

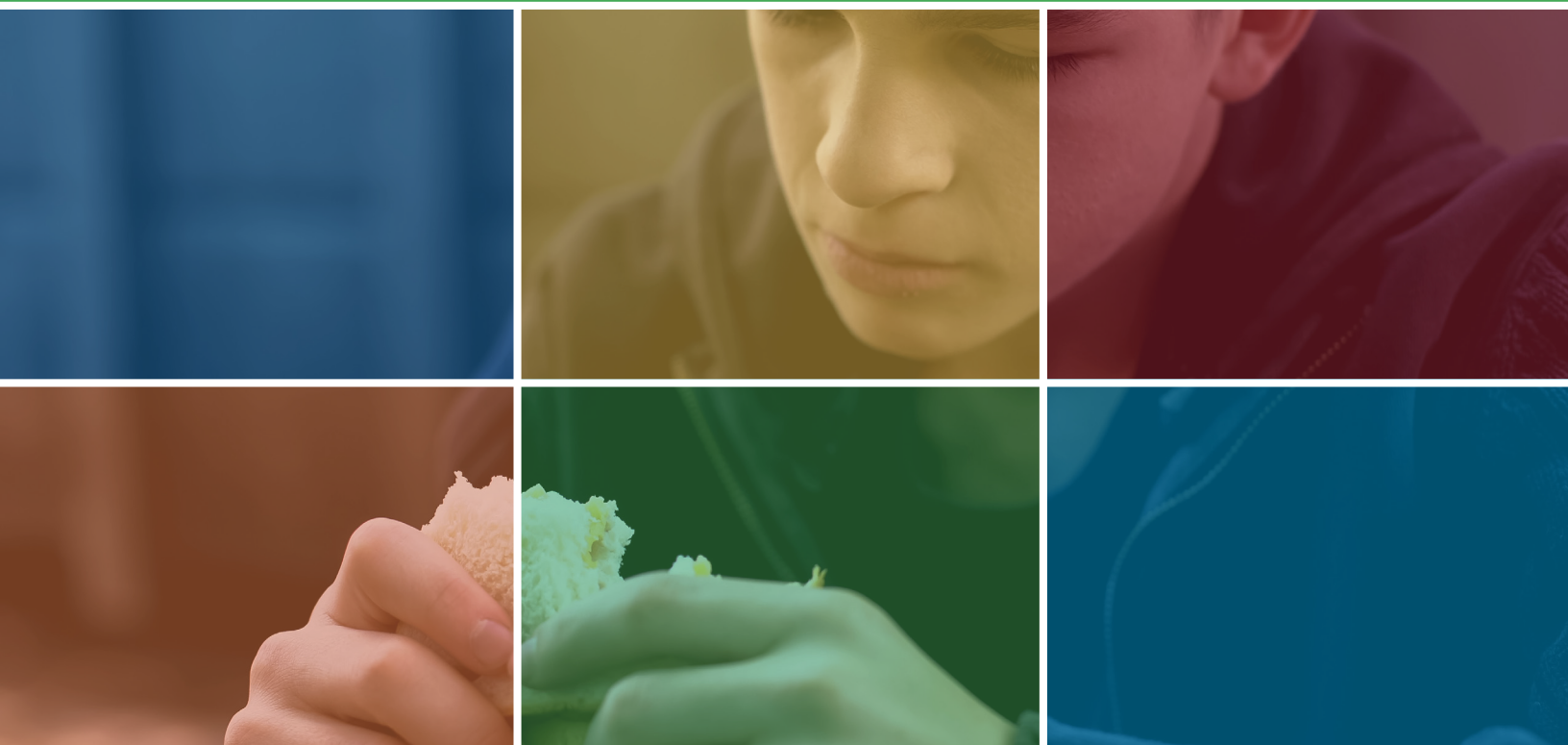
FOOD INSECURITY AND ITS ASSOCIATION WITH THE HEALTH OF CANADIAN ADOLESCENTS



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HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN

WORLD HEALTH ORGANIZATION
COLLABORATIVE CROSS-NATIONAL STUDY



FINDINGS FROM THE 2022 HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN STUDY

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WHY IS FOOD INSECURITY IMPORTANT?

Access to food is a major public health issue in Canada. Food insecurity is a source of intense psychological stress and contributes to various mental and physical health problems. Although food insecurity is more common among lower income households, its impacts on health and well-being are not fully accounted for by poverty.

In Canada, there is limited population-level evidence on food insecurity and its associations with youth health.

The purposes of this section of the report are to:

1. describe rates of food insecurity in Canadian youth and
2. examine associations of food insecurity with diets, physical activity, sleep and emotional well-being in young people.



Key points

- Moderate or severe food insecurity affects 1 in 7 youth
- Food insecurity is less common in more affluent families
- Food insecurity is associated with less nutritious diets
- Food insecurity is associated with less physical activity
- Food insecurity is associated with poor sleep
- Food insecurity is associated with low well-being

FOOD INSECURITY IS COMMON AMONGST YOUTH

A 9-item scale measured perceptions of food insecurity caused by a lack of financial resources in the family (e.g., ran out of food, had to eat less, skipped meals, did not eat for a whole day).

20.0% of students in grade 6-10 report either moderate or severe levels of food insecurity. 14.0% experienced moderate levels of food insecurity. 6.0% experienced severe food insecurity.

About 1 in 5 youth experience moderate or severe food insecurity.



Moderate or severe levels of food insecurity

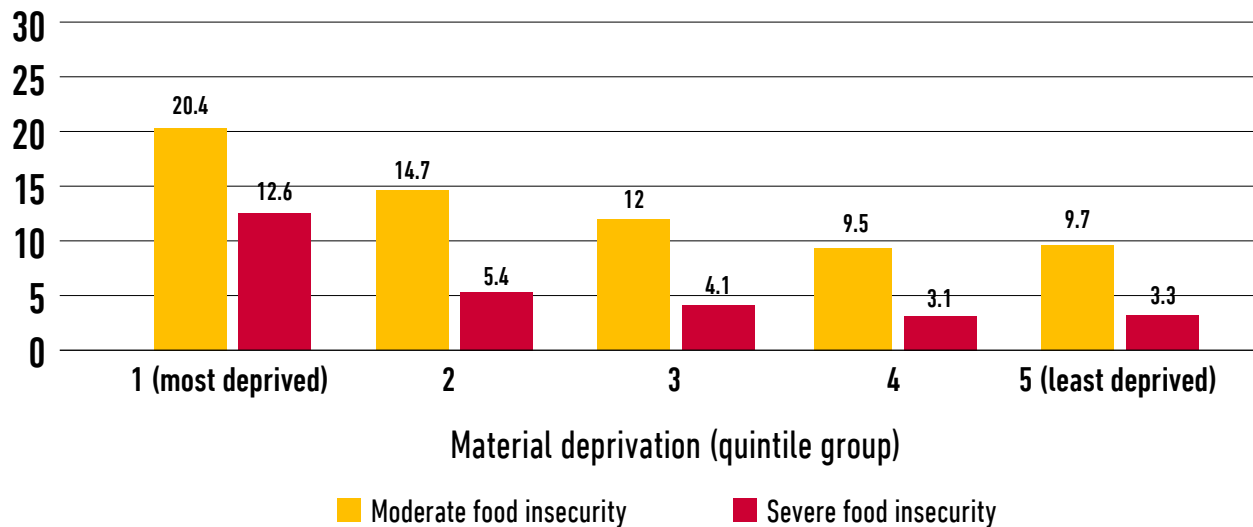


FOOD INSECURITY IS MORE COMMON IN DISADVANTAGED GROUPS

Youth were also asked questions that assessed material deprivation (a multi-item scale of family assets such as cars, bedrooms, vacations) and subjective social status.

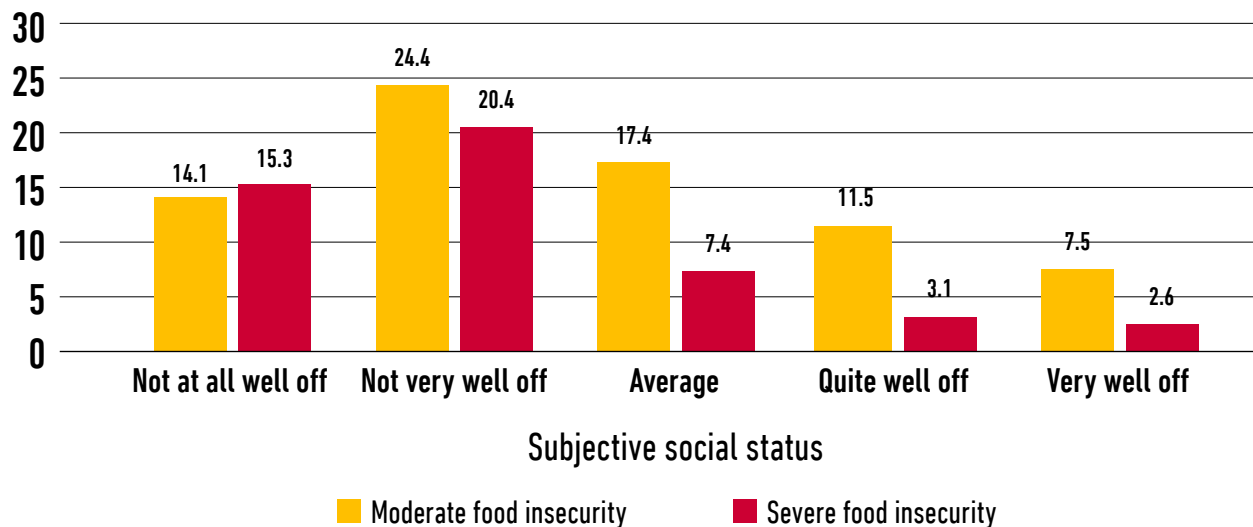
This figure illustrates what proportion of youth at different levels of material deprivation that experienced moderate or severe levels of food insecurity.

Figure 1. Percentage of students who report moderate or severe food insecurity by material deprivation



This figure illustrates the proportion of youth at different levels of subjective social status that experienced moderate or severe levels of food insecurity.

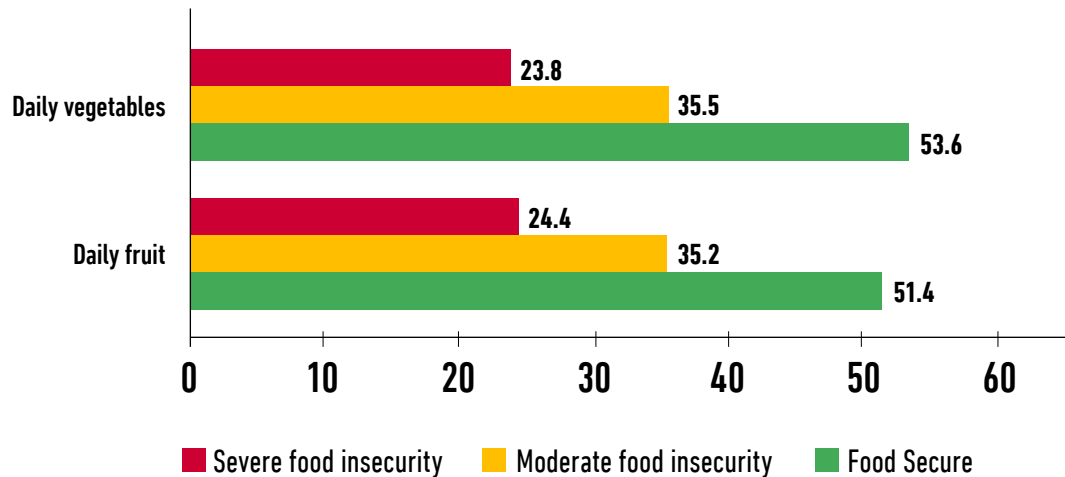
Figure 2. Percentage of students who report moderate or severe food insecurity by subjective social status



HEALTHY DIETS BY FOOD INSECURITY

This figure shows the percentage of youth who reported that they eat fruits at least every day and eat vegetables at least every day. Daily consumption of fruits or vegetables was about half as common among youth in severe food insecurity compared to food secure youth.

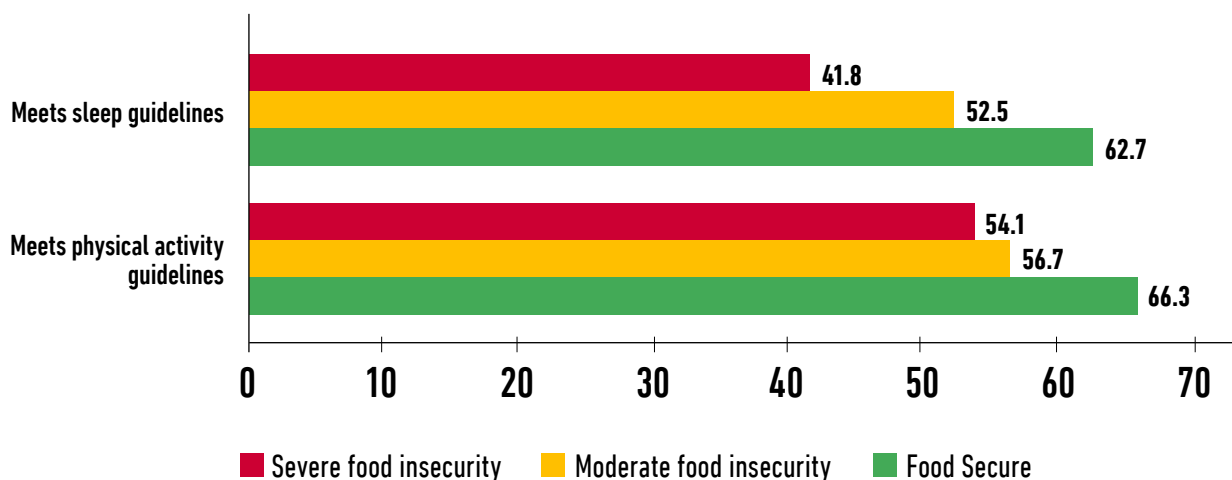
Figure 3. Percentage of students who report eating fruits and vegetables each day by food insecurity status



SLEEP AND PHYSICAL ACTIVITY BY FOOD INSECURITY

Compared to youth in food secure households, youth in food insecure households are less likely to meet national guidelines for healthy sleep (7-8 hours per night for 5-13 year-olds; 8-10 hours per night for 14-17 year-olds) and physical activity (60+ minutes of moderate to vigorous activity per day).

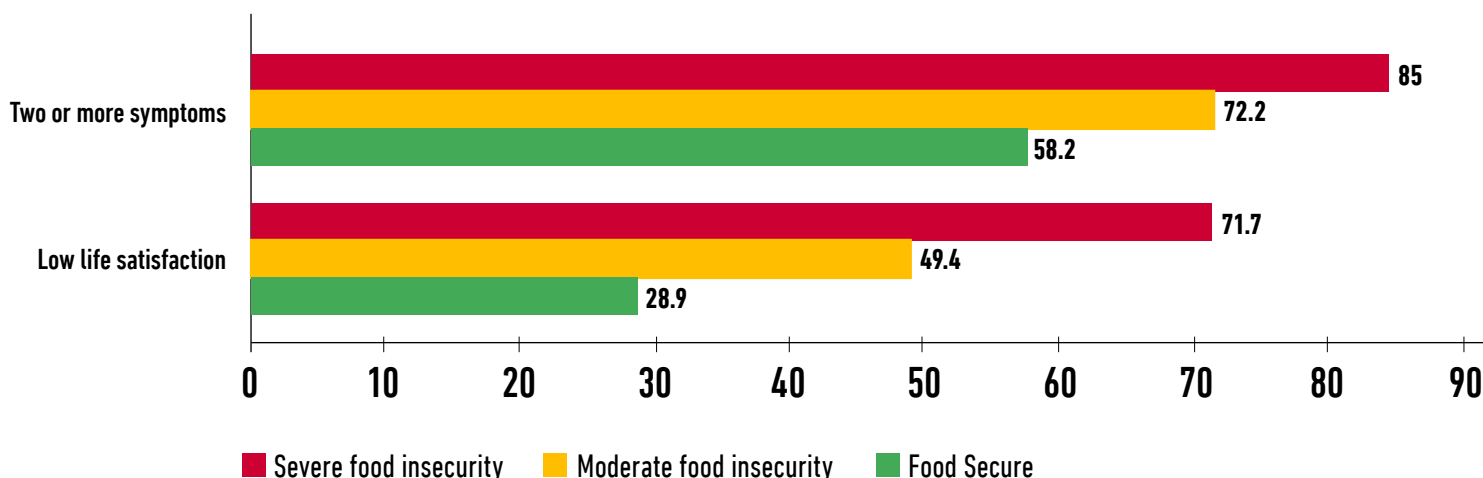
Figure 4. Percentage of students who meet guidelines for sleep and physical activity by food insecurity status



EMOTIONAL WELLBEING BY FOOD INSECURITY

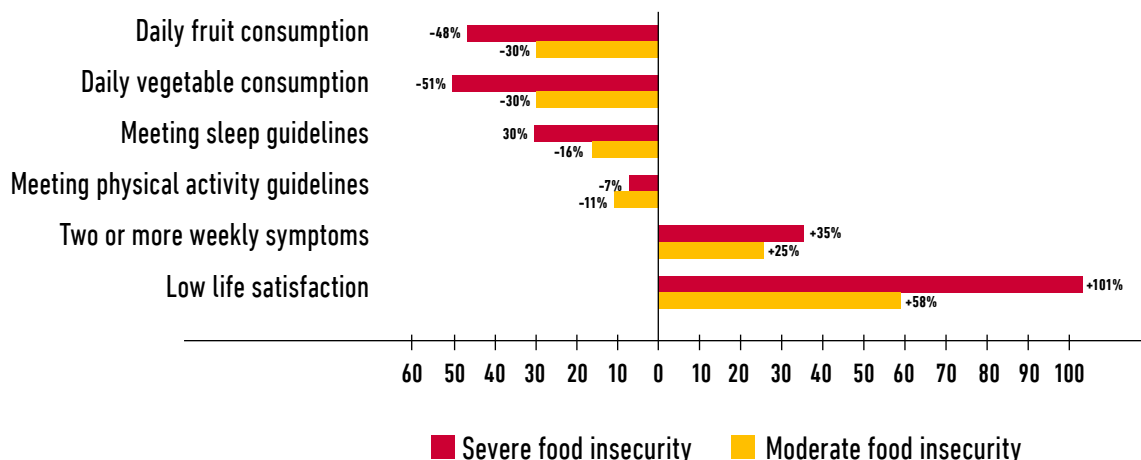
Youth were asked to report their life satisfaction and presence of eight psychological and physical health symptoms (i.e., headache, stomach ache, back ache, feeling low, irritability or bad temper, feeling nervous, difficulties in getting to sleep, feeling dizzy) during the previous week. This figure shows the percentage of youth who reported experiencing two or more psychological and physical health symptoms in the past week and low life satisfaction (5 or lower on a 10-point scale).

Figure 5. Percentage of students who report low life satisfaction and two or more psychosomatic symptoms per week by food insecurity status



HEALTH AND WELLBEING ACCORDING TO FOOD INSECURITY

Figure 6. Change in risk of experiencing poor health or wellbeing due to food insecurity.*



*Percentages show change in relative risk in comparison to food secure youth after adjusting for material deprivation, grade level, gender identity, and family structure (all significant at $p < 0.05$).

Food insecurity is associated with less healthy diets, poorer sleep, less physical activity, more health symptoms and low wellbeing. These associations are significant after controlling for other forms of poverty, and thus require tailored intervention.



CONCLUSIONS

1. One in five youth in Canada experience moderate or severe levels of food insecurity.
2. Food insecurity is associated with objective and subjective measures of poverty but has direct links to health.
3. Youth living in severe food insecurity are least likely to meet national guidelines for sleep and physical activity and to eat fruits or vegetables every day.
4. Food insecurity is associated low life satisfaction.
5. Youth living in severe food insecurity have twice the risk of having two or more weekly health symptoms compared to food secure youth.

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