

Health Complaints of school-aged children



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LËTZEBUERG / LUXEMBOURG

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KEY FINDINGS

- Irritability or bad temper is the most frequently experienced individual health complaint.
- Girls experience individual (and multiple) health complaints more often than boys.
- For girls, a steep augmentation can be observed between the ages of 11-12 and 13-14 years old in all health complaints; as for boys no age difference can be found for some of the areas, and a slow increase appears for others.

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HEALTH COMPLAINTS

In the HBSC study, children and adolescents in school (aged 11 to 18 years old) were asked how often they had the following health complaints during the past six months: headache, stomachache, backache, feeling low, feeling irritable or bad tempered, feeling nervous, difficulties in getting to sleep, and feeling dizzy. The HBSC symptom checklist is a non-clinical measure used to assess the aforementioned eight symptoms. Health complaints are commonly reported by adolescents (Inchley et al., 2020) and can frequently co-occur (Brill et al., 2001).

Figure 1. Health complaints response distribution

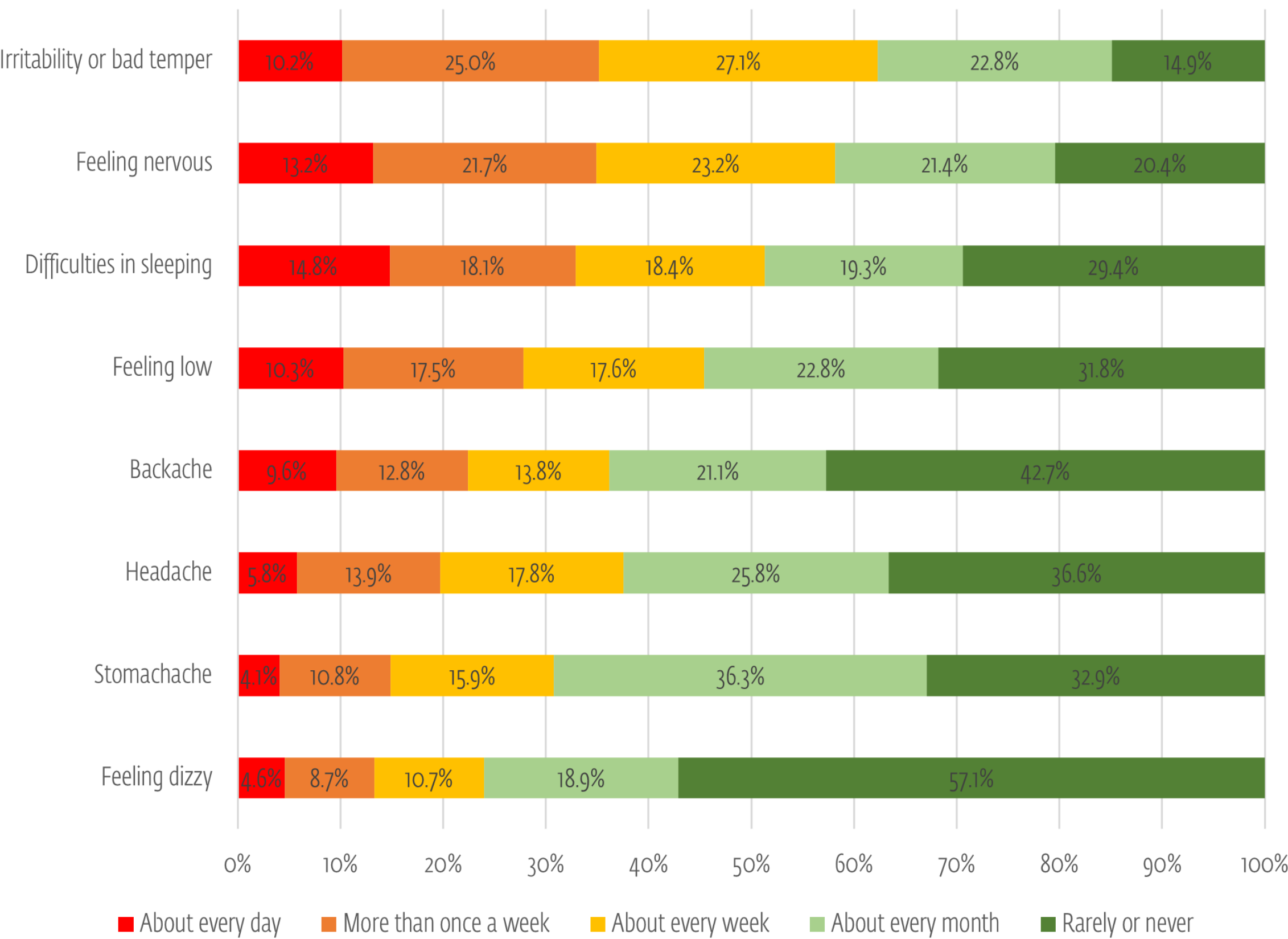


Figure 1 presents the response distribution for the eight health complaints. The most common individual health complaint experienced is irritability or bad temper: 35.2% of respondents reported feeling it more than once a week. Following, feeling nervous and difficulties in sleeping were reported by 34.9% and 32.9% of respondents more than once a week, respectively. On the opposite side, 57.1% rarely or never experience feeling dizzy.

Complaints experienced several times a week or daily are considered as a frequent complaint. In what follows, prevalences of frequent complaints are presented for boys and girls, by age (Figure 2 and Figure 3).

GENDER

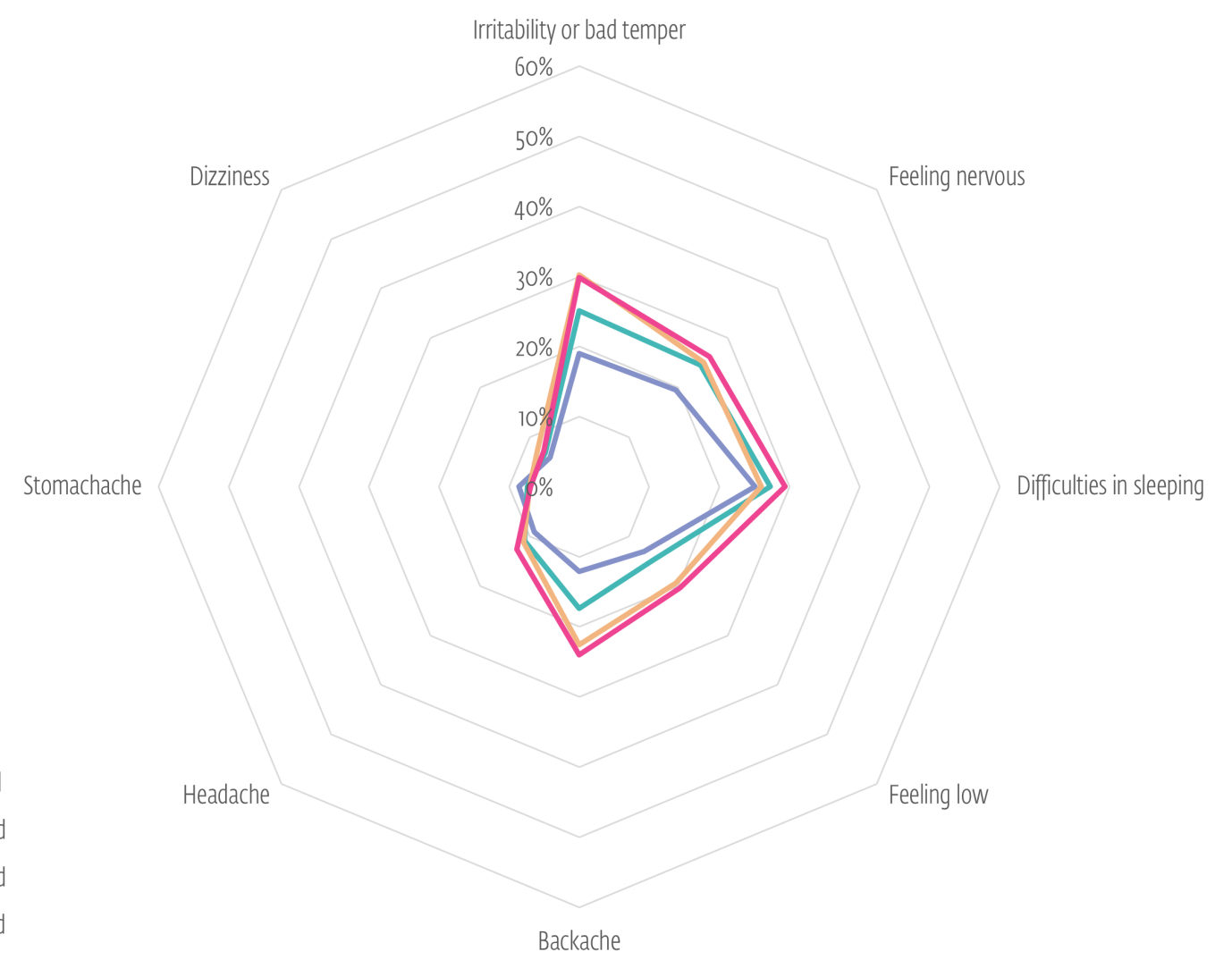
Feeling nervous is the single complaint most reported by girls, with half of the girls aged 13 to 18 years old experiencing it frequently (11-12: 31.7%; 13-14: 49.5%; 15-16: 51.9%; 17-18: 53.1%), closely followed by irritability or bad temper (11-12: 29.7%; 13-14: 48.1%; 15-16: 51.7%; 17-18: 49.1%). For the boys, irritability or bad temper (11-12: 19.0%; 13-14: 25.1%; 15-16: 30.3%; 17-18: 29.9%) and difficulties in sleeping (11-12: 25.0%; 13-14: 27.2%; 15-16: 26.0%; 17-18: 29.4%) are the most reported individual complaints.

Although girls report more frequently all complaints than boys, the gender difference is bigger for dizziness (girls 11-18: 19.5%; boys 11-18: 7.0%) and stomachache (girls 11-18: 22.3%; boys 11-18: 7.5%), and smaller for backache (girls 11-18: 26.2%; boys 11-18: 18.6%) and difficulties in sleeping (girls 11-18: 39.1%; boys 11-18: 26.7%).

Figure 2. Girls' prevalence of frequent health complaints, by age



Figure 3. Boys' prevalence of frequent health complaints, by age



AGE

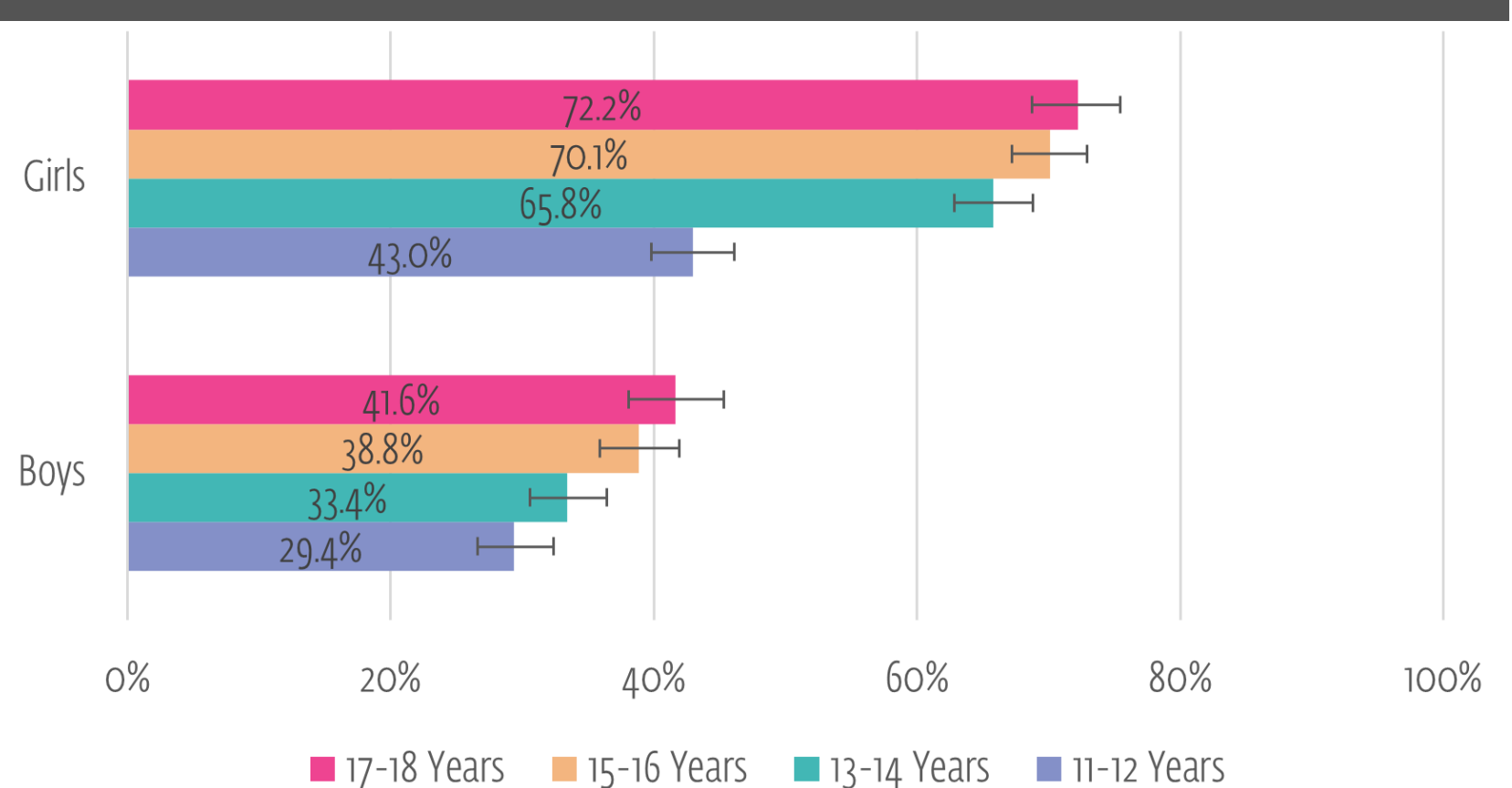
For the girls, the age pattern is rather clear, with a jump in prevalence between the ages 11-12 and 13-14 years old, for all the areas investigated. For the boys, however, a slower increase appears for some areas, such as irritability or bad temper and backache, while in other areas, such as difficulties in sleeping and stomachache there are no age difference.

MULTIPLE HEALTH COMPLAINTS

Multiple health complaints are defined as at least two complaints occurring several times a week or even daily. Frequent multiple complaints can negatively affect different aspects of life (Fuentes Chacón et al., 2018; Svedberg et al., 2013).

In 2022, 48.8% of respondents reported multiple health complaints, with almost the double of girls experiencing it (girls: 62.3%; boys: 35.4%), pointing to a clear gender gap (Figure 4). Considering age, multiple health complaints follow the pattern of the individual complaints.

Figure 4. Multiple health complaints by age and gender



CONCLUSION

In Luxembourg, girls reported all individual (and consequently multiple) health complaints more often than boys. Regarding age, there is a specific pattern for girls (all complaints increase from 11-12 to 13-14 years old), but not for boys, some areas increase slowly, similarly to the multiple health complaints pattern.

Individual and multiple health complaints are part of the mental health and well-being indicators. Further analysis should be carried out with other variables to a better understanding of their development.

Scan the QR code for more information on how health and well-being of school aged children in Luxembourg changed over time.



METHODS

The study population in this factsheet concerns pupils aged 11 to 18 attending Luxembourg public and private schools whose teaching is based on the national curriculum. Stratified sampling was used to randomly select school classes. All pupils in the selected classes were invited to participate in the study. Parents of these pupils received an information letter about the survey as well as an informed consent form. Both parents and the pupils themselves could refuse to participate in the study.

A representative sample of 8,737 pupils from 643 classes and 145 schools responded to an anonymized paper-pencil questionnaire in class, during school hours. The HBSC survey is developed collaboratively within the HBSC network, which gathers researchers from each country participating in the study. Established in English, the questionnaire was subsequently translated into French and German, using a translation/back-translation process.

For the analysis, data was weighted by the distribution of pupils between school levels, in order to compensate for the slightly disproportionate stratification. As such and due to the combination of multiple variables with different missing information, the prevalence of certain variables might differ than those presented in other publications.

The HBSC 2022 Luxembourg study was approved by the Ethics Review Panel of the University of Luxembourg (ERP 21-013 HBSC 2022).

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WHAT IS HBSC?

Health Behaviour in School-aged Children (HBSC) is a WHO collaborative cross-national study of adolescent health and well-being. The HBSC survey aims to evaluate well-being, health status and health-related behaviours, in order to better understand the relationship between health and social factors and inform policy and practice to improve young people's lives.

Luxembourg has regularly participated in the HBSC study since 2006 (2010, 2014, 2018 and 2022). Since 2016, the HBSC Luxembourg study has been carried out in collaboration with the Ministère de l'Éducation nationale, de l'Enfance et de la Jeunesse, the Ministère de la Santé/Direction de la Santé and the University of Luxembourg.