

# About the HBSC Study: An overview and FAQs

## Health Behaviour in School-aged Children (HBSC) study

### Overview

The HBSC study is a unique cross-national research project examining adolescent health and well-being in over 50 countries across Europe and North America. In partnership with the World Health Organization (WHO) Regional Office for Europe, this study has surveyed young people every four years since the mid-1980s. The main aims of the HBSC study and research network are to deepen our understanding of adolescent health within social contexts, inform health promotion policies and practice at national and international levels, and foster collaboration among researchers, policymakers, and practitioners across participating countries.

### Origins and growth

Initiated in 1982 by researchers from England, Finland, and Norway, with the first cross-national survey in 1983/84, the HBSC study has experienced remarkable growth, now encompassing 51 countries and regions across Europe and North America. This rapid expansion highlights the study's importance in addressing adolescent health and well-being on a global scale. Additionally, the HBSC study encourages collaboration with researchers using the HBSC survey instrument in countries outside of Europe and North America through linked project initiatives, allowing the study to engage in a more extensive global exchange and understand how others are building on its work.

### Why the HBSC study matters

Adolescents now constitute nearly a quarter of the world's population, representing the largest generation of young people in history. With the disease burden shifting from childhood to adolescence, investing in public health during these years is crucial. The HBSC study recognises the unique biological, emotional and social transitions occurring during adolescence and the diverse social determinants that impact health and well-being.

### Shaping health policies for the future

The HBSC study plays an essential role in shaping health promotion policies and practices targeting young people. By providing comprehensive, cross-nationally comparative data, the study supports evidence-based decision-making and the development of targeted interventions to promote positive health outcomes and reduce health inequalities among young people.

## Success stories

The HBSC study has made significant contributions to the development of various health promotion policies and initiatives., including the WHO's Global Accelerated Action for the Health of Adolescents (AA-HA!) programme and national efforts to reduce alcohol and tobacco use among young people. The AA-HA! programme relies on HBSC data to guide countries in prioritising and implementing evidence-based interventions for adolescent health. Furthermore, the study's findings on substance use patterns have informed national policies aimed at reducing alcohol and tobacco consumption among adolescents, such as age restrictions, taxation measures, and public awareness campaigns. The HBSC study assists policymakers in identifying trends and emerging issues, ensuring that responses to the evolving needs of adolescents remain timely and relevant.

## Methodology and innovation

The HBSC study employs a school-based survey, collecting data from adolescents via self-completion questionnaires administered in the classroom. This data is compiled into an international data file, enabling cross-national comparisons and trend analyses over time. The study continuously adapts to incorporate emerging health and well-being issues such as digital health, and the impact of global events like the COVID-19 pandemic.

## Empowering youth

Youth engagement is a fundamental aspect of the Health Behaviour in School-aged Children (HBSC) study, acknowledging the importance of young people's involvement in the research process. In line with Article 12 of the United Nations Convention on the Rights of the Child, the HBSC network utilises participatory research methodologies to actively involve young people in data generation, developing new research areas, data analysis, and dissemination of findings.

## Looking ahead

As we celebrate over 40 years of the HBSC study, we remain committed to fostering a better understanding of adolescent health and well-being and informing the development of effective health promotion policies and practices worldwide. Through ongoing collaboration with international partners and stakeholders, the HBSC study will continue to address emerging challenges and contribute to the global effort to improve the lives of young people.

## Impact and value

The Health Behaviour in School-aged Children (HBSC) study's research, data, and findings are invaluable resources for a wide range of users. These include:

**Policymakers and government agencies:** They can use the HBSC study's data to inform and develop public health policies, strategies, and programs targeted at adolescents. This includes shaping policies on issues like mental health, physical activity, substance use, and dietary habits. The cross-national data allows for benchmarking and comparison with other countries, aiding in the identification of best practices.

**Public health professionals and healthcare providers:** These professionals can leverage the HBSC study's findings to design and implement targeted interventions and health promotion programs in schools and communities. They can also use the data to understand the prevalence and determinants of various health behaviours and conditions among adolescents.

**Researchers and academics:** The HBSC provides a rich dataset for academic research. Scholars can analyse trends over time, explore new hypotheses, compare health behaviours across different countries, and study the impact of social determinants on adolescent health.

**Non-governmental organisations and advocacy groups:** These organisations can use the data to advocate for adolescent health and well-being, raise awareness on specific health issues, and drive community-based initiatives. The findings can also support grant writing and funding applications for health programs.

**Educators and school administrators:** Schools can use the study's findings to develop or enhance health education curriculums, create supportive environments for healthy behaviours, and address issues such as bullying, mental health, and substance use among students.

**International organisations and collaborative networks:** Entities like the WHO and other international bodies can use the HBSC data to monitor global and regional health trends among adolescents, coordinate international health initiatives, and set global health priorities.

**Public and media:** The study's findings can inform the public about adolescent health issues, shaping public opinion and behaviour. Journalists and media outlets can use the data to report on adolescent health trends and issues, increasing public awareness and understanding.

**Parents and community members:** Insights from the study can help parents and community members understand the health behaviour trends and challenges faced by adolescents, enabling them to support healthier lifestyles and choices.

# FAQs about the HBSC study

## What is the HBSC study?

The HBSC is a pioneering, school-based survey that has been conducted every four years since the early 1980s in collaboration with the World Health Organization (WHO) Regional Office for Europe. Celebrating over 40 years of research, it aims to illuminate adolescent health and well-being, scrutinise social determinants of health, and underpin policy and practice improvements globally. The study encompasses an international network of almost 500 researchers across 51 countries in Europe, Central Asia, and Canada.

## Can you explain the methodology behind the HBSC survey?

The HBSC survey employs a school-based survey methodology, collecting data through self-completion questionnaires in classrooms. This ensures a confidential and comfortable setting for adolescents to share their experiences. The study targets students aged 11, 13, and 15, using a clustered sampling design to achieve a nationally representative sample. This methodical approach enables the comparability of data across participating countries over time.

## Why does the HBSC study focus on 11, 13 and 15-year-olds

These ages mark significant milestones in early to mid-adolescence, capturing a period of rapid physical, emotional, and social development. By focusing on these age groups, the HBSC study can track the emergence and evolution of health behaviours and well-being as young people navigate critical life transitions, like starting secondary education. This strategic age focus allows for the early identification of health issues and opportunities for intervention to foster positive health outcomes.

## What topics does the HBSC survey cover?

The core HBSC survey focuses on several key areas impacting adolescent health, such as:

- Health behaviours: Eating habits, physical activity, and substance use (tobacco, alcohol, cannabis, e-cigarettes).
- Health outcomes: Mental well-being, obesity/body image concerns, and oral health.
- Risk behaviours: Experiences of bullying, involvement in physical fights, and sexual health behaviours.

- Social contexts: Family and peer relationships, school environment experiences, and socioeconomic status through indicators like car ownership and holiday travels.

## How is family affluence measured in the HBSC study?

The Family Affluence Scale (FAS) indirectly assesses socioeconomic status through questions about material assets, like car ownership and holiday travel. This method offers a snapshot of the relative affluence of participating adolescents' families.

## How reliable are the self-reported data on sensitive topics like sexual health?

Self-reported data in the HBSC study are collected through anonymous and confidential questionnaires, which help ensure more honest responses from adolescents. The study uses standardised questionnaires and robust methodological frameworks to maintain data reliability. However, it's important to note that self-reported data, especially on sensitive topics, can be influenced by personal and cultural factors affecting the willingness to disclose certain behaviours.

## How is the data from the HBSC study used?

Results from the HBSC study are used by policymakers, educators, health professionals, and researchers to develop and refine policies, programs, and practices aimed at improving adolescent health. The data also inform international health agendas, such as the United Nations Sustainable Development Goals, and support national efforts to address specific health issues among adolescents.

## How does the HBSC study ensure the confidentiality and ethical treatment of sensitive information?

All data collection procedures in the HBSC study are designed to protect participants' confidentiality and ensure their comfort. Surveys are conducted anonymously, and the study adheres to strict ethical guidelines approved by local review boards. This ensures that the data on sensitive topics like sexual health are handled with the utmost respect and care.

## Are the results of the HBSC study publicly available?

Yes, the findings from the HBSC study are disseminated through a series of reports published by the WHO Regional Office for Europe, as well as through academic publications and presentations at international conferences. Key data are also available online through the HBSC data browser, offering interactive charts and figures.

## What makes the HBSC study unique?

Its comprehensive methodology, broad geographic coverage, longevity and adolescent focus set the HBSC study apart. Offering comparable cross-national data on a wide array of health-related behaviours, the HBSC stands as an invaluable resource for understanding and enhancing adolescent health worldwide.

## Why does the HBSC study matter?

Adolescents now constitute nearly a quarter of the world's population, representing the largest generation of young people in history. With the disease burden shifting from childhood to adolescence, investing in public health during these years is crucial. The HBSC study recognises the unique biological, emotional and social transitions occurring during adolescence and the diverse social determinants that impact health and well-being.

## Who funds and supports the HBSC study?

At the international level, the study is primarily supported by the WHO Regional Office for Europe, which recognises the HBSC as a critical source of data for understanding adolescent health and informing health policy across its member states. At the national level, funding typically comes from government health and education departments and research councils. These contributions support the work of the national research teams in each participating country and region, covering costs associated with data collection, analysis, and dissemination.

## How do countries and regions participate in the HBSC study?

Countries join the HBSC study by applying to the international network, showing their ability to adhere to the study's rigorous methodological standards and ethical guidelines. Approved members form national research teams of experts who conduct the HBSC survey locally, ensuring data is comparable across all participating countries. This collective effort is part of a four-year cycle that enriches our understanding of adolescent health globally, guiding national and international health policies and practices.

## How does the HBSC study address cultural and regional differences in health and behaviours?

The HBSC study is designed with flexibility to accommodate the diverse cultural and regional contexts of its participating countries. While core questions provide consistency for cross-national comparison, optional modules and country-specific questions allow for the exploration of locally relevant health issues. This approach, combined with a commitment to methodological rigour, ensures that findings are both globally relevant and

attuned to cultural nuances, enriching our understanding of how cultural factors influence adolescent health behaviours.

### What role do adolescents play in the HBSC study?

Adolescents are at the heart of the HBSC study, not just as subjects but as active contributors. Their involvement ranges from helping to develop survey questions to participating in data analysis and the dissemination of findings. This engagement ensures that the study remains relevant to their lives and experiences, fostering research that genuinely resonates with and benefits young people. By integrating adolescents' perspectives, the HBSC study empowers them, enhancing the relevance and impact of its findings on health policies and interventions aimed at improving adolescent well-being.