



BOOK OF ABSTRACTS

LIBRO DE ACTAS

H
B
S
C

INTERNATIONAL SYMPOSIUM
“25 YEARS OF THE HBSC STUDY:
CONTRIBUTIONS AND FUTURE CHALLENGES”
SEVILLE, 15 – 17 MAY, 2008

SIMPOSIUM INTERNACIONAL
“25 AÑOS DEL ESTUDIO HBSC: APORTACIONES
Y RETOS PARA EL FUTURO”
SEVILLA, 15 – 17 MAYO 2008



UNIVERSIDAD DE SEVILLA
DEPARTAMENTO DE
PSICOLOGÍA EVOLUTIVA
Y DE LA EDUCACIÓN



**Health Behaviour
in School-aged Children**

A WORLD HEALTH ORGANIZATION CROSS-NATIONAL STUDY



JUNTA DE ANDALUCÍA
CONSEJERÍA DE SALUD



GOBIERNO
DE ESPAÑA

MINISTERIO
DE SANIDAD
Y CONSUMO

MINISTERIO
DE EDUCACIÓN, POLÍTICA SOCIAL
Y DEPORTE

Authors / Autores:

Carmen Moreno Rodríguez. *Universidad de Sevilla*

Antony Morgan. *National Institute for Health and Clinical Excellence, NICE. Londres, Reino Unido.*

Pilar Ramos Valverde. *Universidad de Sevilla*

Fco. José Rivera de los Santos. *Universidad de Huelva*

Antonia Jiménez Iglesias. *Universidad de Sevilla*

Victoria Muñoz Tinoco. *Universidad de Sevilla*

Inmaculada Sánchez Queija. *Universidad Nacional de Educación a Distancia*

María del Carmen Granado Alcón. *Universidad de Huelva*

Ana María López Jiménez. *Universidad de Sevilla*

Organizing Committee / Comité Organizador

[University of Seville](#)

Chair/
Presidencia

Carmen Moreno	Department of Developmental and Educational Psychology (University of Seville)
Antony Morgan	National Institute for Health and Clinical Excellence, NICE (Londres, UK)
Inmaculada Sánchez-Queija	Department of Developmental and Educational Psychology (UNED)
Pilar Ramos Antonia Jiménez-Iglesias Victoria Muñoz-Tinoco	Department of Developmental and Educational Psychology (University of Seville)
M ^a Carmen Granado Francisco Rivera	Department of Psychology (University of Huelva)
Ana M. López	Department of Experimental Psychology (University of Seville)

[Ministerio de Sanidad y Consumo](#)

Begoña Merino M ^a José Ruíz	Subdirección General de Promoción de la Salud y Epidemiología. Ministerio de Sanidad y Consumo
---	--










[Consejería de Salud de la Junta de Andalucía](#)

Cristina Torró Manuel Rodríguez Irene Fuentes Luz María Fernández	Dirección General de Salud Pública y Participación
--	--

[Ministerio de Educación, Política Social y Deporte](#)

Elena González	Centro de Investigación y Documentación Educativa (CIDE)
----------------	--

Sponsors / Colaboradores

 <p>Universidad Internacional de Andalucía</p>	 <p>Facultad de Psicología de la Universidad Nacional de Educación a Distancia UNED</p>	 <p>Departamento de Psicología Evolutiva y de la Educación</p>
 <p>Relaciones Institucionales, Relaciones internacionales y Extensión Cultural</p>	 <p>Centro Andaluz de Arte Contemporáneo, CAAC</p>	 <p>Cajasol</p>
 <p>Secretariado de Recursos Audiovisuales y Nuevas Tecnologías</p>	 <p>Consejería de Innovación, Ciencia y Empresa</p>	 <p>Fondo Social Europeo</p>



- PREFACE -

We have pleasure in presenting this booklet to commemorate the 25th Anniversary of the Health Behaviour in School-aged Children (HBSC) celebrated in Seville between the 15th and 17th May 2008.

HBSC 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. There are now 43 participating countries and regions. The first cross-national survey was conducted in 1983/84, the second in 1985/86 and since then data collection has been carried out every four years using a common research protocol. The most recent survey, the seventh in the series, was conducted in 2005/06.

Since its inception, the study has been developed by a multi-disciplinary network of researchers from a growing number of countries in Europe and North America. The varied backgrounds and experience of HBSC network members can be seen by the papers presented at the Seville meeting and by the papers published by the network during the development of the study (see bibliography of published papers at page 76).

The HBSC study is an international source of expertise and intelligence on adolescent health for public health and health education and is an asset for the development of new policy at both the National and international levels. Most recently it has worked with WHO to develop the HBSC /WHO policy forum which aims to provide support to Member States to address socially induced health inequities among adolescents (see http://www.salute.toscana.it/promozione/hbsc2007/hbsc_forum.shtml). We hope that we can seek many more opportunities in the future to ensure that the study remains useful to the development of new policy particularly in the context of the work of the Commission on the Social Determinants of Health (http://www.who.int/social_determinants/en/).

We and all the Spanish HBSC team are happy to welcome past and present colleagues to Seville to celebrate the first 25 years and to reflect on the key challenges for the study in the future to ensure that it can continue to be a unique source of international knowledge in understanding the key determinants of adolescent health and wellbeing.

Finally, we are grateful to the Universidad de Sevilla, the Consejería de Salud (Junta de Andalucía), the Ministerio de Sanidad y Consumo and the Ministerio de Educación, Política Social y Deporte for all their support in the organization of this special meeting and symposium. They have given their time, energy and encouragement to ensure that the Spanish team can host a successful and happy meeting



for the 25th Anniversary of HBSC. We also want to thank our other collaborators¹ that have supported the meeting.

This symposium would not have been possible without the support of all of our colleagues and collaborators. We hope that it provides an opportunity for us all to reflect on the next stages in policy research and practice to ensure that we can all contribute to improvements in the quality of life of adolescents wherever they live in Europe and North America.

Carmen Moreno, Antony Morgan and the Spanish HBSC team

¹ Centro Andaluz de Arte Contemporáneo, Universidad Internacional de Andalucía, Instituto Andaluz de Patrimonio Histórico, Departamento de Psicología Evolutiva y de la Educación de la Universidad de Sevilla, Facultad de Psicología de la UNED, Secretariado de Recursos Audiovisuales y Nuevas Tecnologías de la Universidad de Sevilla, Vicerrectorado de Relaciones Institucionales, Relaciones Internacionales y Extensión Cultural de la US, Consejería de Innovación, Ciencia y Empresa de la Junta de Andalucía, Cajasol y Ayuntamiento de Sevilla.

- PRÓLOGO -

Es un placer para nosotros tener la oportunidad de presentar este libro de actas del Symposium que conmemora el 25 Aniversario del Estudio *Health Behaviour in School-aged Children* (HBSC), celebrado en Sevilla el 16 de mayo de 2008.

El Estudio HBSC se inició en 1982 gracias al empeño de investigadores de tres países y poco tiempo después adquirió el estatus de estudio colaborador de la Organización Mundial de Salud. En la actualidad son ya 43 los países y regiones que conforman la red. La primera recogida de datos se llevó a cabo en 1983/84, la segunda en 1985/86 y desde entonces se repite sistemáticamente cada cuatro años usando un protocolo común de investigación. La edición más reciente del Estudio HBSC, la séptima en la serie, ha sido la realizada en 2005/06.

Desde sus inicios, el estudio ha tenido un marcado carácter interdisciplinar y en la actualidad acoge a una red heterogénea de investigadores de países de Europa y América del Norte. Esta variedad de perspectivas y de enfoques se detecta con facilidad en las publicaciones surgidas del estudio HBSC y realizadas por los miembros de la red a lo largo de estos 25 años de historia (ver la selección de bibliografía que se incluye en la página 76 de este documento).

El estudio HBSC es una valiosa fuente de conocimiento para los profesionales de la salud y la educación y un activo importante al que recurrir en el diseño de nuevas políticas de intervención con adolescentes en los distintos ámbitos que permite el estudio (regional, nacional o internacional). Recientemente, y en colaboración con la OMS, se organizó el *HBSC /WHO Policy Forum* que tenía como objetivo principal el de aportar a los estados miembros el apoyo necesario para hacer frente a las desigualdades en salud de origen social entre los adolescentes (ver http://www.salute.toscana.it/promozione/hbsc2007/hbsc_forum.shtml). Esperamos que en el futuro sea posible encontrar más oportunidades para asegurar la utilidad del estudio en el desarrollo de nuevas iniciativas de intervención, en particular en el contexto del trabajo realizado desde la *Commission on the Social Determinants of Health* (http://www.who.int/social_determinants/en/).

Nosotros, y todo el equipo español del Estudio HBSC, estamos encantados de dar la bienvenida a colegas que fueron miembros de la red HBSC y a los que lo son en la actualidad, así como a los profesionales y responsables políticos que trabajan en España en las administraciones centrales y autonómicas vinculadas a la salud y la educación. Todos ellos se han acercado en este día a Sevilla para celebrar los primeros 25 años del HBSC y para reflexionar sobre los retos clave que debe



afrontar el estudio en el futuro con el objetivo de seguir siendo una fuente privilegiada de conocimiento en la comprensión de los determinantes de la salud y el bienestar adolescentes.

Finalmente, queremos dejar constancia de nuestro agradecimiento a la Universidad de Sevilla, a la Consejería de Salud de la Junta de Andalucía, al Ministerio de Sanidad y Consumo y al Ministerio de Educación, Política Social y Deporte por todo su apoyo a la hora de organizar este Simposium. El equipo español del Estudio HBSC no tuvo que convencer a estas instituciones del interés del evento y de todas ellas recibió el ánimo necesario para acometer el reto de convertirse en el anfitrión de este Simposium en el que celebramos un hito tan importante para el estudio. También queremos agradecer a nuestros otros colaboradores² el apoyo recibido. Definitivamente este Simposium no hubiera sido posible sin la ayuda de todos nuestros colegas y de nuestros colaboradores.

Esperamos que para todos nosotros este evento signifique una oportunidad para reflexionar acerca de las estrategias de investigación y de intervención futuras y dejar así patente que todos nosotros podemos contribuir a las mejoras en la calidad de vida de los adolescentes en cualquier lugar de Europa o de América del Norte donde vivan.

Carmen Moreno, Antony Morgan y el equipo español HBSC

² Centro Andaluz de Arte Contemporáneo, Universidad Internacional de Andalucía, Instituto Andaluz de Patrimonio Histórico, Departamento de Psicología Evolutiva y de la Educación de la Universidad de Sevilla, Facultad de Psicología de la UNED, Secretariado de Recursos Audiovisuales y Nuevas Tecnologías de la Universidad de Sevilla, Vicerrectorado de Relaciones Institucionales, Relaciones Internacionales y Extensión Cultural de la US, Consejería de Innovación, Ciencia y Empresa de la Junta de Andalucía, Cajasol y Ayuntamiento de Sevilla.



- INDEX / ÍNDICE -

Conferences/Conferencias

THE CONTRIBUTION OF HBSC TO KNOWLEDGE AND UNDERSTANDING OF YOUNG PEOPLE’S HEALTH 24

A LIFECOURSE FRAMEWORK FOR THINKING ABOUT ADOLESCENT HEALTH BEHAVIOUR 25

SOCIAL DETERMINANTS AND ADOLESCENT HEALTH: IMPLICATIONS FROM THE COMMISSION ON THE SOCIAL DETERMINANTS OF HEALTH 26

HEALTH PROMOTING SCHOOLS AND HBSC: WORKING TOGETHER FOR ADOLESCENT HEALTH 27

POSITIVE YOUTH DEVELOPMENT: AN ECOLOGICAL PERSPECTIVE 28

LESSONS LEARNED IN THE PRACTICE OF PROMOTING HEALTH THROUGH SCHOOLS 29

Papers/Ponencias

USE OF AN INTERNET-BASED ONLINE HBSC QUESTIONNAIRE TO IMPLEMENT HBSC NATIONAL SURVEYS: A CROSS-METHODS, CROSS-NATIONAL FEASIBILITY STUDY 33

INTERNATIONAL AND SOCIOECONOMIC DIFFERENCES IN PROPORTIONS OF CHILDREN EATING FRUIT AND VEGETABLES DAILY: THE IMPORTANCE OF MACRO LEVEL INDICATORS 34

SELF-REPORT SCREENING FOR OVERWEIGHT AND OBESITY IS INVALID: EVIDENCE FROM THE HBSC AND CANADIAN COMMUNITY HEALTH SURVEY..... 35

MEASURING MEDIA BEHAVIORS IN NORWEGIAN ADOLESCENTS 36

TRENDS IN SOCIAL INEQUALITY IN PHYSICAL ACTIVITY AMONG ADOLESCENTS: SIX COMPARABLE CROSS-SECTIONAL STUDIES FROM DENMARK 1988-2006 38

MACRO-ECONOMIC ENVIRONMENT, SOCIAL INEQUALITY AND OVERWEIGHT AMONG ADOLESCENTS IN 35 COUNTRIES 39

INFLUENCES OF JOINT PHYSICAL CUSTODY ON ICELANDIC CHILDREN: EVIDENCE FROM THE 2006 HBSC STUDY 40

EFFORT-REWARD IMBALANCE AS DETERMINANT OF SUBJECTIVE HEALTH COMPLAINTS IN ADOLESCENTS IN 41 COUNTRIES..... 42

MEASURING THE PREVALENCE OF CHRONIC HEALTH CONDITIONS AMONG MAINSTREAMED ADOLESCENTS WITH A SELF-ADMINISTERED QUESTIONNAIRE IN SCHOOL. RESULTS FROM THE HBSC STUDY IN FRANCE. 43

THE ROLE OF NATIONAL POLICIES INTENDED TO REGULATE ADOLESCENT SMOKING IN EXPLAINING THE PREVALENCE OF DAILY SMOKING: A STUDY OF ADOLESCENTS FROM 27 EUROPEAN COUNTRIES 45

MEDICINE USE AMONG ITALIAN ADOLESCENTS: APPLYING SUGGESTIONS TO DESCRIBE THE PHENOMENON. 46

A COMPARISON OF OUTCOMES AMONG CHILDREN WHO REPORT DISABILITY/CHRONIC ILLNESS AND THEIR ABLE-BODIED PEERS: DATA FROM 2006 IRISH HBSC STUDY 47

MULTIPLE RISK BEHAVIOURS AND SUICIDAL IDEATION AND BEHAVIOUR AMONG PALESTINIAN AND ISRAELI SCHOOL CHILDREN 48

ADOLESCENT DEVELOPMENT AND HEALTH. 2002 AND 2006 HBSC RESEARCH STUDY IN SPAIN..... 50

DESARROLLO ADOLESCENTE Y SALUD. EL ESTUDIO HBSC 2002 Y 2006 EN ESPAÑA..... 51



PROGRESSES AND CHALLENGES IN THE IMPLEMENTATION OF HEALTH PROMOTION AND EDUCATION AT THE SCHOOL SYSTEM	52
AVANCES Y RETOS PARA LA GENERALIZACIÓN DE PROGRAMAS DE CALIDAD EN PES –PROMOCIÓN Y EDUCACIÓN PARA LA SALUD- EN EL ÁMBITO EDUCATIVO	53
EVALUATION OF PROCEDURES AND DOCUMENTS RELATED TO THE FIELDWORK OF HBSC IN FRANCE IN 2006.....	55
THE DEVELOPMENT AND IMPLEMENTATION OF THE CHINESE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (C-HBSC) CROSS-CULTURAL SURVEY.....	56
POSSIBLE IMPORTANCE OF THE HBSC STUDY FOR DRINKING MOTIVE RESEARCH	57
FOOD AND RELATED BEHAVIOUR OF CHILDREN FROM THE TRAVELLER COMMUNITY IN IRELAND	59
ADOLESCENT PLACE ATTACHMENT, SOCIAL CAPITAL, AND PERCEIVED SAFETY: A COMPARISON OF 13 COUNTRIES	60
THE EFFECT OF IMMIGRANT STATUS AND ETHNIC BACKGROUND ON ADOLESCENTS’ FAMILY SATISFACTION IN SPAIN.....	61
NEGATIVE SCHOOL PERCEPTIONS AND THE PROBABILITY OF INVOLVEMENT IN SCHOOL VIOLENCE: A UNIVERSAL RELATIONSHIP ACROSS 40 COUNTRIES	63
CAN RELATIONSHIPS DETERMINE LEVELS OF SUBSTANCE USE AMONG 15-17 YEAR OLDS: 2006 IRISH HBSC DATA	64
EARLY SEXUAL INTERCOURSE AND RISK FACTORS IN CROATIAN ADOLESCENTS	65
“FORMA JOVEN”* PROGRAMME	67
PROGRAMA “FORMA JOVEN”	68
SUPPORTING ADOLESCENTS’ PARENTS WITHIN THE FRAMEWORK OF “FORMA JOVEN”*.	69
PROGRAMA DE FORMACIÓN DE PADRES Y MADRES EN EL MARCO DE “FORMA JOVEN”	70
THE ADOLESCENT AND YOUTH COMMUNITY INVOLVEMENT PROJECT “LEARNING AMONG US ALL TO GET ALONG HEALTHILY”	71
PROYECTO DE PARTICIPACIÓN COMUNITARIA DE ADOLESCENTES Y JÓVENES "APRENDIENDO ENTRE TODOS A RELACIONARNOS DE FORMA SALUDABLE”	72
WALKING TOWARDS YOUTH-FRIENDLY HEALTH CARE SYSTEMS FOR ADOLESCENTS AND YOUNG ADULTS.....	73
CAMINANDO HACIA MODELOS DE ATENCIÓN SANITARIA AMIGABLES PARA LA POBLACIÓN ADOLESCENTE Y JOVEN.....	74

Posters

FAMILY SATISFACTION AND QUALITY OF COMMUNICATION WITH PARENTS: CHILD SELF- DISCLOSURE THROUGH AGE AND GENDER.....	76
SCHOOL SATISFACTION AMONG BOYS AND GIRL. IS IT AFFECTED BY PARENTAL BONDING AND THE QUALITY OF PERCEIVED COMMUNICATION?	77
ATTEND THE SCHOOL CAFETERIA AND DIFFERENCES IN EATING HABITS, BODY MASS INDEX AND DENTAL HYGIENE AMONG SPANISH ADOLESCENTS	78
FAMILY RELATIONS OF SPANISH ADOLESCENTS WITH DIVORCED PARENTS: EFFECTS OF LACK OF CONTACT WITH NON-CUSTODY PARENTS.....	79



MATERNAL AND PATERNAL MONITORING AND THE DRUG ABUSE (LIQUORS, TOBACCO AND MARIJUANA) IN ADOLESCENCE.....	80
IMMIGRANT ADOLESCENTS RISK BEHAVIORS IN SPAIN	81
SOCIAL SUPPORT AS A FACTOR OF POSITIVE BODY WEIGHT PERCEPTION AMONG POLISH 15-YEAR-OLDS	82
EARLY ADOLESCENTS IMMIGRANTS: COMPARING THEIR SOCIAL TIES WITH A NON-IMMIGRANT STUDENTS.....	83
AUTHORITY FIGURES AND BULLYING BEHAVIOUR	84
RISK AND RESILIENCE IN THE ADOLESCENTS WITH SPECIAL EDUCATIONAL NEEDS (SEN).....	85
LINKS BETWEEN INDIVIDUAL FACTORS AND ADOLESCENTS' RISK BEHAVIOUR IN LITHUANIA.	86
CHARACTERISTICS OF CANADIAN YOUTH REPORTING A VERY EARLY FIRST SEXUAL ENCOUNTER	87
THE EFFECT OF OPTIMISTIC BELIEFS ON POSITIVE HEALTH PRACTICES IN POLISH HBSC SURVEY – THE ROLE OF RESILIENCE.....	88
SOME ASSOCIATIONS OF BODY IMAGE WITH SELF-ESTEEM AND DEPRESSIVE MOOD IN HUNGARIAN YOUNG PEOPLE.....	89
TRENDS IN TOBACCO SMOKING AND MARIJUANA USE BY FAS GROUPS AMONG GIRLS AND BOYS IN POLAND	90
HEALTH BEHAVIOURS AND PERCEIVED SCHOOL ENVIRONMENT AND THEIR ASSOCIATION WITH SELF-REPORTED HEALTH COMPLAINTS AND PERCEIVED ALERTNESS AMONG 15-YEAR-OLDS IN FINLAND	91
UNDERWEIGHT AND OVERWEIGHT AMONG CHILDREN AND ADOLESCENTS IN TUSCANY (ITALY).	92

HBSC Journal Articles

HBSC JOURNAL ARTICLES IN PRESS	94
HBSC JOURNAL ARTICLES PUBLISHED IN 2008.....	94
HBSC JOURNAL ARTICLES PUBLISHED IN 2007.....	95
HBSC JOURNAL ARTICLES PUBLISHED IN 2006.....	97
HBSC JOURNAL ARTICLES PUBLISHED IN 2005.....	100
HBSC JOURNAL ARTICLES PUBLISHED IN 2004.....	102
HBSC JOURNAL ARTICLES PUBLISHED IN 2003.....	104
HBSC JOURNAL ARTICLES PUBLISHED IN 2000 - 2002	105
HBSC JOURNAL ARTICLES PUBLISHED IN 1986 - 1999	107

Authors Index / Índice de Autores

AUTHORS INDEX / ÍNDICE DE AUTORES	109
---	-----



Opening plenary / Sesión de apertura





- Carmen Moreno
Principal Investigator of HBSC Study in Spain. Department of Developmental and Educational Psychology, University of Seville (Co-chair of the Symposium)
 - Candace Currie.
HBSC International Coordinator. CAHRU, University of Edinburgh, Scotland
 - Elena González Briones.
Centro de Información y Documentación Educativa (CIDE), Ministerio de Educación, Política Social y Deporte (Representative of Ministry of Education, Social Policies and Sport).
 - Begoña Merino Merino.
Área de Promoción de la Salud. Ministerio de Sanidad y Consumo (Representative of Ministry of Health).
 - Cristina Torró García-Morato
Subdirectora General de Salud Pública y Participación. Consejería de Salud. Junta de Andalucía (Representative of Health Department, Regional Government).
 - Lourdes Munduate Jaca
Vicerrectora de Relaciones Internacionales. Universidad de Sevilla (Representative of University of Seville).
-
- Carmen Moreno
Investigadora Principal en España del Estudio HBSC. Departamento de Psicología Evolutiva y de la Educación. Universidad de Sevilla.
 - Candace Currie
HBSC International Coordinator. CAHRU, Universidad de Edimburgo, Escocia.
 - Elena González Briones
Centro de Información y Documentación Educativa. Ministerio de Educación, Política Social y Deporte.
 - Begoña Merino Merino
Área de Promoción de la Salud. Ministerio de Sanidad y Consumo.
 - Cristina Torró García-Morato
Subdirectora General de Salud Pública y Participación. Consejería de Salud. Junta de Andalucía.
 - Lourdes Munduate Jaca
Vicerrectora de Relaciones Internacionales. Universidad de Sevilla.



- OPENING LECTURE -

Good morning, to the speakers and audience attending this International Symposium to celebrate 25th anniversary of the first Study of Health Behaviour in School-Aged Children. On behalf of the Ministry of Health and, most specifically, the Secretary General of Public Health and Participation, I would like to welcome you to this wonderful “birthday celebration” that the team responsible for the study in Spain has prepared.

Above all, I would like to thank the University of Seville and Carmen Moreno in particular, for inviting the Ministry of Health to participate in the opening of this event and for its collaborating. I would also like to thank the CISNS Health Promotion work group for their collaboration in organizing the meeting held yesterday in Seville, which has made it easier for all the Regions of Spain to be present at this event.

The Secretary General of Public Health and Participation is unable to be here today because she has been summonsed to the first Council meeting for the legislative government, but she has insisted that I report on at least two considerations that this Study has for her.

The first point is of a personal nature and has to do with the special closeness of the Secretary General of Public Health and Participation to the HBSC: they must know that she was precisely, the person who currently directs the Public Health policies in Andalusia, who was one of the seven people making up the first HBSC research team in Spain in 1985-86, under the direction of Ramón Mendoza, along with Esperanza Morales, Pedro Martínez de la Concha (who has recently passed away), Reyes Sagrera, Javier Blanco and Juan Batista. Her experience in that initial research was an advance of what has subsequently made up her professional career, especially dedicated to public health and the promotion of the health.

The second consideration has to do with the technical and scientific nature of the successive editions of the Study of Health Behaviour in School-Aged Children; because its recommendations have been a reference for information systems and for planning policies for intervention in school-aged children and adolescents: they have allowed the evolutionary processes of their behaviour and basic practices related to health to be identified, as well as the analysis of some of the related determinants, and, in consequence, enabling actions to be taken.



I would like to emphasise the contribution that this study has made, adding to the analysis of behaviour, the exploration of the life scenarios and of the determinants that could be conditioning this behaviour.

One of its objectives is to achieve that the most relevant conclusions be incorporated by policy decision makers when establishing priorities concerning promotion and health improvement.

It is this wealth that has made this study possible to truly plan effective interventions, and which has given it its true value.

This demonstrates the importance of the first years of life on the health of an adult, in the construction of a full, therefore healthy, life span. The children from families that grow up in different socioeconomic levels each acquire differentiated capacities and abilities that enable them to protect themselves in an unequal manner from health risks throughout their life or to reduce, in a different manner, the consequences of illness if these occur. Again, HBSC enables us to evaluate that, beyond the level of economic wealth; these differences have a great deal to do with the quality of the families, and of the group contexts in which they move. This is a small, but very important fundamental detail when the time comes to intervene.

It has been proven that the best way that school-age children coming from less fortunate families have of acquiring those resources and abilities is by means of their participation in a good educational system, which is universal and free of charge, such as the one that we are fortunate enough to have in Spain. There is also evidence that improvement programs for the intellectual and emotional development of these school-age children reduce the dynamics of early school drop-outs, harmful behaviour and other psycho-social problems.

These strict, technical constants shown by the successive HBSC Studies, their continuity for a period of - no more, no less that 25 years - and the volume of participation -41 countries in the last edition – make them an exceptionally valuable tool when developing policies and priorities related to the health of people during their adolescence and youth, bearing in mind the determinants for behaviour, the origin of inequalities (that persist despite the increase in wealth), the practices depending on gender, families and groups.



In Andalusia it is a government priority to intervene in an overwhelming way on the determinant that generates health imbalances; this is why we are so keen on having the 2006 HBSC results, to be able to contrast the impact of the interventions we are developing, and reformulate them, should this be necessary, having seen the new data. Having this study available, along with the national health survey, the Andalusian health survey and the sociological studies that we have been carrying out, we have no excuse for not doing it well; with this information we should be able to prioritize the strategies correctly and to adjust the interventions.

Today, one of our most loved, consolidated and innovative programs will be presented, Forma Joven (Youth Form), aimed at the adolescent population and based on getting qualified advisors, to the areas frequented by young people, to talk about health topics, especially in the area of drugs, affective sexual relationships and the prevention of violence. Our main challenge in this program, which has achieved a good coverage at secondary schools, is to reach the youngest members of the community, who generally come from chaotic families and situations, who have the fewer personal skills to confront the complexity of life. We are aware that these interventions require a major innovation in how they are performed. We have to accept risks and to generate evidence, working from a basis of security, because it is clear that with what we do, we will not get there and our interventions are not risk-free; as with most things in life, the idea that it is always better to do something than nothing at all is not necessarily the case.

To conclude I would like to highlight the importance of the collaboration between the academy and the public services: the generation of knowledge is always important, but the generation of knowledge that makes an intervention possible to improve the reality, is even more important. The collaboration that we have found in Andalusia, in the university research teams, is a real luxury. To the scholars who are here today, I would like to express our appreciation on behalf of the Ministry of Health for a job well done, which is truly useful for people's health.

So happy 25th anniversary to a study that has been exact, continuous throughout time and applicable to the action; congratulations to all the research teams that have sprung up in the various participating countries over the years; congratulations to all the people who have the opportunity to enjoy the quality of this environment of knowledge; congratulations to the University of Seville team, which currently coordinates the study in Spain, and which has organized this wonderful event; congratulations to the team from the Ministry, which supports it and congratulations to each and every one of you who have made the health of young people an important project.



Let me finish with the confidence of the possibilities for future editions of the Study of Health Behaviour in School-Aged Children.

I hope that, as happens at silver weddings, the commitment to continue to do better will be renewed. It has been a pleasure to share with all you this inauguration. Thank you and enjoy your work.

Cristina Torró García-Morato

Subdirectora General de Salud Pública y Participación. Consejería de Salud. Junta de Andalucía
(Representative of Health Department, Regional Government).



- LECTURA INICIAL -

Buenos días, good morning, a ponentes y público asistente a este Symposium Internacional en el que se celebran 25 años del primer Estudio sobre hábitos de vida relacionados con la salud en escolares (*Health Behaviour in School-Aged Children*). En nombre de la Consejería de Salud y, muy especialmente, de la Secretaría General de Salud Pública y Participación, les doy la bienvenida a esta bonita fiesta de cumpleaños que ha preparado el equipo responsable del estudio en España.

Ante todo quiero agradecer a la Universidad de Sevilla, y a Carmen Moreno en particular, la invitación que ha realizado la Consejería de Salud para participar en la apertura de este encuentro y para colaborar en la celebración del mismo. Como también quiero agradecerle expresamente su colaboración en la organización de la reunión que ayer tuvo en Sevilla el grupo de trabajo de Promoción de la Salud del CISNS, lo que ha facilitado la presencia en este acto de todas las CCAA de nuestro país.

La Secretaria General de Salud Pública y Participación no puede estar presente hoy aquí porque está convocada en el primer consejo de dirección de la legislatura, pero me ha insistido que les haga llegar al menos dos consideraciones en relación con el significado que tiene para ella este Estudio.

La primera es de carácter personal y tiene que ver con la especial cercanía de la Secretaria General de Salud Pública y Participación con el HBSC: tienen que saber que justo ella, es decir, la persona que hoy dirige las políticas de Salud Pública en Andalucía, fue una de las 7 personas integrantes del equipo investigador en la primera edición en España del HBSC, realizado en los años 1985-86, dirigido por Ramón Mendoza, junto Esperanza Morales, Pedro Martínez de la Concha (que ya no está entre nosotros), Reyes Sagrera, Javier Blanco y Juan Batista. Su experiencia en aquella investigación fue un avance de lo que después ha configurado su trayectoria profesional, especialmente dedicada a la salud pública y a la promoción de la salud.

La segunda consideración tiene que ver con el carácter técnico y científico de las sucesivas ediciones del Estudio sobre Conductas de los Escolares Relacionadas con la Salud; porque sus recomendaciones han constituido una referencia para los sistemas de información y para la planificación de las políticas de intervención en escolares y adolescentes: han permitido identificar los procesos de evolución de sus conductas y prácticas básicas en relación con la salud, analizar algunos de los determinantes relacionados, permitiendo actuar en consecuencia.



Quiero hacer énfasis en la aportación que este estudio hace añadiendo al análisis de las conductas, la exploración de los escenarios de vida y de los determinantes que pueden estar condicionando estas conductas.

Porque plantea entre sus fines lograr que las conclusiones más relevantes sean incorporadas por los decisores políticos a la hora de priorizar en promoción e intervención en salud (health improvement).

Esta riqueza es la que hace posible que este estudio sirva para planificar intervenciones verdaderamente efectivas y le da su verdadero valor.

Está demostrada la importancia de los primeros años de la vida en la salud de la persona adulta, en la construcción de un proyecto vital pleno y, por tanto, saludable. Los hijos de familias que crecen en diferentes niveles socioeconómicos adquieren cada uno capacidades y destrezas diferenciadas que les permite protegerse de manera desigual de los riesgos para la salud a lo largo de su vida o de aminorar de forma distinta las consecuencias de la enfermedad si se produce. De nuevo, el HBSC nos permite valorar que, más allá del nivel de riqueza económica, estas diferencias tienen mucho que ver, con la calidad de las familias, y de los contextos grupales en los que se mueven. Esto es un pequeño gran detalle fundamental a la hora de intervenir.

Está comprobado que la mejor manera que tienen los escolares procedentes de familias desfavorecidas de adquirir esos recursos y habilidades es mediante su participación en un buen sistema educativo, universal y gratuito, como el que tenemos la suerte de tener en nuestro país. También hay evidencias de que los programas de mejora del desarrollo intelectual y emocional en estos escolares reducen las dinámicas de abandono precoz del colegio, las conductas que perjudican la salud u otros problemas psicosociales.

Estas constantes de rigor técnico de los sucesivos Estudios HBSC, su continuidad durante -ni más ni menos que 25 años- y el volumen de participación -41 países en la última edición- los convierten en una herramienta de valor incalculable a la hora de desarrollar políticas y prioridades en relación a la salud de las personas durante su adolescencia y juventud, teniendo en cuenta los determinantes de las conductas, el origen de las desigualdades (que persisten a pesar del incremento de la riqueza), las prácticas según el género, las familias y los grupos.



En Andalucía es prioridad del gobierno intervenir de manera contundente sobre los determinantes que generan desigualdades en salud, por lo que estamos deseando conocer los resultados del HBSC 2006 para poder contrastar el impacto de las intervenciones que estamos desarrollando y reformularlas, si es necesario, a la luz de los nuevos datos. Disponiendo de este estudio, junto a la encuesta nacional de salud, a la encuesta andaluza de salud y a los estudios sociológicos que nos encontramos realizando, no tenemos excusa ninguna para no hacerlo bien; con esta información deberíamos poder priorizar correctamente las estrategias y orientar las intervenciones.

Hoy les van a presentar uno de nuestros programas más queridos, consolidados e innovadores, Forma Joven, dirigido a la población adolescente y basado en el acercamiento de asesorías cualificadas a los espacios frecuentados por jóvenes sobre los temas de salud, principalmente en el área de drogas, relaciones afectivo sexuales o prevención de la violencia. Nuestro principal reto en este programa, que ha alcanzado una buena cobertura en los institutos de enseñanza secundaria obligatoria es llegar a la población más joven, generalmente procedentes de familias y situaciones caóticas, que menos competencias personales tienen para afrontar la complejidad de la vida que les ha tocado vivir. Somos conscientes de que estas intervenciones requieren una innovación importante en el modo de hacer. Tenemos que asumir riesgos y generar evidencias, trabajando sobre una base de seguridad, porque está claro que con lo que hacemos no llegamos y nuestras intervenciones no son inocuas, como en casi todo en la vida la máxima mejor hacer algo que no hacer nada no es siempre así.

Para finalizar quiero destacar la importancia de la colaboración entre la academia y los servicios públicos: la generación del conocimiento siempre es importante, pero la generación de conocimiento que hace posible la intervención para mejorar la realidad, ésa sí que es importante. La colaboración que en Andalucía estamos encontrando en los equipos de investigación de la universidad es un verdadero lujo. A los académicos (y las) que estáis hoy aquí quiero expresaros el mayor reconocimiento de la Consejería de Salud a un trabajo bien hecho, realmente útil para la salud de la gente.

Así que felices 25 a un estudio riguroso, continuado en el tiempo y aplicable a la acción, felicidades a todos los equipos investigadores que se han sucedido en todos los países participantes durante estos años, felicidades a todas las personas que tenéis la oportunidad de disfrutar hoy de la calidad de este ambiente de conocimiento, felicidades al equipo de la Universidad de Sevilla que coordina en la actualidad el estudio en nuestro país y ha organizado este entrañable acto, felicidades al equipo del



Ministerio que lo apoya y felicidades a todas y cada una de las personas que hacéis de la salud de la juventud un proyecto importante de trabajo.

Termino confiando en las posibilidades de las futuras ediciones del Estudio sobre las Conductas de los Escolares Relacionadas con la Salud.

Espero que, como se hace en las bodas de plata, quede renovado el compromiso de hacerlo cada vez mejor. Ha sido un placer compartir con todos ustedes la apertura de este encuentro. Muchas gracias y buen trabajo.

Cristina Torró García-Morato

Subdirectora General de Salud Pública y Participación. Consejería de Salud. Junta de Andalucía.

Conferences / Conferencias





Title: The contribution of HBSC to Knowledge and understanding of young people's health

Author: Candace Currie (Currie, C.)

Abstract: The presentation will look at the early conceptual framework on which HBSC was built and how this has laid the foundation for the study's growing contribution to the scientific field that aims to describe and understand young people's health. It will describe the scope of the study from its inception and how this challenged more traditional approaches such as the risk and deviancy paradigms used to interpret adolescent behaviour. The study also took a novel approach in that it gave credence to young people's own accounts of their health and well-being and was ahead of its time in looking at positive dimensions of well-being as well as symptoms and health complaints. The fruition to the scientific contribution that HBSC has achieved today took some time to emerge and there has been a steady evolution in the forms of scientific paper offered from the study starting with mainly descriptive papers, adding more conceptual but evidence based pieces, through the development of HBSC scales and unique perspectives, to explanatory models with empirical underpinning. More recently HBSC has tackled more complex issues and used more sophisticated analytical methods. So it has moved to the study of social determinants, macro-level explanations for cross-country differences, developmental approaches, and an understanding of young people in their own social worlds through application of social capital paradigms. HBSC can now make a substantial contribution in a range of areas and is publishing in some of the high ranking journals in the field. Finally attention will be focused on the future for HBSC – how it can take a more systematised approach to its scientific contribution – harnessing the huge potential it has arising from a wealth of data collected as well as the extended and skilled multi-disciplinary network of researchers. The study also needs to keep breaking new ground to be sure it is keeping up with the fast changing issues that challenge young people's health.

Affiliation: HBSC International Coordinator. CAHRU, University of Edinburgh, Scotland

Biography: Professor Candace Currie holds a Personal Chair in Child and Adolescent Health at the University of Edinburgh where she is founding Director of the Child and Adolescent Health Research Unit (CAHRU) established in 2000. Candace became Principal Investigator for Scotland of the Health Behaviour in School-Aged Children Study: WHO Collaborative Cross-National Study in 1989 and has been elected International Coordinator of the HBSC Study since 1995. The HBSC study began in 1983 as collaboration between three countries and today includes 43 member countries and a network of over 250 researchers. The International Coordinating Centre is based at CAHRU. Candace's primary research interests are in socioeconomic inequalities in adolescent health, in puberty and health and in the development of biosocial perspectives on adolescent health; she is also dedicated to the dissemination of research to inform and influence policy and practice for young people's health improvement.



Title: A lifecourse framework for thinking about adolescent health behaviour

Author: Hilary Graham (Graham, H.)

Abstract: The social circumstances in which children grow up have a powerful effect on their health in adulthood, with children from disadvantaged backgrounds more likely to develop chronic illnesses and to die prematurely than children from more advantaged families. Children's health behaviours, and particularly health behaviours which persist into adulthood, are an important part of the link between childhood circumstances and adult health.

However, the evidence linking childhood circumstances, child health behaviours and adult health is complex and can be hard to understand by non-specialists. The presentation therefore suggests a framework which makes this evidence more accessible to researchers, policy makers and practitioners. The framework, developed with Chris Power at the Institute of Child Health, London, breaks down the link between childhood circumstances and adult health into its constituent elements. In so doing, it offers a way of thinking about where and how policies can make a positive difference both to children's lives and to their future health.

Affiliation: Professor of Health Sciences at the University of York, England

Biography: Hilary Graham has a background in sociology, social policy and public health. Her research has focused on social inequalities in health, and particularly on how the experience of social disadvantage undermines health from childhood and across adult life. She has explored the links between social disadvantage and health through studies of cigarette smoking, drawing on cross-sectional and longitudinal surveys and on quantitative and qualitative analysis. Hilary was a member of the Independent Inquiry into Inequalities in Health (Acheson Report) established by the UK government in 1997. She was Director of the UK's Health Variations Programme (1996-2001) funded by the Economic and Social Research Council (ESRC) and played an important role in the ESF program on Social Variations in Health Expectancy (1999-2003). Her current responsibilities include leading the Public Health Research Consortium which is funded by England's Department of Health and aims to improve the knowledge base for interventions to improve health and tackle socioeconomic inequalities in health. Hilary Graham's books include *When Life's a Drag: Women, Smoking and Disadvantage* (HMSO, 1993), *Understanding Health Inequalities* (Open University Press, 2000) and *Unequal Lives: Health and Socioeconomic Inequalities* (Open University Press, 2007).

Title: Social determinants and adolescent health: Implications from the Commission on the Social Determinants of Health

Author: Erio Ziglio (Ziglio, E.)

Abstract: The Commission on Social Determinants of Health (CSDH) supports countries and global health partners to address the social factors leading to ill health and inequities. It draws the attention of society to the social determinants of health that are known to be among the worst causes of poor health and inequalities between and within countries. Later this year it will publish its recommendations for action based on the evidence gathered across its work streams covering social exclusion, globalisation, early childhood development unemployment, unsafe workplaces, urban slums, and lack of access to health systems. It will highlight what researchers, policy makers and practitioners concerned with social determinants of health and health equity can do to contribute to the building of a global movement.

What are the implications for adolescent health? The Commission's work on childhood development highlights education as one key factor that may mitigate adverse child development and its associated societal impact in later life.

This paper reflects on the contribution that HBSC can make to the development of a better evidence base on the social determinants of health as they relate to this key stage of child development and how it can work with WHO to maximise opportunities to influence international policy agendas to tackle health inequities.

Affiliation: Head, WHO European Office Investment for Health and Development, Venice

Biography: Dr Erio Ziglio has worked for over 15 years in the academic world both in the United Kingdom and North America. He worked for the European Commission for three years and following this, in the early 1990's, joined the WHO Regional Office for Europe with responsibility for Health Promotion and Investment for Health Programmes. He has lectured internationally and published widely on subjects of health promotion, health policy and planning and health and development issues. He held an Honorary Professorship from the University of York, and Honorary Research Fellow at the University of Edinburgh. He is in the international teaching staff of the Public Health School at Yale University.

Title: Health Promoting Schools and HBSC: Working together for adolescent health

Author: Goof Buijs (Buijs, G.)

Abstract: The Schools for Health in Europe (SHE) network is the continuation of the European Network of Health Promoting Schools, operating since 1991. SHE is represented in 43 countries in the European region, ranging from Iceland to Kazakhstan. The goal of the network is to increase the attention to health in schools from a physical, mental and social perspective and to integrate this into the school plan. The international advisory board of SHE consists of the World Health Organization for the European region, the European Commission and the Council of Europe. Each member state has a national coordinator appointed by the Ministry of Health and the Ministry of Education. The network is coordinated by NIGZ, as a WHO Collaborating Centre for School Health Promotion.

SHE focuses on making health promoting schools and school health promotion a more integral part of policy development in both the education sector and the health sector in Europe. One way it can do this is by providing easy access to information, good practices, contacts and exchange of information.

SHE already recognises the HBSC study as one of its key sources of information to benchmark young people's health; highlights areas of concern; tracks changes in health-related behaviours across time and allows country comparisons; and provide an evidence base for the development of health policy.

This paper aims to explore how the SHE and HBSC can work together more closely in the future to ensure that each network maximise their opportunity to learn and develop for young people's health and development.

Affiliation: ENHPS Technical Secretariat, Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), Woerden, Netherlands.

Biography: Goof Buijs is the manager of the Schools for Health in Europe network which is currently based at Netherlands Institute for Health Promotion and Disease Prevention (NIGZ). He has been involved in the Schools for health network as the ENHPS national coordinator for the Netherlands since 1997. He studied Human Nutrition at the Agricultural University in Wageningen and has been working in the area of school health since 1980. First as a teacher in health science on a teacher training institute, then nine years in Amsterdam at the Amsterdam Health Promotion Bureau, and since 1995 at NIGZ. He has been working on the introduction and development of the Health Promoting School Approach in the Netherlands since 2000.



Title: Positive youth development: an ecological perspective

Author: Bente Wold (Wold, B.)

Abstract: The aim of the presentation is to discuss theoretical advances in research on health behaviour among adolescents. Based on recent advances in self-determination theory and socio-ecological theory, findings from the Norwegian HBSC surveys will be presented to illustrate how theoretical models can guide the development of research questions and choice of instruments for data collection. Various settings for adolescent developmental experiences will be explored, from an initial focus on the psychosocial school environment to leisure time activities and possible consequences of new communication patterns through modern information technology.

Affiliation: University of Bergen, Norway

Biography: Bente Wold is a professor at the Research Centre for Health Promotion at the University of Bergen, Norway. She was trained as a psychologist, and completed her PhD in 1989. Her main research interests concern health promotion with young people, with a particular interest in positive youth development based on developmental, social and health psychology, as well as behavioural epidemiology.

She has been involved in the Health Behaviour in School-aged Children study (the HBSC study) since 1983, starting as a student assistant on the first Norwegian HBSC survey, then as a research associate from 1985, and associate professor from 1990. She was the Norwegian PI of the HBSC study and the international research co-ordinator and data bank manager from 1990 to 1999.

Title: Lessons learned in the practice of promoting health through schools

Author: Mariano Hernán García (Hernán, M.)

Abstract: Most schooled children in Spain report being happy and in good health. Ten of every one hundred children live in relative poverty. When they have a health related problem and wish to overcome it, they usually turn to their mothers, but when it is about matters concerning life styles, they tend to exchange ideas with their friends. These children consider health services to be of little help in giving them advice on prevention measures related to mental, sexual or reproductive health or to the use of legal or illegal drugs.

Many of these people have a different body image perception depending if they are of one sex or another. Most eat less than recommended amounts of fruit and vegetables, and a large number of them, who are on their way to being sedentary, have a greater caloric intake than required for the physical activity they perform. They report in most cases that they would not consume any type of drug, even if they discriminate here between other drugs and tobacco, alcohol and cannabis, and there is a smaller group of children declaring they would not try these.

Their families and peers influence their health habits, and they state that they practice certain activities (for example, physical and sports activities) they because so do their parents or friends. They do sports or party for similar reasons: to have social relationships, have fun or feel okay.

We have developed school programmes to promote healthy habits and these have taught us lessons of how to improve skills in childhood and adolescence, but we still have three tempting challenges ahead of us in both intervention and assessment:

On the one hand we are committed to learn from interventions that work within a multisectoral context, identifying advantages and pulling out disadvantages. We are also working in the reorientation of education and health services promoting health issues in school which have made both losses and profits.

On the other hand, we still have pending tasks related to the assessment of the different methodologies and approaches for training, advising and assessing the impact and results of practices implemented. But what we need most of all is to understand the processes and roles played by health professionals, teachers, children, families and decision making people deciding on school health promotion issues in order to create increasingly healthier education programmes.

Affiliation: Andalusian School of Public Health. Andalusian's Regional Ministry of Health (Spain)

Biography Professor of Public Health, Master Degree of Public Health and Public Health Management. Fields of research: life habits in childhood and adolescence, early childhood, health education, assessment methodologies, training methodologies, public opinion and quality, information and communication technologies. At the moment he is Professor of Public Health at the Andalusian School of Public Health. He directed the Child Observatory of Andalusia since it was founded in 2003 until 2007.

Principal investigator of projects funded by the European Union, the Spanish Health Research Fund, and the Regional Ministries of Health, Education and Equality and Social Welfare of the Spanish Autonomous Government of Andalusia. He has been a consultant for and coordinator of developmental cooperation projects in Brazil, Colombia, Guatemala, Honduras, Panama, Costa Rica and Dominican Republic. He is currently a consultant for the World Health Organization (WHO) and the Pan American Health Organization (PAHO) on childhood, adolescence, education and health.



Papers / Ponencias





Workshop 1. Methodology I

Aula 3

15.00-16.30

Chair: *Chris Roberts*



Title: Use of an internet-based online HBSC questionnaire to implement HBSC national surveys: A Cross-Methods, cross-national feasibility study

Author(s): Harel-Fisch, Y.

Abstract: With the growing utilization of the internet for survey administration world wide, and with the growing scientific literature attesting to the validity and reliability of such newly available methods, there has been a growing interest and a growing need within the HBSC community to develop, test and demonstrate the feasibility of conducting HBSC online, without the need for p&p questionnaires. Some of the limitations of p&p format include complicated logistics, the need to mobilize large boxes of paper, high cost, high rates of data entry errors and incomplete questionnaires, and timing of data cleaning and editing. The future move to online data collection methods is imminent. However, a methodological study is needed to demonstrate these gains and provide proof for validity, reliability and feasibility of using online HBSC.

Over the past 2 years, the Israeli HBSC team has developed an online, multi-language, version of the HBSC questionnaire using state-of-the-art internet based technology. This unique platform enables (1) the online administration of HBSC to sampled students world-wide using local versions of the questionnaire and providing school and classroom specific links so that national representative samples can be used and followed, (2) full automatic data entry, data cleaning and data editing according to HBSC protocol requirements, and (3) automatic preparation of country-specific pre-designed figures and tables ready for national reports, in addition to providing a clean dataset ready for transmission to the international data coordination centre and for use in further analyses.

During 2007 and 2008 the online HBSC questionnaire was administered to approximately 12,000 pupils in over 60 middle and high schools in Israel (some in Hebrew and some in Arabic) as part of monitoring and evaluating a health promotion intervention. In 8 of those schools a split-half sample method was used to randomly assign p&p or online method of data collection to enable a cross-method reliability and validity analyses. In collaboration with the HBSC team in Scotland, the online HBSC questionnaire (in English) was tested in a couple of schools in Edinburgh and qualitative analyses of the feasibility of using the online method were carried out. This paper presents the preliminary findings of these experiences and discusses the advantages and disadvantages of employing online methodology to future HBSC national surveys.

Affiliation Bar-Ilan University, Israel. HBSC-Israel



Title: International and socioeconomic differences in proportions of children eating fruit and vegetables daily: the importance of macro level indicators

Author(s): Krølner, R., Ahluwalia, N., Currie, C., Damsgaard, M.T., Due, P., Holstein, B., Kelly, C., Lynch, J., Nansel, T., Rasmussen, M., Roberts, C., Rovner, A., Al Sabbah, H., Smed, S., Svastisalee, C. and Vereecken, C.

Abstract: **Objectives:** to study the importance of macro level indicators (supply; price; food policy) on international and socioeconomic differences in children's fruit and vegetable consumption. We will explore whether countries with high supply levels of fruit/vegetables, low price levels on fruit/vegetables, and strict food policies have 1) higher prevalence of children eating fruit and vegetables daily and 2) smaller socioeconomic variations in children's fruit and vegetable consumption compared to countries with low supply, high price levels and countries with a more relaxed policy.

Methods: Outcome: national proportions of children eating fruit and vegetables daily (HBSC 2001/02 and 2005/06). Determinants: Information on national food policies (dietary recommendations; fruit and vegetable campaigns; nationwide school health policies; food advertising and marketing efforts targeting children/adolescents; economic incentive instruments) was collected from HBSC countries using a new questionnaire developed for the purpose. Supply and price data were derived from FAOSTAT and EUROSTAT. We applied ecological level analysis stratified by gender, age and socioeconomic position (FAS).

Results: We will describe international variations in supply levels and food policies from at least 20 HBSC countries (data collection is currently ongoing) as well as preliminary results on the association between these macro level indicators and children's daily fruit and vegetable consumption in the included countries.

Key conclusions: We will invite the audience to discuss our analytical strategy (how to use national level data in HBSC analyses) and the implications of our study for the plans of the Methods Development Group's (MDG) to create a database of national level indicators.

Affiliation members of HBSC Network



Title: Self-report screening for overweight and obesity is invalid: Evidence from the HBSC and Canadian Community Health Survey

Author(s): Elgar, F.J.

Abstract: Accurate surveillance of childhood obesity is essential to public health policy. Oftentimes, for reasons of cost or convenience, health surveys rely on self-reports to calculate the Body Mass Index (BMI; kg/m^2) and then estimate rates of overweight and obesity using standardised cut-points in BMI. Self-reported height and weight correlate highly with anthropometric measures ($r_s > .9$) but too often researchers have interpreted such correlations as evidence of accurate self-reporting. The problem is that correlations conceal bias caused by social desirability and are an inappropriate statistic to establish the validity of a self-report screen. This paper demonstrates that even small biases in under-reporting weight and over-reporting height are compounded in the BMI formula and have large effects on the accuracy of the measured prevalence of obesity and overweight. In the Welsh HBSC survey, 2.8% of the sample was identified as obese based on self-reports while anthropometric measures showed a rate of 4.4% - a difference of 57%. In a recent study involving a nationally representative sample of Canadian children and adults, 15.3% of the population was identified as obese based on self-reports while anthropometric measures showed a rate of 22.9% - a difference of 50%. Caution is recommended when interpreting trends in BMI or rates of overweight and obesity that are based solely from self-reports. Not only do they produce erroneously low prevalence rates of weight problems, but also they appear to be least accurate among children who are obese or at risk of becoming obese. Methodological issues for future HBSC survey procedures will be discussed.

Affiliation Carleton University, Ottawa. HBSC- Canada



Title: Measuring media behaviors in norwegian adolescents

Author(s): Hensen, F.

Abstract: Norway is one of the top countries in the world when it comes to media saturation among young people. According to the last Norwegian HBSC study, most teens have access to computers and mobile phone ownership is nearly 100% for 13-15 year olds. More than 40 % say they have close online friends, whom they have never met in real life. The Norwegian HBSC survey seeked out to obtain more detailed information about these behaviors than what is measured by the current mandatory HBSC survey. The Norwegian HBSC 05/06 survey contained 9 additional media variables. These included questions of daily engagement in; On-line Chatting, Use of PC and TV games, E-mail and “Other use”, text messaging, calling and internet friends. The current talk aims to present these items and the main research questions associated with the current media variables. Further, some general findings of media behaviour among Norwegian youth, and some preliminary findings for the first empirical articles will be mentioned. The findings call for a better differentiation of the current media questions in the mandatory section of the HBSC questionnaire.

Affiliation University of Bergen, Norway



**Workshop 2. Family and Social
Inequalities I**

Aula 1

15.00-16.30

Chair: Lorenza Dallago



Title: Trends in social inequality in physical activity among adolescents: six comparable cross-sectional studies from Denmark 1988-2006

Author(s): Holstein, B., Damsgaard, M.T., Due, P., Elena, P., Henriksen, W., Krølner, R., Rayce, S., Rasmussen, M. and Svastisalee, C.

Abstract: There is a higher prevalence of physical activity among adolescents from higher than lower social classes but it is not known whether this social inequality changes over time. The study examines if the association between social class and physical activity changes over time in six HBSC-surveys from Denmark 1988-2006.

We used data the HBSC surveys from 1988 (n=1,671), 1991 (n=1,860), 1994 (n=4046), 1998 (n=5205), 2002 (n=4,824) and 2006 (n=6,269). Each survey included all students in the 5th, 7th, and 9th grade (11-, 13- and 15-year-olds) in a random sample of schools, participation rates approximately 90%. The measurements were identical in all surveys: Social class measured by parents' occupation from I (high) to VI; vigorous physical activity measured by self-reported hours of activity outside school per week with two cut-points: physical inactivity (0 hours) and high activity (7+ hours).

The ratio of physical inactivity between lower (V+VI) and higher (I+II) social class adolescents was approximately 2.0 and the ratio of high activity was about 0.60 in all six surveys. There were no clear trends over time.

There was a strong and graded association between parents' social class and adolescents' physical activity in all six surveys. There was no consistent trend to either increasing or decreasing social inequality in physical activity from 1988 to 2006. Interventions to stimulate physical activity among adolescents need to address the substantial differences in physical activity in lower and higher social classes.

Affiliation (1th author) University of Southern, Denmark. HBSC-Denmark



Title: Macro-economic environment, social inequality and overweight among adolescents in 35 countries

Author(s): Due, P., Damsgaard, M.T., Rasmussen, M., Holstein, B., Sørensen, T., Wardle, J., Merloe, J., Currie, C., Ahluwalia, N. and Lynch, J.

Plus the HBSC obesity writing group: Borraccino, A., Borup, I., Boyce, W., Elgar, F., Nic Gabhainn, S., Krølner, R., Gaspar Matos, M., Nansel, T., Al Sabbah, H., Svastisalee, C., Välimaa, R., Vereecken, C.

Abstract: **Background:** Childhood overweight is a growing public health problem. This study examined the prevalence and social inequality in adolescent overweight in 35 countries, and their associations with macroeconomic factors.

Methods: International cross-sectional survey including 162,305 students aged 11, 13 and 15 years from nationally representative samples of schools in 35 countries in Europe and North America in 2001-2002. The main outcome measure was overweight (cut-points corresponding to BMI of 25 kg/m² at age 18).

Findings: We found variations in adolescent overweight from 3.5% in Lithuanian girls to 31.7% in boys from Malta, and higher prevalence of overweight among children from less affluent families in 21 of 24 Western and five Central European countries. Children from more affluent families were at higher risk of overweight in Croatia, Estonia and Latvia. In Poland, Lithuania, Macedonia and Finland, girls from less affluent families were more overweight, while the opposite was found for boys.

Interpretation: The direction and magnitude of social inequality in adolescent overweight shows large international variation, with negative social gradients in most countries, but positive social gradients, especially for boys, in some Central European countries. Macro-economic factors seem to explain some of the heterogeneity in prevalence of adolescent overweight.

Affiliation members of HBSC network



Title: Influences of joint physical custody on Icelandic children: Evidence from the 2006 HBSC study

Author(s): Arnarsson, A.M. and Bjarnason, T.

Abstract: Objectives: To estimate the influence of joint physical custody on the abilities of Icelandic children to maintain friendship
Methods: Analysis was performed using data from the 2006 HBSC study, which included 11,813 Icelandic children in the 6th, 8th and 10th grade.
Results: 2,762 children, or 23.6% of responders, have parents living in two separate homes. Of these, 14.1% spend equal amount of time in each home, 26.5% visit the other home regularly but still spend less than half of the time there, 33.3% reported spending time once in a while in the second home, and 26.0% spent no time there. Children living with both biological parents were significantly more likely to report easier communication with their best friend and same-sex friends ($p = 0.001$) than children of divorced parents. However, children living with their biological were more likely to find communicating with friends of the opposite sex significantly more difficult ($p = 0.004$) or not having contact with any such friends ($p = 0.002$). Children living with their biological parents were less frequent guest at their friend houses, than children of divorced parents; 2.9 versus 3.1 times a week respectively. Of the latter group, the children in joint custody were significantly more often at their friends house than those children of divorced parents that spent less time in their second home.
Conclusion: The results are somewhat ambivalent, but with the high divorce rate and increasing prevalence of joint physical custody, this topic merits further investigation

Affiliation University of Akureyri, Iceland. HBSC-Iceland



Workshop 3: Positive Health
Aula 4
15.00-16.30
Chair: Ulrike Ravens-Sieberer



Title: Effort-reward imbalance as determinant of subjective health complaints in adolescents in 41 countries

Author(s): Dür, W., Griebler, R., Currie, C., Freeman, J., Rasmussen, M.

Abstract: The paper deals with the relationships between effort-reward imbalance (Siegrist 1996) and subjective health complaints in a country comparative way. The effort-reward imbalance concept assumes that the individual experience of stress and consequently malfunctions and illness depends on the ratio of efforts that are put into a social system by an individual and the rewards that the individual receives from the social system. By that, the effort-reward imbalance concept further differentiates the possible health impact of social systems as assumed by concepts like integration and participation.

The paper uses the combination of two HBSC variables, academic achievement and feeling pressured by schoolwork, in order to operationalize effort-reward imbalance. It assumes, that the reported pressure indicates the amount of effort that is put into schoolwork by students, while academic achievement indicates the level by which this effort is rewarded by teachers.

The paper investigates the association between the effort-reward imbalance and the amount of health complaints, using the HBSC health complaints scale (Ravens-Sieberer et al. 2008). Controlling for age and gender it compares country differences in 41 countries. Research question is, whether country differences can be explained by types of the political and/or societal systems in general.

First results are presented.

Affiliation members of HBSC Network



Title: Measuring the prevalence of chronic health conditions among mainstreamed adolescents with a self-administered questionnaire in school. Results from the HBSC study in France.

Author(s): Vignes, C., Goudeau, E., Sentenac, M. and Arnaud, C.

Abstract: Objectives: To estimate the prevalence of chronic health conditions among mainstreamed adolescents and to study agreement between two measures of this prevalence.

Material and methods: HBSC 05-06 French data. Two questions identified self-rated chronic health conditions:

“Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, allergy or cerebral palsy) that has been diagnosed by a doctor?” (HBSC optional package)

“Do you have a disability or a severe chronic illness that has been diagnosed by a doctor?” (French disability package) preceded by a definition: “Having a disability or a severe chronic condition handicaps in every day life, in general since a long time for example for walking, talking, using one’s arms or hands, seeing or hearing, learning, eating or doing activities like others. Some examples: cerebral palsy, deafness, diabetes, kidney failure BUT NOT wearing glasses, having a broken leg or a flue”. Questions on diagnosis and functional limitations were also added.

Results

7154 students were surveyed; non-response rates for the two questions are respectively 0.7% and 2.3%. The estimated prevalence of chronic health conditions is respectively 15.7% and 6.4%, without difference according to gender or age. 88.1% of answers were concordant (yes: 5.1%; no: 83.0%) and 825 discordant, Kappa=0.408 (p-value<0.001).

Conclusion

The different estimations of the prevalence of chronic conditions we get will be discussed in the light of the fact that disability is a subjective concept that rises from the interaction between an individual and its environment, that should therefore be captured by self-evaluation.

Affiliation
(1th author) Service Médical du Rectorat de Toulouse. HBSC-France



Workshop 4: Risk Behaviour I
Aula 2
15.00-16.30
Chair: Emanuelle Godeau



Title: The role of national policies intended to regulate adolescent smoking in explaining the prevalence of daily smoking: A study of adolescents from 27 European countries

Author(s): Schnohr, E.C., Krølner, R., Rasmussen, M., Due, P., Currie, C. and Diderichsen, F.

Abstract: This study seeks to examine whether contextual factors influence adolescent's daily smoking. A focus was placed on three modifiable policies operating at a national level, non-smoking policy at educational facilities, price, and minimum age for buying tobacco.

This study is based on a merged data set consisting of the 2001/02 Health Behavior in School-aged Children study and national level data collected from 2003 WHO European Tobacco Control Database and the World Development Indicators Database. HBSC is an international study including adolescents from 32 countries in Europe, Israel, and North America. Data was analysed with multi-level hierarchical regression models.

The study found large differences in the prevalence of daily smoking among adolescents, and also large differences between boys and girls within some countries. The study found that smoking bans in schools were associated with lower OR of daily smoking, which was the one positive association in the study. The study found no association between cigarette prices and adolescent daily smoking prevalence, and also the rather unexpected finding that having an age limit for allowing adolescents to purchase tobacco was associated with an increased risk of daily smoking.

There was an association between mandatory national bans on smoking and lower smoking prevalence. This should be confirmed by studies that examine whether mandatory bans are more rigorously implemented than voluntary bans. If this association is causal, introducing mandatory bans may reduce adolescent smoking prevalence. The findings that price was unrelated to smoking prevalence undermine findings elsewhere that adolescent smokers are more price sensitive than adult smokers but longitudinal studies are needed.

**Affiliation
(1th author)**

University of Copenhagen, Denmark. HBSC- Greenland

Title: Medicine use among Italian adolescents: applying suggestions to describe the phenomenon.

Author(s): Borraccino, A., Lemma, P., Dalmaso, P., Zambon, A., and Cavallo, F.

Abstract: Use of medicine is a common response to ill health and it could be associated with some direct and indirect adverse effects. Among the first ones, the harmful side effects of drugs should be considered, among the seconds, one could note that some of the medicines used by adolescents have been described to be the drugs chosen for adolescents' suicide attempts and deliberate self-harm. Furthermore, the concerns point on the fact that what today's children consumption reflects is tomorrow's adults medicine use. Despite this, research about young peoples' medicine use is still scarce. Only few studies, mainly on the Danish population, describe this phenomenon using different points of observation.

The aim of our study is to use the same approach used on the Danish adolescents on the Italian population, and to describe the possible association between social class, school relationship, such as bullying and teacher relationships, and use of medicines. The data set used comes from the 2005-2006 Italian survey on the 13 and 15 year old children.

Medicine use was considered for five specific health complaints: headache, stomach-ache, difficulties in getting to sleep, nervousness, and other reasons for using medicine. The answers given by children on medicine consumption have been dichotomized into 'yes' (if the choice was "yes, once" and "yes, several times") and 'no'. Social class indicator used was the FAS scale as coded in the official dataset. School relationships were assessed using the items on bullying and the items considering the teacher/pupils relationship.

The highest prevalence of medicine use was for headache 38.3%. The consumption is higher in 13y.o than in older pupils. Girls reported, on the average, a higher use of medicine in both age groups. The analyses showed an association with social class: the use of medicine for all complains increase with the decreasing of familiar SES. No association have been retrieved with other risk behavior. Bullied experiences seems to be slightly higher in 13y.o. than in older ones, and associated with medicine use, at least for what concern medicine consumption for headache and for difficulties in sleeping. The results show many similarities with the Danish ones even if the Italian consumption seems to be lower and symptom prevalence higher than the one observed in Denmark.

Affiliation
(1th author) Università degli Studi di Torino. HBSC-Italy



Title: A comparison of outcomes among children who report disability/chronic illness and their able-bodied peers: data from 2006 Irish HBSC Study

Author(s): Gavin, A., Molcho, M., Kelly, C., and Nic Gabhainn, S.

Abstract: In Ireland, 2.7% of school going children have a disability or chronic illness. Multiple studies show that young people with disabilities are at an exaggerated risk for secondary disabilities and disorders related to unhealthy lifestyles. This study investigates the health status, health behaviours and social context of health for children who report having a disability or long term illness as compared to their able-bodied peers. This study is based on self-report data from the Health Behaviour in School-aged Children (HBSC), Ireland study. Participants comprised 10334 children aged 10-18 from primary and post-primary schools from randomly selected schools across Ireland. The survey identified 2053 (20%) children as having a long term illness/disability. There were three identifiable levels of long term illness/disability: diagnosed by a doctor, use of medication and affect on participation in school. Children who reported that they had a disability or long term illness were matched with children from the general HBSC sample according to age, gender and social class. Chi-square analysis was conducted between the groups, and a p-value of 0.05 denoted a significant difference. Children who report long term illness/disability are less likely to report excellent health than their matched peers (26% vs. 36%), and more likely to report symptoms such as frequent stomach-aches (21% vs. 13%). More children with a disability/chronic illness report food poverty (19% vs. 15%) and being on a diet (15% vs. 11%). Finally, children with disability/long term illness are less likely to report that students in their class are kind and helpful (66% vs. 70%) or accept them as they are (77% vs. 82%). As the level of long term illness/disability increases, there are more significant differences found. These findings demonstrate that there are significant differences between children who report disability/chronic illness compared to their peers. There are also differences between the three levels of disability which need to be addressed. The preliminary findings of this study have led to the development of a PhD study which will also be discussed.

Affiliation
(1th author) University of Ireland. HBSC-Ireland

Title: Multiple Risk Behaviours and Suicidal Ideation and Behaviour among Palestinian and Israeli School Children

Author(s): Harel-Fisch, Y. and Abdeen, Z.

Abstract: According to Jessor's (1977) Problem Behaviour Theory, adolescent risk behaviours are strongly correlated, develop in clusters, and are influenced by the same determinants in the social environment. According to Fishbein & Ajzen's (1980) Theory of Reasoned Action, a suicide attempt should follow an etiological process involving attitude, intention and only then action. Using both these classic conceptual models, this study sets out to explore the relationship between patterns of multiple risk behaviours and four gradients of suicidal ideation and behaviour among Palestinian and Israeli mid-adolescent school children.

The study is based on survey data from the 2004 Health Behaviour in School Aged Children in the Middle East (HBSC-ME) cross-cultural study of N=8,345 pupils aged 15 (10th grade) in four distinct populations: (1) Palestinians living in Gaza (2,008), (2) Palestinians living in the West Bank (2,382), (3) Arab Israelis (2,185), and (4) Jewish Israelis(1,770).

Measures of multiple risk behaviours included: Tobacco use, problem eating habits, bullying, medically attended injuries, social disconnectedness, excessive time spent with friends, parental disconnectedness, negative school experience, truancy and poor academic performance.

Suicide ideation and behavior outcome measures included past 12 month recall of: (1) seriously thought of attempting suicide, (2) making a plan to attempt suicide, and (3) attempting suicide.

Suicidal ideation rates were: 13.0% for Palestinians in the West Bank, 16.5% for Jewish Israelis, 16.6% for Palestinians in Gaza, and 21.6% for Arab Israelis. Bi-variant Logistic regression models demonstrated varying significant effects of individual risk behaviors on suicidal ideation and behavior. For all 4 populations and genders, the risk of suicidal ideation and behavior was 5-8 times higher among children who reported 4 or more risk behaviors. Suggesting that same psychosocial determinants affect patterns of risk behaviors and suicidal tendency. Community based intervention should therefore target the promotion of well-being as a strategy to reduce both risk behaviors and suicidal ideation and behavior.

Affiliation
(1th author) Bar-Ilan University, Israel. HBSC-Israel



**Workshop 5: HBSC-2006 in Spain
Church
15.00-16.30
Chair: Begoña Merino
(Ministerio de Sanidad y Consumo,
Madrid, España.)**



Title: Adolescent Development and Health. 2002 and 2006
HBSC Research Study in Spain.

Author(s): Moreno, C., Ramos, P., Rivera, F., Muñoz-Tinoco, V., Sánchez-Queija, I., Pérez, P., Granado-Alcón, M. C. y Jiménez-Iglesias, A.

Abstract: The HBSC research study was first implemented in Spain in 1986, and since then, our country has participated in all of its editions except for that of 1998 (We also missed its first edition in 1984). In its last two editions (2002 and 2006), the study was made possible by Collaboration Agreements between the Spanish Ministry of Health and Consumption (Directorate General of Public Health) and the University of Seville, and since the year 2000 it has been managed and coordinated through the Department of Developmental Psychology and Education of this University.

We have followed the same procedure to select participants in all editions (multi-stage random sample stratified by conglomerates), and we have also tried to keep a significant amount of unmodified items in the questionnaire so that it will be possible to assess the development of these behaviours through time. These questions evolve around a rather varied group of contents including eating habits and diet, mouth hygiene, physical activity and sedentarism, tobacco smoking and the consumption of alcohol and illegal drugs, sexual intercourse behaviour, perception of family relationships, school environment perception, peer relationship perception, spare time activities and health perception and psychological adjustment.

In 2002 a total of 13,552 adolescents between the ages of 11 and 18 years participated in the study, and in 2006 the number of participants was 21,811. The difference in sample size is due to the fact that in 2006 a new selection criterion was added, that of Autonomous Community (besides habitat and type of school attended). In this way, in order to have a nationally and autonomously representative sample in 2006, more subjects had to be added in each category.

At this symposium we present data obtained in 2006 in Spain for the different contents explored, showing trends in terms of sex and age, and other sociodemographic variables (habitat, type of school attended and family purchasing power). We also show results depicted by Autonomous Community and comparisons between the 2002 and 2006 editions.

Affiliation: University of Seville, Spain. HBSC-Spain
(1th author)



Title: Desarrollo adolescente y salud. El Estudio HBSC 2002 y 2006 en España.

Author(s): Moreno, C., Ramos, P., Rivera, F., Muñoz-Tinoco, V., Sánchez-Queija, I., Pérez, P., Granado-Alcón, M. C. y Jiménez-Iglesias, A.

Abstract: El estudio HBSC se inicia en España en el año 1986 y, desde entonces, nuestro país ha participado en todas sus ediciones, excepto en la inicial de 1984 y en la de 1998. En las dos últimas (las de 2002 y 2006), la realización del estudio ha sido posible gracias a los Convenios de Colaboración firmados entre el Ministerio de Sanidad y Consumo (Dirección General de Salud Pública) y la Universidad de Sevilla, y desde el año 2000 se dirige y coordina desde el Departamento de Psicología Evolutiva y de la Educación en esta universidad.

El procedimiento aplicado para la selección de los participantes ha sido el mismo en todas las ediciones (muestreo aleatorio polietápico estratificado por conglomerados) y el cuestionario trata de mantener un número significativo de preguntas sin modificar para permitir así valorar la evolución de esos comportamientos con el tiempo. Estas preguntas giran en torno a contenidos muy variados que incluyen: alimentación y dieta, higiene bucodental, actividad física y sedentarismo, consumo de alcohol, tabaco y drogas ilegales, conducta sexual coital, percepción de las relaciones en la familia, percepción del contexto escolar, de las relaciones con iguales, ocupación del tiempo libre y percepción de salud y ajuste psicológico.

En 2002 participaron 13.552 adolescentes entre 11 y 18 años y en 2006 lo hicieron 21.811. La razón de la diferencia en los efectivos de la muestra de un año a otro se debe a que en 2006 se añadió como criterio de selección el de la Comunidad Autónoma (además del hábitat, titularidad del centro educativo). De esta forma, para que la muestra de 2006 reuniera criterios de representatividad nacional y también autonómica hubo que incrementar los efectivos en las diferentes categorías.

En este Simposium se presentan los datos obtenidos en España en 2006 en los diferentes contenidos explorados, diferenciando las tendencias en función del sexo, de la edad, de las combinaciones entre sexo y edad, y de otras variables sociodemográficas (hábitat, titularidad del centro educativo y capacidad adquisitiva familiar). Se presentarán también resultados por Comunidades Autónomas y comparaciones entre 2002 y 2006.

Affiliation: Universidad de Sevilla, España. HBSC- España
(1th author)



Title: Progresses and challenges in the implementation of health promotion and education at the school system

Author(s): Teresa Salvador-Llivina (Salvador-Llivina, T.)

Abstract: In developed countries, the main causes of mortality as well as physical and mental harm among school children are: unintentional injuries; road and traffic accidents; an unbalanced diet and several dietary disorders; suicide; violence and physical or psychological abuse at home or in the school (bullying); and consumption of alcohol and other drugs. Over the past 20 years Spain has gained significant experience in the development, implementation and evaluation of evidence-based health promotion and education approaches through the School system. This experience has been gathered from the development of three main strategies in the field: a) progress made in the legal and normative aspects; b) the development of evidence-based programmes and support materials for programme implementation in school settings; and c) specialized training offered to teachers and other education professionals. Nevertheless, there still remain several challenges to be faced in a coordinated way between education and health decision makers at the highest level. This presentation reviews the achievements reached in our country so far, as well as the main challenges to be faced now, mainly: to reach a universal coverage of pre-graduated training; establish a comprehensive system to deal with unauthorized practice of health education programmes in school settings; planning programmes based on existing priorities, and for this last exercise it is crucial the availability of the data released by the HBSC.

Affiliation: Studies And Consultancy In Health Promotion. Madrid, Spain
(1th author)



Title: Avances y retos para la generalización de programas de calidad en PES –Promoción y Educación para la Salud- en el ámbito educativo

Author(s): Teresa Salvador-Llivina (Salvador-Llivina, T.)

Abstract: En los países desarrollados las principales causas de mortalidad y morbilidad física y mental entre la población en edad escolar son: las lesiones debidas a causas no intencionadas y accidentes viales; una alimentación poco equilibrada y diversos trastornos alimentarios; el suicidio; la violencia y los abusos físicos o psicológicos en el hogar (abuso por parte de adultos de la familia) o en el centro escolar (*bullying*); y el consumo de alcohol y otras drogas. España cuenta con más de 20 años de experiencia en el desarrollo, aplicación y evaluación de la PES en el ámbito educativo. Esta experiencia se ha desplegado principalmente en tres ámbitos: a) avances legales y normativos de ámbito nacional y autonómico; b) desarrollo de programas y materiales basados en la evidencia de efectividad e integrados en el currículo escolar; y c) formación de profesionales de la educación. Sin embargo, existen todavía diversos retos a afrontar de forma coordinada desde los más altos niveles con responsabilidad en la planificación de la política educativa y de salud. En esta ponencia se revisan los logros alcanzados y se señalan los principales retos a afrontar, principalmente: la formación pre-graduada en PES; el ejercicio de un mayor control del intrusismo en PES; planificación de los programas en base a prioridades reales, y en este punto es clave la disponibilidad y los datos aportados por el estudio HBSC.

Affiliation: Estudios y Consultoría en Promoción de la Salud. Madrid, España
(1th author)



Workshop 6: Methodology II

Aula 3

17.00-18.30

Chair: Yorma Tynjala



Title: Evaluation of procedures and documents related to the fieldwork of HBSC in France in 2006

Author(s): Goudeau, E., and Vignes, C.

Abstract: Over the years, the French HBSC team has developed various documents given to schoolmasters and fieldworkers to facilitate the implementation of the survey. For the first time in 2006, an evaluation survey of these documents and other procedures was conducted.

Methods

Questionnaires were sent electronically to 665 schools and 631 fieldworkers.

A set of questions was on documents presenting the survey (quantity, clarity, interest). An other set, only sent to fieldworkers, was about the guideline to help to field the survey (instructions, text to read to students, tips to answer to students about the questionnaire).

Questions on passive vs active consent were added.

Results

Response rates were respectively 45.6% & 43.7%.

The vast majority of headmasters were satisfied or very satisfied about the quantity of documents (98.27%), their clarity (93.8%) and interest (95.9%). Results for fieldworkers were in line (97.8% ; 94.8% ; 97.0%).

As for the guideline for fieldworkers, 97.4% were satisfied or very satisfied about the quantity of instructions and 97.0% about their clarity. Results about the text read to students were still positive (quantity: 96.6% ; clarity : 93.3% ; interest 89.2%), as well as about the tips to answer to students (93.9% ; 93.16% ; 91.2%).

Finally it is noteworthy that 35.6% schools and 38.4% fieldworkers have not allowed students to participate when they had not returned their form from parents even though passive consent had been chosen.

These results will be discussed in perspective with the documents given and their interest for other teams.

**Affiliation
(1th author)**

Service Médical du Rectorat de Toulouse. HBSC-France



Title: The development and Implementation of the Chinese Health Behaviour in School-Aged Children (C-HBSC) Cross-Cultural Survey

Author(s): Harel-Fisch, Y., and Zhou, H.

Abstract: Valid and reliable information about the social epidemiology and determinants of victimization, risk behaviors and health outcomes of Chinese children and youth is vital for the development of evidence-based policy and programs aimed at improving the lives of Chinese children. To date, China has not yet implemented a scientifically sound monitoring and research survey system to provide such information.

During the past year, the China Youth University for Political Sciences, in collaboration with Bar Ilan University in Israel, has embarked on the development of a Chinese National Health Behaviour in School-Aged Children (C-HBSC) cross-cultural survey system that will provide these vital data on representative samples of Chinese youth. The C-HBSC is modelled after the World Health Organization's HBSC study in Europe, North America and the Middle East, and is being carried out in close collaboration with its research teams. By doing so, we expect to nurture from the WHO-HBSC experience in improved methodologies, measures, conceptual frameworks, and most importantly, experience in providing an evidence-based platform for developing, implementing and evaluating national policy and programs.

Especially in China, as being the nation with one of the largest youth populations on earth, and as a nation undergoing significant and rapid social development, the information to be gathered by such a survey system is vital. Naturally, the Chinese youth are unique in their social, cultural, ethnic and geographic diversity and the Chinese education system and family culture are significantly different than found in most western cultures. We therefore are dedicating the first 2 years of work to a preliminary research process, including a structured Delphi expert panel process aimed at identifying the unique relevant and important issues effecting Chinese children and youth to be included in the C-HBSC – over and above the relevant topics already included.

This paper will present the unique and ambitious plan for developing and implementing the C-HBSC, with a focus on it's expected contribution to the promotion of adolescent well-being and prevention of child abuse and neglect in China.

**Affiliation
(1th author)** Bar-Ilan University, Israel. HBSC-Israel

Title: Possible importance of the HBSC study for drinking motive research

Author(s): Kuntsche, E.

Abstract: Research demonstrated that drinking motives are important determinants of health behaviours in adolescence. Drinking motives are defined as the final decision whether to drink or not to drink and therefore the most proximal factor for engaging in drinking. In other words, drinking motives are the final pathway to alcohol use, i.e. the gateway through which more distal influences are mediated. Moreover, drinking motives are related to a variety of problem behaviours such as academic failure, violence, and delinquency over and above alcohol use levels. Therefore, authors argue that drinking motives are useful in early identification and intervention for adolescents who are likely to experience a variety of problem behaviours. Unfortunately, most evidence has been restricted to North America. In particular, cross-cultural studies are scarce partly because no concise theoretically-based questionnaire has been available until recently.

The presentation will provide a short overview of the importance and cross-cultural evidence of drinking motives in adolescence. The Drinking Motive Questionnaire Revised Short Form (DMQ-R SF) will be introduced which has been developed in Switzerland based on the 2003 ESPAD data and validated by means of the 2006 HBSC data. The results demonstrate that the 12-item DMQ-R SF reliably and validly measures the four principal motive dimensions. This demonstrates the potential of the instrument when included in large health monitoring surveys. Further advantages of the DMQ-R SF (e.g., in terms of policy making) will be discussed. The overall aim of the presentation is to promote the inclusion of the DMQ-R SF as optional package in the 2010 HBSC survey. Providing data from a large number of countries (including Southern and Eastern Europe in particular), the HBSC study could make a unique contribution to drinking motive research.

Affiliation Swiss Institute for the Prevention of Alcohol and drug problems, SIPA. HBSC-Switzerland



**Workshop 7: Family and Social
Inequalities II**

Aula 1

17.00-18.30

Chair: Will Boyce



Title: Food and related behaviour of children from the Traveller community in Ireland

Author(s): Kelly, C., Gavin, A., Molcho, M. and Nic Gabhainn, S.

Abstract: The Travelling community are an indigenous ethnic group of Irish people with a distinct culture and history of nomadism. Travellers differ from the general population in many respects, including their lifestyle, culture and treatment by society. Based on the most recent census it is estimated there are 22,435 Travellers in Ireland, of these, 50.8% (11,398) were aged 18 years and younger (2). The health status of Travellers is poor in comparison to the general population (3), but there is little information about Travellers' dietary habits. Furthermore, there appears to be no published studies investigating the diet of Traveller children in Ireland. Data from the 2006 Irish HBSC study were employed to investigate reported food behaviour of school-going Traveller children. Of the 10,334 children (aged 9-18yrs) who took part in HBSC Ireland, 233 reported they were a member of the Travelling Community. These children were matched with children from the general HBSC sample according to age, gender and socio-economic status. Where possible children were matched within the same classroom and thereafter within the same school. Diet and related lifestyle variables were analysed and compared using chi squared tests. Results from this survey indicate that fruit and vegetable intake is comparable between groups but that Traveller children are more likely to report consumption of soft drinks, crisps and chips compared with non-Travellers. The differences in dieting, and not eating breakfast were more apparent among Traveller girls. It is anticipated that the All Ireland Traveller Health Study, which was initiated in 2007 will add to the emerging evidence base on Travellers' diets. HBSC Ireland was funded by the Department of Health and Children, Ireland.

Affiliation (1th author) University of Ireland. HBSC-Ireland



Title: Adolescent place attachment, social capital, and perceived safety: A comparison of 13 countries

Author(s): Dallago, L., Santinello, M., Boyce, W., Molcho, M., Morgan, A. and Perkins, D.D.

Abstract: In adolescence, children become increasingly independent and autonomous, and spend more time in neighborhood settings away from home. During mid-to-late adolescence, youth often become more critical about the place they live. Their attachment to home and even community may decrease as they explore and develop new attachments to other specific places. The aim of this study is to understand how 15-year-old students from 13 countries perceive their local neighborhood area (place attachment, social capital and safety), and how these different community cognitions are interrelated. We hypothesize that their place attachment predicts safety, and that the relationship is mediated in part by social capital. Results show that, despite cross-cultural differences in neighborhood perceptions, the proposed theoretical model fits robustly across all 13 countries.

Keywords: place perceptions, trust, neighboring, fear, comparative, international, Health Behaviour in School-aged Children, HBSC, Belgium, Germany, Estonia, Hungary, Latvia, Denmark, Finland, Norway, Sweden, United Kingdom, Italy, Macedonia, Israel

Affiliation Members of HBSC Network



Title: The effect of immigrant status and ethnic background on adolescents' family satisfaction in Spain

Author(s): Fernández, M., Moreno, C. Rivera, F. and Ramos, P.

Abstract: The important increase of the immigrant population in Spain during the last years has been reflected in the number of students with immigrant status in the education system. This increase of the school-aged immigrant population has also been reflected in the HBSC study, year 2006, allowing for the study of the characteristics of this population. In this work the effect of immigrant status and ethnic origin were studied in relation to different aspects of family satisfaction, such as global family satisfaction, the relationship with the father and the mother (including communication, affection and conflict) and the relationship with the siblings. The influence of age, gender and socio-economic status has also been taken into account. Results indicate that adolescents from different immigrant backgrounds show different levels of satisfaction with different aspects of family relations. These results can lead future studies to identify specific areas of difficulties and guide interventions with different immigrant groups.

**Affiliation
(1th author)** University of Seville, Spain. HBSC, Spain



Workshop 8: Risk Behaviour II

Aula 2

17.00-18.30

Chair: Saoirse nicGabhainn

Title: Negative school perceptions and the probability of involvement in school violence: A universal relationship across 40 countries

Author(s): Harel-Fisch, Y., Pickett, W., Due, P., Molcho, M., Greenvald, H., Amitay, G. and members of the VIP Focus Group

Abstract: Many studies show that negative school perceptions among youth predict higher likelihood of involvement in risk behaviours and violence. Most studies use a general measure of negative school perception – either a single item measure or a multi-item mean-score covering several dimensions of school life. Findings from these studies have shown no consistency regarding the dimensions of school life that dominate this association. This study carried out a cross-national comparative analysis to explore the consistency of the effect of school perceptions on school violence across 35 countries.

Analyses were based on data from the 2002 Health Behaviour in School-Aged Children (HBSC) cross-national study in 35 countries in Europe and North America. Each national sample includes 4,000-6,000 school-children ages 11, 13 and 15, totalling N=162,305 children.

Measures: School items include 6 mandatory questions used by all 35 countries and another 16 optional questions used by 13 countries. The number of negative perceptions was used to create two scales of Cumulative Negative School Perception (CNSP). One based on the 6 mandatory items (0-6) and another based on all 22 items (0-22). Dichotomized dependent variables include 'being bullied 3 times or more', 'bullied others 3 times or more' and 'weapon carrying'. Findings are presented for each individual country as well as for all 35 combined.

Findings: Logistic Regression analyses (n=162,305) show that children with only 2 or 3 negative perceptions, regardless of the dimension they relate to in school life, are already twice as likely to be involved in school violence with Odds Ratios exceeding 2.0. The Odds Ratios increase linearly by each gradient of CNSP, ranging from OD=2.4 for 2 negative perceptions to OR=8.9 for 6+ negative perceptions. Similar consistent effects are found for all three dependent variables across gender and age groups and across all countries.

Affiliation
(1th author) Bar-Ilan University, Israel. HBSC-Israel



Title: Can relationships determine levels of substance use among 15-17 year olds: 2006 Irish HBSC data

Author(s): Gavin, A., Molcho, M., Kelly, C., and Nic Gabhainn, S.

Abstract: Substance use has three mutually exclusive levels of behavioural engagement: non-use, experimentation and sustained use. This study investigates the role of relationships with parents, friends and within the school and school connectedness in predicting use of tobacco, alcohol and cannabis.

This study is based on self-report data from the Health Behaviour in School-aged Children study. Participants comprised 2,089 males and 1,842 female students aged 15-17 years old from randomly selected schools across Ireland. Gender and parental social class were controlled in all regression analyses.

Sustained substance use rates were 29% for smoking, 47% for alcohol, and 11% for cannabis, with rates of experimentation of 24%, 28% and 9% respectively. The predictive power of relationships with parents, friends and the school variables were similar across substances. Relationships with parents were positively associated with non-substance use, and negatively with sustained use ($p < 0.05$ - $p < 0.001$). Relationships with teachers and school connectedness were also positively associated with non-substance use, and negatively with sustained use ($p < 0.05$ - $p < 0.001$). The patterns for relationships with friends were more complex; for all substances, the relationship with opposite sex friends was most important, compared to same sex or best friend. Relationships with opposite sex friends were negatively associated with non-substance use, and positively with sustained use ($p < 0.05$ - $p < 0.001$). Few of the tested variables were predictive of experimental use of any substance.

These findings demonstrate the etiological similarity of psychoactive substances, and have interesting implications for contextual models, particularly in relation to experimental substance use, and indeed for the conceptualisation of substance use itself.

Affiliation
(1th author) University of Ireland. HBSC-Ireland

Title: Early Sexual Intercourse and Risk Factors in Croatian Adolescents

Author(s): Kuzman, M., Simetin, I.P., and Fraelic, I. P.

Abstract: Sexual behaviour in adolescence is a sensitive issue because of possible immediate and long term medical and psychical consequences, and the aim of the study was to examine whether selected risk factors are gender specific for the early sexual intercourse and to emphasize the implications for prevention.

Health Behaviour in School-aged Children 2006 survey where students aged 11.5, 13.5 and 15.5 years completed anonymous questionnaire was carried out in Croatia, in total embracing 4,968 of the students in a representative sample at national level. The study about early sexual experience was limited to the subpopulation of 15.5 years old students (773 boys and 857 girls).

Early sexual experience reported 28.6% of the boys and 16.5% of the girls. Odds of having early sexual experience were in boys statistically significantly higher in case of smoking, drinking, marijuana taking, engagement in the physical fight, and bullying others, the highest probability detected for smoking. (OR: 8.1, CI: 5.4-12.1). For girls the same variables were associated with the early sexual intercourse, marijuana use being the strongest independent predictor (OR: 8.0; CI: 5.0-12.6). While controlled for other behaviours, daily smoking remained the strongest predictor for both genders. Girls who had early sexual experience were more prone to be dissatisfied with their health (OR: 0.3; CI:0.2-0.5), with their life (OR:0.5; CI:0.3-0.7), communication with father (OR:0.5;CI:0.4-0.8) and reported more psychosomatic symptoms (OR:2.9; CI:2.0-4.2). For both genders odds were higher if they had good communication with the friend of the opposite gender. Evenings spent out with friends were associated to early sexual experience in boys and girls as well as poorer school achievement. Early menarche was associated with the probability of being engaged in the early sexual intercourse and with smoking, marijuana use and psychosomatic symptoms.

Early sexual intercourse is associated with risk behaviour and contextual factors such as smoking, substance abuse, aggressiveness and lower psychosocial well-being. Preventive educational programmes should follow multi-facet approaches, for the girls emphasizing self-concept and strengthening self-esteem, taking into account susceptibility of early maturing girls.

Affiliation (1th author) School Medicine Service. Croatian National Institute of Public Health, Zagreb. HBSC-Croatia



**Workshop 9: Spanish good practices
with adolescents**

Church

17.00-18.30

Chair: Carmen Moreno

Title: "Forma Joven"* Programme
* Being Young and Fit

Author(s): Irene Fuentes Caro (Fuentes Caro, I.)

Abstract: Forma Joven is a working scheme geared towards adolescents and young adults which is being implemented in the Regional Autonomy of Andalusia since 2001 as part of the Youth Health Services Plan. The idea is to bring information and training offices (working both at the individual and group levels) to the places attended by young people. Primary intervention areas are those of Emotional-Sexual, Addictions and Mental Health Areas. However, other areas, such as that of accident-prevention and balanced eating, among others, are acquiring increasing relevance. The "Forma Joven" team is multisectoral and its members are professionals from the health and education fields as well as young mediators. Objective: Enabling young adults and adolescents to develop capacities and skills promoting healthy responses to risk situations or to the most common choices they have to face during this stage of life. Methodology: This programme's is characterized by following a cross-sectoral and participatory method, involving professionals from several of the Regional Ministries of Andalusia and reaching all its three levels: local, provincial and regional. Families also participate in the programme, and so do some target group members as well serving as health mediators with their peers. It has a Technical Office, official website, an initial training programme, a training programme divided by areas and its own support material. Results. Progressive and gradual implementation, beginning with 168 sites in 2001 and reaching 542 sites in 2008, 98% of which are located in Secondary Education State Schools. Evaluation is performed through a system of registers and an annual report. A general appraisal of the programme returned very positive remarks regarding its usefulness and opportunity, as well as the level of satisfaction of the professionals and young people involved.

Affiliation Technical Advisor. Andalusian's Regional Ministry of Health. General Direction of Public Health and Participation (Spain)

Title: Programa "Forma Joven"

Author(s): Irene Fuentes Caro

Abstract:

Forma Joven es una estrategia de trabajo con la población adolescente y joven que se desarrolla desde el año 2001 en la Comunidad Autónoma de Andalucía dentro del Plan de Atención a la Salud de los Jóvenes. Consiste en acercar a los espacios que frecuentan los/las jóvenes asesorías de información y formación, tanto a nivel individual como grupal.

Las áreas prioritarias de intervención son: Afectivo-sexual, adicciones y salud mental, aunque empiezan a cobrar relevancia la prevención de la accidentalidad y la alimentación equilibrada entre otras.

El equipo "Forma Joven" es intersectorial y lo constituyen profesionales del ámbito sanitario y educativo junto con jóvenes mediadores.

Objetivo: Conseguir que la población de adolescentes y jóvenes desarrolle capacidades y habilidades de respuestas saludables ante las situaciones de riesgo o las elecciones más frecuentes a las que se enfrentan en esta etapa de su vida.

Metodología: El programa se caracteriza por ser intersectorial y participativo, implicando a varios Departamentos de la Junta de Andalucía y sus profesionales en todos los niveles: regional, provincial y local. También participan las familias así como los propios destinatarios, que ejercen la mediación en salud con sus iguales.

Cuenta con una Secretaria Técnica, pag. Web, Programa de Formación inicial y por áreas, y materiales de apoyo propios.

Resultados: Implantación progresiva y gradual. Comienza con 168 Puntos Forma Joven en 2001 hasta llegar a 542 puntos en 2008, el 98% en Centros Públicos de Enseñanza Secundaria.

Se evalúa a través de sistema de registro y memoria anual.

La valoración general del programa es muy positiva en cuanto a su utilidad y oportunidad, así como el nivel de satisfacción de profesionales y jóvenes.

Affiliation Asesora Técnica. Consejería de Salud. Dir. Gral. De Salud Pública y Participación. Junta de Andalucía (Spain)



Title: Supporting adolescents' parents within the framework of "Forma Joven"*.

* Being Young and Fit

Author(s): Alfredo Oliva (Oliva, A.)

Abstract: During early adolescence, family still represents one of the basic contexts in which to help adolescent development. During this stage of life, however, parent-children relationships usually experience significant difficulties, normally with an increase in the number of conflicts and a decrease in communication. This turns parenting support into a basic need during these years.

We have created a training programme for adolescents' parents within the framework of the "Forma-Joven" programme. Its aim is to help parents improve the adjustment and development of their children through education. This programme has two different kinds of resources: a guide helping professionals linked to Forma-Joven (tutors and counsellors) work with parents; and three magazines for these same parents. The guide has 10 work sessions using group techniques to deal with issues, such as those of the changes experienced during adolescence, communication and caring, control and discipline, conflict resolution or the use of leisure and free time activities. The magazines, dealing with these same issues, were conceived to be used together with the guide which it complements. These are three attractively designed magazines with sections similar to those of commercial magazines (articles, advice columns, quizzes, other parents' life experiences) to be handed out to parents attending the work sessions. They can nevertheless be used independently.

Affiliation Department of Developmental and Educational Psychology. University of Seville (Spain)



Title: Programa de formación de padres y madres en el marco de "Forma Joven"

Author(s): Alfredo Oliva

Abstract: La familia continúa representando en la adolescencia temprana etapa un contexto fundamental para favorecer el desarrollo adolescente, sin embargo, durante esta etapa las relaciones entre padres e hijos suelen pasar por dificultades especiales, siendo frecuente que aumenten los conflictos y empeore la comunicación, por lo que resulta fundamental que durante estos años los padres cuenten con un mayor apoyo. Con el objetivo de ayudar a los padres en su tarea educadora y favorecer así el ajuste y desarrollo de sus hijos, y en el marco del programa Forma-Joven, se elaboró un programa de formación para padres de adolescentes. El programa consta de dos materiales distintos, una guía para que los profesionales vinculados a Forma-Joven (tutores, orientadores) trabajen con grupos de padres, y tres revistas dirigidas a estos mismos padres. La guía consta de 10 sesiones de trabajo en las que a través de distintas técnicas grupales se abordan temas como los cambios propios de la adolescencia, la comunicación y el afecto, el control y la disciplina, la resolución de conflictos o el uso del ocio y el tiempo libre. Las revistas recogen estos mismos temas, y son un complemento del programa anterior ya que han sido concebidas para utilizar junto a la guía. Se trata de un conjunto de tres revistas, con un diseño atractivo y que incluyen sesiones semejantes a las de las revistas comerciales (artículos, consultorios, tests, vivencias y experiencias de otros padres), para ser distribuidas entre los padres asistentes a las sesiones de trabajo. No obstante, también pueden usarse de forma independiente.

Affiliation Departamento de Psicología Evolutiva y de la Educación. Universidad de Sevilla (España)



Title: The adolescent and youth community involvement project "Learning among us all to get along healthily"

Author(s): Patricio Ruiz Lázaro (Ruiz Lázaro, P.)

Abstract: In 1998, the Manuel Merino health care centre embarked upon the project of promoting mental health for adolescents and parents of adolescents "Promoting the healthy adaptation of our adolescents". Based on a methodology of active involvement, this project is aimed at providing young people with effective resources for heightening their self-esteem, possessing their own, independent criteria regarding themselves, their abilities and limitations, being able to assert themselves in view of the stances of others and control the influence of their surrounding environment by means of a critical analysis thereof by training them to deal with psychosocial risk situations. To this end, personal development workshops, workshops for parents on preventive guidelines, training seminars for educators, youth consultation and coordination meetings with parents and other professionals from the educational and social healthcare fields are held both at the health care centre and at secondary school and socioprofessional institutions.

In 2002, the group work of these adolescents (who have developed the motivation to be leading figures during the 1998 project) and professionals (educators, municipal youth experts, family therapists, social and health care workers) gave rise to the adolescent and youth community involvement project "Learning among us all to get along healthily" in which these young people become partners in health (preparing audiovisuals and educational manuals for other youngsters, organizing alternative leisure time activities, round tables for parent and educators' associations, a radio broadcast, a website <http://adolescentes.blogia.com>, self-help groups, youth gatherings, ...). The project persists since then.

Affiliation "Manuel Merino" Health Care Centre (Spain)



Title: Proyecto de participación comunitaria de adolescentes y jóvenes "Aprendiendo entre todos a relacionarnos de forma saludable"

Author(s): Patricio Ruiz Lázaro

Abstract: En 1998, el centro de salud Manuel Merino emprende el proyecto de promoción de la salud mental para adolescentes y padres de adolescentes "Promoviendo la adaptación saludable de nuestros adolescentes". Con una metodología activa y participativa pretende dotar de recursos efectivos a los jóvenes para aumentar su autoestima, tener criterios propios y autónomos acerca de sí mismos, sus capacidades y limitaciones, siendo capaces de autoafirmarse frente a los posicionamientos de los demás y controlar la influencia del entorno mediante un análisis crítico del mismo, capacitándolos para afrontar situaciones de riesgo psicosocial. Para ello, se realizan tanto en el centro de salud como en instituciones de educación secundaria y socioprofesional: talleres de desarrollo personal para adolescentes, talleres para padres sobre pautas preventivas, seminarios formativos para educadores, consulta joven y reuniones de coordinación con padres y otros profesionales de la educación y sociosanitarios. En 2002, fruto del trabajo en grupo de adolescentes (que han desarrollado en el proyecto de 1998 la motivación para ser protagonistas) y profesionales (educadores, técnicos de juventud municipales, terapeutas familiares, trabajadores sociales y sanitarios), surge el proyecto de participación comunitaria de adolescentes y jóvenes "Aprendiendo entre todos a relacionarse de forma saludable" donde los jóvenes se convierten en agentes de salud (elaborando materiales educativos y audiovisuales destinados a otros jóvenes, organizando actividades de ocio alternativo, mesas redondas para asociaciones de padres de alumnos, espacio radiofónico, web <http://adolescentes.blogia.com>, grupos de autoayuda, encuentros juveniles,...) El proyecto persiste desde entonces.

Affiliation Centro de Salud Manuel Merino de Alcalá de Henares (España)

Title: Walking towards youth-friendly health care systems for adolescents and young adults

Author(s): Juan Carlos Diezma Criado (Diezma Criado, J.C.)

Abstract: The Youth Health Centre for Area 1, just established in Rivas, Vaciamadrid (Regional Community of Madrid) is a new public and free primary health care resource which is specifically aimed at preventing and promoting health issues in the adolescent and young adult population (12 to 25 year olds) of the boroughs of this area. This service will attend and also support the area's primary and mental health care services, drug abuse services and its social and health services.

We follow WHO guidelines on the creation of adolescent-“friendly” health services, paying special attention to:

Preserving privacy, confidentiality and anonymity.

Establishing long opening hours including all seven days in a week.

Removing bureaucratic requirements.

Offering those services greatly demanded by the young population.

Not requiring parent's consent as a prerequisite for attending to adolescents.

Creating participation channels for adolescents and young adults to take part in the Centre's programmes.

Providing the centre with professionals who have the adequate profile, training and professional experience in health care and attending to young population.

Services offered at the Centre include:

Sexual and Reproductive Health

Balanced eating

Infectious diseases prevention of (vaccines)

Alcohol and drug abuse prevention

Promoting healthy habits

Mental health

Interpersonal relationships

Preventing gender-based violence

Affiliation Public Health Institute of the Regional Community of Madrid (Spain)



Title: Caminando hacia modelos de atención sanitaria
amigables para la población adolescente y
joven

Author(s): Juan Carlos Diezma Criado (Diezma Criado, J.C.)

Abstract: El Centro Joven de Salud para el Área 1, recientemente creado en Rivas Vaciamadrid (Comunidad de Madrid), supone un nuevo recurso sanitario público y gratuito, de nivel primario, dedicado especialmente a la Prevención y la Promoción de la Salud de los/las adolescentes y jóvenes (entre 12 y 25 años) de los 22 municipios de este territorio, que recibirá y a la vez dará apoyo a los equipos de atención primaria, de salud mental, centros de atención a drogodependientes y servicios sociales y sanitarios municipales.

Su diseño se basa en las recomendaciones que la OMS establece para la creación de servicios sanitarios “amigables” para las y los adolescentes, en donde especialmente se ha cuidado de:

Preservar la privacidad e intimidad, la confidencialidad y el anonimato.

Establecer horarios amplios, que cubran todos los días de la semana.

Eliminar requerimientos burocráticos.

Dar fácil acceso a las prestaciones más demandadas por los y las jóvenes.

No exigir como requisito previo para la atención, el consentimiento paterno/materno.

Crear cauces de participación de las y los jóvenes en la vida del Centro.

Dotar al Centro de profesionales con un perfil adecuado, con formación y experiencia profesional en trabajo con jóvenes y en promoción de la salud.

Su cartera de servicios del Centro engloba lo siguiente:

Salud Sexual y Reproductiva

Alimentación

Prevención de enfermedades infecciosas (vacunas)

Prevención del consumo de sustancias tóxicas

Promoción de hábitos saludables

Salud Mental

Relaciones interpersonales

Prevención de la Violencia de Género.

Affiliation Instituto de Salud Pública de la Comunidad de Madrid, España

Posters



Title: Family satisfaction and quality of communication with parents: child self- disclosure through age and gender

Author(s): Granado-Alcón, M. C., Pérez, P., Ramos, P., Rivera, F. and Moreno, C.

Abstract: The most often used of monitoring measures relates about how much parents know about their children but few ask about how they get to this information. Stattin and Kerr (2000) maintain that what is really important and behind of parental knowledge is the way that child disclosure the information (child disclosure, parental solicitation, and parental control), supporting the idea that monitoring is not such much a parental activity but a child's voluntary activity. Research revealed that child disclosure is the stronger predictor of child's normbreaking behaviours which associated to the quality of family dynamic (communication, emotional bond).

From this perspective and considering that a positive family dynamic is a good indicator of child development, the purpose of this poster is to explore in a Spanish sample, how adolescents valued the quality of communication they had with their parents and on the other hand to describe how self-disclosure associated to communication with parents and family satisfaction.

Data come from the Health Behaviour in School-Aged Children Study (HBSC), an international WHO collaborative study and reports data from a Spanish random sample schools. In total, the study comprised 21811 students from four age groups 11, 13, 15 and 17 year-olds.

Results showed that girls more than boys disclose freely to their mother and more boys that girls do it to their father. This attitude decreases through in boys and girls and for both parent's. Most of the children are set at the top levels of family satisfaction scale. The best family environment associated to always self-disclosing when parents are perceived as easy to talk to, always being bonding, and to have a good or very good relation with their family. Analysis: Frequency analysis, Chi-Square Test, Eta coefficient (< 0.001 : no association; $0.01-0.09$: low association; $0.09-0.25$: medium association; $0.09 - 0.25$; high association > 0.25 . Significant Level: 95% ($\alpha = 0.05$).

**Affiliation
(1th author)**

University of Huelva, Spain. HBSC-Spain

Title: School satisfaction among boys and girl. Is it affected by parental bonding and the quality of perceived communication?

Author(s): Granado-Alcón, M. C., Muñoz-Tinoco, V., Rivera, F., Ramos, P. and Moreno, C.

Abstract: School adjustment is composed by three specific domains contributing to the global life satisfaction, acquisition of social competence, and to cope with stress which is related to health problems. Also classmate support can be related to dealing with immediate tasks and situations (Samdal et al., 2002). This context associated to a positive family climate showed a better perception with school adjustment. From these issues our objectives focus on the description of parental affection and the quality of communication with parents, and how these variables associated with school satisfaction, and the scholarship integration.

Data come from the Health Behaviour in School-Aged Children Study (HBSC), an international WHO collaborative study with repeated cross-sectional survey among 11, 13 and 15 years-old students in representative samples of school in the participating countries. The present poster reports data from a Spanish random sample schools. In total, the study comprised 21811 students from four age groups 11, 13, 15 and 17 year-olds.

Results showed that most of adolescents perceived parents as helpful and loving, and less capable to understand or make them feel better when they are worry. This perception of warmth associated to perceived good communication with parents. On the opposite, low perception of parental warmth associated to poor perception of communication, especially for girls at the age of 13 and for boys at the age of 15 year-olds. In relation to school setting, adolescent valued more in parent when they perceive: to have a good achievement is that parent were helpful and talked to them; to liked the school is that parents were understanding and made them feel better; to not feel pressured by schoolwork is that were helpful and understanding; to be accepted by students is that parents were helpful, loving, and understanding; to enjoy being together is that mother was loving; and to perceive that students were kind and helpful is that parents were understanding and easy to talk to. Integration at the school showed that children perceiving a harmonic affection relation with their parents had a better perception about their classmate helped them when needed, enjoyed been together, and felt accepted by the group. Perception of poor academic achievement, school pressured, and not liking school associated to parents never showing affection for them.

Affiliation
(1th author) University of Huelva, Spain. HBSC-Spain

Title: Attend the school cafeteria and differences in eating habits, Body Mass Index and dental hygiene among Spanish adolescents

Author(s): Ramos, P., Rivera, F., Sánchez-Queija, I., Moreno, C. and Jiménez-Iglesias, A.

Abstract: Our data comes from the Spanish sample of the Health Behaviour in School Aged Children (HBSC) study, made in collaboration with the WHO and Spanish Ministry of Health and Consumption, in which more than 40 countries are taking part. A total of 21,811 Spanish adolescents (selected through a multi-stage random sampling) answered a wide questionnaire dealing with different subjects related to adolescent health and life-style. Among the subjects there were differences related to: sex (10,234 were boys and 11,577 were girls), age (11-18 year olds), residence habitat (rural or urban) and type of school attended (public or private). This research study shows different between whether or not they attend the school cafeteria at least 4 days a week and their consequences in the eating habits of adolescents. We assessed how frequently they consumed the following products: fruits, potatoes, other vegetables or legumes (for example tomatoes, lettuce, lentils, chickpeas, spinach, etc.), desserts (sweets or chocolates), soft drinks or other sweet beverages, eggs, meat, fish, dairy products and cereals. Results show a higher consumption of fruits, vegetables and fish in these adolescents who attend the school cafeteria at least 4 days a week. Those children, who do not eat in the school cafeteria, however, not even one day a week, tend to eat more desserts and to drink more sweet beverages. These different habits of nutrition translate in Body Mass Index, so those teens that do not attend the school cafeteria have higher of overweight. However, eating in the school cafeteria also corresponds with other health related problems, specifically, poor dental hygiene. These results prove that the eating habits guidelines followed by school cafeterias should be put into practice by society as a whole. However, it's necessary to support educational centres with measures to make easier dental hygiene inside schools.

**Affiliation
(1th author)** University of Seville, Spain. HBSC-Spain

Title: Family relations of Spanish adolescents with divorced parents: Effects of lack of contact with non-custody parents.

Author(s): Rivera, F., Moreno, C., Ramos, P., Sánchez-Queija, I. and Granado-Alcón, M. C.

Abstract: The aim of this poster is to study the family adaptation in Spanish adolescents with divorced parents, 255 adolescents with regular contact with non-custody parent and 346 adolescents without contact with non-custody parent.

Our data comes from the Spanish sample of the Health Behaviour in School Aged Children (HBSC) study, made in collaboration with the WHO, and in which 40 countries are taking part. A total of 21,811 Spanish adolescents (selected through a multi-stage random sampling) answered a wide questionnaire dealing with different subjects related to adolescent health and life-style. Among the subjects there were differences related to: sex (10,234 were boys and 11,577 were girls), age (11-18 year olds), residence habitat (rural or urban), region (Spain was divided in eighteen autonomous communities) and type of school attended (public or private). The selected variables are quality of communication with father and mother and family satisfaction.

The results show worse family satisfaction in teens without contact with non-custody parents than in teens with regular contact. Teens without contact also show worse communication with the father.

**Affiliation
(1th author)** University of Huelva, Spain. HBSC-Spain

Title: Maternal and paternal monitoring and the drug abuse (liquors, tobacco and marijuana) in adolescence.

Author(s): Jiménez-Iglesias, A., Moreno, C., Rivera, F., Granado-Alcón, M. C. and Ramos, P.

Abstract: The aim of this poster is to study the influence of maternal and paternal monitoring on drug abuse, concretely: liquors, tobacco and marijuana. Our data comes from the Spanish sample of the Health Behaviour in School Aged Children (HBSC) study, made in collaboration with the WHO, and in which 38 countries are taking part. A total of 21,811 Spanish adolescents (selected through a multi-stage random sampling) answered a wide questionnaire dealing with different subjects related to adolescent health and life-style. Among the subjects there were differences related to: sex (10,234 were boys and 11,577 were girls), age (11-18 year olds), residence habitat (rural or urban), region (Spain was divided in eighteen autonomous communities) and type of school attended (public or private). The selected variables were: maternal and paternal monitoring, adolescents' age and different risks behaviours, like: alcohol abuse (liquors), tobacco abuse and illicit drugs use (marijuana). Results evidenced: a decrease of alcohol, tobacco and marijuana use with increasing of maternal and paternal monitoring; a decrease in monitoring with increasing adolescents' age in all variables considered; but, to increase the adolescents' age, the influence of the monitoring on alcohol, tobacco and marijuana use is increased the power of. And finally, the effect of maternal monitoring was always higher than paternal monitoring. So this poster, shows the relevance of promote maternal and paternal monitoring for to get diminish adolescents' alcohol, tobacco and marijuana use.

Affiliation (1th author) University of Seville, Spain. HBSC-Spain

**Title:** Immigrant Adolescents Risk Behaviors in Spain**Author(s):** Moreno, C., Fernández, M., Rivera, F. y Ramos, P.**Abstract:** During the last years there has been an important increase of the immigrant population in Spain. The integration of this new population presents many challenges related to the implementation of resources adapted to their specific needs in the areas of education, health and the social services.

The HBSC study, which includes a representative sample of the immigrant population in school, can be very useful in providing knowledge on the life styles of these adolescents and can help to identify their special needs. In the 2006 edition, the HBSC study included a sample of 21,811 adolescents, 1,157 of those being immigrants. In this last category were included adolescents who indicated that both themselves and their parents were born abroad in the same country (in this way it was possible to identify each immigrant adolescent with a country of origin). Therefore the immigrant sample consisted of immigrant adolescents of first generation or 1.5 from Western Europe (N= 100), United States and Canada (N= 2), Latinoamerica (N=515), Easter Europe and Russia (N=135), India and Pakistan (N=10), Asian countries (N= 20) Arab countries (N= 102) and Sub-Saharan Africa (N= 17).

In this study adolescent risk behaviors (tobacco use, alcohol and drugs consumption) were compared between the Spanish and the immigrant sample. Overall no significant differences were found. In a second analysis, the immigrant sample was divided into groups according to ethnic background (only included those groups with N > 100, that is Western Europe, Latinoamerica, Eastern Europe and Russia, and Arab countries). Differences in alcohol consumption were found, being immigrant adolescents from Western Europe the greatest consumers compared to Spanish adolescents. On the other hand adolescents from the Arab countries showed to be lower in consumption. Adolescents from the Arab countries showed lower levels of both frequency of alcohol consumption and prevalence of drunkenness than Spanish adolescents. In contrast, adolescents from Latinoamerica, Eastern Europe and Russia, showed a greater prevalence of drunkenness than Spanish adolescents.

Affiliation
(1th author) University of Seville, Spain. HBSC-Spain

Title: Social support as a factor of positive body weight perception among Polish 15-year-olds

Author(s): Dzielska, A., Mazur, J., Kololo, H., Malkowska-Szkutnik, A. and Tabak, I.

Abstract: Many of adolescents with normal weight perceive their weight as too much. Factors protecting against false body perception often stem from psychosocial environment. **AIM.** To present body weight perception (BWP) in normal weight adolescents aged 15 years and to analyze how BWP is changing by social support, relations in family, social self-esteem and self-efficacy.

Sample and methods. Data collected in 2006 from representative sample of 15-year-olds – boys and girls, as a part of Polish HBSC survey. Results are based on a subsample of adolescents with normal weight, classified by BMI <85 centile using national norms (N=1892; boys=881; girls=1011). The family atmosphere ladder, Dalgard's 3-Items Oslo Scale, Harter's Social Self-esteem Subscale, Schwarzer's General Self-efficacy Scale as well as one HBSC mandatory item concerning a self-perceived body mass were used.

Results. Great number of normal-weight adolescents reported themselves as "a bit too fat" or "much too fat" (33,6%), more girls than boys (51,5% vs. 13%, respectively). There is a strong association between 15-year-olds BWP and social environment characteristic in the case of all scales under study ($p < 0,001$). Higher level of each one scale coexists with lower percentage of adolescents who overestimate their weight. However final conclusions depend on gender. In count of girls, the association with self-efficacy ($p = 0,020$) and family relations ($p < 0,001$) was reported. Social self-esteem is a strong predictor of correct BWP in boys ($p < 0,001$) and that was not observed in girls. In both, boys ($p = 0,013$) and girls ($p = 0,007$), significant relationship with social support was obtained.

Conclusions. High level of support from other people, positive relations with family members and peers protect teens from a false body weight perception. Interventions to prevent negative outcomes related to body image should consider psychosocial factors showed in this study.

Affiliation (1st author) Institute of Mother and Child. HBSC-Poland

Title: Early adolescents immigrants: comparing their social ties with a non-immigrant students

Author(s): Michela, L., Dallago, L., Santinello, M., Baldassari, D. and Mirandola, M.

Abstract: Recent research on adolescent development underlines the need to integrate a risk and protective factors approach to health (Ripple, Luthar, 2000; Pantin, Schwartz, Sullivan, Prado, Szapocznik, 2004) and to apply a developmental science perspective (Lerner, Fisher, Weinberg, 2000). The applicability of this integrative approach to adolescents from diverse ethnic and cultural backgrounds is in need of study in many countries (Schwartz, Pantin, Coatsworth, Szapocznik, 2007). Understanding risk and protective factors among immigrants during an important developmental phase, such as adolescence, is a relevant research question especially in a context as Italy, that used to be a place where people migrated from and now it's a country where people migrate to.

Immigrant adolescents often report a greater risk on negative developmental outcomes than non-immigrant adolescents (Pantin, Schwartz, Sullivan, Coatsworth, Szapocznik, 2003). Few European studies have focused their attention on this theme. Recently new approach to adolescent development underline the importance of the ties of youths with the broader community (Mahoney, Lafferty, 2003) and the role of civic and social participation (Riggs, 2006; Vieno, Nation, Perkins, Santinello, 2007) for promoting positive social and behavioral outcomes (Grossman, Price et al., 2002).

The present work aims to study social support, civic and social participation of immigrant adolescents. We analyzed social support, civic and social participation and developmental outcomes of immigrant and non-immigrant adolescents in Veneto. We hypothesized that immigrant adolescents report lower level of social support and especially lower level of civic and social participation than non-immigrant adolescents (Tsai, 2006; Lee, 2001; Driessen, 2001; Fennema et al., 2000); low levels of social support and participation have a negative impact on positive developmental outcomes and a positive relationship with problem behaviours of immigrant adolescents (Gilman, 2001; Mahoney, 2000; Riggs, 2006; Vieno et al., 2007).

Data used are the Veneto 2006 HBSC Study.

**Affiliation
(1th author)** Department of Psychology. HBSC- Italy

Title: Authority figures and Bullying Behaviour**Author(s):** Várnai, D., Zakariás, I., Örkényi, Á. and Kökönyei, Gy.**Abstract:** Bullying behaviour has its origins in parenting as well as in the school environment. Neglectful behaviour and harsh discipline in parents is linked with bullying others, overprotective mothering is associated with high degrees of victimization. On the opposite, authoritative parenting fosters self-regulation and adjustment. Supportive attitude from teachers is negatively associated with bullying. Family variables (parenting style, monitoring, love and communication) and school variables (attitude of teachers) were applied to uncover a connection between patterns of bullying behaviour, parenting style and the perceived attitude of teachers. First, the analysis was completed on the 2005/2006 Hungarian HBSC survey sample of 5450 adolescents with the data of 4 age-groups. In the second round 5 countries (N=26839) applying parental styles optional package were included in the analysis with data of 3 age-groups. Applying multivariate logistic regression analysis determinants of bullying behaviour were identified.

Out of the four parental styles only permissive-neglectful and authoritarian-repressive styles proved to be associated with bullying behaviour. Neglectful parental style resulted higher odds for being a bully-victim and authoritarian style contributed to being a bully or a bully-victim. Parental style of mother and father showed similar patterns regarding bullying. Positive attitude towards teachers can decrease the probability for being bully or bully-victim whilst there was no significant relationship found with victimization. Parental love and communication didn't prove to be significant variables.

Parental disciplinary style reflects an independent attribute of the family namely power dynamics. Teachers are other authority figures that have a significant role in canalizing violent behaviour within the class.

Affiliation
(1th author) National Institute of Child Health. HBSC-Hungary

Title: Risk and resilience in the adolescents with special educational needs (SEN)

Author(s): Ferreira, M., Simões, C., Tomé, G. and Gaspar Matos, M.

Abstract: The project “Risk and resilience in the adolescents with special educational needs (SEN)” intends to contribute for the knowledge of the behaviours and life styles of the adolescents with SEN in some contexts of its life.

To get a representative sample, 143 Portuguese public schools of regular education had been selected randomly, for each school had been sent three questionnaires: Risk and Resilience Questionnaire, destined to the young with SEN; HBSC/OMS Questionnaire, destined to the adolescents who frequented 6th, 8th and 10th grades; and KIDSCREEN/CE Questionnaire, destined to the children and adolescents who frequented 5th and 7th grades, both integrated in the European study “Health Behaviour in School-aged Children”.

Results indicate adolescents that are relate to have health problems (deficiency or chronic illness), in comparison with the adolescents whom do not relate to have this type of problems, present a larger involvement in the alcohol consumption and the experimentation of illicit drugs, a bigger involvement in fights and provocations, relate to be more unsatisfied with its corporal image, more difficulties in communication with the family and in the relation with friends, a lesser linking school and are felt less happy.

Key Words: Resilience, Special Educational Needs, Adolescence

**Affiliation
(1th author)** University of Lisbon. HBSC-Portugal

Title: Links between individual factors and adolescents' risk behaviour in Lithuania.**Author(s):** Lenciauskiene, I.**Abstract:** Socio – psychological family factors (lower socio – economic status, incomplete family, poor parent – child communication, little time spent with family together) and long time spent with friends together are generally associated with higher rates of smoking, alcohol consumption, drunkenness and drugs use among adolescents.

The aim of this study was to identify the association between individual factors, socio-psychological factors of family, peers and adolescents' risk behaviour (smoking, alcohol and drugs use, drunkenness).

The study was a part of the WHO collaborative study “Health Behavior in School-Aged Children Study (HBSC)” in Lithuania in 2005/2006. A country representative sample of schoolchildren aged 11, 13 and 15 year - olds was surveyed. The group of 5632 (2904 boys and 2728 girls) respondents was surveyed (response rate 87.7%).

Even 10.1% of schoolchildren were weekly smokers, 9.8% were regular alcohol users, 25.6 were drunk two and more times and 17.1% were used drugs once or more times a life. Boys were more than girls involved in risky behavior ($p < 0.001$). All family socio – psychological factors were significantly related to girls involvement in risky behavior ($p < 0.05$), as in boys were only SES and communication with father ($p < 0.05$). A more frequent smoking, drunkenness, alcohol and drugs use among both boys and girls were who have had spent 3 and more schooldays and 4 and more evenings with friends together ($p < 0.05$). A lower academic achievements and lower school satisfaction were established among weekly smokers, regular alcohol users and schoolchildren who were drunk 2 or more times and used any drug in life time ($p < 0.05$). Boys who were regular smokers (OR:1.7; 95% CI: 1.2-2.4) and regular alcohol users (OR:1.4; 95% CI: 1.0-1.9) more frequently reported as unhappy than boys who were not. A more poor subjective health (OR:1.4; 95% CI: 1.0-1.9) was established among girls who were 2 or more times drunk than those who were not.

The family socio – psychological factors were mostly important and more related to girls than boys involvement in risk behaviour. Long hours after school and more evenings spent with friends together were highly – powered factors on adolescents' behavior too. Additional researches are needed to focus on developing theoretical models that help explain the influence of family contextual factors and peers on adolescents' health behaviour and designing interventions for health promotion.

Affiliation
(1th author) Kaunas University of Medicine. HBSC-Lithuania

Title: Characteristics of Canadian Youth Reporting a Very Early First Sexual Encounter

Author(s): Boyce, W., Gallupe, O. and Fergus, S.

Abstract: Few studies examine the experience of early first sexual encounter using a nationally representative sample of Canadian adolescents. In addition, most studies that examine early sexual encounters divide respondents into categories of 'early' and 'late' based on the average age of first sex. Therefore, a portion of those considered to have had an 'early' first sexual encounter actually did so at an age when sexual activity is becoming normative. This study uses a large nationally representative sample (n=2309) from the Canadian Youth, Sexual Health and HIV/AIDS Study (HBSC items plus extra questions) to examine associations with non-normative early sexual involvement of four conceptual groupings of predictor variables: a) family relationship, b) psychological, c) peers and risk-taking, and d) partner-related factors. Having experienced pressure to be involved in unwanted sex, having used drugs other than marijuana, and believing that popularity at school is dependent upon rebelling/breaking the rules were all associated with a very early age of first sexual encounter. These findings suggest the construct of "fitting in" with peers.

Affiliation (1th author) McArthur Hall, Queen's University. HBSC-Canada

Title: The effect of optimistic beliefs on positive health practices in polish HBSC survey – the role of resilience

Author(s): Kololo, H., Mazur, J., Dzielska, A., Malkowska-Szkutnik, A., Tabak, I.

Abstract: BACKGROUND: There are number of theories (incl. resilience) about factors protective against risk behaviours and low life satisfaction. The new resilience scale in Polish HBSC 2006 survey was built and tested. OBJECTIVE: To show protective effect of optimistic beliefs measured by Polish Short Resilience Scale (PSRS)*. SUBJECTS: Results are based on the sample of 2287 students aged 15 yrs from HBSC 2006 study. METHODS: Four-item scale of optimistic beliefs (PSRS) with six responses was trichotomized (low, average and high optimism) and correlated with: Schwarzer's General Self-efficacy Scale, Harter's Social Acceptance Subscale from Self-perception Profile for Adolescent and five life-style related indicators: breakfast, fruits and vegetable eating, physical activity and oral hygiene. RESULTS: Analysis based on HBSC data confirmed that the PSRS has unidimensional structure and good reliability ($\alpha=0,827$; one factor explaining 66% of variability). It was found that optimistic beliefs are significantly associate with: good self-esteem (for boys and girls $p<0,001$), good self-efficacy (for boys and girls $p<0,001$), frequent fruits eating (for boys and girls $p<0,001$), frequent vegetable eating (significant only for girls $p=0,001$), high physical activity (boys $p<0,001$, girls $p<0,01$), high oral hygiene (for both gender $p<0,001$). Only relation with frequent breakfast eating appeared insignificant. The relationship between PSRS and selected positive lifestyle-connected factors demonstrated the same shape for boys and girls. CONCLUSIONS: There are significant, linear, positive relationship between optimistic beliefs and positive lifestyle factors it might suggest protective role of optimism. As the work is in progress more investigation is needed.

* Project No 2 P05D 043 30

Affiliation (1th author) Department of Child and Adolescent Health Institute of Mother and Child. HBSC-Poland

Title: Some associations of body image with self-esteem and depressive mood in Hungarian young people

Author(s): Németh, A., Zakariás, I.

Abstract: Objectives: Somatic changes occurring at puberty may influence deeply body esteem and attitude towards own body as well as psychological status and social relations of young people. Moreover, body image itself may have an effect on psychosocial changes during adolescence. The aim of this analysis is to explore relationships between body image as well as self-esteem, social self-esteem and depressive mood among young people. Methods: The analysis was completed on the 2005/2006 Hungarian HBSC survey sample of 5450 adolescents. Body image subscale (Orbach and Mikulincer 1998) was used as independent, Self-esteem scale (Rosenberg, 1965), Social self-esteem scale (Harter, 1988) and the shortened version of Children's Depression Inventory (Kovacs, 1985) were used as dependent variables. Control variables were sex, grade and pubertal developmental status. Statistical methods were linear and logistic regression analyses. Results: There are significant positive relationships between body image and both self-esteem and social self-esteem, while a significant negative relationship was detected with depression mood. These relationships proved to be significant even when controlled for sex, grade and pubertal status. There was significant interaction between each control variable and body image. Conclusions: These results underline previous results on the importance of body image in young people's self-esteem and other psychological features, nevertheless some results differing from the data well known in the literature, were found.

Affiliation
(1th author) National Institute of Child Health, Budapest. HBSC-Hungary



Title: Trends in tobacco smoking and marijuana use by FAS groups among girls and boys in Poland

Author(s): Kowalewska, A., Mazur, J., Dzielska, A., Woynarowska, B.

Abstract: Previous research indicated that gender is an important factor influencing both prevalence and determinants of various risk behaviours. Decreasing trend in tobacco and marijuana use is observed in many countries, but the association between socioeconomic position and rate of change is usually unknown.

The aim of the study was to examine trends in tobacco smoking and marijuana use by family affluence groups among girls and boys in Poland. Material and methods. Anonymous questionnaires were administered within school settings in 2002 and 2006. The representative subsample of 15-year-old Polish pupils were used (N=2165 ; N=2287). Family affluence scale (FAS) was used as an objective measure of socioeconomic status.

Results. In 2006, 14,9% boys and 10,1% girls were daily smokers. Comparing to 2002 a decrease in the percentage of daily smokers (21,4% boys and 11,6% girls) was observed. It suggests that changes were less dynamic in girls. In the past years we also observed slow decrease in the prevalence of marijuana use among Polish adolescents. In 2002, 3,7% of 15-year-olds declared frequent intake of marijuana in the lifetime, in comparison to 2,1% in 2006. The analysis of trends in socioeconomic groups has shown that, on the contrary to global trends, in the group of girls coming from wealthy families, the percentage of these two psychoactive substances users has increased in last four years.

Conclusions: However FAS is not an important predictor of tobacco and marijuana use in adolescents, it influences on rate of change in the prevalence of frequent users. Further research is needed to gain more qualitative understanding of those trends. Prevention strategies should target rich families.

Affiliation (1th author) Katedra Biomedycznych Podstaw Rozwoju i Wychowania, Uniwersytet Warszawski, 00-561 Warszawa. HBSC-Poland

Title: Health behaviours and perceived school environment and their association with self-reported health complaints and perceived alertness among 15-year-olds in Finland

Author(s): Tynjälä, J., Välimaa, R., Villberg, J., Kannas, L.

Abstract: Health-enhancing behaviours and supportive school environment are important precursors for young people's well-being and successful academic performance.

The purpose of this study is to illustrate how selected health behaviours and perceived school environment are associated with self-reported health complaints and perceived alertness among 15-year-olds in Finland. The country representative data (n=1625) were collected through class inquiries in March-May 2006. The health behaviours sum score (range 0-5, higher scores indicated more problems in health behaviours) was formulated of the following items: bed time on schooldays, leisure time physical activity, having breakfast, being drunk and smoking. Perceived school environment sum score (range 0-5, higher scores indicating more problems in perceived school environment) included classmate support (3 items), teacher support (5), demands (3), autonomy (6), and being bullied. Self-reported health complaint sum score was composed of eight HBSC symptoms and perceived alertness sum score of four items (feeling of alertness in the morning, opinion on how often had slept sufficiently, difficulty in waking up in the morning, how often waked up refreshed and energetic). SPSS Windows 15.0 was used in running descriptive analyses. The preliminary results show that if children had zero problems in the both sum scores (health behaviours and perceived school environment) only 5% of respondents had two or more health complaints a week. If children had at least three problems in the both sum scores, 63% of children reported at least two health complaints a week. The association with perceived alertness showed a similar pattern.

The results clearly indicate the cumulative impact of health habits and perceived school environment on self-reported health complaints and perceived alertness. In health promotion both individual and structural factors had to be taken into account when promoting the well-being of young people in general and especially within the school environment.

**Affiliation
(1th author)**

University of Jyväskylä, Research Center for Health Promotion. HBSC-Finland

Title: Underweight and overweight among children and adolescents in Tuscany (Italy).

Author(s): Giacchi, M., Lazzeri, G., Rossi, S., Pilato, V.

Abstract: Objective: To assess the prevalence of the nutritional status (under-weight, normal-weight and overweight, including obesity) among Tuscan children and adolescents and to provide baseline information on the prevalence of thinness, for the first time calculated according to the new international definitions.

Methods: Independent cross-sectional sample surveys were conducted on 2002, 2004 and 2006 in Tuscany region, where was launched a nutritional surveillance system project on 2002. Data were collected from stratified two-stage cluster samples of children aged 9 years and of adolescents aged 11-13-15 years. Weights and heights of children were measured using standardized methodology, while those of adolescents were self-reported. BMI classes were calculated according to the IOTF standards.

Results: Among children the prevalence was: under-weight 4.6% vs. 4.2%; normal-weight 63.7% vs. 62.4%; overweight 31.7% vs. 33.4%. Among 11-y the prevalence was: under-weight 11.0% vs. 10.1%; normal-weight 68.4% vs. 70.2%; overweight 20.7% vs. 19.6%; among adolescents 13-y under-weight 9.8% vs. 8.0%, normal-weight 73.5% vs. 74.0%, overweight 16.8% vs. 17.9%; among 15-y under-weight 9.8% vs. 8.7%, normal-weight 77.0% vs. 71.6%, overweight 13.3% vs. 19.7%.

Discussion: The results show the trend of the prevalence of overweight among girls from 9-y to 15-y-old strongly decreased while the prevalence of thinness increased. In the boys this decrement was less marked and the prevalence of thinness pointed out an irregular trend, with an increment from 9-y to 11-y old and a decrement from 13-y to 15-y old. The trend of the prevalence of normal-weight increased with age, with higher prevalence among boys than girls.

Affiliation (1th author) Dept. of Physiopathology, Experimental Medicine & Public Health University of Siena. HBSC-Italy.

HBSC Journal Articles





HBSC JOURNAL ARTICLES (April 2008)**HBSC Journal Articles in press**

Boyce W, Diane Davies D, Owen Gallupe O, Shelley D (in press) Adolescent Risk Taking, Neighborhood Social Capital, and Health. **Journal of Adolescent Health**.

Kuntsche E, Overpeck M & Dallago L (in press) Television viewing, computer use and hostile perception of classmates among adolescents from 34 countries. **Swiss Journal of Psychology**.

HBSC Journal Articles published in 2008

Currie C, Molcho M, Boyce W, Holstein B, Torsheim T, Richter M (2008) Researching health inequalities in adolescents: the development of the HBSC Family Affluence Scale. **Social Science and Medicine**, 66 (6), 1429-1436.

Godeau E, Nic Gabhainn S, Vignes C, Ross J, Boyce W, Todd J (2008) Contraceptive use by 15 year old students at their last sexual intercourse. Results from 24 countries. **Archives of Pediatrics & Adolescent Medicine**, (1)162, 66-73.

Holstein BE, Andersen A, Krølner R, Due P, Hansen EH (2008) Young adolescents' use of medicine for headache: Sources of supply, availability and accessibility at home. **Pharmacoepidemiology and Drug Safety**, Published Online: 27 Feb 2008.

Holstein BE, Hansen EH, Andersen A, Due P (2008) Self-rated health as predictor of medicine use in adolescence. **Pharmacoepidemiology and Drug Safety**; 17: 186-92.

Levin KA and Currie C (2008) Inequalities in toothbrushing among adolescents in Scotland, 1998-2006. **Health Education Research** Advance Access published on January 31, 2008.

Ravens-Sieberer U, Erhart M, Torsheim T, Hetland J, Freeman J, Danielson M, Thomas C and the HBSC Positive Health Group (2008) An international scoring system for self-reported health complaints in adolescents. **The European Journal of Public Health** Advance Access published online on February 5, 2008.

Rasmussen M, Krølner R, Svastisalee CM, Due P, Holstein BE (2008) Secular trends in fruit intake among Danish schoolchildren, 1988 to 2006: Changing habits or methodological artefacts? **International Journal of Behavioral Nutrition and Physical Activity**, 5:6.

Schnohr C, Kreiner S, Rasmussen M, Due P, Currie C, Diderichsen F (2008) The role of national policies intended to regulate adolescent smoking in explaining the prevalence of daily smoking: a study of adolescents from 27 European countries. **Addiction** 103 (5) , 824–831 doi:10.1111/j.1360-0443.2008.02161.x

Simões C, Batista-Foguet JM, Matos MG, Calmeiro L (2008) Alcohol use and abuse in adolescence: proposal of an alternative analysis. **Child: Care, Health and Development**, published article online: 22-Feb-2008.

HBSC Journal Articles published in 2007

Alikasifoglu M, Erginoz E, Ercan O, Uysal O & Albayrak-Kaymak D (2007) Bullying behaviours and psychosocial health: results from a cross-sectional survey among high school students in Istanbul, Turkey. **European Journal of Pediatrics**, 166 (12): 1253-1260.

Andersen A, Holstein BE, and Due P (2007) School-related risk factors for drunkenness among adolescents: risk factors differ between socio-economic groups. **The European Journal of Public Health**, 17 (1):27-32.

Andersen A, Krølner R, Holstein BE, Due P, Hansen EH (2007) Medicine Use Among 11- and 13-years-old: Agreement between parents' reports and children's self-reports. **Annals of Pharmacotherapy**, 41 (4):581-6

Borup I, Holstein BE (2007) Schoolchildren who are victims of bullying report benefit from health dialogues with the school health nurse. **Health Education Journal**, 66: 58-67.

Due P, Heitmann BL, Sørensen TIA (2007) Prevalence of Obesity in Denmark. **Obesity Reviews**, 8:187-9.

Due P, Hansen EH, Merlo J, Andersen A, Holstein BE (2007) Is victimization from bullying associated with medicine use among adolescents? A nationally representative cross-sectional survey in Denmark. **Pediatrics**, 120 (1):110-117.

Holstein BE, Hansen EH, Andersen A, Due P (2007) Self-rated health as predictor of medicine use in adolescence. **Pharmacoepidemiology and Drug Safety**, 16: 1-7.

Hublet A, De Bacquer D, Boyce W, Godeau E, Schmid H, Vereecken C, De Baets F and Maes L (2007) Smoking in young people with asthma and frequent wheezing in six western countries. **Journal of Public Health** (4): 343-9.

Janssen I, Dostaler S, Boyce WF, Pickett W (2007) Influence of multiple risk behaviors on physical activity related injuries in adolescents. **Pediatrics**, 119: e672-e680.

McGrath, B. & Nic Gabhainn, S.(2007) Friendships and perceptions of place among rural, farm and urban children and adolescents in Ireland. **Administration**, 53 (3):205-226.

Meland E, Haugland S and Breidablik H-J (2007) Body Image and perceived health in adolescence. **Health Education Research**, 22 (3):342-350.

Molcho M, Nic Gabhainn S & Kelleher C (2007) Interpersonal relationships as predictors of positive health among Irish youth: The more the merrier. **Irish Medical Journal** 100(8), 33-36.

Molcho M, Nic Gabhainn S & Kelleher C (2007) Assessing the use of the Family Affluence scale among Irish School Children. **Irish Medical Journal**, 100(8), 37-39.

Molcho M, Nic Gabhainn S, Kelly C, Friel S, Kelleher C (2007) Food poverty among Irish adolescents. **Public Health Nutrition**, 10 (4):364-370.

Nation M, Vieno A, Perkins DD & Santinello M.(2007)Bullying in School and Adolescent Sense of Empowerment: An Analysis of Relationships with Parents, Friends, and Teachers. **Journal of Community and Applied Social Psychology**, 18 (3):211-232.

Ojala K, Vereecken C, Välimaa R, Currie C, Villberg J, Tynjälä J, Kannas L (2007) Attempts to lose weight among overweight and non-overweight adolescents: a cross national survey. **International Journal of Behavioral Nutrition and Physical Activity**, 4:50.

Richter M and Leppin A (2007) Trends in socio-economic differences in tobacco smoking among German schoolchildren, 1994–2002. **European Journal of Public Health**. 17: 565-571,

Roberts C, Currie C, Samdal O, Currie D, Smith R & Maes L (2007) Measuring the health and health behaviours of adolescents through cross-national survey research: recent developments in the Health Behaviour in School-aged Children (HBSC) study. **Journal of Public Health**, 15 (3):179-186.

Samdal O, Tynjälä J, Roberts C, Sallis J, Villberg J & Wold B (2007): Trends in Vigorous Physical Activity and TV Watching of Adolescents from 1986 to 2002 in 7 European Countries. **European Journal of Public Health**, 17 (3):242-248.

Schnohr C, Kreiner S, Due P, Currie C, Boyce W and Diderichsen F (2007) Differential item functioning of a family affluence scale: Validation study on data from HBSC 2001/02. **Social Indicators Research**, 18 (3):211 - 232

Spriggs AL, Iannotti R, Nansel TR & Haynie DL (2007) Adolescent Bullying Involvement and Perceived Family, Peer and School Relations: Commonalities and Differences Across Race/Ethnicity. **The Journal of Adolescent Health**, 41 (3):283-293.

Vieno A, Nation M, Perkins DD & Santinello M.(2007) Civic participation and the development of adolescent behavior problems. **Journal of Community Psychology**, 35, 761-777.

Vieno A, Santinello M, Pastore M & Perkins DD (2007) Social support, sense of community in school, and self-efficacy as resources during early adolescence: An integrative, developmentally oriented model. **American Journal of Community Psychology**, 39, 177-190.

Zaborskis A, Zemaitiene N, Borup I, Kuntsche E & Moreno C (2007) Family joint activities in a cross-national perspective. **BMC Public Health**, 7:94.

Zambon A et al (2007) Parental social class and adolescents' health in Italy: the role of self-esteem and self-efficacy. **Italian Journal of Public Health**, 4 (3):220-226.



HBSC Journal Articles published in 2006

Andersen A, Holstein BE and Hansen EH (2006) Is Medicine Use in Adolescence Risk Behavior? Cross-Sectional Survey of School-Aged Children from 11 to 15. **Journal of Adolescent Health**, 39 (3):362-366.

Borup I and Holstein BE (2006) Does poor school satisfaction inhibit positive outcome of health promotion at school? A cross-sectional study of schoolchildren's response to health dialogues with school health nurses. **Journal of Adolescent Health**, 38 (6):758-760

Boyce W, Torsheim T, Currie C and Zambon A (2006) The Family Affluence Scale as a Measure of National Wealth: Validation of an Adolescent Self-reported Measure. **Social Indicators Research**, 78 (3):73-487.

Cavallo F, Zambon A, Borraccino A, Ravens-Sieberer U, Torsheim T, Lemma P (2006) Girls growing through adolescence have a higher risk of poor health. **Quality of Life Research**, 15 (10):1577-1585.

Dias SF, Matos MG, Gonçalves AC (2006) AIDS-related stigma and attitudes towards AIDS-infected people among adolescents. **AIDS Care**, 18(3): 208-214.

Gaspar de Matos M, Dadds M, Barrett P (2006) Family-School Issues on Adolescents Mental Health, Highlights from Portuguese National Health Behavior in School-Aged Children Survey. **Journal of Family Studies**, 12 (2) .

Hublet A, Andersen A, Godeau E, Vereecken C, Välimaa R, Tynjälä J, Boyce W, Maes L (2006) Asthma and wheezing symptoms in young people in six Western countries. **Revue d'épidémiologie et de santé publique**, 54 (4) 305-312.

Hublet A, De Bacquer D, Valimaa R, Godeau E, Schmid H, Rahav G and Maes L (2006) Smoking trends among adolescents from 1990 to 2002 in ten European countries and Canada. **BMC Public Health**, 6: 280.

Janssen I, Boyce W, Simpson K, Pickett W (2006) Influence of individual- and area-level measures of socioeconomic status on obesity, unhealthy eating, and physical inactivity in Canadian adolescents. **American Journal of Clinical Nutrition**, 83: 139-145.

Kokkevi A, Nic Gabhainn S, Spyropoulou M and the Risk Behaviour Focus Group of the HBSC (2006) Early Initiation of Cannabis Use: A Cross-national European Perspective. **Journal of Adolescent Health**, 39 (5):712-719.

Kuendig H. & Kuntsche E (2006) Family bonding and adolescent alcohol use: Moderating effect of living with excessive drinking parents. **Alcohol & Alcoholism**, 41(4):464-471.

Kuntsche E, Pickett W, Overpeck M, Craig W, Boyce W, Gaspar de Matos M (2006) Television viewing and forms of bullying among adolescents from 8 countries. **Journal of Adolescent Health**, 39 (6), 908-915.

Kuntsche E, Delgrande Jordan M (2006) Adolescent alcohol and cannabis use in relation to peer and school factors. Results of multilevel analyses. **Drug and Alcohol Dependence**, 84 (2), 167-174.

Kuntsche E and Gmel G (2006) Changes in adolescents' reasons for drinking from 1994 to 2002 in Switzerland and associations with alcohol use. **Journal of Adolescent Health**, 39 (5), 705-711.

Kuntsche, EN & Kuendig, H. (2006) What is worse? A hierarchy of family-related risk factors predicting alcohol use in adolescence. **Substance Use & Misuse**, 41(1), 71-86.

Maes L, Vereecken C, Vanobbergen J, Honkala S (2006) Tooth brushing and social characteristics of families in 32 countries. **International Dental Journal**, 56, 159-167.

Mark AE, Boyce WF, Janssen I (2006) Television viewing, computer use, and total screen time in Canadian youth. **Paediatrics & Child Health**, 11:595-599.

Molcho M, Harel Y, Pickett W, Scheidt PC, Mazur J, Overpeck MD (2006) The epidemiology of non fatal injuries among 11, 13 and 15 year old youth in 11 Countries: Findings from the 1998 WHO-HBSC cross national survey. **International journal of Injury Control and Safety Promotion**, 13(4), 205-211.

Monshouwer K, van Dorsselaer S, Verdurmen J, ter Bogt T, Vollebergh W (2006) Cannabis use and mental health in secondary school children: Findings from a Dutch survey. **British Journal of Psychiatry** 188, 148-153.

Orbeta RL, Overpeck MD, Ramcharran D, Kogan MD, Ledsky R (2006) High caffeine intake in adolescents: associations with difficulty sleeping and feeling tired in the morning. **Journal of Adolescent Health**, 38(4):451-3.

Pickett W, Dostaler S, Janssen I, Craig W, Simpson K, Shelley D, Boyce WF (2006) Associations between risk behaviour and injury and the protective roles of social environments: an analysis of 7,235 Canadian school-aged children. **Injury Prevention**, 12(2):87-92

Richter M, Leppin A, Nic Gabhainn S (2006) The relationship between parental socio-economic status and episodes of drunkenness among adolescents: findings from a cross-national survey. **BMC Public Health**, 6: 289.

Schnohr C & Niclasen B (2006) Bullying among Greenlandic school-children: Development since 1994 and relations to health and health behaviours . **International Journal of Circumpolar Health**, 65 (4), p305-312.

Simpson K, Janssen I, Boyce W & Pickett W (2006) Risk taking and recurrent health symptoms in Canadian adolescents. **Preventive Medicine**, 43 (1)46-51.

Ter Bogt T, van Dorsselaer S, Monshouwer K, Verdurmen J, Engels R and Vollebergh W (2006) Body Mass Index and Body Weight Perception as Risk Factors for Internalizing and Externalizing Problem Behavior Among Adolescents. **Journal of Adolescent Health**, 39 (1):27-34.

Ter Bogt T, Schmid H, Nic Gabhainn S, Fotiou A, Vollebergh W.(2006)Economic and cultural correlates of cannabis use among mid-adolescents in 31 countries. **Addiction**, 101, 241-251.

Thompson DR, Iachan R, Overpeck M, Ross JG & Gross LA (2006) School Connectedness in the Health Behavior in School-Aged Children Study: The Role of Student, School, and School Neighborhood Characteristics. **Journal of School Health**, 76 (7):379-386

Torsheim T, Currie C, Boyce W & Samdal O (2006) Country material distribution and adolescents' perceived health: Multilevel study of adolescents in twenty-seven countries. **Journal of Epidemiology and Community Health**, 60: 156-161.

Torsheim T, Ravens-Sieberer U, Hetland J, Välimaa R, Danielson M and Overpeck M (2006) Cross-national variation of gender differences in adolescent subjective health in Europe and North America. **Social Science & Medicine**, 62 (4): 815-827

Vereecken C, Maes L.(2006) Comparison of a computer administered and paper and pencil administered questionnaire on health and lifestyle behaviors. **Journal of Adolescent Health**, 38, 426-432.

Vereecken C, Todd J, Roberts C, Mulvihill C, Maes L (2006) TV viewing behaviour and associations with food habits in different countries. **Public Health Nutrition**, 9(2):244-50

Volk A, Craig W, Boyce W, King M (2006) Adolescent risk correlates of bullying and different types of victimization. **International Journal of Adolescent Medicine and Health**, 18(4):575-86.

Volk A, Craig W, Boyce W, King M (2006) Perceptions of parents, mental health and school among Canadian adolescents from the provinces and the northern territories. **Canadian Journal of School Psychology**, 21, 33-47.

Vollebergh W, van Dorsselaer S, Monshouwer K, Verdurmen J, van der Ende J, ter Bogt T (2006) Mental health problems in early adolescents in the Netherlands - differences between school and household surveys. **Social Psychiatry and Psychiatric Epidemiology**, 41:156-163.

Zaborskis A, Lenciauskiene I (2006) Health Behavior among Lithuania's Adolescents in Context of European Union. **Croatian Medical Journal**; 47(2):335-43.

Zaborskis A, Sumskas L, Maser M, Pudule I.(2006) Trends in drinking habits among adolescents in the Baltic countries over the period of transition: HBSC survey results, 1993-2002. **BMC Public Health**, 6(1):67

Zambon A, Boyce W, Cois E, Currie C, Lemma P, Dalmaso P, Borraccino A and Cavallo F (2006) Do welfare regimes mediate the effect of socio-economic position on health in adolescence? A cross-national comparison in Europe, North America and Israel. **International Journal of Health Services**, 36 (2):309-329

Zambon A, Lemma P, Borraccino A, Dalmaso P and Cavallo F (2006) Socio-economic position and adolescents' health in Italy: the role of the quality of social relations. **The European Journal of Public Health**, 16: 627 - 632.

HBSC Journal Articles published in 2005

Dias S, Matos MG, Gonçalves A (2005) Preventing HIV transmission in adolescents: an analysis of the Portuguese data of Health Behaviour School Aged Children study and focus groups. **The European Journal of Public Health**, 15 (3):300-304;

Due P, Holstein BE, Lynch J, Diderichsen F, Nic Gabhain S, Scheidt P, Currie C and The Health Behaviour in School-Aged Children Bullying Working Group (2005) Bullying and Symptoms among School-Aged Children: International Comparative Cross Sectional Study in 28 Countries. **European Journal of Public Health**, 15:128 - 132.

Elgar F, Moore L, Roberts C, Tudor-Smith C (2005) Validity of self-reported height and weight and predictors of bias in adolescents. **Journal of Adolescent Health**, 37 (5): 371-375.

Elgar FJ, Roberts C, Parry-Langdon N and Boyce W (2005) Income inequality and alcohol use: a multilevel analysis of drinking and drunkenness in adolescents in 34 countries. **The European Journal of Public Health**, 15 (3): 245-250;

Elgar FJ, Roberts C, Moore L, Tudor-Smith C (2005) Sedentary behaviour, physical activity and weight problems in adolescents in Wales. **Public Health**, (6) 119, 519-525.

Fonseca H, Gaspar de Matos M (2005) Perception of overweight and obesity among Portuguese adolescents: an overview of associated factors. **The European Journal of Public Health**, 15 (3): 323-328;

Godeau E, Vignes C, Navarro F, Iachan R, Ross J, Pasquier C, Guinard A (2005) Effects of a Large-Scale Industrial Disaster on Rates of Symptoms Consistent With Posttraumatic Stress Disorders Among Schoolchildren in Toulouse. **Archives of Pediatrics & Adolescent Medicine**, 159: 579 - 584.

Holstein BE, Hansen EH (2005) Self-reported medicine use among adolescents from ethnic minority groups. **European Journal of Clinical Pharmacology**, 61: 69-70.

Inchley JC, Currie DB, Todd JM, Akhtar PC, Currie CE (2005) Persistent socio-demographic differences in physical activity among Scottish schoolchildren 1990-2002. **European Journal of Public Health**, 15(4):386-388;

Janssen I, Katzmarzyk P, Boyce W, Vereecken C, Mulvihill C, Roberts C, Currie C, Pickett W, The Health Behaviour in School-Aged Children Obesity Working Group (2005) Comparison of overweight and obesity prevalence in school-aged youth from 34 countries and their relationships with physical activity and dietary patterns. **Obesity Reviews**, 6 (2) p123.

Klein KS, Thompson D, Scheidt PC, Overpeck MD, Gross LA and the HBSC International Investigators. (2005) Factors associated with bicycle helmet use among young adolescents in a multinational sample. **Injury Prevention**, 11, 288-293.

Koven R, McColl MA, Ellis P and Pickett W (2005) Multiple risk behaviour and its association with head and neck injuries: a national analysis of young Canadians. **Preventive Medicine**, 41 (1):240-246.

Kuntsche E, Kuendig H (2005) Does school surrounding matter? Alcohol outlet density, perception of adolescent drinking in public, and adolescent alcohol use. **Addictive Behaviors**, 30(1), 151-158.

Pickett W, Craig W, Harel Y, Cunningham J, Simpson K, Molcho M, Mazur J, Dostaler S, Overpeck M, Currie C on behalf of the HBSC Violence and Injuries Writing Group (2005) Cross-national study of fighting and weapon carrying as determinants of adolescent injury. **Pediatrics**,. 116, 855-863

Pickett W, Molcho M, Simpson K, Janssen I, Kuntsche E, Mazur J, Harel Y and Boyce W (2005) Cross-national study of injury and social determinants in adolescents. **Injury Prevention**, 11: 213 - 218 (BMJ Publications).

- Rasmussen M, Damsgaard MT, Holstein BE, Poulsen LH, Due P (2005) School connectedness and daily smoking among boys and girls: the influence of parental smoking norms. **European Journal of Public Health**,15: 607 - 612.
- Santos MP, Matos MG, Mota J (2005) Seasonal variations in Portuguese adolescents' organized and non-organized physical activities. **Pediatric Exercise Science**, 17, 390-398.
- Simpson K, Jansen I, Craig W, Pickett W (2005) Multilevel analysis of associations between socioeconomic status and injury among Canadian adolescents. **Journal of Epidemiology and Community Health**;59 (12):1072-1077.
- Verdurmen J, Monshouwer K, van Dorsselaer S, ter Bogt T, Vollebergh W (2005) Alcohol use and mental health in adolescents: interactions with age and gender - findings from the Dutch 2001 HBSC survey. **Journal of Studies on Alcohol** 66: 605-609.
- Vereecken CA, De Henauw S, Maes L (2005) Adolescents' food habits: results of the Health Behaviour in School-aged Children survey. **British Journal of Nutrition**. 94(3) :423-431
- Vereecken CA, Inchley J, Subramanian SV, Hublet A, Maes L (2005) The relative influence of individual and contextual socio-economic status on consumption of fruit and soft drinks among adolescents in Europe. **European Journal of Public Health**, 15(3): 224 - 232.
- Vereecken C, Bobelijn K, Maes L (2005) School food policy at primary and secondary schools in Belgium-Flanders: does it influence young people's food habits? **European Journal of Clinical Nutrition**, 59, 271 - 277.
- Vieno A, Perkins DD, Smith TM& Santinello M.(2005) Democratic School Climate and Sense of Community in School: A Multilevel Analysis. **American Journal of Community Psychology**, 36, 327-341.
- Zaborskis A, Cirtautiene L, Žemaitiene N (2005) Bullying in Lithuanian schools in 1994–2002. **Medicina (Kaunas)**; 41 (7) : 614-620.
- Zemaitiene N, Zaborskis A (2005) Suicidal tendencies and attitude towards freedom to choose suicide among Lithuanian schoolchildren: results from three cross-sectional studies in 1994, 1998, and 2002. **BMC Public Health**,11;5:83.
- Alexander LM & Currie C (2004) Young people's computer use: implications for Health Education. **Health Education**. 104, No 4.



HBSC Journal Articles published in 2004

- Alikasifoglu M, Erginoz E, Ercan O, Uysal O, Albayrak-Kaymak D, Ilter O.(2004) Alcohol drinking behaviors among Turkish high school students. **Turkish Journal of Pediatrics**, 46(1):44-53.
- Alikasifoglu M, Erginoz E, Ercan O, Uysal O, Kaymak DA, Ilter O (2004) Violent behaviour among Turkish high school students and correlates of physical fighting. **European Journal of Public health**, 14(2):173-7.
- Batista-Foguet JM, Fortiana J, Currie C, and Villalbi JR (2004) Socioeconomic indexes in surveys for comparisons between countries. An applied comparison using the Family Affluence Scale. **Social Indicators Research**, 67 (3):315-332.
- Borup I, Holstein B (2004) Social class variations in schoolchildren's self-reported outcome of the health dialogue with the school health nurse. **Scandinavian Journal of Caring Sciences**, 18, 343-350
- Cabak A, Woynarowska B (2004) Physical activity of youth aged 11-15 years in year 2002 in Poland and other countries, **Physical Education and Sport**; 4: 361-365
- Erginoz E, Alikasifoglu M, Ercan O, Uysal O, Ercan G, Albayrak Kaymak D, Ilter O.(2004) Perceived health status in a Turkish adolescent sample: risk and protective factors. **European Journal of Pediatrics**, 163(8):485-94.
- Ghandour RM, Overpeck MD, Huang ZJ, Kogan MD, Scheidt PC (2004) Headache, stomachache, backache, and morning fatigue among adolescent girls in the United States: associations with behavioral, sociodemographic, and environmental factors. **Archives of Pediatrics & Adolescent Medicine**, 158 (8):797-803.
- Hagquist C, Andrich D (2004) Measuring subjective health among adolescents in Sweden. **Social Indicators Research**, 68 (2):201-220
- Holstein BE, Hansen EH, Due P (2004) Social class variation in medicine use among adolescents. **The European Journal of Public Health**, 14 (1): 49-52
- Janssen I, Katzmarzyk PT, Boyce WF, King MA, Pickett W (2004) Overweight and obesity in Canadian adolescents and their associations with dietary habits and physical activity patterns. **Journal of Adolescent Health**, 35 (5):360-367
- Janssen I, Wendy M. Craig, William F. Boyce, and William Pickett(2004) Associations Between Overweight and Obesity With Bullying Behaviors in School-Aged Children. **Pediatrics**, 113 1187-1194.
- Janssen I, Katzmarzyk P, Boyce W, Pickett W (2004) The independent influence of physical inactivity and obesity on health complaints in 6th to 10th grade Canadian youth. **Journal of Physical Activity and Health**, 1 (4):331-343.
- Kuntsche, E. N. & Silbereisen, R. K.(2004) Parental closeness and adolescent substance use in single and two-parent families in Switzerland. **Swiss Journal of Psychology**, 63(2):85-92.
- Kuntsche, E. N. & Klingemann, H. K. -H.(2004) Weapon-carrying at Swiss Schools? A gender-specific typology in context of victim and offender related violence. **Journal of Adolescence**, 27(4): 381-393.
- Kuntsche, E. N.(2004) Progression of a general substance use pattern among adolescents in Switzerland? Investigating the relationship between alcohol, tobacco, and cannabis use over a 12 year period. **European Addiction Research**, 10, 118-125.
- Kuntsche, E. N. & Gmel, G.(2004) Emotional well-being and violence among social and solitary risky single occasion drinkers in adolescence. **Addiction**, 99(3):331-339.
- Kuntsche, E. N.(2004) Hostility among adolescents in Switzerland? Multivariate relations between excessive media use and forms of violence. **Journal of Adolescent Health**, 34(3):230-236.

Lissau I, Overpeck M, Ruan WJ, Due P, Holstein BE.(2004) Body Mass Index and Overweight in Adolescents in 13 European Countries, Israel, and the United States. **Archives of Pediatrics & Adolescent Medicine**, 158 (1):27-33

Nansel TR, Craig W, Overpeck MD, Saluja G, Ruan J and the Health Behaviour in School-aged Children Bullying Analyses Working Group (2004) Cross-national consistency in relationship between bullying behaviors and psychosocial adjustment. **Archives of Pediatrics & Adolescent Medicine**, 158 (8):730-746

Saluja G, Iachan R, Scheidt PC, Overpeck MD, Sun W, Giedd JN (2004) Prevalence of and Risk Factors for Depressive Symptoms Among Young Adolescents. **Archives of Pediatrics & Adolescent Medicine**, 158 (8):760-765.

Schnohr C, Pedersen JM, Alcon MCG, Curtis T, Bjerregaard P (2004) Trends in the dietary patterns and prevalence of obesity among Greenlandic school children. **International Journal of Circumpolar Health**, 63(2):261-4

Smith-Khuri E, Iachan R, Scheidt P, Overpeck M, Nic Gabhainn S, Pickett W, Harel Y (2004) A cross-national study of violence-related behaviors in adolescents. **Archives of Pediatrics & Adolescent Medicine**, 158 (6):539-544

Sumskas L, Zaborskis A.(2004) Alcohol consumption in Lithuanian school-aged children during 1994-2002. **Medicina (Kaunas)**; 40(11):1117-23.

Torsheim T, Currie C, Boyce W, Kalnins I, Overpeck M and Haugland S (2004) Material deprivation and self-rated health: a multilevel study of adolescents from 22 European and North American countries. **Social Science & Medicine**, 59 (1):1-12.

Vereecken C, Maes L, De Bacquer D (2004) The influence of parental occupation and the pupils' educational level on lifestyle behaviors among adolescents in Belgium. **Journal of Adolescent Health**, 34(4), 330-338.

Vieno, A. , Santinello, M. , Galbiati, E. , & Mirandola, M.(2004) School Climate and Well Being in Early Adolescence: A Comprehensive Model. **European Journal of School Psychology**, 2, 219-237.

Wold B, Torsheim T, Currie C & Roberts C (2004) National and school policies on restrictions of teacher smoking: a multilevel analysis of student exposure to teacher smoking in seven European countries. **Health Education Research**, 19(3), 217-226.

Yannakoulia, M Karayiannis, D Terzidou, M Kokkevi, A Sidossis L S.(2004) Nutrition-related habits of Greek adolescents. **European Journal of Clinical Nutrition**, 58, 580 - 586

HBSC Journal Articles published in 2003

Due P, Lynch J, Holstein BE, Modvig J.(2003) Socioeconomic health inequalities among a nationally representative sample of Danish adolescents: the role of different types of social relations. **Journal of Epidemiology & Community Health**, 57 692-698.

Gaspar de Matos M, Barrett P, Dadds M, Shortt A (2003) Anxiety, depression, and peer relationships during adolescence: Results from the Portuguese national health behaviour in school-aged children survey. **European Journal of Psychology of Education**, 18 (1):3-14.

Griesbach D, Amos A, Currie C.(2003) Adolescent smoking and family structure in Europe. **Social Science and Medicine**, 56: 42-52.

Hansen EH, Holstein BE, Due P and Currie CE (2003) International survey of self-reported medicine use among adolescents. **The Annals of Pharmacotherapy**, 37:361-366.

Holstein BE, Hansen EH, Due P, Almarsdottir AB.(2003) Self-reported medicine use among 11-15 year old girls and boys in Denmark 1988-98. **Scandinavian Journal of Public Health**, 31 (5): 334-341

Karayiannis D , Yannakoulia M , Terzidou M , Sidossis L S , Kokkevi A.(2003) Prevalence of overweight and obesity in Greek school-aged children and adolescents. **European Journal of Clinical Nutrition**, 57 (9):1189 - 1192.

Maes L, Lievens J.(2003) Can the school make a difference? A multilevel analysis of adolescent risk and health behaviour. **Social Science and Medicine**, 56 (3):517-529.

Nansel T, Overpeck M, Haynie D, Ruan J, Scheidt P (2003) Relationships Between Bullying and Violence Among US Youth. **Archives of Pediatrics & Adolescent Medicine**,157:348-353.

Nic Gabhainn S & Mullan E (2003) Self-esteem in Irish children and adolescents: norms and patterns. **Psychological Reports**, 92: 829-830.

Schmid H, ter Bogt T, Godeau E, Hublet A, Dias S F, Fotiou A.(2003) Drunkenness among young people. A cross-national comparison. **Journal of Studies on Alcohol**, 64 (5):650-661.

Vereecken, C, Maes , L A (2003) A Belgian study on the reliability and relative validity of the Health Behaviour in School-Aged Children food frequency questionnaire. **Public Health Nutrition**, 6, 581-588

Vereecken C & Vandegehuchte A (2003) Measurement of parental occupation: Agreement between parents and their children. **Archives of Public Health**, 61, 141-149.



HBSC Journal Articles published in 2000 - 2002

Batista-Foguet JM, Mendoza R, Pérez M, Rius R (2000) Life-styles of Spanish school-aged children: Their evolution over time. Use of Multiple Correspondence Analysis to determine overall trends over time in a sequential, cross-sectional Study. **Advances in methodology, data analysis and statistics**, Metodološki zvezki, V16, 147-172.

Bennett P, Smith A, Murphy S, Moore L, Smith C.(1995) Health locus of control and value for health as predictors of dietary behaviour. **Psychology and Health** 10: 41-54.

Borup I. K.(2000) Health dialogue: Quality depends on sex and organisation (English and Danish version). **Sygeplejersken**, 41:28-33.

Borup, I. K.(2000) Danish pupils' perceived satisfaction with the health dialogue: Associations with the office and work procedure of the school health nurse. (English and Danish version) **Health Promotion International**, 15(4):313-320.

Chiolero A, Schmid H.(2002) Repeated self-reported injuries and substance use among young adolescents; The case of Switzerland. **Social and Preventive Medicine**, 47 (5)

Coppieters Y, Piette D, Kohn L, de Smet P.(2002) Health inequalities: self-reported complaints and their predictors in pupils from Belgium. **Revue d'Epidémiologie et de Santé Publique**, 50 :135-146.

Granado Alcón MC, Pedersen JM.(2001) Family as a child development context and smoking behaviour among schoolchildren in Greenland. **International Journal of Circumpolar Health**, 60: 52-63.

Granado Alcón MC, Pedersen JM, Carrasco AM.(2002) Greenland family structure and communication with parents: influence on schoolchildren's drinking behaviour. **International Journal of Circumpolar Health**, 61: 319-331.

Griesbach D, Inchley J, Currie C.(2002) More than words? The status and impact of smoking policies in Scottish schools. **Health Promotion International**, 17(1)

Haugland S, Wold B, Stevenson J, Aarø LE, Woynarowska B.(2001) Subjective health complaints in adolescence - a cross-national comparison of prevalence and dimensionality. **European Journal of Public Health**, 11, (1) :4-10.

Haugland S, Wold B.(2001) Subjective health in adolescence - Reliability and validity of survey methods. **Journal of Adolescence**, 24(5): 611-624.

Hetland J, Torsheim T, Aarø LE.(2002) Subjective health complaints in adolescence: dimensional structure and variation across gender and age. **Scandinavian Journal of Public Health**, 30 (3): 223-230.

Inchley J, Todd J, Bryce C, Currie C.(2001) Dietary trends among Scottish schoolchildren in the 1990's. **Journal of Human Nutrition and Dietetics**, 14, 206-17.

Mazur J, Scheidt PC, Overpeck MD, Harel Y, Molcho M.(2001) Adolescent injuries in relation to economic status : An international perspective. **Injury Control and Safety Promotion**, 8 (3): 179-182

Moore L, Smith C, Cafford J.(1994) Binge drinking: prevalence, patterns and policy.**Health Education Research**, 9: 497 505.

Nansel TR, Overpeck MD, Pilla RS, Ruan JW, Scheidt PC.(2001) Bullying Behaviors Among U. S. Youth: Prevalence and Association with Psycho-social Adjustment. **Journal of American Medical Association**, 285 (6): 2094-2100.

Nic Gabhainn S, Nolan G, Kelleher C, Friel S.(2002) Dieting patterns and related lifestyles of school aged children in the Republic of Ireland. **Public Health Nutrition**, 5 (1) : 1-7.

Pickett W, Brison RJ, Mackenzie S, Garner M, King M, Greenberg L, Boyce W.(2000) Youth injury data collected by the Canadian Hospitals Injury Reporting and Prevention Program: Do they represent the Canadian experience? **Injury Prevention**, 6: 9-15.

Pickett W, Garner M, King MA, King AJC, Boyce W.(2002) Gradients in risk for youth injury associated with multiple risk behaviours: a study of 11,329 Canadian children. **Social Science and Medicine**, 55 (6) :1055-68.

Pickett W, Schmid H, Boyce WF, Simpson K, Scheidt P, Mazur J, Molcho M, King M, Godeau E, Overpeck M, Aszmann A, Szabo M, Harel Y.(2002) Multiple risk behaviours and injury: An International Analysis of Young People. **Archives of Pediatrics & Adolescent Medicine**, 156: 786-793.

Poulsen LH, Roberts C, Osler M, Due P, Holstein BE.(2002) Exposure to teachers smoking and adolescent smoking behaviour: analysis of cross sectional data from Denmark. **Tobacco Control**, 11: 246-51.

Rasmussen M, Damsgaard MT, Due P, Holstein BE.(2002) Boys and girls smoking within the Danish elementary school classes: a group-level analysis. **Scandinavian Journal of Public Health**; 30: 62-9.

Schmid, H.(2001) Cannabis use in Switzerland: The role of attribution of drug use to friends, urbanization and repression. **Swiss Journal of Psychology**, 60 (2)

Suominen SB, Välimaa RS, Tynjälä JA, Kannas LK. (2000) Minority status and perceived health: a comparative study of Finnish- and Swedish-speaking schoolchildren in Finland. **Scandinavian Journal of Public Health**, 28: 179-187.

Pötsönen R, Kontula O.(1999) How are attitudes towards condoms related to gender and sexual experiences among adolescents in Finland? **Health Promotion International**, 14 (3) : 211-219.

Torsheim T, Wold B, Samdal O.(2000) The Teacher and Classmate Support Scale: Factor Structure, test-retest reliability and validity in samples of 13- and 15 year old adolescents. **School Psychology International**, 21: 195-212.

Torsheim T, Aarø L E, Wold B.(2001) Sense of coherence and school-related stress as predictors of subjective health complaints in early adolescence: interactive, indirect or direct relationships? **Social Science and Medicine**, 53(5): 603-614.

Torsheim T, Wold B. (2001) School-related stress, support, and subjective health complaints among early adolescents: a multilevel approach. **Journal of Adolescence**, 24 (6): 701-713.

Torsheim T, Wold B.(2001) School-related stress, school support, and somatic complaints: A general population study. **Journal of Adolescent Research**, 16 (3) , 293-303, plus Erratum, **Journal of Adolescent Research**, 26(6)

Williams JM and Currie CE. (2000) Self-esteem and physical development in early adolescence: pubertal timing and body image. **Journal of Early Adolescence**, 20: 129-149.

HBSC Journal Articles published in 1986 - 1999

Aarø LE, Wold B, Kannas L, Rimpelä M.(1986) Health behaviour in school-children. A WHO cross-national survey. **Health Promotion International**, 1 (1):17-33.

Aarø LE, Laberg JC, Wold B.(1995) Health behaviour among adolescents: Towards a hypothesis of two dimensions. **Health Education Research**, 10 (1): 83-93.

Abbet J P, Rehm J, Spinatsch M.(1994) Missing values in responses to questions on drug use: the case of classroom questionnaire surveys in Swiss public schools. **Addiction Research**, 1 (4): 367-376.

De Backer G, Maes L, Van de Mierop E (1999) Issues for cardiovascular disease risk factors development in Europe. **Preventive Medicine**, 29: 96-101.

Borup I K.(1998) Pupils' experiences of the annual health dialogue with the school health nurse. **Scandinavian Journal of Caring Science**, 12: 160-9.

Borup I K.(1998) Psychosocial and health factors associated with school children's perceived benefits from the health dialogue in Denmark. **Health Education Journal**, 57(4): 339-50.

Burstrom B, Haglund BJA, Tillgren P, Berg L, Wallin E, Ullen H, Smith C.(1995) Health promotion in schools: policies and practices in Stockholm County, 1990. **Scandinavian Journal of Social Medicine**, 23: 39-46.

Currie CE, Elton RA, Todd J, Platt S.(1997) Indicators of socioeconomic status for adolescents: the WHO Health Behaviour in School-aged Children Survey. **Health Education Research**, 12 (3) : 385-397.

Currie CE, Williams JM, Wright P, Beattie T, Harel Y.(1996) Incidence and distribution of injury among schoolchildren aged 11-15. **Injury Prevention**, 2: 21-25.

Harel Y.(1999) A cross-national study of youth violence in Europe. **International Journal of Adolescent Medicine and Health**, 11, (3-4): 121 - 134.

Honkala E, Kuusela S, Rimpelä A, Rimpelä M, Jokela J.(1997) Dental services utilization between 1977 and 1995 by Finnish adolescents of different socioeconomic levels. **Community Dentistry and Oral Epidemiology**, 25:385-390.

Kalnins IV, Steele C, Stevens E, Rossen B, Biggar D, Jutai J, Bortolussi J (1999) Health Survey Research on children with physical disabilities in Canada. **Health Promotion International**, 14: 251-260.

Kalnins I.(1995) Public Health in Latvia, Lithuania and Estonia. **Journal of Baltic Studies**, 26, 179-184.

Kalnins I, Ranka I, Glazunova J, Pukse I, Stare L and Damberg P.(1995) Health for all young people in Europe: The World Health Organization Cross-National Study on the Health Behaviour in School-Aged Children. **Journal of Baltic Studies**, 26, 221-242.

Kuusela S, Honkala E, Kannas L, Tynjälä J, Wold B.(1997) Oral hygiene habits in 11-year-old schoolchildren in 22 European countries and Canada in 1993/1994. **Journal of Dental Research**, 76 (9):1602-1610.

Kuusela S, Honkala E, Kannas L, Tynjälä J, Tudor-Smith C.(1999) Frequent use of sugar products by schoolchildren in 20 European countries, Israel and Canada in 1993/1994. **International Dental Journal**, 49: 105-114.

Nutbeam D, Smith C, Moore L, Bauman A.(1993) Warning! Schools can damage your health: alienation from school and its impact on health behaviour. **Journal of Paediatrics and Child Health**, 29, (S1): S25-S30.

Piette D, Maes L, Peeters R, Prevost M, Stevens AM, De Smet P and Smith C (1993) The WHO-collaborative Study: Health Behaviour in School Children in Belgium. Methodology and dissemination of data. **Archives of Public Health**, 51, 387-405.



Pötsönen R, Kontula O.(1999) Adolescents' knowledge and attitudes concerning HIV infection and HIV infected persons. How a survey and focus group discussions are suited for researching adolescents' HIV/AIDS knowledge and attitudes. **Health Education Research**, 14 (4): 473-484.

Samdal O, Nutbeam D, Wold B, Kannas L.(1998) Achieving health and educational goals through school - a study of the importance of school climate and student satisfaction. **Health Education Research**, 13 (3) : 383-397

Smet B, Maes L, De Clercq L, Haryanti K, Djati Winarno R.(1999) The Health Behaviour of School-Aged Children in Semarang, Indonesia: methodological problems in cross-cultural research. **Health Promotion International**, 14: 7-16.

Smet B, Maes L, De Clercq L, Haryanti K and Djati Winarno R.(1999) Determinants of smoking behaviour in Semarang, Indonesia. **Tobacco Control**, 8(2) : 186-191.

Smith C, Nutbeam D, Roberts C, Moore L, Catford J.(1994) Current changes in smoking attitudes and behaviours among adolescents in Wales, 1986-1992. **Journal of Public Health Medicine**, 16: 165-171.

Smith C, Wold B, Moore L.(1992), Health Behaviour Research with Adolescents: a Perspective from the WHO Cross-National Health Behaviour in School-Aged Children Study. **Health Promotion Journal of Australia**, 2(2) : 41-44.

Steele CA, Kalnins IV, Jutai JW, Stevens SE, Bortolussi JA, Biggar WD.(1996) Lifestyle health behaviours of 11 to 16-year-old youth with physical disabilities. **Health Education Research**, 11(2) : 173-186.

Stevens SE, Steele C, Jutai JW, Kalnins IV, Bortolussi JA, Biggar WD.(1996) Adolescents with physical disabilities: Some psychosocial aspects of health. **Journal of Adolescent Health**, 19: 157-164.

Thomson C, Currie C, Todd J, Elton R.(1999) Changes in HIV/AIDS education, knowledge and attitudes among Scottish 15-16 year olds, 1990-1994: findings from the WHO: Health Behaviour in School-aged Children Study (HBSC) **Health Education Research**, 14 (3): 357-370..

Tynjälä J, Kannas L, Levälähti E. (1997) Perceived tiredness among adolescents and its association with sleep habits and use of psychoactive substances. **Journal of Sleep Research**, 6 (3) : 189-198.

Tynjälä J, Kannas L, Levälähti E, Välimaa R. (1999) Perceived sleep quality and its precursors in adolescents. **Health Promotion International**, 14: 155-166.

Tynjälä, J. , Kannas, L. & Välimaa, R.(1993) How young Europeans sleep. **Health Education Research** 8(1): 69-80.

Tynjälä J & Kannas L. (1993) Sleeping habits of Finnish school children by sociodemographic background. **Health Promotion International** 8(4) : 281-289.

Williams J, Currie C, Wright P, Elton R, Beattie T. (1997) Socioeconomic status and adolescent injuries. **Social Science and Medicine**, 44 (12) : 1881-1891.

Wold B, Oygard L, Eder A, Smith C. (1994) Social reproduction of physical activity - implications for health promotion in young people. **European Journal of Public Health**, 4: 163-168.

Wold B, Anderssen N. (1992) Health promotion aspects of family and peer influences on sport participation. **International Journal of Sport Psychology**, 23: 343-359.



Authors Index / Índice de Autores

Abdeen, Z.	48
Ahluwalia, N.	34, 39
Al Sabbah, H.	34, 39
Amitay, G.	63
Arnarsson, A.M.	40
Arnaud, C.	43
Baldassari, D.	83
Bjarnason, T.	40
Borraccino, A.	39, 46
Borup, I.	39
Boyce, W.	39, 60, 87
Buijs, G.	27
Cavallo, F.	46
Currie, C.	24, 34, 39, 42, 45
Dallago, L.	60, 83
Dalmaso, P.	46
Damsgaard, M.T.	34, 38, 39
Diderichsen, F.	45
Diezma Criado, J.C.	73
Due, P.	34, 38, 39, 45, 63
Dür, W.	42
Dzielska, A.	82, 88, 90
Elena, P.	38
Elgar, F.	39
Elgar, F.J.	35
Fergus, S.	87
Fernández, M.	61, 81
Ferreira, M.	85
Franelic, I. P.	65
Freeman, J.	42
Fuentes Caro, I.	67
Gallupe, O.	87
Gaspar Matos, M.	39, 85
Gavin, A.	47, 59, 64
Giacchi, M.	92
Goudeau, E.	43, 55
Graham, H.	25
Granado-Alcón, M. C.	50, 76, 77, 79, 80
Greenvals, H.	63
Griebler, R.	42
Harel-Fisch, Y.	33, 48, 56, 63
Henriksen, W.	38
Hensen, F.	36
Hernán, M.	29
Holstein, B.	34, 38, 39
Jiménez-Iglesias, A.	50, 78, 80
Kannas, L.	91
Kelly, C.	34, 47, 59, 64
Kökönyei, Gy.	84
Kololo, H.	82, 88

Kowalewska, A.	90
Krølner, R.	34, 38, 39, 45
Kuntsche, E.	57
Kuzman, M.	65
Lazzeri, G.	92
Lemma, P.	46
Lenciauskiene, I.	86
Lynch, J.	34, 39
Malkowska-Szkutnik, A.	82, 88
Mazur, J.	82, 88, 90
Merloe, J.	39
Michela, L.	83
Mirandola, M.	83
Molcho, M.	47, 59, 60, 63, 64
Moreno, C.	50, 61, 76, 77, 78, 79, 80, 81
Morgan, A.	60
Muñoz-Tinoco, V.	50, 77
Nansel, T.	34, 39
Németh, A.	89
Nic Gabhainn, S.	39, 47, 59, 64
Oliva, A.	69
Örkényi, Á.	84
Pérez, P.	50, 76
Perkins, D.D.	60
Picket, W.	63
Pilato, V.	92
Ramos, P.	50, 61, 76, 77, 78, 79, 80, 81
Rasmussen, M.	34, 38, 39, 42, 45
Rayce, S.	38
Rivera, F.	50, 61, 76, 77, 78, 79, 80, 81
Roberts, C.	34
Rossi, S.	92
Rovner, A.	34
Ruiz Lázaro, P.	71
Salvador-Llivina, T.	52
Sánchez-Queija, I.	50, 78, 79
Santinello, M.	60, 83
Schnohr, E.C.	45
Sentenac, M.	43
Simetin, I.P.	65
Simões, C.	85
Smed, S.	34
Sørensen, T.	39
Svastisalee, C.	34, 38, 39
Tabak, I.	82, 88
Tomé, G.	85
Tynjälä, J.	91
Välimaa, R.	39, 91
Várnai, D.	84
Vereecken, C.	34, 39
Vignes, C.	43, 55
Villberg, J.	91
Wardled, J.	39



Wold, B.	28
Woynarowska, B.	90
Zakariás, I.	84, 89
Zambon, A.	46
Zhou, H.	56
Ziglio, E.	26

International Symposium “25 Years of Study HBSC: Contributions and Future Challenges” Seville, 15 – 17 May, 2008

