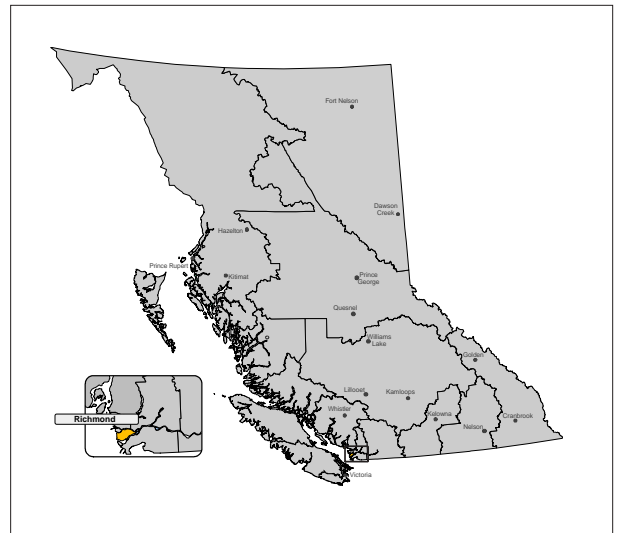


# Healthy Youth Development Richmond Region



Highlights from the 2003  
Adolescent Health Survey III



The McCreary Centre Society



**The McCreary Centre Society**

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[www.mcs.bc.ca](http://www.mcs.bc.ca)

# Healthy Youth Development: Richmond 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.

*Healthy Youth Development: Richmond Region* was written by Dodie Katzenstein and designed by Alison Liebel.

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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**

Richmond 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.

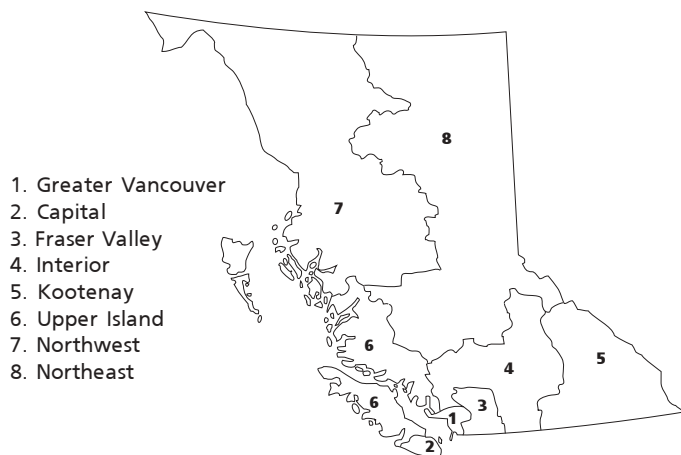
(Due to low school district participation in the Fraser Valley, 2003 results are not available for that area.)

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.

**The Richmond School District (#38) is the only school district in the Richmond Region.**

**In this report, the word “region” is used to refer to the HSDA of Richmond. The Richmond region is located in the Greater Vancouver geographic area.**

## Defining Geographic Areas and Regions



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 Richmond region is located in the Greater Vancouver geographic area.

## Geographic Areas and School Districts

### 1. Greater Vancouver

Langley #35<sup>A</sup>  
Surrey #36  
Delta #37  
Richmond #38  
Vancouver #39  
New Westminster #40  
Burnaby #41  
Maple Ridge #42<sup>A</sup>  
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<sup>B</sup>  
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<sup>C</sup>  
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<sup>D</sup>

## 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

<sup>A</sup> Reassigned from Fraser Valley in 1992 to Greater Vancouver for the 1998 survey.

<sup>B</sup> Reassigned from Kootenay in 1992 to the Interior for the 1998 survey.

<sup>C</sup> Reassigned from Interior in 1992 to the Upper Island for the 1998 survey.

<sup>D</sup> 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](http://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 B.C. 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 Greater Vancouver compares

The Richmond region (Health Service Delivery Area) is located in the Greater Vancouver geographic area. The following section provides information comparing survey results from the Greater Vancouver 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](http://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.)

A high level of ethnic diversity is one of the key ways in which the Greater Vancouver geographic area differs from most other parts of B.C. Nearly a third (29%) of students in Greater Vancouver speak a language other than English at home most of the time, compared with only 2%-7% of students in the other geographic areas.

### Health status comparisons

*Compared to youth in other areas, Greater Vancouver youth are similar or are healthier or take fewer risks in relation to: alcohol use, marijuana use, drinking and driving, smoking, exposure to second hand smoke at home, educational aspirations, sexual activity, injuries, obesity and seatbelt use.*

Less than half (49%) of Greater Vancouver youth have ever had a drink of alcohol, compared with 63%-71% in other areas. Greater Vancouver students were less likely to have engaged in binge drinking in the past month (20% vs. 29%-38% in other areas), to have ever used marijuana (28% vs. 45%-50%), or to have driven a car after alcohol or drug use (22% of licensed drivers vs. 24%-37% in other areas.) Seventy-eight percent of Greater Vancouver youth are non-smokers

as compared to 65%-74% elsewhere in the province, and only 9% are exposed to tobacco smoke at home every day or almost every day, vs. 11%-21% in other areas. Over three quarters (78%) of Greater Vancouver students in grades 7 to 12 expect to attend post-secondary school, compared with 69%-73% of students in other geographic areas. They are less likely to be sexually active; only 18% have ever had sex vs. 27%-31% in other parts of the province. Less than a third (28%) of students in this area had an injury in the past year serious enough to need medical attention, compared with 37-42% in other areas. Greater Vancouver youth also are less likely to be overweight (15% vs. 16%-23% in other areas) and more likely to wear seatbelts (56% vs. 51%-56% in other areas).

*Greater Vancouver youth are similar to youth in other areas in relation to: physical and mental health status, suicidal thoughts, physical and sexual abuse, physical fights, condom use, and connectedness to family and school.*

In Greater Vancouver, about a third of youth (32%) report excellent health status vs. 30%-35% in other areas. Severe emotional distress in the past month was reported by 8% of Greater Vancouver youth vs. 6%-9% in other areas, and 15% considered suicide in the past year, compared with 14%-19% in other parts of B.C. Fourteen percent of youth in this area have been physically abused vs. 14%-19% in other areas, and 6% have been sexually abused vs. 8%-10% in other areas. A quarter (25%) of youth have been involved in at least one physical fight in the past year vs. 25%-29% in other areas. Of students in the area who have had sexual intercourse, about two-thirds (67%) used a condom the last time they had sex vs. 65%-72% in other areas. About a quarter (26%) of youth in Greater Vancouver are highly connected to family vs. 24%-

29% in other areas, and 28% are highly connected to school vs. 24%-30% in other areas.

*Students in Greater Vancouver are similar or less healthy than youth in other areas in relation to: exercise, bike helmet use, birth control use, feeling safe at school and racial discrimination.*

In Greater Vancouver, 68% of students exercise three or more days a week vs. 72%-76% in other areas. The percentage of youth who always use bike helmets when cycling is 23% in this area, compared with 23%-40% elsewhere in the province. Among Greater Vancouver youth who have had sexual intercourse, 37% were using the birth control pill the last time they had sex, compared with 34%-50% in other areas. In Greater Vancouver, 37% of students always feel safe at school, compared with 37%-45% in other areas. Fifteen percent said they were discriminated against due to race in the past year compared with 6%-12% in other areas.

## Improved

- Ever had a drink of alcohol: 51% in 1992, 56% in 1998, 49% in 2003
- Current smokers: 12% in 1998, 6% in 2003
- Exposure to tobacco smoke inside home almost every day or every day: 16% in 1998, 9% in 2003
- Exercise 3 or more days a week: 58% in 1992, 66%\* in 1998, 68%\* in 2003
- Had sexual intercourse before age 14 (of students who have had sex): 35% in 1992, 26% in 1998, 20% in 2003
- Used a condom the last time had sex (of students who have had sex): 61%\* in 1992, 58%\* in 1998, 67% in 2003
- Used birth control pills the last time had sex (of students who have had sex): 19% in 1992, 29% in 1998, 37% in 2003
- Injured in past year: 34% in 1998, 28% in 2003
- Driven after using alcohol in past month (of licensed drivers): 13% in 1992, 12% in 1998, 11% in 2003
- Involved in 1 or more physical fights in past year: 29%\* in 1992, 28%\* in 1998, 25% in 2003

- Girls with a history of sexual abuse: 17% in 1992, 12%\* in 1998, 10%\* in 2003
- Physical abuse: 18%\* in 1992, 16%\* in 1998, 14% in 2003

## Remained the same or mixed results

- Excellent self-reported health status: 30% in 1992, 35% in 1998, 32% in 2003
- Girls who are overweight: 9% in 1992, 9% in 2003
- Seriously considered suicide in past year: 13%\* in 1992, 13%\* in 1998, 15%\* in 2003
- Severe emotional distress in past month: 8%\* in 1992, 8%\* in 1998, 8%\* in 2003
- Ever had sexual intercourse: 20%\* in 1992, 19%\* in 1998, 18%\* in 2003
- Ever used marijuana: 16% in 1992, 33% in 1998, 28% in 2003
- Always wear a helmet when cycling: 9% in 1992, 27% in 1998, 23% in 2003

## Did not improve

- Always feel safe at school: 45% in 1998, 37% in 2003
- Expect to attend post-secondary school: 82%\* in 1992, 80%\* in 1998, 78% in 2003
- Binge drinking 3 or more days in past month (of youth who have used alcohol): 9% in 1992, 17%\* in 1998, 16%\* in 2003
- Used marijuana 20 or more times in the past month (of youth who have used marijuana): 7%\* in 1992, 8%\* in 1998, 11% in 2003
- Always use seatbelt: 60%\* in 1992, 59%\* in 1998, 56% in 2003
- Experienced racial discrimination in past year: 13% in 1998, 15% in 2003
- Girls who seriously considered suicide in past year: 16%\* in 1992, 16%\* in 1998, 20% in 2003
- Boys who are overweight: 16% in 1992, 21% in 2003

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

# 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](http://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 East Asian (48%). About 31% are European, 9% are South Asian, and 8% are Southeast Asian, with smaller numbers of students describing their background as Aboriginal, African, West Asian, or some other ethnicity.

About half of all youth in this region (51%) were born in Canada, with about a fifth (19%) reporting that they had lived in Canada 5 years or less.

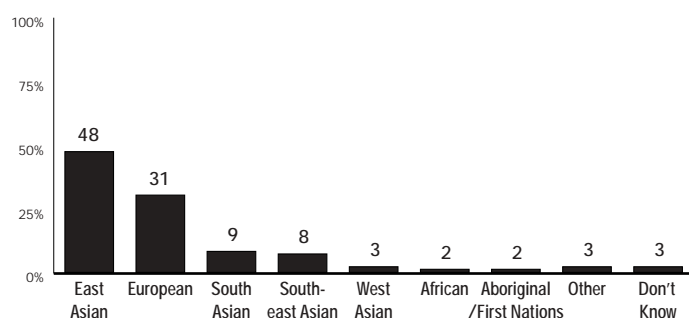
About a third (31%) of students in the region speak a language other than English at home some of the time, while 38% do so most of the time.

Over two-thirds (68%) of youth live with both parents, including stepmothers and fathers, and 24% live with one parent. In the region, 9% of students live with both parents but at different times. The number of students who reported ever having lived in a foster or group home in the past year was too small to report in this region.

Of Aboriginal students, most said they learned about their culture and heritage from school (70%) and family (68%), while 53% learned about Aboriginal culture from the community. The number of Aboriginal students who reported that they have ever or currently live on reserve was too small to report in this region.

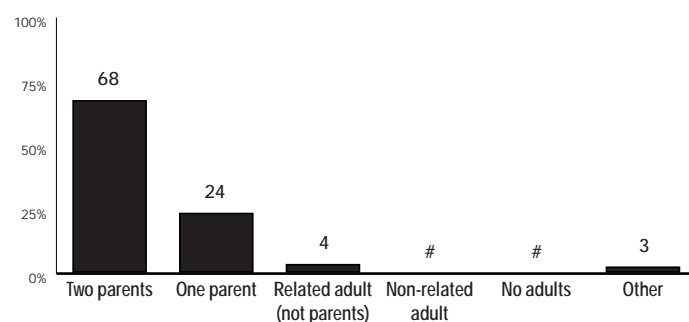
Frequent moves have been associated with increased stress for young people. In this region, 19% of students had moved once in the past year, 7% had moved twice, and 8% had moved three or more times, while 66% had not moved in the previous year.

**Family Background†**



† students could choose more than one response

**Live With Most of the Time**



**Speak a Language Other Than English at Home**

Never	31%
Sometimes	31%
Most of the time	38%

# Substance use

## Alcohol

Forty-four percent of students in this region have ever had a drink of alcohol, and boys are more likely than girls to have ever had a drink (46% vs. 42%). 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 22% of youth 14 years and under, 52% of 15 and 16 year olds, and 67% of those 17 or older having tried a drink of alcohol.

About a third (34%) of students in the region who have used alcohol first tried it before the age of 13. A substantial number of students are frequent or heavy drinkers. About 13% of students who have used alcohol have used it 100 or more days in their lifetime. Of students who drink, 57% have done so in the past month.

Sixteen percent of males and 13% 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. Six percent of students who have used alcohol have engaged in binge drinking on six or more days in the past month.

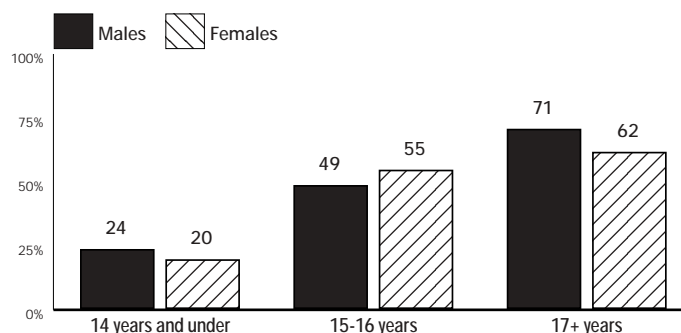
### Alcohol Use in Past Month (of youth who have used alcohol)

0 days	43%
1-2 days	31%
3-5 days	13%
6+ days	13%

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

Richmond 2003	16%
BC 2003	20%
Greater Vancouver Area 2003	16%
Greater Vancouver Area 1998	17%
Greater Vancouver Area 1992	9%

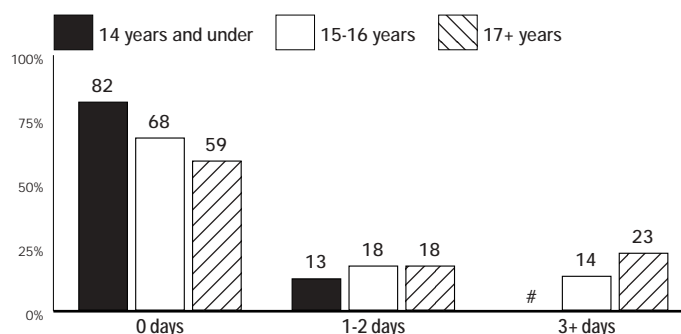
### Ever Used Alcohol by Age and Gender



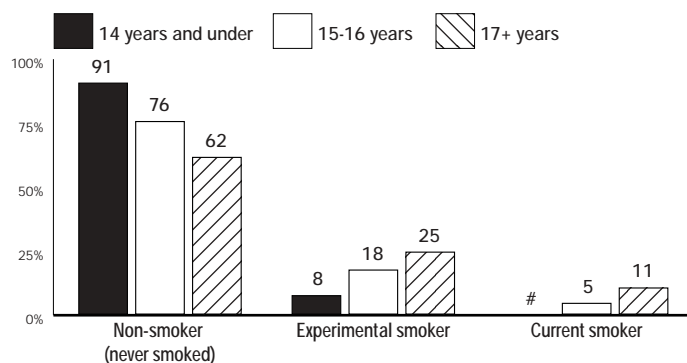
### Alcohol Use

	Ever had a drink of alcohol	Used alcohol 100+ days in life	Binge drinking on 3+ days in past month
Richmond 2003	44%	6%	7%
BC 2003	57%	10%	11%
Greater Vancouver Area 2003	49%	8%	8%
Greater Vancouver Area 1998	56%	7%	10%
Greater Vancouver Area 1992	51%	6%	5%

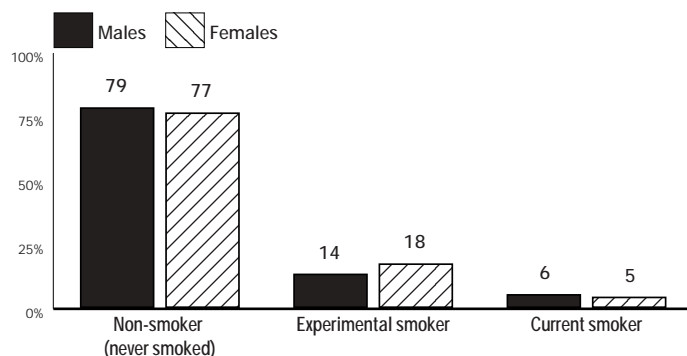
### Binge Drinking in Past Month by Age (of youth who have used alcohol)



### Smoking Behaviour by Age



### Smoking Behaviour by Gender



### Smoking Behaviour

	Non-smoker (never smoked)	Experimental smoker	Current smoker
Richmond 2003	78%	16%	5%
BC 2003	73%	19%	7%
Greater Vancouver Area 2003	78%	16%	6%
Greater Vancouver Area 1998	60%	26%	12%

### 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 5% of students say they are current smokers, while 78% identify themselves as non-smokers, and 16% are experimenting with smoking. The number of former smokers was too small to report for this region. Seventy-seven percent of girls and 79% of boys were non-smokers. Not surprisingly, younger students are more likely to be non-smokers than older students. Non-smokers include 91% of youth 14 years and under, 76% of 15 and 16 year olds and 62% of students 17 years or older.

Among students who have smoked, 56% smoked their first cigarette when they were between the ages of 11 and 14 years, 16% did so when they

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

Parents give them to me	#
Sneak from parents	8%
Friends give me	35%
Purchase from friends	15%
Convenience store	25%
Supermarket	8%
Restaurant	#
Gas station	10%
Drug store	#
Hotel/motel	#
Smoke shop	8%
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

Richmond 2003	8%
BC 2003	13%
Greater Vancouver Area 2003	9%
Greater Vancouver Area 1998	16%

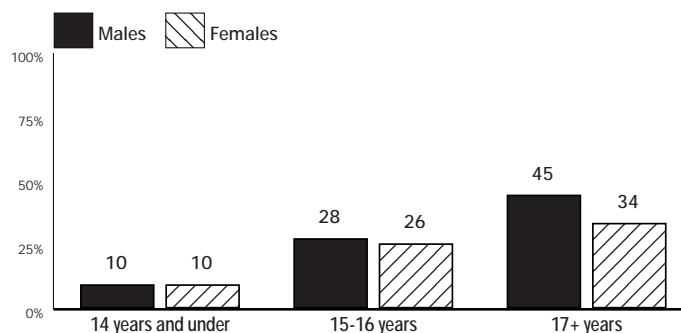
were 10 years or younger and 29% did when they were 15 or more years old. Current smokers were more likely than experimental smokers to have smoked their first cigarette before the age of 14.

Of those who are current smokers, 72% have tried to quit in the past month (73% of male current smokers and 69% of female current smokers). About a third (35%) of smokers are given cigarettes by their friends, 15% purchase them from friends and 8% sneak 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. Twenty-two percent of students in the region, including 18% of non-smokers, are exposed to tobacco smoke inside their home.

### Illegal drugs

About a quarter (24%) of the students in this region have used marijuana at least once. Boys are more likely than girls to have used marijuana (26% vs. 22%), and use increases with age; 10% of youth 14 years and under, 27% of 15 and 16 year olds and 40% of students 17 and older have tried marijuana. Five percent of all students have used marijuana once or twice in their life, 5% used it 3-9 times, 6% used it 10-39 times, 4% used it 40-99 times, and 5% used it 100 or more times in their life. Fifteen percent of all students surveyed in the region said they were 14 years or younger when they first tried marijuana. Two percent of all students said that they had used marijuana 20+ times in the past month.

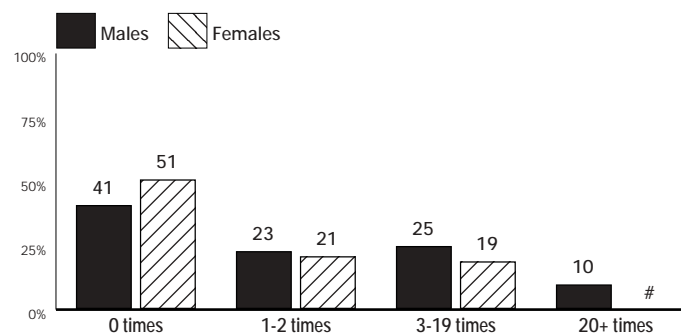
### Ever Used Marijuana by Age and Gender



### Ever Used Marijuana

Richmond 2003	24%
BC 2003	37%
Greater Vancouver Area 2003	28%
Greater Vancouver Area 1998	33%
Greater Vancouver Area 1992	16%

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

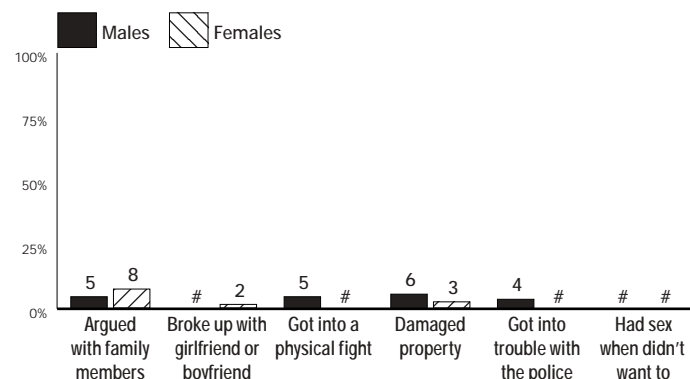


### Ever Used Illegal Drugs

	Richmond 2003	BC 2003	Greater Vancouver Area 2003	Greater Vancouver Area 1998
Cocaine	6%	5%	5%	7%
Hallucinogens	5%	7%	6%	9%
Mushrooms	7%	13%	9%	13%
Inhalants	3%	4%	3%	6%
Amphetamines	3%	4%	3%	4%
Heroin	1%	1%	1%	2%
Injected an illegal drug	#	1%	1%	1%
Steroids	2%	1%	1%	2%
Prescription pills without a doctor's consent	8%	9%	8%	10%

Among students who have used marijuana, 20% used it 100 or more times in their life, and 10% used it 20 or more times in the past month. Boys are more likely than girls to be heavy users of marijuana. A quarter of boys (25%) and 13% of girls who have used marijuana, used it 100 or more times in their life. Ten percent of boys who have used marijuana, used it 20 or more times in the past month. The number of girls who had used marijuana 20 or more times in the past month was too small to report in this region. The use of other illegal drugs is generally similar or lower in this region than the average rate of use in the rest of the province.

### Consequences of Alcohol or Drug Use in Past Year by Gender



### 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. Sixty-two percent of students in this region did not drink or use drugs in the past year; overall, 17% of students reported negative consequences. Eight percent of youth passed out, 6% argued with a family member, 4% got into a physical fight, 4% damaged property, 6% got poor marks at school, 2% broke up with a boyfriend or girlfriend, 2% lost friends, 2% had sex when they didn't want to, 2% got in trouble at school, and 2% sustained an injury as a result of substance use in the past year. The numbers 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 were too small to report in this region.

# Sexual behaviour

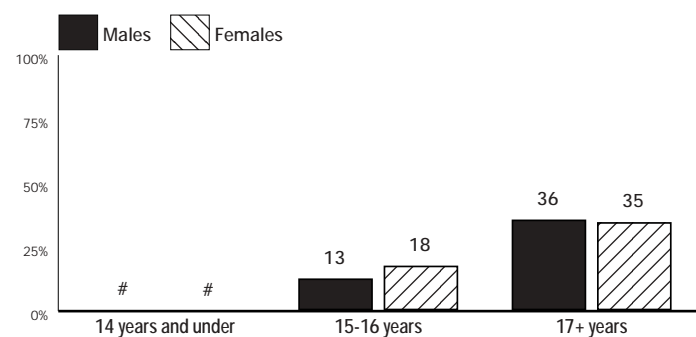
## Sexual activity

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, 84% of students who participated in the survey have never had sexual intercourse. (Students who had never had sex were asked to skip questions about sexual activity.) Less than a fifth (17% of boys and 16% of girls) have ever had intercourse. The likelihood of being sexually active increases with age, with 4% of youth 14 years and under, 15% of those 15 and 16 years old and 36% of students 17 and older having had sex.

Seventeen percent of students who have had sexual intercourse report having sex for the first time before the age of 14 (19% of sexually active boys and 15% of sexually active girls). Eleven percent of sexually active students report that their first sexual experience was with a partner aged 19 years or more. The numbers of responses to questions of having sex with a same-sex partner in the past year were too small to report in this region.

Forty-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.) The majority of students (82%) identify themselves as 100% heterosexual; 6% are mostly heterosexual, 3% are bisexual or homosexual and 10% of students said they are not sure about their sexual orientation. Girls are less likely to say they are 100% heterosexual than boys, and students 14 years and under are less

### Ever Had Sexual Intercourse by Age and Gender



### Ever Had Sexual Intercourse

Richmond 2003	16%
BC 2003	24%
Greater Vancouver Area 2003	18%
Greater Vancouver Area 1998	19%
Greater Vancouver Area 1992	20%

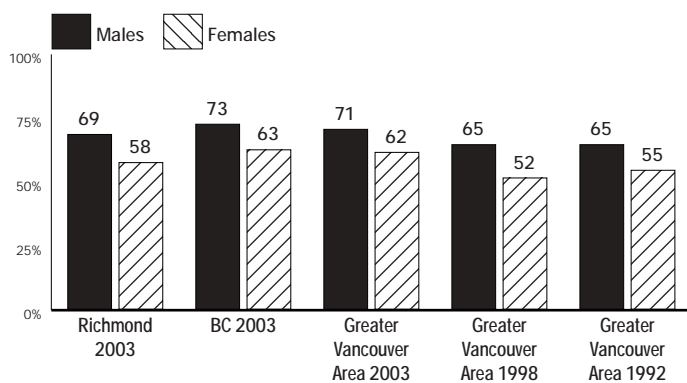
### First Had Sexual Intercourse Before Age 14 (of youth who have had sex)

Richmond 2003	17%
BC 2003	20%
Greater Vancouver Area 2003	20%
Greater Vancouver Area 1998	26%
Greater Vancouver Area 1992	35%

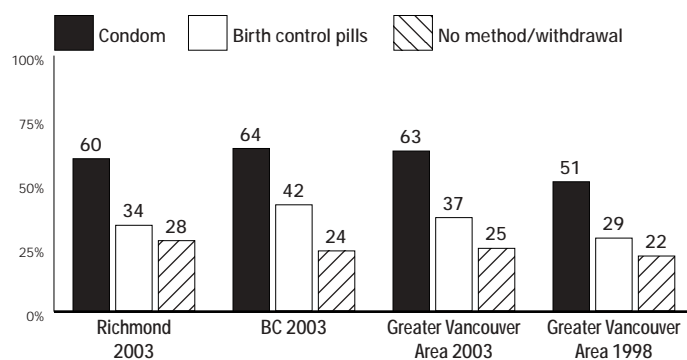
### Sexual Orientation

100% heterosexual	82%
Mostly heterosexual	6%
Bisexual or homosexual	3%
Not sure	10%

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



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



† students could choose more than one response

likely than older students to be sure about their sexual orientation. Three percent of all students report having been forced to have sex by another youth, but the numbers of responses to whether they had been forced to have sex by an adult were too small to report in this region.

### Risk of STDs

Not all youth are taking steps to protect themselves from sexually transmitted diseases (STDs); 64% 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 were sexually active students 17 years of age and older. Twenty-eight percent of sexually active students in this region report having sex with three or more people in their lifetime. Fifteen percent of sexually active students report having sex with two 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.

Twenty-two percent of sexually active students said they used alcohol or drugs the last time they had sex. Twenty-three percent of males and 20% of females have used alcohol or drugs the last time they had sex. 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, 60% of sexually active students used condoms to prevent pregnancy, 34% used birth control pills and 28% used nothing. The numbers of responses to questions of ever having been or gotten someone pregnant were too small to report in this region.

# Physical health

## Health status

Most students in this region (84%) report excellent or good health. More boys than girls feel they have excellent or good health (87% vs. 81%). Younger students are most likely to feel they have excellent or good health.

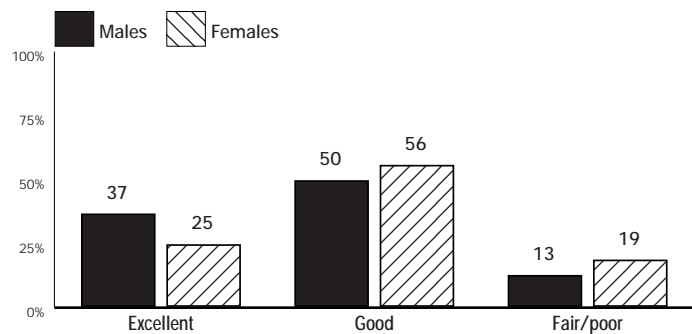
Nine percent of students overall say they never experienced physical complaints such as backaches, headaches, stomachaches, or dizziness in the past 6 months. More males than females are free from physical complaints (13% vs. 5%). Sixteen percent of students say they experience at least one physical complaint a lot, 7% have two complaints a lot, 3% have three a lot and 1% experiences all four complaints frequently. As students age they are more likely to experience physical complaints a lot.

Eight percent of students in this region (10% of girls and 7% of boys) have a chronic health condition or disability that limits their activity. Fifty-six percent of these students say that other people can tell sometimes or always that they have a health condition or disability, 27% take medications daily and 27% 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	3%
Long-term illness	4%
Overweight/underweight	1%

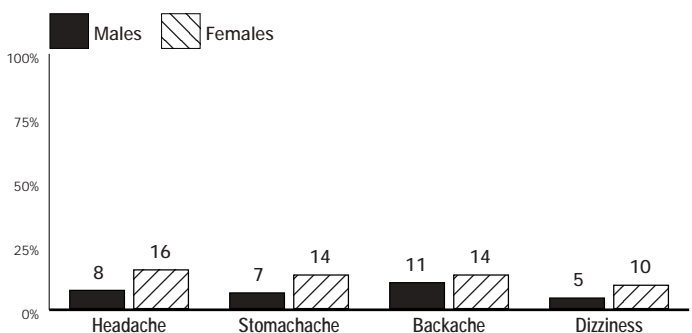
### Self-Rated Health Status by Gender



### Self-Rated Health Status

	Excellent	Good	Fair/poor
Richmond 2003	31%	53%	16%
BC 2003	32%	54%	14%
Greater Vancouver Area 2003	32%	54%	15%
Greater Vancouver Area 1998	35%	52%	13%
Greater Vancouver Area 1992	30%	54%	16%

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



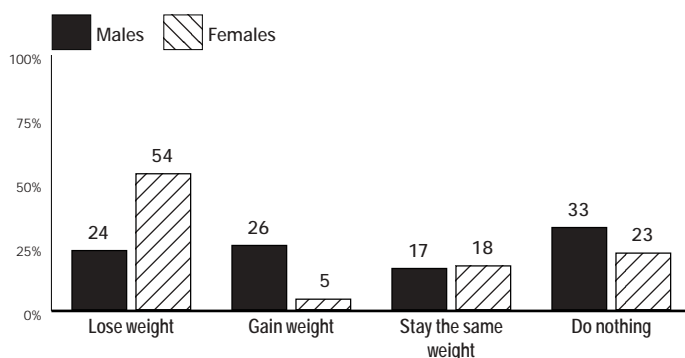
### Satisfaction with Appearance by Gender

	Males	Females
Not satisfied	13%	24%
Neither satisfied nor dissatisfied	35%	36%
Satisfied	53%	40%

### Overweight by Gender

	Males	Females
Richmond 2003	19%	9%
BC 2003	23%	11%
Greater Vancouver Area 2003	21%	9%
Greater Vancouver Area 1992	16%	9%

### 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 (40%) say they are satisfied with their appearance, compared to 53% of boys. Satisfaction with appearance decreases with age. While 45% of girls and 60% of boys 14 years and under are satisfied with how they look, only 38% of girls and 48% of boys aged 17 and older are satisfied with their appearance.

Rates of physical development vary in this age group. In the region, 26% of boys and girls think they look older than their peers. Looking older than peers has been associated with an increase in some risk behaviours. Over half (55%) of girls had their first menstrual period when they were 12 years old or younger, 27% when they were 13 years old, 7% at 14 years, and 2% when they were 15 years or older. Eight percent of girls 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, 19% of boys and 9% of girls are overweight.

The majority of both boys and girls think they are about the right weight (64% vs. 60%, 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 5% of girls say they are trying to gain weight, compared to 26% of boys. Nearly half (49%) of girls and 17% 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 20% of boys and 35% of girls report binge eating or gorging at least once in a while, only 6% of boys and 7% of girls report ever vomiting on purpose after eating.

### Exercise and nutrition

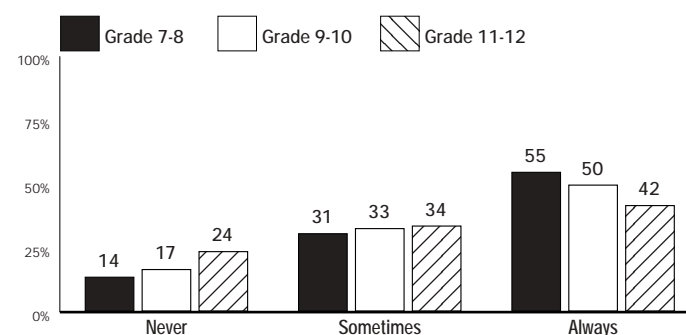
Most students exercise regularly. In the region, 69% of boys and 57% of girls exercise three or more days a week. This level of exercise decreases with age for both males and females.

Less than half of students (48%) always eat breakfast on a school day. Eating breakfast daily declines with age, with 55% of students in grades 7 and 8, 50% of those in grades 9 and 10 and 42% of grade 11 and 12 students always eating breakfast on a school day. Half of boys (50%) and 47% of girls always eat breakfast on a school day.

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



**Eat Breakfast on School Days by Grade**

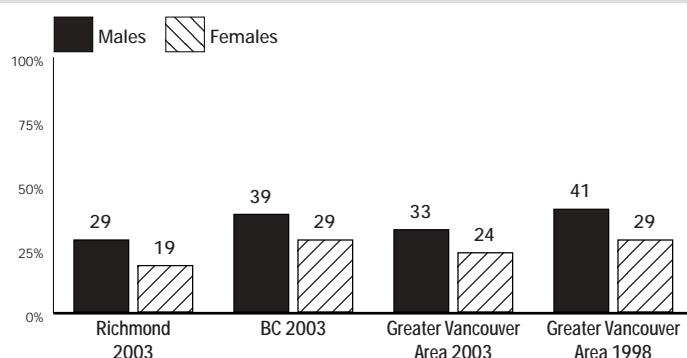


**Exercise 3 or More Days per Week by Age and Gender**

	14 years and under	MALES		14 years and under	FEMALES	
		15-16 years	17+ years		15-16 years	17+ years
Richmond 2003	77%	70%	58%	69%	52%	42%
BC 2003	81%	79%	68%	74%	65%	50%
Greater Vancouver Area 2003	80%	75%	63%	71%	62%	43%
Greater Vancouver Area 1998	79%	74%	66%	69%	58%	43%
Greater Vancouver Area 1992	75%	64%	49%	66%	41%	26%

# 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	11%
At school	19%
At a sports facility or field (not at school)	41%
In a park or recreational area	5%
In the street or roadway	10%
Somewhere else	15%

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

	Motor vehicle	Bicycle riding, roller-blading, or skateboarding	Sports or recreational activities	Fighting	Other
Richmond 2003	#	11%	63%	6%	16%
BC 2003	5%	14%	55%	5%	21%
Greater Vancouver Area 2003	3%	12%	60%	5%	19%
Greater Vancouver Area 1998	7%	10%	58%	5%	20%

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, 24% of youth reported being injured seriously enough in the past year to require medical care. Boys were more likely to be injured than girls (29% vs. 19%). The percentage of students requiring medical attention in the past year due to an injury remains stable across all age groups. 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, 30% of students have a valid driver's license, and about a fifth (21%) of drivers say they have driven at least once after using drugs or alcohol. Of youth with a driver's license, 9% 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 (25% vs. 14%). Fifteen percent of students in the region say they rode with a drinking driver in the past month. Girls are more likely than boys (17% vs. 13%) to have ridden in a vehicle with a drinking driver in the past month.



### Injury Prevention Behaviour by Gender

	Never drink and drive†		Always wear seatbelt		Always use bike helmet††	
	Males	Females	Males	Females	Males	Females
Richmond 2003	75%	86%	56%	58%	15%	18%
BC 2003	71%	77%	54%	55%	25%	26%
Greater Vancouver Area 2003	76%	82%	56%	56%	23%	23%
Greater Vancouver Area 1998	65%	77%	57%	60%	27%	28%
Greater Vancouver Area 1992	72%	83%	59%	60%	9%	9%

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

Only 57% of youth report always wearing a seatbelt, while 27% wear a seatbelt most of the time. Seatbelt use fluctuates with age. Youth 15-16 years old are least likely to always wear a seatbelt (53%), while 60% of youth 14 years and under and 58% of youth 17 years and more always do.

Despite provincial legislation requiring the use of bicycle helmets, helmet use remains relatively low in this region. While 66% of youth say they have ridden a bicycle in the past year, only 16% of riders always wore a bike helmet. Only 13% 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 (22%), whereas 11% of 15-16 year olds and 12% 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
Richmond 2003	13%	#
BC 2003	14%	10%
Greater Vancouver Area 2003	13%	8%
Greater Vancouver Area 1998	15%	10%
Greater Vancouver Area 1992	16%	8%

# Emotional health

## Ever Been Physically Abused by Gender

	Males	Females
Richmond 2003	12%	15%
BC 2003	12%	18%
Greater Vancouver Area 2003	12%	17%
Greater Vancouver Area 1998	13%	18%
Greater Vancouver Area 1992	15%	21%

## Ever been Sexually Abused by Gender

	Males	Females
Richmond 2003	2%	8%
BC 2003	2%	13%
Greater Vancouver Area 2003	2%	10%
Greater Vancouver Area 1998	3%	12%
Greater Vancouver Area 1992	3%	17%

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, 8% of youth experienced serious emotional distress in the past month. Girls are more likely than boys (10% vs. 6%) to feel seriously distressed. The likelihood of experiencing emotional distress increases with age, with 6% of youth 14 or younger and 10% of those aged 17 or older reporting serious emotional distress.

In the region, 14% of students say they have ever been physically abused, and 5% report having been sexually abused. Girls are more likely than boys to have experienced sexual abuse. The likelihood of ever being physically abused increases between early and middle adolescence.

## Suicide

Suicide ideation and attempts among youth in B.C. have not declined over the past decade. Fifteen percent of youth in this region said they had seriously considered suicide in the past year, and 11% had actually planned a suicide attempt. Three percent of students said they attempted suicide once and 3% attempted suicide two or more times in the past year. Girls were more likely to have attempted suicide in the past year (9% vs. 4%), 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.

Three percent of students had someone in their family commit or attempt suicide in the past year, while 7% 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.

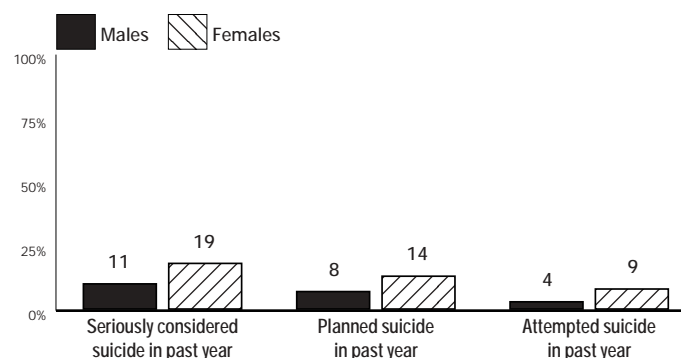
## Discrimination

Over a quarter (27%) 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 physical appearance varied by gender. Four percent of males were discriminated against due to sexual orientation, but the numbers of responses to this question by females were too small to report.

### Considered Suicide in Past Year by Gender

	Males	Females
Richmond 2003	11%	19%
BC 2003	11%	21%
Greater Vancouver Area 2003	10%	20%
Greater Vancouver Area 1998	10%	16%
Greater Vancouver Area 1992	11%	16%

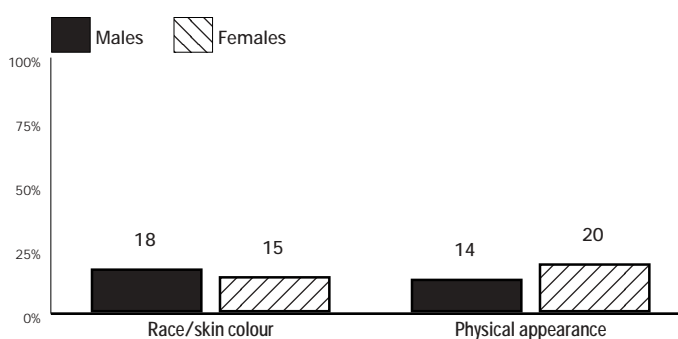
### Suicide Ideation and Attempts in Past Year by Gender



### Discriminated Against in Past Year Because of...

	Race/skin colour	Sexual orientation	Physical appearance
Richmond 2003	17%	3%	17%
BC 2003	12%	4%	20%
Greater Vancouver Area 2003	15%	3%	17%
Greater Vancouver Area 1998	13%	3%	24%

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



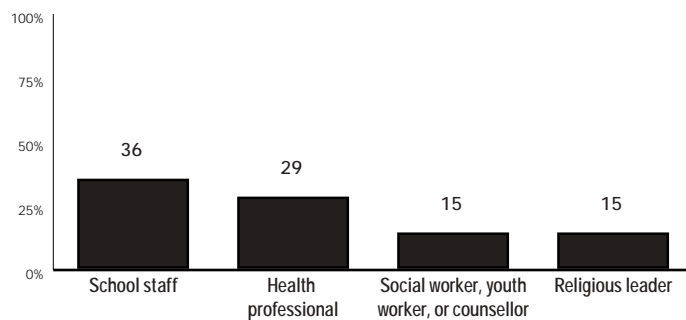
### Worry “a lot” About...

Your family having enough food or money	14%
A parent dying	16%
Drinking or drug use by someone in your home	8%
Violence in your home	8%
Not having someone to take care of you	8%

### Worries

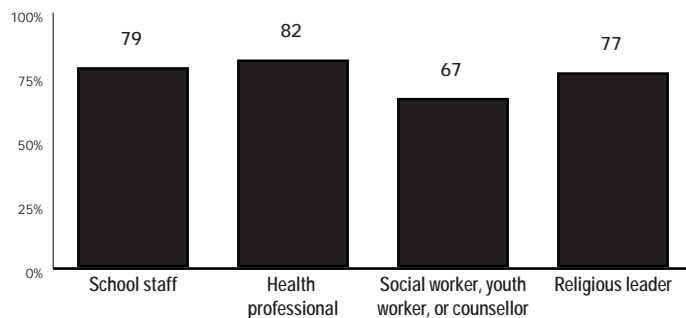
The survey asked students if they worried about their home life. In this region, students were most likely to worry ‘a lot’ about a parent dying (16%) or whether their family had enough food or money (14%). Eight percent of the youth worried ‘a lot’ about drinking or drug use by someone at home, 8% worried ‘a lot’ about violence at home, and 8% about not having someone to take care of them. Seven percent of students reported worrying ‘a lot’ about 3 or more of these issues.

### In Past Year Sought Help From...



About half (49%) 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 (79%) found them to be helpful, 82% found a health professional helpful, 67% found a social worker or counsellor helpful and 77% 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.

### Professionals Who Were Helpful with a Personal Problem in Past Year (of youth who asked for 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-three percent of students in the region say they were in a physical fight in the past year, and 3% were injured fighting. Boys are more likely than girls to be involved in fights (33% vs. 13%). Physical fighting decreases between early and middle adolescence, from 26% of youth 14 years and under to 20% of those 15 to 16 years old. Three percent of youth were hit or hurt on purpose by a boyfriend or girlfriend in the past year.

Only 6% of students in this region carried a weapon to school in the past month, most often a knife. Older students were more 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 (45%) and 12 (44%).

### Always or Usually Feel Safe at School in...

Library	82%
Classroom	79%
Cafeteria	65%
Washrooms	57%
Hallways	60%
Outside on school property during school hours	50%

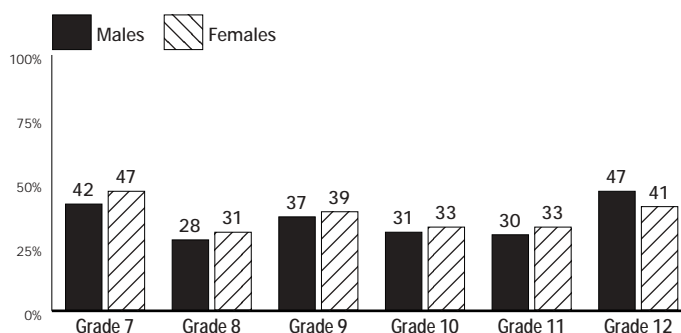
### Involved in 1 or More Physical Fights in Past Year by Gender

	Males	Females
Richmond 2003	33%	13%
BC 2003	36%	18%
Greater Vancouver Area 2003	34%	16%
Greater Vancouver Area 1998	41%	17%
Greater Vancouver Area 1992	40%	18%

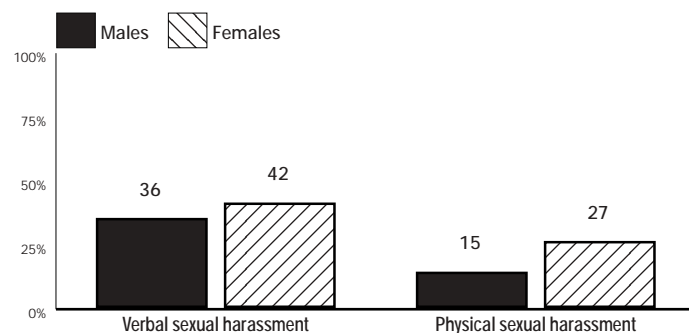
### Carried a Weapon to School in Past Month

Richmond 2003	6%
BC 2003	7%
Greater Vancouver Area 2003	7%
Greater Vancouver Area 1998	8%

### Always Feel Safe at School by Grade and Gender



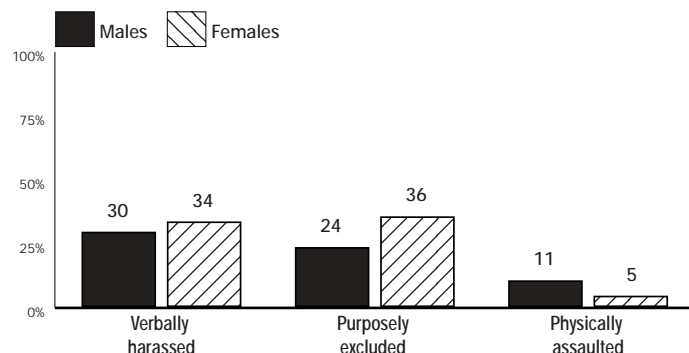
### Sexual Harassment in Past Year by Gender



Both verbal and physical sexual harassment are more commonly faced by girls than boys. Eleven percent of youth 14 years and under and 14% of 15 and 16 year olds and 12% of those 17 years and over report that they were verbally sexually harassed three or more times in the past year. Rates of physical sexual harassment remained stable across all age levels.

Girls are more likely than boys to have been verbally harassed (34% vs. 30%) and purposely excluded (36% vs. 24%) by peers at school in the past year. Boys are more likely than girls to report having been physically assaulted (11% vs. 5%) 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 this region, 8% of boys and 20% 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, 7% of boys and 8% of girls have run away in the past year. About 1% had run away three or more times. Running away from home is associated with a greatly increased likelihood of risky behaviours.

# School

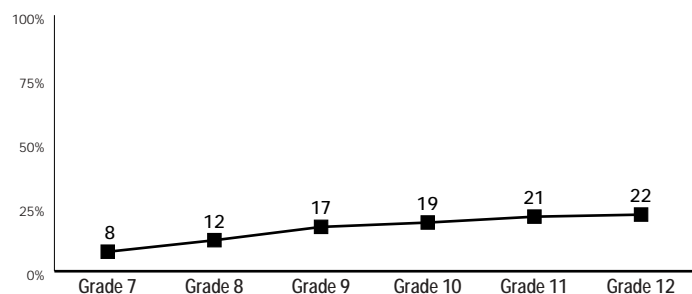
In this region, 83% of students say they like school some or very much. Girls are more likely than boys to have very positive feelings about school. Dislike for school tends to increase with age, from 8% of students in grade 7 to 22% of students in grade 12 reporting that they dislike school.

A majority of students in the region (81%) say they plan to continue their education past secondary school. Girls (83%) are somewhat more likely than boys (79%) 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.

Twenty-nine percent 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 12% of students in grades 7 and 8, 27% in grades 9 and 10 and 45% in grades 11 and 12 reporting that they had skipped school in the past month. Boys and girls are equally likely to skip school.

Students were asked to evaluate their performance in school. In the region, 28% of students said they receive mostly A's at school, while 45% receive mostly B's and 27% mostly C's, D's or F's. Girls (36%) were more likely than boys (20%) to receive mostly A's.

## Don't Like School by Grade



## Post-Secondary Educational Aspirations by Grade and Gender

	Males	Females
Grade 7-8	76%	82%
Grade 9-10	80%	82%
Grade 11-12	81%	85%

## Post-Secondary Educational Aspirations

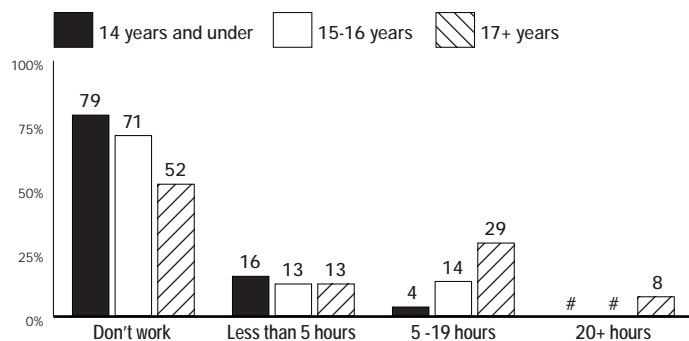
Richmond 2003	81%
BC 2003	75%
Greater Vancouver Area 2003	78%
Greater Vancouver Area 1998	80%
Greater Vancouver Area 1992	82%

## Skipped School in Past Month

Never	71%
Once or twice	19%
3-10 times	8%
11+ times	2%

# Community & leisure

**Hours per Week at a Part-Time Job by Age**

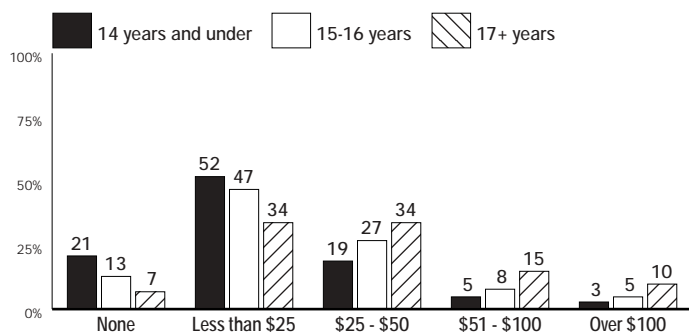


## Part-time work

Several questions on the survey asked students how they spent their time out of school. Thirty-one percent have a paid, part-time job; rates are the same for boys and girls. Fourteen percent work less than 5 hours per week, 14% work 5-19 hours per week, while 3% work 20 or more hours a week. Part-time work increases with age. Only 21% of youth 14 years and under work, rising to 29% at age 15 and 16, and 49% at 17 and older.

Most students (86%) say they have money to spend on themselves each week. About half of students (46%) have less than \$25 to spend on themselves each week, 26% have between \$25 and \$50 to spend, 9% have between \$51 and \$100 to spend, and 6% have over \$100 to spend on themselves each week. Only 9% 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. Forty-five percent of youth in this region say they have gambled in the past year. Thirty-nine percent of youth in the region gamble less than once a week, and 6% gamble about once a week or more. About a quarter (27%) of students played cards for money, 22% bought lottery tickets, and 20% bet money on sports pools.



Boys are more likely to gamble than girls: 52% vs. 37%. Playing cards for money is the most popular form of gambling for boys (36%), while buying lottery tickets is the most popular form of gambling for girls (21%). Thirty-nine percent of students aged 14 and under say they engage in gambling, while 47% of those 15 or 16 years and 52% of students 17 and older do so. Gambling activity including playing cards, betting on sport pools, and buying lottery tickets increases with age, while playing bingo does not vary with age. It is notable that over a fifth 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. Twenty-nine percent of youth in this region say they feel bored much of the time or always (24% rarely, 47% sometimes, 21% much of the time, 8% always). Feeling bored much of the time or always does not vary by gender.

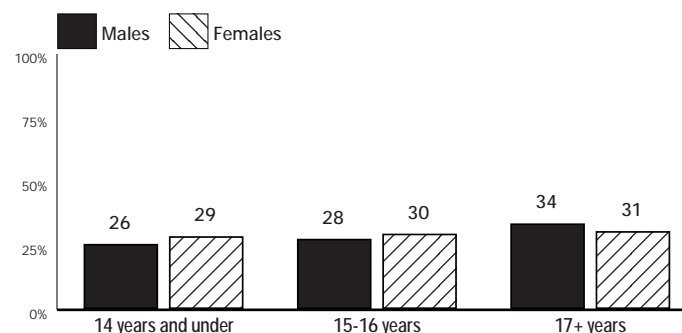
### Peer pressure

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 (78%) or got pregnant or got someone else pregnant (71%). Differences vary across age groups. For example, more older students think their friends would be upset if they dropped out of school. More younger students think their friends would be upset if they were arrested, 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.

#### Gambling in Past Year by Gender

	Males	Females
Played cards	36%	18%
Bought lottery tickets	24%	21%
Bet on sports pools	28%	10%
Bet on gambling machines	9%	6%
Played bingo	7%	6%
Bet at a casino in B.C.	4%	#

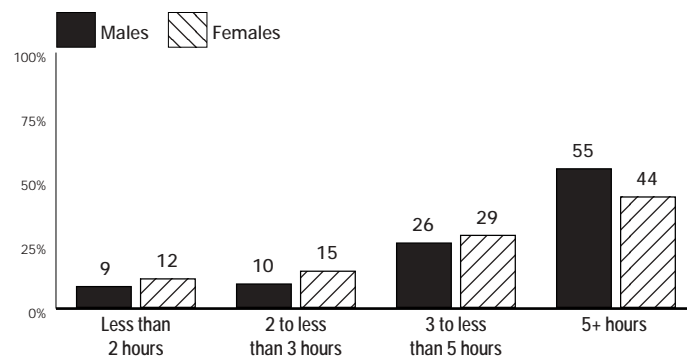
#### Feel Bored Much of the Time or Always by Age and Gender



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

	Males	Females
Got arrested	53%	70%
Beat someone up	37%	65%
Carried a weapon for protection	40%	52%
Got pregnant or got someone else pregnant	64%	79%
Dropped out of school	71%	86%
Got drunk	36%	46%
Used marijuana	54%	64%

**Hours Spent in Front of a Screen<sup>†</sup> on an Average School Day by Gender**



<sup>†</sup> watching television or using the computer for recreational purposes

## Screen time

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, 70% of students said they watched 2 or more hours of TV compared to 63% who used a computer for 2 or more hours for recreational purposes.

Overall, 11% of students in the region say they watch TV or use the computer for games or other recreational uses for less than 2 hours on a school day, 12% do so between two and less than three hours, 28% do so from 3 to less than five hours, and nearly half (49%) 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 the region, 9% of boys and 12% of girls watch TV or use the computer recreationally less than two hours on a school day. Over half (55%) of boys and 44% of girls spend five or more hours on school days watching TV or spending time using the computer for games or other recreational uses.

Students who are always bored spend more time in front of a screen. Over two-thirds (69%) 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. About a third (34%) 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.

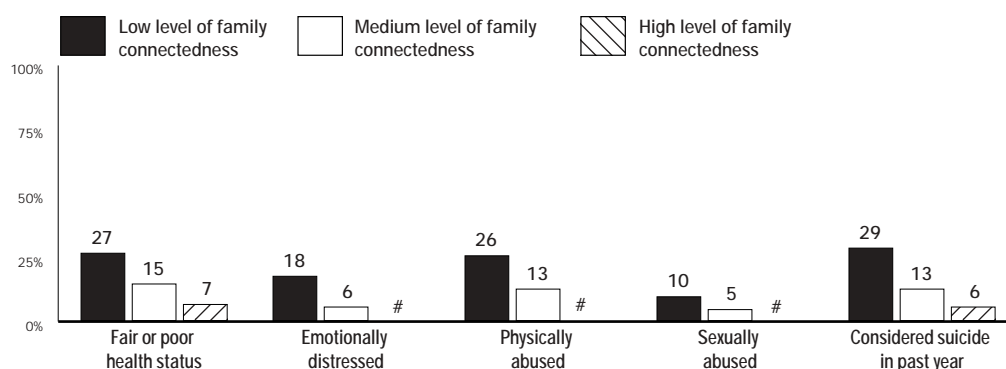
## Family connectedness

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 between early and middle adolescence, with 32% of students 14 years and under, 22% of those 15 and 16 years old, and 21% of youth 17 years and older having high levels of connectedness to their families. Rates of high family connectedness are similar for boys and girls (26% vs. 25%). Those having high connectedness to family are less likely to engage in some risk

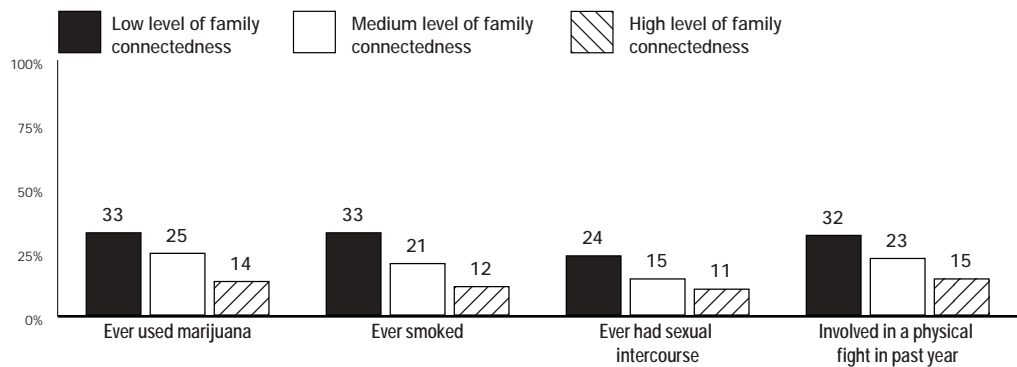
behaviours. For example, 24% of students with low connectedness to family report ever having sex, compared to 15% of students with medium connectedness and only 11% with high connectedness have ever had sex.

Most students (74%) say they have an adult in their family they would feel comfortable talking to if they had a personal problem. The percentage of students that feel okay talking to an adult family member about problems is highest for the 14 and under age group. Students who feel okay talking to an adult family member about problems 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 17% 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.

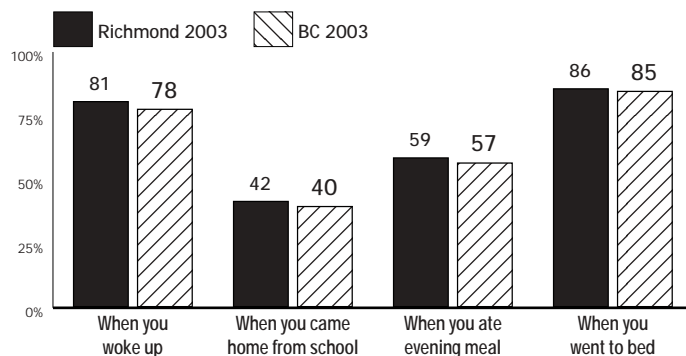
**Family Connectedness and Health**



### Family Connectedness and Risk Behaviours



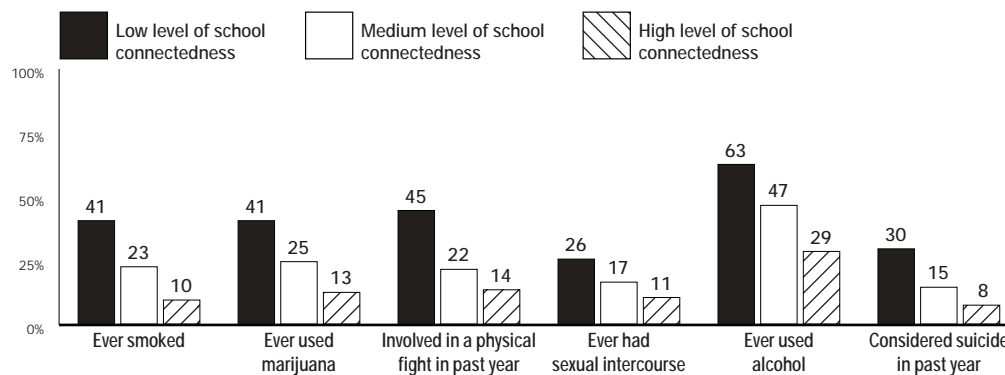
### For All of the Past 5 School Days, a Parent Was at Home...



A majority of students (52%) 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 feel comfortable talking to an adult outside their family about problems (55% vs. 51%). Older youth are more likely than younger youth to feel comfortable seeking support outside their family, with 44% of students 14 and under, 54% of those 15 or 16 years old, and 62% of those 17 years and older feeling okay talking to an adult outside their family 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, 88% of students say at least one parent is home when they wake up in the morning on three or more school days a week. About two-thirds (64%) have at least one parent at home when they come home from school, 82% have at least one parent at home when they eat their evening meal, and nearly all (93%) have at least one parent at home when they go to bed on three or more school days a week. As well, 27% 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. Older students are least likely to feel highly connected to school; 43% of students in grades 7 and 8 and 27% of those in grades 9 through 12 feel highly connected to school. Girls feel more connected to school than boys (35% vs. 28% are highly connected).

Students that are highly connected to school are less likely to engage in risk behaviours. In this region, 45% of students who have a low connection to school have been in at least one physical fight in the past year, compared to 22% who have a medium level of connectedness to school, and 14% 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 (79%) gave a positive response (80% of boys and 77% of girls). Belief that they are really good at something declines with age for girls; 80% of those 14 years and under be-

lieve they are really good at something, while 73% of those 17 years and older do. This belief remains stable for boys across all age levels. Those that report being good at something have better emotional health; 14% of students who feel they are good at something, compared with 18% of those who do not, report seriously considering suicide in the past year.

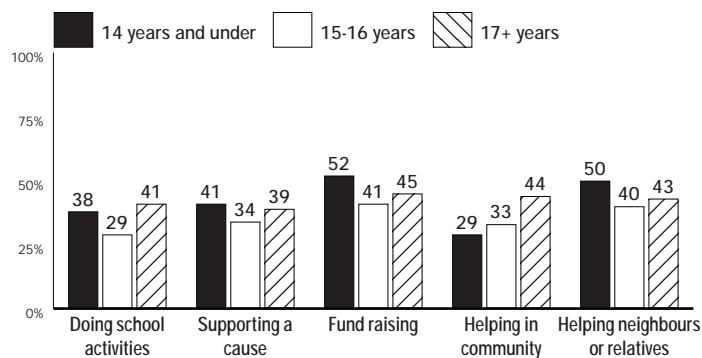
A sense of optimism is also associated with well-being. The majority of students (96%) expect to live to be at least 25 years old.

### Religiosity

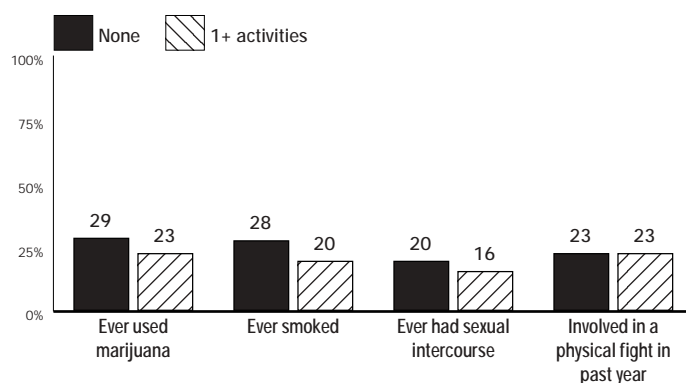
Over half of students (61%) think of themselves as a somewhat or very religious/spiritual person. Girls are more likely than boys to see themselves as religious/spiritual (67% vs. 55%). Reporting of religiosity does not vary across age groups.

Students who are very religious/spiritual are less likely than students who are not at all religious/spiritual to have tried alcohol (35% vs. 48%) and to have tried marijuana (18% vs. 26%). Students who are very religious/spiritual are almost as likely as students who are not at all religious/spiritual to have considered suicide (16% vs. 15%).

**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, 79% of students did some type of volunteer work in the past year. Girls are more likely to volunteer than boys (85% vs. 73%). In the past year over a third (36%) of all students did volunteer activities at school: 38% supported a cause, 46% did fund raising, 34% helped in the community and 45% helped neighbours or relatives.

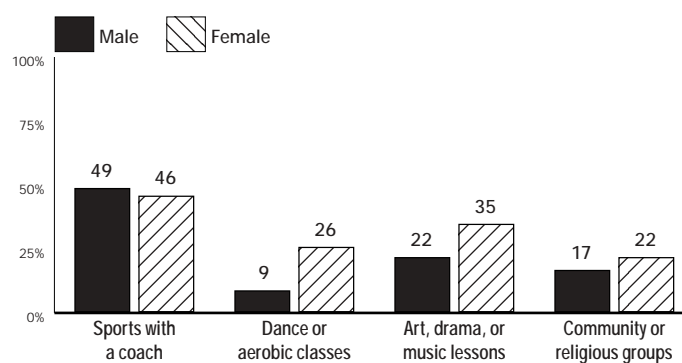
Those who participated in one or more volunteer activities in the past year were less likely to have ever had sex (16% vs. 20%), to have tried smoking (20% vs. 28%), or used marijuana (23% vs. 29%) than youth who did not volunteer.

## Extracurricular activities

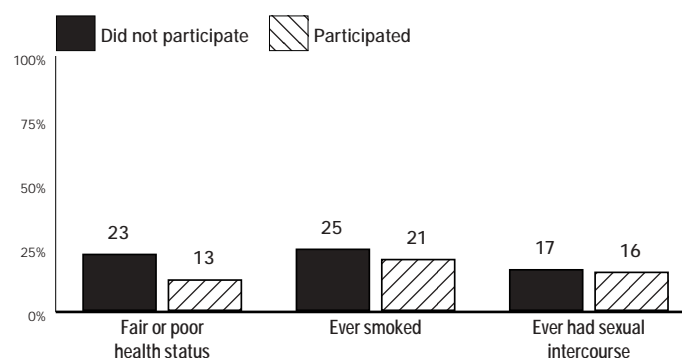
Most students (88%) take part in at least one activity outside school a week. Involvement in activities such as: sports with or without a coach; dance or aerobic classes; art or music lessons and hobbies/crafts declines with age. Girls were more likely than boys to participate in dance, aerobics, art, 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 tried smoking (25% vs. 21%) and to have considered suicide (18% vs. 14%).

**Weekly Participation in Extracurricular Activities in Past Year by Gender**



**Weekly Participation in Extracurricular Activities in Past Year and Risk Factors**

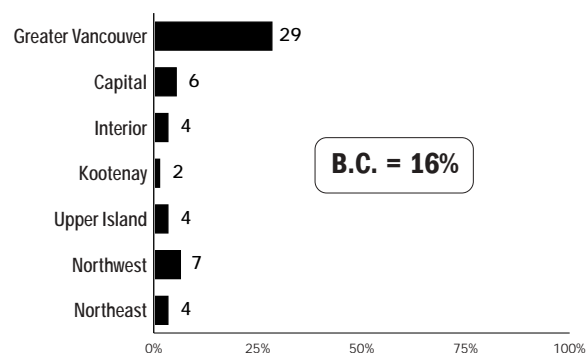


# Geographic comparisons

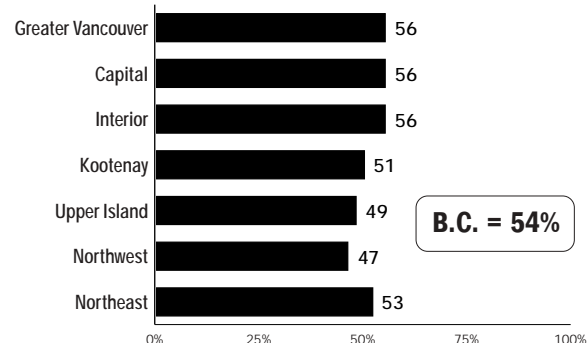
The figures on the following pages show comparative data on a range of topics for the province's geographic areas. (Due to low school district participation, results are not available for the Fraser Valley.)

**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.

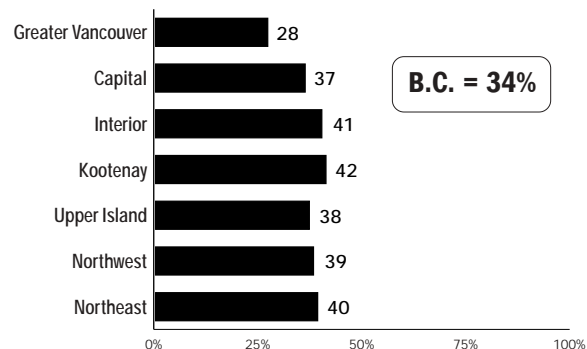
## Speak a Language Other than English at Home Most of the Time



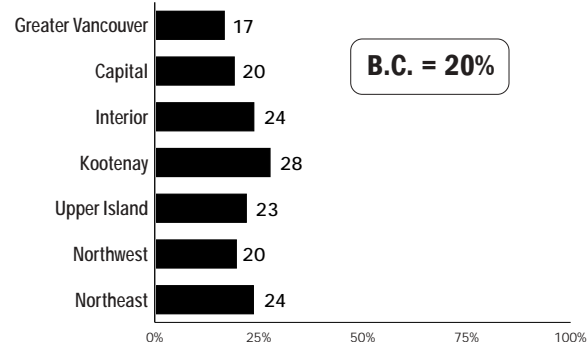
## Always Use a Seatbelt



## Injured in Past Year

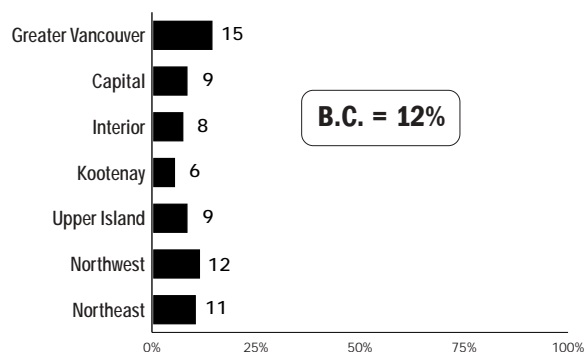


## In Past Month, Rode With a Driver Who Had Been Drinking Alcohol

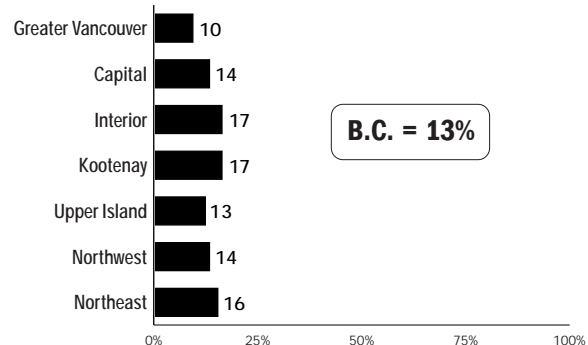




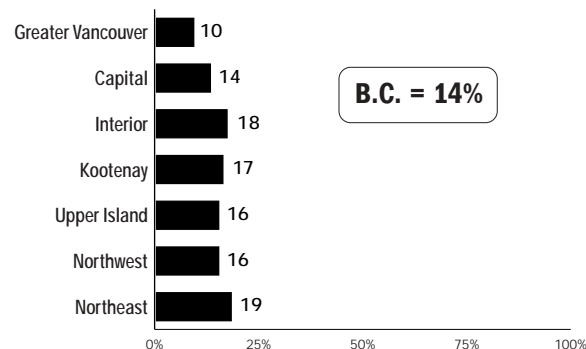
### Discriminated Against in Past Year Because of Race/Skin Colour



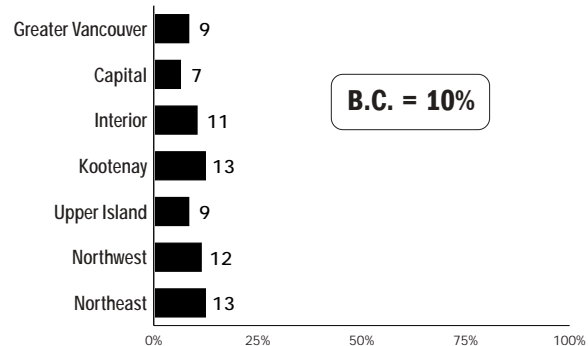
### Females With a History of Sexual Abuse



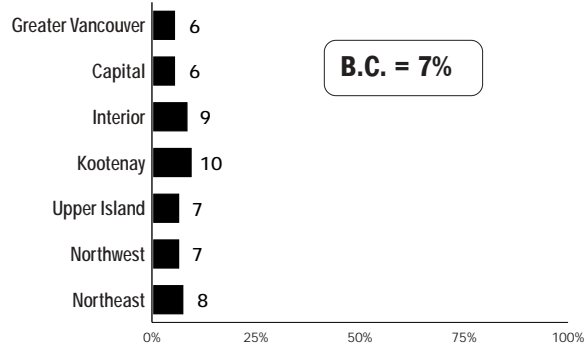
### Have a Family Member Who Has Ever Tried to Kill Him/Herself



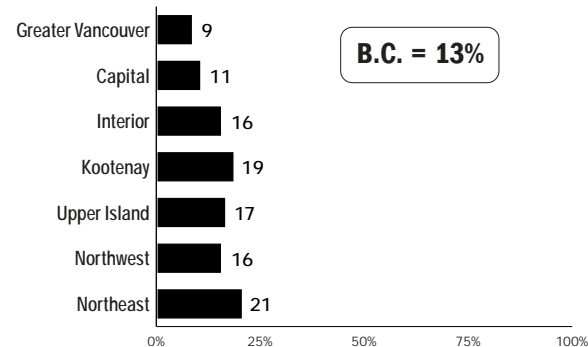
### Females Who Attempted Suicide in Past Year



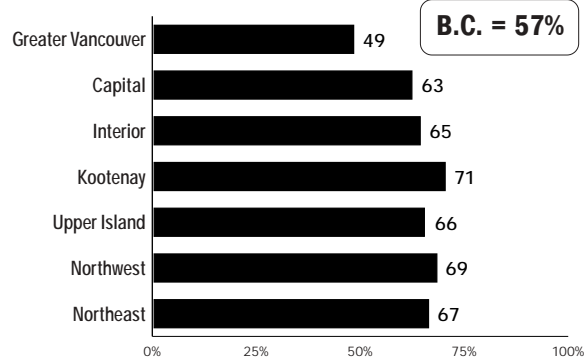
### Current Smoker



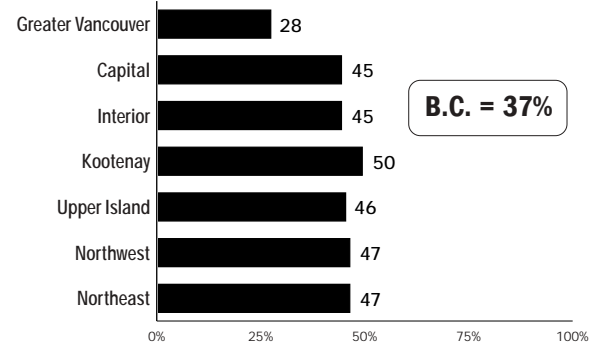
### Exposed to Tobacco Smoke Inside Home Almost Every Day or Every Day



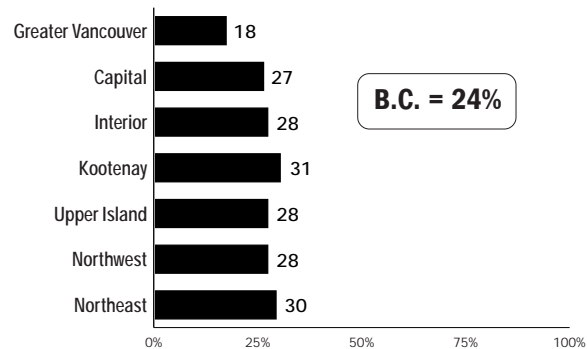
### Ever Used Alcohol



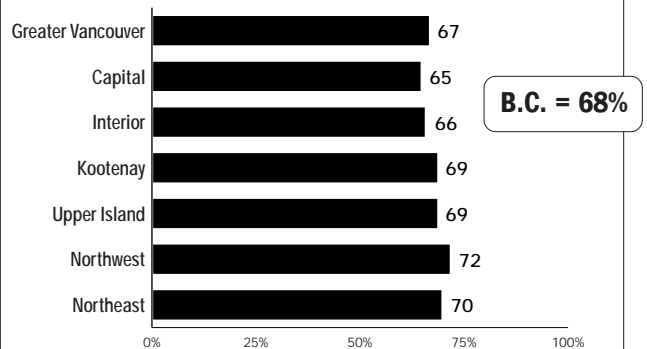
### Ever Used Marijuana



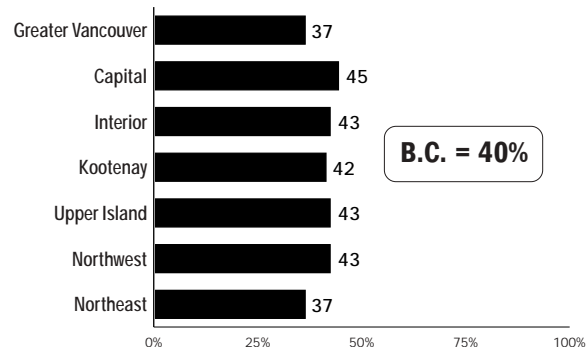
### Ever Had Sexual Intercourse



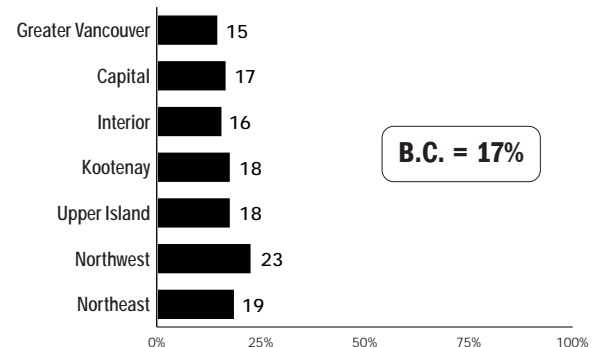
### Condom Used Last Time (of youth who have had sex)



### 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*