Food poverty among schoolchildren in Ireland

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HBSC IRELAND

The Health Behaviour in Schoolaged Children (HBSC) is a research study conducted by an international network of research teams¹ in collaboration with the World Health Organisation (Europe) and co-ordinated by Professor Candace Currie of the University of Edinburgh. In 2006 HBSC Ireland surveyed 10,334 schoolchildren in Ireland from randomly selected schools throughout the country.

Further information is available at: http://www.hbsc.org http://www.nuigalway.ie/hbsc/











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Summary

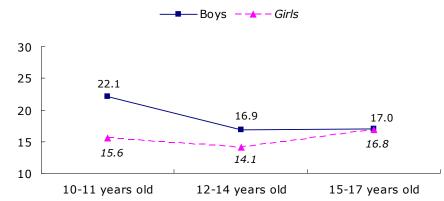
HBSC Ireland has found that 16.6% of schoolchildren in Ireland report going to school or bed hungry, because there is not enough food at home (17.6% of boys and 15.5% of girls). The age group most likely to report being hungry is 10-11 year olds (18.3%). Children who report going hungry are less likely to report excellent health and feeling happy about their lives. They are more likely to report: having been drunk, smoking, being injured, frequent emotional and physical symptoms and to have bullied others. Food poverty in this factsheet refers to children who report ever going to school or bed hungry because there is not enough food at home.

Why this topic?

Food poverty is associated with a substantial risk to physical and mental health and well-being^{2,3}. A healthy diet is of great importance during adolescence; inadequate nutritional intake can have serious health implications both in the short term (e.g., dental caries) and the long term (e.g., heart disease)⁴. Food poverty in schoolchildren is not restricted to those from poor families².

Trends 2002-2006

The overall percentage of children who report going to school or bed hungry has remained stable from 2002 (16.1%) to 2006 (16.6%). There has been a slight increase in boys aged 10-11 years (from 19.3% to 22.1%) and girls aged 15-17 years (14.4% to 16.8%), with a slight decrease over time in the number of boys aged 12-14 years (19.6% vs. 16.9%) who report going hungry.

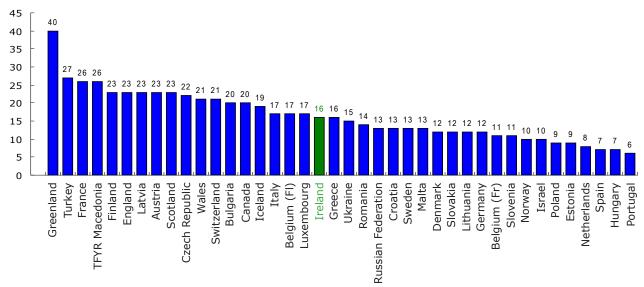


Percentage of children reporting they went to school or bed hungry, by age and gender

Food Poverty in context

- Children from the middle social classes (SC) are more likely to report going to school or bed hungry (SC 1-2: 13.8%; SC 3-4: 17.6% and SC 5-6: 15.8%).
- Children who report going hungry are less likely to report excellent health (22.9% vs. 35.3%) and feeling happy about their lives (37.4% vs. 52.1%) than those who do not.
- Children who report going hungry are more likely to report emotional (43% vs. 29.7%) and physical (44.9% vs. 31.0%) symptoms than those who do not.
- Children who report going hungry are more likely to report having been drunk (39.6% vs. 30.9%), current smoking (21.9% vs. 14.0%) and having been injured (50.0% vs. 41.3%) than those who do not.
- Children who report going hungry are more likely to report having bullied others (30.1% vs. 20.4%) than those who do not.

...Food poverty among schoolchildren in Ireland



Percentage of 15 year old children reporting they went to school or bed hungry, by country

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All factsheets and other HBSC publications and reports can be downloaded from our website: http://www.nuigalway.ie/hbsc

Contact us at: hbsc@nuigalway.ie

International

Fifteen year old schoolchildren in Ireland (boys and girls together) are ranked 19th among 40 countries in Europe and North America with 16% reporting that they go to bed or school hungry. Overall 17% of Irish 11 year olds (ranked 23rd) and 15% of Irish 13 year olds (rank 20th) reported going to bed or school hungry, because there was not enough food at home.

Implications

The percentage of young people in Ireland that report going to school or bed hungry has remained relatively stable since 2002. Ireland is ranked mid-range in comparison to other European and North American countries. This percentage is still of great concern. The data indicate that food poverty is associated with poor

health outcomes and increased likelihood of risky and antisocial behaviour. Food poverty is found among all social classes and more resources should be invested in identifying children that are at risk. Strategies to assist families that may not be able to provide adequately for their children should be supported locally and nationally.

References

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