

HBSC IRELAND

The Health Behaviour in School-aged children (HBSC) is a research study conducted by an international network of research teams^{1,2} in collaboration with the World Health Organisation (Europe) and co-ordinated by Dr Candace Currie of the University of Edinburgh. In 2002 HBSC Ireland surveyed 8,424 Irish children from randomly selected schools throughout the country.

Further information is available at:
<http://www.hbsc.org>
<http://www.nuigalway.ie/hbsc/>
<http://www.hbsc.org/countries/ireland.html>



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Summary

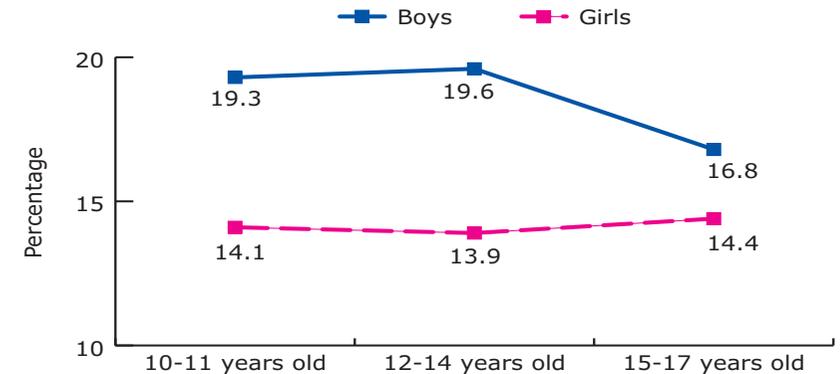
HBSC Ireland has found that 16.1% of Irish children report that they go to school or to bed hungry, because there is not enough food at home. The figures are slightly higher among boys (18.7%) compared with girls (14.2%), but relatively stable across all age groups (16.5% among 10-11 years old, 16.4% among 12-14 years and 15.3% among 15-17 years old). A small decrease was found across age groups among boys (from 19.3% among 12-14 years old to 16.8% among 15-17 years old). Children who report going hungry are less likely to: report excellent health and feel happy, while they are more likely to: report frequent physical and emotional symptoms, have been really drunk, smoke, have been injured and have bullied others. Going hungry in this factsheet refers to children who report going hungry to school or to bed sometimes or more, because there is not enough food at home.

Why this topic?

Social inequality in dietary behaviour exists in Ireland with socially disadvantaged groups more likely to experience various aspects of food poverty. These include difficulties in accessing suitable food stuffs and spending relatively more money on food, than those in higher social groups³. Food poverty during adolescence may lead to reduced health and well-being⁴.

Trends 1998 – 2002

This question was asked in 2002 for the first time and therefore, there are no time trend comparisons.

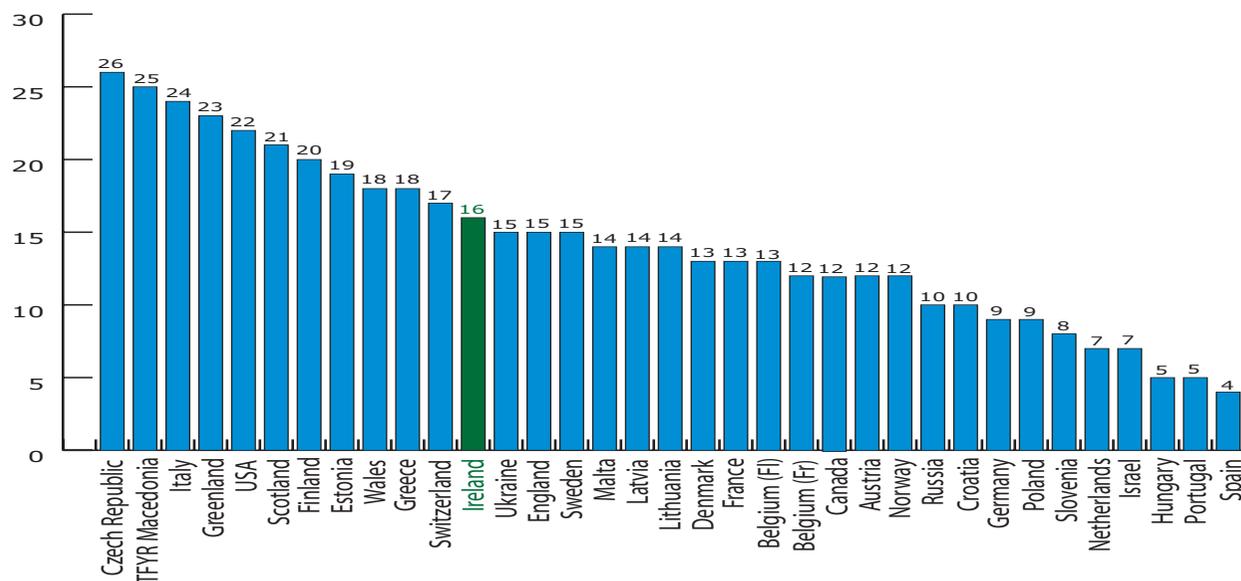


Percentage of children reporting they went to school or bed hungry by age and gender, HBSC 2002

Food poverty in context

- Children who report going hungry are less likely to report excellent health (20% vs. 29%) and feeling happy about their life (32% vs. 47%), than those who do not.
- Children who report going hungry are more likely to report frequent physical symptoms (34% vs. 23%) and emotional symptoms (22% vs. 12%), than those who do not.
- Children who report going hungry are more likely to report having been really drunk, than children who do not (22% vs. 15%).
- Children who report going hungry are more likely to currently smoke, than those who do not (25% vs. 17%).
- Children who report going hungry are more likely to report having been injured, than those who do not (55% vs. 44%).
- Children who report going hungry are more likely to report having bullied others, than those who do not (28% vs. 19%).

...Food poverty among Irish schoolchildren



Percentage of 15 years old children reporting they went to school or bed hungry, by country

- Going hungry to school or bed is not associated with social class, exercising more than 4 times a week or eating sweets daily.

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International

Irish 15 year olds (boys and girls together) are ranked 12th among 35 countries in Europe and North America with 16% reporting that they went hungry to bed or to school. Overall 16.8% of Irish 11 year olds (rank 16th) and 16.0% of Irish 13 year olds (rank 13th) report going to bed or to school hungry.

Implications

The percentage of young people in Ireland that report going to school or bed hungry is moderately high in comparison to some other countries in Europe and North America.

Additionally, the fact that almost a sixth of Irish children go to school or bed hungry is a concern. The data presented here indicate that food poverty is associated with poor health outcomes and increased likelihood of partaking in risk and anti-social behaviour. Food poverty is found in all social classes and more resources have to be invested in identifying children that are at a risk of food poverty. Strategies must be developed to support families that may not be able to provide adequately for their children.

References

1. Currie, C., Samdal, O., Boyce, W. & Smith, R. (eds.) (2001). Health behaviour in school-aged children: a WHO cross-national study (HBSC): research protocol for 2001/2002 survey. Edinburgh: CAHRU, University of Edinburgh.
2. Currie, C., Roberts, C., Morgan, A., Smith, R., Settertobulte, W., Samdal, O. & Barnakov-Rasmussen, V. (eds.) (2004). Young people's health in context. Health Policy for Children and Adolescent No. 4. Copenhagen: WHO-Europe.
3. Friel, S. & Conlon, C. (2004). *Food Poverty and Policy Report. A joint Combat Poverty Agency, Crosscare and Society of St Vincent de Paul review.*
4. Casey, P.H., Szeto, K.L., Robbins, J.M., Stuff, J.E., Connell, C., Gossett, J.M., Simpson, P.M. (2005). Child Health-Related Quality of Life and Household Food Security. *Archives of Paediatric and Adolescent Medicine*, 159(1), 51-56.