

ABSTRACT

Title

Health-risk behaviour among residents in deprived neighbourhoods compared with those of the general population in Denmark: A cross-sectional study

Type of presentation

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Keywords

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Background

Several studies have found evidence that residents of deprived neighbourhoods have higher rates of mortality and morbidity than residents of more affluent neighbourhoods, even after adjustment for individual-level characteristics (compositional effect) such as sociodemographic and socioeconomic status, thus indicating an independent influence of neighbourhood deprivation (contextual effect) on health. In addition, previous research has shown that residents of deprived neighbourhoods have higher rates of unhealthy behaviours (such as unhealthy diet, smoking, high alcohol intake and physical inactivity). Still there is limited research-based knowledge about health behaviour in socially deprived

neighbourhoods in Denmark. This study examines associations between sociodemographic and socioeconomic characteristics and health-risk behaviours (including the co-occurrence of health-risk behaviours) in deprived neighbourhoods in Denmark and compares health-risk behaviours of residents in the deprived neighbourhoods with those of the general population of Denmark.

Methods

Logistic regression analyses were used to analyse cross-sectional data from 5.113 residents living in 12 deprived neighbourhoods in Denmark (response rate 63%) and to compare with data from 14.868 people from the nationally representative Danish Health and Morbidity Survey 2010 (response rate 61%).

Results

In the deprived neighbourhoods large sociodemographic and socioeconomic differences in health-risk behaviours were found among the residents. The highest risk of health-risk behaviours was found among men, residents with non-Western background, residents with lower educational level, disability pensioners and residents living alone in the deprived neighbourhoods. Compared with the general population, the odds of health-risk behaviours (except alcohol consumption) were higher among residents in deprived neighbourhoods. Even after adjustment for sociodemographic and socioeconomic characteristics there were enormous differences in the health-risk behaviours between residents in deprived neighbourhoods and the general population.

Conclusions

The results enable us to identify those residents of the deprived neighbourhoods who would benefit from more attention in future health promotion interventions. Our results suggest the need for health promotion initiatives, particularly for fruit and vegetable consumption, smoking, and physical activity, targeted at residents in deprived neighbourhoods. Furthermore, more research is needed in order to understand the complex and underlying mechanism of the association between living in deprived neighbourhoods and health-risk behaviour.

Key references

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