

# Grampian Youth Lifestyle Survey 2007

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## **1. Introduction**

This is the fifth Youth Lifestyle Survey carried out in Grampian, earlier surveys taking place in 1992, 1995, 1998 and 2001. After a 6 year gap and with a collaboration of NHS Grampian and The University of Aberdeen, it was decided to repeat the survey in 2007, extending it to include young adults 18-25 years old, a separate report will be available for this group. This year we also took height and weight measurements of a sub-group to assess the validity of the self-reported information. Repeating the survey every few years allows comparison with previous surveys so that changes in lifestyles and progress towards national and local targets can be monitored. From this we can inform local planning in NHS Grampian and its Local Authority Partners, thereby influencing the development of strategies and services that promote health and tackle inequalities.

## **2. The Aim of This Report**

This report aims to provide 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 a bit more closely 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.

Many illnesses and premature deaths are avoidable and encouraging people to make positive changes to their lifestyle can help them add 'years to their lives, and life to their years'.

## **4. About the Survey**

As in previous years, the survey covered all secondary schools in Grampian including the independent schools.

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

The questionnaire closely mirrored that of the previous surveys in order to measure changes in lifestyle and behaviour over time. Some questions have been added or changed to improve the quality of information obtained and to address new health issues.

The on-going 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.

When measuring the height and weight of the sub-sample a protocol was followed so the process was consistent throughout all the schools.

Due to these changes it was necessary to undertake a pilot study prior to the main survey in order to validate the new questions. This involved asking youngsters to complete the questionnaire and to participate in a follow-up group discussion which gave them the opportunity to comment on all aspects of the study. This allowed any problems with the questionnaire to be rectified.

The survey, in schools, was carried out between 1 October and 12 November 2007 and involved a 10% sample of pupils from years 1 to 6. University and NHS Grampian staff supervised the completion and collection of the questionnaires. This reduced the demand on school staff time and ensured that pupils were not influenced in their responses by the presence of teachers.

In total, 2341 questionnaires were completed – a response rate of 71%. In order to address any bias from non-responders the data was weighted by year group and sex prior to analysis. These proportions were similar to previous surveys. Ethnicity is a new factor for monitoring and so was not taken into account this time. Given the size of the sample achieved and the fact that any bias was reduced by weighting data, the survey provides a powerful and accurate measure of young people’s attitudes, knowledge and behaviour.

All analyses contained in this report are based on weighted data. All figures have been rounded up to the nearest whole number where possible. As a result percentages quoted may not always add up to 100.

The University of Aberdeen and NHS Grampian wishes to thank the young people who took part, the schools, especially the teachers, for all their help and co-operation in carrying out the survey, as well as those who contributed to the running of the survey.

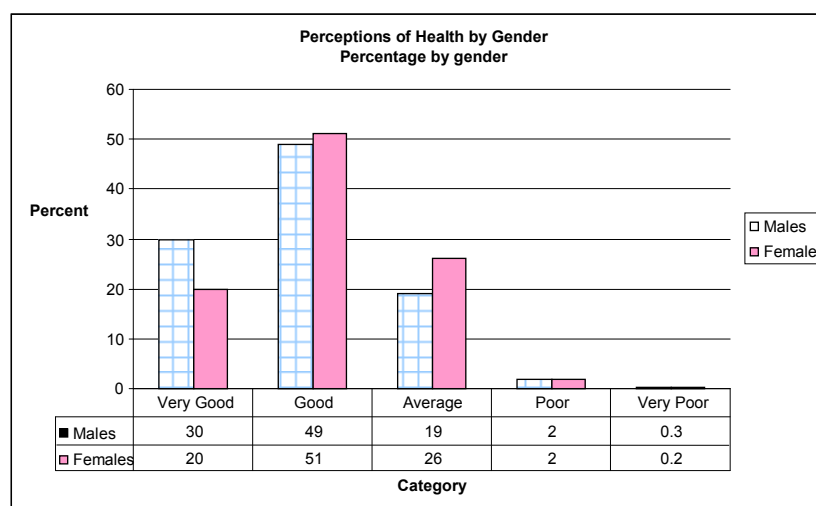
## 5 RESULTS OF THE SURVEY

### 5.1 General Health

#### (a) Perceptions of Health

Most, 75%, young people felt that their health was ‘good’ or ‘very good’. This is a 5% increase in males and 1% increase in females from the 2001 survey. The percentage reporting their health as above average has increased by 13% since the first survey in 1992. Perceptions varied among male and female respondents as follows:

Fig1 – Perceptions of Health by gender

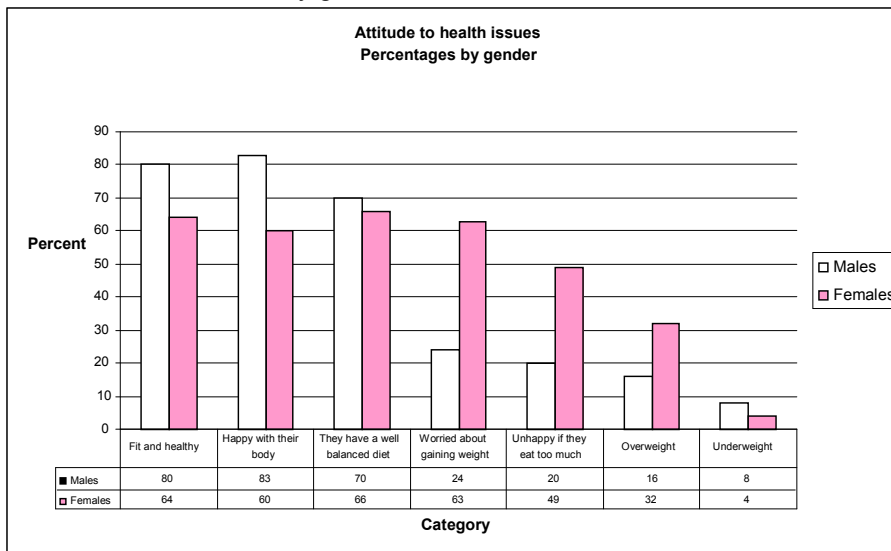


There is an increased difference between responses of males and females with 8% more males than females perceiving their health as above average since the 2001 survey when 4% more males than females thought their health was above average. Females are significantly less inclined to think of their health as very good (20%) and more likely to consider themselves to have average health (26%) compared to males (30% and 19% respectively)

A long-term illness or disability was reported by 18% of young people. Of these, 58% named this illness/disability as asthma. This represents 10% of all young people surveyed and is 3% more than in 2001.

In order to assess young people's attitudes to a range of issues, they were asked several statements.

Fig 2 – Attitude to health issues by gender

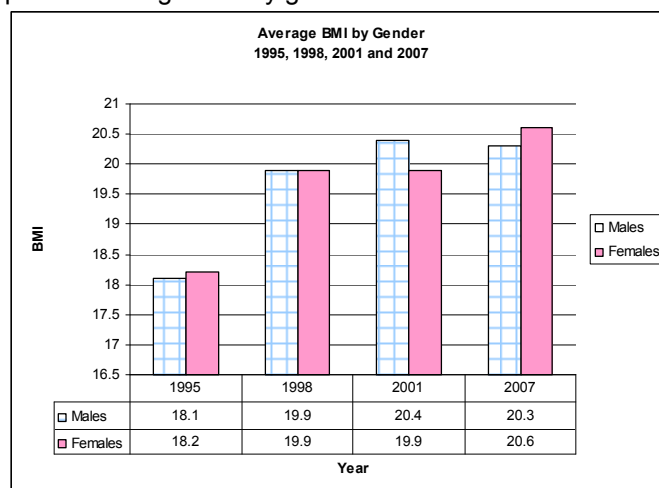


Results suggest that young males have a better perception of their health and feel fit and healthy whereas girls are more apprehensive and worry about gaining weight.

Highly significant is the fact that 32% females compared to 16% males feel overweight, 40% of females compared to 17% males are not happy with their body and 36% of females compared to 20% of males do not feel fit and healthy. Being worried about gaining weight is stated by 63% of females and only 24% males with 49% females claiming to be unhappy if they eat too much compared to 20% males, both of which are highly significant differences. Only 6% thought themselves underweight. The average body mass index (weight in kilograms/height in metres squared) has increased from 1995 to 2007 in both young males and young females, in line with national trends.

The average BMI (Body Mass Index) reported below is calculated from self reported height and weight.

Fig 3 - Self Reported Average BMI by gender



In addition to the self reported measurements a 10% random sample of respondents were selected to assess the validity of the self-reported information via actual measurements taken on the day using an approved protocol.

Although, differences between self-reported and measured variables are statistically significant for both weight and BMI, the actual differences are not overly large (around 2kgs and 1kg/m<sup>2</sup> for weight and BMI respectively). Both show that self reporting under-estimates weight which in turn affects BMI, particularly for girls.

Table 1 – Height, Weight and BMI (Gender with age comparisons)

**Height (m)**

Age	Male			Female			Difference	<sup>a</sup> p-value
	n	Mean	(sd)	n	Mean	(sd)		
11	37	1.50	.15	42	1.46	.15	0.03	ns
12	179	1.53	.15	142	1.54	.14	-0.00	ns f>m
13	170	1.62	.13	188	1.57	.13	0.05	<0.001
14	197	1.69	.12	191	1.61	.12	0.08	<0.001†
15	191	1.74	.11	199	1.64	.09	0.10	<0.001†
16	130	1.78	.09	138	1.64	.07	0.14	<0.001
17	70	1.79	.10	74	1.67	.08	0.12	<0.001

**Weight (kg)**

Age	Male			Female			Difference	<sup>a</sup> p-value
	n	Mean	(sd)	n	Mean	(sd)		
11	37	39.59	9.05	39	41.22	9.03	-1.60	ns f>m
12	190	44.54	11.72	142	45.57	10.09	-1.03	ns f>m
13	178	51.51	12.03	162	49.35	11.31	2.20	ns
14	177	58.13	12.77	168	53.21	9.89	4.90	<0.001†
15	184	63.17	11.76	173	56.15	9.43	7.00	<0.001†
16	120	67.60	11.79	136	58.09	10.26	9.50	<0.001†
17	67	69.38	11.66	71	58.41	11.09	10.97	<0.001

**BMI † (kg/m<sup>2</sup>)**

Age	Male			Female			Difference	<sup>a</sup> p-value
	n	Mean	(sd)	n	Mean	(sd)		
11	32	17.71	3.71	34	20.00	8.31	-2.30	ns f>m †
12	156	19.19	5.28	116	19.56	4.54	-0.36	ns f>m
13	157	19.75	4.30	152	20.41	6.52	-0.65	ns f>m
14	163	20.22	3.63	154	21.14	5.39	-0.93	ns f>m
15	175	20.80	3.43	168	20.90	3.51	-0.10	ns f>m
16	119	21.45	3.46	129	21.81	3.82	-0.36	ns f>m
17	66	21.70	3.50	70	20.83	3.26	-0.87	ns f>m

ns not significant

<sup>a</sup> Comparisons by two sample t-test

† unequal variances assumed

The self-reported height show significant differences between males and females from the age of 13 years onwards with males being around 4cm taller at 13 and becoming progressively taller so that by 17 years old they are about 13cm taller.

The validity analysis of the self reported measures shows that the difference between the self and actual measured heights is neither large nor significant.

A similar pattern is also seen for the average weights although significant differences between the sexes do not start until 14 years for the self-reported weights and not until 15 years old using the measured sub-set averages. Males tend to be about 4kg heavier at 14 years old and around 11kg by the age of 17.

The BMI measures for males and females are not significant at any age. This was the case for both the BMI calculated from the self-reported heights and weights as well as the BMI calculated from the sub-set that had actual measurements taken. For this group, BMI would appear to be a truly gender free measure.

**(b) Lifestyle**

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

- 82% had tried to take more exercise
- 51% had changed their diet
- 51% relaxed more often
- 73% had tried to get a good night's sleep

There were significant differences between males and females with 85% females taking more exercise compared to 77% of males, 64% females making changes to their diet compared to 37% males and 76% females trying to get a good night's sleep compared to 71% of males. However there were 55% of males compared to 47% of females who had tried to relax more often.

Feeling 'continually' under stress was reported by 4% of young people and a further 21% said they were 'frequently' under stress. Females had a higher percentage than males with 30% feeling continually or frequently under stress compared to 21% of males. These figures were similar to those in the 2001 survey.

The results show that figures varied by year group. For example approximately 6% of pupils in years 5 & 6 felt continually under stress and 34% frequently felt under stress. Since the 2001 survey there has been a 4% decrease in years 5 and 6 pupils who felt continually under stress, however there has also been a 3% increase in those who felt frequently under stress. The figures for younger pupils were generally lower.

Table 1 - Frequency of stress - percentages, by secondary school year

	S1 %	S2 %	S3 %	S4 %	S5 %	S6 %
Always	3	2	4	5	6	7
Frequently	11	15	21	21	32	36
Occasionally	58	60	56	60	54	50
Never	28	23	19	14	9	8

**(c) Wellbeing**

The Warwick Edinburgh Mental Wellbeing Scale, which was used in the 2007 survey, is a validated scale developed by Health Scotland for mental wellbeing. This is the first time this scale has been used for this age group so there is no other research for comparison.

The table shows the results of the young people's thoughts and feelings.

Table 2 – 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	9	16	35 (33m vs 38f)	30	9 (11m vs 7f)
I've been feeling useful	4	15	41	33	7
I've been feeling relaxed	4 (3m vs 4f)	17 (13m vs 21f)	34	37 (40m vs 33f)	10 (13m vs 6f)
I've been feeling interested in other people	5	11	32 (36m vs 29f)	38 (34m vs 41f)	15
I've had energy to spare	5	17 (14m vs 20f)	30	34	14 (18m vs 10f)
I've been dealing with problems well	6	11 (10m vs 13f)	33 (30m vs 35f)	37 (40m vs 35f)	14 (16m vs 11f)
I've been thinking clearly	3	10 (9m vs 12f)	32 (29m vs 35f)	40 (41m vs 38f)	16 (19m vs 12f)
I've been feeling good about myself	4 (3m vs 7f)	12 (7m vs 16f)	29 (24m vs 34f)	37	19
I've been feeling close to other people	3	10 (12m vs 8f)	25	39	23 (20m vs 26f)
I've been feeling confident	3	10	28	39 (44m vs 35f)	19 (24m vs 13f)
I've been able to make up my own mind about things	1	4 (3m vs 5f)	19 (17m vs 21f)	41	35
I've been feeling loved	3 (3m vs 2f)	9 (10m vs 7f)	25	30	34
I've been interested in new things	2	8	25	42	23 (27m vs 20f)
I've been feeling cheerful	2	7	25	42	25

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:

- able to make my own mind up about things - 76%
- feeling cheerful - 67%
- interested in new things - 65%
- feeling loved - 64%
- have been feeling close to other people - 62%.

A quarter of young people never or rarely felt optimistic about the future, in fact only 39% of young people felt optimistic about the future often or all of the time. The next highest percentages for never or rarely was having energy to spare 22% and feeling relaxed 21%.

These wellbeing scores were originally derived in older age groups and combined into a single scale and then categorized into three groups 'low', 'medium' and 'high' well being using the cut-off described by the mean ± 1 standard deviation. For these data, similar categorizations show that 14% had 'low' well (10%*m* vs 19%*f*), the majority (69%) were in the mid category and 16% (20%*m* vs 13%*f*) viewed themselves to have 'high' well being.

## 5.2 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 what percentages of young people use sunscreens both at home and abroad. Only 6% of respondents said they always used a sun lotion of factor 15+ in the UK with 48% saying they sometimes used it. However 57% always and 35% sometimes used a 15+ sun lotion when abroad. Females were more likely to use a 15+ sun lotion than males.

## 5.3 Dental Health

Nearly all, 91%, of those surveyed were registered with a dentist and 83% had attended a dentist in the last six months. A further 11% had attended in the last year with 73% attending a dentist for a check-up and 27% having treatment.

The following preventative measures were taken daily to improve dental health:

Table 3 – Dental health

	1998	2001	2007
Brush teeth	96	99	98
Use a fluoride toothpaste	85	81	90
Use a mouthwash	48	47	47
Avoid sugary foods	32	20	19
Use dental floss	17	13	14

There is very little change in the number of respondents who brush their teeth daily. However the number of young people who avoid sugary foods has dropped by 2% since 2001. It was noted during the completion of the survey that a number of pupils did not know what fluoride toothpaste was, this is probably due to the fact that nearly all toothpastes now are fluoride.

## 5.4 Accidents

### *Number of accidents*

Respondents were asked about any accidents that needed medical attention for cuts and injuries during the last 12 months. Results are as follows:

Table 4 - Accidents in the last 12 months

	2001	2007
	% who had an accident	% who had an accident
Males	32	42
Females	23	28
Total	28	35

Results show an increase of 7%, 10% for males and 5% females, 52% stated that accidents occurred while doing sport.

## 5.5 Food

This section of the questionnaire is aimed to establish young people's eating habits and their attitudes towards diet in relation to health. Some questions in this section have been changed since the 2001 survey so it has not been possible to make direct comparisons.

**(a) Diet**

Respondents were asked what they ate for breakfast. Cereal was eaten by 65% (75% males compared to 54% females) and bread or toast by 37%. Of those who responded, 17% did not eat breakfast of which 9% were male and nearly 25% were female. Fruit juice was taken for breakfast by 36% of respondents.

Lunch was eaten every day by 78% of respondents, 83% males and 73% females, with 17% saying they ate lunch three to six days a week 21% males and 14% females. Few, 2%, stated that they never ate lunch or ate it only one day a week, 3% ate lunch twice a week. The school canteen was used by 42% of respondents, 31% went to the local shop and going home or bringing a packed lunch was favoured by 10%. Only 6% went to the local takeaway.

Most respondents, 85%, had an evening meal every day 90% males and 81% females with 12% having a meal three to six days 8% males and 16% females. Less than 3% either never had an evening meal or only had one once or twice a week. Fresh ingredients were used for an evening meal by 80% of respondents with 19% stating they had convenience foods and 1% usually having a takeaway. Most respondents, 73%, ate their evening meal at home at a table, 27% said at home in front of the TV.

**(b) Snacks**

As well as having regular meals, nearly all of those surveyed snacked. Pupils were asked how many times they had a snack consisting of, chocolate bars/sweets, crisps or savoury snacks, sugary fizzy drinks, diet/sugar free drinks and fruit juice/diluting juice. Results were:

Table 5 – Number of snacks per day

<b>Snack</b>	<b>None</b>	<b>One</b>	<b>Two</b>	<b>Three</b>	<b>More than three</b>
	%				
Chocolate bars/Sweets	13	50	27	6	5
Crisps/savoury snacks	23	51	18	5	4
Sugary fizzy drinks	45	26	15	7	8
Diet/sugar free fizzy drinks	50	28	11	5	5
Fruit juice/diluting juice	5	17	22	22	33

Around half of respondents consumed one sweet per day although, males were more likely than females to have 3 or more, 14% and 8% respectively. Again around 50% consumed one savoury snack per day with 10% males having 3 or more compared to 7% of the females. Most females tend not to drink sugary fizzy drinks while 18% of males drink three or more a day. Around half of respondents do not drink diet/sugar free drinks, however 7% of males drink more than three compared to 4% females. Most respondents have more than one fruit juice/diluting drink per day, around 33% of both sexes have more than three per day.

**(c) Fruit and vegetables**

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

Table 6 – Fruit and vegetables consumption

	Fruit		Vegetables	
	%		%	
No times a day eaten	Males	Females	Males	Females
Once	17	16	24	22
Twice	27	27	29	31
Three	30	32	25	26
Four	15	16	12	13
Five or more	11	9	10	8

For both males and females the highest percentage, 31%, ate fruit three times a day and 30% ate vegetables twice a day.

Pupils were advised about eating five fruit and vegetables per day, they were then given statements about eating 5 a day on sliding scales from 1 to 5. Results in table 7:

Table 7 - Statements - eating 5 fruit and vegetables a day

	1	2	3	4	5	
	%					
Unpleasant	4	6	24	32	35	Pleasant
Worthless	4	3	15	29	50	Worthwhile
Unhealthy	3	1	6	13	77	Healthy
Stupid	3	2	12	25	57	Clever

Most respondents said that they would find eating 5 a day pleasant particularly females (72% compared to 62% of males). More females than males 54% compared to 47% stated eating 5 a day 'worthwhile' and 61% of females stated it to be 'clever' compared to 54% 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 55% (60% of females and 49% of males) agreed with the statement with only 3% disagreeing.

**(d) Attitudes towards health and diet**

Respondents were asked which of these statements would encourage them to eat more healthily.

Table 8 – Reasons to eat healthily

	2007 %
Healthy food is good for my health	74
Healthy eating can help me keep a healthy weight	73 (64m 81f)
Healthy eating can help prevent diseases like heart disease and cancer	77
Healthy eating is good for my skin	66 (54m 77f)
My parents want me to eat healthy foods	38 (41m 35f)
My friends want me to eat healthy foods	16

Male (m) compared to female (f) shown in brackets when significant (P < 0.05)

Clearly the girls are motivated by maintaining a healthy weight and having good skin.

**(e) Supporting Changes to diet**

In order to help young people 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 9 – Changes to diet

	<b>1998 %</b>	<b>2001 %</b>	<b>2007 %</b>
More opportunities to choose food at home and school	89	84	85
Clearly labelled healthier choices at school	90	86	83
Being able to taste new products in school canteen	85	87	83
Information on what is needed for a healthy diet	86	81	79
More opportunities to learn how to cook at school	92	90	78
More healthy food choices in school vending machines	81	81	77
More support from parents and friends	67	73	74
More opportunities to cook at home	-	-	78

**5.6 Physical Activity**

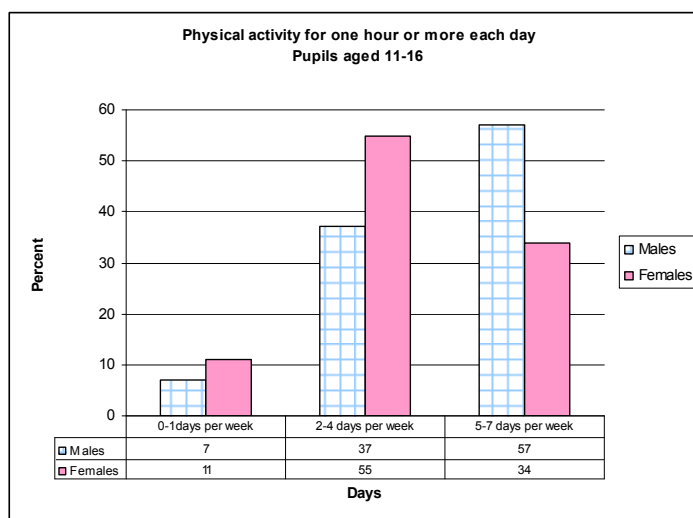
**(a) How physically active are young people?**

**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, dancing etc.)**

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. Those aged 11-16 years answered questions on physical activity for one hour or more per day, those aged 17-18 years answered questions on physical activity for 30 minutes or more per day. These questions are in line with new guidelines and therefore there is no comparison to previous surveys.

**(b) School pupils aged 11-16 years**

Fig 4 - Physical Activity for a total of one hour or more each day



Results show that 57% of males were physically active on 5-7 days, 23% more than females, whereas 55% of females were physically active on 2-4 days, 18% more than males.

Pupils were then asked several statements about becoming moderately physically active for 1 hour or more based on sliding scales from 1 to 5. Table 10 shows the results:

Table 10  
Beliefs about the ability to be moderately physically active for 1 hour more - pupils aged 11-16

	1	2	3	4	5	
	%					
Difficult	5	9	22	27	38	Easy
Relaxing	18	22	35	17	9	Stressful
Not enjoyable	4	5	14	28	49	Enjoyable
Unhealthy	2	1	4	18	75	Healthy

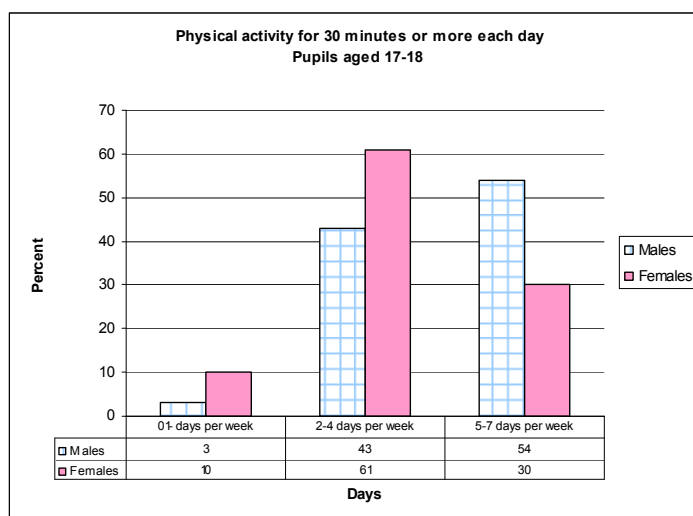
Three quarters of the respondents agree that being moderately physically active is healthy but that it is not very easy to do and only half find it enjoyable. Males find it easy (49% compared to 27% of females) enjoyable (58% compared to 40% of females) and relaxing (23% compared to 12% of females).

They were also asked how confident they were, on a sliding scale from 1 to 5, that they could be moderately physically active for 1 hour or more on at least 5 days a week. Results showed that 70% would be very confident or confident they could achieve this, 53% of males being very confident, compared to 26% of females. A few, 5%, stated they were not very confident.

Pupils were asked if they would like to be moderately physically active for 1 hour on at least 5 days a week, on a sliding scale from 1 to 5, 59% agreed they would like to be physically active, 65% of males compared to 53% of females, while 2% disagreed.

**(c) School pupils aged 17-18 years**

Fig 5 – Physical Activity for a total of 30 minutes or more each day



The results for the 17-18 year old pupils are similar to the younger age group, with more males, 54% being physically active on 5-7 days, 24% more than females, whereas 61% of females were physically active on 2-4 days, 18% more than males.

Again pupils were asked several statements about being moderately physically active for 30 minutes or more using various sliding scales from 1 to 5. Table 11 shows the results

Table 11

Beliefs about the ability to be moderately physically active for 30 minutes or more – pupils aged 17-18

n=148	1	2	3	4	5	
	%					
Difficult	2	11	21	30	37	Easy
Relaxing	17	30	35	14	4	Stressful
Not enjoyable	3	3	16	35	42	Enjoyable
Unhealthy	-	-	5	24	71	Healthy

Almost three quarters of the respondents agree being moderately physically active is healthy but, as for the 11-16 age group, they did not find this very easy to do and slightly less than half find it enjoyable. Males again find it easier (48% compared to 25% of females), enjoyable (51% compared to 30% of females) and relaxing (23% compared to 11% of females).

They were also asked how confident, on a sliding scale from 1 to 5, they were that they could be moderately physically active for 30 minutes or more on at least 5 days a week. Results showed that 74% would be very confident or confident they could achieve this, 53% of males being very confident, compared to 31% of females. A few, 3%, stated they were not very confident.

Pupils 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. Nearly two thirds, 65%, agreed they would like to be physically active, 65% of males compared to 53% of females and less than 1% disagreed.

**(d) Reasons Given for Taking More Exercise**

Table 12 – Reasons for taking more exercise

	1995 %	1998 %	2001 %	2007 %
To have fun	94	91	94	94
To improve your health	90	91	92	95
To make you feel fitter	88	90	91	93
To help you relax/feel better/less stressed	75	76	80	78
To improve your appearance	66	64	76	85
To help you lose weight/maintain a healthy weight	62	60	67	86
To socialise/make more friends	46	45	63	76
To impress				50
To please family/friends	-	-	-	49
To win/compete/for a challenge/to improve performance				75
To win	40	45	46	-

Having fun, improving health and feeling fitter have remained important to respondents since the 1995 survey. Losing/maintaining weight has increased by 19% since the 2001 survey as has socialising/make more friends, 13% and improving appearance, 9%. In the 2007 survey the category 'to win' was reworded 'to win/compete/for a challenge/improve performance' and so is not comparable to the previous surveys.

**(e) Reasons Given for NOT Taking More Exercise**

Table 13 – Reasons for **not** taking more exercise

	1992 %	1995 %	1998 %	2001 %	2007 %
Lack of facilities nearby, eg swimming pool	51	38	39	40	30
Lack of privacy in changing rooms	51	38	39	40	26
Don't like competitive activities	49	57	53	57	23
Lack of spare time at evenings/weekends	49	57	53	57	51
Not enough teams or activities to join	23	18	16	23	34
None of my friends want to	41	31	32	28	29
You already take enough exercise	41	31	32	28	33
Don't like the choice of activities	26	31	24	33	37
Lack of money	26	31	24	33	34
Don't have time to/can't shower after activity	-	-	32	33	29
Lack of transport	-	-	32	33	27
Don't like participating with opposite sex				11	12
You don't know what's on	-	-	-	42	41
Bad weather	-	-	-	-	43
Environment is not attractive	-				24
Fears about personal safety					14
Physical disabilities/ill health	-	-	-	-	9

Since the 1992 survey, lack of spare time in the evenings or weekends has remained one of the main reasons preventing young people from taking more exercise. Some new choices were added this year and 43% of respondents agreed that bad weather was a reason for not taking more exercise. Lack of facilities nearby decreased by 10%, and the number of those who think they already take enough exercise rose by 5%, since 2001. Not liking the choice of activities was another reason preventing respondents from taking more exercise.

There has been a substantial decrease in respondents who stated they didn't like competitive activities and lack of privacy in the changing room, 34% and 14% respectively.

**(f) Types of Activities**

In the 2007 survey 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 ie walking/cycling to school, housework etc, the last option was to go to a gym.

Table 14 – Types of Activities

	Male %	Female %	Total %
Competitive sports	87	56	72
Non-competitive sports	59	90	74
Active living	75	72	73
Go to a gym	76	74	75

Results show that males would prefer to indulge in competitive sports while females favour non-competitive sports.

Pupils were asked their main method of transport to school

Table 15 – Transport to school

	%
Walking	48
Car	13
School bus	30
Cycle	2
Bus	7

These results were similar to those in 2001.

**5.7 Leisure**

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

**(a) TV**

Table 16 – TV viewing

	Male %	Female %	Total %
Not at all	2	2	2
Less than half an hour	16	18	17
Between 1 & 3 hours	58	63	61
Between 3 & 4 hours	14	11	13
4 + Hours	10	6	8

The majority of young people spend on average between 1 and 3 hours each day watching TV, however 10% males compared to 6% females watched 4 or more hours. The amount of time spent watching TV did not vary substantially by school year. These figures are similar

to those in 2001 apart from between 1 & 3 hours which has an increase of 9% for males and 11% for females.

**(b) Computer Games**

Table 17 – computer/games consoles usage

	<b>Male %</b>	<b>Female %</b>	<b>Total %</b>
Not at all	5	13	9
Less than half an hour	25	28	26
Between 1 & 3 hours	48	45	46
Between 3 & 4 hours	11	7	10
4 + Hours	11	7	9

Results suggest that young men spend more time each day than young women playing computer games, however there has been a 30% increase in females playing computer games for between 1 & 3 hours since the 2001 survey.

**5.8 Smoking**

Tobacco smoking is the most important preventable cause of disease and premature death in Scotland. Children of smokers 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 teenagers in their later years.

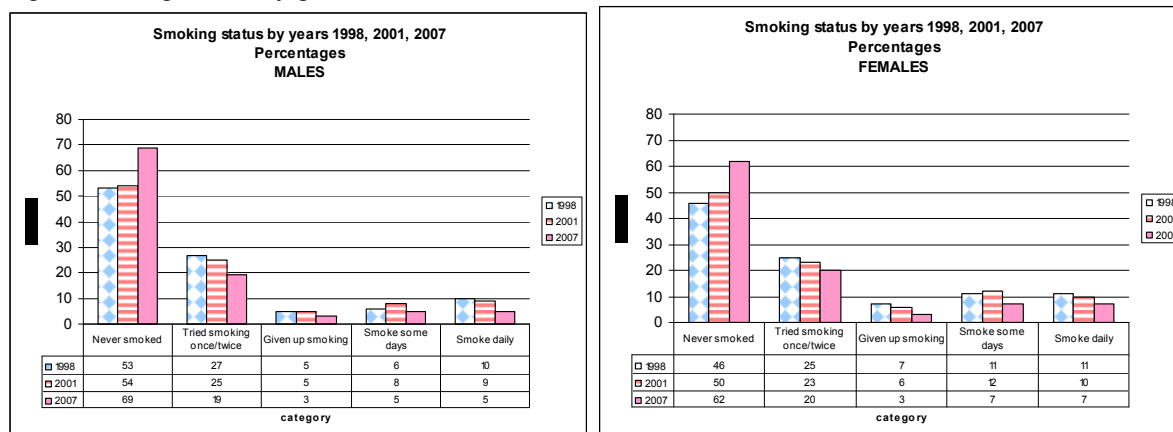
**(a) Smoking status**

Young people were asked about their current smoking status and results of the current and previous surveys are tabulated below:

Table 18 – Smoking status

	<b>Male %</b>			<b>Female %</b>			<b>Total %</b>		
	<b>1998</b>	<b>2001</b>	<b>2007</b>	<b>1998</b>	<b>2001</b>	<b>2007</b>	<b>1998</b>	<b>2001</b>	<b>2007</b>
Smoke daily	10	9	5	11	10	7	10	9	6
Smoke some days	6	8	5	11	12	7	9	10	6
Given up smoking	5	5	3	7	6	3	6	5	3
Tried smoking once/twice	27	25	19	25	23	20	26	24	20
Never smoked	53	54	69	46	50	62	49	52	65

Fig 6 Smoking status by gender



Overall 10% of males and 14% of females smoke daily or most days. Contrary to the national trend, these figures show a reduction in the number of young people smoking since the 1998 survey was carried out. There has been a reduction of 7% males and 8% females smoking since the 2001 survey.

The number of current smokers in Grampian peaks for 4th year pupils at around 20%. A full set of results is displayed in the following table along with results obtained when the same question was asked in 1992, 1995, 1998 and 2001.

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

**(b) Percentage of respondents smoking regularly or occasionally**

Table 19 - Percentage of respondents smoking regularly or occasionally

	1992 %		1995 %		1998 %		2001 %		2007 %	
	M	F	M	F	M	F	M	F	M	F
Year 1	5	4	4	4	2	5	5	2	3	1
Year 2	10	13	11	16	8	12	8	12	6	6
Year 3	17	27	23	29	18	23	20	33	10	14
Year 4	24	33	25	38	23	35	27	27	13	27
Year 5	27	30	23	41	30	34	26	30	13	22
Year 6	20	21	22	29	21	35	19	33	9	20

In 2007, the percentage of young people who smoke was highest for females in the 4th, 5th and 6th year (27%, 22% and 20% respectively) and peaking for the 4th and 5th year males at 13%. There has been a significant decrease in the percentages of both male and female smoking apart from 4th year girls who remain the same as the 2001 survey. The largest drop in smoking is 3rd year girls from 33% in 2001 to 14% a significant drop of 19%.

The average age for young people to start smoking is 13, the same as in the 2001 survey.

**(c) Quantity of cigarettes smoked**

Table 20 - Quantity of cigarettes smoked

n=242	Male %			Female %			Total %		
	1998	2001	2007	1998	2001	2007	1998	2001	2007
Less than 1 cig /day	17	27	19	27	29	31	22	28	26
1-5 cigs a day	35	28	36	43	31	28	39	30	31
6-10 cigs a day	25	28	21	21	24	22	23	26	22
11-15 cigs /day	11	12	9	7	11	13	9	11	12
16-20 cigs/day	4	4	5	3	5	6	4	4	5
20+ cigs/day	8	2	11	0.4	0	1	4	0.8	4

The above table shows that males who smoke are smoking more than they were in 2001 with an increase of 8% males smoking between 1-5 cigarettes and a 9% increase in those smoking 20 or more cigarettes per day. There is a slight decrease in females smoking in general, however there is an increase of 1% females smoking 20 or more cigarettes per day.

Young people, who smoked, were asked if their friends smoked and if they smoked the same brand – 64% said yes and 66% of these smoked the same brand as their friends. Of the pupils who smoked 80% strongly agreed or agreed that their family did not want them to smoke.

**(d) Reasons why young people smoke**

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

Table 21 – Reasons for smoking

	%
It calms your nerves	85
You wanted to try smoking out of curiosity	64
You feel smoking relieves boredom	60
You feel addicted to smoking	55
You enjoy the taste	39
You feel smoking gives you confidence	35
You smoke because your friends smoke	31

**(e) Where do young people smoke?**

The two most popular places where young people smoke are - at parties (92%) and in the street (90%) which are similar to results in previous surveys. However 62% said they smoked at school which is a 5% decrease from 2001.

**(f) Stopping Smoking**

Of those who smoked, 65% of males and 67% females would like to stop smoking, comparable to the 2001 survey. Their main reasons for wishing to give up were:

Table 22 – Reasons to give up smoking

<b>N=155</b>	<b>% who gave reason for wishing to stop</b>
To save money	92
To improve fitness	85
To prevent disease and ill-health	91
To be more attractive	65
To respect the wishes of non smokers	62

The main reasons for not wanting to give up smoking were that they enjoyed smoking and/or felt they could stop anytime (88% and 68% respectively).

Many have tried to cut down smoking (61% of males and 77% of females) and 43% male and 55% females have tried to give up smoking in the last year. Of those who tried to give up smoking 19% said they had help. The main help received was friends (67%), Nicotine Replacement Therapy (NRT) (33%), advice from pharmacist (27%) and smoking advice service (26%). Of those who tried to stop smoking, 30% did not seek help, there was no clear reason for this.

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

Table 23 – Help to stop smoking

	<b>% who would find this helpful</b>
Being or feeling less stressed	64
Encouragement and support from friends	59
Making cigarettes more expensive	39
Advice from your doctor or health care worker	31
Encouragement from family members	30
Raising the legal age for smoking	23
A booklet offering advice and practical tips	21
Attending a specialist stop smoking group	20
Telephone helpline/advice line	13

**(g) Exposure to smoke**

It was found that 9% of males and 17% of females spend most of their day in an environment in which people smoke. A further 30% spend some of their day where people smoke, this is an average reduction of 8% since 2001. The smoking ban, which was introduced in 2006 in Scotland, may have contributed to this reduction.

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

Table 24 – Persons known to respondents who smoke

<b>Persons known to respondent who smokes</b>	<b>Smoker %</b>	<b>Non Smoker %</b>
Close friend	88	29
Brother/sister	39	13
Father/male guardian	41	23
Grandparent	36	29
Mother/female guardian	45	22
Boyfriend/girlfriend	39	4

## 5.9 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

	1998	2001	2007
	% who agree that		
Drinking too much alcohol can cause health problems	85	80	89
Alcohol is expensive	84	76	70
Drinking alcohol makes people lose control of themselves	76	74	70
Drunk people are unpleasant	56	48	54
Drinking alcohol is sociable	56	60	55
Drinking alcohol is enjoyable	55	58	52
Once you start drinking you are unlikely to stop	46	37	40
Drinking alcohol helps people relax	46	50	40
Drinking alcohol helps people forget their worries	45	51	42
Drinking alcohol makes people violent	45	42	54
People under 18 should be allowed to buy alcohol	34	33	25
One drink with the family is OK	-	-	84
Drinking alcohol can lead to unplanned pregnancy or catching sexually transmitted diseases	-	-	69
Alcohol can make people take chances, ie drinking & driving	-	-	83

This table illustrates that the knowledge of the negative effects of alcohol has increased from previous surveys.

### (b) Alcohol consumption

Of the young people surveyed, 69% had taken an alcoholic drink compared to 83% in 2001 and 79% in 1998. As would be expected this figure varied by school year ranging from 28% for first year pupils to 94% for 6th year pupils.

In order to establish the quantities of alcohol consumed by pupils, 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, 525 (45%) pupils had consumed alcohol in the seven days prior to the survey. For these the mean consumption level was 18.5 units for all pupils. This figure is slightly higher than that obtained in 2001 and substantially higher than the 1995 figure.

Fig 7 – Mean units of alcohol

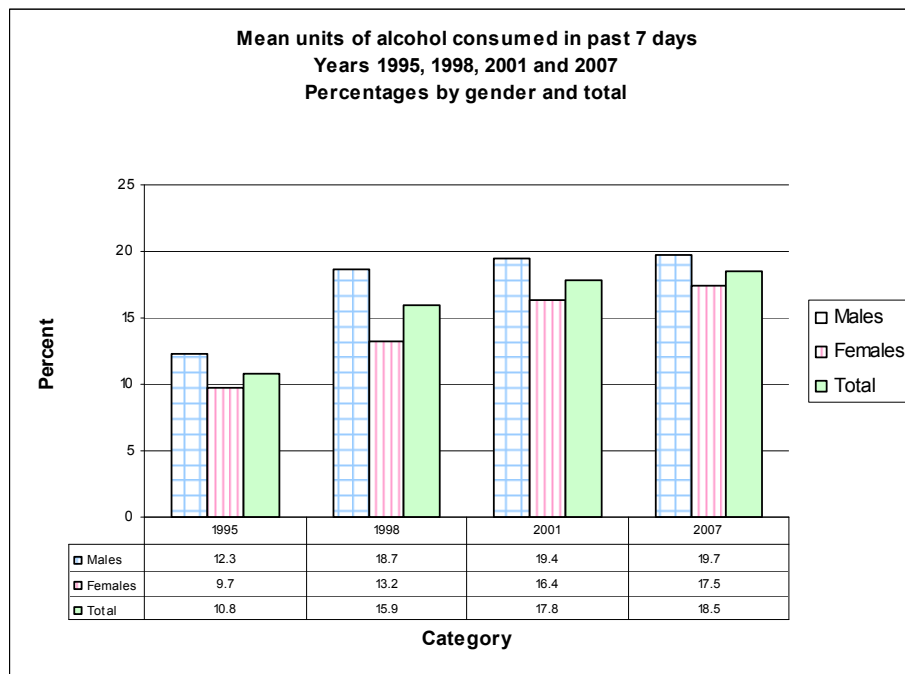


Table 26 – Frequency of drinking alcohol

Frequency with which young people 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 %
Year 1	10	50	24	12	1	4
Year 2	3	41	28	19	7	1
Year 3	2	31	22	30	14	2
Year 4	2	16	24	35	20	4
Year 5	3	11	14	47	23	2
Year 6	1	10	14	37	34	4
2007 Total	3	23	21	33	18	3
2001 Total	3	28	18	27	22	3
1998 Total	3	27	18	28	22	3
1995 Total	4	27	16	23	17	3

n= 1144

When compared to the 2001 figures there is a 3% increase in respondents who drink less than once a month and a 6% increase in those who drink more than once a month but not weekly. There is, however, since 2001 a 4% decrease in those who drink 1-2 days week.

Comparing the four previous surveys and the 2007 survey, results shows that although, the percentage who drink at least weekly increased from 14% in 1992 to 25% in 2001, it dropped to 21%, a 4% decrease, in the 2007 survey. The percentage of young people who drink once or twice a year or less has decreased by 5% since the 2001 survey.

Young people were most likely to drink alcohol at parties - 86%. The second most popular place was at home with family - 70% while 43% of the young people admitted to drinking in the street. Older respondents were more likely to drink in pubs/night-clubs and cafes/restaurants.

Respondents were asked if they had ever been really drunk and how often in the last month they drank 5 or more drinks.

Table 27 – How often in last month drank 5 or more drinks?

	<b>Males %</b>	<b>Females %</b>	<b>Total %</b>
4 or more times	18	17	17
3 times	12	12	12
Twice	16	16	16
Once	15	18	17
Not had 5 or more drinks	21	20	20
Never had 5 or more drinks	18	19	19

Nearly 40% had never had 5 or more drinks or at least not in the last 30 days. Those that had tried 5 or more drinks once or twice was about 33% with the remaining 29% drinking excessively 3 or more times in the last month.

Table 28 – Have you ever been really drunk?

	<b>Males %</b>	<b>Females %</b>	<b>Total %</b>
No never	31	29	30
Yes, once	18	20	19
Yes, 2-3 times	22	25	24
Yes, 4-10 times	14	14	14
Yes, more than 10 times	15	12	13

**(c) Sources of help**

Some, 11%, of the young people who drink alcohol expressed a wish to cut down, especially females 14% compared to 9% of males. When asked what would help them to cut down on their alcohol intake their responses were as follows:

Table 29 – Help in cutting down alcohol consumption

<b>n=129</b>	<b>2001 %</b>	<b>2007 %</b>
Leading a less stressful life	57	63
More recreational facilities available at reasonable prices	56	50
Advice and support from family and friends	40	54
Meeting a new group of friends	38	37
Information from Healthpoints	36	39
Advice and support from your doctor	24	32
Advice from an alcohol advisory group	26	29
Advice and support from teachers	22	23

There have been some changes since the 2001 survey. Stress was top of this list in 2001 and remains at the top of the list and has, in fact, increased by 6%. Positively there has been a decrease of 6% in respondents who say more recreational facilities at reasonable prices would help them cut down their alcohol intake. In addition there has been a rise of

14% and 8% in those saying advice and support from ‘family and friends’ and their ‘doctor’ respectively would help.

**(d) Reasons for drinking**

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

Table 30 – Reasons for drinking alcohol

	2001 %	2007 %
Like the taste	82	85
Like the way it makes you feel	68	70
It helps you relax	66	63
It helps you talk to people more easily	66	69
Want to get drunk	46	46
It helps you forget your worries	44	39
It’s an adult thing to do		

A new question for the 2007 survey asked young people if they bought alcohol where did they usually get it, 30% said from someone else, 24% bought it from a shop and 20% said from a pub/bar.

**(e) Results of drinking**

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

Table 31 – Results of drinking alcohol

	Never %	Once %	Twice or more %
Had an argument	61	24	15
Had a fight	82	11	7 (10m 5f)
Visited a hospital A&E department	95	3	1
Been admitted to hospital overnight	98	2	1
Had an injury that needed to be seen by a doctor	95	4	2
Been taken home by police	92	6	2
Stayed off school	90	7	3
Been sick (vomited)	55	24	22
Tried any drugs	87	6	8
Been in trouble with the police	85	9	6
Had unprotected sexual intercourse	90	4	6

Male (m) compared to female (f) shown in brackets when significant (P < 0.05)

The two highest percentages of things happening as a result of drinking are, being sick 46% and having an argument, 39%. Males being more prone to having fights on two or more occasions (10m 5f), being taken home by police (11m 6f) and being in trouble with the police (20m 11f).

The average age for first drinking alcohol is 12 years old and when respondents first got drunk is 14 years old.

## 5.10 Sexual Health

### (a) HIV

Of the school pupils surveyed, 9% said that they worry a lot about becoming HIV positive, a further 13% claim to worry quite a lot. These figures have risen since the 2001 survey when results indicated that 4% worried a lot about becoming HIV positive and 8% worried 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 32 – 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	71	3	26
A person can get HIV by sharing needles/syringes with someone who is HIV positive	YES	83	2	15 (13m 17f)
A person can get HIV by having sexual intercourse with someone who is HIV positive	YES	89	2	9
A pregnant woman who has HIV can pass it onto her baby	YES	64	4	32
A person can get HIV by donating blood	NO	20	38	42
A person can become infected by HIV by sharing a cup or glass with someone who is HIV positive	NO	47	11	43
A person can get HIV by swallowing street drugs	NO	25	28 (33m 23f)	48 (43m 57f)
A person can protect themselves from HIV by using condoms every time they have sex	YES	76	5	19 (17m 21f)
A person can protect themselves from sexually transmitted diseases by using condoms every time they have sex	YES	76	5	19
Taking the contraceptive pill can prevent a person from becoming pregnant and being infected with a sexually transmitted disease	NO	41 (38m 44f)	22 (24m 20f)	37

Male (m) compared to female (f) shown in brackets when significant ( $p < 0/05$ )

There has been a reduction in the knowledge of HIV and it was noted during the implementation of the survey that many of the 1<sup>st</sup> and 2<sup>nd</sup> year pupils did not know what HIV or AIDS was. There is a 15% decrease in young people thinking HIV can be passed on by sharing a cup or glass with 13% more being unsure. There was the same percentage decrease of those who thought a person could get HIV by donating blood and a 13% decrease in those who thought you could get HIV by shaking hands with someone who was HIV positive. Accordingly there has been an increase in the percentages of those who gave a wrong answer and those who were unsure in nearly all statements.

Two new statements were added this year, protection from sexually transmitted disease by using condoms and the contraceptive pill preventing a person from becoming pregnant and being infected with a sexually transmitted disease. Only 76% knew that using a condom can protect against contracting a sexually transmitted disease and only 41% knew that the pill could not prevent infection from a sexually transmitted disease. This follows the trend in previous surveys that knowledge of how HIV can be contracted has reduced and it appears that awareness of HIV has got progressively worse.

**(b) Sexually Transmitted Infections**

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

Table 33– Knowledge of sexually transmitted infections

	<b>Males</b> %	<b>Females</b> %	<b>Total</b> %
Chlamydia	56	68	62
Genital Warts	54	56	55
Genital Herpes	53	58	55
Gonorrhoea	47	46	46
Hepatitis B	55	58	57
HIV / AIDS	87	89	88
Syphilis	42	42	42

Females would appear to be more knowledgeable about sexually transmitted infections as a higher percentage of them had heard of all the diseases listed.

**(c) Relationships**

The pupils were asked about their relationships and 71% responded that they currently have or have had a boyfriend or girlfriend. Pupils who had never had a relationship 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.

Pupils who had had a relationship were asked to specify activities they had participated in during their relationships. Responses were as follows:

Table 34 – Relationships

n= 1621	Never %		Occasionally %		Frequently %	
	2001	2007	2001	2007	2001	2007
Hugging	3	4	32	22	64	75
Kissing on the mouth	8	12	25	25	67	64
Light petting (fondling, caressing above waist)	27	28	33	31	40	41
Heavy petting (fondling, caressing below waist)	46	48	27	24	27	28
Oral Sex	71	70	16	15	13	16
Sexual Intercourse	74	74	13	12	13	14

Participation in each of the activities increased with age particularly among those who had had sexual intercourse. The following table provides a percentage breakdown by year for those pupils who had either occasionally or frequently had sexual intercourse. There were 389, 26%, of respondents who were sexually active throughout Grampian.

Table 35 –Sexual intercourse by year and sex

n=386	Males %				Females %				Total %			
	1995	1998	2001	2007	1995	1998	2001	2007	1995	1998	2001	2007
Year 1	7	6	8	2	2	3	2	2	4	5	5	2
Year 2	14	19	13	8	7	7	5	5	11	13	9	6
Year 3	31	20	23	22	20	12	20	21	25	16	21	21
Year 4	42	29	28	29	41	30	34	34	41	29	31	32
Year 5	43	39	36	39	55	40	51	44	50	40	44	42
Year 6	48	35	55	60	50	66	59	57	49	52	57	58

Results indicate small increases in the percentages of young people who are sexually active in years 3 and 6, with a decrease in year 5 compared with the previous survey in 2001.

#### **(d) Use of contraceptives**

Most, 87%, of the sexually active respondents used a contraceptive the first time they had sex.

Table 36 – Contraceptive use

	1995 %	1998 %	2001 %	2007
Always	73	68	74	71
Nearly always	14	17	15	14
Sometimes	9	8	7	8
Never	4	7	4	6

Results show a small decrease in young people now regularly using a contraceptive compared to the 2001 survey. The most common form of contraceptive is condoms, which are used by 90% of the respondents who are sexually active, an increase of 15% since 2001.

There are 89% of young sexually active young people who knew where to get condoms free of charge compared to 84% of the 2001 respondents and 79% of the 1998 respondents. 87% knew that they could get contraceptive advice to prevent pregnancy even if they are under 16 years of age. Again this figure is higher than the 81% in 2001 and 79% in 1998. Clearly there has been an improvement in young people's knowledge.

The majority of young people who have or have had a sexual relationship are most comfortable discussing questions about sex with their friends - 92% of those asked. In addition 54% said they would be comfortable speaking to a doctor, 36% said a parent or guardian and 38% said a brother or sister or a school nurse. There were 31% who said they would be comfortable speaking to a youth worker with 24% saying a phone line service or outside speakers at school.

Young people were asked if they have ever experienced problems obtaining contraceptives, only 8% said they had, of these 75% had problems obtaining condoms.

## **5.11 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. (These substances did not include alcohol or tobacco).

### **(a) Drug Use**

A third of young people surveyed, 34%, had been offered drugs, an 8% decrease from the 2001 survey figure of 42%. There were 14% of respondents who had tried drugs, a figure which has decreased by 7% from the 2001 figure and is a significant decrease from both 1998 and 1995 when 30% and 25% respectively of survey respondents said they had taken drugs. As would be expected, older pupils are more likely to have 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.

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. Pupils who claimed to have taken the dummy variable were excluded from the analysis.

Table 37 – Drug use

n=300	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	16.7 (8m 25f)	48.3	25.0	2.9	7.1
Magic Mushrooms	93.5	5.6	0.9	-	-
Amphetamines	89.8	7.6	1.7	0.4	0.4
Ecstasy	81.3	13.8	2.9	1.3	0.8
Diazepam (valium)	93.6	3.8	1.7	0.9	-
Cocaine	85.7	10.5	2.5	0.8	0.4
Temazepam	97.1	2.5	0.4	-	-
LSD, Acid	95.4	2.5	0.8	1.3	-
Unprescribed 118's,	97.5	2.1	0.4	-	-
Methadone	97.0	3.0	-	-	-
Heroin	97.9	0.4	1.2	-	0.4
Gas/Glue – other solvents	80.9 (88m 73f)	11.1	6.0	1.3	0.8
Poppers (Amyl Nitrate)	78.1	13.1	6.8	1.3	0.8
Crack (rock, stone)	93.7	5.0	0.4	0.8	-
Anabolic Steroids (roids)	98.3	0.8	0.8	-	-
Methamphetamine	96.2	2.9	0.8	-	-

Male (m) compared to female (f) shown in brackets when significant (p <0/05)

The results show that, as in previous surveys, the use of cannabis is more common than any other drug.

**(b) Reasons for taking drugs**

The following reasons were given for taking drugs:

Table 38 – Reason for taking drugs

n=300	1995 %	1998 %	2001 %	2007 %
Drugs help you relax	65	63	65	53
You like the way drugs make you feel	69	61	62	51
Drugs help you to talk to people more easily	43	40	39	35
Drugs help you forget your problems	39	33	39	31
You like drugs	44	42	38	32
You don't want to feel the odd one out	23	31	25	18
You feel forced to take drugs	-	-	-	8
Drugs make you dance better	-	-	-	19
Taking drugs is a mature thing to do	-	-	-	5
You need drugs to feel 'normal'	-	-	-	5
You feel unable to stop even if you wanted to	-	-	-	8

**(c) Ease of acquiring drugs**

Respondents were asked how easy it would be for them to get illegal drugs, results in table 39.

Table 39 – How easy is it to get drugs?

<b>Ease of acquiring drugs</b>	<b>%</b>
Very easy	40
Fairly easy	37
Fairly difficult	7
Very difficult	3
Impossible	2
Don't know	11

**(d) Knowledge of and Attitude to drugs**

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

Of those who had taken drugs 88% have gained their knowledge relating to drugs from friends, 72% from teachers and 69% gained knowledge on the street while 65% said from TV and the media.

Table 40 – Knowledge/Attitude to drugs

	<b>% who agree with statement</b>			
	<b>Drug Users</b>		<b>Non Drug Users</b>	
	<b>2001 n=496</b>	<b>2007 n=300</b>	<b>2001 n=1845</b>	<b>2007 n=1925</b>
Taking drugs not prescribed by a doctor can cause health problems	73	72	78	77
Once you start taking drugs you are unlikely to stop	58	62	78	83
Taking drugs makes people lose control of themselves	67	73	80	85
People who take drugs are unpleasant	25	32	50	64
Taking drugs is sociable	31	24	10	8
Some drugs that are illegal should be made legal	75	56	29	20
There is a safe limit for taking un-prescribed drugs	49	53	22	22
Drugs are safer than alcohol	19	15	5	4
Taking drugs is good for my image	8	6	2	3

Clearly there is a difference in views between respondents who have tried or regularly take drugs and those who have never taken drugs. Among the most noticeable was that 64% of those who have never taken drugs think people who take drugs are unpleasant in contrast to 32% of those who have taken drugs. Only 55% of those who have taken drugs feel that it should be legalised. This is compared to 75% in 2001, a drop of 20%. However there is a 9% increase in non drug users who think some drugs should be made legal.

## 6. Summary and Conclusions

Findings of the survey indicate that many positive lifestyle changes have taken place since the previous surveys in 1992, 1995, 1998 and 2001. There are important differences between boys and girls. Boys are optimistic, competitive and view themselves as being healthy. Girls are interested in other people and want to make healthy lifestyle choices. These findings will be used to plan future actions to enhance youth lifestyles.

The trends and results in the three Community Health Partnerships areas, Aberdeen City, Aberdeenshire and Moray closely follow those in Grampian.

### Summary

#### General Health

- One quarter of respondents expressed feelings of stress especially females in 5<sup>th</sup> and 6<sup>th</sup> years. Stress has consistently been reported as a reason for smoking, drinking alcohol and trying drugs.
- Boys have a better perception of good health and feel fit and healthy whereas girls are more apprehensive about their health and worry about gaining weight.
- Females are more positive about healthy eating especially with respect to weight and skin.
- Body weight is steadily increasing for both males and females.

#### Dental Health

- Registration with a dentist and attendance of regular checkups contribute to good oral health. Nearly all, 91%, of children surveyed were registered with a dentist and 83% had attended a dentist in the last 6 months.
- Limiting sugary foods to meal times only and ensuring that snacks are sugar free is a key oral health message. The majority, 87%, of the children stated that they have chocolate bars/sweets as a snack at least once a day.
- Limiting or avoiding sugary fizzy drinks to prevent high levels of decay is recommended. Almost half of the children, 45%, said they never drink sugary fizzy drinks.

#### Wellbeing

- Females are more interested and feel closer to other people but are not as optimistic of the future, relaxed or have as much spare energy as males.
- Males also feel they can deal well with problems, are clear thinking and confident, more so than females
- Majority of respondents, 69%, fall into the 'medium' category for wellbeing, 16% into the 'high' category and 14% are in the 'low' wellbeing category.

#### Nutrition

- A quarter of the girls did not eat anything for breakfast but are more positive about healthy eating.

- Although, the boys generally have breakfast, they do tend to snack more and have fizzy drinks.
- About half of the boys and 60% of girls would like to eat 5 pieces of fruit and vegetables per day. Key motivators identified were the maintenance of a healthy weight, disease prevention and general well-being.
- Although, 57% eat fruit and 47% eat vegetables at least 3 times per day, only 10% of young people are close to meeting the minimum recommended number of portions of fruit and vegetables each day.
- The key ways that children believed their diet could be improved were by the provision of a greater choice of foods at school and home, clearly labelled healthier choices at school and being able to taste new products in the school canteen.
- Nearly 80% of all children expressed an interest for more opportunities to cook both at home and school.

### **Physical Activity**

- Only 57% of boys and 34% of girls aged 16 years or less met the national recommendation of participating in physical activity of at least moderate intensity for one hour on 5 or more days per week. (The 2022 target is for 80% of children meeting the national recommendation.)
- Only 54% of boys and 30% of girls aged 17 years and over (and at school) met the national recommendation of participating in physical activity of at least moderate intensity for 30 minutes on 5 or more days per week.
- Females favour non-competitive while males prefer competitive forms of physical activity.
- The most prevalent reasons for children participating in physical activity are still 'to have fun' (95%) and 'to improve your health' (94%); however, 'maintaining a healthy weight/losing weight' (86%) and 'to improve your appearance' (85%) have become increasingly important motivators.
- There has been a considerable increase in how long females spend watching TV and playing computer games.

### **Smoking**

- Although, smoking decreased overall to 12%, the number of cigarettes smoked by boys has increased considerably over the years.
- Stress was an underlying determinant for smoking.
- Respondents felt that less stress and encouragement from peers would help them to stop smoking
- With the exception of 15-16 year old girls (whose smoking rate of 27% is currently twice the target level) the smoking rates of children are broadly in line with the new targets set for 2014 by the Scottish Government.

## **Alcohol**

- The numbers drinking alcohol has decreased by 14% in young people compared to 2001, consistent with the SALSUS 2006 Grampian report.
- Of some concern is the fact that when they do drink, the average number of units consumed by young people has increased very significantly since the Youth Lifestyle Survey in 1995 from 10.8 units to 18.5 units per week. Numbers of young people recorded to be drinking on 3 or more days per week have remained static since 1995. people
- Young people now perceive the relative price of alcohol to have reduced, 14% reduction in young people who think alcohol is expensive since 1998.

## **Sexual Health**

- It is of concern that young people's knowledge of HIV appears to have decreased since the 2001 survey. Although, the majority (76%) knew that the use of a condom could protect against a sexually transmitted infection, this leaves almost a quarter (24%) of those who took part who were either unsure of this or answered incorrectly. Likewise, only 41% knew that the pill alone could not prevent a sexual transmission of infection, indicating that the majority are potentially vulnerable and at risk.
- In 2007 the majority of those involved in the survey (74%) reported never to have had sexual intercourse, the same level as in 2001.
- It is encouraging that 90% percent reporting to be sexually active use condoms, an increase of 15% since 2001, although 75% report problems in obtaining condoms, highlighting an issue to be addressed by all working in the sexual health arena.

## **Drugs**

- 34% of young people surveyed had been offered drugs in comparison with 42% in 2001. SALSUS 2006 also showed a decrease in those offered drugs. Only 14% had tried drugs compared to 21% in 2001 and 30% in 1998.
- Unsurprisingly cannabis was the most widely used drug but worryingly 14% said they had used cocaine and 19% had used gas/glue and other solvents. Solvent use can result in sudden death, even at the first time of using.

## **Some of the main areas of progress are:**

- Three quarters of young people perceive their health to be above average and perceptions of well-being were generally positive.
- Fewer claim to have tried drugs – 14% compared to 21% in 2001, 25% in 1998 and 30% in 1995.
- Although, about a quarter are sexually active, of these, 90% use condoms and 87% used a condom the first time.
- The majority, 91%, are registered with a dentist and 83% have visited a dentist in the last 6 months.
- Knowledge of the ill effects of alcohol seems to be increasing.
- Young people want to pursue a healthy diet.

## **However there remain areas of concern:**

- Stress continues to be a major factor in young people's lives and underpins many of their health behaviours.
- Young women are not always positive about themselves both physically and mentally.
- Half of the school children consume alcohol with the units consumed per week increasing.
- Young people are drinking more alcohol than in 2001.
- Smoking has decreased overall although the number of cigarettes smoked by boys is increasing.
- Average Body Mass Index is 20.5 compared to 20.1 in 2001 and 18.2 in 1995.
- There are some poor eating patterns with significant numbers of boys tending to snack and a quarter of girls not eating breakfast.
- The numbers of children achieving the national recommendations of participating in physical activity fall well below the 2022 target of 80% of children.
- Young people's knowledge of HIV appears to have decreased since the 2001 survey.

The results obtained from this survey will enable NHS Grampian and partners to identify priority issues and make plans for future work, so as to target shortcomings and continue to make progress towards the national targets for health.

**The full report for the Grampian Youth Lifestyle Survey 2007 and reports for Aberdeen City, Aberdeenshire and Moray Community Health Partnerships can be found at:**

[www.nhsgrampian.org/youthlifestyle2007](http://www.nhsgrampian.org/youthlifestyle2007)  
[www.abdn.ac.uk/public\\_health/pubhealth/youth\\_lifestyle.php](http://www.abdn.ac.uk/public_health/pubhealth/youth_lifestyle.php)  
[www.hi-netgrampian.org](http://www.hi-netgrampian.org)

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