



NUI Galway
OÉ Gaillimh



The Irish Health Behaviour in School-aged Children (HBSC) Study 2014





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December 2015

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Health Behaviour in School-aged Children: a World Health Organization (WHO)
Collaborative Cross-national Study

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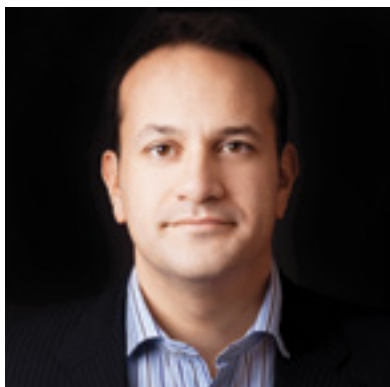
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Foreword



I am very pleased to launch this major study on childhood lifestyle behaviour. The Health Behaviour in School-aged Children Study tells us what young people think about health and personal behaviours; how they perceive harm and threats to their health and wellbeing; and how these perceptions influence their decision making and choices.

National surveys like these provide invaluable information on lifestyle trends. For policy-makers this will determine how we should tailor policy measures and what needs to be prioritised. If we can convince children that healthy

habits and lifestyles are worth pursuing, then we have got a better chance of these children maintaining healthy behaviours and habits into adulthood. Being healthy and preventing disease is a key focus of Healthy Ireland. Reducing the burden of lifestyle related chronic disease is an effective and efficient way of using our health care resources.

This survey describes health behaviours in children aged between 9 and 18 years. It points to improvements in the areas of substance use such as smoking levels and drunkenness. These trends are welcome and must be sustained. However, the survey reports that exposure to second-hand smoke was common at home and in the car; and purchasing cigarettes was reported to be easy. There is a slight reduction in the consumption of soft drinks and sweets but the daily use of sugar sweetened drinks is a concern.

I'm glad to see that fruit and vegetable consumption have increased. Physical activity levels are reported stable but more can be done in this area to encourage more exercise taking, especially for girls whose levels fall as they get older. Meanwhile, the fact that 20% of children do not wear seat belts is equally worrying. Seat belts save lives and limbs. It's a simple measure to take to keep children safe from harm. Similar to our last survey, there are still worrying levels of children going to bed hungry and skipping breakfast.

The work of Healthy Ireland is very important in the area of general health and wellbeing. This national programme encourages positive behaviours that lead to better health outcomes, keep us healthy and prevent illness. The result of this survey is being taken into account for this purpose. Already the information is being used in the tobacco and alcohol strategies and the forthcoming obesity policy and action plan.

I want to acknowledge the work of the Health Promotion Research Centre at the National University of Ireland, Galway in carrying out this survey. It is a big undertaking. Finally, I wish to thank all those students who participated, their parents and the staff of the participating schools.

A handwritten signature in black ink, which appears to read 'Leo Varadkar'.

Leo Varadkar, T.D.
Minister for Health.

Introduction

This report presents data from HBSC Ireland 2014, the Irish Health Behaviour in School-aged Children survey. The 2014 HBSC survey is the fifth time that data of this kind have been collected from young people across the Republic of Ireland; previous surveys were conducted in 2010, 2006, 2002 and 1998 (www.nuigalway.ie/hbsc).

HBSC is a cross-sectional research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The HBSC international survey runs on an academic 4-year cycle and in 2013/2014 there were 44 participating countries and regions (www.hbsc.org). The overall study aims to gain new insight into, and increase our understanding of young people's health and wellbeing, health behaviours and their social context. As well as serving a monitoring and a knowledge-generating function, one of the key objectives of HBSC has been to inform policy and practice.

Cross-nationally, HBSC collects information on key indicators of health, health attitudes and health behaviour, as well as the context of health for young people. HBSC is a school-based survey with data collected through self-completion questionnaires administered by teachers in the classroom. The HBSC survey instrument is a standard questionnaire developed by the international research network. The areas of interest are chosen in collaboration with the WHO and are designed to help assist developments at a national and international level in relation to youth health.

The topics identified for inclusion in this first report from the 2014 Irish survey mirror the 2010 national HBSC report and were identified by the Advisory Board and within key national strategy documents including Healthy Ireland¹. These include general health, smoking, use of alcohol and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying, including cyber bullying and sexual health behaviours. In addition, for the first time in the Irish HBSC survey, young people identified new priorities for the study and the findings are presented in this report. The Citizen Participation Unit of the Department of Children and Youth Affairs and the HBSC study team collaborated to facilitate children and young people in identifying what is important in their lives and from this developed questions for inclusion in the 2014 survey. Statistically significant differences by gender, age and social class are presented in this report.

The HBSC study was funded by the Department of Health. The survey and analyses were carried out at the Health Promotion Research Centre, National University of Ireland, Galway (NUI Galway).

¹ Department of Health (2013). *Healthy Ireland. a framework for improved health and wellbeing*. <http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>

Executive Summary

A summary of the main findings from HBSC Ireland 2014 is provided below.

Main Study (10-17 Year Olds)

General Health and Wellbeing

Overall, reported levels of general health remained stable between 2010 and 2014. More boys and younger children reported better general health. A greater proportion of children from higher social classes reported excellent health and high life satisfaction. A number of child-developed indicators were included for the first time. These were self-confidence, feeling comfortable with friends, love of family and participation in hobbies.

Substance Use

Indicators measuring tobacco, alcohol and cannabis use are included in this section of the summary. There was an overall decrease in reported levels of smoking and drunkenness and an increase in levels of never drinking between 2010 and 2014. Smoking, alcohol use and cannabis use were more commonly reported among boys and older children while social class differences were not evident.

Additional questions on exposure to second-hand smoke and access to cigarettes were included for the first time. Exposure to second-hand smoke was common at home and in the family car. Many children reported that it is easy to buy cigarettes or get someone else to buy cigarettes for them in most shops in the area where they live and go to school. Perceived levels of smoking among peers were higher among children who reported currently smoking.

Food and Dietary Behaviour

Overall, reported levels of fruit and vegetable consumption have increased, with higher levels of consumption among girls, younger children and children from higher social classes. Consumption of sweets and soft drinks have decreased from 2010, with fewer younger children and children from higher social classes reporting consuming these foods and drinks. There was an increase in the proportion of children who reported currently dieting from 2010. Girls, older children and children from lower social classes more commonly reported being on a diet. There was no change in the proportion of children who reported never eating breakfast on week days, while the proportion of children who reported going to school or to bed hungry remained stable from 2010. Children were asked to report for the first time on what influences their body image. The most frequently cited factors were peers, the media and self-perception.

Exercise and Physical Activity

Overall, reported levels of physical activity remained stable between 2010 and 2014. More boys, younger children and children from higher social classes reported higher levels of exercise and physical activity. A new indicator on club participation was included in the 2014 survey and more boys, younger children and children from higher social classes reported that they participated in a club.

Self-Care

Reported levels of self-care remained stable between 2010 and 2014. More girls, older children and children from higher social classes reported brushing their teeth daily or more frequently. Reported seatbelt use was higher among girls and younger children.

Physical Fighting and Bullying

The overall proportion of children who reported being in a physical fight has decreased from 2010, with more boys, younger children and children from lower social classes reporting this. Children who reported bullying others in school has also decreased from 2010, with more boys and older children reporting bullying others in school. The proportion of children who reported ever been bullied in school remained stable from 2010. New questions on aspects of cyber bullying were included and more girls and older children report being victims of cyber bullying.

Sexual Health Behaviours

There was an increase in the overall proportion of children who reported having ever had sex between 2010 and 2014. More boys and children from lower social classes reported ever having had sex. There were no gender or social class differences in either birth control pill or condom use at last intercourse among those who reported having ever had sex.

Middle Childhood Study (3rd and 4th Class Children)

General Health and Wellbeing

Overall, reported levels of general health remained stable between 2010 and 2014. No gender or social class differences were found for reported levels of excellent health or feeling very happy with life at present.

Substance use

There was a decrease in the overall proportion of children who reported ever smoking between 2010 and 2014. A higher proportion of children in lower social classes reported that they are current smokers.

Food and Dietary behaviour

Overall, there was an increase in reported fruit and vegetable consumption and a decrease in sweets and soft drinks consumption between 2010 and 2014. The proportion of children reporting not eating breakfast on any day of the week increased between 2010 and 2014. More boys reported not eating breakfast on any day of the week than girls. Children in higher social classes reported eating more healthy foods (fruit and vegetables).

Exercise and Physical Activity

There was an overall decrease in reported physical inactivity levels between 2010 and 2014, with fewer children from higher social classes reporting physical inactivity. Reported levels of exercising four or more times a week remained stable since 2010.

Self-Care

Overall, reported levels of self-care remained stable between 2010 and 2014. Girls and children from higher social classes more commonly reported brushing their teeth daily or more frequently. A higher proportion of girls reported always wearing a seatbelt when in a car.

Bullying

The proportion of children who reported ever been bullied in school remained stable from 2010 and 2014. There were no statistically significant differences between boys and girls or across social class groups for ever being bullied.

Methodology

HBSC 2014 & Middle Childhood Survey

The HBSC survey is a WHO (European) collaborative study. Principal investigators from all participating countries and regions co-operate in relation to survey content, methodology and timing, and an international protocol is developed. Strict adherence to the protocol is required for inclusion in the international database and this has been achieved with the current study.

In the Republic of Ireland, sampling was conducted to be representative of the proportion of children in each of the 8 geographical regions. The objective was to achieve a nationally representative sample of school-aged children, and the procedures employed were the same as those for the 1998, 2002, 2006 and 2010 HBSC Ireland surveys. Data from the 2011 census was employed to provide the population distribution across geographical regions. The sampling frame consisted of primary and post-primary schools, lists of which were sourced from the Department of Education and Skills. A two-stage process identified study participants. Individual schools within regions were first randomly selected and subsequently, class groups within schools were randomly selected for participation. In primary schools, 3rd to 6th class groups were included, while in post-primary schools all classes, with the exception of Leaving Certificate groups (i.e., final year examination classes) were sampled.

School principals were first approached by post and when positive responses were received, HBSC questionnaires in Irish or English were offered, along with blank envelopes to facilitate anonymity, parental consent forms, information sheets for teachers and classroom feedback forms. All returns were facilitated through the provision of FREEPOST envelopes. In order to maximise response rates, postal reminders were sent to schools, followed by telephone calls from research staff at the Health Promotion Research Centre, NUI Galway. Data entry was conducted according to the International HBSC protocol. A summary of the methodology employed can be found in Table 1.

‘Middle Childhood Study’ refers to children in 3rd and 4th classes who were aged 8.5 to 10.5 years. An abbreviated version of the main HBSC questionnaire was used to collect data from this group. The HBSC study first collected data from this age group in 2006. The ‘Main HBSC Study’ refers to children in 5th class to 5th year who were aged 10 to 17 years.

New to the 2014 HBSC Ireland survey were two sets of questions; the first on smoking exposures and perceptions, the second on issues that were considered important to children themselves. A series of participative workshops were held with members of Comhairle na nÓg and children from primary schools from all over the country during which children identified what was important about their lives and developed new questionnaire items to assess these issues. This process was a joint initiative of the Citizen Participation Unit of the Department of Children and Youth Affairs and the HBSC Ireland research team.

Different versions of the standard HBSC questionnaire were used with different class groups, therefore there is some variation in the results presented for the various age groups. For example,

children in 5th class to 1st year were given a slightly different version of the questionnaire than those in 2nd to 5th year. Data on sexual health behaviours were only collected from the older age group (15-17 year olds) while some of the child-developed questions were asked only of the younger (12-14 year olds) or older (15-17 year olds) children.

Table 1: Summary of methodology for the HBSC survey

Population	School going children aged 9-18 years
Sampling Frame	Department of Education and Skills school lists
Sample	Cluster sample of students in a given classroom
Stratification	Proportionate to the distribution of pupils across geographical regions
Survey Instrument	Self-completion questionnaire administered in a class room setting
Delivery/Reminders	Postal delivery via principals and teachers, letter and telephone reminders
Return	Freepost addressed envelopes provided
Response Rate	59% of invited schools / 84.5% of students
Obtained Sample	230 schools / 13,611 pupils
Data Quality	Data were entered according to the HBSC international protocol
Ethics	Full ethical approval was granted by the National University of Ireland, Galway Research Ethics Committee

Details of the demographic representativeness of the sample can be found in the Appendices (see Tables 20-25).

The results section outlines children's perceptions and behaviours relating to health. Data are presented for the Main HBSC Study and Middle Childhood Study (3rd and 4th class) separately. Overall percentages have been weighted (see technical note 1). Un-weighted data are illustrated by gender, age and social class (SC) (see technical note 2). Social class is represented by SC 1-2, SC 3-4 and SC 5-6 corresponding to high, middle and low social classes, respectively. The categories used for social class are standard and were determined by the highest reported parental occupation (see technical note 3). Social class 1 represents professional occupations (i.e., solicitor, doctor), social class 2 represents managerial occupations (i.e., nurse, teacher), social class 3 represents non-manual occupations (i.e., sales person, office clerk), social class 4 represents skilled-manual occupations (i.e., hairdresser, carpenter), social class 5 represents semi-skilled occupations (i.e., postman, driver), social class 6 represents unskilled occupations (i.e., cleaner, labourer).

Statistical analysis

Statistical analyses were carried out to determine if differences by gender, age group and social class were statistically significant. Differences at $p < 0.05$ are described in the report.

Overview of Findings

The tables following provide an overall percentage for each of the indicators included within this report. Comparisons to the most recent survey cycle (2010) are included where available.

Overview of Findings from Main Study

The findings presented below represent children aged 10 to 17, except where stated.

Table 2: General Health and Wellbeing

Children were asked a number of questions concerning their lives and perceived health.

<i>Excellent health</i>	Overall, 34% of children report that their health is excellent, which remains stable from 2010 (32%).
<i>Happiness</i>	Overall, 47% of children report feeling very happy with their life at present, which remains stable from 2010 (50%).
<i>Life satisfaction</i>	Overall, 76% of children report high life satisfaction (rank 7 or higher on a scale of 0 to 10), this remains unchanged from 2010 (76%).
<i>Self-confidence</i>	Overall, 47% of 12 to 17 year old children report always or often being self-confident.
<i>Comfortable with friends</i>	Overall, 70% of 12 to 17 year old children report that they always feel comfortable being themselves while with their friends.
<i>Love of family</i>	Overall, 86% of 10 to 14 year old children report that they always love their family.
<i>Hobbies</i>	Overall, 93% of 10 to 14 year old children report that they engage in their hobbies weekly or more frequently.

Table 3: Smoking – Behaviour, Exposure and Access

Children were asked about their smoking behaviour, exposure to second-hand smoke in the home and the family car, as well as ease of access to cigarettes.

<i>Ever smoked tobacco</i>	Overall, 16% of children report that they have ever smoked, which is a decrease from 2010 (28%).
<i>Current smoking status</i>	Overall, 8% of children report they currently smoke (defined as smoking tobacco monthly or more frequently). This is a decrease from 12% in 2010.
<i>Exposure to second-hand smoke at home</i>	Overall, 12% of children report that adults are allowed to smoke in their house with a further 5% reporting that there are no rules or restrictions on smoking in their house.
<i>Exposure to second-hand smoke in the family car</i>	Overall, 16% of children report that adults are allowed to smoke in the family car as long as the window is down, with a further 3% reporting that there are no rules or restrictions on smoking in the family car.
<i>Buy cigarettes</i>	Overall, 30% of 12-17 year old children report that it is easy to buy cigarettes in the area where they live and go to school.
<i>Get someone else to buy cigarettes</i>	Overall, 59% of 12-17 year olds report that it is easy to get someone else to buy cigarettes for them in the area where they live and go to school.
<i>Perceived level of smoking among peers</i>	Overall, 28% of children aged 12-17 years report that more than 50% of children their age smoke regularly while 2% report that no children their age smoke regularly.

Table 4: Alcohol – Consumption and Drunkenness

Young people were asked questions about their alcohol consumption as well as having so much alcohol that there were 'really drunk'.

<i>Never drinking</i>	Overall, 58% of children report that they have never had an alcoholic drink, an increase from 2010 (52%).
<i>Had an alcoholic drink in the last 30 days</i>	Overall, 20% of children report that they have had an alcoholic drink in the last 30 days, which remains stable from 2010 (22%).
<i>Drunkenness</i>	Overall, 21% of children report having been 'really drunk', which is a decrease from 2010 (31%).
<i>Drunk in the last 30 days</i>	Overall, 10% of children report having been drunk in the last 30 days, this is a decrease from 2010 (20%).

Table 5: Drug Use

Young people were asked questions about their use of cannabis.

<i>Cannabis use in the last 12 months</i>	Overall, 8% of children report using cannabis in the last 12 months, a decrease from 2010 (9%).
<i>Cannabis use in the last 30 days</i>	Overall, 5% of children report using cannabis in the last 30 days, this remains unchanged from 2010 (5%).

Table 6: Food and Dietary Behaviours

Children were asked a number of questions regarding their dietary habits.

<i>Fruit</i>	Overall, 23% of children report they consume fruit more than once a day. This is an increase from 2010 (20%).
<i>Vegetables</i>	Overall, 22% of children report that they consume vegetables more than once a day, an increase from 2010 (20%)
<i>Sweets</i>	Overall, 27% of children report eating sweets once a day or more, a decrease from 2010 (37%).
<i>Soft drinks</i>	Overall, 13% of children report drinking soft drinks daily or more, a decrease from 2010 (21%).
<i>Not having breakfast</i>	Overall, 13% of children report never having breakfast during weekdays, which remains unchanged from 2010 (13%).
<i>Going to school/bed hungry</i>	Overall, 22% of children report ever going to school or to bed hungry because there was not enough food at home. This remains stable from 2010 (21%).
<i>Dieting</i>	Overall, 16% of children report trying to lose weight, an overall increase from 2010 (13%).
<i>Body Image influences*</i>	Children aged 12-17 years were asked to report what influences how they feel about their body image using their own words to write a response. Peers, the media and self-perception were the most frequently cited influencing factors on body image.

* See technical note 4

Table 7: Exercise and Physical Activity

Children were asked about their participation in exercise and physical activity. Children were asked the frequency with which they exercised so much that they get out of breath or sweat.

<i>Vigorous exercise ≥ 4 times/week</i>	Overall, 52% of children report exercising four or more times a week, this is stable from 2010 (50%).
<i>Physical inactivity</i>	Overall, 9% of children report participating in vigorous exercise less than weekly, this remains stable from 2010 (10%).
<i>Physically active on 7 days in the last week</i>	Overall, 23% of children report being physically active on 7 days in the last week, this remains stable from 2010 (24%).
<i>Club participation</i>	Overall, 66% of 10 to 14 year olds report playing with a club.

Table 8: Self-Care

Children were asked questions regarding tooth-brushing and seatbelt use.

<i>Tooth-brushing</i>	Overall, 70% of children report brushing their teeth more than once a day, this remains stable from 2010 (68%).
<i>Seatbelt use</i>	Overall, 81% of children report always wearing a seatbelt when in a car, this remains stable from 2010 (82%).

Table 9: Injuries

Children were asked to report on being injured in the last 12 months.

<i>Ever injured</i>	Overall, 41% of children report being injured once or more and requiring medical attention in the last 12 months, an increase from 2010 (37%).
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Table 10: Fighting and Bullying

Children were asked questions about being in a physical fight, and about bully perpetration and victimisation.

<i>Physical fight</i>	Overall, 29% of children report having been in a physical fight during the last 12 months, a decrease from 2010 (34%).
<i>Bullied others</i>	Overall, 13% of children report bullying others at school once or more in the past couple of months, an overall decrease from 2010 (16%).
<i>Being bullied</i>	Overall, 25% of children report being bullied in school once or more in the past couple of months, which remains stable from 2010 (24%).
<i>Cyber bullying – mean messages</i>	Overall, 13% of children report ever being bullied by being sent mean messages, wall posting or by a website created to make fun of them in the past couple of months.
<i>Cyber bullying – unflattering pictures</i>	Overall, 15% of children report ever being bullied by someone taking unflattering or inappropriate pictures of them without permission and posting them online in the past couple of months.

Table 11: Sexual Health Behaviours#

Young people aged 15-17 years old were asked about engaging in sexual intercourse, and their use of the birth control pill and condoms.

<i>Sexual activity</i>	Overall, 27% of 15-17 year olds report that they have ever had sex, an increase from 2010 (23%).
<i>Use of birth control pill</i>	Of those who report ever having had sex, 33% report that they used the birth control pill as a form of contraception at last intercourse.
<i>Condom use</i>	Of those who report ever having had sex, 73% report that they used condoms as a form of contraceptive at last intercourse.

See technical note 5

Overview of Findings from Middle Childhood Study

Table 12: General Health and Wellbeing

Children were asked a number of questions concerning their lives and perceived health.

<i>Excellent health</i>	Overall, 50% of 3rd and 4th class children report their health is excellent, this remains stable from 2010 (51%).
<i>Happiness</i>	Overall, 74% of 3rd and 4th class children report feeling very happy with their life at present, this remains stable from 2010 (70%).
<i>Love of family</i>	Overall, 92% of 3rd and 4th class children report that they always love their family.
<i>Hobbies</i>	Overall, 90% of 3rd and 4th class children report that they engage in their hobbies weekly or more frequently.

Table 13: Smoking

Children were asked about their smoking behaviours.

<i>Ever smoked tobacco</i>	Overall, 1% of 3rd and 4th class children report that they have ever smoked, this is a decrease from 2010 (3%).
<i>Current smoking status</i>	Overall, 1% of 3rd and 4th class children report they currently smoke (defined as smoking tobacco monthly or more frequently). This remains unchanged from 2010 (1%).

Table 14: Food and Dietary Behaviours

Children were asked a number of questions regarding their dietary habits.

<i>Fruit</i>	Overall, 35% of 3rd and 4th class children report that they consume fruit more than once a day, an increase from 2010 (29%).
<i>Vegetables</i>	Overall, 30% of 3rd and 4th class children report that they consume vegetables more than once a day, an increase from 2010 (25%).
<i>Sweets</i>	Overall, 22% of 3rd and 4th class children report eating sweets once a day or more, a decrease from 2010 (28%).
<i>Soft drinks</i>	Overall, 11% of 3rd and 4th class children report drinking soft drinks daily or more, a decrease from 2010 (16%).
<i>Not having breakfast</i>	Overall, 3% of 3rd and 4th class children report never having breakfast on any day of the week, an increase from 2010 (2%).

Table 15: Exercise and Physical Activity

Children were asked about their participation in exercise and physical activity.

<i>Vigorous exercise ≥ 4 times/week</i>	Overall, 71% of 3rd and 4th class children report exercising four or more times a week, this remains stable from 2010 (70%).
<i>Physical inactivity</i>	Overall, 6% of 3rd and 4th class children report participating in vigorous exercise less than weekly, a decrease from 2010 (7%).
<i>Club participation</i>	Overall, 68% of 3rd and 4th class children report playing with a club.

Table 16: Self-care

Children were asked questions regarding tooth-brushing and seatbelt use.

<i>Tooth-brushing</i>	Overall, 70% of 3rd and 4th class children report brushing their teeth more than once a day, this remains stable from 2010 (66%).
<i>Seatbelt use</i>	Overall, 88% of 3rd and 4th class children report always wearing a seatbelt when in a car, this remains stable from 2010 (87%).

Table 17: Bullying

Children were asked about having ever been bullied.

<i>Being bullied</i>	Overall, 36% of 3rd and 4th class children report being bullied in school in the past couple of months, this remains stable from 2010 (37%).
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Main Study

This section expands on the overview of findings. The results of the main HBSC study presented in this section are stratified by gender, age group and social class. The findings represent children aged 10 to 17 years, except where stated (see overview of findings and figure titles).

General Health and Wellbeing

Excellent health

There are statistically significant differences by gender, age group and social class. Overall, 40% of boys report excellent health compared to 29% of girls. A higher proportion of younger children report excellent health compared to older children. Children from higher social classes more frequently report excellent health than those from other social class groups.

Figure 1: Percentages of boys who report their health is excellent

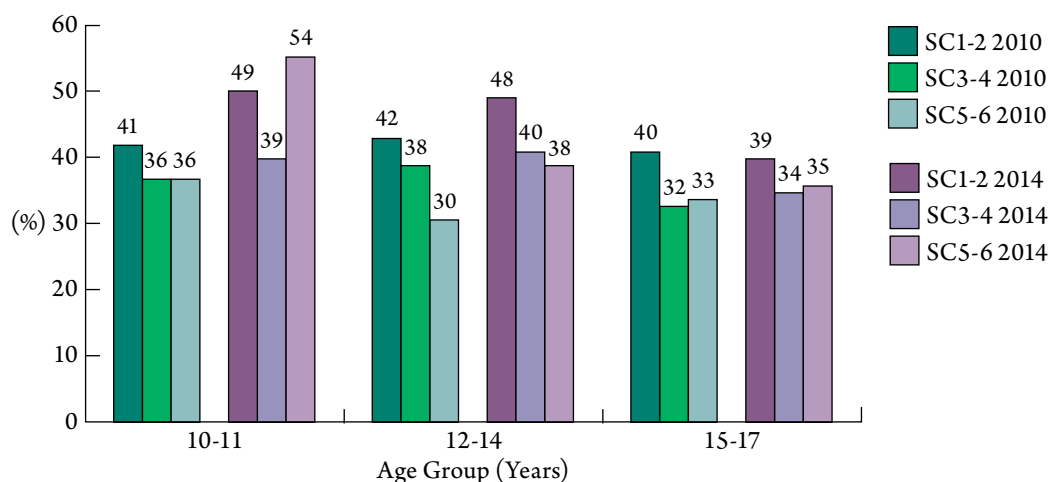
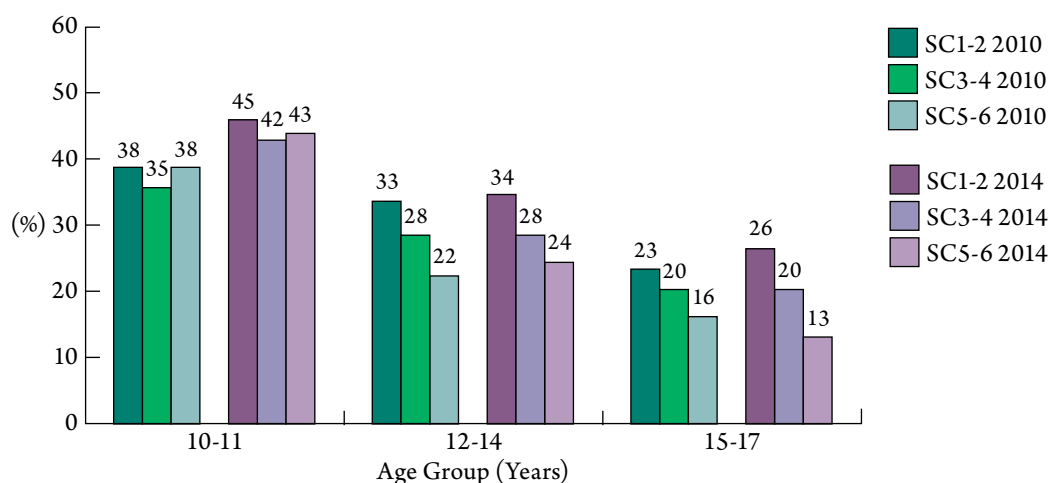


Figure 2: Percentages of girls who report their health is excellent



Life at present (happiness)

Statistically significant gender differences are apparent with 52% of boys reporting feeling very happy with their life at present compared to 44% of girls. There are also statistically significant differences across age groups, with younger children more commonly reporting feeling very happy with their lives compared to older children. There are no statistically significant differences across social class groups.

Figure 3: Percentages of boys who report feeling very happy about their lives at present

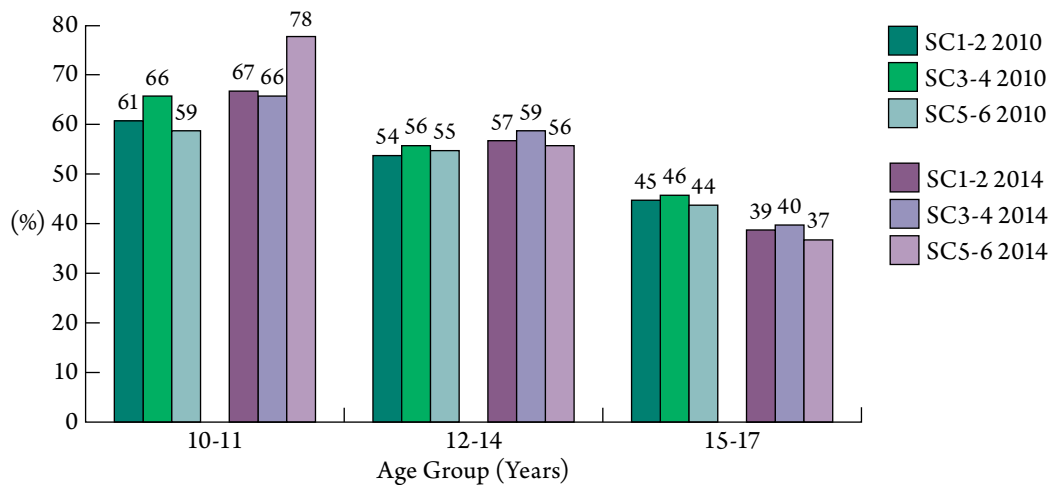
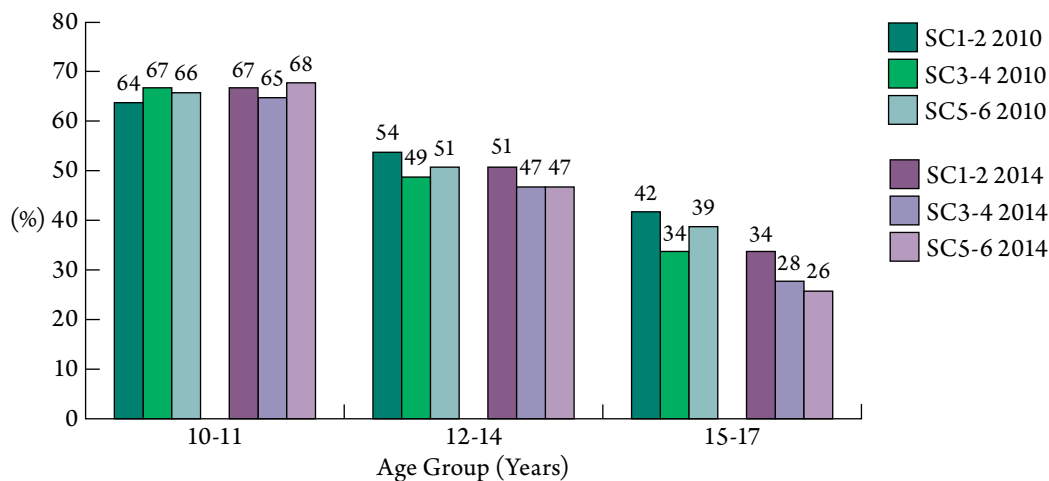


Figure 4: Percentages of girls who report feeling very happy about their lives at present



Life satisfaction

There are statistically significant differences by gender, age group and social class. Overall, a higher proportion of boys report high life satisfaction compared to girls (80% and 72% respectively). Younger children more commonly report high life satisfaction than older children and children from higher social classes more commonly report high life satisfaction than those from other social class groups.

Figure 5: Percentages of boys who report high life satisfaction

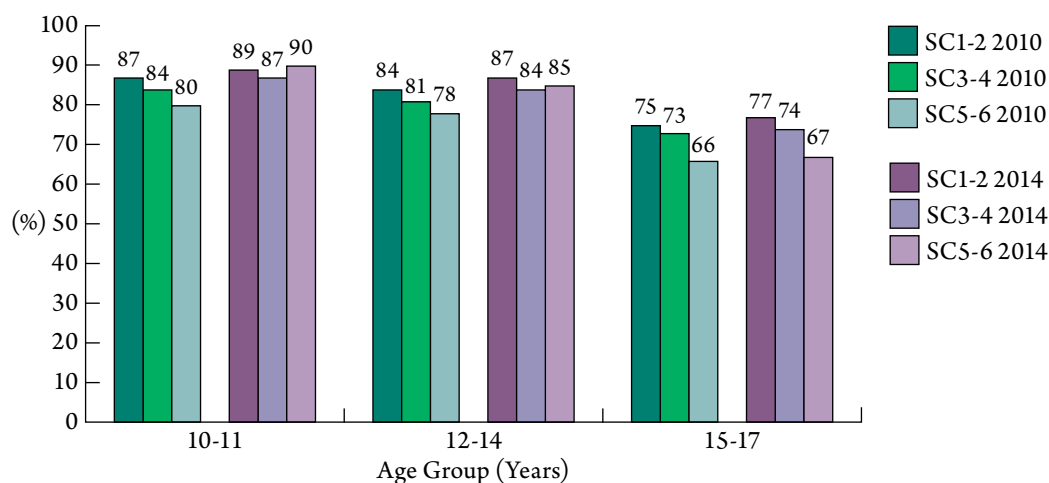
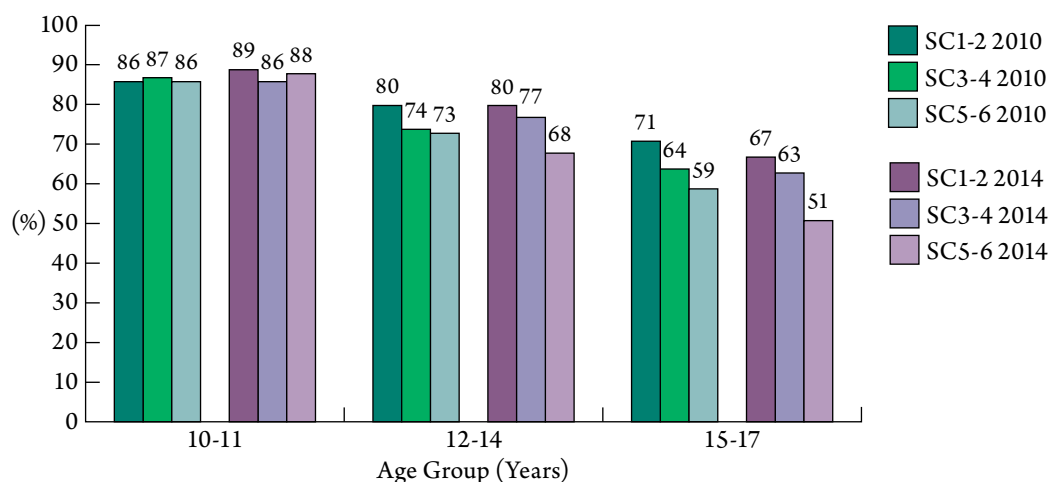


Figure 6: Percentages of girls who report high life satisfaction



Self-confidence

There are statistically significant differences by gender with 66% of boys reporting always or often being self-confident compared to 35% of girls. There are no statistically significant differences across age groups. Social class differences are evident. Children from higher social classes more commonly report always or often being self-confident than those from other social class groups.

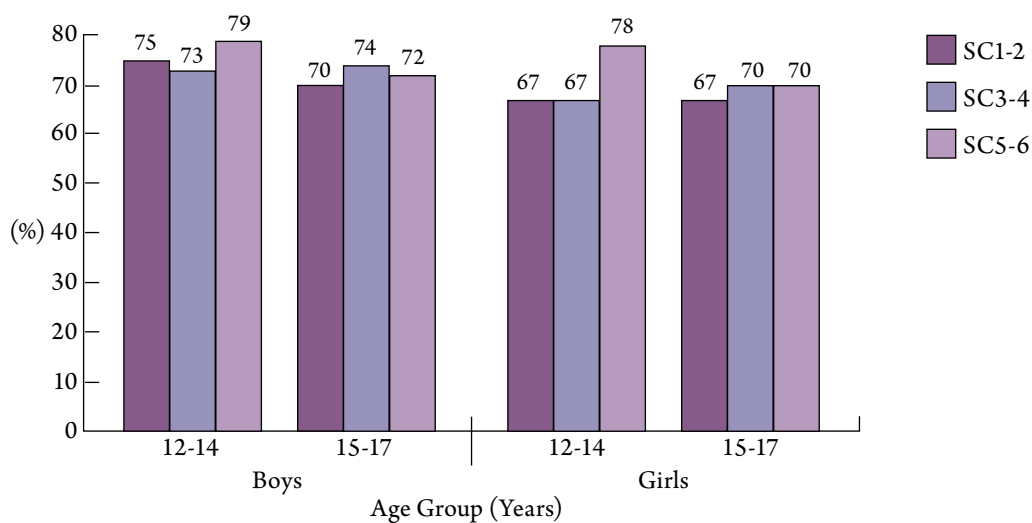
Figure 7: Percentages of 12-17 year old boys and girls who report always or often being self-confident



Comfortable with friends

There are statistically significant differences by gender. Overall, 72% of boys report always feeling comfortable being themselves while with friends compared to 68% of girls. There are no statistically significant differences by age group or social class.

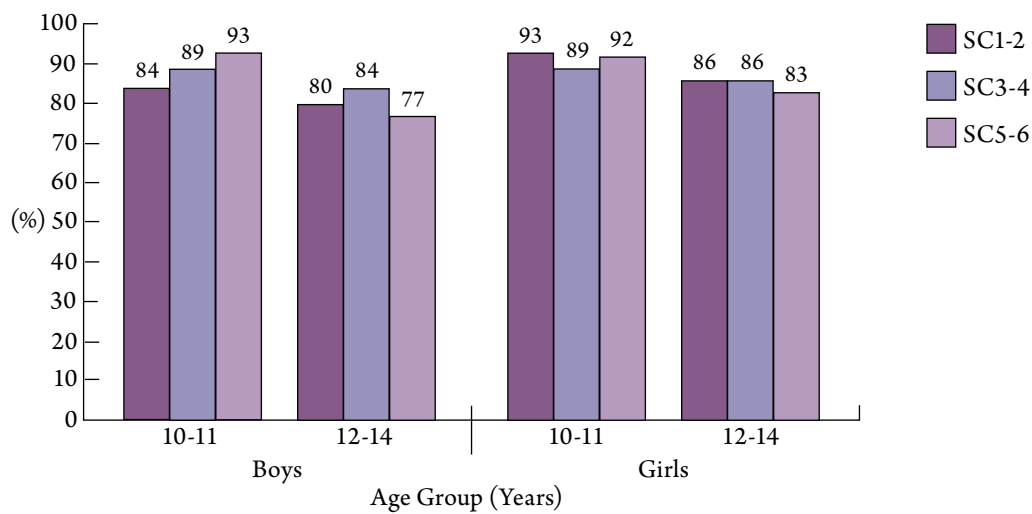
Figure 8: Percentages of 12-17 year old boys and girls who report always feeling comfortable being themselves while with friends



Love of family

There are statistically significant differences by gender and age group. Overall, 84% of boys report that they always love their family compared to 89% of girls. A higher proportion of younger children report they always love their family compared to older children. There are no social class differences.

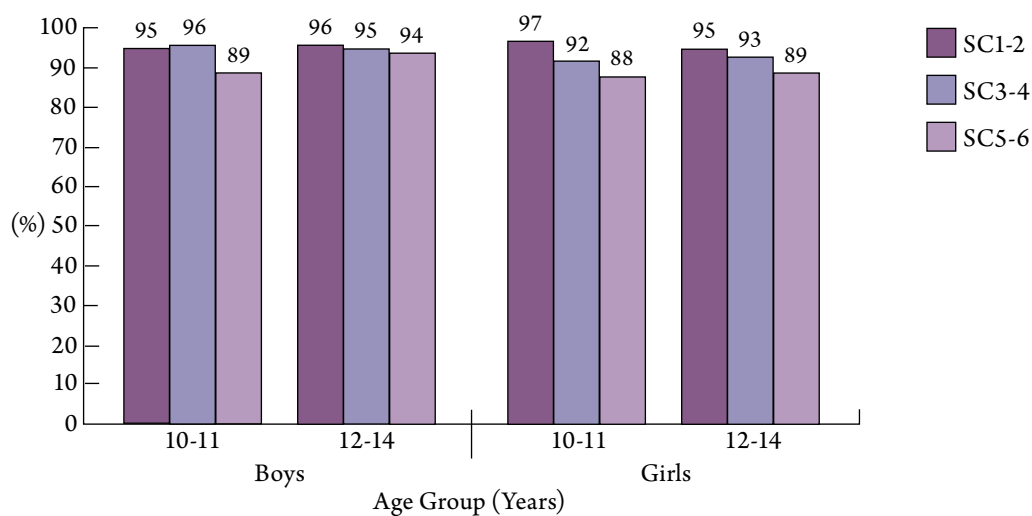
Figure 9: Percentages of 10-14 year old boys and girls who report they always love their family



Hobbies

There are statistically significant differences by gender and social class. Overall, 94% of boys report that they engage in their hobbies weekly or more frequently compared to 92% of girls. There are no statistically significant age group differences. Children from higher social classes more commonly report that they engage in their hobbies weekly or more frequently than those from other social class groups.

Figure 10: Percentages of 10-14 year old boys and girls who report they engage in their hobbies weekly or more frequently



Smoking

Ever smoked tobacco

There are no statistically significant differences by gender with 15% of boys and 15% of girls reporting ever smoking tobacco. There are statistically significant differences by age group and social class. Fewer younger children report ever smoking than older children and fewer children from higher social classes report ever smoking compared to those from other social class groups.

Figure 11: Percentages of boys who report ever smoking tobacco

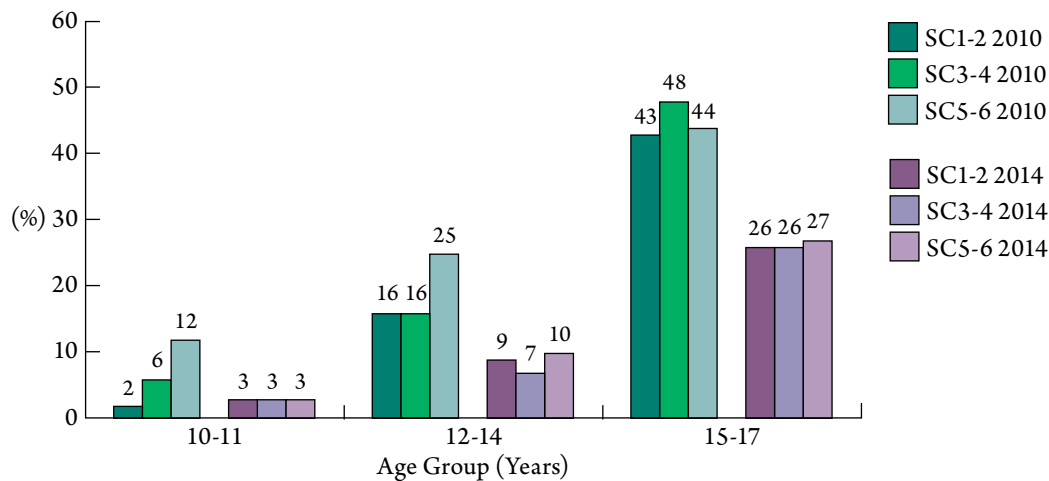
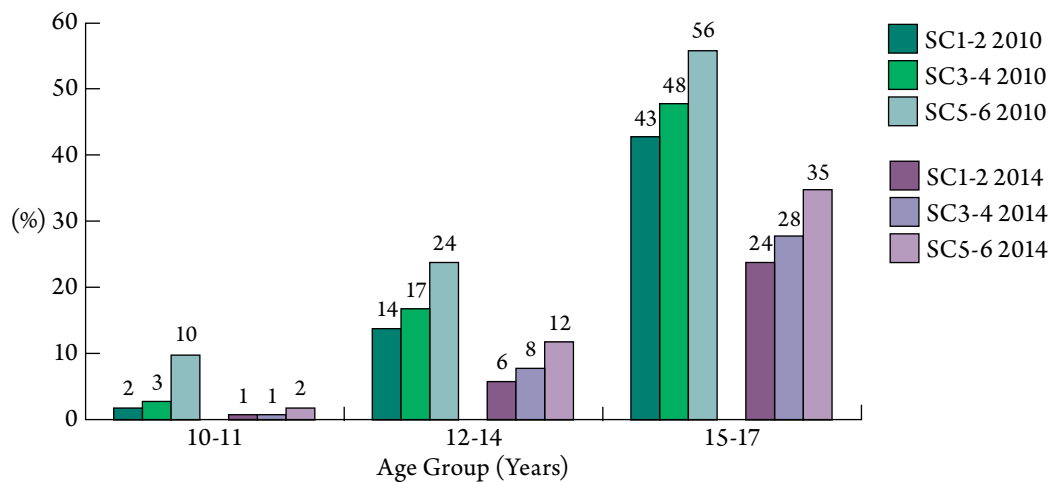


Figure 12: Percentages of girls who report ever smoking tobacco



Current smoking status

There are no statistically significant differences by gender with 8% of boys and 7% of girls reporting that they are current smokers, which is defined as smoking tobacco monthly or more frequently. There are statistically significant differences by age group with fewer younger children reporting that they are current smokers compared to older children. Social class differences are not evident.

Figure 13: Percentages of boys who report they are current smokers

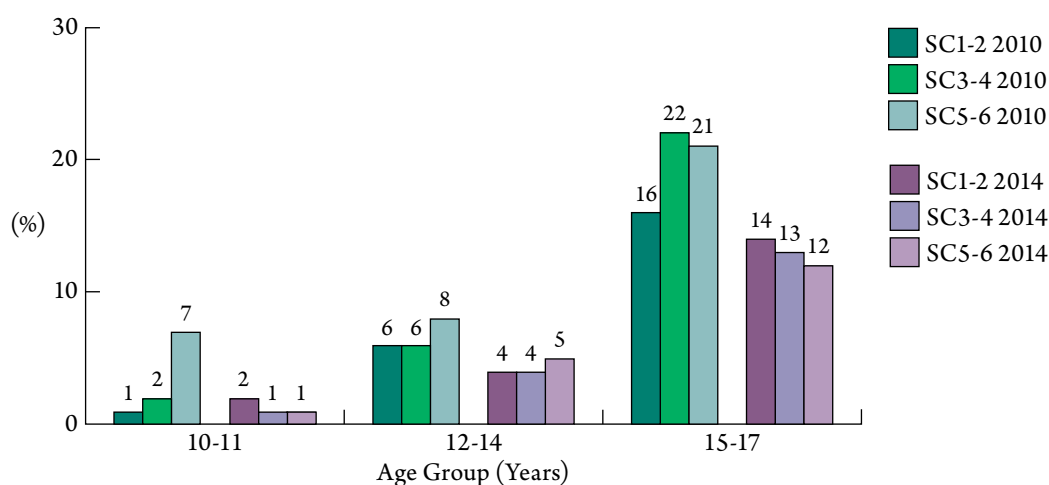
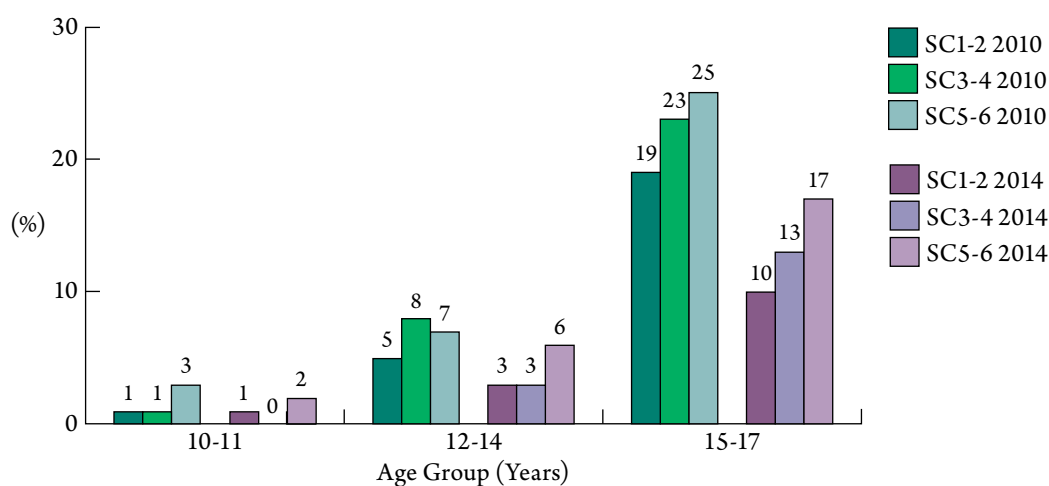


Figure 14: Percentages of girls who report they are current smokers



Exposure to second-hand smoke

Exposure to second-hand smoke at home

There are statistically significant differences by gender and age group. Boys more frequently report that 'no one is allowed to smoke inside or outside the house' compared to girls (38% boys; 31% girls). A higher proportion of girls than boys report that 'no one is allowed to smoke inside, but outside is OK' (39% boys; 44% girls). However, a similar proportion of boys and girls report that 'adults are allowed to smoke anywhere in the house' or that 'adults are allowed to smoke in some rooms'. When the data are further stratified by age group, statistically significant gender differences are observed in children aged 12-14 and 15-17 years. Older children more commonly report that adults are allowed to smoke in the house than younger children.

Table 18: Percentages of children who report rules or restrictions on cigarette smoking in the house

	10-11 years	12-14 years	15-17 years
No one is allowed to smoke inside or outside the house	41%	35%	31%
No one is allowed to smoke inside, but outside is OK	42%	41%	43%
Adults are allowed to smoke anywhere in the house	2%	4%	5%
Adults are allowed to smoke in some rooms	4%	7%	8%
There are no rules or restrictions on smoking	2%	3%	6%
Something else (open-ended)	8%	9%	7%

The children who reported 'something else' had to use their own words to write a response. Common responses include that no adults in the home smoke and that they don't know.

Exposure to second-hand smoke in the family car

There are statistically significant differences by gender and age group. A higher proportion of boys report that no one is allowed to smoke in the family car compared to girls (64% boys; 61% girls), though gender differences are only observed in children aged 10-11 years when data are further stratified by age group. A higher proportion of older children report that adults are allowed to smoke in the car than do younger children.

Table 19: Percentages of children who report rules or restrictions on cigarette smoking in the family car

	10-11 years	12-14 years	15-17 years
No one is allowed to smoke	69%	63%	59%
Smoking is allowed as long as the window is down	13%	16%	16%
There are no rules or restrictions	1%	3%	4%
I never drive in cars with people who smoke	8%	8%	10%
Don't know	9%	11%	12%

Access to cigarettes

Buy own cigarettes

Statistically significant differences are apparent by gender and age group. Overall, 33% of boys report that it is easy to buy cigarettes, compared to 26% of girls. When the data are further stratified by age group, statistically significant gender differences are only observed in children aged 15-17 years (37% of boys; 29% of girls). Older children more frequently report that it is easy to buy cigarettes than younger children.

Get someone else to buy you cigarettes

Gender differences are not evident with 58% of boys and 59% of girls reporting that it is easy to get someone else to buy cigarettes for them. There are statistically significant differences by age group with older children more frequently reporting it is easy to get someone else to buy cigarettes for them than younger children.

Figure 15: Percentages of 12-17 year old boys who report it is either easy or difficult to buy cigarettes or get someone else to buy cigarettes for them

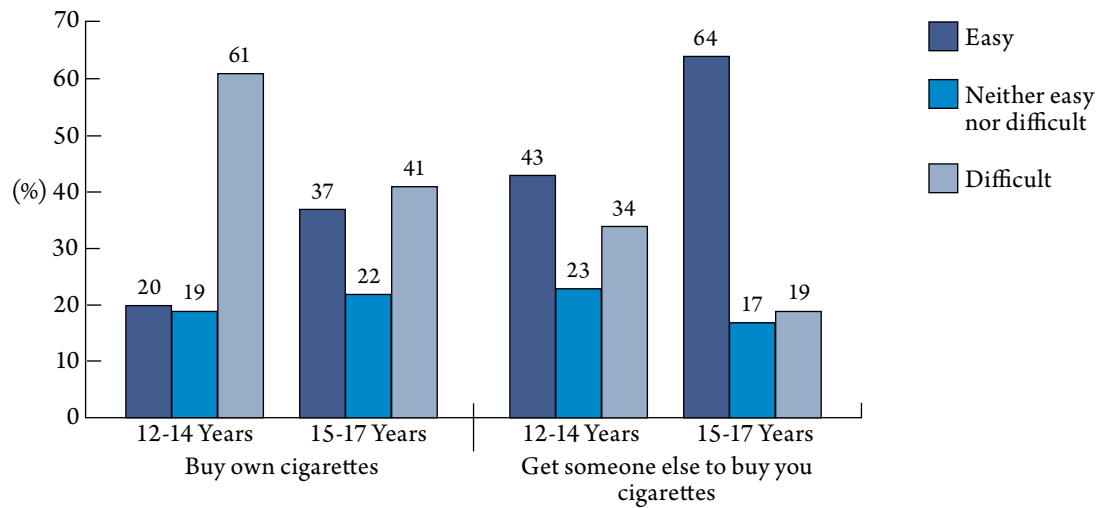
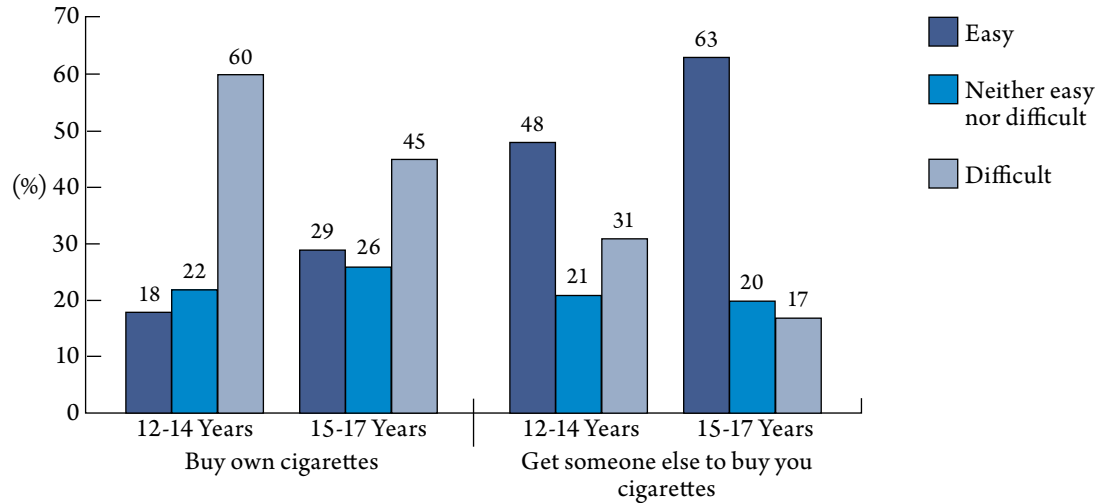


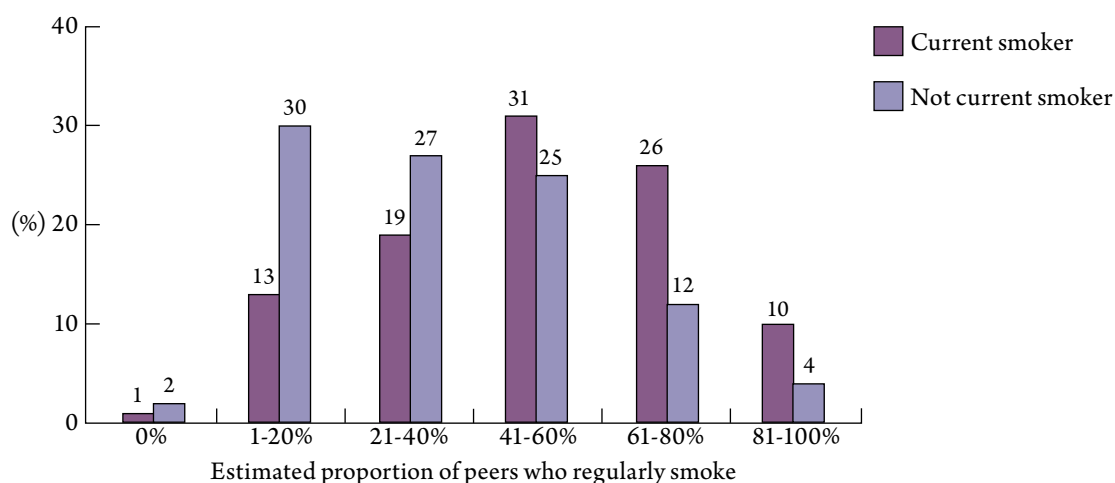
Figure 16: Percentages of 12-17 year old girls who report it is either easy or difficult to buy cigarettes or get someone else to buy cigarettes for them



Perceived level of smoking among peers

There are statistically significant differences by gender, age group and current smoking status. More boys report that a lower proportion of people their age smoke cigarettes regularly, than do girls. Overall, 36% of boys report that between 1-20% of people their age smoke cigarettes regularly compared to 23% of girls. Older children more commonly report a higher proportion of people their age smoke cigarettes regularly than younger children. Current smokers more frequently report a higher proportion of people their age smoke cigarettes regularly than those who are not current smokers.

Figure 17: Perceived level of regular cigarette smoking in peers reported by children aged 12-17 years, by current smoking status



Alcohol

Never drinking

There are statistically significant differences by gender and age group. Overall, 58% of boys report never drinking alcohol compared to 62% of girls. A higher proportion of younger children report never drinking compared to older children. There are no statistically significant social class differences.

Figure 18: Percentages of boys who report never having had an alcoholic drink

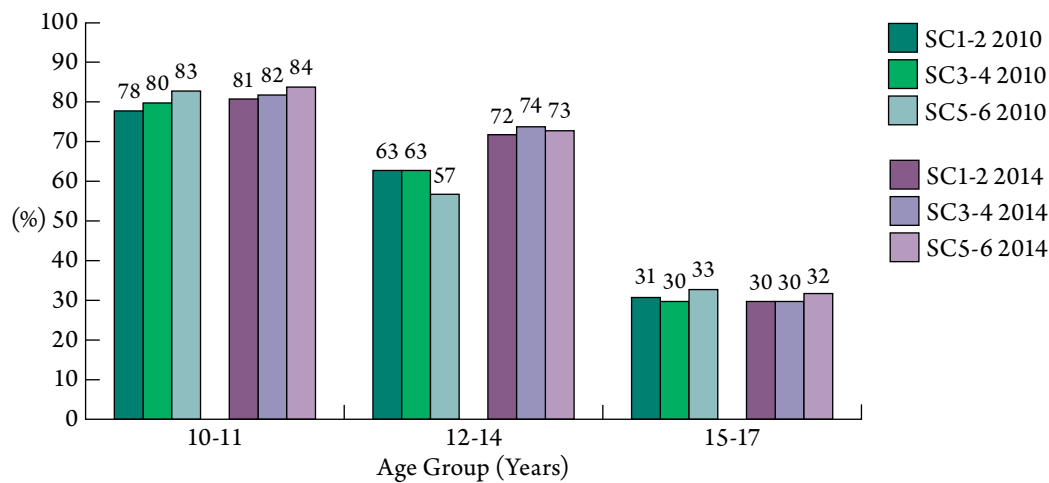
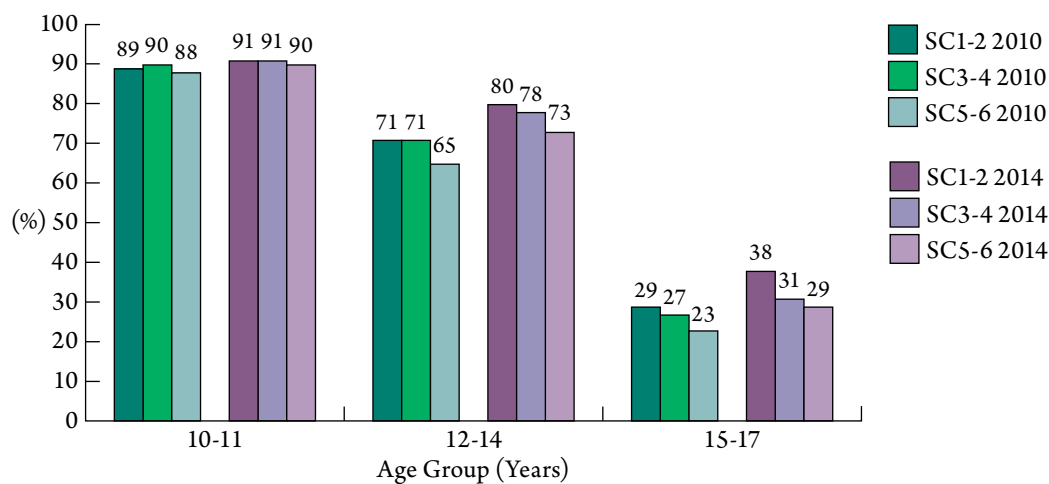


Figure 19: Percentages of girls who report never having had an alcoholic drink



Had an alcoholic drink in the last 30 days

Gender differences are not evident with 19% of boys and 18% of girls reporting having had an alcoholic drink in the last 30 days. There are statistically significant differences by age group with fewer younger children reporting having had an alcoholic drink in the last 30 days compared to older children. There are no statistically significant social class differences.

Figure 20: Percentages of boys who report having had an alcoholic drink in the last 30 days

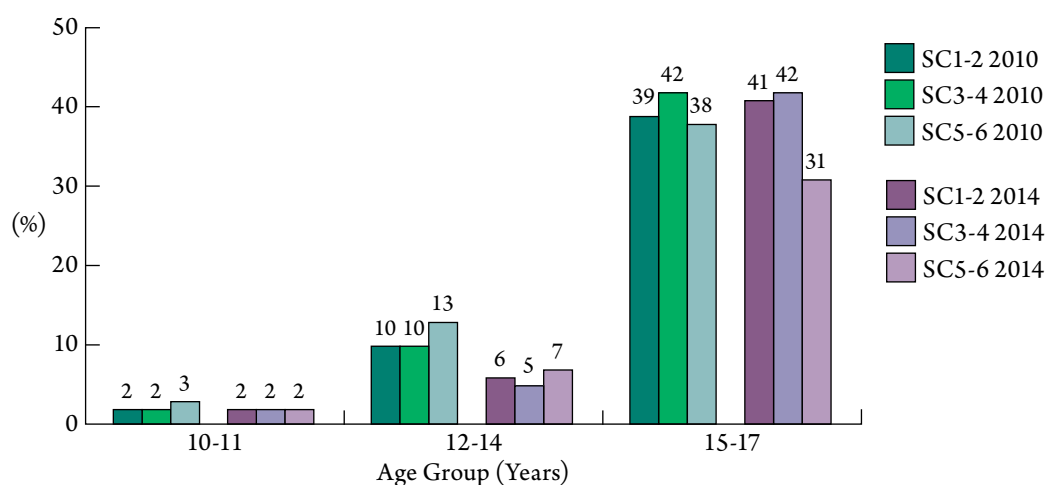
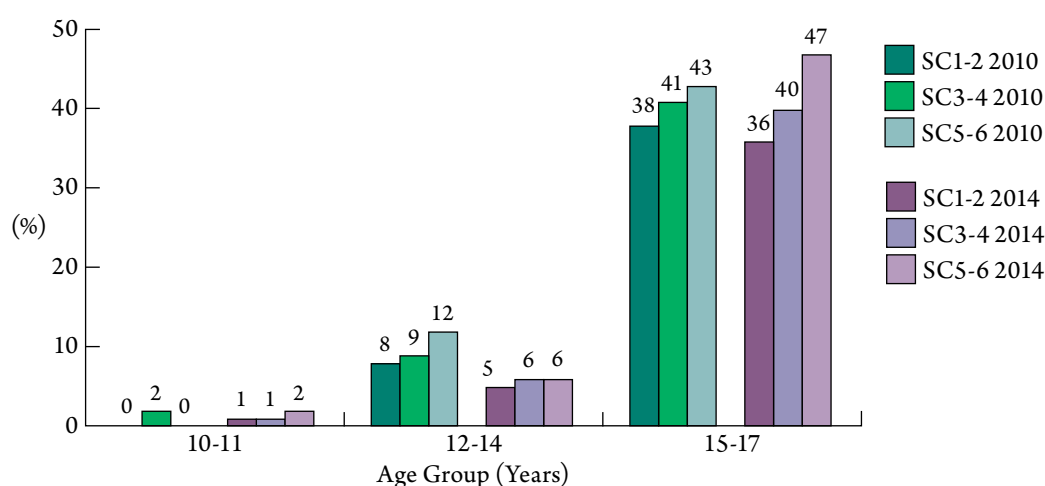


Figure 21: Percentages of girls who report having had an alcoholic drink in the last 30 days



Drunkennes

There are statistically significant differences by gender and age group. Overall, 21% of boys report having ever been 'really drunk' compared to 19% of girls. Fewer younger children report having ever been 'really drunk' compared to older children. There are no statistically significant social class differences.

Figure 22: Percentages of boys who report having been 'really drunk'

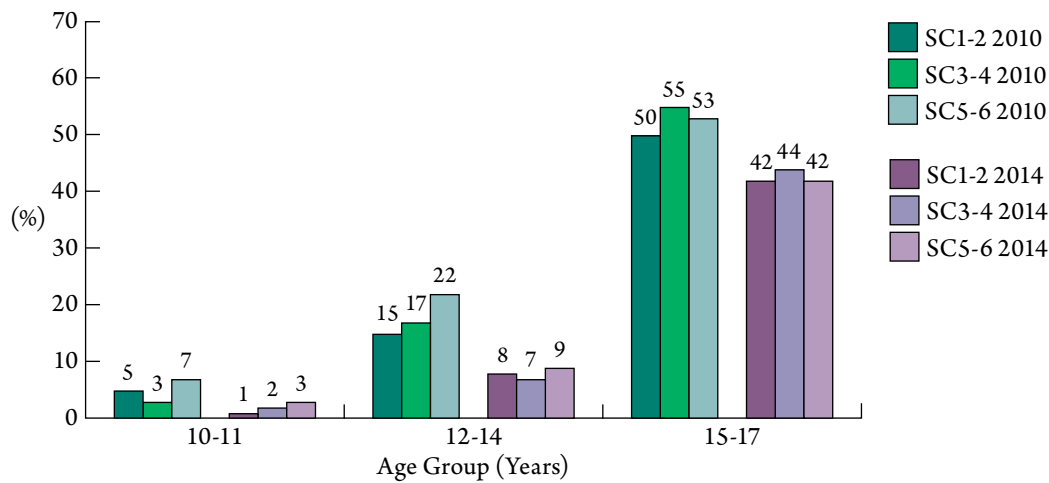
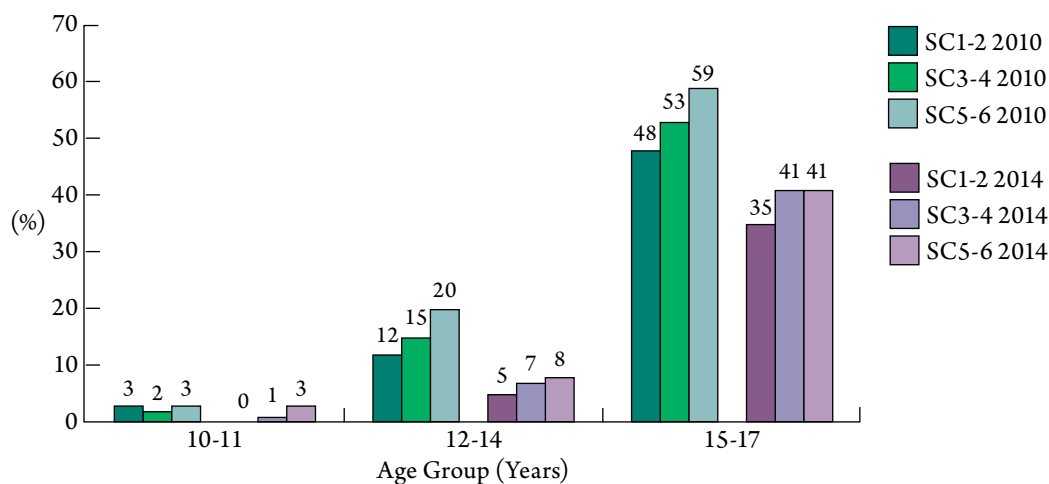


Figure 23: Percentages of girls who report having been 'really drunk'



Been drunk in the last 30 days

Gender and social class differences are not evident. Overall, 9% of boys and 9% of girls report having been drunk in the last 30 days. There are statistically significant differences by age group with fewer younger children reporting having been drunk in the last 30 days than older children.

Figure 24: Percentages of boys who report having been drunk in the last 30 days

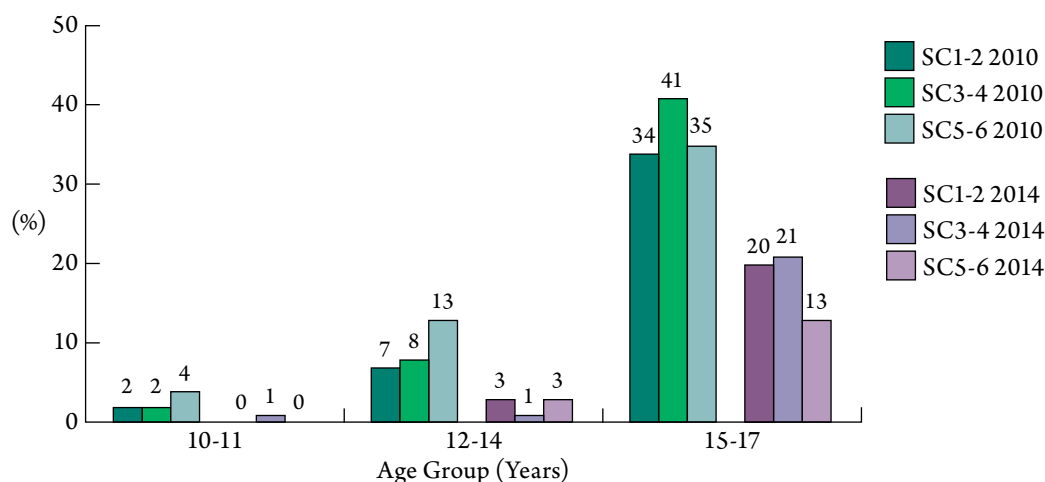
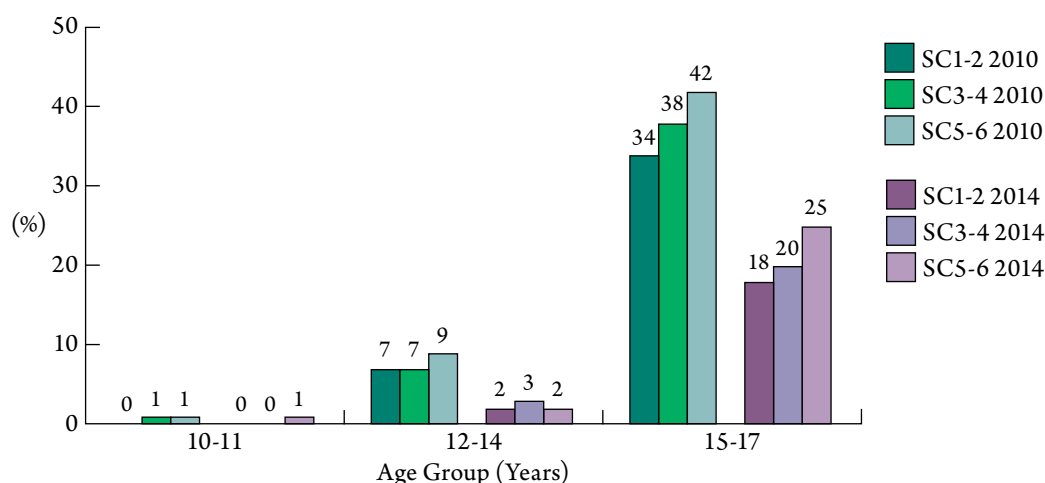


Figure 25: Percentages of girls who report having been drunk in the last 30 days



Drug use

Cannabis use in the last 12 months

There are statistically significant differences by gender and age group. Overall, 8% of boys report cannabis use in the last 12 months compared to 6% of girls. Fewer younger children report cannabis use in the last 12 months compared to older children. There are no statistically significant social class differences.

Figure 26: Percentages of boys reporting cannabis use in the last 12 months

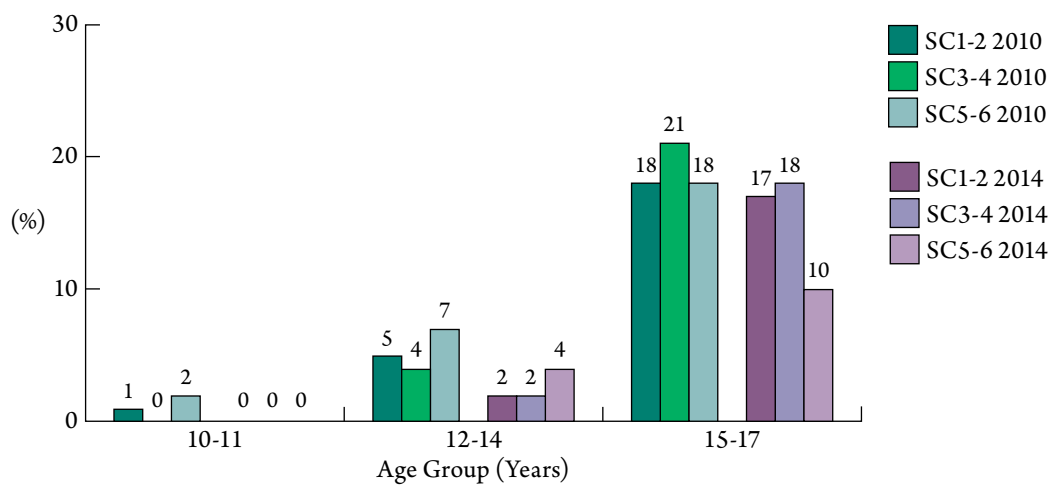
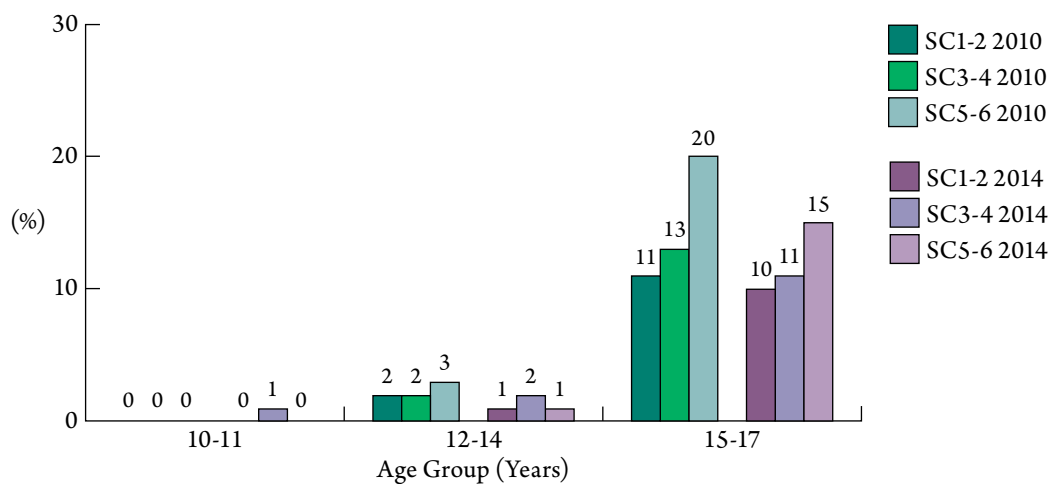


Figure 27: Percentages of girls reporting cannabis use in the last 12 months



Cannabis use in the last 30 days

There are statistically significant differences by gender and age group. Overall, a higher proportion of boys report cannabis use in the last 30 days compared to girls (5% and 3% respectively). Fewer younger children report cannabis use in the last 30 days than older children. There are no statistically significant social class differences.

Figure 28: Percentages of boys reporting cannabis use in the last 30 days

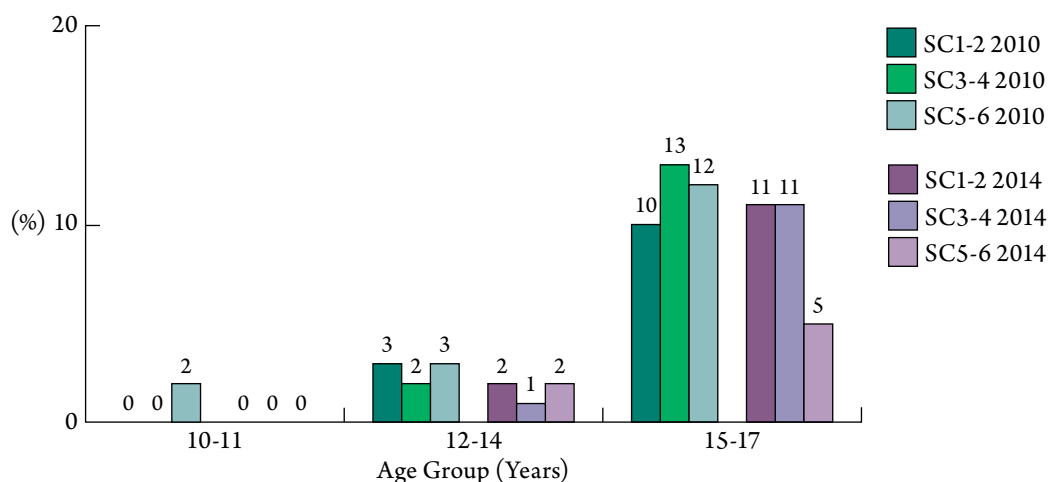
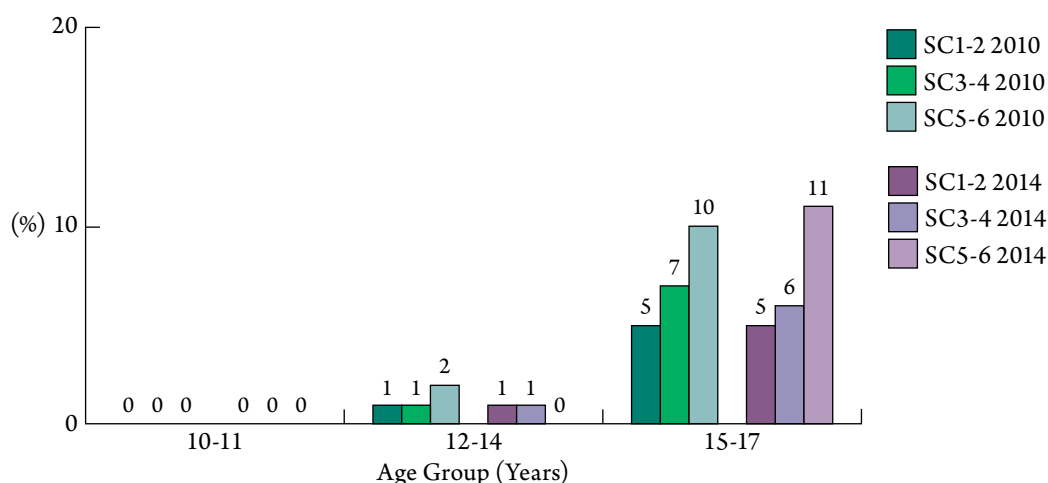


Figure 29: Percentages of girls reporting cannabis use in the last 30 days



Food and Dietary Behaviour

Fruit

There are statistically significant differences by gender, age group and social class. Overall, a higher proportion of girls report that they consume fruit more than once a day compared to boys (26% and 21% respectively). Younger children more frequently report that they consume fruit more than once a day compared to older children. A higher proportion of children from higher social classes report they consume fruit more than once a day than those from other social class groups.

Figure 30: Percentages of boys who report eating fruit more than once a day

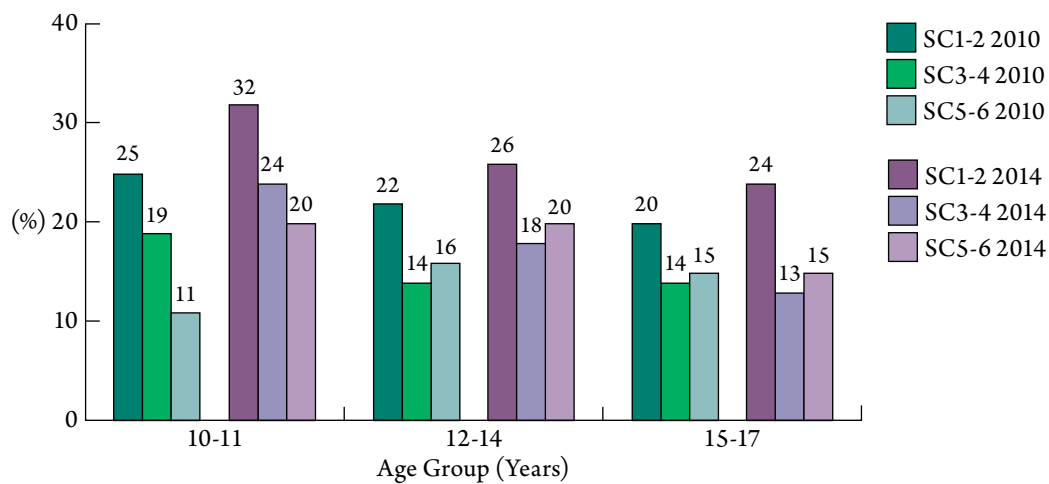
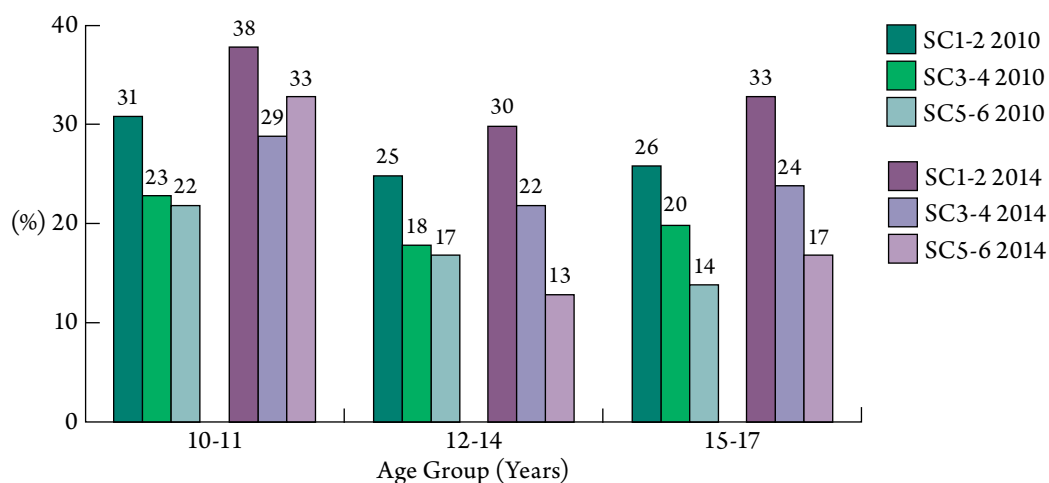


Figure 31: Percentages of girls who report eating fruit more than once a day



Vegetables

Statistically significant differences are evident by gender, age group and social class. A higher proportion of girls than boys report that they consume vegetables more than once a day (24% and 21% respectively). A higher proportion of younger children report they consume vegetables more than once a day compared to older children. Children from higher social classes more frequently report consuming vegetables more than once a day than those from other social class groups.

Figure 32: Percentages of boys who report eating vegetables more than once a day

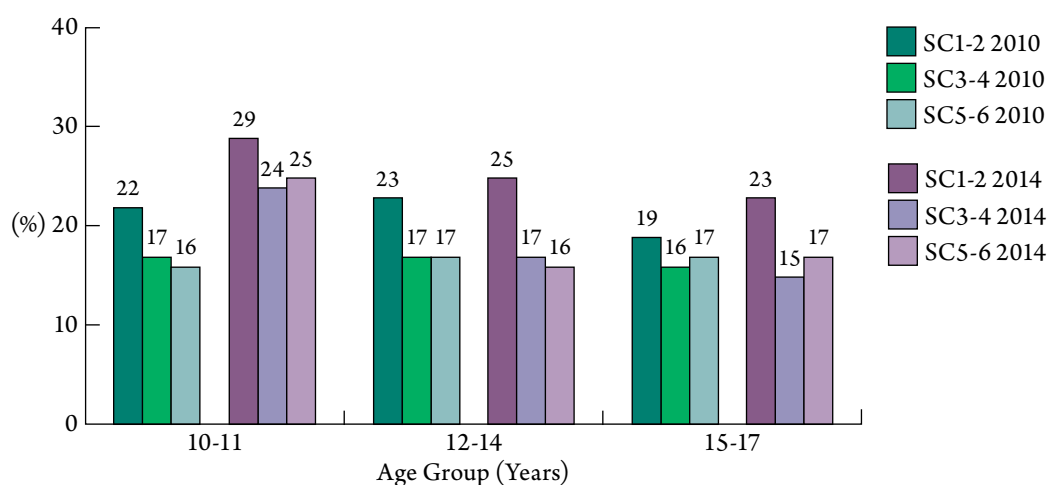
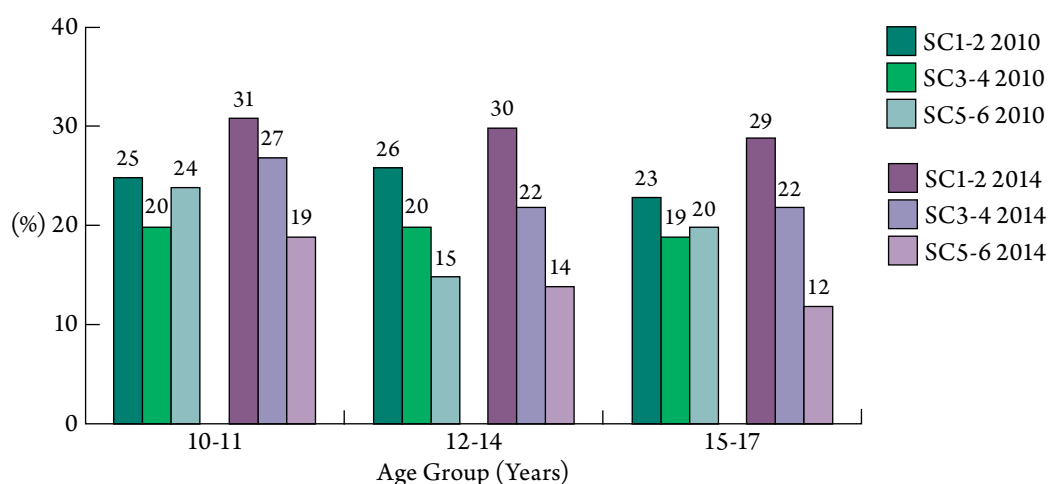


Figure 33: Percentages of girls who report eating vegetables more than once a day



Sweets

Overall, there are statistically significant gender differences with fewer boys reporting that they eat sweets once a day or more compared to girls (24% and 28% respectively). There are also statistically significant differences by age group and social class. Fewer younger children report eating sweets once a day or more compared to older children and children from lower social classes more commonly report that they eat sweets once a day or more compared to those from other social class groups.

Figure 34: Percentages of boys who report eating sweets daily or more

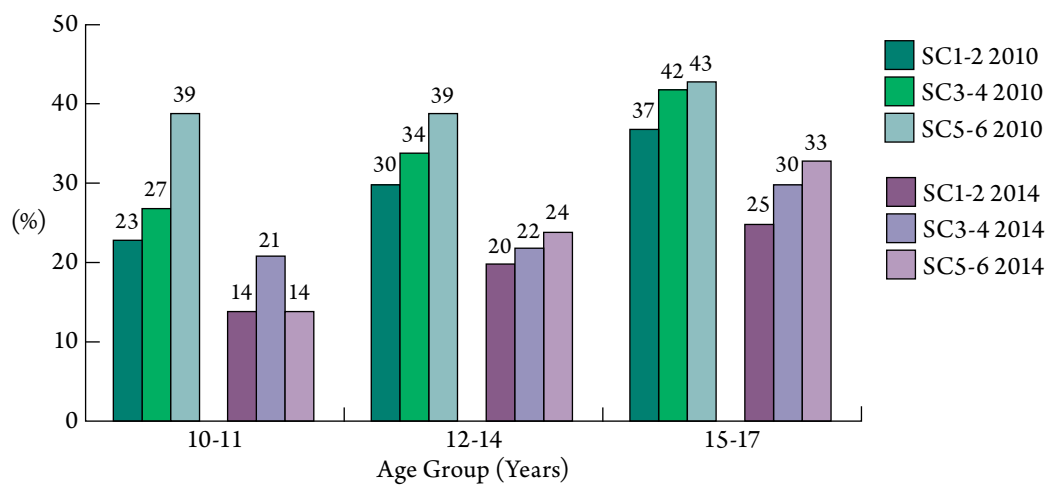
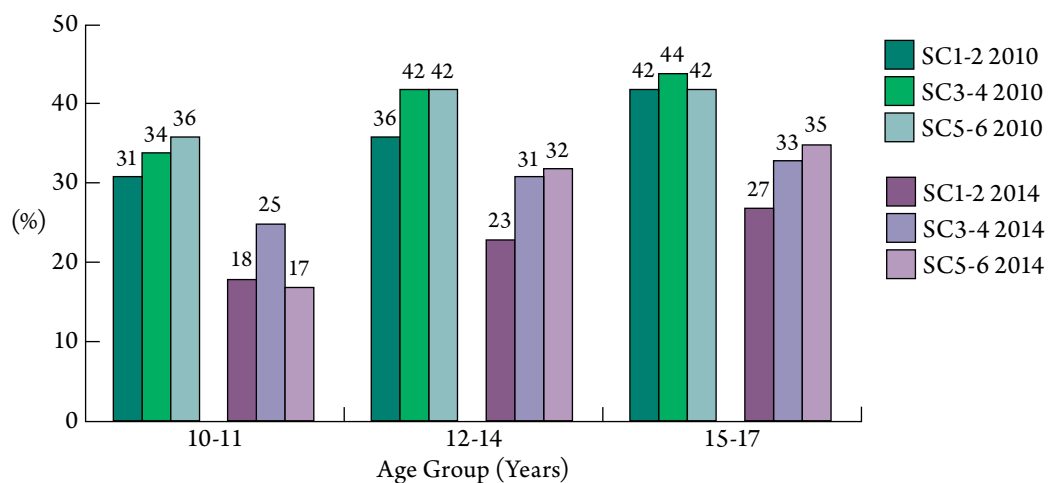


Figure 35: Percentages of girls who report eating sweets daily or more



Soft drinks

Statistically significant differences are apparent by gender, age group and social class. Overall, 13% of boys report drinking soft drinks daily or more compared to 11% of girls. Fewer younger children report drinking soft drinks daily or more compared to older children and fewer children in higher social classes report drinking soft drinks daily or more than those from other social class groups.

Figure 36: Percentages of boys who report drinking soft drinks daily or more

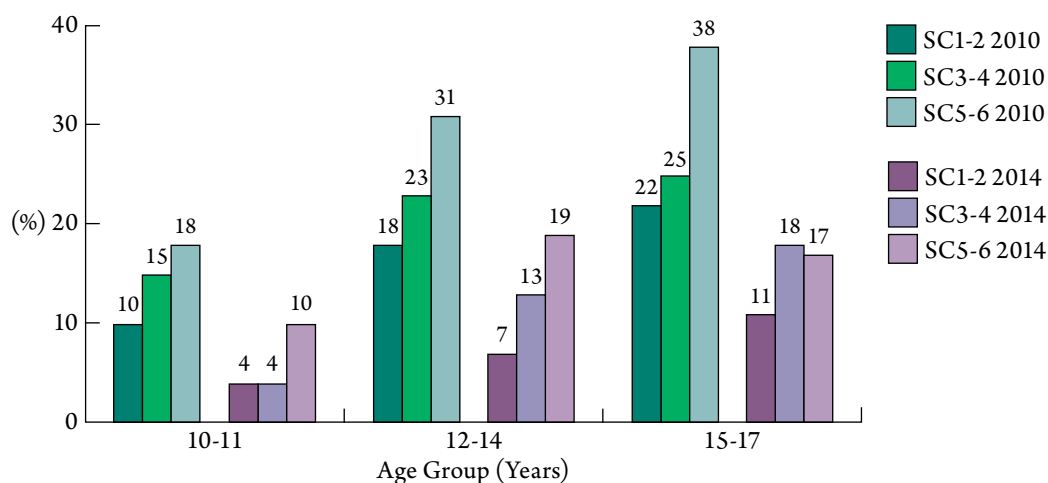
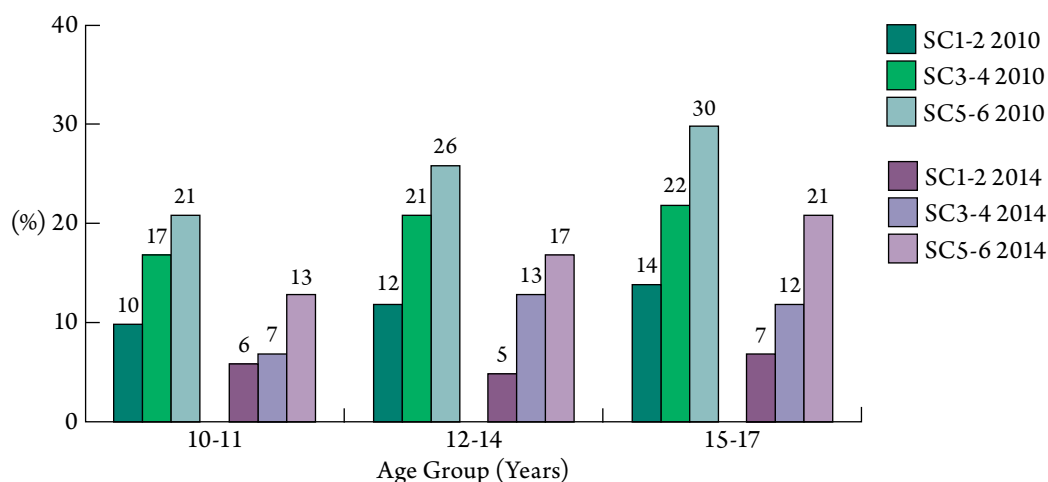


Figure 37: Percentages of girls who report drinking soft drinks daily or more



Not having breakfast

There are statistically significant differences by gender, age group and social class. Overall, 10% of boys report never having breakfast during weekdays, compared to 15% of girls. Fewer younger children report never having breakfast during weekdays compared to older children. Fewer children from higher social classes report never having breakfast during weekdays than those from other social class groups.

Figure 38: Percentages of boys who report not having breakfast on weekdays

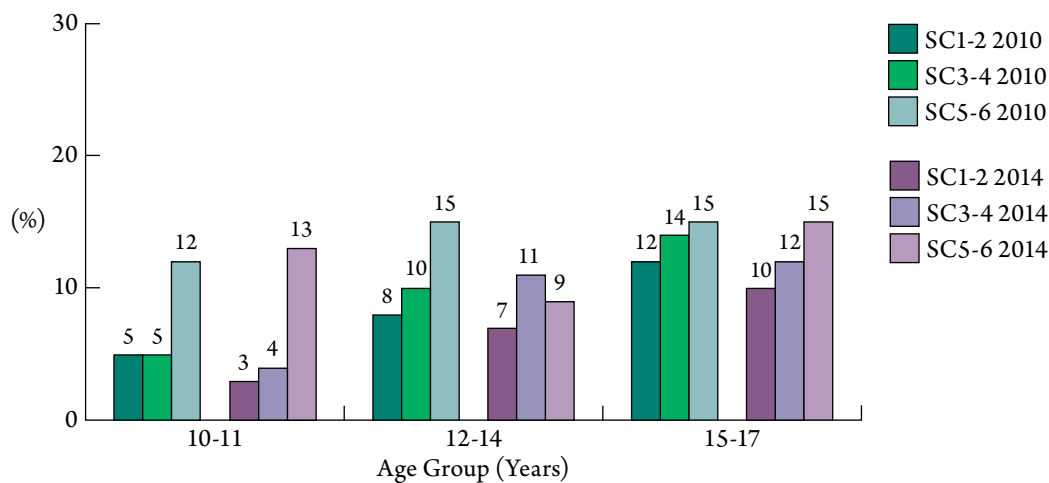
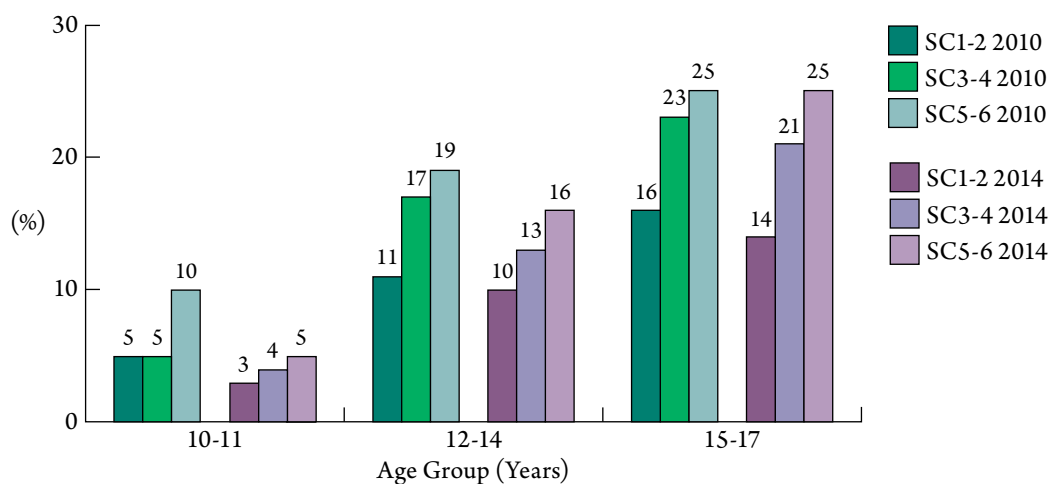


Figure 39: Percentages of girls who report not having breakfast on weekdays



Going to school/bed hungry

There are statistically significant differences by gender, age group and social class. Overall, 23% of boys report ever going to school or to bed hungry compared to 21% of girls. A higher proportion of younger children and children from lower social class groups report ever going to school or to bed hungry compared to older children and children from higher social classes.

Figure 40: Percentages of boys who report ever going to school/bed hungry

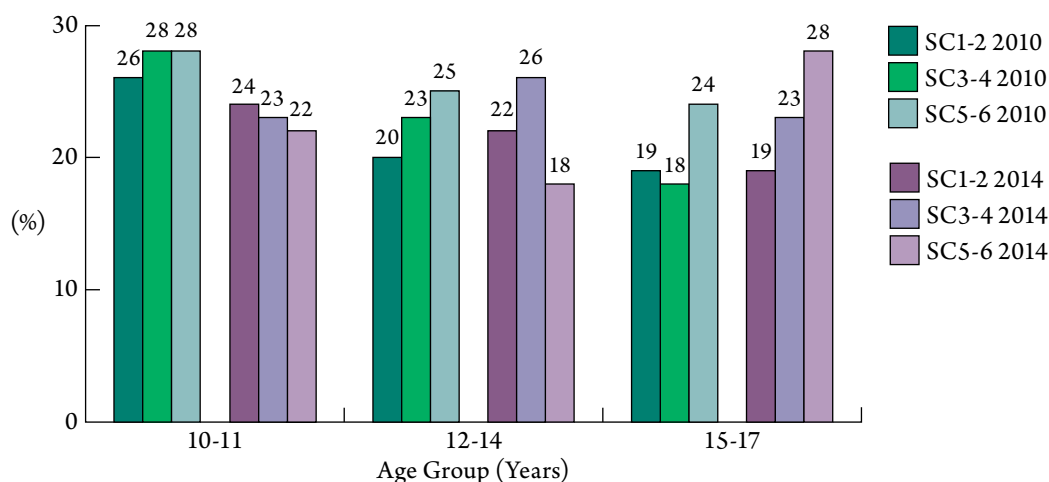
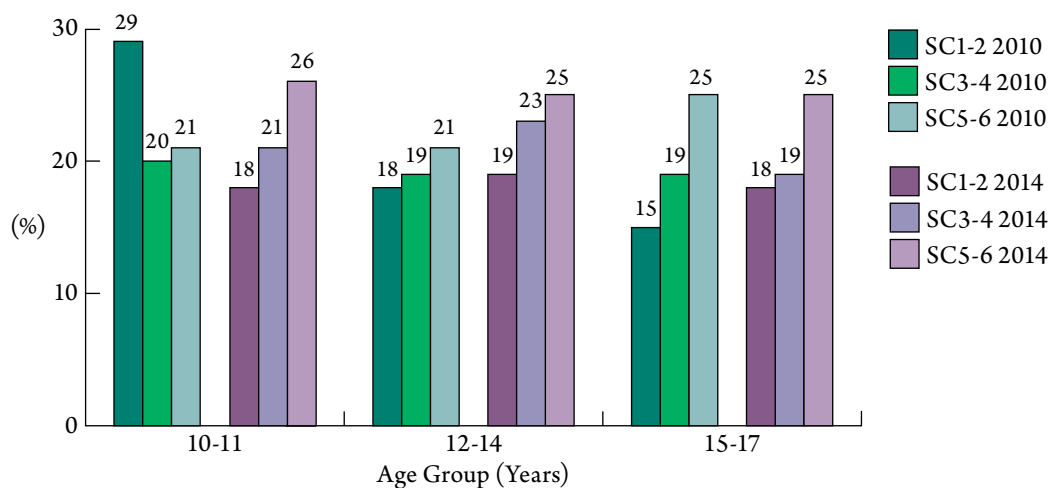


Figure 41: Percentages of girls who report ever going to school/bed hungry



Dieting

There are statistically significant differences by gender, age group and social class. A higher proportion of girls compared to boys report trying to lose weight (21% and 11% respectively). Fewer younger children report trying to lose weight compared to older children. Children from lower social classes more frequently report trying to lose weight than those from other social class groups.

Figure 42: Percentages of boys who report currently trying to lose weight

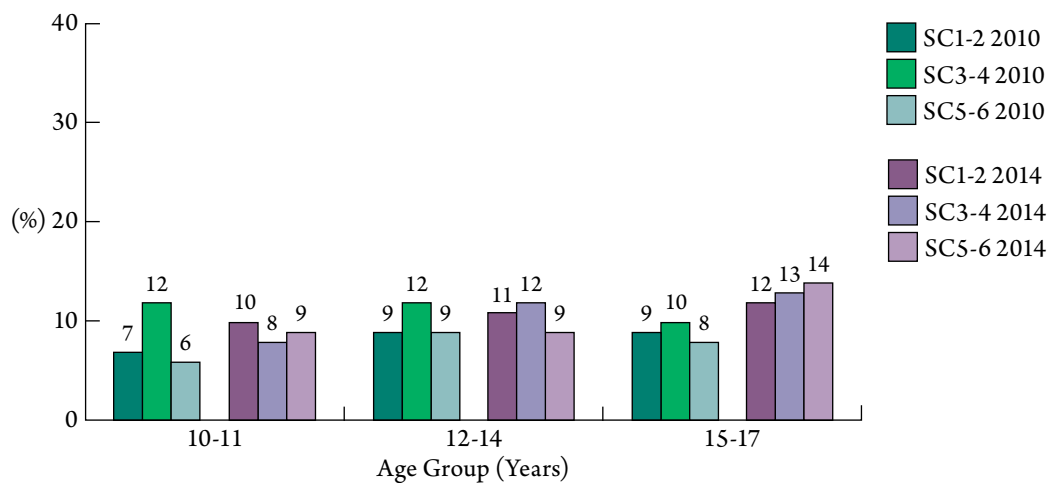
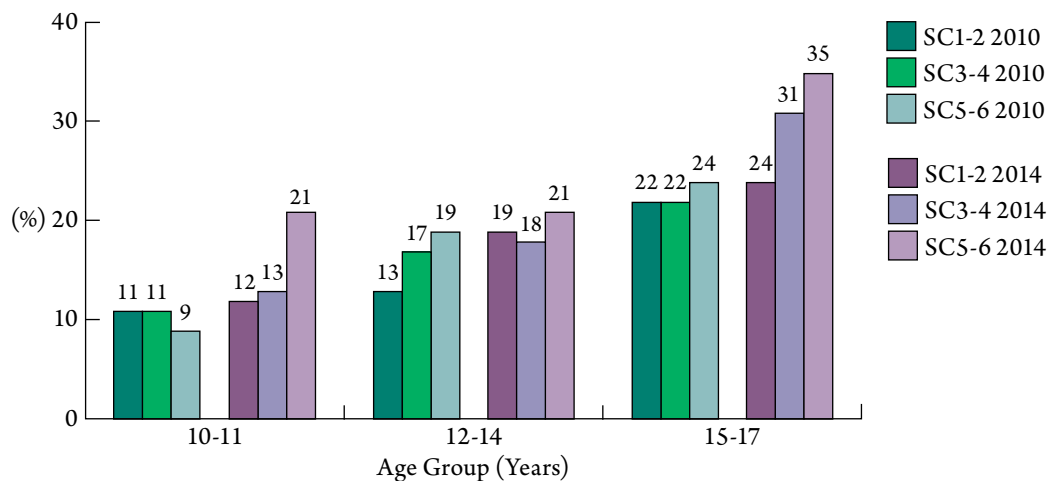


Figure 43: Percentages of girls who report currently trying to lose weight



Body Image Influences

Children aged 12-17 years were asked to report what influences how they feel about their body image (see technical note 4). Peers, the media and self-perception are the most frequently cited influencing factors on body image. Numerous other factors listed by children include clothes, sports players, parents, other people, and how one feels after eating and exercising. A list of such factors and quotes obtained from children are illustrated in figure 44 below. Key influencing factors are illustrated in **bold**.

Figure 44: Factors influencing body image in 12-17 year olds and examples of responses/quotes provided by the children



Exercise and Physical Activity

Vigorous exercise ≥ 4 times/week

There are statistically significant differences by gender, age group and social class. Overall, 61% of boys report exercising four or more times a week compared to 44% of girls. A higher proportion of younger children and children from higher social classes report they exercise four or more times a week compared to older children and children from other social class groups.

Figure 45: Percentages of boys who report participating in vigorous exercise four or more times per week

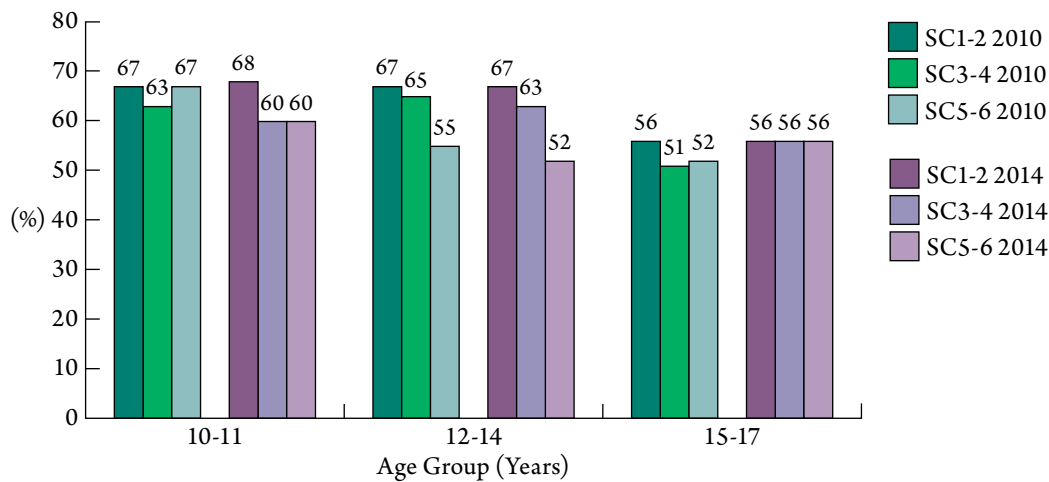
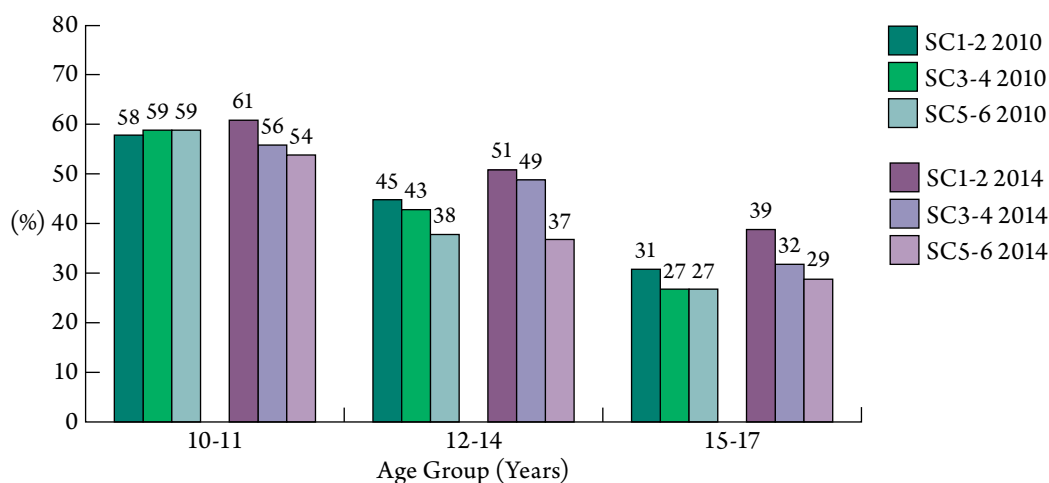


Figure 46: Percentages of girls who report participating in vigorous exercise four or more times per week



Physical inactivity

There are statistically significant differences by gender, age group and social class. Overall, a higher proportion of girls than boys report participating in vigorous exercise less than weekly (11% and 7% respectively). Fewer younger children report participating in vigorous exercise less than weekly compared to older children. Fewer children from higher social classes report participating in vigorous exercise less than weekly than those from other social class groups.

Figure 47: Percentages of boys who report participating in vigorous exercise less than weekly

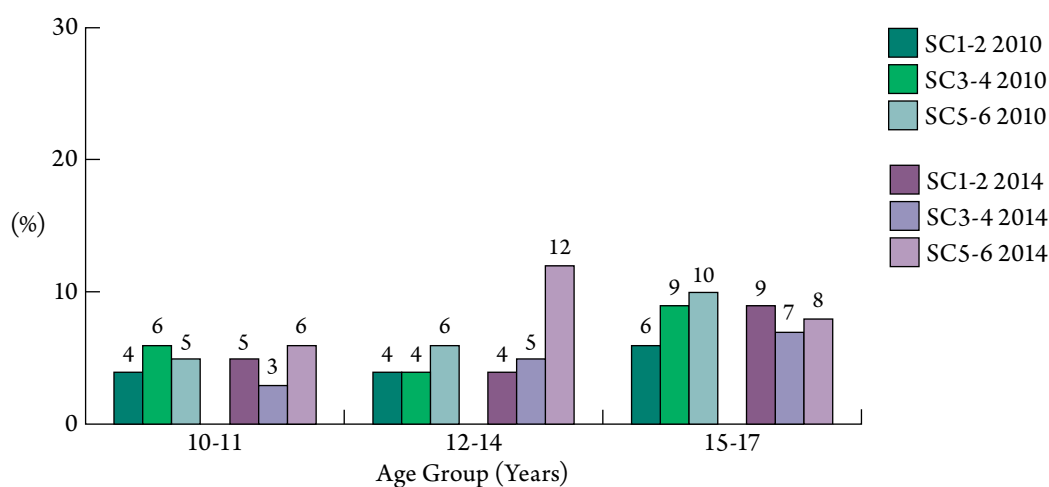
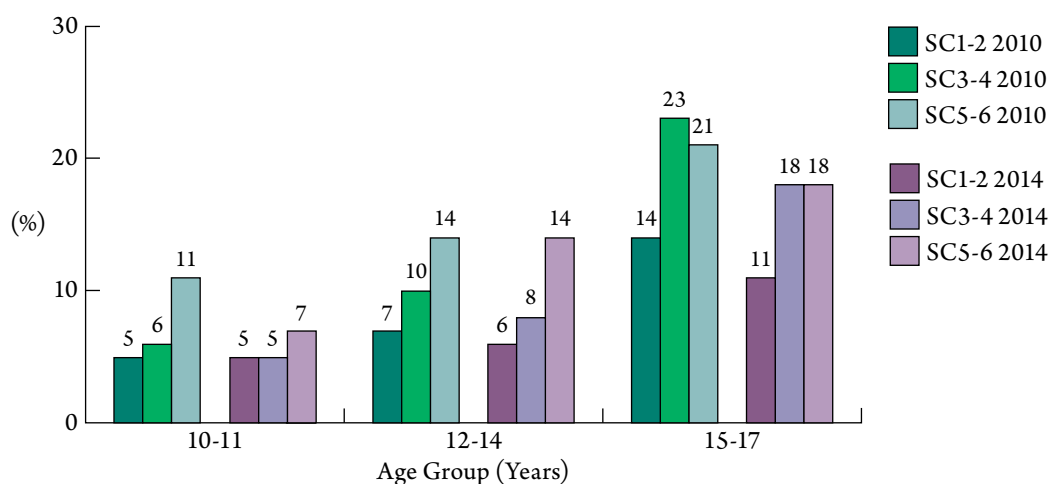


Figure 48: Percentages of girls who report participating in vigorous exercise less than weekly



Physically active on 7 days in the last week

There are statistically significant differences by gender and age group. Overall, 30% of boys report being physically active on 7 days in the last week compared to 16% of girls. A higher proportion of younger children report being physically active on 7 days in the last week compared to older children. There are no statistically significant social class differences.

Figure 49: Percentages of boys who report being physically active on 7 days in the last week

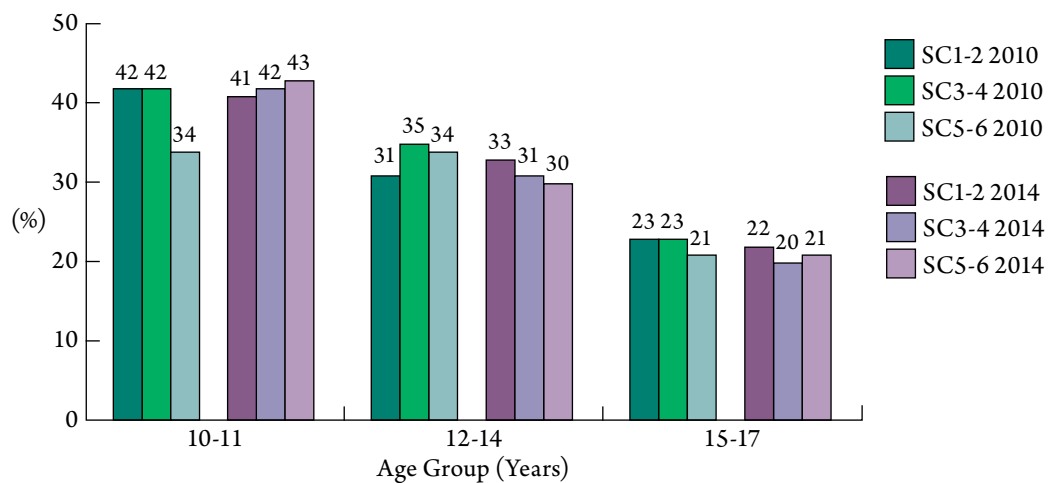
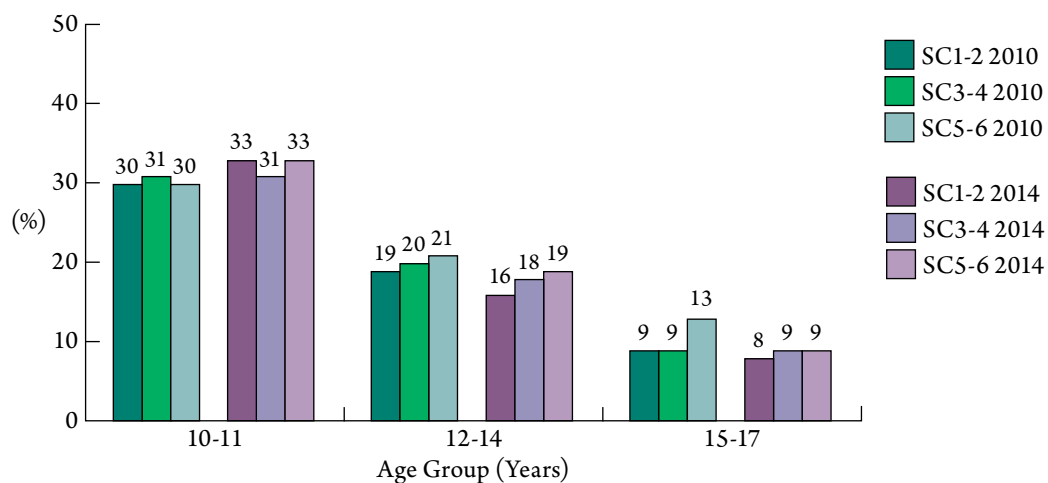


Figure 50: Percentages of girls who report being physically active on 7 days in the last week



Club participation

There are statistically significant differences by gender, age group and social class. Overall, 75% of boys report playing with a club compared to 59% of girls. A higher proportion of younger children report playing with a club compared to older children. Children from higher social classes more frequently report playing with a club than do those from other social class groups.

Figure 51: Percentages of 10-14 year old boys and girls who report playing with a club



Self-Care

Tooth-brushing

There are statistically significant differences by gender, age group and social class. Overall, 61% of boys report brushing their teeth more than once a day compared to 78% of girls. Overall, fewer younger children report brushing their teeth more than once a day compared to older children. Children from higher social classes more frequently report brushing their teeth more than once a day than those from other social class groups.

Figure 52: Percentages of boys who report brushing their teeth more than once a day

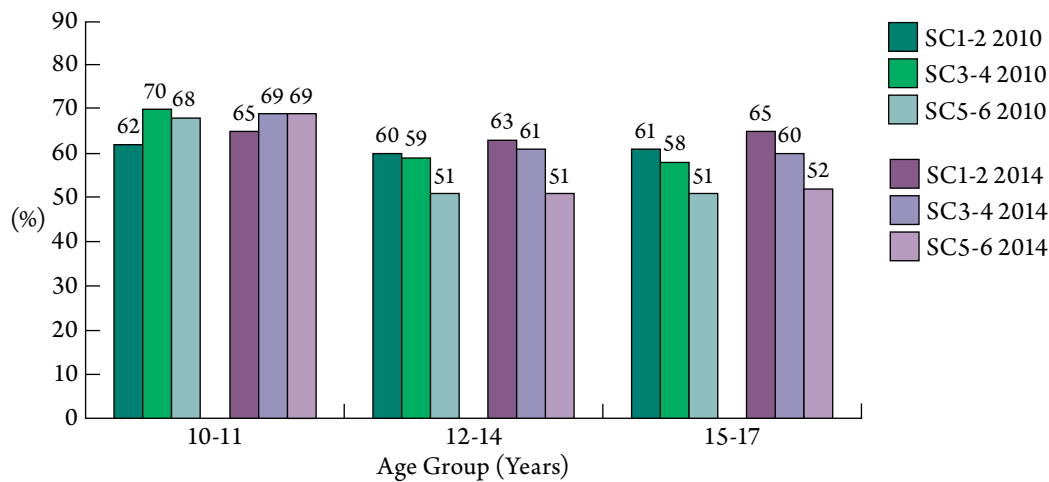
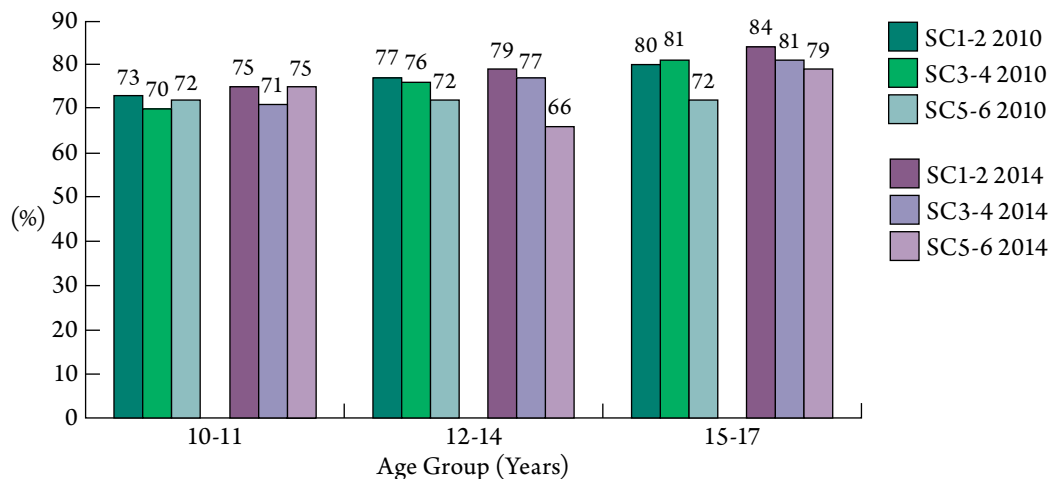


Figure 53: Percentages of girls who report brushing their teeth more than once a day



Seatbelt use

There are statistically significant differences by gender and age group. More girls than boys report always wearing a seatbelt when in a car (82% and 79% respectively). A higher proportion of younger children report always wearing a seatbelt when in a car compared to older children. There are no statistically significant social class differences.

Figure 54: Percentages of boys who report always wearing a seatbelt

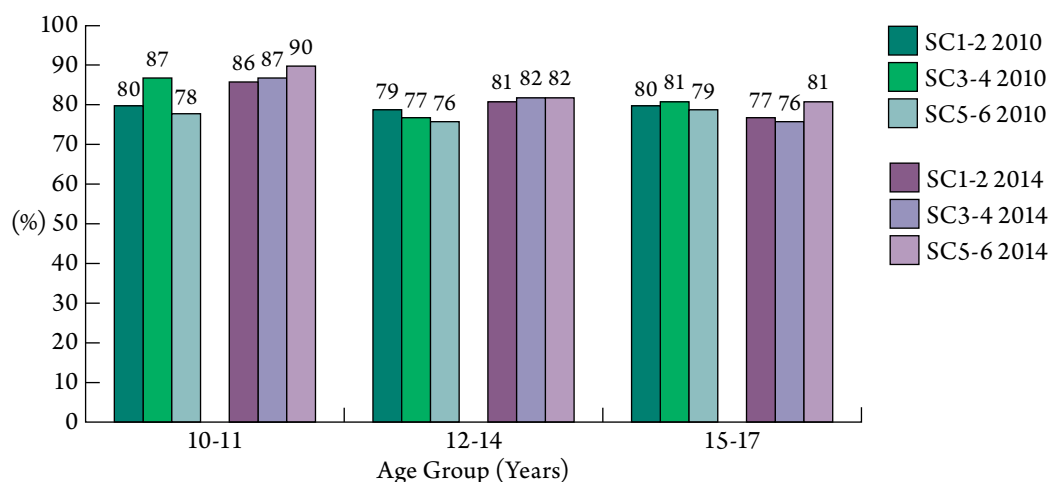
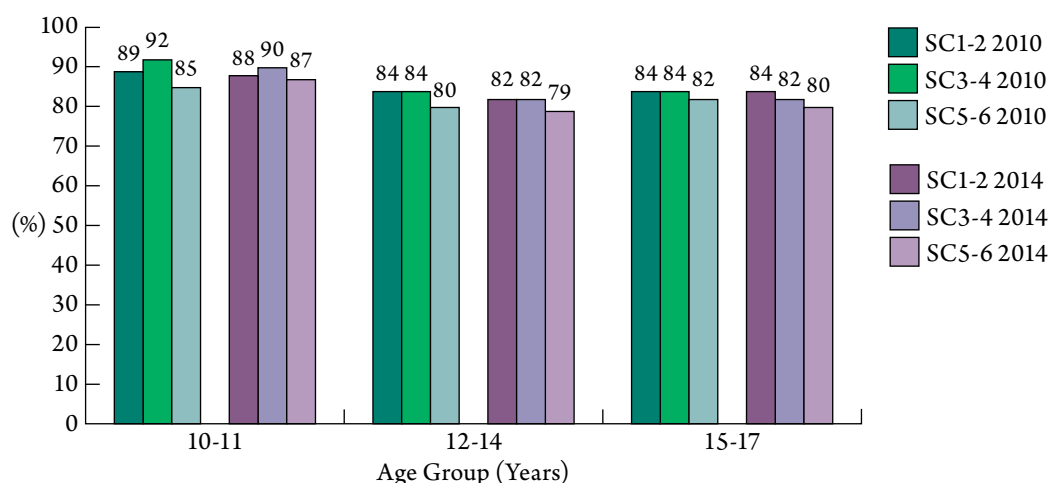


Figure 55: Percentages of girls who report always wearing a seatbelt



Injuries

Ever injured

There are statistically significant differences by gender and age group. A higher proportion of boys compared to girls report being injured once or more and requiring medical attention in the last 12 months (47% and 34% respectively). Fewer younger children report being injured once or more in the last 12 months compared to older children. There are no statistically significant social class differences.

Figure 56: Percentages of boys who report ever being injured in the last 12 months

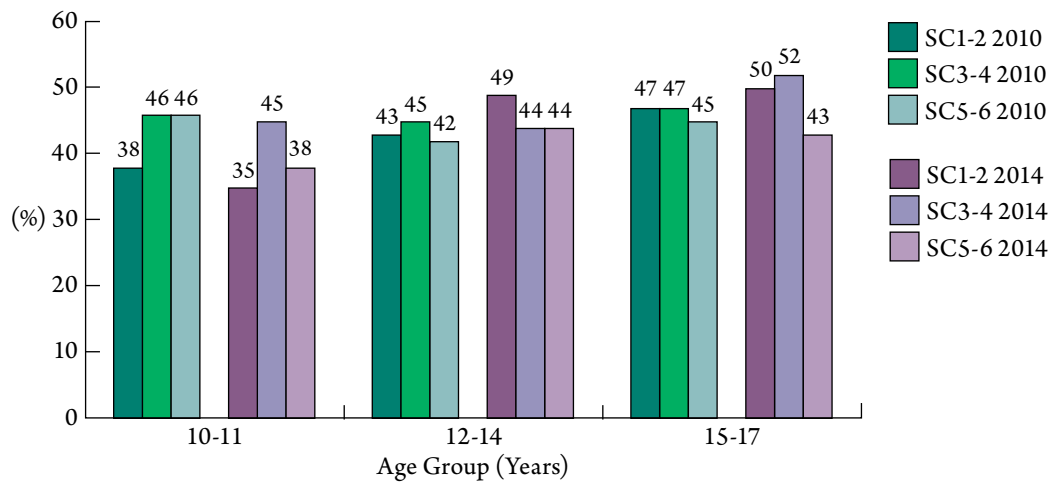
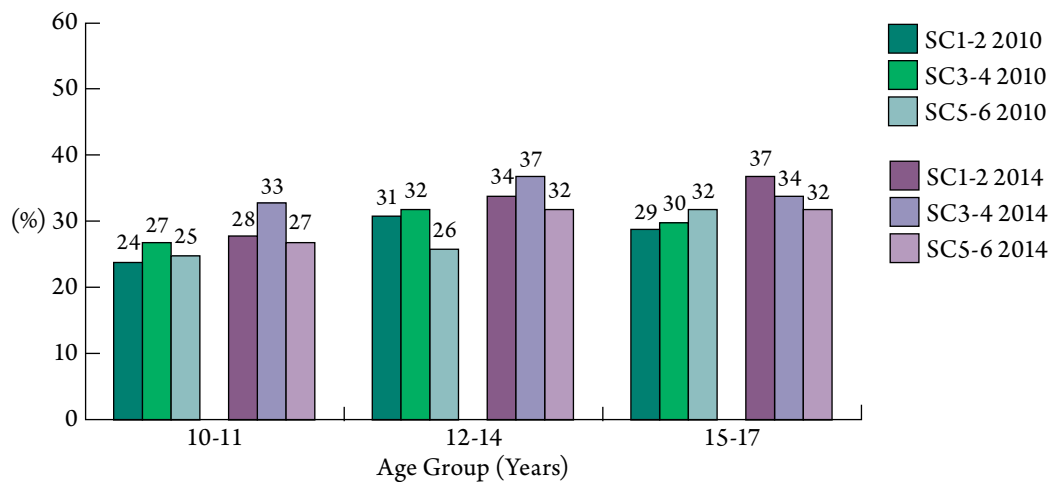


Figure 57: Percentages of girls who report ever being injured in the last 12 months



Physical Fighting and Bullying

Physical fight

There are statistically significant differences by gender, age group and social class. Overall, fewer girls compared to boys report having been in a physical fight (17% and 40% respectively). Younger children more commonly report having been in a physical fight compared to older children. Fewer children from higher social classes report having been in a physical fight than those from other social class groups.

Figure 58: Percentages of boys who report ever being in a physical fight in the last 12 months

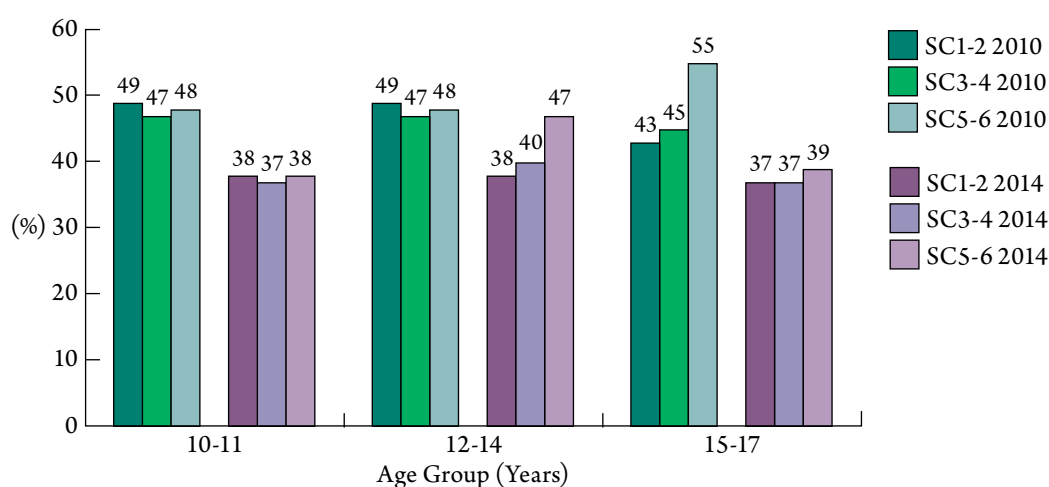
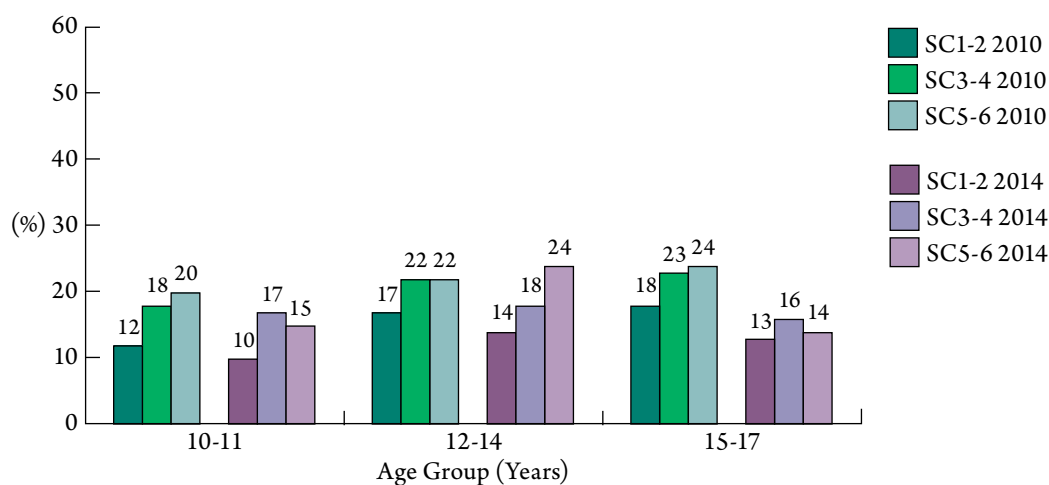


Figure 59: Percentages of girls who report ever being in a physical fight in the last 12 months



Bullied others

There are statistically significant differences by gender and age group. Overall, 18% of boys report ever bullying others at school in the past couple of months compared to 9% of girls. Fewer younger children report ever bullying others at school in the past couple of months than older children. There are no statistically significant social class differences.

Figure 60: Percentages of boys who report ever bullying others in the past couple of months

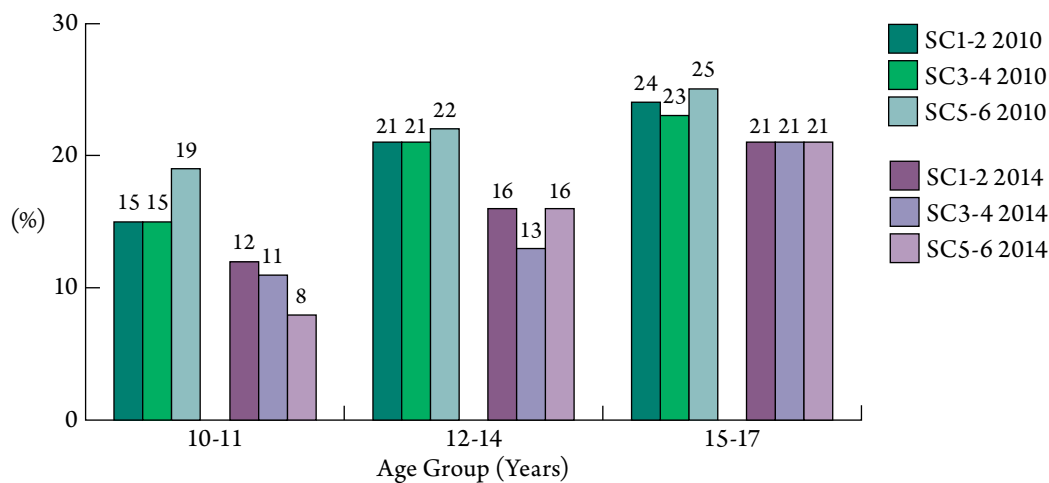
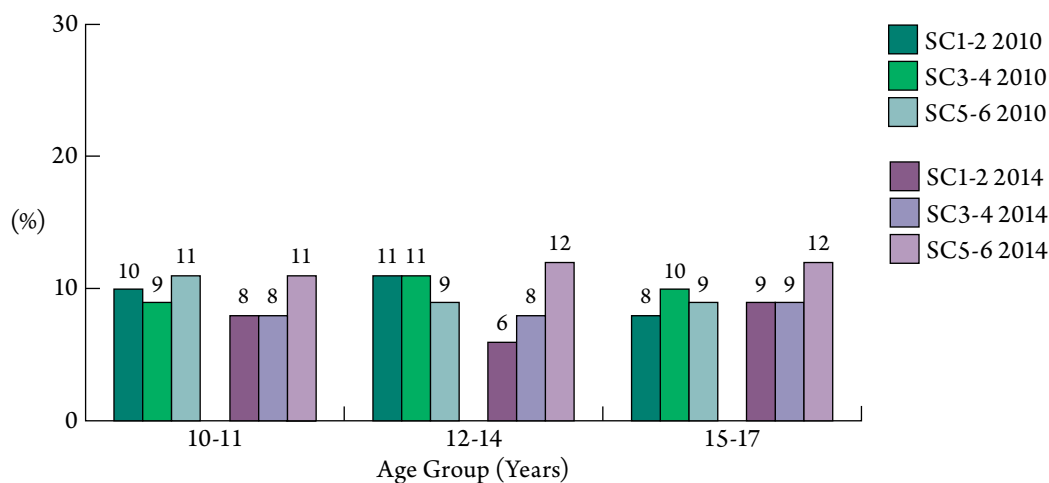


Figure 61: Percentages of girls who report ever bullying others in the past couple of months



Being bullied

There are statistically significant differences by gender, age group and social class. Overall, 24% of boys report ever being bullied in school in the past couple of months compared to 27% of girls. A higher proportion of younger children report ever being bullied in the past couple of months compared to older children. Overall, children from higher social classes less frequently report ever being bullied than those from other social class groups.

Figure 62: Percentages of boys who report ever being bullied in school in the past couple of months

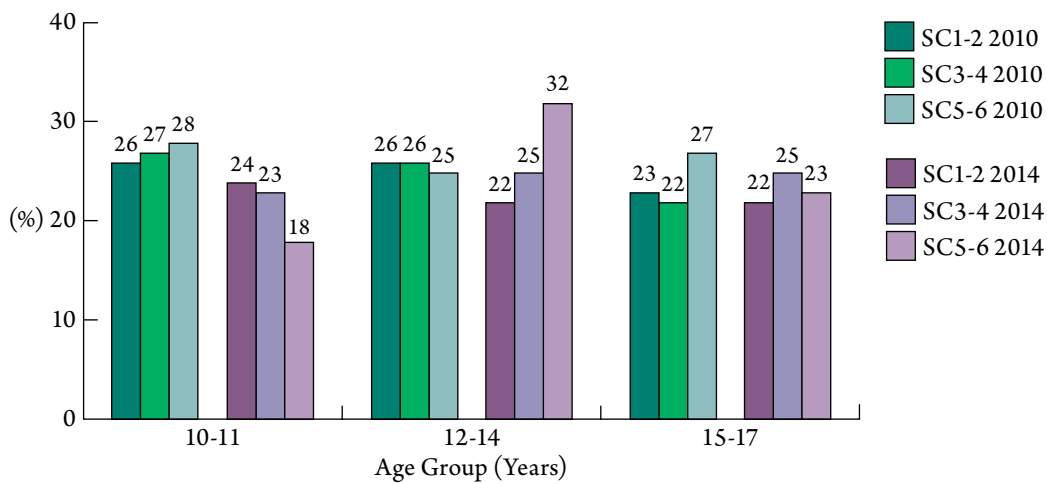
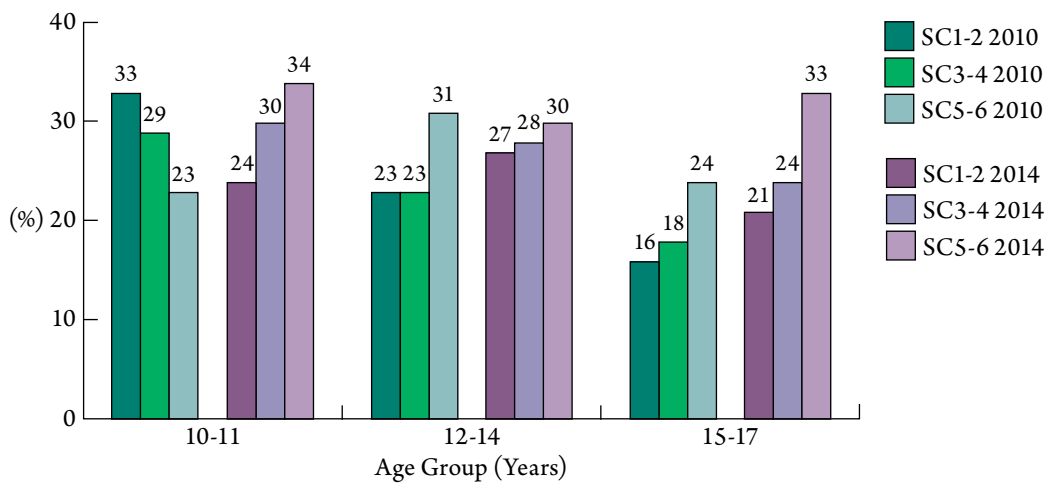


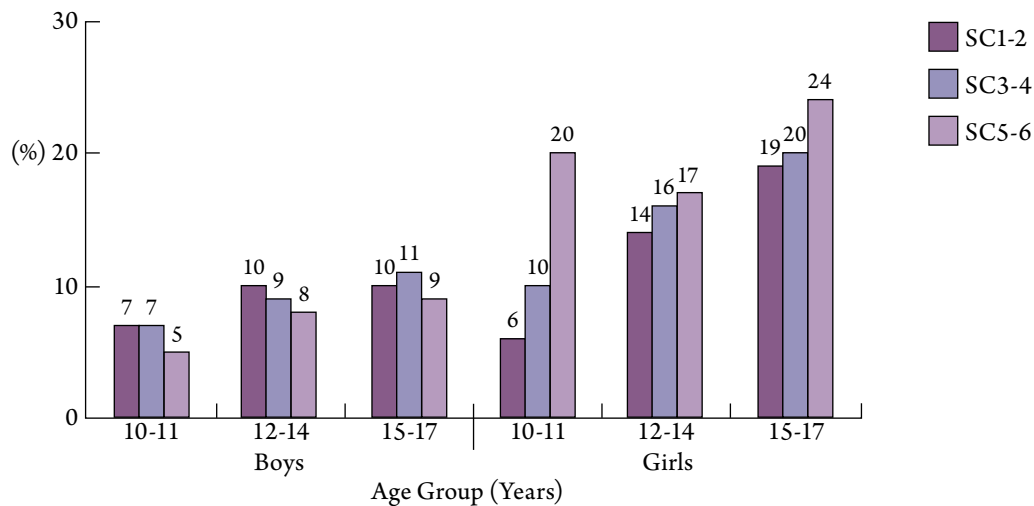
Figure 63: Percentages of girls who report ever being bullied in school in the past couple of months



Cyber bullying – mean messages

There are statistically significant differences by gender with 10% of boys and 17% of girls reporting ever being bullied in the past couple of months by being sent mean messages, wall postings or by a website created to make fun of them. Statistically significant age group differences are also apparent with fewer younger children reporting ever being bullied by being sent mean messages compared to older children. There are no statistically significant social class differences.

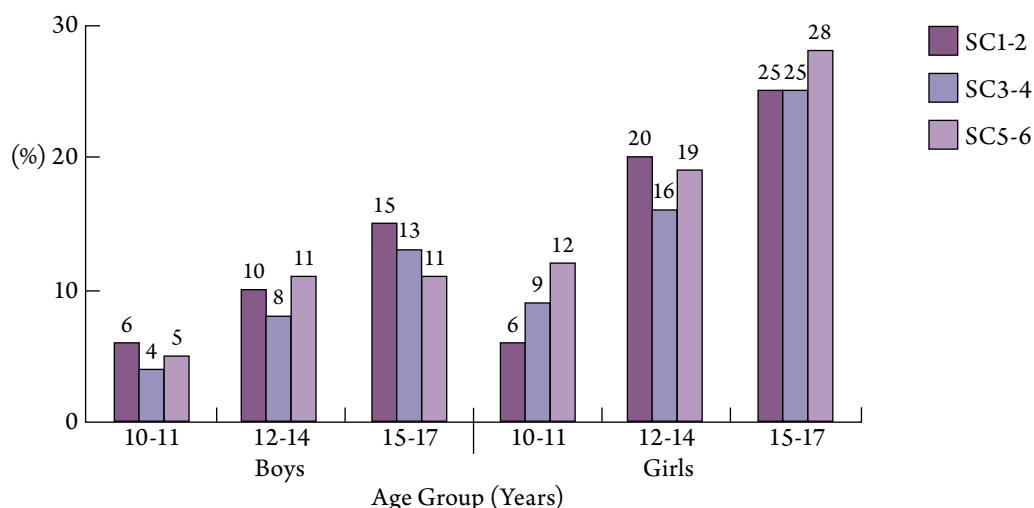
Figure 64: Percentages of boys and girls who report ever being bullied in the past couple of months by being sent mean messages



Cyber bullying – unflattering pictures

There are statistically significant differences by gender with 11% of boys and 19% of girls reporting ever being bullied in the past couple of months by someone taking unflattering or inappropriate pictures of them without permission and posting them online. Statistically significant differences are also apparent by age group and social class. Fewer younger children report ever being bullied by unflattering pictures than older children. Children from both higher and lower social classes more frequently report being bullied by unflattering pictures than those from middle social class groups.

Figure 65: Percentages of boys and girls who report ever being bullied in the past couple of months by someone posting unflattering or inappropriate pictures of them online without permission

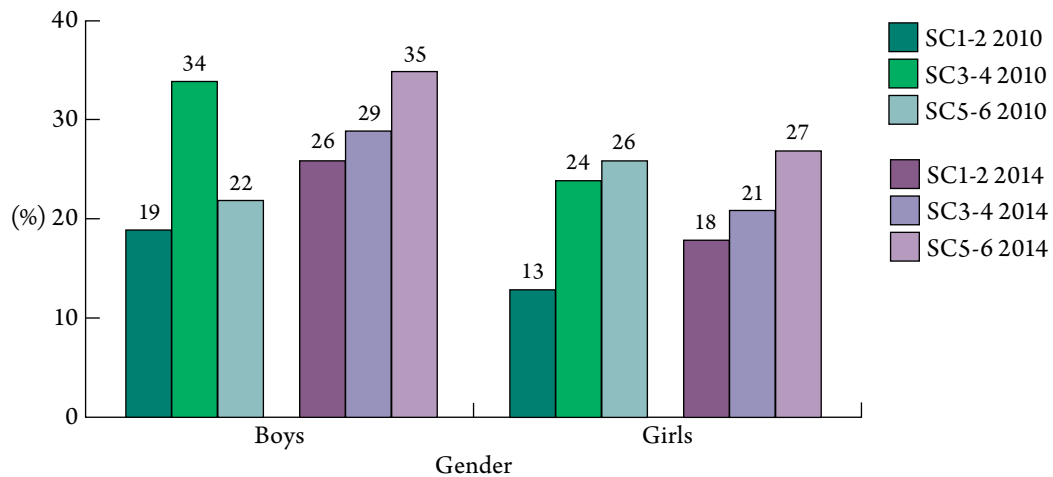


Sexual Health Behaviours

Sexual activity

There are statistically significant differences by gender and age group. Overall, 31% of 15-17 year old boys report that they have ever had sex compared to 21% of 15-17 year old girls. Fewer young people from higher social classes report that they have ever had sex than those from other social class groups.

Figure 66: Percentages of 15-17 year olds who report having ever had sex, by gender



Use of birth control pill

In those who report ever having had sex, statistically significant gender and social class differences are not evident. Overall, 31% of 15-17 year old boys and 35% of 15-17 year old girls report that they used the birth control pill as a form of contraception at last intercourse.

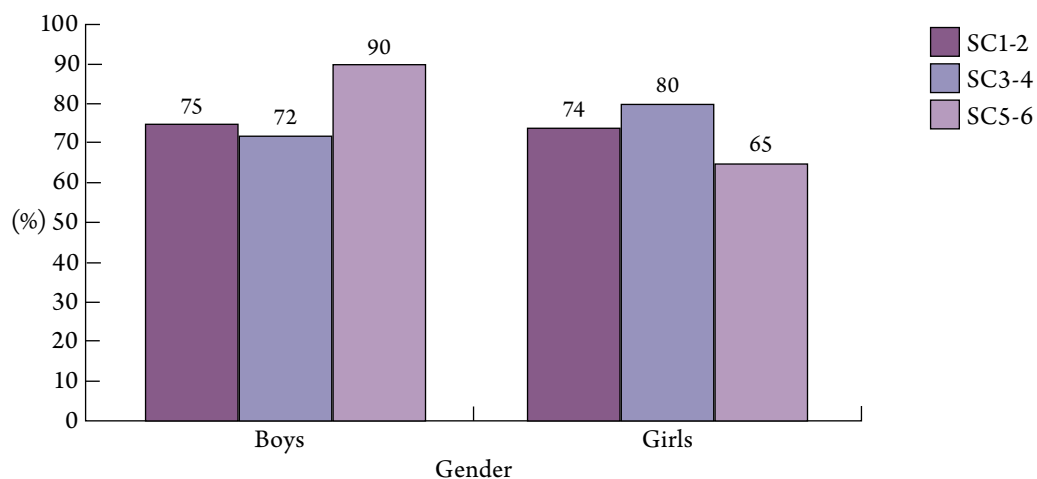
Figure 67: Percentages of 15-17 year olds who report using the birth control pill, by gender (of those who have ever had sex)



Condom use

In those who report ever having had sex, there are no statistically significant gender or social class differences. Overall, 73% of 15-17 year old boys and 73% of 15-17 year old girls report that they used condoms as a form of contraception at last intercourse.

Figure 68: Percentages of 15-17 year olds who report using condoms, by gender (of those who have ever had sex)



Middle Childhood Study

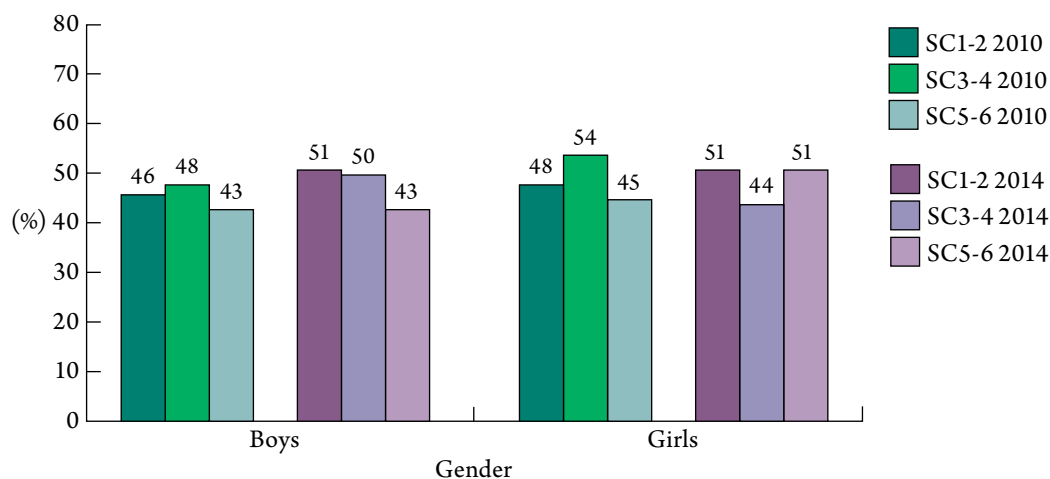
The results of the findings from the Middle Childhood Study presented in this section are stratified by gender, age group and social class. The findings presented in this section include children from 3rd and 4th class.

General Health and Wellbeing

Excellent health

There are no statistically significant gender or social class differences. Overall, 51% of boys and 47% of girls report excellent health.

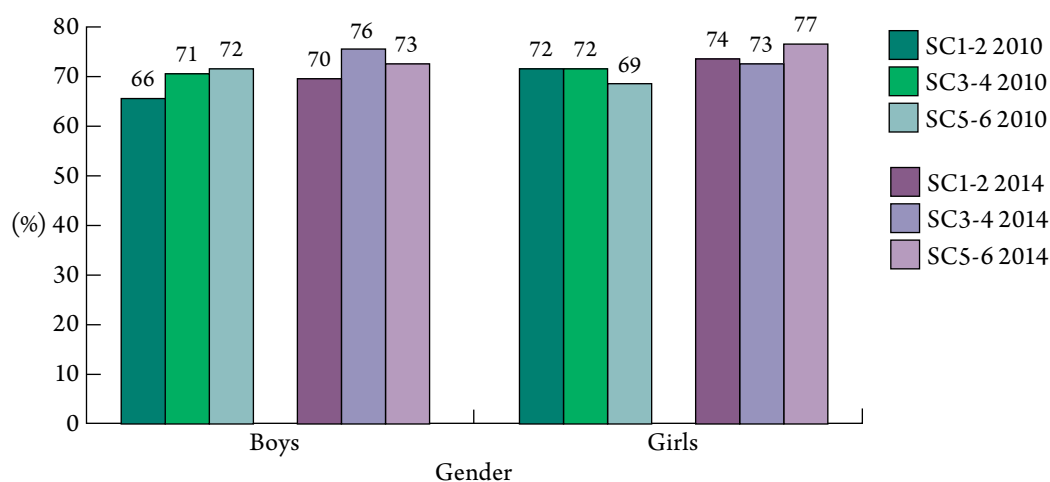
Figure 69: Percentages of 3rd and 4th class boys and girls who report their health is excellent



Life at present (happiness)

There are no statistically significant gender or social class differences. Overall, 72% of boys and 74% of girls report feeling very happy with their life at present.

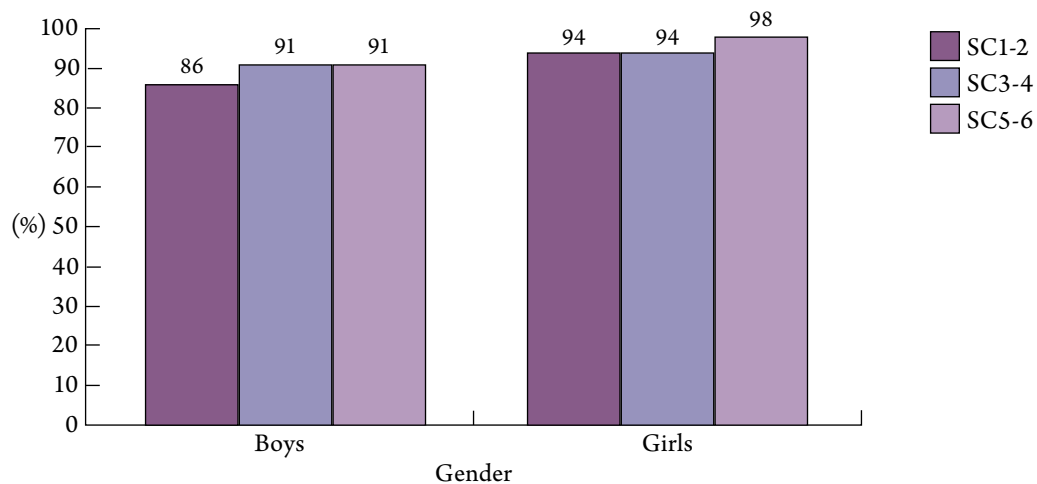
Figure 70: Percentages of 3rd and 4th class boys and girls who report feeling very happy about their lives at present



Love of family

There are statistically significant gender differences. Overall, 88% of boys report that they always love their family compared to 94% of girls. There are no statistically significant social class differences.

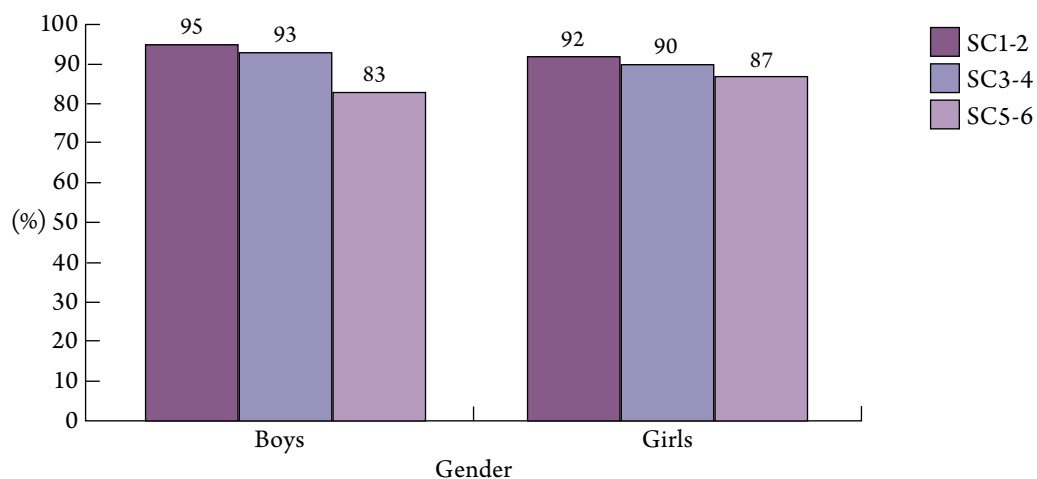
Figure 71: Percentages of 3rd and 4th class boys and girls who report they always love their family



Hobbies

There are no statistically significant gender differences (91% boys; 89% girls). There are statistically significant social class differences. Children from higher social classes more commonly report they engage in their hobbies weekly or more frequently than those from other social class groups.

Figure 72: Percentages of 3rd and 4th class boys and girls who report they engage in their hobbies weekly or more frequently

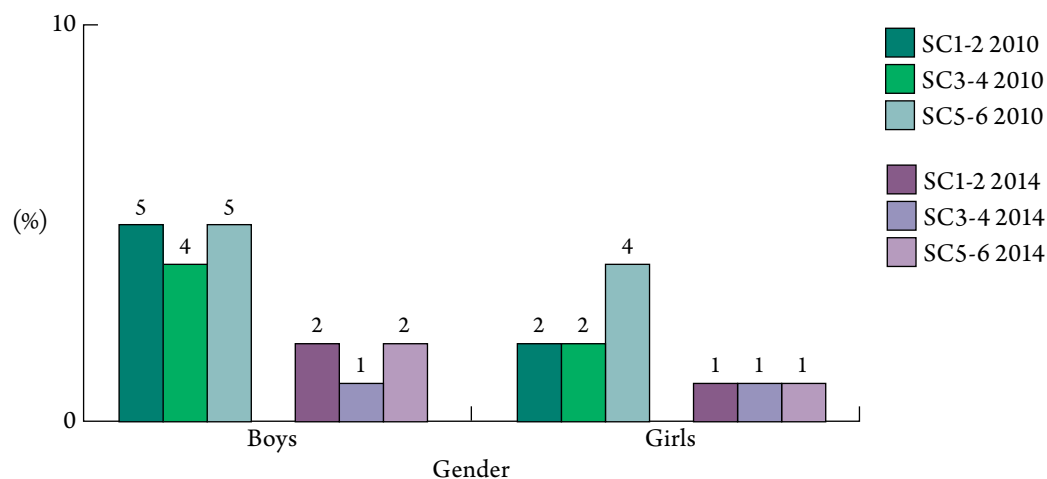


Smoking

Ever smoked tobacco

There are no statistically significant gender or social class differences. Overall 1% of boys and 1% of girls report that they have ever smoked tobacco.

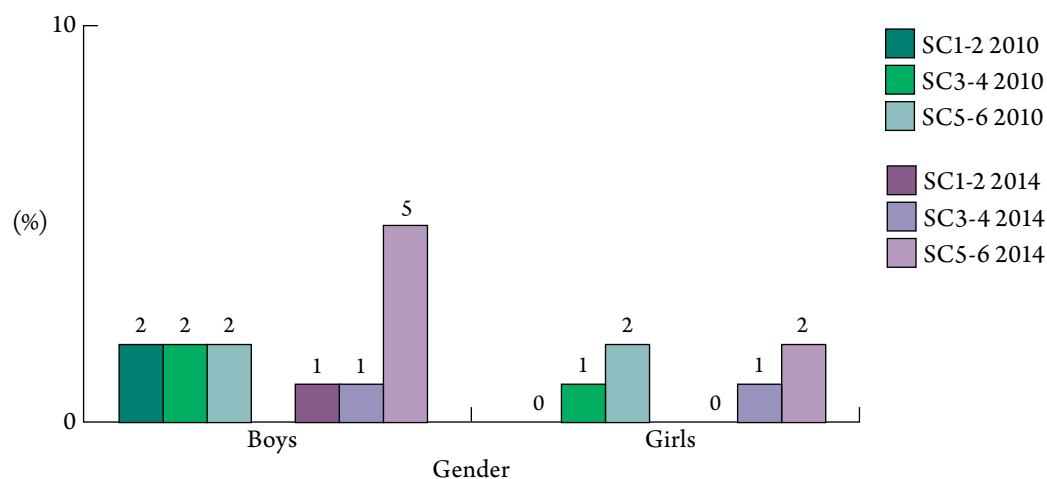
Figure 73: Percentages of 3rd and 4th class boys and girls who report ever smoking tobacco



Current smoking status

There are no statistically significant gender differences (1% boys; 1% girls). Statistically significant social class differences are evident with fewer children from higher social classes reporting they are current smokers (defined as smoking tobacco monthly or more frequently) than those from other social class groups.

Figure 74: Percentages of 3rd and 4th class boys and girls who report they are current smokers

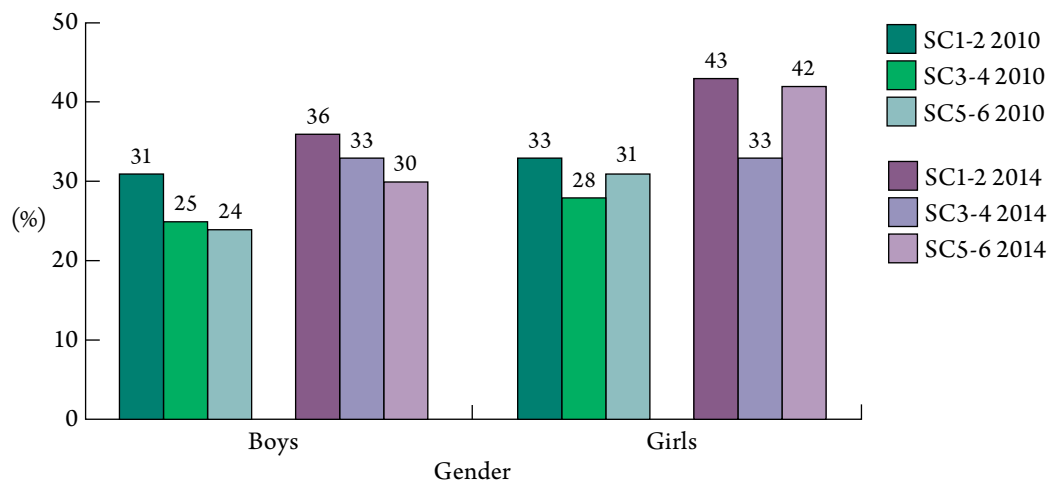


Food and Dietary Behaviour

Fruit

There are no statistically significant gender differences (33% boys; 37% girls). There are statistically significant social class differences. A higher proportion of children from higher social classes report they consume fruit more than once a day than those from other social class groups.

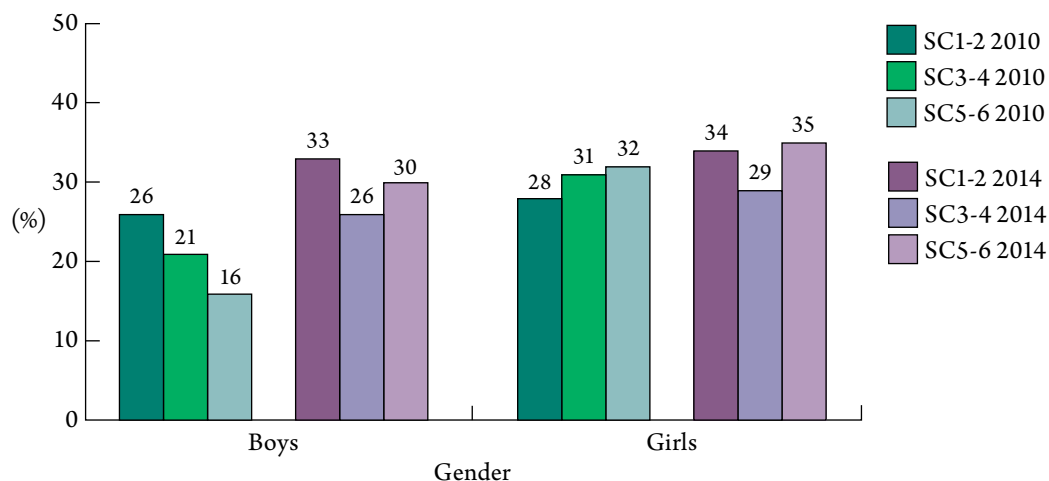
Figure 75: Percentages of 3rd and 4th class boys and girls who report eating fruit more than once a day



Vegetables

There are no statistically significant gender differences (29% boys; 31% girls). There are statistically significant social class differences with a higher proportion of children from higher social classes reporting they consume vegetables more than once a day than those from other social class groups.

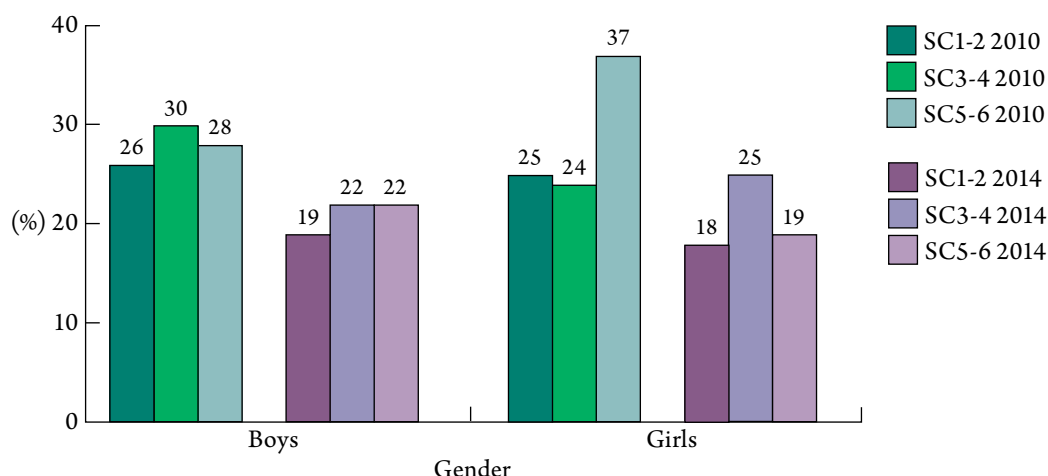
Figure 76: Percentages of 3rd and 4th class boys and girls who report eating vegetables more than once a day



Sweets

There are no statistically significant gender or social class differences. Overall, 21% of boys and 22% of girls report eating sweets once a day or more.

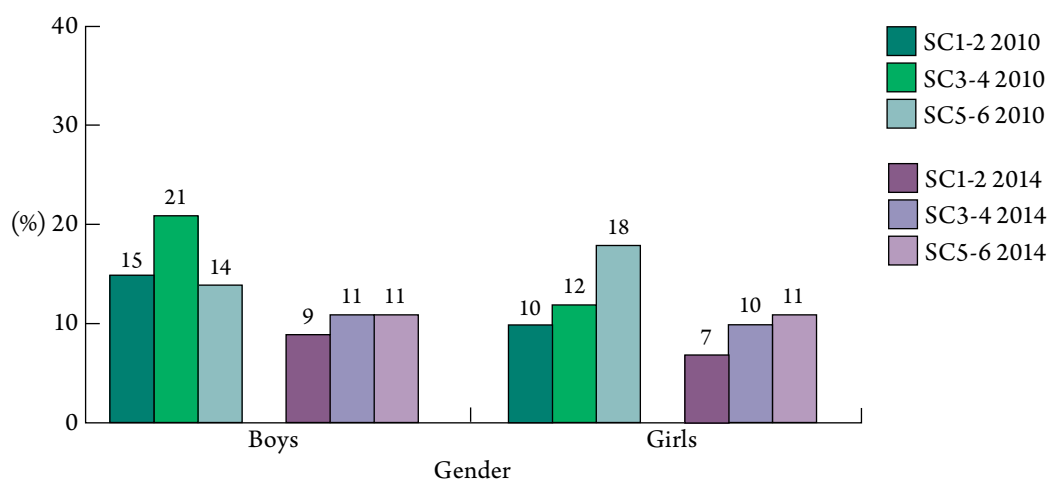
Figure 77: Percentages of 3rd and 4th class boys and girls who report eating sweets daily or more



Soft drinks

There are no statistically significant gender or social class differences. Overall, 11% of boys and 10% of girls report drinking soft drinks daily or more.

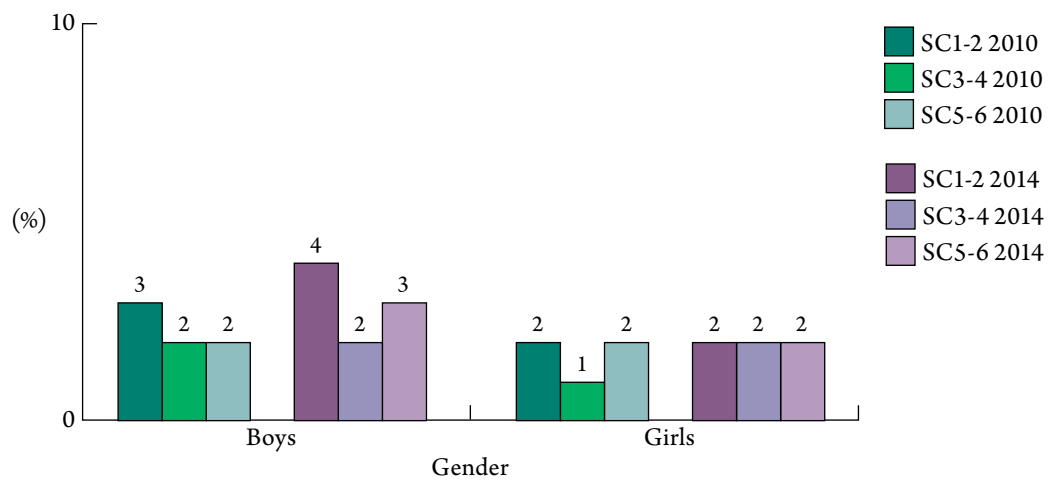
Figure 78: Percentages of 3rd and 4th class boys and girls who report drinking soft drinks daily or more



Not having breakfast

There are statistically significant gender differences. Overall, 4% of boys report never having breakfast on any day of the week compared to 2% of girls. There are no statistically significant social class differences.

Figure 79: Percentages of 3rd and 4th class boys and girls who report not having breakfast during the week or the weekend

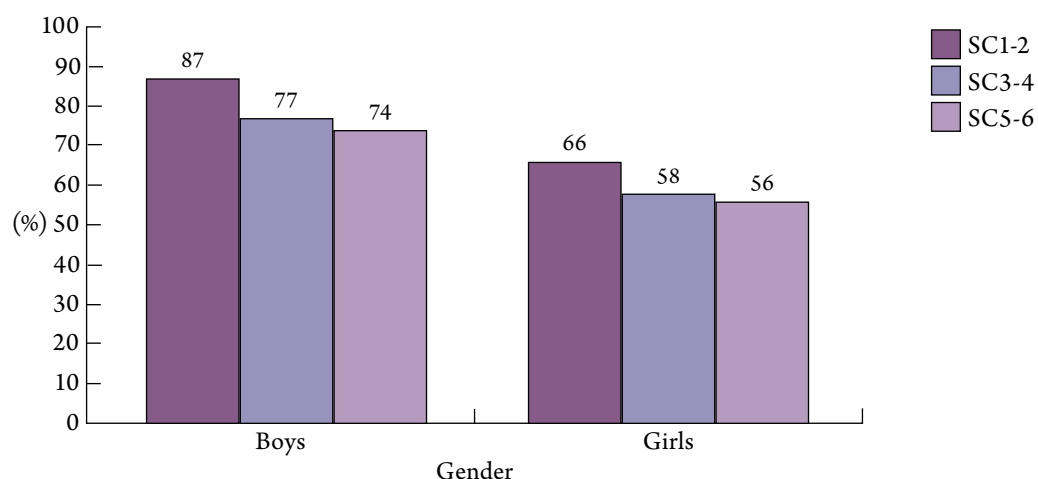


Exercise and Physical Activity

Club participation

There are statistically significant gender differences. Overall, 79% of boys report playing with a club compared to 59% of girls. There are statistically significant social class differences. A higher proportion of children from higher social classes report playing with a club compared to those from other social class groups.

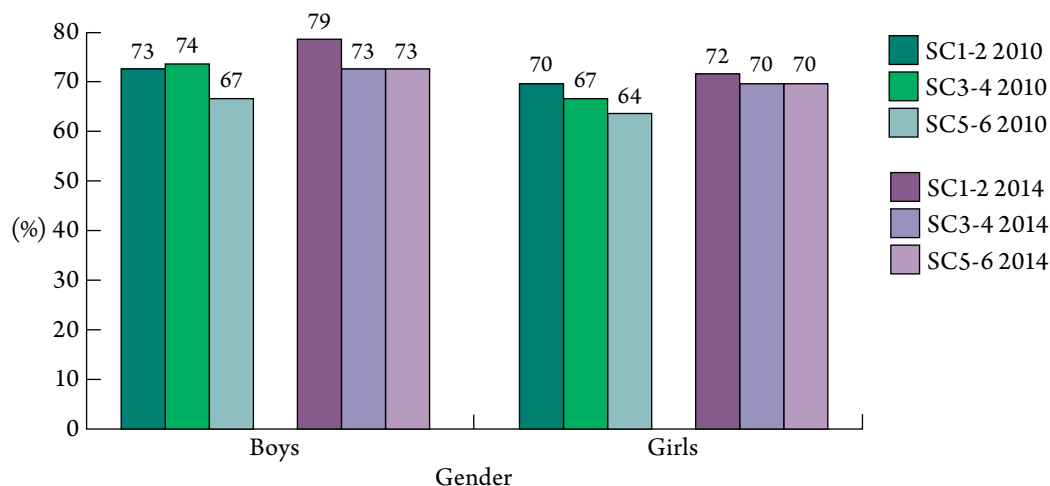
Figure 80: Percentages of 3rd and 4th class boys and girls who report playing with a club



Vigorous exercise ≥4 times/week

There are statistically significant gender differences. Overall, 74% of boys report exercising four or more times a week compared to 70% of girls. There are no statistically significant social class differences.

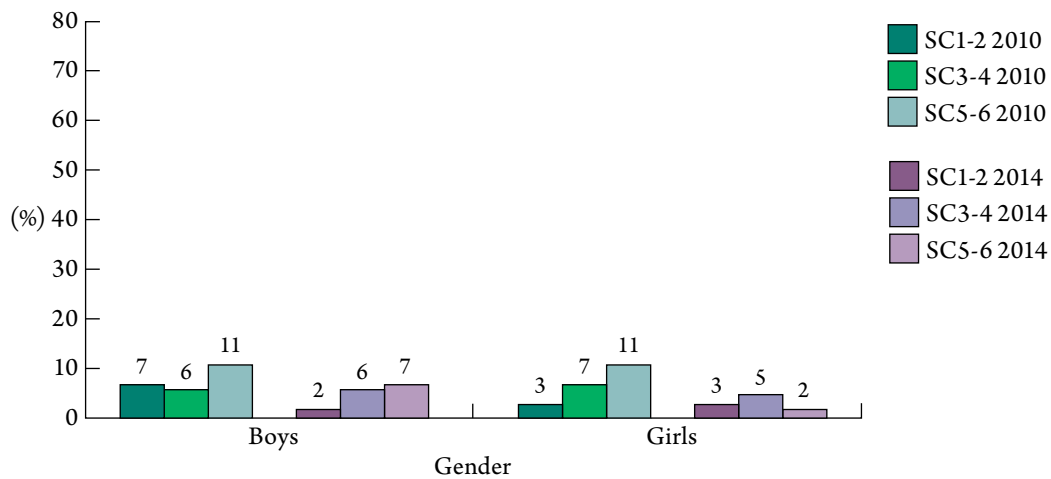
Figure 81: Percentages of 3rd and 4th class boys and girls who report participating in vigorous exercise four or more times per week



Physical inactivity

There are no statistically significant gender differences (6% boys; 5% girls). There are statistically significant social class differences. Fewer children from higher social classes report participating in vigorous exercise less than weekly than those from other social class groups.

Figure 82: Percentages of 3rd and 4th class boys and girls who report participating in vigorous exercise less than weekly

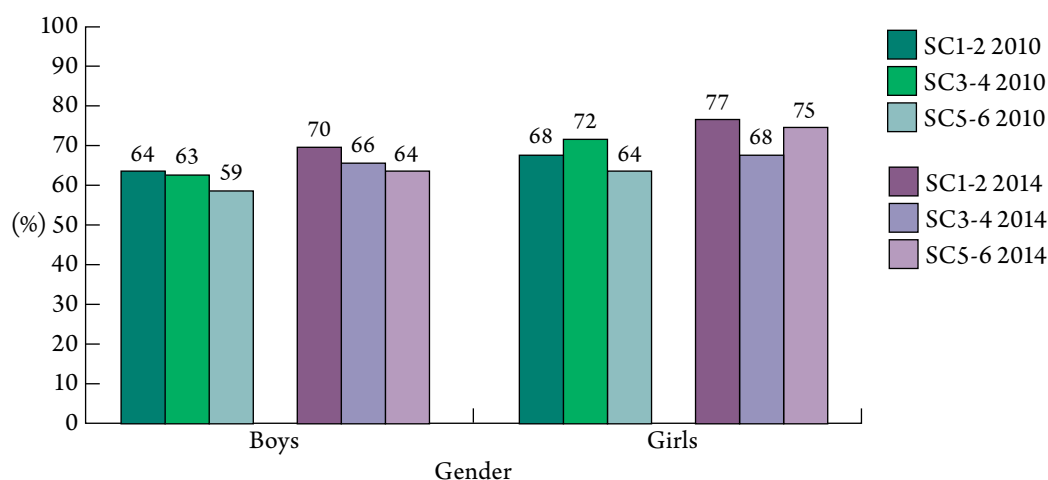


Self-Care

Tooth-brushing

There are statistically significant gender and social class differences. Overall, 67% of boys report brushing their teeth more than once a day compared to 73% of girls. Children from higher social classes more commonly report brushing their teeth more than once a day than those from other social class groups.

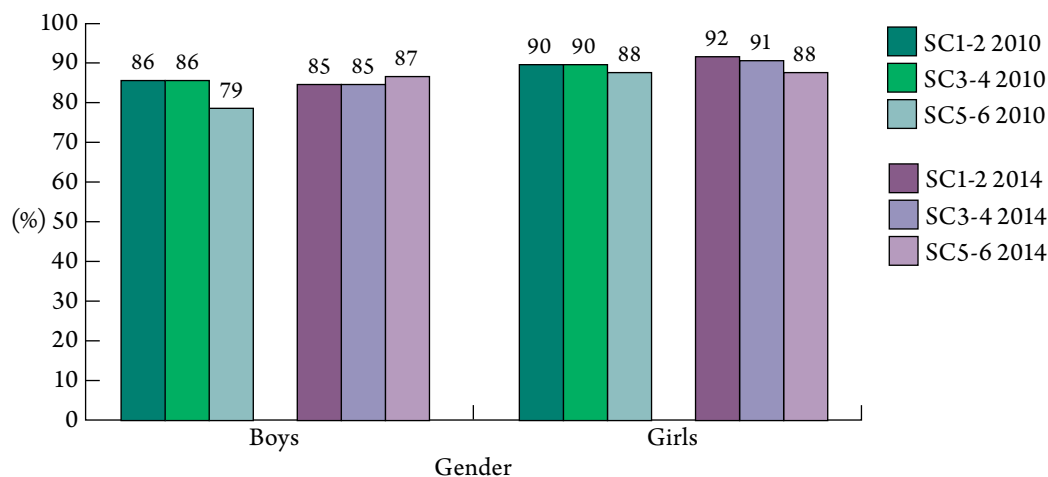
Figure 83: Percentages of 3rd and 4th class boys and girls who report brushing their teeth more than once a day



Seatbelt use

There are statistically significant gender differences. Overall, 85% of boys report always wearing a seatbelt when in a car compared to 90% of girls. There are no statistically significant social class differences.

Figure 84: Percentages of 3rd and 4th class boys and girls who report always wearing a seatbelt

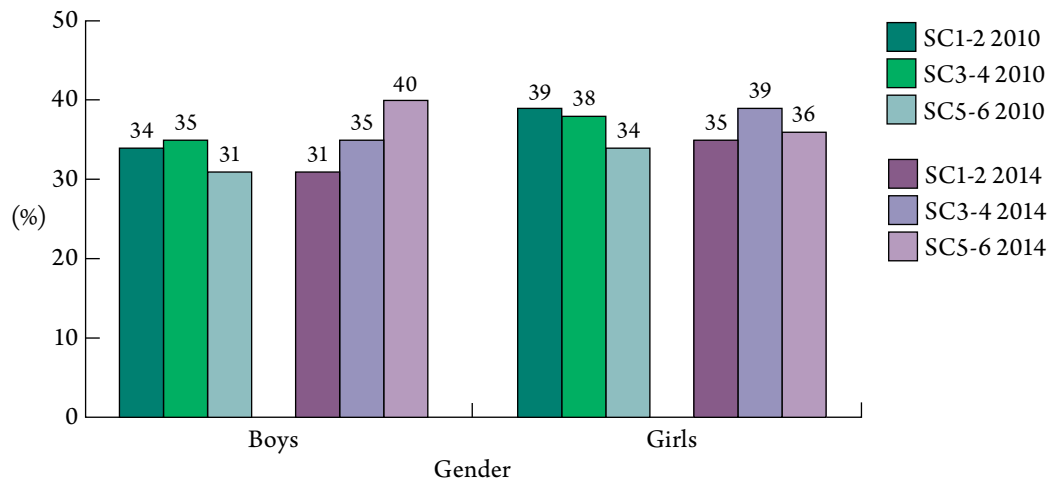


Bullying

Being bullied

There are no statistically significant gender or social class differences. Overall, 35% of boys and 37% of girls report ever been bullied in school in the past couple of months.

Figure 85: Percentages of 3rd and 4th class boys and girls who report ever being bullied in school in the past couple of months



Appendices

Demographic Representativeness of Respondents: HBSC 2014 Survey

The gender breakdown of the HBSC 2014 participants revealed that 42% were boys and 58% were girls. Those who participated were compared to data from the 2011 census for region and social class. Table 20 presents the final numbers for each geographical region and the percentage (un-weighted) of the total sample that this represents. The sixth column presents the percentages of 8-12 year olds recorded in the regions during the 2011 census. The data are representative of the population distribution across regions with slight variations from the 2011 census.

Table 20: Comparison of the location of 2014 and 2010 HBSC respondents to the 2011 census

Health Board Area	N		%		%
	HBSC 2010	HBSC 2014	HBSC 2010	HBSC 2014	Census 2011
East	3869	3303	32	24	33
North East	753	1679	6	12	11
South East	919	1885	8	14	12
North West	665	936	6	7	6
South	2760	1696	23	13	14
Mid West	1155	944	10	7	8
West	947	1994	8	15	10
Midlands	1132	1147	9	8	6

In addition, social class was compared with those presented in the 2011 census, as shown in Table 21. It should be noted that slight variations would be expected here because the census reports all persons by social class, not all of whom would be parents or guardians of children in these age groups.

Table 21: Comparison of the social class of 2014 and 2010 HBSC respondents to the 2011 census

Social Class	HBSC 2010 (%)	HBSC 2014 (%)	Census 2011 (%)
Professional	7	8	7
Managerial	30	32	27
Non-manual	13	17	18
Skilled manual	21	16	15
Semi-skilled	10	8	11
Unskilled	2	2	4
Unclassifiable	1	0	-
Unknown	16	17	18

Table 22 below presents the percentages of HBSC respondents across gender, age group and social class.

Table 22: Distribution of 2010 and 2014 HBSC respondents by gender, age group and social class

	SC 1-2 (%)		SC 3-4 (%)		SC 5-6 (%)		n	
	HBSC 2010	HBSC 2014	HBSC 2010	HBSC 2014	HBSC 2010	HBSC 2014	HBSC 2010	HBSC 2014
BOYS								
10-11 years	41	46	44	42	15	13	644	1163
12-14 years	41	47	44	43	14	11	2557	1611
15-17 years	46	53	40	36	14	12	1953	1330
GIRLS								
10-11 years	39	46	46	43	15	12	687	1555
12-14 years	43	48	43	35	15	13	2464	2321
15-17 years	48	54	37	39	15	10	1832	1060

Demographic Representativeness of Respondents: Middle Childhood Survey

In Table 23 and Table 24 below, the sixth column presents the percentages of 6-7 year olds recorded in the regions during the 2011 census.

Table 23: Comparison of the location of 2014 and 2010 HBSC respondents to the 2011 census

Health Board Area	n		%		Census 2011
	Middle Childhood Survey 2010	Middle Childhood Survey 2014	Middle Childhood Survey 2010	Middle Childhood Survey 2014	
East	974	690	39	23	33
North East	154	419	6	14	11
South East	160	465	6	15	11
North West	166	130	7	4	6
South	419	380	17	13	14
Mid West	163	225	7	7	8
West	177	430	7	14	10
Midlands	261	317	11	10	7

Table 24: Comparison of the social class of 2014 and 2010 HBSC respondents to the 2011 census

Social Class	HBSC 2010 (%)	HBSC 2014 (%)	Census 2011 (%)
Professional	6	9	7
Managerial	23	29	27
Non-manual	13.5	20	18
Skilled manual	20	16	15
Semi-skilled	14.5	9	11
Unskilled	2	1	4
Unclassifiable	2.5	0	-
Unknown	18	16	18

Table 25: Distribution of 2010 and 2014 HBSC respondents by gender and social class

	SC 1-2 (%)		SC 3-4 (%)		SC 5-6 (%)		n	
	HBSC 2010	HBSC 2014	HBSC 2010	HBSC 2014	HBSC 2010	HBSC 2014	HBSC 2010	HBSC 2014
Boys	45	48	41	41	14	11	921	808
Girls	46	44	38	44	16	12	1035	1037

Smoking

Cigarette packaging and warnings

Children aged 12-17 years old were asked to report on when was the last time they saw or looked at a cigarette pack. Overall, 74% report in the last six months, 7% report more than six months ago and 19% report never. Table 26 presents data on children aged 12-17 years old who report that they have seen a cigarette pack within the last six months. Of the children who report that they saw or looked at a cigarette pack in the last 6 months, 23% report never reading warnings on a cigarette pack.

Table 26: Percentages of 12-17 year olds who report that they have seen a cigarette pack within the last 6 months

	%	%	%	%	%
	Never	Once/ twice	Sometimes	Often	Every time I see them
Read warnings on a cigarette pack	23	30	19	11	17
Talk about warnings on a cigarette pack	42	26	17	10	4
Not had a cigarette because of warnings on a cigarette pack	55	4	2	4	34
Thought about quitting or not smoking again because of the warnings on a cigarette pack	50	14	8	10	18

Table 27 presents data on children aged 12-17 years old who report that they saw or looked at a cigarette pack either in the last six months or more than six months ago. Children were asked to agree or disagree on whether they think cigarette packs look cool, disgusting or boring. Overall, 6% agree that cigarette packs look cool, 68% that they look disgusting and 43% that they look boring.

Table 27: Percentages of 12-17 year olds who agree or disagree that cigarette packs looks cool, disgusting or boring

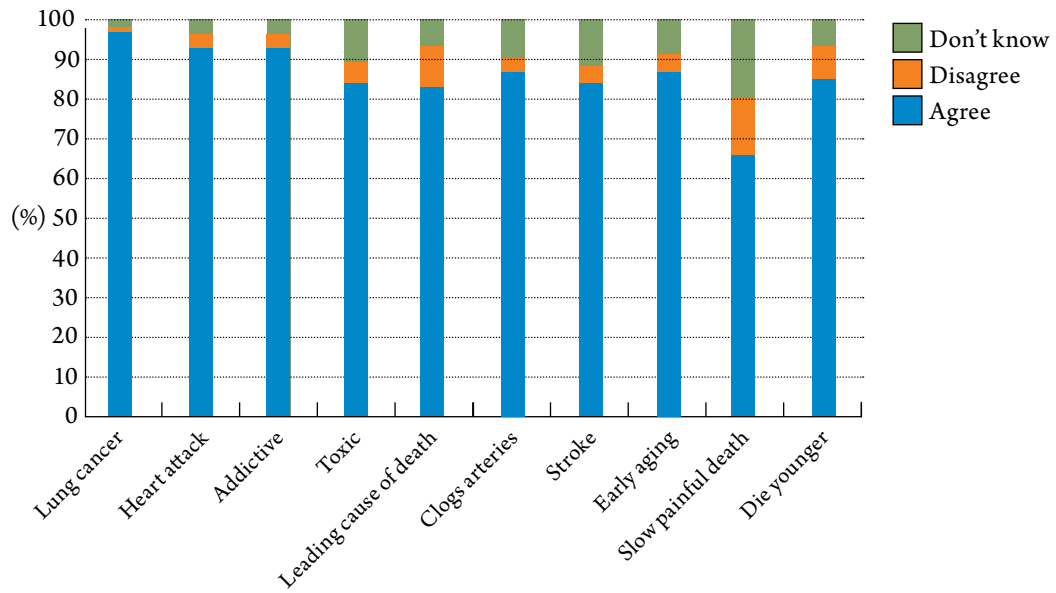
	%	%	%
	Look cool	Look disgusting	Look boring
Agree	6	68	43
Not sure	10	13	27
Disagree	78	14	20
Cannot comment	6	5	9

Consequences of smoking cigarettes

Children aged 12-17 years old were asked to agree or disagree to the following statements: (1) smoking causes lung cancer, (2) smoking increases the risk of having a heart attack, (3) smoking is addictive, (4) tobacco smoke is toxic, (5) smoking is the leading cause of death, (6) smoking clogs your arteries, (7) smoking doubles your risk of stroke, (8) smoking causes wrinkling and early aging, (9) smoking can cause a slow painful death, and (10) smokers die younger. Overall, 97% of children agree that smoking causes lung cancer while 66% agree that smoking can cause a slow painful death.

Statistically significant gender differences are evident. More girls agree to 7 out of the 10 statements than boys. However, when data are stratified by age group, statistically significant differences by gender are only observed in girls aged 15-17 years in three of the seven statements (smoking increases the risk of having a heart attack, smoking is addictive and smoking doubles your risk of stroke). There are no gender differences for the statements that tobacco smoke is toxic and smoking clogs your arteries. More boys agree that smoking can cause a slow painful death compared to girls (though this is only statistically significant for boys aged 15-17 years when the data are stratified by age group). Statistically significant age differences are evident for 6 out of the 10 statements. A higher proportion of younger children than older children agree that smoking is the leading cause of death, smoking can cause a slow painful death and smokers die younger. More older children agree that smoking is addictive, tobacco smoke is toxic and smoking causes wrinkling and early aging than younger children.

Figure 86: Percentages of 12-17 year old boys and girls who agree or disagree to statements on the consequences of smoking



Technical Notes

1. The overall percentages (for HBSC 2014 and HBSC 2010) presented in this report have been weighted. The data was probability weighted prior to analysis to account for a gender imbalance which arose due to response variations during data collection in 2014. The sample weights were constructed using census data and accounted for using gender, age group and region. The weights were constructed as $W=1/P$. W can be interpreted as the inverse selection probability.
2. Due to missing data for social class, there was a lower case base for analysis of results stratified by social class compared to results stratified by gender or age group.
3. The method to categorise social class in this report is different to the method used in previous HBSC national reports. For this report, the highest social class in the household was used. In previous reports, social class was categorised using the father's social class (or the mother's social class where father's social class was not available or was missing data). Therefore, data stratified by social class in this report *will* differ slightly from the 2010 national report.
4. Participant responses were documented verbatim regarding body image. Responses that reflected similar ideas were grouped into specific codes, using the qualitative software package (*NVivo*).
5. For the sexual health behaviour questions (use of birth control pill and condom use), we were unable to compare the 2014 and 2010 data. The sexual health behaviour questions used in 2010 and 2014 survey cycles are different, limiting comparability of the data.

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