MANITOBA YOUTH HEALTH SURVEY REPORT //2012-2013
This report is dedicated to Catherine Hynes. As Regional Manager Decision Support, Northern Regional Health Authority, her kindness, courage, and passion for chronic disease surveillance and prevention is an inspiration to us all.
Acknowledgments

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- Youth Health Survey Topic Expert Working Groups
- Students who responded to the Youth Health Survey with enthusiasm, honesty and willingness

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Executive Summary

Asking youth questions about their feelings and activities can help educators, health care professionals and policy makers learn what the health behaviours of this age group are, what they are thinking, what motivates them and what’s important to them.

The first Youth Health Survey (YHS) was completed between 2006 and 2008 by Manitoba students in Grades 9 to 12 in all Regional Health Authorities (RHA) and Grades 6 to 12 in select RHAs.

The 2012/2013 YHS was completed by Grades 7 to 12 students during the 2012/2013 school year. Overall, 476 schools and 64,218 students took part in the 2012/2013 YHS. This report is based on results from this survey.

Although the two survey cycles are similar, the current survey includes new and expanded subject areas, which offer rich insights into mental wellbeing, injury prevention, healthy sexuality (optional module for schools/school divisions), and the physical/health education curriculum for Grades 11-12 students.

The survey tool was developed by experts in seven main subject areas (physical activity, healthy eating, mental wellbeing, tobacco use, alcohol/substance use, injury prevention and healthy sexuality) using validated questions adapted from national and international surveys. The 82-question YHS (available at http://partners.healthincommon.ca/tools-and-resources/youth-health-survey/) is a self-administered paper-based survey. Survey results are confidential. If necessary, small numbers were suppressed for sensitive questions in reports in order to protect students’ confidentiality.

Although the survey is intended to be a census of Manitoba students in Grades 7 to 12, not all students or schools participated. Additionally, not all schools opted to complete the healthy sexuality section.

The purpose of the YHS is to create a health behaviours database that can be used for planning, evaluation and decision making at all levels. Reports have already been generated for schools, school divisions and RHAs so that the results can be used to create change. Based on YHS findings, local initiatives are being independently and collaboratively led by schools, school divisions, RHAs, NGOs and government departments to improve youth health behaviours in those communities.

The next YHS is anticipated to take place during the 2016/2017 school year.

Reading this Report

YHS results have not been interpreted here, but reflect the responses of the youth themselves. Additionally, the results are not age- or sex- standardized and therefore comparisons between schools, school divisions, RHAs, or the 2009 YHS Report are not valid or recommended.

The data collected during the 2012/13 school year has been weighted to represent all Manitoba youth enrolled in publicly funded schools. Rates and graphs included in this report represent the students with valid answers to those questions.

Several of the variables involved calculations using responses from more than one question. When a variable is derived from multiple questions, the description of the calculations is given in the appendix of this report. This symbol (๑) indicates that there is a description of the calculation provided in the appendix.

For more information on these analyses, see the Manitoba Youth Health Survey 2012/2013 User Guide (available at http://partners.healthincommon.ca/tools-and-resources/youth-health-survey/).

This report and supporting documents can be found at http://partners.healthincommon.ca/tools-and-resources/youth-health-survey/.
Quick Facts

Physical Activity
• 46% of students were active; 36% were moderately active; and 18% were inactive

Screen Time
• 50% of students reported three or more hours of screen time per day on weekdays (M-Th)

Sleep
• 22% of students get nine or more hours of sleep on school nights (Sunday to Thursday)

Healthy Weights
• 76% of female students and 67% of male students fall within the recommended healthy weight category

Healthy Eating
• 41% of male students and 36% of female students reported eating vegetables and/or fruit seven or more times per day

Mental Wellbeing
• 57% of students reported flourishing mental health; 38% report moderate mental health; 6% reported languishing mental health
• 80% of students feel close to people at their school
• 90% of students feel safe at their school
• 37% of students reported that they had been bullied, taunted or ridiculed in the past year

Healthy Sexuality
• 74% of students reported that they have never had sex
• 48% of students reported that they always wear a condom when they have sex

Tobacco Use
• 12% of students reported being current smokers (daily and occasional)
• 3% of students reported using smokeless tobacco in the past month

Alcohol, Marijuana and Other Drug Use
• 20% of students reported consuming five or more drinks within a couple of hours on at least one day in the past month
• 17% of students reported using an illegal, prescription, or over-the-counter drug for the purposes of getting high in the past month

Impaired Driving
• 6% of students reported having driven one or more times after drinking alcohol in their lifetime; 3% reported doing this in the past month
• 6% of students reported having driven one or more times after using illegal drugs including marijuana in their lifetime; 4% report doing this in the past month

Sun/UV Safety
• 7% of students reported that they had used artificial tanning equipment
Student Demographics

Of the students who completed the 2012/2013 YHS, 49% were female and 51% were male.

Figure 1. Grade Level of Students

<table>
<thead>
<tr>
<th>% of respondents</th>
<th>Grade 7</th>
<th>Grade 8</th>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALE</td>
<td>7%</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>MALE</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Years Lived in Canada

The health of new Canadians may differ from that of Canadian-born due to factors such as cultural conflicts, low socioeconomic status, language barriers, role changes and identity crises, and personal experiences.¹

Any health interventions should be targeted to the specific immigrant sub-population with consideration given to cultural acceptability and preference.²

Figure 2. Number of Years Students Have Lived in Canada

- 81%: 5 YEARS OR LESS
- 8%: 6 YEARS OR MORE
- 11%: ALL MY LIFE

How long have you lived in Canada?

- ALL MY LIFE
- LESS THAN 1 YEAR
- 1 TO 2 YEARS
- 3 TO 5 YEARS
- 6 OR MORE YEARS
Physical Activity

Being active for at least 60 minutes daily can help youth improve their health and outcomes in many ways, including increases in fitness and strength, happiness, academic performance, self-confidence and improved ability to maintain a healthy body weight and learn new skills.\(^3\)

For health benefits, youth aged 12 to 17 years should accumulate at least 60 minutes of moderate to vigorous intensity physical activity daily. This should include:
- Vigorous intensity activities at least three days per week
- Activities that strengthen muscle and bone at least three days per week
- More daily physical activity provides greater health benefits\(^3\)

Physical Activity Rates

Based on reported vigorous and moderate physical activity, students were placed in one of three categories: active, moderately active, or inactive. Students in the active category reported approximately 60 minutes of physical activity on a daily basis. \(\equiv\)

46% of students are active, 36% are moderately active and 18% are inactive.

Figure 3. Physical Activity Level, by Grade

Mark how many minutes of hard/vigorous physical activity you did for each day last week.

Mark how many minutes of moderate physical activity you did for each day last week.
Figure 4. Active Students by Grade and Sex

46% of students are active, 36% are moderately active and 18% are inactive.
In the past month (30 days), how often did you participate in before school, lunch-time or after school physical activities organized by your school (eg., intra-murals, dance club, school team sports)?

- NEVER
- LESS THAN ONCE A WEEK
- 1-3 TIMES PER WEEK
- 4 OR MORE TIMES PER WEEK

In the past month (30 days), how often did you participate in physical activities organized outside of your school with a coach (e.g., hockey, soccer, figure skating, dance, etc.)?

- NEVER
- LESS THAN ONCE A WEEK
- 1-3 TIMES PER WEEK
- 4 OR MORE TIMES PER WEEK

In the past month (30 days), how often have you played sports or been physically active without a coach or instructor present (e.g., biking, skateboarding, skipping, hiking, road hockey, etc.)?

- NEVER
- LESS THAN ONCE A WEEK
- 1-3 TIMES PER WEEK
- 4 OR MORE TIMES PER WEEK

Participation in Physical Activities Inside and Outside of School

Student participation in extracurricular activities is associated with students having a positive body image, better self-esteem and overall improved mental health.¹

Overall, 58% of students reported that in the past month they participated in some before school, lunch time or after school physical activities organized by their school.

Fifty-eight percent of students reported that in the past month they participated in physical activity organized outside of their school with a coach.

Eighty-four percent of students reported that in the past month they participated in physical activity organized outside of their school without a coach or instructor present.

Figure 5. Participation in Physical Activities 1+ Times Per Week, by Sex

<table>
<thead>
<tr>
<th></th>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized by School</td>
<td>47%</td>
<td>49%</td>
</tr>
<tr>
<td>Organized Outside School With Coach/Instructor</td>
<td>41%</td>
<td>44%</td>
</tr>
<tr>
<td>Organized Outside School Without Coach/Instructor</td>
<td>68%</td>
<td>57%</td>
</tr>
</tbody>
</table>
Physical Activity Influences

Through modelling and encouragement, youth with active peers and parents are more likely to be physically active.

Overall, 74% of students reported that three or more of their closest friends were active. Of the active students, 83% reported that three or more of their closest friends were active.

Forty-eight percent of students reported that their parents were ‘often’ active outside of work and 40% of students reported that their parents were ‘never’ or ‘rarely’ active. Twelve percent of students reported that they ‘didn’t know’.

Of active students, 54% reported that their parents are ‘often’ active, 34% reported that their parents are ‘never’ or ‘rarely’ active, and 12% reported that they ‘didn’t know’.

Active Transportation

Students who travel to and from school actively are more likely to be physically active on top of their active commute to school.?

In a typical week, 58% of students travel to/from school actively (partially or fully).

Figure 6.
Active Transportation, by Grade

Your closest friends are the friends you like to spend the most time with. How many of your 5 closest friends are physically active?

- 0  
- 1  
- 2  
- 3  
- 4  
- 5

In a typical week, how often is your parent/caregiver physically active (outside of work)? This can include walking, running, going to the gym, doing yard work, etc.

- NEVER
- RARELY
- OFTEN

In a typical week, how many days did you partly or fully actively travel to or from school (e.g., walking, biking, skateboarding)?

- NONE
- 1 DAY
- 2 DAYS
- 3 DAYS
- 4 DAYS
- 5 DAYS
Barriers and Facilitators to Physical Activity

When asked to report what stops them from being physically active, 41% of students reported they believe that they are active enough.

Figure 7.
Barriers to Physical Activity, by Sex

<table>
<thead>
<tr>
<th>Male Students</th>
<th>Other responsibilities</th>
<th>32%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It’s hard to find time to be physically active</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>The activities available do not interest me</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>I do not have a place to be active</td>
<td>12%</td>
</tr>
<tr>
<td>Female Students</td>
<td>It’s hard to find time to be physically active</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Other responsibilities</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>The activities available do not interest me</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>My family is not active</td>
<td>16%</td>
</tr>
</tbody>
</table>

When asked what helps them to be physically active, 12% of students reported that they are not physically active.

Figure 8.
Facilitators to Physical Activity, by Sex

<table>
<thead>
<tr>
<th>Male Students</th>
<th>Desire to be fit and healthy</th>
<th>64%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Desire to look a certain way</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>School programs</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>Family support</td>
<td>33%</td>
</tr>
<tr>
<td>Female Students</td>
<td>Desire to be fit and healthy</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>Desire to look a certain way</td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>School programs</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Family support</td>
<td>35%</td>
</tr>
</tbody>
</table>
Screen Time

“Screen time”, such as sedentary time spent watching TV, playing computer games, and doing other similar activities, is one of many complex and interactive factors contributing to declining levels of fitness and nutrition, sleeping problems, and overweight and obesity. 5,7

Youth should minimize the time spent being sedentary each day by limiting recreational screen time to no more than two hours per day. Lower levels are associated with additional health benefits.8

Overall, 50% of students reported three or more hours of screen time on weekdays (Monday through Thursday). Sixty-six percent of students reported three or more hours of screen time on weekends (Friday through Sunday).

Figure 9.
Weekday and Weekend Screen Time by Grade

In a typical week, mark how many hours (outside of school) you spend in front of a screen, for example, watching TV/movies, playing video/computer games, chatting, text messaging and surfing the internet (e.g., Facebook, Twitter, etc.).

51% OF STUDENTS REPORTED 3+ HOURS OF SCREEN TIME ON WEEKDAYS.
Sleep

Adequate sleep is a critical factor in youth health and health-related behaviors. Youth require 9 to 9½ hours of sleep per night, but the actual sleep time for this group is less. Overall, 22% of students reported getting the recommended nine or more hours of sleep on school nights (Sunday to Thursday). Forty-eight percent of students reported getting the recommended amount of sleep on weekends (Friday and Saturday).

Figure 10. Students Getting 9+ Hours of Sleep, by Grade

Students were asked how often they had trouble going to or staying asleep, and staying awake during class or at school.

Figure 11. Sleep Troubles, by Grade

<table>
<thead>
<tr>
<th>'Often'/always' have trouble going to sleep or staying asleep</th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34%</td>
<td>38%</td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>'Often'/always' find it difficult to stay awake during class or school</th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17%</td>
<td>27%</td>
<td>24%</td>
</tr>
</tbody>
</table>
Healthy Weights

Increasingly, obese youth are being diagnosed with a range of health conditions previously seen almost exclusively among adults, including high cholesterol, high blood pressure, Type 2 diabetes, sleep apnea and joint problems.¹²

Body Mass Index

Based on self-reported height and weight, students were placed into one of four categories: underweight, healthy weight, overweight or obese. 

Overall, 71% of students fall within the healthy weight category for their age and sex, 4% fall within the underweight category, 15% fall within the overweight category, and 10% fall within the obese category.

Sixty-nine percent of students in Grades 7 and 8 and 72% of students in Grades 9 to 12 are within the healthy weight category for their age and sex.

Figure 12.
Body Mass Index by Sex
Perceptions of Body Weight

Overall, 76% of students reported that they considered themselves to be about the right weight; 16% consider themselves to be overweight; and 8% consider themselves to be underweight.

Figure 13. Perception of Body Weight by Sex

76% of students reported that they considered themselves to be about the right weight.
Healthy Eating

Healthy eating during childhood contributes to:
- Optimal health, growth and cognitive development
- Good academic performance
- Reduced risk of becoming overweight or obese
- Reduced risk of chronic disease later in life, such as heart disease, cancer, diabetes and osteoporosis13

With increasingly busy schedules and the availability and affordability of high calorie, low-nutrient food choices, accessing healthy foods can be a challenge. Eating well, and learning how to choose and prepare healthy foods are of particular importance during youth.

Reported frequency of eating various foods was used as a proxy for eating habits. ✎

Yesterday, how many times did you eat or drink the following:

a. 100% fruit juice
b. Fruit (not counting fruit juice)
c. Green salad
d. Carrots
e. Potatoes (not including french fries or potato chips)
f. Other vegetables (not counting carrots, potatoes or salad)
g. Whole grains (e.g. whole grain bread, pasta, cereal or brown rice)
h. Cheese/yogurt
i. Meat or fish (not fried), eggs, nuts, meat alternatives
j. Salty or sugary snacks (e.g. potato chips, granola bars, chocolate or cookies)
k. Fast food (e.g. hot dogs, hamburgers, fries, pizza or chicken nuggets)
l. Water
m. Milk (white, chocolate or soy)
n. Pop/soda (non diet), slurpees, slushies
o. Diet Pop/soda
p. Sports drinks (Gatorade, etc.)
q. Energy drinks (Red Bull, etc.)
r. Coffee/lattes/iced coffee
s. Creatine/other supplements
t. Meal replacement bars or shakes (Vector, Powerbars)

[Multiple choice options for frequency]
Vegetables and Fruit

Eating vegetables and fruit has many positive health impacts including lower risk of heart disease, stroke, cancer, overweight and obesity.14,15

Vegetables and fruit reported here include fruit (not counting fruit juice), green salad, carrots, potatoes (not including french fries or potato chips), and other vegetables.

Overall, 38% of students reported eating vegetables and fruit seven or more times in a day.

Milk and Alternatives

Youth need milk or alternatives (e.g. yogurt, cheese, soy) to promote optimal bone health.16

Milk and alternatives reported here include cheese/yogurt and milk (white, chocolate or soy).

Overall, 58% of students (65% of male students and 50% of female students) reported consuming milk and alternatives three or more times in a day.
Meat and Alternatives

Youth need 2 to 3 servings of meat or alternatives to ensure they get the nutrients and protein they need for growth.17

Meat and alternatives reported here include meat or fish (not fried), eggs, nuts, and meat alternatives.

Overall, 84% of students (88% of male students and 80% of female students) reported eating meat and alternatives two or more times in a day.

Salty/Sugary Snacks

Salty and sugary snacks provide energy for activities but can be high in calories and low in nutrients.

Salty/sugary snacks reported here includes potato chips, granola bars, chocolate or cookies.

Overall, 56% of students reported that they ate salty/sugary snacks one to two times per day, and 25% of students reported that they ate salty/sugary snacks 3 or more times per day.

Fast Food

Fast and pre-prepared/instant food items don’t necessarily follow recommended portion sizes, tend to be higher in fat, sodium, sugar, and calories in general, and have lower nutritional value.18

Fast food reported here includes hot dogs, hamburgers, fries, pizza or chicken nuggets.
Non-Diet Soft Drinks

Research has shown a link between soft drink consumption and higher body weight.19

Non-diet soft drinks reported here includes pop/soda (non-diet), slurpees and slushies.

Figure 15. Fast Food 1+ Times Per Day, by Sex

- 3+ TIMES
- 1-2 TIMES

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of respondents</td>
<td>11%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>28%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>43%</td>
<td>34%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Figure 16. Soft Drinks (Not Diet) 1+ Times Per Day, by Sex

- 3+ TIMES
- 1-2 TIMES

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of respondents</td>
<td>53%</td>
<td>37%</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>38%</td>
<td>25%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Meal Habits

*Eating breakfast, at home or school, improves youth's memory, concentration levels, problem-solving abilities and creative thinking; it reduces hunger and maintains a healthy weight.*

Overall, 24% of students (19% of male students and 30% of female students) reported that they do not usually eat breakfast.

When asked why they do not usually eat breakfast, 65% of students reported they do not have time for breakfast, 31% reported they cannot eat early in the morning, and 4% responded there is not always enough food in the home.

Overall, 13% of students reported that they do not eat lunch, 63% percent of students reported that they bring lunch from home, 27% of students reported that they buy lunch at school, and 19% of students reported that they eat lunch at home.

*Youth who regularly have dinners together with their family have better eating behaviours and physical health, as well as better cognitive, emotional, and social competencies.*

Eighty-six percent of students reported that they ‘often’ or ‘always’ eat dinner with the people they live with.
Mental Wellbeing

Mental health and wellbeing contribute to our enjoyment of life, better physical health, improved educational attainment, increased economic participation and rich social relationships. Healthy emotional and social development in childhood lays the foundation for mental health and resilience throughout life.

School and Community Connectedness

Students have better mental health when they have positive relationships with others.

Figure 17. School Connectedness, by Grade

<table>
<thead>
<tr>
<th>Proportion of students who agree with each statement</th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel close to the people at this school</td>
<td>85%</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td>I feel I am a part of this school</td>
<td>90%</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>I am happy to be at this school</td>
<td>87%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>I feel safe at my school</td>
<td>91%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>I feel safe in my community</td>
<td>89%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>I feel safe in my home</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>I have at least one close friend that I can share things with</td>
<td>92%</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>I feel my family supports me</td>
<td>95%</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>I feel involved in my community</td>
<td>72%</td>
<td>60%</td>
<td>64%</td>
</tr>
</tbody>
</table>
Adult Supports

Youth who are able to identify adults in the community who know and care about them tend to experience a greater sense of wellbeing.29

Figure 18. Adult Supports, by Grade

<table>
<thead>
<tr>
<th>Proportion of students who agree with each statement</th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>At my school adults care about people my age</td>
<td>88%</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>At my school there is an adult who I trust</td>
<td>80%</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>If I need help, I believe a counselor or other adult could help me</td>
<td>82%</td>
<td>79%</td>
<td>80%</td>
</tr>
<tr>
<td>If I need help, I would talk to a counselor or other adult</td>
<td>73%</td>
<td>64%</td>
<td>67%</td>
</tr>
</tbody>
</table>
During the past month (30 days) how often did you feel...

a. Happy
b. Interested in life
c. Satisfied with life
d. That you had something important to contribute to society
e. That you belonged to a community (like a social group, your school or neighbourhood)
f. That our society is becoming a better place for people like you
g. That people are basically good
h. That the way our society works makes sense to you
i. That you liked most parts of your personality
j. Good at managing the responsibilities of your daily life
k. That you had warm and trusting relationships with others
l. That you had experiences that challenged you to grow and become a better person
m. Confident to think or express your own ideas or opinions
n. That your life has a sense of direction or meaning to it

- NEVER
- ONCE OR TWICE
- 2 OR 3 TIMES A WEEK
- ALMOST EVERYDAY
- ABOUT ONCE A WEEK
- EVERY DAY

Mental Health Continuum

Based on responses to statements related to thoughts and feelings, students were placed into one of three categories: flourishing, moderate or languishing.

The Mental Health Continuum Tool indicates that overall 57% of students report flourishing mental health, 38% report moderate mental health and 6% report languishing mental health.

Figure 19.
Mental Health Continuum by Grade

<table>
<thead>
<tr>
<th>Grade</th>
<th>Languishing</th>
<th>Moderate</th>
<th>Flourishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 7-8</td>
<td>5%</td>
<td>31%</td>
<td>64%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>6%</td>
<td>40%</td>
<td>54%</td>
</tr>
<tr>
<td>Overall</td>
<td>6%</td>
<td>38%</td>
<td>57%</td>
</tr>
</tbody>
</table>
Figure 20.
Mental Health Continuum by Sex

Anything less than flourishing mental health is not optimal and may in fact be a potential warning sign for poor mental health in the future. Actions to both sustain flourishing states of mental health and actions to enhance moderate or languishing states of mental health are necessary to protect and promote mental health.30
Hopelessness

Forty-five percent of students reported feeling so sad or hopeless in the past 12 months that they stopped doing some usual activities for awhile.

Figure 21.
Past Year Feelings of Hopelessness

Figure 22.
Past Year Feelings of Hopelessness, by Grade and Sex
Bullying and Personal Threats

School bullying is associated with lower academic achievement, lower school satisfaction, and lower levels of school engagement.\textsuperscript{31}

Victims of both cyber and school bullying were more than four times as likely to experience depressive symptoms and more than five times as likely to attempt suicide as were non-victims.\textsuperscript{37}

Figure 23. Experiences with Bullying and Personal Threats, by Grade

<table>
<thead>
<tr>
<th>Proportion of students who have experienced bullying or personal threats one or more times in the past year</th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physically threatened or injured</td>
<td>22%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>b. Threatened or injured with a weapon such as a gun, knife or club</td>
<td>5%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>c. Bullied, taunted or ridiculed</td>
<td>36%</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>d. On the receiving end of negative comments about race or culture</td>
<td>18%</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>e. On the receiving end of negative comments about sexual orientation or gender identity</td>
<td>9%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>f. On the receiving end of negative comments about body shape or size</td>
<td>34%</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>g. Asked for personal information over the internet (e.g. address, phone # or last name)</td>
<td>14%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>h. Made to feel unsafe by someone when in contact with them over the internet</td>
<td>8%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>i. Bullied or picked on through the internet (e.g. posted something on Facebook or emailed you)</td>
<td>14%</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>
Figure 24.  
**Experiences with Bullying and Personal Threats, by Sex**

<table>
<thead>
<tr>
<th>Proportion of students who have experienced bullying or personal threats one or more times in the past year</th>
<th>Male students</th>
<th>Female students</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physically threatened or injured</td>
<td>28%</td>
<td>22%</td>
<td>26%</td>
</tr>
<tr>
<td>b. Threatened or injured with a weapon such as a gun, knife or club</td>
<td>9%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>c. Bullied, taunted or ridiculed</td>
<td>34%</td>
<td>41%</td>
<td>37%</td>
</tr>
<tr>
<td>d. On the receiving end of negative comments about race or culture</td>
<td>22%</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>e. On the receiving end of negative comments about sexual orientation or gender identity</td>
<td>11%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>f. On the receiving end of negative comments about body shape or size</td>
<td>28%</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>g. Asked for personal information over the internet (e.g. address, phone # or last name)</td>
<td>16%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>h. Made to feel unsafe by someone when in contact with them over the internet</td>
<td>6%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>i. Bullied or picked on through the internet (e.g. posted something on Facebook or emailed you)</td>
<td>9%</td>
<td>20%</td>
<td>15%</td>
</tr>
</tbody>
</table>
Healthy Sexuality

Skills, knowledge, attitudes, behaviors and experiences around sexuality and relationships are established during the time leading up to and throughout adolescence, and shape emotional and sexual health.

Due to the sensitive nature of many of these questions, the healthy sexuality section of the YHS was optional. Depending on school and school division preferences, the healthy sexuality section was completed by either:

a) All students in Grades 7 to 12
b) Only Grades 9 to 12 students (or other grade range as determined by school/school division)
c) No students in Grades 7 to 12

Therefore, the results presented in this section are based upon a subset of the students who completed the YHS, and may make up a slightly different demographic. The information provided here represents the responses of participating students in Grades 7 to 12 (n= 46,089).
Age of Initiation of Sexual Behaviours

Youth who delay sex are at lower risk of having multiple sex partners, which in turn leads to decreased risk of acquiring sexually transmitted infections (STIs), including HIV, and involvement in unplanned pregnancy.\textsuperscript{32,32}

Overall, 74\% of students reported that they have not had sex.

Of the students who reported having sex, the most common age reported for the first time having sex was 15 years old (24\%).

Figure 25.
Students Who Have Not Had Sex, by Grade

*Note: Healthy sexuality questions were not asked by all schools.*
Using Protection

Of the students who reported having sex, condoms (81%) were the most common method of protection reported. Thirteen percent of students reported using no method to prevent STIs and pregnancy.

Figure 26.
Methods of Protection Reported by Students Who Have Had Sex

If you have had sex, which method(s) did you and your partner use to prevent sexually transmitted infections (STIs) and/or pregnancy? Choose all that apply.

- I HAVE NOT HAD SEX
- NO METHOD WAS USE TO PREVENT PREGNANCY AND/OR STIs
- WITHDRAWAL (PULLING OUT BEFORE EJACULATION)
- BIRTH CONTROL (PILLS, INJECTION, PATCH OR RING)
- CONDOMS (MALE OR FEMALE)
- MORNING AFTER PILLE
- SEX DAM
- OTHER METHOD
Condom Use

A number of factors reduce the likelihood that a condom will be used—lower inhibitions with alcohol and substance use, being ‘in the moment’, embarrassment with discussing condom use, mis-perception of being in monogamous relationship—despite young people being knowledgeable about contraception as well as aware of how to access it. 24, 35

Of the students who reported having sex, 48% of students reported that they always use a condom when having sex, 24% of students report that they do so ‘often’, 17% report ‘rarely’, and 12% report that they ‘never’ use a condom when having sex.

Of the students who reported having sex, the most common three reasons reported for not using a condom all of the time were:

1) I don’t like how condoms feel (21%)
2) I trust my partner (17%)
3) I use another form of protection (16%)

Note: These proportions include students who have had sex and have valid answers for this question (therefore, the denominator includes students who report they do use condoms all the time).
Comfortable Talking about Protection and STIs

Of the students who reported having sex, 51% reported they ‘always’ feel comfortable talking to the persons(s) they are having sex with about using condoms or birth control.

Of the students who reported having sex, 37% reported that they ‘always’ feel comfortable talking to the person(s) they are having sex with about STIs.

Negative Sexual Experiences

Of students who reported having sex, 17% of students answered ‘yes’ when asked if they had ever had sex when they didn’t want to.

Sex and Alcohol or Drugs

Use of alcohol or drugs can lead to unplanned or risky sexual activities.

Of the students who reported having sex, 37% of students reported having unplanned sex after using alcohol or drugs in the past year.

How often do you feel comfortable talking to the person(s) you are having sex with about using condoms or birth control?

☐ I HAVE NOT HAD SEX ☐ RARELY
☐ OFTEN
☐ NEVER ☐ ALWAYS

How often do you feel comfortable talking to the person(s) you are having sex with about STIs?

☐ I HAVE NOT HAD SEX ☐ RARELY
☐ OFTEN
☐ NEVER ☐ ALWAYS

Have you ever had sex when you didn’t want to?

☐ I HAVE NOT HAD SEX ☐ YES
☐ NO

In the past year, did you have unplanned sex after using alcohol or drugs? Please choose one.

☐ I HAVE NOT HAD SEX
☐ I DID NOT HAVE SEX IN THE PAST YEAR
☐ YES, I HAD UNPLANNED SEX AFTER USING ALCOHOL OR DRUGS
☐ NO, I DID NOT HAVE UNPLANNED SEX AFTER USING ALCOHOL OR DRUGS
Sex for Money, Food, Shelter, Drugs or Alcohol

Many factors, including poverty, discrimination and abuse, contribute to the exchange of sex for food, money, shelter, drugs or alcohol.36

Overall, 2% of students report having sex for money, food, shelter, drugs or alcohol.

Gender Identity

Gender identity refers to one’s sense of oneself as male, female, or transgender.37 ‘Transgender’ is an umbrella term for persons whose gender identity, gender expression, or behaviour does not conform to that typically associated with the sex to which they were assigned at birth. Not everyone whose appearance or behavior is gender-nonconforming will identify as a transgender person.37 Therefore, caution should be used when interpreting the results from this question.

Three percent of students reported that they identify as being transgender or identify with a different sex than what they reported in the demographic question of the survey.

Five percent of students reported that they have questioned their gender identity.

Sexual Orientation

Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted.38

Two percent of students reported they are attracted to members of the same sex as they reported in the demographic question of the survey. Five percent of students reported they are attracted to both males and females.

Gay, lesbian, bisexuals and transgender people may suffer extensive social stigma. These feelings and behaviours are likely the result of real and perceived discrimination – overhearing homophobic and transphobic comments, experiencing verbal, physical and sexual harassment, and a lack of perceived safety in public areas.39
Tobacco Use

Use of tobacco products leads to many health issues, including respiratory disease, cardiovascular disease, strokes and various cancers. Commercial tobacco products contain thousands of chemicals, including nicotine, which is highly addictive.40,41

Cigarette Smoking Status

Most people, who have ever smoked, started smoking in their teenage years.42 Every $1 spent on preventing tobacco use results in $19 saved in treatment costs for smoking-related health problems.43

Abstaining from smoking is associated with:
- Lower likelihood of trying alcohol and marijuana
- Higher likelihood of staying in school
- Higher levels of school engagement
- Greater academic motivation and achievement 44,45,46,47

Based on reported behaviours around smoking cigarettes, students were placed in one of three categories: daily, occasional, or non-smokers. “Current smokers” is the sum of daily and occasional smokers.

Overall, 12% of students are current smokers.

Figure 27.
Cigarette Smoking Status by Grade

Have you smoked 100 or more whole cigarettes in your entire life?
- YES
- NO

During the past month, did you smoke a cigarette, even just a few puffs?
- YES, EVERY DAY
- YES, ALMOST EVERY DAY
- YES, SOME DAYS
- NO
Figure 28. 
Current Cigarette Smokers, by Grade and Sex

Susceptibility to Future Smoking

The intention to smoke is considered to be the best single predictor that an individual will smoke. Smoking bans in the house, vehicle and school can reduce the risk that students will begin smoking. Based on reported attitudes towards smoking cigarettes, students were defined as “susceptible” or “non-susceptible” to future cigarette smoking. Overall, 32% of the students categorized as non-smokers were susceptible to future smoking.
Other Tobacco Products

Overall, 3% of students reported using smokeless tobacco (chewing tobacco, snuff or dip) in the past month.

Figure 29.
Past Month Use of Chewing Tobacco, by Grade and Sex

During the past month (30 days) did you use chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits or Copenhagen?

- YES, EVERY DAY
- YES, ALMOST EVERY DAY
- YES, SOME DAYS
- NO
Overall, 8% of students reported smoking cigars or cigarillos within the last month.

Figure 30. Past Month Use of Cigars/Cigarillos, by Grade and Sex

During the past month (30 days) did you smoke cigars, cigarillos, or little cigars?

- Yes, Every Day
- Yes, Almost Every Day
- Yes, Some Days
- No
Exposure to Secondhand Smoke

Secondhand smoke exposure in youth is associated with asthma, altered lung function and growth, infections, cardiovascular effects, behaviour problems, sleep difficulties, increased cancer risk, and a higher likelihood of starting to smoke.52,53

Forty-nine percent of students reported that they are exposed to secondhand smoke about once a month or more frequently.

The following table shows the proportion of all students who reported they were exposed to secondhand smoke in various locations in the past month.

Figure 31. Exposure to Secondhand Smoke, by Location and Grade

<table>
<thead>
<tr>
<th></th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the home</td>
<td>20%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>On school grounds</td>
<td>6%</td>
<td>41%</td>
<td>31%</td>
</tr>
<tr>
<td>While at work</td>
<td>1%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>In a vehicle</td>
<td>16%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>In public</td>
<td>49%</td>
<td>65%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Alcohol and Drug Use

Youth who delay alcohol and drug use are more likely to experience:

- Greater academic achievement and optimal brain development
- Greater participation in youth activities and reduced interpersonal conflicts
- Optimal physical development and health, and reduced risk of bodily harm
- Lower risk of alcohol dependency and use and abuse of other drugs

Alcohol Use

We asked students about their alcohol use. One drink of alcohol is defined as a bottle of beer, a glass of wine, a shot of liquor, or a cooler.

Overall, 51% of students reported having at least one drink of alcohol in their lifetime.

Twenty-five percent of students reported having at least one drink of alcohol in the past month.

Twenty-one percent of students (25% of male students and 18% of female students) who consumed alcohol in the past month reported drinking alcohol on six or more days.

Figure 32.
Past Month Alcohol Use, by Grade

<table>
<thead>
<tr>
<th>Grade 7</th>
<th>Grade 8</th>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of respondents</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>6 OR MORE DAYS</td>
<td>3%</td>
<td>6%</td>
<td>14%</td>
<td>23%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>1-5 DAYS</td>
<td>1%</td>
<td>6%</td>
<td>5%</td>
<td>8%</td>
<td>38%</td>
<td>50%</td>
</tr>
</tbody>
</table>

During the past month (30 days), on how many days did you have at least one drink of alcohol? (One drink of alcohol is defined as a bottle of beer, a glass of wine, a shot of liquor or a cooler)

- I HAVE NEVER DRANK ALCOHOL
- I HAVE DRANK ALCOHOL, BUT NOT IN THE PAST MONTH
- 1 OR 2 DAYS
- 3 TO 5 DAYS
- 6 TO 9 DAYS
- 10 OR MORE DAYS
Binge Drinking

In the absence of a universal definition of binge drinking, binge drinking is defined here as five or more drinks within a couple of hours. This is based upon comparable surveys on youth alcohol use.

Twenty percent of students reported consuming five or more drinks of alcohol within a couple of hours on at least one day in the past month.

Figure 33. Past Month Binge Drinking, by Grade

During the past month (30 days), on how many days did you have 5 or more drinks of alcohol within a couple of hours? (One drink of alcohol is defined as a bottle of beer, a glass of wine, a shot of liquor or a cooler)

- [ ] I HAVE NEVER DRANK ALCOHOL
- [ ] I HAVE DRANK ALCOHOL, BUT NOT IN THE PAST MONTH
- [ ] 1 OR 2 DAYS
- [ ] 3 TO 5 DAYS
- [ ] 6 TO 9 DAYS
- [ ] 10 OR MORE DAYS
Drug Use

In the past month, 17% of all students reported use of at least one of the listed drugs.

Figure 34. Any Drug Use in Past Month, by Grade and Sex

In the past month (30 days), how many times have you...
(used marijuana/ hashish [pot, weed, etc.]; used cocaine or crack; used methamphetamines [speed, crystal meth, crank or ice]; used ecstasy; used LSD or other hallucinogens [shrooms, acid, etc.]; taken a prescription or over-the-counter drug to get high [painkillers, Ritalin, Oxycontin, Xanax, etc.])

- 0 TIMES
- 1-2 TIMES
- 3-9 TIMES
- 10 OR MORE TIMES
In the past year, 24% of all students reported use of at least one of the listed drugs.

Figure 35.
Any Drug Use in Past Year, by Grade and Sex

In the past year (12 months), how many times have you...
(used marijuana/hashish [pot, weed, etc.]; used cocaine or crack; Used methamphetamines[speed, crystal meth, crank or ice]; used ecstasy; used LSD or other hallucinogens [shrooms, acid, etc.]; taken a prescription or over-the-counter drug to get high [painkillers, Ritalin, Oxycontin, Xanax, etc.])

- 0 TIMES
- 1-2 TIMES
- 3-9 TIMES
- 10 OR MORE TIMES

13% OF STUDENTS REPORTED USING MARIJUANA/HASHISH 1+ TIMES IN THE PAST MONTH; 19% REPORTED USING IT IN THE PAST YEAR.
Types and Frequency of Drugs Used

The most commonly used drug is marijuana/hashish. Overall, 13% of students reported using marijuana/hashish one or more times in the past month, and 19% of students reported using it in the past year.

Figure 36.
Type and Frequency of Drugs Used

<table>
<thead>
<tr>
<th>Drug</th>
<th>Past Month</th>
<th>Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-2 times</td>
<td>3-9 times</td>
</tr>
<tr>
<td>Marijuana/hashish</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Cocaine/crack</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>LSD/hallucinogens</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Rx/over-the-counter</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Impaired Driving

Vehicle collisions are the leading cause of death among young people aged 15 to 24. It is generally accepted that because teens are the least experienced drivers as a group, they have a higher risk of being involved in a collision compared with more experienced drivers. When this lack of experience is combined with the use of alcohol or other substances that impact cognitive and motor abilities, the results can be tragic.

Drinking and Driving

Overall, 6% of students reported that they have driven a car or other vehicle after drinking alcohol at least once in their lifetime.

Figure 37. Driving After Drinking, by Grade

During the past month (30 days), how many times did you drive a car or other vehicle after you had been drinking alcohol?

- I HAVE NEVER DONE THIS
- I HAVE DONE THIS, BUT NOT IN THE PAST MONTH
- 1 TIME
- 2 OR 3 TIMES
- 4 OR MORE TIMES

6% OF STUDENTS REPORTED THAT THEY HAVE DRIVEN A CAR OR OTHER VEHICLE AFTER DRINKING ALCOHOL AT LEAST ONCE IN THEIR LIFETIME.
Illegal Drugs and Driving

Overall, 6% of students reported that they had driven a car or other vehicle after using illegal drugs at least once in their lifetime.

Figure 38
Driving After Using Illegal Drugs, by Grade

Riding in a Vehicle Driven by Someone Who Had Been Drinking or Using Illegal Drugs

In the past month, 7% of students reported riding in a car or other vehicle driven by someone who had too much to drink.

In the past month, 9% of students reported riding in a car or other vehicle driven by someone who been using illegal drugs.
Safety and Injury Prevention

Injury is the number one cause of death for children in Canada. Most injuries sustained by children and youth are both predictable and preventable.

Use of a Helmet while Cycling

“A properly fitted bike helmet decreases the risk of serious head injury by as much as 85% and brain injury by 88%.” In June 2012, Manitoba’s Highway Traffic Amendment Act (Bicycle Helmets) received Royal Assent. This Bill mandates that cyclists under 18 years of age must wear a helmet when riding a bicycle.

Use of a Helmet while Riding Snowmobiles, ATVs, Dirt Bikes, and Motorcycles

Riding snowmobiles, ATVs, dirt bikes and motorcycles without a helmet presents a serious and unnecessary risk for head injuries.

Use of a Seatbelt

Passengers not wearing their seatbelt involved in collisions are three times more likely to be injured and 16 times more likely to have a fatal injury, as compared to passengers with their seatbelt on.

Use of a Life Vest

Not wearing a life jacket is the most serious risk factor in fatal boating incidents.

Figure 39.
Frequency of Using Safety Equipment, by Grade

<table>
<thead>
<tr>
<th>Proportion of students who 'often' or 'always' wear the respective safety equipment when taking part in these activities</th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helmet when riding a bike</td>
<td>32%</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>Helmet when riding other vehicles (snowmobile, ATV, etc.)</td>
<td>46%</td>
<td>40%</td>
<td>42%</td>
</tr>
<tr>
<td>Seatbelt when riding in a car/truck/SUV</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Life vest when in a small boat</td>
<td>67%</td>
<td>57%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Exposure to Sun/UV

Overexposure to ultraviolet (UV) rays, particularly in youth, has been linked to the following negative health effects: sunburns, premature skin aging, skin cancer, eye problems, and weakening of the immune system.\textsuperscript{64}

22\% of students reported that they ‘never’ practice sun protection when outside for more than 30 minutes on a sunny day, and 42\% of students reported that they do this ‘rarely’.

Use of artificial tanning equipment, even one time, before the age of 35 is associated with a 75\% increase in the risk of melanoma, the most serious form of skin cancer.\textsuperscript{65}

Overall, 7\% of students have used artificial tanning equipment at least once in their life.

22\% of students reported that they ‘never’ practice sun protection when outside for more than 30 minutes on a sunny day.
Appendix 1: Calculation Methods

Physical Activity Level (page 10)

Physical activity level is measured using kilocalories per kilogram of body weight per day (KKD). KKD calculations use metabolic equivalents (METs) to assign a value to each category of physical activity:

- Moderate intensity physical activity (eg, walking, biking and recreational swimming) burns 3 to 6 METs
- Vigorous intensity physical activity (eg, jogging, team sports, fast dancing, jump rope) burns more than 6 METs

$$\text{KKD} = \frac{[(\text{Hours of moderate PA} \times 3 \text{ MET}) + (\text{Hours of vigorous PA} \times 6 \text{ MET})]}{7 \text{ days}}$$

- **Inactive** - Average Daily KKD are less than 3
- **Moderately active** - Average Daily KKD are greater than 3 but less than 8
- **Active** - Average Daily KKD are greater than 8

Body Mass Index (page 17)

Body Mass Index (BMI) was calculated using the Centre for Disease Control’s BMI guidelines for Children and Teens (2011). BMI is a ratio calculated using a person’s weight in kilograms and height in meters squared (kg/m²). It measures excess weight and not excess body fat.66 BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. For youth, BMI is age- and sex-specific and is often referred to as BMI-for-age.67

BMI was categorized according to the following table:

<table>
<thead>
<tr>
<th>Weight Status Category</th>
<th>Percentile Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than the 5th percentile</td>
</tr>
<tr>
<td>Healthy weight</td>
<td>5th percentile to less than the 85th percentile</td>
</tr>
<tr>
<td>Overweight</td>
<td>85th to less than the 95th percentile</td>
</tr>
<tr>
<td>Obese</td>
<td>Equal to or greater than the 95th percentile</td>
</tr>
</tbody>
</table>

Food Frequency (page 19)

Daily food consumption is defined as the sum of times that a student consumed items in each food group on the previous day. This consumption is categorized and reported based on the Canada Food Guide to Healthy Eating for youth ages 14 to 18 using the lowest end of the range. The YHS food question asked students to report “times” whereas the Food Guide is based on “servings”. For the purposes of this report “times” = “servings”.

Mental Health Continuum (page 51)

Responses were analyzed using the Keyes Mental Health Continuum to categorize children into three categories of mental health. The first three statements (a, b, c) represent emotional wellbeing, the next six statements (d to i) represent psychological wellbeing, and the last five statements (j to n) represent social wellbeing.60,61

1) **Flourishing**: (respond ‘every day’ or ‘almost every day’ to one of the first three statements and to at least six of the other statements)

Flourishing is defined as being filled with positive emotion and functioning well psychologically (i.e. have self-acceptance, positive relationships, personal growth, purpose in life, and environmental mastery and autonomy) and socially (see society as meaningful and understandable, see society as possessing the potential for growth, when they feel they belong to and are accepted by their communities, and see themselves as contributing to society).
2) **Languishing:** (respond ‘never’ or ‘once or twice’ to one of the first three statements and at least six of the other statements)

*Languishing is defined as possessing low level of well-being and may be conceived as a life of emptiness and stagnation, constituting of quiet despair that parallels accounts of individuals who describe themselves and life as “a shell”, and “a void”, “hollow”, “empty”.*

3) **Moderate:** (are neither flourishing nor languishing)

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### Cigarette Smoking Status

(page 37)

Q42 and Q43 were used to define smoking status.

**Daily smokers:** Students who reported smoking cigarettes every day or almost every day (Q43).

**Occasional smokers:** Students who reported smoking 100 or more cigarettes in their entire life (Q42) or smoking some days in the past month (Q43).

**Current smokers:** Daily + occasional smokers.

**Non-smokers:** Students who reported they had not smoked 100 or more cigarettes in their life (Q42) and that they had not smoked in the past month (Q43), or if they had smoked 100 cigarettes in their life (Q42) and were missing a response for Q43, or if they were missing a response for Q42 and reported that they did not smoke in the past month (Q43).

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### Smoking Susceptibility

(page 38)

Q44, Q45, and Q46 were used to determine susceptibility to smoke cigarettes.

**Not susceptible to smoking:** Students answered ‘Definitely not’ to each of questions Q44, Q45 and Q46.

**Susceptible to smoking:** Students answered ‘Definitely yes’, ‘Probably yes’ or ‘Probably not’ to any of the three questions (Q44, Q45, Q46).

**Missing Susceptibility:** If any of the three questions were left blank (Q44, Q45, Q46), susceptibility was missing for that student.


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