Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study

October 2011

Findings from the 2010 HBSC study for England
Since 1997 children and young people in England have been taking part in this unique survey looking at behaviours associated with physical and mental health. Crucially, the survey examines the broader social context in young people’s lives, moving beyond just monitoring risk taking. I welcome the 2011 report findings as a key tool for policy-makers and professionals across all services in understanding the behaviour of our young people and where we can do more to support them.

In reading the report, I was struck by three things. The first and most important is that over 80% of young people say that they are happy and feel positive about their lives.

Second, there seems to be real progress on reducing drinking and smoking amongst young people. The number of regular smokers remains small and has decreased since 2006. Also, since 2002 there has been a marked drop in regular drinking across all ages.

Thirdly, if further evidence was needed, family life and school connectedness are shown as the two key factors in young people’s health as they grow up.

Of course, it is not all good news. The report also shows where there are negative health behaviours, more often than not, it is girls taking more risks and more likely to be reporting lower life satisfaction and symptoms of stress. Physical activity also remains a major concern with just 15% of girls and 28% of boys meeting the recommended daily amount of activity.

There are clear messages for Government and health education services to take on here. Most importantly, we must ensure that our policies and practices are developed through the eyes of being a young person growing up in England today.

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Chapter 1 Contexts: The HBSC Study, Methods and Demographics

Why Young People?

There are 7.8 million adolescents aged 10-19 living in the UK, representing an increase of over 11% over the last two decades (Coleman and Brooks 2010). Poor health in childhood and adolescence, possibly more than at any time in the life course, can have a highly detrimental effect on overall life chances impacting on educational achievement, the attainment of life goals as well as restricting social and emotional development (Currie et al. 2008). Moreover, while there have been gains in terms of reductions in infant mortality and increased life expectancy for older people, at the same time the health of young people (aged 10-20) has remained fairly static (Viner and Barker 2005). This suggests that this age group is not benefitting from broader developments impacting on health, or it is being missed from initiatives (Brooks 2010; WHO Executive Board 2001).

Adolescence is a key period of transition within the life course, the navigation of which provide a secure basis for future adult life. The developmental tasks of adolescence are by definition those that mark profound physical, psychological and social changes (Christie and Viner 2005). During this second decade of life the challenges faced by young people in England are considerable, within the UK there are differences in health and well-being between regions, age groups and between the genders that warrant further exploration (Brooks et al. 2009).

Young people also hold their own generation-specific attitudes and definitions relating to health and well-being which greatly influence how they perceive and act in relation to health behaviours, which can be very different from adult perspectives (Brooks & Magnusson, 2006; Wills et al, 2008). Consequently, understanding how young people subjectively view their own health, health risks and quality of life becomes a vital task if effective health promotion and health policies are to be developed.

Note on Terminology

The terms adolescence and young people are variously defined and even contested. Generally the term adolescence is taken to relate to the period of physical and psychological development from the onset of puberty to maturity. The term young people is seen as a broader term that includes a social dimension as well as a biological definition and can be taken to encompass individuals aged from 10 to 29. This report is concerned with the experiences and views of young people in early to mid adolescence (11-15) living in England.

The HBSC Study

The Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The study aims to gain new insight into, and increase our understanding of young people’s health and well-being, health behaviours and their social context.

HBSC represents the longest running international study that focuses on the health behaviour and social context of young people. The study was initiated in 1982 by researchers from three countries and shortly afterwards the project was adopted by the World Health Organization as a WHO collaborative study. There are now 43 participating countries and regions. England has been represented in the past three survey cycles (since 1997), 4,404 young people aged 11,13, and 15 participated in the 2010 HBSC cycle for England (see table 1). The health of young people is a complex arena with great amounts of diversity between young people and their peers. The HBSC study by examining the broader social context of young people in England; that is their family, school and community life and moves beyond simply monitoring prevalence of risk behaviours among young people but instead offers a means to understand and respond to the social determinants of health and well-being.

The study offers a means to identify different risk and protective factors operating in relation to health risk factors among young people. It also offers policy makers and practitioners an understanding of exactly what social and developmental factors need to be addressed in any prevention/intervention programmes. Finally the study enables lessons to be useful drawn through comparison with other countries.

The HBSC International Research Network comprises member country Principal Investigators and their research teams. There are currently over 250 individual researchers in the network from a range of disciplines. Each member country needs to secure national funding to carry out the surveys and to contribute to the management and development of the international study.

The Centre for Research in Primary and Community Care (CRIPACC) hosts the England HBSC study. CRIPACC based at the University of Hertfordshire is a multi disciplinary team with over 40 staff, The Child and Adolescent Health Research Unit (CAHRU), University of St Andrews, is currently the International Coordinating Centre (ICC) of HBSC.

Chapter 1 Contexts: The HBSC Study, Methods and Demographics

Why Young People?

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What aspects of young people's lives does HBSC ask about?

The HBSC study consists of a mandatory set of questions that all participating countries include. In addition, groups of countries may choose to collaborate for comparative purposes on optional HBSC packages and finally countries can include specific national questions.

The mandatory questionnaire covers aspects of health and well-being including; self-reported health and life satisfaction. Issues relating to the specific details of the items covered by the mandatory questionnaire are presented in the relevant subsections of the data chapters.

Core questions on the mandatory questionnaire are concerned with the health behaviour and the social and developmental context of young people: This includes individual and social resources, health behaviours and health outcomes;

1. Individual and social resources
   - Body image (perception of body being too fat or too thin)
   - Family culture (ease of communication with mother / father / siblings)
   - Peers (number of friends; time spent with friends after school / in the evening; communication with friends)
   - School environment (liking school; perception of academic performance; school-related stress; classmate support)

2. Health Behaviours
   - Physical activity (frequency of moderate-to-vigorous activity)
   - Sedentary behaviour (frequency of watching TV; frequency of computer use)
   - Eating behaviour (consumption frequency of fruit; vegetables; soft drinks; breakfast)
   - Dental health (frequency of tooth brushing)
   - Weight control behaviour (frequency of dieting to control weight)
   - Tobacco use (ever smoked; frequency of current smoking; age first smoked)
   - Alcohol use (consumption frequency of beer, wine, spirits; age first drank alcohol; frequency of drunkenness; age first got drunk)
   - Cannabis use (lifetime use; use in past year) – asked only of 15 year olds.
   - Sexual behaviour (prevalence of sexual intercourse; contraception use; age of onset) – asked only of 15 year olds.
   - Violence and bullying (physical fighting; being bullied; bullying others)
   - Injuries (number of medically attended injuries in past year)

3. Health outcomes
   - Health complaints (a ‘checklist’ of physical and psychological symptoms, e.g. headache, stomach ache, feeling low, feeling sad)
   - Life satisfaction (adapted version of the Cantril ladder (Cantril 1965))
   - Self-reported health status
   - Body Mass Index (height & weight)

Specific England Only Questions

In 2010 the England team collaborated with the Spanish team to match all the questions relating to family life and parenting. The questions on health and social education in schools (PHSE in England) were developed and led by the Finnish HBSC team.

The questionnaire for England also included national only questions and measures on; happiness, self efficacy, support from teachers, communication with grandparents, experience and participation in community life and peers smoking behaviour.

Family Affluence Measure

Measures

- The Family Affluence Scale (FAS) is a validated measure derived from following items and young people are classified as having Low, Medium or High affluence depending on (Roberts et al. 2007; Roberts et al. 2004):
  - The number of computers at home
  - The number of cars in the family
  - The number of family holidays taken in the previous 12 months
  - If young people have their own bedroom

Children and young people are often unable to give sufficient information about their parents’ occupational status and therefore it is difficult to assign a socio-economic status (SES) score. As an alternative, family affluence can be used as a proxy measure of SES. To assess family affluence, young people were asked to report (a) the number of cars in their family, (b) the number of computers at home, (c) the number of holidays taken in the previous 12 months and (d) if they had their own bedroom. Fewer children are unclassifiable using FAS than SES, (Currie et al., 1997, 2008a). In 2010 53% of young people in England were classified as being in the high affluence group, 34% medium affluence and 13% low affluence. This classification is based on cut-offs devised for international comparisons, where the UK is relatively affluent. The FAS scores for England 2010 compare well with other parts of the UK (Currie et al. 2011).

Conduct of the Survey

Questionnaires were administered in schools either by teachers or members of the research team (majority of schools) depending on the preferred procedures determined by each school and board of governors. In order to maintain young people’s confidentiality and help ensure that pupils were comfortable with answering personal questions in a reliable way within the school setting, young people were asked to fill in the questionnaire under exam type conditions i.e. At individual desks and without discussion with other pupils. On completion, each pupil individually placed the questionnaire in an envelope and sealed it. The completed questionnaires were then collected by the research team. In the few cases where schools administered the questionnaire school teachers’ were given precise instructions on how to conduct the survey. Teachers in schools also completed a questionnaire detailing pupil absence, number of refusal (parental or pupil) and invalid information on the school including number of pupils taking up free school meals places.

Ethics and Consent

The study gained ethics approval via the University Ethics committee, for Health and Human Sciences (HMSCC/07/09/19/A). Ethical sensitivity was also enhanced through the work of the reference groups with young people, which informed the conduct of the study within schools. Once permission was gained from schools, consent letters were sent to all pupils in the classes with information asking them if they were interested in the study to pass on consent letters to their parents. Pupils were therefore able to make the initial decision over their participation. Pupils were provided with information sheets about the study prior to the survey day and again on the survey day, it was explained to the pupils that they could withdraw from the study at any point up to returning the sealed envelopes.

Characteristics of Pupils

Response Rates

A response rate at the pupil level of over 90% was obtained. The reasons for non-completion are recorded below:

- Sick 170 (3.5%)
- Absent for other reasons 202 (4%)
- Refusal (student and parent) 61 (1%)
- 12 questionnaires returned blank

Grade and Gender

After data cleaning and removal of invalid questionnaires, a total of 4,404 pupils remained in the survey. Table 1 shows a breakdown by gender and grade for those for whom information is not missing. There are substantially more girls recorded as having taken part than boys. So that summary statistics calculated from the sample are representative of pupils across England, weighting was applied. However, as explained below, ethnicity must also be taken into account when weights are calculated.
Table 1.1: Participating pupils by grade and gender

<table>
<thead>
<tr>
<th>Grade</th>
<th>Gender</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boy</td>
<td>Girl</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Year 7 (11 year old)</td>
<td>665 (45%)</td>
<td>809 (55%)</td>
<td>1,474 (100.0%)</td>
<td></td>
</tr>
<tr>
<td>Years 8/9 (13 year old)</td>
<td>612 (40%)</td>
<td>933 (60%)</td>
<td>1,545 (100.0%)</td>
<td></td>
</tr>
<tr>
<td>Years 10/11 (15 year old)</td>
<td>591 (43%)</td>
<td>773 (57%)</td>
<td>1,364 (100.0%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,868 (43%)</td>
<td>2,515 (57%)</td>
<td>4,383 (100.0%)</td>
<td></td>
</tr>
</tbody>
</table>

Base: All respondents in 2010

Ethnicity

Before starting the survey, there was concern that schools with high proportions of pupils from ethnic minorities would be less willing to take part in the survey than other schools. To overcome this, an extra boost of schools that had high proportions of pupils from ethnic minority backgrounds was selected, on top of what would be required to obtain a sample of schools that was representative of schools across England. This was achieved in relation to the sample boost, Table 2, shows the breakdown of ethnicity, grade and gender for all pupils for whom all this information is available. Table 3 shows the breakdown by ethnicity in the final sample. Also shown in Table 2 are the percentages of each ethnicity from the 2001 census in England. The age group 0 to 7 is used as the 11, 13 and 15 year old pupils in the survey would have been in this group when the census was conducted in 2001. It can be seen that the proportions of pupils in the ethnic minority groups in the survey are somewhat higher than is the case in the population aged 0 to 7 at the time of the 2001 census. For some of the ethnicities, the differences between the survey sample and the census varies according to grade and gender. For these reasons, weighting has been undertaken so that summary statistics calculated from the sample are representative of pupils across England, and this weighting must allow for all of ethnicity, grade and gender.

Table 1.2: Pupils by ethnicity, grade and gender

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>From 2001 census</th>
<th>From HBSC England survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boy</td>
<td>Girl</td>
</tr>
<tr>
<td>White British</td>
<td>83.3%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Irish</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Traveller of Irish heritage</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Gypsy/ Roma</td>
<td>60.4%</td>
<td>60.3%</td>
</tr>
<tr>
<td>White &amp; Black Caribbean</td>
<td>1.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>White &amp; Black African</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Any other mixed background</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Indian</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>2.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Black African</td>
<td>1.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Any other black background</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Any other ethnic background</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Don’t want to say</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Don’t know</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Base (HBSC): All respondents in 2010

Free School Meal Eligibility

The sample of schools for the HBSC England survey included an extra boost of schools that had high proportions of pupils eligible for free school meals on top of what would be required to obtain a sample of schools that was representative of schools across England. The extra schools were randomly chosen from those whose proportion of pupils eligible for free school meals placed them in the top two quintiles (i.e. 40%) of schools in England.

For each school in the final sample (excluding the four independent schools), information on the proportion of pupils being eligible for free school meals was obtained. The data were from 2004 and three of the schools had changed their name but it is not expected that the characteristics of the schools in this regard will have changed to any substantial degree since then. Overall, 26 maintained schools in the sample show a remarkably uniform distribution of free school meal eligibility proportions, indicating that they can, together, be taken to be representative of schools in England in this regard. It appears that the efforts taken to add extra numbers of schools with high levels of free school meal eligibility has balanced out an apparent reluctance of such schools to participate in the survey. With specific attention to the number of schools in the top two quintiles with respect to free school meal eligibility proportions, we would expect to have 10.40 of the 26 schools if the sample reflected national characteristics. We in fact have 10 schools.

Presentation of Findings

The report is made up of 10 chapters, including the context to the study and introduction. The first chapters provides an overview of the multiple environments of young people in England, that is their family life, experience of school and views on their local community, and their relationships with peers. The subsequent chapters of the report are concerned with describing the prevalence of significant health indicators and health related behaviours. The majority of the findings are drawn from collapsing response options to questionnaire items. Only statistically significant differences are discussed.

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1From http://www.education.gov.uk/aboutdfe/foi/disclosuresaboutchildrenyoungpeoplefamilies/a00271/free-school-meals.
Chapter 2 Health and Well-being

Health and Well-Being Key Messages

Introduction

Well-being can be taken to encompass two core components: life satisfaction and happiness (Richards and Huppert, 2011). Recent research shows that social factors can have a greater impact on well-being than demographic factors or income. Social support, social contact, the number of social roles and engagement in social or communal activities are all strongly associated with well-being (Richards and Huppert 2011). Consequently, the HBSC study aims to gain new insights and increase understanding of adolescent health behaviours, health and well-being, with an emphasis on the social determinants of adolescent health, particularly in the contexts of young people’s lives. An individual’s subjective sense of life satisfaction is an important aspect of overall well-being, and this is especially true for children and young people. Happiness and confidence during adolescence is associated with successful transition and well-being into adulthood (WHO 2008). One of the most important indicators of adolescent well-being is their own perceptions of the quality of their lives, as it is associated with significant health related health outcomes (Suldo and Truck Hubein 2005). This chapter presents young people’s perceptions of their own lives, their health, life satisfaction, happiness and emotional well-being.

Life Satisfaction

Measure

Life satisfaction was measured using the Cantril Ladder (Cantril 1965), where young people are asked to pick a number from 0 (‘worst possible life’) to 10 (‘best possible life’) presented as steps on a ladder. A score of 6 or above is considered as representing good life satisfaction.

Overall, 83% of young people indicated their life satisfaction was relatively positive, (by score 6 and above) which is a slight decrease since 2006 (85%). There were gender and age differences, with girls (but not boys) showing decreased life satisfaction with age (85% of 11 years old girls, 84% of 13 year olds and 80% of 15 year olds indicated a positive level of life satisfaction). At all ages the proportion of girls who rated their life satisfaction as 6 or above was lower than for boys. Generally 15 year olds have the lowest life satisfaction (82%), (Figure 2.1).

Girls, and especially older adolescent girls, were more likely than their male peers to report lower life satisfaction and a greater level of symptoms that indicate higher levels of day to day stress. Nearly half (over 45%) of all 15 year old girls reported either feeling low or suffering from complaints such as headaches or back-aches at least once a week. The proportion of girls reporting these forms of stress have shown a small but steady increase over time (e.g. 31% of 11 year old girls reported weekly headaches in 2010 compared to 24% in 2006).

In contrast to the popular portrayal of young people, over 80% of young people in the HBSC study rated their life satisfaction to be good (6 or more on Cantril Ladder Scale).

The majority of young people (84%) said that their physical health was either ‘excellent’ or ‘good’. Physical health was positively related to overall life satisfaction.

Fifteen percent of young people reported having a long term illness, disability or medical condition. Of those, just under a third (31%) reported that it impacts negatively on their participation in education.

Around 30% of young people reported a level of emotional well-being that can be considered as ‘low grade’ poor mental health, that is they regularly feel low, sad or down.


Happiness

Measure
Taking all things together how happy would you say you are?
('10' --very happy to '0' --very unhappy)

The average mean happiness score for young people overall was 7.34 (similar to that found in other adolescent samples; e.g. Lim 2008), but whereas boys’ scores differ only slightly between 13 and 15 year olds, girls show a steeper decline in happiness with age (Figure 2.2). The mean scores of girls were significantly lower than boys at all ages.

For both boys and girls, life satisfaction was positively and significantly related to FAS. Among boys, 79% in the low, 88% in the medium and 91% in the high FAS group reported a life satisfaction score of 6 or above. The corresponding figures for girls were 73% (low FAS), 80% (medium FAS) and 83% (high FAS). Girls aged 15 years from low FAS backgrounds have the lowest life satisfaction (69% of 15 year olds girls from low FAS scored 6 or more on the life satisfaction scale compared to 90% of medium FAS 15 year old boys) (table 2.1).

Table 2.1: Life Satisfaction of 15 Year Olds who Score their Life Satisfaction as 6 or above by FAS and Gender

<table>
<thead>
<tr>
<th></th>
<th>Low FAS</th>
<th>Medium FAS</th>
<th>High FAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>86%</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>Girls</td>
<td>69%</td>
<td>79%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Perceived good health was significantly related to family affluence, with those in the high FAS group most likely to report their health as ‘good’ or ‘excellent’ (85%) compared to those in the medium (83%) and low (79%) FAS groups.

Self-rated physical health was also significantly related to life satisfaction: 93% of those who rated their health as ‘excellent’ compared to 50% of those who rated their health as ‘poor’ scored 6 or above on life satisfaction (indicating higher life satisfaction overall among young people who viewed their health to be good).

At ages 11 and 13, boys were slightly more likely than girls to report that their medical condition affects their school attendance and/or participation (31% of boys v. 26% of girls), but at age 15, girls with a medical condition were significantly more likely than boys to say that this affected their school attendance and/or participation (28% of boys v. 43% of girls). There was no difference between the FAS groups in the likelihood of reporting having a medical condition.
Health Complaints

Health complaints such as headache, stomach ache and backache are reported more frequently during adolescence than adulthood. However such health complaints are also associated with lower academic performance, unhappiness at school and increased medicine use (Torsheim and Wold 2001).

Feeling Low

Nearly half (49%) of all young people said that they rarely or never felt low. There were significant gender and age differences among young people who indicated that they feel low at least once a week. The proportions of young people who reported feeling low at least once a week increased with age, and at all ages girls were significantly more likely than boys to report feeling low at least once a week: 26% of 11 year old girls v. 18% of the same age boys, 36% of 13 year old girls v. 19% of the same age boys and 45% of 15 year old girls v. 23% of the same age boys. (Figure 2.5.) The proportion of girls who reported never or rarely feeling low significantly decreased with the age: 54% at age 11, 39% at age 13 and 27% at age 15. (Figure 2.6) There were no significant age differences among boys. The proportion of older girls reporting that they frequently felt low in 2006 for England was just over 45%; the highest proportion among all of the GB countries, in 2010 this figure remained unchanged.

For both genders, reports of feeling low were highest in the low family affluence group. Those with low family affluence indicated significantly more often that they feel low at least once a week (33%) compared to those in the high FAS group (26%).
**Feeling Low and Life Satisfaction**

Incidence of feeling low was negatively and significantly related to life satisfaction. In particular, young people who reported feeling low more than once a week were much less likely to score 6 or above on the life satisfaction scale: 66% of those saying they felt low more than once a week, and 42% of those who said they felt low about every day, scored 6 or above on life satisfaction, compared to 93% of those who rarely or never felt low. (Figure 2.7)

**Headaches**

Overall, 33% of young people reported suffering from headaches at least once a week. There were significant gender and age differences: The proportion of young people suffering from headaches increased with age (Figure 2.8), and at all ages a significantly higher proportion of girls experienced headaches at least once a week compared to boys: 31% 11 year old girls v. 23% of the same age boys, 39% 13 year old girls v. 26% the same age boys and 48% 15 year old girls v. 27% of the same age boys. The proportions of young people suffering from headaches at least once a week increased significantly since 2006, especially among 11 year old girls (from 24% to 31%).

There were no significant differences between FAS groups in reports of having headaches.

The proportions of young people suffering from headaches at least once a week significantly increased since last survey, especially among 11 year old girls from 24% to 31%.

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**Figure 2.7: Frequency of ‘feeling low’ and life satisfaction**

![Graph showing frequency of feeling low and life satisfaction](image)

*Base: All respondents in 2010*

**Figure 2.8: Young people who report suffering from headaches at least once a week**

![Bar graph showing headache prevalence by age and gender](image)

*Base: All respondents in 2010*
Overall, 22% of young people reported having stomach aches at least once a week. Girls indicated significantly more often than boys that they have stomach aches at least once a week: 27% of 11 year old girls vs. 17% of the same age boys, 28% of 13 year old girls vs. 19% of the same age boys and 28% of 15 year olds vs. 10% of the same age boys (Figure 2.9).

Among older young people, the proportion who have stomach-aches at least once a week is not significantly changed since 2006 survey (decreased from 13% to 10% for boys and increased for girls from 26% to 28%).

Young people in the low FAS group were somewhat more likely to report having stomach aches at least once a week (27%) than those in the medium and high FAS groups (22%).

The proportions of young people who reported having a back ache increased with age, from 14% at age 11 to over 23% at age 15.

There were no gender differences among 11 year olds: 15% of girls and 15% of boys have a backache at least once a week but by age 13 they are significant: 21% of girls vs. 14% of boys at this age and 28% vs. 23% at age 15 said they had a back ache at least once a week (Figure 2.10).

No significant differences in reports of backaches were found between different FAS groups.

Summary

Overall the majority of young people reported a good health and high level of overall life satisfaction. However the data also highlighted significant age and gender differences in young people’s perceived health and well-being in England.

Girls have significantly lower levels of happiness, life satisfaction, emotional well-being, and self-rated health than their male peers. Girls also reported health complaints such as headaches, stomach aches, and backaches significantly more often than boys. It is likely that part of the higher proportion of girls reporting these types of health complaints (in particular stomach aches) can be explained by these being common side effects of having periods. However, even taking this into account, girls would not be expected to suffer from these (as a consequence of periods) on a weekly basis, indicating that other factors also play a part. Back ache needs to be viewed not only as a stress related condition, but also as environmentally constructed, for example the impact of regularly carrying heavy school bags at a time of significant physiological development, especially for girls.

Late adolescence appears to be associated with poorer perceived health with 15 year olds being significantly more likely to report lower levels of happiness, life satisfaction, emotional well-being and self reported health. The lowest level of life satisfaction, self-rated health, happiness and emotional well-being was detected in 15 year old girls, who also reported the most health complaints. These results are consistent with the previous (2006) survey results. The proportion of older girls reporting that they frequently feel low in 2006 for England was just over 45% - the highest proportion among all of the GB countries – and in 2010 this figure remains unchanged.

Among those who report a long term illness or disability a third (31%) reported that their illness or disability negatively impacted on their participation in education. This is a notable finding given that HBSC takes place in the school setting and consequently surveys only those young people with a long term condition who were able to attend school.
Healthy Behaviours

Boys were more likely to report eating breakfast every day than girls (56% of boys vs. 46% of girls). The numbers of young people who reported eating breakfast decreased with age, and young people in the lowest FAS group were less likely to report eating breakfast than those in higher groups. Slightly fewer young people in 2010 compared to 2006 reported eating breakfast every day during the week.

Between a third (34%) up to just under half (47%) of all young people reported eating fruit and/or vegetables every day. Girls reported higher levels of fruit and vegetable eating than boys. Young people from the highest FAS group were more likely to report eating fruit than those from lower FAS groups (48% vs. 26%). Reported levels of fruit eating have decreased across all ages since 2006 when up to just over half of young people reported eating fruit every day.

Girls were less likely to say that their body size is ‘about right’ than boys (50% of girls vs. 60% of boys overall). Body size satisfaction decreased with age among both boys and girls. Boys were more likely to say that they are ‘too thin’ and girls more likely to say that they are ‘too fat’. Almost half of 15 year old girls (46%) reported that they felt they were ‘too fat’.

The majority of young people at all ages (over 70%) did not meet the recommended levels of physical activity (at least one hour of moderate activity per day). Boys were more likely to meet daily physical activity recommendations than girls, and reported physical activity decreased with age. More boys in 2010 than 2006 met the daily recommendations for physical activity.

Three quarters (76%) of young people said that they brush their teeth more than once a day, but this was related to FAS with 79% of young people in the high FAS group saying that they do so compared to 67% in the lowest group.

Introduction

This chapter reports on findings relating to positive health behaviours among young people, and considers those that can be protective of physical health and enhance overall well-being. Young people’s ability to make adaptive changes in favour of healthy lifestyles is not a simple linear choice, or even always directly correlated with socio-economic status, but is also strongly associated with levels of social engagement, social support networks (Morgan 2006) as well as family, community and school connectedness (Blum 2004).

A balanced diet during adolescence is essential to good health and aids physiological development, also long term health risks for major chronic diseases may be established as a result of eating patterns during adolescence (McPherson et al. 1995)Food and drink choices during adolescence transfer from being directed by parents to being increasingly constructed by the young person themselves (Cooke et al. 2005). Breakfast eating has been associated positively with the maintenance of high life satisfaction. While regularly not eating breakfast has been associated with increased levels of salivary cortisol, a key marker of persistent physiological stress (Toda et al. 2002).

Obesity is recognised by the Department of Health as representing a significant health and economic burden on the NHS (Department of Health 2010).Targets have been set in areas seen to influence healthy weight, such as recommendations for physical activity (for young people, this means at least one hour per day of moderate physical activity) and adequate intake of fruit and vegetables (5-a-day). However obesity is far from being the only body weight and diet issue for young people. A number of studies have identified the prevalence of dieting and attempted weight loss among adolescent among those of normal weight, particularly among girls (Balding 2011). The connection between body image, body confidence and dietary patterns is an important issue for girls health and may be associated with, for example, the low levels of breakfast consumption and the slightly higher prevalence of regular smoking among teenage girls (Austin and Gortmaker 2001).

Active lifestyles have been demonstrated to have an array of positive impacts on the health and emotional well-being of children and young people (Brooks and Magnusson 2006). Despite the benefits of an active lifestyle, worldwide many children’s lives are becoming increasingly sedentary (World Health Organisation 2002).

Daily tooth brushing is recommended to prevent dental decay and gum disease. Moreover poor oral health has a limiting impact on personal and social opportunities (Macgregor et al. 1997). Oral hygiene is also associated with higher family socio-economic status, family support, parenting styles and open communication styles within the household (Levin and Currie 2010).
**Eating breakfast**

**Measure**
- How often do you usually have breakfast (more than a glass of milk or fruit juice)?
  - Weekdays
  - Weekends

More than half of all boys reported eating breakfast every day during the week (Monday-Friday), but the proportion who said that they do declined significantly by age from 76% at age 11 to 60% at age 15. Eating breakfast every day during the week was lower among girls, and showed a similar pattern of decline to boys (69% of 11 year olds, 53% of 13 year olds and 43% of 15 year old girls said they eat breakfast every week-day).

The proportion of young people who said that they eat breakfast every weekday has decreased among 15 year olds from 2006, when 65% of boys and 50% of girls reported eating breakfast every weekday.

Overall, 12% of boys and 17% of girls said that they never eat breakfast during the week. The proportion of young people who said that they never eat breakfast on weekdays increased with age, with girls more likely to agree (Figure 3.1).

The proportion of young people who said that they eat breakfast every weekday has decreased among 15 year olds from 2006, when 65% of boys and 50% of girls reported eating breakfast every weekday.

Overall, 12% of boys and 17% of girls said that they never eat breakfast during the week. The proportion of young people who said that they never eat breakfast on weekdays increased with age, with girls more likely to agree (Figure 3.1).

**Fruit and Vegetable Intake**

**Measure**
- How many times a week do you usually eat?
  - Fruits
  - Vegetables

More girls than boys reported eating both fruit and vegetables at least once every day. Thirty four to thirty seven percent of boys at all ages said that they eat fruit and vegetables at least once a day, and 45-47% of girls said the same thing at ages 11 and 13. At 15 years, however, everyday consumption dropped to 40% (fruit) and 39% (vegetables) for girls. Both fruit and vegetable intake was related to FAS with young people in the highest FAS group significantly more likely to report eating fruit (46% high FAS v. 28% low FAS) and vegetables (48% high FAS v. 26% low FAS) every day. Consumption of fruit decreased somewhat since 2006, with the biggest change noted among 11 year old boys (42% ate fruit every day in 2006 compared to 35% in 2010) and girls aged 13 (51% ate fruit every day in 2006 compared to 45% in 2010) (Figure 3.2).
When asked about vigorous physical activity ('activity that makes you out of breath or sweat'), the difference between boys and girls was not significant at age 11 (80% of boys and 75% of girls say they take part in this type of activity 2-3 times per week or more often). The gender gap widened significantly at age 13 (78% of boys v. 63% of girls) through to age 15 (74% of boys v. 51% of girls). The proportion of boys who said that they engage in vigorous activity every day differed only slightly between 11 and 15 year olds (28% to 22%) while among girls half as many 15 year olds as 11 year olds (20% at age 11 v. 10% at age 15) reported this level of activity.

Young people were asked on how many days over the last week they had been physically active for at least one hour per day (the Chief Medical Officer recommended minimum level for young people of this age). Overall, fewer than a third of boys (28%) and only 15% of girls reported meeting the target for physical activity. Boys were more likely to report being active for an hour on 7 days over the last week than girls, but the likelihood of meeting this recommended minimum level decreased with age among both boys and girls (Figure 3.3). The proportion of girls who reported meeting the recommendations for physical activity has not changed since 2006 (overall, 14% of girls in 2006 compared to 15% in 2010), but a small but significant increase was noted among boys (23% in 2006 v. 28% in 2010 across all ages; Figure 3.4).

No relationship was found between FAS and likelihood of meeting physical activity recommendations.

When asked about vigorous physical activity ('activity that makes you out of breath or sweat'), the difference between boys and girls was not significant at age 11 (80% of boys and 75% of girls say they take part in this type of activity 2-3 times per week or more often). The gender gap widened significantly at age 13 (78% of boys v. 63% of girls) through to age 15 (74% of boys v. 51% of girls). The proportion of boys who said that they engage in vigorous activity every day differed only slightly between 11 and 15 year olds (28% to 22%) while among girls half as many 15 year olds as 11 year olds (20% at age 11 v. 10% at age 15) reported this level of activity.
In line with this, girls were significantly more likely than boys to say that they are currently on a diet or doing something to change their weight (21% of girls v. 10% of boys), and the proportion who said so increased with age among girls but not boys (Figure 3.7).

When asked what they thought about their body, boys were significantly more likely than girls to say that it was ‘about right’ (60% of boys v. 50% of girls). Older young people of both genders were less likely to report their body size as ‘as about right’ than were younger ones, with a steeper decline among girls (Figure 3.5).

Boys were also significantly more likely than girls to say that they thought they were ‘too thin’ (overall, 17% boys v. 11% girls), and this proportion increased with age in boys (from 16% at age 11 to 21% at age 15) while it decreased among girls (12% at age 11 and 10% at age 15 say they are ‘too thin’). Conversely, girls were more likely to say they are ‘too fat’, and while reports of being ‘too fat’ increased with age in both genders, this age difference was more dramatic among girls to the extent that almost half of girls (46%) said they thought they were ‘too fat’ at age 15 (Figure 3.6).

The highest average life satisfaction score was found among those who say that their body size was ‘about right’, followed (in rank order) by those who think they were ‘a bit too thin’, ‘a bit too fat’, ‘much too thin’, and ‘much too fat’. The same pattern was found for both genders, and across all FAS groups. Among boys (but not girls) body image was significantly related to FAS, with boys in the lowest FAS group more likely to say both that they are ‘too fat’ and ‘too thin’ compared to boys in the other FAS groups.

The highest average life satisfaction score was found among those who say that their body size was ‘about right’, followed (in rank order) by those who think they were ‘a bit too thin’, ‘a bit too fat’, ‘much too thin’, and ‘much too fat’. The same pattern was found for both genders, and across all FAS groups. Among boys (but not girls) body image was significantly related to FAS, with boys in the lowest FAS group more likely to say both that they are ‘too fat’ and ‘too thin’ compared to boys in the other FAS groups.
Almost all girls (98-99%) reported brushing their teeth at least once a day, as did the vast majority of boys (95%-97%). Seventy six percent of young people report brushing their teeth more than once a day (as recommended by the British Dental Health Foundation), but this was related to FAS with 79% of young people in the high FAS group saying that they do so compared to 67% in the lowest group.

Summary

When it comes to healthy eating habits, girls are more likely than boys to eat the recommended 5-a-day, but less likely to eat breakfast. The overall relatively low levels of young people who say that they eat breakfast every day during the week is of concern, since it is known that having breakfast before school increases performance, and regular breakfast eating is associated with a healthy weight and positive life satisfaction (Rampersaud 2005).

Fewer than half of 15 year old girls thought that their current body size was 'about right', and almost half (46%) said that they considered themselves to be 'too fat'. According to the Health Survey for England, 31% of girls aged 11-15 were either overweight or obese in 2009, suggesting that a significant proportion of 'normal' weight girls see themselves as weighing more than they should. Although the proportion of boys who said that they are about the right size also decreased with age, the proportion of boys who think they are too fat is similar between 11 year olds and 15 year olds at 21-23%. Conversely, the Health Survey for England reported 34% of 11-15 year old boys to be overweight or obese, indicating that some overweight boys may not recognise themselves as such. This finding supports other research which has found that among adolescent boys being physically bigger is often an aspiration (Harrison and Bond 2007). The desire to develop a masculine physique may in part account for the higher level of participation in both moderate and vigorous physical activity by boys than girls, since physical activity can be seen as a means to build muscle.

The drop-off in girls’ activity levels between ages 11 (when boys’ and girls’ levels are similar) and age 15 however show that the gender difference in physical activity by mid-adolescence is due to girls opting out of physical activity rather than boys suddenly doing more in order to alter their physique. How young people perceive their own body has implications for their emotional wellbeing as those who say they are about the right size has greater life-satisfaction than those who don’t.
Chapter 4 Substance Use

Substance Use Key Messages

Introduction

Behaviours such as drinking large amounts of alcohol or smoking tobacco or cannabis are perceived as potentially detrimental to the health of people of all ages, however the occurrence of these behaviours in adolescents have added problems in that, unlike for adults (except cannabis), they are also illegal at this age. Therefore, engaging in them is seen as a sign of delinquency in a way that they are not for adults. Further, initiation of these behaviours during adolescence can lead to life-long high consumption or addiction (Lamkin and Houston 1998), this is particularly the case for smoking, which is rarely initiated beyond adolescence (WHO 2005). Finally, some behaviours are potentially more damaging to a young person who is still growing and developing than they are to adults. Young people are especially vulnerable to the poisoning effects of alcohol, due to differences compared to adults in body mass and metabolic handling of alcohol, as well as relative inexperience in assessing alcohol related risk including the amount of alcohol that is safe to consume (Miller et al. 2001).

While the health risks of extended engagement in these types of risk behaviours is noted, it is important to also remember that a certain amount of risk taking during adolescence is a normative part of growing up and establishing self identity (a key developmental task of adolescence). It may therefore be pertinent to focus on those young people that engage in a cluster of risky behaviours, and at a relatively high frequency.

Changing lifestyles, to reduce risk behaviours and increase health promoting behaviours are acknowledged by government as playing a vital role in promoting the health and wellbeing of the population (Department of Health 2010). A reduction in health risk behaviours, such as smoking and excessive alcohol consumption, are considered to be indicators of increased wellbeing, as defined in the latest Government white paper on public health (Department of Health 2010). Use of tobacco, cannabis and alcohol have all been recognised as areas of concern in young people’s behaviours by the Department of Health. Consumption of alcohol, particularly frequent consumption and to extent of getting drunk, is noted as a considerable problem for the current and future health of young people (Donaldson 2008b)The recommendation is that children and young people drink no alcohol at all until at least aged 15, and then only under parental supervision (Donaldson 2008b).

Substance Use Key Messages

Overall, the proportion of young people across all ages who reported smoking at least occasionally (17% of boys and 10% of girls) had decreased since 2002 (15% of boys and 21% of girls).

Although up to half of all 15 year olds reported having tried smoking cigarettes at least once, the proportion that reported regular (weekly) smoking at this age was considerably lower (10% of boys and 14% of girls).

Those young people whose best friend smokes were much more likely to report having tried smoking, (65% of those whose best friend also smoked, compared to only 13% of those whose best friend did not). This is a stronger association than for the influence of parents smoking.

Regular smoking has remained consistently higher among girls than boys.

There has been a marked drop in regular weekly drinking among young people in England since the early 2000’s across all ages and especially among girls (e.g. 23% of 15 year old girls in 2010 v. 48% in 2002). One fifth of all young people reported having been drunk at least twice. Levels of reported incidences of frequent (10 times or more) drunkenness have remained relatively unchanged since 2006 at 11-13% among 15 year olds.

By age 15, the majority of young people reported drinking alcohol at least occasionally (over 60% said they had drunk alcohol in the last 30 days), and 32% of boys and 22% of girls at this age reported regular weekly drinking.

Alcohol consumption among young people is associated with affluence. Young people from high FAS backgrounds (44%) were more likely to report having drunk alcohol in the last 30 days than those from lower FAS backgrounds (28%).

The majority (75%) of 15 year old young people had not tried cannabis and the proportion of young people that have experimented with cannabis use has not changed since 2006. Boys and girls were equally likely to experiment or use cannabis infrequently, however boys were more likely than girls to report frequent cannabis use.

A small number of young people were engaging in multiple substance use. Life satisfaction was related to multiple risk behaviour, so that the more risk behaviours young people engage in, the lower life satisfaction they reported. This difference was most marked for girls.
### Smoking

**Measures**
- Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)
- How often do you smoke tobacco at present?
- At what age did you first smoke?
- On how many occasions (if any) have you smoked cigarettes in the last 30 days?

Overall, the proportions of young people who reported smoking at least sometimes was 7% for boys and 10% for girls. The prevalence of regular smoking has reduced significantly over the past eight years from a high in 2002, when 15% of boys and 21% of girls reported smoking at least sometimes, and decreased again from 2006 reported rates of 10% of boys and 13% of girls.

Among 11 year olds and 13 year olds, there was virtually no difference between boys and girls in the proportion who reported having tried smoking tobacco (4% of boys and 3% of girls at age 11; 21% of boys and 19% of girls at age 13). However, by the time students are 15, significantly more girls than boys had experimented with smoking (46 % v. 39%).

Despite slightly more 13-year-old boys having experimented with smoking than girls, the proportion of young people at this age that smoked regularly, a somewhat larger proportion of boys than girls reported having started smoking at age 11 or younger, and a noticeably larger proportion of girls than boys reported having started at age 14 (Figure 4.1).

### Drinking Alcohol

**Measures**
- At present, how often do you drink anything alcoholic, such as beer, wine or spirits like vodka, gin or rum? (Every day, every week, every month, rarely, never)
- Have you ever had so much alcohol that you were really drunk? (No never, Yes once, Yes 2-3 times, Yes 4-10 times, Yes more than 10 times)
- At what age did you first
  - Drink alcohol
  - Get drunk
- On how many occasions (if any) have you done the following things in the last 30 days? (0, 1-2, 3-5, 6-9, 10-19, 20-39, 40 or more)
  - Drink alcohol
  - Get drunk

Overall, 18% of 11 year olds, 36% of 13 year olds, and 63% of 15 year olds reported having drunk some alcohol in the last 30 days. At age 11, boys were more likely than girls to report having done so, but by age 13 as many girls as boys reported having drunk alcohol in the last month and this remains the case among 15 year olds (Figure 4.2).

Weekly alcohol consumption was reported even among the youngest participants in the study, however the prevalence of weekly drinking has decreased significantly across all ages since 2002. In 2002 HBSC England reported 18% of 11 year old boys and 10% of girls drank alcohol on a weekly basis, which increased to 32% for boys and 28% of girls by age 13.

In 2010 very few young people at age 11 (4% of boys and 2% of girls) and age 13 (11% of boys and 10% of girls) said that they drank alcohol every week. However reports of regular drinking increased considerably between 13 and 15 year olds, so that among 15 year olds 32% of boys and 23% of girls reported weekly alcohol consumption. In 2002 these figures were 52% for 15 year old boys and 48% for girls.

Both regular (weekly) drinking and having drunk alcohol in the last 30 days was found to be significantly related to FAS: 28% of young people in the low FAS group compared to 44% in the high group reported having drunk alcohol in the last 30 days.
One fifth of all young people in the HBSC study, reported two or more incidences of having been drunk, in 2002 this figure was 30% and 23% in 2006. The prevalence of drunkenness increases with age. The majority of 11 year olds (89%) said they had never been drunk, with slightly more boys than girls at this age reporting having been drunk at least once (13% boys v. 9% girls). At age 13 the proportion of boys and girls who reported having been drunk at least twice is similar at 16% (Figure 4.3). However by age 15 the proportion of girls reporting having been drunk at least twice exceeded the rate of drunkenness for boys (45% of girls compared to 39% of boys).

A small number of 15 year old young people (13% of boys and 11% of girls) reported a lifetime incidence of having been drunk more than 10 times; this level of drunkenness has not changed in this age group since 2006, although there has been a reduction from 2002 levels when just over a fifth reported this frequency of drunkenness. It would appear that while levels of weekly drinking has decreased since 2002 and 2006, the proportion of young people that engage in a high frequency of drunkenness has not shown a corresponding decline over the same time period (Figure 4.4).

Figure 4.3: Proportion of young people reporting having been drunk 2 times or more

Figure 4.4: Change in weekly drinking and high level drunkenness among 15 year olds 2002-2010
Among both boys and girls at age 15, reported age of first alcoholic drink was significantly correlated with lifetime incidence of drunkenness so that the younger the person was when first drinking alcohol, the more times they reported having ever been drunk.

**What do young people drink?**

The types of alcoholic beverage young people preferred to drink were highly gendered. The most popular type of alcoholic drink among boys of all ages was beer: 30% of 11 year olds, 47% of 13 year olds and 70% of 15 year old boys said that they drank beer at least occasionally. Among girls, the most popular drinks varied with age: 11 year olds were most likely to report drinking wine (19% said that they drink wine at least occasionally), while 13 and 15 year old girls were most likely to report drinking alcopops (39% and 70% respectively said that they drink alcopops at least occasionally).

Boys reported slightly lower (but not significantly so) age of onset than girls both for first alcoholic drink (Figure 4.5) and age of first being drunk (Figure 4.6).

**Figure 4.5: Age of first alcoholic drink among 15 year olds**

![Age of first alcoholic drink among 15 year olds](image1)

**Figure 4.6: Age of first being drunk as reported by 15 year olds**

![Age of first being drunk as reported by 15 year olds](image2)

Among both boys and girls at age 15, reported age of first alcoholic drink was significantly correlated with lifetime incidence of drunkenness so that the younger the person was when first drinking alcohol, the more times they reported having ever been drunk.
At all ages, multiple substance use is significantly related to overall life satisfaction for girls so that those with higher incidence of substance use are less likely to report a life satisfaction score of 6 or above. A similar relationship is found for 11 (but not 13 or 15) year old boys.

No relationship was found between involvement in multiple substance use over the last 30 days and FAS. However, among 13 and 15 (but not 11) year olds, young people in the lowest FAS group were significantly more likely than those in the highest group to say that they had engaged in no substance use during that time period (70% low FAS v. 59% high FAS among 13 year olds; 52% low FAS v. 27% high FAS among 15 year olds).

### Summary

Although many young people reported having experimented with smoking tobacco, cannabis and drinking alcohol and getting drunk, the majority of 11 and 13 year olds had not engaged in any of those behaviours over the past 30 days. Among 15 year olds, more than three quarters had engaged in none or only one instance of substance use over that same time period.

In contrast to many other countries drinking among young people in England is more common among more affluent young people, a feature consistent again with previous HBSC findings (HBSC 2002, 2006).

Boys show a tendency for greater experimentation at an earlier age than do girls, however it appears that something happens around age 13-14 that causes a spike in substance use among girls, to the extent that they catch up with or even overtake boys in terms of these behaviours at this age. Although regular (weekly) drinking among young people has declined particularly among the younger age groups, the proportion who report having been drunk on several occasions has remained high and unchanged since 2006, thereby suggesting that how getting and being drink is understood and internalised by young people warrants consideration.
Chapter 5 Sexual Health

Sexual Health Key Messages

Incidence levels of having had sexual intercourse by age 15 had not changed significantly since 2006 (27% of boys and 34% of girls).

The proportions of 15 year olds reporting early (age 12 or younger) sexual intercourse has decreased since 2002, from 17% in 2002 to 10% in 2010 for boys and from 9% in 2002 to 4% in 2010 for girls.

Boys were more likely to report having had first sexual intercourse at a very young age than girls, although girls were consistently more likely by age 15 to report having had intercourse.

Those in the lowest family affluence groups were more likely to report early first sexual intercourse (age 12 or younger; 18% low FAS v. 3% medium and 5% high FAS).

The majority (over 65%) of sexually active young people used a condom at last intercourse.

A sizable minority of young people (around 15%) who had had sexual intercourse reported not having used any form of contraceptive at last intercourse.

Introduction

The establishment of romantic relationships is an important aspect of adolescence, and many young people begin sexual activity during this time. While the UK still has a high incidence of teenage pregnancy compared to many other European countries, the rates have fallen over the last decade. However, young people (aged 16-24) are still the group most likely to be diagnosed with a sexually transmitted infection (Health Promotion Agency 2008), and hence promotion of adequate contraception, and condoms in particular, is paramount. Young people who start their sexual lives at a very young age are at an increased risk of being involved in a range of risk and problem behaviours (Madkour et al. 2010), and are less likely to use contraception than young people whose sexual debut occurs at a later age.

References


Sexual Activity and Contraceptive Use

Measures

- Have you ever had sexual intercourse (sometimes this is called ‘making love’, ‘having sex’ or ‘going all the way’)?
- How old were you when you had sexual intercourse for the first time?
- The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy?
- The last time you had sexual intercourse, did you use a condom?

Questions relating to sexual behaviour were asked only of the oldest cohort (15 years). Overall, 27% of boys and 34% of girls in this age group reported having had sexual intercourse, compared to 26% and 31% respectively in 2006, and 36% and 40% respectively in 2002. Of those who said that they have had intercourse, 80% of boys and 67% of girls reported that a condom was used at last intercourse. The different methods of contraception used at last intercourse are shown in Figure 5.1. Compared to 2006, significantly fewer girls (but not boys) in 2010 reported using a condom at last intercourse (74% of girls and 80% of boys reported using a condom in 2006). Meanwhile, the proportion that reported using the contraceptive pill had increased significantly since 2006 when 18% of boys and 23% of girls reported using the pill.

**Figure 5.1 Contraceptive method used at last intercourse among 15 year olds**

![Figure 5.1 Contraceptive method used at last intercourse among 15 year olds](image)

**Base: Respondents aged 15 years who have had sexual intercourse**

Age of Onset for Sexual Activity

Of those 15 year olds who have ever had sexual intercourse, boys are more likely than girls to report very early onset of sexual activity (at age 11 or younger), but most young people say that first intercourse occurred at age 14 or older (Figure 5.2). Young people in the lowest FAS group are significantly more likely to report first sexual intercourse at age 12 or younger (18% compared to 3% and 5% respectively in the medium and high FAS groups).

The pattern for age of first sexual intercourse was very similar in 2010 to 2006, particularly among boys, but compared to 2002 it appears that 15 year olds now tend to report slightly higher age at which they first became sexually active. The proportions of 15 year olds reporting early first sexual experience (12 years or younger) had decreased since 2002, from 17% in 2002 to 10% in 2010 for boys and from 9% in 2002 to 4% in 2010 for girls, (Figure 5.3 & 5.4).

**Figure 5.2: Age of onset for sexual intercourse among sexually active 15 year olds**

![Figure 5.2 Age of onset for sexual intercourse among sexually active 15 year olds](image)

**Base: Respondents aged 15 years in 2010 who have had sexual intercourse**
The proportion of young people who reported having had sexual intercourse at age 15 has not changed markedly since 2006, although the proportion has decreased since 2002. However, use of condoms at last intercourse appears to have decreased among girls who are sexually active while use of the contraceptive pill had increased among both boys and girls. In 2010 HBSC Scotland reported a reduction in condom use among 15 year old young people, but no corresponding increase in pill use (Currie et al. 2011). Reported level of contraceptive pill use was however lower in this English HBSC sample than in comparable samples in other Western European countries such as the Netherlands (Currie et al. 2008). Although condoms are generally seen as the optimal form of contraception for young people as it protects against both pregnancy and STIs and does not require having to remember taking a pill every day, it cannot be assumed that young people who only use the pill as contraception are necessarily at greater risk. Within relationships that are long-term and committed, where sexual history of both partners are known and where the pill is taken as prescribed, it offers greater protection against unwanted pregnancy than do condoms. However, considering that young people are the age group most at risk for sexually transmitted infections (Health Protection Agency 2008) the importance of condom use may need to be promoted more strongly. Further, a sizable minority of young people reported having not used any form of contraception at last intercourse, putting themselves at considerable risk of both pregnancy and sexually transmitted infections.

There has been growing concern about the ‘sexualisation’ of young people (NSPCC 2011) and that adolescents are increasingly at pressure of becoming sexually active at a young age, but sexually active 15 year olds in 2010 did not report lower age of first sexual intercourse than they did in 2002.
Chapter 6 Injuries and physical fighting

Injuries and Fighting Key Messages

- A large proportion (50-60% of boys and 40% of girls) of young people reported having had an injury that warranted medical treatment in the last 12 months.

- Boys were more likely than girls to have both been injured (55% boys v. 42% girls) and involved in physical fighting (51% boys v. 21% girls) in the last 12 months.

- Involvement in physical fighting decreases with age among boys (56% at age 11 v. 41% at age 15) but remain relatively constant between ages 11 and 15 among girls (20-24%).

Introduction

Unintentional injury and especially those that result in being medically attended represent a significant health risk for adolescents (WHO, 2006). Mortality rates among children and young people beyond infancy are highest between 15-19 years. In the UK in 2006 there were 430 deaths of young people aged 10-14 from all causes, but 1654 deaths among those aged 15-19 (ONS 2008). This increase with age is due primarily to preventable deaths, caused by injury, self-poisoning and road traffic accidents. In the UK, just over 1000 young people aged 15-24 years die each year as a result of accidents (the majority of which are road traffic related) (Donaldson 2008a).

Non-fatal injuries carry with them medical and other consequences imposing a significant demand on health services. Injury can often occur as a result of multiple risk-taking behaviour (Ciolero 2002) and is associated with the most vulnerable and poorest young people (Pickett 2002, 2005, Simpson 2005). Moreover evidence indicates that the issue of injury is gender-driven, with greater levels of morbidity and mortality among teenage boys (Scheidt, 1995).

Media reports abound with concerns relating to young people as a risk to others. However, in reality young people are as likely to be victims of violence as the perpetrators of harm to others. The 2006-7 British Crime Survey identified that just over 20 per cent of all young people aged 16-24 years had been a victim of violent crime compared to around 4 per cent of those aged 45-65. However physical violence between peers during adolescence has been recognised as a major cause of injury among young people, especially among young males, (Krug et al 2002). Physical fighting is the most common manifestation of interpersonal violence in adolescence and has been chosen by expert consensus as one of the highest-priority behaviours associated with youth violence and intentional injury (Krug et al 2002).
**Medically Attended Injury**

**Measures**
- During the past 12 months, how many times were you in a physical fight?
- During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

Overall, 55% of boys and 42% of girls said that they had been injured in the last 12 months. Seven percent of boys and 5% (falling to 3% among 15 year olds) of girls report having been injured 4 times or more over the same time period. Girls in the highest FAS group were significantly more likely to have been injured at least once over the last 12 months than those in the low and medium groups (48% high FAS, 38% medium FAS and 36% low FAS).

**Physical Fighting**

Overall, 51% of boys and 22% of girls reported having been involved in a physical fight at least once over the past 12 months. Involvement in physical fighting was higher among boys than girls at all ages, and decreased with age among boys (56% at age 11 v. 41% at age 15) but stayed more or less constant between the ages of 11 and 15 among girls at 20-24% (Figure 6.1).

There were small but significant differences in reported involvement in physical fighting between young people in different FAS groups. Among boys, young people in the lowest FAS group were most likely to report having been involved in fighting in the last 12 months (56%), followed by those in the high (53%) and medium (47%) groups. The relationship in girls appeared more linear, with low FAS girls most likely to have been involved in fighting (30%) followed by those in the medium (23%) and high (21%) FAS groups.

Among both boys and girls, young people who reported having been involved in a physical fight over the last 12 months were significantly more likely to report having been injured during that same time period. Sixty six percent of boys who said they had been in a fight also reported having been injured, compared to 45% of those that had not been in a fight. The corresponding figures for girls were 60% and 38%. The same pattern was observed across all FAS groups.

**Summary**

Many young people reported having had an injury over the last 12 months that required some form of medical attention – this could have involved different types of health care professionals such as GPs, school nurses as well as A&E staff. Other studies of young people’s injuries have tended to be based on A&E admissions and not reported by adolescents themselves, thus potentially missing the incidence of injuries attended in other health care settings. Canadian data suggest that only about a quarter of medically attended injuries among adolescents were addressed in an emergency department (Simpson et al. 2005).

Although no data was obtained on the types of injuries young people had experienced, other studies suggest that the relationship between family affluence and injuries varies for different types of injury. Lower family affluence has been associated with fighting-related injuries, while higher family affluence is related to injuries incurred while participating in sports (Simpson et al. 2005). Regardless of family affluence status however, medically attended injuries appear to be associated with having been involved in physical fighting among both boys and girls.

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**Figure 6.1: Having been involved in a physical fight in the last 12 months**

- **Boys**
- **Girls**

*Base: all respondents in 2010*
Chapter 7  Family life

Family life Key Messages

The majority of young people (67%) in England live with both parents. The proportions of young people who live with lone parents significantly increased from 16% in 2006 to 20% in 2010.

Young people of both genders are more likely to report it easy to talk to their mothers (83%), than fathers (63%). Just over half (51%) of 15 year old girls find it easy to talk to their fathers.

Boys talk more to their grandparents, both grandmothers and grandfathers than girls. Significantly higher proportions of boys talk to their grandmothers than girls: 56% of boys v.51% of girls. And significantly higher proportions of boys talk to their grandparents than girls: 47%v. 33%.

88% of young people report that they feel well supported by their parents. 95% of young people reported that they are encouraged by their parents to do well at school.

84% of young people appear to have been given age appropriate levels of autonomy by their parents in relation to their decision-making about how to spend their free time.

91% of young people eat a meal at least once a week with their families.

Family sporting activities are gendered with boys more likely to participate in physical activities and sport with their families than girls: 37% of boys v. 28% of girls do a family sport at least once a week. This may in part account for the lower levels of physical activity among teenage girls.

Introduction

There is an extensive body of research that highlights the significance for adolescent health outcomes of family life. The recent UNICEF report on the most disadvantaged children in OECD (Organisation for Economic Co-operation and Development) countries identified the quality of parental engagement and levels of support offered by parents as a key dimension of child poverty and as a major determinant of young people’s health and well-being (UNICEF Innocenti Research Centre 2010).

In England, over the last 30 years there has been a major social change in the composition and structure of family households, that have significant implications for the adolescent population, for example, in 2006 25% of all families with dependent children in the UK were headed by a lone parent compared to only 8% in 1971 (Coleman and Brooks 2009). Stress and conflict within families and the experience of family breakdown can have highly negative impacts on young people’s well-being (Rees et al. 2011). However the quality of relationships within the family unit and particularly how a family communicates may be as important an influence on young people’s well-being as family structure (Pedersen et al. 2004) Central to the developmental tasks of adolescence is the navigation of health related (Pedersen et al. 2004) behaviours and health risks that form part of the adult world. Parental support and a strong family bond are associated with reduced levels of health-risk behaviours (Bell et al. 2000) and improved mental health and emotional-wellbeing (Moreno et al. 2009). Parental communication also functions as a protective health asset, supporting young people to maintain high life satisfaction and a positive body image even during late adolescence, (Fenton et al. 2010).

The quality of parent-child communication represents a key indicator of family functioning (Sweeting and West 1995). The ease with which young people feel that they can discuss issues that really matter to them with their parents is a key indicator of family functioning (Sweeting and West 1995). The ease with which young people feel that they can discuss issues that really matter to them with their parents is a key indicator of family functioning (Sweeting and West 1995). The ease with which young people feel that they can discuss issues that really matter to them with their parents is a key indicator of family functioning (Sweeting and West 1995).

Factors that facilitate ease of communication with parents have been linked to a mutually interactive communication style, where both the mother and child feel free to raise issues, effective nonjudgmental listening by the parent and the parent proving to be trustworthy from the perspective of the young person (Tamara et al. 2008).

Parental monitoring is also a core element of the familial environment, how and to what extent parents set boundaries and are able to enforce, negotiate and agree boundaries with their adolescent children has been related to the development of self-control, decision-making skills and autonomy on the part of the young person.

References


HBSC England National Report

Family life

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53
In England about 67% of young people reported living with both parents in their main home, and 92% live within a household that includes siblings. A three generation family household is a minority experience, with only 7% of all young people reporting that they have a grand-parent living with them. Up to a quarter (16-23%) of all young people reported living in a household headed by a single lone parent, and 8-15% reported living in a household with a step parent (Table 7.1). The results for family structure illustrate that a number of young people may have experienced multiple family breakdowns by their mid teens. More than 21% of 11 year olds and more than 26% of 13 and 15 year olds report living at least sometimes in another home or another family, such as the case when parents are separated or divorced.

### Table 7.1: Family structure

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11 Year Olds</td>
<td>13 Year Olds</td>
<td>15 Year Olds</td>
<td>11 Year Olds</td>
</tr>
<tr>
<td>Both Parents</td>
<td>72%</td>
<td>65%</td>
<td>67%</td>
<td>70%</td>
</tr>
<tr>
<td>Lone Parents</td>
<td>19%</td>
<td>23%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Step-family</td>
<td>8%</td>
<td>11%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Grandparent in the home</td>
<td>11%</td>
<td>9%</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Base: All respondents in 2010**

The proportions of young people who live with both parents significantly decreased since 2006 from 70% to 67%, while the proportions of young people who live with lone parents significantly increased from 16% in 2006 to 20% in 2010.
Those in the high FAS group were most likely (77%) to report that they live with both parents, followed by those in the medium (61%) and low (41%) FAS groups. Similarly all family affluence groups differed significantly in the percentage of young people who indicated that they lived with a lone parent, with low FAS showing the highest percentage (45%), followed by medium (23%) and high (10%) FAS. The family affluence groups did not differ significantly in the percentages of young people living in step-families (low 11%, medium 14% and high 12%) (Table 7.2).

<table>
<thead>
<tr>
<th>FAS group</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td></td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Both Parents</td>
<td>41%</td>
<td>62%</td>
</tr>
<tr>
<td>Single Parents</td>
<td>44%</td>
<td>25%</td>
</tr>
<tr>
<td>Step-family</td>
<td>12%</td>
<td>12%</td>
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<tr>
<td>Other</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

There was a significant difference between 2006 and 2010 regarding family structure and FAS. The proportions of young people having both parents significantly decreased in medium (61% v. 69%) and low FAS (41% v. 56%) groups, and the proportions of young people having single parents significantly increased in low (45% v. 31%) and medium (23% v. 19%) FAS groups since 2006. The proportions of young people having both parents and single parent remained unchanged in high FAS group. Also there were no significant changes in the proportions of young people living in step families or in other family structures.

There was a significant difference between 2006 and 2010 regarding family structure and FAS. The proportions of young people having both parents significantly decreased in medium (61% v. 69%) and low FAS (41% v. 56%) groups, and the proportions of young people having single parents significantly increased in low (45% v. 31%) and medium (23% v. 19%) FAS groups since 2006. The proportions of young people having both parents and single parent remained unchanged in high FAS group. Also there were no significant changes in the proportions of young people living in step families or in other family structures.

Parental Communication

Ease of Communication with Mothers

The majority of young people (83%) said that they find it ‘easy’ or ‘very easy’ to talk to their mothers regarding the things that really bother them. There were significant age and gender differences: The proportion of young people who found it easy to communicate with their mothers decreased with age (90% of boys and 90% of girls among 11 year olds, 83% boys v. 81% of girls among 13 year olds and 77% of boys v. 73% of girls among 15 year olds).

Reported ease of communication with mother was significantly related to FAS: Those with high family affluence (85%) were most likely to report that they find it easy to talk to their mother about things that really bother them, followed by those with medium (78%) and low family affluence (74%).

Table 7.2: Family structure by FAS

<table>
<thead>
<tr>
<th>FAS group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>Medium</td>
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<tr>
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<td>25%</td>
</tr>
<tr>
<td>Step-family</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: All respondents in 2010

Figure 7.2: Young people who say talking to mother is ‘easy’ or ‘very easy’

Base: All respondents in 2010
Ease of Communication With Fathers

There were significant gender and age differences among young people concerning how easy they feel they can talk to their father about the things that really bother them. The proportion of young people who find it easy to talk to their fathers decreased with age. Boys find easier to communicate with their fathers than girls at all ages: 80% of boys v. 72% of girls in 11 year olds, 77% of boys v. 60% of girls in 13 year olds and 70% of boys v. 51% of girls in 15 year olds (figure 7.3).

Reported ease of communication with father was significantly related to FAS. Those with high family affluence (68%) were most likely to have reported that they find it easy to talk to their father about things that really bother them, followed by those with medium (61%) and low family affluence (42%).

Parental Support

Parental support (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)

- If I have a problem at school, my parents are ready to help
- My parents are willing to come to school to talk to teachers
- My parents encourage me to do well at school
- My parents are interested in what happens to me at school
- My parents are willing to help me with my homework

Overall, most young people reported that their parents took an interest and engaged with their life at school: 90% said their parents were interested in what happened to them at school; 95% said that their parents encourage them to well at school; 81% said their parents were willing to help with homework; 88% said that if they had a problem at school their parents would be willing to help them; and 88% said that their parents were willing to help them with their teachers.

In some cases, parental engagement with school life was significantly related to FAS. Those with high family affluence were most likely to have reported that their parents: (1) are willing to come to talk to teachers (90% high FAS, 88% medium FAS and 85% low FAS), (2) are interested in what happens at school (92% high FAS, 88% medium FAS and 85% low FAS), and (3) are willing to help them with their homework (84% high FAS, 79% medium FAS and 74% low FAS).
### Parental Monitoring

**Measures**

How much say do you have when you and your parents are deciding how you should spend your free time outside school?

- I usually decide how I spend my free time outside school
- My parents and I decide, but I usually can do what I want
- My parents and I decide, but I usually do what my parents want me to do
- My parents usually decide

Young people were more likely to say that ‘I usually decide’ how to spend their free time the older they get (Figure 7.4). Across all ages, boys were significantly more likely than girls to report that they usually decide for themselves how to spend their free time (46% v. 35% among 11 year olds; 59% v. 49% among 13 year olds; 63% v. 55% among 15 year olds). Conversely, girls were significantly more likely than boys to say that ‘My parents and I decide but I can usually do what I want’ (43% v. 32% among 11 year olds; 36% v. 29% among 13 year olds; 32% v. 28% among 15 year olds). Overall, the majority of young people said either that they decide for themselves (51%), or that they and their parents decide but they can usually do what they want (34%).

***Figure 7.4: Young people who say that they usually decide on their own how to spend their free time***

![Graph showing the proportion of young people who usually decide on their own how to spend their free time across different age groups.](image)

**Base:** all respondents in 2010

### Family Activities

**Measures**

The things which family do together (every day, most days, about once a week, less often, never)

- Watch TV or a DVD/video
- Play indoor games together
- Eat a meal together
- Go for a walk together
- Go places together
- Visit friends or relatives together
- Play sports together
- Sit and talk about things together

Family Activities: Watch TV Or DVD Or Video Together

Overall, about three quarters (76%) of young people said that they watch TV/DVD/Video together with their families at least once a week, and the proportions that do so vary only slightly by age and gender, and there were no differences between the FAS groups.

Family Activities: Eat A Meal Together

Overall, 52% of all young people said that they eat a meal together with their family every day. Fifteen year olds were significantly less likely to say that they eat a meal with their family every day compared to 11 and 13 year olds (46% of 15 year olds, 55% 13 year olds and 56% 11 year olds). There were no significant gender differences in the likelihood of eating a meal with family every day. The vast majority (91%) reported eating a meal with their family at least once a week, but 3% said that they never do so.

Family Activities: Play Sports Together

There are significant gender and age differences in the proportions of young people who do sports with their families. The proportion of young people who do sport together with families decreased significantly with age, and boys were more likely than girls to report doing sport together with their family: 51% of boys v. 40% of girls among 11 year olds; 34% of boys v. 29% of girls among 13 year olds; and 23% of boys v. 15% girls among 15 year olds do sport together with their families at least once a week (Figure 7.5).

***Figure 7.5: Young people who report doing sports together with their family at least once a week***

![Graph showing the proportion of young people who report doing sports together with their family across different age groups.](image)

**Base:** all respondents in 2010
Those with high family affluence (35%) were most likely to have reported that they do sports together with their families at least once a week, followed by those with medium (30%) and low family affluence (28%).

Family Activities: Sit And Talk About Things Together
The proportion of young people who reported sitting and talking to their families at least once a week decreases significantly at age 15: Among 11 and 13 year olds, 73-75% said that they would sit down and talk with their family at least once a week, compared to 56% of boys and 62% of girls at age 15.

Summary
HBSC findings provide a snapshot of family life in England in 2010 and explores various dimensions from family structure and affluence to the character of family interaction. While there is a rich body of evidence relating to parenting in early years, the experience of being parented during adolescence has been given relatively less attention.

The majority of young people report that they are well supported by their parents especially in relation to their school life, however this is strongly associated with affluence. Young people also report that they are participating with their parents in making decisions about their use of free time and the majority appear to be given by their parents an age appropriate level of autonomy in relation to use of their time outside of school.

Sharing meal times has been associated with positive well-being for young people as well as improved nutrition. Families in many instances appear to be sharing meal times, and engaging in other activities together, although this declines with age probably as young people become increasingly autonomous.

The ability of young people to talk to their parents about the things that really matter to them varies considerably according age and gender. Communication with mothers in England appears to be relatively easy for young people especially boys. However communication with fathers appears to be less easy for many young people especially girls.

References


Introduction

Outside of the home, school is arguably the most important context for young people’s lives. It is where they spend a majority of their time, where friendships are often formed, and where they learn the skills needed to prepare for employment and adult life.

School and homework can also be a source of stress, and many young people may be concerned about their academic performance relative to their peers if the school environment is strongly focused on achievements and targets. Conversely, good perceived academic performance may be indicative of confidence and self-esteem.

The relationship between students and teachers forms an important basis for young people to learn how to relate to adults outside of the family, and supportive relationships with teachers have a positive impact on young people’s well-being and self-esteem. School connectedness refers to an academic environment in which students believe that adults in the school care about their learning and about them as individuals (Blum 2004, 2005). School connectedness in relation to liking school, and feeling safe in school appears to function as a protective asset for sustaining life satisfaction and high self-efficacy. When facilitated by teachers feeling connected to school has been shown to have direct positive outcomes in terms of the reduction of violence, substance use and teenage pregnancy rates, and suggested to be more cost effective than targeted interventions (Blum 2005; Blum 2004). Consequently the HBSC survey included a number of questions that set out to explore school connectedness.

Academic achievement as measured by qualifications attained has improved in the UK over the past decade with the numbers of students attaining 5 or more GCSEs including English and Maths increasing threefold (Coleman and Brooks 2009). A young person’s subjective sense of their academic achievement or academic self-efficacy is associated with final education outcomes and a predictor of future life chances (Currie et al. 2008a). HBSC asks young people a number of questions about how they perceive their academic performance and how they are perceived by their teachers. Feeling pressured by schoolwork relates to school adjustment and is akin to job strain in the workplace. However feeling pressured by school work is not simply a reflection of individual characteristics; the level of school related stress is also a characteristic of the wider context of the school and classroom culture. While a reasonable amount of pressure can be positive in terms of developing coping strategies to manage exams and workload, high levels of stress may be indicative of confidence and self-esteem.

Both boys and girls become more likely to report feeling safe at school as they reach the age of 15. This is consistent with the findings of previous surveys that have looked at school connectedness, a measure which is related to liking school, and feeling safe in school appears to function as a protective asset for sustaining life satisfaction and high self-efficacy. When facilitated by teachers feeling connected to school has been shown to have direct positive outcomes in terms of the reduction of violence, substance use and teenage pregnancy rates, and suggested to be more cost effective than targeted interventions (Blum 2005; Blum 2004). Consequently the HBSC survey included a number of questions that set out to explore school connectedness.

Overall, the majority (> 70%) of young people are positive regarding the atmosphere between students and teacher, in terms of feeling liked, supported and accepted.

Younger students are more likely to report that students are able to participate in decisions relating to class rules and activities, and girls are more likely to agree students have a say than are boys. 47% of 11 year olds felt that their ideas were taken seriously in class compared to 22% 15 year olds.

Between 40-55% of students at all ages said that they like school ‘a bit’. There has been a decrease in the proportion of young people across all ages who report they like school a lot since 2006. In 2010 16% of girls and 14% of boys aged 15 report they like school a lot compared to 26% and 24% respectively in 2006.

The majority (ranging from 69% of 15 year olds to 76% of 11 year olds) rate their achievement in school as good or very good. For boys but not girls positive perceptions relating to achievement are significantly related to higher levels of family affluence.

The proportions who report feeling high levels of pressure at school has decreased somewhat since 2006 when reported levels of school pressure were some of the highest across Europe and North America. In 2010, 38% of girls and 20% of boys aged 15 report feeling a lot of pressure from school.

The lowest level of school connectedness, especially in relation to teacher support, was reported by 13 year olds.

The majority (76%) of young people who reported that they like school ‘a lot’; the corresponding figures for 13 year olds were 21% of boys (31% in 2006) and 25% of girls (38% in 2006). By age 15, the proportion of young people who reported that they like school dwindles even further: only 16% of girls and 14% of boys aged 15 reported that they like school a lot, compared to 26% of 15 year old girls and 24% of boys in 2006.

Between 40-55% of students at all ages said that they like school ‘a bit’, however the proportion of young people who reported that they like school ‘a lot’ decreased significantly across all ages in 2010 compared to 2006. In 2010 among 11 year olds to 38% of boys (52% in 2006) and 49% of girls (56% in 2006) said that they liked school ‘a lot’; the corresponding figures for 13 year olds were 21% of boys (31% in 2006) and 25% of girls (38% in 2006). By age 15, the proportion of young people who reported that they like school dwindles even further: only 16% of girls and 14% of boys aged 15 reported that they like school a lot, compared to 26% of 15 year old girls and 24% of boys in 2006.

Girls were more likely than boys to say that they like school ‘a lot’ at all ages, but the gap between the genders narrowed with age (Figure 8.1). Boys are more likely than girls to say that they don’t like school ‘at all’, but the difference is not big (5% of boys v. 2% of girls at age 11; 12% of boys v. 9% of girls at age 15). The most dramatic change in reports of liking school is for girls: between ages 11 and 13 the proportion who say they like school ‘a lot’ drops from 49% to 25%, while the proportion that say they don’t like school very much increases over the same time period from 8% to 20%. The patterns in boys’ reports are similar but the changes less dramatic.

Figure 8.1: Young people who said that they like school ‘a lot’ by age and gender

<table>
<thead>
<tr>
<th>Age</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 year olds</td>
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</table>

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<table>
<thead>
<tr>
<th>Measure</th>
<th>How do you feel about school at present?</th>
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<tbody>
<tr>
<td>o Like it a lot</td>
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<tr>
<td>o Like it a bit</td>
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<tr>
<td>o Don’t like it very much</td>
<td></td>
</tr>
<tr>
<td>o Don’t like it at all</td>
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</tr>
</tbody>
</table>

Girls were more likely than boys to say that they like school ‘a lot’ at all ages, but the gap between the genders narrowed with age (Figure 8.1). Boys are more likely than girls to say that they don’t like school ‘at all’, but the difference is not big (5% of boys v. 2% of girls at age 11; 12% of boys v. 9% of girls at age 15). The most dramatic change in reports of liking school is for girls: between ages 11 and 13 the proportion who say they like school ‘a lot’ drops from 49% to 25%, while the proportion that say they don’t like school very much increases over the same time period from 8% to 20%. The patterns in boys’ reports are similar but the changes less dramatic.
Pressured by School Work

The proportions who reported feeling high levels of pressure at school has decreased somewhat since 2006, for example among 15 year olds 58% of young people reported feeling pressured ‘a lot’ by school work in 2010 compared to 65% in 2006.

Both boys and girls reported feeling more pressured by school work the older they got (at age 11, 32% say they feel ‘some’ or ‘a lot’ of pressure from school work; at age 15 this has increased to 58%), but between the ages of 13 and 15 the proportion that reports the amount of pressure to be ‘a lot’ increases to a much greater extent among girls than boys (Figure 8.3).

Meanwhile, the proportion who say they don’t feel pressured ‘at all’ by school work decreased between age 11 to 15 from 23% to 10% among boys, and from 20% to 5% among girls. At all ages those students who report their performance at school to be ‘below average’ are most likely to say that they feel pressured ‘a lot’ by school work, and this relationship is significant for all groups except 15 year old boys. Among girls, FAS is also linked to feeling pressured by school work with girls in the highest FAS group more likely to report feeling pressured ‘a lot’ than those in the lowest (22% v. 15%).

Academic attainment and pressure

Measure

- “In your opinion, what does your class teacher(s) think of your school performance compared to your classmates?” – (Very good, good, average, below average)
- “How pressured do you feel by the schoolwork you have to do”? – (Not at all, a little, some, a lot)

Overall, more than two thirds of students of all ages rate their achievement in school as ‘good’ or ‘very good’ (76% of 11 year olds, 70% of 13 year olds and 69% of 15 year olds). Girls of all ages are more likely than boys to respond ‘very good’; the proportion who respond ‘very good’ drops somewhat between ages 11 and 13 among both boys and girls, then bounces back among boys but not girls (Figure 8.2). Very few young people rated their academic performance as ‘below average’ (5% of boys and 2% of girls).

Among boys, but not girls, perceived academic achievement was linked to FAS, so that boys in the highest FAS group were significantly more likely to say that their teachers would rate their academic performance as ‘good’ or ‘very good’ (64% of boys in low FAS v. 72% in high FAS).
Peer Relationships at School

**Measure Peer relationships at school**

“How much do you agree or disagree with the following (for your classes):

- Students enjoy being together
- Most of the students are kind and helpful
- Other students accept me as I am

Overall, the majority of young people were positive regarding the atmosphere between students at school, in terms of feeling liked, supported and accepted. Overall, 71% of students agreed or strongly agreed that the students in their school ‘liked being together’, and 74% agreed or strongly agreed that ‘other students accept me as I am’, with no significant age or gender differences. However, regarding ‘other students are kind and helpful’ the proportion that responds ‘agree’ or ‘strongly agree’ decreased with age from 71% at age 11 to 57% at age 15. This represents a significant decrease from 2006 when 70% of 15 year old pupils reported that other students were kind and helpful.

There were no noticeable differences between boys and girls in responses regarding peer relationships in school, but among boys some aspects of peer relationships are linked to FAS. Boys belonging to the highest FAS group are more likely than those from the lowest to (strongly) agree that students in the school like being together (77% v. 69%), and that students are kind and helpful (64% v. 49%).

Relatedness And Relationships With Teachers

**Measures**

“How much do you agree or disagree with the following:

- I am encouraged to express my own views in class
- Our teachers treat us fairly
- When I need extra help, I can get it
- My teachers are interested in me as a person
- Most of my teachers are friendly
- I feel safe in this school
- I feel like I belong in this school

Young people were asked a range of questions to assess how supported and connected they feel to their teachers and school in general. Overall, 60-80% of students tended to agree or strongly agree with most of the statements given, indicating a reasonable level of relatedness. However, some interesting patterns were found between ages and genders (Figure 8.4). First of all, 13 and 15 year olds differed little on most of the statements, and level of agreement was also similar between boys and girls at those ages. Meanwhile, 11 year olds, and girls at this age in particular, reported much higher levels of agreement overall indicating higher sense of connectedness. Secondly, several of the questions showed a pattern where the lowest level of connectedness was reported by 13 year olds. This was particularly noticeable in the statements ‘most of my teachers are friendly’ and ‘when I need extra help, I can get it’. Finally, to the questions ‘my teachers are interested in me as a person’ and ‘our teachers treat us fairly’, fewer than half of both boys and girls aged 13 and 15 agree or strongly agree.

Over 60% of young people at all ages reported feeling safe in school, although this decreased with age. Among boys but not girls, FAS is related to sense of feeling safe at school, with boys in the lowest FAS group significantly less likely to agree or strongly agree that they feel safe than the other two groups (38% of low FAS boys compared to 67% and 68% in the medium and high groups respectively).

Figure 8.4: Relatedness and relationship with teachers by age and gender

Base: All respondents in 2010
A similar pattern was evident when asking about how much say students have in general school projects and events (Figure 8.6).

Overall, younger students were more likely to report that students are able to participate in decisions relating to class rules and activities, and girls at all ages were more likely to agree students have a say than are boys (Figure 8.5).

The areas where students’ perceptions of having an input changed most dramatically with age were in response to ‘At our school, students ideas are treated seriously’ (47% 11 year olds v. 22% 15 year olds agree or strongly agree) and ‘In my classes, students get to participate in deciding class rules’ (67% 11 year olds v. 39% 15 year olds agree or strongly agree).
Students report being less actively involved in PSHE lessons (by taking part in discussions) the older they get (79% at age 11 and 71% at age 15 agree or strongly agree). Boys are somewhat less likely than girls to report actively taking part in discussions, particularly at age 15 when 74% of girls compared to 66% of boys say that they have done so.
Beyond The Class Room

The majority (ranging from 83% at age 11 to 67% at age 15) of young people agreed that PSHE lessons have taught them to consider the importance of health in society more broadly.

A large majority of students at ages 11 and 13 agreed that PSHE lessons have taught them to think about the advantages and disadvantages of different health behaviours. 15 year olds were less likely to agree with this than younger students, but even in this age group over 60% of boys and over 70% of girls agreed that PSHE lessons have made them consider the advantages and disadvantages of health behaviours (Figure 8.10).

Among 11-year olds, a sizeable proportion of girls in particular said that PSHE lessons had made them a little or much more interested in PSHE-related topics than they were before. Among 15 year olds, just over half of girls said that PSHE lessons had not affected their interest in related topics at all (Table 8.1). Eleven per cent of 15 year old boys and 6% of 15 year old girls say that PSHE lessons have actually made them less interested in related topics than they were before.

A sizable proportion of both boys and girls agree that PSHE lessons have improved their skills and abilities to care for other people’s health. There are no significant differences in this between boys and girls, but older students are less likely to agree with this than are younger students (Figure 8.9).

Figure 8.8: Perceived impact of PSHE lessons on confidence in taking care of own health

Figure 8.9: Students who agree that PSHE has improved their skills in caring for other people’s health

Figure 8.10: Students who agree that PSHE has taught them to consider the advantages/disadvantages of health behaviours

Effect Of PSHE Classes On Confidence In Taking Care Of Own And Others’ Health

Around a quarter of 11-year olds say that PSHE lessons have made them much more confident in taking care of their own health, and 25-30% of young people of all ages say it has made them a little more confident. Older students are less likely to say that PSHE lessons have improved their confidence levels than are younger students (Figure 8.8).
Girls were more likely than boys to report talking with both their friends and their parents about things that had been discussed in PSHE lessons, but whereas the proportion of girls saying that they do talk to their friends about these issues increased with age, the proportion of both boys and girls who reported talking to their parents about the same things decreased from age 11 to age 15 (Figure 8.11 and 8.12).

<table>
<thead>
<tr>
<th>Table 8.1 Effect of PSHE classes on interest in health issues</th>
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<tr>
<td><strong>11 Year olds</strong></td>
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<tr>
<td><strong>Boys</strong></td>
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<td><strong>Girls</strong></td>
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<tr>
<td><strong>A little more interested than before</strong></td>
</tr>
<tr>
<td><strong>Boys</strong></td>
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<tr>
<td><strong>Girls</strong></td>
</tr>
<tr>
<td><strong>No change in interest</strong></td>
</tr>
<tr>
<td><strong>Boys</strong></td>
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<tr>
<td><strong>Girls</strong></td>
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</tbody>
</table>

*Base: All respondents in 2010*
in relation to school factors, it appears that boys from low FAS backgrounds may be particularly vulnerable to negative experiences. Boys in the low FAS group were less likely than boys from more affluent backgrounds to rate their school performance as good, and they appear to view peer relationships in school less favourably than other boys. Finally, low FAS boys were significantly less likely to report ‘feeling safe’ in school, which could have significant meaning for their developmental and emotional well-being.

The majority of young people reported a favourable view of school PSHE lessons, and said that their teachers are knowledgeable on the subject. PSHE lessons appear to increase interest in health-related issues and may positively impact on normative behaviours, such as personal values in relation to caring for others. A decrease in satisfaction with PSHE lessons was found as students get older. The age-related findings might indicate that the topics covered do not adapt according to the changing needs of young people over time, or that the specific topics on the curriculum for the older groups require more specialised knowledge. However, since satisfaction with school overall appears to decrease as young people get older, this could also be an age effect more generally.

The drop in the proportion of students at age 15 who say that PSHE lessons increase their confidence and skills suggests that PSHE lessons may not fully equip them to deal with the health related issues encountered at this age. Although the finding that girls report more communication about PSHE-related issues with both friends and parents is not surprising, more could perhaps be done to ensure that topics covered in PSHE also address the needs of young men. This may be particularly important as they are less likely than girls to discuss health related topics with others. Finding ways of engaging them in PSHE discussions may be one way to encourage boys to take a greater interest in health related issues.

References

In 2006, England compared very well against the majority of countries across Europe and North America in terms of the proportions of young people who liked school, but in 2010 significantly fewer young people reported liking school ‘a lot’. Reports of liking school decreased by age for both boys and girls, with only a small proportion of 15 year olds saying that they liked school ‘a lot’. Perceived pressure from school work seems to have decreased somewhat since 2006, when England rated poorly compared to other countries in terms of young people feeling high levels of pressure from school work (Currie et al. 2008). Not surprisingly, older young people felt more pressure from school work than younger ones, reflecting increasing homework burdens and exam pressure as young people get older. Felt pressure may also be related to perceived ability, since those young people who rate their academic achievement as ‘below average’ are most likely to report feeling pressured by school work. Girls from high FAS backgrounds are also more likely to report feeling pressured by school work than those in the medium and low groups, possibly reflecting higher expectations on young women from more affluent backgrounds.

Peer relationships in school were perceived favourably in the main, although the proportion of 15 year olds who said that other students in school were ‘kind and helpful’ has decreased significantly in 2010 compared to 2006. While connectedness to school and teachers was mostly positive, it is worth noting that 11 year olds appear to feel considerably more connected than older young people. Increasing pressure from school work and decreased confidence in academic performance may play a part in young people feeling less relatedness with school and teachers as they get older. Barber & Olsen (2004) found that perceived decreased support from teachers as students got older related to academic as well as personal and interpersonal functioning among students. However, it appears that age 13 may be a particularly sensitive time for feeling connection and relatedness. Although not explored here, it is possible that this is related to the onset of puberty and the general developmental changes associated with that time. The majority of students believe that their teachers would rate their academic achievement as good or very good, and only very few young people think their performance rate ‘below average’, indicating that most students feel confident about their school performance. Year 9 also marks the middle years of secondary school where the pupils are neither new to school or preparing for public examinations. It is also the age at which across HBSC findings risk related behaviours start to rise and perceived well-being begins to decline.

Summary
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References
**Peers and Leisure Key Messages**

Most (86-94%) young people reported having three or more close, same-sex friends, which remains unchanged from 2006.

FAS is correlated with time spent with friends both directly after school and out in the evenings, with young people in the highest FAS group reporting lower average number of days than young people in the lowest FAS group.

Girls reported spending slightly less time together with friends after school or in the evenings, but they report greater frequency of communication with friends through telephone, text messaging or via internet than did boys.

Boys were much more likely to watch TV or use game consoles than girls. The proportion of young people playing computer games 2+ hours a night during the week has increased significantly since 2006 (from 42% to 55% among boys and 14% to 20% among girls).

The majority (72%) of young people across all ages reported that they had not been bullied, and the proportion who report having been bullied once or twice in the past couple of months, has decreased since 2006.

**Introduction**

Peers and friendships form a crucial part of young people’s social context. Peers play a role in the formation of identity during adolescence and can provide connectedness and social and emotional support. They provide opportunity for learning social skills, and for forming close relationships with people other than family members, and can function both as assets and risk factors for young people’s health (Brown et al. 1997).

Young people who do not have the benefits of close friendships may be at risk for isolation and loneliness, and for having fewer resources to draw on when in difficult situations. Bullying among peers is relatively common, but can have severe negative consequences for affected young people.

While positive friendships are important for young people’s wellbeing, spending a lot of time with friends after school and in the evenings is associated with an increased likelihood of participating in risky behaviours such as smoking and drinking (Barnes 2007). It is likely however that time spent with friends in this context is an indicator of other underlying determinants rather than a direct cause of involvement in risky behavior.

**Table 9.1 Ease of communication with best friend by age and gender**

<table>
<thead>
<tr>
<th></th>
<th>11 Year olds</th>
<th>13 Year olds</th>
<th>15 Year olds</th>
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<tbody>
<tr>
<td><strong>Very easy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>42%</td>
<td>39%</td>
<td>41%</td>
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<tr>
<td>Girls</td>
<td>49%</td>
<td>56%</td>
<td>60%</td>
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<tr>
<td><strong>Easy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>39%</td>
<td>43%</td>
<td>42%</td>
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<tr>
<td>Girls</td>
<td>40%</td>
<td>36%</td>
<td>32%</td>
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<tr>
<td><strong>Difficult</strong></td>
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<tr>
<td>Boys</td>
<td>14%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Girls</td>
<td>9%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Very difficult</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>6%</td>
<td>5%</td>
<td>2%</td>
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<tr>
<td>Girls</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
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</tbody>
</table>

Base: All respondents in 2010

Young people were asked how many close male and female friends they have. The patterns for boys and girls relating to having close same sex friends were very similar, with 86-94% of young people across the age groups reporting having three or more close, same-sex friends. At age 15, boys were more likely to report having three or more close, opposite-sex friends than were girls (73% of boys v. 64% of girls).

Young people were also asked how easy it is for them to talk to their friends about things that really bother them. Girls overall were more likely than boys to report that they find talking to their best friend in this way ‘very easy’, and while their reported ease of communication with best friend increased with age it remained fairly stable among boys (Table 9.1).

Around 38% of girls of all ages reported it ‘very easy’ to talk to same-sex friends, while among boys 34% of 11 year olds, 29% of 13 year olds and 27% of 15 year olds say that it is ‘very easy’ to talk to friends of the same sex about things that bother them. In contrast, girls are less likely than boys to say that it is ‘very easy’ to talk to opposite sex friends at ages 11 (12% of girls v. 21% of boys) and 13 (16% of girls v. 21% of boys).
Spending Time With Friends & Leisure Time Activities

Measure

- “How many days a week do you usually spend with friends right after school?”
- “How many evening per week do you usually spend out with your friends?”
- “How often do you talk to friends via phone, text messaging or internet?”
- “How do you and your group of friends decide what to do together?”
  o I usually decide what we will do
  o My friends and I decide equally what we do
  o My friends and I decide, but I usually do what my friends suggest
  o One of my friends usually decides
- “How often do you do any of the following (list of activities) together with your friends?”

Young people reported spending time with friends after school on an average of 3 days/week. There were no discernable age differences, but girls reported slightly (but significant) lower average number of days spent with friends after school than boys (2.83 for girls v. 3.32 for boys).

Similarly, the average number of evenings spent out with friends was on average just under 3 per week, and again girls reported a slightly lower average than do boys (2.47 evenings/week for girls v. 2.89 evenings/week for boys). FAS was correlated with time spent with friends both directly after school and out in the evenings, with young people in the highest FAS group reporting lower average number of days than young people in the lowest FAS group.

Although girls reported spending slightly less time together with friends after school or in the evenings, they reported greater frequency of communication with friends through telephone, text messaging or via internet. The frequency of this type of communication also increased with age (Figure 9.1).

The majority of young people said that when deciding what to do together in their spare time, they and their friends usually decide together. There were no particular age differences, but girls reported deciding together with friends to a slightly higher extent than boys, particularly at age 13 (Figure 9.2). Meanwhile, boys were more than twice as likely as girls to say that they themselves decide and their friends usually agree (Figure 9.3).
Young people were given a list of activities and asked how frequently they did those activities together with their friends. Overall, the patterns were fairly similar for boys and girls, although boys were more likely to say they would play sports and games, and girls somewhat more likely to report going for a walk, with their friends once a week or more often (Figure 9.4).

Figure 9.3: Young people who say that they decide (and friends follow) what to do with friends in their spare time

- Boys
- Girls

Figure 9.4: Activities done with friends once a week or more often

- Hang out
- Volunteering
- Artistic activities
- Cinema, theatre or concert
- Go out and party
- Go for a walk
- Chat on the internet
- Chat with friends face to face
- Play games
- Play sports

Base: All respondents in 2010
Playing Games On A Computer On Week-Days

There were significant age and gender differences in proportions of young people who reported playing games on a computer 2+ hours on week-days. There were significant differences between boys and girls with a higher proportion of boys playing games on a computer during the week. The proportions of girls playing computer games decreased significantly with age: 24% of 11 year olds, 22% of 13 year olds and 14% of 15 year olds. The proportion of boys increased significantly from 11 year olds (52%) to 13 year olds (61%) and then dropped in 15 year olds (51%). The proportion of young people who reported playing computer games 2+ hours on week days significantly increased since 2006 among both boys (overall, 42% of boys reported playing computer games 2+ hours on weekdays in 2006 compared to 55% in 2010) and girls (overall, 14% of girls reported playing computer games 2+ hours on weekdays compared to 20% in 2010).

There was no significant relationship between FAS and number of hours spent playing computer games on weekdays.

Watching TV

There were significant age and gender differences in the proportions of young people who reported watching TV/DVD 2 hours or more daily during the week. Generally a higher proportion of boys watched TV/DVD regularly compared to girls. The proportions of young people who reported watching TV/DVD for two or more hours increased from 11 year olds to 13 year olds and then decreased at age 15: 63% of boys v. 59% of girls at age 11, 74% of boys v. 67% of girls at age 13 and 72% of boys v. 64% of girls at age 15 (Figure 9.5).

Figure 9.5: Proportion of young people who watch TV/DVD 2+hours on weekdays by age and gender

- Boys
- Girls

Base: All respondents in 2010

Bullying

The majority (72%) of young people across all ages reported that they have not been bullied in the past couple of months. Generally, the risk of having been bullied in the last 2 months decreased from age 11 to age 15 and there were no major differences in the proportion of boys and girls who reported being bullied over this time period (Figure 9.6).

Figure 9.6: Frequency of having been bullied in last couple of months

- Age 11
- Age 13
- Age 15

Base: All respondents in 2010

In contrast, when asked about having bullied someone else over the last two months, a significantly larger proportion of boys at age 15 than at age 11 reported having done so (31% v. 18%), while reports by girls remained largely unchanged from age 11 to 15 (10% v. 14%).
Summary

The vast majority of young people reported having a number of close friends, and most also thought that talking to their friends about things that really bothered them was easy or very easy. It therefore seems that young people in England in general perceive themselves to have a good support network of friends that they can share things with.

Boys appeared to be somewhat more likely than girls to meet up with their friends in their spare time, while girls overall reported more contact with their friends via internet, phone and text messaging. This partly reinforces findings from other sources that have found boys’ friendships to be based more on doing things (such as sports) together, while girls may be more likely to just ‘hang out’ and talk (Brooks and Magnusson 2007). However, boys were also more likely than girls to report engaging in sedentary leisure activities such as watching TV or playing computer games, which might put them at greater risk of overweight or obesity.

Around three quarters of all young people reported said that had not been bullied in the last two months. Younger adolescents were more likely to report being bullied than older ones, supporting other findings that bullying decreases with age in young people (Currie et al. 2008a).

References


Access To Places To Spend Free Time

The proportion of young people who reported that there are good places to go locally to spend their free time decreased significantly with age: at age 11 73% of young people said so compared to 45% at age 15 (Figure 10.1).

There were significant gender differences among 13 year olds with boys more likely to report having access to good places to go in their local community compared to girls at this age (65% vs. 57%).

Safety And Character Of Local Area

Community safety (Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)
- People say hello and stop to talk in the street
- It is safe for younger children to play outside during the day
- You can trust people around here
- I could ask for help or a favour from neighbours
- People around here would take advantage of you if they got the chance
- There are good places to go and spend your free time
- I feel safe in the area where I live

Character of local area (Lots, some, none)
- There are lots of adults causing trouble
- There are lots of groups of young people causing trouble
- There is lots of litter and broken glass

Older young people are less likely to report having good places to go locally to spend their free time, and 13 year olds with boys are more likely to report having access to good places to go in their local community compared to girls (65% vs. 57%).

Young people from low FAS backgrounds are consistently less likely to report positively regarding the safety and characteristics of the local community.

The majority (70%) of both girls and boys at all ages reported feeling safe in their local area. About half of all young people viewed their local community positively and across a number of measures there were consistently similar findings: 59% of girls and 54% of boys said that they live in a place where people will say hello on the street, 63% overall thought it would be safe for younger children to play outside in their local area and 66% said that they could ask a neighbour for a favour.

Among young people, work suggest that access to spaces in their community and having a positive surrounding community are important for their sense of self, and for physical activity levels (Morrow 2001). However, adult perspectives frequently result in young people being excluded and marginalised in term of their access to community spaces (Morrow 2003).
The majority (70%) of young people reported feeling safe in the area where they live were also largely positively about the characteristics of their local community, with few age and gender differences. Young people in England were less likely to report having good places to go to spend their free time as they got older, and this may be a problem particularly for girls. Having somewhere in the community to go for leisure time has been associated with higher life satisfaction among girls (Brooks et al 2011). Older young people may also be somewhat more likely than younger ones to perceive other young people in their area as trouble makers. It is worth noting that although the focus is generally on adolescents as being the cause of trouble, a large proportion of young people reported there being adults causing trouble in their local community. The fact that fewer than half of all 15 year olds said that they could trust people in their local community is also cause for concern.

The biggest differences however are found between the different FAS groups with young people in the lowest group consistently less likely to perceive their local community as safe and friendly, and more likely to report negative characteristics relating to the maintenance of their local area.

### Quality of Environment

In terms of their local environment one fifth (20%) thought that their area contained lots or some run-down buildings; Fifty two percent overall said that they experienced some litter and broken glass in their area, with a further 14% saying that there were lots. No significant age or gender differences were found.

### Perceptions Of Local Community And FAS

Both questions relating to the safety and the general character of the local community were significantly related to FAS with young people in the low FAS group less likely to feel safe and more likely to report negative characteristics of their local area such as lots of litter and broken glass (Figures 10.2 & 10.3).

### Summary

The majority (70%) of young people reported feeling safe in the area where they live were also largely positively about the characteristics of their local community, with few age and gender differences. Young people in England were less likely to report having good places to go to spend their free time as they got older, and this may be a problem particularly for girls. Having somewhere in the community to go for leisure time has been associated with higher life satisfaction among girls (Brooks et al 2011). Older young people may also be somewhat more likely than younger ones to perceive other young people in their area as trouble makers. It is worth noting that although the focus is generally on adolescents as being the cause of trouble, a large proportion of young people reported there being adults causing trouble in their local community. The fact that fewer than half of all 15 year olds said that they could trust people in their local community is also cause for concern.

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References


