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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) survey data informing policy: country examples

Armenia

Germany

Latvia

Sweden

United Kingdom (Scotland)



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 the main findings from the survey, which collected data from almost 220 000 young people.

Keywords

HEALTH BEHAVIOR
HEALTH STATUS DISPARITIES
SOCIOECONOMIC FACTORS
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ADOLESCENT HEALTH
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CHILD

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<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. Raising the profile of adolescent health in Armenia and the central and eastern European and central Asian regions

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The Health Behaviour in School-aged Children (HBSC) study constitutes the main source of data on child and adolescent health in Armenia today. That was not the case more than a decade ago, however, when “the availability of routinely collected statistics [was] limited”.¹ Data unreliability made it difficult to use statistics when framing policy.

The Armenian government and health professionals working on child health issues started working with the United Nations Children’s Fund (UNICEF) and WHO in 2005 to address the health status of young people. The HBSC study model was adopted as it shares a common

protocol across participating countries, allowing direct comparison of the outcomes and determinants it measures throughout the European continent.

“Despite its many challenges, Armenia has high-level political support to focus on a population that in many countries receives inadequate attention and resources. This has been a catalyst to making young people a priority in Armenian health policy-making.”

Ara Babloyan
Chair of the Health Care, Maternity and
Childhood Committee

The first national report was issued in Armenia after piloting the HBSC survey in 2005. It identified a number of issues, particularly relating to fighting (51% of 15-year-old boys reported being in a fight), communication with fathers (48% of girls found it hard to talk to their fathers) and sexual and reproductive health (about half of the respondents had low knowledge of HIV).

Consequently, the Ministry of Education launched its Healthy Lifestyle curriculum-based programme in schools in 2008.² The programme has been reassessed in surveys involving organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA) and UNICEF to assure its focus on developing young people’s knowledge, behaviours and skills. HBSC data have also been used to develop and review the Armenian child and adolescent health and development strategy, which provides comprehensive guidance on the government’s priorities for this age group across a number of areas.³

Despite the known negative health consequences of smoking, tobacco use remains one of the biggest public health threats in Armenia. Smoking is highly prevalent among men, especially those aged 25–50 years. As smoking behaviours are established during adolescence,⁴ HBSC Armenia collected information on older adolescents (17-year-olds) for the first time in 2013/2014 to increase understanding of patterns of behaviour among young people. A spike in tobacco consumption among 15–17-year-old males was confirmed: this evidence is now being

used at national level to underscore the need for data on late adolescent behaviours and the introduction of prevention programmes that could help curb the strikingly high smoking rates among adult males.

Capacity-building is one of the key tenets of HBSC membership. Armenia has played a key role in the central and eastern European and central Asian regions in showcasing the benefits of using HBSC to shed light on young people's health. The effort made to understand and address the health needs of young people have encouraged countries like Georgia, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan to consider targeted investments in this age group. Armenian colleagues, with support from UNFPA, provided consultancy to the Ministry of Health and Medical Industry and Ministry of Education of Turkmenistan to conduct the first HBSC survey in central Asia, with the first national report on the health of young people in Turkmenistan being published in 2015.⁵ Activities such as this will support evidence-informed policy-making and future interventions in the regions to improve adolescent health and well-being.

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2. Curbing young people's alcohol consumption in Germany

Written by Aixa Y. Aleman-Diaz, University of St Andrews WHO Collaborating Centre for International Child and Adolescent Health Policy, United Kingdom (Scotland), with assistance from Matthias Richter, Principal Investigator, HBSC Germany, and Martin Weber, WHO Regional Office for Europe.

The 2003 Health Behaviour in School-aged Children (HBSC) study revealed a considerable increase in regular alcohol consumption among young people in Germany, especially 15-year-olds.¹ The spike mirrored the growing popularity of alcopops among this age group since its mid-1990s introduction. Sales of alcopops had increased by 341% between 2001 and 2002, and

“Our study has shown that young people engage with alcohol and experience their first alcohol intoxication earlier. About 10% of 13-year-olds drink alcohol at least once a week. Among 15-year-olds, it is as high as 40% of boys and 25% of girls.”

Wolfgang Settertobulte
HBSC Germany

commercial marketing and promotion efforts were clearly targeting young people.¹ HBSC was the first national study to report on this growing trend among teens in Germany. Subsequently, the Drug Affinity Study of the Federal Centre for Health Education (BZgA) also presented data on alcopop consumption in Germany that helped crystallise the magnitude of the problem.

Strong media pressure about this worrying trend²⁻⁴ prompted policy-makers to propose measures to curb the rise in alcohol consumption among young people. The result was the Gesetz über die

Erhebung einer Sondersteuer auf alkoholhaltige Süßgetränke (Alcopops) zum Schutz junger Menschen [Alcopops Tax Act], a legislative initiative by the Federal Ministry of Health to adopt a national tax on alcopops, which came into force in July 2004. The measure dramatically increased the price of alcopops and enforced clear packaging indicating that its supply to young people was prohibited. Tax revenues were targeted to fund alcohol prevention programmes.¹ In 2006, HBSC was able to report a dramatic decrease in alcohol consumption among young people, a trend that has been sustained to this day.

This example shows how structural interventions can be effective tools at population level and also demonstrates an opportunity to work with young people as proactive agents in health promotion. Studies like HBSC are critical because they provide an accurate and representative picture of how young people's lives, health and well-being are shaped by the social, economic and cultural context in which they live. They can also provide an early indication of worrying behavioural trends, providing policy-makers with an opportunity to act promptly to address the issue effectively.

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3. Pathway to healthier generations: soft drinks and young people in Latvia

Written by Aixa Y. Aleman-Diaz, University of St Andrews WHO Collaborating Centre for International Child and Adolescent Health Policy, United Kingdom (Scotland), with assistance from Iveta Pudule, Principal Investigator, HBSC Latvia.

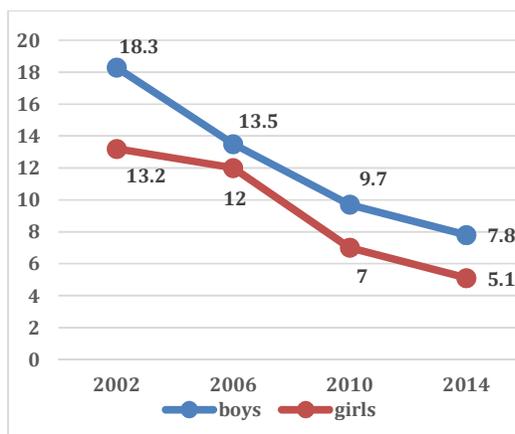
Unhealthy diet is one of the main causes of ill health in developed economies.^{1,2} The burden of disease associated with poor nutrition undermines health and well-being in the WHO European Region.^{1,3} Soft drinks, which tend to be high in sugar content and low in nutrients, have increasingly become a part of young people's diets. Steady intake is associated with increased risk of weight gain,^{4,5} obesity,⁶⁻⁸ chronic disease,^{9,10} and tooth decay and erosion.¹¹⁻¹⁴ WHO recommends that sugar represents less than 10% of total energy intake, but preferably less than 5% for added benefits.¹⁴ For a young person, this means no more than 130 grams per day,¹⁵ but a single soda can contain around 40 grams. The Health Behaviour in School-aged Children (HBSC) study has found that daily soft-drink consumption among young people increases with age, especially in boys, and that prevalence is generally higher among boys and for girls from lower-affluence families.¹⁶

"Today in Europe, policy-makers increasingly recognize the urgency of promoting healthy diets with a view to lowering the alarming rates of overweight, obesity and other diet-related noncommunicable diseases. Analysis of the latest data shows that unhealthy diets are the leading risk factors undermining health and well-being in the WHO European Region."

Zsuzsanna Jakab
WHO Regional Director for Europe

Prompted by data from the HBSC survey and other international research on the rise of soft-drink consumption among young people, the Latvian parliament introduced an excise tax on sweetened drinks in 2004,¹⁷ a step that had been taken by only a few other countries in the European Region.^{2,18} Government efforts to improve young people's diets increased in 2006 when, despite corporate pressure,¹⁹ Latvia banned soft drinks, sweets and salty snacks in schools.^{20,21} By limiting the availability of low-nutrient, energy-dense products in school cafeterias and vending machines, the government dramatically curbed consumption of soft drinks by all students (see graph).

Daily soft-drink consumption trends, 2002–2014 (%)



Establishing healthy eating habits during childhood promotes optimal well-being, growth and intellectual development. It may also be an effective way of preventing the development of long-term problems, such as obesity and type 2 diabetes, over the life-course. Following its success with soft drinks, the Latvian government is now seeking to tackle energy drinks. A draft law that was approved by parliament at its first reading will restrict sales to children and prevent the advertising and marketing of energy drinks to persons under 18.

The government has been championing efforts to tackle childhood obesity, as recommended by the WHO Commission on Ending Childhood Obesity (ECHO) in its most recent report,²² and act on evidence gathered (in part) through successive HBSC surveys. Governments have an opportunity to promote healthy behaviours, and this example shows that such measures can influence children's food preferences and habits positively in ways that can be sustained into adulthood.

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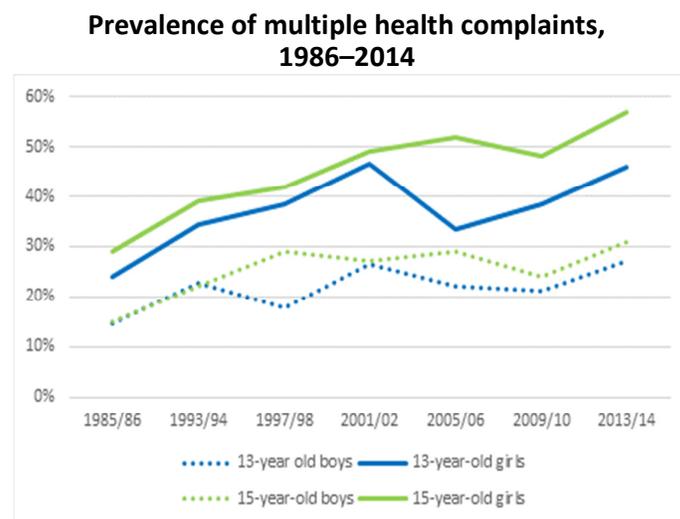
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4. Actions to understand and improve the mental health of young people in Sweden

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The prevalence of multiple health complaints such as headaches, feeling low, sleep difficulties and feeling irritated doubled¹ among young people in Sweden between 1986 and 2014 (see graph), as documented by the Health Behaviour in School-aged Children (HBSC) survey. The most recent data reveal increasing mental health complaints among 13-year-olds and reports of school stress, particularly among girls.



Alarmed by the consistent picture emerging from nearly three decades of data from the HBSC study, researchers, policy-makers and community groups took the following steps to understand and address the reasons for this rise in psychosomatic symptoms.

- A study focusing on mental health was carried out in all schools in Sweden in 2009, collecting data from over 170 000 young people aged 12 and 15.
- The government invested heavily in schools and health care systems in an attempt to improve services for children and adolescents with mental health problems, particularly in relation to early identification and support for those at risk.
- Additionally, €30 million of public funds was allocated in 2012 to research programmes that could shed light on promising interventions and identify populations of young people who were particularly vulnerable to poor mental health.

Many of the programmes are ongoing and expect to deliver their findings soon.

“Thanks to data from HBSC dating back to the 1980s, we have been able to reveal a dramatic increase in self-reported mental health problems among young people in Sweden. The study has definitely contributed to the increased awareness of, and need for, action nationally.”

Petra Löfstedt
Principal Investigator, HBSC Sweden

Galvanised by these worrying findings, the Public Health Agency of Sweden (PHAS) launched a cross-sectoral consultation through a series of seminars³ to share data, experiences, ideas and possible explanations for the observed trend. Relevant stakeholders, such as nongovernmental organizations (NGOs), agencies and researchers, have been invited by PHAS to review the evidence on trends in adolescent mental health, school contexts, social media (as both a protective and

risk factor), social inequalities and young people's expectations for the future. The seminars will result in four reports in 2017 focusing on the causes of the increase in psychosomatic symptoms among adolescents.

The Swedish government appointed a national coordinator to support and oversee the work of agencies, local authorities, regions and NGOs within the area of mental health. The coordinator is ultimately responsible for developing a national action plan on the mental health of young people. The work of the PHAS will contribute to this national effort.

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5. Contributing to action for reducing pregnancy and parenthood in young people in United Kingdom (Scotland)

Written by Aixa Y. Aleman-Diaz, University of St Andrews WHO Collaborating Centre for International Child and Adolescent Health Policy, United Kingdom (Scotland), with assistance from Candace Currie, former Principal Investigator, HBSC Scotland and Co-director of the WHO Collaborating Centre for International Child and Adolescent Health Policy, and the Scottish Government Pregnancy and Parenthood in Young People Strategy team.

Early sexual initiation has been declining in Scotland over the last 10 years¹ yet remains higher than in other parts of Europe.² It is concentrated among young people – particularly girls – from disadvantaged backgrounds.^{1,2} Young women under 20 who live in the most deprived areas of Scotland are 4.6 times more likely to experience a pregnancy and nearly 12 times more likely to continue the pregnancy than someone living in the least deprived areas.² Delaying pregnancy in young people can reduce the likelihood of poverty and its cycle from one generation to the next.

“The HBSC provided unique data and evidence to form the basis of the pregnancy and parenthood in young people strategy. The team gave us rich insight in a way that was responsive to our policy needs, ensuring that evidence was at the heart of our effort.”

Scottish Government Pregnancy and Parenthood in Young People Strategy team

The Scottish parliament inquiry into teenage pregnancy recommended in 2013 that a standalone strategy for Scotland on pregnancy and parenthood in young people should be developed.³ The proposed pregnancy and parenthood in young people strategy,⁴ the first to have this particular focus in Scotland, aims to increase choices and opportunities available to support young people’s well-being and prosperity across the life-course. Young people’s experiences, opinions and ideas have been fundamental to its development.⁵ The proposed strategy situates pregnancy and parenthood within its wider social and economic determinants to address the fundamental causes and

consequences of unintended pregnancy in young people. Broad consultation has enabled a better understanding of the national sexual health research landscape and fostered significant knowledge and practice breakthroughs in Scotland.

The Health Behaviour in School-aged Children (HBSC) study team in Scotland was a key government partner in identifying relevant data and trends to inform the strategy’s development.⁶⁻⁸ HBSC is the only source of nationally representative and internationally comparable data on the sexual behaviour of young people in Scotland. The research has been critical to health promotion efforts among young people and has led to specific developments in practice, policy and legislation.⁹

By building a collaborative approach among professionals and young people, the pregnancy and parenthood in young people strategy will set the agenda on this important social issue for the next parliamentary period and beyond. Its holistic approach to young people’s health and well-being will ensure the focus is wider than the delivery of health care services by empowering young people in Scotland to improve their own health and address its social determinants.

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