

Relationships between the school environment and self-perceived health among young people in Ireland

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INTRODUCTION

The Ottawa Charter ⁽¹⁾ highlighted the effect the environment has on health; “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”. The school environment is one such place that has the potential to either enhance or diminish the health and well-being of young people. Evidence has shown that when adolescents feel cared for within their school, and feel part of their school, they are less likely to engage in violence, substance use and to initiate sexual activity at an early age. Further research has indicated that the relationship between the pupil and school environment may be causal; increasing levels of students’ sense of school ‘connectedness’ decreases health-risk behaviour, thus improving health ⁽²⁾.

OBJECTIVES

This study seeks to contribute to the evidence base on the importance of a positive school environment for young people’s health by exploring the relationships between the school environment and self-perceived health among school children in Ireland.

METHODS

Data for this study is based on the 2006 Irish Health Behaviour in School-aged Children (HBSC) survey, a World Health Organisation collaborative study. A nationally representative sample of children aged 10-17 years was recruited through schools across the country, in which questionnaires were distributed and completed anonymously in the classroom.

This data was used to examine the relationships between students’ perceptions of their school environment and their health. The following questions were used to assess this relationship;

‘Here are some statements about your school. Please show if you *agree* or *disagree* with each one:

- The students are treated too severely/strictly in this school
- The rules are fair in this school
- Our school is a nice place to be
- I feel I belong at this school
- I feel safe at this school’

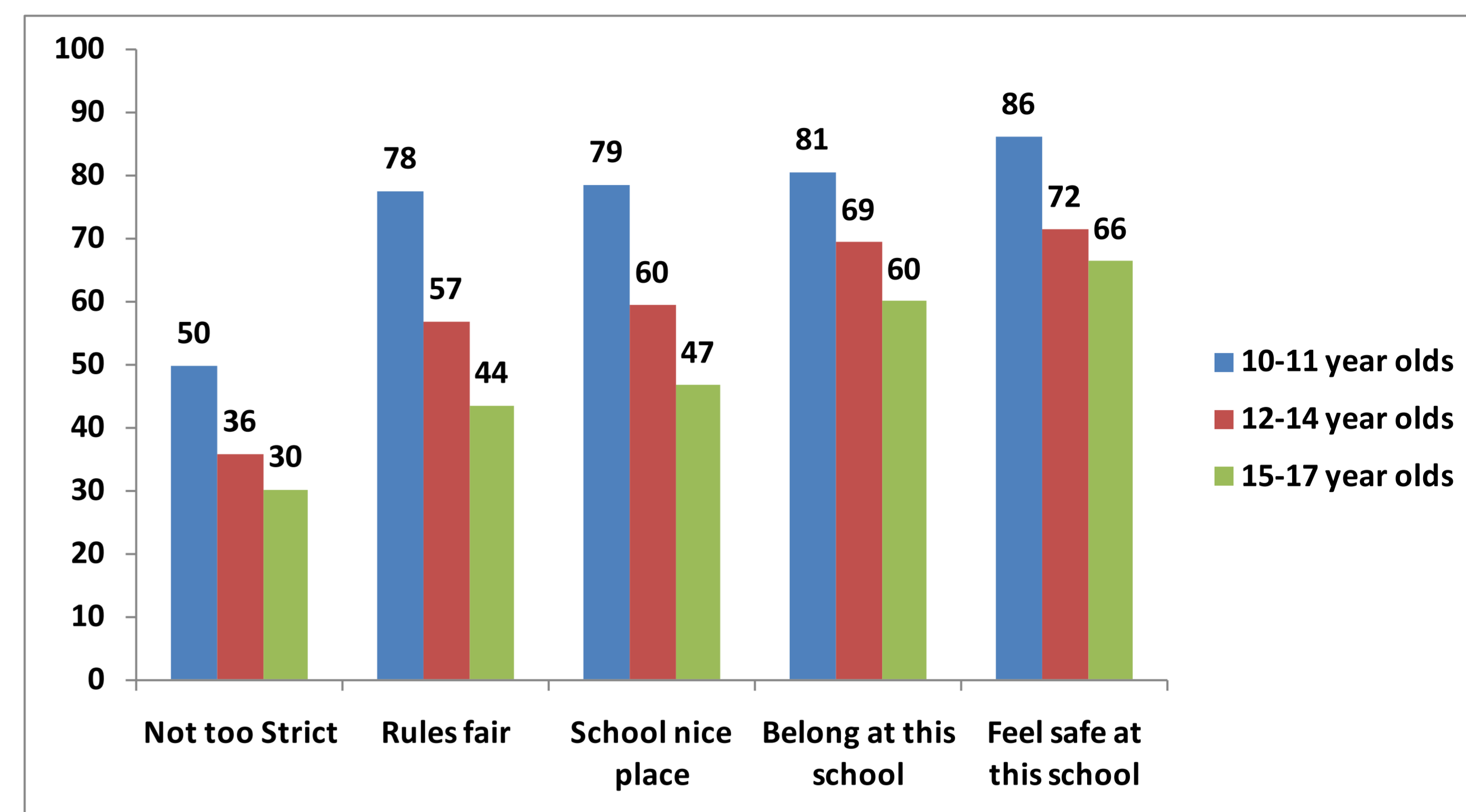
Figures are presented for students who agreed with the above statements, and for those who disagreed with the statement ‘the students are treated too severely/strictly’.

Students were asked ‘Would you say your health is...?’, with the response options: excellent, good, fair or poor. This variable was dichotomised as excellent versus not excellent.

Associations between the school environment and perceived health were expressed in odds ratios from logistic regression analysis in PASW 18 (Table 1). Data are presented for 10,151 school children in Ireland.

RESULTS

Figure 1: Perception (%) of school environment among school children in Ireland, by age



Overall, perceptions of a positive school environment decrease with age. Similarly, older children were less likely to report excellent health than younger children (40.4% of 10-11 year olds, 35.6% of 12-14 year olds and 28.2% of 15-17 year olds).

Table 1: Independent predictor of perceived excellent health among school children in Ireland aged 10-17 years

	Report Excellent Health	N
Students are not treated too severely/strictly	1.0	6634
Rules are fair in this school	1.08**	5536
School is a nice place to be	1.11***	5804
I feel I belong at this school	1.09*	6828
I feel safe at this school	1.0	7261

*** p<0.001; ** p<.01; * p<.05. Analysis were controlled for age.

Children were more likely to report excellent health if they reported; rules are fair, school is a nice place to be and feeling that they belong in the school, compared with those who disagree with these statements. The other variables measuring school environment in this study were not found to be significantly associated with reporting excellent health.

CONCLUSION

In this study, measures of the school environment were found to correlate positively with self-perceived health. Further work in Ireland is needed in this area, taking into account schools in Ireland that are committed to a Health Promoting School approach.

ACKNOWLEDGEMENTS

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