

Injuries among Irish schoolchildren

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

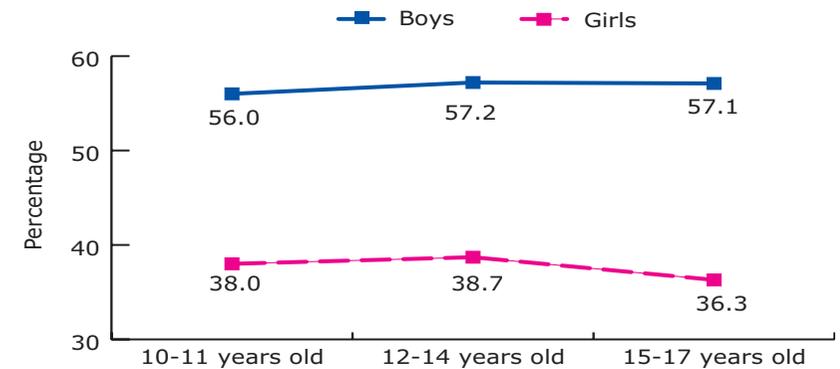
HBSC Ireland has found that 45.8% of children aged 10-18 report that they were injured and needed medical treatment from a doctor or a nurse once or more in the previous 12 months (56.6% of boys and 37.5% of girls). The overall figure represents an increase of about 6 percentage points from 40.0% in 1998. The percentage of children reporting injury is relatively stable across ages among boys, and decreases slightly with age among girls, from 38.0% of 10-11 year old girls to 36.3% of 15-17 year old girls. Children who were injured report more negative perceptions of school, more frequent somatic and emotional symptoms and are more involved in bullying than children who were not injured.

Why this topic?

Injuries and their consequences contribute to a silent epidemic experienced by young people throughout the world and are the largest cause of disability and death in children and adolescents in some countries³. Injuries account for over 70% of all deaths in young people⁴ and the risk of injury rises dramatically as children enter adolescence⁵.

Trends 1998 – 2002

There has been an increase in the percentage of children who report they were injured and treated by a doctor or a nurse during the previous 12 months, from 40.0% in 1998 to 45.8% in 2002. The increase is more pronounced among boys (from 48.3% to 56.6%) than among girls (from 32.1% to 37.6%) and is found across all age groups.

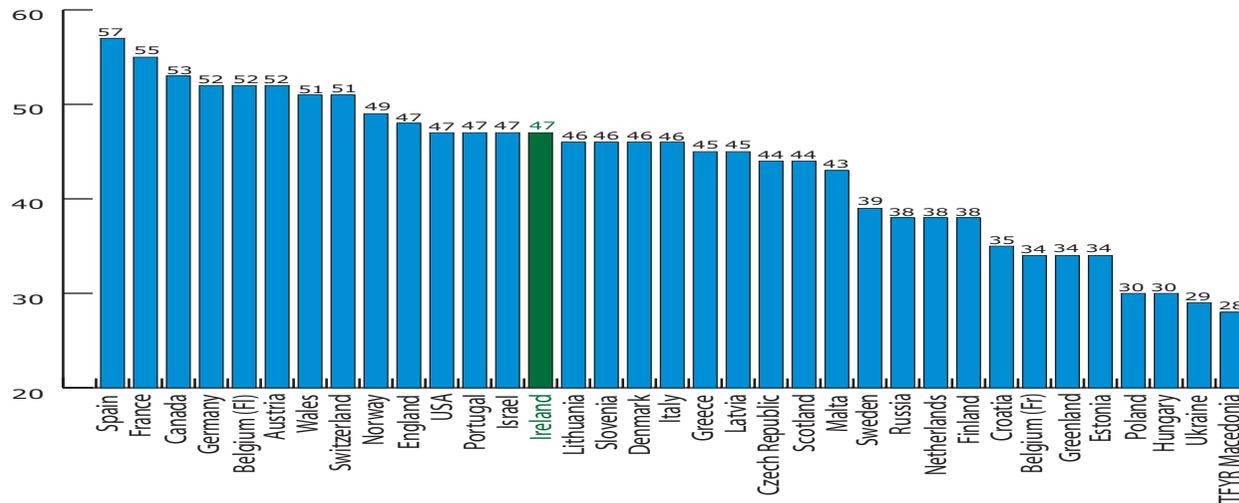


Percentage of injuries by age and gender, HBSC 2002

Injury in context

- More children from lower social classes report medically attended injuries (social classes 1-2; 43%, social classes 5-6; 48%).
- Children who were injured are more likely to spend at least 4 evenings a week with their friends compared to children who weren't injured (46% vs. 34%).
- Children who were injured are more likely to report that they don't like school compared to children who weren't injured (35% vs. 28%).
- Children who were injured are more likely to feel pressured by school work compared to children who weren't injured (38% vs. 33%).
- Children who were injured are more likely than children who weren't injured to report frequent emotional symptoms (17% vs. 12%) and frequent physical symptoms (30% vs. 20%).
- Children who were injured are more likely to be involved in bullying others compared to children who weren't injured (25% vs. 16%).

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Percentage of 15 years old children reporting they were injured and needed medical attendance in the last 12 months, by country

- Injuries are not related to living with both parents, to ease of talking to parents or best friend, to feeling happy, or to excellent health.

International

Irish 15 year olds (boys and girls together) are ranked 14th among 35 countries in Europe and North America, with 47% reporting that they were injured and needed medical attendance. Overall, 46% of Irish 11 years olds (rank 20th) and 47% of Irish 13 years olds (rank 19th), report that they were injured at least once in the previous 12 months.

Implications

The percentage of young people in Ireland, reporting that they were injured and treated by a doctor or a nurse at least once during the previous 12 months, has increased

since 1998 with almost half of schoolchildren reporting such an injury. The relatively high cost of medical treatment in Ireland suggests that this may represent the tip of the iceberg. Findings presented here illustrate that injuries are associated with other negative health outcomes such as frequent emotional and physical symptoms, with bullying and with negative school perceptions. Given the scope of the problem, more attention needs to be paid to the settings and the activities during which injuries are more likely to take place and in initiating appropriate prevention programmes.

References

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