



**hbsc**  
HEALTH BEHAVIOUR IN  
SCHOOL-AGED CHILDREN

This factsheet summarises the key findings on gender from the 2009/2010 HBSC survey. The survey covered 43 countries and regions across Europe and North America, examined more than 60 topics and involved over 200 000 children and young people.

HBSC, a WHO collaborative cross-national study, collects data on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours every four years. The international report, which is written and produced by the HBSC Research Network and is published by the WHO Regional Office for Europe, presents the world's most comprehensive picture of young people's health and well-being.

# Social determinants of health and well-being among young people

Key findings from the Health Behaviour in School-aged Children (HBSC):  
International Report 2009/2010

## GENDER

Gender differences in young people's health and well-being persist, despite social changes and narrowing gender gaps in many areas. Country/regional variation in the extent of gender differences suggests that social and cultural factors play an important role. Gender differences for some health indicators increase significantly between ages 11 and 15: this is therefore a crucial period in which to prevent the development of gender inequalities in adulthood.

Understanding gender differences is a prerequisite for designing successful and targeted interventions. Gender differences in adulthood can be reduced by approaching young people's health from a gender perspective.

### Girls adopt health-promoting behaviours but have more psychological and health complaints

Girls are more likely to engage in health-promoting behaviours such as eating fruit, brushing their teeth and limiting soft drink intake, but almost 10% skip breakfast daily by age 15 and 40% are unsatisfied with their bodies – almost double the rate for boys. On average, 22% of 15-year-old girls are on a diet to control their weight, even though only 10% are overweight: 9% of boys report being on a diet, but 18% are overweight. Girls also have lower levels of self-rated health and life satisfaction and higher levels of health complaints.

### Boys adopt health-compromising behaviours

Boys are more likely to meet physical activity guidelines but also engage in health-compromising behaviours

more frequently. Boys across all ages have at least 10% higher prevalence of injuries: examining age, gender and cross-national differences, a 13-year-old Spanish boy is almost five times more likely to report an injury than a 13-year-old girl from the former Yugoslav Republic of Macedonia.

Boys are more likely to engage in risk behaviours such as drinking and smoking cannabis and/or tobacco. Wide gender differences arise here: for instance, Armenian boys of all ages are around three times more likely to have been drunk than girls, and the gender difference for ever using cannabis among 15-year-olds in Lithuania is 16%. Boys are also more likely to report fighting and bullying (perpetrating or being a victim). The likelihood of 15-year-old boys being in a fight is three times that of girls (16% compared with 5%) and they are more than twice as likely to be involved in bullying others (16% and

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### INTERNATIONAL REPORT 2009/2010 HBSC SURVEY

The report presents findings from the 2009/2010 HBSC survey, which focus on demographic and social determinants of young people's health. It provides a strong evidence base to support national and international efforts to strengthen initiatives that affect young people's health and well-being.

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)

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7%): in addition, a 15-year-old boy in Belgium (French) is more than 12 times more likely to be bullied than a girl of the same age living in Italy. Boys in some countries and regions, mostly in eastern Europe, are more likely to report having had sex by age 15: 48% of those in Romania report having sex, which is 31% more than for girls in that country.

### Relationships

Girls are likelier to have more positive school experiences, greater satisfaction with school and higher perceived academic achievement, but also report more school pressure. When asked about ease of communication with parents, boys are more likely to report that they find it easy to talk to their fathers about things that really bother them. No clear gender differences exist for communication with mothers.

### Gender paradoxes

Gender trends are reversed in some countries and regions. Girls have higher prevalence of drunkenness in some Scandinavian countries and the United Kingdom: this is significant among 15-year-olds in Scotland, Greenland, Finland and Sweden. Weekly smoking is significantly more prevalent among girls in the Czech Republic, England, Spain and Wales. Although not statistically significant, more girls report having had sex (by age 15) in the United Kingdom and Scandinavian countries: 71% of girls in Greenland report having had sex, compared with 46% of boys.

### HBSC research approach

HBSC focuses on understanding young people's health in their social context – where they live, at school, with family and friends. Researchers within the HBSC Network are therefore interested in understanding how these factors both individually and together help to maintain young people's health as they move from adolescence into adulthood.

### Why is research on young people's health important?

There are many new pressures and challenges for young people particularly in early to mid adolescence. They need to deal with considerable change at this time, such as growing academic expectations, changing social relationships with family and peers and the physical and emotional changes associated with maturation. These years mark a period of increased autonomy, and with that comes independent decision making that may influence their health and health related behaviour thus making it both an interesting and important period to study.

Behaviours established during this transition period can follow through into adulthood, particularly in relation to issues such as tobacco use, diet, physical activity level and alcohol use. HBSC's findings demonstrate how young people's health changes as they travel through adolescence and into adulthood. These findings can therefore be used to determine effective health improvement interventions.