Inequalities in Health among School-aged Children in Ireland

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October 2008

Michal Molcho, Colette Kelly, Aoife Gavin and Saoirse Nic Gabhainn.

HBSC Ireland, Health Promotion Research Centre,
National University of Ireland, Galway.
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Executive Summary

Introduction

This is the second national report from the 2006 Irish Health Behaviour in School-aged Children (HBSC) study. This report aims to explore the health status and health behaviour of specific groups of children living in Ireland. Data are presented on students from the Travelling Community, students from immigrant families, students with a disability or chronic illness and students in schools that are part of the Department of Education and Science's School Support Programme, under the Delivering Equality of Opportunity in Schools action plan, referred to as DEIS schools. Students in each of these specific groups have been compared with a sub-group from the national sample matched for age, gender, social class and location. This report reviews the self-reported health status and behaviours of the different groups in relation to: general health, risk behaviours, food and dietary behaviours, physical and sedentary behaviours, injuries and bullying and the social context of health.

Travellers

Traveller students were similar to their matched group in reporting excellent health and feeling very happy with their lives. However, Traveller students were less likely to report high life satisfaction, and Traveller girls were twice as likely to report weekly headaches compared to girls from the matched group. Traveller students were more likely to report that they are current smokers, that they drank alcohol in the last month, that they had been 'really drunk' at least once in their life and that they had used cannabis in the last 12 months.

Fruit and vegetable consumption was similar among Traveller students and the matched group, but more Traveller boys reported frequent consumption of sweets. Traveller students were more likely to report not having breakfast on any weekday, that they were on a diet to lose weight and that they had experienced food poverty compared to the matched group. Traveller students were also more likely to report infrequent exercise, but were not different from their matched group on other aspects of sedentary behaviours and participation in physical activity.

Traveller girls were more likely to report that they had been bullied in school in the past couple of months, however no differences were evident between Travellers and their matched group in relation to involvement in bullying others, or fighting, or in reporting a medically attended injury.

Traveller students were less likely to report positive school perceptions. Traveller girls were less likely to report that they like school, that other students in their classes accept them as they are, or that they have three or more close friends of the same sex. Traveller boys were less likely to report that students in their classroom enjoy being together. Traveller students were also less likely to report that they find it easy to talk to their mother, although no differences were found between Travellers and the matched group in relation to communication with fathers.

Immigrants

Immigrant students were less likely to report feeling very happy with their lives at present or high life satisfaction compared to their matched group. UK immigrant girls were more likely to report weekly headaches compared to girls in the matched group. Non-UK immigrant students were less likely to report drinking alcohol or history of drunkenness, although this finding was statistically significant only for boys. Non-UK immigrant students were also less likely to report that they were current smokers compared to their matched group.

Non-UK immigrant students were similar to their matched group in relation to foodstuff consumption and dietary behaviour with the exception of fruit consumption which was reported more frequently by non-UK immigrant girls. UK immigrant girls, on the other hand, were more likely to report not having breakfast on any weekday and being on a diet to lose weight compared to girls in the matched group. More immigrant students reported that they participated in exercise less than once a week and fewer reported that they were physically active 5 days or more in the last week.

Immigrant students were more likely to report that they had been bullied in school in the past couple of months, however no differences were evident between immigrant students and their matched group in relation to involvement in bullying others, or fighting, or in reporting a medically attended injury.

In relation to the social context of health, UK immigrants were less likely to report positive school perceptions and non-UK immigrants were less likely to report positive peer relationships. Fewer UK immigrant students reported that the students in their classes enjoy being together, that students in their classes are kind and helpful or that students in their classes accept them as they are. Non-UK immigrant students were less likely to report that students in their classes accept them as they are, that they spend three or more evenings with friends or that they have three or more same-sex friends. No differences were identified in parental relationships.

Disability and Chronic Illness

Fewer students with a disability or chronic illness reported excellent health, feeling very happy with their lives or high life satisfaction compared to their matched group. Students with a disability or chronic illness were more likely to report weekly headaches compared to the matched group. These differences were most evident among students with a disability or chronic illness that affects daily activity. Students with a disability or chronic illness that affects activity were also more likely to report that they are current smokers. No other differences were found between students with a disability or chronic illness and the matched groups in relation to drinking or cannabis use.

When examining all three sub-groups of disability or chronic illness together, only a few differences are evident in relation to food and dietary behaviour. Most differences stem from the group of students with a disability that affects activity. These students reported more frequent consumption of soft drinks but also of vegetables. More students with a disability that affects activity reported not having breakfast on weekdays, experiencing food poverty and being on a diet than the matched group. Fewer boys with a disability or chronic illness that requires medication or with a disability or chronic illness that affects activity reported that they were physically active on five days or more in the last week, and more girls with a disability that affects activity reported that they exercise less than once a week.

Students with a disability or chronic illness were more likely to report that that were injured in the past 12 months, that they had been bullied in school in the past couple of months and that they had been in a fight in the past 12 months. These differences are largest among students with disability or chronic illness that affects activity compared to their matched group.

Students with a disability or chronic illness that affects activity reported less positive perceptions of school life and of their relationships with their parents. Fewer students with a disability or chronic illness that affects activity reported that they like school and that other students in their classes accept them as they are. They were also less likely to report that they find it easy or very easy to talk to their father or mother about things that really bother them.

DEIS Schools

Students in DEIS schools were generally less likely to report positive health compared to the matched group. Fewer students in DEIS schools reported excellent health or feeling very happy about their life at present, and more students in DEIS schools reported weekly headaches. In addition, boys in these schools were more likely to report that they are current smokers and that they have been 'really drunk' compared to boys in the matched group.

Fewer students in DEIS schools reported frequent consumption of fruit and vegetables and more students in DEIS schools reported daily consumption of sweets and soft drinks and skipping breakfast on weekdays. Boys in DEIS schools were more likely to report watching television two or more hours a day compared to their matched group. No differences are evident between students in DEIS schools and the matched group in relation to physical activity. However, more girls in DEIS schools reported that they bullied other students in the past couple of months and that they were in a fight at least once in the past 12 months.

Boys in DEIS schools were less likely to report positive perceptions of school: fewer reported that they like school, that students in their classes enjoy being together and that students in their classes were kind and helpful. Students in DEIS schools, however, were more likely to report that they spend three or more evenings a week with friends compared to their matched group.

The full report contains further details of the methods used, the specific groups investigated and the results obtained.

1. Introduction

This is the second national report presenting data from the 2006 Irish Health Behaviour in School-aged Children (HBSC) survey. The aim of this report is to explore the health status and health behaviours of specific groups of children living in Ireland. Data are presented on children from the Travelling Community, children who are immigrants and children with a disability or chronic illness. In addition, this report includes data from children in schools assigned to the Department of Education and Science's School Support Programme under the Delivering Equality of Opportunity in Schools (DEIS) action plan (*www.education.ie*).

HBSC is a cross-national research study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe. The HBSC international survey runs on an academic 4-year cycle and in 2005/6 there were 41 participating countries and regions (*www.hbsc.org*). The overall study aims are to gain new insight into and increase our understanding of young people's health and well-being, health behaviours and their social context. As well as serving a monitoring and a knowledge-generating function, one of the key objectives of HBSC has been to inform policy and practice.

Cross-nationally, HBSC collects information on the key indicators of health, health attitudes and health behaviour, as well as the context of health for young people. HBSC is a school-based survey with data collected through self-completion questionnaires administered by teachers in the classroom. The HBSC survey instrument is a standard questionnaire developed by the international research network. The areas of interest are chosen in collaboration with the WHO and are designed to help assist decision-making at a national and international level in relation to youth health.

The issues identified for inclusion in this second report from the 2006 Irish survey are those identified in the National Health Promotion Strategy (Department of Health and Children, 2000)[1] and the Health Strategy: Quality and Fairness (Department of Health and Children, 2001)[2]. These include general health, smoking, use of alcohol and other substances, diet and food behaviour, physical activity and sedentary behaviour, injuries and bullying. This report presents the findings broken down by the four broad student sub-groups. The aim of this report is to document both the differences and the similarities in self-reported health behaviour, outcomes and social context between these sub-groups.

[1] Department of Health and Children (2000). *The National Health Promotion Strategy 2000-2005.* http://www.healthpromotion.ie/health_promotion_strategy/.

[2] Department of Health and Children (2001). *Quality and Fairness: a health system for you.* http://www.dohc.ie/publications/quality_and_fairness.html.

The documentation of the existence, nature and extent of such patterns among school-children will contribute to policy formulation and the development of effective health promotion interventions in Ireland.

The HBSC study was funded by the Department of Health and Children and the Office of the Minister for Children. The survey and analyses were carried out at the Health Promotion Research Centre, National University of Ireland, Galway.

1.2 Methodology

The HBSC is a WHO (European Office) collaborative study. Principal investigators from all countries and regions co-operate in relation to survey content, methodology and timing, and an international protocol is developed. Strict adherence to the protocol is required for inclusion in the international database and this has been achieved with the current study.

In the Republic of Ireland, sampling was conducted in order to be representative of the proportion of children in each of 8 geographical regions. The objective was to achieve a nationally representative sample of school-aged children, and the procedures employed were the same as those for the 1998 and 2002 HBSC Ireland surveys. Data from the 2002 census were employed to provide a picture of the population distribution across geographical regions. The sampling frame consisted of primary and post-primary schools, lists of which were provided by the Department of Education and Science. A two-stage process identified study participants. Individual schools within regions were first randomly selected and subsequently, class groups within schools were randomly selected for participation. In primary schools both 5th and 6th class groups were included, while in post-primary schools all classes, with the exception of Leaving Certificate groups (i.e. final year examination classes) were sampled.

School principals were first approached by post and when positive responses were received, HBSC questionnaires in Irish or English were offered, along with blank envelopes to facilitate anonymity, parental consent forms, information sheets for teachers and classroom feedback forms. All returns were facilitated through the provision of FREEPOST envelopes. In order to maximise response rates, postal reminders were sent to schools, followed by telephone calls from research staff at the Health Promotion Research Centre, NUI Galway. Data entry was conducted according to the International HBSC protocol. A total of 364 schools were initially contacted, of which 344 were valid. Overall, 215 schools took part in the survey, giving a final response rate of 63.1%. This is reflected in a total *n* of 10,334.

1.3 Analyses

In order to take into account any potential differences between each of the specific groups of children and the general population of children in terms of location or socio-demographic characteristics, matched groups from the overall sample were created for comparative purposes.

Travellers

Children from the Travelling Community were identified in the HBSC Ireland survey through self-report. Children were asked to report if they were members of the Travelling Community. Children who ticked yes to this question and whose parents were from Ireland or the UK were coded as members of the Travelling Community. From the HBSC dataset, 233 (2%) children identified themselves as members of the Travelling Community. Table 1.1 presents the distribution of socio-demographic characteristics of children from the Travelling Community compared to the general HBSC Ireland sample.

Table 1.1: Socio-demographic distribution of the HBSC Ireland sample compared to the sample from the Travelling Community

		General sample	Travellers
Gender			
	Boys	51%	52%
	Girls	49%	48%
Age group			
	10-11 years	13%	23%
	12-14 years	48%	46%
	15-17 years	39%	31%
Social class			
	SC1-2	29%	18%
	SC3-4	40%	32%
	SC5-6	19%	22%
	Missing SC	12%	28%
Urban/Rural			
	Urban	42%	61%
	Rural	58%	39%
	n	*10101*	*233*

To overcome the differences in age, social class and location (urban/rural) between Travellers and the general sample, a comparison group was matched to the Traveller sample. All cases in the comparison group were matched by gender, age and social class, resulting in a sub-sample with similar socio-demographic characteristics. Where possible the matching was done within the same classroom (69% of the group). When this was not possible a matched respondent was sought in the same school (8% of the group), or

within the region (23% of the group). As shown in Table 1.1 a large proportion of children from the Travelling Community did not report on parental social class. Such cases were matched with a respondent from the general HBSC Ireland sample of the same gender and age group that also did not report on parental social class.

Immigrants

Children born outside of Ireland (1st generation) or children with both parents born outside of Ireland (2nd generation) were defined as immigrants. In the HBSC data file, 562 (5%) children were identified as immigrants. Table 1.2 presents the distribution of socio-demographic characteristics of immigrants compared to the general HBSC Ireland sample.

Table 1.2: Socio-demographic distribution of the HBSC Ireland sample compared to the immigrant sample

		General sample	Immigrants
Gender			
	Boys	51%	51%
	Girls	49%	49%
Age group			
	10-11 years	13%	11%
	12-14 years	48%	50%
	15-17 years	39%	39%
Social class			
	SC1-2	29%	30%
	SC3-4	40%	34%
	SC5-6	19%	18%
	Missing SC	12%	18%
Urban/Rural			
	Urban	42%	53%
	Rural	58%	47%
	n	*9733*	*561*

The matching procedure for immigrants was similar to that undertaken for members of the Travelling Community. For immigrants, 69% were matched within their classroom, a further 8% within their school and the remaining 23% within the region. In addition to the general immigrant sample, this report also presents a breakdown of the immigrant group into: those for whom either parent is from the UK (UK immigrants), and those for whom neither parent is from the UK (non-UK immigrants). Table 1.3 presents the socio-demographic breakdown of these two immigrant groups.

Table 1.3: Socio-demographic distribution of UK immigrants and non-UK immigrant sample

		UK Immigrants	Non-UK Immigrants
Gender			
	Boys	49%	53%
	Girls	51%	47%
Age group			
	10-11 years	11%	11%
	12-14 years	46%	54%
	15-17 years	43%	35%
Social class			
	SC1-2	28%	31%
	SC3-4	43%	26%
	SC5-6	18%	18%
	Missing SC	11%	25%
Urban/Rural			
	Urban	35%	71%
	Rural	65%	29%
	n	*276*	*286*

Also included in this report are short vignettes which summarise the data from the four largest groups of non-UK students; comprising those from Latvia, Lithuania, Nigeria and the Philippines. It is important to recognise that the numbers in these groups are small and thus the vignettes should not be considered definitive.

Disability and Chronic Illness (CI)

This report also presents data from children with a disability or chronic illness (CI). Children were asked to report if they were diagnosed by a doctor with a disability/CI. Children were also asked if they take medication for their disability/CI and if their illness/disability affects their school attendance and participation. A positive answer to the first question was used to identify children with a disability/CI. The HBSC survey identified 2053 (20%) children as having a disability/CI. Of those, 670 (33%) reported having a disability/CI which does not require medication or affect school participation, 874 (42%) who report that they take medication and 510 (25%) who report that their disability/CI affects school participation. Table 1.4 presents the distribution of socio-demographic characteristics of children with a disability/CI compared to the general HBSC Ireland sample. The matching procedure described for the Traveller and immigrant groups was also employed for children with a disability/CI (68% were matched within their classroom, 12% within their school and 20% within their region).

Table 1.4: Socio-demographic distribution of the HBSC sample compared to children with a disability or chronic illness

		General sample	Disability / Chronic Illness
Gender			
	Boys	51%	53%
	Girls	49%	47%
Age group			
	10-11 years	13%	14%
	12-14 years	48%	47%
	15-17 years	39%	39%
Social class			
	SC1-2	29%	28%
	SC3-4	40%	41%
	SC5-6	19%	18%
	Missing SC	12%	14%
Urban/Rural			
	Urban	42%	46%
	Rural	58%	54%
	n	*8281*	*2053*

The sample of children with a disability/CI was divided into 3 mutually exclusive groups according to whether they also reported taking medication for their disability/CI and whether they reported that their school participation and attendance (labelled activity) is affected. Table 1.5 presents the breakdown of the three disability/CI groups.

Table 1.5: Socio-demographic distribution of disability/CI groups

		Disability / Chronic Illness	Medication for Disability / Chronic Illness	Disability / Chronic Illness affecting activity
Gender				
	Boys	52%	52%	56%
	Girls	48%	48%	44%
Age group				
	10-11 years	14%	15%	13%
	12-14 years	47%	47%	47%
	15-17 years	39%	38%	40%
Social class				
	SC1-2	28%	31%	23%
	SC3-4	41%	40%	41%
	SC5-6	19%	19%	15%
	Missing SC	12%	10%	21%
Urban/Rural				
	Urban	45%	44%	51%
	Rural	55%	56%	49%
	n	*670*	*874*	*510*

DEIS schools

Data from children in schools that receive support to tackle educational disadvantage under the School Support Programme (SSP), a core element of the Delivering Equality of Opportunity in Schools (DEIS) action plan (Department of Education and Science, 2005), are also presented here. Primary schools were assigned to this programme based on a nation-wide school survey that collected data on rates of unemployment, residents in local authority housing, lone-parent families, large families (> 5 children), Traveller students and receipt of the book grant scheme. Post primary schools were assigned to SSP based on data from the post-primary pupils database and the state commissions exam board, taking into account the number of Junior Certificate candidates and their exam results, retention rates for Junior Certificate, Leaving Certificate retention rates, as well as those in receipt of a medical card. Schools that took part in the 2006 HBSC survey were designated as DEIS schools according to the SSP list provided by the Department of Education and Science.

Twenty-eight primary schools and 24 post-primary schools in the HBSC sample received support under SSP and this accounts for 24% of the HBSC sample, compared to 22% of children in the population as reported by the Department of Education and Science. Table 1.6 presents the distribution of socio-demographic characteristics of children in DEIS schools compared to the overall sample.

Table 1.6: Socio-demographic distribution of the HBSC sample compared to children in DEIS schools

		General sample	DEIS schools
Gender			
	Boys	51%	50%
	Girls	49%	50%
Age group			
	10-11 years	13%	19%
	12-14 years	48%	45%
	15-17 years	39%	36%
Social class			
	SC1-2	29%	15%
	SC3-4	40%	44%
	SC5-6	19%	21%
	Missing SC	12%	20%
Urban/Rural			
	Urban	42%	60%
	Rural	58%	40%
	n	*8317*	*2017*

For each DEIS school, a similar school was matched based on school size, type and location (within region). Since matching of schools was performed at the school level, differences in the socio-demographic characteristics of the DEIS and the matched schools are expected. It was not possible to identify appropriate matches for 3 DEIS primary schools or 5 DEIS post-primary schools. Table 1.7 presents the distribution of the socio-demographic characteristics of children in DEIS schools compared to children in matched schools.

Table 1.7: Socio-demographic distribution of DEIS schools and matched schools

		DEIS schools	Matched schools
Gender			
	Boys	50%	47%
	Girls	50%	53%
Age group			
	10-11 years	19%	15%
	12-14 years	45%	44%
	15-17 years	36%	41%
Social class			
	SC1-2	15%	30%
	SC3-4	44%	41%
	SC5-6	21%	18%
	Missing SC	20%	10%
Urban/Rural			
	Urban	60%	35%
	Rural	40%	65%
	n	*2017*	*2250*

Note: Comparisons of frequencies between DEIS schools and their matched sample are controlled for urban/rural status based on Table 1.7.

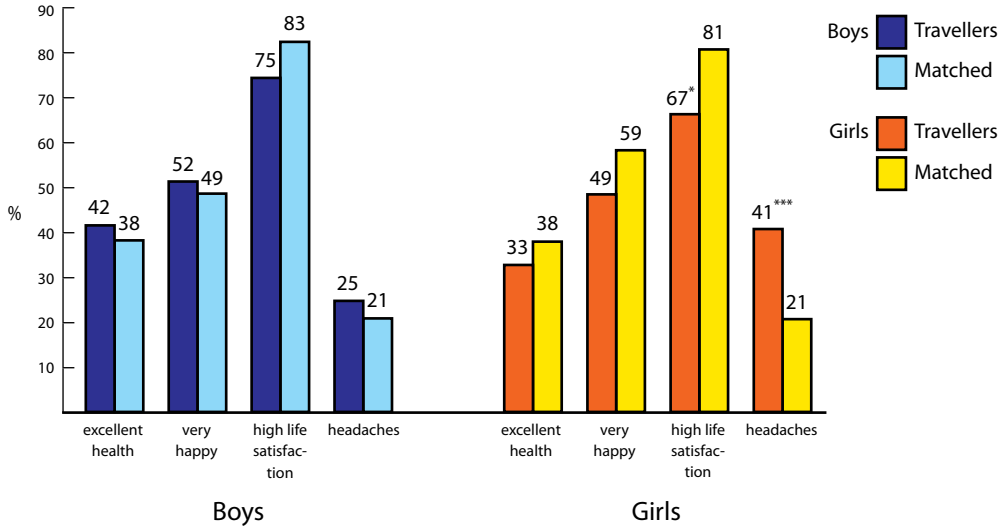
2. General Health

In relation to their wellbeing students were asked to rate their health, report how they feel about their lives in terms of both happiness and life satisfaction and asked whether they ever experienced headaches. Students were categorised as healthy if they reported 'excellent health' and happy if they reported being 'very happy'. Those who reported being 7 or above on a scale from 0 to 10 were classified as having high life satisfaction and those who reported headaches weekly or more often were considered as experiencing this symptom frequently. Findings are presented separately for each of the groups discussed in this report.

2.1 Travellers

Just over one third of Traveller students (38%) reported that their health is excellent, the same as those from the matched group. About half the students (both Traveller students and the matched group) reported that they are very happy with their lives at present. Of the Traveller students, 71% reported high life satisfaction (7 or above on the scale) compared to 82% of the matched group ($p<0.01$). This difference stems mainly from the girls.

Figure 2.1: Self-reported general health for students from the Travelling Community and the matched sample by gender



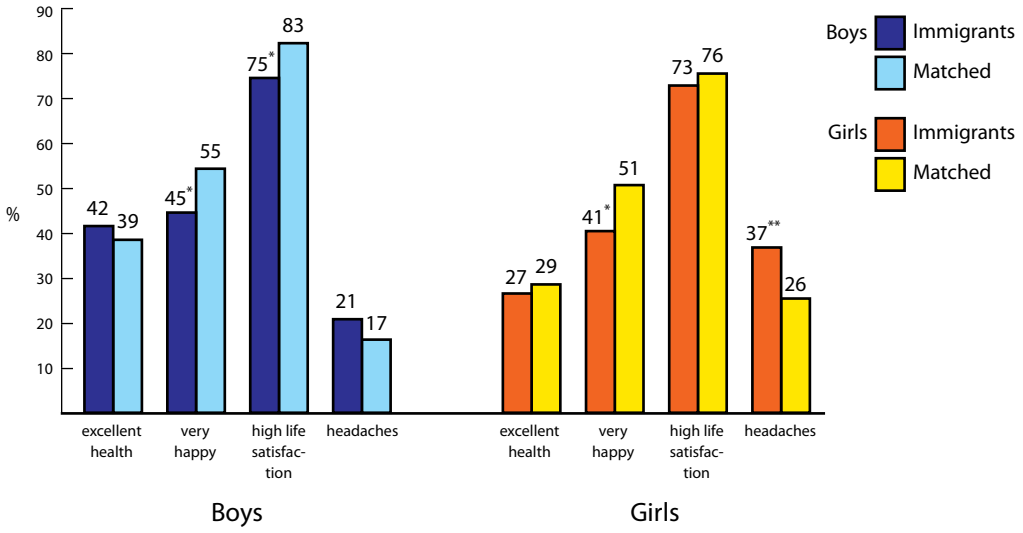
Significance of difference between Traveller and matched group: *p<0.05; ***p<0.001

Traveller students were more likely to report having headaches at least weekly (33%) compared to the matched group (21%; $p<0.01$). This difference is also more apparent among girls.

2.2 Immigrants

Just over a third of immigrant students (35%) reported that their health is excellent (compared to 34% of the matched group). Significantly fewer immigrant students reported that they are very happy with their lives at present (43%) compared to 53% of the matched group ($p<0.001$). Fewer immigrant students reported high life satisfaction compared to the matched group (74% vs. 80%; $p<0.05$), especially so among boys. More immigrant students reported weekly headaches (29%) compared to the matched group (22%; $p<0.01$); these differences stem mainly from the girls.

Figure 2.2: Self-reported general health for immigrant students and the matched sample by gender



Significance of difference between immigrant and matched group: *p<0.05; **p<0.01

While both immigrant student groups were less likely to report that they are very happy compared to their respective matched groups, different gender patterns emerged. Among UK immigrant students, girls were less likely to report feeling very happy, while fewer boys among non-UK immigrant students reported feeling very happy compared to the matched group.

Frequent headaches were reported more by UK immigrant students compared to their matched group; this was not the case for non-UK immigrants.

Table 2.1: Self-reported general health for sub-groups of immigrant students and the matched samples

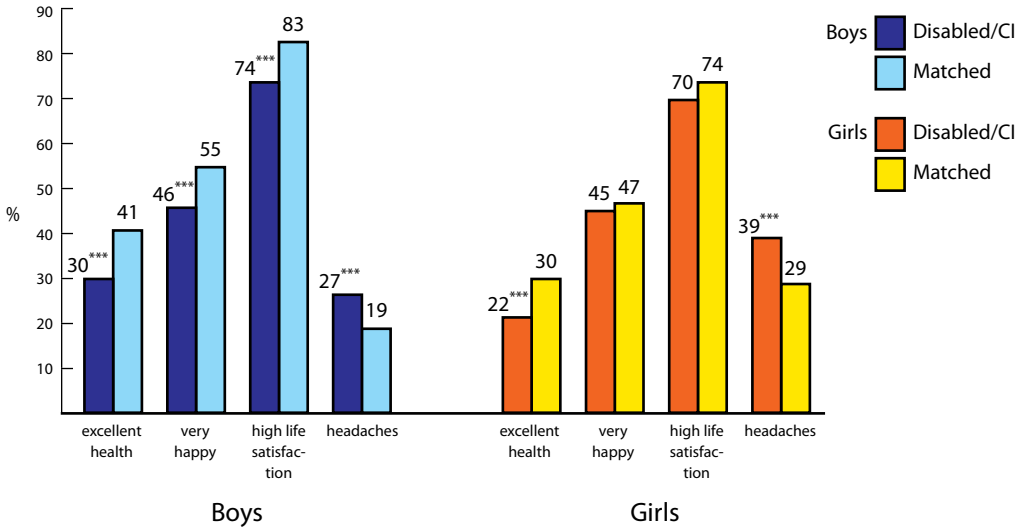
ALL	UK %	Matched %	Non-UK %	Matched %
Excellent health	29	34	40	34
Very happy	42*	52	44*	53
High life satisfaction	71**	81	76	79
Headache at least weekly	30**	19	27	24
BOYS				
Excellent health	40	38	44	39
Very happy	46	52	45*	58
High life satisfaction	72	82	77	85
Headache at least weekly	24*	13	19	21
GIRLS				
Excellent health	19	29	35	28
Very happy	38**	53	44	48
High life satisfaction	70	80	76	73
Headache at least weekly	36*	25	37	27

Significance of difference between immigrant and matched group: *p<0.05; **p<0.01; ***p<0.001

2.3 Disability and Chronic Illness

Students with a disability/CI were significantly less likely to report that their health is excellent (26% vs. 36% of matched group; p<0.001). Boys with a disability/CI were less likely to report that they are very happy about their lives at present (46% vs. 55% of matched group; p<0.001) or to report high life satisfaction (74% vs. 83% of matched group; p<0.001). Both boys and girls with a disability/CI were more likely to report having weekly headaches (32% vs. 24% of matched; p<0.001).

Figure 2.3: Self-reported general health for students with a disability/CI and the matched sample by gender



Significance of difference between disability/CI and matched group: ***p<0.001

Further differences are identified when comparing the disability/CI sub-groups. Overall, fewer students in the three disability/CI groups reported good general health compared to their respective matched groups. This is particularly the case for those who report that their disability/CI affects their activity, for both boys and girls.

Headaches were more prevalent in all three sub-groups of students with a disability/CI.

Table 2.2: Self-reported general health for sub-groups of students with a disability/ CI and their matched samples

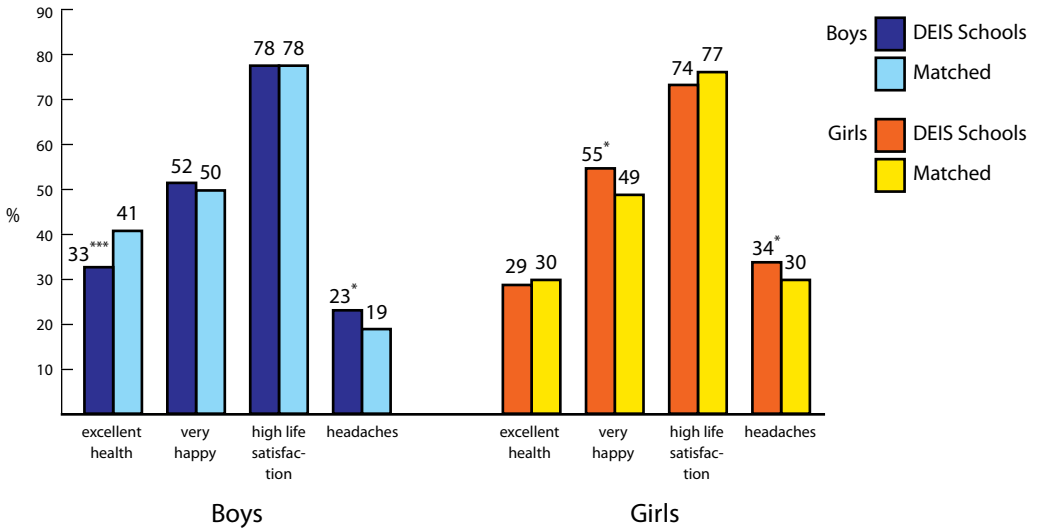
ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
Excellent health	29***	38	27***	37	21***	32
Very happy	47	51	49	53	39***	50
High life satisfaction	74*	79	77	78	62***	78
Headache at least weekly	30	26	28**	23	43***	23
BOYS						
Excellent health	35*	44	30***	42	22***	37
Very happy	48*	55	50	55	39***	55
High life satisfaction	77	82	77*	83	66***	83
Headache at least weekly	25	21	23	18	35***	19
GIRLS						
Excellent health	22**	31	23**	31	20	26
Very happy	46	46	48	50	38	44
High life satisfaction	71	75	77	73	57***	73
Headache at least weekly	36	31	34*	28	52***	29

Significance of difference between disability/CI and matched group: *p<0.05; **p<0.01; ***p<0.001

2.4 DEIS schools

Fewer boys in DEIS schools reported that their health is excellent (33% vs. 41% of matched; p<0.001) and fewer girls in DEIS schools reported that they are very happy with their lives at present (55% vs. 49% of matched; p<0.05).

Figure 2.4: Self-reported general health for students in DEIS schools and the matched sample by gender



Significance of difference between DEIS schools and matched group: *p<0.05; ***p<0.001

Frequent headaches were more prevalent among both boys and girls in DEIS schools, with an overall 29% reporting weekly headaches (vs. 25% of matched group; p<0.01).

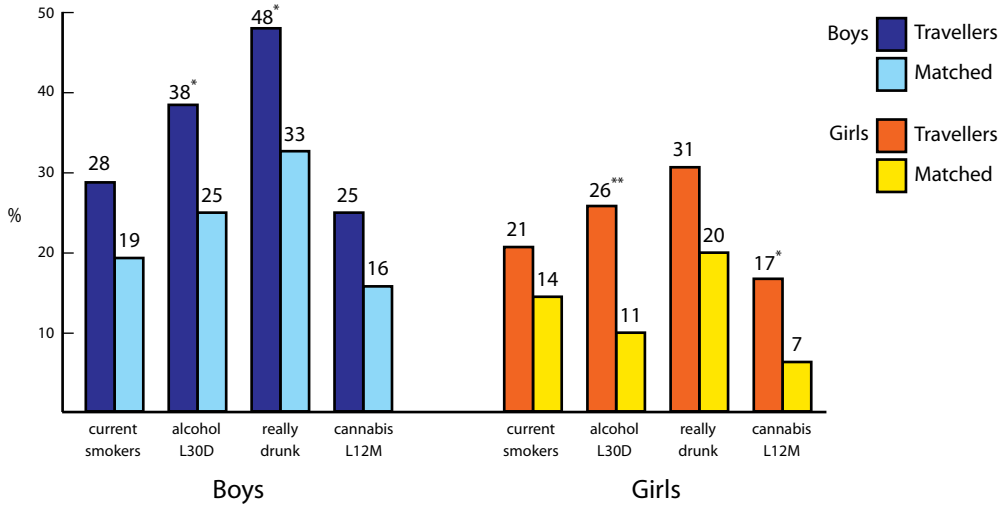
3. Risk Behaviours

In relation to substance use, students were asked about the frequency of smoking, drinking alcohol, drunkenness and use of cannabis. Smokers and alcohol drinkers were defined as those that reported consuming these substances at least monthly, while the data below also refers to those who reported they have ever been 'really drunk' and those who reported that they had used cannabis at least once in the last 12 months.

3.1 Travellers

Overall, Traveller students were more involved in risk behaviours compared to the matched group. A quarter of Traveller students (25%) reported that they are smokers (vs. 17% of matched; $p<0.05$); 32% of Traveller students (both boys and girls) reported that they had an alcoholic drink in the last month (vs. 18% of matched group; $p<0.001$); 40% of Traveller students reported that they have been 'really drunk' (vs. 26% of matched group; $p<0.01$); and 21% of Traveller students used cannabis in the last 12 months (vs. 12% of matched group; $p<0.01$).

Figure 3.1: Self-reported risk behaviours for students from the Travelling Community and the matched sample by gender



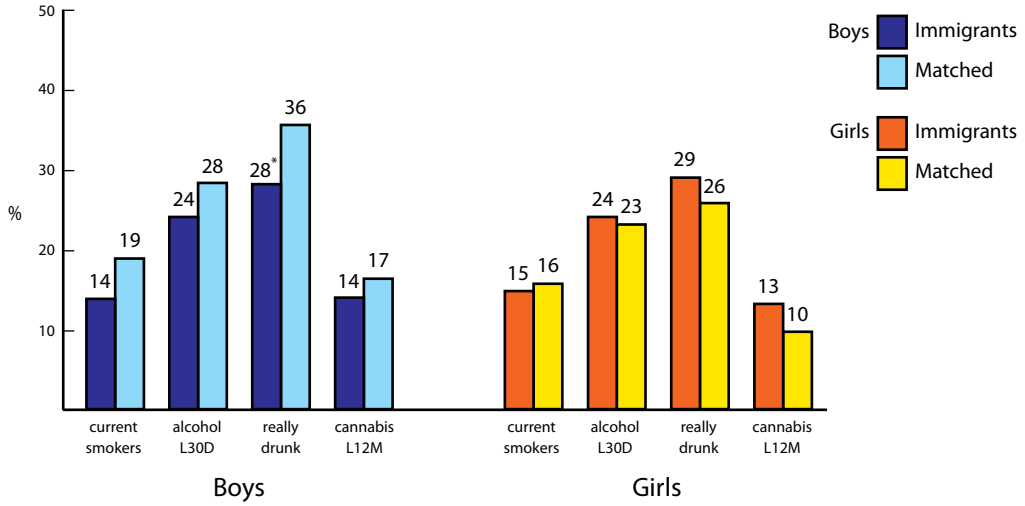
Significance of difference between Traveller and matched group: *p<0.05; **p<0.01

L30D means last 30 days; L12M means last 12 months.

3.2 Immigrants

Overall, immigrant students reported a similar level of risk behaviours to their matched group. The only exception is that immigrant boys were less likely to report that they had been 'really drunk' compared to the matched boys (28% vs. 36%; p<0.05).

Figure 3.2: Self-reported risk behaviours for immigrant students and the matched sample by gender



Significance of difference between immigrant and matched group: *p<0.05

L30D means last 30 days; L12M means last 12 months.

Differences are evident when comparing the immigrant sub-groups, particularly boys from outside the UK. Fewer non-UK immigrant boys reported that they had an alcoholic drink in the last month (17% compared to 28% of matched; p<0.05); that they had been 'really drunk' (23% compared to 40% of matched; p<0.01); or that they used cannabis in the last 12 months (9% compared to 19% of matched; p<0.05).

Nigeria
There are 28 children from Nigeria included in the study, and they are younger than the general sample, concentrated around the Dublin area, with most attending schools with DEIS status. All of the children from Nigeria speak English at home and about two-thirds of their parents are in paid employment. These children are less likely than matched Irish children to report that they are happy about their lives or to have high life satisfaction. None of them reported that they smoked, drank alcohol or took cannabis, and although they eat more fruit, they eat fewer vegetables. Physical activity is more common, as is television viewing, but they are less involved in bullying and fighting than Irish children. While they are more likely to report that they like school, they are less likely to say that they find it easy to talk to their mothers and fathers.

Table 3.1: Self-reported risk behaviours for sub-groups of immigrant students and the matched samples

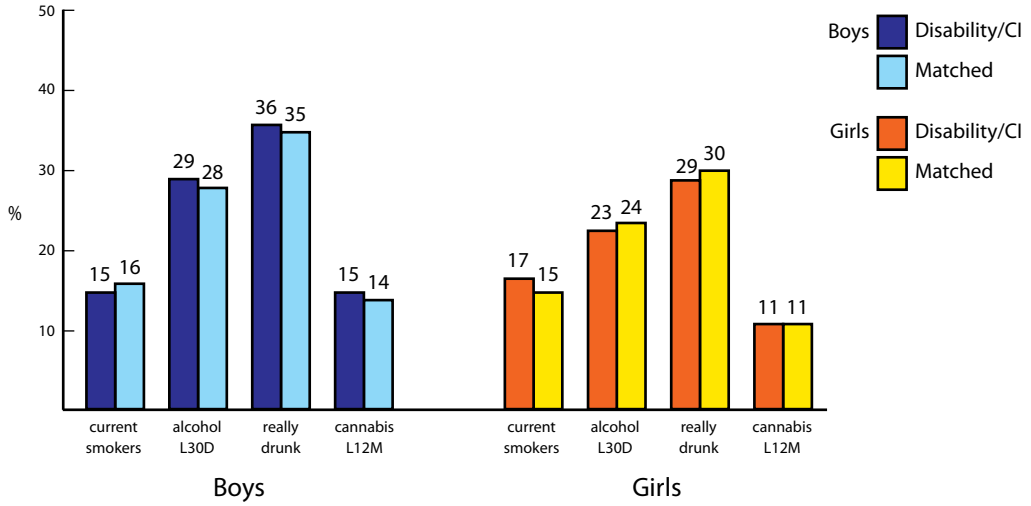
ALL	UK %	Matched %	Non-UK %	Matched %
Current smokers	19	19	11*	16
Alcoholic drink in the last month	31	25	17*	25
Ever been 'really drunk'	35	30	22**	35
Cannabis in the last 12 months	18	13	9*	15
BOYS				
Current smokers	17	19	11	19
Alcoholic drink in the last month	31	28	17*	28
Ever been 'really drunk'	34	32	23**	40
Cannabis in the last 12 months	20	16	9*	19
GIRLS				
Current smokers	20	19	10	13
Alcoholic drink in the last month	30	23	18	22
Ever been 'really drunk'	36	27	21	25
Cannabis in the last 12 months	17	11	8	10

Significance of difference between immigrant and matched group: *p<0.05; **p<0.01

3.3 Disability and Chronic Illness

No differences in risk behaviour were found when comparing students with a disability/CI with their matched groups.

Figure 3.3: Self-reported risk behaviour for students with a disability/CI and the matched sample by gender



L30D means last 30 days; L12M means last 12 months.

Similarly, few differences are evident when comparing the disability/CI sub-groups. One exception is among girls where 22% of those with a disability/CI that affects activity reported that they are current smokers, compared to 14% among the matched group of girls ($p<0.05$).

Table 3.2: Self-reported risk behaviours for sub-groups of students with a disability/ CI and their matched samples

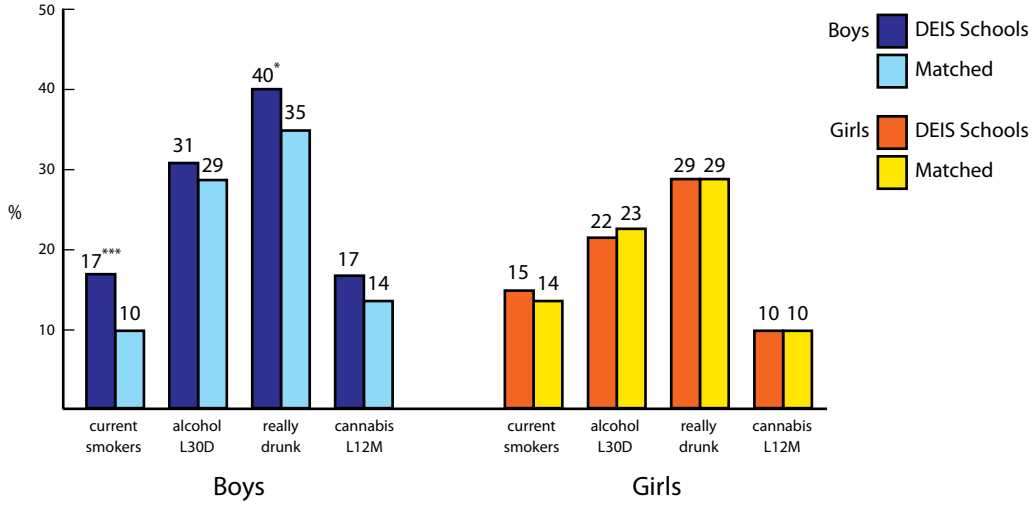
ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
Current smokers	13	15	14	16	23**	16
Alcoholic drink in the last month	24	26	25	25	32	28
Ever been 'really drunk'	33	34	30	32	38	34
Cannabis in the last 12 months	13	11	11	12	17	16
BOYS						
Current smokers	13	16	12	15	23	17
Alcoholic drink in the last month	27	30	28	26	34	28
Ever been 'really drunk'	39	38	31	34	42	35
Cannabis in the last 12 months	17	14	12	13	19	19
GIRLS						
Current smokers	13	14	16	16	22*	14
Alcoholic drink in the last month	21	21	22	23	30	28
Ever been 'really drunk'	27	29	29	30	33	32
Cannabis in the last 12 months	8	9	10	10	15	13

Significance of difference between disability/CI and matched group: *p<0.05; **p<0.01

3.4 DEIS schools

More boys in DEIS schools reported that they are current smokers (17% vs. 10% of matched; $p<0.001$) and that they have been 'really drunk' (40% vs. 35% of matched; $p<0.05$). No other differences were found between students attending DEIS schools and matched schools.

Figure 3.4: Self-reported risk behaviours for students in DEIS schools and the matched sample by gender



Significance of difference between DEIS schools and matched group: *p<0.05; ***p<0.001

L30D means last 30 days; L12M means last 12 months.

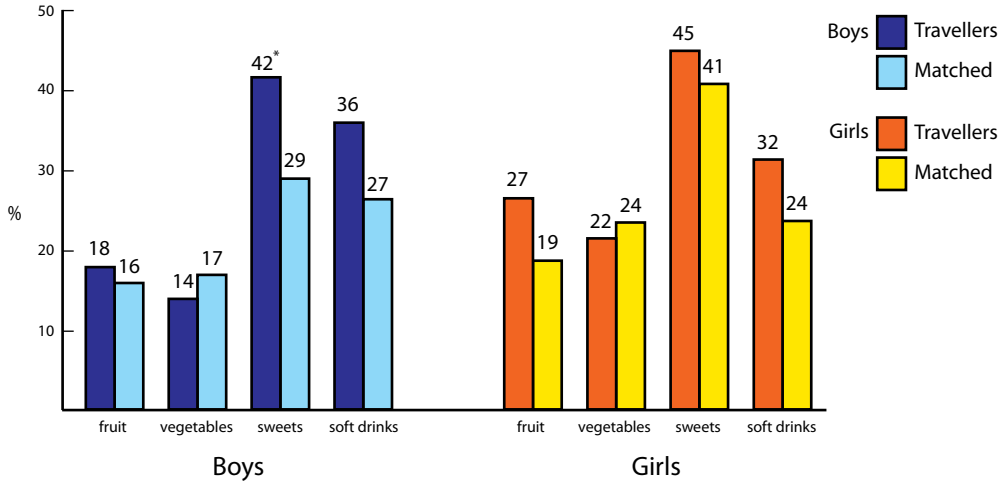
4. Food and Dietary Behaviour

Students were asked to report their frequency of consumption of fruit, vegetables, sweets and soft drinks. Reported below are the percentages of those consuming fruit or vegetables more than once a day, and sweets and soft drinks at least daily. In relation to food behaviour, students reported whether they had breakfast on weekdays, if they ever went to school or to bed hungry because there was not enough food at home, known as food poverty, and if they are on a diet or doing something else to lose weight. The data below refer to those who reported that they never have breakfast on weekdays, have ever experienced food poverty, and are currently on a diet.

4.1 Travellers

About one fifth of Traveller students report that they eat fruit (22%) and vegetables (18%) more than once a day, these figures are similar to the matched group. Just over a third (34%) of the Traveller students reported that they consume soft drinks once a day or more (vs. 26% of matched group; $p<0.05$) and 42% of Traveller boys reported that they eat sweets once a day or more (vs. 29% of matched; $p<0.05$).

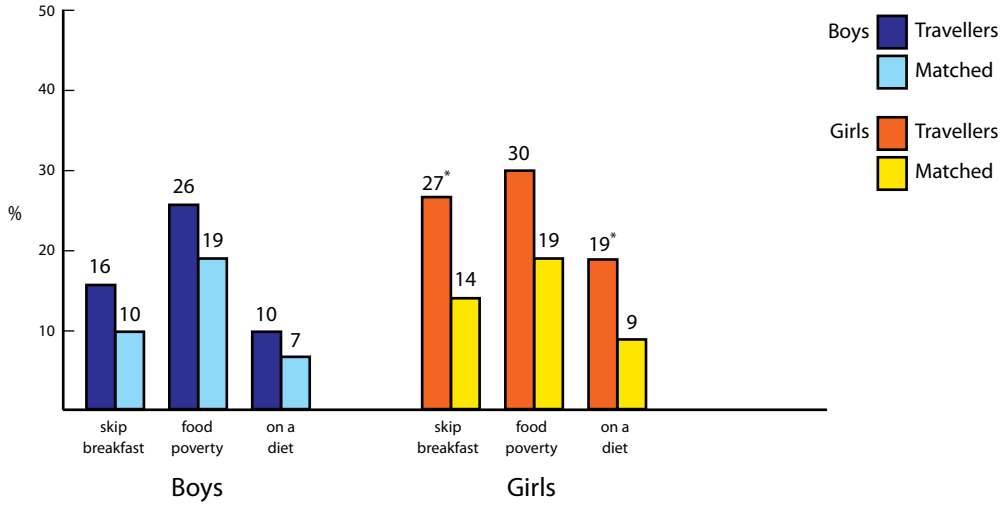
Figure 4.1: Self-reported dietary habits for students from the Travelling Community and the matched sample by gender



Significance of difference between Traveller and matched group: *$p<0.05$

Traveller girls were more likely to report that they do not have breakfast on weekdays (27% vs. 14% of matched; $p<0.05$) and that they are on a diet (19% vs. 9% of matched group; $p<0.05$). In addition, more Traveller students reported that they experienced food poverty compared to the matched group (28% vs. 19%; $p<0.05$).

Figure 4.2: Self-reported food behaviours for students from the Travelling Community and the matched sample by gender



Significance of difference between Traveller and matched group: *p<0.05

4.2 Immigrants

Reported dietary habits were generally similar between immigrant students and their matched group. Just over a quarter of immigrant students (26%) reported eating fruit more than once a day and 18% reported eating vegetables more than once a day. More than a third of immigrant students and matched students reported eating sweets once a day or more and less than a quarter of both groups reported drinking soft drinks once a day or more often.

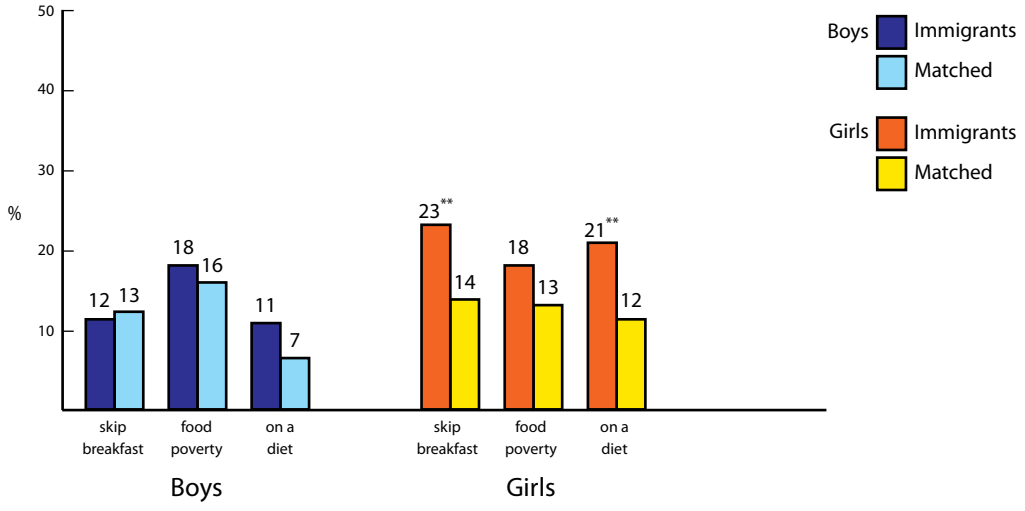
Poland
There are 24 children from Poland in the study, almost all in DEIS post-primary schools. They are concentrated in urban areas and speak Polish at home and almost all parents are working. In terms of health behaviour, they are more likely to report eating fruit and vegetables than matched Irish children, but less likely to report physical activity. These children from Poland are more likely to be experiencing difficulties in schools, they are more likely to have been in a fight and fewer report that they spend 3 or more evenings a week with friends or that their classmates are kind and helpful, accept them or enjoy being together, although they are more likely to report good relationships with their fathers than Irish children.

Figure 4.3: Self-reported dietary habits for immigrant students and the matched sample by gender

Significance of difference between Immigrant and matched group: *p<0.05

More immigrant girls reported that they do not have breakfast on weekdays (23% vs. 14%; p<0.01) and that they are on a diet (21% vs. 12%; p<0.01) as compared to the matched group.

Figure 4.4: Self-reported food behaviour for immigrant students and the matched sample by gender



Significance of difference between Immigrant and matched group: *p<0.05; **p<0.01

Further differences are evident when comparing the immigrant sub-groups. More non-UK immigrant students reported that they eat fruit more than once a day (33% vs. 22% of matched; $p<0.01$) and this difference was particularly evident among girls. In contrast, fewer UK immigrant girls reported eating vegetables more than once a day.

Table 4.1: Self-reported dietary habits for sub-groups of immigrant students and the matched samples

ALL	UK %	Matched %	Non-UK %	Matched %
Fruit more than daily	18	20	33**	22
Vegetables more than daily	17	20	20	18
Sweets at least daily	38	37	30	32
Soft drinks at least daily	24	21	25	22
BOYS				
Fruit more than daily	20	17	29	21
Vegetables more than daily	22	19	17	20
Sweets at least daily	38	36	30	35
Soft drinks at least daily	28	22	29	24
GIRLS				
Fruit more than daily	16	23	37**	22
Vegetables more than daily	12*	21	23	17
Sweets at least daily	37	37	30	30
Soft drinks at least daily	20	20	20	21

Significance of difference between Immigrant and matched group: *p<0.05; **p<0.01

Skipping breakfast on weekdays and dieting were more common among UK-immigrant girls, compared to their matched group.

Table 4.2: Self-reported food behaviour for sub-groups of immigrant students and the matched samples

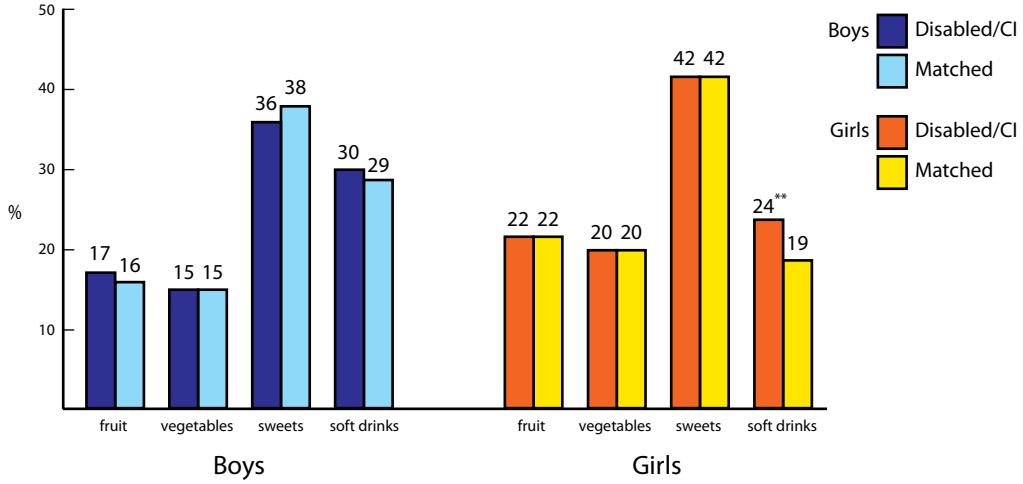
ALL	UK %	Matched %	Non-UK %	Matched %
No breakfast on any weekday	20*	12	16	14
Food poverty	19	15	16	15
On a diet	17*	10	14	9
BOYS				
No breakfast on any weekday	13	14	12	12
Food poverty	20	18	16	15
On a diet	10	5	12	9
GIRLS				
No breakfast on any weekday	26***	11	20	17
Food poverty	19	12	16	15
On a diet	24*	15	17	10

Significance of difference between Immigrant and matched groups: *p<0.05; ***p<0.001

4.3 Disability and Chronic Illness

Dietary habits among students with a disability/CI are similar to that of the matched group, with the exception of soft drink consumption among girls. More girls with a disability/CI reported drinking soft drinks on a daily basis (24%) compared to the matched group (19%; p<0.01).

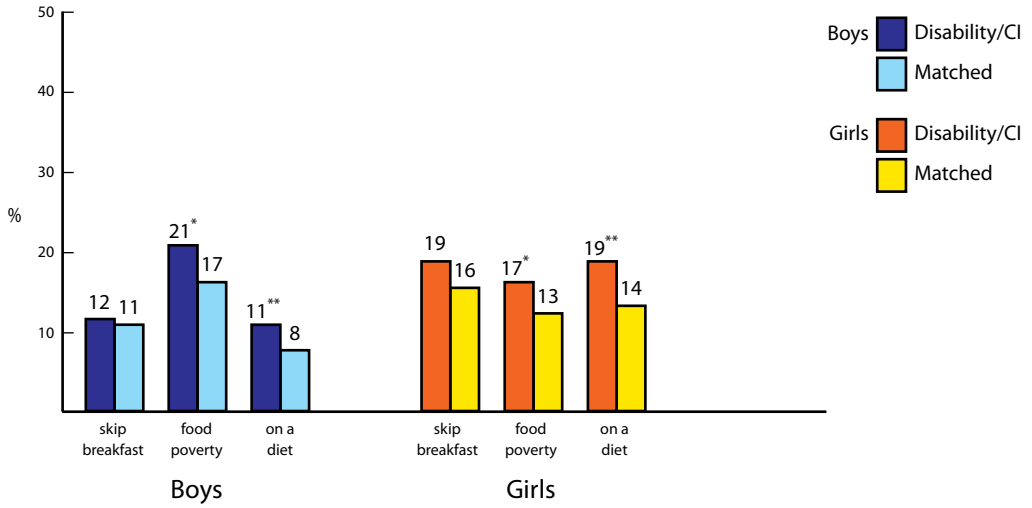
Figure 4.5: Self-reported dietary habits for students with a disability/CI and the matched sample by gender



Significance of difference between disability/CI and matched group: **p<0.01

In terms of food behaviour, more students with a disability/CI reported that they have experienced food poverty (19% vs. 15% of matched group; p<0.001) and that they are on a diet to reduce weight (15% vs. 11% of matched; p<0.001).

Figure 4.6: Self-reported food behaviour for students with a disability/CI and the matched sample by gender



Significance of difference between disability/CI and matched group: *p<0.05; **p<0.01

When comparing the three disability/CI sub-groups it becomes clear that many of the differences stem from the group of students with a disability/CI that affects daily activity. More students in this group reported eating vegetables more than once a day and daily consumption of soft drinks compared to their matched group.

Moreover, students with a disability/CI that affects activity were more likely to report skipping breakfast on weekdays, experiencing food poverty and being on a diet. Being on a diet was also more common among students with a disability/CI that requires medication. Some differences are also evident among the group of students with a disability/CI that affects daily activity; boys reported higher levels of food poverty and dieting while girls reported higher levels of skipping breakfast and food poverty compared to their respective matched groups.

Table 4.3: Self-reported dietary habits for sub-groups of students with a disability/ CI and their matched samples

ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
Fruit more than daily	18	18	20	20	20	19
Vegetables more than daily	16	17	18	20	19*	14
Sweets at least daily	37	37	38	42	43	40
Soft drinks at least daily	29	24	24	23	32*	26
BOYS						
Fruit more than daily	15	14	18	16	19	18
Vegetables more than daily	15	14	15	18	17	13
Sweets at least daily	37	38	34	39	39	36
Soft drinks at least daily	32	29	26	28	34	30
GIRLS						
Fruit more than daily	21	22	22	24	23	19
Vegetables more than daily	18	21	20	21	21	16
Sweets at least daily	37	37	42	45	48	45
Soft drinks at least daily	25	19	21	18	31*	22

Significance of difference between disability/CI and matched group: *p<0.05

Table 4.4: Self-reported food behaviour for sub-groups of students with a disability/ CI and their matched samples

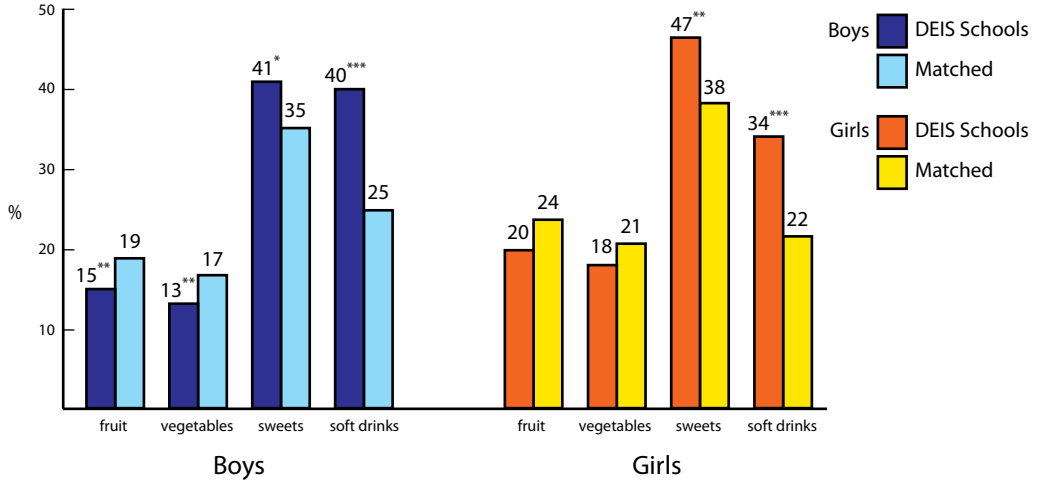
ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
No breakfast on any weekday	14	13	13	13	21*	15
Food poverty	19	16	16	14	25***	15
On a diet	14	11	14*	11	18**	11
BOYS						
No breakfast on any weekday	11	9	10	10	16	16
Food poverty	20	18	19	16	27**	18
On a diet	9	8	10	8	16**	8
GIRLS						
No breakfast on any weekday	17	17	16	15	26**	14
Food poverty	18	15	14	12	22**	12
On a diet	19	14	17	14	22	16

Significance of difference between disability/CI and matched group: *p<0.05 **p<0.01; ***p<0.001

4.4 DEIS schools

Fewer boys in DEIS schools reported daily consumption of fruit (15% vs. 19% of matched group; p<0.01) and vegetables (13% vs. 17% of matched; p<0.01), and more students (both boys and girls) in DEIS schools reported daily consumption of sweets (44% vs. 36% of matched; p<0.001) and soft drinks (37% vs. 23% of matched; p<0.001).

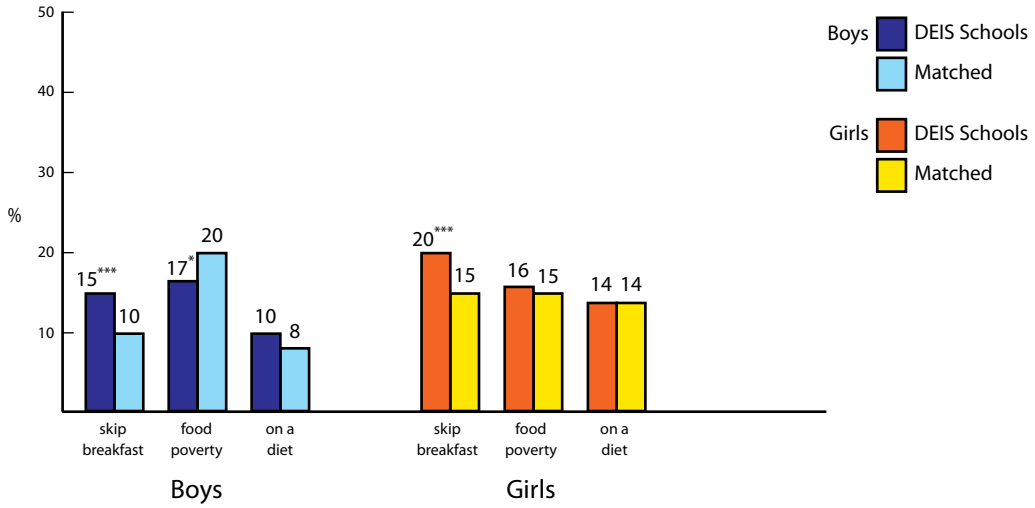
Figure 4.7: Self-reported dietary habits for students in DEIS schools and the matched sample by gender



Significance of difference between DEIS schools and matched group: *p<0.05; **p<0.01; ***p<0.001

More students (both boys and girls) in DEIS schools reported not having breakfast on weekdays (18% vs. 12% of matched; p<0.001); but fewer boys in DEIS schools reported experiencing food poverty (17% vs. 20% of matched; p<0.05).

Figure 4.8: Self-reported food behaviour for students in DEIS schools and the matched sample by gender



Significance of difference between DEIS Schools and matched group: *p<0.05; **p<0.01; ***p<0.001

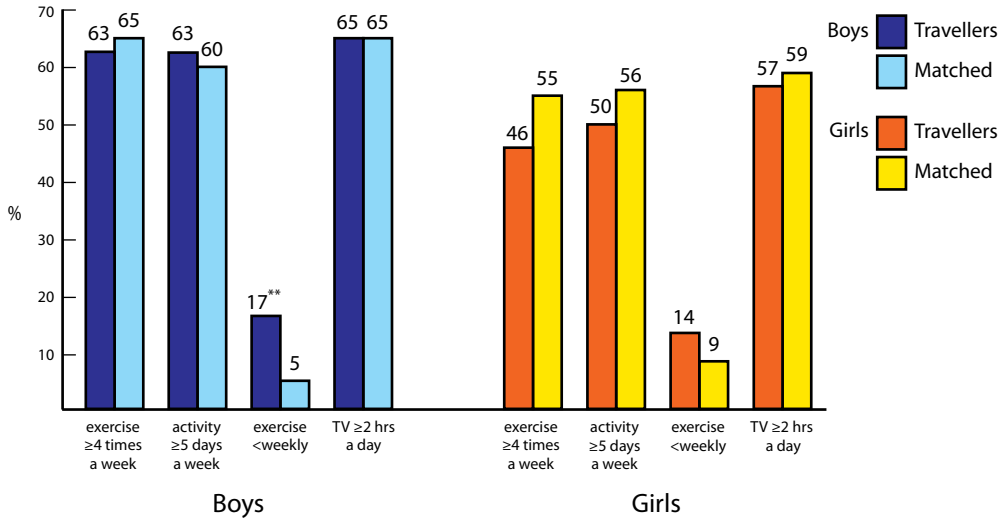
5. Physical Activity and Sedentary Behaviours

Students were asked to report how often they participate in vigorous exercise in their free time, on how many days they were physically active for at least 60 minutes and how many hours a day they watch television. Participation in vigorous exercise four or more times a week was considered a high level of activity and less than once a week a low level of activity. Five or more days a week being active for at least 60 minutes was the cut-off for moderate-to-vigorous activity, and two or more hours television viewing per day was the cut off for high television consumption.

5.1 Travellers

Just over half of the Traveller students reported participating in vigorous exercise four or more times a week and being physically active five or more times a week, which was similar to the matched group. However, more Traveller students reported physical inactivity, with 16% reporting participation in vigorous exercise less than once a week (vs. 7% of matched; $p<0.01$).

Figure 5.1: Self-reported physical activity and sedentary behaviour for students from the Travelling Community and the matched sample by gender

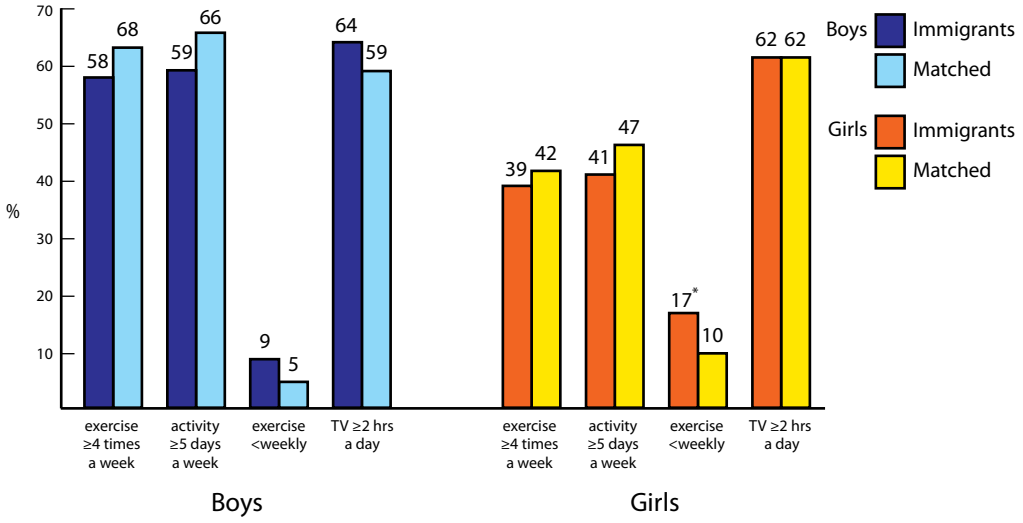


Significance of difference between Traveller and matched group: **p<0.01

5.2 Immigrants

Overall, fewer immigrant students reported regular participation in physical activity compared to the matched group. Immigrant boys were less likely to report regular participation in vigorous exercise compared to the matched group (58% vs. 68%; $p<0.05$), whereas immigrant girls were more likely to report that they participate in such activity less than once a week (17% vs. 10% of matched; $p<0.05$). Fewer immigrant students (boys and girls) also reported that they are physically active five or more times a week (50% vs. 57% of matched; $p<0.05$).

Figure 5.2: Self-reported physical activity and sedentary behaviour for immigrant students and the matched sample by gender



Significance of difference between immigrant and matched group: *p<0.05; **p<0.01

An investigation of the immigrant sub-groups suggest that the only difference is in relation to physical inactivity; non-UK immigrant girls are more inactive than their matched group (22% vs. 10%; $p<0.01$).

Philippines
There are 28 children from the Philippines in the study, most of whom live in urban areas and speak Phillipino at home, almost all parents have jobs, and most reported that their mothers are nurses. Compared to matched Irish children they are less likely to be happy and report more headaches. While they are less likely to have been drunk and report more physical activity, they are also more likely to experience food poverty and to skip breakfast. Fewer children from the Philippines report that they like school or their classmates accept them as they are and they are also more likely to have been bullied.

Table 5.1: Self-reported physical activity and sedentary behaviour for sub-groups of immigrant students and the matched samples

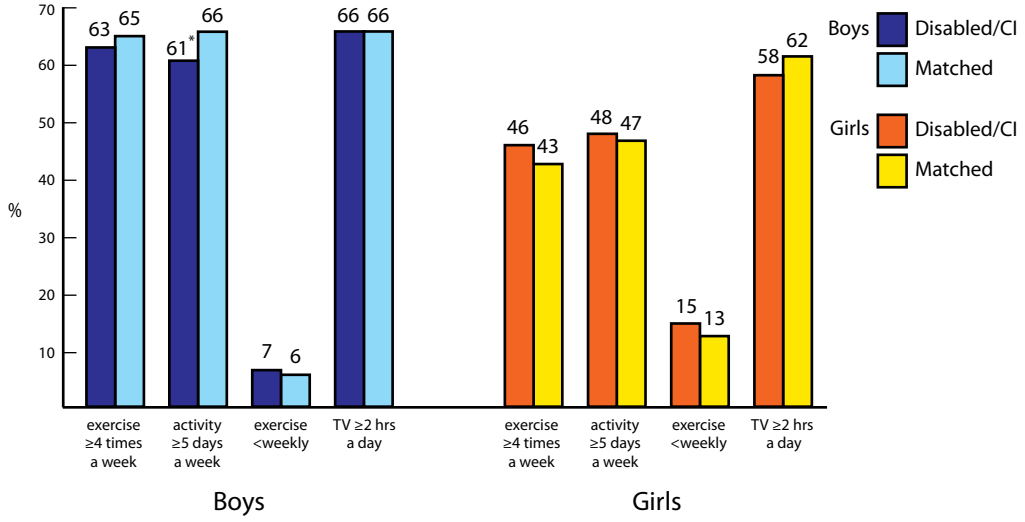
ALL	UK %	Matched %	Non-UK %	Matched %
Exercise 4+ times a week	48	54	49	55
Active on 5+ days in the last week	48*	57	52	57
Exercise less than weekly	10	8	15**	7
Television ≥ 2 hours a day	64	61	62	60
BOYS				
Exercise 4+ times a week	57	66	59	70
Active on 5+ days in the last week	60	67	58	65
Exercise less than weekly	9	4	9	5
Television ≥ 2 hours a day	64	58	65	60
GIRLS				
Exercise 4+ times a week	40	44	38	40
Active on 5+ days in the last week	38	48	44	47
Exercise less than weekly	11	11	22**	10
Television ≥ 2 hours a day	65	64	60	60

Significance of difference between immigrant and matched groups: *p<0.05; **p<0.01

5.3 Disability and Chronic Illness

In general, students with a disability/CI were not significantly different in their participation in vigorous exercise, physical activity or sedentary behaviours compared to the matched group. The one exception is among boys with a disability/CI who are less likely to report participation in physical activity five times a week or more (61% vs. 66% of matched; $p<0.05$).

Figure 5.3: Self-reported physical activity and sedentary behaviour for students with a disability/CI and the matched sample by gender



Significance of difference between disability/CI and matched group: *p<0.05

With respect to the sub-groups, fewer boys with a disability/CI that required medication or that affects daily activity reported participation in physical activity five times or more in the last week compared to their respective matched groups. Additionally, more girls with a disability/CI that affects daily activity reported being inactive.

Table 5.2: Self-reported physical activity and sedentary behaviour for sub-groups of students with a disability/CI and the matched samples

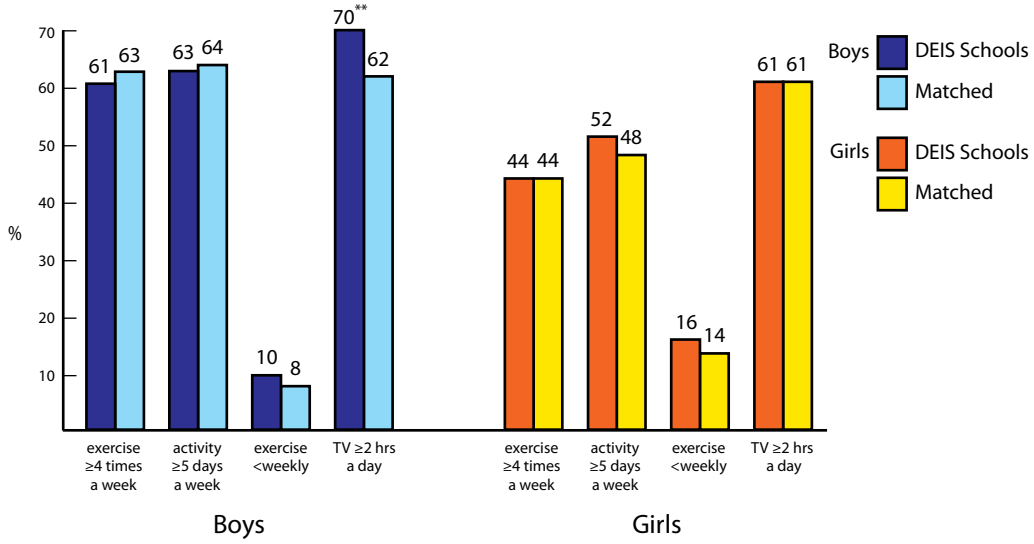
ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
Exercise 4+ times a week	57	54	55	56	52	53
Active on 5+ days in the last week	59	58	54*	59	51	53
Exercise less than weekly	9	10	9	9	16*	10
Television ≥ 2 hours a day	62	64	62	64	63	65
BOYS						
Exercise 4+ times a week	65	63	63	66	59	66
Active on 5+ days in the last week	69	65	59**	68	54**	65
Exercise less than weekly	6	7	5	5	12	8
Television ≥ 2 hours a day	66	66	65	67	66	66
GIRLS						
Exercise 4+ times a week	50	45	46	45	43	37
Active on 5+ days in the last week	47	49	48	50	46	38
Exercise less than weekly	12	13	13	13	22*	14
Television ≥ 2 hours a day	58	63	58	60	59	65

Significance of difference between disability/CI and matched group: *p<0.05; **p<0.01; ***p<0.001

5.4 DEIS schools

No differences were found between students attending DEIS schools and their matched group in terms of participation in physical activity. However, more boys in DEIS schools reported watching television for two or more hours a day (70% vs. 62% of matched; $p<0.01$).

Figure 5.4: Self-reported physical activity and sedentary behaviour for students in DEIS schools and the matched sample by gender



Significance of difference between DEIS schools and matched group: *p<0.05; **p<0.01; ***p<0.001

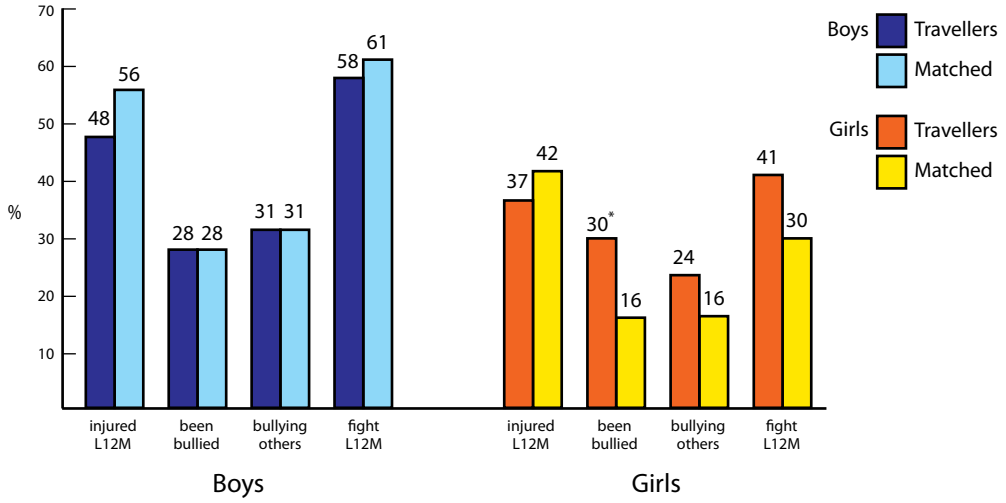
6. Injuries, Fighting and Bullying

Students were asked to report if they had an injury that required medical attention in the past 12 months, if they were bullied or if they had bullied others in school in the last couple of months and if they had been in a physical fight during the past 12 months. The data reported below refer to involvement in any of these behaviours once or more often within these time frames.

6.1 Travellers

Although there were no overall differences between Traveller students and their matched group for injuries, fighting or bullying, more Traveller girls did report that they were bullied in the last couple of months (30% vs. 16% of matched group; $p<0.05$).

Figure 6.1: Self-reported injuries, fighting and bullying behaviour for students from the Travelling Community and the matched sample by gender



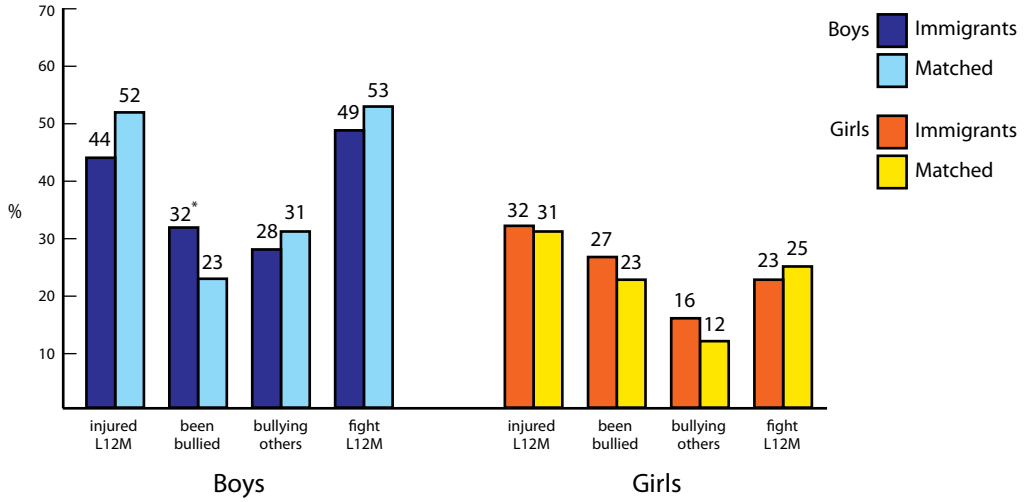
Significance of difference between Traveller and matched group: *p<0.05

L12M means last 12 months.

6.2 Immigrants

More immigrant students reported that they were bullied at least once in the last couple of months (30%) compared to their matched group (23%; p<0.01). No other differences were evident between immigrants and their matched group.

Figure 6.2: Self-reported injuries, fighting and bullying behaviour for immigrant students and the matched sample by gender



Significance of difference between immigrant and matched group: *p<0.05; **p<0.01

L12M means last 12 months.

More UK immigrant students reported that they were bullied in the last couple of months, and more UK immigrant girls reported that they took part in bullying others and that they participated in a physical fight in the past 12 months than their matched group.

Lithuania
There are 24 children from Lithuania included in the study, most of them live in urban areas, speak Lithuanian at home and have both parents working. Although these children are less likely to drink alcohol or take cannabis, and report fewer headaches than Irish children, they are also less likely to engage in physical activity regularly and watch more television. They report consuming more sweets and soft drinks, but also more fruit. These children from Lithuania are less positive about their relationships with their classmates and although they are less likely to have been in a fight, they are more likely to report being bullied than matched Irish children.

Table 6.1: Self-reported injuries, fighting and bullying behaviour for sub-groups of immigrant students and the matched samples

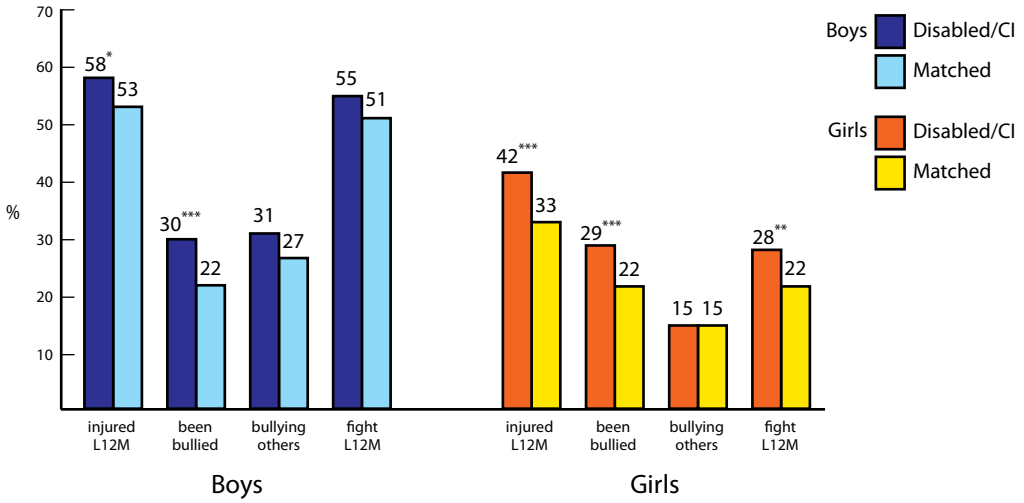
ALL	UK %	Matched %	Non-UK %	Matched %
Injury in the last 12 months	40	41	36	41
Been bullied in the past couple of months	30*	21	29	24
Bullying others in the past couple of months	21	19	22	23
Fight in the past 12 months	38	36	35	42
BOYS				
Injury in the last 12 months	46	52	43	51
Been bullied in the past couple of months	32*	20	32	25
Bullying others in the past couple of months	25	29	30	33
Fight in the past 12 months	48	52	50	54
GIRLS				
Injury in the last 12 months	34	31	29	31
Been bullied in the past couple of months	28	21	26	24
Bullying others in the past couple of months	18	11	14	13
Fight in the past 12 months	28	22	18	28

Significance of difference between immigrant and matched group: *p<0.05

6.3 Disability and Chronic Illness

More students with a disability/CI reported an injury that required medical attendance in the past 12 months (50% vs. 44% of matched; p<0.01) and that they had been bullied in the last couple of months (30% vs. 22% of matched; p<0.001). In addition, more girls with a disability/CI reported that they took part in a physical fight in the past 12 months (28%) compared to their matched group (22%; p<0.01).

Figure 6.3: Self-reported injuries, fighting and bullying for students with a disability/ CI and the matched sample by gender



Significance of difference between disability/CI and matched group: *p<0.05; **p<0.01; ***p<0.001

Further differences are evident when comparing the disability/CI sub-groups. More students in all sub-groups reported a medically attended injury and that they were bullied in school in the last couple of months, as compared to the matched group. In addition, more students with a disability/CI that affects activity reported that they took part in a physical fight in the last 12 months.

Table 6.2: Self-reported injuries, fighting and bullying for sub-groups of students with a disability/CI and their matched samples

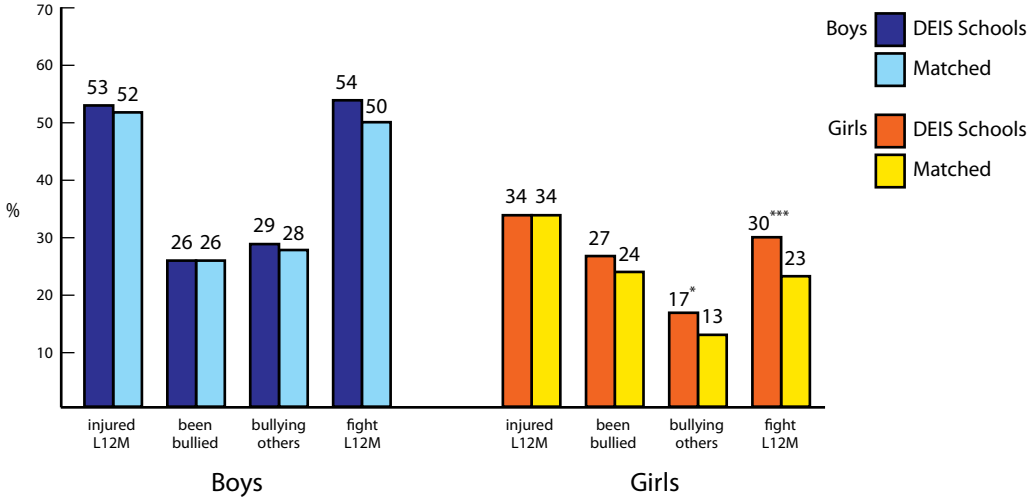
ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
Injury in the last 12 months	50	44	48*	43	56***	44
Been bullied in the past couple of months	28**	22	30***	23	32***	22
Bullying others in the past couple of months	24*	20	22	23	25	22
Fight in the past 12 months	42	37	40	38	48***	36
BOYS						
Injury in the last 12 months	57	53	55	52	63	56
Been bullied in the past couple of months	26	21	32***	22	33*	25
Bullying others in the past couple of months	31	26	30	29	32	27
Fight in the past 12 months	55	52	53	53	59*	49
GIRLS						
Injury in the last 12 months	38	34	42*	34	47***	29
Been bullied in the past couple of months	30*	22	28	24	31**	19
Bullying others in the past couple of months	17	13	13	16	16	15
Fight in the past 12 months	28	22	25	23	34***	20

Significance of difference between disability/CI and matched group: *p<0.05; **p<0.01; ***p<0.001

6.4 DEIS schools

Students in DEIS schools were similar to their matched group in terms of prevalence of injuries and reporting that they were bullied. However more girls in DEIS schools reported that they bullied others in the last couple of months (17% vs. 13% of matched; $p<0.05$) and that they had been in a physical fight in the past 12 months (30% vs. 23% of matched; $p<0.001$).

Figure 6.4: Self-reported injuries, fighting and bullying for students in DEIS schools and the matched sample by gender



Significance of difference between DEIS schools and matched group: *p<0.05; ***p<0.001

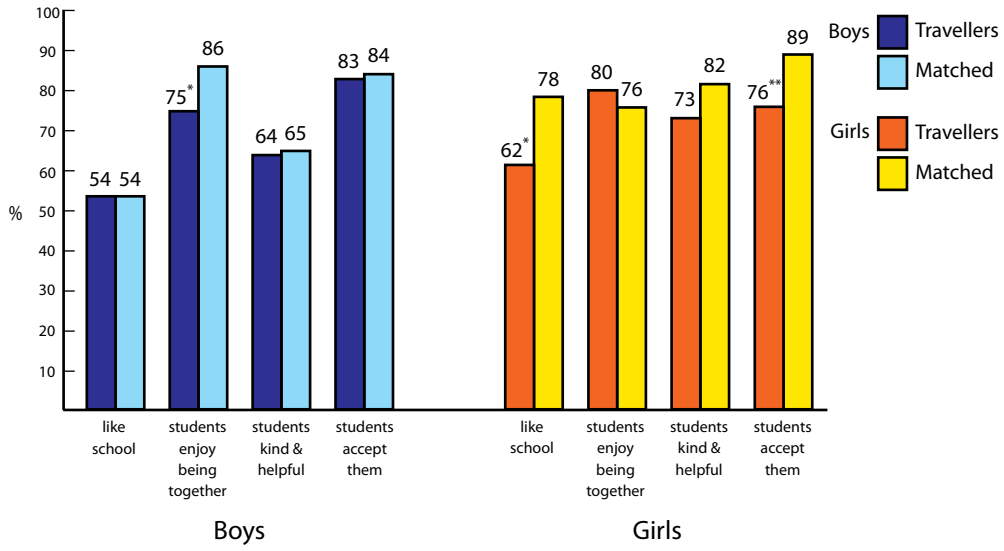
7. Social Context of Health

Students were asked to report how much they like their school and a series of questions about their classmates: whether they enjoy being together, whether they are kind and helpful and whether they feel that they are accepted by their classmates. Students were classified as liking school if they reported liking it 'a bit' or 'a lot', and were considered to agree with the statements about classmates if they indicated that they 'strongly agreed' or 'agreed'. In terms of relationships with others, students were asked to report how easy it is for them to talk to their father and mother about things that really bother them, how many evenings per week they spend with friends and how many friends of the same sex they have. The data below refer to those who report that communication with their parents is 'easy' or 'very easy', spend three or more evenings a week with friends and have at least three friends of the same sex.

7.1 Travellers

Fewer Traveller girls reported that they like school (62% vs. 78% of matched group; $p<0.05$) and that other students accept them as they are (76% vs. 89% of matched; $p<0.01$). In addition, fewer Traveller boys reported that students in their classes enjoy being together (75%) compared to the matched group (86%; $p<0.05$).

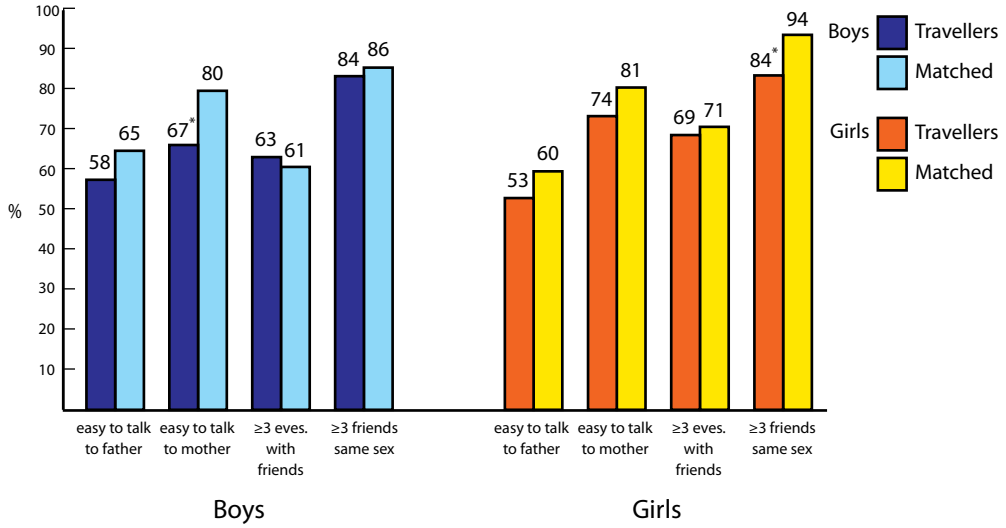
Figure 7.1: The school context of health for students from the Travelling Community and the matched sample by gender



Significance of difference between Traveller and matched group: *p<0.05; **p<0.01

Fewer Traveller students reported that they find it easy to talk to their mother (71% vs. 80% of matched; p<0.05). In relation to number of friends of the same sex: fewer Traveller girls reported that they have three or more friends of the same sex compared to the matched group (84% vs. 94%; p<0.05).

Figure 7.2: The social relationships of students from the Travelling Community and the matched sample by gender

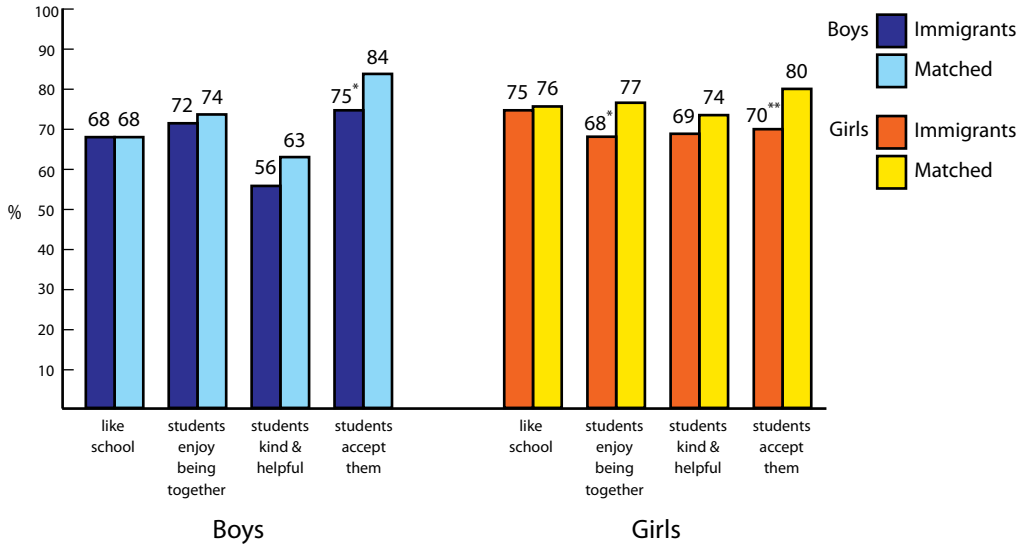


Significance of difference between Traveller and matched group: *p<0.05

7.2 Immigrants

Overall, immigrant students were less likely to report positive school perceptions. Fewer immigrant students reported that students in their classes are kind and helpful (62% vs. 68% of matched; p<0.05) or that students in their classes accept them as they are (73% vs. 82% of matched; p<0.001). Fewer immigrant girls reported that students in their classes enjoy being together (68% vs. 77% of matched; p<0.05).

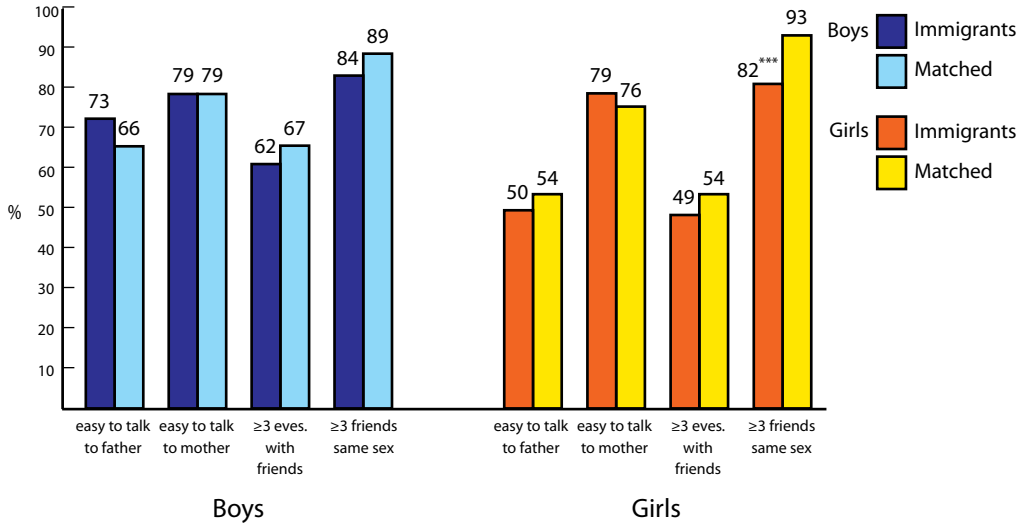
Figure 7.3: The school context of health for immigrant students and the matched sample by gender



Significance of difference between immigrant and matched group: *p<0.05; **p<0.01; ***p<0.001

Immigrant students were also less likely to report positive peer relationships: fewer immigrant students reported having three or more friends of the same sex (83% vs. 91% of matched; p<0.001).

Figure 7.4: The social relationships of immigrant students and the matched sample by gender



Significance of difference between immigrant and matched group: *p<0.05; **p<0.01; ***p<0.001

Overall, UK immigrant students were less likely to report that students in their classes enjoy being together, that students in their classes are kind and helpful or that other students accept them as they are. Fewer non-UK immigrant girls reported that other students accept them as they are, as compared to their matched group.

Table 7.1: The school context of health for sub-groups of immigrant students and the matched samples

ALL	UK %	Matched %	Non-UK %	Matched %
Like school	67	71	76	72
Students enjoy being together	70*	79	69	73
Students are kind and helpful	62*	71	62	65
Other students accept them as they are	74*	83	72**	81
BOYS				
Like school	65	66	71	69
Students enjoy being together	73	79	70	70
Students are kind and helpful	51**	68	59	58
Other students accept them as they are	75	84	75	84
GIRLS				
Like school	70	77	80	74
Students enjoy being together	68*	80	68	75
Students are kind and helpful	72	73	65	74
Other students accept them as they are	72	82	68*	79

Significance of difference between immigrant and matched group: *p<0.05; **p<0.01

Non-UK immigrant girls were less likely to spend three or more evenings with friends and to report having three or more friends of the same sex.

Table 7.2: The social relationships of sub-groups of immigrant students and the matched samples

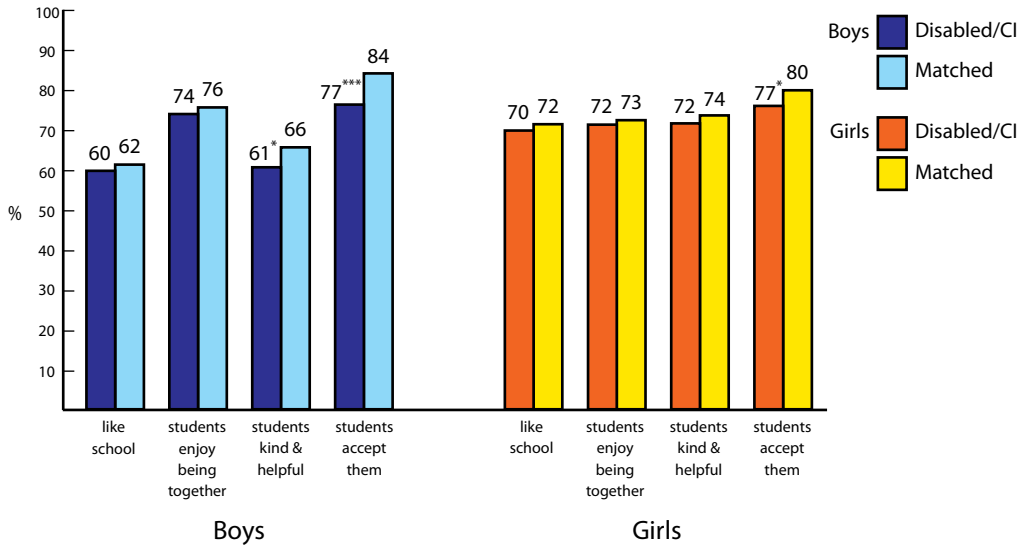
ALL	UK %	Matched %	Non-UK %	Matched %
Easy to talk to father	57	59	66	62
Easy to talk to mother	79	76	79	79
3+ evenings a week with friends	55	53	56**	68
3+ same-sex friends	86	90	79***	92
BOYS				
Easy to talk to father	69	66	76	67
Easy to talk to mother	81	77	77	80
3+ evenings a week with friends	60	61	63	72
3+ same-sex friends	85	90	82	88
GIRLS				
Easy to talk to father	46	52	54	56
Easy to talk to mother	76	75	81	78
3+ evenings a week with friends	50	47	48*	63
3+ same-sex friends	88	91	77***	96

Significance of difference between immigrant and matched group: *p<0.05; **p<0.01; ***p<0.001

7.3 Disability and Chronic Illness

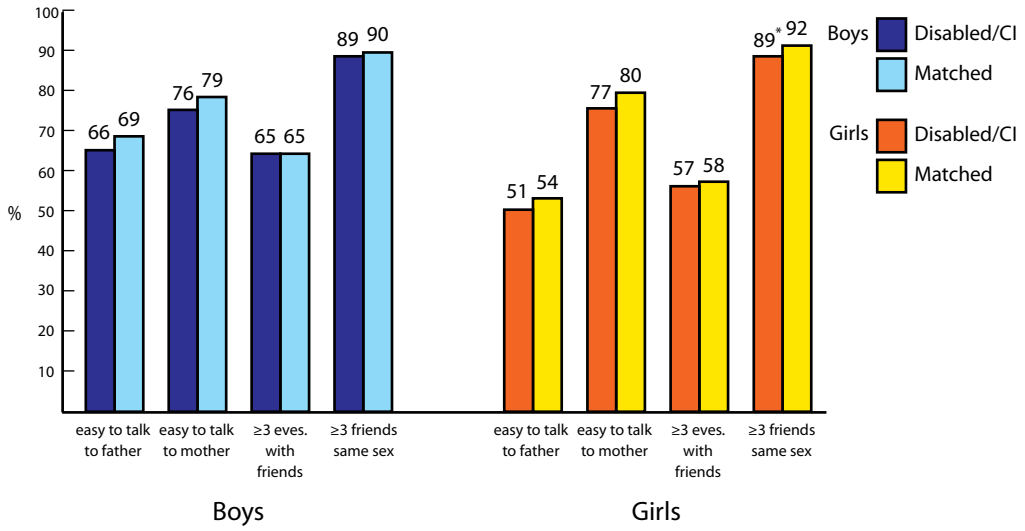
Fewer boys with a disability/CI reported that students in their classes are kind and helpful (61% vs. 66% of matched; $p<0.05$) and fewer students with a disability/CI reported that other students accept them as they are (77% vs. 84% of matched; $p<0.001$).

Figure 7.5: The school context of health for students with a disability/CI and the matched sample by gender



Significance of difference between disability/CI and matched group: *p<0.05; ***p<0.001

Figure 7.6 The social relationships of students with a disability/CI and the matched sample by gender



Significance of difference between disability/CI and matched group: *p<0.05

Fewer students with a disability/CI that affects daily activity reported liking school, while fewer students with a disability/CI, and with a disability/CI that affects activity reported that other students accept them as they are.

Table 7.3: The school context of health for sub-groups of students with a disability/ CI and their matched samples

ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
Like school	66	66	69	68	55***	67
Students enjoy being together	74	76	72	75	73	73
Students are kind and helpful	67	70	67	71	64	68
Other students accept them as they are	77**	83	78	81	74**	83
BOYS						
Like school	61	59	64	64	53*	64
Students enjoy being together	77	78	70	74	78	77
Students are kind and helpful	62	67	61*	67	61	63
Other students accept them as they are	79	83	77**	84	75**	84
GIRLS						
Like school	71	72	76	73	57**	71
Students enjoy being together	71	74	75	76	66	67
Students are kind and helpful	71	72	74	76	66	74
Other students accept them as they are	75*	82	79	78	74	82

Significance of difference between disability/CI and matched group: *p<0.05; ***p<0.001

Fewer boys with a disability/CI that affects daily activity reported that they find it easy or very easy to talk to their father and fewer girls with a disability/CI that affects daily activity reported that they find it easy or very easy to talk to their mother.

Table 7.4: The social relationships of sub-groups of students with a disability/CI and their matched samples

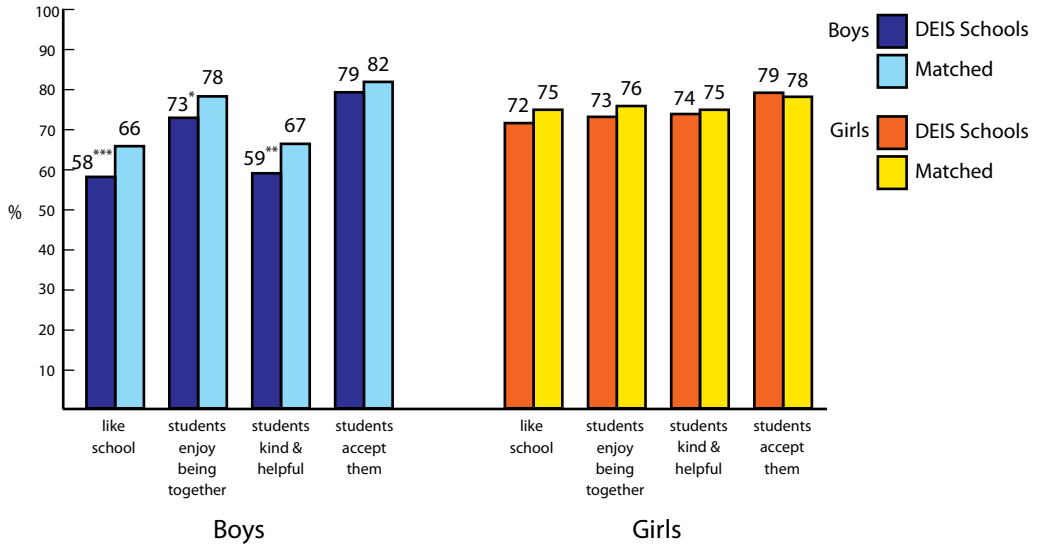
ALL	Illness %	Matched %	Medication %	Matched %	Affects Activity %	Matched %
Easy to talk to father	60	60	62	63	53**	61
Easy to talk to mother	78	81	79	78	72**	79
3+ evenings a week with friends	60	59	60	62	66	64
3+ same-sex friends	91	92	89*	92	86	87
BOYS						
Easy to talk to father	67	67	68	72	59*	68
Easy to talk to mother	78	79	77	81	73	76
3+ evenings a week with friends	63	64	64	63	69	69
3+ same-sex friends	92	92	88	91	87	86
GIRLS						
Easy to talk to father	57	54	54	54	44	53
Easy to talk to mother	78	82	81	76	70**	83
3+ evenings a week with friends	52	53	55	61	62	58
3+ same-sex friends	90	92	90	93	85	88

Significance of difference between disability/CI and matched group: *p<0.05

7.4 DEIS schools

Overall, boys in DEIS schools were less likely to report positive school perceptions than their matched group. In comparison to the matched group, fewer boys in DEIS schools reported liking school (58% vs. 66% of matched; p<0.001); that students in their classes enjoy being together (73% vs. 78% of matched; p<0.05); or that students in their classes are kind and helpful (59% vs. 67% of matched; p<0.01).

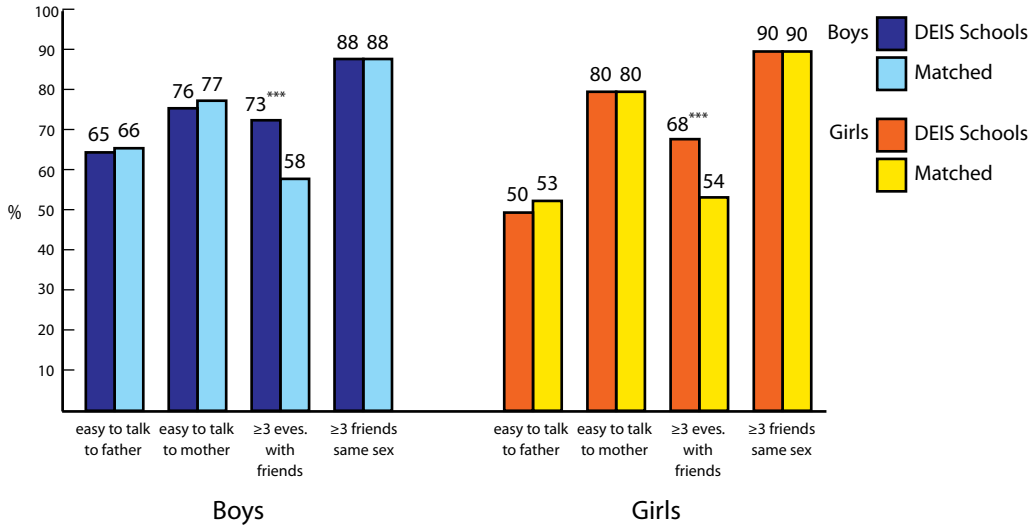
Figure 7.7: The school context of health for students in DEIS schools and the matched sample by gender



Significance of difference between DEIS schools and matched group: *p<0.05; **p<0.01; ***p<0.001

More students in DEIS schools reported spending three or more evenings with friends (70%) compared to their matched group (56%; p<0.001).

Figure 7.8: The social relationships of students in DEIS schools and the matched sample by gender



Significance of difference between DEIS schools and matched group: ***p<0.001

Project Team

Health Promotion Research Centre, National University of Ireland, Galway

Dr. Saoirse Nic Gabhainn	Principal Investigator HBSC (Republic of Ireland)
Dr. Michal Molcho	Deputy Principal Investigator HBSC Ireland
Dr. Colette Kelly	HBSC Project Manager/Senior Researcher
Ms. Aoife Gavin	Researcher
Ms. Pauline Clerkin	Researcher
Ms. Marie Galvin	Researcher
Ms. Geraldine Nolan	Researcher
Ms. Siobhan O'Higgins	Researcher
Ms. Lorraine Walker	Researcher
Ms. Christina Costello	Administrative support

Advisory Committee

Mr. Robbie Breen	Department of Health and Children
Dr. Seán Denyer	Director of Public Health, Health Services Executive
Dr. John Devlin	Deputy Chief Medical Officer, Department of Health and Children
Dr. Sinéad Hanafin	Head of Research, Office of the Minister for Children
Mr. Hugh Magee	Senior Statistician, Department of Health and Children
Ms. Olive McGovern	Department of Health and Children
Mr. Brian Mullen	Department of Health and Children
Mr. Brian Neeson	Functional Manager, Health Promotion Research & Development, Health Services Exeuctive

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HBSC Ireland, Health Promotion Research Centre,
National University of Ireland, Galway.
www.nuigalway.ie/hbsc