EUROPE

Fact sheet EURO/06/05
Copenhagen, Bucharest, 12 September 2005

The health of children and adolescents in Europe

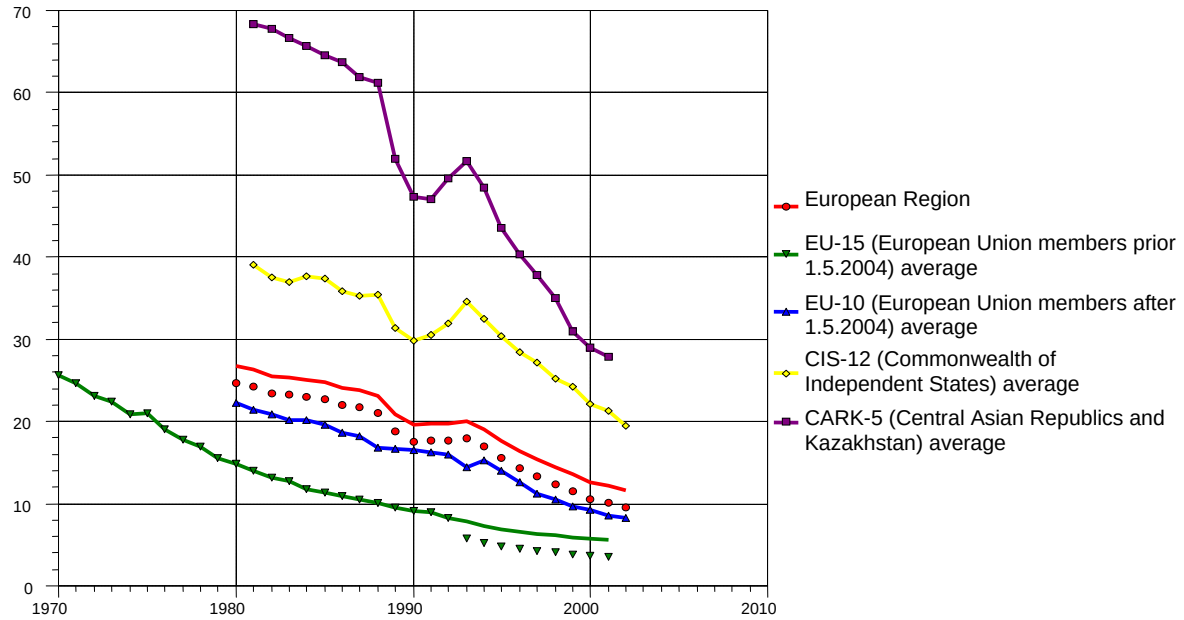
Striking inequalities

In general, children living in the WHO European Region today benefit from better nutrition, health and development than ever before, but there are still striking inequalities between and within the countries of the Region. Latest research shows rates of child poverty ranging from under 5% in Scandinavia to over 15% in Ireland, Italy and the United Kingdom. Such variation reflects differing national policies and their interaction with social changes. Higher government spending on family and social benefits is clearly associated with lower rates of child poverty. The chances of a child being born healthy and surviving the first year of his or her life vary greatly throughout the Region. The figures range from less than 5 to more than 50 deaths per 1000 live births, with averages of 6 per 1000 in the European Union (EU), 15 per 1000 in the countries of central and eastern Europe and 26 per 1000 in the countries formerly constituting the USSR.

Dying before the age of five

Mortality in children under five years of age in the country with the highest rate is estimated to be some 40 times that in the country with the lowest rate. A child born in the Commonwealth of Independent States (CIS) is three times as likely to die before the age of five as a child born in the EU (Fig. 1).

Fig. 1. Probability of dying before age 5 per 1000 live births



Deaths among under-fives are preventable

Children are still dying from diseases that are preventable or curable. In many countries with high mortality rates, diarrhoeal diseases and acute respiratory infections are still responsible for a large proportion of morbidity and mortality among children under five years of age.

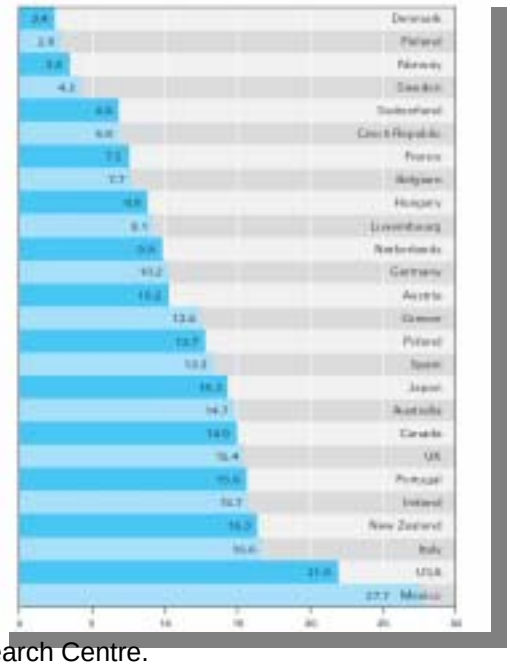
Most deaths among under-fives are still attributable to just a handful of conditions and are avoidable through existing interventions. At the global level, six conditions account for from 70% to over 90% of all these deaths. According to *The world health report 2005*, these are:

- acute lower respiratory infections, mostly pneumonia (19%)
- diarrhoea (18%)
- malaria (8%)
- measles (4%)
- HIV/AIDS (3%)
- neonatal conditions, mainly premature birth, birth asphyxia and infections (37%).

Inequalities within countries

Inequalities are also growing within countries. This applies in particular to families with children and adolescents for whom access to quality health services, information, education, decent housing and adequate nutrition continues to be difficult. Disadvantaged and marginalized groups are particularly at risk. Inequities in health and in access to health care between different groups are socially divisive and contribute to social instability. Although the European Region overall has low mortality rates, some countries have very high rates and, within a single country, differences between subgroups of the population can be striking. Survey data repeatedly show large differences between infant mortality in urban and in rural populations, the rural mortality in some instances being twice as high as in urban settings. The poorest segments of the population are more affected by high mortality rates and underlying conditions such as malnutrition. Suboptimal growth patterns are also found among poorer groups in more affluent countries, such as the United Kingdom.

Fig. 2. Percentages of children living below national poverty lines



Source: UNICEF Innocenti Research Centre.

Emerging threats

HIV/AIDS, mental health and obesity are among emerging threats to the health and development of children and adolescents.

HIV/AIDS

The dramatic spread of HIV/AIDS, particularly in the eastern European part of the Region, poses a potential threat to young people. In Europe as a whole, 30–40% of all reported HIV/AIDS cases are among those under 25 years of age. Although the absolute numbers remain relatively small, mother-to-child transmission of HIV has increased dramatically in the Russian Federation and Ukraine.

The vast majority of reported cases of HIV in eastern Europe are among those who take drugs by injection. Injecting drug users are estimated to comprise up to 1% of the population of CIS countries; these people and their sexual partners are at high risk of infection.

Mental health

Suicide – the third leading cause of death in young people
Suicide is a major cause of death in adolescents and young adults. Suicide rates range widely from 2 to 44 per 100 000 population; the highest rates in the world are found in the European Region. Certain populations are at particular risk, such as males in eastern Europe. In western Europe, however, adolescents are at increasing risk.

It is now recognized that many mental disorders seen in adulthood have their beginnings in childhood. The prevalence of many psychiatric problems such as depression and suicidal behaviour increases markedly in adolescence. Some two million young people in the European Region suffer from mental disorders ranging from depression to schizophrenia, and many of them receive no care or treatment. Depression is associated with suicide in the young, which is a major problem in many countries and the third leading cause of death among young people.

Some 4% of 12–17-year-olds and 9% of 18-year-olds suffer from depression, making it one of the most prevalent disorders and one with wide-ranging consequences. Young girls are now diagnosed more frequently than in the past with mental disorders, and particularly with depressive symptoms.

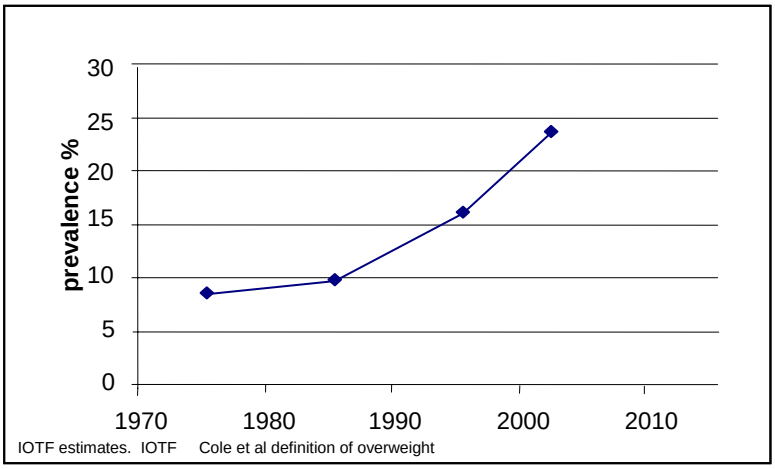
Nutrition and eating habits

In the EU countries, out of a total child population of 77 million an estimated 14 million are overweight. This figure increases by 400 000 per year. Of the 14 million, 3 million are obese and this figure increases by 85 000 per year.

Overweight
According to the Health Behaviour in School-aged Children survey, the percentage of 13- and 15-year-old boys and girls who are overweight ranges from 3% to 30% across countries and regions (http://www.euro.who.int/InformationSources/Publications/Catalogue/20040601_1). Greenland, Malta and Wales have among the highest rates. Around a third of girls and a fifth of boys think they are obese. Among 15-year-olds, 23% of girls and 7% of boys are dieting or doing something else to lose weight. Young people’s own reports suggest that around 12% of

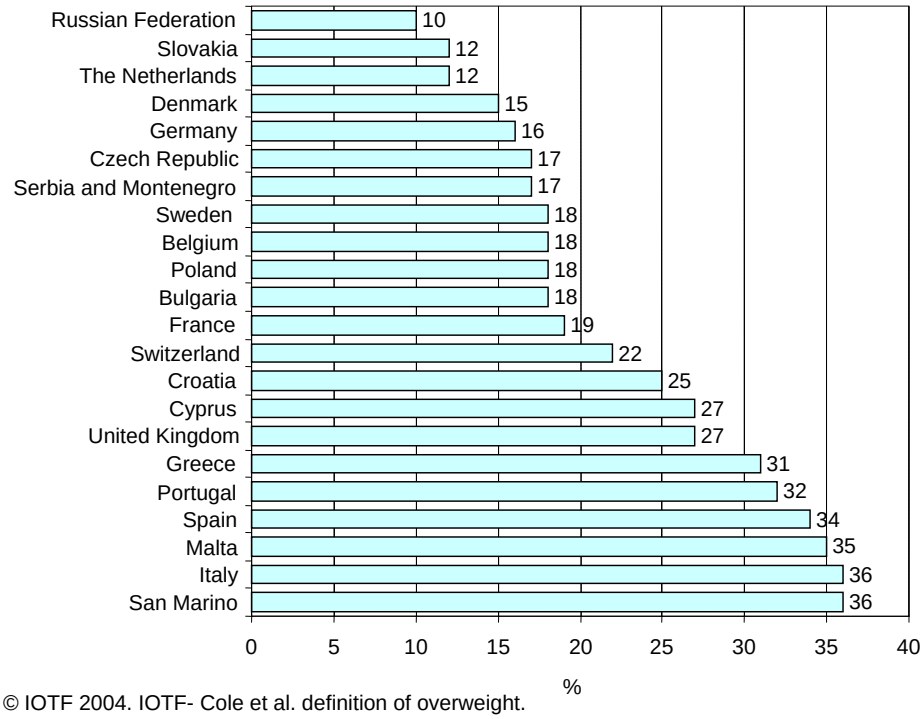
those aged 13 and 15 years are overweight, including 2% who are estimated to be obese. Fig. 3 and 4 reveal the extent of the problem in Europe.

Fig. 3. Prevalence of overweight among schoolchildren in Europe



Source: International Obesity Task Force.

Fig. 4. Percentages of overweight children aged 7–11 years in 22 countries of the European Region



© IOTF 2004. IOTF- Cole et al. definition of overweight.

Source: International Obesity Task Force.

Eating habits

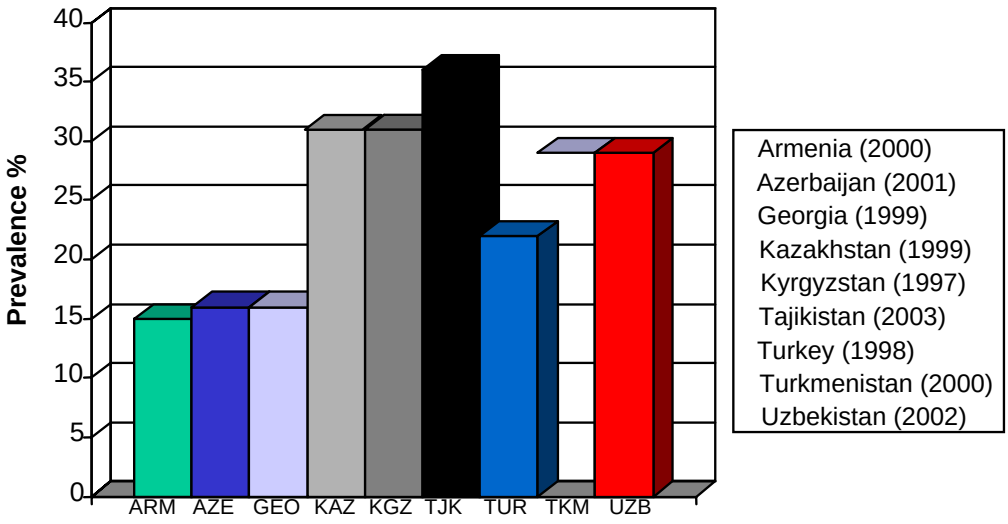
There is a clear link between eating habits, lack of physical activity and obesity. Data show that reduced activity and increased sedentary behaviour can be expected among children, leading to an increase in obesity. A large majority of young people are physically inactive. On average, less than two fifths meet the guidelines for an acceptable amount of weekly physical activity. Less than two fifths of young people eat fruit daily, and only about a third eat vegetables each day,

although there are large variations across countries and regions. The daily consumption of sweets also varies. Levels for 15-year-olds, for example, range from 40–50% in Belgium (Wallonia), Ireland, Israel, Italy, Malta, Scotland and The former Yugoslav Republic of Macedonia to 20% or less in Austria, Denmark, Finland, Greece, Lithuania, Norway and Sweden. Daily consumption of soft drinks by young people aged 11–15 years shows comparable extremes, with similar groups of countries at the high and low ends of the range: for example over 40% in Israel and Scotland but under 15% in Denmark and Finland.

Malnutrition

Ironically, underweight is also a problem in some parts of the Region and in disadvantaged social groups. Poor feeding practices can be a major cause of undernutrition in young children. The main manifestation of this within the European Region is stunting – a chronic reduction in height for age. Early childhood stunting is not reversible, although an improved diet can help alleviate the situation. Stunting is a sign of deprivation and increases the risk of morbidity. It also impairs cognitive development and reduces work productivity in later life. Stunting is a sensitive measure of poverty and is clearly linked with low birth weight. The prevalence of stunting in nine countries in the Region is shown in Fig. 5.

Fig. 5. Prevalence of stunting in children under 5 years of age in nine countries



The way forward

Ministries of health can play a key role in stimulating and coordinating efforts across the many sectors that influence the health of children and adolescents. To be successful, policy-makers must have the necessary information for decision-making, work towards ensuring equity, and ensure the involvement of young people, families and communities.

The development of the European strategy for child and adolescent health and development gives a unique opportunity for all Member States in the Region to make a difference in the health and well-being of children and adolescents. Together with the accompanying toolkit, the strategy gives policy-makers a concrete means of addressing health issues and countering emerging threats to the health of children and adolescents. Success in this endeavour should result in a healthy future generation with accompanying social, community and individual benefits; failure may put economic development and sustainability at risk.

The strategy and tools are available at http://www.euro.who.int/Document/RC55/edoc06.pdf .

More information on children and adolescent health is available at http://www.euro.who.int/childhealthdev, or contact:

For further information contact:

TECHNICAL INFORMATION

Dr Mikael Østergren
Regional Adviser, Child and Adolescent Health and Development
WHO Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 3917 1319. Fax: +45 3917 1850
E-mail: mmo@euro.who.int

PRESS INFORMATION

Ms Liuba Negru
Press and Media Relations Officer
WHO Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 3917 1344. Fax: +45 3917 1880
E-mail: lne@euro.who.int

Press materials can be found on the Regional Office web site (http://www.euro.who.int).