



hbsc
ENGLAND

HBSC England factsheet series: ADOLESCENTS' EXPERIENCES OF SLEEP

Findings from the 2021-2022 HBSC study for England
HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN:
World Health Organisation Collaborative
cross-national study (HBSC)

CHSS
University of Kent

This factsheet presents findings from the 2021-2022 Health Behaviour in School-aged Children (HBSC) study in England, which reports on data from 5377 young people aged 11, 13 and 15. Data was collected with the support of a representative sample of 37 schools from across England.

HBSC is an international study conducted in collaboration with the World Health Organisation (WHO) capturing data on young people's health, health behaviours and social environment.

Eida, T., Ferris, E., Hrytsenko, V., Hulbert, S., Pomplun, R. & Kendall, S. (2024).
Adolescents' experiences of sleep. HBSC England 2022 data: Factsheet series. University of Kent.
<https://hbscengland.org/>

WHAT DID WE DO?

We asked our 11, 13 and 15 year old participants to respond to separate questions on SLEEP DURATION, SLEEPING DIFFICULTIES and whether they had enough sleep to FEEL AWAKE AND CONCENTRATE ON THEIR SCHOOLWORK DURING THE DAY.

****NB:** The recommended sleep duration for 11 year olds is 9-12 hours, while for 13 and 15 year olds, it is 8-10 hours ([Paruthi et al., 2016](#)).

For simplicity, we report on the proportion who reported sleeping at least 8.5 hours per night as a mid-point between the recommendations for the different age groups. However, we encourage readers to keep in mind how age affects the recommended sleep time.

KEY MESSAGES

Between 2014 and 2022...



- ⬇ SLEEP DURATION fell
- ⬆ REGULAR SLEEP DIFFICULTIES rose overall
- ⬆ INSUFFICIENT SLEEP TO FEEL AWAKE AND CONCENTRATE IN SCHOOL rose

Girls and older adolescents...



consistently reported the poorest sleep experiences

Adolescents from low affluence (low FAS) families...*



tended to report worse outcomes than their peers from high affluence (high FAS) families
high-low family affluence differences were most visible among 13 year olds.

*Family affluence level (high, medium, low) was assessed through the Family Affluence Scale (FAS)

YOUNG PEOPLE'S FEEDBACK



"I get lots of messages from friends all through the night. I think not sleeping is a big issue."
Max, 14

"I have trouble sleeping sometimes - mainly getting off to sleep. I think it could be because of screen time, but also because I worry at bedtime."
Claudia, 14



"We are studying late... then the only chance we get to play games and read is later at night - and I feel that homework has increased."
Eleri, 19

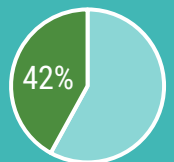


KEY DATA

42% reported AT LEAST 8.5 HOURS OF SLEEP ON SCHOOL NIGHTS**

This marks a sharp fall from 63% in 2018 and 71% in 2014.
Sleeping 8.5+ hours was more common among:

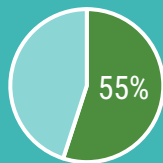
- boys compared with girls (45%, 39%)
- younger rather than older adolescents (11 yrs [63%], 13 yrs [38%], 15 yrs [23%])
- high FAS compared with low FAS adolescents (47%, 38%)



55% reported DIFFICULTY SLEEPING AT LEAST ONCE A WEEK in the last six months

This marks a rise from 45% in 2018 and 34% in 2014.
Regular sleep difficulties were more common among:

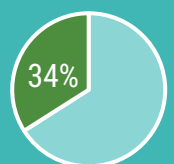
- girls than boys (62%, 47%)
- older rather than younger adolescents (11 [54%], 13 [54%], 15 [57%]), with a steeper gradient with age among girls
- low FAS than high FAS adolescents (57%, 53%)



34% reported NOT HAVING ENOUGH SLEEP TO FEEL AWAKE AND CONCENTRATE on schoolwork during the day

This marks a rise from 27% in 2018 and 23% in 2014.
Insufficient sleep was more apparent among:

- girls than boys (44%; 24%)
- older than younger adolescents (11 [26%], 13 [35%], 15 [43%]), with a steeper gradient with age among girls
- low FAS than high FAS adolescents (38%, 32%)



SLEEP IN CONTEXT

Statistical tests showed associations between adolescents' sleep scores and their scores on some mental health and contextual items from the HBSC England survey. The strength of the correlations varied, but each of those reported below was statistically significant.

SLEEP AND MENTAL HEALTH

The **strongest correlation** was for sleep and mood.

Adolescents who reported not getting enough sleep to feel awake or concentrate on their schoolwork during the day were:



... more likely to record **LOW SCORES ON THE WHO-5 SCALE** – which represent 'low mood' or, at their lowest levels, 'risk of depression'.

The same was true for adolescents who reported regular sleeping difficulties.

The **weakest correlations** were found between sleep issues and (1) physical activity (moderate and vigorous); (2) bullying and (3) cyberbullying (experiencing and perpetrating); and (4) online contact with close friends, online friends and others.

SLEEP AND ENVIRONMENTAL FACTORS

There were **moderate correlations** between sleep and environmental factors.

Adolescents who reported not getting enough sleep to feel awake or concentrate on their schoolwork during the day were:



... more likely to report **HIGH SCHOOLWORK PRESSURE**
 ... less likely to report **LIKING SCHOOL**
 ... less likely to report feeling that they **BELONGED AT SCHOOL**
 ... less likely to report feeling **SAFE AT SCHOOL**
 ... more likely to report **PROBLEMATIC SOCIAL MEDIA USE**
 ... more likely to record low scores on the **NEIGHBOURHOOD SENSE OF BELONGING** scale



The same was true for adolescents who reported regular sleeping difficulties.

WHY IS THIS IMPORTANT?

Sleep is a critical marker of health [1] influenced by biological [2] and environmental change [3]. The transition from childhood to adolescence in particular brings altered sleep duration and behaviours driven by multiple factors, such as increased autonomy over bedtime, workload and social media use, set against the constant of school start times [4]. Insufficient sleep is associated with low mood [4] and health-compromising behaviours [5]; while for 15 year olds in particular, meeting recommended sleep levels has been demonstrated as protective against certain health-compromising behaviours, especially among those adolescents reporting fewer protective factors across individual-peer, school, family and community domains [5].

With HBSC England data showing a marked weakening in protective factors at all levels alongside declining mental and physical health markers AND sleep hygiene among adolescents, there is an urgent need for action to promote healthy sleep as part of whole system strategy to protect and strengthen adolescent health.

MEASURE

What time do you usually go to sleep: on a school night (Sunday to Thursday night)? What time do you usually **wake up**: on a school day (Monday to Friday morning)?

Is the amount of sleep you normally get enough for you to feel awake and concentrate on your school work? (Yes; No)

In the last 6 months, how often have you had difficulties in getting to sleep? (About every day, More than once a week, About every week, About every month, Rarely or never).

We report on the proportion of those who answered: 'About every day'; 'More than once a week' or 'About every week' combined (at least once a week), against those who answered 'About every month' or 'Rarely or Never' combined.

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