PACIFIC SCIENCE FOR HEALTH LITERACY PROJECT

Health vs Attitudes to Health in Rarotongan High School Students

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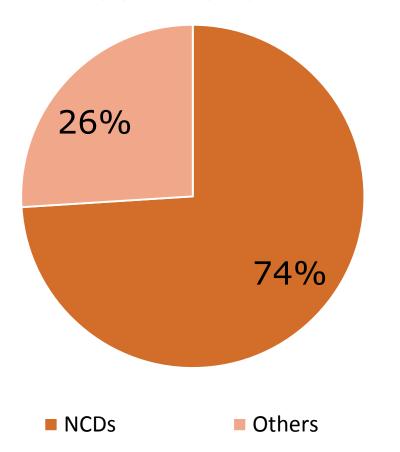






NCDs in the Cook Islands

Percentage of deaths in the Cook Islands



36% die before age 60

1.3 fold higher
than average rates
globally for low-and
middle-income
countries

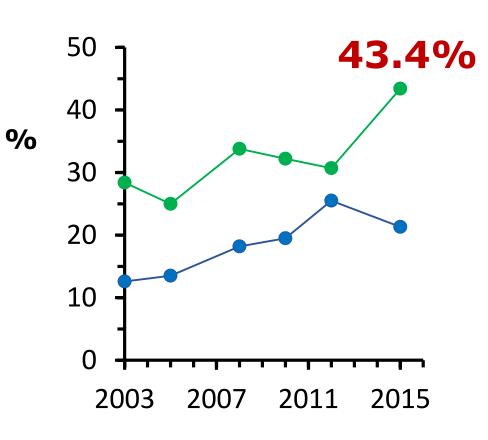
World Health Organisation. Non communicable diseases country profiles 2011: Cook Islands. Cook Islands; 2011.

Cook Islands Adult NCD Risk 2004-2015

	%Adults aged 25-64 years			
NCD Risk Factors	2004 (n=2,629)	2015 (n=1,271)		
Overweight	88.5/61.4	91.1/72.2		
Hypertension	33.2	32.9		
Elevated blood glucose	23.6	26.8		
Elevated blood cholesterol	75.2	50.9		
Fruit and vegetable consumption < 2 fruit and 3 vegetable servings daily	81.8	84.8		
Low daily physical activity	75.3	33.0		

Cook Islands Ministry of Health, NCD STEPS Fact sheet report, 2011, 2016

Overweight Children and Young People in the Cook Islands 2003 - 2015



Between 2003 and 2015, overweight in 5 to 12 years old increased from 12.6% to 21.3%

13 to 18 years-olds, Overweight increased from 28.4% to 43.4%

STEPS 2015 18 – 24-years old Overweight: 87.2% Obesity: 68.5%

- Primary School Age
- Secondary School Age

Adolescence: Window of Opportunity

- Defined by World Health Organisation as young people between 10 – 19 years
- Adolescence is the period for the establishment of lifelong behaviours
- Associations between health-related behaviours in adolescence and increased risk of NCDs in adulthood
- Adolescence an optimal time for interventions to prevent future risk of NCDs

Bay JL, Morton SM, Vickers, MH. Realizing the potential of adolescence to prevent transgenerational conditioning of Noncommunicable disease risk: multi-sectoral design frameworks. *Healthcare*, (4): 39. 2016

Aim and methods

Aim

 To investigate associations between NCD risk factors and health/lifestyle related knowledge, attitudes and behaviours in Rarotongan adolescents prior to participation in Pacific Science for Health Literacy Project learning programmes

Method

- Cross sectional study: utilizing two sets of data
 - Adolescence health data from Ministry of Health biannual school physical health examinations
 - Matched with data examining knowledge, attitudes, and behaviour data from the Pacific Science for Health Literacy Project
- Cohort of 173 Year 9 students across the three main colleges, 163 consented, 144 students have available health data

Knowledge, attitudes and behaviour data

Knowledge

For each of these statements, tick one box to tell me what you think	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
21. The food I eat now affects my health in the future					
 The food I eat now may affect the health of any children I have in the future 					

Attitudes

	A lot	Some	Not very much	Not at all
16. How much does it matter what you eat?				
17. How much does it matter whether you are active or exercise every day?				

Behaviour

How many days in an average week do you	0	1	2	3	4	5	6	7
26. Have something to eat for breakfast?								
27. Sit and share an evening meal/dinner with other family members?								

Adolescent Health Data

- Weight
 Body Mass Index (BMI)
 Height
 Waist-to-Height Ratio
- 3. Waist circumference
- 4. Blood pressure
- 5. Blood lipids
- 6. Blood glucose
- 7. Cholesterol

Cross sectional study

Knowledge, attitudes and behaviour

?

Adolescence NCD risk factors

Summary

- 36% of NCD-related deaths before age 60
- Health-related behaviours established during adolescence stage more likely to increase risk of NCDs in adulthood
- Adolescence a critical window of opportunity for prevention – focus NCD intervention on adolescents
- Baseline study

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