Main trends in the health conditions of young people

There are changes in the health condition of young people in The Netherlands. This shows in the regular national survey Health Behaviour in school-aged Children [1], and the Growing up healthy: Youth Health Survey [2] (RIVM, 2014), which will be described later. The most important change between 2001 and 2013 is the decrease in substance use. Young people up to 15 years old showed a particularly strong decrease in smoking, drinking and cannabis use. However, there is an increase of young people that drink heavily. Dutch young people are also the happiest ones of all European young people. The incidence of bullying has declined, especially in secondary education. Condom use has increased since 2001. Furthermore the number of child abuse reports has increased between 2005 and 2010. There are no significant other changes in the lifestyles of young people since 2000. Being overweight and drinking alcohol remain the most important health problems of youth in the Netherlands.

National surveys

There are three (inter)national surveys that assess the state of health of young people. These are the national Youth Monitor [3], which is conducted every year, the (international) Health Behaviour in School-aged Children HBSC [1], conducted every four years, and the Health Monitor Youth [4], also conducted every four years.

- Health is one of the topics questioned by the national Youth Monitor [3], which focuses mostly on smoking behaviour. Other topics are school, labour and crime. The Annual Report Youth Monitor 2016 [5] shows that in the period 2011 to 2015 one-third of young people aged 18 to 24 smoked
regularly or occasionally. Over one-fifth smoked daily. The national Youth Monitor is an initiative of the Ministry of Health, Welfare and Sports (VWS) and Statistics Netherlands (CBS).

- **Health Behaviour in School-aged Children HBSC** [1] is a World Health Organization collaborative cross-national survey, conducted in 45 countries across Europe and Northern America. In this survey the health, well-being, behaviour and social environment of youth between 11 and 16 years is being studied. The latest research [8] was conducted in 2013. Results from 2013 concerning health and well-being show that the vast majority of Dutch youth are very satisfied and happy with their lives. In general, Dutch youth also have pretty healthy lifestyles, since a large majority is member of a sports club and has regular breakfasts and healthy food habits. The results also show a decrease in substance use (drinking and smoking) among Dutch youth.

- The **Health Monitor Youth** [4] (2015) provides an insight in the lifestyle and well-being of pupils in secondary education. All 25 regional GGD organizations (the term GGD is explained in 7.2) in the Netherlands distributed questionnaires in second and fourth grades in secondary education in 2015, based on a randomized sample. Almost 100,000 pupils answered questions about their health, psychosocial well-being, social media use, gaming, bullying, sports, smoking and drinking. The main results are described briefly on the government website [9] (only in Dutch). About 9 out of 10 young people feel healthy. They see their health as good or very good. Most young people feel resilient, e.g. they will not easily let themselves be persuade by others to do things they do not want to do. Around three-quarters of young people do sports weekly at a sports club or organization or in a gym, but only a minority (20%) meets the standard of exercising at least one hour a day. A majority of young people have breakfast on 5 or more days a week (more than 80%). Fifteen percent of pupils have at one time smoked a cigarette. The number of pupils that smoke daily is lower: about 5 percent. Eight percent smokes every week but not every day. There is a big difference in education level with regard to smoking: students in lower secondary education smoke a lot more often than students in higher secondary education. About 1 out of every 10 young people reported that they have been bullied in the past 3 months. Less than one third of this (3%) is structural bullying, i.e. 1 or more times a week. About 8% of the young people have an increased risk of problematic use of social media, especially girls. Five % of young people run a risk of problematic gaming, especially boys. About 1 in 8 pupils have had sexual intercourse, boys more often than girls. More than half of the pupils who had sexual intercourse always used a condom. In 2019 this survey will be conducted again. The results and monitoring data are presented on the website, which is the gateway to information about health and disease, risk factors, care and prevention of the entire Dutch population. The website has been developed and coordinated by the National Institute for Public Health and the Environment RIVM [10]. Nation-wide experts, research institutes and universities have contributed to the website in their field of expertise. The website was commissioned by the Ministry of VWS.

**Main concepts**

**Positive health**

For many years the definition of health of the World Health Organization [11], first used in 1948, was an important definition in the Netherlands. This definition is: ‘Health is a state of full physical, mental and social well-being and not just the absence of disease’. However, in 2009 discussions developed within the scientific field and with stakeholders about the concept of health and well-being in the Netherlands. Following these discussions, the concept of positive health was introduced in 2012 by
Machteld Huber. The concept of positive health focuses less on the absence of disease and more on the strength of human beings. **The full definition of positive health is: ‘Health is the ability of people to adapt and to choose their own direction in the light of physical, emotional and social challenges of life’.** [12] This definition is mentioned on the website [loketgezondleven.nl](http://loketgezondleven.nl) [13], which is a governmental website about health for all age categories. The Dutch government also supports this more positive and broad concept of health and wellbeing, as mentioned in the [health policy letter](http://healthpolicyletter.nl) [14]. Government not only views health as a goal in itself, but also as a way to achieve other goals, such as ‘more self-determination of life’, ‘quality of life’, ‘being able to participate in society’ and ‘making use of social networks’. This also fits in with the objectives in the broader social domain, participation, self-direction and self-reliance.

### Health insurance

It is mandatory for everyone who lives or works in the Netherlands to have health insurance, also for children. It is obligatory to have a basic health insurance, which covers the standard care of for instance a general practitioner (GP), a hospital or a pharmacy. For most care in basic insurance, an own risk budget is applied, which was 385 euros in 2016 and 2017. The coverage of the basic insurance is decided by government and may change every year. Parents or caregivers should take out insurance for their (younger) children until the age of 18. This is all described in the [Health Insurance Act](http://healthinsuranceact.nl) of 16 June 2005.

### Facilities

In the Netherlands there are different services for health and well-being at local level. Important services are community health services (GGD, explained in 7.2), Youth Health Care, GPs and consultation clinics for mothers with young children. These will be described later in this chapter.