

HBSC IRELAND

The Health Behaviour in School-aged 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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HPRC

Health Promotion Research Centre



Office of the Minister for
Children and Youth Affairs
Oifig an Aire Leanaí
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Department of
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AN ROINN SLÁNTE AGUS LEANAÍ

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Summary

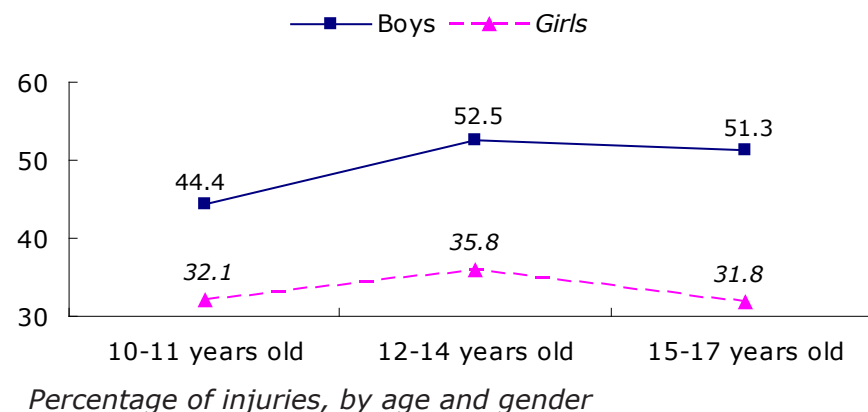
HBSC Ireland 2006 has found that 42.7% of schoolchildren in Ireland report that they were injured and needed medical treatment from a doctor or a nurse once or more in the previous 12 months (51.1% of boys and 33.8% of girls) representing a decrease from 2002 (45.8%). Among both girls and boys most injuries occur in the 12-14 year old age group. Children who were injured are more likely to report feeling pressured by schoolwork, having been bullied and bullying others and spending 4 or more evenings per week out with friends. They are less likely to report feeling very happy with their lives, living with both parents and liking school. In this factsheet being injured refers to being injured and needing medical attention at least once in the last 12 months.

Why this topic?

Unintentional injuries and their consequences are the leading cause of hospitalisation, disability and death among children and adolescents². Many of these injuries occur in the home³. The high prevalence of child and adolescent injury confirms this issue as an important public health problem⁴.

Trends 2002-2006

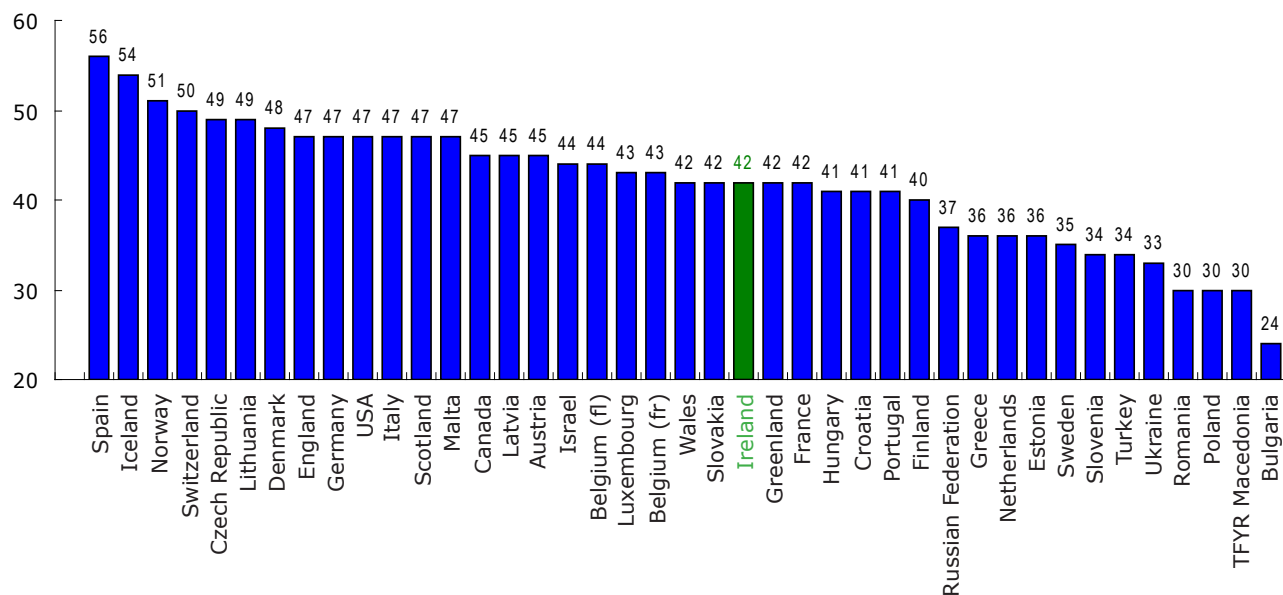
There has been a slight decrease in the percentage of children who report a medically attended injury during the previous 12 months. This decrease is larger among boys (from 57.1% to 51.1%) than girls (from 37.5% to 33.8%) and is largest among children aged 10-11 years (from 46.2% to 37.1%). More boys than girls continue to be injured across all age groups.



Injury in context

- Children who have been injured are less likely to find it easy to talk to their mother (78.8% vs. 82.0%) and best friend (86.8% vs. 88.4%) than those who have not.
- Children who have been injured are less likely to report feeling very happy with their lives compared to those who have not (48.1% vs. 50.9%).
- Children who have been injured are less likely to report living with both parents than those who have not (79.3% vs. 81.6%).
- Children who have been injured are more likely to report feeling pressured by schoolwork (44.4% vs. 38.4%) and less likely to report liking school (62.8% vs. 71.7%) than those who have not.
- Children who have been injured are more likely to have been bullied than those who have not been injured (29.0% vs. 21.0%) and are also more likely to have bullied others than those who have not been injured (28.9% vs. 16.8%).
- Injury is not associated with social class.

...Injuries among schoolchildren in Ireland



Percentage of 15 year old children reporting they were injured and needed medical attention in the last 12 months, by country

International

Fifteen year old schoolchildren in Ireland (boys and girls together) are ranked 23rd among 41 countries in Europe and North America with 42% reporting having been injured and needing medical attendance. Overall 33% of 11 years olds in Ireland (rank 39th) and 40% of 13 year olds in Ireland (rank 30th) report having been injured at least once in the previous 12 months.

Implications

The percentage of young people in Ireland reporting that they were injured and treated by a doctor or a nurse at least once during the previous 12 months has slightly decreased since 2002. Nevertheless almost 43% of schoolchildren in Ireland report such an injury although the relatively high cost of medical treatment probably

masks the true prevalence of such injuries. Attention needs to focus on specific types of injury, activities during which injuries are more likely to occur and risk-oriented social contexts. Prevention programmes should take these factors into consideration.

References

1. Currie, C., Nic Gabhainn, S., Godeau, E., Roberts, C., Smith, R., Currie, D., Pickett, W., Richter, M., Morgan, A. & Barnekow, V. (eds.) (2008). *Inequalities in young people's health: HBSC international report from the 2005/2006 Survey*. Copenhagen: WHO Regional Office for Europe. (Health Policy for Children and Adolescents, No. 5).
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3. Morrongiello, B. A., MacIsaac, T. J. & Klemencic, N. (2007). Older siblings as supervisors: does this influence young children's risk of unintentional injury? *Social Science & Medicine*, 64(4), 807-817.
4. Pickett, W., Molcho, M., Simpson, K., Janssen, I., Kuntsche, E., Mazur, J., Harel, Y. & Boyce, W. F. (2005). Cross national study of injury and social determinants in adolescents. *Injury Prevention*, 11(4), 213-218.

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

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