

Health Connections: Listening to BC Youth

Listening to BC Youth

As 1999 draws to a close, all eyes are on the future. Healthy Connections offers a vision of that future as seen by British Columbia's young people. The Adolescent Health Survey (AHS) gives BC youth a chance to tell us about their lives today and their outlook on tomorrow as they approach adulthood in a new millennium. The nearly 26,000 students who completed the survey welcomed an opportunity to make their voices heard. Healthy Connections reports results of the second province-wide survey of adolescent health and risk behaviour conducted by The McCreary Centre Society. Combined data from the first AHS in 1992 and this 1998/99 survey represent responses from some 41,000 BC youth.

This report introduces new information about the importance of social connections in the lives of youth. The survey results offer strong evidence that involvement in school, family and community contribute to good adolescent health and protect against risks.

However, the survey findings confirm that some youth do not have equal access to opportunities to make the most of their potential. While most British Columbia youth are doing well, this study suggests that we in BC can do more to promote a non-exploitative, caring society that respects and values the contributions of youth.

About the Survey

What is the AHS?

The McCreary Centre Society conducted the first Adolescent Health Survey (AHS I) in 1992. Nearly 16,000 BC students in Grades 7-12 participated in that survey.

AHS II was designed to track trends showing how BC students have changed since 1992, and to identify new issues facing youth today. In all, 25,838 students completed the survey in the spring or fall of 1998. Trained administrators, mostly public health nurses, conducted the survey in classrooms in Grades 7-12. Students completed the anonymous, pencil and paper questionnaire in about 45 minutes. Participation in the survey was voluntary, and parents' consent was arranged through each school district. In all, 43 of BC's 59 school districts agreed to participate in the survey.

What does the survey ask?

The 127 questionnaire items include questions on health status, health-promoting practices and risky behaviours. Questions were chosen to identify factors that influence both present and future health and well-being. Most health problems during the teenage years are caused by preventable actions, such as drinking and driving or unprotected sexual activity. Adolescence also is the time when individuals often establish life-long attitudes and habits, such as smoking, diet and exercise.

The survey also looks at factors that affect health in a broader sense, that of personal well-being and the capacity to achieve full potential in life.

Who was involved?

Classes in both public and independent schools were randomly selected to provide a representative sample of all regions of the province.

Are the results accurate?

The McCreary Centre Society has taken a number of steps to ensure that the survey results are accurate. These steps include careful attention to:

Sample size: a large number of students was surveyed.

Selection: classrooms were randomly selected to represent all Grade 7-12 students in the province.

Confidentiality: students were assured that their participation was voluntary and anonymous.

Administration: the survey was conducted in classrooms by public health personnel following consistent guidelines.

Validity of responses: checks were in place to identify frivolous or contradictory answers; only about 1% of questionnaires were eliminated from the analysis of results for this reason or for failure to complete more than 50% of questions.

About 8% of the 316,000 students enrolled in Grades 7 through 12 across the province completed the survey. Survey data were analyzed using current statistical techniques to ensure that the results reported here accurately reflect the characteristics of all BC students in those grades.

AHS II provides information only about youth in school, representing 88% of BC youth in the study age group. McCreary plans additional studies to collect comparative data on the health status of street youth and other young people who, for whatever reason, are not enrolled in school.

What happens to the information?

The McCreary Centre Society is committed to making the survey results widely available to those working to improve the status of youth health in British Columbia, and to youth themselves. This report provides highlights for the province as a whole. Where available, comparative results of the 1992 and 1998 surveys are reported. More detailed analysis of the data, providing additional information on specific population groups and subject areas, will also be released in the future.

Making Sense of the Data

The enormous body of data collected from AHS II confirms that BC youth are doing well. Most young people are healthy, get along with their families, enjoy school and look forward to the future. One clear finding from this latest survey is the stability of trends since 1992. Many questions on the 1992 survey were repeated word-for-word in AHS II, enabling a precise analysis of how today's young people are the same, or different, from students who answered the same questions six years ago.

The good news...

The survey delivers a message that is largely positive, refuting current public apprehensions about youth. Recent tragic events in the US and Canada have raised fears, often fed by the media, that young people are becoming more violent, more distant from their parents, less committed to education, and more influenced by television and the Internet. In contrast, results of this survey reveal a remarkable stability. On many topics, responses to the 1998 survey are exactly the same as in 1992. Those stable trends include overall physical and emotional health, suicide attempts, and attitudes and behaviour related to eating disorders. The survey results convey good news about emotional health. Contrary to popular belief, adolescence is not always an emotional roller coaster; only a small minority of BC youth report severe emotional distress. Another positive finding relates to a decline in the experience of abuse, with female youth reporting lower rates of both physical and sexual abuse than in 1992.

Nearly 9 out of 10 youth enjoy good or excellent physical health. Most young people are making smart choices about their health and avoiding risky behaviours. Bicycle helmet use has increased dramatically, likely as a result of 1996 provincial legislation. Most young people do not smoke cigarettes, drink and drive, or use illegal drugs. And more BC teens are waiting longer to have sex for the first time. Most youth in the 12-18 age group have not yet become sexually active.

For those worried about youth violence, the survey offers reassurance that young people are not more inclined today than in 1992 to get involved in fights. Most youth say they have good social supports and people they trust to help with problems. Many youth are actively involved in their communities, with over 80% contributing time in volunteer activities.

And not-so-good news...

However, some findings from AHS II suggest that prevention and health promotion efforts have not made enough of an impact on young people. Many students apparently aren't getting the message about the dangers of tobacco, as smoking in this age group has not decreased since the last survey.

More teens are delaying the start of sexual activity. However, many of those who are having sex are not protecting themselves against sexually-transmitted diseases and unwanted pregnancies. Condom use has not increased among adolescents since 1992, and many sexually-active young people do not use any form of birth control. Most injuries are preventable, yet they continue to pose a serious threat to youth health. During the previous year, 40% of students responding to the survey had received an injury serious enough to require medical attention. Many of those injuries involved some kind of sports or recreational activity. Seatbelt use has not yet reached acceptable levels and, in fact, has declined slightly since 1992. And there has been no progress in reducing the number of young people who drive after drinking or using drugs.

Illegal drug use is a reality in the lives of many BC teens. The survey results show a sharp increase in marijuana use since 1992. Over four in ten students have experimented

with marijuana at least once, and about one in ten is a frequent user. A significant proportion of students has experimented with other "harder" drugs.

Rising rates of adolescent drug use are not unique to BC; similar trends have been reported in other parts of Canada.

Location matters

Regional comparisons of survey results show striking differences on some topics among various parts of the province. The Greater Vancouver region has lower rates of cigarette smoking, sexually-active teens, drinking and driving, suicide attempts and overall injuries, but higher rates of sports injuries and racial discrimination than most other regions. The Northwest region has relatively higher rates of suicide attempts, racial discrimination and smoking. The Interior and Kootenay regions report higher rates of drinking and driving in this age group, and the Kootenay region has the highest injury rates.

Connections count

A new series of questions, added to the 1998 Adolescent Health Survey, sheds light on factors that appear to protect young people against risks that are harmful to their health. These questions, derived from ground-breaking studies in the United States, look at how youth feel about their relationships at home and at school. The questions gauge the student's level of "connectedness" with parents, family, teachers and classmates.

This part of the Adolescent Health Survey charts important new ground. The findings show clearly that families continue to be key in influencing choices and actions that impact on youth health. Students who report being strongly connected to their families seem less likely to engage in risky behaviours such as early sexual intercourse and use of illegal drugs. Young people with strong family connections are less likely to experience emotional distress or to attempt suicide.

School is another important influence on youth behaviour. Students with a sense of belonging and involvement with school report higher educational expectations and appear less likely to make choices that are dangerous to their health. Most teens say they have someone in their lives who can help with personal problems. For most problems, female students rely on friends, while males are more likely to turn to parents. Students were less likely to ask teachers or health professionals for help.

A special focus

The "Special Focus" section of this report presents a snapshot of selected youth populations that may be particularly vulnerable to certain health risks. As this section illustrates, some youth face special challenges in the transition to adulthood. According to the survey results, young people with a health condition that limits activity are more likely than their healthier peers to attempt suicide. Youth who think they look older than others their age are more likely to engage in a variety of risky behaviours. A review of survey responses from Aboriginal youth in school shows that, in many respects, these students closely resemble their non-Aboriginal classmates. This section also adds to a

body of evidence that a family's economic status has an impact on health. The McCreary Centre Society plans more detailed studies of the survey data related to special population groups.

Family background

BC youth and their families represent a rich variety of ethnic and cultural backgrounds. In response to a question about family roots, 20% of students say their personal background is primarily British. Other large groups are Chinese (2%). Aboriginal (6%) and South Asian (4%). while another 21% of students do not see themselves as belonging to any particular ethnic group.

Over four in ten students speak a language other than English at home; for 14% another language is used at home more than half of the time. Nearly a quarter of students in the Greater Vancouver region speak a language other than English at home more than half of the time, compared with only 3-7% in other regions.

About three-quarters of students live with two parents (including step or adoptive parents) while 20% live with only one parent. A small number about one percent live with a non-related adult (such as a foster parent), and the remaining 3% live with other relatives, alone, or with other youth.

Many students are unsure about their family source of income. Only six percent of students report that their family receives some type of income assistance, but about a third (30%) say they don't know if their family receives income support. In response to a group of questions about family financial status, nearly one in five youth (18%) indicate that they come from lower income families.

Physical Health Status

Most BC youth (87%) consider their physical health to be good or excellent. Only 13% see their health as fair or poor. Boys tend to give their health a higher rating than girls, with 44% of male students compared with 28% of female students reporting their health as excellent. These results are almost the same as those reported on the 1992 survey.

Despite their generally good health, many students report being troubled by health problems. One third of male students and 46% of females report having a physical complaint-including stomach aches, headaches or backache- more than once a week. An even higher percentage of both males (42%) and females (48%) report experiencing emotional health problem -such as feeling irritable or depressed-more than once a week. In addition, 13% of students report that they have a health condition, chronic illness or disability that limits their activities .

Appearance and weight

Weight, body shape, and clear skin are not trivial issues for this age group. For most teens, looking good is a matter of top priority.

Weight plays an important role in how young people feel about themselves, and many BC students are not satisfied with their current weight. Over half of all female students are trying to lose weight; 12- and 13-year-old girls are less likely than older females to want to lose weight. Only 19% of boys report trying to lose weight, while 27% say they would like to gain.

Despite this apparent concern about weight, the survey results do not suggest any increase in eating disorders among adolescents. About 7% of students say they ever vomit on purpose after eating, the same as in 1992. More girls (9%) than boys (5%) report vomiting on purpose; 3% of girls say they do this more than once a month.

Exercise and nutrition

Most students practise habits that promote good health, including exercise and proper nutrition. About seven out of ten students exercise three or more times a week. Girls are somewhat less likely to exercise than are boys. Students appear to exercise less often as they get older. About three-quarters of students exercise three or more days a week at age 13, while only 67% of males and 49% of females aged 17 report exercising that often.

Half of students always eat breakfast on school days, while 14% of males and 20% of females always skip breakfast before school. Older students are less likely to eat breakfast than are younger students. About half (47%) of the youth surveyed consume the recommended two or more milk products each day, while only a quarter eat the recommended number of servings of protein or of fruits and vegetables.

Injuries

Injuries continue to pose a significant risk to the health of young people despite the fact that most injuries are preventable. Protective practices in adolescence can be influenced by legislation, education, and good role modelling by adults. However, many adolescents continue to take chances with safety.

Forty-five percent of male students and 34% of female students responding to the survey say they experienced an injury in the past year that was serious enough to require medical attention.

Over half of all injuries involve sports activities. An additional 10% of injuries occur while using roller blades, skateboards or bicycles. Another 8% involve a car or other motor vehicle. About one injury in five happens at school.

Injuries of all kinds appear to be more frequent in the Kootenay region of the province with the fewest injuries reported among students in the Vancouver region. However,

Vancouver area students who reported an injury, are more likely to be injured during sports activities than students in other parts of BC.

The survey results show definite room for improvement in injury prevention behaviour among teens. About 41% of males and 31% of females who have a driver's license say they have driven a car after using drugs or alcohol. Sixteen percent of licensed teen drivers reported drinking and driving in the past month, the same rate as 1992. The rates of reported drinking and driving are lowest in the Greater Vancouver region and highest in the Kootenay and Interior regions.

In addition, only 55% of all students always use a seatbelt. In fact, seatbelt use has declined slightly since the 1992 survey.

Bike helmets, which offer effective prevention from head injuries, do appear to be gaining favour with young riders. The percentage of young people who report always wearing helmets when riding bicycles rose to 30% from only 6% in 1992. Those who report never wearing helmets declined to 32% from 76%. (Provincial government legislation requiring use of bike helmets came into effect in 1996.)

Emotional Health

It is a common perception that the teenage years are marked by emotional turmoil. While some adolescents do experience mood swings and anxiety, only a small percentage report severe distress. According to the survey results, most youth cope well with the stresses in their lives. Teens report a lower level of suicidal thoughts, compared with the 1992 survey. Experience of physical and sexual abuse also has declined among female students.

AHS II does suggest that, for some young people, worry and depression can be overwhelming. Emotional distress appears higher among females and generally increases with age. Emotional distress also appears higher among youth with a chronic health condition and those with experiences of physical or sexual abuse. Families, schools and youth services face the challenge of finding ways to promote positive coping skills and strengthen resiliency, especially for students who are more vulnerable to emotional distress.

Emotional distress

Five questions on the survey measure emotional health status. These questions include; "During the past 30 days, have you felt you were under any strain, stress or pressure?" and "...have you felt so sad, discouraged, hopeless or had so many problems that you wondered if anything was worthwhile?" An extreme response - such as a response of "all the time" on two or more question - is seen as an indicator of emotional distress.

Overall, 9% of females and 5% of males report feeling emotionally distressed in the previous month. Older students are more likely to report distress, rising from 3% of boys

and 4% of girls at age 12 to 6% of males and 11% of females at age 17. These results are similar to those reported in the 1992 survey.

Abuse

Twenty percent of female students report ever being physically abused, a decline of 4% since 1992. The percentage of males who have experienced physical abuse remained about the same at 13%.

Girls reporting a history of sexual abuse also declined to 15% from 21%, while about 3% of boys say they have been sexually abused, the same percentage as in the previous survey. Sexual abuse of females is lowest in the Vancouver region (12%) and highest in the Northwest (22%).

Suicide

A tragically high number of young people choose suicide as a response to difficult circumstances or personal despair. Since the 1992 survey, the percentage of males and females who report thinking about (14%) or planning (11%) a suicide in the previous year declined slightly. According to the 1998 survey, the number of young people who actually attempted suicide (7%) or were injured in an attempt (2%) during the past year remained about the same. Overall, female students (9%) report attempting suicide more often than male students (4%).

Suicide attempts are highest in the Northwest region at 9%, compared with 6% in the Vancouver and Capital regions.

Discrimination

Many young people report experiences of discrimination related to one or more actual or perceived differences. Overall, 46% of students say they have experienced some kind of discrimination. Discrimination due to race and gender tends to increase with age.

Experience of discrimination related to race or skin colour is highest in the Greater Vancouver and Northwest regions of the province; these two regions have higher proportions of students from Aboriginal or other visible minority groups.

Violence

Despite well-publicized incidents of youth violence in recent months, there is no evidence that the lives of BC youth are becoming more violent. Involvement in fights remained stable for males (42%) and declined slightly among females (18%) since the 1992 survey. Fighting is least common among young people in grades 11 and 12.

However, about 9% of students carried some kind of weapon to school in the past month, most often a knife or razor. About one percent said they had a gun at school in the month preceding the survey.

Other types of aggressive behaviour are more common. Nearly two-thirds of female students (63%) and nearly half of male students say they have been verbally harassed at school in the past year. Nearly four in ten boys and a quarter of girls were threatened with physical harm, while 17% of boys and 6% of girls say they were physically assaulted.

Feeling safe at school

Only about half of all students surveyed say they always feel safe at school, ranging from a low of 39% in Grade 8 (often the first year of secondary school) to a high point of 58% in Grade 12. Only 6% of students who always feel safe at school reported carrying a weapon to school, compared with 39% of those who never feel safe at school.

While any potential for adolescent violence is disturbing, The McCreary Centre Society cautions that it is important to maintain a sense of perspective about the minority of youth who report carrying weapons at school. The survey results cannot provide sufficient insight about the motivation for those youth who do have weapons. Further studies could provide valuable information on why some students carry weapons and on the extent to which discrimination and harassment contribute to violence in school.

Substance Use

Smoking

Smoking, a proven risk factor for cancer, heart disease and other health problems continues to be popular among young people. Smoking among 12- to 18-year-olds has not declined since the 1992 survey. In the 1998 survey, the same percentage of students reported smoking cigarettes as in 1992.

In total, 45% of students say they have tried smoking. One in four has experimented or is currently experimenting with cigarettes (smoked fewer than 100 cigarettes in life-time) and about one in ten smokes every day. Girls are somewhat more likely to smoke than are boys. Regionally, Greater Vancouver has the lowest rate of smokers in this age group (13%), while the Northwest has the highest (23%).

Exposure to second-hand smoke also has been implicated in a variety of health problems, including asthma. Nearly a third of students say they are exposed to tobacco smoke (including their own) inside their homes at least once a week.

The survey data reveals that experimentation with tobacco is common among teens but daily use is much less so. Adolescents who are regular smokers are easy to identify and are most at risk for long-term health problems related to smoking. Smoking in this age group can be influenced somewhat by price, enforcement of controls over sales to minors and creation of smoke free environments. However, smoking cessation strategies for adolescents are less well developed and less accessible. Efforts to keep teens from trying cigarettes don't appear to be working; programs to help teens quit smoking once they've started may be a better idea. The McCreary Centre Society suggests a need for evaluation

of primary prevention programs and a greater emphasis on successful strategies for quitting.

Alcohol

Overall, patterns of alcohol use in this age group have not changed significantly since 1992. About 37% of students say they have never had an alcoholic drink, about the same as in the last survey. The percentage of youth who have tried alcohol increases with age, rising from 47% of boys and 41% of girls at age 13 to about 80% for both males and females at age 17. Of students who do use alcohol, about three-quarters had a drink in the past month.

Students in the Greater Vancouver area are less likely to drink than are their counterparts in other parts of the province. Regional variations in alcohol use range from 44% of students in the Vancouver area who have never had a drink of alcohol, to 23% in the Kootenays.

Of those students who use alcohol, 44% say they engaged in episodes of heavy (binge) drinking in the past month. (Binge drinking is defined as consuming 5 or more drinks of alcohol within a couple of hours.) This is an increase from 1992, when 36% of students who used alcohol reported binge drinking in the previous month.

Drug

Drug use among teens has increased in recent years. The survey results show that the percentage of students who have used marijuana at least once rose sharply to 40% in 1998, up from 25% in 1992. Thirteen percent have used marijuana forty or more times. About half of those who use marijuana say they have done so in the past month. Increases in marijuana use have also been reported in other provinces.

Students report a slight increase in cocaine use, with 7% using the drug at least once, up from 5% in 1992. About 2% of students have used heroin, and another 2% report using steroids at some time in their lives.

Other illegal drug use includes mushrooms (16% of students), hallucinogens including LSD and "ecstasy" (11%), and inhalants such as glue and aerosols (6%).

Over three-quarters of students (76%) have never used any of these "harder" drugs: Cocaine, hallucinogens, mushrooms, inhalants, amphetamines or heroin. However, 6% of students report using one or more of these harder drugs 10 or more times in their lifetime.

The dramatic rise in marijuana use reported by BC adolescents raises as many questions as it answers. Of particular concern is evidence that first marijuana use is occurring at a younger age and that use is more frequent. The reasons behind these changes may include greater accessibility, lower prices, or more permissive attitudes towards drug use. The McCreary Centre Society urges caution in leaping to conclusions about the impact of increased marijuana use on adolescent health. Additional research could shed light on the

circumstances, which encourage or inhibit experimentation with drugs, the health consequences of drug use and its association with other risk behaviours.

Sexual Behaviour

The survey results portray some encouraging trends related to sexual activity among adolescents. Teens are waiting longer to have sex, and the percentage of students who have ever had sexual intercourse declined for all ages of youth since the last survey.

However, too many teens still report having sex for the first time at a very early age. Adolescents who look older than others their age seem more at risk in this regard (Many previous studies link early sexual activity with a variety of health problems.)

Delaying sexual activity

The 1998 AHS data shows that 77% of BC youth in Grades 7-12 have never had sexual intercourse, compared with 70% in 1992. Both males and females appear to be waiting longer to have sex for the first time. Not surprisingly, the level of sexual experience increases with age. At age 13, only 9% of youth have had intercourse, compared with 42% of students at age 17. However, nearly half of all youth who are sexually active said they first had sex at age 14 or younger.

Some regional differences were reported, with the Vancouver region having the lowest percentage (19%) of sexually-active students. The percentage of students who have ever had intercourse ranges from 26% to 31% in other parts of the province.

About a third of sexually-active youth answered "Yes" to a question asking "Did you drink alcohol or use drugs before you had sexual intercourse the last time?"

STD risk

Although fewer youth are having sex, many of those who are sexually active are not protecting themselves against sexually-transmitted diseases (STIs). Slightly more than half of females (52%) and 64% of males say they (or their partner) used a condom the last time they had intercourse. These results on condom use are exactly the same as in 1992. Sex with multiple partners is another recognized risk factor for sexually-transmitted diseases; 27% of sexually-active males and 20% of sexually-active females have had sex with four or more partners. About 6% of sexually-active youth say they have had a sexually-transmitted disease.

Birth control

Many young people are not taking steps to prevent unwanted pregnancy. A quarter of sexually-active youth report using either no method of birth control, or withdrawal - notoriously unreliable as a form of contraception- the last time they had intercourse. In 1992, 20% of sexually-active youth reported using withdrawal only or no method of birth control.

Ten percent of sexually-active students say they have ever been pregnant or caused a pregnancy, unchanged since 1992.

Connectedness and social supports

The 1998 Adolescent Health Survey provides valuable insight on a topic which was not explored in the 1992 survey. AHS II asked students to respond to a series of questions about "connectedness," a term used to describe how youth feel about their social environment, including their relationships with friends, family and school. Questions on connectedness were derived from a major United States project, the National Longitudinal Study of Adolescent Health.

AHS II employed questions about connectedness to explore how the social environment might impact on emotional health, risky behaviour and other factors affecting the overall well-being of adolescents. In this section of the survey, students answered questions such as:

- How close do you feel to your father?
- How much do you think your mother cares about you?
- How much do you feel that people in your family understand you?
- How much do you feel your teachers care about you?
- How do you feel about going to school?

The questions asked students to reflect on their satisfaction with relationships, including whether they share in fun activities with their families, and whether they feel involved in and fairly treated at school. Responses to these individual questions were combined to give the student a relative "score" of high, medium or low connectedness.

This part of the Adolescent Health Survey covers important new ground. The findings show clearly that families continue to be key in determining choices and actions that impact on youth health. Throughout adolescence, students who are strongly connected to one or both parents are less likely to engage in risky behaviours such as early and unprotected intercourse, smoking, and use of alcohol or illegal drugs. These young people are less likely to experience emotional distress or to attempt suicide. Students with a sense of belonging and involvement with school also appear less likely to make choices that are dangerous to their health.

Connecting with family and school

Overall, 13% of students were categorized as having a high level of family connectedness, while 15% have low connectedness. The percentage of students with the strongest family connections declines with age from 25% of 12-year-olds to only 9% of those aged 17.

Connections with school follow similar patterns, with 13% of students scoring high on connectedness and the same percent scoring low. A sense of connection with school is highest (23%) among Grade 7 students, dropping to a low of 7% in Grade 10 and rising slightly to 12% in the last year of high school. Girls report stronger school connections than boys; 15% of females have high levels of school connectedness as compared to 10% of males.

Connectedness and emotional health

Students with the strongest family connections report better emotional health than students with weaker family connectedness. Only 3% of students who report high levels of family connectedness tried to commit suicide during the past year, compared with 17% of students with the lowest levels of family connection. Emotional distress and a history of physical abuse is much less common among students with high family connectedness. And only 5% of students who report strong family connection have experienced sexual abuse, compared with 18% of those with low connectedness.

Connectedness and education

As might be expected, students who feel more connected to school are better students. Among those with the strongest school connections, 24% consider themselves to be among the top students in their class, compared with 7% of students with the weakest school connections.

Three-quarters of strongly-connected students say they like school, compared with only 7% of those with lower levels of school connectedness. Students who feel strongly connected to school are more likely to have plans for post-secondary education and much less likely to skip school often.

Connectedness and risky behaviour

Students with high levels of family connectedness are less likely to engage in risky behaviour. Nearly 80% of students with high family connectedness have never smoked marijuana, double the number reporting low levels of family connections. Only 3% of students with the strongest family connections report having sex under age 14, compared with 12% of those with low family connectedness.

Weaker school connections also appear to be related to risky behaviour. Among students with a stronger sense of school connectedness, fewer than 4% are regular smokers, compared with 22% of those with a low connectedness score. (Overall, 10% of BC students are regular smokers.) Similarly, marijuana use was 21% among highly-connected students versus 60% among those with low school connectedness. The percentage of students who report using drugs or alcohol before driving in the past month was lower among students with the strongest school connections (10% vs. 29%).

Students with the strongest connections to school are much less likely to be involved in fights. Only 14% of those with high levels of school connectedness were involved in a physical fight in the previous year, compared with 53% of students with low levels of connection.

Only 14% of students reporting high levels of connections with school have had sexual intercourse, compared with 39% of those reporting lower connectedness.

Community involvement

Over 80% of all students say they were involved in some type of volunteer activity in the past year, including helping neighbours, supporting a cause or raising funds for a charity.

Females (87%) were somewhat more likely than males (74%) to help others without pay. Volunteer involvement was fairly consistent across regions and age groups.

How do youth keep busy outside of school? Students report a high level of participation in extracurricular activities such as sports, music lessons or clubs. About 45% of male students and 35% of females are involved in one such activity at least once a week, while 24% of males and 39% of females participate weekly in two or more activities.

Help-seeking

Most teens say they have someone in their lives who can help with personal problems. The survey asked students who they would go to first for help with problems such as feeling depressed, needing birth control, problems with drugs or alcohol, or problems with friends or family. For most problems, female students rely on friends and/or parents, while males are more likely to turn to parents. Students were less likely to ask professionals for help with most problems. (On the questionnaire, professionals were defined as health professionals or teachers' school staff.)

A special focus

The 25,838 responses to the Adolescent Health Survey II provide a wealth of information about BC youth. While these results convey a primary message of youthful optimism and good health, they also point out distinctions within the youth population. Some youth are not doing as well as their peers. For a variety of reasons, some youth are more vulnerable to health problems and risky behaviours.

Promoting resilience

The special focus groups were identified in part because of their perceived vulnerability, but also to help identify protective factors and opportunities for promoting resilience. Groups were selected for special focus only if the survey sample included sufficient numbers for meaningful analysis.

The McCreary Centre Society does not present these special focus results with the intention of singling out certain youth as "problems." Rather, the rationale for spotlighting these groups is to stimulate thinking about strategies that address their specific issues. With appropriate recognition and effective intervention, the youth portrayed in this section can overcome obstacles to their healthy development.

Findings for these special focus groups reinforce evidence that inter-related factors, including income, culture and genetic inheritance, are important determinants of health in this age group. The findings suggest that:

- Youth from lower-income families are less likely to report excellent health status.
- Youth with a chronic illness or disability attempt suicide more often than other students.
- Aboriginal students have more emotional health concerns than non-Aboriginal students.
- Youth who think they look older than their age are more likely to engage in risky behaviours.

Youth from lower income families

About one in five youth who completed the survey indicate, by their response to a group of five questions, that they live in lower income families. These questions included: "In terms of money or income, how well off is your family?" and "Does your family have a car, truck or van?" This estimate by youth themselves is very close to the percentage of low income families reported by Statistics Canada based on actual income figures from the 1996 census.

In most respects, youth from lower income families are no different than youth from medium or higher income families. They report high levels of emotional health and are no more likely to engage in most risk behaviours.

However, lower income youth are somewhat less likely than youth from higher income families to plan to continue their education after high school. Lower income youth are somewhat more likely to consider or attempt suicide. Only 27% of lower income students report excellent health status, compared with 37% of higher income students. Lower income students also are more likely to experience two or more health problems weekly. Compared with other youth, youth from families with a lower income are somewhat less likely to participate in extracurricular activities.

Youth with a chronic illness or disability

Thirteen percent of youth who participated in the survey report having a chronic illness, health condition or disability that limits their activities. Survey results from this group of students show striking differences in both physical and emotional health status, compared with students who do not have a limiting health condition. These youth are much less likely than other young people to feel strongly connected to their families or schools. They are also less likely to plan to attend post-secondary school.

Youth with a health condition that limits activity are much more likely to attempt suicide; 17% of these youth attempted suicide in the previous year. Not surprisingly, only 15% report excellent health status, and 60% say they experience two or more health troubles at least weekly. Less than a third of youth with a chronic illness or disability are satisfied with their weight. This group of young people also is more likely to engage in some types of risky behaviour, such as smoking, than their healthier peers. Almost half of these youth report experiencing discrimination because of their appearance.

Recent changes in education practices and policy have enabled many children and youth with ongoing health problems to attend mainstream schools. The survey results indicate a clear need for better supports to protect this population of young people from emotional health problems and other risks.

References

The McCreary Centre Society

Adolescent Health Survey. Province of British Columbia (1993). Prepared by Larry Peters and Aileen Murphy. Investigators: Roger Tonkin, David Cox and Ruth Milner. Vancouver, British Columbia: The McCreary Centre Society.

Adolescent Health Survey: Regional Reports for Greater Vancouver Region; Fraser Valley Region; Interior Region; Kootenay Region; Northeast Region; Northwest Region; Upper Island Region; and Capital Region (1993). Prepared by Larry Peters and Aileen Murphy. Investigators: Roger Tonkin, David Cox and Ruth Milner. Vancouver, British Columbia: The McCreary Centre Society.

Adolescent Health Survey: Street Youth in Vancouver (1994). Prepared by Larry Peters and Aileen Murphy. Investigator: Roger Tonkin. Burnaby, British Columbia: The McCreary Centre Society.

Adolescent Health Survey: Chronic illness & disability Among Youth in BC (1994). Prepared by Larry Peters and Aileen Murphy. Investigators: Roger Tonkin, Ruth Milner, and David Cox. Burnaby, British Columbia: The McCreary Centre Society.

Adolescent Health Survey: Youth & AIDS in British Columbia (1994). Prepared by Larry Peters and Aileen Murphy. Investigators: Roger Tonkin, Ruth Milner, and David Cox. Burnaby, British Columbia: The McCreary Centre Society.

Adolescent Health Survey: Next Step - Community Health Action By Youth. Results from 1994 Youth Health Seminars in British Columbia (1995). Burnaby, British Columbia: The McCreary Centre Society.

Adolescent Health Survey: AIDS-Related Risk & Behaviour in BC Youth - A Multicultural Perspective (1997). Prepared by Natalie Franz and Colleen Poon. Investigators: Roger Tonkin, Ruth Milner, and David Cox. Burnaby, British Columbia: The McCreary Centre Society.

Our Kids Too - Sexually Exploited Youth in British Columbia: An Adolescent Health Survey (1999). Burnaby, British Columbia: The McCreary Centre Society.

Being Out-Lesbian, Gay, Bisexual & Transgender Youth in BC: An Adolescent Health Survey (1999). Burnaby, British Columbia: The McCreary Centre Society.

Sources of Survey Questions

Adolescent Health Survey Adolescent Health Program, University of Minnesota, Minneapolis.

Health Behaviour in School-Aged Children; World Health Organization (WHO) Cross-National Survey, Coordinated by the Research Center for Health Promotion, University of Bergen, Norway.

National Longitudinal Survey of Children and Youth (NLSCY); Human Resources Development Canada and Statistics Canada.

National Population Health Survey Statistics Canada and Health Canada.

National Survey on Sun Exposure and Protective Behaviours; Institute of Health Promotion Research, University of British Columbia.

The National Longitudinal Study of Adolescent Health (Add Health); Carolina Population Centre, University of North Carolina at Chapel Hill.

Tobacco Use in British Columbia; Angus Reid Group and British Columbia Ministry of Health and Ministry Responsible for Seniors.

Youth Risk Behaviour Survey (YRBS); Division of Adolescent and School Health, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia.

For information:

The McCreary Centre Society

401 N. Esmond Avenue

Burnaby, BC V5C 1S4

Tel: (604) 291-1996

Fax: (604) 291-7308

Email: mccreary@mcs.bc.ca

Web: www.mcs.bc.ca