

CO11.1: Children's self-rated health

Definitions and methodology

Children's self-rated health is measured here through the proportion (%) of children aged 11-15 who feel or perceive that their *own* health is 'fair' or 'poor'. Data come from the Health Behaviour in School-aged Children (HBSC) survey, where children were asked the question "would you say your health is ...?" with the response options of: i) 'excellent', ii) 'good', iii) 'fair' and iv) 'poor'. The definition of 'health' is broad and thus covers physical, emotional and mental health, depending on the respondent's interpretation.

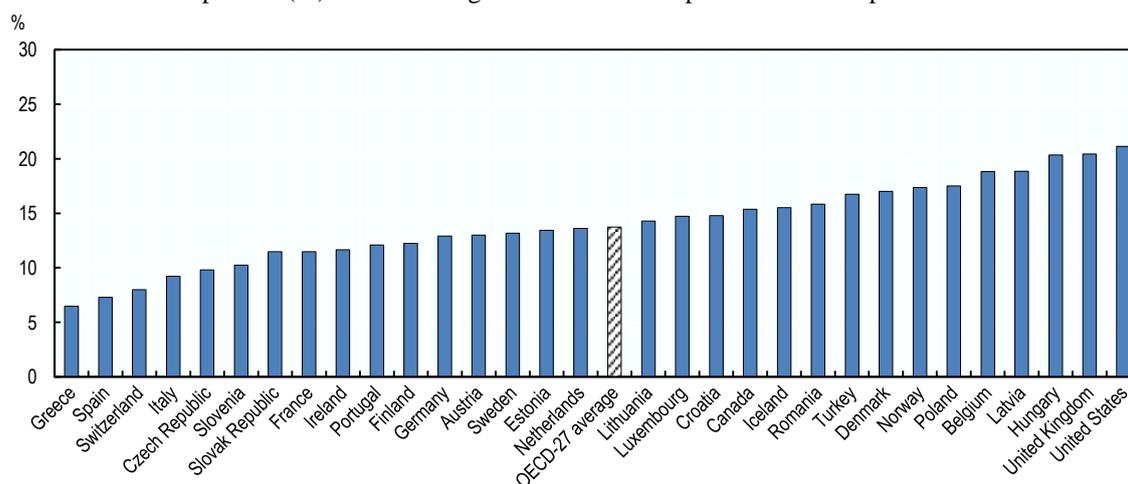
To highlight differences across demographic and socio-economic groups, data is presented both for all children aged 11-15 and following disaggregation by several demographic and socio-economic markers:

- By age, with children grouped into those aged 11, those aged 13, and those aged 15
- By gender, for boys and girls.
- By family type, with children grouped into those in two-parent households and those in 'other' household types. 'Other' household types include sole-parent households but also children with other parenting arrangements, such as not living with any parent.
- By Family Affluence Scale (FAS). The FAS is a composite measure calculated by HBSC based on responses by children to questions about household possessions. A three point ordinal scale is used, with a low FAS score (score = 0, 1 and 2) indicating low affluence, a moderate FAS score (score = 3, 4 or 5) indicating moderate affluence, and a high FAS score (score = 6, 7, 8 or 9) indicating high family affluence (see Currie et al, 2012 for more detail).

Key findings

On average across the OECD about 14% of children aged 11-15 report their health as only fair or poor, but this rate differs considerably from country to country (Chart CO1.11.A). In Greece and Spain only around 6-7% of children (11-15) report fair or poor health, with the share also below 10% in the Czech Republic, Italy and Switzerland. In Hungary, the United Kingdom and the United States, by contrast, more than one-in-five children aged 11-15 perceive their own health to be fair or poor.

Chart CO1.11.A Children reporting fair or poor health, 2010
 Proportion (%) of children aged 11-15 with self-perceived fair or poor health^a

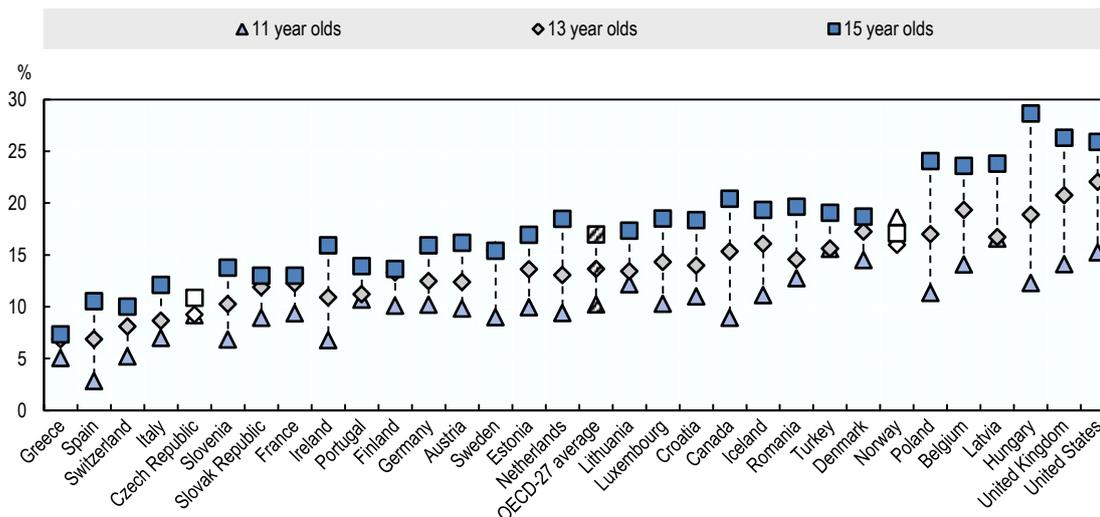


a) Proportion who respond 'fair' or 'poor' when asked "would you say your health is ...?" with response options of: i) 'excellent', ii) 'good', iii) 'fair' and iv) 'poor'
 Source: Health and Behaviour in School-aged Children Study (HBSC) 2010 <http://www.hbsc.org/>

Other relevant indicators: Obesity at age 15 (CO1.7); Healthy eating at ages 11, 13 and 15 (CO1.8); Physical activity at ages 11, 13 and 15 (CO1.9); Life satisfaction among children (CO1.10)

In almost all OECD countries, the likelihood of a child reporting their health as only fair or poor increases with age (Chart CO1.11.B). In some OECD countries, differences across ages are statistically significant but small – in Turkey, for example, the proportion of 15 year olds who report fair or poor health is only 3.5 percentage points higher than the proportion of 11 year olds who report poor or fair health. In other OECD countries, however, differences across ages are large. In the United Kingdom and the United States, the proportion of 15 year olds who report fair or poor health is over 10 percentage points higher than the proportion of 11 year olds who do the same. In Hungary, the gap between 11 year olds and 15 year olds in self-perceived fair or poor health is as large as 16.3 percentage points.

Chart CO1.11.B Children reporting fair or poor health by age, 2010
 Proportion (%) of children aged 11-15 with self-perceived fair or poor health^a, by age



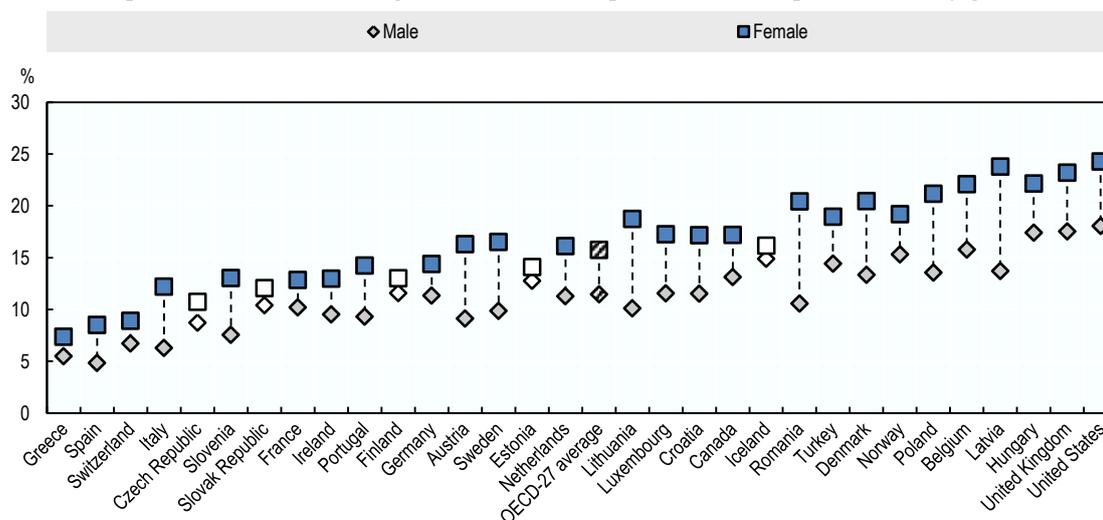
Note: countries are ranked according to the proportion of all 11, 13 and 15 year olds with self-perceived fair or poor health. Shaded markers represent statistically significant differences across groups at $p < 0.05$.

a) Proportion who respond 'fair' or 'poor' when asked "would you say your health is ... ?" with response options of: i) 'excellent', ii) 'good', iii) 'fair' and iv) 'poor'
 Source: Health and Behaviour in School-aged Children Study (HBSC) 2010 <http://www.hbsc.org/>

In most OECD countries, girls are more likely than boys to report fair or poor health (Chart CO1.11.C). On average across the OECD about 12% of boys and 16% of girls report fair or poor health, with gender differences statistically significant in all but five OECD countries (the Czech Republic, Estonia, Finland, Iceland and the Slovak Republic). In several countries, the gender gap in self-perceived health is large. In Belgium and the United States, for instance, the proportion of girls that report fair or poor health is over 6 percentage points higher than the proportion of boys. In Austria, Denmark, Poland and Sweden, the gap is around or above 7 percentage points.

Self-perceived health also tends to differ by the type and affluence of the family in which the child lives. For example, in most OECD countries children who live with two parents are significantly less likely to report only fair or poor health than children in 'other' (mostly, sole-parent) types of family (Chart CO1.11.D). This is particularly the case in Sweden – where rates of self-perceived fair or poor health are 7.4 percentage points lower for children in two-parent families than for those in 'other' families – but differences by family type also large (at over 6.5 percentage points) in Canada, Denmark, Finland, and the United Kingdom. In almost all OECD countries, children in 'low affluence' families are more likely to report fair or poor health than children in 'moderate affluence' and particularly 'high affluence' families (Chart CO1.11.E). In four OECD countries (Canada, Iceland, Luxembourg and the Netherlands), children in 'low affluence' families are over twice as likely as their counterparts in 'high affluence' families to report that their own health is only fair or poor.

Chart CO1.11.C Children reporting fair or poor health by gender, 2010
 Proportion (%) of children aged 11-15 with self-perceived fair or poor health^a, by gender

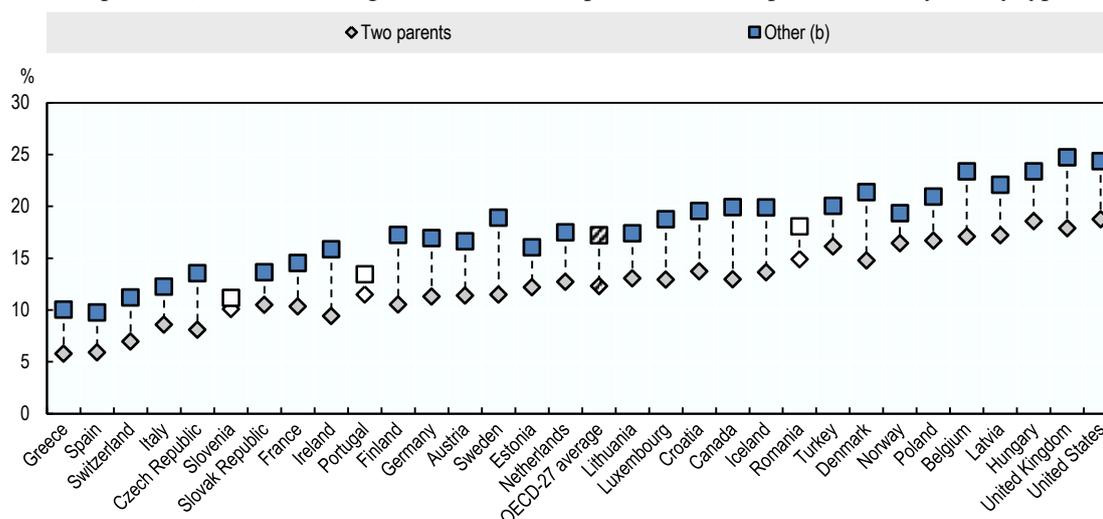


Note: countries are ranked according to the proportion of all 11, 13 and 15 year olds with self-perceived fair or poor health. Shaded markers represent statistically significant differences across groups at $p < 0.05$.

a) Proportion who respond 'fair' or 'poor' when asked "would you say your health is ... ?" with response options of: i) 'excellent', ii) 'good', iii) 'fair' and iv) 'poor'

Source: Health and Behaviour in School-aged Children Study (HBSC) 2010 <http://www.hbsc.org/>

Chart CO1.11.D Children reporting fair or poor health by family type, 2010
 Proportion (%) of children aged 11-15 with self-perceived fair or poor health^a, by family type



Note: countries are ranked according to the proportion of all 11, 13 and 15 year olds with self-perceived fair or poor health. Shaded markers represent statistically significant differences across groups at $p < 0.05$.

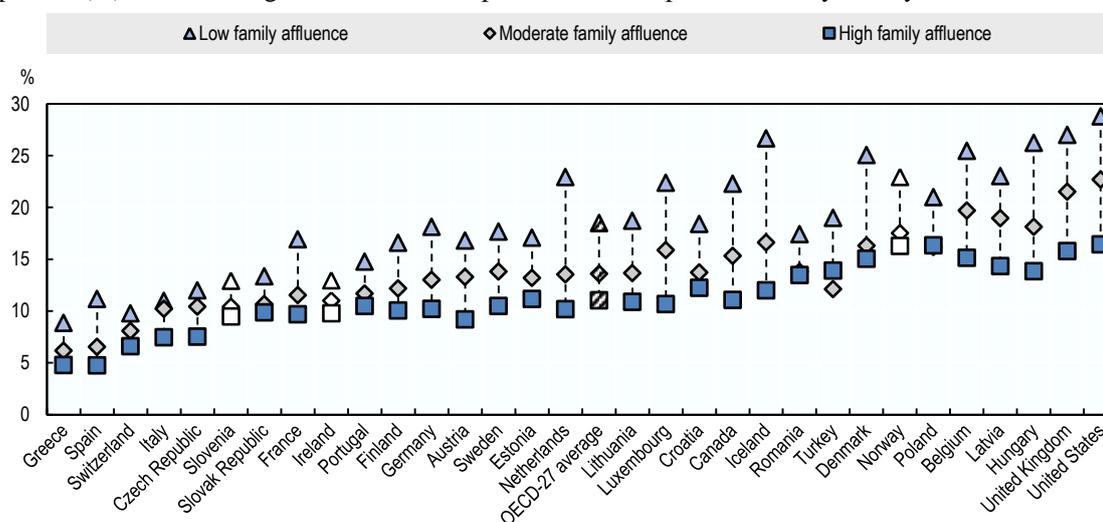
a) Proportion who respond 'fair' or 'poor' when asked "would you say your health is ... ?" with response options of: i) 'excellent', ii) 'good', iii) 'fair' and iv) 'poor'

b) 'Other' household types includes children in sole-parent households but also children with other parenting arrangements, such as those who do not live with parents

Source: Health and Behaviour in School-aged Children Study (HBSC) 2010 <http://www.hbsc.org/>

Chart CO1.11.E Children reporting fair or poor health by family affluence, 2010

Proportion (%) of children aged 11-15 with self-perceived fair or poor health^a, by Family Affluence Scale (FAS)



Note: countries are ranked according to the proportion of all 11, 13 and 15 year olds with self-perceived fair or poor health. Shaded markers represent statistically significant differences across groups at $p < 0.05$.

a) Proportion who respond 'fair' or 'poor' when asked "would you say your health is ... ?" with response options of: i) 'excellent', ii) 'good', iii) 'fair' and iv) 'poor'

Source: Health and Behaviour in School-aged Children Study (HBSC) 2010 <http://www.hbsc.org/>

Comparability and data issues

Data for this indicator come from the Health Behaviour in School-aged Children survey (HBSC) 2009/10, a study that takes place every four years. The last data collection covered 35 countries, including most OECD countries (except Australia, Chile, Israel, Japan, Korea, Mexico and New Zealand) and several non-OECD EU member countries (Croatia, Estonia, Latvia, Lithuania and Romania). HBSC data for Belgium and the United Kingdom were collected separately for the different communities/countries (Flemish- and French-speaking communities in Belgium, and England, Wales and Scotland for the United Kingdom). This indicator presents one value per country the basis of a weighted population average.

The HBSC data come are based on confidential surveys of young people, and may be subject to response bias. Sample selection methods differ across countries. The sample sizes are similar for each country, while the population sizes differ markedly, so that the potential for error in sample-representativeness is much larger for the United States than for the Netherlands, for example.

As the measures used in this indicator rely on the respondent's *perceptions* of their own health, the data are necessarily subjective and differences across countries and across demographic and socio-economic groups likely reflect at least in part variations in how 'excellent', 'good', 'fair' and 'poor' health is understood. Nonetheless, self-rated health is associated with a range of indicators of physical and emotional health indicators and also, in later life, with the use of health-care services and mortality risk (Currie et al., 2012).

Sources and further reading: Currie et al. (2012). *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey.* Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6).