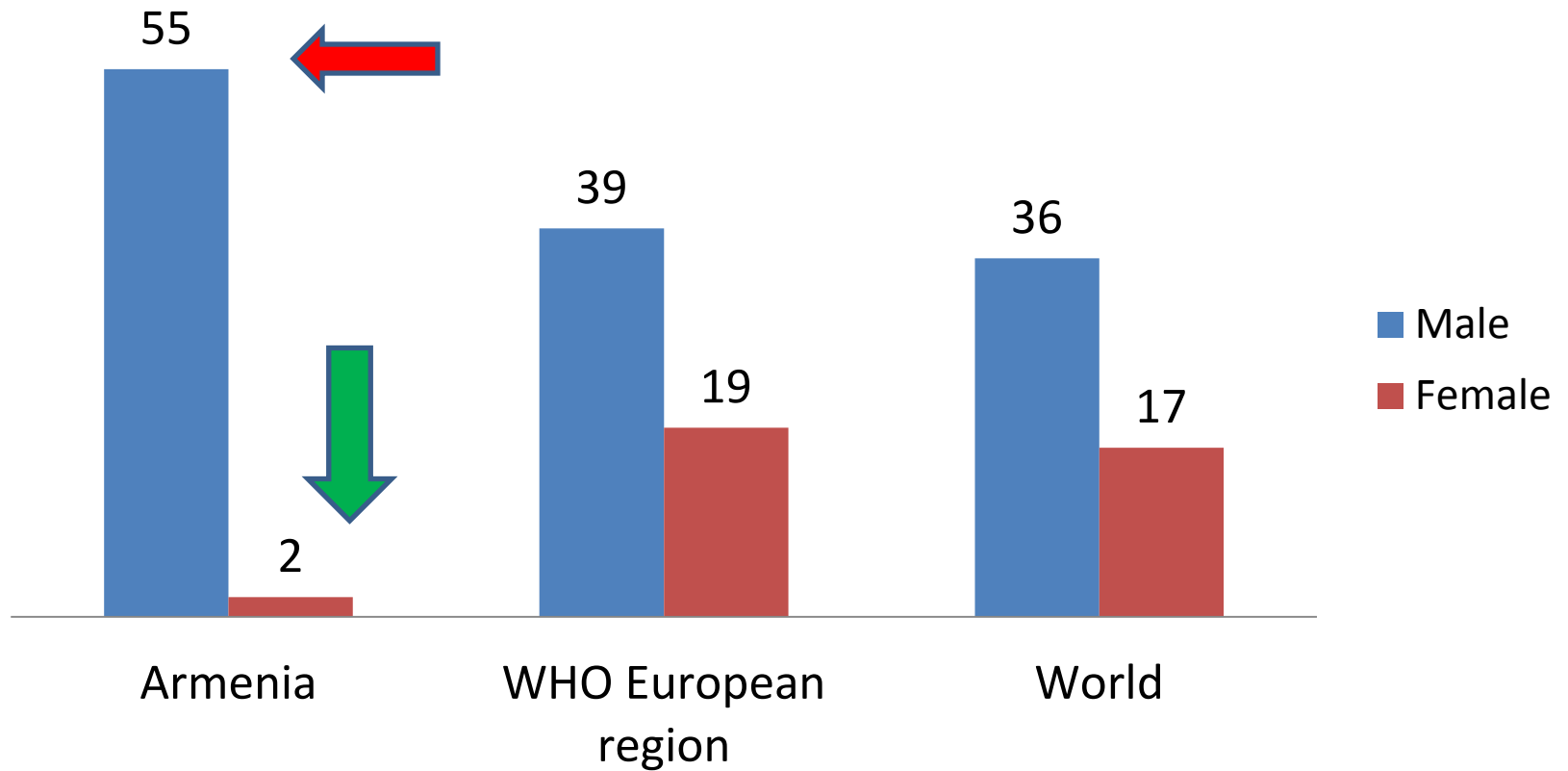
Source: World Health Statistics, 2015

Adults aged ≥ 18 years who are obese (%)



Source: World Health Statistics, 2015

Prevalence of smoking any tobacco product among adults aged ≥ 15 years (%)

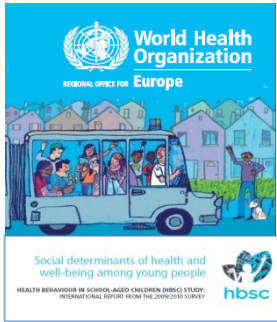


Source: World Health Statistics, 2015

What affects adults' health ?

..up to two third 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: 11.5 ± 0.5 , 13.5 ± 0.5 , 15.5 ± 0.5
- Started in 1983 by colleagues from UK, Norway, Finland; now 44 countries of Europe, US, Canada, Israel (and beyond)
- HBSC network: consortium of independent research groups; unified and agreed methodology
- Coordination centre in Scotland, data bank in Norway,
- Under auspice of WHO Euro



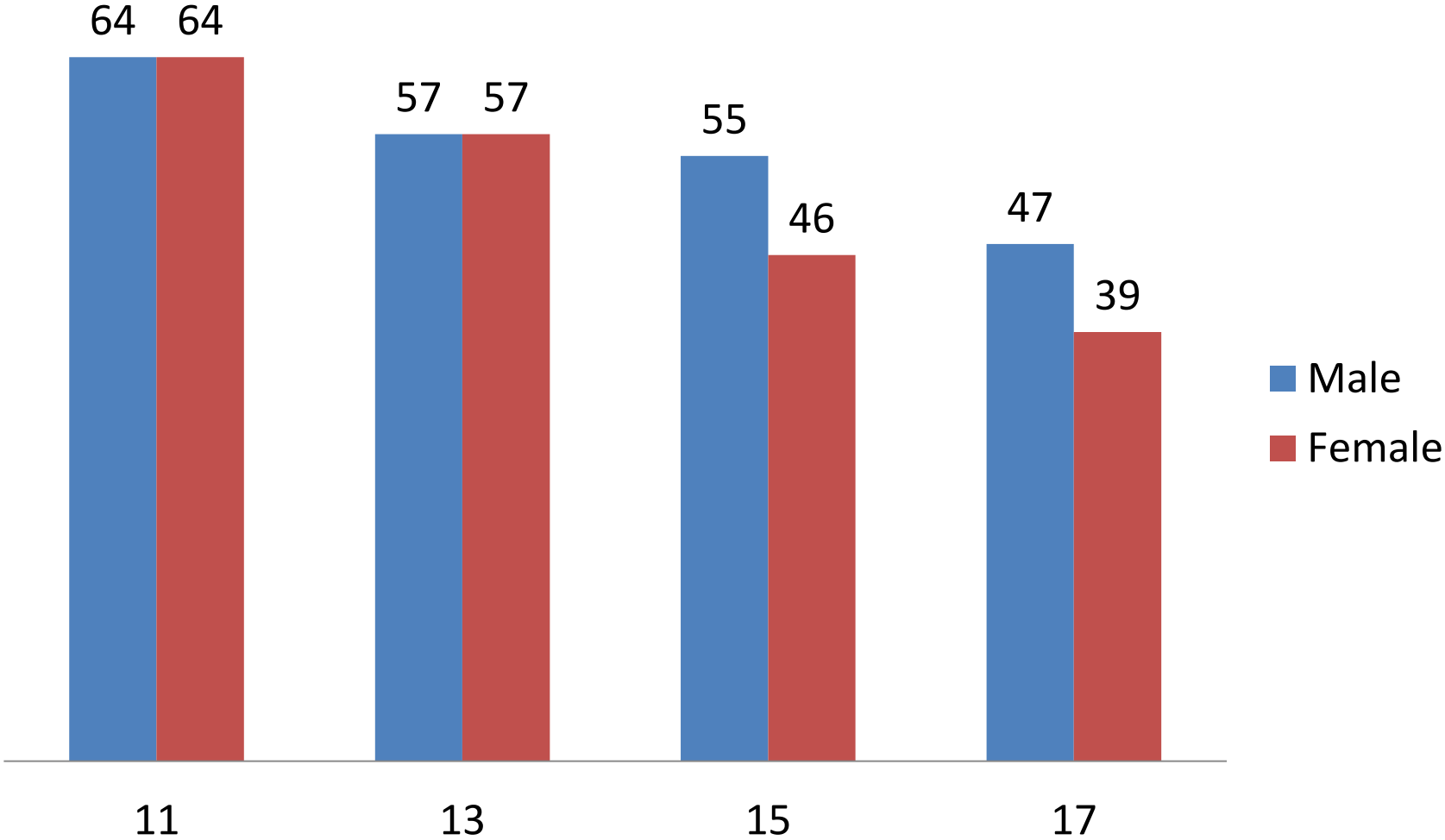
Armenian HBSC 2013 / 2014

- Pilot in 2005; regular in 2009 / 2010; 2013 / 2014
- Sampling: by schools and classes using probability-proportional-to-size method
- 11, 13, 15 year olds: 3679 adolescents of 82 schools
- 17 year olds: 1134 teens of 64 high schools and colleges
- Anonymous questionnaire of 230 variables
- Data are included in WHO report (2016)

Eating behaviors

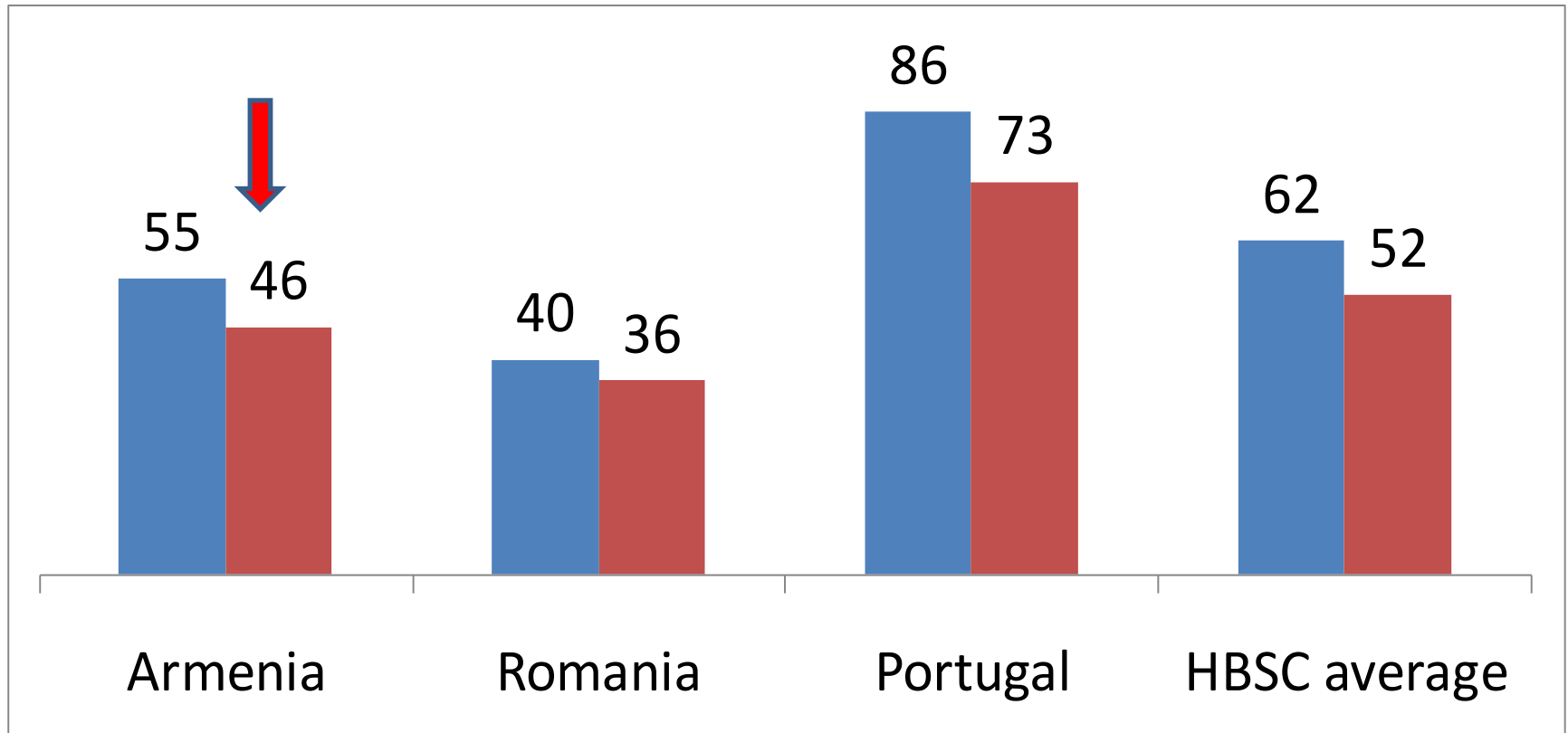


Per cent of those who eat breakfast every week day



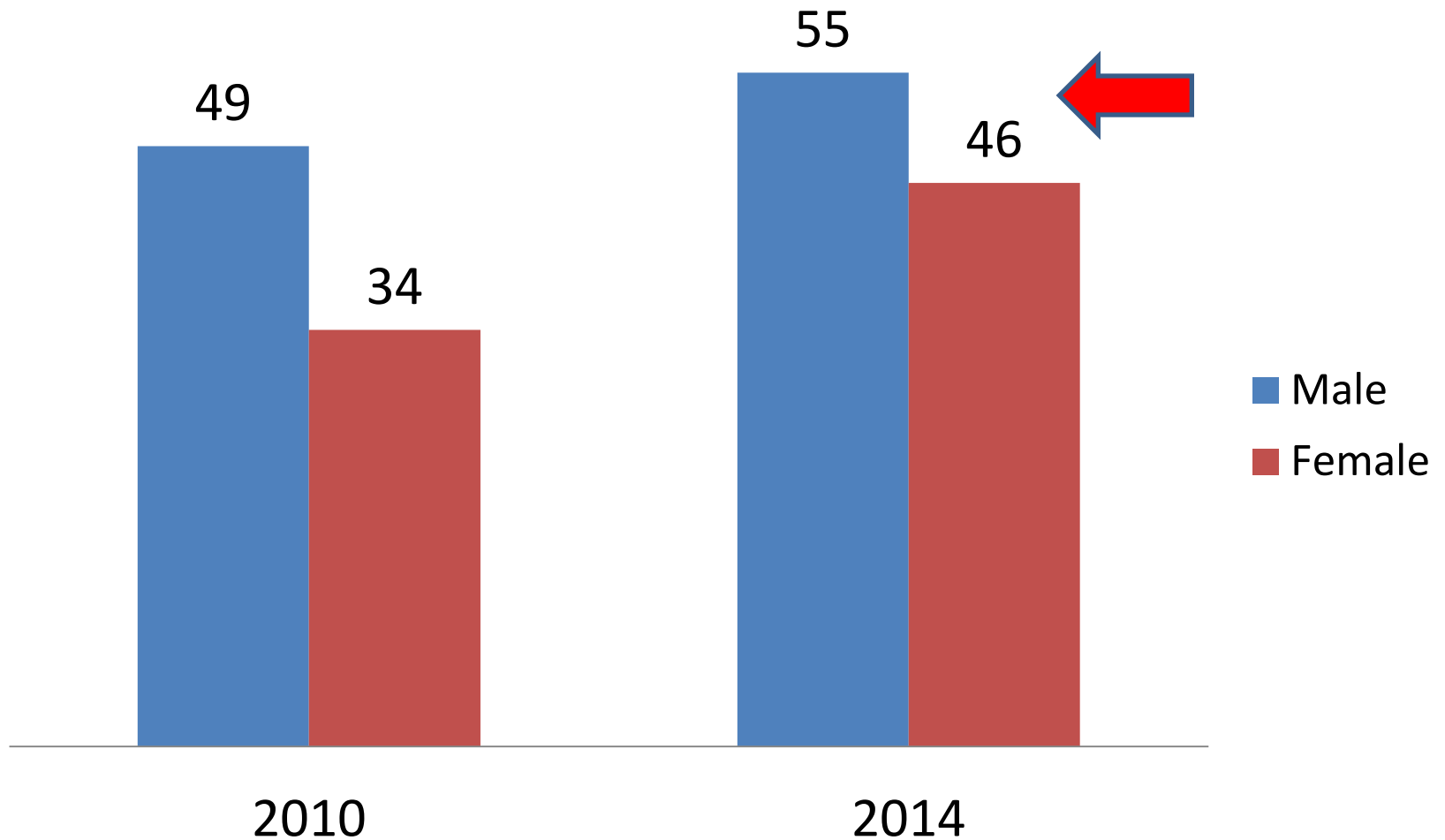
Breakfast every working day

Per cent of 15 year-old **boys** and **girls**,
(WHO, HBSC report, 2016)



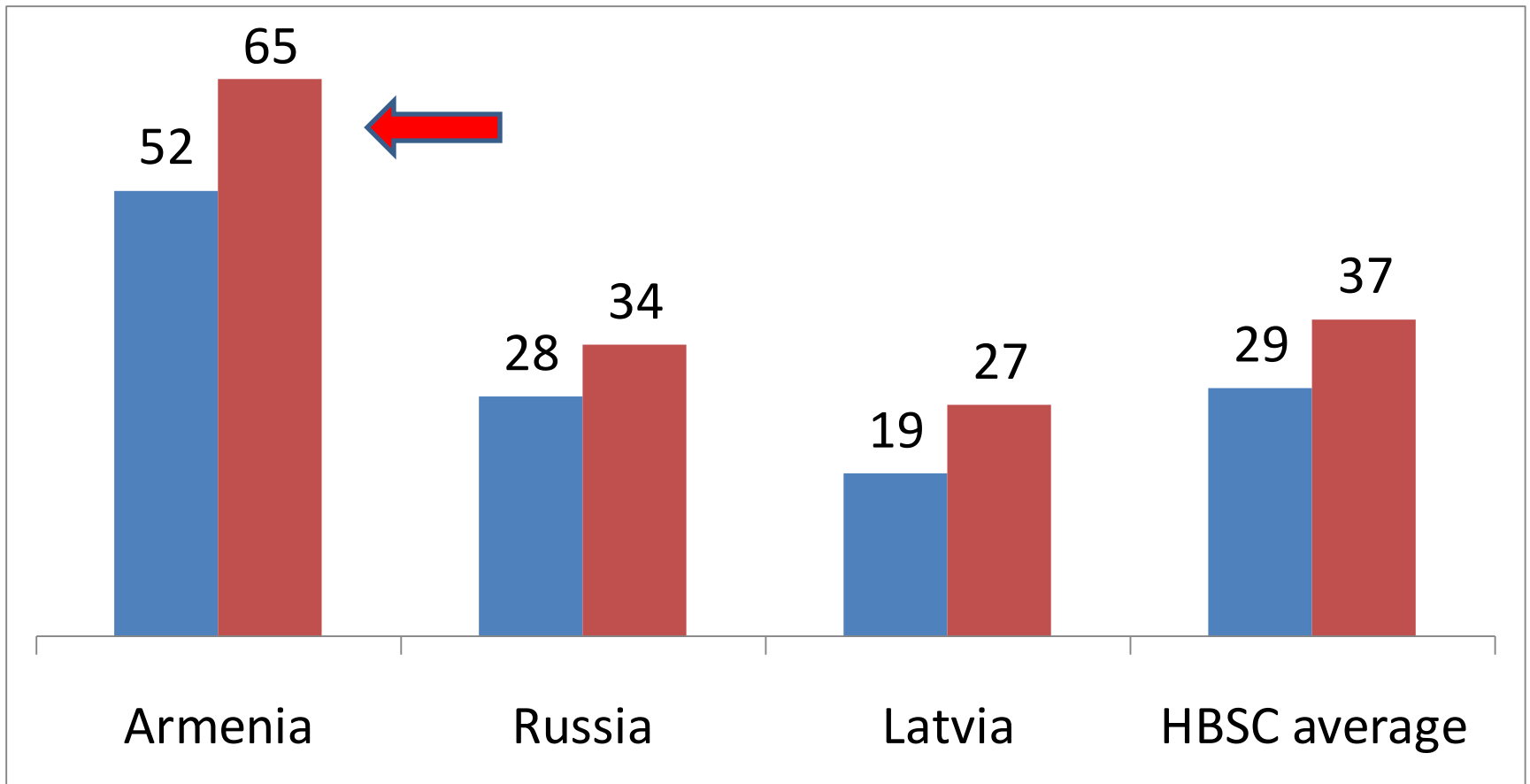
Comparison 2010 – 2014

Per cent of those who eat breakfast every week day 15 year olds



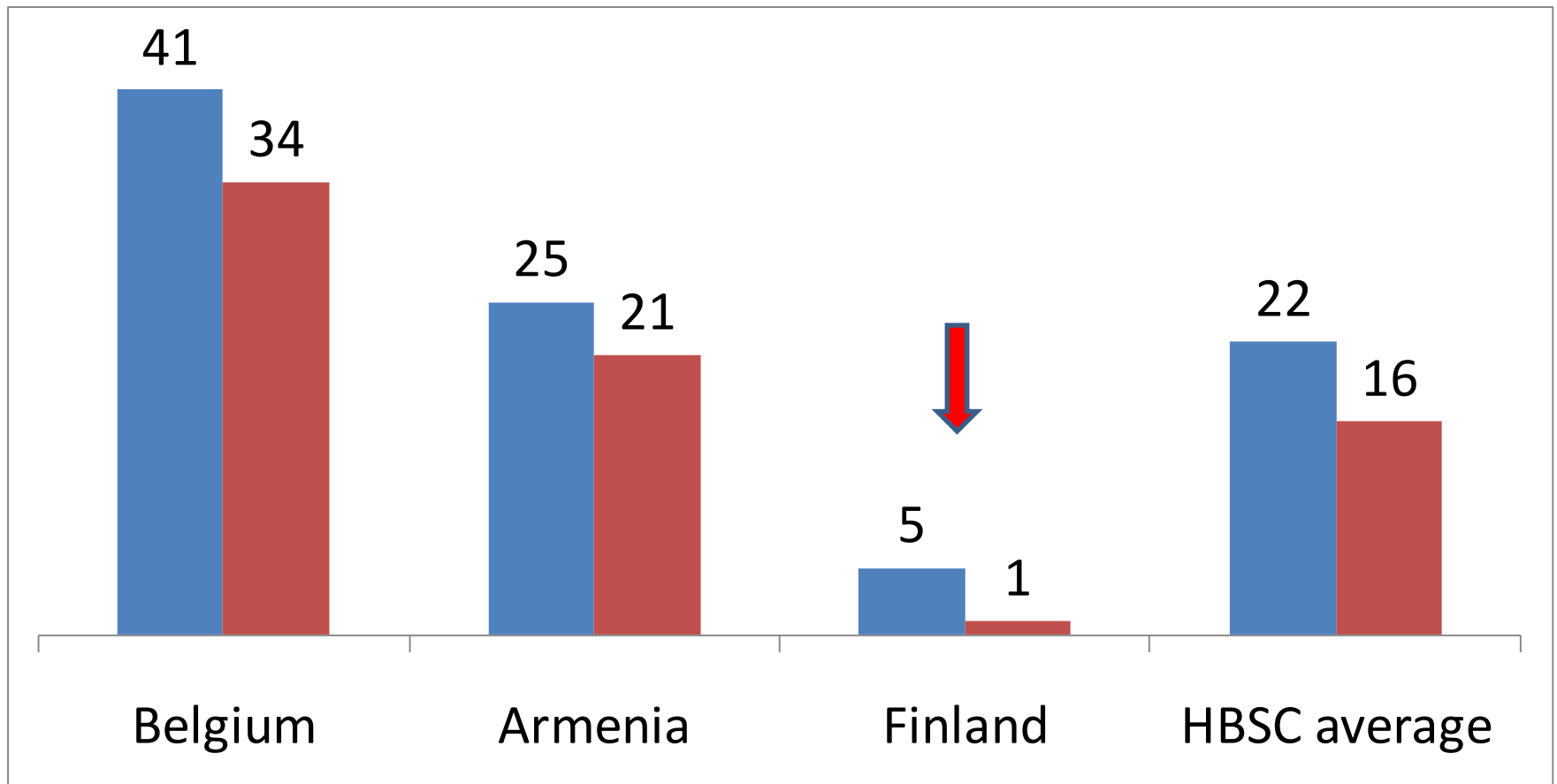
Eat fruits daily

15 year-old **boys** and **girls**,
(WHO HBSC report, 2016)



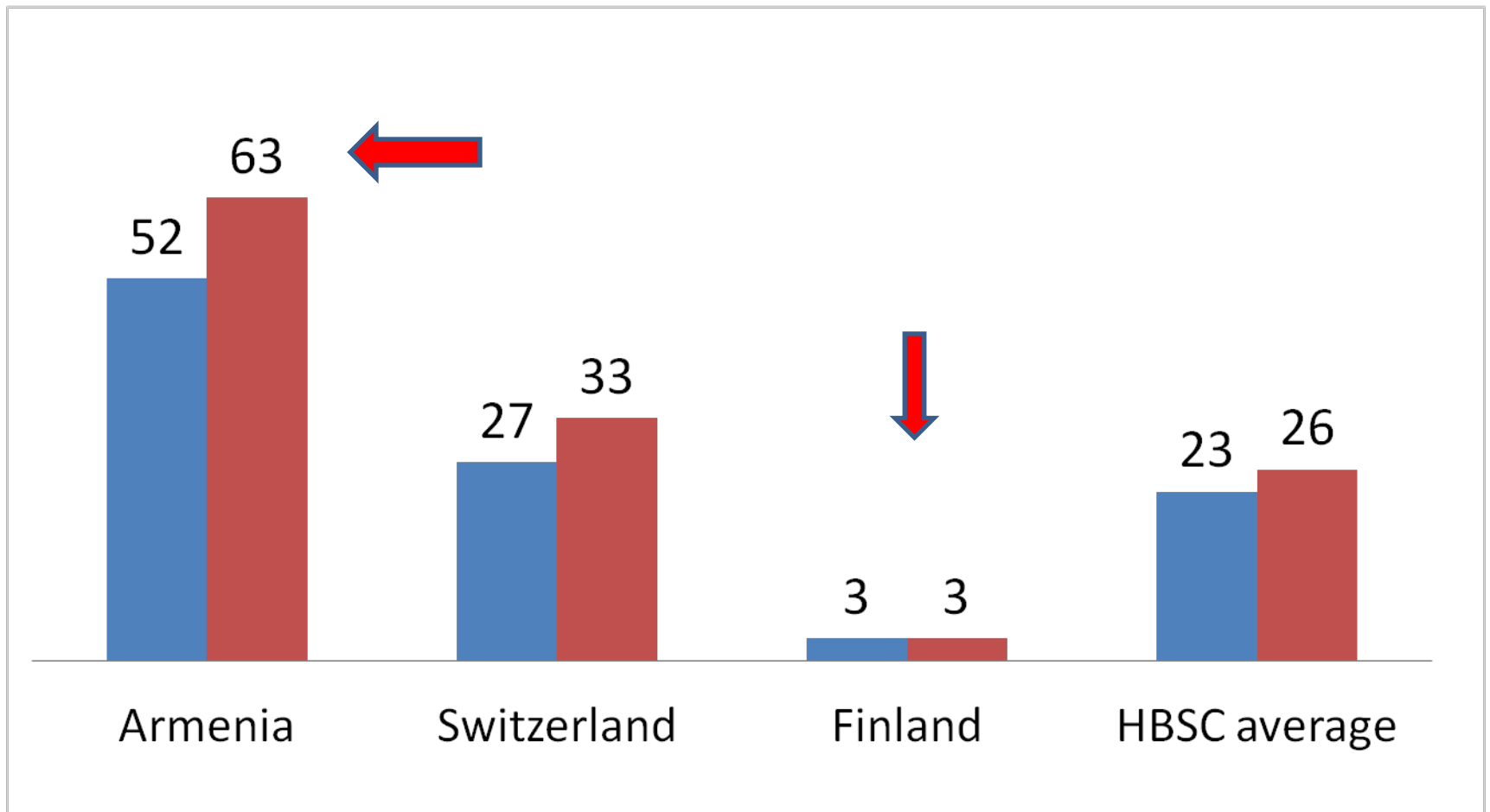
Daily consumption of carbonated soft drinks

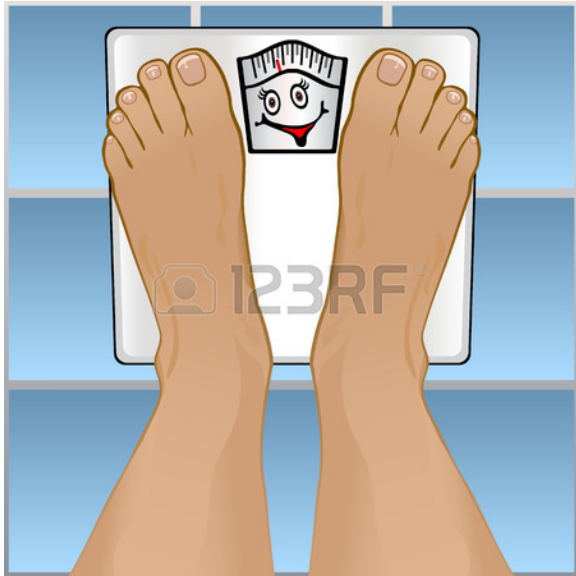
Per cent of 15 year-old **boys** and **girls**
(WHO HBSC report, 2016)



Daily consumption of sweets

Per cent of 15 year-old **boys** and **girls**
(WHO HBSC report, 2016)

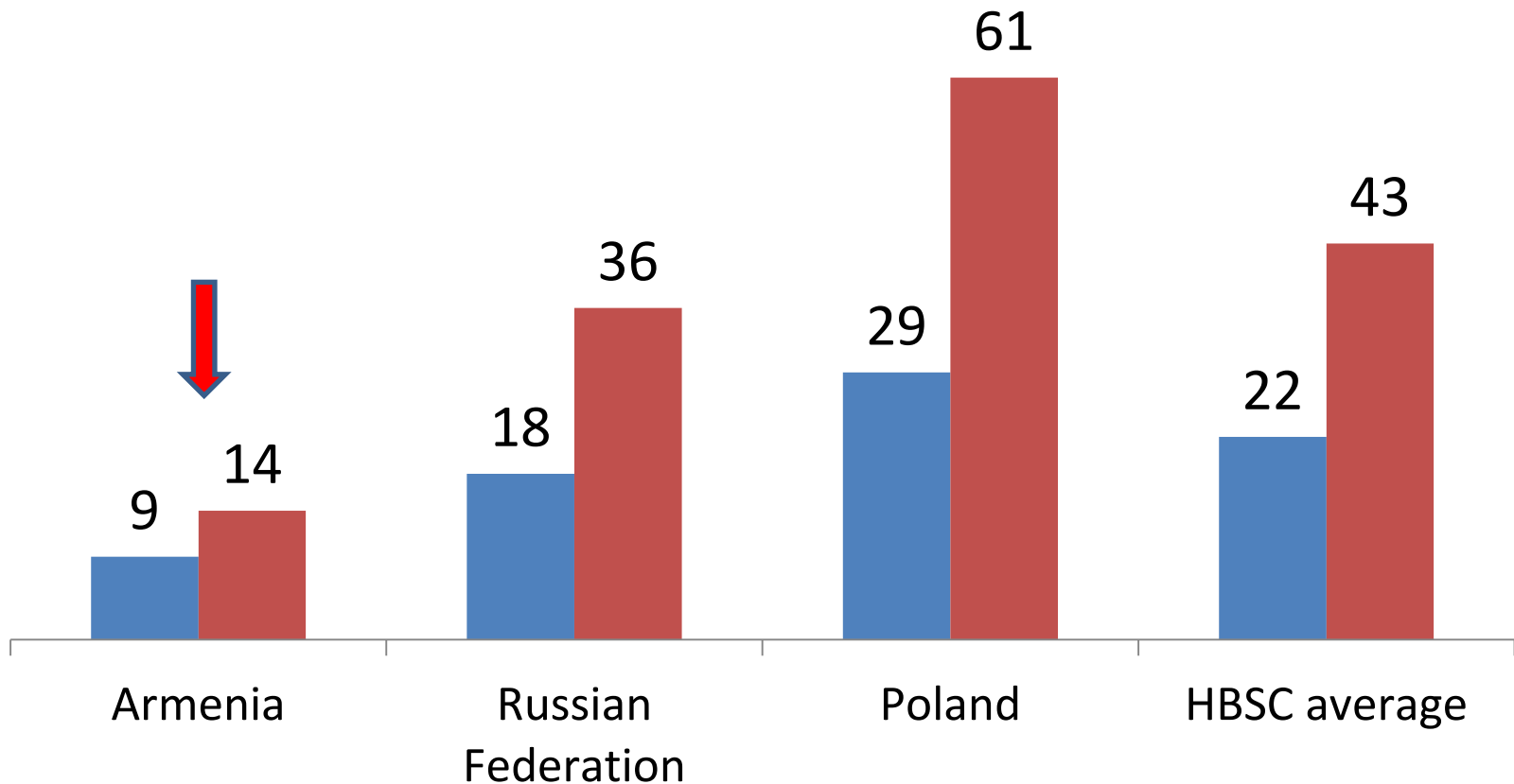




Weight control
and body
image

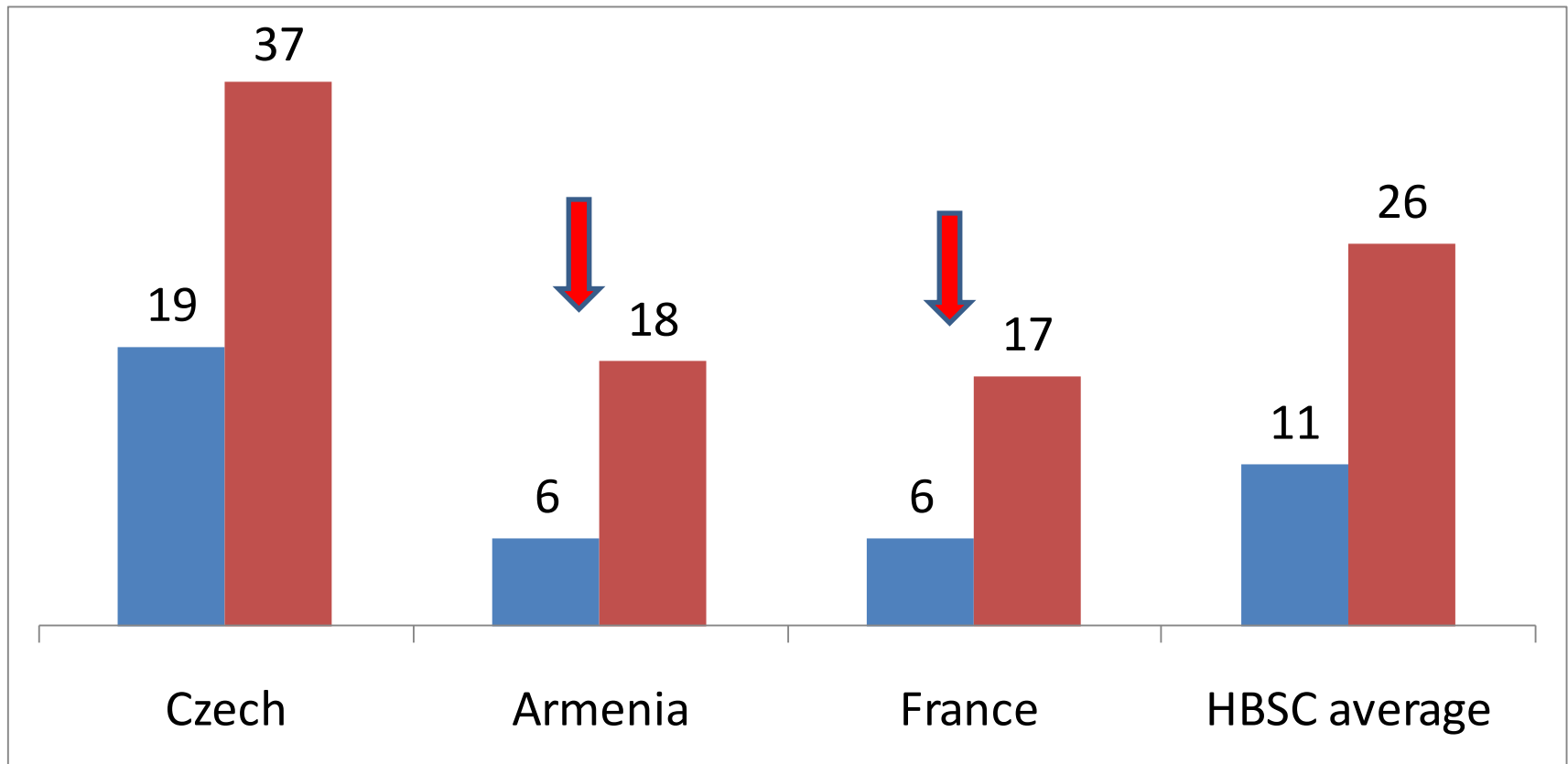
Consider themselves overweight or fat

Per cent of 15 year-old **boys** and **girls**
(WHO HBSC report, 2016)



Try to lose weight

Per cent of 15 year-old **boys** and **girls**
(WHO HBSC report, 2016)





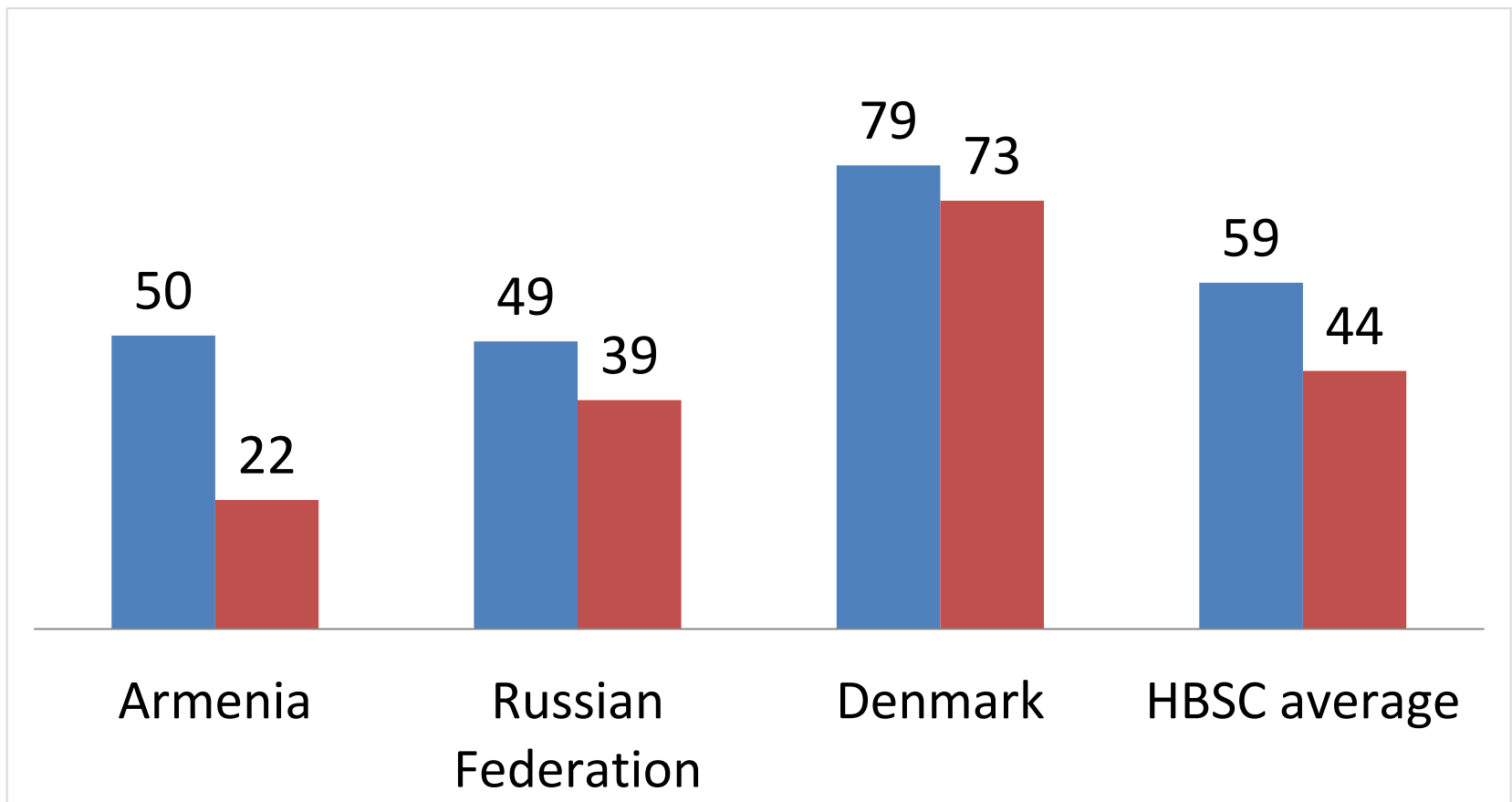
Physical
activities,
Sedentary
behaviors

Physical activity

- ▶ Only some half of children regularly attend physical classes 3 times a week
- ▶ Do not attend (at whole) physical classes 38% in Yerevan, 13% in other cities and 6% in villages
- ▶ Prevalence of moderate-to-vigorous physical activity among boys is 29% and among girls is 18%
- ▶ Some 60% of respondents are not engaged in any sports
- ▶ Overall physical activity level declined in 2010 – 2014

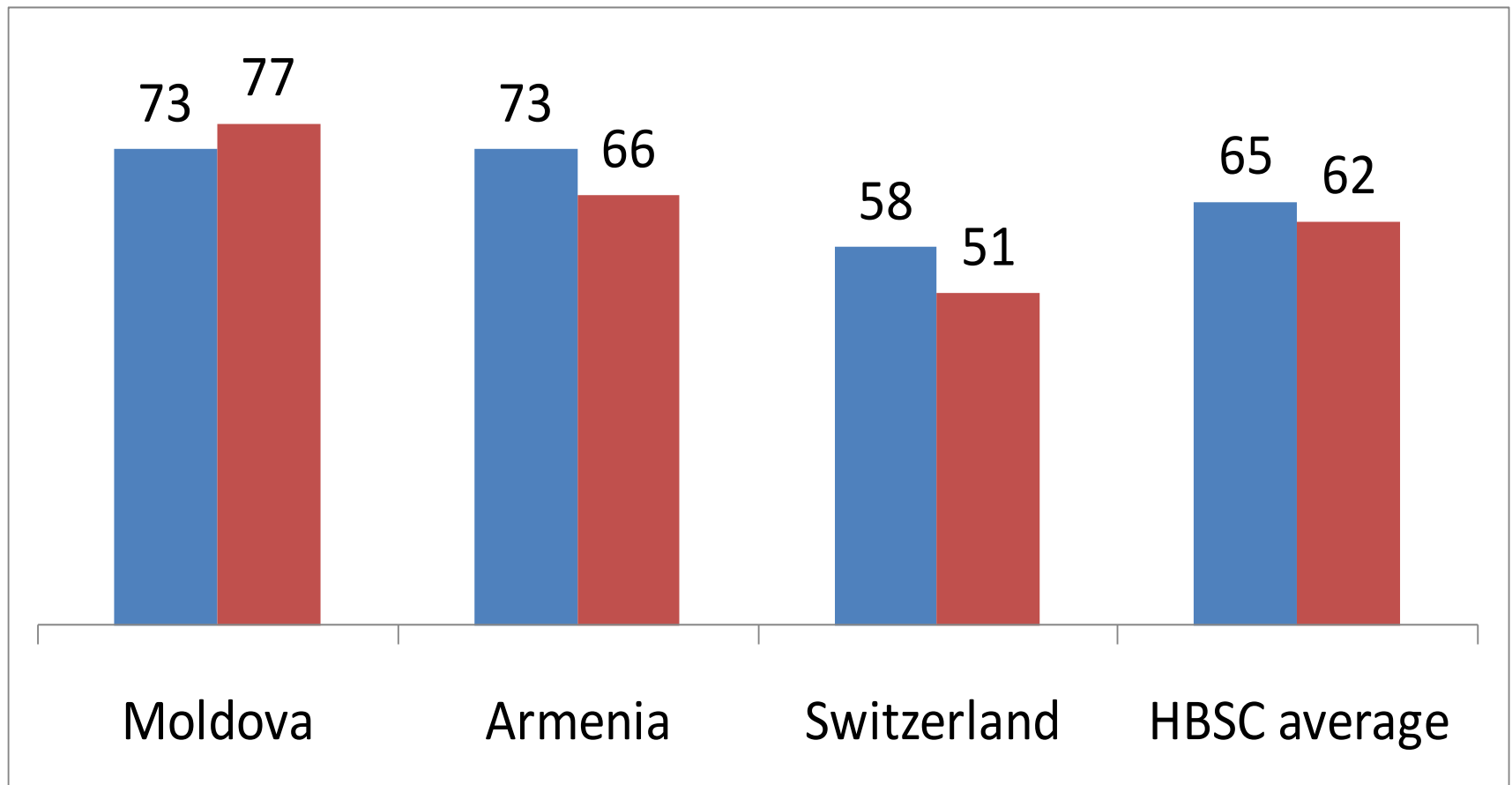
Weekly participation in vigorous physical activities

Per cent of 15 year-old **boys** and **girls**
(WHO HBSC report, 2016)



Daily TV watching 2 hours and more

Per cent of 15 year-old **boys** and **girls**
(WHO HBSC report, 2016)





Prevalence of
chronic
diseases

Prevalence of chronic diseases

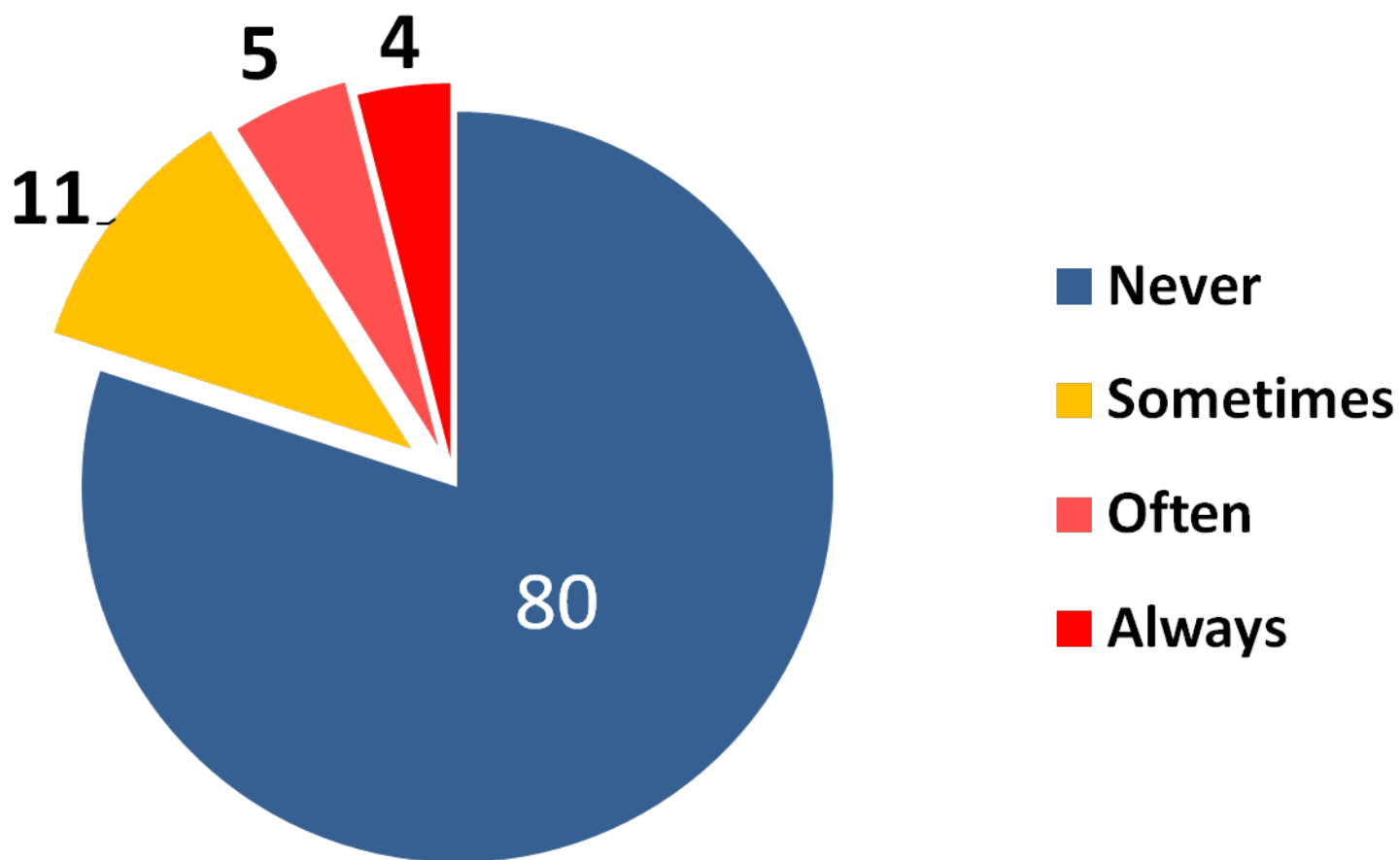
- ▶ In average **seven per cent** of respondents noted that they have some chronic disease and regularly take medications for long period
- ▶ Same level was in 2009/2010
- ▶ Prevalence is higher among 17-year-olds and males
- ▶ These figures are lower than HBSC averages



Prevalence of
lack of food...

Go to bed or to school being hungry because of lack of food at home

(per cent)



Conclusions

- ▶ Behaviors of Armenian children, adolescents (adults), including eating habits and lack of physical activities are risk factors for developing NCDs; some others are protective
- ▶ Improving nutrition and eating behaviors is a crucial for improving health of Armenian children, adolescents and adults and reducing health and social expenses («double burden»)
- ▶ Continuous introduction of evidence-based public health interventions, based on life-cycle approach, starting childhood and adolescence periods is needed
- ▶ Social programs still are on agenda....

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