

# PART 3. DISCUSSION

# CHAPTER 6. AGE

## AGE

The HBSC study includes 11-, 13- and 15-year-olds, covering the onset of adolescence and the early and middle stages of adolescent development. Rapid changes in physical, emotional and psychological status are taking place at these times, with ongoing transformation of relationships with parents and peers, formation of identity and values, and development of patterns of health-promoting and health-compromising behaviours (1). Pre-existing or emerging health inequalities are associated with health status and have an influence on health quality in adult life (2). It is therefore vital to understand age-related developmental trajectories during the adolescent period, to support and protect young people's health and well-being.

### SOCIAL CONTEXT

The HBSC 2009/2010 survey observed age differences in social relations with peers and perceptions of social context in and out of school. Having three or more close friends of the same gender decreases between ages 11 and 15, possibly because of increases in intimacy of friendships. Older students are more likely to spend evenings out with friends and use EMC in most countries.

Age-related trends in perceptions of the school environment become more negative with age: fewer students at age 15 than age 11 report that they "like school a lot". The decline is statistically significant in most countries and regions, and is relatively large, with differences of over 15% reported. Perceived school performance and support from classmates declines with age in almost all countries and regions.

### HEALTH OUTCOMES

Strong and similar age trends are seen across health complaints and self-rated health, with an increase in reporting of multiple health complaints and poor or fair health as students grow older. The increase in prevalence of these negative health indicators among girls between ages 11 and 15 is more than 10% in most countries, with smaller increases for boys. Life satisfaction declines with increasing age: this trend is significant among girls in almost all countries.

The average rate of overweight for all countries for ages 11–15 is 14%. Rates of overweight by age groups are relatively similar among boys, but are lower in older age groups for girls. Age trends in weight-reduction behaviour go in opposite directions for boys and girls: 15-year-old girls are more likely to report it than those aged 11, while the survey found the reverse for boys.

### HEALTH BEHAVIOURS

Age-related trends for health-promoting and health-compromising behaviours are remarkably consistent. Younger children are more likely to report health-promoting behaviours, and health-compromising behaviours increase with age.

Eating breakfast and fruit daily decreases with age in almost all countries, with the difference between ages 11 and 15 in both genders about 15% or more. Daily consumption of soft drinks tends to increase between ages 11 and 15, with a stronger trend among boys.

Meeting physical activity guidelines (at least one hour of MVPA daily) is significantly more frequent among 11-year-olds than 15-year-olds in almost all countries and regions. Older students watch television more often in most.

### RISK BEHAVIOURS

Health-compromising behaviours (particularly smoking and alcohol consumption) seem to increase between ages 13 and 15. The pattern of increase varies by country in older age groups. Increases in weekly smoking, weekly alcohol consumption, drunkenness and cannabis experimentation are seen with rising age for boys. In contrast, the prevalence of medically attended injuries does not show significant variations between ages 11 and 15.

### DISCUSSION

The burden of negative health perceptions and health-compromising behaviours increases with age. This finding raises the question of how much of this increase is related to individual characteristics, including general development and adjustment from childhood to adolescence, and how much to experience in the settings in which young people develop (home, school and leisure).

Most young people enter puberty between ages 11 and 15, with associated biological changes and the conscious establishment of identity. Early entrance to puberty is related to increased levels of health-compromising behaviours (3). Young people going through puberty seek new experiences and increased autonomy, but understandings of appropriate levels of these are likely to vary with cultural norms. Relatively few children have entered puberty at age 11: this may explain why there are few variations in health perceptions and health behaviours across countries for 11-year-olds. Such variation is likely to be seen with older groups.

Parents are likely to have a stronger influence on health behaviours than peers on 11-year-olds (4). Parents shape social norms and model behaviours. They are structural facilitators, determining eating, sleeping, studying and leisure times for their children. Parental regulation of a child's day is likely to follow a similar pattern within and across countries, although the extent and type of regulation provided will vary depending on factors such as the perceived maturity of the child.

As children grow older, parents tend to leave room for them to make their own decisions on how to fill their time and with whom to spend it, although some basic restrictions would still apply. Parental norms remain influential in preventing health-compromising behaviours in older age groups (5), but may be operating in competition with influences from peers, which become increasingly important through adolescence (4,6). The peer group is likely to exert a strong influence on young people's daily life, with peer influence being seen through role modelling of in-group behaviour (behaviour that is considered relevant and important to the group, such as smoking or experimenting with alcohol). Peers also provide social support in managing daily activities and coping with stressors, particularly in relation to family-related conflicts (4).

Adolescence consequently represents a time in which young people have increased autonomy over their behaviours and with whom they spend their time, but are expected by parents to be able to take adequate care of themselves in an increasing number of situations. Schools expect young people to accept more responsibility for their learning, allowing opportunities for greater influence on their education but also potentially creating stress (7).

Age-related differences identified in the HBSC survey may represent an interplay between the individual and his or her experiences in different social contexts (with family or peers, at leisure or in school) (8). Research suggests that the same individual and social influences may relate to different health behaviours. Given this effect, identifying individual and social correlates of health behaviours and health becomes increasingly important in the promotion of adolescents' health (9).

Looking at age from a longer-term perspective, social contexts, experiences and health behaviours established in childhood or adolescence may also affect and track into health in adulthood (10). Adolescents who start smoking, for instance, are more likely to continue smoking as adults and face health risks such as cardiovascular diseases and cancer. Stressful experiences in school that lead to increased psychosomatic complaints are also likely to persist into adulthood. Preventing health-compromising behaviours from an early age with interventions that aim to provide young people with opportunities for healthy development is therefore an important factor.

## CONCLUSION

Health-compromising behaviours increase for 13- and 15-year-olds, with the extent and pattern of increase varying across countries. This indicates that social, cultural and economic contexts in countries may play an important role in influencing young people's health perceptions and behaviours. Individual trajectories of pubertal change are likely to interact with contextual influences.

The observed age differences in social contexts, health perceptions and health behaviours highlight the need for developing age-differentiated interventions to promote young people's health and well-being. These interventions should, for example, reflect the interplay between pubertal development and contextual influences. The school setting has been identified as a particularly relevant arena for such interventions, using the knowledge and skills of teachers and health support staff (11).

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# CHAPTER 7. GENDER

## GENDER

Gender is an important category of social differentiation. Awareness of gender differences and similarities, and understanding and explaining them are prerequisites for designing successful and targeted interventions. Building on such principles, the WHO Regional Office for Europe has stated (1):

To achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities.

Biological factors (including hormonal changes, physical changes associated with the development of secondary sexual characteristics and brain maturation (2)) and social expectations of what is regarded as male or female (gender roles) are relevant in this context. Gender roles stem from biological differences but are shaped by society. They can therefore be modified and are likely to differ across countries (3).

This section presents an overview of gender differences in adolescent health and health-related behaviours across Europe and North America. The HBSC survey shows where clear gender differences exist and where there is gender equality, with patterns varying from country to country. Information on gender is important in influencing the design of interventions and strategies for health promotion and disease prevention, which may need to be tailored differently for girls and boys.

### SOCIAL CONTEXT

Country variation in the extent of gender differences suggests that social and cultural factors play an important role in shaping gender roles, health outcomes and health behaviours for girls and boys. HBSC gathers information on key social contexts (such as young people's social support from family, peers and school), enabling an examination of gender differences in these relationships and investigation of how they may affect health.

Boys are more likely to report having multiple friendships and spend more time with friends, but the gender pattern changes for EMC, with girls reporting more social interaction.

When asked about ease of communication with parents, boys are more likely to report that they find it easy to talk to their fathers about things that really bother them. No clear gender differences exist for communication with mothers.

Girls are more likely to report high satisfaction with school and high perceived academic achievement, indicating that they have more positive school experiences. No clear gender differences are found for classmate support. The gender pattern for school-related pressure changes with age, being more prevalent among younger boys and older girls.

### HEALTH OUTCOMES

Despite social changes and narrowing gender gaps in many areas, gender differences in health and well-being persist. Girls describe lower self-rated health and life satisfaction, with the gender difference being greatest in older age groups, and report fair or poor health and psychosomatic complaints more frequently. Boys have a higher prevalence of medically attended injuries.

Boys are more likely to be overweight or obese, with the gender difference increasing with age. Girls are nevertheless more likely to report being dissatisfied with their bodies and feeling they need to lose weight.

### HEALTH BEHAVIOURS

HBSC identifies clear gender differences in young people's health behaviours. Girls consume fruit more frequently and are less likely to take soft drinks. They also, however, skip breakfast more frequently and are more likely to be on diets to control their weight. Boys are more likely to engage in physical activity and girls are consistently more likely to report that they brush their teeth more than once a day.

## RISK BEHAVIOURS

Clear gender differences are also found for health-compromising behaviours. Boys in general report drinking alcohol more frequently and more boys have been drunk before the age of 13. Drunkenness tends to be more prevalent among boys, as is use of cannabis. The patterns are less consistent for early sexual behaviour. Boys are more likely to report having had sexual intercourse in some regions (mainly in eastern European countries), and girls in others (mainly northern and western Europe).

Boys at all ages are generally more likely to be weekly smokers, although older girls report higher smoking rates in some countries. Boys are consistently more likely to report being involved in fighting and having bullied others; they are also more likely to have been bullied.

## DISCUSSION

HBSC data reflect gender-specific social relationships shaped by gender socialization, the process by which boys and girls learn feminine and masculine identities, and by societal expectations, which may differ across countries (4). Gender socialization leads to gender-specific modes of coping with adolescence that affect the development of health-risk behaviours and social networks (5). Boys' social networks are based on activities, with higher levels of physical activities and sports, while girls' networks and friendships are based on personal communication. Both seem to use EMC primarily to reinforce existing relationships (6).

In many countries and regions, girls perform better at school. Boys are lagging behind; they dislike school more often and rate their achievement lower. School-based factors, such as teaching practices and examination systems, may make schools more appealing to girls (7).

Persistent gendered patterns in self-rated health, with girls reporting lower subjective health, require attention. They may reflect higher expectations for daily life among girls or a gender bias in measuring self-rated health. HBSC questions might focus on female-specific reactions to stress (such as headache, stomach ache and feeling nervous), rather than anger-based reactions more frequently seen among boys (8,9)

Differences in body satisfaction can be attributed to physical changes in puberty. Boys' bodies change in the desired direction, becoming more muscular and strong, while girls lose their so-called ideal appearance through gaining body fat.

Girls eat fruit and vegetables more often but also tend to skip breakfast, engage in weight-reduction strategies and take part in less physical activity. These behaviours reflect awareness of health, but also high concerns over body image. An Australian study of girls' non-participation in sports notes that girls defined sports as "uncool"; they felt they were crossing traditional gender boundaries when playing sports and had concerns about developing a masculine appearance (10).

Gender differences in smoking seem to be changing, and vary significantly between countries (11). Boys smoke more than girls in eastern European countries, and while previous HBSC surveys found that girls in some western European countries and Canada smoked more, no gender differences are now evident. A social gradient in smoking is currently more important than gender differences in countries with higher SES, while male smoking is dominant in lower-SES countries.

Boys use cannabis and alcohol more often and report physical fights and bullying more frequently. These health-compromising behaviours can be considered gendered, with young people attempting to behave in accordance with dominant norms of masculinity and femininity: heavy drinking among boys, for example, and weight control among girls (12). Differences in numbers of injuries sustained can also be interpreted by gender stereotypes, pushing boys to perform more risky behaviours to fulfil notions of masculinity (12).



## CONCLUSION

Health promotion and disease prevention efforts need to take account of the observed gender differences in health and health behaviour. Gender-specific means of communicating health messages may be needed, with schools-based promotion and prevention activity giving greater attention to addressing boys' needs.

Girls' self-esteem remains strongly related to body image. This calls for mental health promotion to give stronger emphasis to strengthening girls' self-esteem and preventing them from developing negative ideas about their bodies. More generally, health-promotion activity should target boys, as they report higher levels of health-compromising behaviours.

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# CHAPTER 8. FAMILY AFFLUENCE

## FAMILY AFFLUENCE

Social inequalities are observed for most outcomes, with higher family affluence in general being associated with better health outcomes, health behaviours and positive social contexts with respect to family, peers and school. The picture for risk behaviours, however, is more complex, often presenting an absence of association with family affluence.

### SOCIAL CONTEXT

Young people from higher-affluence families have better communication with mothers and fathers, higher classmate support and more close friends. They also have higher perceived school achievement, but this is not systematically related to perceived school pressure and liking school.

### HEALTH OUTCOMES

Inequalities related to family affluence are evident across a range of health outcomes. Higher FAS scores are significantly positively associated with self-rated health and life satisfaction, but negatively with prevalence of perceived health complaints (significant for both genders and most countries). Prevalence of overweight and perception of being too fat are negatively associated with family affluence in about half of countries, with the pattern being stronger in western countries. Medically attended injuries, however, increase with higher family affluence.

### HEALTH BEHAVIOURS

Higher affluence is associated with higher MVPA, higher fruit intake and, to some extent, lower soft drink intake, and children from higher-affluence families are more likely to eat breakfast daily. A significant association between low affluence and lower prevalence of daily MVPA is found in a minority of countries. Higher family affluence tends to be related to lower prevalence of watching two or more hours of television every weekday.

### RISK BEHAVIOURS

As a notable exception to the other domains of health, no clear pattern of health inequalities emerges in risk behaviours. Family affluence appears to be less influential for alcohol use and risky drinking than for other domains. In the rare cases in which a relationship emerges, it is in the opposite direction to other domains. Higher FAS is associated with greater health-compromising behaviours such as alcohol use, with a significant association between higher rates of weekly drinking and high family affluence in a minority of countries and regions for boys and in a few for girls. Some countries show a significant association between high family affluence and higher rates of early drunkenness.

Recent cannabis use is significantly associated with high family affluence in only a few countries and mainly among boys, but weekly smoking is more prevalent among boys and girls from low-affluence families in most countries. This relationship is significant in 9 countries for boys and 13 for girls: weekly smoking was significantly positively associated with family affluence only in Romania.

### DISCUSSION

No single explanation can account for inequalities existing across contexts and health domains. The mechanisms involved in creating social inequality in number of close friends, for example, are likely to be different to those related to MVPA and fruit consumption (1). Material wealth might represent a marker of attractiveness and popularity in relation to number of close friends (2), but is a necessary factor in ability to purchase fruit (3), particularly in countries where fruit is expensive. This illustrates a high degree of specificity in the mechanisms involved in SES (4). Although family affluence is a marker of material wealth, the underlying processes need not be strictly material.

The reported inequalities in general health outcomes largely mimic results from previous HBSC surveys (5,6) and studies (7–9) and reinforces recognition of health inequalities in young people. Differences partially reflect social-patterned differences in stress exposure, coping and health behaviour (9,10), reflecting behavioural, psychosocial and material processes. This might provide an indication of accumulated risk associated with SES. General health outcomes, such as self-rated health and life satisfaction, are therefore of particular value as markers of inequality in a given society.

Observed relationships between higher affluence and diet patterns are consistent with previous studies (11,12). The relative expense of fruit compared to other food alternatives might explain some of the inequality (3), and economic factors might also contribute to the pattern observed in daily breakfast consumption, where low-affluence families may face difficulties in purchasing nutritious breakfast foods.

It has been suggested that peer, school and media influences have an equalizing effect on adolescent health outcomes (13). This appears to be valid only for a subset of the outcomes, most notably risk behaviours. The relative absence of social inequalities in risk behaviours might seem striking, given the pattern observed for other health domains and contexts. The lack of association, however, is consistent with other studies (14,15) and previous HBSC surveys (5,6). Risk behaviours tend to develop in a period in which family influence is reduced and other social influences are raised (6), particularly from peers and social networks (16). In line with the notion of equalization, the role of family affluence becomes less important under these normative influences.

The family context is the epicentre of health inequality, but patterns of inequality related to family wealth clearly spread to school and peer arenas. Family affluence has a significant positive association with perceived school performance in most countries, and with perceived classmate support in almost half. Education and schooling are key instruments in reducing health inequalities, so it is important to observe that the current situation in schools seems to be one of social reproduction, with better school achievement and more support for children from high-affluence families: this can be described as the educational pathway of social inequalities in health (1).

The establishment of friendship relations with peers represents a critical developmental task during adolescence and is associated with higher levels of psychosocial well-being and positive development (17). In line with other research (18), the HBSC results suggest that adolescents may experience different opportunities to create social ties with peers. Those from lower-affluence families are less likely to report having three or more friends. Prevention and promotion efforts should therefore focus on promoting friendships among adolescents coming from disadvantaged contexts (such as low-income families or countries), to overcome some of the obstacles to the creation of social ties.

## CONCLUSION

One of the unique aspects of the most recent HBSC survey is the ability to generalize patterns of health inequalities across countries and regions. In line with findings from several other studies, the direction of health inequalities shows high consistency. A split in effects is observed for a few outcomes, however, with significant positive associations found in some regions and significant negative in others. The survey did not include information that could explain the regional split.

The HBSC survey's reliance on a single indicator of SES presents a potential limitation. SES is a multidimensional construct (19), and a stronger understanding may be obtained if multiple indicators of inequality are available. This points to a central challenge in health research: the construction of SES indicators that are developmentally appropriate and "culture-fair" (20,21). Alternative indicators such as these do not currently exist, and cross-national comparability of traditional indicators of SES (income, education and occupation) is questionable for this age group. In the current situation, FAS represents the best available measurement option.

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# CHAPTER 9. CONCLUSION

## CONCLUSION

Results from the 2009/2010 HBSC survey indicate that young people across countries report good health and high life satisfaction, healthy behaviours and positive experiences and relationships in family, school and wider community settings.

Significant inequalities in health and social indicators according to age, gender and SES are nevertheless evident. Self-reported health and life satisfaction decrease with age, and are poorer among girls and young people from less-affluent families. A substantial portion of young people engage in behaviours that compromise their health, such as smoking, alcohol use and low consumption of fruit and vegetables. These behaviours show increasing prevalence with age and with decreasing SES, and are more common among boys. Subjective health complaints also increase with age, but are more prevalent among girls.

Inequalities related to age and gender are observed for stress experienced in school, with increasing stress perceptions for 15-year-olds and higher rates among girls. Girls aged 15 are likely to report a lower number of close friends than boys and younger girls, and girls and boys in lower socioeconomic groups also report fewer close friends than those from higher-affluence backgrounds. In the family setting, young people in older age groups and lower socioeconomic groups are more likely to report difficulties in communicating with their mothers.

Systematic differences related to age, gender and SES across health, health behaviour outcomes and experiences in different life settings produce inequalities in health that call for international and national policies and actions. These need to address the determinants of observed health inequalities in childhood and adolescence, so that all young people have the opportunity to maximize their current and future health and well-being and that identified inequalities do not extend into adulthood, with all the negative consequences this may have for human life and societal development.

Health promotion programmes should be sensitive to age, gender and socioeconomic differences in adolescents' developmental trajectories and should aim to provide equal opportunities for all. They should address not only health and health behaviour outcomes, but also the social context in which young people live. Broad-scope actions such as these will help to prevent and diminish health inequalities and stimulate continued positive development for young people regardless of inequalities.

The evidence base around age, gender and socioeconomic inequalities in health and well-being must continue to develop, to inform improvements in the effectiveness of health-promotion actions and policies. The unique HBSC data provide a rich resource for such work.

Developing a robust evidence base on the social influences of young people's health is not, however, sufficient to secure positive outcomes. The HBSC network is working with WHO to develop a process to ensure that evidence not only informs but also influences, policy and practice development.

Data presented in this report point to a range of policy options that, if implemented, could contribute to overall improvements in young people's health and the reduction of health inequalities. Beyond policy development, attention must also be given to the prerequisites of effective implementation.

It has been argued that one of the reasons behind programme failure in the implementation phase is overemphasis on the "deficit model" (1), an approach characterized by assessing problems and needs rather than identifying the conditions required by individuals and communities to maximize their health potential. The "asset model" (2) provides a systematic approach to identifying a set of key assets for health and the most effective approaches to promoting health and development. The HBSC study is aligned to this model, as shown at a recent international symposium where strong arguments (based on HBSC data) were developed on how personal and environmental resources can be harnessed to support healthy development (3).

This report's overall aim is to stimulate a research and policy dialogue to support the development of international actions to enable young people to experience optimum health and well-being. HBSC provides a powerful tool for utilizing cross-national comparisons to promote policy action in two distinct ways:

- new data and trends presented in international reports help to raise awareness of national priority health and social issues; and
- additional analysis enables the effects that social and economic change, policy and legislation have on well-being outcomes to be assessed, supporting both national and international policy development.

The latter is already being achieved through a programme of HBSC research focusing on time trends that will provide a broader picture of how young people's health has been influenced by wider social and economic changes over the last few decades. From this, new research topics on inequalities in adolescent health are being developed for the 2013/2014 HBSC survey.

The HBSC network will continue to develop initiatives that optimize the potential for its unique data to help secure the health of young people now and for the future.

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ANNEX.  
METHODOLOGY AND  
SUPPLEMENTARY  
DATA TABLES

## METHODOLOGY AND SUPPLEMENTARY DATA TABLES

### HBSC METHODOLOGY FOR THE 2009/2010 SURVEY

Here is an overview of the research methods used by the HBSC network during the 2009/2010 survey. More information about these methods can be obtained by registering online for a copy of the 2009/2010 HBSC international study protocol (1) or referring to Roberts et al. (2).

#### Sample design

The sample for each country is designed to elicit national-level data about young people aged 11, 13 and 15 years and attending school. Country teams are required to include at least 95% of children within these age groups in the sample frame. The small proportion of children excluded in each country includes those who are not in school or who attend schools for children with needs for additional support.

Each country team used a stratified cluster probability sampling scheme with school class as the sampling unit. Countries timed their data collection so that the mean ages of pupils within the samples were as close as possible to 11.5, 13.5 and 15.5 years. The mean age can be achieved through sampling young people across all school years containing the target age groups (for example, where there is a significant amount of advancement or school-year repetition of students) or targeting school years in which almost all young people in each age group are found. In the latter case, data collection is scheduled as close as possible to the date that determines school entry to ensure that most 11-, 13- and 15-year-olds are captured.

The recommended sample size was 1500 in each age group in each country; based on previous analyses of HBSC data, this sample size will ensure a 95% confidence interval in each age group of  $\pm 3\%$  around an estimated proportion of 50%. The recommended sample size includes a design factor (deft = 1.2) that takes into account the effect of the sample design (clustering, stratification and weighting) on the precision of estimates. For example, using cluster sampling decreases precision compared with simple random sampling of the same number of individual students, reflecting the likelihood of individuals within the same class or school having similar characteristics. A larger sample must therefore be taken when using cluster sampling than with simple random sampling to maintain a desired level of precision.

In practice, many countries chose to sample more than the minimum sample size in each age group to increase precision of estimates in subpopulations. A census survey approach was considered appropriate in Iceland and Greenland owing to the small populations of young people in these countries. The sample frame in the Russian Federation covered a number of regions rather than the total national territory.

## Survey administration

Self-report anonymized questionnaires were administered in schools between October 2009 and May 2010 in almost all countries. They were administered by researchers in some countries and by teachers in others, using a standard protocol provided by country teams. Appropriate ethical consent for the study was gained in all countries and in individual schools. Parents and children were provided with standardized information about the study and invited to participate. See the table below indicating the data collection period for each country and region included in this report.

**TABLE. FIELDWORK DATES 2009/2010 HBSC SURVEY**

Country	Dates	Country	Dates
Armenia	April–May 2010	Lithuania	February–May 2010
Austria	May–June 2010	Luxembourg	May–July 2010
Belgium (Flemish)	May–June 2010	Netherlands	October–December 2009
Belgium (French)	March–June 2010	Norway	December 2009–June 2010
Canada	September 2009–June 2010	Poland	February–April 2010
Croatia	March–June 2010	Portugal	November 2009–January 2010
Czech Republic	June 2010	Romania	April–May 2010
Denmark	February–March 2010	Russian Federation	February–May 2010
England	September 2009–July 2010	Scotland	January–April 2010
Estonia	February–April 2010	Slovakia	May–June 2010
Finland	March–May 2010	Slovenia	January–February 2010
France	April–June 2010	Spain	March–June 2010
Germany	February–July 2010	Sweden	November–December 2009
Greece	February–March 2010	Switzerland	January–April 2010
Greenland	April–June 2010	MKD <sup>a</sup>	October 2010
Hungary	March–May 2010	Turkey	May 2010
Iceland	November 2009–February 2010	Ukraine	February 2010
Ireland	April–June 2010	United States	October 2009–May 2010
Italy	November 2009–March 2010	Wales	October 2009–Jan 2010
Latvia	November 2009–February 2010		

<sup>a</sup> The former Yugoslav Republic of Macedonia.

### Survey response, achieved sample size and mean ages

Response rates were over 60% in most countries. The most commonly cited reasons for not responding were schools electing not to participate owing to pressures on time and recent participation in other surveys. More details on response rate are available from the HBSC web site (3).

The achieved sample size in each age group was at or above the study aim of 1500 students in most countries. This was not expected in Greenland and Iceland for reasons cited above (see table below).

TABLE. NUMBER OF RESPONDENTS IN THE 2009/2010 HBSC SURVEY

Country	Gender		Age group			Total
	Boys	Girls	11-year-olds	13-year-olds	15-year-olds	
Armenia	1 343	1 490	889	1 029	915	2 833
Austria	2 456	2 547	1 457	1 726	1 820	5 003
Belgium (Flemish)	2 086	2 094	1 501	1 453	1 226	4 180
Belgium (French)	1 985	2 027	1 275	1 396	1 341	4 012
Canada	7 711	7 999	4 490	5 779	5 441	15 710
Croatia	3 012	3 240	1 879	1 949	2 424	6 252
Czech Republic	2 135	2 269	1 426	1 456	1 522	4 404
Denmark	1 914	2 132	1 558	1 262	1 226	4 046
England	1 522	1 981	1 185	1 200	1 118	3 503
Estonia	2 022	2 202	1 416	1 410	1 398	4 224
Finland	3 179	3 428	2 345	2 152	2 110	6 607
France	3 030	2 990	2 042	2 072	1 906	6 020
Germany	2 406	2 549	1 687	1 628	1 640	4 955
Greece	2 380	2 519	1 639	1 612	1 648	4 899
Greenland	586	619	384	424	397	1 205
Hungary	2 257	2 530	1 473	1 581	1 733	4 787
Iceland	5 569	5 480	3 623	3 746	3 680	11 049
Ireland	2 522	2 202	1 148	1 881	1 695	4 724
Italy	2 408	2 403	1 585	1 680	1 546	4 811
Latvia	2 054	2 210	1 492	1 397	1 375	4 264
Lithuania	2 740	2 583	1 811	1 720	1 792	5 323
Luxembourg	2 044	2 028	1 079	1 611	1 382	4 072
Netherlands	2 219	2 301	1 483	1 580	1 457	4 520
Norway	2 171	2 167	1 679	1 320	1 339	4 338
Poland	2 065	2 176	1 395	1 436	1 410	4 241
Portugal	1 878	2 158	1 183	1 300	1 553	4 036
Romania	2 647	2 705	1 624	1 726	2 002	5 352
Russian Federation	2 576	2 598	2 052	1 275	1 847	5 174
Scotland	3 319	3 419	2 055	2 116	2 567	6 738
Slovakia	2 561	2 720	1 427	1 940	1 914	5 281
Slovenia	2 761	2 668	1 803	1 811	1 815	5 429
Spain	2 466	2 574	1 257	1 780	2 003	5 040
Sweden	3 312	3 333	2 264	2 291	2 090	6 645
Switzerland	3 320	3 291	1 843	2 522	2 246	6 611
MKD <sup>a</sup>	1 952	1 945	1 079	1 282	1 536	3 897
Turkey	2 652	2 922	1 902	1 912	1 760	5 574
Ukraine	2 809	3 081	2 131	1 862	1 897	5 890
United States	3 260	3 014	1 903	2 479	1 892	6 274
Wales	2 746	2 665	1 885	1 889	1 637	5 411
<b>TOTAL</b>	<b>102 075</b>	<b>105 259</b>	<b>66 349</b>	<b>70 685</b>	<b>70 300</b>	<b>207 334</b>

<sup>a</sup> The former Yugoslav Republic of Macedonia.

The achieved mean ages across the whole sample were 11.6, 13.5 and 15.5 years (see table below). Deviations ranged from 11.1 to 11.8 in the youngest age group, with similar patterns among those aged 13 and 15. These are largely explained by countries taking the targeted approach to sampling but being unable to undertake data collection around the date determining school entry.

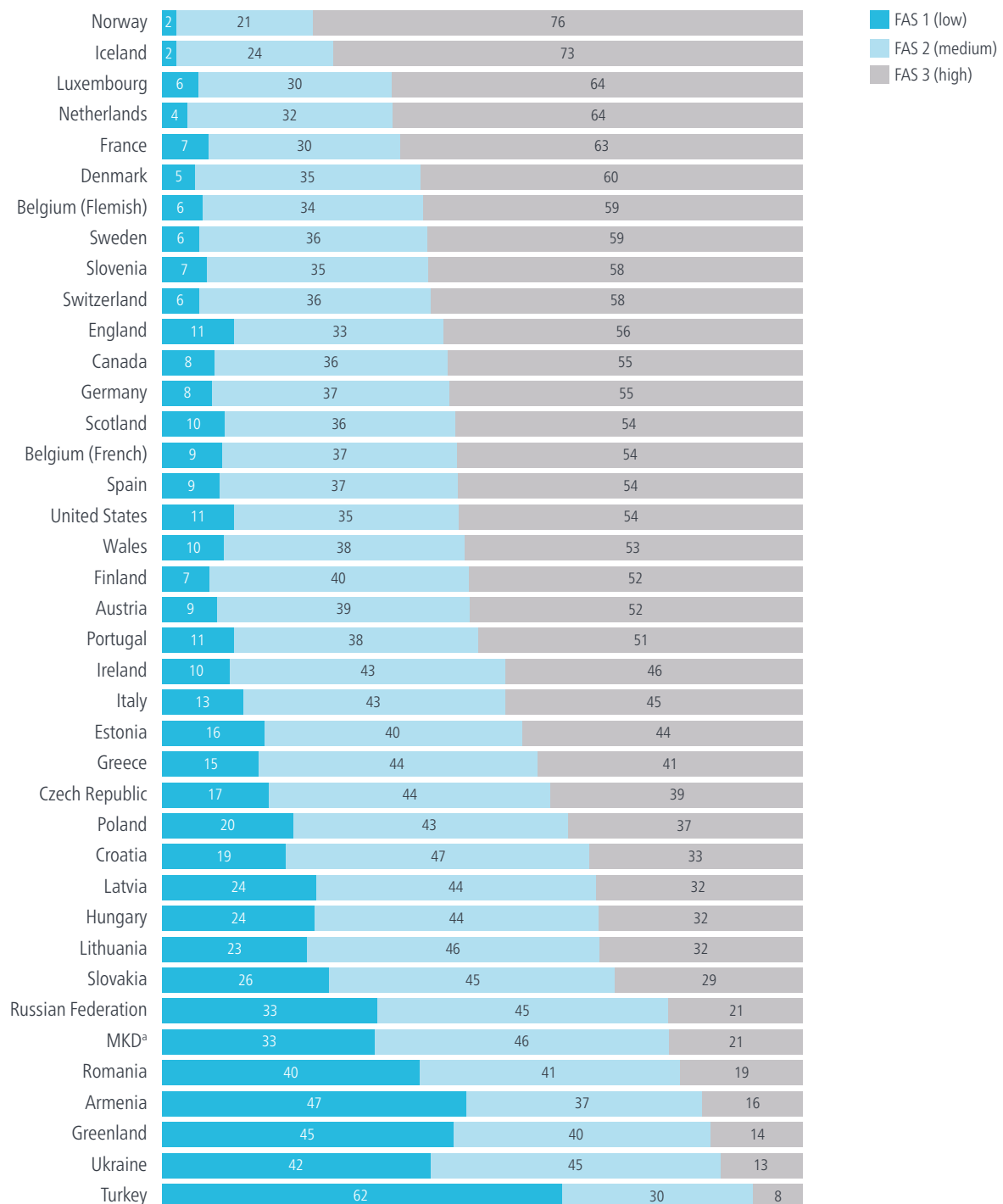
**TABLE. MEAN AGES IN THE 2009/2010 HBSC SURVEY**

Country	Age group		
	11-year-olds	13-year-olds	15-year-olds
Armenia	11.5	13.5	15.5
Austria	11.4	13.3	15.3
Belgium (Flemish)	11.4	13.4	15.5
Belgium (French)	11.5	13.5	15.5
Canada	11.7	13.5	15.5
Croatia	11.5	13.5	15.5
Czech Republic	11.5	13.5	15.4
Denmark	11.7	13.7	15.7
England	11.7	13.6	15.6
Estonia	11.8	13.8	15.8
Finland	11.7	13.7	15.7
France	11.4	13.4	15.5
Germany	11.4	13.4	15.4
Greece	11.7	13.7	15.7
Greenland	11.5	13.5	15.5
Hungary	11.5	13.5	15.5
Iceland	11.5	13.5	15.5
Ireland	11.6	13.5	15.5
Italy	11.4	13.4	15.4
Latvia	11.5	13.6	15.6
Lithuania	11.6	13.7	15.7
Luxembourg	11.5	13.5	15.5
Netherlands	11.6	13.5	15.4
Norway	11.6	13.6	15.5
Poland	11.7	13.7	15.7
Portugal	11.5	13.5	15.5
Romania	11.1	13.1	15.1
Russian Federation	11.6	13.3	15.4
Scotland	11.5	13.5	15.5
Slovakia	11.6	13.5	15.3
Slovenia	11.6	13.6	15.6
Spain	11.5	13.5	15.5
Sweden	11.5	13.5	15.5
Switzerland	11.5	13.5	15.4
MKD <sup>a</sup>	11.5	13.5	15.5
Turkey	11.8	13.7	15.8
Ukraine	11.8	13.7	15.7
United States	11.5	13.5	15.5
Wales	11.7	13.7	15.7
<b>TOTAL</b>	<b>11.6</b>	<b>13.5</b>	<b>15.5</b>

<sup>a</sup> The former Yugoslav Republic of Macedonia.

The figure below provides an overview of family affluence according to FAS scores across countries. For further information about FAS, refer to the HBSC international study protocol (1).

**FIGURE. FAMILY AFFLUENCE ACCORDING TO FAS COMPOSITE SCORES (ALL AGES)**



\* The former Yugoslav Republic of Macedonia.

## Analyses

Country data are missing in a few cases; exceptions are noted in the relevant data sections. Tables on some indicators with different cut-offs (such as daily smoking) are presented here with some additional indicators that do not appear in Part 2.

Analyses for age and gender take account of the effect of the survey design (including stratification, clustering and weighting) on the precision of estimates presented. The significance level was set at 5%. Design-adjusted analyses were completed using the Complex Survey package of Predictive Analytics SoftWare (PASW) Statistics 18.0 (SPSS Inc., 2009, Chicago IL) or STATA v10 (StataCorp, 2007, College Station, TX: StataCorp LP). Design-adjusted chi-square tests for independence were carried out to assess statistical significance of differences between genders. Design-adjusted chi-square test for trend was used to assess significance of differences in prevalence of indicators across age groups and levels of family affluence. Statistical significance was used as a guide to aid interpretation and, in particular, to avoid overinterpretation of small differences; only strong, consistent patterns between individual variables and family affluence are discussed in the text.

## SUPPLEMENTARY DATA TABLES

Here are tables of supplementary data that relate to the sections in Part 2:

### 1. social context:

- family structure: young people living in different family types;
- spending time with friends after school on four or more days per week;

### 2. health outcomes:

- reporting a headache more than once a week;
- reporting feeling low more than once a week;
- overweight and obesity: rates of missing BMI data;
- overweight and obesity, using WHO growth reference;

### 3. health behaviours:

- daily vegetable consumption;
- participating in vigorous physical activity for two or more hours per week;
- using a computer for e-mail, Internet and homework for two or more hours on weekdays;
- playing games on a computer or games console for two or more hours on weekdays;

### 4. risk behaviours:

- ever smoked tobacco;
- daily smoking;
- drinking beer at least once a week;
- drinking wine at least once a week;
- drinking spirits at least once a week;
- drinking alcopops at least once a week;
- first drinking alcohol at age 13 or younger;
- cannabis user groups;
- cannabis use in the last 12 months;
- involved in a physical fight at least once in the past 12 months;
- been bullied at school at least once in the past couple of months;
- bullying others at school at least once in the past couple of months.



## SOCIAL CONTEXT: FAMILY STRUCTURE: YOUNG PEOPLE LIVING IN DIFFERENT FAMILY TYPES

Country/Region	Both parents (%)	Single parent (%)	Stepfamily (%)	Other (%)
Greenland	49	29	7	14
United States	58	23	15	4
Wales	60	24	12	4
Latvia	62	23	12	3
England	65	20	13	2
Estonia	66	19	14	2
Belgium (French)	66	16	16	2
Scotland	66	21	11	2
Canada	67	18	11	3
Czech Republic	68	16	14	3
Denmark	68	19	12	1
Lithuania	69	20	9	3
Iceland	69	16	13	1
Belgium (Flemish)	70	14	14	2
Hungary	71	17	10	2
France	71	14	13	1
Finland	71	15	13	1
Norway	72	14	12	2
Sweden	72	13	14	1
Luxembourg	74	15	10	2
Ukraine	74	16	8	3
Austria	74	18	7	2
Romania	74	17	3	5
Germany	75	15	9	1
Ireland	76	15	7	2
Switzerland	77	14	8	1
Slovakia	78	14	6	2
Portugal	79	12	7	2
Netherlands	80	13	7	1
Poland	81	13	5	2
Turkey	81	14	1	3
Spain	82	12	3	3
Slovenia	82	11	5	1
Italy	84	12	2	2
Greece	85	10	3	1
MKD <sup>a</sup>	87	10	1	2
Croatia	88	8	3	1
Armenia	88	10	1	1

Note. No data available for the Russian Federation.

**MEASURE** Young people were asked about their family living arrangements, and whether they had two homes and two families and who they lived with most of the time. The data presented here show the proportions that reported living primarily with both parents, within a stepfamily, a single-parent family or some other arrangement (for instance, a foster home or cared for by non-parental family members).

<sup>a</sup> The former Yugoslav Republic of Macedonia.

**SOCIAL CONTEXT: SPENDING TIME WITH FRIENDS AFTER SCHOOL ON FOUR OR MORE DAYS PER WEEK**

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
MKD <sup>a</sup>	69	65	67	MKD <sup>a</sup>	69	60	64	MKD <sup>a</sup>	66	60	63
Ukraine	64	61	62	Greenland	57	61	59	Greenland	66	55	61
Romania	56	52	54	Ukraine	62	55	59	Armenia	70	42	56
Poland	51	54	53	Slovakia	58	52	55	Slovakia	58	52	55
Greenland	49	51	50	Romania	59	44	52	Ukraine	60	47	53
Slovakia	48	50	49	Latvia	51	46	48	Luxembourg	53	46	50
England	50	43	46	Armenia	54	42	48	Croatia	52	46	49
Croatia	51	40	45	Luxembourg	53	42	47	Italy	53	41	47
Latvia	46	44	45	Czech Republic	43	50	46	Lithuania	51	42	47
Lithuania	45	45	45	Poland	49	43	46	Hungary	49	43	46
Norway	48	41	44	Italy	47	43	45	Czech Republic	43	48	46
Czech Republic	44	43	44	Croatia	50	39	45	Latvia	46	43	44
Luxembourg	46	37	42	Lithuania	45	44	44	Austria	49	40	44
Ireland	39	42	41	England	47	36	41	Romania	49	39	44
Armenia	50	30	40	Spain	44	35	40	Poland	46	40	43
Iceland	41	38	40	Iceland	40	39	39	Slovenia	43	40	42
Estonia	40	39	39	Ireland	41	35	38	England	49	31	40
Austria	40	36	38	Estonia	41	34	38	Spain	41	37	39
Germany	39	36	37	Austria	43	31	37	Greece	46	30	38
Portugal	42	32	37	Slovenia	36	37	36	France	41	32	36
Slovenia	38	36	37	Norway	40	32	36	Iceland	37	35	36
Spain	41	32	36	Greece	38	32	35	United States	41	30	36
Wales	40	31	36	Portugal	37	32	35	Switzerland	37	33	35
Italy	37	34	36	Wales	38	31	34	Portugal	35	30	33
Finland	39	31	35	Hungary	39	30	34	Norway	36	29	33
Scotland	38	30	34	Germany	37	31	34	Estonia	34	29	32
United States	36	31	33	Scotland	37	31	34	Germany	34	28	31
Hungary	33	31	32	France	35	31	33	Ireland	35	26	30
Sweden	34	30	32	United States	35	28	32	Canada	32	25	29
Greece	34	27	31	Finland	35	24	30	Finland	35	21	28
France	33	28	30	Canada	33	25	29	Wales	34	22	28
Canada	32	25	29	Switzerland	29	26	27	Belgium (Flemish)	31	24	28
Netherlands	30	27	28	Belgium (Flemish)	27	26	26	Sweden	29	25	27
Switzerland	29	23	26	Sweden	28	25	26	Scotland	29	24	27
Denmark	28	21	25	Denmark	24	25	25	Belgium (French)	26	18	22
Turkey	26	17	21	Turkey	29	15	22	Netherlands	24	19	21
Belgium (French)	22	15	19	Netherlands	24	18	21	Denmark	23	18	21
Belgium (Flemish)	21	16	19	Belgium (French)	21	16	19	Turkey	28	13	20
HBSC average	41	36	38	HBSC average	41	35	38	HBSC average	42	34	38

Note. No data available for the Russian Federation.

**MEASURE** Young people were asked on how many days per week they usually spent time with friends right after school. Response options were "0" to "5" days. The findings presented here show the proportions that reported spending time with friends after school on four or more days per week.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## HEALTH OUTCOMES: REPORTING A HEADACHE MORE THAN ONCE A WEEK

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Turkey	23	32	27	Turkey	25	36	31	Italy	15	42	29
Italy	20	30	25	Armenia	21	27	24	Turkey	22	35	29
Armenia	26	23	25	Russian Federation	20	28	24	Armenia	16	37	26
Romania	22	24	23	Slovakia	18	29	24	Romania	15	33	24
Greenland	19	27	23	Italy	16	31	23	Greenland	18	28	23
Slovakia	19	24	21	Belgium (French)	20	27	23	Belgium (French)	14	32	23
Russian Federation	16	26	21	Romania	14	31	23	Greece	14	31	23
Latvia	16	22	19	Greenland	21	22	22	Russian Federation	15	30	23
Belgium (French)	15	23	19	Lithuania	16	26	21	United States	14	31	23
Poland	16	21	19	Poland	17	23	20	Poland	13	31	22
Ukraine	13	24	18	Netherlands	15	24	20	Lithuania	15	28	22
Lithuania	16	21	18	Greece	11	28	19	Hungary	15	29	22
Netherlands	15	21	18	Ukraine	13	25	19	England	14	28	21
England	14	22	18	United States	13	25	19	Ukraine	10	33	21
United States	15	19	17	Czech Republic	14	23	19	Slovakia	15	27	21
Hungary	16	18	17	Latvia	15	21	18	Czech Republic	13	28	20
Czech Republic	13	21	17	Estonia	14	21	17	Luxembourg	13	26	19
Spain	14	18	16	England	13	21	17	Sweden	11	28	19
Iceland	13	19	16	Hungary	11	23	17	Latvia	13	26	19
Wales	12	16	14	Iceland	14	20	17	Canada	12	27	19
Estonia	12	16	14	Wales	12	21	17	Iceland	13	25	19
Canada	11	16	13	France	13	20	17	Scotland	12	26	19
France	11	16	13	Canada	11	21	16	Ireland	12	26	19
Norway	10	17	13	Luxembourg	13	19	16	Wales	10	27	18
Belgium (Flemish)	11	13	12	Scotland	13	18	16	Estonia	13	24	18
Ireland	11	13	12	Spain	12	19	15	France	11	24	17
Finland	9	15	12	Sweden	9	20	15	Spain	11	23	17
Germany	10	13	12	Switzerland	12	18	15	Netherlands	10	23	17
Greece	9	14	11	Belgium (Flemish)	12	17	15	Austria	10	22	16
Scotland	11	12	11	Austria	10	19	15	Norway	10	22	16
Portugal	9	13	11	Ireland	11	16	14	Belgium (Flemish)	8	23	16
Croatia	9	12	11	Norway	9	17	13	Portugal	10	21	15
Switzerland	11	11	11	Finland	8	17	13	MKD <sup>a</sup>	8	23	15
Austria	11	11	11	Germany	7	17	12	Switzerland	9	22	15
Sweden	9	12	10	MKD <sup>a</sup>	8	16	12	Finland	8	22	15
Luxembourg	8	12	10	Portugal	8	15	11	Croatia	8	21	15
MKD <sup>a</sup>	8	12	10	Croatia	8	15	11	Germany	6	22	14
Denmark	7	11	9	Denmark	7	15	11	Denmark	8	15	12
Slovenia	7	8	7	Slovenia	8	10	9	Slovenia	6	14	10
HBSC average	13	18	16	HBSC average	13	22	17	HBSC average	12	26	19

**MEASURE** Young people were asked how often in the last six months they had experienced a number of symptoms: headache; stomach ache; feeling low; feeling irritable or bad tempered; feeling nervous; difficulties in getting to sleep; and feeling dizzy. Response options for each symptom ranged from “about every day” to “rarely or never”. The findings presented here show the proportions that reported experiencing a headache more than once a week.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

HEALTH OUTCOMES: REPORTING FEELING LOW MORE THAN ONCE A WEEK

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Turkey	37	48	42	Turkey	41	58	49	Turkey	40	52	46
Romania	25	30	28	Romania	27	40	33	Italy	24	51	37
Italy	22	29	26	Italy	22	40	31	Armenia	25	47	36
Armenia	23	24	24	Armenia	22	36	29	Romania	24	45	35
Lithuania	16	21	18	Greece	17	33	25	Greece	23	36	29
Greenland	11	26	18	Lithuania	16	32	24	Greenland	14	37	25
Estonia	13	22	18	Greenland	15	29	22	Lithuania	13	30	22
Slovakia	15	19	17	Slovakia	16	28	22	Hungary	16	27	21
Latvia	13	18	15	MKD <sup>a</sup>	16	26	21	Ukraine	10	32	21
Norway	11	18	14	Estonia	10	29	20	Luxembourg	14	28	21
Canada	12	15	14	Switzerland	9	24	17	Slovakia	14	26	20
Iceland	11	15	13	Hungary	14	19	16	Sweden	10	28	19
Ukraine	10	16	13	Poland	13	20	16	Czech Republic	13	24	19
Luxembourg	11	16	13	Spain	12	19	16	England	9	28	19
Hungary	13	13	13	Luxembourg	8	22	15	Poland	13	23	18
Switzerland	9	17	13	England	10	20	15	MKD <sup>a</sup>	12	24	18
MKD <sup>a</sup>	10	16	13	France	10	20	15	United States	12	24	18
Poland	10	16	13	Czech Republic	10	19	15	Spain	13	23	18
Spain	11	14	12	Ukraine	9	20	14	Norway	8	27	18
England	9	16	12	Canada	10	19	14	Iceland	12	24	18
Greece	11	13	12	Sweden	9	20	14	Estonia	10	25	17
United States	11	14	12	United States	10	18	14	Belgium (French)	11	24	17
France	10	13	12	Scotland	12	16	14	Ireland	12	22	17
Czech Republic	10	14	12	Latvia	11	17	14	Canada	12	21	17
Belgium (French)	9	13	11	Portugal	9	18	13	France	12	21	17
Russian Federation	8	14	11	Belgium (French)	12	15	13	Scotland	11	21	16
Ireland	10	13	11	Norway	7	19	13	Latvia	11	21	16
Portugal	9	12	11	Russian Federation	10	16	13	Wales	9	23	16
Denmark	6	14	10	Iceland	9	16	13	Russian Federation	10	18	14
Sweden	8	10	9	Wales	9	17	13	Portugal	11	17	14
Croatia	8	10	9	Ireland	9	14	11	Switzerland	8	20	14
Wales	7	10	9	Croatia	7	15	11	Croatia	7	19	13
Netherlands	6	10	8	Denmark	4	15	9	Belgium (Flemish)	9	14	12
Scotland	7	9	8	Slovenia	5	12	8	Germany	6	14	10
Finland	7	8	7	Finland	6	11	8	Finland	6	14	10
Germany	5	9	7	Germany	5	12	8	Slovenia	5	14	10
Slovenia	5	9	7	Netherlands	6	10	8	Austria	6	11	8
Austria	6	6	6	Belgium (Flemish)	6	8	7	Netherlands	5	11	8
Belgium (Flemish)	4	4	4	Austria	4	9	6	Denmark	4	12	8
HBSC average	11	16	13	HBSC average	12	21	16	HBSC average	21	25	19

**MEASURE** Young people were asked how often in the last six months they had experienced a number of symptoms: headache; stomach ache; feeling low; feeling irritable or bad tempered; feeling nervous; difficulties in getting to sleep; and feeling dizzy. Response options for each symptom ranged from "about every day" to "rarely or never". The findings presented here show the proportions that reported experiencing feeling low more than once a week.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## HEALTH OUTCOMES: OVERWEIGHT AND OBESITY: RATES OF MISSING BMI DATA

Country/Region	11-year-olds (%)	Country/Region	13-year-olds (%)	Country/Region	15-year-olds (%)
Ireland	84	Ireland	74	Ireland	56
Scotland	71	Scotland	64	Scotland	52
Wales	69	England	58	Greenland	42
England	67	Wales	52	England	40
Greenland	49	Greenland	44	Wales	33
Lithuania	37	Belgium (French)	32	Belgium (French)	25
Belgium (French)	35	Lithuania	27	Lithuania	20
Canada	34	Armenia	24	Armenia	17
Sweden	29	Canada	23	France	17
United States	28	France	21	Germany	15
Armenia	28	Netherlands	19	Norway	15
Norway	26	Norway	19	Estonia	14
France	24	Estonia	19	Canada	14
Estonia	24	Germany	18	MKD <sup>a</sup>	11
Iceland	23	Sweden	15	Netherlands	11
Denmark	21	MKD <sup>a</sup>	15	Sweden	11
MKD <sup>a</sup>	20	United States	14	Russian Federation	10
Italy	20	Russian Federation	13	Luxembourg	9
Germany	19	Denmark	13	Spain	9
Romania	17	Iceland	13	Iceland	8
Netherlands	17	Slovakia	11	Austria	8
Slovakia	16	Romania	11	Italy	7
Hungary	14	Luxembourg	10	Slovakia	7
Ukraine	13	Hungary	10	United States	7
Luxembourg	11	Italy	10	Belgium (Flemish)	7
Russian Federation	11	Austria	9	Denmark	7
Latvia	10	Switzerland	9	Ukraine	6
Switzerland	10	Ukraine	8	Switzerland	6
Austria	10	Spain	8	Portugal	5
Belgium (Flemish)	9	Latvia	8	Hungary	5
Turkey	8	Turkey	8	Romania	5
Portugal	8	Belgium (Flemish)	7	Greece	5
Croatia	7	Portugal	7	Turkey	5
Slovenia	7	Finland	7	Slovenia	5
Poland	7	Slovenia	5	Finland	4
Spain	7	Croatia	4	Latvia	4
Greece	5	Poland	4	Croatia	4
Finland	5	Greece	4	Czech Republic	3
Czech Republic	4	Czech Republic	3	Poland	3
HBSC average	23	HBSC average	18	HBSC average	14

**MEASURE** Young people were asked to give their height (without shoes) and weight (without clothes). BMI was calculated from this information and cut-offs for overweight and obesity allocated. The findings presented here show the levels of missing data across all countries and regions.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

HEALTH OUTCOMES: OVERWEIGHT AND OBESITY, USING WHO GROWTH REFERENCE

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
United States	42	35	39	United States	40	26	33	United States	38	29	34
Greece	41	24	33	Greece	34	19	27	Canada	28	19	23
Portugal	37	25	32	Portugal	31	18	25	Greece	32	14	23
Ireland	37	23	30	Greenland	19	28	24	Wales	26	17	21
Canada	37	23	30	Spain	30	17	23	Slovenia	27	15	21
Spain	35	24	30	Canada	27	19	23	Portugal	24	17	20
Poland	36	23	29	Croatia	30	15	23	Iceland	24	15	20
Italy	35	22	29	Italy	27	17	22	Italy	26	12	19
Greenland	30	24	27	Poland	28	16	22	Luxembourg	25	13	19
MKD <sup>a</sup>	33	20	27	Slovenia	27	16	22	Croatia	27	11	19
Croatia	33	21	27	Wales	26	17	22	Greenland	22	16	19
Romania	33	19	26	Finland	25	17	21	Romania	27	10	19
Slovenia	31	20	26	MKD <sup>a</sup>	26	15	21	Spain	23	14	19
Wales	30	21	26	Austria	25	15	20	Austria	24	12	18
Russian Federation	32	18	25	Estonia	23	16	20	Hungary	22	12	17
Estonia	29	19	24	Romania	25	15	20	Czech Republic	22	12	17
Czech Republic	31	16	23	Hungary	26	13	19	Germany	21	12	17
Hungary	29	18	23	Czech Republic	28	11	19	Norway	21	12	17
Finland	29	17	23	Turkey	25	14	19	Ireland	19	14	16
Armenia	26	17	22	Slovakia	28	10	19	MKD <sup>a</sup>	24	8	16
Slovakia	29	13	22	Iceland	23	14	19	Finland	20	12	16
Scotland	23	20	22	Germany	21	16	19	Poland	20	12	16
Austria	25	17	21	Luxembourg	23	14	19	Scotland	18	13	16
Lithuania	27	13	20	Armenia	24	13	18	Sweden	20	8	14
Turkey	26	14	20	Sweden	20	11	16	Belgium (French)	18	10	14
Sweden	24	16	20	Latvia	19	12	16	Estonia	17	10	14
Luxembourg	23	15	19	Russian Federation	22	9	16	Switzerland	18	9	13
Germany	23	14	19	France	18	13	16	Belgium (Flemish)	16	11	13
Iceland	22	14	18	Belgium (French)	20	11	16	Turkey	19	7	13
Latvia	23	12	18	Ireland	20	11	15	Slovakia	18	8	13
Ukraine	22	12	17	Norway	19	11	15	England	14	12	13
England	18	17	17	Ukraine	21	9	15	Ukraine	17	8	12
Norway	21	12	17	Scotland	20	10	15	France	16	8	12
Belgium (French)	19	13	16	Lithuania	18	11	15	Latvia	15	9	12
France	19	11	15	England	11	17	14	Denmark	12	9	11
Denmark	16	14	15	Belgium (Flemish)	14	14	14	Lithuania	15	5	10
Belgium (Flemish)	15	14	15	Denmark	15	11	13	Armenia	15	6	10
Netherlands	15	12	13	Switzerland	18	9	13	Netherlands	14	6	10
Switzerland	14	9	11	Netherlands	13	10	12	Russian Federation	13	7	10
HBSC average	28	18	23	HBSC average	24	14	19	HBSC average	21	12	16

**MEASURE** Young people were asked to give their height (without shoes) and weight (without clothes). BMI was calculated from this information and cut-offs for overweight and obesity allocated based on the WHO growth reference for school-aged children and adolescents for 5–19 years to monitor growth (1). The findings presented here show the proportions with a BMI greater than one standard deviation above the average WHO reference BMI for their age.

1. de Onis M et al. Development of a WHO growth reference for school-aged children and adolescents.

Bulletin of the World Health Organization, 2007, 85(9):661–668 (<http://www.who.int/bulletin/volumes/85/9/en/index.html>, accessed 2 March 2012).

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## HEALTH BEHAVIOURS: DAILY VEGETABLE CONSUMPTION

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Belgium (Flemish)	50	56	53	Belgium (Flemish)	51	65	58	Belgium (Flemish)	46	61	53
Ukraine	46	55	51	Belgium (French)	45	53	49	Belgium (French)	46	59	53
France	47	52	49	Ukraine	40	50	45	France	38	47	43
Denmark	41	52	47	France	42	47	44	Canada	38	47	42
Netherlands	41	52	46	Canada	40	47	43	Denmark	33	49	41
Switzerland	42	50	46	Netherlands	39	45	42	Ukraine	37	44	41
Belgium (French)	45	45	45	Switzerland	38	46	42	Ireland	39	42	40
Canada	39	50	44	Ireland	37	44	41	Switzerland	34	45	40
Ireland	39	48	44	England	37	44	41	Netherlands	35	42	38
Sweden	36	47	41	Denmark	37	41	39	Greenland	35	40	38
MKD <sup>a</sup>	38	44	41	United States	35	40	38	England	34	41	38
England	35	45	40	Greenland	34	39	36	Armenia	33	37	35
Romania	35	44	40	MKD <sup>a</sup>	30	41	36	Sweden	30	39	34
Scotland	35	43	39	Scotland	33	38	35	Scotland	31	37	34
Greenland	34	44	39	Sweden	30	36	33	MKD <sup>a</sup>	27	38	33
United States	34	44	39	Wales	30	36	33	United States	31	34	33
Luxembourg	36	40	38	Greece	28	36	32	Wales	30	34	32
Czech Republic	30	43	36	Romania	28	36	32	Greece	25	33	29
Greece	33	37	35	Russian Federation	33	30	32	Russian Federation	28	29	29
Norway	31	37	34	Turkey	27	36	32	Czech Republic	21	36	28
Russian Federation	33	35	34	Czech Republic	27	34	31	Norway	23	33	28
Lithuania	28	39	33	Luxembourg	28	33	30	Luxembourg	24	32	28
Portugal	30	35	33	Armenia	26	33	30	Romania	21	32	27
Slovakia	31	34	32	Norway	27	28	28	Poland	21	30	26
Wales	29	33	31	Slovakia	25	29	27	Turkey	21	31	26
Turkey	26	36	31	Portugal	24	29	27	Germany	17	33	25
Poland	26	35	31	Hungary	24	29	27	Finland	14	35	25
Iceland	25	36	30	Austria	20	30	25	Portugal	19	28	24
Hungary	26	33	29	Poland	23	28	25	Lithuania	20	28	24
Slovenia	27	32	29	Iceland	21	29	25	Slovakia	20	25	23
Armenia	27	31	29	Germany	18	31	24	Italy	20	26	23
Latvia	27	31	29	Italy	22	27	24	Iceland	19	27	23
Croatia	27	31	29	Slovenia	20	28	24	Slovenia	17	26	22
Austria	25	33	29	Latvia	21	27	24	Hungary	20	22	21
Finland	26	30	28	Lithuania	21	26	23	Croatia	19	23	21
Germany	21	32	27	Croatia	21	23	22	Latvia	16	25	21
Spain	23	25	24	Finland	19	26	22	Spain	15	24	19
Italy	20	27	23	Spain	18	24	21	Estonia	16	21	18
Estonia	20	24	22	Estonia	20	19	19	Austria	12	23	18
HBSC average	32	40	36	HBSC average	29	35	32	HBSC average	26	35	31

**MEASURE** Young people were asked how often they eat vegetables. Response options ranged from “never” to “more than once a day”. The findings presented here are the proportions that reported eating vegetables at least every day or more than once a day.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

HEALTH BEHAVIOURS: PARTICIPATING IN VIGOROUS PHYSICAL ACTIVITY FOR TWO OR MORE HOURS PER WEEK

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Netherlands	82	79	80	Netherlands	79	75	77	Netherlands	81	70	75
Luxembourg	81	68	75	Norway	75	70	73	Norway	73	67	70
Switzerland	78	63	70	Denmark	78	66	72	Denmark	71	67	69
Denmark	75	64	70	Luxembourg	80	61	70	Luxembourg	77	57	67
Finland	73	64	69	Switzerland	76	63	69	Germany	73	57	65
Norway	68	64	66	Austria	76	55	66	Iceland	66	63	64
Belgium (Flemish)	70	57	64	Germany	70	59	64	Switzerland	73	55	64
Austria	69	51	60	Greece	69	52	60	Canada	66	59	62
Greece	65	53	59	Iceland	60	60	60	Belgium (Flemish)	68	52	60
Germany	64	52	58	Scotland	67	53	60	Scotland	65	54	60
Canada	60	52	56	Belgium (Flemish)	68	52	60	Belgium (French)	68	49	58
Belgium (French)	65	47	56	Finland	64	55	59	Finland	59	55	57
Scotland	58	52	55	Belgium (French)	66	53	59	England	66	47	57
France	63	45	54	Canada	63	54	58	Sweden	61	50	56
Iceland	54	51	52	Sweden	59	51	55	Austria	66	43	55
Sweden	55	50	52	France	67	43	55	Greece	64	43	53
Ireland	55	45	50	Italy	65	45	55	France	65	40	53
England	52	45	49	Wales	58	46	52	Wales	62	43	53
Russian Federation	53	39	46	England	55	48	52	Italy	64	38	51
Slovenia	53	39	46	Ireland	57	46	51	United States	58	38	48
Slovakia	55	37	46	Slovenia	57	44	50	Hungary	60	36	48
Wales	51	40	46	Hungary	58	42	50	Slovakia	58	36	47
Italy	55	36	45	United States	54	41	48	Ireland	55	38	47
Hungary	52	37	45	Slovakia	55	37	46	Russian Federation	54	38	46
United States	48	40	44	Croatia	54	35	44	Slovenia	55	36	45
Spain	53	31	42	Russian Federation	49	37	43	Spain	56	34	45
Poland	46	35	40	Latvia	48	37	42	Latvia	51	39	45
Czech Republic	46	35	40	Portugal	51	29	40	Lithuania	57	33	45
Croatia	49	32	40	Czech Republic	48	32	40	Estonia	47	40	44
Latvia	43	34	38	Armenia	47	32	40	Greenland	50	37	43
Ukraine	43	31	37	Ukraine	46	33	39	Portugal	56	30	43
Greenland	35	38	36	Estonia	40	35	37	Croatia	54	27	41
Estonia	39	33	36	Lithuania	48	26	37	Poland	49	27	38
Armenia	47	25	36	Poland	44	29	36	Czech Republic	47	28	37
Portugal	41	23	32	Greenland	44	28	36	Ukraine	50	25	37
Turkey	40	24	32	MKD <sup>a</sup>	41	29	35	MKD <sup>a</sup>	47	26	37
Lithuania	38	26	32	Romania	46	20	33	Armenia	50	23	36
Romania	40	23	32	Turkey	43	19	31	Turkey	46	16	31
MKD <sup>a</sup>	33	19	26	Spain	41	16	29	Romania	38	17	28
HBSC average	55	43	49	HBSC average	58	44	51	HBSC average	60	42	51

**MEASURE** Young people were asked to report the number of hours per week that they were usually physically active in their free time (outside school hours), so much that they got out of breath or sweated. The findings presented here show the proportions that participated in vigorous physical activity for two or more hours per week.

<sup>a</sup> The former Yugoslav Republic of Macedonia.



## HEALTH BEHAVIOURS: USING A COMPUTER FOR E-MAIL, INTERNET OR HOMEWORK FOR TWO OR MORE HOURS ON WEEKDAYS

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Poland	47	44	45	Netherlands	58	64	61	Iceland	71	75	73
Russian Federation	43	46	44	Estonia	53	66	60	Norway	65	81	73
Estonia	44	39	41	Wales	52	66	59	England	68	75	71
Wales	37	44	41	England	48	66	57	Estonia	64	76	70
Slovakia	42	39	40	Slovakia	53	61	57	Netherlands	62	75	69
England	36	41	39	Poland	54	56	55	Slovakia	65	70	68
Netherlands	36	35	36	Iceland	53	55	54	Denmark	64	66	65
Scotland	33	38	35	Scotland	45	61	53	Poland	64	66	65
Romania	38	30	34	Portugal	52	54	53	Sweden	61	69	65
Finland	31	35	33	Sweden	46	58	52	Wales	61	68	65
Portugal	33	32	33	Norway	43	57	50	Czech Republic	57	70	64
Canada	29	36	32	Finland	44	55	50	Scotland	60	67	63
Croatia	34	29	32	Denmark	45	53	49	Russian Federation	59	65	62
Turkey	35	29	32	Russian Federation	45	53	49	Latvia	54	64	59
Latvia	30	32	31	Canada	40	57	48	Finland	58	60	59
Sweden	31	31	31	Latvia	41	55	48	MKD <sup>a</sup>	58	60	59
Denmark	33	28	31	Czech Republic	40	56	48	Croatia	54	61	57
Belgium (Flemish)	31	30	31	MKD <sup>a</sup>	49	46	47	Germany	55	58	56
MKD <sup>a</sup>	35	25	30	Croatia	43	50	47	Romania	57	55	56
Lithuania	33	26	29	Hungary	45	47	46	Canada	50	61	56
Iceland	30	28	29	Slovenia	42	50	46	Luxembourg	56	55	55
Hungary	33	25	29	Romania	49	41	45	Portugal	60	51	55
Czech Republic	27	29	28	Luxembourg	41	45	43	Slovenia	51	58	55
Greece	33	22	27	Greece	41	43	42	Austria	53	56	55
Slovenia	26	28	27	Lithuania	38	44	41	Italy	51	57	54
France	27	24	26	Belgium (Flemish)	38	44	41	Hungary	53	53	53
Spain	26	25	25	Spain	40	42	41	Lithuania	47	57	52
Armenia	30	16	23	Germany	38	44	41	Greece	54	49	52
Italy	23	23	23	Italy	36	46	41	Spain	48	56	52
Norway	22	24	23	France	36	43	40	Belgium (Flemish)	48	53	50
Ukraine	24	19	22	Turkey	39	37	38	France	43	52	48
Austria	24	19	22	Austria	35	38	36	Switzerland	42	45	44
Luxembourg	20	18	19	United States	23	39	31	Armenia	47	34	40
Belgium (French)	19	19	19	Belgium (French)	28	34	31	United States	34	43	39
United States	18	19	18	Ukraine	30	27	29	Belgium (French)	38	39	38
Germany	18	17	18	Armenia	33	24	29	Turkey	40	33	37
Ireland	15	17	16	Ireland	25	31	28	Ukraine	32	37	35
Switzerland	12	11	12	Switzerland	25	30	28	Ireland	30	33	31
Greenland	12	8	10	Greenland	16	16	16	Greenland	23	28	26
HBSC average	29	28	29	HBSC average	41	48	44	HBSC average	53	57	55

**MEASURE** Young people were asked how many hours per day they used a computer for e-mail, Internet or homework in their spare time on weekdays and at weekends. The findings presented here are the proportions reporting using a computer in these ways for two or more hours every weekday.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

HEALTH BEHAVIOURS: PLAYING GAMES ON A COMPUTER OR GAMES CONSOLE FOR TWO OR MORE HOURS ON WEEKDAYS

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Norway	—	—	—	Romania	70	50	60	Romania	68	52	60
Romania	57	43	50	Scotland	69	31	50	MKD <sup>a</sup>	59	40	50
Estonia	62	32	47	Estonia	68	32	50	Sweden	66	28	47
Poland	57	34	46	Sweden	61	37	49	Russian Federation	61	31	46
Scotland	63	29	46	MKD <sup>a</sup>	56	41	49	Denmark	68	22	45
Russian Federation	54	36	45	Wales	63	34	48	Scotland	64	26	45
Wales	54	32	43	Russian Federation	57	38	48	Estonia	63	21	42
Slovakia	57	29	43	Denmark	64	31	47	Germany	56	27	41
Denmark	57	28	42	Slovakia	65	26	46	Czech Republic	62	21	41
England	54	24	39	Poland	65	27	46	Poland	62	20	41
Sweden	52	25	39	Czech Republic	62	28	45	Canada	52	27	40
Latvia	53	23	38	Latvia	63	23	43	Armenia	51	28	39
Czech Republic	50	24	37	Canada	53	30	41	Wales	54	22	38
Netherlands	48	26	37	England	61	22	41	Slovakia	59	17	38
Finland	45	25	35	Netherlands	55	26	41	Hungary	53	23	38
Canada	45	25	35	Hungary	55	26	40	Norway	61	14	38
MKD <sup>a</sup>	43	26	35	Portugal	49	28	39	Netherlands	59	16	37
Ukraine	42	26	34	Croatia	51	26	39	Belgium (French)	45	29	37
Portugal	43	23	33	Germany	46	31	38	Latvia	59	15	37
Croatia	45	21	33	France	49	25	37	Spain	43	31	37
Armenia	41	24	33	Armenia	45	29	37	Italy	44	26	35
Hungary	41	24	32	Ukraine	48	25	37	Austria	47	23	35
France	39	21	30	Greece	50	23	37	Croatia	46	23	35
Greece	41	19	30	Norway	54	15	34	Greece	49	18	34
Slovenia	39	17	28	Spain	39	29	34	Portugal	51	16	34
Spain	35	21	28	Austria	43	24	34	Turkey	45	22	33
Belgium (Flemish)	36	17	26	Italy	40	26	33	Ukraine	44	23	33
Greenland	38	15	26	Belgium (French)	36	29	33	England	50	13	32
Turkey	33	19	26	Luxembourg	40	24	32	Luxembourg	44	19	32
Belgium (French)	26	22	24	Turkey	41	22	31	Belgium (Flemish)	44	14	29
United States	31	17	24	Finland	49	12	31	Iceland	51	6	29
Italy	31	16	24	Slovenia	47	14	31	France	41	15	28
Ireland	32	15	24	Belgium (Flemish)	40	20	30	Slovenia	46	9	28
Austria	29	16	22	Iceland	48	10	29	Finland	45	9	27
Iceland	34	11	22	United States	32	20	26	Greenland	35	11	23
Germany	26	16	21	Greenland	39	12	25	United States	28	13	20
Luxembourg	23	16	19	Ireland	35	14	24	Ireland	28	12	20
Switzerland	16	8	12	Switzerland	24	12	18	Switzerland	28	8	18
HBSC average	40	22	31	HBSC average	50	25	37	HBSC average	49	20	35

Note. No data for Norway (11-year-olds) or Lithuania.

**MEASURE** Young people were asked how many hours per day they played games on a computer or a games console in their spare time on weekdays and at weekends. The findings presented here are the proportions reporting computer/games console use for two or more hours every weekday.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## RISK BEHAVIOURS: EVER SMOKED TOBACCO

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Greenland	45	43	44	Greenland	63	68	66	Greenland	82	88	85
Latvia	41	24	32	Latvia	66	56	61	Latvia	81	81	81
Estonia	29	16	23	Estonia	57	51	54	Lithuania	77	70	74
Russian Federation	27	18	22	Lithuania	56	47	52	Czech Republic	70	75	73
Lithuania	31	12	22	Czech Republic	50	51	50	Estonia	77	65	71
Czech Republic	25	16	21	Slovakia	44	37	40	Hungary	63	63	63
Ukraine	25	10	18	Croatia	41	35	38	Croatia	62	62	62
Slovakia	23	11	17	Ukraine	46	30	38	Ukraine	69	53	61
Croatia	22	10	16	Hungary	39	35	37	Slovakia	64	57	61
Poland	16	9	13	Russian Federation	34	30	32	Austria	57	63	60
Hungary	14	10	12	Switzerland	36	26	31	Luxembourg	56	56	56
Romania	15	7	11	Poland	35	26	31	Switzerland	60	50	55
Switzerland	14	6	10	Luxembourg	32	26	29	Poland	57	53	55
France	11	5	8	Austria	29	28	29	France	53	55	54
Finland	10	5	8	Finland	31	26	28	Slovenia	53	53	53
Slovenia	10	5	7	Slovenia	30	24	27	Italy	52	53	52
Norway	9	5	7	Romania	31	22	27	Finland	52	49	51
Luxembourg	8	6	7	France	27	25	26	Russian Federation	52	47	49
Belgium (French)	9	4	6	Denmark	24	26	25	Romania	55	43	49
Portugal	8	4	6	Portugal	26	23	24	Sweden	45	52	49
Denmark	9	3	6	Sweden	24	22	23	Denmark	45	51	48
Germany	8	4	6	Belgium (French)	25	20	23	Spain	41	54	48
Austria	8	4	6	Italy	26	19	22	Germany	50	46	48
Sweden	7	5	6	Spain	23	20	21	Belgium (French)	46	48	47
Netherlands	7	4	5	Germany	23	18	21	Belgium (Flemish)	47	44	45
Ireland	6	4	5	Wales	17	22	19	Portugal	44	43	44
MKD <sup>a</sup>	6	3	5	England	21	18	19	Netherlands	45	43	44
United States	7	3	5	Scotland	17	20	18	Greece	42	42	42
Armenia	7	2	4	Norway	23	13	18	Wales	38	46	42
Spain	6	2	4	Netherlands	20	15	18	England	37	45	41
Canada	4	4	4	Belgium (Flemish)	18	15	16	Norway	40	40	40
Italy	6	2	4	Ireland	17	15	16	Scotland	37	42	39
Belgium (Flemish)	6	2	4	Greece	15	15	15	Ireland	38	40	39
England	3	4	3	United States	15	13	14	Canada	31	34	32
Wales	4	3	3	Canada	13	14	13	United States	30	31	30
Scotland	4	3	3	Armenia	17	3	10	MKD <sup>a</sup>	33	26	30
Greece	5	1	3	Iceland	11	7	9	Iceland	33	26	29
Iceland	4	1	2	MKD <sup>a</sup>	10	6	8	Armenia	33	11	22
HBSC average	13	7	10	HBSC average	29	25	27	HBSC average	50	49	49

Note: No data for Turkey.

**MEASURE** Young people were asked if they had ever smoked tobacco (at least one cigarette, cigar or pipe). Response options were "yes" or "no". The findings presented here are the proportions that answered "yes".

<sup>a</sup> The former Yugoslav Republic of Macedonia.

**RISK BEHAVIOURS: DAILY SMOKING**

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Greenland	3	3	3	Greenland	16	25	21	Greenland	48	48	48
Russian Federation	4	1	3	Czech Republic	6	6	6	Hungary	21	19	20
Romania	3	1	2	Latvia	7	4	5	Croatia	21	19	20
MKD <sup>a</sup>	2	1	1	Poland	5	5	5	Lithuania	26	13	20
Hungary	1	0	1	Estonia	6	3	5	Austria	18	21	19
Czech Republic	1	0	1	Slovakia	6	3	4	Latvia	23	14	18
England	1	1	1	Lithuania	6	2	4	Czech Republic	16	20	18
Ukraine	1	0	1	Russian Federation	5	3	4	Italy	15	16	16
Armenia	0	1	1	Romania	4	3	3	Ukraine	23	8	15
France	1	0	1	Ukraine	5	2	3	Luxembourg	17	14	15
Poland	1	0	1	Scotland	4	3	3	Finland	15	13	14
Slovakia	1	0	1	Hungary	4	2	3	France	15	14	14
Greece	1	0	0	Finland	4	2	3	Slovenia	14	13	14
Lithuania	1	0	0	Croatia	4	2	3	Romania	18	10	14
United States	1	0	0	Wales	2	3	3	Spain	11	16	14
Austria	1	0	0	Austria	3	3	3	Estonia	16	10	13
Ireland	0	0	0	Luxembourg	3	3	3	Slovakia	15	9	12
Belgium (French)	0	0	0	Spain	3	3	3	Russian Federation	15	9	12
Luxembourg	1	0	0	Denmark	2	3	2	Belgium (French)	12	11	12
Latvia	0	0	0	France	2	3	2	Netherlands	10	12	11
Finland	0	0	0	England	2	3	2	Belgium (Flemish)	11	11	11
Italy	1	0	0	Belgium (French)	3	1	2	Switzerland	13	10	11
Germany	0	0	0	Switzerland	3	2	2	Scotland	10	11	11
Spain	0	0	0	Netherlands	2	2	2	Greece	13	8	10
Switzerland	0	0	0	Belgium (Flemish)	3	2	2	Wales	8	12	10
Iceland	0	0	0	Ireland	3	2	2	Germany	10	10	10
Canada	0	0	0	Germany	2	1	2	Poland	12	8	10
Scotland	0	0	0	Italy	2	2	2	Denmark	10	10	10
Portugal	0	0	0	Canada	2	2	2	Ireland	9	10	10
Croatia	0	0	0	Greece	2	1	2	Sweden	7	9	8
Belgium (Flemish)	0	0	0	Sweden	2	2	2	MKD <sup>a</sup>	9	7	8
Denmark	0	0	0	Slovenia	2	1	2	England	6	9	8
Norway	0	0	0	Norway	2	0	1	Portugal	7	6	7
Slovenia	0	0	0	Portugal	2	1	1	Norway	6	6	6
Wales	0	0	0	United States	1	1	1	Iceland	6	5	6
Sweden	0	0	0	MKD <sup>a</sup>	1	1	1	Canada	5	5	5
Estonia	0	0	0	Iceland	1	1	1	United States	5	4	4
Netherlands	0	0	0	Armenia	1	0	1	Armenia	8	1	4
HBSC average	1	0	1	HBSC average	3	3	3	HBSC average	14	12	13

Note: No data for Turkey.

**MEASURE** Young people were asked how often they smoked tobacco at present. Response options ranged from "every day" to "I do not smoke". The findings presented here are the proportions that reported smoking every day.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## RISK BEHAVIOURS: DRINKING BEER AT LEAST ONCE A WEEK

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Finland	—	—	—	Czech Republic	17	10	14	Czech Republic	39	20	30
Armenia	11	3	7	Ukraine	15	7	11	Ukraine	39	18	29
Ukraine	9	3	6	Romania	15	3	9	Austria	31	9	20
Romania	9	2	6	Slovakia	10	4	7	Croatia	30	9	20
Czech Republic	7	4	5	Croatia	11	3	7	Greece	27	12	20
Slovakia	5	3	4	Armenia	12	1	7	Wales	26	11	19
Russian Federation	4	2	3	Wales	8	4	6	Belgium (Flemish)	26	10	18
Croatia	5	1	3	England	7	3	5	Slovenia	26	10	18
Italy	4	1	2	Slovenia	7	3	5	Italy	24	11	18
Denmark	2	2	2	Russian Federation	6	3	5	Romania	26	5	16
MKD <sup>a</sup>	4	1	2	Poland	7	2	5	Belgium (French)	20	10	15
Greenland	2	2	2	Italy	7	1	4	Germany	21	8	15
United States	2	1	1	Greece	7	2	4	England	23	6	14
Hungary	3	0	1	Latvia	7	1	4	Netherlands	21	6	14
Latvia	2	1	1	Denmark	4	3	4	Hungary	21	6	13
Belgium (French)	2	0	1	Lithuania	5	2	4	Slovakia	19	7	13
Wales	2	1	1	Switzerland	5	2	3	Switzerland	20	6	13
England	2	0	1	Hungary	6	1	3	Lithuania	19	7	13
Lithuania	2	0	1	Belgium (Flemish)	5	1	3	Denmark	18	7	12
Slovenia	1	1	1	Scotland	5	1	3	Latvia	19	5	12
Belgium (Flemish)	1	1	1	Austria	4	2	3	Luxembourg	17	6	12
Greece	1	0	1	Estonia	4	1	3	Scotland	19	4	11
Poland	1	1	1	Belgium (French)	4	1	2	Spain	14	8	11
Switzerland	1	0	1	Spain	3	2	2	Armenia	18	5	11
Scotland	1	0	1	Norway	3	1	2	Poland	14	8	11
Canada	1	0	1	Germany	4	1	2	France	16	6	11
Netherlands	0	1	1	France	3	1	2	MKD <sup>a</sup>	15	5	10
Estonia	1	0	1	United States	3	1	2	Canada	13	6	9
Austria	1	0	1	MKD <sup>a</sup>	3	1	2	Estonia	15	2	9
Luxembourg	1	0	1	Netherlands	2	1	2	Russian Federation	9	6	8
France	1	0	1	Canada	3	1	2	Norway	8	5	7
Spain	1	0	0	Ireland	3	1	2	United States	6	5	6
Iceland	1	0	0	Luxembourg	2	1	2	Portugal	8	3	5
Germany	1	0	0	Greenland	2	1	1	Ireland	8	2	5
Portugal	1	0	0	Iceland	2	1	1	Iceland	6	3	5
Ireland	1	0	0	Finland	2	1	1	Finland	5	4	5
Sweden	0	0	0	Portugal	2	0	1	Sweden	6	2	4
Norway	0	0	0	Sweden	1	1	1	Greenland	3	4	3
HBSC average	3	1	2	HBSC average	6	2	4	HBSC average	18	7	13

Note. No data for Finland (11-year-olds) or Turkey.

**MEASURE** Young people were asked how often they drank anything alcoholic and were given a list of drinks: beer, wine, spirits, alcopops or any other drink that contains alcohol. Response options ranged from “never” to “every day”. The findings presented here are the proportions that reported drinking beer at least every week.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

RISK BEHAVIOURS: DRINKING WINE AT LEAST ONCE A WEEK

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Finland	—	—	—	Armenia	13	6	9	Croatia	23	13	18
Armenia	15	4	10	Croatia	12	4	8	Hungary	20	11	16
Romania	8	2	5	Czech Republic	7	6	6	Czech Republic	12	14	13
Italy	4	2	3	Italy	7	3	5	Slovenia	14	9	12
Croatia	4	1	3	Romania	8	1	5	Armenia	15	6	11
Denmark	3	2	3	Denmark	5	3	4	Greece	10	8	9
Ukraine	3	1	2	Greece	5	2	3	Austria	10	8	9
Czech Republic	3	1	2	Hungary	4	2	3	Italy	12	5	8
Hungary	2	1	2	Ukraine	4	2	3	Romania	12	2	7
Russian Federation	2	1	2	Russian Federation	4	2	3	Ukraine	8	5	6
Belgium (French)	3	0	2	Wales	3	2	3	England	4	6	5
United States	2	1	1	Slovenia	4	1	2	Slovakia	7	3	5
MKD <sup>a</sup>	2	0	1	Slovakia	3	2	2	MKD <sup>a</sup>	6	4	5
Slovakia	1	1	1	England	2	2	2	Wales	4	5	4
England	2	0	1	Scotland	2	2	2	Belgium (French)	5	3	4
Wales	1	1	1	Belgium (Flemish)	3	1	2	Scotland	4	4	4
Greece	2	0	1	Switzerland	2	1	2	Netherlands	1	7	4
Poland	1	0	1	Austria	2	1	2	Spain	4	3	4
Slovenia	1	0	1	Belgium (French)	2	1	2	Russian Federation	6	2	4
Switzerland	1	0	1	United States	2	2	2	Belgium (Flemish)	4	4	4
Greenland	1	1	1	Spain	2	1	2	France	4	2	3
Scotland	1	1	1	Poland	2	1	2	Germany	2	3	3
France	1	0	1	Estonia	2	1	1	Denmark	4	1	3
Austria	1	0	1	France	1	1	1	Luxembourg	4	1	3
Belgium (Flemish)	1	0	1	MKD <sup>a</sup>	2	0	1	Latvia	3	2	3
Latvia	0	1	0	Luxembourg	2	1	1	United States	2	2	2
Canada	1	0	0	Ireland	2	1	1	Switzerland	3	1	2
Spain	1	0	0	Norway	1	1	1	Canada	3	2	2
Netherlands	0	1	0	Canada	1	0	1	Poland	3	2	2
Ireland	1	0	0	Latvia	1	0	1	Estonia	3	2	2
Luxembourg	1	0	0	Iceland	1	0	1	Ireland	3	2	2
Iceland	1	0	0	Lithuania	1	0	1	Lithuania	4	1	2
Portugal	1	0	0	Greenland	1	1	1	Iceland	3	1	2
Lithuania	0	0	0	Germany	1	0	1	Portugal	3	1	2
Estonia	0	0	0	Netherlands	1	0	0	Sweden	1	1	1
Germany	0	0	0	Finland	1	0	0	Norway	1	1	1
Norway	0	0	0	Portugal	0	0	0	Greenland	1	1	1
Sweden	0	0	0	Sweden	0	0	0	Finland	1	1	1
HBSC average	2	1	1	HBSC average	3	1	2	HBSC average	6	4	5

Note. No data for Finland (11-year-olds) or Turkey.

**MEASURE** Young people were asked how often they drank anything alcoholic and were given a list of drinks: beer, wine, spirits, alcopops or any other drink that contains alcohol. Response options ranged from "never" to "every day". The findings presented here are the proportions that reported drinking wine at least every week.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## RISK BEHAVIOURS: DRINKING SPIRITS AT LEAST ONCE A WEEK

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Finland	—	—	—	Slovakia	5	4	4	Greece	22	17	19
Armenia	6	2	4	Wales	3	5	4	Austria	17	16	16
Romania	4	1	3	Armenia	7	2	4	Spain	15	17	16
Ukraine	3	1	2	Croatia	6	2	4	Scotland	12	15	14
Denmark	2	2	2	Spain	5	3	4	Hungary	17	10	13
Croatia	3	0	2	Scotland	4	4	4	Croatia	16	11	13
United States	2	0	1	Czech Republic	3	4	4	Slovenia	12	12	12
Russian Federation	1	1	1	Denmark	4	3	4	Denmark	14	9	11
Czech Republic	2	0	1	Romania	6	1	3	Czech Republic	13	10	11
Italy	2	0	1	Switzerland	4	3	3	Wales	8	13	11
Luxembourg	1	1	1	Greece	3	3	3	Slovakia	13	8	10
Slovakia	1	1	1	Estonia	2	3	3	Luxembourg	11	9	10
Greenland	1	1	1	Poland	3	2	3	Italy	13	7	10
Switzerland	1	0	1	Luxembourg	3	2	3	Switzerland	10	7	9
Hungary	1	0	1	Ukraine	4	1	2	England	8	8	8
England	1	0	1	England	2	3	2	Canada	8	8	8
Poland	1	0	1	Canada	2	2	2	France	9	5	7
Belgium (French)	1	0	1	Slovenia	3	1	2	Estonia	9	4	7
Slovenia	1	0	1	Austria	3	2	2	Ukraine	10	3	7
MKD <sup>a</sup>	1	0	0	Ireland	3	1	2	Ireland	8	6	7
Scotland	1	0	0	Lithuania	2	1	2	Belgium (Flemish)	8	4	6
Netherlands	0	1	0	Hungary	3	1	2	MKD <sup>a</sup>	8	4	6
Austria	1	0	0	Russian Federation	3	1	2	Latvia	8	4	6
Ireland	1	0	0	France	2	1	2	United States	7	5	6
Spain	1	0	0	United States	2	1	2	Lithuania	8	3	5
Greece	1	0	0	Belgium (Flemish)	2	1	2	Armenia	8	2	5
Canada	0	0	0	Portugal	2	1	1	Portugal	5	4	5
Wales	0	0	0	Latvia	2	0	1	Sweden	5	5	5
Latvia	0	0	0	Norway	1	1	1	Germany	6	3	4
Iceland	0	0	0	Italy	1	1	1	Romania	7	1	4
Belgium (Flemish)	0	0	0	MKD <sup>a</sup>	2	1	1	Iceland	5	2	4
Portugal	0	0	0	Iceland	1	0	1	Russian Federation	5	2	3
France	0	0	0	Germany	1	1	1	Poland	4	3	3
Germany	0	0	0	Greenland	2	0	1	Greenland	3	3	3
Norway	0	0	0	Belgium (French)	1	0	1	Belgium (French)	4	2	3
Lithuania	0	0	0	Sweden	1	0	1	Norway	3	2	3
Estonia	0	0	0	Finland	1	0	1	Finland	2	2	2
Sweden	0	0	0	Netherlands	0	1	1	Netherlands	1	2	2
HBSC average	1	0	1	HBSC average	3	2	2	HBSC average	9	6	8

Note. No data for Finland (11-year-olds) or Turkey.

**MEASURE** Young people were asked how often they drank anything alcoholic and were given a list of drinks: beer, wine, spirits, alcopops or any other drink that contains alcohol. Response options ranged from "never" to "every day". The findings presented here are the proportions that reported drinking spirits at least every week.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

RISK BEHAVIOURS: DRINKING ALCOPOPS AT LEAST ONCE A WEEK

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Finland	—	—	—	Ukraine	10	10	10	Austria	18	18	18
Ukraine	6	3	4	Wales	5	9	7	Ukraine	17	17	17
Romania	6	1	3	Italy	8	5	7	Italy	18	13	15
Italy	5	1	3	Greece	9	4	7	Croatia	14	14	14
Hungary	3	2	2	Lithuania	6	5	6	Wales	11	18	14
Russian Federation	3	2	2	Denmark	6	5	5	Denmark	14	13	14
Denmark	3	2	2	Estonia	5	6	5	Greece	15	12	13
Croatia	3	1	2	Latvia	6	4	5	Latvia	10	16	13
United States	3	1	2	Czech Republic	6	4	5	Lithuania	13	13	13
Czech Republic	3	1	2	Croatia	7	3	5	Scotland	9	14	11
Greenland	1	2	2	Scotland	4	5	4	England	9	13	11
Belgium (French)	2	1	1	England	3	5	4	Hungary	13	8	11
Latvia	2	1	1	Russian Federation	5	2	3	Czech Republic	12	9	10
Lithuania	2	0	1	Slovenia	4	3	3	Belgium (French)	11	9	10
Scotland	1	1	1	Romania	5	1	3	Estonia	9	11	10
Greece	2	1	1	Canada	3	3	3	Netherlands	9	10	10
Wales	1	1	1	Hungary	5	1	3	Germany	10	8	9
Poland	1	0	1	Greenland	3	3	3	Slovenia	10	6	8
Netherlands	1	1	1	Poland	4	2	3	Belgium (Flemish)	9	6	7
Slovenia	1	0	1	Belgium (French)	3	2	3	Spain	8	6	7
France	1	0	1	Austria	3	2	3	Canada	6	8	7
Estonia	1	0	1	Spain	3	2	3	Switzerland	8	6	7
Canada	1	1	1	Netherlands	3	2	2	United States	6	6	6
England	1	0	1	United States	3	2	2	Russian Federation	7	5	6
Slovakia	1	1	1	Ireland	3	2	2	Norway	5	6	5
Switzerland	1	0	1	Switzerland	3	2	2	Luxembourg	7	3	5
MKD <sup>a</sup>	1	0	1	France	2	2	2	France	6	3	5
Austria	1	0	0	Belgium (Flemish)	3	1	2	Ireland	5	4	4
Spain	1	0	0	Norway	2	1	2	Greenland	3	5	4
Ireland	1	0	0	Germany	2	1	1	Romania	7	1	4
Iceland	1	0	0	Luxembourg	2	1	1	Iceland	3	3	3
Belgium (Flemish)	1	0	0	Iceland	2	0	1	Portugal	4	2	3
Norway	0	0	0	Slovakia	1	1	1	Sweden	3	3	3
Germany	0	0	0	MKD <sup>a</sup>	2	0	1	Poland	4	1	3
Luxembourg	0	0	0	Sweden	1	1	1	Slovakia	3	2	3
Sweden	0	0	0	Portugal	1	1	1	MKD <sup>a</sup>	3	1	2
Portugal	0	0	0	Finland	1	1	1	Finland	1	1	1
HBSC average	2	1	1	HBSC average	4	3	3	HBSC average	9	8	8

Note. No data for Armenia, Finland (11-year-olds) or Turkey.

**MEASURE** Young people were asked how often they drank anything alcoholic and were given a list of drinks: beer, wine, spirits, alcopops or any other drink that contains alcohol. Response options ranged from "never" to "every day". The findings presented here are the proportions that reported drinking alcopops at least every week

<sup>a</sup> The former Yugoslav Republic of Macedonia.



## RISK BEHAVIOURS: FIRST DRINKING ALCOHOL AT AGE 13 OR YOUNGER

Country/Region	15-year-olds (%)		
	Boys	Girls	Total
Estonia	66	58	62
Czech Republic	59	56	58
Lithuania	60	54	57
Latvia	52	51	51
Croatia	57	44	50
Poland	53	43	48
Belgium (Flemish)	51	44	48
Hungary	53	42	47
Greece	51	41	46
Slovenia	51	39	45
Denmark	45	45	45
England	47	43	45
Austria	47	42	44
Germany	46	42	44
Scotland	45	42	44
Netherlands	46	39	43
Spain	41	43	42
Portugal	46	38	42
Armenia	48	35	41
Belgium (French)	43	38	40
Wales	40	40	40
France	44	33	38
Greenland	37	36	37
Switzerland	40	33	37
Canada	35	31	33
Ireland	35	31	33
Slovakia	36	27	32
MKD <sup>a</sup>	42	22	32
Luxembourg	33	30	32
Ukraine	33	29	31
Italy	33	24	29
Finland	27	29	28
Romania	33	22	27
Russian Federation	26	25	26
Sweden	22	25	23
United States	21	19	20
Norway	20	18	19
Iceland	13	9	11
HBSC average	41	36	39

Note: No data for Turkey.

**MEASURE** Young people were asked at what age they had their first alcoholic drink. The findings presented here show the proportions that reported first drinking alcohol at age 13 or younger.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

### RISK BEHAVIOURS: CANNABIS USER GROUPS

Country/Region	Discontinued users			Country/Region	Experimenters		
	Boys	Girls	Total		Boys	Girls	Total
Czech Republic	10	9	9	Czech Republic	11	11	11
Greenland	10	6	8	Latvia	11	10	11
Lithuania	10	5	7	Spain	11	10	10
Estonia	9	6	7	Switzerland	9	9	9
Latvia	7	7	7	France	9	9	9
United States	7	6	6	Lithuania	11	6	9
Slovenia	7	4	6	Canada	8	9	9
Switzerland	7	4	6	Estonia	9	7	8
Canada	6	5	5	Slovenia	9	7	8
Hungary	6	4	5	England	7	8	8
Belgium (French)	5	5	5	Poland	8	6	7
France	6	3	5	United States	6	8	7
Ukraine	6	3	5	Netherlands	7	6	7
Belgium (Flemish)	4	5	4	Slovakia	7	6	7
Slovakia	5	3	4	Wales	6	7	7
England	4	5	4	Belgium (Flemish)	8	6	7
Poland	5	4	4	Scotland	7	6	7
Luxembourg	5	3	4	Hungary	6	6	6
Denmark	4	4	4	Italy	7	4	6
Russian Federation	5	2	4	Croatia	6	5	6
Spain	4	3	4	Belgium (French)	6	5	5
Netherlands	4	3	4	Denmark	6	5	5
Scotland	4	3	3	Luxembourg	6	5	5
Croatia	4	3	3	Finland	6	5	5
Austria	2	4	3	Ireland	5	5	5
Germany	3	3	3	Germany	5	4	5
Italy	3	2	3	Ukraine	7	2	4
Romania	3	2	3	Portugal	5	3	4
Portugal	3	2	2	Austria	4	4	4
Wales	2	2	2	Romania	5	2	4
Iceland	3	1	2	Greenland	2	4	3
Ireland	2	2	2	Iceland	4	2	3
Norway	1	1	1	Greece	4	1	2
Greece	1	1	1	Russian Federation	3	1	2
Finland	1	1	1	Norway	3	2	2
Armenia	2	0	1	Armenia	2	0	1
MKD <sup>a</sup>	1	0	1	MKD <sup>a</sup>	1	0	0
HBSC average	4	3	4	HBSC average	6	5	6

Note. No data for Sweden or Turkey.

**MEASURE** Young people (15-year-olds only) were asked whether they had used cannabis: in their life; in the last 12 months; and in the last 30 days. Response options ranged from "never" to "40 times or more". Based on the frequency of use, four user groups were defined as follows:

<sup>a</sup> The former Yugoslav Republic of Macedonia.

Country/Region	Regular users				Heavy users		
	15-year-olds (%)				15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total
Canada	13	14	14	Canada	7	5	6
Switzerland	13	9	11	United States	6	3	5
France	12	10	11	Spain	5	2	3
United States	11	10	10	Belgium (French)	4	2	3
Spain	10	10	10	Switzerland	4	1	3
Italy	10	8	9	Luxembourg	4	2	3
Wales	8	9	9	Slovenia	3	2	3
Netherlands	8	8	8	Wales	4	1	3
Czech Republic	8	9	8	France	4	1	3
England	7	9	8	Scotland	4	1	2
Belgium (Flemish)	10	6	8	Czech Republic	3	2	2
Slovenia	8	6	7	England	3	1	2
Belgium (French)	7	6	7	Ireland	3	1	2
Scotland	8	6	7	Austria	3	0	2
Poland	9	4	7	Italy	3	1	2
Luxembourg	6	6	6	Netherlands	3	0	2
Latvia	8	4	6	Croatia	2	1	1
Ireland	7	4	6	Portugal	2	0	1
Slovakia	6	3	5	Greenland	2	0	1
Estonia	6	4	5	Belgium (Flemish)	2	0	1
Greenland	6	3	5	Latvia	2	0	1
Denmark	4	5	4	Poland	2	0	1
Austria	5	4	4	Denmark	2	0	1
Lithuania	6	2	4	Russian Federation	1	1	1
Portugal	5	3	4	Iceland	2	0	1
Hungary	5	2	3	Greece	2	0	1
Croatia	4	2	3	Estonia	1	0	1
Iceland	4	2	3	Hungary	2	0	1
Germany	4	1	3	Germany	1	0	1
Greece	3	2	3	Ukraine	2	0	1
Finland	2	2	2	Slovakia	1	0	1
Romania	3	1	2	Lithuania	1	0	1
Ukraine	3	1	2	Finland	1	0	1
MKD <sup>a</sup>	2	1	1	Norway	1	0	1
Norway	2	1	1	MKD <sup>a</sup>	1	0	0
Armenia	3	0	1	Armenia	1	0	0
Russian Federation	1	1	1	Romania	0	0	0
HBSC average	6	5	5	HBSC average	2	1	2

- **discontinued users:** those who have used cannabis at least once in their lifetime but not in the last 30 days or the last 12 months;
  - **experimenters:** those who have used cannabis 1–2 times in the last 12 months;
  - **regular users:** those who have used cannabis 3–39 times in the past 12 months;
  - **heavy users:** those who have used cannabis 40 times or more in the past 12 months.
- The findings presented here show the proportions in each user group.

### RISK BEHAVIOURS: CANNABIS USE IN THE LAST 12 MONTHS

Country/Region	15-year-olds (%)		
	Boys	Girls	Total
Canada	28	28	28
Switzerland	28	20	24
Spain	26	22	24
France	24	21	23
United States	24	20	22
Czech Republic	21	22	21
Wales	20	18	19
Latvia	22	15	18
Slovenia	21	15	18
England	17	18	18
Netherlands	19	15	17
Italy	20	13	17
Belgium (French)	18	14	16
Belgium (Flemish)	19	13	16
Scotland	19	13	16
Luxembourg	17	13	15
Poland	19	10	15
Estonia	17	12	14
Lithuania	19	9	14
Greenland	15	12	13
Slovakia	16	10	13
Ireland	16	10	13
Denmark	12	11	11
Hungary	13	8	10
Austria	12	8	10
Croatia	12	8	10
Portugal	13	7	10
Finland	9	7	8
Germany	11	6	8
Ukraine	11	2	7
Iceland	10	4	7
Romania	9	3	6
Greece	10	3	6
Russian Federation	7	4	5
Sweden	7	4	5
Norway	6	3	4
Armenia	8	1	4
MKD <sup>a</sup>	3	1	2
HBSC average	16	11	13

Note: No data for Turkey.

**MEASURE** Young people (15-year-olds only) were asked whether they had used cannabis in the last 12 months. Response options ranged from "never" to "40 times or more". The findings presented here show the proportions that reported using cannabis at least once in the last 12 months.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## RISK BEHAVIOURS: INVOLVED IN A PHYSICAL FIGHT AT LEAST ONCE IN THE PAST 12 MONTHS

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Switzerland	—	—	—	Switzerland	—	—	—	Greece	68	33	50
Belgium (French)	80	47	63	Spain	97	90	93	Armenia	80	20	50
Latvia	76	30	53	Greece	70	35	52	Belgium (French)	51	27	39
Armenia	80	22	51	Armenia	80	22	51	Czech Republic	56	21	39
Czech Republic	73	25	49	Belgium (French)	68	31	50	Slovakia	52	25	38
Hungary	65	30	48	Czech Republic	71	25	48	Romania	55	20	37
Slovenia	63	28	46	Hungary	65	30	47	Hungary	50	23	36
Greece	60	32	46	Slovenia	66	28	47	Ireland	49	24	36
Romania	61	26	44	Romania	66	26	46	Austria	53	20	36
Ukraine	67	21	44	Croatia	65	27	46	Ukraine	54	18	36
Poland	67	20	44	Latvia	64	22	43	Italy	51	20	36
Spain	58	27	42	Ukraine	61	24	42	Lithuania	51	20	35
Russian Federation	60	24	42	Lithuania	60	24	42	Luxembourg	46	24	35
Croatia	62	20	41	Russian Federation	57	26	42	Latvia	50	19	35
Canada	56	25	40	Slovakia	58	24	41	Slovenia	48	20	34
Iceland	58	22	40	Austria	59	19	39	Russian Federation	47	21	34
France	56	24	40	England	52	24	38	United States	41	25	33
England	57	22	40	Canada	50	24	37	Croatia	48	17	33
Scotland	57	22	39	United States	45	27	36	Wales	42	23	33
Lithuania	61	17	39	France	52	20	36	Netherlands	43	22	32
Denmark	56	21	38	Wales	48	23	35	Belgium (Flemish)	41	24	32
Slovakia	54	20	37	Italy	51	20	35	Spain	43	21	32
Italy	54	19	37	Scotland	48	21	35	Canada	43	20	31
Netherlands	53	20	37	Ireland	49	20	35	England	41	21	31
Estonia	54	17	35	Poland	53	15	34	MKD <sup>a</sup>	48	14	31
Ireland	51	20	35	Iceland	51	16	33	Scotland	39	21	30
Sweden	52	19	35	Sweden	45	20	32	Poland	48	12	30
Austria	54	16	35	MKD <sup>a</sup>	47	17	32	France	42	18	30
Belgium (Flemish)	52	18	35	Netherlands	44	19	31	Switzerland	43	16	29
United States	45	22	33	Denmark	45	17	31	Sweden	35	20	27
Wales	48	18	33	Portugal	45	17	31	Finland	35	16	26
Luxembourg	43	20	31	Luxembourg	40	20	30	Estonia	35	15	25
Portugal	49	13	31	Estonia	46	14	30	Portugal	33	15	24
Finland	48	12	30	Greenland	41	19	30	Iceland	32	12	22
Greenland	43	15	29	Finland	43	15	29	Denmark	31	12	22
Germany	42	13	28	Belgium (Flemish)	42	13	28	Greenland	28	13	21
MKD <sup>a</sup>	35	15	25	Germany	35	11	23	Germany	26	10	18
HBSC average	57	22	39	HBSC average	55	23	39	HBSC average	45	19	32

Note. No data for Norway, Switzerland (11-year-olds and 13-year-olds) or Turkey.

**MEASURE** Young people were asked how many times during the last 12 months they had been involved in a physical fight. Response options ranged from "I have not been in a physical fight in the last 12 months" to "four times or more". The findings presented here show the proportions that reported fighting at least once in the past 12 months.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

**RISK BEHAVIOURS: BEEN BULLIED AT SCHOOL AT LEAST ONCE IN THE PAST COUPLE OF MONTHS**

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Lithuania	59	56	57	Lithuania	58	58	58	Belgium (French)	55	39	47
Latvia	56	52	54	Belgium (French)	63	46	54	Lithuania	49	45	47
Belgium (French)	61	43	52	Latvia	50	48	49	Austria	45	32	38
Estonia	51	47	49	Ukraine	44	48	46	Romania	43	33	38
Ukraine	48	49	49	Estonia	50	42	46	Ukraine	36	38	37
Russian Federation	45	43	44	Romania	48	42	45	Latvia	37	36	37
Canada	42	43	42	Austria	47	41	44	Greenland	35	34	35
Switzerland	47	36	41	Portugal	47	37	42	Portugal	38	28	33
Romania	45	36	40	Russian Federation	42	40	41	Switzerland	32	28	30
Portugal	47	32	40	Greenland	39	38	39	Greece	34	26	30
Belgium (Flemish)	41	38	40	Switzerland	40	36	38	Germany	32	26	29
Greenland	44	35	39	Canada	36	38	37	France	28	28	28
Austria	43	35	39	France	37	34	36	Estonia	29	26	27
France	36	40	38	Finland	35	30	32	Canada	28	26	27
Hungary	40	31	36	England	32	31	32	Russian Federation	27	27	27
Finland	37	33	35	Germany	30	32	31	Luxembourg	25	27	26
Luxembourg	36	33	34	Luxembourg	31	29	30	Ireland	26	23	25
United States	34	32	33	Slovakia	33	26	30	Wales	27	22	25
Netherlands	35	30	32	United States	31	29	30	Finland	25	22	24
Ireland	33	32	32	Wales	31	28	30	Belgium (Flemish)	24	21	23
England	30	33	32	Hungary	31	27	29	Norway	24	19	21
Poland	36	28	32	Greece	30	27	28	England	21	21	21
Norway	30	31	31	Poland	35	21	28	United States	20	21	20
Slovakia	35	25	30	Ireland	29	25	27	Slovakia	20	20	20
Germany	32	27	30	Norway	29	24	26	Poland	24	15	19
Wales	31	29	30	Scotland	26	26	26	Hungary	18	19	19
Scotland	25	32	28	MKD <sup>a</sup>	32	19	25	Scotland	21	15	18
Denmark	25	25	25	Belgium (Flemish)	27	23	25	Netherlands	21	13	17
Greece	24	25	25	Netherlands	26	23	24	MKD <sup>a</sup>	21	12	16
Iceland	26	23	25	Slovenia	26	23	24	Slovenia	19	14	16
MKD <sup>a</sup>	26	18	22	Croatia	21	19	20	Czech Republic	15	15	15
Slovenia	21	21	21	Iceland	23	17	20	Croatia	14	13	13
Croatia	21	16	19	Denmark	19	21	20	Denmark	14	12	13
Spain	20	11	16	Czech Republic	17	16	17	Iceland	12	11	12
Italy	20	10	15	Spain	20	12	16	Spain	14	9	12
Czech Republic	16	14	15	Sweden	14	13	13	Sweden	9	10	9
Sweden	14	14	14	Italy	13	10	11	Armenia	9	9	9
Armenia	16	12	14	Armenia	13	9	11	Italy	9	6	7
HBSC average	34	30	32	HBSC average	33	29	31	HBSC average	25	22	24

Note: No data for Turkey.

**MEASURE** Young people were asked how often they had been bullied at school in the past couple of months. Response options ranged from "I was not bullied at school in the past couple of months" to "several times a week". The findings presented here show the proportions that reported being bullied at least once at school in the past couple of months.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

## RISK BEHAVIOURS: BULLYING OTHERS AT SCHOOL AT LEAST ONCE IN THE PAST COUPLE OF MONTHS

Country/Region	11-year-olds (%)			Country/Region	13-year-olds (%)			Country/Region	15-year-olds (%)		
	Boys	Girls	Total		Boys	Girls	Total		Boys	Girls	Total
Latvia	59	45	51	Latvia	69	59	65	Romania	68	61	64
Romania	52	44	48	Romania	66	59	63	Latvia	63	59	61
Lithuania	54	37	45	Lithuania	65	55	60	Lithuania	66	48	57
Estonia	53	35	44	Estonia	64	42	53	Greece	65	37	51
Belgium (French)	52	33	42	Ukraine	54	47	50	Austria	63	37	50
Ukraine	47	37	42	Switzerland	57	39	48	Switzerland	59	38	48
Switzerland	48	26	37	Austria	57	37	47	Greenland	51	45	48
Greenland	41	32	37	Greenland	46	41	44	Ukraine	50	42	46
Russian Federation	41	29	35	Belgium (French)	51	36	43	Germany	54	31	43
Belgium (Flemish)	40	25	33	France	46	38	42	France	50	35	42
Poland	41	23	32	Germany	48	36	42	Estonia	53	30	41
Slovakia	38	25	32	Slovakia	46	35	40	Luxembourg	47	34	41
France	35	28	32	Greece	51	29	40	Belgium (French)	45	35	40
Austria	40	22	31	Canada	42	37	40	Belgium (Flemish)	42	35	38
Portugal	40	21	31	Portugal	45	33	39	Slovakia	45	32	38
Canada	34	27	30	Russian Federation	45	33	39	Canada	44	32	38
Luxembourg	35	26	30	Luxembourg	44	32	38	Poland	45	24	35
Netherlands	35	20	28	Belgium (Flemish)	37	29	33	Russian Federation	38	25	32
Greece	34	20	27	Slovenia	40	25	33	Netherlands	39	24	31
Germany	31	22	26	Finland	39	26	32	Finland	39	22	31
Hungary	33	19	26	United States	34	30	32	United States	33	25	29
Finland	35	16	26	Poland	41	23	32	Portugal	36	21	28
United States	25	21	23	Netherlands	35	25	30	Slovenia	34	20	27
MKD <sup>a</sup>	29	17	23	Hungary	37	21	29	MKD <sup>a</sup>	34	20	27
Slovenia	26	16	21	MKD <sup>a</sup>	36	20	28	Norway	38	16	27
Norway	26	16	21	Croatia	33	18	26	Hungary	31	16	24
Denmark	26	13	19	England	33	18	26	Denmark	31	16	23
Iceland	27	11	19	Norway	33	16	24	England	31	15	23
Scotland	21	14	17	Wales	28	19	23	Croatia	30	16	23
Ireland	20	12	16	Spain	27	19	23	Spain	26	18	22
Spain	19	10	15	Denmark	25	18	22	Wales	28	13	20
Italy	20	8	14	Scotland	25	15	20	Italy	22	16	19
England	18	10	14	Italy	24	14	19	Ireland	28	11	19
Croatia	20	8	14	Iceland	25	12	18	Scotland	26	11	18
Armenia	22	5	13	Armenia	24	8	16	Czech Republic	23	13	18
Wales	15	9	12	Sweden	19	13	16	Sweden	21	11	16
Czech Republic	11	8	9	Ireland	21	10	16	Armenia	22	8	15
Sweden	13	6	9	Czech Republic	18	12	15	Iceland	18	8	13
HBSC average	33	21	27	HBSC average	40	28	34	HBSC average	40	26	33

Note: No data for Turkey.

**MEASURE** Young people were asked how often they had taken part in bullying (an)other student(s) at school in the past couple of months. Response options ranged from "I have not bullied another student at school in the past couple of months" to "several times a week". The findings presented here show the proportions that reported bullying others at least once at school in the past couple of months.

<sup>a</sup> The former Yugoslav Republic of Macedonia.

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## The WHO Regional Office for Europe

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## SOCIAL DETERMINANTS OF HEALTH AND WELL-BEING AMONG YOUNG PEOPLE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) STUDY:

INTERNATIONAL REPORT FROM THE 2009/2010 SURVEY

This book is the latest addition to a series of reports on young people's health by the Health Behaviour in School-aged Children (HBSC) study. It presents findings from the 2009/2010 survey on the demographic and social influences on the health of young people aged 11, 13 and 15 years in 39 countries and regions in the WHO European Region and North America. Responding to the survey, the young people described their social context (relations with family, peers and school), physical and mental health, health behaviours (patterns of eating, tooth brushing and physical activity) and risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying).

Statistical analyses were carried out to identify meaningful differences in the prevalence of health and social indicators by gender, age group and levels of family affluence. The findings contribute to a better understanding of the social determinants of health and well-being among young people.

Through this international report on the results of its most recent survey, the HBSC study aims to supply the up-to-date information needed by policy-makers at various levels of government, nongovernmental organizations, and professionals in sectors such as health, education, social services, justice and recreation, to protect and promote young people's health.

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