



**Press release  
Copenhagen, 17 June 2008**

## **Young people's health and health-related behaviours Large disparities and inequalities across industrialized countries**

Large disparities in young people's health and health-related behaviours across Europe and North America and strong but complex relationships between adolescent health and the socioeconomic status of families: these are the main findings of a new and unique cross-national study jointly launched today by the WHO Regional Office for Europe and the University of Edinburgh<sup>1</sup>.

Based on a survey conducted in 2005/2006 on 204 000 young people (11, 13, and 15 years old) in 41 countries and regions across Europe and in North America, the fourth international report from the Health Behaviour in School-aged Children (HBSC) Study provides the most comprehensive evidence to date on the health and health-related behaviour, and their social contexts, of young people in industrialized nations.

The countries and regions surveyed are Austria, Belgium (Flemish), Belgium (French), Bulgaria, Canada, Croatia, Czech Republic, Denmark, England, Estonia, Finland, France, Germany, Greece, Greenland, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Scotland, Slovakia, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, Turkey, Ukraine, United States and Wales. The study uses the United Nations categories of northern, southern, eastern and western Europe and North America.

The report clearly shows that boys and girls differ in terms of reported health behaviours and health outcomes. Existing data do not, however, universally favour one gender over the other, but show that different issues are of concern for males and females. While boys are still more likely to engage in all risk behaviours, the patterns for smoking support the argument that some equalization may be taking place. Despite more frequent consumption of healthier foods and lower levels of overweight and obesity, girls are more likely to be on weight-reducing diets and to be dissatisfied with their bodies.

Boys from northern Europe report more positive health. Young people in western Europe and boys in northern Europe report poorer relationships with their families; young people in these countries and regions also report more peer involvement than young people in either eastern or southern Europe. While North America stands out as having the lowest rates of smoking, it has among the highest rates of cannabis use, a finding that deserves further exploration. The report

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<sup>1</sup> Currie C et al, eds. *Inequalities in young people's health. Health Behaviour in School-aged Children international report from the 2005/2006 survey*. Copenhagen, WHO Regional Office for Europe, 2008 (Health Policy for Children and Adolescents, No. 5; <http://www.euro.who.int/document/E91416.pdf> , accessed on 17 June 2008).

also highlights the high levels of obesity in North America, the relatively low consumption of fruits in parts of northern Europe and the higher level of contraceptive pill use in western Europe as compared to eastern and southern Europe.

As children grow and develop, important changes can be observed in terms of their risk behaviours, the social influences that surround them and the health outcomes that they experience. Children's ratings of their health decline with increasing age. Younger children are more likely to report a wide variety of positive health behaviours but engagement in these health behaviours declines as children enter adolescence.

The clear association between family affluence, positive health and health-promoting behaviours confirms previous HBSC analyses on self-rated health, daily fruit eating, consumption of soft drinks, tooth brushing and physical activity. The new survey also supports previous studies, which identified inconsistent relationships between socioeconomic status and tobacco use and alcohol consumption in adolescence. Associations with family affluence varied in direction and between countries and regions.

The survey provides comparable and detailed data on health outcomes, health behaviours, risk behaviours and social contexts, including for instance on perceived health and well-being, smoking and cannabis use, alcohol drinking, sexual health, physical activity, eating habits, overweight, body dissatisfaction, dieting and weight control, oral health, bullying and fighting, injuries, relations with parents and young people's life circumstances.

An international network of research teams has conducted HBSC studies since 1983 in collaboration with the WHO Regional Office for Europe. These surveys provide foundational information to assist in the development of further research. Results are used by teams of interdisciplinary policy-makers, health promotion practitioners, education system specialists, youth group representatives and communications experts to inform policy and practice, identify priorities for action and define strategies to reduce health inequalities.

For further information, see the fact sheet highlighting some of the survey's key figures and the full HBSC survey report on the web site of the WHO Regional Office for Europe ([http://www.euro.who.int/mediacentre/20020617\\_1](http://www.euro.who.int/mediacentre/20020617_1)) see also the Health Behaviour in School-aged Children (HBSC) web site ([www.hbsc.org/](http://www.hbsc.org/)). (HBSC Ireland: [www.nuigalway.ie/hbsc](http://www.nuigalway.ie/hbsc))

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