

Prevalence and clustering of unhealthy behaviours in young people: An analysis of health and wellbeing surveys in Southeast England

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Background

- Most chronic diseases are strongly associated with four modifiable behaviours: smoking, alcohol consumption, low fruit and vegetable consumption and physical inactivity.
- When established early in life, these lifestyle factors could persist in adulthood and predict the incidence of chronic diseases.
- There is little information on clustering of these health risk behaviours in young people.

Objective

- To determine the prevalence of smoking, alcohol consumption, low fruit and vegetable consumption and physical inactivity amongst Year 10 and 11 pupils aged 14-16 years.
- To determine the association between socio-demographic/personal characteristics and clustering of multiple unhealthy behaviours in young people.

Methods

- The study included information from 10,099 Year 10 and 11 (aged 14-16 years) students.
- The data were obtained from the Brighton and Hove Safe and Well at (secondary) School Surveys (2011-2014).
- Descriptive analysis was undertaken to determine the prevalence of the four health risk behaviours amongst the study population.
- Multiple regression analysis was conducted to determine the association between having 3-4 health risk behaviours and selected socio-demographic and personal characteristics.
- Socio-demographic characteristics included: school year, gender, ethnicity, sexual orientation and deprivation (IMD quintile).
- Personal factors included: receives extra help in school, feels safe in school, experienced bullying, family problems, health problems and how often the student feels happy, anxious and lonely.

Results

Of the 10,099 pupils aged 14-16 years, the vast majority (97%) were engaged in either one or more unhealthy behaviours: about 58% were engaged in 1-2 and 39% were engaged in 3-4 unhealthy behaviours, respectively .

Multiple regression analysis showed that a number of factors were significantly associated with the clustering of 3-4 unhealthy behaviours in young people.

These included:

Being in Year 11 (OR = 2.0, 95% CI, 1.8-2.2)

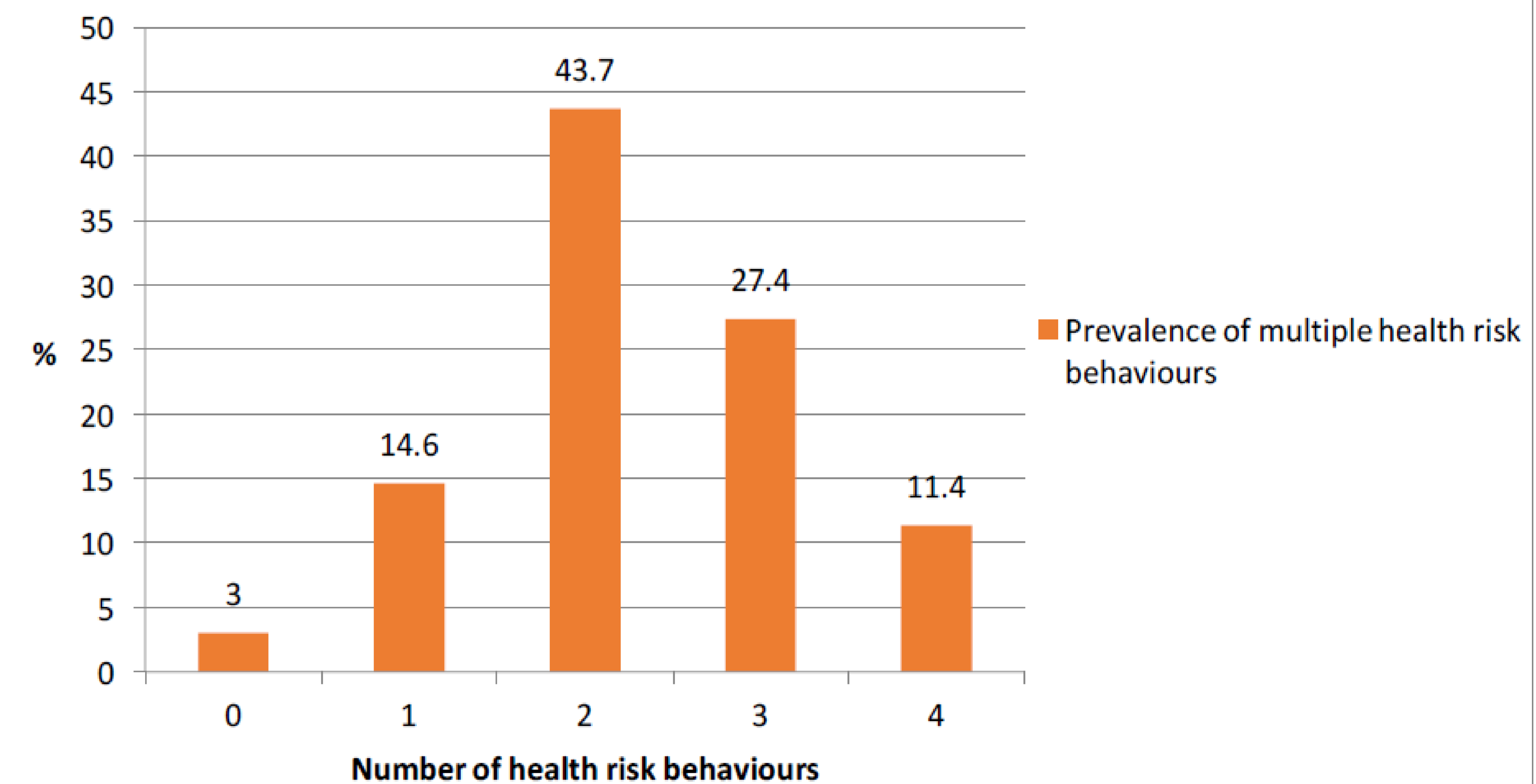
Family problems (OR = 1.8, 95% CI, 1.6-2.0)

Being female (OR = 1.7, 95% CI, 1.5-1.9)

Not enjoying school (OR = 1.6, 95% CI, 1.4-1.8), and

Rarely/never feeling happy (OR = 1.3, 95% CI, 1.0-1.6).

Prevalence of multiple health risk behaviours (%)



Conclusions

These findings highlight the need for modifications in community-based and in-school health and wellbeing programmes to increase awareness about health impacts of smoking and alcohol consumption and beneficial effects of healthy diet and exercise to decrease the prevalence and clustering of unhealthy behaviours in young people.

The study also highlights factors which require particular considerations while designing these programmes for young people.



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