

Age matters

Understanding and supporting healthy development for BC youth from Grade 7–12

As young people move through adolescence and become increasingly independent, they experience many social, behavioural and physical changes. The BC Adolescent Health Survey (BC AHS) collects data from students in every grade from Grade 7 to 12 (ages 12–19). Collecting data at each of these grade levels can help us to better understand the needs of young people and ensure that the most age and stage appropriate supports are in place.

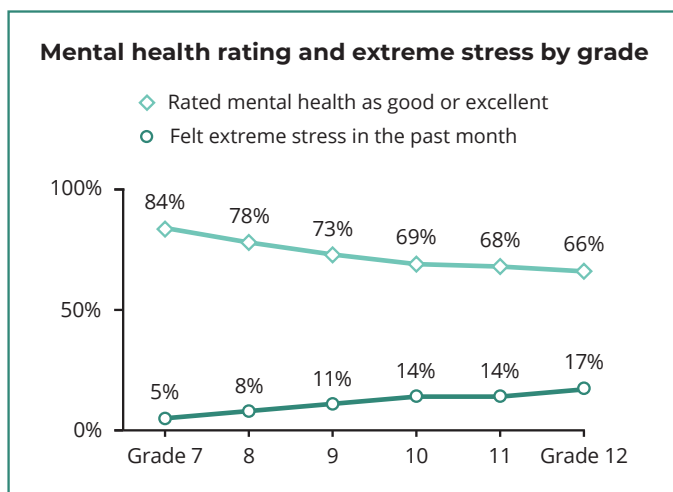
Health and well-being

Overall, 81% of students who completed the 2018 BC AHS rated their overall health as good or excellent and 73% rated their mental health this way. However, these percentages do not tell the full story. Health ratings steadily decreased between Grades 7 and 12, and were accompanied by a similar grade-on-grade decrease in the percentage of students who accessed needed medical and mental health care in the past year.

As health ratings and access to needed services decreased, markers of mental health challenges increased. For example, there was a steady increase across grades in the percentage of youth who experienced extreme stress to the point that they could not function.

Reports of specific mental health conditions such as depression, anxiety, and addiction rose until Grade 9 then remained constant for the remainder of the high school years. Other indicators of mental health challenges such as experiencing extreme despair followed a similar pattern. However, self harm and suicidality peaked around Grade 9. For example, the percentage who attempted suicide in the past year increased from 4% in Grade 7 to 6% in Grade 9, then steadily decreased again to 4% in Grade 12.

The mental health of males and females can show different patterns by grade. For example, while the percentage of males who vomited on purpose after eating was lower in Grade 12 than in Grade 7, the opposite was true for females. Also, males' rates of self harm in the past year were generally similar across every grade, whereas for females, percentages increased from Grade 7 to 8 (from 19% to 25%), remained constant until Grade 10, then steadily decreased from Grades 10 to 12.



Note: Non-binary youth were included in all 2018 BC AHS analyses. However, results were not reported separately due to the small sample size.

Substance use

It is important to establish the age at which youth start to engage in health risk behaviours, such as substance use, because of the impact this can have on their current and future health. For example, BC students who first tried substances at an early age were more likely to be current and regular substance users by ages 16–18. For example, 16% of 16–18-year-olds who first drank alcohol at 12 or younger drank on 10 or more days in the past month, compared to 6% who started at 13 or 14, and 2% who started at 15 or older. Also, each year they waited to start using substances reduced the likelihood they would be using in a potentially harmful way.

Overall, older youth were more likely than younger ones to be using alcohol, cannabis, and tobacco recently and frequently. For example, rates of past month binge drinking steadily increased (e.g., from 7% in Grade 7 to 17% in Grade 9 to 28% in Grade 12). However, recent vaping looked different, with rates increasing from 7% in Grade 7 to 34% in Grade 10, then remaining relatively constant through Grade 12.

Sexual health

Considering sexual health by grade can ensure young people receive the appropriate education and supports at the right time. For example, students most commonly first had sex at age 15 or 16. Among those who were sexually active, the percentage who used protection remained constant from Grades 7 to 11, then decreased in Grade 12. Whereas, there were no differences by grade in the percentage of students who had sex after drinking alcohol or using other substances, the last time they were sexually active.

Physical activities

Knowing when youth drop out of physical activity has become an increasing concern, particularly as there has been a rise in sedentary behaviours and obesity among young people in Canada. The percentage of males who got 60 minutes of moderate to vigorous physical activity at least 3 days a week decreased after Grade 10, whereas for females the decrease began in Grade 9 (e.g., 79% in Grade 8 vs. 74% in Grade 9 vs. 56% in Grade 11).

Participation in regular (weekly) informal sports (such as hiking and skateboarding) remained fairly constant across the grades for both males and females. However, there were drop offs in organized sports participation (such as soccer teams) for both genders between every grade. Organized sports participation rates were similar between males and females until Grade 10 when female rates dropped below those of males (e.g., Grade 11: 43% vs. 51%).

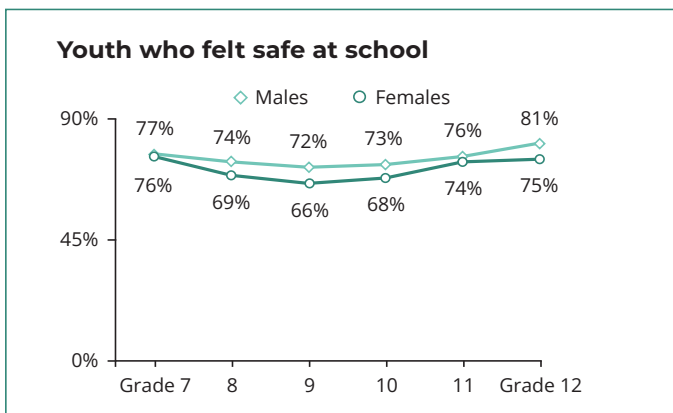
Victimization

Understanding the age at which young people have experienced abuse and violence is important, as these experiences can impact current and future well-being. For example, BC students who experienced sexual abuse before the age of 13 were more likely to go on to experience intimate partner violence in later grades.

Males were most likely to be a victim of bullying (such as being physically attacked) in Grades 7 and 8, but were more likely to carry a weapon to school in later grades (e.g., 4% in Grade 7 vs. 8% in Grade 10). Females were unlikely to carry a weapon in any grade but those in Grades 9 and 10 were the most likely to report that they had perpetrated bullying.

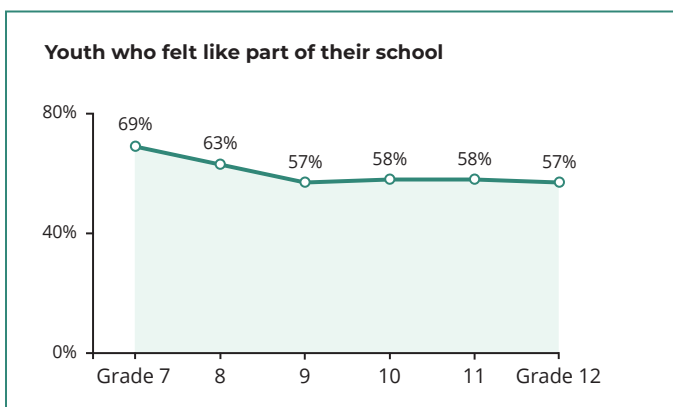
School

Skipping school steadily increased between Grade 7 and 12 for both males and females. However, the pattern was different for other school related markers of health and well-being. For example, youth in Grades 9-11 were the least likely to feel their teacher cared about them, and those in Grades 8-10 were the least likely to feel safe at school. Rates of feeling safe in school were comparable between males and females in Grade 7 but females generally felt less safe than males in later grades.



Note: The difference between males and females in Grade 7 and in Grade 11 were not statistically significant.

The percentages of youth who reported they felt connected to their school, and happy at school gradually decreased until Grade 9, then remained constant between Grades 9 to 12.



Supporting healthy development

Protective factors such as supportive relationships within family, school and community can support healthy development and mitigate the effect of risk factors, yet their presence is not consistent across grades. For example, students in Grades 9 and 10 were the least likely to feel there was an adult in their community who cared about them, and those in Grade 10-12 were the least likely to report they had an adult who helped them with homework, appointments and preparing for life after leaving school.

Final thoughts

BC AHS data has shown that while many health outcomes increase or decrease steadily with age, some health risk behaviours peak or begin in Grade 9-10. Considering the health of BC youth at every grade can help determine when interventions and learning opportunities should be targeted, and can assist schools, policy makers and service providers to plan accordingly.



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