

Grampian Young Persons' Survey 2007

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1. Introduction

This is the first time a Young Persons' Lifestyle Survey has been carried out in Grampian that has focused on 18-25 year olds. It was decided to extend the Grampian Youth Lifestyle Survey to include the young adults within the Grampian area, of which there are estimated to be 27,913. However there is little information available for this age group as they are a mobile and therefore difficult group to access.

2. The Aim of This Report

This report provides information about the survey and gives a summary of the key results for Grampian.

3. What Do We Mean by Lifestyle?

Lifestyles include our attitudes, knowledge and behaviours that together make up our way of living. Young people's lifestyles are shaped by different factors that positively or negatively influence their health beliefs and behaviours. These include things like, the views of family and friends, their neighbourhoods, schools and health services, and finance. This survey looks at these issues in a bit more detail to provide our statutory and voluntary sector partners with information to assist in creating the healthiest possible environments and opportunities for our young people to thrive and realise their full potential and help to reduce their risk of premature death and avoidable disease.

4. About the Survey

The self-completion questionnaire included questions on general health, food, physical activity, smoking, alcohol, drugs, wellbeing, dental health, accidents and relationships.

The ability to access and re-analyse the raw data at an in-depth level provides enormous opportunities to inform the work of NHS Grampian, the University of Aberdeen and partners.

Trying to access young people is difficult and research evidence indicates they are not inclined to respond to surveys, and reaching them online involves the task of acquiring e-mail addresses which was found to be difficult. Many large employers were not willing to, either provide addresses because of data protection concerns or, forward an e-mail on our behalf. Therefore it was decided to contact the target group through further and higher education establishments. The University of Aberdeen, The Robert Gordon University, Aberdeen College, Banff and Buchan College and Moray College were contacted and agreed to send an e-mail to their students on our behalf. We are very grateful to these institutions for their help and co-operation.

To target young people within community settings we sent paper questionnaires to an approximate 10% sample of 18-25 year olds through the Community Health Index. This amounted to 1800 in total of which 284, 16%, were returned.

The paper questionnaire was sent out early December 2007 at the same time the online survey went live for university and college students in Grampian. The cut-off point for completion was originally the end of December but due to the Christmas holidays the deadline was extended until 25th February.

There were 1067 completed on-line questionnaires with 1026 being partially completed and 284 paper versions were completed from the CHI sample. Some students experienced access problems when attempting to complete the online questionnaire therefore a decision was taken to accept 50% completion to be included in the analysis. The final number analysed was 1394 representing 5% of this age group in the Grampian area.

The University of Aberdeen and NHS Grampian wishes to thank the young people who took part, the universities and colleges for all their help and co-operation in conducting the survey, as well as everyone who contributed to the running of the survey.

5 RESULTS OF THE SURVEY

5.1 General

Of the respondents who replied, 72% were female and 28% male aged between 16 and 25 years old.

Table 1 – Age breakdown

Age	16	17	18	19	20	21	22	23	24	25
Percent	2.7	2.5	18.3	16.0	15.2	16.3	11.0	9.0	4.7	4.4

The majority of respondents, 84%, attended either university or college, with 15% and 18% being employed full or part-time respectively.

Table 2 – Employment status

	Male	Female	Total
	%		
University	71	70	70.4
College	13	14	13.2
Employed full time	17	14	14.7
Employed part-time	14	20	18.0
Unemployed	5	4	4.1
Long-term sick	0.8	0.6	0.7

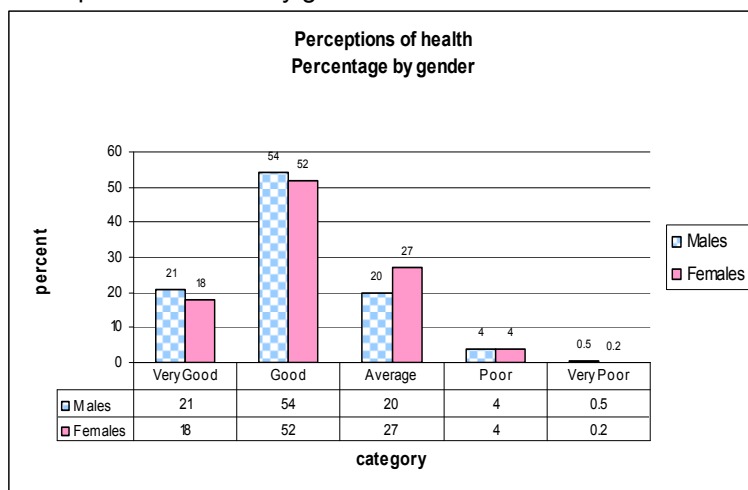
Over a quarter, 28%, of university students were in first year with 18% in each of years 2 and 3. Most, 95% were of white origin, with 87% having lived the majority of their life in the UK.

5.2 General Health

(a) Perceptions of health

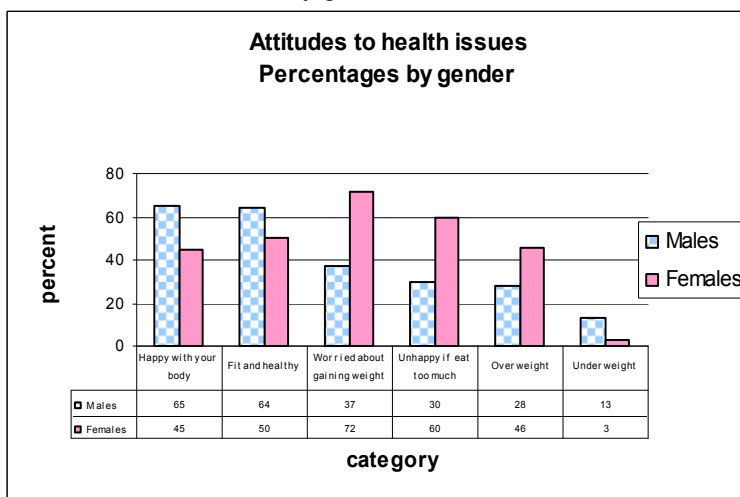
Most, 71%, of young people felt that their health was 'good' or 'very good'. A quarter felt their health was average, with 4% saying their health was poor or very poor. Perceptions varied among male and female respondents as follows:

Fig 1 - Perceptions of health by gender



A long-term illness or disability was reported by 14% of young people. Of these, 40% named this illness/disability as asthma. This represents 6% of all young people surveyed. Young people were asked several statements to assess their attitudes towards a range of issues.

Fig 2 - Attitude to health issues by gender



Results suggest that young males have a better perception of their health, are happy with their body and feel fit and healthy compared to females whereas significantly more females are worried about gaining weight and nearly half feel they are overweight.

(b) Body Mass Index (BMI)

Weight is often assessed by Body Mass Index (BMI) which is $\text{weight (kg)/height}^2 \text{ (m}^2\text{)}$. These can be further categorised and using the WHO reference these would be: Underweight ≤ 18.5 , Acceptable weight = 18.51-25, Overweight = 25.1-30, Obese = 30+

In order to calculate the BMI of respondents, weight and height were restricted to acceptable limits ie height between 1 and 2.5 metres and weight 10 kilos or more. In addition, on analysis, there were a few 16 and 17 year olds who completed the survey but their BMIs, particularly for girls, were unrealistic, especially in light of contemporary data for this age group in Grampian schools. Consequently for the BMI analysis the 16 and 17 year old respondents have been excluded.

Table 3 - Self reported BMI

Age	Male			Female			Total		
	Count	Mean	Standard Deviation	Count	Mean	Standard Deviation	Count	Mean	Standard Deviation
18 [†]	76	24.21	7.82	171	21.87	4.90	247	22.52	5.93
19	67	22.22	4.49	149	21.67	5.00	216	21.83	4.85
20	46	22.92	4.15	160	22.48	5.49	206	22.57	5.22
21	55	22.97	4.53	165	22.30	4.71	220	22.47	4.66
22	41	23.08	4.80	108	22.04	5.24	149	22.33	5.12
23	34	23.28	4.76	88	22.70	6.93	122	22.84	6.46
24	19	24.58	6.45	44	23.02	3.28	63	23.48	4.45
25	15	25.36	4.92	44	24.10	5.59	59	24.43	5.41
Total	353	23.32	5.46	929	22.29	5.24	1282	22.56	5.31

[†]significantly different $p < 0.01$ between males and females

Table 3 shows that males are marginally heavier than females and Figure 3 indicates that the proportion of obese young men is slightly, although not significantly, larger than for young women.

Fig 3 - Self reported BMI category by gender

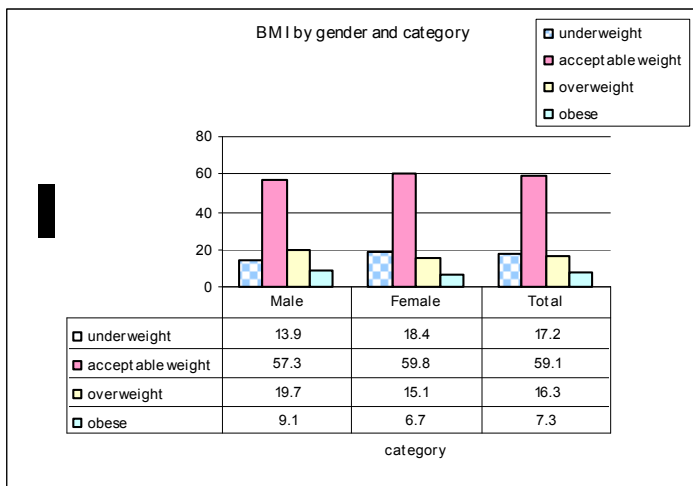
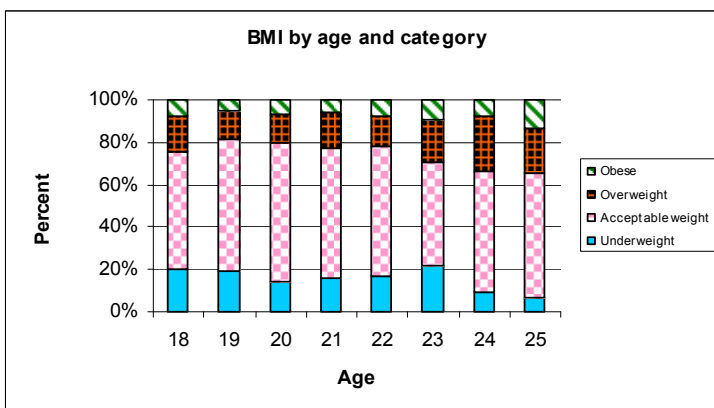


Figure 4 indicates the rising levels of overweight categories with age.

Fig 4 - Self reported BMI category by age



(c) Lifestyle

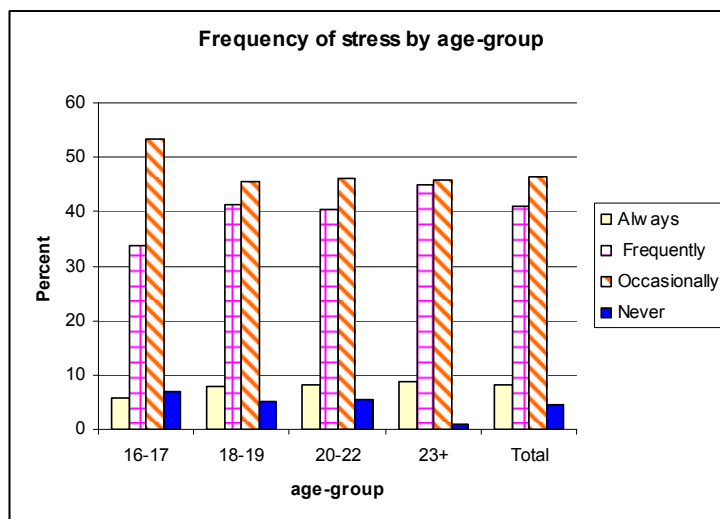
During the year prior to the survey many of those surveyed had made changes to their lifestyle:

- 77% had tried to take more exercise
- 68% had changed their diet
- 59% relaxed more often
- 78% tried to get a good night's sleep

There were slight differences between males and females for trying to take more exercise. More, significantly, 72% of women had changed their diet compared to 59% of men and 80% females had tried to get a good night's sleep compared to 73% of males.

Feeling 'continually' under stress was reported by 8% of young people and a further 41% were 'frequently' under stress. Females had a higher percentage than males with 53% feeling continually or frequently under stress compared to 38% of males, however the main difference between males and females is that 9% of males never feel stressed compared to 3% of females.

Fig 5 - Frequency of stress by age-group



Stress varied by age, after age 17 stress levels increased, the percentages who felt continually or frequently under stress increased from 53% of young people aged 18 to 63% at age 25 years.

(d) Wellbeing

The Warwick-Edinburgh Mental Wellbeing Scale, a validated scale developed by Health Scotland for mental wellbeing, was used for this survey. The following table shows the results of the young people's thoughts and feelings.

Table 4 - Thoughts and feelings

	None of the time %	Rarely %	Some of the time %	Often %	All of the time %
I've been feeling optimistic about the future	4	10	33	41	13
I've been feeling useful	3	13	36	42	7
I've been feeling relaxed	5	23 (18m vs 24f)	41	28	4 (6m vs 4f)
I've been feeling interested in other people	3	7	23	52	17
I've had energy to spare	8	25	36	27	5
I've been dealing with problems well	4	15	37	38	7
I've been thinking clearly	2	12	34	44	8
I've been feeling good about myself	6	16	38	34	7 (11m vs 6f)
I've been feeling close to other people	3	10	29 (34m vs 27f)	42	17 (17m vs 9f)
I've been feeling confident	5	16 (13m vs 17f)	35 (32m vs 36f)	36 (41m vs 34f)	8 (11m vs 7f)
I've been able to make up my own mind about things	2	9	23	46	21
I've been feeling loved	3	9 (13m vs 7f)	24 (28m vs 22f)	32	31 (24m vs 34f)
I've been interested in new things	3	10	30	41	17
I've been feeling cheerful	3	10	34	44	10

Male compared to female shown in brackets when significant (p <0.05)

Results show that the highest percentages for often or all of the time are:

- feeling interested in other people - 69%
- able to make up my own mind about things - 67%
- feeling loved - 63%

A third of young people never or rarely had energy to spare (33%), 32% had energy to spare often or all of the time. The next highest percentages for never or rarely was feeling relaxed, 28% and feeling good about myself 22%.

These wellbeing scores may be combined into a single scale which, for these young people, gives a mean wellbeing score of 3.44 with standard deviation of 0.66. Conventionally this score is reported as mean \pm 1 standard deviation to give three groups 'low', 'medium' and 'high'. For these data, these categorizations show that 14% had 'low' wellbeing, the majority (74%) was in the mid category and 13% viewed themselves to have 'high' wellbeing. There were no significant gender differences.

5.3 Sunscreen

Since much emphasis is placed on the use of sunscreens as a preventative measure against the rising incidence of skin cancer among the population, it was important to identify whether young people use sunscreens. Only 6% of respondents said they always used a sun lotion of factor 15+ in the UK with 44% (27% males and 51% females), saying they sometimes used it. However 58% (36% males and 66% females), always and 33% sometimes used a 15+ sun lotion when abroad. Females were more likely to use a 15+ sun lotion than males.

5.4 Dental Health

Only 73%, 64% males and 77% females, of those surveyed were registered with a dentist and 56% had attended a dentist in the last six months. A further 16% had attended in the last year, however 18% of males and 11% of females had not attended a dentist in the last 2 years. Of those who had attended a dentist, 72% had a check-up and 28% had treatment.

Preventative measures taken daily to improve dental health included 99% of young people brushed their teeth and used toothpaste. A mouthwash was used by 60% with 33% using dental floss and 24% avoided eating sugary foods.

5.5 Accidents

Respondents were asked about any accident that needed medical attention for cuts and injuries during the last 12 months. A quarter of males, 25% and 17% of females, had an accident in the last year. Results show that 27%, 46% males and 18% females, of accidents occurred when doing sport.

5.6 Women's Health

Females were asked questions about pregnancy. Less than 1%, 0.6 stated that they were pregnant and 4% had previously had a baby, of those 68% breastfed their baby. Respondents who have had a baby were asked how long they breastfed for, results were:

Table 5 - How long did you breastfeed for

n=28	Still breastfeeding and have breastfed for	Finished breastfeed and breastfed for
	%	
Less than 1 week	22.2	40.0
Up to 6 weeks	16.7	20.0
Up to 3 months	11.1	15.0
Up to 6 months	33.3	10.0
Over 6 months	16.7	15.0

Of those who had breastfed 36% stated they had breastfed for as long as they would have liked with 64% saying they would have liked to have breastfed for longer.

Over half of respondents, 57%, said they had been breastfed themselves, 39% said they were not and 4% didn't know.

5.7 Food

This section of the questionnaire is aimed to establish young people's eating habits and their attitudes towards diet in relation to health.

(a) Diet

Two-thirds of respondents, 67%, ate breakfast between 3 and 7 days a week, 43% eating it every day. There were 23% who ate it once or twice a week, with 10% stating they never ate breakfast. There was no difference between males and females.

Lunch was eaten every day by 59% of respondents with 33% saying they ate lunch three to six days a week. Few, 3%, stated that they never ate lunch or ate it only one day a week. The canteen was used by 16% of respondents, 17% went to the local shop, a third, 33%, went home for lunch and 25%, 17% males and 29% females, brought a packed lunch. Only 6% went to a café/restaurant and 2%, 4% males and 2% females, favoured the local takeaway.

Most respondents, 76%, had an evening meal every day with 21% saying three to six days. Less than 3% either never had an evening meal or only had one once or twice a week. About half, 47% had their main meal cooked for them at home. Of all respondents, 47% ate their evening meal at a table, whereas 49% ate in front of the TV. Approximately three quarters, 76% claim that their main meal is cooked from fresh ingredients, the rest listed prepared convenience and/or takeaway foods.

(b) Snacks

Respondents were asked how many times they had a snack consisting of, chocolate bars/sweets, crisps or savoury snacks, sugar fizzy drinks, diet/sugar free drinks and fruit juice/diluting juice. Results were:

Table 6 - Number of snacks per day

	None	One	Two	Three	More than three
	%				
Chocolate bars/Sweets	28	55	13	3	1
Crisps/savoury snacks	40	47	10	3	1
Sugary fizzy drinks	66 (55m vs 70f)	20	8	3	3
Diet/sugar free fizzy drinks	68	19	7	3	3
Fruit juice/diluting juice	13	25	25	19	18

Male compared to female shown in brackets when significant ($p < 0.05$)

Just over half of respondents consumed one sweet per day with both males and females having similar percentages of having 3 or more, 3.3% and 3.6% respectively. Slightly less than 50% consumed one savoury snack per day with 5% males having 3 or more compared to 3% of females. Most females tend not to drink sugary fizzy drinks while 9% of males drink three or more a day. Nearly 70% of respondents do not drink diet/sugar free drinks, however there are similar percentages, 7% and 6% respectively, of both sexes drinking more than three. Most respondents have more than one fruit juice/diluting drink per day, around 18% of both genders have more than three per day.

(c) Fruit and vegetables

Respondents were asked how many times a day they ate fruit and vegetables.

Table 7 - Fruit and vegetable consumption

No times eaten per day	Fruit		Vegetables	
	Males	Females	Males	Females
	%		%	
None	11	7	7	5
Once	34	29	34	25
Twice	29	34	34	37
Three	19	20	15	22
Four	5	6	6	7
Five or more	3	4	3	4

For males the highest percentage, 34%, ate fruit once a day, the highest percentage for females, 34%, ate fruit twice a day. For both males and females the highest percentages, 34% and 37% respectively ate vegetables twice per day.

Advice was given about eating five fruit and vegetables per day and statements asked about eating 5 a day on sliding scales from 1 to 5. Results are listed in Table 8:

Table 8 - Statements - eating 5 fruit and vegetables a day

	1	2	3	4	5	
	%					
Unpleasant	4 (5m vs 3f)	4	16 (19m vs 15f)	21	55 (50m vs 57f)	Pleasant
Worthless	2	2 (32m vs 27f)	8 (13m vs 6f)	17	72 (64m vs 74f)	Worthwhile
Unhealthy	1	1	3 (5m vs 2f)	11	85 (80m vs 87f)	Healthy
Stupid	1	1	8 (15m vs 3f)	16	74 (65m vs 77f)	Clever

Male compared to female shown in brackets when significant (p <0.05)

Over half respondents said that they would find eating 5 a day pleasant particularly females (57% compared to 50% of males). Three quarters, 74%, of females stated eating 5 a day 'worthwhile' compared to 64% of males and 77% of females stated it to be 'clever' compared to 65% of males.

They were also asked if they agreed or disagreed, on a sliding scale from 1 to 5, whether they would like to eat '5 a day' – results showed that most, 74% (76% of females and 68% of males) agreed with the statement with only 2% disagreeing.

(d) Attitudes towards health and diet

Respondents were asked which of these statements would encourage them towards healthier eating.

Table 9 – Reasons for health eating

	%
Healthy eating can help prevent diseases like heart disease and cancer	77
Healthy eating can help me keep a healthy weight	76
Healthy food is good for my health	74
Healthy eating is good for my skin	71
My parents want me to eat healthy foods	16
My friends want me to eat healthy foods	10

Results suggest that a higher percentage of females compared to males would be encouraged towards healthy eating. The main reasons were, to prevent disease, to maintain a healthy weight, and is good for health and skin.

(e) Supporting changes to diet

In order to help young people to make healthy food choices, it was important to identify appropriate ways in which we can support them.

Respondents indicated that if they wanted to change their diet the following would be helpful to them personally:

Table 10 - Changes to diet - perceived to be helpful

	Male	Female	Total
	%		
More opportunities to choose healthy food	83	94	90
Clearly labelled healthier choices in canteens	69	88	83
More healthy food choices in vending machines	68	88	82
More opportunities to cook	74	83	80
More opportunities to learn how to cook	73	82	78
Being able to taste new products in canteens	67	76	74
Information on what is needed for a healthy diet	62	75	71
More support from parents and friends	48	59	56

(f) Barriers to eating healthy food

The young people were asked what would prevent them from eating healthy food.

Table 11 - Barriers to eating health food

	%
Lack of time	80
Can't always get healthy food	61
Don't have enough money	56
Don't know how to cook healthy food	33
Don't enjoy cooking	19 (23m v 18f)
Don't enjoy health food	17
Lack of support from friends	10
Lack of support from parents	8

Male compared to female shown in brackets when significant ($p < 0.05$)

It would appear that lack of time, inability to get healthy food and lack of money are the three most important barriers.

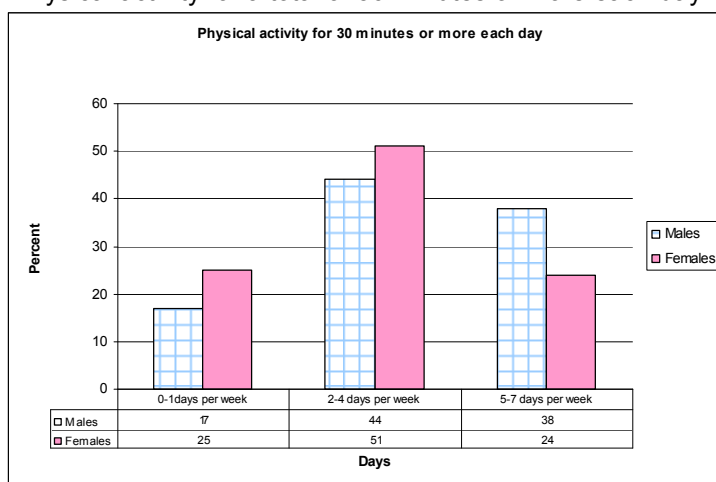
5.8 Physical Activity

(a) Physical activity

Physical activity includes sports, recreational activities and general 'active living' but for health purposes it must be performed at a moderate intensity (activity which increases your heart rate, but does not leave you exhausted e.g. brisk walking, cycling, and dancing).

In order to assess the amount of physical activity undertaken by young people, we asked how many hours each week they spend being physically active.

Fig 6 - Physical activity for a total of 30 minutes or more each day



Results show that 38% of males were physically active on 5-7 days, 14% more than females, whereas 51% of females were physically active on 2-4 days, 7% more than males.

Several statements were asked about becoming moderately physically active for 30 minutes or more based on sliding scales from 1 to 5. Table 12 shows the results:

Table 12 - Beliefs about being moderately physically active for 30 minutes or more

	1	2	3	4	5	
	%					
Difficult	13	18 (12m vs 20f)	28 (21m vs 31f)	18	23 (38m vs 18f)	Easy
Relaxing	20 (27m vs 17f)	26	36 (28m vs 40f)	13	6	Stressful
Not enjoyable	4	10 (8m vs 10f)	28 (21m vs 31f)	27	31 (39m vs 27f)	Enjoyable
Unhealthy	1	2	9	22	67	Healthy

Male compared to female shown in brackets when significant (p <0.05)

Nearly 70% of the respondents agree that being moderately physically active is healthy but that it is not very easy to do, and only 31% find it enjoyable. Males find it easy (38% compared to 18% of females), enjoyable (39% compared to 27% of females) and relaxing (27% compared to 17% of females).

They were also asked how confident they were, on a sliding scale from 1 to 5, that they could be moderately physically active for 30 minutes or more on at least 5 days a week. Results showed that 61%, (71% males and 57% females), would be very confident or confident they could achieve this, 47% of males being very confident, compared to 31% of females. The next biggest difference between males and females is 11%, (8% males and 13% females), stating they are reasonably confident they could achieve this. A few, 9%, (7% males compared to 10% females), were not very confident.

Respondents were asked if they would like to be moderately physically active for 30 minutes on at least 5 days a week, on a sliding scale from 1 to 5, 62%, (67% males and 61% females), agreed they would like to be physically active, while 8%, (5% males and 9% females), disagreed.

(b) Reasons for taking more exercise

Table 13 - Reasons for taking more exercise

	Male	Female	Total
	%		
Improve your health	95	98	97*
Make you feel fitter	95	96	96
Have fun	93	91	92
Improve your appearance	84	93	91*
Help you lose weight/maintain a healthy weight	82	93	90*
Help you relax/feel better/less stressed	85	87	87
Socialise/make more friends	66	71	70
Win/compete/for a challenge/to improve performance	68	50	55*
Impress	41	24	29*
Please family/friends	26	20	22*

* significant differences between males and females

Improving health, feeling fitter, having fun and improving appearance are the most important reasons for respondents to take more exercise. Impressing and pleasing other people are the least important, however more important to males than females.

(c) Reasons for NOT taking more exercise

Table 14 - Reasons for not taking more exercise

	Male	Female	Total
	%		
Lack of spare time at evenings/weekends	59	77	72*
Exams, assignments take up too much time	53	72	67*
Lack of money	47	62	58*
Bad weather	38	48	45*
You don't know what's on	30	41	38*
Lack of company	29	41	37*
None of my friends want to	26	39	35*
Don't like competitive activities	19	37	32*
Lack of transport	26	30	29
Don't have time to/can't shower after activity	15	30	26*
Lack of facilities nearby, eg swimming pool	22	28	26
Not enough teams or activities to join	22	26	25
Don't like the choice of activities	18	27	25*
Lack of privacy in changing rooms	17	27	24*
You already take enough exercise	28	14	18*
Don't like exercise	10	15	14*
Don't like participating with opposite sex	4	15	12*
Physical disabilities/ill health	5	5	5

* significant differences between males and females

Lack of spare time in the evenings or weekends, exams taking up too much time and lack of money are the main barriers for not taking more exercise, even more so for females. Least important are, already taking enough exercise, not liking exercise and disliking participating with the opposite sex.

(d) Types of activities

Respondents were asked what type/s of activities they would participate in if they decided to become more physically active. Choices were competitive sports like football, hockey, non-competitive sports including cycling, swimming and walking, active lifestyle incorporating physical activity into your every day routine eg walking/cycling to school, housework, the last option was to go to a gym.

Table 15 - Types of activities

	Male	Female	Total
	%		
Competitive sports	67	33	43*
Non-competitive sports	75	94	89*
Active living	81	88	86*
Go to a gym	19	12	14

*significant differences between males and females

Results show that non-competitive sports and active living are preferred methods of physical activity by these young people. Competitive sports were somewhat more favoured by men.

5.9 Leisure

Respondents were asked how much time they spend each day watching TV and playing computer games. Responses were as follows:

(a) TV viewing

Table 16 - Daily TV viewing

	Male	Female	Total
	%		
Not at all	16	14	15
Less than half an hour	18	15	16
Between 1 & 3 hours	46	50	49
Between 3 & 4 hours	10	15	14
4 + Hours	10	7	8

The majority of young people spent between 1 and 3 hours each day watching TV.

(b) Computer games

Table 17 - Computer/games consoles usage

	Male	Female	Total
	%		
Not at all	17	30	27
Less than half an hour	14	16	16
Between 1 & 3 hours	34	33	33
Between 3 & 4 hours	14	9	11
4 + Hours	20	12	14

Results suggest that young men spent more time each day than young women playing computer games.

5.10 Smoking

Tobacco smoking is the most important preventable cause of disease and premature death in Scotland. Those with smoking parents are more likely to be of smaller stature and to develop respiratory infections - more than 25% of the risk of sudden infant death syndrome is attributed to maternal smoking. There is an increasing awareness of the dangers of passive smoking in relation to lung cancer, asthma and respiratory infection. Sadly, smoking will kill many of today's young people in their later years.

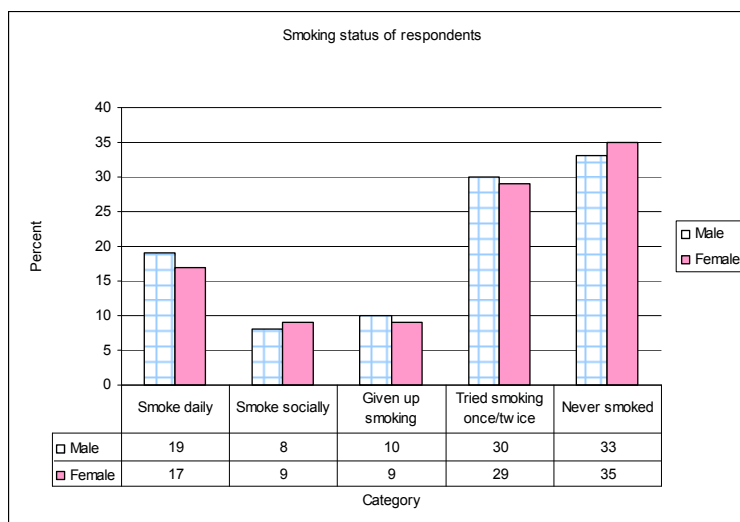
(a) Smoking status

Young people were asked about their current smoking status and results are tabulated below:

Table 18 - Smoking status by gender

	Male	Female	Total
	%	%	%
Smoke daily	19	17	18
Smoke socially	8	9	9
Given up smoking	10	9	9
Tried smoking once/twice	30	29	30
Never smoked	33	35	35

Fig 7 - Smoking status by gender



Overall 27% of males and 26% of females smoke daily or socially.

When asked their views on smoking, nearly 23% of females feel smoking could keep weight down and 65% agreed that once started it is difficult to stop smoking.

(b) Respondents smoking regularly or occasionally

Table 19 - Percentage of respondents smoking regularly or occasionally

Age	Smoking every day %			Smoking socially %		
	M	F	Total	M	F	Total
N=360						
16	0	4	3	3	6	5
17	3	2	3	3	3	3
18	21	21	21	17	14	15
19	18	14	15	21	16	17
20	17	13	14	10	14	13
21	8	15	13	17	11	13
22	10	9	10	10	18	16
23	11	11	11	10	9	9
24	4	6	6	3	5	4
25	8	5	6	3	5	4

(c) Quantity of cigarettes smoked

Table 20 - Quantity of cigarettes smoked

N=360	%
Less than 1 cig /day	23
1-5 cigs a day	20
6-10 cigs a day	24
11-15 cigs /day	17
16-20 cigs/day	12
20+ cigs/day	5

Of those who smoked, 6-10 cigarettes a day was the most popular, with males smoking 6% more than females. In general males smoke more than females with 4% smoking more than 20+ a day. Young people, who smoked, were asked if their friends smoked and 57% agreed they did.

(d) Reasons why young people smoke

Young people were asked reasons why they smoke - responses were as follows:

Table 21- Reasons for smoking

N=360	%
It calms your nerves	82
You feel smoking relieves boredom	69
You feel addicted to smoking	57
You wanted to try smoking out of curiosity	52
You enjoy the taste	42
You smoke because your friends smoke	22
You feel smoking gives you confidence	19

Around a third, 34% had started smoking before they were 15 years old with 46% beginning to smoke between the ages of 15 and 17.

(e) Exposure to smoke

It was found that 11% of males and 10% of females spend most of their day in an environment in which people smoke, a further 25% spend some of their day in the company of smokers.

Results also indicate that respondents who have a close relative or friend who smoke are more likely to smoke.

Table 22 - Persons known to respondents who smoke

	Smoker	Non Smoker
	%	
Close friend	87	47
Brother/sister	42	19
Boyfriend/girlfriend	36	8
Mother/female guardian	34	15
Father/male guardian	33	16
Grandparent	28	17

The two most popular places where young people smoke are - at parties (91%) and outside cafes/pubs/nightclubs (92%).

(f) Stopping smoking

Of those who smoked, 67% of males and 63% females would like to stop smoking. Their main reasons for wishing to give up were:

Table 23 - Reasons to give up smoking

n=225	% who gave reason for wishing to stop
To prevent disease and ill-health	95
To save money	92
To improve fitness	91
To be more attractive	61
To respect the wishes of non smokers	44

The main reasons for not wanting to give up smoking were, they enjoyed smoking and they were not ready to stop smoking (86% and 66% respectively). Around half, 52% said they could stop smoking anytime.

Smokers said that if they wanted to stop smoking the following would be helpful:

Table 24 - Help to stop smoking

	n =	% who would find this helpful
Encouragement and support from friends	168	54
Advice from your doctor or health care worker	131	42
Making cigarettes more expensive	168	29
A booklet offering advice and practical tips	78	25
Attending a specialist stop smoking group	74	24
Encouragement/advice in university/college	66	22
Encouragement/advice in workplace	56	18
Telephone helpline/advice line	28	9

Many have tried to cut down smoking and 46% have tried to give up smoking in the last year. Of those who tried to give up smoking 22% (n = 29) said they had had help. Of those 7 cited Nicotine Replacement Therapy (NRT), 5 respondents had advice from pharmacists and 4 received advice from GP/practice nurse. Of those who had tried to stop smoking, 78% did not seek help: there were no clear reasons for this.

5.11 Alcohol

The main aim of the alcohol section of the questionnaire was to determine young people's present levels of alcohol consumption, their attitudes towards alcohol use, the results of their drinking alcohol, the reasons why they drink and the type of information they would like to be given to help them make informed choices.

(a) Attitudes to drinking alcohol

Respondents were asked to agree or disagree with a list of statements to determine young people's attitudes towards drinking alcohol. Responses were as follows.

Table 25 - Attitudes to drinking alcohol

	% who agreed
Drinking too much alcohol can cause health problems	97
Drinking alcohol is sociable	88
Drinking alcohol makes people lose control of themselves	87
Alcohol can make people take chances, ie drinking & driving	84
Drinking alcohol is enjoyable	83
Drinking alcohol helps people relax	78
Alcohol is expensive	75
Drinking alcohol can lead to unplanned pregnancy or catching sexually transmitted diseases	74
Drinking alcohol makes people violent	57
Drinking alcohol helps people forget their worries	55
Drunk people are unpleasant	52
People under 18 should be allowed to buy alcohol	13

This table illustrates that young people know the negative effects of drinking alcohol. Slightly more males disagree with most of these statements in general.

(b) Alcohol consumption

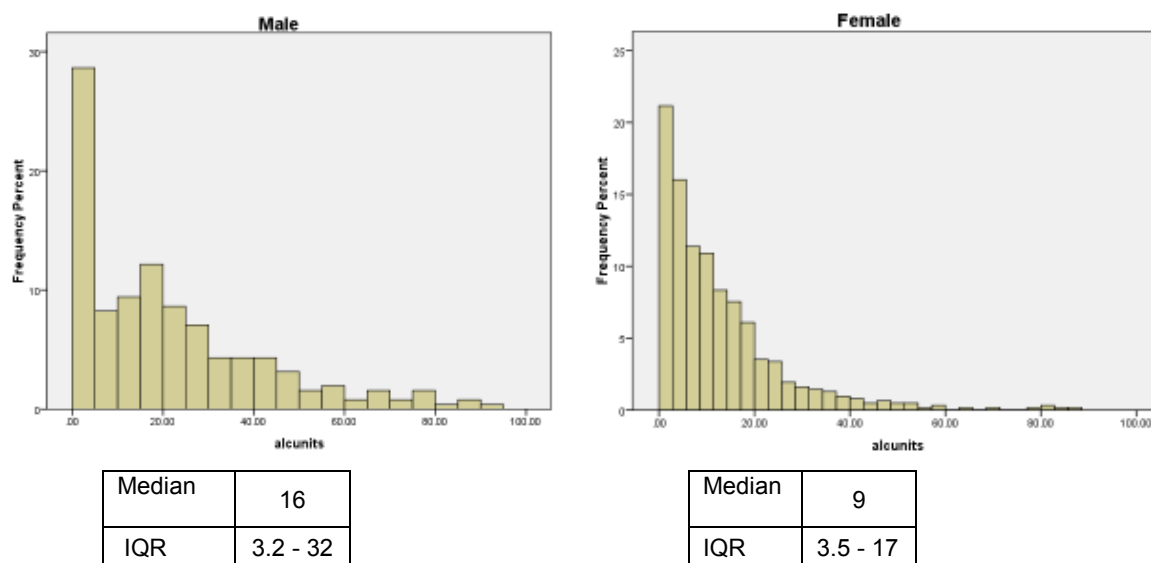
Of the young people surveyed, 97% had had an alcoholic drink.

In order to establish the quantities of alcohol consumed by young people, those who had taken alcohol in the seven days prior to the survey were asked to detail what they had consumed. This was then converted to units of alcohol using the following conversions:

“A standard drink”	= 1 unit
1 unit	= Half pint of standard beer/lager = 1 measure spirits = 1 glass fortified wine
1.4 units	= Half glass premium beer/lager = Half glass cider
1.7 units	= 1 bottle premium beer/lager
1.5 units	= 1 small glass wine (12% vol)

Out of all the responses, 876 (74%) of young people had consumed alcohol in the seven days prior to the survey. Distributions of consumption were skewed consequently they can be compared with median and inter-quartile ranges (IQR). These indicate men appear to drink nearly twice as much as women (16 units for men compared to 9 units for women) certainly for the week before completion of the survey.

Fig 8 - Consumption of units of alcohol consumed by median and inter-quartile range



The difference between male and female alcohol consumption is highly significant.

The latest recommendations from NHS Health Scotland are that women may drink 2-3 units per day with at least 2 alcohol free days in a week. For men this is 3-4 units per day with at least 2 alcohol free days in a week. These recommendations have been converted into categories so that alcohol drunk in the previous seven days may be considered as low, medium and high.

Categories for men were

- low = less than 15 units
- medium = between 15 and 20 units
- high = more than 20 units

Categories for women were

- low = less than 10 units
- medium = between 10 and 15 units
- high = more than 15 units

Table 26 - Units of alcohol consumption in categories

	Males	Females	Total
	%		
Low	46	53	51
Medium	13	17	16
High	41	31	34

There are significant gender differences whereby women tend to have slightly less alcohol intake and in particular men are more likely to have a higher alcohol consumption.

Similarly binge drinking has been defined by NHS Health Scotland as being twice the recommended daily allowance ie 6 units for females and 8 units for males. Using this criteria 64% of respondents did not binge drink, however of those who did, 52% and 33% had done so on one and two occasions respectively.

Table 27 - Daily binge drinking percentage for males and females

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
%	%	%	%	%	%	%
14	7	16	10	21	22	5

Using these criteria there were no significant gender differences but there are days where it is more likely for young adults to indulge in binge drinking, particularly Friday, Saturday and Wednesday.

Table 28 - Frequency of drinking alcohol

Frequency with which young adults drink alcohol (of those who have tried alcohol / say they drink)						
	Given Up	1-2 a year	<1 a month	>1 a month	1-2 days a week	3+ days a week
	%	%	%	%	%	%
Total	3	5	10	29	38	16 (27m v 12f)

Male compared to female shown in brackets when significant (p <0.05)

The highest percentage (38%) for the frequency of drinking amongst young people was 1-2 days a week. The next highest was monthly, 29%, however more than a quarter of males drink on more than 3 days a week.

Young people were most likely to drink alcohol in pubs/nightclubs - 98%. The second most popular place was at parties - 97% while 85% drank alcohol at home with friends.

Table 29 - Where alcohol is drunk

	%
At home with family	62
At home without family	30 (41m v 26f)
At home with friends	85
In the street	7 (11m v 5f)
At parties	97
At work	5
At university/college	13 (16m v 11f)
In pubs/night-clubs	98
In restaurants/cafes	75

Male compared to female shown in brackets when significant ($p < 0.05$)

(c) Sources of help

Of those who drink alcohol, 17%, expressed a wish to cut down, especially males, 22% compared to 15% of females. When asked what would help them to cut down on their alcohol intake their responses were as follows:

Table 30 - Help in cutting down alcohol consumption

N=129	%
More recreational facilities available at reasonable prices	55
Leading a less stressful life	47
Meeting a new group of friends	38 (50m v 32f)
Advice and support from your doctor	37 (47m v 32f)
Advice and support from family and friends	36
Advice from an alcohol advisory group	18
Information from Healthpoints	17
Advice and support in workplace	15
Advice and support from tutors/lecturers	12

Male compared to female shown in brackets when significant ($p < 0.05$)

More recreational facilities at reasonable prices is top of the list at 55%, leading a less stressful life, 47% and meeting a new group of friends, 38% would also be very important factors in help to cut alcohol consumption.

(d) Reasons for drinking

Young people gave many reasons for drinking alcohol. Some of these were as follows:

Table 31 - Reasons for drinking alcohol

	Males	Females	Total
	%		
Like the taste	86	84	84
It helps you relax	77	70	71*
It helps you talk to people more easily	70	68	69
Like the way it makes you feel	73	64	67*
Want to get drunk	52	41	44*
Adults find drinking fun	42	34	36*
It helps you forget your worries	40	31	34*
Don't want to be the odd one out	20	19	19

* significant differences between males and females

Young people were asked if they bought alcohol and where they usually bought it, 90% said a pub or bar, 80 a supermarket and 63% said in a club or disco.

(e) Results of drinking

Young people were asked if anything had happened to them as a result of drinking alcohol.

Table 32 - Results of drinking alcohol

	Never	Once	Twice or more
	%		
Been admitted to hospital overnight	98	2	0.7
Been in trouble with the police	95 (90m v 97f)	4 (7m v 2f)	1 (3m v .1f)
Visited a hospital A&E department	93	5	2
Had injury that needed a doctor	93 (90m v 95f)	5 (9m v 4f)	1 (2m v 1f)
Had a fight	88 (80m v 91f)	7 (11m v 6f)	5 (8m v 4f)
Tried any drugs	86 (79m v 89f)	6 (8m v 5f)	8 (13m v 6f)
Had unprotected sexual intercourse	81	8	11
Stayed off university/college/work	62 (55m v 64f)	18 (20m v 18f)	20 (25m v 18f)
Had an argument	51	25	24
Been sick (vomited)	39	27	33

Male compared to female shown in brackets when significant (p <0.05)

The two highest percentages of things happening as a result of drinking are, being sick, 60% and having an argument, 49%. Males being more prone to having fights on two or more occasions, staying off university/college/work and trying drugs.

The median age for first drinking alcohol is 14 years old and when respondents first got drunk is 15 years for men and 16 for women.

Fig 9 - Median age first drank alcohol

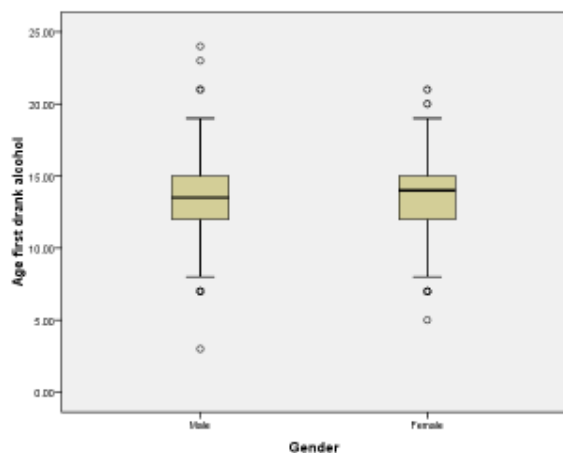
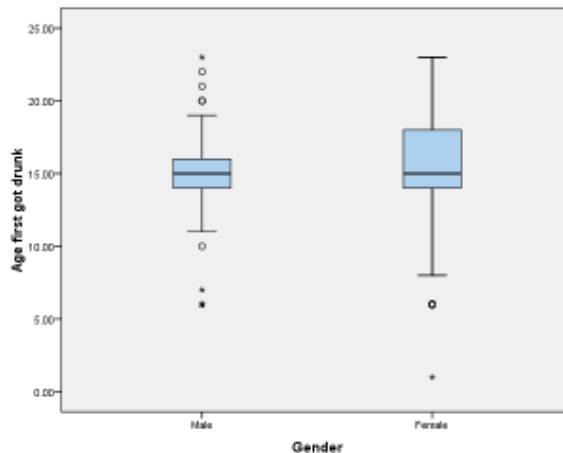


Fig 10 - Median age first got drunk



(f) Amounts of alcohol

Respondents were asked how often in the last month they had 5 or more drinks.

Table 33 - How often in last month drank 5 or more drinks?

	Males	Females	Total
	%		
4 or more times	42	31	34*
3 times	15	14	14
Twice	17	15	16
Once	10	18	16*
Not had 5 or more drinks	10	16	15*
Never had 5 or more drinks	7	5	6

* significant difference between males and females

Around a third, 34% had 5 or more drinks in the past month, with 16% having 5 or more drinks once or twice. Only 6% had never had 5 or more drinks and 15% had not had 5 or more drinks in last month.

5.12 Sexual Health

(a) HIV

Of the young people surveyed, 6% said that they worry a lot about becoming HIV positive, a further 11% claim to worry quite a lot.

To assess knowledge of how the infection can be contracted, a list of statements was given and respondents asked if they were true or false. Results were as follows:

Table 34 - Knowledge of HIV

Health message	Correct answer	% who gave correct answer	% who gave wrong answer	% who were unsure
A person can get HIV by shaking hands with someone who is HIV positive	NO	76	21	3 (5m v 2f)
A person can get HIV by sharing needles/syringes with someone who is HIV positive	YES	98	1	1
A person can get HIV by having sexual intercourse with someone who is HIV positive	YES	98	1	1
A pregnant woman who has HIV can pass it onto her baby	YES	91	2	8 (12m v 6f)
A person can get HIV by donating blood	NO	40	47	13
A person can become infected by HIV by sharing a cup or glass with someone who is HIV positive	NO	59	25	17
A person can get HIV by swallowing street drugs	NO	46	25 (30m v 24f)	29
A person can protect themselves from HIV by using condoms every time they have sex	YES	92	4	4 (6m v 3f)
A person can protect themselves from sexually transmitted diseases by using condoms every time they have sex	YES	94	3 (2m v 2f)	3 (5m v 2f)
Taking the contraceptive pill can prevent a person from becoming pregnant and being infected with a sexually transmitted disease	NO	69 (63m v 71f)	25	6 (10m v 4f)

Male compared to female shown in brackets when significant ($p < 0.05$)

Young people appear to have a good knowledge about the widely known and advertised transmission methods of HIV. However more education is needed about the lack of risks for donating blood, sharing a cup or glass and swallowing street drugs, and to dispel the view that taking the pill can protect you from sexually transmitted infections.

(b) Sexually transmitted infections (STIs)

Respondents were asked if they had ever heard of the sexually transmitted infections listed below. Table 35 shows the percentage who said they had heard of the STI:

Table 35 - Knowledge of sexually transmitted infections

	% who had heard of
Chlamydia	85
Genital Warts	82
Genital Herpes	83
Gonorrhoea	82
Hepatitis B	85
HIV / AIDS	87
Syphilis	84

Both males and females appear to have an equal knowledge about STIs.

The young people were asked how they would class themselves sexually.

Table 36 - Sexual orientation

	Male	Female	Total
	%		
Heterosexual	91	95	94
Homosexual (male)	5	0	2
Homosexual (female)	0	2	1
Bisexual (attracted to either sex)	3	3	3

(c) Relationships

The participants were asked about their relationships and 68%, 57m 72f, had or have had a boyfriend or girlfriend, and 81%, 77m 83f, had sexual intercourse. Respondents who have never had sexual intercourse were not required to complete any further questions in the relationship section of the report and have been excluded from the baseline of the percentages quoted.

The average age when young people had their first sexual experience was 17 years old with females being slightly younger at 16½ years.

(d) Use of contraceptives

Most, 85%, of the sexually active respondents used a contraceptive the first time they had sex.

Table 37 - Contraceptive use

	Male	Female	Total
	%		
Always	54	67	64
Nearly always	30	17	20
Sometimes	11	8	9
Never	6	8	7

Results show that 84% of young people always or nearly always use a contraceptive. Still there remains 16% who sometimes or never use contraception. The most common form of contraceptive is condoms, which are used by 63% (86m v 54f) of the respondents who are sexually active, the next most common contraceptive was the pill, 54% (33m v 61f). Using both a condom and the pill was favoured by 7%, an Implanon implant and Depo injection were used by 4% of respondents.

Almost three quarters, 74%, knew that they could have got contraceptive advice if they were under 16 years old, however of those who didn't know significantly more were males (32m v 23f). Respondents were then asked if they knew where they could get free condoms from. Results in table 38.

Table 38 - Where to get free condoms

	% who knew where to get free condoms		
	Male	Female	Total
GUM clinic	79	85	84*
Square 13	63	72	69*
Dr Grays family planning clinic	53	55	54
Moray SMS (Elgin)	35	30	31
Healthpoint Elgin	35	29	31
Some GPs	71	76	75
Some pharmacies	61	56	57
Terence Higgins Trust Aberdeen	26	17	19*
Caledonia Youth Aberdeen	27	17	20*
Get rubbered	31	21	24*

The majority of young people who have or have had a sexual relationship are most comfortable discussing questions about sex with their friends - 93% of those asked. In addition, 78% said they would be comfortable speaking to a doctor, 41% said a brother or sister and 37% a parent or guardian.

Young people were asked if they have ever experienced problems obtaining contraceptives, only 8% said they had, of these 47% had problems obtaining condoms, 32% the pill and 28% emergency contraception.

5.13 Drugs

This section of the questionnaire was used to determine young people's attitude to drug taking and also the extent of drug misuse in Grampian. For the purpose of the questionnaire 'drugs' were defined as those substances that had not been prescribed by a doctor or pharmacist for medical reasons. (Such substances did not include alcohol or tobacco).

(a) Drug Use

Nearly three quarters, 74% of young people surveyed had been offered drugs and 45%, 55m 41f, of respondents admitting they had taken drugs.

Respondents who had never taken drugs were not required to complete any further questions and percentages given in the following tables are based only on those who had taken drugs ie n = 578.

Respondents were asked to give information on the drugs that they had used and also how often these drugs were taken. This was done by asking them to complete the table shown below. In order to ensure that the information provided was accurate, a 'dummy' variable was included in the list. Anyone who claimed to have taken the dummy variable was excluded from the analysis.

Table 39 - Drug use

Percentage of drug users who had taken the following					
	% never taken	% taken 1-2 times	% taken monthly	% taken 1-2 days / week	% taken 3-7 days / week
Cannabis	3.0	58.9	19.9	7.7	10.4
Magic Mushrooms	83.0	15.4	1.3	0.2	0.2
Amphetamines	75.0	20.4	3.3	1.1	0.2
Ecstasy	69.2	20.5	7.8	2.4	0.2
Diazepam (valium)	85.9	10.8	2.0	0.7	0.6
Cocaine	69.9	20.7	6.7	1.5	0.8
Temazepam	96.0	2.2	0.9	0.6	0.4
LSD, Acid	90.9	7.9	0.5	0.5	0.2
Unprescribed 118's,	96.3	3.3	0	0.2	0.2
Methadone	98.7	0.7	0	0	0.6
Heroin	98.0	1.3	0.4	0.2	0.2
Gas/Glue – other solvents	90.3	8.1	1.3	0.2	0.2
Poppers (Amyl Nitrate)	62.2	32.2	4.4	1.1	0.2
Crack (rock, stone)	96.9	1.8	0.4	0.6	0.4
Anabolic Steroids (roids)	99.6	0.2	0	0.2	0
Methamphetamine	98.0	1.7	0.4	0	0

The results show that the use of cannabis is more common than any other drug. In fact while most had never tried any of the other drugs only 3% (1m 4f) had not tried cannabis.

(b) Reason for taking drugs

The following reasons were given for taking drugs:

Table 40 – Reason for taking drugs

	%
You like the way drugs make you feel	54 (64m 48f)
Drugs help you relax	46 (53m 43f)
You like drugs	40 (48m 36f)
Drugs help you to talk to people more easily	25 (64m 48f)
Drugs help you forget your problems	25
You don't want to feel the odd one out	18
Drugs make you dance better	10 (14m 8f)
You need drugs to feel 'normal'	5
You feel forced into taking drugs	4
Taking drugs is a mature thing to do	3
You feel unable to stop even if you wanted to	2

(c) Ease of acquiring drugs

Respondents were asked how easy it would be for them to get illegal drugs, results were:

Table 41 - How easy is it to get drugs?

	%
Very easy	28
Fairly easy	53
Fairly difficult	8
Very difficult	3
Impossible	1
Don't know	8

Getting drugs is very or fairly easy for 81% of respondents.

(d) Knowledge of and attitude to drugs

All respondents were given a list of statements about drugs and asked to agree or disagree. Responses below highlight the difference in responses when comparing drug users with non-users.

Of those who had taken drugs 93% have gained their knowledge relating to drugs from friends, 75% said from TV and the media and 50% gained knowledge on the street.

Table 42 - Knowledge/Attitude to drugs

% who strongly agree or disagree with statement		
	Drug Users	Non Drug Users
	n=569-577	n=705-708
Taking drugs not prescribed by a doctor can cause health problems	89	92
Once you start taking drugs you are unlikely to stop	65	88
Taking drugs makes people lose control of themselves	76 (65m v 81f)	93
People who take drugs are unpleasant	36	67
Taking drugs is sociable	32	10 (15m v 9f)
Some drugs that are illegal should be made legal	50 (59m v 45f)	21
There is a safe limit for taking un-prescribed drugs	38 (52m v 32f)	18
Drugs are safer than alcohol	22	6
Taking drugs is good for my image	3	1

Clearly there is a difference in views between respondents who have tried or regularly take drugs and those who have never taken drugs. Most noticeable was 67% of those who have never taken drugs think people who take drugs are unpleasant in contrast to 36% of those who have taken drugs.

There are gender differences as indicated in Table 42. For drug users these relate to losing control, the legality of drugs and issues around the safety limit of unprescribed drugs. However more women actively disagree that there is a safe limit (23% women and 14% men) and almost a third of respondents neither agree nor disagree with the idea of there being a safe limit. Further, of the non-drug users, more men agreed that taking drugs is sociable as indicated in the table and in addition a quarter of women actively disagreed that taking drugs is sociable compared to 15% of men.

Only 50% of those who have taken drugs feel that it should be legalised.

Those who wanted help to cut down or stop taking drugs would mainly seek advice and support from family and friends, 77% and their GP 74%. A few also mentioned contacting religious bodies and drug helplines.

Background

This is the first time a Young Person's Lifestyle Survey has been conducted across the whole of Grampian. Regular adult and youth surveys have been conducted previously by NHS Grampian, but there has not been a focus on the 18-25 year age group. Surveys conducted elsewhere have noted that this age group is highly mobile and tend not to respond to such surveys. However, it is a key formative age in terms of establishing health related lifestyles and it is important that NHS Grampian has information on this age group for planning health improvement and health prevention services.

The Survey

The survey was based on a self-completion questionnaire which included questions on general health, food, physical activity, smoking, alcohol, drugs well-being, dental health, accidents and relationships. Both paper and electronic on-line versions of the questionnaire were available to maximise response rates. The survey covered 18-25 year residents in Grampian. They were approached through universities and colleges as well as a postal survey which was sent to a 10% sample. A total of 1394 were available for analysis out of an estimated population of 27,913. This represents 5% of this age group in the Grampian area.

Findings

- This was the first survey of the 18-25 year age group so no information on trends was available. However, the 11-18 year Youth Lifestyle Survey 2007 was conducted at the same time across secondary schools in Grampian using almost the same questions and is available for comparison.
- The perceptions of general health were similar to that of the 11-18 years with males having a better perception of good health and feeling fit and healthy whereas females are more apprehensive about their health and worry about gaining weight. Two thirds had attempted to make dietary changes compared to only 50% of the younger age group.
- The percentage overweight, based on self reported BMI, increased steadily with age with males being consistently heavier, although only significantly different at the age of 18. The overall mean for BMI was 23 for both males and females which is within the normal range, however there are some variations between age groups. In spite of males having a better perception of good health and being more physically active, along with their being fewer men in total, there were marginally, although not significantly, more overweight and obese men, 29% compared to women, 20%. For men this is similar to the Scottish Health Survey (SHS) 2003 where for 16-24 year olds 31% were overweight or obese. For women the SHS indicates that 39% were overweight or obese which is substantially larger than women in this survey. For the 25 year old respondents about 31% and 40% of the female and male respondents respectively were overweight/obese. Again compared to SHS this is a more than expected proportion of overweight/obese men.
- The proportion reporting stress was double that of the school age group and this increases across the age range from 18 to 25 years. There were 41% frequently under stress and a further 8% reported being continually under stress.
- Fewer were registered with a dentist, 73%, 64% men and 77% women compared to the 91% in the 11-18 year age group. Only 56% had attended a dentist in the previous 6 months compared to 83% of the younger age group again with men being poorer attenders.

- There were about half the number of reported accidents in the previous year than in the youth survey. In addition the sport related injuries were also fewer being only 27% for the 18-25 age group (mostly men) compared to 52% in the younger age group.
- The eating patterns of the 18-25 year age group were much less regular than the younger age group and few achieved the 5 fruit and vegetables target per day. However fewer ate as many sweets, chocolate and crisps as the younger age group.
- The older age group were much less physically active than the 11-18 year group, and they reported to find physical activity difficult and less enjoyable, particularly women. They also reported to be less motivated by competition. The main barriers to physical activity were lack of time and money. In general they watched less TV and spent less time on computer games than the younger age group although there were a few high users.
- A higher proportion of older respondents smoked cigarettes than the school age group (18% compared to 6%) and the number of cigarettes smoked was higher. The large predominance of female smokers in the younger age group was not apparent in the older respondents with a slightly higher proportion of men smoking compared to women. However a quarter of females admitted to smoking to keep their weight down. Two thirds of respondents who smoke would like to stop.
- Alcohol consumption is higher than the young age group with 54% of respondents drinking weekly and 28% drinking monthly. Over a third, 36%, binge drink on one or more occasions. Males have a statistically significant higher consumption of alcohol than females.
- Although knowledge and awareness of HIV and sexual transmitted infections is much higher than in the younger age group, there are significant gaps in their knowledge particularly related to HIV. Most respondents report to be heterosexual and a high proportion used a contraceptive the first time they had sexual intercourse. There are, however, 16% who don't always use contraception.
- Most have been offered and nearly half, 45%, of this sample have taken drugs, and 81% can easily obtain drugs. Cannabis is the most frequently used drug in this age group and although there were a number reporting use of ecstasy and cocaine the percentage of regular users was less than 1%.

Conclusions

- This age group use both alcohol and drugs to enhance feelings, talk to people more easily, forget their problems and relax.
- Smoking is used to calm nerves, however over half of the smokers admit to being addicted to smoking.
- Nearly half of the respondents felt stressed
- This age group have a reasonable knowledge of nutrition, physical activity, drugs and alcohol
- The proportions of young people who regularly skipped meals was high, and warrants further investigation to understand the determinants of this phenomena.
- Despite adequate nutrition knowledge and a greater tendency for exercise men display higher than expected levels of overweight/obesity especially for the 25 year olds.
- There are gaps of knowledge about sexual health with a sizeable proportion of young people believing that the contraceptive pill protects them from STIs, this is of particular concern.

Most of the young people have a reasonable knowledge base of healthy lifestyle however translating knowledge into practice is an area that they recognise, particularly with healthy eating, as being the challenge.

FIGURES AND TABLES

Figures:

- Fig 1 - Perceptions of health by gender
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