

Adolescent Health Survey IV

Question Rationale and Sources

(For principals, teachers & parents)

The questionnaire for the AHS IV includes 146 questions designed to assess the overall health status of BC students in grades 7-12. Students selected as part of a representative provincial sample will be asked to fill out the anonymous, confidential questionnaire in the classroom; the form can be completed in one class session of approximately 45 minutes. Participation is voluntary. The questionnaire was developed by The McCreary Centre Society, drawing on a variety of sources, including AHS I, AHS II, and AHS III administered in BC in 1992, 1998, and 2003. This document describes the rationale for the selection of survey topics and provides background information on the sources of questions included in The McCreary Centre Society's fourth Adolescent Health Survey (AHS IV).

Selection of Survey Topics

Questions chosen for inclusion in the survey address topics seen as being closely related to the development and maintenance of good health. In assessing youth health issues, the McCreary Centre Society works from a premise that health consists not just of the absence of disease but incorporates emotional and spiritual as well as physical well-being.

Some items on the AHS IV questionnaire are included to assess the prevalence of behaviours contributing to death, illness, or injury *during* adolescence. Other questions relate to behaviours seen as having a longer-term impact on health in adult life. While some questions focus on physical health, a significant part of the survey seeks to solicit information on broadly defined determinants of health, recognizing the inter-relationship of physical well-being with social, environmental and economic factors.

In developed countries such as Canada, potentially preventable injuries (motor vehicle crashes, other unintentional injuries, violence and suicide) are the major cause of death among the youth population. Leading causes of ill health during adolescence, including sexually-transmitted infections and problems related to unwanted pregnancies, also are preventable. A limited number of behaviours contribute substantially to the primary causes of death. These behaviours include misuse of drugs or alcohol, impaired driving, lack of seat belt use, lack of safety precautions during recreational activities, physical fighting, attempted suicide and unprotected sexual activity that results in unwanted pregnancies and STIs, including HIV infection.

In addition, behaviours established during adolescence contribute to the leading causes of death among Canadian adults: heart disease, cancer and stroke. These behaviours include use of tobacco, excessive consumption of calories, and insufficient physical activity. The preventable nature of many of these health

problems, which do not appear until later life, provides the rationale for questions on the AHS IV which probe current youth behaviours relating to body weight, smoking and exercise.

Other questions on the AHS IV are designed to evaluate factors shown to have a positive influence on youth development. These include the presence of caring families and other adults, safe schools and participation in healthy leisure activities.

Question Categories

Introductory questions 1-23

Solicits basic demographic information to enable analysis of these characteristics with reported health attitudes and behaviours. Senses of competency, spirituality and cultural connectedness, are attributes that are associated with positive adolescent development.

Questions 24-34 (family)

The home environment has a significant influence on the health of young people. The more connected youth feel to their families, the less likely they are to engage experience emotional distress, suicide, alcohol and drug misuse, violent behaviour or early sexual activity. Questions 24-31 ask about the student's feelings of closeness to their parents, satisfaction with family relationships, and their sense of being loved and cared for. Questions 32-34 enquire about the presence of a parent at four critical times of the day.

Questions 35-42 (school)

Expectations about school achievement and a feeling of belonging and connectedness to school also influence health in young people.

Questions 43-60 (health and weight issues)

The health questions will ask about the student's perception of his or her own health and physical appearance, pubertal development (for girls), frequency of common health concerns, chronic health conditions or disabilities that limit everyday activities, use of medications, absences from school, access to medical or emotional health, perception of appropriate weight, and eating disorders, which continue to pose a serious health risk for many adolescents, particularly girls. Questions 59-60 acknowledge the importance of proper nutrition as a contributor to good health, ask whether the student eats breakfast on school days, and ask what foods the student ate the day before.

Questions 61-80 (use of drugs, alcohol and tobacco)

This section asks if the student uses drugs, alcohol or tobacco. For students who have used these substances, additional questions ask at what age the activity began and frequency of use. Students who do not use drugs, alcohol or tobacco are directed to skip these questions. The questions provide important information in determining risk factors for injuries and other health problems. In addition, AHS IV will provide an opportunity to monitor trends in substance use. Determining the age at which such activities begin is critical for developing both universal prevention programs and programs specifically targeting high-risk youth for whom addictive behaviours often are initiated in early adolescence. Cancer risk is increased when smoking begins at an early age. Use of tobacco also has been related to a range of risk behaviours including poor academic performance and use of illicit drugs and alcohol during adolescence. Exposure to environmental tobacco smoke also has been identified as a health risk.

Questions 81-87 (motor vehicle and bicycle safety)

Questions 81-87 ask about injury prevention behaviour, including helmet use while riding a bicycle, and use of seat belts. This section also asks about driving after drinking alcohol or marijuana. Injuries are the leading cause of death in the youth population, and the majority of injuries are preventable. Use of seat belts, for example, is estimated to reduce motor vehicle fatalities by approximately 50%. Helmet use greatly decreases the frequency of head injury, the leading cause of death in bicycle crashes. Drug and alcohol use also are factors in a significant proportion of injuries among youth.

Question 88 (sexual orientation)

One question (88) asks about sexual identity (whether the student is attracted to persons of the same or opposite sex). Sexual orientation of youth has been linked to mental health status. Gay, lesbian and bisexual youth continue to be at increased risk for suicide.

Questions 89-103 (sexual behaviour)

This section, while probing areas often considered to be sensitive or personal, is important in assessing risk factors for unwanted pregnancies and sexually-transmitted infections). Risk of cervical cancer also is strongly related to the number of sexual partners. Evidence from AHS III indicated that while there was an improvement in behaviours relating to effective prevention practices among sexually active teens, the decrease in the prevalence of sexually active teens reported in AHS II was no longer seen. In addition to increased physical health risks, early sexual activity is associated with difficulties in social and psychological development. Questions included in this section ask if the student is sexually active, age of initiation and the age of their first partner, number of sexual partners, use of condoms and birth control, use of alcohol and drugs, history of STP's and pregnancy, and reasons for not having sexual intercourse. Students who are not sexually active are directed to skip these questions. Question 102 asks whether the student has ever been forced or coerced to have sexual intercourse. Experiencing sexual coercion during childhood or adolescence is strongly associated with a range of poor health outcomes.

Questions 104-107 (injuries)

Questions 104-107 will provide information about recent experience of injuries serious enough to require medical attention. Students are also asked about self-inflicted injuries.

Questions 108-116 (emotional health and social supports)

Questions 108-116 measure emotional health. Responses to the group of questions about unusual stress, fears about health, and nervousness or hopelessness will be combined to give a measure of emotional distress. Resilient youth, or youth who are able to cope in spite of adversity, tend to have an inherent sense of hope and optimism, and the presence of caring adults in their lives. Questions 114-115 will gauge these features among BC students. Question 116 asks youth about their use of formal service providers and if so, their satisfaction with the help they have received.

Questions 117-121 (suicide)

Suicide is the second leading cause of death among adolescents in BC. Information about the prevalence of suicidal thoughts and about actual suicide attempts can guide education and prevention efforts aimed at reducing this significant cause of mortality among Canadian youth. These questions ask whether suicide has touched their families, and about thoughts of suicide, plans or attempts in the past 12 months.

Questions 122-138 (safety, violence, abuse and harassment)

Youth violence continues to be a concern of schools and communities. This section asks about young peoples' sense of safety and actual experiences of violence. It includes questions on physical and sexual abuse (123-124). A history of abuse is strongly associated with a range of risk behaviours and poor emotional health. Survey questions cover a range of behaviours that affect male and female youth including sexual harassment, weapon-carrying and physical fights. Feeling safe at school is related to higher academic achievement and lower risk taking. Questions ask about sense of safety while at school, and experiences of peer victimization at school. The final questions in this section address safety on the Internet and discrimination.

Questions 139-146 (peer influences, physical activity and extracurricular activities)

The final set of questions asks about the influence of peers, levels of physical activity and use of leisure time. Questions asks students how their friends would respond if they got involved in risky or anti-social activities, and about participation in extra-curricular activities, including sports, music lessons, clubs, community or religious groups, and hobbies or crafts. The dramatic rise in Type 2 diabetes is raising concerns about physical activity levels among young people and this is addressed by questions about “screen time,” or time spent inactively in front of the TV or computer, as well as the time youth spend exercising. Question 145 asks about the different effects that the upcoming 2010 Olympics in Vancouver are having on physical activity, sports opportunities, and job prospects for young people. There is speculation that involvement in gambling is on the rise, including among youth. The final question of the survey will provide data on youth gambling.

Question Sources

Most of the items on the AHS questionnaire were derived from previously developed and tested youth health surveys. Using questions included in established studies has several advantages: 1) questions derived from other sources have demonstrated that they are understood by respondents and that they provide useful information; and 2) responses can be compared with findings from other countries or regions where surveys were conducted. The advantage of conducting a BC survey is that none of the studies developed elsewhere provide a detailed level of information about BC. While other Canadian surveys contain some BC information gathered in the process of data collection for the entire country, AHS is unique in its broad coverage of BC and its ability to extract regional data for the province. A combination of approaches, using items from other studies and the inclusion of some items of particular interest in BC, has enabled The McCreary Centre Society to develop a survey tool which will complement but not duplicate other studies and which will provide additional information specific to this province.

The following section describes the sources used in developing the AHS and references for specific questions. Numbers refer to questions on the AHS IV questionnaire. An asterisk (*) following the question number indicates that modifications have been made to the original question, usually to accommodate differences in the Canadian context or to update language.

Youth Risk Behaviour Surveys; Centers for Disease Control and Prevention, Atlanta, Georgia.

The US Centers for Disease Control and Prevention, through the Youth Risk Behavior Surveillance System, monitors six categories of priority health risk behaviours among youth and young adults. These categories are 1) behaviors that contribute to unintentional and intentional injuries, 2) tobacco use, 3) alcohol and other drug use, 4) sexual behaviour, 5) dietary behaviours, and 6) physical activity.. The questions used recognize

that health risk behaviours that contribute to the leading causes of mortality, morbidity and social problems among youth and adults often are established during youth, extend into adulthood, and are inter-related.

The CDC survey was the source for AHS IV questions 54*, 55, 62*, 68, 69, 70, 75, 76, 77, 78, 85, 86, 87, 91*, 92, 97, 98, 99*, 100, 101*, 102, 119, 120, 121, 125*, 126*, 127, 128, 129, 144.

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

This study of Grade 7-12 re was designed to elicit responses to adolescent health questions not otherwise collected routinely. Some questions were designed to measure objective physiologic health, while the majority examined adolescents' health attitudes and behaviours. The survey has been repeated in subsequent surveys of 15,000 Native American youth and of youth in the states of Alaska, Hawaii, North Carolina, and Connecticut.

The Minnesota surveys were the source for AHS IV questions 3, 4, 9*, 18, 37, 43, 48, 49, 56, 57*, 58, 65*, 88, 89, 103, 108, 109, 110, 111, 112, 123, 124.

Urban Indian Youth Health Survey, School of Nursing, University of Minnesota, Minneapolis.

This study was designed to consider effective ways to promote resiliency among young people and to protect them from harm. The questionnaire focuses equally on internal and external risk and protective factors.

The Urban Indian Youth Health Survey was the source for AHS IV questions 13, 15, 16, 23, 72*, 115, 117*, 118*, 139.

The National Longitudinal Study of Adolescent Health (Add Health); the Carolina Population Centre, University of North Carolina

The Add Health study is a longitudinal study on adolescent health. Providing data on how health is influenced by an adolescent's individual characteristics, by connections to family, friends, and school, and by the characteristics of the community in which the teen resides.

The Add Health study was the source for AHS IV questions 24*, 25*, 26*, 27*, 28*, 29, 30, 31, 33, 39, 40, 41, 42, 52, 53.

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

The WHO survey, has been used extensively in Europe, Canada and Israel. The project is based on surveys of children in grades 6, 8 and 10 (or equivalents). The survey is designed to assess the extent of and factors associated with health risks, and to direct strategies and interventions to reduce health-risk behaviour of youth. Another described aim of the study is to develop national information systems on health and lifestyles among young people.

The WHO survey was the source for AHS IV questions 47*, 104*, 105*, 106*.

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

This focuses on physical and social development, vocabulary, emotional and behavioural problems, progress in school, parenting practices, social supports, economic status and other health indicators. As a longitudinal study, this survey will allow for ongoing analysis of these issues as they affect health.

The NLSCY was the source for AHS IV questions 59, 93, 132*, 133*, 135*, 140*.

Tobacco Use in British Columbia, Angus Reid

This 1997 household survey interviewed over 18,000 BC residents over the age of twelve. The survey was funded by the BC Ministry of Health.

This survey was the source for AHS IV question 79*.

Ontario Student Drug Use Survey, Centre for Addiction and Mental Health

This survey is the longest ongoing study of adolescent drug use in Canada. Since 1977, the study has been conducted in Ontario every two years with students in grade 7 to 13. In 1991, mental health questions were introduced in the OSDUS.

The OSDUS was the source for AHS IV question 146*.

Multigroup Ethnic Identity Measure - Revised, Phinney & Ong, 2007

This scale, first developed in 1992, has been widely used to measure ethnic identity across a variety of ethnic groups. The measure identifies both identity exploration and identity commitment.

This scale was the source for AHS IV question 8*.

Family Affluence Scale, Boyce, Torsheim, Currie, & Zambon, 2006

The Family Affluence Scale (FAS II) is a four-item scale that has been used to measure family wealth for the WHO Health Behaviour in School-aged Children Study. The item used for question 19 is not part of the original scale, but had been previously used by the authors, and replaces an item that was not helpful in the AHS IV questionnaire.

This scale was the source for AHS IV questions 19, 20, 21, 22.

Girls on the Net, NetSafe: The Internet Safety Group

The Internet Safety Group is a New Zealand based cybersafety education organization. Their Girls on the Net research was the first research on Internet risk in New Zealand.

This research was the source for AHS IV question 136*.

Centre for Addictions Research of BC (CARBC)

The CARBC recommended items that have been created to standardize survey instruments across Canada. These items will allow for comparable research on the use of drugs and alcohol, and facilitate analysis of regional and national trends.

CARBC recommendations were the source for AHS IV questions 63*, 64, 67*, 71.

2002 Nova Scotia Drug Use Survey, Nova Scotia Department of Health: Addictions Services

The Nova Scotia Drug Use Survey monitored substance use, gambling, and other risk behaviours in junior high and senior high school students. To provide trend data, the survey was conducted in 1998 and 2002, and was also implemented in New Brunswick and Prince Edward Island.

This survey was the source for AHS IV questions 73, 74.

Centre for Excellence in Youth Engagement (CEYE)

Strongly partnered with Brock University, the CEYE is a youth-involved research and engagement centre. Research Director Dr. Linda Rose-Krasnor has conducted research on facilitating youth involvement and youth participation.

CEYE research was the source for AHS IV questions 141, 142.

Additional sources

Questions 1, 2, 5, 6, 7, 10, 11, 12, 14, 17, 32, 34, 35, 36, 38, 44, 45, 46, 50, 51, 61, 66, 80, 81, 82, 83, 84, 90, 94, 95, 96, 114, 116, 122, 130, 131, 134, 137, 138, 143, and 145 were derived from multiple sources or developed and field-tested by The McCreary Centre Society project team. These questions address topics of specific interest in BC or areas of emerging concern not covered by other surveys.