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Editorial

New Findings From the Health Behaviour in School-aged Children (HBSC) Survey: Social Media, Social Determinants, and Mental Health



This supplement to the *Journal of Adolescent Health* highlights research from the latest Health Behaviour in School-aged Children (HBSC) 2017–2018 survey, which includes data from 45 countries across Europe and North America. The articles in the supplement reflect the interdisciplinary nature of the HBSC, covering the social determinants of health, social media, mental health, and other aspects of adolescent well-being. The HBSC is a school-based survey with data collected through self-completion questionnaires administered in the classroom. This cross-national survey collects data every 4 years on social environments, health behaviors, and well-being. These data allow cross-national comparisons to be made, and with successive surveys, trend data analyses are possible. This survey focuses on early adolescence (ages 11, 13, and 15 years) when health-related behaviors develop concurrent with physical development and increasing autonomy. The HBSC dates back to 1982, and the World Health Organization Regional Office for Europe adopted the HBSC as a collaborative study in 1983. Further details about the background, theoretical approach, and survey methods are summarized in a commentary in this supplement by Inchley et al. [1]. Youth participation and engagement are core tenets of the HBSC and are further outlined in a second commentary that highlights the core tenets of youth engagement [2]. The original research articles included in this supplement demonstrate how cross-national surveys can generate evidence on a broad range of topics to inform policies and scientific knowledge to promote adolescent health globally. The 10 research articles can be grouped into three broad areas: Social Determinants of Health [3–5], Mental Health and Well-Being [6–10], and Social Media and Health [6,10–12]. The final commentary by Budisavljevic et al. [13] demonstrates the critical importance of how data can drive policy and encourage investment in the early adolescence phase of life course development.

Social Determinants of Health

The first set of articles investigate structural drivers of adolescent health, from wealth, income, and gender inequality to

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social disadvantage. Kern et al. [3] demonstrate that adolescents belonging to multiple disadvantaged social groups may particularly benefit from policies promoting inclusivity and equality. Members of disadvantaged social groups may experience aggravated negative effects in countries with restrictive migration policies and low-income equality. Dierckens et al. [4] show that both national wealth and income inequality are associated with socioeconomic inequalities in adolescent mental health and well-being. Heinz et al. [5] delve into adolescent gender inequalities and health, challenging the assumption that gender equality is necessarily associated with greater health equality. For instance, greater gender equality in a country is associated with higher odds that girls feel fat, feel school pressure, have multiple health complaints, and have low family support and life satisfaction compared with boys. Higher gender equality in a country is also associated with larger differences between boys and girls in multiple health complaints, life satisfaction, and school pressure [5]. These findings around gender equality need further mining to determine the etiology of these associations.

Mental Health and Well-Being

From the broad structural drivers of adolescent health, the next set of articles examines the mental health and well-being of adolescents in the HBSC study. Walsh et al. [6] examine clusters of risk, including low social support, bullying, insufficient nutrition, sugary foods and drinks, substance use and early sex, physical health risk, and problematic social media use. Low social support and problematic social media use were the strongest predictors of low life satisfaction [6]. Cosma et al. [7] show small declines in mental well-being and increases in schoolwork pressure among adolescents, particularly in higher income countries. Across countries, the small increases in schoolwork pressure may partly explain increases in psychosomatic health complaints [7]. Löfstedt et al. [8] find that over the 2002–2018 period, school satisfaction increased among boys, but school pressure increased among girls. Few students felt highly satisfied and not pressured in 2017–2018 [8].

Articles in this supplement also examine specific issues related to mental health and well-being such as weight reduction behaviors and sleep patterns. Dzielska et al. [9] examine weight reduction behaviors among European adolescents in the 2001–2002 and 2017–2018 HBSC surveys. Overall, 18.0% of girls and

10.2% of boys reported weight reduction behaviors; however, there was a significant increase in the prevalence of weight reduction behaviors among boys but not girls in most countries [9]. Garipey et al. [10] examine sleep patterns of adolescents and find insufficient sleep on school days to be a cross-national phenomenon. The proportion of adolescents meeting sleep recommendations ranged between 32% and 86% on school days; thus, strategies and policies to encourage adolescent sleep particularly on school days should be encouraged.

Social Media and Health

Although social media use was examined by Walsh et al. [6] as part of a cluster of risk behaviors, two articles in this supplement focus exclusively on social media use. Given the unprecedented rise of social media use among adolescents, an important contribution of the 2017–2018 HBSC relates to findings on social media use across countries. Boer et al. [11] find that more than one third of youth across 29 countries report intense social media use, defined as use almost all the time throughout the day. Furthermore, more than 7% of youth have problematic social media use, indicated by symptoms of addiction to social media. Problematic social media use is associated with poorer well-being across all domains, including life satisfaction, mental health, school, and families [11]. Craig et al. [12] explore social media and cyber-bullying, finding that social media use, intense use, problematic use, and frequent online contact with strangers in adolescence are all independently associated with cyber-bullying. Given that young people are using social media at increased rates, future research must investigate not only the negative aspects of social media but also the positive nature of engagement through social media.

Conclusion

The HBSC has informed national and international policy related to adolescent health for over three decades, with specific examples outlined in a commentary by Budisavljevic et al. [13]. This supplement issue highlights novel findings from the latest HBSC 2017–2018 survey, using data from 45 countries across Europe and North America. These findings have important policy implications spanning socioeconomic and gender inequalities,

social media, and mental health and well-being and highlight the importance of investment in the adolescent years.

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