

The Irish Health Behaviour in School-aged Children (HBSC) Study 2018



hbsc
HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN
WORLD HEALTH ORGANIZATION
COLLABORATIVE CROSS-NATIONAL STUDY





OÉ Gaillimh
NUI Galway



The Irish Health Behaviour in School-aged Children (HBSC) Study 2018

January 2020

András Költő, Aoife Gavin, Michal Molcho, Colette Kelly, Larri Walker
and Saoirse Nic Gabhainn

Health Promotion Research Centre
National University of Ireland Galway
www.nuigalway.ie/hbSC/



An Roinn Sláinte
Department of Health





Health Behaviour in School-aged Children: a World Health Organization (WHO)
collaborative cross-national study

© Copyright 2020

Health Promotion Research Centre, National University of Ireland, Galway
Department of Health, Government of Ireland, Dublin

Published by the Department of Health and National University of Ireland, Galway.

ISBN: 978-1-908358-69-1

DOI: [10.13025/zvwm-rp65](https://doi.org/10.13025/zvwm-rp65)

The report is available online at:
www.nuigalway.ie/hbsc

CONTENTS

Introduction	9
Executive Summary	10
Overview of Findings	11
Overview of Findings - Main Study	12
Overview of Findings - Middle Childhood Study	18
Methods	21
Main Study	23
General Health and Wellbeing	24
Smoking	28
Alcohol	32
Cannabis use	39
Food and Dietary Behaviour	41
Exercise and Physical Activity	48
Self-Care	51
Injuries	53
Physical Fighting and Bullying	54
Sexual Behaviour	59
Mental Health	61
Middle Childhood Study	63
General Health and Wellbeing	64
Smoking	66
Food and Dietary Behaviour	67
Exercise and Physical Activity	70
Self-Care	71
Bullying	72
Appendices	73
Project Team	77
Acknowledgements	78

List of figures

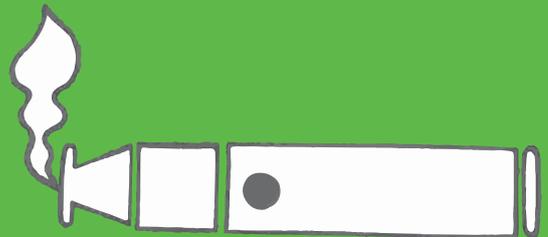
Figure 1:	Percentages of boys who report their health is excellent	24
Figure 2:	Percentages of girls who report their health is excellent	24
Figure 3:	Percentages of boys who report feeling very happy about their lives at present	21
Figure 4:	Percentages of girls who report feeling very happy about their lives at present	21
Figure 5:	Percentages of boys who report high life satisfaction	26
Figure 6:	Percentages of girls who report high life satisfaction	26
Figure 7:	Percentages of 10 to 14 year old boys who report they always love their family	27
Figure 8:	Percentages of 10 to 14 year old girls who report they always love their family	27
Figure 9:	Percentages of boys who report ever smoking tobacco	28
Figure 10:	Percentages of girls who report ever smoking tobacco	28
Figure 11:	Percentages of boys who report they are current smokers	29
Figure 12:	Percentages of girls who report they are current smokers	29
Figure 13:	Percentages of 12 to 17 year old boys and girls who report they have ever used electronic cigarettes	30
Figure 14:	Percentages of 12 to 17 year old boys and girls who report they have used electronic cigarettes in the last 30 days	31
Figure 15:	Percentages of boys who report never having had an alcoholic drink	32
Figure 16:	Percentages of girls who report never having had an alcoholic drink	32
Figure 17:	Percentages of boys who report having had an alcoholic drink in the last 30 days ...	33
Figure 18:	Percentages of girls who report having had an alcoholic drink in the last 30 days ...	33
Figure 19:	Percentages of boys who report ever having been 'really drunk'	34
Figure 20:	Percentages of girls who report ever having been 'really drunk'	34
Figure 21:	Percentages of boys who report having been drunk in the last 30 days	35
Figure 22:	Percentages of girls who report having been drunk in the last 30 days	35
Figure 23:	Source of alcohol	37
Figure 24:	Location of alcohol consumption	38
Figure 25:	Percentages of boys reporting cannabis use in the last 12 months	39
Figure 26:	Percentages of girls reporting cannabis use in the last 12 months	39
Figure 27:	Percentages of boys reporting cannabis use in the last 30 days	40
Figure 28:	Percentages of girls reporting cannabis use in the last 30 days	40
Figure 29:	Percentages of boys who report eating fruit more than once a day	41
Figure 30:	Percentages of girls who report eating fruit more than once a day	41
Figure 31:	Percentages of boys who report eating vegetables more than once a day	42
Figure 32:	Percentages of girls who report eating vegetables more than once a day	42
Figure 33:	Percentages of boys who report eating sweets daily or more	43
Figure 34:	Percentages of girls who report eating sweets daily or more	43
Figure 35:	Percentages of boys who report drinking soft drinks daily or more	44
Figure 36:	Percentages of girls who report drinking soft drinks daily or more	44
Figure 37:	Percentages of boys who report not having breakfast on weekdays	45
Figure 38:	Percentages of girls who report not having breakfast on weekdays	45
Figure 39:	Percentages of boys who report ever going to school or bed hungry	46
Figure 40:	Percentages of girls who report ever going to school or bed hungry	46
Figure 41:	Percentages of boys who report currently trying to lose weight	47
Figure 42:	Percentages of girls who report currently trying to lose weight	47

Figure 43: Percentages of boys who report participating in vigorous exercise four or more times per week	48
Figure 44: Percentages of girls who report participating in vigorous exercise four or more times per week	48
Figure 45: Percentages of boys who report participating in vigorous exercise less than weekly ...	49
Figure 46: Percentages of girls who report participating in vigorous exercise less than weekly ...	49
Figure 47: Percentages of boys who report being physically active on 7 days in the last week	50
Figure 48: Percentages of girls who report being physically active on 7 days in the last week	50
Figure 49: Percentages of boys who report brushing their teeth more than once a day	51
Figure 50: Percentages of girls who report brushing their teeth more than once a day	51
Figure 51: Percentages of boys who report always wearing a seatbelt	52
Figure 52: Percentages of girls who report always wearing a seatbelt	52
Figure 53: Percentages of boys who report ever being injured in the last 12 months	53
Figure 54: Percentages of girls who report ever being injured in the last 12 months	53
Figure 55: Percentages of boys who report ever being in a physical fight in the last 12 months	54
Figure 56: Percentages of girls who report ever being in a physical fight in the last 12 months	54
Figure 57: Percentages of boys who report ever bullying others at school in the past couple of months	55
Figure 58: Percentages of girls who report ever bullying others at school in the past couple of months	55
Figure 59: Percentages of boys who report ever being bullied at school in the past couple of months	56
Figure 60: Percentages of girls who report ever being bullied at school in the past couple of months	56
Figure 61: Percentages of boys and girls who report ever cyberbullying others in the past couple of months	57
Figure 62: Percentages of boys and girls who report ever being cyberbullied in the past couple of months	58
Figure 63: Percentages of 15 to 17 year olds who report having ever had sexual intercourse, by gender	59
Figure 64: Percentages of 15 to 17 year olds who report using the birth control pill at last intercourse, by gender (of those who have ever had sexual intercourse)	60
Figure 65: Percentages of 15 to 17 year olds who report using a condom at last intercourse, by gender (of those who have ever had sexual intercourse)	60
Figure 66: Percentages of 3 rd and 4 th class boys and girls who report their health is excellent	64
Figure 67: Percentages of 3 rd and 4 th class boys and girls who report feeling very happy about their lives at present	64
Figure 68: Percentages of 3 rd and 4 th class boys and girls who report they always love their family	65
Figure 69: Percentages of 3 rd and 4 th class boys and girls who report ever smoking tobacco	66
Figure 70: Percentages of 3 rd and 4 th class boys and girls who report they are current smokers	66
Figure 71: Percentages of 3 rd and 4 th class boys and girls who report eating fruit more than once a day	67
Figure 72: Percentages of 3 rd and 4 th class boys and girls who report eating vegetables more than once a day	67

Figure 73: Percentages of 3 rd and 4 th class boys and girls who report eating sweets daily or more	68
Figure 74: Percentages of 3 rd and 4 th class boys and girls who report drinking soft drinks daily or more	68
Figure 75: Percentages of 3 rd and 4 th class boys and girls who report not having breakfast during the week or the weekend	69
Figure 76: Percentages of 3 rd and 4 th class boys and girls who report ever going to school or bed hungry	69
Figure 77: Percentages of 3 rd and 4 th class boys and girls who report participating in vigorous exercise four or more times per week	70
Figure 78: Percentages of 3 rd and 4 th class boys and girls who report participating in vigorous exercise less than weekly	70
Figure 79: Percentages of 3 rd and 4 th class boys and girls who report brushing their teeth more than once a day	71
Figure 80: Percentages of 3 rd and 4 th class boys and girls who report always wearing a seatbelt	71
Figure 81: Percentages of 3 rd and 4 th class boys and girls who report ever bullying others at school in the past couple of months	72
Figure 82: Percentages of 3 rd and 4 th class boys and girls who report ever being bullied at school in the past couple of months	72

List of tables

Table 1:	General Health and Wellbeing	12
Table 2:	Smoking	12
Table 3:	Alcohol Consumption and Drunkenness	13
Table 4:	Cannabis Use	13
Table 5:	Food and Dietary Behaviours	14
Table 6:	Exercise and Physical Activity	15
Table 7:	Self-Care	15
Table 8:	Injuries	15
Table 9:	Fighting and Bullying	16
Table 10:	Sexual Health Behaviours	17
Table 11:	Mental Health	17
Table 12:	Middle Childhood study: General Health and Wellbeing	18
Table 13:	Middle Childhood study: Smoking	18
Table 14:	Middle Childhood study: Food and Dietary Behaviours	19
Table 15:	Middle Childhood study: Exercise and Physical Activity	19
Table 16:	Middle Childhood study: Self-Care	20
Table 17:	Middle Childhood study: Bullying	20
Table 18:	Summary of Methods for the HBSC survey	22
Table 19:	Mental Health Inventory mean scores in 15 to 17 year olds, by gender and social class	61
Table 20:	WHO-Five Well-Being Index scores in 15 to 17 year olds, by gender and social class	62
Table 21:	Comparison of the regional distribution of 2014 and 2018 HBSC Main Study respondents and the 2016 census	73
Table 22:	Comparison of the social class distribution of 2014 and 2018 HBSC respondents to the 2016 census	73
Table 23:	Distribution of 2014 and 2018 HBSC respondents by gender, age group and social class ...	74
Table 24:	Comparison of the regional distribution of 2014 and 2018 HBSC Middle Childhood respondents and the 2016 census	75
Table 25:	Comparison of the social class distribution of 2014 and 2018 HBSC Middle Childhood respondents and the 2016 census	75
Table 26:	Distribution of 2014 and 2018 HBSC Middle Childhood Study respondents by gender and social class	76



Introduction

This report presents data from the Health Behaviour in School-aged Children (HBSC) survey carried out in 2018 in the Republic of Ireland. This is the sixth time that data of this kind have been collected from young people across the Republic of Ireland; previous surveys were conducted in 2014, 2010, 2006, 2002 and 1998 (www.nuigalway.ie/hbsc).

HBSC is a cross-sectional research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The HBSC international survey runs on an academic four year cycle and in 2017/2018 there were 47 participating countries and regions (see www.hbsc.org). The overall study aims to gain new insight into and increase our understanding of young people's health and wellbeing, health behaviours and their social context. As well as serving a monitoring and a knowledge-generating function, one of the key objectives of HBSC has been to inform policy and practice.

Cross-nationally, HBSC collects information on the key indicators of health behaviour and health outcomes as well as the context of health for young people. HBSC is a school-based survey with data collected through self-completion questionnaires administered by teachers in the classroom. The international HBSC survey instrument is a standard questionnaire developed by the international research network.

The areas of interest are chosen in collaboration with the WHO and are designed to help assist developments at a national and international level in relation to youth health. National items relevant to current issues for children in Ireland are also included in the Irish HBSC survey. The topics identified for inclusion in this first report from the 2018 Irish survey are similar to those included in the 2014 national HBSC report. They were identified by the HBSC Advisory Board and are drawn from key national strategy documents including Healthy Ireland¹. These include general health, smoking, use of alcohol and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying including traditional and cyberbullying, and sexual health behaviours. New questions in 2018 include those on alcohol availability. Children who had ever consumed alcohol were asked how they sourced that alcohol and where they consumed it. This report also includes summary findings from two measures of mental health included for the first time in the 2018 survey. All results are presented by gender, age and social class groups and statistically significant differences across these groups are highlighted in this report.

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

¹Department of Health (2013). *Healthy Ireland. A framework for improved health and wellbeing 2013-2025*. <https://assets.gov.ie/7555/62842eef4b13413494b13340fff9077d.pdf>

Executive Summary

The Health Behaviour in School-aged Children (HBSC) Ireland 2018 study is a survey of school children in Ireland and is part of an international collaboration with countries across Europe and North America. In the 2018 survey a total of 15,557 children aged from 8 to 18 years old from a representative sample of 255 primary and post-primary schools across the country responded to a self-completion questionnaire on a wide range of issues including health behaviours, health outcomes and the contexts of health. The HBSC study takes place every four years, and this is the sixth time that Ireland has taken part. This report is the first of a series of research outputs to present the findings from the Health Promotion Research Centre in NUI Galway.

We present data on general health and wellbeing, substance use, food and dietary behavior, physical activity, self-care, injuries, fighting and bullying, and sexual behavior in this National Report. We have divided the participating children into sub-groups, by gender, age group and social class. Patterns in the findings across these sub-groups are described, and we compare the 2018 results with those collected from children in 2014. The report is divided into two sections, the Middle Childhood study that includes children in 3rd and 4th class in primary schools and the Main HBSC study that includes children from 5th class in primary schools up to 5th year in post-primary schools.

The Main HBSC Study

The good news is that there are fewer children reporting substance use. There are lower rates of cigarette smoking, alcohol and cannabis use in 2018 than there were in 2014. We report for the first time on e-cigarette use and note that it is about twice as common as tobacco smoking. Children aged 12 to 17 years who had ever drunk alcohol were asked where they sourced and consumed alcohol. The most common reported source of alcohol is a parent or guardian, followed by a friend and then by giving someone else money to buy it for them. The most common location for consumption is in someone else's home, followed by their own home and then at a pub or bar.

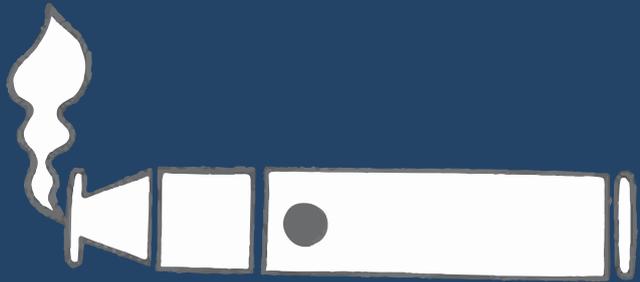
There are slightly fewer children reporting general health and happiness in 2018 than in 2014. Reported fruit and vegetable consumption is stable since 2014, as is skipping breakfast and dieting. There are lower rates of reported consumption of soft drinks and sweets, and in going to bed or school hungry in 2018 than in 2014. In terms of reported physical activity, fighting and being injured there is little change since 2014. Rates of toothbrushing and wearing a seatbelt are also similar. The rate of bullying others is stable, but the percentage of children reporting that they have been bullied is higher in 2018 than in 2014. A new measure of cyberbullying was introduced in 2018, and the rates of cyberbullying are considerably lower than the rates of traditional bullying. Those aged over 15 are asked about sexual behaviours and the reported rates of sexual initiation, contraceptive pill and condom use are all lower than those from 2014.

The Middle Childhood Study

Smoking rates among children in 3rd and 4th class remain very low and stable in 2018. However, there are decreases in the percentages of those reporting that they are happy, healthy and love their families. There are lower rates of vegetable, sweets and soft drink consumption in 2018 than in 2014, but fruit consumption remains stable. Similarly, there have been no changes in reporting not eating breakfast or going to school or bed hungry, physical activity, toothbrushing, seatbelt use or being bullied. There is, however, an increase in those who report that they have bullied others.



Overview of Findings



Overview of Findings - Main Study

The findings below are based on children aged 10 to 17, except where stated.

Table 1: General Health and Wellbeing

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

<i>Excellent health</i>	Overall, 29% of children report that their health is excellent (34% in 2014). Boys, younger children and children from higher social class groups are more likely to report that their health is excellent.
<i>Happiness</i>	Overall, 43% of children report feeling very happy with their life at present (47% in 2014). Boys and younger children are more likely to report feeling very happy with their life. There are no significant differences across social class groups.
<i>Life satisfaction</i>	Overall, 73% of children report high life satisfaction (76% in 2014). Boys, younger children and those from higher social class groups are more likely to report high life satisfaction.
<i>Love of family</i>	Overall, 84% of 10 to 14 year old children report that they always love their family (86% in 2014). Girls and younger children are more likely to report that they always love their family. There are no significant differences across social class groups.

Table 2: Smoking

Children were asked about their smoking behaviour, including use of electronic cigarettes.

<i>Ever smoked tobacco</i>	Overall, 11% of children report that they have ever smoked (16% in 2014). Older children are more likely to report ever smoking. There are no significant differences across gender or social class groups.
<i>Current smoking status</i>	Overall, 5% of children report that they are current smokers (defined as smoking tobacco monthly or more frequently) (8% in 2014). Younger children and those from higher social class groups are less likely to report that they are current smokers. There are no significant gender differences.
<i>Ever used electronic cigarettes</i>	Overall, 22% of 12 to 17 year old children report that they have ever used electronic cigarettes (new question, no 2014 data). Boys and older children are more likely to report that they have ever used electronic cigarettes. There are no significant differences across social class groups.
<i>Used electronic cigarettes in the last 30 days</i>	Overall, 9% of 12 to 17 year old children report that they have used electronic cigarettes in the last 30 days (new question, no 2014 data). Boys and older children are more likely to report that they have used electronic cigarettes in the last 30 days. There are no significant differences across social class groups.

Table 3: Alcohol Consumption and Drunkenness

Young people were asked questions about their alcohol consumption as well as having so much alcohol that they were ‘really drunk’.

<i>Never drinking</i>	Overall, 64% of children report that they have never had an alcoholic drink (58% in 2014). Younger children are more likely to report that they have never had an alcoholic drink. There are no significant differences across gender or social class groups.
<i>Had an alcoholic drink in the last 30 days</i>	Overall, 17% of children report that they have had an alcoholic drink in the last 30 days (20% in 2014). Younger children are less likely to report that they have had an alcoholic drink in the last 30 days. There are no significant differences across gender or social class groups.
<i>Drunkenness</i>	Overall, 17% of children report having been ‘really drunk’ (21% in 2014). Girls are more likely to report having been ‘really drunk’. Younger children are less likely to report having been ‘really drunk’. There are no significant differences across social class groups.
<i>Drunk in the last 30 days</i>	Overall, 6% of children report having been drunk in the last 30 days (10% in 2014). Younger children are less likely to report having been drunk in the last 30 days. There are no significant differences across gender or social class groups.
<i>Alcohol Availability: Source</i>	The most common source of alcohol among 12 to 17 year olds was from a parent or guardian or from a friend. Girls are more likely to report sourcing alcohol from their friends. Those aged under 15 are more likely to report sourcing alcohol at home. Children from the middle social class groups are more likely to report sourcing alcohol from a parent or guardian (see infographic on p. 33).
<i>Alcohol Consumption: Location</i>	The most common location for alcohol consumption among 12 to 17 year olds was at someone else’s home or their own home. Boys are more likely to report consuming alcohol at a bar or pub. Those aged under 15 are more likely to report consuming alcohol at their own home. There are no significant social class differences (see infographic on p. 34).

Table 4: Cannabis Use

Young people were asked questions about their use of cannabis.

<i>Cannabis use in the last 12 months</i>	Overall, 7% of children report using cannabis in the last 12 months (8% in 2014). Boys and older children are more likely to report using cannabis in the last 12 months. There are no significant differences across social class groups.
<i>Cannabis use in the last 30 days</i>	Overall, 4% of children report using cannabis in the last 30 days (5% in 2014). Boys and older children are more likely to report using cannabis in the last 30 days. There are no significant differences across social class groups.

Table 5: Food and Dietary Behaviours

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

<i>Fruit</i>	Overall, 23% of children report that they consume fruit more than once a day (23% in 2014). Girls, younger children and children from higher social class groups are more likely to report that they consume fruit more than once a day.
<i>Vegetables</i>	Overall, 21% of children report that they consume vegetables more than once a day (22% in 2014). Girls, younger children and children from higher social class groups are more likely to report that they consume vegetables more than once a day.
<i>Sweets</i>	Overall, 21% of children report eating sweets once a day or more (27% in 2014). Girls, older children and those from lower social class groups are more likely to report eating sweets once a day or more.
<i>Soft drinks</i>	Overall, 7% of children report drinking soft drinks daily or more (13% in 2014). Boys, older children and those from lower social class groups are more likely to report drinking soft drinks daily or more.
<i>Not having breakfast</i>	Overall, 12% of children report never having breakfast during weekdays (13% in 2014). Girls, older children and children from lower social class groups are more likely to report never having breakfast during weekdays.
<i>Going to school or bed hungry</i>	Overall, 19% of children report ever going to school or to bed hungry because there was not enough food at home (22% in 2014). Boys, younger children and children from lower social class groups are more likely to report ever going to school or to bed hungry because there was not enough food at home.
<i>Dieting</i>	Overall, 15% of children report trying to lose weight (16% in 2014). Girls, older children and children from lower social class groups are more likely to report trying to lose weight.

Table 6: Exercise and Physical Activity

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

<i>Vigorous exercise 4 or more times a week</i>	Overall, 52% of children report exercising four or more times a week (52% in 2014). Boys, younger children and children from higher social class groups are more likely to report exercising four or more times a week.
<i>Physical inactivity</i>	Overall, 9% of children report participating in vigorous exercise less than weekly (9% in 2014). Boys, younger children and children from higher social class groups are less likely to report participating in vigorous exercise less than weekly.
<i>Physically active on 7 days in the last week</i>	Overall, 23% of children report being physically active on 7 days in the last week (23% in 2014). Boys and younger children are more likely to report being physically active on 7 days in the last week. There are no significant differences across social class groups.

Table 7: Self-Care

Children were asked questions regarding toothbrushing and seatbelt use.

<i>Toothbrushing</i>	Overall, 70% of children report brushing their teeth more than once a day (70% in 2014). Girls, younger children and children from higher social class groups are more likely to report brushing their teeth more than once a day.
<i>Seatbelt use</i>	Overall, 81% of children report always wearing a seatbelt when in a car (81% in 2014). Girls, younger children and children from higher social class groups are more likely to report always wearing a seatbelt when in a car.

Table 8: Injuries

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

<i>Ever injured</i>	Overall, 43% of children report being injured once or more and requiring medical attention in the last 12 months (41% in 2014). Boys, older children and children from higher social class groups are more likely to report being injured once or more and requiring medical attention in the last 12 months.
---------------------	---

Table 9: Fighting and Bullying

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

<i>Physical fight</i>	Overall, 31% of children report having been in a physical fight during the last 12 months (29% in 2014). Boys, younger children and children from lower social class groups are more likely to report having been in a physical fight during the last 12 months.
<i>Bullied others</i>	Overall, 13% of children report bullying others at school once or more in the past couple of months (13% in 2014). Boys, older children and children from lower social class groups are more likely to report bullying others at school once or more in the past couple of months.
<i>Being bullied</i>	Overall, 30% of children report being bullied at school once or more in the past couple of months (25% in 2014). Younger children and children from lower social class groups are more likely to report being bullied in school once or more in the past couple of months. There are no significant gender differences.
<i>Cyberbullying others</i>	Overall, 8% of children report ever taking part in cyberbullying by mean messages, wall postings, a website created to make fun of someone, or inappropriate pictures of someone posted without the person's permission in the past couple of months (the question was different in 2014). Boys, older children and children from lower social class groups are more likely to report cyberbullying others.
<i>Being cyberbullied</i>	Overall, 16% of children report ever being cyberbullied by mean messages, wall postings, a website created to make fun of them, or inappropriate pictures of them posted without their permission in the past couple of months (the question was different in 2014). Girls, older children and children from lower social class groups are more likely to report ever being cyberbullied.

Table 10: Sexual Health Behaviours

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

<i>Sexual activity</i>	Overall, 24% of 15 to 17 year olds report that they have ever had sexual intercourse (27% in 2014). Boys and children from lower social class groups are more likely to report that they have ever had sexual intercourse.
<i>Use of birth control pill</i>	Of those who report ever having had sexual intercourse, 29% report that they used the birth control pill at last intercourse (33% in 2014). Girls are more likely to report that they used the birth control pill at last intercourse. There are no significant differences across social class groups.
<i>Condom use</i>	Of those who report ever having had sexual intercourse, 64% report that they used a condom at last intercourse (73% in 2014). There are no significant differences across gender or social class groups.

Table 11: Mental Health

Young people aged 15 to 17 years old completed the Mental Health Inventory and the WHO-Five Well-Being Index.

<i>Mental Health Inventory</i>	On a scale between 0 and 100 (where a higher score means greater mental health problems and 100 means that these problems were present all of the time during the last month), 15 to 17 year olds scored 34.66 (SD = 20.06). Girls and those from lower social class groups scored significantly less favourably.
<i>WHO-Five Well-Being Index</i>	On a scale between 0 and 100 (where 0 means a total lack of wellbeing, while 100 means that these dimensions were present all of the time during the last two weeks), 15 to 17 year olds scored 50.54 (SD = 22.21). Girls scored significantly poorer than boys, indicating lower wellbeing. There are no significant differences across social class groups.

Overview of Findings - Middle Childhood Study (3rd and 4th Class)

Table 12: Middle Childhood study: General Health and Wellbeing

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

<i>Excellent health</i>	Overall, 45% of 3 rd and 4 th class children report their health is excellent (50% in 2014). Children from higher social class groups are more likely to report their health is excellent. There are no significant gender differences.
<i>Happiness</i>	Overall, 68% of 3 rd and 4 th class children report feeling very happy with their life at present (74% in 2014). There are no significant differences across gender or social class groups.
<i>Love of family</i>	Overall, 88% of 3 rd and 4 th class children report that they always love their family (92% in 2014). Girls are more likely to report that they always love their family. There are no significant differences across social class groups.

Table 13: Middle Childhood study: Smoking

Children were asked about their smoking behaviours.

<i>Ever smoked tobacco</i>	Overall, 1% of 3 rd and 4 th class children report that they have ever smoked (1% in 2014). Boys are more likely to report that they have ever smoked. There are no significant differences across social class groups.
<i>Current smoking status</i>	Overall, 1% of 3 rd and 4 th class children report they currently smoke (defined as smoking tobacco monthly or more frequently) (1% in 2014). There are no significant differences across gender or social class groups.

Table 14: Middle Childhood study: Food and Dietary Behaviours

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

<i>Fruit</i>	Overall, 34% of 3 rd and 4 th class children report that they consume fruit more than once a day (35% in 2014). Girls and children from higher social class groups are more likely to report that they consume fruit more than once a day.
<i>Vegetables</i>	Overall, 26% of 3 rd and 4 th class children report that they consume vegetables more than once a day (30% in 2014). Children from higher social class groups are more likely to report that they consume vegetables more than once a day. There are no significant gender differences.
<i>Sweets</i>	Overall, 19% of 3 rd and 4 th class children report eating sweets once a day or more (22% in 2014). Children from higher social class groups are less likely to report eating sweets once a day or more. There are no significant gender differences.
<i>Soft drinks</i>	Overall, 8% of 3 rd and 4 th class children report drinking soft drinks daily or more (11% in 2014). Children from higher social class groups are less likely to report drinking soft drinks daily or more. There are no significant gender differences.
<i>Not having breakfast</i>	Overall, 3% of 3 rd and 4 th class children report never having breakfast on any day of the week (3% in 2014). There are no significant gender or social class differences.
<i>Going to school or bed hungry</i>	Overall, 28% of 3 rd and 4 th class children report ever going to school or to bed hungry because there was not enough food at home (29% in 2014). Boys and children from lower social class groups are more likely to report ever going to school or to bed hungry because there was not enough food at home.

Table 15: Middle Childhood study: Exercise and Physical Activity

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

<i>Vigorous exercise 4 or more times a week</i>	Overall, 70% of 3 rd and 4 th class children report exercising four or more times a week (71% in 2014). There are no significant gender or social class differences.
<i>Physical inactivity</i>	Overall, 5% of 3 rd and 4 th class children report participating in vigorous exercise less than weekly (6% in 2014). There are no significant gender or social class differences.

Table 16: Middle Childhood study: Self-Care

Children were asked questions regarding toothbrushing and seatbelt use.

<i>Toothbrushing</i>	Overall, 70% of 3 rd and 4 th class children report brushing their teeth more than once a day (70% in 2014). Girls and children from higher social class groups are more likely to report brushing their teeth more than once a day.
<i>Seatbelt use</i>	Overall, 88% of 3 rd and 4 th class children report always wearing a seatbelt when in a car (88% in 2014). Girls are more likely to report always wearing a seatbelt when in a car. There are no significant social class differences.

Table 17: Middle Childhood study: Bullying

Children were asked questions about bullying behaviours.

<i>Bullied others</i>	Overall, 16% of 3 rd and 4 th class children report bullying others at school once or more in the past couple of months (10% in 2014). Boys and children from middle social class groups are more likely to report bullying others at school once or more in the past couple of months.
<i>Being bullied</i>	Overall, 36% of 3 rd and 4 th class children report being bullied at school once or more in the past couple of months (36% in 2014). There are no significant gender or social class differences.

Methods

HBSC 2018 Main & Middle Childhood Survey

The HBSC survey is conducted in collaboration with the European Regional Office of the World Health Organization (WHO). Research teams from all countries and regions co-operate in relation to survey content, methodology and timing, and an international protocol is developed. Strict adherence to the protocol is required for inclusion in the international database and this has been achieved with the current study.

Sampling: In Ireland, sampling was conducted in order to be representative of the proportion of children in each of the eight geographical regions. The objective was to achieve a nationally representative sample of school-aged children, and the procedures employed were the same as those for the 1998, 2002, 2006, 2010 and 2014 HBSC Ireland surveys. Data from the 2016 census were employed to provide a picture of the population distribution across geographical regions. The sampling frame consisted of primary and post-primary schools, lists of which were sourced from the Department of Education and Skills. A two-stage process identified study participants. Individual schools within regions were first randomly selected and subsequently, class groups within schools were randomly selected for participation. In primary schools, 3rd to 6th class groups were included, while in post-primary schools all classes, with the exception of Leaving Certificate groups (i.e., final year examination classes) were sampled.

Procedure: School principals were first approached by post and when positive responses were received, HBSC questionnaires in Irish or English were offered, along with blank envelopes to facilitate anonymity, parental consent forms, information sheets for teachers and classroom feedback forms. All returns were facilitated through FREEPOST. In order to maximise response rates, postal reminders were sent to schools, followed by telephone calls from research staff at the Health Promotion Research Centre, NUI Galway. Data entry was conducted according to the International HBSC protocol. In line with the recommendations, 10% of the questionnaires were digitalised twice by the data entry company, and the double entries were compared for potential entry errors. A summary of the methods employed can be found in Table 18.

The HBSC 'Main Study' includes children from 5th class to 5th year who were aged 10 to 17 years. The 'Middle Childhood Study' includes children in 3rd and 4th classes who were aged 8.5 to 10.5 years. An abbreviated version of the HBSC questionnaire was used in the Middle Childhood Study.

Survey Instrument: Different versions of the standard HBSC questionnaire were used with different class groups, therefore there is some variation in the results presented for the various age groups. For example, children from 5th class to 1st year were given a slightly shorter version of the questionnaire than those in 2nd to 5th year. Data on sexual health behaviours were only collected from the older age group (15 to 17 years olds) while some of the child-developed questions were asked only of the younger (12 to 14 years old) or older (15 to 17 years old) children. Items on mental health were only included in the questionnaire for the older age group (15 to 17 years old).

Three new areas of interest are presented in this report. These comprise questions on the use of electronic cigarettes, alcohol availability and mental health. The introduction of the items on electronic cigarettes and alcohol availability was a joint initiative of the Health Research Board Evidence Centre, the Tobacco and Alcohol Control Unit, Department of Health, and the HBSC

Ireland research team. For the first time in the Irish HBSC Survey, two standardised measures were used to screen different aspects of mental health: the five-item Mental Health Inventory and the WHO-Five Well-Being Index. These measures were adopted for inclusion following a pilot study² and consultation with Mental Health Ireland and the national HBSC Advisory Committee.

Table 18: Summary of Methods for the HBSC survey

Population	School going children aged 8 to 18 years
Sampling Frame	Department of Education and Skills school lists
Sample	Cluster sample of students in a given classroom
Stratification	Proportionate to the distribution of pupils across geographical regions
Survey Instrument	Self-completion questionnaire administered in a class room setting
Delivery/Reminders	Postal delivery via principals and teachers, letter and telephone reminders
Return	FREEPOST addressed envelopes provided
Response Rate	63% of invited schools / 83.7% of students
Obtained Sample	255 schools / 15,557 pupils 12,002 Main study / 3,555 Middle Childhood Study
Data Quality	Data were entered according to the HBSC international protocol
Ethics	Full ethical approval was granted by the NUI Galway Research Ethics Committee. HBSC Ireland is fully GDPR compliant.

Data Processing: Findings in the results section below are presented for the HBSC Main Study and the Middle Childhood study separately. Since the gender, age and social class distribution of the actual sample corresponded to that of the sampling frame, weighting was not applied. Social class is represented by SC 1-2, SC 3-4 and SC 5-6 corresponding to high, middle and low social class groups. The categories used for social class are standard and were determined by the highest reported parental occupation. Social class 1 includes professional occupations (i.e., solicitor, doctor), social class 2 includes managerial occupations (i.e., nurse, teacher), social class 3 includes non-manual occupations (i.e., sales person, office clerk), social class 4 includes skilled-manual occupations (i.e., hairdresser, carpenter), social class 5 includes semi-skilled occupations (i.e., postal worker, carer), social class 6 includes unskilled occupations (i.e., cleaner, labourer). Details of the demographic representativeness of the sample can be found in the Appendices (see Tables 21-26).

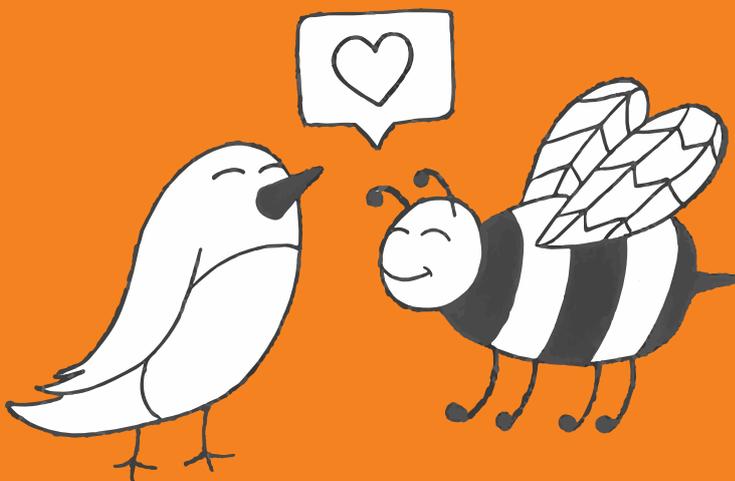
Statistical analysis: Statistical analyses were carried out to determine if the differences observed by gender, age group and social class were statistically significant. Differences at $p < 0.05$ are described in the report. The vertical axes of the charts are adjusted to the scale of the findings.

² Költő, A., Harrington, A., Kavanagh, A., Tyrell, L. & Nic Gabhainn, S. (2018). *New items for the Health Behaviour in School-aged Children (HBSC) study in Ireland – Pilot Study 2018*. Galway: Health Promotion Research Centre. Download from: <http://www.nuigalway.ie/media/healthpromotionresearchcentre/hbscdocs/shortreports/2018---AK-HBSC-2018-PILOT-REPORT.pdf>



Findings from Main Study

The results of the Main HBSC study are presented in this section, stratified by gender, age group and social class. The findings represent children aged 10 to 17 years, except where stated.



General Health and Wellbeing

Excellent health

There are statistically significant differences by gender, age group and social class. Overall, 33% of boys and 25% of girls report excellent health. Younger children are more likely to report excellent health than older age groups. Children from higher social class groups are more likely to report excellent health than those from other social class groups.

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

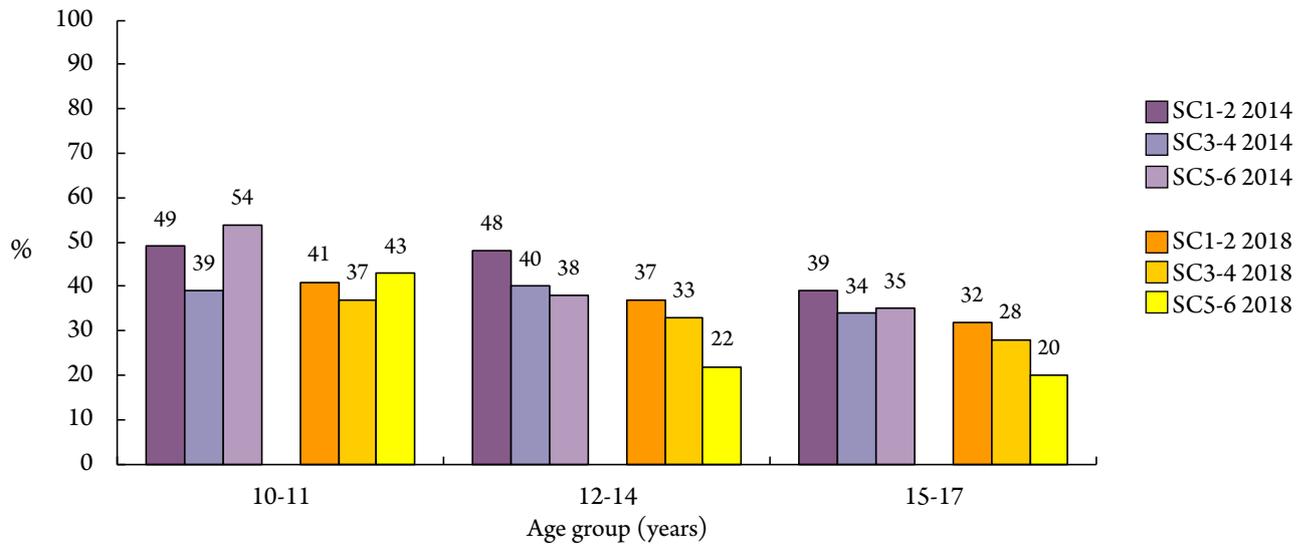
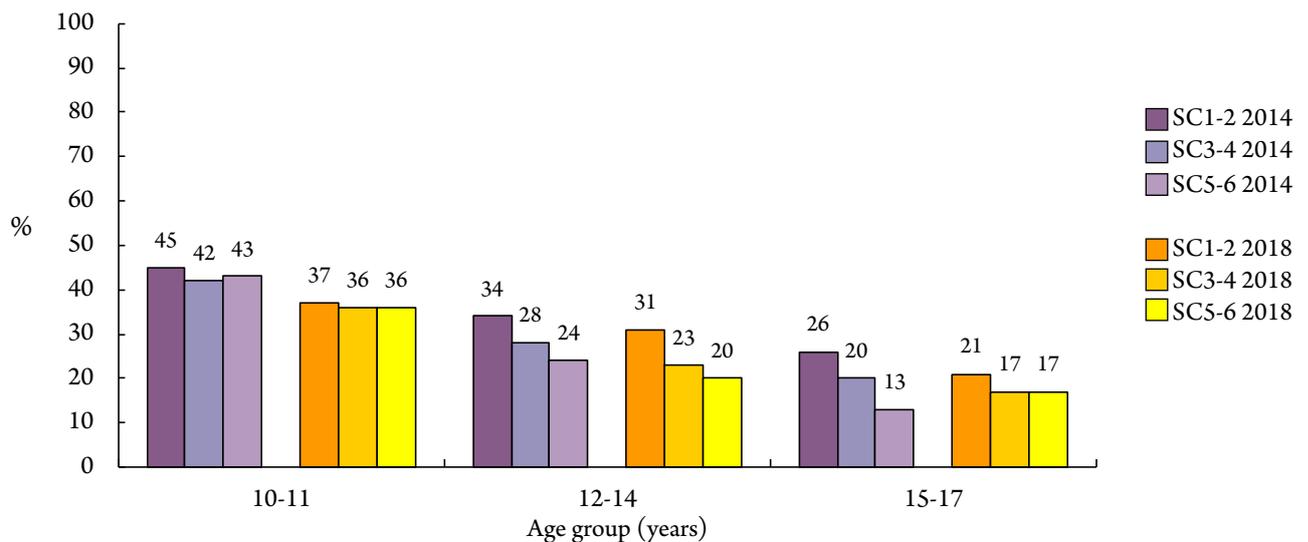


Figure 2: Percentages of girls who report their health is excellent



Life at present (happiness)

There are statistically significant differences by gender and age group. Overall, 47% of boys and 40% of girls report feeling very happy with their life at present. Younger children are more likely to report feeling very happy with their lives than older children. There are no statistically significant differences across social class groups.

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

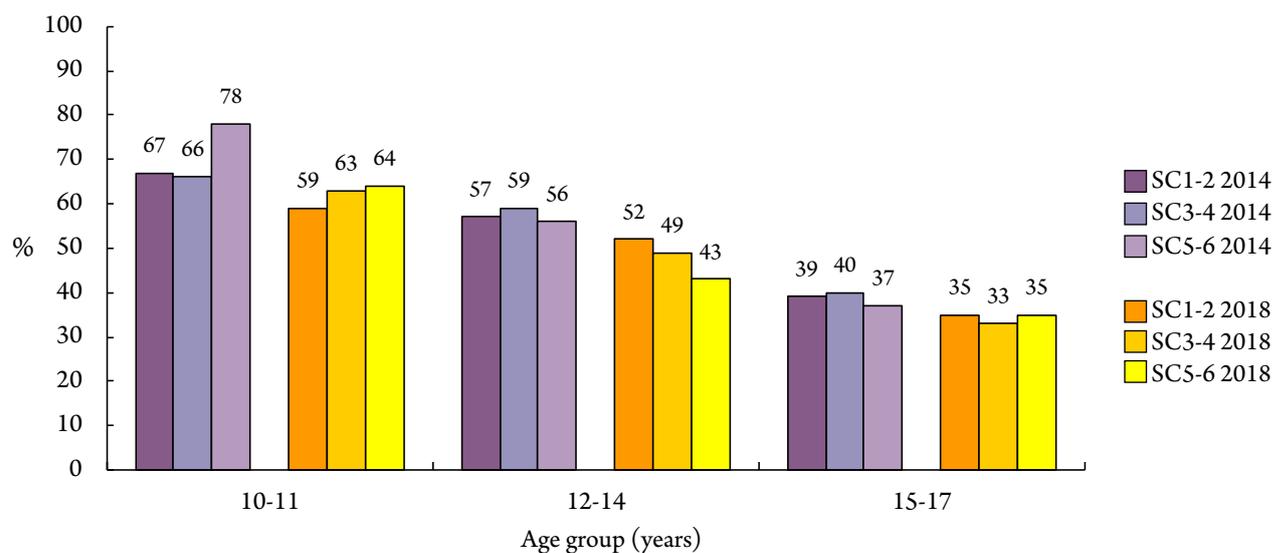
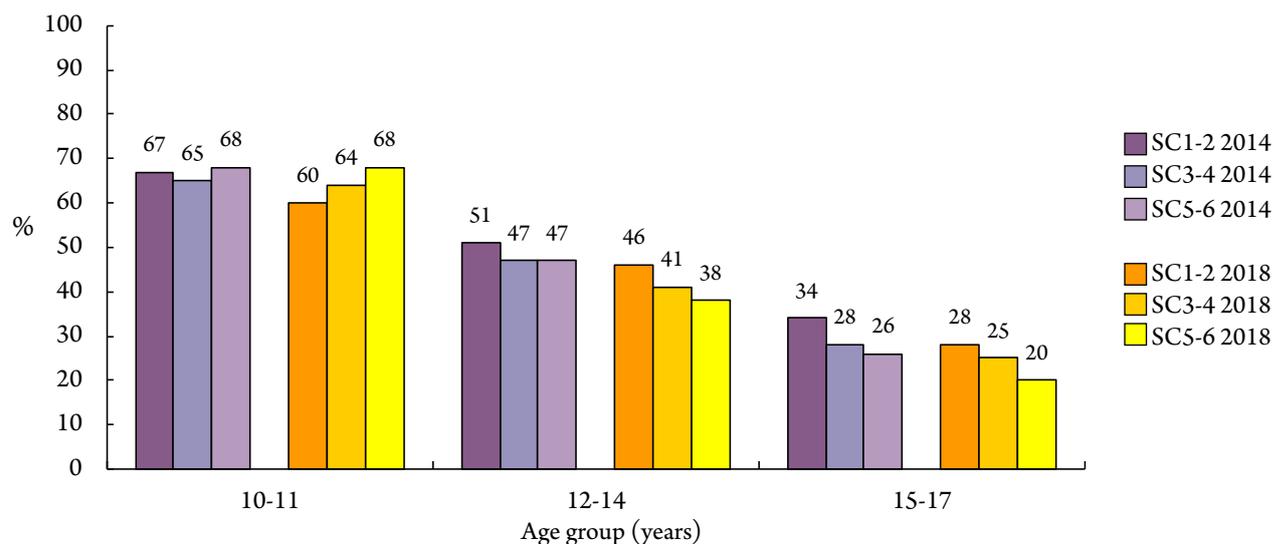


Figure 4: Percentages of girls who report feeling very happy about their lives at present



Life satisfaction

There are statistically significant differences by gender, age group and social class. Boys (77%) are more likely than girls (70%) to report high life satisfaction. Younger children and those from higher social class groups are more likely to report high life satisfaction than those from other social class groups.

Figure 5: Percentages of boys who report high life satisfaction

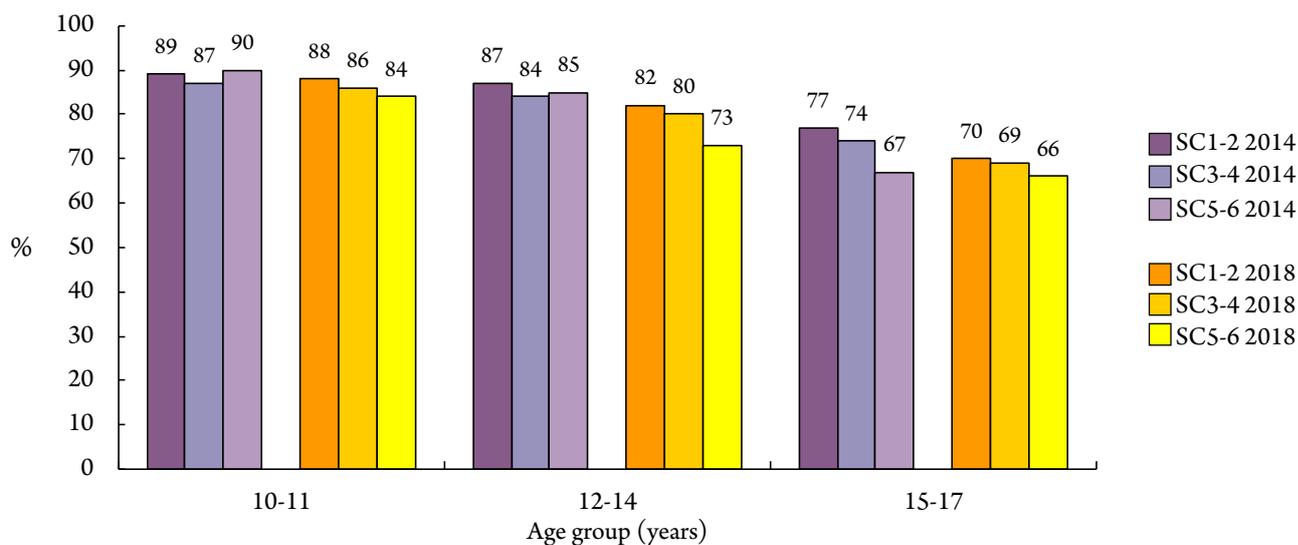
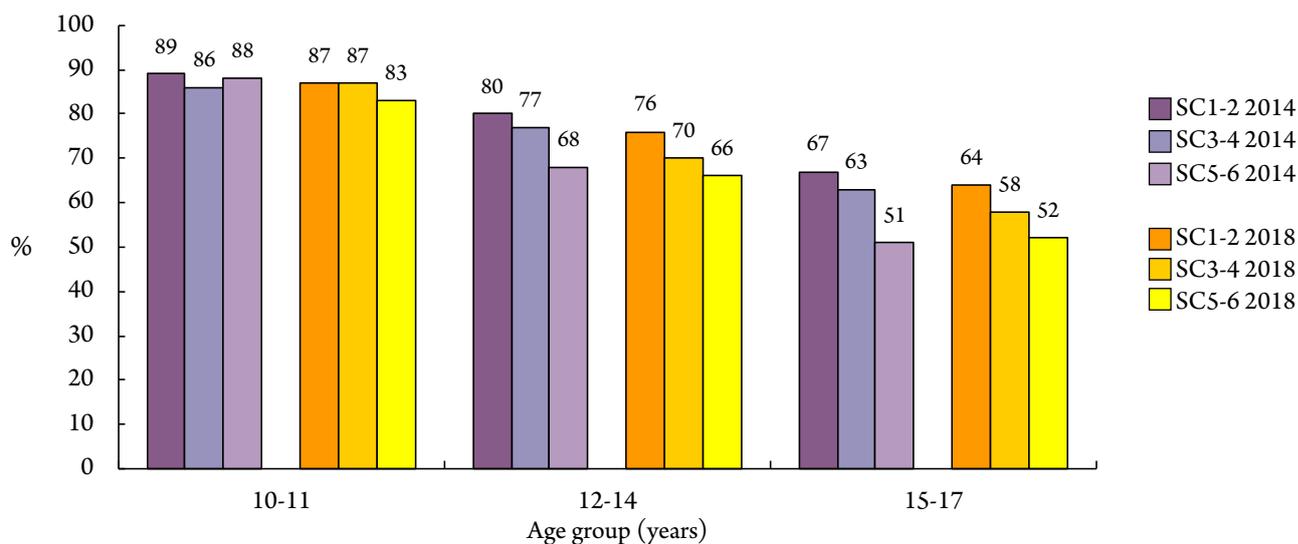


Figure 6: Percentages of girls who report high life satisfaction



Love of family

There are statistically significant differences by gender and age group. Girls (86%) are more likely than boys (83%) to report that they always love their family. Younger children are more likely to report they always love their family than older children. There are no statistically significant differences across social class groups.

Figure 7: Percentages of 10 to 14 year old boys who report they always love their family

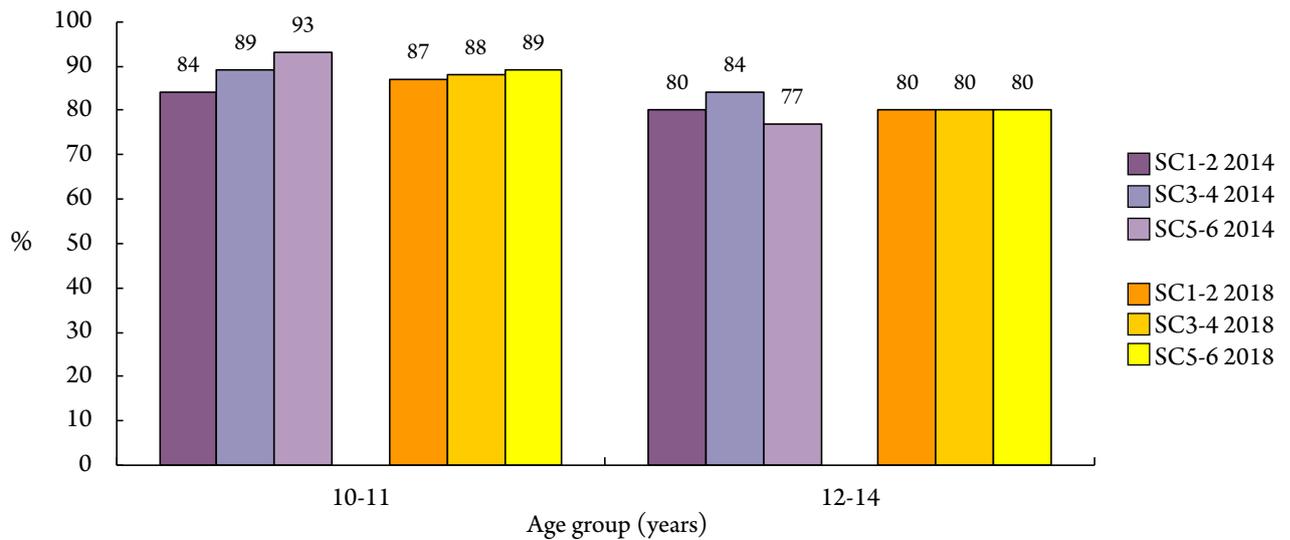
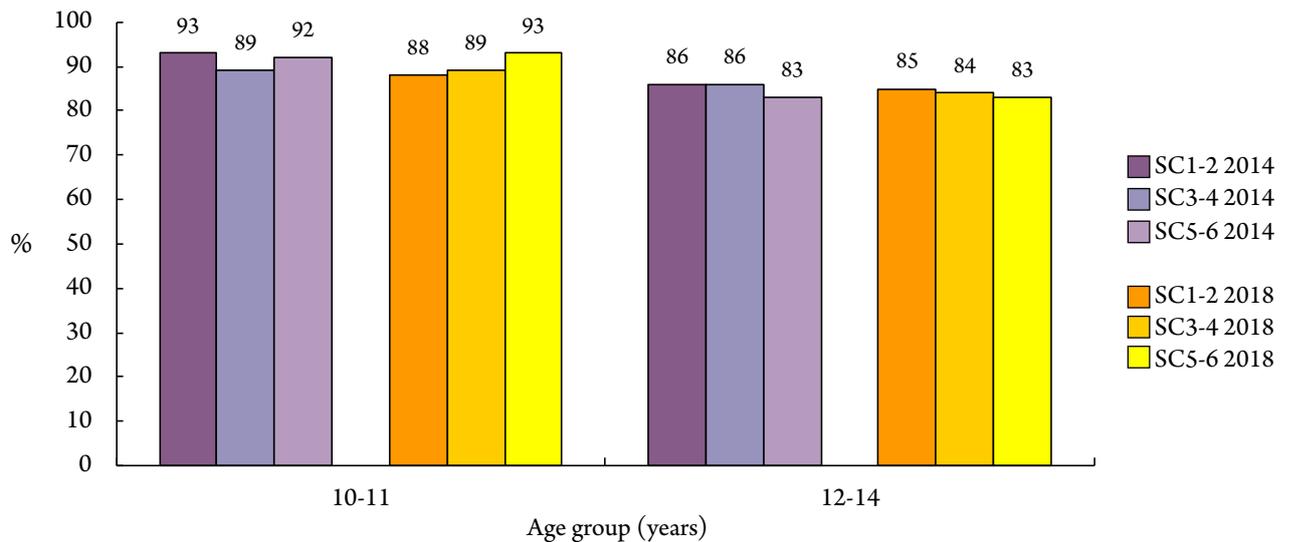


Figure 8: Percentages of 10 to 14 year old girls who report they always love their family



Smoking

Ever smoked tobacco

There are no statistically significant differences by gender, with 11% of boys and 11% of girls reporting that they have ever smoked tobacco. There are statistically significant differences by age group with older children more likely to report ever smoking than younger children. There are no statistically significant differences across social class groups.

Figure 9: Percentages of boys who report ever smoking tobacco

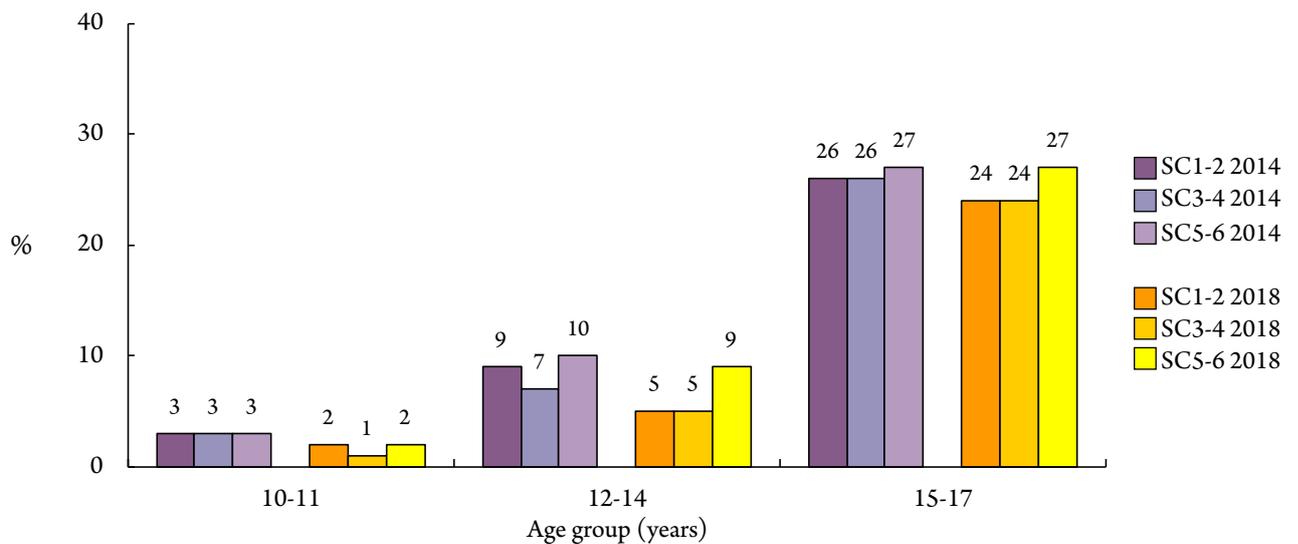
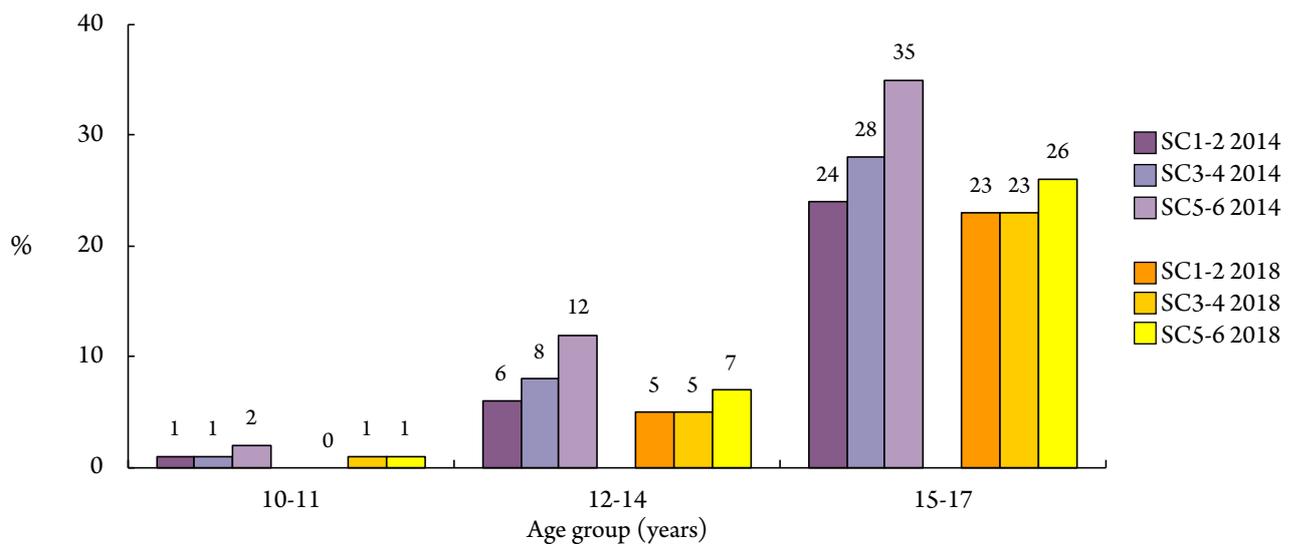


Figure 10: Percentages of girls who report ever smoking tobacco



Current smoking status

There are no statistically significant differences by gender, with 5% of boys and 5% of girls reporting that they are current smokers, which is defined as smoking tobacco monthly or more frequently. There are statistically significant differences by age group and social class. Younger children are less likely to report that they are current smokers than older children. Children from lower social class groups are more likely to report that they are current smokers than children from higher social class groups.

Figure 11: Percentages of boys who report they are current smokers

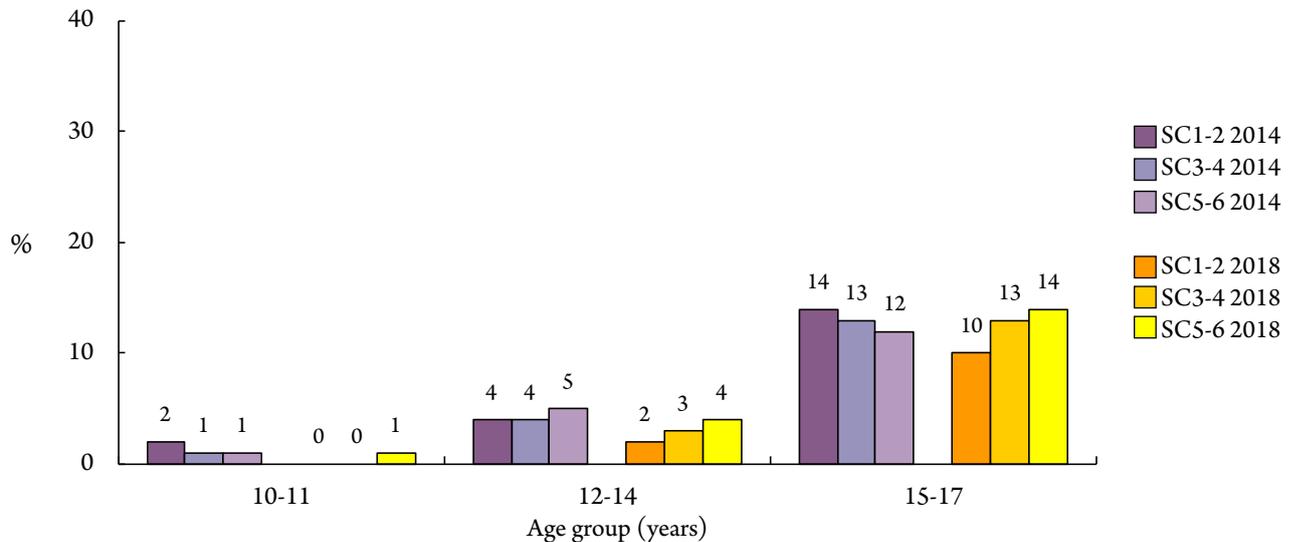
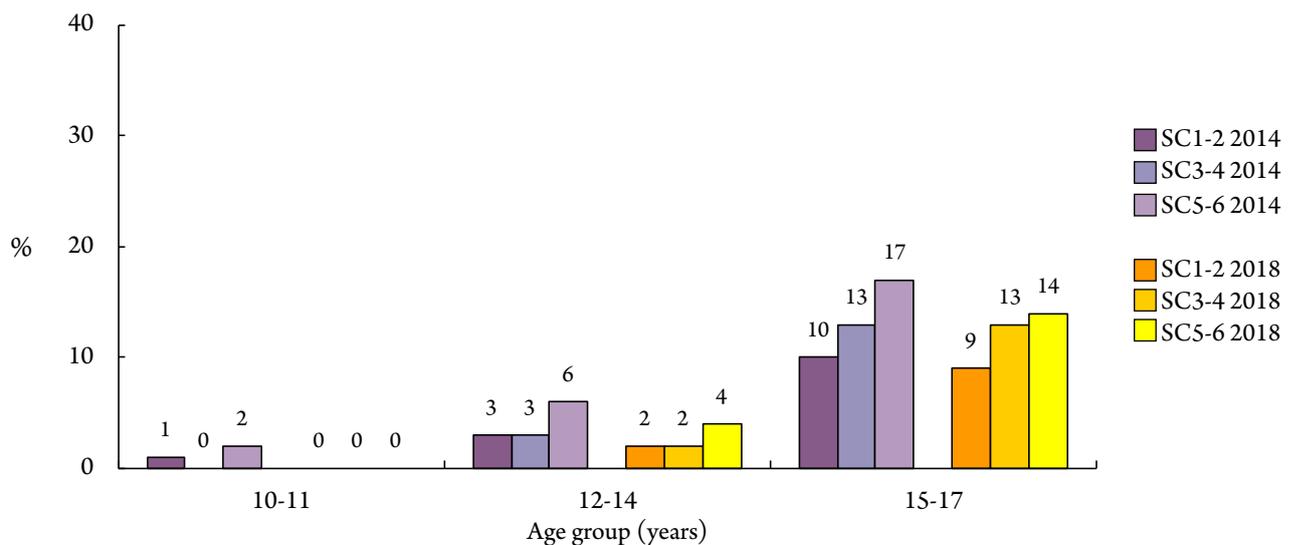


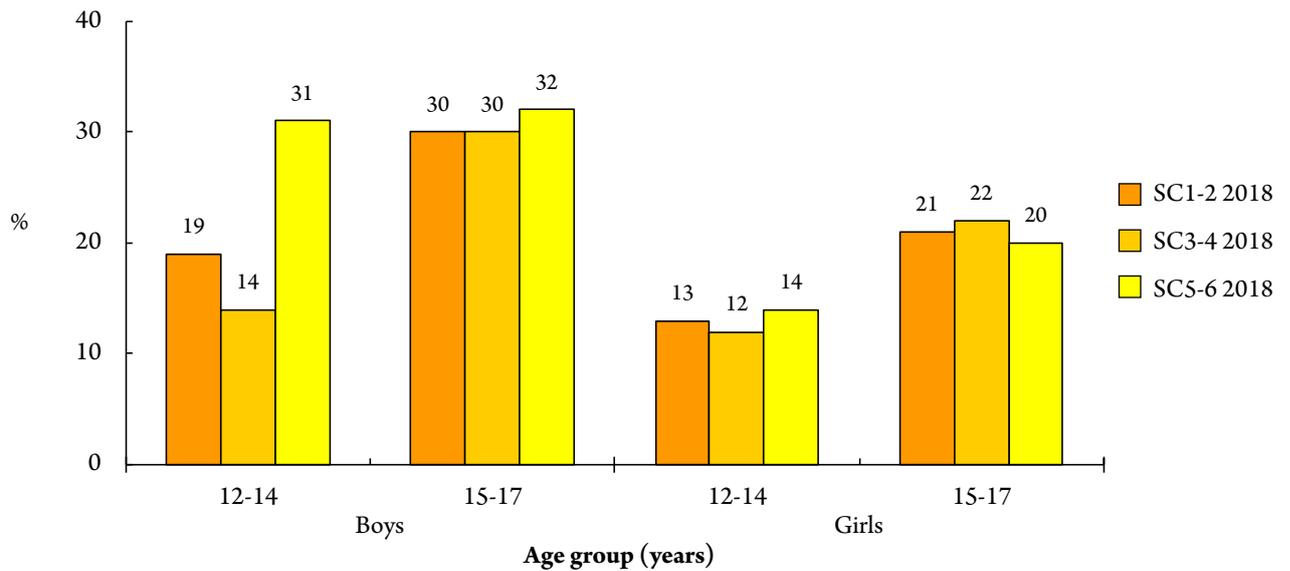
Figure 12: Percentages of girls who report they are current smokers



Ever used electronic cigarettes

There are statistically significant differences by gender and age group. Boys (26%) are more likely than girls (18%) to report that they have ever used electronic cigarettes. Older children are more likely to report using electronic cigarettes than younger children. There are no statistically significant differences across social class groups.

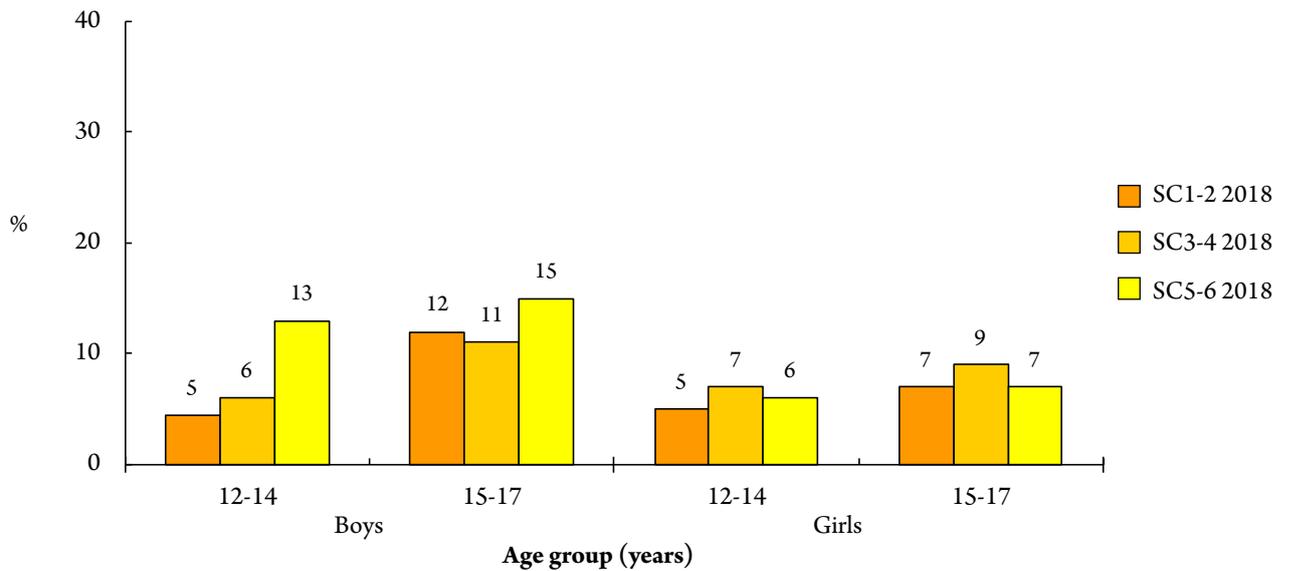
Figure 13: Percentages of 12 to 17 year old boys and girls who report they have ever used electronic cigarettes



Used electronic cigarettes in the last 30 days

There are statistically significant differences by gender and age group. Boys (10%) are more likely than girls (7%) to report that they have used electronic cigarettes in the last 30 days. Older children are more likely to report using electronic cigarettes than younger children. There are no statistically significant differences across social class groups.

Figure 14: Percentages of 12 to 17 year old boys and girls who report they have used electronic cigarettes in the last 30 days



Alcohol

Never drinking

There are no statistically significant differences by gender, with 69% of boys and 69% of girls reporting never having had an alcoholic drink. Younger children are more likely to report never drinking than older children. There are no statistically significant differences across social class groups.

Figure 15: Percentages of boys who report never having had an alcoholic drink

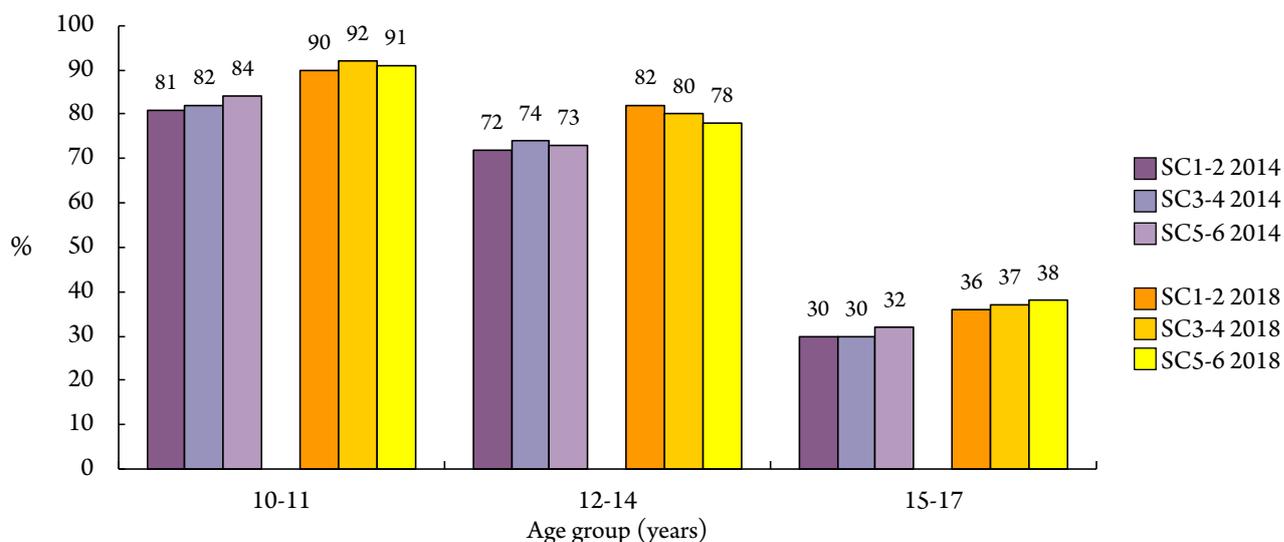
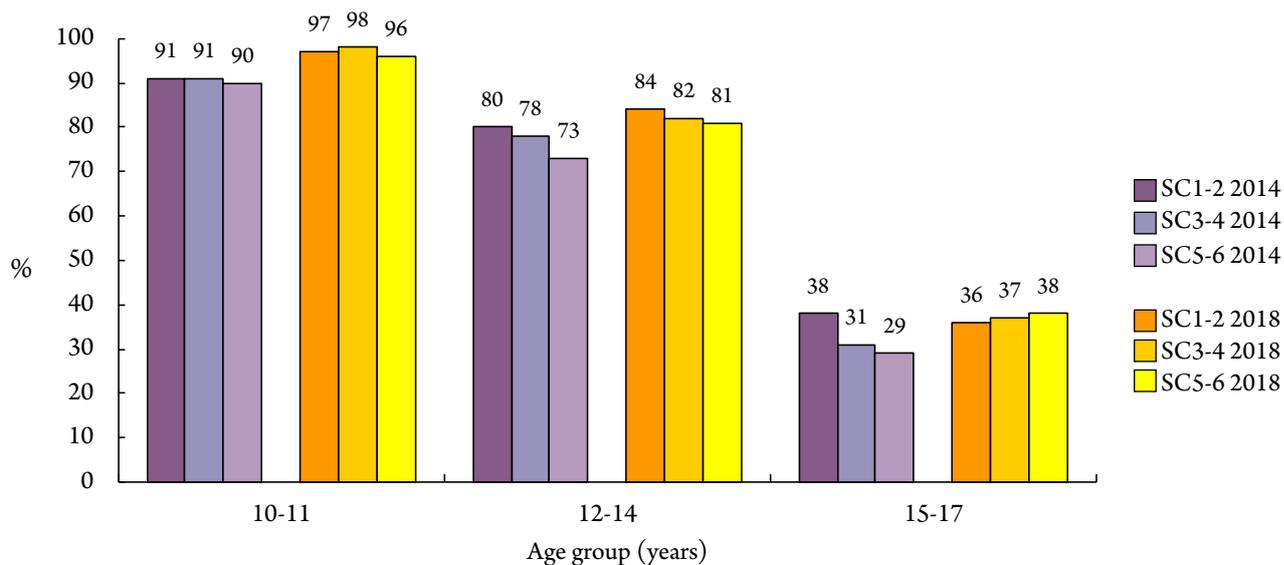


Figure 16: Percentages of girls who report never having had an alcoholic drink



Had an alcoholic drink in the last 30 days

There are no statistically significant differences by gender, with 16% of boys and 17% of girls reporting having had an alcoholic drink in the last 30 days. There are significant differences by age group. Younger children were less likely to report having had an alcoholic drink in the last 30 days than older children. There are no statistically significant differences across social class groups.

Figure 17: Percentages of boys who report having had an alcoholic drink in the last 30 days

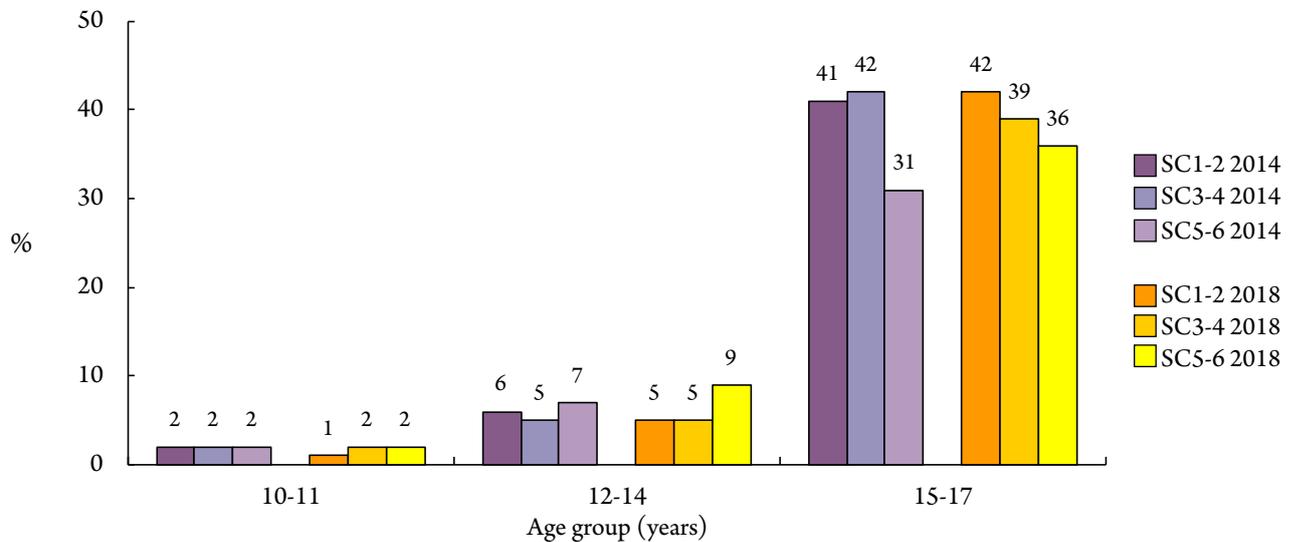
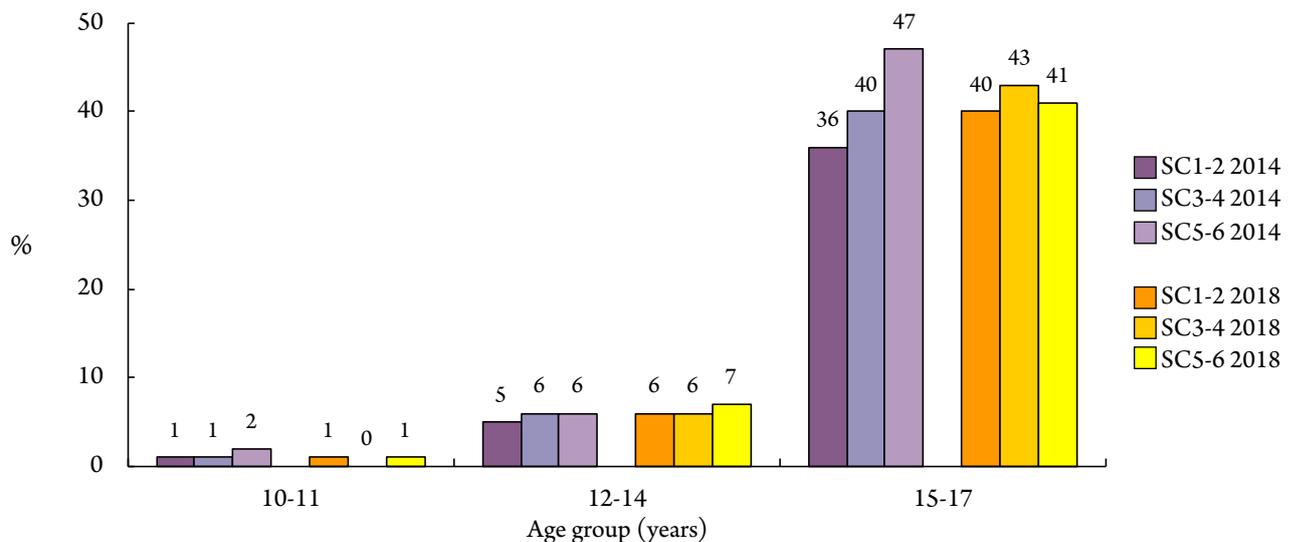


Figure 18: Percentages of girls who report having had an alcoholic drink in the last 30 days



Drunkenness

There are statistically significant differences by gender and age group. Overall, 16% of boys and 17% of girls report having ever been 'really drunk'. Younger children are less likely to report having ever been 'really drunk' than older children. There are no statistically significant differences across social class groups.

Figure 19: Percentages of boys who report ever having been 'really drunk'

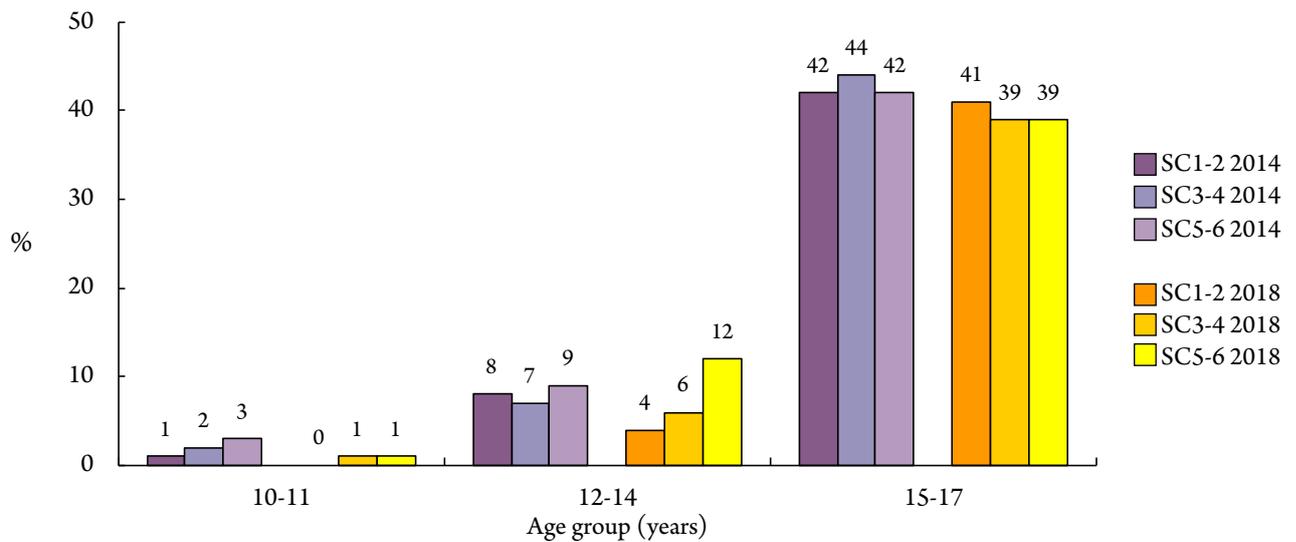
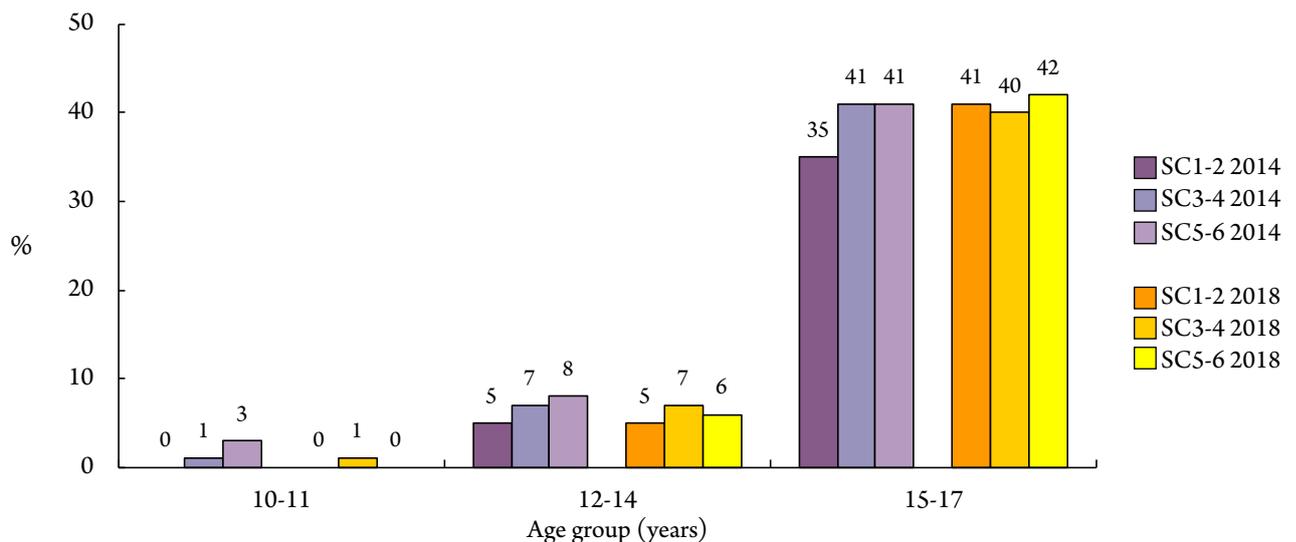


Figure 20: Percentages of girls who report ever having been 'really drunk'



Been drunk in the last 30 days

There are no statistically significant differences by gender or across social class groups. Overall, 7% of boys and 7% of girls report having been drunk in the last 30 days. There are statistically significant differences by age group with younger children less likely to report having been drunk in the last 30 days than older children.

Figure 21: Percentages of boys who report having been drunk in the last 30 days

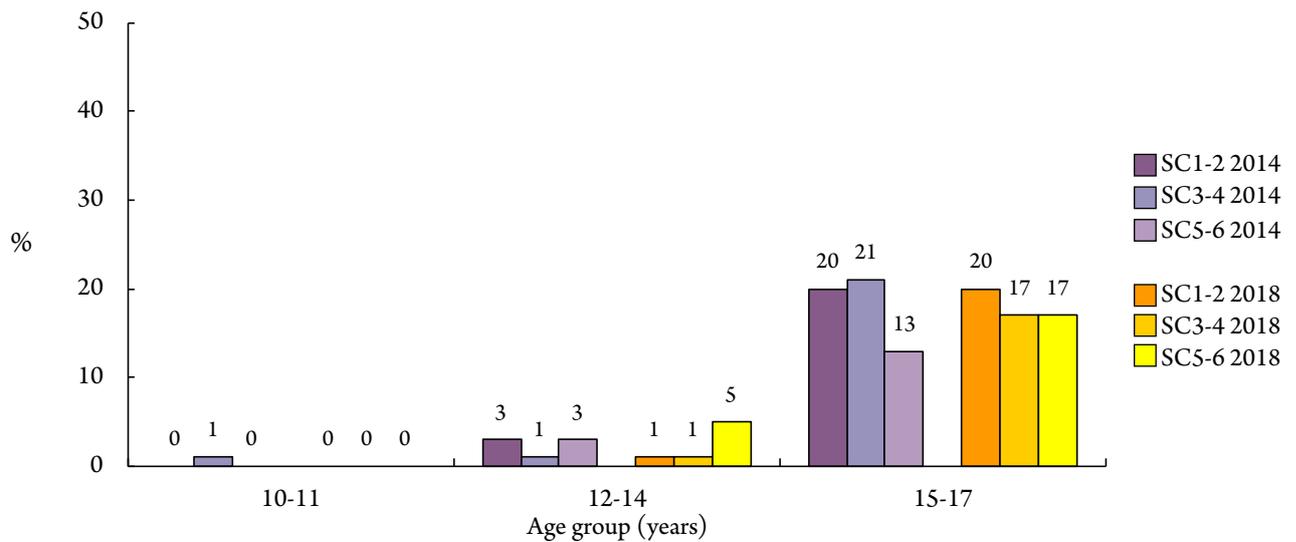
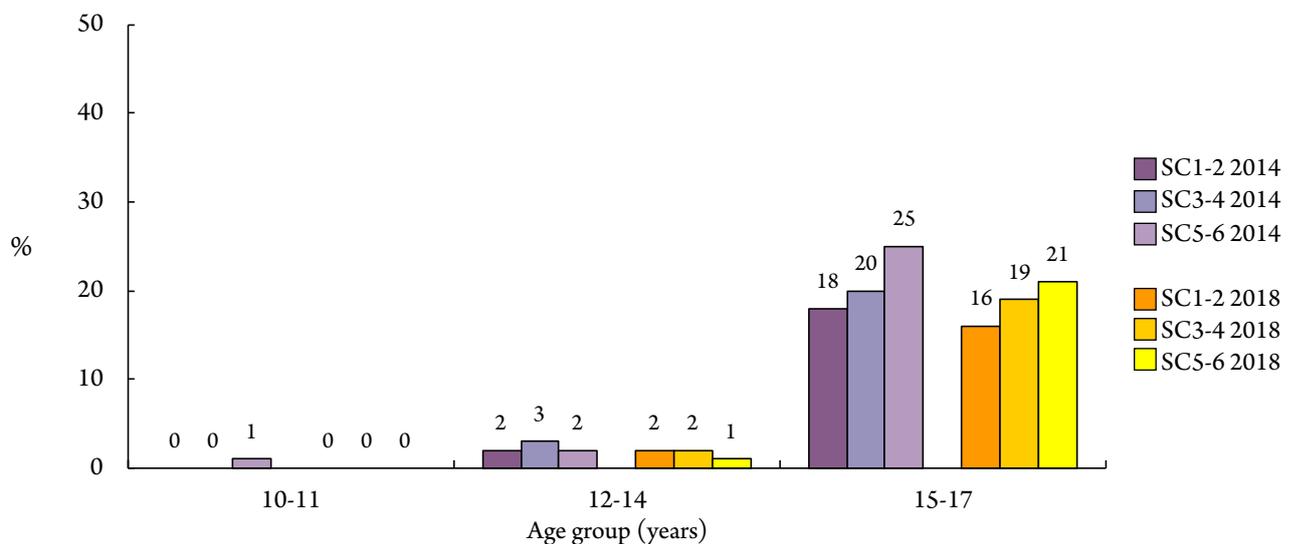


Figure 22: Percentages of girls who report having been drunk in the last 30 days



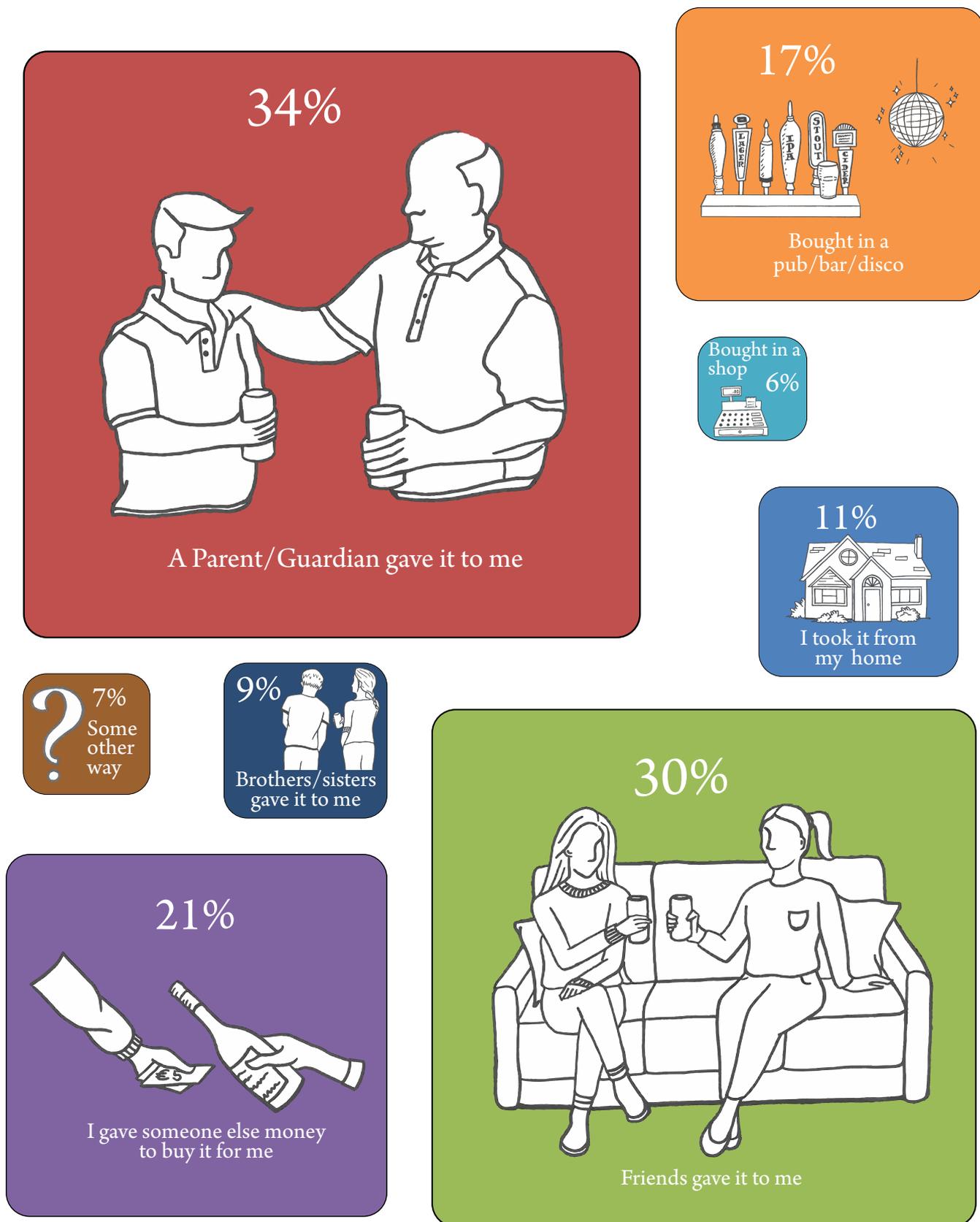
Alcohol availability: Source of alcohol

Children aged 12 to 17 who have ever had alcohol are most likely to report that a parent or guardian gave it to them or that it was supplied by friends. Statistically significant gender differences were identified with boys more likely than girls to report buying alcohol in a supermarket or convenience store, or in an off-licence, ordering online or via phone and getting it some other way. Girls are more likely than boys to report that alcohol was given to them by friends and by brothers or sisters and that they had given someone else money to buy it. Significant age differences were observed in alcohol taken from home or getting it some other way (more likely in 12 to 14 year olds), bought it in supermarket, pub, bar, disco, or off-licence, alcohol obtained by giving someone else money to buy it (more likely in 15 to 17 year olds). A significant social class difference was found only in alcohol given by a parent or guardian, with more children from middle social class groups getting alcohol this way and alcohol bought in supermarket or convenience stores, which was most prevalent among children from the higher social class group.

Alcohol availability: Location of alcohol consumption

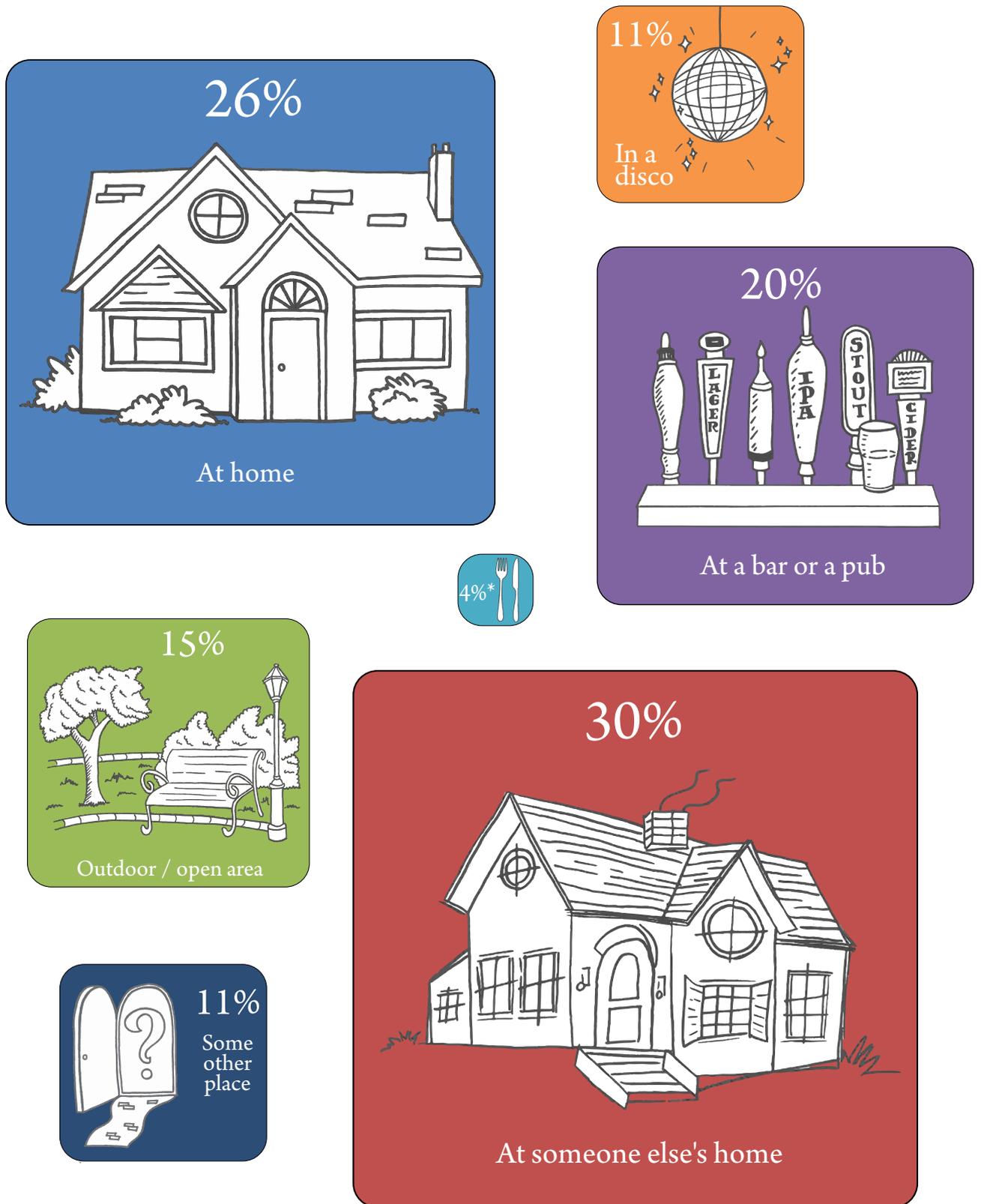
Children aged 12 to 17 who have ever had alcohol are most likely to report that they had it at someone else's home, in their own homes, at a bar or a pub, or on the street, in a park, beach, or other open area. Boys are more likely than girls to report getting alcohol at a bar or pub. Significant age differences were observed in alcohol consumed at home, on the street, in a park, beach, or other open area, in a restaurant, or at some other place (more likely in 12 to 14 year olds), or at someone else's home, at a bar or a pub, or in a disco (more likely in 15 to 17 year-olds). There are no statistically significant differences across social class groups.

Figure 23: Source of alcohol



Additional results: 5% bought in an off-licence, 1% bought in a garage shop
%s total more than 100: Children were invited to tick as many sources that applied to the last drinking occasion

Figure 24: Location of alcohol consumption



*In a restaurant

%s total more than 100: Children were invited to tick as many places that applied to the last drinking occasion

Cannabis use

Cannabis use in the last 12 months

There are statistically significant differences by gender and age group. Overall, 8% of boys and 6% of girls report cannabis use in the last 12 months. Younger children are less likely to report cannabis use in the last 12 months than older children. There are no statistically significant differences across social class groups.

Figure 25: Percentages of boys reporting cannabis use in the last 12 months

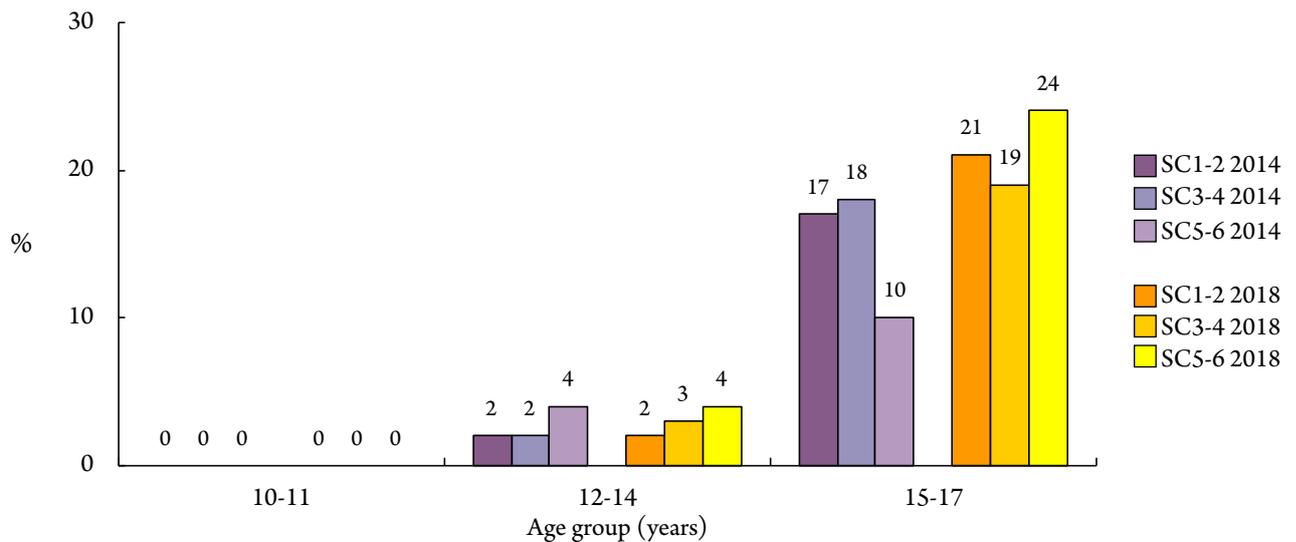
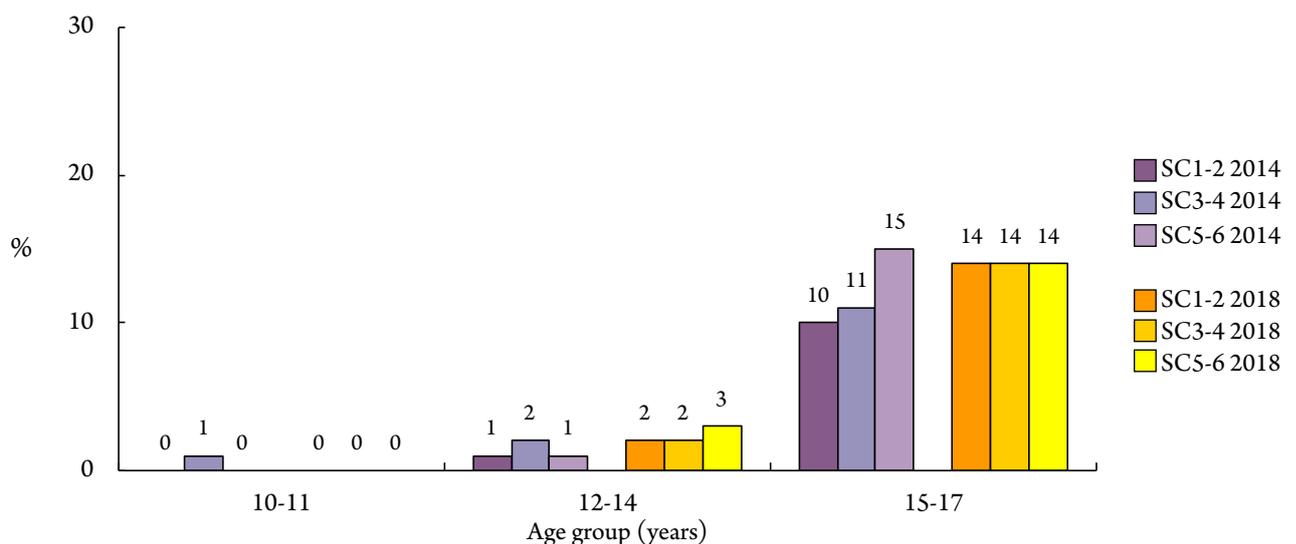


Figure 26: Percentages of girls reporting cannabis use in the last 12 months



Cannabis use in the last 30 days

There are statistically significant differences by gender and age group. Overall, boys (4%) are more likely than girls (3%) to report cannabis use in the last 30 days than girls. Younger children are less likely to report cannabis use in the last 30 days than older children. There are no statistically significant differences across social class groups.

Figure 27: Percentages of boys reporting cannabis use in the last 30 days

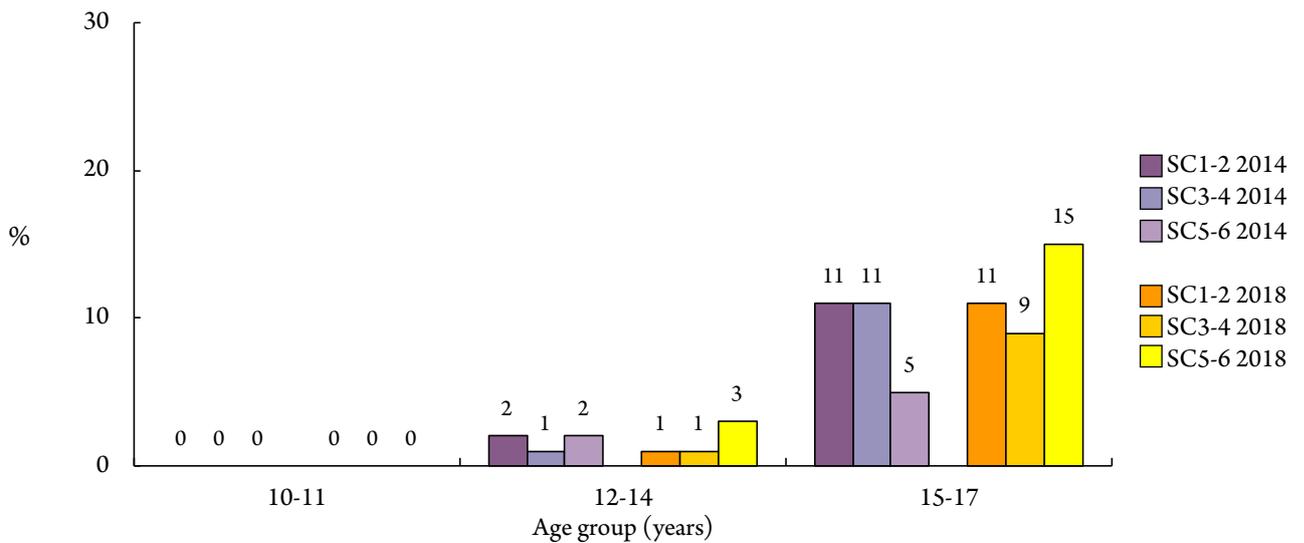
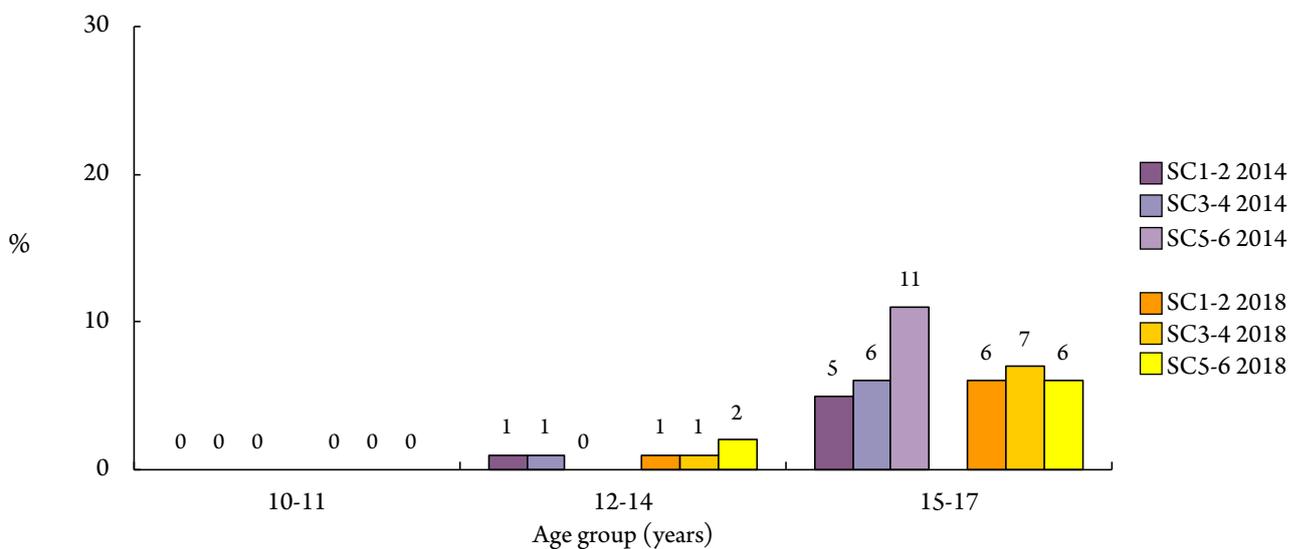


Figure 28: Percentages of girls reporting cannabis use in the last 30 days



Food and Dietary Behaviour

Fruit

There are statistically significant differences by gender, age group and social class. Girls (25%) are more likely than boys (20%) to report that they consume fruit more than once a day. Younger children are more likely to report that they consume fruit more than once a day than older children. Children from higher social class groups are more likely to report that they consume fruit more than once a day than those from other social class groups.

Figure 29: Percentages of boys who report eating fruit more than once a day

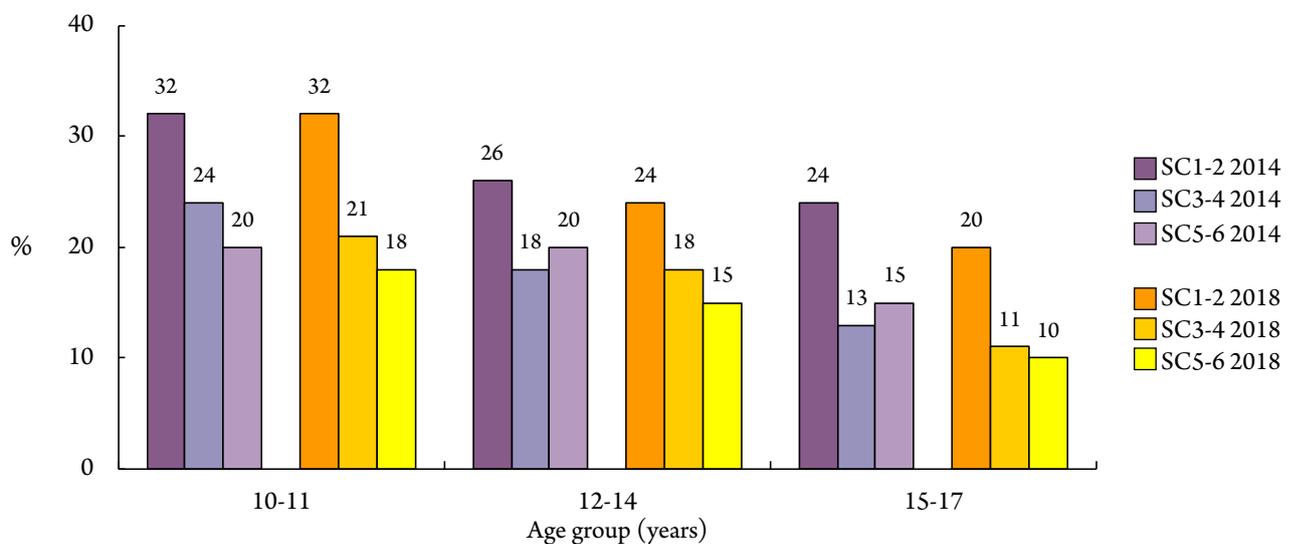
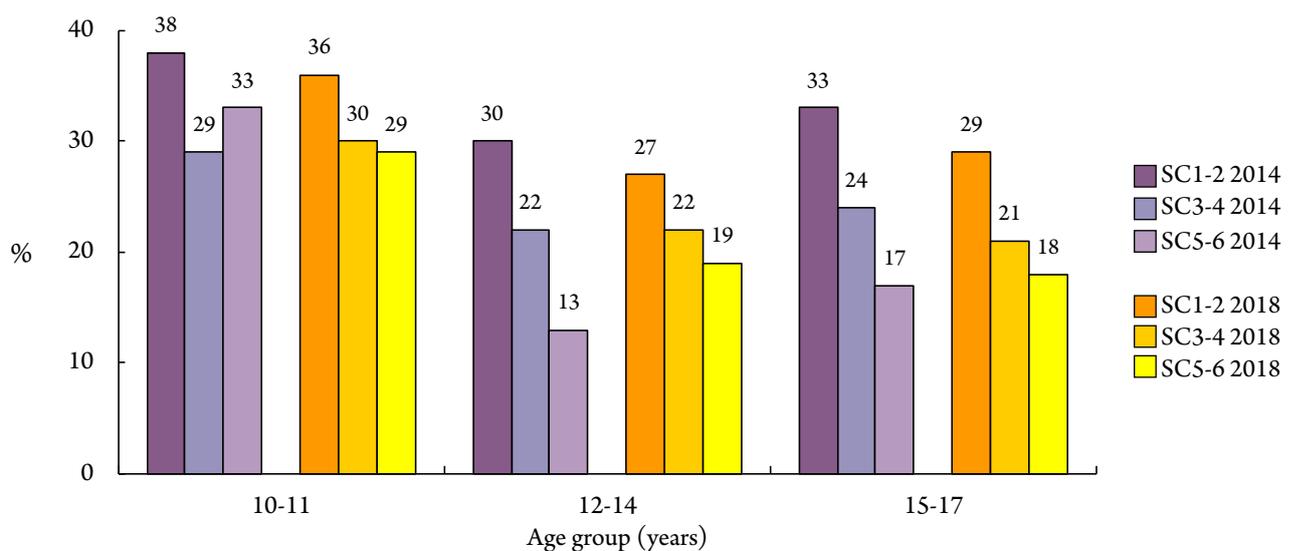


Figure 30: Percentages of girls who report eating fruit more than once a day



Vegetables

There are statistically significant differences by gender, age group and social class. Girls (24%) are more likely than boys (19%) to report that they consume vegetables more than once a day. Younger children are more likely to report that they consume vegetables more than once a day than older children. Children from higher social class groups are more likely to report consuming vegetables more than once a day than those from other social class groups.

Figure 31: Percentages of boys who report eating vegetables more than once a day

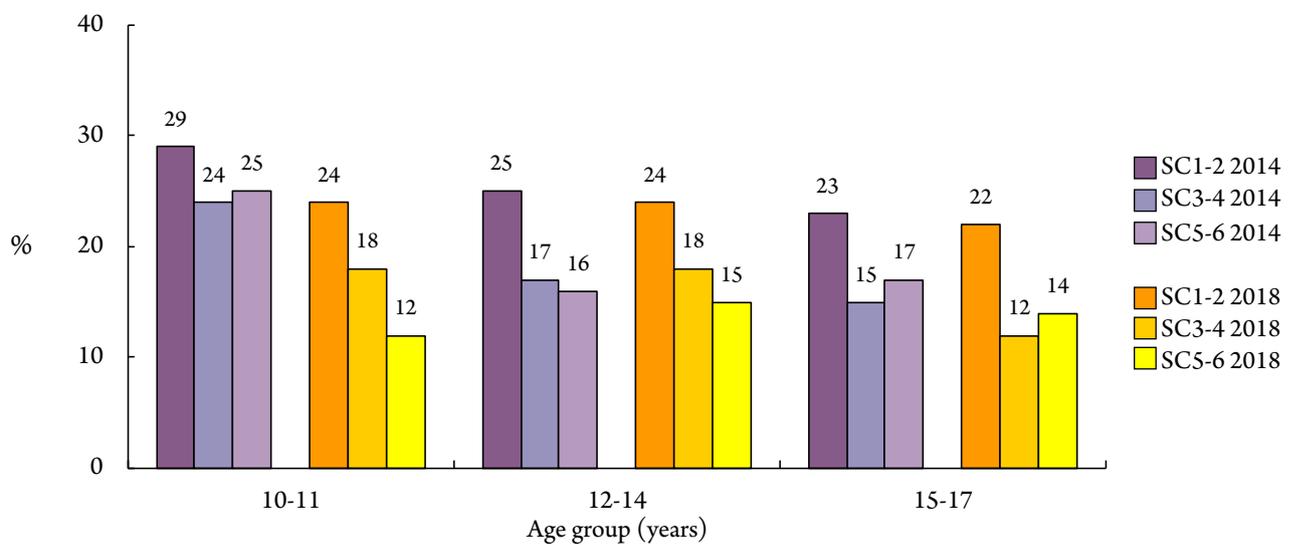
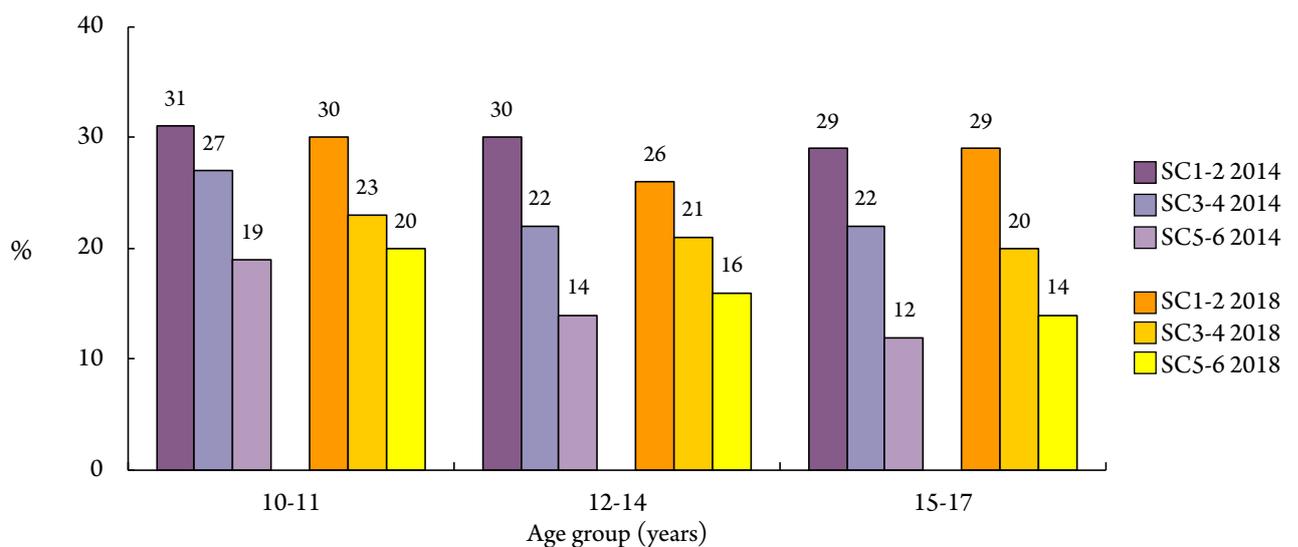


Figure 32: Percentages of girls who report eating vegetables more than once a day



Sweets

There are statistically significant differences by gender, age group and social class. Boys (19%) are less likely than girls (24%) to report that they eat sweets once a day. Younger children are less likely to report eating sweets once a day or more than older children. Children from lower social class groups are more likely to report that they eat sweets once a day or more than those from other social class groups.

Figure 33: Percentages of boys who report eating sweets daily or more

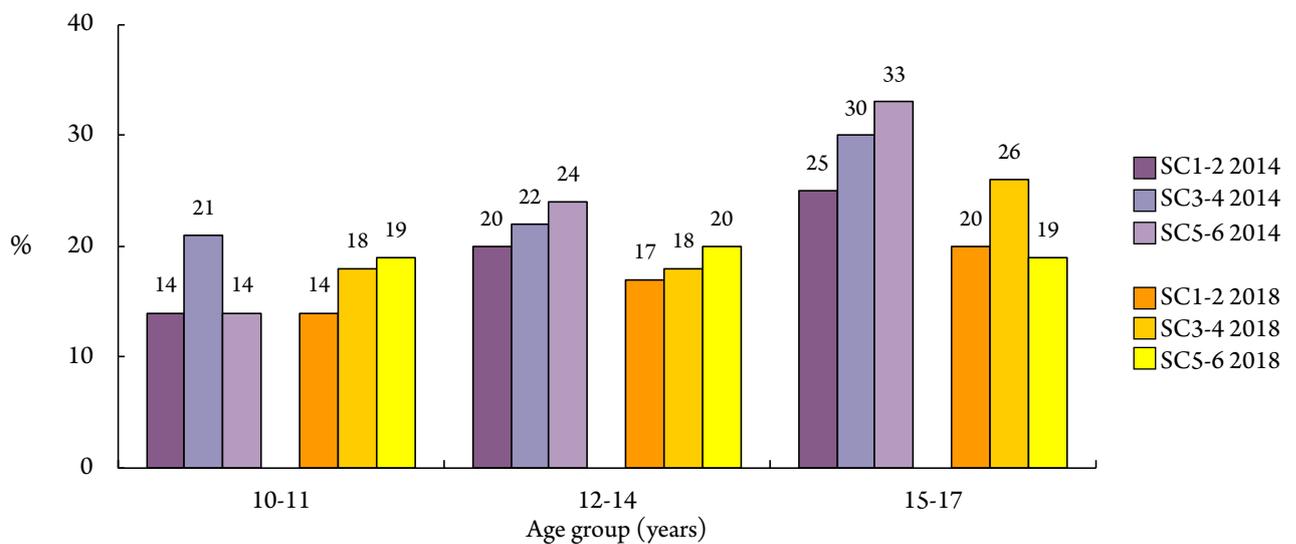
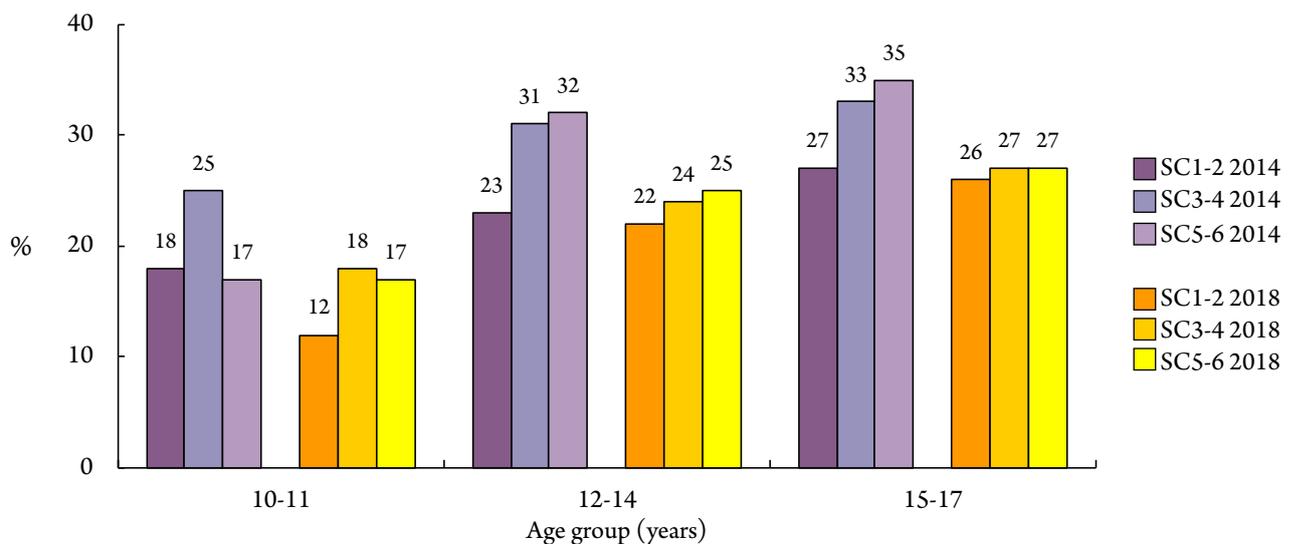


Figure 34: Percentages of girls who report eating sweets daily or more



Soft drinks

There are statistically significant differences by gender, age group and social class. Overall, 7% of boys and 6% of girls report drinking soft drinks daily or more. Younger children are less likely to report drinking soft drinks daily or more than older children. Children from higher social class groups are less likely to report drinking soft drinks daily or more than those from other social class groups.

Figure 35: Percentages of boys who report drinking soft drinks daily or more

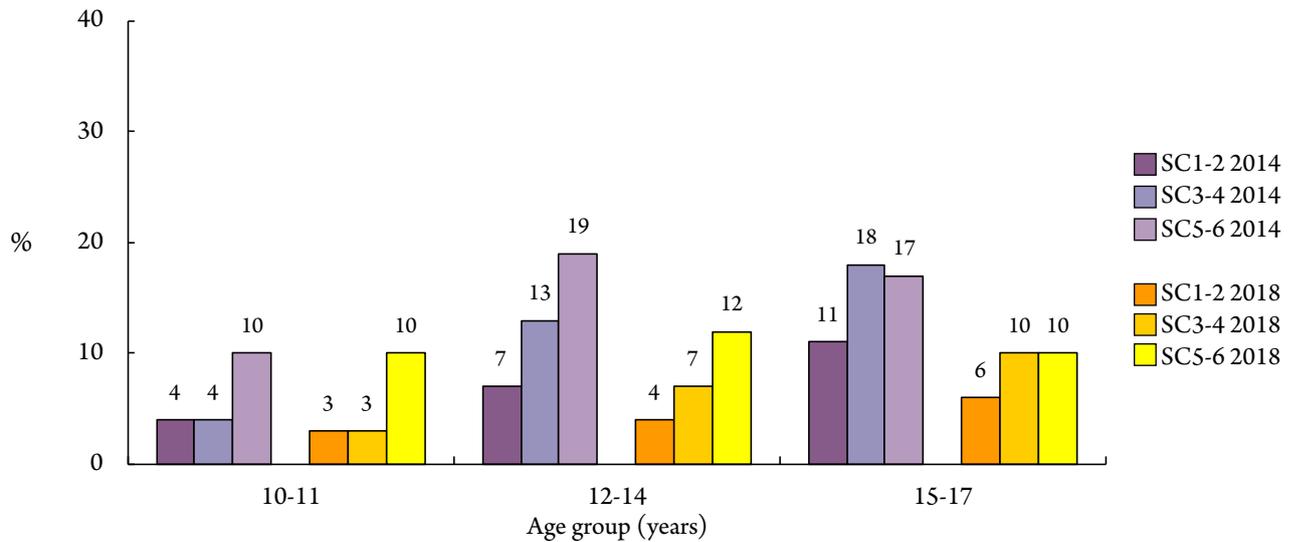
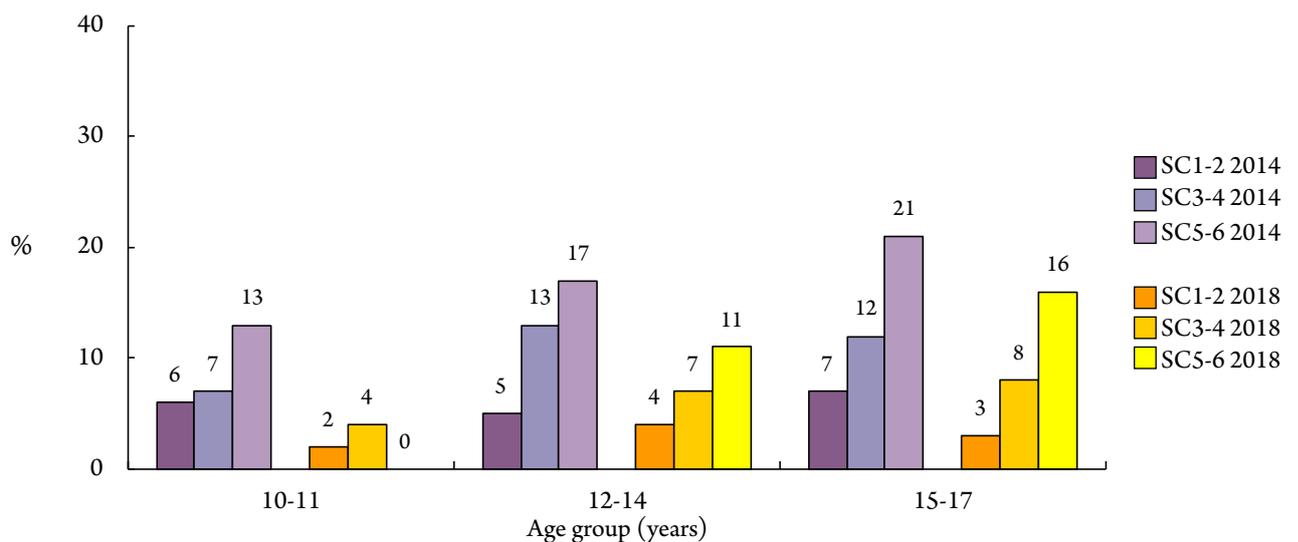


Figure 36: Percentages of girls who report drinking soft drinks daily or more



Not having breakfast

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

Figure 37: Percentages of boys who report not having breakfast on weekdays

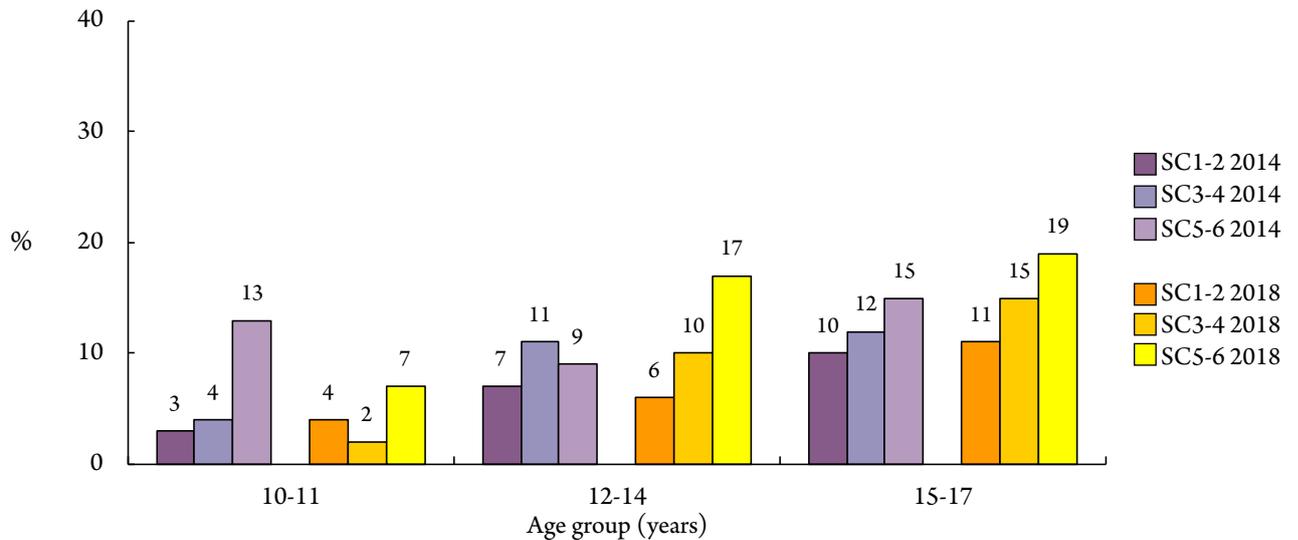
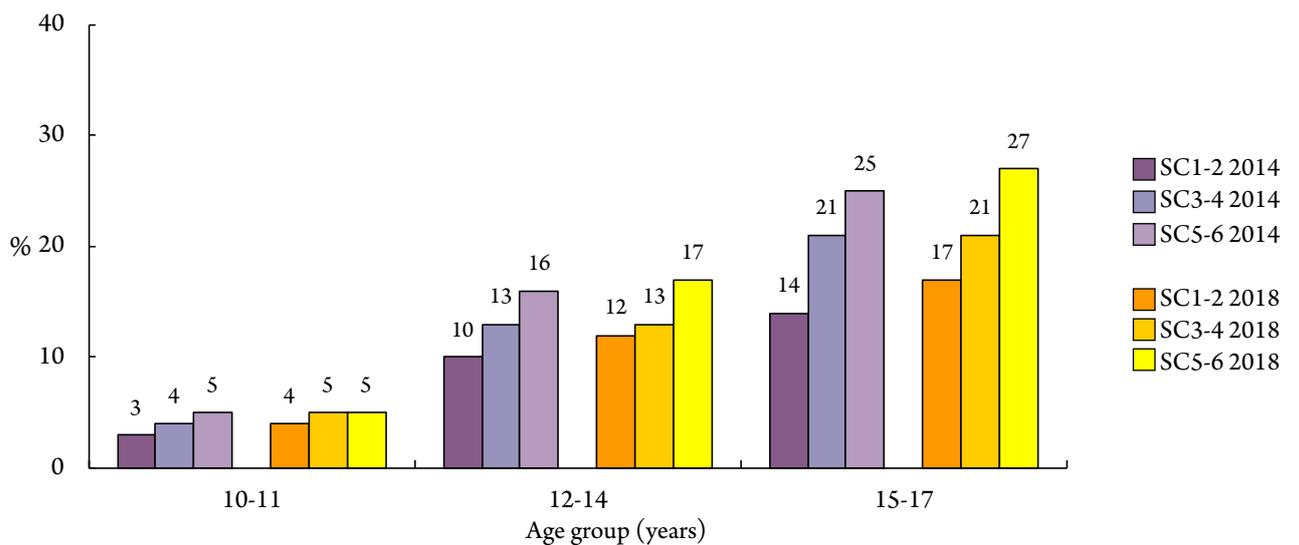


Figure 38: Percentages of girls who report not having breakfast on weekdays



Going to school or bed hungry

There are statistically significant differences by gender, age group and social class. Overall, boys (20%) are more likely than girls (18%) to report ever going to school or to bed hungry. Younger children and children from lower social class groups are more likely to report ever going to school or to bed hungry than older children and children from other social class groups.

Figure 39: Percentages of boys who report ever going to school or bed hungry

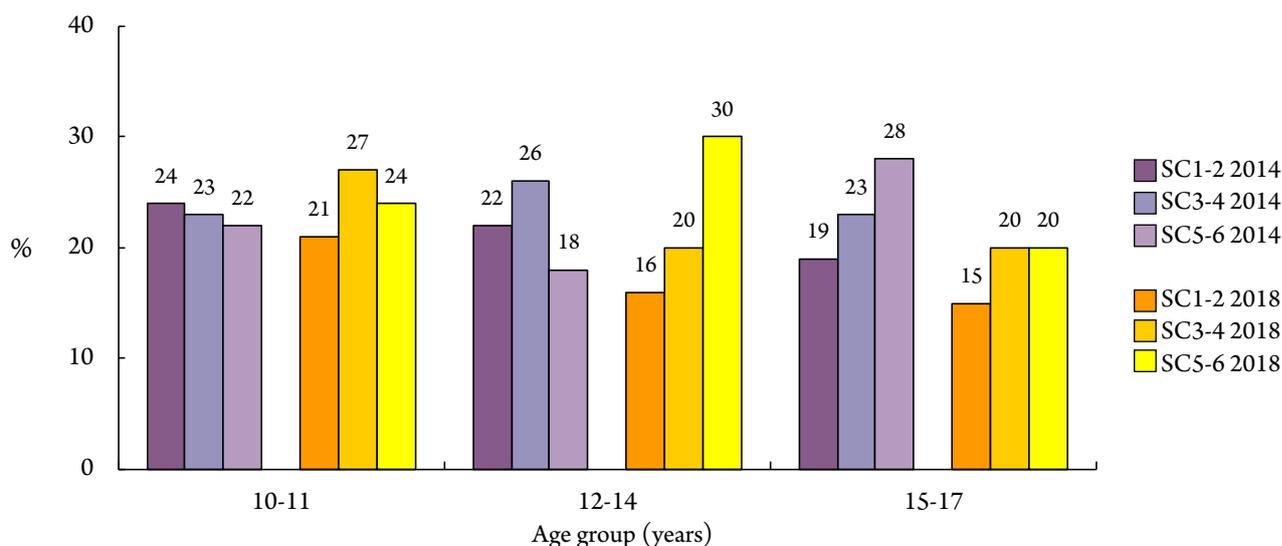
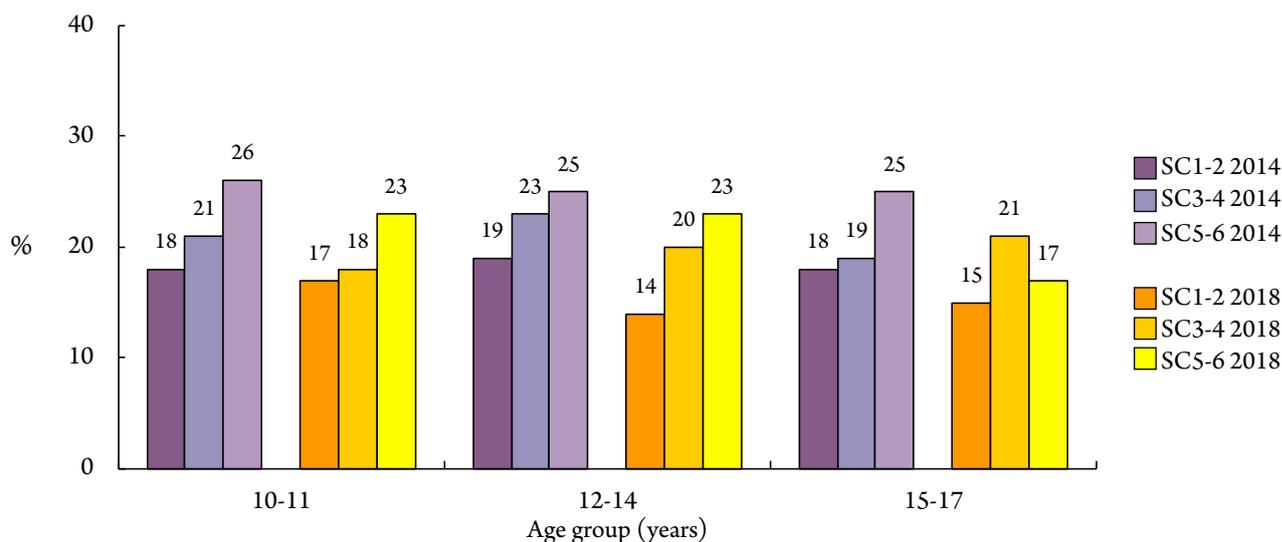


Figure 40: Percentages of girls who report ever going to school or bed hungry



Dieting

There are statistically significant differences by gender, age group and social class. Girls are more likely to report trying to lose weight than boys (18% and 11% respectively). Older children and those from lower social class groups are more likely to report trying to lose weight than younger children and those from other social class groups.

Figure 41: Percentages of boys who report currently trying to lose weight

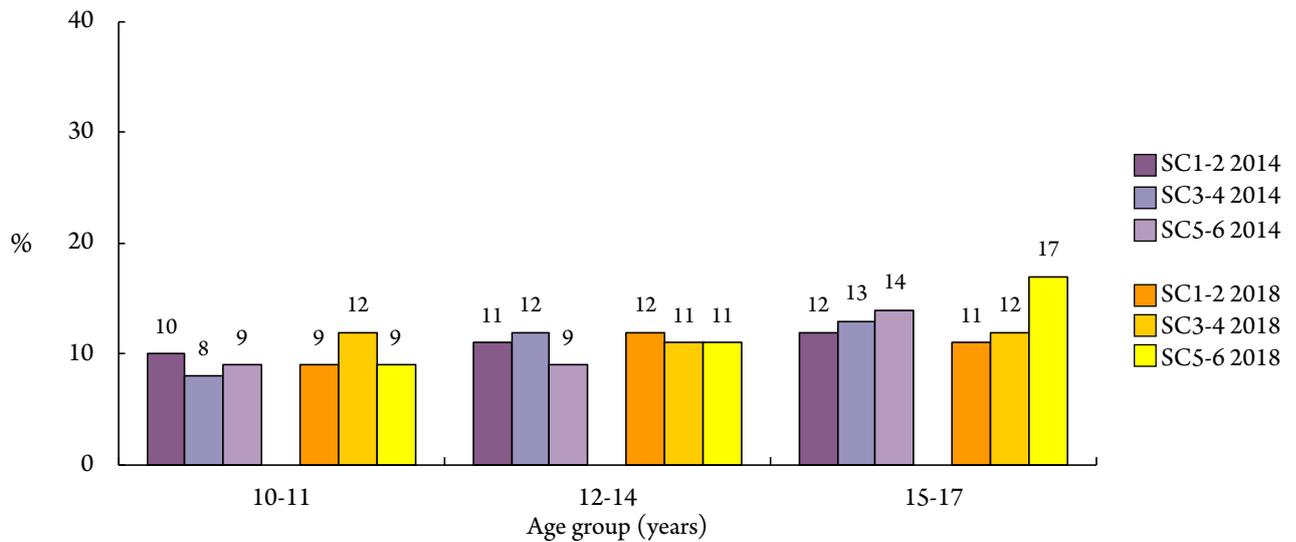
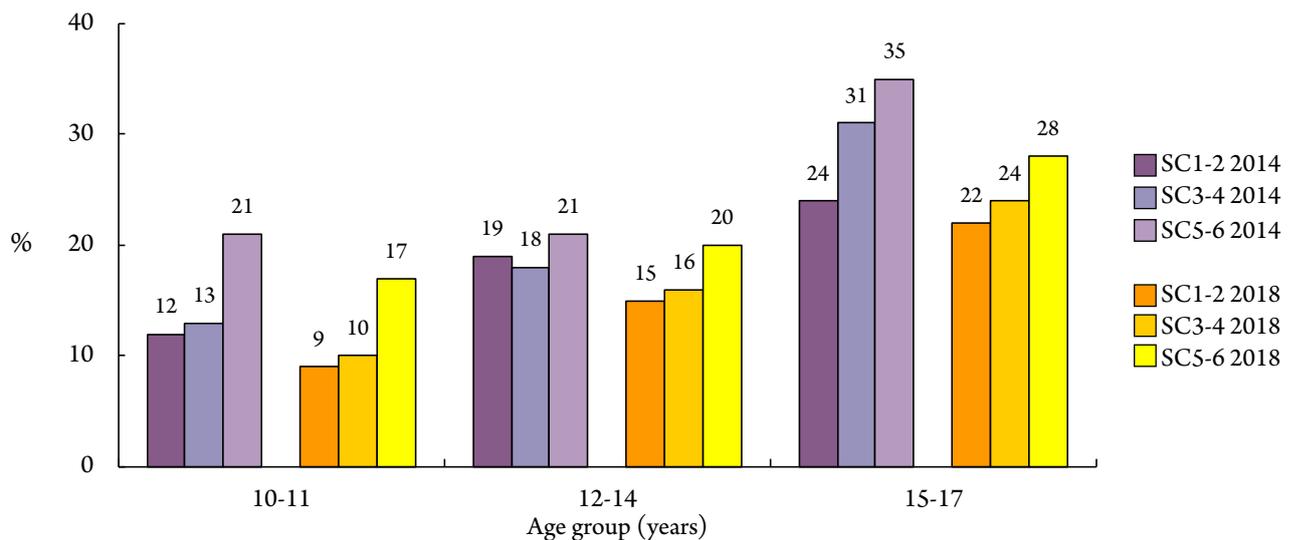


Figure 42: Percentages of girls who report currently trying to lose weight



Exercise and Physical Activity

Vigorous exercise four or more times per week

There are statistically significant differences by gender, age group and social class. Overall, boys (57%) are more likely than girls (42%) to report exercising four or more times a week. Younger children and children from higher social class groups are more likely to report that they exercise four or more times a week than older children and children from other social class groups.

Figure 43: Percentages of boys who report participating in vigorous exercise four or more times per week

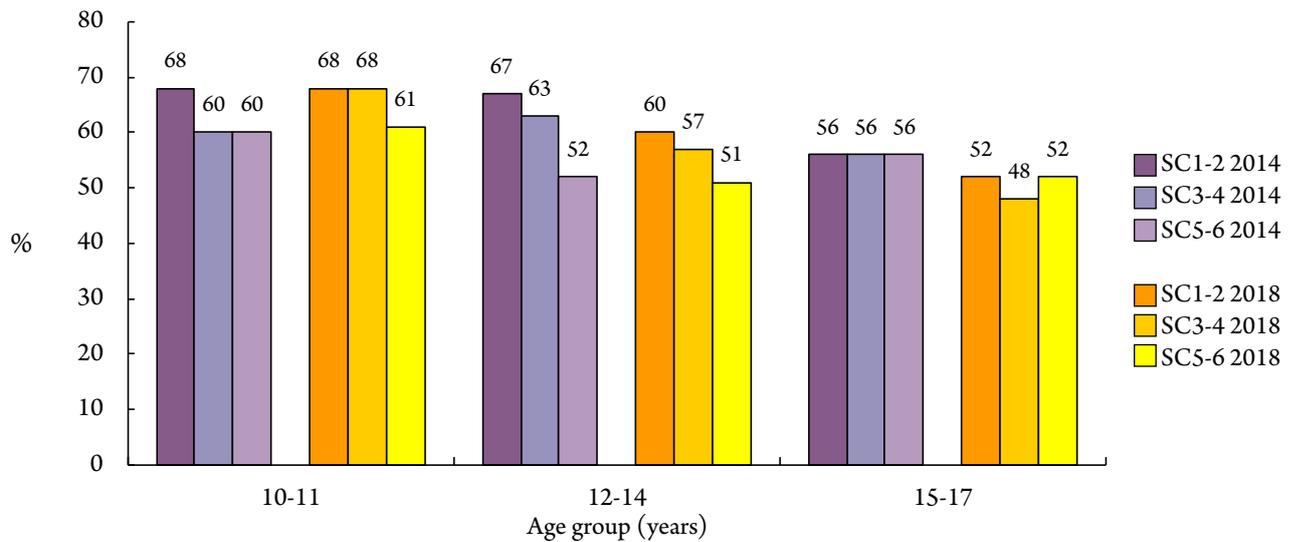
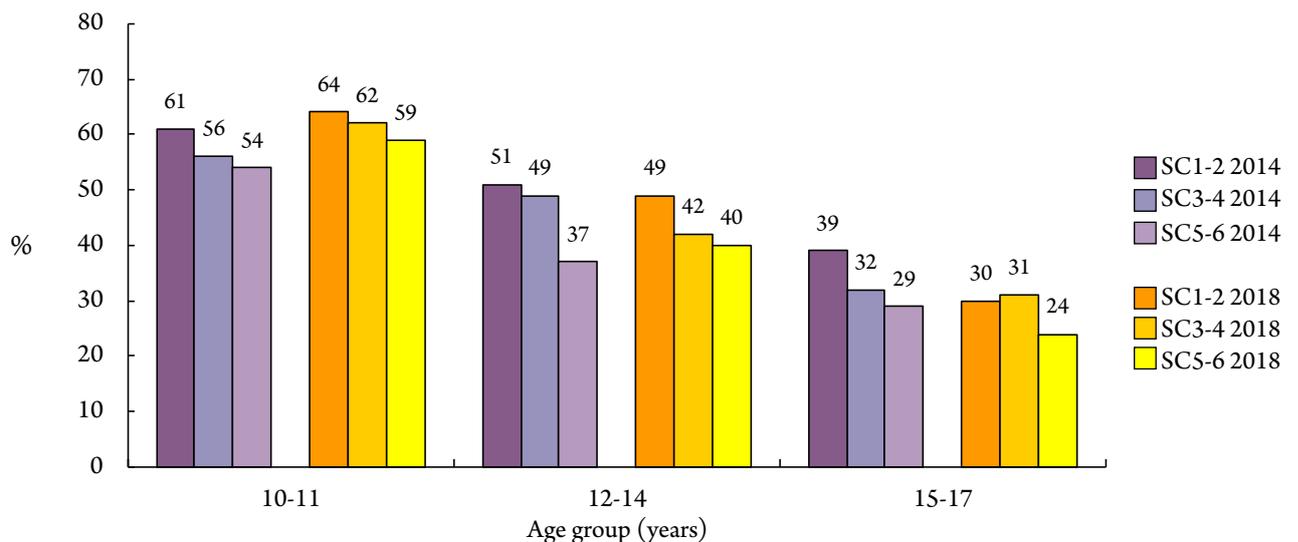


Figure 44: Percentages of girls who report participating in vigorous exercise four or more times per week



Physical inactivity

There are statistically significant differences by gender, age group and social class. Overall, boys (8%) are less likely than girls (13%) to report participating in vigorous exercise less than weekly. Younger children are less likely to report participating in vigorous exercise less than weekly than older children. Children from higher social class groups are less likely to report participating in vigorous exercise less than weekly than those from other social class groups.

Figure 45: Percentages of boys who report participating in vigorous exercise less than weekly

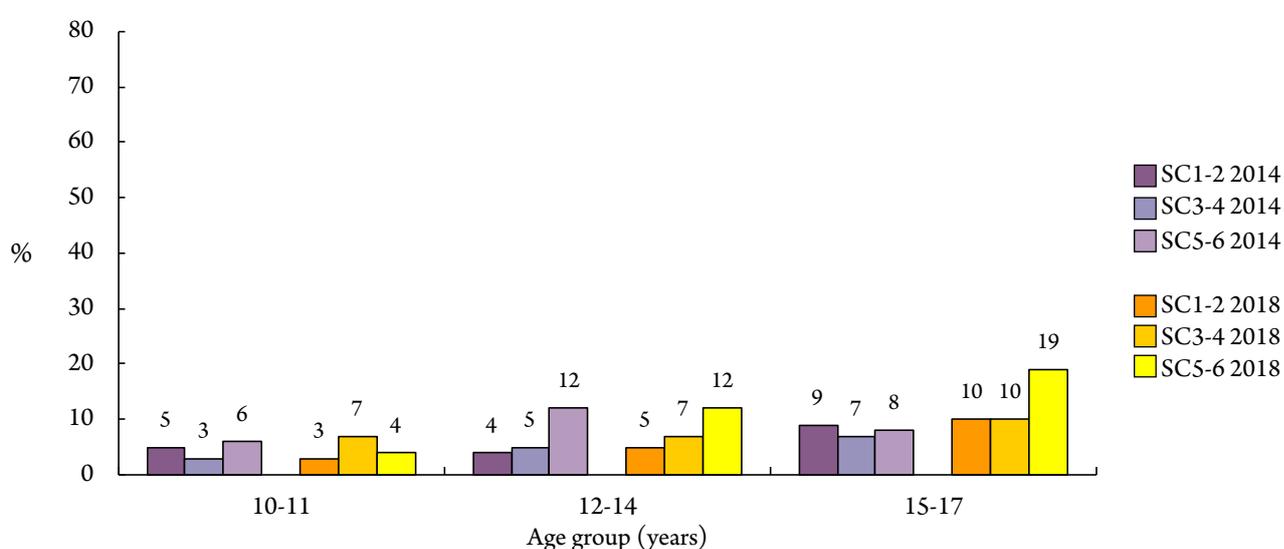
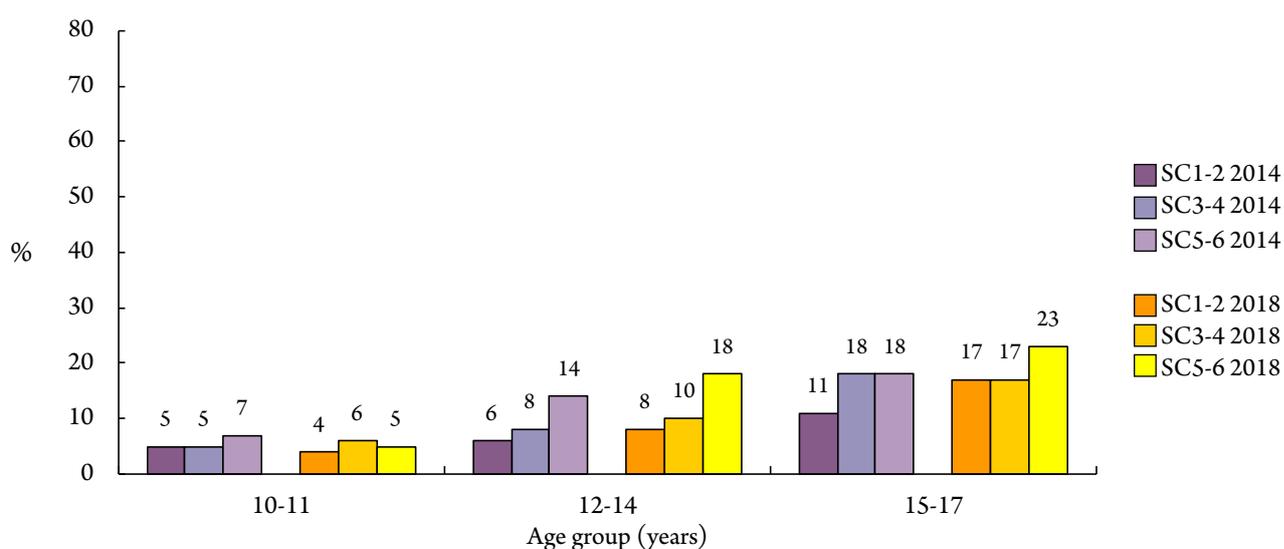


Figure 46: Percentages of girls who report participating in vigorous exercise less than weekly



Physically active on 7 days in the last week

There are statistically significant differences by gender and age group. Overall, boys (28%) are more likely than girls (18%) to report being physically active on 7 days in the last week. Younger children are more likely to report being physically active on 7 days in the last week than older children. There are no statistically significant differences across social class groups.

Figure 47: Percentages of boys who report being physically active on 7 days in the last week

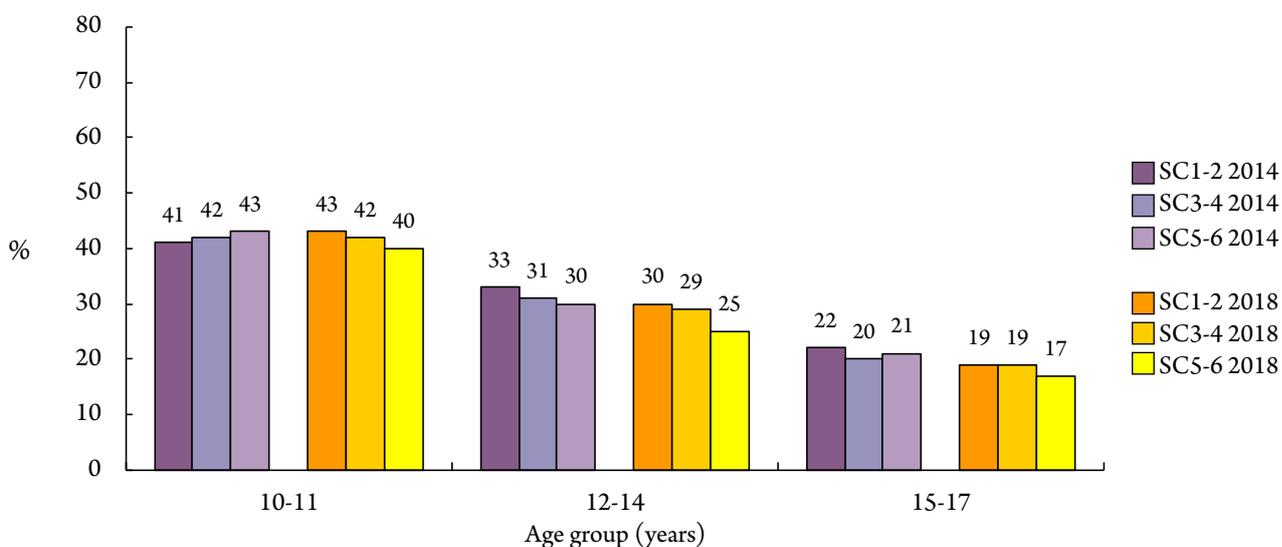
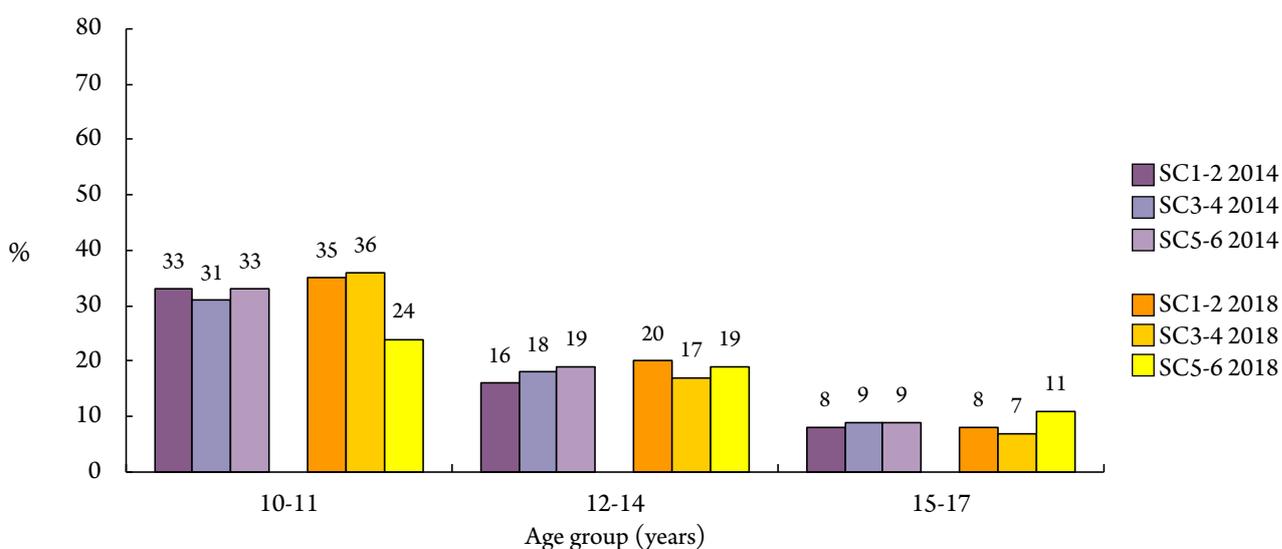


Figure 48: Percentages of girls who report being physically active on 7 days in the last week



Self-Care

Toothbrushing

There are statistically significant differences by gender, age group and social class. Overall, boys (61%) are less likely than girls (79%) to report brushing their teeth more than once a day. Younger children are more likely to report brushing their teeth more than once a day than older children. Children from higher social class groups are more likely to report brushing their teeth more than once a day than those from other social class groups.

Figure 49: Percentages of boys who report brushing their teeth more than once a day

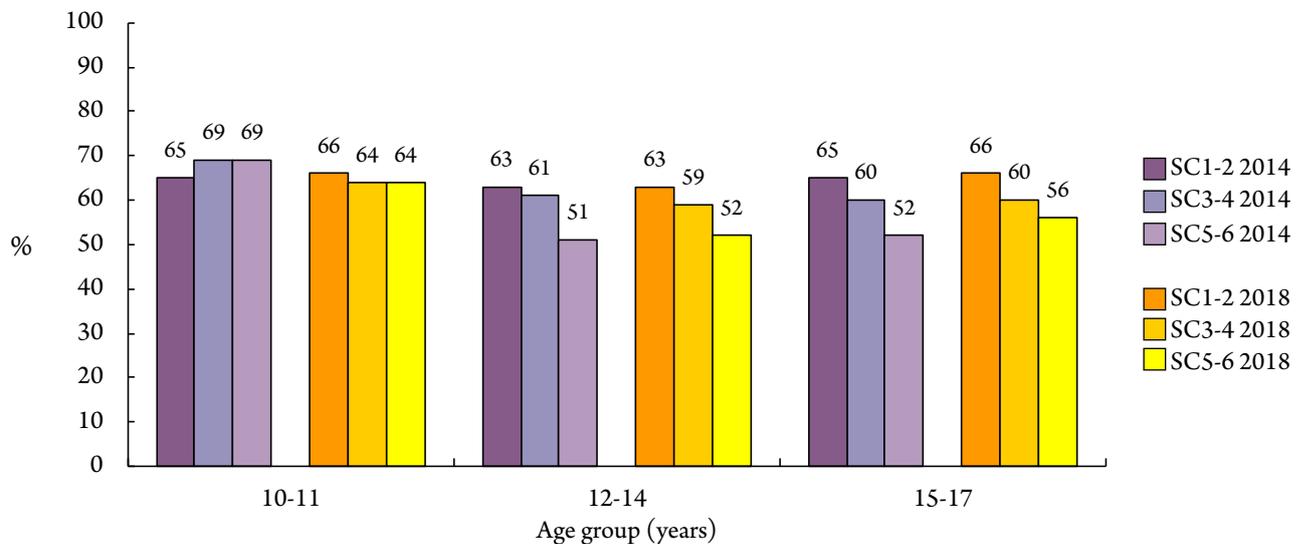
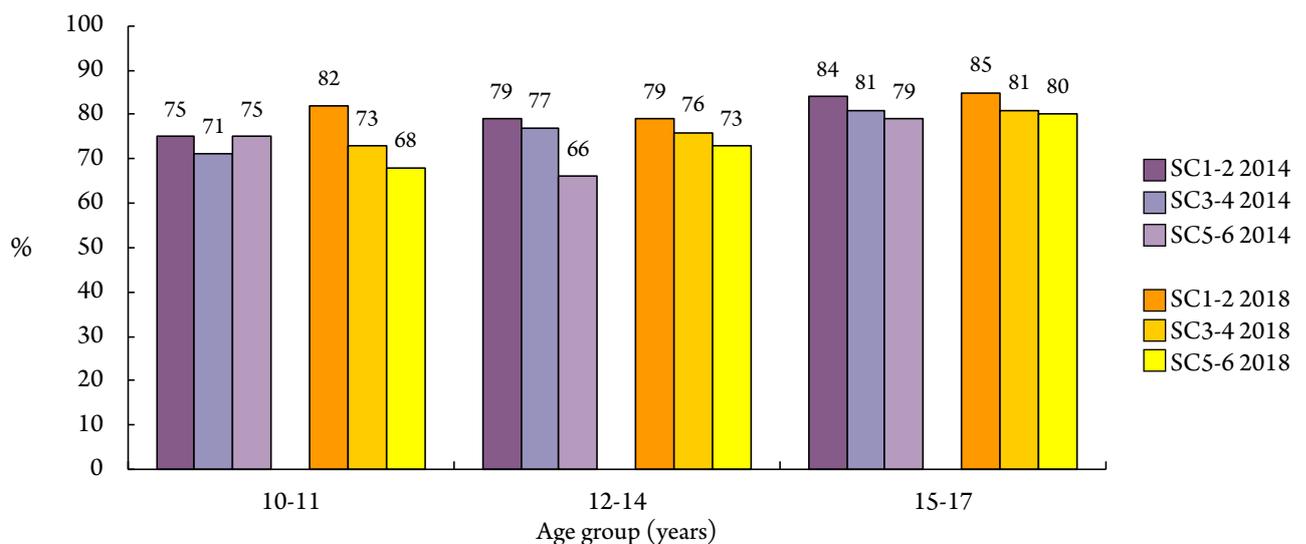


Figure 50: Percentages of girls who report brushing their teeth more than once a day



Seatbelt use

There are statistically significant differences by gender, age group and social class. Boys (79%) are less likely than girls (83%) to report always wearing a seatbelt when in a car. Younger children are more likely to report always wearing a seatbelt when in a car than older children. Children from higher social class groups are more likely to report always wearing a seatbelt than those from other social class groups.

Figure 51: Percentages of boys who report always wearing a seatbelt

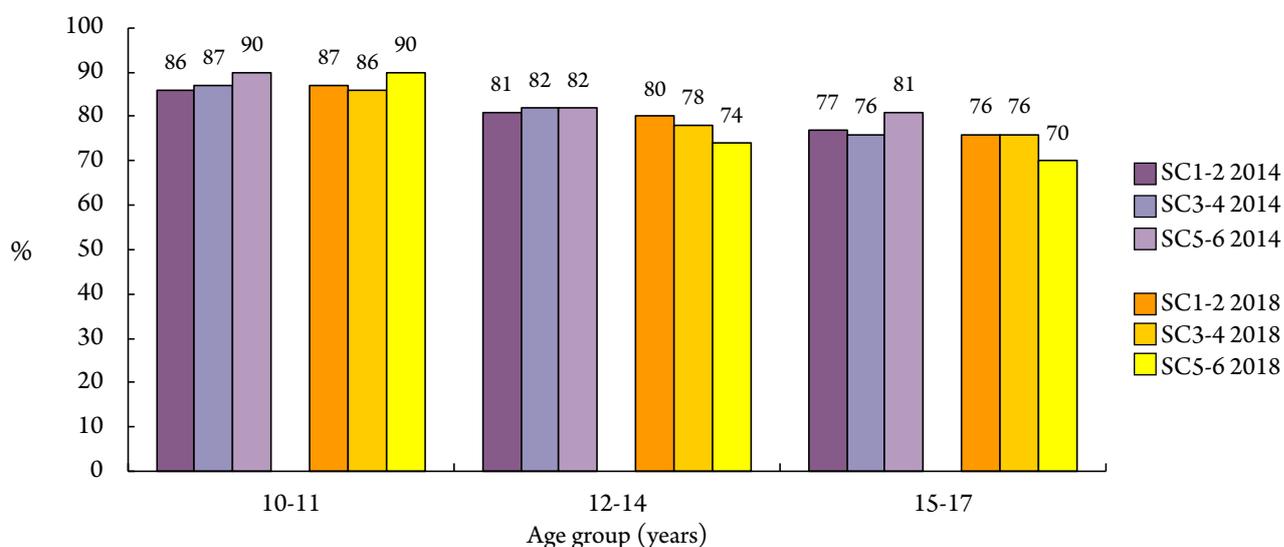
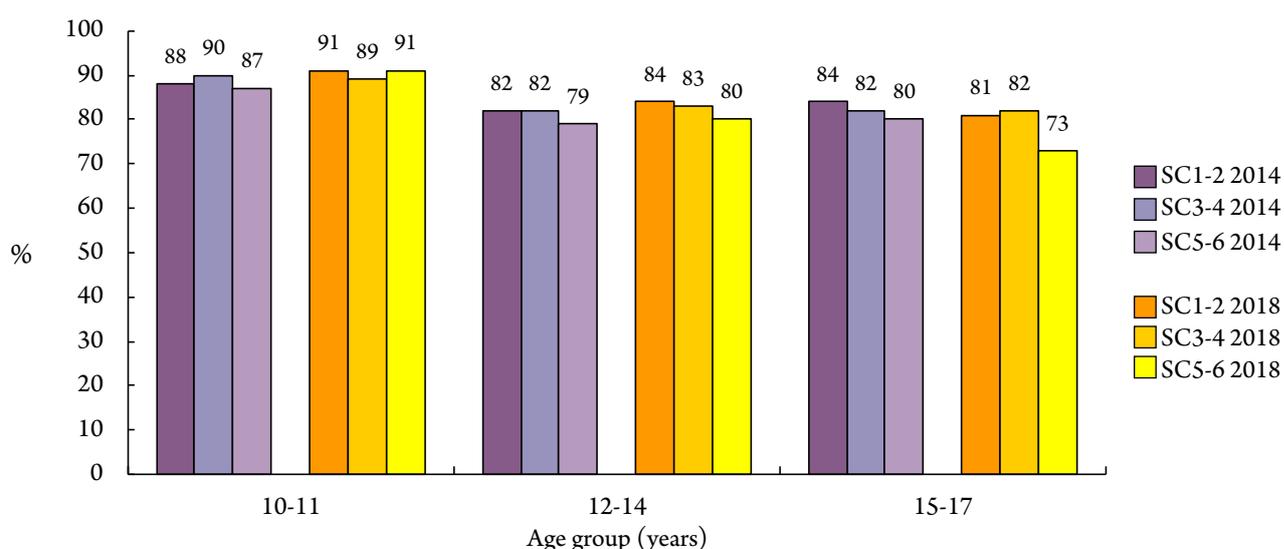


Figure 52: Percentages of girls who report always wearing a seatbelt



Injuries

Ever injured

There are statistically significant differences by gender, age group and social class. Boys (50%) are more likely than girls (37%) to report being injured once or more and requiring medical attention in the last 12 months. Younger children are less likely to report being injured once or more in the last 12 months than older children. Children from lower social class groups are less likely to report being injured than those from other social class groups.

Figure 53: Percentages of boys who report ever being injured in the last 12 months

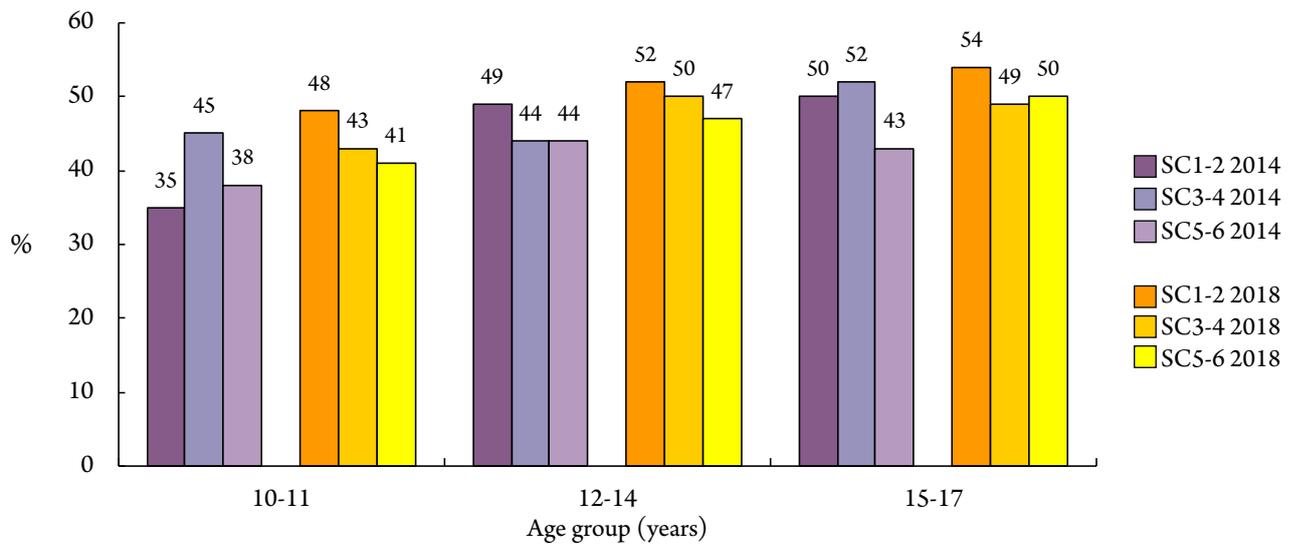
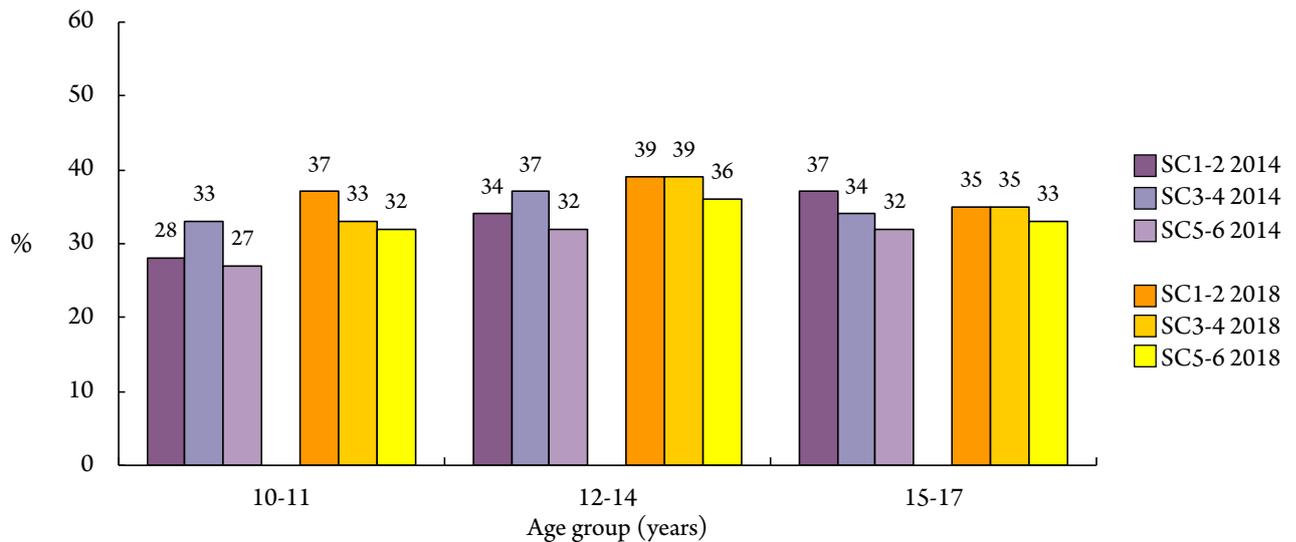


Figure 54: Percentages of girls who report ever being injured in the last 12 months



Physical Fighting and Bullying

Physical fight

There are statistically significant differences by gender, age group and social class. Overall, boys (45%) are more likely than girls (18%) to report having been in a physical fight. Younger children are more likely to report having been in a physical fight than older children. Fewer children from higher social class groups report having been in a physical fight than those from other social class groups.

Figure 55: Percentages of boys who report ever being in a physical fight in the last 12 months

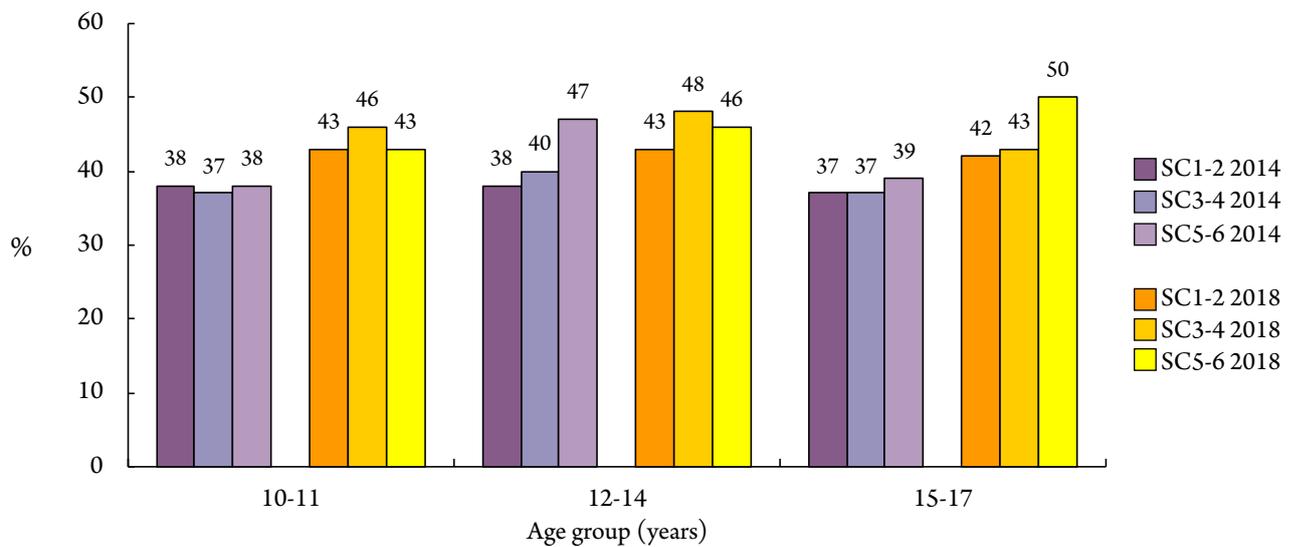
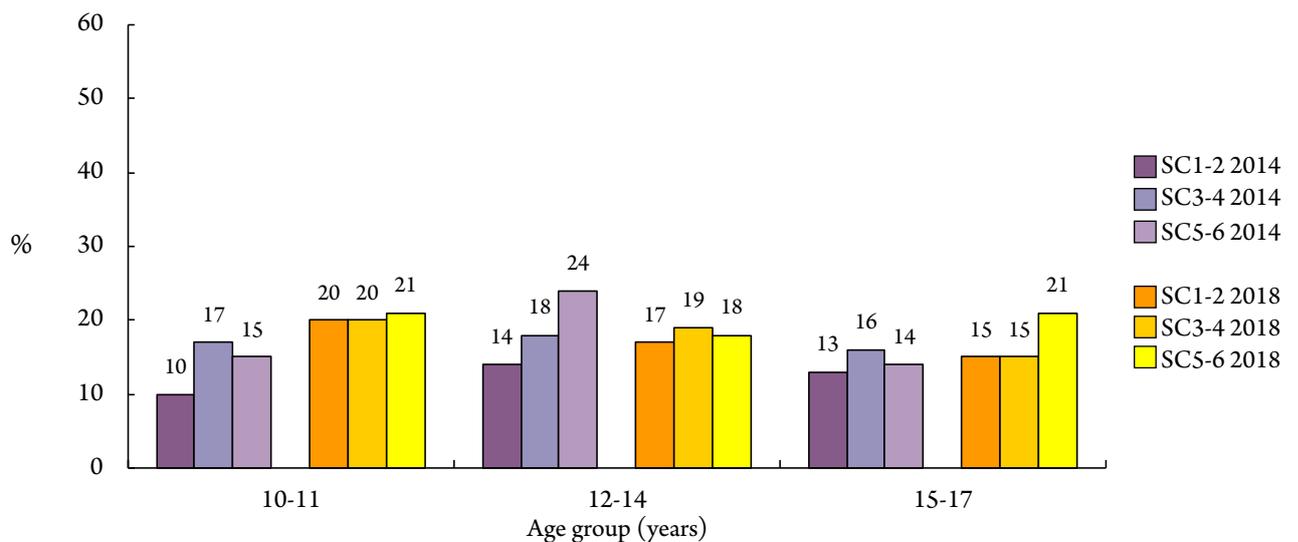


Figure 56: Percentages of girls who report ever being in a physical fight in the last 12 months



Bullied others

There are statistically significant differences by gender, age group and social class. Overall, boys (17%) are more likely than girls (10%) to report ever bullying others at school in the past couple of months. Younger children are less likely to report ever bullying others at school in the past couple of months than older children. Children from lower social class groups are more likely to report bullying others than other social class groups.

Figure 57: Percentages of boys who report ever bullying others at school in the past couple of months

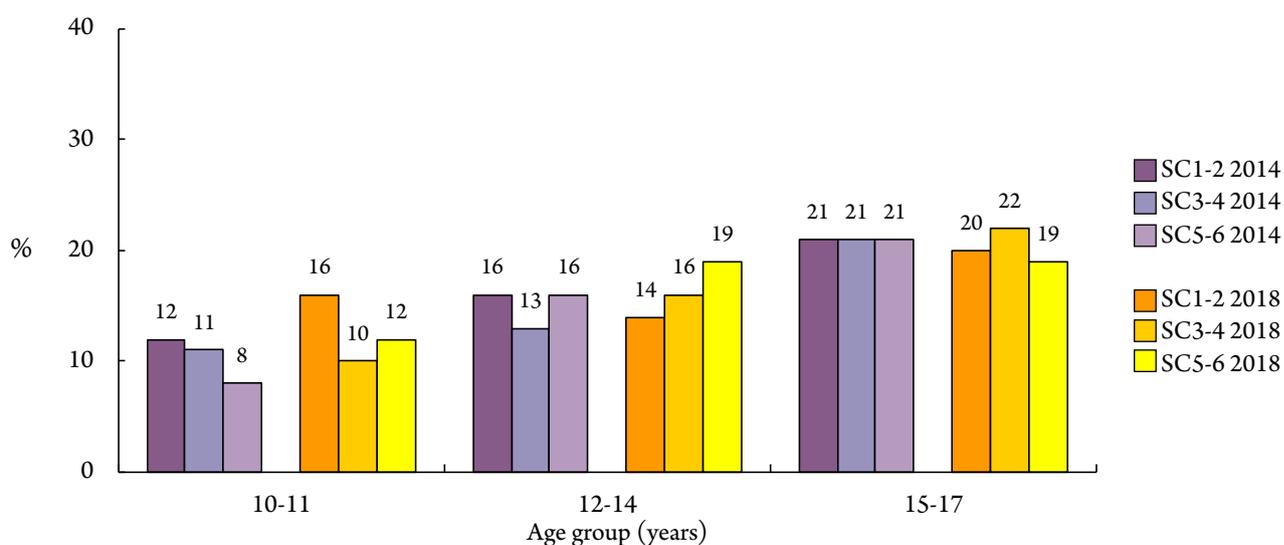
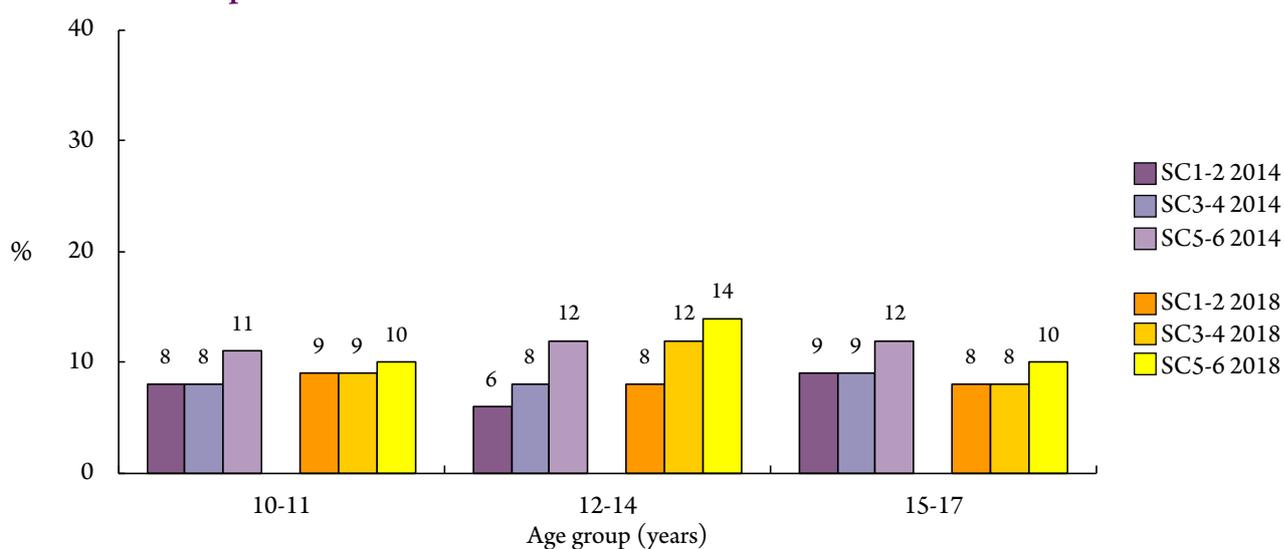


Figure 58: Percentages of girls who report ever bullying others at school in the past couple of months



Being bullied

Overall, 30% of both boys and girls report ever being bullied at school in the past couple of months. There are statistically significant differences by age group and social class. Younger children are more likely to report ever being bullied in the past couple of months than older children. Children from higher social class groups are less likely to report ever being bullied than those from other social class groups.

Figure 59: Percentages of boys who report ever being bullied at school in the past couple of months

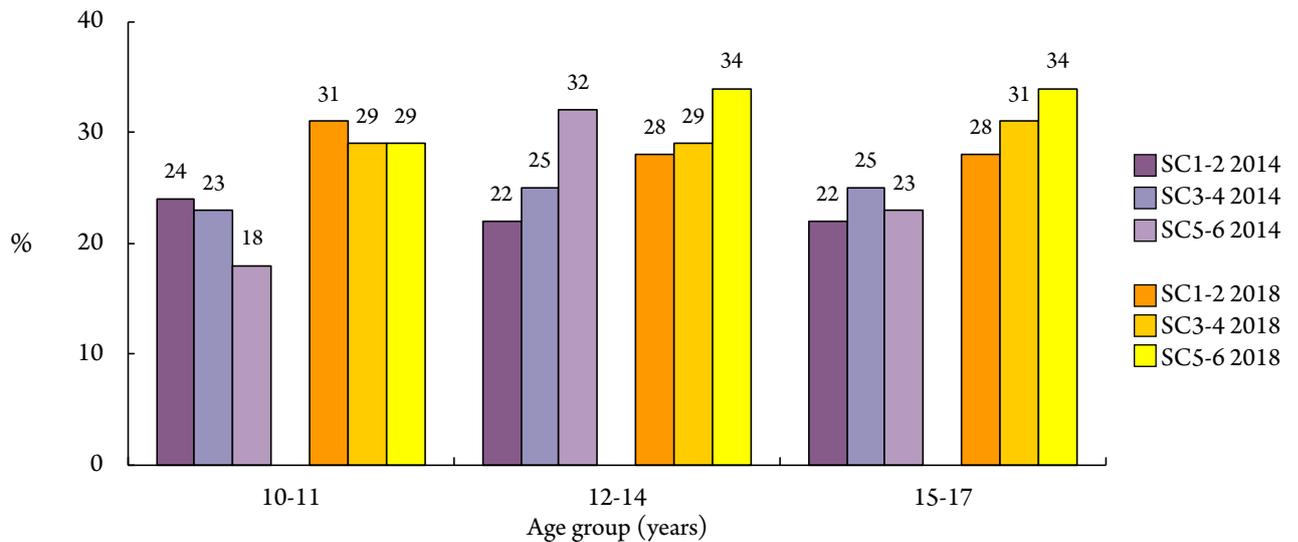
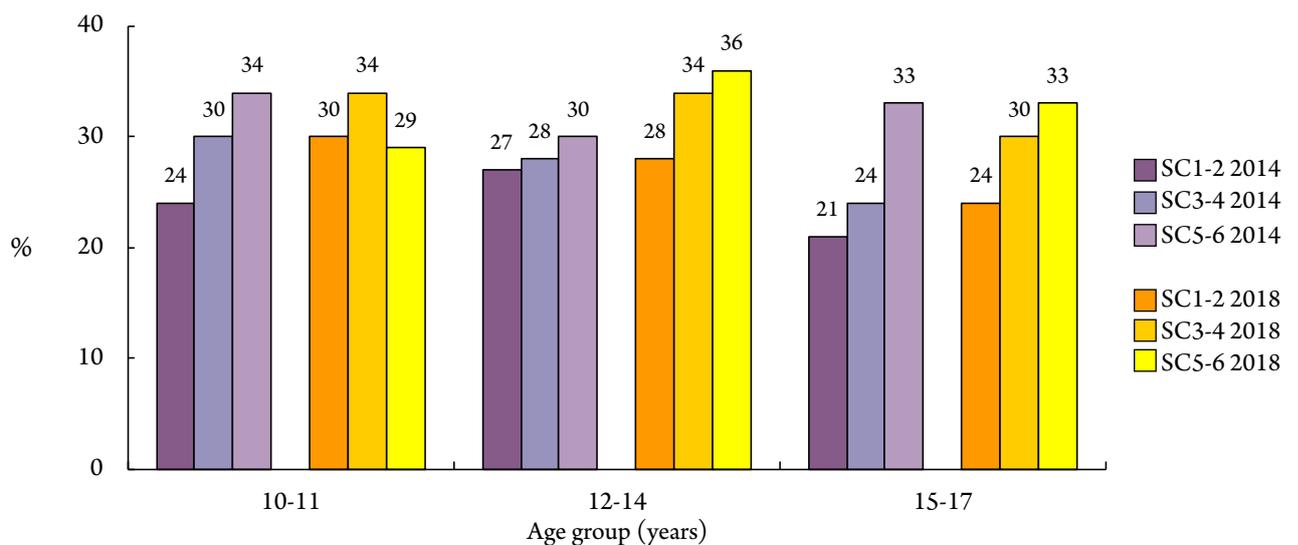


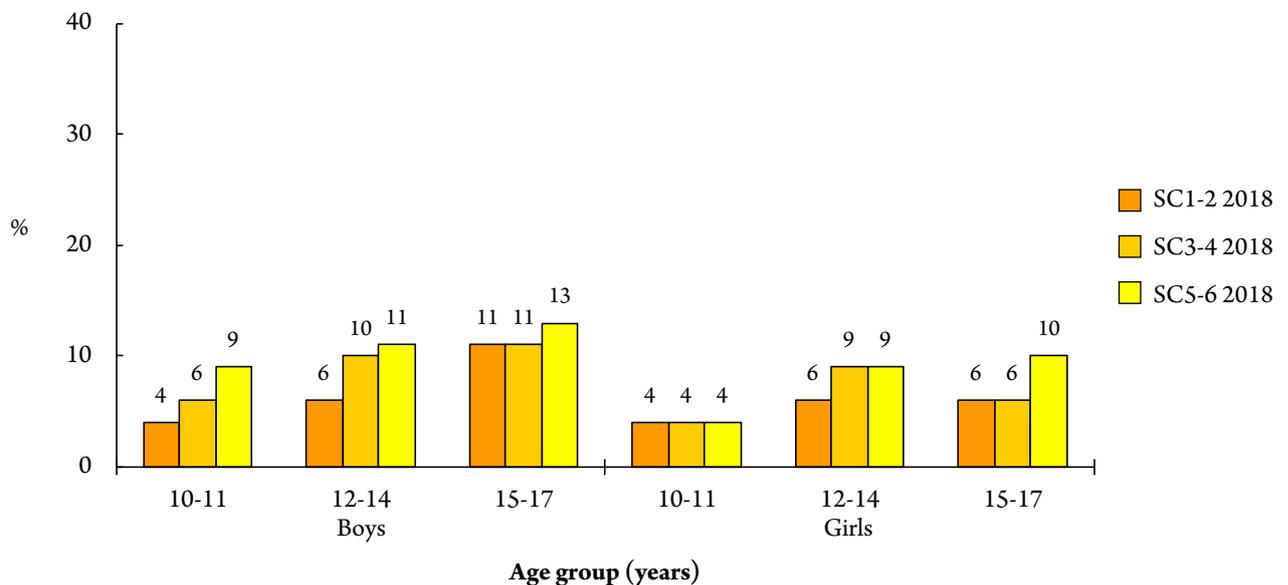
Figure 60: Percentages of girls who report ever being bullied at school in the past couple of months



Cyberbullying others

There are statistically significant differences by gender, age group and social class. Overall, boys (9%) are more likely than girls (7%) to report ever taking part in cyberbullying others in the past couple of months, either by sending mean messages, wall postings, a website created to make fun of someone, or posting unflattering or inappropriate pictures online without permission. Younger children are less likely to report ever cyberbullying others than older children. Children from lower social class groups are more likely to report cyberbullying others than other social class groups.

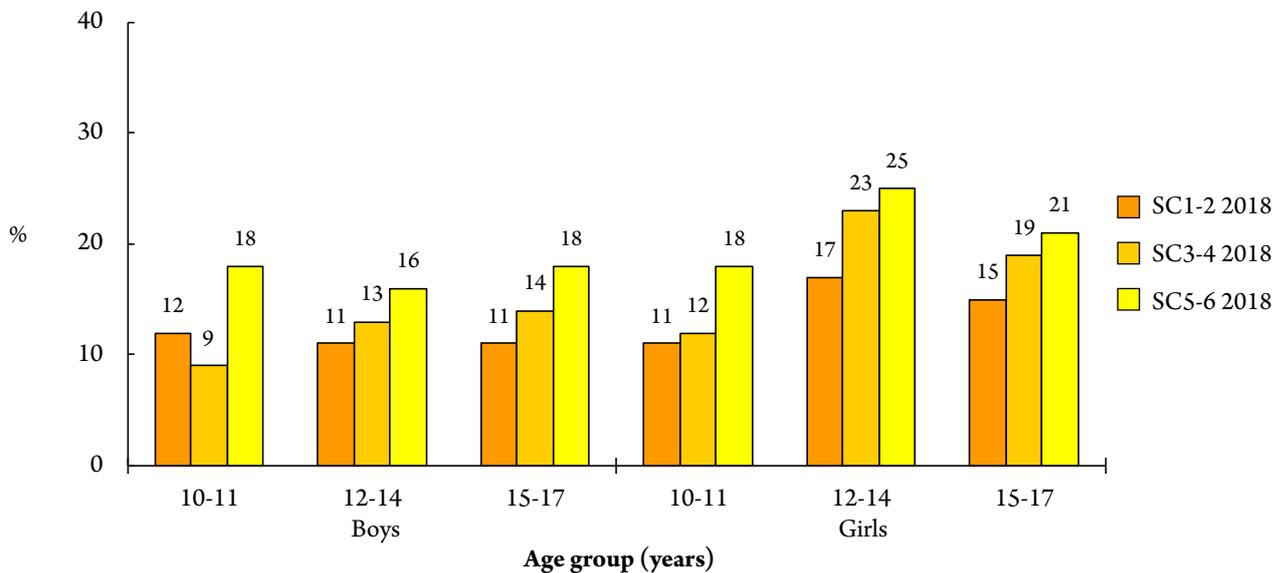
Figure 61: Percentages of boys and girls who report ever cyberbullying others in the past couple of months



Being cyberbullied

There are statistically significant differences by gender, age group and social class. Overall, boys (13%) are less likely than girls (18%) to report ever being cyberbullied in the past couple of months, either by sending mean messages, wall postings, a website created to make fun of someone, or posting unflattering or inappropriate pictures online without permission. Younger children are less likely to report ever being cyberbullied than older children. Children from lower social class groups are more likely to report ever being cyberbullied than those from other social class groups.

Figure 62: Percentages of boys and girls who report ever being cyberbullied in the past couple of months

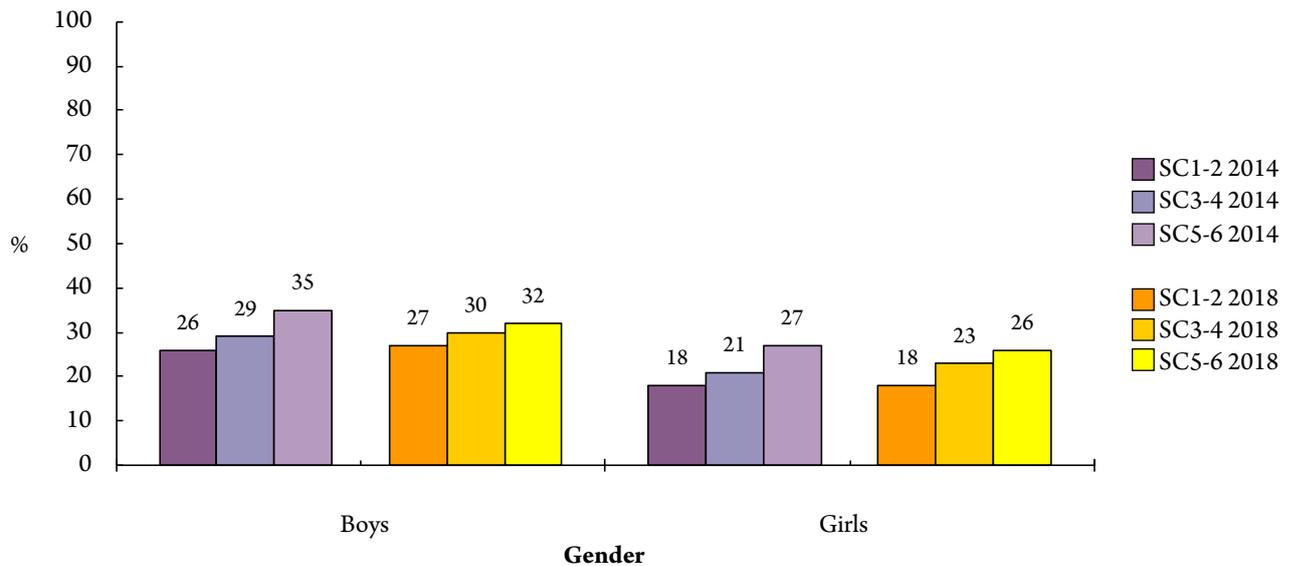


Sexual Behaviour

Sexual activity

There are statistically significant differences by gender and social class. Overall, 15 to 17 year old boys (28%) are more likely than 15 to 17 year old girls (20%) to report that they have ever had sexual intercourse. Young people from higher social class groups are less likely to report that they have ever had sexual intercourse than those from other social class groups.

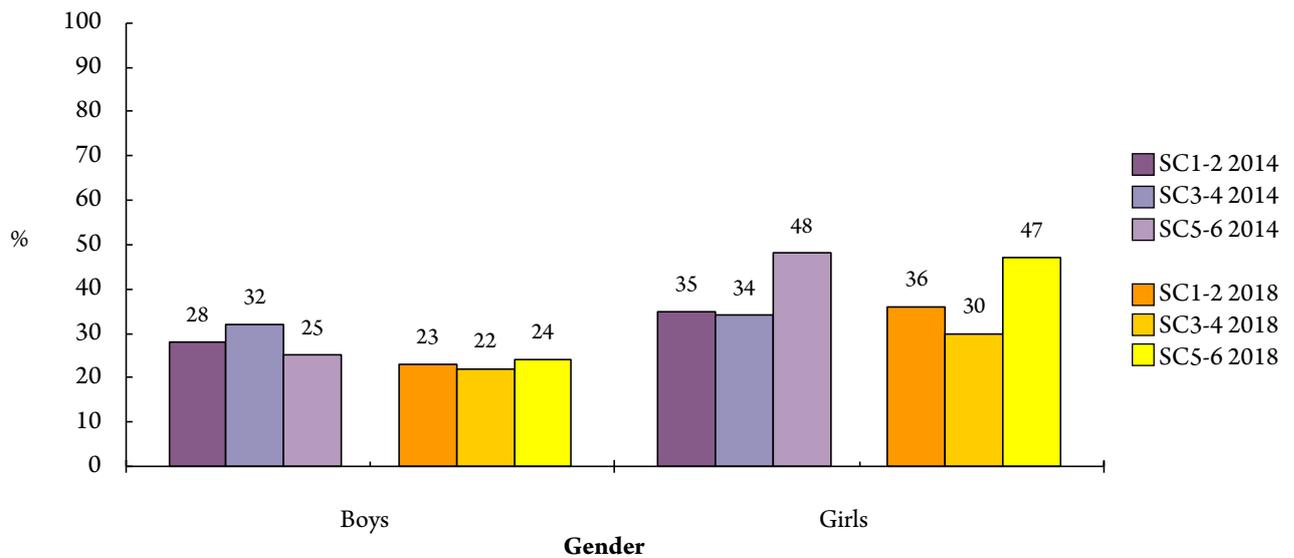
Figure 63: Percentages of 15 to 17 year olds who report having ever had sexual intercourse, by gender



Use of birth control pill

There is a statistically significant gender difference. Overall, 23% of boys and 35% of girls aged 15 to 17 years old report that they used the birth control pill as a form of contraception at last intercourse. There are no statistically significant differences across social class groups.

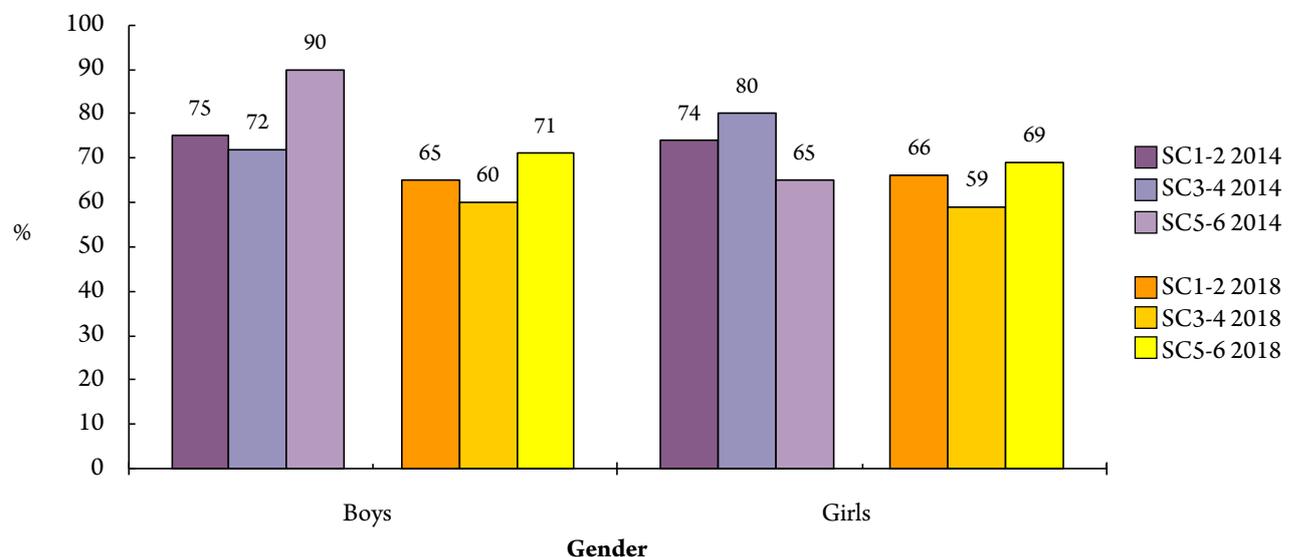
Figure 64: Percentages of 15 to 17 year olds who report using the birth control pill at last intercourse, by gender (of those who have ever had sexual intercourse)



Condom use

There are no statistically significant differences by gender and social class. Overall, 64% of 15 to 17 year old boys and girls report that they used a condom at last intercourse.

Figure 65: Percentages of 15 to 17 year olds who report using a condom at last intercourse, by gender (of those who have ever had sexual intercourse)



Mental Health

Mental Health Inventory

The Mental Health Inventory³ is a five-item measure which combines answers to how frequently the following symptoms were experienced in the previous month: being a very nervous person; feeling so down in the dumps that nothing could cheer you up; feeling calm and peaceful; feeling downhearted and blue; being a happy person⁴. Children rated all items on a 6-point scale, ranging from 'All of the time' to 'None of the time'. Scores were transformed to a scale between 0 and 100, where a higher score indicates poorer mental health. The scale showed good internal consistency (Cronbach's alpha = .83).

There are statistically significant gender and social class differences. Girls' scores ($M = 39.17$, $SD = 20.67$) are significantly poorer (higher score) than those of boys ($M = 29.05$, $SD = 17.75$). Children from lower social class groups scored significantly poorer (higher score) than their peers from other social class groups.

While no agreed cut-off point or comparative norms exist for adolescent populations, these results are comparable to the mean scores and standard deviations observed in a study⁵ with 10 to 15 year old Spanish adolescents.

Table 19: Mental Health Inventory mean scores in 15 to 17 year olds, by gender and social class

	SC1-2		SC3-4		SC5-6	
	Boys	Girls	Boys	Girls	Boys	Girls
Mean	28.67	37.94	29.26	40.46	30.45	41.79
Std. deviation	16.86	20.42	18.29	20.92	20.71	20.85
Std. error	0.58	0.63	0.81	0.84	1.76	1.54

³Berwick, D. M., Murphy, J. M., Goldman, P. A., Ware, J. E., Barsky, A. J., & Weinstein, M. C. (1991). Performance of a five-item mental health screening test. *Medical Care*, 29(2), 169–176. <http://doi.org/10.1097/00005650-199102000-00008>

⁴The two positive items (feeling calm and peaceful; being a happy person) were reverse-scored.

⁵Rivera-Riquelme, M., Piqueras, J. A., & Cuijpers, P. (2019). The Revised Mental Health Inventory-5 (MHI-5) as an ultra-brief screening measure of bidimensional mental health in children and adolescents. *Psychiatry Research*, 274, 247–253. <https://doi.org/10.1016/j.psychres.2019.02.045>.

WHO-Five Well-Being Index

The WHO-Five Well-Being Index⁶ is a five-item measure which asks how frequently the following were experienced in the previous two weeks: feeling cheerful and in good spirits; feeling calm and relaxed; feeling active and vigorous; waking up feeling fresh and rested; and feeling that their daily life had been filled with things that interest them. Each item is rated on a 6-point scale from 'At no time' to 'All of the time'. Responses were combined and transformed to a scale between 0 and 100. A score of 100 equates to all five wellbeing dimensions being present all of the time during the last two weeks while 0 equates to a total lack of wellbeing. The scale showed good internal consistency (Cronbach's alpha = .86).

There are statistically significant gender differences. Girls' scores (M = 45.80, SD = 21.65) are significantly poorer (lower) than those of boys (M = 56.36, SD = 21.49). There are no statistically significant differences across social class groups.

For the adolescent population, there is no agreed cut-off point or comparative norms for the WHO-Five Well-Being Index. In a study with 770 German children and adolescents aged 9 to 16 years⁷, it was found that those young people who scored 9 points or less were at risk of depressive disorder. In our sample, 2.2% of the 15 to 17 year old adolescents (1.3% of the boys and 2.9% of the girls) scored under this cut-off value.

Table 20: WHO-Five Well-Being Index scores in 15 to 17 year olds, by gender and social class

	SC1-2		SC3-4		SC5-6	
	Boys	Girls	Boys	Girls	Boys	Girls
Mean	56.61	47.02	56.50	44.13	54.33	44.56
Std. deviation	21.35	21.34	21.80	22.32	21.30	20.73
Std. error	0.74	0.66	0.95	0.89	1.79	1.55

⁶World Health Organization (1998). *Info package: Mastering depression in primary care* (version 2.2). Frederiksberg: WHO Regional Office for Europe, Psychiatric Research Unit. Download the questionnaire from: https://www.psykiatri-regionh.dk/who-5/Documents/WHO5_English.pdf

⁷Allgaier, A.-K., Pietsch, K., Frühe, B., Prast, E., Sigl-Glöckner, J., & Schulte-Körne, G. (2012). Depression in pediatric care: is the WHO-Five Well-Being Index a valid screening instrument for children and adolescents? *General Hospital Psychiatry*, 34(3), 234–241. <https://doi.org/10.1016/j.genhosppsy.2012.01.007>.



Middle Childhood Study

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

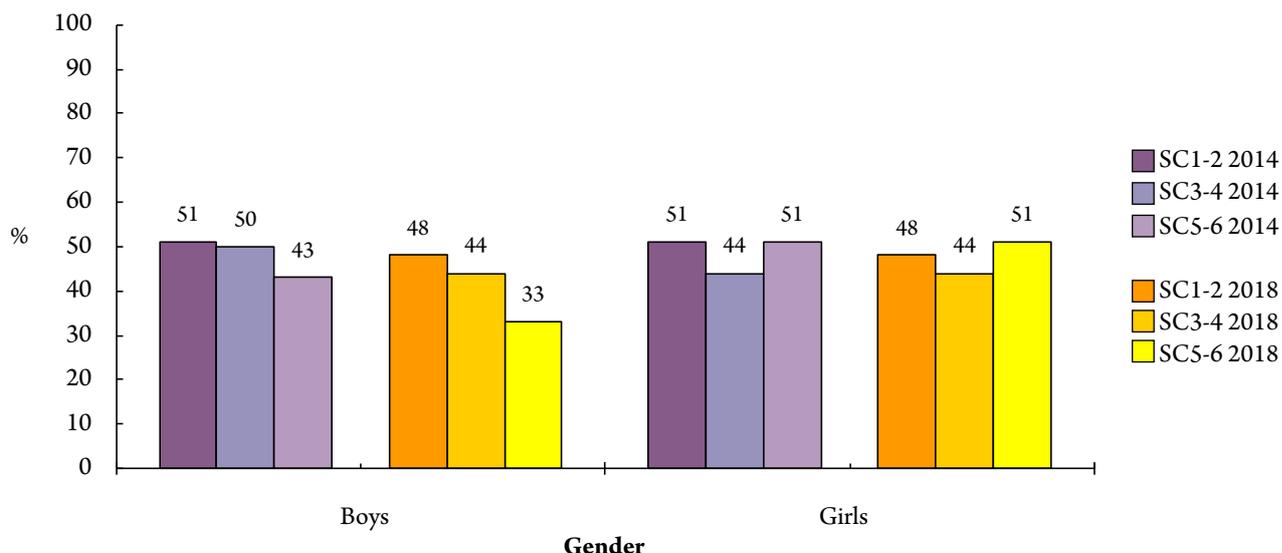


General Health and Wellbeing

Excellent health

There are no statistically significant gender differences. Overall, 45% of boys and 47% of girls report excellent health. There are significant social class differences. Children from higher social class groups are more likely to report that their health is excellent than children from other social class groups.

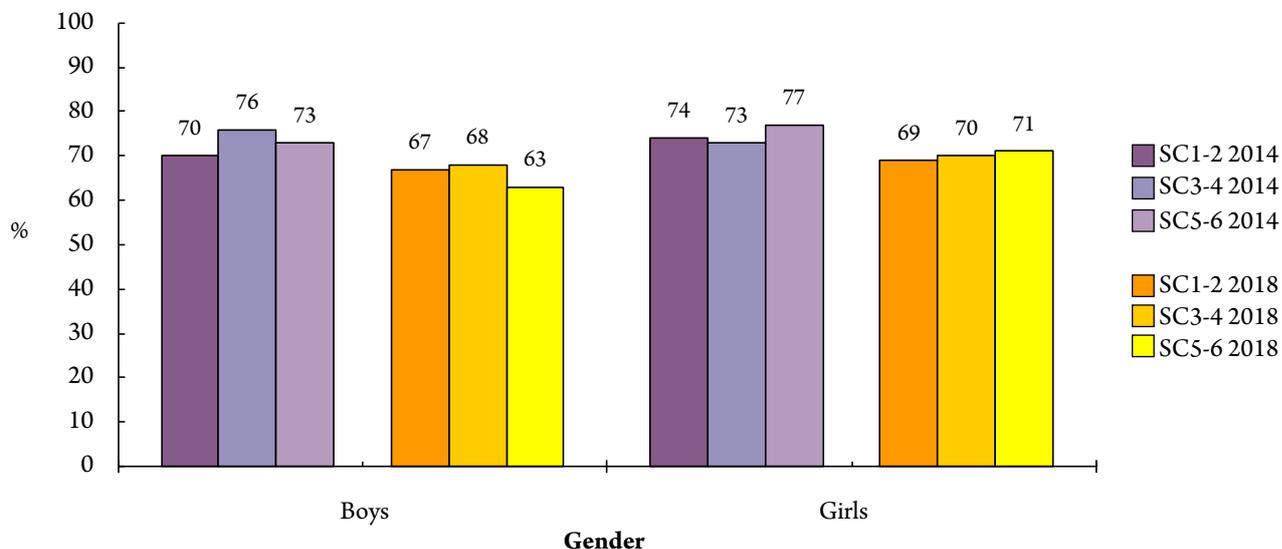
Figure 66: Percentages of 3rd and 4th class boys and girls who report their health is excellent



Life at present (happiness)

There are no statistically significant gender or social class differences. Overall, 67% of boys and 70% of girls report feeling very happy with their life at present.

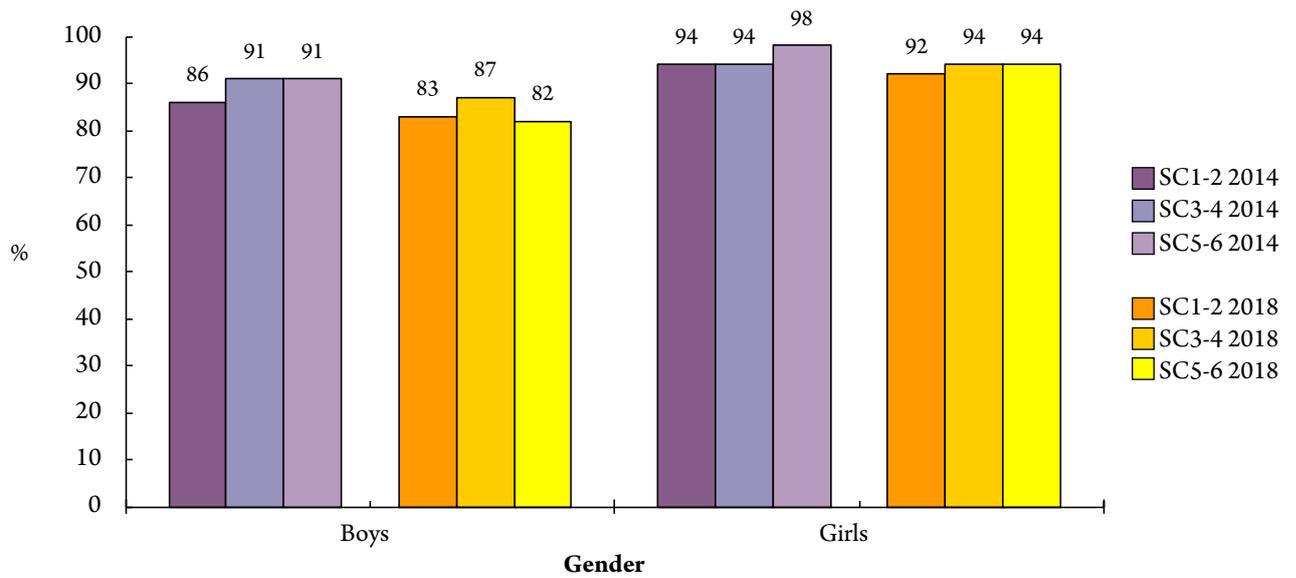
Figure 67: Percentages of 3rd and 4th class boys and girls who report feeling very happy about their lives at present



Love of family

There are statistically significant gender differences. Overall, boys (85%) are less likely than girls (93%) to report that they always love their family. There are no statistically significant differences across social class groups.

Figure 68: Percentages of 3rd and 4th class boys and girls who report they always love their family

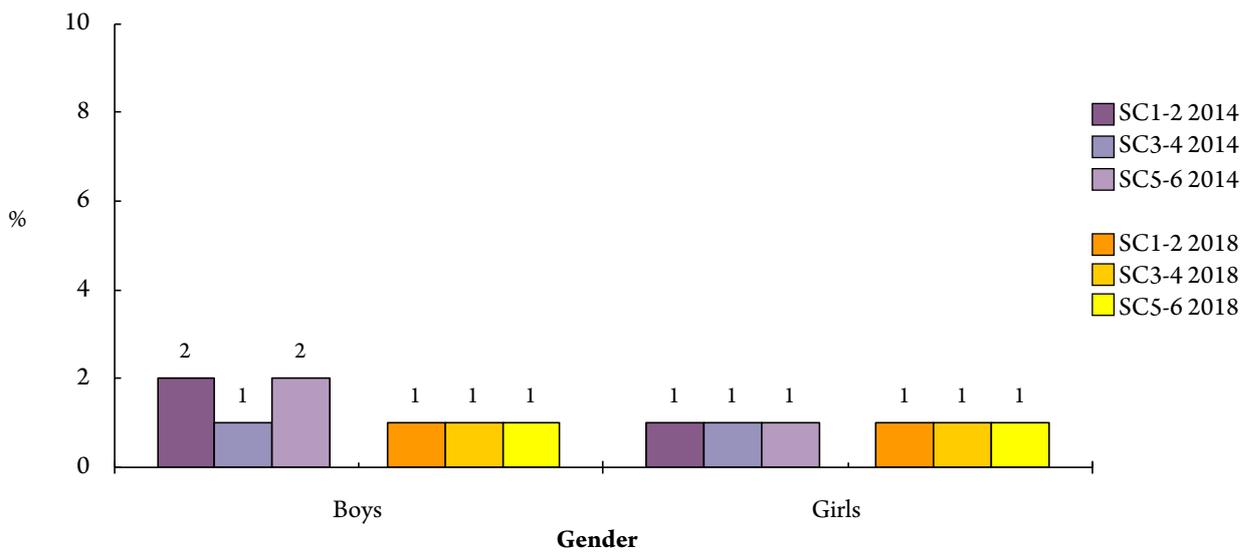


Smoking

Ever smoked tobacco

There are statistically significant gender differences. Overall, boys (1.3%) are more likely than girls (0.6%) to report that they have ever smoked. There are no statistically significant differences across social class groups.

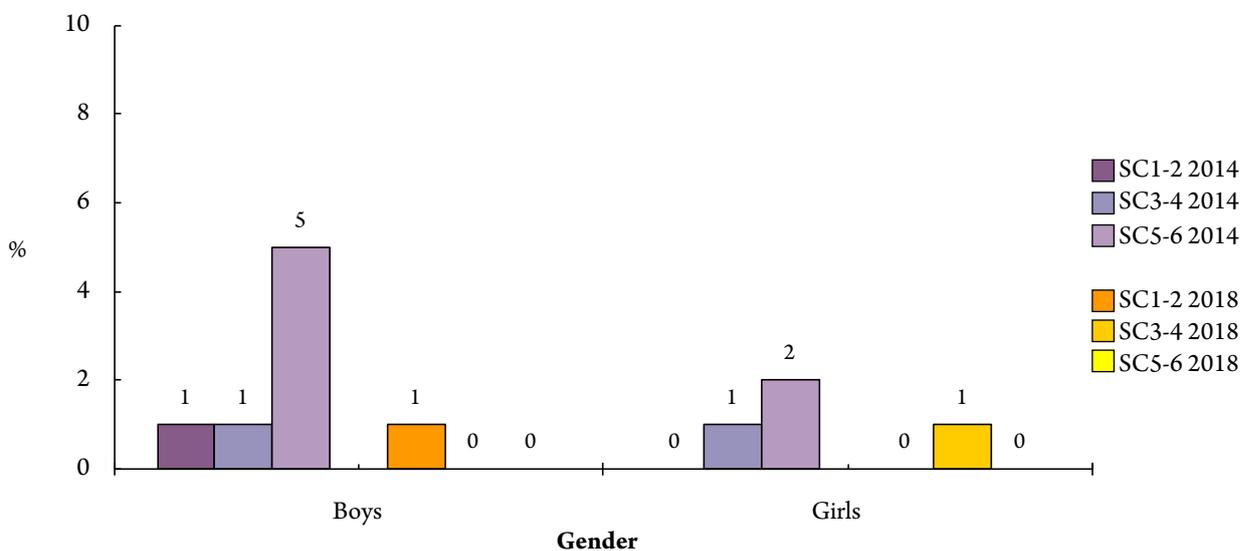
Figure 69: Percentages of 3rd and 4th class boys and girls who report ever smoking tobacco



Current smoking status

There are no statistically significant gender or social class differences Overall 0.2% of boys and 0.2% of girls report that they are current smokers.

Figure 70: Percentages of 3rd and 4th class boys and girls who report they are current smokers

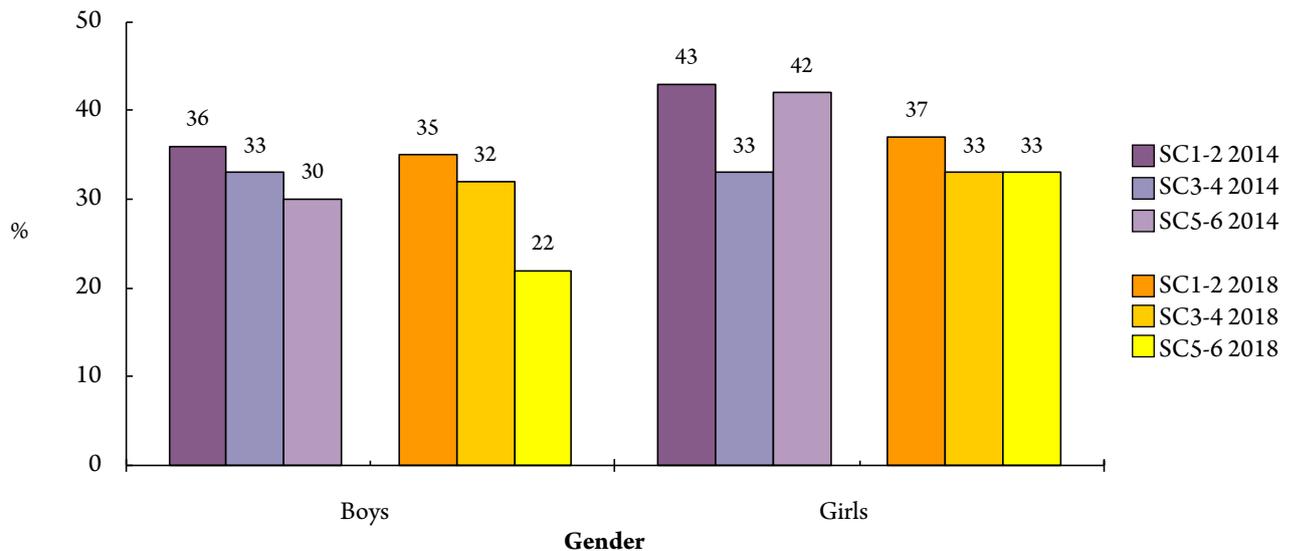


Food and Dietary Behaviour

Fruit

There are statistically significant gender and social class differences. Overall boys (32%) are less likely than girls (35%) to report consuming fruit more than once a day. Children from higher social class groups are more likely to report that they consume fruit more than once a day than those from other social class groups.

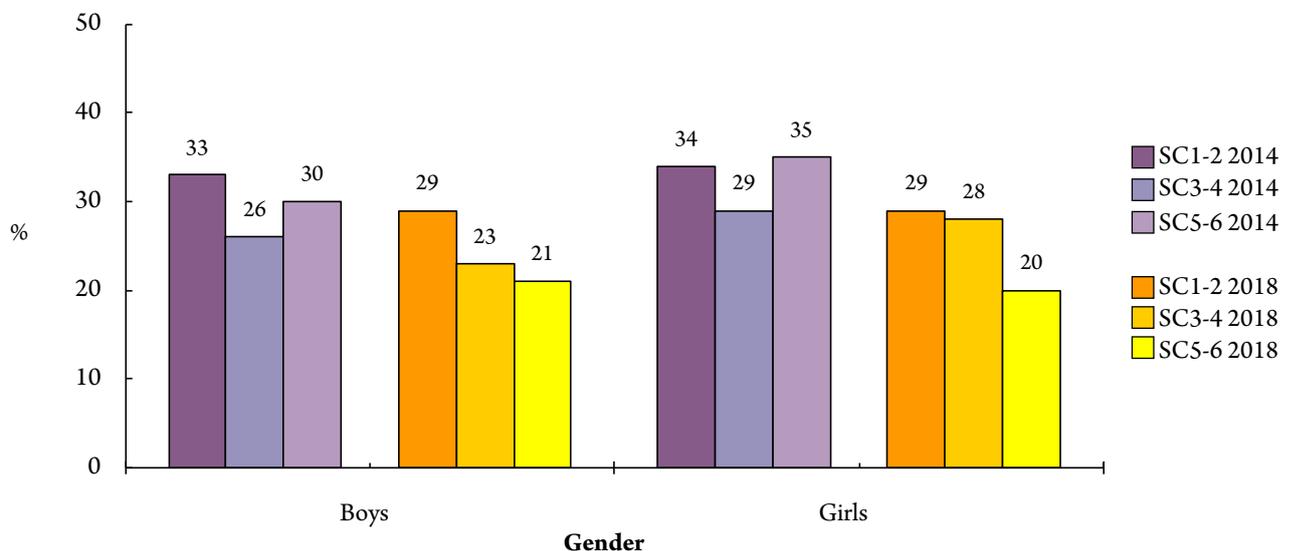
Figure 71: Percentages of 3rd and 4th class boys and girls who report eating fruit more than once a day



Vegetables

There are no statistically significant gender differences, with 26% of boys and 28% of girls reporting that they eat vegetables more than once a day. There are significant social class differences. Children from higher social class groups are more likely to report that they consume vegetables more than once a day than those from other social class groups.

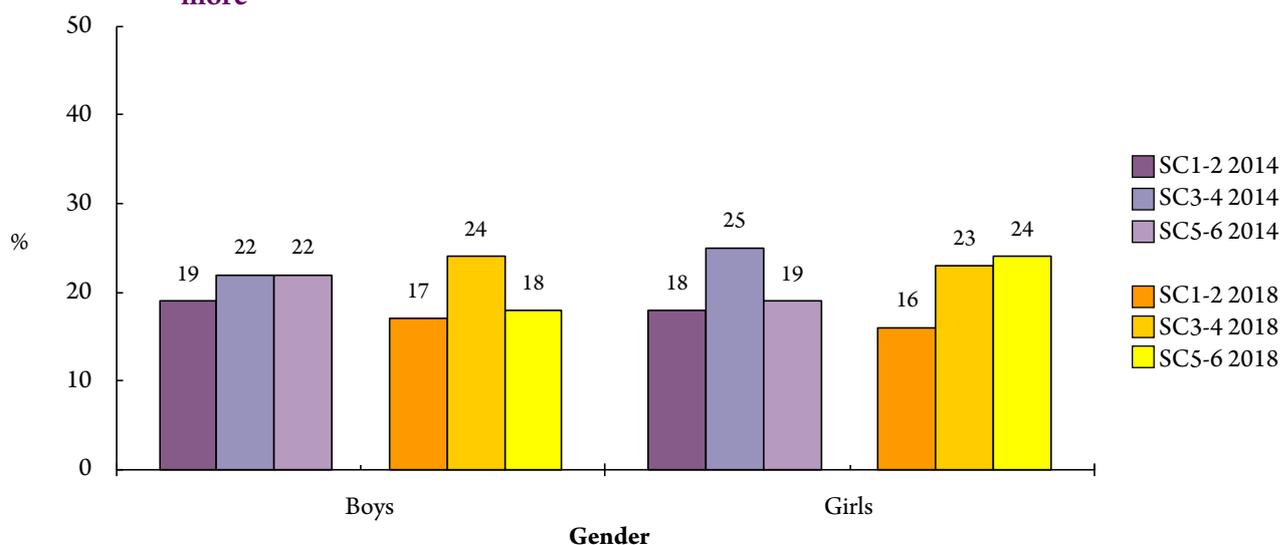
Figure 72: Percentages of 3rd and 4th class boys and girls who report eating vegetables more than once a day



Sweets

There are no statistically significant gender differences. Overall, 20% of both boys and girls report eating sweets once a day or more. There are significant social class differences. Children from higher social class groups are less likely to report eating sweets daily or more often than their peers from other social class groups.

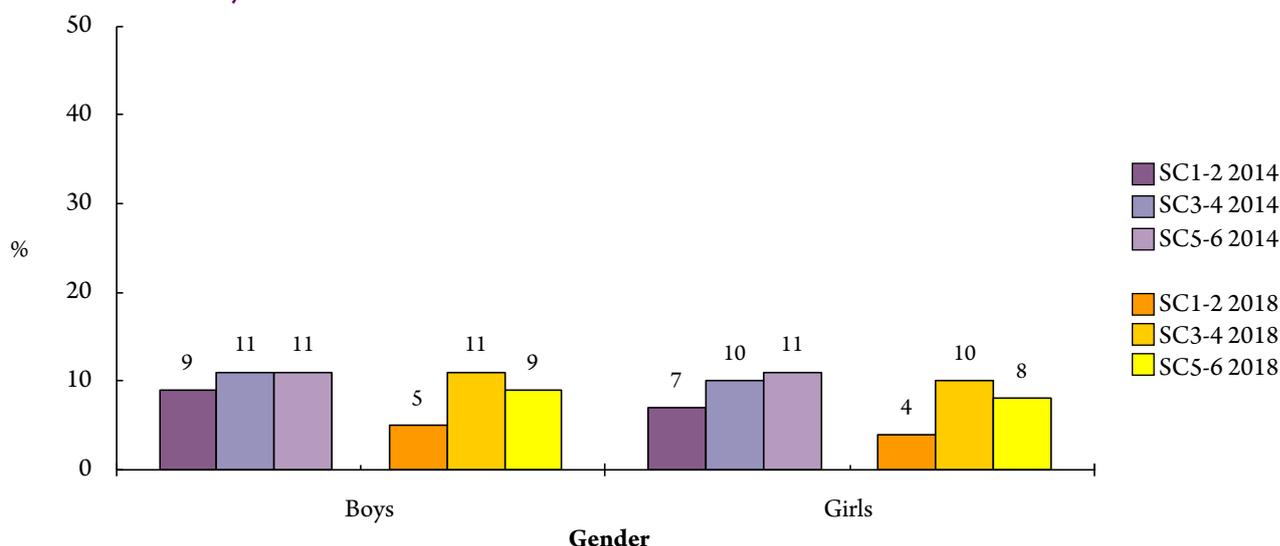
Figure 73: Percentages of 3rd and 4th class boys and girls who report eating sweets daily or more



Soft drinks

There are no statistically significant gender differences. Overall, 8% of boys and 6% of girls report drinking soft drinks daily or more. There are significant social class differences. Children from the middle social class groups are most likely to report drinking soft drinks daily or more, while children from the higher social class groups are the least likely to report drinking soft drinks daily or more.

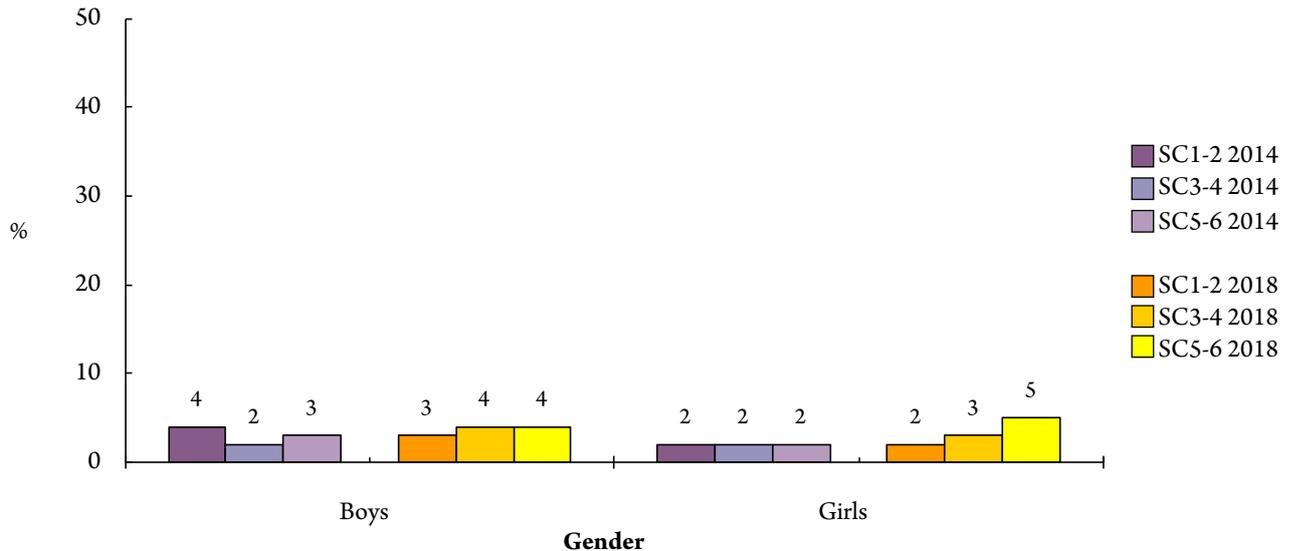
Figure 74: Percentages of 3rd and 4th class boys and girls who report drinking soft drinks daily or more



Not having breakfast

There are no statistically significant gender or social class differences. Overall, 4% of boys and 3% of girls report never having breakfast on any day of the week.

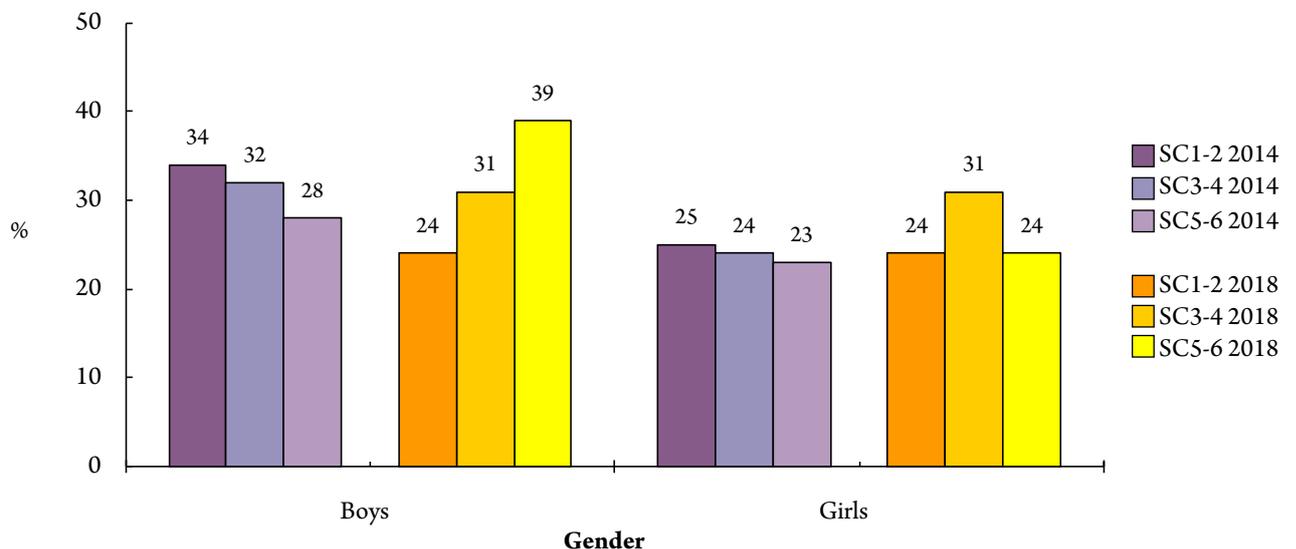
Figure 75: Percentages of 3rd and 4th class boys and girls who report not having breakfast during the week or the weekend



Going to school or bed hungry

There are statistically significant gender and social class differences. Overall, boys (29%) are more likely than girls (27%) to report ever going to bed or school hungry. Children from lower social class groups are more likely to report going to bed or school hungry than their peers from other social class groups.

Figure 76: Percentages of 3rd and 4th class boys and girls who report ever going to school or bed hungry

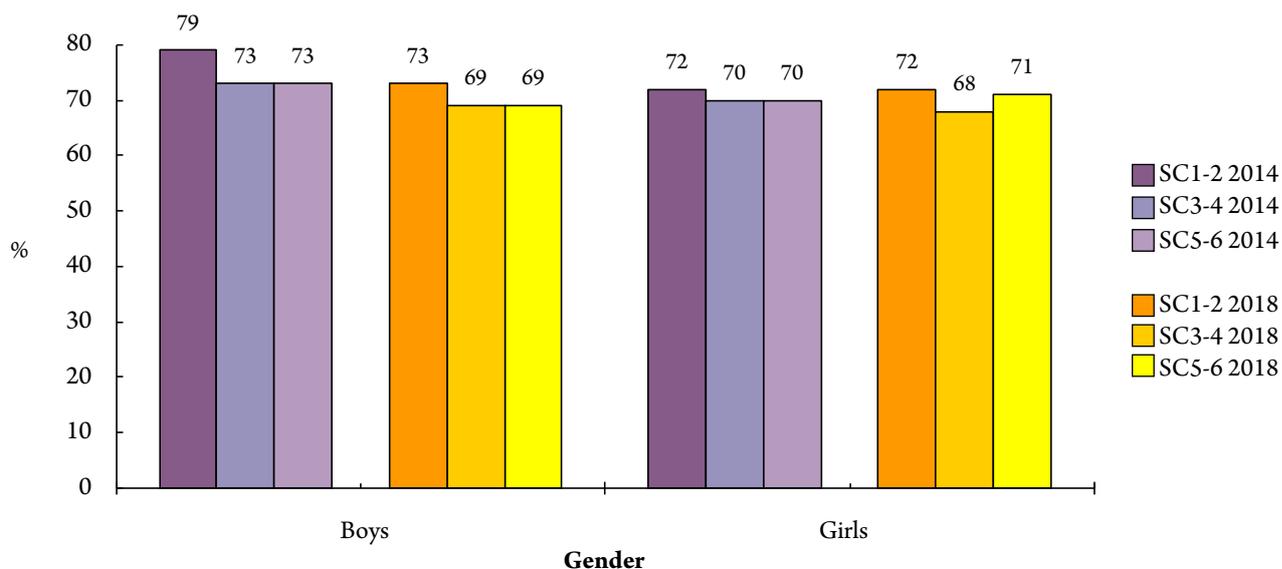


Exercise and Physical Activity

Vigorous exercise four or more times per week

There are no statistically significant gender or social class differences. Overall, 71% of boys and 70% of girls report exercising four or more times a week.

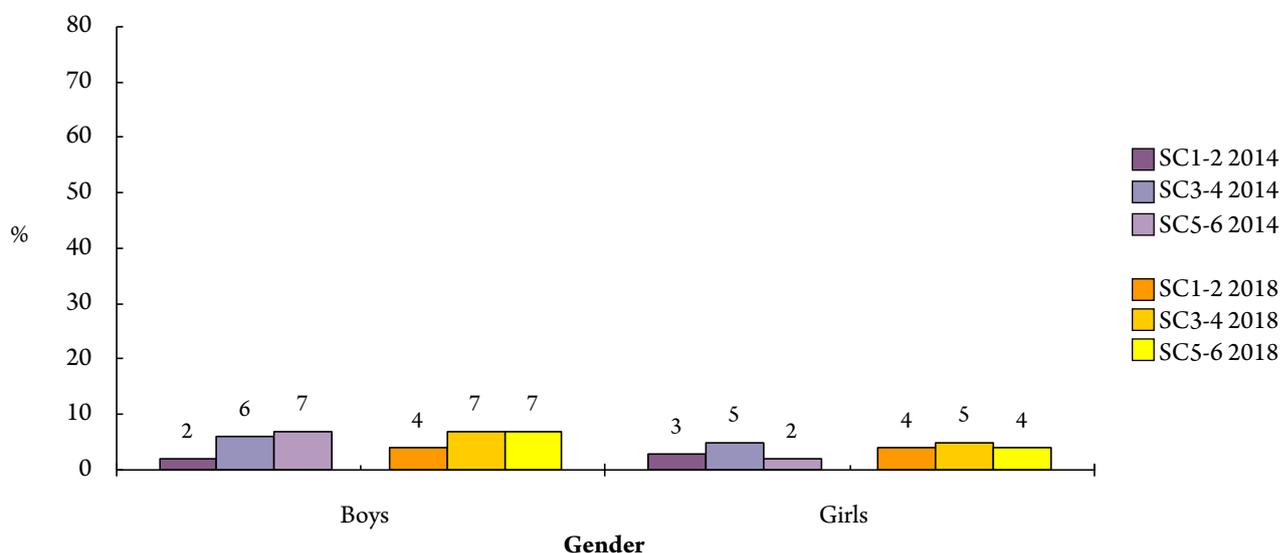
Figure 77: Percentages of 3rd and 4th class boys and girls who report participating in vigorous exercise four or more times per week



Physical inactivity

There are no statistically significant gender or social class differences. Overall 6% of boys and 5% girls report participating in vigorous exercise less than weekly.

Figure 78: Percentages of 3rd and 4th class boys and girls who report participating in vigorous exercise less than weekly

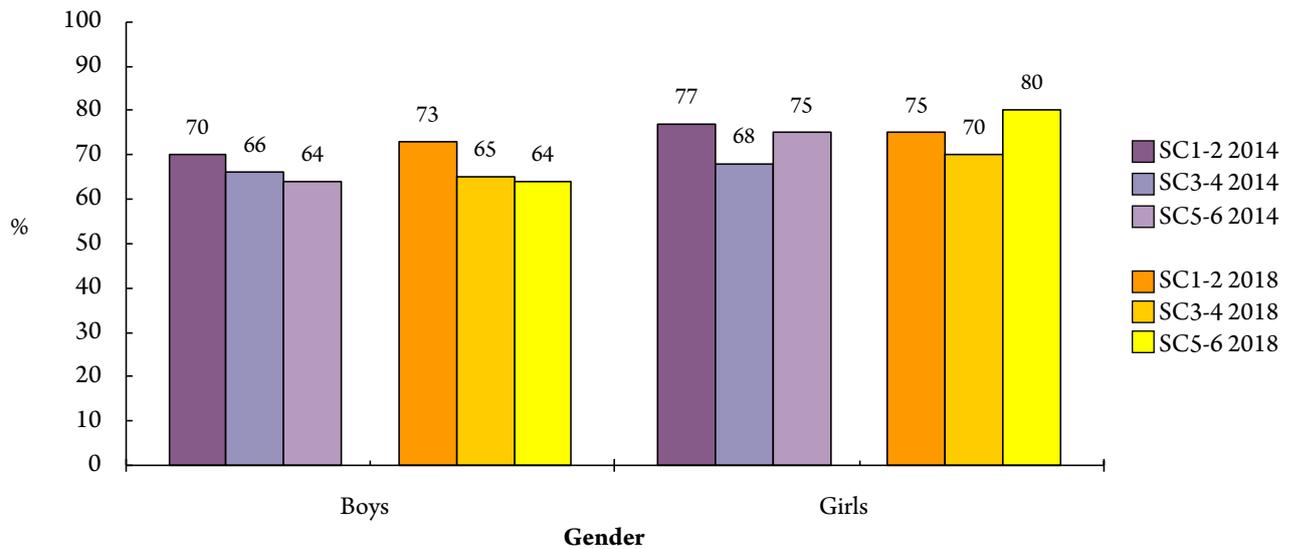


Self-Care

Toothbrushing

There are statistically significant gender and social class differences. Overall, boys (69%) are less likely than girls (74%) to report brushing their teeth more than once a day. Children from higher social class groups are more likely to report brushing their teeth more than once a day than those from other social class groups.

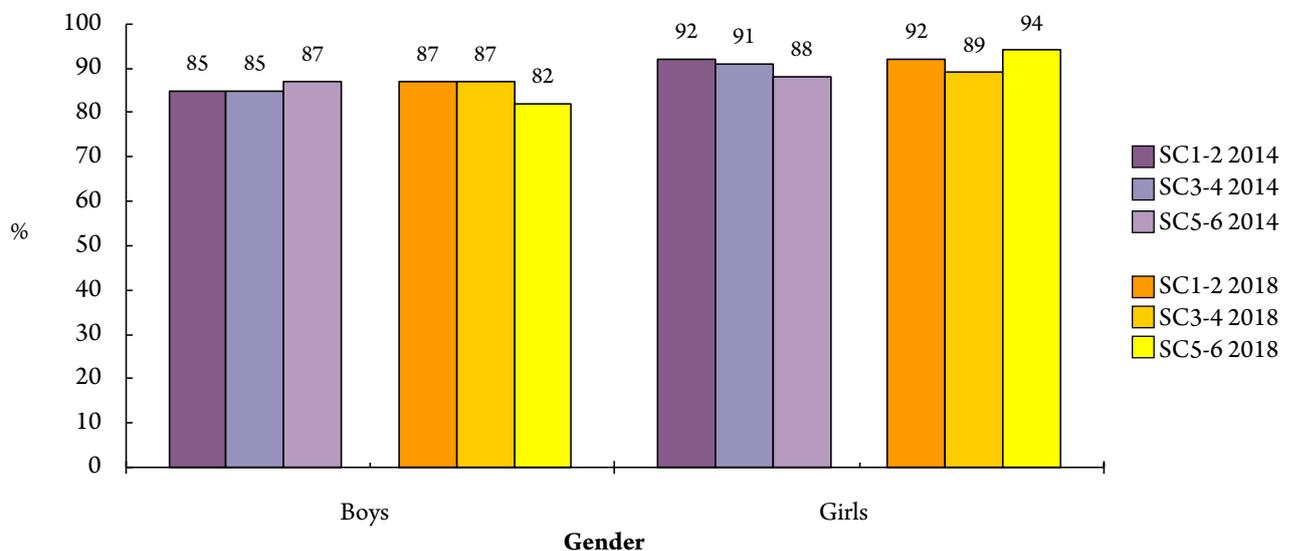
Figure 79: Percentages of 3rd and 4th class boys and girls who report brushing their teeth more than once a day



Seatbelt use

There are statistically significant gender differences. Overall, boys (86%) are less likely than girls (91%) to report always wearing a seatbelt when in a car. There are no statistically significant differences across social class groups.

Figure 80: Percentages of 3rd and 4th class boys and girls who report always wearing a seatbelt

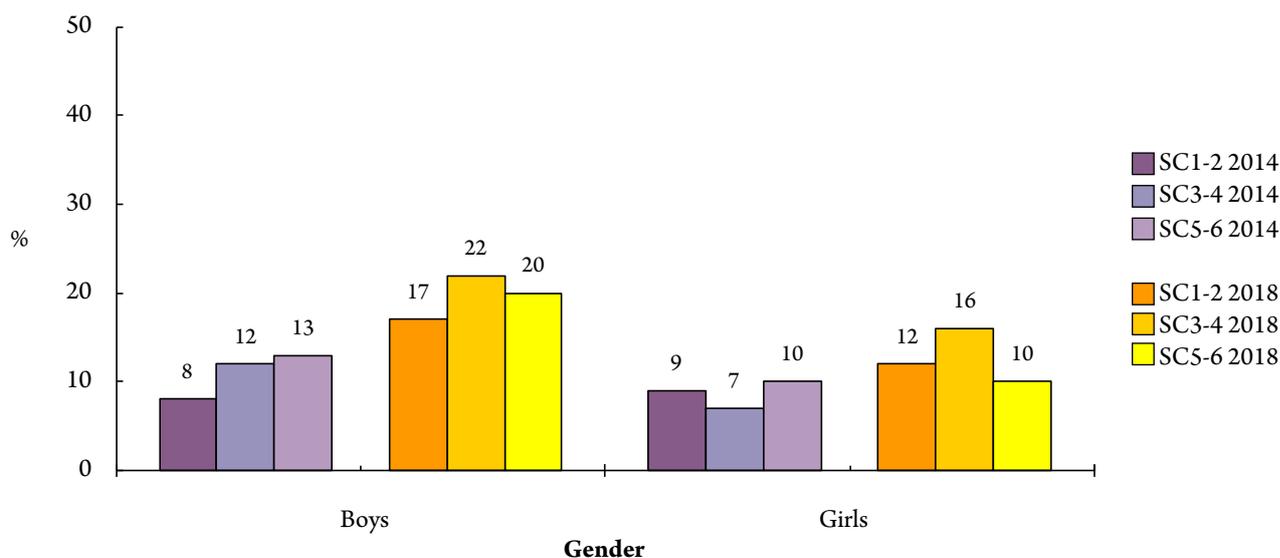


Bullying

Bullying others

There are statistically significant gender and social class differences. Overall, boys (19%) are more likely than girls (13%) to report ever bullying others at school in the past couple of months. Children from the middle social class group are more likely to report being involved in bullying others than those from other social class groups.

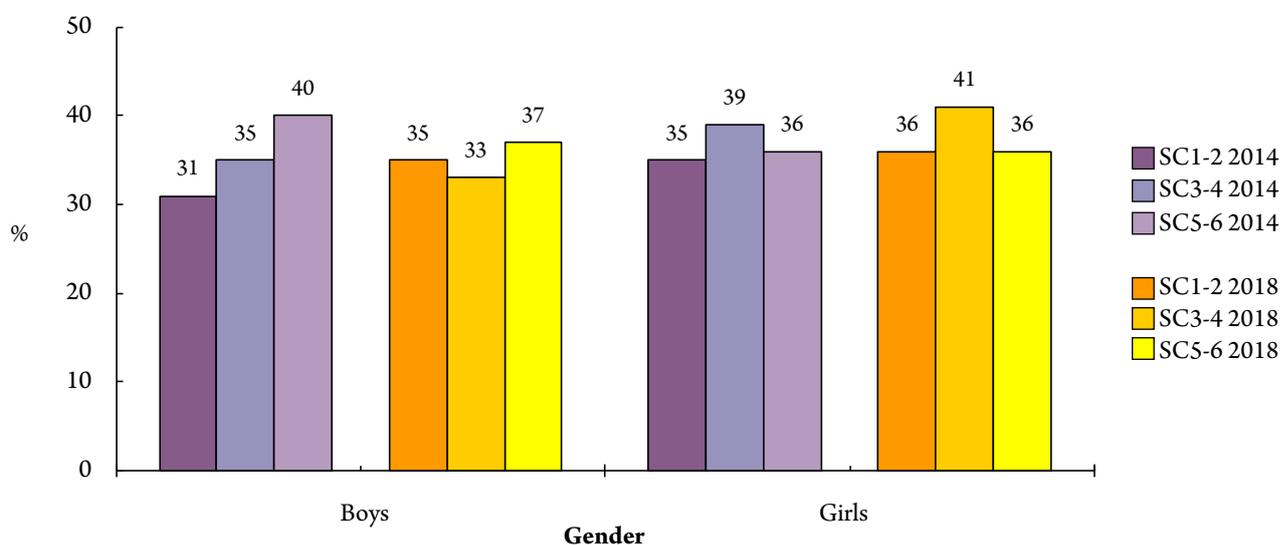
Figure 81: Percentages of 3rd and 4th class boys and girls who report ever bullying others at school in the past couple of months



Being bullied

There are no statistically significant gender or social class differences. Overall, 35% of boys and 38% of girls report that they have been bullied at school in the past couple of months.

Figure 82: Percentages of 3rd and 4th class boys and girls who report ever being bullied at school in the past couple of months



Appendices

Demographic Representativeness of Respondents: HBSC 2018 Main Study

The gender breakdown of the HBSC 2018 Main Study participants revealed that 48% are boys and 52% are girls. The HBSC Ireland 2018 are compared to data from the 2016 census for region and social class. Since the gender, regional and social class distribution of the actual sample did not differ substantially from the 2016 census, no weighting took place. Table 21 presents the final numbers for each geographical region and the percentage of the total sample that this represents. The final column presents the percentages of 8 to 12 year olds recorded in the regions during the 2016 census. These data are representative of the population distribution across regions with slight variations from the 2016 census.

Table 21: Comparison of the regional distribution of 2014 and 2018 HBSC Main Study respondents and the 2016 census

Area	HBSC 2014 n	HBSC 2018 n	HBSC 2014 %	HBSC 2018 %	Census 2016 %
East	3303	4153	24	35	37
North East	1679	1625	12	14	10
South East	1885	825	14	7	11
North West	936	656	7	6	6
South	1696	1075	13	9	12
Mid West	944	1297	7	11	8
West	1994	1270	15	11	10
Midlands	1147	856	8	7	6

Reported social class was compared with that derived from the 2016 census, as shown in Table 22. It should be noted that slight variations would be expected here because the census reports all persons by social class, not all of whom would be parents or guardians of children in these age groups.

Table 22: Comparison of the social class distribution of 2014 and 2018 HBSC respondents to the 2016 census

Social Class	HBSC 2014 (%)	HBSC 2018 (%)	Census 2016 (%)
Professional	8	10	11
Managerial	32	34	33
Non-manual	17	15	17
Skilled manual	16	13	12
Semi-skilled	8	6	8
Unskilled	2	1	2
Unknown	17	21	16

Table 23 below presents the percentages of HBSC Main Study respondents across gender, age group and social class groups.

Table 23: Distribution of 2014 and 2018 HBSC respondents by gender, age group and social class

	SC 1-2 (%)		SC 3-4 (%)		SC 5-6 (%)		n	
	HBSC 2014	HBSC 2018	HBSC 2014	HBSC 2018	HBSC 2014	HBSC 2018	HBSC 2014	HBSC 2018
BOYS								
10 to 11 years	46	49	42	39	13	11	1163	919
12 to 14 years	47	53	43	37	11	11	1611	2346
15 to 17 years	53	55	36	35	12	10	1330	1535
GIRLS								
10 to 11 years	46	51	43	38	12	11	1555	877
12 to 14 years	48	56	35	33	13	11	2321	2699
15 to 17 years	54	56	39	34	10	10	1060	1895

Demographic Representativeness of Respondents: Middle Childhood Survey

The gender breakdown of the HBSC 2018 Middle Childhood Study participants revealed that 50% are boys and 50% are girls. Data from those who participated were compared to data from the 2016 census for region and social class. Since the gender, regional and social class distribution of the actual sample did not differ substantially from that of the census data, no weighting took place. Table 24 presents the final numbers for each geographical region and the percentage of the total sample that this represents. The final column in Tables 24 and 25 presents the percentages of 6 to 7 year olds recorded by the 2016 census. The data are representative of the population distribution across regions with slight variations from the 2016 census.

Table 24: Comparison of the regional distribution of 2014 and 2018 HBSC Middle Childhood respondents and the 2016 census

Area	Middle Childhood 2014 n	Middle Childhood 2018 n	Middle Childhood 2014 %	Middle Childhood 2018 %	Census 2016 %
East	690	826	23	33	35
North East	419	352	14	14	10
South East	465	162	15	7	11
North West	130	97	4	4	6
South	380	222	13	9	12
Mid West	225	322	7	13	8
West	430	391	14	16	12
Midlands	317	104	10	4	6

In addition, social class was compared with the 2016 census, as shown in Table 25. It should be noted that slight variations would be expected here because the census reports all persons by social class, not all of whom would be parents or guardians of children in these age groups.

Table 25: Comparison of the social class distribution of 2014 and 2018 HBSC Middle Childhood respondents and the 2016 census

Social Class	HBSC 2014 (%)	HBSC 2018 (%)	Census 2016 (%)
Professional	9	14	13
Managerial	29	37	35
Non-manual	20	23	17
Skilled manual	16	15	12
Semi-skilled	9	9	7
Unskilled	1	1	2
Unknown	16	8	14

Table 26 below presents the percentages of HBSC Middle Childhood Study respondents across gender and social class.

Table 26: Distribution of 2014 and 2018 HBSC Middle Childhood Study respondents by gender and social class

	SC 1-2 (%)		SC 3-4 (%)		SC 5-6 (%)		n	
	HBSC 2014	HBSC 2018	HBSC 2014	HBSC 2018	HBSC 2014	HBSC 2018	HBSC 2014	HBSC 2018
Boys								
8.5 to 10.5 years	48	48	41	39	11	13	808	1246
Girls								
8.5 to 10.5 years	44	52	44	37	12	11	1037	1230

Project Team

Health Promotion Research Centre, National University of Ireland Galway

Professor Saoirse Nic Gabhainn	Principal Investigator, HBSC Ireland
Dr. Colette Kelly	Co-Principal Investigator, HBSC Ireland
Dr. Michal Molcho	Co-Principal Investigator, HBSC Ireland
Dr. András Költő	Senior Postdoctoral Researcher
Dr. Elena Vaughan	Postdoctoral Researcher
Dr. Ursula Kenny	Postdoctoral Researcher
Ms. Lorraine Burke	Researcher / PhD Candidate
Ms. Aoife Gavin	Researcher / PhD Candidate
Ms. Larri Walker	Research assistant
Ms. Aisling Harrington	Research assistant
Ms. Aileen Kavanagh	Research assistant
Ms. Leah Tyrrell	Research assistant
Ms. Ruth Carr	Placement student
Ms. Eadaoin Farragher	Placement student
Ms. Kiah Finnegan	Placement student / Research assistant

Advisory Committee

Mr. Paul Brosnan, Department of Health
 Ms. Caitríona Connolly, Department of Health
 Ms. Ashley Lowry, Department of Health
 Dr. Fenton Howell, Department of Health
 Ms. Sheona Gilsenan, Department of Health / Central Statistics Office
 Dr. Fiona Mansergh, Department of Health
 Mr. Liam McCormack, Department of Health
 Dr. Áine McNamara, Health Service Executive
 Dr. Deirdre Mongan, Health Research Board Evidence Centre

Acknowledgements

We would like to thank:

All of the children who gave consent and participated in the study

The parents who gave permission that their children could participate in the study

The Management Authorities, Principals and Teachers in all schools who participated

HBSC International Co-ordinator: Dr. Jo Inchley, University of Glasgow, Scotland

HBSC International Databank Manager: Professor Oddrun Samdal, University of Bergen, Norway

Staff of the Department of Health, the Department of Children and Youth Affairs, the Department of Education and Skills, HSE Health Improvement and HSE Public Health, Health Research Board Evidence Unit, the Institute of Public Health and Mental Health Ireland

Dr. Viv Batt, Ms. Mai Abdelhmid, Ms. Molly Henry, Ms. Hannah Ferguson, Ms. Kathy-Ann Fox, Mr. Sean O' Brien, Mr. Cathal O' Brien, Ms. Shalome Smith, Mr. Daniel Walsh, Ms. Casey Rose Watters and all other NUI Galway staff and services

Professor John E. Ware, Department of Quantitative Health Sciences, University of Massachusetts Medical School, for granting us permission to use the Mental Health Inventory

Data entry and data checks: Spark, Dublin and Seefin, Co. Kerry with supplementary entry by Ms. Kiah Finnegan, Ms. Aisling Harrington, Ms. Aileen Kavanagh and Ms. Larri Walker, HBSC Ireland

Drawings: Ms. Divya Ravikumar

Translations: Ms. Cassie Ní Chathasaigh

Design and layout: Ms. Larri Walker, HBSC Ireland



Notes

