



Adolescent Health Behaviours (Part 1)

ECAP5007

Adolescent Health

Key assumptions:

Adolescent health is a **developmental process**.

Health at this age is very much about **peer relationships**.

Health is about the **'here and now'**.

Understanding the different **concepts of risk**.

Health Behaviours

- Physical exercise and sports
- Nutrition and eating habits
- Sexual behaviours
- Smoking, drinking and illegal drugs
- Mental health and wellbeing



Population

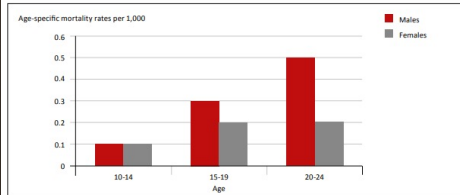
Chart 2.1: Usual resident population in the UK, by five-year age groups, 2017



Source: Office for National Statistics (2018) Annual mid-year population estimates: 2017 > [DOWNLOAD DATA](#)

Mortality Rate

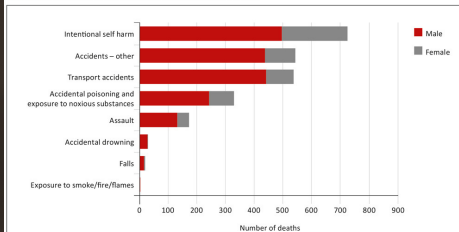
Chart 2.2: Age specific mortality per 1000 population age 10-24, England and Wales, 2017



Source: Office for National Statistics, Death Registration Summary Tables, England and Wales 2017 > [DOWNLOAD DATA](#)

Causes of Mortality

Chart 2.3: External causes of mortality, age 15-24, England and Wales, 2017



Source: Office for National Statistics (2018) Deaths by age, sex and underlying cause registrations 2017 for England and Wales

Physical Exercise & Sports

- Young people's involvement in sport and exercise is considered to be an important indicator of good health.
- In England, only 32% of boys and 15% of girls aged 15 report meeting the recommended physical activity level of at least one hour a day (Hagell & Shah, 2019).

Physical Exercise & Sport

Benefits of physical activity and engagement with sports:

Feelings of achievement and gaining skills
Fitness and enjoyment
Belonging to a group and enhance peer relationships

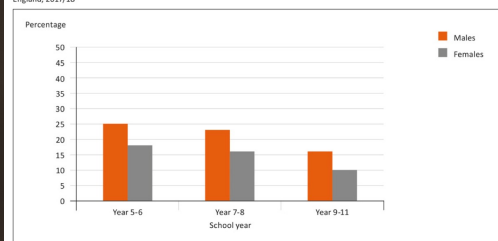
Physical Exercise & Sport

- Historical trend (European countries) towards lower levels of exercise in the adolescent age group.
- Reduction in sport involvement with age.
- Most boys keep a high level of engagement with physical activity, the engagement of girls diminishes as they transit towards middle adolescence.
- Most common 'drop out motives': conflict of interest, lack of time (and transportation), boredom and limited improvement.
- For girls, social context of sport (being pressured) and the physical nature of sports.

Physical Exercise & Sports(UK)

- Between 2004 and 2007 in the UK there was a slight increase in young people participating in at least 2 hours of physical exercise (Public Health England, 2008).
- Sporting involvement decreases with age.
- Gender differences; the engagement of girls clearly diminishes as they move towards middle adolescence.

Chart 4.1: Proportion of pupils meeting physical activity recommendations of 60+ minutes per day by school year and gender, England, 2017/18



Source: Sport England Active Lives Survey 2017/18, England

Physical Exercise & Sports (Key Data on Young People 2019)

Participation motives:

Skill
Social
Fitness
Competition
Enjoyment

Drop-out motives:

Limited improvement
Conflicts of interest
Pressure from others
Lack of playing time or injury
Boredom

Adolescents in Wales not meeting physical activity guidelines – updated analysis

Wednesday, 22 January 2020



Just 18 per cent of adolescents in Wales are getting the recommended amount of physical activity, according to an updated analysis for the [Public Health Outcomes Framework \(PHOF\) reporting tool](#).

UK physical activity guidelines say children and young people should aim for an average of at least 60 minutes per day across the week. 82 per cent of 11 to 16 year-olds surveyed said they were currently doing less.

Physical Activity of Children and Young People

March 2019

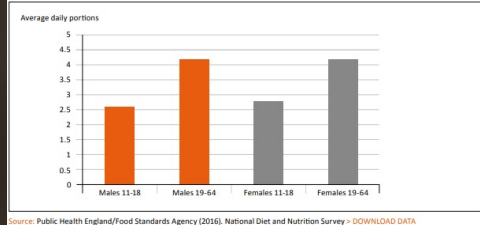


Nutrition & Eating Behaviours

- Low consumption of "5-a-day". Evidence suggests that, on average, 11-18 year old young women only eat 2.8 portions of fruit and vegetables each day, and young men only eat 3. Adults report average consumption of 4.
- Low levels of daily intakes of necessary minerals, particularly among young women. Nearly half of girls aged 11-18 years have very low intake of iron.
- **Irregular eating.** Although a very small proportion report never eating regularly (3%)⁵, more independence and more flexible timetables at this age could mean less structured eating patterns for many more.
- **Over reliance on fast food.** As many as 17% of British secondary school children report daily consumption of food high in fat, salt or sugar and low in nutritional value.

Reference: Adolescent nutrition and obesity, Research Summary No. 14, JULY 2013, Association for Young People's Health.

Chart 4.3 Average daily consumption of 'five a day' fruit and vegetable portions by age and gender, UK, 2014/15 and 2015/16 combined

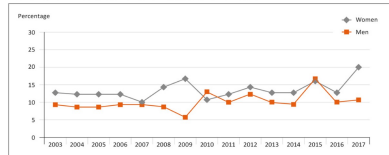


Source: Public Health England/Food Standards Agency (2016). National Diet and Nutrition Survey - [DOWNLOAD DATA](#)

Nutrition & Eating Behaviours

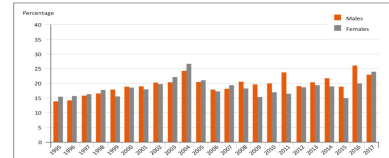
- Following steady increases over the previous 10 years to a peak in 2004, the prevalence of obesity among 11-15 year-olds in England has declined over the past five years to 20% for boys and 15% for girls in 2009.
- Several cross-sectional studies in the US have found an apparent link between level of media exposure and likelihood of having an eating disorder (Coleman, 2011).

Chart 4.7 Proportions of 16-24 year olds who were obese, by gender, England 2003-2017



Source: Health Survey for England, 2017. Adult and child overweight and obesity weight tables

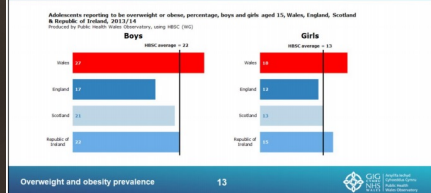
Chart 4.8 Obesity prevalence among 13-15 year olds by gender, England 1995-2017



Source: Health and Social Care Information Centre (2017) Health Survey for England

Obesity in Wales Report (2019)

Wales has a higher percentage of adolescents self-reporting to be overweight or obese compared to England, Scotland and Republic of Ireland. Rates are generally higher in boys than girls.



http://www.publichealthwales.nhs.uk/steplus/documents/3268/ObesityWales_Report2019_11.pdf

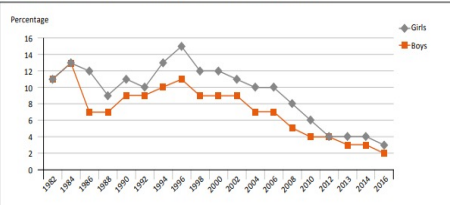


Adolescent Health Behaviours (Part 2)

ECAP5007

Smoking, Drinking & Illegal Drugs

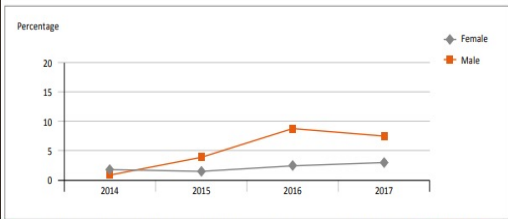
Chart 4.10: Proportion of 11-15 year olds who were regular smokers, by gender, England, 1982-2014



Source: HSCIC (2017) Smoking, Drinking and Drug Use Among Young People in England in 2016 > [DOWNLOAD DATA](#)

Smoking, Drinking & Illegal Drugs

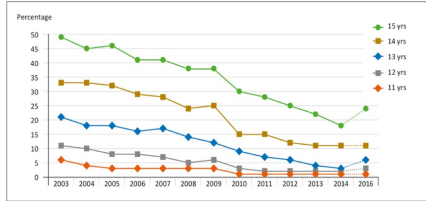
Chart 4.12: Proportions of 16-24 year olds who currently smoke e-cigarettes, by gender, Great Britain, 2014-2017



Source: Office for National Statistics (2018) Opinions and Lifestyle Survey: E-Cigarette Use in Great Britain, 2017 > [DOWNLOAD DATA](#)

Smoking, Drinking & Illegal Drugs

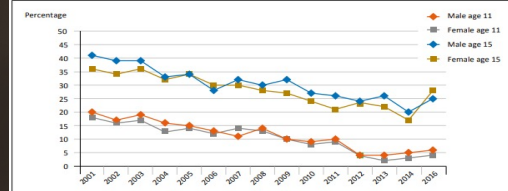
Chart 4.13: Prevalence of drinking alcohol in the last week, age 11-15, England, 2003-2016



Source: HSCIC (2017), Smoking, Drinking and Drug Use Among Young People in England in 2016

Smoking, Drinking & Illegal Drugs

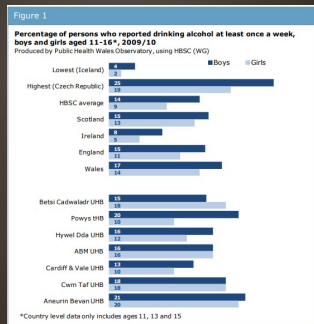
Chart 4.17: Proportion of pupils who had used illegal drugs in the last year, by age and gender, England, 2001-2016



Source: NHS Digital (2017), Smoking, Drinking and Drug Use Among Young People in England in 2016 > [DOWNLOAD DATA](#)

Note: Drugs include amphetamines, anabolic steroids, cannabis, cocaine, crack, ecstasy, heroin, ketamine, LSD, magic mushrooms, methadone, poppers (eg. amyl nitrite), tranquilisers, volatile substances such as gas, glue, aerosols and other solvents, and other non-prescription drugs.

Alcohol and Health in Wales (2014)



3.1 Drinking in children and young people

Drinking alcohol can damage a child's health. It is recommended that children do not drink alcohol, however if children do drink alcohol, they should not do so until they are at least 15 years old².

Drinking in children and young people remains of concern with 17% of males and 14% of females aged 11-16 in Wales drinking alcohol at least once a week in 2009/10, the most recent data available (Figure 1). The Health Behaviour in School-aged Children survey (HBSC) is conducted in 40 countries, including Wales, England and Scotland. The percentages of young people drinking alcohol at least once a week are higher in Wales than in Scotland, Ireland, England and the survey average for both males and females. The percentage in Wales is twice that of Ireland. At the health board level, the higher percentages of 11-16 year olds are in Cwm Taf UHB (males and females both 18%) and Aneurin Bevan UHB (males 21% and females 20%). The largest difference between males and females is in Powys with twice the percentage of males (20%) reporting drinking than females (10%), although this may be the result of bias associated with small numbers of survey respondents.

“...Drinking in children and young people remains a concern with 17% of males and 14% of females aged 11-16 in Wales drinking alcohol at least once a week. This is higher than in Scotland, Ireland and England and the survey average ...”

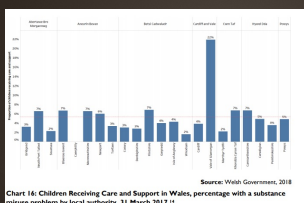
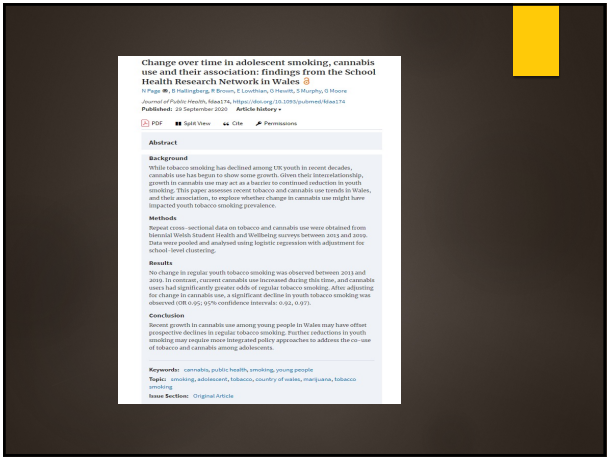


Chart 16: Children Receiving Care and Support in Wales, percentage with a substance misuse problem by local authority, 31 March 2017²¹

Children and young people (under 25)

- As at 31 March 2017, there were 4,035 children receiving care and support due to parental substance misuse. The number of children receiving care and support whose own substance misuse was identified as a problem was 615.
- There were 953 admissions involving young people aged under-25 with an alcohol-specific condition in 2017-18, a fall of 7.2 per cent compared with 2016-17. There was also a decrease in admissions for illicit drugs of 3.1 per cent amongst this age cohort in 2017-18.

[illegible]

Sexual Behaviours & Health

- Over one quarter of young men and approximately one third of young women in Great Britain report having had sexual intercourse by the age of 15.
- Teenage conception rates have fallen to their lowest level and, in England and Wales in 2009, were at 38.3 per 1,000 young women under the age of 18.
- Sexually transmitted infections are still a worry, with Chlamydia and genital warts being the most prevalent infections presented at GUM clinics in the UK.

- # Sexual Behaviours & Health
- Over one quarter of young men and approximately one third of young women in Great Britain report having had sexual intercourse by the age of 15.
 - Teenage conception rates have fallen to their lowest level and, in England and Wales in 2009, were at 38.3 per 1,000 young women under the age of 18.
 - Sexually transmitted infections are still a worry, with Chlamydia and genital warts being the most prevalent infections presented at GUM clinics in the UK.

Sexual Behaviours & Health

- Sexual development is a central issue in the experience of adolescence.
- More young people becoming sexually active at an earlier age, and engaging in a wider range of sexual behaviours.
- What does 'having sex' mean to young people?
- Gender and ethnicity
- Young people's sexual behaviours take place in the context of adult attitudes toward sex.

- # Sexual Behaviours & Health
- Sexual development is a central issue in the experience of adolescence.
 - More young people becoming sexually active at an earlier age, and engaging in a wider range of sexual behaviours.
 - What does 'having sex' mean to young people?
 - Gender and ethnicity
 - Young people's sexual behaviours take place in the context of adult attitudes toward sex.

Sexual Behaviours & Health

- Romance and intimacy are an important part of the search for identity, providing opportunities for self-exploration.
- Brown (1999) identified four stages in romantic relationships: Infatuation, status, intimacy and bonding.
- Warnings for sexual exploitation and gender violence.
- Growing recognition of LGBT+ sexual identity in young people.
- "The most effective SRE programmes will be those which provide young people with information as well as interpersonal skills, so they can make informed choices about what is right for them" (Coleman, 2011, p. 153).

Health Education

Schools:

- Implement a planned and sequential health education curriculum that is culturally and developmentally appropriate, addresses a clear set of behavioural outcomes that promote healthy habits.
- Use curricula that are consistent with scientific evidence of effectiveness in helping students improve healthy life-styles and behaviours.
- Use classroom instructional methods and strategies that are interactive, engage all students, and are relevant to their daily lives and experiences.

Health Education

Schools:

- Introduce a variety of mechanisms to ensure all young people have the opportunity to contribute to decisions that may impact on their social and emotional wellbeing.
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it. This could involve developing a peer education or peer mediation approach. Note, young people who act as peer supporters need training and the support of staff and other professionals.

Health Education

- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns.
- Any support offered should take account of local community and education policies and protocols regarding confidentiality.
- Make young people aware of their rights on confidentiality.
- Involve young people in the creation, delivery and evaluation of training and continuing professional development activities in relation to social and emotional wellbeing.

Health Education

- Practitioners should have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing.
- Secondary education establishments should provide a safe environment which nurtures and encourages young people's sense of self-worth, reduces the threat of bullying and violence and *promotes positive behaviour*.
- Social and emotional *skills* education should be tailored to the developmental needs of young people.
- <http://www.nice.org.uk/11/21>
