



Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2014: findings from the Irish Health Behaviour in School-aged Children Study













Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2014: findings from the Irish Health Behaviour in School-aged Children Study

May 2017

Eimear Keane, Aoife Gavin, Catherine Perry, Michal Molcho, Colette Kelly and Saoirse Nic Gabhainn

Health Promotion Research Centre National University of Ireland Galway www.nuigalway.ie/hbsc/







This report is available online at: www.nuigalway.ie/hbsc/

© Copyright 2017

Health Promotion Research Centre, National University of Ireland Galway. Department of Health, Government of Ireland, Dublin.

Published by the Department of Health and National University of Ireland Galway

ISBN: 978-1-908358-55-4

hbsc

TABLE OF CONTENTS

Acknowledgements	2
Foreword	3
EXECUTIVE SUMMARY	4
Health Behaviours	4
Health Outcomes	5
Contexts of Children's Lives	5
INTRODUCTION	7
METHODOLOGY	
	8
METHODOLOGY	8
METHODOLOGY	8 8
METHODOLOGY Overview Social Class	8
METHODOLOGY Overview Social Class Analysis	8 10 10
METHODOLOGY Overview Social Class Analysis Reporting trends	

HEALTH BEHAVIOURS11		
Health Risk Behaviours12		
Current smoker12		
Age of first cigarette13		
Ever been drunk14		
Age of first alcoholic drink15		
Cannabis use in the last 12 months16		
Bullying others17		
On a diet18		
Positive Health Behaviours19		
Fruit consumption19		
Tooth brushing20		
Seatbelt use21		
Vigorous exercise 4+ times a week22		

HEALTH OUTCOMES23	
Physical Health Outcomes24	
Headache24	
Feeling low25	
Times injured26	
Positive Health Outcomes27	
Self-rated health27	
Happy with life at present28	
Life satisfaction29	

CONTEXTS OF CHILDREN'S LIVES30	
Family31	
Communication with mother31	
Communication with father32	
Live with both parents33	
School	
Liking school	
Organising school events	
Pressured by school work36	
Peers37	
Close friends of the same sex	
Four or more evenings per week with	
friends38	
Communication with friends of same	
sex39	
Locality 40	
Feel safe in local area40	
Good places to spend free time41	
Could ask for help or a favour	
from neighbours42	

APPENDIX43	
TECHNICAL NOTES44	



ACKNOWLEDGEMENTS

HBSC 2014 was conducted in the Health Promotion Research Centre under the direction of Prof. Saoirse Nic Gabhainn (Principal Investigator), Dr. Michal Molcho (Co-Principal Investigator) and Dr. Colette Kelly (Co-Principal Investigator). HBSC 2014 was funded by the Department of Health.

We acknowledge all the parents and children who consented and participated as well as the management authorities, Principals and teachers in all schools that participated. We acknowledge Amárach Research who conducted data entry in 2014. We also acknowledge the contribution of the following team members and staff of the Health Promotion Research Centre: Dr. Viv Batt, Ms. Lorraine Burke, Ms. Mary Callaghan, Ms. Natasha Clarke, Ms. Maureen D'Eath, Ms. Kathy Ann Fox, Ms. Aoife Gavin, Ms. Helen Grealish, Dr. Eimear Keane, Ms. Ursula Kenny, Ms. Catherine Perry and Ms. Larri Walker.

We would also like to thank Ms. Priscilla Doyle, Ms. Jessica D'Eath, Mr. Eamon Ó'Bróithe, Ms. Anne O'Sullivan, Ms. Leah Albertini, Mr. Martin Javornicky, Ms. Nathália Cerca, Mr. Jakub Gajewski, Ms. Ciara Walsh, Dr. Honor Young, Mr. Huthaifa Kazim, Ms. Laura Kiersey, Ms. Clare Conte and all other NUI Galway staff and services.

HBSC is an international study carried out in collaboration with WHO/EURO. The International Coordinator of HBSC is Dr. Joanna Inchley (University of St. Andrews) and the Data Bank Manager is Prof. Oddrun Samdal (University of Bergen).

The 2014 survey was conducted by Principal Investigators in 43 countries and regions: Albania (Gentiana Qirjako) Armenia (Sergey G. Sargsyan) Austria (Rosemarie Felder-Puig), Belgium-Flemish (Benedicte Deforche), Belgium-French (Katia Castleborn), Bulgaria (Lidiya Vasileva), Canada (John Freeman), Croatia (Ivana Pavic Simetin), Czech Republic (Michal Kalman), Denmark (Mette Rasmussen), England (Fiona Brooks), Estonia (Katrin Aasvee), Finland (Jorma Tynjälä), France (Emmanuelle Godeau), Germany (Matthias Richter), Greece (Anna Kokkevi), Greenland (Birgit Niclasen), Hungary (Ágnes Németh), Iceland (Arsaell M. Arnarsson), Ireland (Saoirse Nic Gabhainn), Israel (Yossi Harel-Fisch), Italy (Franco Cavallo), Latvia (Iveta Pudule), Lithuania (Apolinaras Zaborskis), Luxembourg (Helmut Willems and Yolande Wagener), TFYR Macedonia, (Lina Kostorova Unkovska), Malta (Charmaine Gauci), Moldova (Galina Lesco), Netherlands (Gonneke Stevens and Saskia van Dorsselaer), Norway (Oddrun Samdal), Poland (Joanna Mazur), Portugal (Margarida Gaspar De Matos), Romania (Adriana Baban), Russia (Oleg Churganov), Scotland (Jo Inchley), Slovakia (Andrea Madarasova Geckova), Slovenia (Helena Jericek), Spain (Carmen Moreno), Sweden (Petra Lofstedt), Switzerland (Emmanuel Kuntsche), Turkey (Oya Ercan), Ukraine (Olga Balakireva), Wales (Chris Roberts).

For more details see <u>www.hbsc.org/</u>.

FOREWORD





This report provides us with a very important picture of the trends in the health behaviours of school-aged children. It describes the self-reported health status for children in Ireland over time in relation to key indicators: health behaviours (eg smoking, alcohol, dieting fruit consumption, tooth brushing), health outcomes (eg feeling low, injuries, life satisfaction) and contexts of children's lives (family, school, peers and locality).

The various surveys that have taken place every four years from 1998 to 2014 mean that policymakers and researchers have access to key data to inform policy and service development. The data is also a key factor in designing policy for the prevention of poor health behaviours and for the promotion of healthy ones.

This Trends Report helps policy-makers to future-proof the direction of national population health policy.

The Health Behaviour in School-aged Children (HBSC) Ireland study has been gathering and analysing data from school-aged children aged between 10 and 17 years over a period of 16 years. To date HBSC Ireland has collected data from 49,268 school-aged children. The most recent data collection occurred in 2014; it was the 5th national survey cycle of the study. I would like to thank all of those who participated in this research.

For each indicator for which international data are available, the overall relative ranking of children in Ireland is compared to the twenty-six countries and regions that collected HBSC data for the 1998 to 2014 period.

The findings of the Trends report are very encouraging for the health of our children. Between 1998 and 2014, there was a statistically significant decrease in the proportion of children who reported being a current smoker. A similar finding was reported in the proportion of children who declared having ever been drunk.

I am glad to note that there was a decrease in the proportion of children who reported bullying others. There is also good news on food consumption. There was a significant increase over the relevant period in the proportion of children eating fruit more than once a day. Other positive health outcomes and contexts of children's lives from 1998 to 2014 were reported for seatbelt use and communication with parents.

This Trends report is insightful. A lot of work has gone into it and the report is evidence of that. I want to acknowledge the work and commitment of the Health Promotion Research Centre at the National University of Ireland, Galway in writing and publishing this important report on behalf of the Department of Health.

Deputy Marcella Corcoran Kennedy

Minister of State for Health Promotion at the Department of Health

Mgralla Cokans Kennedy 7. D



EXECUTIVE SUMMARY

The Health Behaviour in School-aged Children (HBSC) trends report presents findings on indicators of children's health and wellbeing between 1998 and 2014. The report is divided into three sections: health behaviours, health outcomes and contexts of children's lives.

Health Behaviours

This report presents encouraging trends in relation to both risk behaviours and positive health behaviours. There was an overall significant decrease in the proportion of children who are engaging in risky health behaviours such as substance use. There was also an overall positive trend in children reporting fruit consumption more than once a day, tooth brushing more than once a day and always wearing a seatbelt. The proportion of children who report exercising four or more times a week has remained stable.

Table i: Summary of trends in health risk behaviours	
INDICATOR	SUMMARY
Current smoker	Between 1998 and 2014 there was a statistically significant decrease in the proportion of children who reported being current smokers (22.6% in 1998; 8.3% in 2014).
Age of first cigarette	Between 2002 and 2014 there was a statistically significant decrease in the proportion of children who reported having smoked their first cigarette at age 13 or younger (61.0% in 2002; 35.4% in 2014).
Ever been drunk	Between 1998 and 2014 there was a statistically significant decrease in the proportion of children who reported having ever been drunk (33.0% in 1998; 21.0% in 2014).
Age of first alcoholic drink	Between 2002 and 2014 there was a statistically significant decrease in the proportion of children who reported having their first alcoholic drink at age 13 or younger (48.4% in 2002; 29.8% in 2014).
Cannabis use last 12 months	Between 1998 and 2014 there was a statistically significant decrease in the proportion of children who reported cannabis use in the last 12 months (12.3% in 1998; 7.7% in 2014).
Bullying others	Between 1998 and 2014 there was a statistically significant decrease in the proportion of children who reported bullying others one or more times in the past couple of months (25.1% in 1998; 13.4% in 2014).
On a diet	Between 2002 and 2014 there was a statistically significant increase in the proportion of children who reported that they are currently trying to lose weight (11.9% in 2002; 16.2% in 2014).

Table ii: Summary of trends in positive health behaviours	
INDICATOR	SUMMARY
Fruit	Between 2002 and 2014 there was a statistically significant increase in the proportion of children who reported eating fruit more than once a day (17.6% in 2002; 23.2% in 2014).
consumption Tooth brushing	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported they brush their teeth more than once a day (57.6% in 1998; 69.5% in 2014).
Seatbelt use	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported always wearing a seatbelt when travelling by car (41.0% in 1998; 81.1% in 2014).
Vigorous exercise 4+ times a week	Between 1998 and 2014 the proportion of children who reported participating in vigorous exercise four or more times a week remained stable (52.6% in 1998; 51.5% in 2014).



EXECUTIVE SUMMARY

Health Outcomes

There were both positive and negative trends in health outcomes. There was a significant increase across negative physical health outcomes; having a headache at least weekly, feeling low at least weekly and having had a medically attended injury in the last 12 months. On the other hand there was a statistically significant increase in the proportion of children who reported their health was excellent while the proportion who reported being happy about life and having overall life satisfaction remained stable.

Table iii: Summary of trends in physical health outcomes	
INDICATOR	SUMMARY
Headache	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported having a headache about every week or more in the last six months (26.0% in 1998; 28.6% in 2014).
Feeling low	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported feeling low about every week or more in the last six months (23.0% in 1998; 28.0% in 2014).
Times injured	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported being injured and requiring medical attention in the last 12 months (40.0% in 1998; 41.3% in 2014).

Table iv: Summary of trends in positive health outcomes	
INDICATOR	SUMMARY
Self-rated health	Between 2002 and 2014 there was a statistically significant increase in the proportion of children who reported their health as excellent (28.2% in 2002; 34.4% in 2014).
Happy with life at present	Between 1998 and 2014 the proportion of children who reported feeling happy about their lives at present remained stable (88.1% in 1998; 88.9% in 2014).
Life satisfaction	Between 2002 and 2014 the proportion of children who reported high life satisfaction remained stable (76.0% in 2002; 75.7% in 2014).

Social Contexts of Children's Lives

Trends are reported for four social contexts of children's lives: family, school, peers and their local area. There were both positive and negative trends in all four contexts. There was an increase in the proportion of children who reported finding it easy to talk to their mother, easy to talk to their father, liking school and having good places in the local area to spend their free time. However there was also an increase in the proportion of children who reported feeling pressured by school work and a decrease in the proportion of children who reported living with both parents, having three or more friends of the same sex and that they can ask a neighbour for help.



EXECUTIVE SUMMARY

Table v: Summary of trends in family context	
INDICATOR	SUMMARY
Communication with mother	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported finding it easy to talk to their mother about things that really bother them (73.0% in 1998; 82.2% in 2014).
Communication with father	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported finding it easy to talk to their father about things that really bother them (47.4% in 1998; 69.3% in 2014).
Living with both parents	Between 1998 and 2014 there was a statistically significant decrease in the proportion of children who reported living with both their mother and father (90.8% in 1998; 75.8% in 2014).

Table vi: Summary of trends in school context	
INDICATOR	SUMMARY
Liking school	Between 2002 and 2014 there was a statistically significant increase in the proportion of children who reported liking school (68.1% in 2002; 72.3% in 2014).
Organising school events	Between 2002 and 2014 the proportion of children who reported that students in their class(es) get involved in organising school events remained stable (55.6% in 2002; 58.6% in 2014).
Pressured by school work	Between 1998 and 2014 there was a statistically significant increase in the proportion of children who reported feeling pressured by school work (32.9% in 1998; 42.9% in 2014).

Table vii: Summary of trends in peer context	
INDICATOR	SUMMARY
Close friends of same sex	Between 2002 and 2014 there was a statistically significant decrease in the proportion of children who reported having three or more friends of the same sex (89.3% in 2002; 87.1% in 2014).
4+ evenings per week out with friends	Between 1998 and 2014 the proportion of children who reported spending four or more evenings per week out with friends remained stable (38.0% in 1998; 35.1% in 2014).
Communication with friends of the same sex	Between 1998 and 2014 the proportion of children who reported finding it easy to talk to friends of the same sex about things that really bother them remained stable (79.7% in 1998; 80.9% in 2014).

Table viii: Sumn	mary of trends in local area context
INDICATOR	SUMMARY
Feel safe in local	Between 2002 and 2014 the proportion of children who reported always feeling safe in
area	the area where they live remained stable (52.8% in 2002; 50.2% in 2014).
Good places to	Between 2002 and 2014 there was a statistically significant increase in the proportion of
spend free time	children who reported that there are good places in the local area to spend their free time
spena free time	(45.1% in 2002; 59.7% in 2014).
Can ask for help	Between 2002 and 2014 there was a statistically significant decrease in the proportion
from neighbours	of children who reported they could ask for help or a favour from neighbours (74.2% in
from neighbours	2002; 69.6% in 2014).

hbsc

INTRODUCTION

This report explores the trends in the health and wellbeing of children in Ireland between 1998 and 2014. The Irish Health Behaviour in School-aged Children (HBSC) study has been collecting data from school-aged children aged 10-17 since 1998. The most recent data collection took place in 2014 and was the fifth survey cycle of the study in Ireland. Previous surveys were undertaken in 1998, 2002, 2006 and 2010. To date, HBSC Ireland has collected data from 49,268 school-aged children aged 10-17 years across the Republic of Ireland. This report describes the self-reported health status of children in Ireland over time in relation to key indicators: health behaviours, health outcomes and the contexts of their lives. Each indicator is presented separately for girls and boys and where appropriate by age group and social class.

Internationally comparable trends data are also included. For each indicator for which international data are available, the overall relative ranking of children in Ireland is compared to the twenty-six countries and regions that collected HBSC data between 1998 and 2014.

Analysing and presenting trends can provide invaluable information for needs assessment, programme planning and evaluation, and for policy development actions. The model below (Figure 1) was used in conceptualising the framework and layout of this report.

Figure 1: Conceptualising children's health and wellbeing



HBSC is a cross-national research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The overall study aims to gain insight into and increase our understanding of young people's health and wellbeing, health behaviours and their social context. As well as serving a monitoring and knowledge-generating function, one of the key objectives of HBSC is to inform policy and practice. The Irish HBSC surveys have been funded by the Department of Health (formerly Health and Children). The survey and analyses were carried out at the Health Promotion Research Centre, NUI Galway.



METHODOLOGY

Overview

The HBSC study is a WHO (Europe) collaborative survey. Principal investigators from all countries and regions cooperate in relation to survey content, methodology and timing and an international protocol is developed. Strict adherence to the protocol is required for inclusion in the international database and this has been achieved for all five cycles of the Irish HBSC survey.

In Ireland, sampling was conducted to be representative of the proportion of children within eight geographical regions. The objective was to achieve a nationally representative sample of school-aged children and the procedures employed were consistent across all five Irish HBSC surveys; 1998, 2002, 2006, 2010 and 2014.

For each survey cycle, data from the most recent census were used to provide a picture of the population distribution across each geographical region. The sampling frame consisted of both primary and post-primary schools, lists of which were sourced from the Department of Education and Skills (formerly Education and Science). A two-stage process identified study participants. Individual schools within regions were first randomly selected and subsequently class groups within schools were randomly selected for participation. In primary schools, only 5th and 6th class groups were included in the main HBSC study, while in post primary schools all classes, with the exception of Leaving Certificate groups, were sampled. The Middle Childhood Study collects data from children in 3rd and 4th classes, though these children are excluded from the current report.

School Principals were first contacted by post and when positive responses were received, HBSC questionnaires in Irish or English were sent, along with blank envelopes to facilitate anonymity, parental consent forms, information sheets for teachers, and classroom information sheets. In order to maximise response rates, postal reminders were sent to schools, followed by telephone calls from research staff at the Health Promotion Research Centre, NUI Galway. Data entry was conducted according to the international HBSC protocol.



METHODOLOGY

Table 1: Sumn	nary of methodolo	gical approach to	data collection ac	ross the five HBS0	C Ireland surveys
	1998	2002	2006	2010	2014
Ethics	Full ethical approval was given by an ad-hoc com- mittee convened by the DOHC	Full ethical approval was given by the Royal College of Physicians in Ireland	Full ethical approval was granted by the NUIG Research Ethics Committee	Full ethical approval was granted by the NUIG Research Ethics Committee	Full ethical approval was granted by the NUIG Research Ethics Committee
Population (main HBSC study)	5th class (primary school) to first year post Junior cycle (post primary school)	5th class (primary school) to first year post Junior cycle (post primary school)	5th class (primary school) to 5th year (post primary school)	5th class (primary school) to 5th year (post primary school)	5th class (primary school) to 5th year (post primary school)
Sampling frame	Department of Education school lists	Department of Education school lists	Department of Education and Science school lists	Department of Education and Science school lists	Department of Education and Skills school lists
Sample	Cluster sample of st	udents in classrooms	5		
Stratification	Proportionate to the	e distribution of pup	ils across geographic	al regions	
Survey instrument	Self-completion qu	estionnaire			
Delivery/ reminders	Post delivery via Pri	incipals and teachers	, letter and telephone	reminders	
Return	Freepost addressed	envelopes provided			
Response rate	72% of invited schools/89% of students	51% of invited schools/82% of students	63% of invited schools/83% of students	67% of invited schools/85% of students	59% of invited schools/84.5% of students
Sample obtained	187 schools / 8,497 pupils	176 schools / 8,424 pupils	215 schools / 10,334 pupils	256 schools / 16,060 pupils	230 schools / 13,611 pupils

 $\label{eq:def:Data} Data\ were\ entered\ according\ to\ HBSC\ international\ protocol.$

Data



METHODOLOGY

Social Class

Social class is represented by SC 1-2, SC 3-4 and SC 5-6 corresponding to high, middle and low social class groups respectively. The categories used for social class are standard and determined by parental occupation. For this report, social class was determined by using the highest parental social class for each child. This is similar to the approach used by the Central Statistics Office (CSO) where social class of dependents under 15 years is determined by the highest social class in the household. Social class 1 represents professional occupations (e.g., solicitor, doctor), social class 2 represents managerial and technical occupations (e.g., nurse, teacher), social class 3 represents non-manual occupations (e.g., sales person, office clerk), social class 4 represents skilled-manual occupations (e.g., hairdresser, carpenter), social class 5 represents semi-skilled occupations (e.g., post deliverer, driver) and social class 6 represents unskilled occupations (e.g., cleaner, labourer). Table 31 in the appendix describes the HBSC survey cycles by gender, age group and social class.

Analysis

Reporting trends

To report trends the question wording and response options must have remained consistent across at least four of the five surveys. The indicators presented in this report had data available from either 1998-2014 or 2002-2014. Analysis was conducted using Stata IC 12 (StataCorp LP, USA) and SPSS 22.0 (IBM Corp. Armonk, NY). Due to the cross-sectional nature of HBSC, it should be noted that the trends presented are not reporting change in the behaviour of individuals, but rather, a change of reported behaviour of different cohorts. Nevertheless it is possible to comment on changes by gender, age group and social class over time.

Statistical analysis

An overall weighted (see technical note 1) proportion for each indicator is presented over time. Weighted findings are also stratified by gender (girls, boys), age group (10-11 years, 12-14 years, 15-17 years) and social class (SC 1-2, SC 3-4, SC 5-6). Please see technical note 2 and Table 31 regarding the case base for analysis. To determine if the differences over time were statistically significant, binary logistic regression models were used and survey year treated as a continuous predictor variable. For each indicator, regression models were used to assess overall trends and trends by gender over time and this information is provided in the text. Trends analysis for each age and social class group was also conducted for girls and boys separately. In the tables, a \checkmark indicates a significant trend over time (either an increase or decrease) and an X indicates no trend/stable trend over time. A p-value <0.05 was deemed statistically significant.

International trends

For most indicators, this report contains information on the international ranking of Irish 15 year olds compared to 15 year olds form other countries. The twenty-six countries (see technical note 3) that participated in all five survey cycles from 1998-2014 were used to rank Irish 15 year olds. The country with the highest proportion ranks first and the country with the lowest proportion ranks last. The proportion of Irish 15 year olds reporting each indicator is also compared to the average proportion across the 26 countries. Where no internationally comparable data are available, this is noted in the text.

Health Behaviours





Current smoker

Children were asked how often they smoke at present. The response options ranged from 'I do not smoke' to 'every day'. Current smoking as presented below is defined as smoking monthly or more frequently.

Findings

Between 1998 and 2014, there was a statistically significant decrease in the proportion of children who reported being a current smoker. Compared to 1998, significantly fewer girls and boys reported being a current smoker in 2014. Over time, statistically significant decreases in the proportion of current smokers were apparent in all age and social class groups.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were below the international HBSC average for this indicator (Ireland 10.8%; HBSC average 17.1%). Ireland ranked 12th in 1998, 20th in 2002, 13th in 2006, 23rd in 2010 and 25th in 2014.*

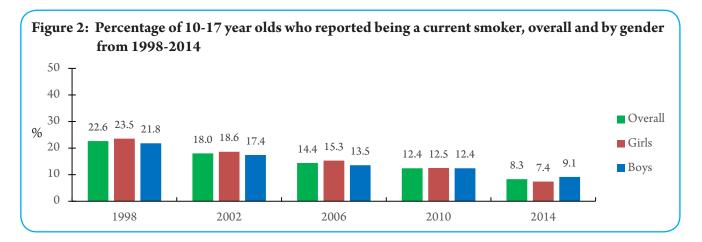


Table 2: Percentage of 10-17 year old girls and boys who reported being a current smoker, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	4.4	2.6	1.4	1.7	0.9	✓
	12 to 14	18.7	13.9	11.0	6.5	3.7	✓
	15 to 17	38.3	33.1	27.8	22.5	13.4	✓
Boys	10 to 11	8.7	4.8	3.8	2.7	2.3	✓
	12 to 14	19.6	13.3	10.4	7.9	5.2	✓
	15 to 17	31.1	29.0	22.8	20.4	15.4	✓
Girls	SC 1-2	23.2	15.3	14.3	11.0	6.0	✓
	SC 3-4	22.6	21.5	15.5	13.0	6.9	✓
	SC 5-6	24.7	20.9	15.2	14.1	9.1	✓
Boys	SC 1-2	21.7	16.6	11.1	9.9	8.6	✓
	SC 3-4	21.1	17.3	13.7	12.2	7.7	✓
	SC 5-6	20.5	18.4	12.1	12.0	7.7	✓

^{*} Current smoker: No data for England in 1998.



Age of first cigarette

Children were asked at what age they first smoked a cigarette (more than a puff). The response options ranged from 'never' to '16 years or older'. The proportion of 15-17 year olds who reported ever smoking and having smoked their first cigarette aged 11 or younger, 13 or younger and 15 or younger are presented below.

Findings

Overall, 61.7%, 54.2%, 46.1% and 27.5% of 15-17 year olds reported ever smoking in 2002, 2006, 2010 and 2014 respectively. Of the ever smokers, there was a statistically significant decrease in the proportion of 15-17 year old girls and boys who reported having smoked their first cigarette at age 11 or younger, 13 or younger and 15 or younger between 2002 and 2014.

International ranking

No internationally comparable data were available.

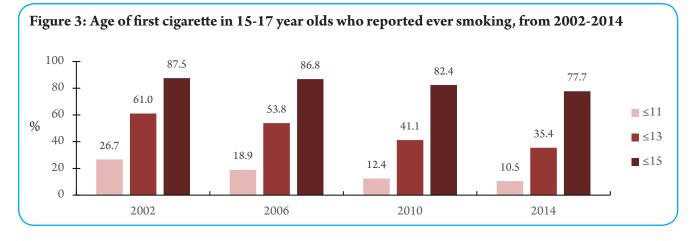


Table 3: Age of first cigarette in 15-17 year old girls and boys who reported ever smoking, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	≤11	~	20.3	16.4	10.5	7.6	✓
	≤13	~	58.9	55.3	38.5	33.8	✓
	≤15	~	88.7	89.5	83.7	78.1	✓
Boys	≤11	~	33.0	21.6	14.2	13.2	✓
	≤13	~	62.9	52.1	43.7	36.9	✓
	≤15	~	86.3	83.9	81.1	77.2	✓
Girls*	SC 1-2	~	56.4	49.8	34.8	23.0	✓
	SC 3-4	~	62.8	55.9	37.7	37.6	✓
	SC 5-6	~	56.5	67.0	38.2	42.6	✓
Boys*	SC 1-2	~	63.4	47.6	36.7	31.8	✓
	SC 3-4	~	62.2	51.1	49.1	42.8	✓
	SC 5-6	~	64.8	61.0	43.2	32.3	✓

^{*}Social class data is for those who reported ever smoking and who reported that they tried their first cigarette at age ≤13.



Ever been drunk

Children were asked if they have ever had so much alcohol that they were really drunk. The response options ranged from 'never' to 'yes, more than 10 times'. The findings below present the proportion of children who reported having ever been drunk.

Findings

There was a statistically significant decrease in the proportion of children who reported having ever been drunk between 1998 and 2014. Statistically significant decreases in the proportion of those who have ever been drunk were observed in girls and boys and in children from all age groups and all social class groups over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were below the international HBSC average for this indicator (Ireland 27.0%; HBSC average 37.6%). Ireland ranked 18th in 1998, 21st in 2002, 17th in 2006, 17th in 2010 and 21st in 2014.

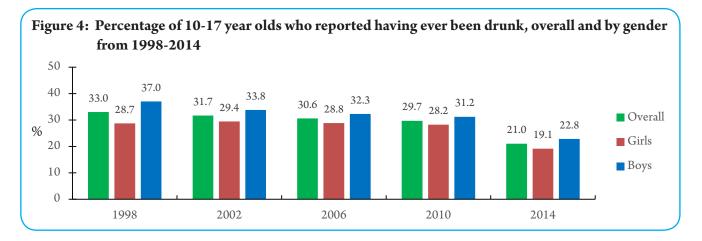


Table 4: Percentage of 10-17 year old girls and boys who reported having ever been drunk, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	5.3	3.5	1.5	3.0	1.0	✓
	12 to 14	18.2	17.5	16.7	14.5	6.7	✓
	15 to 17	51.1	56.1	56.8	51.4	38.4	✓
Boys	10 to 11	14.9	7.3	6.6	4.9	2.3	✓
	12 to 14	27.9	22.5	22.6	18.5	8.7	✓
	15 to 17	57.7	60.1	57.5	53.9	43.8	✓
Girls	SC 1-2	27.8	28.4	27.8	26.4	17.8	✓
	SC 3-4	29.0	30.7	30.6	27.4	19.3	✓
	SC 5-6	28.7	29.1	25.2	33.6	19.5	X
Boys	SC 1-2	37.6	34.1	30.1	28.8	22.9	✓
	SC 3-4	37.0	32.3	31.3	30.9	21.3	✓
	SC 5-6	33.5	35.0	30.4	33.1	21.7	✓



Age of first alcoholic drink

Children were asked at what age they first drank alcohol. The response options ranged from 'never' to '16 years or older'. The proportion of 15-17 year olds who reported having ever been drunk and having their first alcoholic drink aged 11 or younger, 13 or younger and 15 or younger are presented below.

Findings

Overall, 58.2%, 57.2%, 52.7% and 41.2% of 15-17 year olds reported having ever been drunk in 2002, 2006, 2010 and 2014 respectively. Of those who have ever been drunk, there was a statistically significant decrease in the proportion of 15-17 year old girls and boys who reported having their first alcoholic drink at age 11 or younger, 13 or younger and 15 or younger between 2002 and 2014.

International ranking

No internationally comparable data were available.

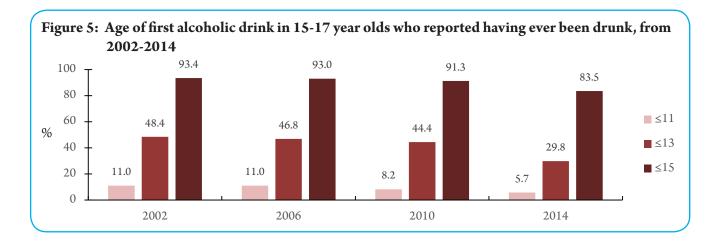


Table 5: Age of first alcoholic drink in 15-17 year old girls and boys who reported having ever been drunk, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	≤11	~	6.3	8.1	5.3	4.7	✓
	≤13	~	40.0	45.9	39.9	29.0	✓
	≤15	~	91.9	93.6	90.5	85.7	✓
Boys	≤11	~	15.2	13.8	10.9	6.5	✓
	≤13	~	55.9	47.6	48.5	30.5	✓
	≤15	~	94.8	92.4	92.0	81.7	✓
Girls*	SC 1-2	~	38.5	44.5	38.4	24.6	✓
	SC 3-4	~	38.6	45.4	40.3	33.4	X
	SC 5-6	~	48.9	47.8	40.1	26.1	✓
Boys*	SC 1-2	~	58.1	43.5	43.2	26.0	✓
	SC 3-4	~	51.7	47.6	50.0	32.6	✓
	SC 5-6	~	55.4	46.6	37.6	32.1	✓

^{*}Social class data is for those who reported having ever been drunk and who reported that they had their first alcoholic drink at age \leq 13.



Cannabis use in the last 12 months

Children were asked if they have taken cannabis in the last 12 months. The response options ranged from 'never' to '40 times or more'. The findings below present the proportion of children who reported cannabis use in the last 12 months.

Findings

Between 1998 and 2014, there was a statistically significant decrease in the proportion of children who reported cannabis use in the last 12 months. Significantly fewer girls and boys reported cannabis use in 2014 when compared to 1998. Statistically significant decreases in the proportion of girls and boys who reported cannabis use over time were apparent in the majority of the age and social class groups.

International ranking (Fifteen year olds)

No internationally comparable data were available in 1998 or 2014. Ireland ranked 13th in 2002, 10th in 2006 and 14th in 2010. *

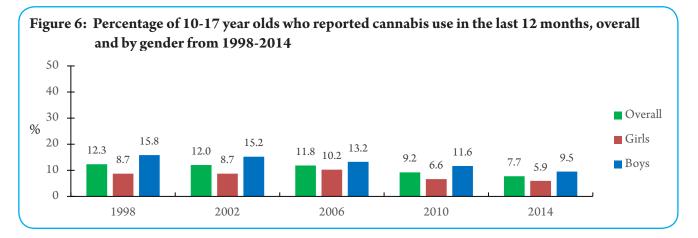


Table 6: Percentage of 10-17 year old girls and boys who reported cannabis use in the last 12 months, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	0.9	0.0	0.3	0.4	0.4	X
	12 to 14	4.3	3.6	5.3	2.4	2.1	✓
	15 to 17	16.9	18.6	20.8	13.3	11.6	✓
Boys	10 to 11	3.5	1.1	1.9	1.1	0.2	✓
	12 to 14	10.7	6.4	8.2	5.8	2.9	✓
	15 to 17	27.1	31.8	25.0	21.5	19.0	✓
Girls	SC 1-2	9.1	7.6	9.5	5.6	5.1	✓
	SC 3-4	8.9	9.3	10.6	5.8	5.7	✓
	SC 5-6	7.1	9.6	8.9	10.3	6.2	X
Boys	SC 1-2	15.9	15.4	12.2	10.5	9.3	✓
	SC 3-4	15.2	14.4	12.4	10.8	9.1	✓
	SC 5-6	11.3	15.8	10.8	9.9	6.1	✓



Bullying others

Children were asked how often they had taken part in bullying another student(s) at school in the past couple of months. The response options ranged from 'I have not bullied another student at school in the past couple of months' to 'several times a week'. The findings below present the proportion of children who reported they have bullied others one or more times.

Findings

There was a statistically significant decrease in the proportion of children who reported bullying others (once or more) in the past couple of months between 1998 and 2014. Significant decreases in the proportion of those who bullied others were observed in both genders and in the majority of the age and social class groups over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were below the international HBSC average for this indicator (Ireland 16.3%; HBSC average 26.4%). Ireland ranked 20th in 1998, 22nd in 2002, 19th in 2006, 23rd in 2010 and 20th in 2014.*

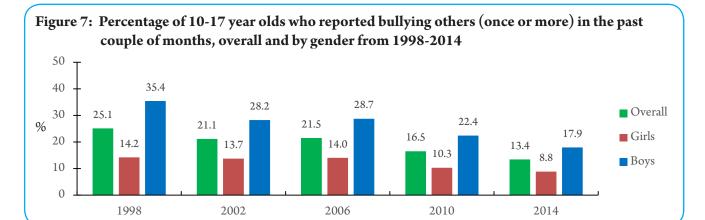


Table 7: Percentage of 10-17 year old girls and boys who reported bullying others (once or more) in the past couple of months, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	13.2	11.1	13.2	10.1	8.6	X
	12 to 14	16.7	15.9	15.7	11.4	8.0	✓
	15 to 17	12.5	13.2	13.0	9.3	9.8	✓
Boys	10 to 11	33.1	20.5	22.7	16.8	12.1	✓
	12 to 14	33.5	30.5	29.3	21.9	15.7	✓
	15 to 17	38.4	30.8	31.9	24.9	22.0	✓
Girls	SC 1-2	13.9	12.9	12.7	9.4	8.0	✓
	SC 3-4	15.6	14.4	14.1	10.4	7.9	✓
	SC 5-6	13.6	13.6	14.9	9.6	12.0	X
Boys	SC 1-2	34.5	28.6	28.9	21.1	17.3	✓
	SC 3-4	34.4	27.9	27.8	21.3	16.2	✓
	SC 5-6	36.5	28.2	29.2	23.2	16.4	✓



On a diet

Children were asked whether they are on a diet or doing something else to lose weight at present. The response options were 'no, my weight is fine', 'no, but I should lose some weight', 'no, I need to put on some weight' and 'yes'. The findings below present the proportion of children trying to lose weight at present.

Findings

Between 2002 and 2014, there was a statistically significant increase in the proportion of children who reported currently trying to lose weight. A statistically significant increase in the proportion of those currently trying to lose weight over time was apparent in girls and boys and in children across the majority of age and social class groups.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 21.1%; HBSC average 19.1%). Ireland ranked 10th in 2002, 19th in 2006, 19th in 2010 and 10th in 2014.*

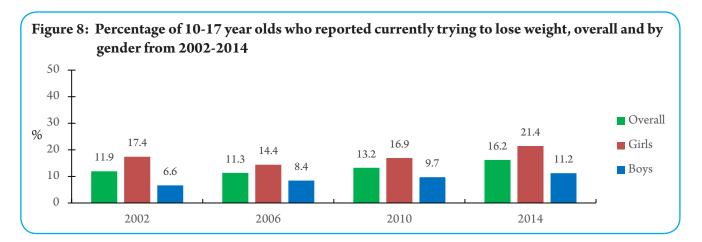


Table 8: Percentage of 10-17 year old girls and boys who reported currently trying to lose weight, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	7.0	8.0	10.2	11.8	✓
	12 to 14	~	16.9	13.1	15.2	19.4	✓
	15 to 17	~	24.1	19.5	20.9	27.0	X
Boys	10 to 11	~	7.5	8.0	9.0	8.0	X
	12 to 14	~	6.4	8.3	9.8	10.7	✓
	15 to 17	~	6.2	8.7	9.9	12.8	✓
Girls	SC 1-2	~	18.0	15.0	16.5	20.1	X
	SC 3-4	~	17.8	14.0	17.5	22.5	✓
	SC 5-6	~	15.2	14.3	18.9	26.0	✓
Boys	SC 1-2	~	6.2	7.2	8.9	11.5	✓
	SC 3-4	~	6.7	10.0	11.1	11.6	✓
	SC 5-6	~	7.4	8.1	8.8	12.2	✓



Fruit consumption

Children were asked how often they eat fruit. The response options ranged from 'never' to 'every day, more than once'. The findings below present the proportion of children who reported eating fruit more than once a day.

Findings

There was a statistically significant increase in the proportion of children who reported eating fruit more than once a day between 2002 and 2014. Compared to 2002, significantly more girls and boys reported eating fruit in 2014. Statistically significant increases in the proportion of children eating fruit over time were apparent in most age and social class groups. However, the proportion of girls and boys from the lowest social class groups eating fruit remained stable over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 21.4%; HBSC average 17.0%). Ireland ranked 6th in 2002, 6th in 2006, 10th in 2010 and 5th in 2014.

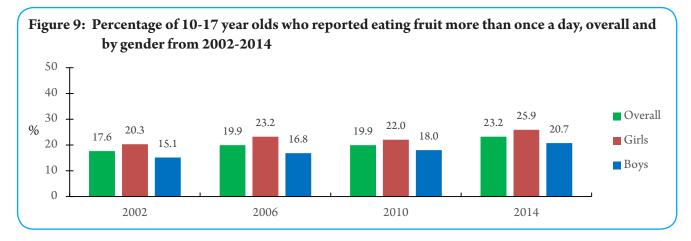


Table 9: Percentage of 10-17 year old girls and boys who reported eating fruit more than once a day, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	20.9	28.5	26.3	31.4	✓
	12 to 14	~	20.5	20.8	21.2	23.7	X
	15 to 17	~	19.7	22.2	21.1	26.1	✓
Boys	10 to 11	~	18.1	19.5	21.9	27.2	✓
	12 to 14	~	16.2	16.8	17.5	21.3	✓
	15 to 17	~	12.2	15.2	17.1	17.9	✓
Girls	SC 1-2	~	22.5	27.0	26.1	32.0	✓
	SC 3-4	~	18.8	20.5	19.1	23.8	✓
	SC 5-6	~	15.3	21.1	16.0	17.0	X
Boys	SC 1-2	~	15.4	18.6	21.6	26.0	✓
	SC 3-4	~	13.6	15.1	14.0	17.3	X
	SC 5-6	~	15.3	18.4	15.0	17.1	X



Tooth brushing

Children were asked how often they brush their teeth. The response options ranged from 'never' to 'more than once a day'. The findings below present the proportion of children who reported brushing their teeth more than once a day.

Findings

Between 1998 and 2014, there was a statistically significant increase in the proportion of children who reported they brush their teeth more than once a day. Statistically significant increases in the proportion of those who brushed their teeth more than once a day were observed in girls and boys and in children from all age and social class groups over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 72.8%; HBSC average 69.9%). Ireland ranked 17th in 1998, 17th in 2006, 16th in 2010 and 11th in 2014. No internationally comparable data were available in 2002.

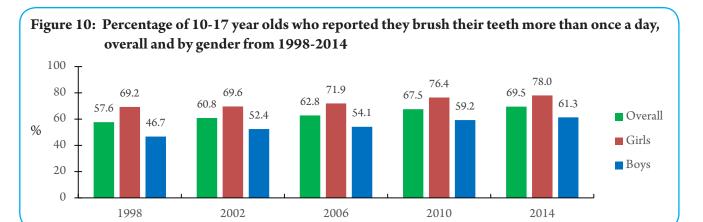


Table 10: Percentage of 10-17 year old girls and boys who reported they brush their teeth more than once a day, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	61.0	62.7	67.5	70.2	73.5	✓
	12 to 14	66.8	68.0	69.6	76.1	76.3	✓
	15 to 17	75.9	75.3	76.9	78.9	81.5	✓
Boys	10 to 11	46.5	54.4	56.1	64.3	67.2	✓
	12 to 14	46.1	50.3	52.0	57.5	59.5	✓
	15 to 17	47.2	53.1	54.9	59.1	61.2	✓
Girls	SC 1-2	69.9	71.6	75.1	77.3	80.9	✓
	SC 3-4	69.6	69.1	70.9	77.5	77.6	✓
	SC 5-6	66.9	63.1	71.0	72.3	72.3	✓
Boys	SC 1-2	50.7	55.2	57.9	61.4	64.6	✓
	SC 3-4	44.4	52.0	53.4	60.4	63.0	✓
	SC 5-6	44.7	47.6	50.8	54.5	54.3	✓



Seatbelt use

Children were asked how often they use a seatbelt when they sit in a car. The response options were 'rarely or never', 'sometimes', 'often', 'always', 'usually there is no seatbelt where I sit' and 'I never travel by car'. The findings below present the proportion of children who reported always wearing a seatbelt.

Findings

There was a statistically significant increase in the proportion of children who reported always wearing a seatbelt between 1998 and 2014. Statistically significant increases in the proportion who always wear a seatbelt over time were apparent in girls and boys and in those from all age and social class groups.

International ranking

No internationally comparable data were available.

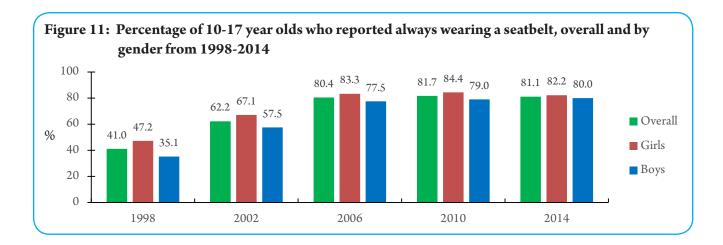


Table 11: Percentage of 10-17 year old girls and boys who reported always wearing a seatbelt, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	50.4	72.7	88.5	89.4	87.6	✓
	12 to 14	45.3	67.2	81.6	82.8	81.1	✓
	15 to 17	47.2	63.5	81.8	84.2	81.4	✓
Boys	10 to 11	37.5	63.5	85.4	81.6	86.2	✓
	12 to 14	35.9	56.7	76.3	76.9	80.1	✓
	15 to 17	33.1	54.5	73.8	80.4	77.8	✓
Girls	SC 1-2	48.2	66.7	82.8	84.8	83.7	✓
	SC 3-4	46.0	67.2	84.8	85.1	83.4	✓
	SC 5-6	46.4	68.2	83.5	81.0	80.9	✓
Boys	SC 1-2	36.8	57.6	76.1	79.1	80.4	✓
	SC 3-4	34.2	57.7	79.5	80.8	80.8	✓
	SC 5-6	31.3	57.7	79.7	75.9	84.6	✓



Vigorous exercise 4+ times a week

Children were asked how often they usually exercise in their free time so much that they get out of breath or sweat. The response options ranged from 'never' to 'every day'. The findings below present the proportion of children who reported vigorous exercise four or more times a week.

Findings

Between 1998 and 2014, the proportion of children who reported participating in vigorous exercise four or more times per week remained stable. This stable trend over time was observed in girls and boys and in children from most age groups and from all social class groups. There was a statistically significant increase in the proportion of 15-17 year old girls who reported participating in vigorous exercise over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 44.2%; HBSC average 37.6%). Ireland ranked 2nd in 2006, 1st in 2010 and 4th in 2014. No internationally comparable data were available in 1998 or 2002.*

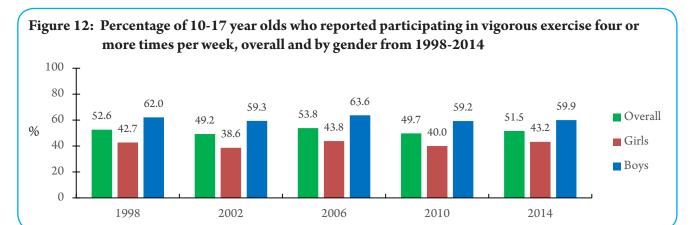
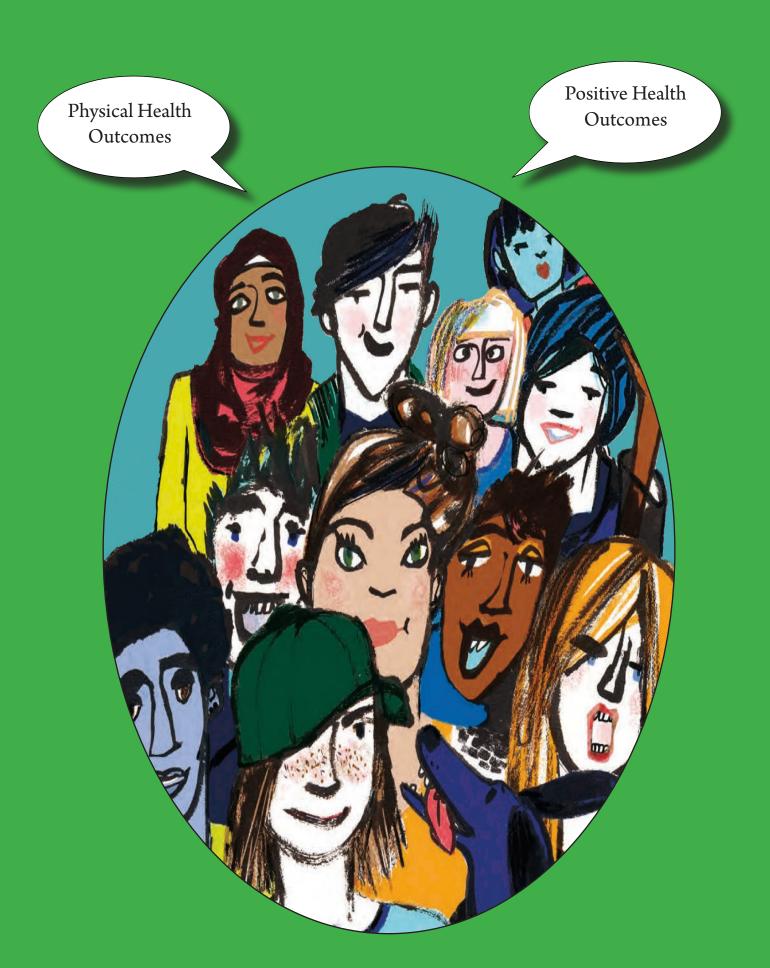


Table 12: Percentage of 10-17 year old girls and boys who reported participating in vigorous exercise four or more times per week, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	59.0	53.5	59.5	57.9	54.8	X
	12 to 14	48.8	42.1	50.6	44.2	47.4	X
	15 to 17	28.0	26.2	27.8	29.3	34.7	✓
Boys	10 to 11	68.1	65.6	71.3	67.6	63.7	X
	12 to 14	66.2	63.7	67.3	63.4	62.6	X
	15 to 17	54.7	51.6	55.0	51.8	55.8	X
Girls	SC 1-2	43.8	37.6	43.6	40.9	46.3	X
	SC 3-4	42.2	39.6	43.3	39.3	43.5	X
	SC 5-6	39.8	39.8	45.4	37.0	36.7	X
Boys	SC 1-2	64.0	61.0	64.6	61.1	61.8	X
	SC 3-4	63.0	59.4	63.0	58.6	59.7	X
	SC 5-6	58.8	57.9	64.5	56.0	53.3	X

 $[^]st$ Vigorous exercise 4+ times a week: No data for Belgium (French-speaking region) in 2014.

Health Outcomes





PHYSICAL HEALTH OUTCOMES

Headache

Children were asked how often they experienced headaches in the last six months. The response options ranged from 'rarely or never' to 'about every day'. The findings below present the proportion of children who reported experiencing headaches about every week or more in the last six months.

Findings

Overall there was a statistically significant increase in the proportion of children who reported having a headache about every week or more in the last six months between 1998 and 2014. There was a significant increase in the proportion of girls who reported having a headache over time while the trend remained stable in boys. The trends were mixed over time within the age and social class groups. There was a statistically significant increase in the proportion of children from the lower social class groups who reported having a headache over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 37.9%; HBSC average 35.7%). Ireland ranked 18th in 1998, 11th in 2002, 18th in 2006, 17th in 2010 and 8th in 2014.

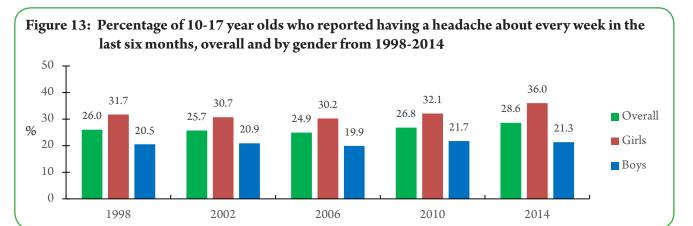


Table 13: Percentage of 10-17 year old girls and boys who reported having a headache about every week in the last six months, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	22.8	16.3	17.4	19.8	17.4	X
	12 to 14	29.6	28.2	27.8	29.9	31.1	X
	15 to 17	38.5	41.6	40.4	38.8	47.7	✓
Boys	10 to 11	19.5	19.2	16.0	16.5	11.9	✓
	12 to 14	20.8	19.9	19.3	21.0	20.6	X
	15 to 17	20.9	22.7	23.0	24.2	25.1	✓
Girls	SC 1-2	31.9	30.9	30.4	29.0	33.2	X
	SC 3-4	32.3	31.5	29.7	34.1	36.6	✓
	SC 5-6	28.8	27.9	28.8	34.9	38.3	✓
Boys	SC 1-2	20.7	21.1	18.6	20.2	21.2	X
	SC 3-4	21.2	20.5	20.5	20.3	20.8	X
	SC 5-6	15.7	20.5	20.7	26.2	20.7	✓



PHYSICAL HEALTH OUTCOMES

Feeling low

Children were asked how often they experienced feeling low in the last six months. The response options ranged from 'rarely or never' to 'about every day'. The findings below present the proportion of children who reported experiencing feeling low about every week or more in the last six months.

Findings

Overall there was a statistically significant increase in the proportion of children who reported feeling low about every week or more in the last six months between 1998 and 2014. There was a significant increase in the proportion of girls who reported feeling low over time while the trend remained stable in boys. Over time, the trends were mixed within the age and social class groups. There was a statistically significant increase in the proportion of children from the older age groups and the lower social class groups who reported feeling low over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 38.3%; HBSC average 35.4%). Ireland ranked 21st in 1998, 12th in 2002, 17th in 2006, 15th in 2010 and 9th in 2014.*

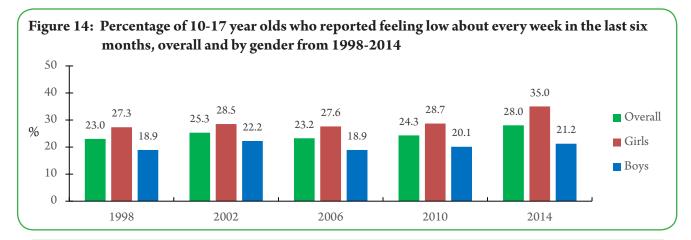


Table 14: Percentage of 10-17 year old girls and boys who reported feeling low about every week in the last six months, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	18.7	15.8	14.1	17.1	16.1	X
	12 to 14	24.5	26.3	26.5	25.5	30.4	✓
	15 to 17	34.7	38.1	36.9	36.3	46.5	✓
Boys	10 to 11	17.5	19.4	13.3	14.9	10.1	✓
	12 to 14	17.8	19.6	18.1	17.7	18.8	X
	15 to 17	20.6	26.1	23.3	24.3	27.3	✓
Girls	SC 1-2	29.8	29.8	29.0	27.6	34.0	X
	SC 3-4	25.0	27.9	26.2	27.3	33.7	✓
	SC 5-6	24.9	23.8	26.0	35.5	35.4	✓
Boys	SC 1-2	19.9	23.8	18.4	19.0	19.9	X
	SC 3-4	19.1	19.5	19.1	19.0	21.5	X
	SC 5-6	14.6	21.4	18.3	25.3	21.4	✓

^{*} Feeling low: No data for Finland in 2014.



PHYSICAL HEALTH OUTCOMES

Times injured

Children were asked how many times they had been injured and had to be treated by a doctor or nurse during the past 12 months. The response options ranged from 'I was not injured in the past 12 months' to '4 times or more'. The findings below present the proportion of children who reported having been injured once or more and requiring medical attention.

Findings

Overall between 1998 and 2014, there was a statistically significant increase in the proportion of children who reported ever being injured and requiring medical attention in the last 12 months. The trend remained stable in girls over time and there was a significant trend in the proportion of boys who reported ever being injured and requiring medical attention. Over time, the trends were mixed within the age and social class groups.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were below the international HBSC average for this indicator (Ireland 40.6%; HBSC average 43.6%). Ireland ranked 12th in 2002, 16th in 2006, 19th in 2010 and 18th in 2014. No internationally comparable data were available in 1998.

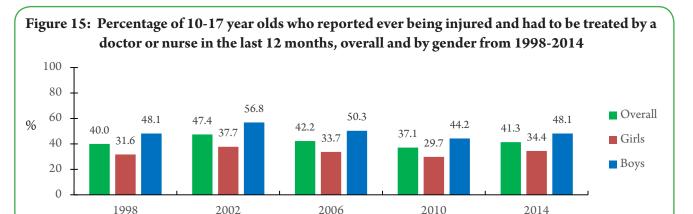


Table 15: Percentage of 10-17 year old girls and boys who reported ever being injured and had to be treated by a doctor or nurse in the last 12 months, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	32.6	38.1	32.4	25.8	31.4	✓
	12 to 14	33.5	38.7	36.3	31.1	35.2	X
	15 to 17	29.2	36.5	32.0	29.6	34.6	X
Boys	10 to 11	42.4	56.7	45.1	42.8	40.6	✓
	12 to 14	48.9	57.7	52.8	43.6	47.0	✓
	15 to 17	50.5	55.9	51.3	45.5	51.8	X
Girls	SC 1-2	29.7	36.5	33.3	29.2	34.3	X
	SC 3-4	34.4	39.0	32.6	30.1	35.5	X
	SC 5-6	30.8	40.0	37.0	28.7	31.7	X
Boys	SC 1-2	45.3	55.5	50.3	43.9	49.1	X
	SC 3-4	50.3	55.8	49.7	45.4	47.6	✓
	SC 5-6	48.3	62.8	50.3	42.3	44.5	✓



POSITIVE HEALTH OUTCOMES

Self-rated health

Children were asked how they would describe their health. The response options were 'poor', 'fair', 'good' and 'excellent'. The findings below present the proportion of children who reported their health as excellent.

Findings

There was a statistically significant increase in the proportion of children who reported their health as excellent between 2002 and 2014. Compared to 2002, significantly more girls and boys reported their health as excellent in 2014. Statistically significant increases in the proportion of children reporting their health as excellent were apparent in most age and social class groups. However, the trend among the lower social class groups remained stable over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 29.2%; HBSC average 28.9%). Ireland ranked 15th in 2002, 13th in 2006, 10th in 2010 and 14th in 2014.*

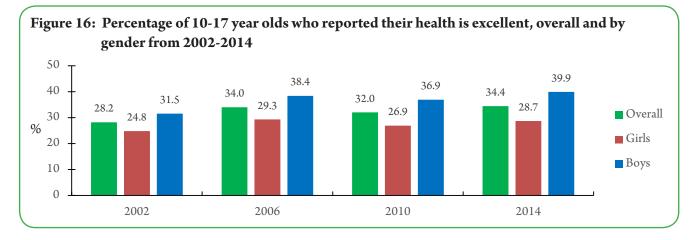


Table 16: Percentage of 10-17 year old girls and boys who reported their health is excellent, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	33.7	39.0	37.9	42.8	✓
	12 to 14	~	27.1	32.3	29.7	30.4	X
	15 to 17	~	17.2	20.3	19.9	21.8	✓
Boys	10 to 11	~	33.2	43.0	40.2	45.2	✓
	12 to 14	~	32.6	38.8	38.4	41.0	✓
	15 to 17	~	29.4	35.1	34.1	37.1	✓
Girls	SC 1-2	~	25.5	32.5	28.9	31.8	✓
	SC 3-4	~	24.0	27.2	26.2	27.2	X
	SC 5-6	~	23.0	28.4	20.8	23.4	X
Boys	SC 1-2	~	34.4	41.9	40.0	44.4	✓
	SC 3-4	~	30.1	36.8	34.4	37.8	✓
	SC 5-6	~	30.8	39.9	32.8	38.8	X

^{*} Self-rated health: No data for France in 2002.



POSITIVE HEALTH OUTCOMES

Happy with life at present

Children were asked how they feel about their life at present. The response options ranged from 'not happy at all' to 'very happy'. The findings below present the proportion of children who reported feeling very or quite happy about their life at present.

Findings

Between 1998 and 2014, the proportion of children who reported feeling happy about their lives at present remained stable. The trend remained stable in girls and there has been a statistically significant increase in the proportion of boys who reported feeling happy over time. The proportion of children reporting feeling happy remained stable in most age and social class groups over time.

International ranking

No internationally comparable data were available.

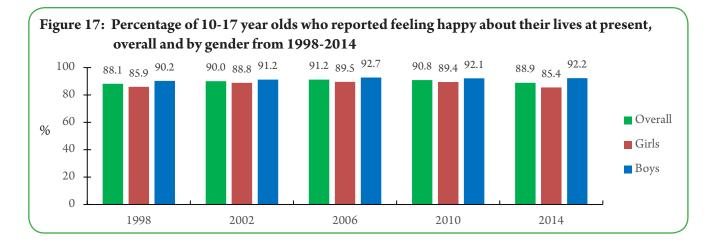


Table 17: Percentage of 10-17 year old girls and boys who reported feeling happy about their lives at present, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	93.6	95.9	96.1	94.0	94.4	X
	12 to 14	86.8	89.1	90.2	90.8	86.7	X
	15 to 17	80.7	84.2	84.7	86.3	80.8	X
Boys	10 to 11	92.6	92.8	95.2	94.6	95.1	✓
	12 to 14	92.2	91.8	92.5	92.9	93.4	X
	15 to 17	87.0	89.8	91.5	90.4	90.0	✓
Girls	SC 1-2	85.6	89.1	89.6	90.7	86.4	X
	SC 3-4	86.7	88.8	89.9	89.8	86.8	X
	SC 5-6	86.1	89.7	91.4	86.4	82.4	X
Boys	SC 1-2	89.8	92.2	94.2	92.9	93.6	✓
	SC 3-4	90.3	92.5	93.2	93.1	92.2	X
	SC 5-6	93.1	89.2	91.0	90.8	90.5	X



POSITIVE HEALTH OUTCOMES

Life satisfaction

Children were asked to rate their life satisfaction using the Cantril Ladder. The bottom of the ladder '0' is the worst possible life and the top '10' indicates the best possible life. The findings below present the proportion of children who reported high life satisfaction (a score of 7 or more).

Findings

Between 2002 and 2014, the proportion of children who reported high life satisfaction remained stable. The trend remained stable in girls and boys over time. The proportion of children reporting high life satisfaction over time remained stable in most age and social class groups. However, the proportion of girls in the lowest social class groups reporting high life satisfaction decreased significantly over time.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were below the international HBSC average for this indicator (Ireland 68.3%; HBSC average 70.3%). Ireland ranked 11th in 2002, 13th in 2006, 21st in 2010 and 17th in 2014. *

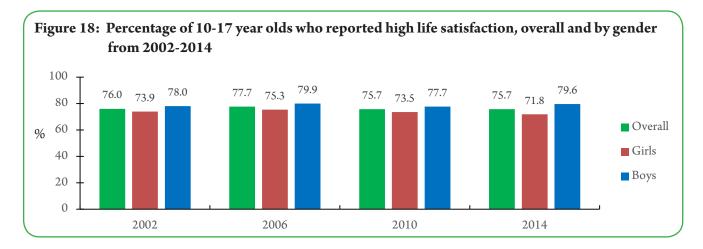


Table 18: Percentage of 10-17 year old girls and boys who reported high life satisfaction, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	87.5	88.1	85.6	87.7	X
	12 to 14	~	75.5	77.7	76.2	75.9	X
	15 to 17	~	64.1	64.9	66.3	61.8	X
Boys	10 to 11	~	82.6	88.2	83.7	88.8	X
	12 to 14	~	79.9	81.1	81.0	83.1	✓
	15 to 17	~	73.4	73.6	72.2	72.9	X
Girls	SC 1-2	~	75.0	76.3	77.0	75.3	X
	SC 3-4	~	73.6	75.3	72.9	72.2	X
	SC 5-6	~	73.9	77.7	68.1	65.3	✓
Boys	SC 1-2	~	78.9	81.8	79.8	82.4	X
	SC 3-4	~	78.9	80.6	78.2	80.8	X
	SC 5-6	~	76.5	77.6	72.9	75.6	X

^{*}Life satisfaction: No data for Belgium (French-speaking region) in 2002 or 2006; No data for Greece in 2002.

Contexts of Children's Lives







Communication with mother

Children were asked how easy it is to talk to their mother about things that really bother them. The response options ranged from 'very difficult' to 'very easy'. The findings below present the proportion of children who reported it is easy or very easy to talk to their mother.

Findings

There was a statistically significant increase in the proportion of children who reported finding it easy to talk to their mother about things that really bother them between 1998 and 2014. Compared to 1998, significantly more girls and boys reported finding it easy to talk to their mother in 2014. Over time, significant increases in the proportion of those finding it easy to talk to their mother were observed in all age and social class groups.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 78.3%; HBSC average 77.1%). Ireland ranked 23rd in 1998, 17th in 2002, 19th in 2006, 16th in 2010 and 15th in 2014.*

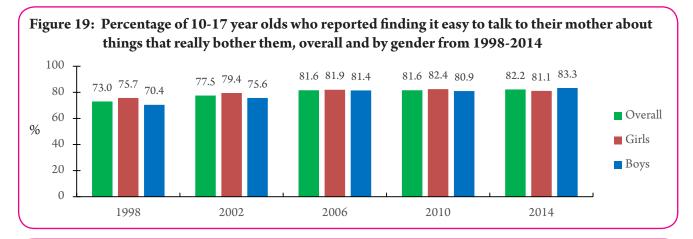


Table 19: Percentage of 10-17 year old girls and boys who reported finding it easy to talk to their mother about things that really bother them, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	84.3	88.8	92.2	89.2	88.8	✓
	12 to 14	79.3	81.5	84.9	84.9	82.7	✓
	15 to 17	67.6	72.1	72.6	77.7	76.8	✓
Boys	10 to 11	78.2	84.6	89.6	89.0	90.5	✓
	12 to 14	74.3	76.7	83.0	83.2	85.7	✓
	15 to 17	62.4	69.3	74.7	75.7	78.5	✓
Girls	SC 1-2	75.4	78.3	81.8	83.4	81.8	✓
	SC 3-4	76.6	80.9	82.0	83.4	81.3	✓
	SC 5-6	75.1	78.0	82.8	79.4	81.2	✓
Boys	SC 1-2	71.0	73.4	80.5	79.8	84.7	✓
	SC 3-4	69.6	77.6	82.6	81.9	83.4	✓
	SC 5-6	70.4	79.9	81.1	79.7	77.1	✓

^{*} Communication with mother: No data for Greenland in 2006.



FAMILY

Communication with father

Children were asked how easy it is to talk to their father about things that really bother them. The response options ranged from 'very difficult' to 'very easy'. The findings below present the proportion of children who reported it is easy or very easy to talk to their father.

Findings

Between 1998 and 2014, there was a statistically significant increase in the proportion of children who reported finding it easy to talk to their father about things that really bother them. Significantly more girls and boys reported finding it easy to talk to their father in 2014 when compared to 1998. Significant increases in the proportion of those finding it easy to talk to their father over time were observed in all age and social class groups.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 62.5%; HBSC average 61.4%). Ireland ranked 25th in 1998, 20th in 2002, 8th in 2006, 6th in 2010 and 14th in 2014.*

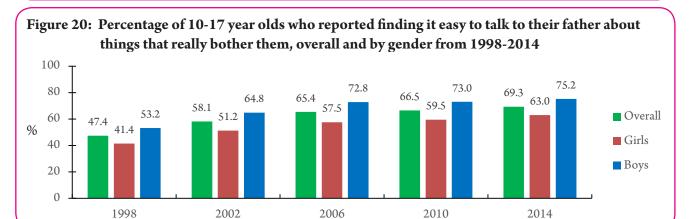


Table 20: Percentage of 10-17 year old girls and boys who reported finding it easy to talk to their father about things that really bother them, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	54.2	64.5	72.0	69.2	73.5	✓
	12 to 14	44.0	51.1	59.7	61.4	64.7	✓
	15 to 17	31.7	43.3	46.4	54.1	57.3	✓
Boys	10 to 11	66.6	78.9	84.1	81.7	84.7	✓
	12 to 14	57.6	66.1	76.0	77.3	78.5	✓
	15 to 17	41.6	55.2	62.5	65.5	68.6	✓
Girls	SC 1-2	40.9	51.3	58.6	61.4	64.4	✓
	SC 3-4	42.7	52.4	55.8	58.8	62.5	✓
	SC 5-6	41.3	46.5	56.9	55.8	58.9	✓
Boys	SC 1-2	50.7	64.1	71.6	73.4	76.1	✓
	SC 3-4	54.2	64.4	72.7	73.3	76.3	✓
	SC 5-6	54.4	66.4	74.6	72.8	71.2	✓





Live with both parents

Children were asked who lives in the home where they live all or most of the time. The findings below present the proportion of children who reported that their mother and father live in the main home.

Findings

There was a statistically significant decrease in the proportion of children who reported living with both their mother and father between 1998 and 2014. Compared to 1998, significantly fewer girls and boys reported living with both their mother and father in 2014. Over time, statistically significant decreases in the proportion of those living with both their mother and father were apparent in all age and social class groups.

International ranking

No internationally comparable data were available.

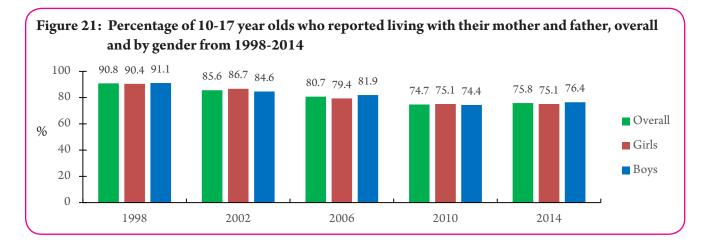


Table 21: Percentage of 10-17 year old girls and boys who reported living with their mother and father, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	91.6	86.6	81.3	75.1	74.2	✓
	12 to 14	90.6	87.3	80.2	75.2	75.8	✓
	15 to 17	89.6	86.2	77.4	75.0	74.8	✓
Boys	10 to 11	91.6	85.5	83.8	76.2	82.2	✓
	12 to 14	91.6	84.8	81.7	74.7	74.8	✓
	15 to 17	90.3	83.9	81.0	73.4	76.0	✓
Girls	SC 1-2	90.6	89.7	84.8	83.6	83.2	✓
	SC 3-4	91.9	87.5	81.3	74.0	75.5	✓
	SC 5-6	90.5	84.1	73.1	69.1	64.5	✓
Boys	SC 1-2	94.5	89.5	87.0	82.1	84.1	✓
	SC 3-4	91.1	85.7	82.9	79.0	77.7	✓
	SC 5-6	90.0	77.9	78.2	72.4	69.3	✓



SCHOOL

Liking school

Children were asked how they feel about school at present. The response options ranged from 'I don't like it at all' to 'I like it a lot'. The findings below present the proportion of children who reported liking school a lot or a bit.

Findings

Overall between 2002 and 2014, there was a statistically significant increase in the proportion of children who reported liking school. The trend remained stable in girls over time and there was a statistically significant increase in the proportion of boys who reported liking school. Over time, the trends for girls were mixed within the age and social class groups. Statistically significant increases in the proportion of boys who reported liking school were apparent in all age groups and in the higher social class groups.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were below the international HBSC average for this indicator (Ireland 63.5%; HBSC average 68.9%). Ireland ranked 11th in 2002, 19th in 2006, 23rd in 2010 and 22nd in 2014.

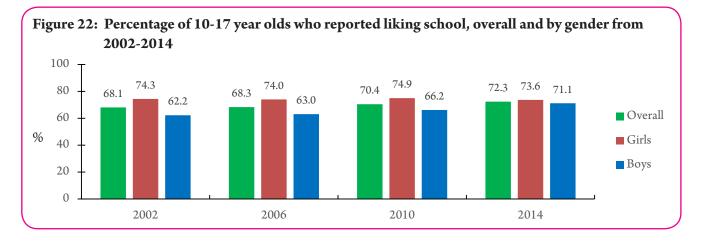


Table 22: Percentage of 10-17 year old girls and boys who reported liking school, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	81.4	81.9	81.0	87.4	✓
	12 to 14	~	75.5	76.1	78.3	75.9	X
	15 to 17	~	68.9	67.0	69.1	66.1	X
Boys	10 to 11	~	65.4	66.9	68.8	78.9	✓
	12 to 14	~	65.2	66.5	68.1	74.7	✓
	15 to 17	~	57.5	57.1	63.3	64.9	✓
Girls	SC 1-2	~	76.2	77.3	77.6	76.7	X
	SC 3-4	~	74.1	72.5	75.0	72.8	X
	SC 5-6	~	71.2	72.5	67.8	69.9	✓
Boys	SC 1-2	~	64.5	65.9	70.2	74.5	✓
	SC 3-4	~	59.6	61.9	66.2	71.4	✓
	SC 5-6	~	63.8	61.9	61.2	69.3	X



Organising school events

Children were asked if students in their class(es) get involved in organising school events. The response options ranged from 'strongly disagree' to 'strongly agree'. The findings below present the proportion of children who reported that they agree or strongly agree.

Findings

Between 2002 and 2014, the proportion of children who reported that students in their class(es) get involved in organising school events remained stable. The trends remained stable in girls over time and there was a statistically significant increase in the proportion of boys who reported that students get involved in organising school events between 2002 and 2014. The trend remained stable for girls over time within all the age and social class groups. Statistically significant increases were observed in boys in the younger age groups and in the higher social class groups.

International ranking

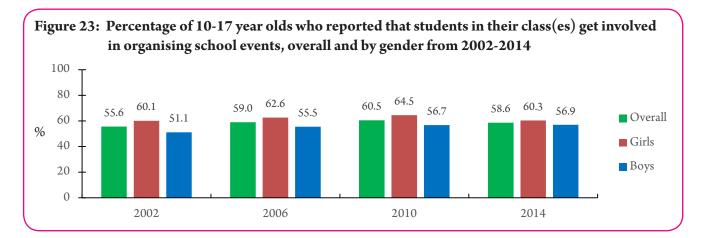


Table 23: Percentage of 10-17 year old girls and boys who reported that students in their class(es) get involved in organising school events, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	68.7	70.6	65.3	73.7	X
	12 to 14	~	57.6	60.6	63.5	58.7	X
	15 to 17	~	57.3	59.7	65.4	57.3	X
Boys	10 to 11	~	61.3	67.3	65.3	74.7	✓
	12 to 14	~	51.7	56.2	56.9	58.0	✓
	15 to 17	~	44.4	47.4	53.5	50.0	X
Girls	SC 1-2	~	57.7	61.8	64.1	60.9	X
	SC 3-4	~	60.8	61.7	64.3	59.1	X
	SC 5-6	~	65.3	64.5	63.4	60.4	X
Boys	SC 1-2	~	48.7	53.4	55.6	54.8	✓
	SC 3-4	~	51.5	56.2	56.9	57.8	✓
	SC 5-6	~	56.0	56.5	57.8	59.2	X



SCHOOL

Pressured by school work

Children were asked how pressured they feel by the school work they have to do. The response options ranged from 'not at all' to 'a lot'. The findings below present the proportion of children who reported feeling some or a lot of pressure from school work.

Findings

There was a statistically significant increase in the proportion of children who reported feeling pressured by school work between 1998 and 2014. Compared to 1998, significantly more girls and boys reported feeling pressured by school work in 2014. A statistically significant increase in the proportion of those feeling pressured by school work over time was apparent in children from the majority of the age and social class groups.

International ranking (Fifteen year olds)

In 2014, 15 year olds in Ireland were above the international HBSC average for this indicator (Ireland 59.3%; HBSC average 44.5%). Ireland ranked 11th in 1998, 13th in 2002, 8th in 2006, 10th in 2010 and 3rd in 2014.*

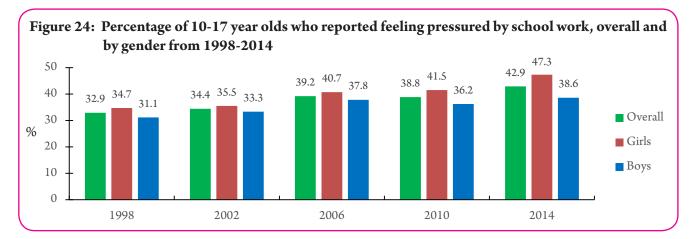


Table 24: Percentage of 10-17 year old girls and boys who reported feeling pressured by school work, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	18.3	18.8	18.2	24.0	21.7	✓
	12 to 14	32.4	36.8	40.9	38.5	41.9	✓
	15 to 17	46.0	44.4	54.6	51.0	62.3	✓
Boys	10 to 11	23.4	30.2	24.3	24.8	23.1	X
	12 to 14	30.1	31.9	39.4	34.6	34.6	✓
	15 to 17	36.2	36.6	44.7	41.9	47.8	✓
Girls	SC 1-2	35.5	36.2	42.6	42.5	49.6	✓
	SC 3-4	32.5	34.9	40.4	40.5	45.6	✓
	SC 5-6	34.7	34.2	35.8	40.4	40.8	X
Boys	SC 1-2	32.6	33.9	39.2	34.9	39.1	✓
	SC 3-4	29.7	31.9	36.6	35.1	36.5	✓
	SC 5-6	29.1	32.8	34.5	42.1	39.9	✓

^{*} Pressured by school work: No data for Lithuania in 1998; No data for Greenland in 2014.



PEERS

Close friends of the same sex

Children were asked how many close male and female friends they have at present. The response options ranged from 'none' to 'three or more' and separate questions asked about male and female friends. The findings below present the proportion who reported having three or more friends of the same sex.

Findings

Overall there was a statistically significant decrease in the proportion of children who reported having three or more friends of the same sex between 2002 and 2014. There was a significant decrease in the proportion of girls who reported having three or more friends over time while the trend remained stable in boys. Over time, statistically significant decreases were observed in girls from the older age groups and the higher social class groups. The trends remained stable for boys over time within all the age and social class groups.

International ranking (Fifteen year olds)

No internationally comparable data were available in 2014. Ireland ranked 2nd in 2002, 2nd in 2006 and 3rd in 2010.

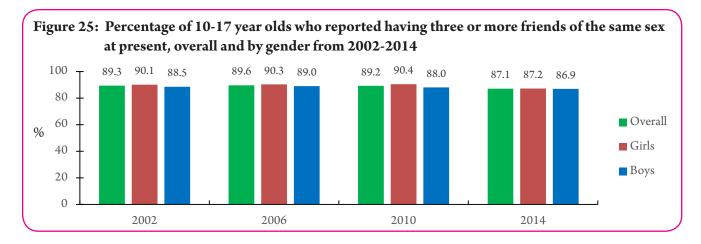


Table 25: Percentage of 10-17 year old girls and boys who reported having three or more friends of the same sex at present, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	89.6	90.2	86.5	90.5	X
	12 to 14	~	91.2	90.8	91.2	88.7	✓
	15 to 17	~	89.5	89.8	91.0	84.5	✓
Boys	10 to 11	~	89.1	89.3	86.8	88.8	X
	12 to 14	~	89.7	89.7	90.0	88.9	X
	15 to 17	~	87.2	88.3	86.4	84.2	X
Girls	SC 1-2	~	90.8	90.7	91.3	88.1	✓
	SC 3-4	~	90.2	90.5	89.8	87.9	X
	SC 5-6	~	87.7	91.0	90.1	86.5	X
Boys	SC 1-2	~	87.9	89.4	89.2	87.6	X
	SC 3-4	~	89.9	89.1	88.6	88.5	X
	SC 5-6	~	88.7	91.2	86.2	86.6	X



PEERS

Four or more evenings per week out with friends

Children were asked how many evenings per week they usually spend out with friends. The response options ranged from '0 evenings' to '7 evenings'. The findings below present the proportion of children who reported spending four or more evenings per week out with friends.

Findings

The proportion of children who reported spending four or more evenings per week out with friends remained stable between 1998 and 2014. The trend in the proportion of those spending four or more evenings per week out with friends remained stable over time in both genders and in the majority of the age and social class groups.

International ranking (Fifteen year olds)

No internationally comparable data were available in 2014. Ireland ranked 12th in 1998, 12th in 2002, 9th in 2006 and 10th in 2010.

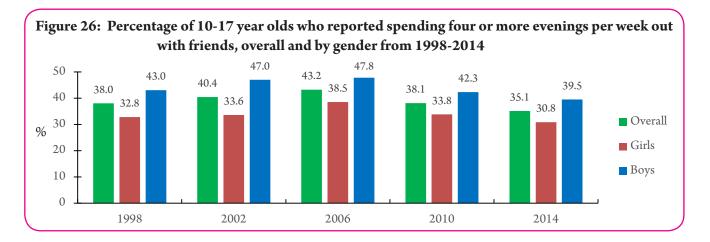


Table 26: Percentage of 10-17 year old girls and boys who reported spending four or more evenings per week out with friends, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	38.0	35.0	41.0	44.5	41.7	X
	12 to 14	34.9	35.3	41.0	35.7	33.3	X
	15 to 17	27.9	31.1	34.5	28.1	24.2	X
Boys	10 to 11	44.7	46.0	50.8	43.3	39.8	X
	12 to 14	46.0	50.8	49.4	44.6	43.4	X
	15 to 17	39.3	44.1	44.4	39.5	35.3	X
Girls	SC 1-2	23.2	26.9	28.4	26.8	22.6	X
	SC 3-4	38.5	37.4	41.9	37.3	33.7	X
	SC 5-6	38.8	41.3	47.0	43.1	40.5	X
Boys	SC 1-2	32.9	42.2	37.3	36.9	29.6	X
	SC 3-4	49.4	49.2	52.8	45.3	43.5	✓
	SC 5-6	47.1	54.3	53.7	45.8	44.8	X



PEERS

Communication with friends of the same sex

Children were asked how easy it is to talk to friends of the same sex about things that really bother them. The response options ranged from 'very difficult' to 'very easy'. The findings below present the proportion of children who reported it is easy or very easy to talk to friends of the same sex.

Findings

Between 1998 and 2014, the proportion of children who reported finding it easy to talk to friends of the same sex about things that really bother them remained stable. The trends remained stable in girls over time and there was a statistically significant increase in the proportion of boys who reported finding it easy to talk to friends. The trends were mixed over time within the age and social class groups.

International ranking (Fifteen year olds)

No internationally comparable data were available in 2014. Ireland ranked 15th in 1998, 9th in 2002, 13th in 2006 and 8th in 2010. *

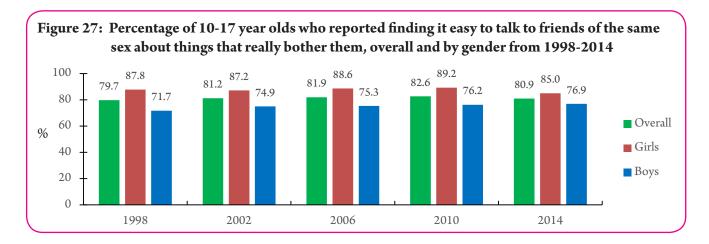


Table 27: Percentage of 10-17 year old girls and boys who reported finding it easy to talk to friends of the same sex about things that really bother them, by age group and social class from 1998-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	78.1	83.4	86.7	81.7	81.8	X
	12 to 14	87.8	86.8	90.0	90.1	85.7	X
	15 to 17	92.8	89.6	88.2	90.8	85.3	✓
Boys	10 to 11	66.2	76.2	74.0	72.1	78.8	✓
	12 to 14	73.8	74.5	77.2	76.3	78.2	✓
	15 to 17	72.5	74.7	74.3	77.4	75.1	X
Girls	SC 1-2	86.8	86.7	87.5	90.2	85.2	X
	SC 3-4	89.0	89.1	89.2	88.8	85.9	✓
	SC 5-6	88.5	84.2	89.2	89.6	85.2	X
Boys	SC 1-2	72.6	73.6	74.5	75.1	75.9	X
	SC 3-4	72.5	77.8	76.7	77.7	79.4	✓
	SC 5-6	68.3	76.0	74.0	75.7	74.0	X

^{*}Communication with friends of the same sex: No data for Greece or Greenland in 2006.



LOCALITY

Feel safe in local area

Children were asked if they generally feel safe in the area where they live. The response options ranged from 'rarely or never' to 'always'. The findings below present the proportion of children who reported always feeling safe in the area where they live.

Findings

The proportion of children who reported always feeling safe in the area where they live remained stable between 2002 and 2014. There was a statistically significant decrease in the proportion of girls who reported always feeling safe over time and the trend remained stable for boys. Over time, statistically significant decreases were observed in girls from the older age group and the lower social class groups. The trends remained stable over time for boys within all the age and social class groups.

International ranking

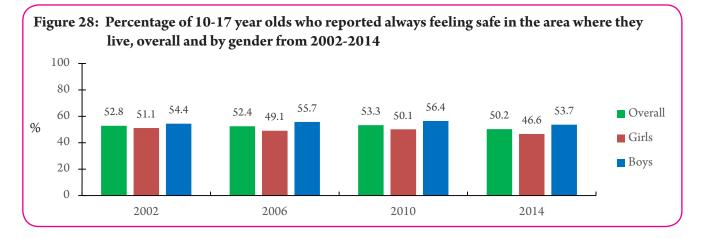


Table 28: Percentage of 10-17 year old girls and boys who reported always feeling safe in the area where they live, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	57.3	55.4	59.2	57.6	X
	12 to 14	~	50.5	51.4	53.6	49.8	X
	15 to 17	~	48.0	42.9	43.2	39.3	✓
Boys	10 to 11	~	58.1	55.8	60.7	58.8	X
	12 to 14	~	53.2	56.1	57.9	54.9	X
	15 to 17	~	53.1	55.3	53.3	50.6	X
Girls	SC 1-2	~	50.5	50.0	51.9	50.6	X
	SC 3-4	~	52.3	48.8	48.7	43.9	✓
	SC 5-6	~	49.2	50.0	48.4	40.7	✓
Boys	SC 1-2	~	55.6	59.5	58.6	57.7	X
	SC 3-4	~	54.3	53.7	55.1	53.5	X
	SC 5-6	~	54.0	52.2	54.0	47.1	X



hbsc

Good places to spend free time

Children were asked if there are good places in the local area to spend their free time. The response options ranged from 'strongly disagree' to 'strongly agree'. The findings below present the proportion of children who reported that they agree or strongly agree.

Findings

There was a statistically significant increase in the proportion of children who reported that there are good places in the local area to spend their free time between 2002 and 2014. Statistically significant increases in the proportion of those who reported that there are good places to spend their free time were observed in girls and boys and in children from all age and social class groups over time.

International ranking

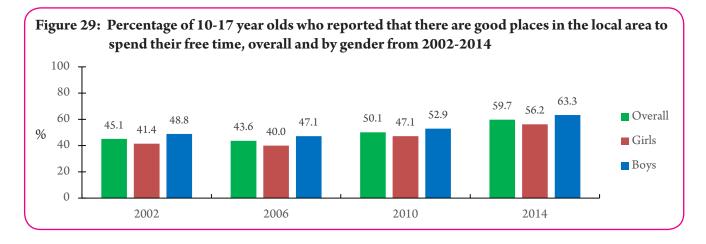


Table 29: Percentage of 10-17 year old girls and boys who reported that there are good places in the local area to spend their free time, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	58.3	53.7	61.5	73.3	✓
	12 to 14	~	42.8	42.6	53.5	62.5	✓
	15 to 17	~	29.9	29.0	35.6	43.7	✓
Boys	10 to 11	~	61.5	56.1	66.0	75.0	✓
	12 to 14	~	53.6	50.8	57.1	69.6	✓
	15 to 17	~	36.5	37.7	43.9	52.8	✓
Girls	SC 1-2	~	38.5	38.0	46.0	54.8	✓
	SC 3-4	~	43.2	38.5	47.7	56.8	✓
	SC 5-6	~	45.9	43.9	43.8	57.1	✓
Boys	SC 1-2	~	50.6	45.2	52.2	61.8	✓
	SC 3-4	~	49.2	46.6	52.6	63.2	✓
	SC 5-6	~	45.2	51.4	53.8	63.9	✓



LOCALITY

Could ask for help or a favour from neighbours

Children were asked if they could ask for help or a favour from neighbours. The response options ranged from 'strongly disagree' to 'strongly agree'. The findings below present the proportion of children who reported that they agree or strongly agree.

Findings

Overall between 2002 and 2014, there was a statistically significant decrease in the proportion of children who reported they could ask for help or a favour from neighbours. There was a significant decrease in the proportion of girls who reported they could ask for help or a favour from neighbours over time while the trend remained stable in boys. Over time, statistically significant decreases were observed in girls from the older age groups and from all social class groups. The trends remained stable over time for boys within all the age and social class groups.

International ranking

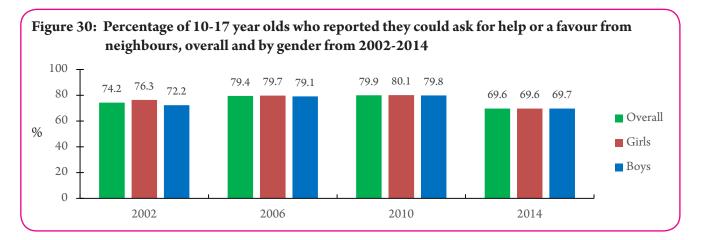


Table 30: Percentage of 10-17 year old girls and boys who reported they could ask for help or a favour from neighbours, by age group and social class from 2002-2014

		1998	2002	2006	2010	2014	Trend
Girls	10 to 11	~	79.3	85.6	83.8	78.4	X
	12 to 14	~	75.8	80.4	81.9	71.6	✓
	15 to 17	~	74.9	75.4	77.0	64.4	1
Boys	10 to 11	~	77.4	86.5	83.1	75.9	X
	12 to 14	~	72.1	79.6	80.3	71.2	X
	15 to 17	~	68.9	73.9	77.9	66.0	X
Girls	SC 1-2	~	75.7	80.3	81.7	71.0	✓
	SC 3-4	~	77.4	80.3	80.3	70.0	✓
	SC 5-6	~	77.7	77.9	76.6	69.3	✓
Boys	SC 1-2	~	72.8	81.5	81.9	71.5	X
	SC 3-4	~	73.8	78.4	80.4	71.9	X
	SC 5-6	~	71.7	82.7	78.2	66.9	X

APPENDIX

Table 31: Description of the Irish HBSC surveys between 1998-2014 by gender, age group and social class (unweighted numbers, weighted percentages)

		1998	2002	2006	2010	2014
	N*	8,461	8,363	10,215	12,512	10,368
				n (%)		
Gender	Girls	4,300 (48.7)	4,762 (48.7)	4,990 (48.7)	6,002 (48.6)	6,067 (49.1)
	Boys	4,125 (51.3)	3,588 (51.3)	5,214 (51.3)	6,406 (51.4)	4,276 (50.9)
Age group	10-11	1,641 (22.8)	1,306 (24.0)	1,371 (24.3)	1,613 (15.3)	1,555 (14.7)
	12-14	4,215 (36.6)	3,931 (36.7)	4,845 (37.2)	6,088 (43.0)	4,777 (43.2)
	15-17	2,472 (40.6)	2,985 (39.4)	3,934 (38.5)	4,499 (41.7)	4,036 (42.1)
Social class	SC 1-2	3,399 (44.8)	3,690 (48.8)	3,936 (42.7)	5,485 (53.8)	4,288 (49.3)
	SC 3-4	2,857 (37.2)	2,920 (37.8)	3,781 (43.0)	3,748 (36.0)	3,349 (39.1)
	SC 5-6	1,374 (18.0)	1,003 (13.4)	1,256 (14.3)	1,066 (10.2)	1,008 (11.6)

^{*}of those aged 10-17 years only



TECHNICAL NOTES

- 1. The data presented in this report have been weighted for all five survey cycles. The data were probability weighted prior to analysis to account for any gender imbalances within survey cycles. The sample weights were constructed using appropriate census data (i.e., the nearest previous census to each survey cycle) and accounted for using gender, age group and region. The weights were constructed as W=1/P, where W can be interpreted as the inverse selection probability. All analyses within the report were conducted on weighted data.
- 2. Due to variations in missing data by variable and over time, the case base varies within each survey cycle for results stratified by gender, age group and social class.
- 3. The 26 countries with comparable international data are: Austria, Belgium (Flemish-speaking region), Belgium (French-speaking region), Canada, Czech Republic, Denmark, England, Estonia, Finland, France, Germany, Greece, Greenland, Hungary, Ireland, Israel, Latvia, Lithuania, Norway, Poland, Portugal, Russia, Scotland, Sweden, Switzerland and Wales. Using data from these 26 countries is comparable with the previous Irish HBSC trends report: http://www.nuigalway.ie/hbsc/documents/hbsctrends2013.pdf
- 4. The study protocol which details the methodological procedures applied across countries can be found at: https://docs.google.com/forms/d/e/1FAIpQLSdyT4GdRKMETrhqGCQ80GqB0QEAAes-Dtrqwq5ZvMq42cdGk9g/viewform?c=0&w=1

