

Paper presented at the WELLCHI Network Conference 2

**Well-being of children and labour markets in Europe
Different kinds of risks resulting from various structures and changes in the labour
markets**

Centre for Globalisation and Governance, University of Hamburg

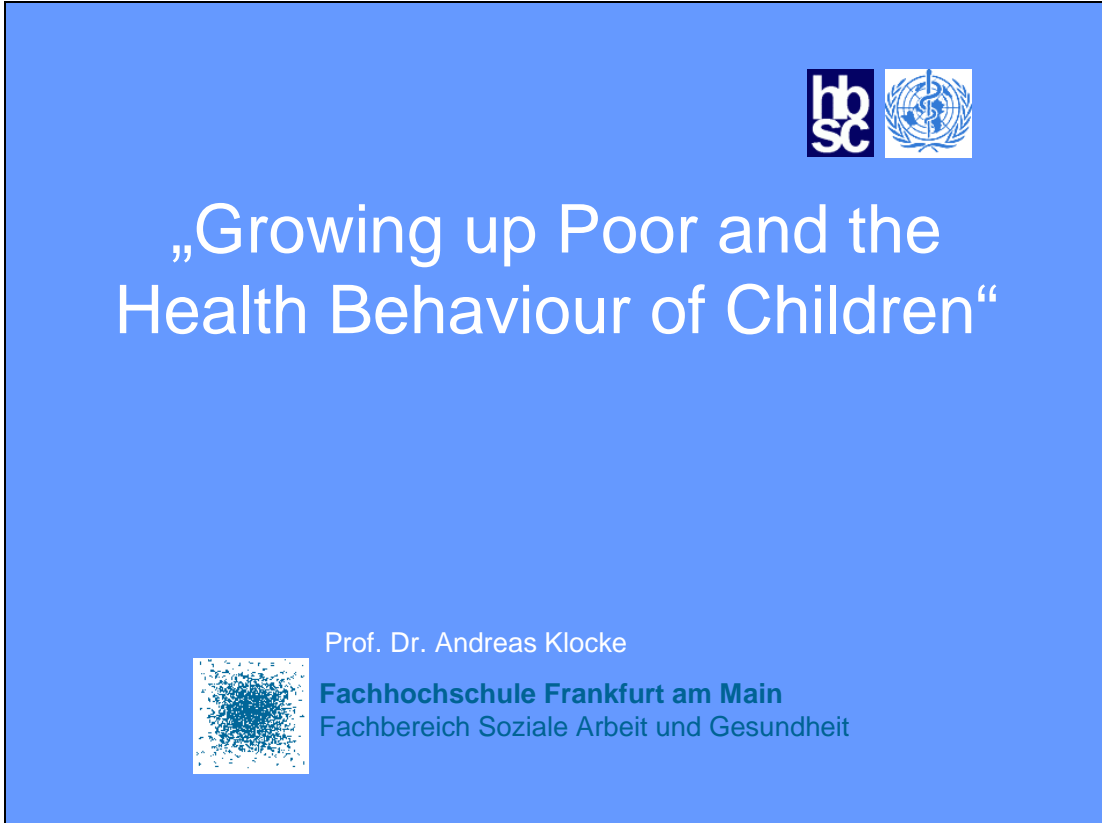
March 31 – April 1, 2006

Growing up Poor and the Health Behaviour of Children



Andreas Klocke, *UAS Frankfurt am Main*

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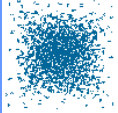
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The slide features a blue background with white text and logos. In the top right corner, there are two logos: 'hb sc' and the United Nations emblem. The main title is centered in white text. At the bottom left, there is a small square logo with a blue and white pattern. To its right, the author's name and affiliation are listed in white text.



„Growing up Poor and the
Health Behaviour of Children“

 Prof. Dr. Andreas Klocke
Fachhochschule Frankfurt am Main
Fachbereich Soziale Arbeit und Gesundheit

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Growing up Poor and the Health Behaviour of Children

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Child poverty rates (Percent)

Country and year of survey	Poverty rates 50% of median
USA (2000)	21,9
United Kingdom (1999)	15,3
Italy (2000)	16,6
Poland (1999)	12,7
Germany (2000)	9,0
Hungary (1999)	8,8
Sweden (2000)	4,2

Source: Luxembourg Income Survey
[<http://www.lisproject.org/keyfigures/childpovrates.htm>; 2006-01-24]

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Child poverty rates by family type (Percent)

Country and year of survey	Two-Parent Family	Single Mother	% of Children in Single Mother Families
USA (2000)	14,8	49,3	19,5
United Kingdom (1999)	9,9	33,8	21,7
Italy (2000)	16,5	(19,2)*	4,9
Poland (1999)	12,2	18,0	9,9
Germany (2000)	4,9	37,8	12,5
Hungary (1999)	8,2	(-)**	6,7
Sweden (2000)	2,3	12,9	17,8

Source: Luxembourg Income Survey
[<http://www.lisproject.org/keyfigures/childpovrates.htm>; 2006-01-24]


* Estimates based on 15-30 observations only
** less than 15 observations

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Health Behaviour in School Aged Children – A WHO Cross National Survey (HBSC)

?Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The study aims to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context.

?The target population of the HBSC study is young people attending school, aged 11, 13 and 15 years old.

?The survey is carried out on a nationally representative sample in each participating country. The sample consists of approximately 1500 from each age group (4 year cycle).


?**Background factors:** demographics and maturation, social background (family structure, socio-economic status)
Individual and social resources: body image, family support, peers, school environment
?Health behaviours: physical activity, eating and dieting, smoking, alcohol use, cannabis use, sexual behaviour, violence and bullying, injuries
?Health outcomes: symptoms, life satisfaction, self-reported health, Body Mass Index

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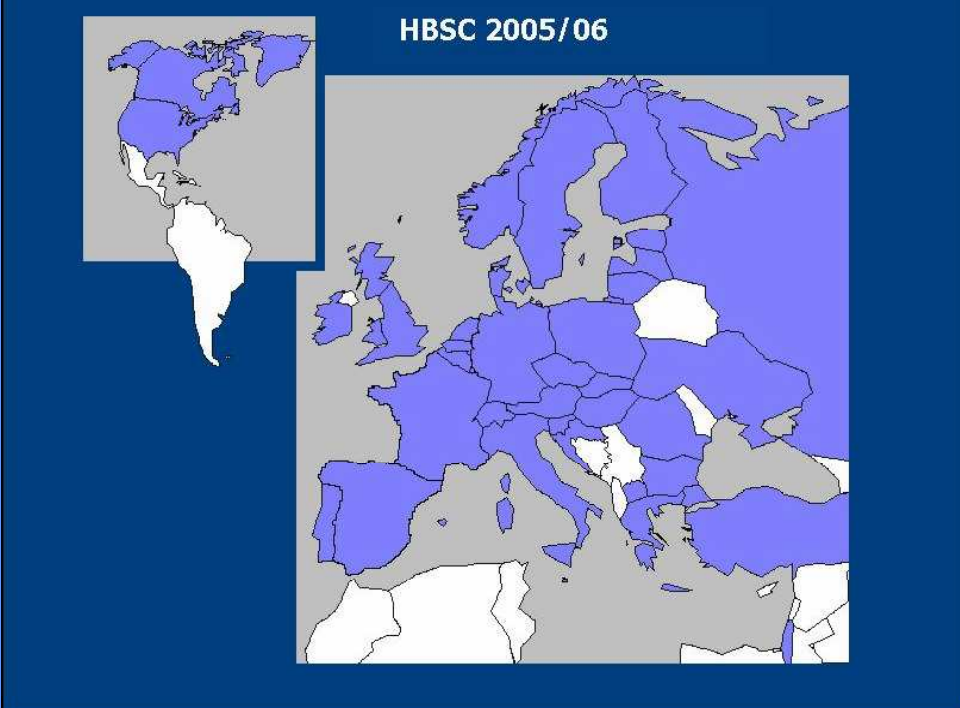
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HBSC 2005/06



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Growing up Poor and the Health Behaviour of Children

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Percent of Children who never or rarely (once per week) brush their teeth by social background
11-15 year olds



Country	Poverty (lowest 10%)	Well off (highest 10%)	Odds ratio	N
Austria	6	4	1,5	827
Germany	5	3	2,1	976
Italy	13	7	1,9	780
Hungary	14	4	3,7	893
Poland	16	5	3,6	1267
Sweden	6	2	3,8	697
UK	7	3	2,2	905
USA	7	3	2,8	914

Source: Health Behaviour in School Aged Children Survey 2002
* Total number of surveyed children ranges from N= 3.500-6.500 per country
N_total=45.350

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Percent of Children who never or rarely (less than 1 hour per week) doing sports by social background
11-15 year olds



Country	Poverty (lowest 10%)	Well off (highest 10%)	Odds ratio	N
Austria	8	4	2,5	833
Germany	11	2	5,5	989
Italy	17	9	2,1	786
Hungary	19	3	6,6	897
Poland	8	7	1,2	1268
Sweden	12	4	1,6	703
UK	9	3	3,1	907
USA	18	7	3,1	916

Source: Health Behaviour in School Aged Children Survey 2002
* Total number of surveyed children ranges from N= 3.500-6.500 per country
N_total=45.350

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**Percent of Children who are regular smokers (every day)
by social background**
11-15 year olds



Country	Poverty (lowest 10%)	Well off (highest 10%)	Odds ratio	N
Austria	7	6	-	833
Germany	14	12	-	989
Italy	6	7	-	897
Hungary	12	7	1,7	897
Poland	10	6	1,7	1268
Sweden	4	5	-	703
UK	9	6	1,7	907
USA	6	3	1,8	916

Source: Health Behaviour in School Aged Children Survey 2002
* Total number of surveyed children ranges from N= 3.500-6.500 per country
N_total=45.350

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**Percent of Children with sleeping difficulties (more than once per week)
by social background**
11-15 year olds


Country	Poverty (lowest 10%)	Well off (highest 10%)	Odds ratio	N
Austria	19	17	-	833
Germany	15	10	1,7	989
Italy	18	18	-	786
Hungary	21	16	1,4	897
Poland	20	14	1,6	1268
Sweden	31	21	1,7	703
UK	27	23	1,2	907
USA	28	23	1,3	916

Source: Health Behaviour in School Aged Children Survey 2002
* Total number of surveyed children ranges from N= 3.500-6.500 per country
N_total=45.350

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Concept of Social Capital

Social Capital I
Quality of Neighbourhood

statements (selection):

"People say hello and often stop to talk to each other in the street"

"I could ask for help or a favour from neighbours "

"Most people around here would try to take advantage of you if they got the chance "

Social Capital II
Integration in School, Sport Clubs, and Organisations

statements (selection):

Are you involved in any of these kinds of club or organisation? Sport Club, Voluntary Service, church or religious group, etc.

"Our school is a nice place to be, I feel I belong at this school"

Social Capital III
Quality of Child-Parent Relations

statements (selection):

"How easy is it for you to talk to the following persons about things that really bother you?"


Father
Mother
Stepfather
Stepmother
Brother/Sister
Friends
etc.

Total Summ of Social Capital:
Additive Summscore of all three forms of social capital

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Impact of Social Capital on the Health and Health Behaviour of Young People by Social Background



(Percent)

	Wellbeing: fair/poor	
	Social Capital	
	low	high
Social Inequality		
low	46	23
2. Quintil	31	20
3. Quintil	41	20
4. Quintil	52	25
high	44	22

Quelle: HBSC Survey 2002, Germany, Hesse
* p ≤ 0,01; N = 3.234

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Impact of Social Capital on the Health and Health Behaviour of Young People by Social Background

(Percent)

Social Inequality	Smoking: daily	
	Social Capital	
	low	high
low	17	6
2. Quintil	23	9
3. Quintil	15	13
4. Quintil	22	11
high	16	8

Quelle: HBSC Survey 2002, Germany, Hesse
* $p \leq 0,01$; N = 3.234