



Abstract

Socioeconomic Inequalities in Food Habits among Children Living in North Macedonia [†]

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Abstract: Nutritional factors are major drivers of childhood obesity and increased risk of non-communicable diseases in adulthood. Therefore, understanding family food habit patterns and differences are important for public health policy planning. Drawing from a nationally representative sample of children in North Macedonia (MKD), the aim of our study was to explore the association between children's food-related behaviours and family socioeconomic status (SES). As part of the fifth round of the World Health Organization (WHO) European Childhood Obesity Surveillance Initiative (COSI), a cross-sectional study was conducted with MKD children and their parents/caregivers. Each child's daily food habits (daily consumption of fresh fruits and vegetables, soft drinks, and breakfast) were assessed and categorised as either healthy or less healthy. Family SES was ascertained by a self-reported level of parental education attainment (low, medium, and high) and family-perceived wealth (low, medium, and high), following the methodology employed in previous WHO COSI studies. A multivariate multilevel logistic regression analysis was employed to estimate the odds ratios (ORs) of having a healthy food habit as a function of family SES while controlling for sex and place of residence. Results: The sample was composed of 3221 7-year-old children (boys = 1590 and girls = 1631), with the majority living in urban areas (75.2%). Healthy food habits were as follows: eating breakfast every day (75.4%), eating fresh fruit every day (40.5%), eating fresh vegetables every day (36.2%), and consuming sugar-containing soft drinks <3 days per week (59.2%). Higher family-perceived wealth was predictive of a greater likelihood of eating breakfast (OR = 1.18; 95% confidence interval [CI] = 1.03–1.34) and fresh fruits (OR = 1.19; 95%CI = 1.07–1.34) every day. Higher parental education was predictive of a greater likelihood of eating breakfast (OR = 1.46; 95%CI = 1.29–1.66) and vegetables (OR = 1.12; 95%CI = 1.01–1.24) every day and consuming sugar-containing soft drinks <3 days per week (OR = 1.21; 95%CI = 1.09–1.35). Our findings show that while most MKD children practice at least one healthy food habit, there are evident dietary disparities among children related to family SES. These SES patterns are valuable information for public health policymakers to consider as they work to reduce health inequalities with targeted public health and economic actions.

Keywords: food habits; socioeconomic status (SES)



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