

Editorial

Europe's precious children

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Europe, 'the old world', is ageing rapidly. Fertility rates have fallen far below replacement levels, and children have become a precious commodity. Value surveys show that although the acceptance of a childless life has increased, particularly in Western Europe, the large majority of Europeans want to have children. They are also strongly devoted to their children, as is shown when they are asked whether parents should 'do their best for their children even at the expense of their own well-being'. With the exception of Lithuania and Belarus, where <50% of respondents agree with this statement, in all other European countries a large majority agrees. The highest levels of agreement with this statement are found in the former Yugoslavia, for example in Croatia (90%) and Bosnia and Herzegovina (88%).¹

Children are an important priority for public health too. During the 20th century, many interventions, services, and policies have been developed and implemented which target children's health, such as vaccinations, screening programmes, and child benefit schemes. Partly as a result of those efforts, and partly as a result of general improvements in prosperity and other environmental conditions, the health of European children has spectacularly improved. This can most easily be seen on the basis of mortality statistics: during the 20th century, infant, child, and adolescent mortality rates have typically fallen by >95%.²

This is not to say that, at the start of the 21st century, youth health no longer poses challenges for public health in Europe. It is quite the reverse, as illustrated by the large number of papers on youth health which this journal receives. Most of the previous issues of this journal in 2005 have had a section on 'youth health', and the papers which we have published show that there are serious threats to youth health which deserve public health's attention. The papers which we have published on youth health this year can be divided in three groups: specific diseases, health-related behaviours, and psychosocial and mental health.

Despite their spectacular decline during the 20th century, perinatal and infant mortality still represent large losses to health, and socioeconomic variations in perinatal and infant mortality suggest that further reductions may be possible.³ Many diseases are rare in childhood, but type 1 diabetes⁴ and injuries⁵ represent a considerable health burden. There appears to be scope for new preventive measures, for example on the basis of a better understanding of the aetiology of diabetes and of developing more effective ways of improving the safety of the home environment.

Health-related behaviours are another important area where more, and more effective, prevention measures are necessary. Smoking among children^{6,7} and their parents⁸ is an obvious example: the high rates of smoking uptake among children around Europe are a clear sign that the smoking epidemic is far from over. Preventing excessive alcohol consumption⁹ and

use of illicit drugs¹⁰ among adolescents also remains an important priority for public health. Unfortunately, even before the war on tobacco has been won, a new epidemic is emerging: obesity. The general decline of physical activity among children certainly plays a role here,¹¹ and inadequate perceptions of what is needed to maintain a healthy weight need to be redressed too.¹² This issue of the journal contains a viewpoint section on 'curbing the childhood obesity epidemic', which explores what public health can do to counter these trends.¹³

Perhaps as a result of the decline in frequency and severity of somatic illness, the psychosocial and mental health of children and adolescents is receiving more and more attention in public health. This year we have published papers on bullying and symptoms reported by victims in 28 countries (!),¹⁴ mental health and exposure to violence among refugee children,¹⁵ psychological symptoms related to sexual harassment among teenagers,¹⁶ and major depression including suicidality among adolescents.¹⁷ These papers show a high prevalence of psychosocial and mental health problems, and illustrate the vulnerability of children and adolescents for various forms of interpersonal violence.

Actually, the latter category of papers exposes the reader to the risk of depression too. What we find in these studies is in flagrant contradiction with our ideals of a happy childhood and of parents and other adults being committed to the well-being of children. Also, and perhaps more to the point, the psychosocial and mental health damage experienced by children and adolescents often translates into life-long problems, including mental and somatic health problems in adulthood.

It is difficult to understand how various forms of child abuse continue to be worryingly common, even in this most peaceful of countries Sweden.¹⁸ Again, social factors, including socioeconomic disadvantage, are likely to be important determinants, and increases in the proportion of children living in poverty in many European countries show that parents are certainly not the only ones to be blamed.¹⁹ Whatever the explanation, however, Europe's precious children deserve better, and this journal will try to contribute to further improving youth health in the years to come.

Note: This editorial is a tribute to Staffan Janson, who will resign as editor of the European Journal of Public Health and head of the editorial office of the journal on 31 December 2005. As an editor, Staffan Janson has been primarily responsible for papers in the field of youth health. In 2004, he received the Swedish Solstice-prize for his work on child health.

References

- 1 Inglehart R, Basanez M, Diez-Medrano J, Halman L, Luijkx R. *Human beliefs and values. A cross-cultural sourcebook based on the 1999-2002 values surveys*. Mexico: Siglo XXI Editores, 2004.
- 2 Wolleswinkel-van den Bosch JH. *The epidemiological transition in The Netherlands*. Rotterdam: Department of Public Health, Erasmus University, 1998, PhD thesis.
- 3 Devlieger H, Martens G, Bekaert A. Social inequalities in perinatal and infant mortality in the northern region of Belgium (the Flanders). *Eur J Public Health* 2005;15:15–19.

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- 4 Šipetić SB, Vlajinac HD, Kocev NI, et al. The Belgrade childhood diabetes study: a multivariate analysis of risk determinants for diabetes. *Eur J Public Health* 2005;15:117–22.
- 5 Petridou E, Anastasiou A, Katsiardanis K, et al. A prospective population based study of childhood injuries: the Velestino town study. *Eur J Public Health* 2005;15:9–14.
- 6 Erbaydar T, Lawrence S, Dagli E, et al. Influence of social environment in smoking among adolescents in Turkey. *Eur J Public Health* 2005;15:404–10.
- 7 Piko BF, Luszczynska A, Gibbons FX, et al. A culture-based study of personal and social influences of adolescent smoking. *Eur J Public Health* 2005;15:393–8.
- 8 Lund KE, Helgason ÁR. Environmental tobacco smoke in Norwegian homes, 1995 and 2001: changes in children's exposure and parents attitudes and health risk awareness. *Eur J Public Health* 2005;15:123–7.
- 9 Elgar FJ, Roberts C, Parry-Langdon N, et al. Income inequality and alcohol use: a multilevel analysis of drinking and drunkenness in adolescents in 34 countries. *Eur J Public Health* 2005;15:245–50.
- 10 Suris JC, Parera N. Sex, drugs and chronic illness: health behaviours among chronically ill youth. *Eur J Public Health* 2005;15:484–8.
- 11 Inchley JC, Currie DB, Todd JM, et al. Persistent socio-demographic differences in physical activity among Scottish schoolchildren 1990–2002. *Eur J Public Health* 2005;15:386–8.
- 12 Fonseca H, Gaspar de Matos M. Perception of overweight and obesity among Portuguese adolescents: an overview of associated factors. *Eur J Public Health* 2005;15:323–8.
- 13 Janson S (editor). Viewpoint section on 'Curbing the childhood obesity epidemic'. *Eur J Public Health* (this issue).
- 14 Due P, Holstein BE, Lynch J, et al. Bullying and symptoms among school-aged children: international comparative cross sectional study in 28 countries. *Eur J Public Health* 2005;15:128–32.
- 15 Montgomery E, Foldspang A. Seeking asylum in Denmark: refugee children's mental health and exposure to violence. *Eur J Public Health* 2005;15:233–7.
- 16 Gillander Gådin K, Hammarström A. A possible contributor to the higher degree of girls reporting psychological symptoms compared with boys in grade nine? *Eur J Public Health* 2005;15:380–5.
- 17 Haarasilta L, Marttunen M, Kaprio J, et al. Major depressive episode and physical health in adolescents and young adults: results from a population-based interview survey. *Eur J Public Health* 2005;15:489–93.
- 18 Janson S. *Children and abuse. Corporal punishment and other forms of child abuse in Sweden at the end of the second millennium*. Stockholm: Ministry of Health and Social Affairs, 2002.
- 19 The United Nations Children's Fund. *The state of the world's children 2005. Childhood under threat*. New York: UNICEF, 2005.