

spectra

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Children, family

2 Overweight and distorted perception

A European study has compared the dietary and physical activity patterns of school-aged children in 41 countries. Swiss children aged 11 to 15 take very little exercise by international standards. Nevertheless, they are less likely to be overweight than their peers elsewhere. But this does not mean that many of them – despite being of normal weight – do not rate themselves overweight and therefore go on diets. To avoid stigmatisation, prevention has therefore to tread carefully when addressing the problem of overweight. The aim is to motivate young people into deriving more enjoyment from physical activity and healthy food.

3 Deciding on organ donation

Most people know whether or not they want to donate their organs on their deaths. But so far only half of them have actually stated their personal wishes. This is why the Federal Office of Public Health (FOPH) is launching a new phase of its awareness campaign. It aims to motivate people to obtain information and make a decision on the subject of organ transplants and organ donation before it is too late. A completed donor card also relieves the pressure on the deceased's family, who would otherwise have to deal with the question of organ donation as well as grieving over their lost one.

4 Breastfeeding – a healthy start in life

Breastfeeding is not a topic that only concerns women, says expert Silvia Honigmann Gianolli, it concerns the whole of society. Talking to spectra, the lactation and dietary consultant discusses the benefits of breastfeeding, describing it as the «most effective and inexpensive» form of prevention with regard to the physical and emotional health of our society. Even though there has recently been a greater tendency for mothers to breastfeed, Switzerland cannot yet be described as a lactation-friendly country, she claims. There is no political will to support people who combine family and job or to create conditions that promote breastfeeding at least during the first six months of life.



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The overweight debate and reactions to it

International study of school-aged children (HBSC). Many adolescents – especially girls – regard themselves as overweight even if their body mass index (BMI) contradicts this assertion. This finding, along with a number of other insights of relevance to effective prevention, has been brought to light by a study of dietary and physical activity patterns in 11–15 year olds.

In 2006, as part of the international study of «Health Behaviour in School-aged Children» (HBSC), dietary and physical activity behaviour was surveyed in a total of 9,791 Swiss school-children aged between 11 and 15. The survey reveals an inconclusive picture for Swiss adolescents. Of particular concern is the distorted body image found in many kids/juveniles. The topic of (over)weight appears to be making a profound impression on this age group – and not just in a positive way.

Many in the normal weight range feel overweight

Every third girl aged between 11 and 15 feels overweight, compared with every fourth boy. In most cases, however, this subjective rating does not tally with the reality. 15 year olds in particular rate their bodies too critically: BMI does not indicate overweight in 63% of the boys and 83% of the girls who rate themselves as overweight or obese. On the other hand, incorrect self-ratings in the other direction are rarely seen: only 8.4% of boys and 1.6% of girls who report being satisfied with their weight are, by any objective measure, overweight. The proportion of boys who feel too thin is 16.5%, compared with only 10.8% of girls.

Credits

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More and more schoolchildren want to lose weight

In 2006, 10.6% of boys and 15.9% of girls in the 11–15 age group went on a diet or took other action to lose weight. The proportion of school-aged children who consciously want to lose weight at this age grew significantly between 2002 and 2006. 15 year old boys tend to favour sport for this purpose, while girls of the same age prefer to diet. 28.3% of boys and 63.8% of girls who are overweight go on a diet. However, 5.9% of boys and 18.2% of girls who are of normal weight or even slightly underweight also diet.

Inconclusive findings for Switzerland by international standards

Compared with the 40 other European countries participating in the 2006 HBSC, the dietary and physical activity behaviour of Swiss school-aged children shows a mixed picture. According to the current guidelines of the Federal Office of Public Health (FOPH) and the Federal Office for Sport (BASPO), children and young people should be physically active for at least one hour each day. In Switzerland, only 15.2% of boys and 10.5% of girls in the 11–15 age group comply with these guidelines. In this respect Switzerland is therefore very poorly positioned in the international ranking: among the 41 countries, it has the lowest percentage of 11 year olds who engage in a physical activity for at least one hour each day. It is second from the bottom for 13 year olds and in 31st place for 15 year olds. Surprisingly, despite their relative lack of physical activity, Swiss 11 year olds are the least overweight. Across all age groups, however, the study shows – as expected – a positive correlation between physical activity and bodyweight. The proportion of children who are overweight declines as physical activity increases. 17.5% of inactive children are overweight – almost twice the figure (6.7%) for children who engage in a physical activity for at least one hour a day on six days of the week.

Unpopular breakfast, popular fruit

Switzerland is one of the 15 countries in which children are least likely to have a daily breakfast. Yet it is also among the 15 countries with the highest consumption of fruit and vegetables. The findings are less positive when it comes to daily consumption of soft drinks, a ranking in which Switzerland hold a middle position. However, the daily consumption of cola and other soft drinks that contain sugar fell significantly among both boys and girls in all age groups between 2002 and 2006. But there was no change in the daily consumption of sweets or chocolate. A majority of children eat potato crisps (chips) and fast food only occasionally.

On the whole, dietary patterns vary to an appreciable extent according to gender and age. Girls, for instance, eat healthy food – particularly fruit and vegetables – more often than boys do. The same applies to younger as opposed to older children. On the other hand, a daily breakfast is commoner among boys and younger children than among girls and older children.

Prevention must avoid stigmatisation

What conclusions can be drawn from the HBSC study in terms of prevention?

The HBSC survey of school-aged children

The study of «Health Behaviour in School-aged Children» (HBSC) is conducted every four years under the aegis of the WHO Regional Office for Europe. The study focuses on dietary and physical activity patterns among 11-15 year olds. The latest survey, in which 41 countries participated, took place in 2006. The study is conducted in Switzerland by the Swiss Institute for the Prevention of Alcohol and Drug Problems (SIPA) and receives financial support from the Federal Office of Public Health (FOPH).

On the one hand, the very great differences with regard to age and gender mean that prevention work must allow for differentiation. On the other, the large number of adolescents who consider themselves fat despite being of ideal weight shows that prevention has to tread carefully when addressing the problem of overweight. Excessive dramatisation can easily lead to stigmatisation and trigger overreactions among adolescents in the form of unnecessary concern about their figure or even eating disorders. It is still mostly girls who are affected, but an unhealthy slimness ideal also seems to be taking root among boys as well.

The Federal Office of Public Health is aware of this risk. Consequently, a great effort is being made to ensure that the measures taken under the Swiss Nutrition and Physical Activity Programme 2008–2012 (NPEB) do not stigmatise overweight and obesity. The aim of the NPEB is to motivate people, particularly the young, to eat healthily and take more exercise. This motivation should not be driven by fear of putting on weight but by enjoyment of healthy food and physical activity.

The full report on the 2006 HBSC study (in German) is available free of charge on the FOPH's website, under Themen -> Ernährung und Bewegung -> Forschung -> Forschungsberichte, and from www.sfa-ispa.ch, under -> Forschung -> Aktuelle Projekte

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Tips for parents in

Multilingual information on healthcare. Much advisory material is nowadays aimed directly at migrants, providing them with information on health-related questions in their native language. It is available from the Internet platform www.migesplus.ch.

Healthcare measures depend very much on understanding and being understood. Language skills play an important role both in prevention and in access to, and use of, the healthcare system. People who do not speak one of the official Swiss languages are significantly less healthy and emotionally less well balanced than the average population. This has been established in scientific surveys of migrants living in Switzerland. This sector of the population is often exposed to greater health risks than the native population and has less ease of access to our healthcare system. In addition, it is not adequately reached by the traditional-style health awareness and prevention campaigns. To help remedy this situation, the Inter-

My organs – my decision

Campaign. The Federal Office of Public Health's public awareness campaign about organ transplant and organ donation is to be continued in 2009. There are still people who have not engaged with the issue or stated their personal wishes with regard to the donation of organs, tissues and cells. The FOPH would like to change this situation.

Most people living in Switzerland have made up their minds on the issue of organ donation, and just over half of them have stated their personal wishes.

Since 13 April 2009, posters dealing with the subject of organ donation have again been on display throughout Switzerland, featuring such messages as «I know what I want», «I'll decide for myself» or «Does anyone know what you want?». In parallel, the campaign has produced a new TV spot for viewing on all channels of Swiss Television SF. The spot focuses on a representative cross-section of the Swiss population, for instance as seen in a pedestrian zone: some people have decided to donate organs, some are against having their organs removed when they die, and others have not yet given it any thought. The FOPH wants to persuade people to seek information about organ transplantation and state their personal wishes with regard to donation of their own organs, and to do so in good time. To help them with this decision, the FOPH provides neutral and non-judgemental information at www.transplantinfo.ch. Even if it's a «no»: complete the donor card and speak to relatives. Three out of ten people in Switzerland are unwilling to donate their organs.

However, three quarters of them have never thought about the issue and very few of them have actually stated their wishes. Even if someone does not wish to donate organs, tissues or cells when they die, it is important for them to state this wish on a donor card. This option is explicitly provided for on the card: they can tick a box stating that no organs may be removed in the event of their death. Close relatives should also be informed of this decision because it is they who will be asked about the deceased's wishes in this respect if no donor card is found.

Why decide now?

Nobody normally expects that they are suddenly going to have a serious accident or brain hemorrhage. But such things happen every day. And in fatal cases, it is not easy for either the relatives or the hospital staff to raise the question of organ donation. But it is easier for doctors in the intensive care unit to do so if relatives are aware of the deceased's wishes and have already engaged with the topic themselves. If relatives know the deceased's wishes in this respect, they will not be unnecessarily distressed by being asked to consider the issue at such a difficult time.

Further information in 2009

Besides posters and TV spots, the FOPH will also use online banner advertising to draw Internet users' attention to the information portal. This includes a competition. Anyone who submits the right answer to the question «What options have I for stating my wishes regarding organ donation on the donor card?» will take part in a draw in which three Netbooks can be won.

Weiss jemand, was

Du
willst?

Organspende
ja oder nein?

Informieren Sie sich
und sprechen Sie darüber!

www.transplantinfo.ch

For April, the FOPH has also scheduled the distribution of donor cards to larger post offices and to pharmacies and GP practices, where members of the public can pick them up. In addition, all municipalities in Switzerland are to be sent 50 donor cards. The aim is make it as easy as possible for people to record their wishes following a decision in favour of, or against, organ donation. These information measures will be repeated in a second phase of the campaign in August/September 2009. Information and downloads on the subject are available at www.transplantinfo.ch. Donor cards and leaflets can be obtained from Swisstransplant (Swiss National Foundation for organ donation and transplantation, tel. 0800 570 234, info@swisstransplant.org).

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At first hand

Child mortality is a key indicator of a country's state of health. In 2005, at least four children per thousand inhabitants died before the age of five in Switzerland. Should we be satisfied with this figure or should we seek to improve it and thereby join the other European states that are leaders in this field? The fact is that countries such as Sweden and Germany have significantly lower child mortality rates.

According to the 2008 Swiss National Health Report, healthcare during pregnancy and childbirth is well provided for. School medical services supplement health monitoring activities and see to early identification of problems that affect children, such as physical abuse, growing prevalence of chronic disease, and overweight and accidents.

At the same time, however, the risks associated with the family life, environment and leisure-time of children are growing. As the smallest communal unit in society, the family plays a crucial role in shaping children's everyday life, thus also influencing their development. Excessive strains on the nuclear or blended family, including divorce and family poverty, can cause material, physical and emotional damage.

According to the Scandinavian experience, health promotion and prevention activities are successful in children only if the measures are institutionalized and different sectors work together effectively.

Switzerland ratified the UN Convention on Children's Rights in March 1997. The Convention lays down the right of every child to education, care and protection and a proper upbringing from birth on. According to the latest basic study by the Swiss UNESCO Commission, the earliest years of life are the most important for learning and lay the foundations for later success in education and life. The key to equality of opportunities therefore lies in ensuring a healthy start in life.

In Switzerland, children aged ten or under account for 11% of the population. Until now the importance of promoting a healthy start in life has been underestimated. Measures to achieve this goal have still to be identified as a public good and a state obligation.



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healthcare issues or discuss its contents are not infrequently treading in a sensitive area. It is therefore all the more important for the information material to be of good quality in terms of both content and language. Osman Besic, who has been the Internet platform's project manager for many years, describes quality assurance as a key concern of migesplus: the best information is formulated as simply, understandably and clearly as possible. It is mindful of the particularities of the migration background and geared to the respective migrant clients' way of life. To satisfy these requirements, migesplus not only offers multilingual publications from numerous partner organisations, it also provides help and support with the planning and production of new information material aimed at promoting the health of Switzerland's migrant population.

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over 25 languages

net platform www.migesplus.ch offers support for professionals and makes a substantial contribution towards strengthening personal responsibility and health skills in the migrant population. The website has been set up by the Swiss Red Cross as part of the National Migration and Health Programme. It is a central source for procuring advisory material currently available in Switzerland in over 25 different languages. On the website, the wide range of brochures, leaflets, films and other information material are arranged by topic and their contents summarised, and they can be ordered directly on line. The offering ranges from brochures on specific physical or emotional disorders (e.g. osteoarthritis, skin cancer, back pain, depression, panic attacks or fear of open or closed spaces) to information on topics as varied as the Swiss healthcare system, the health and state social insurance systems, overweight, home-sickness, the availability of foreign-language psychotherapists, and the use of sleep-inducing agents and tranquillisers (prescription drug abuse).

Advice and information for parents

The website also offers a wide range of helpful publications for parents in their native languages. They provide information on the feeding, care and main development phases of infants and young children and offer useful advice for when the children are ill, need to be hospitalised or vaccinated, sleep badly, are addicted to television, don't brush their teeth often enough or eat too many sweets. The migesplus Internet platform is geared primarily to the needs of professionals in the healthcare and social services sector who use the information material in their everyday work and can give it directly to their patients or clients. Experience shows that printed information is particularly effective when a trusted person recommends and hands it out, along with a friendly invitation to the recipients to ask any questions they may have later on after reading it.

Mindful of the migration background

Those who offer printed material on

«Breastfeeding is the most effective and inexpensive form of prevention that exists.»

Interview. Breastfeeding in infancy is the natural form of feeding that has stood the test of evolution, according to lactation (breastfeeding) and dietary consultant Silvia Honigmann Gianolli. In our interview the expert explains why more women in Switzerland are taking to breastfeeding, even though it's not made exactly easy for them, and talks about the crucial role played by breastfeeding in preventing health problems.

How important is breastfeeding in developing countries, as compared with industrialised regions?

In countries in which women have no alternatives, breastfeeding means survival. In these countries women can neither afford to buy breast-milk substitutes nor do they have clean water or the resources to sterilise water. Even though we don't have these problems in our part of the world, breastfeeding still offers a number of benefits. It prevents many diseases. When the healthcare sector needs to make savings, this is where we can make a start. Breastfeeding is the most effective and inexpensive form of prevention that exists.

Is breastfeeding a topic that primarily concerns women?

Breastfeeding is a topic that concerns all people. Women and babies are human beings, but so are men. Our society consists of human beings. The value we attach to our offspring is something that concerns all of society.

Is Switzerland a breastfeeding-friendly country by international standards?

If we consider working conditions in Switzerland – maternity leave, breastfeeding leave – we don't look so good. The 14 weeks of maternity leave so keenly fought for are a long way from the six months that the WHO recommends as the period for feeding babies exclusively with breast milk. That makes the WHO recommendations very hard to implement for women who are dependent on their earnings. So Switzerland can hardly be described as a breastfeeding-friendly country.

Who can bring about change in this area?

The politicians have a responsibility here and they should act on it. This is a fundamental political issue. The current policy ultimately causes many people in Switzerland to think twice about having children. The situation is different in Nordic countries, where the number of «native-born» children is much higher. These countries provide a quite different form of support to people who combine parenting and a job. This, obviously, results in higher birth rates.



Silvia Honigmann Gianolli

Why is it so important for a society to invest in the promotion of breastfeeding?

The growing health problems of overweight and diabetes cost our society billions. We now know from the research on obesity prevention that the pregnancy and breastfeeding phases have a specific impact on the metabolism of the child. When they reach school age, children who were not breastfed as babies are more likely to be overweight than those who were. This is a fact that should no longer be ignored.

Besides the health and health-cost aspects, breastfeeding certainly also plays a role in the development of a healthy ability to form and sustain relationships. The first few months are of key importance in this respect – being breastfed and the time the mother has for her infant. It's very important for the parents to be around the baby and give it a good start in life. Any investment we make at this stage will pay off at a later date in preventing obesity and also in preventing social problems. Breastfeeding is part of what it means to get off to a good start in life, in terms of physical, mental and emotional wellbeing. And it's also very important that women want to breastfeed. Between 96 and 97% of woman want to breastfeed their child.

What are the most common barriers to breastfeeding?

In the early post-natal period, complications may occur – problems with the

breasts or difficulties on the part of the child. Sometimes advice is lacking on how to overcome these breastfeeding problems. Women who stop breastfeeding after 12 or 14 weeks usually do so because of their jobs.

What can the Federal Government do to promote breastfeeding?

It could help make our society more breastfeeding-friendly – by, for instance, supporting part-time jobs that make it easier for parents to combine family and work. The aim must be to ensure that the needs of parents and infants alike can be reconciled in the infancy period. A great deal can be done to support new parents. Experience in other countries and in a number of cantons shows that the new system of flat-rate payments per case for childbirth will reduce the time mothers spend in hospital. We also know that the early days of life are a crucial phase in which care and advice are of great importance. Consequently, if the flat-rate payment per case results in shorter hospital stays, it is all the more essential to provide the right follow-up care. This means upgrading outpatient services. But exactly the opposite is happening! The mandatory cover offered by health insurers pays for three consulting sessions on breastfeeding. It provides for payment of 78 francs per session, without reimbursement of the lactation consultant's travelling time. If a young mother has problems with breastfeeding, a consulting session lasts

at least two, often even three, hours. Work out from that how much a lactation consultant earns per hour. And compare it with an engineer who repairs central heating equipment or washing machines ... In our society, freelance lactation consultants and midwives are very poorly paid – their work is obviously not worth more than that to society. This situation is not sustainable and the politicians need to act on it.

More and more women are breastfeeding their babies. What are the main reasons for this change?

A study carried out in 2003 shows that the increase in breastfeeding is clearly due to the Baby Friendly Hospitals Initiative. Women who gave birth in the designated hospitals breastfed their infants for a longer time.

What distinguishes a Baby Friendly Hospital?

This designation is awarded to hospitals and birthing centres which comply with the 10 Steps to Successful Breastfeeding that have been formulated by the WHO and Unicef. To receive and hold on to this quality label, the institution has to engage with the subject of lactation and provide staff with appropriate training. It is important for the mothers that all members of staff take the same stance and that they do not hear something different whenever a new shift comes on duty. This boosts the mothers' confidence.

Are there any figures that document how prevention benefits from breastfeeding?

Here's one example: It has been estimated in Australia that a rise in the breastfeeding rate from 60% to 80% in the third month of life would save 11.5 million Australian dollars a year through the effects on four diseases alone – middle-ear inflammation, insulin-dependent diabetes, gastrointestinal disorders and eczema.

All in all, many millions could be saved in healthcare costs – particularly in the case of infectious diseases. If a medicine existed that combined all the preventive effects of breastfeeding, its use would long since have been made mandatory and it would have been taken up by all medical insurance funds!

Our interviewee:

Silvia Honigmann Gianolli, 48, lives in Lohn (canton of Solothurn). She is a certified Dietitian and Lactation Consultant IBCLC (International Board Certified Lactation Consultants). She works at Basel University Hospital, is active as a lecturer in the training of lactation consultants and a long-standing board member of the Swiss Foundation for the Promotion of Breastfeeding.