

# A picture of health Jersey 2006

Reflections on the health-related behaviour's  
of young people aged 10 to 15 years



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# Introduction

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The results of this year's Health Related Behaviour Questionnaire (HRBQ) represents a collective self portrait of young people's attitudes and behaviour towards their health. Over three thousand young people completed a survey. Some of the subjects the survey asked young people about included their family background, home life and friendships as well as food, alcohol, smoking and exercise.

This is the only survey to ask all children in three year groups about their health. The outcome is a comprehensive picture of young people's health. Locally the HRBQ has been run in secondary schools since 1996 and in primary schools since 1998. It is possible using the results of this survey, to follow changes in behaviour of the same group of children as they get older. 'A Changing Picture' shows the answers to similar questions from the same group of children aged ten (Year 6) in 2002 and fourteen (Year 10) in 2006. In addition we are able to look at trends by comparing the responses of local children of the same age group since 1998.

Most health behaviours are learnt at a young age and, once started, last into adulthood. The results of this survey will help to understand the issues affecting young people's health. The findings from this survey will be used to inform local initiatives. It will also be used to inform the evaluation and further planning of strategies such as Building a Safer Society and the Health Improvement Strategy.

The report is structured into eight subject headings: emotional health, sexual health, smoking, alcohol, illegal drugs, exercise, diet and obesity. Each section outlines the importance of the health issue, summarises the main findings and goes on to describe key differences among the three year groups. In addition, trends over previous years are also described as are comparisons with young people in the UK.

This survey has been funded by the Building a Safer Society strategy. The project has been led by the States of Jersey Public Health Department. It has required the help and support of many people to help complete it, in particular, the commitment of all the schools and their assistance in distributing and collecting the surveys promptly. Our thanks also go to Jessica Hounscome, Sheena Renouf and Jenny O'Brien who undertook the administration of the process, drafted the report and re-checked all the figures.

We hope that you will find it useful in informing your work with young people.

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Additional copies of this report and the full HRBQ summary results for Jersey in 2006 are available as a primary school and/or secondary school document on request.

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# Executive Summary

The 2006 survey indicates that the majority of young people in Jersey have positive health-related behaviours. The good news supports the value of many local initiatives. However, we know that not all young people will have good health-related behaviour. We are aware that negative (health-risky) behaviours, such as poor eating habits and substance misuse, are most likely to occur in 'pockets' on the island. While there may not be a big problem for the island as a whole, there are areas where young people's behaviours are of more concern. This may simply be because there are more young people in a particular area adopting the behaviour. The next challenge is to try to use the data to look at the distribution of health-related behaviours (both positive and negative) in order to understand more about young people's health on the island.

The 2006 HRBQ results contain both good and bad news about the health and wellbeing of our young people. There is also evidence that local legislation is working, with fewer young people buying cigarettes and alcohol from shops. It is encouraging to note that the majority of young people in Jersey do not smoke or use drugs and those that drink generally do so in moderation.

Although our young people's exercise levels are below national targets they do exercise more than their UK counterparts and exercise levels have increased since 1998. However, less than a third of young people eat 5-a-day, over a quarter of 14-15 year-old females smoke, about one in twelve 14-15 year-olds drink above adult safe levels and 5% of secondary students do not exercise at all.

The results show the increase in risk-taking behaviour and experimentation as young people get older (page 6). The 2006 responses also indicate that some big differences in behaviour appear in the few years between primary school and secondary school (i.e. differences between Year 6 and 8). For example, the number of females skipping breakfast and decreasing their levels of physical activity.

Local surveys, like the HRBQ, provide us with an overall view of young people's health. They are an invaluable source of data which allows us to look at what is happening within our own population. Since the same survey is run in the UK it means that we can make some comparisons with young people's behaviour there.

<b>The good news</b> <i>For most young people in Jersey...</i>	<b>The bad news</b> <i>For some young people in Jersey...</i>
<ul style="list-style-type: none"> <li>■ Don't smoke or use drugs.</li> <li>■ Drink in moderation, usually with parental knowledge.</li> <li>■ Exercise more and eat more fruit and vegetables than their UK counterparts.</li> <li>■ Enjoy physical activity.</li> <li>■ Have good levels of self-esteem.</li> <li>■ Feel in control of their health.</li> <li>■ Are generally satisfied with their lives.</li> <li>■ Have good support networks (e.g. to share problems).</li> <li>■ Clean their teeth and visit the dentist regularly.</li> <li>■ Have realistically high expectations of good grades at GCSE.</li> <li>■ Feel safe after dark.</li> <li>■ Are aware of health messages.</li> </ul>	<ul style="list-style-type: none"> <li>■ Only 29% of 10-11 year-olds and 20% of 12-15 year-olds meet the '5-a-day' standard.</li> <li>■ 5% of 12-15 year-olds do not exercise at all.</li> <li>■ Fruit and vegetable consumption and levels of exercise decrease between the ages of 10 and 14.</li> <li>■ Between 12-13 and 14-15 the number of regular smokers more than doubles.</li> <li>■ Older females are more likely to smoke than males.</li> <li>■ Older males smoke more heavily than females.</li> <li>■ Older females are more likely to skip breakfast, drink more heavily and not partake in regular physical activity than males.</li> </ul>

# 2006 Survey

## **Response rates**

Responses from 2,564 pupils aged between 10-15 years in 41 local schools (31 primary and 10 secondary). This represents 81% of all pupils in these year groups on the island.

Year	Males	Females	Total	
6 (10-11years)	475	410	885	85% of year group
8 (12-13 years)	448	403	851	81% of year group
10 (14-15 years)	422	406	828	76% of year group

It should be noted that the response rate for some of the later questions in the secondary school questionnaire (especially part 7: Exercise) are lower than for other questions. Students who were slower at reading and/or answering the questions will not have reached those questions in the time allocated.

## **Sampling**

In the UK 22% of a school year are sampled. In Jersey we do not sample the year groups as we are able to give the questionnaire to all pupils of the year groups targeted. The questionnaire was answered by a total of 2,564 young people in Years 6, 8 and 10, a response rate of 81% for those year groups. We therefore get responses from a much larger proportion of our population so our data should be more reliable than that of the UK.

## **Analysis**

The 2006 data, along with previous HRBQ data, has been used in this report to give a picture of the health of the young people of Jersey in 2006. The data entry and initial processing of the completed questionnaires was carried out by the University of Exeter. Further summary, analysis and comparison were carried out by the Health Intelligence Unit.

## **Quality of data**

How reliable are these figures?

Ideally any difference between the answers given by two people about their behaviour should be due only to differences in their behaviour. However, in practice differences also arise because of:

- differences in recollection of their behaviour;
- differences in understanding the question;
- differences in willingness to report their behaviour accurately.

The trust we place in the data depends on the trustworthiness of the young people answering and whether they are likely to try to mislead us.

A number of the questions can be cross-referenced with each other to check the validity of the answers given. This does show consistency i.e. most young people are giving the same answer more than once.

# A Snapshot of Young People's Health in 2006

	PRIMARY Year 6 10-11 year-olds	SECONDARY Year 8 12-13 year-olds	SECONDARY Year 10 14-15 year-olds
Number completing questionnaire	885	851	828
Percentage of total school year	85%	81%	76%
3 or more bedrooms	85%	85%	84%
Live with mother and father	68%	64%	63%
Self-esteem - medium to high	81%	78%	86%
Satisfied with their life at the moment	73%	65%	64%
Consider themselves to be 'Jersey'	62%	53%	52%
Feel they are personally in charge of their health	n/a	74%	77%
Go to school by car, van or taxi	68%	53%	44%
Go to school by bus	2%	26%	28%
Afraid to go to school because of bullying (sometimes or often)	27%	29%	20%
Bullied in last 12 months	23%	23%	16%
Average height	M = 1.46m F = 1.46m	M = 1.60m F = 1.60m	M = 1.72m F = 1.63m
Average weight	M = 39.9kg F = 38.8kg	M = 48.1kg F = 48.6	M = 61.4 F = 54.8kg
Have nothing to eat or drink before school	2% males 6% females	7% males 16% females	9% males 15% females
Eat '5-a-day'	29%	25%	15%
Clean teeth 2 or more times per day	80%	80%	78%
Sleep 8 hours or more per night	92%	85%	71%
Enjoy physical activity (a lot or quite a lot)	89%	85% males 81% females	83% males 65% females
Participates in strenuous activity 3 or more times a week	69%	53%	51%
Have a bicycle	93%	88%	83%
Occasional or regular smokers	<1%	5% males 13% females	14% males 28% females
Won't smoke when older	85% males 85% females	83% males 74% females	81% males 67% females
Would like help to give up smoking	n/a	47%	40%
Drink alcohol (occasionally or regularly)	9%	21%	46%
Ever offered cannabis	0%	14%	43%
Mum and/or dad first option for sharing problems	52-74% males 45-73% females	31-54% males 16-48% females	23-46% males 5-31% females
Paid work during term time (irregular, casual)	n/a	25%	29%
Expect to take several GCSEs and get good grades	n/a	46%	65%

# A Changing Picture

## Changes in the same cohort of children

This table shows how the behaviours of the same group of children have changed since they were 10-11 in 2002 and who are now 14-15 in 2006.

	2002 Year 6 (10-11 years)	2006 Year 10 (14-15 years)	
<b>Positive behaviour/attitudes</b>			
Self-esteem (medium or high)	75%	86%	increase
Have never smoked	83%	41%	decrease
Will not smoke as get older	80%	74%	decrease
Clean teeth at least twice a day	79%	78%	similar
Avoid sunburn at least sometimes	91%	91%	similar
Enjoy physical activity (‘quite a lot’ or ‘a lot’)	M = 87% F = 83%	M = 83% F = 65%	similar decrease
Exercise vigorously 3x a week or more	M = 56% F = 41%	M = 62% F = 40%	Increase similar
Eat fresh fruit on most days	51%	46%	decrease
Eat vegetables on most days	40%	57%	increase
<b>Negative behaviour/attitudes</b>			
Afraid of bullying (often/very often)	5%	5%	similar
Bullied in last month	24%	22%	similar
No breakfast	5%	12%	increase
Smoke regularly/occasionally	2%	21%	increase
Drank alcohol in last 7 days	14%	40%	increase
Certain they know a drug user	11%	48%	increase

## Changes as students get older

In 2006 similar differences were noticed between the year groups. These are particularly noticeable between primary school (Year 6) and secondary school (Year 8).

### As they get older students are...

...more likely to:	...less likely to:
<ul style="list-style-type: none"> <li>■ have good self-esteem (medium - high)</li> <li>■ go to school by bus</li> <li>■ have tried smoking</li> <li>■ become a regular smoker</li> <li>■ drink alcohol</li> <li>■ have no breakfast before school</li> <li>■ have tried or been offered cannabis</li> <li>■ know someone who uses drugs</li> <li>■ undertake some paid work</li> </ul>	<ul style="list-style-type: none"> <li>■ be satisfied with their life</li> <li>■ eat 5-a-day</li> <li>■ say they won't smoke as they get older</li> </ul>

# A Changing Picture

## Differences between the sexes

Gender differences are apparent and become more so as young people get older.

### As students get older...

...males are more likely to:	...females are more likely to:
<ul style="list-style-type: none"><li>■ smoke more heavily</li><li>■ drink beer</li><li>■ keep certain problems to themselves</li><li>■ have high self-esteem and satisfaction with life</li><li>■ eat crisps, sweets and chocolates daily</li></ul>	<ul style="list-style-type: none"><li>■ miss breakfast</li><li>■ have low self-esteem</li><li>■ consider their health when making diet choices</li><li>■ smoke</li><li>■ drink spirits</li><li>■ turn to friends with certain problems</li><li>■ not enjoy and participate in physical activity</li></ul>

## Overall trends

For young people in Jersey the overall trends are...

Increase in	Decrease in
<ul style="list-style-type: none"><li>■ physical activity</li><li>■ female spirit drinkers</li></ul>	<ul style="list-style-type: none"><li>■ using illegal drugs</li><li>■ knowing a drug user</li><li>■ females enjoying physical activity</li><li>■ occasional and regular smokers</li><li>■ drinking alcohol</li></ul>



# Emotional Health



## Main Findings

- Over 80% of 10-15 year-olds in Jersey have high levels of self-esteem and they feel more in control of their health than their UK counterparts.
  - levels of self-esteem increase with age.
  - males have higher self-esteem than females.
- Exams and tests become the main worries as children get older.
- Parents are an important source of support for young people, but depending on the problem, they may also seek help outside the family. Older females in particular will talk to friends.
- 26% of 10-15 years olds feel afraid of going to school because of bullying.
  - Over three-quarters of primary school children and half of secondary school students feel their school takes bullying seriously.



## Why it is Important

Emotional health is about having the psychological strength and resilience to live a full and creative life. Young people will experience a range of thoughts and feelings, similar to adults, in response to the daily challenges of their life. The development of emotional health is an important part of a young person's overall wellbeing. Self-esteem is one measure of emotional health and is based on social confidence and relationships with friends.

Aspects of a young person's life, such as having a good network of friends, supportive familial relationships and feeling part of a community, can protect and build up their emotional health. Equally, aspects such as loneliness, discrimination and bullying will undermine emotional health. Broader influences on a young person's health, such as family structure, type of household, personal safety and cultural identity, are also important to consider.

## P Primary Schools

### **Family structure and households**

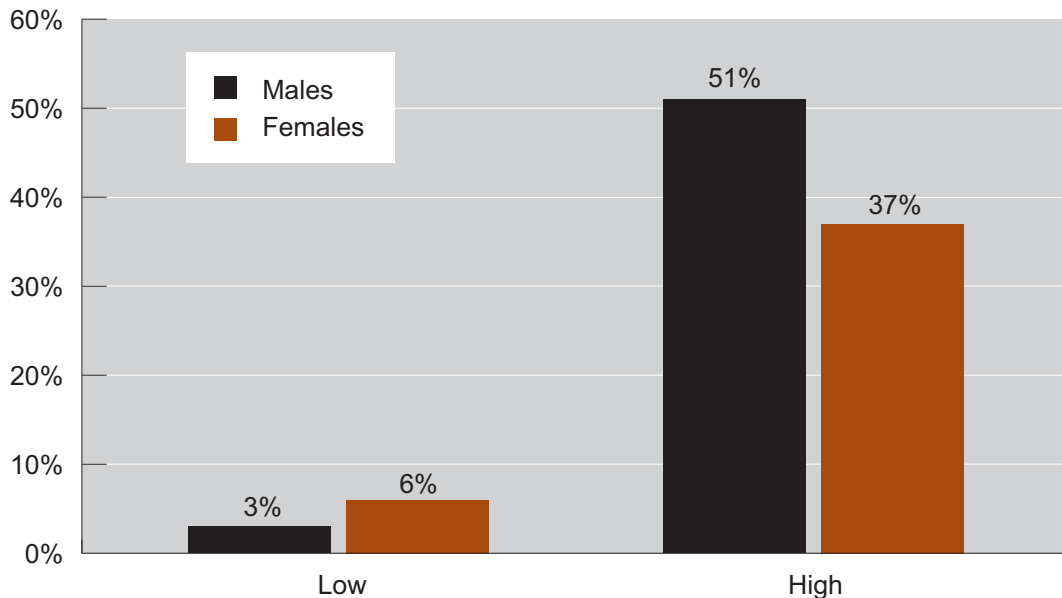
Most 10-11 year-olds (68%) live with their mother and father together. Those that live with just one parent are more likely to be with their mother than their father, while 10% live between the two. Less than 1% of students reported living with foster parents or in residential care. Household size ranged from 2 (4%) to over 8 (1%), although the majority of young people lived as one of a family of four.

### **Self-esteem**

Females in Year 6 have lower self-esteem than their male counterparts. Twice as many females as males have low self-esteem, while 14% more males exhibit high self-esteem (Figure 1).

# Emotional Health

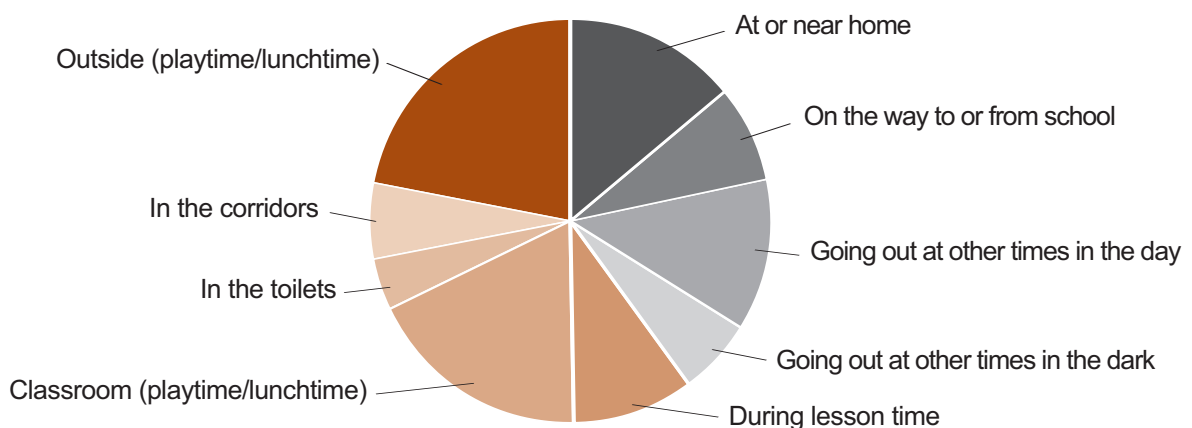
Figure 1: Percentage of Year 6 males and females with either high or low self-esteem



## Bullying

76% of 10-11 year-old students feel that their school takes bullying seriously but nearly a quarter of them claim to have been the victim of bullying in or around school during the previous year. A similar number report that they are 'sometimes' afraid to go to school as a result of bullies. For 4% this is 'often' or 'very often' the case. 19% of Year 6 students reported being bullied in the month prior to the survey. Over half of the bullying occurs at school, mostly during playtime and lunchtime (Figure 2). Most bullying takes the form of name-calling and teasing.

Figure 2: Where bullying takes place - reported by Year 6 students who had been bullied in the month prior to the survey



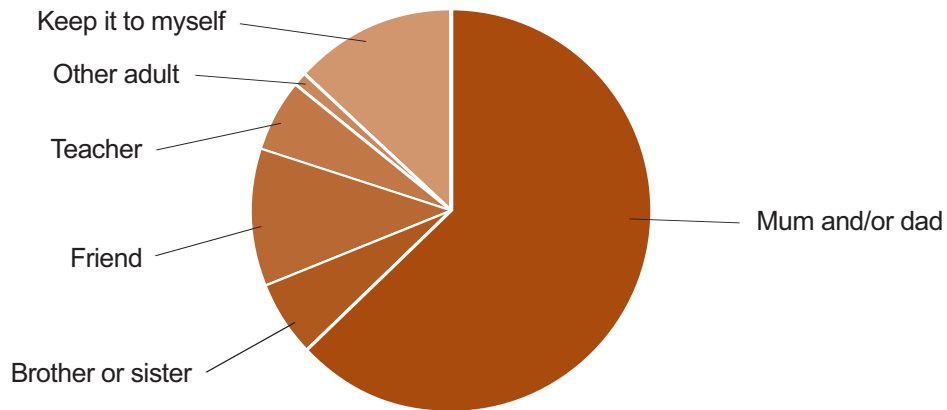
## Worries and problem sharing

The most significant worries Year 6 students report are: family problems, school work and tests and the way they look/what people think of them. Females reported more worries overall than their male counterparts and were more concerned with the way they look and what people think of them than males, whose principal concerns were school work/homework and the environment.

For 10-11 year-olds, parents are most likely to be the first choice to confide in with any problems (Figure 3). However a clear gender difference was evident with regard to sharing problems with friends: girls were almost twice as likely to turn to their friends to share worries than boys.

# Emotional Health

Figure 3: People Year 6 students turn to with their problems



## Life satisfaction

Around three-quarters of 10-11 year-olds are satisfied with their lives ('quite a lot' or 'a lot'), although 4% more boys than girls reported high levels of satisfaction.

## S Secondary Schools

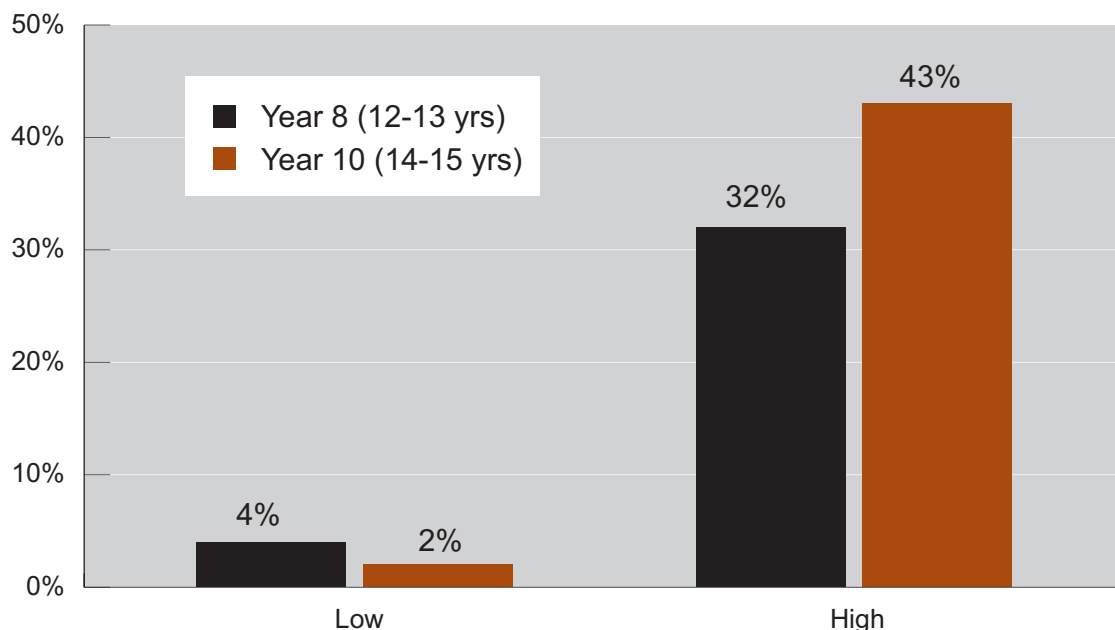
### Family structure and households

63% of 12-15 year-olds live with both parents. As with Year 6 those that live with just one parent are more likely to be with their mother than their father. Most young people in this age group (83%) live in a family unit of 3-5 people, and 85% of them live in a house with 3 or more bedrooms.

### Self-esteem

14-15 year-olds have higher self-esteem than those aged 12-13. Twice as many 12-13 year-olds report lower self-esteem than 14-15 year-olds (Figure 4). As in primary school 14-15 year-old males have higher self-esteem than females of the same age.

Figure 4: Percentage males and females in years 8 and 10 (combined) with either High or Low self-esteem



## Bullying

Bullying causes 25% of 12-15 year-olds to fear going to school at times. However, only 19% report actually being bullied in the last 12 months, with a similar number of girls and boys being the victim of bullies. The main causes of being bullied were around 'the way they look' and 'size/weight' issues. 53% of students feel their school takes bullying seriously. In Year 10, fewer girls reported bullying others than boys.

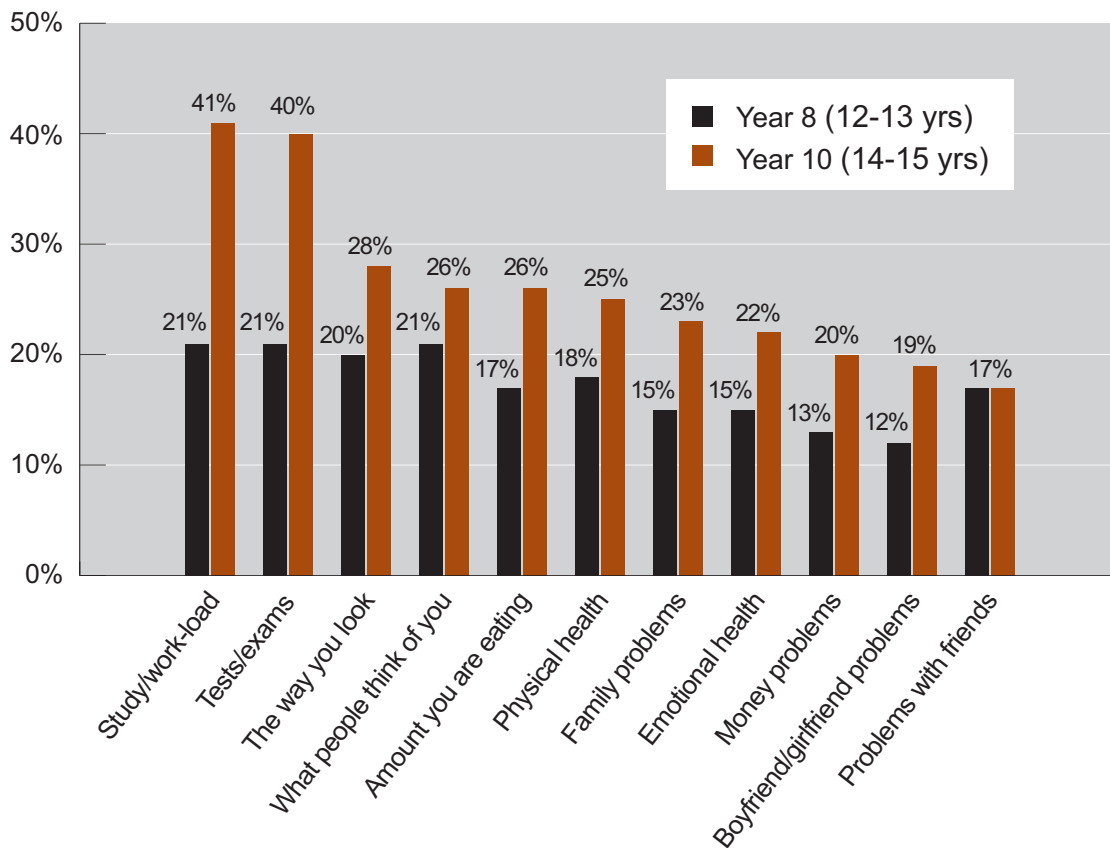
## Worries and problem sharing

Exams, workloads, looks and what other people think of them were principle worries for 12-15 year-olds (Figure 5), with the older age group worrying more about them. For example, twice as many Year 10 students 'often' worry about school exams/work-load compared to Year 8s.

Males and females also reported very different worries, with females reporting more worries than their male peers. The most common concerns for girls were:

- What they look like
- What people think about them
- Their physical health
- School work-load/exams
- How much they eat
- Family problems

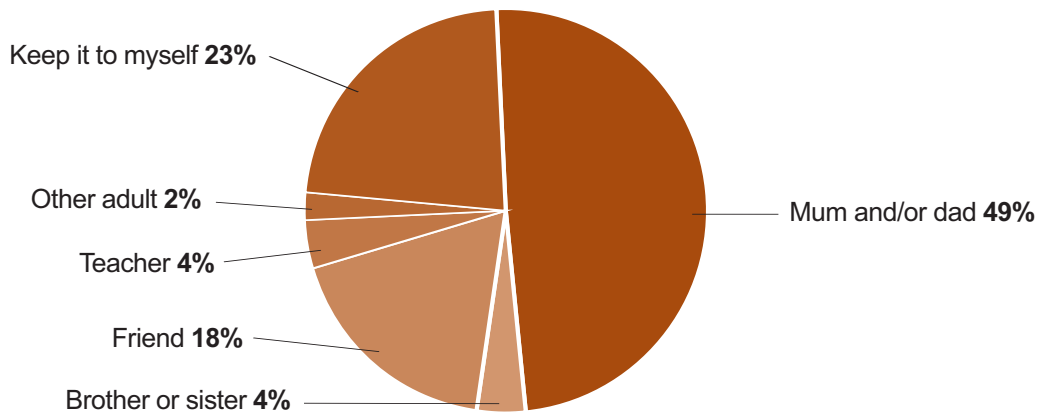
Figure 5: Main worries expressed by Year 8 and 10 students



Parents are still the main people 12-15 year-olds turn to for most of their problems (Figure 6). However, a third or more would keep problems about their looks, growing up and sexuality to themselves. Females are more likely to turn to their friends with problems about family and friends and the way they look. Males are more likely to keep problems about looks, growing up, sexuality and bullying to themselves.

# Emotional Health

Figure 6: Who 12-15 year-olds turn to with their problems



## **Life satisfaction**

Overall around 65% of 12-15 year-olds report that they feel 'quite a lot' or 'a lot' of satisfaction with their life. Males report being more satisfied with their lives than females of the same age, a trend that is reflected in the HRBQ carried out in the UK.

## **Control over health**

74% of Year 8 and 77% of Year 10 students feel that they are positively in control of their own health. We found that 42% of Year 10 females with high scores (3 or 4) on this scale have never smoked, while only 30% of females with negative or neutral results have never smoked. There is also a strong link between these scores and fear of bullying. Those with negative and neutral scores are almost twice as likely to often fear going to school because of bullying as those with positive scores.

## **GCSEs**

46% of Year 8 and 65% of Year 10 expect to take GCSEs and attain A-C grades. In recent years 64 % of Jersey students have achieved grades A-C. So expectations are in line with achievements.

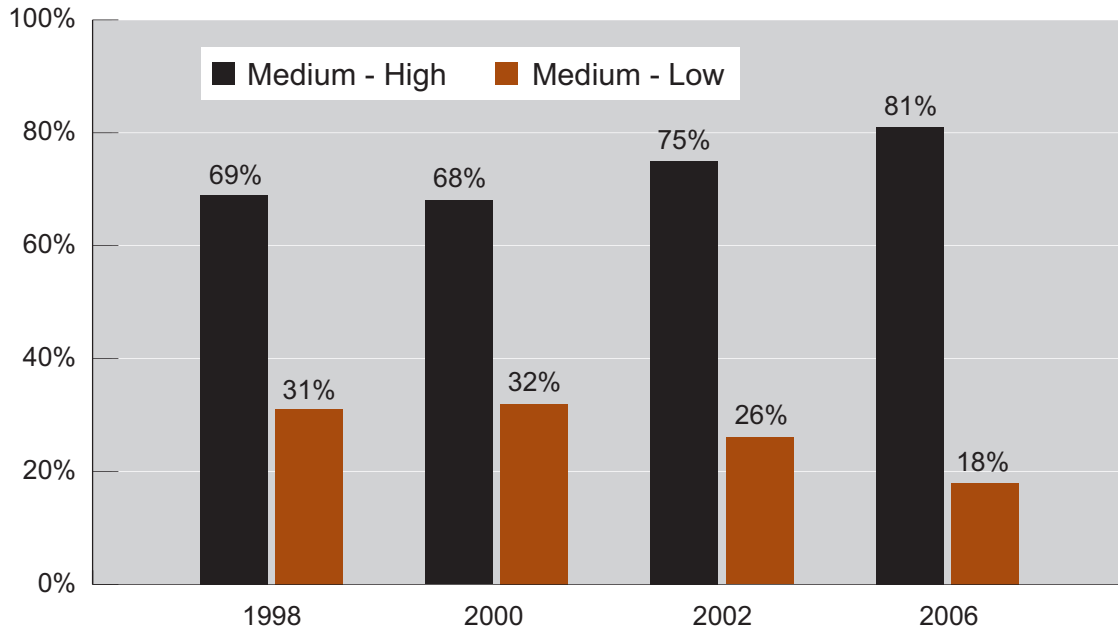
## **Local Trends**

### **Self-esteem**

Whilst the overall self-esteem scores for 10-15 year-olds in Jersey shows a small increase from 1998 to 2006 (Figure 7), more significant trends have occurred in specific year groups.

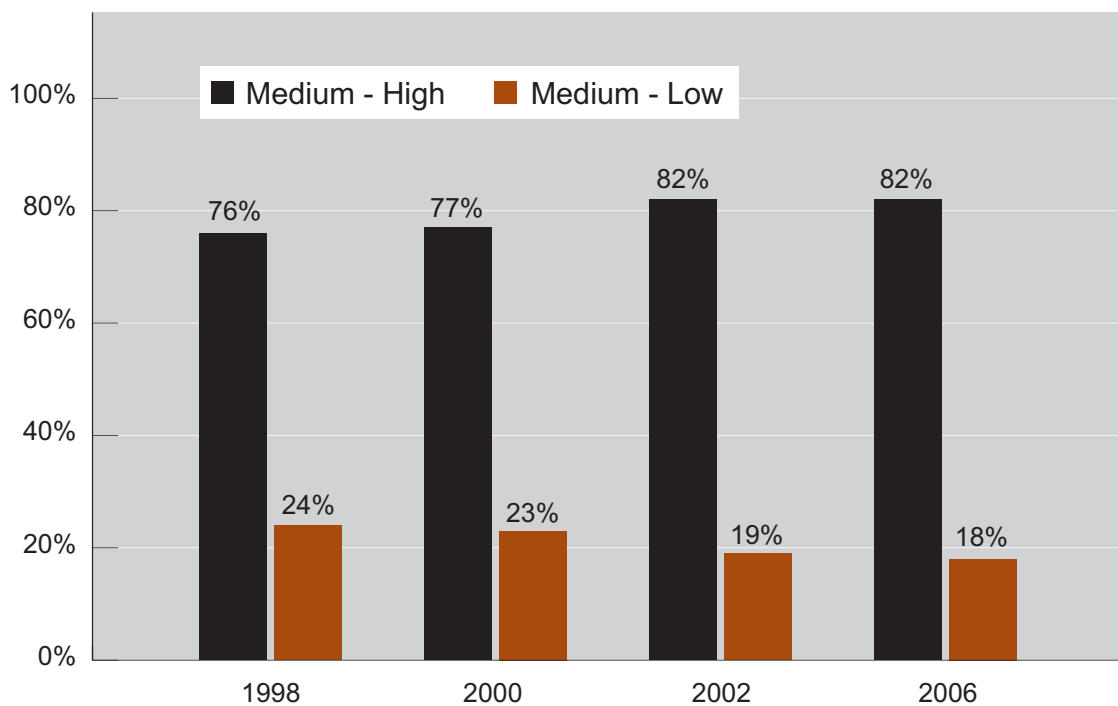
# Emotional Health

Figure 7: Self-esteem score for 10-11 year-olds (Year 6)



There has been a year-on-year increase in average self-esteem scores of 10-11 year-olds since 1998 (Figure 7). Since 1998 there has been an overall increase of 12% of students with medium to high self-esteem. This brings primary school children in-line with self-esteem levels exhibited by their secondary school peers.

Figure 8: Self-esteem score for 10-15 year-olds combined

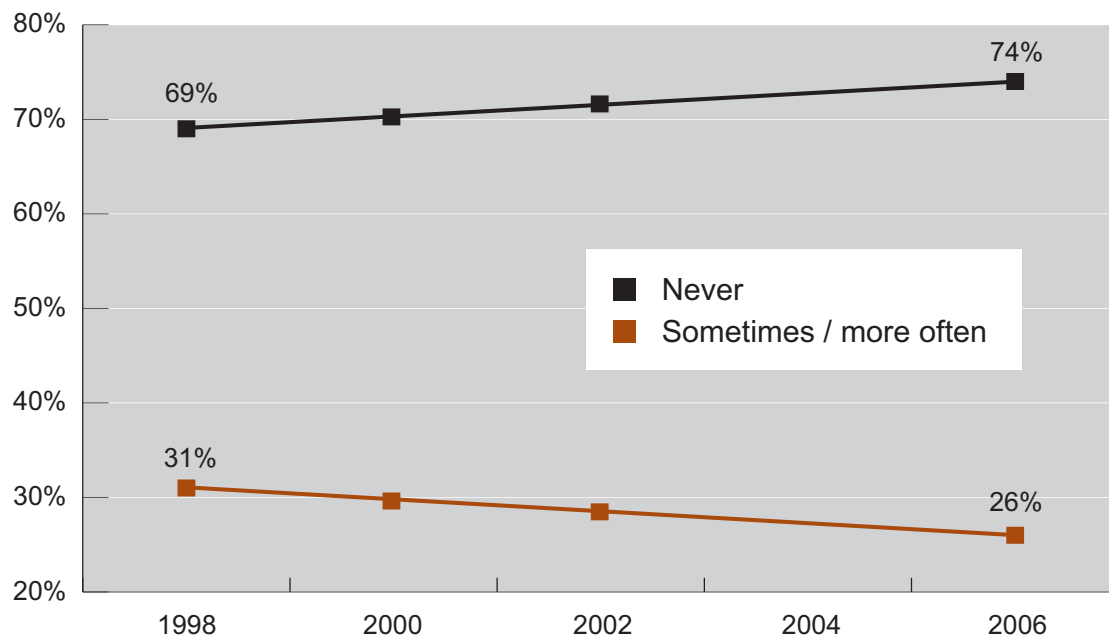


# Emotional Health

## **Bullying**

The percentage of 12-15 year-olds who fear attending school because of bullying has gradually declined between 1998 and 2006 (Figure 9). However, the number of 12-15 year-olds who are 'very often' afraid to attend school because of bullies has remained at between 2% - 3% over this 8-year period.

Figure 9: Number of Year 6, 8 and 10 students (combined) who fear attending school as a result of bullying



## **Comparisons with UK 2005 HRBQ**

### **Family structure and households**

As in the UK over 60% of secondary school children live with both their parents in family units of 4-5 people.

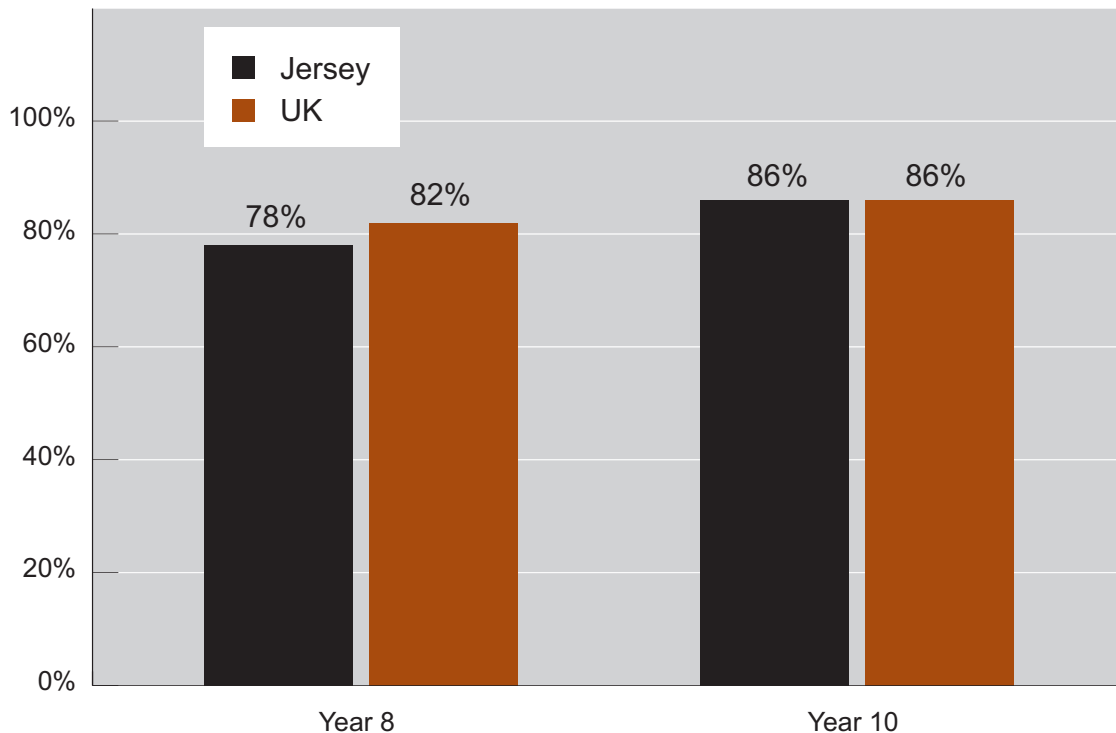
### **Problems and worries**

Young people locally appear to worry less than young people in the UK. In Jersey 16% of 10-11 year-olds worry about 'family problems' compared with 33% of this age group in the UK. As in the UK the main worries for 14-15 year-old girls are about the way they look and exams.

### **Self-esteem**

Overall young people in Jersey have similar levels of self-esteem than their UK counterparts (Figure 10).

Figure 10: Young people reporting medium to high level of self-esteem



Both the UK and Jersey surveys show that males have higher self-esteem levels than females. It is not clear whether this is boys' unwillingness to admit weakness or because girls are actually less confident.

### **Life satisfaction**

Males are also more likely to be satisfied with their lives than females. Two thirds of Jersey students are satisfied with their lives 'quite a lot' or 'a lot', a similar level to their UK counterparts. 14% of local students expressed dissatisfaction, a similar level to the UK (12%).

### **Control of own health**

Local young people feel they are more in control of their health than those in the UK. (Jersey = 76%, UK = 62%)

### **Bullying**

Fear of bullying at both primary and secondary school is similar to the UK, although the figure for those primary school students who report actually being bullied is slightly lower than the UK. In both Jersey and the UK around 30% of 14-15 year-old males are more likely to keep a problem with bullying to themselves.

### **GCSEs**

A higher percentage of secondary school pupils in Jersey expect to take several GCSEs and get good grades than their UK counterparts. 65% of 14-15 year-olds in Jersey expect good grades at GCSE, compared with 53% in the UK.

### **Safety**

Young people in Jersey feel that safety after dark is better than their UK counterparts. In the UK 23% of the sample felt that safety after dark was poor or very poor in their neighbourhood compared with 13% in Jersey.



# Sexual Health



## Main Findings

- Jersey students have a similar level of knowledge about sexually transmitted diseases to their UK counterparts, but appear to be better informed about contraception and services.
- 95% of 12-15 year-olds feel that their knowledge about sex is OK or they know pretty much all they need to.
- Females are better informed and more confident in their choices than males of the same age.
- Just under half of all students with sexuality issues would keep it to themselves.



## Why it is Important

Sexual health is an important part of a young person's growth, development and personal identity. There are many different social influences in this process such as family, friends and various media. Sexual health can have a profound and long-lasting effect on a young person's life.

The important sexual health issues for young people as they grow into adulthood include: choosing or delaying sexual intercourse, the use of contraception and avoiding unintended pregnancy and protection from sexually transmitted infections including Chlamydia and HIV.

Current research evidence shows that young people growing up with parent/s who are able to talk about sensitive issues like sexual health (e.g. bodily development and sexual relationships) and receive effective school-based sex and relationship education are more likely to delay first sexual intercourse. Therefore, the emphasis of preventative and educational activity is to increase opportunities for young people to develop age-appropriate knowledge, attitudes and skills that support present and future sexual health.

## P Primary Schools

### **Body changes**

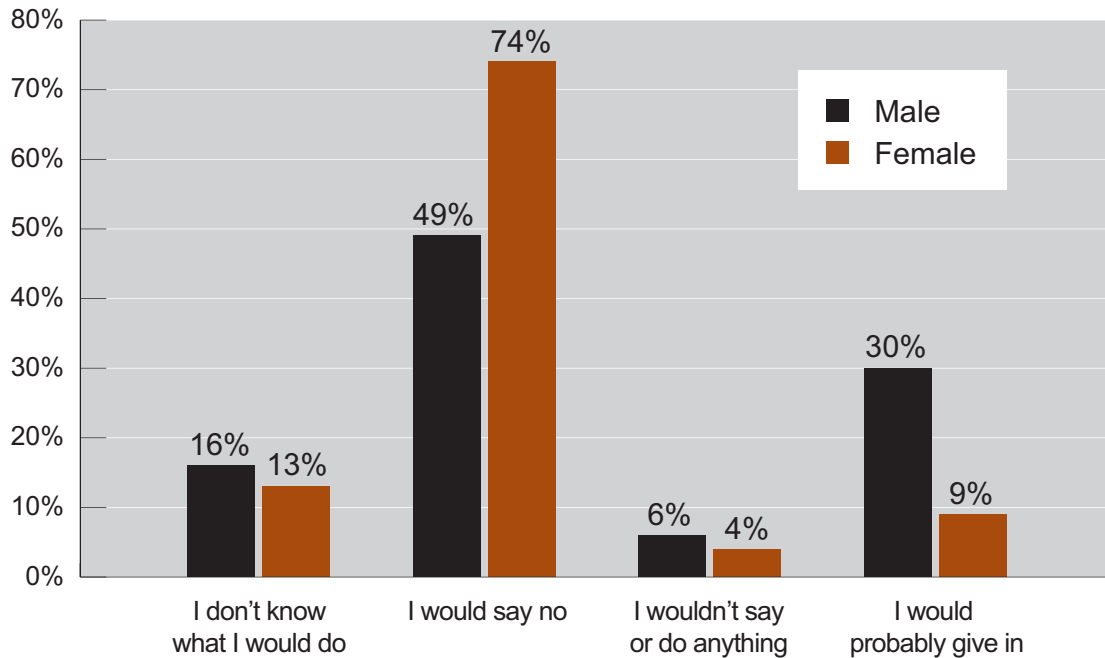
52% of 10-11 year-olds feel that they know enough about how their body changes as they get older.

## S Secondary Schools

### **Confidence to say no**

12-15 year-old females appear to be more confident in relation to sexual health than their male peers. They have more confidence to say 'no' if they don't want to have sex than males (Figure 11). Over 25% more females than males say they would say 'no' to sex if their partner wanted to but they did not.

Figure 11: Proportion of Year 8 and 10 students (combined) who would say 'no' if they did not want to have sex



### Contraception and services

Condoms are the most widely used method of contraception by secondary school students, although 7% of Year 10 girls report using emergency contraception. 76% of 14-15 year olds know where they can get free condoms. 14-15 year-old females generally have a better knowledge of contraceptive services than males of the same age.

### Sexually Transmitted Infections (STIs)

Overall females' knowledge of STIs is better than males. There is also a large increase in sexual health knowledge between students from Year 8 to Year 10. However, 18% of Year 10 (n=150/828) have never heard of Chlamydia, and 17% of Year 10 students have either never heard of or know nothing about HIV/Aids. There is some cause for concern that 8% of males and 4% of females believe that emergency contraception can be relied upon to stop infections like HIV/Aids and 13% of males and 7% of females also think that the contraceptive pill (or mini-pill) can protect them against disease.

### Knowledge

95% of 12-15 year-olds feel their knowledge about sex is OK or pretty much all they need but over one third of secondary school students (37%) would like more sex-related education. Although Year 10 students are more confident in their knowledge than their younger peers, 83% do not know where to go for more information/support.

### Worries

Only 5% of 14-15 year-olds say they often worry about STIs while 8-9% often worry about sex. Over 40% of both males and females in this age group are more likely to keep problems about growing up, puberty and sexuality to themselves.

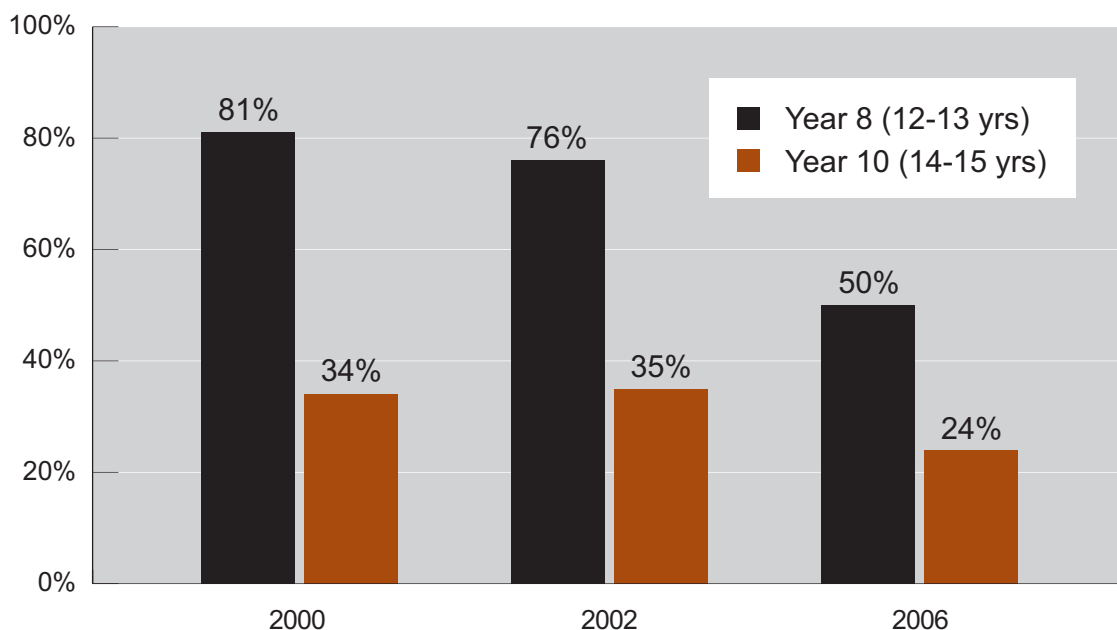
# Sexual Health

## Local Trends

### Services

Young people's overall knowledge about contraception services has improved since 2000. In 2000 75% of Year 8 students and 52% of Year 10 students were unsure if there was a birth control service for young people. This has decreased in 2006 to 67% and 28% respectively. Additionally, the percentage of young people who did not know where to access free condoms has decreased over the six-year period. Figure 12 shows that the largest increase in knowledge is evident amongst Year 8 students, 31% more young people in this 12-13 year-old age group could identify sources of free contraception than students of this age six years ago.

Figure 12 : Percentage of students who do NOT know where they can access free condoms (2000 - 2006)



## Comparisons with UK 2005 HRBQ

### Sexually Transmitted Infections (STIs)

Students in Jersey have knowledge of sexually transmitted infections comparable to their UK counterparts. Figure 13 shows 12-15 year-olds beliefs on which STIs can be treated and cured. There are still between 6–11% of Jersey students who believe HIV/AIDS can be treated and cured. This is similar to the UK where the figure is 7-12%.

Figure 13: Proportion of students in Jersey and the UK who believe the STIs listed can be treated and cured

	Jersey	UK
Genital herpes	13%	13%
Genital warts	19%	21%
Gonorrhoea	9%	10%
HIV / AIDS	9%	10%
Chlamydia	21%	16%
Pubic lice (crabs)	45%	41%

The UK survey also found that females are more aware of infectious disease issues, contraception and services than males.

### **Services**

There are indications that Jersey's 14-15 year-olds are more aware of services than those in the UK. 67% of the same group knew about a local service for young people compared with 51% in the UK. 33% of 14-15 year-old males did not know a source of free condoms, compared with 49% in the UK.

# Smoking



## Main Findings

- Fewer young people are now smoking than in 2000.
- Young people are more likely to smoke as they get older.
  - over half of young people have tried smoking by the time they reach 15.
  - 21% of 14-15 year-olds are occasional or regular smokers.
  - the number of regular smokers doubles between the ages of 12-13 and 14-15 years.
- Young people with smokers in the home are more likely to smoke themselves.
- Females are more likely to smoke than males, but males will smoke more heavily.
- 60% of regular smokers smoke more than 25 cigarettes a week.
- 70% of regular smokers would like to quit.
- Over 75% of young people believe they will not smoke when they are older.



## Why it is important

Most adult smokers become addicted to nicotine through experimentation during their formative years. Jersey law prohibits the sale of tobacco to young people aged under eighteen. The underlying principle behind the law is the protection of the young person from a highly addictive and health damaging substance.

Smoking accounts for 170 deaths of islanders each year and one fifth of all Jersey deaths. Smoking is the biggest preventable cause of premature death and chronic disease in Jersey. Second-hand smoke poses a significant risk to health. Research has identified that children exposed to smoke are:

- Twice as likely to have asthma attacks and chest infections.
- Absent from school due to sickness more often.
- Likely to suffer from more coughs, colds and wheezes.
- At increased risk of meningitis.
- At greater risk of developing ear infections and 'glue ear', which can lead to partial deafness.

Since the previous young people's survey in 2002 legislative changes aimed at reducing the prevalence of smoking in Jersey include:

- Increasing the minimum age for purchasing tobacco products from 16 to 18 years of age.
- Restricting the positioning of cigarette vending machines both in venues accessed by under 18s and at 'one-off' functions for young people held in adult venues.
- Increasing the fines received by anyone found smoking on public transport.
- In 2007 Jersey will make it illegal to smoke in most enclosed workplaces.

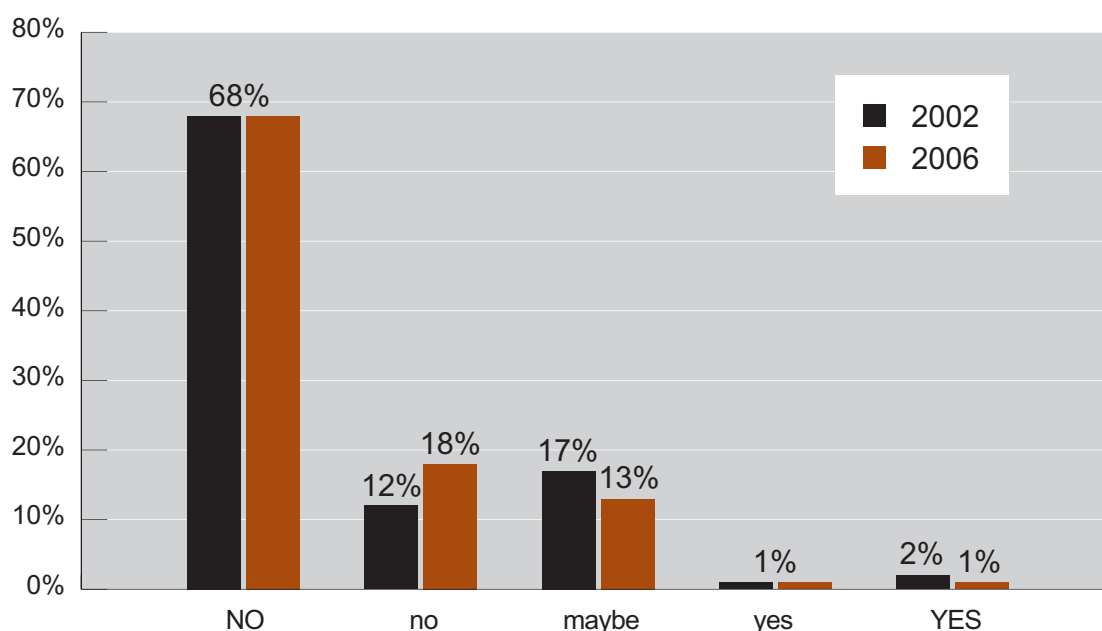
## P Primary Schools

### Smoking habits

93% of 10-11 year-olds have never smoked. Since 1998 there has been a reduction in the number of 10-11 year-olds who have tried smoking (22% in 1998 to 5% in 2006). In the week leading up to the survey, just nine young people (1% of the Year 6 population) reported smoking, however 5% (44 young people) had tried smoking once or twice.

Only 2% of the year group believes that they will smoke when they are older, with a further 13% unsure (Figure 14). Since 1998 19% more 10-11 year-olds indicate that they will NOT smoke as adults (86% in 2006).

Figure 14: Percentage of Year 6 students who believe they will smoke when they are older



43% of Year 6 students live in homes where one or more persons smoke indoors on most days.

## S Secondary Schools

### Smoking habits

Almost half of the secondary school students questioned had tried smoking (39% Year 8; 59% Year 10) and 10% of 12-15 years olds classified themselves as regular smokers. 21% of 14-15 year-olds are occasional or regular smokers. The number of regular smokers (1 or more a week) increases from around 7% at 12-13 years to 15% at 14-15 years. By the time they are 14-15 years old, 19% of females and 10% of males are regular smokers (Figure 15).

# Smoking

Figure 15: Percentage of smokers and nonsmokers

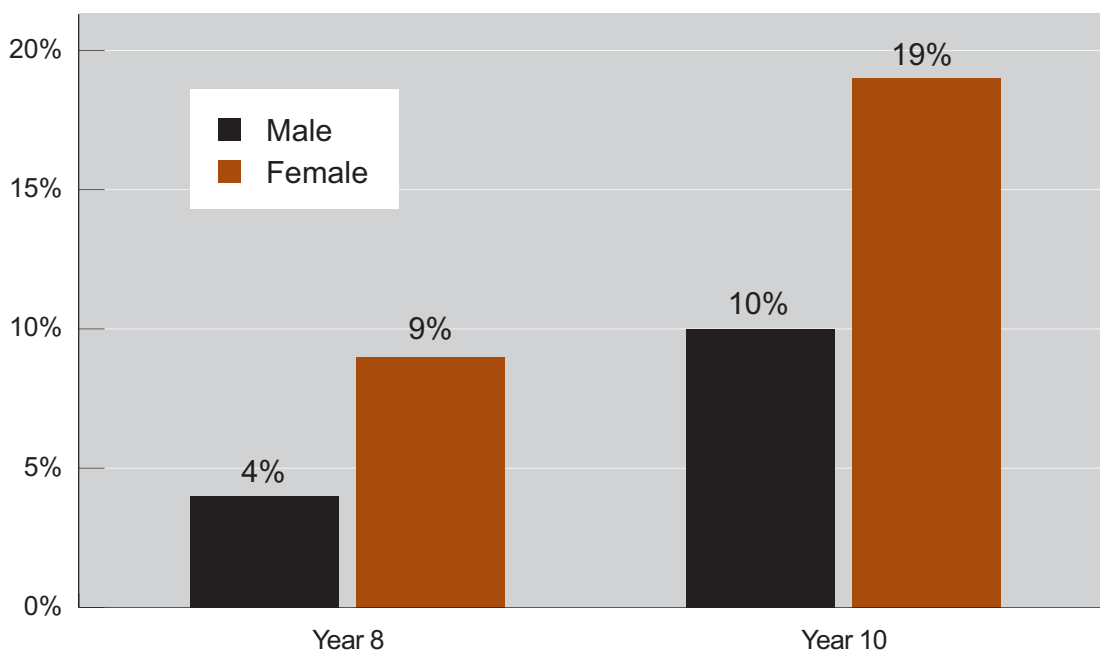
	Year 8		Year 10	
	Males	Females	Males	Females
Nonsmoker	94%	87%	86%	71%
Occasional smoker	1%	4%	4%	9%
Regular smoker*	4%	9%	10%	19%

\* more than one a week

For both year groups almost twice as many females as males report smoking regularly (Figure 16). Boys generally started younger and have made less effort to give up than girls.

Another difference in smoking habits is noticeable in Year 10. Although almost twice as many 14 -15 year-old females smoke regularly, the males smoke more heavily. 77% of Year 10 males who smoke regularly reported smoking more than 25 cigarettes per week compared with 59% of females who smoke regularly.

Figure 16: Percentage of students in Years 8 and 10 who report smoking regularly



Almost 1 in 5 young regular smokers reported taking up the habit below the age of ten, and 60% of smokers report smoking over 25 cigarettes per week. The majority of the regular smokers (70%) said they would like to give up, although over half of the same group said they did not want help to give up.

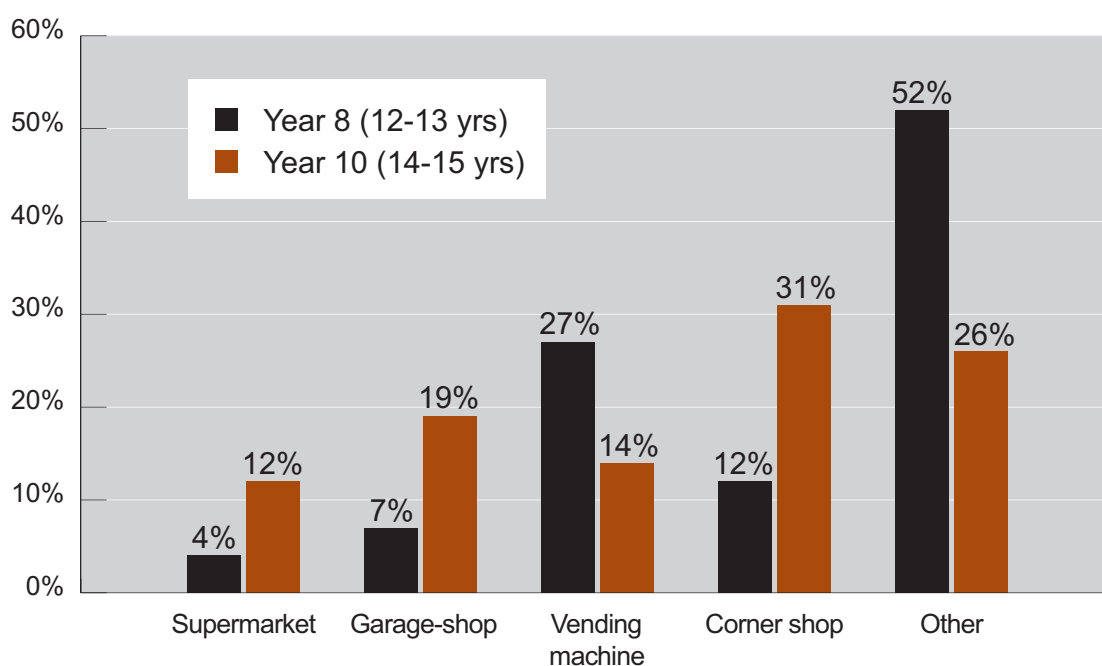
Three times more secondary school students than primary believe they will smoke as adults (6%), with more girls than boys indicating that they think they will smoke when older, especially in Year 10. Nearly half (48%) of the group questioned live in a household where at least one person smokes indoors regularly, although it remains unclear to what extent young people themselves account for this figure.

## Sources of cigarettes

Regular smokers obtain cigarettes from different sources. This varies according to the age group (Figure 17). Females are more likely to buy cigarettes in shops than males.

The 'other' category will include obtaining cigarettes from friends, which has been a main source of cigarettes in other years.

Figure 17: Where regular smokers (12-15 years) obtained their cigarettes in 2006



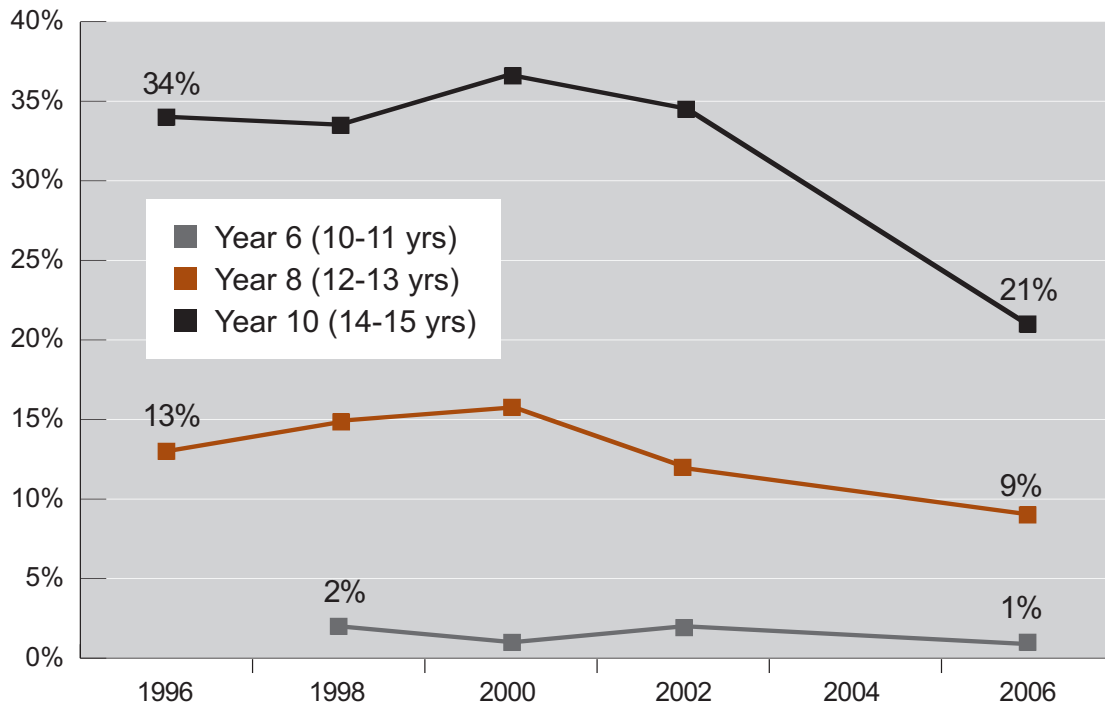
## Local Trends

Results from the 2006 survey indicate that fewer young people in Jersey are now smoking than 10 years ago. Overall smoking levels have decreased in all age groups (Figure 18).



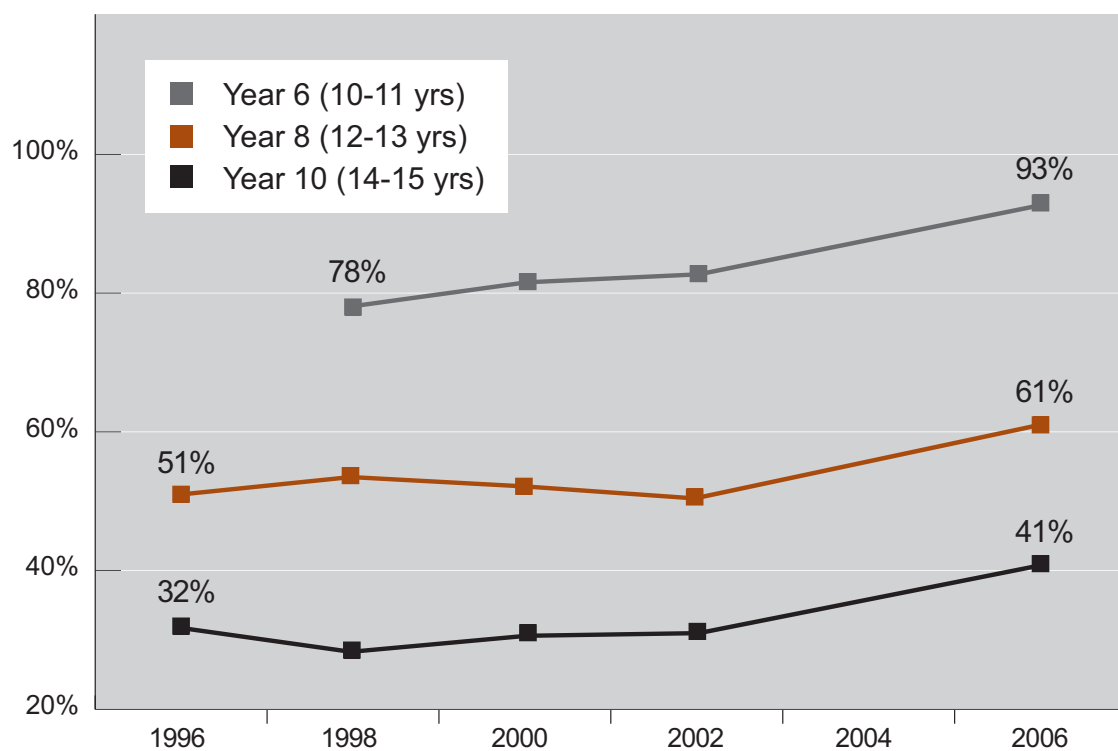
# Smoking

**Figure 18: Percentage of smokers\* in each year group over time**  
 \*regular and occasional smokers



This is reflected in the fact that in 2006 more young people have never smoked compared with their counterparts in 1996 (Figure 19).

**Figure 19: Percentage of young people who have never smoked**

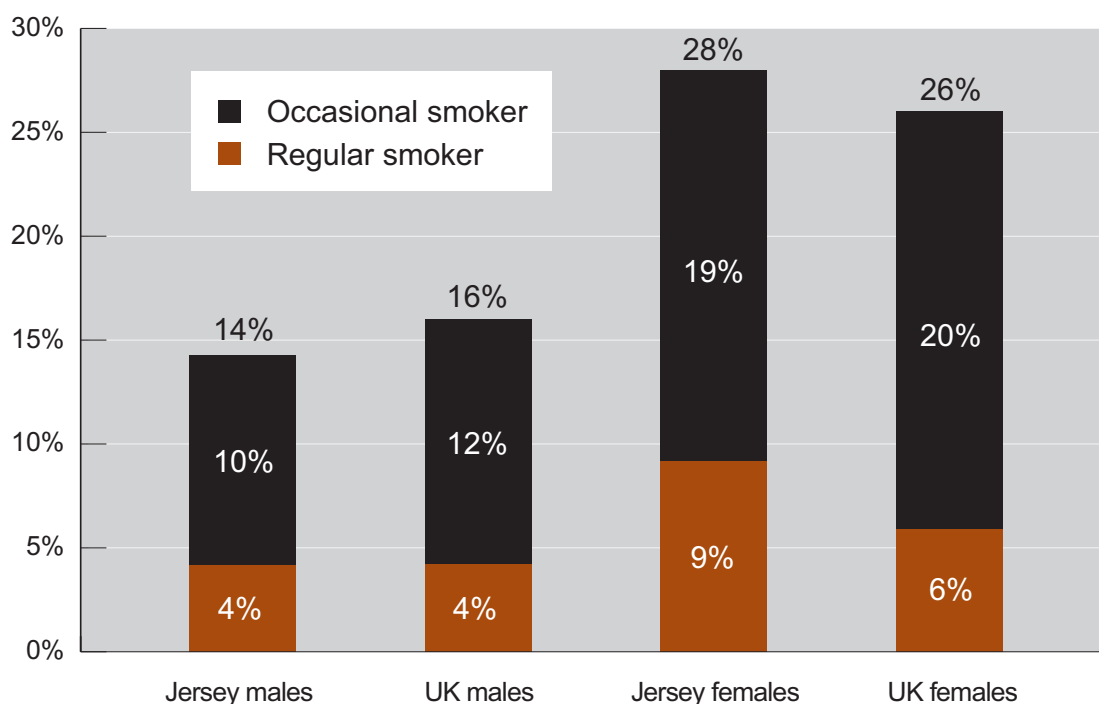


## Comparisons with UK 2005 HRBQ

### Smoking levels

21% of Jersey 14-15 year-olds are smokers (regular or occasional). This is the same as reported in the UK in 2005. More 14-15 year-old females seem to smoke regularly than their UK counterparts. 14-15 year-old males smoke slightly less than their UK counterparts.

Figure 20: Year 10 smokers (occasional and regular)



In Jersey, the number of regular smokers more than doubles between the ages of 12-13 and 14-15 years. In the UK 2005 survey that number tripled. Locally 59% of young people have tried smoking by the time they reach 15, a similar overall level to that of the UK (56%).

The majority of regular young smokers in Jersey say they would like to stop, 70% compared with 74% of their UK counterparts.

### Sources of cigarettes

The purchasing of cigarettes by older children shows a similar pattern to the UK, with 14-15 year-old females more likely to buy cigarettes from shops.

### Smoking contacts

As in the UK survey young people's smoking can be correlated to smoking in the home. Those with smokers in their home are more likely to smoke themselves (Figure 21). However the survey indicates that fewer young people in Jersey have people in their home who smoke indoors on most days (UK = 51%, Jersey = 47%).

Figure 21: Influence of smoking in the home on young people's smoking habits

Smokers in the home*	Young people have never smoked	Young people have smoked
No	66%	39%
Yes	34%	61%

\* one or more people smoking on most days indoors

# Alcohol



## Main Findings

- The number of young people reporting drinking has reduced since 1998 for all age groups.
- The majority of young people did not drink alcohol during the previous week.
- Indications are that 12-15 year-olds in Jersey are less likely to drink alcohol than their UK counterparts.
- As young people get older they drink more often with parental knowledge.
- 14-15 year-old females are more likely to drink heavily than males.
- 8% of 14-15 year-olds drink above the sensible limits for adults.
- Over half of 14-15 year-olds who drink do so excessively or heavily.
- Almost a third of 14-15 year-old drinkers reported drinking more than they intended at least once a month.
- Fewer young people purchase alcohol than in previous years.
- There is evidence that local young people are aware of and using strategies for coping with drinking.



## Why it is Important

Children and young people are particularly vulnerable when they drink alcohol. Their smaller size and inexperience makes them much more susceptible to the intoxicating effects of alcohol. Even small amounts can impair their judgement and lead them to take undue risks, which can compromise their personal safety. There are recommended safe daily limits for adult alcohol consumption, but no guidelines currently exist for children and young people.

Children learn alcohol behaviour by observing others, usually their parents, and then copying what they do. Parents and carers who moderate their own use of alcohol are therefore encouraging their children to develop a healthy relationship with the drug. There is evidence to show that young people introduced to alcohol within a social and parentally controlled environment, for example wine with a meal, are less likely to develop a drinking problem later on than those who are denied alcohol altogether.

The use and abuse of legal substances such as tobacco and alcohol is a part of the local education curriculum and is covered as appropriate to age throughout the pupils' school life.

## P Primary Schools

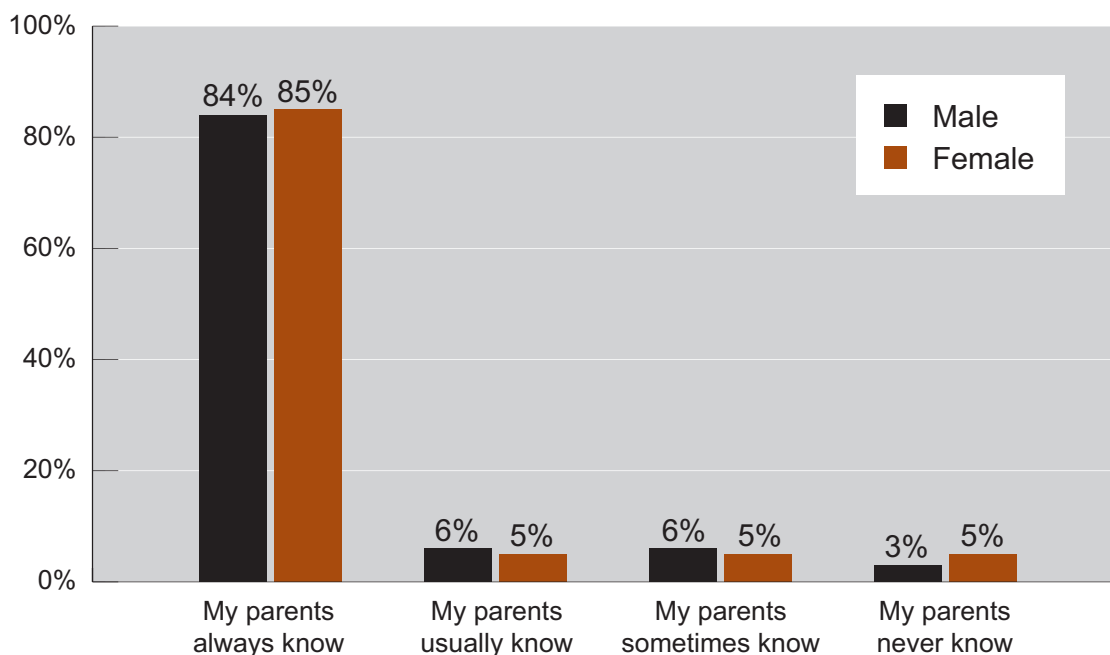
### **Consumption**

9% of 10-11 year-olds reported drinking alcohol in the week prior to the survey. Whilst most consumed alcohol just once in the previous week, a small number reported drinking 3 or more times that week (11 boys; 3 girls). The most commonly consumed alcohol is wine and beer.

### **Parental knowledge**

As illustrated in figure 22, 15-16% of the parents of 10-11 year-olds who drink alcohol are not always aware of this behaviour.

Figure 22: Proportion of Year 6 'drinkers' who drink with / without their parents' knowledge

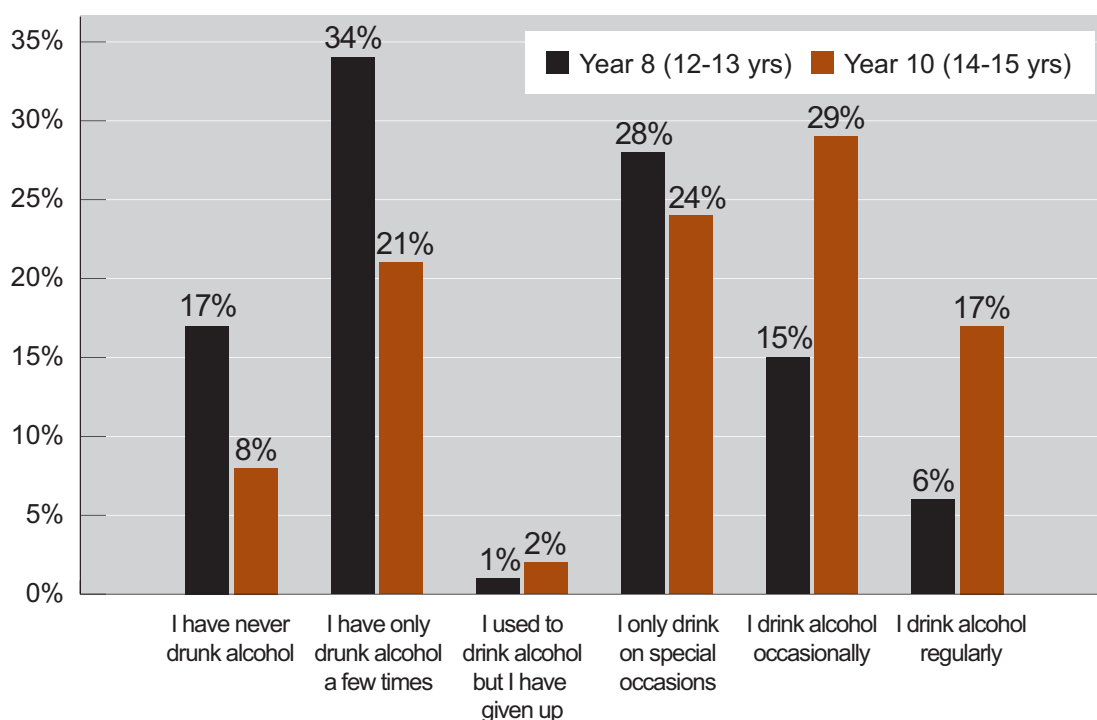


## S Secondary Schools

### Consumption

40% of 12-15 year-olds have never drunk alcohol or have only drunk it a few times. This percentage decreases from Year 8 (51%) to Year 10 (29%). By Year 10, more females than males drink alcohol, although similar percentages of males and females drink 15 units or more (Figure 25). Nearly three times as many 14-15 year-olds (17%) than 12-13 year-olds (6%) consume alcohol regularly.

Figure 23: Drinking habits of Year 8 and 10 students in 2006



# Alcohol

80% of 12-13 year-olds and 60% of 14-15 year-olds had not drunk alcohol in the 7 days leading up to the survey. Of those that had drunk alcohol during this period most had done so on just one day. 10% of those that reported drinking did so on 3 or more days in the 7-day period.

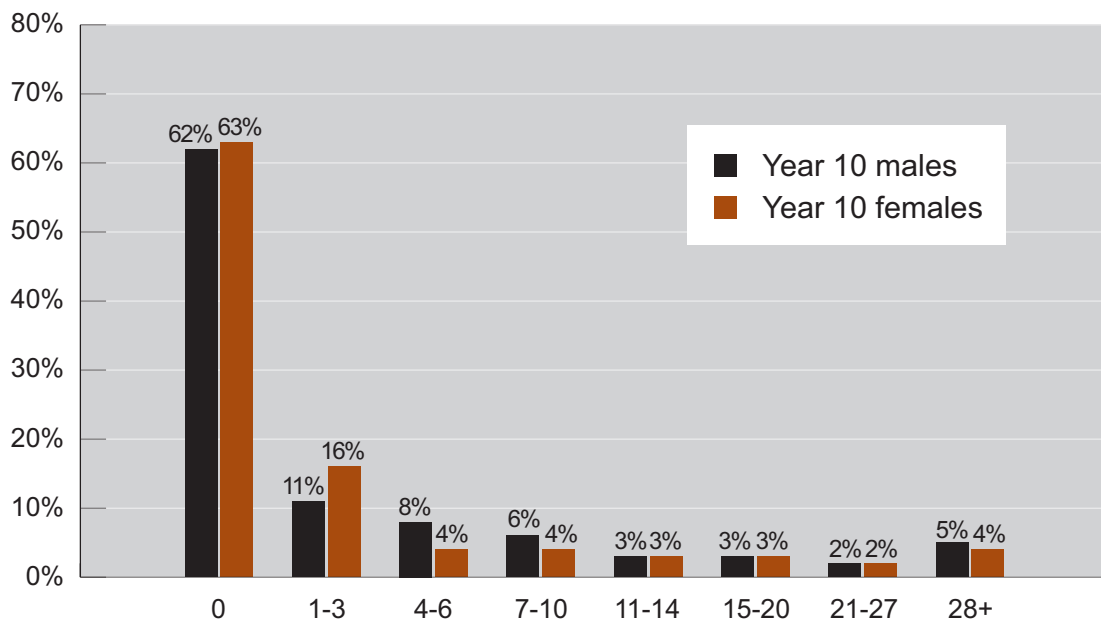
Almost one in five Year 10 'drinkers' drank spirits, such as gin, whisky, rum, brandy and vodka, during the week prior to the survey. More females in this group drank spirits than males, while four times as many males as females drank beer or lager. Wine and alcopops were also popular drink choices.

## Levels of drinking

Although the majority of 14-15 year-olds do not drink, 8% of this age group reported drinking above the sensible limits for adults. More females than males seem to be drinking over these limits. 9% of females reported drinking more than 14 units, compared with 7% of males drinking more than 21 units.

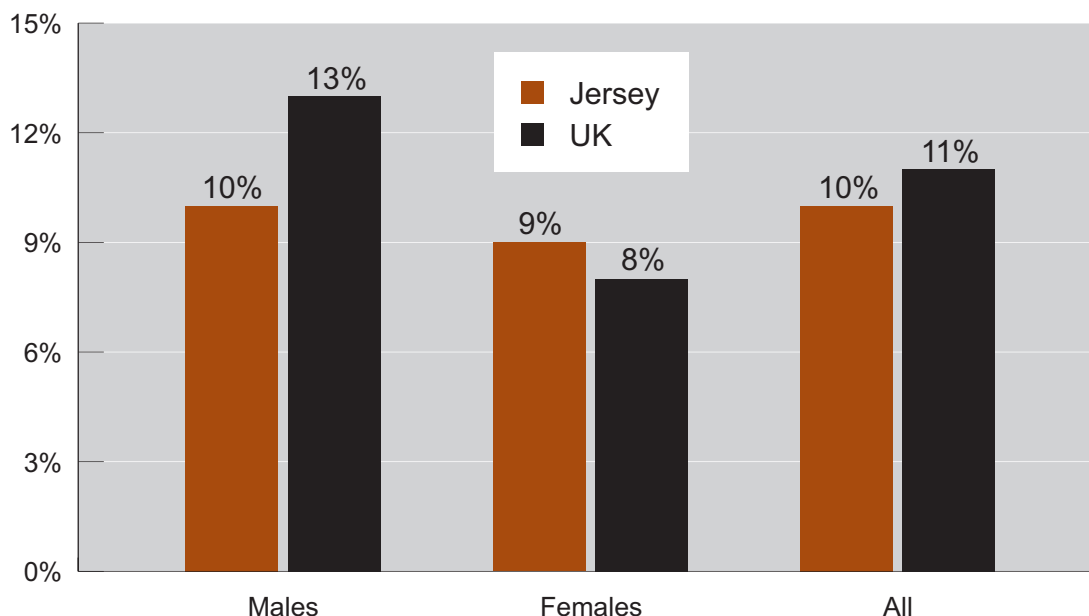
There are no defined 'sensible' limits of drinking for young people so adult measures have been used for this purpose. Sensible adult limits are now considered to be 3-4 units per day for males (21 units per week) and 2-3 units per day for females (14 units per week).

Figure 24: Units of alcohol drunk in last week by Year 10 students (14-15 year-olds)



Overall 10% of all 14-15 year-olds reported drinking 15 units of alcohol or more in a week. This is similar to their counterparts in the UK (Figure 25).

Figure 25: Percentage of Year 10 students drinking 15 units or more a week in Jersey and the UK



### Heavy<sup>1</sup> and binge<sup>2</sup> drinking

The data indicates that young people who drink are more likely to drink heavily and/or binge drink as they get older (Figure 26). Half of all 14-15 year-olds who drink alcohol are doing so excessively or heavily by adult standards. Year 10 females are more likely than males to drink heavily or binge drink.

Figure 26: Average daily units of alcohol consumed by young people who drank in the previous week

	Adult male limits units/day	Adult female limits units/day	Year 8 males	Year 8 females	Year 10 males	Year 10 females
Sensible	1 - 4	1 - 3	69%	54%	52%	48%
Excessive	5 - 7	4 - 5	17%	18%	11%	10%
Heavy <sup>1</sup> (including binge <sup>2</sup> drinking)	8+	6+	15%	28%	37%	43%

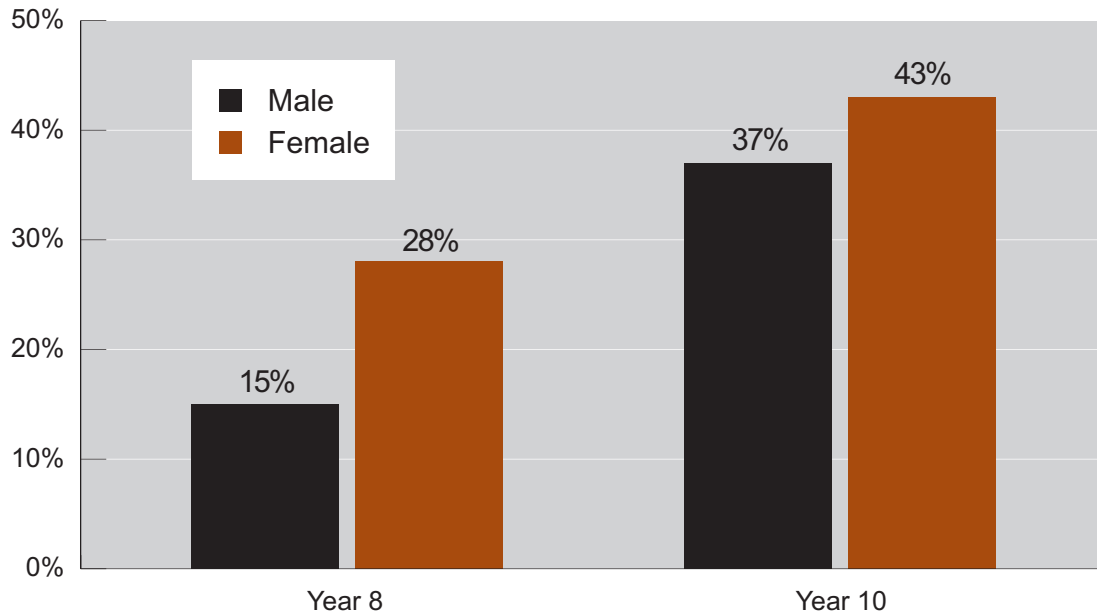
40% of 14-15 year-olds who drink would be classed as heavy drinkers by adult standards, using the ONS definition (Figure 27).

<sup>1</sup> 'Heavy' drinking in adults is defined as 8 or more units for men and 6 or more units for women consumed on at least one day in the week (Office of National Statistics). **Over a certain limit on at least one day in the week.**

<sup>2</sup> 'Binge' drinking in adults is defined as **over half the government's recommended number of units for a week in one session.** 10 units in one session for men and 7 units for women

# Alcohol

Figure 27: Percentage of young drinkers classified as 'heavy'\* drinkers



\*ONS: 8 or more units for men; 6 or more units for women on at least one day in the week.

## **Alcohol misuse**

A quarter of Year 8 and a third of Year 10 students who drink reported drinking more than they intended to once or twice a month or more. 8% of all drinkers reported that their use of alcohol has caused a problem for themselves or someone else once or twice a month or more.

More than twice as many Year 10 females as Year 8 females drink more than they intend to every week. However the majority of girls report that they stick together with their friends, looking after one another if they are drinking.

To avoid problems caused by drinking too much alcohol, Year 8 students use strategies which involve drink monitoring (e.g. sticking to drinks with a lower alcohol content, drinking slowly, waiting a long time between drinks). Year 10 students are more likely to use strategies which monitor their environment (e.g. avoid drinking in public places, planning journey home before going out and staying with friends and looking after each other).

## **Location of drinking**

The majority of 'drinkers' in the survey had drunk alcohol at home in the 7 days prior to the survey. Almost half reported drinking outside in a public place and at friends' homes. 34% reported drinking alcohol at bars, nightclubs and/or parties.

## **Purchase of alcohol**

Up to 4% of students had purchased alcohol in the 7 days prior to the survey. 14-15 year-olds were more than twice as likely to buy alcohol as the 12-13 year-olds. Most bought alcohol in a supermarket or off-licence.

## **Parental knowledge**

Over a third of 'drinkers' reported that their parents do not know when they drink alcohol. A greater percentage of males reported their parents do not know they drink. As young people get older their parents are more likely to know they drink alcohol. 34% of 12-13 year-olds say their parents don't know they drink compared with 22% of 14-15 year-olds.

## **Reasons for drinking**

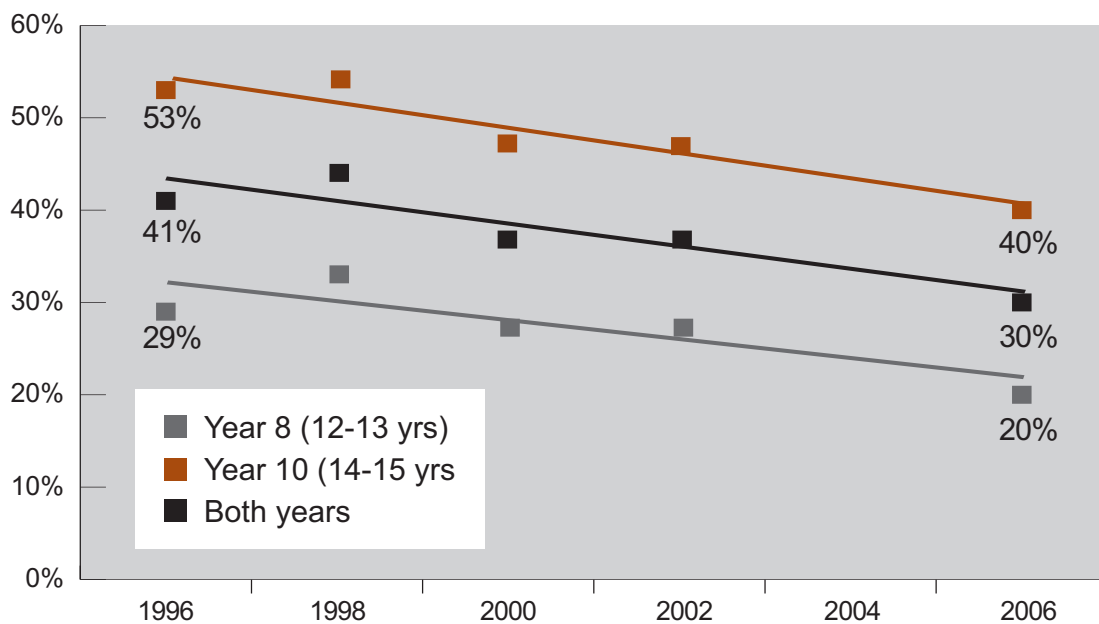
The most common two reasons given for drinking alcohol are to socialise and have fun (41%) and to get drunk (20%).

## Local Trends

### Consumption

Young people in Jersey today are less likely to have consumed alcohol during the week prior to the survey than 10 years ago (Figure 28). Since 1996 there has been an 11% decrease in the percentage of young people reporting drinking alcohol in the 7 days prior to the survey.

Figure 28: Percentage of young people who drank alcohol in the 7 days before the survey



This decline is reflected in Figure 29 below which shows an increase in those not drinking compared with the 2000 survey.

Figure 29: Percentage of young people not drinking alcohol in the 7 days leading up to the survey

	Year 8		Year 10	
	Males	Females	Males	Females
2000	71%	74%	53%	52%
	72.5%		52.5%	
2006	79%	80%	60%	60%
	79.5%		60%	

The number of Year 8 and 10 students drinking on 3 or more days per week has decreased since 2000 (2000 = 9%; 2006 = 3%).

Since 1998 14-15 year-old females have overtaken males as spirit drinkers.

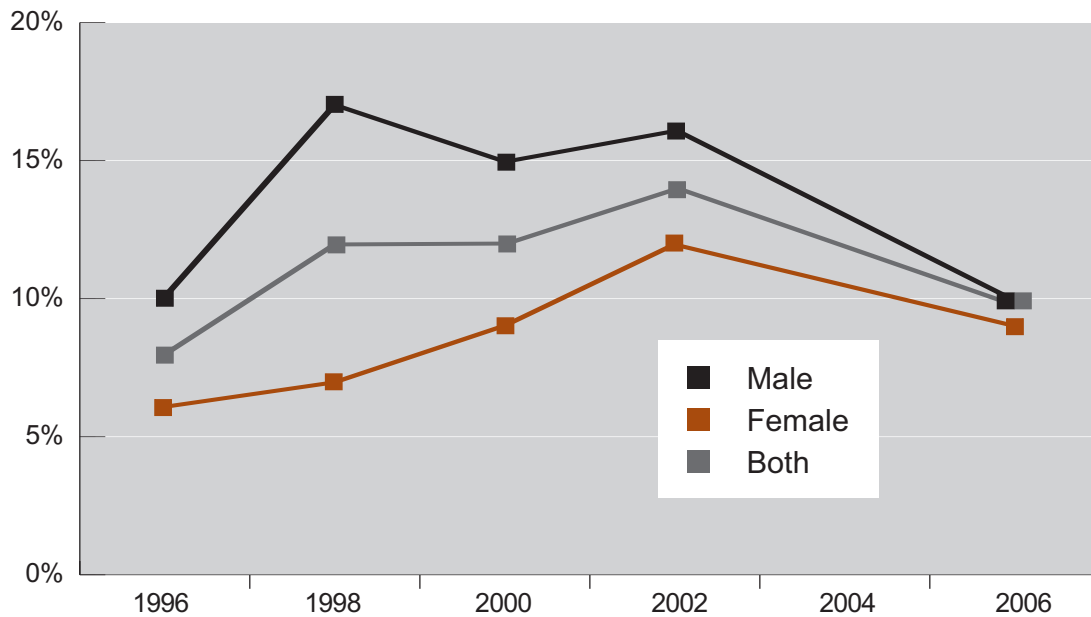


# Alcohol

## Levels of drinking

Until 2002 there was a rising trend in the number of 14-15 year-olds drinking 15 or more units of alcohol per week. In 2006 the number of 14-15 year-olds drinking at this level has gone down.

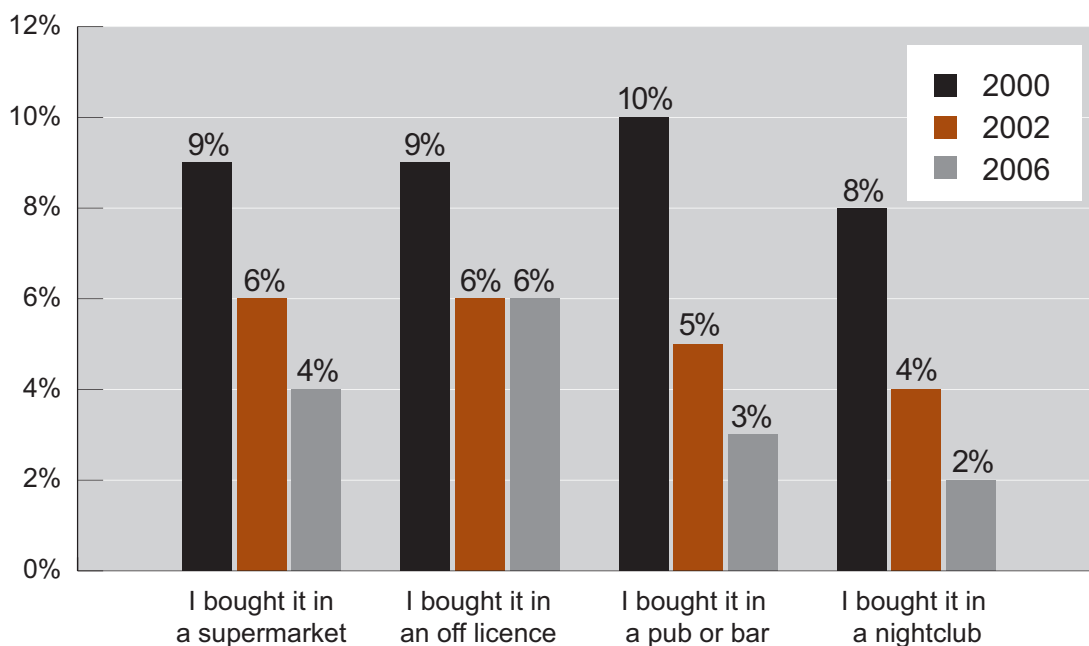
Figure 30: Percentage of Year 10 students drinking 15 units or more per week 1996-2006



## Purchase of alcohol

As shown in Figure 31 the number of Year 10 students who report buying alcohol from bars or pubs has declined by 7% since 2000.

Figure 31: Changes in alcohol purchases among Year 10 students between 2000 and 2006

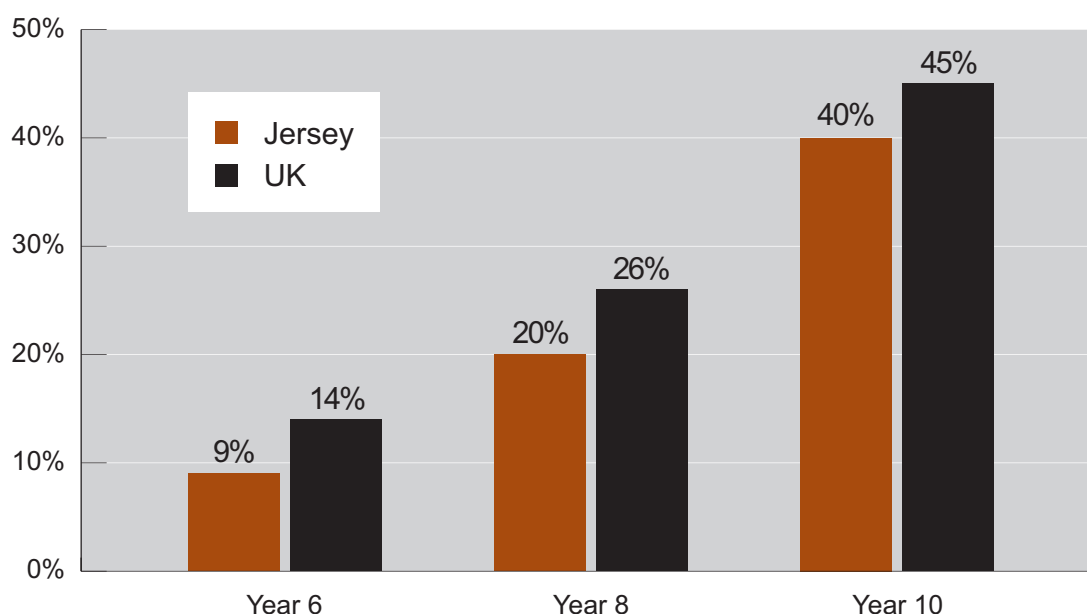


## Comparisons with UK 2005 HRBQ

### Alcohol consumption

Young people in Jersey are less likely to have drunk alcohol in the week prior to the survey than those in the UK (Figure 32). 70% of 12-15 year-olds in Jersey had not drunk alcohol during the week compared with 65% of UK students.

Figure 32: Pupils in Jersey and the UK reporting drinking at least one alcoholic drink in the last 7 days



### Levels of drinking

Although fewer students are drinking alcohol than in the UK, the percentage of 14-15 year-olds drinking 15 units or more a week are similar to those of the UK (Figure 25).

### Purchase of alcohol and place of drinking

More 14-15 year-olds in the UK report buying alcohol at an off-license than those in Jersey (13% of 14-15 year-olds in the UK compared to 6% of Jersey 14-15 year-olds).

Like their UK counterparts most 12-15 year-olds drink at home or at a friend's house and more 14-15 year-old females are spirit drinkers.

# Illegal Drugs



## Main Findings

- Fewer young people now report being offered drugs than in previous years.
- Cannabis is the most likely drug to have been tried.
- Teachers have replaced parents as the primary source of information on drugs.
- One in four 14-15 year-olds will have tried an illegal drug.



## Why it is Important

The effects of illegal drugs on young people are unpredictable and will vary from one person to another. The use of illicit drugs by young people can in some cases be fatal whilst for others the damage to their health is more subtle and is concerned with addiction.

The best evidence of effectiveness for preventative activity is to delay the age at which young people start to experiment with other substances. This is important as early use of tobacco or other illicit substances is a substantial risk factor for drug problems in adulthood.

Drug education is a part of both the local science and PSHE curriculum. This allows students the opportunity to understand the issue of drugs from a number of different perspectives. It is important that drug education that is undertaken in schools is reinforced at home. It is therefore vital that both parents and teachers feel confident and comfortable enough with the knowledge and skills to talk about illicit drugs to their children.

In March 2004 the UK Department for Education and Skills released new guidance for schools about drugs, including medicines, tobacco, alcohol and illegal substances. The guidance applies to schools for pupils aged 5-16 years and covers drugs education, the management of drugs in schools, supporting the needs of pupils with regard to drugs, and drug policy development. This guidance has informed preventative activity locally.

## P Primary Schools

### Source of Information

The primary source of drugs education reported by 10-11 year-old students in 2006 was teachers (67%), with parents the second most frequent source of information about drugs.

### Drug use

No children in Year 6 said they had been offered cannabis, but 3% of boys and 1% of girls were 'unsure'. A similar trend was evident in relation to other illegal drugs. However, 13% of 10-11 year-olds are fairly sure or certain that they know someone who uses non-medicinal drugs.

## S Secondary Schools

### Source of Information

Teachers are the primary source of drugs information for secondary school students, reaching 79% of the 1679 young people surveyed. Around a quarter of young people think their main source of information should be advice centres, while half still look to their parents for this knowledge.

## Drug use

Cannabis is the most commonly used illegal drug among the young people surveyed, followed by solvents, natural hallucinogens, poppers and ecstasy. As illustrated in Figure 33, over 3 times as many Year 10 students (24%) compared to Year 8 (7%) have taken cannabis. One in ten (approximately 170) of 12-15 year-olds have taken drugs and alcohol on the same occasion, although this type of behaviour is six times more common among Year 10 than Year 8 students.

Figure 33: The most commonly tried/taken drugs by secondary school students in Jersey

	Year 8 (12-13 yrs)	Year 10 (14-15 yrs)
Cannabis	7%	24%
Solvents (e.g. glue)	4%	6%
Hallucinogens: natural (e.g. magic mushrooms)	2%	6%
Ecstasy	1%	5%
Poppers	1%	6%
Cocaine	2%	2%
Amphetamines (e.g. speed)	1%	2%
Heroin	1%	1%

60% or more students consider cocaine and heroin to be 'always unsafe', while only 14% think barbiturates to be 'always unsafe'. Cannabis is considered 'always unsafe' by a smaller percentage of young people, than for most other drugs (47% of 12-13 year-olds; 32% of 14-15 year-olds).

The commonly offered drugs are cannabis, ecstasy and natural hallucinogens (e.g. magic mushrooms).

48% of 14-15 year-olds are 'certain' they know a drug user. It may be that young people in a class may all know the same drug user but it gives an indication of how close they are to a possible source of drugs.

## Local Trends

### Source of information

Since 2002 teachers have replaced parents as the primary source of drugs information for 10-11 year-olds. Over two thirds of the year group said teachers were the main source of information.

Figure 34: Sources of information on drugs

	2002	2006
Teachers	62%	67%
Parents	66%	57%
Nurse	n/a	3%
Visitors in school lessons (e.g. police)	41%	18%
Friends	31%	24%
Brothers, sisters	17%	13%
Other close relatives	21%	15%

# Illegal Drugs

## Drug use

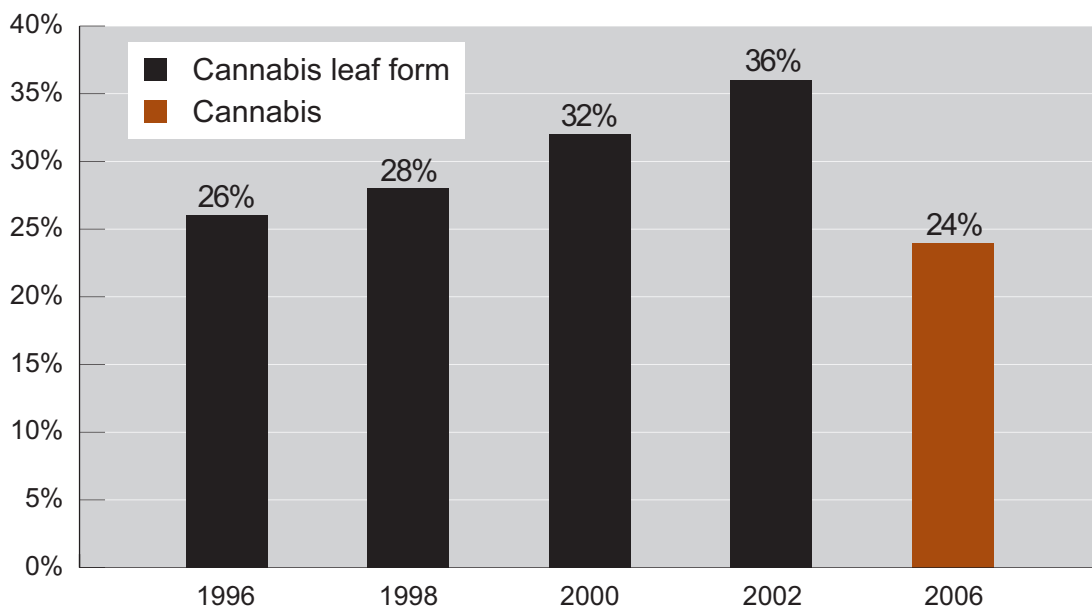
9% fewer secondary school students were offered cannabis in 2006, compared with 2002. The biggest decline has been among Year 10 students (2002: 58%; 2006: 43%). Similarly, in 2006 10% fewer young people were offered 'other' illegal drugs.

## Cannabis

The percentage of 14-15 year-olds who had smoked cannabis increased from 1998 to 2002 and has now returned back to levels of use 10 years ago.

The data needs to be treated with some caution as the assumption has been made that 'cannabis leaf' and 'cannabis' are the same.

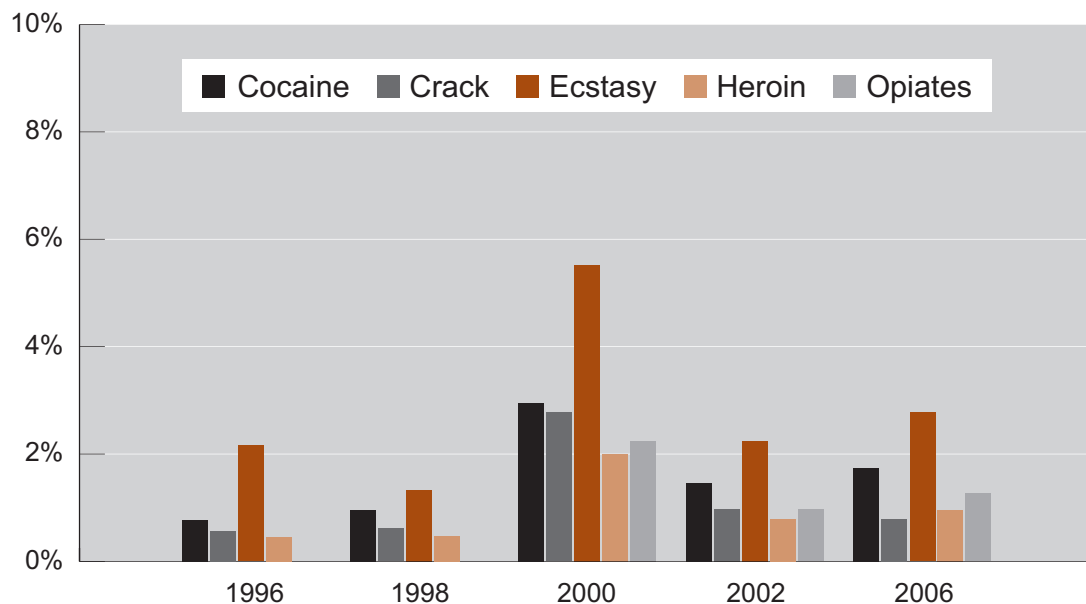
Figure 35: 14-15 year-olds who have tried cannabis



## Class A drugs

Actual numbers trying these drugs remains small. In 2006 around 1% to 3% of 12-15 year-olds said they had tried class A drugs, compared with 3% to 5% in 2000.

Figure 36: 12-15 year-olds who have tried class A drugs



# Illegal Drugs

Over the past 4 years, fewer 10-15 year-olds have reported knowing a drug user.

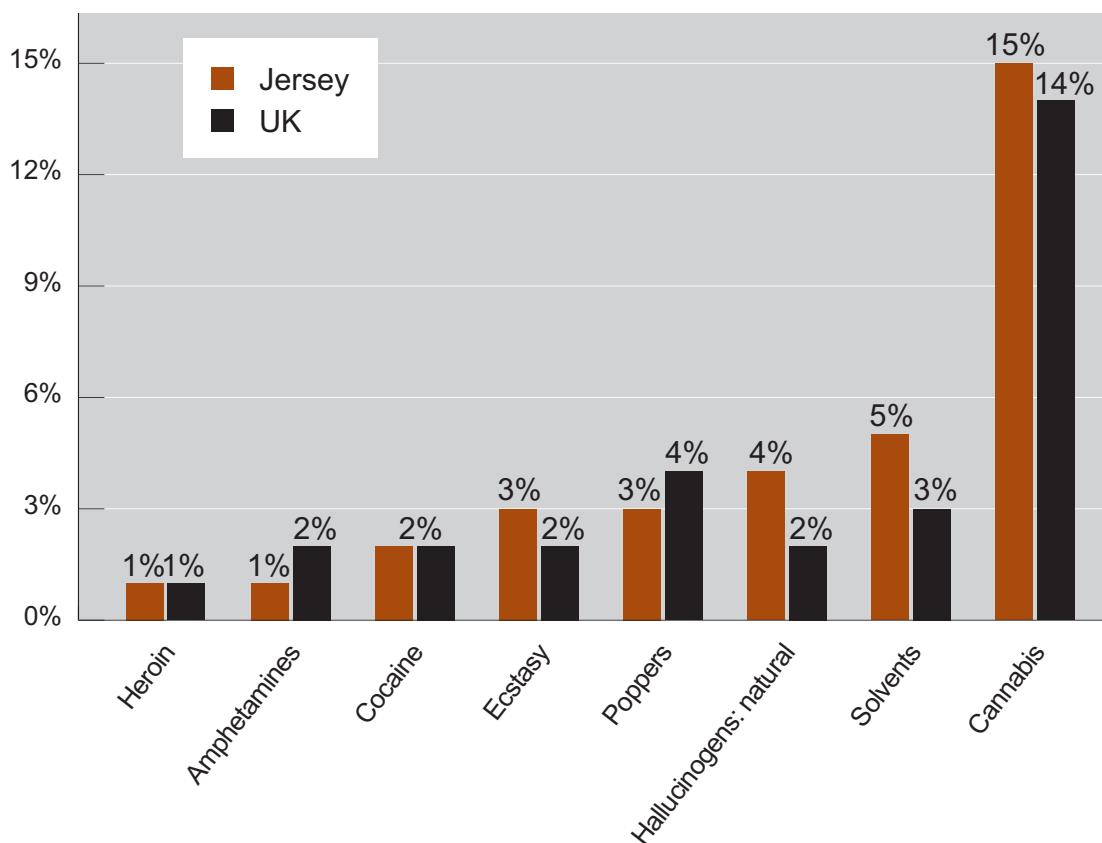
Figure 37: Percentage of students 'sure' or 'certain' they know a drug user

	2002	2006
10-11 year-olds	20%	13%
12-15 year-olds	54%	47%

## Comparisons with UK 2005 HRBQ

In comparison to the UK, there is little difference in the most commonly used illegal drugs tried by secondary school students in Jersey (Figure 38).

Figure 38: Illegal drugs tried by 12-15 year-olds in Jersey and the UK



As found in the UK survey, the Jersey data shows:

- One in four 14-15 year-olds will have tried illegal drugs.
- Almost one in five 14-15 year-old drug users have mixed drugs and alcohol on the same occasion.
- As pupils get older they are more likely to think that drugs are always unsafe, with the exception of cannabis.
- Year 10 students are three to four times more likely to have tried at least one drug than Year 8 students.
- Cannabis is considered always unsafe by a smaller percentage of 14-15 year-olds compared with other drugs.
- Over 40% of 14-15 year-olds are fairly certain they know someone who takes drugs.

# Physical Activity



## Main Findings

- Most young people say they enjoy physical activity.
- Physical activity levels in young people have improved over the past 8 to 10 years. However, more 14-15 year-old females are not exercising than 6 years ago.
- Indications are that young people in Jersey take part more frequently in vigorous activity than their UK counterparts.
- Young people are now less likely to walk or cycle to school than in the past and fewer do than their UK counterparts.
- Young people are mostly unaware of how active they should be.
- Fewer females than males enjoy or take part in physical activity and this gap widens as they get older.



## Why it is Important

Physical inactivity is a significant risk factor for premature death and disability in adults. Getting people of all ages active is a public health priority. International guidelines recommend that young people should be active for a minimum of 60 minutes per day.

Some of the benefits for a young person achieving the recommended rate of physical activity include:

- Maintaining a healthy body weight.
- Increasing the bone density, which prevents/delays the development of osteoporosis in later life.
- Improving cardiovascular fitness, therefore maintaining heart health.
- Reducing the risk of developing a range of diseases in later life (including some cancers).
- Improving balance and developing skills.
- Developing and maintaining flexibility.
- Helping to improve posture.
- Promoting social skills such as team work.
- Promoting self-confidence.

Successful approaches to increasing physical activity of a population have focused on making physical activity a part of everyday routine. In Jersey this means rethinking how young people get to school, how active students are at school and what they do after school and at weekends. Fortunately most young people are reasonably fit simply because they are young; the challenge is to find something they enjoy doing which will get them into the habit of exercising regularly as they get older. By ensuring that there are opportunities to be physically active throughout the day the habit of exercising regularly becomes easier to achieve and a normal part of a young person's busy day.

## P Primary Schools

### Awareness, barriers and competing activities

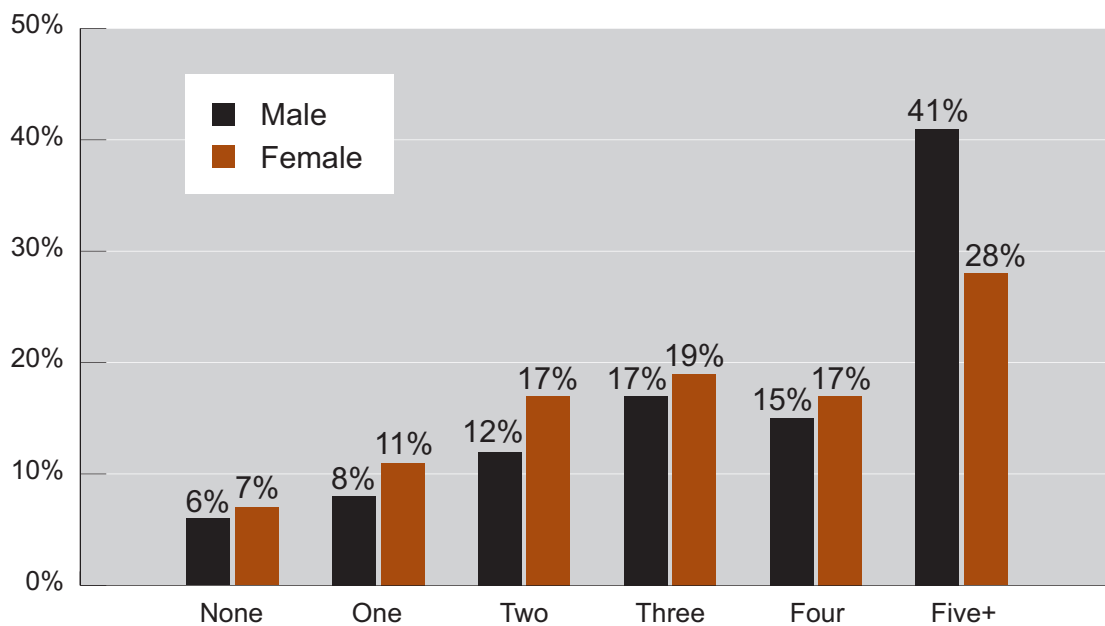
A third (32%) of 10-11 year-olds are aware of how active they should be for their health. The most significant barriers to young people being as active as they would like are: time (27%), money (19%) and, especially for girls, feeling self-conscious in front of others (females 20%; males 11%).

After school 10-11 year-olds are more likely to watch television, videos and DVDs (90%) or do their homework (88%) than do something physically active (76%).

### Differences between genders

Gender differences are evident in relation to physical activity (Figure 39). 74% of boys and 65% of girls exercise vigorously for 30 minutes at least 3 times a week. This difference is also evident in their enjoyment of physical activity. For example 74% of boys enjoy school PE lessons 'a lot' compared to just 57% of girls.

Figure 39: Number of times Year 6 students exercised vigorously for more than 30 minutes per week



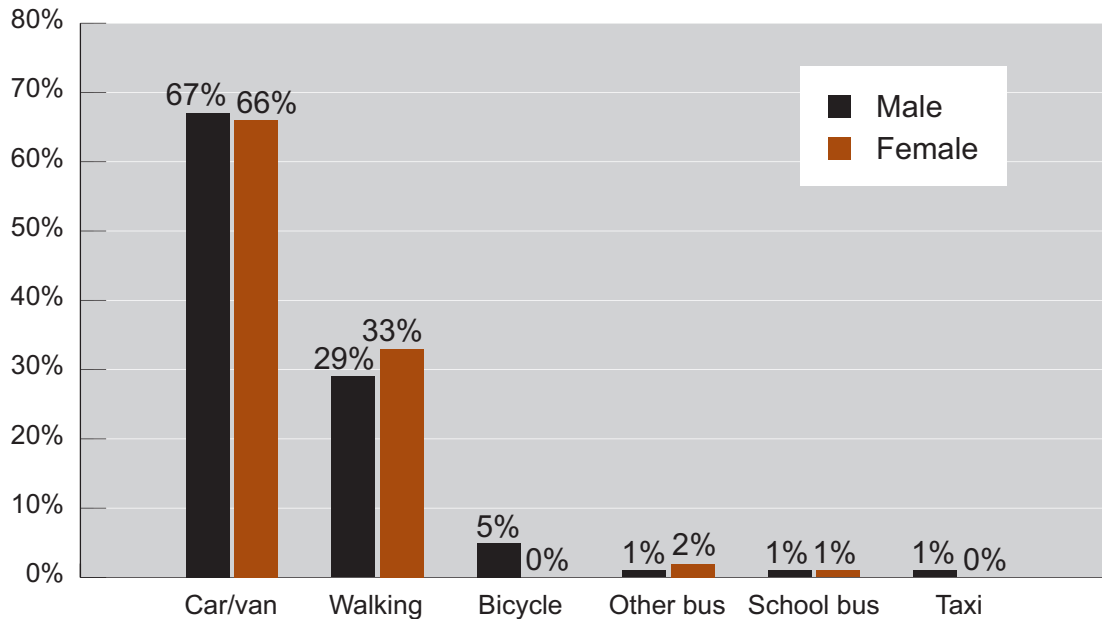


# Physical Activity

## The Journey to School

In Year 6 34% of school journeys are made by cycling and walking (Figure 40). The survey found that no females in year six cycled to school and only 5% of males made the journey by bike. However, over 90% of 10-11 year-olds own a bicycle.

Figure 40: Modes of transport used by Year 6 students for travelling to school

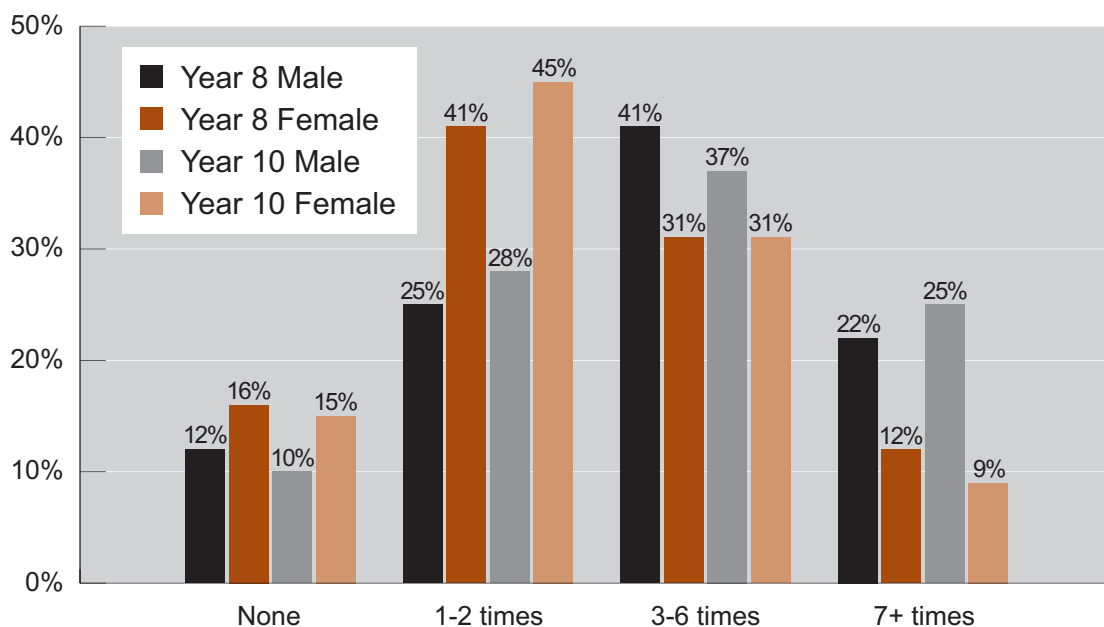


## S Secondary Schools

### Awareness and competing activities

A third of Year 8 and 10 students are aware of how physically active they should be for their health. 55% exercise vigorously 3 times a week or more. (Figure 41).

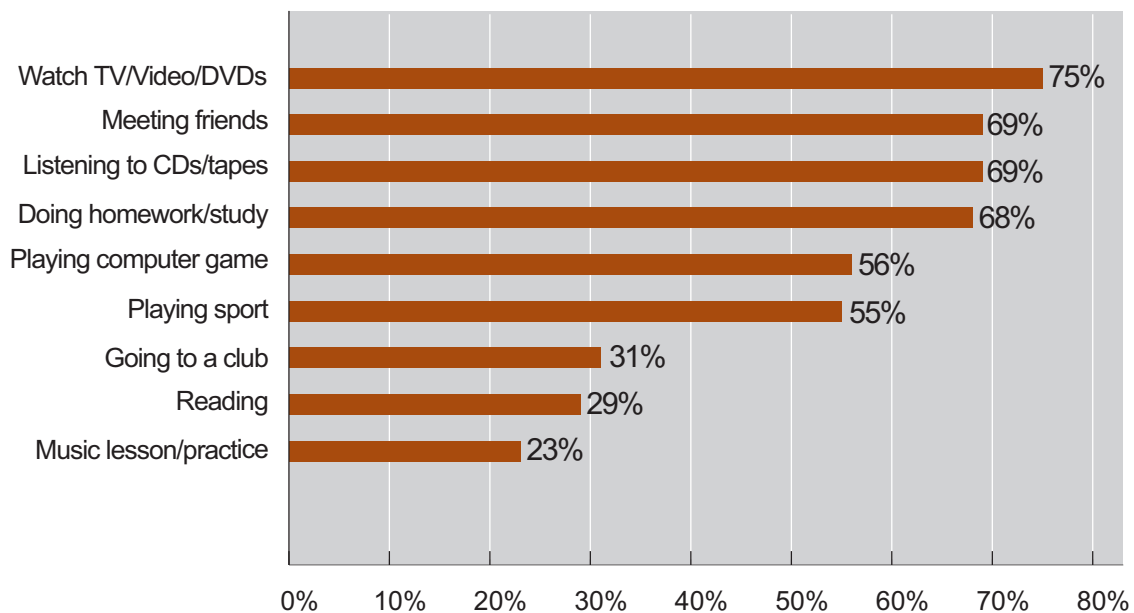
Figure 41: Number of times in the past week Year 8 (12-13 year-olds) and Year 10 (14-15 year-olds) students exercised vigorously



# Physical Activity

Whilst 55% of Year 8 - 10 students take part in sporting activities after school, during an average week more young people watch TV (75%), listen to music (69%), meet friends (69%), do homework (68%) and play on the computer (56%) than play sport (as shown in Figure 42).

Figure 42: Percentage of young people who have undertaken each activity after school during the previous week



Secondary school students appear to become more negative towards physical activity as they get older. Both males and females in Year 10 perceive more barriers to physical activity and report less enjoyment from it than those in Year 8, a trend that has been evident since 1996.

### ***Differences between genders***

Again there is a gender difference with males being more active during the week than females (Figure 41).

Gender is also a significant variable in relation to young people and barriers to physical activity. 11-15 year old females perceive more barriers to being physically active than males, with lack of time and 'feeling self-conscious' listed as the most common issues. Females also enjoy physical activity far less than their male counterparts, particularly as they get older. Over half (58%) of Year 10 males enjoy physical activity 'a lot' compared to just 32% of females.

### ***The journey to school***

Walking and cycling accounts for 37% of journeys to school for Year 8 and 10 students. However, cycling continues to be more popular among adolescent males (7%) than females (0%), a fact reflected in bicycle ownership, with an increasing gap between male and female bike ownership as they get older (91% males and 74% females aged 14-15 own a bike).

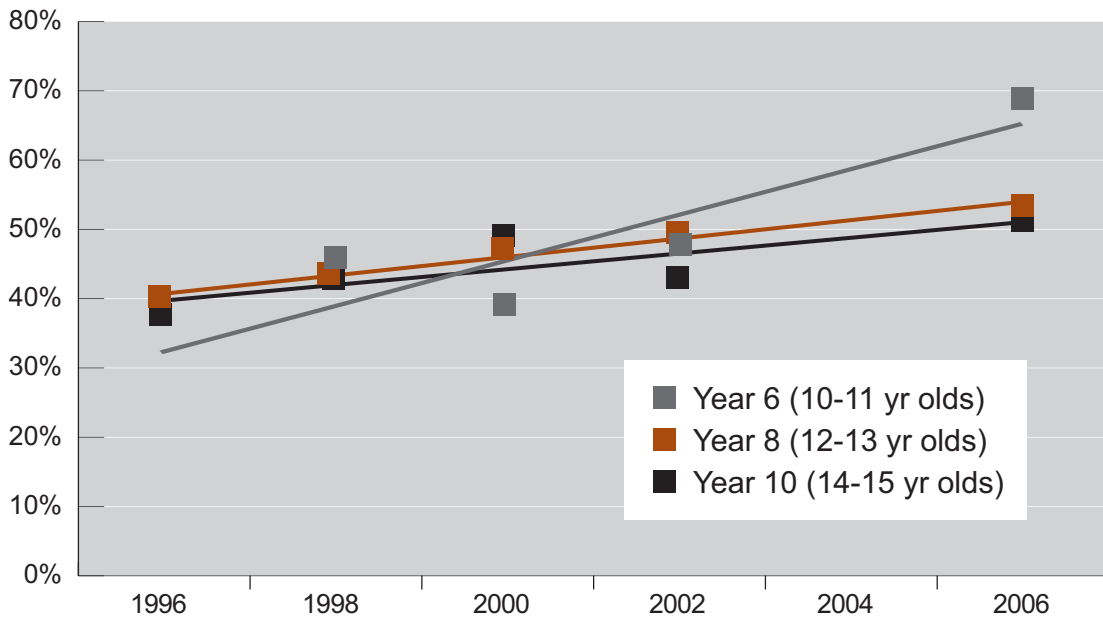
# Physical Activity

## Local Trends

### Activity trends

Although most Jersey young people do not exercise for an hour a day, they have become more active since 1998 (Figure 43).

Figure 43: Young people exercising vigorously three times a week or more



This trend is particularly noticeable for the 10-11 year-olds (Figures 44 & 45). Since 1998 23% more Year 6 students are now active three or more times per week, and 8% fewer students undertake no regular physical activity.

Figure 44: Year 6 males physical activity habits between 1998 and 2006

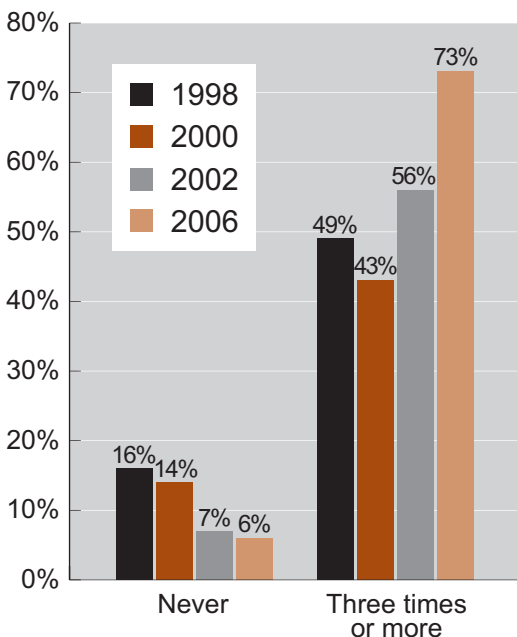
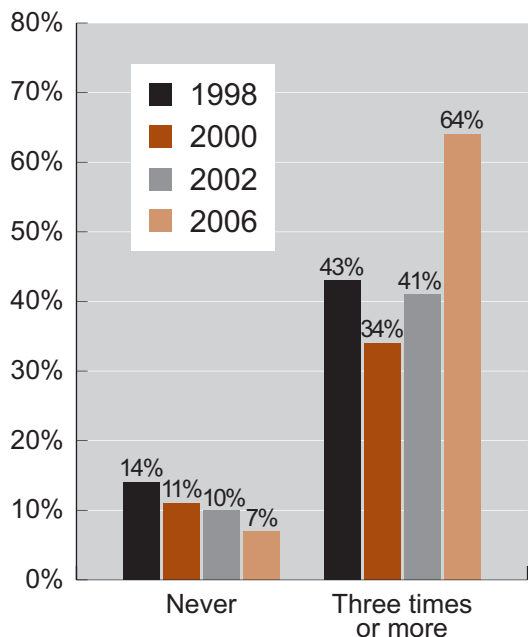


Figure 45: Year 6 females physical activity habits between 1998 and 2006

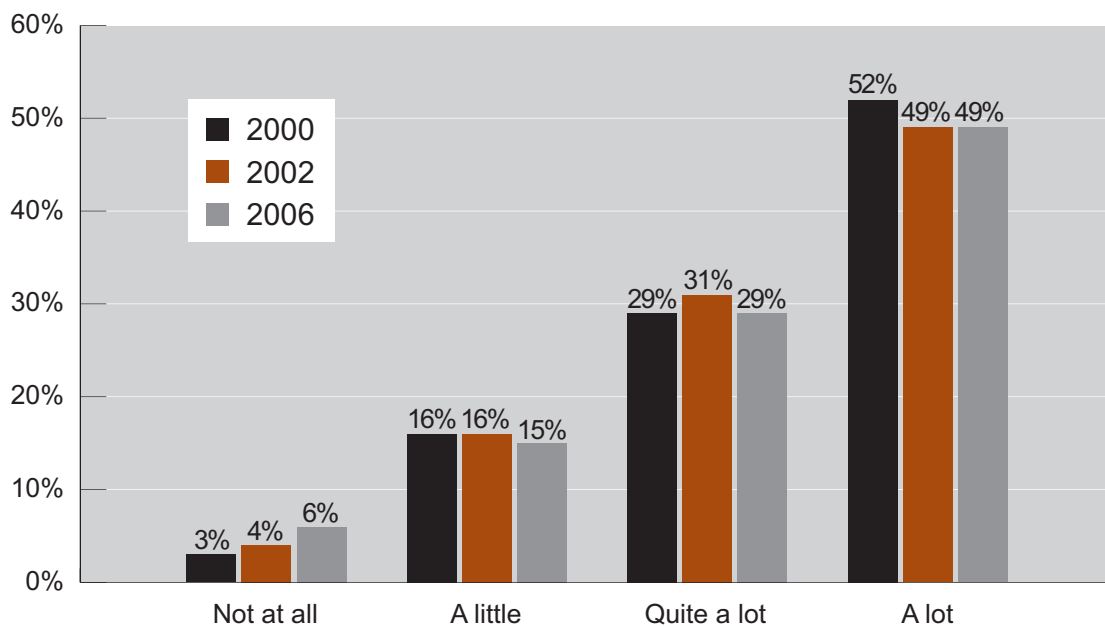


# Physical Activity

## Enjoyment of physical activity

89% of 10-11 year-olds and 78% of 12-15 year-olds enjoy physical activity 'quite a lot' or 'a lot'. A comparison of the extent to which young islanders enjoy physical activity shows that the overall trend has been consistent between 2000 and 2006, with 6% of 12-15 year-olds (Years 8 & 10) not enjoying physical activity at all, and 49% enjoying it 'a lot' (as shown in Figure 46).

Figure 46: Enjoyment of physical activity in Years 8 and 10



Since 2000 there has been an increase in the number of females reporting that they don't enjoy physical activity at all. In addition the percentage of 12-15 year-old females not exercising vigorously has increased from 10% to 16% over this 6-year period.

7% of all young people report not exercising for at least 30 minutes during the week. This represents around 118 young people between the ages of 12 and 15 whose health is most at risk from inactivity.

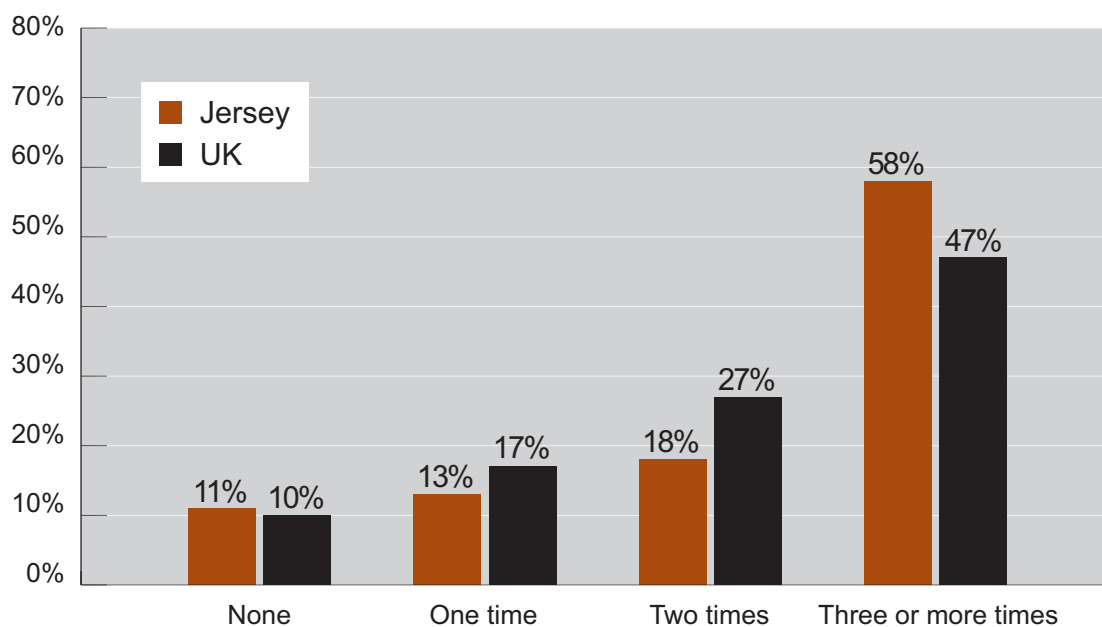
## Comparisons with UK 2005 HRBQ

### Levels of exercise

Whilst the number of Jersey students not doing any vigorous exercise is similar to the UK average, the good news is that over 10% more Jersey students are exercising vigorously more than 3 times per week. (Figure 47). However, fewer Jersey students walk or cycle at least some of the way to school than their UK counterparts (37% in Jersey; 56% in UK).

# Physical Activity

Figure 47: Number of times during the week prior to the survey that Jersey and UK students (Years 6, 8 & 10 combined) undertook vigorous physical activity



## ***Enjoyment of exercise***

Jersey reflects UK findings that fewer females than males enjoy and take part in physical activity. Both the UK and Jersey show little change in the levels of enjoyment of physical activity for young people over the past 8 years.

## Main Findings

- While most young people are aware of the '5-a-day' recommendation this does not necessarily translate into practice.
  - 29% of 10-11 year-olds and 20% of 12-15 year-olds actually eat 5-a-day.
- Over half of 12-15 year-olds consider their health when choosing what they eat.
  - Females are more likely than males to take their health into consideration.
- Young people in Jersey are more likely to eat a balanced diet than their counterparts in the UK.
- Half of 10-11 year-olds in Jersey eat dairy products, fruit and vegetables on most days.
- Around a quarter of 10-11 year-olds eat crisps or sweets and chocolates on most days but this is less than in previous years.



## Why it is Important

Eating habits are established early in life. There is now an accepted scientific link between diet and the development of heart disease, Type II diabetes and some types of cancer (e.g. bowel cancer). It is therefore, particularly important to improve children's diet today in order to protect their health in the future. In addition, studies also indicate a strong relationship between children's diet, their behaviour, and concentration. This is particularly relevant to children in a school environment where a poor diet is likely to affect the child's ability to concentrate.

### A healthy balanced diet should include:

- At least 5 portions of fruit and vegetables per day.
- Calcium-rich foods such as milk, cheese, yoghurt, soya beans, tofu and nuts.
- At least two portions of fish per week, including oily fish such as mackerel or salmon.
- Regular consumption of foods rich in vitamin A, such as milk, margarine, butter, green vegetables, carrots and apricots.
- Iron-rich foods, especially red meat, beans, lentils, green vegetables and fortified cereals.
- Foods rich in vitamin C, such as oranges, lemons, tomatoes and potatoes.
- At least 6 cups of water per day.
- Occasional or small amounts of sweets and snacks.

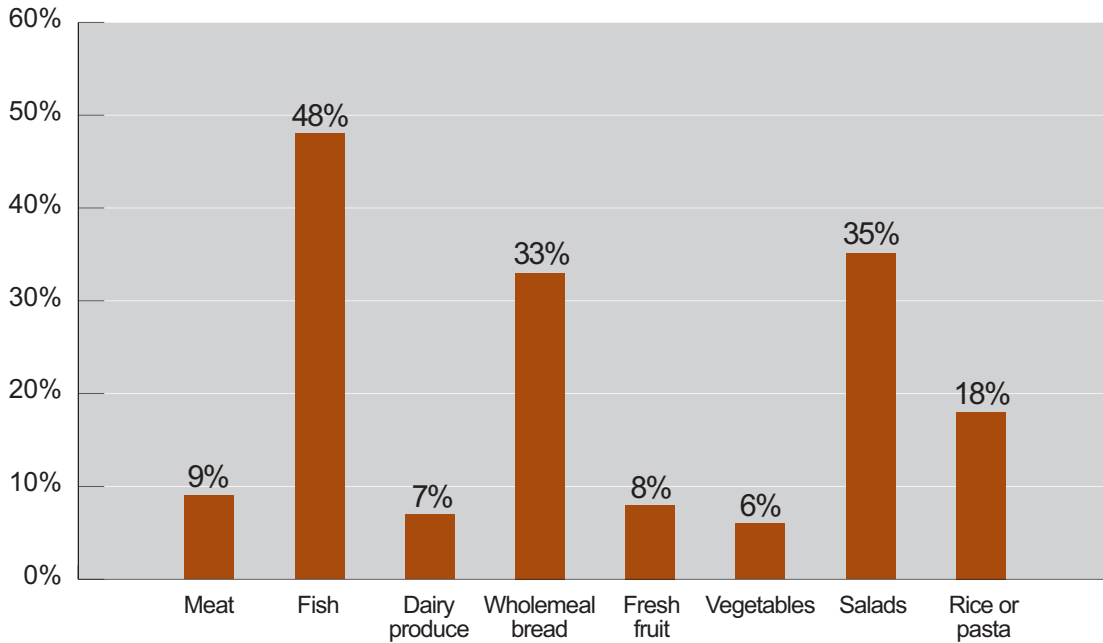


## P Primary Schools

### Food choices

The indications are that most children eat the main components of a balanced diet weekly, but there are still a number who don't. Just under half of Year 6 students rarely eat fish (Figure 48).

Figure 48: Percentage of Year 6 students who did not eat the foods listed in the last week



For some children the daily consumption of sugary foods and snacks is more than the recommended 'occasional' amount, with 30% of 10-11 year-olds eating crisps and 22% sweets and chocolate on a daily basis. The good news is that the overall trend for this age group consuming chocolate, sweets or crisps on most days is 20% less than in 2000.

### **Fruit and vegetables**

69% of 10-11 year-olds are aware of how much fruit and vegetables they should be eating to benefit their health. Only 29% of Year 6 students meet the guideline of 5 portions of fruit and vegetables per day. A minority of Year 6 students reported not eating any fruit or vegetables the day before the survey (6%).

### **Diet and health**

63% of Year 6 say they often consider their health when making food choices. 37% never or only sometimes consider their health in making food choices.

### **Water**

Despite 95% of Year 6 students reporting easy access to water at school, 71% reported drinking less than the suggested 6 cups per day.

## **S Secondary Schools**

### **Food choices**

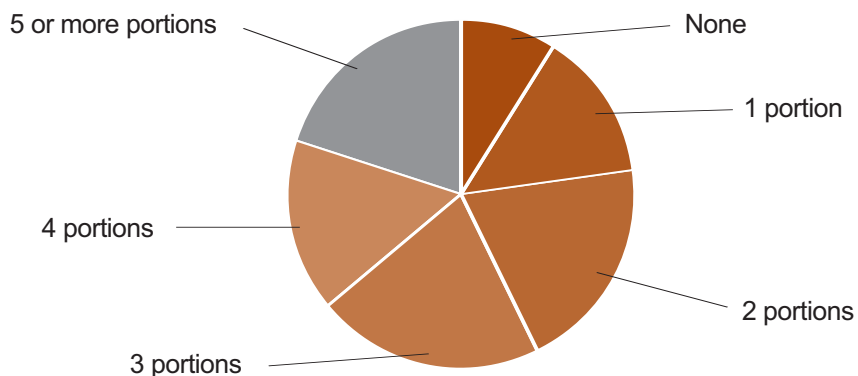
Twice as many Year 8 and Year 10 females (16%) as males are going without food or drink before school. However, males are more likely than females to have less healthy breakfasts, such as crisps, chocolate bars, muffins and sweets.

Looking at the dietary items consumed on most days 66% have dairy products and 52% eat fruit and vegetables. However, 43% had not eaten fish the week before and 31% eat crisps, sweets and chocolates.

## Fruit and vegetables

Fewer older children report eating 5 portions of fruit and vegetables than those at primary school. Although a fifth of students are eating fruit for breakfast, 80% are not eating the recommended 5 portions of fruit and vegetables per day.

Figure 49: Number of portions of fruit and vegetables consumed the previous day



## Health and diet

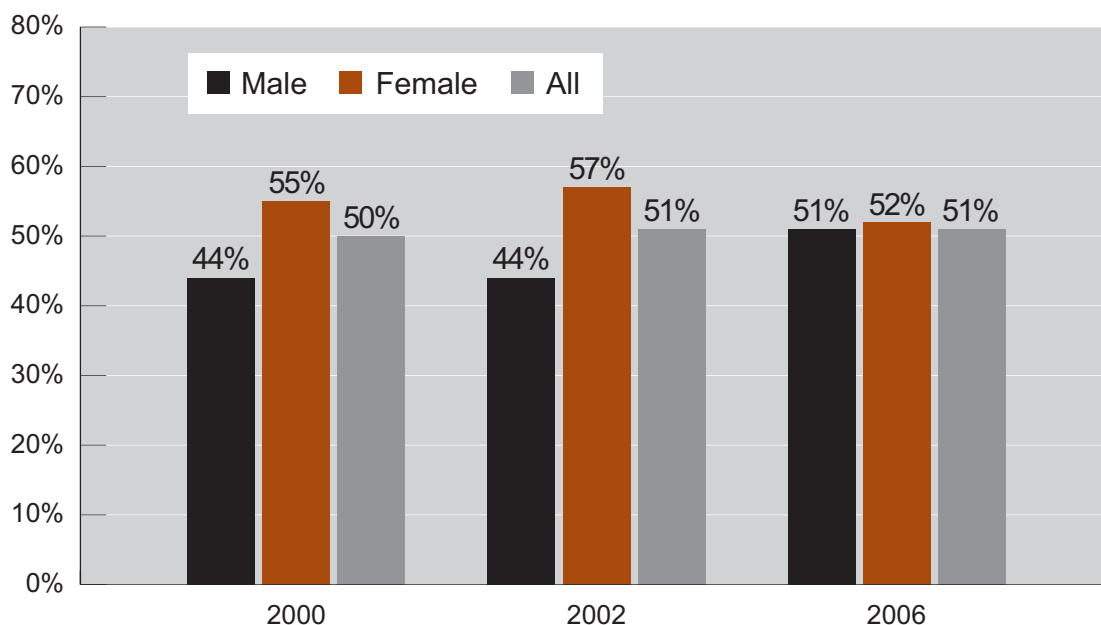
Over half the young people surveyed 'quite often' or 'always' consider their health when making food choices. However, the easy availability of unhealthy foods makes it more difficult to make healthy choices, according to 59% of young people.

## Local Trends

### 5-a-day

The number of young people eating the recommended 5+ portions of fruit and vegetables every day declines as the students get older in Jersey. Between Year 6, and 10 fewer young people are meeting this national target. Only 15% of Year 10 students eat 5+ portions per day compared with 29% of Year 6 students.

Figure 50: Proportion of Year 6 students consuming fresh fruit on most days (2000 to 2006)

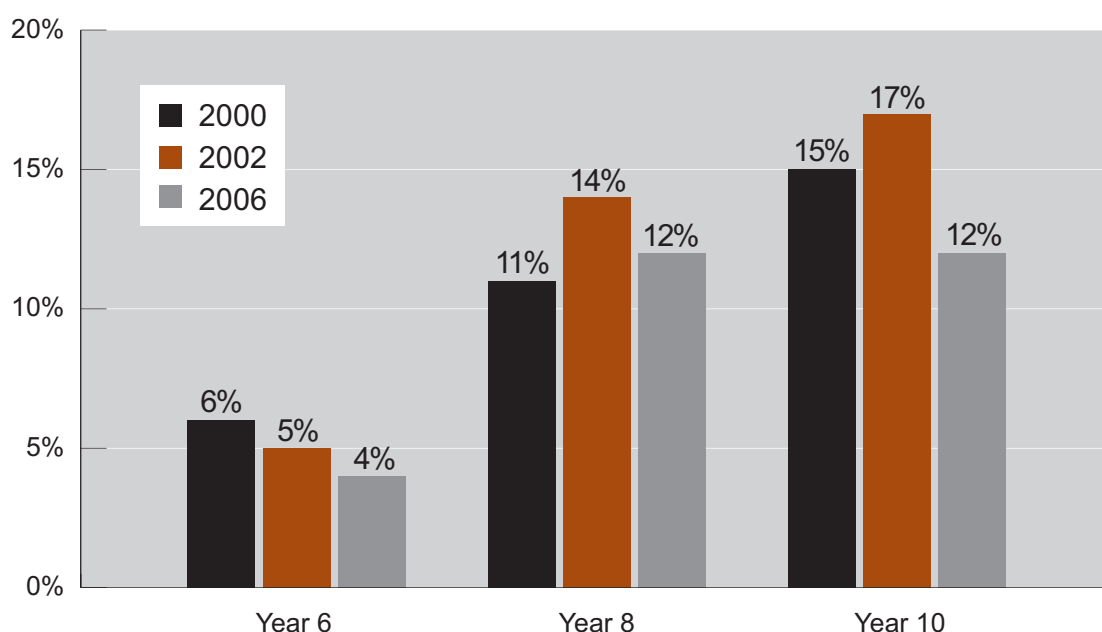




Between 2000 and 2006, the proportion of Year 6 students in Jersey eating fresh fruit on most days has remained consistent at between 50-51% (Figure 50). However, there has been a slight decline in the number of girls and a corresponding slight increase in the number of boys consuming fresh fruit on most days, over this period.

The number of young people not eating breakfast before school varies widely between year groups and between the sexes. As shown in Figure 51 the number of Year 6 and Year 10 students not eating breakfast is at its lowest since 2000. However, 15% of Year 10 females and 16% of Year 8 females still did not eat breakfast before lessons on the morning of the survey.

**Figure 51: Students NOT eating breakfast before lessons, 2000 to 2006**



The number of young people reporting that they eat crisps or sweets and chocolate on most days has decreased since 2000 from 46% to 31% of 12-15 year-olds.

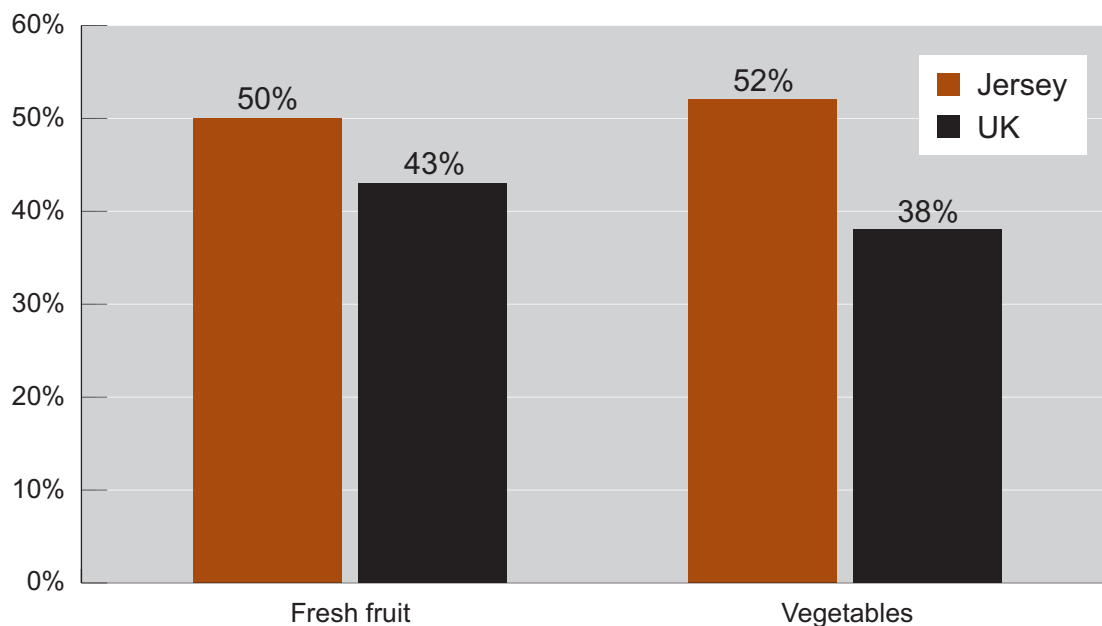
## Comparisons with UK 2005 HRBQ

### Food choices

There are indications that more young people in Jersey eat a balanced diet than their counterparts in the UK.

Locally more than 65% of 12-15 year-olds have dairy products on most days of the week compared with around 53% in the UK. More Jersey students eat fruit and vegetables on most days than their counterparts in the UK (Figure 52). As in the UK females show a greater preference for fresh fruit, salads and vegetables. Fewer Jersey 14-15 year-olds eat crisps on most days compared with their counterparts in the UK (Jersey = 29%, UK= 35%).

Figure 52: Proportion of Jersey and UK students consuming fruit and vegetables on most days



On the whole Jersey students report eating more fresh fruit and vegetables on most days, compared with students in the UK (Figure 53). The only exception seems to be Year 6 females. Fewer local 10-11 year-old females report eating fruit and vegetables on most days of the week than their peers in the UK.

Figure 53: Consumption of fruit and vegetables (on most days) by sex and year group

	Year 6 Males		Year 6 Females		Year 8 Males		Year 8 Females		Year 10 Males		Year 10 Females	
	Jersey	UK	Jersey	UK	Jersey	UK	Jersey	UK	Jersey	UK	Jersey	UK
<b>Fresh fruit</b>	51%	48%	52%	60%	47%	36%	57%	45%	40%	31%	51%	40%
<b>Vegetables</b>	45%	33%	47%	44%	48%	33%	60%	41%	53%	34%	61%	43%

# Obesity



## Main Findings

- 24% of 10-11 year-olds and 18% of 12-15 year-olds are likely to be overweight or obese.
- 3-5% of 10-15 year-olds are obese.
- Levels of obesity and overweight are similar to those in other European countries.
- Just over half of 10-11 year-olds are happy with their weight compared with just under half of 12-15 year-olds.
- Females are more likely to be unhappy with their weight than males.
- Over half of secondary school females classified as 'normal' weight want to lose weight.



## Why it is Important

The term overweight and obese are used to describe the nature and extent of a person's body weight. Being overweight or obese is a significant risk factor for poor health. Childhood obesity is a risk factor for the early development of a range of long-term adult conditions, in particular asthma and Type-II diabetes. Overweight children are nine times more likely to become overweight adults and are more likely to suffer from poor health and disease in later life, irrespective of their adult weight. Young people who are overweight and obese are more likely to experience low self-esteem and poor body image as a result.

Reducing levels of childhood obesity is concerned with two areas in particular, namely improving the amount of physical activity young people achieve on a daily basis and improving the daily diet of young people.

### **Calculation of body mass index (BMI)**

Body mass index (BMI) is a derived measurement calculated as the weight in kg divided by the square of the height in metres. This generally gives a figure between 10 and 40. In adults a BMI above 25 may indicate the adult is overweight and, above 30, seriously overweight or obese.

For children the calculation is the same but the BMI levels indicating overweight or obesity vary according to the age and sex of the children. To make it more complicated there is a lack of consensus on the definition and classification of childhood obesity. The UK uses a national definition taken from the Child Growth Foundation charts. World wide the international definition from the International Obesity Taskforce is used.

We have used International BMI definitions in this report. This means we are unable to compare Jersey young people directly with the UK data from the same survey as they have used the national definition, but we can compare Jersey young people with wider European data.

**The BMI values calculated in this report may be under estimated.** The BMI data needs to be treated with some caution. Height and weight data is self-reported and only half of the young people who responded gave both height and weight data. There is also some evidence to suggest that those who are unhappy with their weight were less likely to report it than the rest. 54% of Year 10 females who wanted to lose weight reported it, compared with 61% of females who were happy with their weight.

## P Primary Schools

### **Height and weight**

The height and weight profiles for 10-11 year-olds are given in Figures 54 and 55 and show the expected normal distribution pattern. The majority of Year 6 are between 140-149cm in height and 30-39kg in weight.

Figure 54: Height profile for Year 6 (10-11 yrs)

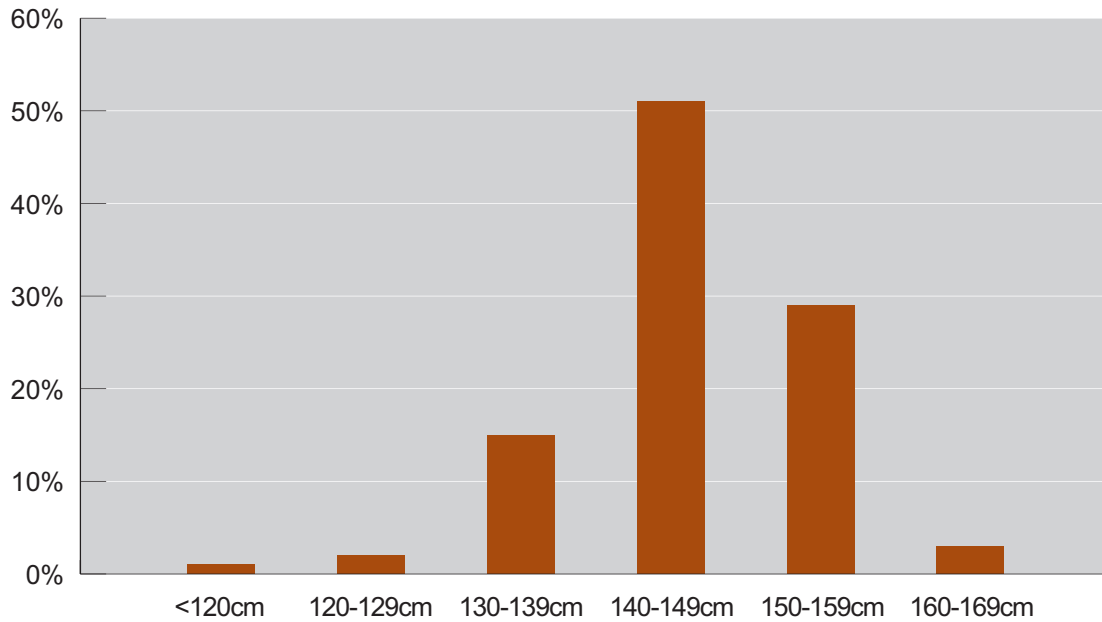
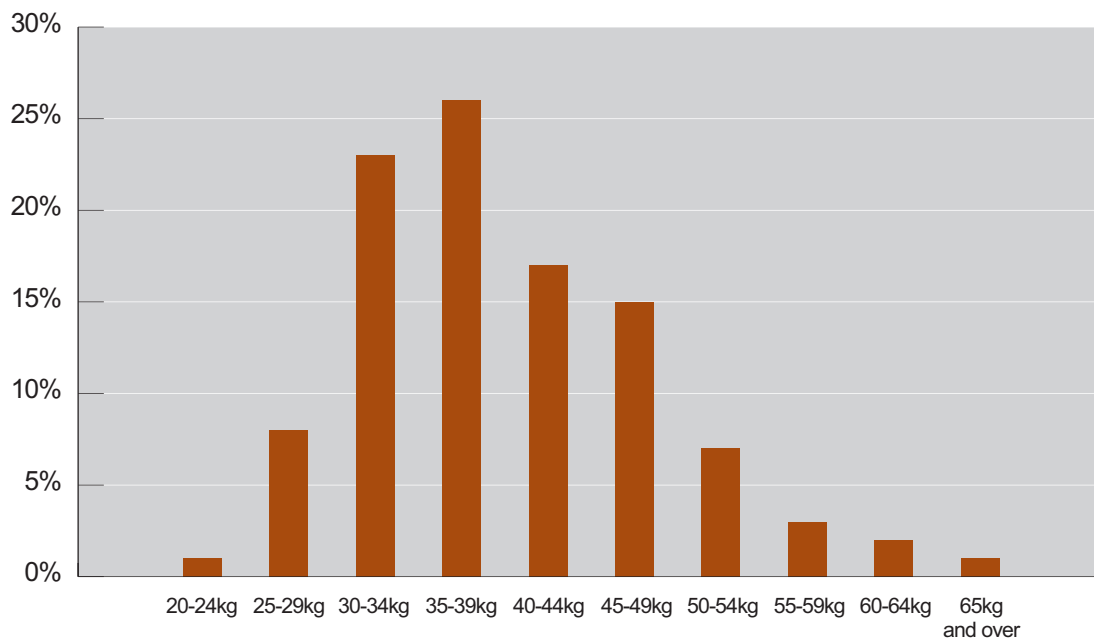


Figure 55: Weight profile for Year 6 (10-11 yrs)

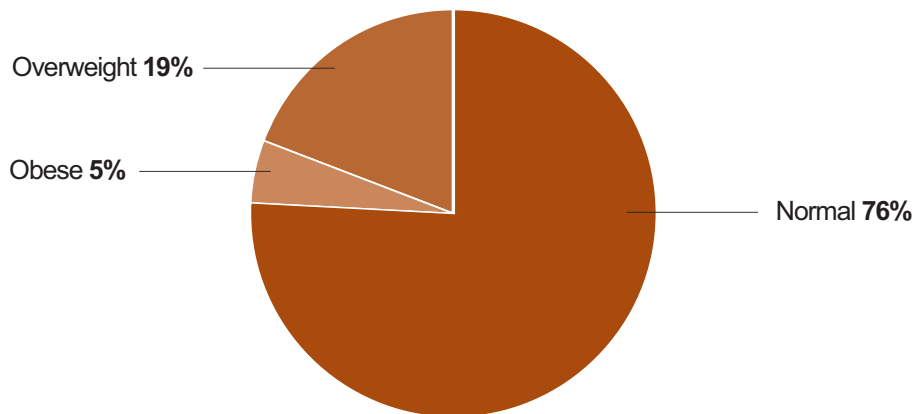


# Obesity

## Obesity

BMI values could only be calculated for the 65% of Year 6 who reported both their height and weight.

Figure 56: Overweight and obesity in Year 6



19% of 10-11 year-olds have a body mass index that indicates they are overweight and 5% would be classified as obese<sup>3</sup> (Figure 56).

## Weight loss

58% of boys and 50% of girls are happy with their weight. 35% of boys and 46% of girls would like to lose weight. Of the girls who were of a normal weight using the international BMI classification 21% wanted to lose weight.

## S Secondary Schools

### Height and weight

The height and weight profiles for 12-13 year-olds and 14-15 year-olds are shown in Figures 57 to 60. All show a normal distribution and are similar to UK results for the same age groups.

Most Year 8 students were between 150-169cm tall and between 40-54kg in weight.

Most Year 10 students were between 160-179cm tall and between 45-64kg in weight.

<sup>3</sup> Using calculated BMI values and the international definitions of obesity.

Figure 57: Height profile for Year 8 (12-13 yr olds)

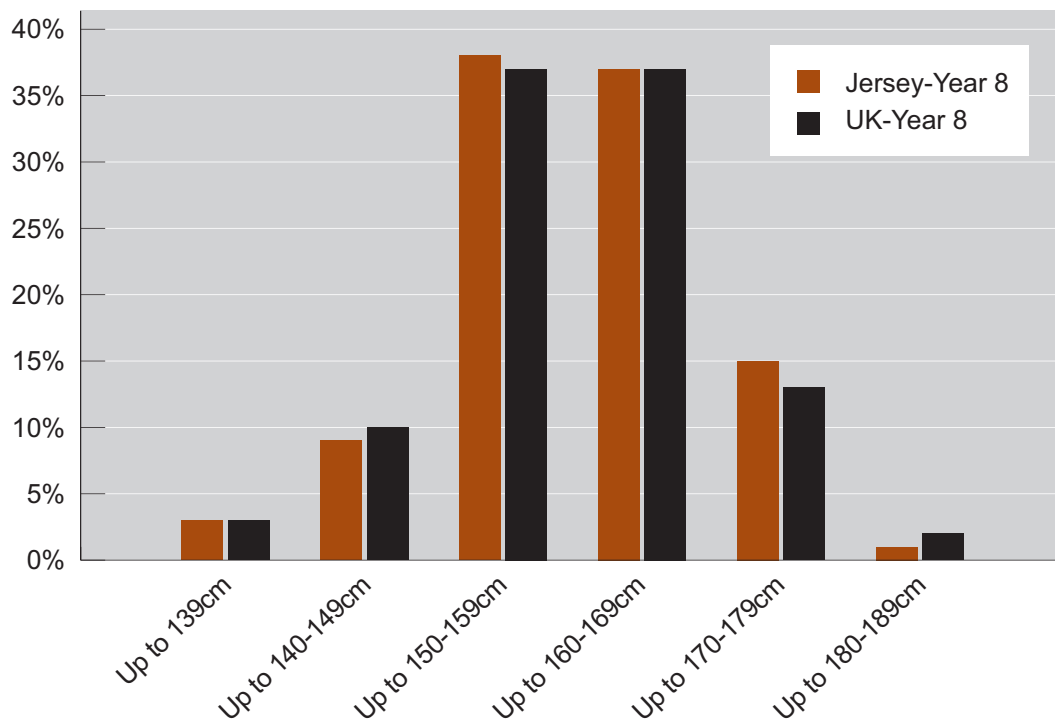
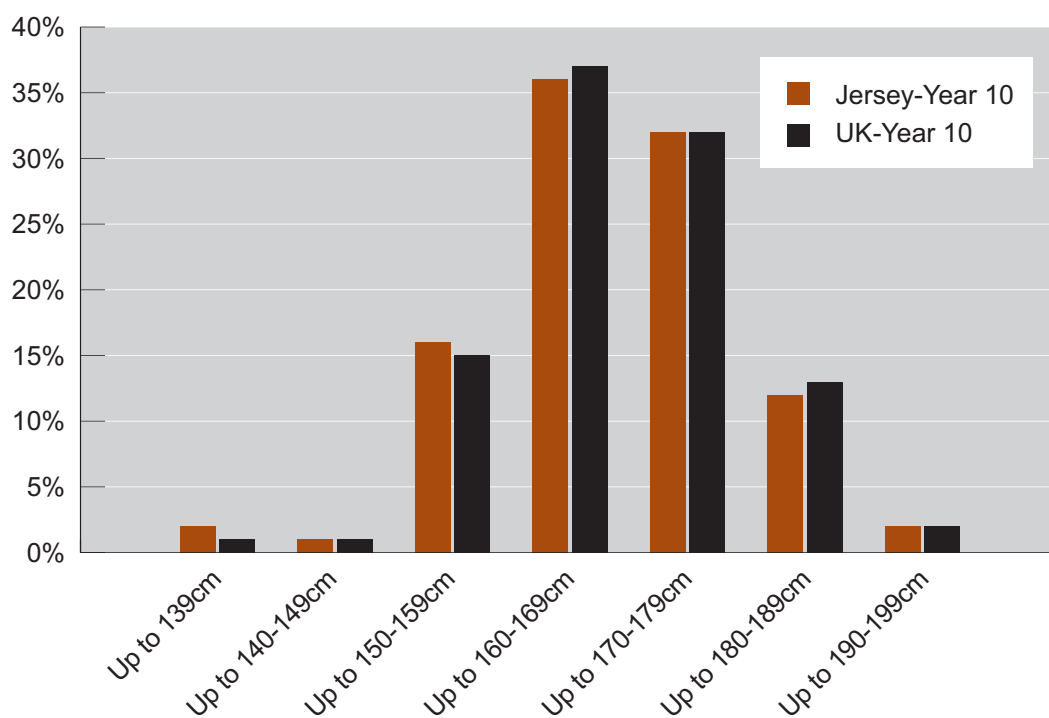


Figure 58: Height profile for Year 10 (14-15 yr olds)



# Obesity

Figure 59: Weight profile for Year 8 (12-13 yr olds)

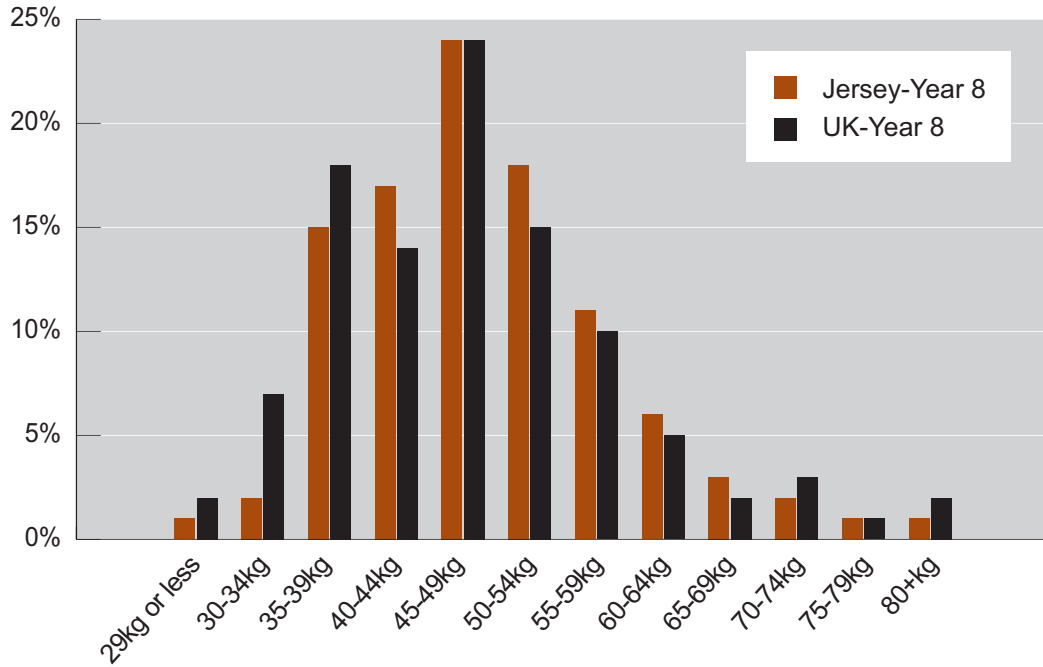
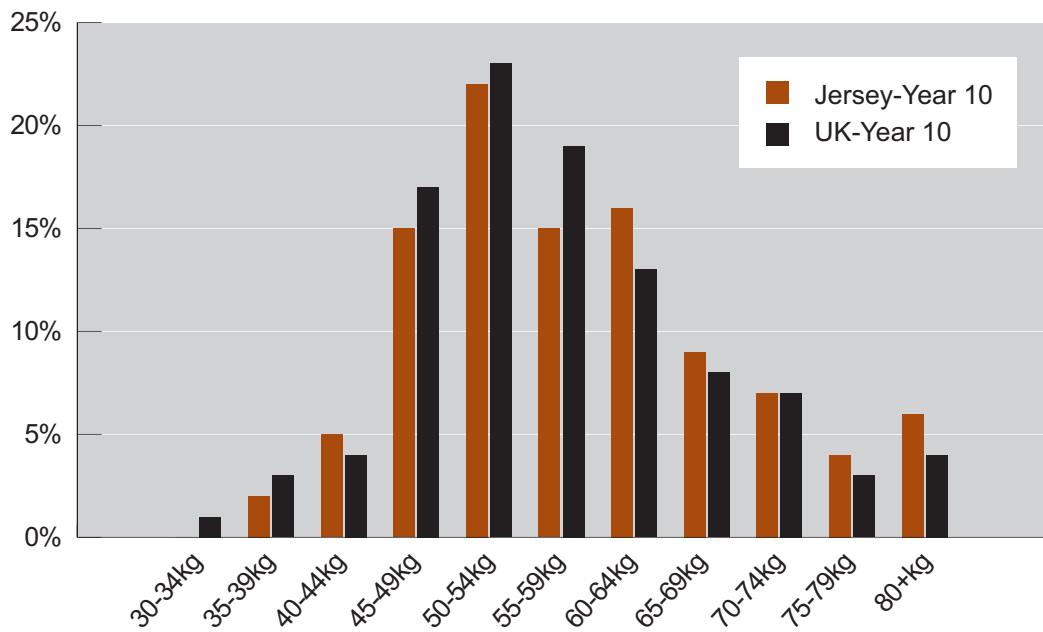


Figure 60: Weight profile for Year 10 (14-15 yr olds)



## Obesity

Around 15% of 12-15 year-olds were classified as overweight and 3% as obese<sup>4</sup>. For Year 8 there was little difference between males and females but in Year 10 there were more males than females classified as overweight.

Figure 61: Overweight and obesity in Year 8 (12-13 yrs)

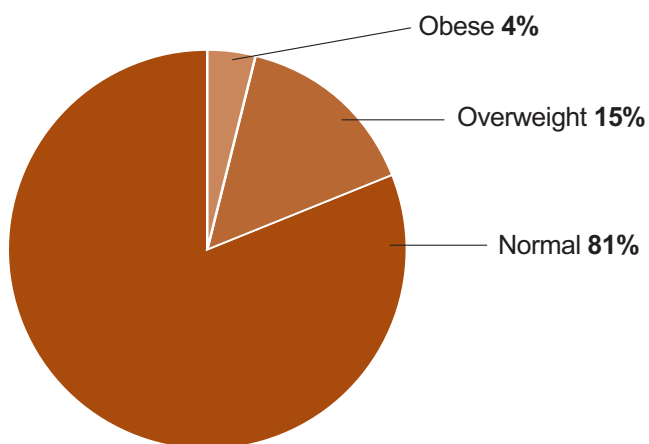
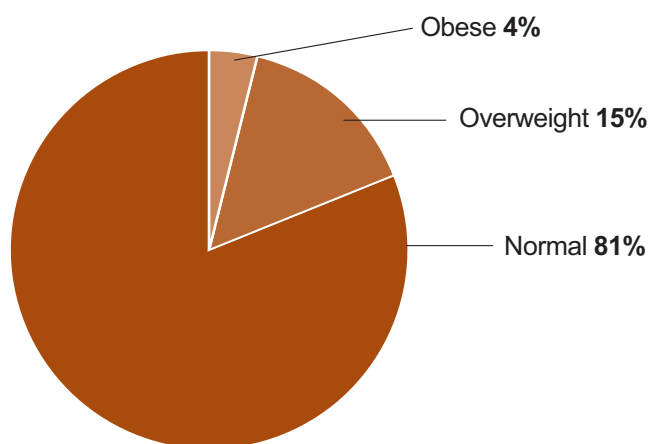


Figure 62: Overweight and obesity in Year 10 (14-15 yrs)



BMI values could only be calculated for the 46% of Year 8 and 53% of Year 10 who reported both their height and weight.

## Weight loss

46% of 12-15 year-olds were happy with their weight and 47% said they would like to lose weight. More males are happy with their weight and more females would like to lose weight.

51% of secondary school females who were of normal weight using the international BMI classification wanted to lose weight. This compares with 27% of secondary school males.

## Local Trends

There has been little change in 12-15 year-olds who report being happy with their weight in the last 10 years. In 1996 45% 12-15 were happy with their weight compared to 46% today.

BMI has not been calculated in previous surveys so we do not know what the trend is for 10-15 year-olds. However as both the data for local 5 year-olds and adults shows a rising trend in overweight and obesity it is likely the same holds true for this age group.

<sup>4</sup> Using calculated BMI values and the international definitions of obesity.

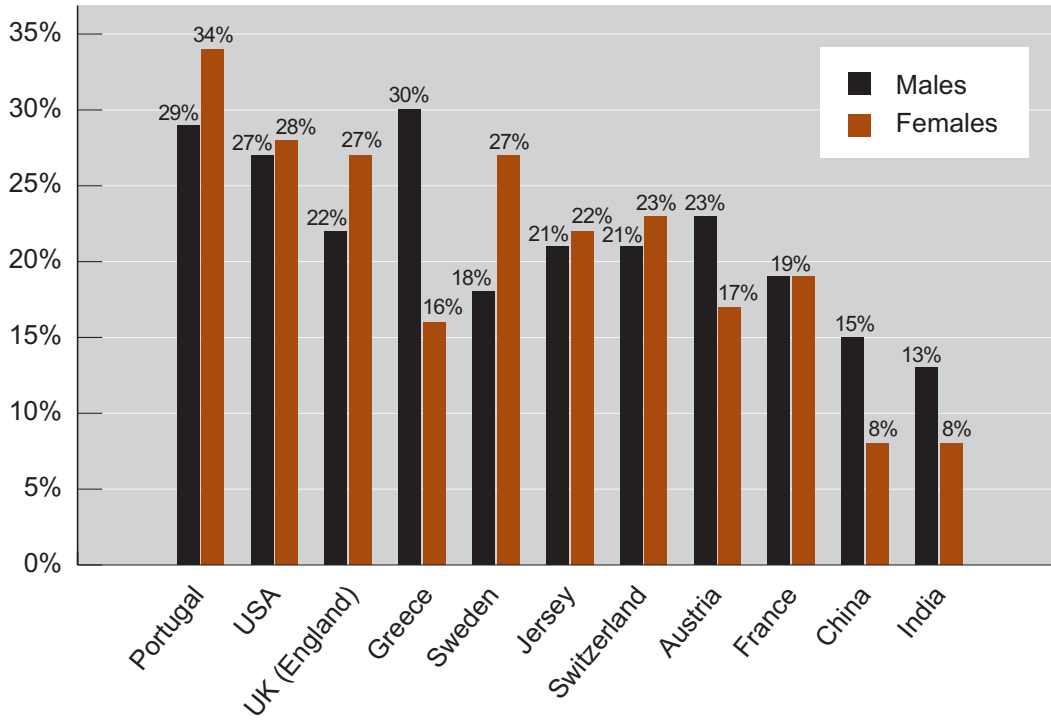


# Obesity

## Comparisons with UK 2005 HRBQ

Data indicates that Jersey young people (aged 5-15 years) show similar levels of obesity and overweight compared with other countries in the world using the international definitions of BMI classification.

Figure 63: Percentage of young people classified as overweight and obese compared with some other countries





States of Jersey