

CONTENTS

Contributors			
Editorial board			
Editorial and production team			
Writers and contributors	vi		
HBSC principal investigators	viii		
Acknowledgements	xi		
Preface	xii		
Foreword	xiii		
Abbreviations	xiv		
PART 1. INTRODUCTION	1		
HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) STUDY	2		
Research approach	2		
Importance of research on young people's health	2		
HBSC research network	2		
Engaging with young people	4		
Engaging with policy-makers	4		
Social determinants of health and well-being among young people	5		
Dimensions of inequalities	6		
Overview of previous HBSC findings	6		
Social context of young people's health	7		
New topics included in the 2013/2014 report	8		
References	9		
PART 2. KEY DATA	13		
CHAPTER 1. UNDERSTANDING THIS REPORT	15		
Types of indicator reported	16		
Age and gender	16		
Family affluence	17		
Geographic patterns	18		
References	18		
CHAPTER 2. SOCIAL CONTEXT	21		
Family: communication with mother	23		
Family: communication with father	27		
Family: perceived family support	31		
Family: scientific discussion and policy reflections	35		
Peers: perceived peer support	37		
Peers: time with friends (before 8 pm (20:00))	41		
Peers: electronic media communication – social media	45		
Peers: scientific discussion and policy reflections	49		
School: liking school	51		
School: perceived school performance	55		
School: pressured by schoolwork	59		
School: classmate support	63		
School: scientific discussion and policy reflections	67		
CHAPTER 3. HEALTH OUTCOMES	69		
Positive health: self-rated health	71		
Positive health: life satisfaction	75		
Positive health: multiple health complaints	79		
Positive health: scientific discussion and policy reflections	83		
Medically attended injuries	87		
Medically attended injuries: scientific discussion and policy reflections	91		
Body weight: overweight and obesity	93		
Body weight: body image	97		
Body weight: weight-reduction behaviour	101		
Body weight: scientific discussion and policy reflections	105		
CHAPTER 4. HEALTH BEHAVIOURS	107		
Eating behaviour: breakfast consumption	109		
Eating behaviour: fruit consumption	113		
Eating behaviour: soft-drink consumption	117		
Eating behaviour: evening meals with family	121		
Eating behaviour: scientific discussion and policy reflections	125		
Oral health	129		
Oral health: scientific discussion and policy reflections	133		
Physical activity and sedentary behaviour: moderate-to-vigorous physical activity	135		
Physical activity and sedentary behaviour: watching television	139		
Physical activity and sedentary behaviour: scientific discussion and policy reflections	143		

CHAPTER 5. RISK BEHAVIOURS	145	CHAPTER 7. GENDER	221
Tobacco use	147	Social context	222
Tobacco use: scientific discussion and policy reflections	154	Health outcomes	222
Alcohol use	157	Health behaviours	222
Alcohol use: scientific discussion and policy reflections	167	Risk behaviours	223
Cannabis use	169	Discussion	223
Cannabis use: scientific discussion and policy reflections	176	Conclusion	224
Sexual behaviour: experience of sexual intercourse	179	References	224
Sexual behaviour: condom and pill use	183	CHAPTER 8. FAMILY AFFLUENCE	227
Sexual behaviour: scientific discussion and policy reflections	188	Social context	228
Fighting	191	Health outcomes	228
Fighting: scientific discussion and policy reflections	195	Health behaviours	228
Bullying: being bullied and bullying others	197	Risk behaviours	228
Bullying: cyberbullying	207	Discussion	228
Bullying: scientific discussion and policy reflections	210	Conclusion	229
		References	229
PART 3. DISCUSSION	213	CHAPTER 9. CONCLUSION	231
CHAPTER 6. AGE	215	Scientific conclusions	232
Social context	216	Policy conclusions	233
Health outcomes	216	References	235
Health behaviours	216	ANNEX. METHODOLOGY AND SUPPLEMENTARY DATA TABLES	237
Risk behaviours	217	HBSC methodology for the 2013/2014 survey	238
Discussion	217	Supplementary data tables	243
Conclusion	218	References	276
References	219		