

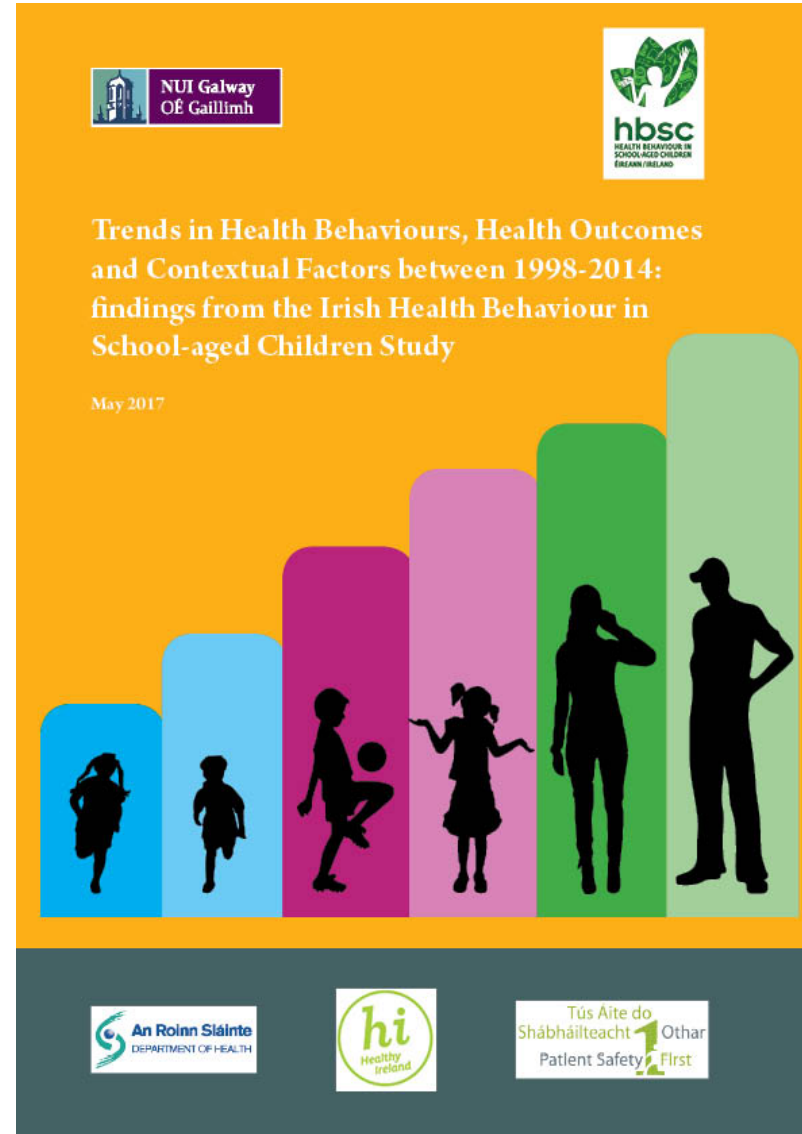


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Health Behaviour in School-aged Children (HBSC)

A World Health Organization
Collaborative Study

May 2017



Tús Áite do
Shábháilteacht 1 Othar
Patient Safety 1 First



Presentation outline

- HBSC Background
- HBSC Methods
- Framework
- Findings
- Dissemination



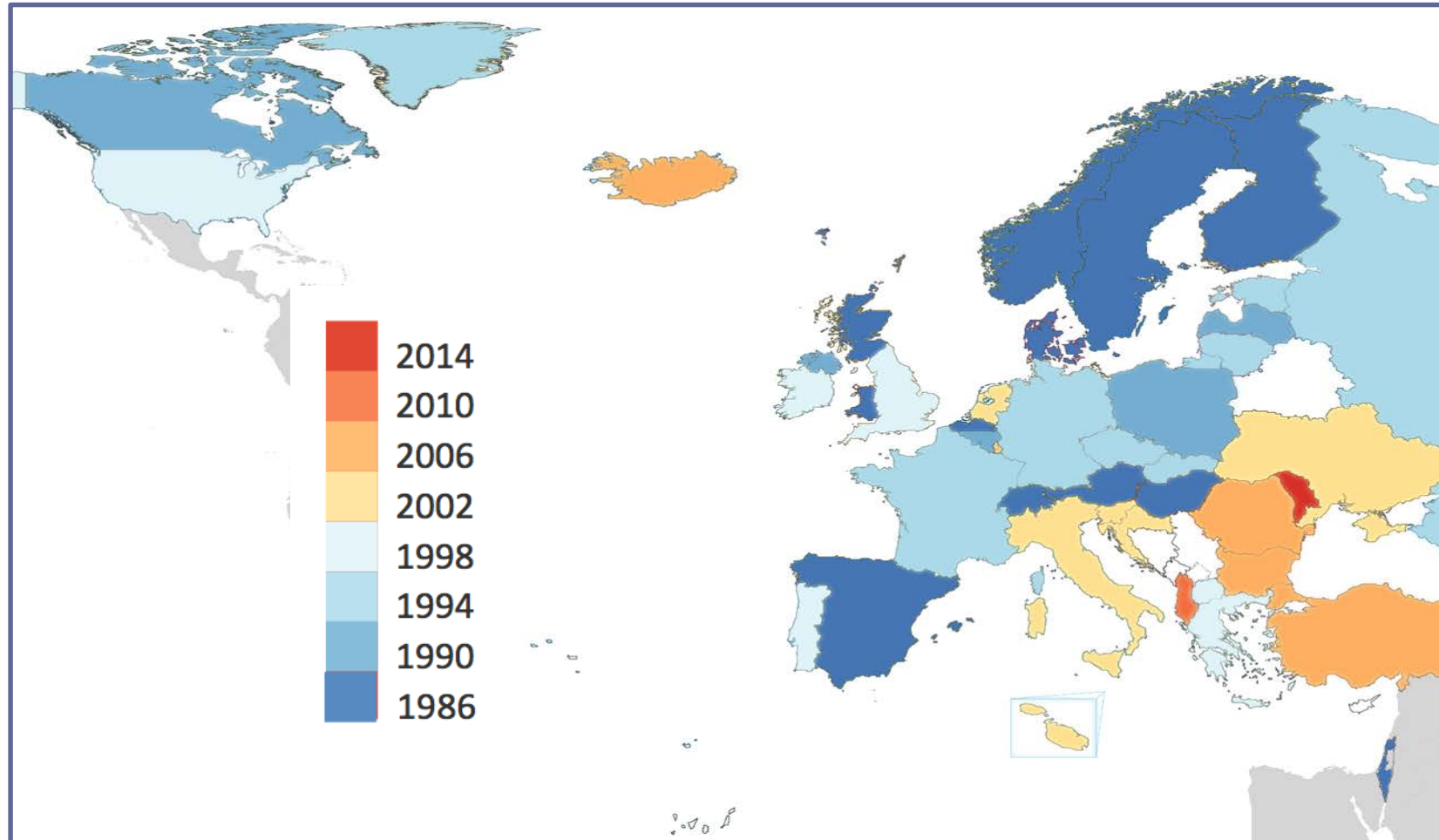
HBSC background

- Collaborative study with the WHO European Region
- Initiated by 4 countries in 1982
- 42 countries and regions collected data in 2014
- Irish data collected in 1998, 2002, 2006, 2010 and 2014
- Temporal trends presented for the second time

HBSC objectives

- To contribute to theoretical and methodological developments
- To compare health of school-aged children in member countries
- **To monitor health of school-aged children over time**
- To develop partnerships with relevant external agencies
- To establish and strengthen a multi-disciplinary network
- To provide an international source of expertise and intelligence
- To disseminate findings, contribute to practice and policy

Study growth over time



HBSC Ireland

- Five cycles of data collection to date
 - 1998 $n=8,497$; 5th class to 5th year; 10-17 year olds
 - 2002 $n=8,424$; 5th class to 5th year; 10-17 year olds
 - 2006 $n=13,738$; 3rd class to 5th year; 9-17 year olds
 - 2010 $n=16,060$; 3rd class to 5th year; 9-17 year olds
 - 2014 $n=13,611$; 3rd class to 5th year; 9-17 year olds
- Trends 1998 – 2014
 - 5th class to 5th year; 10-17 year olds
 - Items that were used in each cycle 1998-2014 or since 2002

Children's lives



HBSC methods

- Research protocol developed by the network
- Class as the sampling unit
- Nationally representative samples
- Self-report, self-completion questionnaires
- Testing for significance
- Same methods used in all five cycles

2017 Trends Report

- **Health behaviours**
 - Health risk behaviours
 - Positive health behaviours
- **Health outcomes**
 - Physical health outcomes
 - Positive health outcomes
- **Contexts of children's lives**
 - Family
 - School
 - Peers
 - Local area

Findings

Main trends

The good news

- Increases in fruit consumption, tooth brushing, use of seatbelt, excellent health, communication with mother, father and friends of the same sex, liking school and local area has good places to spend free time
- Decreases in smoking, drunkenness, cannabis use, bullying others, early initiation of smoking and drinking alcohol

The less good news

- Increases feeling pressured by school work, feeling low, headache, dieting and medically attended injury
- Decreases in having three or more close friends of the same sex and reporting they could ask for help from a neighbour
- No changes in vigorous physical activity, being happy with life, life satisfaction, organising school events, feeling safe in local area.



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Health Behaviours

Health Risk
Behaviours

Positive Health
Behaviours

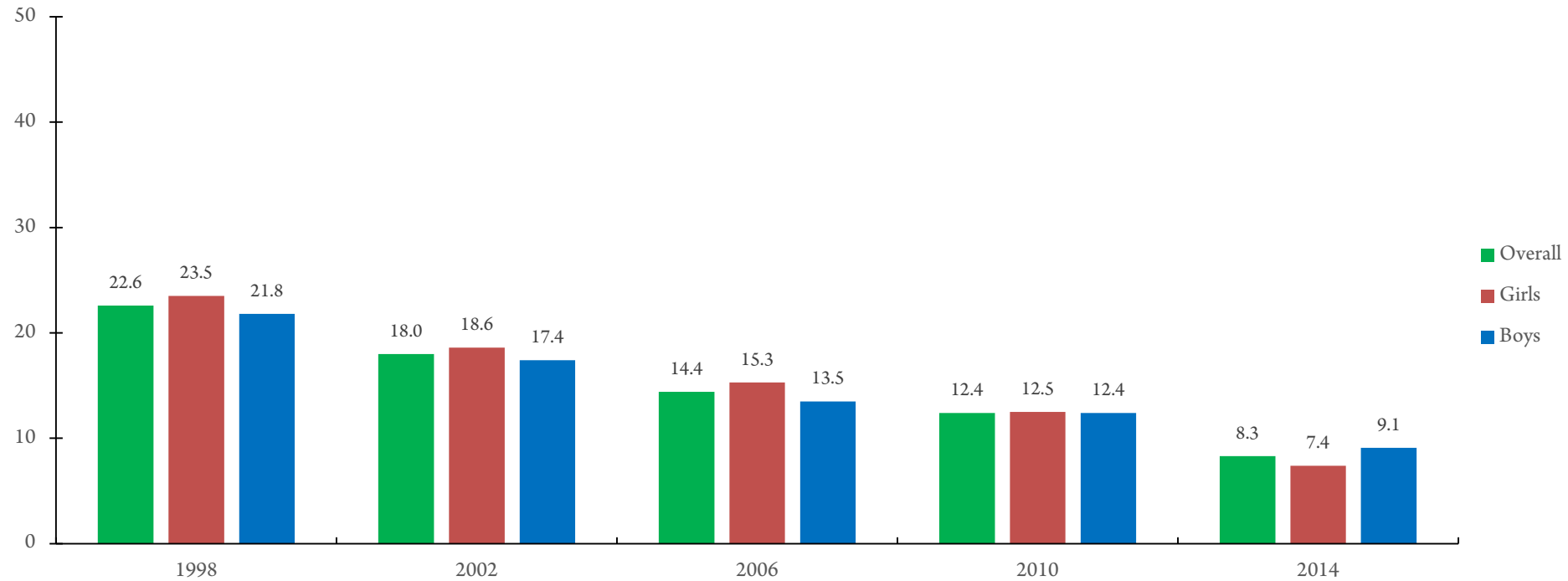


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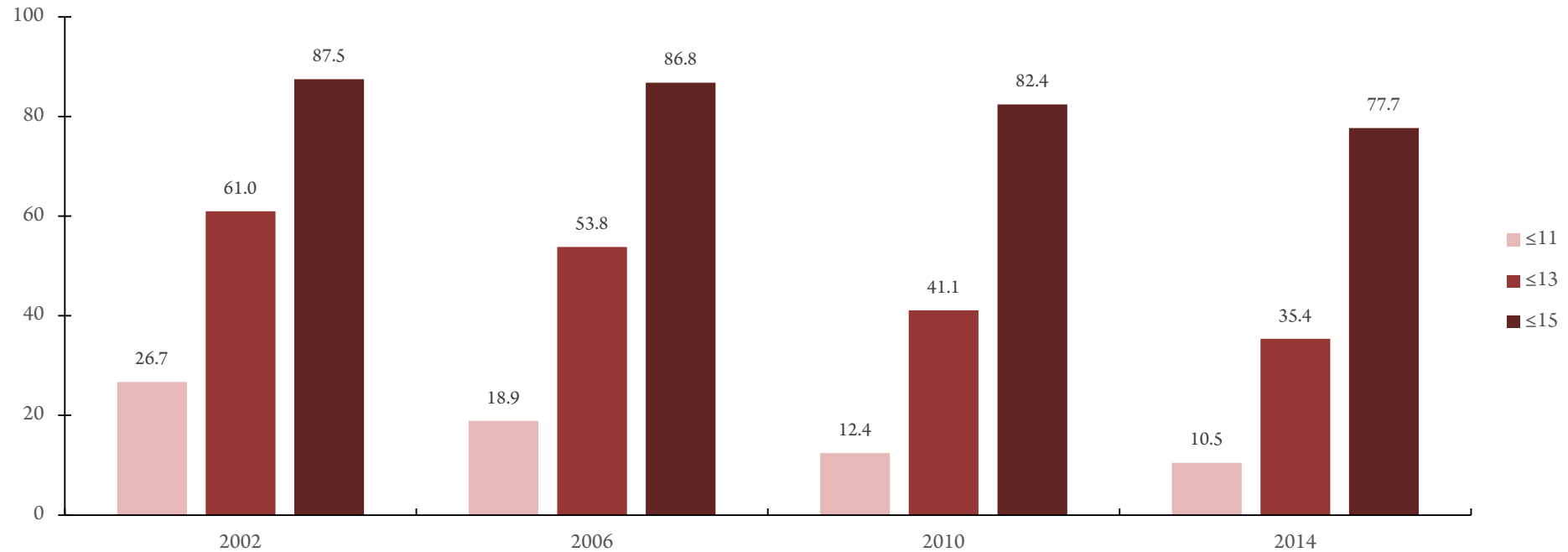
Current smoking



International ranking
has improved

from 12th-25th / 26

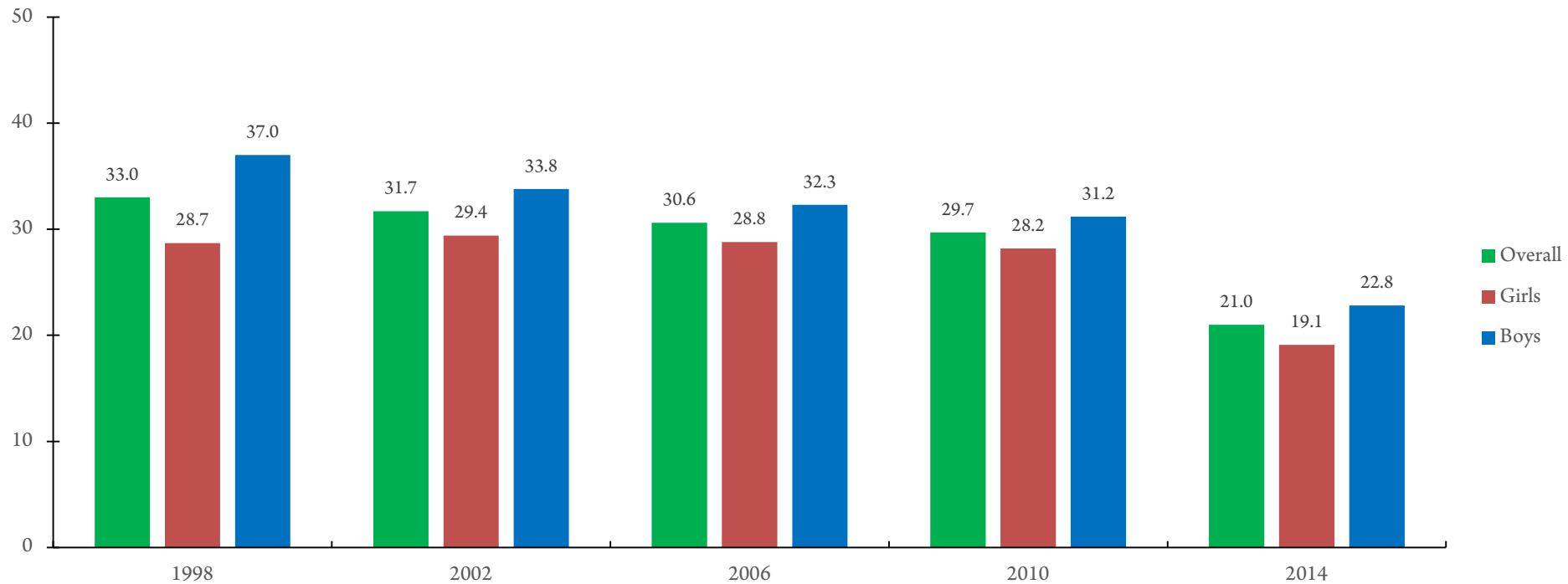
Early smoking initiation



Significant decreases

No international comparisons

Ever been drunk



International ranking is relatively stable

18th (1998)

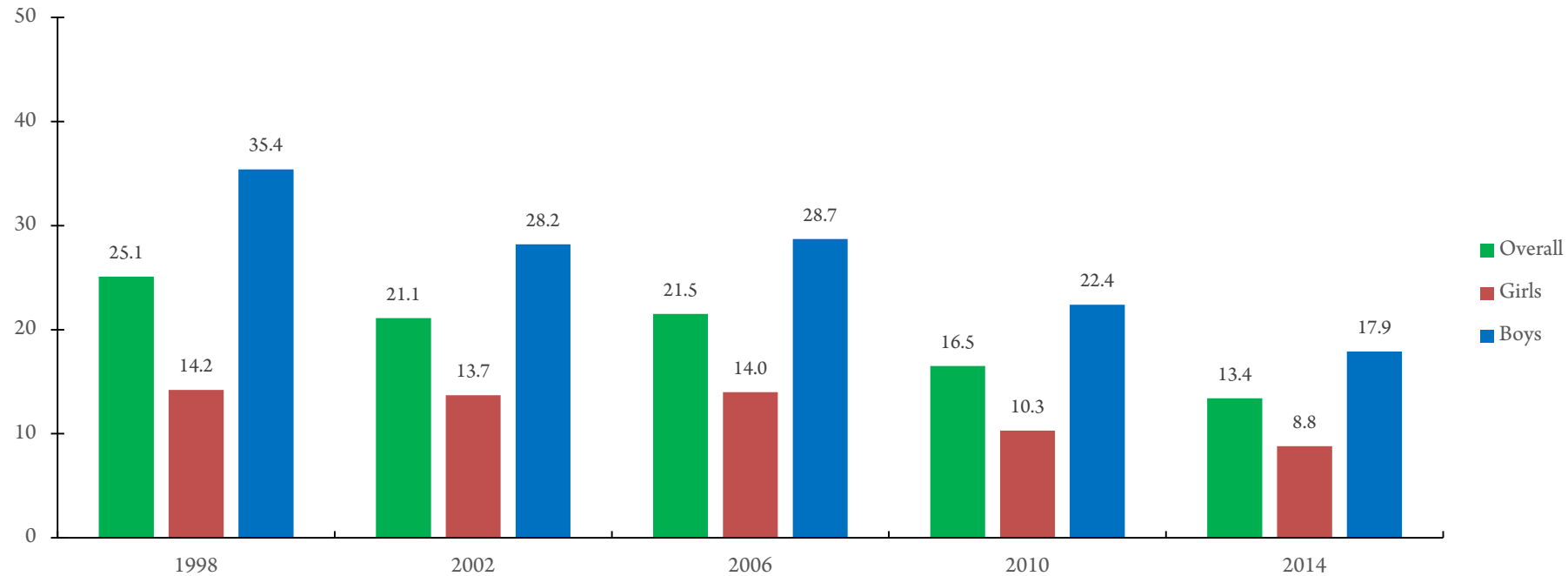
21st (2002)

17th (2006)

17th (2010)

21st (2014)

Bullying others once or more

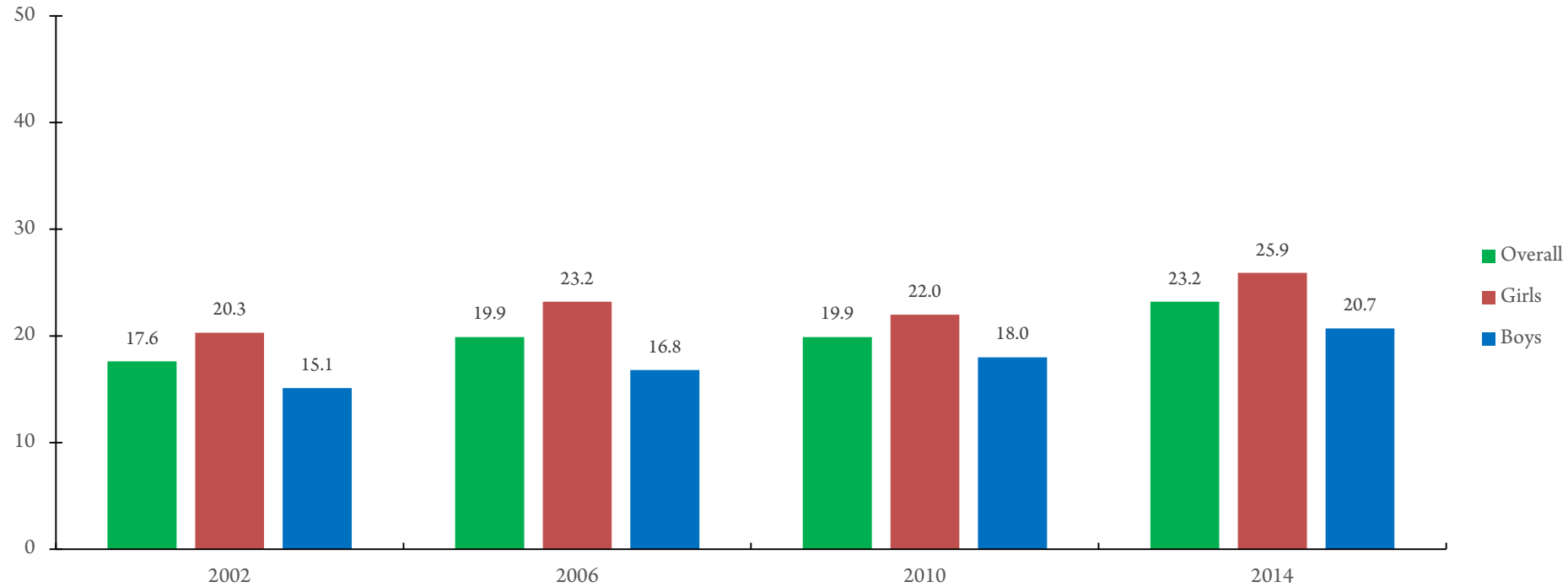


Significant decrease

International ranking has
been stable overall

from 20th-20th of 26

Fruit consumption more than daily

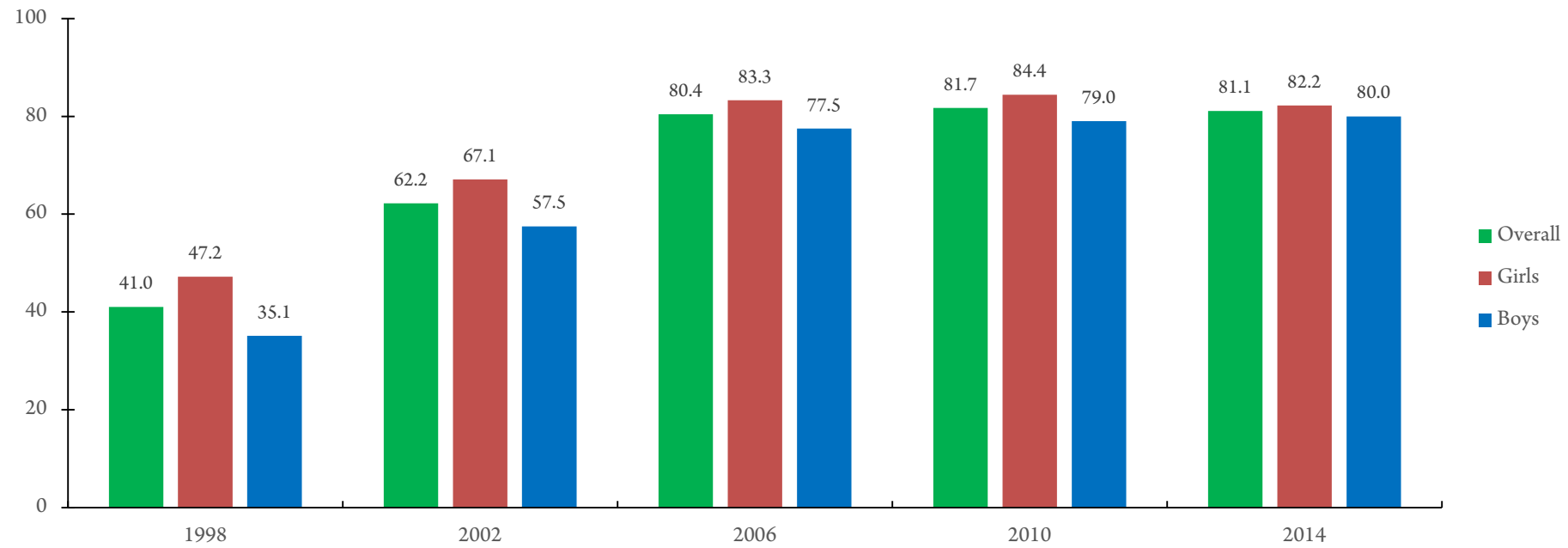


Significant increases

International ranking has
been stable overall

from 6th - 5th of 26

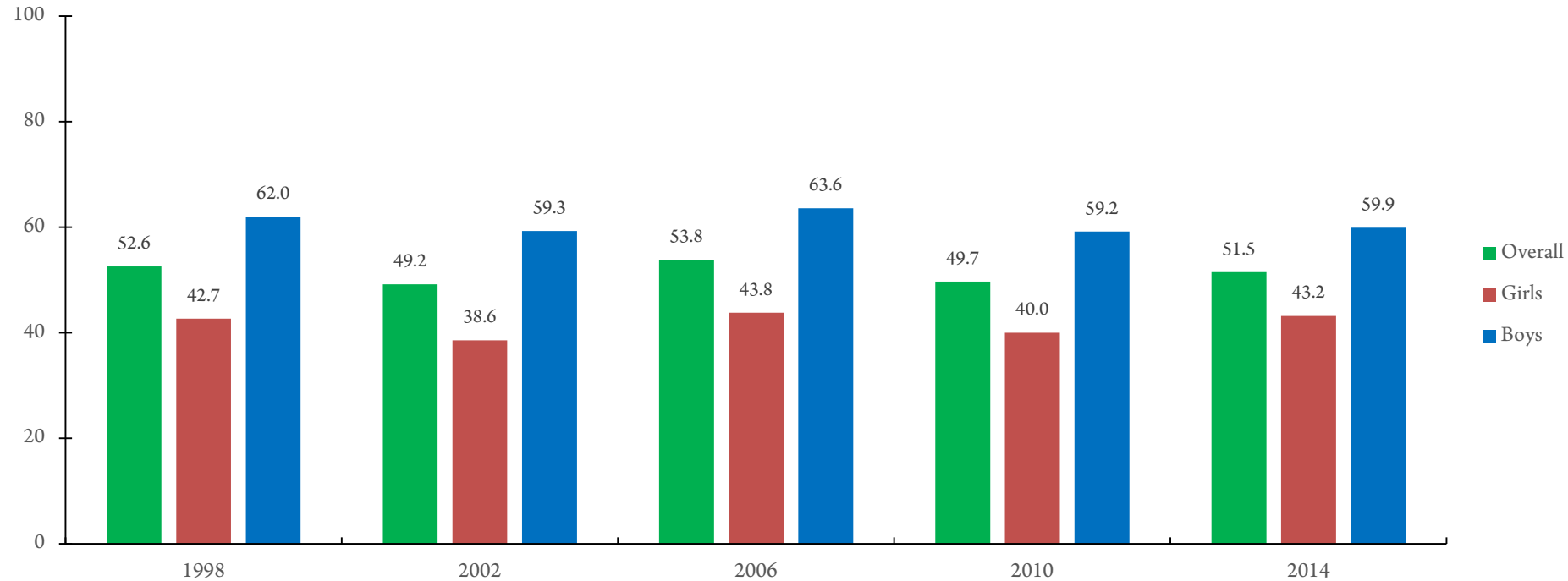
Always use seatbelt



Significant increases

No international comparisons

Vigourous exercise (4+ times per week)



Inconsistent patterns

1998-2002: decrease
 2002-2006: increase
 2006-2010: decrease
 2010-2014: stable

Ranked 4th overall in 2014



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Health Outcomes

Physical Health
Outcomes

Positive Health
Outcomes



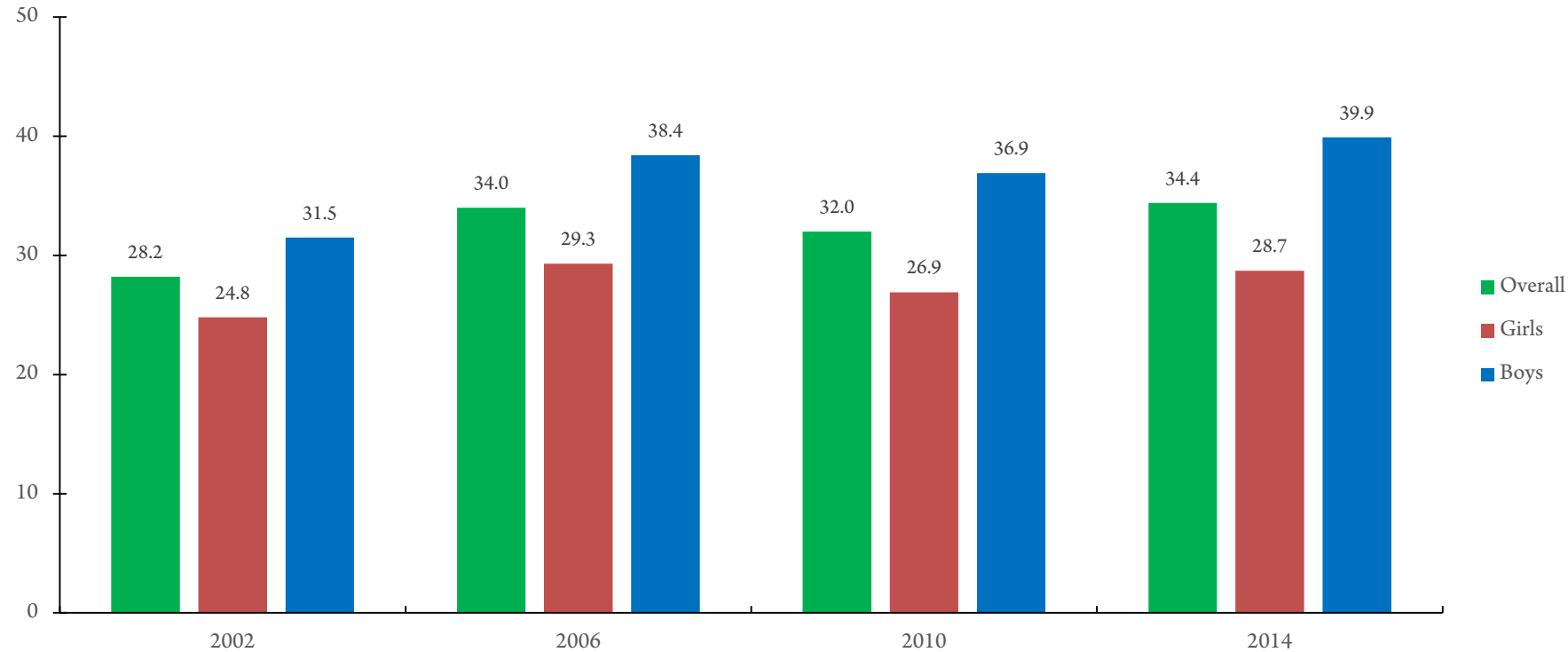
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Excellent health

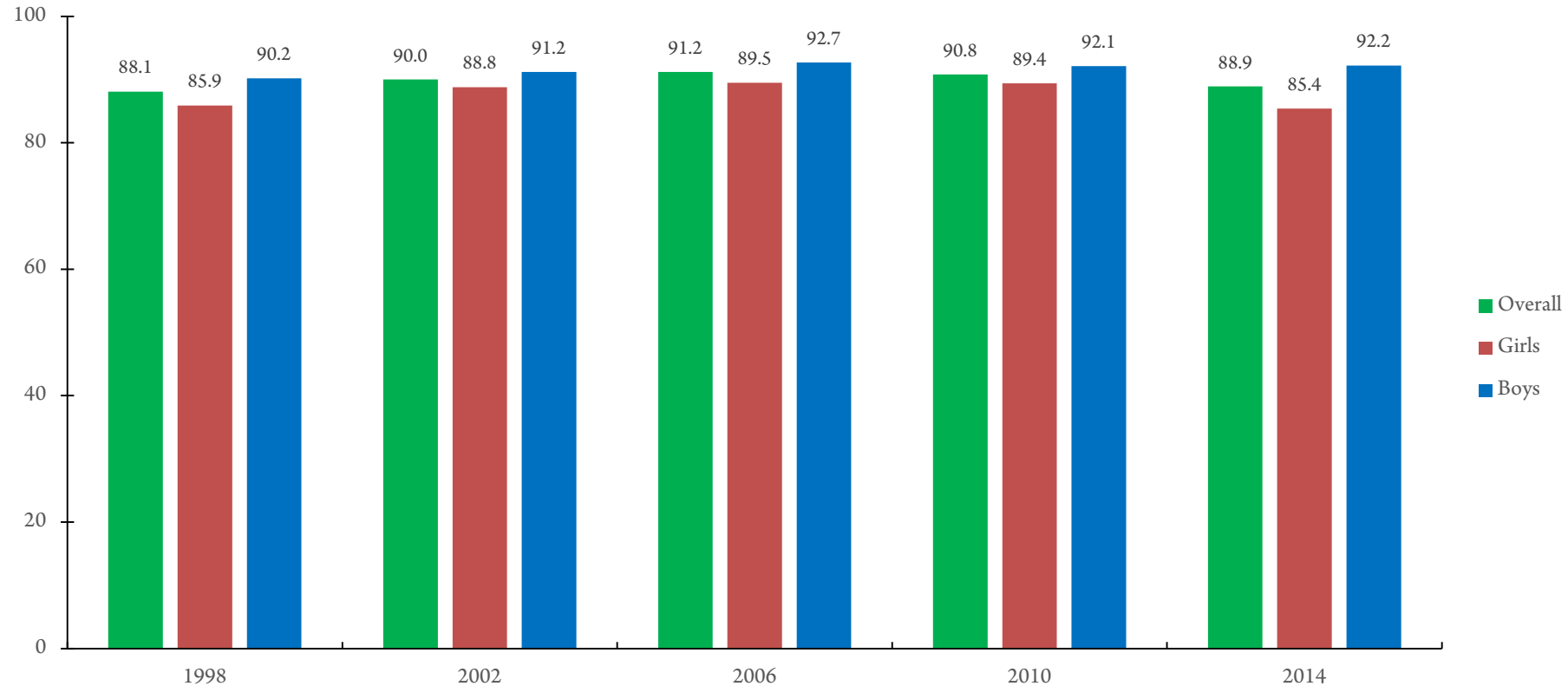


Significant increase

International ranking has
remained stable

from 15th to 14th of 26

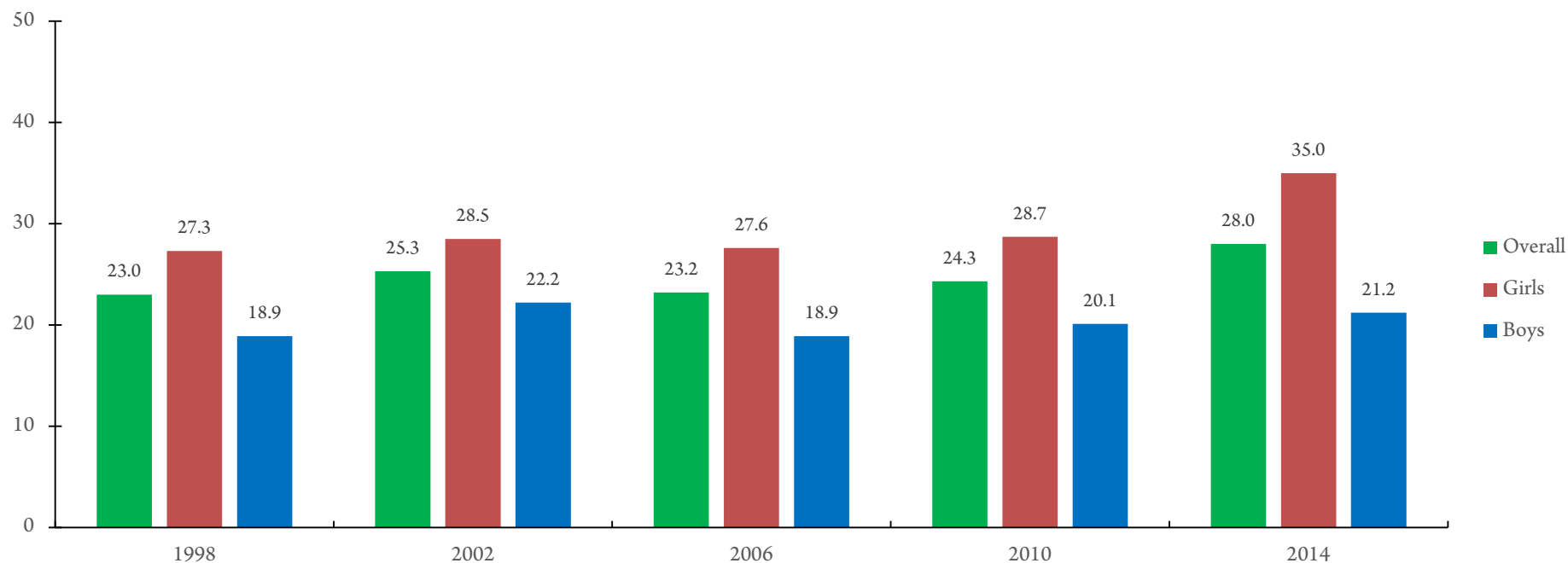
Happy with life at present



Stable pattern

No international comparisons

Felt low weekly over last six months

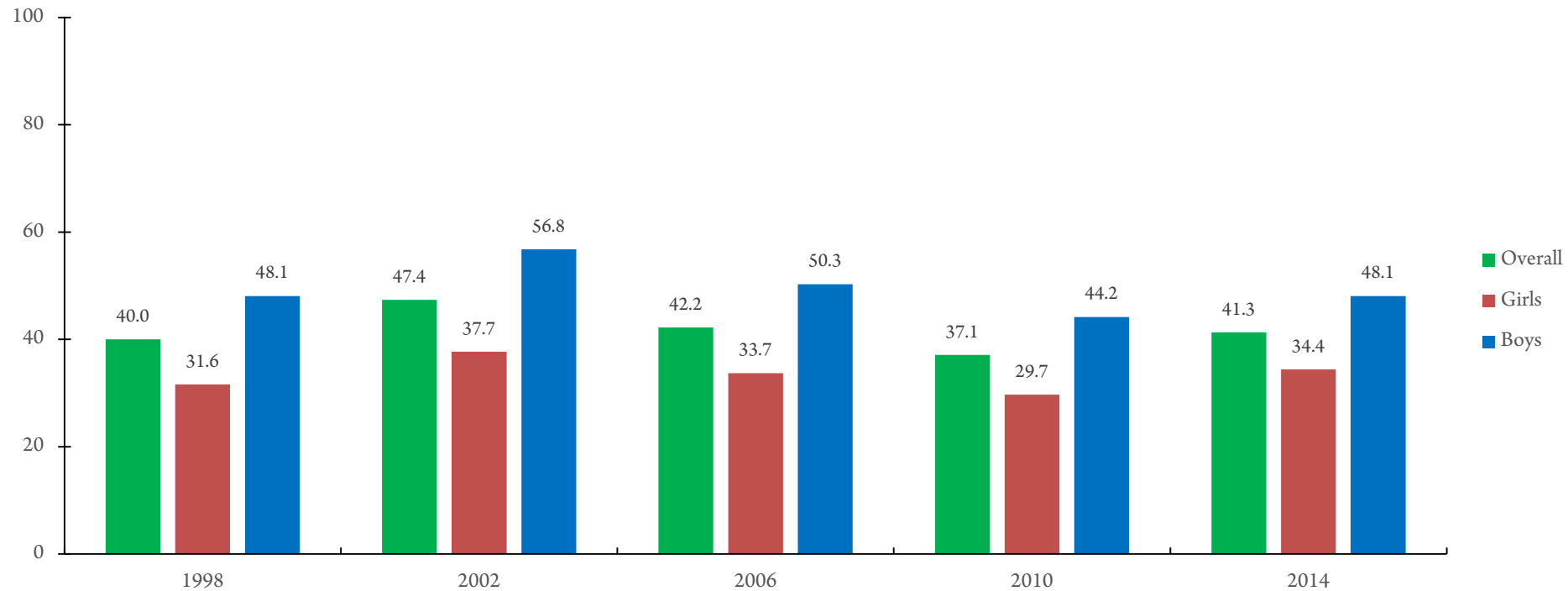


Significant increases

International ranking has improved

from 21st to 9th of 26

Medically attended injuries



Significant increases

International ranking has improved

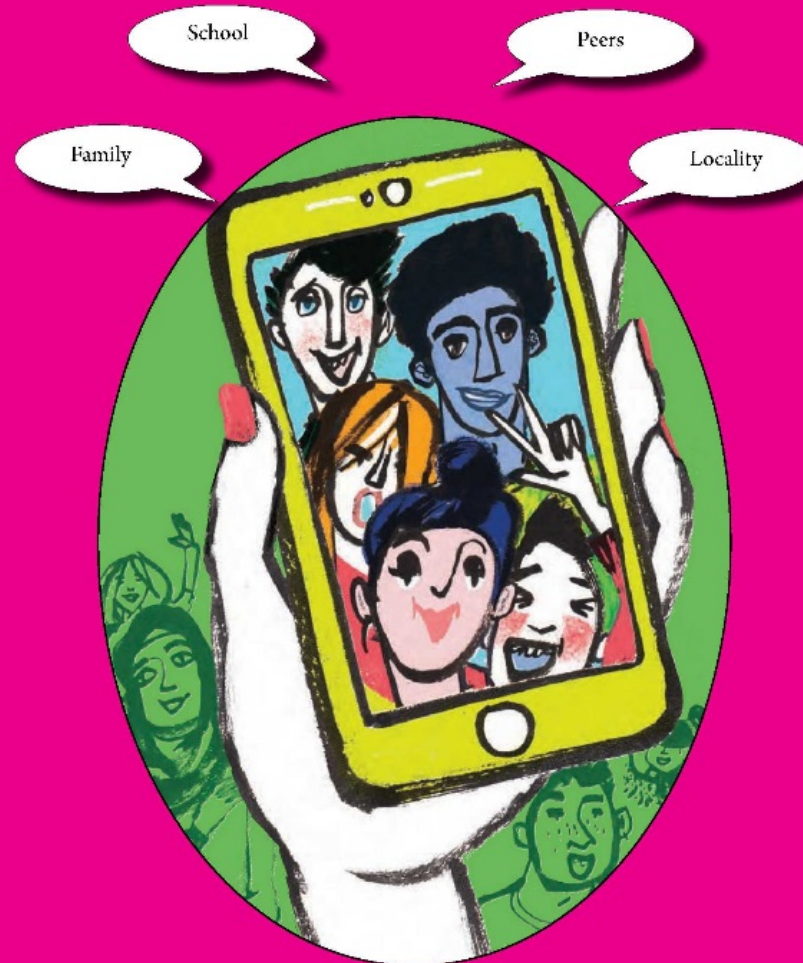
from 12th - 18th of 26



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Contexts of Children's Lives



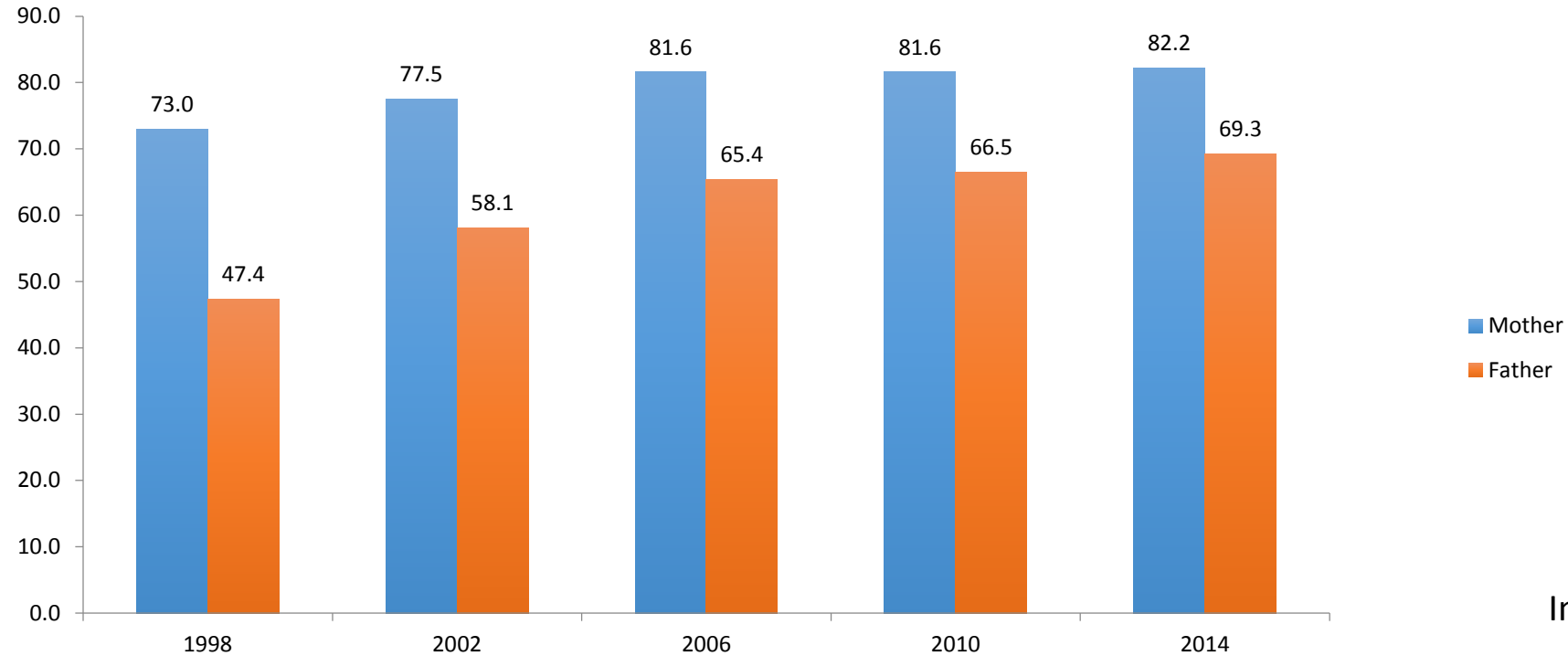
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Positive communication with parents

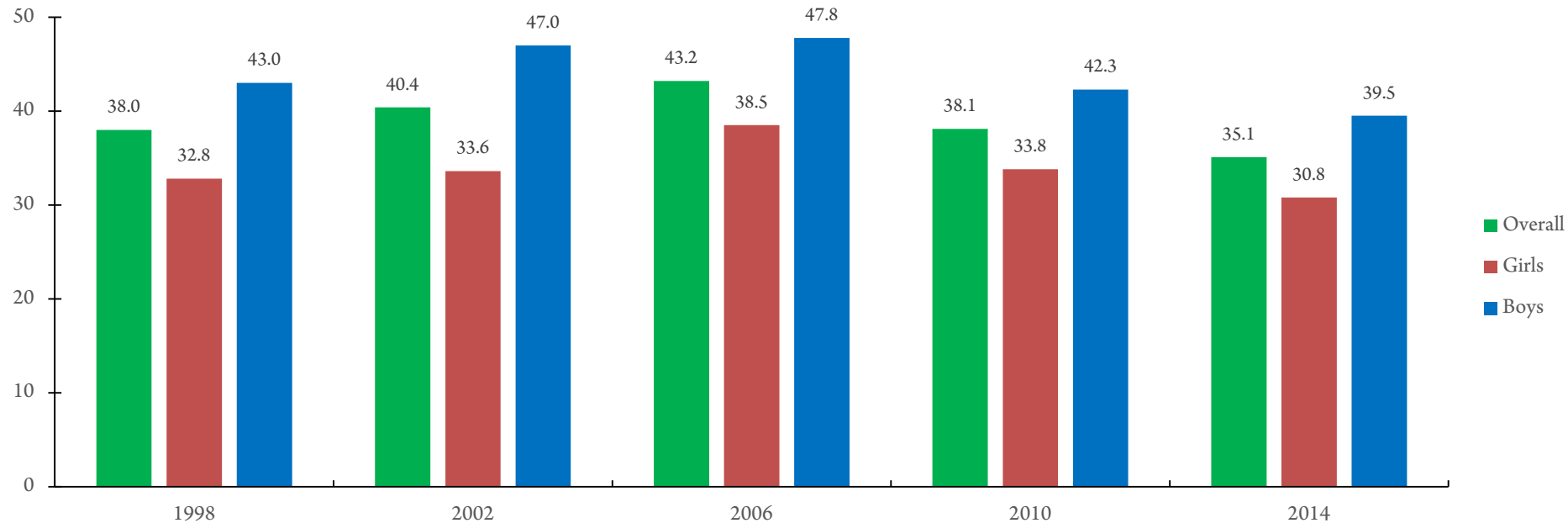


International rankings
have improved

Mothers: 23th-15th of 26

Fathers: 25th-14th of 26

4+ evenings out with friends per week

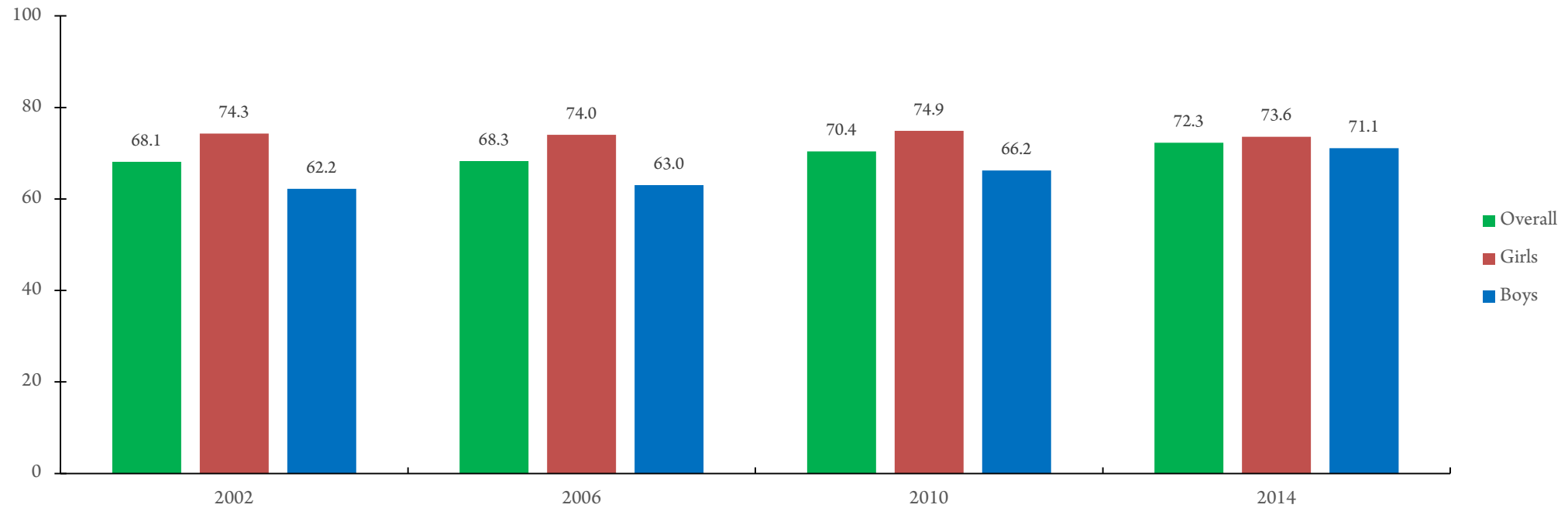


Stable pattern

International rankings
have been stable

12th-10th of 26

Liking school

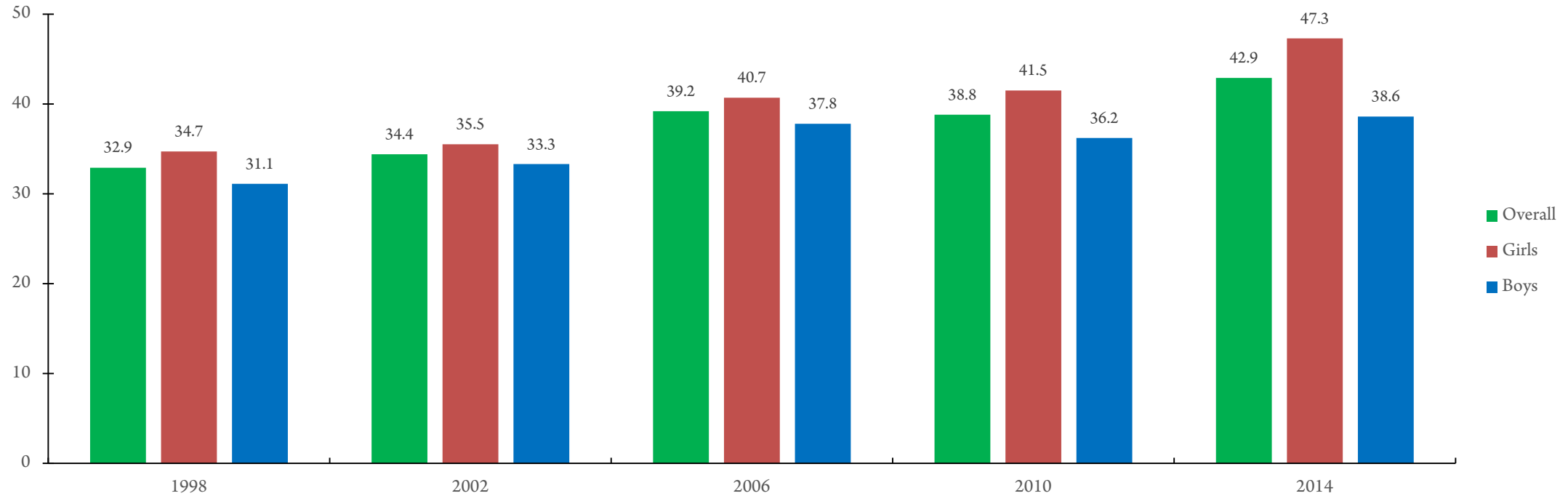


Significant increases

International rankings
have decreased

11th-22nd of 26

Pressured by schoolwork

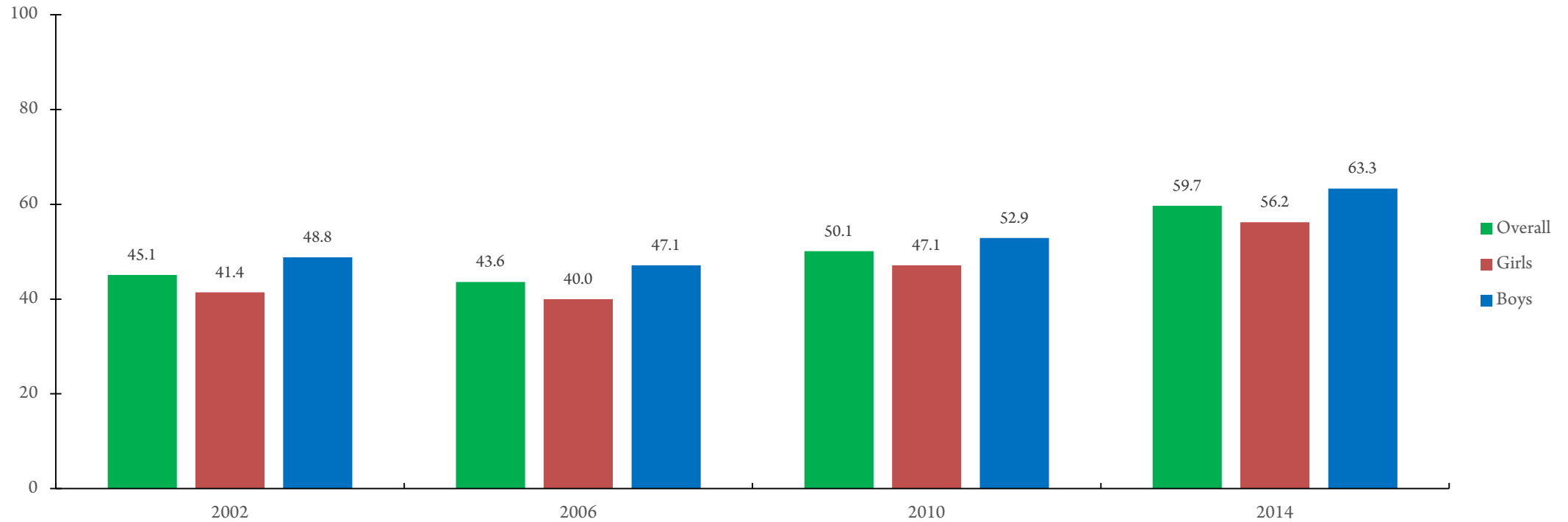


Significant increases

International rankings
have increased

11th-3rd of 26

Good places to spend free time in local area



Significant increases

No international comparisons

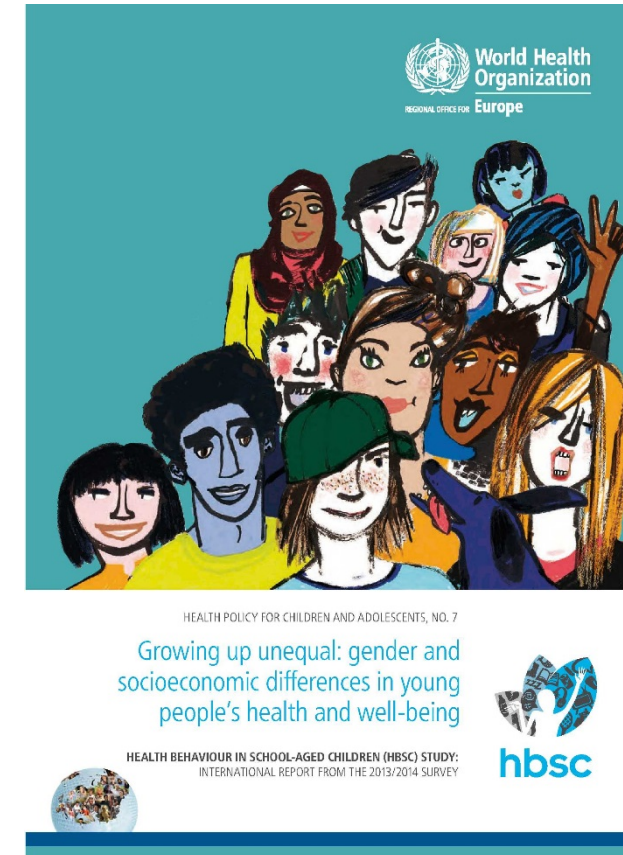
HBSC Ireland team members

- Prof. Saoirse Nic Gabhainn
- Dr. Colette Kelly
- Dr. Michal Molcho
- Dr. Eimear Keane
- Ms. Aoife Gavin
- Ms Catherine Perry
- Ms. Mary Callaghan
- Ms. Lorraine Burke
- Ms. Larri Walker



Dissemination of Irish data since 1998

- 87 reports (national and international)
- 132 journal articles
- 7 books or book chapters
- >200 conference presentations
- 45 short reports
- >80 Factsheets
- 38 other reports
- 12 interactive data visualisations



RESEARCH FACTSHEET
HBSC IRELAND 2014

1

HBSC IRELAND

The Health Behaviour in School-aged Children (HBSC) is a research study conducted by an international network of research teams in collaboration with the World Health Organisation (Europe) and co-ordinated by Dr Joanna Inchley of the University of St Andrews. This factsheet is based on data collected in 2014 from 10,368 10-17 year olds in Ireland from randomly selected schools throughout the country.

Further information is available at: <https://www.hbsc.org> <https://www.nui.ie/hbsc>

HBSC Ireland 2014 1 Research Factsheet No. 1

Smoking behaviour among schoolchildren in Ireland

The HBSC Ireland Team, Health Promotion Research Centre, NUI Galway
Overall percentages for HBSC 2014 and HBSC 2010 in this factsheet have been weighted.

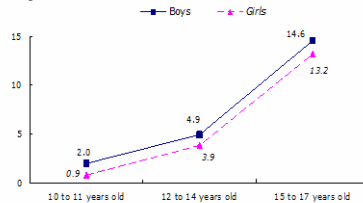
Summary
 The proportion of schoolchildren who report current smoking has decreased slightly between 2010 (12.3%) and 2014 (8.3%). More boys (8.2%) than girls (7.1%) report that they are current smokers. Rates of current smoking are higher among older children than younger children (1.3% of 10-11 year olds; 4.3% of 12-14 year olds; 13.8% of 15-17 year olds). The decline in current smoking since 2010 is larger in the two older age groups. Those living with both parents and those who report feeling less pressure from their schoolwork are more likely to report current smoking. Social class is not associated with current smoking.

Why this topic?

Tobacco use is a leading cause of premature death and preventable illness worldwide. In Ireland, approximately 5,200 people die each year from diseases caused by smoking. In recent years, the prevalence of cigarette smoking has decreased in schoolchildren in Ireland, similar to other countries. However, the prevalence of current smoking and initiation rates of smoking during childhood remains high.

Change 2010-2014

There has been a slight decrease in the proportion of children who report that they are current smokers from 12.3% in 2010 to 8.3% in 2014. This slight decrease is seen in both boys (11.6% to 8.2%) and girls (11.5% to 7.1%), and across all age groups: 10-11 year olds (2.2% to 1.3%), 12-14 year olds (7.0% to 4.3%) and 15-17 year olds (21.1% to 13.8%).



Percentage of children who report current smoking, by age and gender

Smoking behaviour in context

- Children who live with both parents are less likely to report current smoking (69.3% vs 77.4%) as are those who report feeling less pressure from their schoolwork (65.5% vs 83.6%) and their father (52.5% vs 69.6%).
- Children who report spending four or more evenings out with friends per week are more likely to report current smoking than those who do not (47.3% vs 31.8%).
- Children who report liking school are less likely to report current smoking compared to those who do not (43.3% vs 75.2%), while those who report feeling pressured by their schoolwork are more likely to report current smoking compared to those who do not (52.4% vs 42.2%).
- Social class is not associated with current smoking.

World Health Organization
REGIONAL OFFICE FOR Europe

FACT SHEET, 5 September 2016

SEXUAL HEALTH

KEY FACTS AND FIGURES

This fact sheet presents highlights from the international report of the 2013/2014 **Health Behaviour in School-aged Children (HBSC)** survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America.

BACKGROUND

Sexual and reproductive health is important at every age and in all sections of the population, both as an independent element of health and an underpinning dimension of identity and personal well-being. It implies a positive and respectful approach to intimate relationships, as well as the possibility of pleasurable and safe sexual experiences free from coercion, discrimination and violence.

The onset of sexual activity is an important developmental marker of adolescence, and first intercourse often occurs at this time. A significant minority of school leavers have had sex, with some engaging in risky behaviours and unsafe sex.

Sexual activity initiated while young people are still developing emotionally and cognitively may increase the risk of unsafe sex, resulting in unintended and unwanted pregnancy or sexually transmitted infections. It is also known that early sex has implications for self-perception, well-being, social status and future health behaviours.

Findings from cross-sectional and longitudinal studies suggest that early sexual initiation has a direct causal relationship with substance use, lower academic achievement and an increased risk of depressive disorders in adult life, although social environment may be an important mediator.

Attitudes and customs in many countries and regions may mean that young people receive inadequate information and advice about sex and relationships, limiting their ability to make responsible and informed decisions about engaging in sexual activity. Young people should have high-quality education (including sexuality education) and skills-development opportunities to support them in negotiating personal relationships and sexual and reproductive health choices. Access to age-appropriate services and a supportive social and emotional environment are essential to helping them develop their personal and sexual identity.

Cross-national and gender differences

There are no significant geographical patterns in the prevalence of sexual initiation among young people. Reports of early sexual activity are generally higher among boys. Prevalence for ever having had sex ranges from 1% in Armenia (girls) to 40% in Bulgaria (boys).

Family affluence


The relationship between family affluence and experience of sexual intercourse across the survey countries and regions is mixed, although boys from higher-affluence families are more likely to report having sex in almost half.

Difference between 2010 and 2014


The average proportion of 15-year-olds reporting that they have had sex has fallen from 26% to 21%.

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64 national factsheets
 17 international factsheets



State of the Nation's Children



 Ireland 2016



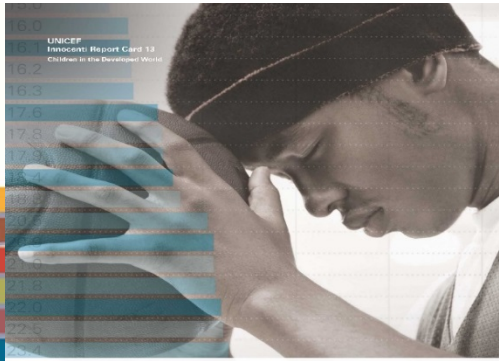
Adolescent obesity and related behaviours: trends and inequalities in the WHO European Region, 2002–2014



 Observations from the Health Behaviour in School-aged Children (HBSC) WHO collaborative cross-national study

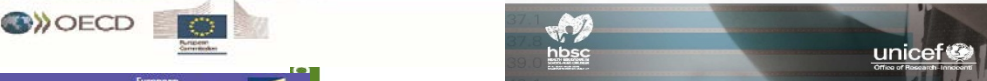
Health at a Glance: Europe 2016

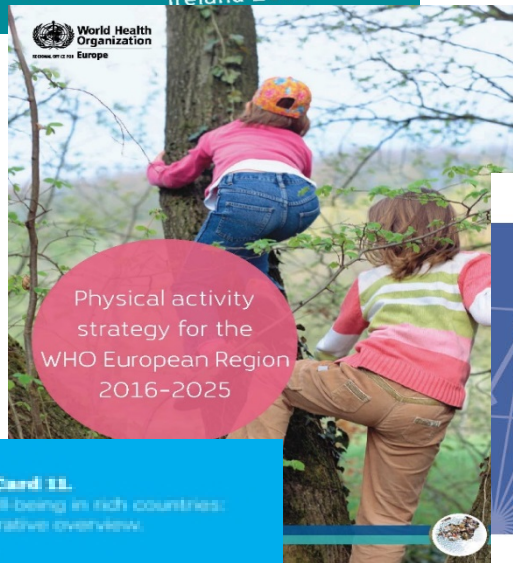
 STATE OF HEALTH IN THE EU CYCLE



Fairness for Children

 A league table of inequality in child well-being in rich countries





Physical activity strategy for the WHO European Region 2016–2025

Child well-being in the European Union

 Better monitoring instruments for better policies



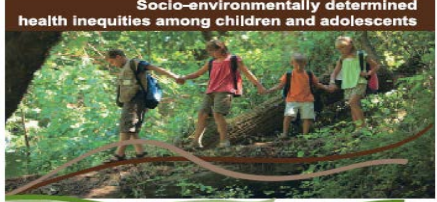

HEALTH IN THE EUROPEAN UNION

 Trends and analysis

Philippa Mladovsky, Sara Allin, Cristina Masseria, Cristina Hernández-Quevedo, David McDaid, Elias N.



Socio-environmentally determined health inequities among children and adolescents



Report Card 11.

 Child well-being in rich countries: a comparative overview. Ireland.



 unicef

Social determinants of health and well-being among young people



A SNAPSHOT OF THE HEALTH OF YOUNG PEOPLE IN EUROPE

 A REPORT PREPARED FOR THE EUROPEAN COMMISSION CONFERENCE ON YOUTH HEALTH, BRUSSELS, BELGIUM, 9–10 JULY 2009



The children left behind

 A league table of inequality in child well-being in the world's rich countries

unicef

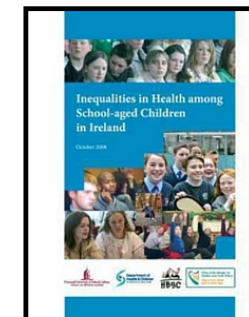
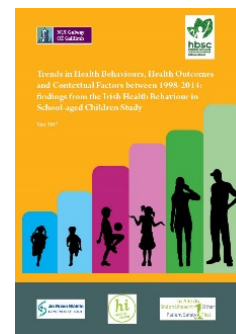
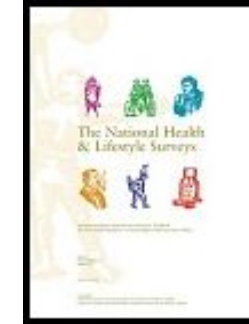
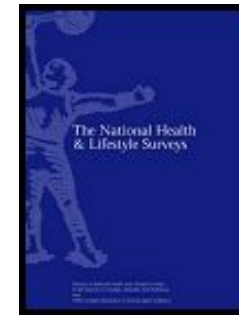
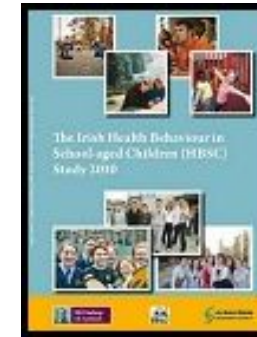
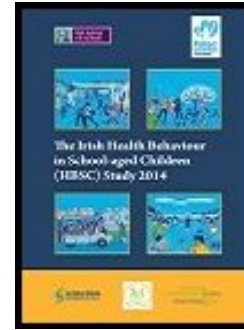


Growing up unequal: gender and socioeconomic differences in young people's health and well-being

 HEALTH POLICY FOR CHILDREN AND ADOLESCENTS, NO. 7



For a full list of papers, books, reports, factsheets and presentations from HBSC Ireland 1994-2017 see: www.nuigalway.ie/hbsc



Contact us

HBSC Ireland website: www.nuigalway.ie/hbsc

HBSC International website: www.hbsc.org

Contact HBSC Ireland: hbsc@nuigalway.ie



Acknowledgements ...

Thank you to all children, parents, teachers and school managements who have taken part in HBSC Ireland since 1998

- The Department of Health
- The HBSC National Advisory Committee
- The Department of Children and Youth Affairs and the Department of Education and Skills
- Professor Cecily Kelleher, University College Dublin
- Professor Candace Currie and Dr. Jo Inchley, International Coordinators of HBSC, University of St. Andrews, Scotland
- Professor Oddrun Samdal, Data Bank Manager, University of Bergen, Norway
- All members of the international HBSC network (see hbsc.org)
- All researchers and students who have worked with us since 1997

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Thank you

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