

Health Behaviour in School aged Children (HBSC): What do children want to know?

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Health Behaviour in School-aged Children: What do children want to know?

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The views expressed in this report are those of the authors and not necessarily those of the Office of the Minister for Children and Youth Affairs or the Department of Health and Children.

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Summary

Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. Children are actively involved in providing data through completing questionnaires. However there is increasing recognition that children can and should be more engaged in all stages of the research process and in some countries there are now, for the 2010 HBSC survey, student advisors and child reference groups who assist with study and questionnaire design and data interpretation. Nevertheless little is known in any systematic way about what student's views are of the questions contained in the HBSC survey and this study was undertaken to help fill this gap in our understanding.

Students aged 10-18 years in mixed gender primary and post-primary schools in Ireland, both disadvantaged and non-disadvantaged, in urban and rural areas participated in participatory workshops with HBSC researchers. They were invited to identify the HBSC topics they found most interesting and to document what they would like to know about those topics.

Alcohol was identified by students as the most interesting topic, followed in order by puberty, drugs, drunkenness, smoking, fighting, general health, body image, physical and emotional health, happiness and friendships. Participating students indicated a broad interest in these topics and volunteered many specific questions that could be addressed through health education or health media. Overall this research provided children with the opportunity to explore their own priorities in relation to the information gathered through the HBSC survey. The data presented here could be used to guide curricular resource and other materials development in child and adolescent health promotion.

1. Introduction

The Health Behaviour in School-aged Children (HBSC) study is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The HBSC international study runs on a 4-year cycle and in 2006 there were 41 participating countries and regions (www.hbsc.org). In 2006 Ireland participated for the third time in the HBSC study with over 10,000 schoolchildren taking part; previous surveys were conducted in 2002 and 1998 (www.nuigalway.ie/hbsc). HBSC Ireland is funded by the Department of Health and Children and the Office of the Minister for Children and Youth Affairs.

The overall aims of the HBSC study are to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context. Cross-nationally, HBSC collects information on the key indicators of health, health attitudes and health behaviour, as well as the context of health for young people. HBSC is a school-based survey with data collected through self-completion questionnaires developed by an international research network from participating countries.

Context

As well as serving a monitoring and a knowledge-generating function, one of the key objectives of HBSC is to inform policy and practice. To achieve this HBSC Ireland liaises, both during the data collection and dissemination stages, with various stakeholders. For example, stakeholder representatives form an advisory group and give their views on the way data are collected, presented and interpreted; these stakeholders have also provided their suggestions on the topic and content of reports, resources and dissemination formats to be used to communicate the findings to the wider community. In addition, the HBSC Ireland team proactively engages with other groups by offering a short report service and responds to requests from the voluntary, community and statutory sector for specific analyses of the HBSC Ireland datasets.

This level of involvement of stakeholders has not been extended to school students. During the data collection phase, children voluntarily give their time and information about themselves, their health and their health behaviours, which produces the HBSC dataset. However, prior to and beyond this data collection phase, students are not involved. This project is considered one step in a planned series of steps designed to help rectify this.

2. Methodology

Participatory Research

Participatory research approaches emerged in the 1970s and have gained increasing attention since then, especially following the adoption of the Convention on the Rights of the Child in 1989, in which article 12 states that children and young people should have their opinions taken into account in all major decisions affecting their lives. Participatory research shares many characteristics with conventional research, however it goes beyond the boundaries of traditional research and aims to give more control to, and places a greater emphasis on, research participants.

Sample

We wanted to ensure that students from a range of background and educational contexts were included. School lists from the Department of Education and Science website were employed for rural Galway and urban Dublin, and included both primary and post-primary schools (DEIS and non-DEIS (Delivery Equality of Opportunity in Schools) in each area. Dublin schools were randomly selected from those located in Dublin city (i.e., postcodes 1-17). This was to ensure the schools were located in, and primarily drew their pupils from, urban settings. Schools in Galway were randomly selected from Galway County Borough; this was to ensure a primarily rural population base. Within the primary schools, both 5th and 6th classes were included, while Transition Year (TY), 4th and 5th year groups were included from selected post-primary schools. In total 9 schools participated in this study, with a total of 10 workshops and 19 groups (see appendix 2).

Procedures

The school Principal in each school was invited to participate by post. Letters were followed with an email or phone call and Principals nominated a contact staff member. Prior to each school visit information sheets and consent forms were provided to parents/guardians through the school.

The protocol developed for the workshops was initially piloted among both primary and post-primary school children. Each workshop was approximately 40 minutes in length and class groups were divided into working groups of approximately 12-15 students, each of which was facilitated by a visiting researcher.

Outline of Participatory Workshops

Introduction: A brief overview of the HBSC study was provided to the students and how the data are collected, analysed and disseminated was described. Examples of current HBSC dissemination materials were shown to students.

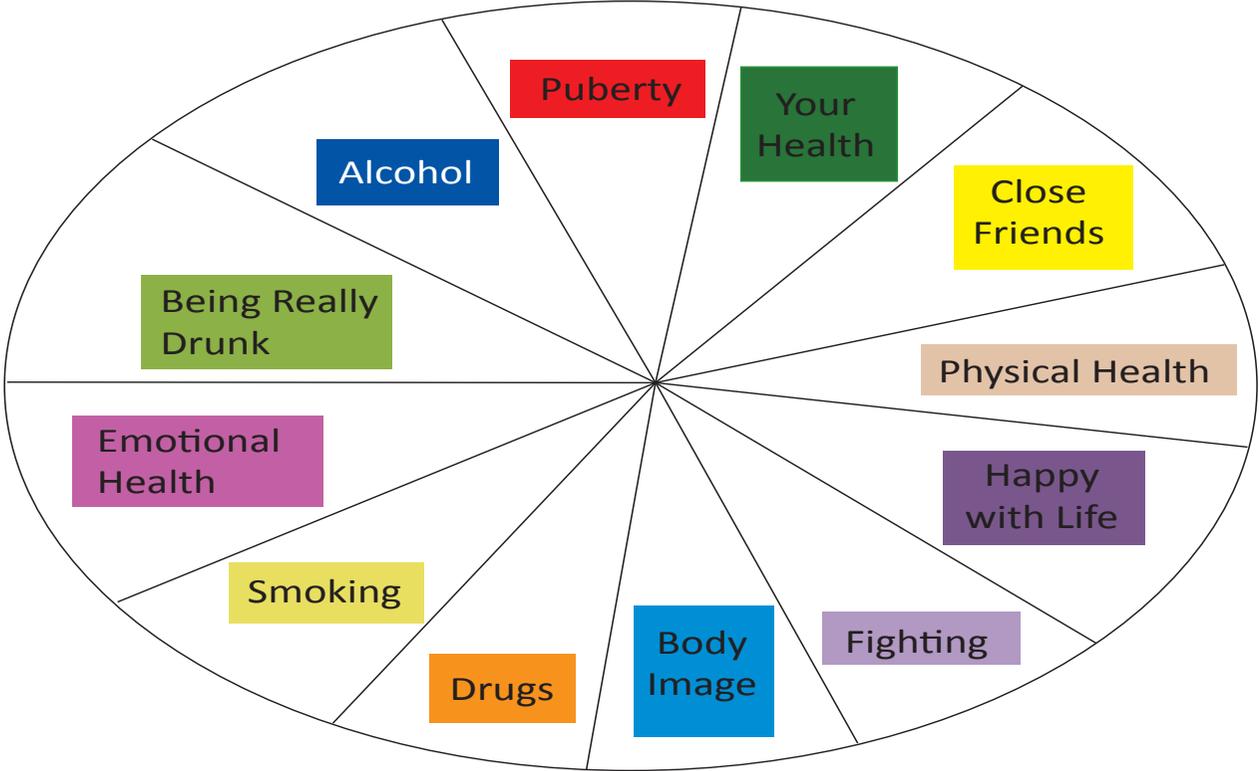
Icebreaker - Group Game: The purpose of this activity was to encourage students to feel comfortable enough to work with the researchers and each other during the workshops.

Group Contract: The students agreed to follow certain principles during the workshops including respect and listening to each other.

Snap game (card game): A pack of 51 cards labeled with a topic were given to the working groups. The topics were based on questions from the HBSC survey e.g. physical activity, tooth brushing, fighting (see appendix 1 for full list of topic cards). The cards were divided evenly among group members and going clockwise in a circle, each student placed a topic card on the table and stated whether they thought it was *“interesting”* or *“not interesting”*. The entire group then had an opportunity to discuss whether they agreed or disagreed with the classification, resulting in two separate piles of cards: those labeled *“not interesting”* were removed. Each group then spread the pile of *“interesting”* cards on the table, looked through them and ranked the topics they found the most *“interesting”* and would like to know more about. Once the group had decided on their highest ranked *“interesting”* cards, the remaining cards were removed.

Pizza chart construction: Large ‘pizza charts’ were prepared prior to the workshops. These were large cardboard cut-outs of circles sub-divided into 12 sections. Each group received a blank pizza chart and art materials. Students were requested to paste their top 12 cards ranked most *“interesting”* onto each pizza slice on the chart. They were then invited to write on the surrounding space of each pizza slice what they would like to know about that specific topic (i.e., what type of information they would like).

Example of Pizza Chart:



Close: groups were thanked, asked if they had any further questions and a copy of the 2006 HBSC national report was given to each participating student. To conclude the workshop there was a group yell.

3. Results

Topic prioritisation - the Snap game

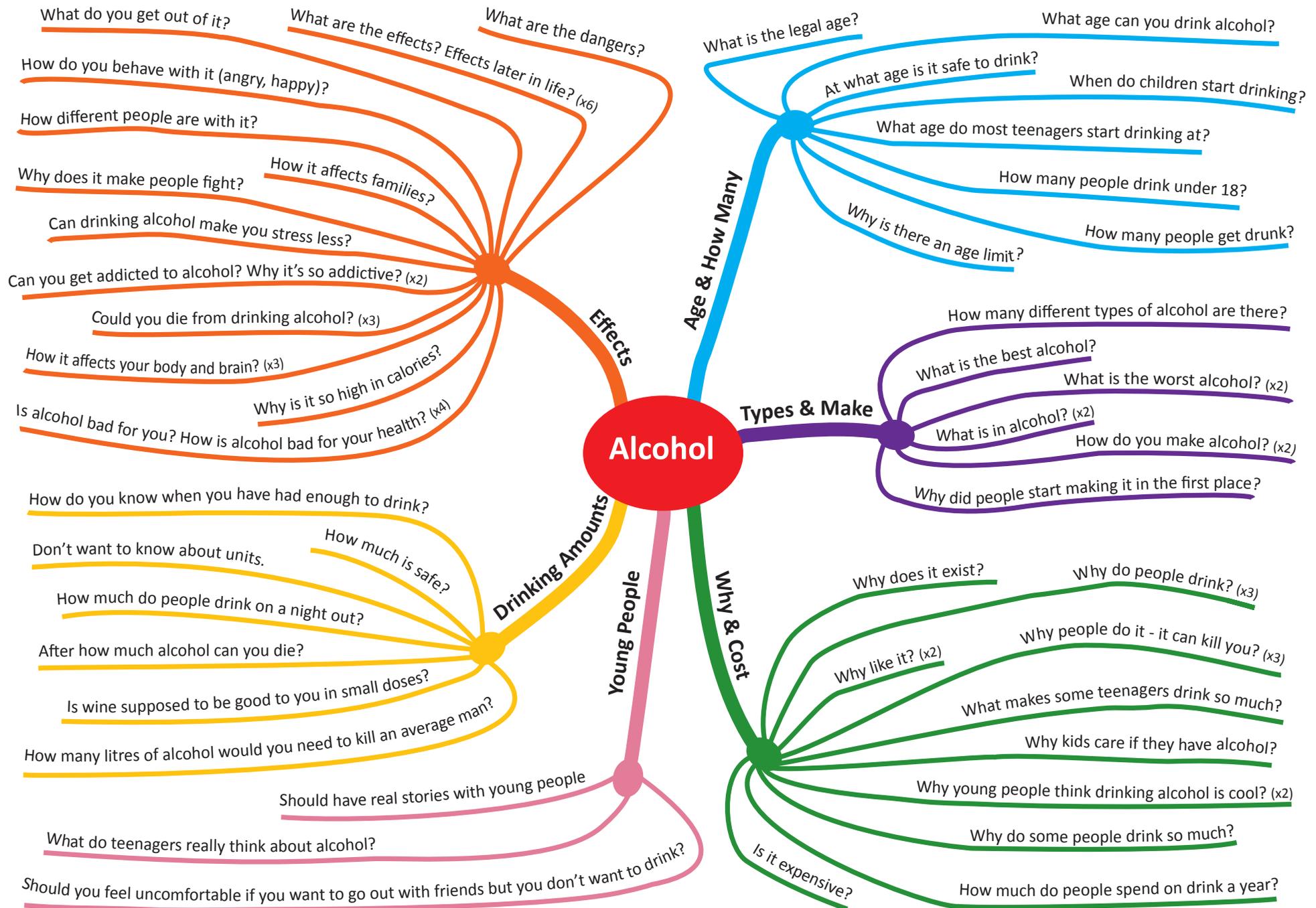
Using 51 HBSC topic cards students were asked to rank the topics they found most *“interesting”*. Table 1 below shows the highest ranked topics that the participants found the most *“interesting”* and the number of groups that selected each topic out of a total of 19 groups. A more detailed breakdown of prioritised topics by school type can be found in appendix 3.

Table 1: HBSC topics most frequently ranked as *“interesting”* by student working groups

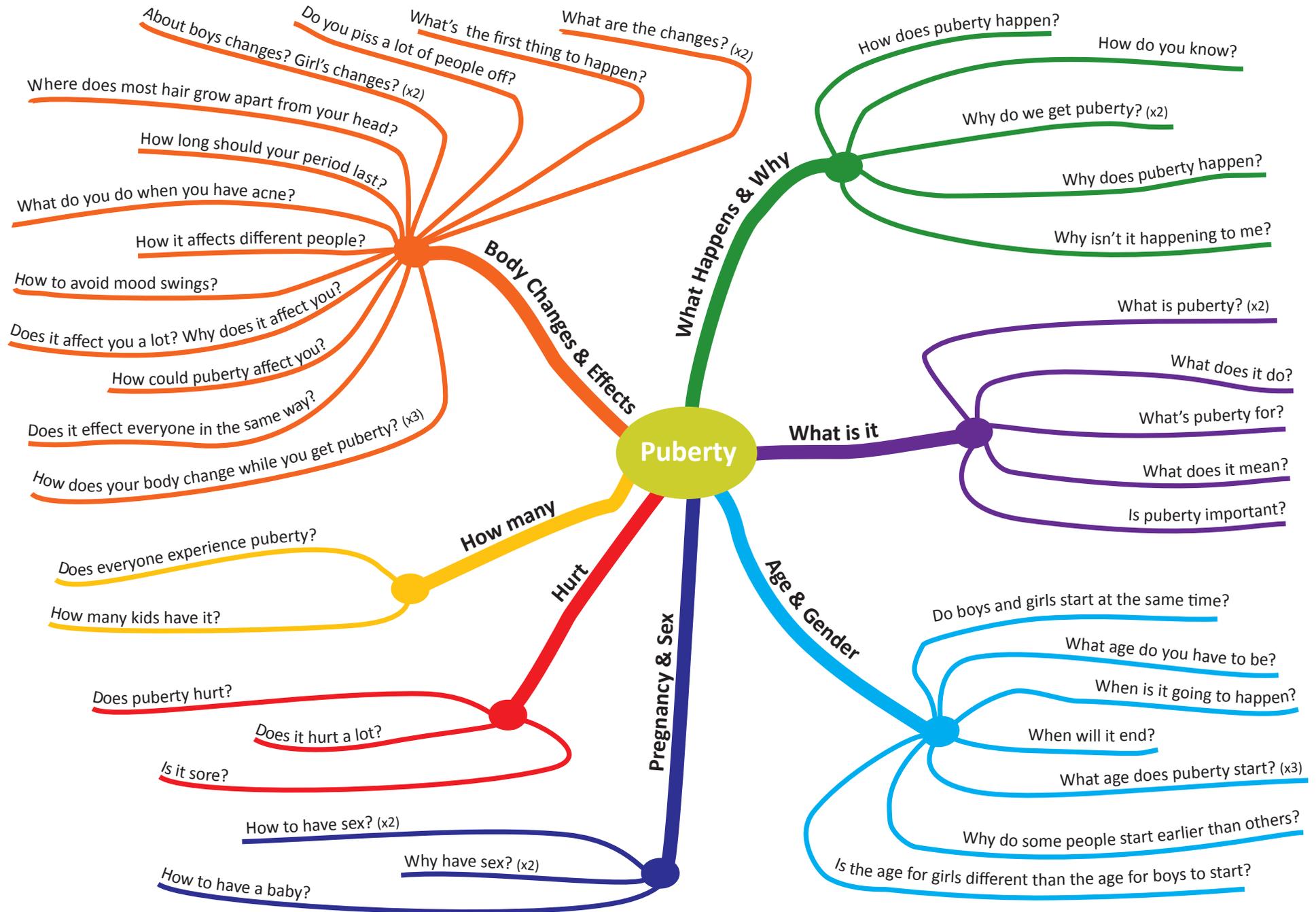
Ranking	Topic	No. of groups ranking topic in their list of top 12 most interesting
1	Alcohol	16
2	Puberty	14
3	Drugs	14
4	Being really drunk	14
5	Smoking	12
6	Fighting	11
7	Your health	9
8	Body Image	9
9	Physical health	9
10	Emotional health	8
11	Happy with life	8
12	Close friends	8

Pizza chart activity: Taking a blank pizza chart, student groups worked together to place each of their top 12 most interesting topic cards in each pizza slice and underneath the topic card they wrote what they would like to know about that specific topic. The following 12 diagrams outline, using students own words, what they would like to know about these topics. The questions were grouped into themes; the themes were labeled by researchers, but the words used in the questions were taken directly from the Pizza charts constructed by the student working groups. Observed variations in themes and questions by school type can be found in appendices 3 and 4.

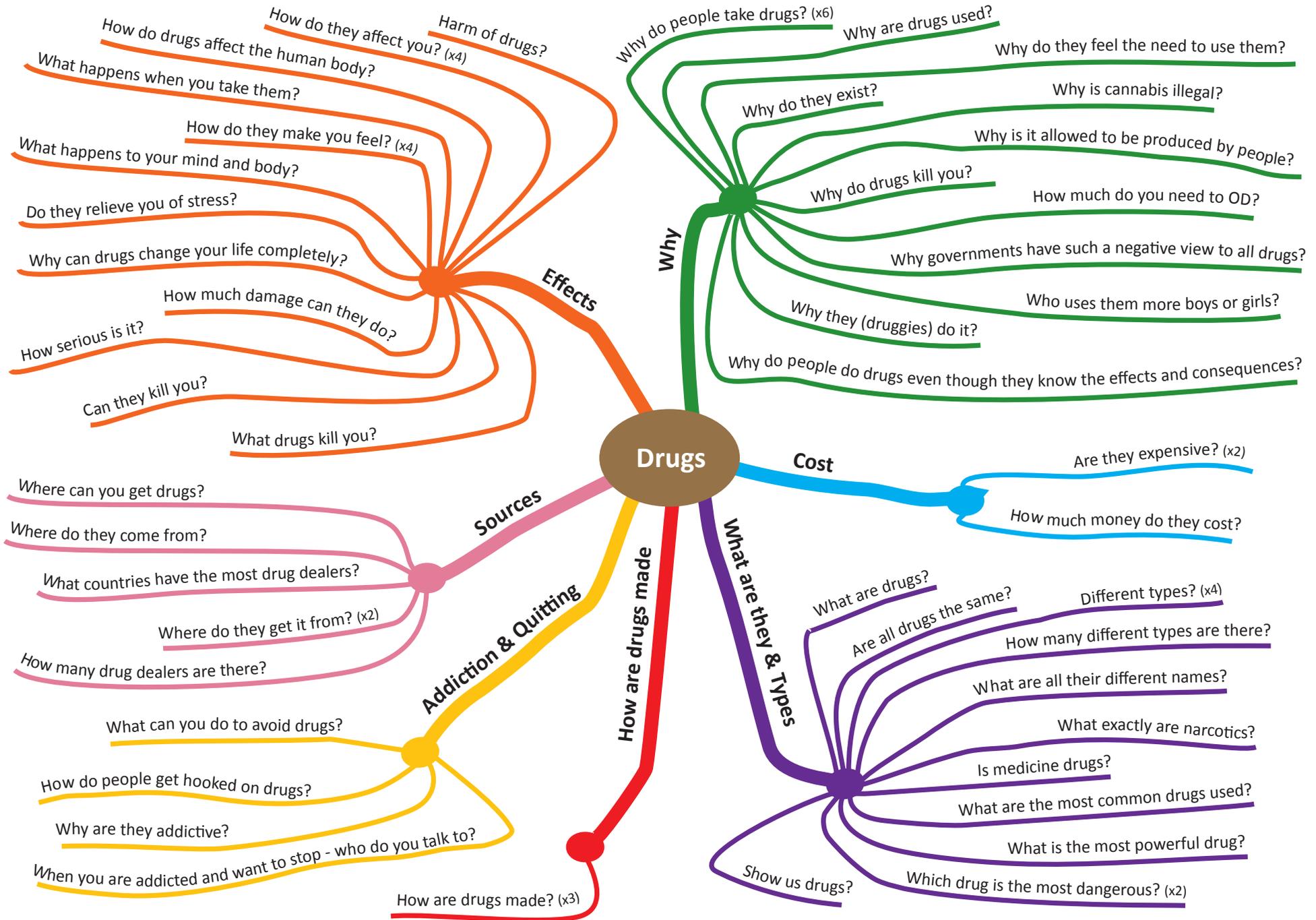
A. Alcohol was the highest ranked HBSC topic



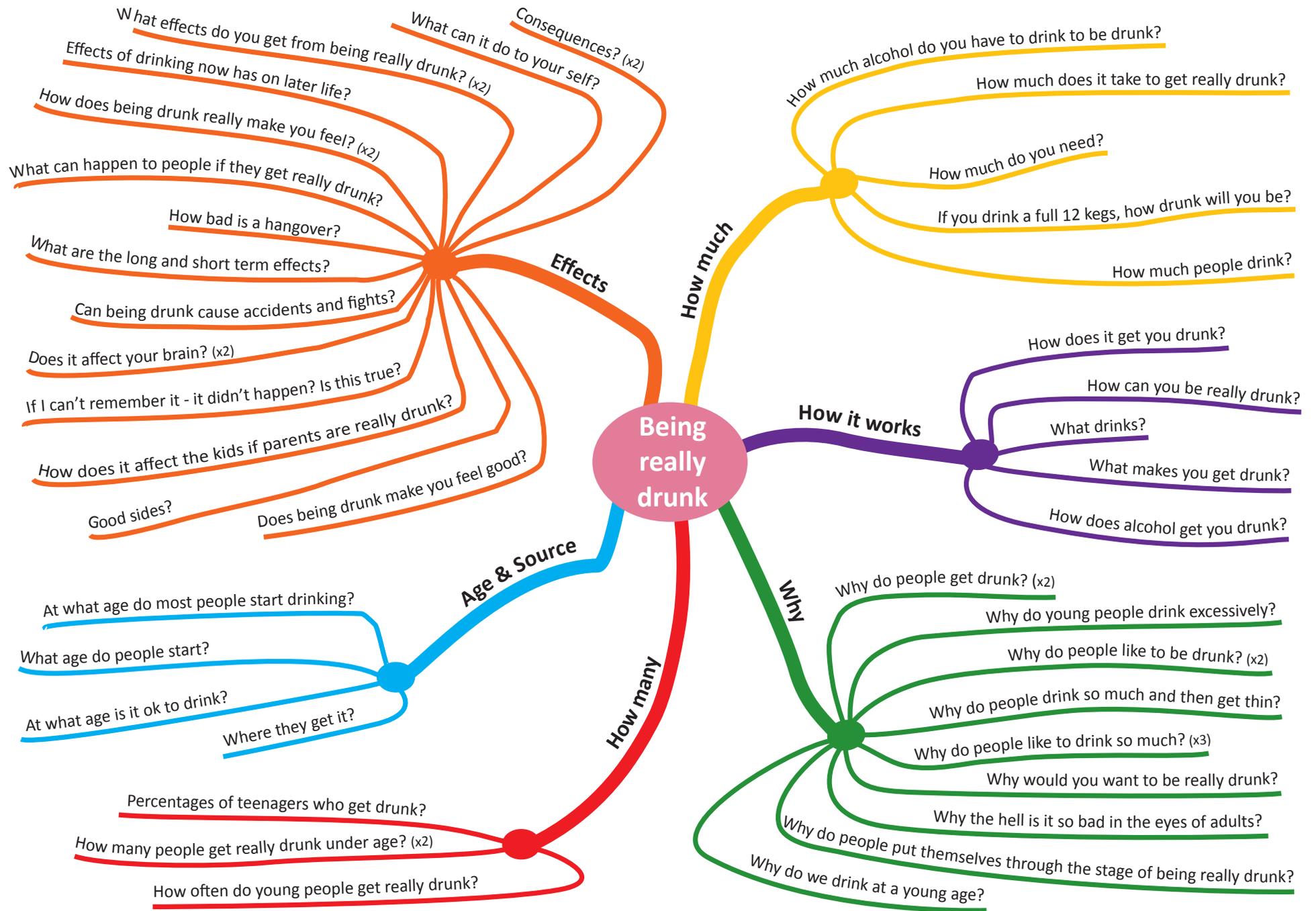
B. Puberty was the second highest ranked HBSC topic



C. Drugs was the third highest ranked HBSC topic



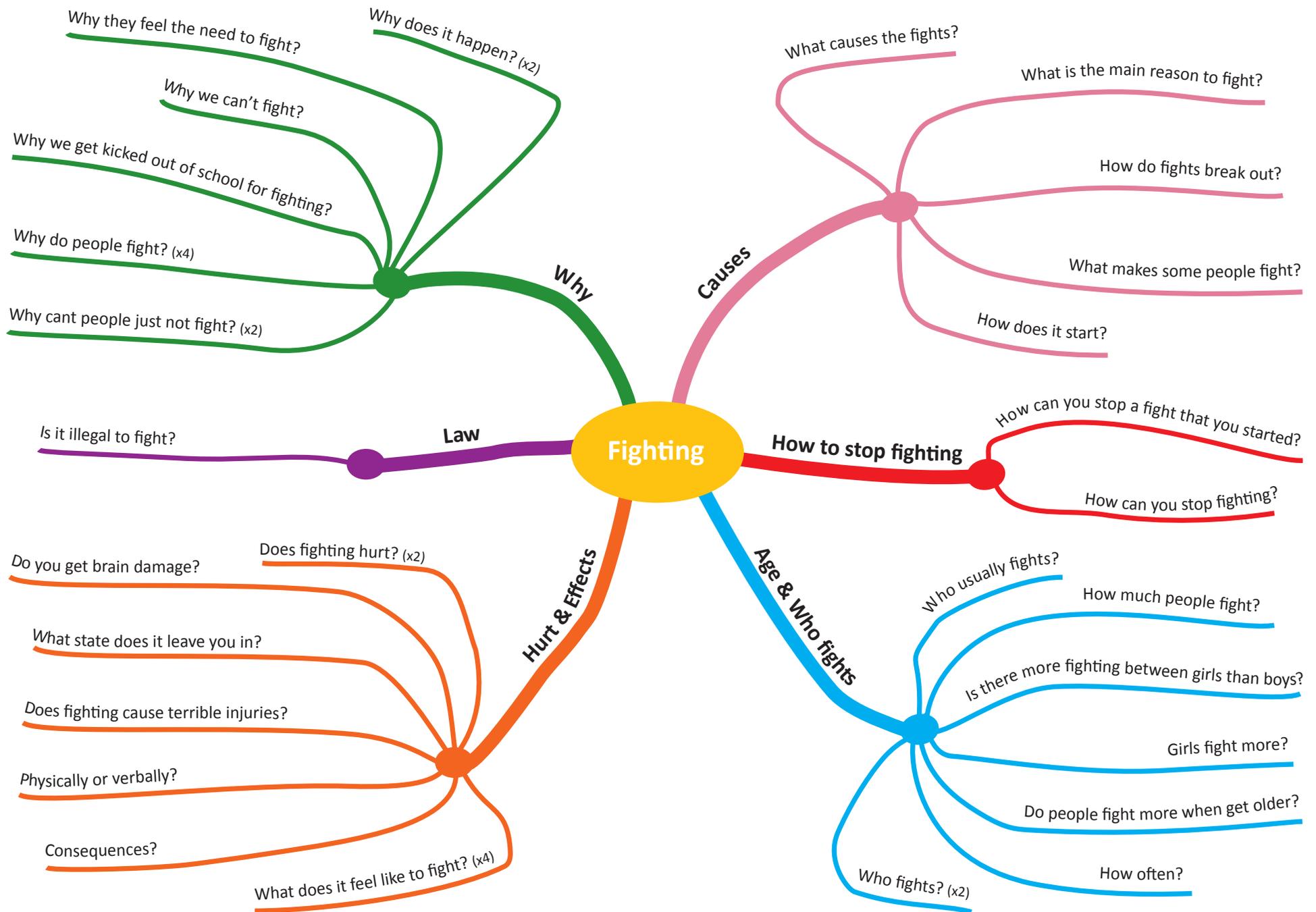
D. Being really drunk was the fourth highest ranked HBSC topic



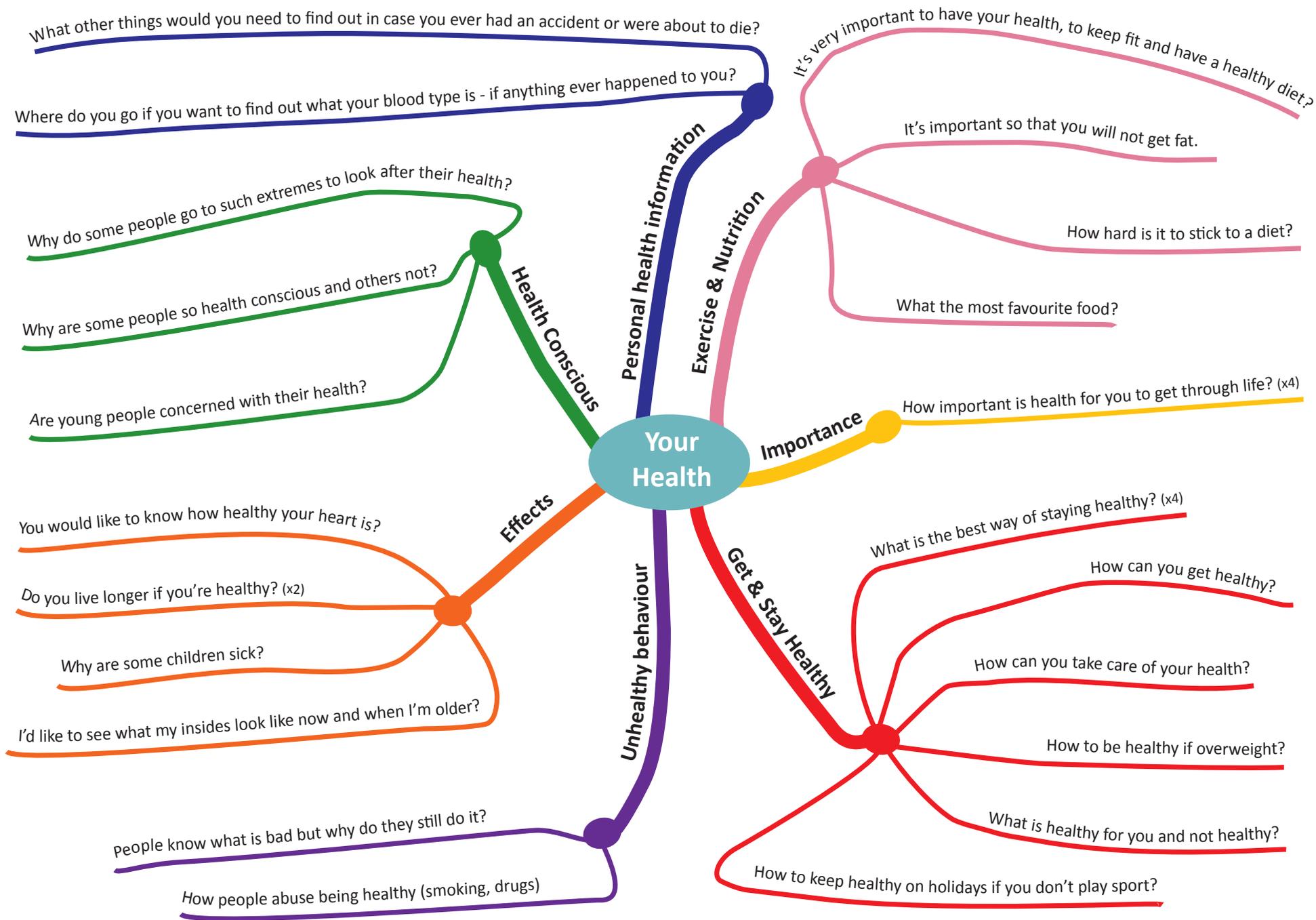
E. Smoking was the fifth highest ranked HBSC topic



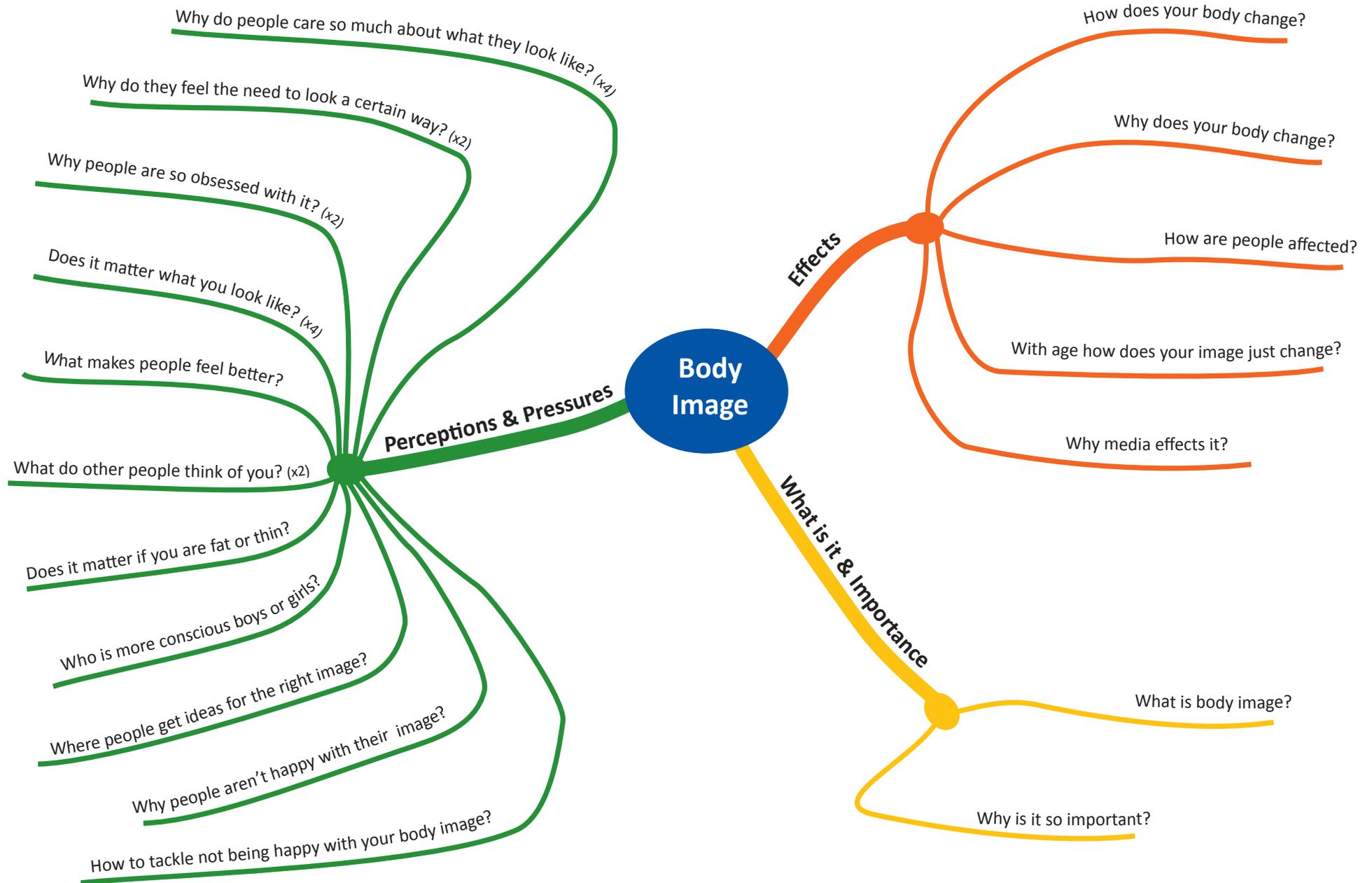
F. Fighting really drunk was the sixth highest ranked HBSC topic



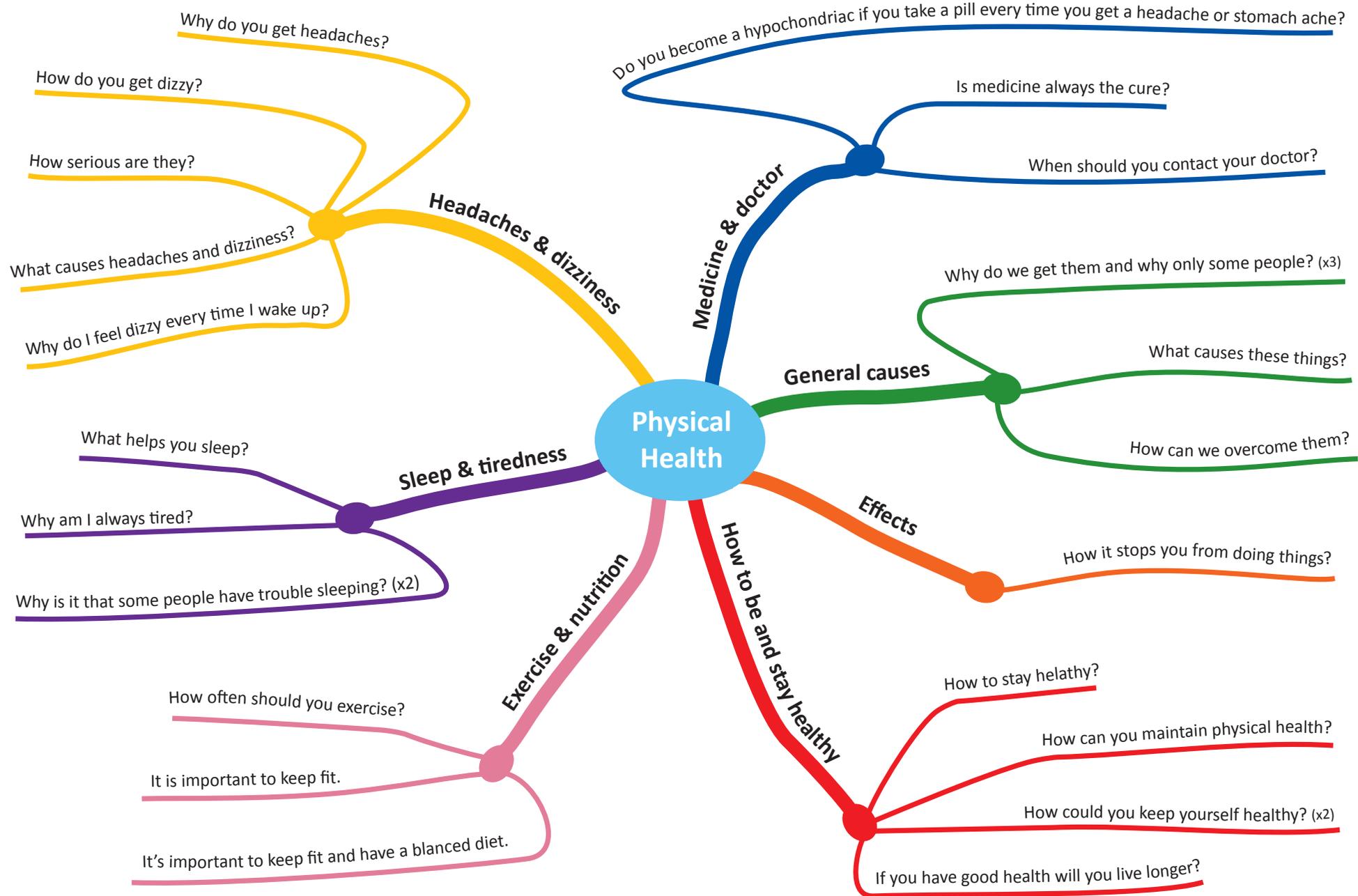
G. Your Health was the seventh highest ranked HBSC topic



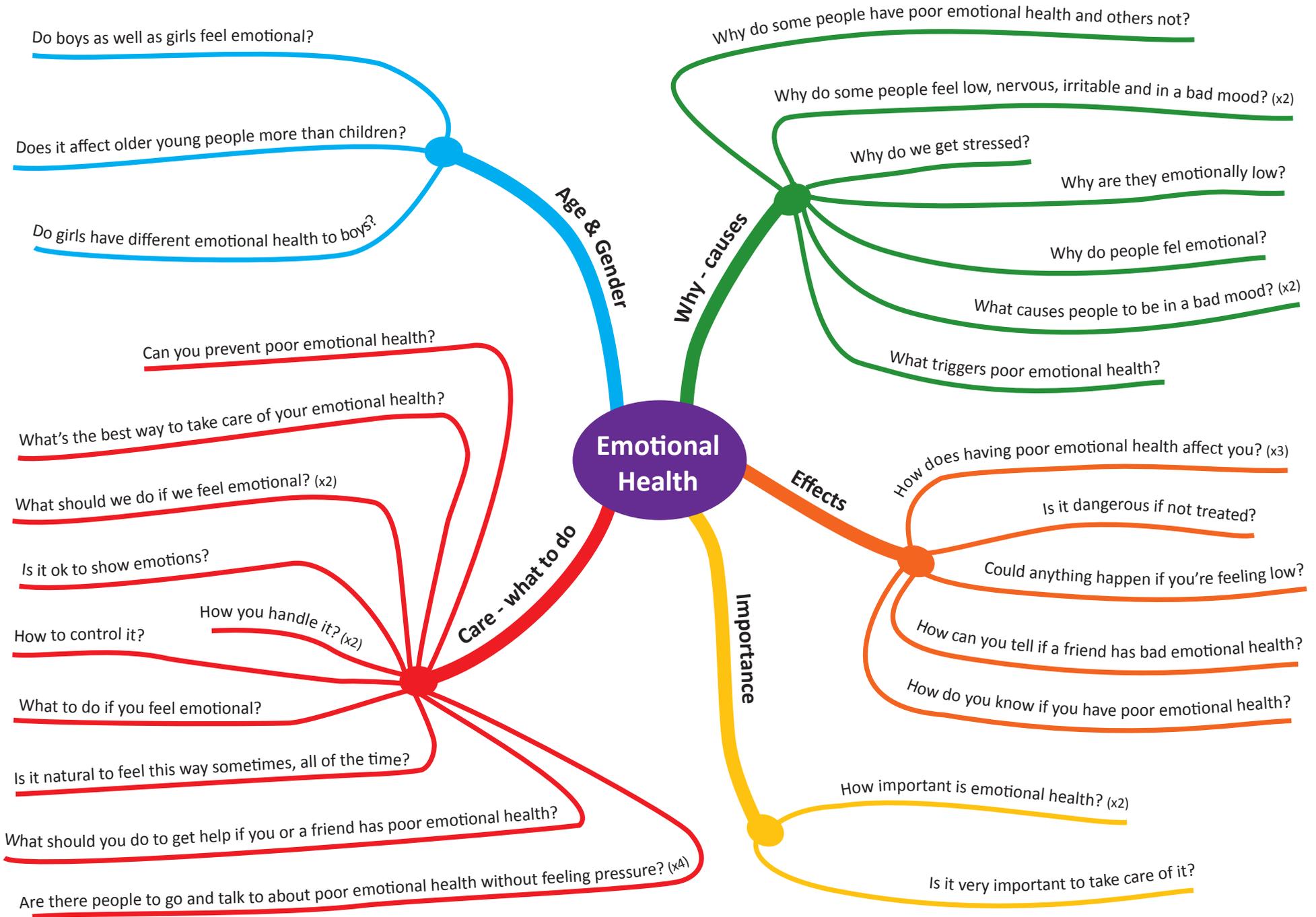
H. Body Image was the eighth highest ranked HBSC topic



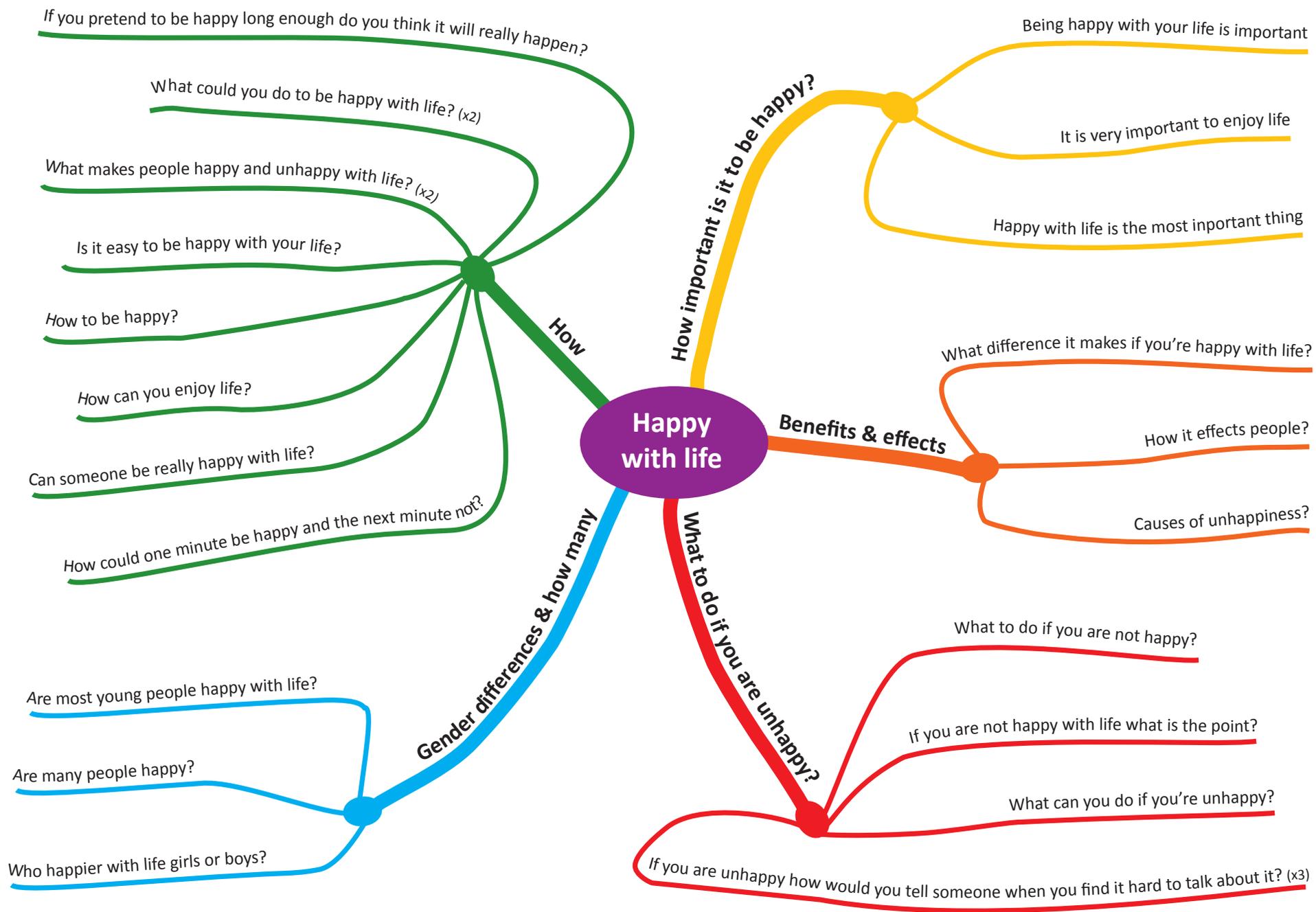
I. Physical Health was the ninth highest ranked HBSC topic



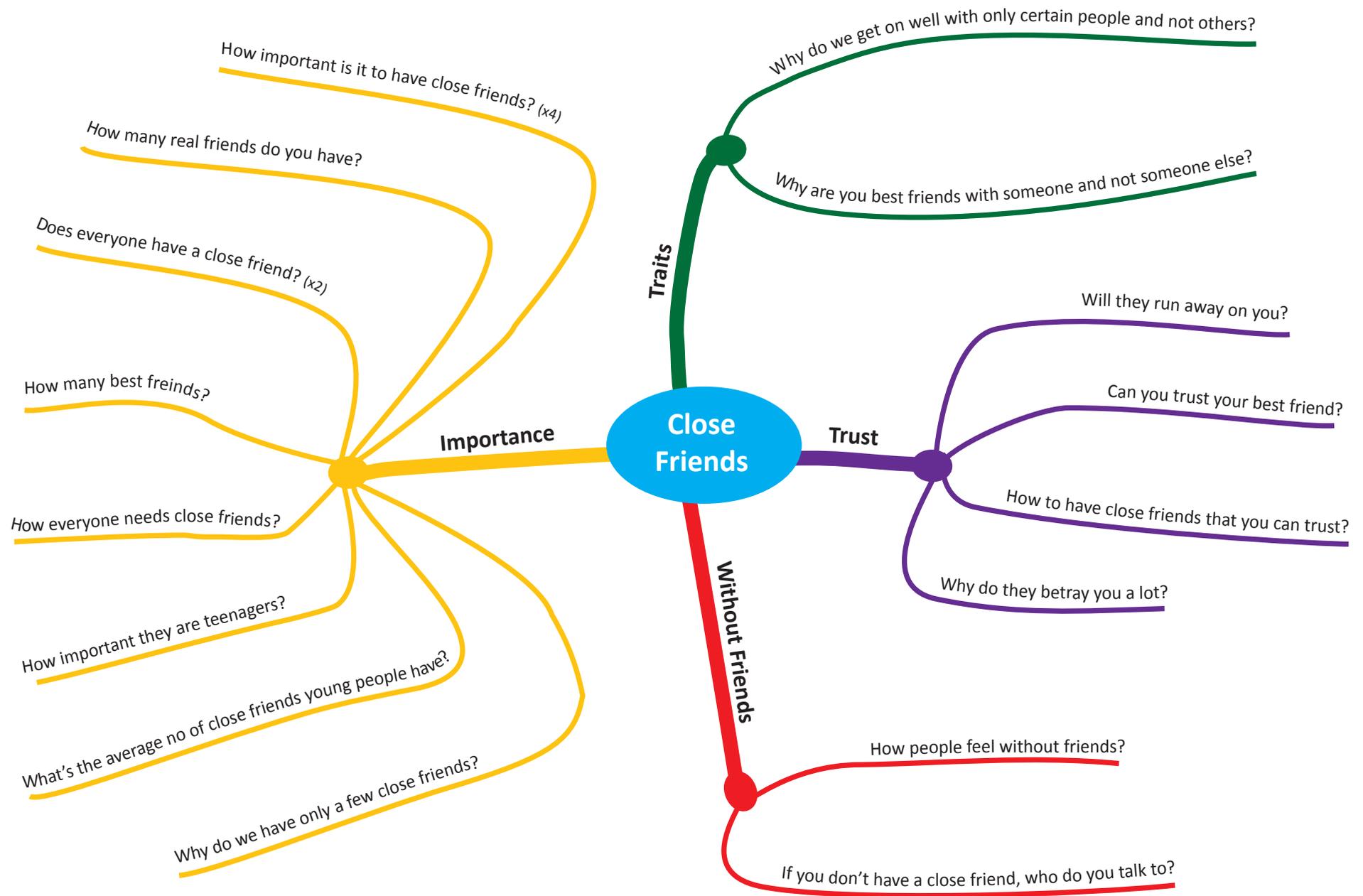
J. Emotional Health was the tenth highest ranked HBSC topic



K. Happy with life was the eleventh highest ranked HBSC topic



L. Close Friends was the twelfth highest ranked HBSC topic



4. Conclusion

The international Health Behaviour in School-aged Children (HBSC) survey has a number of functions; it collects information from children and young people on key health indicators and the social context of health, serves as a health and health behaviour monitoring tool and also informs those working in both policy and practice in the area of children's health. In this study, we aimed to explore the views of students on HBSC topics. This is one step in a process to treat children as stakeholders in the HBSC Ireland research process.

Within this study, children clearly articulated the HBSC topics that were of most interest to them and what they would like to know about these topics, resulting in a reference document for those working in health practice and policy. Alcohol was the highest ranked HBSC topic, followed by, in order of ranking; puberty, drugs, drunkenness, smoking, fighting, general health, body image, physical and emotional health, happiness and friendships. The questions that the students have about health and well-being need to be answered, through both school and out of school settings.

These findings have the potential to impact on future research and practice. This research has identified the content and type of health information that children feel they need in relation to their health. We hope that the results may serve as a catalyst for change in relation to health promotion practice with children and young people.

The methodologies used in this work can be appropriately applied to other groups and settings. Such methodologies can facilitate researchers, health promotion practitioners and policy makers to actively engage participants in research and thus inform practice and policies relating to health.

Appendix 1: Full list of HBSC topic cards

Alcohol	Holidays with family
Animals/pets	Hunger
Being on a diet	Injuries
Being really drunk	Liking school
Body image	Long term illness and disability
Body weight	Music
Bullying	Parents jobs
Close friends	Physical activity
Doing well in school	Physical health
Drinking coke/soft drinks	Playing computer and console games
Drugs	Pressured by schoolwork
Easy to talk to family	Puberty
Easy to talk to friends	Satisfied with school
Eating breakfast	School teachers
Eating crisps	Seatbelt use
Eating fruit	Smoking
Eating meals with your father/mother	Time with friends outside school
Eating sweets	Tooth brushing
Eating vegetables	Use computers
Emotional health	Use of internet and phone to talk to friends
Exercise outside school	Watching TV/DVDs
Family wealth	Who you live with
Fighting	Your free time
Getting along with classmates	Your health
Happy with life	Your local area – where you live
Height	

Appendix 2: Sample Distribution

Table 2: Distribution of sample schools and participating groups

	Galway County (Rural)				Dublin City (Urban)			
	Primary School (DEIS)	Primary School (Non- DEIS)	Post Primary School (DEIS)	Post Primary School (Non-DEIS)	Primary School (DEIS)	Primary School (Non-DEIS)	Post Primary School (DEIS)	Post Primary School (Non-DEIS)
Number of Schools	1	1	1	1	1	2 ¹	1	1
Number of workshops	1	1	1	1	1	1	1	1
Number of Groups	1	2	2	4	2	4	2	2

¹ Two urban non-DEIS primary schools participated because the first chosen school in this category segregated boys and girls into separate classes. Because of this the school did not meet the initial inclusion criteria and thus another school was randomly selected for participation.

Appendix 3: Topic prioritisation by school type

Table 3: Highest ranked HBSC topics by school type and number of groups

Ranking	Topic	Rural				Urban			
		Primary (DEIS)	Primary (Non-DEIS)	Post Primary (DEIS)	Post Primary (Non-DEIS)	Post Primary (Non-DEIS)	Post Primary (DEIS)	Primary (DEIS)	Primary (Non-DEIS)
		1 school 1 group	1 school 2 groups	1 school 2 groups	1 school 4 groups	1 school 2 groups	1 school 2 groups	1 school 2 groups	2 schools 4 groups
1	Alcohol	1	1	2	3	1	2	2	4
2	Puberty	1	2	1	3	1	1	1	4
3	Drugs	1	1	1	2	2	2	1	4
4	Being really drunk	1	1	0	3	2	2	2	3
5	Smoking	0	1	0	2	2	2	1	4
6	Fighting	1	1	0	1	2	1	2	3
7	Your health	1	1	2	2	0	0	2	1
8	Body image	0	0	2	2	1	0	0	4
9	Physical health	1	2	1	2	0	1	1	1
10	Emotional health	0	1	2	2	1	0	1	1
11	Happy with life	0	1	2	2	1	1	0	1
12	Close friends	0	1	2	2	0	0	2	1

Appendix 4: Variations in prioritisation and themes by school type

A. Alcohol

Alcohol was the most highly ranked topic; prioritised by 16 of the 19 groups. The three exceptions were all groups from non-DEIS schools; two were post-primary (one urban and one rural), and the third a rural primary school. The largest theme within the topic Alcohol was “*effects*”, which was raised by students in almost all schools with the exception of two rural primary schools. The questions “*is alcohol bad for you*” and “*could you die from drinking alcohol*” came from urban primary schools (DEIS and non-DEIS), while those on “*how it affects your body and brain*” emerged from rural post-primary schools only. The theme “*types and make*” was raised in four out of the five primary but none of the post-primary schools. Questions under the theme “*young people*” were only raised by students from the rural post-primary schools.

B. Puberty

Puberty was the second highest ranked HBSC topic; prioritised by 14 of the 19 groups across all schools. The exceptions to this were one group from each of the post-primary schools and one from an urban primary DEIS school. The largest theme discussed within Puberty was “*body changes and effects*” which was raised in all the primary non-DEIS schools and three of the four post-primary schools. Most questions about Puberty were asked in primary school groups. The theme “*hurt*” emerged in four out of the five primary schools and one post-primary school (rural, non-DEIS). Questions under the theme “*age and gender*” were raised in the majority of rural schools (three out of four) but only one urban school. Those under the theme “*pregnancy and sex*” came from a single school (urban, primary, non-DEIS) and those within the theme “*what is it*” only emerged in primary schools.

C. Drugs

Drugs was the third most highly ranked HBSC topic; prioritised by 14 of the 19 groups. The exceptions to this were groups from rural post-primary, rural primary non-DEIS and urban primary DEIS schools. The largest theme that emerged within Drugs was “*effects*” and this came up in all schools with the exception of the two rural post-primary schools. The theme “*cost*” was only raised in rural schools while the theme “*addiction and quitting*” came up in three of the four rural schools. Only two primary non-DEIS schools (one urban and one rural) asked questions under the theme “*how are drugs made*”. The theme “*sources*” was raised in the majority of non-DEIS schools but by none of the DEIS schools. Finally the theme “*what are they and types*” came up in all schools with the exception of two DEIS schools - one urban primary and one rural post-primary.

D. Being really drunk

Being really drunk was the fourth most highly ranked HBSC topic; prioritised by 14 of 19 groups. The exceptions to this were three groups from non DEIS schools and 2 groups from a rural post-primary DEIS school. The largest theme that emerged within the topic Being really drunk was “*effects*” which came up in all groups/schools with the single exception of one rural post-primary DEIS school. The themes “*age and source*” and “*how many*” were raised only in non-DEIS schools. Questions under the theme “*how it works*” were raised in four of the five urban schools while the theme “*how much*” was mentioned in four of the five primary schools, the exception being a rural primary non-DEIS school.

E. Smoking

Smoking was the fifth most highly ranked HBSC topic; prioritised by 12 of 19 groups. Smoking was highly ranked in all schools with the exception of rural DEIS (primary and post-primary) schools. The largest theme within Smoking was “*effects*” which was raised in all five urban schools and only one of the four rural schools. The themes “*addiction*” and “*why*” were raised in four of the five urban schools. The theme “*age and gender*” only came up in urban non-DEIS schools. Questions asked under the theme “*types and how cigarettes are made*” emerged in most primary schools.

F. Fighting

Fighting was the sixth ranked HBSC topic; prioritised by 11 of 19 groups. It was raised in all schools with the exception of a rural post-primary DEIS school. Eight out of 10 urban groups ranked Fighting in their top twelve “*interesting*” topics, while only three out of nine rural groups did so. The theme “*why*” was the largest sub-group and was raised in all five urban schools but only one of the four rural schools, the same pattern was evident for the theme “*hurt and effects*”. The theme “*law*” was only mentioned in a rural primary non-DEIS school, while the theme “*stop fighting*” only emerged in an urban primary non-DEIS school. The theme “*causes*” came up in four of the five primary schools with the exception being a rural primary DEIS school. Finally most of the questions under the theme “*age and who fights*” came from non-DEIS schools.

G. Your Health

Your health was the seventh highest ranked HBSC topic; prioritised by 9 of 19 groups. It was ranked highly in all schools with the exception of the two urban post-primary schools and an urban primary non-DEIS school. The largest theme discussed within Your health was “*get and stay healthy*” and the majority of emerging questions under this theme came from primary school students. The three themes “*health conscious*” “*unhealthy behaviour*” and “*personal health information*” were only raised in rural post-primary schools. The category “*exercise and nutrition*” was only raised in two primary non-DEIS schools (one rural and one urban). The theme “*importance*” was only emerged in rural DEIS schools.

H. Body Image

Body image was ranked eighth among the HBSC topics; prioritised by 9 of the 19 groups in 5 schools. The majority of these schools were post-primary - two rural and one urban non-DEIS. The two primary schools that ranked Body image highly were both urban non-DEIS schools. The themes “*perceptions and pressures*” were raised in four of the five non-DEIS schools. No other patterns were evident.

I. Physical Health

Physical health was ranked ninth among the HBSC topics; prioritised by 9 of the 19 groups. Physical health was ranked highly in all schools with the exception of two urban non-DEIS schools - one primary and one post primary. The largest theme discussed was “*headaches and dizziness*”. The theme “*effects*” was only raised in a rural post-primary DEIS school. The theme “*medicine and doctor*” came up in both rural non-DEIS schools. The two themes “*how to be and stay healthy*” and “*sleep and tiredness*” emerged in three out of the five rural schools. The topic and themes within physical health were referred to most frequently by rural groups with six out of the nine rural groups raising issues in comparison to three of the 10 urban groups.

J. Emotional Health

Emotional health was the tenth most highly ranked HBSC topic; prioritised by 8 of the 19 groups. It was ranked as important in the majority of schools, with the exception of two primary schools (rural DEIS and urban non-DEIS) and one urban post-primary DEIS school. The largest theme that emerged within Emotional health was “*care - what to do*”. Within this theme the comments “*how you handle it*” came up in DEIS schools only. Overall the topic and themes within Emotional health were raised primarily by rural post-primary schools.

K. Happy with life

Happy with life was the eleventh most highly ranked HBSC topic; prioritised by 8 of the 19 groups. It was highly ranked in most schools with the exception of three primary schools. The largest theme discussed within Happy with life was “*how*”. The themes “*benefits and effects*” and “*gender differences and how many*” were only raised by post-primary schools. The theme “*importance*” only came up in a rural primary non-DEIS school and the theme “*what to do if you are unhappy*” only emerged in rural schools. Overall the topic and themes within *Happy with life* were prioritised by six out of 10 post-primary groups but only two out of nine primary groups.

L. Close Friends

Close friends was ranked twelfth among the HBSC topics; prioritised by 8 of the 19 groups. It was highly ranked in most schools, with the exception of the two urban post-primary schools and two primary schools (rural DEIS and urban non-DEIS). The largest theme that emerged within close friends was “*importance*”. The theme “*traits*” only came up in rural non-DEIS schools and the theme “*without friends*” was only raised by students from a rural post-primary DEIS school.