Health Behaviour in School-Aged Children Study: Scope, Approach and Potential

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What is HBSC?

An international study that gathers data from young people about their health and wellbeing.
The data collected enables countries to gain perspective on the status of their young people’s health?

It allows:

• Comparisons of data across time – trends analysis

• Comparisons with other countries – cross-national analysis

• Comparisons among social/ demographic groups – analysis of health inequalities
To gain new insight and increase our knowledge and understanding of adolescent health in social and developmental context
HBSC key objectives

• Contribute to scientific evidence base on adolescent health and its determinants

• Create a strong multi-disciplinary international network of researchers
HBSC key objectives

- Disseminate research findings to relevant policy and practice audiences, as well as scientific audiences

- Understand social and developmental factors that influence health in order to inform health promotion in schools, families and local communities
HBSC study ‘short history’

- HBSC study was initiated in 1982 by researchers from three countries and soon after became a WHO Collaborative Study.

- First survey conducted in 1983/4 in 5 countries: England, Finland, Norway, Austria and Denmark.

- In 25 years gradual growth in study membership; now 43 participating countries: European Region and North America.

- HBSC international network of >260 researchers from different disciplines.

- Growing interest in HBSC globally – HBSC Collaborator status.
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HBSC study

• The HBSC Study is developed and conducted by a multi-disciplinary network of national teams

• Network operates on democratic principles for decision making about study development

• Elects an international coordinator and databank manager
  
  – International Coordinating Centre based at: Child and Adolescent Health Research Unit, University of Edinburgh
  – International Databank based at Centre for Health Promotion, University of Bergen
National teams

National team responsibilities - working at a national level to:

• obtain funding
• conduct the survey according to study protocol,
• disseminate national study findings
• working collaboratively to develop international study:
  • methodological improvement
  • scientific development
  • inform policy and practice

National team rights:

• access to international data file (if national datafile is accepted as meeting high quality control standards)
OECD countries in HBSC/ not in HBSC

- Australia
- Austria
- Belgium
- Canada
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Japan

- Korea
- Luxembourg
- Mexico
- Netherlands
- New Zealand
- Norway
- Poland
- Portugal
- Slovak Rep
- Spain
- Sweden
- Switzerland
- Turkey
- UK
- US
Countries invited to OECD membership talks that are / are not in HBSC

- Chile
- Estonia
- Israel
- Russia
- Slovenia
Countries with enhanced OECD engagement

Brazil, China, India, Indonesia, South Africa

• None of these are members of HBSC
• Under current rules these countries cannot become full-members
• However terms of reference for collaborative status have been developed and are being implemented
HBSC network collaboration

Network members collaborate on all aspects of study and meet regularly:

• development of survey questionnaire and protocol including rules for data collection
• analysing data
• writing scientific papers
• producing international reports
• developing the study

They also work to agreed Terms of Reference on rights, duties and responsibilities of members
HBSC surveys of schoolchildren

- Conducted every four years at same time in all countries (next in 2009/2010)
- Common standardised survey questionnaire and survey method designed by HBSC study network
- Data collected on nationally representative samples of 11, 13 and 15 year olds in each country
- Sample size: 1,550 per age group
- School class is sampling unit
- Stratified cluster sampling
HBSC survey scope

- health and well-being
- health behaviours and risk behaviours
- social context
- developmental factors
Health related behaviours measured in HBSC

- Tobacco, alcohol and cannabis
- Physical activity
- Consumption of food and drinks
- Toothbrushing
- Weight control behaviour
- Fighting and bullying
- Sexual behaviour
- TV and computer use
- Electronic communication
Health and well-being measures in HBSC

- self-rated health
- life satisfaction
- health complaints
- body image
- Body Mass Index (BMI)
- injuries
Social context measures in HBSC

- Family socioeconomic status
- Family structure
- Family relationships
Social context measures in HBSC

School environment:

• Liking school
• Academic pressure
• Academic achievement
• Support from classmates
Social context measures in HBSC

Peer relations:
• Spending time with friends
• Having close friend
• Numbers of friends
HBSC approach

• enables deeper understanding of how young people’s health is influenced by social circumstances and developmental processes

• draws attention to health inequalities: age, gender, socioeconomic, geographic

• focuses policy on social and economic determinants
Inequalities in Young People’s Health

Report from the Health Behaviour In School-Aged Children 2005/06 Survey in 41 countries

Currie et al, 2008. WHO, Copenhagen
Health Policy for Children and Adolescents, No. 5
Inequalities in young people’s health

HBSC report presents evidence of widespread and diverse types of inequality among young people related to age, gender, socioeconomic status and geography.

Of policy relevance since:

• Negative health experience and poor quality of life for many young people in Europe and North America
• Affects their education and social development
• Tracks through to adulthood affecting health, social and economic outcomes
Gender

- United Nations has stated: there is an international responsibility to achieve equality between the genders

- Very little attention to gender differences in most youth health reports

- Data are usually presented for both boys and girls together and so issue of gender inequality not addressed
Age

• age differences are neglected in many studies
• adolescent age group often merged with younger children or with young adults in health statistics
• HBSC looks at ages 11, 13 and 15 separately
• different stages of puberty, physical and emotional changes, growing independence and choice
• some health risks already established by age 11, others begin and increase during teenage years
Geography

- The countries in HBSC span North America and Europe
- Use UN groupings (based on geographic and economic factors) to make comparisons:
  - North Europe and North America
  - Western Europe
  - Eastern Europe
  - South Europe and Western Asia
Socioeconomic status

• Socioeconomic status measured by HBSC Family Affluence Scale:
  • Family car ownership
  • Having own bedroom
  • Number of family holidays in last year
  • Number of family computers
### Family affluence

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Inequalities in young people’s life satisfaction
15 year olds with high life satisfaction

boys

girls
| Family Affluence | Life satisfaction |

**Associations between family affluence and indicators of health, by country/region and gender:**

**HIGH LIFE SATISFACTION**

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<th>NORTH</th>
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<th>Girls</th>
<th>SOUTH</th>
<th>Boys</th>
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**WEST**

| Austria        | +    | +     | Bulgaria        | +    | +     |
| Belgium (Flemish) | +    | +     | Czech Republic | +    | +     |
| France         | +    | +     | Hungary         | +    | +     |
| Germany        | +    | +     | Poland          | +    | +     |
| Luxembourg     | +    | +     | Romania         | +    | +     |
| Netherlands    | +    | +     | Russian Federation | + | + |
| Switzerland    | +    | +     | Slovakia        | +    | +     |
|                |      |       | Ukraine         | +    | +     |
Life satisfaction: inequalities

• boys higher levels of Life Satisfaction at all ages in most countries
• decrease in Life Satisfaction with age among girls in most countries, not reported by boys
• boys in Western and Northern Europe have higher levels of Life Satisfaction
• Life Satisfaction higher among more affluent in all countries
School experience: Like school a lot
Age, gender and geography

11, 13 and 15 year olds who like school a lot

WHO Copenhagen.
Liking school: inequalities

- Higher levels of liking school among girls than boys
- Decline in liking school with age among both boys and girls
- Large differences between countries
- Among girls liking school associated with affluence in Northern Europe and US
Implications

• evidence on health inequalities among young people has implications for policy development at national and international levels

• programmes devised to improve young people’s health need to take account of existing inequalities and avoid making gaps wider
Research → Policy and Practice

In collaboration with WHO

• HBSC input to WHO European Strategy for Child and Adolescent Health (CAH)

• HBSC/WHO Forums on social and economic determinants of adolescent health

• WHO ‘Health Policy for Children and Adolescents (HEPCA) Report Series
HBSC data: key source in other reports


Ranked countries according to performance of 6 dimensions of child well-being – HBSC 2001/2002 Survey was principal health data source
HBSC data: key source in other reports


The report presents an overview of well-being across OECD countries. HBSC a main data source on key health outcomes and health and risk behaviours. The report also examines social policies that affect child well-being.
HBSC data: key source in other reports

**WHO: A Snapshot of the Health of Young People in Europe (2009)**

Comprises an overview of inequalities in young people in age range 11-25 years. HBSC was a key source for the younger ages. There is a shortage of systematic cross-national data for 16-25 year olds.
Access to HBSC data

- National and international reports published after each survey provide data tables and charts that are widely used.
- Data requests can be made to HBSC International Databank for access to data for specific purposes.
- System providing direct access to interactive frequencies tables currently being built.
- Requests for specific data analyses are also made and in most cases can be fulfilled.
Future global development of HBSC

• There has been some development of HBSC beyond Europe and North America
• Supported through links to individual Principal Investigators
• At present HBSC lacks capacity to coordinate global development of study
• In discussion with stakeholders about how this could be addressed
Key issues in adoption of HBSC globally

- Translation of methodological approach
- Use of survey protocol and questionnaire
- Cultural relevance of indicators
- Capacity in countries
- Quality control
- Comparability of data
- Data management
Future challenges for HBSC

• To develop indicators to measure cultural and environmental factors that may influence health

• To be effective in bringing the agenda of young people’s health and health inequalities to attention of policy makers

• To contribute to the development of global health surveys and scientific evidence base for action
Scientific journal articles

- Around 250 published articles (in English)
- Publications listed on web-site (www.hbsc.org)

*NEWS*

- International Journal of Public Health Supplement Volume 54, Supplement 2 / September, 2009:
  - 21 journal articles including editorials by Michael Marmot and David McQueen
HBSC Reports and Briefings

HBSC International reports published by WHO

1996: Health of Youth
2000: Health and Health Behaviours of Young People
2002: Gender and Health
2003: Alcohol and Young People
2004: Young People’s Health in Context
2008: Inequalities in Young People’s Health

National reports/ briefing papers/ fact sheets
– Examples available from Scotland
WHO/HBSC Forum Reports

2006 Forum: Socioeconomic determinants of healthy eating habits and physical activity levels among adolescents (WHO, 2007)


2009 Forum: Environment and health among adolescents (forthcoming)

Forums bring together research, policy and practice to:

• address socioeconomic determinants of health
• reviews of scientific evidence from HBSC and other studies
• share good practice at national level on international platform
Further information

• HBSC International Coordinating Centre
  (info@hbsc.org)

• HBSC web-site http://www.hbsc.org
  – list of all HBSC publications
  – information on study methods
  – HBSC International Reports
  – WHO/ HBSC Forum reports
Acknowledgements

The young people we study

The HBSC Network

The HBSC partner WHO

Organisations who fund the study