Health Profile: Skopje, Macedonia

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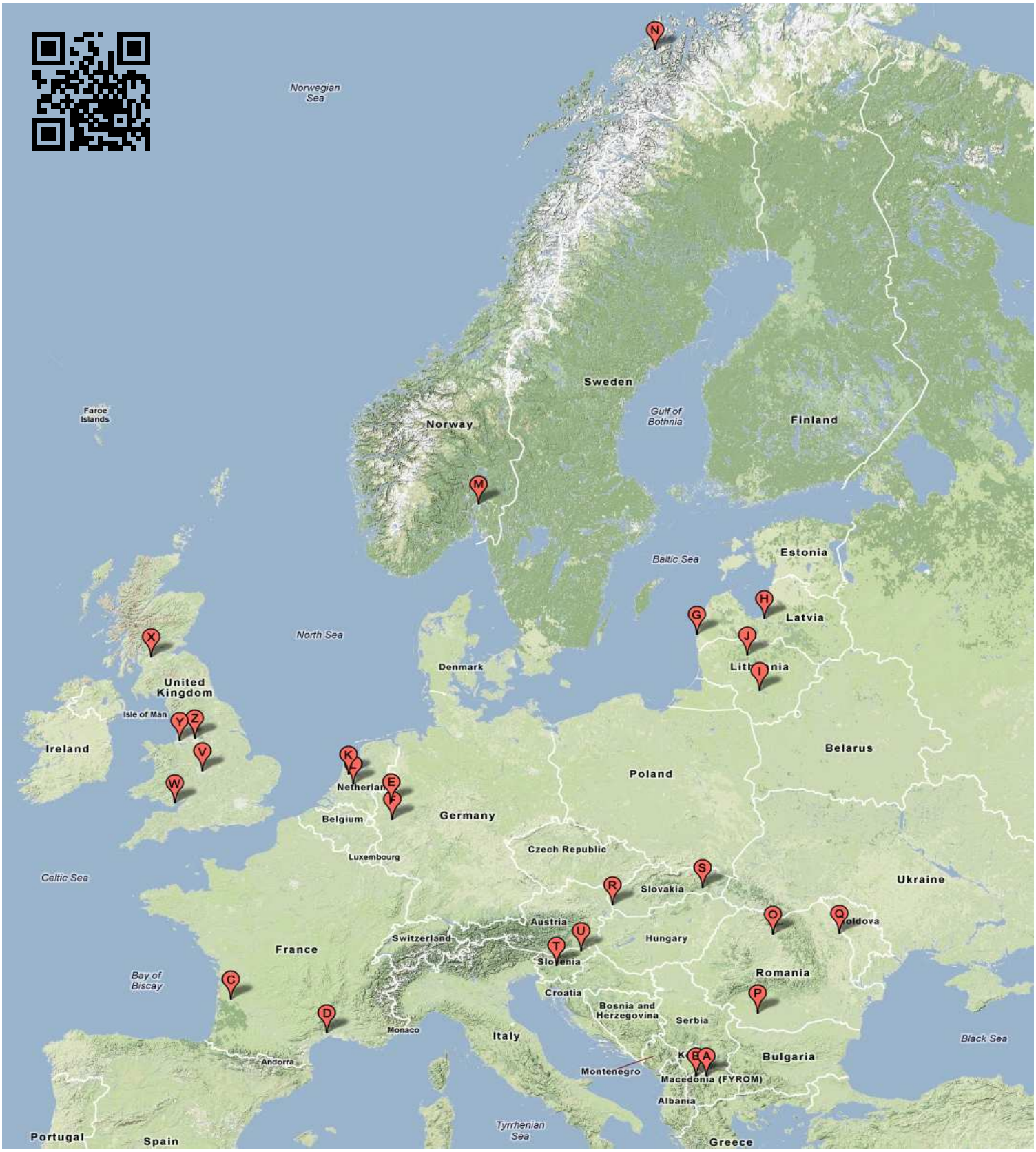
Skopje, Macedonia

Taking cities to a healthier future

EURO-URHIS 2

European Urban Health Indicators System Part 2

Urban Health Monitoring and Analysis System to Inform Policy



A	Skopje, the former Yugoslav Republic of Macedonia	N	Tromsø , Norway
B	Tetovo, the former Yugoslav Republic of Macedonia	O	Bistrița, Romania
C	Bordeaux, France	P	Craiova, Romania
D	Montpellier, France	Q	Iași, Romania
E	Oberhausen, Germany	R	Bratislava, Slovakia
F	Köln, Germany	S	Košice, Slovakia
G	Liepāja, Latvia	T	Ljubljana, Slovenia
H	Riga, Latvia	U	Maribor, Slovenia
I	Kaunas, Lithuania	V	Birmingham, United Kingdom
J	Šiauliai, Lithuania	W	Cardiff, United Kingdom
K	Amsterdam, The Netherlands	X	Glasgow, United Kingdom
L	Utrecht, The Netherlands	Y	Merseyside, United Kingdom
M	Oslo, Norway	Z	Greater Manchester, United Kingdom

Heavy episodic drinking in Skopje youth occurs less often compared to other EURO-URHIS 2 cities, whereas smoking in youth occurs more often.

The proportion of youth who are overweight or obese is higher than the overall EURO-URHIS 2 proportion.

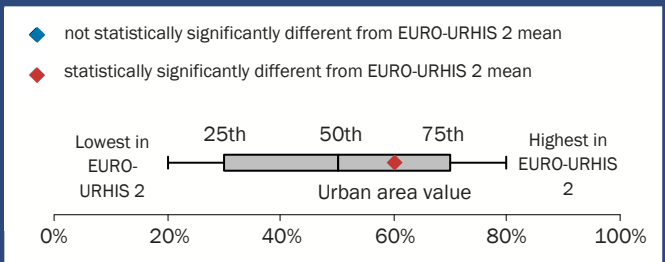
This health profile describes the health situation and associated health determinants in youth in Skopje compared with those observed in other European urban areas.

Skopje is one of the urban areas chosen for EURO-URHIS 2 (European Urban Health Indicator System Part 2), a project that aims to identify health problems in urban areas. The EURO-URHIS 2 project describes health and health determinants specific to urban areas in Europe, covering cities in North, East, South, and West Europe. This project may add to information that is already locally available, in that it is the first study to enable reliable comparisons of health status between different cities in Europe. Policy makers can use the information to prioritise topics for urban health policy and for interventions in an evidence-based way.

EURO-URHIS 2 gathered information by collecting data from routinely available registration data, and by conducting youth and adult surveys at the end of 2010. In total, data from 26 urban areas in Europe were available for between-city comparisons and benchmarking.

The youth survey was a school-based survey of 14-16 year olds. In Skopje, 393 students completed a valid questionnaire. Data from the adult survey and routinely available data from Skopje were not comparable to data collected in the other urban areas in EURO-URHIS 2. These results are therefore not included in the health profile.

More detailed information on the justification of methods and instruments that were used, as well as response rates, selection of cities and indicators, and statistical methodology, can be found on our websites: www.urhis.eu and http://results.urhis.eu. The websites also provide data from other participating urban areas and comparisons between specific cities can be made.



The graphs in this health profile show the health status of the urban area compared to other EURO-URHIS 2 urban areas. The whiskers represent the lowest and highest value within the EURO-URHIS 2 project on a scale of 0 to 100%. The grey bar represents the 25th, 50th, and 75th percentile. The urban area value is shown as a diamond, which is blue when the value is not statistically significantly different from the EURO-URHIS 2 mean and red when the difference is statistically significant (at the 5% level).

YOUTH HEALTH STATUS

	Indicator	Skopje	EURO-URHIS 2 range (percentiles) 0% 50% 100%	EURO-URHIS 2 mean	N
Health Status	1. Good self-perceived health	94%		92%	20
	2. Elevated risk of psychological problems	31%		20%	20
	3. Psychosomatic symptoms	12%		10%	20
	4. Low back pain	46%		42%	20
Lifestyle Factors	5. Overweight and obesity	17%		13%	15
	6. Physical activity ≥2 hours/week	23%		50%	20
	7. Regular fruit consumption	66%		49%	20
	8. Regular vegetable/salad consumption	71%		52%	20
	9. Regular tooth brushing	59%		72%	20
	10. Frequently watching television	72%		60%	20
	11. Daily smoking	23%		12%	20
	12. First smoking ≤13 years	15%		24%	20
	13. Heavy episodic drinking	16%		33%	20
	14. First alcohol ≤13 years	26%		53%	19
	15. Ever used cannabis	8%		16%	20
	16. Unprotected sexual intercourse	7%		4%	20
Environ-ment	17. Crime in area	13%		35%	20
	18. Involved in traffic accident	8%		7%	18
	19. Being bullied	17%		7%	20

Table 1. Health status and determinants in youth (14-16 years)

Source. Indicators 1-19: youth survey. Missing data are indicated by "-".
N = number of urban areas that were able to collect data on the specific indicator.

1. % of youth who perceive their health as good, very good, or excellent; **2.** % of youth with an overall Strengths and Difficulties Questionnaire (SDQ) score of 20 or higher; **3.** % of youth who reported a lot of headaches, stomach aches, or sickness during the past six months; **4.** % of youth who experienced low back pain during the past month; **5.** % of youth overweight or obese according to the international BMI cut-offs; **6.** % of youth who participate in vigorous physical activity for more than two hours per week in their free time; **7.** % of youth who eat fruit on most days of the week; **8.** % of youth who eat vegetables and/or salads on most days of the week; **9.** % of youth who brush their teeth more than once a day; **10.** % of youth who watch television for more than two hours on weekdays; **11.** % of youth who smoke tobacco every day; **12.** % of youth who reported first smoking at ≤13 years; **13.** % of youth who drank five or more units of alcohol on one occasion during the past 30 days; **14.** % of youth who reported first drinking alcohol at ≤13 years; **15.** % of youth who ever used cannabis; **16.** % of the total youth population who did not use a condom the last time they had sexual intercourse; **17.** % of youth who reported presence of crime, violence, or vandalism in the area where they live; **18.** % of youth who had a road traffic accident resulting in injury over the past 12 months; **19.** % of youth who have been bullied at least twice in the past couple of months

Health Status and Determinants in Youth

Table 1 gives an overview of the health status and determinants in Skopje youth, as reported from the survey. Self-perceived health is a measure of adolescent well-being. 94% of youth in Skopje perceived their health to be (very) good or excellent, which is similar to the overall EURO-URHIS 2 proportion. In Skopje, a significantly higher proportion of youth were identified with an elevated risk of psychological problems (31%), compared to the overall EURO-URHIS 2 proportion.

Childhood obesity is related to a higher risk of obesity, disability, and premature death later in life. In Skopje, 17% of youth are overweight or obese, which is significantly higher than the overall EURO-URHIS 2 proportion. Physical activity can contribute to maintaining a healthy weight and preventing the occurrence of chronic conditions. Furthermore, physical activity is associated with psychological benefits and with a better school performance in young people. The proportion of youth who reported participation in vigorous physical activity for two or more hours per week is significantly lower in Skopje (23%), compared to the overall EURO-URHIS 2 proportion. Sedentary behaviour is related to overweight and obesity, independent of physical activity. Youth in Skopje watch significantly more television on weekdays compared to other urban areas in EURO-URHIS 2. A healthy diet can lower the risk of obesity. Regular consumption of fruit and vegetables occurs more frequently in Skopje than in other EURO-URHIS 2 urban areas.

Significantly more students in Skopje brush their teeth at least twice a day.

Initiation of smoking and drinking alcohol at a young age is a strong predictor of smoking during adulthood and of later problems with alcohol. Smoking and drinking alcohol at the age of 13 or younger occur significantly less often in Skopje than in other EURO-URHIS 2 cities. The proportion of youth in Skopje who smoke daily (23%) is higher than the overall EURO-URHIS 2 proportion. Heavy episodic drinking of five or more units of alcohol on one occasion was reported significantly less often in Skopje (16%) compared to the total EURO-URHIS 2 population.

Regular cannabis use in young people can lead to impaired cognitive development. 8% of youth in Skopje have ever used cannabis, which is lower than the overall EURO-URHIS 2 proportion.

The proportion of youth who reported they did not use a condom when they last had sexual intercourse is significantly higher in Skopje compared to the other cities.

Neighbourhood crime, violence, or vandalism was significantly less often reported by youth in Skopje (13%) compared to other cities. The proportion of youth who were victims of bullying in the past couple of months was significantly higher compared to the other urban areas in EURO-URHIS 2.

The percentage of youth that reported to live in poor families (33%) is significantly higher than the EURO-URHIS 2 mean.

Beneficiaries

The University of Manchester; Municipal Health Service Utrecht; University of Liverpool; The Iuliu Hatieganu University of Medicine & Pharmacy Epidemiology Department; The Norwegian Institute of Public Health; Municipal Health Service Amsterdam; Kaunas University of Medicine; Regional Public Health and Health Promotion Centre (Slovenia); Institute of Health and Work, North Rhine-Westphalia; Slovak Public Health Association; Hacettepe University, Department of Public Health; North West Regional Health Brussels Office; Latvian Public Health Agency; South East European University; National Federation of Regional Health Observatories; Pham Ngoc Thach University of Medicine

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SEVENTH FRAMEWORK PROGRAMME

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