Key Policy Priorities for Girls' Health

Saoirse Nic Gabhainn, Colette Kelly and Aoife Gavin,
HBSC Ireland Research Team
Health Promotion Research Centre,
National University of Ireland Galway

April 2021

Rationale for including girls

- Girls deserve health and wellbeing in their own right, from a human rights perspective, as protected by international law
- Many health issues affecting women have their roots in girlhood, effective prevention and health promotion must commence during this developmental period
- The social and economic benefits of investing in girl's health is clear and evidence based.

Childhood and adolescence are critical developmental periods with unique challenges and opportunities to influence health and wellbeing (Inchley et al., 2020a). Investment in these life stages and support for these key formative years can provide better outcomes for children, with an ecological life-course approach recommended (Tomlinson et al., 2021). Investment is particularly important to address inequalities in health. The right to health and development for children and adolescents is central to the United Nations Convention on the Rights of the Child (United Nations, 1989).

Previous European Child and Adolescent Health Strategies (WHO, 2005 and 2014) and the forthcoming strategy[1] (up to 2030) builds on these commitments with the overarching goal of promoting healthier populations. Health outcomes for children and adolescents are good in Europe, including in Ireland, but there are discrepancies in health within countries, including between boys and girls, and between girls, especially for those with social and economic disadvantage. The cycle of disadvantage can be broken by addressing inequities during childhood and adolescence to enable children and young people to reach their full potential.

Key issues from policy

In this section we draw on the 2030 Agenda for sustainable development and specifically SDG3, SDG5 and SDG10 on health and wellbeing, gender equality and reducing health inequalities, the WHO Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 (WHO, 2016) the Irish National Strategy for Women and Girls 2017-2020 (Department of Justice and Equality, 2017), and the forthcoming European Strategy for Child and Adolescent Health.

[1] We have worked on this strategy with WHO Europe, including the provision of pan-European data, and leading the direct consultation with young people on their contributions to the strategy development process.

Principles and Priorities

Human-rights based approach, equity-driven, gender-responsive, life course approach, intersectoral action, and ensuring effective participation.

- Strengthening governance for women's health and well-being, with women and girls at the centre; Embed gender equality in decision-making
- Eliminating discriminatory values, norms and practices that affect the health and well-being of girls and women; Ensure visibility, equal and active citizenship, and leadership
- Tackling the impact of gender and social, economic, cultural and environmental determinants on the health and well-being of girls and women; Advance socio-economic equality
- Improving health system responses to the health and well-being of women and girls; Ensure cross-sectoral evidence based responses to documented priorities.

Key health issues for girls in Ireland

In this section we focus on differences between boys and girls, and further inequalities between girls based on their personal, family or social characteristics.

The findings reported here are drawn from our work on the fifty-country WHO collaborative study, Health Behaviour in School-aged Children (HBSC): primarily the 2020 Irish National Report (Költő et al., 2020); the 2020 International HBSC report (Inchley et al., 2020) and the Irish Trends report 1998-2018 (Gavin et al., 2021). All differences reported are statistically significant. Further information and all outputs from the HBSC Ireland study are available from www.nuigalway.ie/hbsc. Information on the international HBSC study can be found at www.hbsc.org.

The six summaries below reflect published findings from the HBSC study, presented by health outcomes for girls both positive and negative, health behaviours for girls both positive and negative and the social determinants of health for girls. More detailed tables are presented from page four. The Irish HBSC team operate a knowledge translation helpdesk to provide evidence to policy and decision-makers. Greater detail on the findings reported, methodologies employed, and analytic approaches, or further analyses of the existing datasets, can be requested by contacting us at hbsc@nuigalway.ie.

Summary of Positive Health Behaviours

Girls are less likely than boys to engage in physical activity, and there has only been a marginal improvement in this over time. Girls are less likely than boys to eat breakfast. Physical activity and breakfast eating are least common among girls with social or economic disadvantage. See table 1 below for more detail.

Summary of Negative Health Behaviours

Girls are more likely than boys to report being cyberbullied, being on a diet and eating sweets at least daily. Dieting, bullying and fighting are more frequent among girls with

social or economic disadvantage. Condom use among girls has decreased over time, while dieting has increased. See table 2 below for more detail.

Summary of Positive Health Outcomes

Girls are less likely than boys to report high life satisfaction, self-reported happiness, self-rated health and good mental health. There is evidence of a reduction over time in the wellbeing of girls. Girls living with social economic disadvantage have lower wellbeing. See table 3 below for more detail.

Summary of Negative Health Outcomes

Girls are more likely than boys to report frequent somatic and psychological symptoms. There is evidence of increases over time in symptoms. Girls living with social or economic disadvantage report more frequent symptoms. Girls are more likely than boys to report that they are too fat, and this is even more common in girls from low affluent families. Some sub-groups of girls also report elevated rates of medically attended injuries. See table 4 below for more detail.

Summary of the Social Determinants of Health

Girls are more likely than boys to report intense and problematic social media use, high levels of pressure from schoolwork, and feeling discriminated against on the basis of being a girl and due to their age. Girls are less likely than boys to find it easy to talk to their fathers, to feel safe in the area that they live or feel they can ask neighbours for help. Schoolwork pressure has increased over time, while feeling safe and asking neighbours for help has reduced. Girls living with social or economic disadvantage report fewer close friends, less ease of communication with friends and parents, more intense social media use, and are less likely to like school or feel supported or accepted by their classmates. See table 5 below for more detail.

Table 1. Positive Health Outcomes

Issue	Pattern	Some girls at more risk than others	Source
Life satisfaction	Girls have lower life satisfaction than boys; Life satisfaction in girls has decreased between 2002 and 2018	Girls from low affluence families and lower social class groups have lower life satisfaction than those from higher affluence and higher social class families; Girls from the Traveller community report lower life satisfaction than their peers	Költő et al. (2020) Molcho et al. (2008)
Self-rated health	Girls have lower self-rated health than boys	Girls from low affluence and lower social class families have lower self-rated health than those from higher affluence and higher social class families	Költő et al. (2020) Inchley et al. (2020b)
Mental health	Girls have poorer mental wellbeing than boys as assessed by the Mental Health Inventory and by the WHO-5	Girls from lower social class families have poorer mental wellbeing than those from higher social class families	Költő et al. (2020)
Self-reported happiness	Girls have lower rates of self-reported happiness than boys. Happiness in girls has decreased between 1998 and 2018	Girls from immigrant families have lower rates of self-reported health than their peers.	Költő et al. (2020) Molcho et al. (2008)

Table 2. Negative Health Outcomes

Issue	Pattern	Some girls at more risk than others	Source
Symptoms	Headache, stomach-ache, sleep difficulties, feeling nervous, feeling low, feeling irritable and feeling dizzy are all more frequent among girls than among boys by age 15; Frequent headaches and feeling low is higher for girls in 2018 than in 1998	Girls from the Traveller community, immigrant families, and DEIS schools report more frequent headaches than their peers; Girls from low affluence families are more likely to report 2+ symptoms per week than those from higher affluence families	Inchley et al. (2020b) Molcho et al. (2008)
Feeling fat	Girls are more likely than boys to report that they are too fat at ages 11, 13 and 15	Girls from low affluence families are more likely to report that they are too fat than those from higher affluence families	Inchley et al. (2020b)
Injuries	Girls are less likely to be injured requiring medical attention than boys	Girls who live with a disability or chronic illness are more likely than other girls to have been injured requiring medical attention; Girls from low affluence families are more likely to be injured requiring medical attention than those from higher affluence families	Inchley et al. (2020b) Molcho et al. (2008)

Table 3. Positive Health Behaviours

Issue	Pattern	Some girls at more risk than others	Source
Physical Activity	Girls report less frequent moderate and vigorous physical activity than boys; Physical activity among girls has increased only marginally between 1998 and 2018	Girls from low affluence and lower social class families are less likely to report that frequently engage in physical activity than those from higher affluence or higher social class families	Inchley et al. (2020b) Költő et al. (2020) Gavin et al. (2021)
Eating Breakfast	Girls are less likely to report eating breakfast than boys	Girls from low affluence and lower social class families are less likely to report eating breakfast, than those from higher affluence or higher social class families; Girls from the Traveller community, those from immigrant families and those in DEIS schools are less likely to report eating breakfast than their peers	Költő et al. (2020) Molcho et al. (2008) Inchley et al. (2020b)

Table 4. Negative Health Behaviours

Issue	Pattern	Some girls at more risk than others	Source
Cyberbullying	Girls are more likely than boys to be cyberbullied	Girls from low affluence and lower social class families are more likely to report that they are cyberbullied than those from higher affluence or higher social class families	Inchley et al. (2020b) Költő et al. (2020)
Bullying		Girls from the Traveller community, and those who live with a disability or chronic illness report higher levels of traditional face-to-face bullying than their peers	Molcho et al. (2008)
Fighting		Girls who live with a disability or chronic illness and those attending DEIS schools are more likely than other girls to be involved in a physical fight	Molcho et al. (2008)
Condom use	In 2018 fewer girls report condom use at last intercourse than in 2010 or 2014.		Gavin et al. (2021)
Dieting or doing something else to lose weight	Girls are more likely to reporting being on a diet than boys; Girls being on a diet has increased over time between 2002 and 2018, especially among younger girls	Girls from lower social class families are less likely to report dieting than those from higher social families; Girls from the Traveller community, from immigrant families, and those with a disability or chronic illness are more likely to report dieting than their peers	Inchley et al. (2020b) Költő et al. (2020) Gavin et al. (2021) Molcho et al. (2008)
Sweets	Girls are more likely than boys to eat sweets daily or more frequently		Költő et al. (2020)

Table 5. Social Determinants of Health

Issue	Pattern	Some girls at more risk than others	Source
Friends		Girls from the Traveller community and from immigrant families, and those with a disability or chronic illness are less likely to have 3+ friends of the same sex than their peers; Girls from low affluence families are less likely to find it easy to talk to their peers about things that really bother them than those from higher affluence families	Molcho et al. (2008) Inchley et al. (2020b)
Social Media	Girls report higher intensity of social media use than boys at age 13 and 15; Girls report higher levels of problematic social media use than boys at ages 11 and 13	Girls from low affluence and low social class families report higher intensity social media use than those from higher affluence and social class families.	Inchley et al. (2020b) Költő et al. (2020)
Families	Girls are less likely than boys to find it easy to talk to their fathers about things that really bother them at ages 11, 13 and 15	Girls from low affluence families are less likely to report that it is easy to talk to their fathers and their mothers about things that really bother them than those from higher affluence families	Inchley et al. (2020b)
School	At age 15, girls are more likely than boys to report being pressured by schoolwork; There have been substantial increases in schoolwork pressure reported by girls between 1998 and 2018.	Girls from the Traveller community and from immigrant families, and those with a disability or chronic illness are less likely to like school or feel accepted by other students than their peers; Girls from low affluence families are less likely to report that they like school, or feel supported by classmates, than those from higher affluence families.	Gavin et al. (2021) Molcho et al. (2008) Inchley et al. (2020b)
Safety	Girls are less likely to feel safe in the area that they live than boys; Fewer girls report that they feel safe in their local area in 2002 than in 2018		Gavin et al. (2021)
Neighbours	There have been reductions in the proportion of girls who report they can ask neighbours for help between 2002 and 2018		Gavin et al. (2021)
Discrimination	Girls are more likely than boys to report being discriminated against on the basis of being a girl or a boy, and on the basis of their age		Walker et al. (forthcoming, 2021)

References

Department of Justice and Equality (2017). *Irish National Strategy for Women and Girls 2017-2020: Creating a Better Society for All.* Dublin: Department of Justice and Equality. download

Gavin, A., Költő, A., Kelly, C., Molcho, M., & Nic Gabhainn, S. (2021). *Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2018: findings from the Irish Health Behaviour in School-aged Children Study.* Dublin: Department of Health. download

Inchley, J., Currie, D., Budisavljevic, S., Torsheim, T., Jåstad, A., Alina Cosma, A., Kelly, C., Arnarsson, A.M., & Samdal, S. (2020b). *Spotlight on Adolescent Health and Well-being. Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report. Volume 2. Key data*. Copenhagen: World Health Organization Regional Office for Europe. download

Inchley, J.C., Stevens G.W.J.M, Samdal, O., & Currie, D.B. (2020). Enhancing understanding of adolescent health and well-Being: the Health Behaviour in School-aged Children study. *Journal of Adolescent Health, 66*, s3-s5. download

Költő, A., Gavin, A., Molcho, M., Kelly, C., Walker, L., & Nic Gabhainn, S. (2020). *The Irish Health Behaviour in School-aged Children (HBSC) Study 2018.* Dublin: Department of Health. download

Molcho, M., Kelly, C., Gavin, A., & Nic Gabhainn, S. (2008). *Inequalities in health among school-aged children in Ireland.* Dublin: Department of Health and Children. download

Tomlinson, M., Hunt, X., Daelmans, B., Rollins, N., Ross, D., & Oberklaid, F. (2021). Optimising child and adolescent health and development through an integrated ecological life course approach. *British Medical Journal,* 2021; 372. download

United Nations (1989) *Convention on the Rights of the Child.* Geneva: United Nations. download

United Nations (2015). *Transforming our world: the 2030 Agenda for Sustainable Development.* Geneva: United Nations. download

Walker, L., Gavin, A., Költő, A., Kelly, C., Molcho, M., & Nic Gabhainn, S. (2021). *HBSC Ireland 2018 full variable report: Socio-demographic pattern in health outcomes, behaviours and the social contexts of health.* Galway: Health Promotion Research Centre, NUI Galway. (with accompanying interactive data visuals, available at: http://www.nuigalway.ie/hbsc/hbscireland/2018study/)

World Health Organization (2005). *European Strategy for Child and Adolescent Health.* Copenhagen: World Health Organization. download

World Health Organization (2014). *Investing in Children: The European Child and Adolescent Health Strategy 2015-2020.* Copenhagen: World Health Organization. download

World Health Organization (2016). *Global Strategy for Women's, Children's and Adolescents' Health 2016–2030: Survive, Thrive, Transform.* Geneva: World Health Organization. download