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SB 17/2017

Health and well-being measures for children

Key points: Health Behaviour in School-aged Children

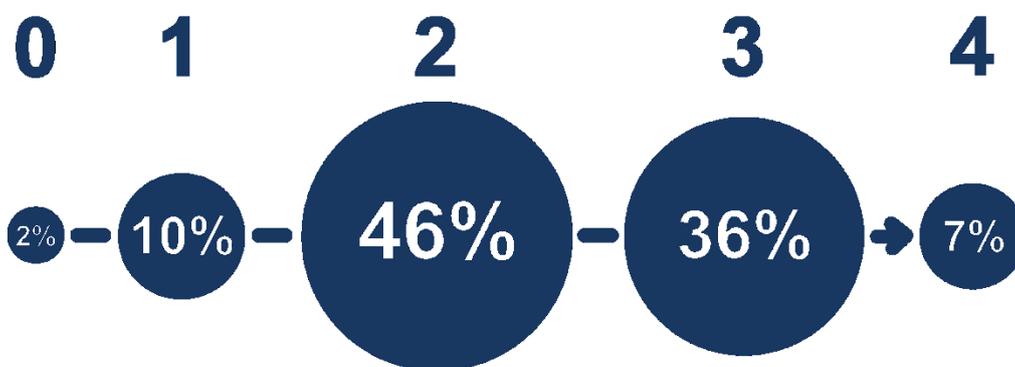
Four healthy lifestyles were looked at using the HBSC survey. These include: not smoking, eating fruit or vegetables daily, never/rarely drinking alcohol and meeting the physical activity guidelines

In 2013/14 12 per cent of pupils in year group 7-11 reported fewer than two healthy lifestyle behaviours. This includes 10 per cent who followed one healthy lifestyle behaviour and 2 per cent who followed none.

The most common number of healthy behaviours was two with 46 per cent of pupils reporting two healthy lifestyle behaviours.

7 per cent reported all four healthy lifestyle behaviours.

Figure 1: Number of healthy lifestyle behaviours young people follow, 2013/14



Key points: The mean mental well-being score

The mean mental well-being score for children is taken from the Strengths and Difficulties Questionnaire (SDQ).

- The mean SDQ score for Wales was 10.9 in 2013/14. This sits within the 'average or normal' total difficulties score. There has been little change since 2009/10
- The Wales total difficulties score was not significantly different from the UK average.

About this bulletin

This bulletin covers the two health and well-being measures for children for the National Indicators.

These include:

- The percentage of children who have fewer than two healthy lifestyles taken from the Health Behaviour in School-Aged Children (HBSC) survey, and;
- The mean mental well-being score for children taken from the Strengths and Difficulties Questionnaire.

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Background

The Well-being of Future Generations (Wales) Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act places a legal requirement on Welsh Ministers to set national indicators for the purpose of measuring progress towards the achievement of the well-being goals. This bulletin covers the two health and well-being measures for children for the National Indicators. These include:

- The percentage of children who have fewer than two healthy lifestyles behaviours (not smoking, eat fruit or vegetables daily, never/rarely drink and meet the physical activity guidelines) taken from the Health Behaviour in School-Aged Children (HBSC) survey, and;
- The mean mental well-being score for children taken from the Strengths and Difficulties Questionnaire (information from the Understanding Society survey).

Section 1 – Health behaviour in school-aged children

There is considerable evidence to suggest that people's health-related lifestyle can impact on their general health and wellbeing. The HBSC can provide information on children's' key lifestyle behaviours, including smoking habits, alcohol consumption, fruit and vegetable consumption and physical activity levels.

To date, health behaviours included in the HBSC have been studied individually, however this report analyses children's' overall behaviour for four lifestyles individually as well as combined, including the extent to which children follow a completely healthy lifestyle, and the extent to which they have multiple health risk behaviours.

Analysing combinations of health behaviours among children and among different sub-groups of the population may highlight associations between these groups, and may help with decisions on whether interventions should focus on one health risk factor at a time, or should address ways of tackling multiple health risk behaviours.

The HBSC composite measure included in this article has been laid as one of the national indicators for the Well-Being of Future Generations (Wales) Act 2015 and will use the *percentage of children who have fewer than two healthy lifestyle behaviours* (not smoking, eating fruit daily or vegetables daily, never or rarely drink, physically active for an hour everyday) and the individual lifestyle behaviours will be used as contextual indicators. BMI has been excluded from the analysis for reasons discussed in section 2.

Contextual indicators

The results that follow focus on the four individual indicators included in the composite measure. These include smoking, alcohol consumption, physical activity and fruit or vegetable consumption. Full definitions of each indicator are included in the definitions section. Results tables can be found in appendix 1.

Smoking

Respondents were defined as 'healthy' if they stated that they did not smoke. All other responses were defined as unhealthy.



- The percentage of young people who reported that they did not smoke was broadly similar for males (95 per cent) and females (94 per cent)
- Smoking behaviour increased with age. 99 per cent of pupils in year 7 reported that they did not smoke. This compared to 88 per cent of pupils in year 11.

There was no association between family affluence and those reporting not smoking.

Alcohol consumption

Respondents were defined as 'healthy' if they responded 'Never' or 'Rarely' when asked if they drink anything alcoholic such as beer, wine, cider, alcopops or spirits.



- 82 per cent of young people reported 'Never' or 'Rarely' drinking alcohol, there was little difference between males and females.
- Drinking behaviour increased with age. For pupils in year 7, 96 per cent reported never or rarely drinking, this compares to 61 per cent for pupils in year 11.
- Those pupils in higher affluence families reported higher levels of drinking behaviour. 81 per cent of pupils in higher affluence families reported never drinking, this compares to 87 per cent in low affluence families.

Physical activity¹

Respondents were defined as 'healthy' if they stated that they were active every day in the past week (Department of Health recommend that children and young people aged 5 to 18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day).



- Males (20 per cent) were more likely to report completing 60 minutes of exercise, 7 days a week compared to females (11 per cent)
- Those who reported completing 60 minutes of exercise 7 days a week decreased with age. 21 per cent of pupils in year 7 met this threshold compared with 12 per cent in year 11.
- Those in highest affluence families reported higher levels of physical activity (17 per cent), compared to medium (13 per cent) and low affluence families (15 per cent).

¹ The 'healthy' definition for physical activity is based on the UK wide physical activity guidelines: <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

Fruit and vegetable consumption

Guidelines recommend eating at least five portions of a variety of fruit and vegetables each day. To conform with these guidelines respondents were defined as 'healthy' if they stated that they ate fruit daily or vegetables daily.



- Females (45 per cent) were more likely to eat fruit daily or vegetables daily compared with males (41 per cent) although differences were small.
- Daily fruit or vegetable consumption declined with age. In 2013/14, 48 per cent of pupils in year 7 ate fruit daily or vegetables daily falling to 37 per cent of pupils in year 11.
- Eating fruit or vegetables daily was more common in children with high levels of family affluence. 47 per cent of pupils in high affluence families ate fruit or vegetables daily, this compares to 36 per cent in low affluence families.

A composite measure

The analysis below looks at the extent to which children follow a healthy lifestyle, and the extent to which they have multiple health risk behaviours. The analysis includes 4 lifestyle behaviours including; smoking, alcohol use, fruit or vegetable consumption and physical activity. Only those pupils who responded to all four health behaviours were included in the analysis.

Results

Table 1: Number of healthy lifestyle behaviours young people follow, 2013/14

		<i>Per Cent</i>						<i>Unweighted base (count) (a)</i>
		Number of healthy lifestyles followed						
		Fewer than two	None	One	Two	Three	Four	
Gender:								
	Male	11	2	9	47	35	8	4,453
	Female	13	2	11	45	37	6	4,374
Grade:								
	Year 7	2	0	2	44	42	12	1,837
	Year 8	4	1	4	45	43	8	1,836
	Year 9	9	2	8	45	38	8	1,861
	Year 10	16	3	13	48	32	5	1,743
	Year 11	27	5	22	46	24	3	1,580
Family affluence score:								
	Low	10	2	8	53	30	7	521
	Medium	13	2	11	48	34	5	2,593
	High	12	2	10	43	37	8	5,547
Total		12	2	10	46	36	7	8,857
<i>Missing values</i>								198

- One of the national indicators for the Well-Being of Future Generations (Wales) Act 2015 includes the 'percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eating fruit daily or vegetables daily, never or rarely drink, physically active for an hour everyday)'. In 2013/14, 12 per cent of pupils in year group 7-11 had fewer than two healthy lifestyle behaviours. This includes 10 per cent who had one healthy lifestyle behaviour and 2 per cent who had none.
- The most common number of healthy behaviours was two with 46 per cent of pupils having two healthy lifestyle behaviours.
- 7 per cent of pupils in year groups 7 – 11 had all four healthy lifestyle behaviours.

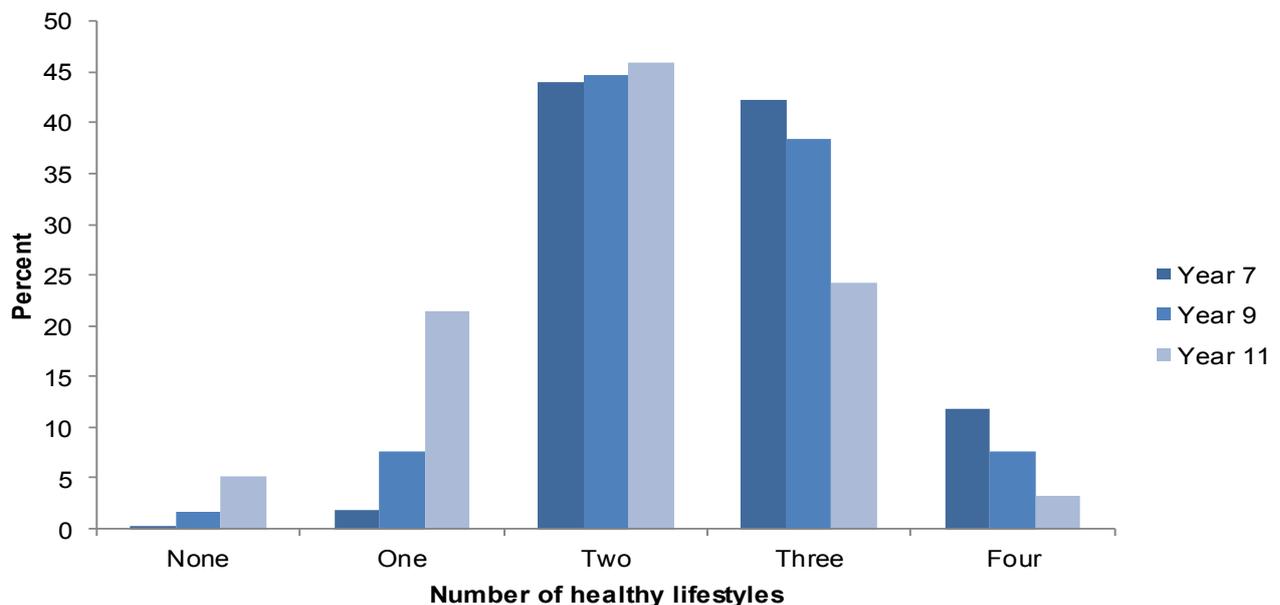
By gender

- There was little difference between boys and girls reporting against the healthy behaviours. 11 per cent of males had fewer than two healthy lifestyle behaviours this compares to 13 per cent of females.
- For males, 8 per cent had all four healthy lifestyle behaviours, this compares to 6 per cent of females.

By age

- The number of healthy lifestyle behaviours declined with age. Two per cent of pupils in year 7 had fewer than two healthy lifestyle behaviours, increasing to 9 per cent in year 9 and 27 per cent in year 11. This indicates that the older the children get the fewer healthy behaviours they report.
- For pupils in year 7, 12 per cent had all four healthy behaviours compared with 8 per cent in year 9 and 3 per cent in year 11.

Chart 1: The number of healthy lifestyles reported, by selected year group, 2013/14

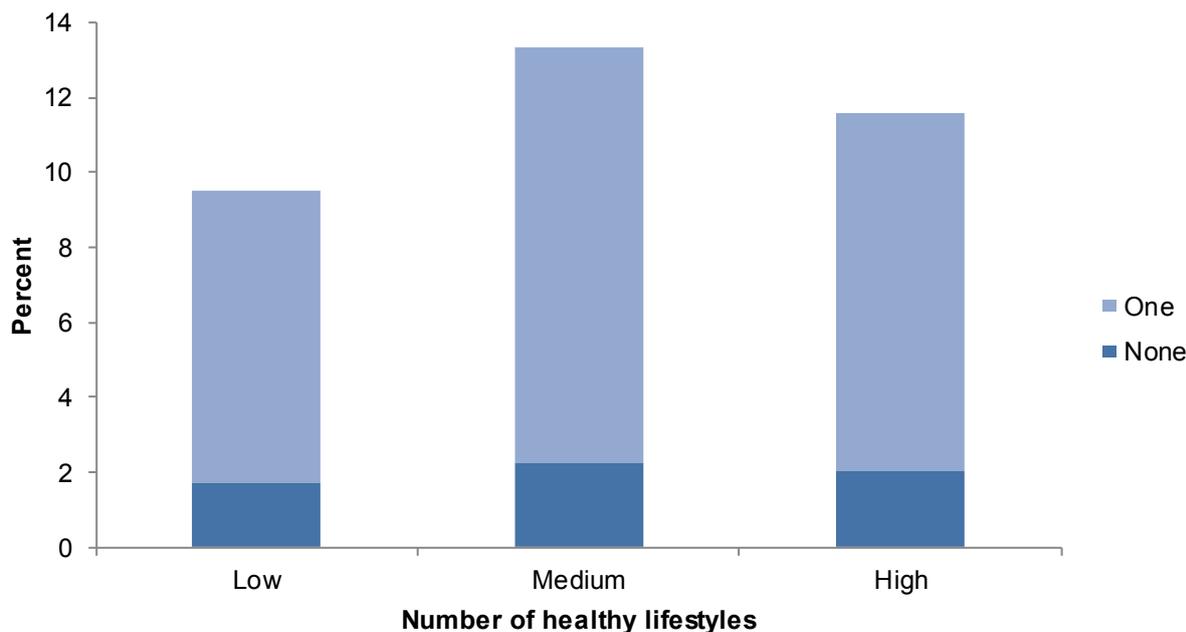


By Family Affluence Score (FAS)

Chart 2 shows the proportion of respondents who reported having fewer than two healthy lifestyle behaviours by FAS.

- Almost ten per cent of those respondents in low affluence families had fewer than two healthy behaviours. This compares to 13 per cent in medium affluence families and 12 per cent in high affluence families.

Chart 2: The proportion of respondents who had fewer than 2 healthy lifestyle behaviours by FAS



Section 2 – Comparison with national indicator for adults

The [Chief Medical Officer \(CMO\) for Wales Annual Report 2014/15](#) and the [Welsh Health Survey 2015 health-related lifestyle bulletin](#) looked at five key lifestyle behaviours for adults. These included not smoking, not drinking above guidelines, eating five or more portions of fruit and vegetables a day, being physically active on at least five days a week, and maintaining a healthy weight. Initial analysis for the children's composite measure looked at using five healthy lifestyle indicators which included BMI that would have been more in line with the adult's composite measure included in the CMO report. However, including BMI in the children's composite measure significantly decreased the eligible sample size therefore impacting on the robustness of the analysis. It was therefore decided to exclude BMI from the children's composite measure.

Welsh Health Survey data

Due to the ages covered for the HBSC and the Welsh Health Survey (WHS) it is possible to analyse the two indicators for similar age groups, those in year 11 for HBSC and 16 year olds in the WHS. Due to differences in guidelines between adults and children (for example, in physical activity) both indicators have been amended to try and find a 'middle ground'. For this reason,

neither of the indicators displayed below are in line with the national indicators. Information on the definitions for the two indicators are summarised in the table below;

Table 2: Amended HBSC and WHS indicators

<u>Lifestyle behaviour</u>	<u>HBSC</u>	<u>WHS</u>
BMI	Respondents were defined as healthy if they reported not currently being overweight or obese (calculated using the Cole et al cut offs).	Respondents were defined as healthy if they did not report being overweight or obese.
Smoking	Respondents were defined as healthy if they reported that they did not currently smoke.	Respondents were defined as healthy if they responded that they do not currently smoke daily or occasionally.
Fruit and vegetables	Respondents were defined as healthy if they reported currently consuming fruit or vegetables every day more than once.	Respondents were defined as healthy if they reported consuming 5 or more portions of fruit or vegetables the previous day.
Physical Activity	Respondents were defined as healthy if they responded saying that they were physically active for at least an hour on five or more days in the previous week.	Respondents were defined as healthy if they reported completing at least 30 minutes of moderate/vigorous activity on five or more days in the previous week.
Alcohol consumption	Respondents were defined as healthy if they reported that they currently consume alcohol 'rarely' or 'never'.	Respondents were defined as healthy if they currently reported consuming alcohol 'once every couple of months' or less.

Although every effort has been made to align the two indicators, care should still be taken when comparing the two results. There are still differences between the two indicators due to definitions, survey methodology, time periods covered and ages analysed.

For the analysis below the HBSC results have been assessed against data from those in year 11 (15/16 year olds) in the 2013/14 survey. For the WHS results, 4 years of data were combined to produce a sample size large enough to assess those who were 16 years old at the time of the survey.

Table 3: Number of healthy behaviours for HBSC and WHS using amended indicators

	Number of healthy behaviours						Unweighted base
	Zero	One	Two	Three	Four	Five	
Amended HBSC (2013/14):							
Those in year 11	1	8	26	38	23	4	981
Amended Welsh Health Survey Measure (2010-2014):							
Those aged 16	0	6	20	38	27	9	893

Chart 3: Number of healthy lifestyle behaviours using the amended HBSC and WHS composite measures

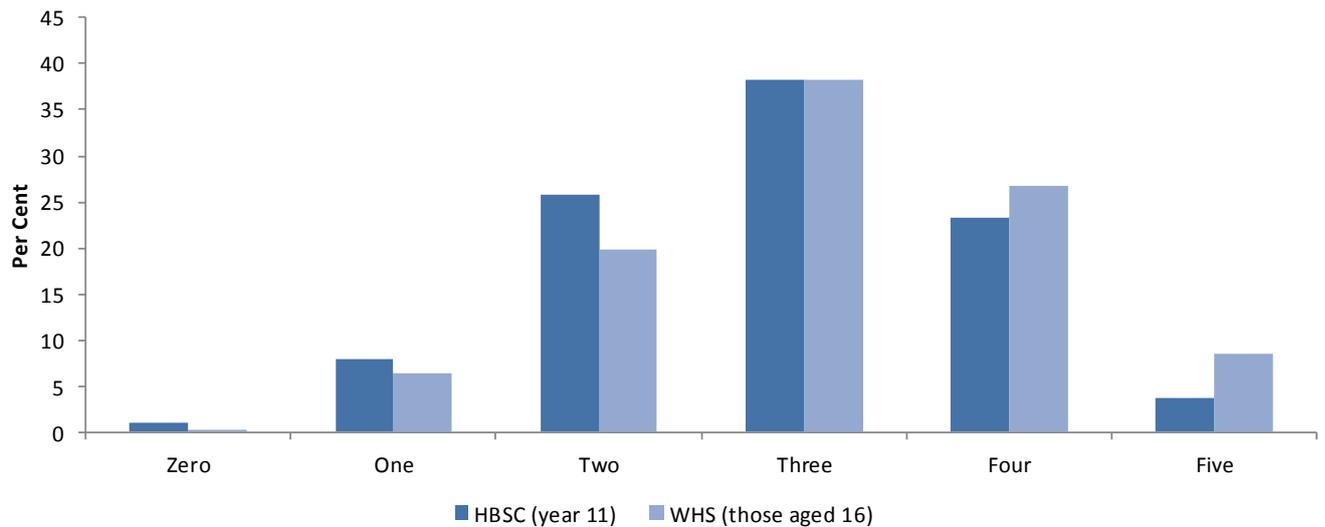


Chart 3 shows the number of healthy lifestyle behaviours using the amended indicators for both HBSC and WHS. Despite the differences between the surveys the patterns within the data are broadly similar.

Data from the HBSC suggests that respondents have a slightly higher percentage of unhealthy behaviours as 9 per cent reported to have fewer than two healthy behaviours compared to 6 per cent in the WHS.

The most common number of healthy behaviours was 3 with 38 per cent of respondents having three lifestyle behaviours in both the HBSC and the WHS. The biggest difference between the two surveys can be seen for those reporting two lifestyle behaviours. For HBSC survey 26 per cent of respondents reported having two lifestyle behaviours, whilst in the WHS it was 20 per cent.

Section 3 – Strength and Difficulties Questionnaire (SDQ)

The SDQ is a self-completion questionnaire which is included in every other wave of the Understanding Society survey². The SDQ measures a child’s strengths and difficulties in a number of areas including:

- Emotional symptoms
- Conduct problems
- Hyperactivity or inattention
- Peer relationship problems
- Pro-social behaviour.

The first four of these areas can be combined together to provide a “total difficulties” score, which can then be used as a predictor of mental ill-health. The total difficulties score can be reported as an average (mean) score, or categorised into 4 groups:

- close to average or normal (score 0 to 14 out of 40)
- slightly raised (score 15 to 17 out of 40)
- high (score 18 to 19 out of 40)
- very high (score 20 or more out of 40)

The SDQ was included in Wave 1 (2009/10) and Wave 3 (2011/12) and Wave 5 (2013/14) of the Understanding Society survey for youths aged 10-15.

Table 4: Total SDQ score for Wales and UK, 2009/10 to 2013/14

	2009/10			2011/12			2013/14		
	Mean	Lower Confidence Interval	Upper Confidence Interval	Mean	Lower Confidence Interval	Upper Confidence Interval	Mean	Lower Confidence Interval	Upper Confidence Interval
		9.8	10.9		9.9	10.9		10.2	11.5
Wales	10.4	9.8	10.9	10.4	9.9	10.9	10.9	10.2	11.5
UK	11.0	10.9	11.2	10.6	10.4	10.7	10.7	10.6	10.9

- The mean SDQ score for Wales showed little change between 2009/10 and 2013/14. This sits within the ‘average or normal’ group.
- The Wales total difficulties score was not significantly different from the UK average (10.9 and 10.7 respectively in 2013/14).

² University of Essex. Institute for Social and Economic Research, *Understanding Society: Waves 1-5, 2009-2014* [computer file]. 7th Edition. Colchester, Essex: UK Data Archive [distributor], November 2015. SN: 6614, <http://dx.doi.org/10.5255/UKDA-SN-6614-7>

Table 5: Total SDQ score by group for Wales and UK, 2013/14

	<i>Per cent</i>	
	<u>Wales</u>	<u>UK</u>
Close to average (0-14)	74	76
Slightly raised (15-17)	9	10
High (18-19)	4	5
Very high (20 or more)	13	9
<i>Unweighted sample size</i>	180	3,539

- In 2013/14 the majority of children aged 10- 15 reported close to average difficulties scores in Wales and the UK (74 and 76 per cent respectively).
- The proportion with a very high score is slightly higher in Wales than for the UK as a whole. Around 17 per cent of children aged 10-15 in Wales reported high or very high total difficulties scores compared with 14 per cent in the UK.

Section 4 – Key Quality Information for HBSC

The Welsh Government commissioned Ipsos MORI to conduct the 2013/14 Health Behaviour in School-aged Children (HBSC) survey in Wales. The research in Wales forms part of an international study of adolescent health.

The main objectives of the study include:

- to provide an in-depth understanding of young people’s health and well-being, including the social determinants of health;
- to inform policy and practice to improve young people’s lives;
- to disseminate findings to various groups, for example Welsh Government policy makers, local government, the NHS, teachers, parents, young people and researchers; and
- to initiate and sustain national and international research on health behaviour and the social context of health among young people.

Data were collected in 42 countries/regions across Europe and North America for the 2013/14 study, in collaboration with the World Health Organization (WHO). See www.hbsc.org for more detail.

The HBSC is a school based survey, data are collected through self-completion questionnaires administered in the classroom. Survey questions cover a range of health indicators and health related behaviours as well as the life circumstances of young people. Fieldwork for the study was conducted between November 2013 and March 2014. 9,055 completed questionnaires were obtained from pupils aged 11- 16 in school years 7- 11 (a pupil-level response rate of 91%). On average 24 pupils per class were interviewed.

Definitions

Family affluence

The survey uses indicators of family affluence to give an approximation of socio-economic status. Young people were asked to report (a) the number of cars in their family (b) the number of computers at home (c) the number of family holidays taken abroad in the previous 12 months (d) if they have their own bedroom. The Family Affluence Score (FAS) is a validated measure derived from these items and children are classified as having low, medium or high affluence. The latest HBSC international report has used a refined measure for FAS which includes two additional questions based on (e) the number of bathrooms in their home and (f) whether their household has a dishwasher. It is anticipated that the next national HBSC report and FG indicators will use the updated FAS measure.

Smoking

The survey asks respondents how often they smoke at present. Respondents were required to state whether they smoke tobacco 'Every day', 'At least once a week, but not every day', 'Less than once a week' or 'Don't smoke'. Respondents were defined as 'healthy' if they stated that they didn't smoke. All other responses were defined as unhealthy. If respondents did not answer the question then their response to this variable was classed as 'Missing'.

Alcohol consumption

Respondents were asked 'At present, how often do you drink anything alcoholic such as beer, wine, cider, alcopops or spirits? Try to include even those times when you only drink a small amount'. Each beverage was broken down individually and respondents were required to state whether they drank that type of alcohol 'Every day', 'Every week', 'Every month', 'Rarely' or 'Never'. If the respondent answered one of the options with anything other than 'Rarely' or 'Never' they were defined as unhealthy. If the respondent did not answer any of the alcohol questions then they were excluded from the analysis and classed as 'Missing'.

Physical activity

Respondents were asked 'Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?'. Respondents were defined as 'healthy' if they stated that they were active every day in the past week (Department of Health recommend that children and young people aged 5 to 18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day). If the respondents did not answer the question then the variable was classed as 'Missing'.

Fruit and vegetable consumption

The survey asks respondents 'How many times a week do you usually eat or drink...?' A range of food items are included, including fruit and vegetables. Respondents are asked to state whether they eat each item 'Every day more than once', 'Once a day every day', '5-6 days a week', '2-4 days a week', 'Once a week', 'Less than once a week' or 'Never'. Guidelines recommend eating at least five portions of a variety of fruit and vegetables each day. To conform with these guidelines respondents were defined as 'healthy' if they stated that they ate fruit or vegetables every day. All

other responses were defined as 'unhealthy'. If the respondent did not answer either question then the variable was defined as 'Missing'.

Sampling

A nationally representative sample of schools was drawn from a list of all maintained and independent schools in Wales, and one mixed ability class per year group was selected at random by the schools involved.

Questionnaire design

Interviews were conducted via self-completion questionnaires which were completed in school lessons, and supervised by an Ipsos MORI interviewer.

Fieldwork and response rates

Fieldwork for the study was conducted between November 2013 and March 2014. Overall, 82 schools participated in the survey out of 181 schools selected to take part (a 46% school response rate). In total, valid questionnaires were completed by 9,055 pupils (a 91% pupil response rate). The overall response rate was therefore (46% * 91%), or 42%. An average of 23 pupils per class were interviewed.

Missing values

Missing values have been omitted from analysis.

Weighting

Weights were applied to the finalised data to (i) correct for non-equal selection probabilities of pupils and (ii) adjust for different levels of response among different groups of schools and pupils.

Further information

Further information on the HBSC is available via the following links:

[International webpage.](#)

[Wales' national report.](#)

Section 5 – Key Quality Information for SDQ

The overall purpose of Understanding Society Survey is to provide high quality longitudinal data about subjects such as health, work, education, income, family, and social life to help understand the long term effects of social and economic change, as well as policy interventions designed to impact upon the general well-being of the UK population.

Interviews are typically carried out face-to-face in respondents' homes by trained interviewers. Data collection for each wave takes place over a 24-month period. Note that the periods of waves overlap, and that individual respondents are interviewed around the same time each year.

Sampling

Understanding Society, the UK Household Longitudinal Study (UKHLS), is a longitudinal survey of the members of approximately 40,000 households (at Wave 1) in the United Kingdom, i.e., the geographical area of the countries England, Scotland, Wales and Northern Ireland (NI). The

Understanding Society main survey sample consists of a new large General Population Sample (GPS) plus four other components: the Ethnic Minority Boost Sample (EMBS), the General Population Comparison (GPC) sample, the former BHPS sample, the Immigrant and Ethnic Minority Boost Sample (IEMBS). The design of the first three components is described in more detail in an [Understanding Society working paper](#).

Households recruited at the first round of data collection are visited each year to collect information on changes to their household and individual circumstances. Household members aged 10-15 years are asked to complete a short self-completion youth questionnaire. Children become eligible for a full interview once they reach the age of 16.

Questionnaire design

Youth interviews were conducted via self-completion questionnaires. The youth questionnaire contained between 52-58 questions on health, behaviour, school, neighbourhood, family, hopes and concerns. [Copies of the questionnaire for each wave](#).

Fieldwork and response rates

Wave 1 – fieldwork took place between 8th January 2009 and 7th March 2011. In total, valid questionnaires were completed by 4,899 youths.

Wave 3 - fieldwork took place between 7th January 2011 and 12th July 2013. In total, valid questionnaires were completed by 4,426 youths.

Wave 5 - fieldwork took place between 8th January 2013 and 5th June 2015. In total, valid questionnaires were completed by 3,655 youths.

These figures are for the UK as a whole. The sample size for Wales was much smaller, and not all respondents completed the full set of SDQ questions.

Further information

Further information on the SDQ is available via the following links:

[Measuring National Well-being: Insights into children's mental health and well-being](#) by ONS.

[Understanding society website](#).

[Understanding society: Technical reports](#).

Section 6 – Further information

Well-being of Future Generations Act

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016 and this releases includes 2 of the national indicators namely indicator 5 and 29.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#)

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

Further details

This document is available at:

<http://gov.wales/statistics-and-research/health-well-being-measures-children/?lang=en>

Next update

This is a one off release. There is no further publication planned at this time.

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@wales.gsi.gov.uk.

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Appendix 1

Table 1. Percentage of young people who reported that they currently do not smoke

		Current smoking status: Do not smoke	<i>Unweighted base (count) (a)</i>
Gender:			
	Male	95	4,552
	Female	94	4,446
Grade:			
	Year 7	99	1,891
	Year 8	98	1,873
	Year 9	95	1,893
	Year 10	93	1,773
	Year 11	88	1,599
Family affluence score:			
	Low	95	536
	Medium	94	2,641
	High	95	5,637
Total		95	9,029
<i>Missing values</i>			26

(a) Unweighted bases refers to young people who answered both the indicator and the relevant demographic questions.

Table 2. Percentage of young people who reported their current alcohol consumption as 'Never' or 'Rarely'

		Alcohol consumption at present: Never/Rarely	<i>Unweighted base (count) (a)</i>
Gender:			
	Male	82	4,532
	Female	82	4,443
Grade:			
	Year 7	96	1,878
	Year 8	93	1,867
	Year 9	86	1,888
	Year 10	75	1,770
	Year 11	61	1,604
Family affluence score:			
	Low	87	537
	Medium	83	2,633
	High	81	5,627
Total		82	9,007
<i>Missing values</i>			48

(a) Unweighted bases refers to young people who answered both the indicator and the relevant demographic questions.

Table 3. Percentage of young people who reported currently completing physical activity for an hour or more 7 days a week

		Current levels of physical activity: Active every day	<i>Unweighted base (count)</i> (a)
Gender:			
	Male	20	4,496
	Female	11	4,403
Grade:			
	Year 7	21	1,858
	Year 8	15	1,849
	Year 9	16	1,877
	Year 10	13	1,755
	Year 11	12	1,592
Family affluence score:			
	Low	15	527
	Medium	13	2,615
	High	17	5,584
Total		15	8,931
<i>Missing values</i>			124

(a) Unweighted bases refers to young people who answered both the indicator and the relevant demographic questions.

Table 4. Percentage of young people who reported currently eating fruit of vegetables everyday

		Fruit and vegetable consumption: Every day (a)	<i>Unweighted base (count)</i> (b)
Gender:			
	Male	41	4,549
	Female	45	4,449
Grade:			
	Year 7	48	1,884
	Year 8	47	1,875
	Year 9	45	1,892
	Year 10	41	1,774
	Year 11	37	1,605
Family affluence score:			
	Low	36	539
	Medium	39	2,636
	High	47	5,648
Total		43	9,030
<i>Missing values</i>			25

(a) This refers to people who have either consumed fruit everyday or vegetables everyday, a combination of both (i.e. 5 days with fruit and the other 2 days vegetables) will not be included here.

(b) Unweighted bases refers to young people who answered both the indicator and the relevant demographic questions.