

The Health Behaviour of School Children in Northern Ireland

A report on the 1997/98 survey



**The Health Promotion Agency
for Northern Ireland**

A World Health Organisation collaborative study

Foreword

Health is a resource for everyday life. It includes physical, social and emotional wellbeing and doesn't mean just the absence of disease.

Health promotion with young people is about personal development and change. This occurs in the family, school and peer group setting. It is about developing the capacity - the knowledge, skills and confidence - to make decisions about life and about health issues especially.

Research into young people's health and health behaviours and the factors that influence them is essential for the development of effective health promotion policy, programmes and practice targeted at young people.

The influence of the family, school and peers, and the relationships which develop in these settings need to be explored, as does the socioeconomic environment in which young people grow up.

This study contains important information on which all those interested and involved in promoting young people's health can base their activities and interventions. It can also point us to the key areas for action and help us measure our effectiveness.



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1 Introduction

1.1 Background

The Health Behaviour of School Children (HBSC) survey is a unique cross-national research study conducted in collaboration with the European Region of the World Health Organisation (WHO). The study began in 1982 with just three countries taking part. Northern Ireland became associated with the study in 1992 with the administration of the 1989/1990 questionnaire to over 3,000 young people. The 1993/1994 survey involved nearly 4,000 young people in Northern Ireland and in 1997/1998 6,589 young people took part. Twenty-six European countries now participate in the study, as well as the USA and Canada. The HBSC study aims to gain new insight into, and increase understanding of, health behaviours and lifestyles and their context in young people's lives. It also aims to influence health promotion policy and practice, and to facilitate the networking of research information and expertise.

1.2 The survey

The surveys are conducted in the school setting and involve the children completing a questionnaire, which comprises three parts:

- core questions, which are included in every study;
- focus questions on particular topics, which are unique to that year's study;
- national questions, which can be added to the survey in individual countries to explore issues of particular interest to that country.

The 1997/1998 survey gathered information on:

- demographic characteristics;
- behaviour questions relating to a number of areas, including smoking, drinking, psycho-social aspects of health and the school environment.

A limited number of countries (including Northern Ireland) asked additional questions to examine young people's sexual behaviour and the Northern Ireland survey also asked about young people's knowledge and experience of drugs.

1.3 The sample

The target population for the study is children within 6 months of three ages: 11 years 6 months, 13 years 6 months, and 15 years 6 months. The sample of young people involved in the study was selected as being representative of the general school population of Northern Ireland. Schools were randomly selected from a stratified sample. From each school, classes of pupils within the required age range were again randomly selected for inclusion. Table 1 shows the breakdown of the sample by gender and school year.

Table 1: Gender/school year breakdown of survey population

School year	Boys		Girls	
	Frequency	% of sample	Frequency	% of sample
Primary 7	484	7.4	483	7.3
Year 8	624	9.5	518	7.9
Year 9	698	10.6	554	8.4
Year 10	607	9.2	513	7.8
Year 11	582	8.8	504	7.7
Year 12	523	7.9	484	7.4
Total	3,518	53.4	3,056	46.5

1.4 The report

This report presents an overview of the key findings of the survey internationally and a summary of the results from the study in Northern Ireland. The topics covered include:

- smoking habits;
- use of alcohol;
- drug use;
- sexual behaviour;
- attitudes towards school.

In addition, the report explores the inter-relationships between these behaviours and the relationship between these and other factors, such as socioeconomic status.

2 Findings from the international study

This chapter summarises some of the key findings from the WHO report on the cross-national HBSC survey, focusing on those that are particularly relevant to Northern Ireland. Subsequent chapters will explore individual health behaviours in Northern Ireland in more detail. To allow comparisons between countries, the WHO carries out its analysis of the HBSC data by age group, whereas in Northern Ireland both the sample and the analysis are more suited to consideration by school year. Tobacco and alcohol use are treated together in the WHO document under the heading 'substance use'. These, along with drug use, are reported separately for Northern Ireland later in this document.

2.1 General health and wellbeing

As in the last HBSC survey, most students in the 1997/1998 survey consider themselves healthy, with slightly more boys than girls claiming to feel 'very' or 'quite healthy' across all participating countries. However, students from Northern Ireland, along with those in Wales, Estonia, and the United States, are less positive about their health than their counterparts in many other countries.

The vast majority of students also report feeling happy, although percentages are not as high as those for feeling healthy. Scandinavia reports the highest levels of positive feelings, followed by other northern European countries including England, Northern Ireland and Ireland.

Adolescents commonly experience symptoms such as headaches or stomach aches, but an increase in such minor physical symptoms can be associated with distress or anxiety. Medication use for headaches in young adolescents is extremely common and in seven survey countries - the United States, Scotland, Wales, England, Canada, Finland and Northern Ireland - half of all children report using such medication at least monthly, and levels are higher in girls than boys.

While young people commonly experience symptoms such as headache or stomach ache, they would not appear to equate these symptoms with poor health.

2.2 Family relations

The family environment plays a major part in forming many health behaviours and attitudes in adolescence and adulthood. This holds true particularly for lifestyle-related habits in hygiene, nutrition and physical activity, but is also important for communication skills and social attitudes and behaviours. The HBSC study includes variables that explore the make-up of families and the quality of communication within them.

In almost half the countries, 10% or more of children live with a step-parent, reflecting the pattern in many industrialised countries where divorce rates are growing, and single-parent families are also becoming more prevalent.

In general, young people said they found it easier to talk to their mothers than their fathers - they see their mothers as more 'approachable', and therefore mothers may play a more substantial role in helping children with their problems. However, in Northern Ireland, boys in all age groups also report difficulties in talking to their mothers.

This is important, as the study shows that poor family communication is associated both with regular smoking and with more frequent consumption of alcohol. Both these associations are stronger for girls than for boys.

2.3 Peer groups

One of the most important factors in predicting risk behaviour in adolescents is the influence of their peer group. This influence consists of a communication process in which group rules and habits are exchanged, and was measured in the HBSC study by asking students how often they met their friends after school and how easy they found it to make friends.

Family and peer relations may be connected in one of two ways: communication skills acquired in the family may facilitate the making of friends, or, on the other hand, a high degree of conflict with parents may drive young people into the peer group. While in younger children, involvement in a peer group is associated with improved communication skills, in the 13 and 15 year old age groups, peer influence is associated with an increased tendency toward risk behaviours, such as smoking cigarettes, and drinking alcohol in general or to excess.

2.4 School life

Individual perceptions of school were only moderately associated with risk factors such as smoking, physical activity, perceived health and quality of life. However, students who did not feel involved in school or feel they had support from their teachers were more likely to orient themselves away from school and to start smoking.

There was a particularly strong association between the perceived level of support from fellow students and 'quality of life', indicating that social relationships are essential to feeling good and feeling healthy.

2.5 Socioeconomic status

Only the 15 year old age group was used for this analysis, since many risk behaviours are more prevalent, and more likely to be established, in this group.

Three indices of family material affluence were selected as indicators of consumption and material deprivation: household car ownership, bedroom sharing and holidays. These were then used to develop an indicator of subjective family wealth.

On this basis, in most countries, increased family affluence (material wealth) is consistently associated with positive health behaviours such as taking more regular exercise and eating more fruit. In most countries, perceived health, happiness with life and self-confidence were related to increased family affluence, while a greater incidence of daily symptoms of some description and feelings of helplessness were associated with lower family affluence.

The health and wellbeing indicators are most consistently related to measures of family wealth. Greater wealth is associated with subjective happiness and feeling confident in all countries.

Smoking and drinking among 15 year olds are not particularly linked to the socioeconomic status of the family. This behaviour is influenced more strongly by other factors relating to individual characteristics and the social environment. In contrast, there is evidence of a moderately consistent pattern relating socioeconomic status with physical activity and fruit consumption, both of which confer health benefits in the short and longer term. These results indicate that greater family wealth confers greater life chances.

2.6 Physical activity

Physical activity is known to prevent heart and other cardiovascular diseases, to promote mental health, and to enhance self-esteem and confidence in young people. The HBSC survey asked young people how often they took vigorous exercise and for how long.

Comparisons across the participating countries must be interpreted with caution due to seasonal differences in the types of activity available to young people. However, in general, regular exercise is more common among boys than girls, and young people tend to take less exercise as they get older, especially girls. In all age groups, boys and girls in Northern Ireland are among those who exercise most regularly, with 50% of boys reporting exercising twice a week or more. Although the level of regular exercise declines among 15 year old girls in Northern Ireland, they still report one of the highest levels recorded for their age and gender.

2.7 Nutrition

The eating habits which are established in childhood can have a significant impact on health in later life and, on this basis, there is cause for concern over the diets of young people in Northern Ireland. While students in Northern Ireland rank highly for daily consumption of cooked vegetables and low fat milk, they also consume the highest levels of crisps, sweets and chocolate, and among the highest for chips or fried potatoes, and soft drinks.



2.8 Tobacco and alcohol use

The most disturbing finding of the survey is the increase in smoking across all age groups, for both genders, in all the participating countries. Despite public health strategies aimed at reducing tobacco use, more children are starting to smoke earlier than in the last survey. Evidently, legislation that attempts to control the availability of cigarettes to young people is either not fully enforced or ineffective.

Countries with low levels of experimentation at age 11 tend to report the lowest levels at ages 13 and 15 also. Substantial increases occur in both daily and weekly smoking between 13 and 15. These findings are significant for the timing of health promotion measures aimed at reducing smoking levels among the young.

Reported weekly smoking levels are highest among 15 year olds, with the mean number of cigarettes consumed varying from 8 cigarettes per week in France to 30 or more in Greece, Greenland, Northern Ireland, Scotland and Wales. In more than half of countries, including Northern Ireland, 15 year old girls report higher levels of daily smoking than boys.

Drinking and smoking behaviour appear to be closely linked. Students who abstain from alcohol are more likely never to have tried smoking; conversely, those who drink frequently are likely also to be frequent smokers.

In general, abstinence levels for girls exceed those of boys, although by age 15, drinking levels among boys and girls in Northern Ireland are almost equal. In contrast, at this age girls are more than twice as likely as boys to be smoking daily.

The study also asked students about excessive drinking or getting drunk. In all age groups, the incidence of drunkenness in Northern Ireland, England, Scotland and Wales is consistently high. There is a clear geographical pattern, with students from the Mediterranean regions reporting low levels of drunkenness in contrast to those from the UK - over 20% of 15 year olds from Northern Ireland and Wales have been drunk more than 10 times. Boys appear more likely to have been drunk repeatedly than girls. In a number of countries, including Northern Ireland, the incidence of drunkenness has increased since the last HBSC survey, indicating a rise in the prevalence of 'binge drinking'.

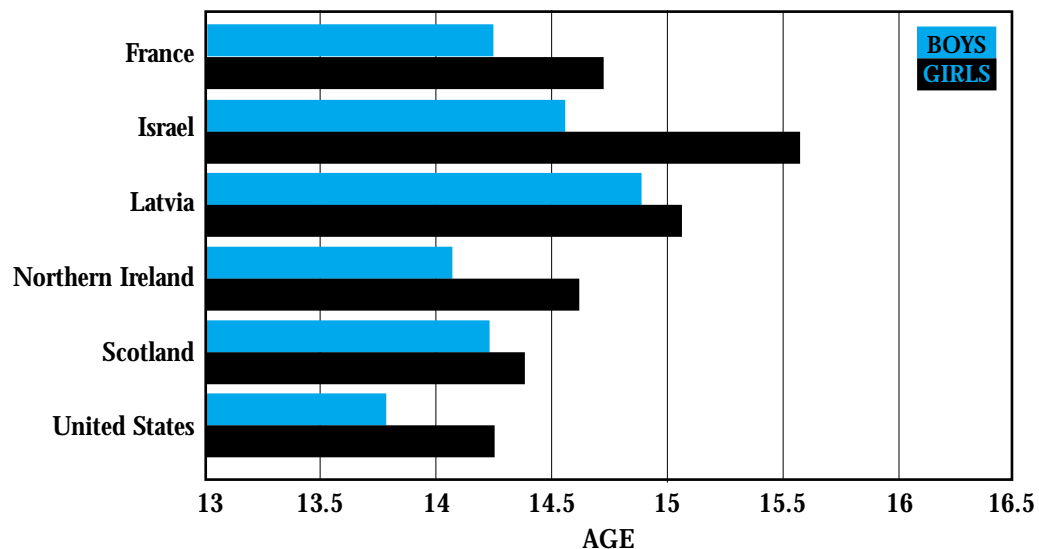
School and peer factors seem to be closely related to drinking and smoking behaviours, particularly among older children. Those students who spend a lot of time with their friends outside school are likely to smoke and drink more frequently, as are those who dislike school. These associations are strongest among 13 and 15 year olds.

2.9 Sexual behaviour

Because it has always been felt that this is a difficult or controversial area to explore with young people, few data have been available about adolescent sexual behaviour across countries. In the 1997/1998 HBSC survey, questions relating to sexual behaviour were asked in only a small number of countries and, in some cases, only 15 year olds were asked these questions.

Boys and girls in Northern Ireland, along with those in Scotland and the United States, show no real differences in terms of their experience of sexual intercourse. Those who engage in early first intercourse are thought to be at greater risk of having unprotected sex and therefore of unintended pregnancy and sexually transmitted infections. Figure 1 shows the mean age of first sexual experience in the six countries where this question was included.

Figure 1: Mean age of sexual initiation



More boys than girls reported the use of condoms, except in Northern Ireland.

2.10 Conclusion

While young adolescents commonly experience headache, stomach ache and backache, they do not seem to equate the presence of such symptoms with poor health. They are however increasingly using medication to deal with these symptoms.

The increase in tobacco use among young people, particularly girls, is a worrying development, as is the apparent increase in the incidence of 'binge drinking' in a number of countries (including Northern Ireland).

There is a range of characteristics associated with young people being more likely to experiment with cigarettes and alcohol, and to continue



using them regularly. These are the areas where we should concentrate our efforts when attempting to tackle these issues. The study also reveals the strength of the associations between smoking and drinking alcohol. Students who smoke frequently use alcohol frequently, while those who abstain from alcohol are less likely to smoke.

The interaction of family problems, negative moods and the influence of the peer group is seen as a strong predictor of the use of tobacco and alcohol. The data show a direct association between smoking and difficulties in talking to parents.

Results indicate that health behaviour and wellbeing indicators vary with affluence such that young people from wealthier families engage in more health-enhancing activities and have better levels of wellbeing than their less well-off counterparts.

The observed relationships between students' perceptions of school and their smoking behaviour, physical activity, perceived health and subjective wellbeing imply that more attention should be given to the effects of school on adolescent health.

A detailed report on the international findings is available in *Health and Health Behaviour Among Young People*, the first publication in the WHO's Health Policy for Children and Adolescents series. The chapters that follow relate solely to the data collected from young people in Northern Ireland.

3 Young people and smoking

Smoking is a major cause of illness and death, and most smokers acquire the habit at a very young age. This chapter details the ages at which boys and girls are beginning to smoke and the differences in patterns of smoking behaviour between the sexes.

3.1 Early smoking experience

From the sample of 6,589 young people, 2,738 (41.6% of the survey group) admitted to having tried smoking at least once. This group comprised slightly more boys than girls (51.4%). The average age at which young people tried their first cigarette was 11 for boys and 11^{1/2} for girls.

Of those who had tried smoking, 84.7% of boys and 86.9% of girls reported having their first cigarette by the time they were 13, although more boys than girls (34.7% compared with 21%) reported having their first cigarette by the age of 10. The survey also showed that the majority of those who had tried smoking (64%) got their first cigarette from a friend or someone of their own age and that most (54%) had their first smoking experience outdoors.

3.2 Current smoking prevalence

Out of the entire sample, 18.5% are currently smokers. More girls than boys are smokers (16.7% of boys compared with 20.6% of girls). However this figure does not reflect the dramatic increases in smoking prevalence as young people move through the school years. Table 2 shows in greater detail the pattern of smoking among boys and girls in each specific year group. It also shows the proportion of boys and girls in each year group who are current smokers and regular smokers.

Table 2: Patterns of smoking by age and gender

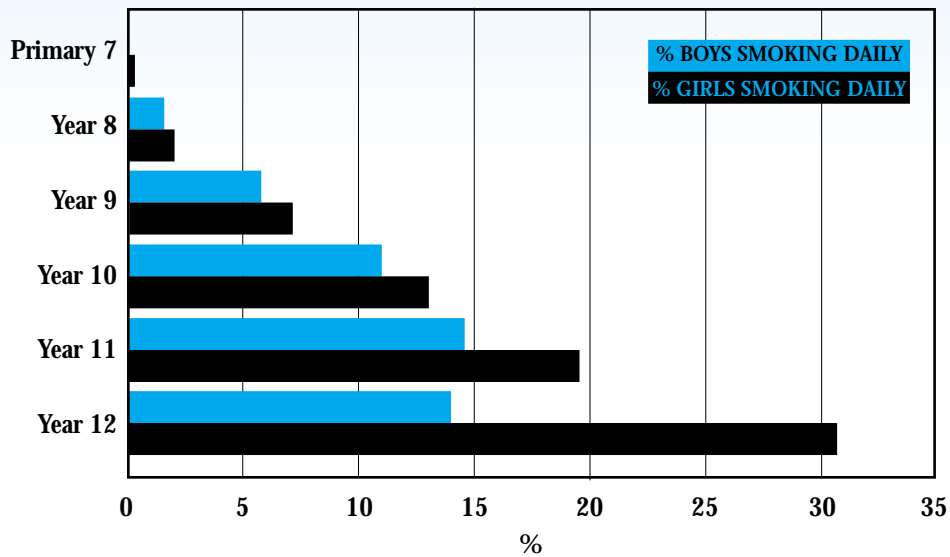
School year	Boys		Girls	
	% current smokers	% regular smokers (at least weekly)	% current smokers	% regular smokers (at least weekly)
Primary 7	5.6	2.3	3.1	1.0
Year 8	8.8	5.0	7.1	3.9
Year 9	15.9	9.7	16.6	12.6
Year 10	21.1	15.7	24.4	17.3
Year 11	24.2	19.4	33.3	25.6
Year 12	23.7	18.4	39.5	33.9

Note: A regular smoker is someone who smokes at least weekly, and an occasional smoker is someone who smokes less than once a week. Current smokers include both regular and occasional smokers.



Of more concern are the numbers of young people, especially girls, who admit to smoking every day. Figure 2 shows the proportion of girls and boys in each year who smoke daily.

Figure 2: Patterns of daily smoking



Those who smoked at least weekly were asked how many cigarettes on average they consumed. Figure 3 shows the average number of cigarettes smoked per week by those young people who smoke regularly, and Figure 4 shows the weekly consumption of those who smoke daily.

Figure 3: Average weekly cigarette consumption for regular smokers

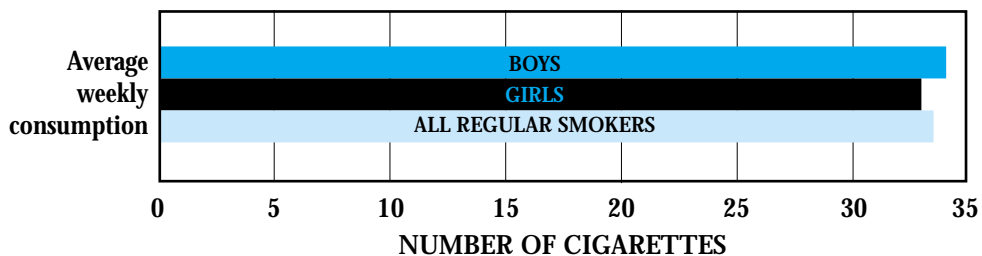
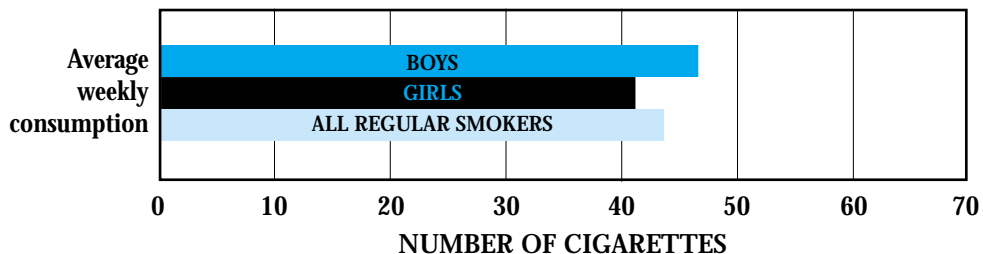


Figure 4: Average weekly cigarette consumption for daily smokers



The survey demonstrates that boys are likely to experiment with cigarettes at an earlier age than girls, but that from Year 9 onwards, more girls than boys are smoking. Between Year 11 and Year 12, the number of boys smoking begins to fall, while the number of girls smoking continues to increase, with almost 40% of girls smoking in Year 12. The survey also shows that, as they grow older, a greater proportion of girls is smoking regularly compared with boys. In Year 12, 30.6% of girls smoke every day - more than double the number of boys (14.3%). There is little difference in the number of cigarettes smoked weekly by boys or girls who are regular smokers, but although more girls than boys are daily smokers, the boys who smoke daily appear to smoke more heavily than the girls.



4 Young people and alcohol

Adult drinking patterns in Northern Ireland show relatively high levels of abstinence, but at the other end of the scale, 'binge drinking' is also common. Regular heavy drinking increases the risk of cardiovascular disease, cirrhosis and cancer of the liver, some other types of cancer, and may also depress the immune system. If this adult trend is reflected in young people's drinking habits, the cost to their health in later life could be high. This chapter examines what proportion of young people drink, how often they drink, and the reasons they give for drinking.

4.1 Early drinking experiences

Seventy-four percent of the survey group had tasted alcohol of some type. This group comprised more boys than girls.

Of this group, 83.3% of boys and 80% of girls had tasted alcohol by the time they were 13 years old. The largest number (31.7%) got their first alcoholic drink from a friend, or from a parent (28.3%). For most young people, their first experience of alcohol occurred at home (35.2%), or out in the street (19.3%).

4.2 Current alcohol consumption

The survey asked all those who had tasted alcohol about their current drinking behaviour. This is shown in Figure 5 as a percentage of the entire sample, and in Figure 6 as a percentage of those who said they had tasted alcohol.

Figure 5: Current drinking behaviour for the whole sample

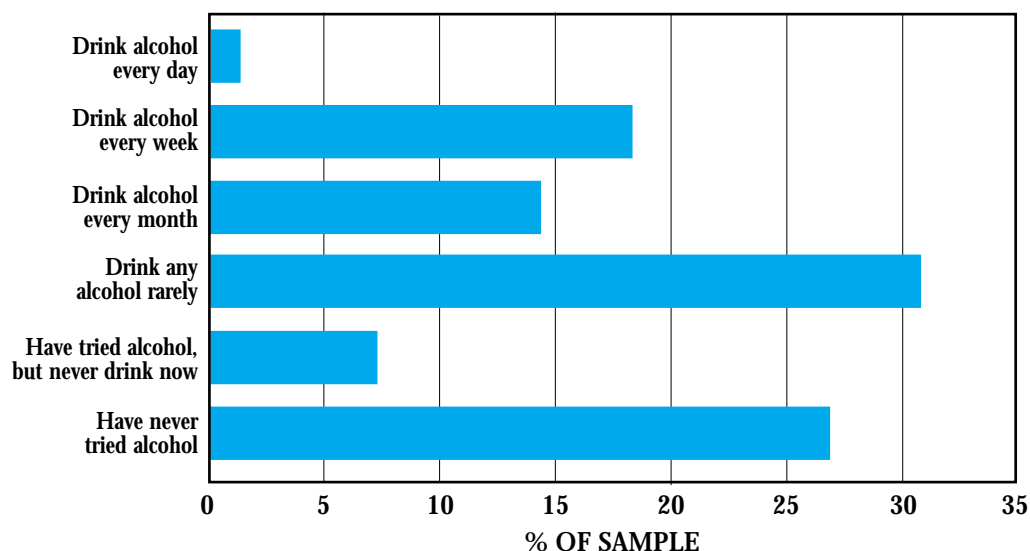
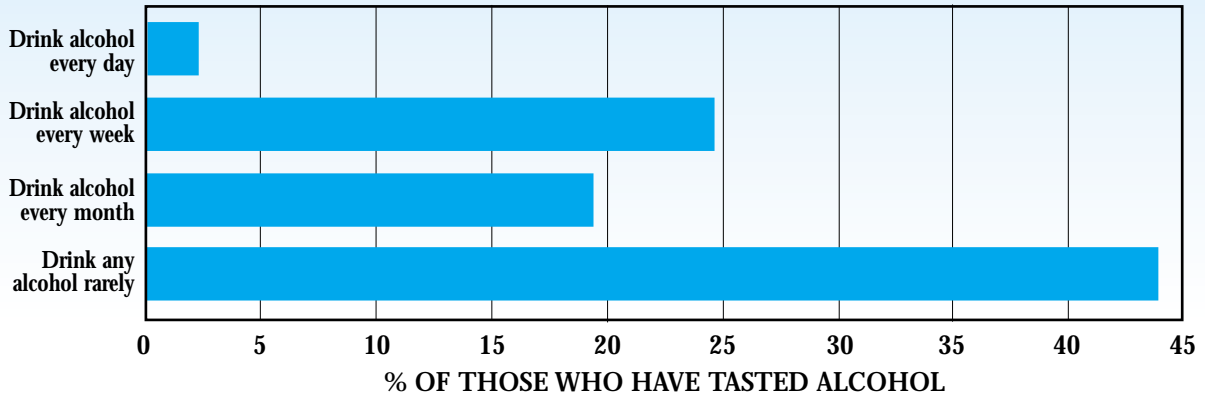


Figure 6: Current drinking behaviour for those who have tasted alcohol



4.3 Drinking types

From the information on current consumption it is possible to identify those young people who could be described as regular drinkers, ie those who drink alcohol at least monthly. Almost half (46.9%) of those who have tasted alcohol are currently regular drinkers (ie drink at least monthly). This is 34.3% of the total sample, while 34.9% of the total sample could be described as non-drinkers.

Table 3 provides a more detailed look at the drinking patterns of regular drinkers, divided into weekly and monthly drinking by year group and gender.

Table 3: Regular drinkers by age and gender

School year	Weekly drinking		Monthly drinking	
	% of boys who drink weekly	% of girls who drink weekly	% of boys who drink monthly	% of girls who drink monthly
Primary 7	5.6	2.5	5.6	4.3
Year 8	10.3	2.7	7.7	4.0
Year 9	18.1	10.6	13.5	9.0
Year 10	23.9	18.5	16.0	20.3
Year 11	32.9	24.0	19.4	24.2
Year 12	43.6	39.9	21.4	23.3

Table 3 shows that 5.6% of all Primary 7 boys drink at least weekly compared to 43.6% of Year 12 boys who drink at least weekly. There is a steady increase in the proportion of boys who drink at least weekly as they grow older, whereas with girls, there appears to be a significant increase between Years 8 and 9 and again between Years 11 and 12, so that by Year 12 there is no great difference in the proportion of boys and girls who are drinking at least weekly.

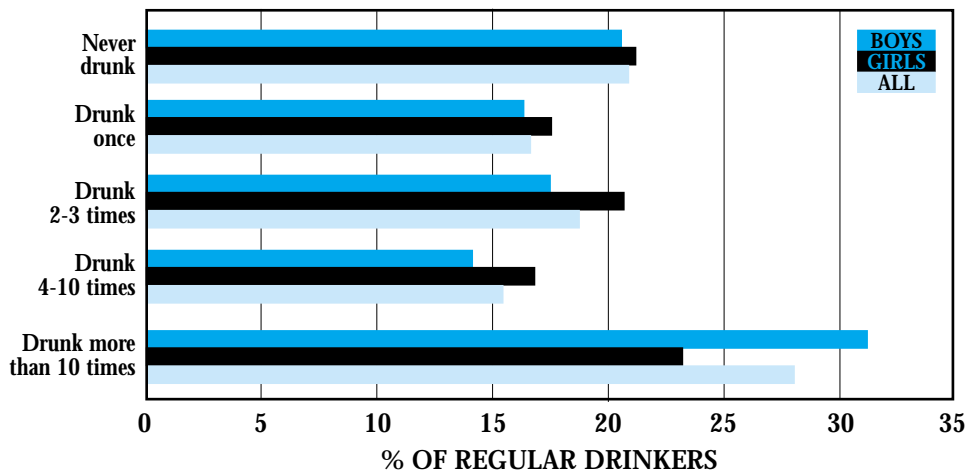
4.4 Type of alcohol consumed

Alcopops were the most frequently mentioned drink, with 20% of the survey group reporting that they drink these at least monthly, and 18.2% drinking beer or lager. Seventy-four percent of beer drinkers are boys, whereas alcopop drinkers comprise equal numbers of boys and girls.

4.5 Excessive drinking

All those who had tasted alcohol were asked if they had ever been drunk. Figure 7 shows how often regular drinkers (those who drink at least monthly) said they had been drunk.

Figure 7: Incidence of drunkenness among regular drinkers



That is to say, 31.5% of those boys who drink regularly reported being drunk more than 10 times. The figure for girls is 23.2%. Just over one fifth (20.7%) of this group said they had never been drunk.

4.6 Reasons for drinking

When asked to choose reasons for drinking from a list provided, both boys and girls most commonly cited 'to celebrate' followed by 'like the taste' (selected by 83% of boys and 87.3% of girls). Whereas there were essentially no gender differences for 'to feel relaxed' (63.3% boys, 62.9% girls) and 'to be sociable' (49.9% boys, 51.9% girls), there was a marked gender difference for 'to be confident', with 65.3% of girls choosing this compared with only 28.2% of boys. It is also noticeable that 57.7% of boys and 49.8% of girls said they drank to get drunk, and 69.3% of boys and 73% of girls said drinking alcohol cheers them up. One other gender difference was apparent for the reason 'to escape problems', with 30.5% of girls choosing this compared to just 16.5% of boys.

When the regular drinkers are considered by year group, most of the reasons given show an increase with age, while some reasons, such as 'to find out what it's like', go down. There is a big increase with age in the percentage of young people who say they drink to get drunk. In general, it is the psycho-social reasons such as 'to be confident' and 'to be sociable' that increase with age.

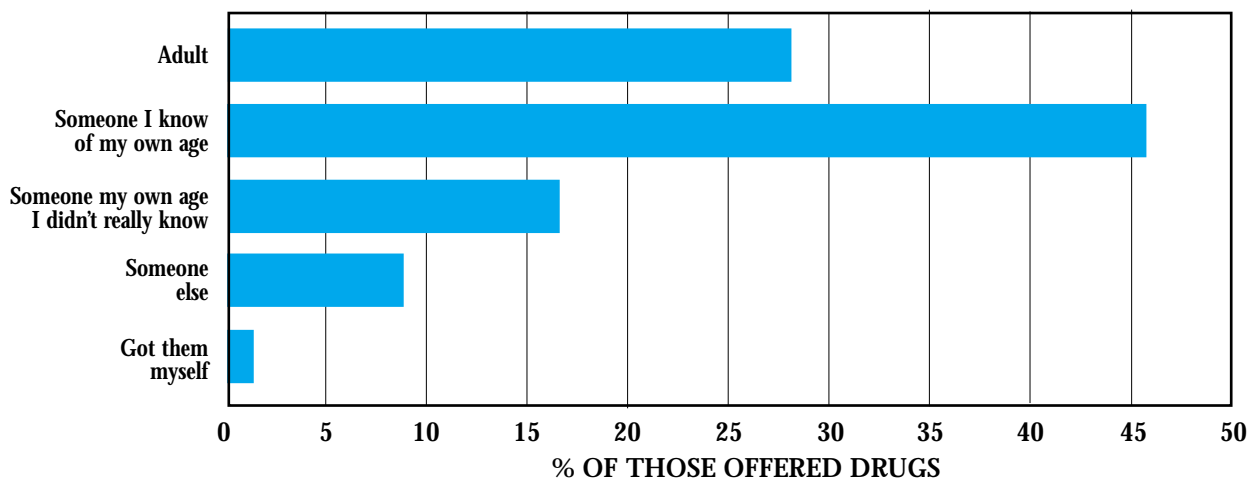
5 Young people and drug use

For many years, the prevailing view was that Northern Ireland didn't really have an illicit drug problem, but research has indicated an increase in the availability and subsequent use of illicit drugs among young people. This chapter explores how accessible drugs are to young people and how common drug taking is among 11 to 16 year olds.

5.1 The availability of drugs

A total of 1,535 young people (23% of the survey group) reported that at some stage they have been offered drugs* other than for medical reasons. Although the average age for the first offer of drugs was 13, 5.1% of those who had been offered drugs reported being offered them at age 10 or under. The research also indicated that the most common place for the 'first offer' was outdoors (43.4%), with 18.2% reporting that it took place at a rave, disco or club and 12% at a pub or party. Of those offered drugs for the first time, only 5.7% said it took place at school. Figure 8 shows that while the majority of young people were offered drugs by someone they knew, 16.6% were offered drugs by someone of their own age they didn't really know and 27.9% by an adult.

Figure 8: Who offered drugs the first time



One third (33%) of the complete sample stated that it would be easy for them to get illegal drugs if they wanted to.

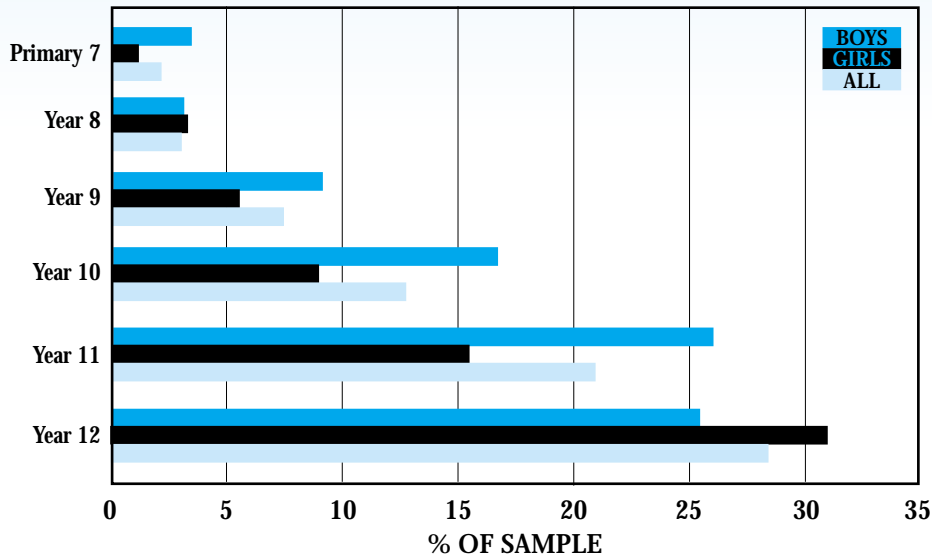
* in this chapter, the term drugs does not include solvents



5.2 Drug use

Seven hundred and eighty-seven young people reported that they had tried drugs at least once, representing 12.3% of the total sample (13.7% of boys and 10.7% of girls).

Figure 9: Proportion of boys and girls who have ever tried drugs

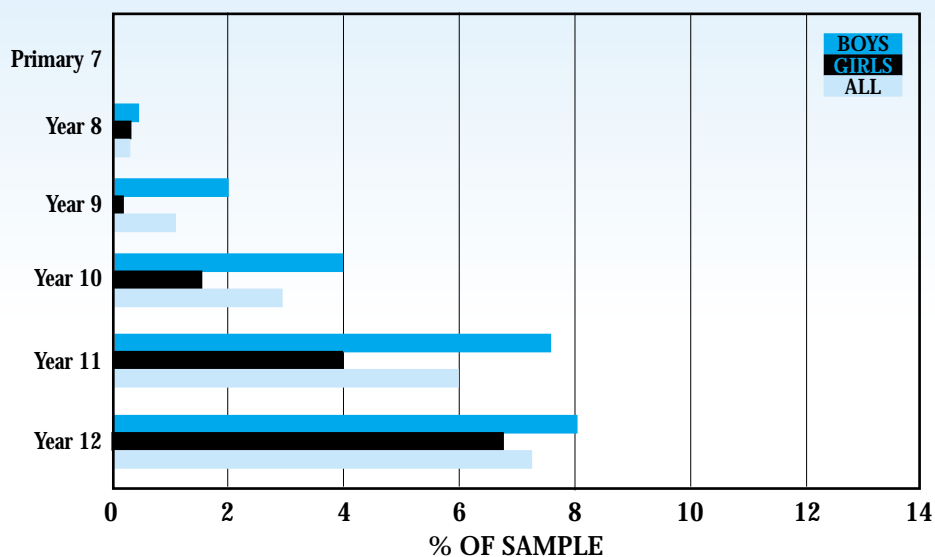


Four hundred and sixty-seven young people (7.1% of the survey group) admitted to currently using drugs (excluding solvents). Of those who said that they had tried drugs, 20.9% said that they never use drugs now.

5.3 Regular drug use

Overall, 2.9% of the survey group could be designated as regular drug users. This is defined as young people who use drugs at least a few times a month or more frequently. Of those who had tried drugs, the majority (58.7%) had tried them more than once and 24.3% are regular drug users (ie using drugs a few times a month or more). Boys form the majority of regular users (59.7%) and most are in Years 10 to 12 (90%). Figure 10 provides a breakdown of this group by year group and gender as a proportion of the whole sample.

Figure 10: Regular drug users



Half the group of regular users admits to having offered drugs to others, but equally half the group would like to stop their drug use. One third said that their drug use caused them to be depressed and worried. In addition, many young people reported that it caused them to be in trouble of one sort or another. Of those who are regular drug users, 31.4% stated that it had caused problems with their parents, 20.9% with school authorities and 32.3% with the police. Almost 39% said that it was affecting their ability to keep up with their schoolwork.

We have acknowledged that comparisons with previous HBSC surveys are problematic, due to differences in the questionnaire and the sample of school children, which in this case included primary school children. However, based on the responses of those in Years 8 to 12 in the 1994 study relating specifically to drugs, there has been no significant rise in drug use.

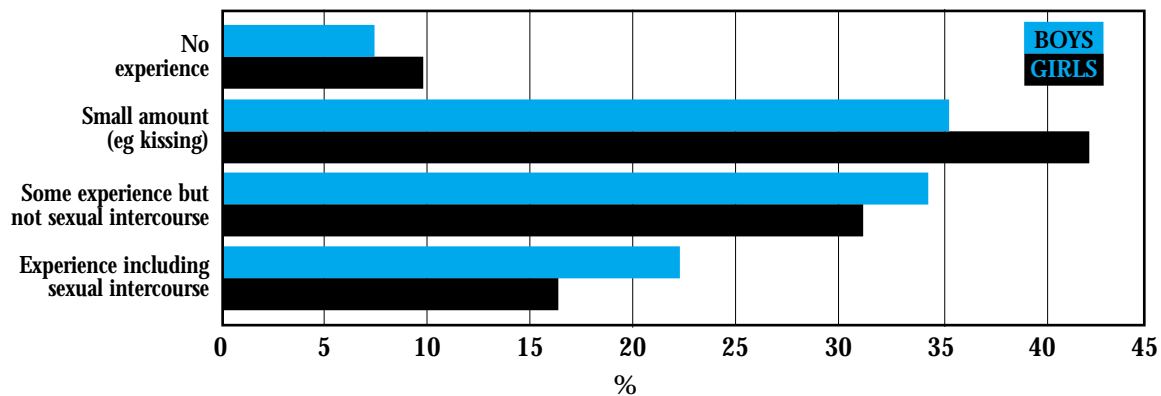
6 Young people and sexual behaviour

For sexually active adolescents, pregnancy and sexually transmitted infections present both short-term risks and lifelong consequences. This chapter examines at what age young people are beginning to have sex and their attitudes to protecting themselves from the possible consequences.

6.1 Sexual experience

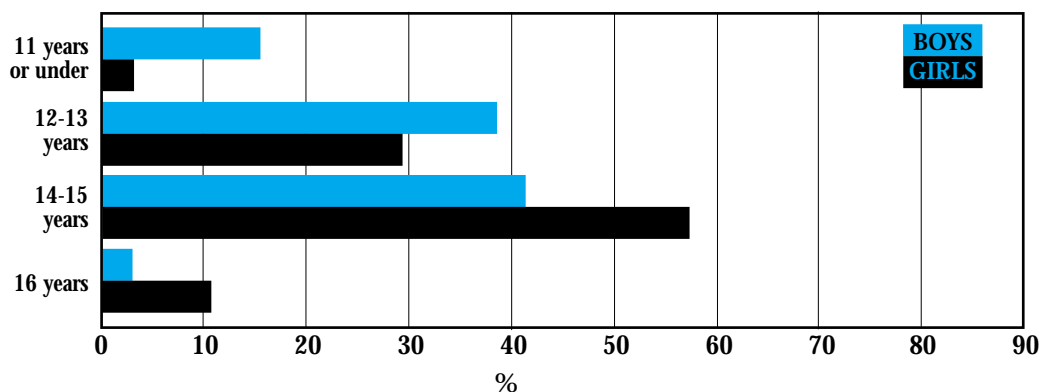
The questions in the survey relating to sexual behaviour were asked only of young people in Years 9-12 who had indicated that they had, at some stage, had a boyfriend or girlfriend. This group constituted some 3,450 young people in total, of whom 53% were boys and 47% girls.

Figure 11: Extent of sexual experience



Six hundred and sixty-five young people reported that they had experienced sexual intercourse at the time of the survey (14.9% of this age group). Boys claimed to have more experience than girls, and boys also reported becoming sexually active at a younger age than girls did. The average reported age of first sexual intercourse was 13 for boys and 14 for girls.

Figure 12: Age of first sexual intercourse

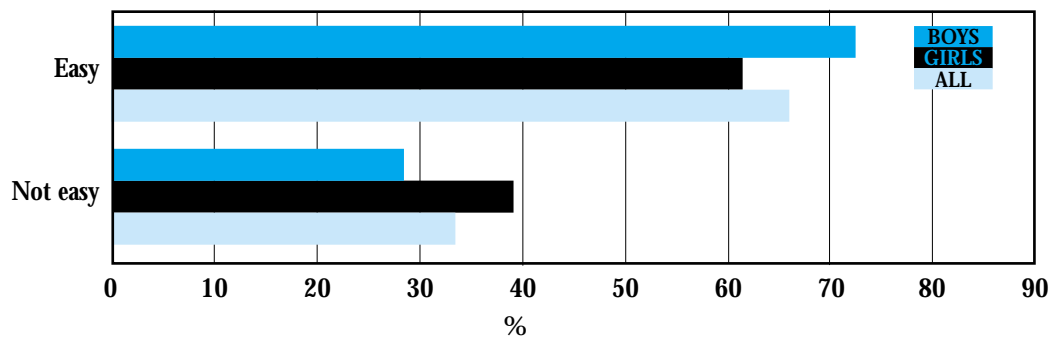


6.2 Contraceptive use

When questioned on the use of contraceptives, the vast majority (79.2%) of those who had experienced sexual intercourse reported using some form of contraception. Girls were more likely to report having used contraception than boys (84% of girls as opposed to 76.3% of boys). The condom was the most widely used form of contraception, with 81% of those who had sexual intercourse and used contraception choosing condoms. The pill and condoms combined was the next most popular choice of birth control. There were no significant differences between the sexes in terms of their choice of contraceptive method.

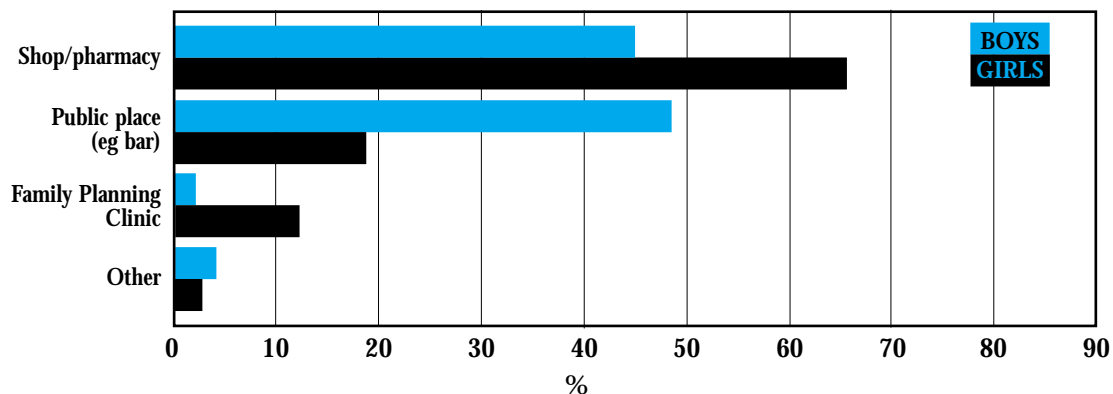
All young people were asked about the ease of obtaining contraceptives if they needed them and also about where they would actually get them.

Figure 13: Ease of obtaining contraceptives



Two thirds of the respondents thought obtaining contraceptives would be easy. Over one quarter of boys and almost 40% of girls thought it would be difficult.

Figure 14: Where contraceptives would be obtained



There were notable differences between the sexes in relation to where they would go to obtain contraceptives. Boys were most likely to get them in a public place, such as a bar, whereas girls were more likely to buy them in a shop or pharmacy. Relatively few young people of this age group (only 11.4% of girls and 2.3% of boys) would go to a Family Planning Clinic for their birth control.

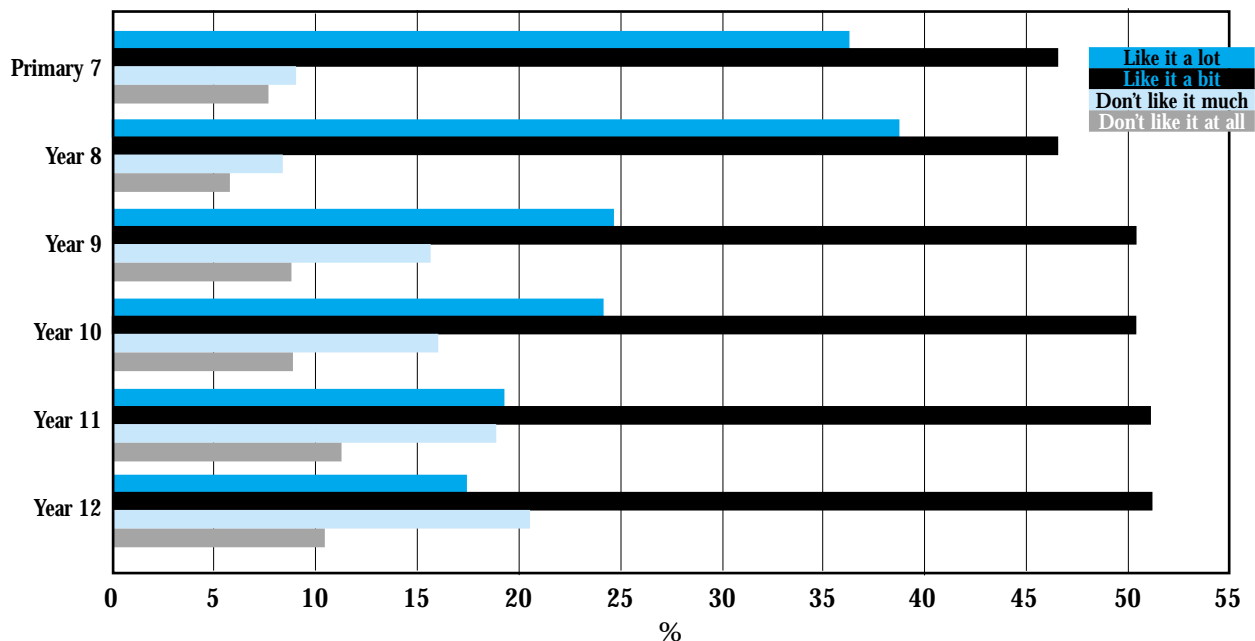
7 Young people and school

Young people spend much of their time in school. This chapter considers young people's perceptions of their school, and their relationships with their teachers and other students.

7.1 Attitudes to school

In general, most young people liked school. More girls than boys like school (83.8% compared with 69.8%) but as Figure 15 shows, the numbers saying they like school decrease with class year.

Figure 15: Attitudes to school by school year

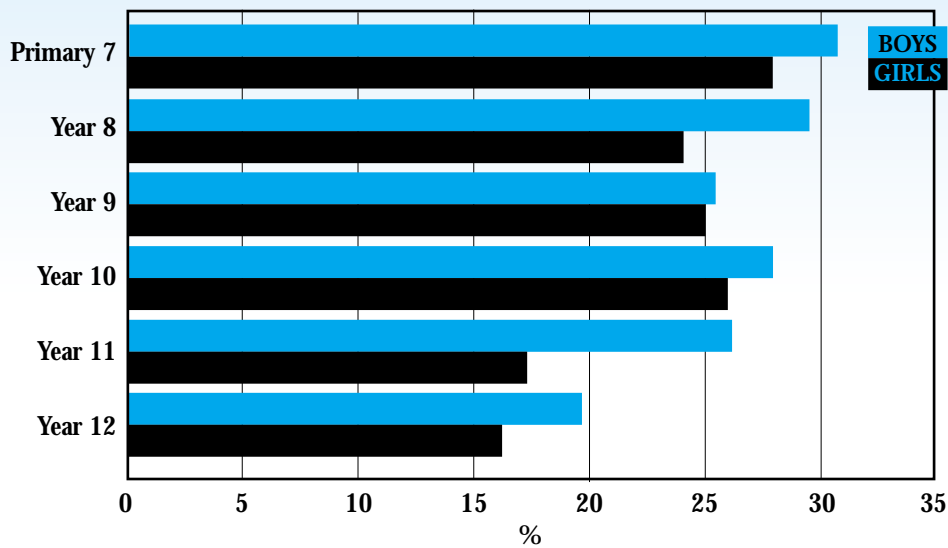


In Primary 7, 16.2% of children stated that they didn't like school, but by Year 12 this figure has risen to 30.7%. Less than half (45.7%) of the children surveyed agreed with the statement 'our school is a nice place to be'. Boys were less likely than girls to agree with this statement and again, older pupils were less likely to agree with this statement than younger ones.

7.2 Experience of bullying

Young people were asked how often they had been bullied in the current school term and a definition of what was meant by bullying was provided. One quarter of all pupils surveyed (24.9%) had experienced bullying, but for 60% of this group, it had occurred only once or twice. As Figure 16 shows, boys are more likely to be bullied than girls.

Figure 16: Experience of bullying by gender and school year



Younger children of both sexes are more likely to report being bullied. Almost one in three boys in Primary 7 reported being bullied, compared to one in five boys in Year 12. Almost one in five (19.8%) of the survey group admitted to having taken part in bullying others, but only 1.2% admitted to frequently bullying others. As Table 4 shows, those who have been bullied themselves are more likely to bully others.

Table 4: Frequency of bullying by those who have been bullied themselves

	Never been bullied %	Been bullied sometimes %	Been bullied frequently %
Bullied others frequently	1.1	2.2	11.0

7.3 Truancy

The majority of young people (71.7%) had not played truant in the current school term. Over one in ten (12.9%) had missed more than one day and 6% had missed four or more days. Boys were more likely than girls to miss school (22.9% compared to 18.4%). The number of young people truanting increases through the school years for both boys and girls. By Year 12, one in three boys had played truant on at least one day of school in the current term and just under one in five girls (18.4%) had done the same.

7.4 Pressures of schoolwork

When asked about schoolwork, 2,814 young people (42.7% of the survey group) felt that they had too much schoolwork to do, but less than one quarter (23.4%) found the work too difficult. Figures 17 and 18 show the percentages of young people who feel under pressure because of schoolwork (based on who answered the question).

Figure 17: Boys' perceptions of pressure caused by schoolwork

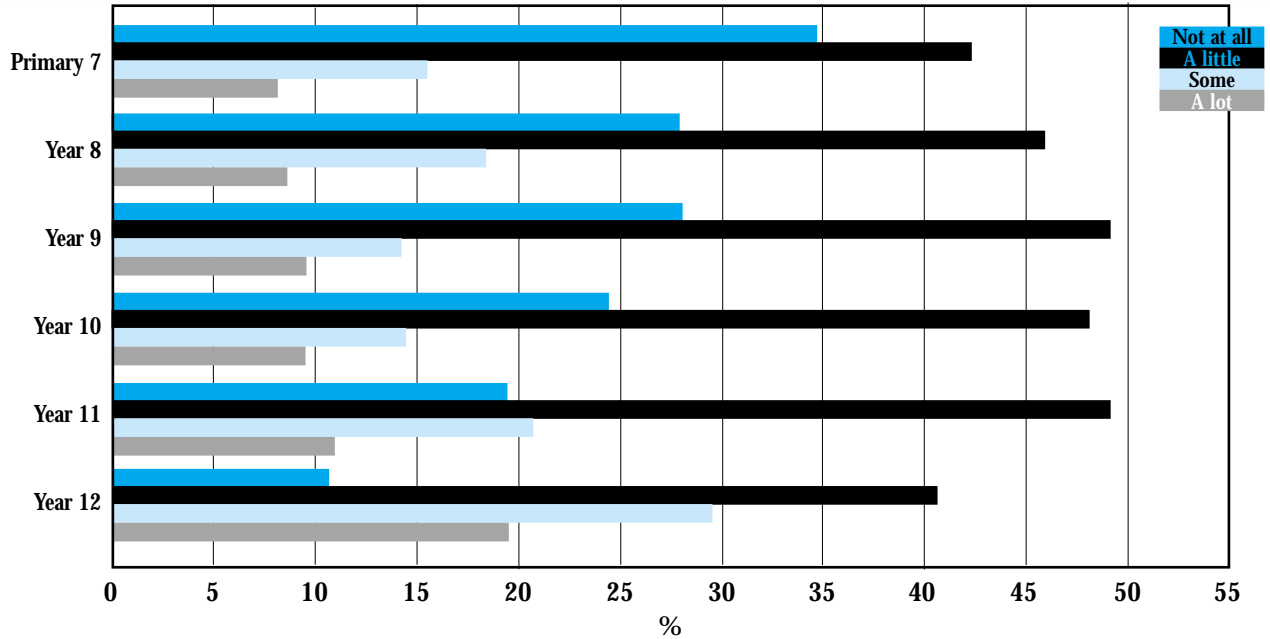
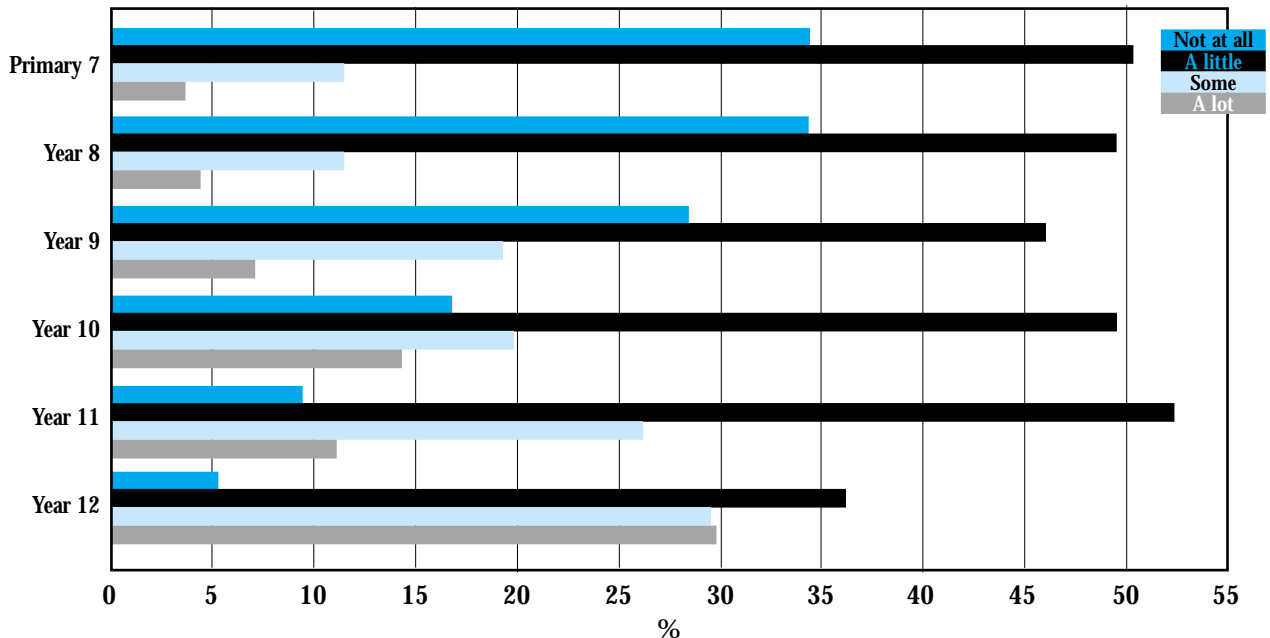


Figure 18: Girls' perceptions of pressure caused by schoolwork



In total, 1,830 young people (27.7% of the entire survey group) said they felt pressured by the schoolwork they had to do. Ten percent of the group said they felt under a lot of pressure because of schoolwork. The proportion of young people who feel pressured increases as they get older, and up to Year 12, more boys report being under pressure than girls. There is a large increase in the numbers of both boys and girls reporting that they feel under pressure in Year 12 (the year in which young people take their GCSEs). In Primary 7, less than one in ten young people reported that they felt stressed, while by Year 12, this figure has risen to over one in four. Fieldwork for Primary 7 took place after the 11 plus, but for Year 12 it was carried out before the GCSE exams.

8 *The inter-relationship of risk behaviours*

Many of the behaviours investigated by the HBSC survey can put young people's health at risk. Individually, activities such as smoking, drinking or drug misuse can adversely affect health and wellbeing in the longer term. However, there is a proportion of young people who report engaging in a combination of these risk behaviours. This 'clustering' of risks is important, since it is this group of young people who are most likely to suffer ill-health as a consequence. It is vital to look at the characteristics of this group, in order to identify which risk behaviours do occur in clusters, to identify other behaviours or attitudes which can help predict clusters of risk behaviours, and to help us focus our health promoting interventions on those who are most at risk. If we know that these risk behaviours are resulting from or influenced by the same knowledge base or set of attitudes or behaviours, then we can tackle them most effectively through a coordinated programme of interventions.

To identify such 'clustering' of risks, we classified certain behaviours as putting young people 'at risk'. These were:

- smoking more than 20 cigarettes per week;
- having been drunk more than 10 times;
- having experienced sexual intercourse before the age of 16;
- currently using drugs.

There was a clear relationship between these behaviours. For example, 47% of those classed as being at risk because of their smoking habits are also at risk because of their drinking and 45% because of their use of drugs or sexual behaviour. Of those who currently use drugs, 55% are also at risk because of their drinking, 50% because of their sexual behaviour and 48% because of their smoking habits. It is clear from this that there is an identifiable group of young people who are putting their health at risk through a range of behaviours.

A profile of this 'at risk' group was drawn up and the characteristics compared to the survey group as a whole. The 'at risk' group was made up of slightly more boys than girls (57% were boys, while boys comprised 53% of the survey group as a whole). Not surprisingly, the percentage of those classified as 'at risk' increases with age and almost 70% of the group are in Years 11 and 12.



There were some very noticeable differences between the 'at risk' group as compared with the whole survey group and this was particularly true in relation to their feelings and views about school. Eight percent of the 'at risk' group felt that their teachers viewed their school performance as below average. The equivalent figure for the survey group was 3.2%. Nearly 21% didn't like school at all, compared to 8.6% of the survey group, and 23.3% of those at risk admitted to 'skipping' school on at least four days in the term in which they were interviewed, compared to 6% for the whole survey group. Over 20% felt that both teachers and parents expected too much of them, whereas the figures for the survey population were 10.4% and 11.3% respectively. Twenty percent of those at risk felt under pressure generally because of school as compared to 12% of the whole survey group. Experience of bullying was also greater among the 'at risk' group with 3.6% reporting that they had experience of being bullied several times a week compared to 2.4% of the survey group.

It is not surprising then that the 'at risk' group is more than twice as likely to report that they are very unhappy with their life. They are also twice as likely to feel that they are very unhealthy at present.

There were a number of possible methods for analysing the social and economic background of these young people, including using the variables related to fathers' occupation or postcode. However, the most effective analysis was provided by the information relating to the receipt of free school meals. Free school meals are a 'passport' benefit, entitlement to which is determined by receipt of other benefits targeted at low-income families. Being in receipt of free school meals is therefore a useful indicator of socioeconomic circumstances. Thirty percent of the risk group was in receipt of free school meals, compared to 23% of the group as a whole. This figure rises to 37% when the analysis is confined only to those at risk because of their smoking habit. The 'at risk' group are more likely to come from a poorer socioeconomic background than the survey group generally.

Conclusion

This study shows that we are right to be concerned about the health of all our young people and to work to minimise the risks they take with their health and wellbeing. Individual children may be affecting their future wellbeing by engaging in individual risk behaviours and we must emphasise the challenge this presents to their health by offering information and interventions focusing on the lifeskills that they will need to manage their lives, lifeskills such as decision-making, problem-solving, relationships, communication, negotiation, assertion and managing change. A holistic approach is needed.

However, the burden of risk is not shared equally among all young people. One specific group of young people, already affected by social and economic disadvantage, is jeopardising their future by a combination of risk behaviours. They need particular attention if we are to prevent problems, difficulties and ill-health for them in the future and to ensure that they achieve their potential so that we do not lose their important contribution to our community and society.



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