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Assessment of Food Insecurity in households of a social neighbourhood

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The assessment of food insecurity enables not only to characterize the food security of a population, but also to draw conclusions about the food security of a regional population or local groups. [1] This study evaluates the security of households living in a social neighborhood. A scale of perception of food insecurity was applied and the relationship with socio-cultural factors was evaluated.

The sample included 99 households and the scale used was adapted from the Brazilian Food Insecurity Scale. [2, 3] This scale includes 14 questions focused on the perception of food insecurity, ranging from concern about the possible lack of food, to a severe food restriction due to economic difficulties.

It was found that about 85% of households were living with food insecurity at different levels: mild, moderate, or severe, corresponding to 38.4%, 26.3% and 20.2%, respectively. Higher levels of food insecurity appear to be associated with lower education levels, lower family income, inexistence of children, changes in consumption of essential foods, decreased number of visits to doctor and purchase of medicines and if’s woman represents the household.

In Portugal, more studies are needed in order to assess the prevalence of food insecurity, given the increasing difficulties that an increasing number of families are facing. It is important that local authorities develop regional studies to better assist the population in terms of nutritional education and social support, aiming to minimize the magnitude of the problem and its consequences.

References:

Anthropometric evaluation of primary school children from Póvoa de Lanhoso: comparison of two methods

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Introduction: It is now recognized the importance of the accumulation of abdominal fat in the development of cardiometabolic diseases. It is extremely important to develop screening tools that are reliable and low cost. The ratio between waist circumference and height (WaHR) has been suggested as an important tool in the assessment of cardiometabolic risk.

Objectives: To investigate whether the WHRt is dependent on the sex and age, to describe and compare the prevalence of risk associated with the values of WHRt and BMI.

Methodology: The sample consisted of students attending the 3rd and 4th years of two schools from Póvoa de Lanhoso. Data were collected during the months of May and June 2012. The children were measured (weight, height and waist circumference) according to standard procedures. The WHRt was calculated and the children categorized as "at-risk (≥0.5)" and "out of risk (<0.5)." BMI was calculated and the classification made by the respective percentiles according to the CDC criteria. The agreement between the WHRt and BMI was calculated using Cohen’s kappa.

Results: The study comprised 166 children, 56% were female and 44% male, aged between 8 and 10 years. There were no statistically significant differences between the WHRt and sex (p=0.404) or age (p=0.661). The proportion of children considered at risk was lower when measured by the WHRt (20.5%) than according to the percentiles of BMI (32.1%). The agreement between these two methods was moderate (k=0.594, p=0.003), and there have been a greater level of agreement among females (k=0.740, p <0.001) than in males (k=0.405, p=0.001).

Conclusions: In this study, the WHRt was independent of sex and age, indicating that this may be an easy tool to use in children. There was a strong correlation between BMI and WHRt and there was a moderate agreement between these two methods.