

# Boys' health- what may be learned from three decades of HBSC Survey

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Adolescence constitutes a critical period in a person's development when many health-related behaviours are formed or consolidated. Considering current knowledge about development and health, it has been acknowledged that even if the endpoint of pubertal development appears to be similar for both genders, the trajectories that boys and girls follow are quite different. Gender is often considered a determinant of health which moderates the impact of social determinants of health (Keleher, 2004). Using a selective understanding of gendered health by which the health outcomes and behaviours are compared between genders, the Health Behaviours in School-aged Children (HBSC)<sup>1</sup> Survey has since the early 1990s managed to gather important information on gender specificity of key health related behaviours in adolescence (Currie, 2008, 2012).

For 30 years the HBSC Survey has been a pioneering cross-national study gaining insight into young people's well-being, health behaviours and their social context. This research collaboration with the WHO Regional Office for Europe is conducted every four years among school children aged 11, 13 and 15-years old. Currently, 44 countries and regions in Europe and North America take part in the study. With adolescents making about one sixth of the world's population, HBSC uses its findings to inform policy and practice

<sup>1</sup> At present, membership of HBSC is restricted to countries and states within the WHO European region, and it comprises of 44 countries (all the EU member states and regions, plus Albania, Armenia, Georgia, Iceland, Israel, Luxembourg, Norway, Macedonia, Malta, Republic of Moldova, Russian Federation, Switzerland, Turkey, as well as Canada and the USA).

aimed at improving the lives of millions of young people.

Below, the key findings related to boys' health from the past 30 years of HBSC research on school-aged children's behaviours are summarised. Four main domains will be focused on: social context, health outcomes, health behaviours, and risk behaviours.

**Social context.** The HBSC Study examines young people's views on their interactions with family, peer and school. We find that boys are likely to find it easier to communicate with their fathers than with their mothers, a finding that is consistent across countries and age-groups. HBSC evidence also indicates that boys are more likely than girls to spend evenings (after 8pm) with friends. Older adolescent boys (15-year olds) report the highest prevalence of evening peer contact, as well as having a larger number of close friends than younger boys or similar girls. Boys are less likely than girls to report good academic performance or that they like school a lot, but they appear to feel less pressured by schoolwork. Some of the aforementioned outcomes are associated with socio-economic status. For example, boys from higher socio-economic families are more likely to find it easy to talk to their parents; indicate having better academic performance, as well as having a larger number of close friendships or using more frequent electronic means to communicate with their peers. These associations are seen across all participating countries in the HBSC 2010 survey, as well as among both genders (Currie et al., 2012).

**Health outcomes:** This dimension encompasses measures about perceived health status, well-being, body image, and medically attended injuries

(having had at least 2 injuries in the past year that needed it to be treated by a doctor or a nurse). Extensive academic publications and international reports using HBSC data indicate that boys are less likely to perceive poor health or have multiple health complaints (Cavallo et al., 2006; Ottová-Jordan, Smith, Augustine, et al., 2015; Ottová-Jordan, Smith, Gobina, et al., 2015). As they grow older, these gender differences are seen in almost all countries included in the study, and they seem to grow with age (Ottová-Jordan, Smith, Augustine, et al., 2015). Similar findings have been reported using longitudinal (Resnick et al., 1997) or cross-sectional studies (Bolognini, Plancherel, Bettchart, & Halfon, 1996). Boys tend to report higher levels of injuries requiring medical treatment. A significant increase in this prevalence has been seen over time (2002-2010) in most of the countries included in the survey (Molcho, Walsh, Donnelly, de Matos, & Pickett, 2015). The gender difference in reporting medically-attended injuries may be explained, in part, by boys' higher level of engagement in physical activities (Molcho et al., 2015). Even though boys from all three age categories report higher levels of obesity than girls, they are less likely to indicate that their body is too fat or that they engage in any weight-reduction behaviours (Currie et al., 2012). Some of these indicators are associated with family affluence. For example, across all countries boys from higher affluence families are more likely to report high life satisfaction, to have lower levels of health complaints or to rate their health as being poor.

**Health behaviours.** This dimension includes indicators on: eating behaviours, physical activity and sedentary behaviours. According to the HBSC 2010 International Report, even though boys are more likely than girls to have breakfast daily, they tend to have higher levels of overweight/obesity and unhealthy eating habits (eating less fruits and vegetables and more frequently consuming sweets, chips, crisps or soft drinks). Across all countries

boys tend to report higher levels of engagement in moderate-to-vigorous physical activity (MVPA), with younger boys reporting higher levels. Boys have shown a greater increase than girls in MVPA rates in recent years, a trend which is consistent across all participating countries (Kalman et al., 2015).

**Risk behaviours.** Within HBSC framework, several risk behaviours are taken into account: substance use (alcohol, tobacco, and cannabis), sexual experiences, and violence (fighting, bullying perpetration and victimization). Boys tend to have earlier onset of tobacco use, alcohol consumption or cannabis use, as well as higher levels of weekly alcohol consumption across all countries included in the HBSC 2010 Survey (Currie et al., 2012). In a minority of countries, boys had higher levels of weekly/lifetime tobacco and cannabis use compared to girls. Boys tend to have higher levels of involvement in violent behaviours (fighting and bullying perpetration) across all countries and age groups (Molcho et al., 2009; Molcho et al., 2015). With increasing age, the prevalence of these externalising behaviours tends to decrease. The report of being bullied by peers tends to be less gendered polarized, whereas boys are reporting higher levels of victimization in a minority of countries (Chester et al., 2015). No consistent pattern of associations has been observed between these behaviours and family affluence.

### Lessons learned- implications for practice and public health policies

To summarise, HBSC findings highlight internationally-consistent gender differences in adolescent health behaviours and health outcomes. The 2014 HBSC International Report will expand upon these findings and focus on gender and socio-economic differences in young people's health and well-being. Special attention may need to be paid to boys' well-being at school, as they are systematically worse-off than girls when

considering the holistic school experience. Previous research indicates that school performance and school connection are protective factors against health risk behaviours such as substance use, risky sexual behaviour or suicidal ideation (Resnick et al., 1997). It is important to note that similar to previous findings (Kuntsche et al., 2011), gender equalization of the prevalence for some risk behaviours (e.g. smoking and drinking) has been observed in recent years. Even though in western societies, tobacco and alcohol use has been widely associated with masculinity and men had higher prevalence of reporting such behaviours, this gender gap has become less evident for both adults and adolescents in the past decades (Pitel, Geckova, van Dijk, & Reijneveld, 2010). Changing social norms and expectations about gender specific behaviours, as well as the changes seen in women's social position might explain this emerging tendency (Lyons & Willott, 2008).

These results point out to a need for adopting a gender-specific viewpoint when analysing health behaviours and outcomes, as well as when designing specific health promotion interventions. In domains such as violent behaviour, school engagement or mental health promotion, practitioners and policy makers should consider these gender differences in terms of prevalence and specific risk and protective factors. It is important to note that adolescent boys like adolescent girls are a heterogeneous population. Some are faring well in their health and development. Other boys face risks and have needs that may not have been considered (World Health Organization, 2000, p. 7).

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