

Trends of nutrition of eastern Ukrainian children: tendency to overweight, dehydration and impaired social adaptation

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Background: Diabetes, acute cardiovascular events and lifelong psychological problems reflects the obesity burden. Nutrition is a key point in prophylaxis and management of overweight and there is important to know trends of nutrition to build interventional strategies.

Method: There are 1021 healthy lean (LH) and 372 obese (OW) adolescents aged 10 to 17 y.o. were survived with original questionnaire, which also included social and psychological (Beck-Youth) determinants of background.

Results: Regular planned meals are present in 82 % of lean vs. 59% of overweight. 12 % LH and 64% OW skip their breakfasts and 18% and 43%, respectively, skip their lunch. At the same time total number of meals approximately the same ($p=0.006$) and they are shifted to the night. The interval between dinner and bedtime is $2.99 + 0.84$ hours in LH and $3.5 + 0.41$ hours in OW ($p < 0.001$). At the same time 82% of children without group difference are prone to the snacks after dinner. And the interval between evening snacks (last meal) and bedtime statistically less in OW ($2.05 + 1.15$ h. vs. $1.25 + 0.57$ h., $p < 0.001$). Overweights more prone to consume dairy (more than 2 times per day) than meat or fish, less prone to veggies (with exclusion potato) and prefer to consume fruits instead of meals as well as skipping

breakfasts and lunches ($p<0.01$ for all). Average fluid consumption is 1.74 l in LH vs. 1.88 l in OW ($p=0.03$) with preferences to tea or coffee in 50.4 %, juices or soda in 48.6%, water in 1% with no difference in groups. Irregular meals revealed association with anxiety level ($r=0.53$) and low self-esteem ($r=-0.67$). It was established that just 19.5 % of children were able to impact the choice of meal and only 8.51 % of parents are prone to support their children with healthy eating.

Conclusion: Style of nutrition of modern population of Eastern Ukrainian children reflects a tendency to overweight and dehydration due to imbalanced diet, not planned meals and insufficient support of healthy eating by parents. On addition to this, there is a tendency to social disadaptation due to hyperdominant parental behaviour. So, social strategies together with family oriented psychological interventions are necessary for the healthy lifestyle promotion at the population level to prevent risks and improve social adaptation.