

Health Behaviour in School-aged Children survey in French-speaking Belgium

What is changing between primary and secondary school?

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Context and objective

The transition from primary to secondary school is related to **multiple changes**:

- At **school** level: teacher relationships, educational demands, school size, ...
 - But also **physical, psychological, emotional, relational**
 - Changes in **health behaviours**
- Objective = to identify health behaviours and health outcomes undergoing significant changes between primary and secondary school
- Help to develop effective and targeted actions to improve health and well-being, and promote smooth transitions

The HBSC survey

The **Health Behaviour in School-aged Children (HBSC) survey** is an international study:

- Conducted in > 40 regions/countries in Europe and North-America (WHO regional office for Europe)
- Repeated every four years
- Objective = to describe well-being, health behaviours and outcomes of adolescents and to investigate their sociodemographic determinants
 - up-to-date information to develop and improve health promotion programmes

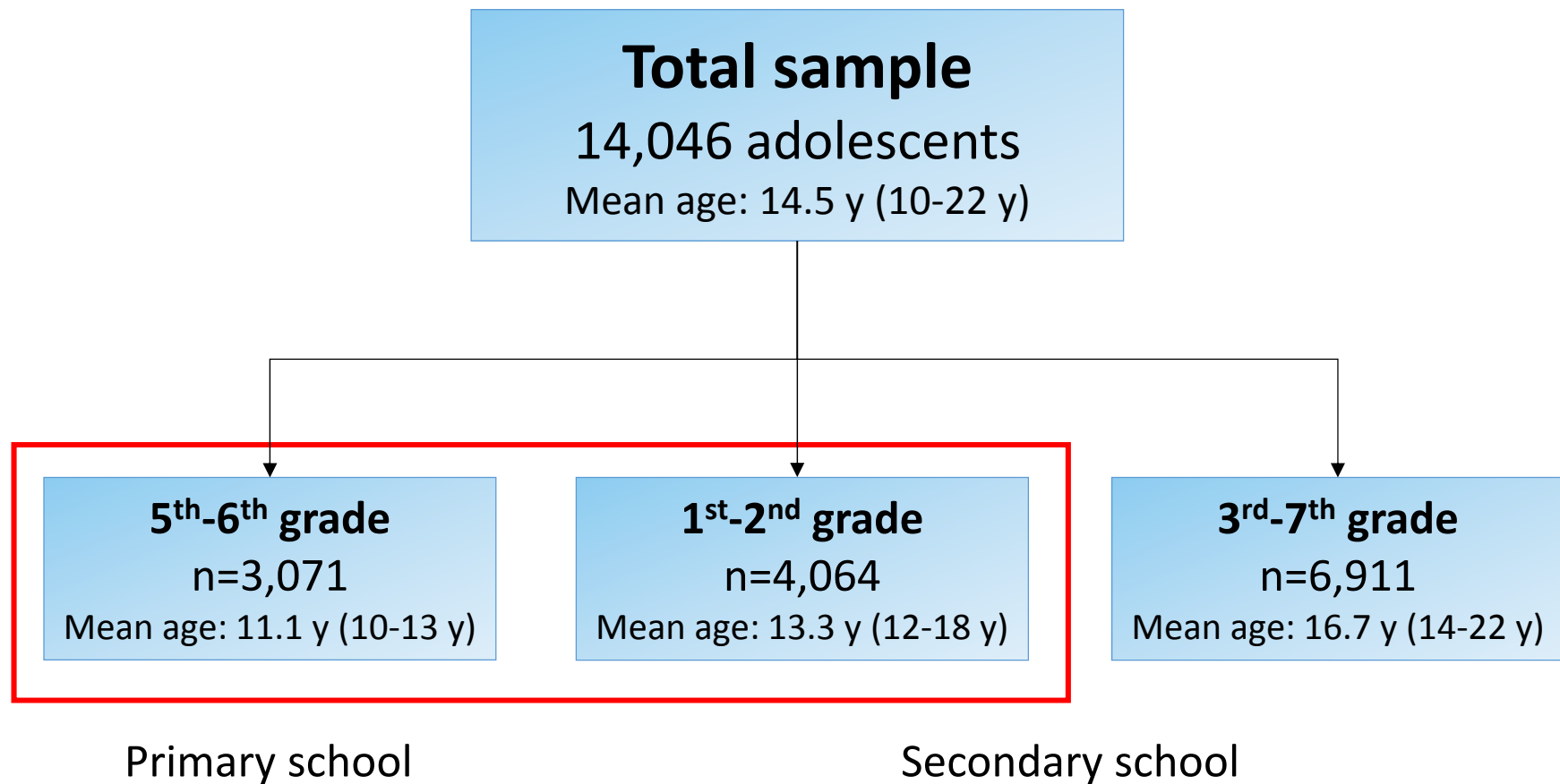
→ 2014 HBSC survey in French-speaking Belgium

Methodology

In **French-speaking Belgium** (Wallonia and Brussels):

- Data collected among adolescents from the 5th of primary to the last year of secondary school
- Two-stage cluster **sampling method**
 - Schools as primary sample units → stratification per province
 - Classes as secondary sample units → all grades were sampled
 - All students of selected classes were included in the sample
- Standardised **questionnaires**
 - Self-administrated by the students in the classroom
 - Treated as confidential

Sample characteristics



Analyses

Multivariable logistic regressions were used to identify indicators with significant changes between 5th-6th primary and 1st-2nd secondary

- Dependent variable: health indicators
- Independent variable: school level (5th-6th vs 1st-2nd)
- Adjustment variables:
 - Gender
 - Family structure: two parents, blended, lone-parent, other
 - Family Affluence Scale (FAS): high, medium, low

Interactions *Gender* School level* were also tested

Dia 6

T11

Expliquer à l'oral que c'est un indicateur du niveau socioéconomique qui se base sur les possessions matérielles de la famille (ordinateur, voiture, salle de bain, vacances à l'étranger, chambre pour soi, lave-vaisselle). Construit à partir d'une échelle et division en trois catégories : low, medium, high.

Thomas; 8/06/2017

Three types of indicators were studied

Health behaviours

Food habits, physical activity, screen time, alcohol consumption, violence

Health outcomes

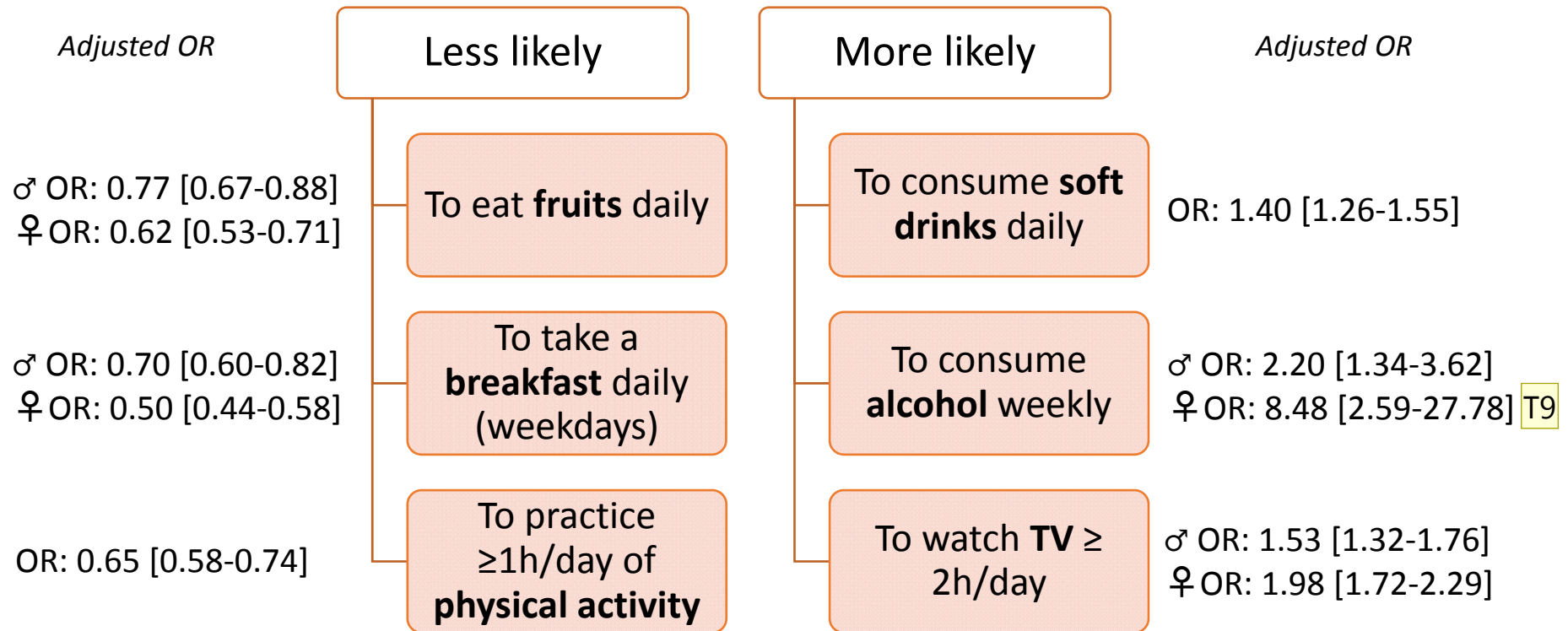
Self-rated health, mental health, obesity

Social context

Relationships with family, peers, school

Health behaviours deteriorated between end-primary and secondary school...

Compared with end-primary school, adolescents of 1st and 2nd secondary school were:



Dia 8

T9

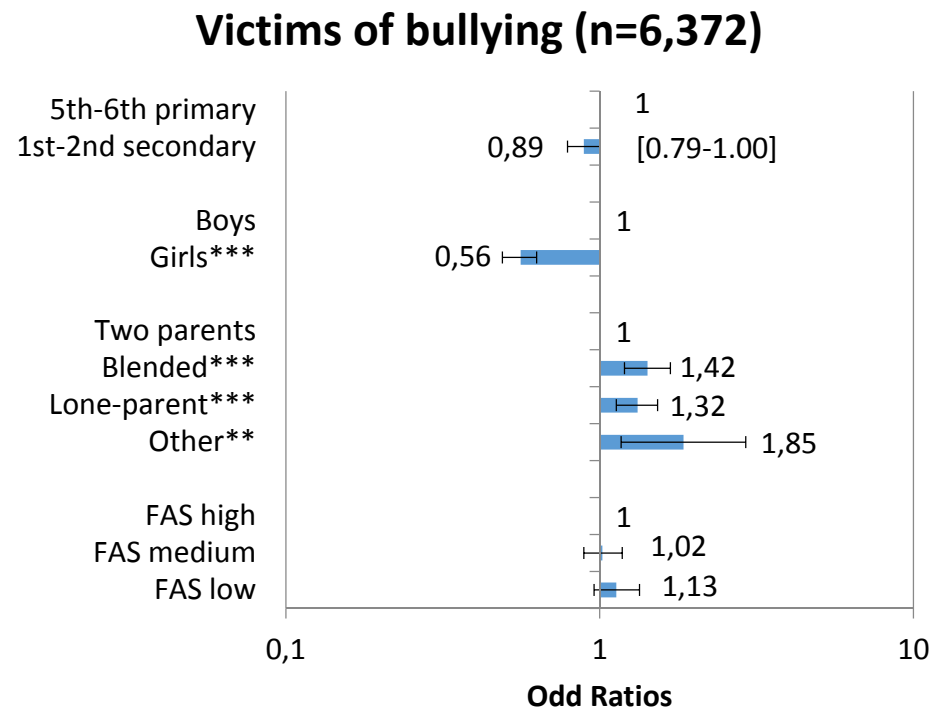
Pour les filles, large IC car très peu de cas (4 en 5-6 prim et 35 en 1-2 sec)

Thomas; 8/06/2017

...excepted the indicators related to violence

E.g. the likelihood of being **victim of bullying**:

- Remains **stable** between the end of primary and the beginning of secondary school



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Food habits, physical activity, screen time, alcohol consumption, violence

Health outcomes

Self-rated health, mental health, obesity

Social context

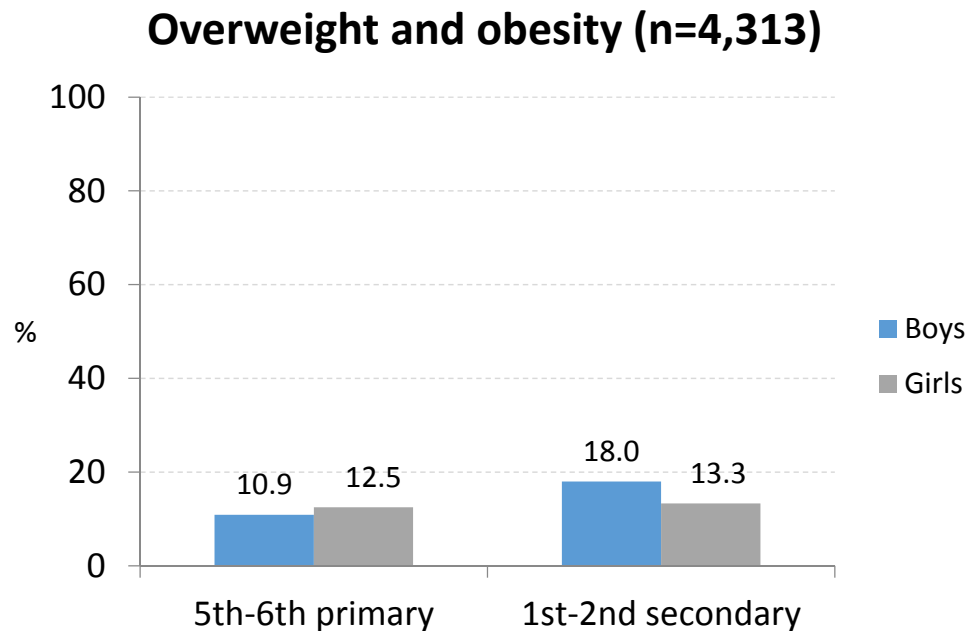
Relationships with family, peers, school

Well-being indicators

		Boys		Girls	
		Prevalence	OR* [CI 95%]	Prevalence	OR* [CI 95%]
Low health-related quality of life	5 th -6 th primary (n=2,977)	7.5%	Ref.	10.5%	Ref.
	1 st -2 nd secondary (n=3,937)	12.0%	1.58*** [1.23-2.02]	22.4%	2.31*** [1.87-2.84]
High self-confidence (often/always)	5 th -6 th primary (n=3,042)	73.2%	Ref.	54.3%	Ref.
	1 st -2 nd secondary (n=4,027)	70.7%	0.91 [0.78-1.06]	45.2%	0.70*** [0.60-0.80]
Negative body image (a bit/much too fat)	5 th -6 th primary (n=3,029)	25.5%	Ref.	35.2%	Ref.
	1 st -2 nd secondary (n=4,031)	30.8%	1.30** [1.11-1.52]	47.1%	1.61*** [1.39-1.86]

*Adjusted OR

Overweight and obesity



Methodology

- Self-reported height/weight
- IOTF age- and sex-specific cut-offs

Logistic regressions confirmed that:

- In **boys**, adolescents of 1st-2nd secondary school are more likely than end-primary students to be overweight or obese (AOR: 1.83*** [1.41-2.39])
- This difference is not observed in **girls** (AOR: 0.97 [0.74-1.27])

Three types of indicators were studied

Health behaviours

Food habits, physical activity, screen time, alcohol consumption, violence

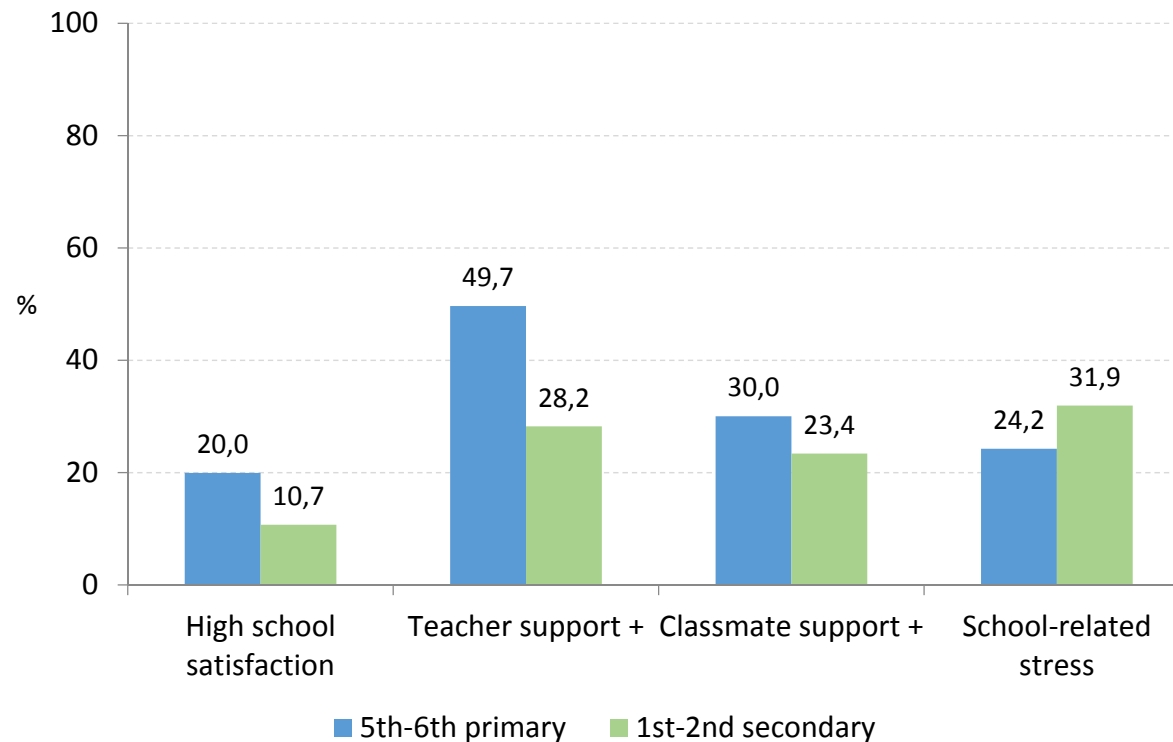
Health outcomes

Self-rated health, mental health, obesity

Social context

Relationships with family, peers, school

The perception of the school context deteriorates during this transition



→ These trends were confirmed after adjustment, using logistic regressions

Dia 14

T10

Les interactions sex*school level ne sont pas significatives pour ces indicateurs --> j'ai simplifié le graphique en mettant les prévalences pour les deux sexes ensemble.

Thomas; 8/06/2017

In conclusion

These analyses showed that:

- A lot of health indicators (behaviours, outcomes and social context) **deteriorates** between end-primary and secondary school
 - A few indicators **remain stable** (e.g victim of bullying, perceived family support) or **improve** (e.g physical fighting)
 - Evolution patterns may differ between boys and girls
- Sensitive period during which **multi-dimensional** (behaviours, mental health, ...) and **interdisciplinary** (school, family, health actors) approaches are needed