

PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

Enabling Caribbean civil society's contribution to national and regional action for healthier, happier children.

HCC Country Obesity Fact Sheet



Saint Kitts and Nevis

Population 2017

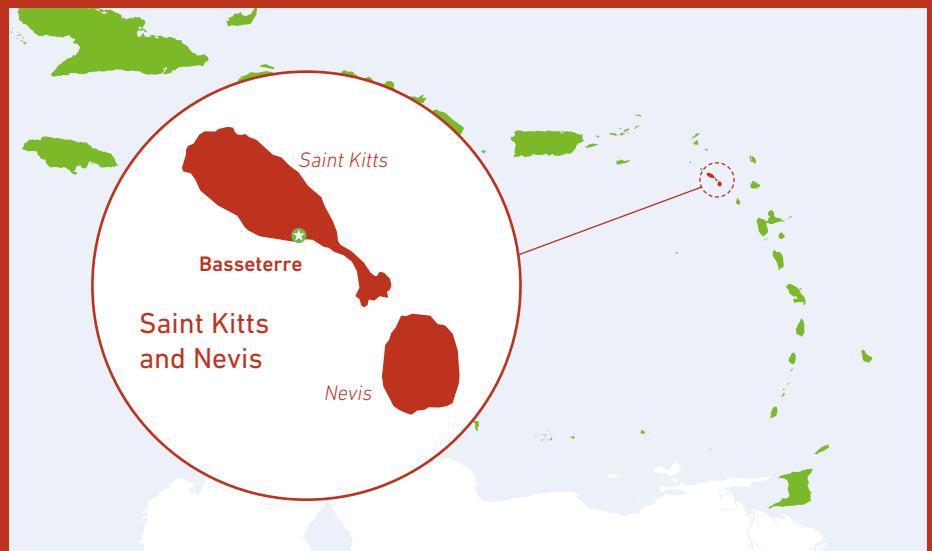
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World Bank Income Level 2017 Revision

High Income

Estimated Cumulative Cost of Obesity 2017-2025 (US\$M)

No data



Caribbean Policy Environment

| | | |
|--|--------------------|---|
| Fiscal Policies | 3/20 | SSB Taxes in Barbados, Bermuda & Dominica |
| School Policies banning SSBs in schools | 4/20 | Bermuda, Bahamas, Jamaica and Trinidad & Tobago |
| Marketing Regulation/ Mandatory Front of Pack Nutrition Labeling | 0/20 | |
| Nutrition Guidelines & Policies/ Healthy Schools Policies | Multiple countries | |



1 in 3 Caribbean Children is **OVERWEIGHT** or **OBESE**

Childhood obesity* exceeds 10% in 7 of 11 CARICOM countries with data

Obesity in childhood is linked to high blood pressure, type II diabetes, and low self esteem

Childhood obesity tracks into adulthood increasing the likelihood of developing NCDs

*Based on the WHO definition of childhood obesity

CARICOM Childhood Obesity Prevention action frameworks:

1. HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean
2. CARPHA Plan of Action for promoting healthy weights in the Caribbean: Prevention and control of childhood obesity 2014-2019
3. CARPHA 6-point policy package
4. PAHO Plan of Action for the prevention of obesity in children and adolescents 2014-2019



OBESITY AND OVERWEIGHT AMONG CHILDREN

WHO 2016*

Childhood levels of **OVERWEIGHT or OBESE**

| AGE | BOTH SEXES |
|----------|--------------|
| 5 to 9 | 30.8% |
| 10 to 19 | 26.5% |

27.9%

BOTH SEXES
AGE: 5 to 19



Childhood levels of **OBESE**

| AGE | BOTH SEXES |
|----------|--------------|
| 5 to 9 | 15.5% |
| 10 to 19 | 10.8% |

12.3%

BOTH SEXES
AGE: 5 to 19



GSHS 2011**

Adolescent **OVERWEIGHT**

| AGE | MALE | FEMALE |
|----------|--------------|--------------|
| 13 to 15 | 32.6% | 32.5% |

BOTH SEXES 32.5%

Adolescent **OBESE**

| AGE | MALE | FEMALE |
|----------|--------------|--------------|
| 13 to 15 | 16.6% | 12.1% |

BOTH SEXES 14.4%

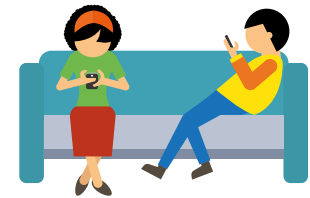
RISK FACTOR STATUS

Insufficient activity***
2010





| AGE | MALE | FEMALE |
|----------|------------|--------------|
| 11 to 17 | 78% | 85.5% |

82.2%

BOTH SEXES
AGE: 11 to 17



BOTH SEXES

| | | |
|---|--|----------------|
|  | Attendance at physical education (PE) class on >= 3 days/week during the school year | 20.6% |
|  | Students who spent three or more hours per day during a typical or usual day doing sitting activities | 58.4% |
|  | Soft drink consumption STUDENTS (13-15 years) who usually drank carbonated soft drinks one or more times per day during the past 30 days (%) | 61.6% |
|  | Infant breastfeeding | No data |

***Percent of defined population attaining less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

ADULT OVERWEIGHT AND OBESITY PREVALENCE

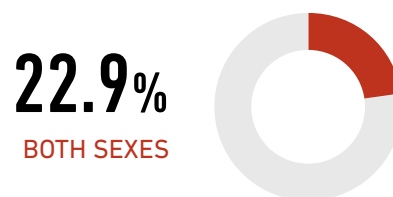
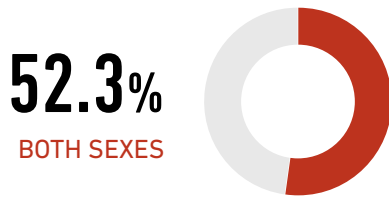
2016

Age-standardized prevalence of **OVERWEIGHT and OBESITY**

| MALE | FEMALE |
|------|--------|
| 45% | 59.3% |

Age-standardized prevalence of **OBESITY**

| MALE | FEMALE |
|-------|--------|
| 15.3% | 30.1% |



Low fruit and vegetable consumption



References obesity and overweight among children:

***WHO.** The values provided by the World Health Organization’s Global Health Observatory Data repository are best estimates using methodologies that allows comparability across countries and time. The estimates are updated as more recent or revised data become available, or when there are changes to the methodology being used. Therefore, they are not always the same as official national estimates.

****GSHS.** These estimates are based on cross-sectional surveys carried out in the countries and span the years 2007 to 2017. Given the time span of the data collection, the numbers quoted for some of the earlier years may not accurately reflect the current situation and comparisons between countries based on these figures is challenging.









References:

1. **WHO:** <http://www.worldometers.info>
2. **United Nations,** World Population Prospects, 2017 revision
3. **Global, regional and national prevalence of overweight and obesity in children and adults 1980-2013:** A systematic analysis Lancet. 2014 Aug 30; 384(9945): 766–781.
4. **Global Health Observatory** data repository
5. **Global school based student health survey** (Results for students aged 13-15 years)
6. **World Health Organization** - NCD Progress Monitor, 2017.
7. **World Obesity Federation:** <http://www.obesityday.worldobesity.org/ourdata2017>
http://docs.wixstatic.com/ugd/6599c5_2a8fa0968efd4854b74f399abb3078c0.pdf?index=true
8. **El estado de las guías alimentarias basadas en alimentos en América Latina y el Caribe:** 21 años después de la Conferencia Internacional sobre Nutrición
9. **Risk factor surveys of individual CARICOM countries.** STEPS surveys were used for all countries except Barbados where HOTN was used and Jamaica where Jamaica Health and Lifestyle survey 2008 was used.

CHILDHOOD OBESITY PREVENTION SCORECARD (COPS)

WHO Recommends a comprehensive approach to prevention including implementation of key policies including: Taxation of SSBs; Regulation of Marketing to Children; Mandatory Front of Package Nutritional Labelling; and School Policies. The HCC CSAP Childhood Obesity Prevention Scorecard (COPS) has 14 indicators to measure a country's response to this emerging crisis.

● Not implemented/Absent ● Partially implemented/Under development ● Implemented/Present

| | | |
|---|--|---|
|  | 1 National NCD Commission or Equivalent | ● |
| | 2 Active HCC COP Initiative (to be completed online only) | ● |
| | 3 Nation policy, strategic plan or action plan on obesity | ● |
|  | 4 Mandatory front-of-package nutrition labelling regulation | ● |
|  | 5 Nutrition policy or guidelines for all schools | ● |
| | 6 Regulation banning or restricting the sale and marketing of SSBs and or all EDNP foods in and around all schools and ensuring the provision of free drinking water | ● |
|  | 7 Regulation banning the marketing of unhealthy foods to children | ● |
|  | 8 Regulation banning trans fats (legislative limit on trans fat) | ● |
| | 9 Taxes on Sugary Drinks (SSBs) | ● |
| | 10 Taxes on EDNP foods / unhealthy foods. | ● |
| | 11 Subsidies on local fruits and vegetables | ● |
|  | 12 Implementation of the Baby Friendly Hospital Initiative (BFHI) in at least one local health facility | ● |
| | 13 Legislation/regulations fully implementing the International Code of Marketing of Breast-milk substitutes | ● |
|  | 14 Mandatory physical education in all government schools | ● |
|  | 15 National program(s) contributing to childhood obesity prevention (COP) efforts | ● |

CSAP: Civil Society Action Plan | COP: Childhood Obesity Prevention | SSBs: Sugar Sweetened Beverages | EDNP: Energy Dense Nutrient Poor

PRIORITIES AREAS

| | | | | | | |
|--|---|--|---|--|--|---|
|  Trade and fiscal policies |  Nutrition literacy |  Early childhood nutrition |  Marketing of healthy and unhealthy foods and beverages to children |  School- and community-based interventions |  Resource mobilisation |  Strategic planning, monitoring, and evaluation |
|--|---|--|---|--|--|---|

Link to the real time COPS webpage on the HCC website at:

www.healthycaribbean.org/cops/

You will find resources such as policy documents for countries reporting progress

If you would like to inform us of any data discrepancy or update for this fact sheet please contact us at hcc@healthycaribbean.org