

Short Report

**HBSC Ireland: Workshop to access young people's opinions of the findings of the
2010 Health Behaviour of School-aged Children (HBSC) Survey.**

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Introduction

The Health Behaviour in School-aged Children (HBSC) study is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe and runs on a 4 year cycle. In 2010 Ireland participated for the third time in the HBSC study with over 16,000 schoolchildren in 256 schools across Ireland taking part; previous surveys were conducted in 2006, 2002 and 1998. HBSC Ireland is funded by the Department of Health.

The overall aims of the HBSC study are to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context. Young people are actively involved in providing data through completing questionnaires. However, there is increasing recognition of the value of involving young people in various stages of the research process (Alderson, 2001; Sinclair, 2004). One of the key functions of the HBSC study is to inform policy and practice. Towards achieving this young people participated in a workshop before the launch of the HBSC National Report 2010. This workshop was one step in a planned series of steps designed to include young people in HBSC Ireland and to give them a voice in our research.

Objectives

The workshop aimed to access young people's opinions of the findings of the 2010 Health Behaviour in School-aged Children Survey. There were three objectives; to enable the young people to identify what was the most interesting finding, what was the most surprising finding, and what the youth health priorities should be as a result of these findings.

Methodology

Twenty-five students (13-15 years) in a mixed-gender post-primary school in the West of Ireland participated in this workshop. After the researcher explained the project and the purpose of the session to the participants the workshop began. Each participant was given a copy of the HBSC 2010 National report to examine and were asked to provide any feedback they had on the report design, layout or content with the group. Group discussion was facilitated and all comments were recorded. When this group discussion was finished each participant was asked to individually answer three questions; what is the most interesting finding of the report, what is the most surprising finding in the report, and what do you think the youth health priorities should be as a result of these findings.

Results

The participating young people were asked ‘*What is the most interesting finding in the report?*’ and this resulted in 24 answers. Twenty of these answers were collapsed into five themes: **substance use, eating habits, physical activity, bullying and other** (Table 1).

Table 1: What is the most interesting finding in the report?

<p>Substance use: Use of cannabis from 9-11 year olds (Girl, 14) That children of the age of 9-10 and 11 years of age smoke cannabis (Girl, 13) The use of cannabis (Boy, 14) That girls do so little sport in teens and how boys and girls drink so much in teens (Girl, 14) Levels has dropped alcohol (Girl) Drug use by 10-11 year olds (Boy, 14) 10-11 year olds drinking and drugging (Boy, 14) That girls drink more than boys (Girl, 15) The amount of people using drugs (Boy, 14) The lack of girls drinking (Girl, 15) That a 10 year old did drugs (Boy, 14) The amount of girls that drink and take drugs (Girl, 13) Drug use at a young age 10-11 (Boy, 14)</p>	<p>Eating Habits: That a lot of people don’t eat breakfast. It is the most important meal of the day (Girl, 15) The amount of people that don’t have breakfast (Boy, 14) Girls don’t eat breakfast (Boy, 14)</p>
	<p>Bullying: That a lot of 9 year olds are getting bullied (Girl, 14) That boys bully others more than girls (Girl, 14)</p>
	<p>Physical Activity: The lack of exercise people participate in as they get older (Boy, 14) That as you get older you play less sport (Girl)</p>

Other: That lots of the lads and girls are healthy (Boy, 14); Older children’s happiness levels are so high (Boy, 15); Page 58 of the report (Use of birth control pill/ condom use) (Boy, 14); Social Class 3-4 had bad health (Girl, 14)

A number of the quotes from the young people appear in two themes in keeping with the subject they deal with.

The participating young people were asked ‘*What is the most surprising finding in the report?*’ and resulted in 25 answers. Twenty-two of these answers were collapsed into four themes: **substance use**, **bullying**, **sex** and **other** (Table 2).

Table 2: What is the most surprising finding in the report?

<p>Bullying: That boys bully more than girls bully (Girl, 13) The boy/girl ratio on who has been a victim or a bully (Boy, 14)</p>	<p>Underage sex: The amount of drink and sex in teens (Girl, 14) The amount of people who have had under age sex (Boy, 14) The amount of underage sex (Boy, 14)</p>
<p>Substance use: 10 years ‘really drunk’ (Girl) Percentage of children who have been ‘really drunk’ (Girl, 14) That 10-11 take drugs/drink (Girl, 14) That 10 year olds have been really drunk (Boy, 14) That 10-11 year olds take drugs (Boy, 15) The decrease in smoking in boys (Girl, 15) Children using drugs (Boy, 14) The amount of drink and sex in teens (Girl, 14) That a 10 year old did drugs (Boy, 14) 9 year olds take cannabis. Do they even know what that is? (Girl, 15)</p>	<p>The report on using drugs (Boy, 14) That some 9 year olds take cannabis (Girl, 14) That some 9 year olds take cannabis (Girl, 14) The boys smoke less than girls (Girl, 15) How young boys drink alcohol (Girl, 13) 10-11 year olds using cannabis (Girl, 14) 10 -11 year olds getting drunk (Boy, 14) The lack of drink being drunk (Boy, 14) Drug use at a young age 10-11 (Boy, 14) Drug use by 10-11 year olds (Boy, 14)</p>
<p>Other: Teeth brushing should be higher (Boy, 15)</p>	

A number of the quotes from the young people appear in two themes in keeping with the subject they deal with.

The participating young people were asked ‘*What do you think the youth health priorities should be as a result of these findings?*’ and resulted in 25 answers. Twenty-two of these answers were collapsed into five themes: **substance use, physical activity, eating habits, sexual health and other.**

Table 3: What do you think the youth health priorities should be as a result of these findings?

<p>Substance use: I think they should and drug section should be a priority to stop (Girl, 14) Children of all ages don’t use drugs (Boy, 14) I think there should be a talk on what drugs can do to your life (Boy, 14) The under age use of drugs and cigarettes (Boy, 14) That young children should not be smoking (Girl, 14) To help young people on drugs etc. and their health (Girl, 15) To research why they drink and smoke (Girl, 13) Drug use (Boy, 14) Drink and exercise for 15-17 year olds To help young kids stop taking drugs and stop drinking (Girl, 13) To try and get girls playing more sport and try and stop drinking in teens (Girl, 14) To help young drinkers/drug users (Girl, 14) Underage sex and drugs To stop young people from drinking and taking drugs (Boy, 15) To stop people from taking drugs (Boy, 14) More awareness for younger children about drugs and sex (Boy, 14)</p>	<p>Physical Activity: Exercise for 15-17 years in both genders (Girl) Drink and exercise for 15-17 year olds (Girl, 14) To encourage teens to engage in regular exercise and be more active (Boy, 14) To try and get girls playing more sport and try and stop drinking in teens (Girl, 14)</p>
	<p>Eating Habits: To make sure teenagers actually eat, a lot of them don’t (Girl, 15) To make sure teenagers eat breakfast (Girl)</p>
	<p>Sexual Health: Sexual health ages (Boy, 15) Underage sex and drugs Sexual health (Girl, 15) More awareness for younger children about drugs and sex (Boy, 14)</p>

Other: To stop all the bad things (Boy, 14); Promote them (Boy, 14); Promote them (Boy, 14)

A number of the quotes from the young people appear in two themes in keeping with the subject they deal with.

The participating young people also provided some general comments about the questionnaire layout, design and its contents. These opinions are displayed in table 4 below.

Table 4: General comments made by participants

- The report is 'nice to look at - colourful', and 'not too complicated'.
- The young people wondered why the data is displayed by different social classes.
- They were confused that girls report using condoms and boys report using the birth control pill.

They were surprised:

- that 10 year olds take drugs.
- that rates of alcohol consumption decreased (especially in 15 – 17 year olds).
- that there are lower rates of injuries among girls compared to boys.
- at the number of young people going to bed hungry.
- at the happiness data - surprised at how many 15-17 year olds are happy and agreed the younger ages are happier as they are more naive.
- that girls drink as much as boys.
- at the rates of girls smoking (ages 15-17) and discussed that this may be linked to decreased rates of exercise/sports – they don't care about sports so smoking is not such a concern for the girls.

Conclusions

The participating young people clearly articulated the findings they were most surprised by and interested in. They also identified youth health priorities they deemed important for the future as a result of the findings of the 2010 HBSC survey. Central themes emerged from the young people's opinions. They were most interested in the findings relating to substance use, physical activity in particular the low rates of exercise among youth, eating habits and bullying. The young people were most surprised by the findings relating to substance use in particular being really drunk, adolescent sexual behaviour and bullying. The young people identified health priorities including physical activity, substance use, sexual health, and eating habits.

In this workshop the participating young people were able to comprehensively identify what was interesting and surprising as well as the youth health priorities without hesitation. This illustrates that children, when they are asked, have many opinions on matters that affect them and have ability to participate with interest and provide valuable insight into their lives. The data followed a logical pattern with the identification of clear themes across the three questions they were asked.

The information and opinions the young people shared in this workshop are valuable and provide health promotion professionals with youth health priorities. The findings may be useful in providing priorities for the development of curricular resources and other materials related to child and adolescent health promotion.

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