

Cross-Sectional Associations between Deprivation Status and Physical Activity, Dietary Behaviours, Health-Related Variables, and Health-Related Quality of Life among Children Aged 9-11 Years

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Abstract : Aim and objectives: The purpose of this study was to explore to what extent the deprivation status influenced children's physical activity, dietary behaviour, and health outcomes such as weight status. Background: The United Kingdom's childhood obesity rates are currently ranked among the highest in Europe. North West England deals with highest rates of childhood obesity. Data from the UK Millennium Cohort Study suggested a deprivation gradient to childhood obesity in England, with obesity rates being the highest in the most deprived areas. Traditionally, it has been individual conception of health, but the contemporary stance is that health behaviours affecting obesity are influenced by a broad range of factors operating at multiple levels. According to socio-ecological model of health behaviour, differences in obesity rates and health outcomes are likely explained by differences in lifestyle behaviours including physical activity and diet behaviours. However, higher rates of obesity among deprived children are not due to physical inactivity, in fact, most socially disadvantaged children are the most physically active. Poor diet including high consumption of fast food and sugar-sweetened beverages and low consumption of fruit and vegetables was found to be the most prevalent among adolescents living in poverty. Methods: This study adopted quantitative approach. It consisted of combination of basic demographic data, anthropometry, and questionnaires. Children (N = 165, mean age = 10.04 years; 53.33% female; 46.66% male) completed survey packs during school day including KIDSCREEN, Youth Activity Profile, Beverage and Snack Questionnaire, and Child Body Image Scale questionnaires as well as had anthropometric measurements taken including Body mass index, waist circumference, weight, and height. Children's deprivation status was based on the English Indices of Multiple Deprivation scores of the school they attended. Results: Children from more deprived areas had higher weight status, waist circumference. Deprivation status had also effect on some dimensions of the KIDSCREEN questionnaire, such as that those from more deprived areas felt less socially accepted and bullied by their peers, had worse feelings about themselves such as body image, and more difficulty with school and learning. Children from more deprived areas reported higher rates of physical activity and also differences in snack and fruit and vegetable intake than their more affluent peers. Conclusion: Results demonstrated that, children living in the most-deprived areas appear to be at greater risk of unfavourable health-related variables and behaviours and are exposed to home and neighbourhood environments that are less conducive to health-promoting behaviours compared to their peers from less deprived areas. These findings indicate that children living in highly deprived areas represent an important group for future interventions designed to promote health-behaviours that would impact on the quality of life of the child and other health variables such as weight status.

Keywords : children, dietary behaviour, health, obesity, physical Activity, weight Status

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