



RESEARCH TO PRACTICE NETWORK

An Introduction to Picture of Health: Highlights of the 2008 BC Adolescent Health Survey

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An Introduction to A Picture of Health: Highlights of the 2008 BC Adolescent Health Survey

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An Introduction to A Picture of Health: Highlights of the 2008 BC Adolescent Health Survey

The following article offers some key findings from the recently published McCreary Centre Society report *A Picture of Health: Highlights of the 2008 BC Adolescent Health Survey*. To download or order copies of the full report or to learn more about the Adolescent Health Survey, please see www.mcs.bc.ca.

About the Survey

The Adolescent Health Survey (AHS) is the largest survey of its kind in Canada and provides the most comprehensive picture of the physical and emotional health of BC youth, including risk and protective factors. It offers us key information, not only about the current health picture of BC youth but also about health trends and the effect of programs and policies implemented over the past 15 years.

This is the fourth AHS conducted by the McCreary Centre Society since 1992. Over 29,000 BC public school students in grades 7-12 completed the survey between February and June 2008. Fifty of BC's 59 school districts participated.

The voluntary, confidential and anonymous survey was administered in public school classes by Public Health Nurses. When all surveys were completed,

Statistics Canada weighted the data to ensure it was representative of all BC youth in grades 7-12.

A methodology fact sheet for the survey is available at www.mcs.bc.ca as is a detailed fact sheet discussing the sources and rationale for the questions used in the survey.

A Selection of the Survey Results

The 2008 AHS (AHS IV) has again shown us that the majority of BC youth are in good health, feeling connected to their family, school and community; and are engaging in health promoting behaviours, which will assist them to transition into a healthy adulthood.

However, the results also show that there are youth in our province who are more vulnerable than others. Some youth are exposed to violence, poverty and other factors that can affect health. These youth are more likely to engage in risky behaviours which are not only negatively affecting their lives now, but are likely to do so for years to come, unless we develop interventions to assist them.

About the Youth

The majority of BC youth (54%) reported that they were of European heritage (a decrease from 61% in 2003). There was a rise in the percentage of youth who identified as South Asian, Southeast Asian and Aboriginal. The percentage of students born outside Canada (18%) remained comparable with the percentage in 2003. A little over half of BC students (53%) spoke only English at home, a decrease of 4% since 2003.

Overall, 86% of students identified as heterosexual, 7% as mostly heterosexual, 2% as bisexual, and less than 1% as gay or lesbian. The remaining 4% were “not sure.”

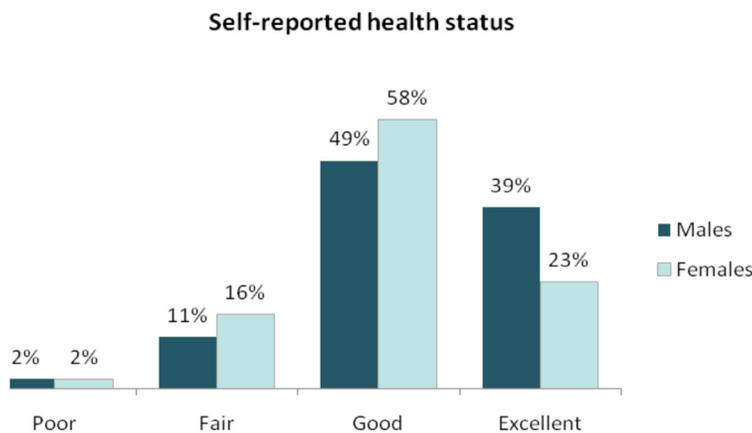
Youth in BC reported a number of different living situations, however the majority of students lived with their mother (90%) and/or father (67%) most of the time; 14% lived with both parents but at different times.

As in 2003, a total of 3% of students had been in government care at some point in their lives, and 1% of youth were in care in the last year, unchanged from 2003.

Nine percent of youth ran away from home in the past year. These students were more likely to have experienced extreme stress and despair, and to have attempted suicide in the last 12 months.

Physical Health

The majority of students (84%) reported that their health was good or excellent, and the number who reported a debilitating health condition or disability continued to decline, from 13% in 1998, to 11% in 2003, to 9% in 2008.



As in 2003, only 25% of males and 11% of females exercised daily, while 7% of males and 10% of females did not exercise at all.

Nutrition

Half of BC youth fell short of the recommended daily portions of fruit and vegetables. However, more youth in 2008 reported eating fruit compared to a decade earlier (81% vs. 72% in 1998).

Nine percent of BC youth experienced hunger some of the time and 2% went to bed hungry often or always. Youth who reported going to bed hungry were more likely to report poor/fair health and to have considered suicide in the past year compared to their peers who did not go to bed hungry.

Injuries and Injury Prevention

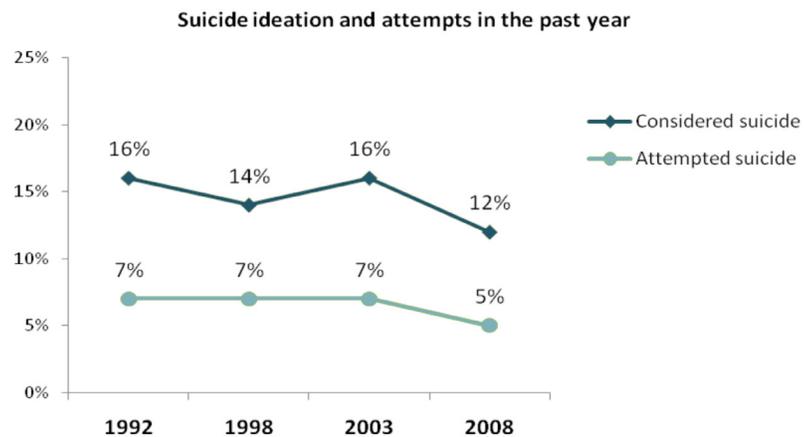
The percentage of students who were injured to the point of requiring medical attention declined from 39% to 29% in a decade. The majority of those who were seriously injured were injured playing or training for sports or recreational activities (55%).

There was an increase in the number of students who always wore a seatbelt when they were riding in a vehicle (66% in 2008 vs. 54% in 2003).

Mental and Emotional Health

18% of female students and 7% of male students reported that they had not accessed mental health services when they felt they needed them; and 15% of females and 11% of males did not get medical help when they needed it.

For the first time since 1992, the percentage of youth who seriously considered suicide dropped from 16% to 12% in 2008. The percentage who actually attempted suicide also decreased from 7% to 5%.



More than one in five females and one in ten males reported that they had deliberately self harmed (cut or injured themselves) without the intention of committing suicide.

Sexual Behaviour

The majority of youth reported never having had sexual intercourse (78%), which was comparable to the 2003 and 1998 figures. These students provided a number of reasons for not having sex. The most common reasons were wanting to wait until they met the right person, not being ready to have sex and not wanting to get pregnant or cause a pregnancy.

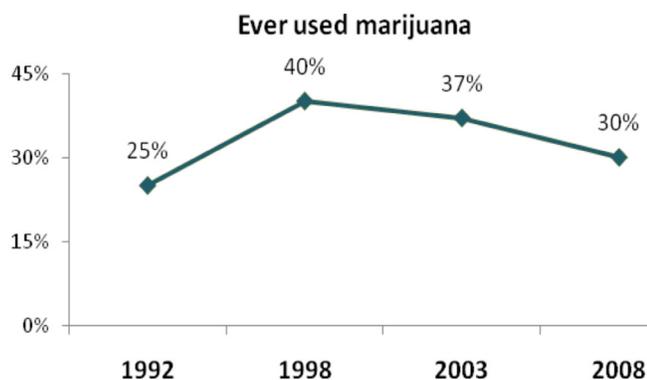
For the first time the survey asked youth if they had engaged in oral sex. Around 26% of students reported having had oral sex.

Pregnancy rates remained stable between 2003 and 2008, with fewer than 2% of students reporting pregnancy involvement. However, 6% of sexually active youth reported using withdrawal as their only method to prevent pregnancy the last time they had sex, a slight rise from 5% in 2003.

Substance Use

Fewer youth in BC smoked cigarettes than in 2003, and those who did waited longer to start smoking. Three quarters of students (74%) had never tried even a puff of a cigarette, compared to 66% in 2003. However, those who had tried smoking were smoking more regularly than their peers in 2003.

Alcohol and marijuana use declined over the past decade, as did the use of some drugs such as cocaine, amphetamines and mushrooms. However, the use of other drugs, including hallucinogens, rose.



Violence and Abuse

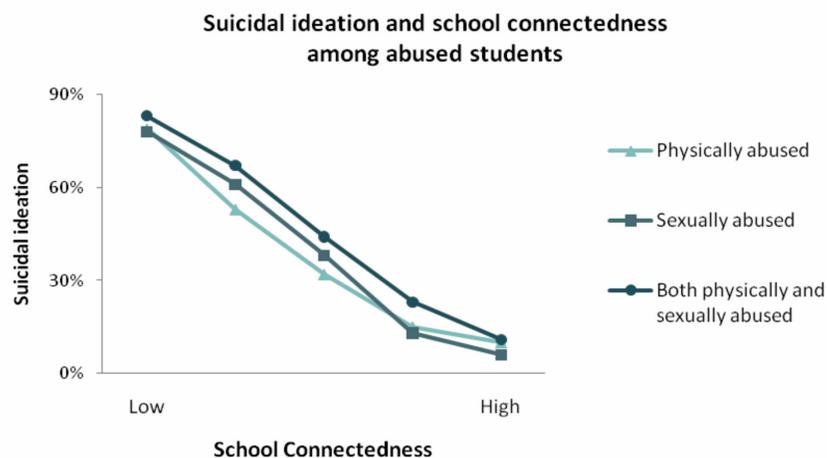
In 2008, there was an increase in youth who had experienced physical abuse (from 15% in 2003 to 17%). The percentage of youth reporting sexual abuse (8%) and both physical and sexual abuse (5%) did not improve between 2003 and 2008. This was inconsistent with the declines in abuse previously seen.

Rates of relationship violence also did not improve and some youth were particularly vulnerable to being physically assaulted by their boyfriend or girlfriend, including youth who had been sexually abused, students with a disability or chronic illness and gay, lesbian and bisexual students.

Protective Factors

Finally and perhaps most importantly, the AHS showed that building protective factors such as family, school and cultural connectedness can assist even the most vulnerable youth to overcome negative experiences, can assist young people to make healthier choices and can contribute to more positive health outcomes for all youth in BC.

Protective factors were shown to be effective for even the most vulnerable of youth including those with an unstable home life, those who were victimized and those who had been abused. For example, the more highly connected youth were to their school the less likely they were to report poor health, suicidal thoughts, suicide attempts or binge drinking.



What Next?

Fourteen regional specific reports at the Health Service Delivery Area level are currently being produced. In-depth reports and fact sheets are also currently being developed and will be published over the coming year. The first of these will focus on the substance use data from the survey.

Following the AHS in 1998 and 2003, additional analysis of the data provided by Aboriginal students was conducted by an Aboriginal research team (Raven's Children, 2000; Raven's Children II, 2004). McCreary is committed to producing an Aboriginal specific report with the 2008 survey results, when funding has been secured.

Next Steps Workshops

As with previous McCreary Adolescent Health Surveys, the results of the 2008 survey will be used by government agencies, schools and communities to plan and assess youth programs and services. Through its 'Next Steps' workshop series, McCreary will also ensure that youth who participated in the survey get the opportunity to learn about the results, comment on them and use them to develop community projects to improve young people's health in their local area.

To discuss youth and adult workshops in your community contact:
mccreary@mcs.bc.ca.

To download or order copies of the full report or to learn more about the Adolescent Health Survey see: *www.mcs.bc.ca.*

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