

Obesity and Paediatrics

The Role of Civil Society in Curbing Childhood Obesity in the Caribbean

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There is a significant and growing epidemic of childhood obesity in the Caribbean, with overweight and obesity affecting as many as one in three children. The region has experienced drastic dietary shifts away from indigenous nutritious foods in favour of imported ultra-processed, energy-dense, nutrient-poor foods. This, combined with the aggressive and unethical marketing tactics of the global and regional junk food industry and sedentary lifestyles, has created a perfect storm of poor diets and expanding waistlines among Caribbean children. Multisectoral action bringing together government sectors, the private sector and civil society is critical. Civil society is an essential partner and has the potential to change the trajectory of obesity by directly and indirectly catalysing the policies urgently needed to create non-obesogenic environments. The Healthy Caribbean Coalition (HCC) and its member civil society organizations are working with regional partners Pan American Health Organization (PAHO) and the Caribbean Public Health Agency (CARPHA) to implement the HCC Civil Society Action Plan to Prevent Childhood Obesity. The plan builds on existing global and regional obesity prevention frameworks and defines actions, aimed at modifying the policy and legislative landscape, across seven priority 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 mobilization; and strategic planning, monitoring and evaluation. Flagship actions will focus on taxation of sugar sweetened beverages and unhealthy foods and the banning of the sale and promotion of unhealthy foods in schools.

Healthy Bahamas Coalition – United for a Healthier Bahamas

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In 2007, the Heads of Government of the Caribbean Community (CARICOM) made the historic Declaration of

Port-of-Spain: Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases (NCDs). The declaration strongly encouraged the formation or establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs. In 2015, The Bahamas committed to the formation of a coalition of public, private and civil society agencies in a bid to combat the determinants of NCDs. This body, styled the Healthy Bahamas Coalition (HBC), seeks to provide a “mechanism for effective multi-sectoral action in prevention and control of NCDs at the national level” through re-orienting and strengthening the national response, especially with regard to risk factors.

The HBC is a group of about 50 different collaborating government agencies, civil society groups, faith-based organizations and private companies. It formulates policies and initiatives to improve the life of Bahamians through the reduction, prevention and management of NCDs. Formally established in July 2016, the HBC has highlighted a number of small first steps in its bid to address the challenges facing the nation. It envisions “[a] Bahamas where the rates of death and disability from chronic diseases among persons residing therein [are] monitored, evaluated and reduced through comprehensive, evidence-based programmes, initiatives and interventions”.

The talk will centre on the successes with initiatives commenced over the past year, in the areas of violence prevention, a fitness and wellness programme, alcohol and tobacco awareness, social partnerships, challenges and the way forward.

Epidemiology of Congenital Cardiac Anomalies at Princess Margaret Hospital, Nassau, The Bahamas, from 2009 to 2016

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Background: Congenital cardiac anomalies are the most common of all congenital anomalies seen globally.

Objective: To describe the distribution of congenital cardiac anomalies and selected determinants represented as risk associations with these anomalies at Princess Margaret Hospital, Nassau, The Bahamas, between 2009 and 2016.

Methods: Through extensive chart review of patients in the neonatology unit and quantitative data analysis, information concerning the epidemiology of congenital cardiac anomalies at Princess Margaret Hospital was obtained.

Results: The most frequently found anomaly was pulmonary stenosis/dysplastic pulmonary valve (38.3%), followed by atrial septal defect (34.8%) and patent ductus arteriosus (24.6%). The most common cyanotic cardiac anomaly was Tetralogy of Fallot (4.7%). Furthermore, incidence proportions were on an upward trend, and the average incidence of congenital cardiac anomalies between 2012 and 2014 was 12.15 per 1000 live births. It was also shown that having a non-cardiac anomaly had a risk association with having a cardiac one. Meningomyelocele/central nervous system anomaly was associated with single ventricle/double inlet right ventricle (p -value = 0.01; Fisher's exact test) and Trisomy 21 with PDA (Phi = 0.22; $p < 0.01$; OR: 4.35 (95% CI: 1.63–11.60)).

Conclusion: Unlike what was reported in other locations, the most frequent congenital cardiac anomaly at Princess Margaret Hospital, Nassau, The Bahamas, was not septal defects, but was found to be pulmonary stenosis/dysplastic pulmonary valve. Even though the occurrence of congenital cardiac anomalies was rising in many countries, at Princess Margaret Hospital, the incidence proportions were double that predicted from the literature. Non-cardiac anomaly had a risk association with having a cardiac one.

A Descriptive Epidemiology of Paediatric Deaths (1–17 Years Old) at Princess Margaret Hospital, Nassau, The Bahamas: A Retrospective Chart Review

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Background: The leading cause of death among children aged 1–19 years is unintentional injuries (40% of deaths). The Department of Statistics revealed that the leading causes of death in 2011 were pneumonia/influenza in children aged 1–4 years, accidental drowning in children aged 5–14 years and homicide in adolescents/young adults.

Objective: To explore the descriptive epidemiology of paediatric deaths of children aged 1–17 years at Princess Margaret Hospital.

Methods: All children aged 1–17 years who died on arrival or during hospitalization from January 2010 to December 2015 were included. With IBM SPSS Statistics, inferential statistical significance was evaluated using a p -value of ≤ 0.05 . Cramer's V correlation coefficients were used to assess bivariate nominal variables relationships. Kruskal Wallis analysis was used to determine the statistical significance between independent variables.

Results: One hundred and seventy-eight deaths were recorded over the six years. The death proportion calculated

was 2.6 per 1000 children in the population from January 2010 to December 2014. For those aged 1–4, the death proportion was 5.4 per 1000, with the leading cause of death being pneumonia and infectious causes. The 5–17-year-olds showed an estimated death proportion of 2.1 per 1000, with the leading cause of death being accidents/violence (including drowning). The study identified accidents/violence (including drowning) and pneumonia as the leading causes of death overall.

Conclusion: During this six-year period, most deaths in children aged 1–17 years were due to preventable causes – accidents/violence. A paediatric mortality review committee to reduce preventable childhood deaths in The Bahamas is recommended.

Vasectomy Concerns as a Primary Modality for Reproductive Health in New Providence, The Bahamas: A Qualitative Study

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Objective: To identify knowledge, attitude and practice concerns among men in The Bahamas towards vasectomy, comparing vasectomized men to those not vasectomized.

Methods: Jointly, the Department of Social Sciences of University of The Bahamas and the School of Clinical Medicine and Research of The University of the West Indies, Bahamas, collaborated in a qualitative study conducted on 150 vasectomized and non-vasectomized men aged between 18 and 85 years recruited through letters and announcements within the four districts of New Providence. AntConc Windows 3.4.4 was used to aid analyses using a modified grounded theory.

Results: A total of 98% of the participants lacked knowledge of vasectomy regardless of educational level. Less than 1% of the men either had had a vasectomy or would consider having it in the future. Over 50% preferred “not to use a condom”. None chose abstinence as a contraceptive option. A total of 40% of men aged over 55 years utilized the male health clinic services, and men aged below 35 years used this service to glean from the knowledge of the older men present. The youngest participant stated that “this setting is less stressful for persons like me who did not have a dad at home ... I cannot get that in the regular clinic setting”. Men studied stated that “the accepted expectation for contraception has generally been undertaken by the woman, so let's just stick with the norm”.

Conclusion: Vasectomy was generally not an accepted modality for family planning in men residing in Nassau, The Bahamas, and the overall responsibility of family planning rested primarily on the shoulders of women.