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Press release
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WHO report reveals teenagers do not get a fair deal on health

Widespread inequalities mean that many young people in the WHO European Region and North America are not as healthy as they could be, according to a new report on the Health Behaviour in School-aged Children (HBSC) study, published by the WHO Regional Office for Europe.[1]

"Adolescence is a crucial life stage, when young people lay the foundation for adulthood, whether healthy or otherwise," said Zsuzsanna Jakab, WHO Regional Director for Europe. "This report shows us that the situation across Europe is not fair: health depends on age, gender, geography and family affluence. But it doesn't have to be that way. This report gives policy-makers an opportunity to act to secure the health of the next generation. Once again, young people have used the opportunity provided by HBSC to speak. It now falls to us – who cherish their aspirations, ambitions, health and well-being – to act."

Professor Candace Currie, HBSC International Coordinator, of the University of St Andrews, United Kingdom, said: "Inequalities in child and adolescent health call for international and national policies and action to give all young people the opportunity to maximize their current and future health and well-being. Health promotion programmes should be sensitive to age, gender and socioeconomic differences, and should aim to create a fair situation for all young people. This report is unique in the world as a comprehensive picture of young people's health and well-being, and is vital as a sound body of evidence on which to base policy."

The report gives the results of the 2009/2010 HBSC survey, covering 39 countries and regions across the European Region and North America. The survey collected data from 11-, 13- and 15-year-olds on 60 topics related to their health and well-being, social environments and behaviour. HBSC reports have been issued every four years since 1996.

Cross-national differences

The latest report reveals important inequalities between countries. For example, rates of overweight and obesity for girls aged 11 range from 20% in Portugal and 30% in the United States of America, to only 5% in Switzerland. Smoking rates, although fairly similar at age 11 (under 1%), differ dramatically across countries by age 15: over 25% in Austria and Lithuania, but 10% in Norway and Portugal. This suggests that the socioenvironmental context can be changed to benefit young people's health.

Young people's experience of school also differs; 89% of 11-year-old girls in the former Yugoslav Republic of Macedonia like school, in contrast to 17% in Croatia.

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[1] Currie C et al., eds. *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6; URL: http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health-and-well-being-among-young-people.-health-behaviour-in-school-aged-children-hbsc-study, accessed 26 April 2012).

Long-term effects of adolescent health
Health inequalities emerge or worsen during adolescence, and may translate into lasting inequalities in adulthood if, for example, academic potential is not achieved. Adolescence is clearly a key stage for mental health, especially for girls. Girls' satisfaction with their lives declines between ages 11 and 15. In Poland and Sweden, this decrease is around 15%, in contrast to 5% for boys.

In addition, health-compromising behaviour increases during the adolescent years. Between ages 11 and 15, the average proportion of young people who report weekly smoking and drinking increases by 17%. Many of these young smokers will continue the habit throughout adulthood. Similarly, early sexual activity is an important marker for poor sexual health in adulthood, as well as other risk behaviour in adolescence. The report reveals that, on average, 26% of 15-year-olds are sexually active. In addition, healthy behaviour, such as eating breakfast and fruit, declines.

Gender differences
Boys and girls display different patterns of healthy and unhealthy behaviour, particularly at age 15. Although boys are more likely to be involved in fights and bullying at all ages, a 15-year-old boy in Latvia is more than 12 times more likely to be bullied by his peers than a girl in Italy.

In Armenia, boys are almost five times more likely than girls to have been drunk by age 15. In some Scandinavian countries and the United Kingdom, however, 15-year-old girls are more likely than boys to have been drunk, and to have had sexual intercourse. In Greenland, 71% of the girls surveyed reported having had sex.

Further, girls are more concerned about being too fat and to be on a diet, but less likely than boys to be overweight. Overall, around 40%of girls aged 15 report being dissatisfied with their bodies, and 22% are on a diet, although just 10% are actually overweight.

Family affluence
Unsurprisingly, family affluence is associated with a healthier lifestyle: higher levels of fruit intake, breakfast consumption and physical activity. It is also associated with better communication with parents, greater support from classmates and numbers of close friends, and better mental health.

The picture for risk-taking behaviour is more complex. In many countries and regions, family affluence has less influence on patterns of smoking and drinking; other social factors – such as the influence of peers – may be more important. Further, injuries increase with higher family affluence. In Finland, the difference in prevalence between the most and least affluent families is almost 20%.

Protective factors
Support from family and classmates protects young people from negative influences; those who report easy communication with their parents are more likely to report positive health outcomes. Having close friends and peer support is also a strong predictor of positive health. The more sources of support, the more likely young people are to report good health.

The HBSC report shows that addressing the social determinants of health inequalities in childhood and adolescence can enable young people to maximize their health and well-being, ensuring that these inequalities do not extend into adulthood, with all the potential negative consequences for individuals and society.

The report is the sixth in the Health Policy for Children and Adolescents (HEPCA) series. It will be officially launched at an event in Edinburgh, Scotland, United Kingdom on Wednesday, 2 May. Journalists who wish to attend should contact the information officer listed below.

Further information

- The report and key findings are available at https://euro.sharefile.com/d/s089b2fe26d74d4ca and on the WHO Regional Office for Europe web site http://www.euro.who.int/HBSC

- The HBSC International Coordinating Centre (http://www.hbsc.org) is based at the University of St Andrews, in the Child and Adolescent Health Research Unit (CAHRU), School of Medicine, University of St Andrews, Scotland, United Kingdom.

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