

GROWING UP IN IRELAND

QUALITATIVE KEY FINDINGS



“I think that I’m fit because I do lots of sports, like running and soccer and hurling and a lot of things and I get a lot of exercise.”

NO. 2 **NINE-YEAR-OLDS ON THEIR HEALTH AND WELL-BEING**

This is the second in a series of Key Findings arising from the *Growing Up in Ireland* Qualitative study. It summarises the findings of the in-depth study with nine-year-old children and their parents in 120 families selected from the 8,570 who had participated in the Quantitative survey and were subsequently interviewed about their views and experiences. Analysis of children’s perspectives on their health and well-being is presented here.

IN BRIEF

- The main things that keep people well and healthy, according to the children interviewed, are eating well and exercise.
- Children clearly identified foods that are “good for you” or “bad for you” and had a keen awareness of the 5 a Day (fruit and veg) campaign. However, this contrasted with reports in the main survey of children’s frequent consumption of foods which they themselves considered unhealthy.
- Family, peers and school facilities were the main factors affecting exercise. Where children were active, they were motivated by engagement and contact with friends.
- Boys and girls had different patterns of engagement with sport and exercise.
- Both cigarettes and alcohol were seen as “bad for you”; children talked about the negative health, social and environmental consequences. None of them planned to smoke but most thought they would drink in moderation.



“I go to this after-school club and the dinner there we either have chicken, spuds and broccoli and gravy or we have bacon, spuds and carrots and they make you eat it all and vegetables and all.” [Boy]

HEALTH AND WELL-BEING

In the quantitative survey, mothers reported that 98% of children were in good health. The in-depth interviews explored the factors that children believe affect their health. Children were asked to tell the interviewer about “things that keep people well and healthy”. Two strong themes emerged from their observations: *eating healthily* and *exercise*.

EATING HEALTHILY

Children typically listed food among things that make people healthy or unhealthy; food was labelled as either “good for you” or “bad for you”. Fruit, vegetables, milk, and water were counted among the healthy foods and drinks; the unhealthy ones were sweets, crisps, biscuits, chocolate, and fizzy drinks.

“Food that is really healthy and meat that will help you and [it] keeps me strong and healthy that I can do lots of stuff, running, jumping, skipping.” [Girl]

“If you eat too much sweets you will get rotten teeth.” [Girl]

Children generally showed a keen awareness of foods that were bad for them. However, the main survey showed that 32% had eaten chips in the past day, 52% crisps or other savoury snacks, and 75% biscuits, doughnuts, cakes, pies, or chocolate. Those children classified as obese or overweight were able to articulate what they saw as the cause of their problem:

Interviewer: “And how healthy would you say you are?”

Child: “Not very.”

I: “And why do you say that?”

C: “Because I eat a lot of not good food like chips and pizza, sausages and junk food.” [Girl]

The positive role of healthy eating programmes in school and in after-school programmes in the children’s awareness of healthy eating was apparent in their responses. Several children mentioned learning about fruit and vegetables in “this food thing course” (Boy) or learning about “five [portions of fruit and veg] a day” (Boy). After-school programmes were mentioned as providing nutritious meals and setting an example of healthy eating:

“I go to this after-school club and the dinner there we either have chicken, spuds and broccoli and gravy or we have bacon, spuds and carrots and they make you eat it all and vegetables and all.” [Boy]

These findings suggest that programmes aimed at informing children about healthy eating are having an impact. Children are knowledgeable about healthy and unhealthy foods. However, many still eat unhealthy food. These foods are tasty, cheap, easy to prepare and widely available.

OBESITY AND THINNESS

The report *Growing Up in Ireland – The Lives of 9-Year-Olds* noted that 26% of children were either overweight or obese. Girls were more likely than boys to be overweight (22% compared to 16%) and obese (8% compared to 6%). In the qualitative study, 28 children (24%) were overweight or obese.

Obesity was a concept that was not well understood by the majority of children interviewed. The term “overweight” was more commonly used, as well as “heavy” and “too fat”. Once the interviewer explained what was meant by overweight or obese, a clear picture emerged: being overweight was closely linked to eating unhealthily and not exercising.

“They probably eat a lot of chips and are lazy and they might go to the shop a lot and get a lot of sweets.” [Girl]

Middle childhood has been identified as a time when children refine their body image, with socio-cultural and family factors becoming important. The theme of being *“too thin”* was prominent, especially in interviews with girls.

C: **“My brother is always calling me anorexic.”**

I: **“Really? Why is that?”**

C: **“Because he thinks I am mad skinny.”**

I: **“Do you think you are too skinny?”**

C: **“Kind of.”**

I: **“Why do you think that?”**

C: **“Because I am nine, almost ten, and I am only four stone ... I should be around five, five and a half.”** [Girl]

Eating disorders usually become manifest during early adolescence, though some nine-year-old children already had a detailed knowledge of anorexia:

“My mum says there can be a disease as well. They can say they don’t want to eat and they get really skinny and get tired and they will die sooner or later if they don’t eat, and sometimes they can’t eat so they go to hospital and the doctors put a tube in their throat or mouth or something like that and that feeds them food instead of them trying to feed themselves.” [Girl]

Children recognised that neither extreme of weight was healthy – *“not too fat and not too skinny”* [Boy]. In contrast to the healthy attitudes expressed by children, there was already evidence of unhealthy behaviours and indications of obesity and of troubled attitudes to food.

The role of parents in providing information about healthy weight and in being good role models is very evident. The behaviour of both children and parents, however, has to be understood in the context of the marketing and availability of food, which may lead to unhealthy food choices.



BODY IMAGE

Children’s opinions on healthy body images were elicited using the Children’s Body Image Scale (Figures 1 and 2).

Figure 1: Children’s Body Image Scale (Truby & Paxton, 2002) – Girl

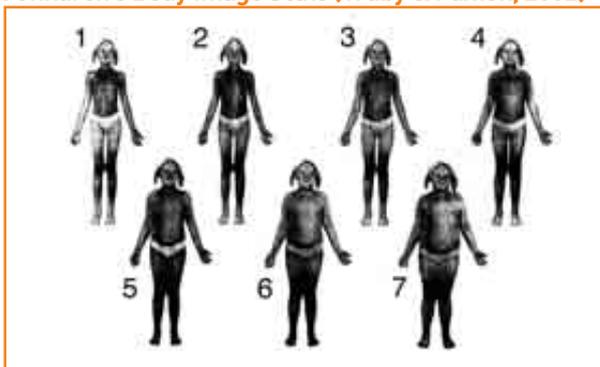
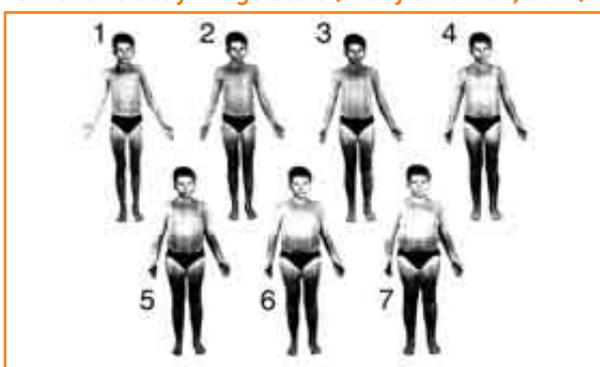
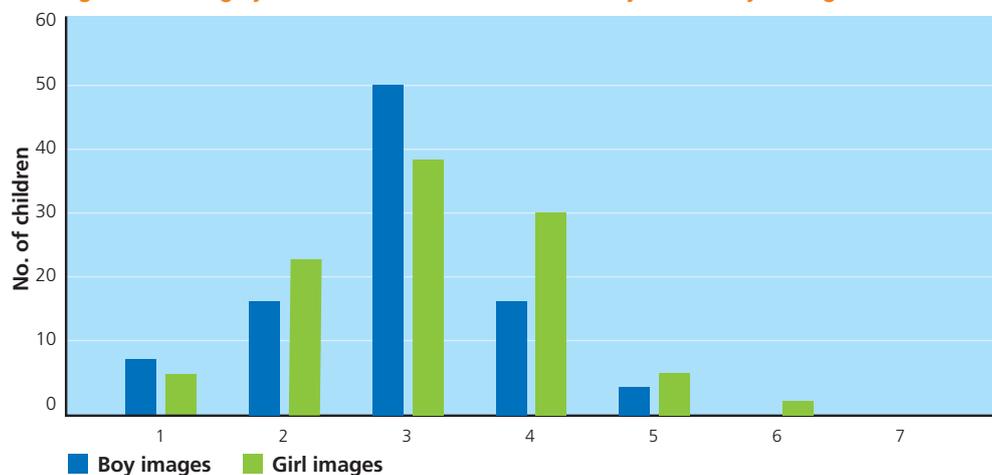


Figure 2: Children’s Body Image Scale (Truby & Paxton, 2002) – Boy



As shown in Figure 3, 38 children (31%) said the healthiest body size for nine-year-old girls was Girl 3 (with a BMI between 15.0 and 16.6). Similarly, 50 children (41%) indicated that the healthiest body size for boys was Boy 3 (BMI between 15.6 and 16.5).

Figure 3: Rating by all children of the healthiest body size of boys and girls



The average BMI for the children in the qualitative sample was 17.53 (*Standard Deviation* = 2.84) for girls and 17.51 (SD = 2.51) for boys; these scores were similar to those in the total sample of 8,570 children. Children’s CBIS ratings were not significantly correlated with their own BMI scores. Those who were classified as overweight (BMI greater than 19.5) or obese (BMI greater than 23.4 for boys or 23.5 for girls) were no different in their judgments of the healthiest body size from those with BMI scores in the normal range.

These results suggest that children have a clear awareness of healthy body shapes regardless of their own weight.

EXERCISE

One of the factors most important in keeping children healthy is how much physical exercise they take. As reported in *The Lives of 9-Year-Olds*, most children in Ireland are active and engage in sports (75%), but boys (84%) are more likely than girls (67%) to participate in sports.

Participation was also related to family income; children from high-income families were more likely to engage in sports than those from low-income families (86% compared to 61%). In school, 77.8% of teachers reported that they taught Physical Education for one hour per week, which is the minimum expected; 8.1% taught P.E. for less than one hour, and 14.1% for more than one hour.

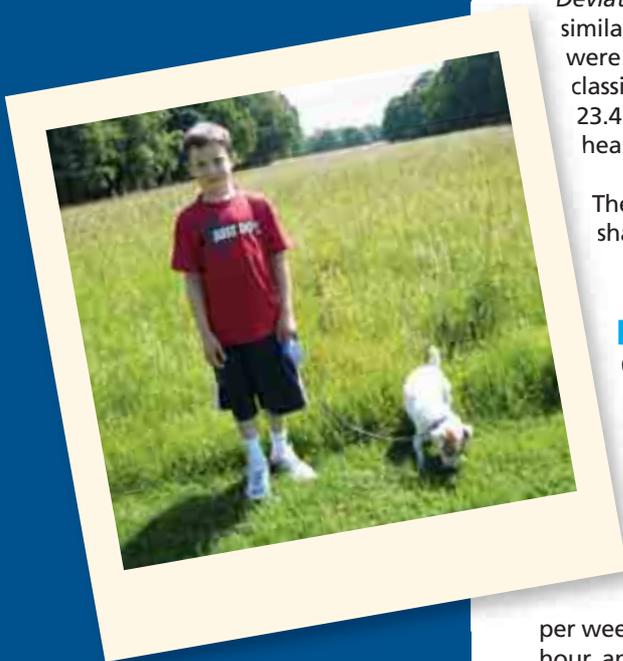
Where parents encouraged children to participate in physical activities, some children reported that they did so with a view to the perceived health benefits:

“My mum put me in [Taekwondo] to make me healthy.” [Boy]

Children considered that being healthy was closely allied to being *fit* and to being *strong*, and this in turn was often associated with participation in sport. More boys than girls used words related to sport, fitness and health in talking about being active. Some children were involved in several sports:

“I think that I’m fit because I do lots of sports, like running and soccer and hurling and a lot of things and I get a lot of exercise.” [Boy]

Children also made a clear distinction between healthy and unhealthy activities. Unhealthy activities included “*staying on the computer all day*” or “*sitting watching TV and doing nothing*”. The connection was made between exercising outdoors and getting “*fresh air*” as opposed to “*carbon dioxide*”:



“My mum put me in [Taekwondo] to make me healthy.” [Boy]

“My mum always says not to shut myself up in my room too much because it is not good for a growing girl.” [Girl]

These results show that children understand the importance of exercise as part of a healthy lifestyle. Parental influence was clearly important. However, there was some discrepancy between children’s knowledge and attitudes and their actual levels of participation in physical activities.

ACTIVITIES

Children get exercise and enhance their well-being through participation in both structured and unstructured activities. The in-depth interviews explored children’s motivations and the rewards they gained from participation in exercise through their structured and unstructured activities.

The three major influences on participation in structured activities were *family*, *peers* and *school*. Some differences were noted between children in the highest and lowest income groups: peers were cited as a greater source of influence for children from low-income families whereas children from high-income families reported more parental influence on their participation in activities.

Schools were the main provider of amenities and often introduced children to new activities. In school, the influence of peers was apparent:

“Most of the people in my class play hockey and I’d never done it before so I thought I’d like to try it.” [Girl]

Support from parents was also mentioned as playing an important part in engaging in active pastimes. Parents provided practical support such as giving children lifts to lessons or help with mastering the skills of a new sport.

“Well, my dad’s a coach in the hurling so I’d say he’d bring me to the hurling – and the tennis, my uncle’s a coach there and he’d bring me up there with my brother.” [Boy]

“I take them to the football and we used to do a lot of swimming in the winter time and I would take them there. I play squash and she wants to start playing in the winter with me.” [Father of girl]

Children reported that they were involved in activities because they are “fun” and because they “enjoy” them. There was also a strong emphasis on the social side of activities and on spending time with friends.

C: “Yeah, I love doing [speech and drama].”

I: “What do you like about it?”

C: “I meet my friends there from school and we have a great laugh.” [Boy]

A few children said that competing and winning was the reason for taking up an activity:

I: “Tell me about the tennis.”

C: “We have a tournament and if you win you get medals.” [Boy]

In sum, there appears to be a balance between children’s own desire just to enjoy themselves doing things with their friends and their parents’ desire for them to pursue a certain activity because of the more general benefits from exercise. The opportunities for children to take up activities are, of course, bound by the availability of amenities and will vary according to the amenities available at their schools, and the resources and commitments of their parents.

“I would build a playground and a football pitch.” [Boy]



“My mum does that [smoking]. I think that it’s not a really good thing to do, and on nearly every cigarette packet it says that ‘Smokers die young’ so it’s a bit scary.” [Girl]



UNSTRUCTURED ACTIVITIES

Structured activities help children to learn about teamwork, organisation, and following rules, while unstructured activities are typically more spontaneous and allow children to relate to their peers and play without adult supervision. Both can provide valuable opportunities for exercise, play outdoors and the general enhancement of personal well-being.

When asked about how they spend their time, children often talked about “*doing nothing*”. On further exploration, *nothing* included playing football, reading, playing with friends, and a range of other unstructured activities.

There were some differences between urban and rural children in the places where they play. Children living in rural areas said they usually played at home or “*out in my garden*”, or had to travel to see friends. Children in urban areas said they played “*on the green*” or “*out the front*”, referring to their road, or would “*go to the park*”. Children in all areas frequently pointed out the lack of places to play:

“I would build a playground and a football pitch.” [Boy]

A distinction can be made between *indoor* and *outdoor* activities. Indoor activities included computer games, especially for boys, and reading and watching TV. Girls were more likely to engage in symbolic indoor play such as playing with dolls, “*dressing up*”, and “*fashion designing*”. Such sedentary games may replace time that could be spent in physical activity. The increased time spent in sedentary pastimes, especially those involving the electronic media, is currently a matter of concern given the recent rise in obesity levels and unfitness in children.

Outdoor activities were usually unstructured versions of sports such as football, rugby, hurling and rounders; these were favoured by boys. Skipping, dancing and trampolining were frequently mentioned by girls. In general there was evidence of gender differences in approach to and participation in physical activities.

“When I go over to my friend [friend1]’s house we play Barbies and Sylvanians or we play outside. If I’m over in [friend1]’s we play some games we make up like catch and stuff. If I am in [friend2]’s we play on the trampoline and we play this game that we are up in the trees.” [Girl]

PERCEPTIONS OF SMOKING AND DRINKING ALCOHOL

Another aspect of health that becomes increasingly important as children move in to the teenage years is the extent to which they engage in unhealthy behaviours such as smoking and drinking alcohol.

The children discussed their views about smoking and alcohol consumption. Both cigarettes and alcohol were considered “*bad for you*” and the children demonstrated a good understanding of the health risks associated with both. Four of the children (3.3%) were living in households where it had been reported in the main quantitative study that there were instances of alcohol or drug misuse in the family.

All of the children viewed smoking as an unhealthy habit and associated smoking with negative outcomes including disease, increased mortality, and environmental pollution.

“Well it’s not very healthy for you ‘cause it damages your lungs and, well like it’s disgusting to see as well ‘cause loads of people just throw them [cigarette butts] on the ground as well.” [Boy]

“I just know that cigarettes can, like, make you die.” [Boy]

As with cigarette smoking, many of the children demonstrated an awareness of the negative outcomes associated with alcohol misuse – both the immediate effects and the potential long-term risks:

“You can binge drink and it affects your memory.” [Boy]

“You could get drunk and kill someone in a car accident.” [Girl]

“If you drink too much of it you could become an alcoholic.” [Boy]

A number of children made reference to their parents’ smoking habits and expressed concerns over their parents’ health in the light of the negative consequences already described:

“My mum does that [smoking]. I think that it’s not a really good thing to do, and on nearly every cigarette packet it says that ‘Smokers die young’ so it’s a bit scary.” [Girl]

Children were likely to have had some exposure to cigarettes and alcohol in public or at home (26% of mothers reported smoking occasionally or daily, and 49% reported drinking alcohol at least once a week). However, the sentiments expressed by the children demonstrate the impact of anti-smoking and alcohol-awareness campaigns on their attitudes, even at age nine.

While they talked extensively about the negative effects of any level of smoking, children viewed drinking alcohol in moderation as acceptable, which may reflect social attitudes to alcohol.

“It’s okay to have it once in a while but drinking it too much isn’t good.” [Boy]

“If someone had one beer it would be okay for a treat, like me having one Coke.” [Boy]

Turning to children’s expectations about their future behaviour, when asked if they felt their attitude to smoking would change as they grew up, none of the children said they would smoke when they became teenagers:

“I might be tempted but I wouldn’t do it.” [Boy]

Likewise, when asked if they felt they would drink alcohol when they got older, the majority of the children said they did not intend to drink as teenagers, although drinking was seen as something that was acceptable to do as an adult:

“It is okay if you have a little bit when you are over the age of 18, but if you are younger and you have any it isn’t, and you shouldn’t take too much of it.” [Boy]

These early opinions and feelings on risky health behaviours and their resolve not to drink or smoke are likely to be tested as the children get older. As with other areas of health and well-being, parental and social attitudes and customs are a strong influence, and a combination of peer pressure and social norms is likely to have negative effects on their good intentions in adolescence.

“Well it’s not very healthy for you ‘cause it damages your lungs and, well like it’s disgusting to see as well ‘cause loads of people just throw them [cigarette butts] on the ground as well.” [Boy]





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

The Department of Children and Youth Affairs is funding it in association with the Department of Social Protection and the Central Statistics Office. The Department of Children and Youth Affairs is overseeing and managing the Study, which is being carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

The first wave of quantitative fieldwork surveyed 8,570 nine-year-old children and their parents. Following this, 120 families who had participated in that survey were selected to be interviewed as part of a qualitative study. This study complements the quantitative survey by using interviews to explore in more depth children's and parents' perspectives on some of the issues examined in the main survey. This document is one of a series that summarises some of the key findings arising from these interviews.



**Growing Up
in Ireland**
National Longitudinal
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Growing Up in Ireland

Please visit www.growingup.ie

e-mail growingup@esri.ie

or freephone 1800 200 434

