



**Growing Up
in Ireland**
National Longitudinal
Study of Children



GROWING UP IN IRELAND

KEY FINDINGS: COHORT '98 AT 20 YEARS OLD IN 2018/19

NO. 2

PHYSICAL HEALTH AND DEVELOPMENT

INTRODUCTION

This *Key Findings* report presents summary information on the lives and circumstances of the 20-year-olds from the fourth wave of interviews with **Growing Up in Ireland's** older **Cohort '98** between August 2018 and June 2019.

It provides the most recent data on key indicators of physical health such as self-reported health, chronic conditions and weight status. It also explores important health-related behaviours such as drinking, smoking and substance use, physical activity, and sleep. Topics relating to mental health and well-being are covered in Key Finding 3.

The *Key Findings* reports draw mainly on information provided by the 5,191 young people themselves. The background characteristics of the young people and their families (such as family type, mother's education, social class, income category) were measured at the most recent prior wave (typically at age 17/18) and these are examined in relation to their experiences at age 20.

This is the first time that data from **Growing Up in Ireland** have been available on young people as they make the transition from their teen years into early adulthood. It allows an examination of the connections between their diverse experiences in childhood and adolescence and the important transition to adulthood. It is relevant to policy in a broad range of new areas, including further and higher education and training, labour market entry, new household formation and the physical and mental health status of young adults.

Growing Up in Ireland is funded by the Department of Children and Youth Affairs (DCYA), with a contribution from The Atlantic Philanthropies in Phase 2; and managed and overseen by the DCYA in association with the Central Statistics Office.



General health

The 20-year-olds were asked 'In general, how would you say your current health is?' (response options as shown in Figure 1). The majority reported that their current general health was *excellent* or *very good* (74%).

Conversely, 6% of them said their health was *fair* or *poor*.

As shown in Figure 2, young women were marginally more likely to report their health as *fair/poor* (6% versus 5% of young men), with more pronounced differences for those from one-parent families (9% versus 4% from two-parent families) and those from families in the lowest income quintile¹ (7% versus 4% in the highest income quintile).

Figure 2: Self-report of general health as fair or poor by gender, family type and income

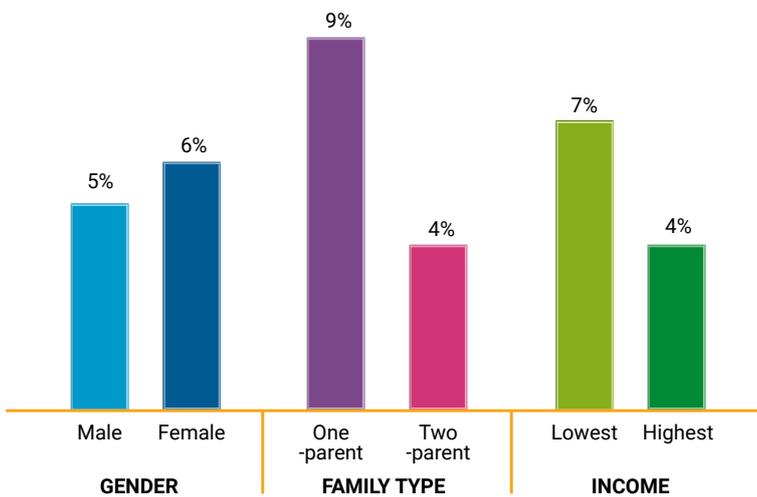


Figure 1: Current general health status reported by 20-year-olds



20-year-olds from one-parent and from lower-income families were more likely to report their health as fair or poor.

Participants were asked the same question about their general health at 17/18 years of age. While the percentage of those reporting their health as *fair* or *poor* did not change over time, the percentage reporting their health as *excellent* decreased from 35% to 27%. Looking specifically at those with *poor* or *fair* health at 17/18 years of age (Table 1), there is evidence that the health of many had improved by age 20: 34% said they had *excellent* or *very good* health, and 41% said they had *good* health.

Table 1: General health status of 20-year-olds if their health was reported as poor or fair at age 17/18 years

General Health Status (for those in fair/poor health at 17/18)	
Excellent or very good	34%
Good	41%
Fair or poor	25%

Note: These figures refer to the 5% of young people who reported their health status as fair or poor at 17/18 years old.



¹ Income refers to the total disposable income of the household when the young person was 17/18, adjusted for household size and composition, divided into quintiles (fifths) ranging from lowest to highest. Family type (one- or two-parent) is based on the situation when the young person was aged 17/18.

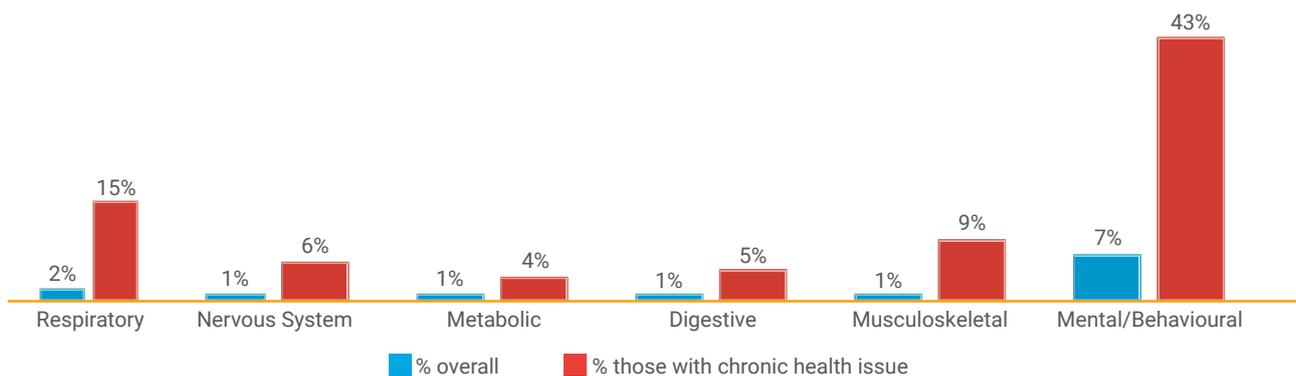
Chronic health issues

The young adults were asked if they had any 'ongoing chronic physical or mental health problems, illnesses or disabilities' (hereafter referred to as chronic health issues). Almost 16% of all young adults reported having a chronic health issue, the vast majority of whom (95%) had received a professional diagnosis for it (with similar rates of diagnosis across all conditions). Among those who reported having a chronic health issue, 13% said they were *severely hampered* in their daily activities by it, while 63% were *hampered to some extent* (representing 2% and 10%, respectively, of all 20-year-olds).

2% of 20-year-olds reported being severely hampered in their daily activities by a chronic physical or mental health problem, illness or disability, while 10% reported being hampered to some extent.

The most prevalent issues were *mental, behavioural or neurodevelopmental disorders*², reported by 7% of all 20-year-olds and 43% of those with a chronic issue (Figure 3). This group primarily reported issues such as depression and anxiety, but also ADHD, dyslexia and personality disorders. The next most prevalent issue was *respiratory diseases* (of which asthma was the condition reported most often), experienced by 2% of all young adults and 15% of those with any issue. The third most prevalent issue was *musculoskeletal diseases*, experienced by 1% overall, and 9% of those with any issue.

Figure 3: Prevalence of chronic health problems, illnesses or disabilities among 20-year-olds

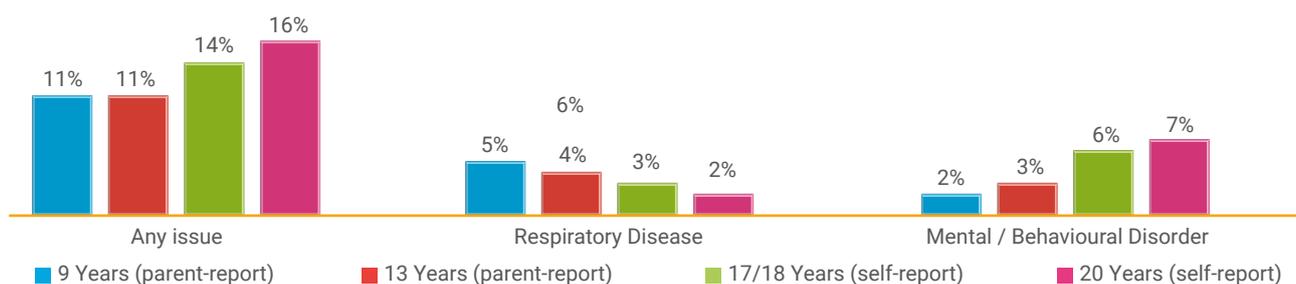


Significant gender differences were observed in terms of the prevalence of *mental, behavioural or neurodevelopmental disorders*. Young women were more likely to report experiencing these issues (8% versus 5% of young men). No significant gender differences were observed for *respiratory diseases*.

Mental/behavioural disorders were the most common chronic health issue reported by 20-year-olds, experienced by 7% overall.

The prevalence of having any chronic issues (mother-reported³ at 9 and 13 years, self-reported at 17/18 and 20 years) increased from 11% at age 9 to 16% at age 20. While the prevalence of *respiratory disease* fell from 5% at age 9 to 2% at age 20, the reported prevalence of *mental, behavioural and neurodevelopmental disorders* increased significantly, from 2% at age 9 to 7% at age 20 (Figure 4).

Figure 4: Prevalence of ongoing chronic physical or mental health problems, illnesses or disabilities at ages 9, 13, 17/18 and 20 years



² These groups are as defined by the World Health Organization's International Classification of Diseases 11th Edition (ICD-11) – a medical classification system used to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care.

³ 'Mother' refers to the parent/guardian who completed the 'Parent One' (at ages 17/18 and 20) or 'Primary Caregiver' (earlier waves) questionnaire – usually the mother.

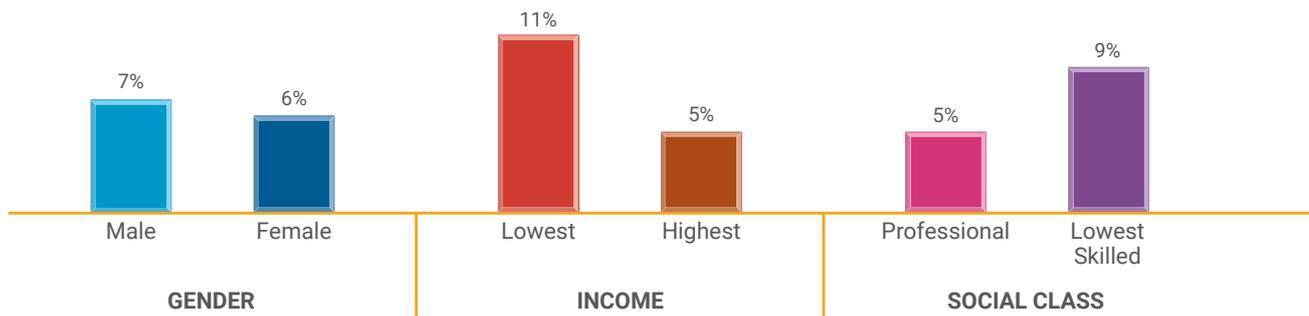
Use of health services

Young adults were asked a number of questions about their use of health services. The vast majority had not spent a night in hospital in the last year (88%), while 6% had spent a single night, 2% had spent two nights in hospital, and the remaining 4% spending three or more nights in hospital in the last year.

Looking specifically at the 6% of people who had spent more than one night in hospital in the last year, no differences were found by gender or family type (one-versus two-parent). However, there were significant differences according to household income – 11% of those from the lowest income quintile had spent more than one night in hospital in the last year, compared to just 5% of those from the highest income quintile (Figure 5). Similarly, 5% of those from professional social class families had spent more than one night in hospital, compared to 9% in the lowest-skilled social classes.⁴

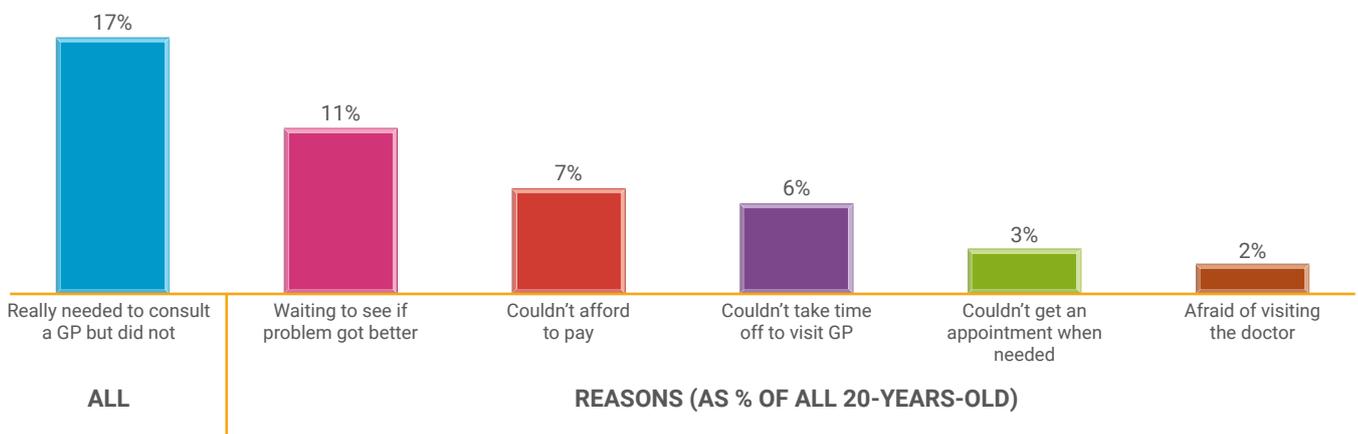


Figure 5: Percentage of 20-year-olds who had spent more than one night in hospital in the last year, by gender, household income and family social class



Almost three-quarters (74%) of all 20-year-olds had consulted a general practitioner (GP) in the last year. They were also asked if they had ever 'really needed to consult a GP but did not', to which 17% answered that they had. The most common reasons for not consulting a GP were that they wanted to *wait and see if the problem got better* (11% overall), *couldn't afford to pay* (7% overall) or *couldn't take time off to visit a GP* (6% overall; Figure 6).

Figure 6: Prevalence of 20-year-olds not consulting a GP when they really needed to, and reasons

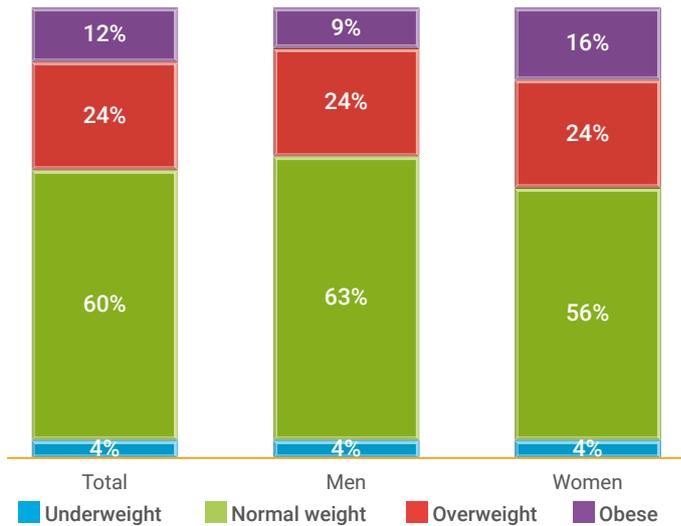


⁴ Social class is based on the occupation of the parents when the young person was 17/18 years old. Here, figures are shown for professionals (including doctors, architects, teachers, nurses) and the lowest-skilled (including semi-skilled and unskilled manual workers and those who never worked) social classes.

Weight status

Height and weight measurements of all young adults and their parents were recorded by a trained interviewer. Based on body mass index (BMI) cut-off guidelines, 60% of 20-year-olds were classified as normal weight, 24% were overweight and 12% were obese. The remaining 4% were classified as underweight. Significant differences were observed according to gender; levels of obesity were higher among young women (16% versus 9% of young men; Figure 7).

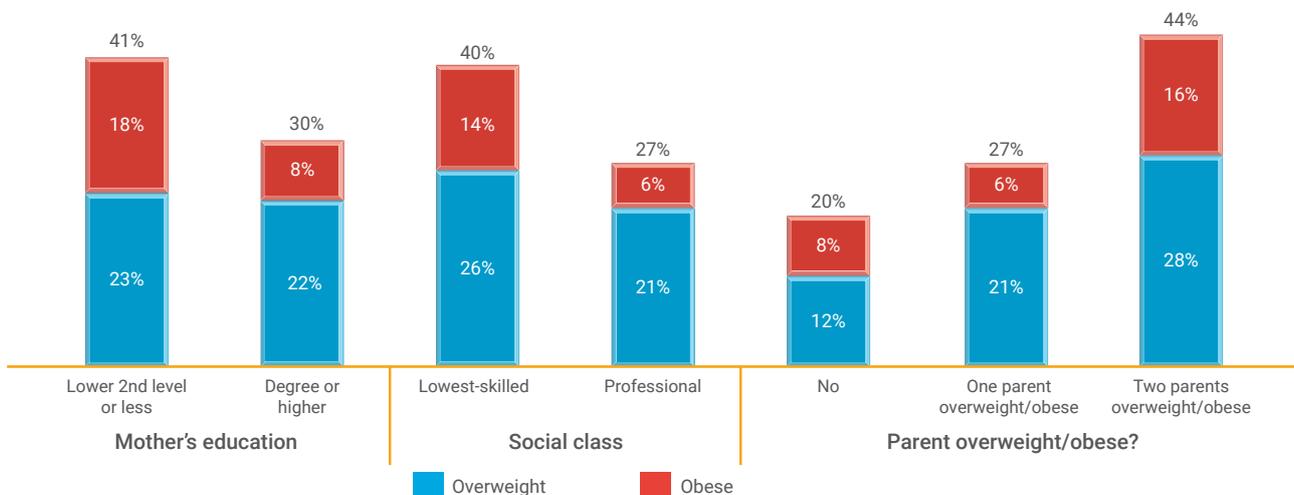
Figure 7: BMI status for all 20-year-olds by gender



One-third (33%) of young men and 40% of young women were classified as either overweight or obese. They had similar rates of being overweight, but young women had a considerably higher rate of being classified as obese (16% vs 9%).

Combined levels of overweight and obesity were higher amongst those whose parents had lower secondary education (or less) compared with those whose parents had at least degree-level education (41% versus 30%; Figure 8)⁵. Similarly, 40% of those in the lowest-skilled social class were overweight or obese, compared to 27% in the professional social class. Having one or two parents who were overweight or obese (measured when the young adult was 17/18) greatly affected the likelihood of the young adult being overweight or obese themselves, ranging from 20% where neither parent was overweight or obese to 44% if both parents were overweight or obese.

Figure 8: Overweight or obese BMI status of 20-year-olds by parental education, household income and parental BMI status at 17/18-year wave

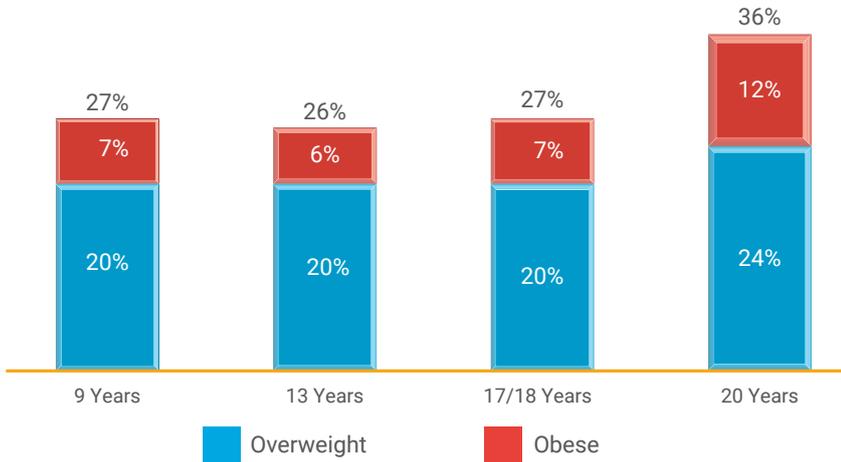


Levels of overweight and obesity were 20% among young adults with no overweight/obese parent, 27% if they had one overweight/obese parent and 44% if they had two overweight/obese parents.

⁵ Mother's education is the highest level of education completed by Parent One (usually the mother), when the young person was aged 17/18. 'Lower 2nd level' refers to the equivalent of Junior Certificate or less; 'Degree' refers to a bachelor's degree or higher level of education.

The prevalence of overweight and obesity had increased significantly since the young people were 9 years old. Combined levels of overweight and obesity were broadly steady between the ages of 9 and 17/18 (26-27%) but increased markedly to 36% by the time they were 20 years old (Figure 9).

Figure 9: Overweight and obese BMI status for Cohort '98, from age 9 to 20 years



At an individual level, 52% of the young adults had never been overweight or obese at any of the four waves of the study; conversely, 10% were overweight or obese at every wave to date (Table 2). A total of 18% of young adults were non-overweight at age 9, but were classified as overweight or obese at age 20, whereas 8% were overweight/obese at age 9 and classified as non-overweight by age 20. Of those who had ever been classified as overweight or obese (48% of cohort), about one-fifth (21%) were overweight or obese in all waves. The results indicate quite a high level of change in BMI status over time.

Table 2: Changes in BMI status over time

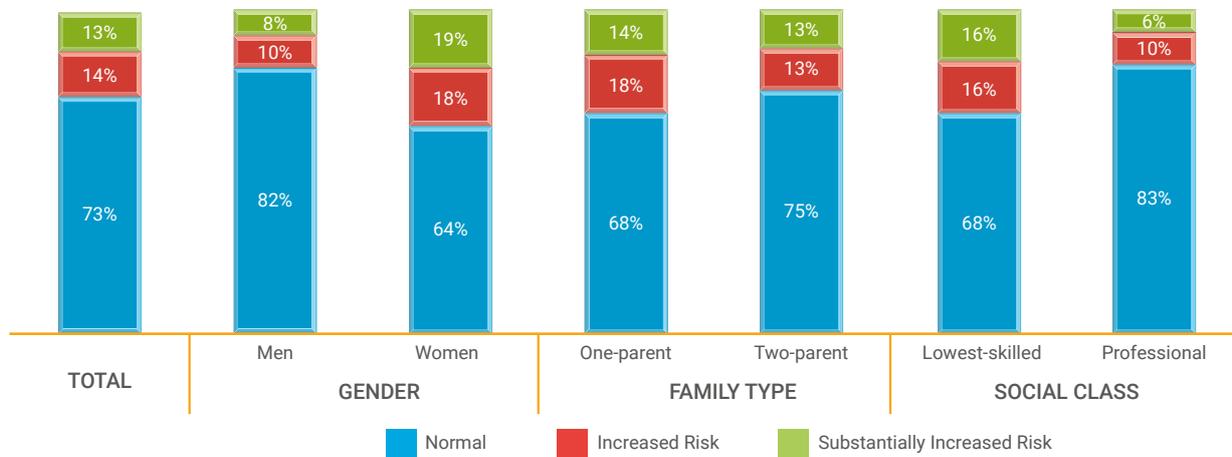
Overweight or obese from age 9 to 20 years	
Never overweight or obese	52%
Always overweight or obese	10%
Not at 9, but overweight/obese by 20	18%
Overweight/obese at 9, but not by 20	8%
Other	12%

Obesity can persist through childhood and adolescence – of the 7% classified as obese at age 9, 60% were obese at 20 years.

Waist circumference, an alternative indicator of obesity-related health risks, was also measured among young adults by a trained interviewer. Internationally recognised sex-specific cut-offs were used to identify those above the threshold for increased risk of complications linked to obesity. The proportion above the threshold for clinical risks was higher for young women than for young men (37% versus 18%), for those from one-parent families compared to those from two-parent families (32% versus 26%) and those from the lowest-skilled social class compared to those from the professional class (32% versus 16%; Figure 10).



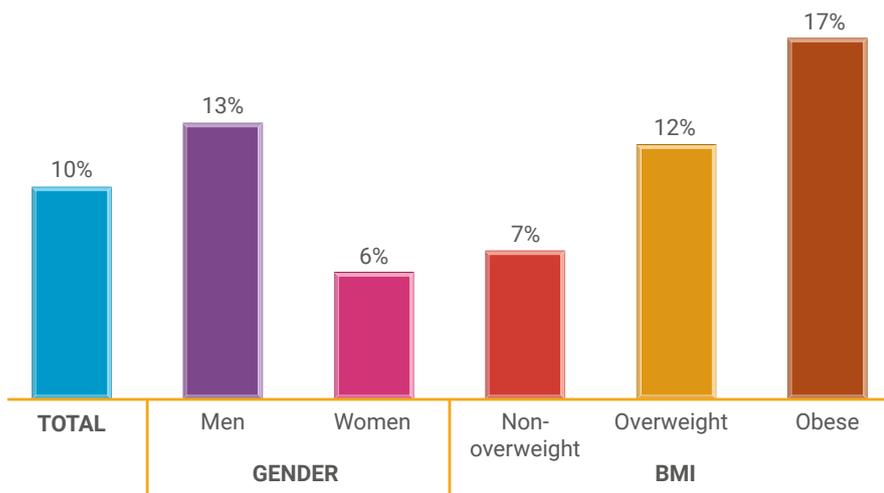
Figure 10: Waist circumference status for all 20-year-olds by gender, family type and family class



Blood pressure

Two consecutive blood pressure measurements were taken for all 20-year-olds. The average blood pressure reading was 117/71 (systolic/diastolic⁶); 121/69 for young men and 112/72 for young women. Young adults were classified as having ‘potentially high BP’ if they recorded a single systolic blood pressure reading greater than 140 or a single diastolic blood pressure reading greater than 90. One-tenth of all young adults recorded a potentially high blood pressure reading; 13% of young men and 6% of young women (Figure 11). No other significant differences were observed according to other key background characteristics. There were, however, differences according to BMI status; potentially high BP was recorded for 7% of those classified as non-overweight, but for 12% of those classified as overweight and for 17% of those classified as obese.

Figure 11: Percentage of 20-year-olds with potentially high blood pressure, by gender and BMI status

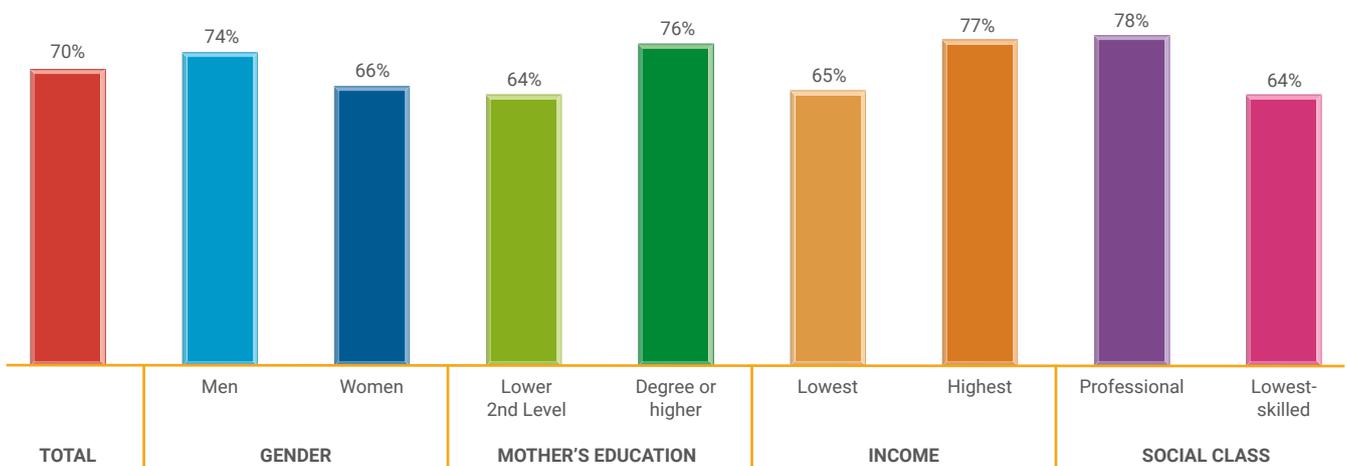


⁶ Blood pressure readings involve two numbers. The top (systolic) number refers to the amount of pressure in the arteries during the contraction of the heart muscle. The bottom number (diastolic) refers to the pressure in the arteries when the heart muscle is resting between contractions. The Irish Heart Foundation suggests that a blood pressure reading greater than 140/90 may be indicative of high blood pressure.

Physical activity

Young adults were asked how often they did 'at least 30 minutes of either moderate or vigorous physical activity'. This information was used to establish if they met the World Health Organization and Irish recommended activity threshold for adults (at least five 30-minute bouts of moderate activity per week). As Figure 12 shows, overall 70% of 20-year-olds achieved the recommended guidelines to be considered 'physically active', with 74% of young men sufficiently active compared to 66% of young women. Those whose mother had the highest levels of education were more active than those whose mother had low levels of education (76% versus 64%), as were those from the highest income families compared to the lowest income families (77% versus 65%). The largest difference was observed between those from a professional social class compared to those from the lowest-skilled social classes (78% versus 64%).

Figure 12: Percentage of 20-year-olds achieving the recommended physical activity guidelines by gender, parental education, household equivalised income and family class



The most common reasons for participating in sport/physical activity as reported by the 20-year-olds were to 'improve health and fitness' (43%), 'enjoyment' (18%), 'weight control' (12%) and to 'meet new people' (7%). The most frequently cited reasons for not participating in physical activity were that they were 'not interested' in sport/activity or 'did not have enough time'.

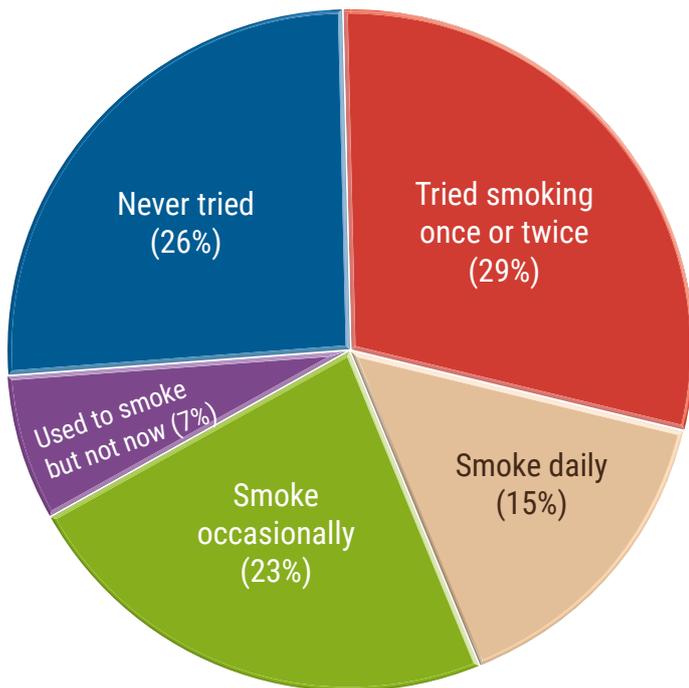


Smoking, drinking and drug-taking

Smoking

Most 20-year-olds reported that they had ‘ever smoked a cigarette or cigar’; 26% reported having never done so (Figure 13). Overall, 23% of young adults reported that they smoked *occasionally*, while 15% said they smoked *daily* and 7% *used to smoke but not now*.

Figure 13: 20-year-olds’ reports of their cigarette smoking



The average age at which they had their first cigarette was 16. On average, those who *smoked daily* had nine cigarettes per day, while *occasional* smokers had five cigarettes per week. Almost half of all young adults (48%) had ‘ever tried an e-cigarette or “vaping”’, although only 5% used them *at least once a week*.

Rates of smoking increased with age; at age 13, 8% of all young adults had *ever tried* smoking and just 1% reported smoking *at least once per week*; by 17/18 years, 48% said they *had ever tried* smoking a cigarette, 12% smoked *occasionally* and 8% smoked *daily*.



Less than 1% of 13-year-olds said they smoked *daily* – this figure increased to 8% at age 17/18 and, by age 20, 15% of young adults said they smoked *daily*.

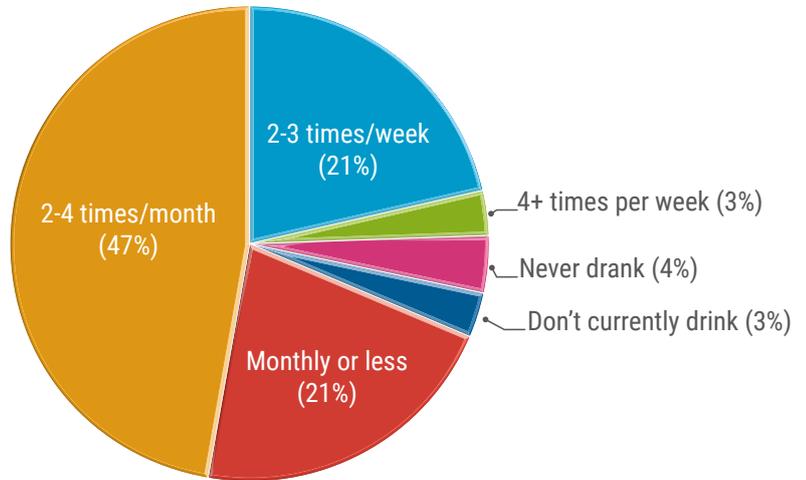
Alcohol

Overall, 96% of young adults reported that they had 'ever consumed alcohol', while 93% overall reported that they currently drank. About two-thirds of 20-year-olds stated that they drank *2-4 times per month or monthly or less*, while almost one-quarter drank *at least twice per week* (Figure 14). On average, young adults were 15.9 years old when they had their first alcoholic drink.

Among those that currently drank, 3% had *tried to give up* alcohol at some stage, while a further 22% had *tried to reduce* the amount of alcohol they consume; 93% of those who had *tried to give up or reduce* their alcohol consumption were successful in their efforts.

Looking at alcohol consumption habits over time for these young people, 15% of 13-year-olds stated that they had ever consumed alcohol, but that figure increased markedly to 89% by the age of 17/18. At 17/18 years, 77% of all young adults drank alcohol once per week or less, while just over 5% drank alcohol more than once per week.

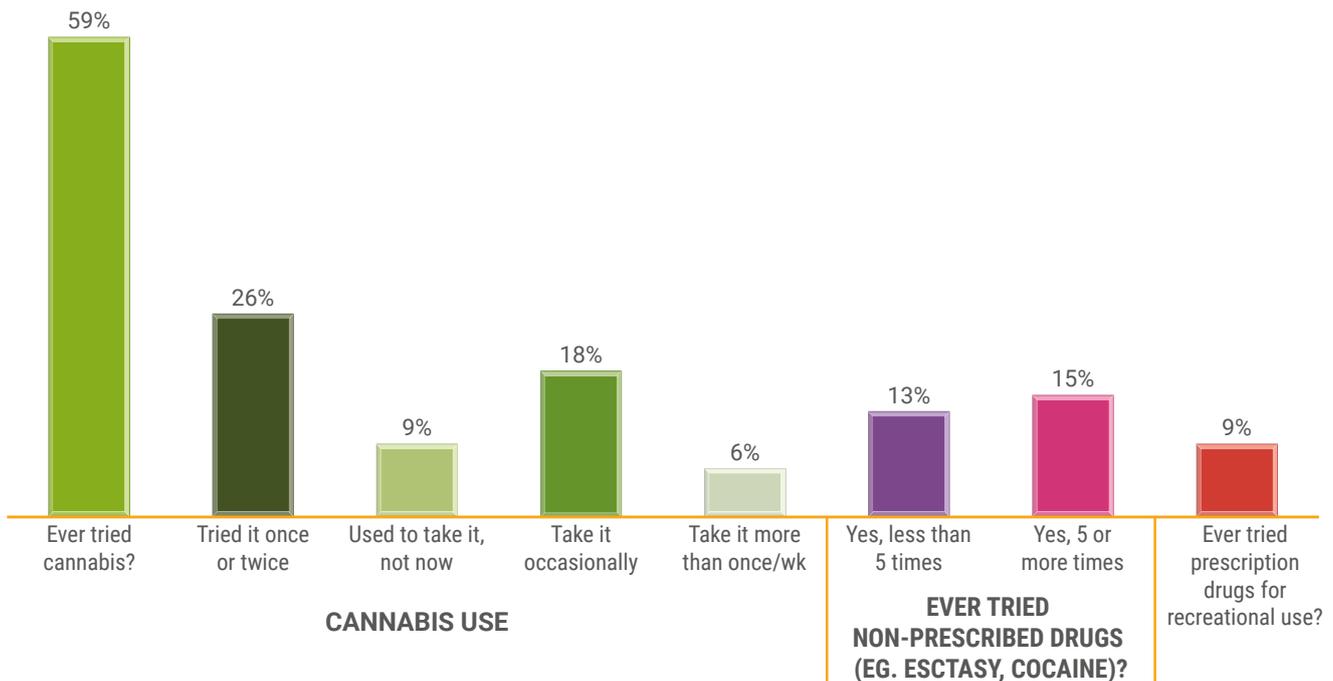
Figure 14: 20-year-olds' reports of their drinking habits



Other drugs

Almost 60% of all 20-year-olds reported that they had 'ever tried cannabis' (59%; Figure 15). Just over one-quarter (26%) said they had *tried cannabis once or twice*; 18% said that they took it *occasionally*; 6% took it *more than once a week* and 9% *don't take cannabis* anymore. Regarding other non-prescribed drugs such as 'ecstasy, cocaine etc.:', 13% reported that they had tried them *less than 5 times* while 15% said they had done so *five or more times*. Nine percent of all young adults had used 'prescription drugs for "recreational" use'.

Figure 15: Drug-taking experience of 20-year-olds



Seventeen percent of all 20-year-olds said they had ever 'felt guilty or badly' about their drug use, and 16% said they had ever thought they 'should cut down' on their drug use.

Looking at trends over time in drug-taking, the percentage of people having ever tried cannabis has increased significantly, from just 1% at 13 years and 30% at 17/18 years to 59% at 20 years. At 17/18 years, 7% of young adults used cannabis *occasionally* and 2% used cannabis *more than once per week*, rising to 18% and 6%, respectively, by age 20 years (this question was not asked at 13 years). Less than 1% said they had tried non-prescription drugs by age 13, rising to 9% at 17/18 years and 28% by age 20 years. Similarly, the use of *prescription drugs for recreational purposes* rose from 3% at age 17/18 to 9% at 20 years old (no data were available at 13 years).

The percentage who ever tried cannabis had increased markedly as the young people moved through their teens – 1% had tried cannabis by age 13, 30% had tried it by age 17/18 years, and 59% had tried it by age 20.

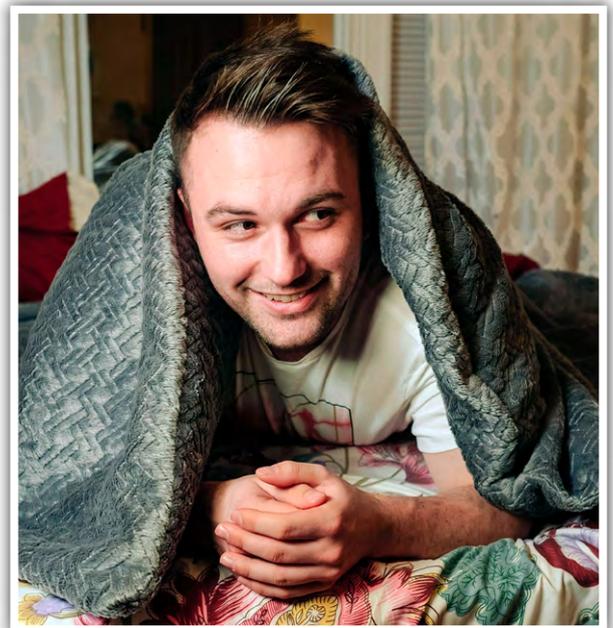
Sleep patterns

Twenty-year-olds reported that they slept for seven and a half hours per night on average. Some minor differences were observed according to gender (young women slept slightly longer than men) and family type (those from two-parent families slept longer than those from one-parent families).

On average, 20-year-olds reported sleeping for 7.5 hours per night. Young women slept slightly longer than young men, as did those from two-parent versus one-parent families.

At age 17/18, 30% of young people reported difficulty sleeping, rising to 38% by age 20.

Eight percent of young adults reported having a *lot of difficulty* with sleep while 30% reported having *some difficulty*. Overall, young women had more difficulty sleeping than young men (43% versus 32%), as did those from one-parent families (47% versus 35% for those from two-parent families). At age 17/18, 25% of young adults had *some difficulty sleeping*, and 5% had a *lot of difficulty*.



SUMMARY POINTS

- Most 20-year-olds reported their general health as very good or excellent.
- 16% of all 20-year-olds said they had an ongoing chronic health issue, increasing from 14% at age 17; the most prevalent of which were *mental, behavioural or neurodevelopmental disorders*.
- Overweight and obesity had increased from age 17/18 to 20 years, with higher rates for young women than young men (16% and 9%, respectively, were classified as obese at age 20). Levels of physical inactivity were also higher for young women than for young men.
- Almost four in ten 20-year-olds smoked *daily or occasionally*, while almost all young adults drank alcohol. Almost one-quarter of 20-year-olds smoked cannabis *occasionally* or more often.

BACKGROUND

Growing Up in Ireland is the national longitudinal study of children and young people. The study is funded by the Department of Children and Youth Affairs (DCYA), with a contribution from The Atlantic Philanthropies. It is managed by the DCYA in association with the Central Statistics Office. It is carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD). The study is designed to inform policy affecting children and young people in Ireland.

The study tracks the development of two nationally representative cohorts of children and young people over time. **Cohort '98 (Child Cohort)** members were selected through primary schools and interviewed at 9 years, at 13 years, at 17/18 years and at 20 years old. These *Key Findings* are based on the 5,191 interviews with **Cohort '98** at age 20.

The second cohort is around ten years younger: **Cohort '08 (Infant Cohort)** members were first interviewed when the Study Child was 9 months old. The cohort members were re-interviewed at ages 3, 5 and 9 years, and a postal survey was completed by the parents at age 7/8. The experience of this cohort is described in a separate series of reports.

Methodology

The table below shows the details of each round of data collection with Cohort '98.

Age	When	Completed	Response rate*
9 years	2007/08	8,568	89%
13 years	2011/12	7,525	89%
17/18 years	2015/16	6,216	76%
20 years	2018/19	5,191	66%

* The response rate is the number of completions as a % of the total issued to interviewers in each wave (eligible cohort members where the address was known, apart from definitive refusals).

In any study that follows people over time, some will not respond in the first wave (non-response) or drop out between waves (attrition). Every effort has been made to adjust for any differences between those who respond and those who do not, though it is never possible to guarantee that this has been completely successful. Adjustments for non-response in Wave 1



were based on characteristics of the schools the 9-year-olds attended and data from the 2006 Census (see www.growingup.ie/pubs/Sample-Design-and-Response_9YearCohort.pdf). Adjustments for attrition between waves were based on characteristics measured at the last interview (or the first wave), including the young person's gender, family type, mother's education, family income, family social class; and the young person's score on a reading test at age 9. All figures presented in this *Key Findings* report are based on the statistically adjusted data.

The figures presented here are purely descriptive and do not control for potential interactions or confounding effects. All figures are preliminary and may be subject to change.

Access to Growing Up in Ireland data: Anonymised versions of all data collected in **Growing Up in Ireland** are available for research. Information on how to apply for access to the data, and copies of the questionnaires, are available at www.growingup.ie/information-for-researchers.

Thank you to all participants

The success of **Growing Up in Ireland** is the result of contributions from a large number of individuals, schools, organisations and groups, many of whom helped to recruit the sample and collect the data. The Study Team is particularly grateful to the thousands of families and young people from every part of the country who have given so generously of their time on numerous occasions to make this study possible. A very big 'thank you' to all the children, young people and their families.

For further information about **Growing Up in Ireland**, visit www.growingup.ie, email growingup@esri.ie or Freephone 1800 200 434.