



# YOUNG PEOPLE'S HEALTH IN ITALY: DATA FROM THE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) SURVEY 2018 AND SUGGESTIONS FOR ACTION

*Edited by Paola Nardone, Silvia Ciardullo and Angela Spinelli*

## Preface

**Paola Nardone, Silvia Ciardullo and Angela Spinelli**

*Centro Nazionale per la Prevenzione delle Malattie e la Promozione della Salute, Istituto Superiore di Sanità, Rome, Italy*

Adolescence is often considered the healthiest time of life. It is a time when many aspects of good health are at their peak and adolescents appear to have fewer needs of health services than children or the elderly [1]. At the same time, a fast physical, emotional, cognitive, and social development can be observed during this stage of life. In particular, behaviours established during adolescence, affecting issues such as mental health, tobacco use, diet, physical activity levels, social media disorders and alcohol use, can persist in adult life. The wellbeing of young people is shaped by the complex interaction between a range of individual, behavioural, social, cultural, environmental and organizational factors changing over time. Understanding how these factors interact one with another is an important step to promote young people's health and wellbeing in adulthood [2, 3].

The Health Behaviour in School-aged Children (HBSC), a World Health Organization (WHO) collaborative cross-national study, is an international research study that aims to increase understanding of adolescent health behaviours and their social determinants, particularly the settings of family, peers and school, across different countries. HBSC was launched in the early 1980s and now involves 50 countries and regions across Europe and North America [4]. To ensure the cross-national comparability, all participant member countries adhere to a common international standard protocol, developed and systematically updated by the entire HBSC network through topic-based groups. Data from each wave of the Italian HBSC study were shared with an International Coordination Group and analyzed together with the results from the other countries of the HBSC network [5, 6].

Italy joined the HBSC international network in the year 2000 and, to date, five data collections (2002, 2006, 2010, 2014, 2018) have been performed; since 2010 each survey was promoted and funded by the Ministry of Health, coordinated with the Universities of Torino, Padova and Siena and supported by the Min-

istry of Education [7, 8]. In 2010, the responsibility for the coordination of Italian HBSC survey was extended to the Italian National Institute of Health (Istituto Superiore di Sanità). From then, the HBSC became the first Italian population-based survey on adolescent behaviours, representative at national and regional level and involving more than 65,000 students (aged 11, 13 and 15 years) every 4 years [9, 10].

Since 2017, an Italian Legislative Decree recognized HBSC as the only national surveillance of adolescence health; the responsibility for its coordination was given to the Italian National Institute of Health [11]. Hundreds of health workers and school staff are involved in the local organization and collection of data.

The monograph presented in this number of the *Annali dell'Istituto Superiore di Sanità* consists of four articles presenting the major results of the Italian HBSC 2018 survey on adolescents' eating habits, sexual behaviours, alcohol use and social media disorders. Each article also includes a comparison between Italian data and those of other countries participating in HBSC study. Furthermore, the details of the methodological protocol of the HBSC study are reported in Nardone *et al.*, *Appendix 1*.

The four articles are summarized below:

Nardone *et al.* describe dietary habits (i.e. consumption of breakfast, fruit, vegetables, legumes and carbonated-sugary drinks) and their possible association with geographical and socio-demographic characteristics among adolescents aged 11, 13 and 15 years in Italy.

Marino *et al.* focus on the prevalence of problematic social media use across Italian regions by age groups (11, 13 and 15 years) and gender and evaluate whether this increases the levels of health complaints (psychological and somatic symptoms).

Borraccino *et al.* investigate, among 15-year-olds, the role of different forms of social support in early sexual intercourse and contraceptive use.

In the same age groups, Charrier *et al.* draw a com-

prehensive picture of the behavioural, social and psychological patterns of alcohol use and abuse.

In conclusion, each author enriched the knowledge of

adolescents' health and emphasized the importance of this surveillance system to link knowledge and action to promote healthy behaviours in young people.

## REFERENCES

1. Patton GC, Sawyer SM, Santelli JS, et al. Our future: a *Lancet* commission on adolescent health and wellbeing. *Lancet*. 2016;387(10036):2423-78.
2. Gore FM, Bloem PJ, Patton GC, et al. Global burden of disease in young people aged 10-24 years: a systematic analysis [published correction appears in *Lancet*. 2011 Aug 6;378(9790):486]. *Lancet*. 2011;377(9783):2093-102.
3. World Health Organization. Health for the World's Adolescents: a second chance in the second decade. WHO; 2014. Available from: [www.who.int/maternal\\_child\\_adolescent/documents/second decade/en/](http://www.who.int/maternal_child_adolescent/documents/second%20decade/en/).
4. Health Behaviour In School-Aged Children. Available from: [www.hbsc.org/](http://www.hbsc.org/).
5. Inchley J et al. (Eds). Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey. Copenhagen; WHO Regional Office for Europe: 2016 (Health Policy for Children and Adolescents, No. 7).
6. Inchley J, Currie D, Budisavljevic S, Torsheim T, Jåstad A, Cosma A et al. (Eds). Spotlight on adolescent health and well-being. Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report. Volume 1. Key findings. Copenhagen: WHO Regional Office for Europe; 2020.
7. Stili di vita e salute dei giovani italiani 11-15 anni. Rapporto sui dati italiani dello studio internazionale HBSC 2001-2002. Available from: [www.epicentro.iss.it/hbsc/pdf/Stili%20di%20vita%20e%20salute%20nei%20giovani%20italiani%20-%202002.pdf](http://www.epicentro.iss.it/hbsc/pdf/Stili%20di%20vita%20e%20salute%20nei%20giovani%20italiani%20-%202002.pdf).
8. Stili di vita e salute nei giovani italiani tra 11 e 15 anni. Il rapporto sui dati italiani dello studio internazionale HBSC 2006. Available from: [www.epicentro.iss.it/hbsc/pdf/Stili%20di%20vita%20e%20salute%20nei%20giovani%20italiani%20-%202006.pdf](http://www.epicentro.iss.it/hbsc/pdf/Stili%20di%20vita%20e%20salute%20nei%20giovani%20italiani%20-%202006.pdf).
9. Cavallo F, Giacchi M, Vieno A, Galeone D, Tomba A, Lamberti A, Nardone P, Andreozzi S (Ed.). Studio HBSC-Italia (Health Behaviour in School-aged Children): rapporto sui dati 2010. Roma: Istituto Superiore di Sanità; 2013. (Rapporti ISTISAN 13/5).
10. Cavallo F, Lemma P, Dalmaso P, Vieno A, Lazzeri G, Galeone D. Report nazionale dati HBSC Italia 2014. Available from: [www.epicentro.iss.it/hbsc/pdf/Report%20nazionale%20dati%20HBSC%20Italia%202014.pdf](http://www.epicentro.iss.it/hbsc/pdf/Report%20nazionale%20dati%20HBSC%20Italia%202014.pdf).
11. Italia. Decreto del Presidente del Consiglio dei Ministri, 3 marzo 2017. Identificazione dei sistemi di sorveglianza e dei registri di mortalità, di tumori e di altre patologie. *Gazzetta Ufficiale – Serie Generale n. 109, 12 maggio 2017.*