Health Behaviours of School Pupils in the Eastern Health Board

This research was funded by the Health Promotion Department of the Eastern Health Board. The study was undertaken by Dr Annette Rhatigan, Department of Health Promotion, Eastern Health Board and Dr Emer Shelley, Department of Public Health- Eastern Health Board.

Published by the Health Promotion Department of the Eastern Health Board

ISBN 0 9485628 4 6

CHAPTER 5

ALCOHOL

Alcohol has been shown to be a prominent cause of morbidity and mortality and is associated with social and economic problems, including road accidents, crime, violence, absenteeism from work and impaired work performance. One method of reducing ill health from alcohol use is to persuade young people to delay starting to use alcohol. Pupils were asked about their alcohol consumption - had they ever tasted an alcoholic drink; how frequently they took an alcoholic drink such as wine, spirits beer, cider and alcopops, and whether they had ever been drunk.

Just over 85% of pupils (87.7% boys, 82.4% girls) reported that they had ever tasted an alcoholic drink (Table 5.1). Over 60% of pupils in the 10 to 11 age group had already tasted an alcoholic drink, increasing to over 96% among the 15 to 18 age group. Therefore most pupils between the ages of 15 and 18 had tasted alcohol. This was evident in all social classes in both sexes. Both boys and girls from social classes 1 and 2 were more likely to have ever tasted an alcoholic drink than pupils from the other social class groups.

Table 5.7 Number (%) of pupils in the different age groups who had ever tasted an alcoholic drink (N=4645)

	Age group (Years)			
	10-11	**12-14**	**15-18**	**Total**
Boys	315 (70.2)	834 (87.4)	969 (95.9)	2118 (87.8)
Girls	306 (59.0)	722 (82.9)	815 (96.8)	1843 (82.6)
Total	621 (64.1)	1556 (85.2)	1784 (96-3)	3961 (85.2)

Current Drinking

Students were asked how often they drank anything alcoholic, such as beer, wine, spirits, cider or alcopops. Current drinking is defined as taking at least one of the above alcoholic beverages at least every month. Overall, 44.7% of school pupils said that they had an alcoholic drink at least every month. The percentage of current drinkers ranged from 9.3% of 10-11 year olds through 32.4% of 12-14 year olds to 70.8% of those in the 15-18 age group. Boys (51.1%) were more likely to report current drinking than girls (37.8%). This was reflected within each age group. Drinking alcohol increased with age in all social classes (Figures 5.1 and 5.2). Younger boys in social classes 1 and 2 reported a higher percentage of current drinking than those in classes 3 to 6. Girls in social classes 5 and 6 in the 15 to 18 age group were slightly less likely to report current drinking than girls in social classes 1 to 4. However, there was no obvious gradient across the social classes. The pupils' responses to the different alcoholic drinks are shown in Table 5.3. Overall, boys were more likely to report drinking beer monthly (36.2% of boys compared to 17.3% of girls) and, to a lesser extent, cider (23.0% of boys compared to 16.7% of girls) than

girls. Girls (15.0%) were slightly more likely than boys (12.2%) to report drinking alcopops.

Of note in this section is the number of non-responders to the questions regarding current alcohol consumption (9.8% of the sample did not respond to the question regarding beer, 16.9% to the question regarding wise, 17.7% to the question regarding spirits, 15.4% to the question regarding cider and 16.4% to the question regarding alcopops). This non-response was distributed throughout sexes, school types, and age groups.

Table* 5.2 *Number (%) of pupils in the different age groups who take an alcoholic drink at least once a month (N= 4086)

	Age group (Years)			
	10-11	**12-14**	**15-18**	**Total**
Boys	54 (15.8)	309 (38.4)	717 (73.8)	1080 (51.0)
Girls	16 (3.9)	196 (25.9)	535 (67.0)	747 (37.9)
Total	70 (9.3)	505 (32.4)	1252 (70.8)	1827 (44.7)

Table 5.3 Frequency of drinking different alcoholic drinks, N(%)

	At least every week	**Every month**	**Rarely**	**Never**
Beer (Guinness, lager)	747 (17.5)	423 (9.9)	1246 (29.1)	1870 (43.6)
Wine	155 (3.9)	229 (5.8)	1478 (37.5)	2083 (52.8)
Spirits/Liquor	389 (10.0)	428 (10.9)	828 (21.2)	2265 (57.9)
Cider (Bulmers, ,etc.)	411 (10.3)	388 (9.7)	1082 (26.9)	2136 (53.2)
Alcopops (Woodys, Hooch, WKD)	246 (6.2)	295 (7.4)	1076 (27.1)	2353 (59.3)

Figure 5.1

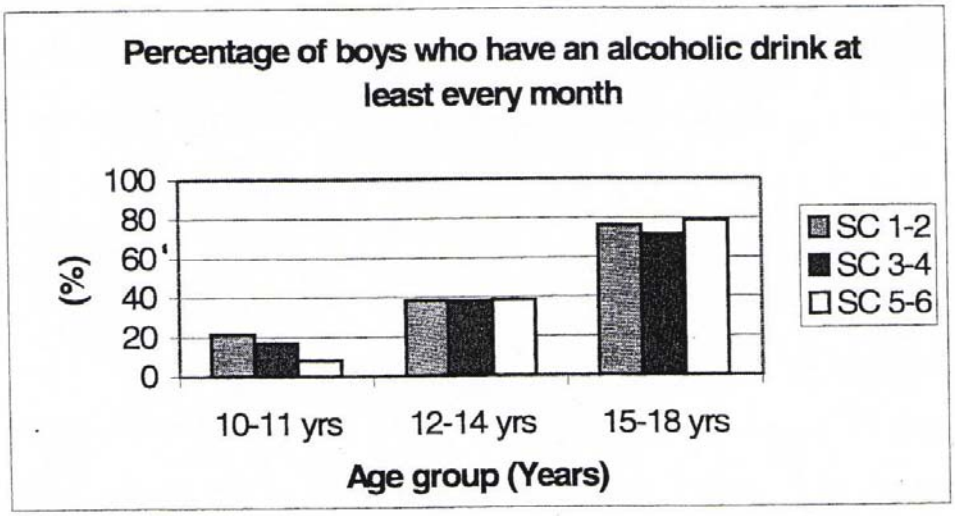
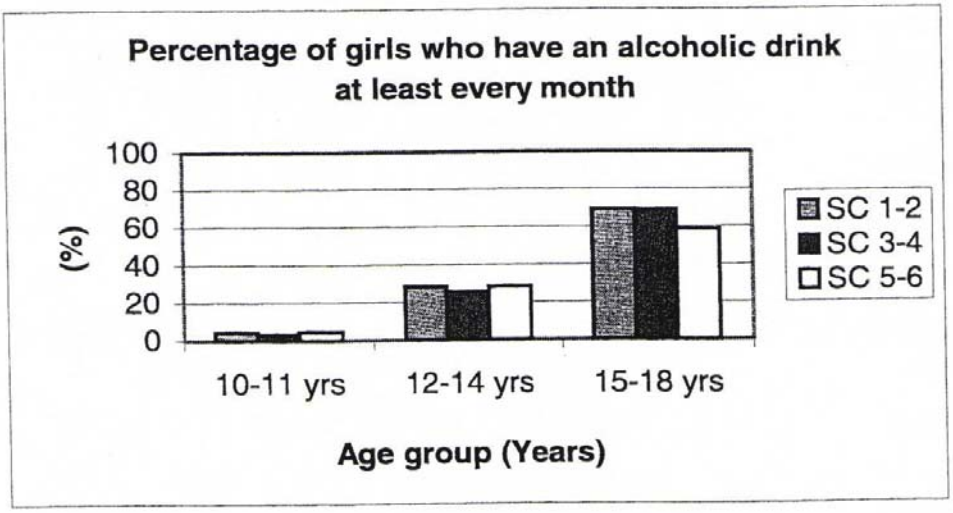


Figure 5.2



In response to the question, 'Have you ever had so much alcohol that you were really drunk', altogether 41.9% said that they had ever been drunk. Young people who report having been drunk on several occasions may be seen as being especially at risk. 30.3% (35.1% of boys and 25.2% of girls) said they had been drunk on two or more occasions. As can be seen in Figures 5.3 to 5.6, reported drunkenness increased with age and was higher in boys. Overall, 12.1% (15.5% of boys and 8.5% of girls) reported having been drunk on more than ten occasions. This increased with age from less than one percent of 10 to 11 year olds through 5.0% of 12-14 year olds to 25.0% of the over 15 year olds. Again, boys were more likely than girls to have been drunk on more than 10 occasions. In the 15-18 age group, 30.2% of boys compared with 18.8% of girls admitted to having been drunk on more than 10 occasions.

Table 5.4 Number (%) of pupils who had ever had so much alcohol that they were really drunk (N=4683)

Response	**Boys**	**Girls**	**Total**
No, never	1263 (51.8)	1457 (65.0)	2720 (58.1)
Yes, once	322 (13.2)	221 (9.9)	543 (11.6)
Yes, 2-3 times	285 (11.7)	224 (10.0)	509 (10.9)
Yes, 4-10 times	193 (7.9)	150 (6.7)	343 (7.3)
Yes, more than 10 times	377 (15.5)	191 (8.5)	568 (12.1)
Total	2440(52.1)	2243 (47.9)	4683

Figure 5.3

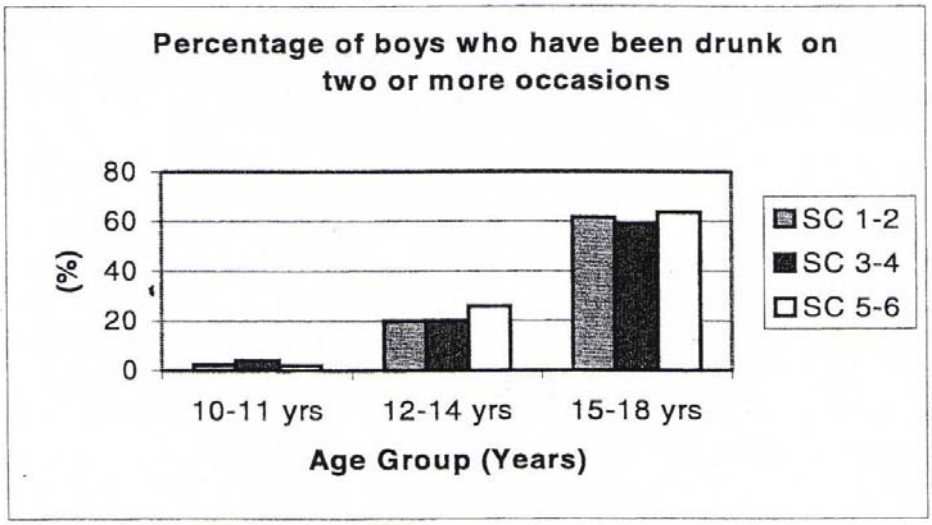


Figure 5.4

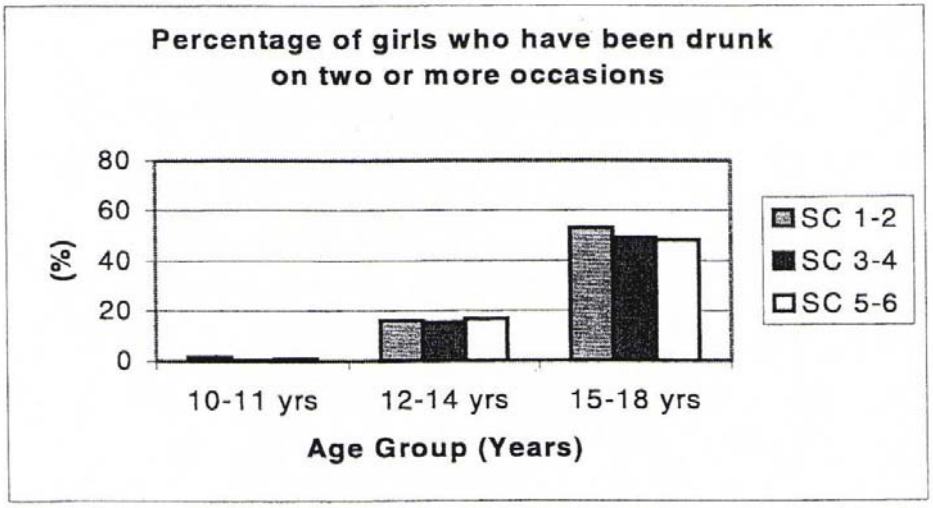


Figure 5.5

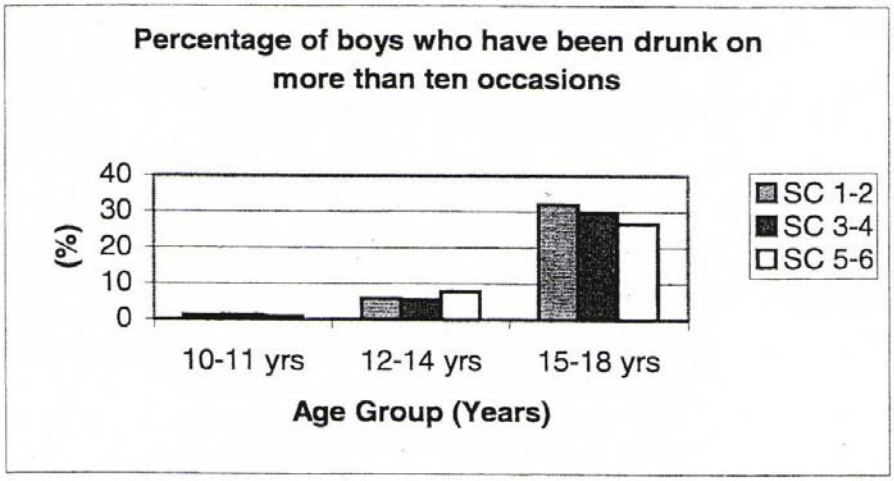
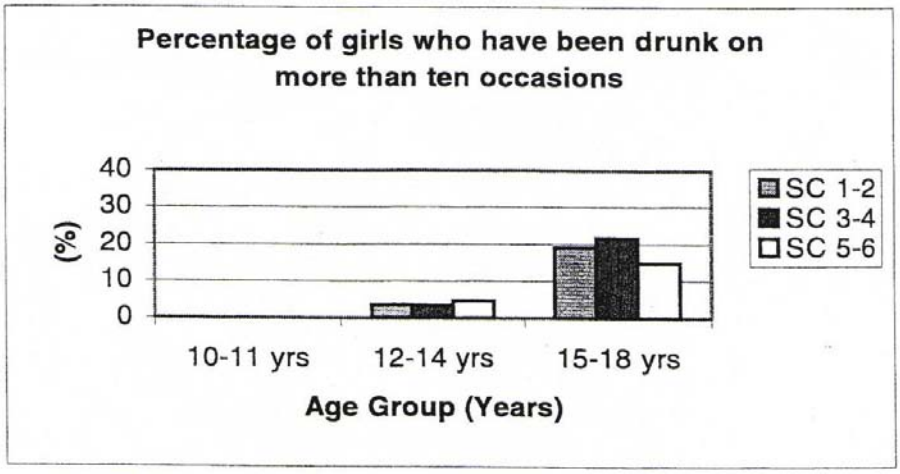


Figure 5.6



CHAPTER 6

INJURIES and SAFETY

Injuries are the largest cause of death and illness among schoolchildren in the western world. Non-fatal injuries account for a large proportion of hospital attendance and school absence.

Pupils were asked how often in the previous twelve months they had had an injury that required treatment by a doctor or a nurse. Over 44% of pupils said that they had required treatment (51.1% of boys and 37.2% of girls). Injuries requiring treatment were more common in boys than girls in all age groups. Boys were more likely than girls to have had more than one injury that required treatment. Pupils were also asked in addition to the injury which was treated by a doctor or a nurse how many other times they were injured so that they missed at least one full day of school. Overall, almost 60% of pupils had had an injury in the previous 12 months that required treatment by a doctor or nurse, or required missing at least one full day of school or usual activities (66.0% of boys and 52.0% of girls) (Table 6.1). As can be seen, injuries were more common in boys than girls in all age groups and social classes and decreased in frequency for girls with increasing age (Figures 6.1 and 6.2).

Table 6.1 Number of times pupils had an injury which required treatment by a doctor or a nurse or required missing at least one full day of school or usual activities during the past 12 months (N=4553)

Response	Boys No. (%)	Girls No. (%)	Total No. (%)
I did not have any injury in the past 12 months	810 (34.0)	1045 (48.1)	1855 (40.7)
1 time	452 (19.0)	469 (21.6)	921 (20.2)
2 times	374 (15.7)	254 (11.7)	628 (13.8)
3 times	247 (10.4)	158 (7.3)	405 (8.9)
4 or more times	498 (20.9)	246 (11.4)	744 (16.4)

Figure 6.1

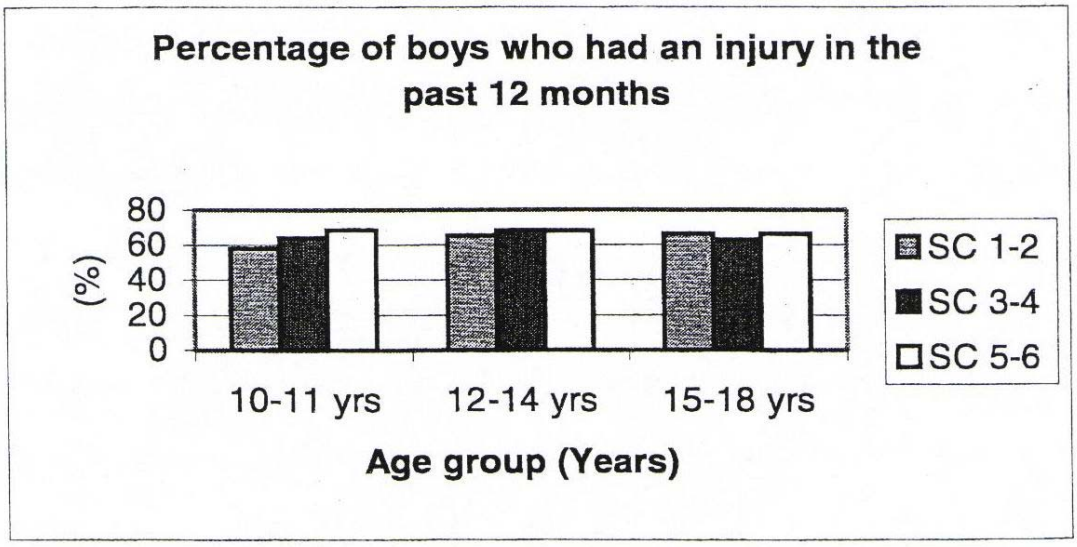
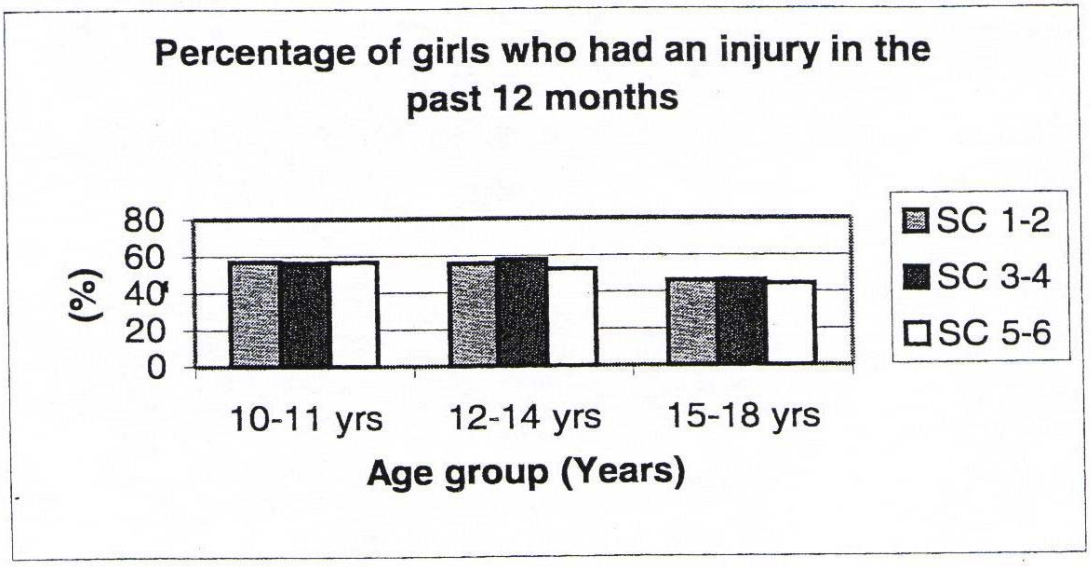


Figure 6.2

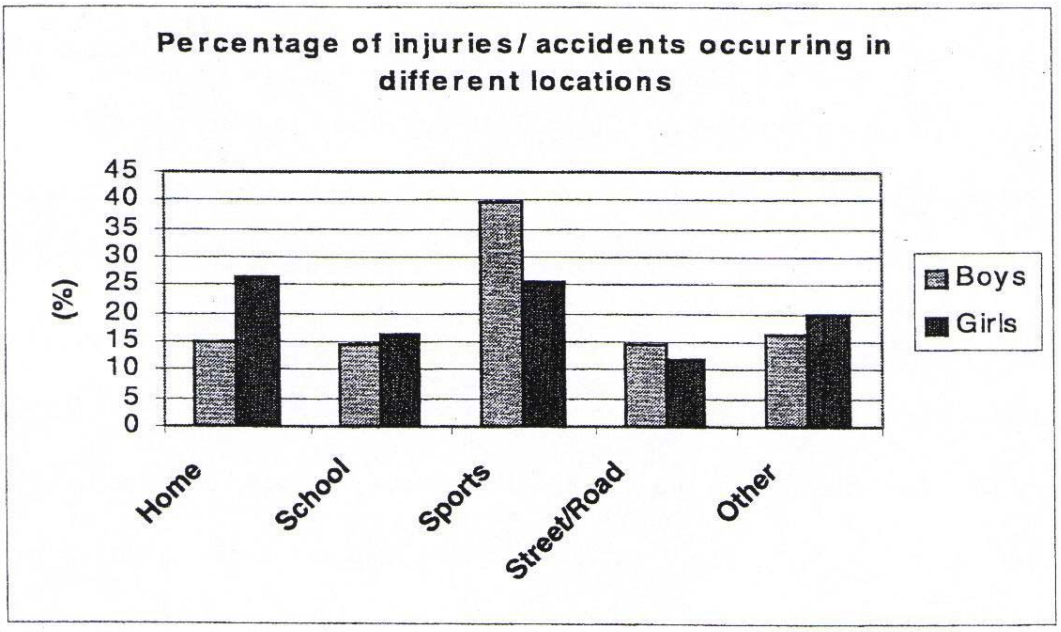


Detecting where injuries occur is the initial step is developing prevention programmes. Pupils in post-primary schools only were asked to think about their one most serious injury in the previous 12 months and where they were when that injury occurred. Over 53% reported that they had had an injury (62.1% of boys and 43.2% of girls). When those who did not report having an injury are excluded from the analysis, it can be seen that most injuries occurred at a sports facility or field (34.4%). Almost 20% of injuries occurred in the home. Injuries in girls were more likely to occur in the home and boys were more likely than girls to be injured at a sports facility or field (Table 6.2 and Figure 6.3).

Table 6.2 Where pupil's most serious injury occurred (N=1654)

	Boys No. (%)	Girls No. (%)	Total No.(%)
At home (yours or someone else's)	154 (14.9)	164 (26.3)	318 (19.2)
At school (including school grounds)	150 (14.5)	103 (16.5)	253 (15.3)
At a sports facility or field (not at school)	410 (39.8)	159 (25.5)	569 (34.4)
In the street/road	150 (14.5)	74 (11.9)	224 (13.5)
Other location	167 (16.2)	123 (19.7)	290 (17.5)

Figure 6.3



Use of Car Seat Belts

Pupils were asked how often they used a seat belt when travelling by car. 1.0% reported that usually there was no seat belt where they sat. These and the group who stated that they never travelled by car (0.7%) were excluded from the analysis. Almost 57% of pupils said they always wore a seat belt (50.9% of boys and 63.2% of girls). A further 21.5% (23.3% boys and 19.6% girls) reported that they 'often' wore a seat belt. In both sexes, students in the younger age group were more likely to always wear a seat belt (66.5% of 10-11 year olds, 54.0% of 12-14 year olds and 54.8% of 15-18 year olds reported always wearing a seat belt). Figures 6.4 and 6.5 show the percentages of students who always wear a seat belt classified by social class and age group. Girls were more likely to always wear a seat belt than boys. Overall, 8.0% of students reported that they rarely or never wore a safety belt (10.1% boys and 5.7% of girls).

Figure 6.4

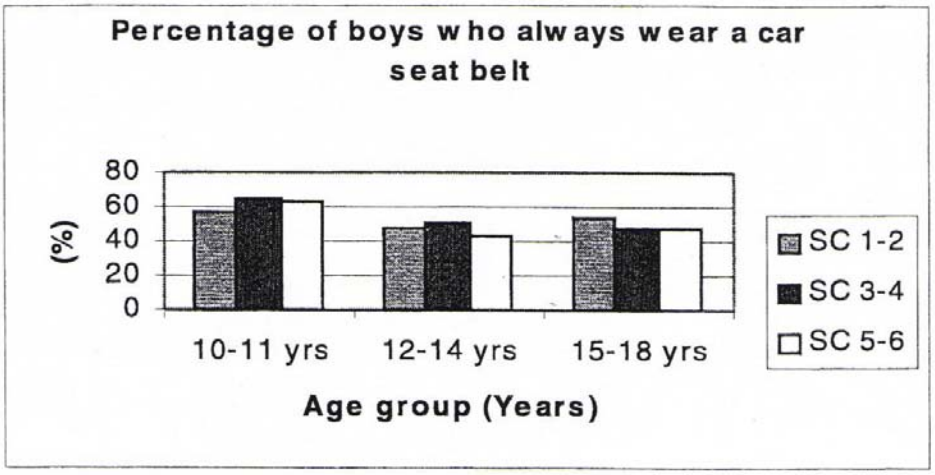
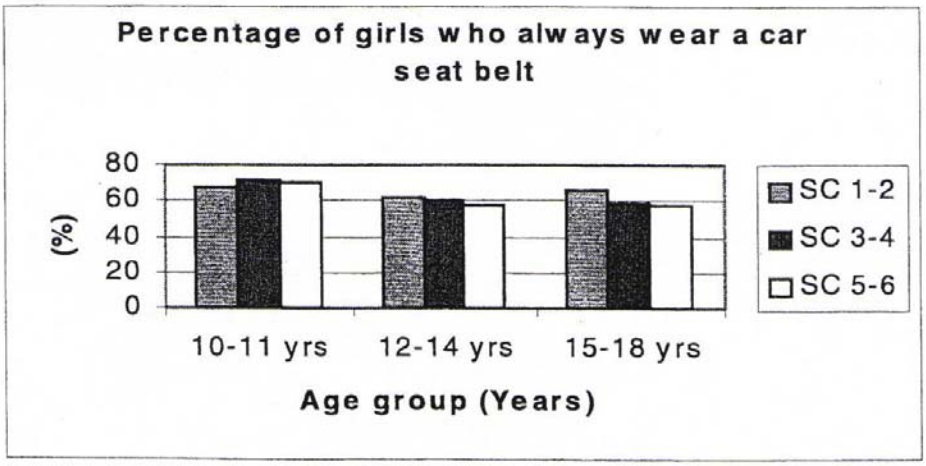


Figure 6.5



Use of Bicycle Helmets

Pupils were also asked how often they wore a helmet when riding a bicycle. Those (20.0%) who said they did not ride a bicycle were excluded from the analysis. Among cycle users, almost 12% said they always wore a helmet (9.4% of boys and 14.6% of girls). A further 9.0% reported often wearing a bicycle helmet but 67.5% of students said they rarely or never wore a helmet when riding a bicycle. Boys were more likely to report that they rarely or never wore a bicycle helmet (boys 72.7%, girls 60.4%).

Figures 6.9 and 6.10 show the boys and girls who said they always wore a helmet when riding a bicycle classified by social class and age group. Students in the 10-11 year age group were more likely to wear a bicycle helmet than those in the older age groups. Boys and girls in the upper social classes in the 10-11 age group were more likely to wear a helmet than pupils in social classes 5 and 6 in that age group. Girls in the 12 to 14 age group were more likely to wear a helmet than boys in the same age group.

Figure 6.6

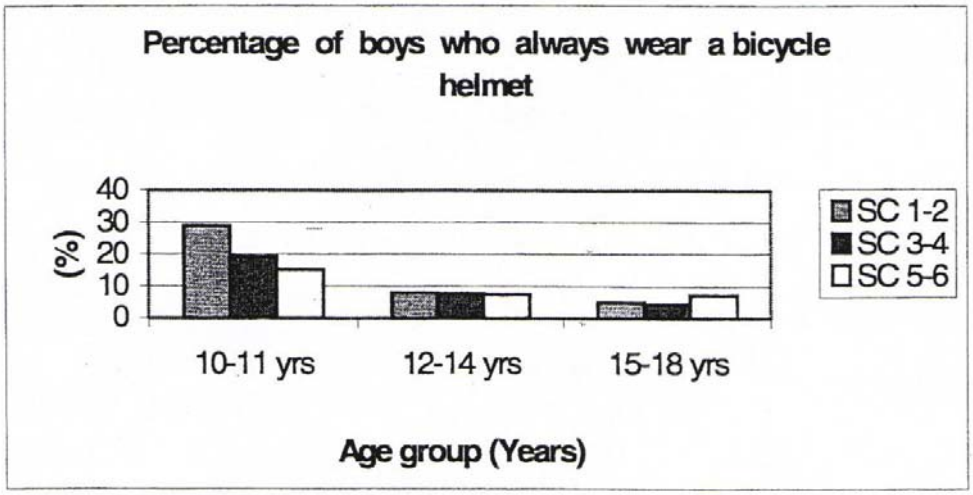
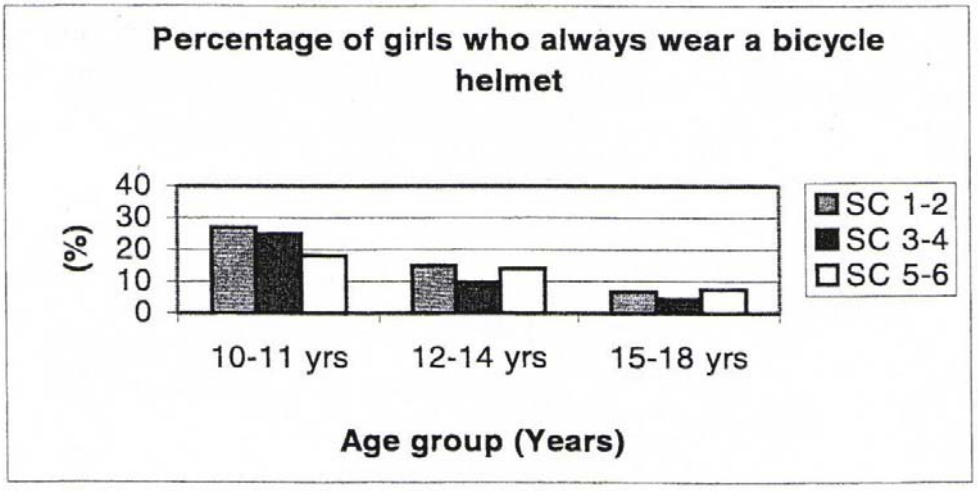


Figure 6.7



CHAPTER 7

ILLICIT SUBSTANCES

Lifetime Use of Cannabis and Marijuana

Pupils were asked on how many occasions, if any, they had used marijuana or cannabis in their lifetime and in the previous month. 20.5% said that they had used cannabis at some time in their lifetime (25.9% of boys and 14.5% of girls). This ranged from 1.5% in the 10-11 age group through 12.0% in the 12-14 age group to 39.2% in the 15-18 age group. Cannabis use increased with age for all sexes and social class groups and was higher for boys than girls (Figures 7.1 and 7.2). There was a slight social class effect in girls in the 12-14 and 15-18 age groups with increased reporting of use in classes 5 and 6. The trend for boys was not as clear, with 15 to 18 year old boys in social classes 1 and 2 reporting the highest percentage and classes 3 and 4 reporting the lowest percentage.

Table 7.1 Number (%) of students who have used cannabis in their lifetime by sex and age group (N=4523)

	10-11 years	**12-14 years**	**15-18 years**	**Total**
Boys	11 (2.5)	147 (15.8)	450 (46.5)	608 (25.9)
Girls	3 (0.6)	67 (7.8)	247 (30.4)	317 (14.5)
Both sexes	14 (1.5)	214 (12.0)	697 (39.2)	925 (20.5)

Figure 7.1

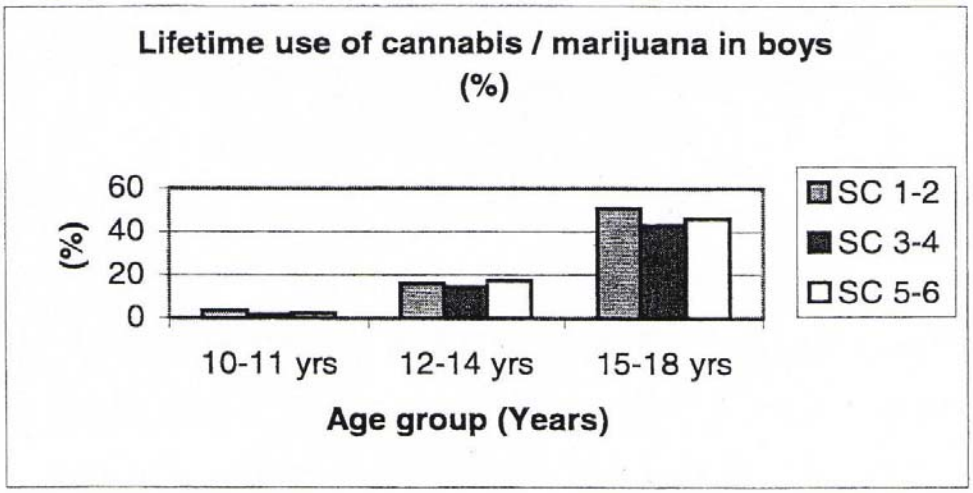
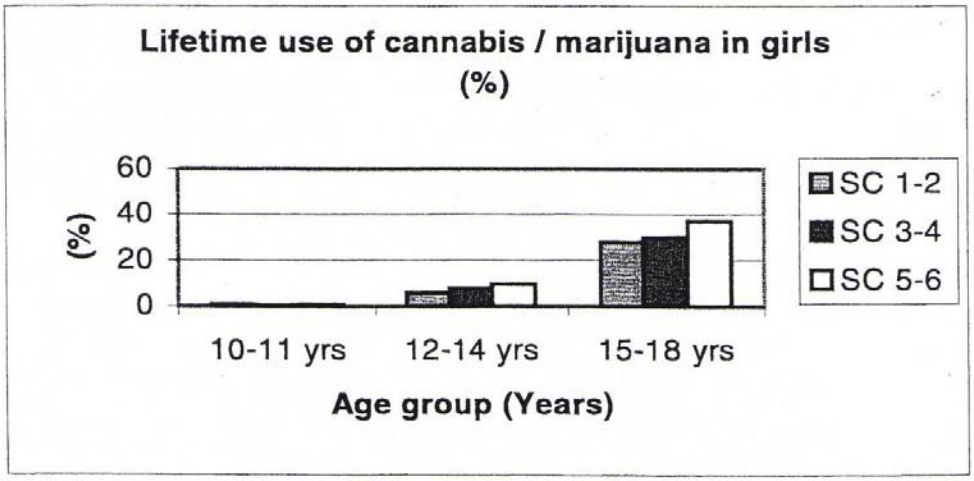


Figure 7.2



Current Use of Cannabis and Marijuana

Over 10% of students reported that they had used marijuana or cannabis in the previous 30 days. The rates were again higher overall in boys (14.4%) than in girls (6.2%) and increased with age in both sexes from less than a quarter of one percent in the youngest age group to 21.0% in the 15-18 age group. Current use increased with age and was higher in boys than in girls in all age groups (Figures 7.3 and 7.4). Older girls in social classes 5 and 6 appear to be more likely to use cannabis (19.7%) than their counterparts in the other social classes (12.0%).

Table 7.2 Number (%) of students who have used cannabis in the past 4 -weeks by sex and age group (N= 4465)

	10-11 years	**12-14 years**	**15-18 years**	**Total**
Boys	2 (0.4)	76 (8.3)	255 (26.9)	333 (14.4)
Girls	0 (0.0)	23 (2.7)	111 (13.9)	134 (6.2)
Both sexes	2 (0.2)	99 (5.6)	366 (21.0)	467 (10.5)

Figure 7.3

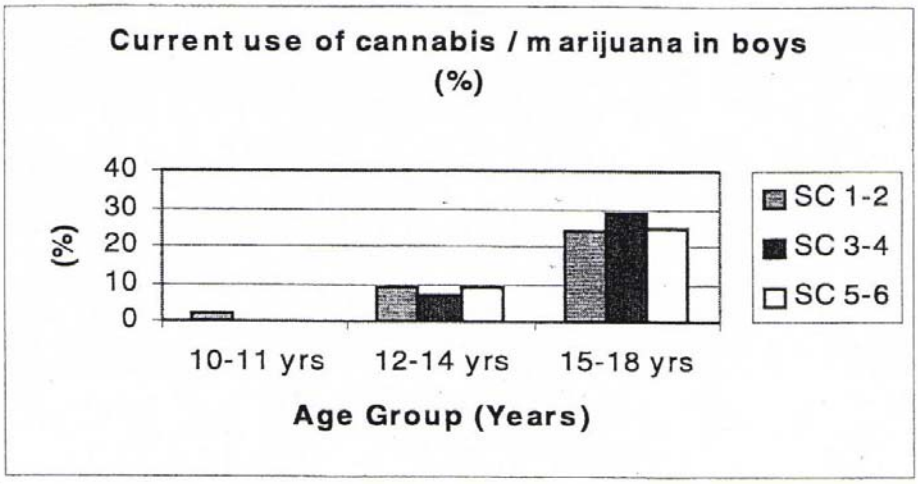
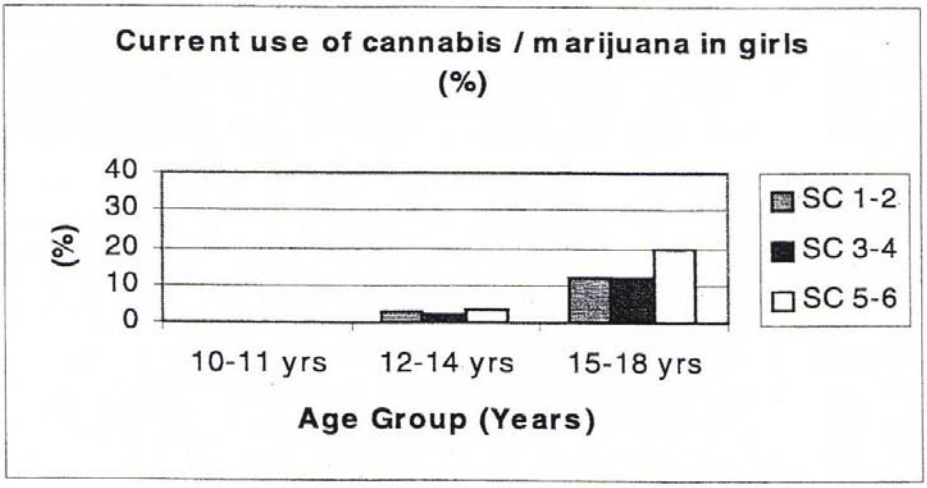


Figure 7.4



Lifetime Use of Illicit Substances other than Cannabis/Marijuana.

The pupils were asked about lifetime use of a number of drugs (Table 7.3). The highest positive response was to the use of solvents (12.6%); 4.6% had used amphetamines in their lifetime and 3.3% had used LSD (lysergic acid diethylamide). Less than 1% of students reported having used relevin, a bogus drug. Anyone who responded positively to the use of relevin, also reported using at least one other drug. Boys were more likely to report having used any of the drugs than girls. Looking at those who admitted to having used at least one of the list of drugs in Table 7.3, 17.7% had used an illicit substance other than cannabis at some time in their lifetime. This was higher in boys (21.7%) than girls (13.4%). Figures 7.5 and 7.6 show those boys and girls who have used drugs other than cannabis or marijuana (i.e. at least one of the drugs in Table 7.3) at some time in their lifetime, classified by social class and age group. The taking of drugs increased with age, was higher in boys and did not show a strong association with social class, particularly in boys.

Table 7.3 Lifetime use of drugs other than cannabis, N (%)

Drug(s)	Boys No. (%)	Girls No. (%)	Total No. (%)
Tranquillisers or sedatives (Barbs, downers Jellies) (without a doctor's prescription	87 (3.7)	66 (3.0)	153 (3.3)
Amphetamine (speed, whizz)	149 (6.3)	61 (2.8)	210 (4.6)
LSD (Acid, trips)	112(4.8)	37 (1.7)	149 (3.3)
Cocaine (Coke, crack)	66 (2.8)	26 (1.2)	92 (2.0)
Relevin (Whoops)	24 (1.0)	8 (0.4)	32 (0.7)
Heroin (Smack, skag)	44 (1.9)	8 (0.4)	52 (1.1)
Ecstasy (E, XTC)	107 (4.6)	34 (1.6)	141 (3.1)
Drugs by injection with a needle (like heroin, cocaine or amphetamine)	30 (1.3)	11 (0.5)	41 (0.9)
Solvents (e.g. Glue, Gas)	356 (15.1).	215 (9.9)	571 (12.6)
Magic Mushrooms (pucai, mushies)	173 (7.4)	53 (2.5)	226 (5.1)

Table 7.4 Number (%) of students in the different age groups who have used any of the drugs in Table 7.3 in their lifetime (N= 4453)

	10-11 years	12-14 years	15-18 years	Total
Boys	24 (5.9)	195 (21.5)	280 (28.3)	499 (21.7)
Girls	18 (3.7)	112(13.3)	158 (19.2)	288 (13.4)
Both sexes	42 (4.7)	307 (17.6)	438 (24.2)	787 (17.7)

Figure 7.5

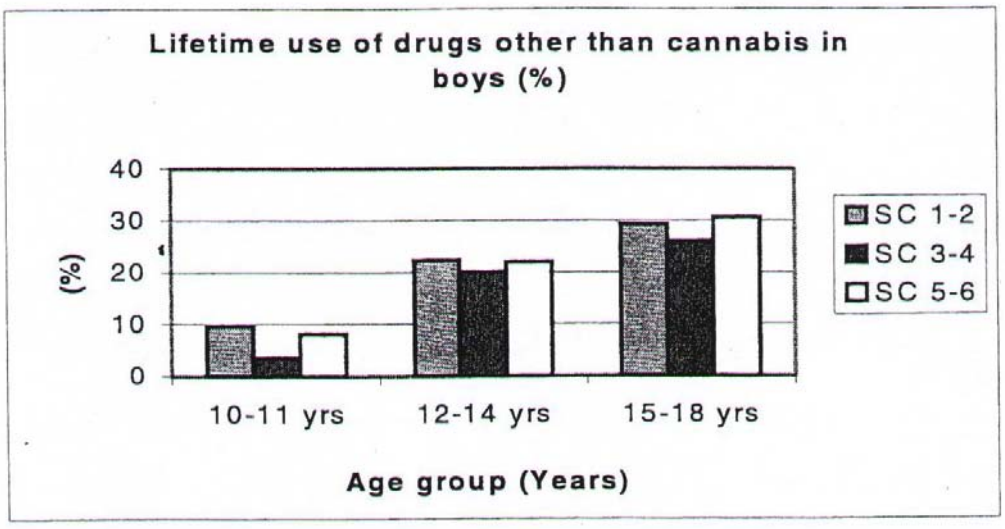
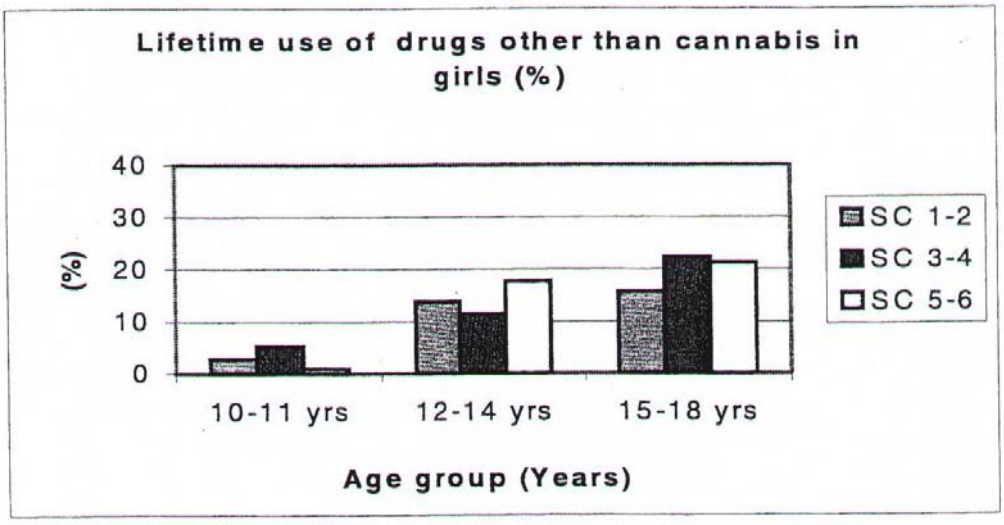


Figure 7.6



The pupils were asked what age they had been when they first used any of these drugs to get high. The average age was 12.9 years and the median was 13 years. The mean and median for boys was 12.8 and 13.0 respectively and the mean and median age for girls was 13.2 and 13.0. The median age for all social classes was 13 years and the median ranged from 12.7 in social classes 5-6 to 13.2 in social classes 1-2 (Table 7.5).

Table 7.5: Mean age of having started to use drugs in the different social classes

Social Class	Mean	Median
1-2	13.2	13.0
3-4	12.9	13.0
5.6	12.7	13.0

Current Use of Illicit Substances other than Cannabis / Marijuana

Students in ***post-primary schools*** (N= 3292) were asked how many times in the past 4 weeks they had used any of a number of drugs (Table 7.6). Over 3% admitted to using amphetamines and 2.9% to using ecstasy and over 7% reported using solvents in the previous month. Just over 11% admitted to using at least one of the drugs in Table 7.6 in the previous four weeks. Current use of illicit substances other than cannabis was higher in boys (14.3%) than girls (8.0%) and there was no obvious social class gradient except for older girls (Figures 7.7 and 7.8).

Table 7.6: Current drug use in post-primary school pupils

Drug(s)	Boys No. (%)	Girls No. (%)	Total No. (%)
Tranquillisers or sedatives (Barbs, downers Jellies) (without a doctor's prescription	34 (2.0)	28 (1.9)	62 (1.9)
Amphetamine (speed, whizz)	78 (4.5)	29 (2.0)	107 (3.4)
LSD (Acid, trips)	47 (2.7)	17 (1.2)	64 (2.0)
Cocaine (Coke, crack)	36 (2.1)	11 (0.8)	47 (1.5)
Relevin (Whoops)	16 (0.9)	6 (0.4)	22 (0.7)
Heroin (Smack, skag)	22 (1.3)	8 (0.5)	30 (0.9)
Ecstasy (E, XTC)	72 (4.2)	21 (1.4)	93 (2.9)
Drugs by injection with a needle (like heroin, cocaine or amphetamine)	19 (1.1)	6 (0.4)	25 (0.8)
Solvents (e.g. Glue, Gas)	150 (8.7)	77 (5.3)	227 (7.1)
Magic Mushrooms (pucai, mushies)	81 (4.7)	22(1.5)	103 (3.2)

Table 7.7 Number (%) of students in post-primary schools who had used any of the drugs in Table 7.9 in the past 4 weeks by sex and age group (N=3139)

	12-14 years	15-18 years	Total
Boys	103 (14.4)	140 (14.3)	243 (14.3)
Girls	55 (8.7)	61 (7.5)	116(8.0)
Both sexes	158(11.7)	201 (11.2)	359(11.4)

Figure 7.7

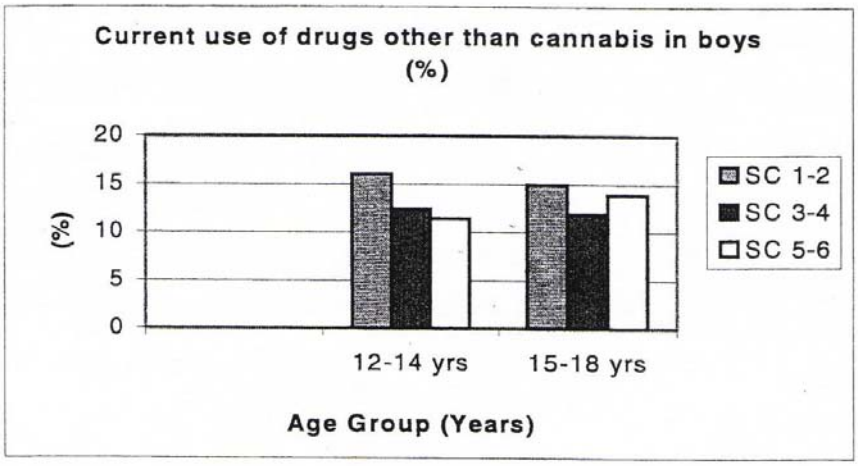
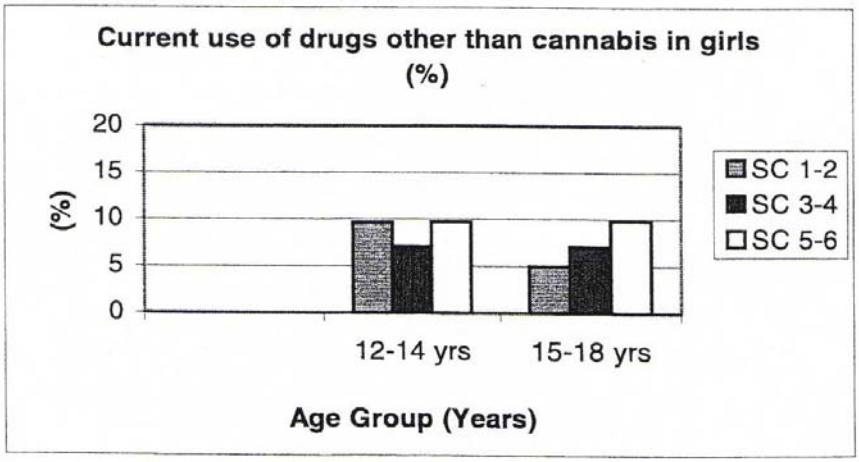


Figure 7.8



CHAPTER 8

COMMENTARY

Health promotion is defined as the educational processes which enable people to acquire information and skills that will help them to make good decisions in relation to their health. Education should be combined with appropriate policies, structures and support systems so that the healthy choice becomes the easier choice. *(Dept of Health and Children. A Health Promotion Strategy, 1995. Government Publications).*

The ultimate goal of the EHB's health promotion service is to enhance the well-being of individuals and communities in our region through the development of personal skills, and the creation of supportive environments and healthy public policy. Youth is one of our target groups for health promotion and schools are one of our priority settings. One of the strategic aims for health promotion in our Board is to develop the capacity of young people in the region to develop and maintain healthy lifestyles and life skills which protect and promote health.

Health promotion is an essential part of the curriculum in primary and post-primary schools. The new Social, Personal and Health Education (SPHE) programme for primary and post-primary pupils will make an important contribution to encouraging health promoting behaviours among young people. The Department of Health and Children and the health boards have worked closely with the Department of Education and Science in the development of SPHE. The EHB supports teachers in the

implementation of the new SPHE programme. In 1999, the Health Promotion Department (HPD) of the EHB appointed two Assistant Health Promotion Officers to co-ordinate our Board's work with schools in the region. These Assistant Health Promotion Officers have been appointed to provide information, training and materials for managers, principals and teachers. A needs assessment has been completed at post-primary level with school principals and teachers/A similar needs assessment has commenced at primary school level in schools in disadvantaged areas. Training will focus on the development of awareness and life skills to enable young people to make positive choices across a range of health behaviours, including physical activity, nutrition, smoking, alcohol, and illicit drug use. Our Board will work with all members of the school community, including parents. Boards of Management and students to support schools in developing policies and environments which support health.

The HPD is also consulting with schools about their health information and resource needs. A wide range of health education materials is already available from the HPD. It is currently developing a health promoting schools website, aimed at 12-18 year old pupils in the first instance.

Exercise and Leisure

The Eastern Health Board is committed to encouraging healthy lifestyles in the teenage years. Although many of our students are exercising frequently, there is still room for improvement, particularly in older girls.

- Our Board has hosted a multi-agency physical activity seminar "Promoting Increased Physical Activity - Making the Healthy Choice Easier" for our target

population (including statutory bodies, voluntary organisations and relevant individuals) to identify barriers to participation in physical activity. One section of this seminar was devoted to children and teenagers.

- It is planned to implement the Irish Heart Foundation's "Action for Life" programme in a number of primary schools in the health board in this school year. "Action for, Life" is a recognised resource to help primary schools teachers teach the important life skill of physical activity.
- Physical Health is an SPHE module in the proposed post-primary school -curriculum. Physical Activity is also a subject on the revised primary school curriculum.

Food and Nutrition

The survey findings demonstrate the requirement to increase the consumption of fruit and vegetables and to decrease the consumption of high fat foods in school pupils.

- The community nutritionists in the HPD have developed a one day course in teenage nutrition for post-primary teachers which will be provided in the year 2000. The evaluation for the course will enquire about ways in which the Health Promotion Department can support whole school nutrition programmes at post-primary level.
- It is planned to implement the NEAPS Project (Nutrition Education at Primary School) in the EHB in the coming year. NEAPS was developed under the auspices of the Departments of Health and Children and Education and Science with the objective of developing suitable educational materials for Irish schoolchildren

aged 8-10 years. It is proposed to provide training for 3rd and 4th class teachers in schools in disadvantaged areas.

- Nutritionists in the HPD aim to set up pilot training programmes for Home School Liaison Officers with a view to training them to run a nutrition programme called "Cooking for Health". This is a six week programme on healthy eating and healthy cooking aimed at young mothers.
- A course on nutrition, body weight issues and physical inactivity in teenagers will be held by the nutritionists in the HPD in December 1999 for health board staff.
- The nutritionists of the HPD have been involved in the production of a report on Oral Health in Ireland, published in 1999. *(Department of Health and Children. Oral Health in Ireland. 1999.)*

Cigarette Smoking, Alcohol and Use of Illicit Substances

The study demonstrates a high prevalence of smoking, alcohol and substance misuse among 15-18 year olds in particular.

- An Assistant Health Promotion Officer with specific responsibility for cancer prevention has been appointed. She will develop a Tobacco Control strategy for our region, with specific interventions targeted at young people and will collaborate with the Irish Cancer Society and local Health Promotion Committees to co-ordinate health promotion activity on cancer awareness and prevention.
- The introduction of the SPHE module on substance use, using the "Walk Tall" programme in primary schools has been supported by the EHB. "Walk Tall" is a primary prevention programme which aims to reduce the demand for legal and illegal substances amongst schoolchildren. The Education Officers of me Drugs/AIDS Service contribute to the delivery of this programme. The

corresponding module in post-primary schools is "On My Own Two Feet". An intersectoral working group is examining ways to support schools in developing substance use policies at primary and post-primary level. The HPD and the Drugs/AJDS Service are supporting follow-on research with service providers from the health, education, voluntary, and community sectors regarding recent findings in this area.

- The needs assessment carried out by the HPD in post-primary schools indicated that teachers recognised the need for a range of interventions around substance use - - including classroom teaching and individual work with students. In response, the HPD is offering four courses for Brief Intervention on Behavioural Change. This has been shown to be an effective technique to increase smoking cessation.

The EHB also provides:

- Training for teachers in smoking prevention education
- Information service (information, posters and leaflets advertising smoking cessation services).

Other projects in the community which will support this initiative in teenagers:

- "Infomatics 2000" project on tobacco information with Dublin Healthy Cities
- "I have to say No" project with retailers preventing the sale of cigarettes to under 16s.

Injuries and Accidents

Injuries and accidents are common in this age group. Low levels of wearing bicycle helmets were one of the findings of this survey.

- Our Board aims to reduce the number of accidents and associated morbidity and mortality through the implementation of a comprehensive, intersectoral action plan on injury prevention. A multidisciplinary committee on injury prevention will be established at Board level to oversee the implementation of the plan in schools as well as other important settings for health promotion.
- Safety and protection is a theme that runs throughout the SPHE programme. The proposed SPHE post-primary curriculum at junior cycle level addresses personal safety, including road safety and responses to threatening situations. It raises awareness of the possible contexts in which accidents occur. It explores the range of risks for young people - at home, at school and in the wider community. It also helps students identify strategies for promoting security and safety, and resources for crisis intervention.
- The Community Accident Prevention Programme in Ballinteer/Dundrum is a multisectoral accident prevention programme initiated by Dublin Healthy Cities. This involves teachers. Dun Laoghaire-Rathdown County Council, Gardaí, local businesses in the area and the EHB.

The Future

This survey has identified some health behaviours which need to be maintained and encouraged, for example, the high level of physical activity among young teenagers. However, other behaviours were identified as being threats to the health of young people, both in the short-term as well as when they reach middle age or older.

Some education programmes are now in place and others arc being implemented by the Department of Education and Science and the Department of Health and Children.

A number of voluntary agencies and community-based projects also support health initiatives among young people. The issues of building healthy public policy and creating supportive environments have been prioritised over the past few years and national policies have been developed on subjects such as food and nutrition, and alcohol.

It is intended to repeat this survey when the next national survey of school pupils is being done in 2001/02. In view of the increased range of health promotion programmes targetting school pupils, it is reasonable to expect evidence in these surveys of improved health behaviours in our young people.

Contents

Acknowledgements

This research was funded by the Health Promotion Department of the Eastern Health Board.

We would like to thank the following:

- the students who completed the questionnaires
- the principals of the schools and the teachers of the participating classes for their time and commitment
- the staff of the Community Care Areas, particularly the Area Medical Officers and Public Health Nurses who carried out the survey in the schools
- Ms Claire Collins. Department of Public Health Medicine and Epidemiology, University College Dublin, for assistance with data analysis
- Dr Saoirse Nic Gabhainn, Assistant Academic Director, Department of Health Promotion, National University of Ireland, Galway, for support in planning the survey
- Dr Candace Currie, International Co-ordinator, World Health Organization -Health Behaviour in School-aged Children, University of Edinburgh.

Abbreviations

CCA	Community Care Area
EHB	Eastern Health Board
HBSC	Health Behaviour in School-aged Children
HPD	Health Promotion Department
No. or N	Number
SPHE	Social, Personal and Health Education
TV	Television
WHO	World Health Organization
LSD	Lysergic acid diethylamide

Summary

A survey of health behaviours of 11-18 year old school pupils in the Eastern Health Board (EHB) was carried out in November - December 1998 by the Board's Health Promotion Department. The study instrument and methods were similar to those of the 1998 national Health Behaviour in School-aged Children study carried out by the Department of Health Promotion in the National University of Ireland, Galway, for the Department of Health and Children. In view of the size of the population of the EHB region (1.3 million) and because a large proportion of that population is comprised of young people, it was decided to carry out a regional survey to obtain data to guide further development and evaluation of health promotion services. The overall aim of the survey was to collect information on health behaviours and lifestyles of young people in the region. A random sample of schools was chosen, stratified by county and school type. Altogether 64 schools participated in the survey. 4750 school pupils between the ages of 11 and 18 completed the questionnaire of whom 52% were boys and 48% were girls. A summary of the main findings is as follows:

Exercise and Leisure:

Just over half of the pupils reported exercising strenuously at least four times a week outside class time. Frequent strenuous exercise was more common in boys (59%) than girls (41%) and decreased with age from almost two thirds of 10-11 year olds to less than 40% of 15-18 year olds. Close to 9% of students reported exercising vigorously less than once a week. This was highest in 15-18 year old girls, with almost 18% reporting that they exercised strenuously less than once a week. Over one fifth of students said they watched television (TV) for four hours or more each day. This percentage was higher in boys than girls and decreased with increasing age. Boys in

social classes 3 to 6 watched more TV than boys in social classes 1 and 2 in all age groups.

Food and Nutrition:

Almost 40% of pupils ate fruit more than once a day but more than a quarter ate fruit less than once a day. Eating fruit regularly was more common in girls and decreased with age in both sexes. Consumption of soft drinks and high fat foods was high -almost 47% of students reported consumption of 3 or more fatty foods daily (51% of boys and 42% of girls). Girls were more likely to be on a diet than boys. This increased with age, with over 15% of girls in the 15-18 age group reporting that they were on a diet to lose weight.

Tobacco and Alcohol:

Just over half of the students said they had ever smoked tobacco. This was slightly higher in boys man girls. Using a definition of a current smoker as smoking at least once a week, over 17% of 11-18 year olds were current smokers. Rates were the same overall for both sexes but more girls than boys reported being current smokers in the older age group. Smoking increased with age, with over 2% of 10-11 year old boys, 15% of 12-14 year olds and 27% of 15-18 year olds reporting current smoking. In girls, just over 1% of 10-11 year olds, 16% of 12-14 year olds and almost 30% of 15-18 year olds were current smokers.

Eighty-five percent of pupils reported that they had ever tasted an alcoholic drink -88% of boys and 82% of girls. Overall, almost 45% of school pupils said they drank alcohol at least every month (51% of boys and 38% of girls). Drinking alcohol increased with age - the percentage of current drinkers ranged from 9% of 10-11 year

olds through 32% of 12-14 year olds to 71% of those in the 15-18 age group. Reported drunkenness increased with age and was higher in boys. Overall, 30% (35% of boys and 25% of girls) said they had been drunk on two or more occasions. Twelve percent of students (15% of boys and 8% of girls) reported having been drunk on more than ten occasions.

Injuries and Safety:

Injury

Almost 60% of pupils had an injury in the previous 12 months which required treatment by a doctor or nurse, or required missing at least one full day of school or usual activities. Injuries were more common in boys than girls in all age groups and social classes and decreased in frequency for girls with increasing age. Most of the 53% of pupils in post-primary schools who had had an injury reported that the injury occurred at a sports facility or field (not at school) (34%) or at home (20%). Boys were more likely than girls to report that their injury occurred at a sports facility whereas injuries in girls were more likely to have occurred at home (their own home or someone else's).

Use of Car Seat belts and Bicycle Helmets

Almost 57% of pupils said they always wore a seat belt. A further 21% reported that they 'often' wore a seat belt. Girls were more likely to always wear a seat belt than boys. Students in the 10 to 11 age group were more likely to wear a seat belt than students in the older age groups. Only one in eight students said they always wore a helmet when riding a bicycle (9% of boys and 15% of girls). A further 9% reported often wearing a bicycle helmet but more than two thirds of students said they rarely or

never wore a helmet when riding a bicycle. Boys were more likely than girls to report that they rarely or never wore a bicycle helmet (73% of boys and 60% of girls). Students in the 10-11 year age group were more likely to wear a bicycle helmet than those in the older age groups.

Illicit Substances:

Lifetime use of Cannabis / Marijuana

One in five pupils said that they had used cannabis at least once in their lifetime (26% of boys and 14% of girls). Lifetime use of cannabis increased with age in both sexes and all social class groups and was higher for boys than girls. Less than 2% of 10 to 11 year olds, 12% of 12 to 14 year olds and 39% of the 15 to 18 age group reported having ever used cannabis.

Current use of Cannabis / Marijuana

Overall, 10% of students reported using marijuana or cannabis in the past 30 days. The rates were again higher overall in boys (14%) than in girls (6%) and increased with age in both sexes from under 0.2% in the youngest age group to 21% in the 15-18 age group. In the oldest age group, girls in social classes 5 and 6 were more likely to currently use cannabis (20%) than their counterparts in the other social classes (12%).

Lifetime use of illicit substances other than Cannabis / Marijuana

The most commonly used drugs other than cannabis were solvents. Overall almost 13% of students reported having used solvents, almost 5% had used amphetamines, 3% had used LSD (lysergic acid diethylamide), 3% had used tranquillisers and 3% had used ecstasy in their lifetime. Almost 18% had used an illicit substance other than

cannabis al some time in their lifetime. Lifetime use of these drugs increased with age, was higher in boys than girls and did not show a clear gradient with social class.

Current use of illicit substances other than Cannabis /Marijuana

In post-primary schools, over 7% of students reported using solvents in the previous month, over 3% admitted using amphetamines and 3% to using ecstasy. Just over 11% of post-primary students admitted using at least ‘one illicit substance other than cannabis in the previous four weeks. Current use of these substances was higher in boys than girls and increased with age.

CHAPTER 1

BACKGROUND and METHODS

Background

Health Behaviour in School-aged Children: A World Health Organization Cross-National Study

In 1982 researchers from England, Finland *and* Norway initiated the cross-national Health Behaviour in School-aged Children survey. Shortly afterwards the project was adopted by the World Health Organization (WHO) for Europe as a WHO collaborative study. Since then five similar studies have been carried out. The first survey was carried out in 1983-84, in just four countries. By 1993-94 24 countries were participating in the survey (Austria, Belgium - French speaking, Belgium - Flemish speaking, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Israel, Latvia, Lithuania, Northern Ireland, Norway, Poland, Russia, Scotland, Slovakia, Spain, Sweden, Switzerland and Wales).

Ireland took part for the first time in the 1997/98 survey. The Department of Health and Children commissioned the Department of Health Promotion in National University of Ireland, Galway, to produce a national report on the lifestyles of

schoolchildren[1]. The overall goal of the survey was to gain new insights into health behaviours and lifestyles in young people.

The Eastern Health Board (EHB) has the largest population (1,295,939) of the eight regional health boards in Ireland, with approximately 35% of the population of Ireland and a large proportion of that population comprising of young people. It was therefore decided to carry out a regional survey, to obtain data to guide further development and evaluation of health promotion services.

Aim:

- The overall aim of the survey was to collect information on health behaviours and lifestyles of young people in the EHB region.

Objectives:

The objectives of the survey were:

- to augment the national survey results for the EHB region;
- to collect baseline data on the health behaviour of pupils aged 11-18 years in the EHB;
- to build on this baseline data with further surveys in future years in order to have information on trends for a range of important health behaviours;
- to obtain information which can be used to plan and influence health promotion and health education in schools and among young people in general.

[1] Department of Health and Children. The National Health & Lifestyle Surveys. Results from SLÁN [Survey of Lifestyle, Attitudes and Nutrition] and HBSC [Health Behaviour in School-aged Children] 1999.

Methodology

Similar methods were used in the EHB schools survey as in the national Health Behaviour in School-aged Children survey. A random sample of schools was chosen, stratified by county and in the case of the post-primary schools, by school type. The schools were chosen in proportion to the number of school types in each county and to the proportion of people aged 11-18 years in each county of the EHB. Details of the survey were sent to the principals of the schools with an invitation to participate. Those schools that agreed were then asked to return the names of all classes and the number of children in each class. A class was randomly selected from each year of 5th and 6th class of the selected primary schools and 1st to 6th year in the post-primary schools. Thus, the sample was a cluster sample of pupils in a chosen classroom. The EHB survey involved students in 5th and 6th class in 32 primary schools and students from each year of 32 post-primary schools in the region. The schools which agreed to participate were issued with further information regarding the survey and a draft consent form for parents/guardians of the children from the selected classes. Generally, if a consent form was not signed and returned by the parent, the pupil in question did not complete a questionnaire.

Staff from the Community Care Areas (CCAs) contacted each school and arranged to carry out the survey at the school's convenience. The pupils completed the questionnaire in their classroom in the presence of CCA staff. The children were assured that their questionnaire was anonymous and in confidence. The CCA staff had been given guidelines to help them to respond to any queries from the pupils. After completion each child sealed his/her questionnaire in an unmarked envelope. CCA staff removed the completed questionnaires from the schools.

The questionnaire

The questionnaire used in the post-primary schools was almost identical to the WHO Health Behaviour in School-aged Children questionnaire. The primary school questionnaire was a shorter (12 page) version, addressing core issues. In some of the weaker classes in the post-primary schools, the primary school questionnaire was used. Schools were offered the questionnaire in either the Irish or English language.

Sample size estimation

Sample size was chosen on the same basis as that of the WHO Health Behaviour in School-aged Children survey. The National Survey required a minimum sample size for each of their three groups of 1536 students (11, 13 and 15 year olds). This calculation was based on a 95% confidence interval of +/- 3% and a design effect of 1.44 derived from analyses of the 1993-94 WHO survey. Confidence intervals indicate the level of precision associated with survey estimates, where precision refers to the extent to which a sample represents the population from which it is drawn. In this case the sample was selected so that 95 times out of 100 the true response can be expected to lie within plus or minus 3 percentage points of the responses obtained had the entire population of the country/region been sampled. On this basis, the required sample size was estimated to be 6,000.

Response Rate

Response Rate of schools

Primary Schools

Of the primary schools initially selected, one declined to participate as they were moving premises. This school was replaced by the first school on the reserve list. One extra school was added to the sample from one of the smaller counties as one of the selected schools had a very small number of pupils and one class from a chosen school later declined to participate in the survey. The overall response rate of primary schools was 94.1% (32/34).

Post-primary Schools

Of the initial 31 post-primary schools selected, 6 schools refused. The schools were replaced by the next schools on the reserve list Three of the vocational schools selected were found to be Post Leaving Certificate schools and were replaced by vocational schools from the reserve list. One extra school was added into the sample from one of the smaller counties, as the number of pupils from that county was quite small. The response rate for post-primary schools was 82% (32/39). The overall response rate of schools (primary and post-primary) was 87.8%.

Table 1.1 Geographic distribution of schools participating in the survey

	Primary	**Secondary**	**Vocational**	**Comprehensive /Community**
Dublin	24	15	5	4
Kildare	5	2	2	1
Wicklow	3	1	1	1
Total	32	18	8	6

Table 1.2 Distribution of sample by school type. Number (N) (%)

	Primary	Secondary	Vocational	Comprehensive /Community	Total
Boys	640	1210	315	305	2470 (52.2)
Girls	683	1017	295	266	2261 (47.8)
Total[†]	1323 (27.9)	2227 (47.1)	610 (12.9)	571 (12.1)	4731

[†] Sex not stated for 19 students.

Response rate of school pupils

There were 4750 questionnaires returned out of an estimated 6081, indicating a response rate of 78.1% (84.7% in the primary school and 76% is the post-primary schools) (Table 13). Most students who did not complete the questionnaire were either absent or had not returned a consent form signed by their parent or guardian.

Table 1.3 Response to survey

	Primary school No. (%)	Post-primary schools No. (%)
Estimated no. of pupils in class	1574	4507
Actual number of questionnaires returned	1334 (84.7)	3423 (76.0)
Pupils absent	100 (6.3)	574 (12.7)
Pupils refused	4 (0.25)	20 (0.4)
Consent not returned /Parent refused	112 (7.1)	152 (3.3)
Information missing	24 (1.5)	338 (7.5)
Total	1574	4507

Representativeness of the Survey

There are three counties in the EHB - Dublin, Kildare and Wicklow. Of the children surveyed, 75% were from Dublin, 14% from Kildare and almost 11% from Wicklow. The sample was representative of the population distribution across the counties (Table 1.4). As previously mentioned, the different types of post-primary schools were also proportionately represented.

Table 1.4 Distribution of survey respondents by county and comparison with distribution of 11-28 year olds living in the counties of the Eastern Health Board, N (%)

	Dublin	Kildare	Wicklow	Total
Boys	1976 (55.7)	303 (45.5)	191 (36.9)	2470 (52.2)
Girls	1571 (44.3)	363 (54.5)	327 (63.1)	2261 (47.8)
Total*	3547 (75.0)	666 (14.1)	518 (10.9)	4731
11-18 year olds living in EHB	143480 (79.2)	21890 (12.1)	15832 (8.7)	181202

* Sex not stated for 19 students.

Demography

Of the 4750 school pupils who completed the questionnaire, 2470 (52.2%) were boys and 2261 (47.8%) were girls. Approximately 40% of students were in the 12-14 age group, a similar percentage were aged 15 to 18, and 21% were in the youngest age group (Table 1.5). The social class of the students was initially determined using the fathers' social class. However father's occupation was not available in 18.8% of cases (Table 1.6). In view of this, the social class of the mother was inserted where the father's social class was not available, thus reducing the unavailable data to 10.3%.

Table 1.5 Number (%) of boys and girls surveyed by age group[†]

Sex	10-11 years	12-14 years	15-18 years	Total
Boys	452	958	1013	2423 (52.0)
Girls	526	873	842	2241 (48.0)
Total	978 (21.0)	1831 (39.3)	1855 (39.8)	4664

6 students were aged nine and 3 were aged nineteen years.
[†]Age and/or sex not stated for 86 students.

Table 1.6 Distribution by social class, N (%)

Social Class	Father's occupation	Parent's occupation*
Professional	262 (5.5)	269 (5.7)
Managerial	1012 (21.3)	1103 (23.2)
Skilled non-manual	642 (13.5)	743 (15.6)
Skilled Manual	1184 (24.9)	1218 (25.6)
Semi-skilled	581 (12.2)	649 (13.7)
Unskilled	177 (3.7)	277 (5.8)
Not available	892 (18.8)	491 (10.3)
Total	4750	4750

*****The social class of the mother was inserted where the father's social class was not available.

Table 1.7 Distribution of participants by age, sex and social class (using father's social class and social class of mother where father's social class was missing) N(%)

	Social Class 1-2	**Social Class 3-4**	**Social Class 5-6**	**Total**
Boys				
10-11 years	86 (20.4)	237 (56.2)	99 (23.5)	422 (19.4)
12-14 years	271 (32.0)	378 (44.7)	197(23.3)	846 (38.8)
15-18 years	309 (33,9)	412 (45.2)	190 (20.9)	911 (41.8)
Girls				
10-11 years	112(23.2)	251 (52.1)	119(24.7)	482 (23.8)
12-14 years	277 (35.4)	354 (45.2)	152 (19.4)	783 (38.7)
15-18 years	305 (40.3)	302 (39.9)	149 (19.7)	756 (37.4)
Total	1360 (32.4)	1934 (46.0)	906 (21.6)	4200

CHAPTER 2

EXERCISE and LEISURE

Physical activity is beneficial for the young in that:

- It promotes physical and mental well-being;
- It enhances self-esteem in children;
- It is an important socialization process for youth;
- It plays an important role in the prevention of cardiovascular disease.

Students were asked how often, outside class time, they exercised to the extent that they got out of breath or sweated. Almost 51% of school pupils (59.5% of boys and 41.3% of girls) reported exercising at least four times a week and close to 9% reported exercising vigorously less than once a week (5.9% of boys and 11.4% of girls). Exercise decreased with age. Boys were more likely to exercise vigorously than girls in all age groups and social classes, except in the 10 to 11 year old boys in social classes 5 and 6, where the percentages were about the same (Figures 2.1, 2.2, 2.3 and 2.4). In the 10-14 age group, boys in the upper social classes were more likely to exercise strenuously than those in social classes 5 and 6. The percentage of boys exercising strenuously four or more times a week was the same in all social classes in the 15-18 age group, perhaps indicating that older boys who stay in the school environment participate in exercise regardless of social class. Vigorous exercise decreased with age in both sexes, more noticeably among the females. Exercising four or more times a week decreased from 63.8% in the 10-11 year old to 55.9% in the 12-14 year olds and to 38.9 % in the 15-18 year olds. Nearly 18% of girls in the 15-18 age

group reported that they exercised strenuously less than once a week. This was highest, at 20.8%, in social classes 5 and 6 (Figure 2.4).

Table 2.1 Amount of time spent exercising strenuously outside of class time (N=4714)

Response	**Boys No. (%)**	**Girls No.(%)**	**Total No.(%)**
Every day	789 (32.0)	452 (20.1)	1241 (26.3)
4 to 6 times a week	677 (27.5)	478 (21.2)	1155 (24.5)
2 to 3 times a week	646 (26.2)	706 (31.4)	1352 (28.7)
Once a week	204 (8.3)	358 (15.9)	562 (11.9)
Once a month	32 (1.3)	81 (3.6)	113 (2.4)
Less than once a month	38 (1.5)	84 (3.7)	122 (2.6)
Never	77 (3.1)	92 (4.1)	169 (3.6)

Figure 2.1

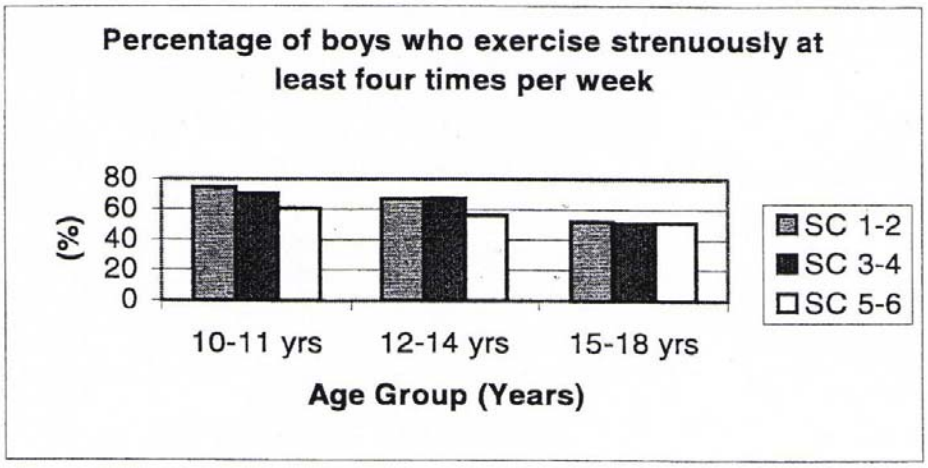


Figure 2.2

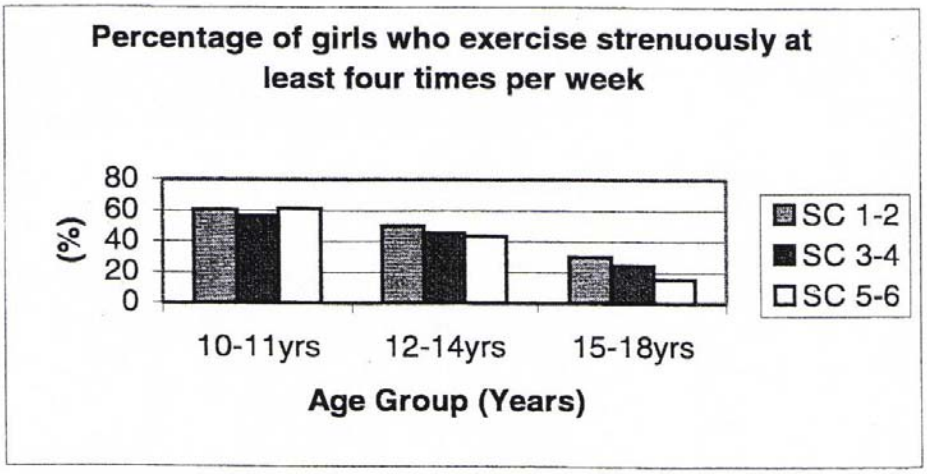


Figure 2.3

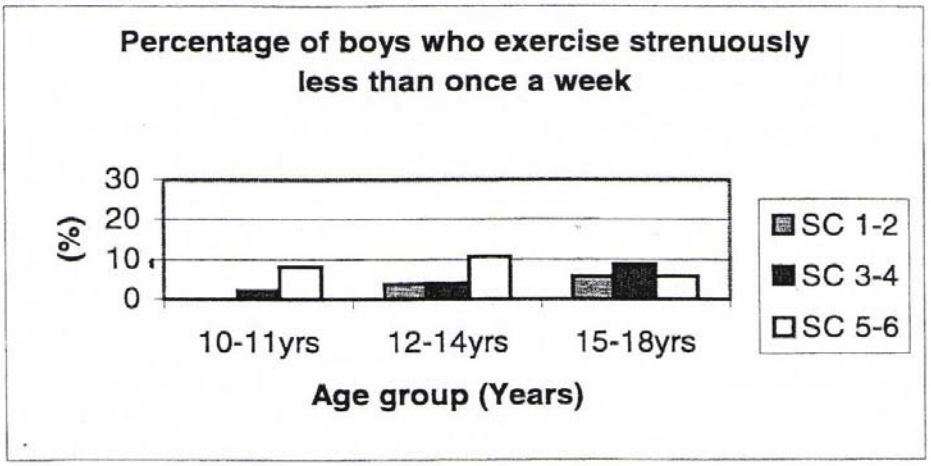
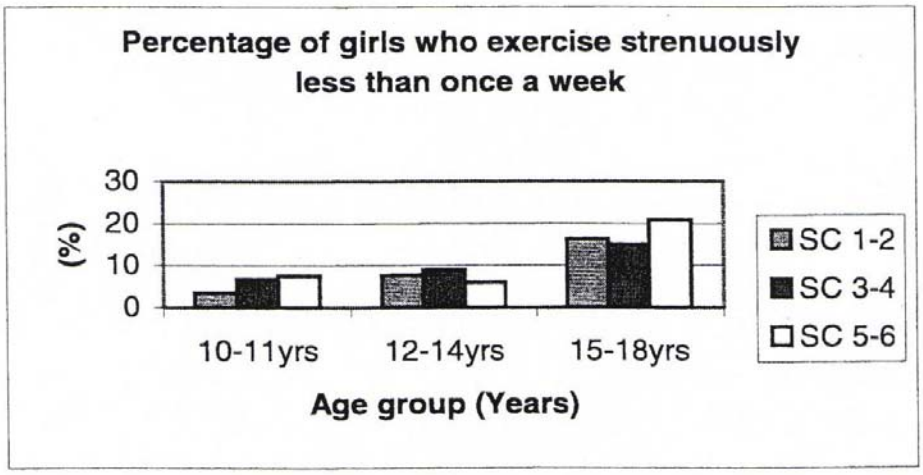


Figure 2.4



Television and Computer Games

Pupils were asked questions about the amount of time they spent watching television (TV) and playing computer games. In response to the question 'How many hours a day do you usually watch television?' less than 2% said they did not watch TV at all and almost 22% said they watched TV for four hours or more each day (Table 2.2). The majority of students (43.6%) said they watched TV for 2-3 hours each day. More girls watched TV for three hours or less a day than boys (74.2% boys compared to 83.0% girls) and more boys than girls watched TV for four or more hours a day (25.8% boys compared to 17.0% girls). In both sexes 10 to 14 year olds were more likely to spend more than four hours a day watching TV than those in the 15 to 18 age group. There was a definite social class gradient for boys, with those in social classes 5 and 6 having the highest percentage of watching TV for four or more hours per day (Figures 2.5 and 2.6). The social class gradient was not as obvious in girls except in the 15 to 18 age group.

Table 2.2 Amount of time spent watching TV each day (N=4690)

Response	**Boys No. (%)**	**Girls No. (%)**	**Total No. (%)**
Not at all	33 (1.3)	32 (1.4)	65 (1.4)
Less than half an hour a day	101 (4.1)	132 (5.9)	233 (5.0)
Half an hour to 1 hour	606 (24.8)	730 (32.6)	1336 (28.5)
2 to 3 hours	1077 (44.0)	966 (43.1)	2043 (43.6)
4 hours	321 (13.1)	198 (8.8)	519 (11.1)
More than 4 hours	310(12.7)	184 (8.2)	494 (10.5)

Figure 2.5

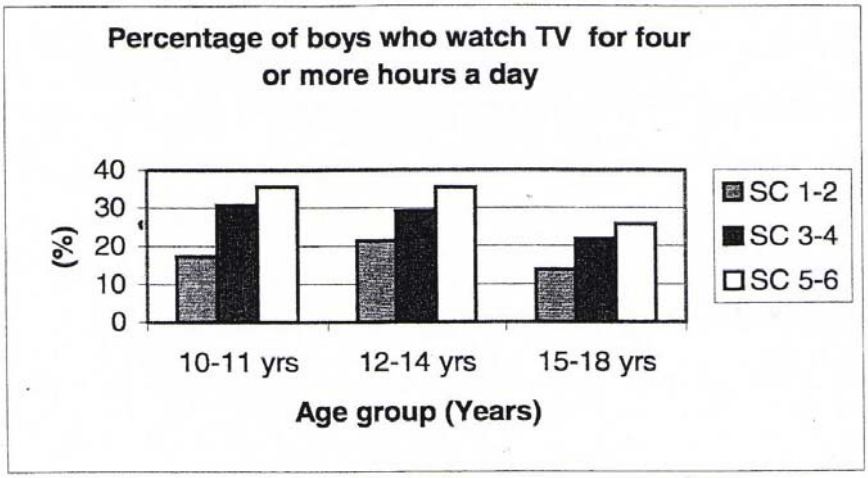
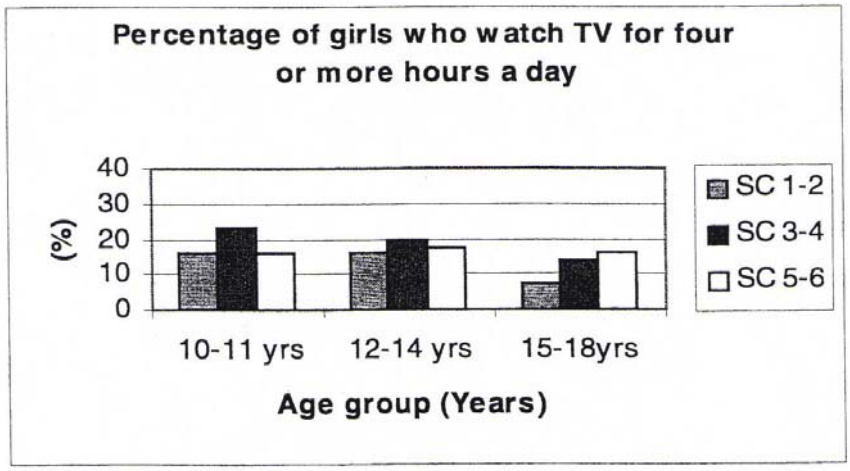


Figure 2.6



In response to the question 'How many hours a week do you usually play computer games?', almost 31% said they did not play computer games at all (15.3% of boys and 48.0% of girls) and almost 13% said they spent seven or more hours a week playing computers games (Table 2.3). Boys were more likely to spend time playing computer games than girls and were substantially more likely to spend seven or more hours a week playing computers games. Boys in the younger age groups were more likely to spend time playing computer games than boys in me 15 to 18 age group (Figures 2.7 and 2.8). This was also the case in girls, although the numbers were much smaller than for boys. A social class gradient was apparent in boys, particularly in the 12 to 14 age group.

Table 2.3 Amount of time per week spent laying computer games (N = 4705)

Response	Boys No. (%)	Girls No. (%)	Total No. (%)
Not at all	374 (15.3)	1082 (48.0)	1456 (30.9)
Less than one hour a week	467 (19.0)	690 (30.6)	1157(24.6)
1-6 hours	1091 (44.5)	403 (17.9)	1494 (31.8)
7 or more hours	520 (21.2)	78 (3.5)	598 (12.7)

Figure 2.7

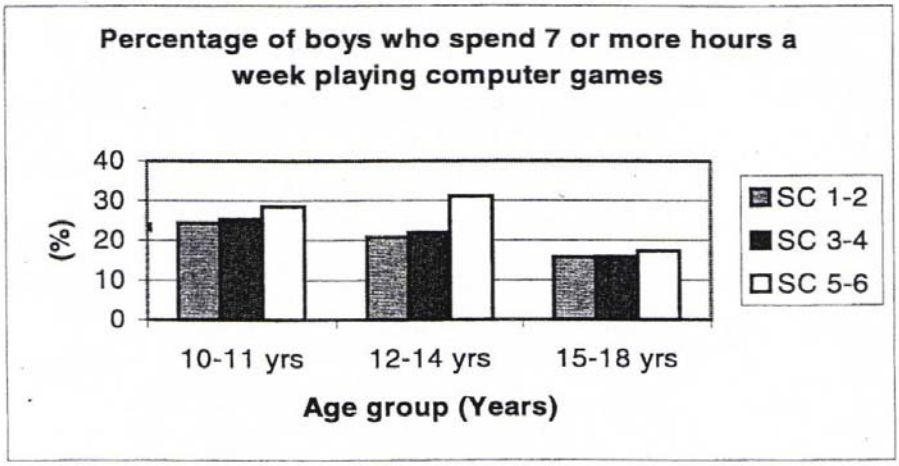
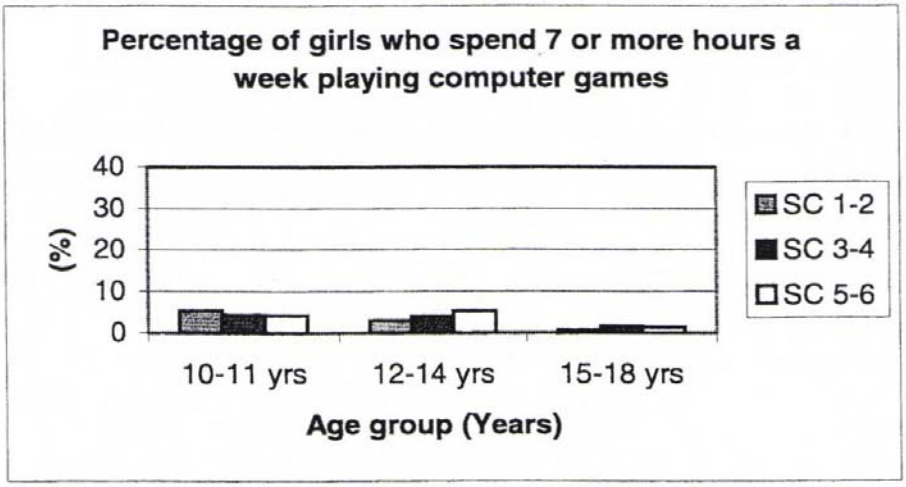


Figure 2.8



CHAPTER 3

FOOD and NUTRITION

Healthy eating habits in childhood and adolescence are important for physical and mental health and well-being. Food choices may be determined by many factors such as:

- Social class and family income;
- External pressures such as meeting friends at fast food restaurants;
- Concern about weight and appearance.

Students were asked how often they eat or drink each listed food item (Table 3.1). Almost 38% said they ate fruit more than once a day but over a quarter (27.3%) ate fruit less than once a day. Overall, girls reported eating fruit more often than boys. Eating fruit frequently decreased with age, with 50.0% of 10 to 11 year olds, 39.3% of 12 to 14 year olds and only 30.0% of 15 to 18 year olds reporting that they ate fruit more than once a day. Figures 3.1 and 3.2 show the percentage of boys and girls who eat fruit more than once a day classified by age group and social class. Pupils in the younger age groups in both sexes were more likely to eat fruit more than once a day than those in the 15 to 18 age group.

Overall, 22% of pupils eat vegetables (raw or cooked) more than once a day (20.3% boys and 23.6% girls). Consumption of vegetables decreased with age in both sexes, with 28.8% of 10-11 year olds, 22.5% of 12-14 year olds and 17.8% of 15-18 year olds reporting that they eat vegetables more man once a day. The percentage of 10-11

year old girls in social classes 1 and 2 who do so was substantially lower than boys in the same group. Girls in all social classes in the 15-18 age group were more likely to eat vegetables more than once a day than boys in the same group (Figures 3.3 and 3.4). Consumption of fruit more than once daily was substantially higher than consumption of vegetables in all age groups and social classes in both sexes.

Table 3.1 Frequency of consuming selected foods or drinks

	More than once a day No. (%)	**Once a Day No. (%)**	**Once a week but not daily No. (%)**	**Rarely No.(%)**	**Never No. (%)**
Fruit	1793 (37.9)	1644 (34.8)	845 (17.9)	388 (8.2)	57 (1.2)
Raw vegetables	361 (7.7)	845 (18.0)	1177 (25.1)	1341 (28.6)	972 (20.7)
Cooked vegetables	901 (19.1)	2353 (50.0)	819 (17.4)	361 (7.7)	271 (5.8)
Coke or other soft drinks that contain sugar	1782 (37.8)	1244 (26.4)	1153 (24.5)	458 (9.7)	73 (1.5)
Sweets (candy or chocolate)	1930 (41.0)	1695 (36.0)	786 (16.7)	258 (5.5)	35 (0.7)
Cakes and pastries	373 (7.9)	660 (14.0)	2030 (43.1)	1500 (31.8)	149 (3.2)
Potato crisps	1071 (22.7)	1736 (36.9)	1212 (25.7)	601 (12.8)	89 (1.9)
Chips/ fried potatoes	397 (8.5)	912 (19.4)	2623 (55.9)	693 (14.8)	67 (1.4)
Hamburgers, hot dogs, sausages	266 (5.7)	508 (10.8)	2485 (52.8)	1213 (25.8)	235 (5.0)
Whole wheat or rye bread	817 (17.4)	1139 (24.3)	859 (18.3)	1193 (25.5)	675 (14.4)
Low fat milk	990 (21.2)	590 (12.6)	282 (6.0)	1092 (23.4)	1713 (36.7)
Whole fat milk	1743 (37.4)	931 (20.0)	328 (7.0)	749 (16.1)	914 (19.6)
Coffee	383 (8.1)	360 (7.6)	453 (9.6)	833 (17.7)	2687 (57.0)

Figure 3.1

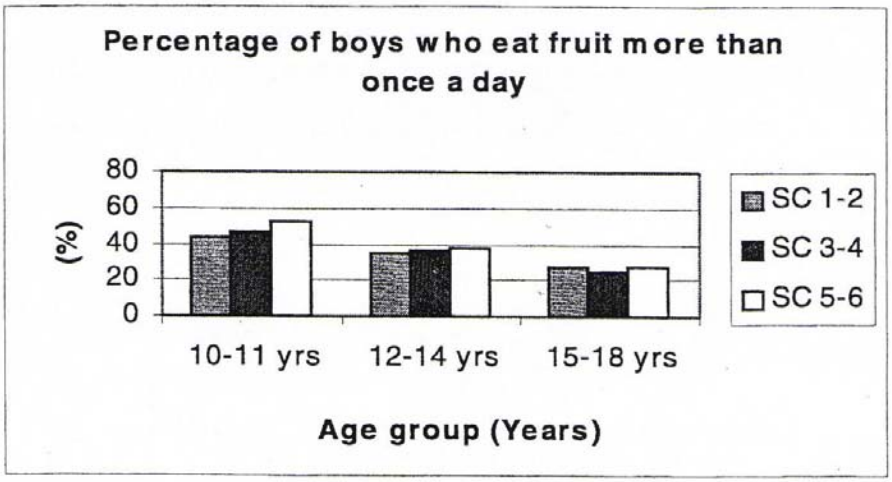


Figure 3.2

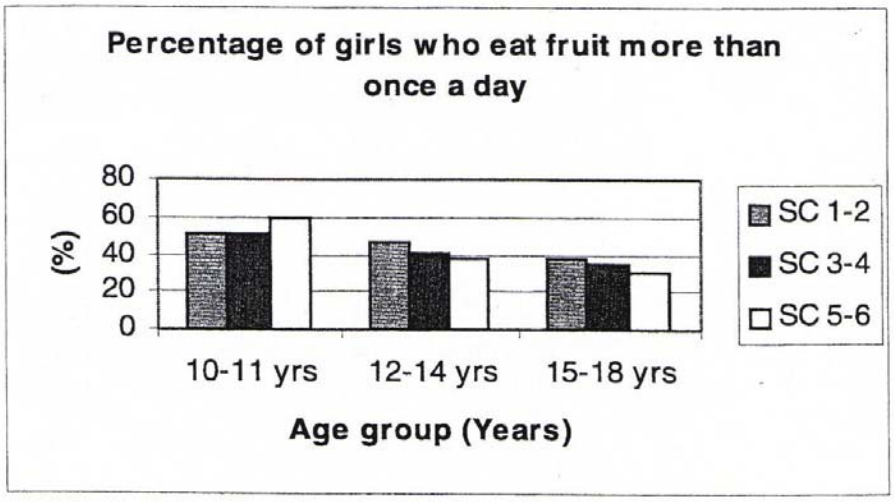


Figure 3.3

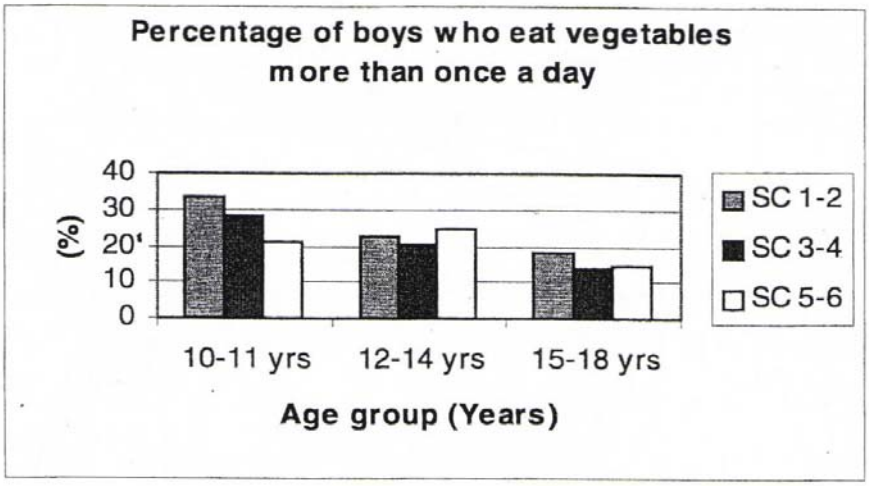
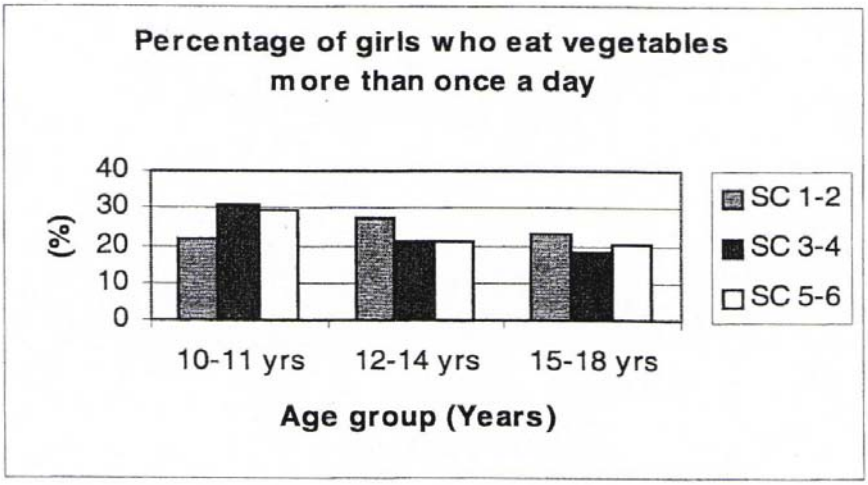


Figure 3.4



Pupils were also asked about how often they ate and drank high fat and / or high sugar foodstuffs such as sweets and chocolate, cakes and pastries, crisps and soft drinks. Overall, 77.1% said they had sweets, 59.6% said they had crisps. 21.9% said they had cakes and pastries and 64.2% said they had soft drinks at least once a day. Almost 47%, (51.1% of boys and 42.1% of girls) said that they consumed 3 or more of these foodstuffs at least daily. Figures 3.5 and 3.6 show those boys and girls in the different age groups and social classes who said they were eating 3 or more high fat and / or high sugar foods daily. Generally boys consumed more fatty foods than girls but particularly so in the 15-18 age group. A clear social class effect is evident in both sexes, with more pupils in social classes 5 and 6 consuming these high fat and high sugar foods frequently.

Figure 3.5

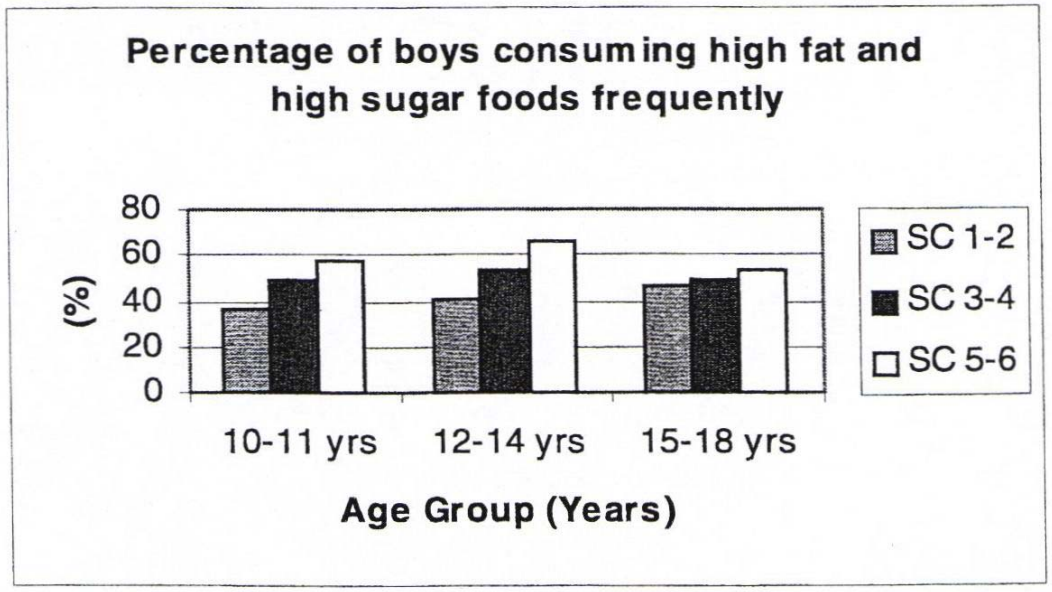
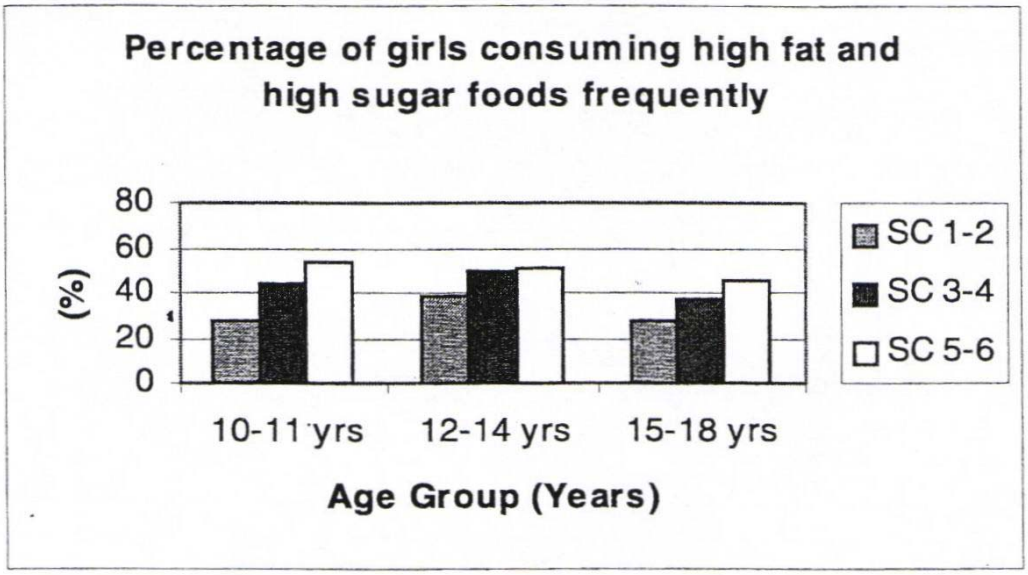


Figure 3.6



Pupils were asked if they were on a diet to lose weight (Table 3.2). Almost 8% said they were (3.9% of boys and 11.8% of girls). A further 23.0% (15.8% of boys and 30.8% of girls) said that they needed to lose weight although they were not on a diet. These percentages increased across the age groups with 4.7% of 10-11 year olds, 8.0% of 12-14 year olds and 9.2% of 15-18 year olds saying they were on a diet and a further 16.0% of 10-11 year olds, 23.0% of 12-14 year olds and 26.5% of 15-18 year olds saying they needed to lose weight although they were not currently on a diet Girls were much more likely to report being on a diet than boys, with 5.4% of girls in the 10-11 year old age group, 11.9% of 12-14 year olds and 15.6% of girls in the 15-18 age group reporting being on a diet. The corresponding figures for boys were 3.8%, 4.3% and 3.7%. As can be seen in Figures 3.7 and 3.8, the percentage of girls who reported being on a diet is higher in all age groups and social classes than the corresponding percentage in boys but especially so in 12 to 18 year olds.

Table 3.2 Response to question **'Are** *you on a diet to lose weight? (N= 4567) N (%)*

	Boys	Girls	Total
No, because my weight is fine	1901 (80.3)	1263 (57.4)	3164(69.3)
No, but I do need to lose weight	375 (15.8)	677 (30.8)	1052 (23.0)
Yes	92 (3.9)	259(11.8)	351 (7.7)

Table 3.3 Number (%) of pupils in the different age groups who said they were on. a diet to lose weight

Age group (Years)	Boys	Girls
10-11	16 (3.8)	27 (5.4)
12-14	39 (4.3)	101 (11.9)
15-18	37 (3.7)	130 (15.6)

Figure 3.7

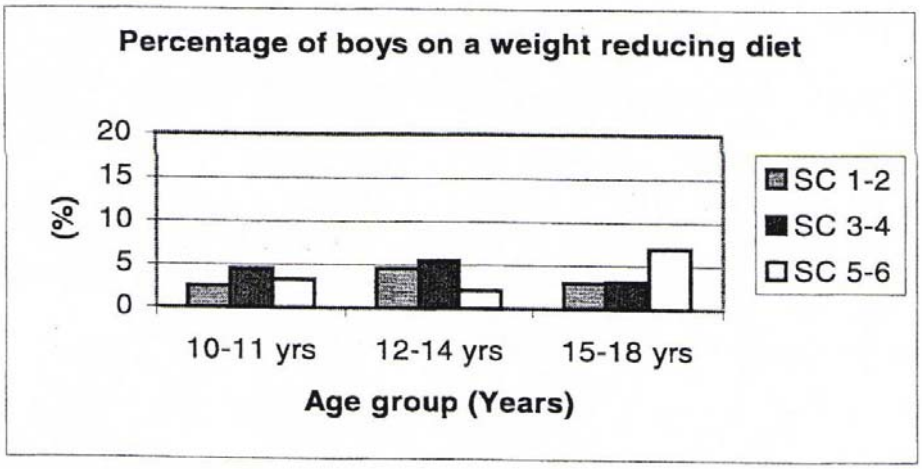
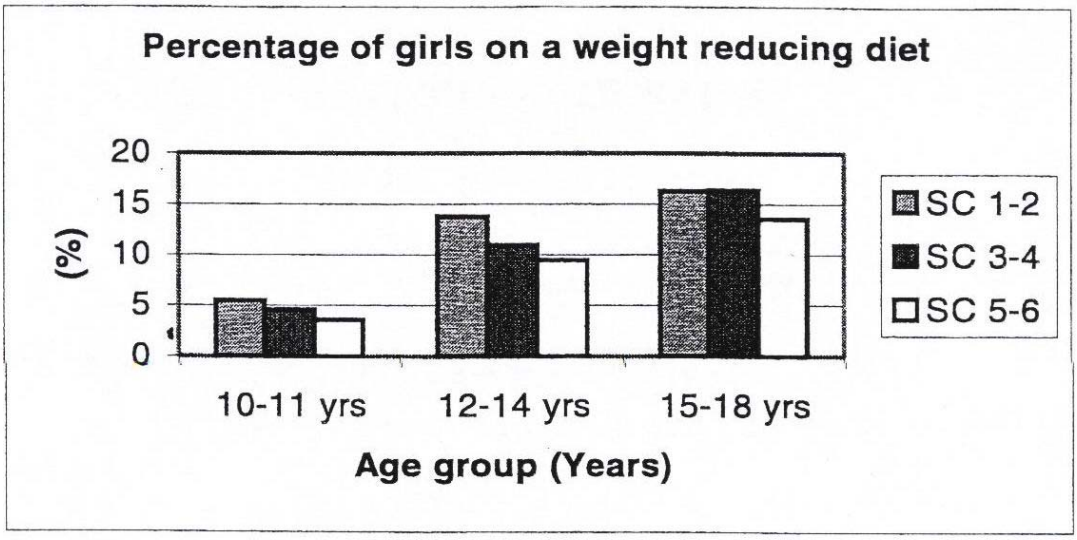


Figure 3.8


Percentage of girls on a weight reducing diet
20
15
10
5
0
(%)
10-11 yrs
12-14 yrs
15-18 yrs
Age group (Years)
SC 1-2
SC 3-4
SC 5-6

CHAPTER 4

CIGARETTE SMOKING

Tobacco use has been identified as a leading cause of preventable death in the developed world. Smoking is associated with a wide range of diseases, such as coronary heart disease, chronic bronchitis, lung cancer, and emphysema.

Pupils were asked questions about whether they had ever smoked, if they smoked at present and how many cigarettes they smoked. Almost 51% of pupils said they had ever smoked tobacco, slightly more boys (51.7%) than girls (49.7%). As expected, this increased with age from 15.8% of 10 to 11 year olds, through 50.8% of 12 to 14 year olds to 69.3% of 15 to 18 year olds (Table 4.1). Over 56% of students from social classes 1 and 2, 47.1% from social classes 3 and 4 and 49.8% from social classes 5 and 6 reported ever having smoked.

Table 4.2 shows the response to the question “How often do you smoke at present?” Using a definition of a current smoker as someone who smokes at least once a week, 17.5% of school pupils were current smokers. Rates of current smoking were equal in both sexes. In boys, 2.5% of 10-11 year olds, 14.7% of 12-14 year olds and 26.8% of 15-18 year olds were current smokers. In girls, just over 1% of 10-11 year olds, 15.6% of 12-14 year olds and 29.8% of 15-18 year olds were current smokers. Hence, more girls reported current smoking than boys in the older age group. When those who said they smoked less than once a week are included in the analysis, just over 23% of students overall were current smokers (22.6% of boys and 24.1% of girls). Information

on current smoking by age and social class for boys and for girls (using the definition of a current smoker as someone who smokes at least once a week) is presented in Figures 4.1 and 4.2. Current smoking increases with age in all social classes in both sexes. Very few pupils (2.5% of boys and 1.3% of girls) in the 10-11 year age group were current smokers. The highest prevalence of current smoking was in girls in the 15-18 year age group in social classes 5 and 6 (37.2%) followed by girls in the 15-18 age group in social classes 3-4 (29.2%) and boys in social classes 1-2 in the 15-18 age group (29.1%).

Table 4.1 Number (%) of boys and girls in the different age groups who had ever smoked (N=4651)

	Age group			
	10-11 years	**12-14 years**	**15-18 years**	**Total**
Boys	86 (19.2)	482 (50.5)	685 (67.6)	1253 (51.9)
Girls	67 (12.8)	449 (51.4)	600 (71.3)	1116 (49.9)
Total	153 (15.8)	931 (50.8)	1285 (69.3)	2369 (50.9)

Table 4.2 Number (%) of pupils who are current smokers (N=^4681)

Frequency of smoking	**Boys**	**Girls**	**Total**
Every day	318 (13.0)	291 (13.0)	609 (13.0)
At least once a week but not every day	110 (4.5)	100 (4.5)	210 (4.5)
Less than once a week	125 (5.1)	148 (6.6)	273 (5.8)
I do not smoke	1892 (77.4)	1697 (75.9)	3589 (76.7)

Figure 4.1

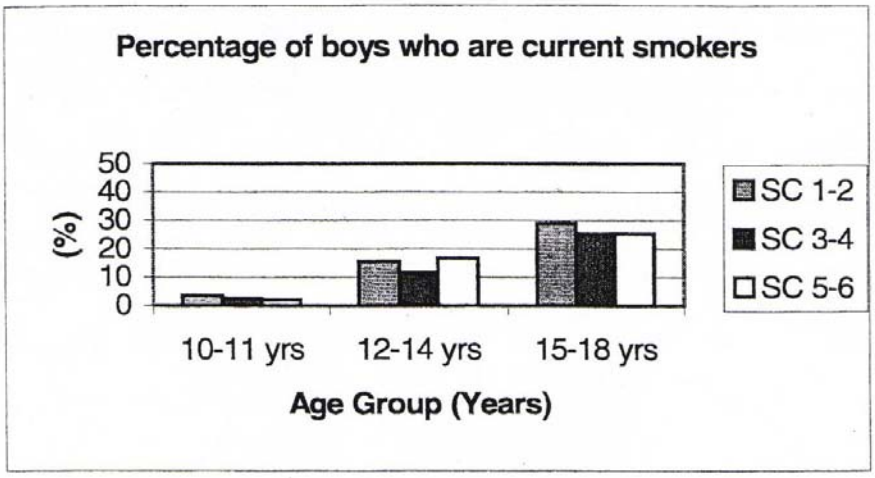
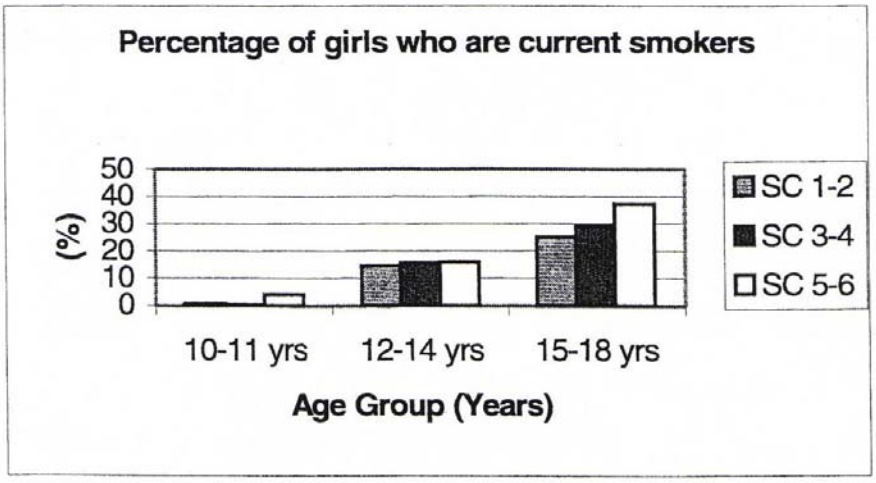


Figure 4.2



The median[2] number of cigarettes smoked per day by smokers was 2.9 (4.3 in boys and 2.9 in girls). This ranged from less than 0.5 in both boys and girls in the 10 to 11 age group to over 7 among boys and over 4 in girls in the 15 to 18 age group. In general, girls reported smoking fewer cigarettes and the median for girls aged 15-18 ranged from 2.9 for current smokers in social classes 1 and 2 through 4.3 in social classes 3 and 4 to 5.7 in social classes 5 and 6. Comparative figures for boys in the same age group were 5.7, 7.9 and 7.1 respectively.

[2] The median is the value which, when observations are arranged in ascending (or descending) order of magnitude, divides them into two equal sized groups.