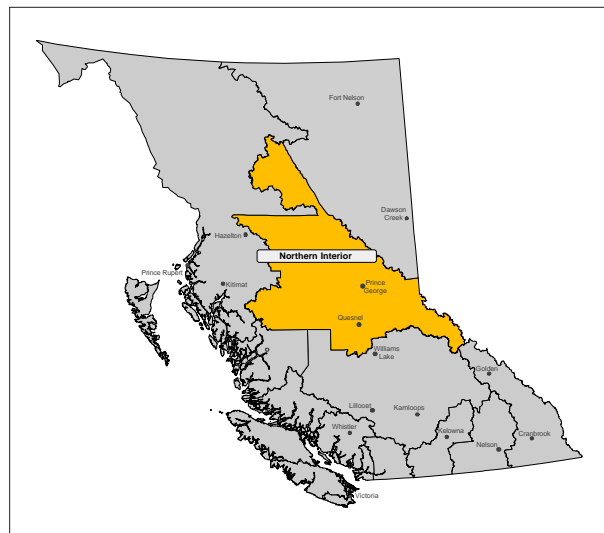


Healthy Youth Development Northern Interior Region



Highlights from the 2003
Adolescent Health Survey III



The McCreary Centre Society



The McCreary Centre Society

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Healthy Youth Development: Northern Interior Region

Regional Results from the 2003
Adolescent Health Survey III

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The Adolescent Health Survey is a project of The McCreary Centre Society, a non-government, non-profit organization committed to improving the health of B.C. youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to address unmet health needs of young people. Areas of interest include:

- Health risk behaviours
- Disease prevention and health promotion
- Youth participation and leadership skills development

The McCreary Centre Society acknowledges the support of the Province of British Columbia, Ministry of Children and Family Development, Ministry of Health Services, Inter-Ministry Advisory Committee, AHS Project Advisory Committee, staff of participating school districts, and B.C.'s public health nurses.

Thank you to the youth of British Columbia who responded to the Adolescent Health Survey. Your amazing levels of participation and attention to completing the survey are greatly appreciated.

The views expressed in this report do not necessarily represent the official policy of the Province of British Columbia.

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Some definitions:

Regions & geographic areas

This report is part of a series of regional reports from the 2003 Adolescent Health Survey (AHS III), conducted by The McCreary Centre Society. The Adolescent Health Survey is the most extensive study ever conducted of the physical and emotional health of B.C. youth, and of factors that can influence health during adolescence and throughout life.

Regions and geographic areas

Northern Interior is one of 16 administrative areas, called Health Service Delivery Areas (HSDAs), established by the B.C. government in 2001. AHS III regional reports have been produced for most of the HSDAs, with sufficient data collected from 13 of the administrative areas. The reports include data from all 140 questions on the 2003 survey.

All three Adolescent Health Surveys (1992, 1998, 2003) drew a sample of students from each of eight geographic areas (Greater Vancouver, Capital, Fraser Valley, Interior, Kootenay, Upper Island, Northwest and Northeast) to enable consistent reporting of survey results for separate parts of the province.

In this report, the word “region” is used to refer to the HSDA of Northern Interior. The Northern Interior region is located in the Northeast geographic area.

(Due to low school district participation in the Fraser Valley, 2003 results are not available for that area.)

These regional reports are not intended to point out deficiencies in youth health status in different parts of the province, or to imply that parents, schools or service providers in some regions are not meeting the needs of their youth. Regional data are released at the request of schools, professionals and community agencies; those who work with young people have expressed an interest in knowing the survey results as specifically as possible for their region. It is hoped that information from the various regions will enable recognition of health promotion and prevention efforts that are working well, and also of issues on which more effort is needed to improve youth health.

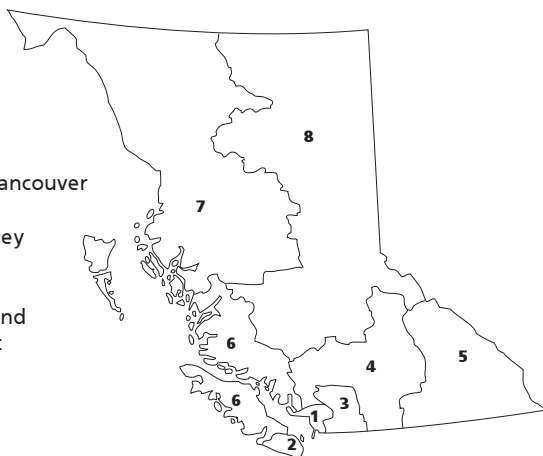
School districts included in the Northern Interior region are:

Quesnel (#28), Prince George (#57), Nechako Lakes (#91)

All of these school districts participated in the survey.

Defining Geographic Areas and Regions

1. Greater Vancouver
2. Capital
3. Fraser Valley
4. Interior
5. Kootenay
6. Upper Island
7. Northwest
8. Northeast



The 1992 AHS drew a sample of students from each of eight geographic areas: Greater Vancouver, Capital, Fraser Valley, Interior, Kootenay, Upper Island, Northwest and Northeast. This allowed reporting of survey results for separate areas of the province. In this report, the same eight geographic areas (with a few minor realignments) are used to report some AHS III survey results, enabling tracking of trends since the 1992 survey.

NOTE: The term "geographic area" refers to one of eight areas of the province as defined in the 1992 Adolescent Health Survey. The term "region" as used in this report refers to the Ministry of Health Services' Health Service Delivery Areas.

The Northern Interior region is located in the Northeast geographic area.

Geographic Areas and School Districts

1. Greater Vancouver

Langley #35^A
Surrey #36
Delta #37
Richmond #38
Vancouver #39
New Westminster #40
Burnaby #41
Maple Ridge #42^A
Coquitlam #43
North Vancouver #44
West Vancouver #45

2. Capital

Greater Victoria #61
Sooke #62
Saanich #63
Gulf Islands #64

3. Fraser Valley

Chilliwack #33
Abbotsford #34
Mission #75
Fraser-Cascade #78

4. Interior

Revelstoke #19^B
Vernon #22
Central Okanagan #23
Okanagan Similkameen #53
Nicola-Similkameen #58
Okanagan Skaha #67
Kamloops/Thompson #73
Gold Trail #74
N. Okanagan-Shuswap #83

5. Kootenay

Southeast Kootenay #5
Rocky Mountain #6
Kootenay Lake #8
Arrow Lakes #10
Kootenay-Columbia #20
Boundary #51

6. Upper Island

Sunshine Coast #46
Powell River #47
Howe Sound #48^C
Central Coast #49
Nanaimo-Ladysmith #68

Qualicum #69
Alberni #70
Comox Valley #71
Campbell River #72
Cowichan Valley #79
Vancouver Island West #84
Vancouver Island North #85

7. Northwest

Haida Gwaii/
Queen Charlotte #50
Prince Rupert #52
Bulkley Valley #54
Coast Mountains #82
Stikine #87
Nisga'a #92

8. Northeast

Cariboo-Chilcotin #27
Quesnel #28
Prince George #57
Peace River South #59
Peace River North #60
Fort Nelson #81
Nechako Lakes #91^D

Health Service Delivery Areas

Northern:

Northwest
Northeast
Northern Interior

Interior:

Thompson Cariboo Shuswap
Okanagan
Kootenay Boundary
East Kootenay

Vancouver Island:

North Vancouver Island
Central Vancouver Island
South Vancouver Island

Vancouver Coastal:

North Shore/Coast Garibaldi
Vancouver
Richmond

Fraser:

Fraser North
Fraser South
Fraser East

^A Reassigned from Fraser Valley in 1992 to Greater Vancouver for the 1998 survey.

^B Reassigned from Kootenay in 1992 to the Interior for the 1998 survey.

^C Reassigned from Interior in 1992 to the Upper Island for the 1998 survey.

^D Reassigned from Northwest in 1992 to the Northeast for the 1998 survey.

Key provincial findings

AHS III shows that the health of B.C.'s youth overall has gradually improved over the past decade. In many respects, young people in the province are in better health and taking fewer risks than youth five or ten years ago. These trends are especially encouraging among early adolescents. All three surveys show that most young people are healthy, exercise regularly, feel close to their families, enjoy school, and have high aspirations for the future. The majority of students appear to be coping well with the transition through adolescence.

A provincial report *Healthy Youth Development: Highlights from the 2003 Adolescent Health Survey III* was released in April 2004 and outlines "Top marks" for youth health in B.C. and areas for improvement. The report is available online at www.mcs.bc.ca.

Top marks

Dramatic decrease in smoking

The most dramatic news out of the 2003 Adolescent Health Survey was an 18% drop in smoking among BC youth since 1998, a very positive development since smoking is linked to serious health risks.

Most youth have good health

Almost nine out of ten B.C. teenagers report having good or excellent physical health, consistent with the survey results from five years ago.

Youth are waiting longer to have sex

Many B.C. youth are waiting longer to have sex, especially girls. Another positive development is a gradual decline in early sexual activity among younger adolescents over the past decade. Among sexually active youth, more are practising safe sex.

Substance use has decreased

Substance use among B.C. youth declined slightly in the past five years for alcohol, marijuana, and harder drugs. Youth are waiting longer to try alcohol, especially young teens, and marijuana use decreased slightly.

Fewer injuries

Injuries from motor vehicle accidents have declined, and some injury prevention behaviours have improved. Drinking and driving decreased significantly among young licensed drivers in B.C., though seatbelt use declined.

Abuse has declined

Physical and sexual abuse of B.C. youth has declined over the past decade, especially the number of girls reporting sexual abuse. A history of abuse is associated with a range of negative outcomes for youth.

Room for improvement

Provincial survey results show that certain youth are more vulnerable to risks and indicate areas that need improvement. Some of the key challenges to improving youth health include:

- Less than half of B.C. students always feel safe at school.
- More youth are overweight and obese than a decade ago.
- Internet safety is an emerging issue, especially for girls. Almost one in four girls has been in contact with a stranger on the Internet who made her feel unsafe.
- More than half of B.C. youth gambled in the past year.
- Almost one in ten youth ran away from home in the past year, and are more vulnerable to risks including abuse, poor health, suicide, pregnancy, and alcohol and drug use.
- Youth with a health condition or disability, and those who look older than their age are at higher risk.
- Youth who moved three or more times in the past year feel less connected to their families and school, and are more likely to run away from home.
- Many B.C. girls who are a healthy weight think they are overweight, and about half are trying to lose weight.
- While physical and sexual abuse of youth has declined in the past decade, too many youth still experience abuse.
- The number of B.C. youth who consider or attempt suicide has not declined in the last ten years.
- Many students continue to face harassment and discrimination.
- The proportion of youth who use alcohol and marijuana frequently has not decreased over the past decade, and the percentage of boys who are heavy marijuana users has continued to increase.

Location matters:

How Northeast compares

The Northern Interior region (Health Service Delivery Area) is located in the Northeast geographic areas. The following section provides information comparing survey results from the Northeast geographic area with results for other areas of B.C. It also highlights trends within this geographic area over the past decade. Similar comparisons for other geographic areas are contained in the reports for each region, available at www.mcs.bc.ca. Also see the Geographic Comparisons section on page 38 for additional information. (Comparative data is not available for the Fraser Valley area, due to non-participation of the majority of school districts in that area.)

Health status comparisons

Northeast youth are similar to youth in most other areas in relation to: physical fighting, binge drinking, exercise, educational aspirations, birth control use, condom use, seatbelt use, physical and mental health status, physical and sexual abuse, suicidal thoughts, racial discrimination, drinking and driving, bike helmet use and obesity.

Over a quarter of students in the Northeast were involved in a fight in the last year (28% vs. 25%-29% in other areas). About a third of students in the Northeast area (34%) have engaged in binge drinking in the past month, compared to 20%-38% in other areas. In the Northeast area, 73% of students exercise three or more days a week vs. 68%-76% in other areas. Seventy-three percent of Northeast students in grades 7-12 expect to attend post-secondary school, compared with 69%-78% of students in other geographic areas. Of sexually active youth in the Northeast area, 41% were using birth control pills the last time they had sex vs. 34%-50% in other areas, and 70% used a condom the last time vs. 65%-72% in other parts of the prov-

ince. Over half (53%) of students in the area always wear a seatbelt vs. 47%-56% in other areas. About a third (30%) of Northeast students report excellent health status vs. 31%-35% in other areas. Severe emotional distress in the past month was reported by 8% of Northeast youth vs. 6%-9% in other areas. Nineteen percent of youth in this area have been physically abused vs. 14%-18% in other areas, and 10% have been sexually abused vs. 6%-10% in other areas. Nineteen percent of students in the Northeast area considered suicide, compared with 14%-19% in other parts of B.C., and eleven percent said they were discriminated against due to race in the past year, compared with 6%-15% in other areas. About a third (30%) of licensed drivers have ever driven a car after alcohol or drug use vs. 22%-37% in other areas. The percentage of youth who always use bike helmets when cycling is 28% in this area, compared with 23%-29% in other areas, except the Capital where 40% of youth report using helmets. Nineteen percent of Northeast youth are overweight vs. 15%-23% of youth in other areas.

Students in the Northeast area are similar or less healthy than youth in most other areas in relation to: feeling safe at school, substance use, exposure to second hand smoke at home, sexual activity, injuries, and connectedness to family and school.

Thirty-seven percent of Northeast youth always feel safe at school, compared with 37%-45% in other areas. Northeast youth were more likely to ever have had a drink of alcohol (67% vs. 49%-71%), and to use marijuana (47% vs. 28%-50%) as students in other areas. Sixty-six percent of youth in the Northeast are non-smokers compared with 65%-78% in parts of the province, and 21% are exposed to tobacco smoke at home every day or almost every day, compared to

9%-19% in other areas. Nearly a third (30%) of Northeast youth have ever had sex vs. 18%-31% in other areas. Forty percent of students in this area had an injury in the past year serious enough to need medical attention, compared with 28%-42% in other areas. In the Northeast area, 24% of youth are highly connected to family vs. 25%-29% in other areas. A quarter of students in the Northeast (24%) are highly connected to school vs. 25%-30% in other areas.

Improved

- Ever had a drink of alcohol: 73% in 1992, 68% in 1998, 67% in 2003
- Currently smoke: 17% in 1998, 8% in 2003
- Exposure to tobacco smoke inside home every day or almost every day: 35% in 1998, 21% in 2003
- Became sexually active before age 14 (of students who are sexually active): 37% in 1992, 36% in 1998, 22% in 2003
- Used a condom the last time they had sex (of students who are sexually active): 55% in 1992, 59% in 1998, 70% in 2003
- Used birth control pills (of students who are sexually active): 28% in 1992, 29% in 1998, 41% in 2003
- Involved in 1 or more physical fights in the past year: 35% in 1992, 29% in 1998, 28% in 2003
- Always wear helmet when cycling: 3% in 1992, 26% in 1998, 28% in 2003
- Ever driven after alcohol or drug use (of licensed drivers): 45% in 1992, 39% in 1998, 30% in 2003
- Discrimination due to physical appearance: 27% in 1998, 24% in 2003
- Sexual abuse of females: 24% in 1992, 18% in 1998, 16% in 2003
- Binge drinking in the past month: 31% in 1992, 31% in 1998, 34% in 2003*
- Frequent marijuana use (20 or more times in the past month): 6% in 1992, 11% in 1998, 12% in 2003*
- Expect to attend post-secondary school: 73% in 1992, 68% in 1998, 73% in 2003
- Seriously considered suicide in past year: 18% in 1992, 16% in 1998, 19% in 2003
- Exercise 3 or more days a week: 78% in 1992, 68% in 1998, 73% in 2003
- Overweight: 17% in 1992, 19% in 2003; 21% for boys in 1992, 26% for boys in 2003; 12% for girls in 1992, 13% for girls in 2003

Did not improve

- Always feel safe at school: 49% in 1998, 37% in 2003
- Racial discrimination: 6% in 1998, 11% in 2003
- Excellent self-reported health status: 34% in 1992, 35% in 1998, 30% in 2003
- Severe emotional distress: 7% in 1992, 6% in 1998, 8% in 2003
- Ever used marijuana: 31% in 1992, 40% in 1998, 47% in 2003
- Physical abuse of males: 12% in 1992, 11% in 1998, 15% in 2003

Note: * denotes that the difference between the two numbers is not statistically significant

Remained the same or mixed results

- Injured in the past year: 41% in 1998, 40% in 2003
- Always use seatbelt: 54% in 1992, 52% in 1998, 53% in 2003
- Ever had sex: 39% in 1992, 26% in 1998, 30% in 2003

About the survey

The McCreary Centre Society conducted the first Adolescent Health Survey (AHS I) in 1992, the second (AHS II) in 1998, and the most recent (AHS III) in 2003. More than 30,500 students in grades seven to twelve filled out the 2003 questionnaire. In total, over 70,000 students have completed surveys over the past decade, providing important information about trends among B.C.'s youth.

The 2003 survey included 140 questions on health status, health-promoting practices and risky behaviours. AHS III followed up on most items covered in the previous two surveys, with new questions added to provide insight into emerging risks facing today's youth and protective factors that promote youth health and well-being. The questions were designed to identify factors that influence present and future health, as adolescence is the period when young people often establish lifelong attitudes and habits with smoking, diet, exercise and other behaviours. Both the 2003 and 1998 surveys looked at students' family background, feelings of connectedness with family and school, and their involvement in the community to assess how these broader determinants of health affect youth.

Who was involved?

Not every student in B.C. was asked to participate in the survey. Classes in public schools were randomly selected to provide a representative sample of all regions in the province. Public health nurses and trained administrators con-

ducted the survey in more than 1,500 classrooms in grades 7-12. Students took about 45 minutes to complete the anonymous questionnaire, and were given McCreary's contact information to address any concerns or questions about the survey. Participation was voluntary, and parents' consent was arranged through each school district. In all, 45 of B.C.'s 59 school districts agreed to take part in the survey. School districts that chose not to participate for various reasons unfortunately will not have current, accurate data about the health status of their youth.

Staff from the McCreary Centre Society coordinated the project, with advice from an inter-ministry committee with representatives from six provincial ministries, and an expert advisory committee representing the medical community, universities, government, education and organizations serving youth.

Are the results accurate?

To ensure the accuracy of survey results, the McCreary Centre Society pays careful attention to sample size and selection, confidentiality, administration procedures, validity of responses, and analysis. Detailed information on survey methodology is available from McCreary.

AHS III provides information only about youth who are in school, about 90% of B.C. youth in the study age group. McCreary has conducted additional studies to collect data on the health status of street youth and other young people who are not enrolled or regularly attending school.

What happens to the information?

The McCreary Centre Society shares the survey results with organizations and individuals working to improve the status of youth health in British Columbia. Schools, communities, government agencies, health professionals and young people use the survey results in planning youth programs and services. McCreary is careful to protect students' confidentiality and privacy; only aggregated results are shared, so individual students or schools are not identified.

The 2003 provincial report, *Healthy Youth Development: Highlights from the 2003 Adolescent Health Survey III*, provides highlights for the entire province, and includes comparative results from the previous surveys where available. Additional information on specific population groups and topics will be released as more detailed analysis of the data is completed. The society also has designed a Next Step workshop that gives students an opportunity to respond to the AHS data.

If you want to know more...

The complete 2003 provincial highlights report, regional reports, details on survey methodology, references, information about The McCreary Centre Society and additional publications from the Adolescent Health Surveys are available on the McCreary website at www.mcs.bc.ca.

Note: Throughout the report “#” indicates that insufficient data are available to make an accurate estimate; “*” indicates high sampling variability, estimate should be interpreted with caution.

Family background

Different parts of B.C. have varying degrees of ethnic diversity, with the Greater Vancouver geographic area having the highest percentage of students who identify their background as non-European, who were not born in Canada and who speak a language other than English at home.

In this region, the largest group of students report their ethnic background as European

(74%). About 13% are Aboriginal, with smaller numbers of students describing their background as African, East Asian, South Asian, Southeast Asian, or some other ethnicity. The West Asian population was too small to report in this region.

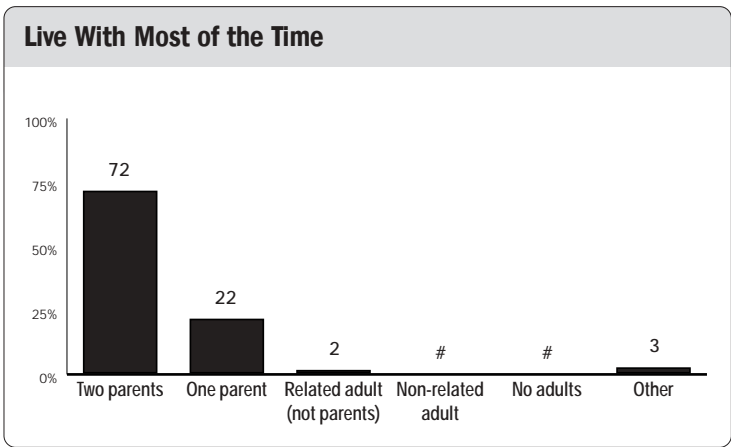
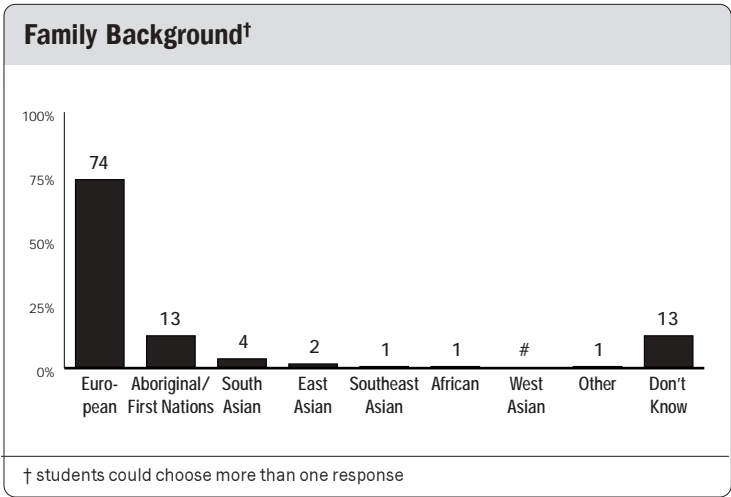
Nearly all youth in this region (97%) were born in Canada, with about 1% reporting that they had lived in Canada 5 years or less.

About a quarter (24%) of students in the region speak a language other than English at home some of the time, while 5% do so most of the time.

Nearly three quarters of youth live with both parents (72%), including stepmothers and fathers, and 22% live with one parent. In the region, 11% of students live with both parents but at different times, and 1% lived in a foster or group home in the past year.

Of Aboriginal students, most said they learned about their culture and heritage from school (71%) and family (69%), while 52% learned about Aboriginal culture from the community. Twenty percent of Aboriginal students say they have ever lived on a reserve, but the number of Aboriginal students who reported currently living on a reserve was too small to report in this region.

Frequent moves have been associated with increased stress for young people. In this region, 13% of students had moved once in the past year, 5% had moved twice, and 7% had moved three or more times, while 76% had not moved in the previous year.



Speak a Language Other Than English at Home	
Never	72%
Sometimes	24%
Most of the time	5%

Substance use

Alcohol

About two-thirds (67%) of students in this region have ever had a drink of alcohol; rates of use are similar for boys and girls (66% vs. 68%). In the province as a whole, 57% of students have tried alcohol, down from 63% in 1998. The percentage of youth in the region that have ever used alcohol increases with age, with 48% of youth 14 years and under, 77% of 15 and 16 year olds, and 84% of those 17 or older having tried a drink of alcohol.

Forty-two percent of students who have used alcohol first tried it before the age of 13. A substantial number of students are frequent or heavy drinkers. Sixteen percent of students who have used alcohol have used it 100 or more days in their lifetime. Of students who drink, 71% have done so in the past month.

A third of males and 37% of females engaged in binge drinking in the past month. Binge drinking is defined as having five or more alcoholic drinks in a couple of hours and is associated with a high rate of other risk behaviours. Eleven percent of students who have used alcohol have engaged in binge drinking on six or more days in the past month.

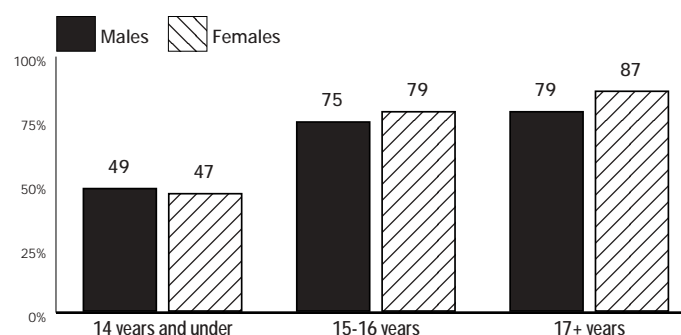
Alcohol Use in Past Month (of youth who have used alcohol)

0 days	29%
1-2 days	30%
3-5 days	18%
6+ days	23%

Binge Drinking on 3 or More Days in Past Month (of youth who have used alcohol)

Northern Interior 2003	24%
BC 2003	20%
Northeast Area 2003	23%
Northeast Area 1998	20%
Northeast Area 1992	18%

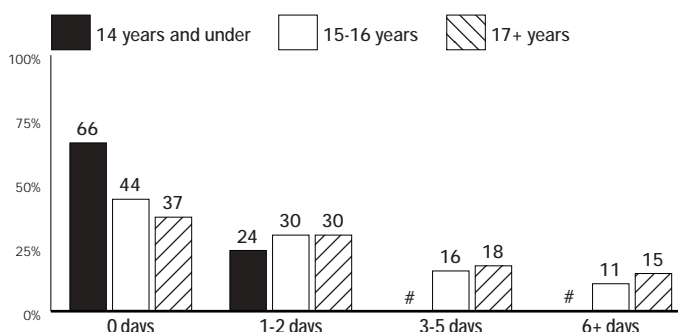
Ever Used Alcohol by Age and Gender



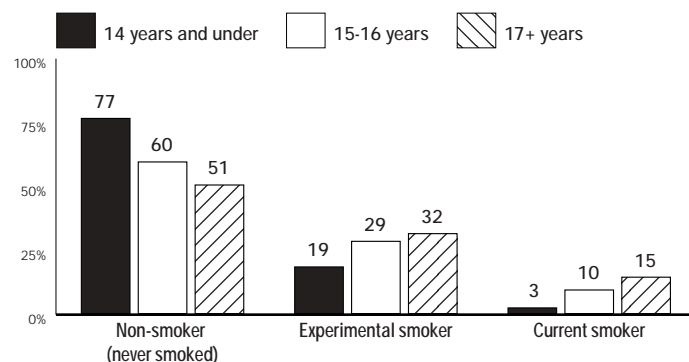
Alcohol Use

	Ever had a drink of alcohol	Used alcohol 100+ days in life	Binge drinking on 3+ days in past month
Northern Interior 2003	67%	11%	16%
BC 2003	57%	10%	11%
Northeast Area 2003	67%	10%	15%
Northeast Area 1998	68%	11%	14%
Northeast Area 1992	73%	14%	14%

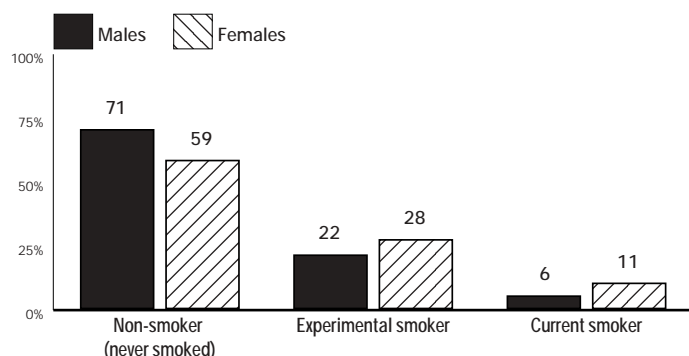
Binge Drinking in Past Month by Age (of youth who have used alcohol)



Smoking Behaviour by Age



Smoking Behaviour by Gender



Smoking Behaviour

	Non-smoker (never smoked)	Experimental smoker	Current smoker
Northern Interior 2003	65%	26%	9%
BC 2003	73%	19%	7%
Northeast Area 2003	66%	25%	8%
Northeast Area 1998	52%	30%	17%

Smoking

One of the most promising findings from the 2003 survey is a decline in tobacco smoking among the province's young people. In this region, only 9% of students say they are current smokers, while 65% identify themselves as non-smokers, 26% are experimenting with smoking, and 2% are former smokers. Girls are less likely to be non-smokers than boys (59% vs. 71%). Not surprisingly, younger students are more likely to be non-smokers than older students. Non-smokers include 77% of youth 14 years and under, 60% of 15 and 16 year olds and 51% of students 17 years or older.

Among students who have smoked, 59% smoked their first cigarette when they were between the ages of 11 and 14 years, 23% did so when they

Where Youth Usually Obtain Cigarettes (of experimental, current, and former smokers)

Parents give them to me	7%
Sneak from parents	11%
Friends give me	36%
Purchase from friends	22%
Convenience store	14%
Supermarket	5%
Restaurant	#
Gas station	12%
Drug store	#
Hotel/motel	#
Smoke shop	#
Pub/lounge	#

Definitions

Non-smoker: never smoked a whole cigarette
Experimental smoker: has smoked fewer than 100 cigarettes
Current smoker: has smoked 100+ cigarettes and smoked in the past month (daily and non-daily)
Former smoker: has smoked 100+ cigarettes, but did not smoke in the past month

Exposure to Tobacco Smoke Inside Home Almost Everyday or Everyday

Northern Interior 2003	21%
BC 2003	13%
Northeast Area 2003	21%
Northeast Area 1998	35%

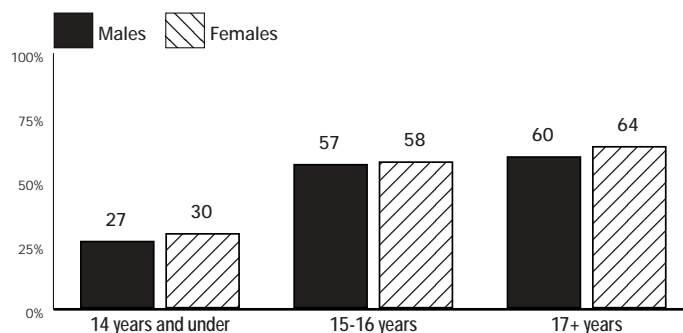
were 10 years or younger and 17% did when they were 15 or more years old. Current smokers were more likely than experimental smokers to have smoked their first cigarette when they were ten years or younger.

Of those who are current smokers, 65% have tried to quit in the past month (53% of male current smokers and 70% of female current smokers). About a third (36%) of smokers are given cigarettes by their friends, 22% purchase them from friends, 11% sneak them from their parents, and 7% are given cigarettes from their parents. Others said they were able to purchase cigarettes from a variety of locations, though the sale of cigarettes to minors is illegal throughout the province. Thirty-eight percent of students in the region, including 30% of non-smokers, are exposed to tobacco smoke inside their home.

Illegal drugs

Nearly half (47%) of the students in this region have used marijuana at least once. Boys and girls are equally as likely to have used marijuana, but use increases with age; 29% of youth 14 years and under, 57% of 15 and 16 year olds and 63% of students 17 and older have tried marijuana. Nine percent of all students have used marijuana once or twice in their life, 9% used it 3-9 times, 11% used it 10-39 times, 8% used it 40-99 times, and 11% used it 100 or more times in their life. Eleven percent of all students surveyed in the region said they were 12 years or younger when they first tried marijuana. Six percent of all students said that they had used marijuana 20+ times in the past month.

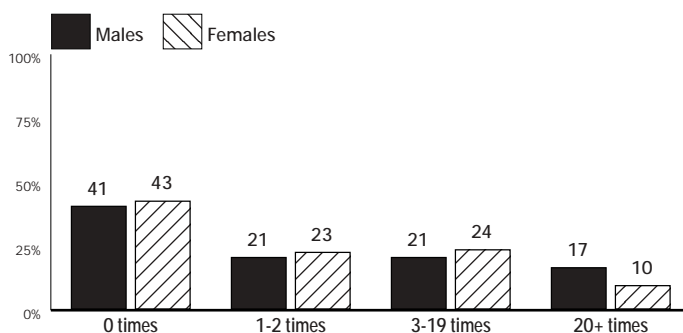
Ever Used Marijuana by Age and Gender



Ever Used Marijuana

Northern Interior 2003	47%
BC 2003	37%
Northeast Area 2003	47%
Northeast Area 1998	40%
Northeast Area 1992	31%

Marijuana Use in Past Month by Gender (of youth who have used marijuana)



Ever Used Illegal Drugs

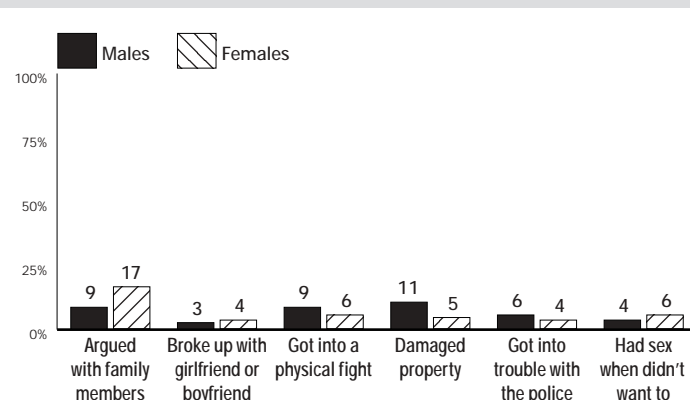
	Northern Interior 2003	BC 2003	Northeast Area 2003	Northeast Area 1998
Cocaine	6%	5%	5%	5%
Hallucinogens	8%	7%	7%	8%
Mushrooms	18%	13%	17%	17%
Inhalants	5%	4%	5%	8%
Amphetamines	7%	4%	6%	6%
Heroin	#	1%	1%	2%
Injected an illegal drug	#	1%	#	#
Steroids	2%	1%	1%	2%
Prescription pills without a doctor's consent	12%	9%	11%	9%

Among students who have used marijuana, 22% used it 100 or more times in their life, and 13% used it 20 or more times in the past month. Boys are more likely than girls to be heavy users of marijuana. Over a quarter (27%) of boys who had used marijuana, and 18% of girls who had used marijuana used it 100 or more times in their life, and 17% of boys vs. 10% of girls who have used marijuana used it 20 or more times in the past month. The use of other illegal drugs is the same or higher in this region than the average rate of use in the rest of the province.

Negative consequences of substance use

A new question on the 2003 survey asked youth if substance use in the past year resulted in negative consequences, such as family arguments, poor school marks, injuries or trouble with the police. Over a third (39%) of students in this region did not drink or use drugs in the past year; overall, 33% of students reported negative consequences. Girls were more likely than boys to argue with family members (17% vs. 9%) and to pass out (25% vs. 20%), while boys were more likely to damage property (11% vs. 5%) and get into physical fights (9% vs. 6%). Overall, 7% of youth got into a physical fight, 5% got in trouble with the police, 4% broke up with a girlfriend or boyfriend, 4% of youth lost friends, 10% got poor marks at school, 4% got in trouble at school, and 8% sustained an injury as a result of substance use in the past year. The number of responses to whether students got into a car accident as a result of substance use, or had to get treatment for alcohol or drug abuse was too small to report in this region.

Consequences of Alcohol or Drug Use in Past Year by Gender



Sexual behaviour

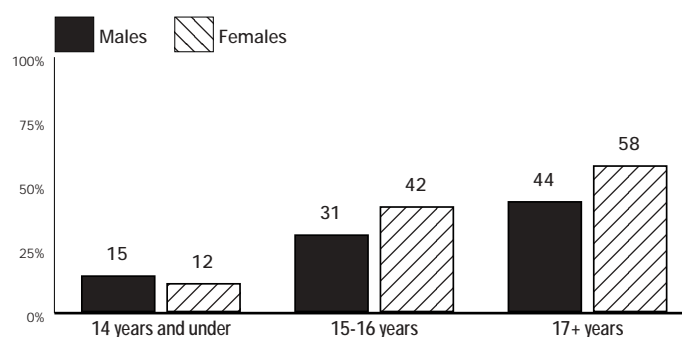
Sexual activity

Most young people appear to be delaying the start of sexual activity. In B.C., 76% of students in grades 7 to 12 have not yet become sexually active. In this region, 69% of students who participated in the survey have never had sexual intercourse. (Students who had never had sexual intercourse were asked to skip questions about sexual activity.) Less than a third of students (28% of boys and 34% of girls) have ever had intercourse. The likelihood of being sexually active increases with age, with 13% of youth 14 years and under, 37% of those 15 and 16 years old and 51% of students 17 and older having had sex.

Twenty-two percent of students who have had sexual intercourse report having sex for the first time before the age of 14 (29% of sexually active boys and 18% of sexually active girls). Eight percent of sexually active students report that their first sexual experience was with a partner aged 19 years or more. The number of responses to questions about having sex with a same-sex partner in the past year was too small to report in this region.

Sixty-two percent of all students say they have ever “made out,” and such activity increases with age. (“Making out” is defined on the survey as kissing, hugging and touching someone for a long time.) Girls are more likely to have ever made out. The majority of students (88%) identify themselves as 100% heterosexual; 5% are mostly heterosexual, 3% are bisexual or homosexual and 4% of students said they are not sure about their sexual orientation. Girls are less

Ever Had Sexual Intercourse by Age and Gender



Ever Had Sexual Intercourse

Northern Interior 2003	31%
BC 2003	24%
Northeast Area 2003	30%
Northeast Area 1998	26%
Northeast Area 1992	39%

First Had Sexual Intercourse Before Age 14 (of youth who have had sex)

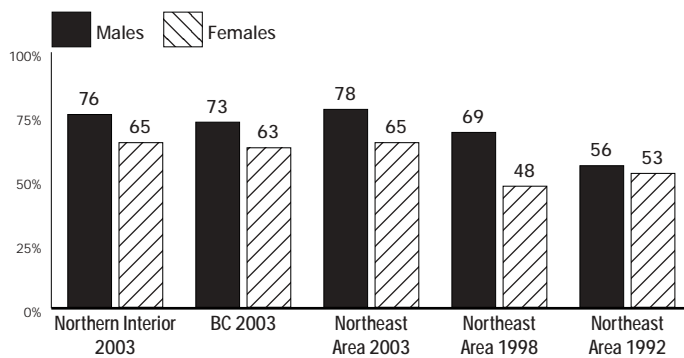
Northern Interior 2003	22%
BC 2003	20%
Northeast Area 2003	22%
Northeast Area 1998	36%
Northeast Area 1992	37%

Sexual Orientation

100% heterosexual	88%
Mostly heterosexual	5%
Bisexual or homosexual	3%
Not sure	4%

likely to say they are 100% heterosexual than boys, and students 14 years and under are less likely than older students to be sure about their sexual orientation. Four percent of all students report having been forced to have sex by another youth, and 2% by an adult. Girls are more likely than boys to have been forced to have sex.

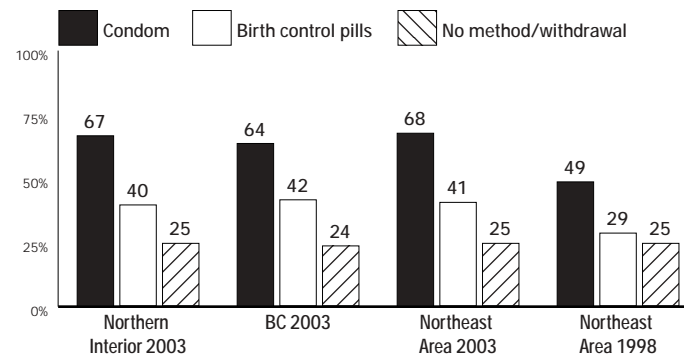
Condom Used Last Time Had Sex by Gender (of youth who have had sex)



Risk of STDs

Not all youth are taking steps to protect themselves from sexually transmitted diseases (STDs); 70% of sexually active students report using a condom the last time they had sex. The group least likely to use a condom the last time they had sex was sexually active students 17 years of age and older. Over a third (36%) of sexually active students in this region report having sex with three or more people in their lifetime. Five percent of sexually active students report having sex with three or more people in the past three months. Multiple partners are known to increase the risk of acquiring an STD. The number of students who reported ever having had an STD was too small to report in this region.

Birth Control Methods Used Last Time Had Sex† (of youth who have had sex)



† students could choose more than one response

Thirty percent of sexually active students (32% of males and 29% of females) said they used alcohol or drugs the last time they had sex. Younger students were more likely than older students to have used alcohol and drugs prior to their last sexual encounter. Use of drugs and alcohol has been shown to increase the risk of unprotected sex.

Birth control

The survey asked sexually active youth about their use of birth control. (In responding to the survey questions, students could select more than one type of birth control method.) In this region, 67% of sexually active students used condoms to prevent pregnancy, 40% used birth control pills and 25% used nothing. Five percent of sexually active students report having been or gotten someone pregnant.

Physical health

Health status

Most students in this region (86%) report excellent or good health. Eighty-eight percent of boys and 85% of girls feel they have excellent or good health. Older students are least likely to feel they have excellent or good health.

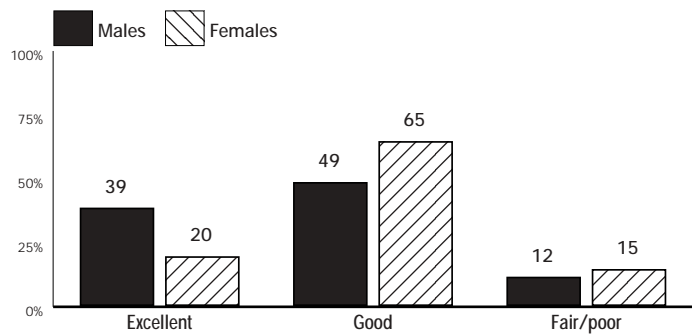
Six percent of students overall say they never experienced physical complaints such as backaches, headaches, stomachaches, or dizziness in the past 6 months. More males than females are free from physical complaints (9% vs. 3%). Nearly a quarter (23%) of students say they experience at least one physical complaint a lot, 11% have two complaints a lot, 4% have three a lot and 3% experience all four complaints frequently. As students age they are more likely to experience physical complaints a lot.

Fifteen percent of students in this region (17% of girls and 14% of boys) have a chronic health condition or disability that limits their activity. Sixty-five percent of these students say that other people can tell sometimes or always that they have a health condition or disability, 26% take medications daily and 26% miss school sometimes or a lot because of their health condition or disability.

Health Condition or Disability that Limits Activity

Physical disability or mental illness	6%
Long-term illness	7%
Overweight/underweight	2%

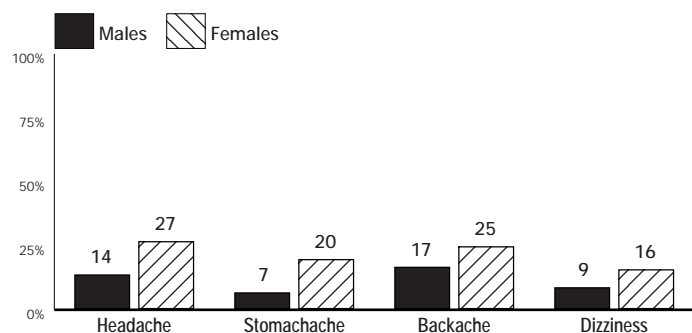
Self-Rated Health Status by Gender



Self-Rated Health Status

	Excellent	Good	Fair/poor
Northern Interior 2003	29%	57%	13%
BC 2003	32%	54%	14%
Northeast Area 2003	30%	56%	13%
Northeast Area 1998	35%	52%	13%
Northeast Area 1992	34%	52%	14%

Experienced Common Health Problems "a lot" in Past 6 Months by Gender



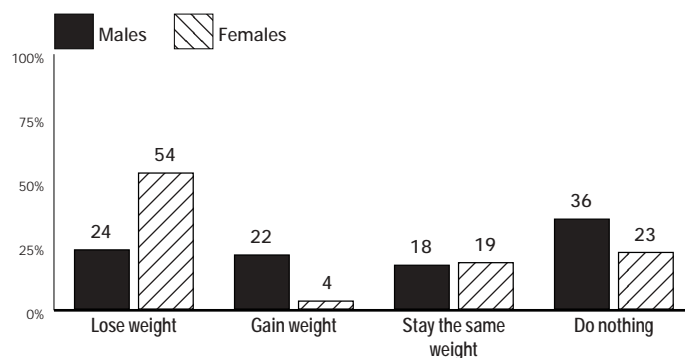
Satisfaction with Appearance by Gender

	Males	Females
Not satisfied	11%	23%
Neither satisfied nor dissatisfied	27%	37%
Satisfied	62%	41%

Overweight by Gender

	Males	Females
Northern Interior 2003	26%	14%
BC 2003	23%	11%
Northeast Area 2003	26%	13%
Northeast Area 1992	21%	12%

Present Approach to Body Weight by Gender (trying to...)



Appearance and weight

Young people continue to place great importance on how they look. Less than half of girls (41%) say they are satisfied with their appearance, compared to 62% of boys. Satisfaction with appearance decreases with age for girls. While 48% of girls 14 years and under are satisfied with how they look, this percentage falls to 35% for those aged 17 and older. Boys' satisfaction with appearance does not vary by age.

Rates of physical development vary in this age group. In this region, 34% of boys and 32% of girls think they look older than their peers. Looking older than peers has been associated with an increase in some risk behaviours. About half (51%) of girls had their first menstrual period when they were 12 years old or younger, 30% when they were 13 years old, and 10% when they were 14 years or older. Ten percent of girls in this region have not yet had their first menstrual period.

Students were asked to answer survey questions about height and weight, which enabled calculation of Body Mass Index, a common measure for assessing if an individual is underweight, normal weight or overweight. In this region, 26% of boys and 14% of girls are overweight. Boys who are 14 years and under are least likely to be overweight, but there is no variation by age for girls.

The majority of both boys and girls think they are about the right weight (68% vs. 62%, respectively). This belief declines with students' age. Older youth are more likely to try to do something about their weight, with boys more likely to want to gain weight and girls to lose weight. Overall in the region, 24% of boys are trying to lose weight, while 54% of girls are trying to do the same. Only 4% of girls say they are trying to

gain weight, compared to 22% of boys. Nearly half (48%) of girls and 16% of boys dieted to lose weight in the past year; and 7% of girls in this region say they are always dieting.

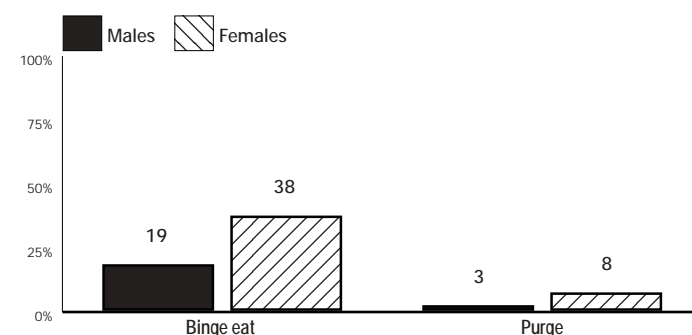
Despite the focus on weight and appearance among youth, disordered eating behaviour is not common. While 19% of boys and 38% of girls report binge eating or gorging at least once in a while, only 3% of boys and 8% of girls report ever vomiting on purpose after eating.

Exercise and nutrition

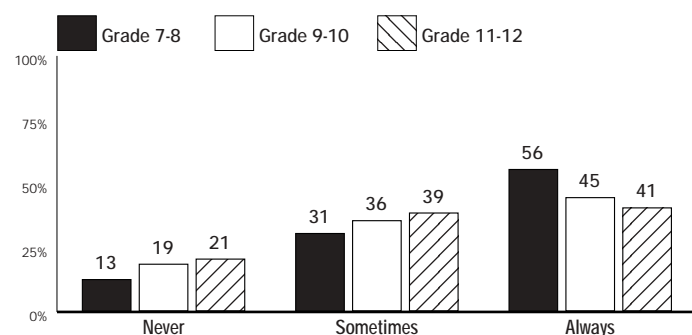
Most students exercise regularly. In the region, 79% of boys and 66% of girls exercise three or more days a week. This level of exercise decreases with age for both males and females.

Less than half (47%) of students always eat breakfast on a school day. Eating breakfast daily declines with age, with 56% of students in grades 7 and 8, 45% of those in grades 9 and 10 and 41% of grade 11 and 12 students always eating breakfast on a school day. Boys are more likely than girls to always eat breakfast on a school day (55% vs. 41%).

Binge Eating and Purging at Least Once in a While by Gender



Eat Breakfast on School Days by Grade

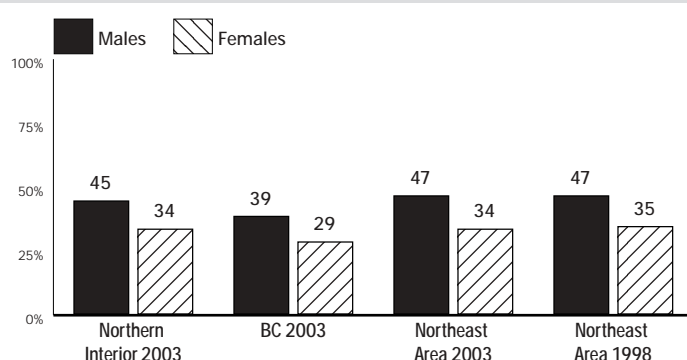


Exercise 3 or More Days per Week by Age and Gender

	14 years and under	MALES		14 years and under	FEMALES	
		15-16 years	17+ years		15-16 years	17+ years
Northern Interior 2003	84%	83%	63%	78%	66%	48%
BC 2003	81%	79%	68%	74%	65%	50%
Northeast Area 2003	84%	82%	66%	76%	67%	52%
Northeast Area 1998	78%	75%	64%	71%	58%	48%
Northeast Area 1992	86%	84%	69%	81%	76%	53%

Injuries

Had an Injury that Required Medical Attention in Past Year by Gender



Where Injury Occurred (of youth injured in the past year)

At home/in yard	20%
At school	15%
At a sports facility or field (not at school)	33%
In a park or recreational area	4%
In the street or roadway	8%
Somewhere else	19%

How Injury Occurred (of youth injured in the past year)

	Motor vehicle	Bicycle riding, roller-blading, or skateboarding	Sports or recreational activities	Fighting	Other
Northern Interior 2003	7%	13%	53%	6%	21%
BC 2003	5%	14%	55%	5%	21%
Northeast Area 2003	7%	14%	53%	6%	21%
Northeast Area 1998	12%	9%	45%	6%	28%

In the province as a whole, injuries among youth declined between 1998 and 2003. About a third (34%) of B.C. youth reported having an injury in the past year serious enough to require medical attention, down from 39% in 1998. In this region, 39% of youth reported being injured seriously enough to require medical care. Boys were more likely to be injured than girls (45% vs. 34%). Younger students are more likely than older students to have had an injury requiring medical attention in the past year. Most injuries occurred during a sports or recreational activity; the most likely location for injury was a sports facility or field.

Injury prevention

Most injuries are preventable, yet young people do not always act to reduce the risk of injury. In this region, 35% of students have a valid driver's license, and almost a third (31%) of drivers say they have driven at least once after using drugs or alcohol. Of youth with a driver's license, 15% drove after alcohol use in the past month. Boys with a driver's license are more likely to report ever driving after alcohol or drug use than girls (33% vs. 28%). A quarter of students in the region say they rode with a drinking driver in the past month. Girls are more likely than boys (29% vs. 20%) have ridden in a vehicle with a drinking driver in the past month.

Only 52% of youth report always wearing a seatbelt, while 30% wear a seatbelt most of the

Injury Prevention Behaviour by Gender

	Never drink and drive†		Always wear seatbelt		Always use bike helmet††	
	Males	Females	Males	Females	Males	Females
Northern Interior 2003	67%	72%	53%	51%	28%	28%
BC 2003	71%	77%	54%	55%	25%	26%
Northeast Area 2003	67%	72%	54%	52%	29%	28%
Northeast Area 1998	56%	67%	51%	53%	26%	26%
Northeast Area 1992	48%	66%	53%	56%	#	#

† of licensed drivers †† of youth who rode a bike in past year

time. Seatbelt use fluctuates with age. Youth 17 years or older are most likely to always wear a seatbelt (59%), while 47% of 15-16 year olds always wear a seatbelt and 52% of youth 14 years and under always do. Seatbelt use does not vary by gender.

Despite provincial legislation requiring the use of bicycle helmets, helmet use remains relatively low in this region. While 80% of youth say they have ridden a bicycle in the past year, only 28% of riders always wore a bike helmet. About a fifth (17%) of students who ride bikes wear a helmet most of the time. Youth aged 14 years and under were most likely to always wear a helmet when they rode a bike in the past year (34%), whereas 21% of 15-16 year olds and 29% of youth aged 17 years and over always wore a helmet when they cycled in the past year.

Driving After Using Alcohol in Past Month by Gender (of licensed drivers)

	Males	Females
Northern Interior 2003	17%	13%
BC 2003	14%	10%
Northeast Area 2003	17%	13%
Northeast Area 1998	26%	16%
Northeast Area 1992	36%	18%

Emotional health

Ever Been Physically Abused by Gender

	Males	Females
Northern Interior 2003	17%	23%
BC 2003	12%	18%
Northeast Area 2003	15%	22%
Northeast Area 1998	11%	21%
Northeast Area 1992	12%	24%

Ever Been Sexually Abused by Gender

	Males	Females
Northern Interior 2003	3%	17%
BC 2003	2%	13%
Northeast Area 2003	3%	16%
Northeast Area 1998	#	18%
Northeast Area 1992	#	24%

Most B.C. youth are emotionally healthy, while a smaller number of students experience difficulty coping with the challenges of adolescence. The Adolescent Health Survey contains five questions about emotional health, such as *“During the past 30 days, have you felt so sad, discouraged hopeless or had so many problems that you wondered if anything was worthwhile?”* A response of “all the time” to two or more questions is seen as an indication of serious emotional distress.

In this region, 9% of youth experienced serious emotional distress in the past month. Girls are more likely than boys (11% vs. 6%) to feel seriously distressed. The likelihood of experiencing emotional distress increases slightly with age, with 7% of youth 14 or younger and 10% of youth 17 years or older reporting serious emotional distress.

In the region, 20% of students say they have ever been physically abused, and 10% report having been sexually abused. Girls are more likely than boys to have experienced physical or sexual abuse. The likelihood of ever being physically or sexually abused increases with age.

Suicide

Suicide ideation and attempts among youth in B.C. have not declined over the past decade. One in five youth (20%) in this region said they had seriously considered suicide in the past year, and 14% had actually planned a suicide attempt. In the past year, 5% of students said they attempted suicide once and 4% attempted suicide two or more times. Girls were more likely to have attempted suicide in the past year (13% vs. 3%), though boys are more likely to die in an attempt. Of those who attempted suicide in the past year, 2% reported that the attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

Seven percent of students had someone in their family commit or attempt suicide in the past year, while 13% had someone in their family commit/attempt suicide more than a year ago. Youth with a family member who has committed or attempted suicide are at higher risk of suicide themselves.

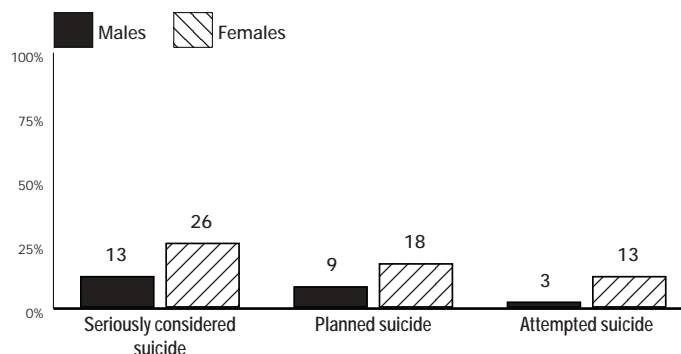
Discrimination

Nearly a third (32%) of youth in the region said they had been discriminated against due to skin colour, sexual orientation or physical appearance in the past 12 months. Discrimination due to skin colour varied by gender however discrimination due to physical appearance and sexual orientation did not.

Considered Suicide in Past Year by Gender

	Males	Females
Northern Interior 2003	13%	26%
BC 2003	11%	21%
Northeast Area 2003	13%	25%
Northeast Area 1998	10%	21%
Northeast Area 1992	12%	25%

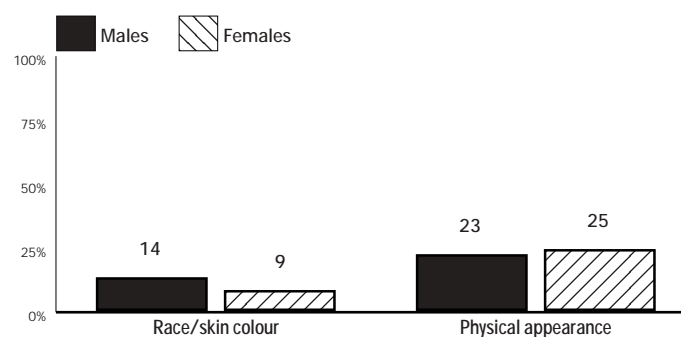
Suicide Ideation and Attempts in Past Year by Gender



Discriminated Against in Past Year Because of...

	Race/skin colour	Sexual orientation	Physical appearance
Northern Interior 2003	12%	5%	24%
BC 2003	12%	4%	20%
Northeast Area 2003	11%	5%	24%
Northeast Area 1998	6%	3%	27%

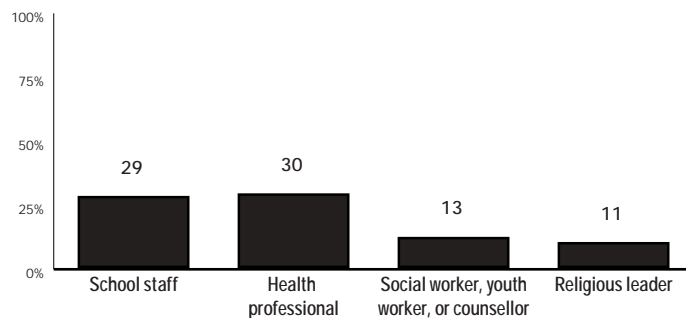
Discriminated Against in Past Year Because of... (by gender)



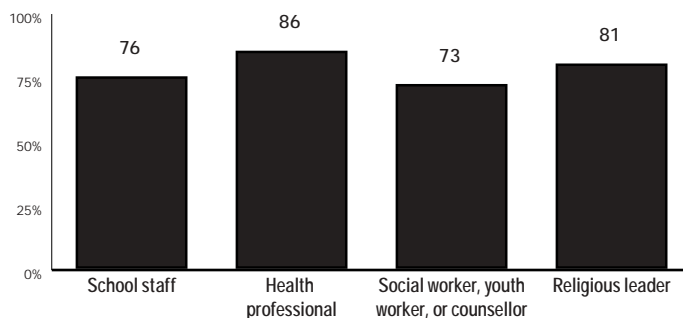
Worry “a lot” About...

Your family having enough food or money	10%
A parent dying	14%
Drinking or drug use by someone in your home	8%
Violence in your home	5%
Not having someone to take care of you	7%

In Past Year Sought Help From...



Professionals Who Were Helpful with a Personal Problem in Past Year (of youth who asked for help)



Worries

The survey asked students if they worried about their home life. In this region, students were most likely to worry ‘a lot’ about a parent dying (14%) or whether their family had enough food or money (10%). Eight percent of the youth worried ‘a lot’ about drinking or drug use by someone at home, 5% worried ‘a lot’ about violence at home, and 7% worried about not having someone to take care of them. Girls were more likely than boys to worry about a parent dying (17% vs. 11%) and about drinking or drug use in their home (10% vs. 6%). Four percent of students reported worrying ‘a lot’ about 3 or more of these issues.

About half (47%) of students in the region said they had sought help for problems in the past year from a professional. Most of those who sought help from school staff (76%) found them to be helpful, 86% found a health professional helpful, 73% found a social worker or counsellor helpful and 81% found a religious leader helpful. Older, female students were most likely to seek help. Students were most likely to go to a school counsellor, teacher, school staff or health professional when they needed help.

Violence & safety

Violence

Youth violence often makes headlines, but the 2003 survey results do not provide evidence of an increase in violent behaviour in this age group. Twenty-nine percent of students in the region say they were in a physical fight in the past year, and 4% were injured fighting. Boys are more likely than girls to be involved in fights (39% vs. 20%). Physical fighting decreases with age, from 35% of youth 14 years and under to 18% of those 17 and older. Five percent of youth were hit or hurt on purpose by a boyfriend or girlfriend in the past year.

Only 8% of students in this region carried a weapon to school in the past month, most often a knife. Older students were less likely to carry weapons than younger students.

Safety

Young people who feel safe at home, at school and in the community have better physical and emotional health and are less likely to take risks. In this region, a sense of safety at school was highest in grades 7 (44%) and 12 (44%).

Always or Usually Feel Safe at School in...

Library	82%
Classroom	78%
Cafeteria	66%
Washrooms	59%
Hallways	59%
Outside on school property during school hours	52%

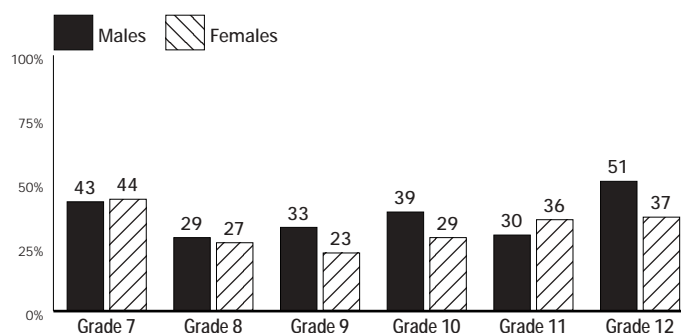
Involved in 1 or More Physical Fights in Past Year by Gender

	Males	Females
Northern Interior 2003	39%	20%
BC 2003	36%	18%
Northeast Area 2003	38%	20%
Northeast Area 1998	39%	19%
Northeast Area 1992	46%	23%

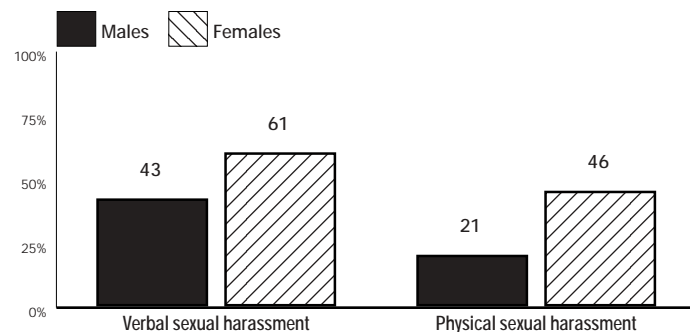
Carried a Weapon to School in Past Month

Northern Interior 2003	8%
BC 2003	7%
Northeast Area 2003	8%
Northeast Area 1998	10%

Always Feel Safe at School by Grade and Gender



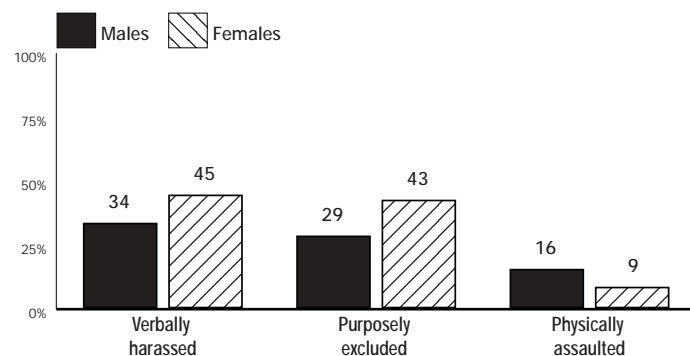
Sexual Harassment in Past Year by Gender



Both verbal and physical sexual harassment are more commonly faced by girls than boys. Verbal sexual harassment increases between early and middle adolescence, with 17% of youth 14 years and under and 21% of 15 and 16 year olds saying that they were verbally sexually harassed three or more times in the past year. Physical sexual harassment did not vary by age.

Girls are more likely than boys to have been verbally harassed (45% vs. 34%) and purposely excluded (43% vs. 29%) by peers at school in the past year. Boys are more likely than girls to report having been physically assaulted (16% vs. 9%) by peers at school.

Harassment, Exclusion, and Assault by Another Youth at School in Past Year by Gender



Internet safety is emerging as a growing concern, especially for girls. In the region, 7% of boys and 26% of girls have encountered a stranger on the Internet who made them feel unsafe. This new issue suggests a need for parents to discuss the dangers of the Internet with their children and to monitor computer activity.

In the region, 8% boys and 12% of girls have run away in the past year. About 2% of youth had run away three or more times. Running away from home is associated with a greatly increased likelihood of risky behaviours.

School

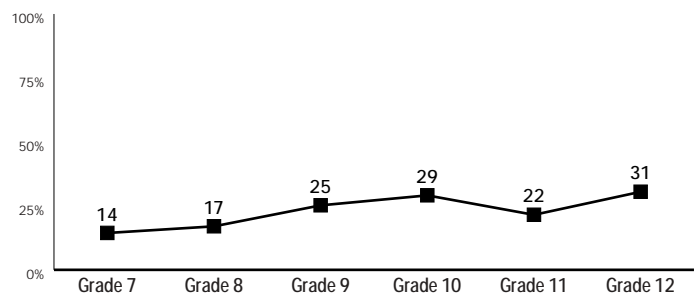
In this region, 77% of students say they like school some or very much. Girls are more likely than boys to have positive feelings about school. Dislike for school tends to increase with age, from 14% of students in grade 7 to 31% in grade 12 reporting that they dislike school.

A majority of students in the region (73%) say they plan to continue their education past secondary school. Girls (76%) are somewhat more likely than boys (71%) to have educational expectations beyond the completion of high school. Overall in B.C., 75% of students who participated in the survey said they expect to graduate from a post-secondary institution such as a community college, technical institute or university.

Over a third (34%) of students in the region skipped school at least once in the past month. Older students were more likely to skip classes than younger students, with 17% of students in grades 7 and 8, 34% in grades 9 and 10 and 50% in grades 11 and 12 reporting that they had skipped school in the past month. Girls (36%) are more likely than boys (32%) to skip school.

Students were asked to evaluate their performance in school. In the region, 23% of students said they receive mostly A's at school, while 44% receive mostly B's and 33% mostly C's, D's or F's. Girls (28%) were more likely than boys (18%) to receive mostly A's.

Don't Like School by Grade



Post-Secondary Educational Aspirations by Grade and Gender

	Males	Females
Grade 7-8	66%	80%
Grade 9-10	68%	74%
Grade 11-12	79%	74%

Post-Secondary Educational Aspirations

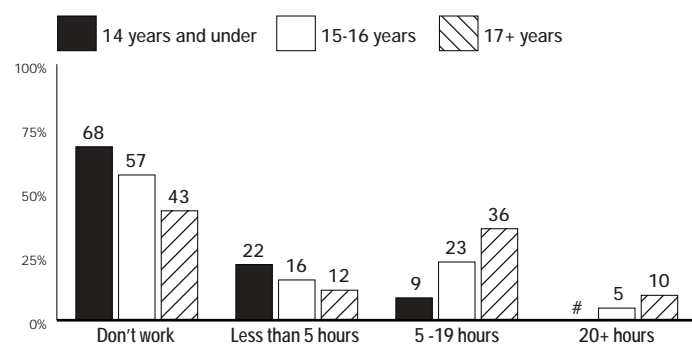
Northern Interior 2003	73%
BC 2003	75%
Northeast Area 2003	73%
Northeast Area 1998	70%
Northeast Area 1992	73%

Skipped School in Past Month

Never	66%
Once or twice	22%
3-10 times	9%
11+ times	2%

Community & leisure

Hours per Week at a Part-Time Job by Age

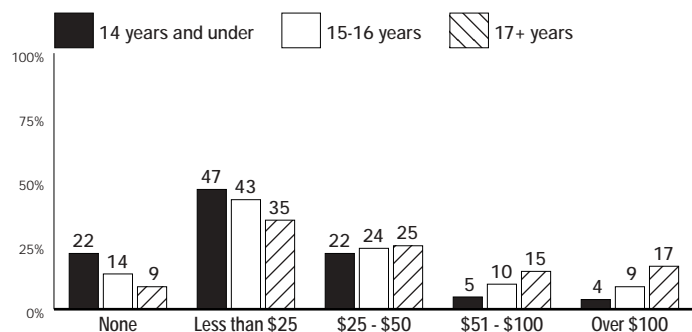


Part-time work

Several questions on the survey asked students how they spent their time out of school. Forty-two percent have a paid, part-time job. Twenty percent work 5-19 hours per week, while 17% work less than 5 hours a week and 5% work 20 or more hours a week. Males are more likely to work than females (44% of males and 40% of females have jobs). Part-time work increases with age. Only 32% of youth 14 years and under work, rising to 43% at age 15 and 16, and 57% at 17 and older.

Most students (84%) say they have money to spend on themselves each week. About half of students (43%) have less than \$25 to spend on themselves each week, 23% have between \$25 and \$50, 9% have between \$51 and \$100, and 9% have over \$100 to spend on themselves each week. Only 7% of students that don't work have over \$51 to spend on themselves a week.

Weekly Spending Money by Age



Gambling

A new question on the 2003 AHS asked about specific forms of gambling. Over half (52%) of youth in this region say they have gambled in the past year. Forty-six percent of youth in the region gamble less than once a week, and 6% gamble about once a week or more. A third (34%) of students played cards for money, 28% bought lottery tickets, and 24% bet money on sport pools.

Boys are more likely to gamble than girls (62% vs. 45%). Playing cards for money is the most popular form of gambling for boys (44%), while

buying lottery tickets is the most popular form of gambling for girls. Half of students 14 years and under say they engage in gambling, while 56% of those 15 or 16 years old and 51% of students 17 and older do so. Gambling activity including betting on sport pools and buying lottery tickets increases with age, while playing bingo decreases with age. It is notable that over a quarter of youth have bought lottery tickets, as the sale of lottery tickets to those under 19 is illegal.

Feeling bored

Students who are often bored tend to have lower levels of physical and emotional health than youth who are rarely bored. Over a third of youth (36%) in this region say they feel bored much of the time or always (22% rarely, 42% sometimes, 26% much of the time, 10% always). Girls are more likely than boys to be bored much of the time or always. Boredom peaks at 15 and 16 years of age for girls and increases steadily as boys age.

Peer pressure

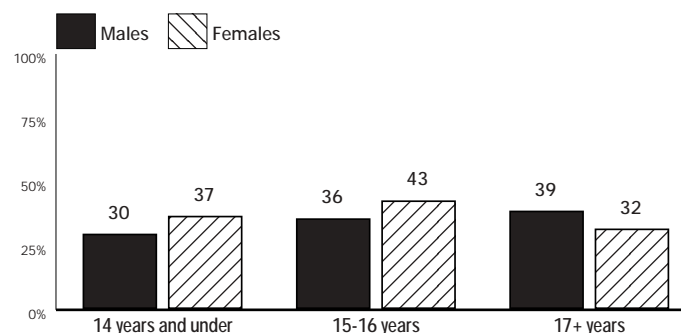
Other new questions on the latest survey asked about peer influence. Most youth think their friends would be upset with them if they dropped out of school (81%), or got pregnant or got someone else pregnant (73%). Differences vary across age groups. For example, more older students think their friends would be upset if they carried a weapon, beat someone up, got pregnant or got someone else pregnant, or dropped out of school. More younger students think their friends would be more upset if they got drunk or used marijuana. Older female students are less likely to think their friends would get upset at them if they got pregnant, while older male students are more likely to think their friends would get upset at them for getting someone pregnant.

Screen time

Gambling in Past Year by Gender

	Males	Females
Played cards	44%	25%
Bought lottery tickets	27%	28%
Bet on sport pools	36%	13%
Bet on gambling machines	8%	5%
Played bingo	10%	7%
Bet at a casino in B.C.	#	#

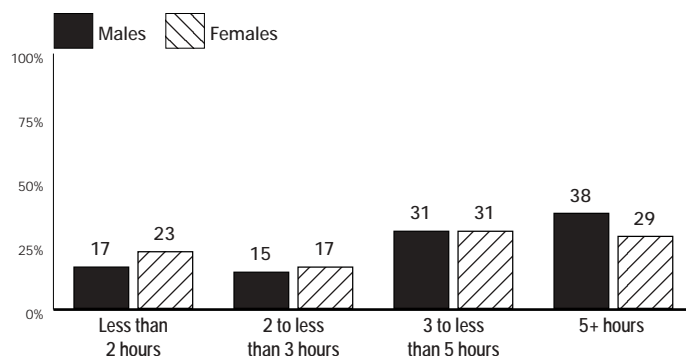
Feel Bored Much of the Time or Always by Age and Gender



Friends Would Be Upset if I... (by gender)

	Males	Females
Got arrested	41%	58%
Beat someone up	27%	49%
Carried a weapon for protection	43%	55%
Got pregnant or got someone else pregnant	65%	79%
Dropped out of school	73%	89%
Got drunk	24%	27%
Used marijuana	39%	42%

Hours Spent in Front of a Screen† on an Average School Day by Gender



† watching television or using the computer for recreational purposes

Students were asked to estimate how much time they spend watching television and on the computer playing games, emailing, chatting, or surfing the Internet on an average school day.

Students were more likely to have watched TV on a school day than to have used a computer for recreational purposes. On an average school day, 65% of students said they watched 2 or more hours of TV compared to 43% who used a computer for 2 or more hours for recreational purposes.

Overall, a fifth (20%) of students in this region say they watch TV or use the computer for games or other recreational uses for less than 2 hours on a school day, 16% do so between two and less than three hours, 31% do so from 3 to less than five hours, and a third watch TV or use the computer recreationally for five or more hours on school days.

Boys spend more time on these activities than girls. In this region, 17% of boys and 23% of girls watch TV or use the computer recreationally less than two hours on a school day. Thirty-eight percent of boys and 29% of girls spend five or more hours on school days watching TV or using the computer for games or other recreational uses.

Students who are always bored spend more time in front of a screen. Over half (54%) of students who said they are always bored spend five or more hours on school days watching TV or using the computer for games or other recreational uses. Less than a fifth (18%) of students who say they are rarely bored spend that amount of time watching TV or using the computer for recreational purposes.

Healthy youth development

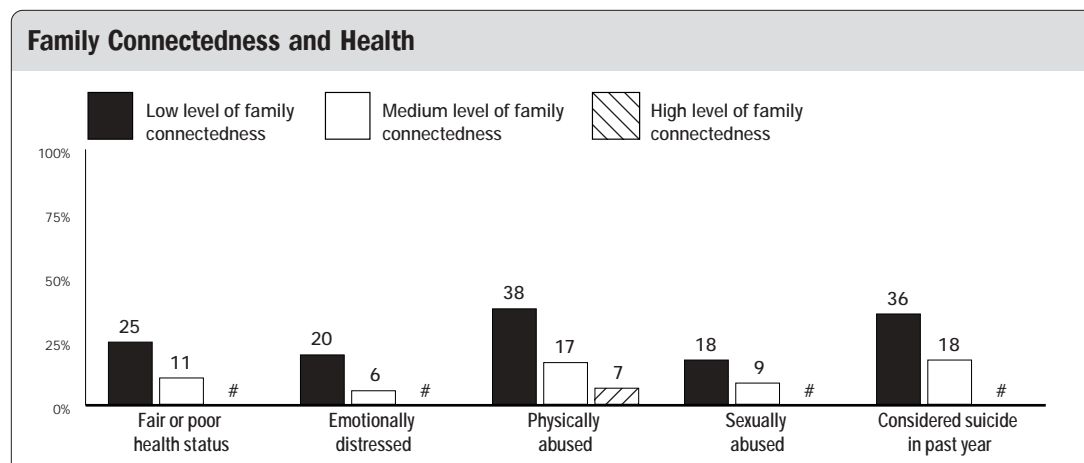
The survey asked a variety of questions about factors known to foster healthy development in young people. A strong sense of connection with family, school and community has been shown to promote health and reduce risk-taking.

Family connectedness

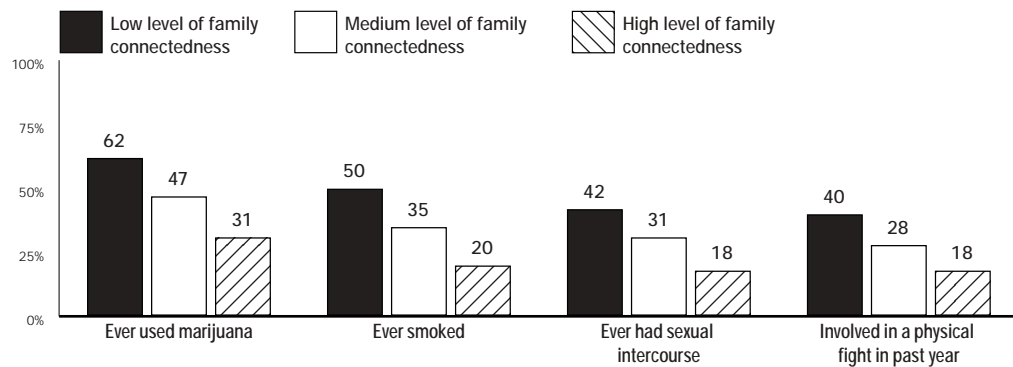
Questions about family connectedness included “How close do you feel to your father?” and “How much do you feel that people in your family understand you?” Responses to these questions were combined to give a relative score of high, medium, or low connectedness. In this region, high levels of family connectedness decrease with age, with 28% of students 14 years and under and 22% of youth 17 years and older having high levels of connectedness to their families. Twenty-four percent of boys and 23% of girls have a high connection to family. Those having high connectedness to family are less likely to engage in some risk behaviours. For example, 42% of students with low connectedness to family report ever having sex, compared

to 31% of students with medium connectedness and only 18% with high connectedness have ever had sex.

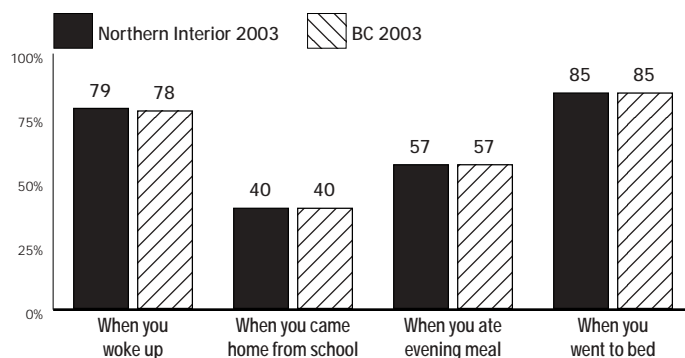
Most students (78%) say they have an adult in their family they would feel comfortable talking to if they had a personal problem. Boys are equally as likely as girls to feel okay talking to an adult in their family about a serious problem. The percentage of students that would feel okay talking to an adult family member about problems is highest for the 14 years and under age group. Students who feel okay talking to an adult in the family appear to be healthier than those who don’t have this type of support. Only 5% of students who felt comfortable talking to an adult in their family experienced serious emotional distress in the previous month, compared to 20% of those that did not feel okay talking to an adult in their family. Students who felt comfortable talking to an adult in their family were less likely to have ever had sex, used alcohol or marijuana, tried smoking, or been in a physical fight.



Family Connectedness and Risk Behaviours



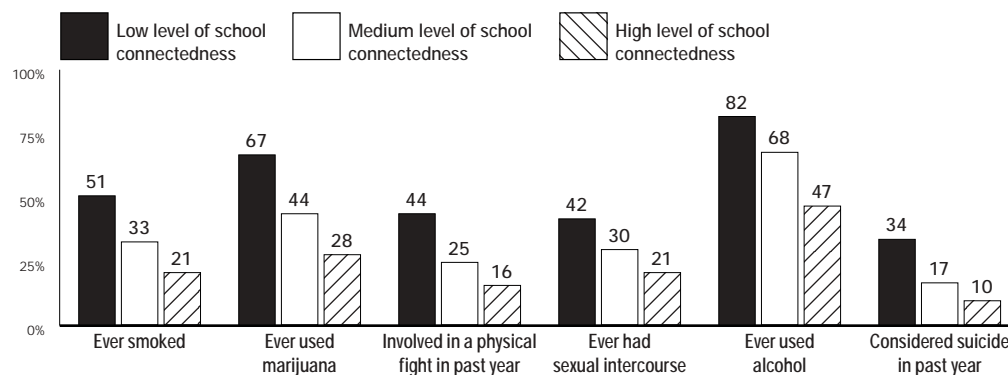
For All of the Past 5 School Days, a Parent Was at Home...



A majority of students (61%) said they have an adult outside their family who they would be able to talk to about a serious problem. Girls are more likely than boys to report having an adult outside their family who they could talk to about problems (64% vs. 57%). Older youth are more likely than younger youth to feel comfortable seeking support outside the family, with 56% of students 14 and under, 63% of those 15 or 16 years old, and 67% of those 17 years and older saying they have an adult outside their family to talk to about problems.

The presence of parents in the home at critical times during the day has been shown to promote healthy youth development. In this region, 89% of students say at least one parent is home when they wake up in the morning on three or more school days a week. Two-thirds have at least one parent at home when they come home from school, 81% have at least one parent at home when they eat their evening meal, and nearly all (96%) have at least one parent at home when they go to bed on three or more school days a week. As well, 24% of these youth say that at least one parent is at home when they wake up in the morning, come home from school, eat their evening meal and go to bed every day of the school week.

School Connectedness and Risk Behaviours



School connectedness

Students who like and feel connected to their school are healthier and achieve better academic performance than those that do not feel connected. Connectedness to school fluctuates with age; students in grades 9 and 10 are least likely to feel highly connected to school (15%); 32% of students in grades 7 and 8 and 21% of those in grades 11 and 12 feel highly connected to school. Twenty-four percent of girls and 21% of boys are highly connected to school.

Students that are highly connected to school are less likely to engage in risk behaviours. In this region, 44% of students who have a low connection to school have been in at least one physical fight in the past year, compared to 25% who have a medium level of connectedness to school, and 16% who are highly connected to school.

Competence

Developing a sense of competence and high self-esteem is important during the transition from adolescence to adulthood. An open-ended question on the survey asked, *“Can you think of some things you are really good at?”* The majority of students (84%) gave a positive response, though boys were more likely than girls to feel that they were really good at something (87% vs.

82%). Belief that they are really good at something declines with age; 85% of girls and 88% of boys 14 years and under believe they are really good at something, while 79% of girls and 83% of boys 17 years and older do. Those that report being good at something may have better emotional health. Eight percent of students who feel they are good at something, compared with 11% of those who do not, report severe emotional distress in the past month.

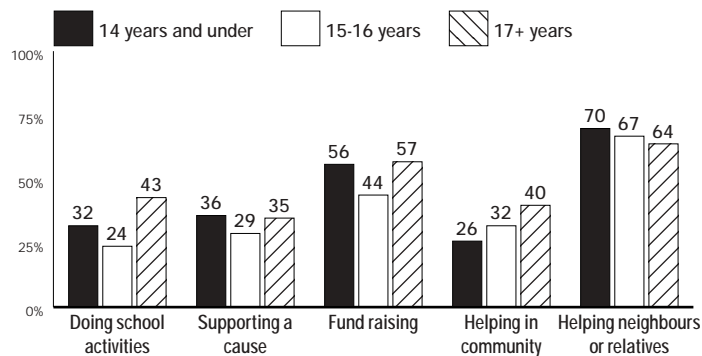
A sense of optimism is also associated with well-being. The majority of students (97%) expect to live to be at least 25 years old.

Religiosity

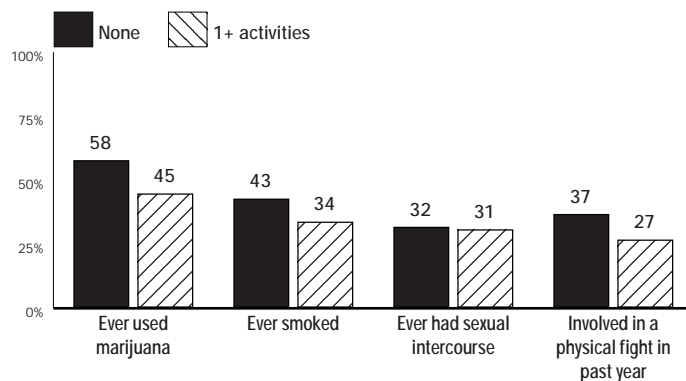
About half of students (54%) think of themselves as a somewhat or very religious/spiritual person. Girls are more likely than boys to see themselves as religious/spiritual (58% vs. 49%).

Students who are very religious/spiritual are less likely than students who are not at all religious/spiritual to have tried alcohol (49% vs. 73%), smoking (20% vs. 38%), marijuana (29% vs. 51%), to have gotten into a physical fight in the past 12 months (22% vs. 31%), to have ever had sex (21% vs. 35%), and to have considered suicide in the past year (16% vs. 20%).

Participation in Volunteer Activities in Past Year by Age



Volunteering in Past Year and Risk Behaviours



Volunteering

Community involvement is another factor seen to promote healthy youth development. In the region, 85% of students did some type of volunteer work in the past year. Girls are more likely to volunteer than boys (89% vs. 80%). Students in the 17 and older age group are most likely to have participated in volunteer activities. In the past year, a third (32%) of students did volunteer activities at school: 33% supported a cause, 52% did fund raising, 31% helped in the community and 68% helped neighbours or relatives.

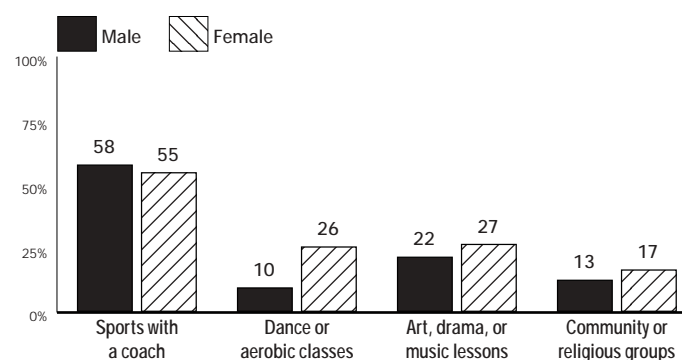
Those who participated in one or more volunteer activities in the past year were less likely to have ever tried smoking (34% vs. 43%) or used marijuana (45% vs. 58%) than youth who did not volunteer.

Extracurricular activities

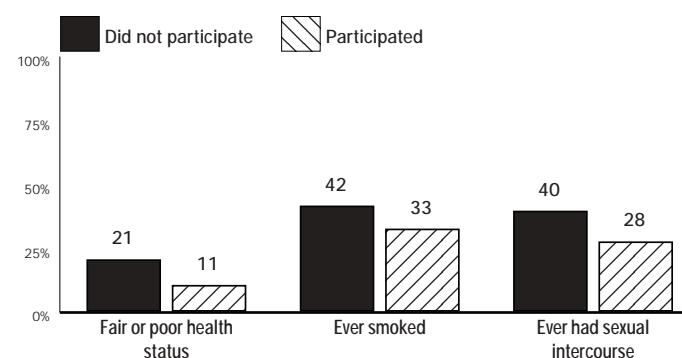
Most students (90%) take part in at least one activity outside school a week. Involvement in activities such as sports with or without a coach, aerobic classes or dance, community groups and hobbies/crafts declines with age. Girls were more likely than boys to participate in dance, aerobics, art, drama, music, community groups and hobbies/crafts. Girls were equally likely as boys to participate in sports with a coach but less likely to be involved in sports without a coach.

Those students who did not participate in one or more weekly extracurricular activities in the past year were more likely than those who did participate to have had sex (40% vs. 28%), tried smoking (42% vs. 33%), used marijuana (54% vs. 45%), used alcohol (72% vs. 65%), and to have considered suicide (23% vs. 19%).

Weekly Participation in Extracurricular Activities in Past Year by Gender



Weekly Participation in Extracurricular Activities in Past Year and Risk Factors

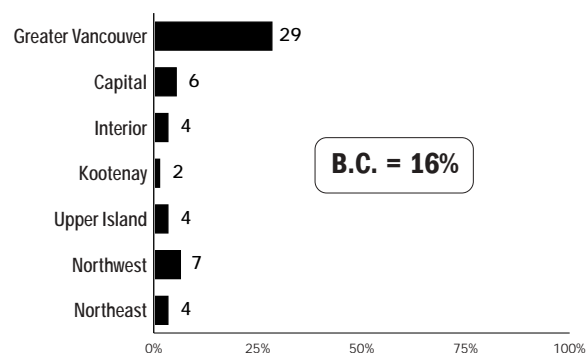


Geographic comparisons

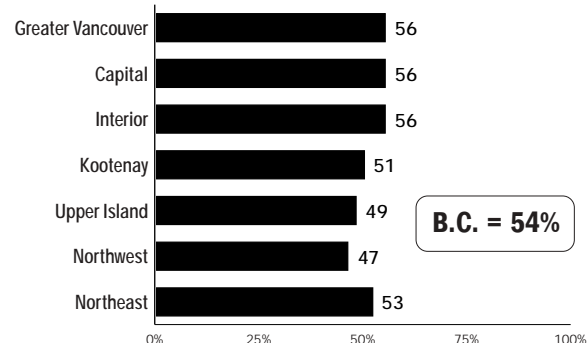
The figures on the following pages show comparative data on a range of topics for the province's geographic areas. (Due to low school district participation, results are not available for the Fraser Valley.)

Note: The Greater Vancouver area results have a relatively greater effect on the provincial average, as almost half of B.C. students live in this geographic area.

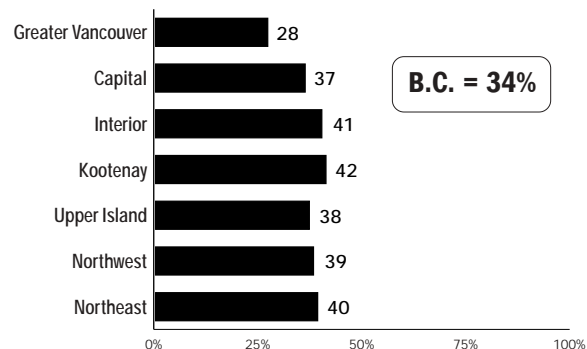
Speak a Language Other than English at Home Most of the Time



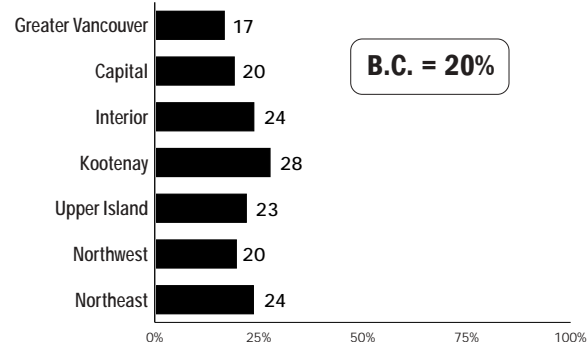
Always Use a Seatbelt



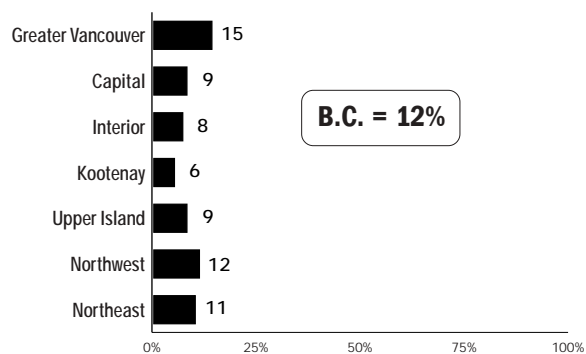
Injured in Past Year



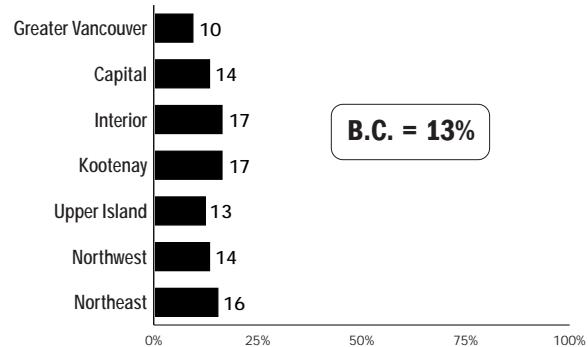
In Past Month, Rode With a Driver Who Had Been Drinking Alcohol



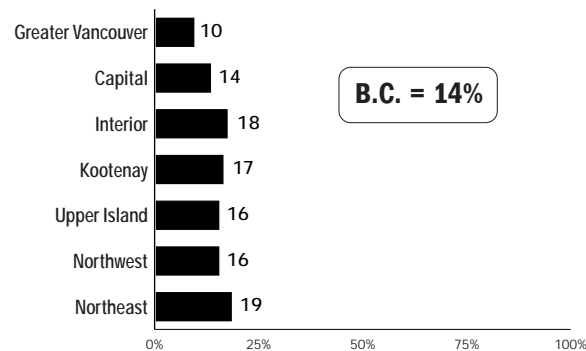
Discriminated Against in Past Year Because of Race/Skin Colour



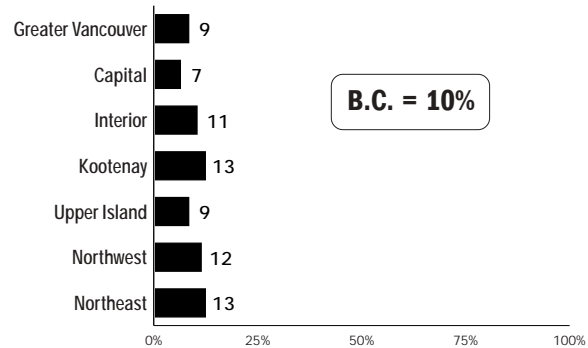
Females With a History of Sexual Abuse



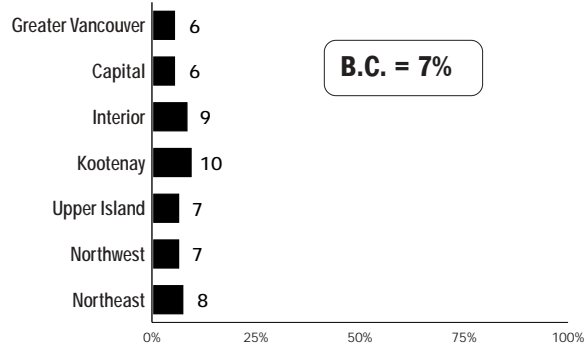
Have a Family Member Who Has Ever Tried to Kill Him/Herself



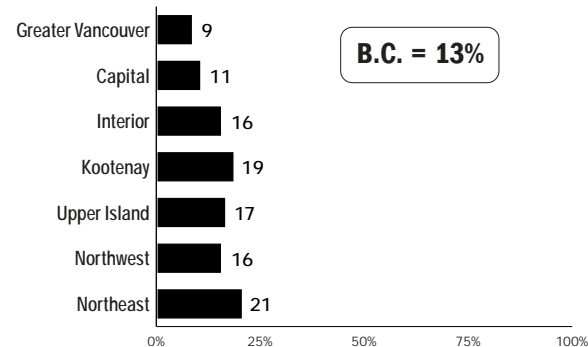
Females Who Attempted Suicide in Past Year



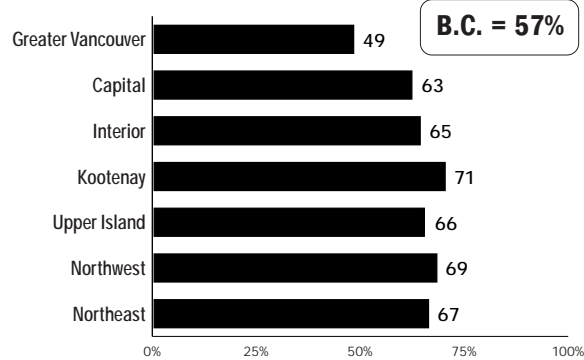
Current Smoker



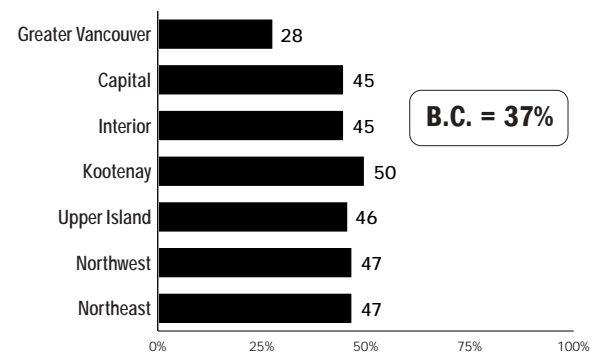
Exposed to Tobacco Smoke Inside Home Almost Every Day or Every Day



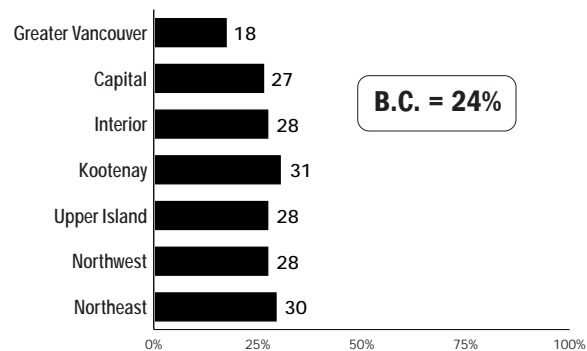
Ever Used Alcohol



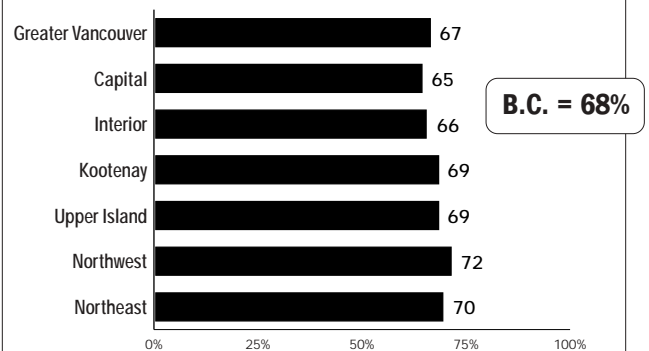
Ever Used Marijuana



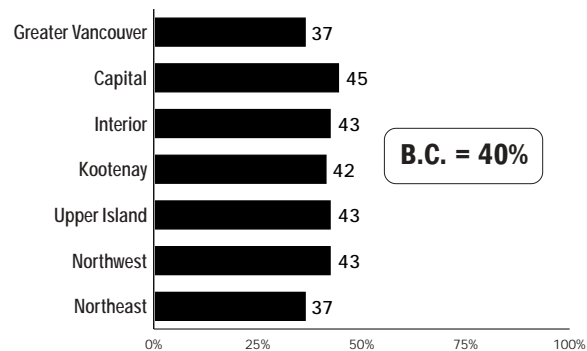
Ever Had Sexual Intercourse



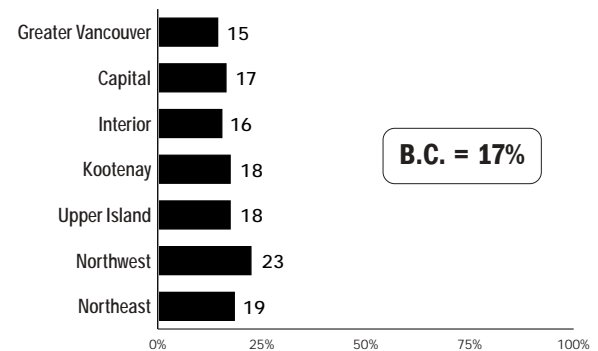
Condom Used Last Time (of youth who have had sex)



Always Feel Safe at School



Overweight as Classified by Body Mass Index



AHS III resources

Provincial report

Healthy Youth Development: Highlights from the 2003 Adolescent Health Survey III. McCreary Centre Society. 2004.

Regional reports

Reports are available for the following regions:

- Northwest Region
- Northern Interior Region
- Thompson Cariboo Shuswap Region
- Okanagan Region
- Kootenay Boundary Region
- East Kootenay Region
- North Vancouver Island Region
- Central Vancouver Island Region
- South Vancouver Island Region
- North Shore/Coast Garibaldi Region
- Vancouver Region
- Richmond Region
- Fraser North Region
- Fraser Region†

Note: Data were not available for regional reporting for Northeast Region.

†Due to insufficient data in the Fraser East and Fraser South Regions, data from Fraser East, Fraser North, and Fraser South were combined for the Fraser Region.

Other AHS III reports & resources

Future plans for the analysis and distribution of results from the AHS III include:

- Fact sheets
- Topic reports to provide more in-depth analysis of specific topics such as sexual health, weight issues, etc.
- Special group surveys: the school-based AHS is modified for these surveys, keeping core questions and adding new questions tailored to a particular population such as street youth
- Next Steps: community workshops using AHS III data
- Academic and research partnerships

References

Provincial report for AHS II

Healthy Connections: Listening to BC Youth (1999)

Regional reports for AHS II

Kootenays Region; Okanagan Region; Thompson/Cariboo Region; Upper Fraser Valley Region; South Fraser Region; Simon Fraser/Burnaby Region; Coast Garibaldi/North Shore Region; Central/Upper Island Region; North Region; Vancouver/Richmond Region; Capital Region; East Kootenay Region; Kootenay Boundary Region; North Okanagan Region; Okanagan Similkameen Region; Thompson Region; Cariboo Region; Coast Garibaldi Region; Central Vancouver Island Region; Upper Island/Central Coast Region; North West Region; Peace Liard Region

Reports for AHS I

Adolescent Health Survey: Province of British Columbia (1993).

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)

Special group surveys and topic reports for AHS II

Healthy Youth Development: The Opportunity of Early Adolescence (2003)

Accenting the Positive: A developmental framework for reducing risk and promoting positive outcomes among BC youth (2002)

Violated Boundaries: A health profile of adolescents who have been abused (2002)

Violence in adolescence: injury, suicide, and criminal violence in the lives of BC youth (2002)

Between the Cracks: homeless youth in Vancouver (2002)

Homeless youth: an annotated bibliography (2002)

Time Out: a profile of BC youth in custody (2001)

The Girls' Report: The Health of Girls in BC (2001)

No Place to Call Home: A Profile of Street Youth in British Columbia (2001)

Making Choices: Sex, Ethnicity, and BC Youth (2000)

Raven's Children: Aboriginal Youth Health in BC (2000)

Lighting Up: Tobacco use among BC youth (2000)

Silk Road to Health: A Journey to Understanding Chinese Youth in BC (2000)

Mirror Images: Weight Issues Among BC Youth (2000)

Being Out-Lesbian, Gay, Bisexual & Transgender Youth in BC: An Adolescent Health Survey (1999)

Our Kids Too-Sexually Exploited Youth in British Columbia: An Adolescent Health Survey (1999)

AHS II fact sheets

Behind Bars: Bullying Among Incarcerated Adolescents

Peer Victimization Among British Columbia Youth

Safe & Sound: Injury Issues Among BC Youth

Keeping Fit: Physical Activity Among BC Youth

Marijuana: Use Among BC Youth

Healthy Connections: Connectedness and BC Youth

Mirror Images: Weight Issues Among BC Youth

Silk Road: Health of Chinese Youth in BC

Lighting Up: Tobacco Use Among BC Youth

Next Step reports

The Aboriginal Next Step: Results from Community Youth Health Workshops (2001)

Our Communities – Our Health: Young People Discuss Solutions To Their Health Issues. The Next Step Report (2001)

Adolescent Health Survey: Next Step - Community Health Action By Youth. Results from 1994 Youth Health Seminars in British Columbia (1995)

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

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

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

Tobacco Use in British Columbia, Angus Reid Group and British Columbia Ministry of Health

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

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