## Health Behaviour in School-aged Children survey in French-speaking Belgium

## Migration status and health and behaviours in children schooled in Brussels

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Francophones:
Wallonie

## Context \& Objectives



- In Brussels, 2 persons out of 3 have a migration background
- Immigrant children face unique challenges that may impact their health on a long term
$\rightarrow$ To compare health indicators between adolescents with different migration backgrounds
$\rightarrow$ To analyse the association between migration status and overweight


## Health Behaviour in School-aged children Survey (HBSC)

- Aims to describe well-being, health behaviours and outcomes of adolescents \& sociodemographic determinants
- >40 countries in Europe and N-America, every 4 years
- HBSC 2014 in French-speaking Belgium (Wallonia+Brussels):
-From $5^{\text {th }}$ of primary to last year of secondary school
-2-stage cluster sampling: Schools >Classes $>$ Students
-Standardised questionnaires: self-administrated in class
$\rightarrow$ Sample $=2,962$ students from 29 schools in Brussels


## Migration status

Country of birth

> Born abroad (M1; n=667)
$>$ Born in BE with both parents born abroad (M2; n=1029)
$>$ Born in BE with one parent born abroad (M1.5; n=623)
$>$ Born in BE with both parents born in BE (M0; $\mathrm{n}=553$ )

Mother's country of birth


Father's country of birth


## Statistical Methods

## > Descriptive analyses of health indicators

Simple logistic regression models

- Dependent variable: Health indicator
- Independent variable: Migration status (ref=born in BE \& both parents born in BE)
- Stratification for gender and school level


## Health behaviours (1)

- Eating behaviour: e.g., Daily breakfast consumption


$\rightarrow$ Same pattern for daily family dinner, vegetables, visit to the dentist and practice sport (girls M2)


## Health behaviours (2)

- Sleeping <9 hours/night


$\rightarrow$ Same pattern for fast-food, soft-drinks, crisps/fries, weekly fish, screen time and weight control dieting
$\rightarrow$ But no difference for daily fruits, water and physical activity


## Risk behaviours

- Adolescents with a migration background are:


## Less prone to

To engage in sexual intercourse
To drink
To use cannabis
To smoke (girls M1)
To use other illegal drugs (girls M2)

## More prone to

Fight (boys)
Be bullied (primary M1)
Be cyberbullied (boys M1.5)

## School and social context

- Liking school


$\rightarrow$ No difference either for perceived school performance, classmates' relationships and quality of family communication


## Health and well-being

- Overweight (International Obesity Task Force (IOTF) age/gender specific cut points corresponding to adult BMI of $25 \mathrm{~kg} / \mathrm{m}^{2}$ )


$\rightarrow$ But no difference for self-rated health, multiple health complaints, life satisfaction and health-related quality of life


## Statistical Methods

> Association Overweight-Migration status
Consecutive multivariable logistic regression models

- Dependent variable: Overweight status (IOTF cut points for adult BMI of 25)
- Independent variable: Migration status
- Adjustment variables:

Model 0: Gender+age
Model 1: Gender+age+socio-demographic variables
Model 2: Gender+age+socio-demographic variables+health behaviours

## Overweight \& Migration status (1)

|  | Model 0 |
| :--- | :---: |
| Migration status (vs born in BE, parents too) |  |
| Born in BE with 1 parent born abroad | $1.76(1.16-2.65)$ |
| Born in BE with 2 parents born abroad | $2.06(1.41-3.02)$ |
| Born abroad | $1.69(1.12-2.56)$ |
| Gender (girl vs boy) | $0.89(0.70-1.15)$ |
| Age (vs 10-11 years) |  |
| $12-13$ | $1.46(0.88-2.42)$ |
| $14-15$ | $1.61(0.98-2.65)$ |
| $16-18$ | $1.22(0.75-1.98)$ |
| $19-22$ | $1.86(1.10-3.15)$ |

## Overweight \& Migration status (2)

|  | Model 0 | Model 1 |
| :--- | :---: | :---: |
| Migration status (vs born in BE, parents too) <br> Born in BE with 1 parent born abroad | $1.76(1.16-2.65)$ | $1.80(1.18-2.76)$ |
| Born in BE with 2 parents born abroad | $2.06(1.41-3.02)$ | $1.90(1.27-2.85)$ |
| Born abroad | $1.69(1.12-2.56)$ | $1.39(0.88-2.21)$ |
| Gender (girl vs boy) | $0.89(0.70-1.15)$ | $0.88(0.67-1.15)$ |
| Age (vs 10-11 years) | $1.46(0.88-2.42)$ | $1.28(0.75-2.19)$ |
| $12-13$ | $1.61(0.98-2.65)$ | $1.31(0.77-2.23)$ |
| $14-15$ | $1.22(0.75-1.98)$ | $1.05(0.62-1.78)$ |
| $16-18$ | $1.86(1.10-3.15)$ | $1.66(0.94-2.93)$ |
| $19-22$ |  | $1.18(0.83-1.68)$ |
| Family affluence scale (vs high) |  | $1.55(1.10-2.28)$ |
| Medium |  | $2.15(1.37-3.38)$ |

## Overweight \& Migration status (1)

|  | Model 0 | Model 1 | Model 2 |
| :---: | :---: | :---: | :---: |
| Migration status (vs born in BE, parents too) |  |  |  |
| Born in BE with 1 parent born abroad | 1.76 (1.16-2.65) | 1.80 (1.18-2.76) | 1.56 (0.98-2.46) |
| Born in BE with 2 parents born abroad | 2.06 (1.41-3.02) | 1.90 (1.27-2.85) | $1.79(1.15-2.76)$ |
| Born abroad | 1.69 (1.12-2.56) | 1.39 (0.88-2.21) | 1.19 (0.72-1.97) |
| Gender (girl vs boy) | 0.89 (0.70-1.15) | 0.88 (0.67-1.15) | 0.91 (0.68-1.21) |
| Age (vs 10-11 years) |  |  |  |
| 12-13 | 1.46 (0.88-2.42) | 1.28 (0.75-2.19) | 1.02 (0.58-1.83) |
| 14-15 | 1.61 (0.98-2.65) | 1.31 (0.77-2.23) | 1.05 (0.58-1.92) |
| 16-18 | 1.22 (0.75-1.98) | 1.05 (0.62-1.78) | 0.72 (0.39-1.34) |
| 19-22 | 1.86 (1.10-3.15) | 1.66 (0.94-2.93) | 1.14 (0.58-2.22) |
| Family affluence scale (vs high) |  |  |  |
| Medium |  | 1.18 (0.83-1.68) | 1.09 (0.75-1.57) |
|  |  | 1.55 (1.10-2.28) | 1.42 (0.97-2.09) |
| Language at home (other vs flemish/french) |  | 2.15 (1.37-3.38) | 1.81 (1.09-3.02) |
| Breakfast (not daily vs daily) |  |  | 1.43 (1.05-1.93) |
| Vegetables ( $<1 \mathrm{x} / \mathrm{d}$ vs $\geq 1 \mathrm{x} / \mathrm{d}$ ) |  |  | 1.04 (0.78-1.39) |
| Fish ( $<2 x / w$ vs $\geq 2 x / w$ ) |  |  | 1.24 (0.92-1.67) |
| Sleep ( $<9 \mathrm{~h} / \mathrm{d}$ vs $\geq 9 \mathrm{~h} / \mathrm{d}$ ) |  |  | 1.42 (0.96-2.11) |
| Alcohol use ( $\geq 1 \mathrm{x} / \mathrm{w}$ vs<1/w) |  |  | 0.67 (0.32-1.39) |

## To conclude

$>$ More unhealthy behaviors (eating, physical activity...) among migrant adolescents
> Risk behaviors: Less sexual, alcohol... but more fighting, bullying...
> No difference for most school, social context and health status indicators... < Except for overweight
$>$ Association between migration and overweight partially mediated by differences in socioeconomic context and health behaviours
$\rightarrow \rightarrow$ Schools=opportunity to reduce such inegalities
$\rightarrow \rightarrow$ Taking into account plural cultural identity along with socioeconomic conditions


