World Health Organization

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Spotlight on adolescent health and well-being

FINDINGS FROM THE 2017/2018

HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN

(HBSC) SURVEY IN EUROPE AND CANADA

INTERNATIONAL REPORT

VOLUME 2. KEY DATA

hbsc

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Spotlight on adolescent health and well-being

Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada

International report

VOLUME 2. KEY DATA

Edited by: Jo Inchley, Dorothy Currie, Sanja Budisavljevic, Torbjørn Torsheim, Atle Jåstad, Alina Cosma, Colette Kelly, Ársæll Már Arnarsson & Oddrun Samdal

Abstract
Health Behaviour in School-aged Children (HBSC), a WHO collaborative cross-national study, has provided information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls for over 30 years. The 2017/2018 survey report presents data from over 220 000 young people in 45 countries and regions in Europe and Canada. The data focus on social context (relations with family, peers, school and online communication), health outcomes (subjective health, mental health, overweight and obesity, and injuries), health behaviours (patterns of eating, physical activity and toothbrushing) and risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying) relevant to young people's health and well-being. New items on electronic media communication and cyberbullying and a revised measure on family meals were introduced to the HBSC survey in 2017/2018 and measures of individual health complaints and underweight are also included for the first time in the international report. Volume 1 of the international report presents key findings from the 2017/2018 survey, and Volume 2 provides key data disaggregated by country/region, age, gender and family affluence.

Keywords
HEALTH BEHAVIOR
HEALTH STATUS DISPARITIES
SOCIOECONOMIC FACTORS
GENDER
ADOLESCENT HEALTH
CHILD HEALTH
ADOLESCENT
CHILD

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Cover illustration by **Ketlin**, aged 15 (Estonia)

CONTENTS

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The editors of this report were: Jo Inchley, Health Behaviour in School-aged Children (HBSC) International Coordinator, University of Glasgow, United Kingdom (Scotland); Dorothy Currie, HBSC Deputy International Coordinator, University of St Andrews, United Kingdom (Scotland); Sanja Budisavljevic, Research Fellow, WHO Collaborating Centre for International Child and Adolescent Health Policy, University of St Andrews, United Kingdom (Scotland); Torbjorn Torsheim, HBSC Deputy Databank Manager, University of Bergen, Norway; Atle Jastad, Adviser, University of Bergen, Norway; Alina Cosma, Research Fellow, Palacky University, Czechia; Colette Kelly, Director of the Health Promotion Research Centre, National University of Ireland Galway; Arsall Mar Arnarsson, Professor, School of Education, University of Iceland; and Oddrun Samdal, HBSC International Databank Manager, University of Bergen, Norway.

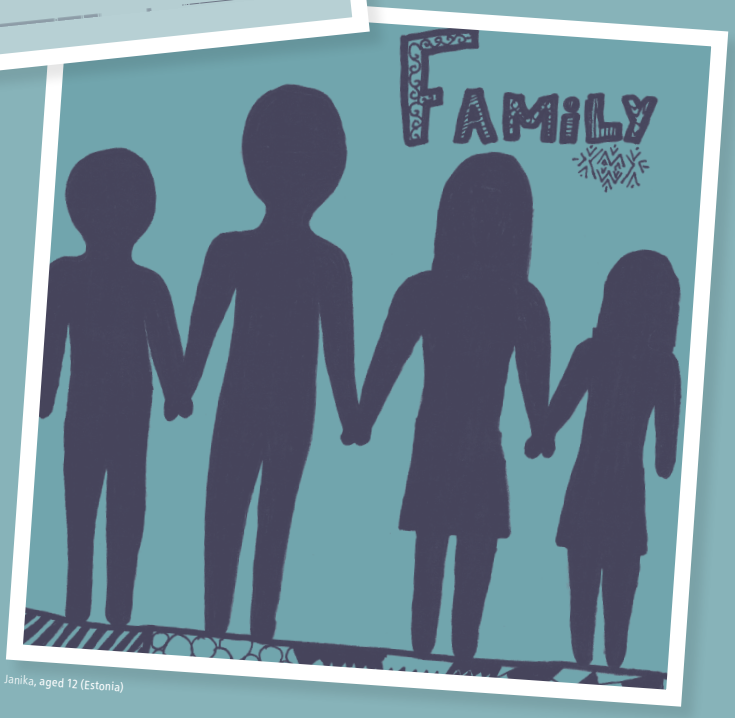
The editorial team of the WHO Regional Office for Europe Division of Noncommunicable Diseases and Promoting Health through the Life-course comprised: Vivian Barnekow, Consultant; and Martin M. Weber, Programme Manager, Child and Adolescent Health.

HBSC, a WHO collaborative cross-national study, involves a wide network of researchers from all participating countries and regions. The data collection in each country or region was funded at national/regional level. The editors are grateful for the financial support and guidance offered by government ministries, research foundations and other funding bodies in the participating countries and regions. Particular thanks go to the Norwegian Directorate of Health, which contributed funding to the HBSC Data Management Centre. The report's production was supported by a generous contribution from the WHO Regional Office for Europe.

The editors would like to thank: our valued partners, particularly the WHO Regional Office for Europe, for their continuing support; the young people who were willing to share their experiences and those who kindly allowed inclusion of some of their fantastic artwork in this report; schools and education authorities in each participating country and region for making the survey possible; and all members of national/regional HBSC teams involved in the research.

INTRODUCTION

Alisa, aged 10 (Estonia)



Janika, aged 12 (Estonia)

This collection of key data is the second volume of the international report from the 2017/2018 Health Behaviour in School-aged Children (HBSC) study. It presents the data that underpin the summary of scientific findings presented in Volume 1, key findings (Inchley et al., 2020).

HBSC is a WHO collaborative cross-national study of adolescent health and well-being (HBSC, 2020) which focuses on understanding young people's health in their social context – at home, at school, and with family and friends. The HBSC cross-national survey has been conducted every four years since 1983/1984 and has grown to include 50 member countries and regions across Europe and North America, and over 400 network members. Member countries and regions are responsible for funding and conducting the study at national level and contribute to the development of the international study through a network of topic focus groups and strategic development groups.

Contributors to the survey process and the development of the international report from the 2017/2018 HBSC survey are shown in the Annex of Volume 1.

A standard methodology for the study is used in each participating country and region. This is detailed in the HBSC 2017/2018 international study protocol (Inchley et al., 2018). Data are collected from pupils in mainstream schools using a self-report questionnaire. Each country or region uses cluster sampling to select a nationally representative sample of young people aged 11, 13 and 15 years to complete the survey. The primary sampling unit is the school class, with all pupils in selected classes being invited to participate. The study protocol requires that each HBSC country or region should aim to survey around 1500 young people from the three age groups (approximately 4500 in total). In practice, however, many countries chose to sample more than the minimum number to provide data on demographic or regional subgroups. In a few with small populations, a census is carried out.

The standard international questionnaire comprises a mandatory set of items asked in all countries and regions, optional items that are included by a subset of countries and regions, and national specific items. Young people complete the questionnaire in school as a whole school class, either using pencil and paper or electronic survey mode.

Data are presented in the international report from 45 countries and regions that participated in the 2017/2018 HBSC cross-national survey. HBSC member countries that are not included in the international report were either unable to conduct the survey within the required time frame (Israel and Turkey) or joined the network after fieldwork was completed (Cyprus, Kyrgyzstan and Uzbekistan). Fieldwork took place mainly between September 2017 and July 2018, except in six countries, where an extended fieldwork period was necessary to reach the required sample size.

Further information about the HBSC study is available online (HBSC, 2020). HBSC data can be accessed at the WHO Regional Office for Europe's health information gateway (WHO Regional Office for Europe, 2020) and via the HBSC data portal at the University of Bergen (University of Bergen, 2020).

DATA PRESENTED

Key data are presented in this collection disaggregated by country and region, age group, gender and family affluence for the 227 441 young people aged 11, 13 and 15 years from 45 countries and regions that participated in the 2017/2018 HBSC cross-national survey. Data from the previous international HBSC survey, carried out in 2013/2014, have also been included, when available, for easy assessment of key changes in young people's well-being and social circumstances. Four countries and regions did not participate in the 2013/2014 HBSC survey (Azerbaijan, Georgia, Kazakhstan and Serbia), so no data are presented for these countries for 2013/2014.

Data are presented for each of the indicators presented in Volume 1 of the report (Inchley et al., 2020). These include indicators of physical and mental well-being, experiences of school, social support from family and peers and a special focus area on online communication. For reasons of space, the names of the three regions of the United Kingdom that took part in the survey have been shortened to England, Scotland and Wales in the figures.

Data are presented in 12 sections, corresponding to the topics in the key findings chapter of Volume 1. For most indicators, the key data report provides bar charts showing

prevalence (%) for each country and region disaggregated by gender and age group. For a minority of indicators, data are presented as tables only. Tables in the "Family context" section present prevalence combined across all age and gender groups.

Prevalence is also reported by family affluence for most indicators, disaggregated by gender (combining all age groups), highlighting the extent to which health and well-being differs between adolescents from the least- and most-affluent households in a country or region. No disaggregation by family affluence is presented for indicators presented as tables.

DATA AVAILABILITY

Data are drawn from the mandatory component of the HBSC survey questionnaire, which was used in all countries and regions. Data for some indicators were not available from specific countries and regions. Some, including Azerbaijan, Norway and Switzerland, excluded items on sensitive topics such as sexual health. Where data are not available for a specific country or region (either because an item was excluded from the questionnaire or because the item format deviated from that in the HBSC survey 2017/2018 international protocol (Inchley et al., 2018)), this is indicated in the footnotes to relevant charts or tables as "Data not received from [relevant countries or regions]".

FAMILY AFFLUENCE

Countries and regions participating in the HBSC survey span a range of economic circumstances, from those classified as lower-middle-income countries and regions to some of the richest in Europe. Young people grow up in families with varying levels of socioeconomic resources. Family affluence is a robust determinant of adolescent health, but children are not able to give the sort of information traditionally collected about job roles and salary that would give an indication of how rich or poor families may be.

HBSC uses an alternative measure, the Family Affluence Scale (FAS) (Currie et al., 2008; Torsheim et al., 2016; Elgar et al., 2017), which asks young people about material assets in the household. The HBSC 2017/2018 survey used a six-item assessment of common material assets or activities, with the following questions.

- Does your family own a car, van or truck (responses: no, one, two or more)?
- Do you have your own bedroom for yourself (no, yes)?
- How many times did you and your family travel out of [insert country/region name] for a holiday/vacation last year (not at all, once, twice, more than twice)?
- How many computers do your family own (none, one, two, more than two)?
- Does your family have a dishwasher at home (no, yes)?
- How many bathrooms (rooms with a bath/shower or both) are in your home (none, one, two, more than two)?

Responses are scored and summed to form a HBSC FAS summary score, designated FAS-III, which has been shown to provide a valid indicator of relative affluence (Torsheim et al., 2016). This summary score is used in the report to estimate relative socioeconomic position by comparing the individual's score for FAS with those of all other scores within their country or region. The affluence score (Elgar et al., 2017) is then used to identify groups of young people in the lowest 20% (low affluence), middle 60% (medium affluence) and highest 20% (high affluence) in each country and region. This approach to measuring health inequalities is the same as that used in the 2013/2014 report and assesses relative, not absolute, health inequality. The same summary score on the FAS may therefore correspond to medium affluence in a high-income country and high affluence in a low-income country.

Households with children do not always reflect the national/regional average for wealth; money coming into households is affected by national/regional payments and transfers for families and norms around working outside of the home when children are young. Rather than presenting statistics such as gross domestic product, the "Family context" section of this volume provides a summary index of FAS reported for each country and region, giving an indication of the mean level of affluence for families with adolescent offspring. The index is calculated as the mean of the family affluence score for a country or region, expressed as an index score that can range from zero to 100. A value of 100 is the maximum possible affluence score and zero is the minimum possible score.

INTERPRETING DIFFERENCES IN PREVALENCE

It is important to avoid overinterpretation of the rankings in charts and tables. Frequently, few percentage points separate adjacent countries and regions and prevalence differences may not be statistically significant.

Statistical analyses are used to systematically identify differences in the prevalence of well-being and social indicators by gender and family affluence, and also changes in prevalence since the 2013/2014 survey. Each chart presented indicates where differences are statistically significant. No statistical analyses are presented on data provided as tables.

Gender differences and changes since 2013/2014 were assessed using design-adjusted cross-tabulations. Significance of patterning by family affluence was assessed based on design-adjusted linear regression across the three affluence groups (20% least affluent, 60% medium affluence, 20% highest affluence) (see below for more details of how family affluence is categorized). Design-adjusted analyses take into account the study design (including sampling method and sample weights) when assessing change. As HBSC uses cluster sampling, the confidence interval around estimates will be larger than if a simple random sample of individuals had been used. Analyses not adjusted for survey design would therefore wrongly assess precision of estimates and, consequently, significances.

Statistical analyses are included to help readers to avoid overinterpretation of small differences, but statistical significance does not always indicate a difference that is considered "important" in terms of public health.

Prevalence in the charts is presented as a percentage, rounded to the nearest whole number (in Volume 1, percentage-point difference between two subgroups is also reported rounded to the nearest whole number). Differences between subgroups given in Volume 1 may differ from those obtained by simply looking at differences in rounded numbers presented in the charts. For example, a difference of 9.2 percentage points (rounded to 9 in Volume 1) between girls (20.4%) and boys (29.6%) would be presented in the charts as girls 20% and boys 30%, an apparent 10 percentage-point difference.

UNDERSTANDING THE AGE–GENDER CHARTS

Bar charts present data for 2017/2018 for girls (pink bars) and boys (blue bars) in each age group (11-, 13- and 15-year-olds) separately for each country and region in descending order of prevalence (for girls and boys combined) (Fig. 1). Prevalence is presented as a percentage (%). The range on the age–gender charts is always the same, from 0% to 100%. This makes it easy to compare the relative prevalence across indicators.

The percentage prevalence in 2017/2018 (boys and girls separately) is also presented as a number down the right-hand edge of the chart. Another column of numbers presents the percentage prevalence in 2013/2014 where a country/region took part in the HBSC 2013/2014 survey (note there are no bars shown for 2013/2014 prevalence, only numbers).

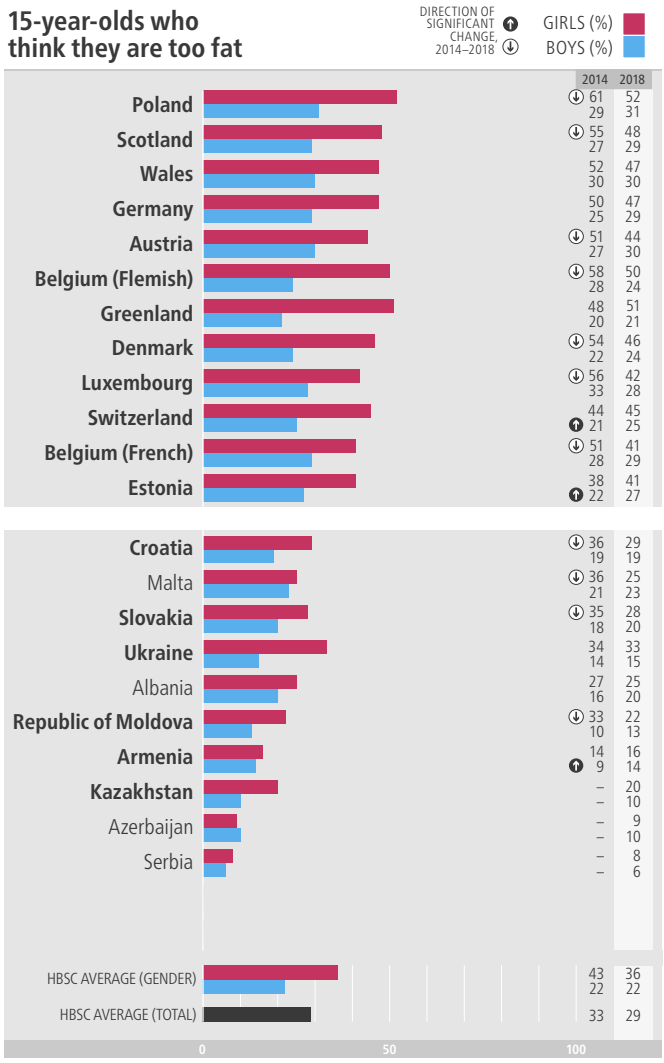
HBSC averages for each gender and combined are shown at the bottom of each chart. The HBSC averages for 2017/2018 presented in the charts are based on equal weighting of each country or region, regardless of achieved sample or population size. As such, they can be thought of as representing the "average" HBSC country or region.

Life satisfaction (see pp. 54–5) is presented as the average score on a scale of 0–10, but other elements indicating gender and statistical significance remain the same.

Country/region names highlighted in bold in the age–gender charts are those in which there was a statistically significant gender difference in prevalence in 2017/2018. Statistically significant changes in prevalence since the HBSC 2013/2014 survey by gender within a country or region are indicated on the chart by a circle with an arrow embedded. An upward-facing arrow (white arrow on a black background) indicates that there has been a significant increase in prevalence since 2013/2014, and a downward-facing arrow (black arrow on white background) indicates that there has been a significant decrease in prevalence since 2013/2014. As the number of countries and regions differs between data presented from the 2017/2018 survey and the 2013/2014 survey, the statistical significance of differences in HBSC average between the two survey years is not indicated.

As an example, Fig. 1 shows Poland has the highest combined prevalence across boys and girls, and Serbia the lowest. Prevalence for girls in 2017/2018 was 52% and in boys was 31%. This gender difference is statistically significant, which is indicated by the fact that the country name Poland is presented in bold (in contrast to the non-bold Albania, Azerbaijan and Serbia, where gender differences were not significant). Prevalence among girls in Poland, United Kingdom (Scotland), Austria, Belgium (Flemish) and the Republic of Moldova has declined significantly since 2013/2014; this is indicated by a downward-facing arrow beside the relevant numbers in the right-hand column. In contrast, prevalence among boys in Armenia has increased.

Fig. 1. Example of age–gender bar chart



Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

UNDERSTANDING THE FAMILY AFFLUENCE CHARTS

Charts of prevalence by FAS group illustrate the relationship between family affluence and each indicator (Fig 2). A dumbbell chart format is used to emphasize the differences in prevalence while still showing the prevalence levels among affluence groups. Each chart shows the prevalence (%) of the indicator in the most-affluent 20% of adolescents in each country or region (a solid circle) and also in the least-affluent 20% (an open circle). The data are presented for each country and region for boys (blue circle) and girls (pink circle) separately, combined across the three age groups. The percentage prevalence is also presented as a number down the right-hand edge of the chart.

The prevalence in the least- and most-affluent groups (designated Low-FAS and High-FAS) is linked by a line, the length of which indicates the difference in prevalence between the two groups. HBSC average for each affluence group is presented by gender at the bottom of the chart. The overall prevalence for the indicator, combined over age groups and gender, is given as the final point at the bottom of the chart (black and white circle) and is shown as a line along the length of the chart.

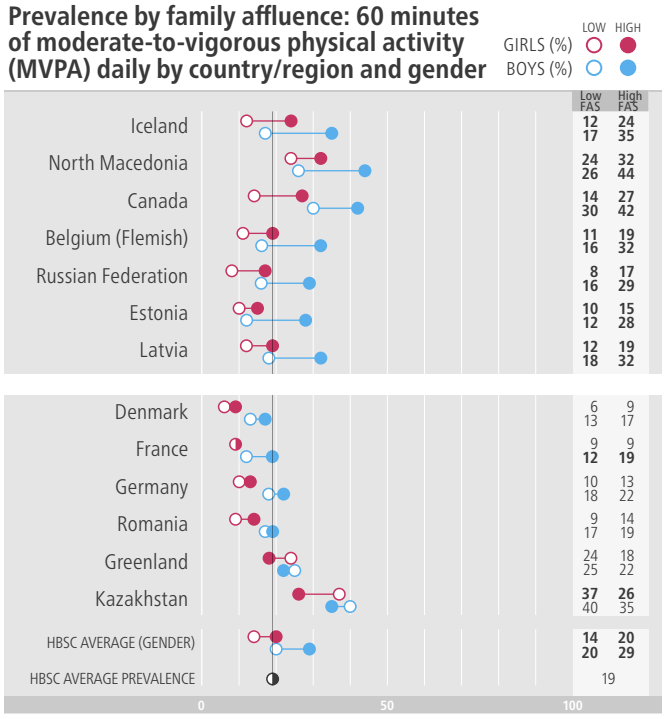
The range on the FAS charts is always the same, from 0% to 100%. This makes it easy to compare the extent of any inequalities between indicators. Countries and regions on the FAS charts are ordered by size and direction of inequality (averaged across genders). The top of the chart will therefore have countries and regions in which prevalence is higher among adolescents from the most-affluent 20% of families, and countries and regions in which prevalence is higher among the least-affluent 20% will appear at the bottom of the chart. The direction of inequalities is in the same direction in all countries and regions for some indicators.

Significance of differences in prevalence by family affluence are indicated by the numbers for prevalence being bolded. The prevalence of the medium-affluence group is not presented here, but the data from all groups are used when carrying out statistical analysis. Significance is only marked where there is a linear trend in prevalence across the three FAS groups (lowest 20%, medium 60% and highest 20%). This may mean that some differences in prevalence that look large between the low- and high-FAS groups may not

be marked as significant if, for example, the prevalence in the medium-affluence 60% is lower or higher than both presented numbers.

Fig. 2 presents an example family affluence chart. It shows the overall HBSC average prevalence as being 19%. In Iceland, boys from the 20% most-affluent families have higher prevalence (35%) than those from the 20% least-affluent (17%). There is a statistically significant trend in prevalence by family affluence, as indicated by the numbers 17 and 35 being bold (differences in prevalence by FAS are not significant among boys in Greenland). At the bottom of the chart, Kazakhstan also shows significant inequalities in this indicator, but in the opposite direction. Girls in Kazakhstan from the 20% least-affluent families have higher prevalence (37%) than those from the 20% most-affluent (26%).

Fig. 2. Example family affluence chart



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

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[1] All weblinks accessed 25 February 2020.

KEY DATA

Jelizaveta, aged 12 (Estonia)

EATING BEHAVIOURS AND ORAL HEALTH

BREAKFAST CONSUMPTION ON SCHOOL DAYS

FAMILY MEALS

FRUIT CONSUMPTION

VEGETABLE CONSUMPTION

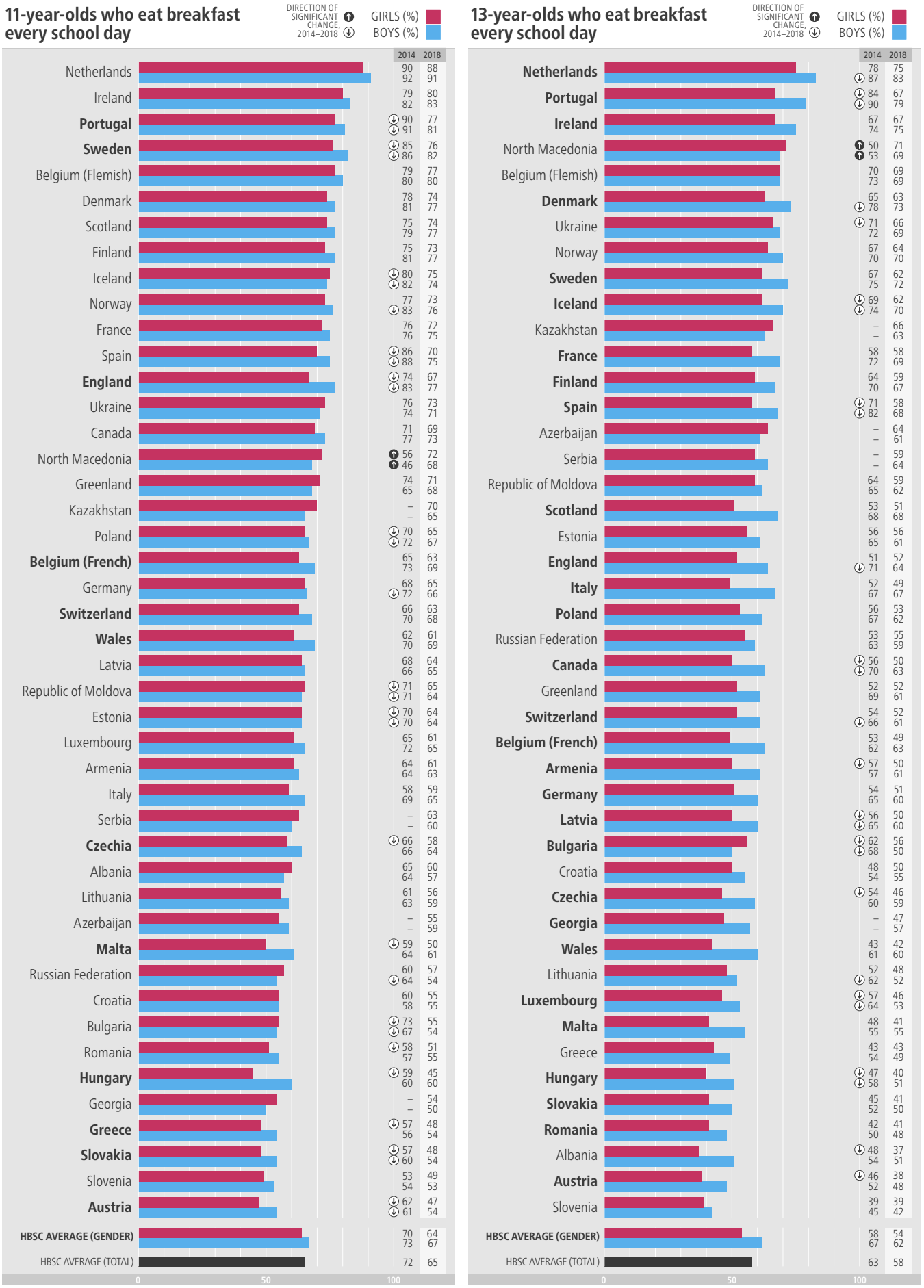
SWEETS (INCLUDING CHOCOLATE) CONSUMPTION

SUGARED SOFT-DRINKS CONSUMPTION

ORAL HEALTH

CONSUME NEITHER FRUIT NOR VEGETABLES DAILY

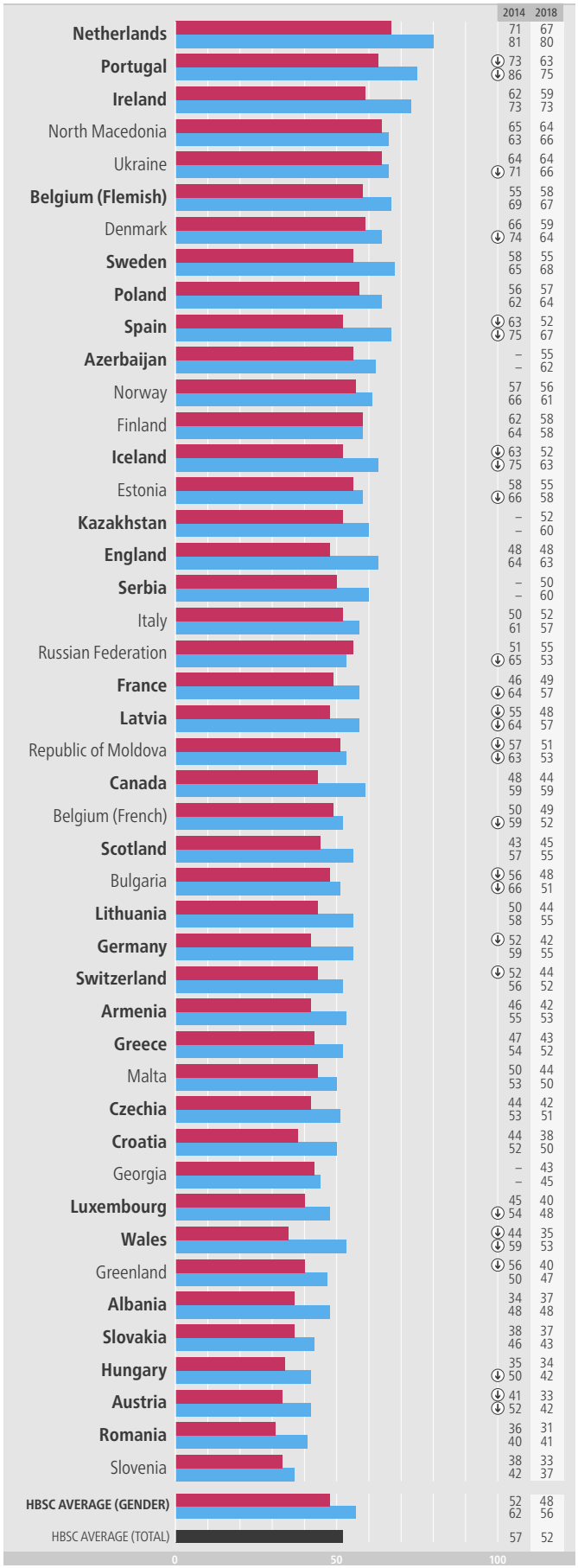
BREAKFAST CONSUMPTION ON SCHOOL DAYS



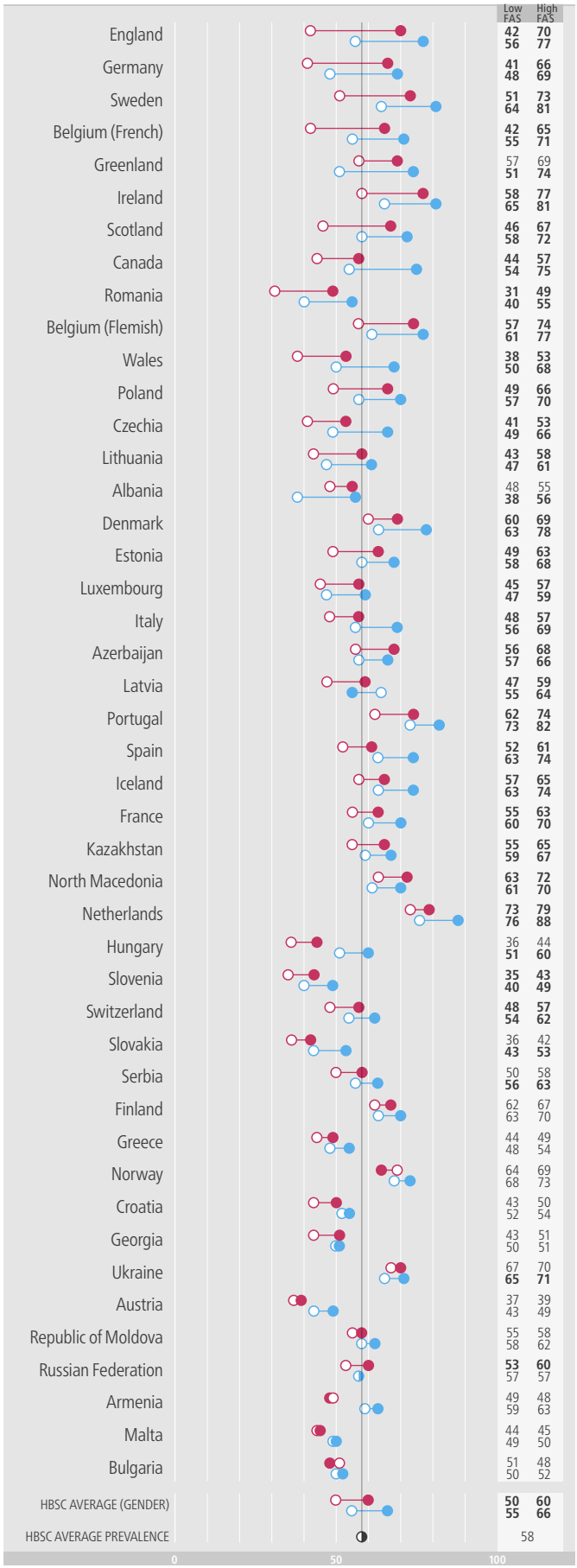
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they eat breakfast, defined as more than a glass of milk or fruit juice, on school days and at weekends. Findings presented here are the proportions reporting eating breakfast every school day.

15-year-olds who eat breakfast every school day



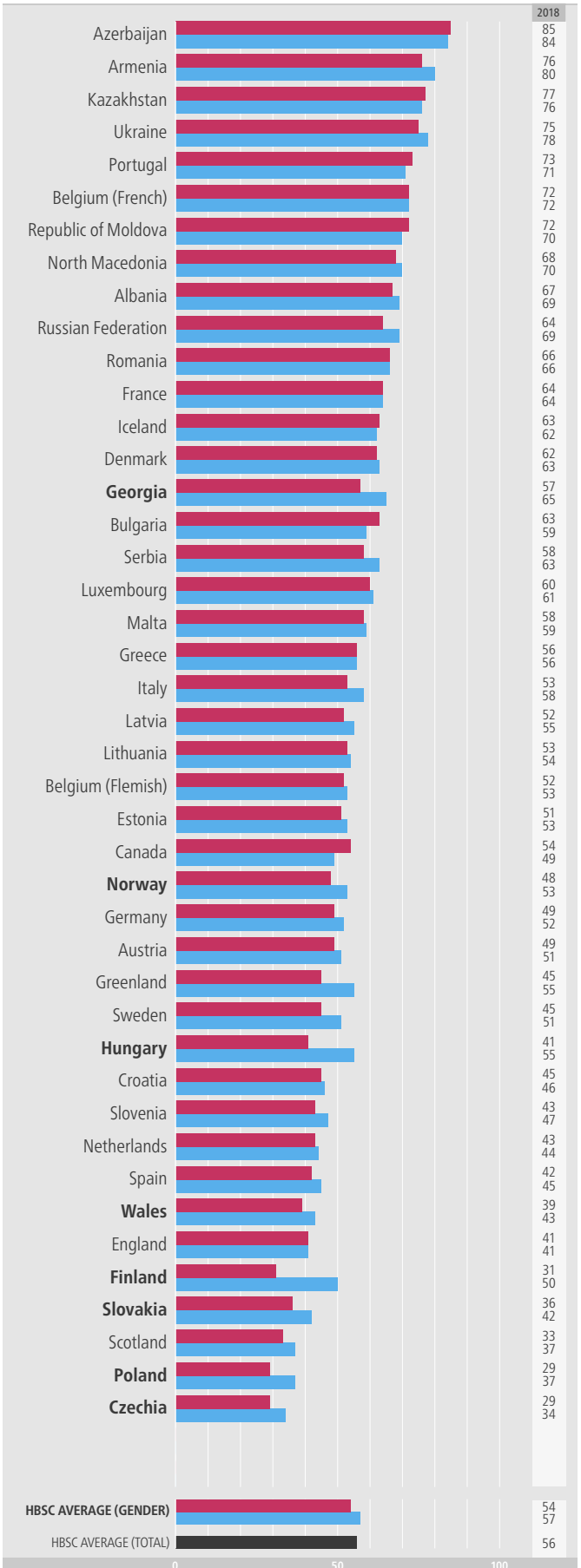
Prevalence by family affluence: eat breakfast every school day by country/region and gender



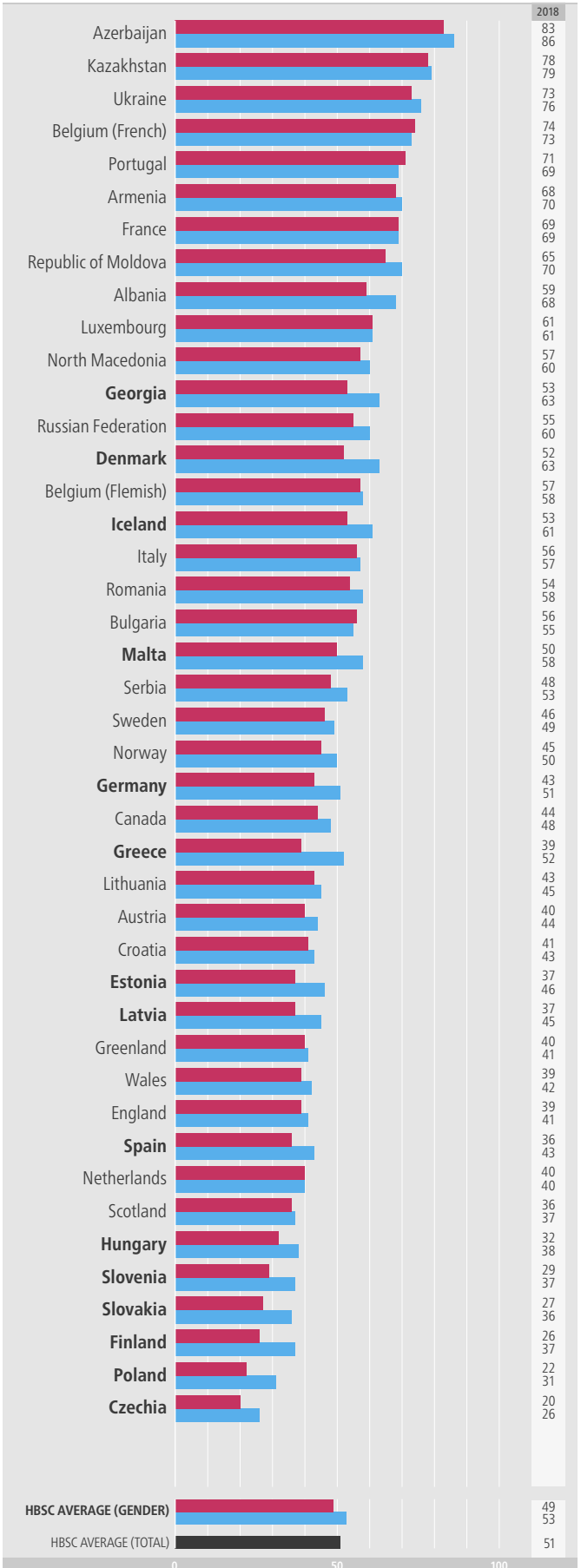
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

FAMILY MEALS

11-year-olds who eat a meal with family daily



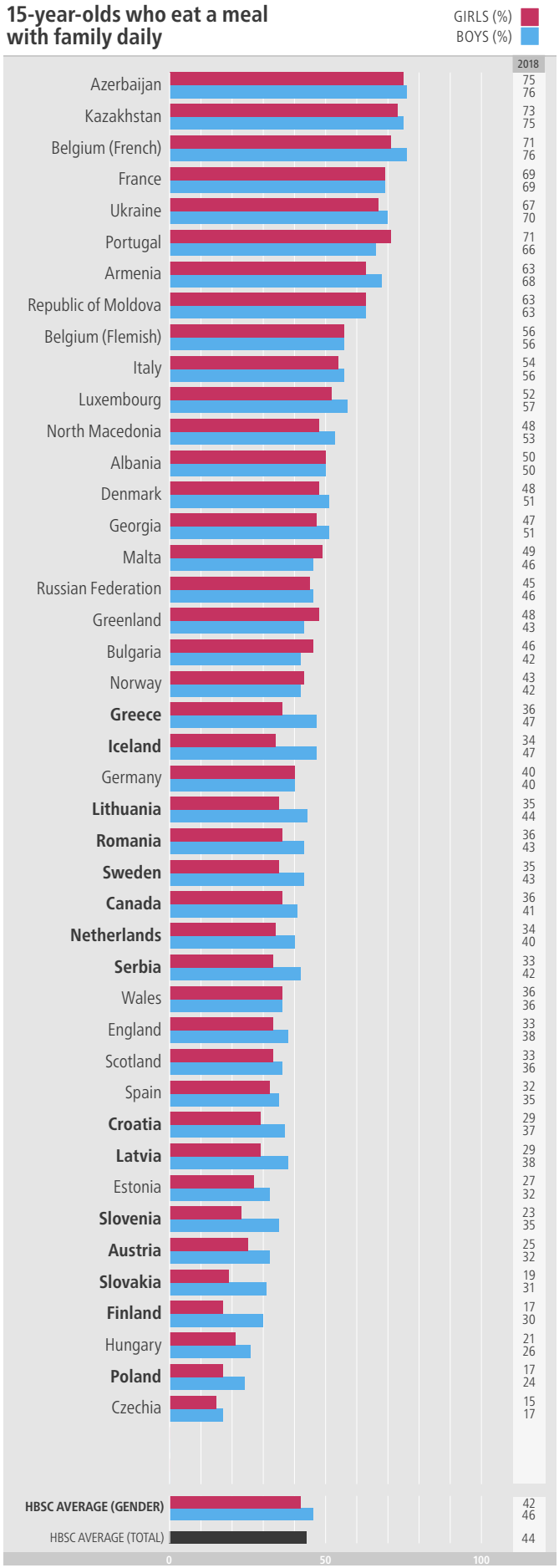
13-year-olds who eat a meal with family daily



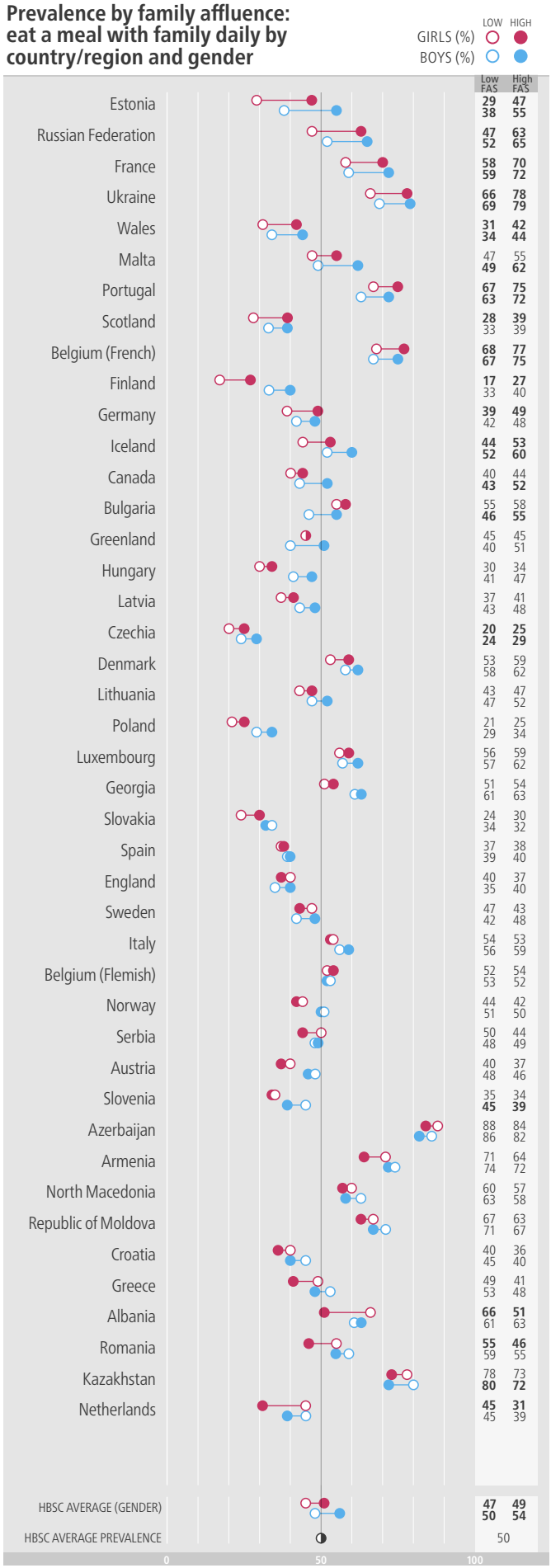
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$). This indicator is not the same as the measure of family meals in the 2014 HBSC report, so no data are presented for 2014. No data were received from Ireland and Switzerland.

MEASURE: young people were asked how often they eat a meal with their family. Findings presented here show the proportions reporting eating with their family every day.

15-year-olds who eat a meal with family daily

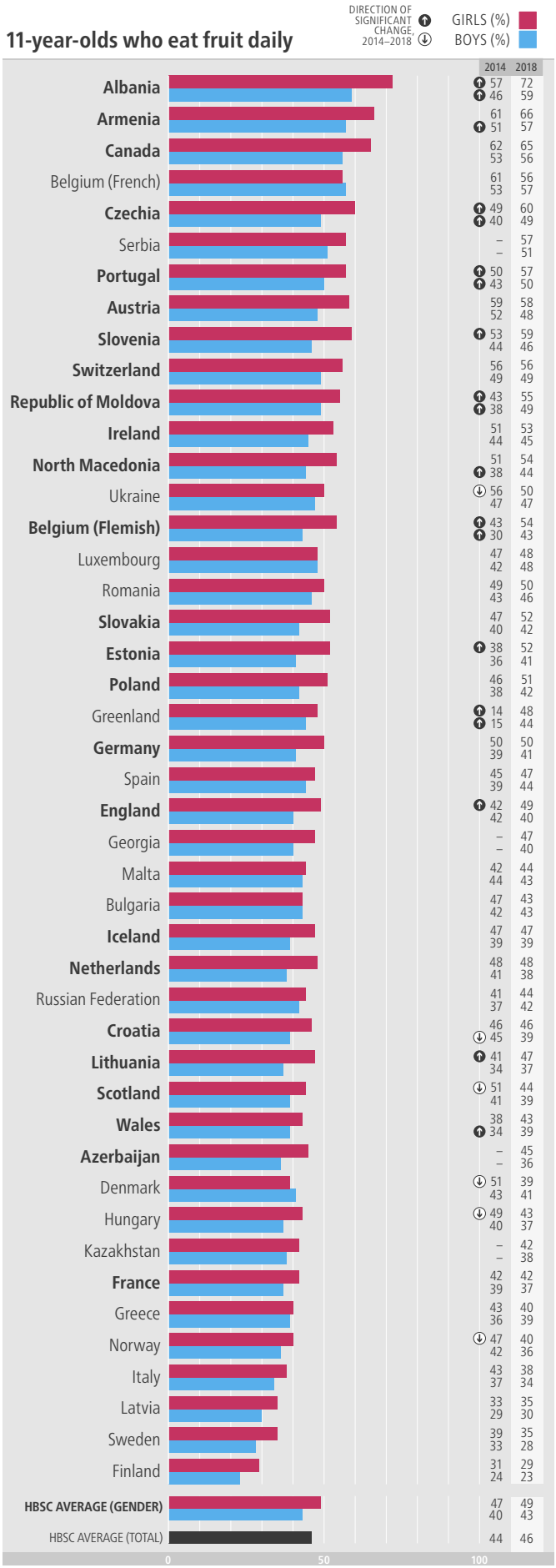


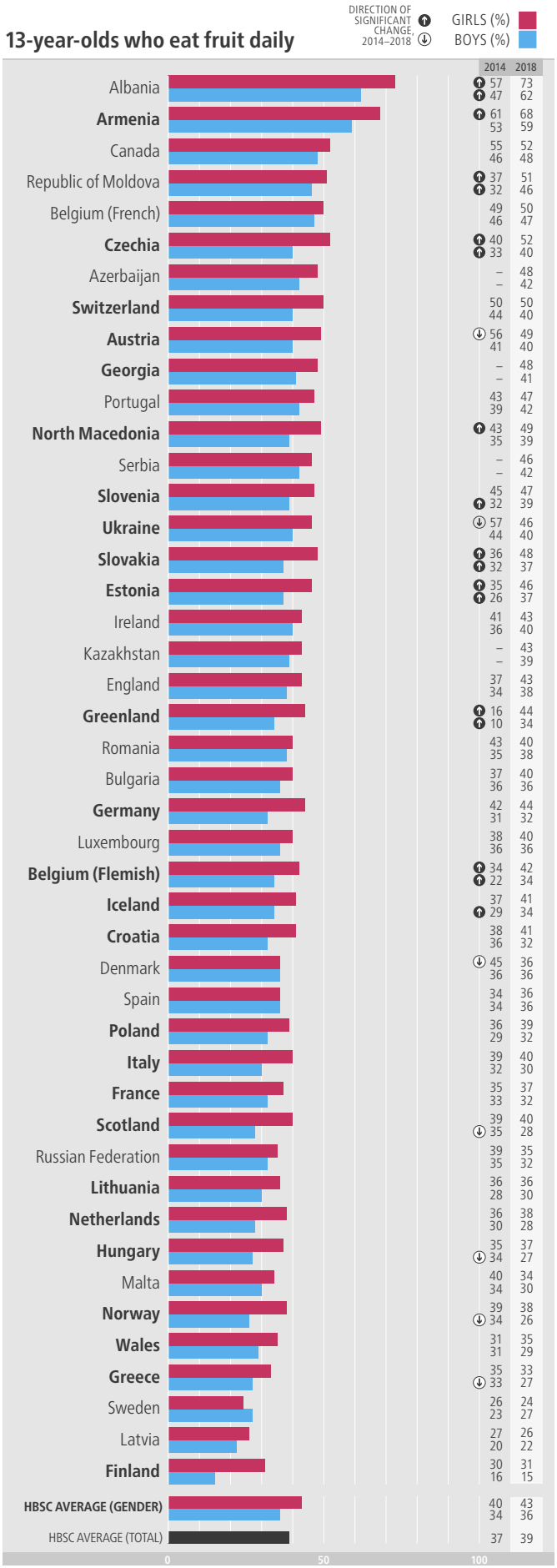
Prevalence by family affluence: eat a meal with family daily by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Ireland and Switzerland.

FRUIT CONSUMPTION

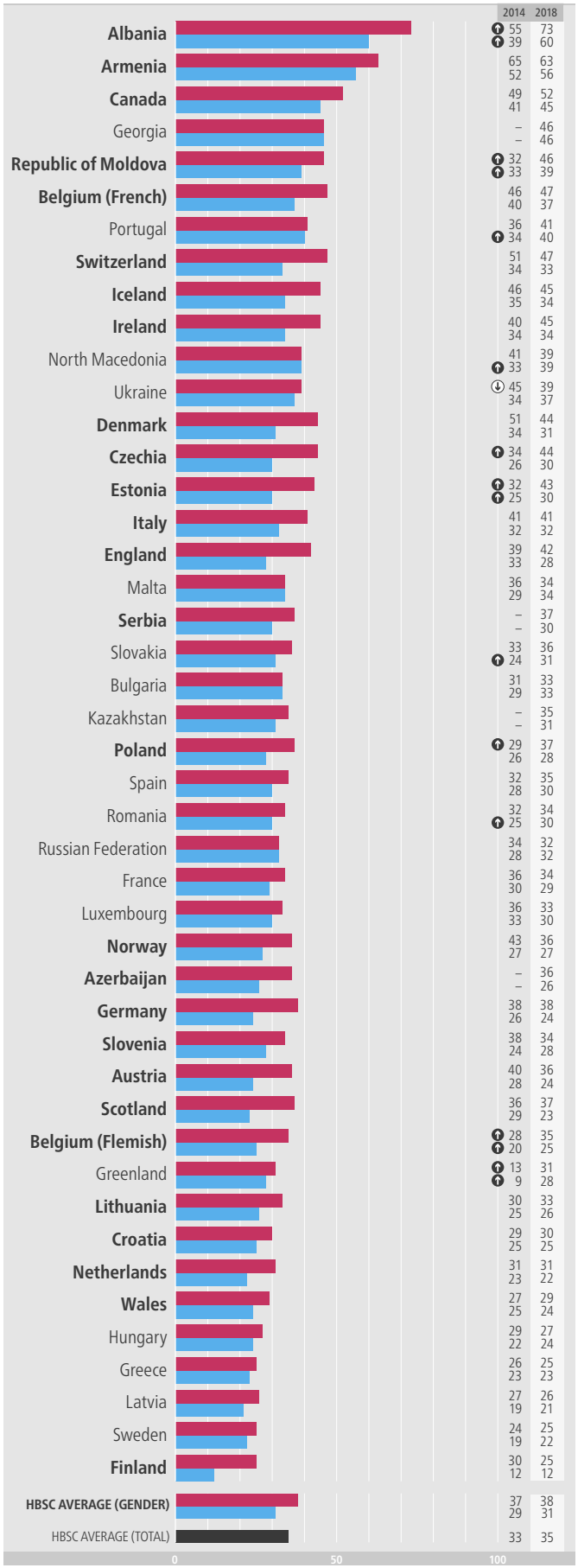




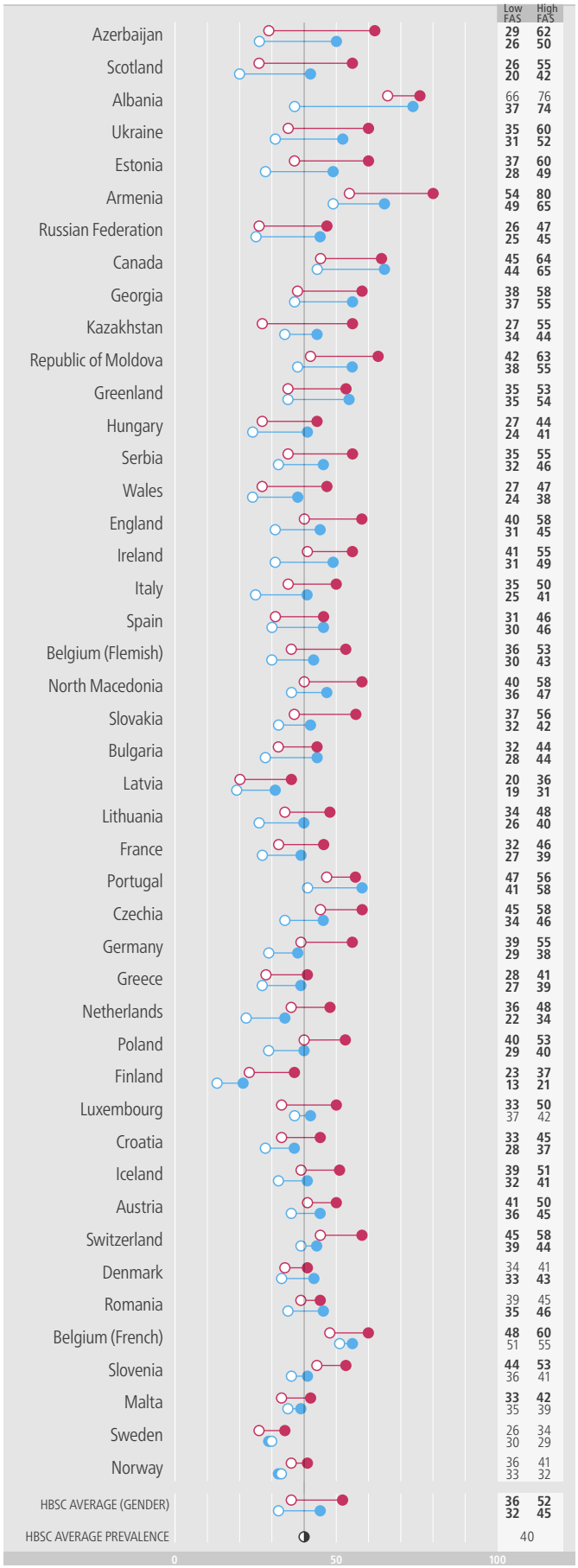
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they eat fruit. Response options ranged from never to every day, more than once. Findings presented here show the proportions who reported eating fruit daily (at least once).

15-year-olds who eat fruit daily

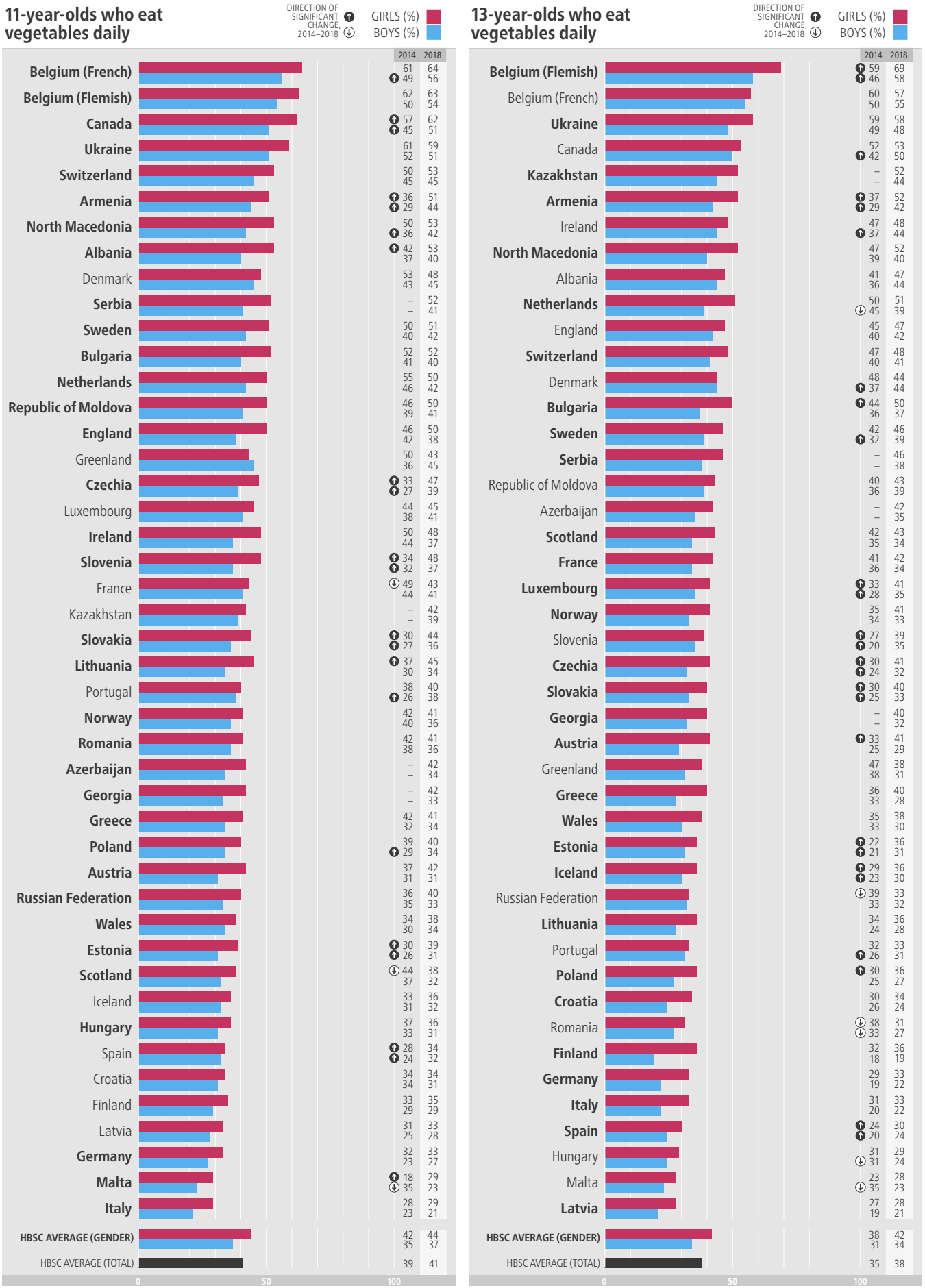


Prevalence by family affluence: eat fruit daily by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

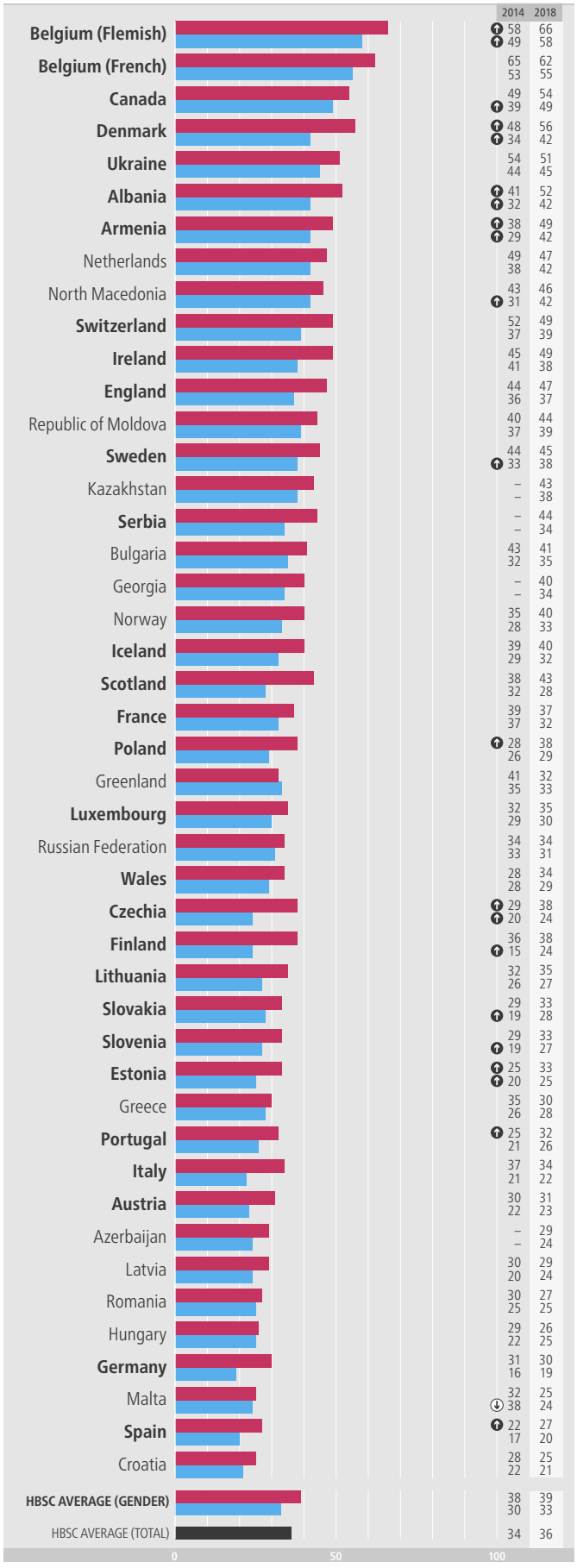
VEGETABLE CONSUMPTION



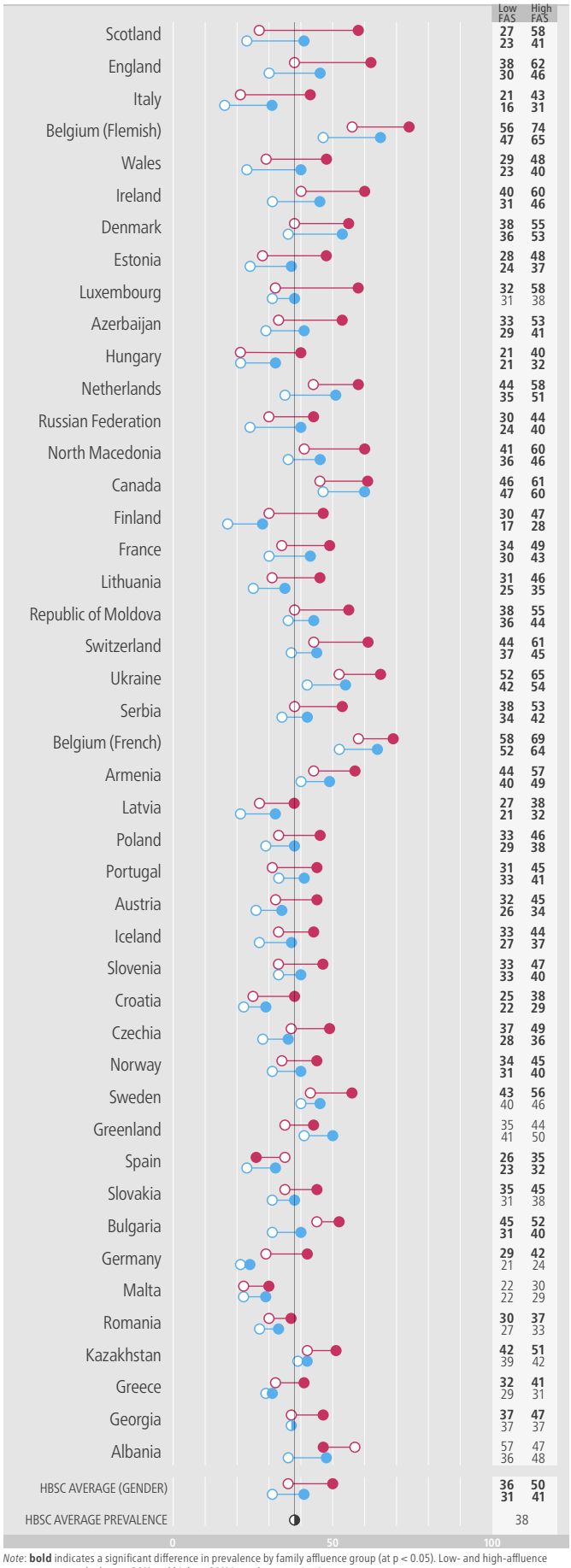
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they eat vegetables. Response options ranged from never to every day, more than once. Findings presented here show the proportions who reported eating vegetables daily (at least once).

15-year-olds who eat vegetables daily

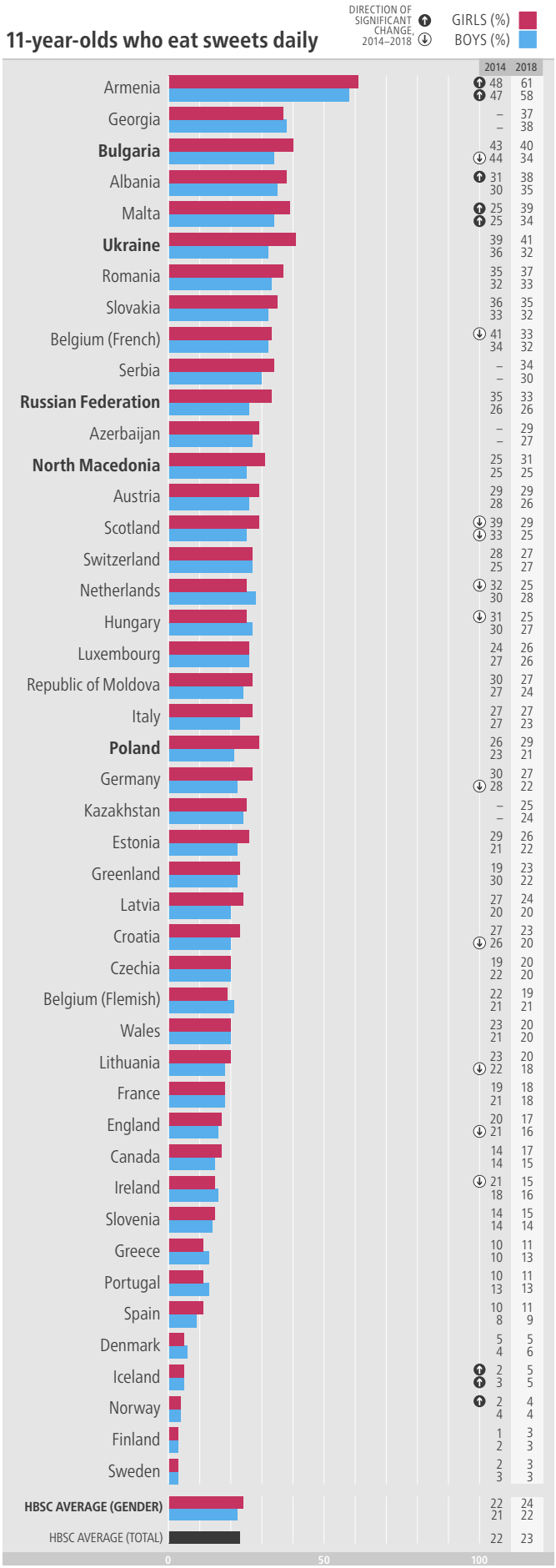


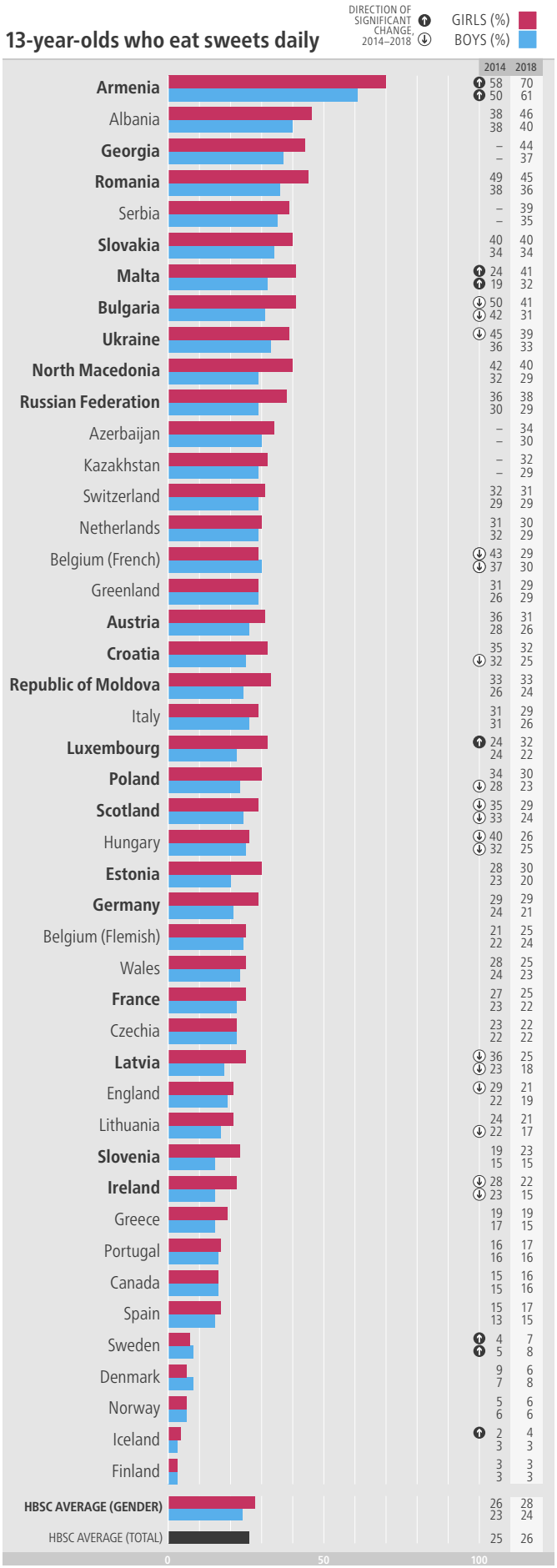
Prevalence by family affluence: eat vegetables daily by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

SWEETS (INCLUDING CHOCOLATE) CONSUMPTION

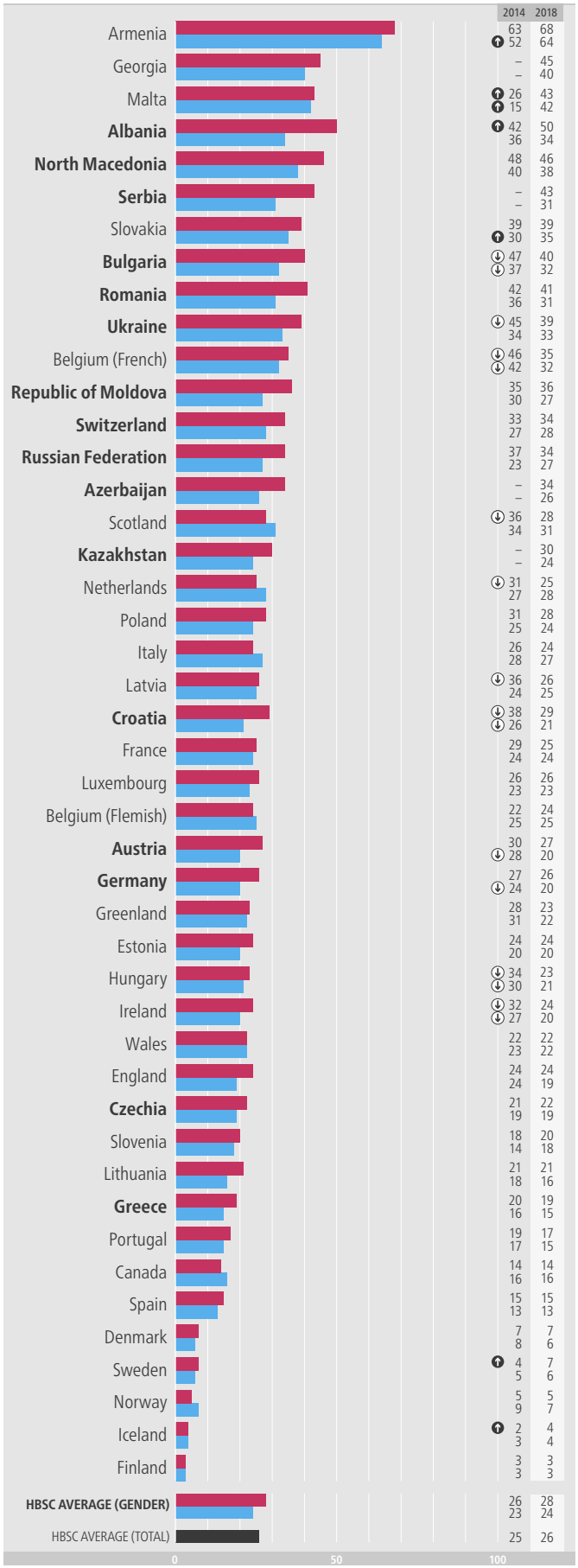




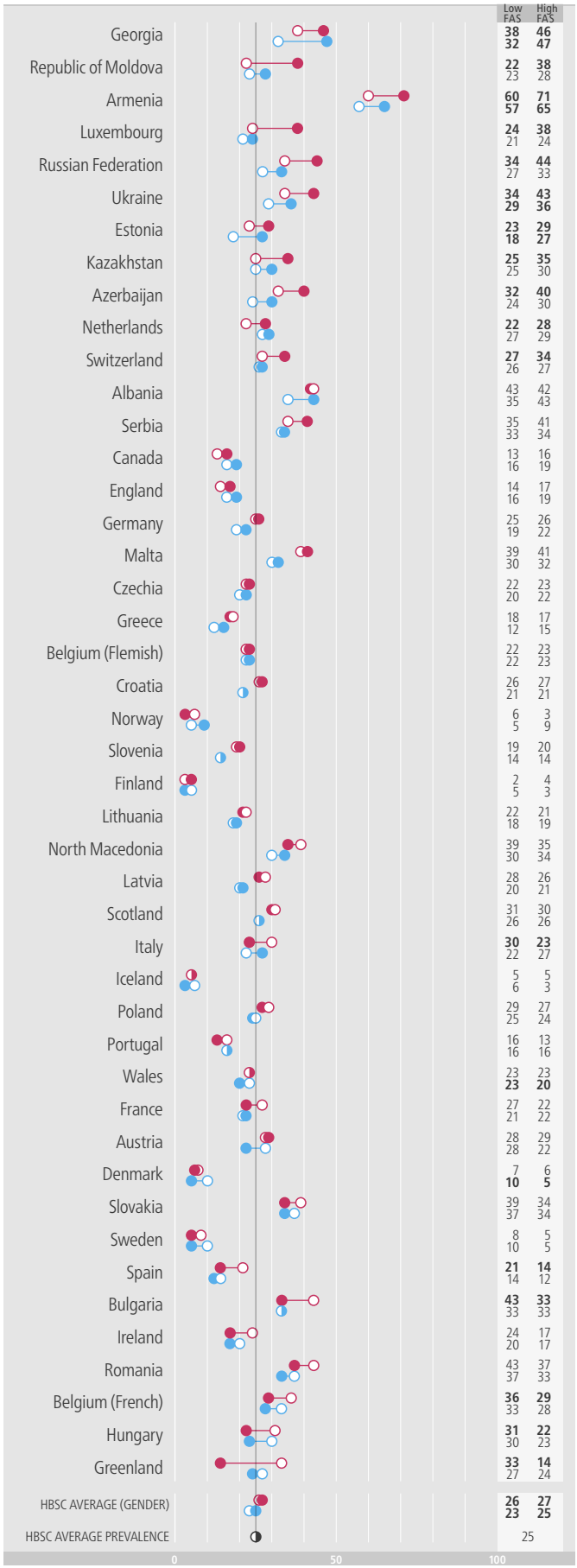
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they eat sweets (including chocolate). Response options ranged from never to every day, more than once. Findings presented here show the proportions who reported eating sweets daily (at least once).

15-year-olds who eat sweets daily

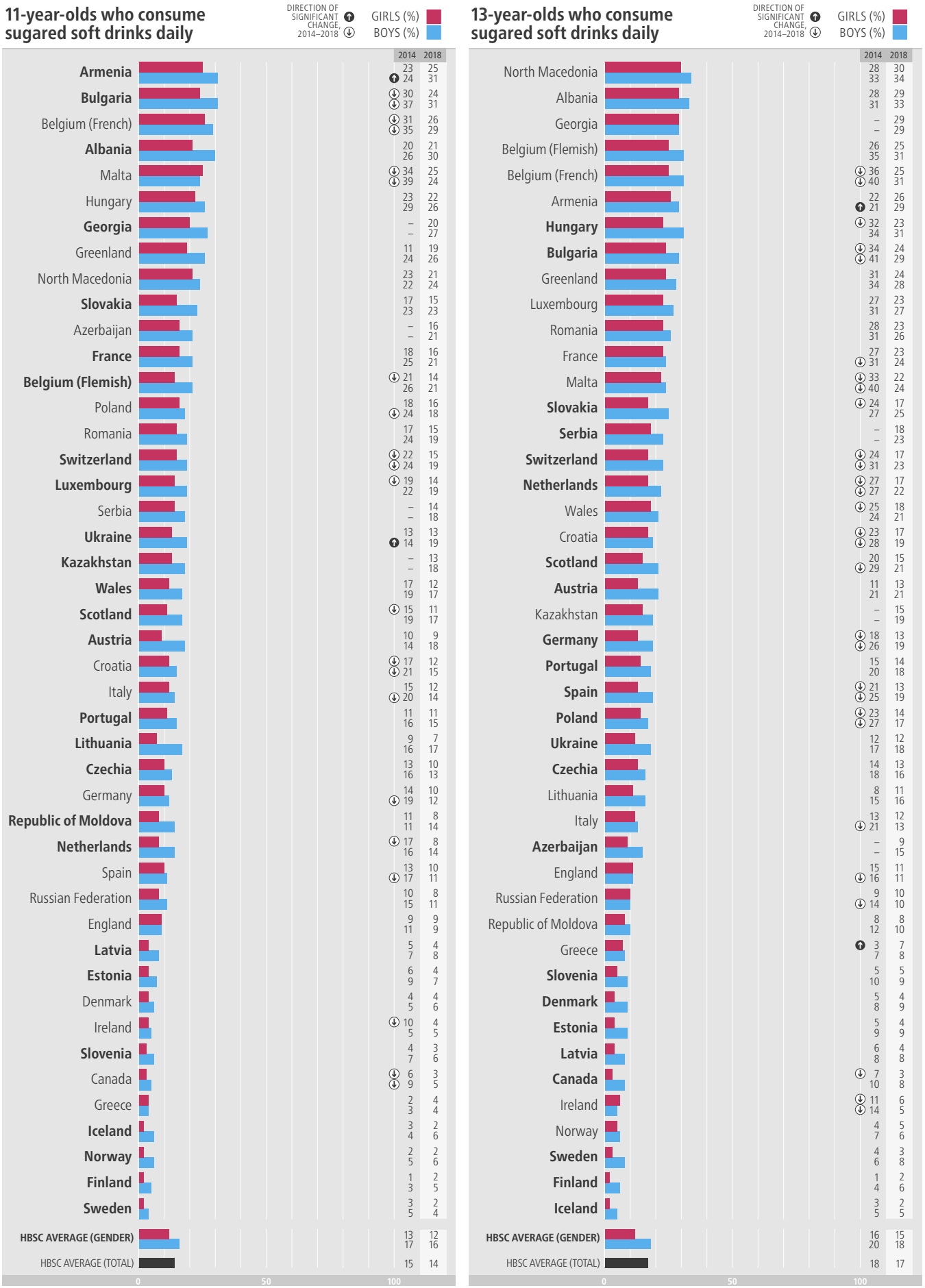


Prevalence by family affluence: eat sweets daily by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

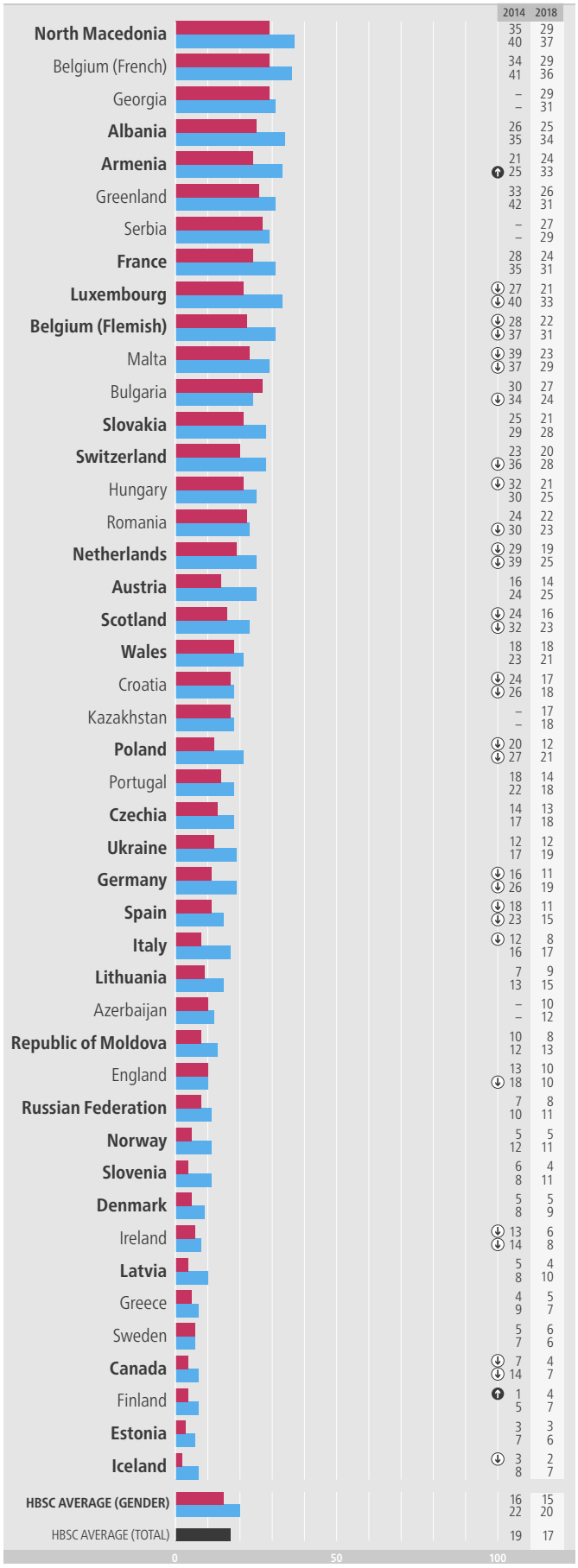
SUGARED SOFT-DRINKS CONSUMPTION



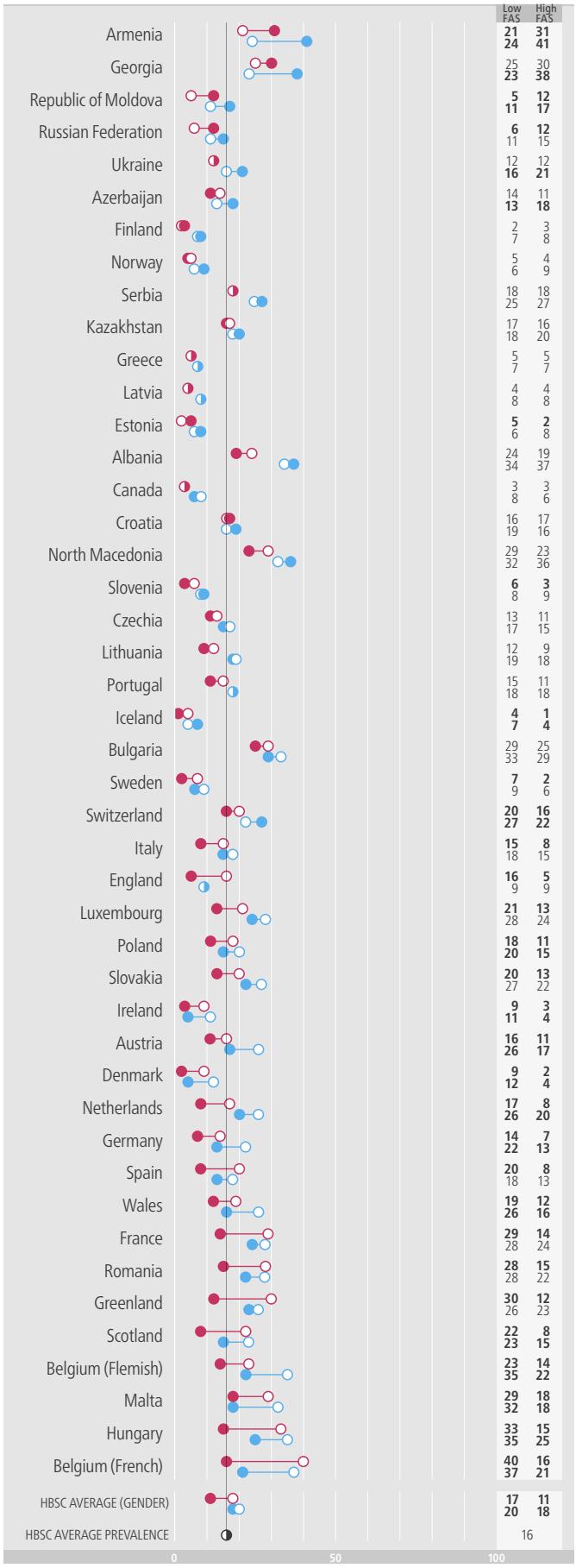
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked to report their usual frequency of sugared soft-drinks consumption, with response categories ranging from never to more than once a day. Findings presented here show the proportions who reported drinking sugared soft drinks daily (at least once).

15-year-olds who consume sugared soft drinks daily



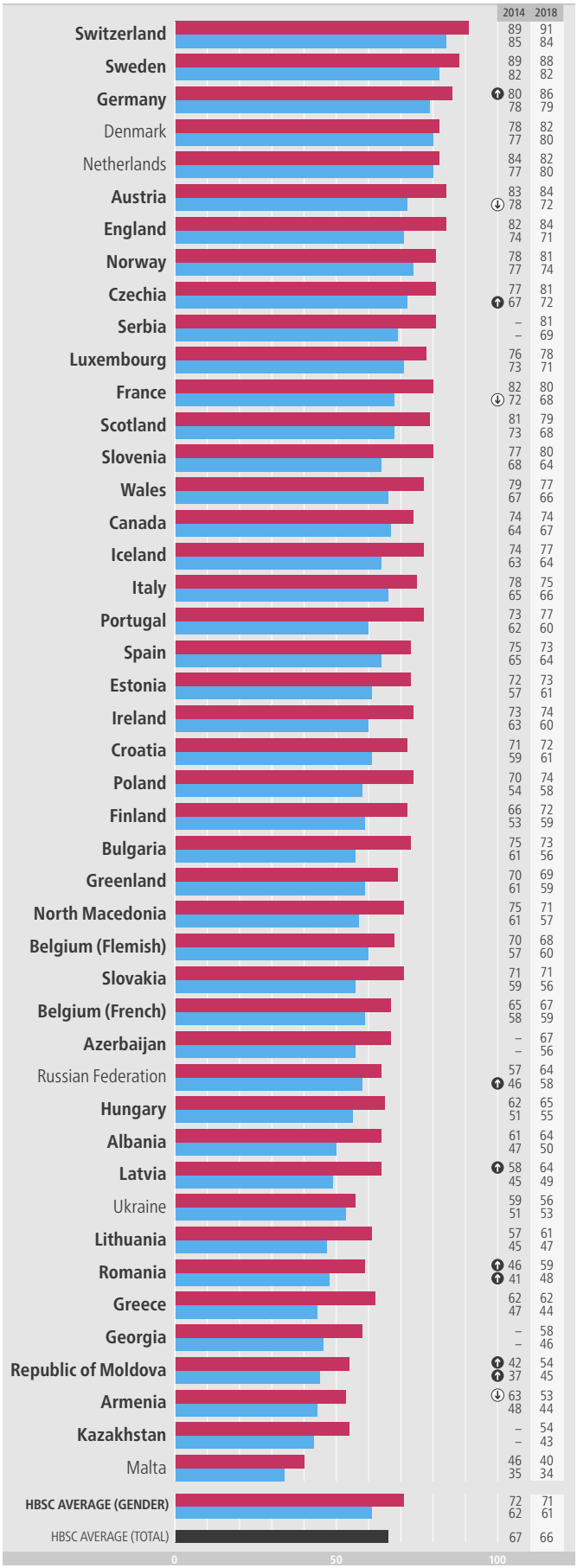
Prevalence by family affluence: consume sugared soft drinks daily by country/region and gender



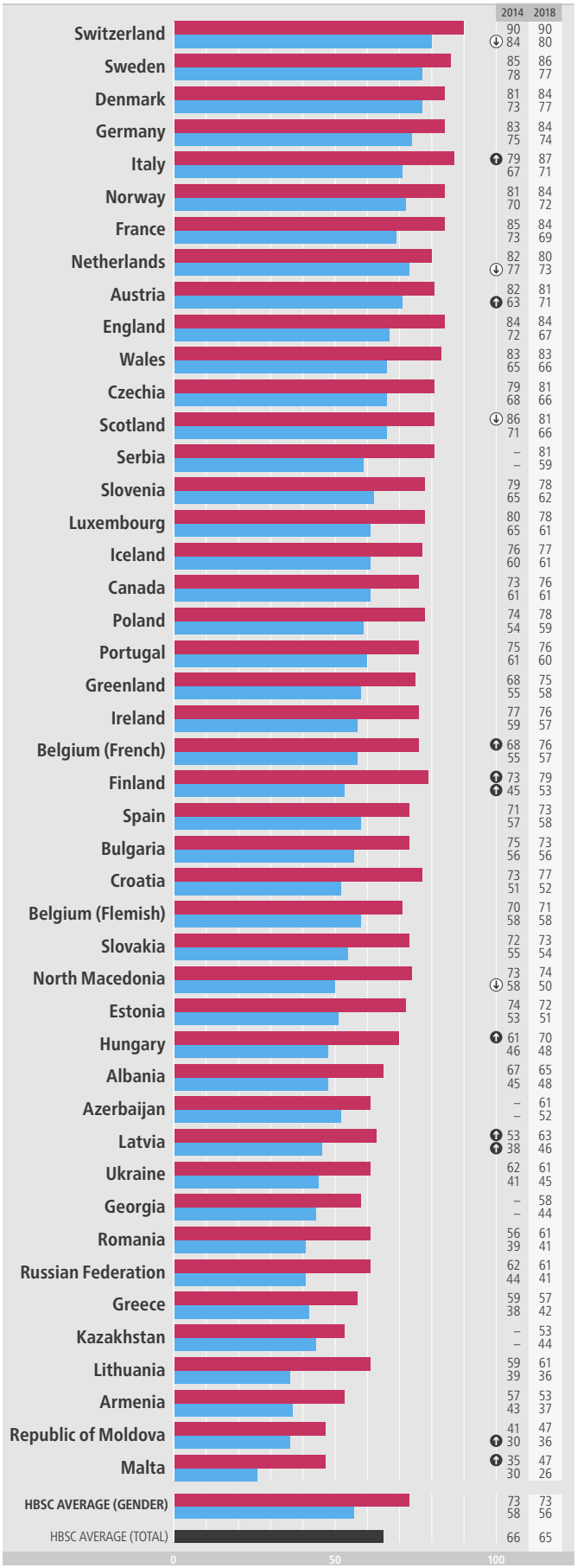
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

ORAL HEALTH

11-year-olds who brush their teeth more than once a day



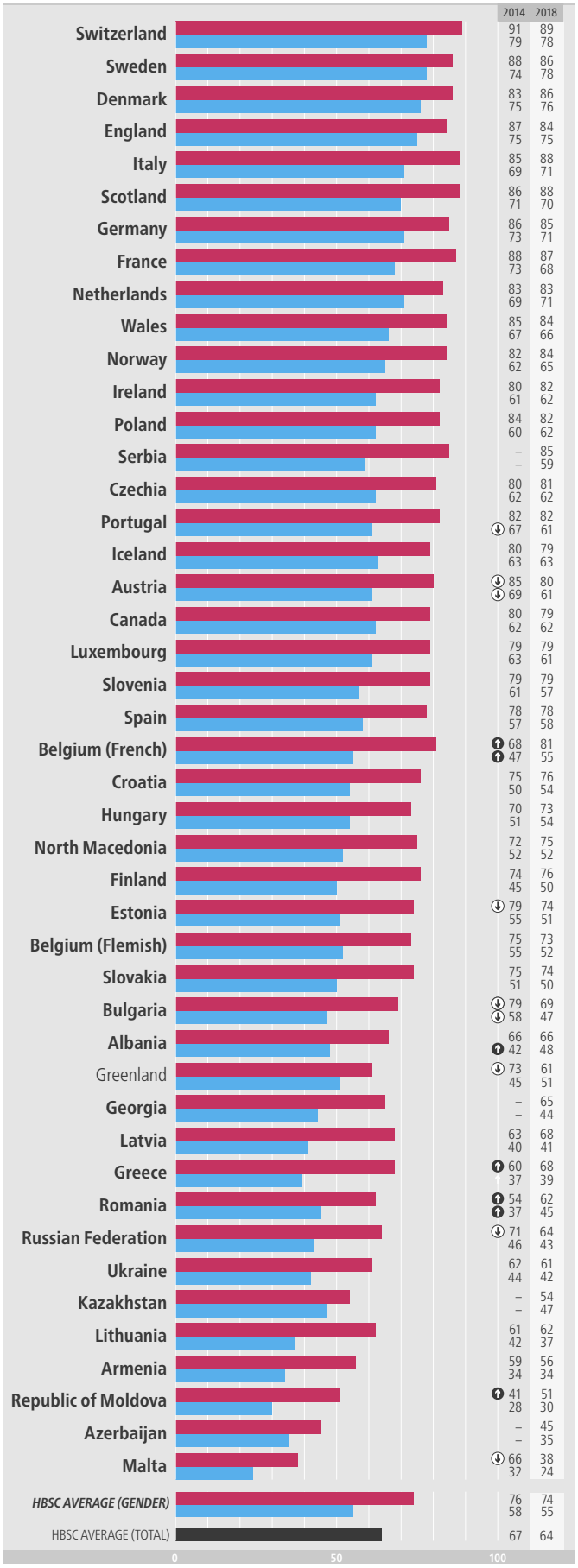
13-year-olds who brush their teeth more than once a day



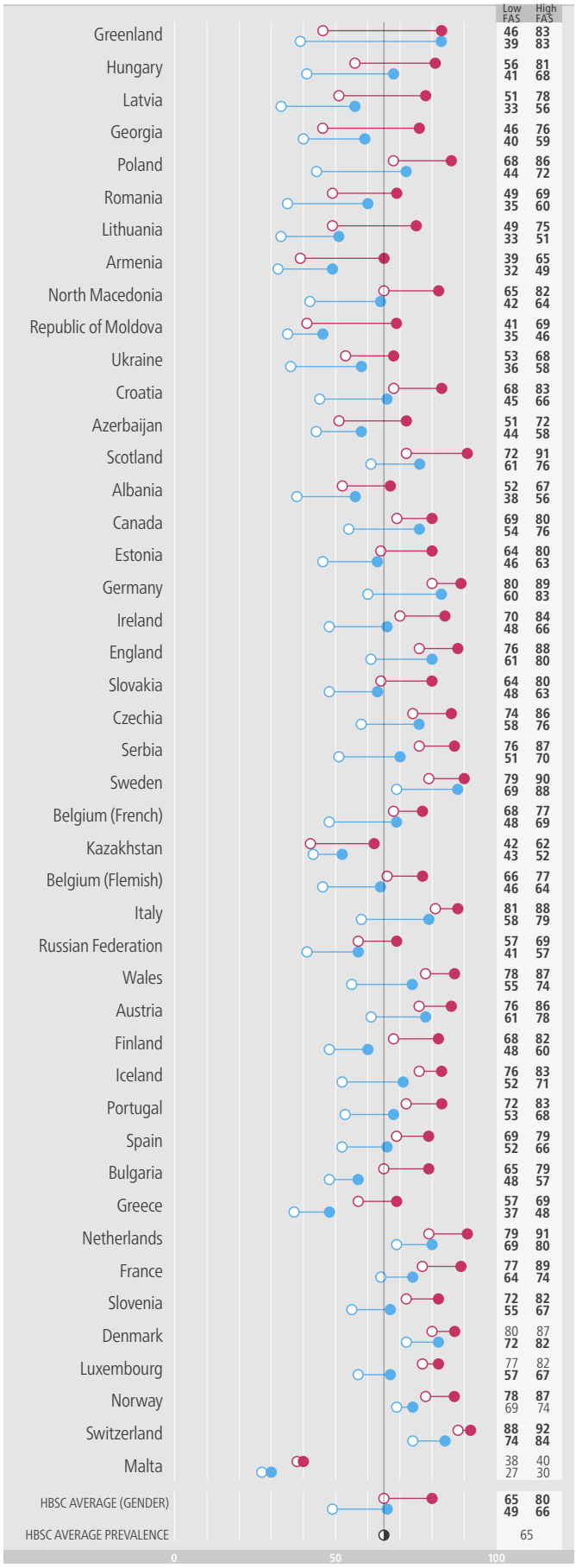
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they brush their teeth. Response options ranged from never to more than once a day. Findings presented here show the proportions who reported brushing their teeth more than once a day.

15-year-olds who brush their teeth more than once a day



Prevalence by family affluence: brush teeth more than once a day by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

CONSUME NEITHER FRUIT NOR VEGETABLES DAILY

MEASURE: young people were asked how often they eat fruit and vegetables. Response options ranged from never to every day, more than once. Findings presented here show the proportions who reported eating neither fruit nor vegetables daily (at least once).

Eat neither fruit nor vegetables daily

	11-year-olds (%)			13-year-olds (%)			15-year-olds (%)		
COUNTRY/REGION	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
Albania	33	22	27	35	19	27	32	20	26
Armenia	34	26	30	33	23	28	38	29	33
Austria	46	33	39	51	43	47	64	54	59
Azerbaijan	58	45	52	52	47	49	67	58	62
Belgium (Flemish)	34	24	29	35	23	29	39	29	34
Belgium (French)	30	26	28	36	31	33	39	30	35
Bulgaria	42	34	38	45	37	41	51	46	49
Canada	33	25	29	42	37	39	42	37	40
Croatia	51	44	47	60	47	54	68	61	65
Czechia	45	35	40	55	41	48	65	49	57
Denmark	44	43	43	48	46	47	52	39	45
England	49	39	44	49	43	46	57	45	51
Estonia	53	42	48	57	48	53	63	51	57
Finland	64	55	60	76	53	65	75	59	67
France	49	44	47	55	46	51	59	53	56
Georgia	49	41	45	50	40	45	45	43	44
Germany	53	44	49	61	49	55	70	55	62
Greece	45	41	43	58	45	51	61	58	59
Greenland	47	43	45	60	48	54	61	60	60
Hungary	54	50	52	65	55	60	67	64	65
Iceland	56	48	52	61	54	58	61	51	56
Ireland	45	35	40	44	42	43	52	42	47
Italy	58	51	55	62	48	55	60	47	54
Kazakhstan	49	45	47	45	39	42	55	46	50
Latvia	58	51	55	67	59	63	67	61	64
Lithuania	53	42	48	60	53	56	64	57	61
Luxembourg	43	41	42	51	45	48	59	54	57
Malta	51	48	50	60	56	58	58	59	59
Netherlands	42	32	37	49	37	43	51	44	48
North Macedonia	46	35	41	48	36	42	49	45	47
Norway	51	46	49	61	47	54	58	51	54
Poland	49	41	45	59	50	55	62	51	57
Portugal	39	35	37	49	45	47	53	48	51
Republic of Moldova	42	34	38	43	38	40	47	41	44
Romania	46	40	43	55	50	52	62	57	60
Russian Federation	51	47	49	58	55	57	58	57	58
Scotland	51	45	48	57	45	51	67	50	58
Serbia	39	31	35	47	41	44	58	47	53
Slovakia	49	40	44	55	44	50	61	55	58
Slovenia	44	33	38	52	44	48	62	54	58
Spain	45	42	43	56	51	53	62	54	58
Sweden	49	41	45	53	48	51	58	48	53
Switzerland	38	32	35	47	37	42	52	40	46
Ukraine	39	33	36	45	35	40	48	43	46
Wales	52	47	49	60	53	57	64	59	61
HBSC average	**47**	**39**	**43**	**53**	**44**	**48**	**57**	**49**	**53**

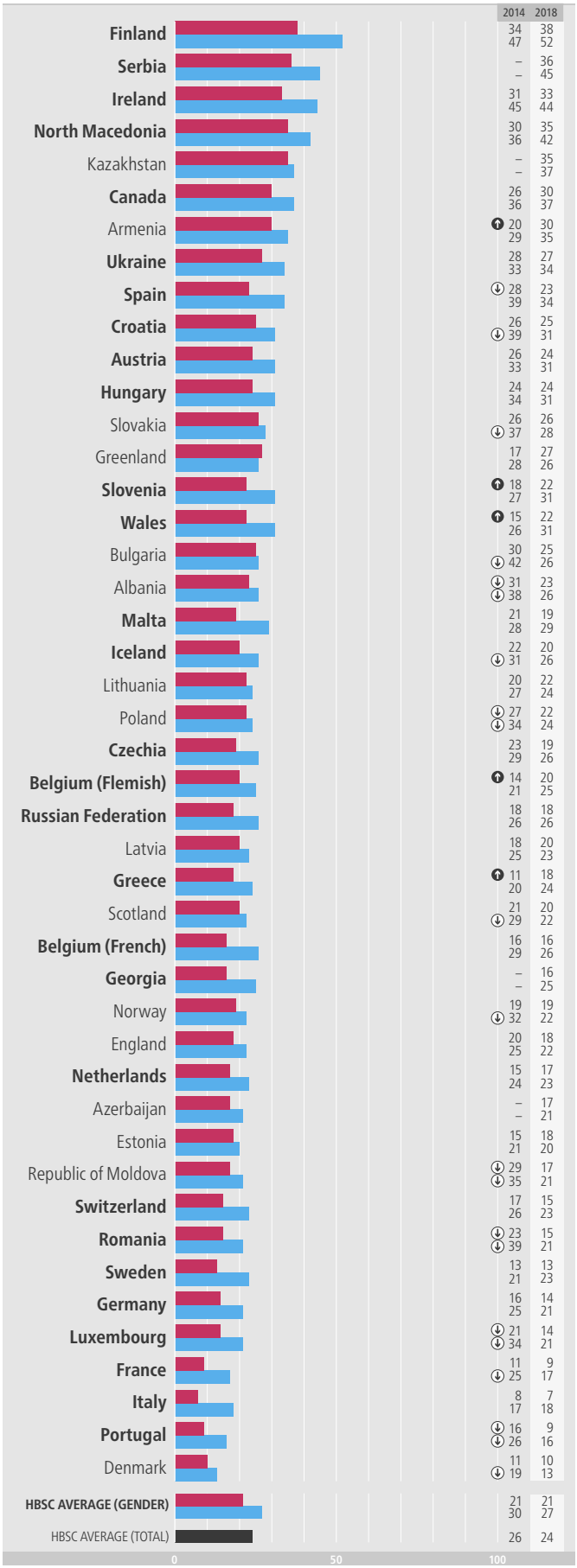
PHYSICAL ACTIVITY

MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY

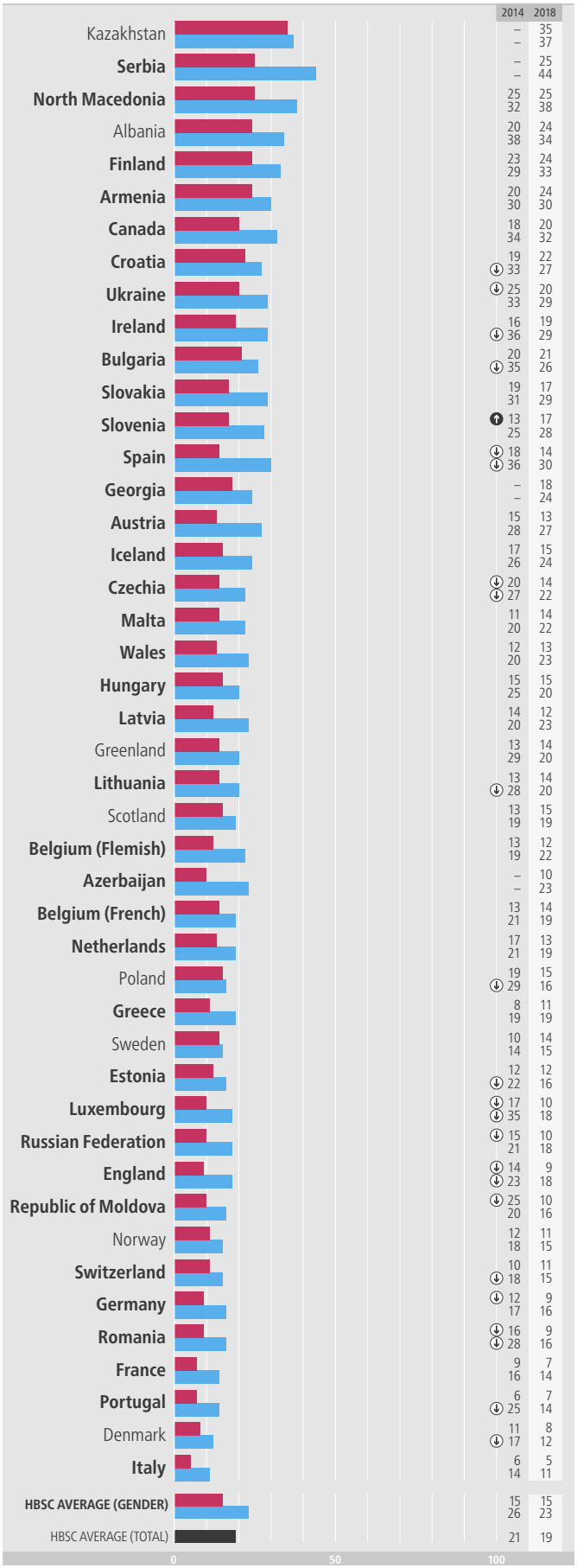
VIGOROUS PHYSICAL ACTIVITY

MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY

11-year-olds who report at least 60 minutes of MVPA daily



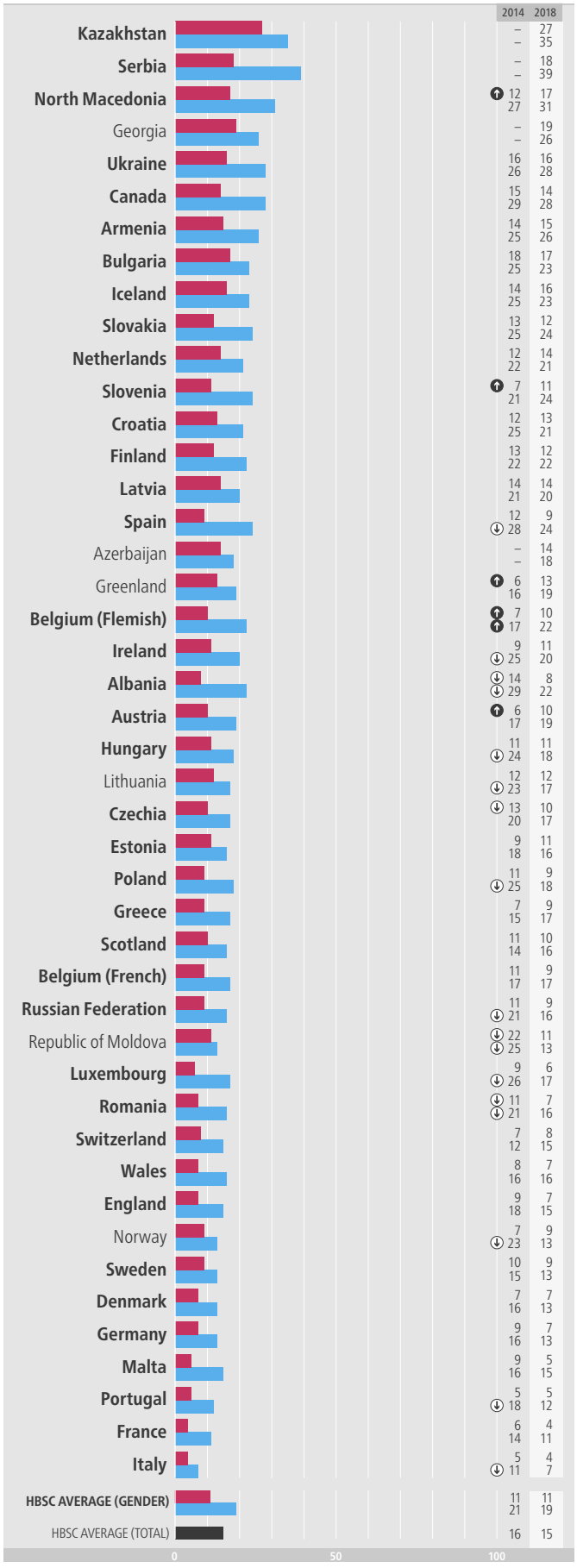
13-year-olds who report at least 60 minutes of MVPA daily



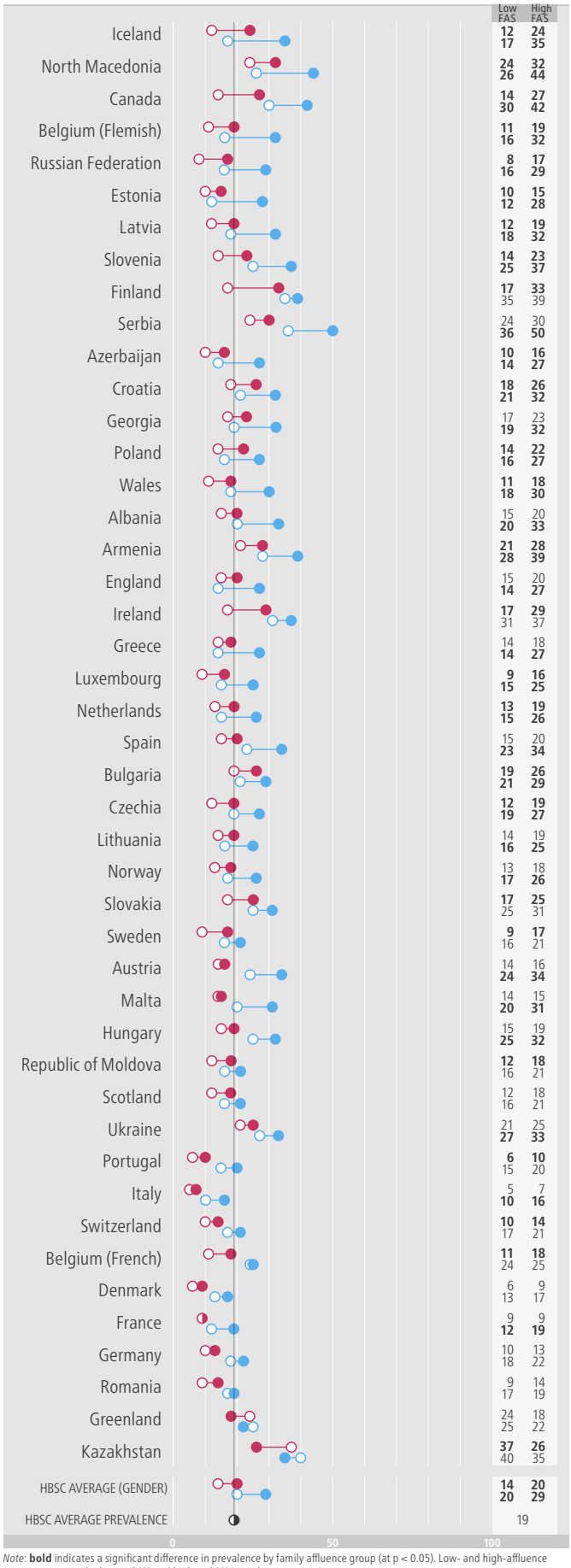
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked to report the number of days over the past week during which they were physically active for a total of at least 60 minutes. The question was introduced by a text defining moderate-to-vigorous physical activity (MVPA) as any activity that increases the heart rate and makes the person get out of breath some of the time, with examples provided. Findings presented here show the proportions who report at least 60 minutes of MVPA daily.

15-year-olds who report at least 60 minutes of MVPA daily



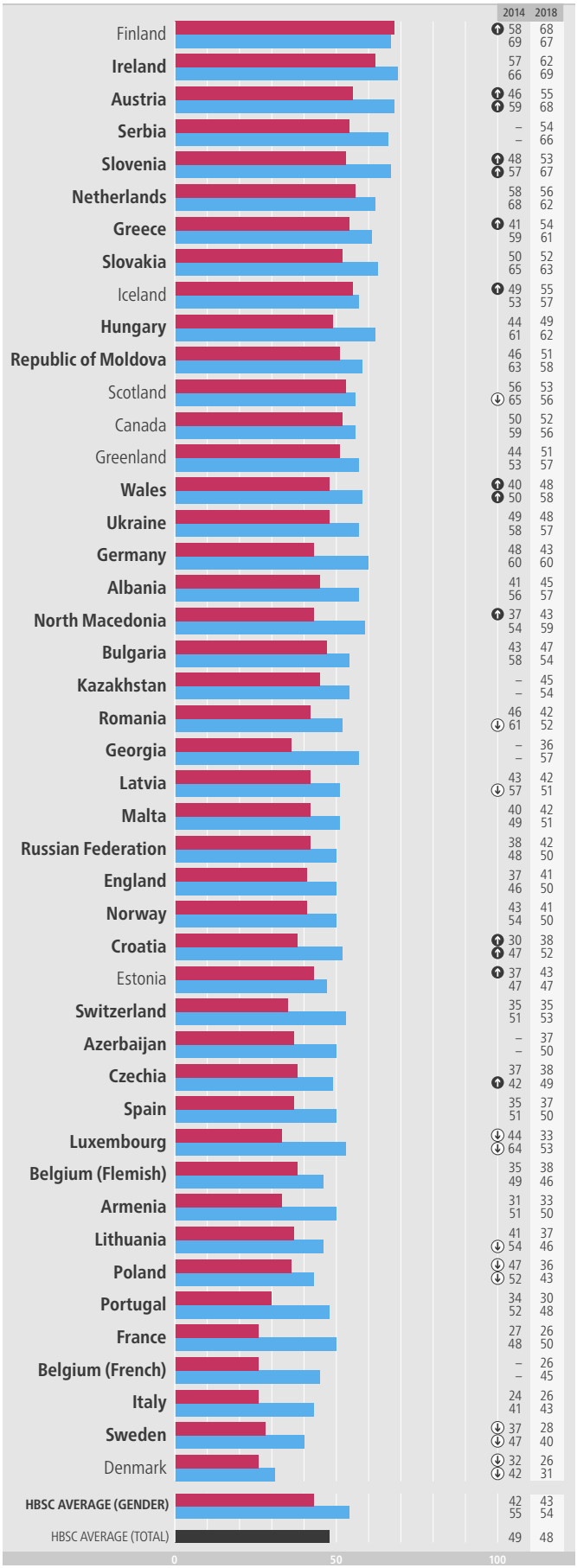
Prevalence by family affluence: 60 minutes of MVPA daily by country/region and gender



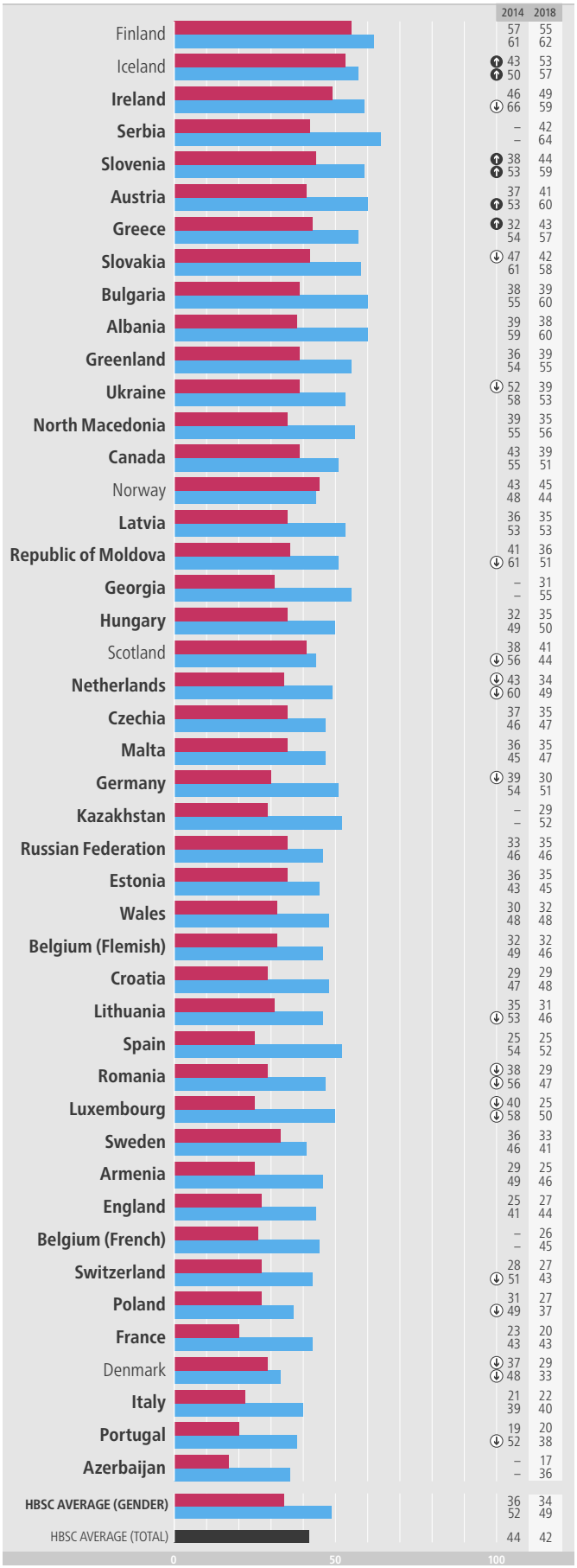
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

VIGOROUS PHYSICAL ACTIVITY

11-year-olds who report vigorous physical activity four or more times per week



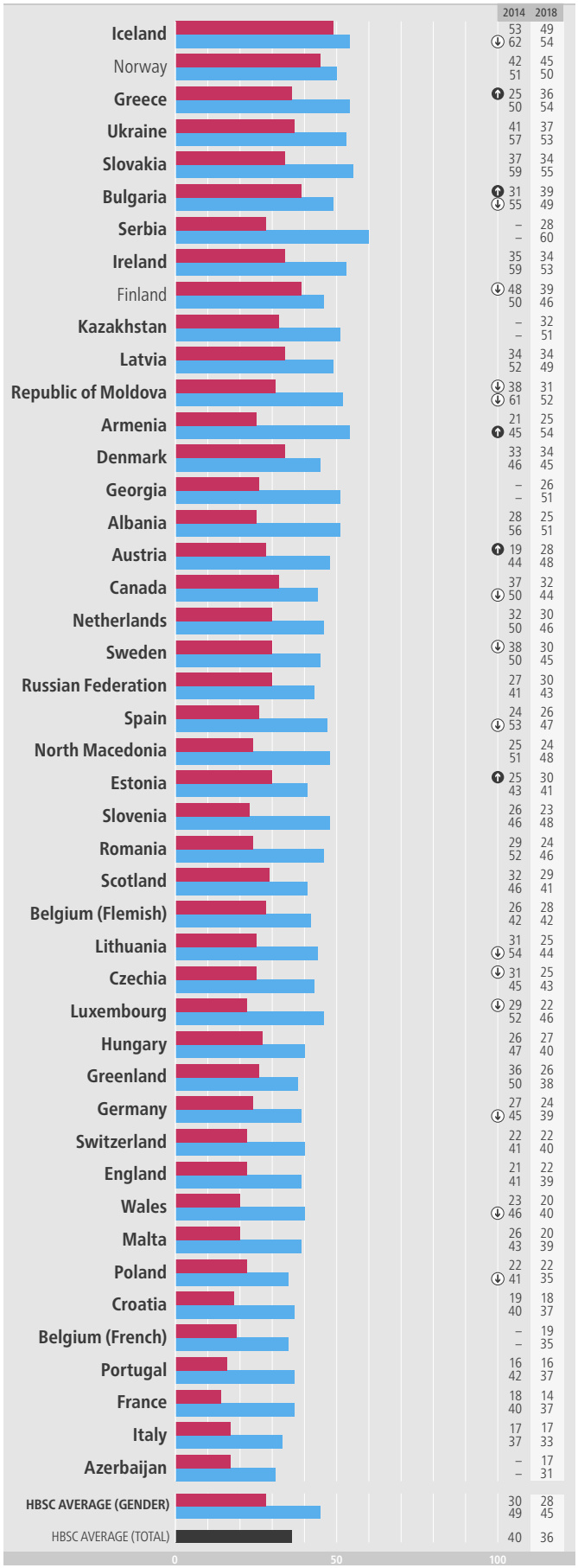
13-year-olds who report vigorous physical activity four or more times per week



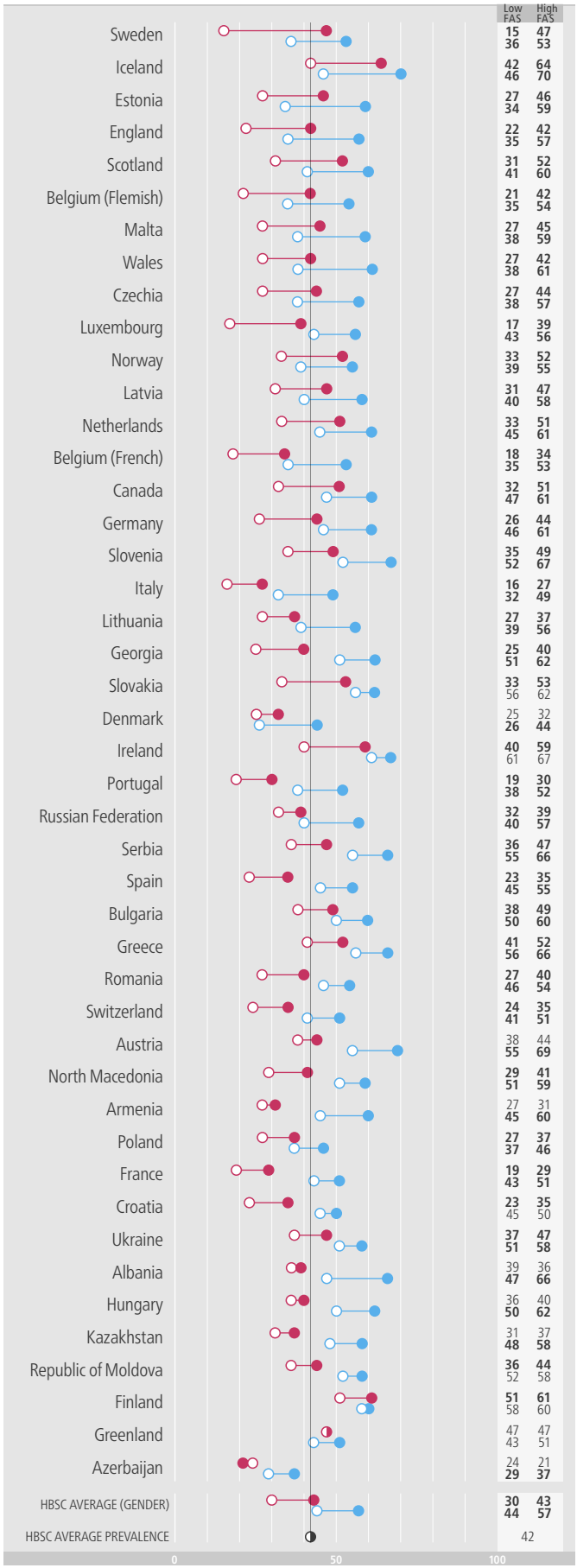
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked to report the number of times per week they usually exercise in their free time (outside school hours), so much so that they got out of breath or sweated. Findings presented here show the proportions who participated in vigorous physical activity four or more times per week.

15-year-olds who report vigorous physical activity four or more times per week



Prevalence by family affluence: vigorous physical activity four or more times per week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

OVERWEIGHT, UNDERWEIGHT AND BODY IMAGE

OVERWEIGHT AND OBESITY

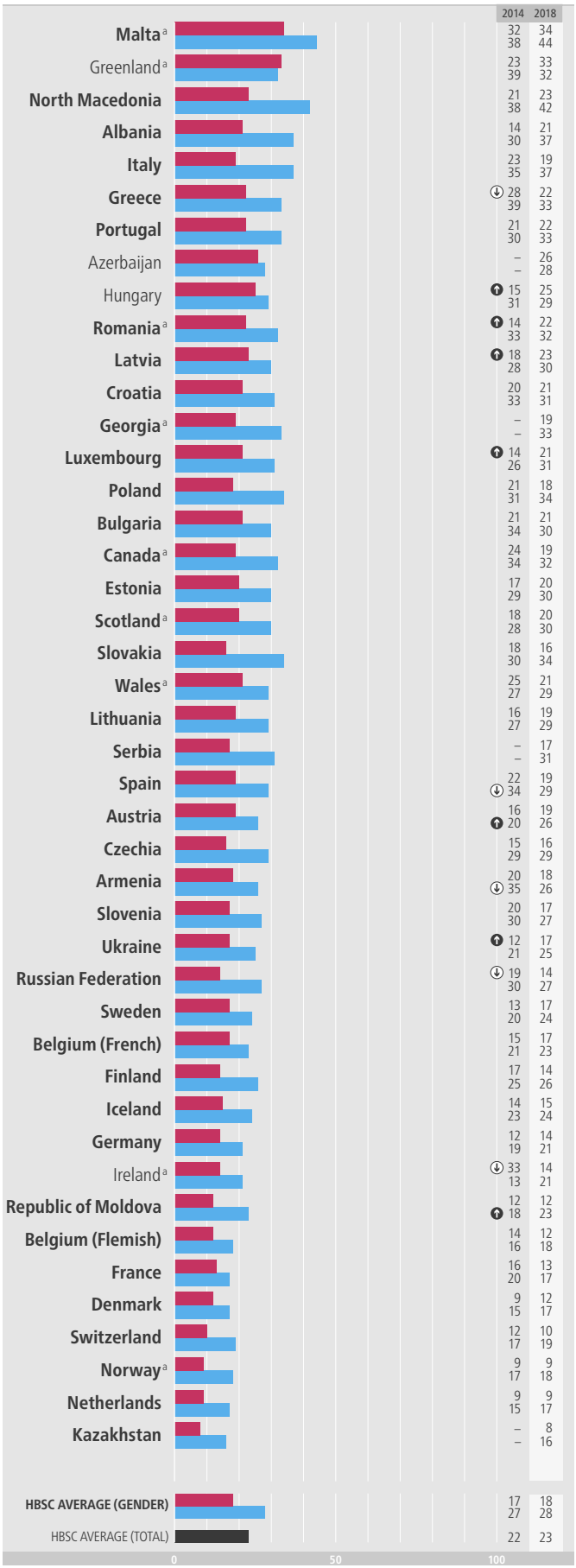
UNDERWEIGHT

BODY IMAGE

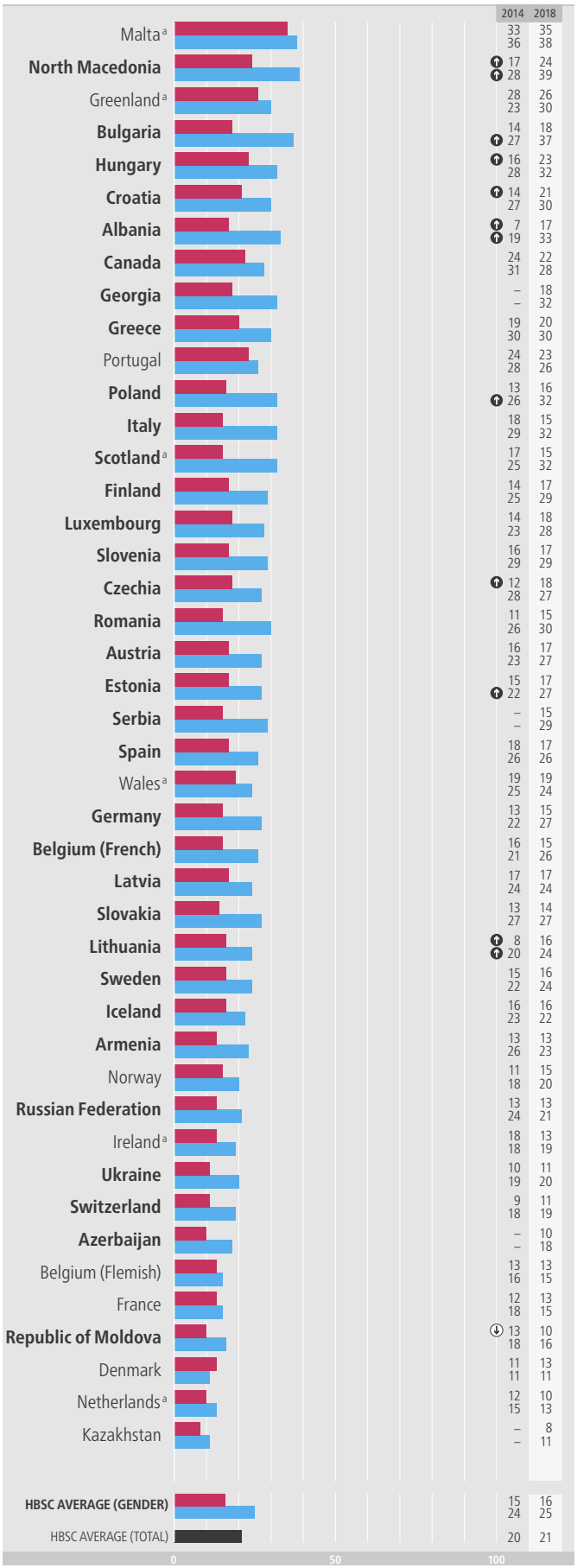
RATES OF MISSING BMI DATA

OVERWEIGHT AND OBESITY

11-year-olds who are overweight or obese (based on WHO growth reference)



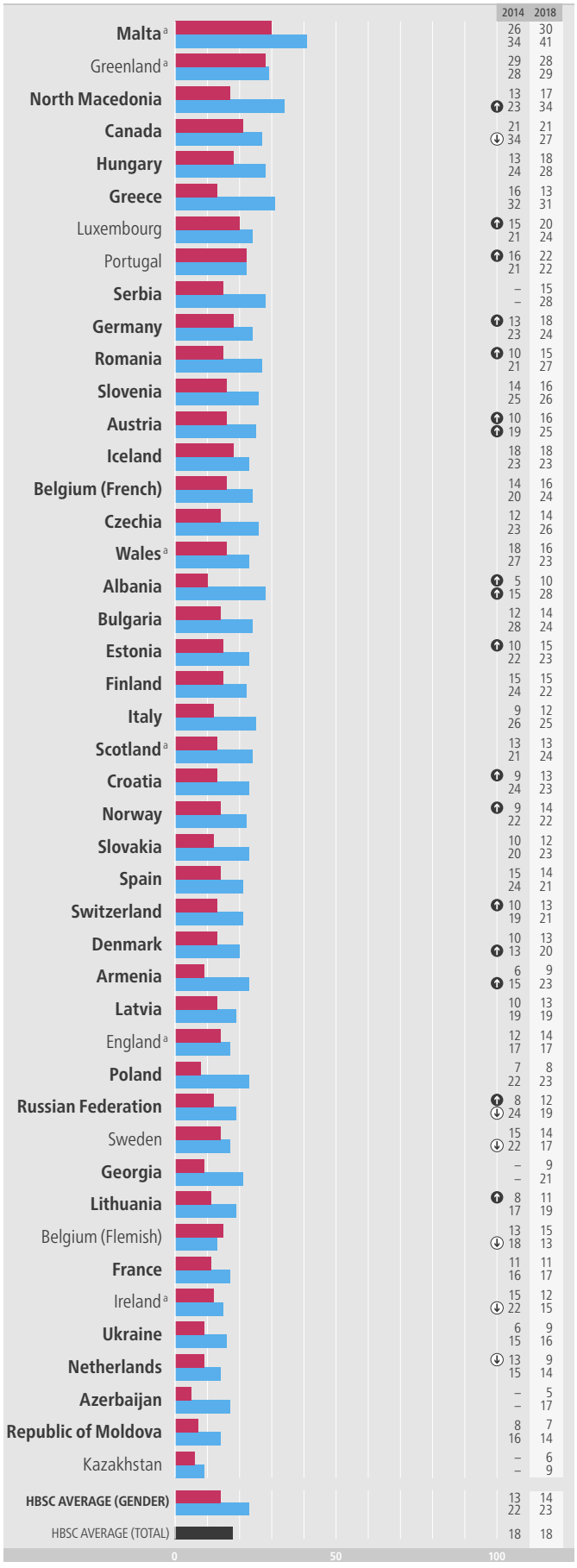
13-year-olds who are overweight or obese (based on WHO growth reference)



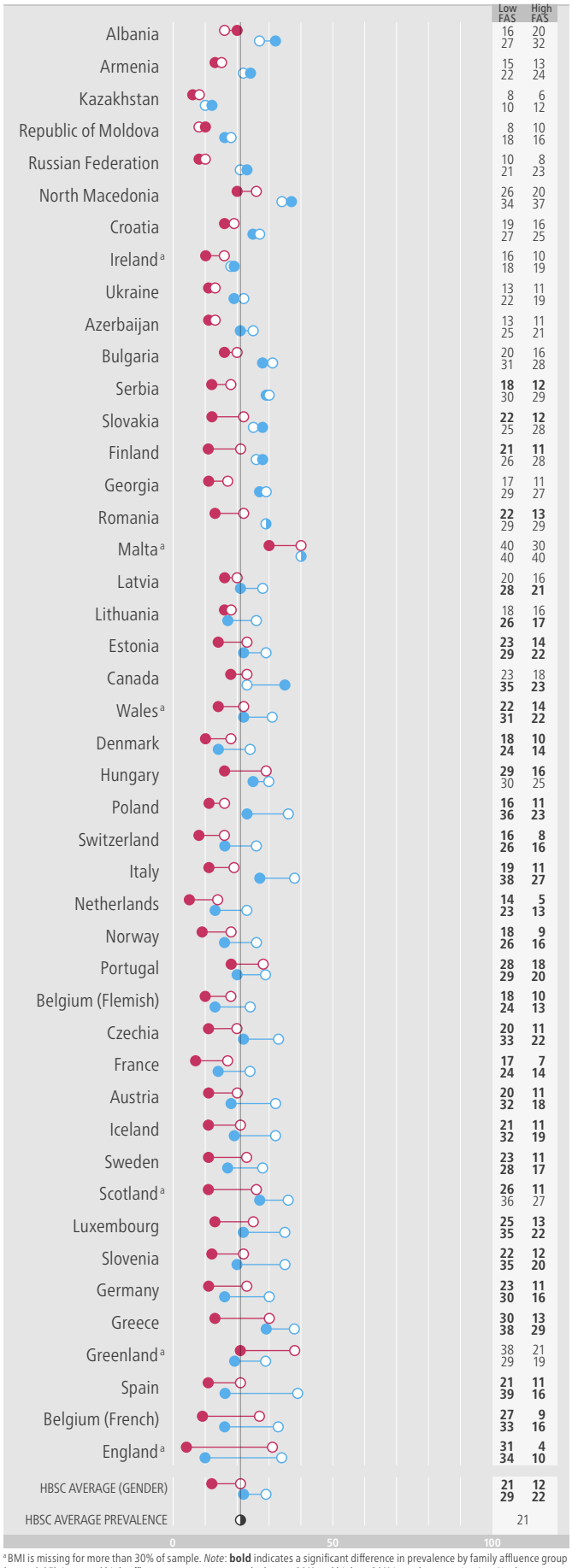
[a] BMI is missing for more than 30% of age-group sample. *Note:* country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from England (11- and 13-year-olds).

MEASURE: young people were asked to give their height (without shoes) and weight (without clothes). Body mass index (BMI) was calculated from this information and cut-offs for overweight and obesity allocated based on the WHO growth reference for age. Findings presented here show the proportions who are overweight or obese.

15-year-olds who are overweight or obese (based on WHO growth reference)



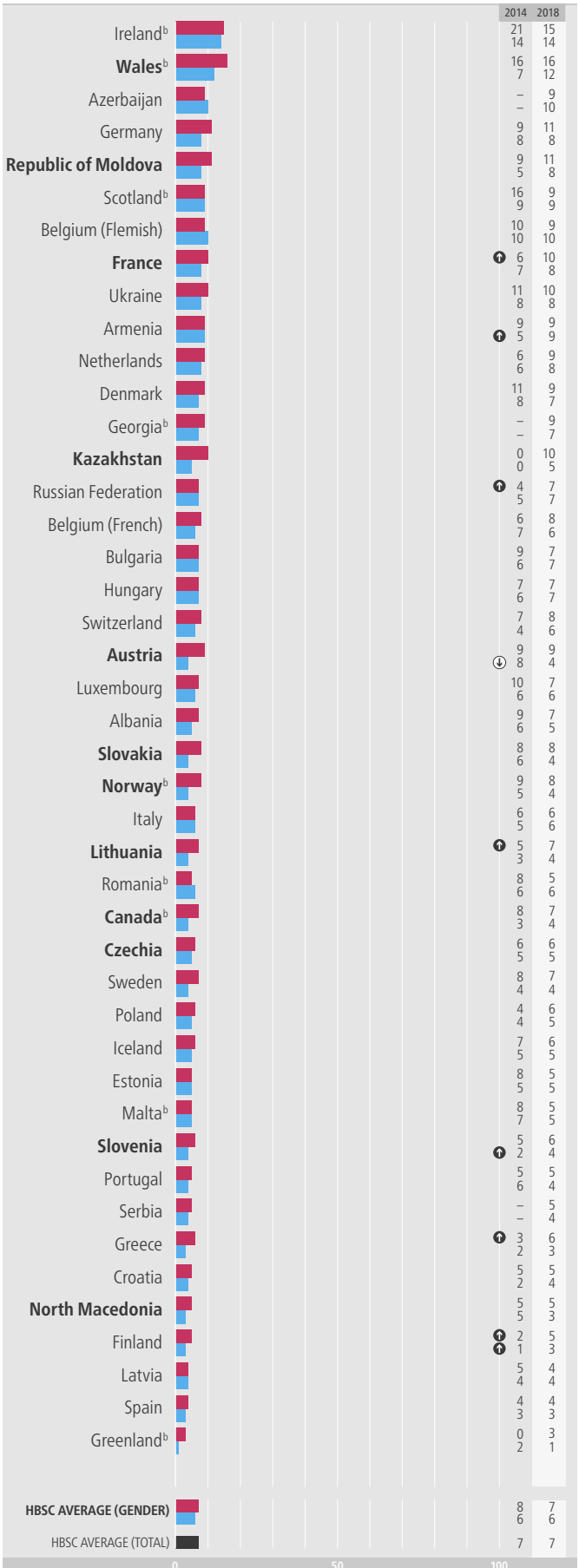
Prevalence by family affluence: overweight or obese by country/region and gender



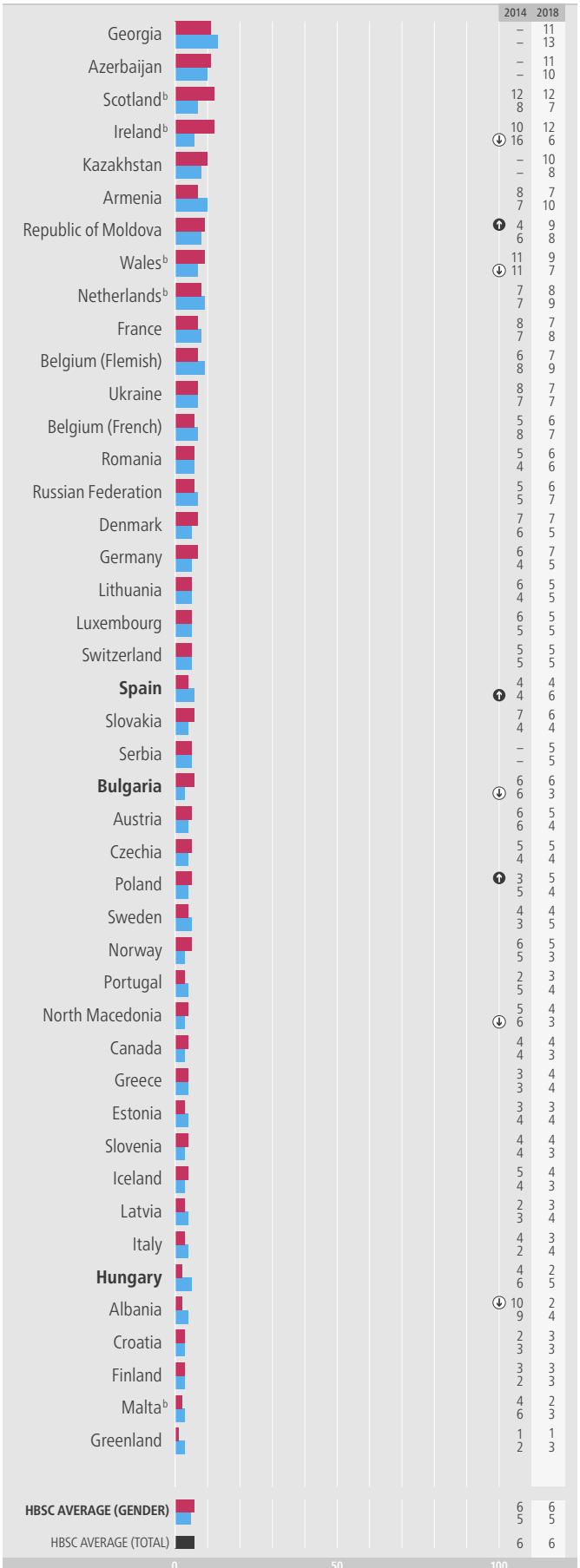
[a] BMI is missing for more than 30% of sample. *Note*: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from England (11- and 13-year-olds).

UNDERWEIGHT

11-year-olds who are underweight (based on WHO growth reference)[a]



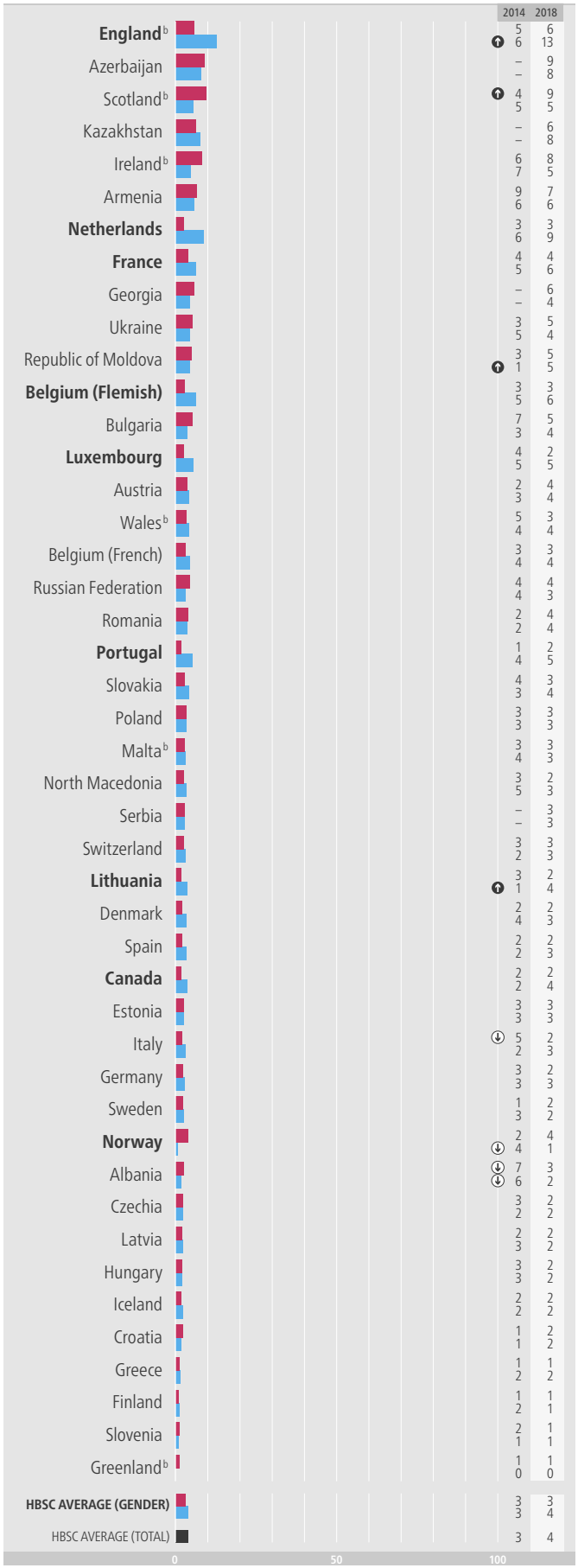
13-year-olds who are underweight (based on WHO growth reference)[a]



[a] Underweight is used in this measure to denote thinness, as defined in the WHO growth reference. [b] BMI is missing for more than 30% of age-group sample. *Note:* country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from England (11- and 13-year-olds).

MEASURE: young people were asked to give their height (without shoes) and weight (without clothes). BMI was calculated from this information and cut-offs for underweight applied based on the WHO growth reference for age. Findings presented here show the proportions who are underweight.

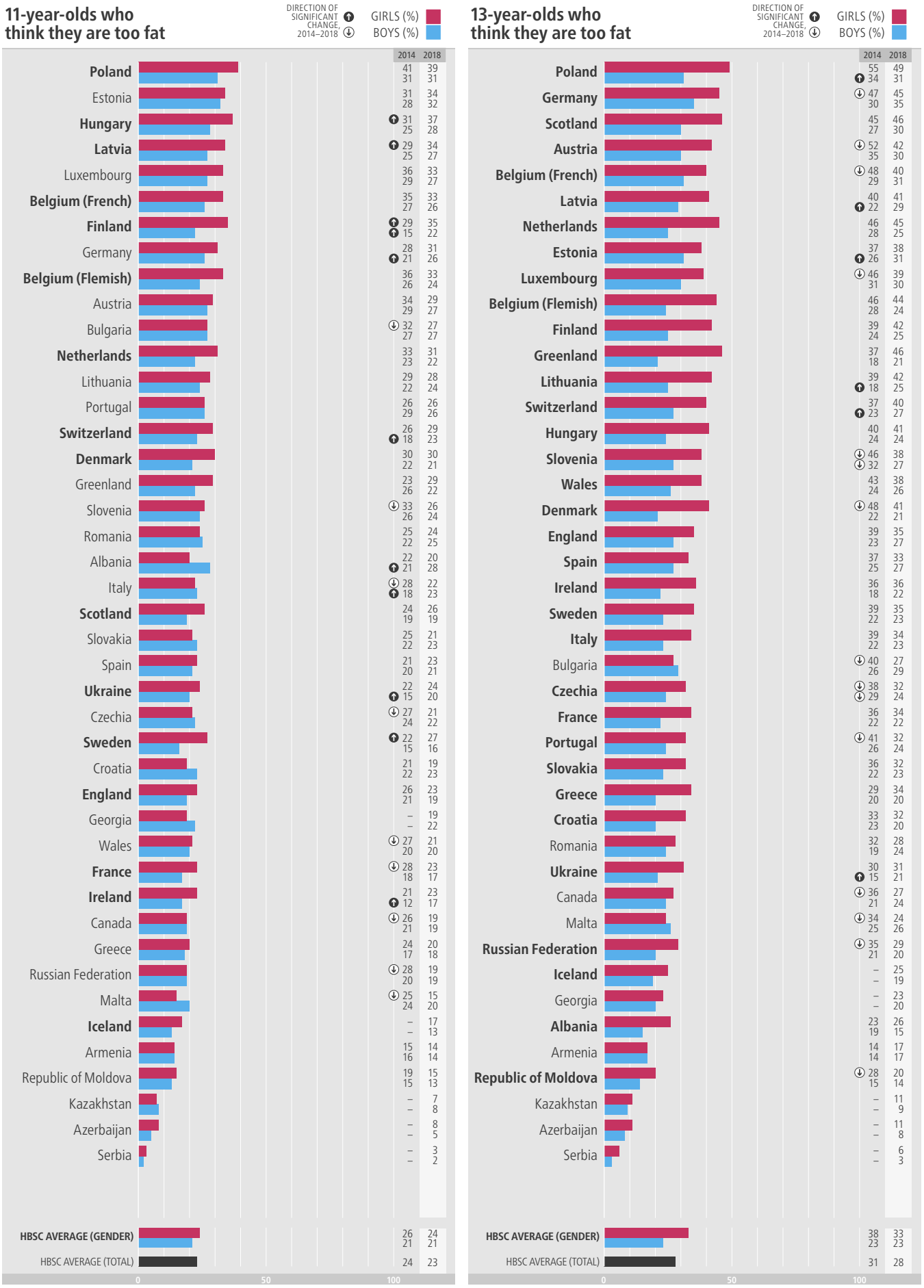
15-year-olds who are underweight (based on WHO growth reference)[a]



Prevalence by family affluence: underweight[a] by country/region and gender

[a] Underweight is used in this measure to denote thinness, as defined in the WHO growth reference. [b] BMI is missing for more than 30% of age-group sample. *Note*: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from England (11- and 13-year-olds).

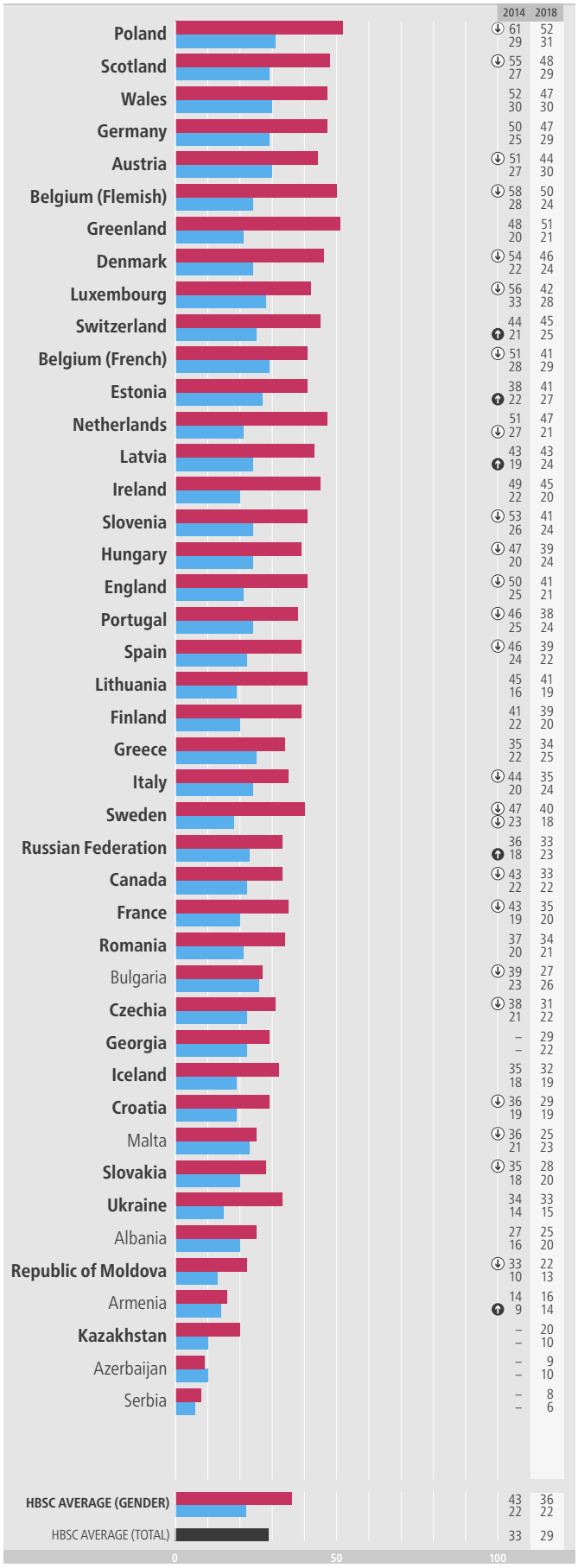
BODY IMAGE



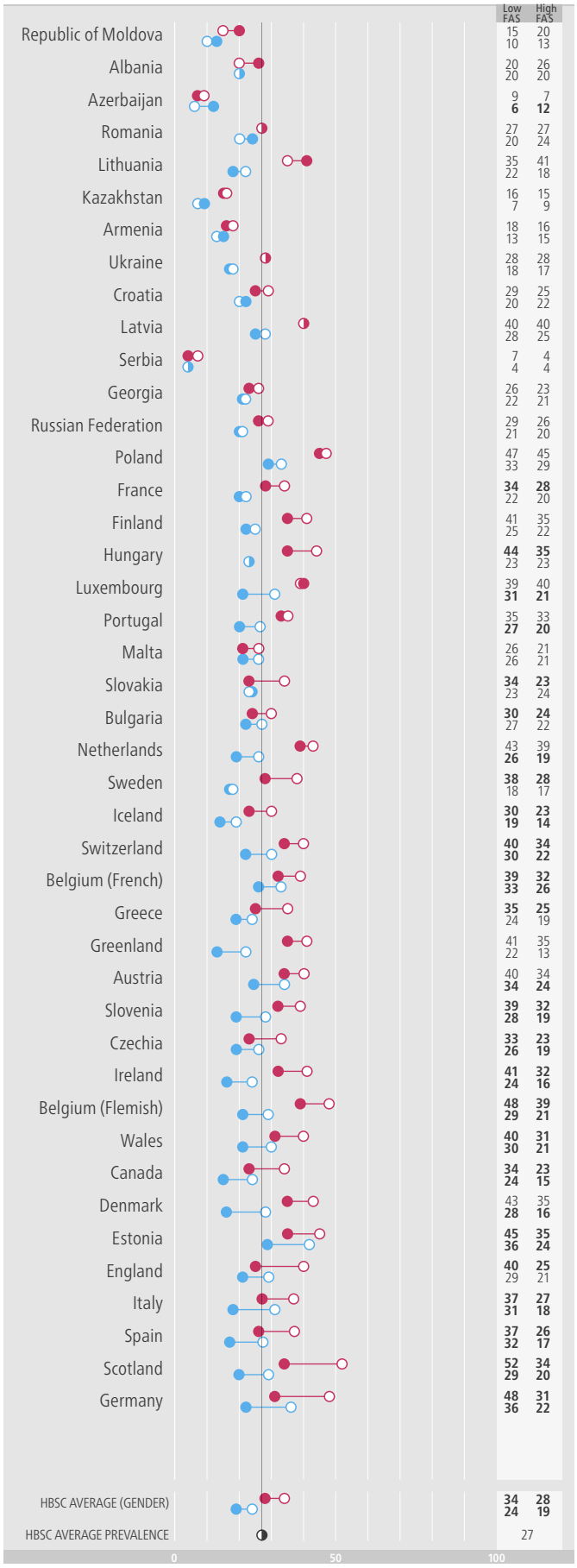
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from North Macedonia and Norway.

MEASURE: young people were asked about how they perceive their bodies. Response options ranged from much too thin to much too fat. Findings presented here show the proportions who reported perceiving their body to be too fat, defined as being a bit or much too fat.

15-year-olds who think they are too fat



Prevalence by family affluence: feeling too fat by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from North Macedonia and Norway.

RATES OF MISSING BMI DATA

MEASURE: young people were asked to give their height (without shoes) and weight (without clothes). BMI was calculated from this information and cut-offs for underweight applied based on the WHO growth reference for age . Findings presented here show the levels of missing data across all countries and regions.

Overweight and underweight: rates of missing BMI data

	11-year-olds (%)			13-year-olds (%)			15-year-olds (%)		
COUNTRY/REGION	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
Albania	7	7	7	15	6	11	11	7	9
Armenia	18	16	17	16	10	13	32	20	26
Austria	4	4	4	3	5	4	2	4	3
Azerbaijan	2	4	3	3	4	3	15	5	10
Belgium (Flemish)	11	14	12	18	13	16	14	13	13
Belgium (French)	16	17	16	15	16	15	8	8	8
Bulgaria	9	8	8	6	4	5	10	5	7
Canada	37	49	43	26	29	27	18	19	19
Croatia	4	3	3	2	2	2	2	3	2
Czechia	9	8	8	6	6	6	8	6	7
Denmark	14	17	15	6	10	8	7	7	7
England	–	–	–	–	–	–	60	62	61
Estonia	22	17	19	14	11	13	7	7	7
Finland	8	10	9	4	7	5	3	7	5
France	19	20	20	17	18	18	14	16	15
Georgia	31	34	33	23	25	24	20	21	21
Germany	15	21	18	10	11	11	8	8	8
Greece	8	6	7	5	2	4	3	3	3
Greenland	59	71	65	54	57	56	52	49	51
Hungary	12	13	13	7	10	8	7	7	7
Iceland	26	31	28	21	18	20	16	14	15
Ireland	81	87	84	79	84	81	57	69	63
Italy	10	13	11	8	10	9	6	9	8
Kazakhstan	9	11	10	9	9	9	8	6	7
Latvia	5	4	5	5	4	4	1	2	2
Lithuania	22	10	16	16	9	12	10	5	7
Luxembourg	17	23	20	16	16	16	12	11	11
Malta	42	45	43	37	50	43	35	28	32
Republic of Moldova	5	4	4	3	3	3	3	2	2
Netherlands	24	26	25	35	37	36	23	23	23
North Macedonia	14	16	15	9	9	9	8	8	8
Norway	34	38	36	24	25	25	13	15	14
Poland	15	13	14	9	6	8	5	7	6
Portugal	10	8	9	7	7	7	6	4	5
Romania	35	34	35	25	29	27	19	20	19
Russian Federation	7	5	6	15	12	13	5	4	4
Scotland	75	81	78	73	75	74	57	63	60
Serbia	14	11	13	10	8	9	6	5	5
Slovakia	20	19	20	15	19	17	17	13	15
Slovenia	6	5	6	6	5	5	3	4	3
Spain	9	13	11	10	12	11	6	8	7
Sweden	26	25	26	20	21	21	11	13	12
Switzerland	9	10	10	6	10	8	5	7	6
Ukraine	18	12	15	12	8	10	6	4	5
Wales	81	88	84	70	80	75	55	67	61
HBSC average	**21**	**22**	**21**	**18**	**19**	**18**	**15**	**15**	**15**

Note: no data were received from England (11- and 13-year olds).

ONLINE COMMUNICATION

INTENSIVE ELECTRONIC MEDIA COMMUNICATION

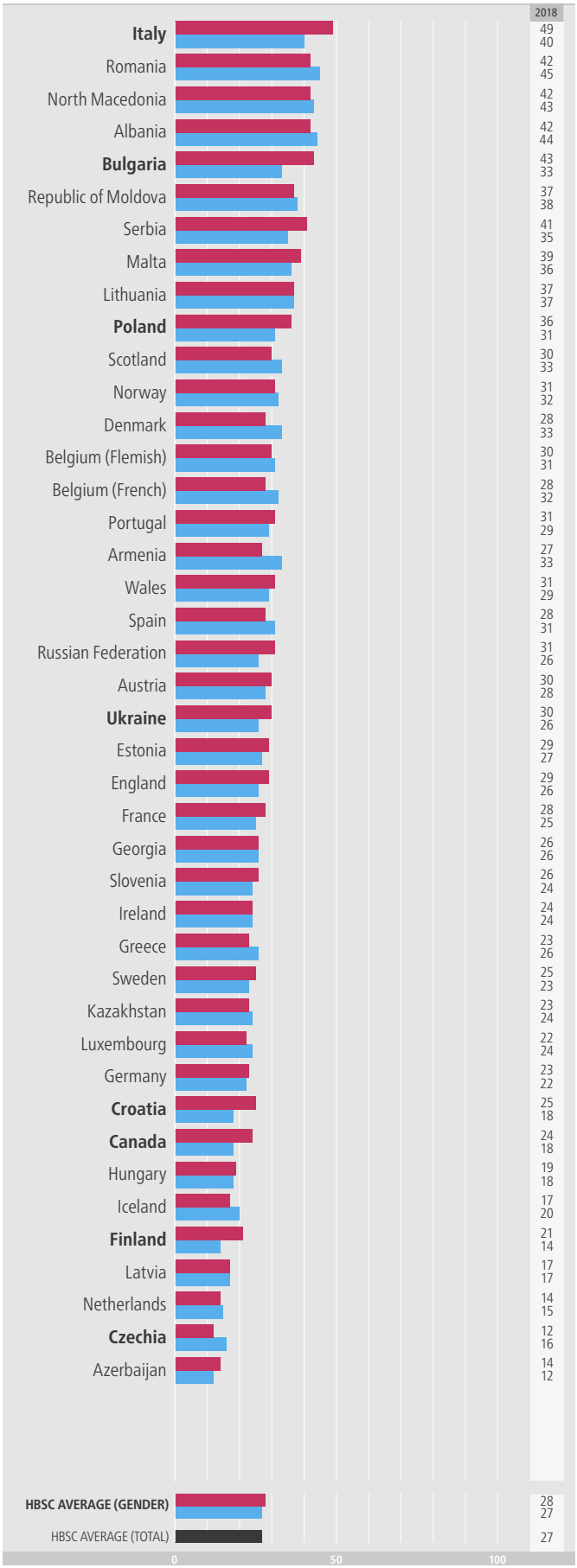
PREFERENCE FOR ONLINE COMMUNICATION

PROBLEMATIC SOCIAL MEDIA USE

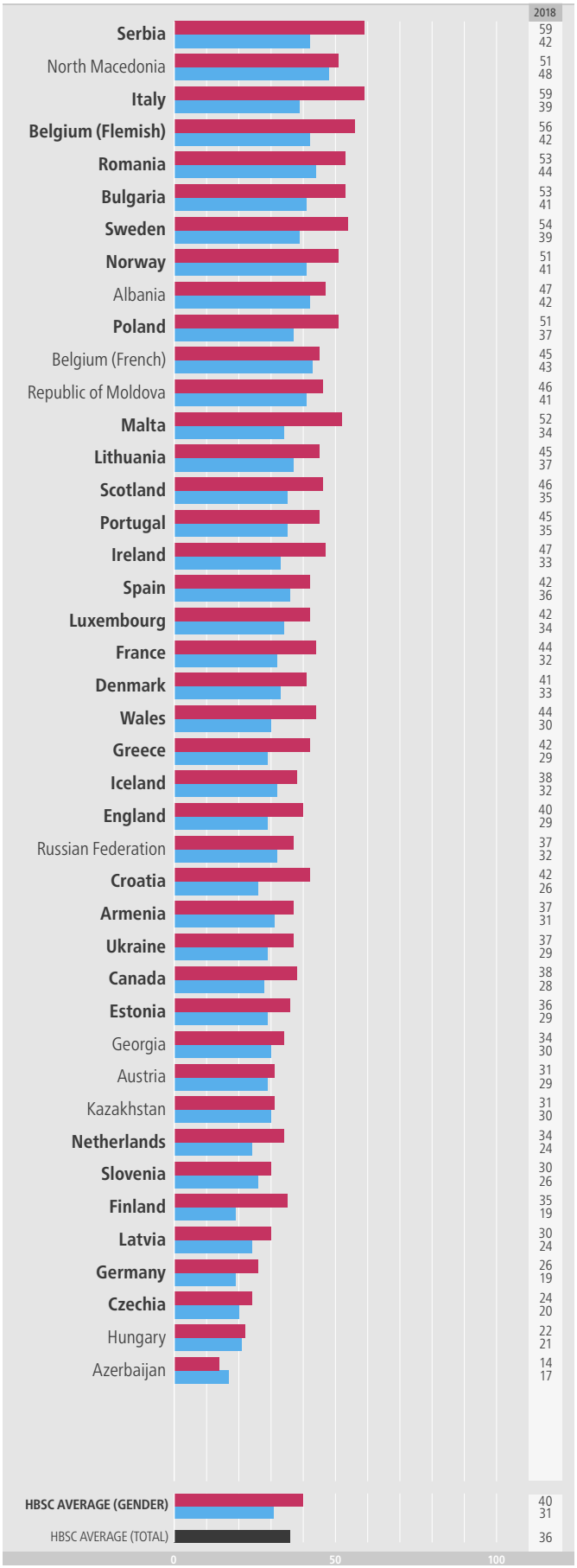
INTENSIVE ELECTRONIC MEDIA COMMUNICATION: INDIVIDUAL FRIENDSHIP CATEGORIES

INTENSIVE ELECTRONIC MEDIA COMMUNICATION

11-year-olds who report intensive electronic media communication



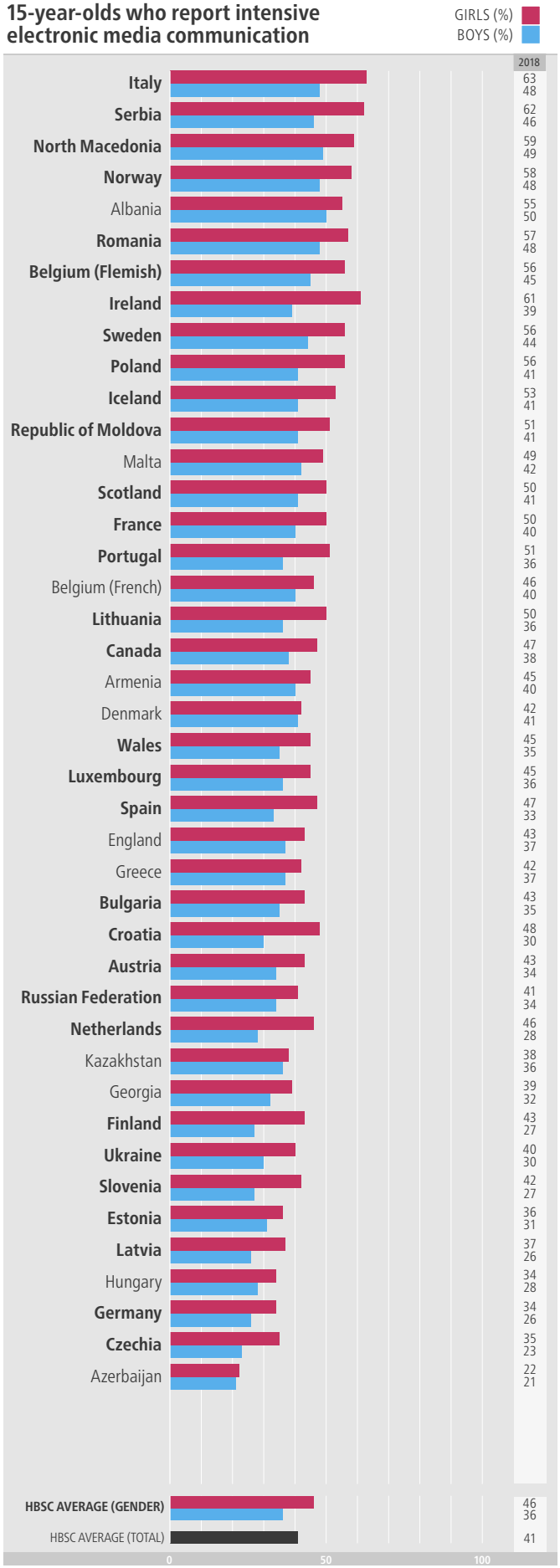
13-year-olds who report intensive electronic media communication



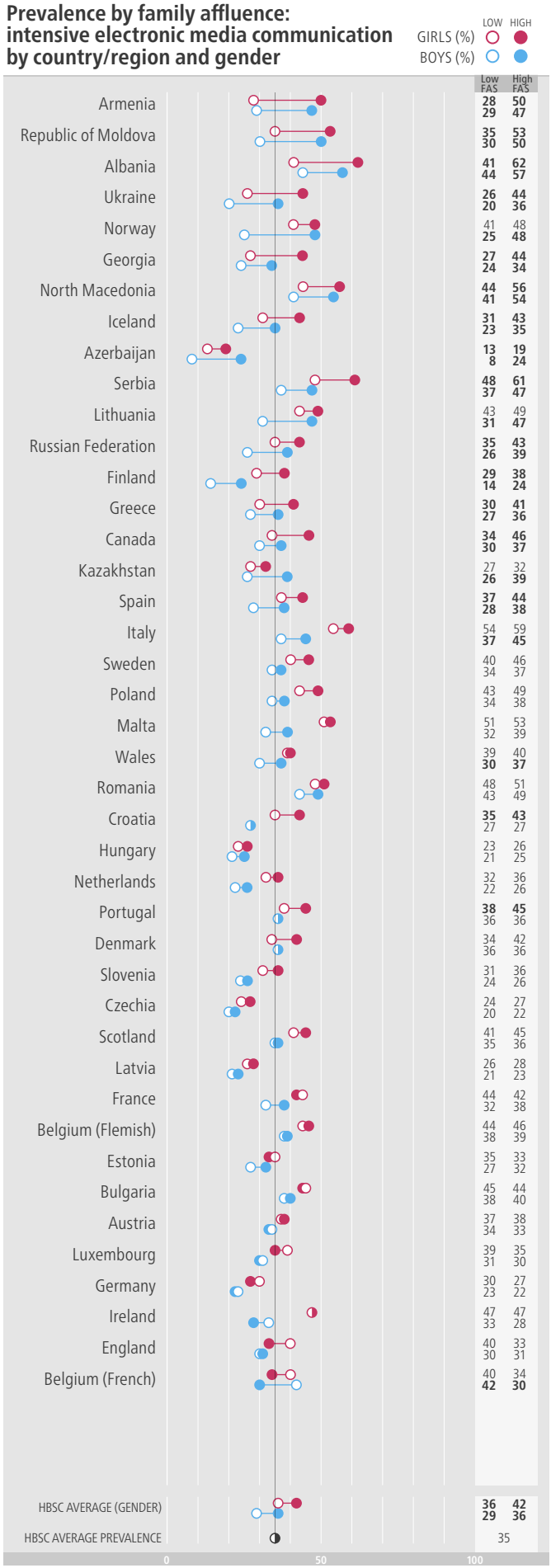
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$). No data were received from Greenland, Slovakia and Switzerland.

MEASURE: young people were asked how often they had online contact with friends and others. Responses ranged from never or almost never to almost all the time throughout the day. Findings presented here show the proportion who are intensive users of electronic media to contact friends (those who responded they had contact almost all the time with at least one of the four friendship categories).

15-year-olds who report intensive electronic media communication



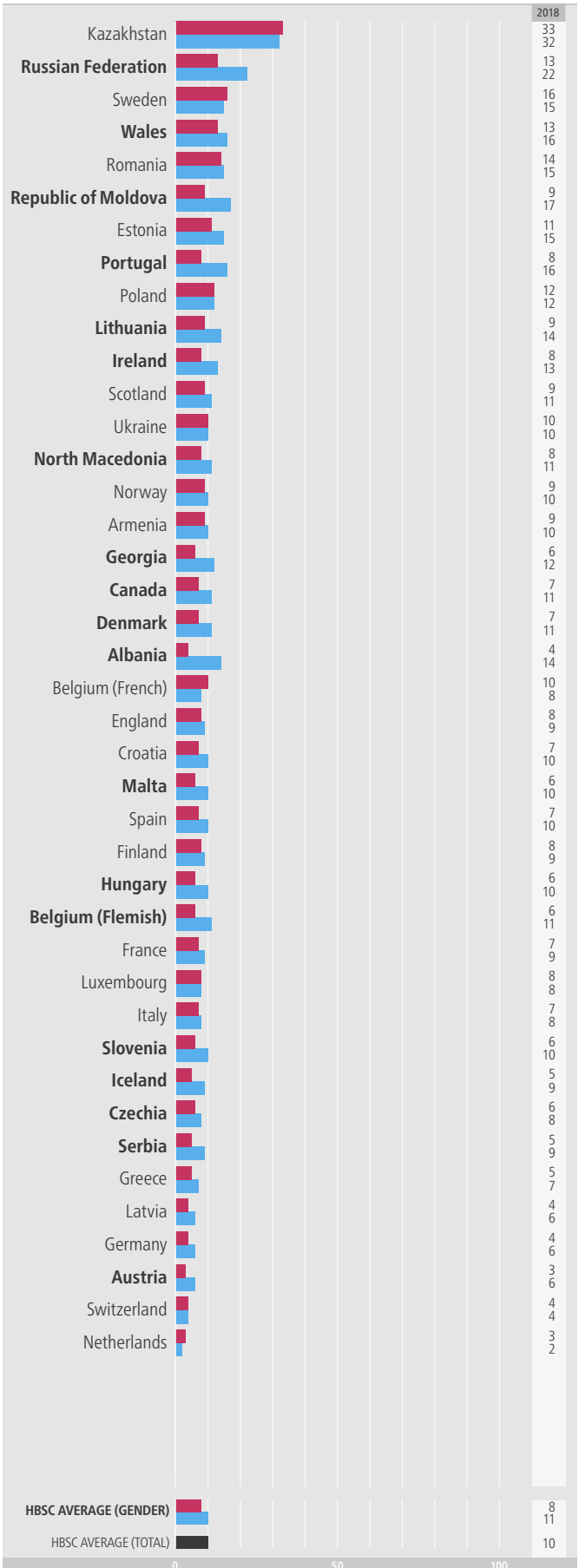
Prevalence by family affluence: intensive electronic media communication by country/region and gender



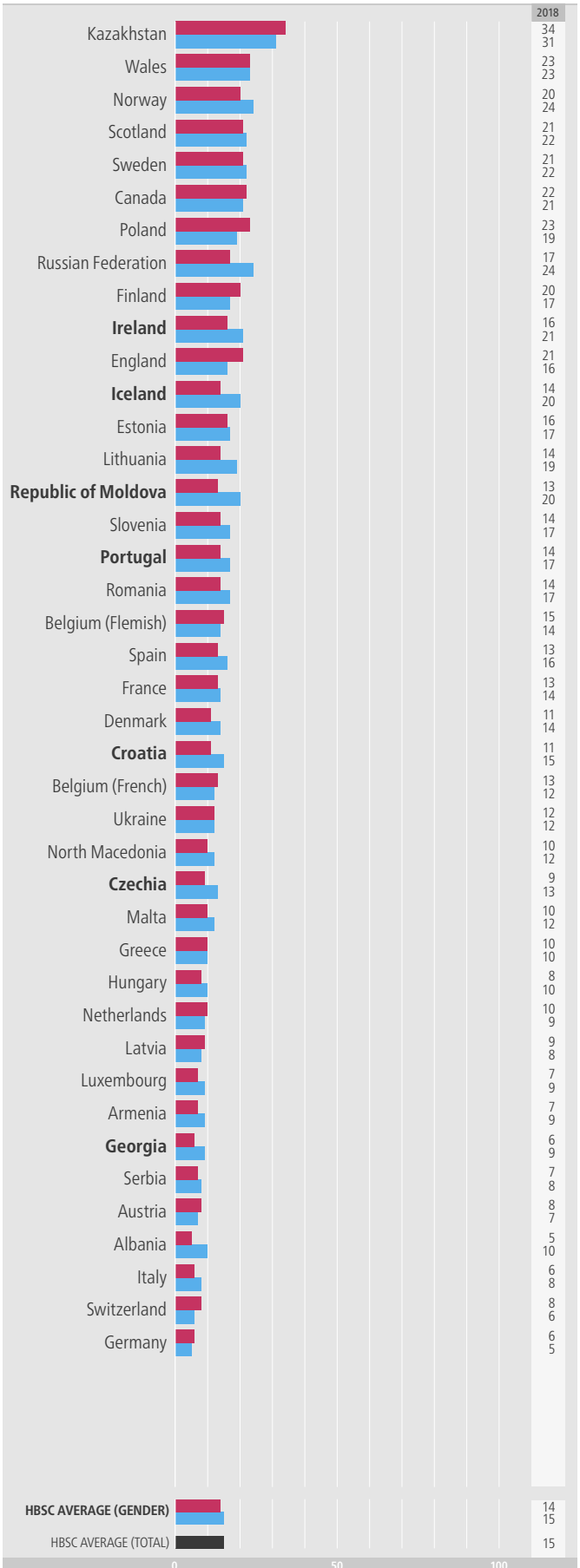
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Greenland, Slovakia and Switzerland.

PREFERENCE FOR ONLINE COMMUNICATION

11-year-olds who have a strong preference for online communication



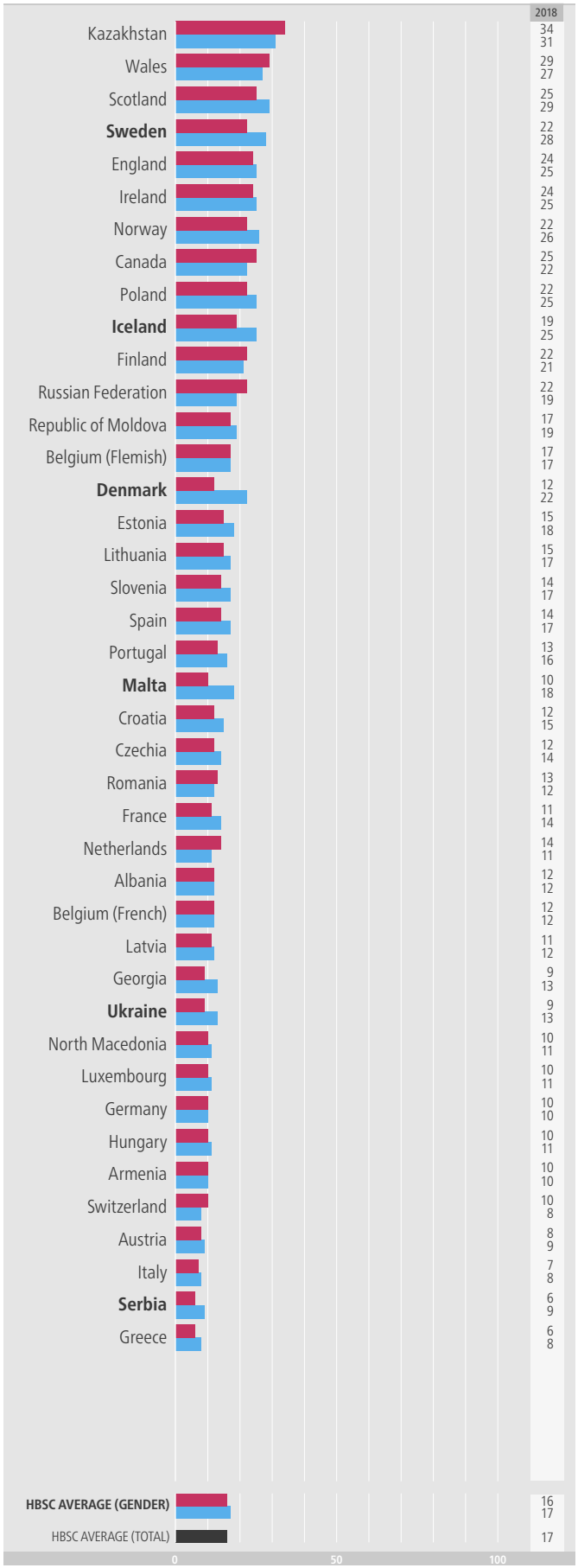
13-year-olds who have a strong preference for online communication



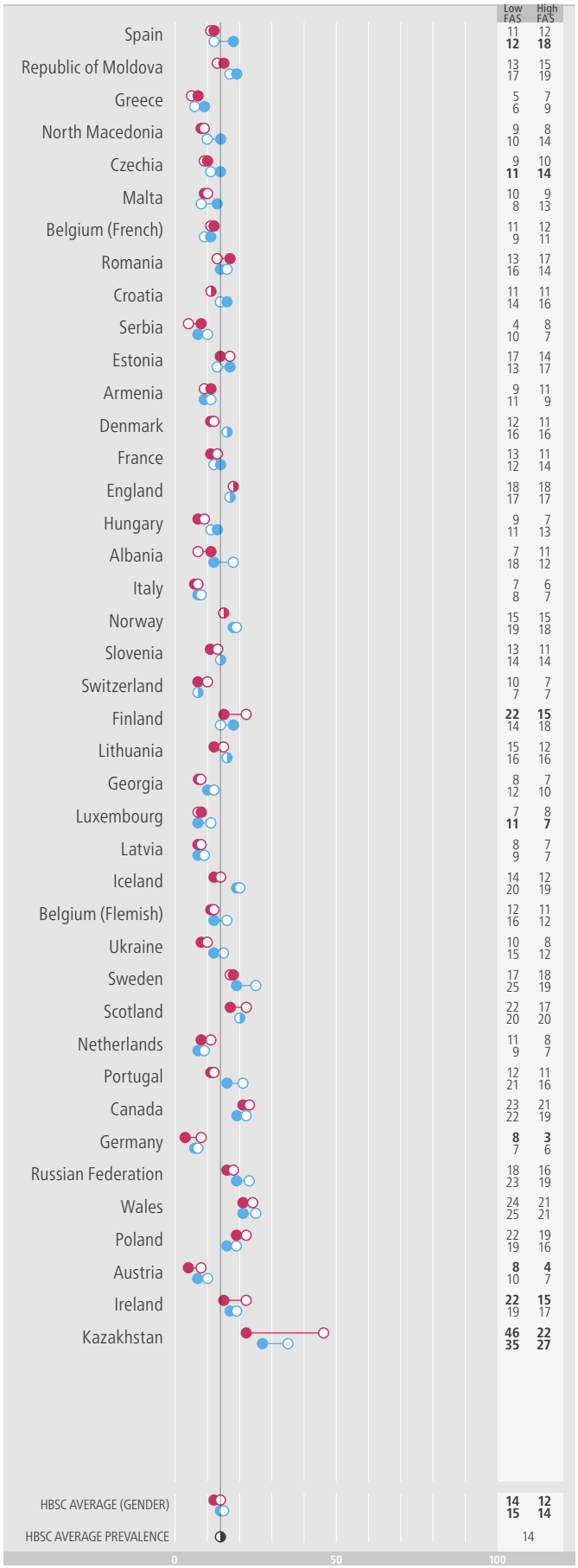
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$). No data were received from Azerbaijan, Bulgaria, Greenland and Slovakia.

MEASURE: young people were asked how much they agreed or disagreed with three statements on preference for online communication about secrets, inner feelings and concerns. Findings presented here show the proportions who have a strong preference for online communication (mean score of 4 or more out of 5).

15-year-olds who have a strong preference for online communication



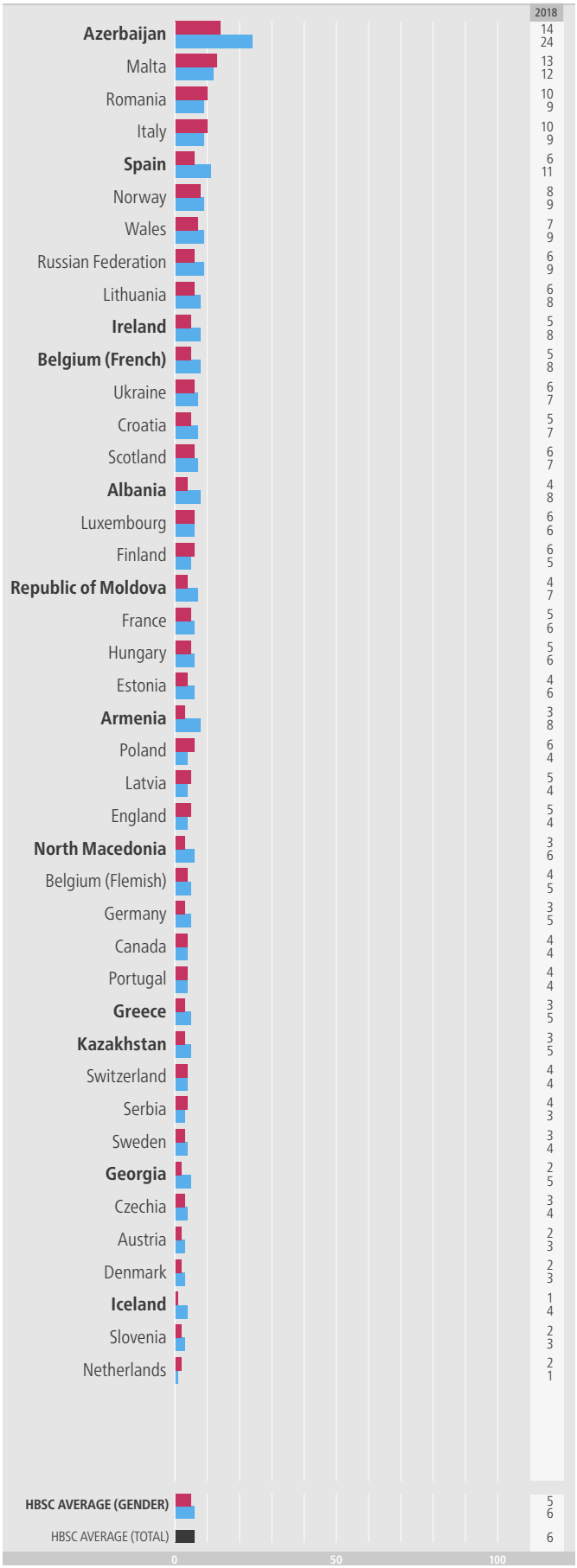
Prevalence by family affluence: strong preference for online communication by country/region and gender



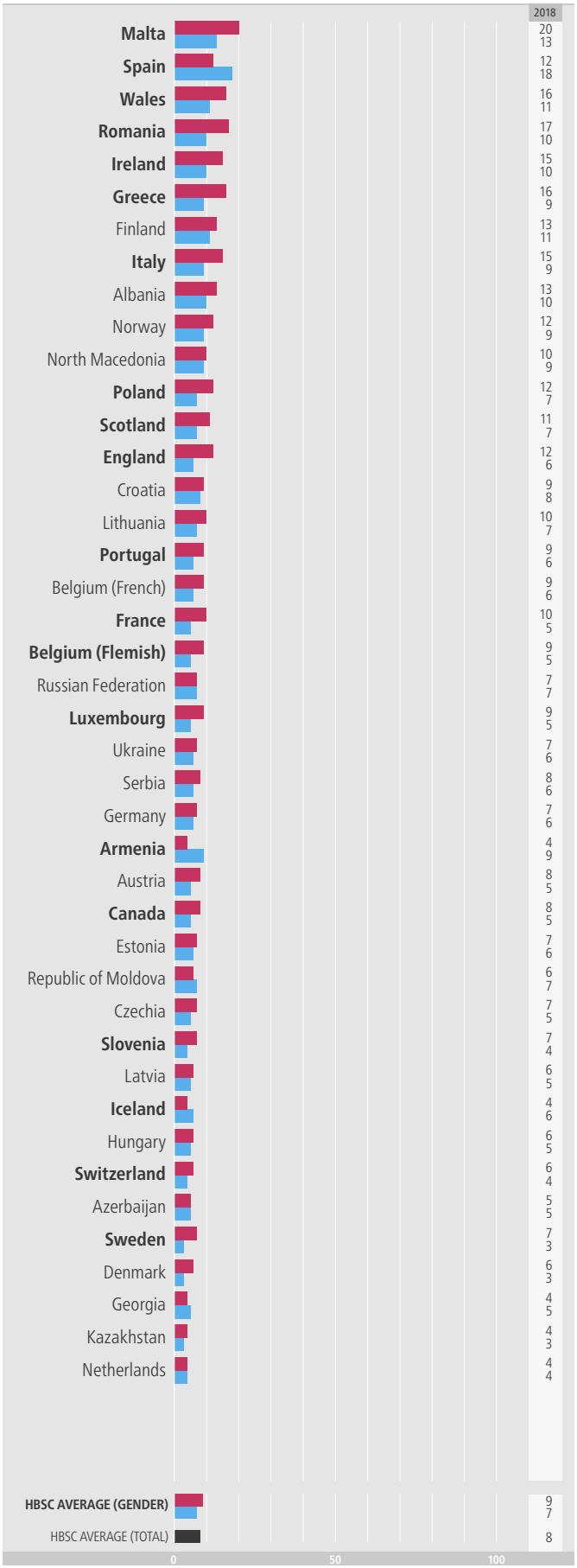
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan, Bulgaria, Greenland and Slovakia.

PROBLEMATIC SOCIAL MEDIA USE

11-year-olds who have problematic social media use



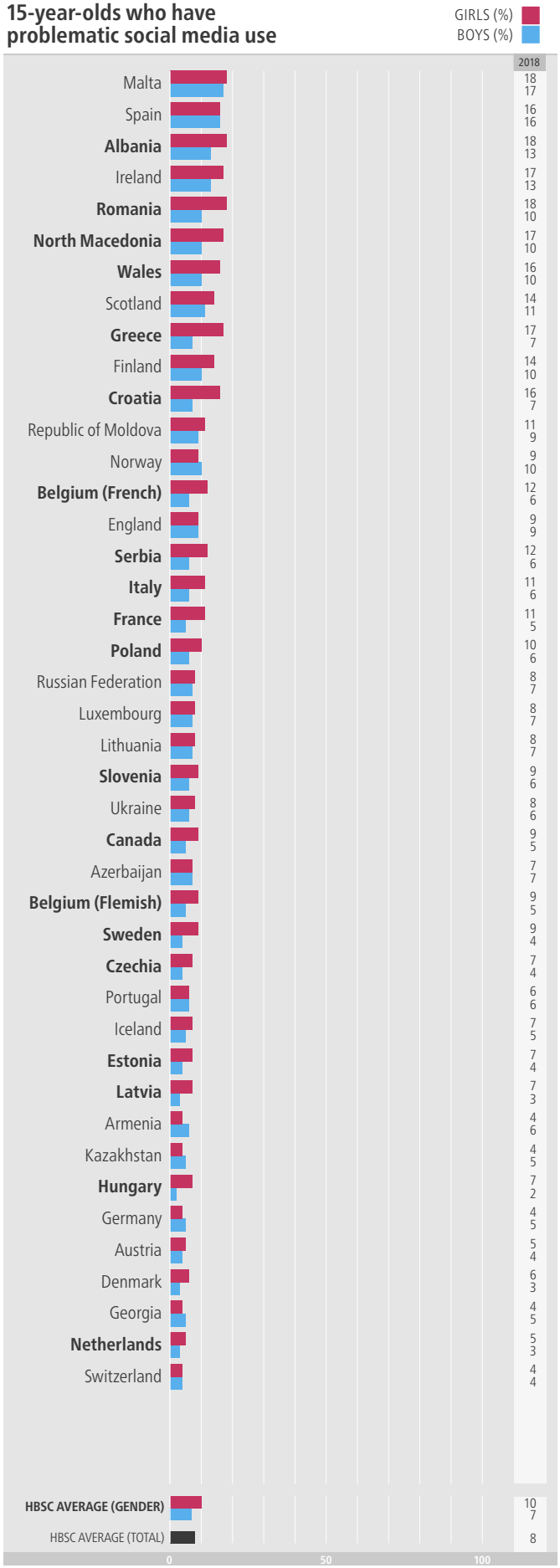
13-year-olds who have problematic social media use



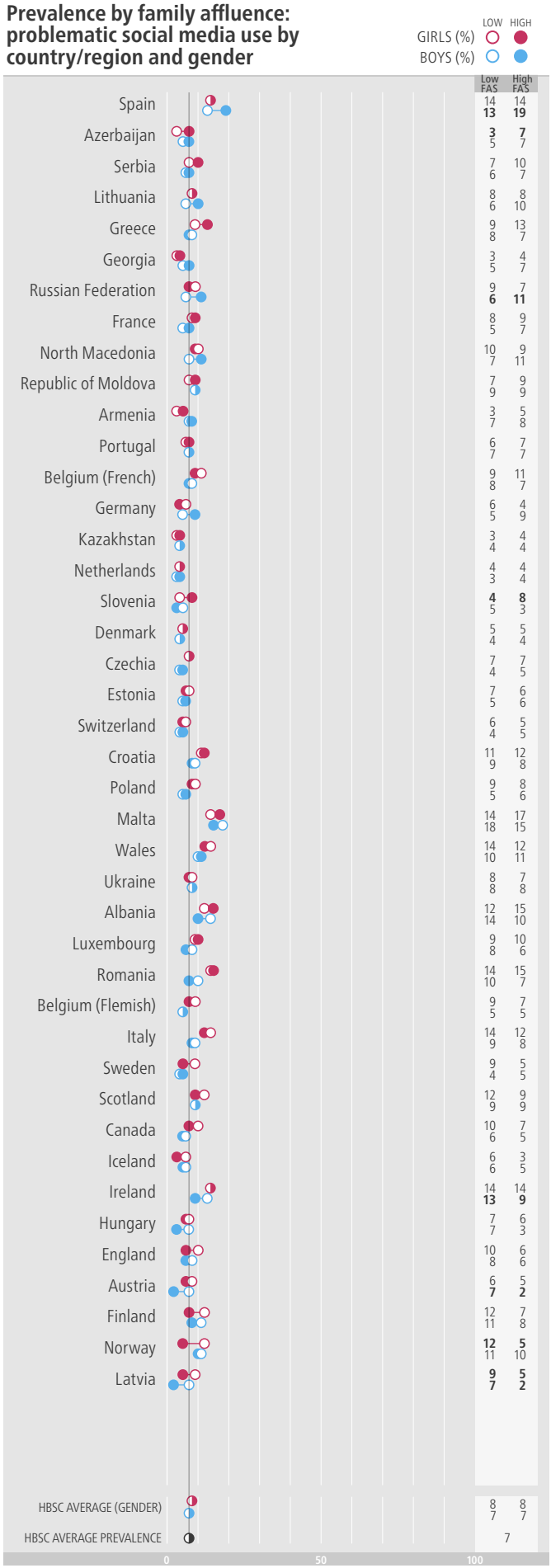
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$). No data were received from Bulgaria, Greenland and Slovakia.

MEASURE: young people were asked a series of questions about whether social media use has negatively impacted on various aspects of their lives. Possible scores ranged from 0 (no negative impact) to 9 (high impact). Findings presented here are proportions classified as having problematic social media use (those who responded yes to at least six of the nine questions).

15-year-olds who have problematic social media use



Prevalence by family affluence: problematic social media use by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Bulgaria, Greenland and Slovakia.

INTENSIVE ELECTRONIC MEDIA COMMUNICATION: INDIVIDUAL FRIENDSHIP CATEGORIES

MEASURE: young people were asked how often they had online contact with friends and others. Responses ranged from never or almost never to almost all the time throughout the day. Findings presented here show the proportion who had contact almost all the time with close friends. This indicator contributes to the combined indicator for intensive electronic communication presented earlier.

Intensive electronic communication with close friends

	11-year-olds			13-year-olds			15-year-olds		
COUNTRY/REGION	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
Albania	35	28	32	40	35	37	45	43	44
Azerbaijan	14	14	14	17	13	15	18	17	18
Austria	19	19	19	21	22	22	27	34	30
Armenia	27	21	24	24	28	26	31	34	32
Belgium (Flemish)	26	26	26	36	48	42	39	47	43
Belgium (French)	29	24	26	36	33	34	33	39	36
Bulgaria	30	40	35	35	46	40	31	40	36
Canada	15	19	17	26	33	30	35	43	39
Croatia	13	16	14	19	34	26	26	43	34
Czechia	10	7	9	15	19	17	19	31	25
Denmark	23	19	21	28	34	31	37	37	37
England	20	25	22	24	35	30	32	37	35
Estonia	18	18	18	22	28	25	24	28	26
Finland	8	16	12	15	30	22	25	40	33
France	20	23	21	24	36	30	30	42	36
Georgia	11	11	11	16	18	17	17	27	22
Germany	20	19	19	15	22	19	22	29	25
Greece	20	17	18	25	36	30	32	41	36
Hungary	10	8	9	14	13	14	21	27	24
Iceland	15	10	13	28	35	32	39	50	45
Ireland	21	20	21	28	41	35	35	56	46
Italy	27	37	32	30	51	40	39	57	48
Kazakhstan	19	15	17	22	23	22	28	27	27
Latvia	9	9	9	17	24	21	19	32	25
Lithuania	26	26	26	26	36	31	31	42	37
Luxembourg	16	14	15	25	32	28	29	39	34
Malta	27	30	28	26	44	35	32	44	38
Netherlands	8	9	8	17	29	23	25	41	33
North Macedonia	29	28	29	33	38	36	39	49	44
Norway	27	25	26	37	47	42	44	53	48
Poland	22	28	25	29	47	38	34	50	42
Portugal	24	23	23	28	37	33	30	43	36
Republic of Moldova	29	26	28	29	34	32	32	40	36
Romania	30	30	30	32	45	38	38	47	42
Russian Federation	20	26	23	26	33	29	28	34	31
Scotland	25	24	25	28	43	36	36	47	42
Serbia	32	33	33	35	50	42	43	58	50
Slovenia	18	18	18	19	26	22	24	37	31
Spain	27	22	24	28	36	32	29	40	34
Sweden	21	21	21	38	49	44	42	53	48
Ukraine	24	22	23	24	30	27	24	31	28
Wales	24	26	25	27	41	34	32	42	37
HBSC average	**21**	**21**	**21**	**26**	**34**	**30**	**31**	**40**	**36**

Note: no data were received from Greenland, Slovakia and Switzerland.

MEASURE: young people were asked how often they had online contact with friends and others. Responses ranged from never or almost never to almost all the time throughout the day. Findings presented here show the proportion who had contact almost all the time with friends from a larger friendship group. This indicator contributes to the combined indicator for intensive electronic communication presented earlier.

Intensive electronic communication with larger friendship group

	11-year-olds			13-year-olds			15-year-olds		
COUNTRY/REGION	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
Albania	22	12	17	26	11	19	20	14	17
Azerbaijan	9	8	8	17	9	13	10	9	10
Austria	13	13	13	16	12	14	15	14	14
Armenia	21	15	18	16	19	18	20	14	17
Belgium (Flemish)	18	15	16	20	19	19	13	14	13
Belgium (French)	21	15	18	23	11	17	11	10	11
Bulgaria	20	26	23	28	24	26	22	25	24
Canada	12	10	11	16	15	15	21	20	21
Croatia	9	8	9	13	12	12	14	15	15
Czechia	7	3	5	9	7	8	8	7	8
Denmark	17	9	13	15	13	14	21	11	16
England	12	11	12	11	10	11	13	13	13
Estonia	15	12	14	19	16	17	16	15	16
Finland	7	6	7	12	12	12	17	14	15
France	16	13	14	17	16	16	15	17	16
Georgia	10	9	9	12	9	11	11	13	12
Germany	14	11	12	8	8	8	8	6	7
Greece	14	8	11	12	9	11	12	7	10
Hungary	6	3	5	5	3	4	6	6	6
Iceland	12	6	9	19	15	17	20	20	20
Ireland	14	8	11	15	18	17	20	29	24
Italy	21	16	19	17	17	17	21	16	19
Kazakhstan	15	8	11	17	11	14	15	11	13
Latvia	6	4	5	7	6	7	7	4	5
Lithuania	16	11	13	16	13	15	16	12	14
Luxembourg	12	10	11	17	16	16	12	11	11
Malta	17	13	15	13	11	12	18	11	14
Netherlands	7	6	6	9	10	10	11	11	11
North Macedonia	18	15	16	15	12	14	16	13	14
Norway	14	10	12	19	21	20	21	24	22
Poland	17	13	15	21	18	20	18	15	17
Portugal	19	14	17	19	16	18	18	14	16
Republic of Moldova	21	17	19	17	13	15	17	12	14
Romania	21	18	19	19	18	18	22	15	18
Russian Federation	17	21	19	18	14	16	15	15	15
Scotland	14	12	13	16	17	16	20	22	21
Serbia	19	14	17	16	14	15	21	16	19
Slovenia	12	11	12	10	9	10	11	8	10
Spain	25	18	21	25	25	25	22	24	23
Sweden	12	8	10	20	19	20	21	20	20
Ukraine	18	14	16	13	11	12	13	8	10
Wales	16	12	14	15	18	17	16	17	17
HBSC average	**15**	**12**	**13**	**16**	**14**	**15**	**16**	**14**	**15**

Note: no data were received from Greenland, Slovakia and Switzerland.

MEASURE: young people were asked how often they had online contact with friends and others. Responses ranged from never or almost never to almost all the time throughout the day. Findings presented here show the proportion who had contact almost all the time with friends they got to know online but didn't know before. This indicator contributes to the combined indicator for intensive electronic communication presented earlier.

Intensive electronic communication with friends met online

	11-year-olds			13-year-olds			15-year-olds		
COUNTRY/REGION	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
Albania	17	3	10	11	6	8	10	4	7
Azerbaijan	5	6	5	9	3	6	10	5	7
Austria	12	14	13	13	11	12	9	8	9
Armenia	14	10	12	11	7	9	14	9	12
Belgium (Flemish)	9	2	5	7	9	8	9	8	8
Belgium (French)	18	13	16	17	11	14	12	10	11
Bulgaria	16	16	16	19	14	16	13	14	14
Canada	10	8	9	10	11	10	14	13	14
Croatia	7	6	7	9	11	10	9	8	9
Czechia	6	4	5	8	5	7	8	8	8
Denmark	19	7	13	13	12	13	12	10	11
England	6	6	6	9	6	7	7	7	7
Estonia	9	6	7	10	11	10	9	10	10
Finland	5	5	5	7	9	8	10	11	10
France	12	10	11	13	12	12	13	13	13
Georgia	6	5	5	8	4	6	7	6	7
Germany	12	9	10	8	10	9	8	9	9
Greece	9	6	7	10	7	8	8	4	6
Hungary	7	4	6	6	5	5	9	6	8
Iceland	13	7	10	12	11	12	16	16	16
Ireland	7	6	6	10	9	10	7	10	9
Italy	10	7	8	8	7	7	9	7	8
Kazakhstan	13	5	9	10	7	8	10	7	8
Latvia	4	6	5	7	5	6	7	9	8
Lithuania	14	7	11	10	12	11	12	8	10
Luxembourg	12	10	11	13	12	12	11	10	11
Malta	8	5	7	10	10	10	10	7	9
Netherlands	3	2	3	8	7	7	7	9	8
North Macedonia	11	6	9	9	8	9	11	8	9
Norway	8	6	7	14	11	13	14	17	16
Poland	9	8	9	9	16	13	12	17	14
Portugal	13	8	11	18	12	15	13	14	13
Republic of Moldova	17	11	14	13	7	10	11	7	9
Romania	14	6	10	11	9	10	9	7	8
Russian Federation	15	12	13	12	14	13	12	10	11
Scotland	9	4	7	8	9	9	13	11	12
Serbia	10	6	8	13	10	11	13	9	11
Slovenia	13	8	11	9	9	9	10	8	9
Spain	20	12	16	14	12	13	11	12	11
Sweden	11	6	8	17	16	17	16	15	15
Ukraine	12	11	12	11	8	10	9	9	9
Wales	10	5	8	10	10	10	11	12	11
HBSC average	**11**	**7**	**9**	**11**	**9**	**10**	**11**	**10**	**10**

Note: no data were received from Greenland, Slovakia and Switzerland.

MEASURE: young people were asked how often they had online contact with friends and others. Responses ranged from never or almost never to almost all the time throughout the day. Findings presented here show the proportion who had contact almost all the time with people other than friends (such as parents, siblings, classmates, teachers). This indicator contributes to the combined indicator for intensive electronic communication presented earlier.

Intensive electronic communication with people other than friends

	11-year-olds			13-year-olds			15-year-olds		
COUNTRY/REGION	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
Albania	40	35	38	34	31	33	31	33	32
Azerbaijan	12	14	13	17	12	14	18	14	16
Austria	21	17	19	15	14	15	15	16	15
Armenia	24	18	21	20	21	21	23	20	22
Belgium (Flemish)	20	17	18	21	20	21	14	19	17
Belgium (French)	26	23	25	30	27	28	24	19	21
Bulgaria	24	33	28	28	27	28	22	24	23
Canada	14	16	15	13	15	14	12	17	15
Croatia	13	17	15	13	16	14	15	15	15
Czechia	11	7	9	10	9	10	8	9	8
Denmark	18	16	17	16	16	16	14	16	15
England	17	13	15	16	14	15	11	14	13
Estonia	19	18	18	12	11	12	9	10	9
Finland	8	9	8	7	8	7	7	7	7
France	21	21	21	19	23	21	22	21	21
Georgia	18	20	19	23	24	23	21	23	22
Germany	13	13	13	8	8	8	9	6	7
Greece	17	12	14	11	12	11	11	5	8
Hungary	12	13	13	11	9	10	10	9	10
Iceland	15	10	13	13	11	12	13	12	12
Ireland	14	17	16	16	23	19	15	21	18
Italy	25	24	24	17	20	19	18	15	16
Kazakhstan	21	19	20	21	19	20	23	22	23
Latvia	12	12	12	10	11	11	11	9	10
Lithuania	23	24	23	19	16	18	13	15	14
Luxembourg	16	13	15	18	18	18	16	15	16
Malta	22	22	22	17	15	16	20	14	17
Republic of Moldova	31	33	32	30	33	31	24	28	26
Netherlands	10	8	9	13	13	13	11	12	12
North Macedonia	30	29	29	26	24	25	23	25	24
Norway	15	15	15	15	15	15	12	15	13
Poland	19	21	20	17	17	17	15	13	14
Portugal	26	21	24	22	22	22	20	25	23
Romania	33	29	31	25	27	26	22	25	23
Russian Federation	17	21	19	16	11	13	13	13	13
Scotland	22	16	19	17	17	17	18	15	17
Serbia	22	27	24	23	21	22	21	18	19
Slovenia	23	23	23	18	13	16	13	11	12
Spain	26	20	23	23	20	21	14	15	14
Sweden	16	16	16	20	24	22	19	22	20
Ukraine	22	24	23	19	21	20	15	18	17
Wales	19	18	19	13	17	15	12	15	14
HBSC average	**20**	**19**	**19**	**18**	**18**	**18**	**16**	**16**	**16**

Note: no data were received from Greenland, Slovakia and Switzerland.

MENTAL WELL-BEING

SELF-RATED HEALTH

MEAN LIFE SATISFACTION

MULTIPLE HEALTH COMPLAINTS

INDIVIDUAL HEALTH COMPLAINTS: HEADACHE

INDIVIDUAL HEALTH COMPLAINTS: STOMACH ACHE

INDIVIDUAL HEALTH COMPLAINTS: BACKACHE

INDIVIDUAL HEALTH COMPLAINTS: FEELING LOW

INDIVIDUAL HEALTH COMPLAINTS: FEELING IRRITABLE

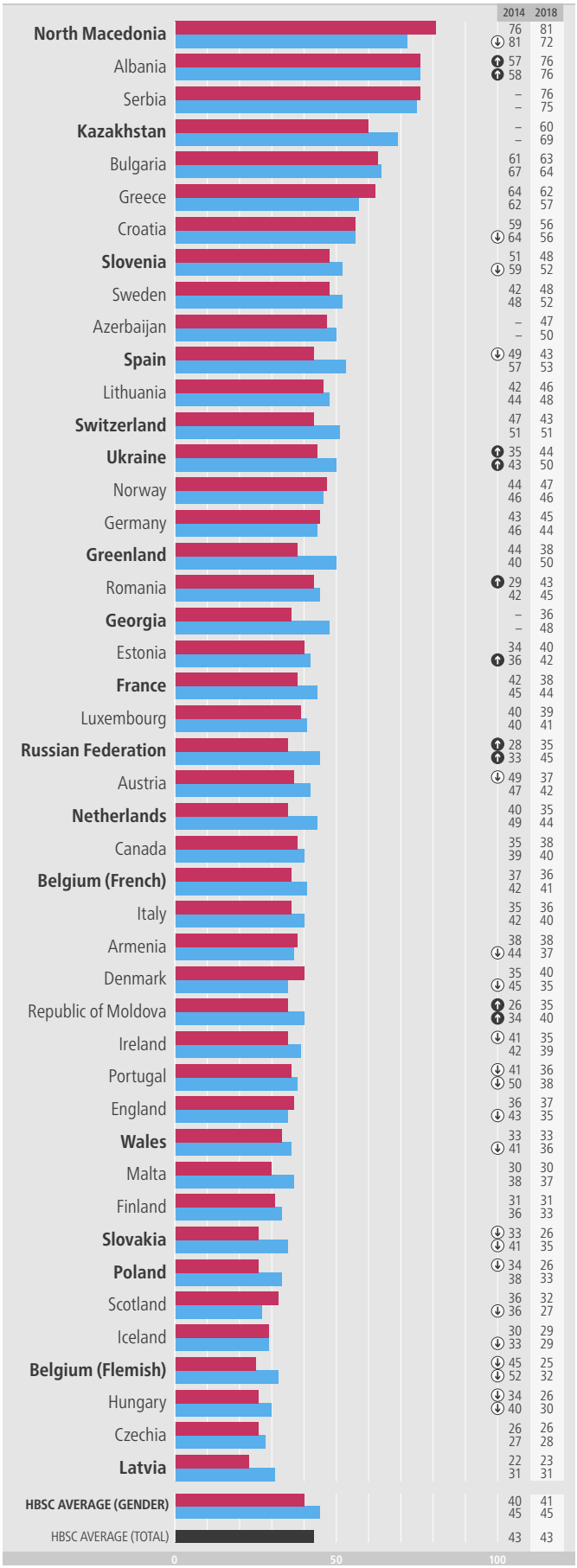
INDIVIDUAL HEALTH COMPLAINTS: FEELING NERVOUS

INDIVIDUAL HEALTH COMPLAINTS: SLEEP DIFFICULTIES

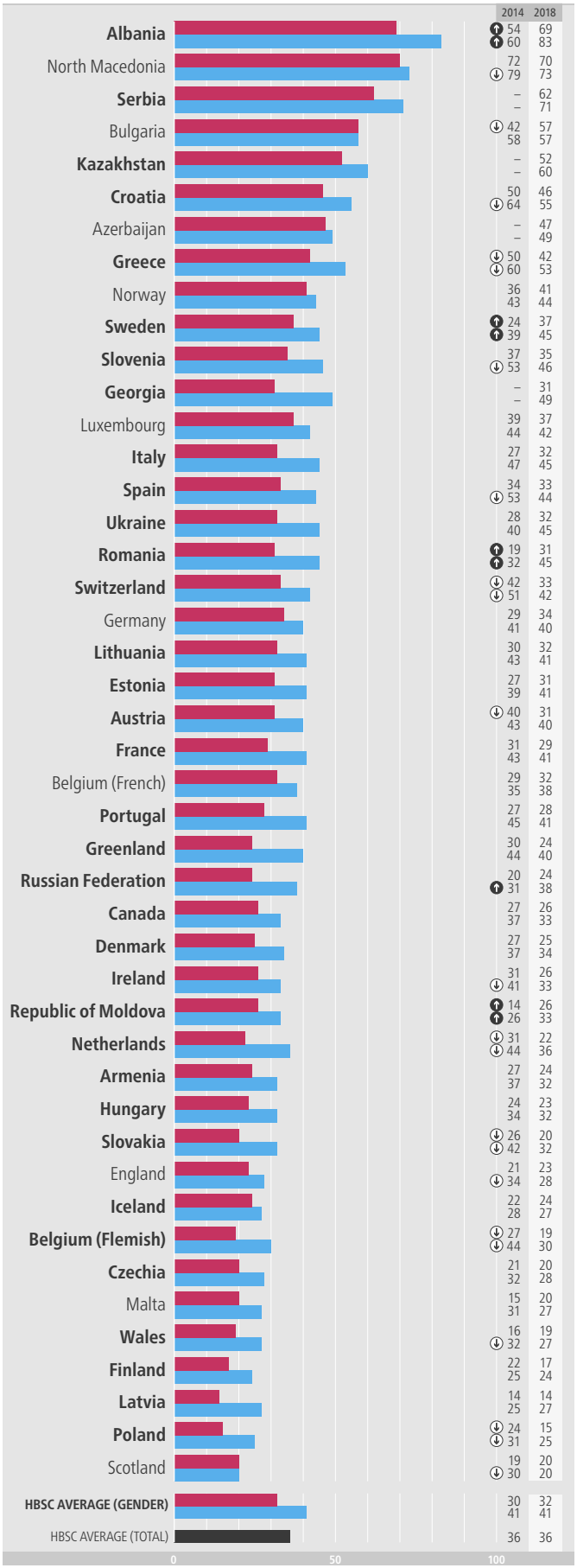
INDIVIDUAL HEALTH COMPLAINTS: FEELING DIZZY

SELF-RATED HEALTH

11-year-olds who rate their health as excellent



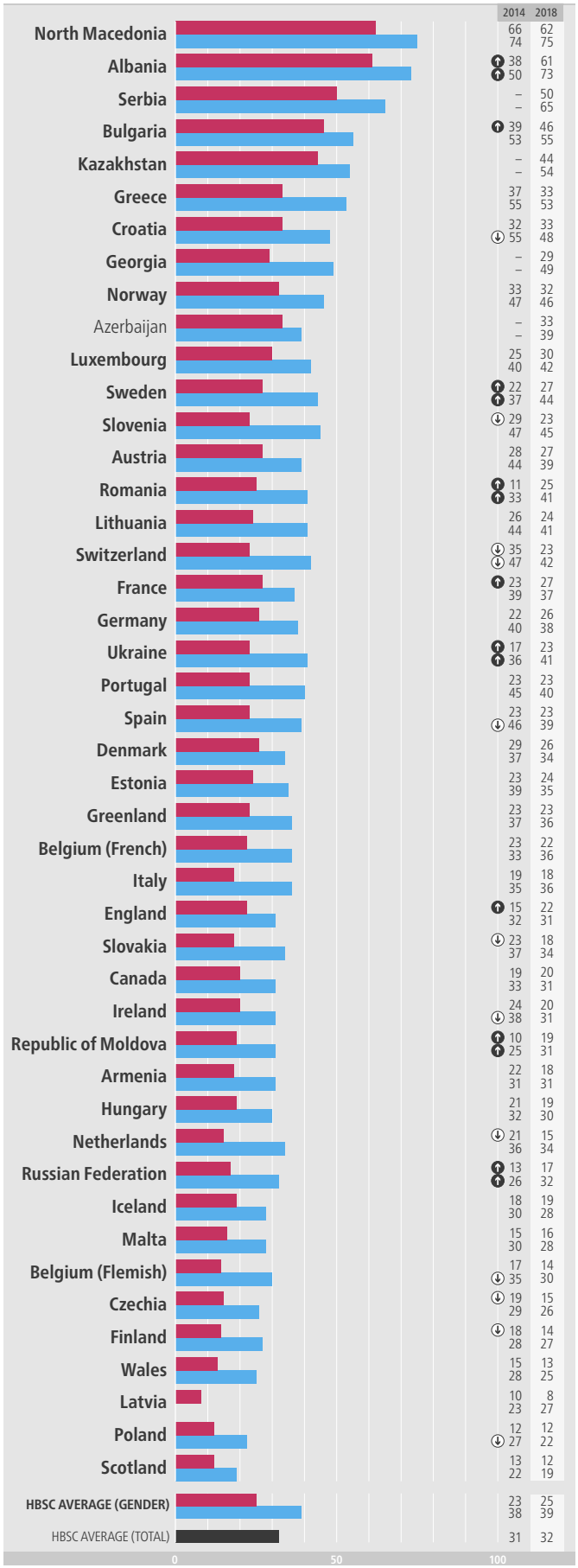
13-year-olds who rate their health as excellent



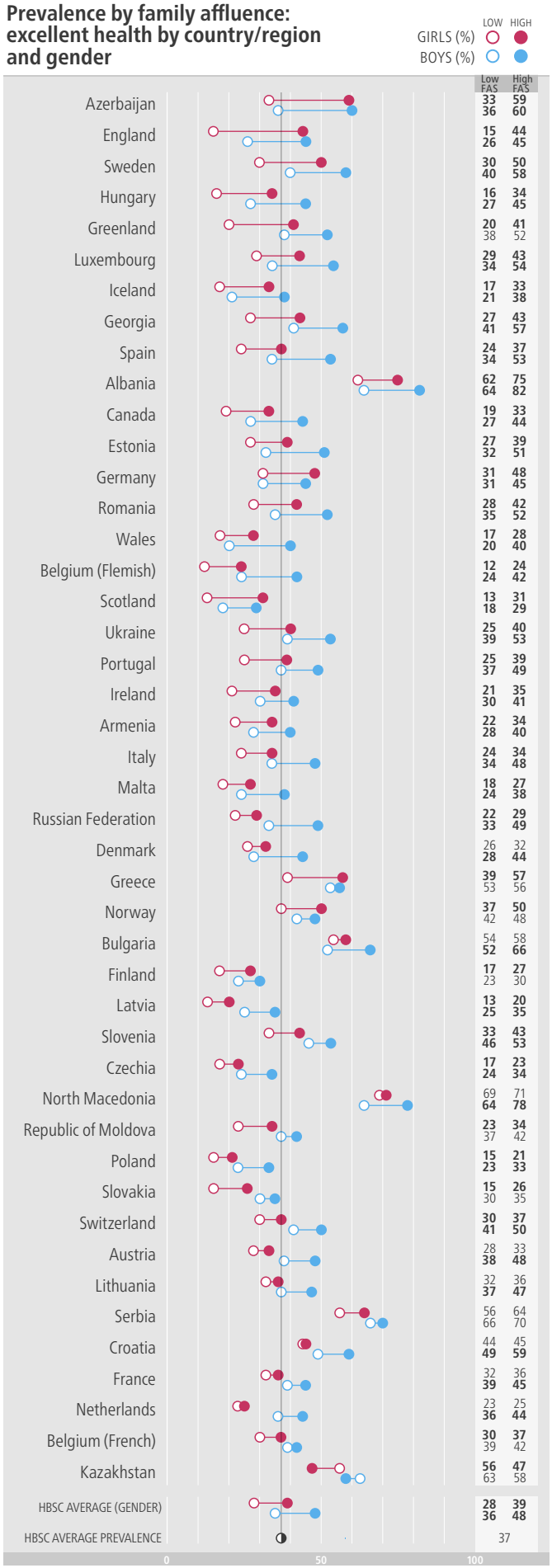
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked to describe their health (Would you say your health is ...?). Response options were excellent, good, fair and poor. Findings presented here show the proportions reporting their health as excellent.

15-year-olds who rate their health as excellent

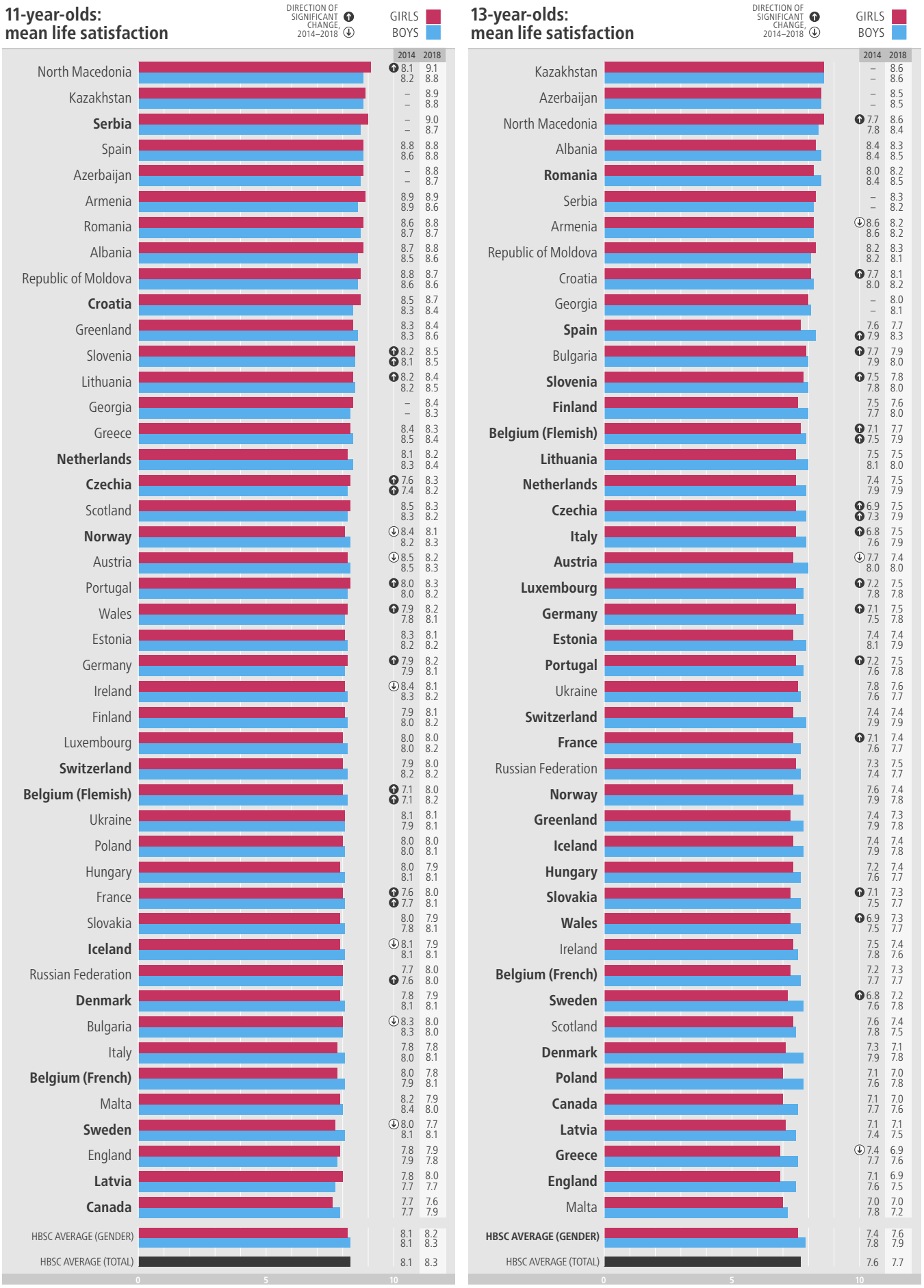


Prevalence by family affluence: excellent health by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

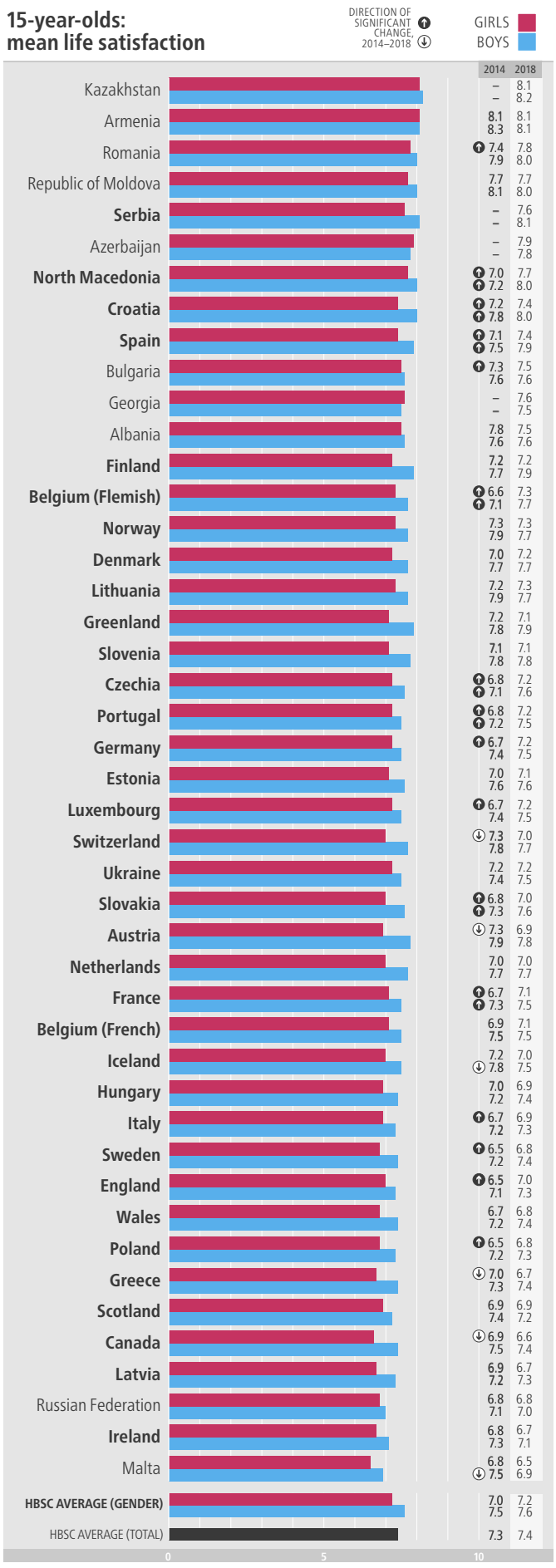
MEAN LIFE SATISFACTION



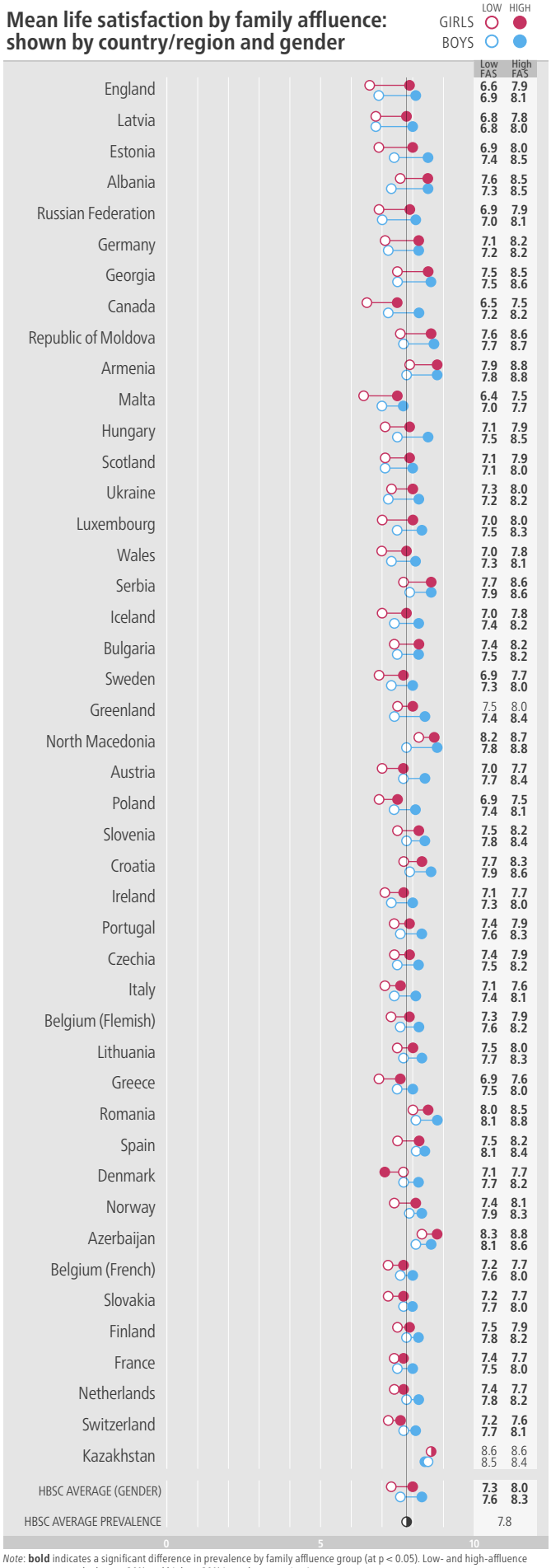
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked to rate their life satisfaction using a visual analogue scale. The Cantril ladder has 11 steps: the top indicates the best possible life and the bottom the worst. Respondents were asked to indicate the ladder step at which they would place their lives at present (from zero to 10). Mean life satisfaction is presented here.

15-year-olds: mean life satisfaction



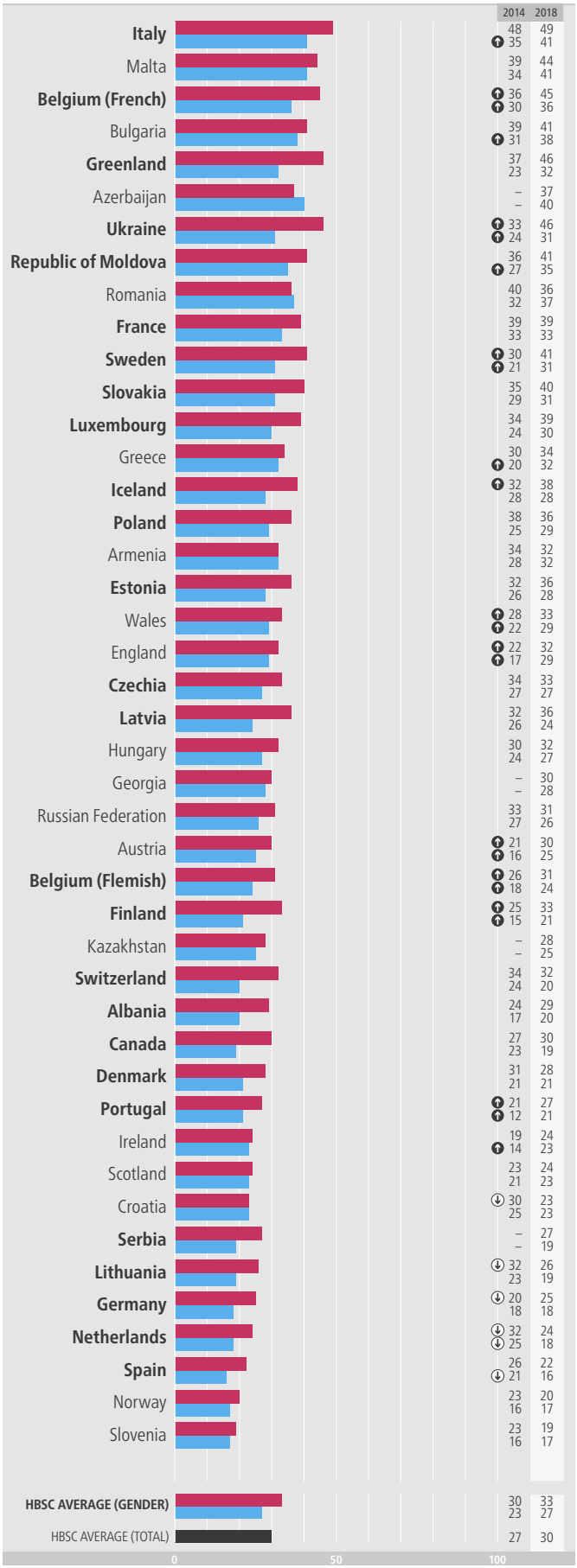
Mean life satisfaction by family affluence: shown by country/region and gender



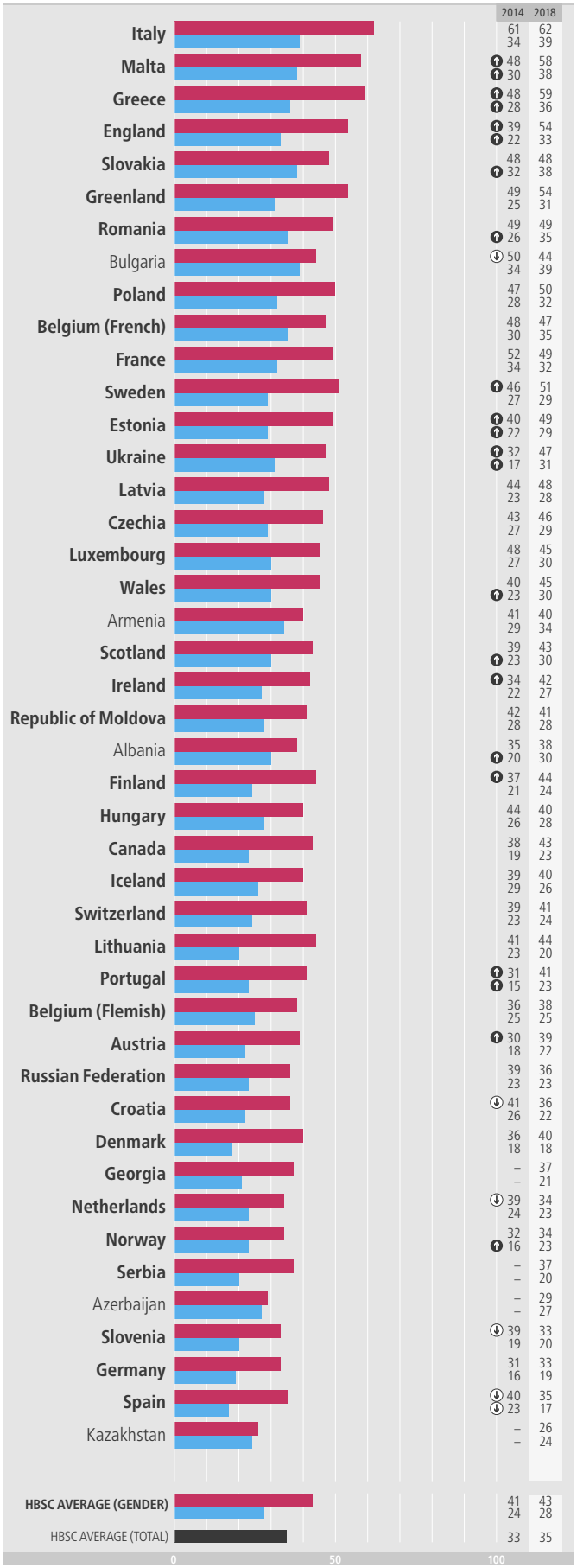
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

MULTIPLE HEALTH COMPLAINTS

11-year-olds who report multiple health complaints more than once a week



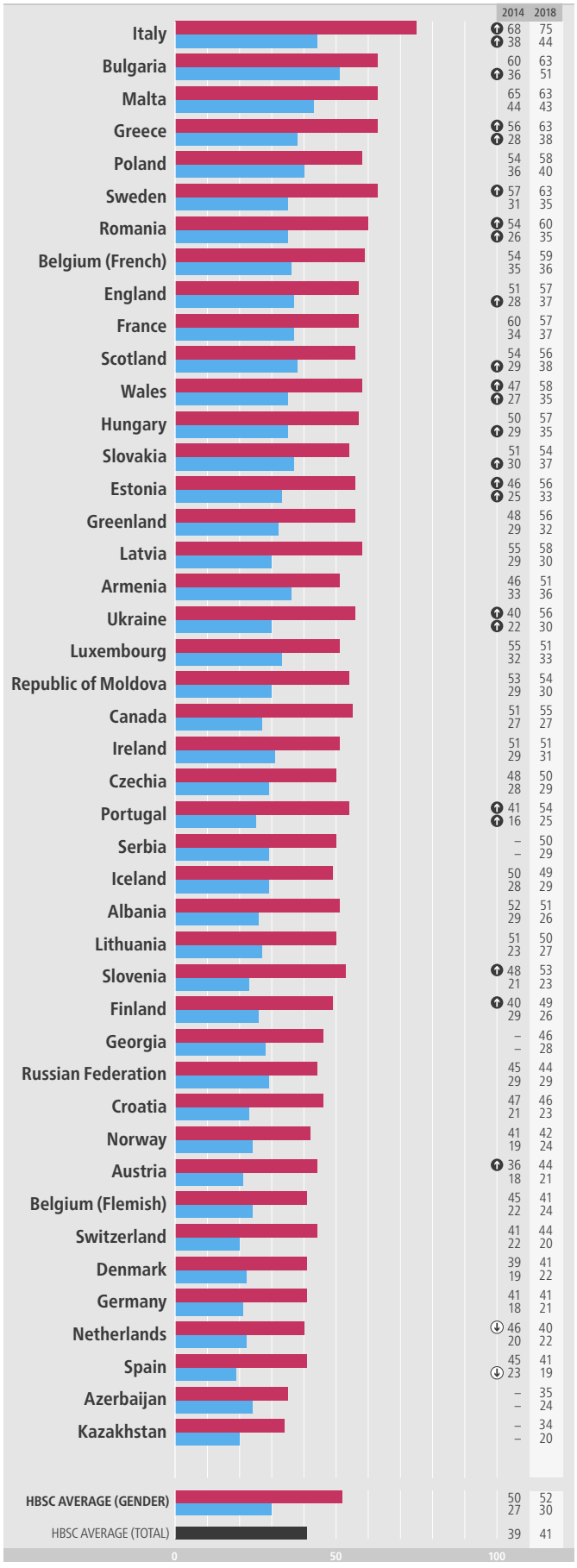
13-year-olds who report multiple health complaints more than once a week



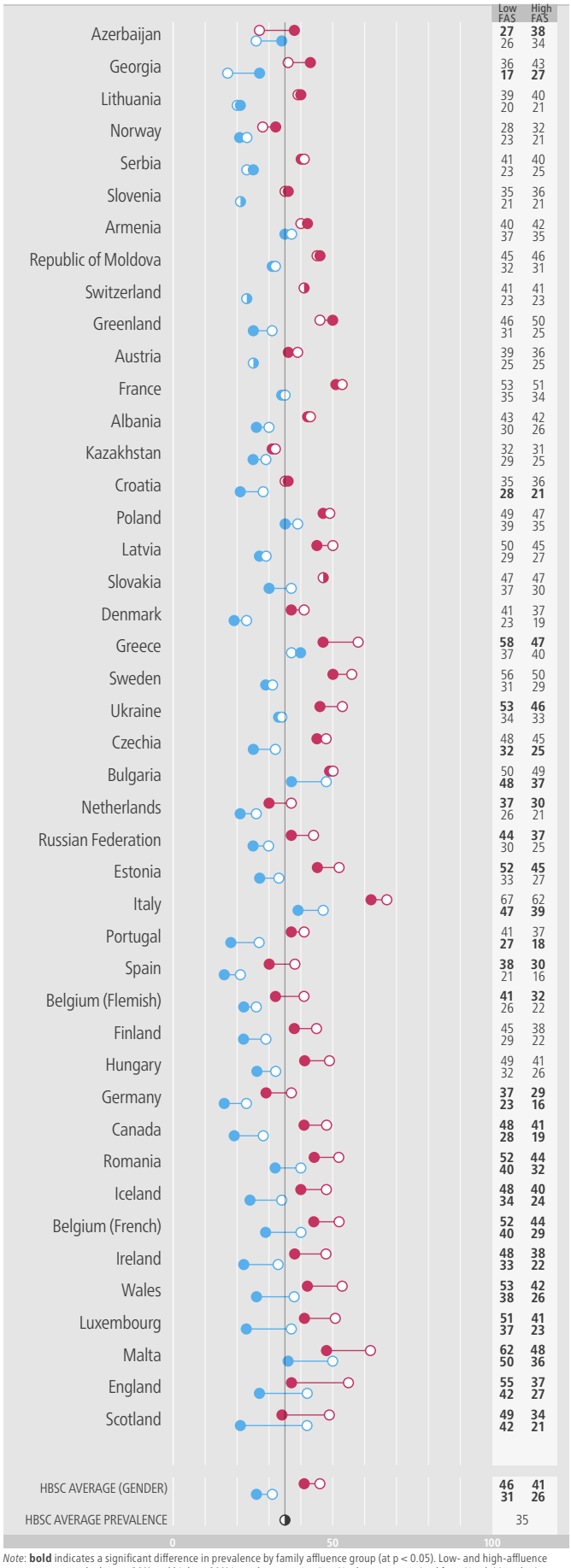
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from North Macedonia.

MEASURE: young people were asked how often they had experienced the following symptoms in the last six months: headache; stomach ache; backache; feeling low; feeling irritable or bad tempered; feeling nervous; difficulties in getting to sleep; and feeling dizzy. Response options for each symptom ranged from about every day to rarely or never. Findings presented here show the proportions with multiple (two or more) health complaints more than once a week in the last six months.

15-year-olds who report multiple health complaints more than once a week



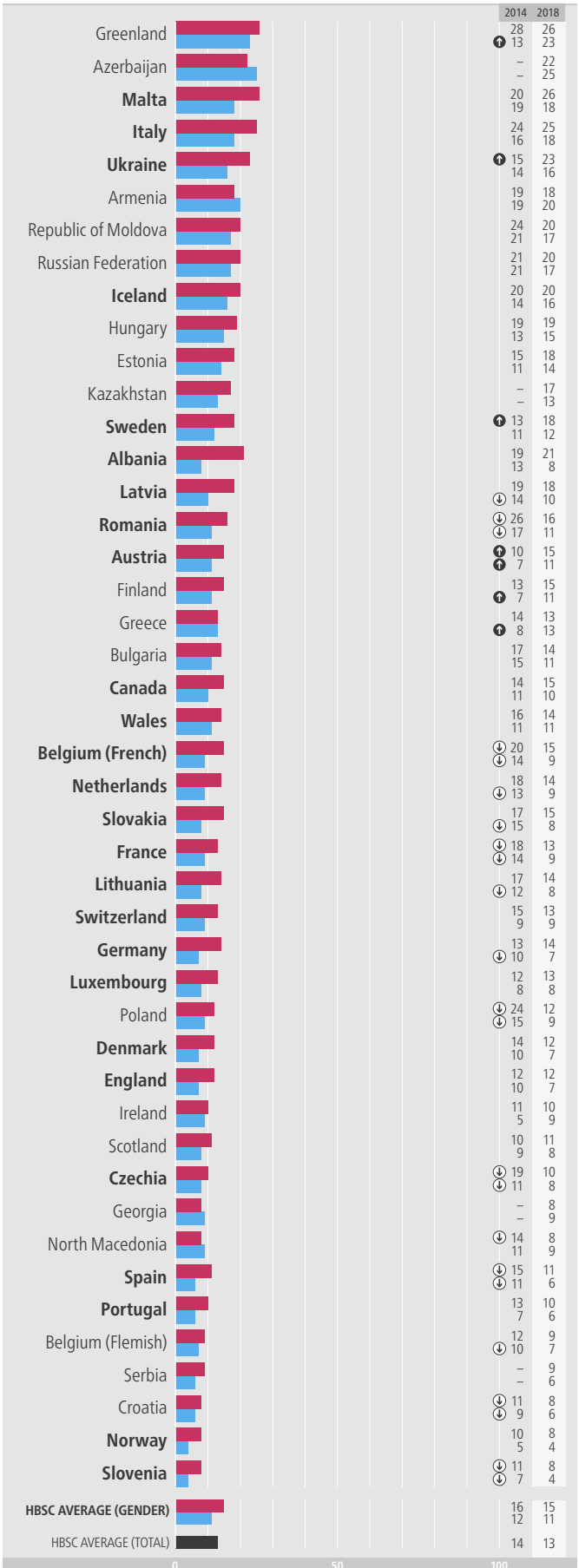
Prevalence by family affluence: multiple health complaints by country/region and gender



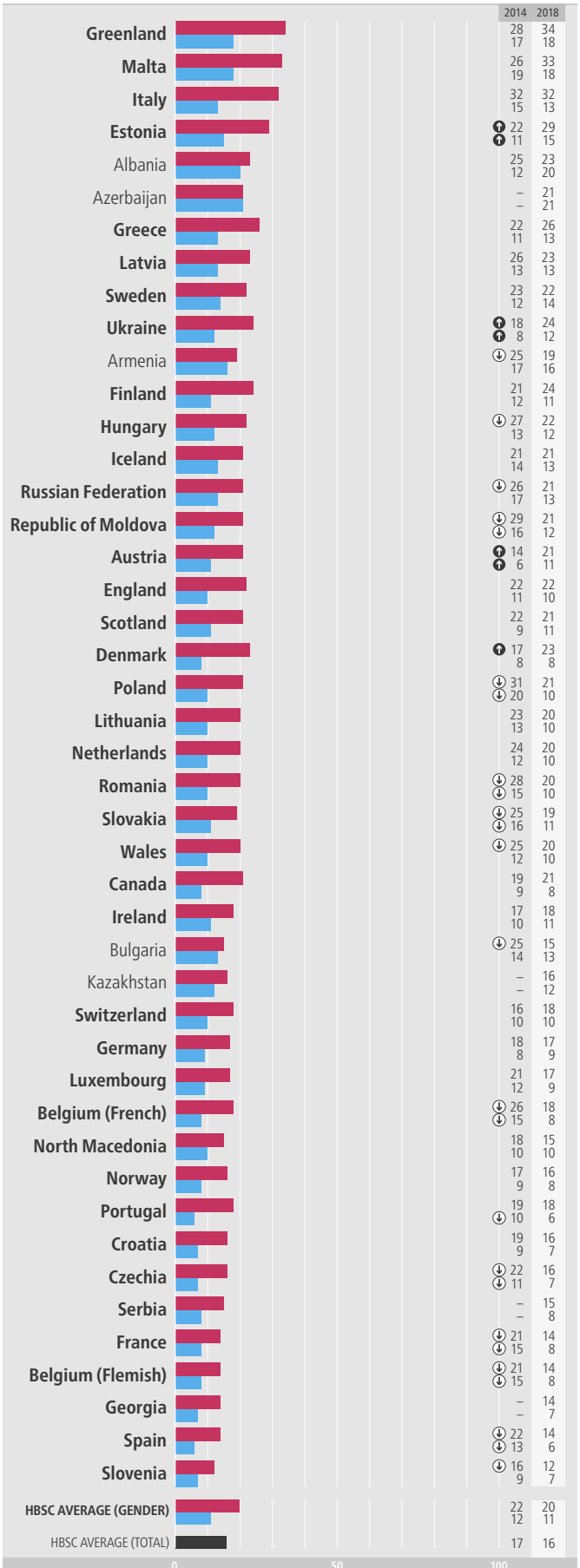
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from North Macedonia.

INDIVIDUAL HEALTH COMPLAINTS: HEADACHE

11-year-olds who report a headache more than once a week



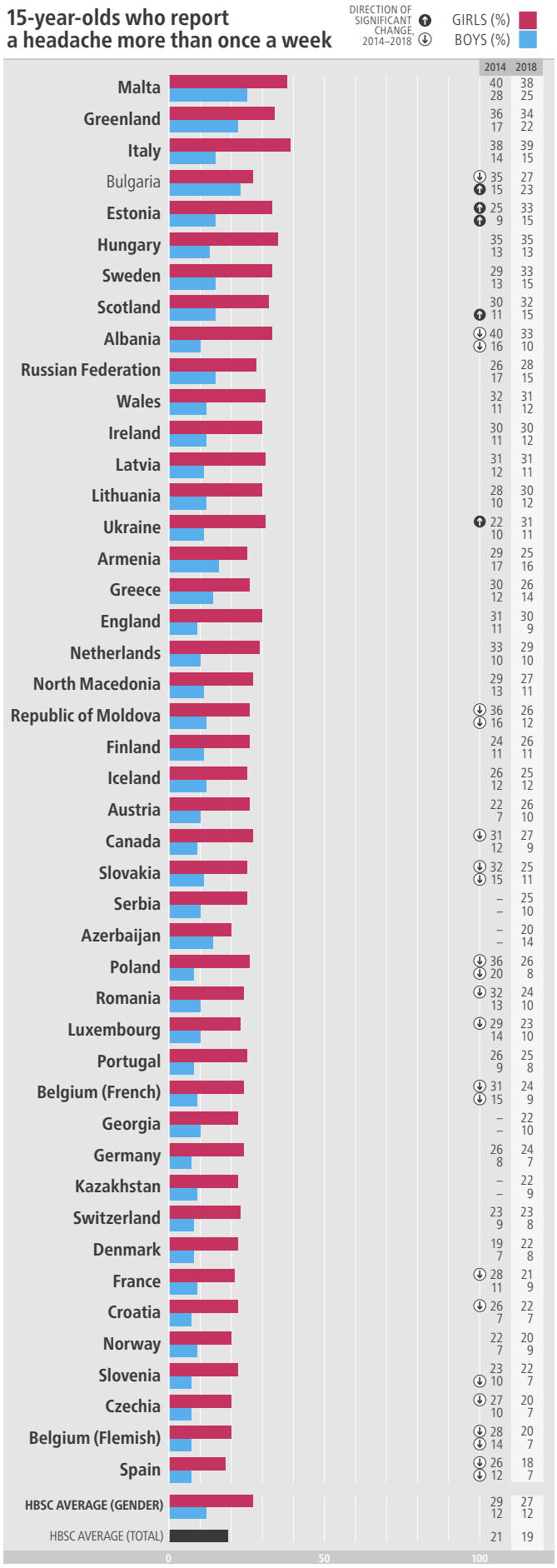
13-year-olds who report a headache more than once a week



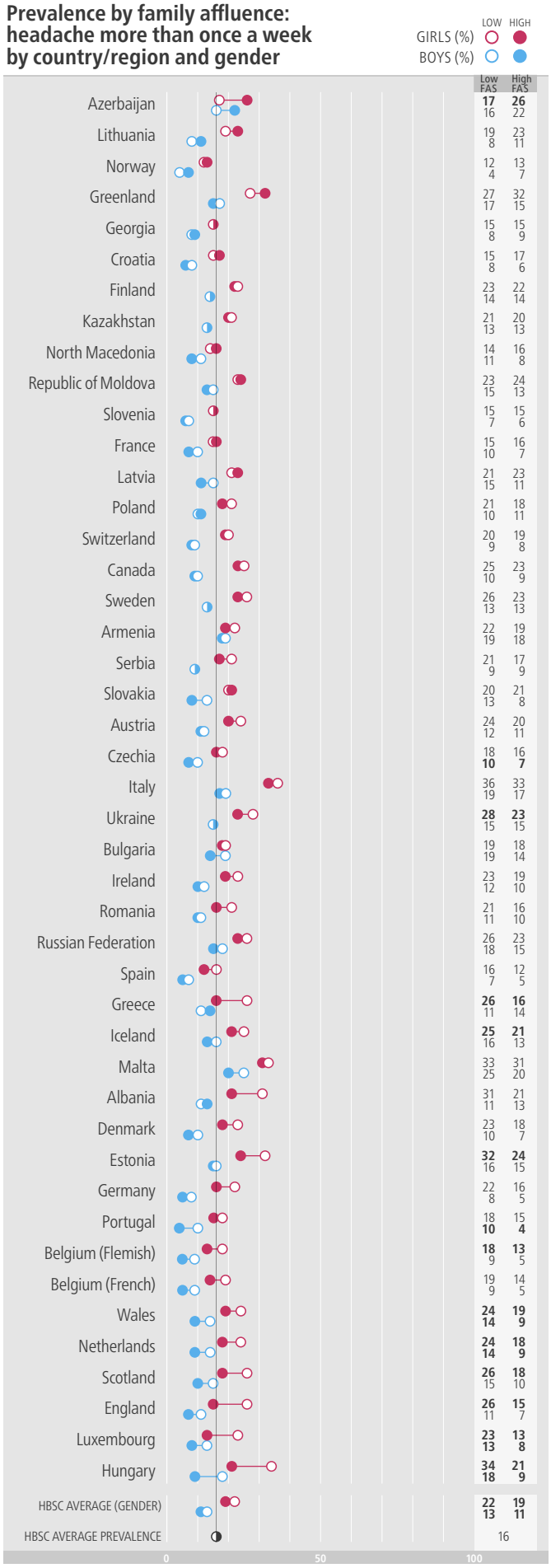
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had experienced a headache in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported experiencing a headache more than once a week.

15-year-olds who report a headache more than once a week

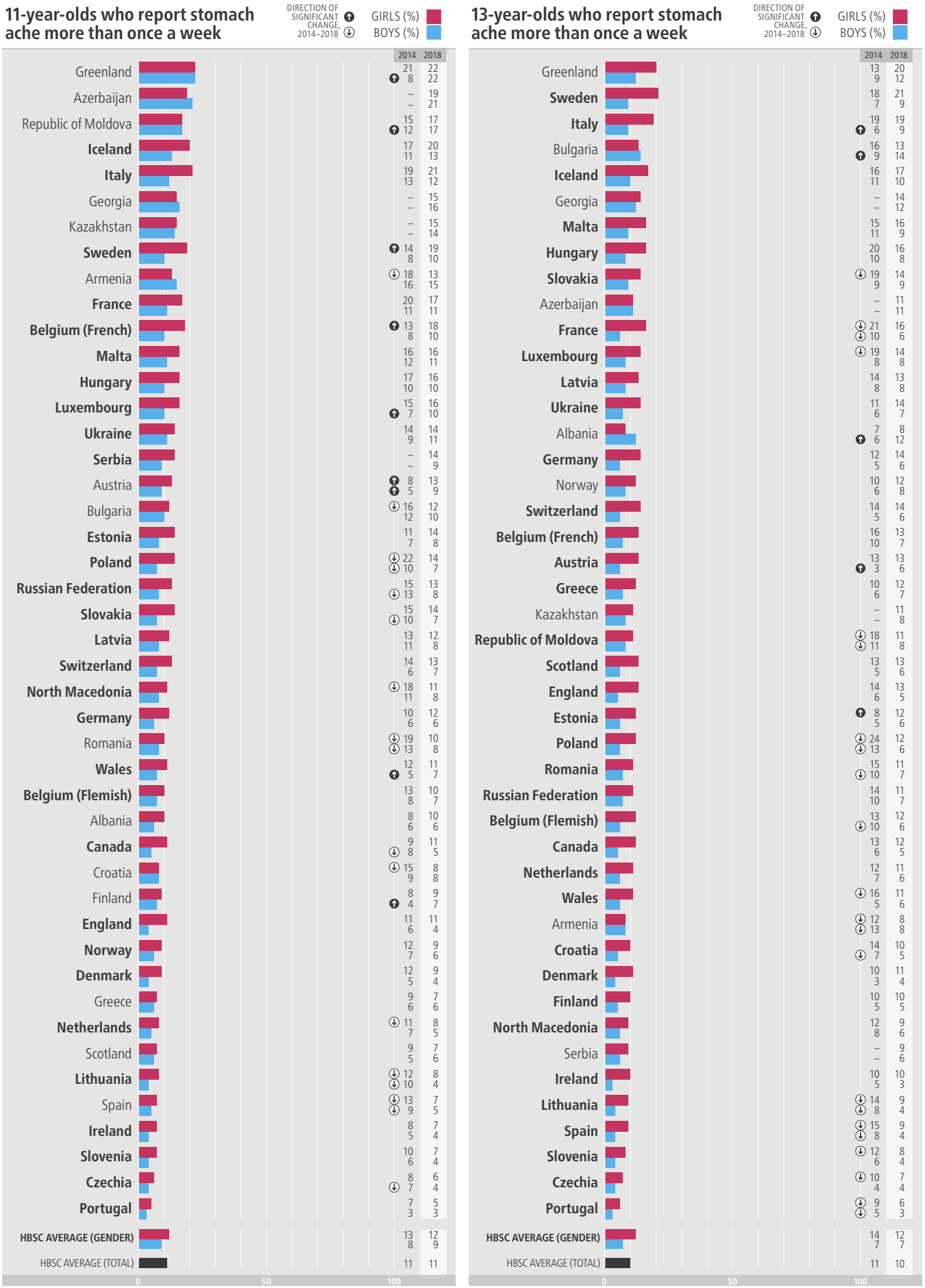


Prevalence by family affluence: headache more than once a week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

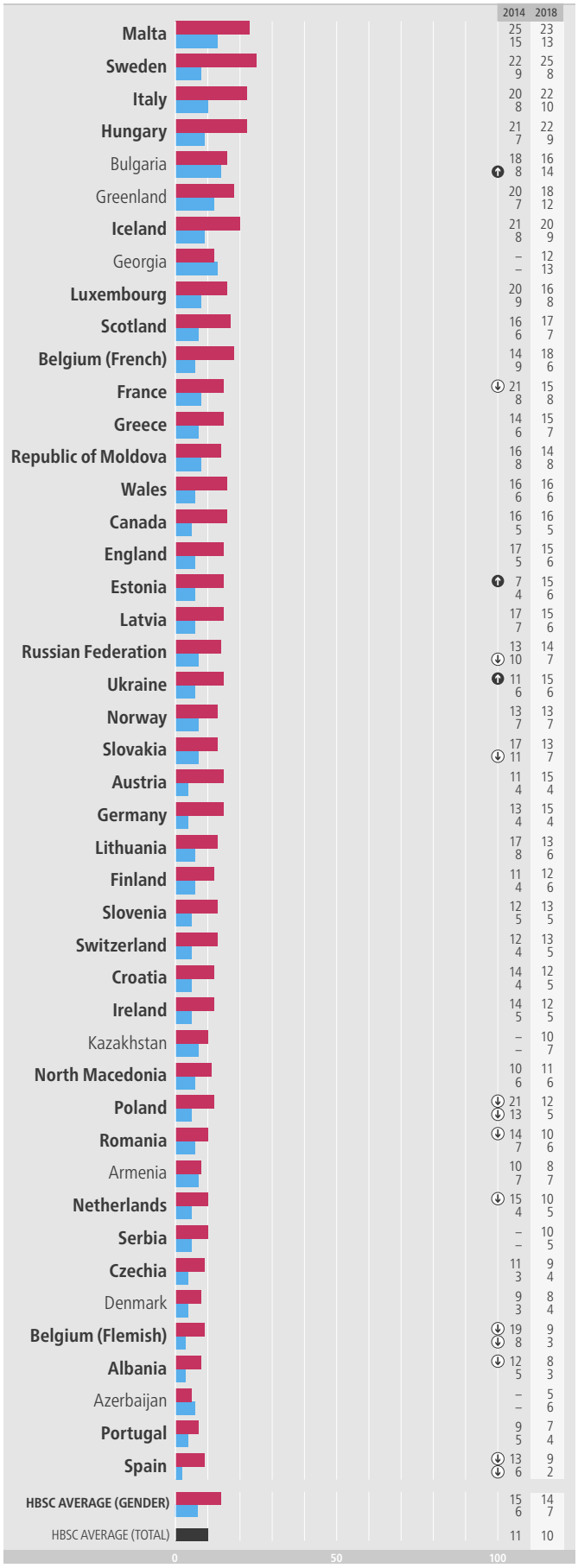
INDIVIDUAL HEALTH COMPLAINTS: STOMACH ACHE



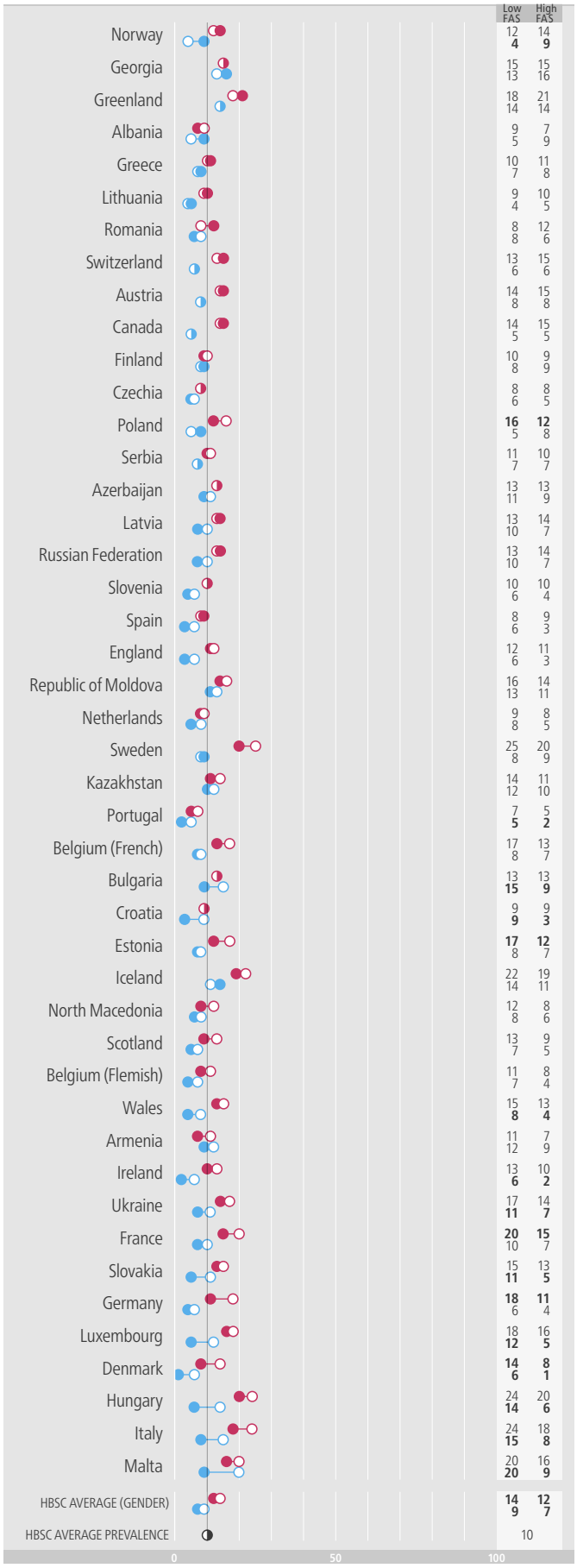
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had experienced a stomach ache in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported experiencing stomach ache more than once a week.

15-year-olds who report stomach ache more than once a week



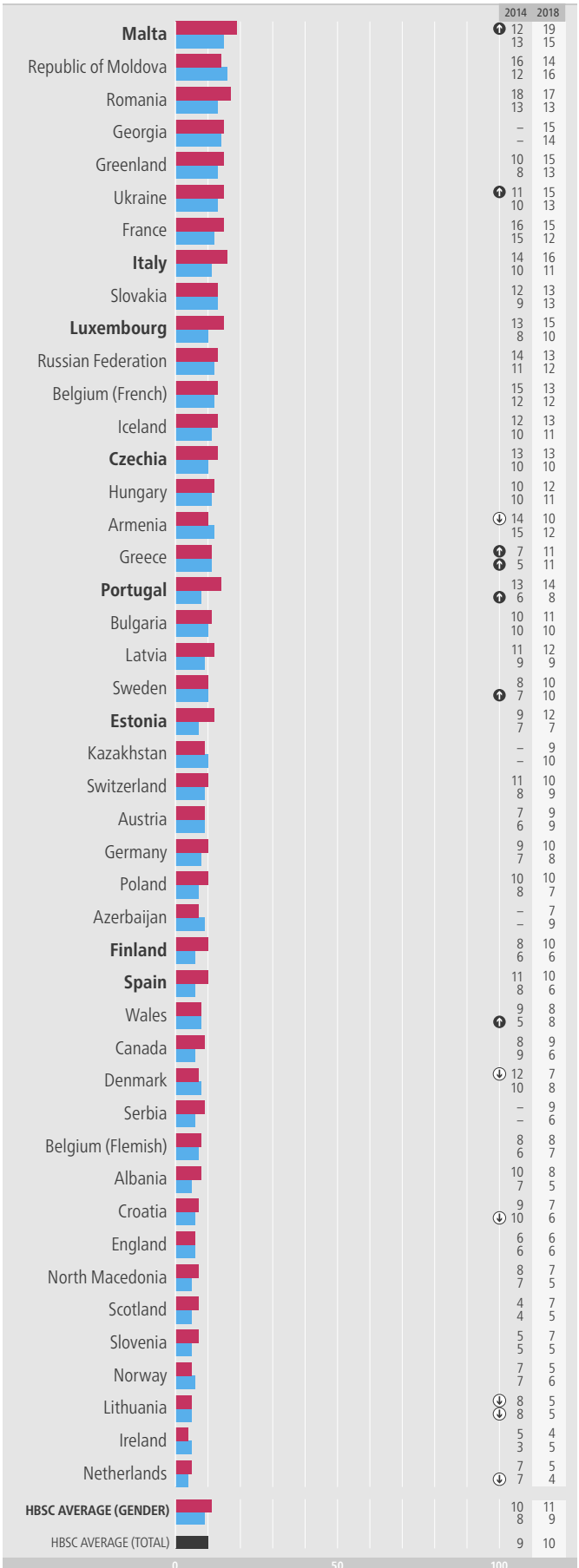
Prevalence by family affluence: stomach ache more than once a week by country/region and gender



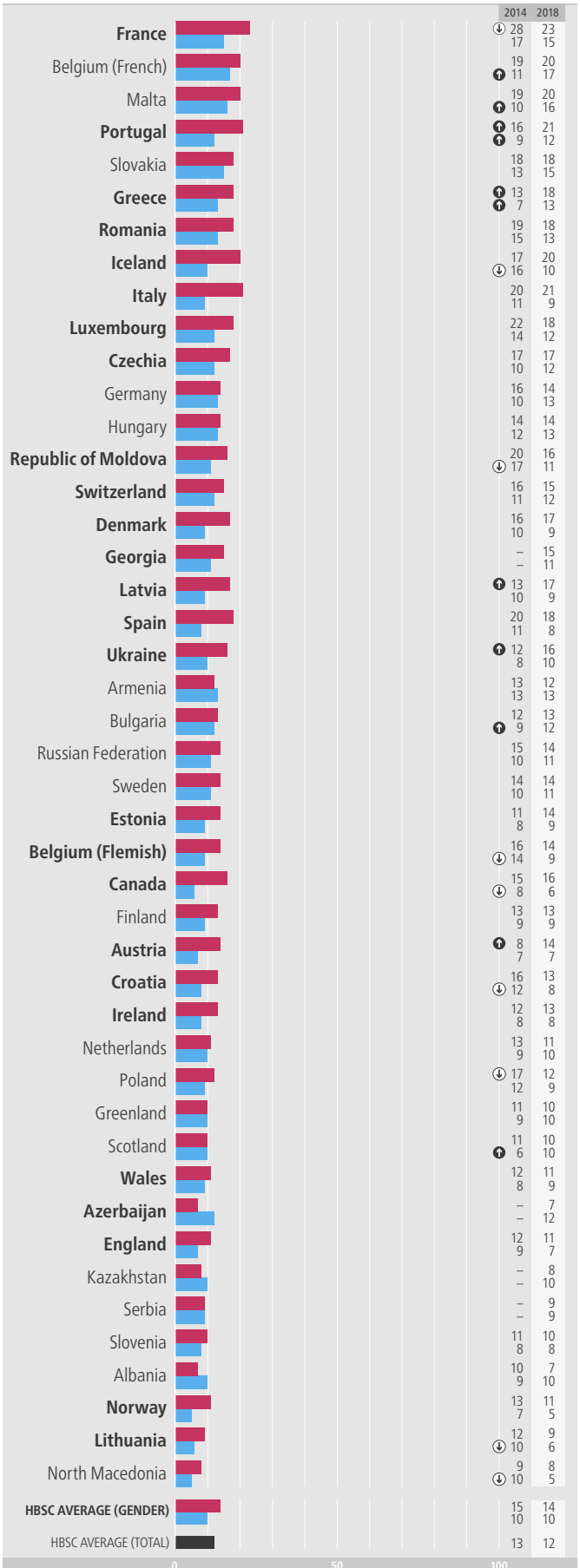
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

INDIVIDUAL HEALTH COMPLAINTS: BACKACHE

11-year-olds who report backache more than once a week



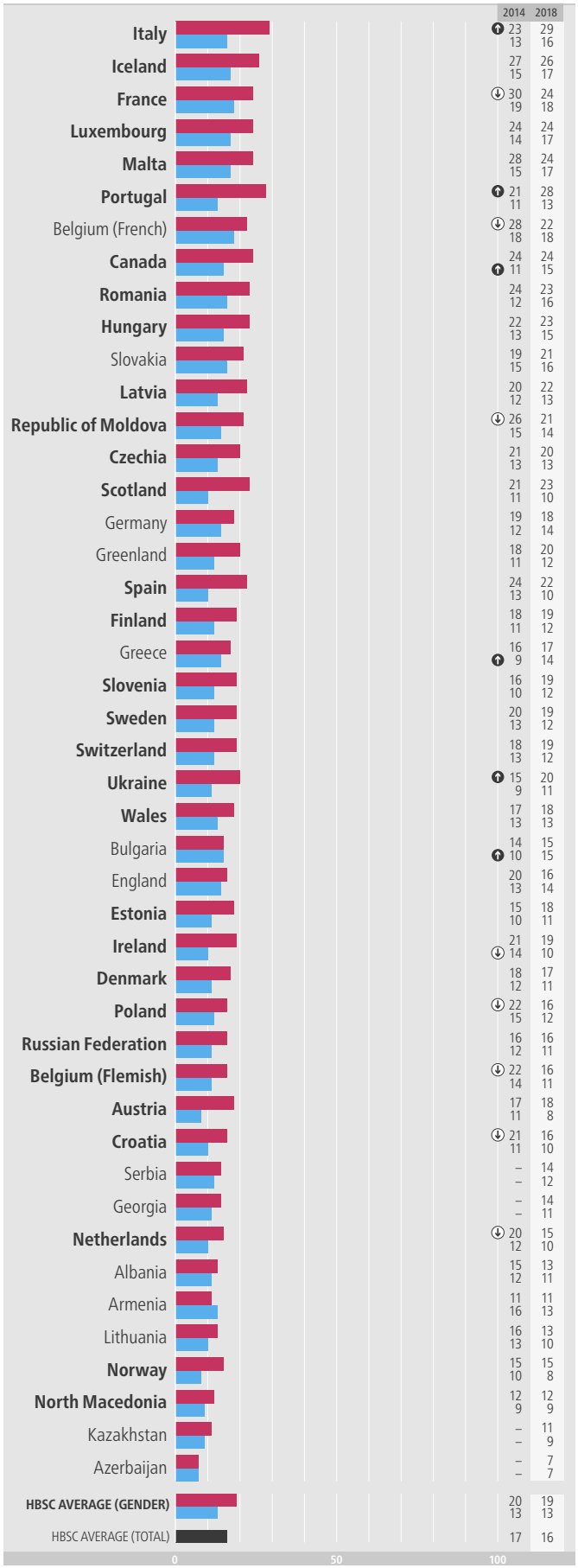
13-year-olds who report backache more than once a week



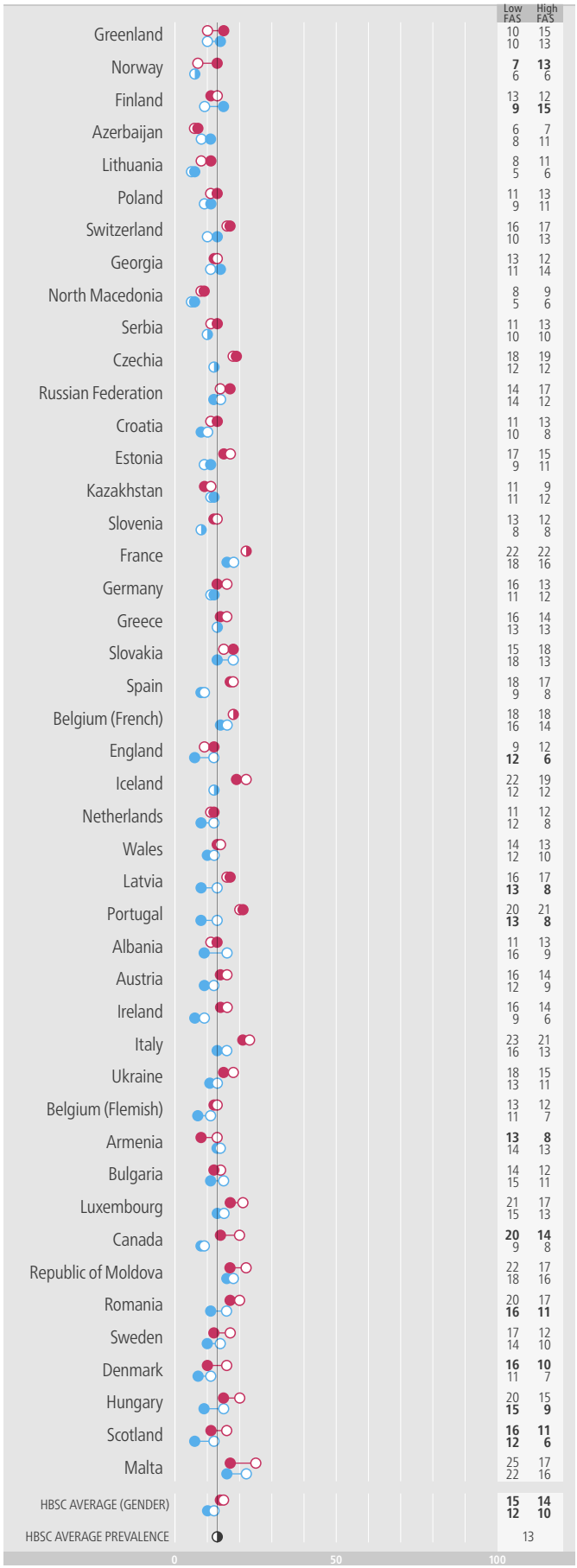
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had backache in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported experiencing backache more than once a week.

15-year-olds who report backache more than once a week

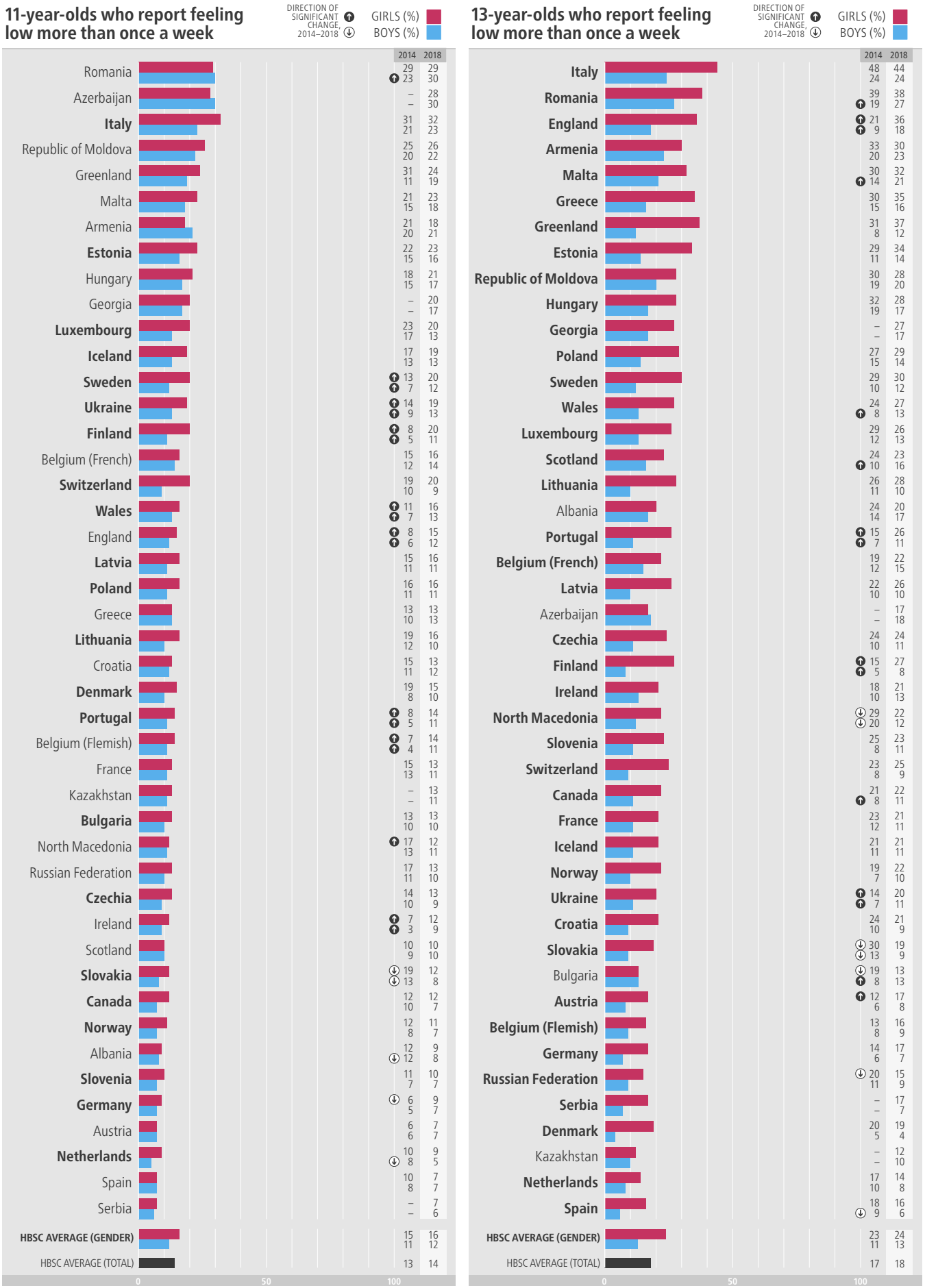


Prevalence by family affluence: backache more than once a week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

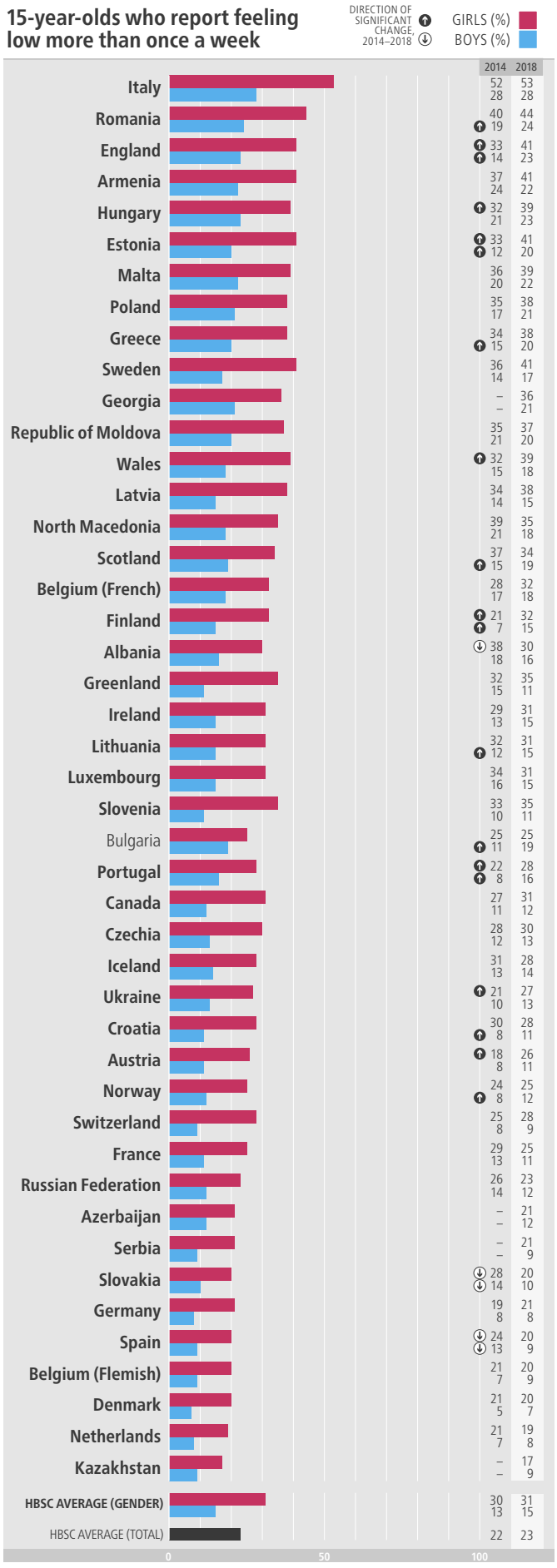
INDIVIDUAL HEALTH COMPLAINTS: FEELING LOW



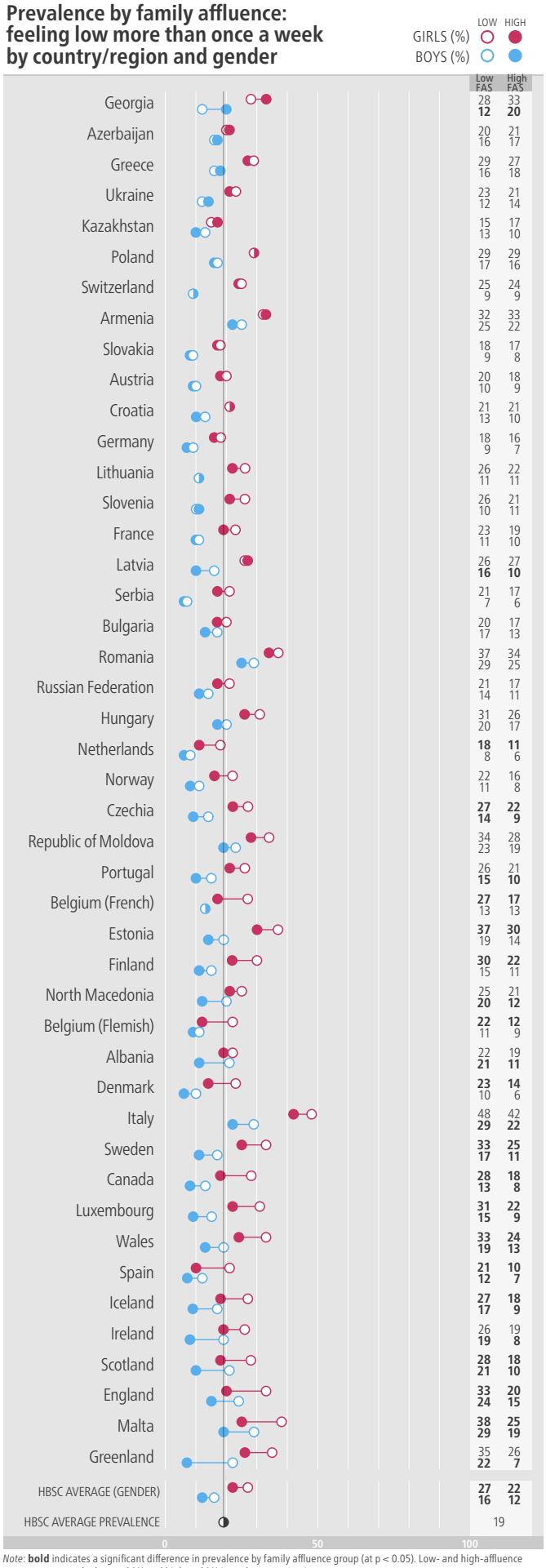
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had experienced feeling low in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported feeling low more than once a week.

15-year-olds who report feeling low more than once a week

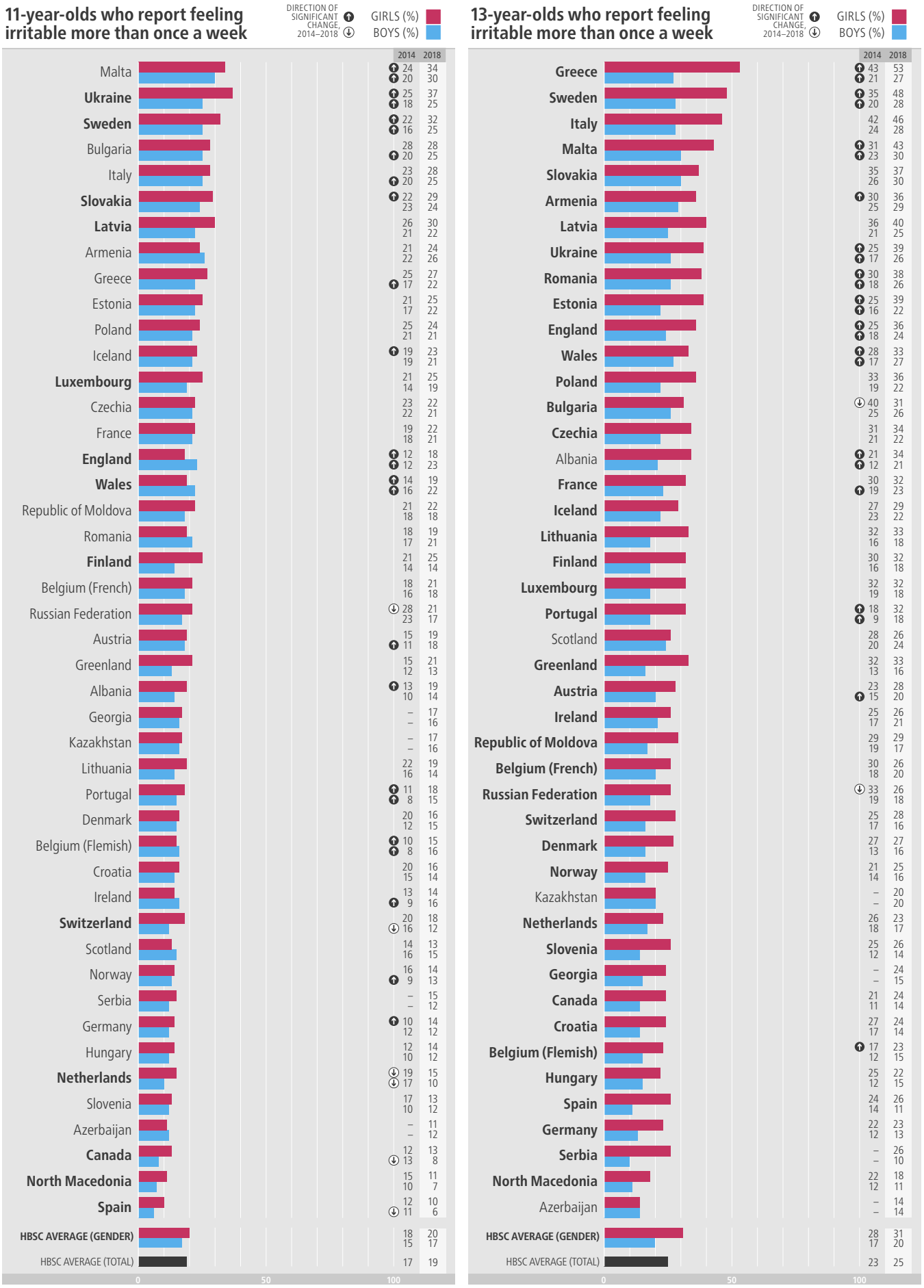


Prevalence by family affluence: feeling low more than once a week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

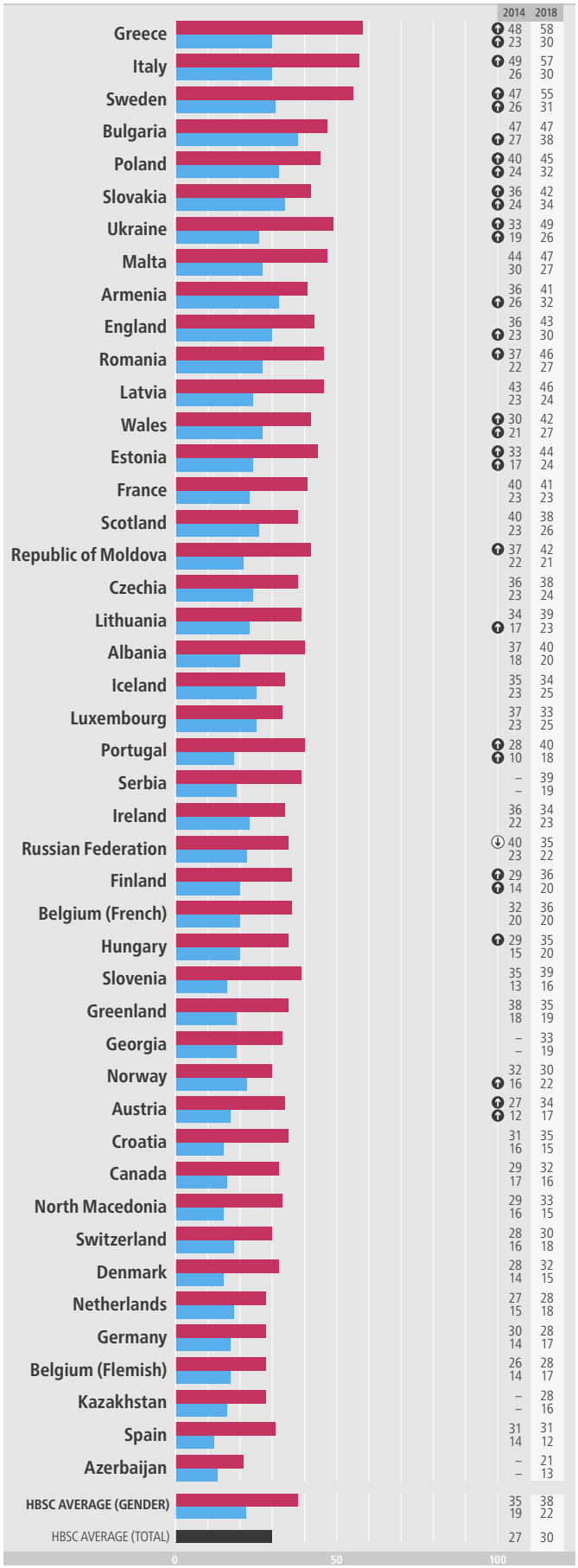
INDIVIDUAL HEALTH COMPLAINTS: FEELING IRRITABLE



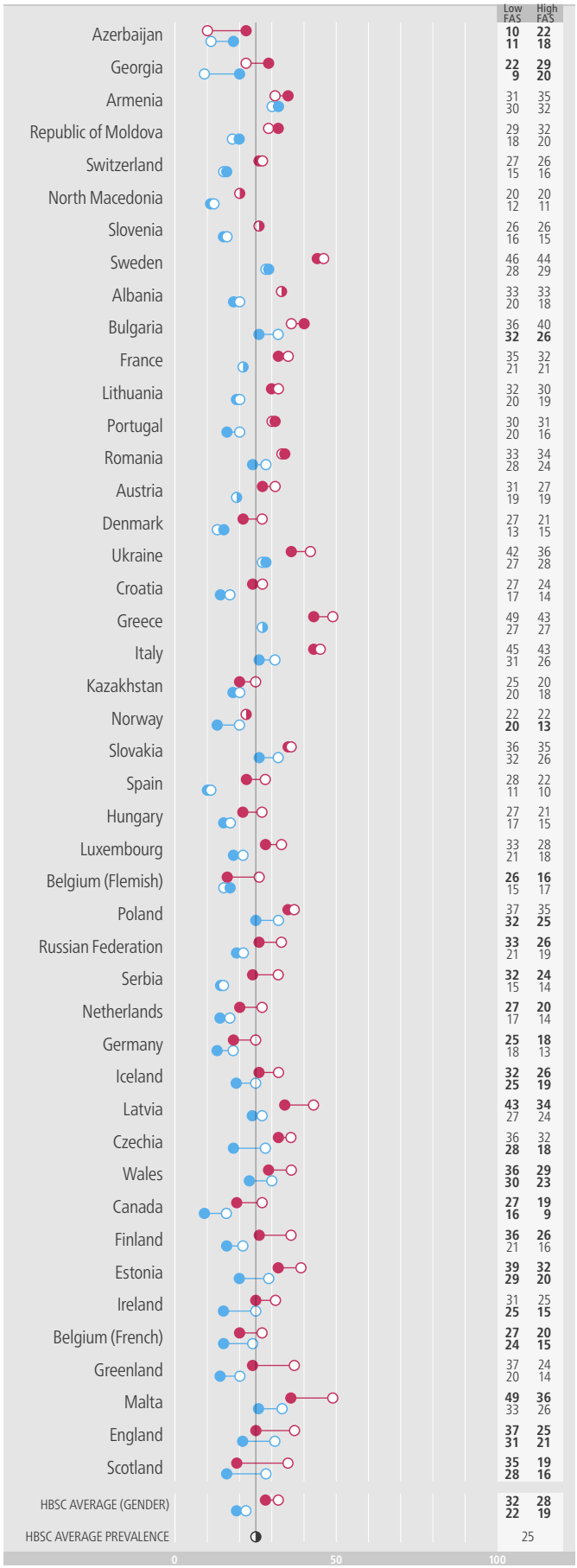
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had felt irritable or bad tempered in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported feeling irritable more than once a week.

15-year-olds who report feeling irritable more than once a week

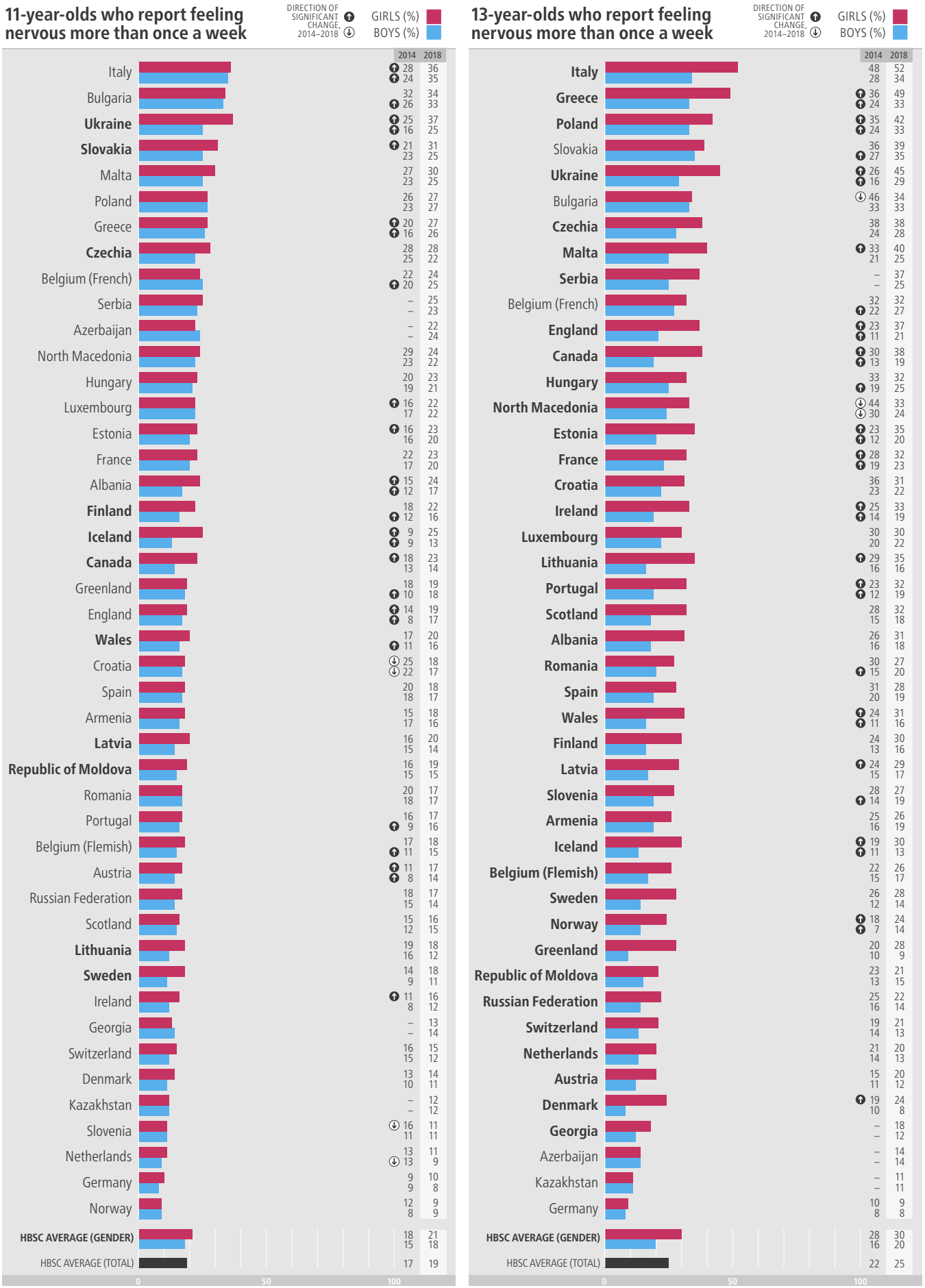


Prevalence by family affluence: feeling irritable more than once a week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

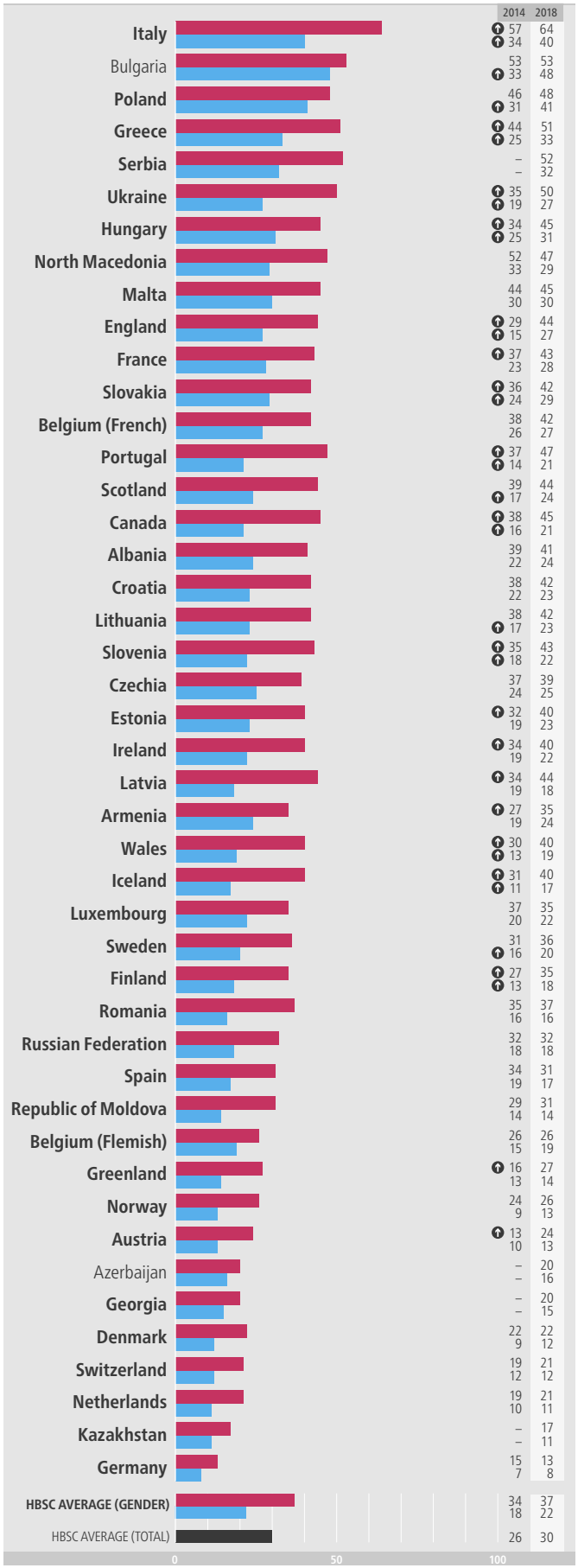
INDIVIDUAL HEALTH COMPLAINTS: FEELING NERVOUS



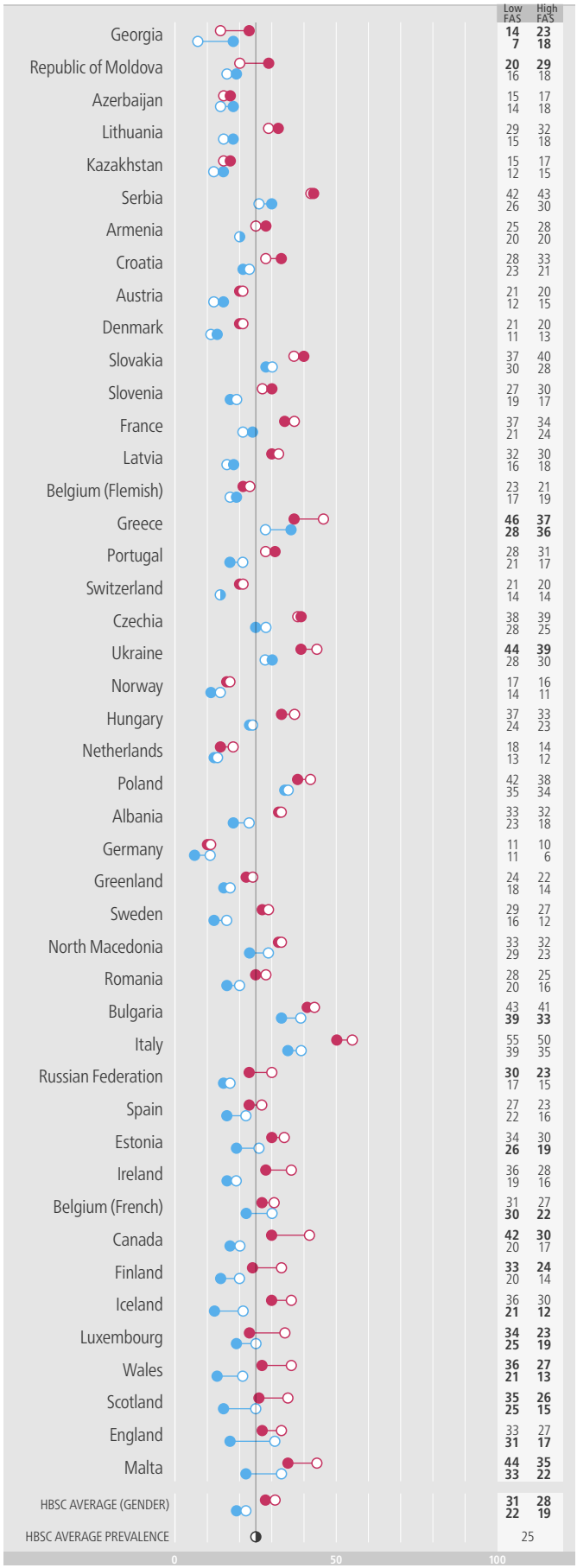
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had experienced feeling nervous in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported feeling nervous more than once a week.

15-year-olds who report feeling nervous more than once a week

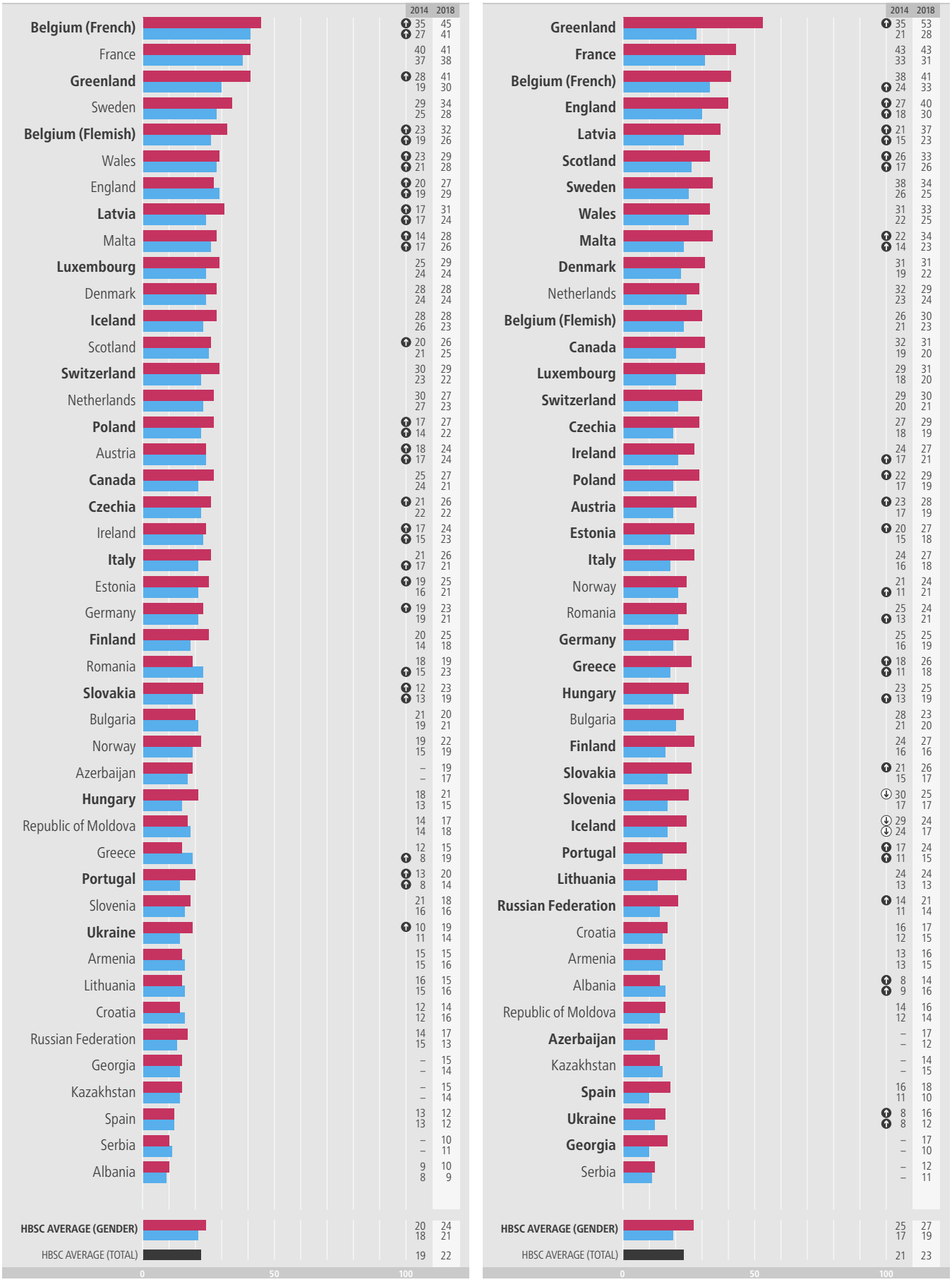


Prevalence by family affluence: feeling nervous more than once a week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

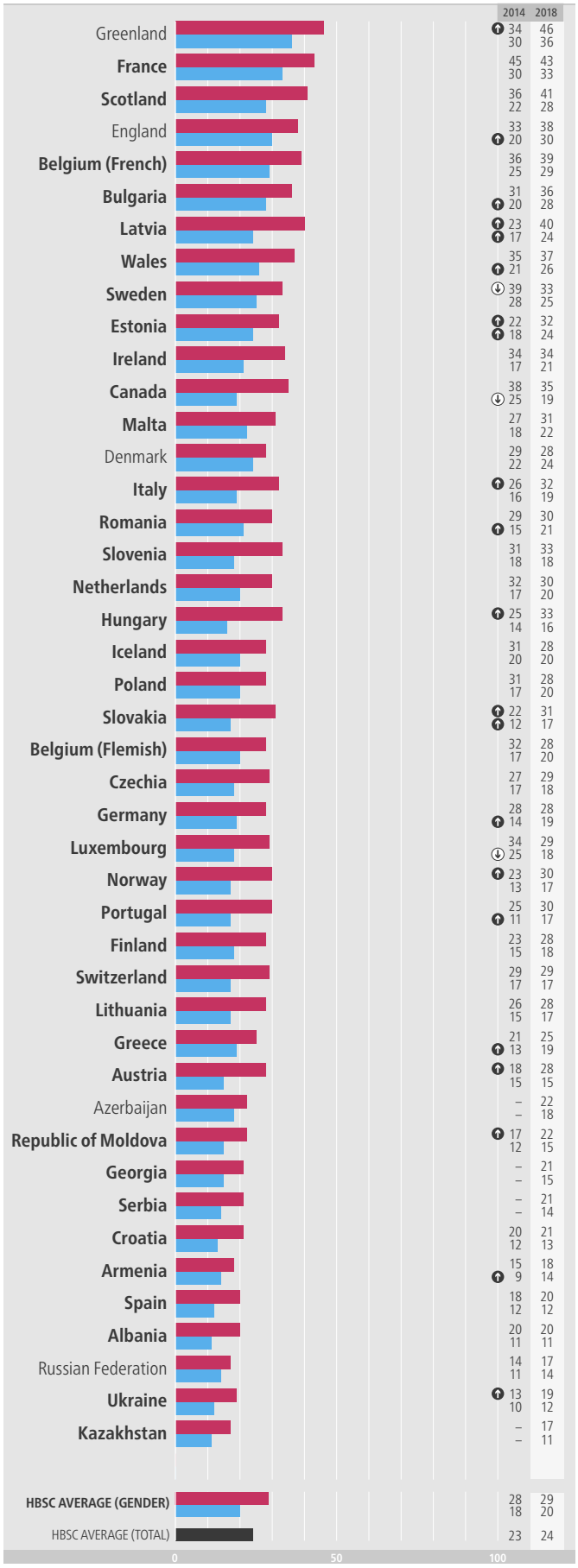
INDIVIDUAL HEALTH COMPLAINTS: SLEEP DIFFICULTIES



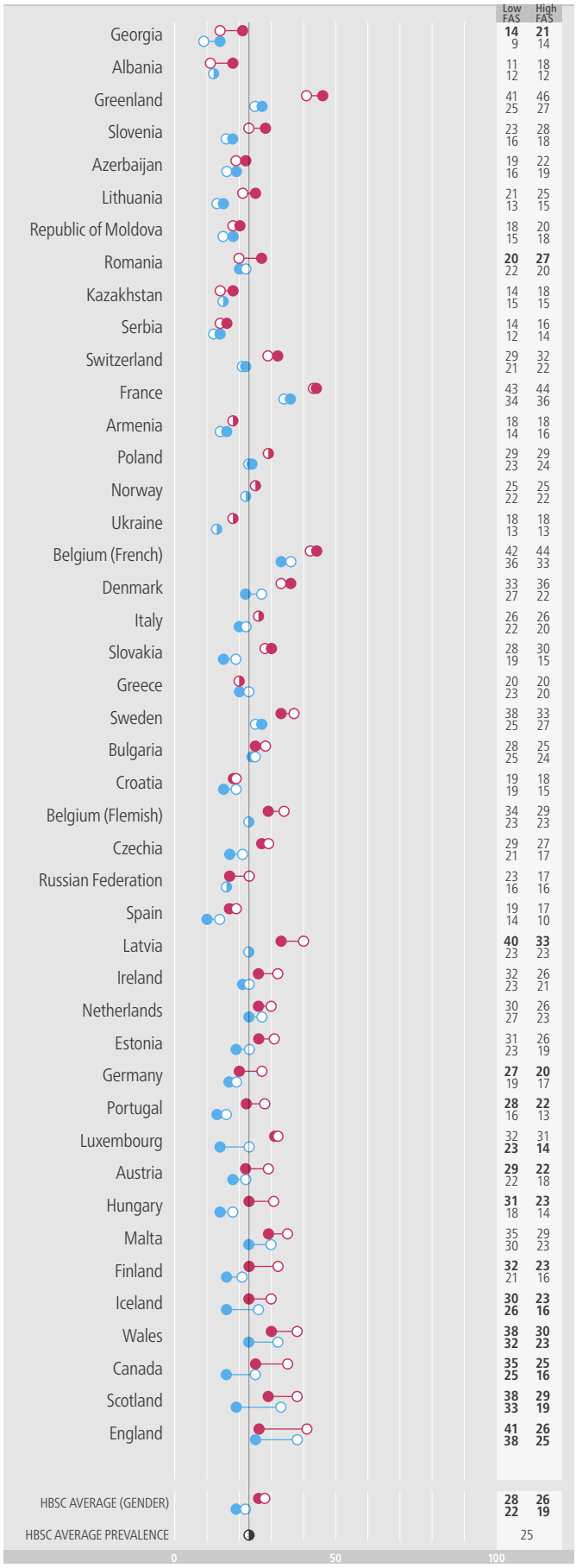
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from North Macedonia.

MEASURE: young people were asked how often they had experienced difficulties in getting to sleep in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported experiencing difficulties getting to sleep more than once a week.

15-year-olds who report sleep difficulties more than once a week

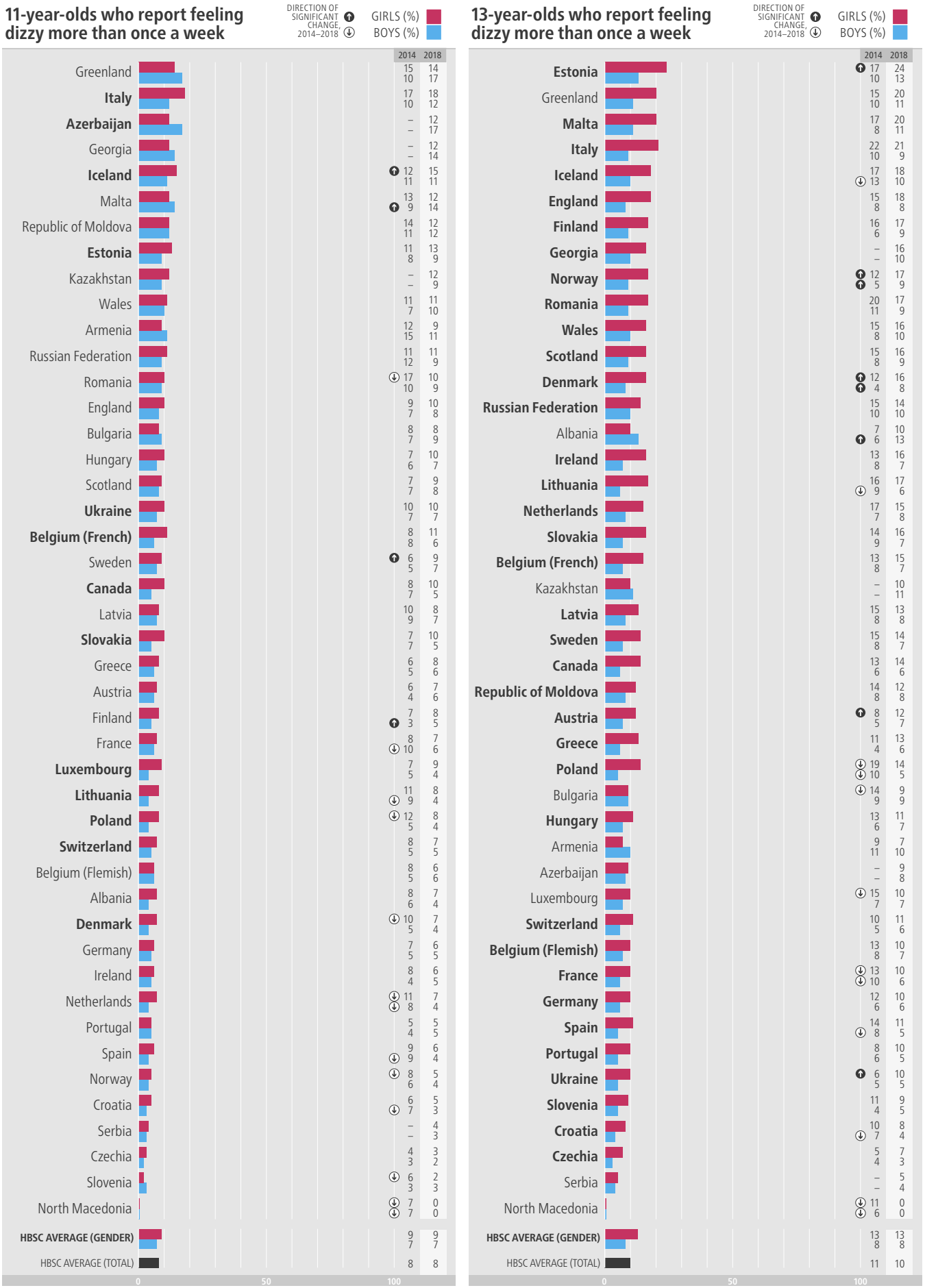


Prevalence by family affluence: sleep difficulties more than once a week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from North Macedonia.

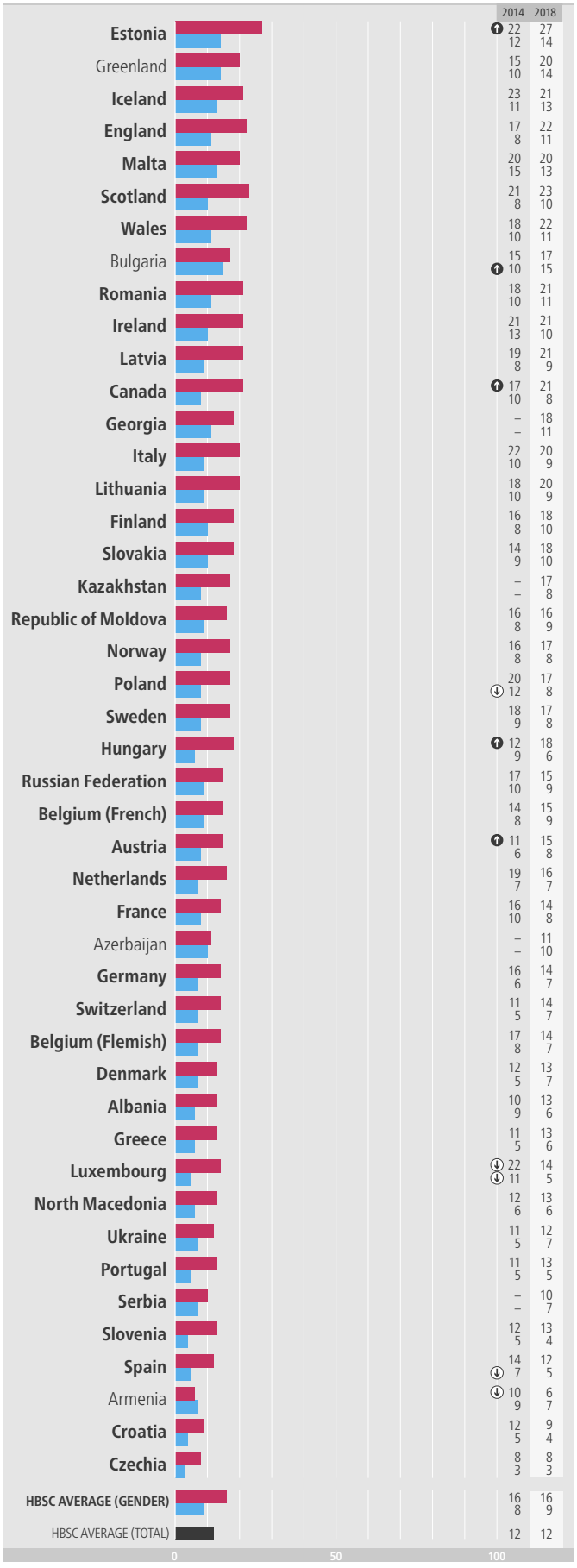
INDIVIDUAL HEALTH COMPLAINTS: FEELING DIZZY



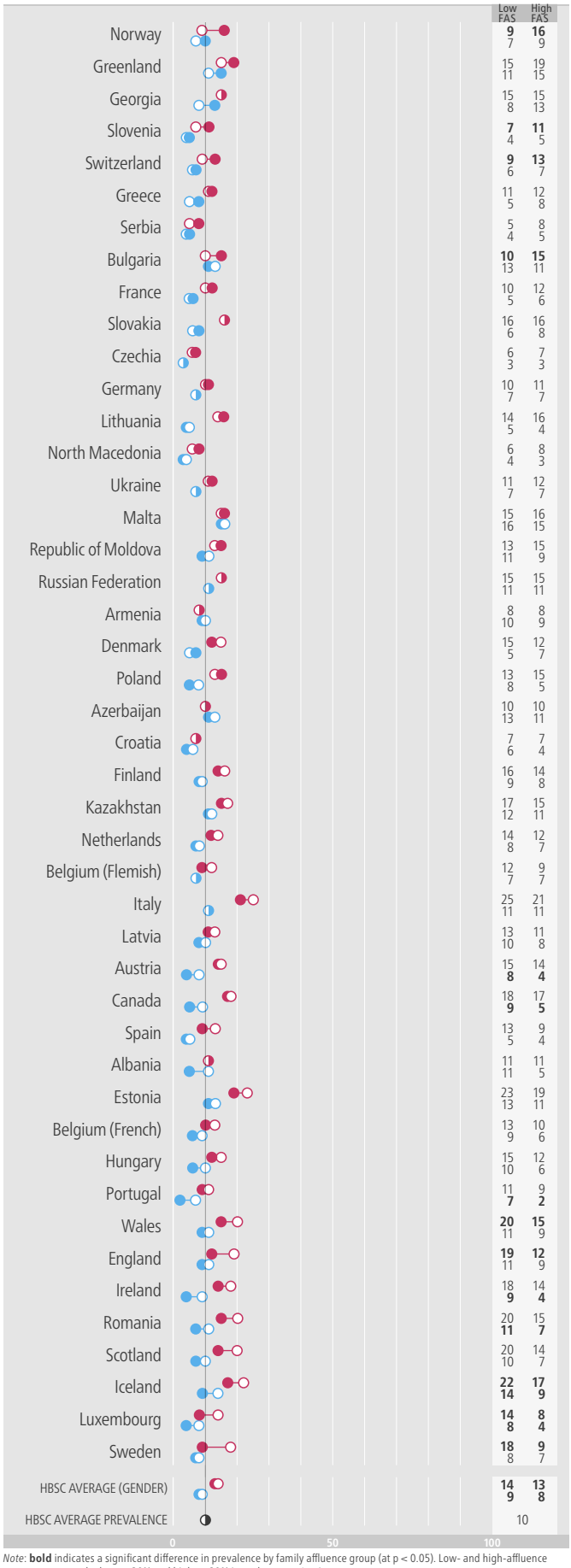
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had felt dizzy in the last six months. Response options ranged from about every day to rarely or never. Findings presented here show the proportions who reported feeling dizzy more than once a week.

15-year-olds who report feeling dizzy more than once a week



Prevalence by family affluence: feeling dizzy more than once a week by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

SEXUAL HEALTH

SEXUAL INTERCOURSE

CONDOM USE AT LAST SEXUAL INTERCOURSE

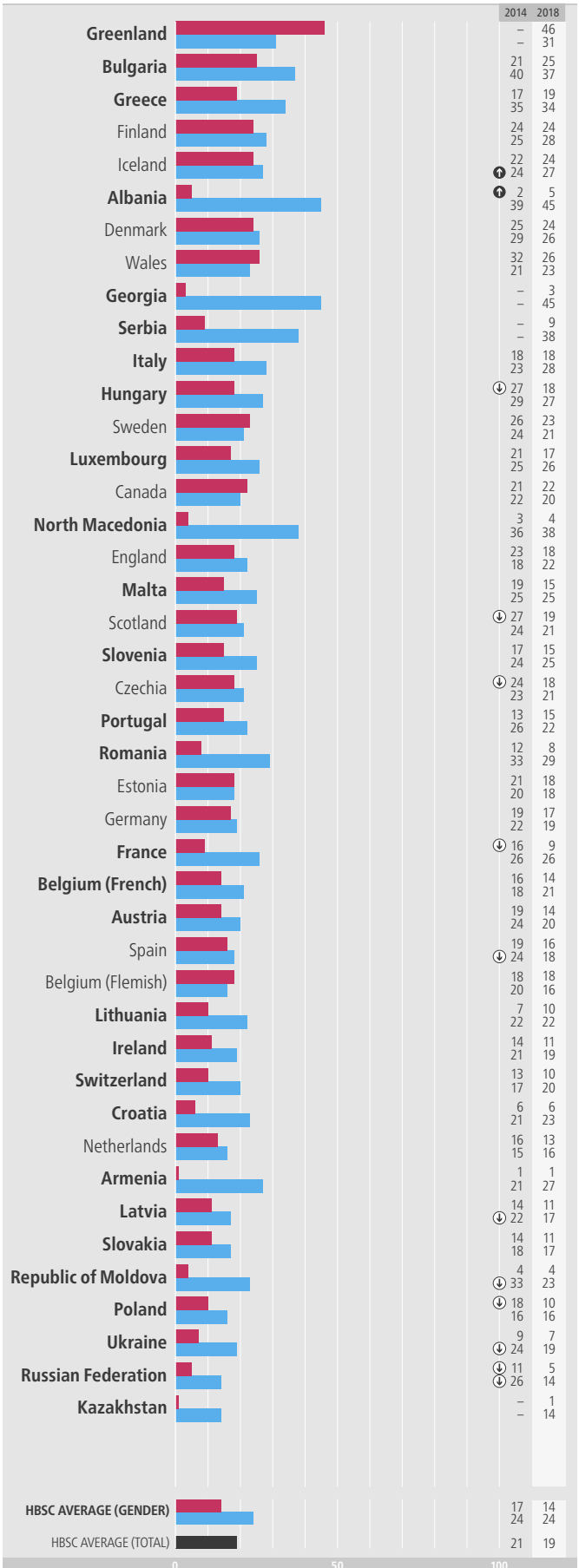
CONTRACEPTIVE PILL USE AT LAST SEXUAL INTERCOURSE

USING NEITHER CONDOM NOR CONTRACEPTIVE PILL AT LAST SEXUAL INTERCOURSE

SEXUAL INTERCOURSE

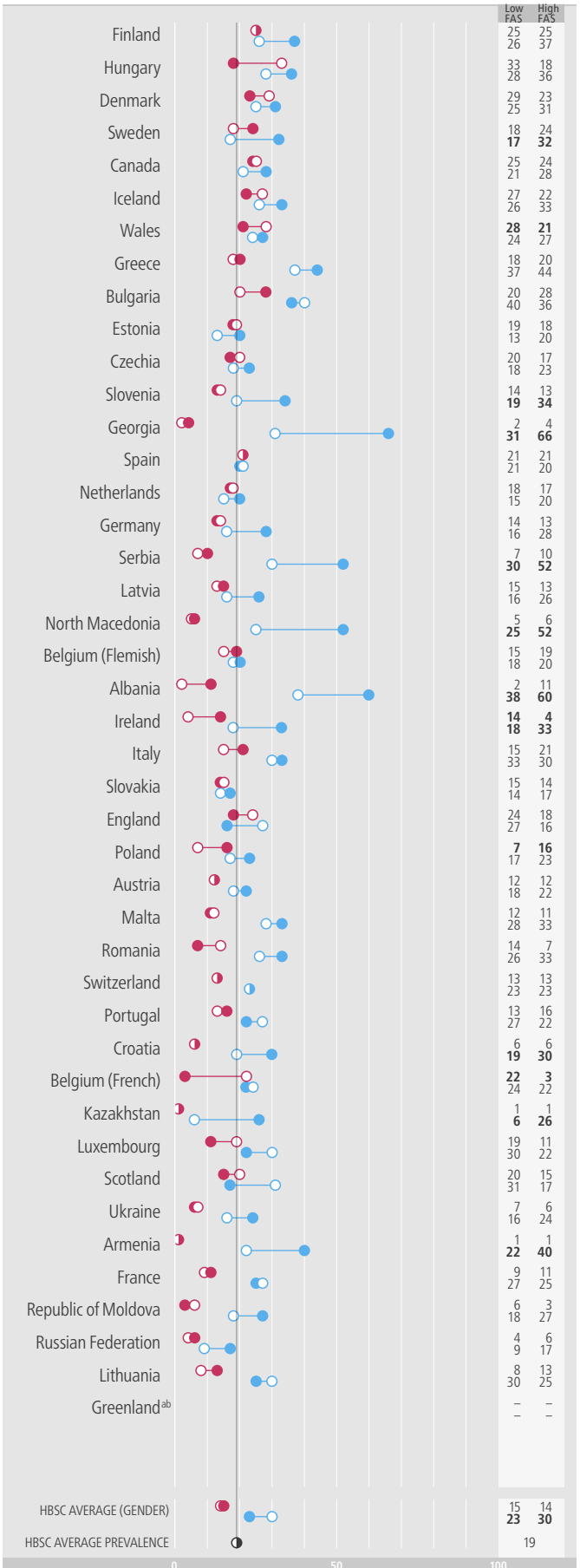
MEASURE: 15-year-olds only were asked whether they had ever had sexual intercourse. The question was presented using colloquial terminology (such as "having sex") to ensure respondents understood it was about full penetrative sex. Findings presented here show the proportions who responded yes to having had sexual intercourse.

15-year-olds who have had sexual intercourse



Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Azerbaijan and Norway.

Prevalence by family affluence: 15-year-olds who have had sexual intercourse by country/region and gender

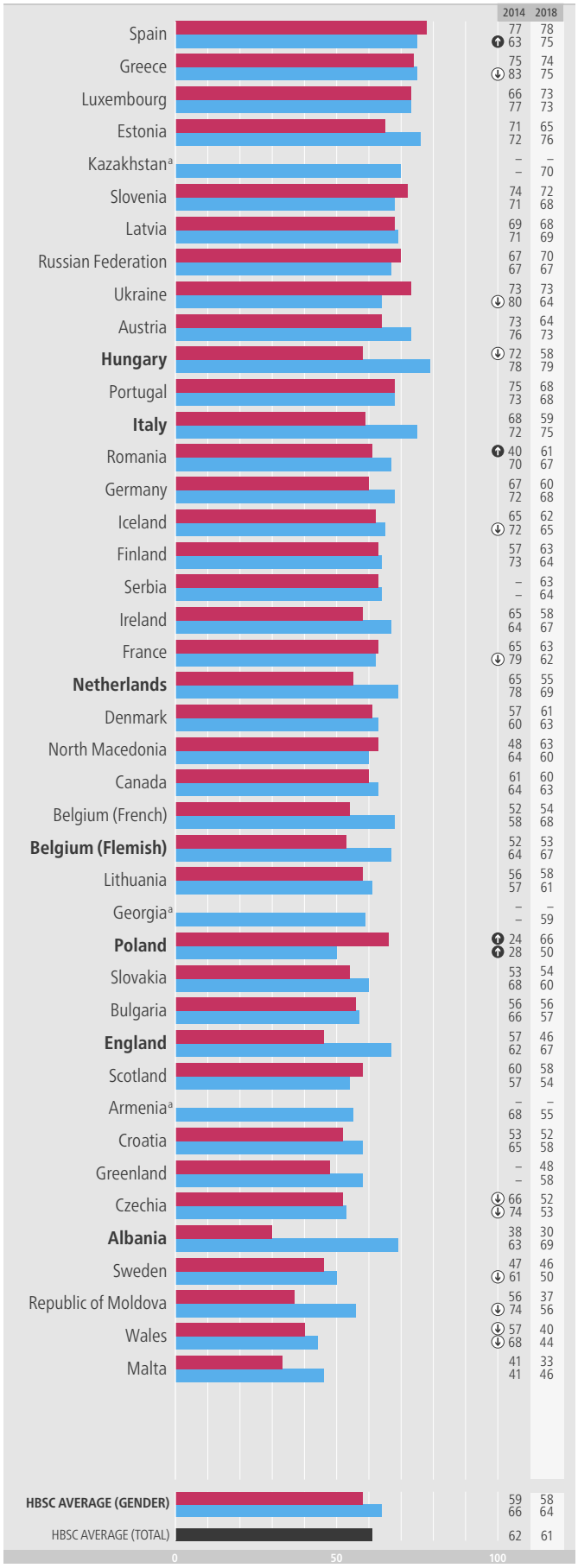


[a] Data are not presented for girls due to insufficient respondents. [b] Data are not presented for boys due to insufficient respondents.
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan and Norway.

CONDOM USE AT LAST SEXUAL INTERCOURSE

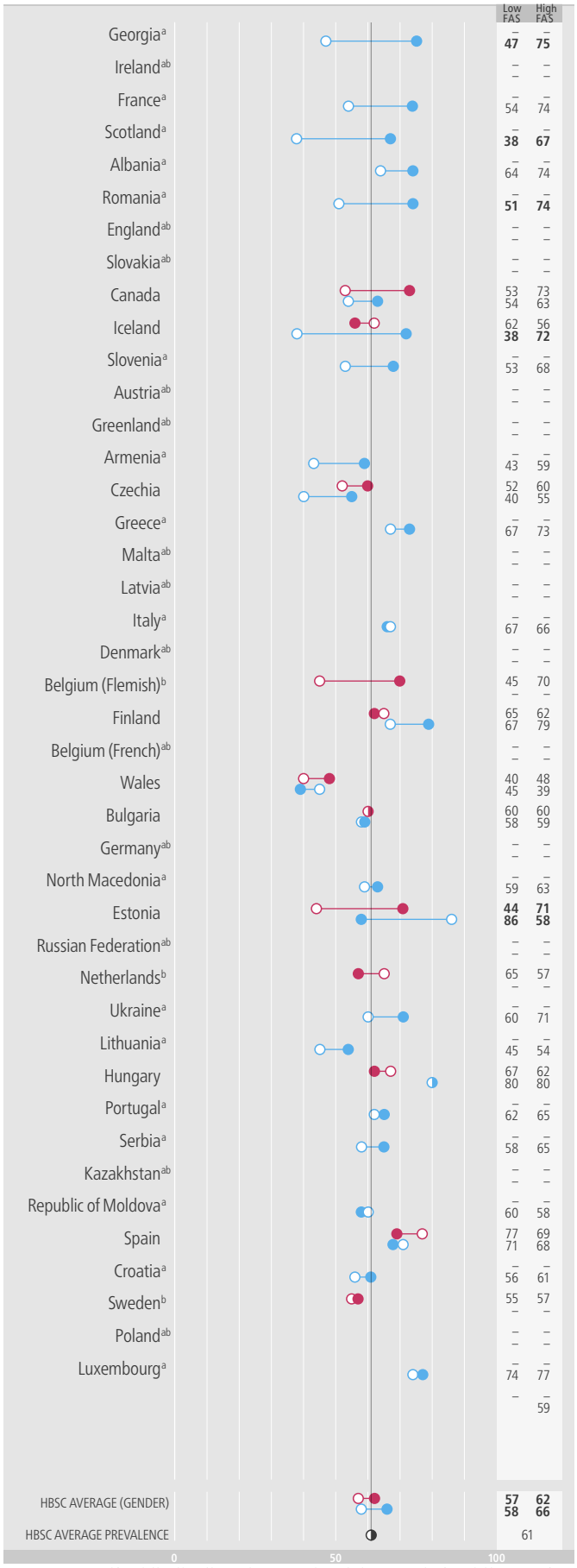
MEASURE: 15-year-olds who have had sex were asked whether they or their partners used a condom at their last sexual intercourse. Findings presented here show the proportions who reported yes to this question.

15-year-olds who used a condom at last sexual intercourse



[a] Data are not presented for girls as numbers reporting having had sex were too low for a reliable estimate of prevalence. *Note:* country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Azerbaijan, Norway and Switzerland.

Prevalence by family affluence: 15-year-olds who used a condom at last sexual intercourse by country/region and gender

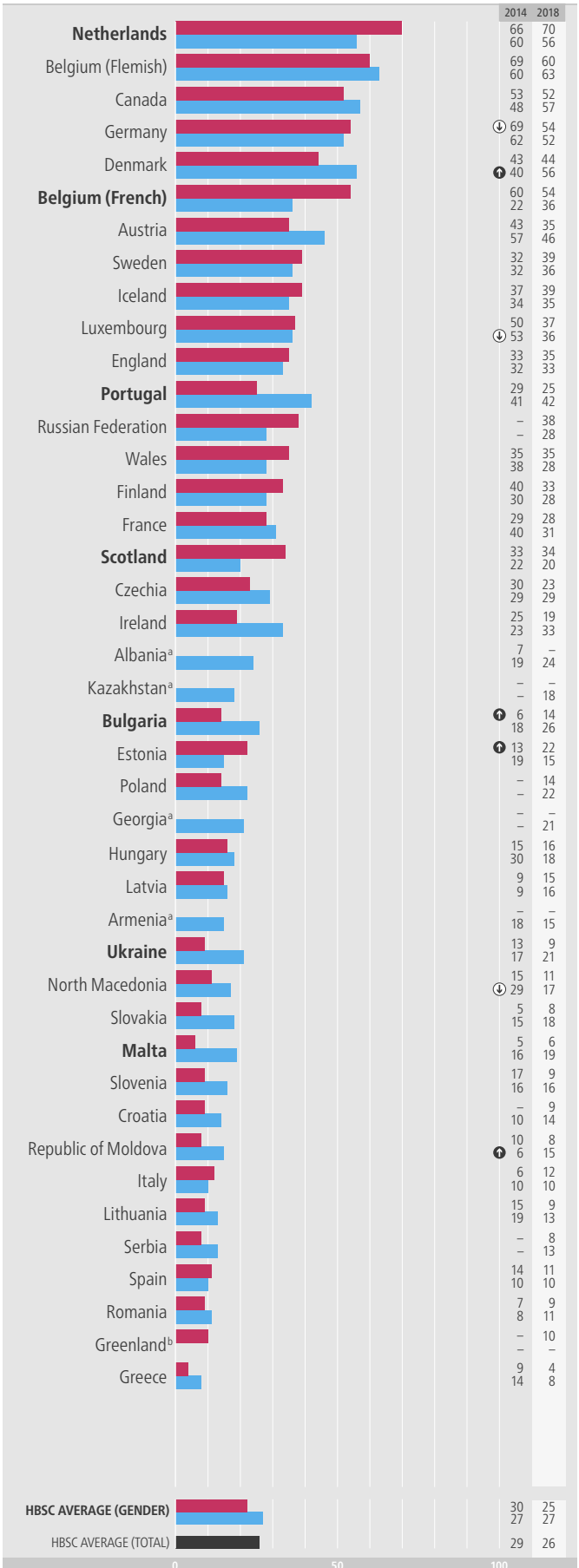


[ab] Data are not presented for girls ([a]) and boys ([b]) as numbers reporting having had sex were too low for a reliable estimate of prevalence. *Note:* **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan, Norway and Switzerland.

CONTRACEPTIVE PILL USE AT LAST SEXUAL INTERCOURSE

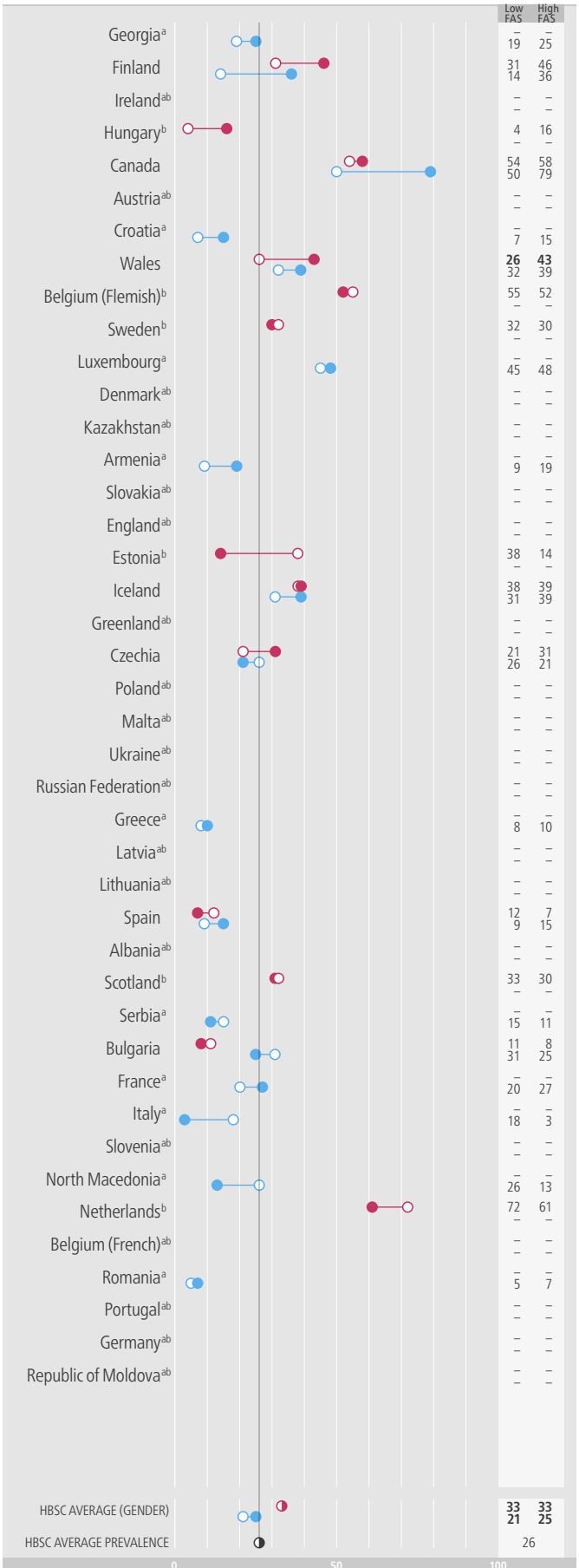
MEASURE: 15-year-olds who have had sex were asked whether they or their partner used the contraceptive pill at their last sexual intercourse. The findings presented here show the proportions who reported that they or their partners used the contraceptive pill at their last sexual intercourse.

15-year-olds who used the contraceptive pill at last sexual intercourse



[ab] Data are not presented for girls ([a]) and boys ([b]) as numbers reporting having had sex were too low for a reliable estimate of prevalence. *Note:* country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Azerbaijan, Norway and Switzerland.

Prevalence by family affluence: 15-year-olds who used the contraceptive pill at last sexual intercourse by country/region and gender



[ab] Data are not presented for girls ([a]) and boys ([b]) as numbers reporting having had sex were too low for a reliable estimate of prevalence. *Note:* **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan, Norway and Switzerland.

USING NEITHER CONDOM NOR CONTRACEPTIVE PILL AT LAST SEXUAL INTERCOURSE

MEASURE: 15-year-olds were asked whether they or their partner had used a condom or the contraceptive pill at their last sexual intercourse. The findings presented here show the proportions who reported that they or their partners used neither a condom nor the contraceptive pill at their last sexual intercourse.

15-year-olds who used neither a condom nor the contraceptive pill at last sexual intercourse

COUNTRY/REGION	BOYS (%)	GIRLS (%)	TOTAL (%)
Malta	43	61	52
Republic of Moldova	32	56	44
Wales	38	39	39
Croatia	35	41	38
Slovakia	34	42	38
Lithuania	29	38	33
Bulgaria	27	38	32
Poland	34	30	32
Czechia	32	32	32
Romania	25	37	31
North Macedonia	29	32	31
Scotland	36	25	31
Serbia	27	34	31
Ireland	21	37	29
France	29	24	26
Italy	17	35	26
England	20	31	26
Latvia	21	28	25
Belgium (French)	20	28	24
Portugal	20	27	24
Sweden	23	23	23
Ukraine	20	26	23
Slovenia	21	24	23
Greece	20	24	22
Hungary	11	32	21
Finland	22	18	20
Estonia	15	24	19
Spain	19	19	19
Iceland	17	19	18
Canada	16	17	17
Russian Federation	14	19	16
Germany	19	13	16
Luxembourg	15	17	16
Austria	8	21	15
Belgium (Flemish)	10	17	13
Netherlands	11	11	11
Denmark	5	12	8
Albania [a]	22	–	–
Armenia [a]	38	–	–
Georgia [a]	32	–	–
Greenland [b]	–	41	–
Kazakhstan [a]	21	–	–
HBSC average	**23**	**29**	**25**

[ab] Data are not presented for girls ([a]) and boys ([b]) as numbers reporting having had sex were too low for a reliable estimate of prevalence. *Note:* no data were received from Azerbaijan, Norway and Switzerland.

ALCOHOL, TOBACCO AND CANNABIS USE

ALCOHOL CONSUMPTION: LIFETIME USE

ALCOHOL CONSUMPTION: LAST 30 DAYS (CURRENT) USE

DRUNKENNESS: LIFETIME

DRUNKENNESS: LAST 30 DAYS

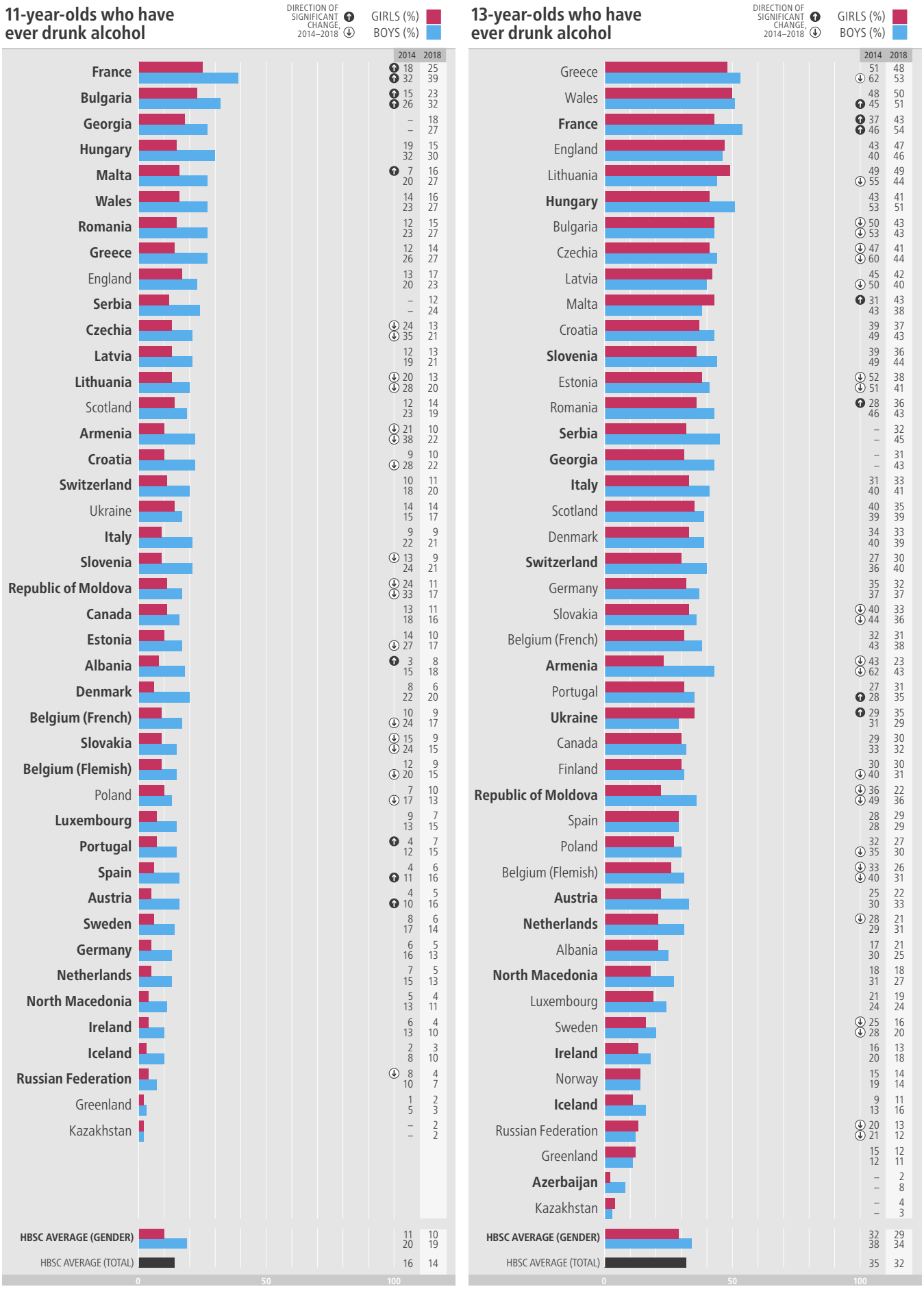
CIGARETTE-SMOKING: LIFETIME USE

CIGARETTE-SMOKING: LAST 30 DAYS (CURRENT) USE

CANNABIS USE: LIFETIME USE

CANNABIS USE: LAST 30 DAYS (CURRENT) USE

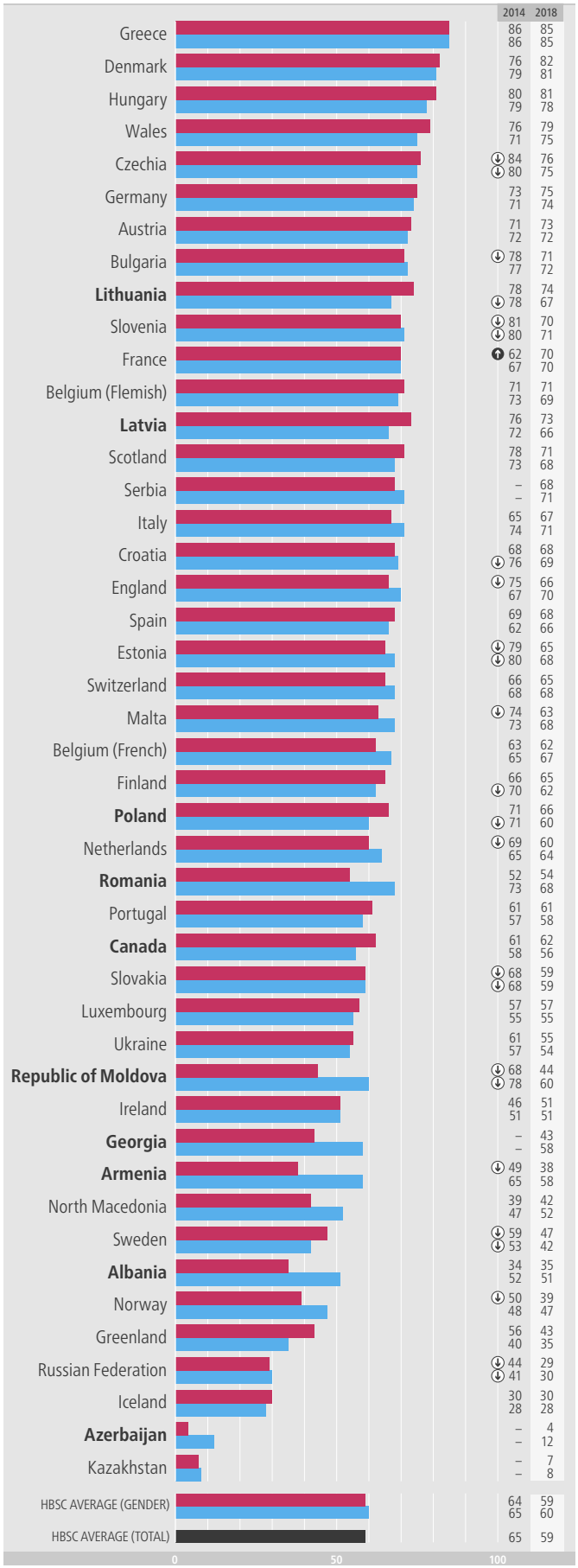
ALCOHOL CONSUMPTION: LIFETIME USE



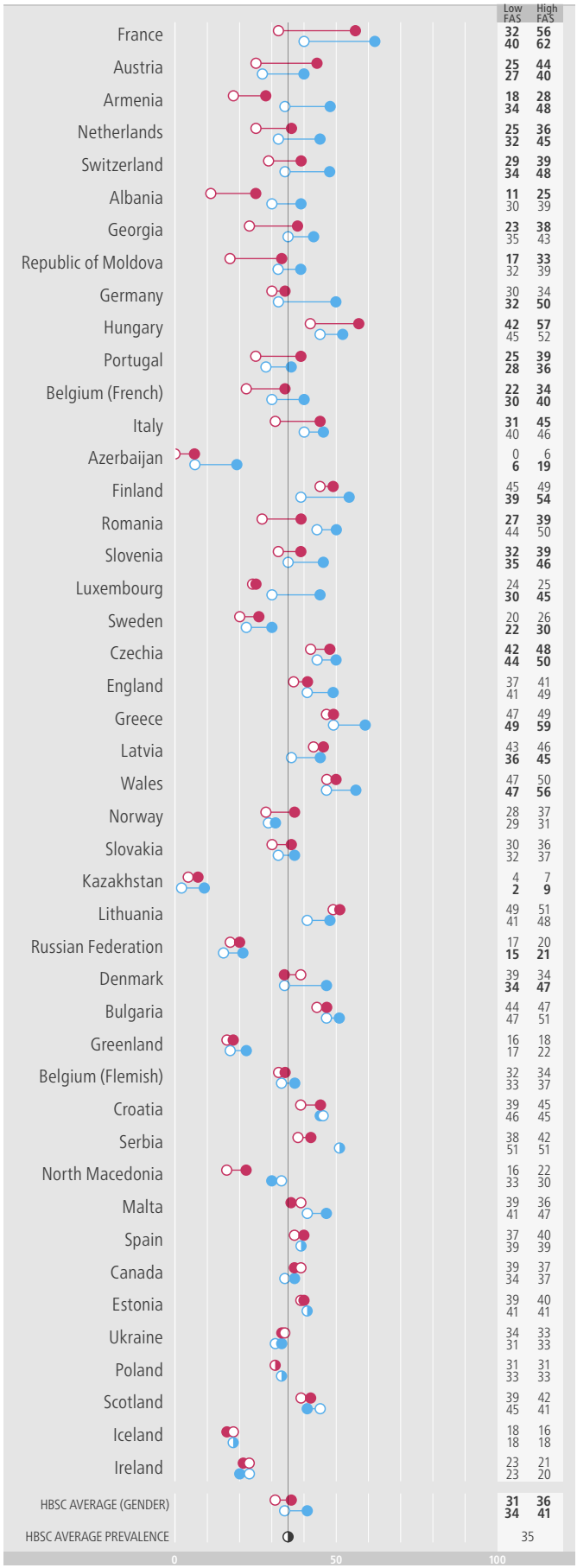
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Azerbaijan, Finland and Norway (11-year-olds).

MEASURE: young people were asked on how many days they had drunk alcohol in their lifetime. Response options ranged from never to 30 or more days. Findings presented here show the proportions who had ever drunk alcohol.

15-year-olds who have ever drunk alcohol

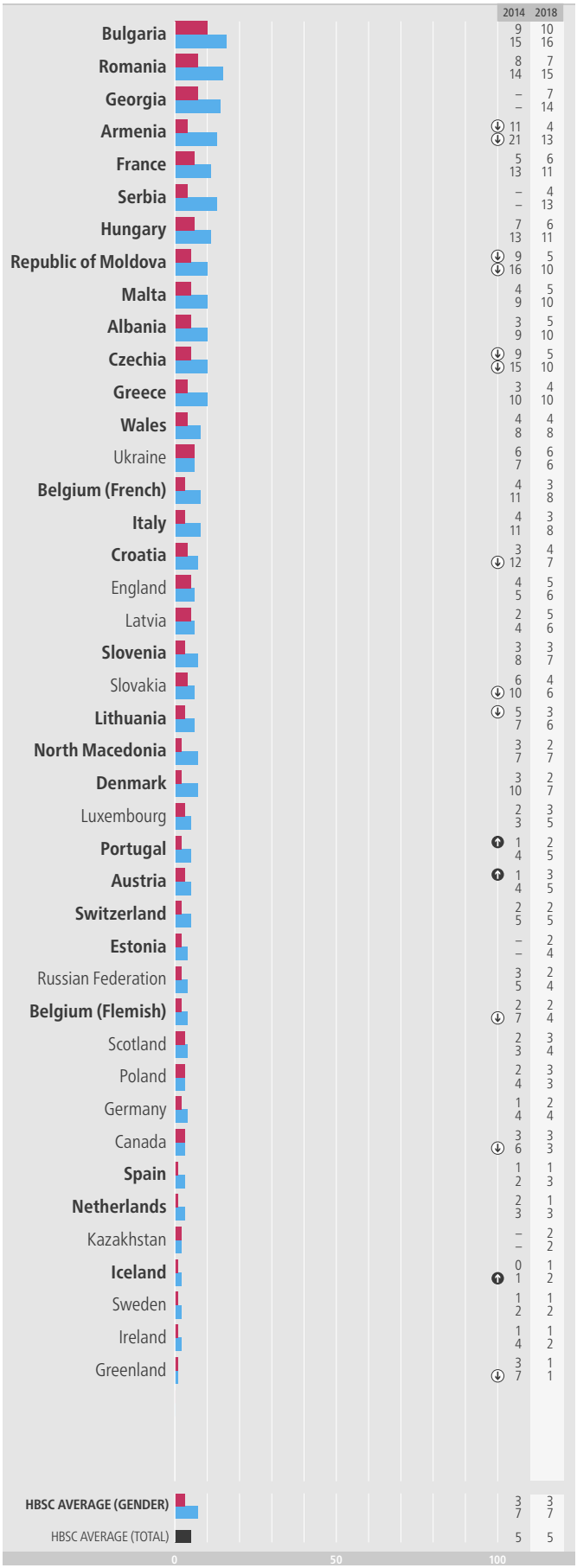


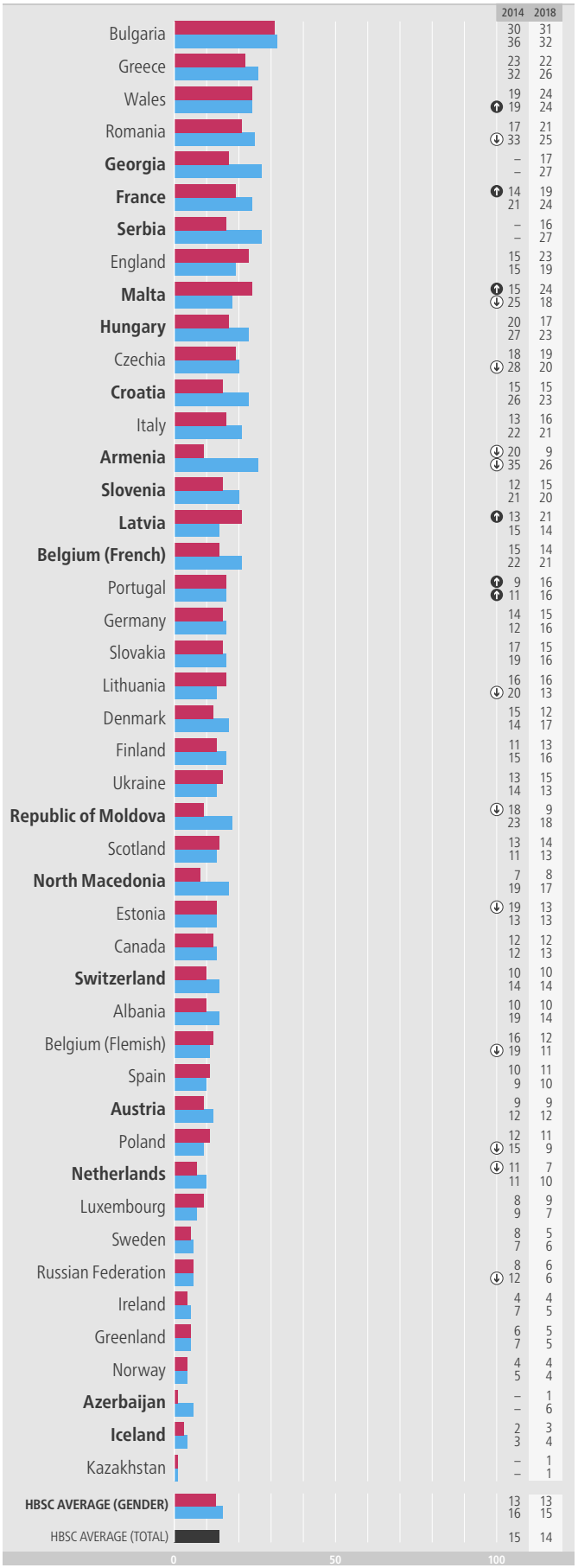
Prevalence by family affluence: ever drunk alcohol by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan, Finland and Norway (11-year-olds).

ALCOHOL CONSUMPTION: LAST 30 DAYS (CURRENT) USE

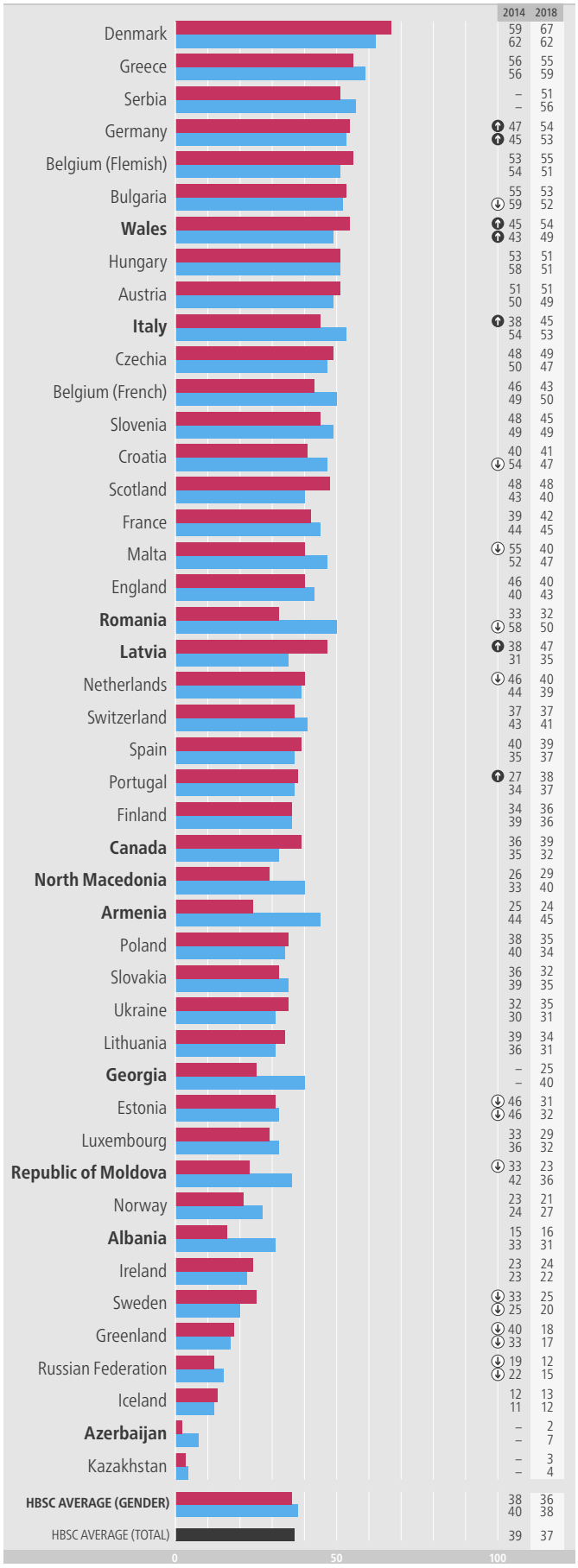




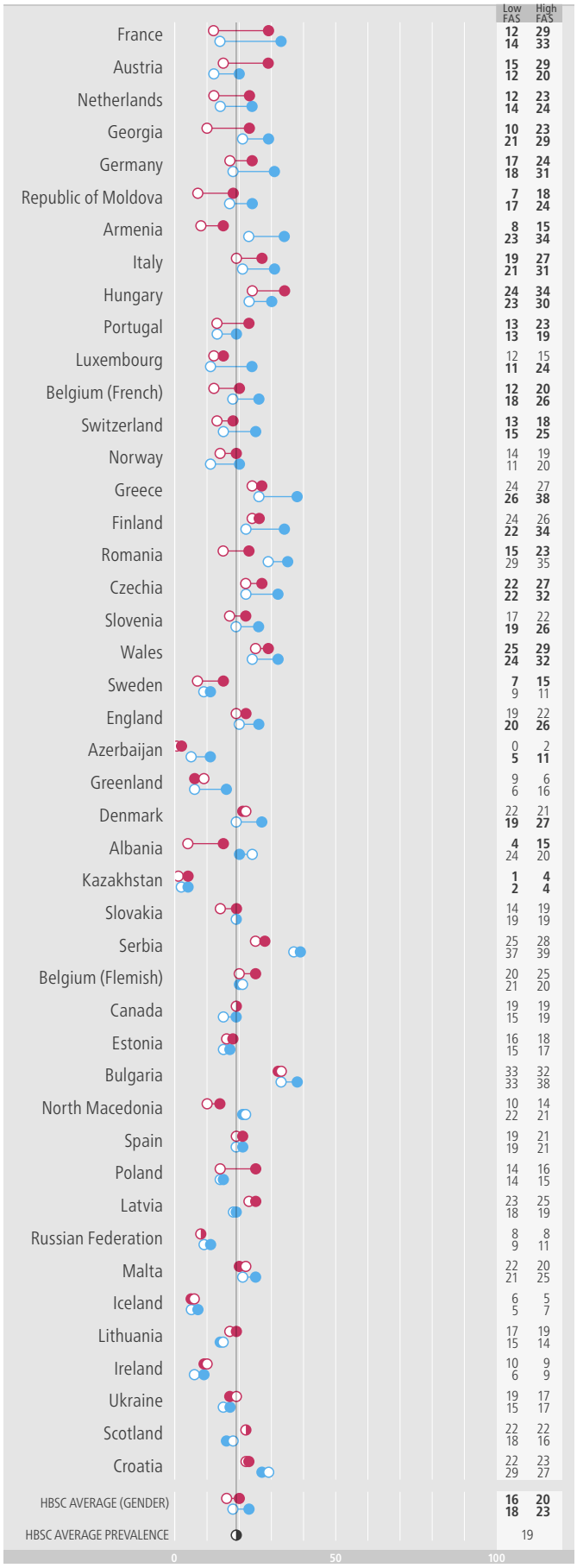
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Azerbaijan, Finland and Norway (11-year-olds).

MEASURE: young people were asked on how many occasions they had drunk alcohol in the last 30 days. Response options ranged from never to 30 or more days. Findings presented here show the proportions who had ever drunk alcohol.

15-year-olds who have drunk alcohol in the last 30 days



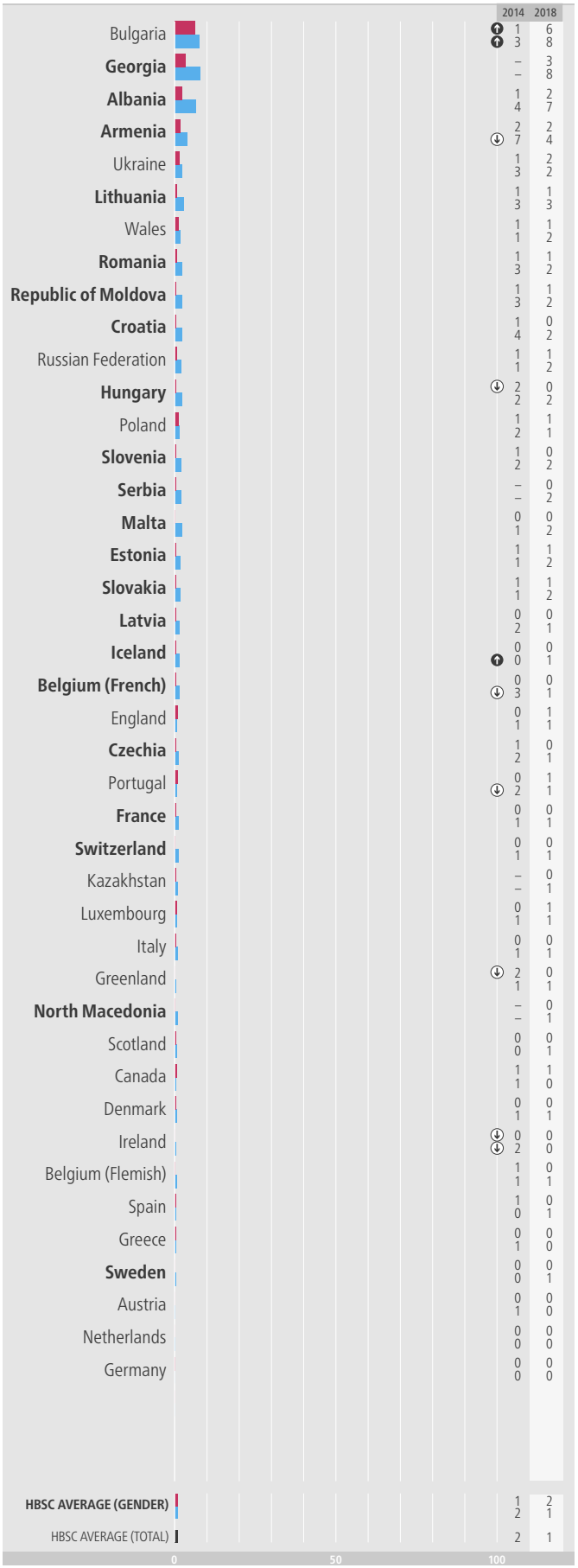
Prevalence by family affluence: drunk alcohol in the last 30 days by country/region and gender



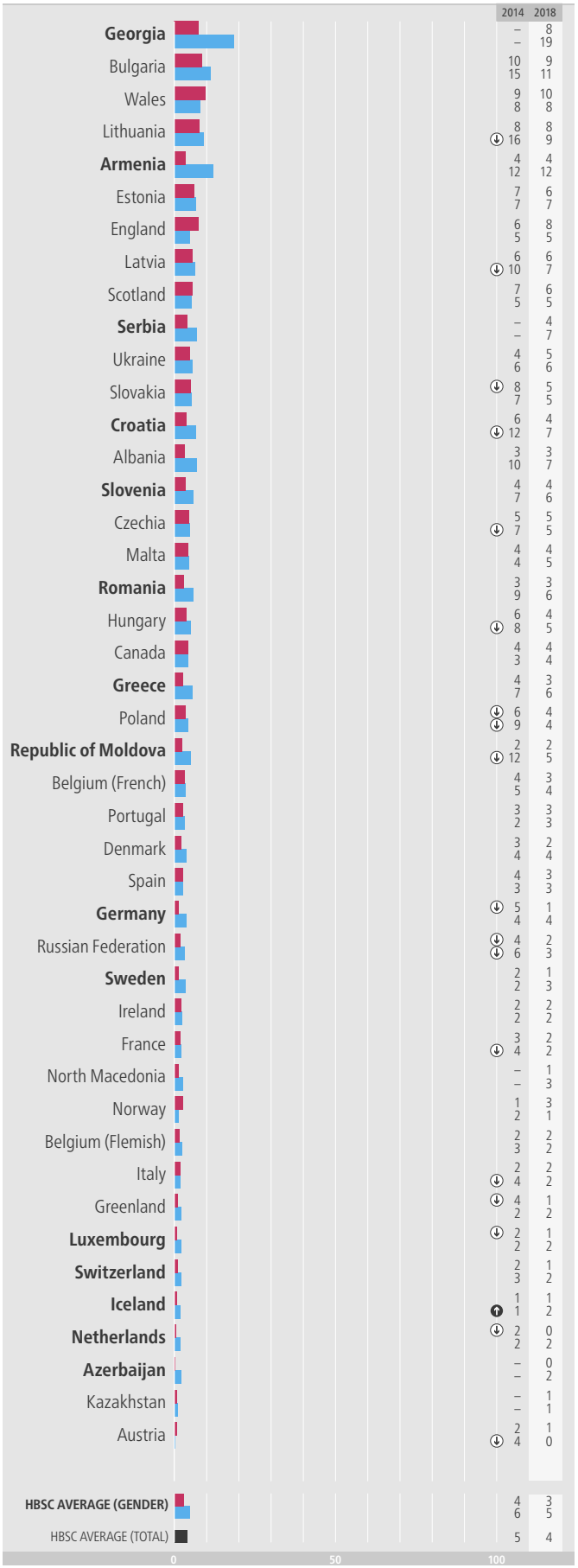
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan, Finland and Norway (11-year-olds).

DRUNKENNESS: LIFETIME

11-year-olds who have been drunk at least twice



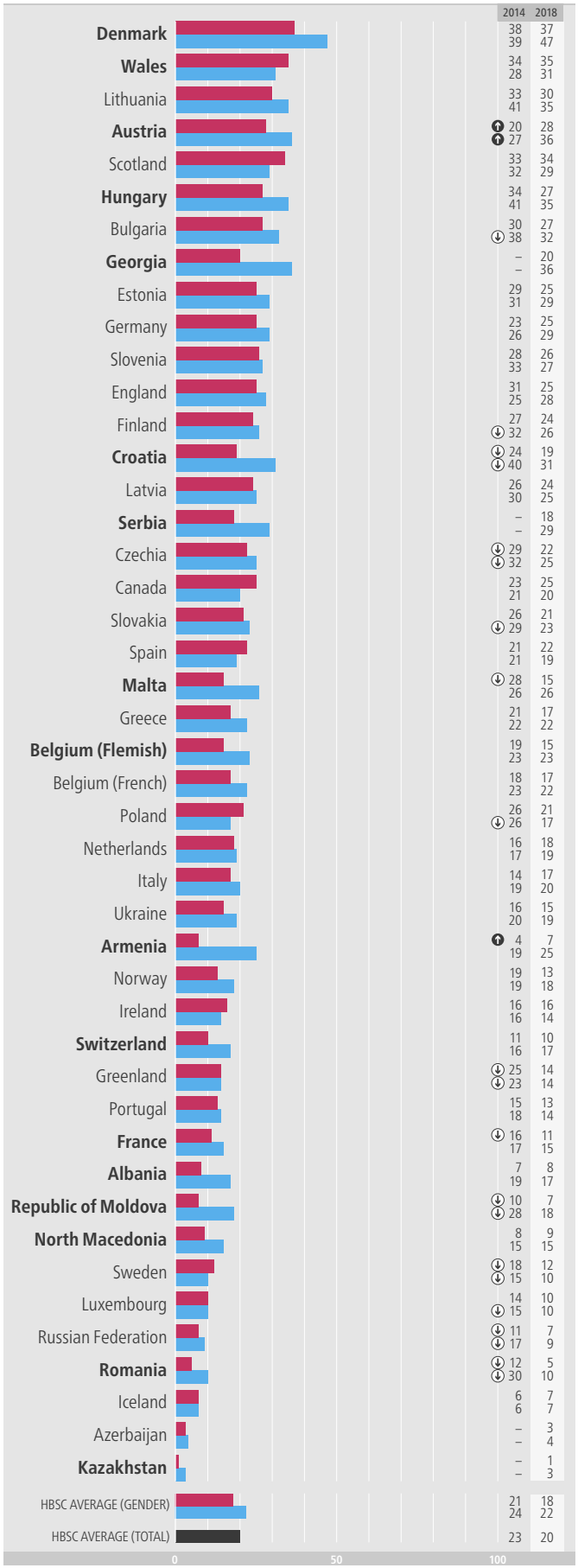
13-year-olds who have been drunk at least twice



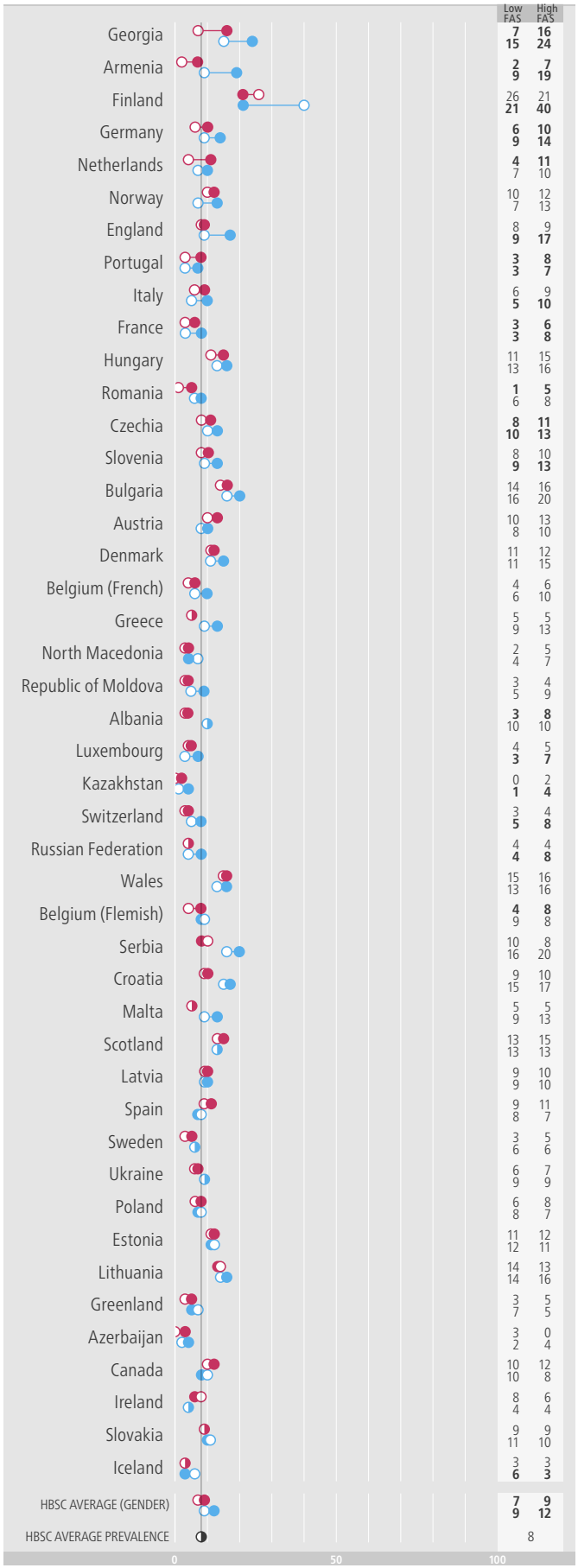
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Azerbaijan and Norway (11-year-olds) and Finland (11- and 13-year-olds).

MEASURE: young people were asked whether they had ever had so much alcohol that they were really drunk. Response options ranged from never to more than 10 times. Findings presented here show the proportions who reported having been drunk twice or more in their lifetime.

15-year-olds who have been drunk at least twice



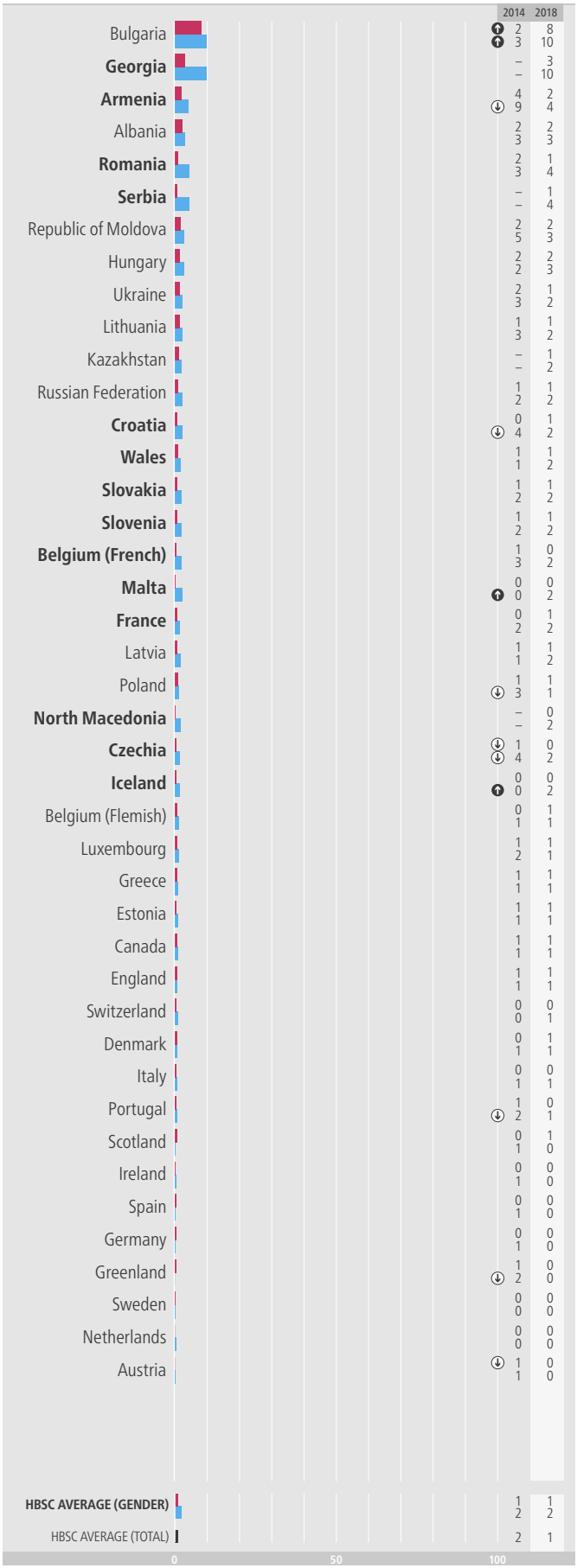
Prevalence by family affluence: drunk at least twice in lifetime by country/region and gender



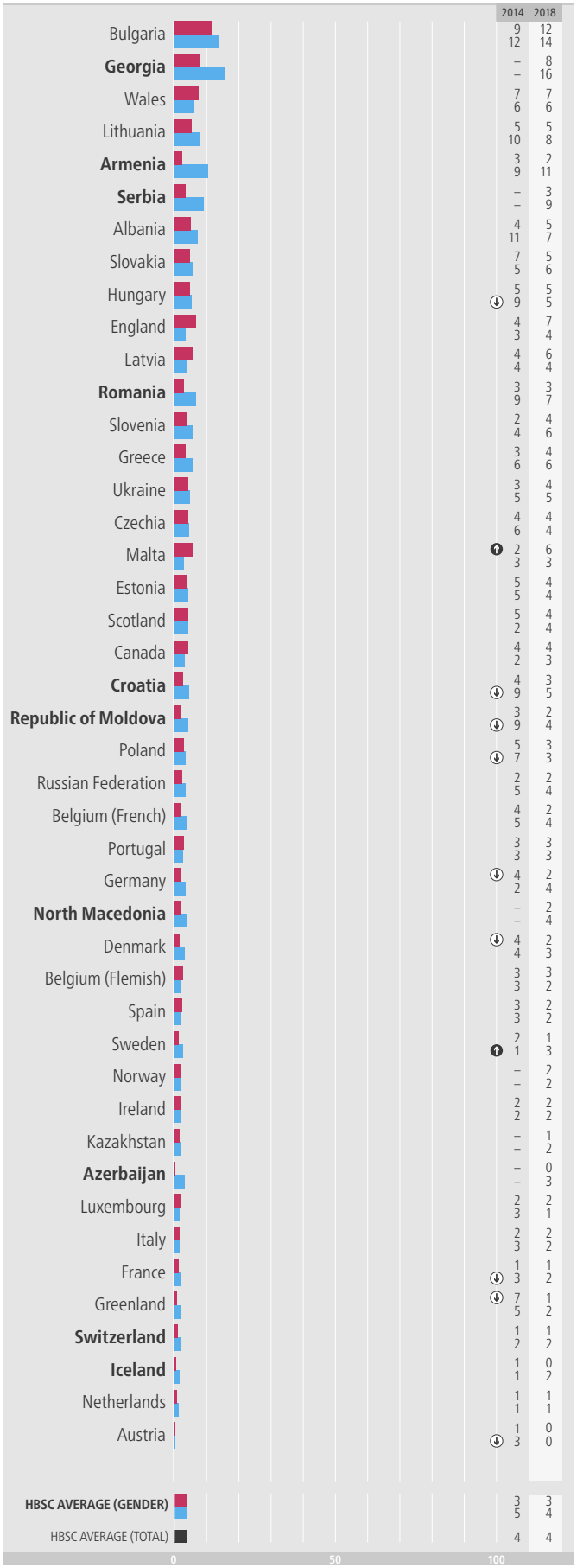
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan and Norway (11-year-olds) and Finland (11- and 13-year-olds).

DRUNKENNESS: LAST 30 DAYS

11-year-olds who have been drunk in last 30 days



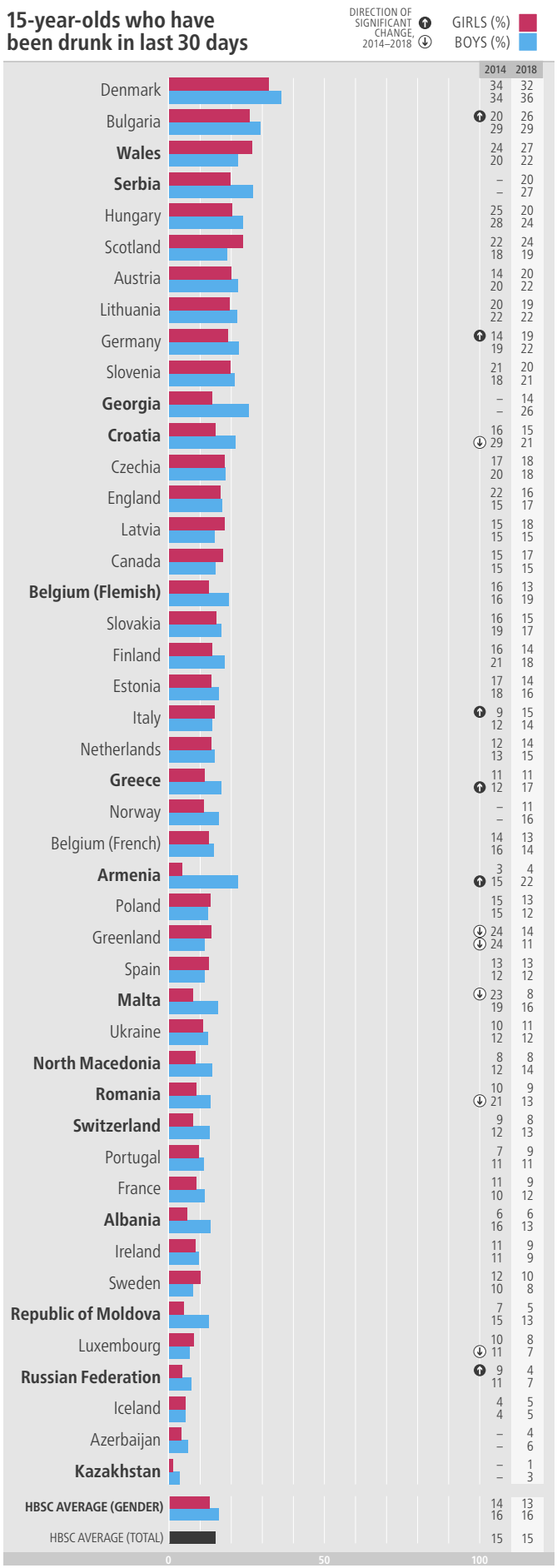
13-year-olds who have been drunk in last 30 days



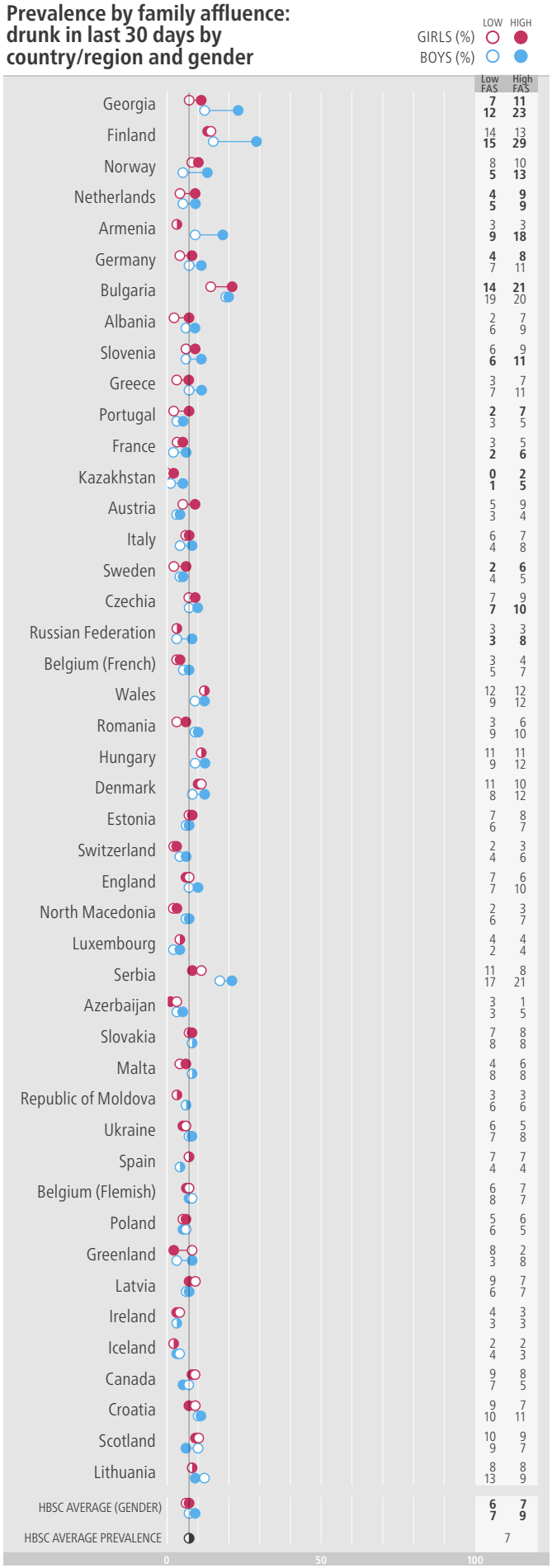
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Azerbaijan and Norway (11-year-olds) and Finland (11- and 13-year-olds).

MEASURE: young people were asked on how many occasions in the last 30 days they had taken so much alcohol that they were really drunk. Response options ranged from never to more than 10 times. Findings presented here show the proportions who reported having been drunk on one or more occasion in the last 30 days.

15-year-olds who have been drunk in last 30 days

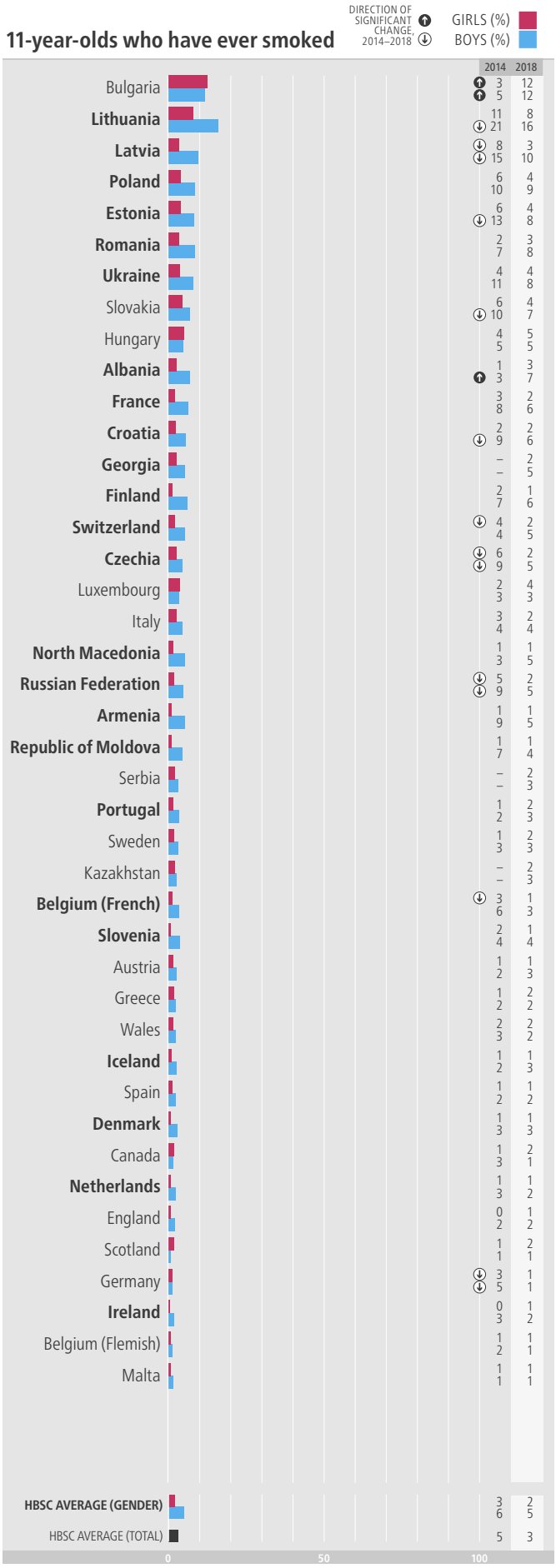


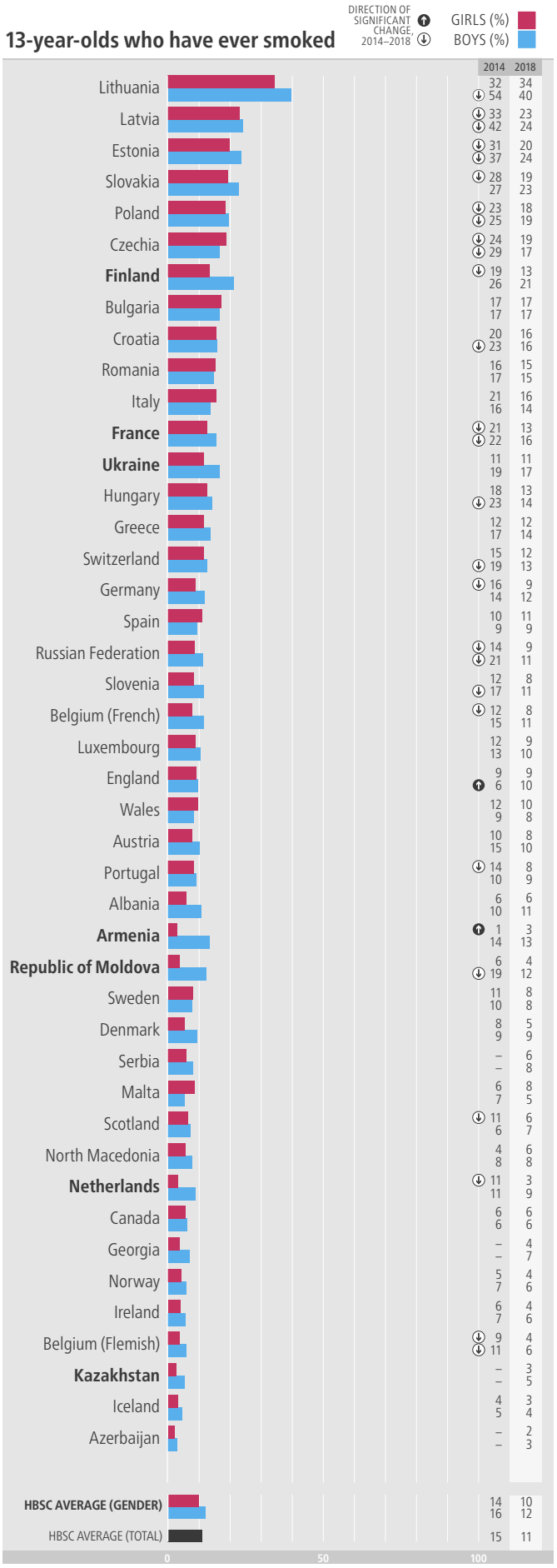
Prevalence by family affluence: drunk in last 30 days by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Azerbaijan and Norway (11-year-olds) and Finland (11- and 13-year-olds).

CIGARETTE-SMOKING: LIFETIME USE

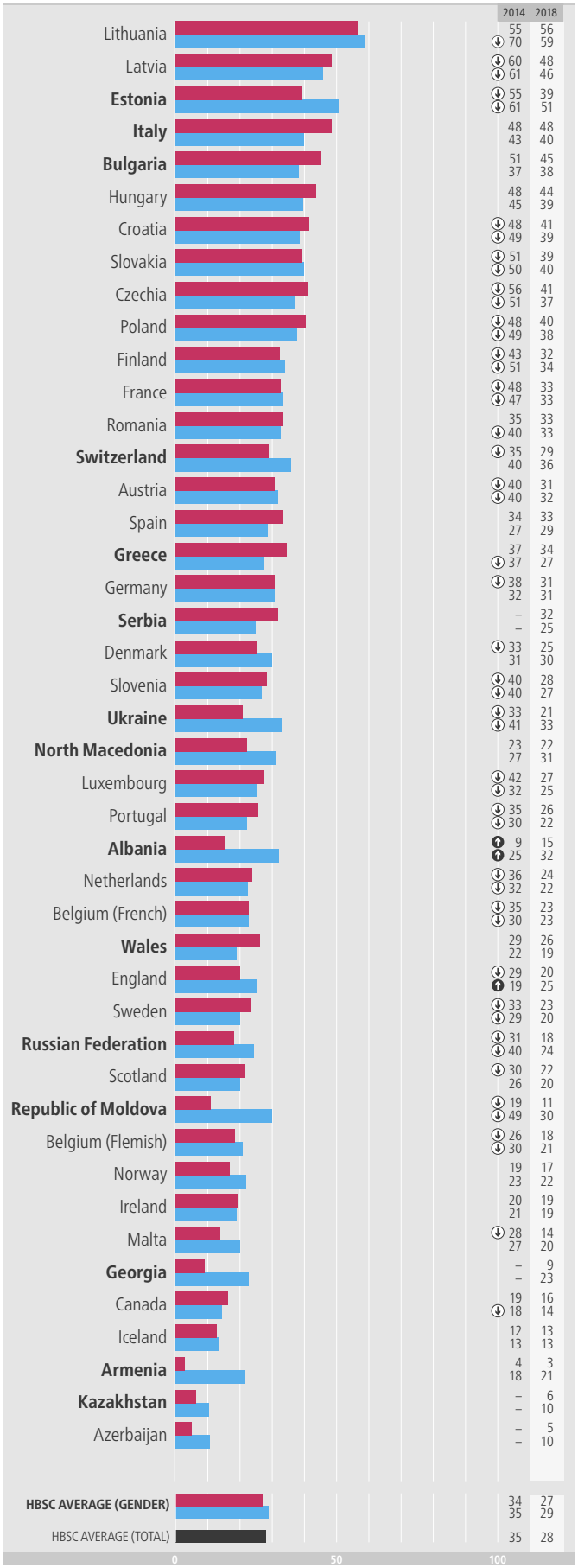




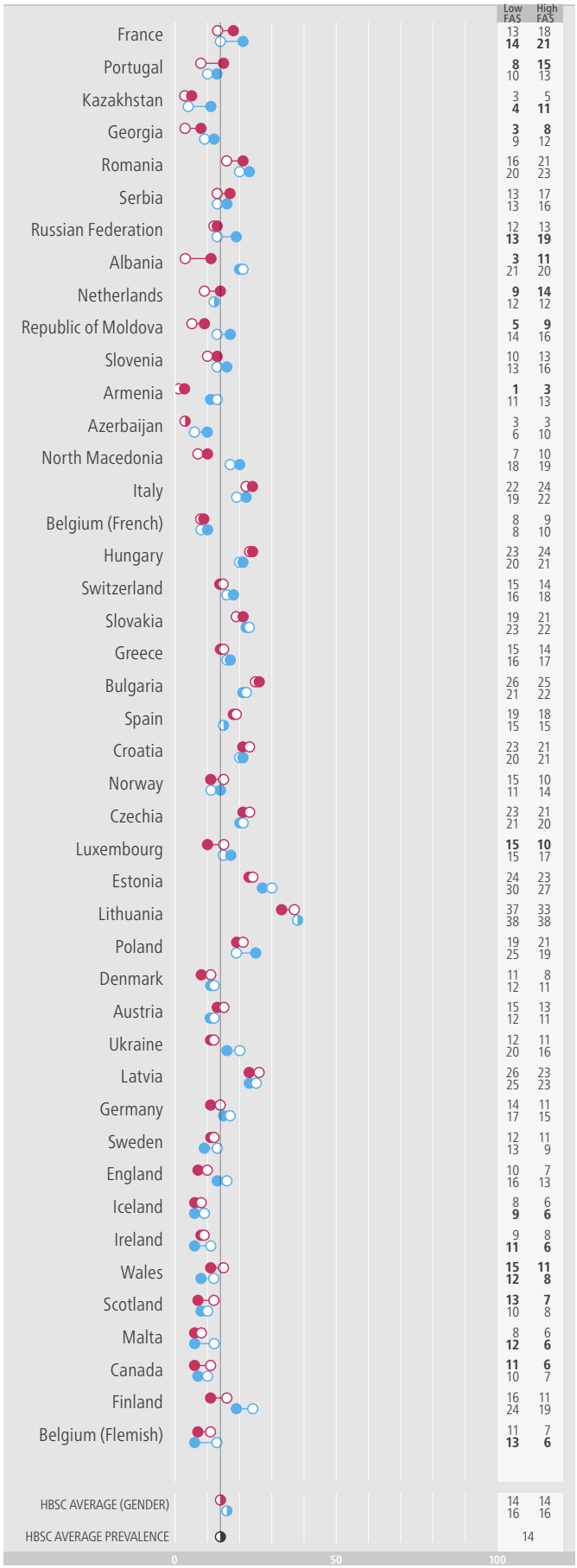
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Greenland (all ages), and Azerbaijan and Norway (11-year-olds).

MEASURE: young people were asked on how many days they had smoked cigarettes in their lifetime. Response options ranged from never to 30 or more days. Findings presented here show the proportions who had ever smoked a cigarette.

15-year-olds who have ever smoked

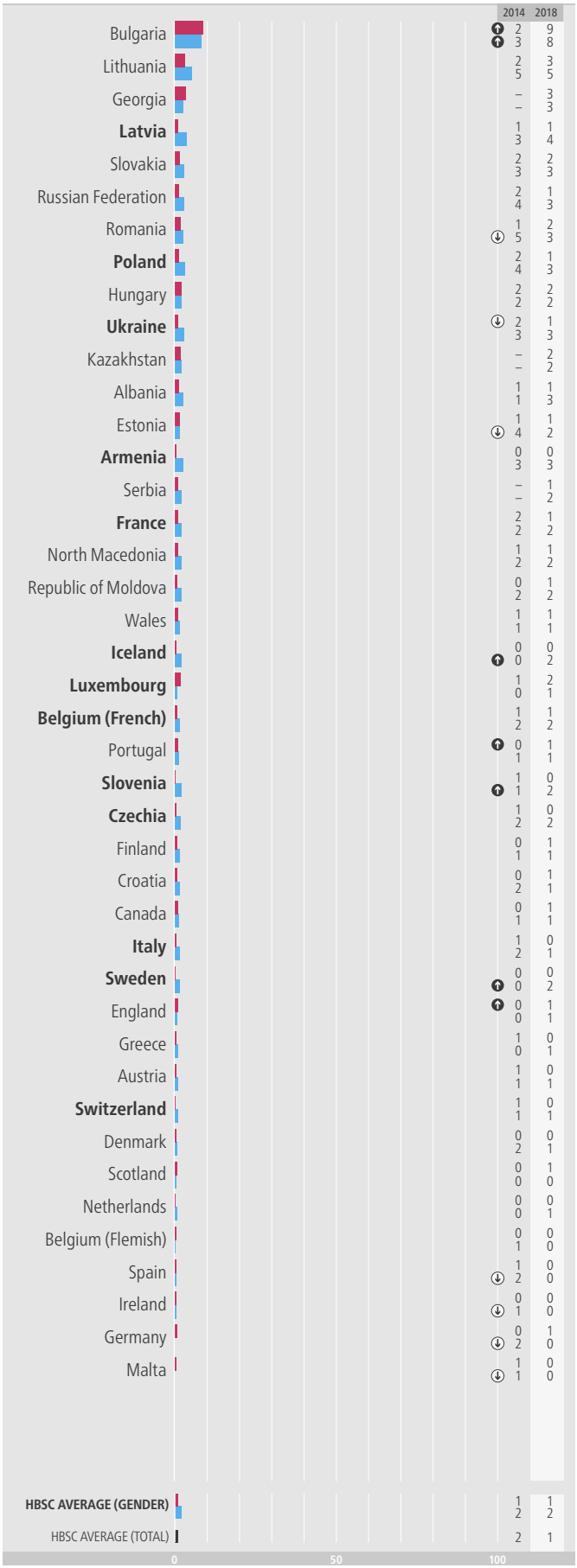


Prevalence by family affluence: ever smoked by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Greenland (all ages), and Azerbaijan and Norway (11-year-olds).

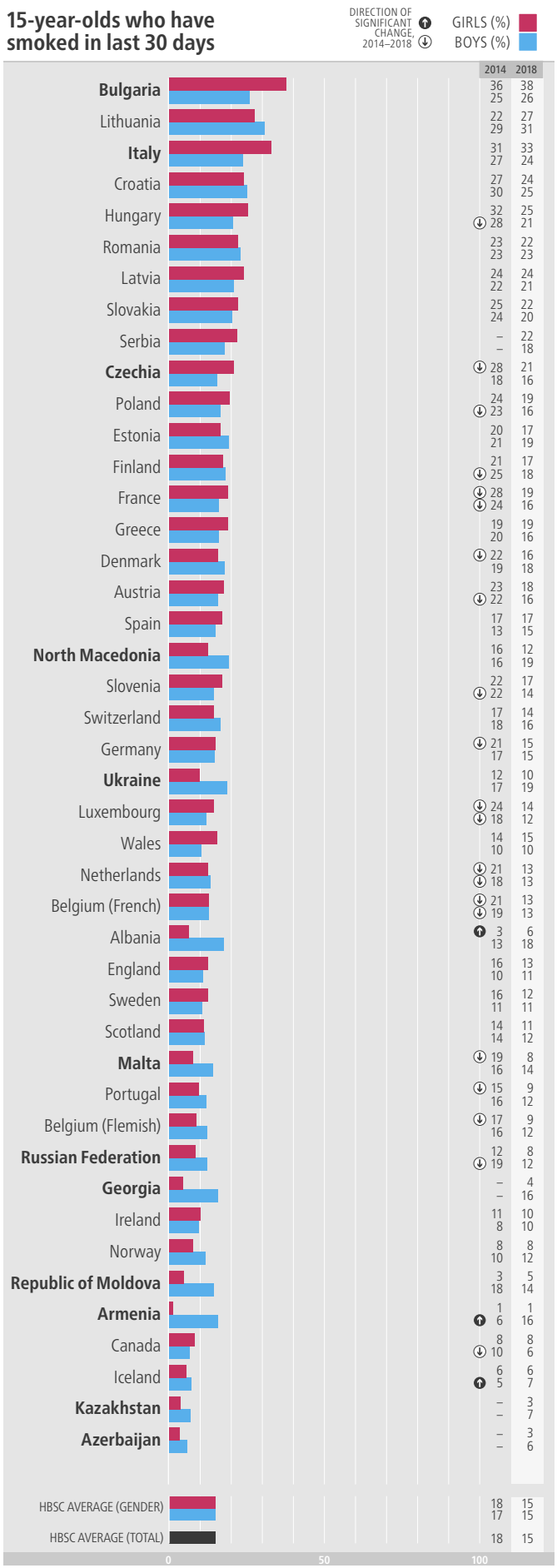
CIGARETTE-SMOKING: LAST 30 DAYS (CURRENT) USE



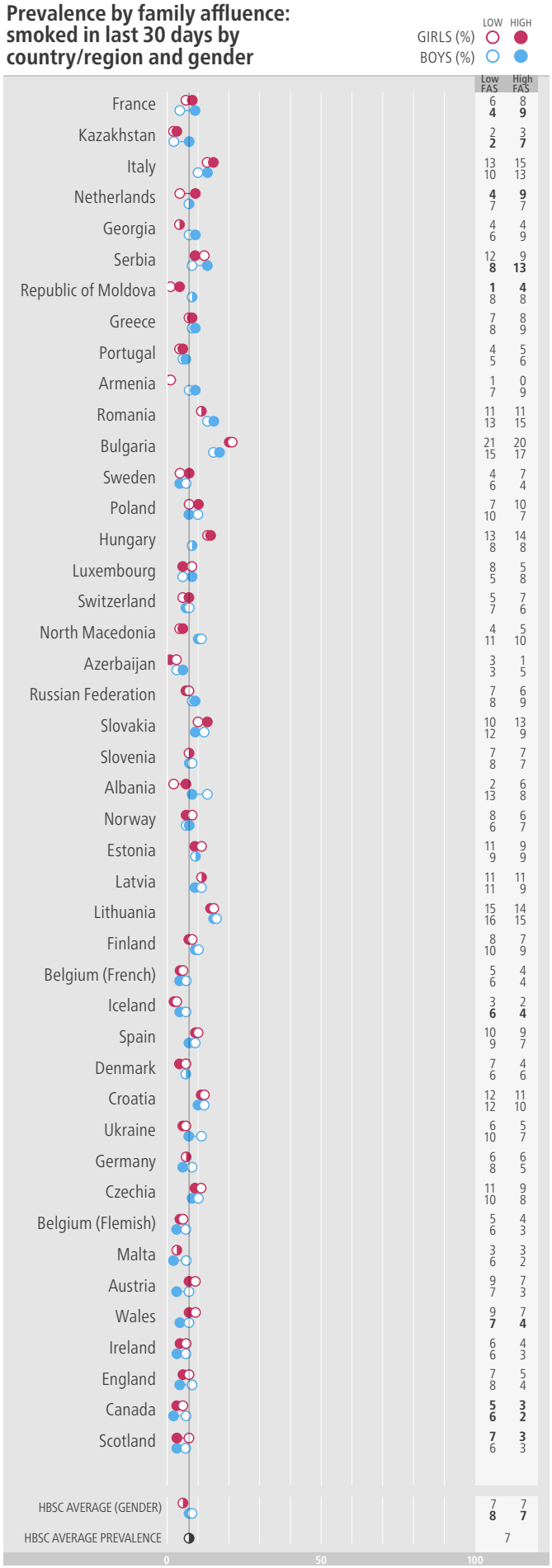
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Greenland (all ages), and Azerbaijan and Norway (11-year-olds).

MEASURE: young people were asked on how many days they had smoked cigarettes in the last 30 days. Response options ranged from never to 30 or more days. Findings presented here show the proportions who had smoked a cigarette at least once in the last 30 days.

15-year-olds who have smoked in last 30 days



Prevalence by family affluence: smoked in last 30 days by country/region and gender

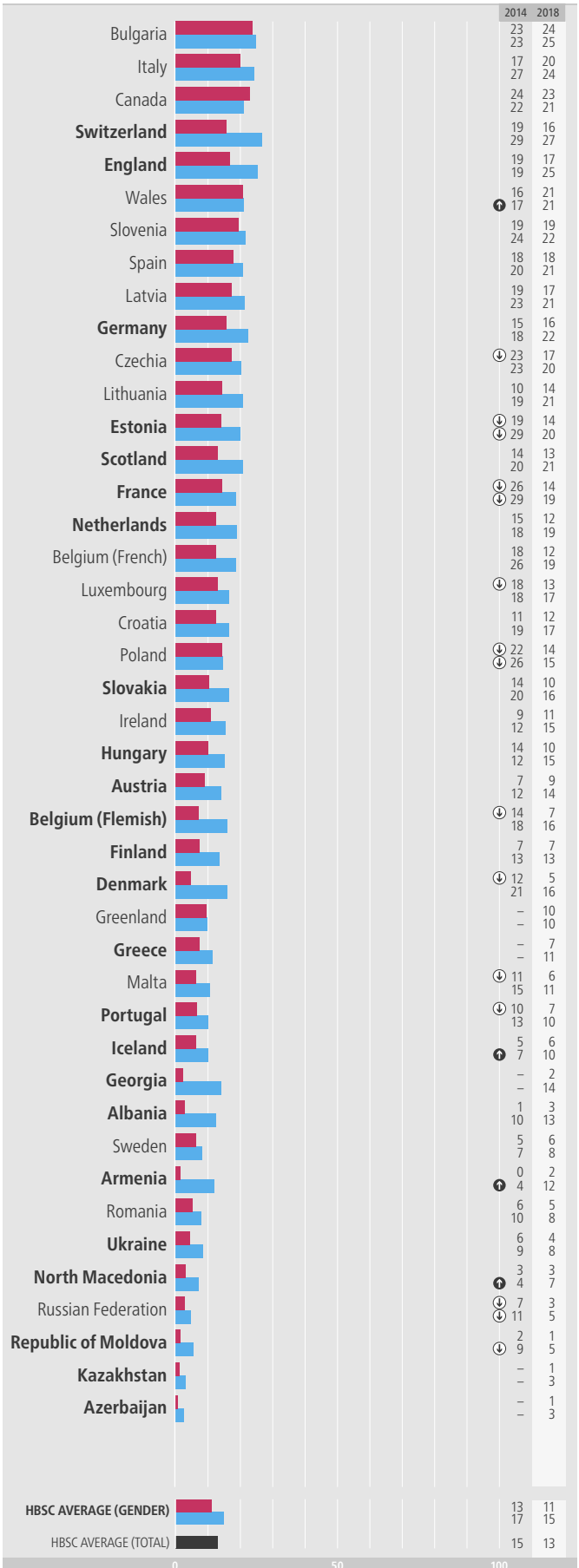


Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Greenland (all ages), and Azerbaijan and Norway (11-year-olds).

CANNABIS USE: LIFETIME USE

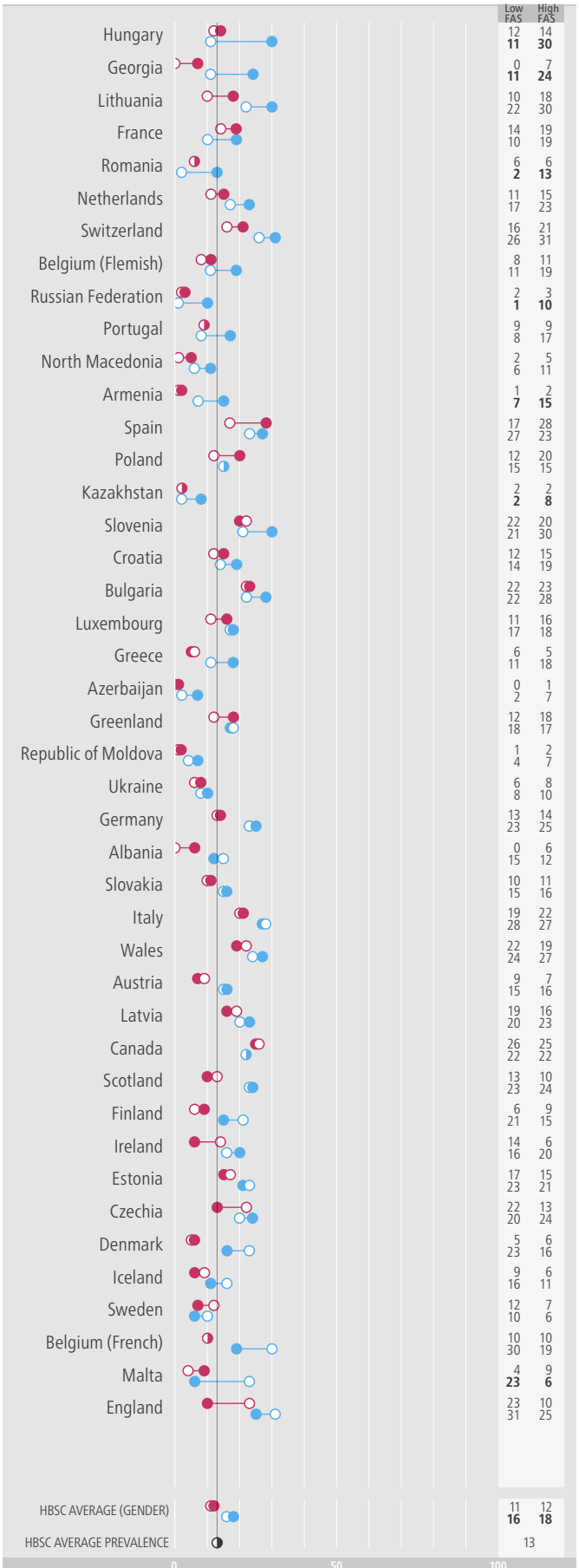
MEASURE: 15-year-olds only were asked how often they had used cannabis in their lifetimes. Findings presented here show the proportions who reported using cannabis on at least one day in their lives (lifetime use).

15-year-olds who have ever used cannabis



Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Norway and Serbia.

Prevalence by family affluence: 15-year-olds who have ever used cannabis by country/region and gender

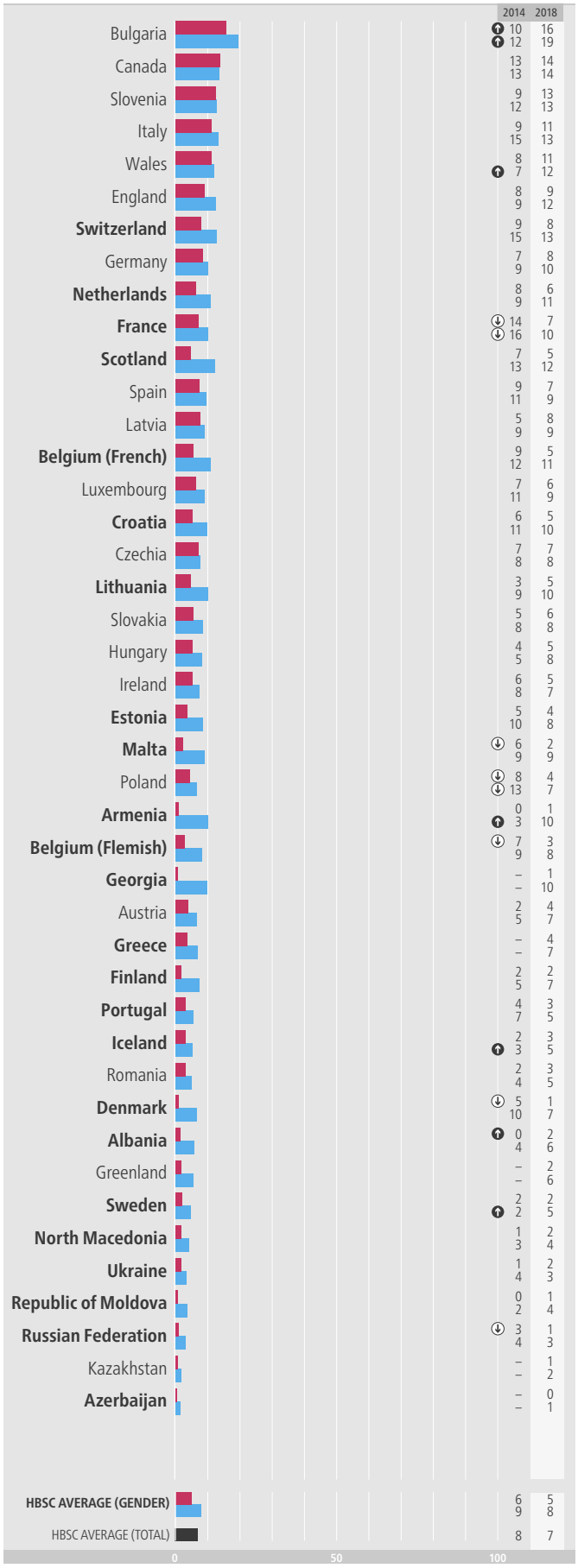


Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Norway and Serbia.

CANNABIS USE: LAST 30 DAYS (CURRENT) USE

MEASURE: 15-year-olds only were asked how often they had used cannabis during the last 30 days. Findings presented here show the proportions who reported using cannabis on at least one day in the last 30 days (recent use).

15-year-olds who have used cannabis in the last 30 days



Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were received from Norway and Serbia.

Prevalence by family affluence: 15-year-olds who have used cannabis in last 30 days by country/region and gender

Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Norway and Serbia.

BULLYING AND VIOLENCE

BULLYING: BEING BULLIED

BULLYING: BULLYING OTHERS

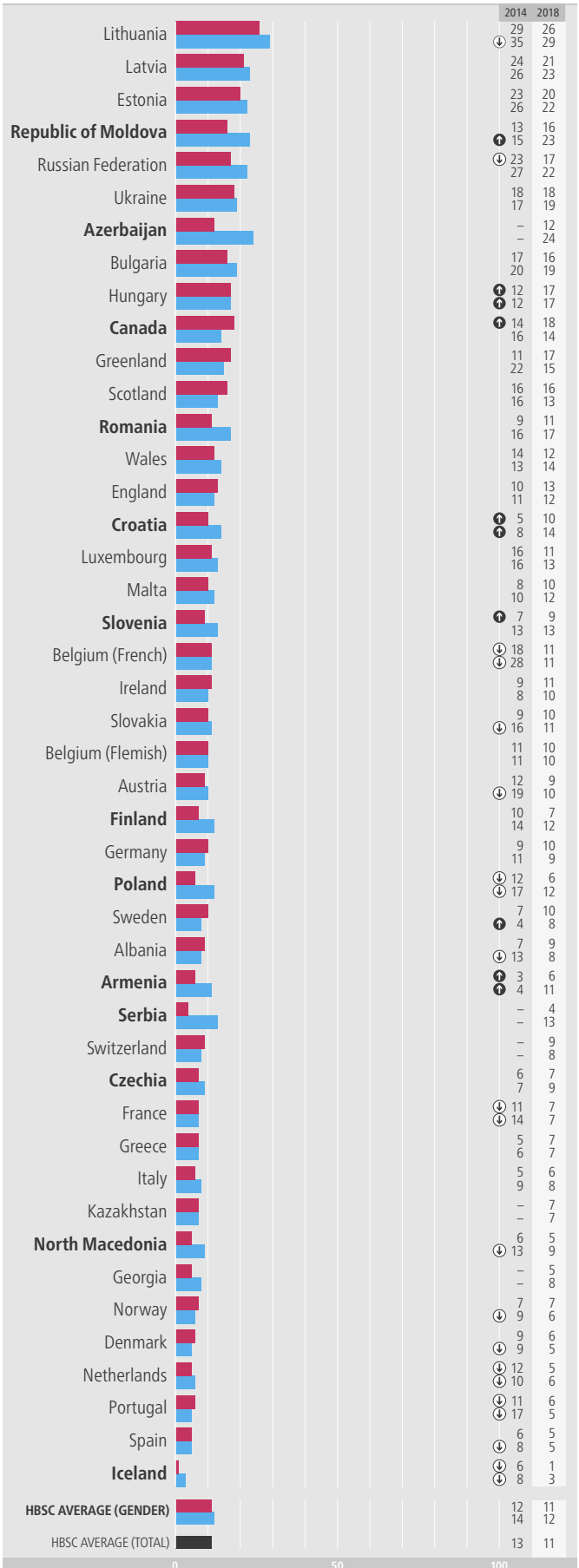
CYBERBULLYING: BEING BULLIED

CYBERBULLYING: BULLYING OTHERS

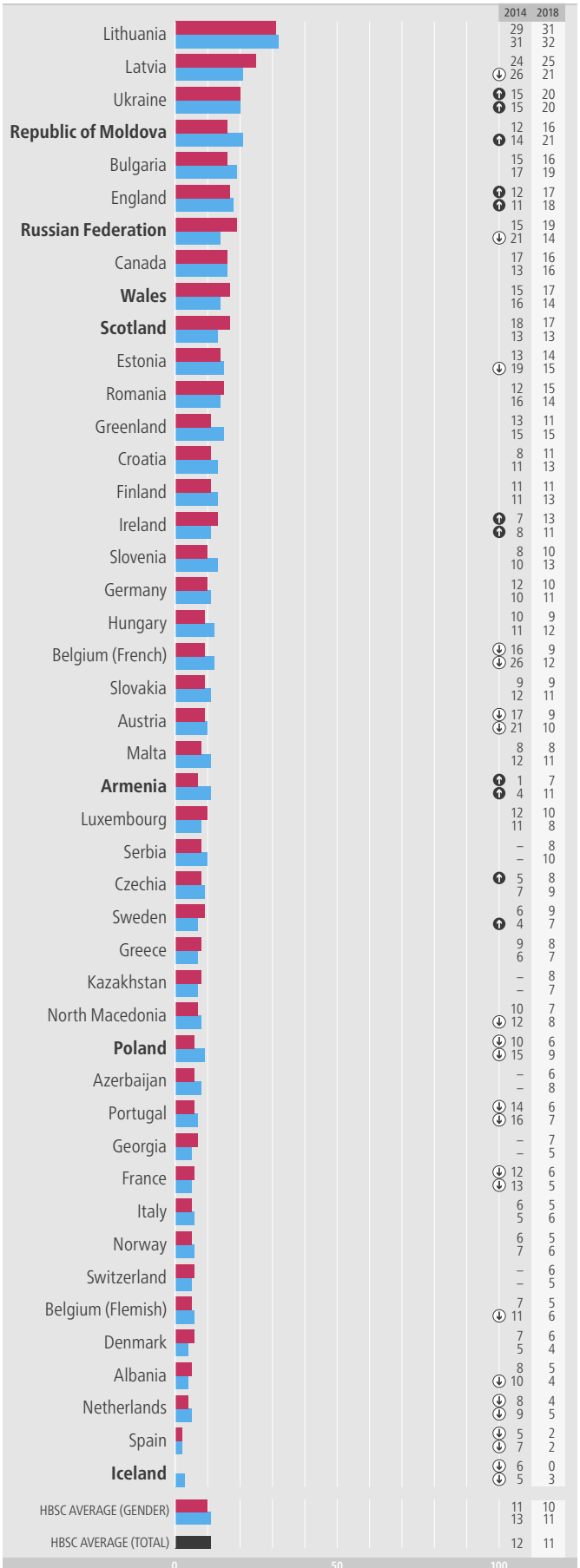
FIGHTING

BULLYING: BEING BULLIED

11-year-olds who have been bullied at school at least twice in the past couple of months



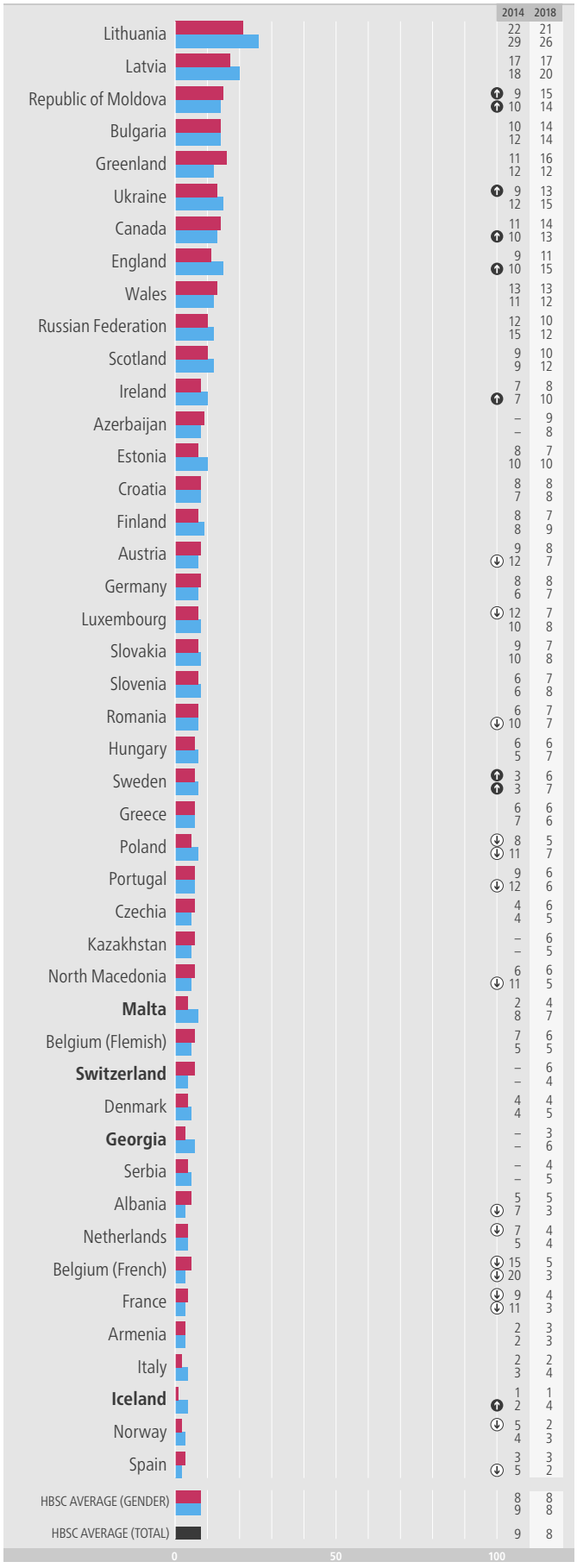
13-year-olds who have been bullied at school at least twice in the past couple of months



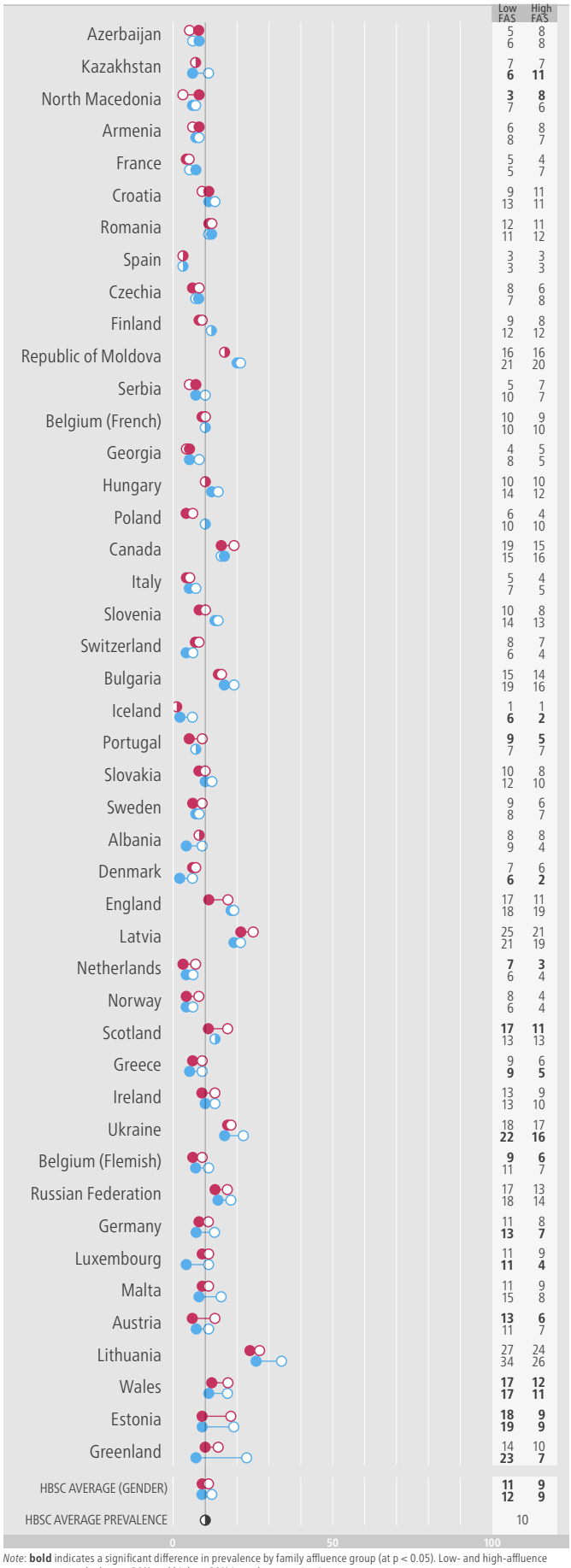
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had been bullied by (an) other person(s) at school in the past couple of months. Response options ranged from zero to several times a week. Findings presented here show the proportions who reported being bullied at least two or three times in the past couple of months.

15-year-olds who have been bullied at school at least twice in the past couple of months



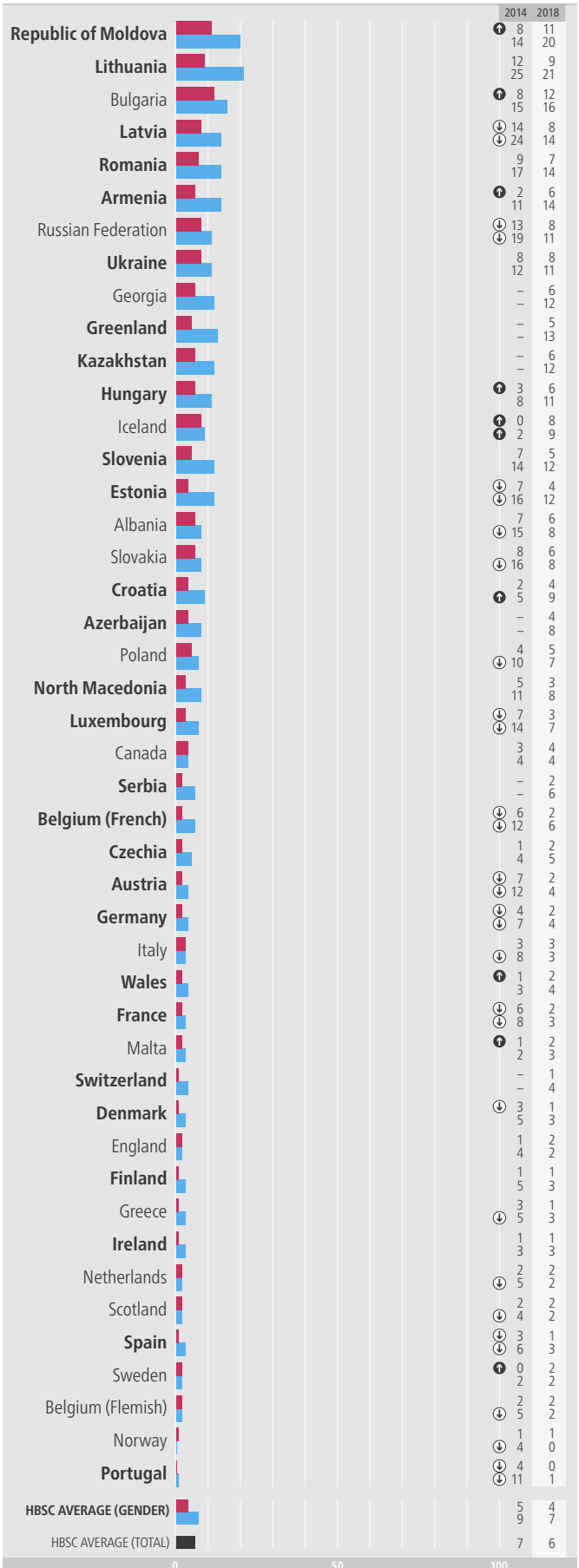
Prevalence by family affluence: been bullied at school at least twice in past couple of months by country/region and gender



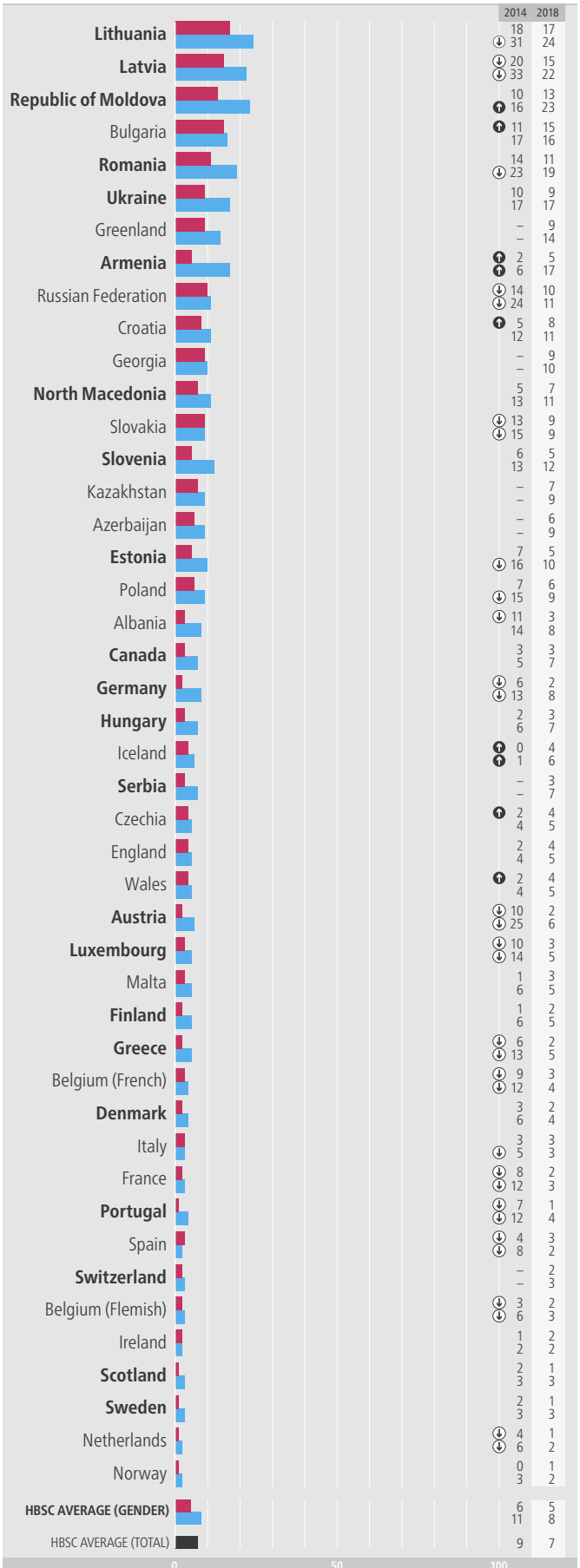
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

BULLYING:
BULLYING OTHERS

11-year-olds who have bullied others at school at least twice in the past couple of months



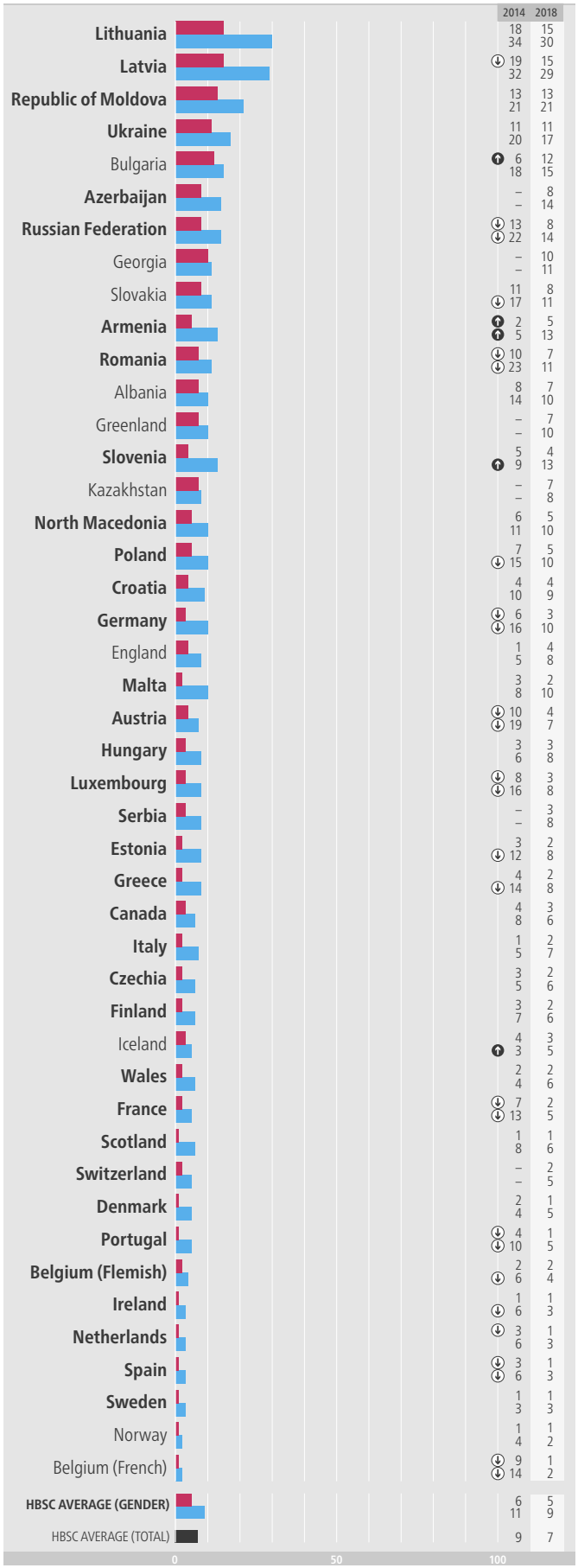
13-year-olds who have bullied others at school at least twice in the past couple of months



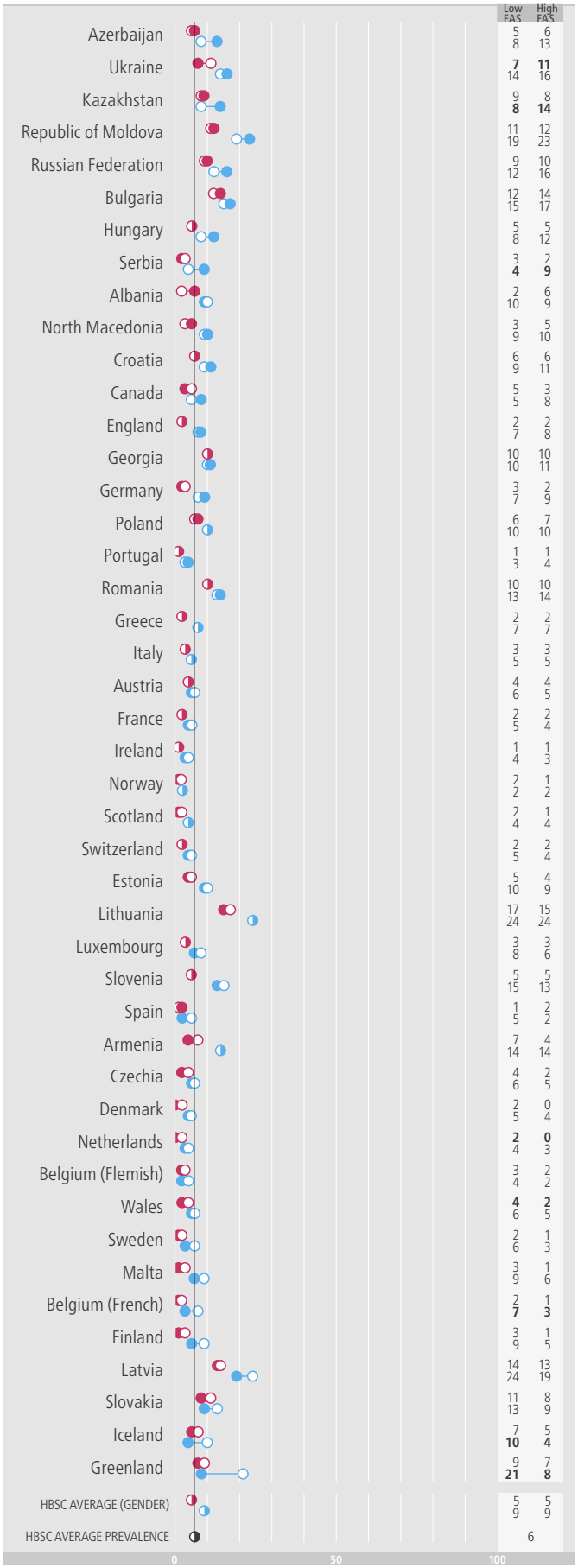
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how often they had taken part in bullying (an) other person(s) at school in the past couple of months. Response options ranged from zero to several times a week. Findings presented here show the proportions who reported bullying others at least two or three times in the past couple of months.

15-year-olds who have bullied others at school at least twice in the past couple of months



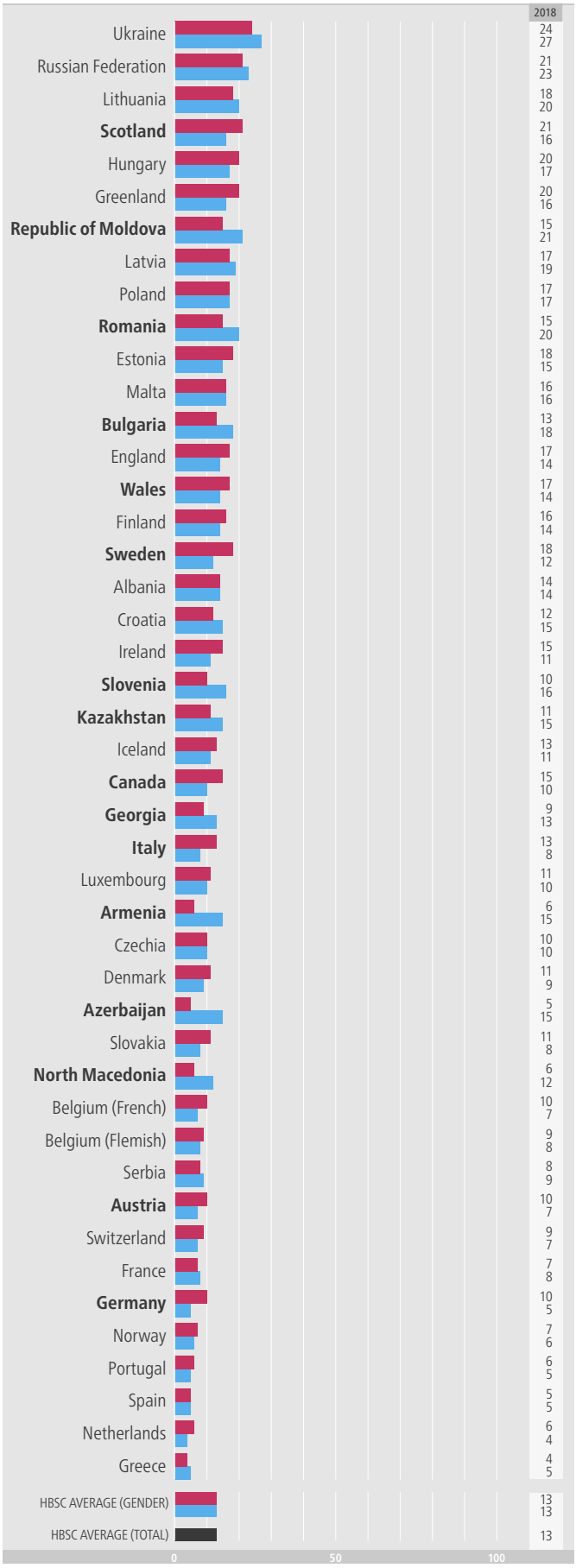
Prevalence by family affluence: bullied others at school at least twice in past couple of months by country/region and gender



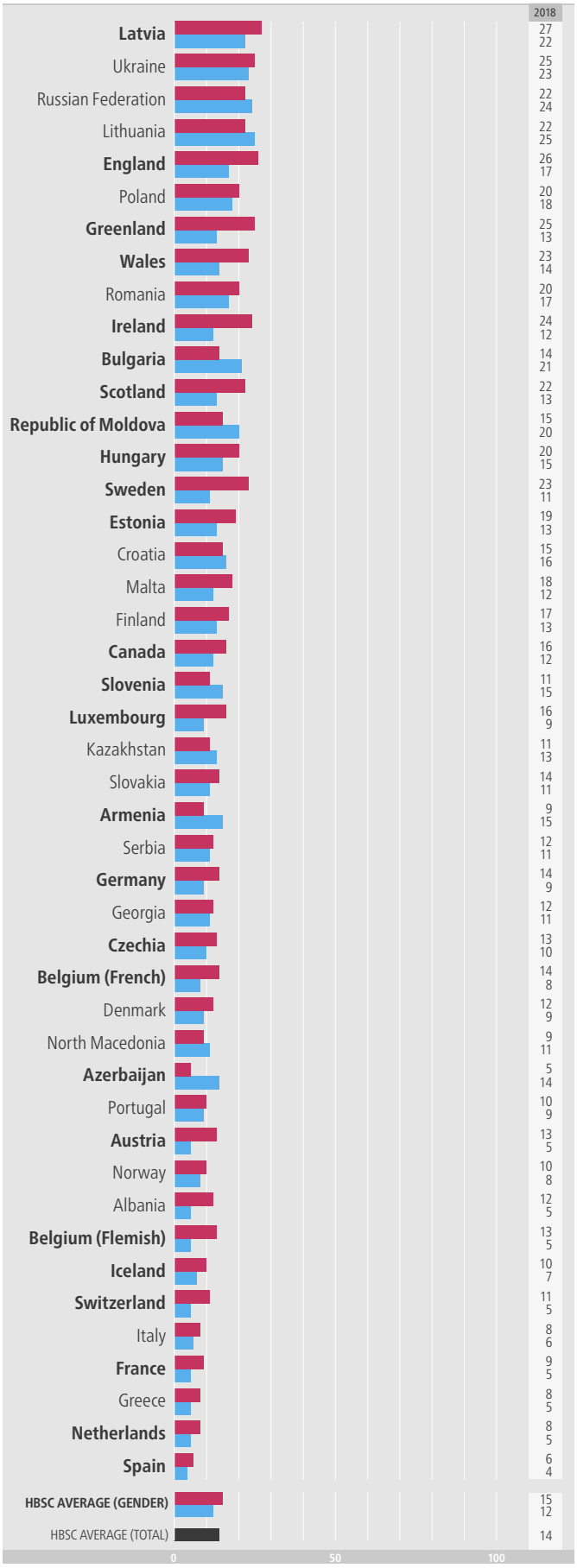
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

CYBERBULLYING: BEING BULLIED

11-year-olds who have been cyberbullied at least once in the past couple of months



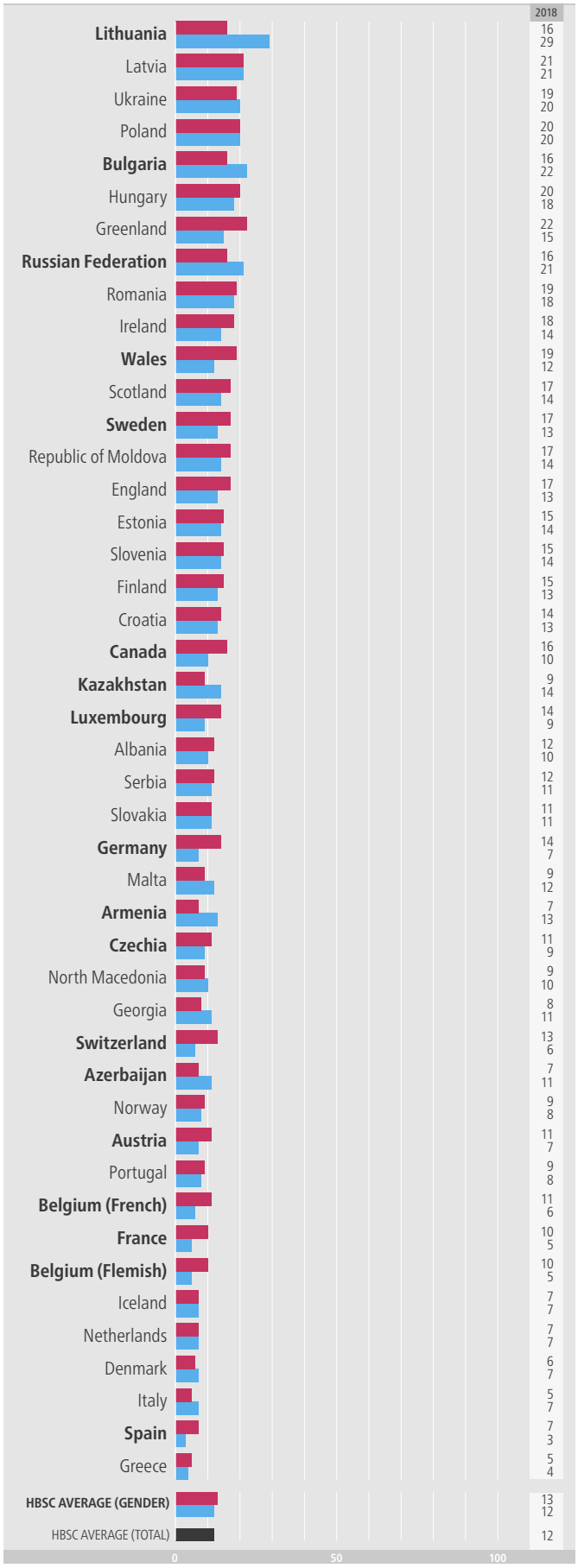
13-year-olds who have been cyberbullied at least once in the past couple of months



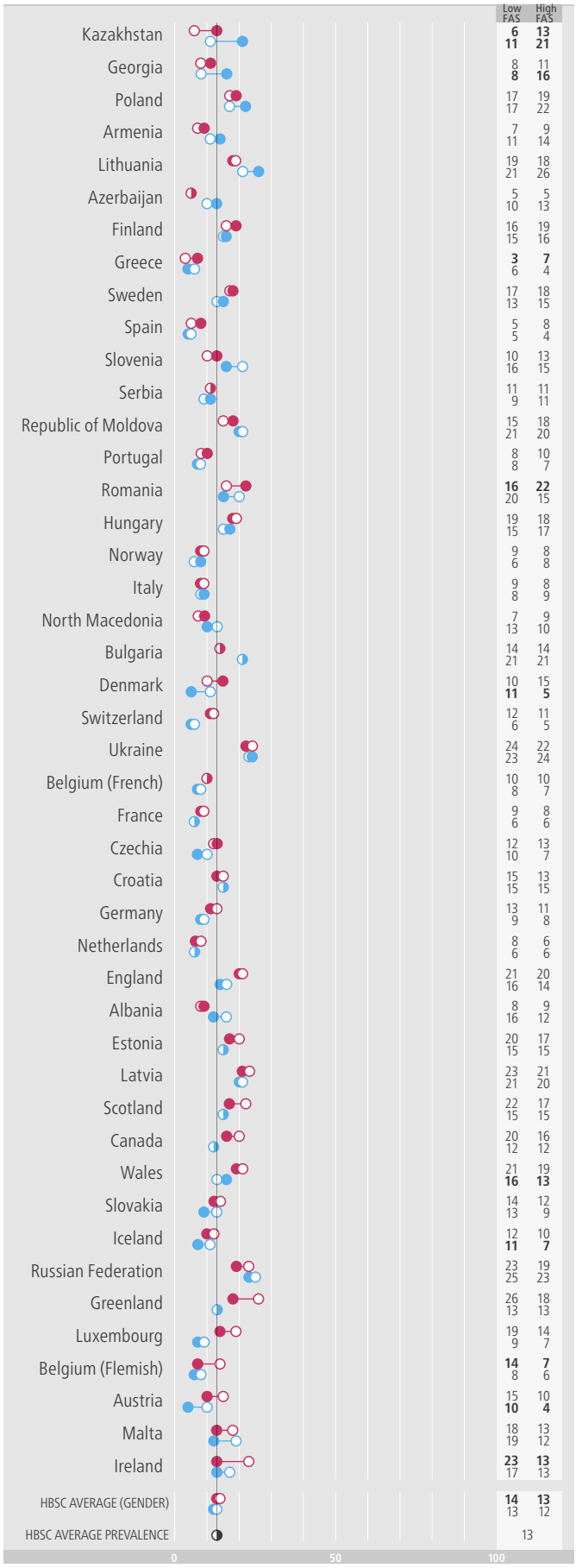
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$).

MEASURE: young people were asked whether they had experienced anyone sending mean instant messages, wall postings or emails, or someone positing or sharing photos or videos online without their permission. Findings presented here show the proportions who had experienced such incidents at least once in the past couple of months.

15-year-olds who have been cyberbullied at least once in the past couple of months



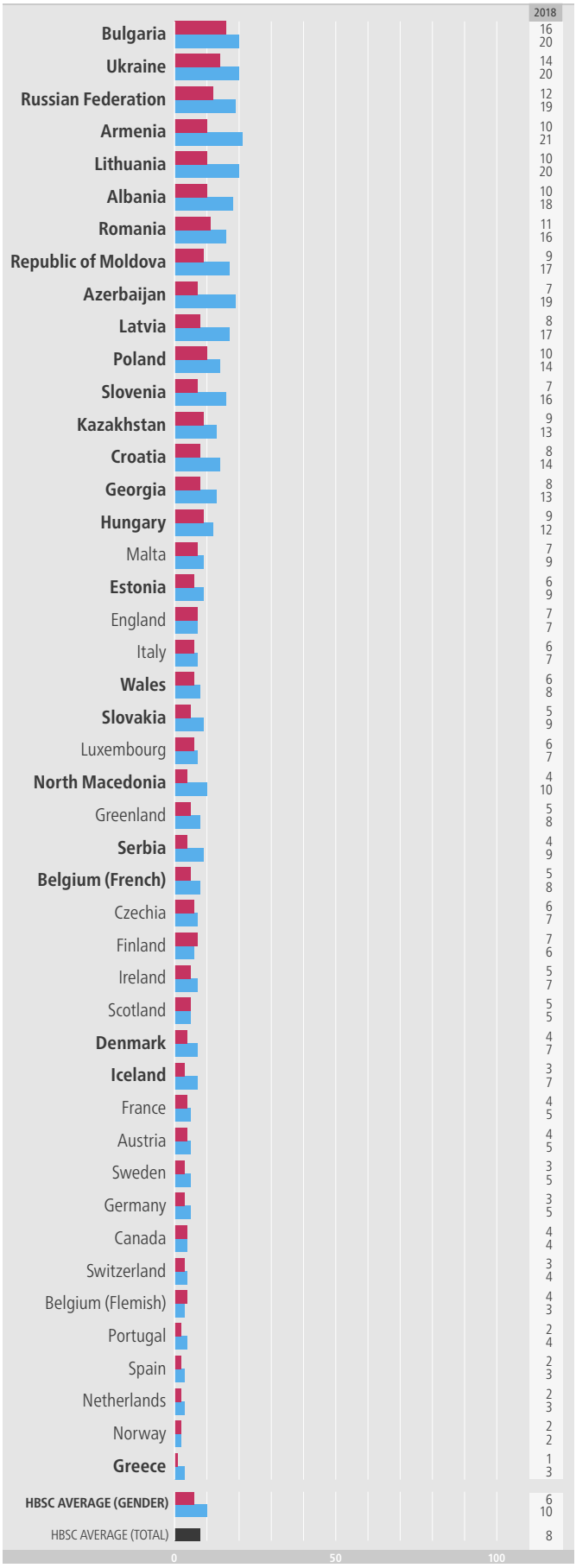
Prevalence by family affluence: been cyberbullied at least once in past couple of months by country/region and gender



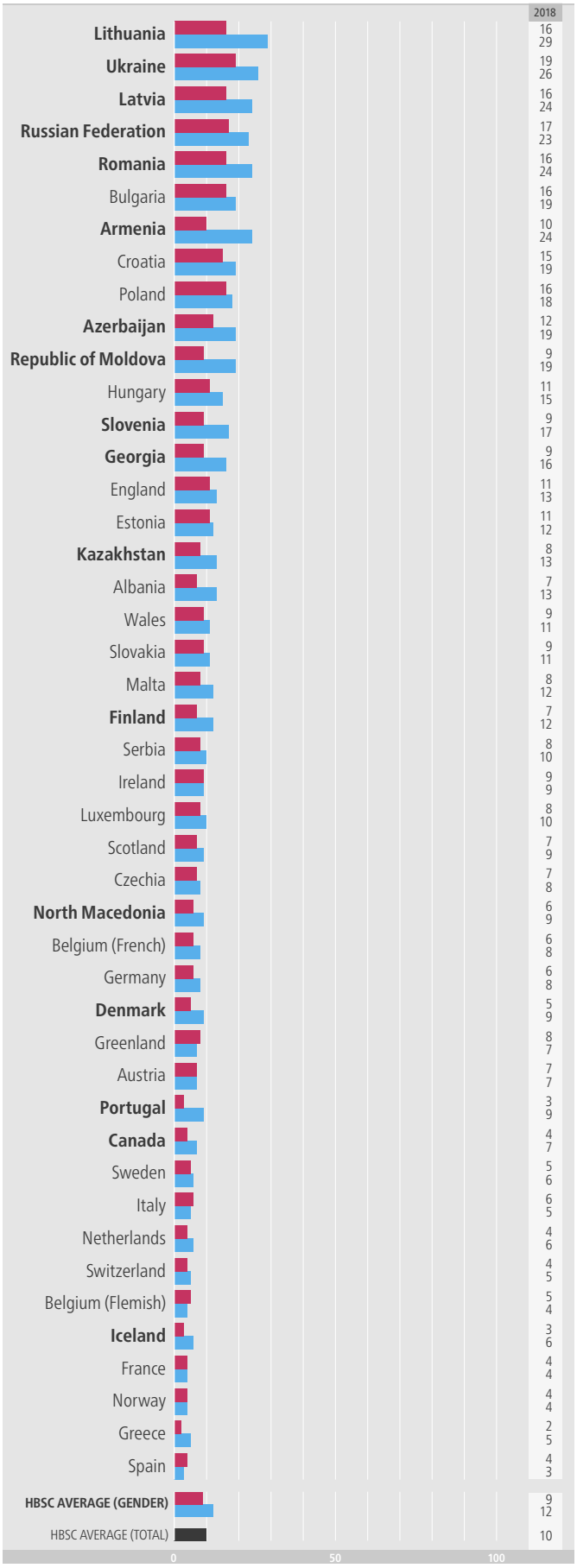
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

CYBERBULLYING: BULLYING OTHERS

11-year-olds who have cyberbullied others at least once in the past couple of months



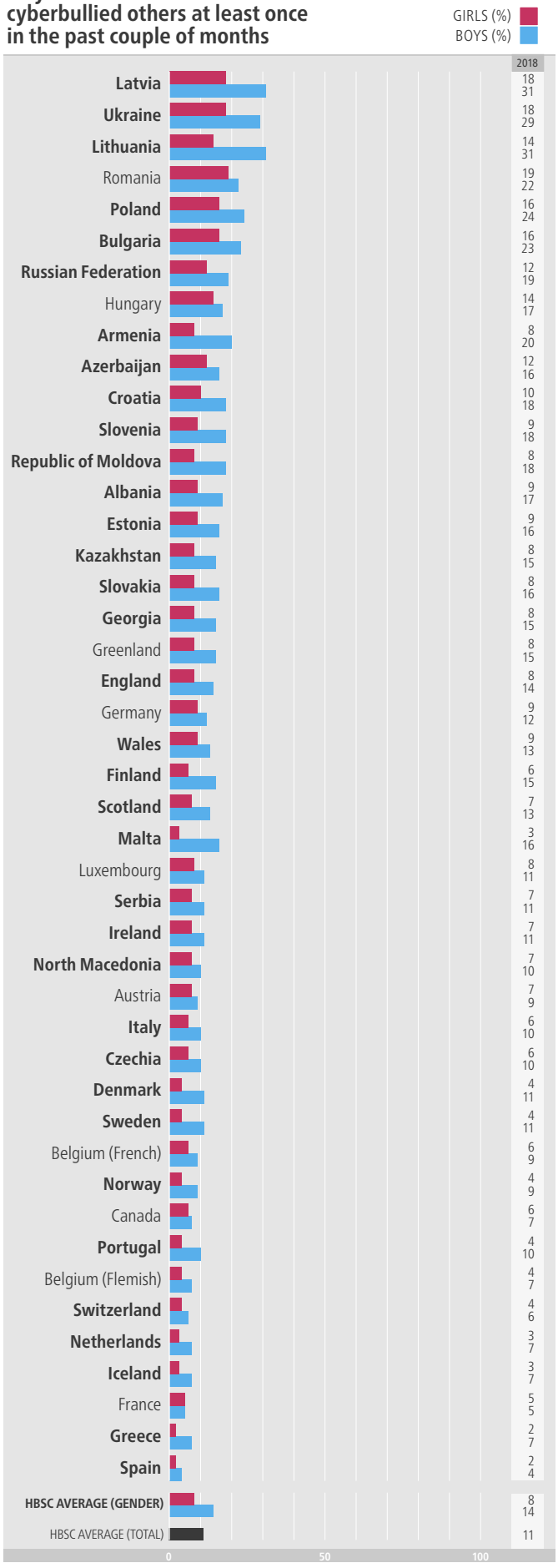
13-year-olds who have cyberbullied others at least once in the past couple of months



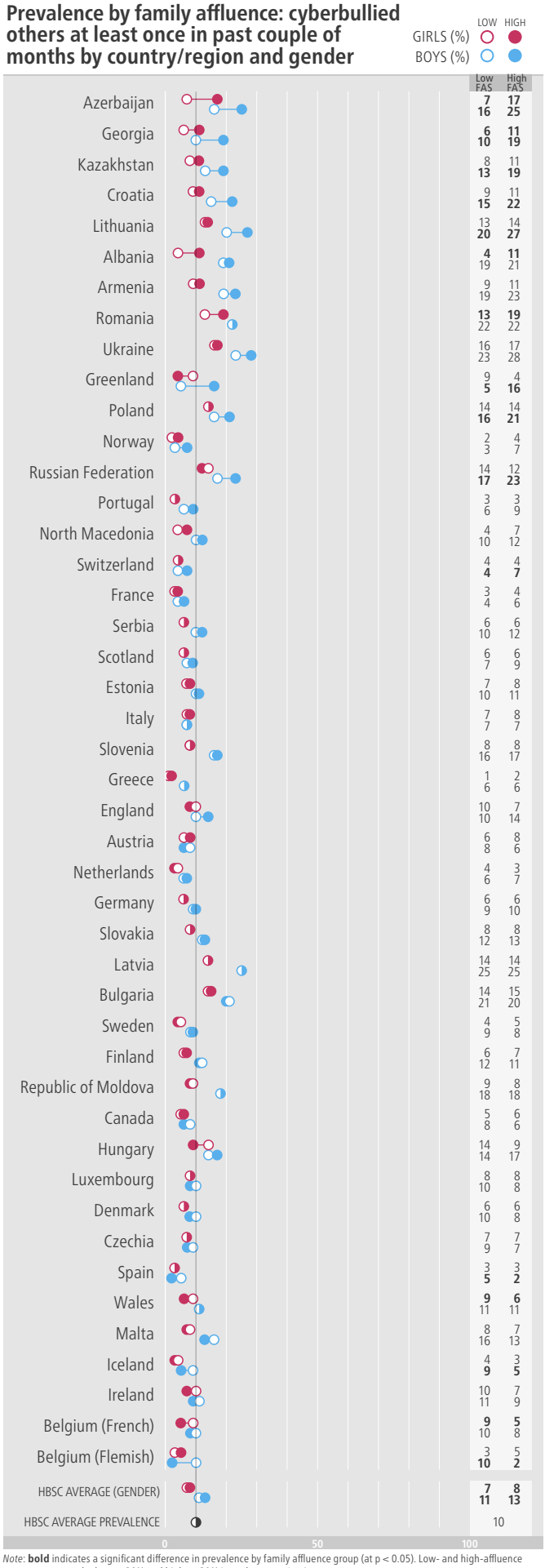
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$).

MEASURE: young people were asked whether they had taken part in sending mean instant messages, wall postings or emails, or posting or sharing photos or videos online without permission. Findings presented here show the proportions who had perpetrated such incidents at least once in the past couple of months.

15-year-olds who have cyberbullied others at least once in the past couple of months



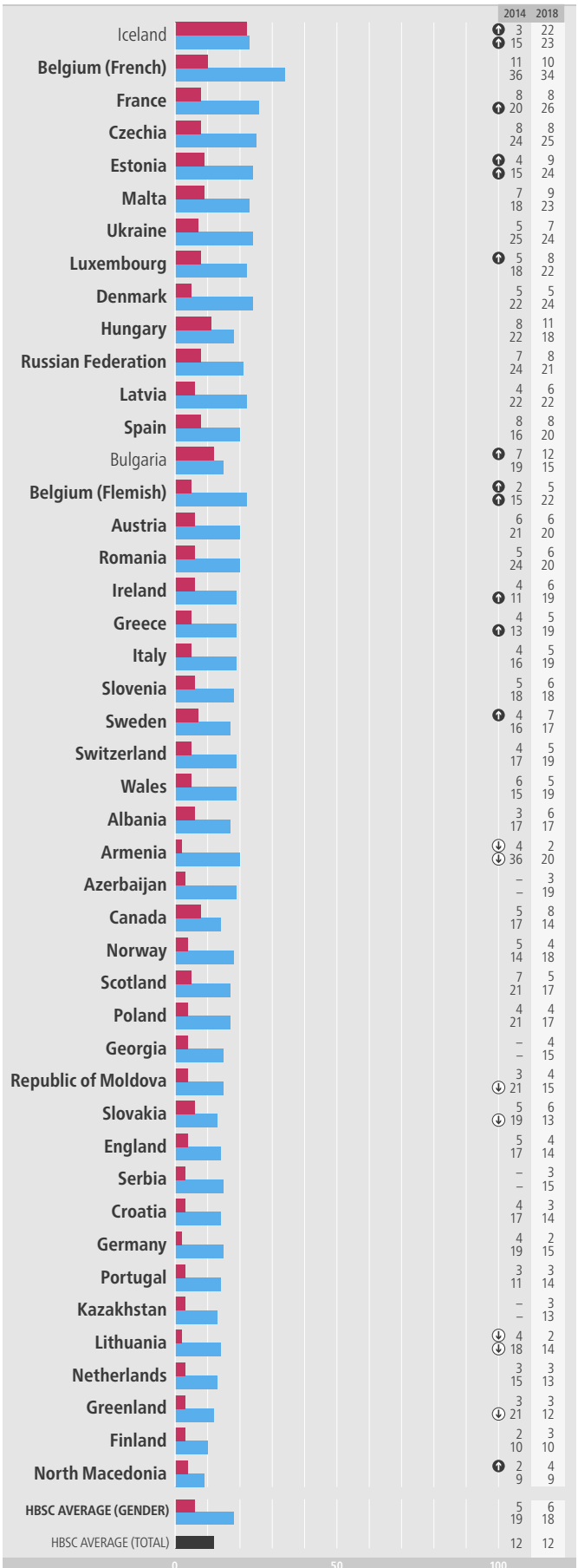
Prevalence by family affluence: cyberbullied others at least once in past couple of months by country/region and gender



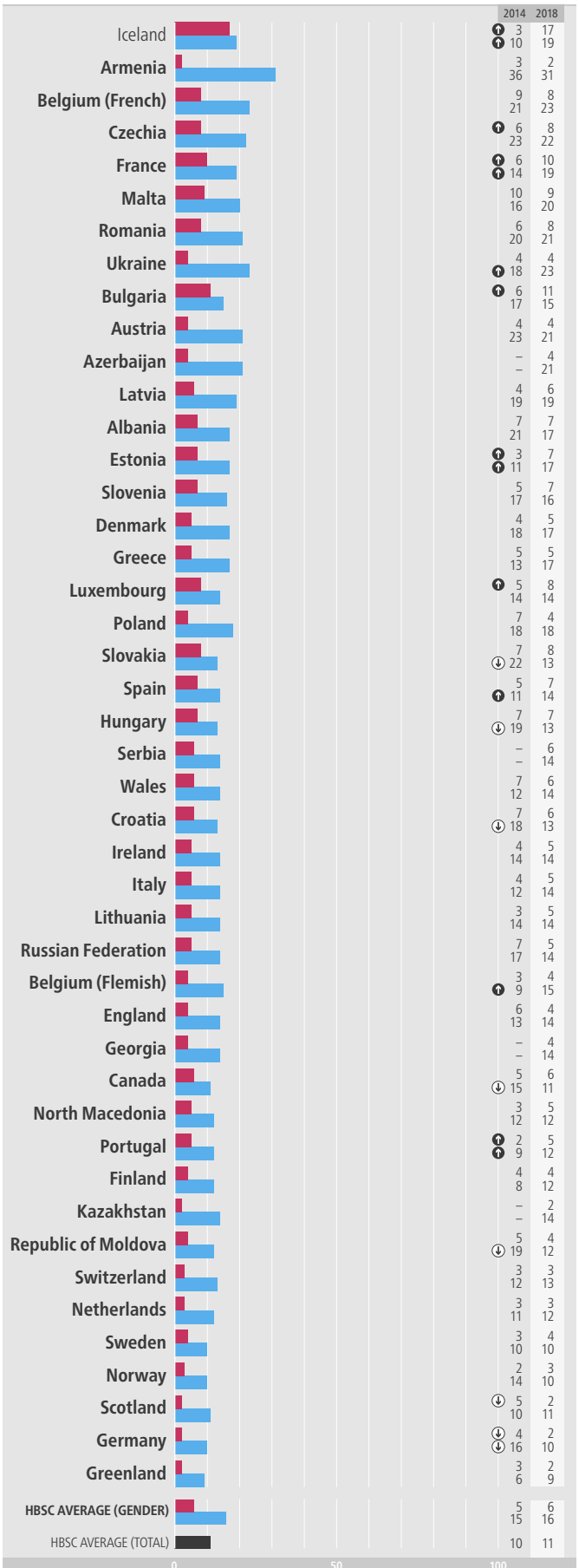
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

FIGHTING

11-year-olds who have been involved in a physical fight at least three times in the past 12 months



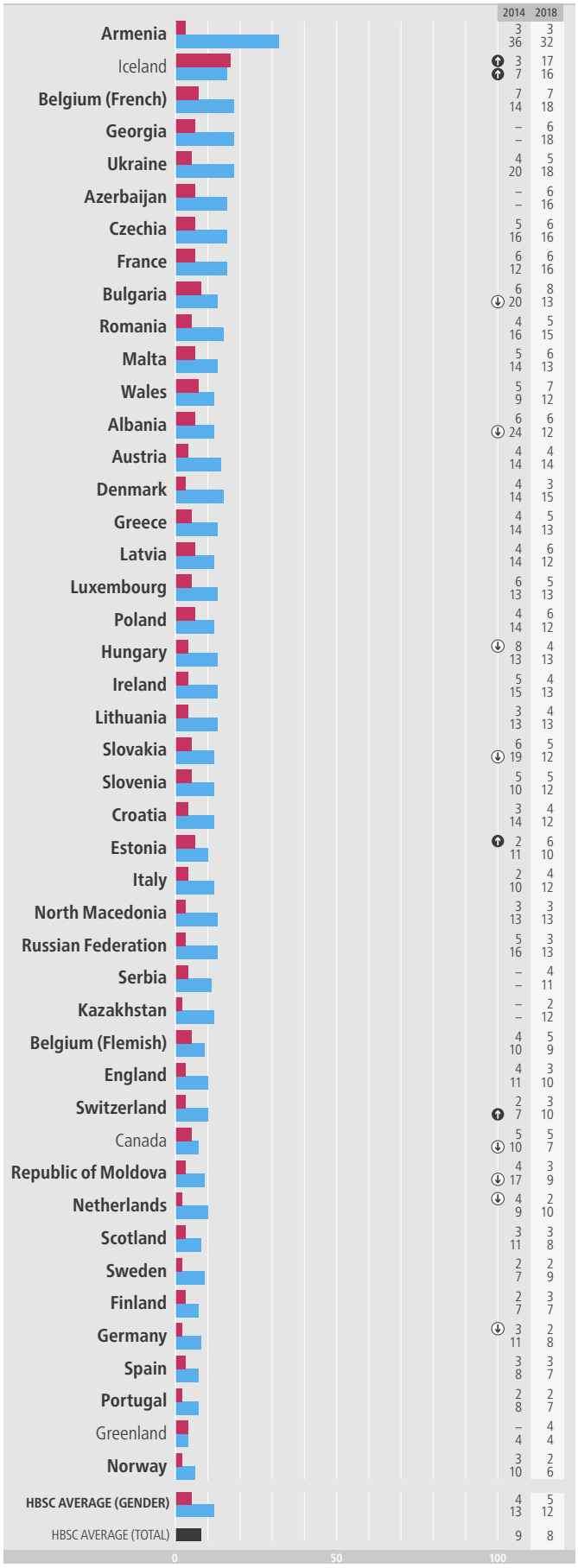
13-year-olds who have been involved in a physical fight at least three times in the past 12 months



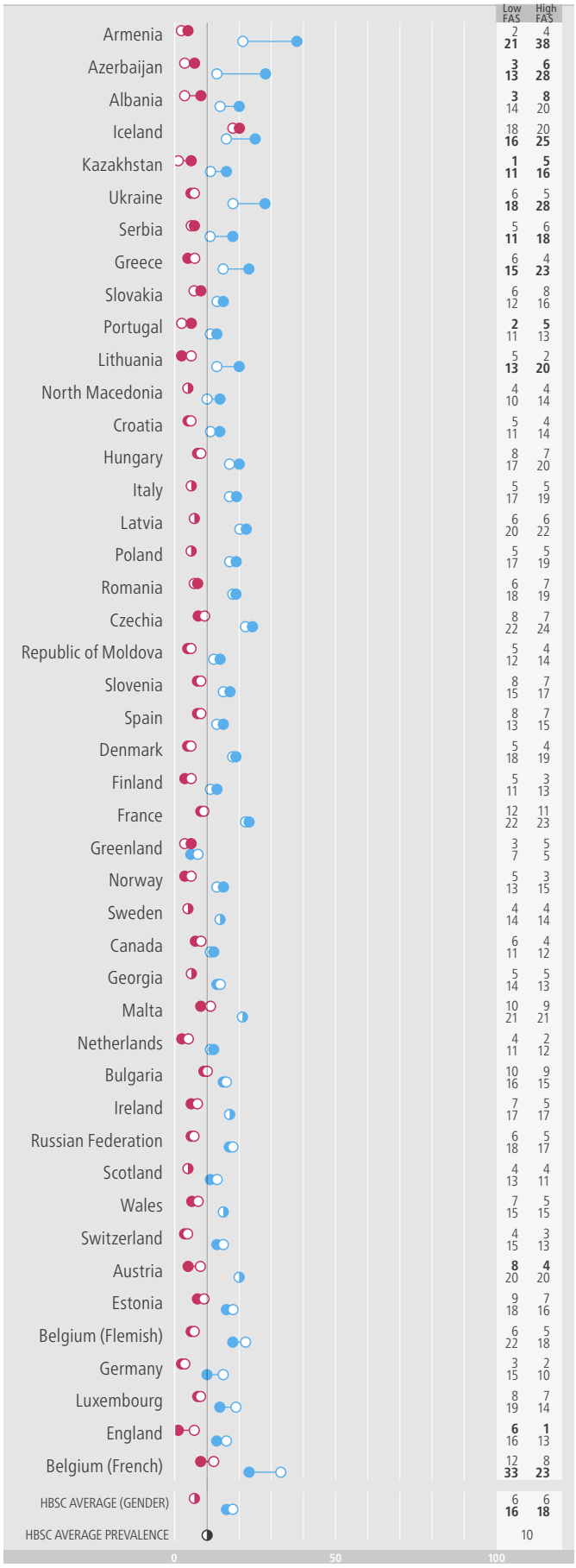
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how many times in the past 12 months they had been involved in a physical fight. Response options ranged from none to four times or more. Findings presented here show the proportions who reported physical fighting three times or more in the past 12 months.

15-year-olds who have been involved in a physical fight at least three times in the past 12 months



Prevalence by family affluence: involved in a physical fight at least three times in the past 12 months by country/region and gender



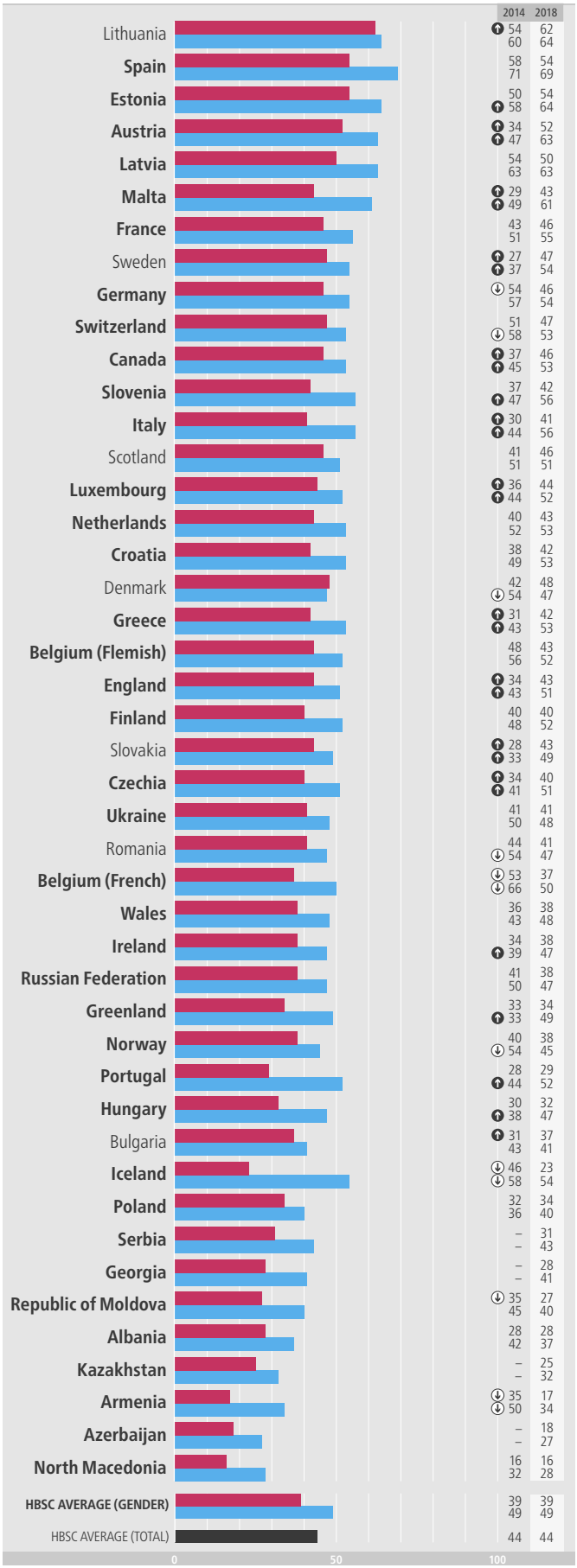
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

INJURIES

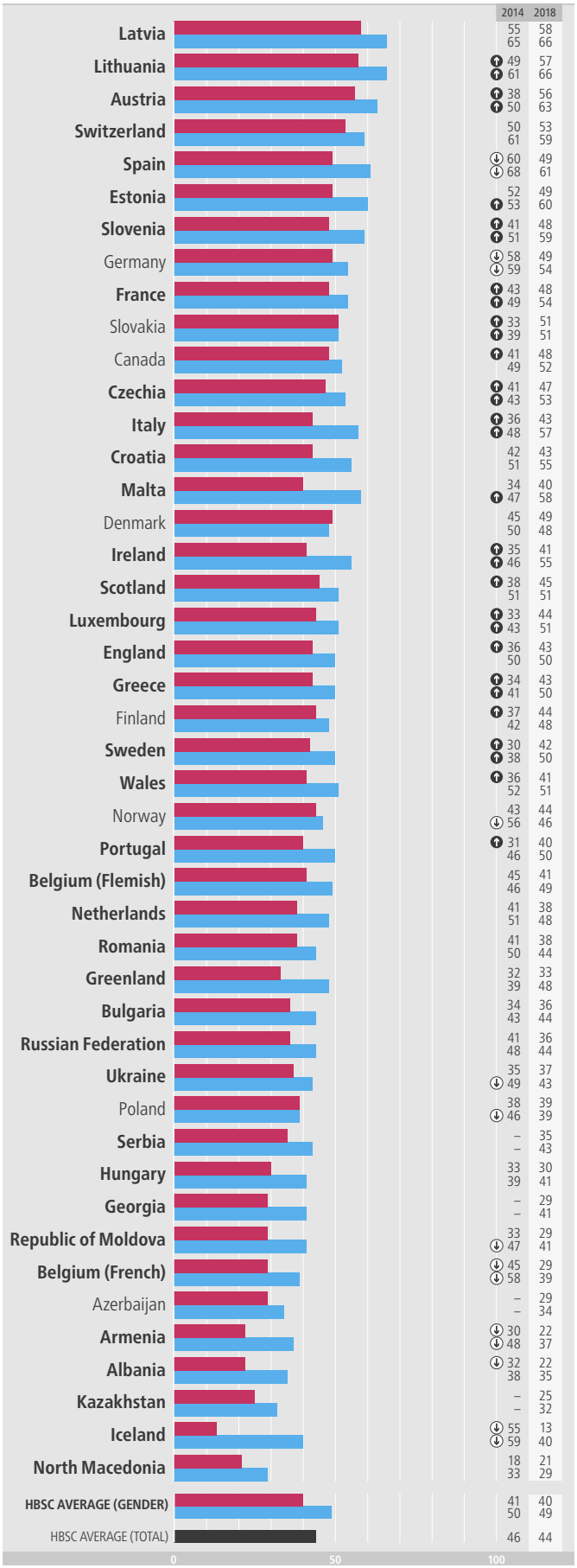
MEDICALLY ATTENDED INJURIES

MEDICALLY ATTENDED INJURIES

11-year-olds who report at least one medically attended injury in the last 12 months



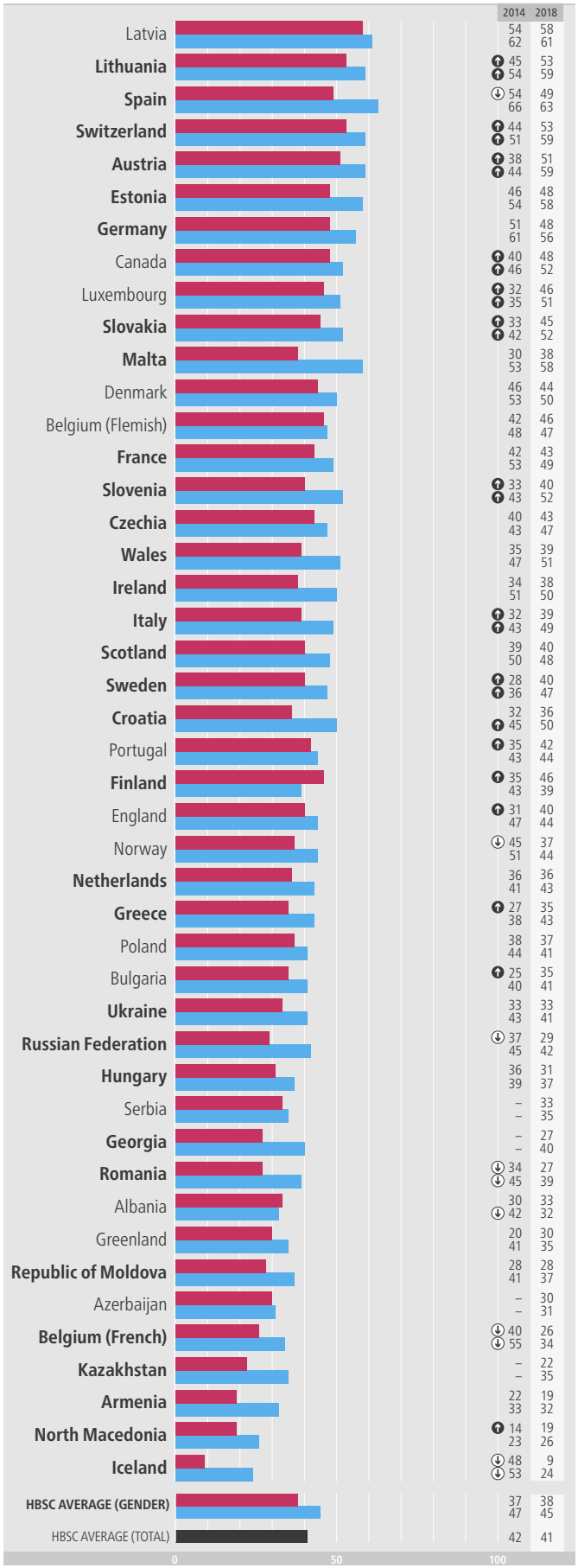
13-year-olds who report at least one medically attended injury in the last 12 months



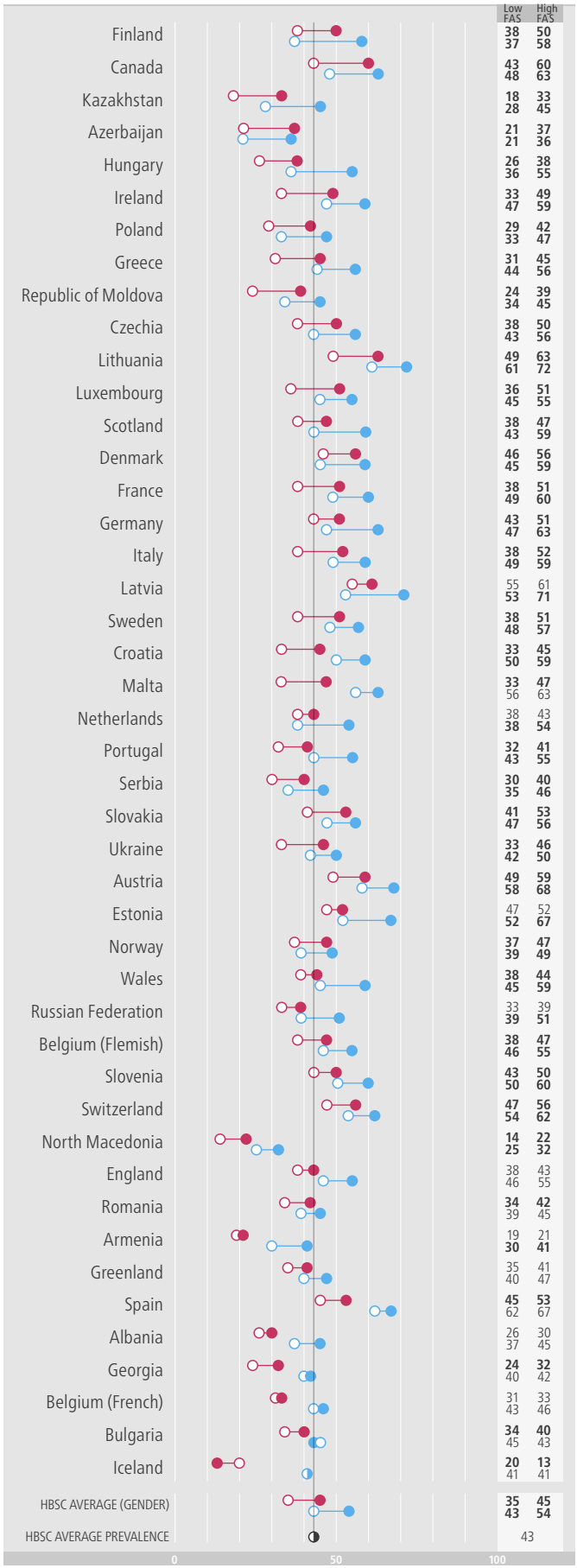
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how many times during the last 12 months they had been injured and needed to be treated by a doctor or nurse. Response options ranged from no injury to four times or more. Findings presented here show the proportions who reported having a medically attended injury at least once in the last 12 months.

15-year-olds who report at least one medically attended injury in the last 12 months



Prevalence by family affluence: report at least one medically attended injury in the last 12 months by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

SOCIAL WELL-BEING

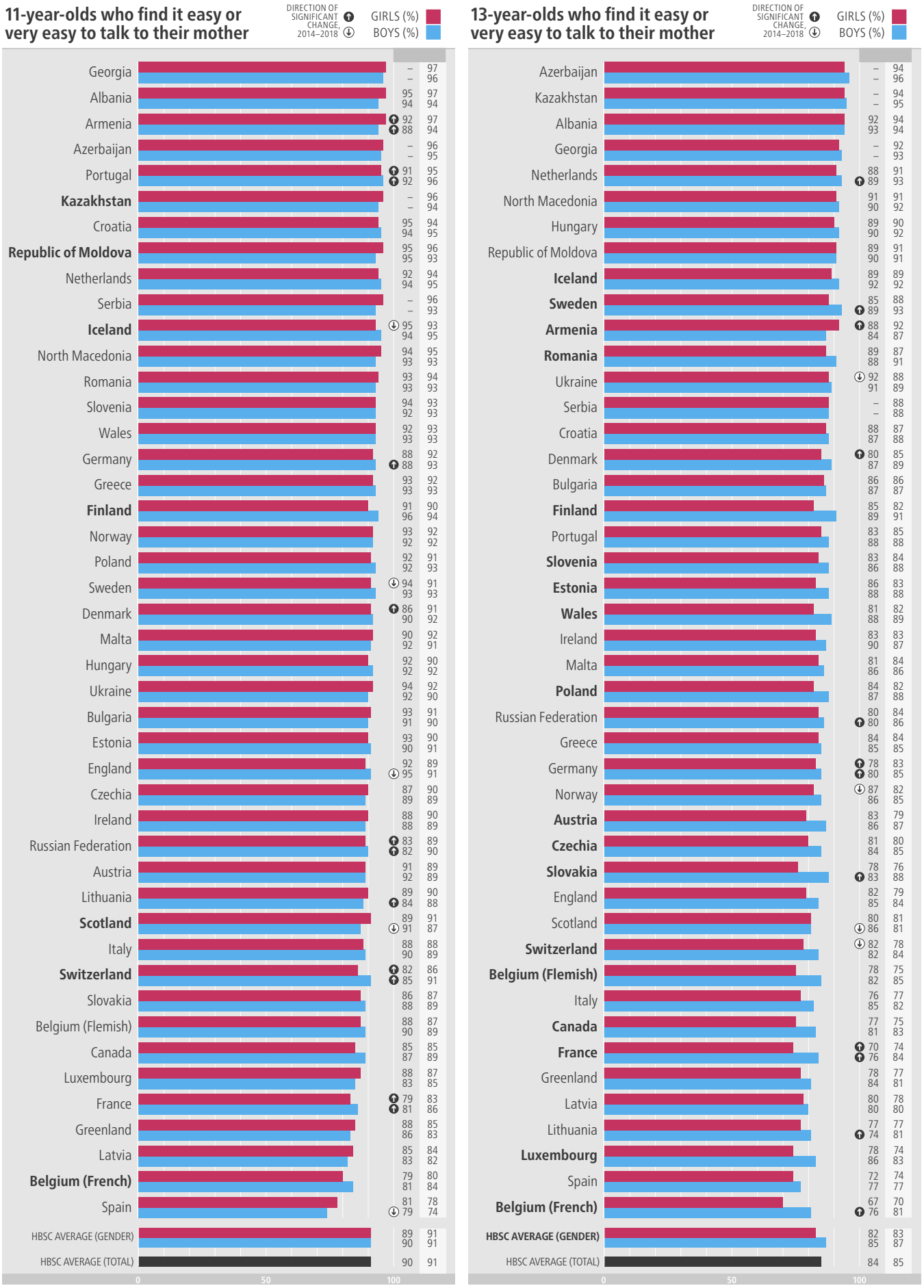
FAMILY COMMUNICATION: EASY COMMUNICATION WITH MOTHER

FAMILY COMMUNICATION: EASY COMMUNICATION WITH FATHER

FAMILY SUPPORT

PEER SUPPORT

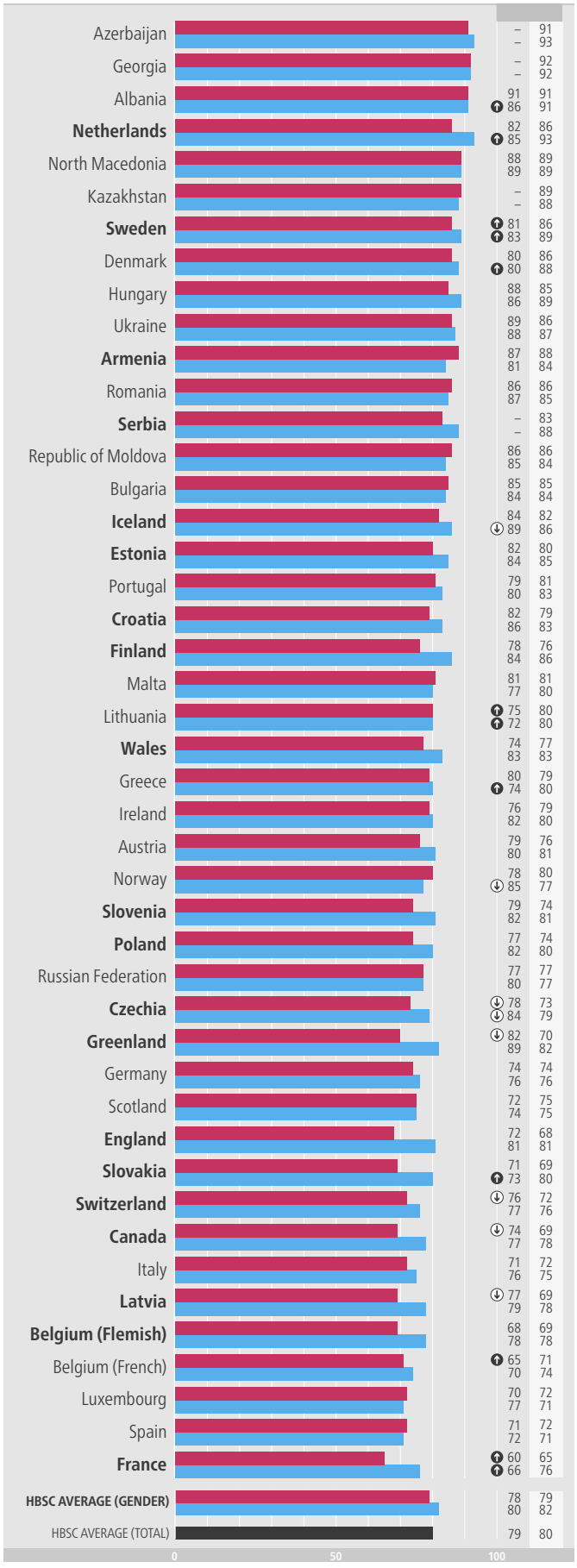
FAMILY COMMUNICATION: EASY COMMUNICATION WITH MOTHER



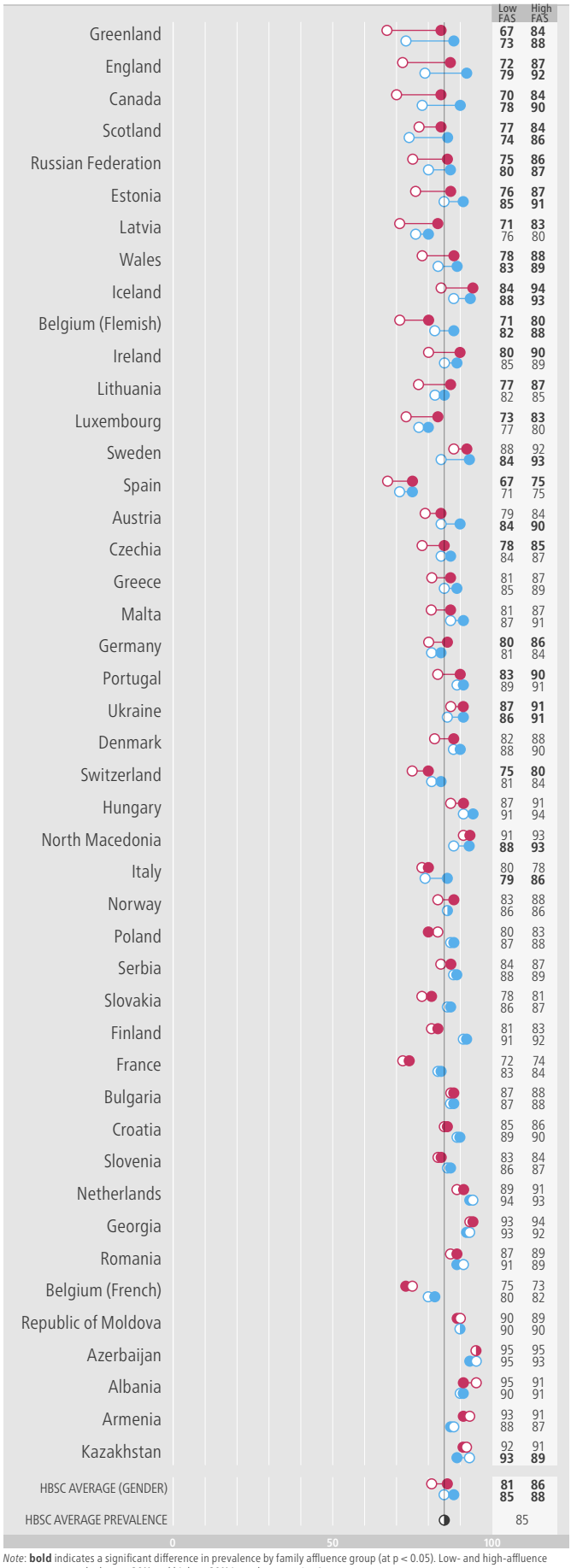
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how easy it is for them to talk to their mother about things that really bother them. Response options ranged from very easy to very difficult. Findings presented here show the proportions who reported finding it easy or very easy to talk to their mother.

15-year-olds who find it easy or very easy to talk to their mother

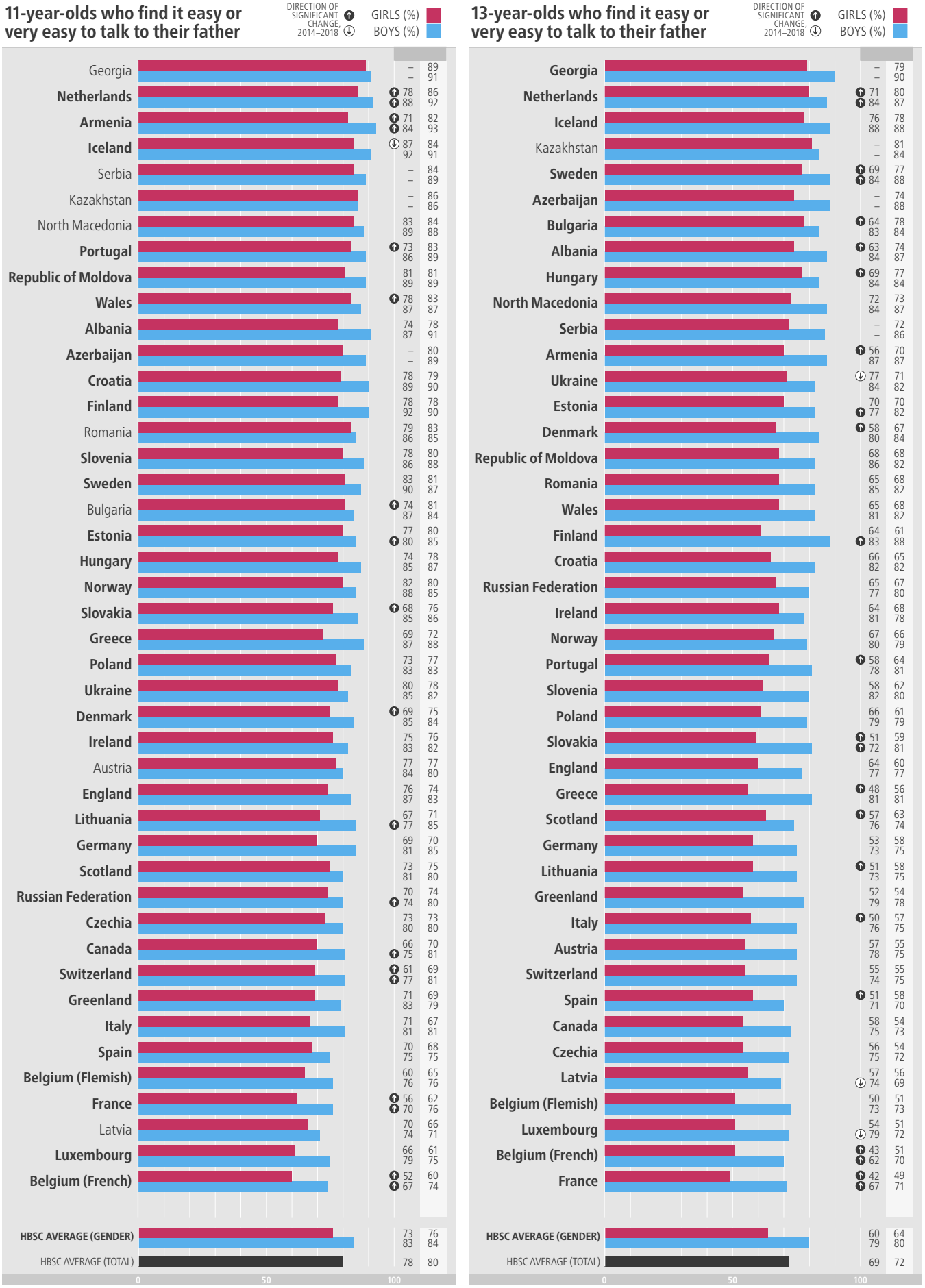


Prevalence by family affluence: find it easy or very easy to talk to mother by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

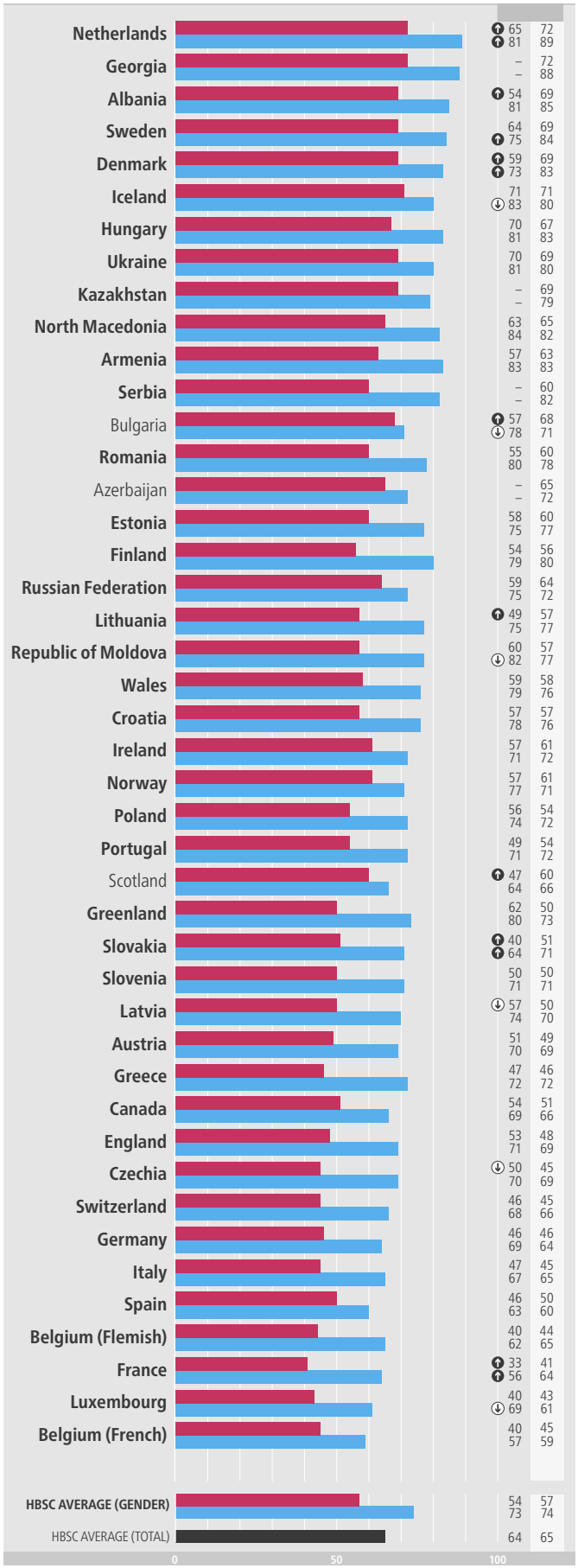
FAMILY COMMUNICATION: EASY COMMUNICATION WITH FATHER



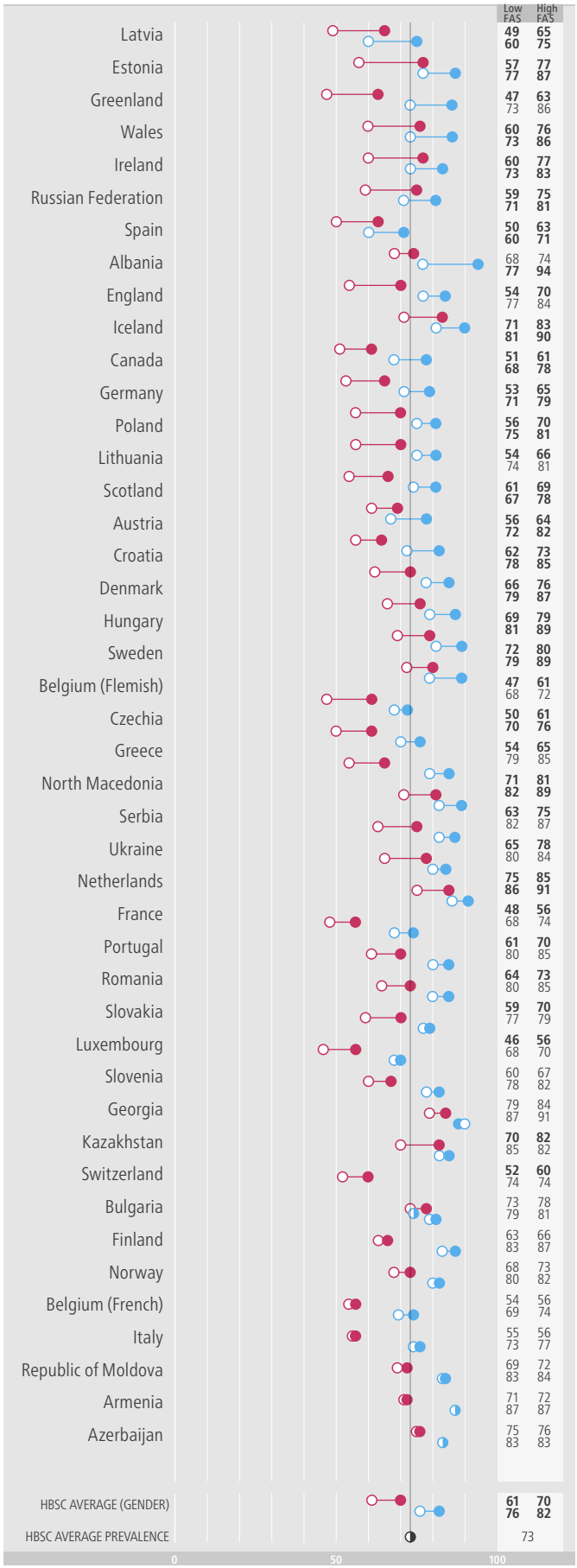
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were available for Malta.

MEASURE: young people were asked how easy it is for them to talk to their father about things that really bother them. Response options ranged from very easy to very difficult. Findings presented here show the proportions who reported finding it easy or very easy to talk to their father.

15-year-olds who find it easy or very easy to talk to their father



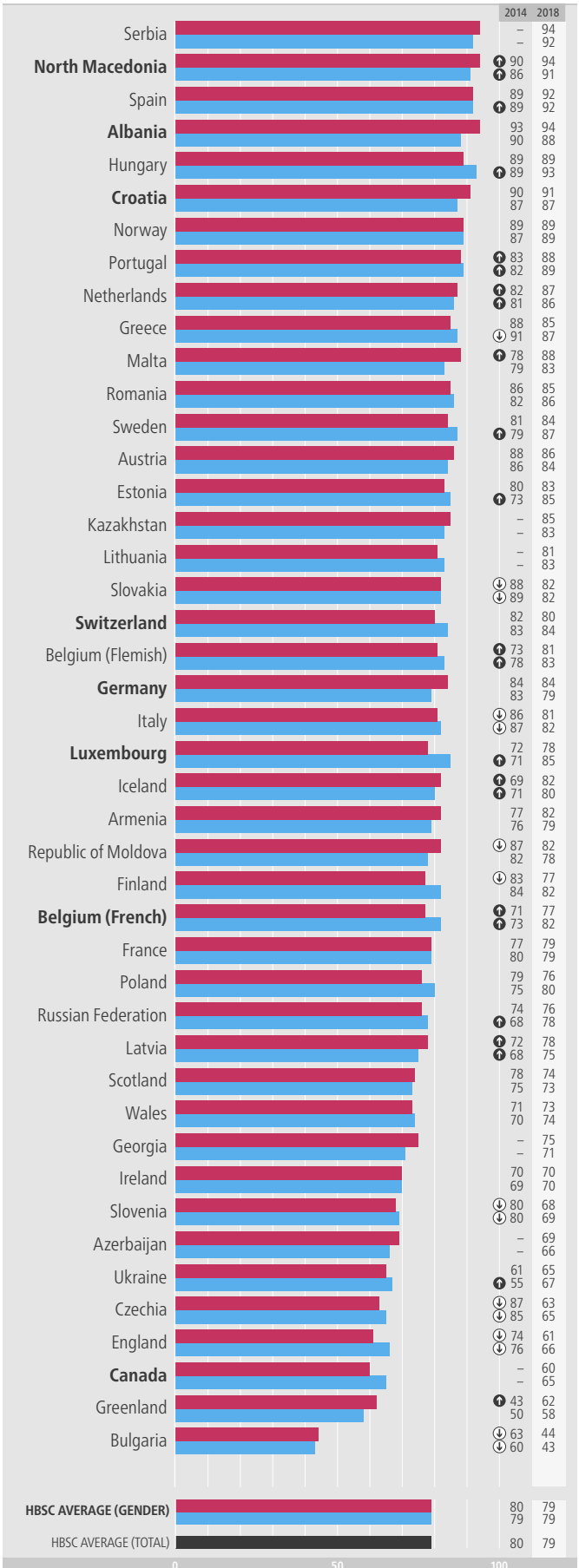
Prevalence by family affluence: find it easy or very easy to talk to father by country/region and gender



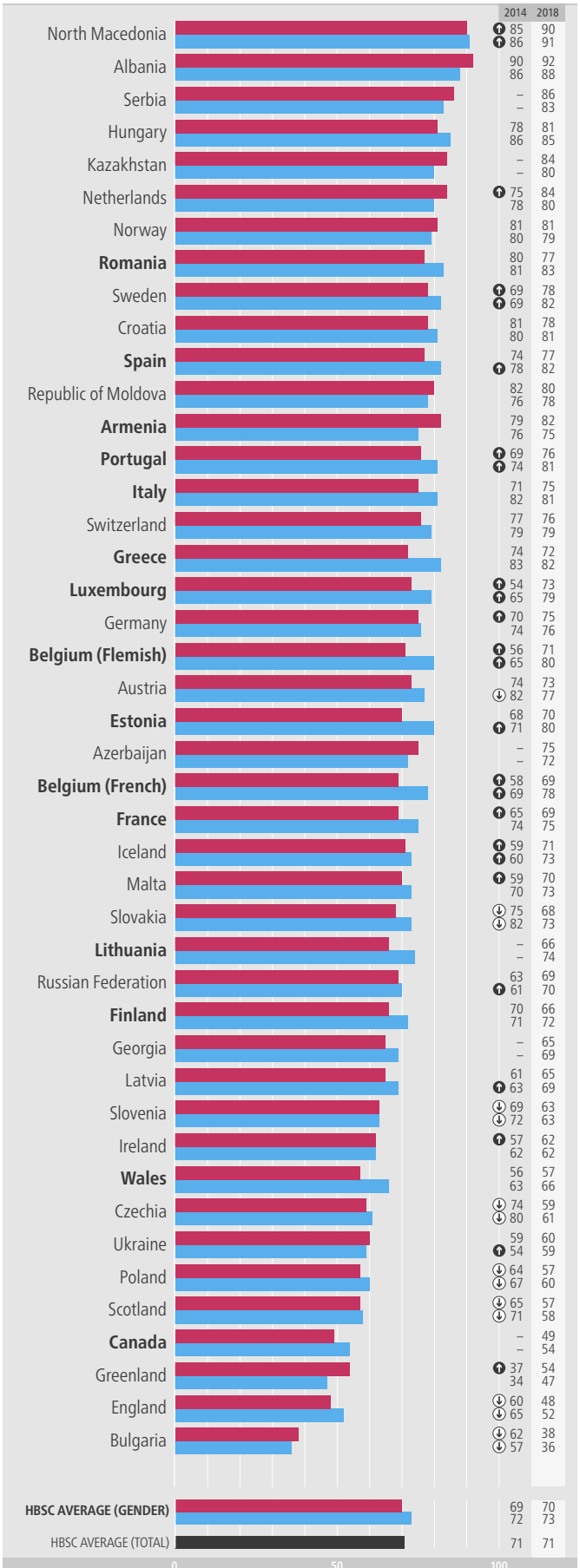
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were available for Malta.

FAMILY SUPPORT

11-year-olds who report feeling high family support



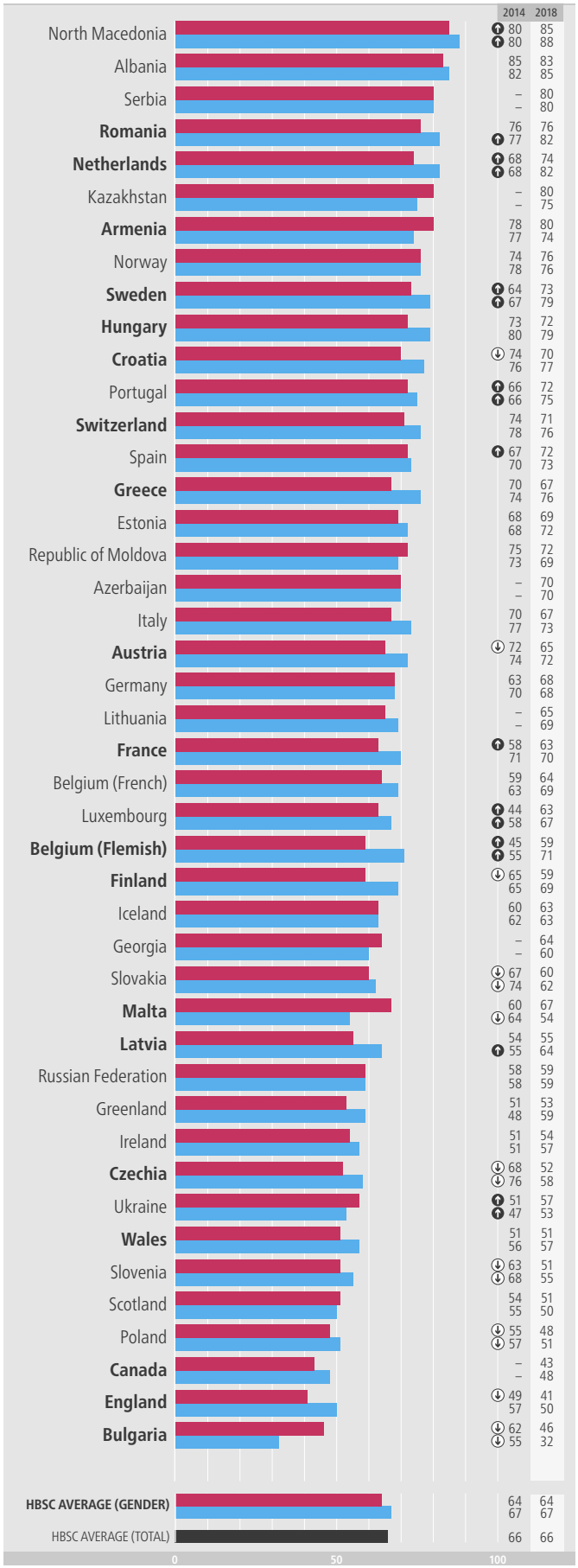
13-year-olds who report feeling high family support



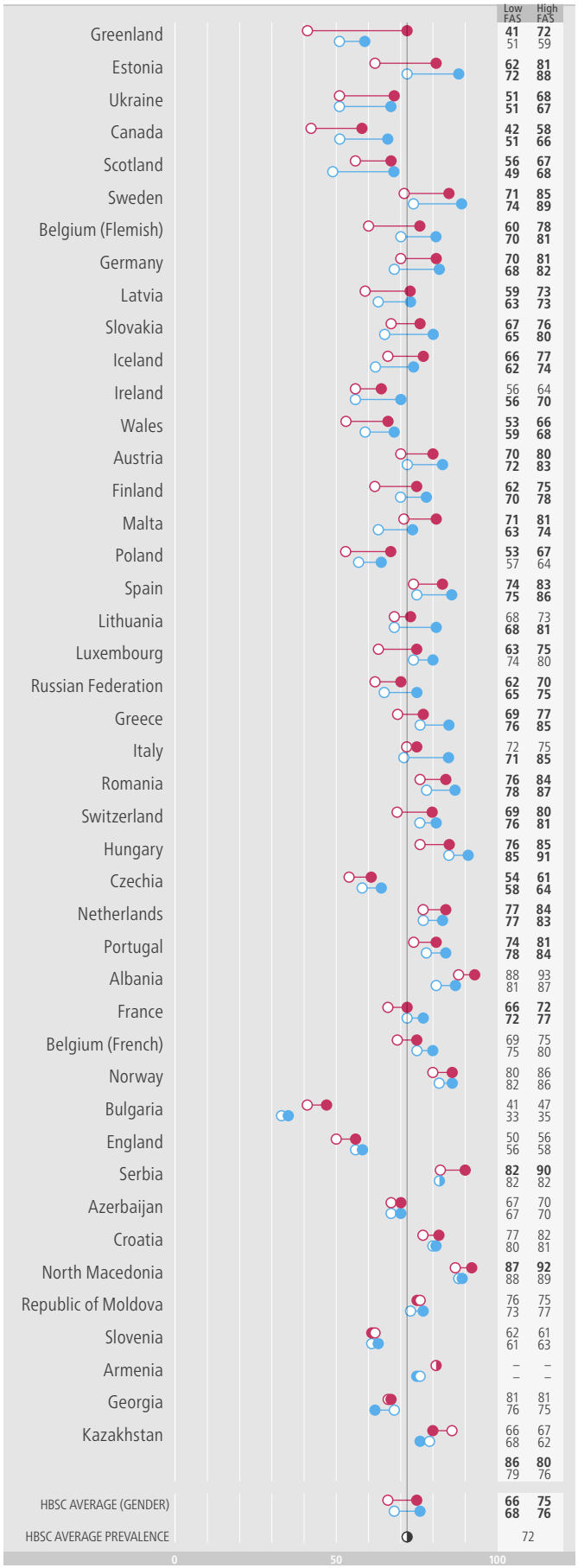
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown). No data were available for Denmark.

MEASURE: young people were asked if they perceive that their family really tries to help them, that they can get emotional support from them when they need it, they can talk to their family about problems, and if the family is prepared to help them make decisions. Response options ranged from very strongly disagree to very strongly agree. Findings presented here show the proportions who scored 5.5 or more on the Multidimensional Scale of Perceived Social Support, categorized as high perceived family support.

15-year-olds who report feeling high family support



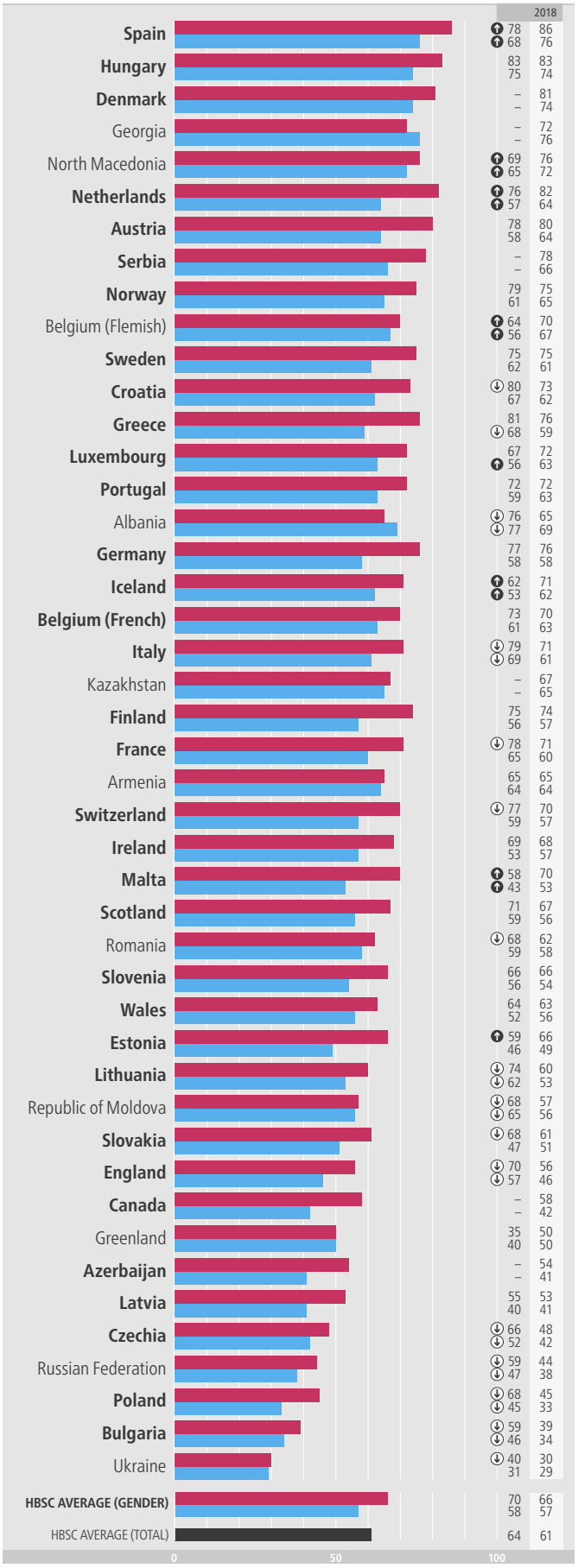
Prevalence by family affluence: high family support by country/region and gender



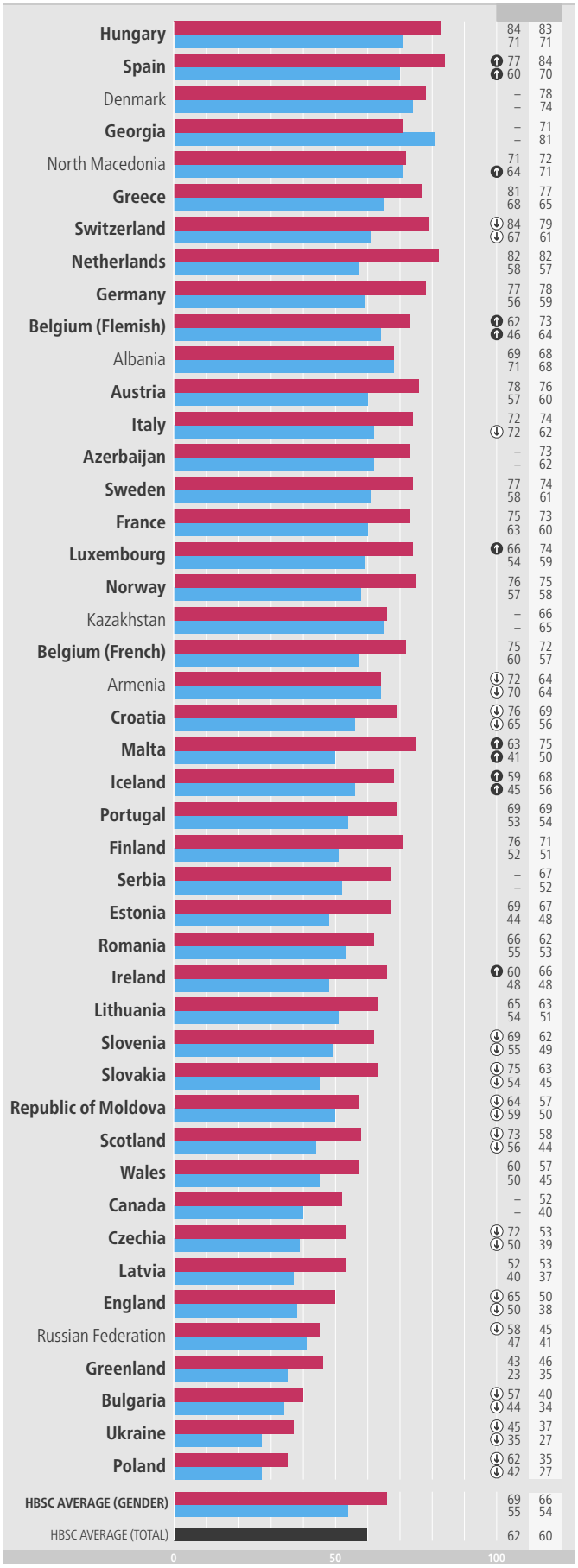
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were available for Denmark.

PEER SUPPORT

11-year-olds who report feeling high peer support



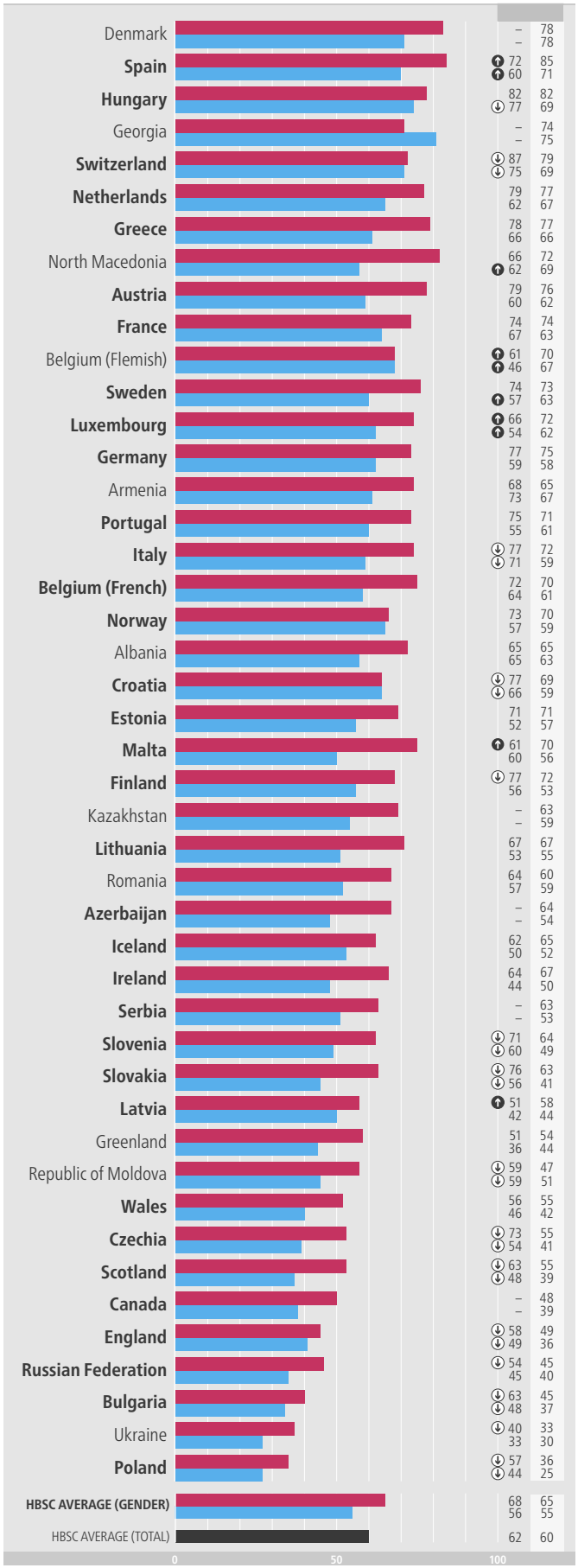
13-year-olds who report feeling high peer support



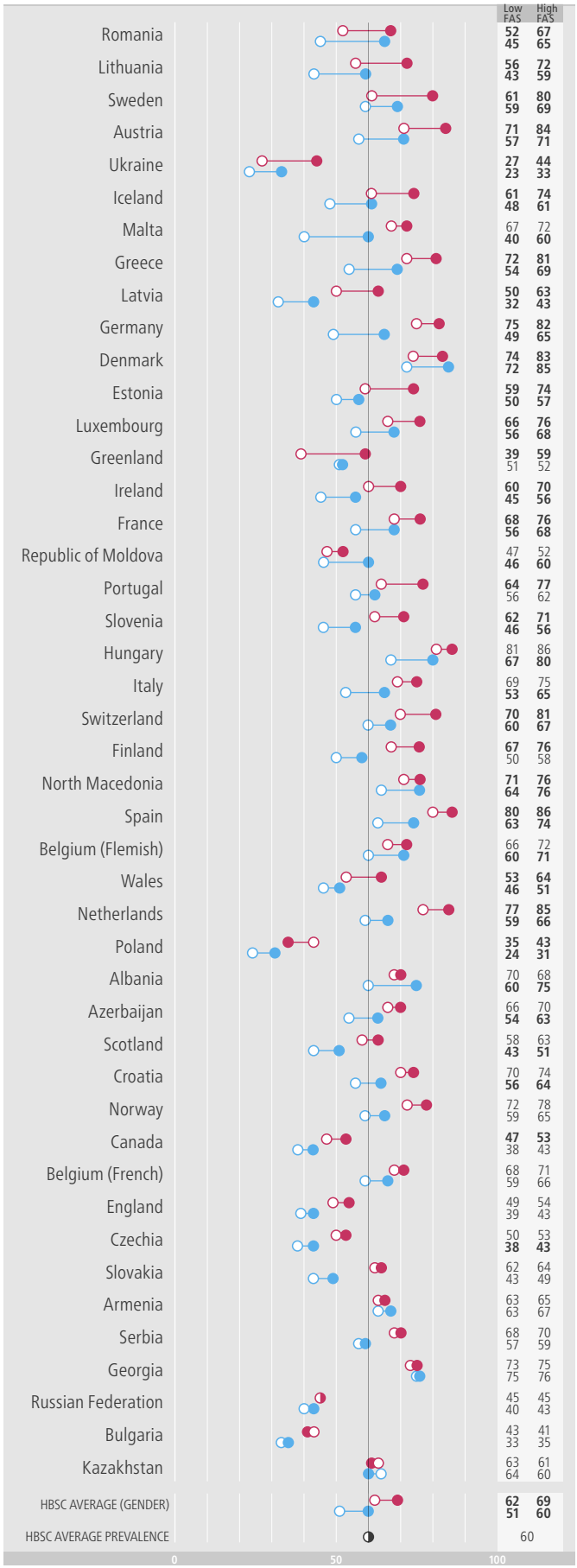
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked if they perceive that their friends really try to help them, that they can count on them when things go wrong, if they had friends with whom they can share their sorrows and joys, and if they can talk to them about their problems. Response options ranged from very strongly disagree to very strongly agree. Findings presented here show the proportions reporting an average score of 5.5 or more (high social support) on the Multidimensional Scale of Perceived Social Support.

15-year-olds who report feeling high peer support



Prevalence by family affluence: high peer support by country/region and gender

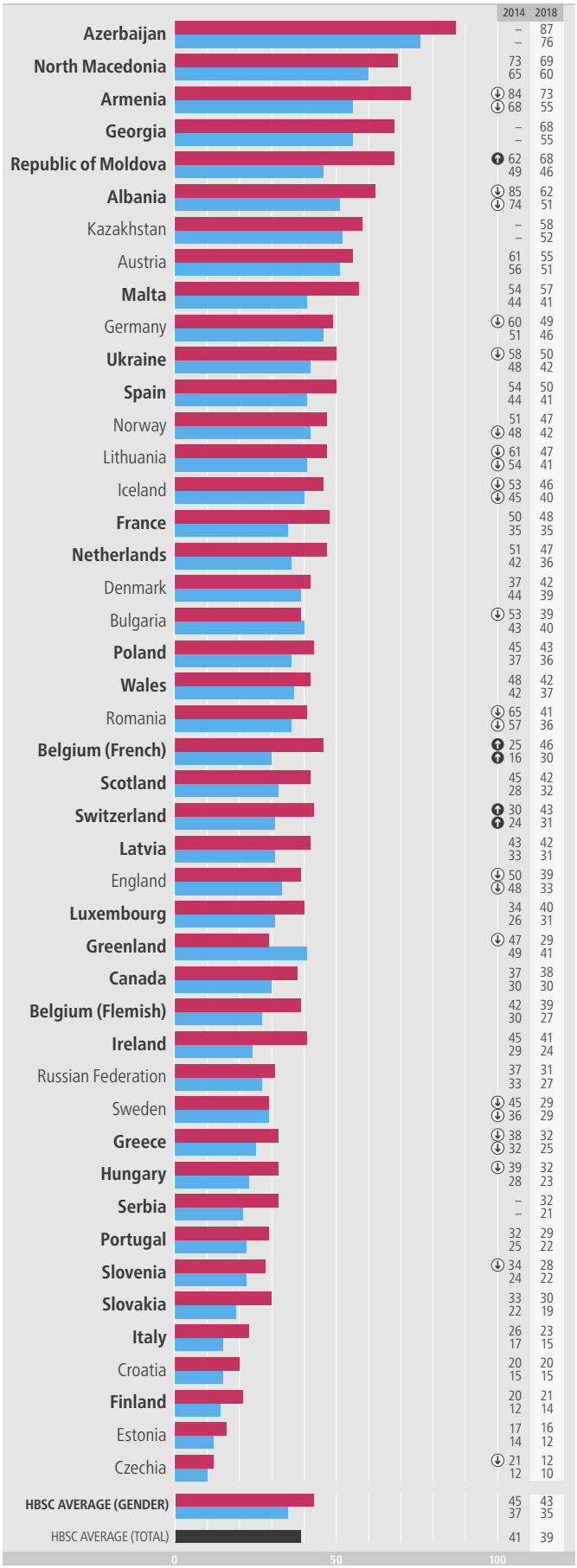


Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

SCHOOL EXPERIENCE

SCHOOL SATISFACTION (LIKING SCHOOL)
SCHOOLWORK PRESSURE
STUDENT SUPPORT
TEACHER SUPPORT

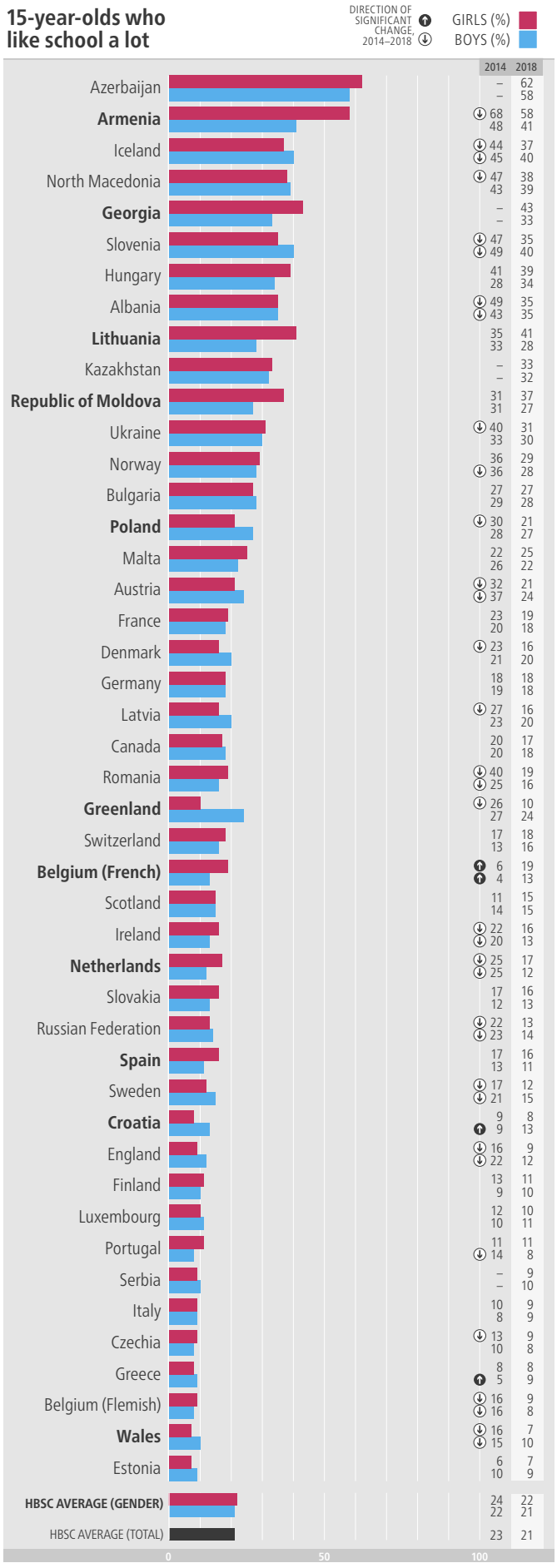
SCHOOL SATISFACTION (LIKING SCHOOL)



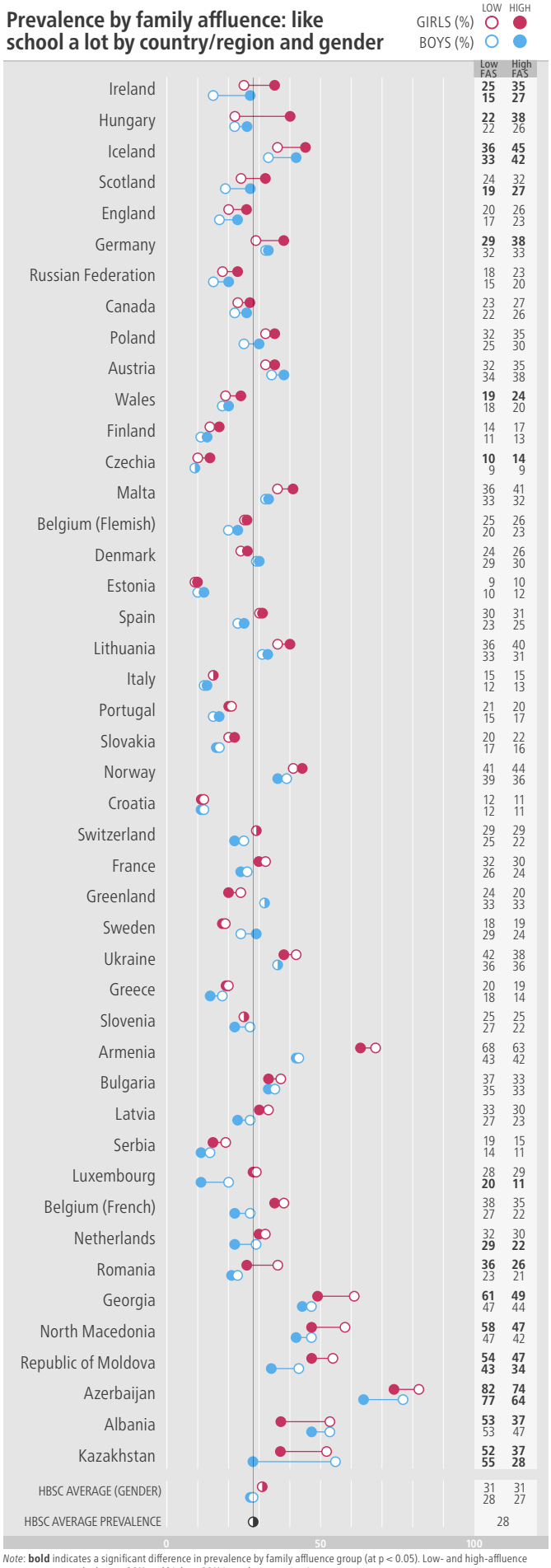
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how they feel about school at present. Response options ranged from I like it a lot to I don't like it at all. Findings presented here show the proportions who reported liking school a lot.

15-year-olds who like school a lot

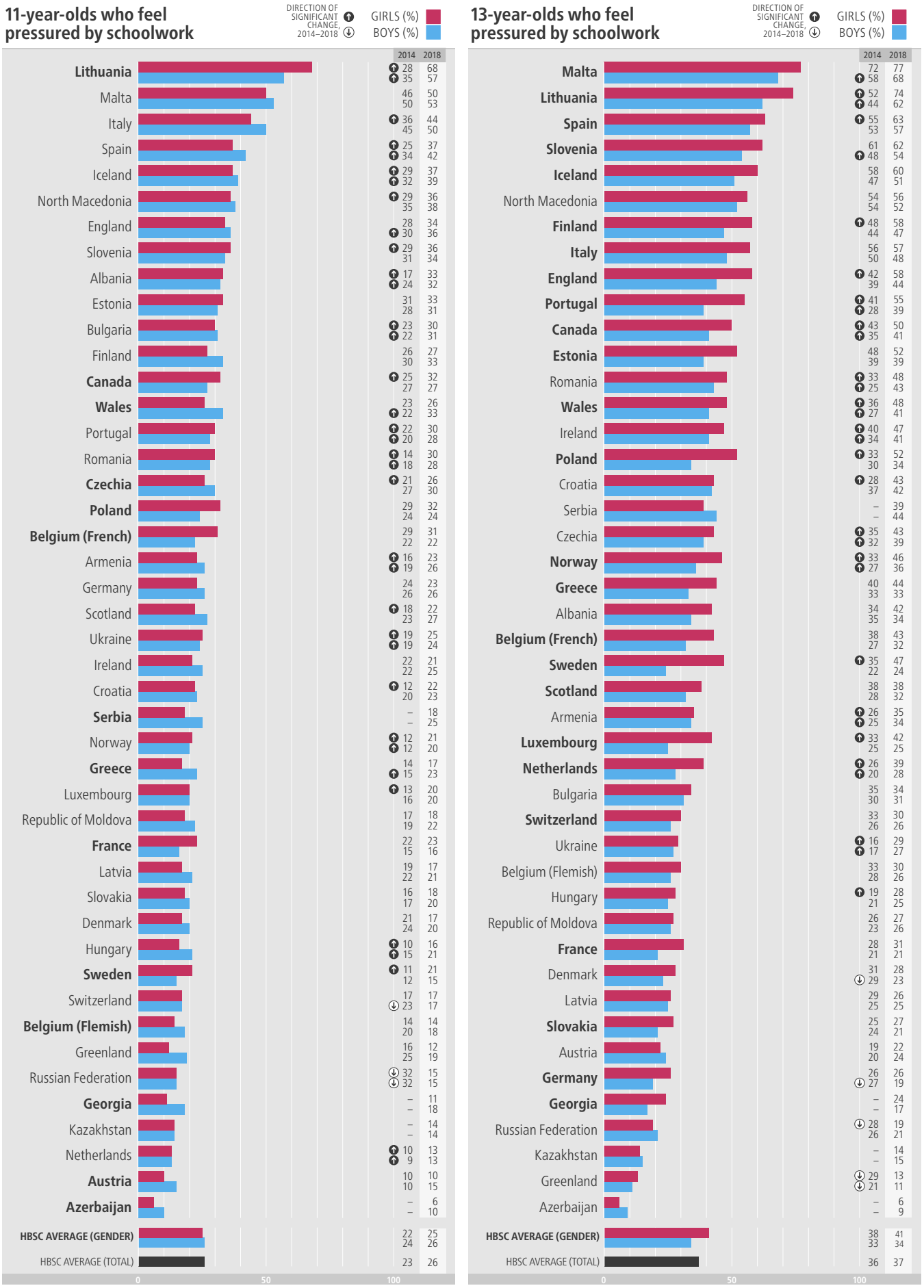


Prevalence by family affluence: like school a lot by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

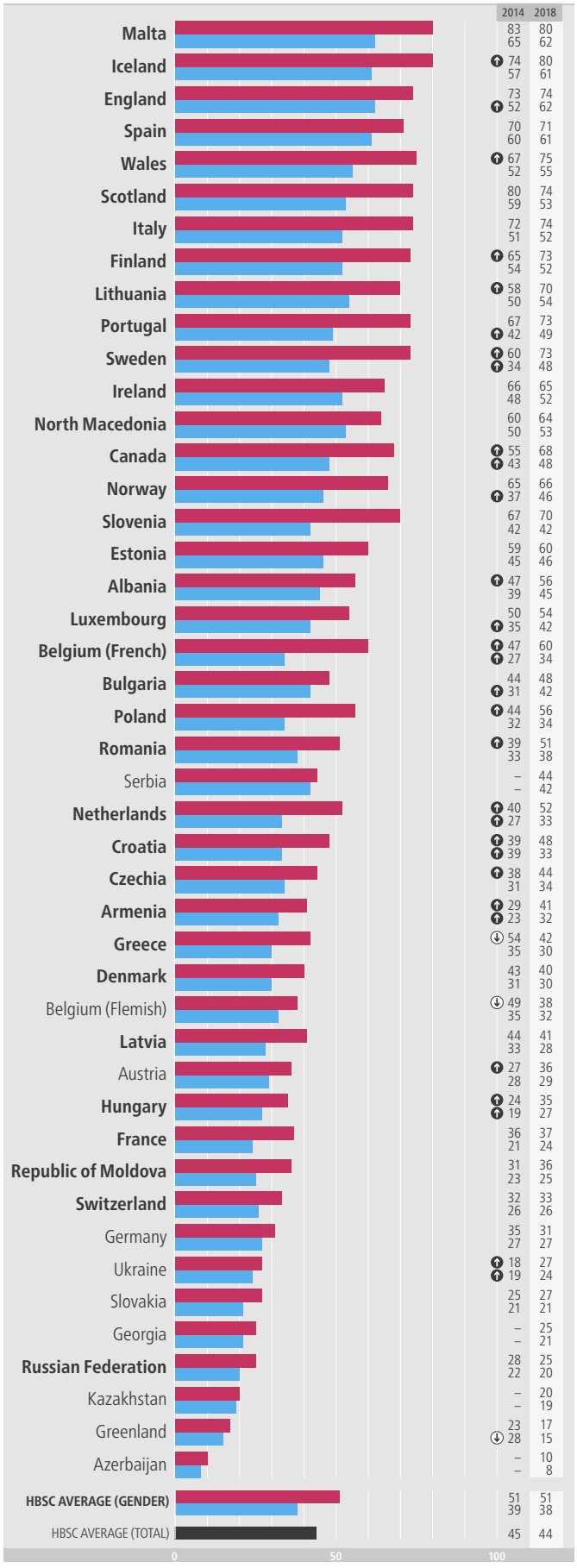
SCHOOLWORK PRESSURE



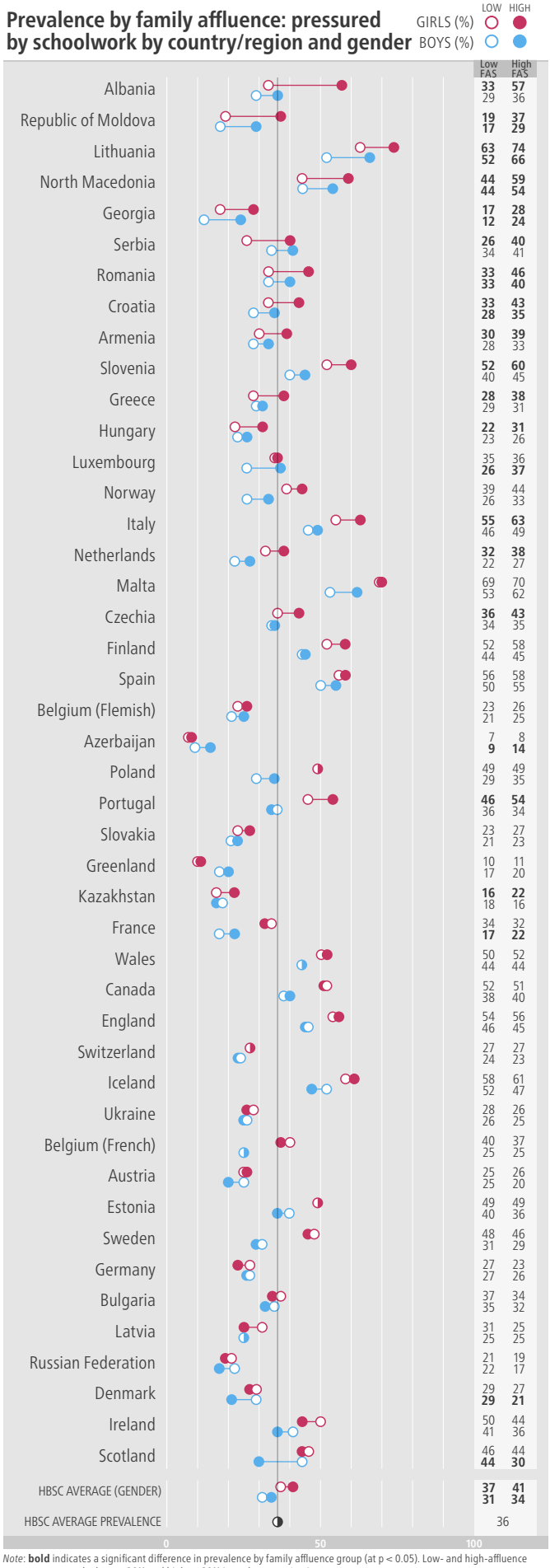
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$); significant change between 2014 and 2018 (at $p < 0.05$) is denoted by an arrow indicating direction of change (averages for 2014 and 2018 are not directly comparable and no significances are shown).

MEASURE: young people were asked how pressured they feel by the schoolwork they have to do. Response options ranged from not at all to a lot. Findings presented here show the proportions who reported feeling pressured by schoolwork some or a lot.

15-year-olds who feel pressured by schoolwork



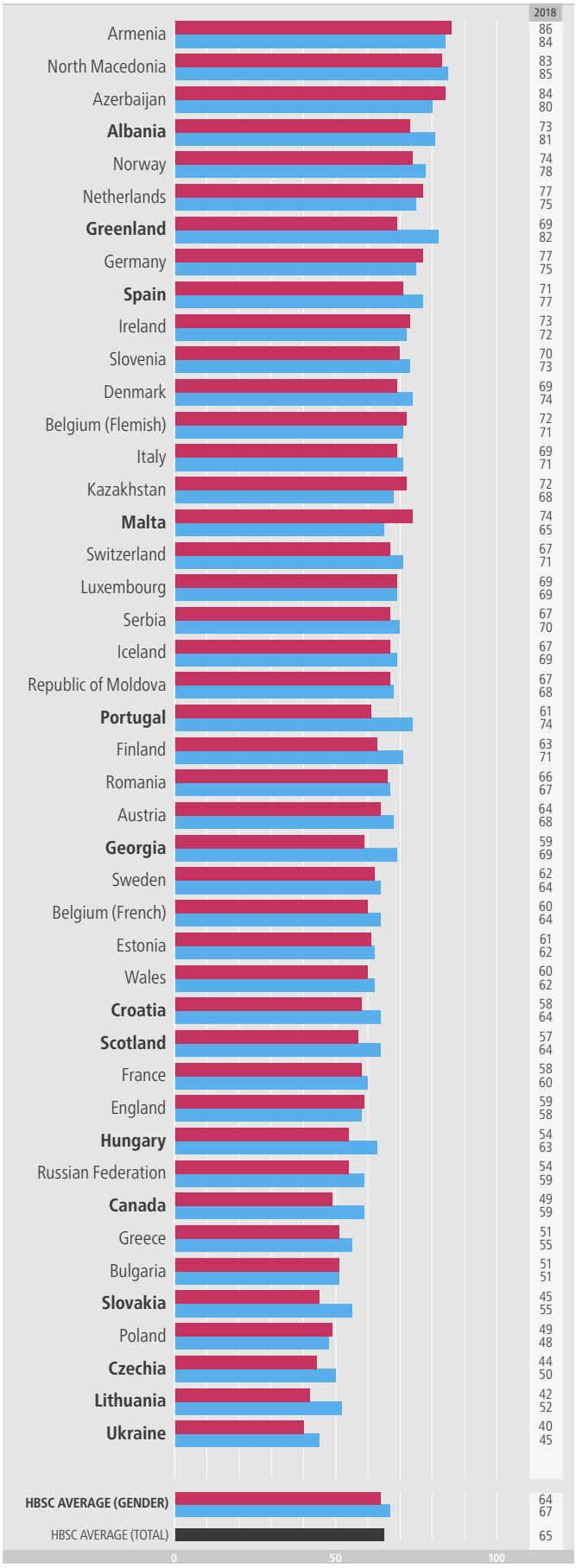
Prevalence by family affluence: pressured by schoolwork by country/region and gender



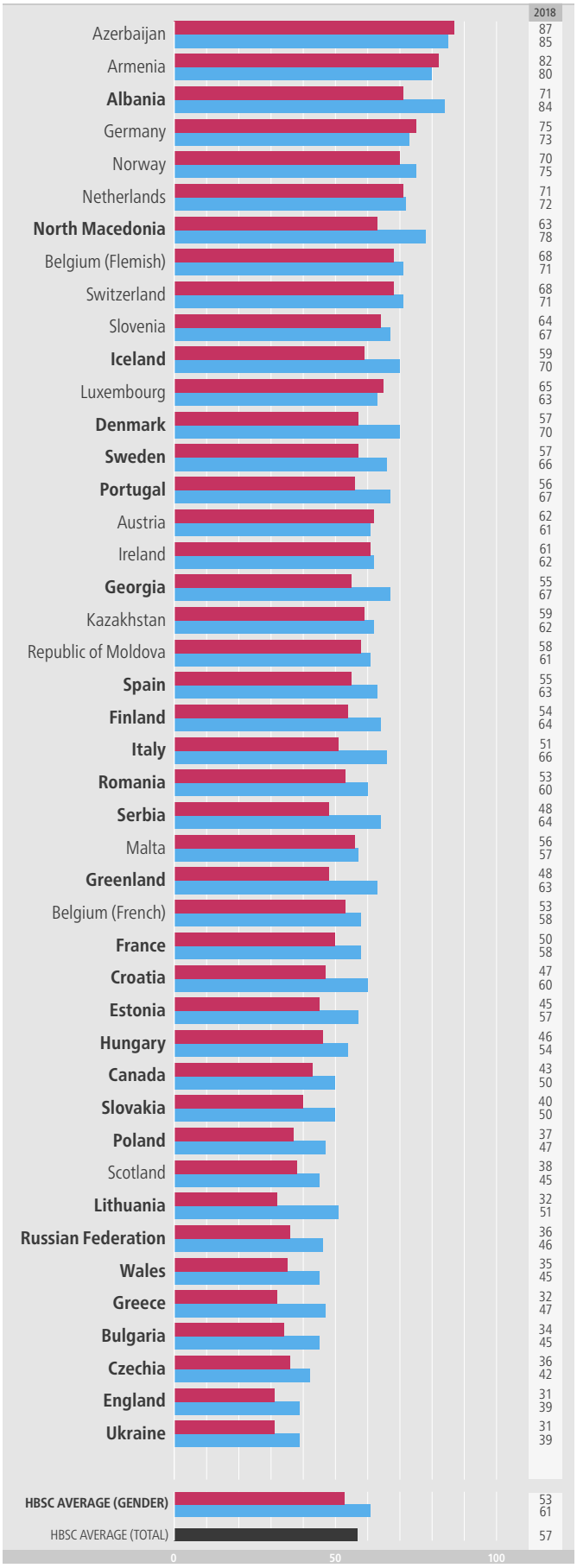
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

STUDENT SUPPORT

11-year-olds who report feeling high classmate support



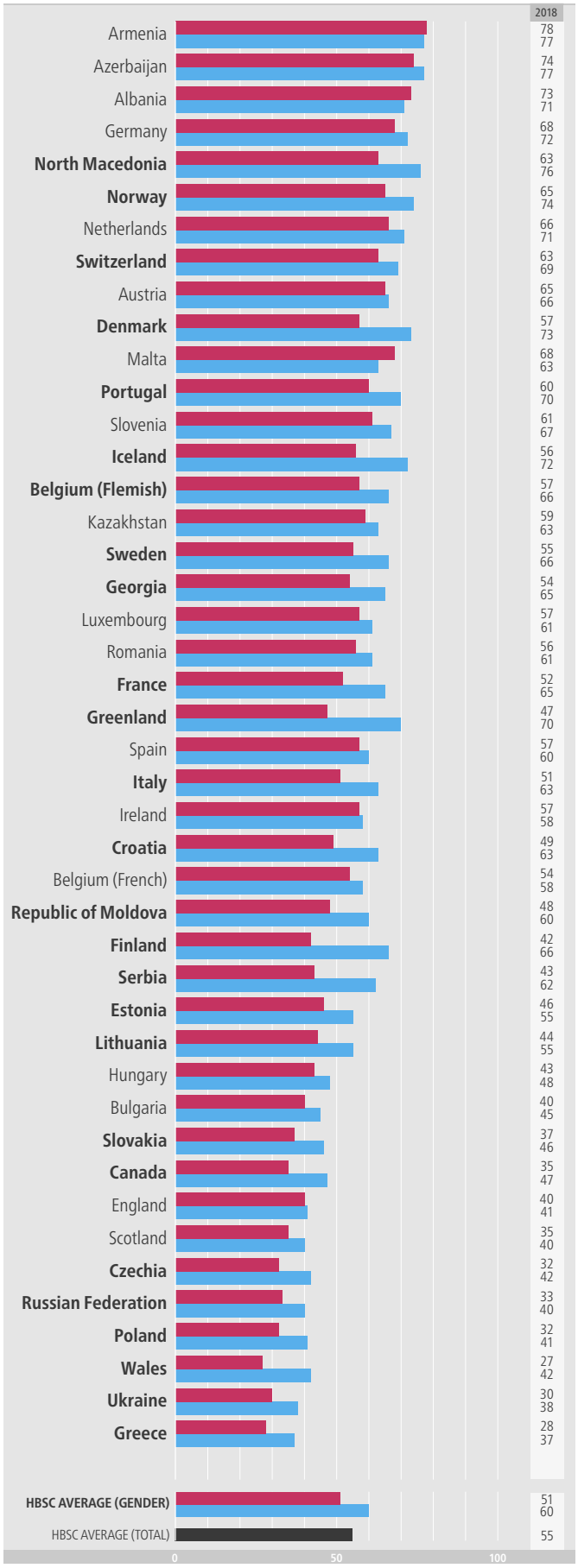
13-year-olds who report feeling high classmate support



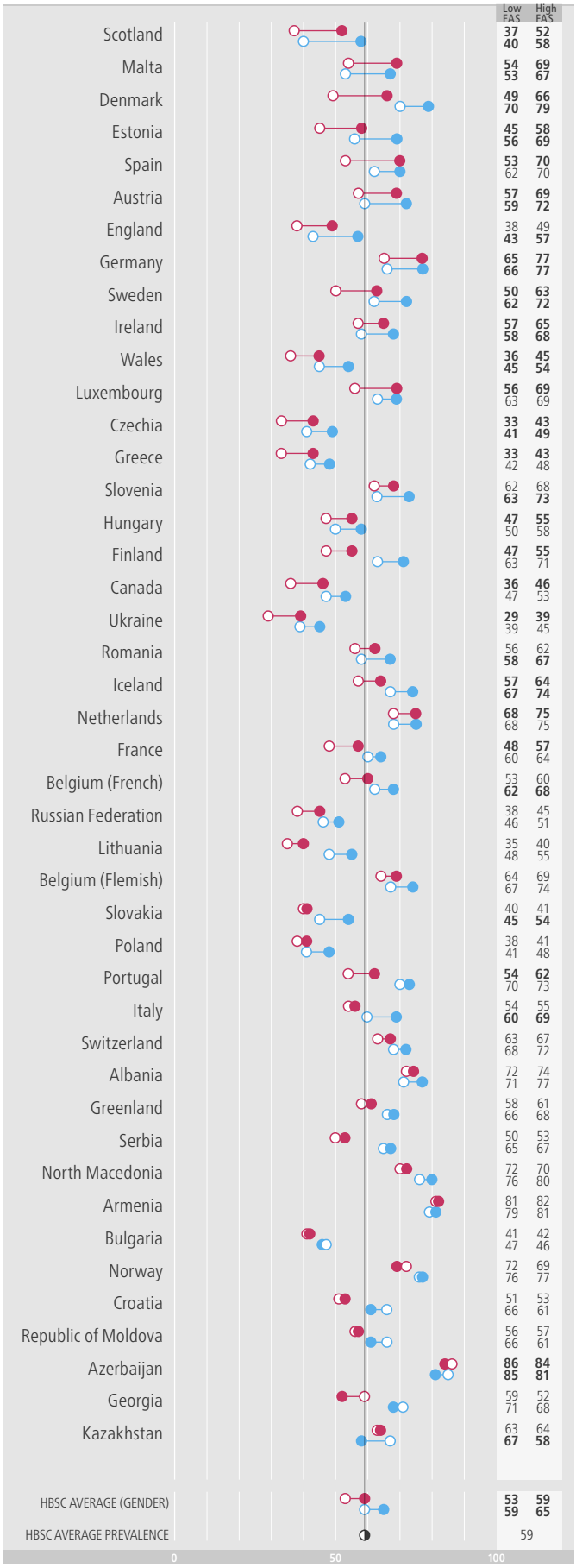
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$). This indicator is not the same as the single measure used to measure classmate support in the 2014 HBSC report. No data were received from Latvia.

MEASURE: young people were asked how much they agreed or disagreed with three statements about their classmates, and their responses were combined into a mean score from 1 to 5. Findings presented here are the proportions of pupils who reported classmate support of 4 or higher.

15-year-olds who report feeling high classmate support



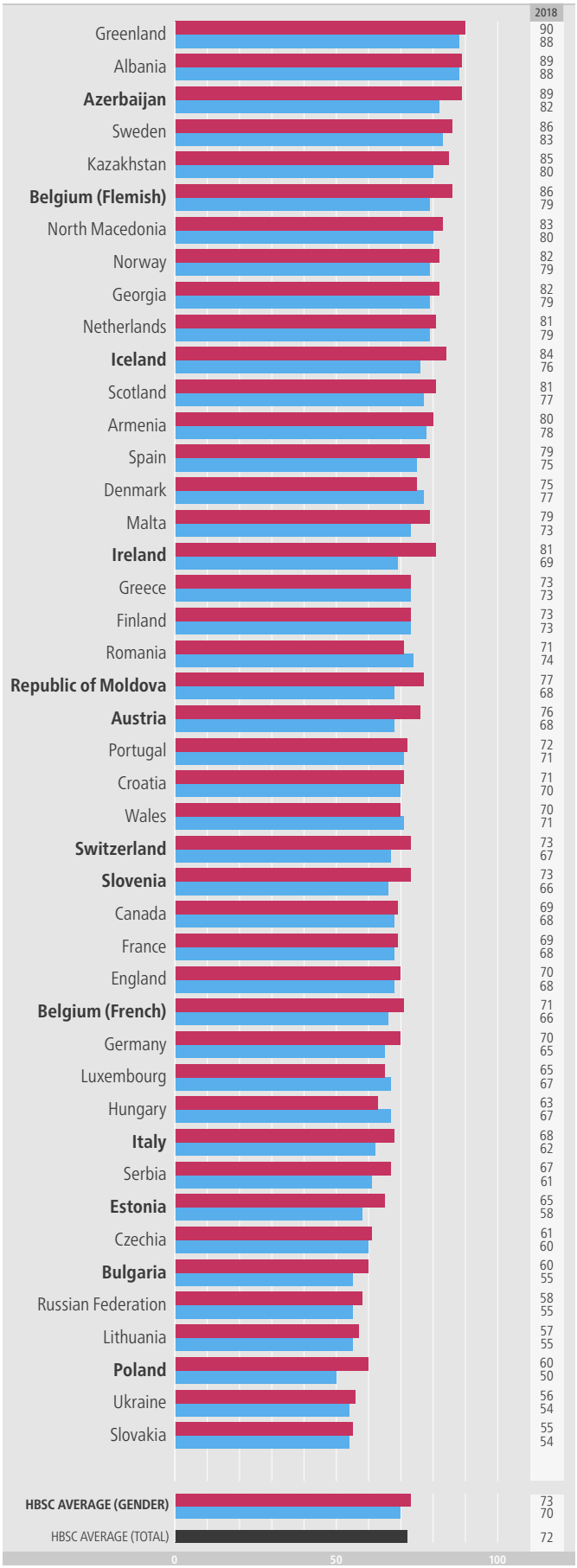
Prevalence by family affluence: high classmate support by country/region and gender



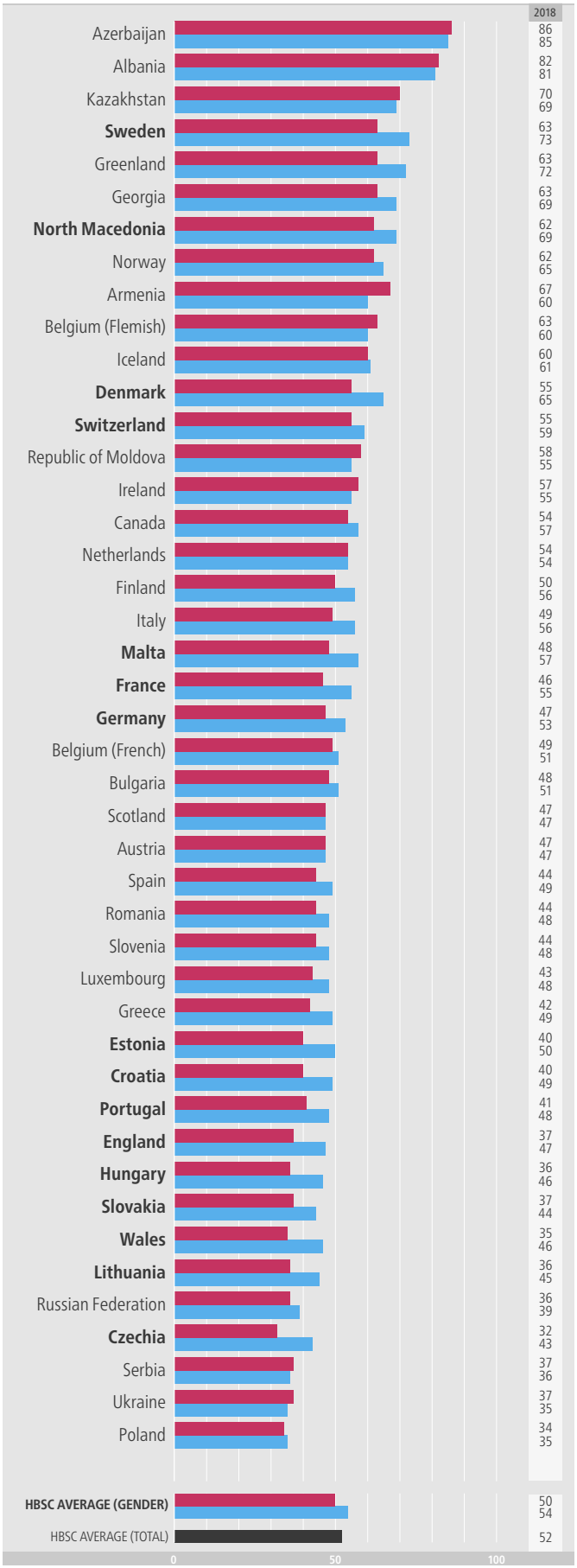
Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Latvia.

TEACHER SUPPORT

11-year-olds who report feeling high teacher support



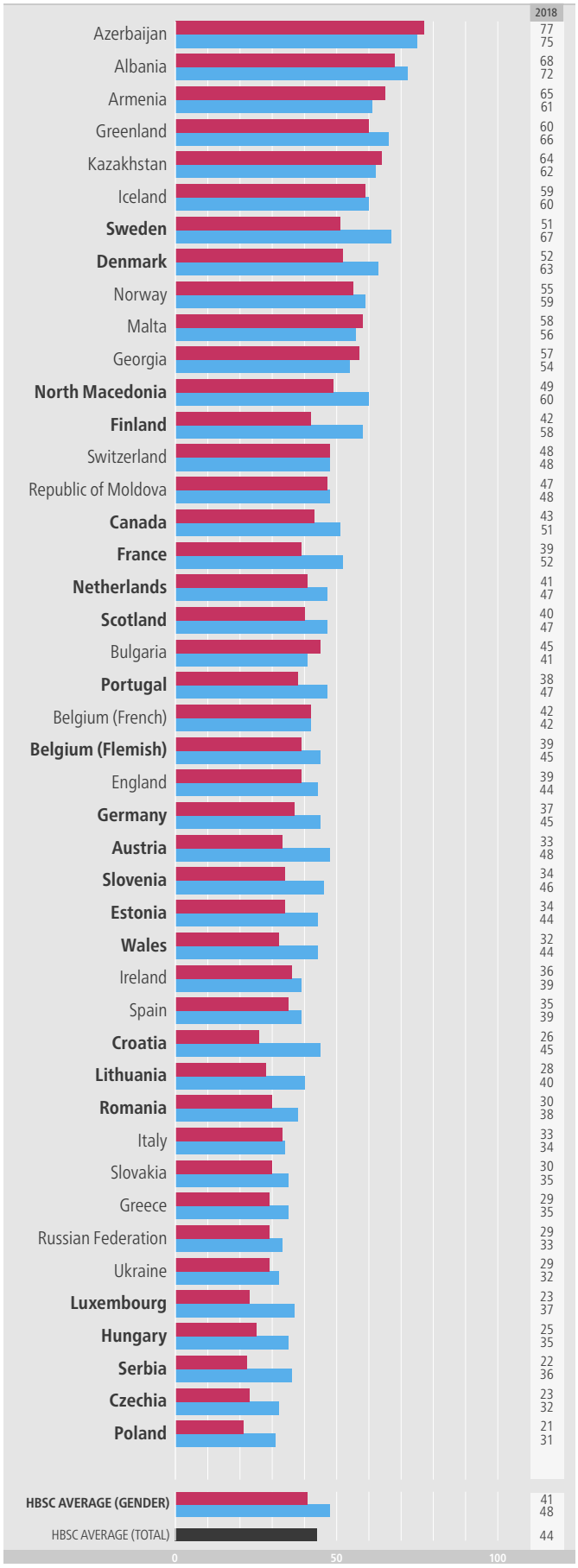
13-year-olds who report feeling high teacher support



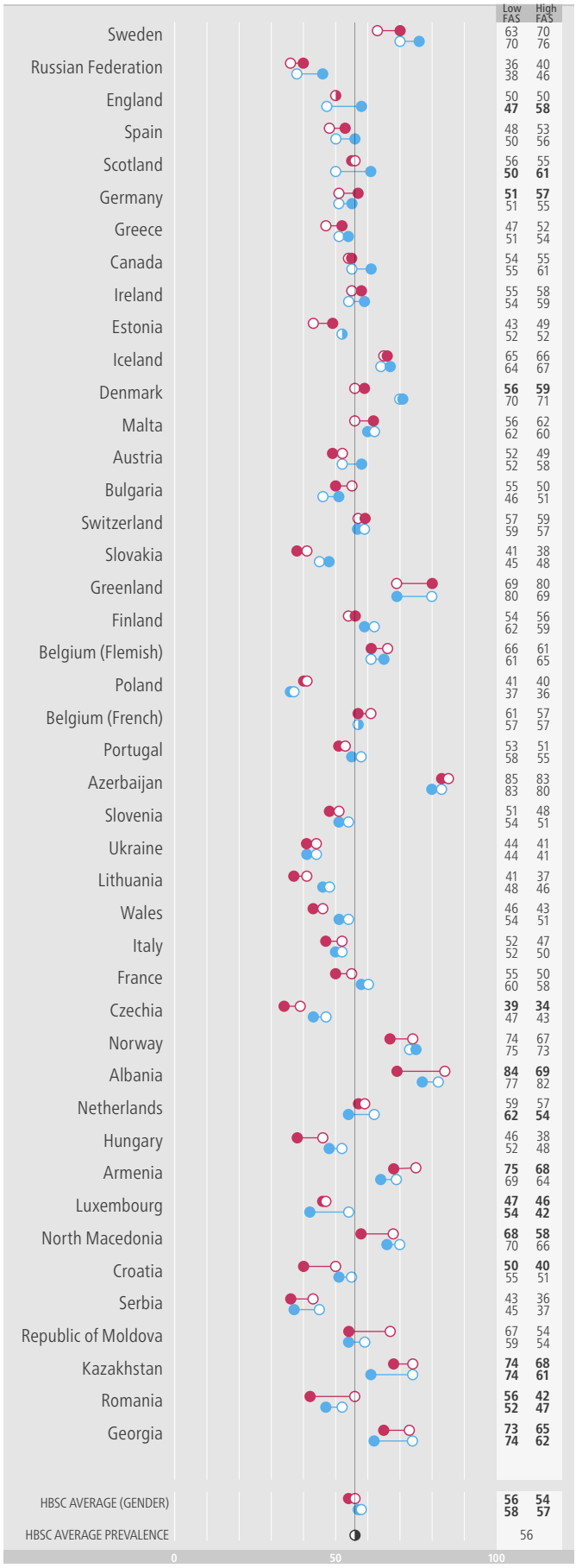
Note: country/region name in **bold** indicates significant gender difference in 2018 (at $p < 0.05$). No data were received from Latvia.

MEASURE: young people were asked how much they agreed or disagreed with three statements about their teachers, and their responses were combined into a mean score from 1 to 5. Findings presented here are the proportions of pupils who reported teacher support of 4 or higher.

15-year-olds who report feeling high teacher support



Prevalence by family affluence: high teacher support by country/region and gender



Note: **bold** indicates a significant difference in prevalence by family affluence group (at $p < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Latvia.

FAMILY CONTEXT

FAMILY STRUCTURE

FAMILY AFFLUENCE ACCORDING TO FAMILY AFFLUENCE SCALE

PARENTAL EMPLOYMENT

IMMIGRANT STATUS

FAMILY STRUCTURE

MEASURE: young people were asked about their family living arrangements and who they lived with most of the time. Findings presented here show the proportions who reported living primarily with both parents, within a step family, within a single-parent family or some other arrangement (for instance, a foster home or cared for by non-parental family member).

Family structure: young people living in different family types

COUNTRY/REGION	BOTH PARENTS (%)	SINGLE PARENT (%)	STEP FAMILY (%)	OTHER (%)
Albania	90.8	6.5	1.5	1.2
Armenia	89.8	9.3	0.7	0.2
North Macedonia	88.3	9.3	1.8	0.5
Georgia	84.8	13.3	0.7	1.2
Croatia	83.0	11.2	4.5	1.2
Greece	81.2	13.9	4.5	0.4
Slovenia	80.5	12.5	5.3	1.7
Italy	79.4	14.1	5.1	1.5
Spain	78.5	14.4	5.3	1.8
Switzerland	78.1	11.5	9.8	0.7
Poland	77.7	15.8	5.2	1.3
Netherlands	77.6	13.3	8.2	0.9
Bulgaria	76.5	19.0	2.9	1.5
Malta	76.3	15.4	6.2	2.1
Ireland	75.6	16.7	5.8	1.8
Serbia	75.6	18.9	2.9	2.7
Slovakia	74.2	15.9	7.4	2.5
Finland	73.8	12.3	12.5	1.4
Denmark	73.3	14.9	10.7	1.1
Germany	72.9	16.7	9.0	1.4
Ukraine	72.2	17.2	8.8	1.8
Norway	71.4	17.3	9.8	1.6
Republic of Moldova	71.1	19.7	5.1	4.1
Sweden	70.7	15.6	12.3	1.4
Austria	70.6	16.7	8.3	4.5
Hungary	70.3	16.7	11.5	1.4
Portugal	69.8	17.8	8.7	3.7
Czechia	69.7	16.8	11.3	2.2
Kazakhstan	69.5	26.0	3.9	0.6
Iceland	69.2	15.0	13.0	2.9
Canada	68.6	18.6	10.4	2.4
Belgium (Flemish)	68.5	19.5	9.9	2.1
Russian Federation	68.3	17.5	12.7	1.5
France	68.0	18.4	12.3	1.3
Belgium (French)	67.9	17.9	14.2	0.0
Lithuania	67.9	19.0	10.2	2.9
Wales	67.8	31.3	0.0	0.9
England	66.9	22.1	8.7	2.3
Estonia	66.8	18.8	12.7	1.8
Luxembourg	66.3	21.6	8.6	3.5
Scotland	64.4	24.0	8.7	2.9
Latvia	62.1	23.5	11.8	2.6
Romania	61.6	29.8	4.5	4.2
Greenland	52.6	26.1	13.6	7.6

Note: no data were received from Azerbaijan.

FAMILY AFFLUENCE ACCORDING TO FAMILY AFFLUENCE SCALE

MEASURE: country mean level of affluence is expressed through an index of the six-item Family Affluence Scale (FAS). The possible score ranges from 0 to 100, where the value of 100 is the maximum possible affluence score and 0 is the minimum possible affluence score. Findings presented here show the mean FAS index score for each country.

Composite score (all ages), by country and region

COUNTRY/REGION	MEAN FAS INDEX SCORE (0–100)
Kazakhstan	32
Azerbaijan	37
Republic of Moldova	39
Georgia	40
Ukraine	43
Armenia[a]	46
Albania	47
Romania	48
Greenland	49
Russian Federation	50
Greece	52
Lithuania	53
North Macedonia	55
Latvia	55
Bulgaria	56
Serbia	56
Hungary	56
Croatia	58
Slovakia	59
Poland	60
Italy	60
Portugal	62
Czechia	62
Estonia	63
France	65
Belgium (French)	66
Spain	66
Malta	66
Finland	67
Netherlands	69
Scotland	69
England	70
Canada	70
Iceland	71
Ireland	71
Wales	71
Austria	71
Belgium (Flemish)	71
Germany	72
Sweden	72
Slovenia	72
Denmark	74
Switzerland	75
Norway	76
Luxembourg	77

[a] The index for Armenia is based on a subset of family affluence items.

PARENTAL EMPLOYMENT

MEASURE: young people were asked whether their mother and father were currently employed out of the home, not in employment but looking for work, or not in employment and not looking for work. Findings presented here show the proportions who lived in families with four different employment profiles.

Parental employment

COUNTRY/REGION	BOTH PARENTS EMPLOYED OR NOT LOOKING FOR JOBS (%)[a]	FATHER ONLY UNEMPLOYED (LOOKING FOR JOB) (%)[b]	MOTHER ONLY UNEMPLOYED (LOOKING FOR JOB) (%)[c]	BOTH PARENTS UNEMPLOYED (LOOKING FOR JOBS) (%)[d]
Iceland	98.4	0.6	0.9	0.0
Czechia	98.3	0.4	1.3	0.0
Belgium (Flemish)	97.9	0.8	1.3	0.1
Norway	97.9	0.9	1.0	0.2
Germany	97.8	0.6	1.3	0.3
Bulgaria	97.7	0.4	1.8	0.1
Hungary	97.5	0.7	1.5	0.3
Estonia	97.3	0.7	1.9	0.1
Russian Federation	97.3	0.7	1.8	0.1
Austria	97.2	1.0	1.5	0.2
Poland	97.1	0.7	2.1	0.2
Latvia	97.0	0.8	2.0	0.2
Sweden	97.0	0.9	1.8	0.4
Scotland	96.8	1.2	1.8	0.2
Finland	96.7	1.8	1.4	0.2
England	96.7	0.8	2.1	0.4
Netherlands	96.5	1.1	2.3	0.2
Luxembourg	96.4	1.1	2.3	0.3
Slovakia	96.4	0.6	2.9	0.1
Wales	96.3	1.0	2.1	0.5
Switzerland	96.1	1.4	2.2	0.3
Ireland	95.6	1.6	2.5	0.4
Ukraine	95.5	1.3	2.8	0.5
Croatia	95.2	1.4	3.2	0.3
Denmark	95.2	1.7	2.9	0.3
Lithuania	95.2	1.3	3.1	0.3
Slovenia	95.2	0.8	3.8	0.2
Spain	94.7	1.2	3.7	0.4
Portugal	94.6	1.5	3.5	0.4
Romania	94.6	1.7	3.1	0.5
Italy	94.5	1.4	3.9	0.2
France	94.4	1.6	3.4	0.7
Kazakhstan	93.4	2.8	3.2	0.6
Belgium (French)	93.2	2.3	3.9	0.6
Serbia	93.1	1.5	4.5	1.0
North Macedonia	92.2	2.5	4.4	0.9
Greece	91.9	2.0	5.8	0.3
Albania	90.7	3.5	4.6	1.2
Georgia	90.5	2.6	4.9	2.1
Republic of Moldova	90.1	4.8	3.4	1.6
Armenia	87.7	3.2	7.2	2.0
Azerbaijan	84.0	3.8	9.8	2.5

[a] Both parents have a job or are not looking for a job. [b] Father does not have a job and is looking for a job while mother has a job or is not looking for a job. [c] Mother does not have a job and is looking for a job while father has a job or is not looking for a job.
[d] Both parents do not have a job and are looking for a job, or one of the parents is looking for a job while not seeing/having the other parent. *Note*: no data were available for Greenland and Malta.

IMMIGRANT STATUS

MEASURE: young people were asked where both they and their parents were born. Findings presented here show the proportions of young people by immigrant status.

Immigrant status

COUNTRY/REGION	NON-IMMIGRANT (%)[a]	FIRST GENERATION (%)[b]	SECOND GENERATION (%)[c]
Luxembourg	27.8	21.1	51.1
Switzerland	46.8	12.7	40.5
Belgium (French)	53.5	13.7	32.8
Sweden	63.4	11.4	25.2
Ireland[d]	67.2	10.5	22.3
Germany	68.1	6.7	25.2
Austria	69.7	8.8	21.5
Malta	74.2	8.1	17.7
Portugal	74.8	5.7	19.5
Belgium (Flemish)	75.1	7.6	17.3
Norway	75.3	7.5	17.2
Greece	75.4	3.2	21.4
Netherlands	77.2	3.7	19.1
Denmark[e]	78.8	4.4	16.8
Spain	79.5	5.3	15.2
Iceland	81.9	6.1	12.0
Italy	82.1	3.6	14.4
Estonia	83.2	2.0	14.8
Russian Federation	83.7	3.8	12.5
Wales[f]	85.3	5.2	9.5
Scotland[f]	86.2	5.7	8.1
Czechia	87.4	3.3	9.3
Kazakhstan	87.5	4.4	8.1
Ukraine	88.8	0.9	10.3
Finland	90.2	2.6	7.2
Hungary	92.8	1.1	6.1
Croatia[g]	94.3	0.8	4.9
Republic of Moldova	94.8	1.1	4.1
Romania	94.9	1.6	3.5
Slovenia[g]	95.1	1.1	3.8
Albania	95.8	2.3	1.9
Azerbaijan	96.2	1.3	2.5
Bulgaria	96.2	2.1	1.7
Serbia[g]	96.4	0.7	2.9
Poland	98.5	0.7	0.8

[a] The child and both parents were born in their country of residence. [b] The child and at least one of the parents was born abroad. [c] At least one of the parents was born abroad, while the child was born in the receiving country. [d] Children from Northern Ireland were regarded as natives. [e] Children from Greenland were regarded as natives. [f] Children from other parts of the United Kingdom were regarded as natives. [g] Children from former Yugoslavia were regarded as natives. *Note*: no data were available for Armenia, Canada, England, France, Georgia, Greenland, Latvia, Lithuania, North Macedonia and Slovakia.

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Spotlight on adolescent health and well-being

Health Behaviour in School-aged Children (HBSC), a WHO collaborative cross-national study, has provided information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls for over 30 years. The 2017/2018 survey report presents data from over 220 000 young people in 45 countries and regions in Europe and Canada. The data focus on social context (relations with family, peers, school and online communication), health outcomes (subjective health, mental health, overweight and obesity, and injuries), health behaviours (patterns of eating, physical activity and toothbrushing) and risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying) relevant to young people's health and well-being. New items on electronic media communication and cyberbullying and a revised measure on family meals were introduced to the HBSC survey in 2017/2018 and measures of individual health complaints and underweight are also included for the first time in the international report. Volume 1 of the international report presents key findings from the 2017/2018 survey, and Volume 2 provides key data disaggregated by country/region, age, gender and family affluence.

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