
Health behaviours in school-aged children the regional context of the studies

Satellitenveranstaltung zum Kongress Armut und Gesundheit 2024

„Die Gesundheit von Schülerinnen und Schülern in Deutschland: Von
Ergebnissen und Trends der HBSC-Studie zur Public Health-Praxis“

Montag, den 4. März 2024, 12.30-17.30 Uhr

Dr. Martin Weber

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Programme Manager,

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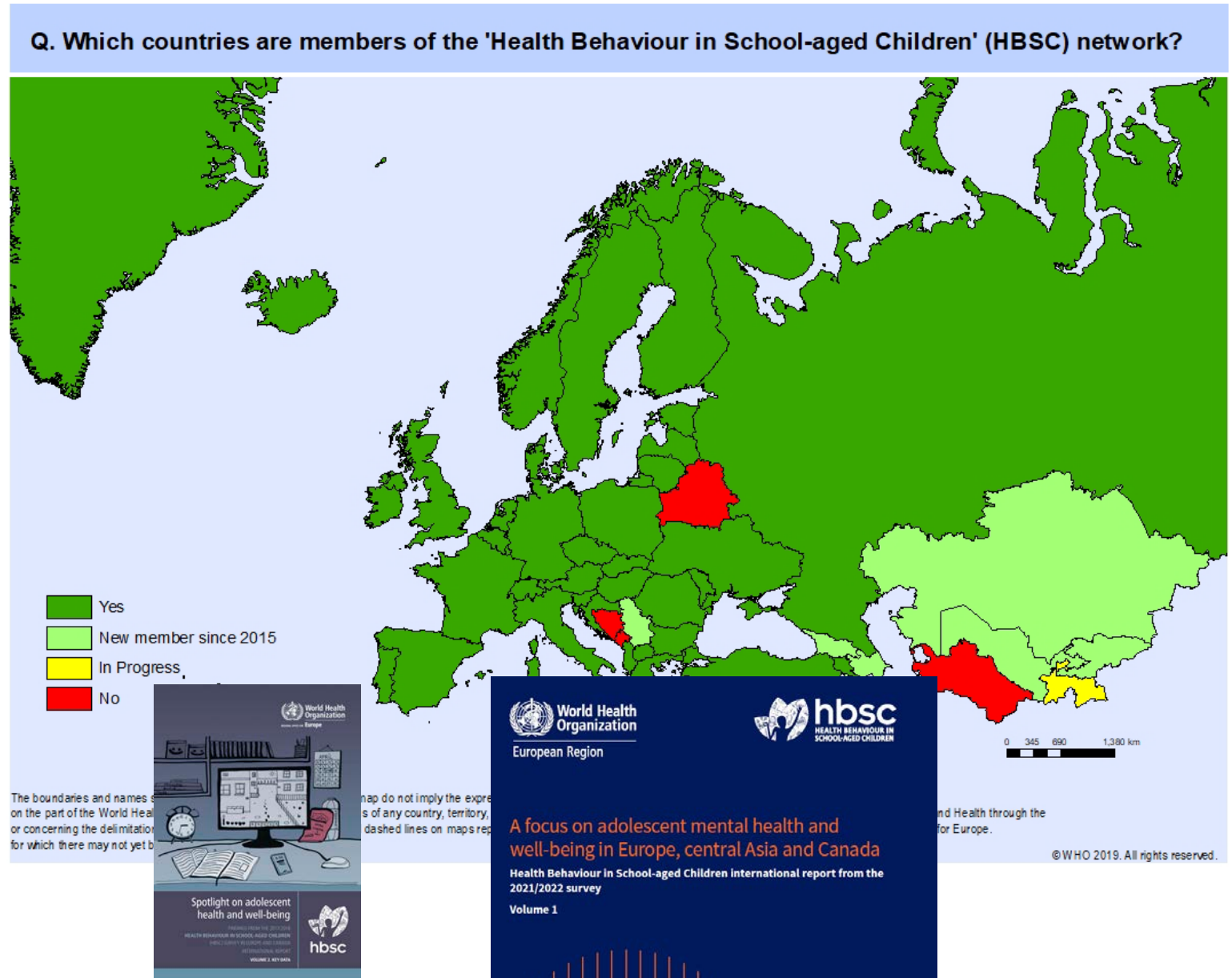
WHO Regional Office for Europe



European Region

Understanding adolescent health-related behaviours: the Health Behaviours in School-aged Children (HBSC) network

- Collaboration of investigators interested in health-related behaviours of school age children
- Performed every 4 years, expanding members since 1983.
- Same core methodology, with country adaptations, allows longitudinal and across countries comparisons.
- **Survey round 2021-22 being analyzed and published**
- **International report is being published in 7 theme volumes**





1983



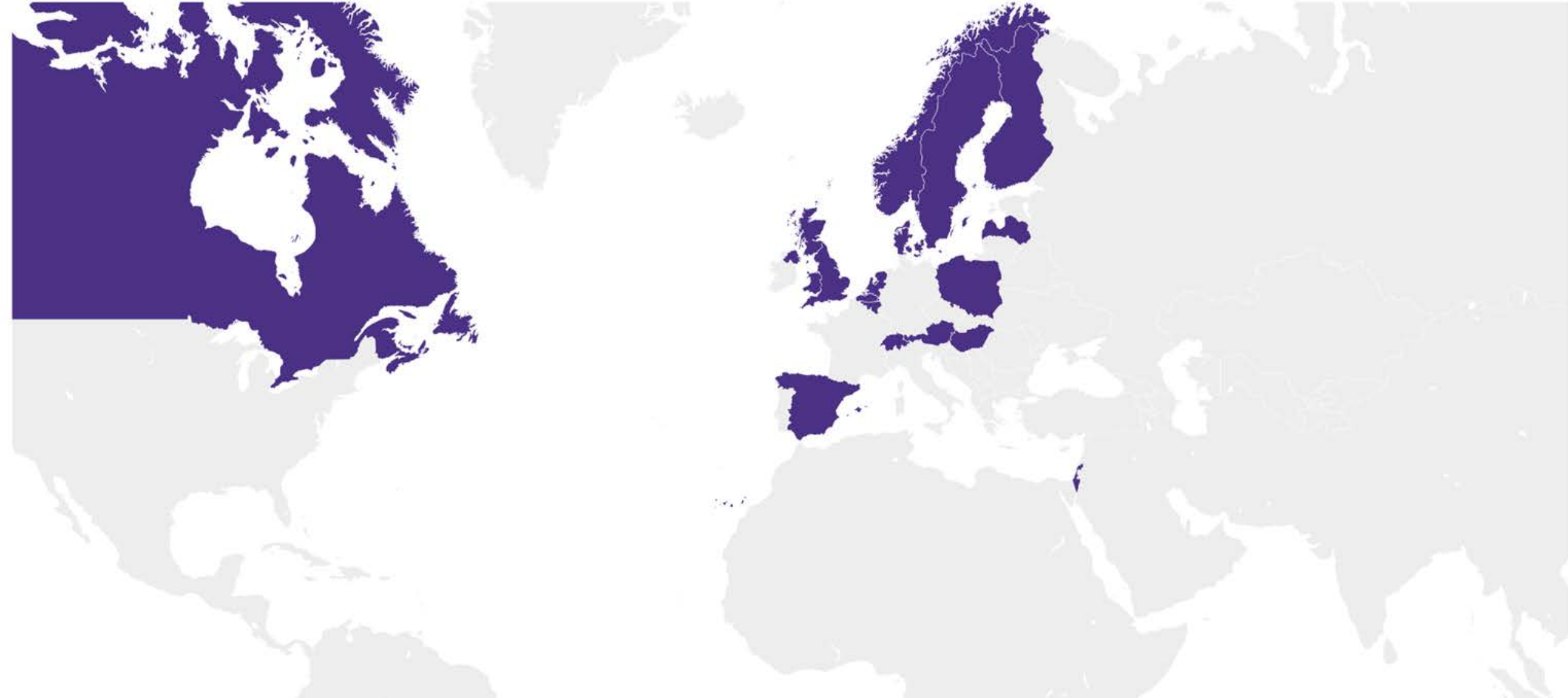


1985



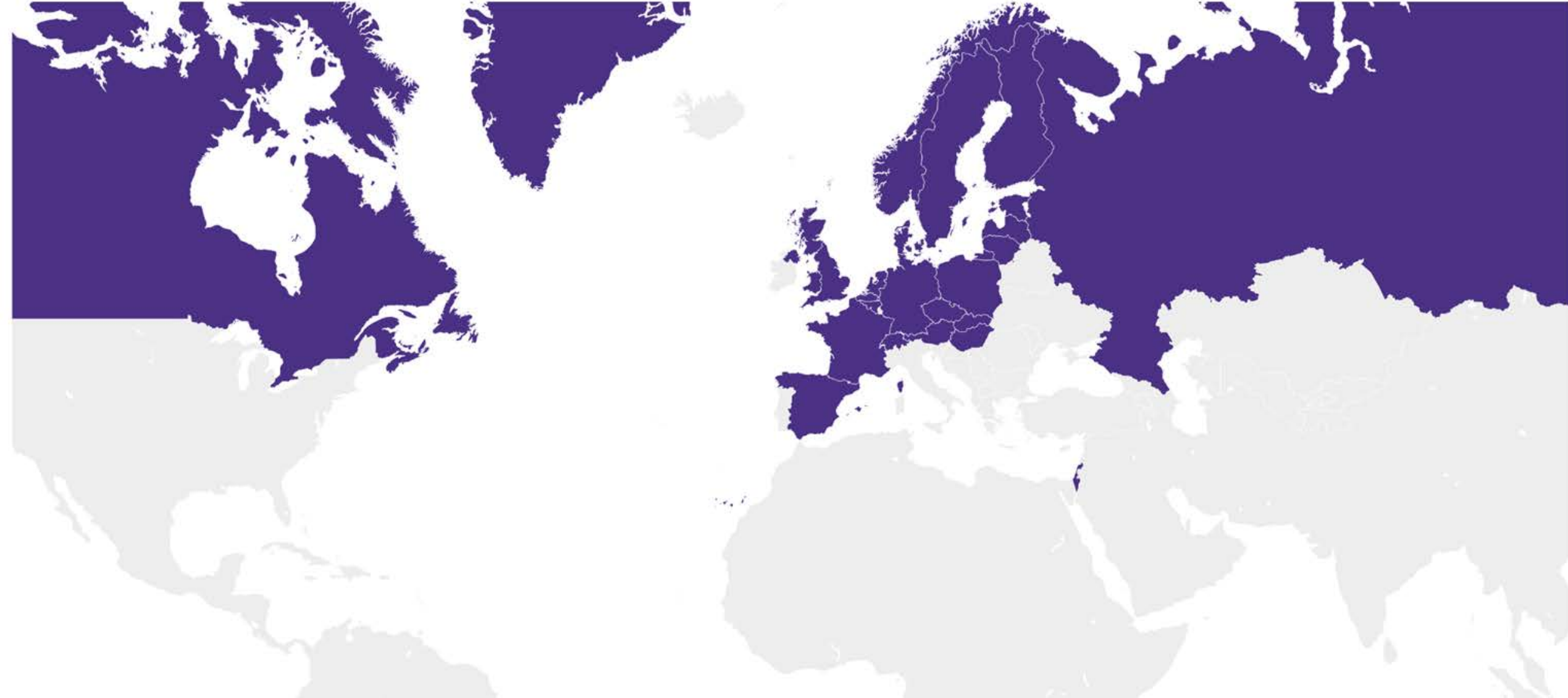


1989



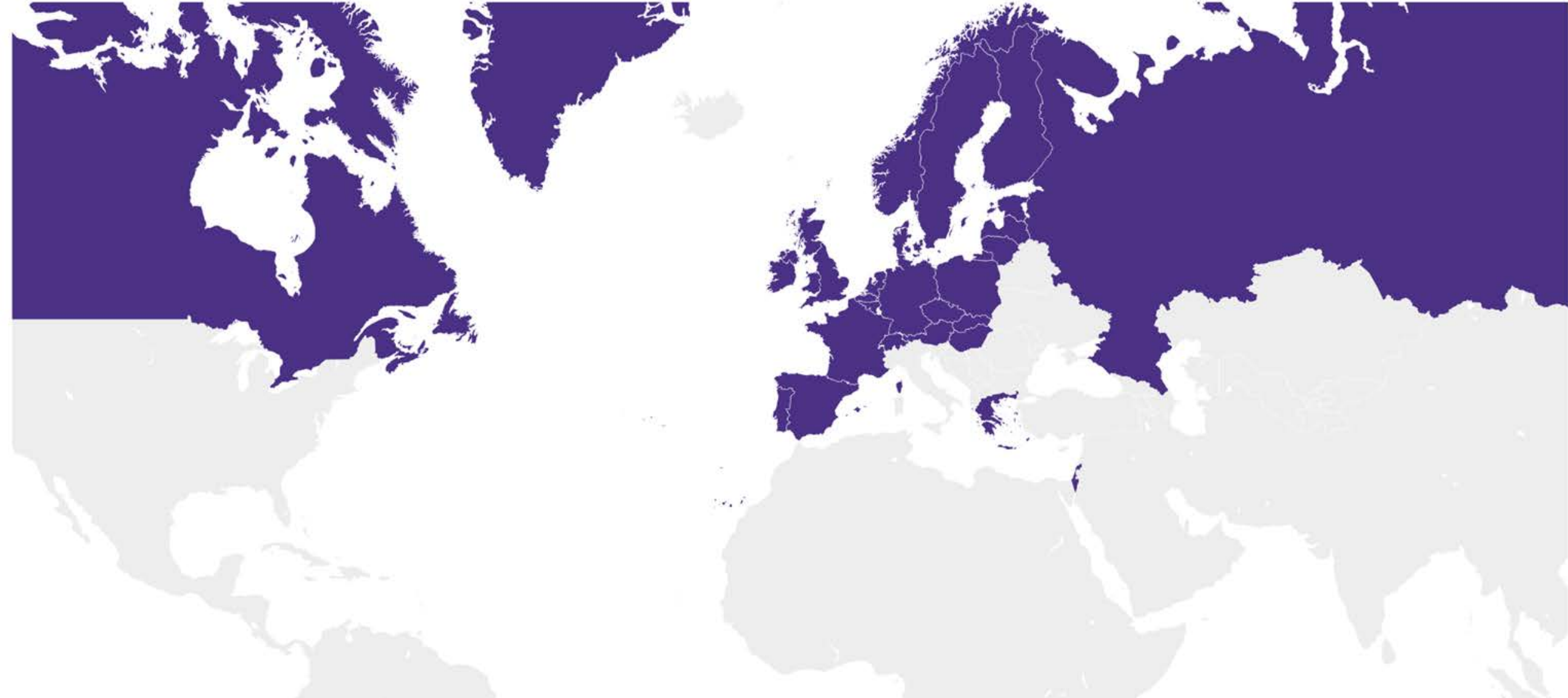


1993



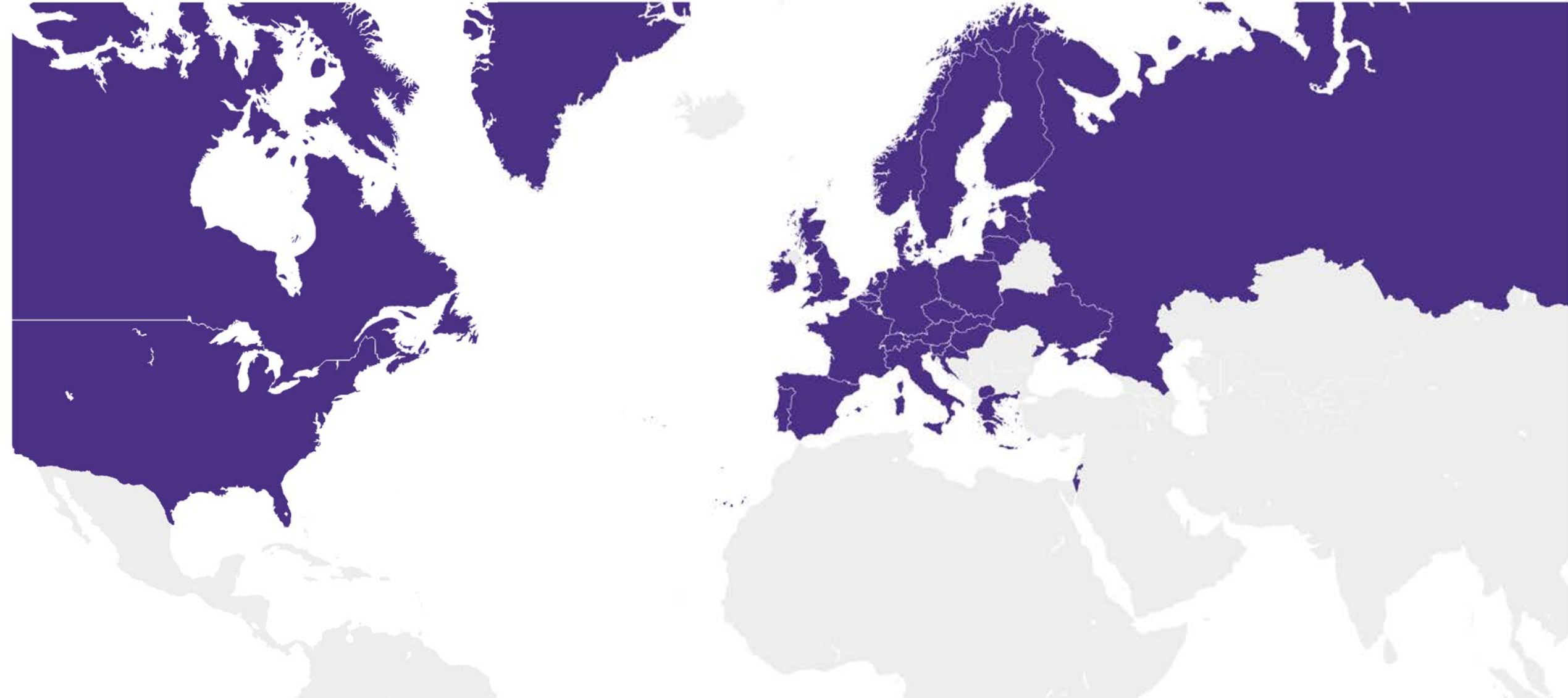


1997





2001





2005



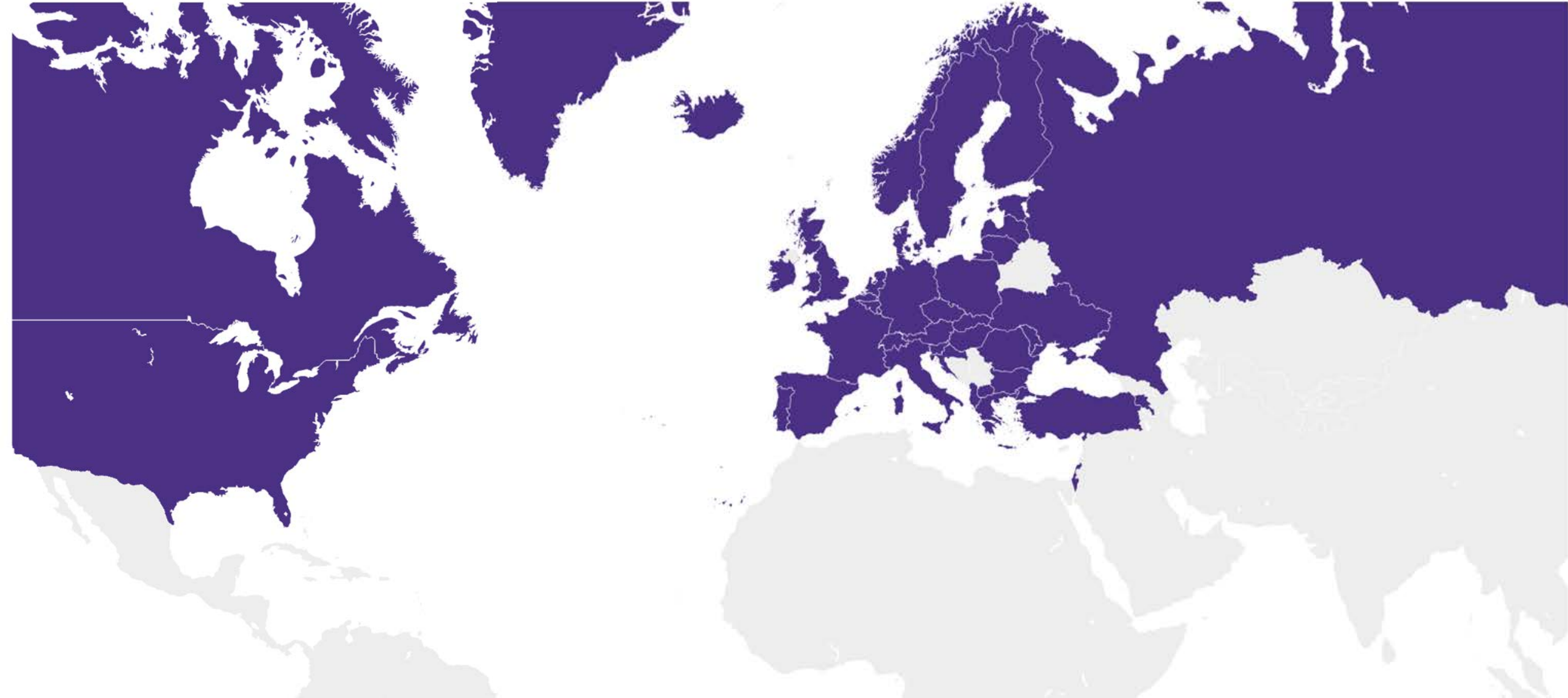


2009



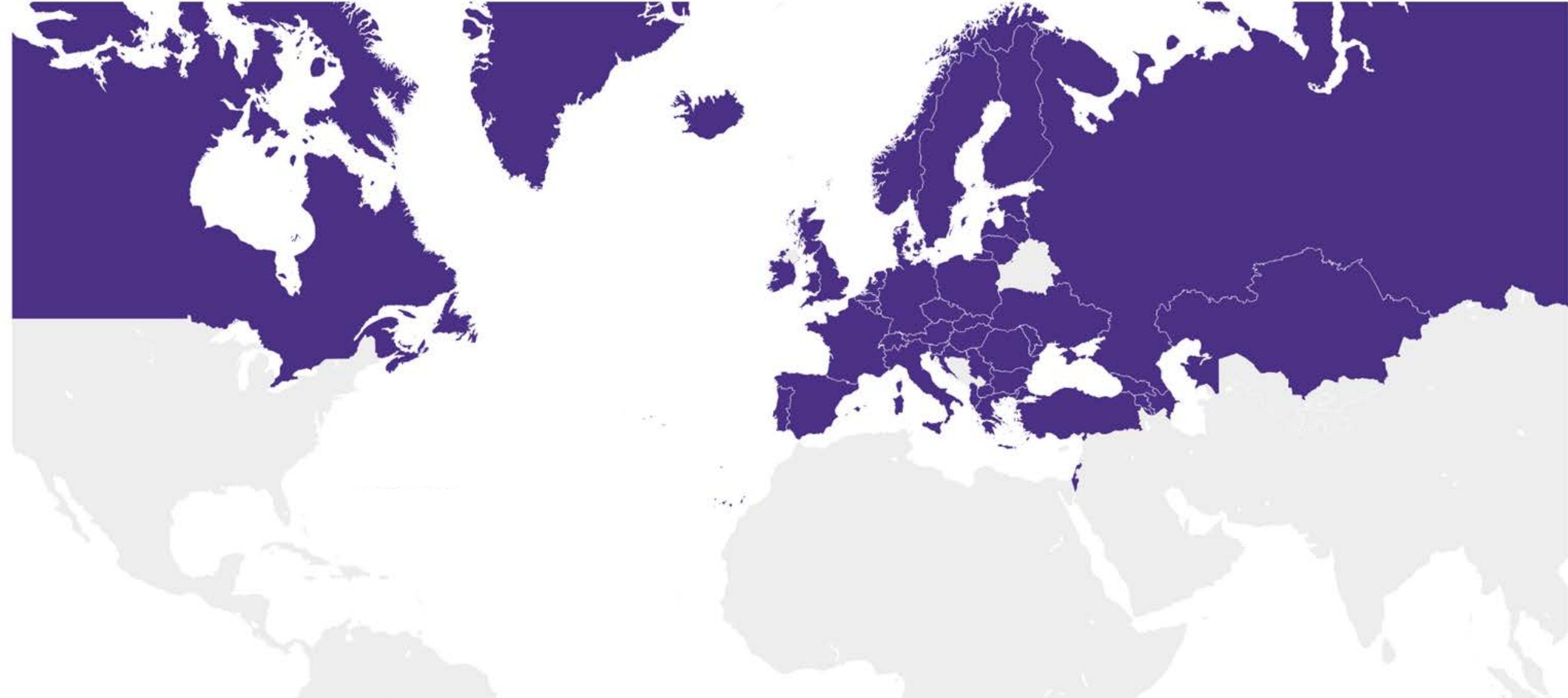


2013





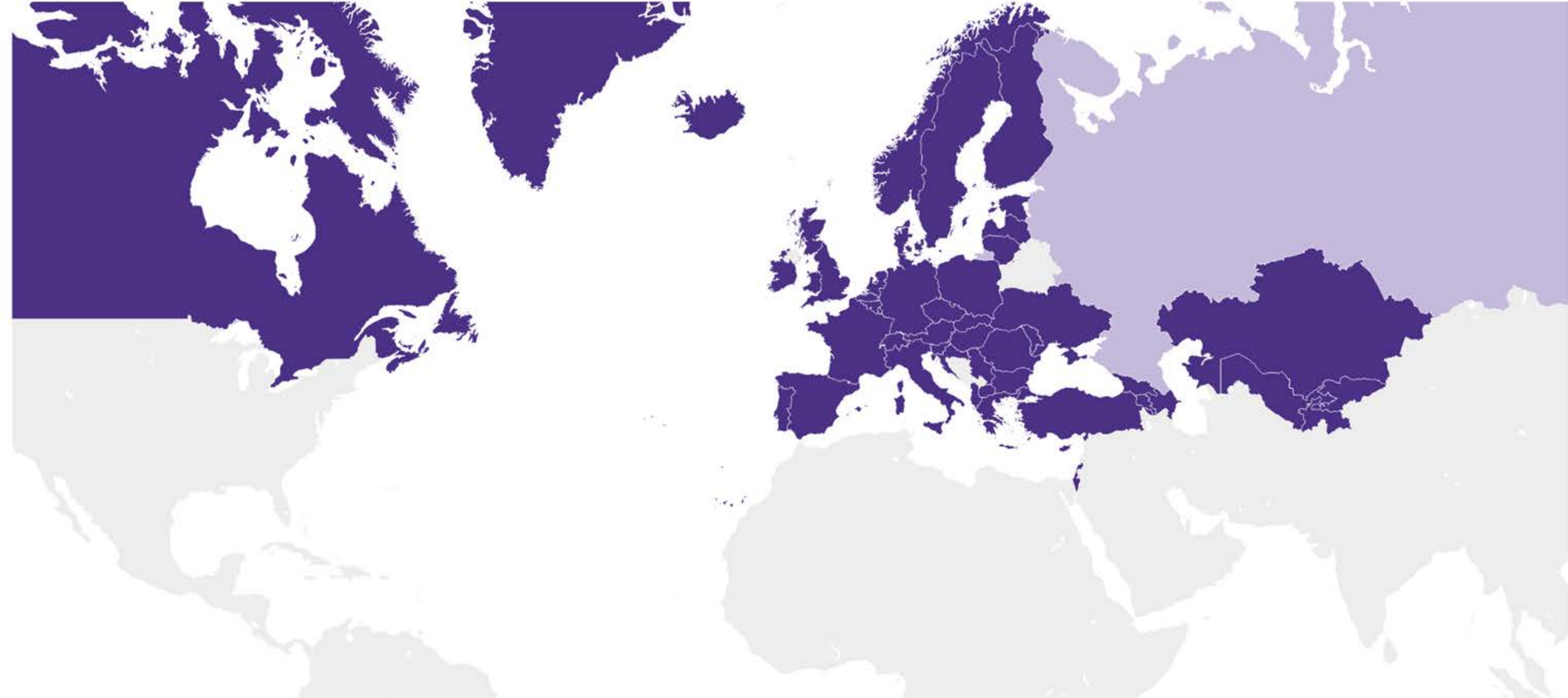
2017



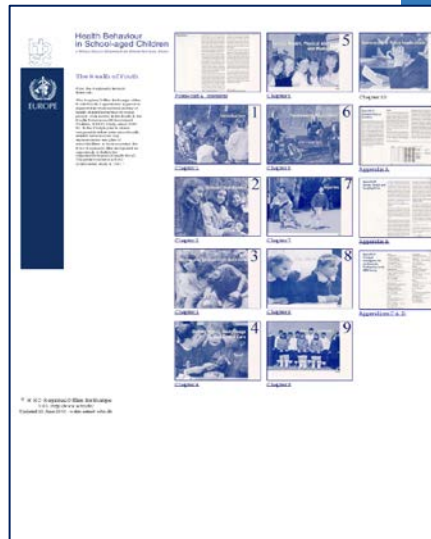
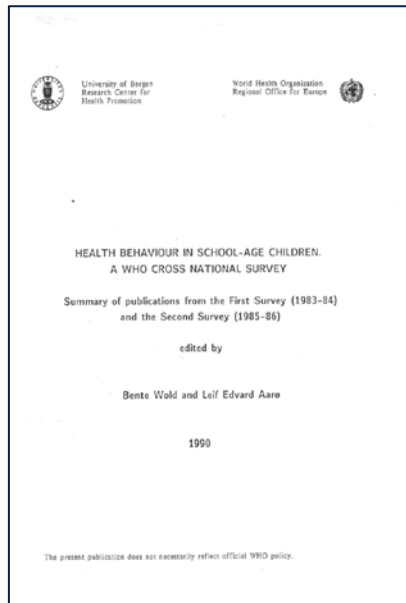
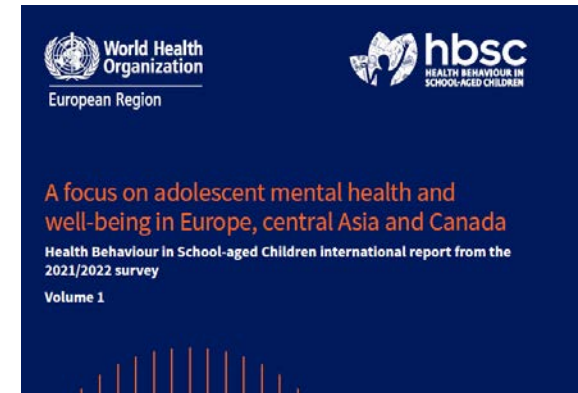
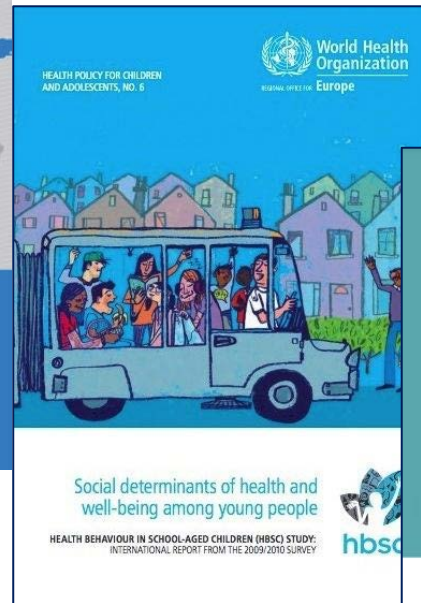
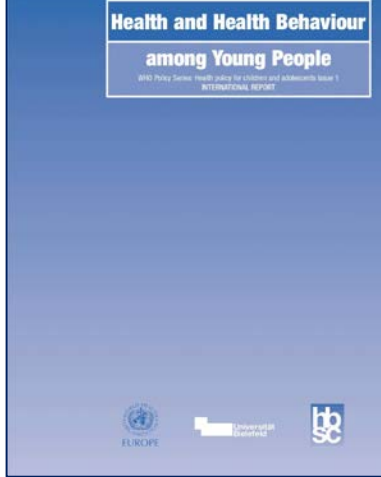


2021

Russian Federation
suspended April 2022

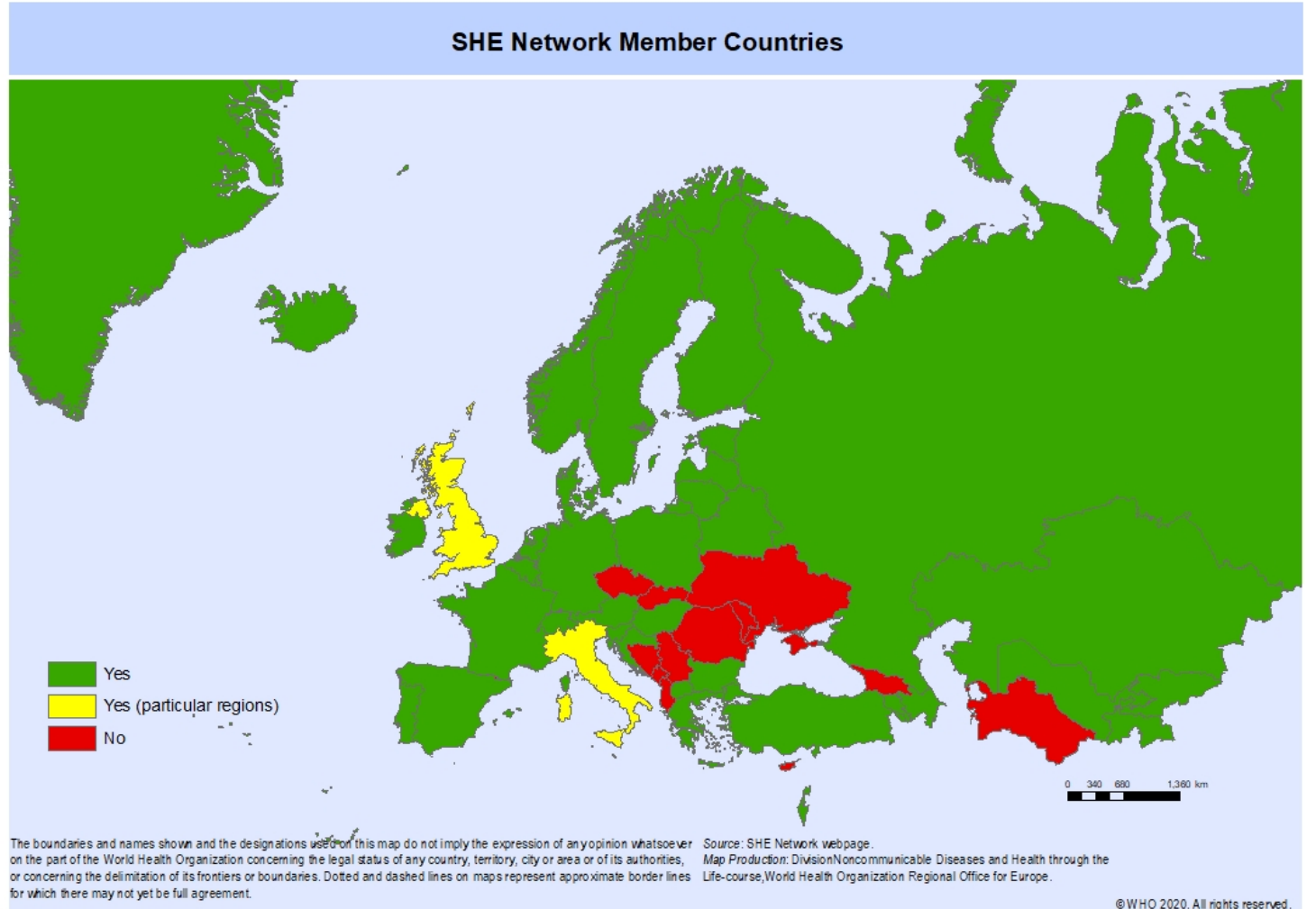


1990- 2024



Schools for health in Europe (SHE)

- A network of health promoting school associations in 42 member countries: EU and EECA
- European network since 1992
- Focus: making HPS an integral part of policy development in education and health sector, taking a whole school approach
- <https://www.schoolsforhealth.org/>



European Region

Every school should be a health-promoting school.



Making every school a
health-promoting school

Vision

Make **every** school a health-promoting school

Aim

Support countries to build health-promoting education **systems**

HBSC survey 2021-22, international report volumes



World Health Organization
European Region



A focus on adolescent mental health and well-being in Europe, central Asia and Canada

Health Behaviour in School-aged Children international report from the 2021/2022 survey

Volume 1

World Health Organization

in Region



Focus on adolescent substance use in Europe, central Asia and Canada

Health Behaviour in School-aged Children international report from the 2021/2022 survey

Volume 2



World Health Organization
European Region



A focus on adolescent peer violence and bullying in Europe, central Asia and Canada

Health Behaviour in School-aged Children international report from the 2021/2022 survey

Volume 2



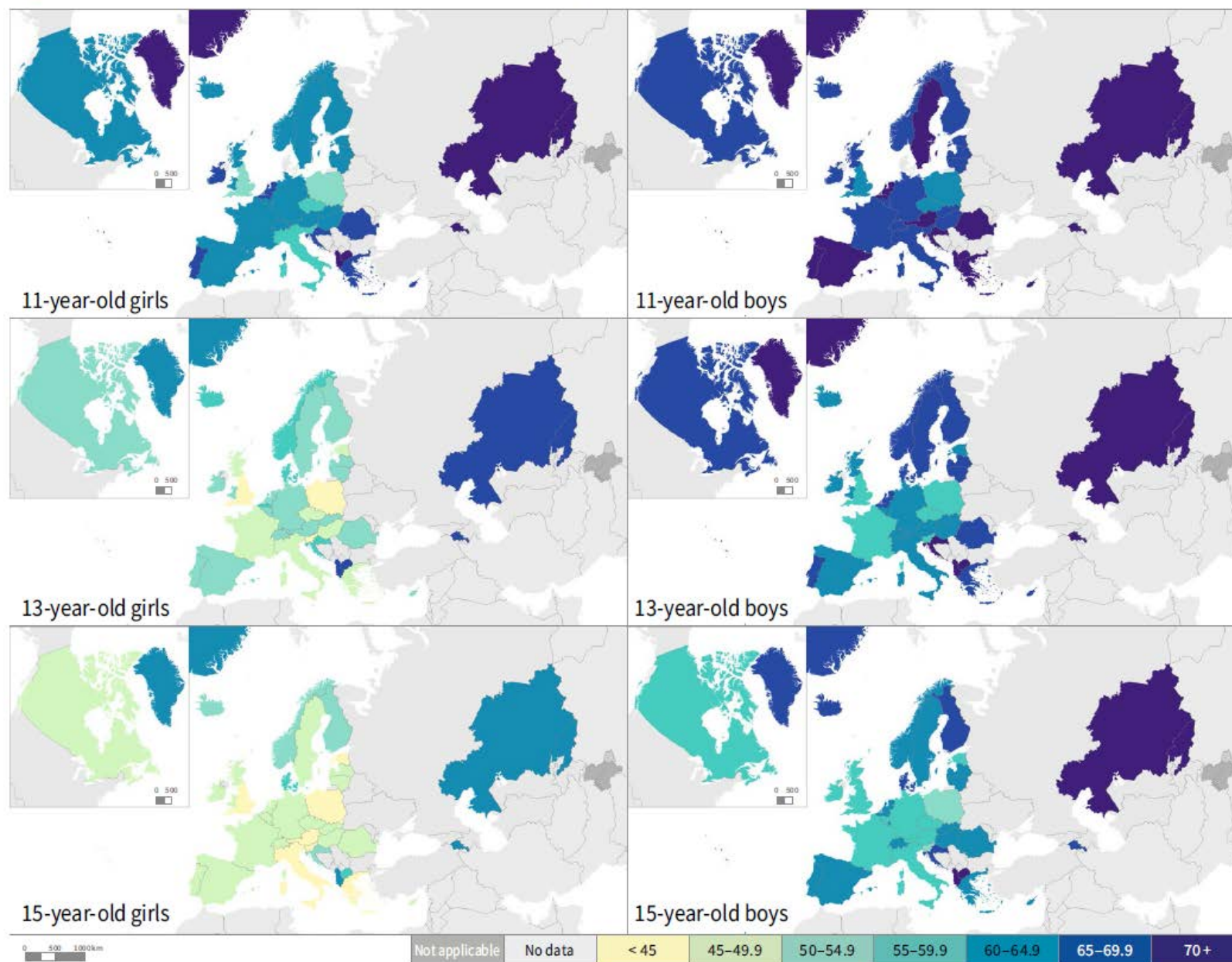
World Health Organization
European Region

Examples from the mental health report: Mental well-being (WHO-5 well being index)

Young people were asked how often over the last two weeks they had:

- felt cheerful and in good spirits;
- calm and relaxed;
- active and vigorous;
- woken up feeling fresh and rested;
- felt their life was filled with things that interested them

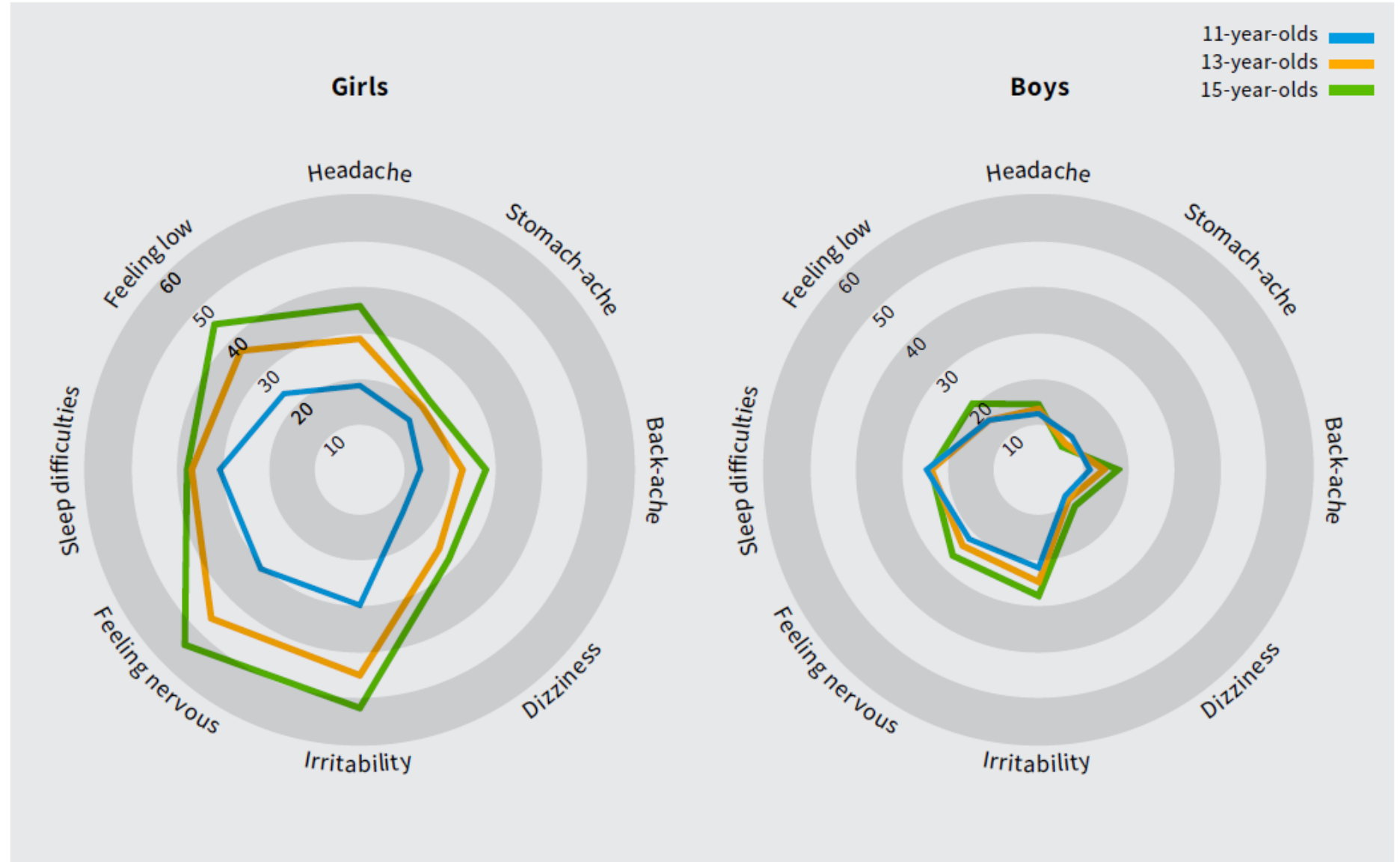
Fig. 3. Mental well-being (mean WHO-5 Well-being Index value) by country, age and gender



Note: WHO-5 Well-being Index score ranges from zero to 100. No data were available for Bulgaria, Serbia and Tajikistan (all ages) and Denmark (11-year-olds).

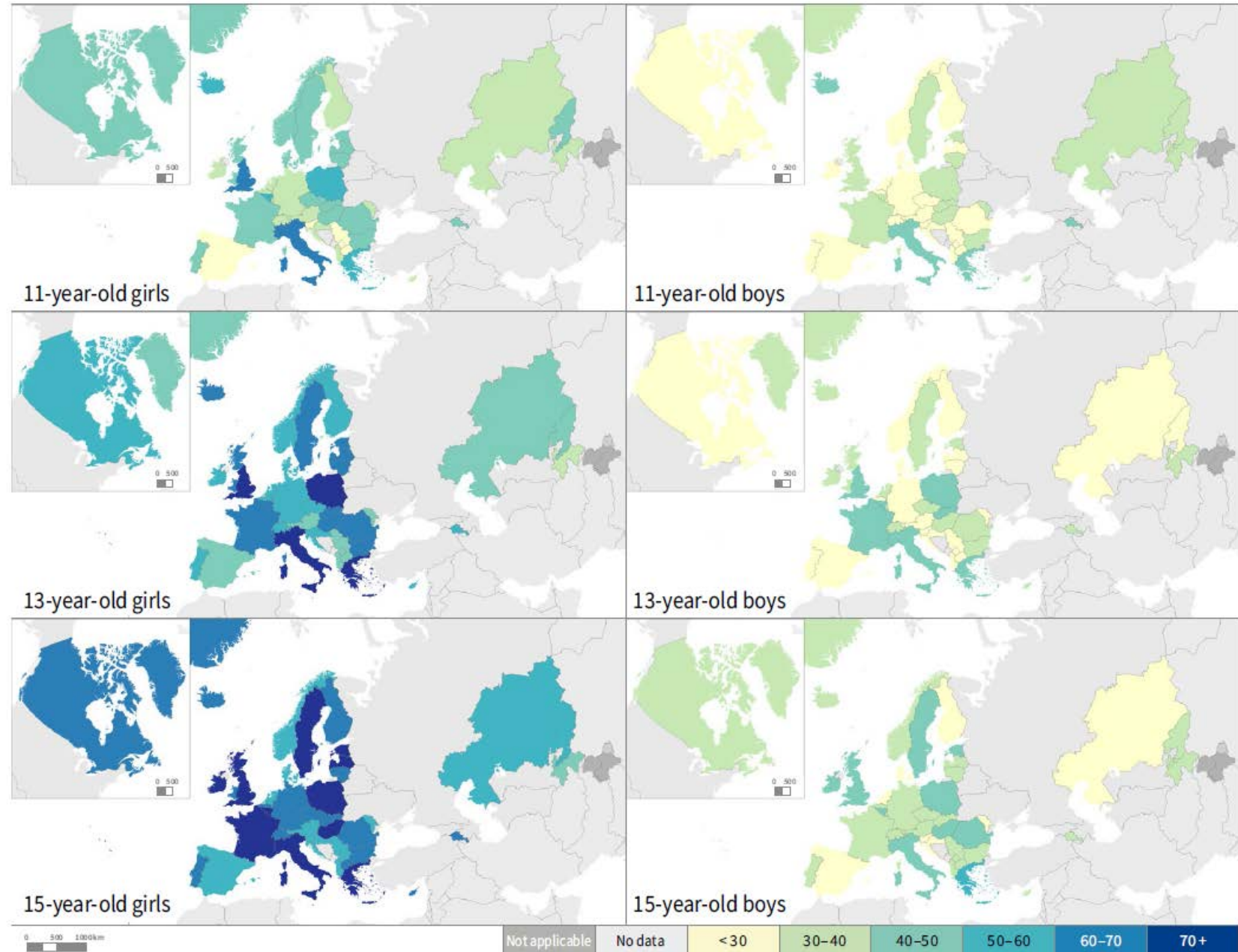
Fig. 4. Prevalence of eight individual health complaints experienced more than once a week by gender and age (HBS average)

Prevalence of health complaints



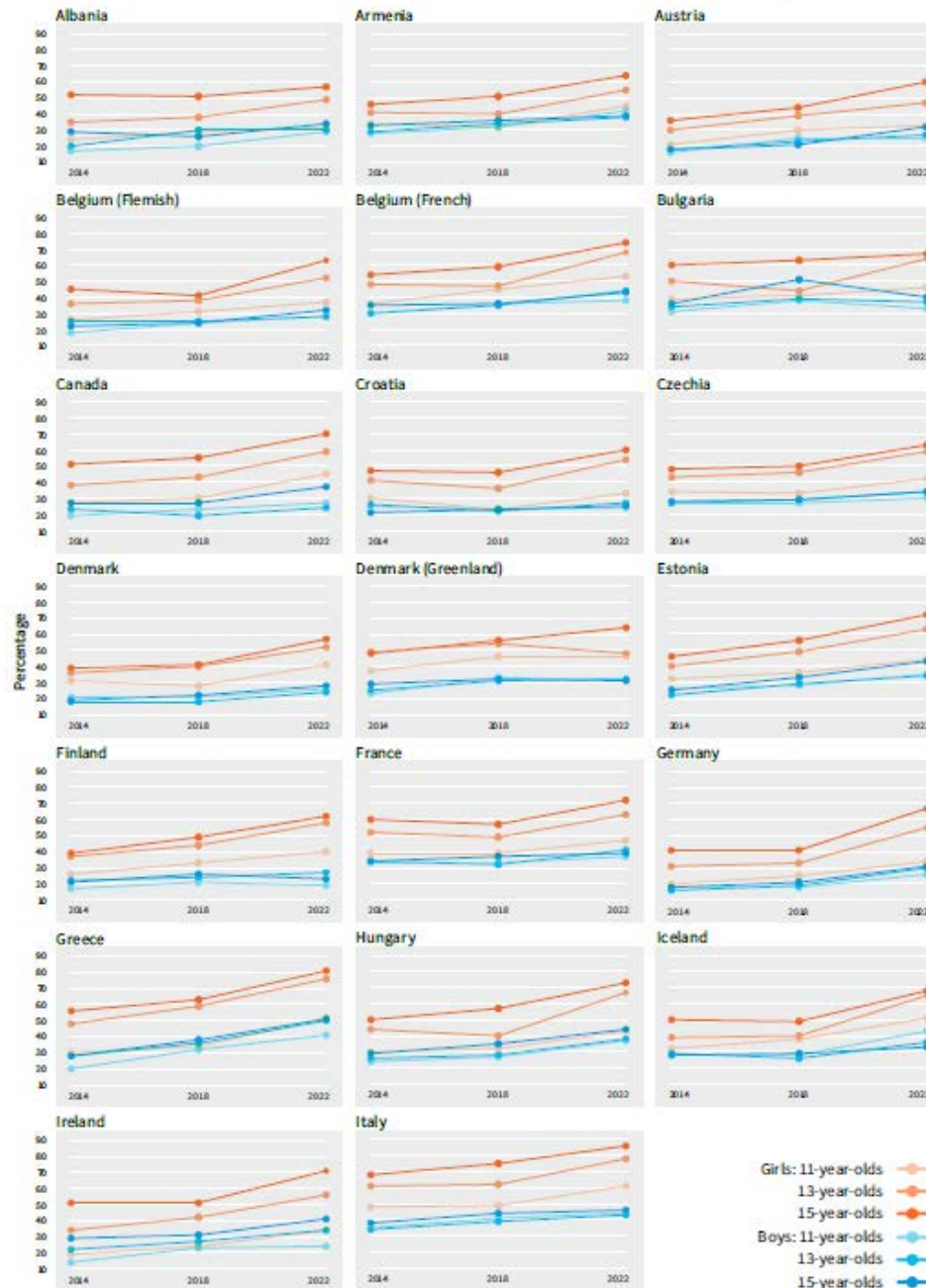
Multiple health complaints

Fig. 5. Prevalence of adolescents reporting multiple health complaints experienced more than once a week by gender and age (percentage)



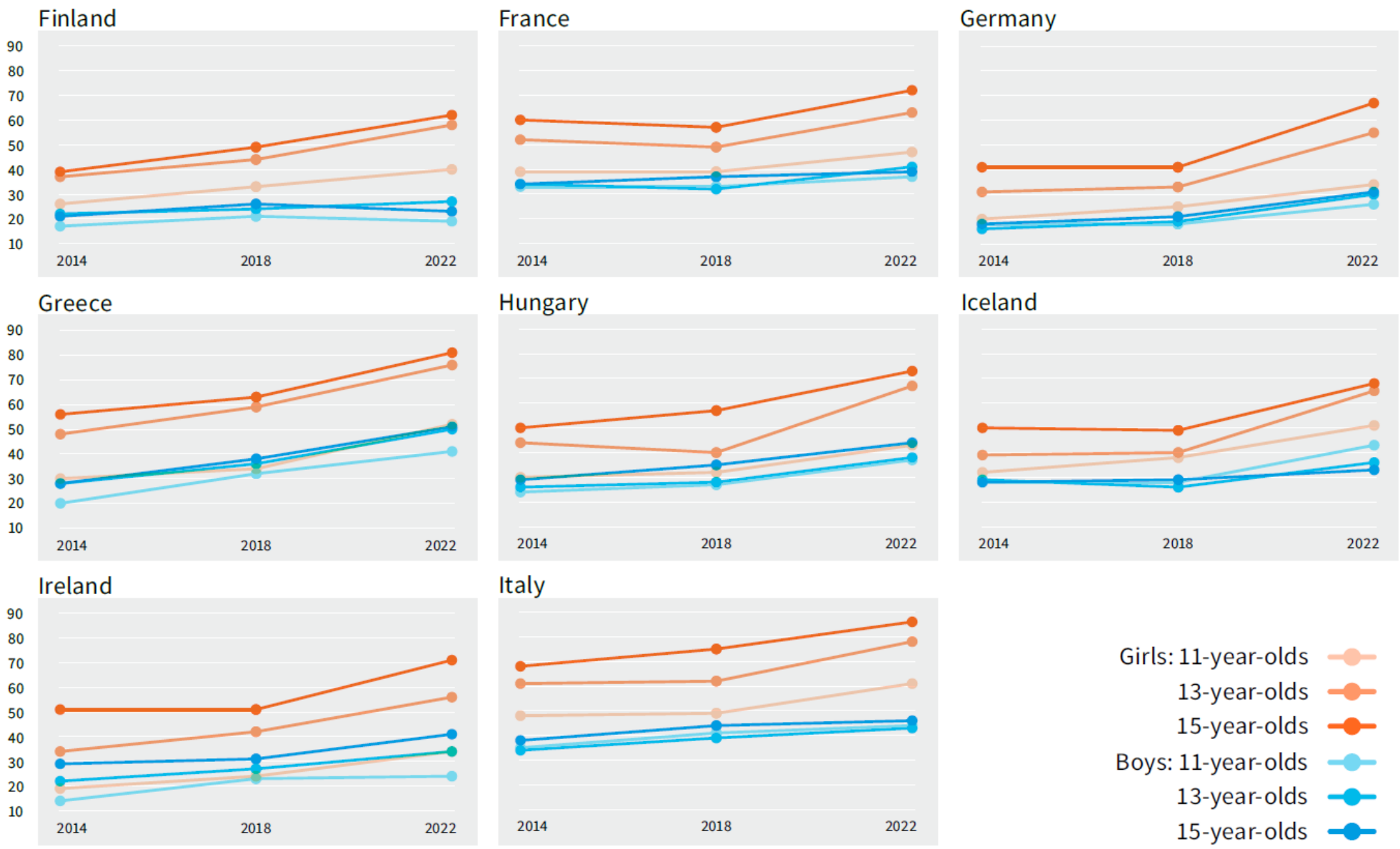
Trends in prevalence of multiple health complaints

Fig. 6. Trends in prevalence in multiple health complaints from 2014 to 2022 by country, age and gender



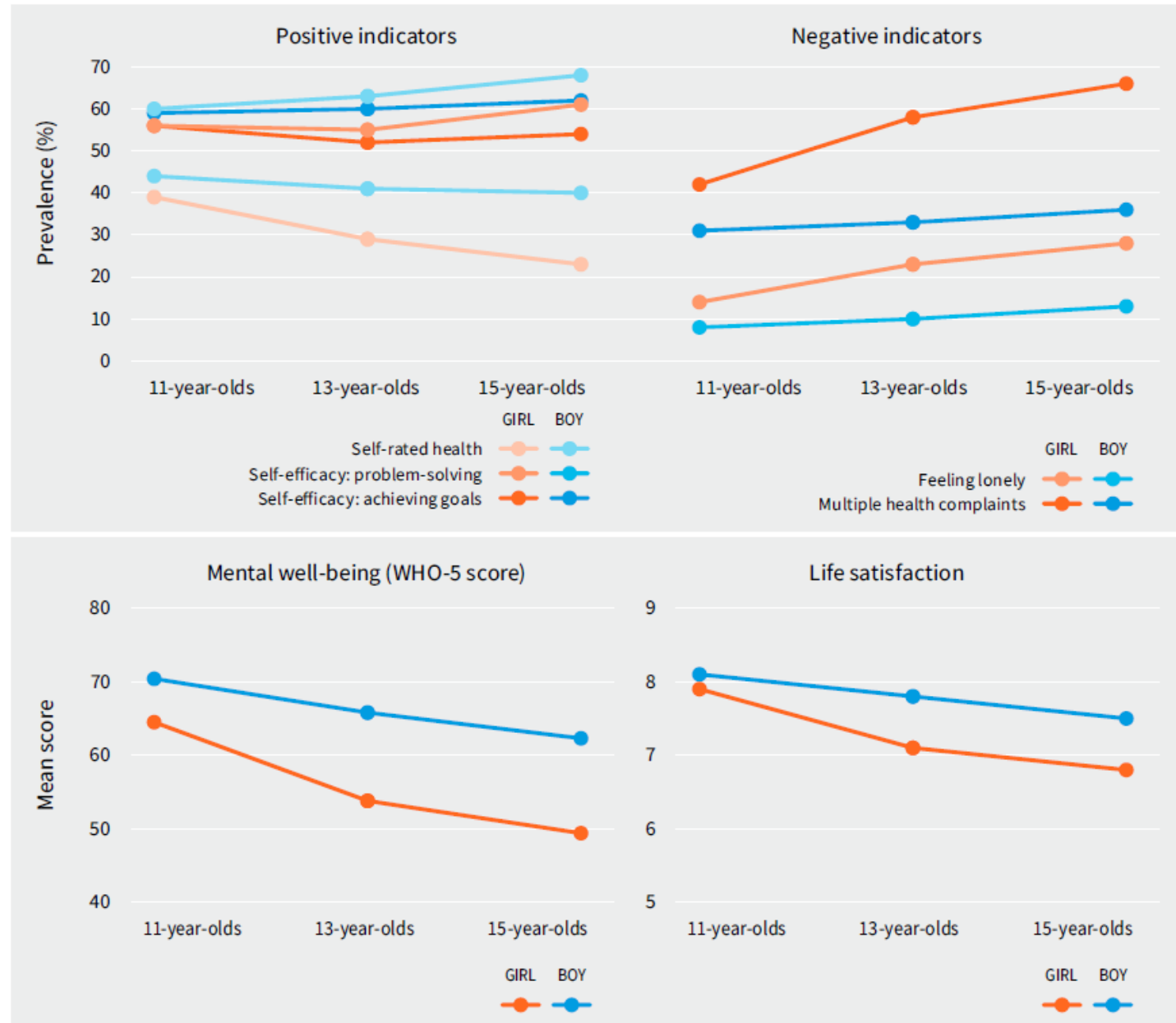
Note: data are not presented for Cyprus, Kyrgyzstan and Tajikistan, as fewer than two data points were available.

Trends in prevalence of multiple health complaints



Age related patterns of mental health outcomes

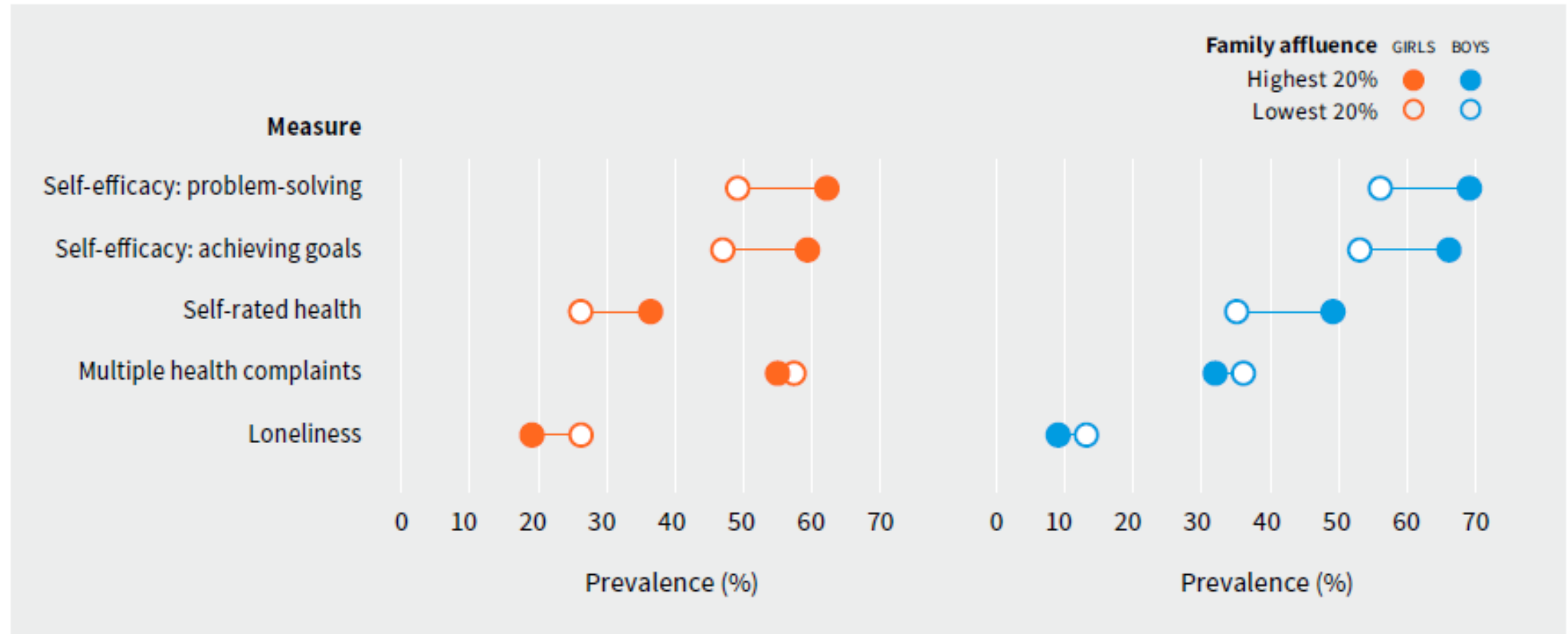
Fig. 7. Age-related patterns in mental health outcomes by gender (HBSC average)



Note: self-rated health: no data were received from Malta. Self-efficacy: no data were received from France. Feeling lonely: no data were received from North Macedonia (11- and 13-year-olds). Mental well-being (WHO-5 score): no data were available from Bulgaria, Serbia and Tajikistan (all ages) and Denmark (11-year-olds).

Differences by family affluence

Fig. 8. Overall family affluence differences across mental health indicators by gender (HBSC average)



Note: low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Malta for self-rated health or from France for either self-efficacy measure. No data were received from North Macedonia for feeling lonely (11- and 13-year-olds).

European strategy for child and adolescent health 2015-20

Goals:

- Enable children and adolescents to realize their full potential for health, development and well-being
- To reduce their burden of avoidable disease and mortality.

Priorities:

- Making children's lives visible
- Addressing the unfinished agenda of preventable death and infectious disease
- Transforming the governance of child and adolescent health
- Protecting health and reducing risk

Basis for monitoring and progress reports 2018 and 2021



Problem
statements of
problems in
child and
adolescent
health in Europe

IN THE WHO EUROPEAN REGION...

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SUICIDE
is a main cause of death among adolescents

Less than 25% of countries allow adolescents to access **HEALTH SERVICES** based on maturity without parental consent

Too many children are not **VACCINATED**

1 in 4 women drink **ALCOHOL** during pregnancy

Less than 5% of children with multidrug-resistant **TUBERCULOSIS** are diagnosed and treated

18-98% of school children have **TOOTH DECAY**

Children with **DEVELOPMENTAL DIFFICULTIES** are identified too late

Children are **HOSPITALIZED** up to 20 times more in some countries than others

Only 1 in 4 babies are exclusively **BREASTFED** for 6 months

Many **BABY FOODS** have high levels of sugar but are still marketed as suitable for babies

More than 3000 children are killed on **ROADS** each year



PROVIDING SERVICES TO ADOLESCENTS

Adolescents cannot access health services by themselves



SEXUAL AND REPRODUCTIVE HEALTH (SRH)

Adolescents face barriers in accessing sexual reproductive health services



Overweight and obesity

Too many children are overweight and obese in the WHO European Region



SCREEN TIME

Adolescents in Europe exceed the recommended daily screen time



ADOLESCENT MENTAL HEALTH

Adolescent mental health problems are a major cause of mortality



Children are not taught in schools what they need to know about their health, present and future



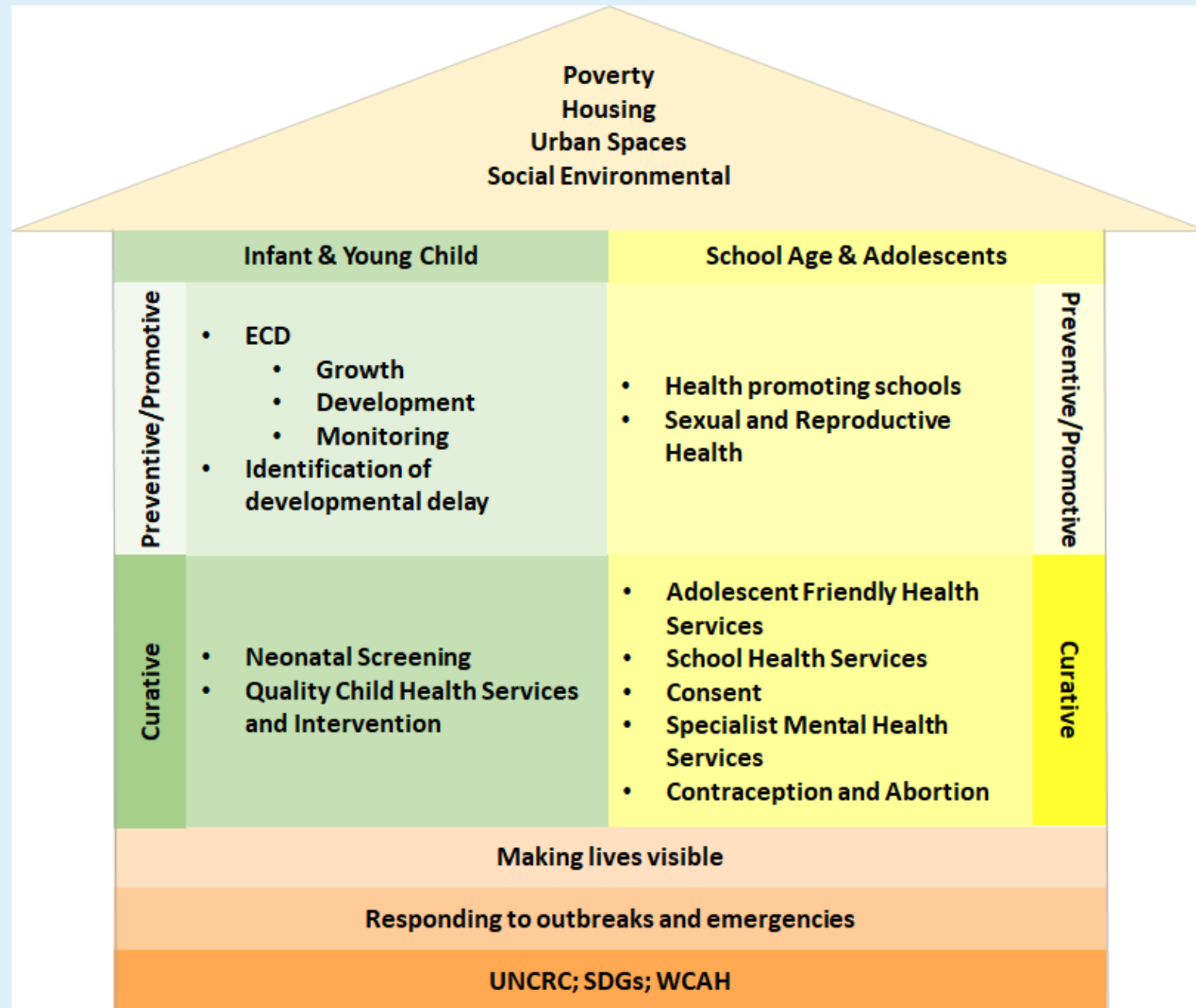
Problem statements of issues in adolescent well-being in the Region

Actions for children and adolescent health and well-being

- All schools are health promoting schools
 - *Countries should ensure that:*
 - **every school is a health promoting school;**
 - global standards for health promoting schools are adopted;
 - they join networks such as the Schools for Health in Europe Network;
 - ministries of education and health work together to introduce a curriculum for health literacy, including digital health literacy, that enables children to understand, appraise and apply information regarding disease prevention, health promotion and health-care services;
 - skills-based health education, including comprehensive sexuality education, is included in the curriculum; and
 - the same principles that apply to schools also apply to other childcare institutions.

A new strategy for child and adolescent health

- Building on the achievements of the previous strategies
- Addressing its shortcomings
- Converting problem statements into positive standards to achieve
- Developed with stakeholder involvement (experts and youth)
- Moving to a Member States consultation
- Leading us under the SDGs to 2030



Summary

- HBSC is a major source of information on adolescent health in Europe
- The network allows to compare countries and trends
- The network leads to building research capacity and the use of data for policy, countries own the data
- Providing data to schools and linking findings to action is an effective way of improving child and adolescent health
- HBSC is a basis for strategy development in the region and countries
- Adolescent health and well-being is of paramount importance in a new WHO child and adolescent health strategy for Europe

THANK YOU!



WHO Regional Office for Europe

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World Health Organization

REGIONAL OFFICE FOR Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR Europa



Organisation mondiale de la Santé

BUREAU RÉGIONAL DE L' Europe



Всемирная организация здравоохранения

Европейское региональное бюро