

HBSC – Health Behavior in School-aged Children

Origin of the study	<p>The Health Behavior in School-aged Children (HBSC) study was initiated in 1982 by researchers from three countries and shortly afterwards the project was adopted by the World Health Organization as a WHO collaborative study. The Child and Adolescent Health Research Unit (CAHRU) of the University of Edinburgh is currently the International Coordinating Centre (ICC) of HBSC. The International Data Bank is currently located at the University of Bergen, Norway.</p> <p>The HBSC study is a cross-national research conducted by an international network of research teams in collaboration with the WHO Regional Office for Europe. Its aim is to gain new insight into and to increase understanding of young people's health, well-being, health behavior and social context.</p>
Management Structure	
Statement of purpose.	<p>To chart the links between the life circumstances and young people's health and build a better understanding of the factors that influence their well-being.</p> <p>The study seeks new insight into adolescents' health, health behavior and lifestyles in the social context. It surveys young people aged 11, 13 and 15 years in order to inform and influence health promotion and health education policy and practice for young people at the national and international levels, and to advance scientific knowledge.</p>
Funded by	<p>All HBSC data collection in each country or region is funded at the national level. This and other financial support was offered by the various government ministries, research foundations and other funding bodies in the participating countries and regions. WHO supports research dissemination, publication of international reports, etc.</p> <p>The ICC is funded jointly by Health Scotland and the Scottish Executive, Chief Medical Office.</p> <p>The International Data Bank is funded by the Norwegian National Research Council.</p>
Affiliations.	<p>WHO Regional Office for Europe, the Child and Adolescent Health Research Unit (CAHRU) of the University of Edinburgh, and the University of Bergen, Norway.</p>
Co-ordinators	<p>The HBSC International Coordinator (IC) and Data Bank Manager (DBM) are elected roles. These positions are currently held by Prof Candace Currie (IC) at the Child and Adolescent Health Research Unit (CAHRU) of the University of Edinburgh; and Dr Oddrun Samdal (DBM), Research Centre for Health Promotion, University of Bergen.</p> <p>The decision-making body is the Assembly, which comprises the Principal Investigators from the participating countries. The Assembly elects the IC and the DBM.</p>
<i>Government partners?</i>	<p>No information</p>
Expert panels	<p>The HBSC International Research Network is multi-disciplinary, with members coming from sociology, paediatrics, psychology, epidemiology, clinical medicine and public health. There are a number of working groups within the HBSC International Research Network:</p> <p>Focus Groups, which focus on specific research topic areas (Eating Behaviour, Physical Activity, Violence & Injuries, Risk Behaviour, Family Culture, Peer Culture, Social Inequalities, School Setting)</p> <p>Scientific Development Group, which comprises the coordinators of the Focus Groups and has overall responsibility for producing the Survey Research Protocol.</p> <p>Policy Development Group, which has responsibility for coordinating policy-related work including the International Report from each survey.</p> <p>Methodology Development Group, which has responsibility for development of methodological issues.</p> <p>The HBSC Coordinating Committee has responsibility for overseeing the progress of the study and the functioning of the Network. Its members are representative of the organizational structure and the general membership. Current members:</p> <ul style="list-style-type: none"> • Candace Currie, HBSC International Coordinator, Chair, HBSC Scientific Development Group, Child and Adolescent Health Research Unit, University of Edinburgh, Scotland, United Kingdom; • Oddrun Samdal, HBSC Data Bank Manager, Research Centre for Health Promotion, University of Bergen, Norway; • Antony Morgan, HBSC Policy Development Group, National Institute for Health and Clinical Excellence (NICE), London, UK; • Chris Roberts, HBSC Methodology Development Group, Health Promotion Division, Welsh Assembly Government, Cardiff, Wales, UK • Ulrike Ravens-Sieberer, HBSC Scientific Development Group, School of Public Health, University of Bielefeld, Germany <p><i>Representatives of the broad geographical areas covered by the study:</i></p> <ul style="list-style-type: none"> • Will Boyce, Social Program Evaluation Group, Queen's University, Kingston, Canada • Wolfgang Dür, Ludwig-Boltzmann-Institute for the Sociology of Health and Medicine, University of Vienna, Austria • Iveta Pudule, State Agency "Public Health Agency", Riga, Latvia

	<ul style="list-style-type: none"> Lina Kostarova Unkovska, Centre for Psychosocial and Crisis Action (CPCA), Skopje, tfor Macedonia
Data set basic information.	
Dates.	1983/84, 1985/1986, 1989/90, 1993/94, 1997/1998, 2001/02, 2005/06
Countries.	<p>At present, membership of HBSC is restricted to countries and states within the WHO European region (and the USA).</p> <p>HBSC 2001/02, 36 countries: Finland, Norway, Austria, Belgium (French), Hungary, Israel, Scotland, Spain, Sweden, Switzerland, Wales, Denmark, Canada, Latvia, Poland, Belgium (Flemish), Czech Republic, Estonia, France, Germany, Greenland, Lithuania, Russia, Slovak Republic, England, Greece, Portugal, Rep. of Ireland, USA, Macedonia, Netherlands, Italy, Croatia, Malta, Slovenia, Ukraine.</p> <p>HBSC 2005/06, 41 countries: The same countries adding Bulgaria, Iceland, Luxembourg, Romania and Turkey.</p>
Contents.	<p>HBSC is a school-based survey with data collected through self-completion questionnaires administered in the classroom. The HBSC survey instrument is a standard questionnaire developed by the international research network and used by all participating countries.</p> <p>Each survey questionnaire contains a core set of questions looking at the following:</p> <ul style="list-style-type: none"> <i>Background factors</i>: demographics and maturation, social background (family structure, socio-economic status); <i>Individual and social resources</i>: body image, family support, peers, school environment; <i>Health behaviours</i>: physical activity, eating and dieting, smoking, alcohol use, cannabis use, sexual behaviour, violence and bullying, injuries; <i>Health outcomes</i>: symptoms, life satisfaction, self-reported health, Body Mass Index <p>Many countries also include additional items in their national questionnaire that are of particular interest on a national level</p>
Core data includes:	<p>2001/02 survey</p> <p>Core data includes individual and social resources, health behaviours and health outcomes (see contents).</p> <p>Individual and social resources:</p> <ul style="list-style-type: none"> Body image (perception of body being too fat or too thin) Family support (ease of communication with mother /father /siblings) Peers (number of friends; time spent with friends after school / in the evening; communication with friends) School environment (liking school; perception of academic performance; school-related stress; classmate support) <p>Health behaviours:</p> <ul style="list-style-type: none"> Physical activity (frequency of moderate-to-vigorous activity;) Sedentary behaviour (frequency of watching TV; frequency of computer use; time spent on homework) Eating behaviour (consumption frequency of fruit; vegetables; soft drinks; breakfast; lunch; evening meal) Dental health (frequency of toothbrushing) Weight control behaviour (frequency of dieting to control weight) Tobacco use (ever smoked; frequency of current smoking; age first smoked) Alcohol use (consumption frequency of beer, wine, spirits; age first drank alcohol; frequency of drunkenness; age first got drunk) Cannabis use (lifetime use; use in past year) Sexual behaviour (prevalence of sexual intercourse; contraception use; age of onset) Violence and bullying (physical fighting; being bullied; bullying others) Injuries (number of medically attended injuries in past year) <p>Health outcomes:</p> <ul style="list-style-type: none"> Health complaints (a 'checklist' of physical and psychological symptoms, eg. headache, stomach-ache, feeling low, feeling nervous) Life satisfaction (adapted version of the Cantril ladder) Self-reported health status Body Mass Index (height & weight)
Contextual data includes:	<p>Background factors:</p> <p>Family structure</p> <p>Socio-economic status (parental occupation; Family Affluence Scale)</p> <p>Maturation (girls only)</p>
Requirements of access.	<p>Access to HBSC data is not currently freely available. The international data file is restricted for the use of member country teams for a period of three years from its completion. After this time the data is available for external use by agreement with the International Coordinator and the Principal Investigators. The latest accessible data is from the 2001/02 survey. Access is given where proposed work does not overlap with ongoing HBSC research activities and plans. Access can be refused if the proposed work is not collaborative in nature.</p>
Next wave/project.	
Next date and availability.	HBSC survey 2005/06 has been conducted. Data will be available for external use by agreement with the

	International Coordinator and the Principal Investigators in the year 2010 (three years after the international datafile has been completed).
New content / questions in 2005/06.	Frequency of vigorous activity (question from previous surveys but omitted in 2001/02) Frequency of consumption of alcopops <i>Note: at this point in time, it is not anticipated that many additions or revisions will take place to the core mandatory questionnaire for the 2009/10 survey</i>
Countries to be added.	The countries added in HBSC 2005/06 compared HBSC 2001/02 are Bulgaria, Iceland, Luxembourg, Romania and Turkey.
Previous content (from 2001/02) not repeated in the next wave.	Time spent on homework Meal patterns: frequency of eating lunch and evening meal <i>(Note: dropped due to x-national comparability issues)</i>
Countries not repeating the study in the next wave.	None
Methodology	
Sources and collection methods.	Data is collected through the administration of a standard student questionnaire. The school-based survey collects data through self-completion questionnaires, administered in the classroom.
Unit of analysis.	Students aged 11, 13 and 15 years old.
What is the sample design?	The sampling strategy used in each country aimed to achieve nationally representative groups at the mean ages of 11.5, 13.5 and 15.5. The sample consists of approximately 1500 from each age group (i.e. a total of 4500 from each participating country). Sampling is conducted in accordance with the structure of the national educational system within countries, and thus is sometimes stratified by region or school type. Children are selected using a clustered sampling design, where the initial sampling unit was either the school class or the school. The latter was sampled when class lists were not available. The requirement for minimum recommended sample size was met in the majority of countries and regions.
Sample threshold?	1500 respondents per age group
Collection window	Fieldwork for each cross-national survey is carried out over a period of around seven to eight months, from October to May. Fieldwork is scheduled in each country according to the national education system so that the mean ages are achieved wherever possible. The vast majority of countries carry out fieldwork between January and April.
Planning process	
Who is involved in the planning process?	The Research Protocol for each survey is the product of collaboration between all members of the International Network through working groups. The Child and Adolescent Health Research Unit (CAHRU) of the University of Edinburgh is currently coordinating HBSC. The ICC is responsible for coordinating all international activities within the HBSC research network. These include the production of survey protocols and international reports; planning and organising the network's bi-annual meetings; facilitating network communications; and acting as a resource centre for information on the study for members and external agencies and professionals. The ICC role facilitates sharing of expertise and intelligence on priority adolescent health issues in an international context which creates a resource for public health and health education both nationally and across Europe and North America. We also have contacts with adolescent health research and health promotion worldwide. The HBSC 2000/01 report was written by 48 authors, with input from the members of the editorial group of the HBSC international research network. The authors of the chapters collaborated in the development of the HBSC protocol, working together in topic-related focus groups, whose approaches depended on the authors' different disciplinary backgrounds and familiarity with related research paradigms. The data collected in each country is sent to the HBSC Data Bank at the University of Bergen, Norway. It is then cleaned and compiled into an international data file by the Norwegian Social Science Data Services (NSD).
When are the questionnaires finalised?	The international standard questionnaire is finalised at the spring meeting prior to fieldwork after the results of piloting (for the next survey round this will be May 2009)
What modules are included?	The survey consists of one standard mandatory questionnaire, which all countries use (see contents above). Optional sub-sets of items which examine a topic in more depth are also used by some countries.
Can countries add their own items?	Yes, many countries also include additional items in their national questionnaire that are of particular interest on a national level.
Links	
Home page for the website	http://www.hbsc.org/

To access the data online	Data not freely available.
To access the international report	Cross-national data is available in the 1993/94, 1997/98 and 2001/2002 international reports which are available online at http://www.hbsc.org/publications/reports.html . The report from the 2005/06 survey is scheduled for publication in June 2008.
<i>How to access the technical reports?</i>	<i>See above</i>
To access national reports	National data for individual countries is available on the country pages of the HBSC website, or through request from the Principal Investigator. See http://www.hbsc.org/countries.html .
To access a list of research that uses the data	Research based on HBSC data available online through http://www.hbsc.org/publications.html
Contact email:	info@hbsc.org or candace.currie@ed.ac.uk