



Influences on the Health and Behaviour of Sheshatshiu Youth

Information for planning

Draft May 2000



ACKNOWLEDGMENTS

The most valuable contributors to this report are the 136 youth and 64 parents who participated in the survey. Recognition is also due to Lorraine Rich, Mary Pia Benuen, and Louisa Whelan, along with several other staff members of the Sheshatshiu Innu Band Council for helping to conduct the survey in the community.

The fieldwork for this project was enhanced by the involvement and support of the staff of Peenamin McKenzie School.

The regional planning committee of Andrea White, Leila Gillis, Gail Turner, Mary Pia Benuen, Mary Abbass, Dr. Michael Jong and Dr. Jane McGillivray were instrumental in the design of the survey. Thanks to Lyla Andrew and Lynn Gregory for their input into the design of Sheshatshiu supplements.

The project was financed by Health Canada as part of the Local Public Health Infrastructure Development initiative. Planning, implementation, analysis and report preparation for Sheshatshiu was completed by Leila Gillis. Technical support was provided by Deborah Milne of Health Labrador Corporation and CIET Canada: Dawn Caldwell and Dr. Anne Cockcroft. The database remains with the Health Labrador Corporation and the Sheshatshiu Innu Band Council for ongoing analysis in response to specific issues and interests.

Recognition is due to the Sheshatshiu Innu Band Council and Chief Paul Rich for having the insight to release staff for the purposes of training in applied epidemiology and evidence based planning.

These preliminary results mark an important stage in the development of programming for parents and youth, opening the door for dialogue within the community and families about the issues currently confronting Sheshatshiu youth and providing evidence for future planning.



Table of Content

1	INTRODUCTION.....	1
	1.1 Goal and Objectives.....	1
	1.2 Review of existing regional information.....	2
2	METHODS.....	3
	2.1 Approval by Chief and ethics Committee.....	3
	2.2 The Survey.....	3
	2.2-1 Survey Instrument.....	3
	2.2-2 Gathering Data.....	4
	2.2-3 Data Entry.....	4
	2.2-4 Data Analysis.....	4
 RESULTS		
3	The Survey Population.....	5
	3.1 Youth.....	5
	3.2 Parents.....	5
	3.3 Home life of youth.....	5
4	Smoking.....	7
	4.1 Who is smoking.....	7
	4.2 Reasons for smoking or not smoking.....	8
	4.3 Smoking and other risk behaviours.....	8
	4.4 Factors related to smoking in youth.....	8
5	Gas Sniffing.....	9
	5.1 Who is sniffing gas.....	9
	5.2 Reasons given for sniffing and not sniffing gas.....	10
	5.3 Gas sniffing and other risk behaviours.....	10
	5.4 Factors related to gas sniffing in youth.....	10
6	Drug use.....	12
	6.1 Who is using drugs.....	12
	6.2 Type of drug.....	13
	6.3 Reasons for using and not using drugs.....	13
	6.4 Drug use and other risk behaviours.....	13
	6.5 Factors related to drug use in youth.....	14

7	<i>Drinking alcohol.....</i>	<i>15</i>
	7.1 <i>Who is drinking alcohol.....</i>	<i>15</i>
	7.2 <i>Sources of alcohol.....</i>	<i>16</i>
	7.3 <i>Drinking and driving.....</i>	<i>16</i>
	7.4 <i>Worrying and arguing about drinking.....</i>	<i>16</i>
	7.5 <i>Reasons for drinking or not drinking.....</i>	<i>17</i>
	7.6 <i>Drinking and other risk behaviours.....</i>	<i>17</i>
	7.7 <i>Factors related to drinking.....</i>	<i>18</i>
8	<i>Property damage.....</i>	<i>19</i>
	8.1 <i>Who is damaging property.....</i>	<i>19</i>
	8.2 <i>Property damage and other risk behaviours.....</i>	<i>19</i>
	8.3 <i>Factors related to property damage.....</i>	<i>20</i>
9	<i>Sexual behaviour.....</i>	<i>21</i>
	9.1 <i>Who is sexually active.....</i>	<i>21</i>
	9.2 <i>Reasons for having or not having sex.....</i>	<i>21</i>
	9.3 <i>Number of sexual partners.....</i>	<i>22</i>
	9.4 <i>Use of condoms.....</i>	<i>22</i>
	9.5 <i>Unsafe sex.....</i>	<i>22</i>
	9.6 <i>Reasons for using and not using condoms.....</i>	<i>22</i>
	9.7 <i>Teen pregnancy.....</i>	<i>23</i>
	9.8 <i>Factors related to having multiple sex partners and/or unsafe sex.....</i>	<i>23</i>
10	<i>Violence.....</i>	<i>25</i>
	10.1 <i>Who is being threatening or violent.....</i>	<i>25</i>
	10.2 <i>Who is being threatened or is a victim of violence.....</i>	<i>25</i>
	10.3 <i>Unwanted sexual activity.....</i>	<i>26</i>
	10.4 <i>Violence and other risk behaviours.....</i>	<i>26</i>
	10.5 <i>Factors related to violent behaviour.....</i>	<i>26</i>
11	<i>Emotional status of youth.....</i>	<i>27</i>
	11.1 <i>What is the emotional status of youth.....</i>	<i>27</i>
	11.2 <i>Low mastery and other risk behaviours.....</i>	<i>27</i>
	11.3 <i>Low self esteem and other risk behaviours.....</i>	<i>27</i>
	11.4 <i>High distress scores and other risk behaviours.....</i>	<i>27</i>
	11.5 <i>Low support and other risk behaviours.....</i>	<i>28</i>
	11.6 <i>Suicide.....</i>	<i>28</i>
12	<i>Potential benefits for programming.....</i>	<i>29</i>
	12.1 <i>Potential gains.....</i>	<i>29</i>
	12.2 <i>Working conclusions.....</i>	<i>30</i>

ANNEXES

- Annex 1*** ***The survey instruments***
- Annex 2*** ***Summary of all gains tables***
- Annex 3*** ***Details on LOPHID and LOPHID Methods***
- Annex 4*** ***Logistic regression for risk factors***
- Annex 5*** ***Summary of discussion and recommendations from May 3 regional workshop in Happy Valley Goose Bay***

Influences on the health and behaviour of Sheshatshiu Youth

1 INTRODUCTION

The influences on behaviour of adolescents was selected as the research topic for the third LoPHID cycle. Annex 3 provides details on the LoPHID and LoPHID methods.

It is well recognized by public health professionals and communities that adolescents in Labrador are exposed to risk taking opportunities at ever younger ages. The extent of adolescent smoking, drinking, vandalism, violence, drug/solvent abuse and sexual activity is only partially documented in the Labrador region and the focus that intervention programming should take is difficult to identify.

Provincial research confirms that a sizable proportion of young people in the Labrador region engage in smoking, drinking, drug use, and unplanned/unprotected sex. Research also confirms that such risk behaviours are associated with other risk behaviours such as driving under the influence, property damage and violence.

Of equal interest are those youth who do not engage in risky behaviours. The parenting techniques and practices that contribute to informed and healthy decisions making by adolescents are for the most part unexamined in the Labrador region. An important element of this study is the identification of parental practices or techniques that encourage or enable adolescents to avoid risk behaviours. The positive influences in every day parenting are an important intervention which can be introduced through parenting programs within communities.

1.1 Goal and Objectives

The goal of the third LoPHID cycle is to promote healthy decision making by adolescents by assessing their current levels of risk taking behaviour and to increase the effectiveness and efficiency of community health services and supports to both adolescents and parents.

1. To assess the prevalence and patterns of adolescent smoking, drinking, vandalism, violence, drug/solvent abuse among adolescents in the catchment area as well as the occurrence of and circumstances surrounding adolescent sexual activity.
2. To identify those factors that contribute to adolescent risk taking and those that promote risk avoidance, including the influence of peers and parenting techniques .
3. To identify gaps in services and supports for Labrador adolescents and their families.
4. To use the evidence from this cycle to advocate for more effective services and community supports for adolescents at risk and their families.

Influences on the health and behaviour of Sheshatshiu Youth

1.2 Review of existing regional information*Alcohol, tobacco and other drug use*

The Provincial Student Drug Use Survey completed in 1996 and 1998 indicates that alcohol remains the substance most widely used by youth with little change in rate of usage between surveys. The 1998 survey indicates that in the northern health region some 58% of youth reported alcohol use in the last six months (the same as the Newfoundland-Labrador provincial average) with more than a third reporting that they drank once a month or more. Tobacco remains the second most widely used substance. Some 44% of students in the northern health region reported "any" smoking within the last 12 month period (versus the provincial average of 38%) and 17% reported smoking every day. Marijuana is the third most commonly used substance after alcohol and tobacco. 29% of students in northern region reported "any" use of marijuana in the past 12 months (provincial average 30%) with 9% reporting usage once a month. Alcohol and drugs were associated with other risks behaviours such as driving while under the influence of alcohol (11%) or drugs and unplanned (45% of the sexually active) or unsafe (17% of the sexual active) sex while under the influence of alcohol or drugs.

Sexual Behaviour

The student drug use survey indicates that one third of responding students in Newfoundland Labrador had been sexually active. Some 36% reported having more than one partner. Of those students who were sexually active, one in six had unplanned sex. When asked about condom use, some 54% of the sexually active said that they did not always use a condom.

Criminal Activity

Statistics compiled by the RCMP Happy Valley Goose Bay detachment provide an indication of the type of offences committed by youth. In 1998, 107 males and 27 females were charged for a variety of crimes ranging from sexual assault to arson.

Youth Organisations

The number and variety of youth organisations varies from community to community in Labrador. While larger population centres have a variety of services available, the more isolated coastal communities are often limited to school or sports related activities.

Influences on the health and behaviour of Sheshatshiu Youth

Methods

The Sheshatshiu Innu Band Council Partnered with the Health Labrador Corporation, Mushuau Innu, Ciet Canada and Health Canada in a collaborative effort to address the issues affecting youth in Labrador.

2.1 Approval by Chief and Ethics Committee

The project was submitted to Chief Paul Rich for approval for the Community of Sheshatshiu. The project was also submitted to and approved by the Health Labrador Corporation Ethics Committee. The review addressed the issues of consent, voluntary participation and confidentiality. Permission was obtained from the Director of Education for the Labrador School Board and then the support of individual schools was obtained. Parents were notified about the project in a letter hand delivered describing what their child would be asked to do (complete a questionnaire). If parents did not want their child to participate, they had to sign and return the letter.

2.2 The survey**2.2-1 Instruments**

Two instruments were used to collect information. A regional committee examined the issues to be covered in each and reviewed potential questions. A community specific committee was also set up to review additional issues pertaining to sheshatshiu specifically. Various key workers in the community of Sheshatshiu reviewed the survey tools and offered a review to committee members. The survey instruments are in Annex 1.

The adolescent questionnaire asked about experiences with alcohol, tobacco, drugs, gas sniffing, unwanted sexual activity, unprotected sex, vandalism, and violence. Youth were also asked about various individual, social, family and community factors that may play a role in risk and resiliency. Respondents were asked to indicate the reasons why they did or did not engage in various risk behaviours.

Parents were asked about their own (and their partners) drinking, smoking and drug use as well as parenting practices such as setting rules, discipline, knowing where their children are when they are not at home and amount of time spent with their children. Socio-economic factors affecting the family were also explored.

The second section of both the parents and youth questionnaires deals with issues of self-esteem, mastery, support, and distress yielding an overall score that indicates emotional well being. The youth questionnaire was pretested in two classrooms in Port Hope Simpson, outside of the designated survey area. The parent questionnaire was pretested within the Happy Valley- Goose Bay area with parents who's children did not fall within the desired age group.

Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

2.2- 2 Gathering Data

Data collection was approached utilizing various techniques. A complete family listing of those families that have a youth between the ages of 12 and 18 was created. A linked number coding system was created and used for each family. The majority of both surveys were completed individually by a bi-lingual interviewer. Some were completed by the parent or youth were they were comfortable with the english version of the survey.

71% of the data collection was completed by Band council Staff with the additional collection completed by a paid interviewer.

2.2-3 Data Entry

The questionnaires completed by parents and youth were designed to be scanned into a computer data base, using the Remark software package. Additional data entry was completed using Epi-Info.

2.2-4 Data Analysis

Analysis was completed using the Epi-Info software package. Frequencies of key indicators were calculated as well as contrasts of risks in terms of the odds ratios, indicating whether one group was more at risk for a particular behaviour than another group. Standard Mantel-Haenszel procedures were used to identify confounding and effect modification. The effects of the variables in combination were explored by means of multiple logistic regression , using the SPSS statistical software package.

Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

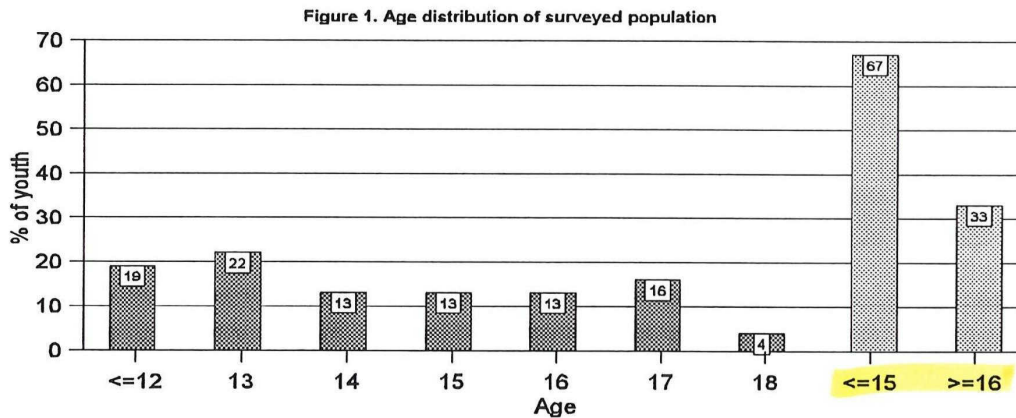
Survey Results

3.0 The survey population

3.1 Youth

A total of 136 youth were surveyed out of a total of approximately 180. More females than males responded with male responders at 42% (57/136) and female responders at 58% (79/136).

Youth between the ages of 12 and 18 were surveyed. There was a fairly even spread of the youth across the ages with the fewest youth being 18 years or older. For some of the analysis youth were grouped into two age categories, 15 and under, and 16 and over. Figure one illustrates the age distribution and groupings of the youth surveyed.



3.2 Parents

A total of 64 questionnaires were completed by parents and linked with their children. The high parental response rate ensured that there was parental information for 81% of the responding youth. Parents were approached directly to complete the questionnaire.

3.3 Home life of youth

Less than half of the youth 49% (66/136) report living with both parents, with 70% (95/136) living with at least one parent. 30% of youth live alone, with other relatives, or in the group home.

Influences on the health and behaviour of Sheshatshiu Youth

Overall 37% (50\135) of youth feel that their parents only care about them somewhat or not at all.

Nearly half of parents (47%) report that they only sometimes, rarely or never know where their children are when they are not at home. When children are at home, 62% of those who are 15 years and under are left alone or in charge of younger children in the evenings.

Almost one quatre (23%- 31/136) of all youth report that they do not have a meal prepared for them everyday.

The majority of youth 77% (105/136) perceive that their parents only sometimes or never set clear rules for them. Of those who did say that their parents set rules for them only 42% (13/31) felt that their parents discipline them if they do not follow the rules.

Overall, communication between parents and youth is lower in Sheshatshiu than in the rest of the region. Fewer youth report that their parents talk to them about sex, relationships and their future than other issues.

% of youth who report their parents talk to them about the following issues (n=136)		
Issue	Sheshatshiu	In Labrador
School	71%	88%
The future	40%	72%
Friends	53%	70%
Drinking	54%	59%
Smoking	48%	56%
Drugs	52%	55%
Relationships	37%	47%
Sex	35%	43%

Nearly half of youth (46% -63/136) reported being a member of a group outside of regular school. Church attendance is rare in sheshatshiu, with 15% (21/136) of youth reporting attending church at least once a month or more.

A little more than half of youth, 56% (75/134) report they have \$25 or less to spend on themselves each week, with the remainder having more to spend.

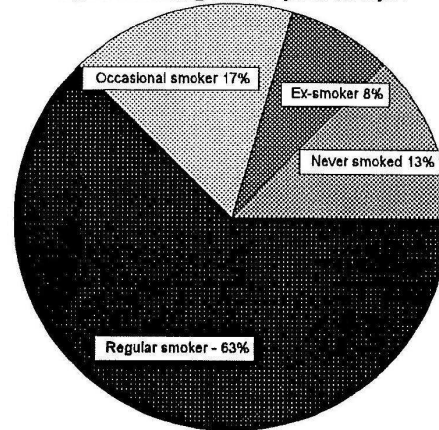
Influences on the health and behaviour of Sheshatshiu Youth

4.0 Smoking

4.1 Who is smoking

More youth are smoking in Sheshatshiu than in any other community in Labrador. 63% (84/134) reported that they are currently smoking everyday and a further 17% (23/134) reported smoking but not everyday. Only 13% (17) had never smoked and 8% (10) had quit smoking at the time of the survey. Figure 2 shows the smoking status of the surveyed population with regular smokers defined as those who smoke everyday and occasional smokers as those who do not smoke everyday.

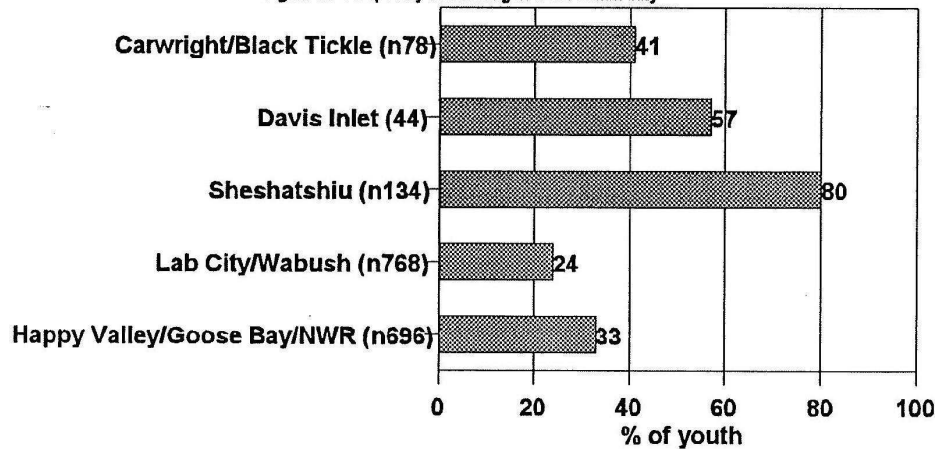
Figure 2. Smoking status of youth surveyed



Overall more females than males currently smoke either occasionally or everyday. 82% (64/78) of females reported currently smoking compared with 77% (43/56) of males. Although, when looking at who smokes regularly only 62% (48/78) of females are smoking everyday compared with 64% (36/56) of males.

Figure 3 shows that the percentage of youth who smoke, either occasionally or daily, varies within Labrador communities.

Figure 3. Frequency of smoking in each community



Influences on the health and behaviour of Sheshatshiu Youth

4.2 Reasons for smoking or not smoking

The most frequently reported reason for smoking was because their friends smoke (48%-57/119). A further 18% (21/119) reported they tried smoking only a couple of times. And 13% smoke because they are unable to quit. Other less common reasons given for smoking included members of their family smoke, only smoke when drinking and feeling left out if they don't.

The most common reason given for not smoking were because they just were not interested in smoking (25%-7/28), they had quit (21% - 6/28) and smoking is bad for your health (21%-6/28).

4.3 Smoking and other risk behaviours

Smoking is associated with other risk behaviours. A youth who is a regular smoker is nearly 3 and a half times more likely to be a regular drinker (OR3.46 CI 1.34-9.24) and almost 6 times more likely to be a regular drug user (OR5.50 CI 1.95-16.30).

4.4 Factors related to smoking in youth

There are a number of factors related to a youth being a smoker. There are trends towards regular smoking in those who are 16 and older as 73% (33/45) of this age group smoke regularly compared with 58% (51/88) of those 15 and under. Smoking everyday is higher in males, although more females smoke occasionally and/or everyday than males.

Logistic regression analysis was used to examine the combined effects of factors on youth smoking behaviour. The important factors when all were considered together are shown in table 1 which also shows the benefits of interventions to address the factors increasing the risk of youth smoking. Youth who have low self esteem scores are two times more likely to smoke regularly than those with higher self-esteem. A youth whose parents do not feel supported in their lives is twice as likely to smoke regularly.

Table 1. Possible benefits of different interventions to reduce the proportion of SSS youth smoking regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proptn of population who could benefit	Potential gain per 100
Raise self esteem in the youth	Nearly two times less chance of smoking	17% less youth smoking	49% (nearly half) of youth	8
Raise parents sense of support in their lives	Nearly 2 times less risk of smoking	16% less youth smoking	40% of youth	6

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Influences on the health and behaviour of Sheshatshiu Youth

5.0 Gas Sniffing

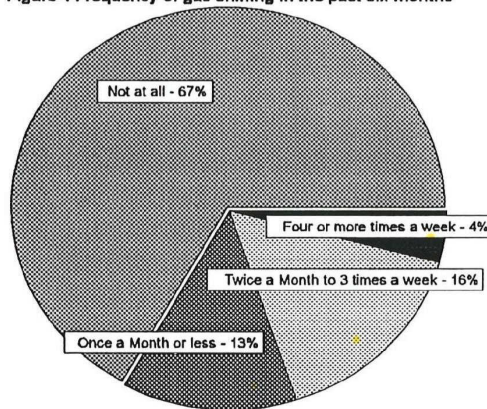
5.1 Who is sniffing gas?

Gas sniffing is a risk behaviour that is more common in Sheshatshiu and Davis Inlet than in many other communities of Labrador. In Sheshatshiu 52% (71/136) of youth reported having ever sniffed gas, with 48% (65/136) reporting never having sniffed.

In the six month prior to the survey 33% (45/136) have reported having sniffed gas. In the last six months 20% (27/136) of all youth have reported having sniffing gas regularly, which was defined as twice a month or more.

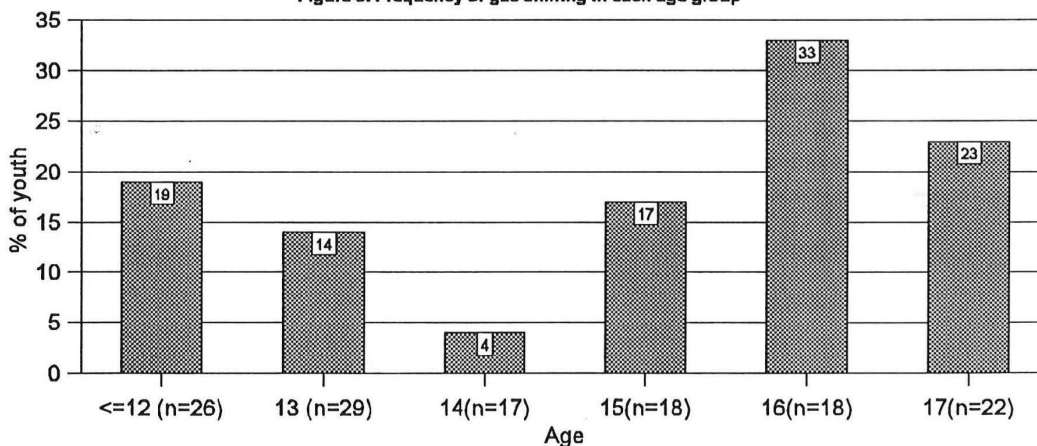
Slightly more males sniff gas than females with 21% (12/57) of males sniffing regularly and 19% (15/79) of females sniffing.

Figure 4 Frequency of gas sniffing in the past six months



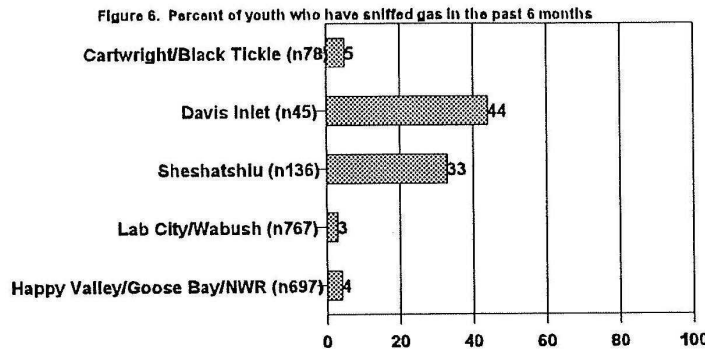
Unlike the other risk behaviours looked at, younger and older youth sniff gas with similar frequency. Figure 5 shows the similar proportions of users across all ages. Of those who have ever sniffed, the vast majority, 93% were 14 years or younger when they first did so. 64% (46/72) did so when they were 12 years or younger.

Figure 5. Frequency of gas sniffing in each age group



Influences on the health and behaviour of Sheshatshiu Youth

The incidence of regular gas sniffing varied from community to community. While gas sniffing happens in all communities in Labrador, it is much more common in Sheshatshiu and Davis Inlet.



5.2 Reasons given for sniffing and not sniffing gas

The most common reason given for why they had sniffed gasoline was that they had only tried it once or twice (33%-23/70). Another 21% (15/70) said they sniffed because their friends sniff. Some of the remaining reasons for sniffing were that they liked the way it made them feel 16%, and that they were bored 9%.

5.3 Gas sniffing and other risk behaviours

Gas sniffing is associated with many other risk behaviours. A youth is 5 times more likely to damage property if they are sniffing gas (OR 5.43 95% CI 1.9 -15.7). They are also three times more likely to use drugs if they are sniffing gas regularly. (OR 3.12 95% CI 1.19 - 8.19). Youth are two and a half times (OR 2.53 95% CI 0.98-6.57) more likely to act violently if they sniff gas regularly than if they do not.

5.4 Factors related to gas sniffing in youth

A number of factors are individually related to the risk of youth sniffing gas. A youth is less likely to sniff gas if they perceive that their parents care about them. Of those who perceive their parents care 17% (14/85) regularly gas sniff, whereas 26% (13/50) regularly sniff who feel their parents do not care for them. In youth who report having rules set for them by their parents, only 7% regularly sniff gas compared with 24% (25/105) of those with no set rules. Of those youth who were noted to be attending school with various regularity, 13% (10-77) reported sniffing gas regularly, compared with 36% (15/42) who were not in school at all - there were several youth where there was no information on school attendance. Of the youth who have at least one meal prepared a day for them 16% (16/100) are regular gas sniffers, of those who do not have a meal prepared, 36% are gas sniffers.

Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

The combined effects of factors on gas sniffing behaviour were examined using logistic regression. The important factors when all were considered together are shown in table 2 as well as possible benefits of interventions to address the factors increasing the risk of youth sniffing gas.

Table 2. Possible benefits of different interventions to reduce the proportion of SSS youth sniffing gas regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprtn of population who could benefit	Potential gain per 100
Reduce negative peer presure from friends sniffing	Nearly eight times less chance of sniffing	14% less youth sniffing	25% (a quarter) of youth	4
Encourage parents to discipline their children	Nearly 3 times less risk of sniffing	10% less youth sniffing	68% of youth	7
Raise parents sense of mastery over their lives	5 times less risk of sniffing	12% less youth sniffing	36% of youth	4

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Influences on the health and behaviour of Sheshatshiu Youth

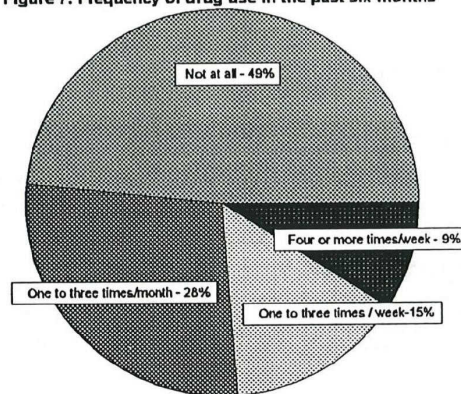
6.0 Drug use

6.1 Who is using drugs

Drug use is a great concern for the community of Sheshatshiu. 57% (78/136) of all youth reported having ever used marijuana, hashish, or mushrooms, 18% (24/136) reported having ever used either acid, mescaline, cocaine, or heroin and 8% (11/136) reported having used non-prescribed medications like Valium, Ritalin, steroids, Demerol or Atasol 30.

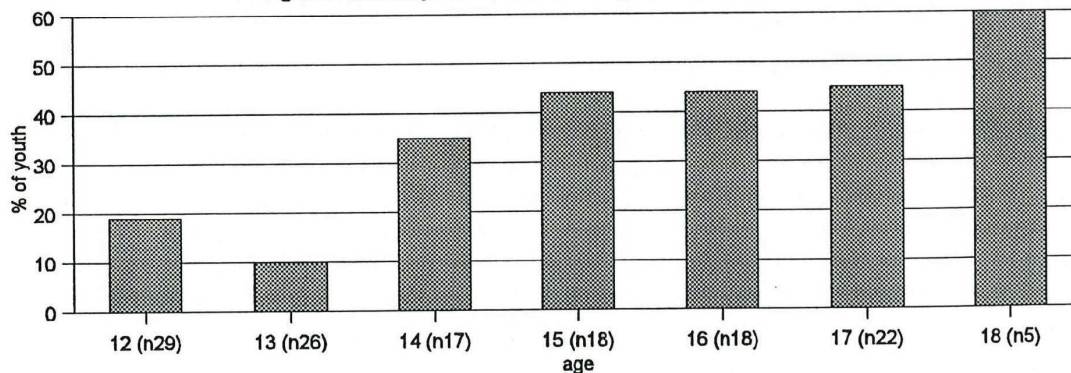
Figure 7. Frequency of drug use in the past six months

In the six months prior to the survey 31% (42/136) had used drugs regularly. Figure 7 shows the frequency with which youth have used drugs in the past six months.



Slightly more males are using drugs regularly than females, with 32% (18/57) and 30% (24/79). More youth aged 16 and older(44%;20/45), are using drugs regularly compared with 24% (22/90) of those aged 15 and under. Of the total youth population 54% (74/136) first tried drugs by the age of 15.

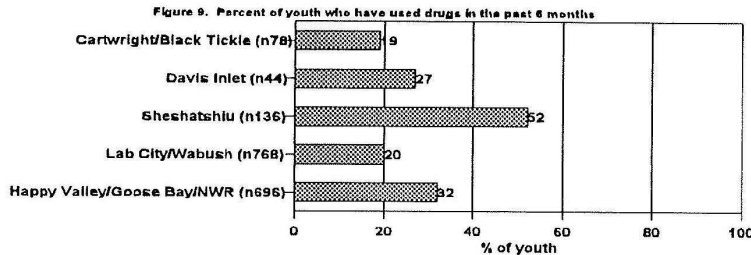
Figure 8 Percent of youth who have used drugs in the past 6 months



Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

Regionally, drug use is most common in Sheshatshiu and Happy Valley/Goose Bay/NWR. Figure 9 illustrates the proportions of youth who have used drugs in the past 6 months/community.



6.2 Type of drug

Drugs were divided into three types: 1) Marijuana, hashish and other “soft” or “gateway” drugs; 2) Acid, crack, heroin and other “hard” drugs and 3) Non-prescribed drugs like Demerol, Valium or steroids. Marijuana (and other so called “soft drugs”) was the drug used most often.

38% (52/136) of youth reported having half or more of their friends use drugs. A youth who reports that half or more of their friends use drugs is 8 times more likely to use drugs regularly than a youth who reports that the majority of his/her friends do not use drugs (OR=8.18 CI 3.32-20.53).

6.3 Reasons for using and not using drugs

82 youth responded to a question about why they used drugs. One in three (32%; 26/82) said they do drugs because their friends do drugs. Almost a quarter (24%; 20/82) do drugs because they like how it makes them feel. 17% (14/82) had only tried drugs once or twice. The remaining used for various reasons including boredom (11%), and that they were just easy to get (3%). The main reason for not using drugs was that they were simply not interested (67%; 46/69), they were afraid to lose control (16%;11/69), and they didn’t know how or couldn’t get them (8%).

6.4 Drug use and other risk behaviours

A youth who uses drugs regularly is three times more likely to have unsafe sex (OR 3.00 CI 1.32 - 6.9) , they are also seven times more likely to have multiple sex partners (OR 7.36 CI 3.01-18.30). A youth who uses drugs regularly is more than twice as likely to threaten another than those who do not (OR 2.27 CI 0.99 - 5.26). A youth who smokes regularly is nearly six times more likely to use drugs regularly than those youth who do not smoke (OR 5.50 CI 1.95-16.30). A youth who drinks regularly is nine times more likely to do drugs than one who does not drink regularly (OR 9.13 CI 3.61 - 23.49). A youth who uses gas regularly is three times more likely to use drugs regularly (OR 3.12 CI 1.19 - 8.19).

Influences on the health and behaviour of Sheshatshiu Youth

6.5 Factors related to drug use in youth

As with other risk behaviours a number of factors are individually related to the risk of a youth using drugs. A youth is more likely to use drugs if s/he is aged 16 or older or has more than \$25 to spend per week (OR 0.34 CI 0.15-0.79). A youth is much less likely to use drugs if they are not drinking, using gas or smoking.

The combined effects of factors on drug use behaviour were examined using logistic regressions. The important factors when all were considered together are shown in Table 3 as well as the possible benefits of interventions to address the factors increasing the risk of youth using drugs.

Table 3. Possible benefits of different interventions to reduce the proportion of SSS youth using drugs regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proptn of population who could benefit	Potential gain per 100
Reduce negative peer pressure from friends doing drugs	Three times less chance of using drugs regularly	21% less youth using drugs regularly	38% of youth	6
Decrease parental use of drugs	Nearly 2 times less risk of using drugs reg	10% less youth using drugs regularly	22% of youth	2

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

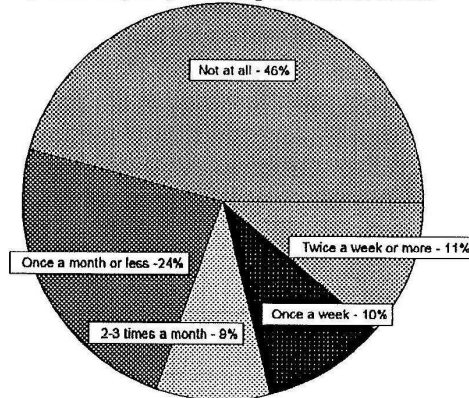
Influences on the health and behaviour of Sheshatshiu Youth

7.0 Drinking alcohol

7.1 Who is drinking alcohol?

Youth were asked if they drink alcohol. Of 136 respondents, 52% (71/136) reported that they do drink alcohol. 30% (41/135) reported drinking more than twice a month and of those who drink regularly, 60% are binge drinking. Binge was defined as more than 5 drinks each time. 27% (36/135) of the total youth population reported being heavy drinkers, defined as drinking more than twice a month and having more than 5 drinks each time. 46% (62/136) reported that they do not drink at all. (Figure 10)

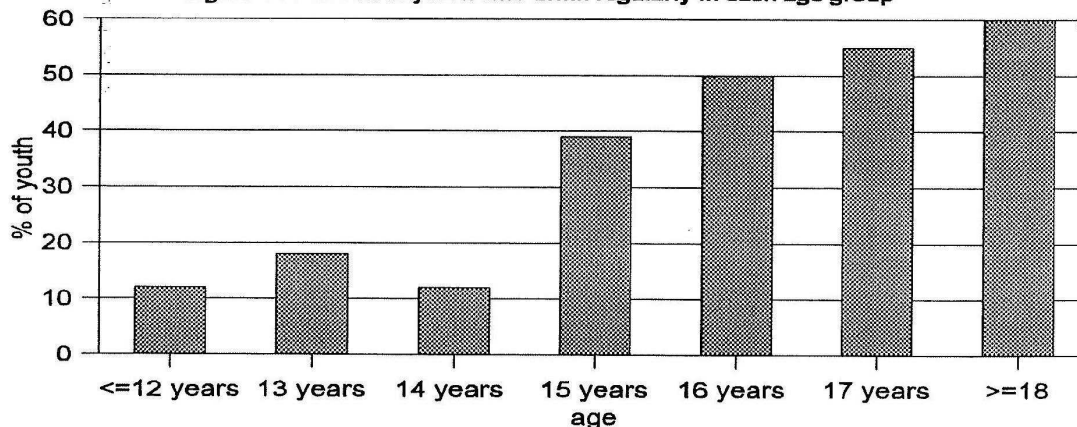
Figure 10 Frequency of drinking in the last six months



Similar proportions of males (54% 31/57) and females (51% 40/79) reported drinking to some extent in the six months prior to the survey. There was little difference in the drinking habits of males and females, with males drinking slightly heavier than females. There was more of a distinction between males and females in the rest of the region surveyed.

As with many of the other risk behaviours looked at, older youth are more likely to drink than younger youth. Some 42% (17/41) of youth 15 and younger report drinking regularly in the six months prior to the survey compared with 77% (72/93) of youth 16 years and over. Figure 11 shows how the frequency of drinking increases with age. Of the 136 youth who said they had at some point drunk alcohol (regardless of whether they currently drink) 93% (75/81) had taken their first drink before the age of 1

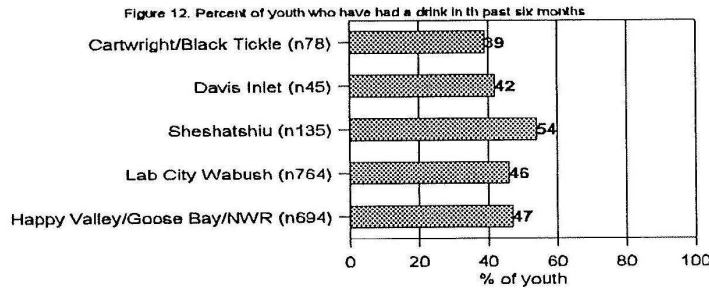
Figure 11 Percent of youth who drink regularly in each age group



Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

Although drinking is more common in Sheshatshiu, the differences between communities are not as pronounced as they are for smoking. (Figure 12)

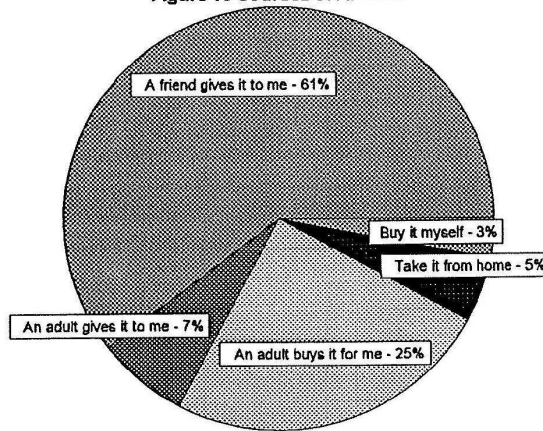


Nearly four out of ten youth (51/136) reported that half or more of their friends drink. Six out of ten (59%;25/41) of the youth who themselves drink regularly report that the majority of their friends drink. A youth who reports that over half of their friends drink is 4 times more likely to drink (OR 4.31 CI 1.84 - 10.21).

7.2 Sources of alcohol

77 youth responded to this question, most commonly (61%; 47/77) a friend gives the alcohol to them followed by having an adult over 19 buy it for them (25%;19/77) (Figure 13)

Figure 13 Sources of Alcohol



7.3 Drinking and driving

9% of all youth (12/136) reported that in the past year they had often or sometimes driven a vehicle (including snowmobiles, boats and ATV's) after drinking alcohol.

7.4 Worrying and arguing about drinking

Compared with the rest of the Labrador region surveyed, youth in Sheshatshiu worry more about their drinking. Overall, 23% (31/136) of youth in Sheshatshiu reported that they have worried that they drink too much compared with 8% in the rest of the surveyed region. Males worried more that they drank too much than females, with 51% (18/35) of males and 27% (13/49) of females. Older youth tended to worry more about their drinking than younger youth, with older youth being more than twice as likely to worry. (OR 0.37 CI 0.13-1.04).

Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

43% (58/136) said that drinking was sometimes or often a sources of unhappiness or arguments in their family. Sheshatshiu reported this more often than any other community in the region.

% of youth who reported drinking a source of unhappiness in their family	
Happy Valley/Goose Bay/NWR	10%
Lab City/ Wabush	9%
Sheshatshiu	43%
Davis Inlet	40%
Cartwright/Black Tickle	18%

7.5 Reasons for drinking or not drinking

The most commonly reported reason for drinking was because their friends drink (42%;31/74) followed by drinking because they like how it makes them feel (24%;18/74). 18% of youth didn't know why they drank, they just did.

Reasons for not drinking included that they were just not interested (31%;21/68), that it is illegal (15%; 10/68) and 15% of youth reported that they did not drink because they had quit. Other reasons included fear of being an alcoholic (9%), don't like the taste (9%); and it would make me sick (7%).

7.6 Drinking and other risk behaviours

Drinking is strongly associated with other risk behaviours. Eight out of every ten youth who drinks regularly also smokes everyday. A youth who is drinking regularly is nine times more likely to use drugs regularly than one who does not drink (OR 9.13 CI 3.61- 23.49). A youth who drinks regularly is three times more likely to do property damage than a youth who doesn't drink (OR 2.89 CI 1.09-7.71) Youth who drink regularly are five times more likely to have multiple sex partners than those who do not drink (OR 5.09 CI 2.10-12.23) and are 8 times less likely to always use a condom (OR 0.12 CI 0.02-0.66). Youth who drink regularly are nearly 7 times more likely to have had at least one partner and have not always used a condom (OR 6.43 CI 2.62 - 16.07).

Influences on the health and behaviour of Sheshatshiu Youth

7.7 Factors related to drinking

Individual factors related to the risk of youth drinking follow the same pattern as those factors related to smoking risk. Youth are nearly 5 times more likely to drink if they are 16 years or older and nearly three times more likely if they have more than \$25 to spend per week. Youth with high scores of distress are three times more likely to drink than those with lower scores (OR 3.03 CI 0.09 - 10.01).

Some youth drinking behaviour can be related to parental factors. Youth whose parents reported being married were three times less likely to drink regularly than those whose parents are not married (OR 0.36 CI 0.12- 1.05). If a parent discourages their youth from drinking then they are 4 times less likely to drink regularly (OR 0.25 CI 0.08-0.78). If parents spend more than 8 hours with their children on the weekend their kids are less likely to drink.

The combined effects of factors on youth drinking behaviour were examined using logistic regressions. The important factors when all were considered together are shown in table 4 as well as the possible benefits of interventions to address the factors increasing the risk of youth drinking.

Table 4. Possible benefits of different interventions to reduce the proportion of SSS youth drinking regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprtn of population who could benefit	Potential gain per 100
Reduce negative peer pressure from friends drinking	Nearly three times less chance of drinking	22% less youth drinking	38% (a third) of youth	8
Improve selfesteem in youth	More than two times less risk of drinking	19% less youth drinking	49% (half) of youth	9
Encourage parents to know where their children are	Two and a half times less risk of drinking	20% less youth drinking	47% (half) of youth	9
Ensure parents discourage their children from drinking	More than two times less risk of drinking	19% less youth drinking	17% (a sixth) of youth	3

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

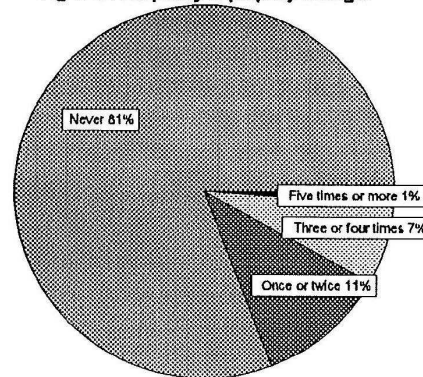
Influences on the health and behaviour of Sheshatshiu Youth

8.0 Property Damage

8.1 Who is damaging property

Overall, 81% (110/136) of youth reported that they had never damaged property within the six months prior to the survey while 11% (15/136) have caused damage to some extent. Figure 14 shows the details of how often youth reported doing damage.

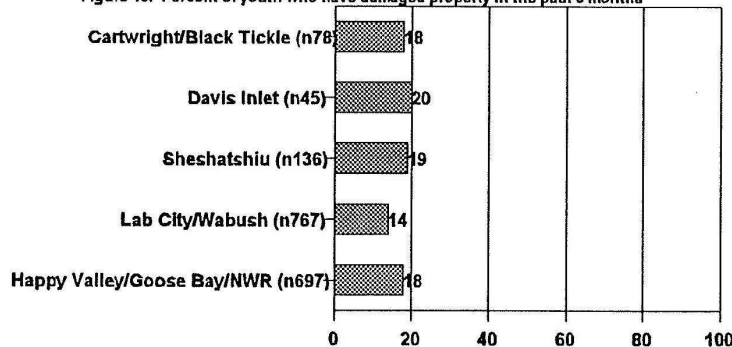
Figure 14 Frequency of property damage.



More males (28%;16/57) than females (13%;10/79) reported doing property damage. There is little difference between the proportions of younger and older youth damaging property.

Unlike most risk behaviours discussed so far, the percentages of youth reporting damaging property are fairly evenly spread across communities.(Figure 15)

Figure 15. Percent of youth who have damaged property in the past 6 months



8.2 Property damage and other risk behaviours

There is an association between property damage and other violent behaviours. A youth is 3 times more likely to threaten others (OR 2.92 CI 1.04-8.46) and six times more likely to be violent towards others (OR 6.62 CI 2.31-19.58) if they have reported doing property damage. A youth who regularly sniffs gas is more than five times as likely to do damage as one who does not sniff (OR 5.43 CI 1.90-15.69). Drinking is also a factor which influences damaging property, a youth who drinks regularly is almost 3 times more likely to do damage (OR 2.89 CI 1.09-7.71).

Influences on the health and behaviour of Sheshkatshiu Youth

8.3 Factors related to property damage

A number of factors are individually related to the risk of a youth damaging property. As noted above males are more likely to damage property than females. A youth is almost 4 times more likely to damage property if they have more than \$25 to spend per week (OR 0.27 CI 0.10-0.75). Youth with low scores for mastery are more likely to damage property (OR 3.72 CI 1.32-10.81) as are those with high distress scores (OR 2.74 CI 0.99-7.75).

Logistic regression analysis was used to examine the combined effects of factors on youth damaging property. The important factors when all were considered together are shown in table 5 which also shows the possible benefits of interventions to address the factors increasing the risk of youth damaging property.

Table 5. Possible benefits of different interventions to reduce the proportion of SSS youth damaging prop in last 6m

Intervention	Potential individual benefit (from OR)	Risk Difference	Proptn of population who could benefit	Potential gain per 100
Target Male adolescents in programming	2 times less chance of damaging property	10% less youth damaging property	19% of youth	2
Prevent youth from drinking regularly	2 times less chance of damaging property	11% less youth damaging property	30% of youth	3
Prevent youth from regularly sniffing gas	Nearly two times less chance of damaging property	9% less youth damaging property	20% of youth	2
Raise the sense of mastery for youth	2 times less risk of damaging property	8% less youth damaging property	48% of youth	4

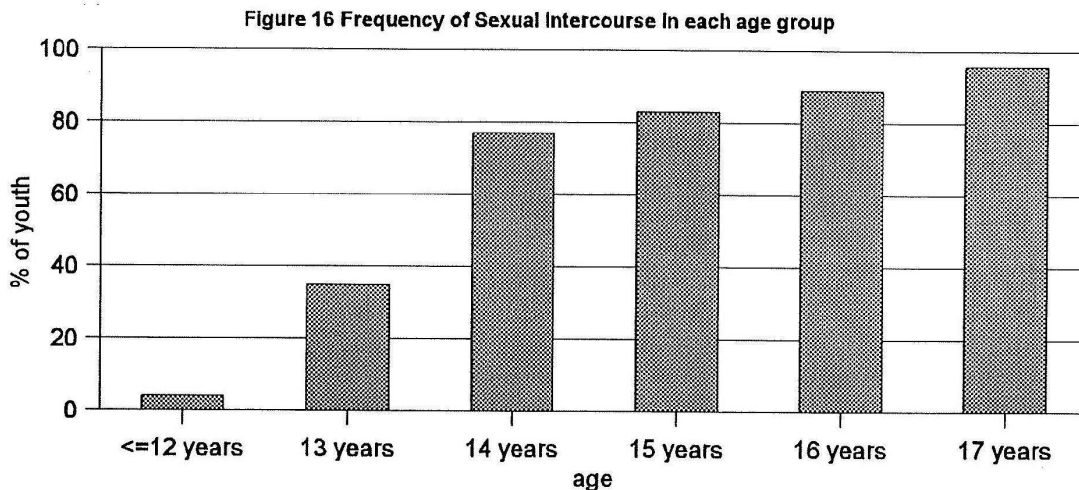
Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Influences on the health and behaviour of Sheshatshiu Youth

9.0 Sexual behaviour

9.1 Who is sexually active?

60% (81/136) of youth in Sheshatshiu reported that they have had sexual intercourse compared with 31% (531/1711) in the region. More males than females have reported having sex, 70% (40/57) of male respondents compared with 52% (41/79) of females. More youth aged 16 and over have had sexual intercourse (91%;41/45) compared with youth 15 and younger (43%;39/90). Figure 16 shows the age breakdown of those who reported being sexually active.



9.2 Reasons for having or not having sex

34% (27/79) reported that they do not know why they have sexual intercourse. The most common reason given was because they were in love (17%;13/79); followed by under the influence of alcohol or drugs (14%;11/79). The third most common reason given was peer pressure (11%;9/79). Other reasons included pleasing their partner (6%), curiosity and boredom (5 & 6%). 9% of youth said that they have sex because they are forced to.

The most common reason for not having sex is fear of getting or making someone pregnant (30%;15/50) followed by being too young or just not interested (24%; 12/50). The third most common reason is that they have not met the right person yet. Other reasons include fear of getting AIDS or other STD's (10%;5/50) and not wanting to get a bad name (12%;6/50).

Influences on the health and behaviour of Sheshatshiu Youth

9.3 Number of sexual partners

More than half of youth (56%;76/136) were sexually active in the six months prior to the survey. Almost a third (32%;43/136) reported that they have had sex with two or more people in the last six months, compared with only 10% for the rest of the Labrador region surveyed. Some 18% (16/90) of those 15 years and under have had multiple sex partners in six months prior to the survey compared with 58% (26/45) of those 16 years and older.

9.4 Use of condoms

Among sexually active youth only 22% (17/76) report using a condom every time they have sex. There is a tendency towards younger youth using condoms every time they have sex compared with older youth (16 years and over), and for males to use more than females.

9.5 Unsafe sex

43% of respondents (59/136) have had unsafe sex in the six months prior to the survey (defined as having at least one partner and not always using a condom). There is a tendency for males to practice more unsafe sex than females but this could be explained by chance. 27% (24/90) of youth 15 years and under have practised unsafe sex in the six months prior to the survey compared with 76% (34/45) of those 16 years and over.

9.6 Reasons for using and not using condoms

Although youth in Sheshatshiu are using condoms less frequently than the rest of the region surveyed, the most common reason for those who do use them was to avoid AIDS or other STD's (38%;30/80). 24% use them to avoid pregnancy and 13% use them because their partner wants to use them.

The most common reason for not using a condom was that they were not comfortable asking their partner to use one (13%;10/77); followed by it is too difficult to get them (12%;9/77). Other reasons for not using them are that they are too embarrassed to buy them (9%) and that they don't know where to get them (8%)

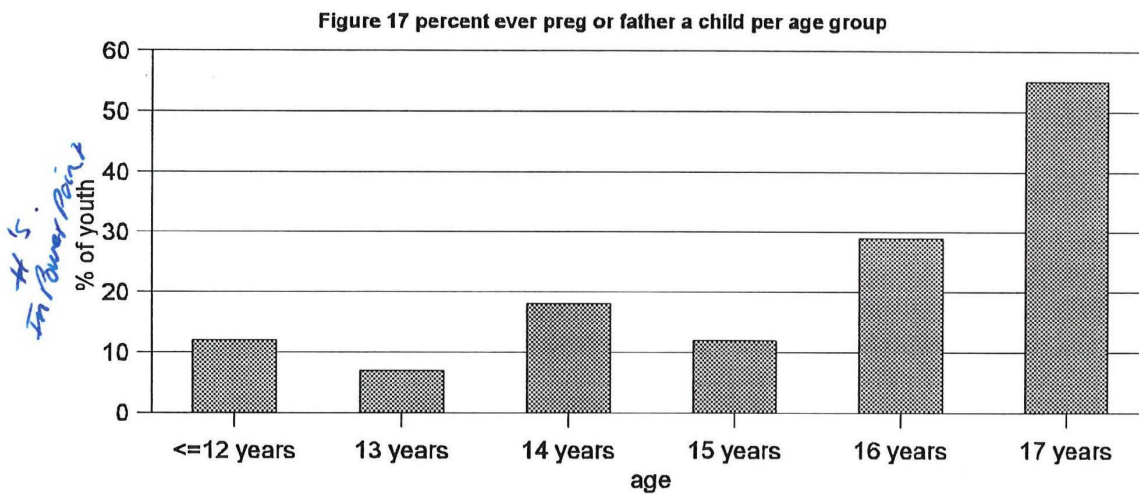
Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

9.7 Teen Pregnancy

Some 22% (30/134) of the respondents reported that they have either been pregnant themselves or fathered a child. This is compared with only 4% in the rest of the region. 30% (23/79) of females reported having been pregnant, and 13% (7/55) of males had fathered a child.

When asked what is around the right age to have a baby, 77%(102/136) reported that 19 or older is the appropriate age. Figure 17 is the percent of youth who have been pregnant or fathered a child by age group.



9.8 Factors related to having multiple sex partners and/or unsafe sex

A number of factors are individually related to the risk of an adolescent having unsafe sexual practices including multiple sex partners. A youth is eight times more likely to have unsafe sex if they are 16 years or older (OR 0.12 CI 0.05-0.29), and are also eight times more likely if they have more than \$25 to spend per week (OR 0.12 CI 0.10-0.48). Youth who drink regularly are more than six times more likely to have unsafe sex than those who do not drink (OR 6.43 CI 2.62-16.07). Those who engage in regular drug use are three times more likely to have unsafe sex (OR 3.00 CI 1.32-6.90) and those with low self esteem scores are twice as likely to have unsafe sex (OR 2.19 CI 1.02 - 4.72). A youth who perceives that their parents set clear rules for them are almost three times less likely to have unsafe sex (OR 0.37 CI 0.14-0.97).

A youth is much less likely to have multiple sex partners if there parents discipline them when they don't follow set rules.

Influences on the health and behaviour of Sheshatshiu Youth

Logistic regression analysis was used to examine the combined effects of factors on youth sexual behaviour. The important factors when all were considered together are shown in tables 6 & 7 which also shows the possible benefits of interventions to address the factors increasing the risk of youth having multiple sex partners and/or unsafe sex.

Table 6. Possible benefits of different interventions to reduce the proportion of SSS youth having multiple sex partners

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprn of population who could benefit	Potential gain per 100
Enable and encourage parents to discipline their children	Nearly three times less chance of having multiple sex partners	8% less youth having multiple sex partners	82% of youth	7
Target youth over 15 in programming	Two and a half times less risk of having multiple sex partners	7% less youth having multiple sex partners	67% of youth	5
Raise the self esteem of the youth	Two times less risk of having muliplet sex partners	5% less youth having multiple sex partners	49% (half) of youth	2
Prevent youth from using drugs	Two and a half times less risk of having multiple sex partners	7% less youth having multiple sex partners	31% of youth	2
Encourage and enable parents to discipline their children	Two and a half times less risk of having multiple sex partners	7% less youth having multiple sex partners	68% of youth	5

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 7. Possible benefits of different interventions to reduce the proportion of SSS youth having unsafe sex

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprn of population who could benefit	Potential gain per 100
Target the older youth	Two tiimes less chance of engaging in unsafe sex	20% less youth drinking	67% (a third) of youth	13
Prevent youth from drinking regularly	Nearly two times less risk of engaging in unsafe sex	15% less youth drinking	30% (half) of youth	5

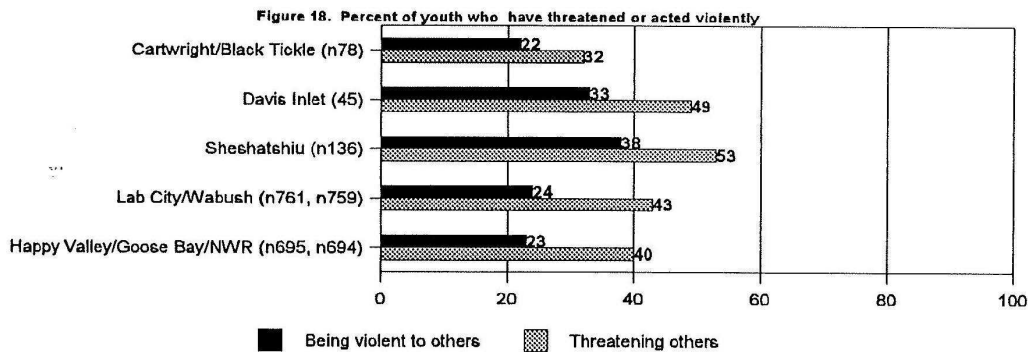
Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Influences on the health and behaviour of Sheshatshiu Youth

10 Violence

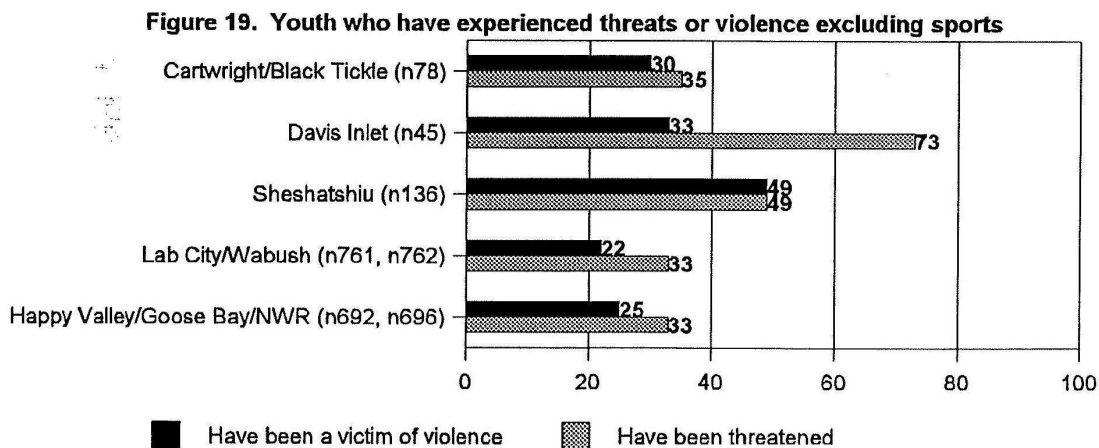
10.1 Who is being threatening or violent

Some 38% of youth reported having acted violently towards someone (excluding sports) in the six months prior to the survey and just over half (53%) reported that they had threatened someone. Figure 18 shows how the proportions of youth who have threatened or acted violently towards others varies across communities surveyed.



10.2 Who is being threatened or a victim of violence

Half of youth (52%;70/136) had been the victim of violence in the six months prior to the survey. 13% (18/136) had experienced violence from a family member, 10%(14/136) had experienced it from a date and 29% had been the victim of violence from another person. Half of youth (51%;69/136) had been threatened in the six months prior to the survey. 7% (10/136) of all youth had experienced threats from a family member, 8% (11/136) experienced it from a date and 30% (41/136) experienced it from another person.



Influences on the health and behaviour of Sheshatshiu Youth

10.3 Unwanted sexual activity

46 out of 136 (34%) reported that they had been involved in unwanted sexual activity. 14% (19) had been the victim of someone their own age and 20% had been the victim of someone at least five years older than them. A youth who drinks regularly is almost three times more likely to be the victim of unwanted sexual activity by an older person and six times (OR 5.93 CI 1.83-19.97) more likely by a person their own age, than one who does not drink. Regular drug users are also three times more likely to be the victim of unwanted sexual activity by an older person (OR 3.08 CI 1.18-8.09).

10.4 Violence and other risk behaviours

A youth who has been the victim of violence is almost eight times more likely to be violent towards others (OR 7.81 CI 3.23-19.28). A youth who has experienced threats is nearly four times more likely to threaten another (OR 3.62 CI 1.67-7.92).

10.5 Factors related to violent behaviour

A number of factors are individually related to the risk of an adolescent being violent to another. A youth is nearly three times more likely to be violent if they have more than \$25 to spend per week (OR 0.35 CI 0.16-0.77). A youth who has high scores of distress is 3 times more likely to act violently (OR 2.70 CI 1.2-6.14).

Logistic regression analysis was used to examine the combined effects of factors on youth violent behaviour. The important factors when all were considered together are shown in table 8 which also shows the possible benefits of interventions to address the factors increasing the risk of youth acting violently.

Table 8. Possible benefits of different interventions to reduce the proportion of SSS youth acting violently

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprtn of population who could benefit	Potential gain per 100
Reducing children living in poverty	Two times less chance of acting viloently towards others	16% less youth acting violently	36% of youth	6
Prevent youth from sniffing regularly	Two times less risk of acting violently	12% less youth acting violently	20% (half) of youth	2

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Influences on the health and behaviour of Sheshatshiu Youth

11.0 Emotional status of youth

11.1 What is the emotional status of youth?

* Youth in Sheshatshiu are more distressed, have lower self esteem scores, lower mastery scores and feel less supported than any other community in the survey. Using the median calculated for the regional survey, 90% of Sheshatshiu youth have low mastery scores, 88% have low self esteem scores, 74% are highly distressed, and 72% have feelings of low support. To make associations with the median from the rest of the regional survey would be inappropriate, so for the purposes of internal analysis a median was calculated using only data from Sheshatshiu.

11.2 Low Mastery and other risk behaviours

A number of factors are individually related to low mastery scores. A youth with low mastery scores is four times more likely to be a regular gas sniffer (OR 4.00 CI 1.43-11.58). A youth whose parents do not know where they are when they are not at home is two times more likely to have low mastery (OR 0.42 CI 0.19-0.96). If a youth has a low mastery score they are more than twice as likely to have multiple sex partners (OR 2.40 CI 1.06-5.45). If a youth reports not having at least one meal prepared for them per day they are three times more likely to have low mastery (OR 2.92 CI 1.01-8.68).

Parents with low mastery scores are six times more likely to have youth who are regular gas sniffers (OR 5.92 CI 1.90 - 19.06). Parents with these low mastery scores are more than five times more likely to drink alcohol (OR 5.47 CI 1.91-16.28).

11.3 Low self esteem scores and other risk behaviours

A number of factors are individually related to low self esteem. Those who are regular drinkers are three and a half times more likely to have low self esteem scores (OR 3.69 CI 1.55-8.93). If the youth reported not having at least one meal prepared for them per day they were three times more likely to have a low self esteem (OR 3.16 CI 1.04-9.96). A youth with low self esteem is twice as likely to have unsafe sex (OR 2.19 CI 1.02 - 4.72), and three times more likely to have multiple sex partners (OR 2.56 CI 1.12-5.89). A youth who has more than \$25 to spend per week is twice as likely to have a low self esteem (OR 0.45 CI 0.21 - 0.97).

11.4 High distress scores and other risk behaviours

A number of factors are individually related to high distress scores. A youth who reports not having at least one meal prepared for them per day is four times more likely to be highly distressed (OR 3.87 CI 1.18 - 13.41). If youth had a high score for distress they were twice as likely to smoke regularly (OR 2.73 CI 1.20-6.25). Those youth who have high scores of distress are three times more likely to have attempted suicide (OR 2.94 CI 1.18-7.43).

Draft -May 2000

Influences on the health and behaviour of Sheshatshiu Youth

11.5 Low support and other risk behaviours

A youth whose parents have low feelings of support is four times more likely to be a smoker (OR 3.98 CI 1.38-11.85)

11.6 Suicide

When youth were asked about whether they had ever thought about suicide, 42% (55/131) reported having wanted at some point to kill themselves. When asked if they had ever attempted to commit suicide, 28% (37/131) had reported doing so.

Influences on the health and behaviour of Sheshatshiu Youth

12.0 Potential benefits of programming

12.1 Potential gains

At the end of each section on risk behaviour is a gains table which looks specifically at how many per 100 Sheshatshiu youth could be positively affected by programming in that area. All of these tables are included together in Annex 2.

Many of the program recommendations for each risk behaviour are similar. Table 9 provides an overview of how various programming targets could potentially affect several risk behaviours.

Program	Gas	Drink	Drug	Smoke	Damage Property	Multiple Sex partners	Unsafe Sex	Youth violence
Improve Self Esteem & Mastery-youth		X		X	X	X		
Help Parents discipline talk to youth know where kids are	X	X				X		
Focus on Peers	X	X	X					
Improve Support & Mastery-Parents	X			X				
Focus on Drugs, Gas & Drinking					X	X	X	X

Influences on the health and behaviour of Sheshatshiu Youth

12.2 Working conclusions

This project has established a baseline on perceptions of risk and safe practices for youth focusing particularly on alcohol, tobacco, drugs, gas sniffing, damaging property, violence and unsafe sex practices. It offers reproducible indicators to benchmark the impact of actions, whether taken by the Health Commission, school, or individuals who might be motivated by the evidence.

Evidence from this project has pointed to a number of actions that could be taken by parents, youth themselves and services supporting youth and their parents. The possible impact of such actions is indicated by the evidence, which also suggests the areas which might be most important in terms of increasing youth resilience.

It takes a whole community to raise a child and a whole community to come together to plan for change. This process has started for the community of Sheshatshiu.

Draft -May 2000

Annex 1

Serial No: S

Influences on adolescent health and behaviour

SECTION 1

Please answer the following questions. Please use a pencil. For each question, please shade completely only one answer.

For example: The sky is blue: (Shade only one)

- all of the time
- most of the time
- some of the time
- none of the time

School Grade

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Grade 7 | Grade 8 | Grade 9 | Grade 10
(Level 1) | Grade 11
(Level 2) | Grade 12
(Level 3) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

1 How old are you?

- under 12 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

2. Are you male or female?

- male
- female

**3. What adults do you live with now?
(Choose one answer)**

- two parents
- your mother
- your father
- mother and her partner/stepfather
- father and his partner/stepmother
- mother or father with grandparents
- grandparents
- other relatives
- foster parents
- I live by myself
- group home

4. Do you have a paid job?

- no
- yes, full time
- yes, part time/seasonal
- yes, babysitting/paper route
- other. Please specify _____

5. How many of your friends use alcohol?

- none
- a few
- about half
- more than half
- all
- don't know

6. Do you drink alcohol?

- yes
- no

7. How old were you when you first drank alcohol other than a few sips?

- I have never drunk alcohol at all or only a few sips
- under 12 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

8. Which reason comes closest to why you *don't drink* alcohol? (Mark only the main one)

- I do drink alcohol
- I'm afraid to lose control
- it would make me sick
- it is not fun afterwards
- I'm afraid of becoming an alcoholic
- I don't like the taste
- I can't get any alcohol
- I'm just not interested
- its illegal at my age
- I'm not allowed
- I quit
- other. Please specify _____

9. Which reason comes closest to why you *do drink*? (Mark only the main one)

- I don't drink or I only have an occasional sip
- members of my family drink
- my friends drink.
- I feel left out if I don't drink
- I like how it makes me feel
- I like the taste
- I don't know
- other Please specify _____

10. Where do you mostly get your alcohol?
(Mark only the main one)

- I don't drink alcohol

- I buy it myself
- a friend gives it to me
- an adult (over 19) gives it to me
- an adult (over 19) buys it for me
- my parents give it to me
- I can take it from home without my parents knowledge
- other Please specify _____

11. In the last six months how often did you drink alcohol - beer, wine or hard liquor like rum whisky, vodka, gin?

- not at all

- once a month or less often
- two to three times a month
- once a week
- two or three times a week
- four or more times a week

12. When you drink, how many drinks do you usually have (a drink equals a bottle of beer, a glass of wine, or 1 ounce of hard liquor)

- I don't drink

- one to two drinks
- three to four drinks
- five to nine drinks
- ten or more drinks

13. In the last year have you driven a car, snowmobile, boat, 3 or 4 wheeler after drinking alcohol?

- often
- sometimes
- rarely
- never

14. Have you ever worried that you drink too much?

- I don't drink
- yes
- no

15. Is drinking a source of unhappiness or arguments in your family?

- often
- sometimes
- rarely
- never

16. Do you smoke cigarettes?

- I've never smoked

- I used to smoke but I quit
- I smoke rarely, not everyday
- between 1 and 5 per day
- between 6 and 10 per day
- between 11 and 15 per day
- between 16 and 20 per day
- more than 20 per day

17. How old were you when you started smoking cigarettes?

- I have never smoked
- under 12 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or over

18. What reason comes closest to why you don't smoke? (Mark only the main one)

- I do smoke
- it is not good for my health
- I'm afraid to become addicted
- it looks and smells bad
- I can't get cigarettes
- it would make me sick / has made me sick
- just not interested
- none of my group of friends smoke
- my girlfriend or boyfriend doesn't smoke
- I quit smoking
- other Please specify _____

19. Which reason comes closest to why you do smoke? (Mark only the main one)

- I've never smoked
- I only tried it a couple of times
- some/all members of my household smoke
- my friends smoke
- I'd feel left out if I didn't smoke
- I only smoke when I drink
- I'm unable to quit
- weight control
- other, Please specify _____

20. How many of your friends use drugs (e.g. marijuana, grass, weed, pot, hash, hash oil, acid, PCP, cocaine, crack, speed, ecstasy, heroin, mushrooms, amphetamines or others)?

- none
- a few
- about half
- more than half
- all
- don't know

21. Have you ever used any of the following

	Yes	No
marijuana, hashish, pot, grass, weed, hash oil, mushrooms	<input type="radio"/>	<input type="radio"/>
acid, mescaline, PCP, cocaine, crack, heroin	<input type="radio"/>	<input type="radio"/>
non prescribed Valium Ritalin, steroids, Demerol Atasol 30	<input type="radio"/>	<input type="radio"/>

22. In the past six months how often did you use these drugs?

- not at all
- once a month or less often
- two or three times a month
- once a week
- two or three times a week
- four or more times a week

23. How old were you when you first used any of these drugs

- I've never taken drugs
- under 12
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or over

24. Which reason comes closest to why you *don't* use drugs? (Mark only the main one)

- I do use drugs
- I'm afraid to lose control
- I might get arrested
- I'm afraid of overdosing
- I don't know how to get them
- I can't get them
- just not interested
- other. Please specify _____

25. Which reason comes closest to why you *do* use drugs? (Mark only the main one)

- I've never used drugs
- I've only tried it once or twice
- members of my family use drugs
- my friends use drugs
- I like the way the way they make me feel
- I'd feel left out if I didn't
- I'm bored
- They are easy to get
- don't know
- other. Please specify _____

26. Is drug use a source of unhappiness or arguments in your family?

- often
- sometimes
- rarely
- never

27. How many of your friends have sniffed or inhaled gasoline, glue or other fumes?

- none
- a few
- about half
- more than half
- all
- don't know

28. Have you ever sniffed or inhaled gasoline, glue or other fumes?

- yes
- no

29. In the past six months how often did you sniff or inhale gasoline, glue or other fumes?

- not at all
- once a month or less often
- two or three times a month
- once a week
- two or three times a week
- four or more times a week

30. How old were you when you first sniffed or inhaled gasoline, glue or other fumes?

- I've never sniffed gas or other fumes
- under 12 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or over

31. Which reason comes closest to why you *don't sniff* or inhale gasoline, glue or other fumes?

- I do sniff
- I'm afraid to lose control
- I might get arrested
- I'm afraid of overdosing
- I don't know how to get it
- I can't get it
- just not interested
- other. Please specify _____

32. Which reason comes closest to why you *do sniff* or inhale gasoline, glue or other fumes?

- I've never sniffed gasoline or other fumes
- I've only tried it once or twice
- members of my family sniff gas
- my friends sniff gas
- I like the way the way it make me feel
- I'd feel left out if I didn't
- I'm bored
- Its easy to get
- don't know
- other. Please specify _____

33. Is sniffing gasoline, glue or other fumes a source of unhappiness or arguments in your family?

- yes
- no

34. In the last six months have you intentionally damaged or destroyed anyone's property?

- never
- once or twice
- three or four times
- five times or more

35. If you did damage property in the last six months, were you.....

- | | | | |
|--|-----------------------|-----------------------|----|
| I did not damage any property | <input type="radio"/> | | |
| | | YES | NO |
| drinking at the time | <input type="radio"/> | <input type="radio"/> | |
| using drugs (including sniffing) at the time | <input type="radio"/> | <input type="radio"/> | |

36. In the last six months, have you acted violently towards someone (e.g. hitting, kicking, punching, shoving)

- no
- only while participating in sports
- occasionally
- sometimes
- all the time

37. In the past six months, have you threatened someone or called them names?

- no
- only while participating in sports
- occasionally
- sometimes
- all the time

38. In the last six months, has anyone acted violently towards you (e.g. hitting, kicking, punching, shoving)

- no
- only while participating in sports
- occasionally
- sometimes
- all the time

39. Who has acted violently towards you?

- | | | | |
|-------------------------|-----------------------|-----------------------|----|
| No one | <input type="radio"/> | | |
| | | Yes | No |
| family member | <input type="radio"/> | <input type="radio"/> | |
| girl friend/boy friend | <input type="radio"/> | <input type="radio"/> | |
| another person your age | <input type="radio"/> | <input type="radio"/> | |
| Other _____ | | | |

40. In the past six months has anyone threatened you or called you names?

- no
- only while participating in sports
- occasionally
- sometimes
- all the time

41. Who has threatened you?

- | | | | |
|-------------------------|-----------------------|-----------------------|----|
| No one | <input type="radio"/> | | |
| | | Yes | No |
| family member | <input type="radio"/> | <input type="radio"/> | |
| girl friend/boy friend | <input type="radio"/> | <input type="radio"/> | |
| another person your age | <input type="radio"/> | <input type="radio"/> | |
| other _____ | | | |

42. Have you ever had sexual intercourse?

- Yes
- No

43. How old were you when you first had sexual intercourse

- I've never had sexual intercourse
- under 12 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or over

44. Which reason comes closest to why you *have not* had sexual intercourse? (Mark only the main one)

- I have had sexual intercourse
- I have not met the right person
- I don't want to get pregnant/get someone pregnant
- I don't want to get AIDS or other diseases passed on through sex
- I'm afraid of being hurt
- religious or moral reasons
- I don't want to get a bad name
- other. Please specify _____

45. Which reason comes closest to why you had sexual intercourse *for the first time*? (Mark only the main one).

- I have not had sexual intercourse
- peer pressure/Everyone does it
- to please my partner
- love
- curiosity
- boredom/Nothing else to do
- under the influence of alcohol/drugs
- I was forced to
- I don't know
- other. Please specify _____

46. In the past six months, how many people have you had sexual intercourse with?

- no one
- one person
- two people
- three people
- four people
- more than four people

47. In the past six months, how often did you use condoms when you had sexual intercourse?

- I have never had sexual intercourse
- always
- most of the time
- sometimes
- rarely
- never

48. Which reason comes closest to why you *do* use a condom? (mark only the main one)

- I have not had sexual intercourse
- I do not use condoms or don't use them every time I have sex
- to avoid becoming pregnant/getting partner pregnant
- to avoid AIDS or other diseases passed on through sex
- my partner wants to use them
- other. Please specify _____

49. Which reason comes closest to why you *don't* use condoms? (Mark only the main one)

- I do not have sexual intercourse
- I always use a condom
- I do not like to use condoms
- I'm on the birth control pill/my girlfriend is on the pill
- my partner doesn't like to use condoms
- I'm not comfortable asking my partner to wear one
- condoms are too expensive
- I don't know where to get them
- I am embarrassed to buy them
- I am embarrassed to put one on
- It doesn't feel as good
- Its too difficult to get them
- other, Please specify _____

50. Has anyone *around your age* (within 5 years of your age) ever involved you in any unwanted sexual activity?

- yes
- no

51. Has anyone *older* (five years or more) than you ever involved you in any unwanted sexual activity?

- yes
- no

52. Have you ever been pregnant or know that you have fathered a child?

- yes
- no

53. Do your parents set clear rules for you to follow?

- always
- most of the time
- sometimes
- rarely
- never

54. Are you disciplined when you don't follow the rules?

- always
- most of the time
- sometimes
- rarely
- never
- there are no rules to follow

55. In what ways do your parents discipline you?

	YES	NO
extra chores	<input type="radio"/>	<input type="radio"/>
withdraw privileges	<input type="radio"/>	<input type="radio"/>
grounding	<input type="radio"/>	<input type="radio"/>
withholding of spending money	<input type="radio"/>	<input type="radio"/>
hitting you (including smacking, slapping)	<input type="radio"/>	<input type="radio"/>
other, Please specify _____		

56. Do your parents know who you're with when you are not at home

- always
- most of the time
- sometimes
- rarely
- never

57. Do your parents talk with you about
- | | YES | NO |
|-----------------------------------|-----------------------|-----------------------|
| school | <input type="radio"/> | <input type="radio"/> |
| drugs | <input type="radio"/> | <input type="radio"/> |
| alcohol | <input type="radio"/> | <input type="radio"/> |
| your relationships | <input type="radio"/> | <input type="radio"/> |
| sex | <input type="radio"/> | <input type="radio"/> |
| your friends | <input type="radio"/> | <input type="radio"/> |
| smoking | <input type="radio"/> | <input type="radio"/> |
| what you want to do in the future | <input type="radio"/> | <input type="radio"/> |

58. How much do your parents care about you?
- they care very much
 - they care somewhat
 - I don't think they care very much
 - I don't think they care at all

59. In the past six months, have you stayed in a house or cabin overnight with no adult present?
- yes
 - no

60. Other than on special occasions (such as weddings, funerals or baptisms) how often did you attend religious services or religious meetings in the past 12 months
- at least once a week
 - at least once a month
 - at least three or four times a year
 - at least once a year
 - not at all

61. Outside of regular school classes, are you a member of any volunteer groups, school groups, sports, church or social groups

- Yes
- No

62. How much money do you usually have to spend on yourself each week (includes both allowance and money you earn yourself)?

- 0 - \$25
- \$26 - \$50
- \$51 - \$100
- \$101 - \$200
- over \$200

**Influences on Adolescent Health and Behaviour
Sheshatshiu Supplement**

1) What do you think is about the right age for a woman to have her first baby?

- 13 or less
- 14
- 15
- 16
- 17
- 18
- 19
- 20 or more

2) Why do you think that this is the right age?

3) How many times have you been pregnant or fathered a child?

- I've never been pregnant / fathered a child
- Once
- Twice
- Three or More times

4) How old were you when you first got pregnant or fathered a child?

- I've never been pregnant / fathered a child
- Less than 12
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- Greater than 18

5) What was the outcome of this pregnancy / pregnancies?**Pregnancy 1**

- Mother caring for baby
- Mother and Father caring for baby
- Another family member caring for baby
- Miscarriage
- Adoption outside the family
- Abortion
- Currently Pregnant
- Other _____
- Don't Know

Pregnancy 2

- Mother caring for baby
- Mother and Father caring for baby
- Another family member caring for baby
- Miscarriage
- Adoption outside the family
- Abortion
- Currently Pregnant
- Other _____
- Don't Know

Pregnancy 3

- Mother caring for baby
- Mother and Father caring for baby
- Another family member caring for baby
- Miscarriage
- Adoption outside the family
- Abortion
- Currently Pregnant
- Other _____
- Don't Know

6) In the past 6 months how often have you ever been left alone or in charge of younger children in the evenings?

- Once a month or less
- More than once a month but less than once a week
- Once a week
- More than once a week

7) Does anyone prepare a meal for you at least once a day?

- YES
- NO

8) How often do sit and eat a meal with your parents and family?

- Not at all
- Once a month or less
- Once a week
- Two or three times a week
- Four or more time a week
- Always

9) Have you ever felt that you wanted to kill yourself?

- YES
- NO

10) Have you ever attempted to kill yourself?

- YES
- NO

LABRADOR YOUTH SURVEY

SECTION 2

This section is about the way you feel. Some of the questions might seem a little strange. Don't spend a long time thinking about each question, just write down your first thought about it. Please remember to give an answer for *every* part of each question.

1. Do you have someone:	Yes	No
– You can confide in, or talk to about your private feelings or concerns?	<input type="radio"/>	<input type="radio"/>
– You can really count on to help you out in a crisis situation?	<input type="radio"/>	<input type="radio"/>
– You can really count on to give you advice when you are making important personal decisions?	<input type="radio"/>	<input type="radio"/>
– Who makes you feel loved and cared for?	<input type="radio"/>	<input type="radio"/>

2. How strongly do you agree or disagree that:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a) I feel that I have a number of good qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel that I am a person of worth at least equal to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I am able to do things as well as most other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I have a positive attitude about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) On the whole, I am satisfied with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) All in all, I'm inclined to feel I'm a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) At times I feel I am no good at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- self
- phone
- house

Serial No: P

Influences on adolescent health and behaviour

PARENT'S SURVEY

Please answer the following questions. Please use a pencil. For each question, please shade completely only one answer:

For example: The sky is blue: (Shade only one)

- all of the time
 - most of the time
 - some of the time
-

1. Are you:

- male
- female

2. How old are you?

- less than 30 years
- 30 to 39 years of age
- 40 to 49 years of age
- 50 to 59 years of age
- 60 years or above

3. What is your relationship status?

- married
- divorced
- separated
- widow/widower
- common law
- single

4. What is the highest level of schooling you have completed?

- less than grade 5
- grade 5 to grade 9
- high school
- in trade school/college/university
- finished trade school/college/university

5. What is the highest grade your partner or spouse has completed?

- not applicable (no spouse/partner)
- less than Grade 5
- grade 5 to grade 9
- high school
- in trade school/college/university
- finished trade school/college/university

16. In the last year have you driven a car, snowmobile, boat, 3 or 4 wheeler after drinking alcohol?
- often
 - sometimes
 - rarely
 - never
17. In the last year, has your spouse or partner driven a car, snowmobile, boat, 3 or 4 wheeler after drinking alcohol?
- not applicable (no spouse/partner)
 - often
 - sometimes
 - rarely
 - never
 - don't know
18. Have you ever worried that you drink too much?
- yes
 - no
19. Have you ever worried that your spouse/partner drinks too much?
- not applicable (no spouse/partner)
 - yes
 - no
20. Have you ever worried that your children (aged 12 - 18) drink too much?
- yes
 - no
21. Have you discouraged your children (aged 12-18) from drinking?
- yes
 - no
22. Is drinking a source of unhappiness or arguments in your family?
- often
 - sometimes
 - rarely
 - never
23. How long ago was your last pregnancy?
- not applicable - male
 - I have never been pregnant
 - less than 2 years ago
 - 2 to 5 years ago
 - 6 to 10 years ago
 - more than 10 years ago
24. While you were pregnant, how many units of alcohol did you usually drink per week? (One unit of alcohol equals a bottle of beer, a glass of wine or 1 ounce of hard liquor).
- not applicable - male
 - I have never been pregnant
 - I did not drink at all during pregnancy
 - less than 5 units per week
 - 5 - 10 units per week
 - 11 - 20 units per week
 - 21 - 30 units per week
 - more than 30 units per week
25. Do you smoke cigarettes?
- I don't smoke
 - I smoke rarely, not everyday
 - between 1 and 5 per day
 - between 6 and 10 per day
 - between 11 and 15 per day
 - between 16 and 20 per day
 - more than 20 per day

34. Is drug use a source of unhappiness or arguments in your family?
- yes
 no
35. Have you ever sniffed or inhaled gasoline, glue or other fumes?
- yes
 no
36. In the past six months, how often have you sniffed gasoline, glue or other fumes?
- not at all
 once a month or less often
 two or three times a week
 once a week
 two or three times/week
 four or more times/week
37. Has your partner ever sniffed or inhaled gasoline, glue or other fumes?
- not applicable (no spouse/partner)
 yes
 no
 don't know
38. In the past six months, how often has your spouse/partner sniffed gasoline, glue or other fumes?
- not applicable - no (spouse/partner)
 not at all
 once a month or less often
 two or three times a week
 once a week
 two or three times/week
 four or more times/week
39. Have you discouraged your children (aged 12 - 18) from sniffing gasoline, glue or other fumes?
- yes
 no
40. Do you think your children (aged 12 - 18) sniff gasoline, glue or other fumes?
- yes
 no
41. Is sniffing gasoline, glue or other fumes a source of unhappiness or arguments in your family?
- yes
 no
42. In the past six months have you or your spouse/partner hit (including smacking, slapping or pushing) your children aged (12 - 18)?
- yes
 no
43. In the last six months, have you acted violently towards someone (e.g. hitting, kicking, punching, shoving)?
- no
 only while participating in sports
 occasionally
 some times
 all the time

53. Do you discipline your children (aged 12 - 18) when they don't follow these rules/limits?

- not applicable - no rules
- always
- usually
- rarely
- never

54. In what ways do you discipline your children (aged 12 - 18)?

	Yes	No
a) extra chores	<input type="radio"/>	<input type="radio"/>
b) withdraw privileges	<input type="radio"/>	<input type="radio"/>
c) grounding them	<input type="radio"/>	<input type="radio"/>
d) withholding of spending money	<input type="radio"/>	<input type="radio"/>
e) physical punishment (including smacking/slapping)	<input type="radio"/>	<input type="radio"/>
f) other. Please specify	<input type="radio"/>	<input type="radio"/>

55. In the last month, how much time did you usually spend interacting with your children (aged 12 - 18)?

on weekdays:

- none
- less than 2 hours
- 2 to 4 hours
- 5 to 8 hours
- more than 8 hours

on weekends (including both days):

- none
- 2 - 4 hours
- 5 - 8 hours
- more than 8 hours

56. In the last month, how much time did your spouse/partner usually spend interacting with your children (aged 12 - 18)

- not applicable - no (spouse/partner)

on weekdays:

- none
- less than 2 hours
- 2 to 4 hours
- 5 to 8 hours
- more than 8 hours

on weekends (including both days):

- none
- 2 - 4 hours
- 5 - 8 hours
- more than 8 hours

57. Do you participate in any volunteer groups, school groups, sports, church or social groups that are for your children (aged 12 - 18) and their peer group?

- yes
- no

58. How often did you participate in these groups in the past six months?

- I don't belong to any of these groups
- More than once a week
- Once a week
- One or twice a month
- Less than once a month

Annex 2

Table 1. Possible benefits of different interventions to reduce the proportion of SSS youth drinking regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprtn of population who could benefit	Potential gain per 100
Reduce negative peer pressure from friends drinking	Nearly three times less chance of drinking	22% less youth drinking	38% (a third) of youth	8
Improve selfesteem in youth	More than two times less risk of drinking	19% less youth drinking	49% (half) of youth	9
Encourage parents to know where their children are	Two and a half times less risk of drinking	20% less youth drinking	47% (half) of youth	9
Ensure parents discourage their children from drinking	More than two times less risk of drinking	19% less youth drinking	17% (a sixth) of youth	3

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 2. Possible benefits of different interventions to reduce the proportion of SSS youth sniffing gas regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprtn of population who could benefit	Potential gain per 100
Reduce negative peer pressure from friends sniffing	Nearly eight times less chance of sniffing	14% less youth sniffing	25% (a quarter) of youth	4
Encourage parents to discipline their children	Nearly 3 times less risk of sniffing	10% less youth sniffing	68% of youth	7
Raise parents sense of mastery over their lives	5 times less risk of sniffing	12% less youth sniffing	36% of youth	4

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 3. Possible benefits of different interventions to reduce the proportion of SSS youth smoking regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprtn of population who could benefit	Potential gain per 100
Raise self esteem in the youth	Nearly two times less chance of smoking	17% less youth smoking	49% (nearly half) of youth	8
Raise parents sense of support in their lives	Nearly 2 times less risk of smoking	16% less youth smoking	40% of youth	6

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 4. Possible benefits of different interventions to reduce the proportion of SSS youth using drugs regularly

Intervention	Potential individual benefit (from OR)	Risk Difference	Proprtn of population who could benefit	Potential gain per 100
Reduce negative peer pressure from friends doing drugs	Three times less chance of using drugs regularly	21% less youth using drugs regularly	38% of youth	8
Decrease parental use of drugs	Nearly 2 times less risk of using drugs reg	10% less youth using drugs regularly	22% of youth	2

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 5. Possible benefits of different interventions to reduce the proportion of SSS youth damaging prop in last 6m

Intervention	Potential individual benefit (from OR)	Risk Difference	Proptn of population who could benefit	Potential gain per 100
Target Male adolescents in programming	2 times less chance of damaging property	10% less youth damaging property	19% of youth	2
Prevent youth from drinking regularly	2 times less chance of damaging property	11% less youth damaging property	30% of youth	3
Prevent youth from regularly sniffing gas	Nearly two times less chance of damaging property	9% less youth damaging property	20% of youth	2
Raise the sense of mastery for youth	2 times less risk of damaging property	8% less youth damaging property	48% of youth	4

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 6. Possible benefits of different interventions to reduce the proportion of SSS youth having multiple sex partners

Intervention	Potential individual benefit (from OR)	Risk Difference	Proptn of population who could benefit	Potential gain per 100
Enable and encourage parents to discipline their children	Nearly three times less chance of having multiple sex partners	8% less youth having multiple sex partners	82% of youth	7
Target youth over 15 in programming	Two and a half times less risk of having multiple sex partners	7% less youth having multiple sex partners	67% of youth	5
Raise the self esteem of the youth	Two times less risk of having multiple sex partners	5% less youth having multiple sex partners	49% (half) of youth	2
Prevent youth from using drugs	Two and a half times less risk of having multiple sex partners	7% less youth having multiple sex partners	31% of youth	2
Encourage and enable parents to discipline their children	Two and a half times less risk of having multiple sex partners	7% less youth having multiple sex partners	68% of youth	5

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 7. Possible benefits of different interventions to reduce the proportion of SSS youth having unsafe sex

Intervention	Potential individual benefit (from OR)	Risk Difference	Proptn of population who could benefit	Potential gain per 100
Target the older youth	Two times less chance of engaging in unsafe sex	20% less youth drinking	67% (a third) of youth	13
Prevent youth from drinking regularly	Nearly two times less risk of engaging in unsafe sex	15% less youth drinking	30% (half) of youth	5

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Table 7. Possible benefits of different interventions to reduce the proportion of SSS youth acting violently

Intervention	Potential individual benefit (from OR)	Risk Difference	Proportion of population who could benefit	Potential gain per 100
Reducing children living in poverty	Two times less chance of acting violently towards others	16% less youth acting violently	36% of youth	6
Prevent youth from sniffing regularly	Two times less risk of acting violently	12% less youth acting violently	20% (half) of youth	2

Note: The proportion of the population who could benefit is that proportion not currently having the favourable level of the variable. For example, the proportion of youth currently with low self esteem.

Annex 3

LoPHID Methods

LoPHID in the Atlantic provinces of Canada will adapt CIET methods, also known as Sentinel Community Surveillance (SCS). These methods were originally developed in the mid-1980s as a capacity building process that could produce accurate, detailed and actionable data rapidly and at low cost^{1 2} Ordinarily, CIET methods focus on the use of epidemiological³ data in local or national planning. This may be at the level of a municipality, a city, a state, a number of provinces, or an entire country.

CIET surveys adapt modern research methods to gather evidence while involving local partners in the process. Rooted in modern epidemiology and participatory research techniques, CIET methods have been applied in many contexts besides health, such as education⁴ water and sanitation⁵ and land mines⁶ These methods have been used to measure impact, coverage and cost of issues in environment⁷, health care services⁸, judiciary and institutional restructuring. It has proved useful for community-designed strategies to combat corruption in the public services in several countries⁹ CIET methods have been established in 44 countries over the past decade. They follow a rigorous, tightly-focused process. After a thorough review of existing information on the proposed topic and the local population, a careful selection of sentinel communities is made to ensure a representative sample.

¹ Anderson, N. Impact, coverage and costs, an operational framework for monitoring child survival emerging from two UNICEF projects in Central America. September 1985.

² Ledogar, RJ & Andersson N. Impact estimation through Sentinel Community Surveillance: an affordable epidemiological approach, *Third World Planning Review* 1993, 15/3 263-272

³ Epidemiology: The science of studying patterns and relations between events.

⁴ CIET international. Gender gap in primary education. Secretary Planning & Development Department, Government of Sindh, Pakistan/UNICEF, December 1996.

⁵ Andersson N., Villegas A. Paredes S. Micro-regional planning, in Four Essays on Evidence-based Planning. CIETinternational: New York, 1995.

⁶ Anderson N. da Sousa C., Paredes S. Social costs of land mines in four countries, Afghanistan, Bosnia, Cambodia and Mozambique. *British Medical Journal*. 1995; 311-718-721.

⁷ CIETinternational. NICARAGUA: Impact of the National Environmental Program. EDI/World Bank, December 1995.

⁸ CIETinternational Health care services in Uganda. Government of Uganda, Ministry of Civil Service/World Bank, January 1995.

⁹ CIETinternational. Tanzania Service Delivery Survey: Corruption in the Police, Judiciary, Revenue and Lands Service. EDI/World Bank. July 1996.

Fact finding instruments are designed to produce quantitative and qualitative data - household questionnaires, institutional reviews, key informant interviews, and focus group discussions. The large amount of information gathered with these instruments is then analysed to determine the coverage, cost and impact of particular services, programs and interventions. Community and district level discussions of the data are then held. These discussions guide final analysis and interpretation of results to lead to strategies for communication and action.

Community feedback is an integral part of the information gathering process. This goes beyond householders answering survey questions; data from these interviews are returned to the communities where they are discussed systematically in focus groups of men, women and youth, and later between these focus group participants and community leaders. In this way, the communities in the region can contribute to policy making. The CIET methods thus offer one very concrete way of increasing citizen participation in service delivery.

The LoPHID process unfolds through several identifiable steps:

1. *Identification of the problems* and solutions to be researched.
2. *Analysis of existing data:* Data from the existing sources (for example, public health forms or previous studies) are reviewed in terms of the three CIET analytical categories - impact, coverage and costs. Service providers and representatives from key partner agencies involved in the issue are interviewed systematically, drawing them into the process.
3. *Design.* Development of the survey instruments, including clarification of specific objectives, design of questionnaires and guides for interviews and group discussions and selection of the sites to be visited.
4. *Training and testing:* Recruitment and training of local interviewers who will gather the data; pilot testing of survey instruments, including data entry and analysis of the pilot results.
5. *Fact finding:* Information gathering at community level, including school surveys, household questionnaires, and interviews with key informants such as community leaders and health workers
6. *Feedback* and interaction with participating communities and key informants at the community level for interpretations of the survey results and development of local solutions. This is done after key findings are identified through a preliminary analysis of data. Focus groups with men, women and youth discuss the implications for action presented by these key findings; solutions emerging from the focus groups are taken into meetings with the community leaders. Discussions with NGO activists, service providers and local government officials take place with the focus group data and community-led solutions to hand.
7. *Definitive analysis* including results of data gathering and discussion at local level. An analysis group (from participating health organizations and other key agencies) is constituted and trained in modern epidemiological analysis. Members develop the lines of action to be

further discussed during analysis workshops to be held with all participating organizations and agencies.

8. *Communication strategy/action*: At the beginning of a cycle, a communication strategy is initiated to notify communities of the survey; regular contact with local media continues throughout the cycle to update the communities on progress in survey implementation. Preliminary key findings are disseminated at the completion of field work for the cycle to generate feedback and community-led solutions. A communication strategy and action plan are developed at the end of a cycle which involve program managers and policy-makers, representative communities and NGOs, the private sector and other key stakeholders as appropriate. The purpose is to digest the household and key informants' data, along with the community reactions to the key findings, to produce a proposal for a region-specific strategy for communication/action.

Data Analysis

It is standard practice to conduct a simple analysis of data according to the age and sex of the survey respondents, geographic location, educational level and other relevant factors associated with a particular health condition. Association between factors (for example age and use of services), are analysed for casual and modifying relationships.

A risk analysis using the Mantel-Haenszel procedure^{10 11} is performed to examine the differences between those who live with a certain condition and those who don't. The risk analysis helps to determine which interventions will produce the greatest health/well being gains for an individual and for a population. Associations between factors are reported in terms of odds ratio (OR) or risk difference (RD)¹². Those factors which are found to modify associations between other factors are analysed simultaneously to distinguish their effect on different sub-groups within the survey sample.

Each community has a specific set of conditions which are characterized by certain social dynamics, history, culture, common practices and facilities available. *Meso-analysis* in a LoPHID cycle applies the rich data gathered through focus group discussions and key informant interviews in each survey community in the analysis of quantitative data from school surveys and household

¹⁰ Mantel N. and Haenszel W. Statistical aspects of the analysis of data from retrospective studies of disease *Journal of the National Cancer Institute*. 1959; 22:719-748

¹¹ Mantel N. Chi-square tests with one degree of freedom: extensions of the Mantel-Haenszel procedure. *Journal of the American Statistical Association*. 1963; 58:690-700

¹² Miettinen OS. Estimability and estimation in case- referent studies. *American Journal of Epidemiology*. 1976; 103:226-35

interviews.

Training

As part of the capacity building mandate of the LoPHID method, field workers for this cycle will be those individuals that have worked on former cycles. A majority will be ones who have already worked on two cycles. Field workers who administer the classroom surveys will receive training and there will be close monitoring on site. Since some/many will have done this sort of work before, little problem is expected regarding the familiarity with work-style.

Data entry will be done using an electronic scanner. Individuals identified by each of the participating organizations will receive training in data entry and analysis.

Analysis workshops will be held for this cycle as part of increasing organizational capacity for evidence-based planning. Public health staff will be exposed to and be active protagonists of interventions guided by evidence. Participation of Public Health Services staff during this and future cycles will contribute to a growing culture of results-based management in the region.

Process for Initiating a LoPHID Cycle

To draw on the existing expertise and resources of other organizations, communication is established with various groups:

1. Ethics Committees:

Ethical review processes have been established in each of the participating health organizations for all proposed research in their respective communities. Each ethics committee will review this inception document, the draft survey instruments to be used for data collection, the method(s) of data collection and the planned uses of the analysed data. The ethics committee is guided by the principles of research as outlined by their governing organization. Approval by these committees marks the initiation of each LoPHID cycle in the regions.

2. Federal and Provincial contacts:

The federal and provincial health authorities have extensive stores of technical knowledge, data and standards. Due to the interest in health issues shared by all parties, this inception document (which specifies the goals of the cycle and also the cycles limitations) will be shared with provincial and federal authorities. Ms Carla Troy is the federal contact and Dr. Faith Stratton is the provincial contact. Any input or data they provide will be used when developing the cycle.

3. Local Organizations:

Local organizations which have a specific interest in a particular cycle topic will be invited to participate in the design, implementation of the survey and analysis of data gathered. This is

key as many of them will be the implementers of the recommendations made during the course of the cycle.

Annex 4

Annex 5

Discussion and recommendations

Certain factors turn out to be relevant across the range of youth risk behaviours examined in this survey. This is probably not surprising since the risk behaviours tend to be associated: youth who take one risk tend to take others. Interventions around the factors related to the range of risk behaviours could have important benefits. Table x summarises the data on which risk factors are related to the different behaviours.

Insert table here.....

A workshop to discuss the findings of the survey and consider what actions could be taken in the light of the evidence was held in Happy Valley - Goose Bay on 3 May 2000. Participants included people working with Labradorian youth in a range of settings. The workshop participants and a summary of the proceedings is given in Annex X.

The recommendations for action made in the workshop, based on the evidence from the survey, are summarised below. They can be divided into actions directly aimed at youth, actions aimed at parents and actions aimed at the more general community.

Actions aimed at youth themselves.

Group activities

Many of the risk behaviours are more frequent on those youth who do not belong to groups and interventions to encourage all youth to be part of such activities could help to reduce the number of youth engaging in risk activities. The finding of a protective effect in those youth attending church regularly is probably partly related to the opportunities for supportive groups this offers, as well as to the type of close and supportive family life that often accompanies regular church attendance. The protective effect of belonging to groups could work in several ways: by increasing youth self-esteem, by providing them with positive role models and interaction with peers not engaging in the risk activities, and by providing alternative activities and avoiding boredom.

Recommendations:

- Find ways to engage *all* youth in group activities, through schools, churches and other bodies.
- Provide information for youth on what groups are available locally and how to join them. This could be done by various means, including the internet.
- Consult with youth to find what kind of groups and activities they are interested in.
- Provide opportunity for informal gatherings, for example in coffee houses.

Increasing youth self-esteem and feelings of control

There is evidence of a strong effect of peer pressure for most of the risk activities. This is shown both in the association between friends engaging in the activity and the individual youth engaging in that activity, and also in the reports from youth about why they engage in each activity. Increasing-self esteem is an important way to help youth resist negative peer pressure.

Youth reporting high levels of distress and low feelings of control over their lives are more at risk of unsafe sexual activity and more likely to engage in violence. Programs to increase self-esteem should also help youth to feel more in control of their lives. In the case of risky sexual activity, the survey suggests that sexually-active young females are less likely to use condoms than sexually active young males. Girls may not feel able to ask their partners to use a condom; improving their self-esteem could help them in this regard.

Low self-esteem is also probably also underlying the perception of a few of the youth that their parents do not care very much about them. This perception is a risk factor for most of the unhealthy activities covered in the survey.

Recommendations:

- Develop more youth leadership programs. These could include wilderness programs.
- Develop and expand peer counselling and youth to youth programs.
- Research other possible programs for increasing youth self-esteem and feelings of control in their lives.

Information and education

Workshop participants agreed it is important to give back to the youth the findings of the survey they participated in. This can help to involve them in the discussion of how to reduce the proportion of youth engaging in risky activities. Having good information can also help youth to make healthy choices and lack of information (for example about safe sex) was highlighted by youth themselves.

Recommendations:

- Education to promote healthy lifestyles, beginning at pre-school and continuing throughout school.
- For sex education include information not only about anatomy and physiology but also about values and safe sex (how to protect oneself from STDs etc).
- For sex education, consider separate groups for girls and boys, because of the different issues for girls (for example around condom use).
- Re-introduce the sexual health fairs in junior and senior high schools as a forum for youth getting information about issues of concern to them.
- Introduce adolescent health clinics, where youth can seek help and advice in confidence.
- Develop education posters on these issues, perhaps involving youth in their design.

Start young

The risk behaviours are generally more common in older youth but most youth who engage in the activities began before the age of 15 years (sometimes considerably below this age). In the case of gas sniffing, this is as common among 12-15 year olds as it is among the older youth, so early intervention is clearly crucial. It is also important to note that the effects of the various risk factors are generally greater among the youth 12-15 years old than among older youth. Thus interventions around these factors can also have a bigger effect in this younger age group, while behaviour patterns are developing.

Recommendations:

- Make sure that education about risk activities begins in young children and carries on throughout the school curriculum.
- Include younger children in interventions around self-esteem etc (as above).

Secondary prevention

Some youth reported quitting risk activities (such as smoking and drug use) having tried them for a while. The proportion of adults engaging in these risk behaviours tends to be lower, reflecting a quit rate. Some of the adolescents mentioned 'unable to quit' as their reason for presently engaging in the risk activity, such as smoking. Many efforts with adolescents are aimed at preventing them starting the behaviour but there is more that could be done to support youth to change towards healthier behaviour patterns. This would include promoting safer sex among those youth who are already sexually active and quit programs for those using drugs, including tobacco and alcohol.

Recommendations:

- Provide stop smoking and stop drinking programs for adolescents.
- Promote use of condoms among sexually active youth.
- Discourage drinking and driving (eg encourage use of 'designated drivers' etc)

Actions aimed at parents

Parental influences are shown in this survey to be strongly related to youth risk behaviours, so that interventions to change these could have big potential gains in terms of reducing youth risk behaviours. The evidence from this survey indicates clearly that what parents say to their children and how they behave has a very important bearing on their children's behaviour. The youth's perceptions of whether their parents care about them, whether they know who they are with, whether they set rules, and whether they discipline their children if they break these rules, are all factors related to risk behaviours.

In the smaller analysis comparing parental behaviours with youth behaviours directly (among the subgroup of youth whose parents returned a questionnaire) there are clear associations between parental behaviours and youth behaviours: for example, if parents smoke their adolescent children are more likely to smoke, and if parents use drugs their children are more likely to use drugs.

Raising parental awareness of their influence

Some parents express the belief that there is nothing they can do to change the behaviour of their adolescent children. However, the evidence from this survey strongly contradicts this view. Making it clear to parents the extent to which they can and do influence the behaviour of their adolescent children might in itself encourage parents to act in ways that will reduce risk behaviours in their children.

Recommendations:

- Disseminate findings of the survey to parents, to make them aware that they can make a difference to their children's behaviour.
- Make parents aware of the adverse behavioural consequences of leaving adolescents alone overnight and of the fact that leaving those aged 15 years or less is illegal.

Promoting parenting skills

Informing parents of the strong influence they can have over their children's behaviour is not enough; some parents have difficulties coping with raising their children. Many existing supports for parents are either confined to the care of very young infants or are only in place to help parents whose children's behaviour has already become a serious problem.

Recommendations:

- Provide free and accessible programs to promote parenting skills.
- Support parents of pre-adolescent children and adolescent children as well as those of infants.
- Use evidence from this and other sources as input into parenting programs.

Promote family activities

The finding of regular church going as a resiliency factor for youth risk behaviours may in part reflect the shared family activity of going to church. In the smaller analysis of those youth whose parents returned a questionnaire, those youth whose parents report spending more time with them at weekends are less likely to drink alcohol, and less likely to use other drugs.

Recommendations:

- Promote family activities, supporting families financially, informing parents of the importance of these activities, and providing more family facilities.

Supply of alcohol and cigarettes to youth

Many of the drinkers among youth in the survey reported getting their alcohol from an adult. In some cases this will be the parents. It is also likely that youth are getting access to cigarettes, despite 19 being the legal age to buy cigarettes. Thus parents and other adults are supplying alcohol and cigarettes to youth, or shop-keepers are selling them illegally.

Recommendations:

- Mount a campaign to remind parents and other adults about not supplying alcohol, cigarettes and other drugs to youth.
- Consider legal action against shop-keepers selling alcohol and cigarettes to underage youth.

Actions to ensure support of youth and parental interventions

Actions aimed at youth themselves and their parents are clearly important but to be successful and sustainable these actions require support at community, municipal, regional, provincial and even federal levels. This support is more likely to be forthcoming if the broader community, service providers and policy makers are aware of the issues, for example by dissemination of the findings from this survey. The required support will include both resources and policy changes.

Recommendations:

- Disseminate the findings from the survey, for example in the media and in a conference.
- Include the findings about risk behaviours and the factors associated with them in continuing education for professionals, including physicians, other health workers, and other youth workers.
- Request communities to provide transport for youth group activities.
- Lobby parents and school boards to allow condom machines in schools.
- Lobby school boards and province for curriculum changes in schools, for example to allow more time for peer counselling among students.
- Form an inter-agency group to co-ordinate efforts to reduce youth risk behaviours in Labrador, with local representatives. This group was initiated at the workshop on 3 May 2000.