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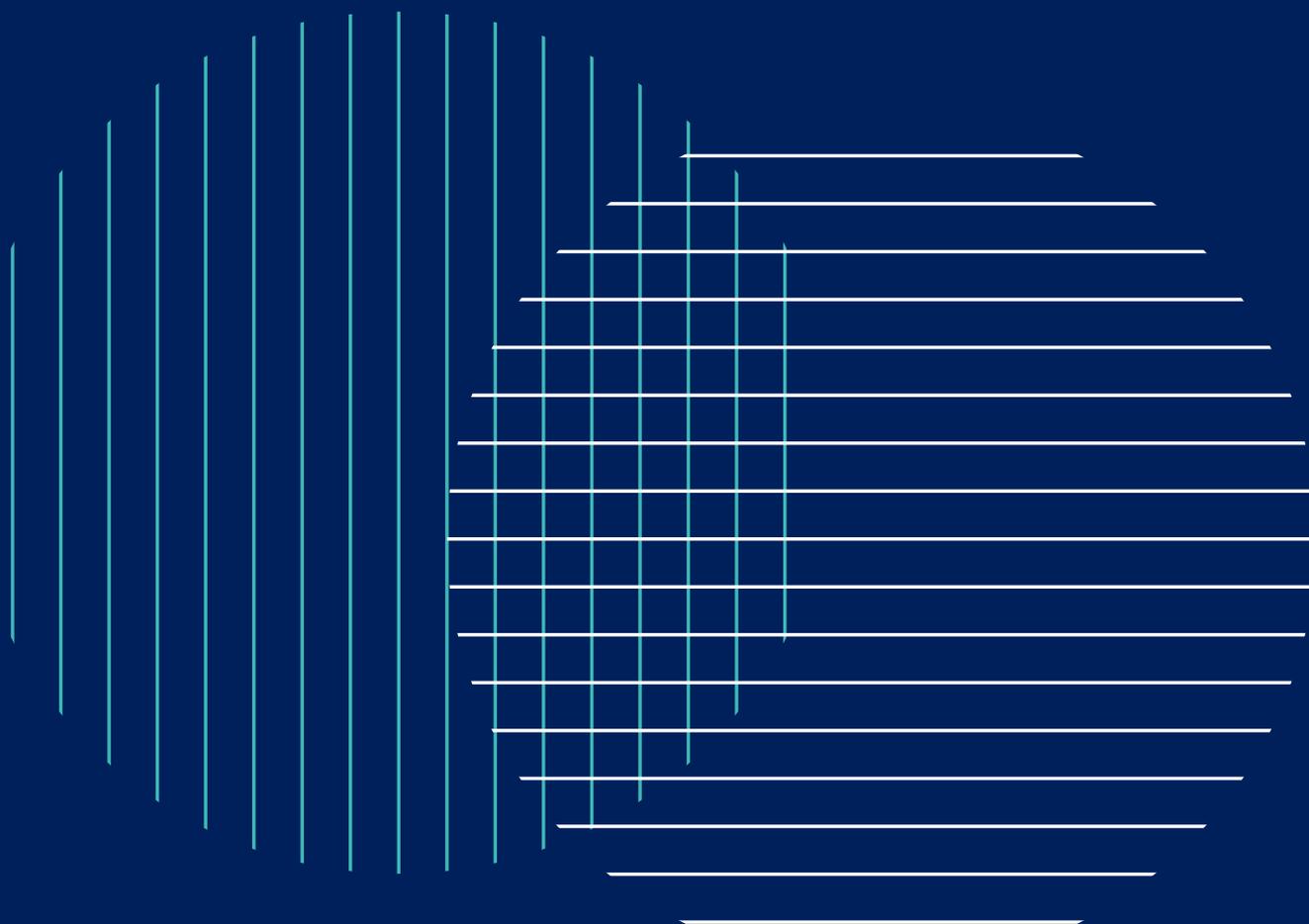
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HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN

A focus on adolescent social contexts in Europe, central Asia and Canada

**Health Behaviour in School-aged Children international report from the
2021/2022 survey**

Volume 7



Petr Badura, Charli Eriksson, Irene García-Moya,
Petra Löfstedt, Marina Melkumova, Kalina Sotiroska,
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Abstract

The Health Behaviour in School-aged Children (HBSC) study is a large school-based survey carried out every four years in collaboration with the WHO Regional Office for Europe. HBSC data are used at national/regional and international levels to gain new insights into adolescent health and well-being, understand the social determinants of health and inform policy and practice to improve young people's lives. The 2021/2022 HBSC survey data are accompanied by a series of volumes that summarize the key findings around specific health topics. This report, Volume 7 in the series, focuses on the social context of adolescents' lives, using the unique HBSC evidence on adolescents aged 11, 13 and 15 years across 44 countries and regions in Europe, central Asia and Canada. It describes the status of adolescent family and peer relationships and school experiences, the role of gender, age and social inequality, and changes in adolescents' social context over time. Findings from the 2021/2022 HBSC survey provide an important evidence benchmark for current research, intervention and policy-planning.

Keywords

HEALTH BEHAVIOR
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Foreword

Young people around the world face many challenges. Research shows that acceleration of climate change, migration, and economic and political instability – to name just three factors – are having profound effects on their health and well-being. The coronavirus disease (COVID-19) pandemic and, more specifically, the mitigation measures put in place by countries around the world to stop the spread of the virus, changed the way children and young people live their lives. And now, for the first time in decades, war is being waged in Europe.

Colossal global events like these inevitably have huge effects on young people. But it is the narratives of young people's everyday lives – their relationships with family, friends and teachers, self-image, levels of physical activity, what they eat and drink and their experiences at school, for instance – that determine to a large extent their overall sense of mental and physical health and well-being.

It is vital that we understand the impacts of all these issues on young people and identify what countries and regions can do to further promote adolescent health and positive health behaviours.

In this regard, we are so fortunate in the WHO European Region to have the Health Behaviour in School-aged Children (HBSC) study. HBSC is a school-based survey carried out every four years in collaboration with the WHO Regional Office for Europe. It tracks, monitors and reports on self-reported health behaviours, health outcomes and social environments of boys and girls aged 11, 13 and 15 years. The most recent survey (2021/2022) was conducted across 44 countries and regions of Europe, central Asia and Canada, and included an optional set of questions that measured the perceived impacts of the COVID-19 pandemic.

This report, Volume 7 in the series, focuses on findings from the HBSC survey on adolescent social contexts – how young people experience their social environments at home, with peers and in school. We know that strong relationships with family, peers and classmates are vital to adolescents' healthy development, but the report reveals some worsening trends in these areas. In particular, adolescent girls across countries and regions report less positive family and peer relationships, putting them at risk of poorer health and well-being outcomes.

Good learning environments in schools are also key to enhancing adolescents' educational, vocational and health prospects. Again, however, the report shows negative trends across many countries and regions in all aspects of school experience, with increases in school pressure and decreases in levels of school satisfaction, teacher support and classmate support. Older adolescents – particularly girls – are more negatively affected. This may, to some extent, reflect the disruption to school life caused by the COVID-19 pandemic.

These findings emphasize the need for child-focused policies and spending that aim to achieve positive outcomes for adolescents, families and societies.

I congratulate and thank those responsible for the HBSC/WHO Regional Office for Europe collaborative study for once again providing timely, reliable and clear evidence that countries and regions can use as a springboard to step-up existing initiatives and develop new policies to counter the ongoing challenges young people face.

Hans Henri P. Kluge
WHO Regional Director for Europe

Preface

The Health Behaviour in School-aged Children (HBSC) study provides unique insights into the health and well-being of adolescents across Europe, central Asia and Canada. In this, the study's 40th anniversary year, we are delighted to be launching the findings from the 11th consecutive international survey in a series of topic-based volumes.

Over the past four decades, the study has grown to include over 50 countries and regions. The scope of the study has broadened over this time to encompass emergent priorities for adolescent health, while also seeking to maintain the ability to monitor longer-term trends that provide invaluable insights into how the lives of adolescents have changed over recent decades. The 2021/2022 survey included a wide range of measures of adolescent health and health behaviours and the social context in which they grow up, including family and peer relationships, school experience and online communication. As the first HBSC survey since the coronavirus disease (COVID-19) pandemic, measures were included to understand the ongoing impact of the pandemic on adolescent health. A special focus was placed on mental health, with new measures of mental well-being, loneliness and self-efficacy.

For the first time, the HBSC international report is also presented online through a new data browser that allows users to view the data through a series of interactive charts and figures. The release of the new data is accompanied by a series of volumes that summarize the key findings around specific health topics. This report, Volume 7 in the series, focuses on adolescent social contexts. It presents some challenging findings, including recent decreases in perceived support from family, friends, teachers and classmates. Gender and age differences were also observed, with lower levels of family support, poorer parental communication and higher levels of school-related stress among girls and older adolescents. These findings have important implications for young people's mental health and other health outcomes throughout the adolescent years.

HBSC involves a wide network of researchers from all participating countries and regions. The data collection in each country or region is funded at national/regional level. We are grateful for the financial support and guidance offered by government ministries, research foundations and other funding bodies for the 2021/2022 survey round. We would also like to thank our valued partners, particularly the WHO Regional Office for Europe, for their continuing support, the young people who took part in the survey and shared their experiences with us, including those who provided the quotations that feature throughout the report, schools and education authorities for making the survey possible, and all members of the national HBSC teams involved in the research.

High-quality, internationally comparable data continue to be essential to support international policy development and monitor progress towards global targets such as the United Nations Sustainable Development Goals. At national/regional level, HBSC data provide key scientific evidence to underpin health improvement initiatives and can be used to track progress on health priorities. With its long-term trends, the HBSC study enables us to monitor the impact of wider societal change and individual lifestyles on health outcomes for the adolescent age group. Importantly, it lets us hear from young people themselves about the issues that matter to them and the factors that affect their health and well-being. While there are many challenges to address, the data also highlight the importance of providing caring and supportive environments in which adolescents can thrive.

Jo Inchley
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Key findings and implications

Key findings

Family and peer relationships

- Three quarters (74%) of adolescents reported living with both parents, but there were large variations in rates by country/region.
- Around two thirds (68%) of adolescents reported high levels of family support.
- Eight out of 10 (83%) adolescents found it easy to talk to their mother and seven out of 10 (71%) to their father.
- Boys reported higher family support, easier communication with both mother and father and taking family meals more frequently than girls. Gender differences in ease of communication with parents were particularly pronounced for talking to fathers, compared with talking to mothers.
- Girls (62%) were more likely than boys (55%) to report high levels of support from their peers.
- The proportions of adolescents rating their social contexts positively decreased with age.
- Higher family affluence was linked with higher levels of support from family and peers, easier communication with parents and more frequent daily family meals.
- Family and peer contexts have become less favourable since 2018, particularly for girls aged 13 and 15. The gender disparity in family-related indicators has widened, with the gap at its largest since 2014.
- Around half of adolescents reported high support from both family and their peers, but one in five (21%) did not perceive high support either from their families or peers.
- Adolescents perceiving high support from both family and their peers rated their mental health better than those with high support from just one source or none.
- Having high support only from family was associated with more favourable mental health outcomes than having high support only from peers.
- Large cross-national/regional variations and apparent geographical patterns across all measures indicate the strong cultural dependence of family and peer relationships.

School experience

- School satisfaction was highest at age 11 (34%) and decreased with age thereafter (19% at age 15).
- School pressure increased with age, especially in girls. The gender gap grew, with girls aged 13 and 15 years reporting higher levels of pressure from schoolwork than boys.
- Teacher support decreased for both boys and girls between 11 (68%) and 15 (42%) years. Gender differences were found in teacher support, with 13- and 15-year-old girls being less likely to report high support from teachers.
- Classmate support was higher at age 11 and tended to decrease at older ages in girls and to a lesser extent in boys.
- Variability was seen across countries and regions, with differences in levels of school satisfaction, school pressure and teacher and classmate support. The magnitude and direction of gender and age differences also varied.
- No significant socioeconomic differences in school experience were identified in most countries and regions.
- Compared with 2018, young people, especially girls, generally reported more negative school experiences.

Implications

Family and peer relationships

- Countries and regions should consider the need to develop comprehensive family-focused strategies and child-focused policies and spending, as each of these is important in achieving positive outcomes for adolescents, families and societies.
- Adolescent girls across countries and regions are struggling in their family and peer relationships. School-based prevention programmes that address social and emotional learning and relational skills may be particularly beneficial for girls.
- The similar trends observed across countries and regions in gender and socioeconomic disparities highlight the need for a multifaceted approach to better support adolescents in developing strong family and peer relationships.
- There is a need to address the larger systemic issue of income inequality through policies such as specific family benefits, as income inequality was negatively associated with all family and peer variables.

School experience

- The coronavirus disease (COVID-19) pandemic led to drastic changes in school life that have affected adolescents' school experiences, so the findings presented in this report have important implications for education policy and practice.
- The increase in school pressure from 2018 to 2022 in many countries and regions, particularly among girls, highlights the need for school-based interventions to target high levels of school stress and create more supportive environments for students.
- Decreases in school satisfaction, teacher support and classmate support with age also require attention through enhanced efforts to promote a more inclusive and friendly school climate that is supportive of adolescents' changing developmental needs.
- Implementing measures that aim to create a good learning environment in schools is key not only to improving academic achievement, but also to enhancing children's and adolescents' lifelong learning opportunities and chances for good health and well-being.
- Evidence demonstrates that whole-school approaches to health and sustainable development are closely linked, showing that the health of pupils and the sustainable environments in which they live are fundamental to their learning outcomes. Networks such as Schools for Health in Europe provide relevant materials to support policy-makers and schools to create sustainable policies and actions to ensure that every school is a health-promoting school.

Introduction

Development through adolescence is shaped by the social contexts in which young people live. Well functioning relationships at home, with peers and in school promote healthy development, help protect adolescents against structural determinants of health inequalities such as poverty and deprivation, and increase their ability to thrive even in poorer life circumstances (1–3).

As young people develop through adolescence, they engage in broadening social contexts. Their relational needs change as they develop increasing autonomy from the family. The experiences and interactions within these contexts are important for the development of interpersonal skills, coping mechanisms and identity formation. They also play a key role in the mental well-being of young people, having either a beneficial or detrimental impact depending on their quality (4).

Concerns about mental health issues in adolescents, particularly mid-adolescent girls, are rising (5). Previous surveys of the Health Behaviour in School-aged Children (HBSC) study have shown mid-adolescent girls to have poorer family and school experiences but higher quality peer relationships than adolescent boys (6,7). Social contexts play an influential role in adolescence; monitoring them can identify opportunities to improve health and well-being outcomes for young people.

The coronavirus disease (COVID-19) pandemic rapidly reshaped adolescents' social contexts. Social distancing regulations and school closures restricted opportunities to socialize with friends and increased time spent with family at home. The pandemic presented unique social challenges to adolescents' changing relational needs. Evidence of the lasting impact of COVID-19 on young people's psychosocial development is still emerging, but mid-pandemic evidence suggests that social support was key to reducing the negative impact of the pandemic, even more so than factors such as age, gender and socioeconomic background. As in non-pandemic times, family support offered the most protection, followed by support from teachers, then by classmates and lastly by peers (8).

The 2021/2022 HBSC survey offers unique insights into the social contexts of young people aged 11, 13 and 15 across 44 countries and regions in Europe, central Asia and Canada. Specifically, the data provide evidence on how young people experience their social environments at home, with peers and in school, and highlight opportunities for prevention and intervention within these contexts.

This report presents evidence on adolescents' social contexts in a post-COVID-19 landscape. The first part of the report focuses on family and peer relationships and the second on adolescents' experiences at school. Key policy implications and recommendations that address the social context of adolescents across family, peer and school settings are presented.

Family and peer relationships

Family structure and relationships and peer relationships have been linked to a wide range of health behaviours and outcomes, including mental health (9,10), physical activity (11) and somatic health complaints (12). Many factors determine the functioning of the family and its significance for young people's health and development, but the family unit as a setting for health is of great importance (13).

Adolescent–parent communication has been identified as a meaningful indicator of the quality of relationships between adolescents and their parent(s) (14). Better communication is associated with better psychosocial functioning and fewer internalizing and externalizing problems (15,16). Having frequent family meals can also contribute to a healthy family environment and is related to higher self-esteem and school success, and reduced health risk behaviours (17).

Burgeoning independence during the adolescent period can raise tensions in adolescent–parent relationships. Peer relationships gradually increase as important sources of support and identity formation during adolescence (1). Peer relationships play a role in emotional regulation (18) and influence life satisfaction into young adulthood (19). Despite this, the family unit remains an important source of support for young people, and higher levels of support from families is associated with higher life satisfaction (20).

The first part of this report focuses on family and peer relationships and describes:

- adolescents' perceptions of family and peer environments across a range of indicators (Table 1 and the Annex);
- the role of gender, age and social inequality; and
- how adolescents' perceptions of their social environments have changed over time since the 2013/2014 HBSC survey.

Table 1. Family and peer relationship measures included in the report

Measures	Items
Family structure	Young people were asked about their family living arrangements and who they lived with most of the time. Findings presented here show the proportions who reported living primarily with both parents, within a stepfamily, within a single-parent family or some other arrangement (for instance, a foster home or cared for by non-parental family member).
Family support	Family support was measured using the family subscale of the Multidimensional Scale of Perceived Social Support (21). Young people were asked if they feel that their family really tries to help them, that they can get emotional support from them when they need it, they can talk to their family about problems, and if their family is willing to help them make decisions. Seven response options ranged from very strongly disagree [1] to very strongly agree [7]. The four items were combined to create a mean score. Findings presented here show the proportions who scored 5.5 or more, categorized as high perceived family support.

Table 1 contd

Measures	Items
Family communication: ease of communication with mother and father	Young people were asked how easy it is for them to talk to their mother and father about things that really bother them. Response options ranged from very easy to very difficult. Findings presented here show the proportions who reported finding it easy or very easy to talk to their mother and father.
Family meals	Young people were asked how often they eat a meal with their family. Findings presented here show the proportions reporting eating a meal with their family every day.
Peer support	Peer support was measured using the peer subscale of the Multidimensional Scale of Perceived Social Support (21). Young people were asked if they feel that their friends really try to help them, that they can count on them when things go wrong, if they had friends with whom they can share their sorrows and joys, and if they can talk to them about their problems. Seven response options ranged from very strongly disagree [1] to very strongly agree [7]. The four items were combined to create a mean score. Findings presented here show the proportions who scored 5.5 or more, categorized as high perceived peer support.

For trends analyses, the HBSC average is calculated for countries and regions present in all three survey rounds. The 2022 prevalence for the trends analyses may therefore differ from the 2022 prevalence set out elsewhere in this report because the baseline number of countries and regions differs.



*The role of family is very important because with family we have someone to confide in, we can talk about what happens to us on a daily basis and we can be happier.
(Girl, Portugal)*

Insights into adolescents' family and peer relationships

Family structure

Overall, around three in four children (74%) lived with both of their parents. There was large geographical variation, ranging from 51% in Denmark (Greenland) to 94% in Tajikistan. Prevalence of living with both parents largely has remained stable since 2014. A small increase (greater than 5 percentage points) was seen in Croatia, Sweden and United Kingdom (Wales), while a small decrease (5 percentage points or more) was seen in Albania, Austria, Bulgaria, Finland, Luxembourg, Malta, North Macedonia and the Republic of Moldova.

Adolescents living in single-parent households were five times more likely to live with their mother (14%) than their father (3%). The highest proportion of adolescents living only with their mother was seen in Kazakhstan (22%) and the highest proportion living only with their father in Denmark (Greenland) (6%). One in 12 adolescents (8%) lived in a stepfamily, but this varied at country/region level from 1% in Tajikistan to 17% in Denmark (Greenland). Overall, 2% said they lived in a foster home or other type of home.

Adolescents from high-affluence (wealthier) families in most countries and regions were more likely to live with both of their parents. No socioeconomic differences were found in only six countries and regions.

Family support

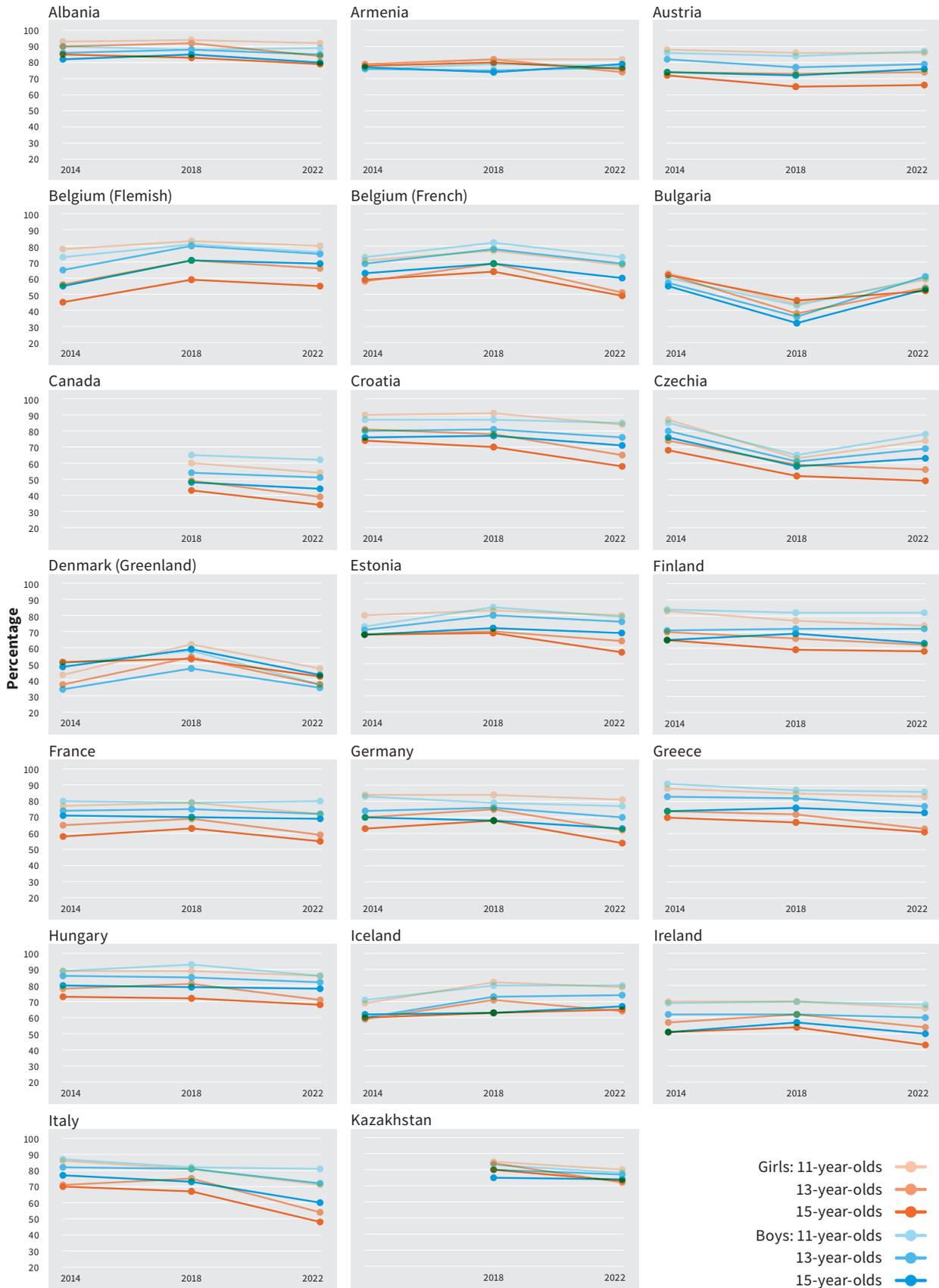
Overall, 68% of adolescents reported high levels of support from their family (71% of boys and 65% of girls). Younger adolescents were more likely to report high family support, with three in four (76%) 11-year-olds doing so compared with 61% of 15-year-olds. In general, boys were more likely to report high family support than girls, and this gender gap became more pronounced with age. However, the reverse was true for 11-year-olds in three countries/regions (Albania, Denmark (Greenland) and Kyrgyzstan), where prevalence of high family support was higher among girls than boys.

A positive association between family affluence and perceived support was seen in most countries and regions, with adolescents from high-affluence families reporting higher levels of support from their families. The largest difference between low- and high-affluence groups was seen in Bulgaria for both boys (23 percentage points) and girls (18 percentage points).

The proportion of adolescents reporting high family support differed significantly across countries and regions. The highest levels of support were reported by adolescents in Albania, Denmark, Switzerland and Tajikistan. The lowest levels were found in Canada, Czechia, Poland, United Kingdom (England), United Kingdom (Scotland) and United Kingdom (Wales).

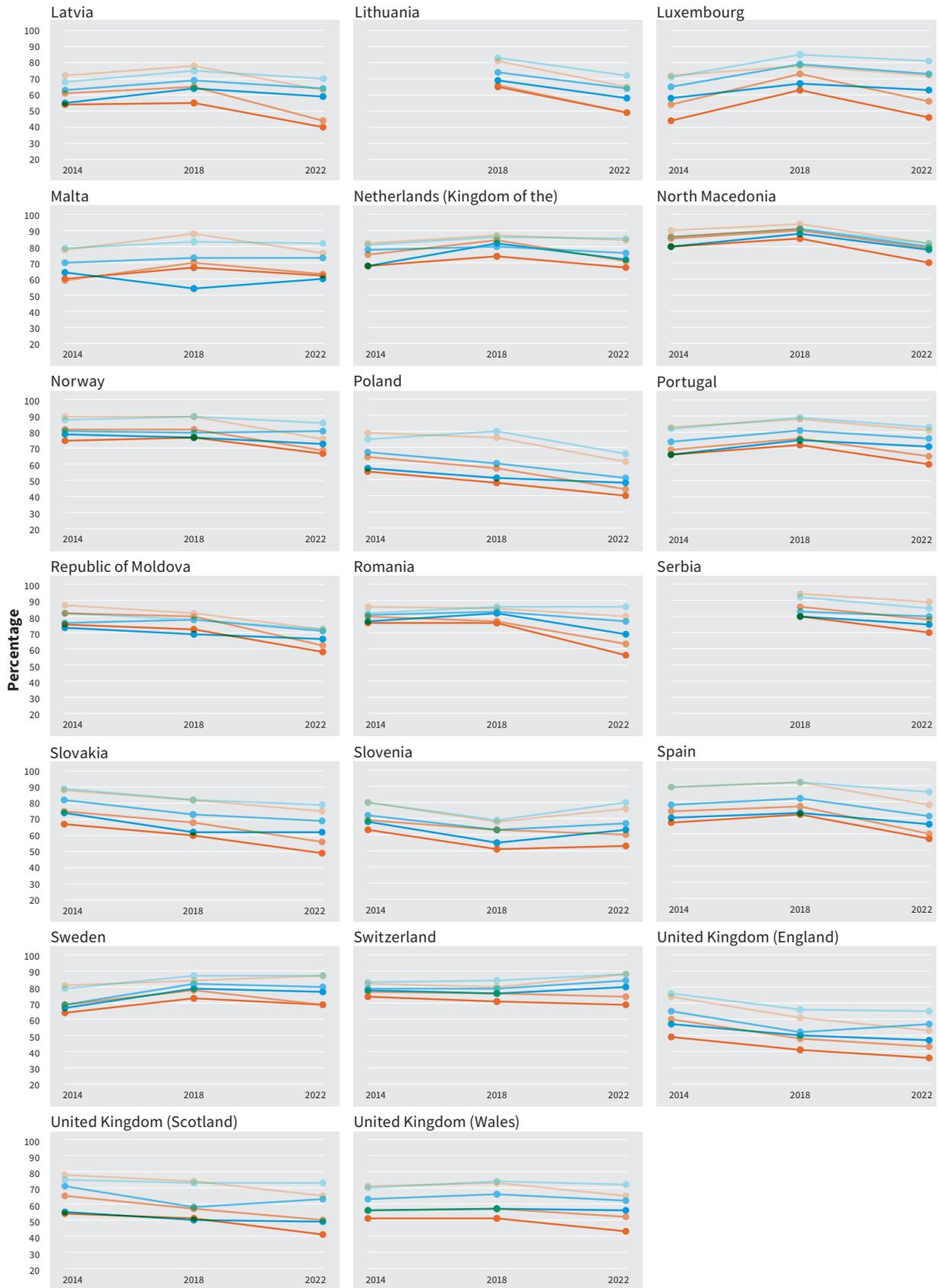
The proportion of boys and girls reporting high levels of support from their families remained stable between 2014 and 2018. Between 2018 and 2022, however, a decrease was seen in the proportion of girls reporting high levels of support from their families, especially among 13- and 15-year-olds (10 and 9 percentage-point difference respectively) (Fig. 1). In comparison, overall prevalence has remained relatively stable among boys since 2018. This change among girls since 2018 increased the gender gap seen in family support.

Fig. 1. County/region-level trends 2014–2022, high family support by age and gender



Note: no data were received in 2014 from Canada, Kazakhstan, Lithuania and Serbia. Trends for Cyprus, Denmark, Kyrgyzstan and Tajikistan are not presented as data were available only for 2022.

Fig. 1 contd



While an increase in family support since 2018 was observed in some countries and regions, this was not consistent across all age and gender groups. Only Bulgaria showed an increase among both boys and girls at all ages, with levels being similar to those in 2014.

Family communication

Overall, 83% of adolescents found it easy to talk to their mother and 71% to their father about things that bother them. Boys were more likely than girls to find it easy to talk to both parents, with this gender difference being more pronounced for paternal communication in all age groups. The gender gap in ease of maternal communication increased with age, with 15-year-old girls least likely to find it easy to talk to their mother.

Ease of communication with both parents decreased with age in most countries and regions, with younger adolescents being more likely to report that they found it easy to talk to their mother (88% at 11 years versus 78% at 15 years) and father (79% at 11 versus 65% at 15).

A social gradient was evident, with adolescents from high-affluence families being more likely to find it easy to talk to their parents. This socioeconomic disparity was more common among girls and related specifically to communication with their father. There was large cross-national/regional variation in the proportion of adolescents who found it easy to talk to their father (from 38% of 15-year-old girls in Belgium (French) to 92% of 11-year-old boys in Albania and Sweden) and to their mother (from 59% of 15-year-old girls in Belgium (French) to 97% of 11-year-old girls in Albania).

The proportion of adolescents finding it easy to talk to their mother remained relatively stable between 2014 and 2018, but an overall decrease in the proportion of girls who reported that they found it easy to communicate with their parents was seen between 2018 and 2022. This was found more often (in about half the countries and regions) for maternal communication. There has been no significant change for boys communicating with their parents since 2018, but an increase in easy parental communication since 2018 was observed for boys and girls in Denmark (Greenland) and Malta.

Family meals

Overall, 49% of adolescents reported eating a meal with their family every day. Boys were more likely to have daily family meals than girls, and this gender gap widened with age. The frequency of family meals also decreased with age for both boys and girls, with older adolescents being less likely to eat a meal with their family every day. These gender and age differences were consistent across most countries and regions; the highest rates of having daily meals with family were among 11-year-old boys (56%) and lowest among 15-year-old girls (41%).

Adolescents from high-affluence families were more likely to have a family meal every day, but this socioeconomic difference was not significant in 17 countries and regions. A few countries and regions showed the opposite pattern: for instance, adolescents from low-affluence families were more likely to have daily family meals in Romania (both boys and girls), and Kazakhstan and Slovenia (girls only).

There was significant cross-national/regional variation in the proportion of young people eating a meal with their family daily, from 11% of 15-year-old girls in Czechia to 91% of 11-year-old girls in Tajikistan. Some countries, including Czechia, Estonia, Finland, Hungary, Latvia, Poland, Slovakia and Slovenia, showed very low levels of daily family meals (less than 25%) among 15-year-old girls.

Between 2018 and 2022, a small decrease in the proportion of girls having daily family meals was seen in around one third of countries and regions, but an increase in prevalence of daily family meals across gender and age groups was found in Austria, Malta and Spain.

Peer support

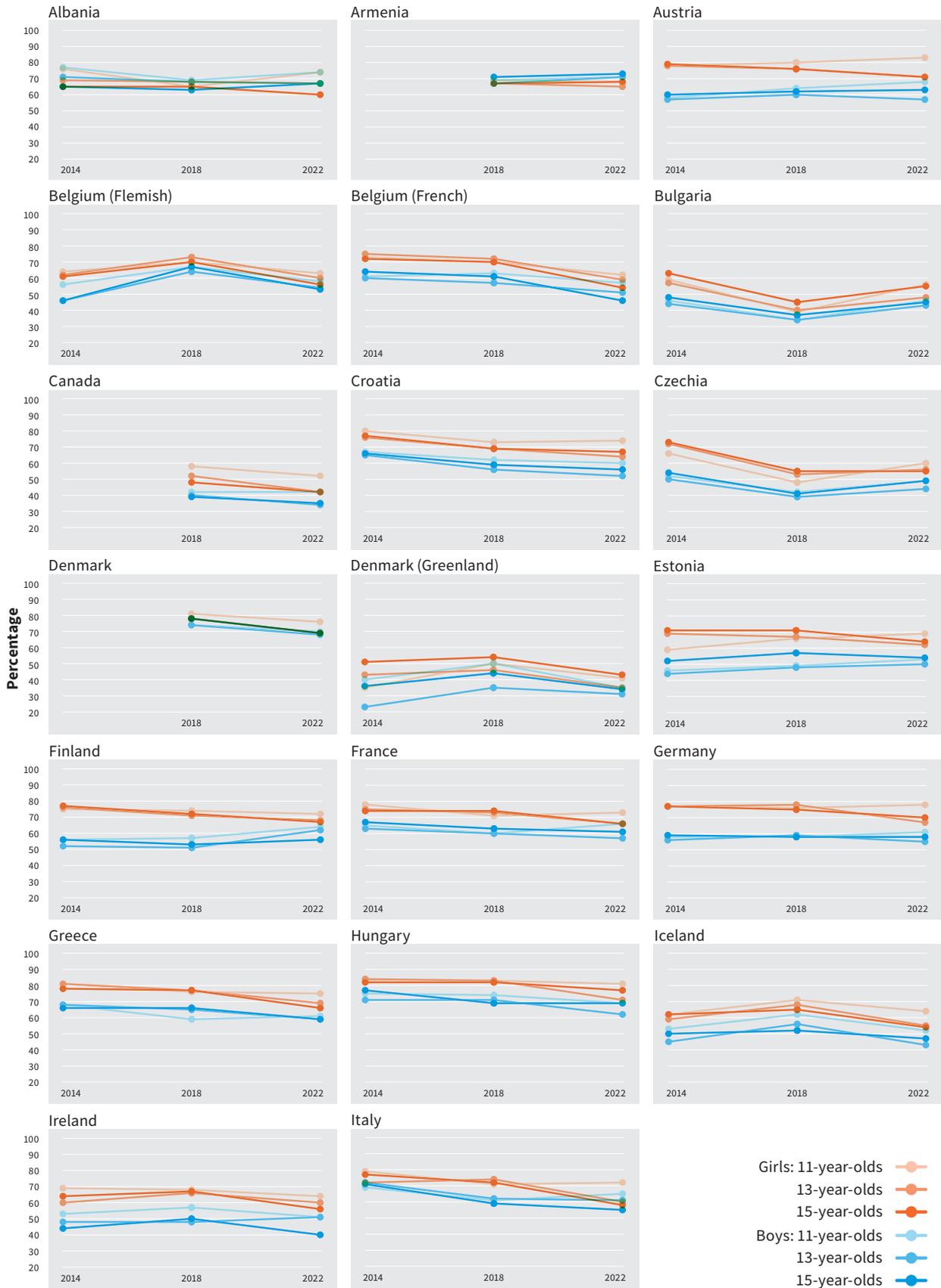
Overall, 58% of adolescents reported high levels of support from their peers (55% of boys and 62% of girls). With only a few exceptions, the youngest adolescents (aged 11) consistently reported higher peer support than older adolescents. Fifteen-year-old boys, however, reported higher peer support than 13-year-old boys in over half of the countries and regions. Girls were more likely to report higher levels of peer support than boys across all three age groups. There were three exceptions in which the reverse was true (that is, boys were more likely to report higher peer support): 13-year-olds in Armenia and 15-year-olds in Albania and the Republic of Moldova.

A social gradient was evident in two thirds of the countries and regions, with more affluent adolescents likelier to feel supported by their peers. Family affluence did not play a role in countries and regions in which peer support generally was low, such as Canada, Poland, United Kingdom (England) and United Kingdom (Scotland).

Geographical variation in the proportion of young people feeling supported by their peers was large, ranging from 24% of 13-year-old boys in Poland to 83% of 11-year-old girls in Austria. Adolescents in Canada, Czechia, Ireland, Latvia, Poland, Slovakia, United Kingdom (England), United Kingdom (Scotland) and United Kingdom (Wales) reported the lowest levels of peer support across age and gender groups. In contrast, no clear geographical pattern was apparent in those countries and regions with high levels of peer support.

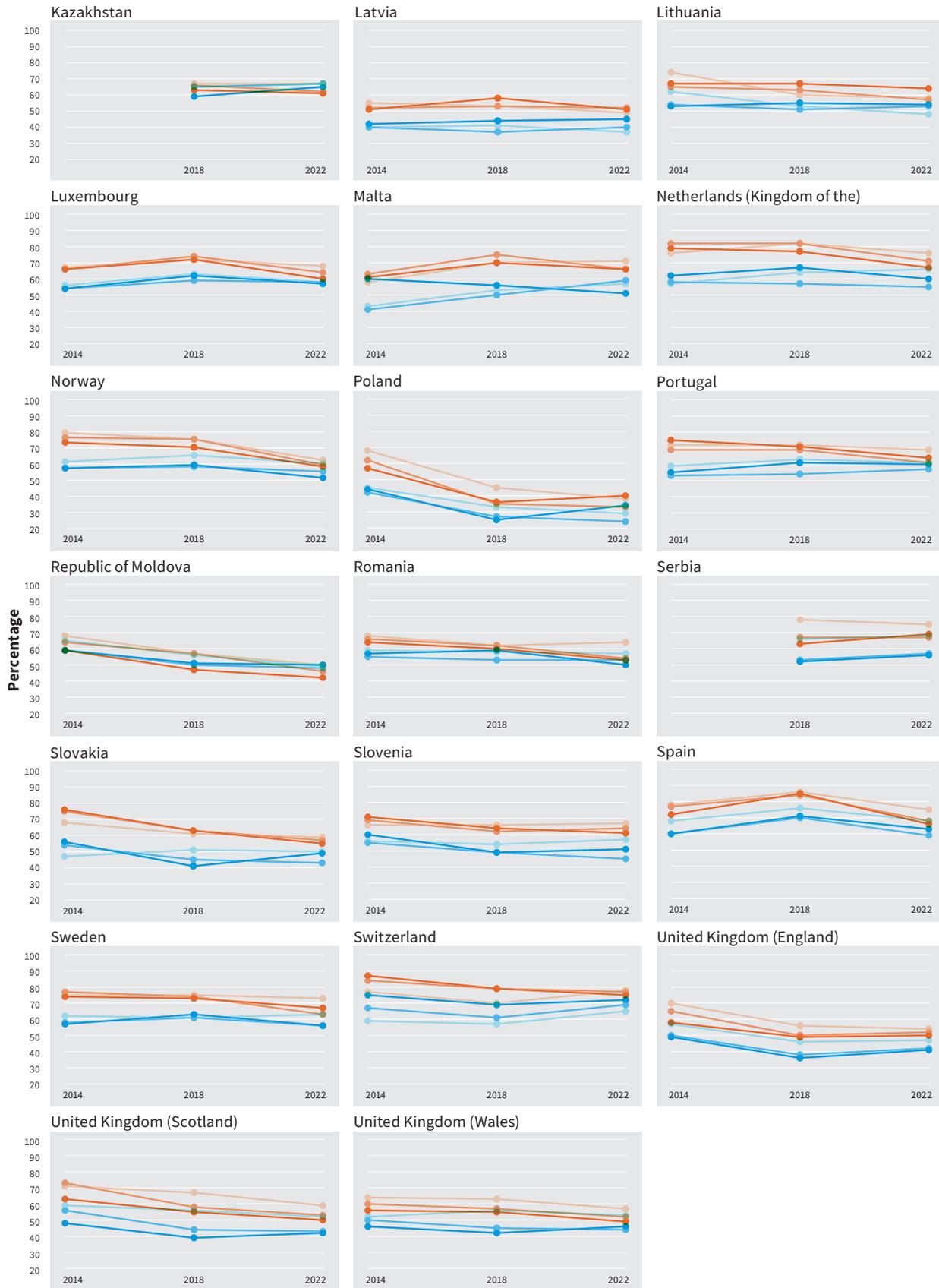
The prevalence of high peer support among older adolescent girls (13- and 15-year-olds) declined steadily between 2014 and 2022. As the overall differences between 2014 and 2022 were marginal for boys, this resulted in a reduction in the traditional gender gap found in peer support (Fig. 2).

Fig. 2. County/region-level trends 2014–2022, high peer support by age and gender



Note: no data were received in 2014 from Armenia, Canada, Denmark, Kazakhstan and Serbia. Trends are not presented for North Macedonia as no data were received in 2022. Trends for Cyprus, Kyrgyzstan and Tajikistan are not presented as data were available only for 2022.

Fig. 2 contd

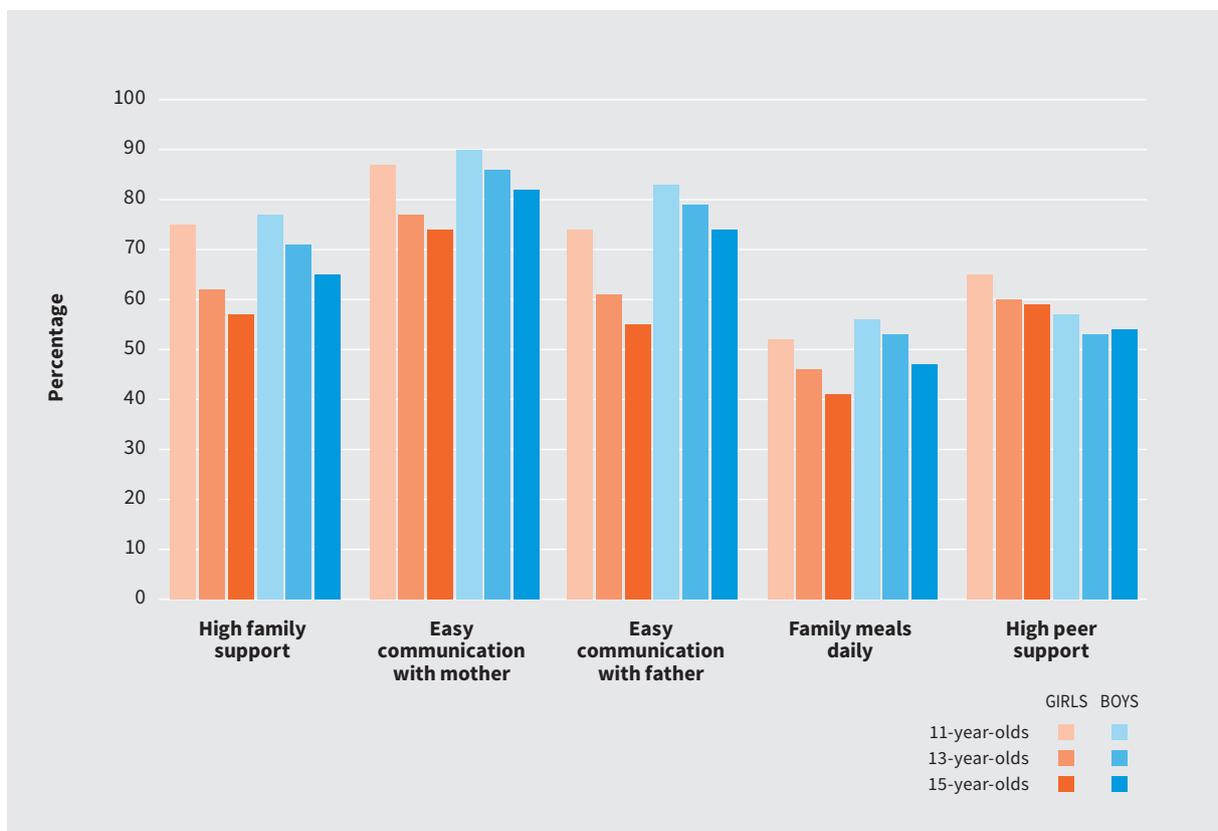


Cross-cutting themes: family and peer support

The impact of age: social support is lower among older adolescents

A clear pattern can be described across the five family and peer indicators presented here (Fig. 3). As adolescents get older, they report less favourably across all family- and peer-related variables, independent of their gender. This was observed overall and in most individual countries and regions. This age gradient is consistent with previous HBSC survey cycles. In 2022, however, the difference between 11- and 13-year-olds was much greater than between 13- and 15-year-olds, suggesting that the steepest declines in family and peer relationships occur in early adolescence.

Fig. 3. Overview of adolescents' reports on family and peer relationships by gender and age



Note: no data on ease of communication with mother or father were received from Slovakia. No data on family meal frequency were received from Switzerland. No data on peer support were received from North Macedonia.

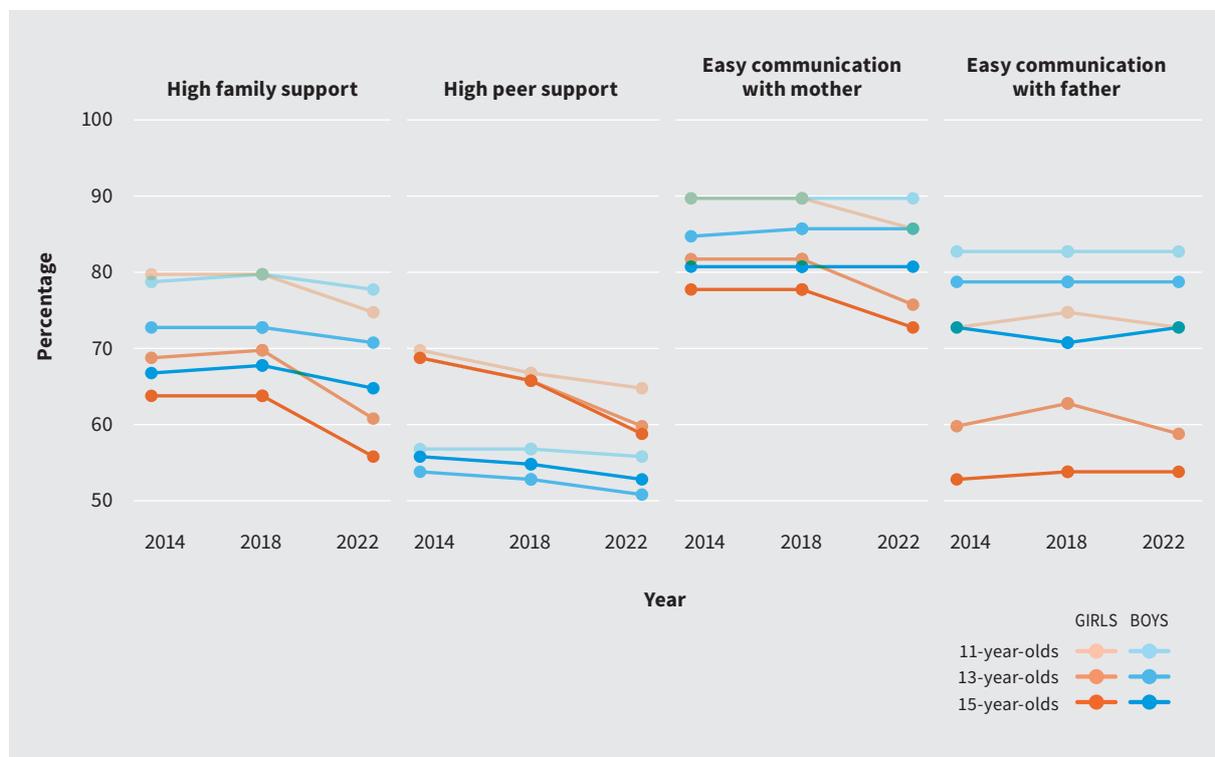
The role of gender: girls report less supportive family relationships but higher levels of peer support

Boys reported more favourably than girls across all measures of family context. Compared with girls, adolescent boys perceived higher support from their family, relatively more of them found it easy to communicate with both their mother and father, and they were more likely to eat meals with their family every day (Fig. 4). This gender gap was less marked in 11-year-olds but became more evident among 13- and 15-year-olds, mainly due to larger age-related decreases among girls.

Perceived family support and ease of parental communication among girls has decreased since 2018, particularly at ages 13 and 15. Only marginal changes for boys were seen over the same period, resulting in a widening of the gender gap in family-related variables.

Girls traditionally report higher levels of peer support than boys, but a decrease since 2018, particularly among 13- and 15-year-olds, has resulted in a narrowing of the gender gap in perceived peer support. These findings mirror the results from HBSC research in other areas of adolescent health and well-being, collectively indicating that older adolescent girls are particularly at risk of poorer health and well-being outcomes.

Fig. 4. Trends in prevalence of high family and peer support and easy communication with parents from 2014 to 2022 by gender and age (HBSC average)

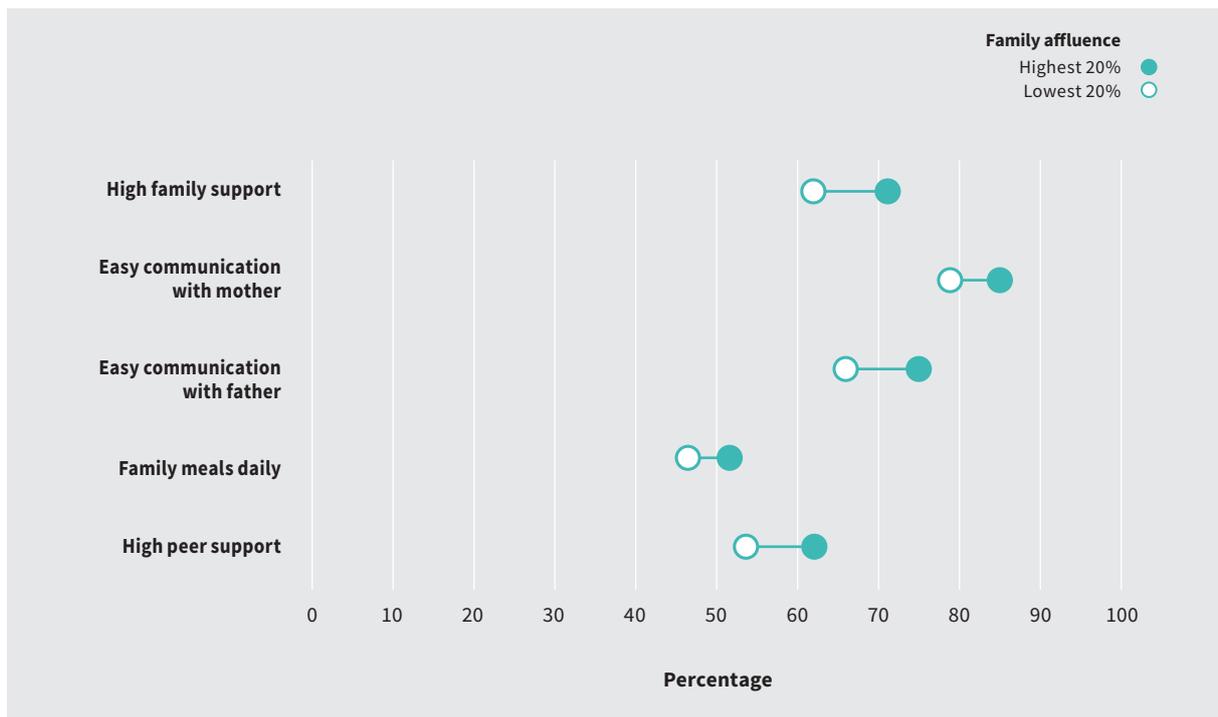


Note: trends include only countries/regions that had data for all three survey years. HBSC averages for this figure do not include Cyprus, Kyrgyzstan and Tajikistan for any measure. HBSC averages for family support additionally do not include data from Canada, Denmark, Kazakhstan, Lithuania and Serbia. HBSC averages for peer support additionally do not include data from Armenia, Canada, Denmark, Kazakhstan, North Macedonia and Serbia. HBSC averages for ease of talking to mother or father additionally do not include data from Kazakhstan, Serbia and Slovakia.

Social inequalities: less affluent adolescents report lower levels of support

A consistent socioeconomic gradient was observed across all four family-related variables and for peer support (Fig. 5). Adolescents from high-affluence families were more likely to report high support from their families, easy communication with their parents and daily family meals than those from low-affluence families.

Fig. 5. Overall family affluence differences across family and peer indicators



Note: no data on ease of communication with mother or father were received from Slovakia. No data on family meal frequency were received from Switzerland. No data on peer support were received from North Macedonia. Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

Family, peers, or both? The importance of social support for positive mental well-being

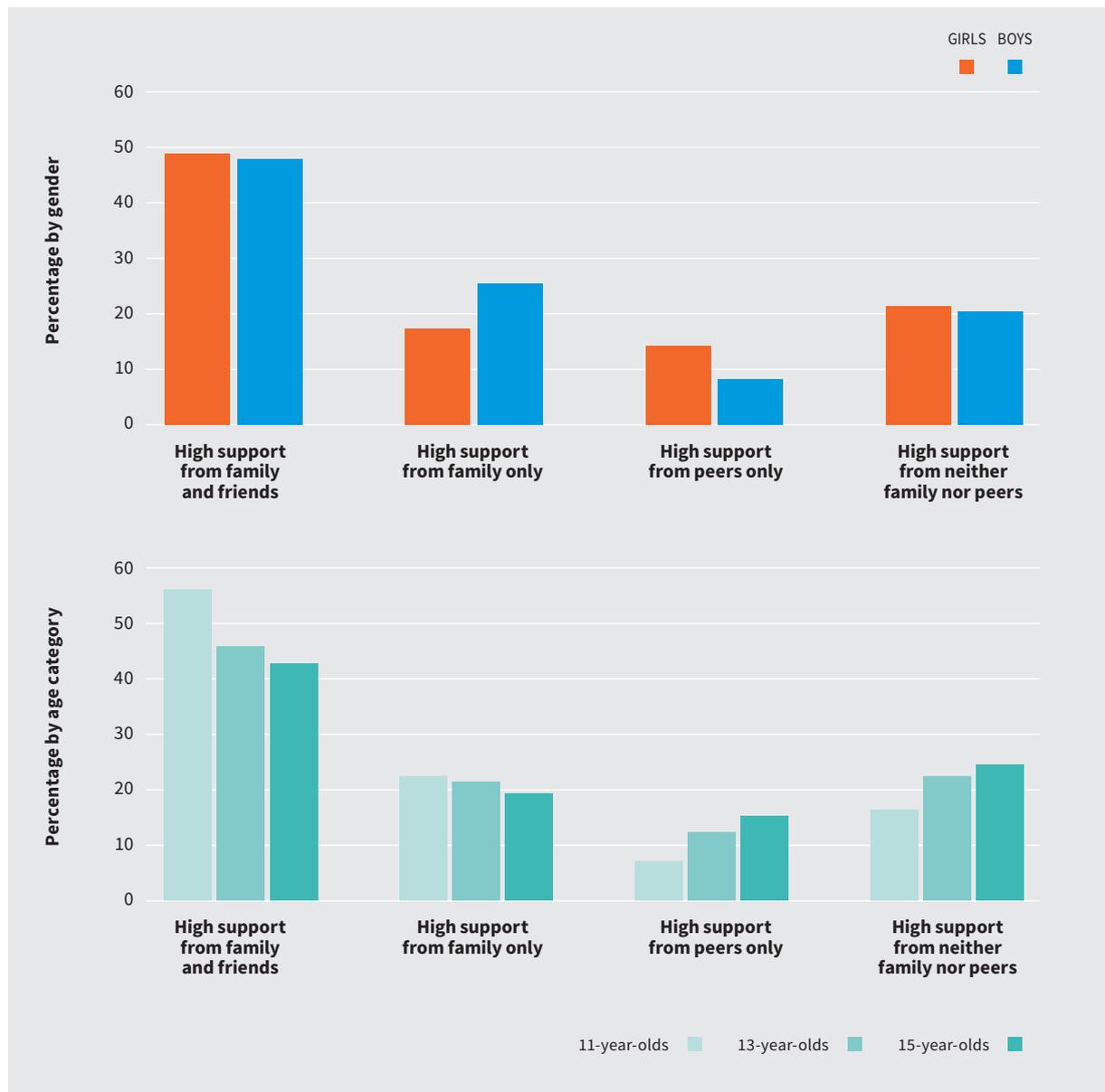
The association between social support and positive mental well-being in adolescence is well established (1). Attention has now moved to understanding the relative importance of different sources of support for promoting and protecting mental health and well-being during this life stage (20). Findings from the 2021/2022 HBSC survey offer insights into how social support is linked to mental well-being outcomes and the comparative role each source of support plays in supporting young people's well-being.

Overall, around half (47%) of the adolescents in the HBSC countries and regions reported high social support from both family and peers (Fig. 6). One in 10 (11%) reported high support from peers but not family, and one fifth (21%) high support from family but not peers. A further 21% did not report

high levels of support from either family or friends. Pronounced geographical differences in the prevalence of perceived high social support were seen, but the prevalence of adolescents perceiving high support only from their peers was relatively consistent across countries and regions.

Boys were more likely to report high support only from their family (25% boys versus 17% girls), while girls were more likely to report high support only from their peers (8% boys versus 14% girls). Perceptions of support from both family and peers decreased with age, from 55% at 11 years to 42% at 15. In turn, lack of support overall rose from 16% at 11 years to 24% at 15. There was also a rise from 11- to 15-year-olds in those who perceived support only from peers.

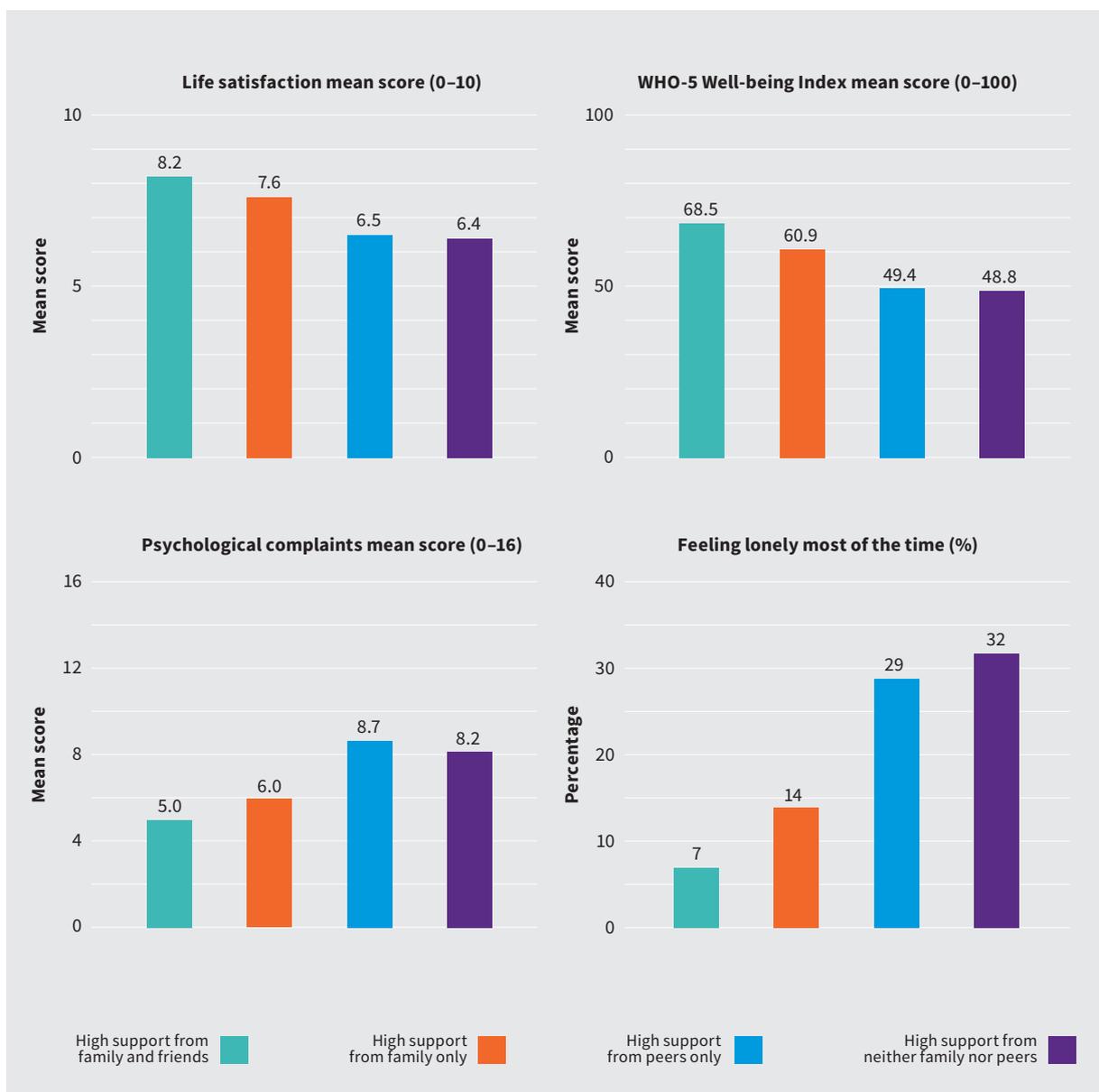
Fig. 6. Social support from family and peers combined, by age and gender



Note: no data on peer support were received from North Macedonia.

Analysis of the relationship between social support and mental health and well-being indicators (life satisfaction, the WHO-5 Well-being Index, psychological complaints and loneliness) provides a consistent picture (Fig. 7). Adolescents who felt supported by both their family and peers reported more favourable mental health and well-being outcomes. Those who perceived high support only from their families reported better mental health and well-being outcomes than those who perceived high support only from their peers. Notably, the levels of life satisfaction, well-being and psychological complaints reported by adolescents who perceived support only from peers were similar to the levels reported by those who did not feel supported by either their family or peers.

Fig. 7. Differences in mental health and well-being indicators according to perceived sources of social support



Note: no data on peer support were received from North Macedonia. No data on WHO-5 Well-being Index were received from Bulgaria, Denmark (11-year-olds), Serbia and Tajikistan. No data on loneliness were received from North Macedonia (11- and 13-year-olds).

These findings reaffirm the importance of social support for positive mental health and well-being in adolescence, with the best outcomes seen for adolescents who reported high levels of support from both their family and peers.

The observed shift in perceived support from family to peers from age 11 to 15 reflects the common understanding of adolescence as a period of increasing independence from the family and more frequent adolescent–parent conflict. Despite this, and in line with previous HBSC data (20), the findings suggest that family support is more important for promoting and protecting positive mental health than peer support.



*I think it's very important that if you have a problem or a doubt that you can go to peers because they can help you because they may have gone through it themselves and can support you.
(Girl, Belgium (Flemish))*

School experience

A substantial proportion of young people's lives is spent at school. Their experiences at school influence their cognitive development as well as their physical and mental health and well-being (22–26). A positive school environment not only favours better academic outcomes, but has also been shown to foster adolescents' well-being (27,28).

Liking school has been considered a good indicator of students' life satisfaction, which is predictive of general life satisfaction (27). The school environment, however, imposes academic demands on young people. This can result in school pressure, which is seen as an indicator of school stress. Both school satisfaction and school pressure are central aspects of school experiences during adolescence, the trends of which are worth monitoring (29).

School experiences cannot fully be understood without considering social and relational aspects. Teacher and classmate support are fundamental during the adolescent years, with warm and close relationships with teachers and classmates being seen as essential components of a positive school climate (30) and school connectedness (for a review, see García-Moya et al. (31)).

The COVID-19 pandemic has had a major impact on many aspects of adolescents' lives. In the European Union, 58 million children in primary and secondary school are estimated to have been affected by different degrees of school lockdowns and remote learning (32). Remote learning affected not only academic activity, but also adolescents' social lives. School provides an important arena for socialization and connecting with friends and peers, and for accessing emotional and academic support from teachers. These factors have an important influence on young people's mental health and well-being (33).

The second part of this report focuses on school experiences and describes:

- the status of adolescents' school experiences across a range of indicators (Table 2 and the Annex);
- the role of gender, age and family affluence; and
- how school experience has changed over time by examining movements since the 2013/2014 HBSC survey.

Table 2. School-experience measures included in the report

Measures	Items
School satisfaction	Students were asked how they felt about their school at present, with the following four answer options: I like it a lot; I like it a bit; I don't like it very much; and I don't like it at all. Findings presented in the Annex show the proportions of students reporting that they liked school a lot.
School pressure	Students were asked how pressured they felt by the schoolwork they had to do, with four answer options: not at all; a little; some; and a lot. Findings presented here show the proportions of students who felt pressured by schoolwork (some or a lot).

Table 2 contd

Measures	Items
Teacher support	Students were asked about the extent to which they agreed with three statements about their teachers: I feel that my teachers accept me as I am; I feel that my teachers care about me as a person; and I feel a lot of trust in my teachers. The response categories were strongly agree [5], agree [4], neither agree nor disagree [3], disagree [2] and strongly disagree [1]. The scale measuring teacher support was calculated by using the mean score, ranging from 1 to 5, with scores of 4 or higher being categorized as high teacher support.
Classmate support	Students were asked about the extent to which they agreed with three statements about the students in their class(es): the students in my class(es) enjoy being together; most of the students in my class(es) are kind and helpful; and other students accept me as I am. The response categories were strongly agree [5], agree [4], neither agree nor disagree [3], disagree [2] and strongly disagree [1]. The scale measuring classmate support was calculated by using the mean score, ranging from 1 to 5, with scores of 4 or higher being categorized as high classmate support.

For trends analyses, the HBSC average is calculated for countries and regions present in all three survey rounds. The 2022 prevalence for the trends analyses may therefore differ from the 2022 prevalence set out elsewhere in this report because the baseline number of countries and regions is different.

Insights into school experiences

School satisfaction

Overall, 25% of adolescents reported liking school a lot. School satisfaction nevertheless varied depending on age, with the highest levels among 11-year-olds. There was a clear drop in the percentage of students between ages 11 and 15 liking school a lot. Although the proportion reporting high school satisfaction tended to be greater among girls at age 11 (in 20 of 44 countries and regions), gender differences were small and tended to dissipate with age. The pattern of results by gender varied across countries and regions, but most did not show marked gender differences.

No significant differences were seen in most countries and regions in the percentage of students reporting high school satisfaction by family affluence. In the few in which significant differences between adolescents from high- and low-affluence families were identified (14 for boys and seven for girls), the direction of association varied. Boys from high-affluence families were more likely to report high school satisfaction in six countries and regions, while boys from less affluent families were more likely to report high school satisfaction in eight. Girls from high-affluence families were more likely to report high school satisfaction in three and less likely to like school a lot in four.

There were important geographical differences in the percentages of students feeling highly satisfied with school. For example, the percentage of 11-year-old boys who liked school a lot ranged from around 10% in Croatia, Czechia and Finland to over 70% in Albania and Tajikistan. A similar pattern was observed among 11-year-old girls, with percentages ranging from below 15% in Croatia, Czechia and Estonia and to more than 75% in Albania and Tajikistan.

School satisfaction among adolescents declined between 2014 and 2022, but the decrease between 2018 and 2022 was less pronounced, with the main reduction being seen among girls aged 11 and 13 (relatively small at 6–7 percentage points). Variation between countries and regions nevertheless was significant.



School pressure is a twofold issue. First of all, there is the academic pressure to perform well, get top marks and out-do the colleagues and peers. Then there are all of the social pressures to fit in with the crowd, to be popular and well liked or admired. Those two combined result in a lot of stress.
(Boy, Poland)

School pressure

Overall, 43% of adolescents reported feeling pressured by schoolwork, but variations depending on gender and age were significant. School pressure increased with age, especially in girls. Twenty-nine per cent of boys reported school pressure at age 11, compared with 43% at age 15. Among girls, the proportion reporting school pressure increased from 32% at age 11 to 62% at 15. This pattern was consistent across countries and regions, with significant age differences being found across the vast majority.

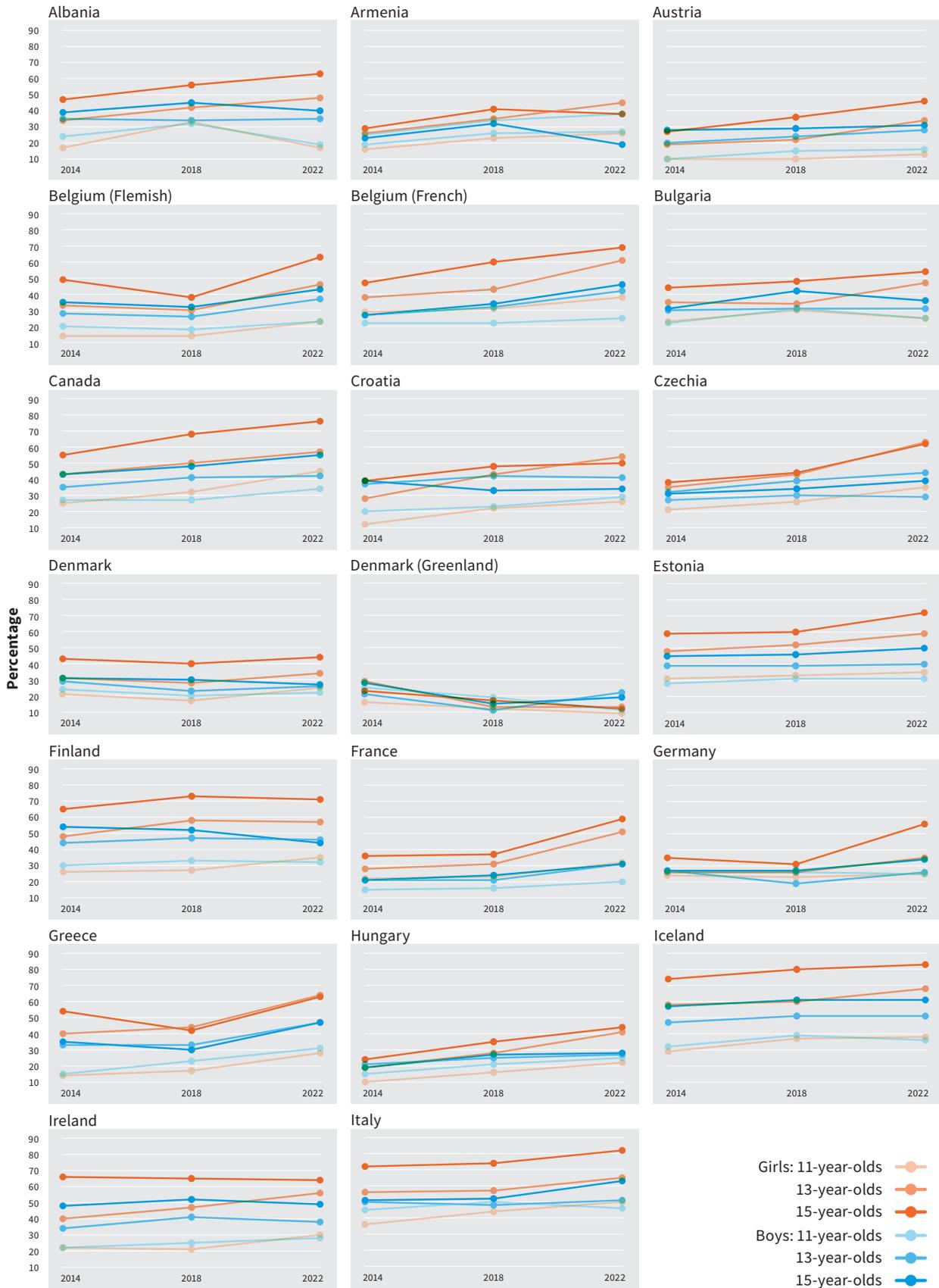
Gender differences were also found in most countries and regions. Girls, especially those at older ages, were more likely to report feeling pressured by schoolwork. A growing gender gap in school pressure was identified, with a higher percentage of girls than boys aged 13 and 15 reporting feeling pressured. This gender gap was apparent at ages 13 and 15 in most countries and regions and was largest at age 15. Twenty-three countries and regions showed a gender gap of 20 percentage points or higher between 15-year-old girls and boys.

No significant differences in schoolwork pressure associated with family affluence were found in most countries and regions. Social inequalities in schoolwork pressure were found only in nine for boys and 16 for girls. Among boys, the direction of association varied. Where differences were found among girls, they tended to show higher levels of schoolwork pressure among those from high-affluence families (14 countries and regions), although the reverse pattern was observed in two countries (Austria and Czechia).

Geographical differences in the percentage of adolescents feeling pressured by schoolwork were marked. Among 15-year-olds, for example, the percentage of boys ranged from below 20% in Armenia, Denmark (Greenland), Kazakhstan and Tajikistan to over 60% in Cyprus, Iceland, Italy, Malta and Serbia. Similar variation was seen among 15-year-olds girls, with prevalence ranging from below 25% in Denmark (Greenland) and Kazakhstan to over 80% in Cyprus, Iceland, Italy, Portugal, Slovenia and United Kingdom (England).

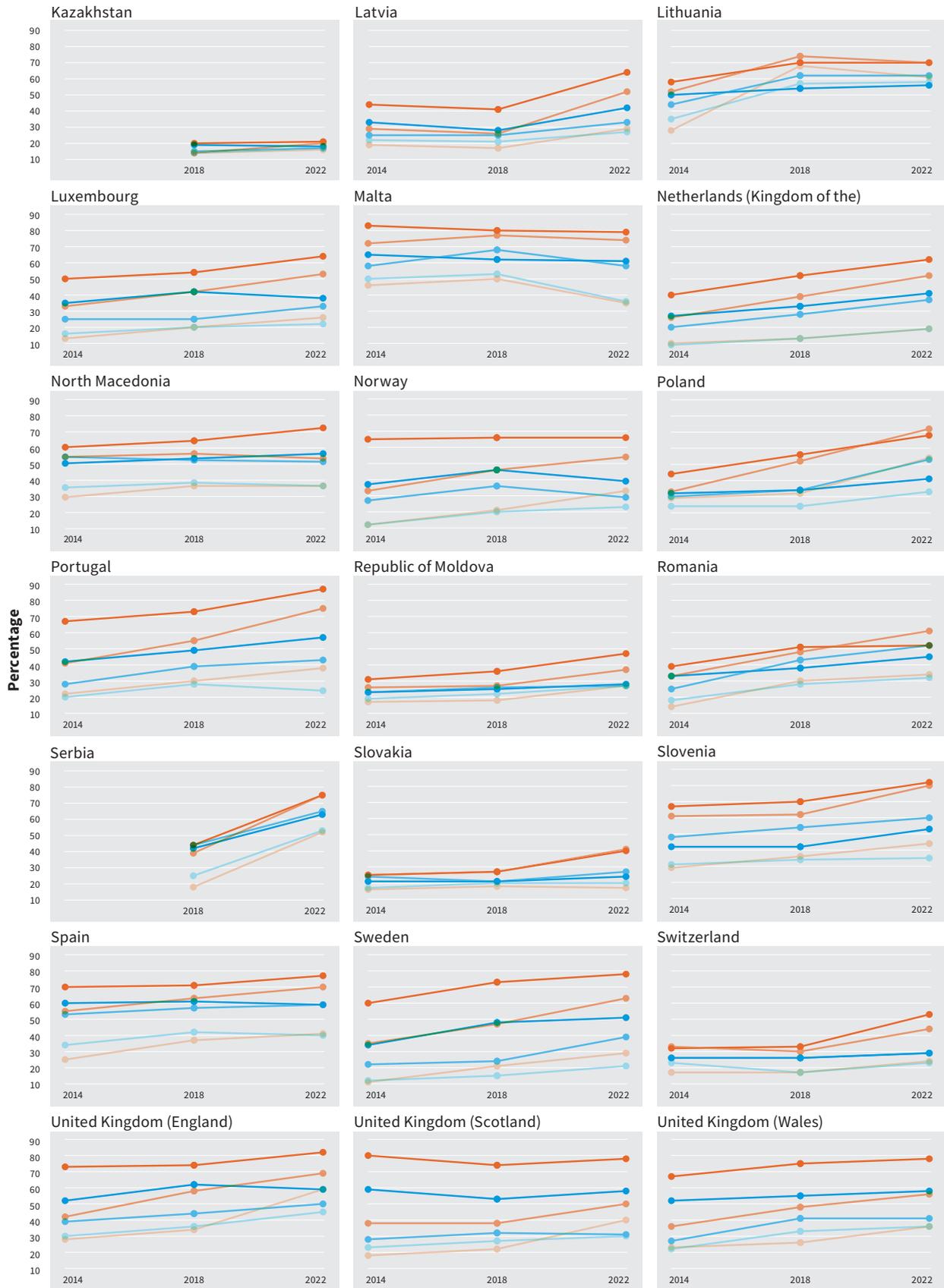
A steady increase in the percentage of adolescents feeling pressured by schoolwork was seen between 2014 and 2022 (Fig. 8). The increase has become particularly pronounced since 2018 among girls aged 13 and 15. The increase for boys has been smaller, although variation across countries and regions was observed.

Fig. 8. Country/region-level trends 2014–2022, schoolwork pressure by age and gender



Note: trends for Cyprus, Kyrgyzstan and Tajikistan are not presented as data were available only for 2022.

Fig. 8 contd



Teacher support

Overall, 52% of adolescents reported high teacher support, but differences by age, gender and country/region were wide. Teacher support decreased with age in all countries and regions for both boys and girls. Among 11-year-olds, 69% of boys and 68% of girls reported high teacher support, but at age 15 this reduced to 47% of boys and 36% of girls.

No gender gap in teacher support among 11-year-olds was evident in most countries and regions, but gender differences emerged with age. A significant gender gap among 15-year-olds was seen in all countries and regions apart from Albania, Armenia, Belgium (French), Bulgaria, Cyprus, Denmark (Greenland), Ireland and Tajikistan, with boys reporting higher teacher support than girls. The largest gender gap among 15-year-olds was in Croatia (52% boys and 28% girls) and the smallest in Armenia (49% boys and 51% girls).

There was little evidence of an association between teacher support and family affluence. In most countries and regions, no significant difference was found in the percentage of adolescents from high- and low-affluence families (boys and girls) reporting high teacher support. In most instances in which there was a significant difference, adolescents from less affluent families were more likely to report high teacher support. Among boys from Canada and Estonia, and girls from Canada, Denmark and United Kingdom (England), however, those from more affluent families were likelier to report high teacher support.

There were marked geographical differences in teacher support. Among 11-year-old girls, for example, the proportion reporting high teacher support ranged from 39% in Poland to 94% in Albania. For 15-year-old girls, it ranged from 18% in Hungary to 84% in Tajikistan.

Overall, perceived teacher support remained relatively stable between 2014 and 2018 across the age and gender groups. The HBSC average, however, showed a decrease across all age and gender groups between 2018 and 2022, with the exception of 15-year-old boys, for whom levels remained stable. In all age groups, the decrease in teacher support since 2018 was more common among girls than boys.

Classmate support

Overall, 55% of adolescents in all HBSC countries and regions reported high classmate support, but with differences by age, gender and country/region. Classmate support decreased with age for boys in half of the countries and regions and in almost all (38 countries and regions) for girls. Among 11-year-olds, 64% of boys and 58% of girls reported high classmate support, compared with 59% of boys and 47% of girls at age 15.

A gender gap in classmate support at age 11 was seen in approximately half of the countries and regions, in all of which (except Germany) boys reported higher classmate support than girls. Among 13- and 15-year-olds, a significant gender gap was identified in most countries and regions (36 for 13-year-olds and 37 for 15-year-olds). Boys reported higher classmate support than girls in all these countries and regions. The largest gender difference among 15-year-olds was in Italy (60% boys

and 38% girls) and Sweden (63% boys and 41% girls). The smallest difference was in Tajikistan (82% boys and 80% girls).

Classmate support did not vary by family affluence in most countries and regions. Nevertheless, compared to the other aspects of school experience, the number of countries and regions in which significant differences were seen (22 for boys and 16 for girls) was higher and the patterns were more consistent. Boys from more affluent families were more likely to report high classmate support in approximately half of the countries and regions. The same pattern was found for girls in around a third. The largest differences between the highest and lowest affluence groups (over 14 percentage points) were found for boys from Cyprus, Luxembourg, United Kingdom (England) and United Kingdom (Scotland), and girls from United Kingdom (England).

Geographical differences in classmate support were marked. Among 11-year-old girls, for example, classmate support ranged from 33% in Czechia to 84% in Tajikistan. For 15-year-old girls, it ranged from 21% in United Kingdom (Scotland) to 80% in Tajikistan.

An overall decrease in classmate support was seen across all age and gender groups between 2014 and 2022. The decrease was much more pronounced for girls than boys in all age groups.



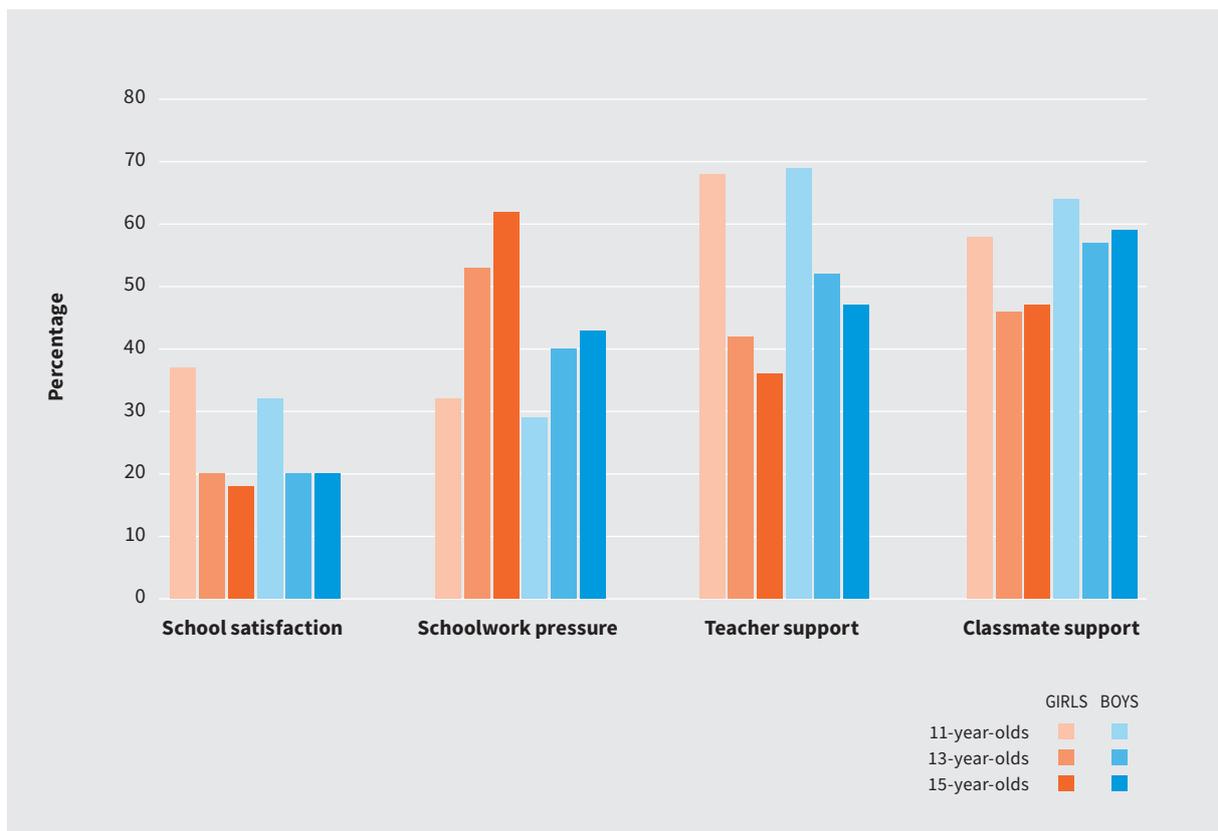
*By prioritizing mental health and creating a supportive and inclusive environment where students can openly express their academic concerns and seek help, schools can play a crucial role in lessening stress and improving the overall well-being of their students
(Girl, United Kingdom (England))*

Cross-cutting themes: school experience

School experiences tend to become less positive with age

The findings presented here show a negative pattern, with school experiences tending to worsen with age. At age 15, for example, students in most countries and regions were more pressured by schoolwork and were less likely to report high school satisfaction and high teacher support than those in the younger age groups (Fig. 9).

Fig. 9. School experiences by age and gender



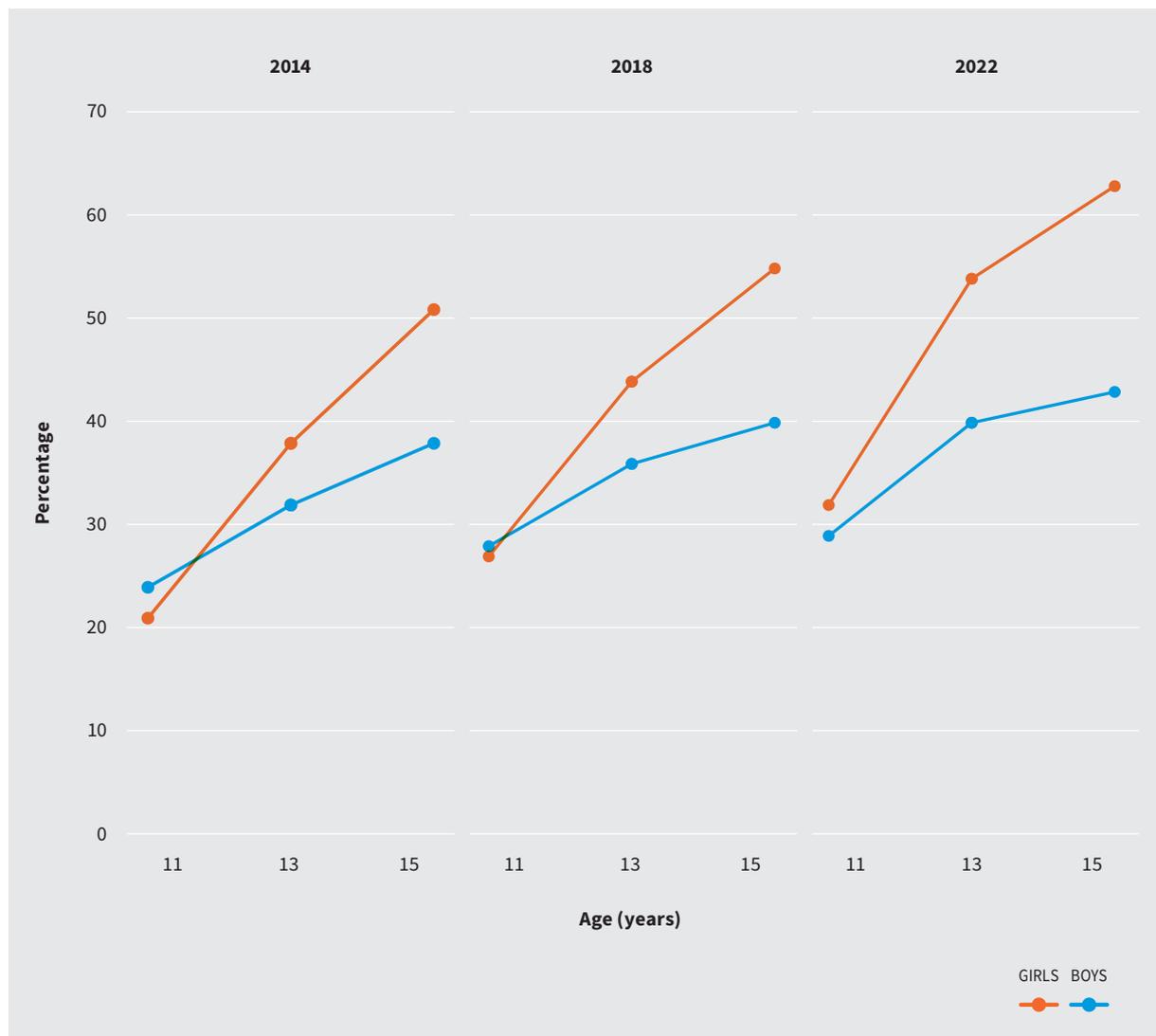
More marked changes were seen between ages 11 and 13, with a smaller change between 13 and 15. As a result, the proportion of students reporting feeling pressured by schoolwork increased from around three in 10 boys and girls at age 11 to four in 10 boys and six in 10 girls at age 15. In the case of high teacher support, prevalence decreased from almost 70% at age 11 to less than 50% at age 15.

While being consistent with a worsening in school experiences with age, the pattern observed in school satisfaction and classmate support was different (Fig. 9). There was a sharp decline in school satisfaction between ages 11 and 13, but similar levels between ages 13 and 15. Specifically, around one in three students reported liking school a lot at age 11, compared with about one in five from age 13 onwards. A similar pattern was observed for classmate support, but in this case the decrease was greater among girls.

Increasing school pressure, especially among girls, is a concern

Although an overall increase in school pressure among adolescents was seen in 2022 compared with previous surveys, the increasing gender gap and the very high levels of school pressure among 13- and 15-year-old girls are of particular concern (Fig. 10). Specifically, the percentage of boys feeling pressured from schoolwork in 2022 ranged from 29% at age 11 to 43% at age 15; for girls, it ranged from 32% at age 11 to 62% at age 15. As shown in Fig. 10, this gender gap has been increasing since 2014 among older adolescents. It rose from 5 to 8 percentage points between 2014 and 2018 and up to 15 percentage points in 2022 among 13-year-olds, and from 13 to 14 and up to 20 percentage points among 15-year-olds across the same year ranges.

Fig. 10. School pressure by age and gender in 2014, 2018 and 2022 (HBSC average)

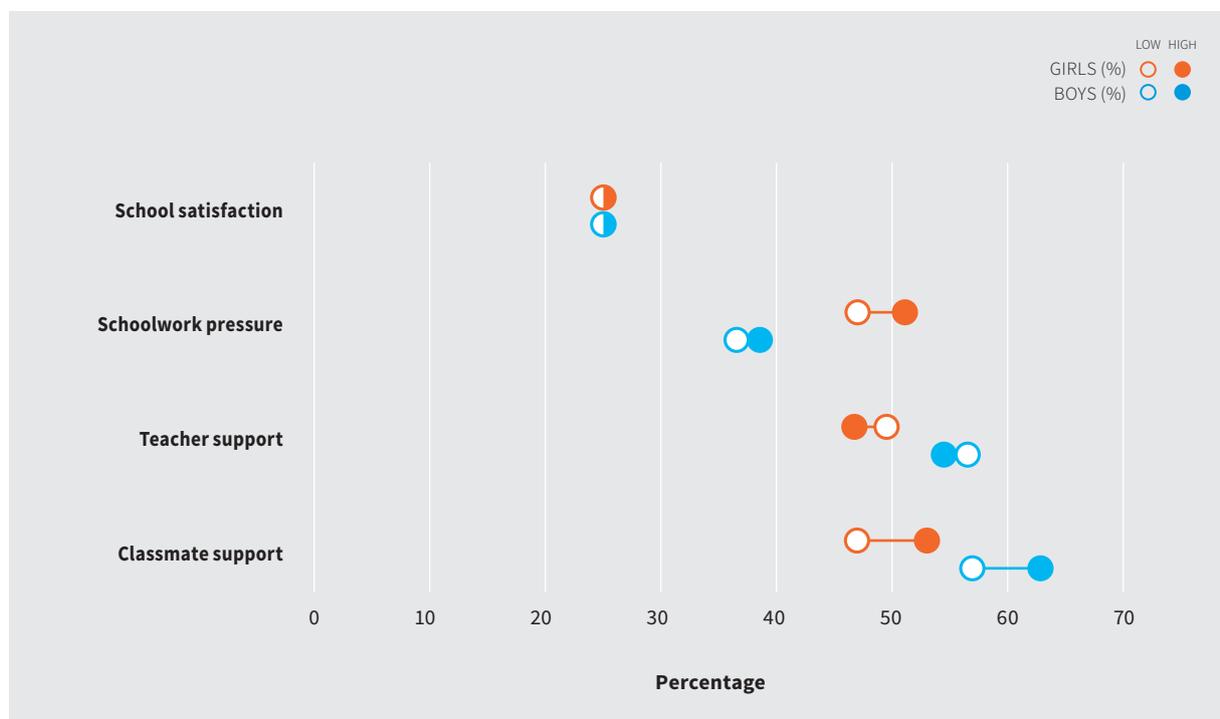


Note: HBSC averages for this figure do not include Cyprus, Kazakhstan, Kyrgyzstan, Serbia and Tajikistan as data were not available for all three survey years.

No clear pattern of social inequalities was identified for school experience

No significant associations between family affluence and school experience were found in most countries and regions (Fig. 11). Where significant associations existed, the patterns generally were not consistent. The exception was classmate support, where boys from more affluent families were more likely to report high classmate support in approximately half of the countries and regions. The same was observed for girls in around a third, but the magnitude of the overall difference was small: the difference between low- and high-affluence adolescents was around 5–6 percentage points for both boys and girls.

Fig. 11. Differences in school experience by family affluence (using Family Affluence Scale (FAS)) and gender (HBSC average)



Note: low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

Negative trends in school experiences are apparent, especially between 2018 and 2022 and for girls

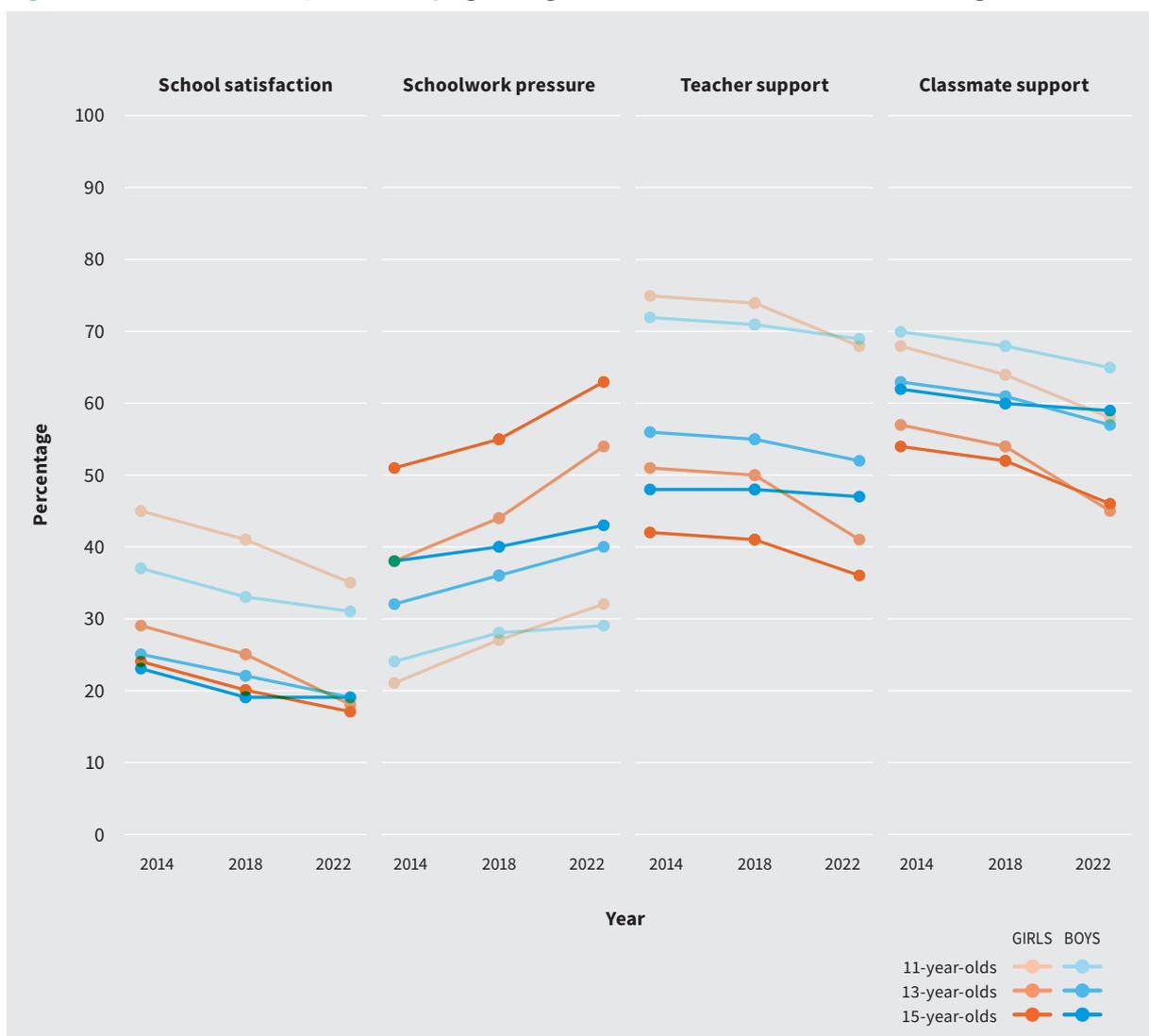
The overall trends indicate a decline in school experience over recent years, with increases in school pressure and decreases in levels of school satisfaction, teacher support and classmate support (Fig. 12).

These negative trends have affected girls more than boys, as shown by the steeper declines in high school satisfaction and high support from teachers and classmates and the greater increase in school pressure that can be seen among girls. The most marked changes occurred between 2018 and 2022, particularly among girls, in relation to increased school pressure and decreased teacher

support. In contrast, the magnitude of the change in school pressure in boys is much smaller. The percentage of boys reporting high school satisfaction and high support from teachers and classmates changed little between 2018 and 2022.

These changes may, in part, reflect the major disruption to school life that occurred during the COVID-19 pandemic as schools closed and students had to learn remotely, with reduced access to support from teachers and classmates. Previous analysis of HBSC data has shown higher levels of school pressure among adolescents who experienced a greater number of days of school closures during the pandemic (34).

Fig. 12. Trends in school experiences by age and gender from 2014 to 2022 (HBSC average)



Note: trends include only countries/regions that had data for all three survey years. HBSC averages for this figure do not include Cyprus, Kazakhstan, Kyrgyzstan, Serbia and Tajikistan for any measure. HBSC averages for teacher and student support additionally do not include data from Latvia and Poland.

Policy implications

Having supportive family, friends and school environments is critical to healthy development. This was the case before the COVID-19 pandemic and remains true after.

The findings from the HBSC 2021/2022 survey provide compelling evidence of worsening trends in the social context of adolescents, particularly among older girls, with a clear increase in the gender gap. While school experience did not show a social gradient, less affluent adolescents showed lower levels of family and peer support, highlighting social inequalities across the HBSC countries and regions.

These findings emphasize the need for child-focused policies and spending that aim to achieve positive outcomes for adolescents, families and societies. The importance of addressing Sustainable Development Goal 4 on quality education, which stresses the need to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, is highlighted by the undesirable school experience outcomes. The drastic changes adolescents across Europe, central Asia and Canada experienced in their social contexts during the COVID-19 pandemic has immediate policy and practice implications during this recovery period.

Family and peer relationships

- Countries and regions can consider the benefits of investing in national/regional programmes that aim to improve parenting and family relationships, with a particular focus on gender and affluence, and based on their national/regional HBSC results. Implementing these programmes early in life will lead to improved outcomes in adolescence.
- Implementing strength-based parenting programmes to build on parents' skills and expertise may support them in addressing the specific needs of their child(ren), such as relationships skills with adolescent girls.
- WHO and the United Nations Children's Fund (UNICEF) have provided comprehensive reviews of key features of parenting programmes to promote healthy relationships (35,36). WHO recommends that in low- and middle-income countries, evidence-based parenting interventions should be accessible to parents or caregivers who have children aged 2–17. They should be delivered through government or nongovernmental organizations, or health, education or social services. The UNICEF review highlights that effective evidence-based programmes for parenting adolescents emphasize the need to focus on content such as: promoting loving, warm and affectionate relationships; increasing parents' knowledge about adolescent physiological, cognitive, social and emotional development; developing communication skills and setting expectations; creating safe environments; and supporting adolescents' mental health.
- Adolescent girls across countries and regions are struggling in both their family and peer relationships. School-based prevention programmes that address social and emotional learning competencies and relationships skills may be particularly effective for girls; boys would also benefit from such programmes.
- The similar trends across countries and regions on gender and affluence highlight the need for a joint problem-solving approach on how best to support adolescents in developing strong family and peer relationships. Collaboration and sharing at subregional level may also be useful.

- There is a need to address the larger systemic issue of income inequality through policy in areas such as creating family benefits. Income inequality is a failure to share economic wealth. Reducing it and improving social protections policies will create an associated positive effect on the quality of family and peer relationships.

School experience

- The increase in school pressure from 2014 and 2022 in many countries and regions highlights the need for interventions in the school environment. Such interventions could, for example, include providing teachers and other school personnel with time and resources to aid students in handling their school demands. More awareness of students' high stress levels and efforts to support their coping abilities would also be advisable.
- Schools should consider how to develop gender-sensitive strategies to support their students to make the demands placed on them manageable and promote positive student health. Additional research aimed at understanding the sources of the gender gap in schoolwork pressure, coupled with interventions that target girls' high levels of school stress and create more supportive environments for them, are urgently required.
- Conditions at school have been shown to be associated with both academic achievement and mental health of children and adolescents. Consequently, the decreases in high levels of school satisfaction, teacher support and classmate support are of great concern. The school social environment is of the utmost importance. Initiatives to promote a more inclusive and friendly school climate should be encouraged.
- Implementing measures that aim to create a positive learning environment in schools will not only improve academic achievement, but also enhance children's and adolescents' future opportunities in the labour market, lifelong learning opportunities and chances for good health. Evidence shows that whole-school approaches to health and sustainable development are closely linked, demonstrating that the health of pupils and the sustainable environments in which they live are fundamental to their learning outcomes. Networks such as Schools for Health in Europe provide relevant materials to support policy-makers and schools to create sustainable policies and actions to ensure that every school is a health-promoting school.
- The work of the WHO Technical Advisory Group on schooling during the COVID-19 pandemic showed that changes in the school environment are likely to be of overall benefit to infection control and child health (37). The principles of health-promoting schools are even more important in a pandemic. The quality of the school environment is a crucial factor in schools' ability to improve infection control and overall child health and well-being.

Conclusions

The social context in which adolescents live has a major influence on their health and well-being. Growing up in a supportive social environment is an important protective factor that can help mitigate the negative effects of more fundamental structural determinants of health, such as poverty. The findings from this report show that many young people have supportive family and peer relationships and positive school experiences, but there is evidence of wide cross-national/regional variation and substantial disparities between age and gender groups which, in some cases, are increasing.

Most adolescents in the HBSC countries and regions live with both parents, communicate easily with their parents and feel supported by them. More than half of adolescents reported high levels of support from their peers, with higher prevalence among girls. In contrast, a substantial gender gap that disadvantages girls was noted across most of the measures of family environment, and the gap increased with age. Overall, boys reported higher family support, ate a meal with their family more regularly and found it easier to communicate with their parents than did girls.

The report shows a significant decline across the social context measures between 2018 and 2022, particularly among girls aged 13 and 15. The gender gap in family-related outcomes is the largest since 2014. Rates of older girls perceiving high support from peers also fell between 2018 and 2022; this negative trend warrants further attention because of the potential consequences for girls' mental health and other aspects of their well-being.

Having high social support from both family and peers is associated with better mental health outcomes for adolescents. Comparatively, family support seems to be more important for promoting and protecting positive mental health than peer support alone. These findings can help inform future research, interventions and policy planning in each country and region to promote more supportive social environments for adolescents as they grow older.

Overall, school experiences are less positive among older adolescents. The results from this report also show a concerning increase between 2014 and 2022 in school pressure, especially among girls. Specifically, the data reveal an increasing gender gap and particularly high levels of school pressure in 13- and 15-year-old girls.

Teacher and classmate support have decreased in all three age groups and among both boys and girls. The only exception was for 15-year-old boys, who did not report any changes. The observed decreases in school support since 2018 were more common among girls than boys in all age groups. In general, the results show negative trends across many countries and regions in all the aspects of school experience that were examined, with increases in school pressure and decreases in high levels of school satisfaction, teacher support and classmate support. These trends have affected older adolescents, particularly girls, more negatively.

Adolescents have faced many challenges over the past four years, especially with the experience of the COVID-19 pandemic, which led to drastic changes in school experiences for millions of primary and secondary school students in the European Union. It may well be that this disruption to school life has led to ongoing changes in young people's experiences of school and the extent to which they feel connected and supported at school.

As adolescents' experiences at school influence their cognitive development and physical and mental health and well-being in both the short and long terms, it is paramount to continue monitoring adolescents' school experiences. Continued long-term surveillance of adolescents' experiences at school provide the necessary tools for ensuring that all young people experience inclusive, equitable and quality education in line with Sustainable Development Goal 4. In addition, given the recent negative trends identified in school experiences, there is a need for new initiatives focusing on students' academic and social environments to promote adolescents' mental health and well-being.

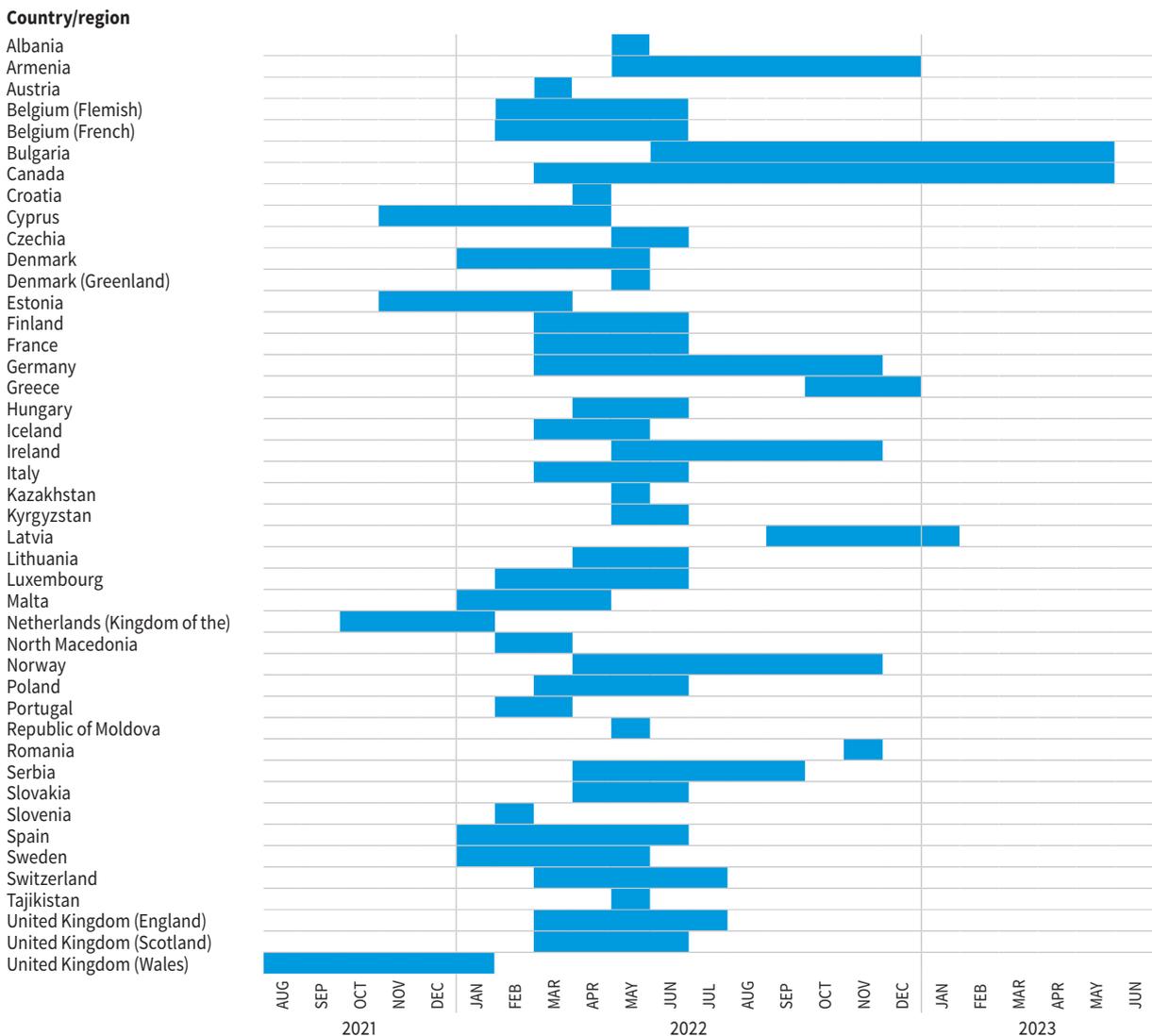
HBSC study

The HBSC study is a large school-based survey carried out every four years in collaboration with the WHO Regional Office for Europe. The study collects data on the health behaviours, health outcomes and the social environments of adolescents aged 11, 13 and 15. Since the mid-1980s, HBSC data have been used to gain new insights into young people’s health and well-being, better understand the social determinants of adolescent health, and inform policy and practice to improve young people’s lives.

The most recent HBSC survey (2021/2022) was conducted across 44 countries and regions in Europe, central Asia and Canada and included an optional set of questions that measured perceived impacts of the COVID-19 pandemic.

This report presents key findings on adolescent social contexts, including issues related to gender, age, socioeconomic factors and changes over time. It is the seventh volume in a series of reports that present findings from the latest international HBSC survey and discuss what they mean for young people’s health and well-being. Fig. 13 shows the dates on which the 44 countries and regions conducted the survey.

Fig. 13. Dates on which the 44 countries and regions conducted the 2021/2022 HBSC survey



Note: data from Israel were collected too late for inclusion in the report. No HBSC survey was undertaken in 2021/2022 in Azerbaijan, Georgia, Türkiye and Ukraine. HBSC membership of the Russian Federation was suspended in April 2022.

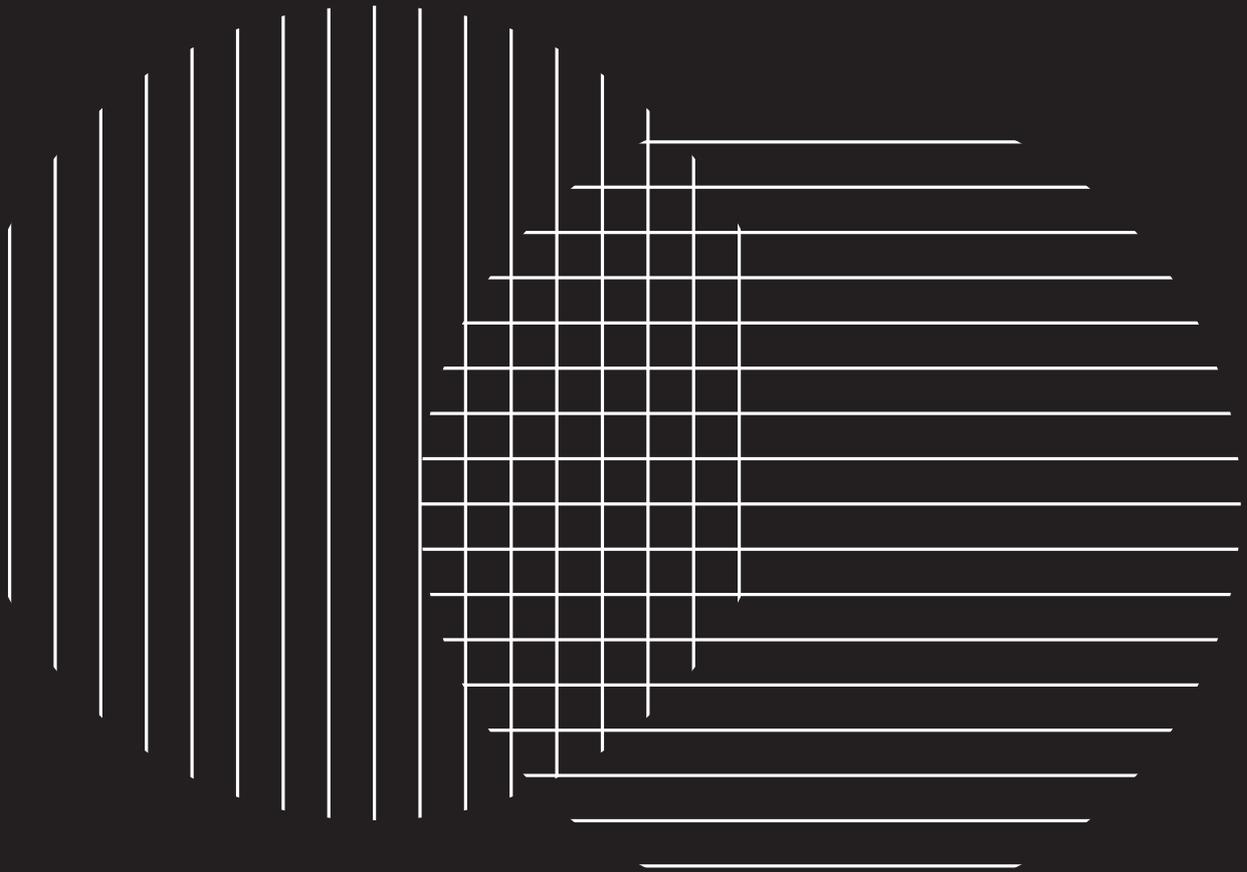
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Annex



Key data

Introduction

This Annex presents the key data from the 2021/2022 Health Behaviour in School-aged Children (HBSC) study that underpin the summary of scientific findings presented in the main report – in this volume, related to adolescent social contexts.

A standard methodology for the study is used in each participating country and region. This is detailed in the HBSC 2021/2022 international study protocol (1).

Fieldwork took place mainly between October 2021 and June 2022. An extended fieldwork period was necessary in two countries to enable them to reach the required sample size.

Further information about the HBSC study is available online (2). Aggregate data from the 2021/2022 survey can be accessed as charts and tables via the HBSC data browser (3), alongside comparable data from the 2017/2018 and 2013/2014 surveys where available.

Data presented

Key data on adolescent social contexts are presented disaggregated by country and region, age group, gender and family affluence for the 279 117 young people aged 11, 13 and 15 years from 44 countries and regions who participated in the 2021/2022 HBSC survey. Data are presented for each of the 10 indicators presented in this volume.

Data availability

Data are drawn from the mandatory component of the HBSC survey questionnaire, which was used in all countries and regions. Data for some indicators were not available from specific countries and regions; this is indicated in the footnotes to relevant charts.

Family affluence

Family affluence is a robust determinant of adolescent health, but children are not able to give the sort of information traditionally collected about job roles and salary that would give an indication of how rich or poor families may be.

HBSC uses the Family Affluence Scale (FAS) (4–6), which asks young people about material assets in the household. The HBSC 2021/2022 survey used a six-item assessment of common material assets or activities, covering family vehicle ownership, house bedroom and bathroom/shower room capacity, holidaying abroad, and family computer and dishwasher ownership.

Responses are scored and summed to form an HBSC FAS summary score, which has been shown to provide a valid indicator of relative affluence (4). This summary score is used in the FAS charts to estimate relative socioeconomic position by comparing the individual's score for FAS with those of all other scores for the same gender and age group within their country or region. A relative affluence score (6) is then used to identify groups of young people in the lowest 20% (low affluence), middle 60% (medium affluence) (not shown in the charts in this Annex) and highest 20% (high affluence) in each country and region. This approach assesses relative, not absolute, health inequality.

Interpreting differences in prevalence

Each chart indicates where differences are statistically significant. Statistical analyses are included to help readers avoid overinterpretation of small differences. Statistical significance does not always indicate a difference that is considered important in terms of public health.

Prevalence in the charts is presented as a percentage, rounded to the nearest whole number. Average scores are presented to one decimal place.

Understanding the age-gender charts

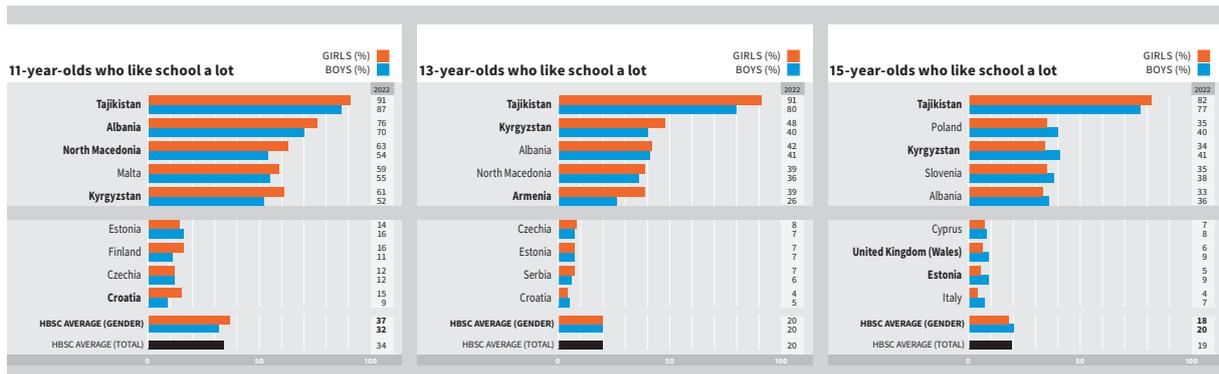
Bar charts present data for 2021/2022 for girls (orange bars) and boys (blue bars) in each age group separately for each country and region in descending order of prevalence (or average score) (for girls and boys combined). The percentage prevalence (or average score) in 2021/2022 (boys and girls separately) is also presented as a number down the right-hand edge of the charts. HBSC averages for each gender and combined are shown at the bottom of each chart.

Country/region names highlighted in bold in the age-gender charts are those in which there was a statistically significant gender difference in prevalence or average score in 2021/2022.

As an example, Fig. A1 shows that in an average HBSC country or region, 37% of 11-year-old girls and 32% of 11-year-old boys report liking school a lot. The prevalence of liking school a lot decreases with age and the gender difference reverses, as 18% of 15-year-old girls and 20% of 15-year-old boys report liking school a lot. The prevalence of liking school a lot was highest in Tajikistan across all age groups.

For design reasons, the measures used to elicit the data from participants are described on the second (right-hand) page of each indicator spread.

Fig. A1. Example of age-gender bar chart



Understanding the family affluence charts

Charts of prevalence by FAS group illustrate the relationship between family affluence and each adolescent social context indicator. The FAS charts show the prevalence (or average score) of the indicators in the most affluent 20% of adolescents in each country or region (a solid circle) and the least affluent 20% (an open circle). The data are presented for each country and region for boys (blue circle) and girls (orange circle) separately, combined across the three age groups.

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

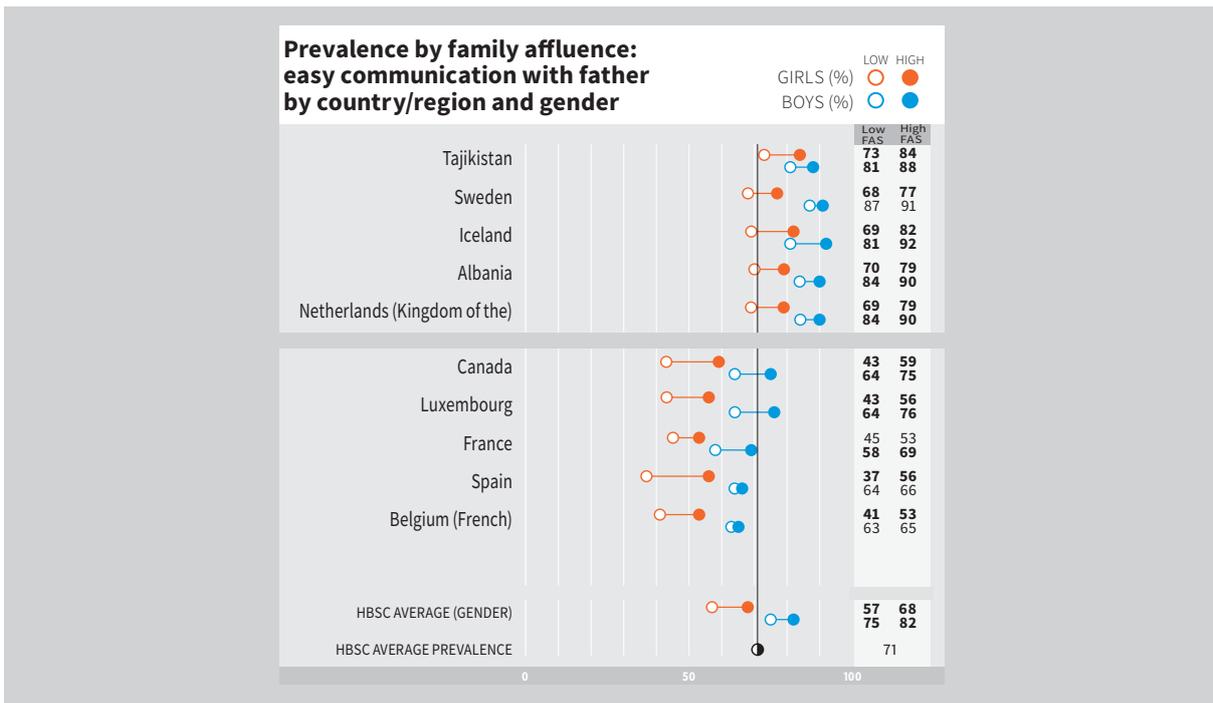
Countries and regions are ordered on the FAS charts by prevalence (or average score) averaged across genders.

Significance of differences in prevalence (or average score) by family affluence are indicated by the figures for prevalence (or average score) being bolded. Prevalence of the medium-affluence group is not presented in the charts, but the data from all three FAS groups are used when carrying out statistical analysis.

Significance is only marked where there is a linear trend in prevalence across the three groups. This may mean that some differences in prevalence that look large between the low- and high-affluence groups may not be marked as significant if, for example, the prevalence in the medium-affluence 60% is lower or higher than both presented numbers.

Fig. A2 presents an example family affluence chart. It shows that overall, high-affluence adolescents are more likely to report easy communication with their father than those from low-affluence families. In Iceland, for example, 82% of girls in the 20% most affluent households (high FAS) reported easy communication with their father, while only 69% of girls in the 20% least affluent households (low FAS) did so. There was no difference between high and low affluence groups for boys in Belgium (French), Spain and Sweden, or for girls in France.

Fig. A2. Example of family affluence chart



References²

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

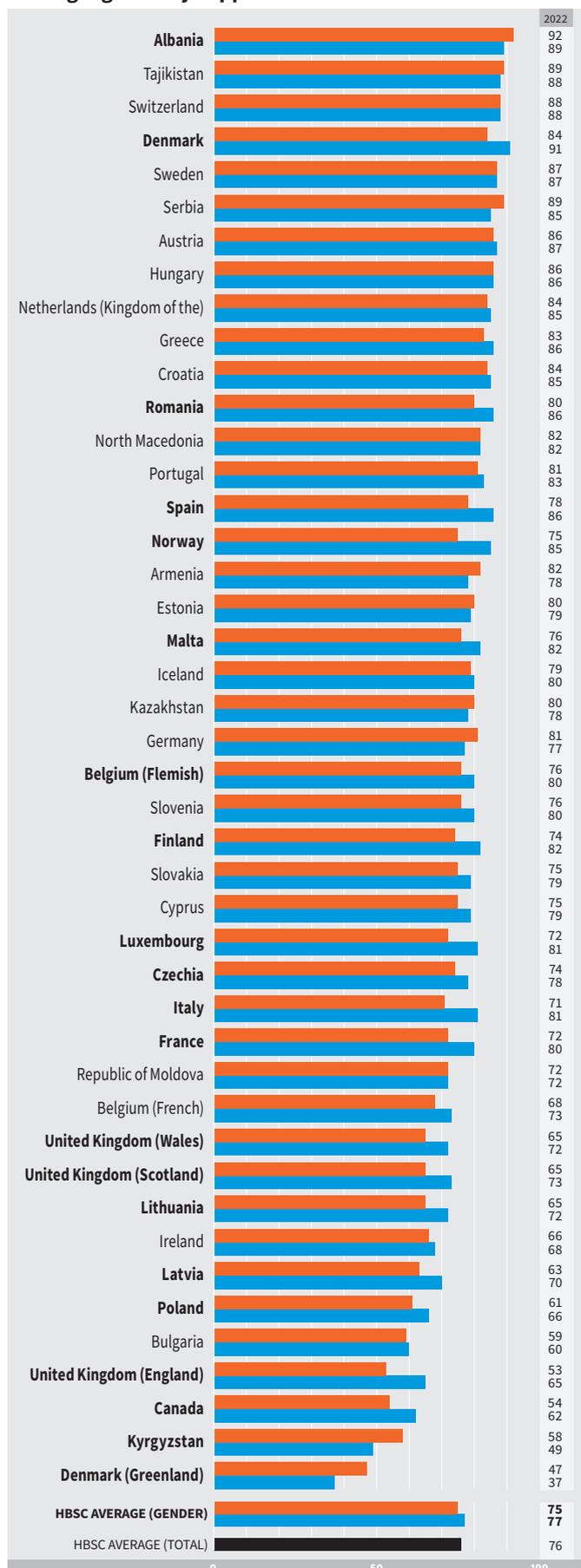
Family structure

Country/region	Both parents (%)	Single parent (mother) (%)	Single parent (father) (%)	Stepfamily (%)	Other (%)
Albania	87.6	5.9	1.8	4.4	0.3
Armenia	87.7	9.1	1.4	0.5	1.3
Austria	70.4	14.7	1.7	10.9	2.2
Belgium (Flemish)	75.3	11.4	1.8	10.9	0.6
Belgium (French)	65.8	15.7	3.7	13.7	1.0
Bulgaria	69.6	14.8	3.8	8.3	3.4
Canada	72.0	13.6	2.9	8.9	2.6
Croatia	90.6	4.8	0.8	3.4	0.4
Cyprus	80.4	12.5	1.8	4.3	1.0
Czechia	68.0	14.6	2.4	11.3	3.7
Denmark	73.0	14.6	4.3	7.4	0.7
Denmark (Greenland)	51.4	18.4	5.5	16.8	7.9
Estonia	67.4	15.6	1.9	13.7	1.4
Finland	60.7	18.4	4.4	11.8	4.6
France	73.5	20.7	4.7	–	1.1
Germany	74.1	13.4	1.7	9.9	0.8
Greece	80.7	12.6	2.0	4.2	0.4
Hungary	68.9	13.9	2.4	13.3	1.5
Iceland	71.4	12.3	2.1	11.6	2.6
Ireland	78.6	13.2	1.6	4.4	2.2
Italy	81.4	11.3	1.3	4.6	1.5
Kazakhstan	71.9	21.5	3.0	2.3	1.3
Kyrgyzstan	76.1	17.6	3.6	2.5	0.2
Latvia	63.0	21.0	2.9	10.4	2.6
Lithuania	68.1	16.8	2.4	11.2	1.6
Luxembourg	68.5	16.7	2.8	10.4	1.7
Malta	76.0	13.3	2.1	7.6	1.0
Netherlands (Kingdom of the)	76.8	11.9	1.5	9.2	0.6
North Macedonia	78.8	12.3	3.8	2.3	2.8
Norway	70.2	13.1	3.1	12.2	1.4
Poland	78.1	12.2	1.5	7.0	1.2
Portugal	71.9	15.8	2.0	8.4	2.0
Republic of Moldova	71.0	15.5	2.7	5.8	4.9
Romania	72.1	15.9	3.4	6.4	2.3
Serbia	74.7	15.7	4.8	3.3	1.5
Slovenia	82.5	8.1	1.8	6.2	1.5
Spain	74.6	14.7	2.1	7.1	1.5
Sweden	73.9	10.9	2.9	11.1	1.2
Tajikistan	94.4	3.9	0.3	0.9	0.4
United Kingdom (England)	69.5	16.7	2.1	9.6	2.0
United Kingdom (Scotland)	68.5	18.3	2.4	9.2	1.7
United Kingdom (Wales)	66.3	17.5	2.3	13.1	0.8
HBSC total	74	14	3	8	2

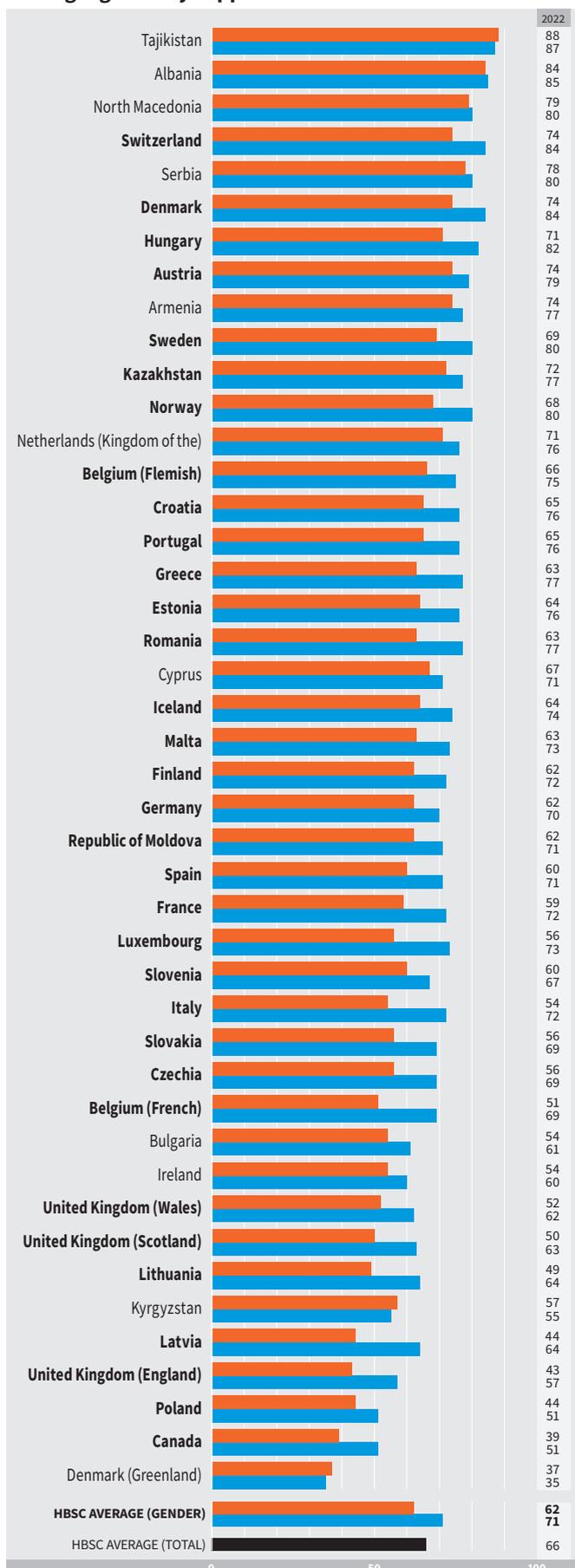
Note: no data were received from Slovakia and Switzerland. France did not include questions about step-parents.

Family support

11-year-olds who report feeling high family support



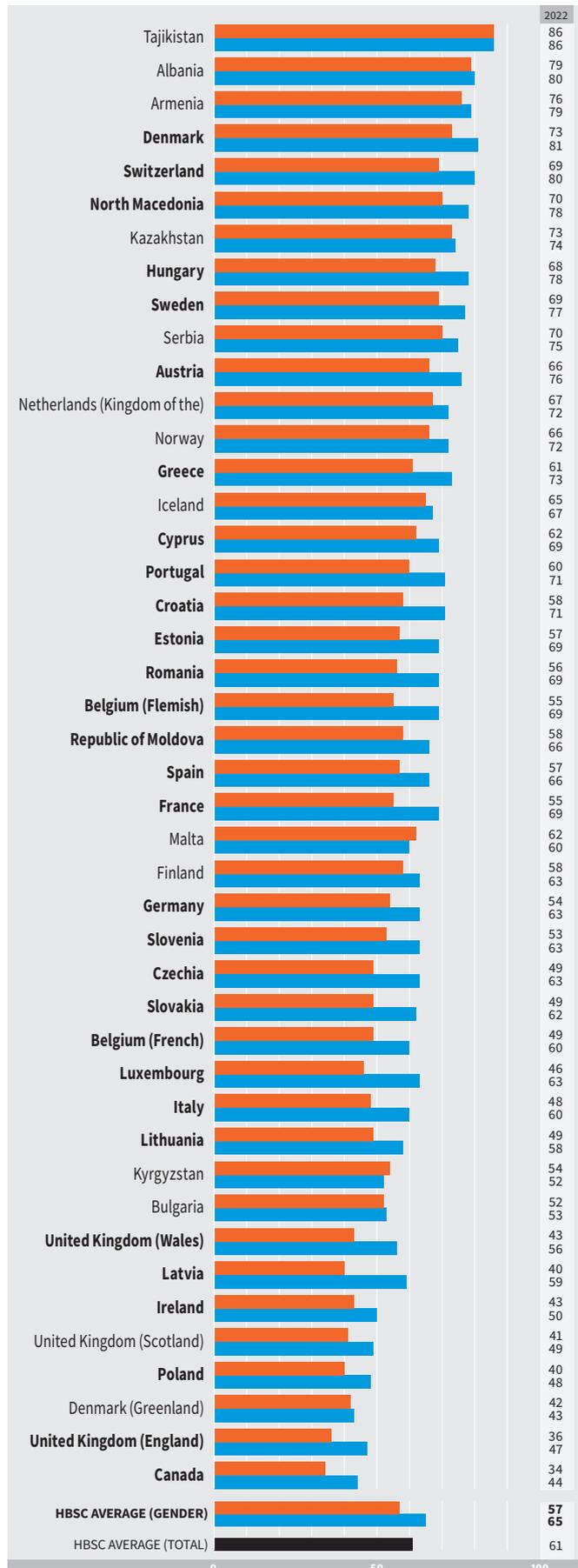
13-year-olds who report feeling high family support



Note: country/region name in bold indicates a significant gender difference (at P<0.05).

MEASURE: young people were asked if they perceive that their family really tries to help them, that they can get emotional support from them when they need it, they can talk to their family about problems, and if the family is prepared to help them make decisions. Response options ranged from very strongly disagree to very strongly agree, and responses were combined into a mean score ranging from 1 to 7. Findings presented here show the proportions who scored 5.5 or more on the family section of the Multidimensional Scale of Perceived Social Support, categorized as high perceived family support.

15-year-olds who report feeling high family support

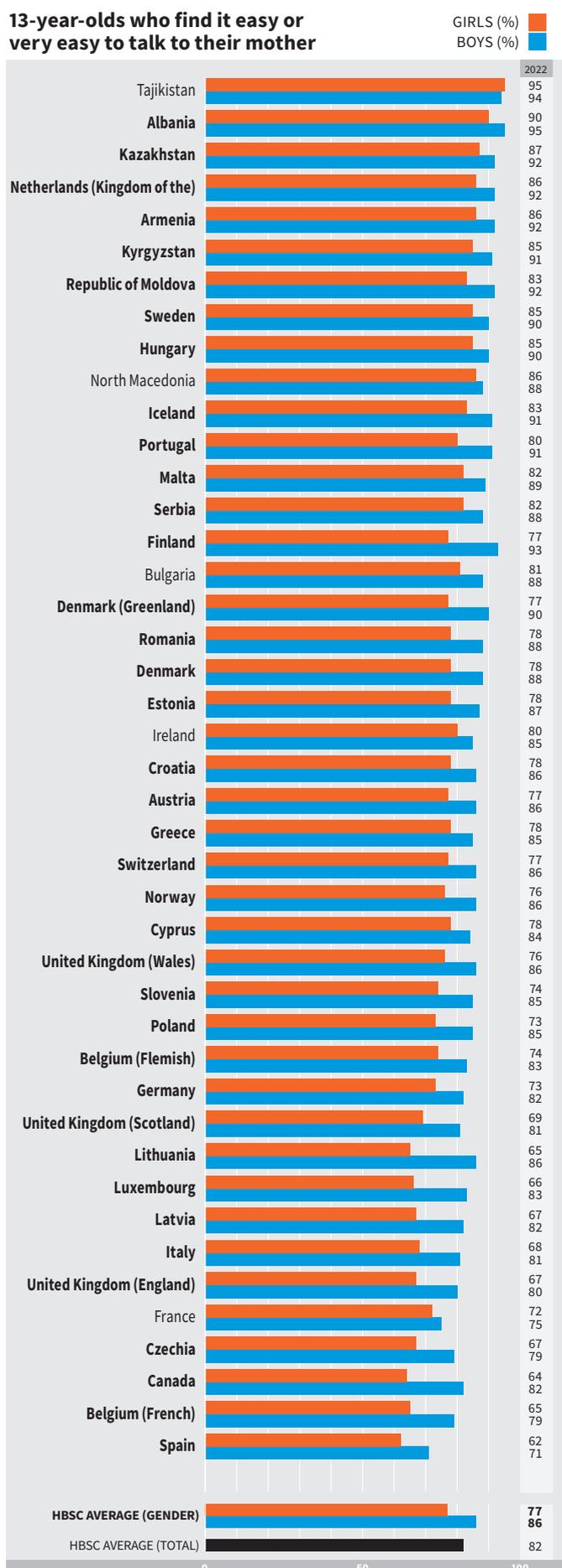
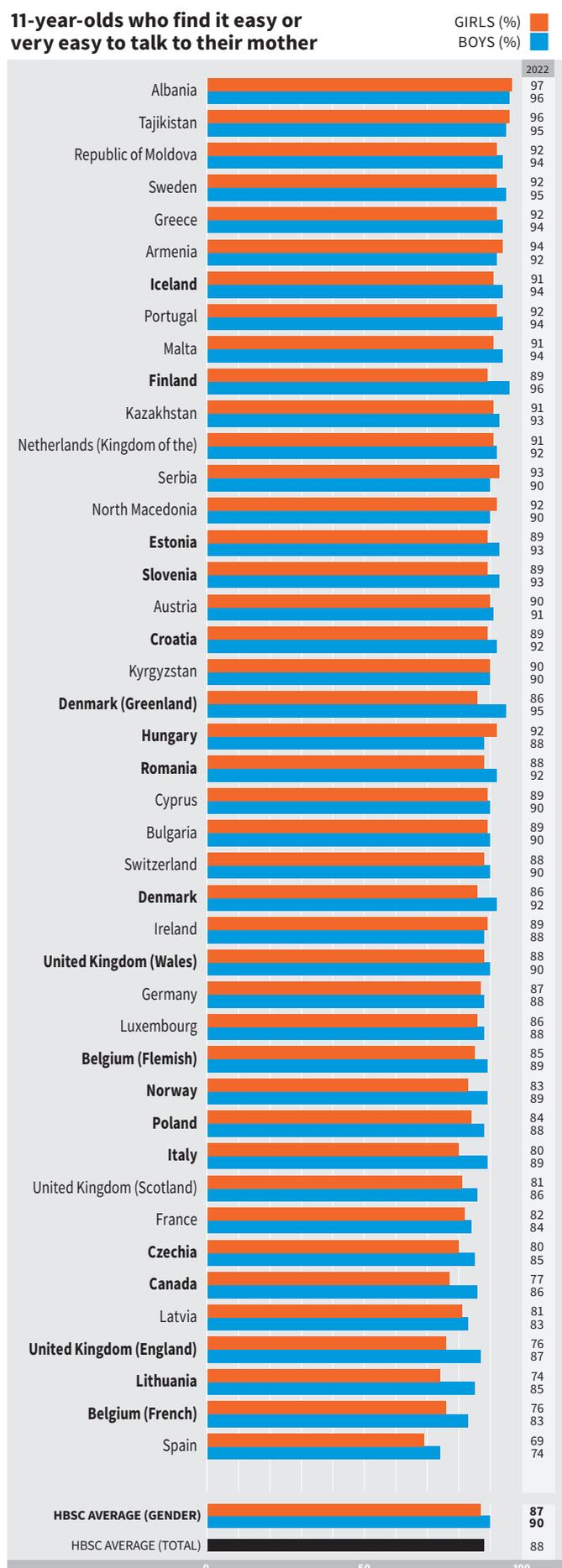


Prevalence by family affluence: high family support by country/region and gender



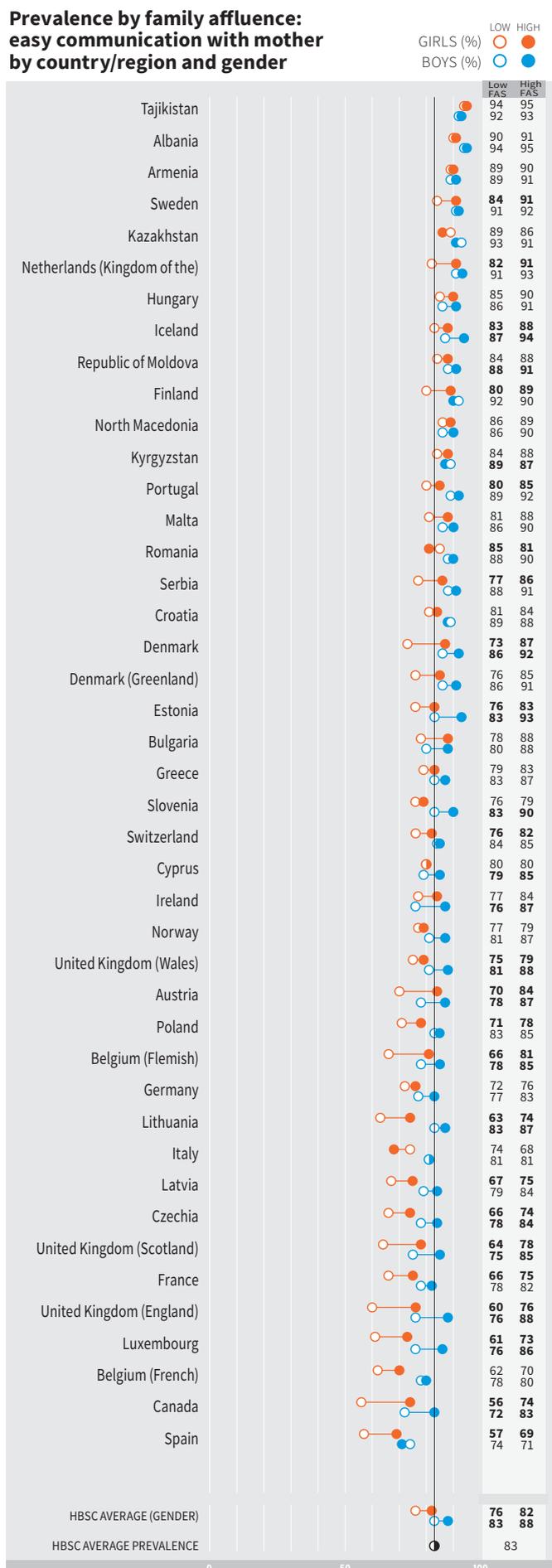
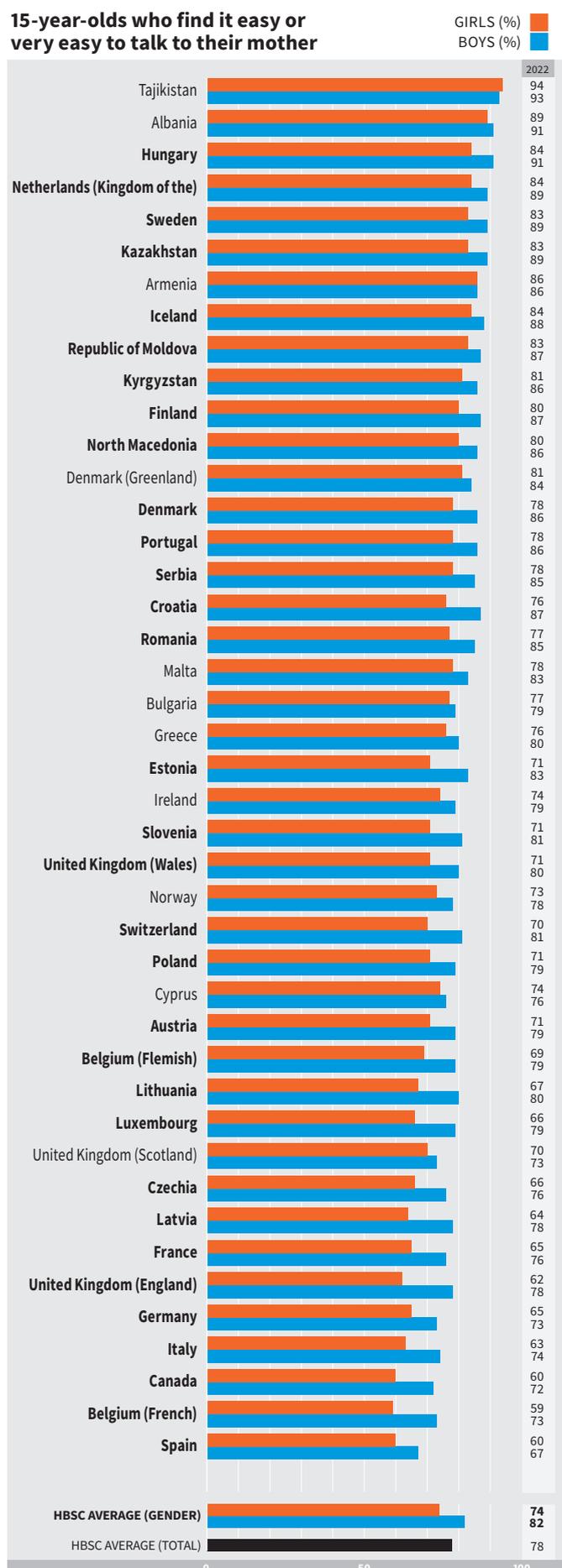
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at P < 0.05). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

Family communication: easy communication with mother



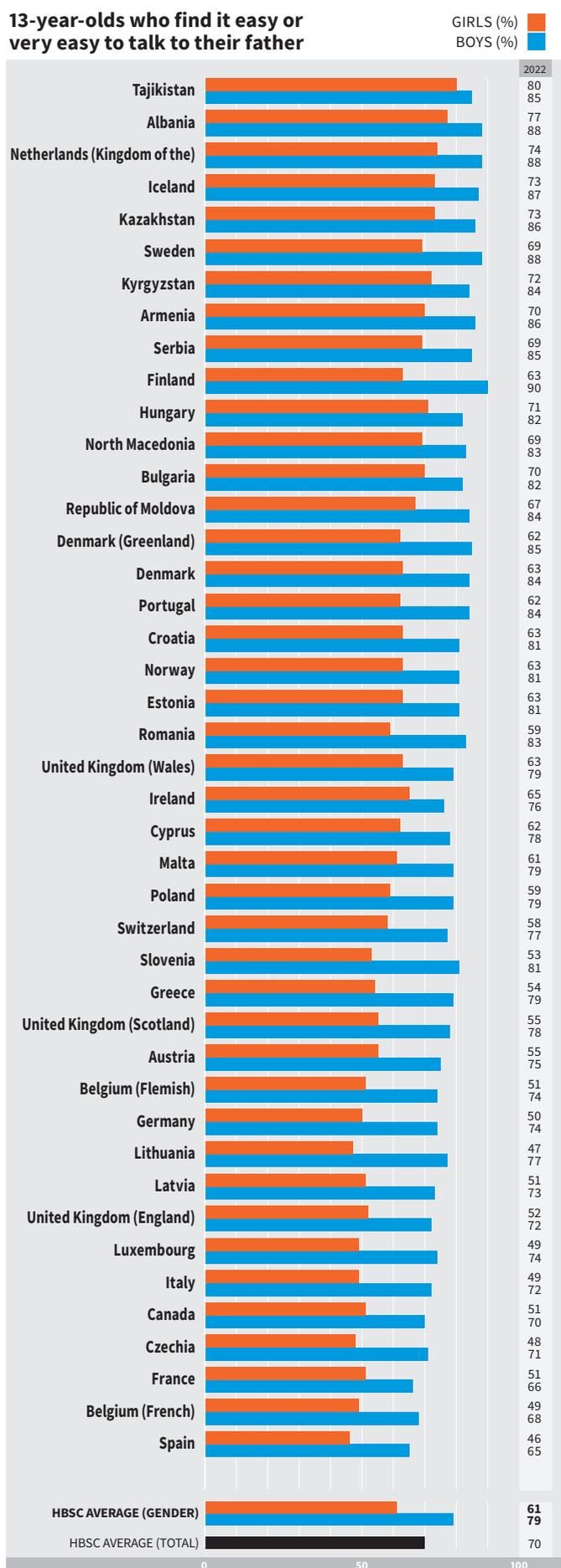
Note: country/region name in bold indicates a significant gender difference (at P<0.05). No data were received from Slovakia.

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



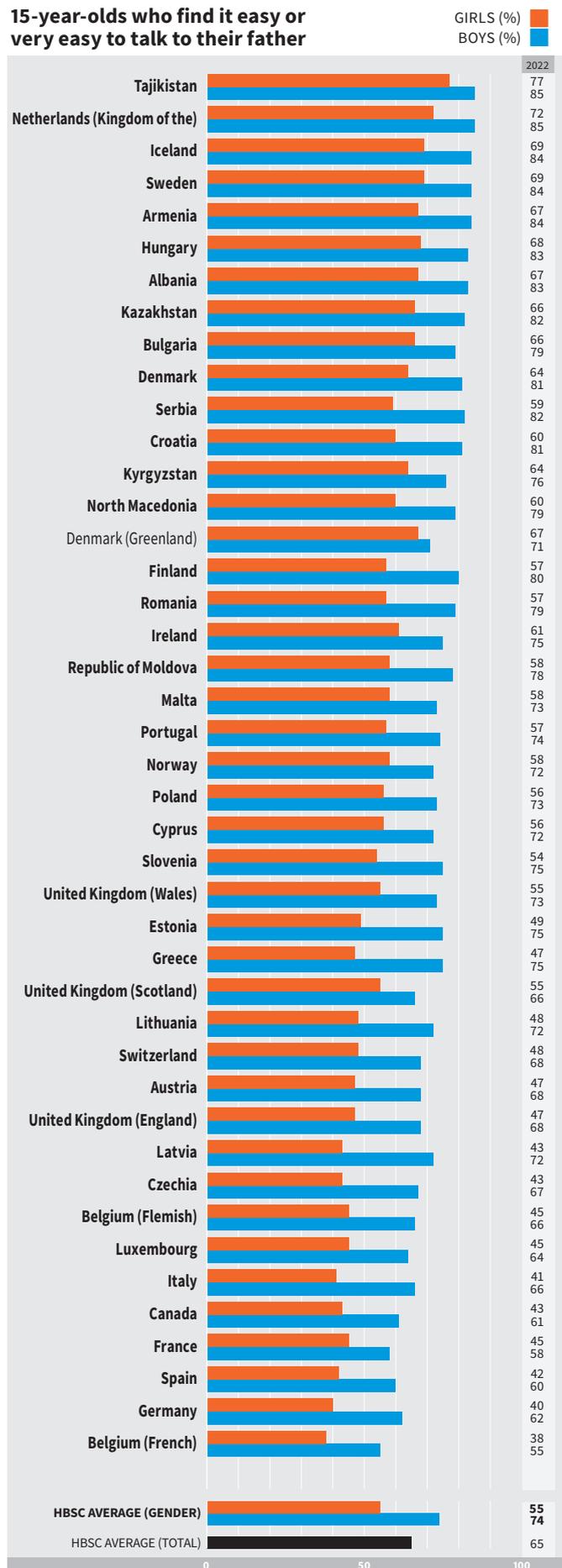
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at P < 0.05). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Slovakia.

Family communication: easy communication with father



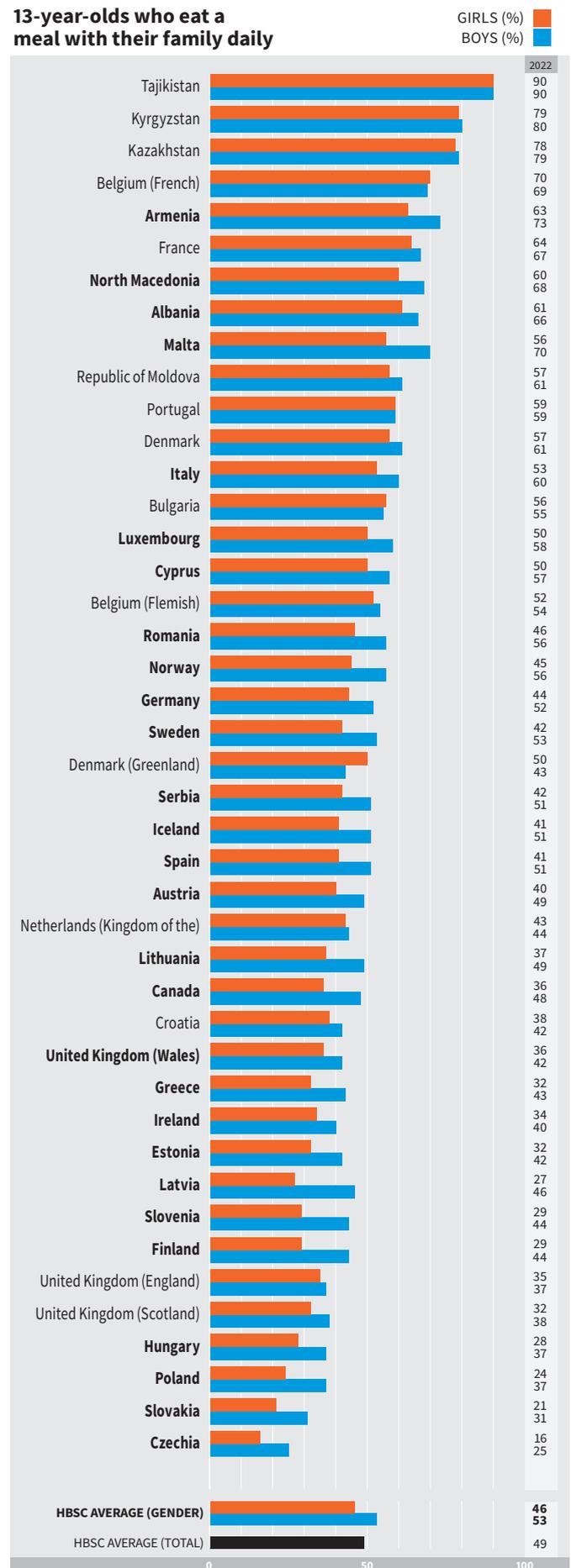
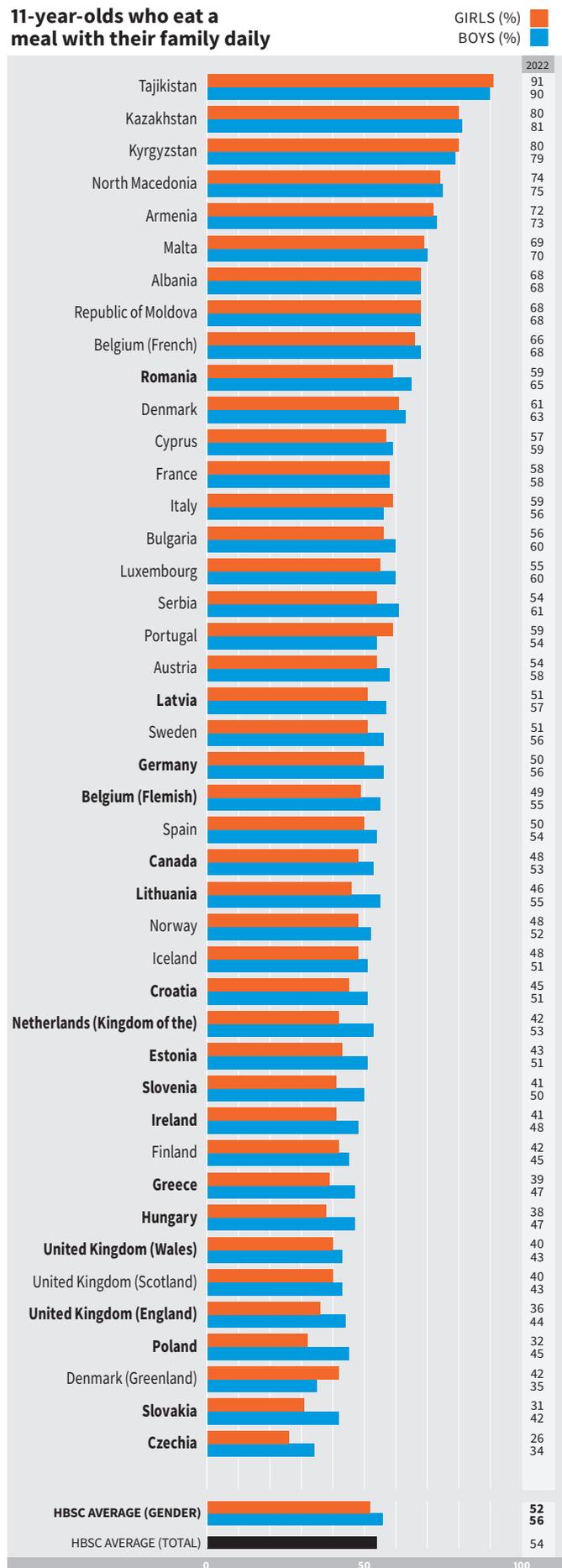
Note: country/region name in bold indicates a significant gender difference (at P<0.05). No data were received from Slovakia.

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



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

Family meals



Note: country/region name in bold indicates a significant gender difference (at P < 0.05). No data were received from Switzerland.

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

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



Prevalence by family affluence: daily family meals by country/region and gender



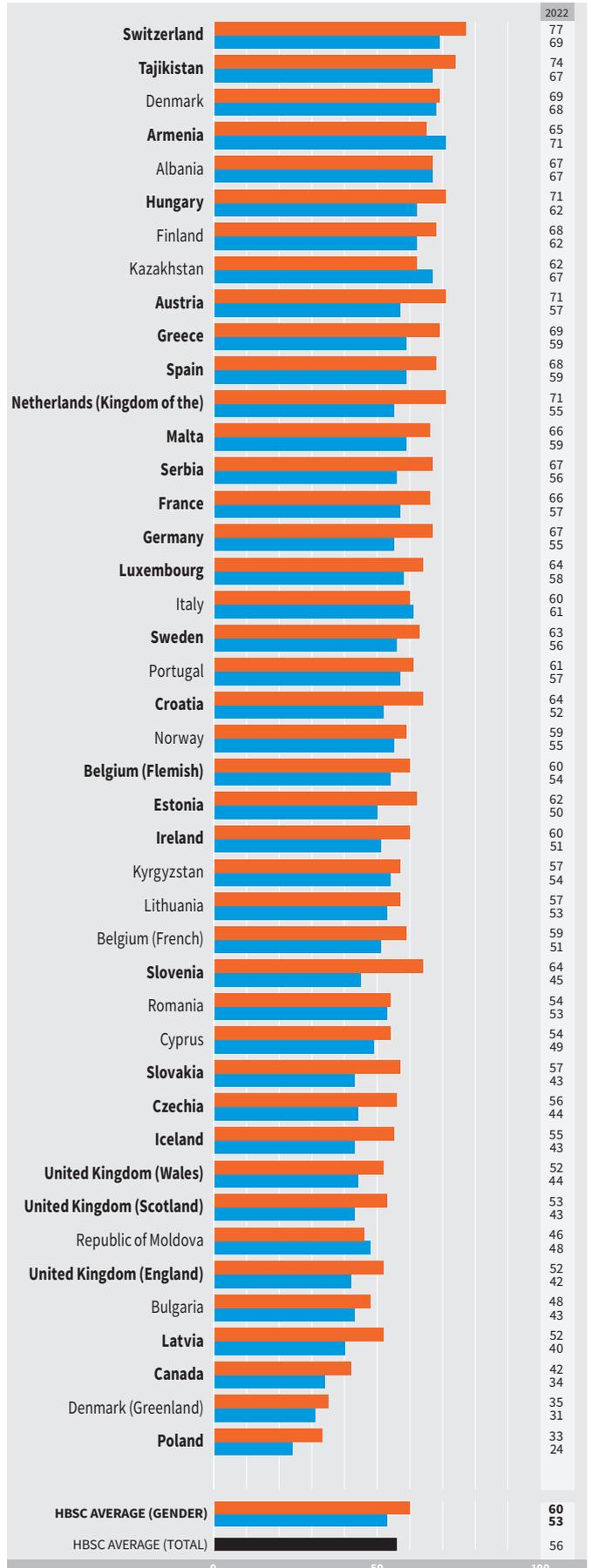
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at P < 0.05). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Switzerland.

Peer support

11-year-olds who report feeling high peer support



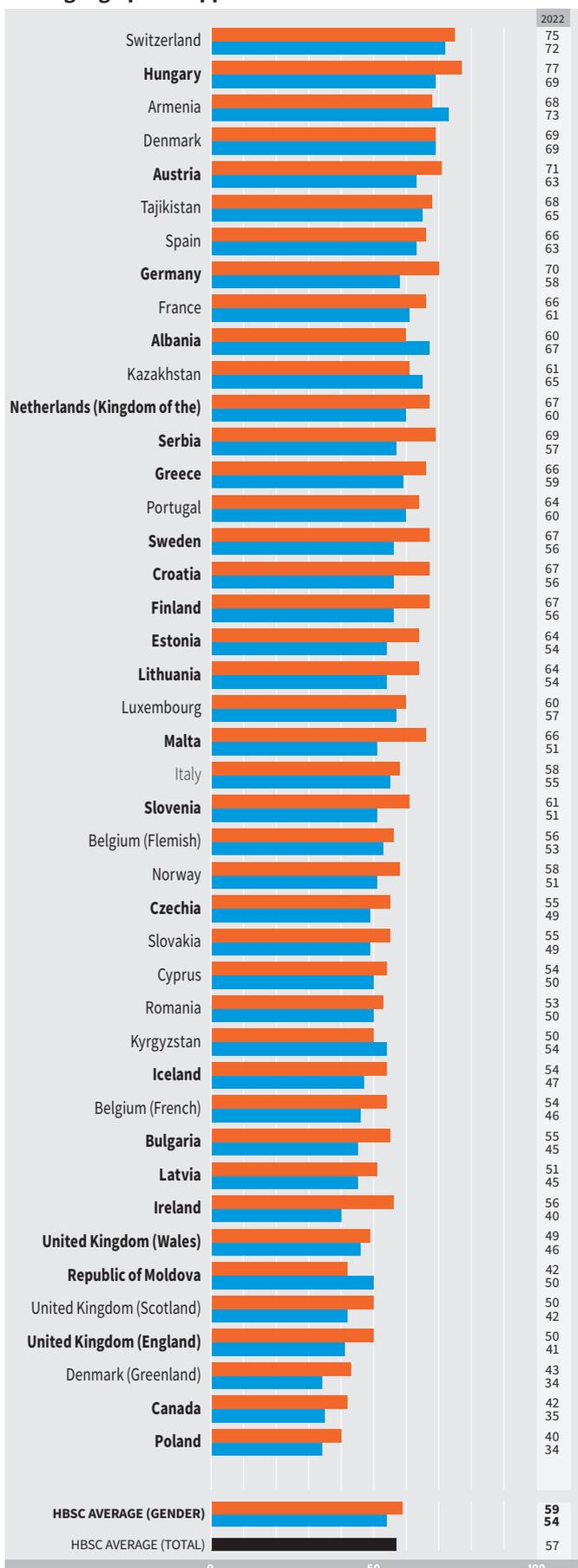
13-year-olds who report feeling high peer support



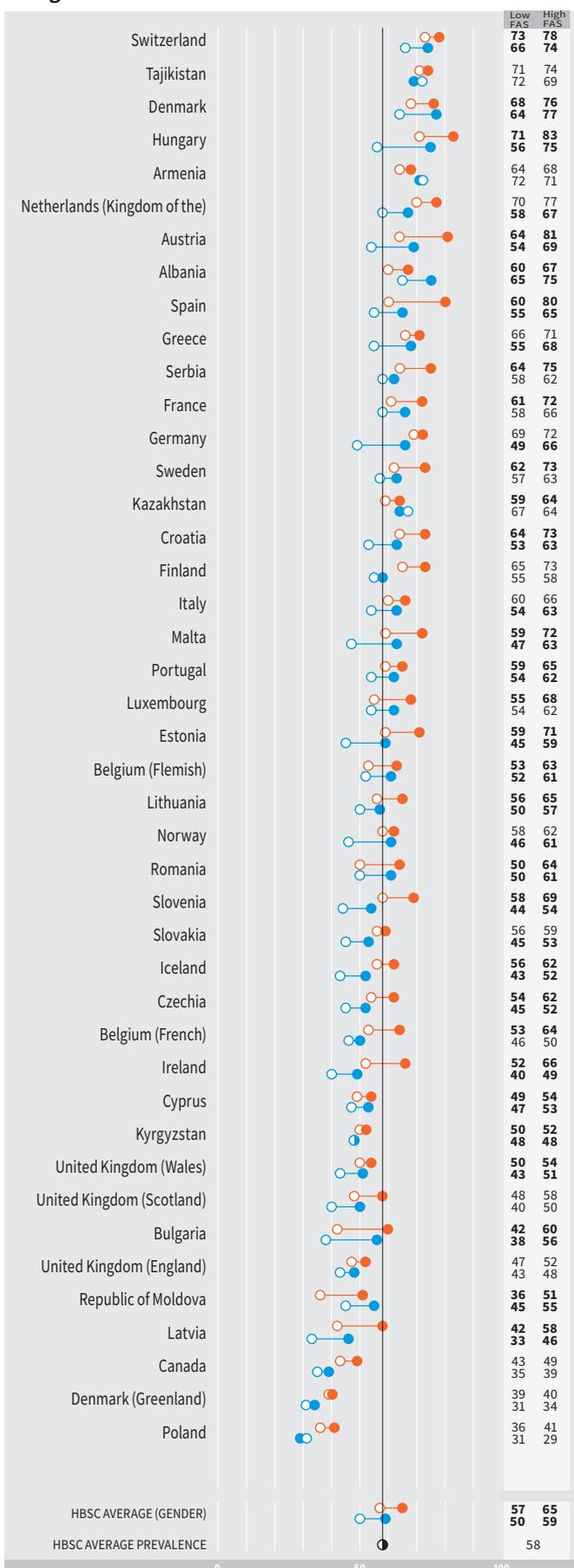
Note: country/region name in bold indicates a significant gender difference (at $P < 0.05$). No data were received from North Macedonia.

MEASURE: young people were asked if they perceive that their friends really try to help them, that they can count on them when things go wrong, if they had friends with whom they can share their sorrows and joys, and if they can talk to them about their problems. Response options ranged from very strongly disagree to very strongly agree, and responses were combined into a mean score ranging from 1 to 7. Findings presented here show the proportions reporting an average score of 5.5 or more on the peer section of the Multidimensional Scale of Perceived Social Support, categorized as high perceived peer support.

15-year-olds who report feeling high peer support

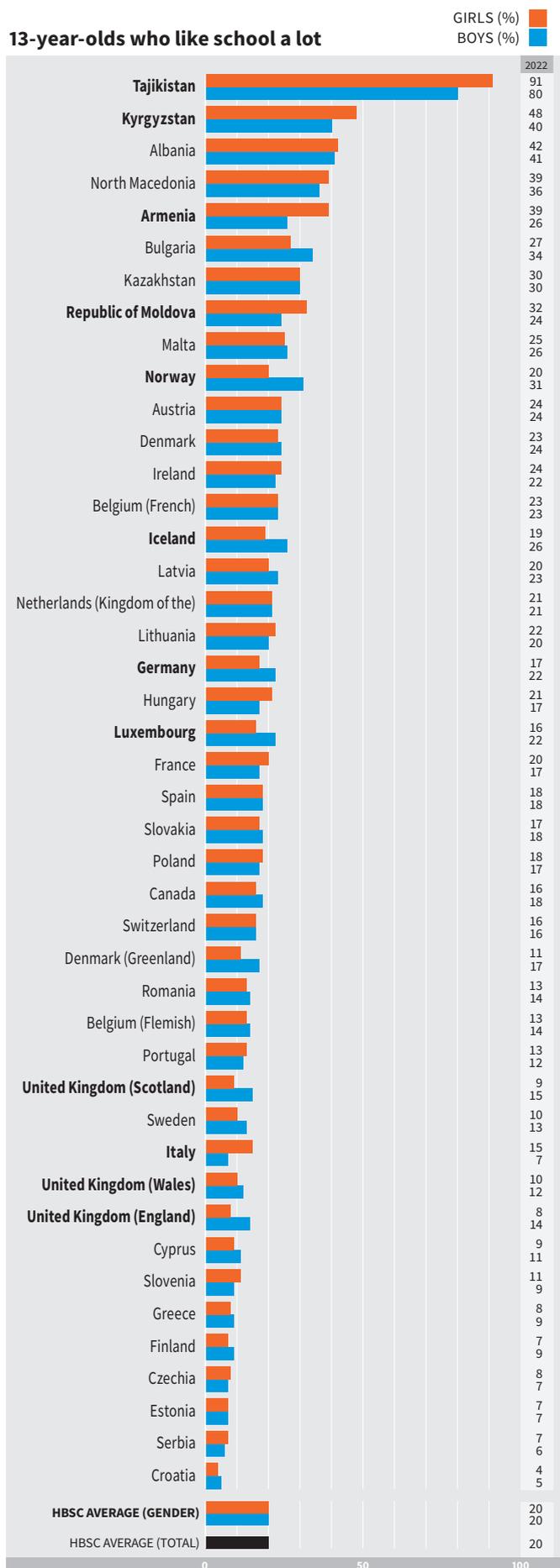
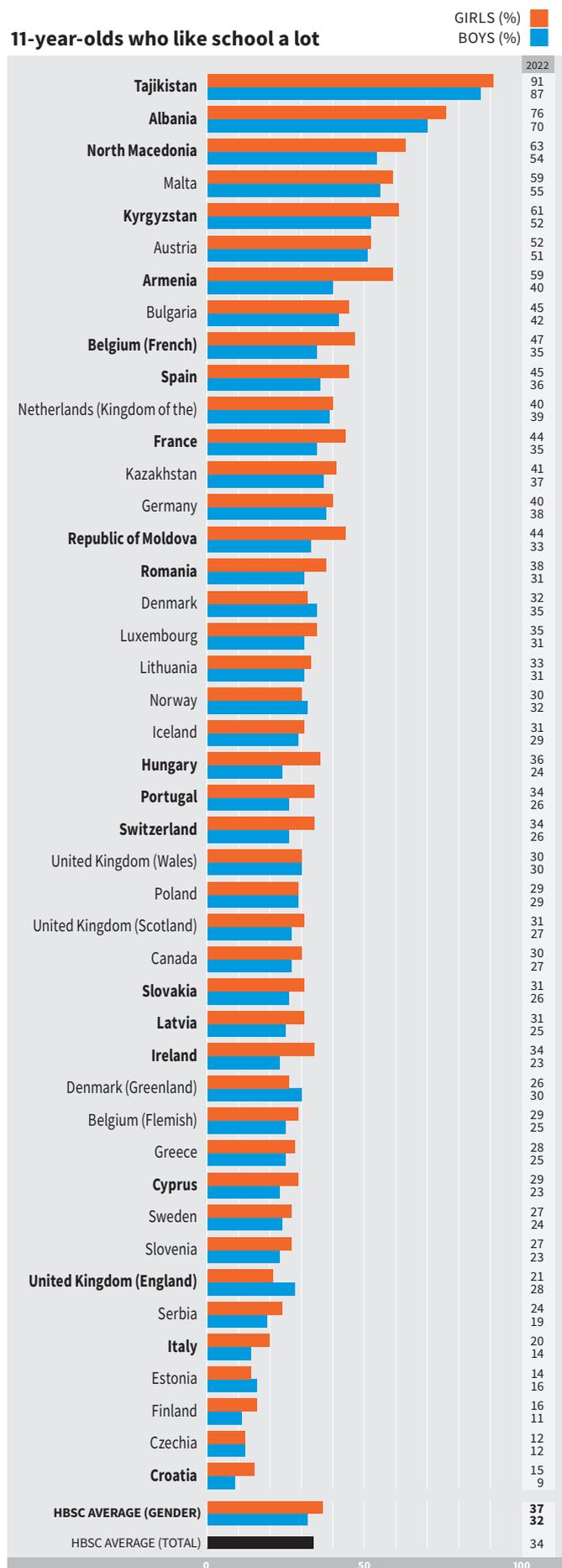


Prevalence by family affluence: high peer support by country/region and gender



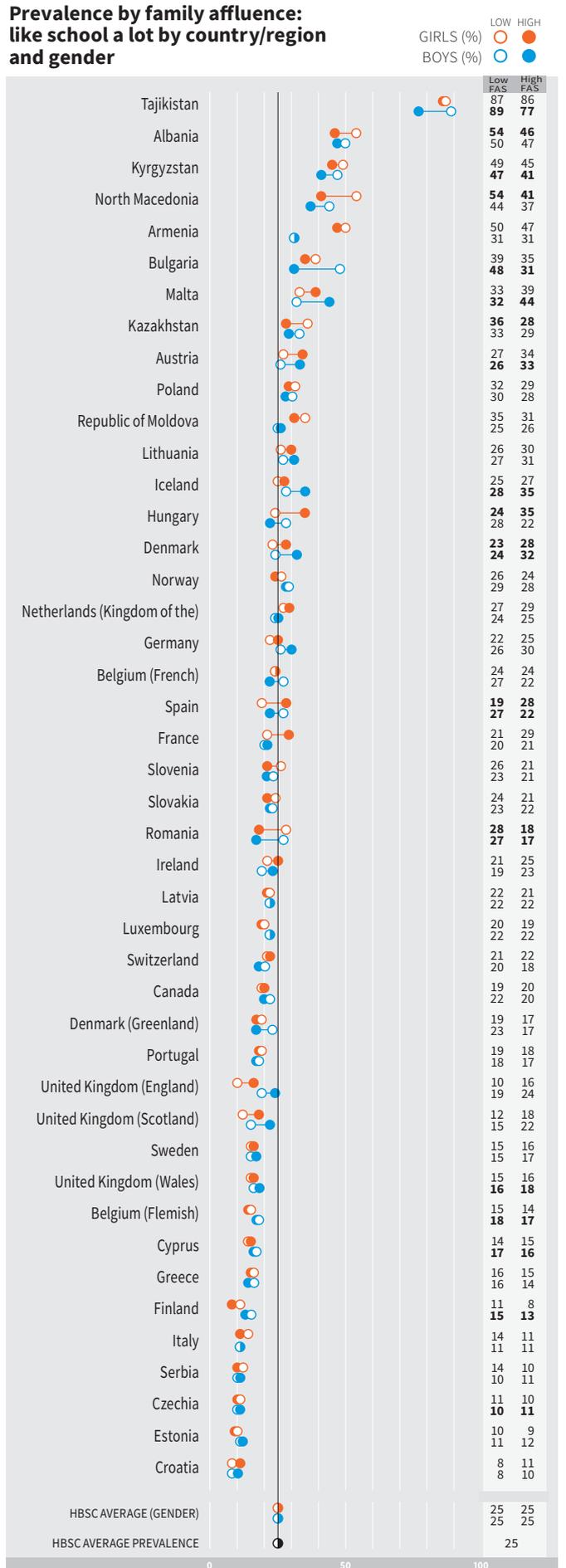
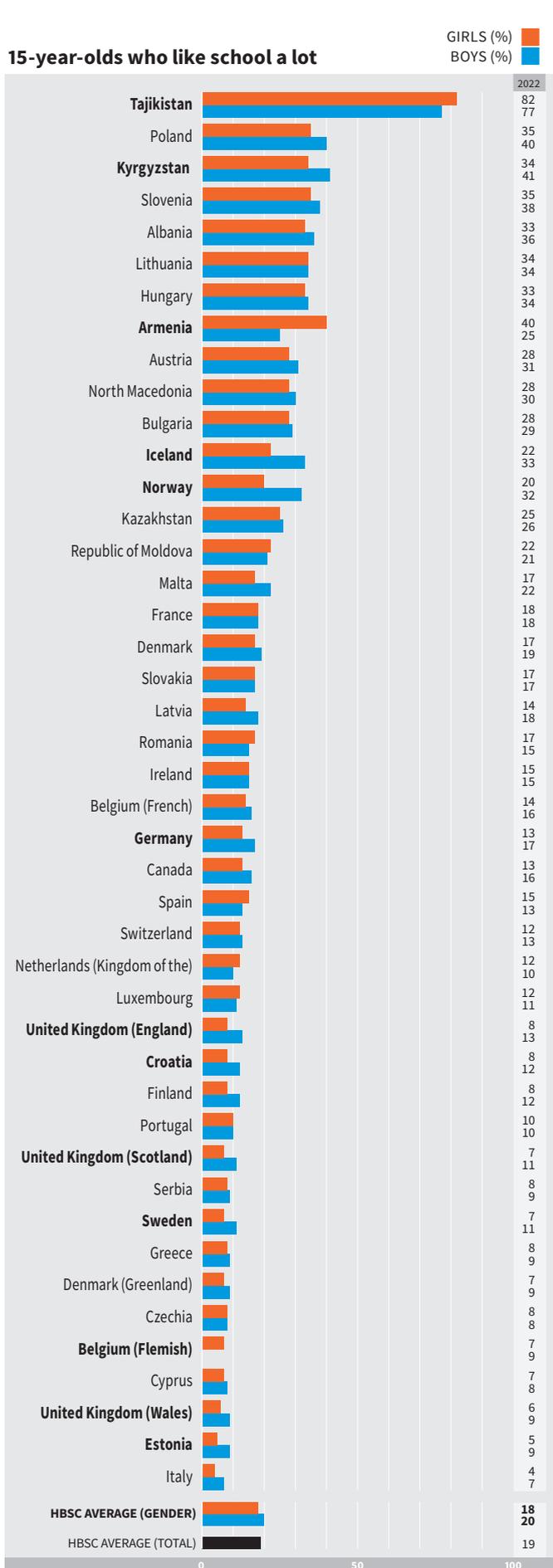
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at $P < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from North Macedonia.

School satisfaction (liking school)



Note: country/region name in bold indicates a significant gender difference (at P < 0.05).

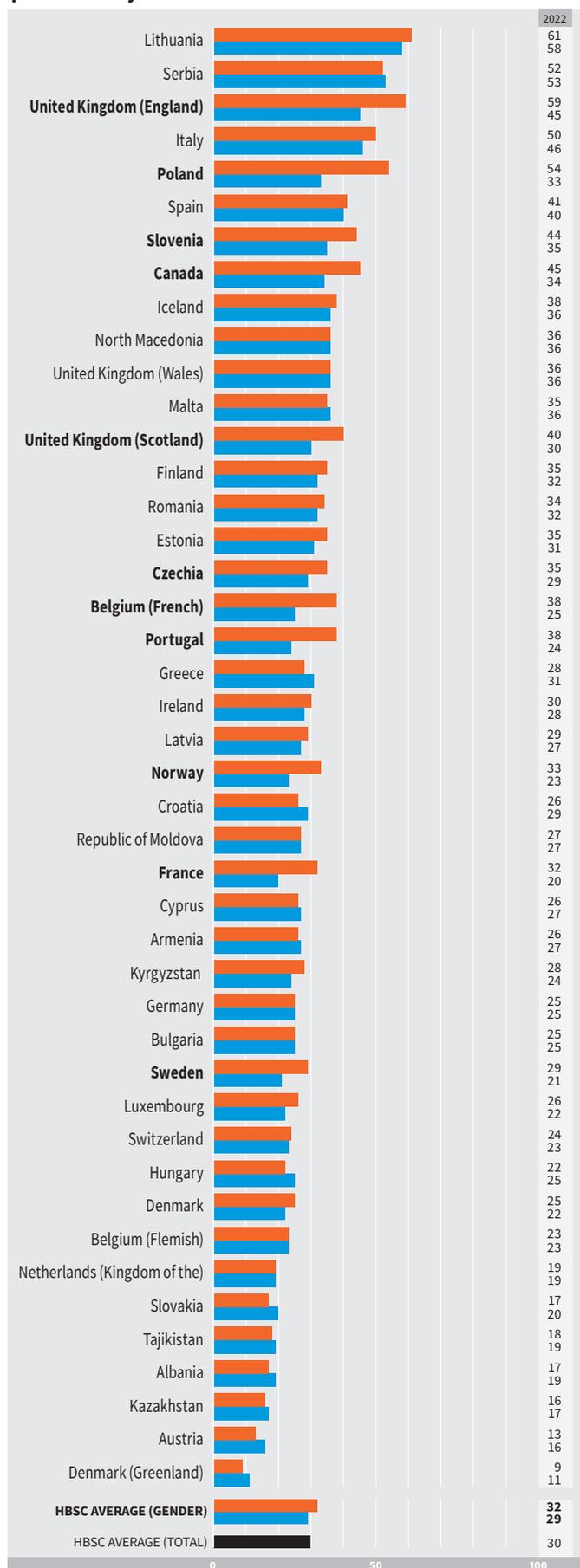
MEASURE: young people were asked how they feel about school at present. Response options ranged from I like it a lot to I don't like it at all. Findings presented here show the proportions who reported liking school a lot.



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

Schoolwork pressure

11-year-olds who feel pressured by schoolwork



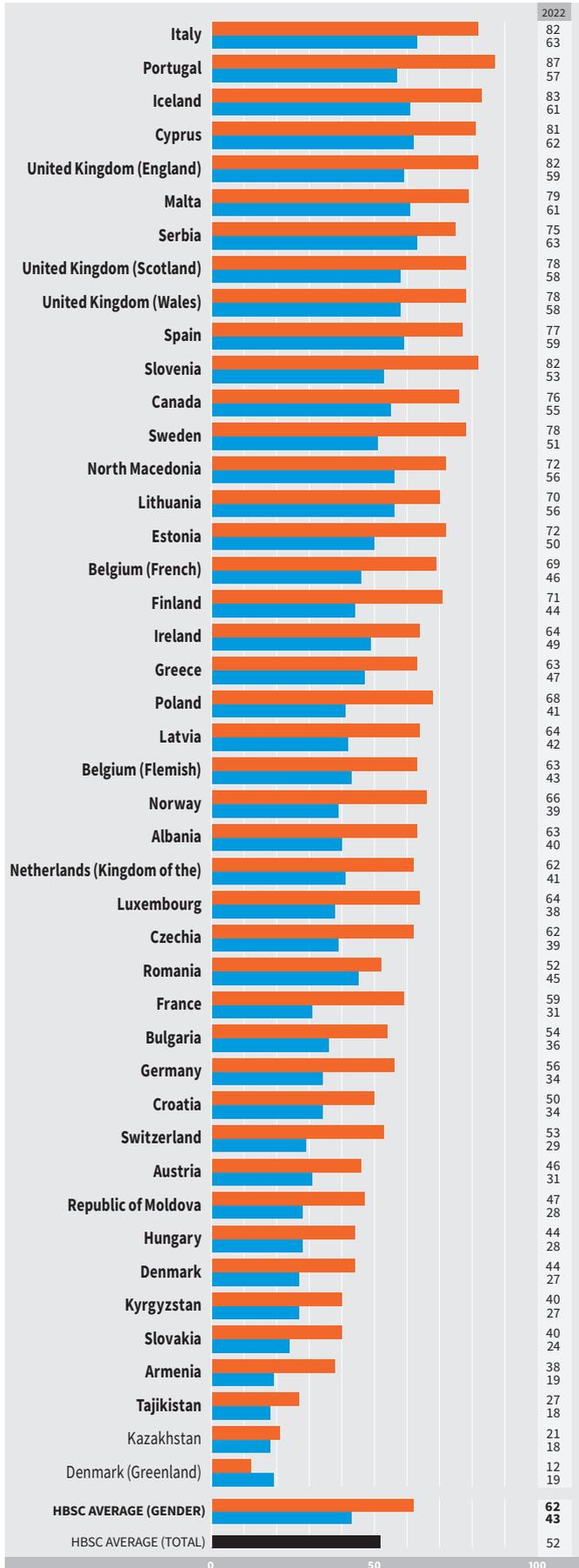
13-year-olds who feel pressured by schoolwork



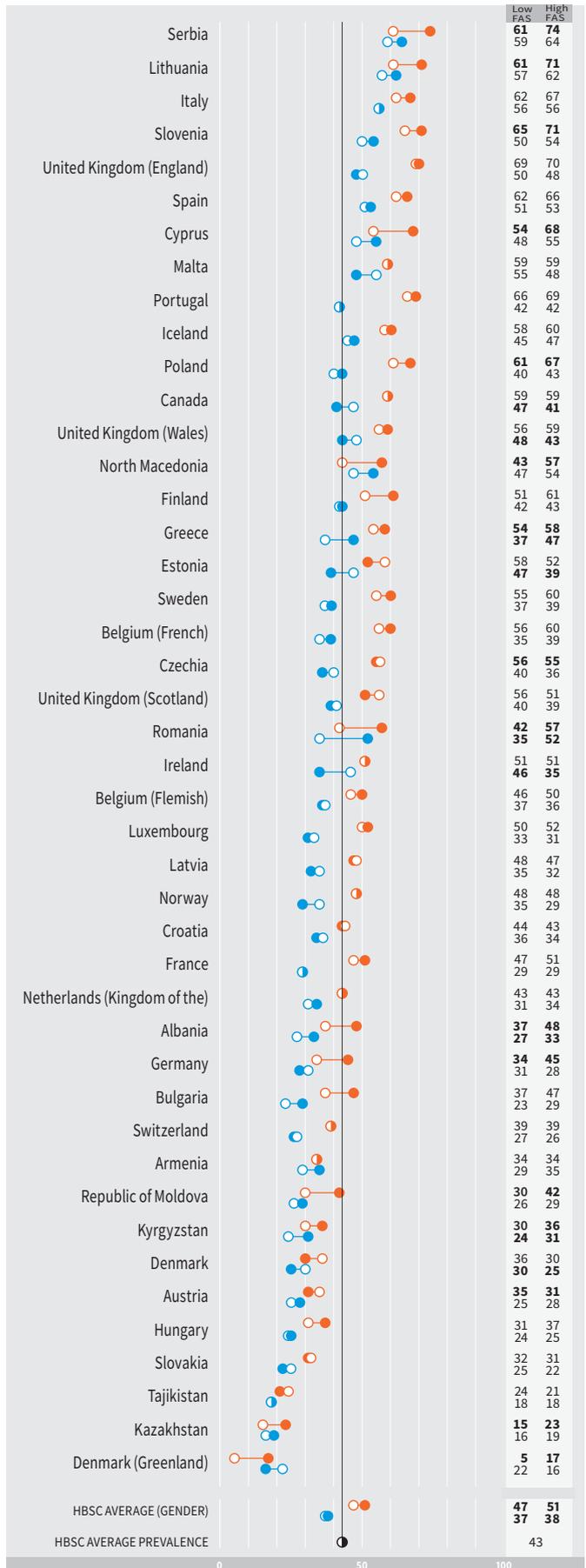
Note: country/region name in bold indicates a significant gender difference (at P < 0.05).

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

15-year-olds who feel pressured by schoolwork



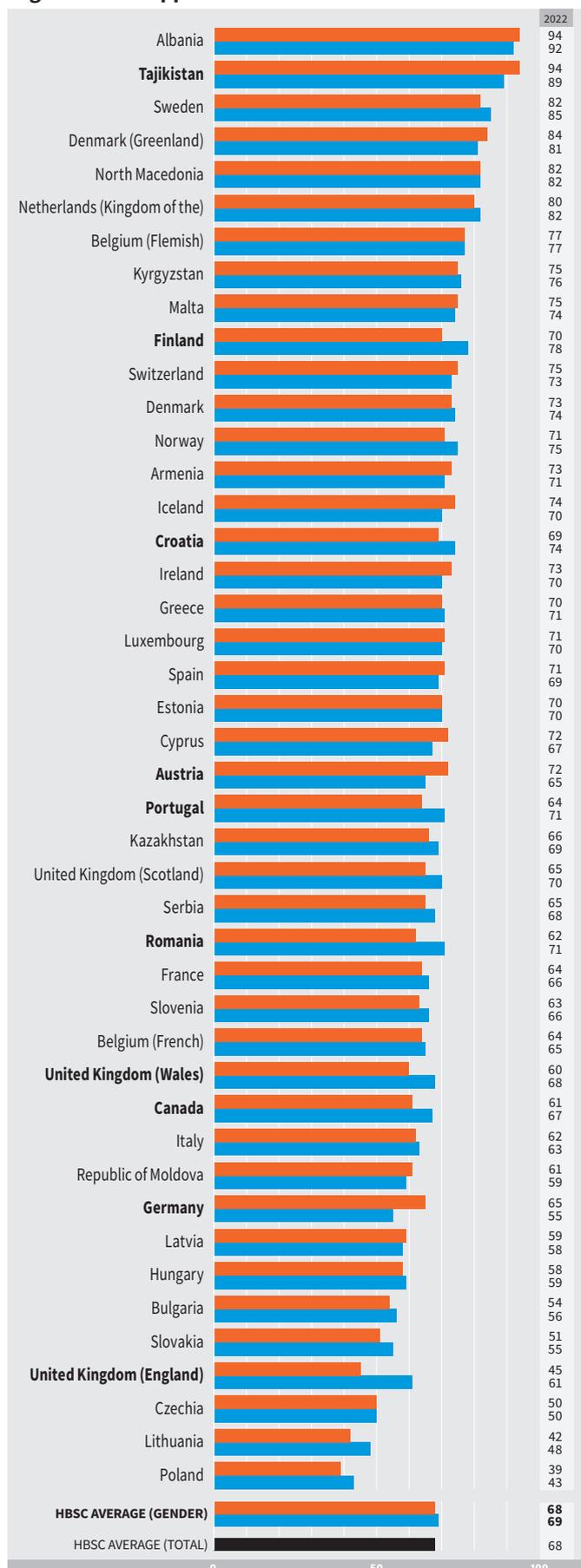
Prevalence by family affluence: pressured by schoolwork by country/region and gender



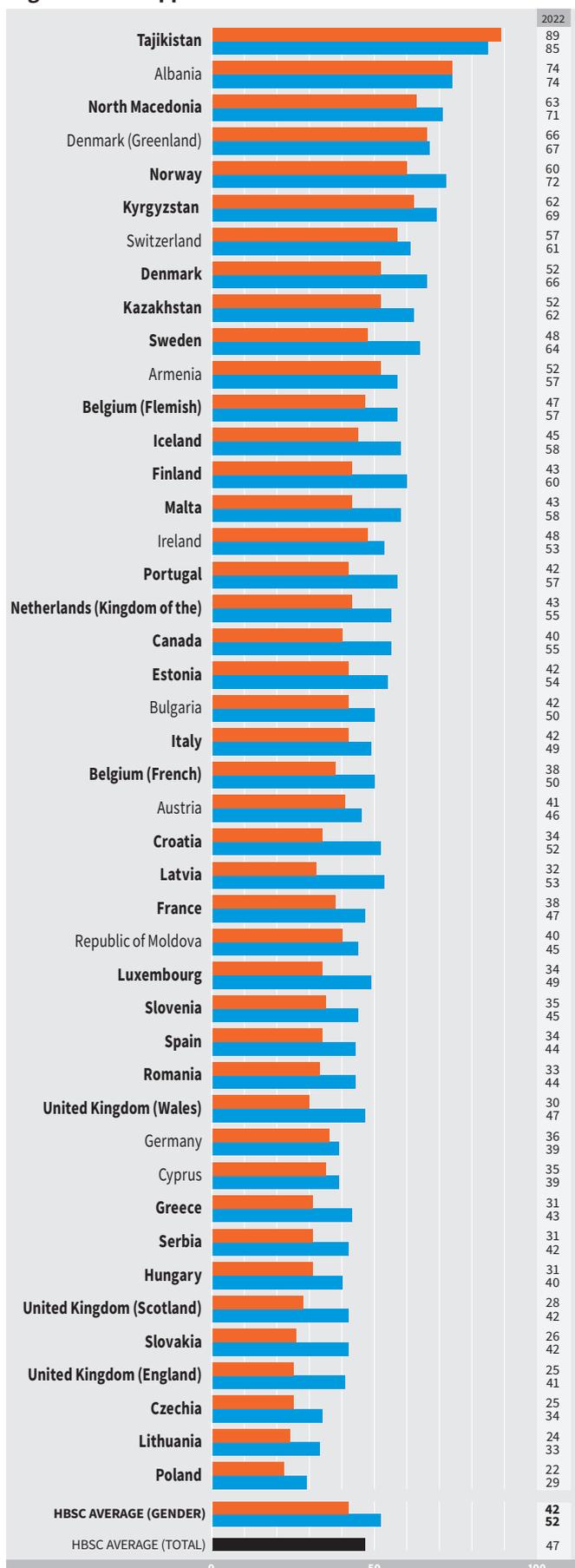
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at P < 0.05). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

Teacher support

11-year-olds who report feeling high teacher support



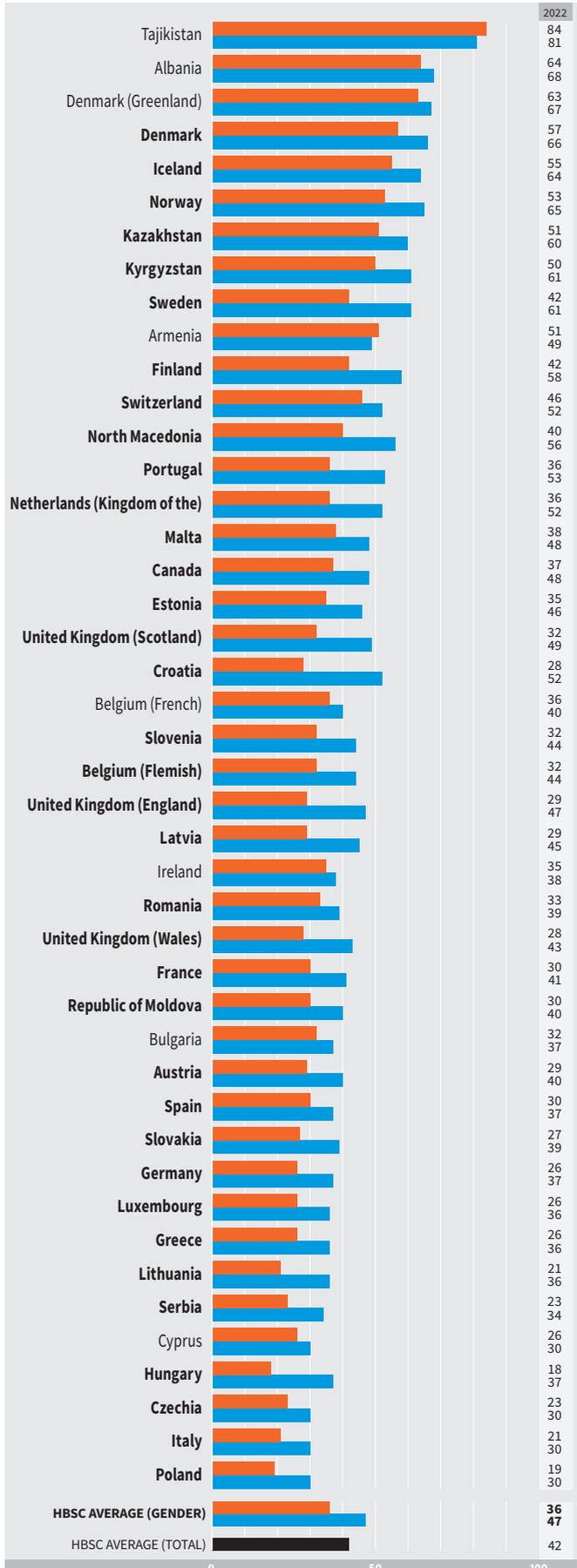
13-year-olds who report feeling high teacher support



Note: country/region name in bold indicates a significant gender difference (at P < 0.05).

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

15-year-olds who report feeling high teacher support



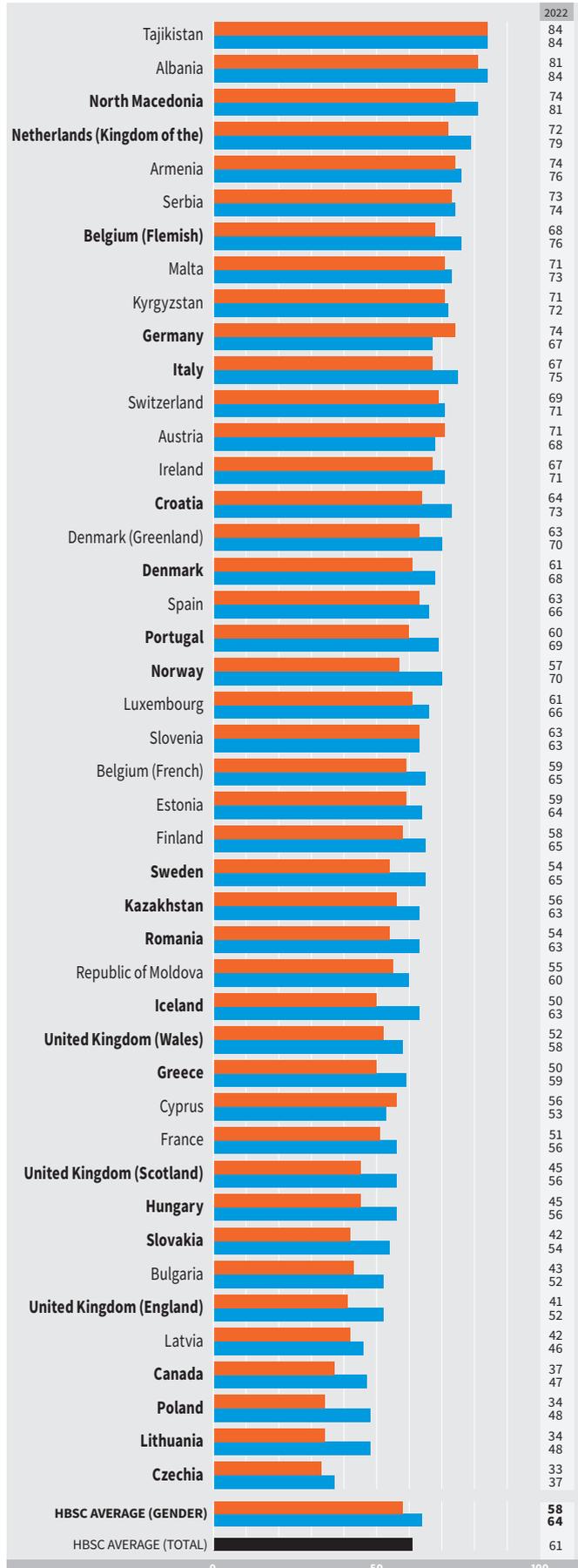
Prevalence by family affluence: high teacher support by country/region and gender



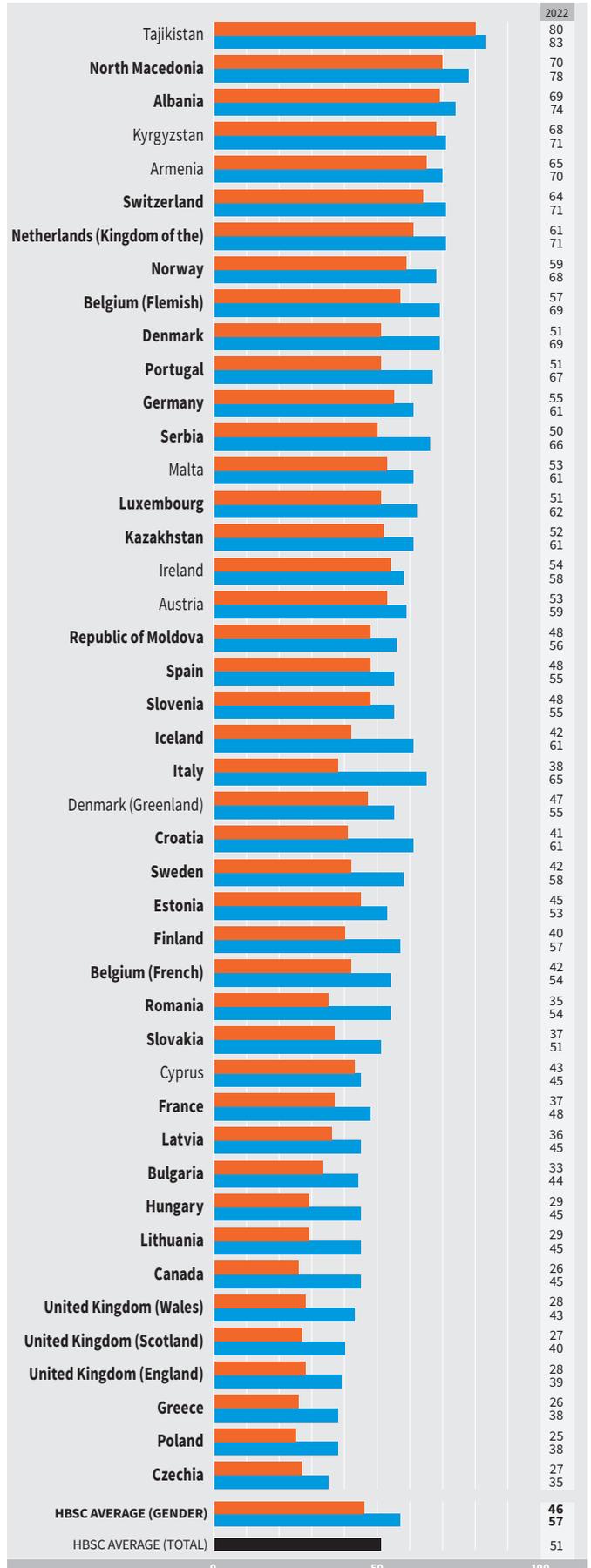
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at P < 0.05). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

Classmate support

11-year-olds who report feeling high classmate support



13-year-olds who report feeling high classmate support



Note: country/region name in bold indicates a significant gender difference (at P < 0.05).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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