



GROWING UP IN IRELAND



Message from the Minister

I welcome the publication of the 'Health of 9-Year-Olds'. This is one of a series of Key Findings documents drawn from Growing Up in Ireland the National Longitudinal Study of Children. These documents are designed to provide data and information on children in Ireland in an easily understood manner and should be useful to members of the public as well as policy makers.

The publication of this document would not be possible without the commitment and contribution from parents, teachers, principals and children themselves, all of whom have generously given

their time to participate in *Growing Up in Ireland*. I would like to thank them all for their involvement in this very important study.

Barry Andrews TD Minister for Children



KEY FINDINGS: 9-YEAR-OLDS

NO. 4

THE HEALTH OF 9-YEAR-OLDS

INTRODUCTION

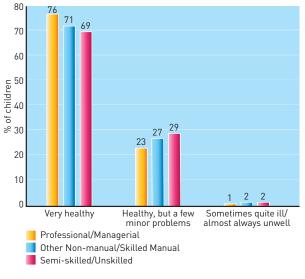
This is the fourth in a series of *Key Findings* from the *Growing Up in Ireland* study. It summarises some results on the health of 9-year-old children.

MOST 9-YEAR-OLDS WERE IN GOOD HEALTH, ACCORDING TO THEIR PARENTS

Parents of children in the study were asked to rate their child's health in the past year.

- Almost all parents (99%) indicated that their child was in good health: 74% rated their child as 'very healthy' and 25% as 'healthy, but a few minor problems'.
- There were some differences in rating by social class. Just over three-quarters (76%) of children from professional/managerial socio-economic groups were rated as being 'very healthy' compared with 69% of children from semi-skilled/unskilled backgrounds (Figure 1).
- There was no difference in the percentage of children rated as 'very healthy' by gender (74% for both boys and girls).

Figure 1: Parent's rating of children's health, by household social class



An Irish Government Funded Initiative

ONE IN TEN 9-YEAR-OLDS HAD A CHRONIC ILLNESS OR DISABILITY

Parents were also asked whether their child suffered from any ongoing chronic physical or mental health problem, illness or disability such as asthma, diabetes or Down syndrome.

- 11% of 9-year-olds had a chronic illness or disability.
- Chronic illness or disability was more heavily concentrated among children from lower socioeconomic backgrounds. For example, 14% of those from semi-skilled/unskilled backgrounds, compared with 10% of those from the other two class categories, had a chronic illness or disability (Figure 2).
- 7% of children who had a chronic illness or disability were described by their parents as being 'severely hampered' by it in their daily activities.
- Being severely hampered in daily activities as a result of chronic illness or disability was greater among those from semi-skilled/unskilled backgrounds. 9% from that group who experienced a chronic illness or disability were reported by their parents as being 'severely hampered' compared with only 3% of those from professional/managerial backgrounds. (Figure 3)
- These figures mean that just under 1% (0.8%) of all 9-year-olds had a chronic illness or disability that resulted in their being 'severely hampered' by it in their daily activities.

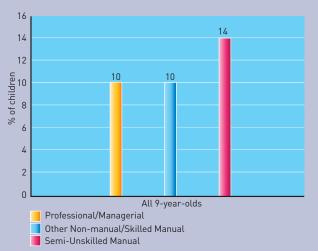


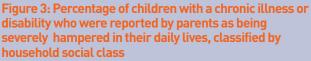
RESPIRATORY DISEASES ACCOUNTED FOR HALF OF ALL CHRONIC ILLNESSES

Parents who reported that their child had a chronic illness or disability were asked to describe the nature of the illness.

- A small number of conditions accounted for most of the chronic illness among 9-year-olds. Respiratory illnesses were the most common, accounting for almost half of all illnesses (47%). Mental and behavioural conditions were responsible for a further 17% of cases, while skin conditions (5%) were the next most common.
- Boys were more likely than girls to be affected by a mental and behavioural condition (21% compared to 11%), as shown in Figure 4.

Figure 2: Percentage of children with a chronic illness or disability classified by household social class







47 Respiratory 44 50 Mental and 11 behavioura 21 Skir 3 Cerebra 1 Ear & Mastoid 5 4 5 Digestive 3 Genetic & Congenital 3 Musculo-4 Skeletal 2 0 10 20 30 40 50 60 Total Girls Boys

Figure 4: Main chronic illness types by gender of child

CHILD

COHORT

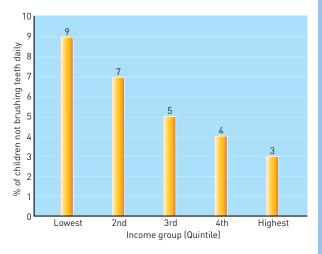
ALMOST ALL CHILDREN PRACTISED GOOD ORAL HEALTHCARE

Dental diseases are generally preventable. Research has shown that oral healthcare routines established in early life tend to persist and that childhood oral health predicts adult oral health.

Parents were asked if their 9-year-old brushed his/her teeth at least once daily.

- Overall, there was good adherence to oral healthcare practices: 95% of respondents reported that their child brushed his/her teeth at least daily.
- Boys and girls were equally likely to brush their teeth daily.
- However, 9% of children from the lowest income band did not brush regularly, compared with only 3% of those in the top income band (Figure 5).

Figure 5: Does not brush their teeth at least once a day, by household income band





HEIGHT AND WEIGHT OF 9-YEAR-OLDS

Height and weight are considered important indicators of childhood physical health and development. This information was directly measured by the interviewer in the course of the interview with the child.

- On average, boys were one centimetre taller than girls, at 137.3 centimetres (approximately 4 feet 6 inches). Average weight was the same for both sexes, at 34 kilograms (approximately 5 stone 5 pounds).
- The height of 9-year-olds increased as their family's social class increased. This relationship held for both boys and girls (Figure 6).
- In contrast, the weight of 9-year-old girls fell with increases in social class, though this pattern was not evident in boys (Figure 7).

Figure 6: Mean height of 9-year-olds (centimetres) by gender and household social class

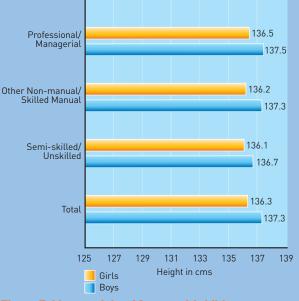


Figure 7: Mean weight of 9-year-old children (kilograms) by gender and household social class



CHILD

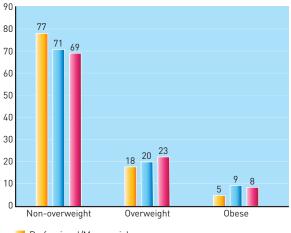
COHORT

ONE IN FOUR 9-YEAR-OLDS WAS OVERWEIGHT

The prevalence of childhood overweight and obesity has increased in the past decade. It is now recognised as a major public health problem. Children's height and weight measurements were used to calculate Body Mass Index (BMI), which is widely used as a measure of body fat.

- Overall, 74% of 9-year-old children were classified as non-overweight,¹ 19% as overweight and 7% as obese. This means that one in every four 9-year-olds in Ireland had a raised BMI, which exposed them to increased risk of disease now and into the future.
- Girls were more likely than boys to be classified as overweight (22% compared to 17%) and obese (8% compared to 6%).
- Children's weight was related to social class. 23% of children from semi-skilled/unskilled backgrounds were classified as overweight compared with 18% of children from professional/managerial backgrounds. For obesity, the prevalence was 8% and 5% among those from semi-skilled/unskilled and professional/managerial occupations respectively (Figure 8).

Figure 8: Percentage of children within each BMI category by household social class



Professional/Managerial
Non-Manual/Skilled Manual

Semi-skilled/Unskilled

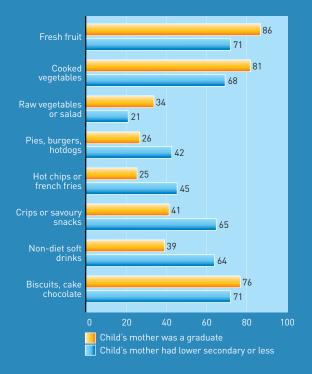
The measure used (from the International Obesity Taskforce) does not provide BMI cut-offs for defining underweight in children. This means that the non-overweight category includes some children who would be considered underweight.

MOST CHILDREN ATE WELL BUT THEY ALSO ATE HIGH-CALORIE SNACKS

Parents were asked to record what their child ate in the 24 hours preceding the interview, using a 20item food frequency questionnaire.

- The overall results revealed good rates of consumption for fruit and vegetables: 77% of children had eaten at least one portion of fruit and 73% had eaten at least one portion of cooked vegetables in the preceding 24-hour period.
- There was also evidence of fairly heavy consumption of high-calorie/high-fat snack foods: 55% of children had eaten at least one portion of crisps in the previous 24-hour period; 74% at least one portion of biscuits/cakes/ chocolate, and 53% at least one non-diet soft drink.
- Parental education was found to be strongly related to children's fruit and vegetable consumption – the higher the parent's education the more fruit and vegetables the child ate. Conversely, children's consumption of energydense snack foods (with the exception of biscuits/cake/chocolate) increased as parental education fell (as shown in Figure 9).

Figure 9: Percentage of children who ate at least one portion of various foods, by mother's highest level of educational attainment



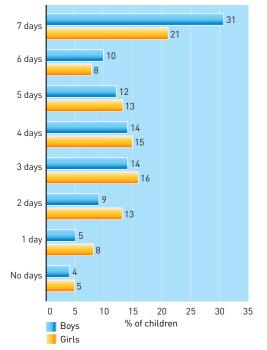


CHILD COHORT

BOYS MORE PHYSICALLY ACTIVE THAN GIRLS

The World Health Organisation (WHO) recommends that school-aged children engage in 60 minutes of moderate to vigorous physical activity each day to promote healthy development. Children were asked how many times in the last seven days they had been physically active for at least 60 minutes. Physical activity was defined as any activity that increased the heart rate and caused children to get out of breath at least some of the time.

Figure 10: Percentage of children physically active for 60 minutes or more over the last 7 days, by gender



- One in four (26%) 9-year-olds said they had engaged in at least 60 minutes of physical activity for each of the last seven days. At the opposite end of the spectrum, 4% of children did not meet this criterion on any of the last seven days.
- Boys were more likely than girls to be meeting the World Health Organisation recommendation on vigorous physical activity (31% compared with 21%), as shown in **Figure 10**.



"PHYSICAL ACTIVITY WAS DEFINED AS ANY ACTIVITY WHICH INCREASED HEART RATE AND CAUSED CHILDREN TO GET OUT OF BREATH AT LEAST SOME OF THE TIME."



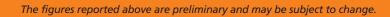
Growing Up in Ireland is the National Longitudinal Study of Children. This Study aims to track, from infancy through to adolescence, the lives of two representative cohorts of children in Ireland – an infant cohort (recruited at 9 months of age) and a child cohort (recruited when they were 9 years old).

The Study is funded by the Department of Health and Children through the Office of the Minister for Children and Youth

Affairs, in association with the Department of Social and Family Affairs and the Central Statistics Office. It is being carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD).

Focusing initially on the child cohort, the first wave of fieldwork, which included approximately 8,500 nine-year-old children, their parents and their teachers, began in September 2007 and was completed in May 2008. This document is one of a series that summarises key findings from that wave of fieldwork.

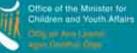
The success of **Growing Up in Ireland** is the result of contributions from many individuals, organisations and groups, including principals, teachers and other staff in over 1,000 National Schools who helped with recruitment and data collection. We are particularly grateful to the 8,500 9-year-olds and their families, each of whom gave so generously of their time to make this Study possible.













If you would like further information about Growing Up in Ireland, please visit

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