

Common themes in research on health and wellbeing

DATE

8 December 2021

VENUE

Online launch

AUTHORS

Anne Nolan

Emer Smyth



Introduction

Common themes across three reports:

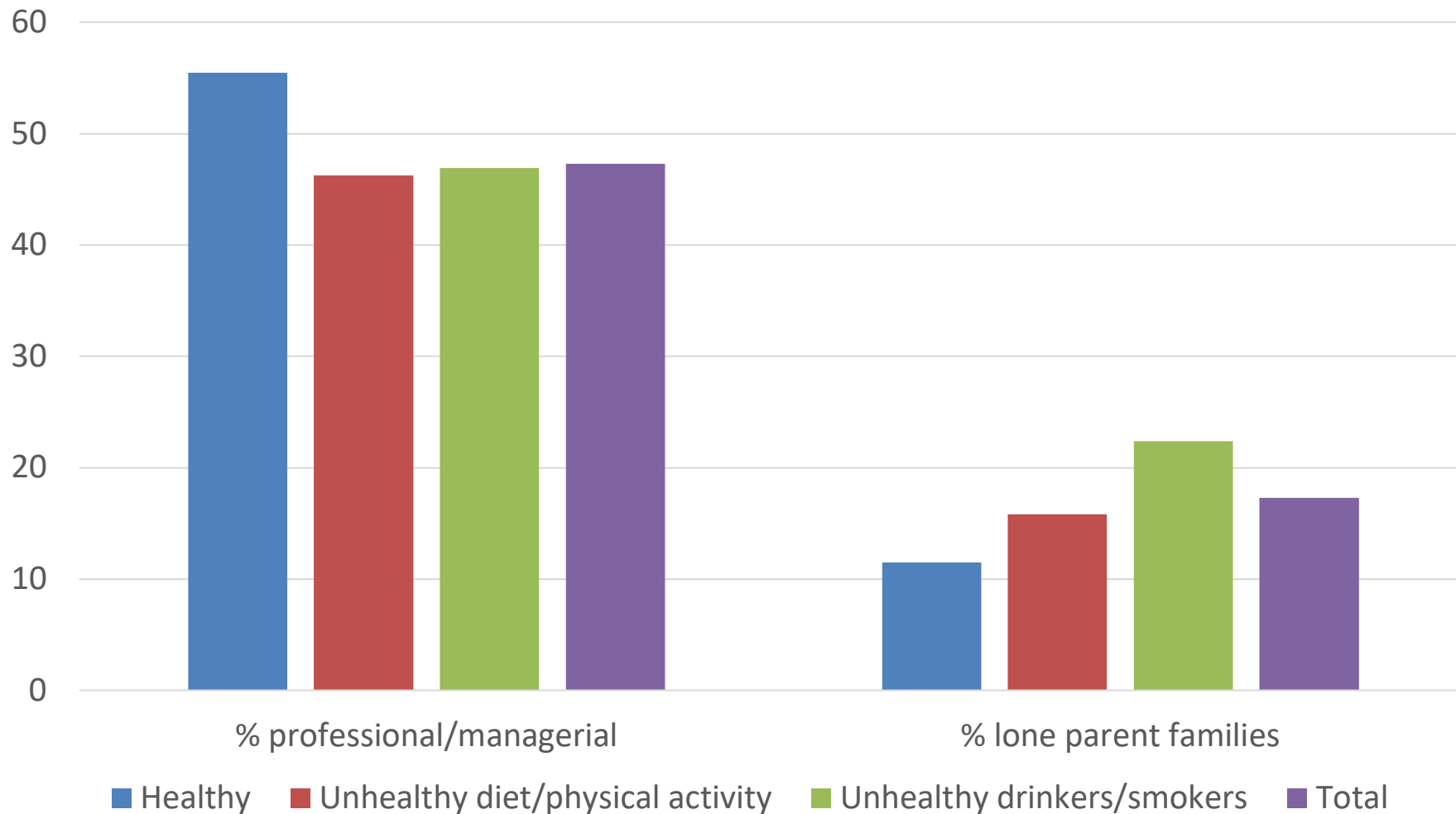
1. Clusters of health behaviours: healthy; unhealthy diet and physical exercise; unhealthy drinker and smoker
2. Sex education and sexual behaviour
3. Mental health and wellbeing

All three reports use Growing Up in Ireland data to highlight implications for policy

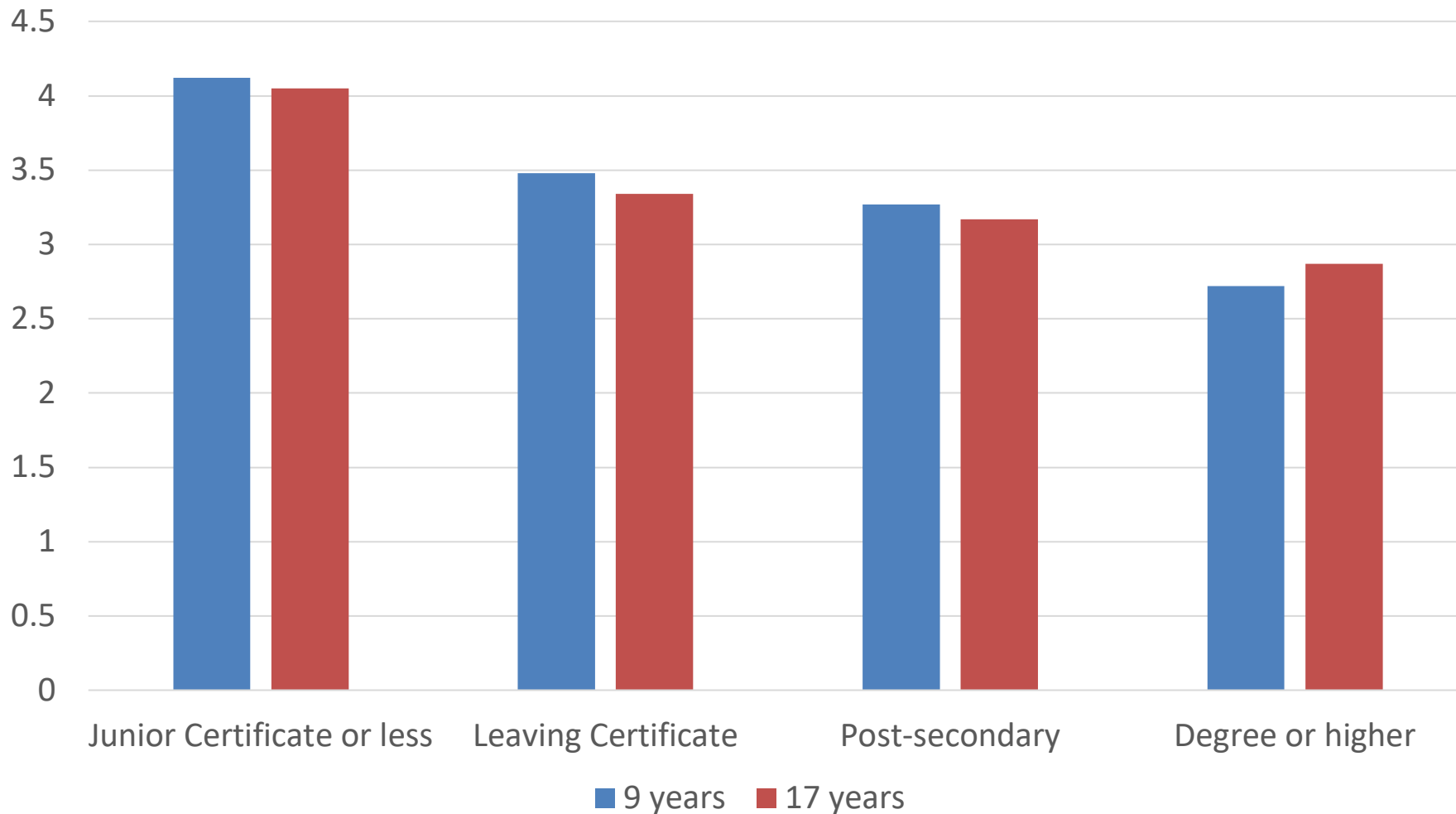
Social inequalities in health behaviours

- More disadvantaged groups had poorer health behaviours and poorer mental health and wellbeing
- Role of financial strain in poorer wellbeing – implications for anti-poverty policy
- Lower income groups (especially in rural areas) had a somewhat higher prevalence of not talking to parents about sex
- But higher engagement in such conversations within lone-parent families

Socio-economic profile of health behaviour clusters



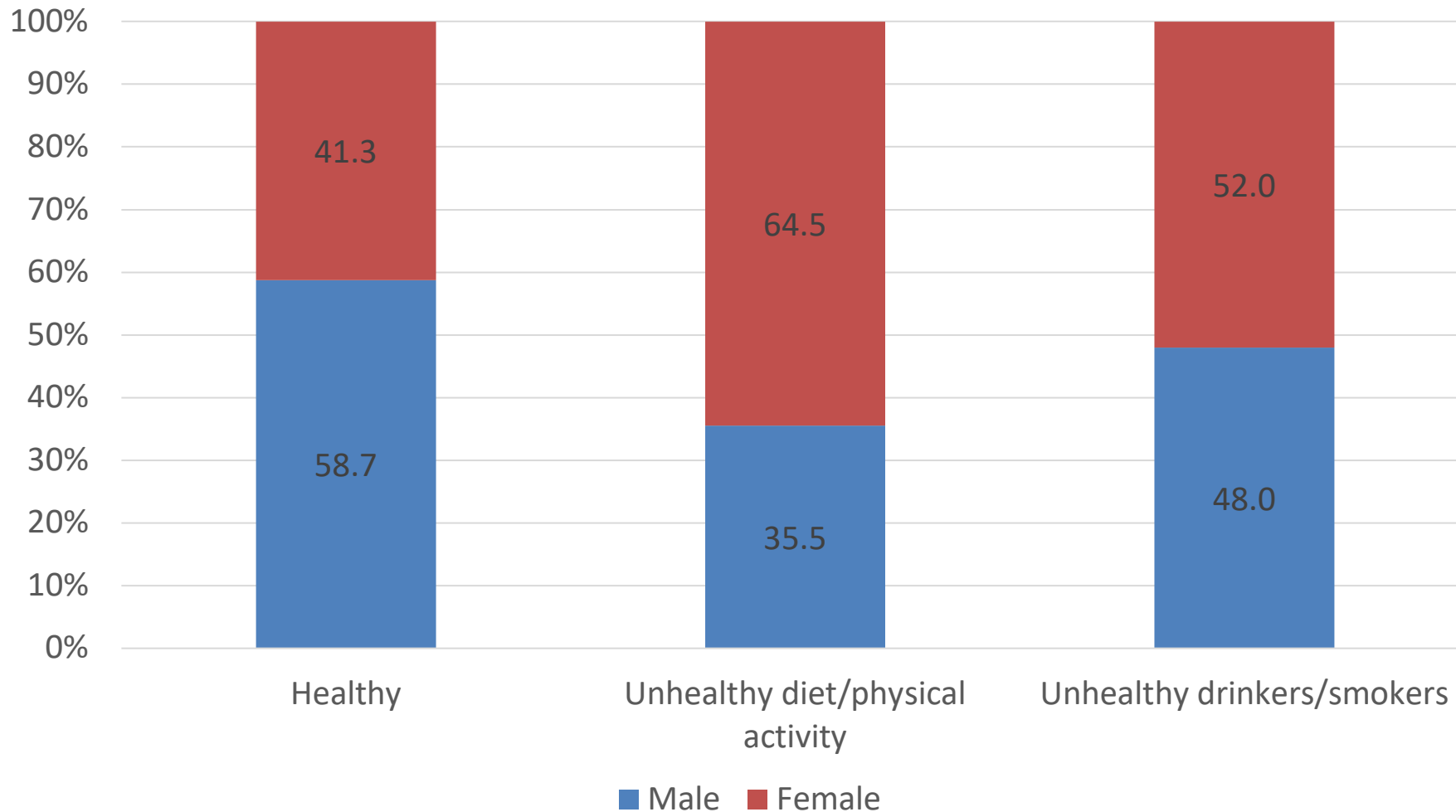
Social gradient (mother's education) in socio-emotional (internalising) difficulties



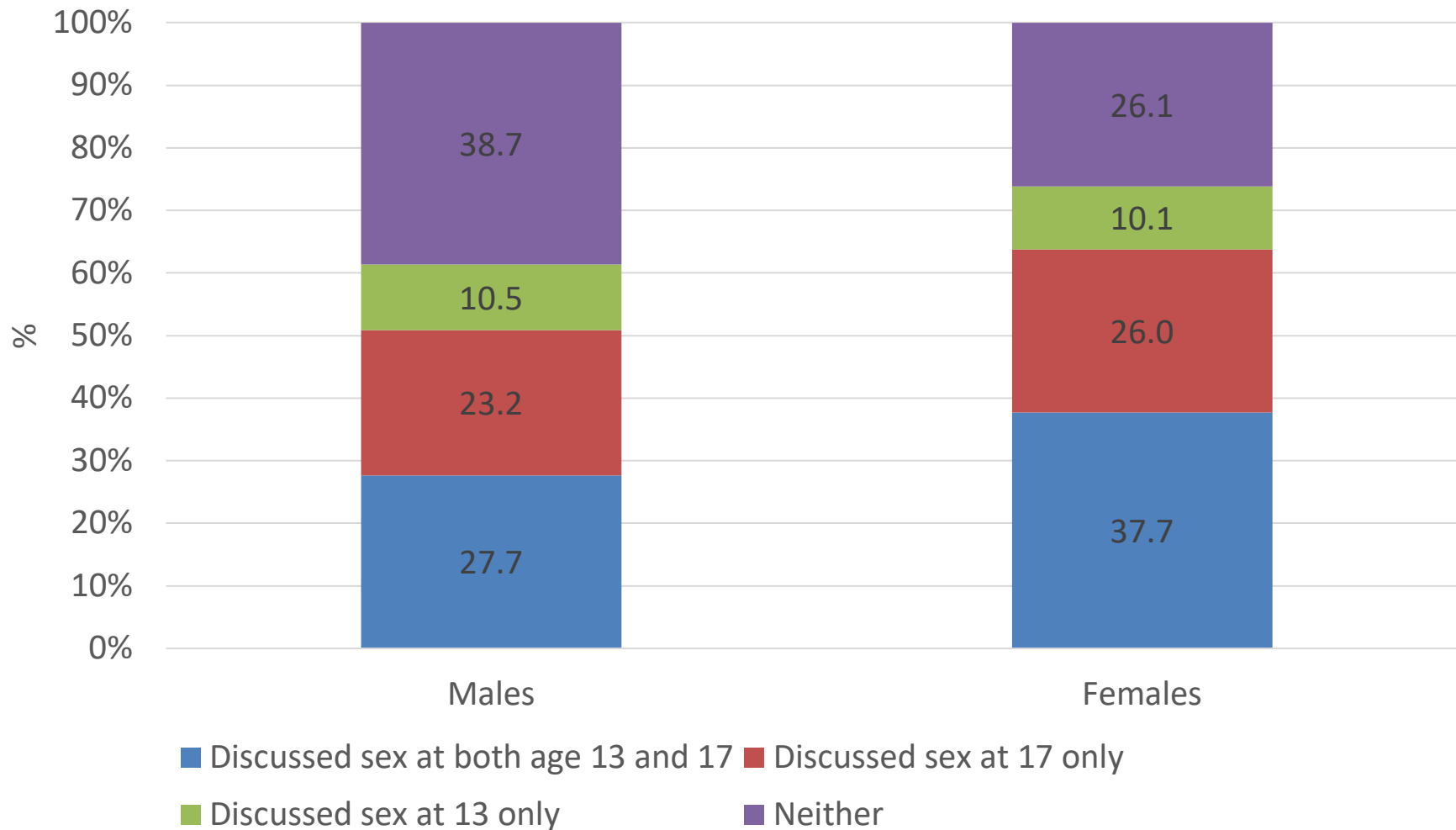
Gendered nature of health and wellbeing

- Young women were more likely to fall into the unhealthy diet and physical activity group
- Young women had a steeper increase in internalising behaviour from 13 to 17 years of age
- Young women were more likely to express regret about the timing of first sexual intercourse
- But young men were less likely to discuss sex with their parents

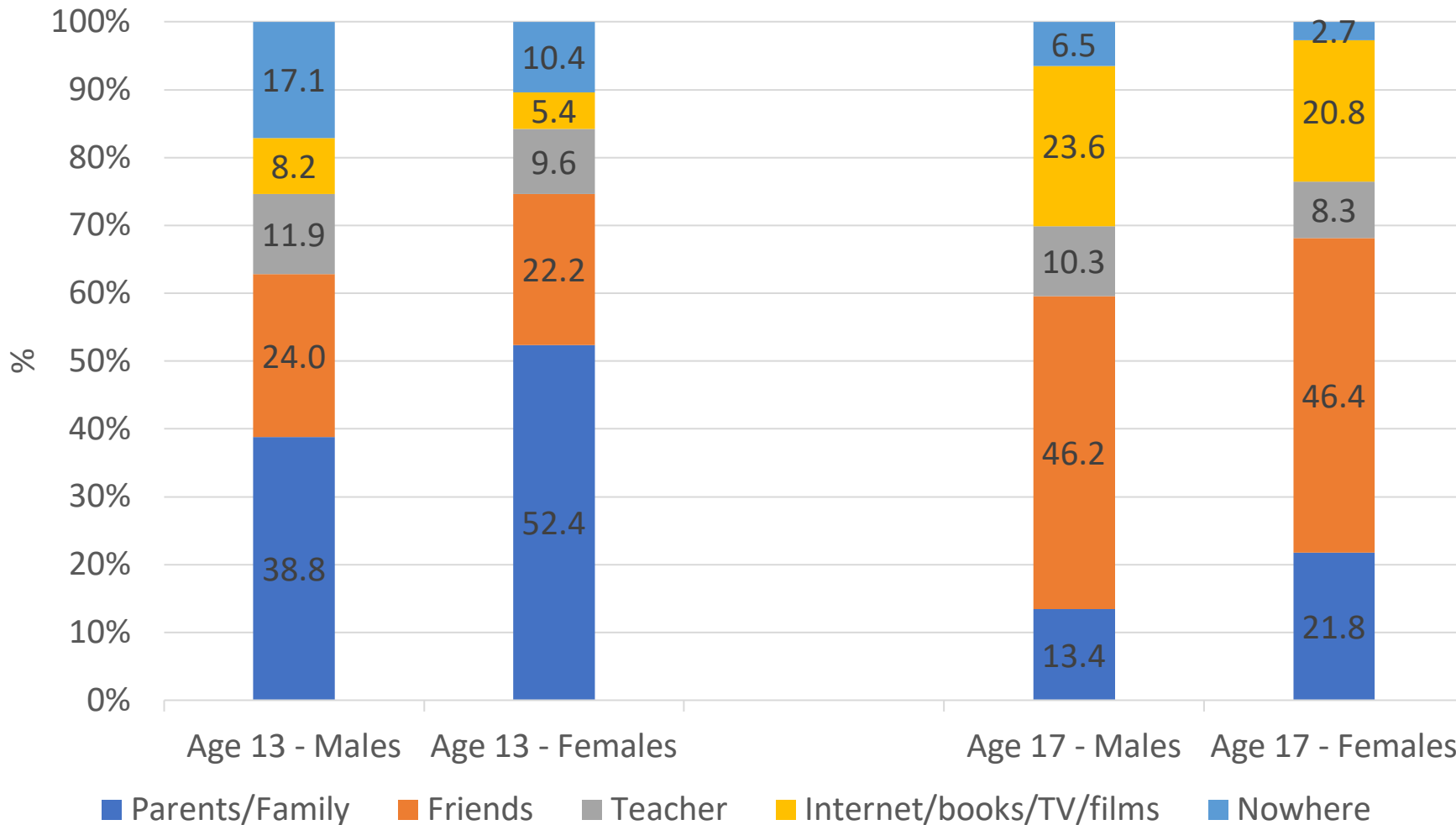
Gender profile of health behaviour clusters



Discussion of sex with parents at 13 and 17 years of age



Main sources of information about sex



Relationships as a protective factor

- Children and teenagers had fewer socio-emotional difficulties where they had close relationships with their parents, with low levels of conflict
- Young people found it easier to talk to their parents about sex if they had a closer and less conflictual relationship
- The quality of peer relationships emerged as an important protective factor in adolescent mental health
- But peer influences were not always positive:
 - Young people who were more reliant on their peers for information on sex were less likely to use contraception when first having sex
 - Those who socialised with an older friendship group were more likely to engage in drinking and smoking

Relationships with teachers

- Good relationships with teachers (less negative interaction and more positive interaction) was an important influence on health and wellbeing
- Unhealthy drinking/smoking was less evident if the school emphasised PE/sports and where students were given a greater say in school life
- The concentration of disadvantage in some schools was linked to a greater incidence of unhealthy behaviour
- Negative interaction with teachers and disaffection from school were associated with greater levels of drinking/smoking in particular
- Those who had unhealthy diet/physical activity tended to be more withdrawn in the school setting, having less interaction (positive or negative) with their teachers
- Higher levels of achievement are linked to fewer internalising difficulties and greater life satisfaction
- Positive teacher-student relations were also a protective factor for mental health and wellbeing

Schools as a influence and a site for intervention

- Health behaviours were found to vary significantly by the individual second-level school and, to a lesser extent, the primary school attended
- Educational stage also mattered, with less physical activity and poorer diets found among sixth years than those in fifth year
- Vast majority had received school-based RSE by 17 but variation in timing of early information (13 years of age) and some young people are entirely dependent on school-based information; review of RSE
- The quality of relationships with teachers was more important than formal school policies – measures to promote school engagement and promote a more positive school climate are likely to have positive spill-overs for health behaviour
- Strong emphasis on wellbeing at junior cycle but need for comparable measures at senior cycle, especially given increasingly difficulties for young women, role of exam-related stress and transition to adulthood