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

Health Behaviour in School-aged Children (HBSC) study: key findings from the 2013/2014 survey in the Russian Federation



ABSTRACT

Health Behaviour in School-aged Children (HBSC), a WHO collaborative cross-national study, has provided information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls for over 30 years. The latest international report from the study, *Growing up unequal: gender and socioeconomic differences in young people's health and well-being*, presents findings from the 2013/2014 survey of 42 countries in Europe and North America. This brief summary highlights key findings from the survey in the Russian Federation.

Keywords

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For more information on the HBSC international report, visit the website:
<http://www.euro.who.int/en/hbsc-report-2016>

The findings of the new international HBSC report are available as a smartphone application:
<http://www.euro.who.int/en/data-and-evidence/the-european-health-statistics-app>

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1. The Health Behaviour in School-aged Children (HBSC) study

HBSC, a WHO collaborative cross-national study, has provided information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls for over 30 years. The latest international report from the study, *Growing up unequal: gender and socioeconomic differences in young people's health and well-being*, presents findings from the 2013/2014 survey of 42 countries in Europe and North America. It was prepared by members of the HBSC Research Network and is published by the WHO Regional Office for Europe.

HBSC focuses on understanding young people's health in their social context – at home, school, and with family and friends. It seeks to understand how these factors influence adolescents' health as they move into young adulthood. Data are collected in all participating countries and regions through school-based surveys using a standard methodology.

This document presents key findings from results of the 2013/2014 HBSC survey for **the Russian Federation**. The territorial features and considerable regional differences in the Russian Federation make it difficult to draw comparisons with results from other countries, but identifying overall national trends will enable sharing of best practices.

The key findings focus on:

- **social context:** relating to family, peers and school
- **health outcomes:** young people's current levels of health and well-being
- **health behaviours:** activities seen as potentially health-sustaining
- **risk behaviours:** those seen as potentially health-damaging.

2. Social context

Understanding young people's perceptions of their social context (family, peers and school) allows identification of the most effective methods and approaches of supporting children and young people's health and well-being.

2.1 Family

Strong family relationships have the potential to encourage positive attitudes to health and development and strengthen resistance among children and young people to adverse elements in the environment.

Most young people find **communication with their mother** easier than with their father. Girls and boys report ease in communicating with their mother in approximately equal measure, but gender differences emerge in relation to **communication with their father**, with 75% of 15-year-old boys reporting ease of communication with their father against 59% of 15-year-old girls.

Children from highly-affluent families, particularly boys, are more likely to report feeling stronger **family support**, but this perception decreases with age, especially for girls, for whom a significant decrease is seen between ages 11 and 15.

2.2 Peers

Fifty-seven per cent of girls and 46% of boys report high **peer support**, spending time with friends (before 20:00) and using social media for communication daily. Social media communication is more common among girls (47% against 35% for boys), with prevalence increasing with age.

2.3 School

Levels of **liking school** are quite low (28% of girls and 26% of boys overall), with the negative attitude increasing with age. Liking school is highest among 11-year-old girls.

Perceived **school performance** declines with age and is slightly higher among girls, but overall it has increased across all three age groups since the previous HBSC survey in 2009/2010.

Boys and girls of 11 experience the strongest sense of **being pressurized by school work**, although perceived pressure has dropped for 13-year-olds (by four percentage points) and 15-year-olds (10 percentage points) since 2009/2010. Reductions with age among boys and girls in the Russian Federation differs from findings in many other countries, where levels increase with age.

Classmate support declines with age, with significant gender differences across the age groups ranging from nine to 12 percentage points.

3. Health outcomes

3.1 Subjective health

The number of young people who **self-rate their health** as fair or poor has decreased (22% of girls and 12% of boys). Girls are more likely to report their health as fair or poor at all ages; at 13 and 15, prevalence among girls differs by 16 percentage points to that of boys.

Life satisfaction is one of the most significant aspects of well-being and has close connections with subjective health. Around 82% of young people in all three age groups report generally high life satisfaction, reflecting a very positive trend. Prevalence decreases among girls between 11 and 15 years (a difference of 10 percentage points), and levels have reduced among 15-year-old girls and boys since the 2009/2010 survey (by six percentage points for girls and three percentage points for boys).

The survey asks young people to report how often they experience a range of **health complaints** – stomach ache, backache or feeling low or nervous, for example. The number of 11- and 13-year-olds who report multiple health complaints has decreased.

3.2 Body weight

The survey seeks information about young people's perceptions of their **weight** and **body image**, and whether they are doing anything to **reduce their weight**.

In relation to **weight**, girls are more likely to report that they are too fat, with the difference in prevalence increasing with age. Increases from 2009/2010 are considerable – a seven percentage

point increase for 11-year-old boys and 16 percentage points for 13- and 15-year-old girls – but levels nevertheless remain below the HBSC average.

Girls are also significantly more likely to report **weight-reduction** behavior, with 15-year-old girls four times more likely to be trying to reduce weight than boys. Increases of five percentage points for 13-year-old and seven percentage points for 15-year-old girls are seen compared to 2009/2010.

3.3 Injuries

Injuries are a leading cause of death among young people across the world. The survey asked adolescents how many times over the last year they had been injured to the extent that they needed to be treated by a doctor or nurse. Prevalence of injury has declined among boys of 11 (by two percentage points) and 15 (by four percentage points).

4. Health behaviours

4.1 Eating

Among the eating behaviours surveyed are **breakfast consumption, eating fruit daily, and taking soft drinks daily.**

Girls **eat breakfast** every school day considerably less frequently than boys, with prevalence among girls decreasing and gender differences increasing with age.

The level of **daily fruit consumption** is close to the HBSC average and slightly higher than in 2009/2010. **Daily soft-drink consumption** is less than the HBSC average and has decreased considerably since 2009/2010 among girls (from 20% to 9%) and boys (from 26% to 13%). Soft-drink consumption decreases with age.

4.2 Oral health

Poor oral hygiene has a strong link with serious adult illnesses, such as cardiovascular disease, high blood pressure and diabetes. HBSC therefore asks young people how often they brush their teeth.

Toothbrushing is much more common among girls, with 63% of girls and only 45% of boys brushing their teeth more than once a day. Girls increase the frequency of toothbrushing to more than once a day as they age, but this is not the case with boys, whose low frequencies do not change with age. Results are similar to 2009/2010, except for a nine percentage-point decrease in toothbrushing more than once a day in 11-year-old girls.

4.3 Physical activity and sedentary behaviour

HBSC measures physical activity by asking young people to report the number of days over the previous week during which they had been physically active for at least 60 minutes. As an indicator of sedentary behaviour, young people are asked how many hours a day in their free time they usually spend watching television, videos (including YouTube or similar services), DVDs and other screen entertainments on weekdays.

Increases of 3–9 percentage points in the numbers who are **physically active for at least 60 minutes per day** are seen across all age groups, with levels now almost at the HBSC average. Gender differences remain significant: boys are more physically active, although their levels of activity decrease with age.

Sedentary behaviour, as measured by TV-viewing, has decreased compared to 2009/2010 across age and gender groups, but young people spend a lot of time at the computer (which increases with age). Girls of 13 and 15 tend to use computers for longer, which may be explained by more active communication with friends on social networks or a more diligent approach to homework. Time at the computer has significantly increased for 13- and 15-year-olds compared to 2009/2010 and is slightly above the HBSC average.

5. Risk behaviours

5.1 Substance use

Tobacco and alcohol use among school-aged children has decreased since 2009/2010, especially among 15-year-olds. Substance use increases with age, however, particularly for boys.

5.2 Bullying

The survey looked at how frequently young people are **bullied**, and **how often they bully others**.

A high percentage of adolescents (about 18%) report **being bullied** at school, with prevalence being higher among 11-year-olds and boys. Rates of being bullied decrease with age. Boys of 13 and 15 are more likely to report **having bullied others** (24% and 22% respectively).

Cyberbullying is generally rare, but 7% of girls and 8% of boys report cyberbullying; this generally reflects young people being bullied through someone sending mean instant messages or emails, or having taken unflattering or inappropriate pictures without the young person's permission and posted them online. At age 11, girls have been bullied this way more often, but by 13 and 15, it occurs more frequently to boys.

6. Conclusion

HBSC survey results for 2013/2014 in the Russian Federation mostly show positive trends and coincide with global trends in the health behaviours of school-aged children. Positive changes in relation to the health and well-being of children and adolescents in the Russian Federation include:

- schoolchildren drinking less sugar-containing soft drinks
- gradual rises in levels of physical activity
- gradual declines in substance use, including tobacco, alcohol and cannabis .

HBSC also indicates the need to pay close attention to the following:

- boys brush their teeth less often than girls, with prevalence remaining stable with age;

- girls use social media daily for communication with friends more often than boys, with prevalence increasing with age; and
- the prevalence of bullying at school is quite high.

Analysis of Russian Federation data from the international report of the 2013/2014 HBSC survey shows that school-aged children eat little fruit, but are reducing their intakes of sugar-containing soft drinks. Results on toothbrushing highlight the need to pay close attention to oral hygiene, teaching toothbrushing technique and embedding the habit of regular toothbrushing in schoolchildren, especially among boys.

In relation to subjective health, special attention should be paid to girls, as they are more likely to have negative perceptions of their health, complain about multiple ailments, and consider themselves too fat (despite having a normal weight). Boys report overweight across all age groups. While levels of physical activity remain rather low, distinct (if small) rises in activity may reflect the effectiveness of measures taken in the Russian Federation to increase interest in physical activity and sport. Further study is needed to fully understand factors relating to adolescents' sedentary behavior, time spent at the computer and use of social media for communication.

Tobacco, alcohol and cannabis consumption levels reflect gradual declines in use by schoolchildren. Bullying and cyberbullying, which are new fields of study within the frame of the HBSC survey, nevertheless give cause for concern. Closer attention needs to be paid to addressing these issues.

The family continues to play a key role in supporting children and adolescents to form healthy habits, but peer support also has a great influence. Schools, where children and adolescents spend much of their time, presents a setting that may to a degree exert control and direction over this influence.

Most indicators are directly related with family affluence, which emphasizes the need for country policies to promote and maintain the well-being of citizens at a sufficiently high level. Measures in this field are fundamental to preventing negative consequences for health and well-being for children and adolescents in the Russian Federation.