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Health Behaviour in school-aged children (HBSC): A World Health Organisation collaborative cross-national study.

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Author(s)	Nic Gabhainn, Saoirse
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Population Health

Health Promotion

TITLE	Health Behaviour in School-Aged Children: A World Health Organisation Collaborative Cross-National Study
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AUTHORS	<i>Kelly, C.,¹ Nic Gabhainn, S.,² Molcho, M.,³ Walsh, K.⁴ Centre for Health Promotion Studies, National University of Ireland, Galway</i>
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INTRODUCTION

Health Behaviour in School-Aged Children (HBSC) is a WHO (Europe) collaborative study, conducted by an international network of research teams. Principal investigators from 41 countries collaborate in relation to survey content, methodology and timing and an international protocol is developed.¹ HBSC runs on an academic 4 - year cycle. The 2006 survey will be the third time that Ireland is involved.

RATIONALE

The study aims to gain new insight into, and increase our understanding of young peoples' health and well-being, health behaviours and their social context. The survey considers the positive aspects of health, as well as risk factors for ill health and disease. HBSC is unique because it takes into account relationships with family and peers and accounts for the school setting and the socio-economic environment in which young people grow up. In addition, the international aspect of HBSC enables the exchange of strategies and practices where certain countries have been more successful in containing particular risk behaviours.

As well as serving a monitoring and a knowledge-generating function, one of the key objectives of HBSC has been to inform policy and practice at national and international levels.

METHODOLOGY

HBSC is a school-based survey with data collected through self-completion questionnaires administered in the classroom. The HBSC protocol aims for sample sizes of 1,536 in each age group (11, 13 and 15 years). In order to fulfil HBSC criteria, a sample from 2 classes (5th and 6th) in primary schools and 5 classes in post-primary schools (excluding the Leaving Certificate year) is required. In order to obtain a nationally representative sample of school-aged children (primary & post-primary), data from the 2002 census was employed to provide a picture of the distribution of children across health regions. Schools were randomly selected from a list of schools provided by the Department of Education and Science.

School principals have been invited to participate by post. Class groups within schools were randomly selected and students were invited to complete the questionnaire under the supervision of a teacher. Interested schools received questionnaires, envelopes, parental consent forms, information sheets and classroom feedback forms by post. Parents were informed about the study and consent was requested if deemed appropriate by the school. Questionnaires were returned in freepost envelopes to researchers at National University of Ireland Galway (NUIG). The entire process is voluntary, confidential and anonymous. Fieldwork commenced in March 2006.

Once data entry is complete, the entire dataset will be sent to the Norwegian Social Science Data Services, University of Bergen, Norway, for incorporation into the international dataset. Irish data will be analysed by the team at NUIG and comparisons with international data will be made. The findings and implications, both at a policy and practice level, will be disseminated widely.



RESULTS

Progress and updates will be regularly posted on the following website www.nuigalway.ie/hbsc. The HBSC 2001/02 international report is available on www.hbsc.org

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REFERENCES

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