

**A HEALTH AND LIFESTYLE SURVEY OF
YOUNG PEOPLE 2002**

**ON BEHALF OF THE
PRIMARY CARE TRUSTS**

YORKSHIRE WOLDS & COAST

EAST YORKSHIRE

EASTERN HULL

&

WEST HULL

*A survey about the health and lifestyle of people aged
11 to 15 attending secondary school in the East Riding of Yorkshire and Kingston
upon Hull*

Public Health Development Team



This survey was undertaken by the Public Health Development Team on behalf of the Yorkshire Wolds and Coast, East Yorkshire, West Hull and Eastern Hull Primary Care Trusts.

HEALTH AND LIFESTYLE SURVEY FOR YOUNG PEOPLE 2002

CONTENTS

ACKNOWLEDGEMENTS	4
SUMMARY	5
INTRODUCTION.....	6
METHOD.....	7
The Questionnaire.....	7
The Sample.....	7
Administration of the Survey	7
Data Handling	7
RESULTS.....	8
The Responses	8
Demographic Characteristics	8
Accommodation and Households	9
Getting to and from school.....	14
Use of televisions and computers	15
Aspiration and ambition.....	17
Mental Health	19
Exercise.....	30
Health.....	34
Perceived health	34
Use of medication	37
Use of services.....	42
Dental health	45
Diet.....	50
Alcohol.....	58
Tobacco.....	63
Other drugs	69
Sexual Health.....	73
Discussion.....	86
CONCLUSION	90
RECOMMENDATIONS.....	91
REFERENCES.....	93
FIGURES AND TABLES.....	94

Appendix I

The Questionnaire

Appendix II

The School Profile

Appendix III

Coding Sheet

ACKNOWLEDGEMENTS

The author would like to thank Rosemary Purcell of the Public Health Development Team (PHDT) for her unstinting support and assistance during all phases of this project. Thanks are also due to the other members of the PHDT, colleagues within the Primary Care Trusts and the teaching staff of the participating schools, without whose assistance and good will, the survey could not have taken place. Most of all, thanks are due to the young people who patiently and willingly gave up their lesson time to complete the lengthy survey questionnaire.

We are grateful to the Northern and Yorkshire Regional Public Health Development Fund which provided funding for the project.

HEALTH AND LIFESTYLE SURVEY OF YOUNG PEOPLE 2002

SUMMARY

In order to obtain up to date information about the health and lifestyles of young people living in the area, the four Primary Care Trusts commissioned the Public Health Development Team to undertake a survey based upon the 1996¹ survey. A self-completion questionnaire was administered to 11-15 year olds in 21 volunteer secondary schools in Kingston upon Hull and the East Riding of Yorkshire. 4,246 completed questionnaires were obtained (approximately 10% of the resident 11-15 year olds) during the first half of 2002. Although the results varied across the four PCTs for many of the topics studied, this summary gives only overall figures; details of the PCTs are to be found in the full report.

There have been some changes since 1996, for instance the young people still worry about their appearance and relationships with family and friends but there was an increase in the amount of worry reported by the year 9 pupils about school examinations and testing. Approximately 20% of the year 7 pupils reported worries about bullying, this dropped to less than 10% by year 10, findings very similar to the 1996¹ survey. Listening to music was very important in making both males and females feel better but the females relied upon talking to their friends more than the males who preferred spending time on hobbies or taking exercise.

The use of the internet was a new topic for this year and showed that for many it had become a source of information about many topics including sexual health. However, computers were more likely to be used for playing games than researching information, in males especially, with more than a quarter reporting that they played computer games for at least 10 hours each week.

The sedentary activity of computer games and watching television did not mean that the young people totally ignored physical activity. It was important in stress relief for males and nearly 80% of males and females said they took part in physical activities each week. Less than 10% took less exercise than that with only 1% saying they never took any exercise. There was a feeling that walking to school gave them enough exercise to keep fit but over 50% reported playing in parks and the street every week. Football was the most popular sport/activity for the males and swimming for females.

Many respondents thought that eating "junk" food was an unhealthy activity but they did it because they "liked the taste", "there was nothing else" or it was "quick". Two thirds of females and just under half of males wanted to eat a healthier diet, it was not ascertained whether this was to lose weight or not but similar numbers also reported wanting to lose weight. There has been much publicity about the benefits of the consumption of five portions of fruit or vegetables a day, and although approximately 90% did eat some fruit and vegetables a day, less than 40% ate the 5 portions recommended.

By year 10 a third of the young people reported drinking alcohol every week, and over half reported alcohol consumption in the week prior to the administration of the survey. Around a fifth of those who drank alcohol in year 10 admitted levels of consumption over the level deemed "safe" for adults, this was a doubling of the proportions in females since 1996 but a slight reduction in the males.

Tobacco consumption has also increased in the females with 22% of year 10s reporting themselves as regular smokers, the proportion was 9% in males, 35% of year 10 females and 16% of year 10 males reported that they had smoked tobacco in the week prior to the survey.

The use of drugs other than tobacco or alcohol was largely confined to cannabis, with 7% having tried the drug in the previous year and 6% in the previous four weeks. By year 10 28% of males and 32% of females had tried or used cannabis in the previous year, this was about half of the number reporting that they had been offered cannabis during that year. Over half of the tobacco smokers said that they had also used cannabis but less than 10% of the non-smokers admitted using the drug.

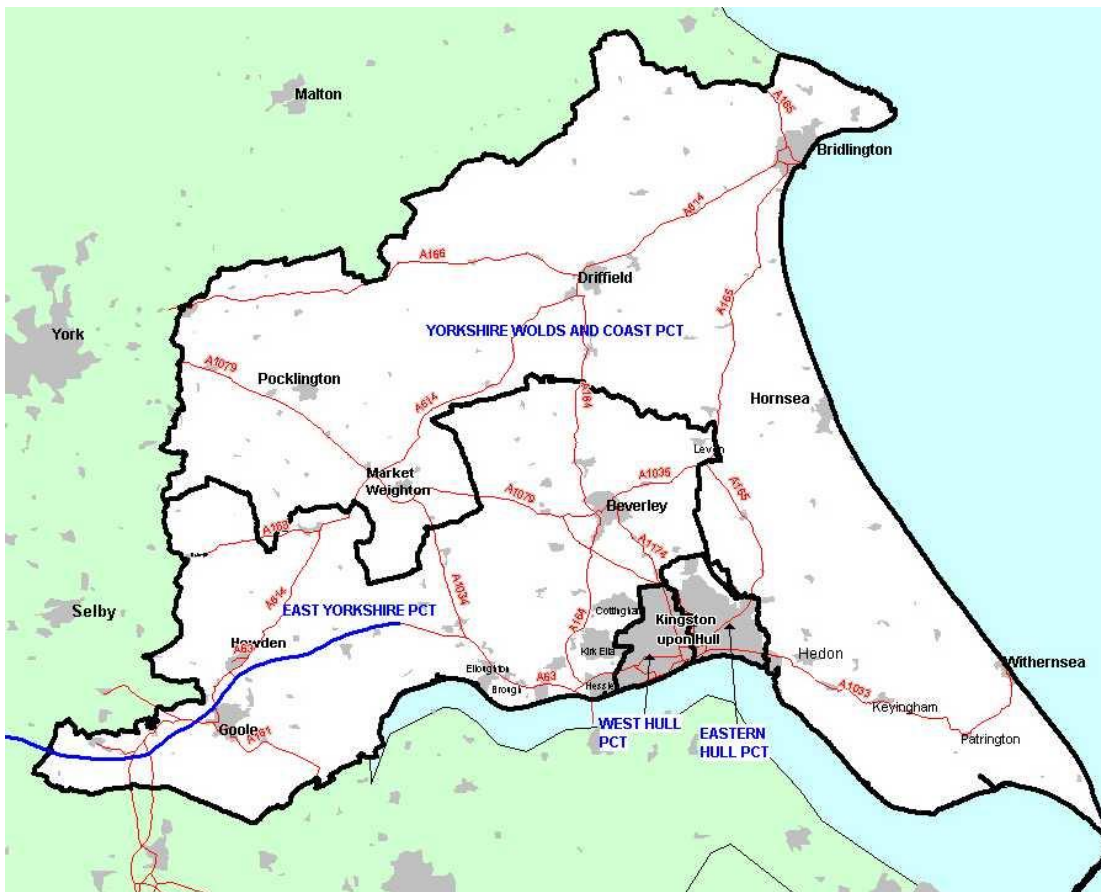
HEALTH AND LIFESTYLE SURVEY FOR YOUNG PEOPLE 2002

INTRODUCTION

During 1996 the East Riding and Hull Health Authority (ERHHA) undertook a Health and Lifestyle Survey of Young People aged 11-15 years attending secondary schools within the area served by the authority¹. In 2002, the four Primary Care Trusts (PCTs) which cover the same area (See Figure 1) commissioned the Public Health Development Team to repeat the survey. The data obtained has enabled the PCTs and partner agencies to investigate the changes in health-related behaviours since 1996 and study potential differences between the four PCTs. The information on health-related behaviours and beliefs obtained in the survey will be used to inform the commissioning of services for young people by the PCTs and local hospital trusts and to allow the targeting of health promotion initiatives by primary care, the education authorities and other agencies.

Support and advice were obtained from the local Education Services in the East Riding of Yorkshire (ERoY) and Kingston upon Hull (KuH) through their Personal, Health and Social Education Advisors and Curriculum Project Managers (Health Promoting School Award Schemes). The local authority boundaries changed in 1996 and this survey was the first opportunity that the researchers had to survey pupils from the Howden and Goole areas. Unfortunately this means that there was no opportunity to study changes in behaviour and knowledge since the previous survey for this area. A map of the PCTs covered is shown in Figure 1.

Figure 1 The Four Primary Care Trusts



There was a major change from 1996¹ in the way data were collected from the schools. Because of staffing changes during the reorganisation of the NHS (2002), the majority of schools (18) undertook to supervise their pupils' completion of the questionnaires during lesson time, in only three schools were the questionnaires completed with researchers from the Public Health Development Team (PHDT) present. Complete anonymity was stressed by everyone who supervised the sessions and

analysis of the results from the 1996¹ and present surveys indicated that the young people were not influenced by the presence or absence of an “independent” outsider.

The final report is available to the four Primary Care Trusts, the two Local Authorities, the wider health community as well as schools. Each school also receives a short report which details results for their school with a comparison against the aggregated data. This individual school data is confidential to that school and will not be disclosed to other agencies without their express permission. A data set will also be prepared for participating schools from their own results for pupils to handle themselves, there will be no information on these data sets which would allow the identification of individuals.

METHOD

The Questionnaire

A self-completion questionnaire was developed based upon validated health-related behaviour questions from the Schools Health Education Unit² and the ERHHA's 1996 survey¹. This would allow comparisons to be made with previous local information and recent national data. The questionnaire was finalised after the draft was piloted with year 7 pupils in two schools, this is shown in Appendix 1. A large print version was made available to all schools for pupils with sight or reading problems.

The Sample

The GP registration system³ showed 38,500 young people aged 11-15 years living in the area served by the four PCTs. All the secondary schools in the area were approached in order to obtain a 10% sample of these young people to participate in the survey. In the majority of the participating schools a request was made for two classes of each of the years 7-11 to be surveyed; where schools wished to select only specific age groups this was respected. The sample was therefore not directly random as the schools and pupils taking part were volunteers, few pupils refused to participate.

Access to the pupils was obtained by approaching the Personal, Health and Social Education co-ordinators, firstly by letter and then by telephone. All the schools (private and local authority) taking 11-15 year olds were approached, 21 of the 36 schools volunteered, with a spread across the whole of the geographical area.

Administration of the Survey

The questionnaire was administered between March and July of 2002 during normal lesson time in school hours. In 18 of the 21 schools, teaching staff administered the questionnaire on the researchers' behalf. Each person administering the questionnaire was given an information sheet beforehand giving the background to the survey and the uses to which the data would be put. The sheet stressed the fact that the young people should be assured that the survey was anonymous and requested that the supervising staff should not attempt to read any of the responses but be available to answer questions about the questionnaire and survey. In the remaining three schools the administration was undertaken by researchers from the PHDT. Although this was the preferred option because of confidentiality, reorganisation of the NHS during this time meant that staff could not be made available for more of the fieldwork.

The young people were informed that they could leave any question blank if they wished. Although some took the opportunity to leave much of the questionnaire blank, the vast majority of the respondents completed as much of the questionnaire as the session time allowed. All pupils in the selected classes present on the day were given a questionnaire to complete; no attempt was made to obtain completed questionnaires from absentees.

Data Handling

All open questions were coded by members of the PHDT before despatch to a private company who undertook the data entry on the PHDT's behalf. The quality of the data entry was checked by members of the PHDT team and found to be over 99% accurate. All data analysis was undertaken using the computer programme Statistical Package for Social Sciences (SPSS) version 10.

RESULTS

The Responses

Demographic Characteristics

The responses from 4,246 individuals were entered into the database, which gave an overall 11% sample of the 11-15 year olds living in the area. It must be remembered that this was not a true random sample but the geographical and age spread obtained gives a good representation of young people living in the area and gave responses from a range of schools within both the private and public sector.

The respondents were asked for their complete postcode to enable the allocation of their results to an electoral ward and subsequently to one of the PCTs for analysis, the results were not analysed at the electoral ward or postcode level. Some respondents did not enter their postcode in their questionnaire, therefore approximately 20% could not be allocated to a PCT by residence. A comparison of the postcode allocated PCT with the area in which the school sits is shown in Table 1. It can be seen that for Yorkshire, Wolds and Coast (Y W & Coast) and Eastern Hull there is good agreement but East Yorkshire and West Hull have many pupils who live in one PCT and receive their schooling in the other. Age, gender and school year patterns are shown in Tables 2 and 3.

The respondents were very evenly balanced between the sexes, 48.4% males and 51.6% females.

Table 1 The number of responses by PCT

PCT allocated by postcode	PCT allocated by school				
	Y W & Coast	East Yorkshire	West Hull	Eastern Hull	Total
Y W & Coast	1,072	14		7	1,093
East Yorkshire	58	905	114		1,077
West Hull	1	86	528	7	622
Eastern Hull	1	2	7	498	508
Not Allocated	330	345	110	161	946
Total	1462	1,352	759	673	4,246

Where analysis by PCT has been undertaken the location of the school has been taken as the deciding factor.

Table 2 The number of responses by school year and gender

Gender	School year					Total
	7	8	9	10	Not given	
Male	479	591	538	430	14	2,052
Female	535	620	541	183	8	2,187
Not given		3	2	1	1	7
Total	1,041	1,214	1,081	914	23	4,246

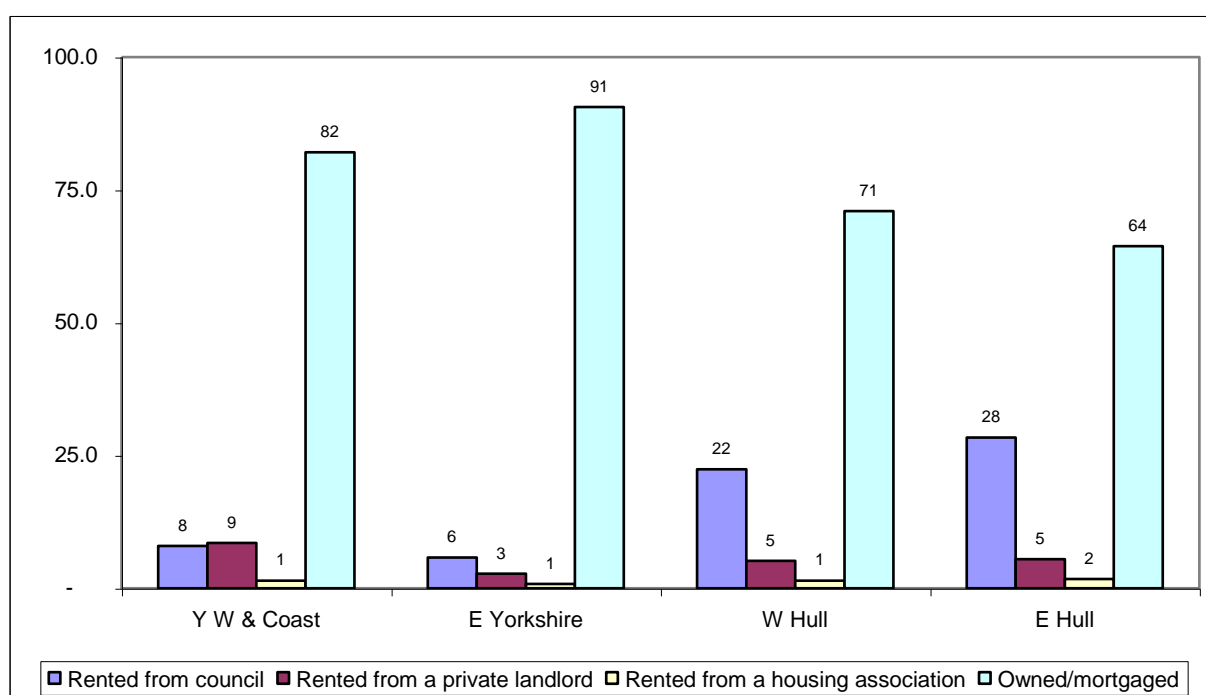
Table 3 The numbers of responses by age and sex

Gender	Age in years						
	11	12	13	14	15	Not given	Total
Male	134	526	593	465	332	2	2,052
Female	163	554	594	525	348	3	2,187
Not given			5	1	1		7
Total	297	1,080	1,192	991	681	5	4,246

Accommodation and Households

In Year 7, 20% of the respondents answered that they did not know the tenure of their homes but by Year 10, this had dropped to less than 7%. There were distinct differences in tenure across the PCTs as shown in Figure 2, with greater numbers living in local authority housing in the urban area of Hull. There was a small increase in the numbers of respondents reporting that they lived in owner occupied housing since the survey in 1996¹, previously 62% in Hull and 79% in the East Riding.

Figure 2 Housing tenure of the respondents by PCT



There was a difference in the number of times the pupils reported moving in the previous two years by tenure as shown in Table 4 with those living in the private rented sector moving much more frequently. There was little difference across the PCTs with approximately three quarters of all the respondents (73-78%) not having moved home within the past two years, a fall from 83% in 1996¹,

Table 4 The number of home moves in the previous 2 years by tenure (% for each tenure)

Tenure of home	Number of times moved in the previous 2 years					
	None	1	2	3 or more	Total	
					%	Number
Rented from local authority	72	17	7	5	100	475
Rented from private landlord	44	32	14	11	100	206
Rented from housing association	51	36	9	4	100	47
Owned or mortgaged	80	15	3	2	100	2,949
Unknown	75	16	4	5	100	518
Total	76	17	4	3	100	4,195

Approximately 40% of the young people reported that they helped to care for family members or others who were ill, disabled or elderly. There were some differences between the PCTs for those reporting involvement in the care of others (Figures 3 and 4). This is an increase since 1996¹ when 37% of females and 31% males reported having a carer's role.

Figure 3 Carers by sex (% of each sex)

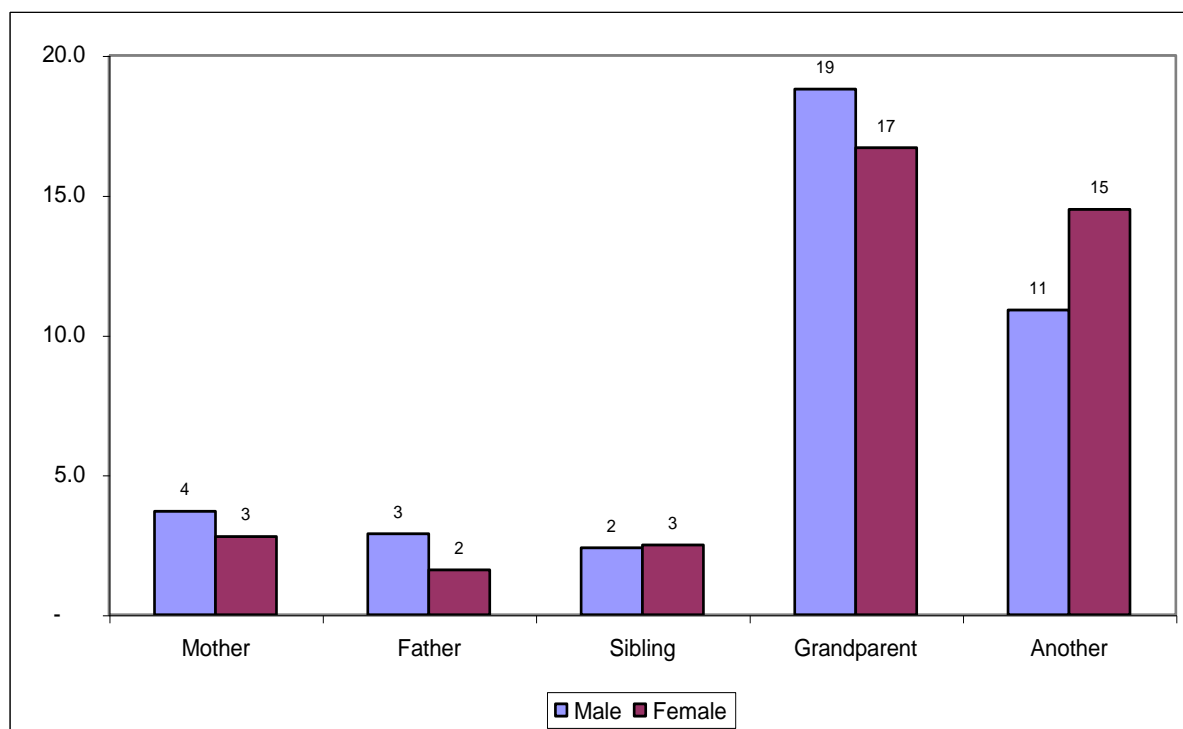
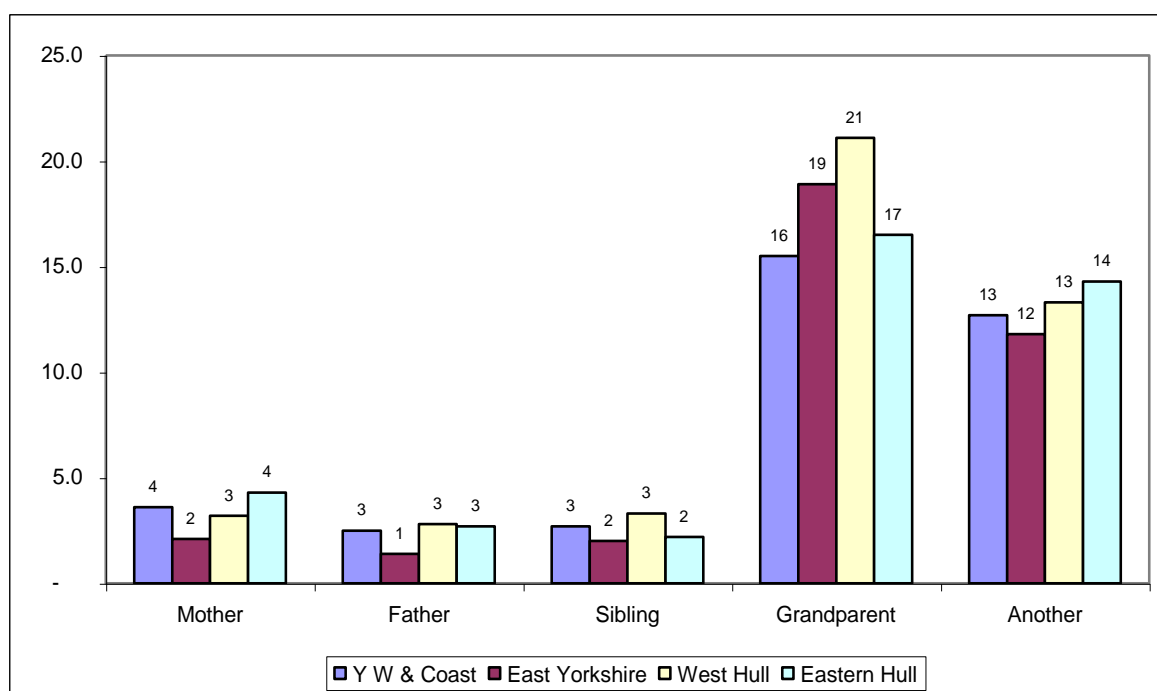


Figure 4 Carers by PCT (% in each PCT)



The young people in East Yorkshire PCT reported fewer siblings than those in the other three PCTs. Those living in homes which were owner occupied or being bought on a mortgage also reported fewer siblings (Tables 5 and 6).

Table 5 Number of siblings by PCT (% in each PCT)

PCT	Number of siblings							Total	
	None	1	2	3	4	5 or more	Total		
							%	No	
Y W & Coast	7	38	30	13	7	5	100	1,462	
East Yorkshire	7	48	30	10	3	2	100	1,352	
West Hull	8	39	28	15	6	5	100	759	
Eastern Hull	8	38	29	13	5	6	100	643	
Total	8	41	29	12	6	5	100	4,246	

Table 6 Number of siblings by housing tenure (% of tenure)

Tenure	Number of siblings							Total	
	None	1	2	3	4	5 or more	%	No	
Rented from local authority	8	27	28	19	11	7	100	475	
Rented from private landlord	11	25	30	17	9	9	100	206	
Rented from housing association	6	28	38	6	13	9	100	47	
Owned or mortgaged	7	46	29	11	4	3	100	2,949	
Unknown	7	35	32	12	7	7	100	518	
Total	7	41	29	12	5	4	100	4,195	

In 1996¹, 9% reported being an only child, 44% had one sibling, 40% had 2 or 3 siblings and 7% had 4 or more.

As can be seen in Tables 7 and 8, fewer pupils were unable to state their parents' employment status as they progressed up the school. It can also be seen that as they became older there was an increase in mothers in full time employment and a decrease in the number in part-time employment or recorded as full time "home makers". There was a similar change in the status of the fathers with a smaller decrease in the already small proportion of full time male "home makers".

Table 7 Employment status of mother/female guardian by school year

Year	Full-time	Part-Time	Full-time home-maker	Unemployed	Long-term sick	Student	Don't know	Total	
								%	No
7	32	34	17	4	1	3	10	100	977
8	38	31	15	4	2	1	9	100	1170
9	41	30	16	4	2	1	6	100	1047
10	45	29	15	4	2	2	4	100	890
Total	39	31	16	4	2	2	7	100	4084

Table 8 Employment status of father/male guardian by school year

Year	Full-time	Part-Time	Full-time home-maker	Unemployed	Long-term sick	Student	Don't know	Total	
								%	No
7	72	6	3	3	1	0.1	14	100	983
8	76	6	1	3	2	0.3	12	100	1163
9	80	4	2	3	2	0.3	10	100	1050
10	82	3	1	3	2	0	8	100	889
Total	78	5	2	3	2	0.2	11	100	4085

Figures 5 and 6 show the employment status by PCT. East Yorkshire pupils reported the highest employment rate for mothers and fathers (75% and 88%) with the Hull PCT pupils giving higher “Unknown” status rather than a much higher unemployment figure. In 1996¹, the unemployment rate for fathers was higher at 8%, for mothers it was just under 4% as now. In the East Riding there was little change, except for a slight fall in “full time mothers” from 18% to 14%. During the time of the survey, unemployment rates in Hull were 10% for adult males and 8% for adult females. In the East Riding of Yorkshire the rates were 6% and 3%.

Figure 5 Employment status of mother/female guardian by PCT

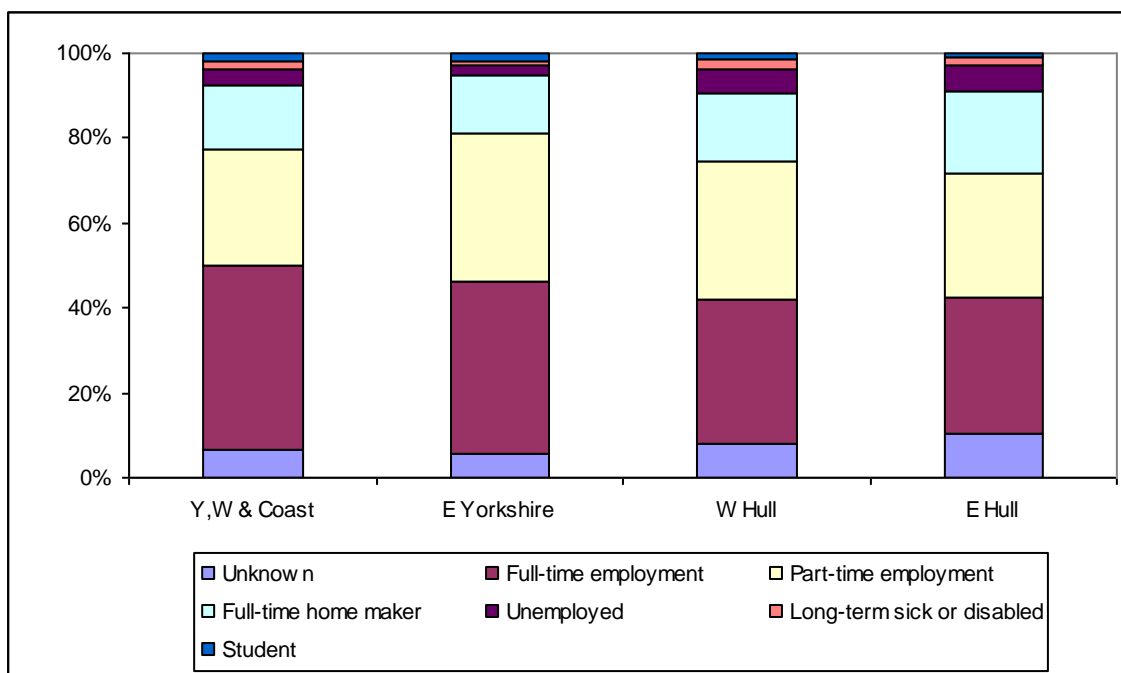
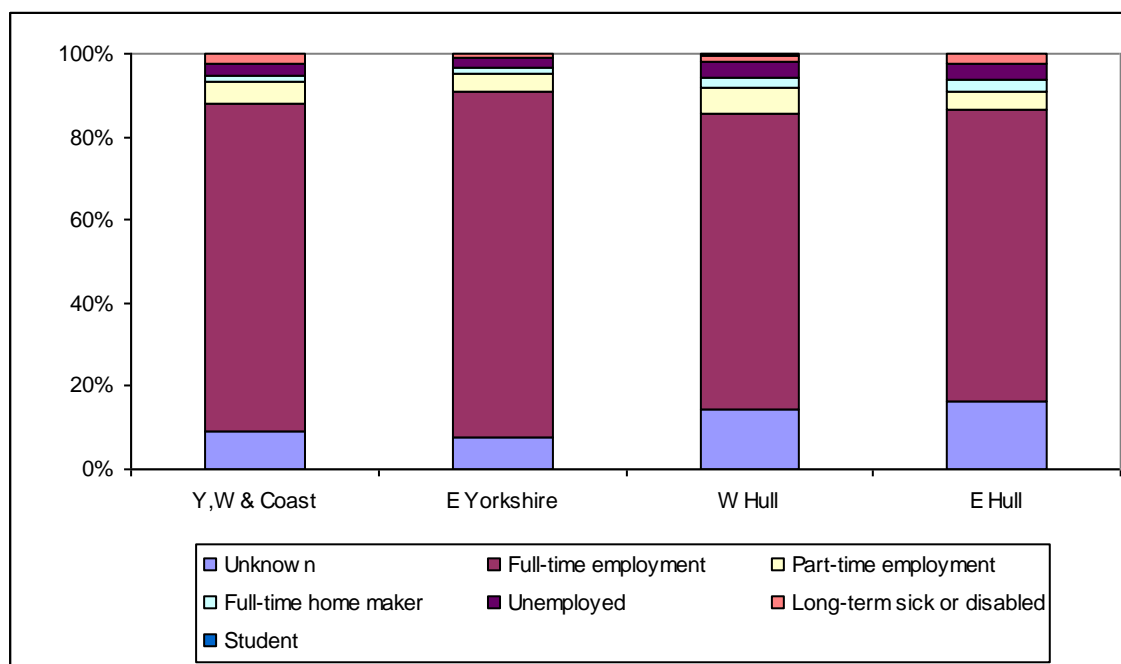


Figure 6 Employment status of father/male guardian by PCT



Ninety-six per cent of the respondents gave their ethnicity as White, the proportion was very similar across the PCTs and the numbers giving other ethnic groups were small, the figures are given in Table 9.

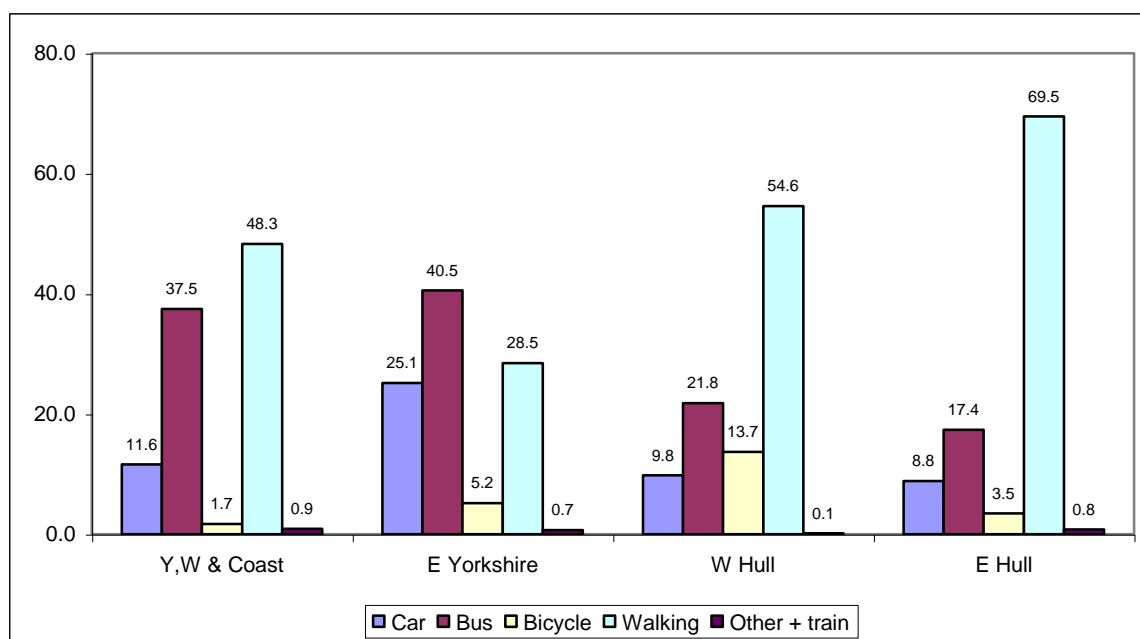
Table 9 Percentage in ethnic group by PCT

PCT	Race						Total	
	White	Mixed Race	Asian /Asian British	Black /Black British	Chinese	Other Race	%	No
Y W & Coast	97	2	0.5	0.2	0.3	0.5	100	1,437
East Yorkshire	97	2	1	0.1	0.3	0.5	100	1,334
West Hull	95	3	2	0.5	0.1	0.5	100	751
Eastern Hull	96	3	0	0.3	0.5	0.8	100	660

Getting to and from school

No young people reported using trains to get to or from school in the Hull PCTs and very few in the East Riding PCTs. When they walked, used the bus or train for their journey to school, they usually used the same method home (approximately a 3% change) but if they were taken to school by car then about half of them either walked or caught the bus home. Females were more likely to travel to school by car than were the males, 18% and 13%. Males were more likely to cycle, 9% and 2%. Overall, just under half of males and females walked to and from school, an increase from the 40% who walked in 1996¹ but a lower number than found nationally by Balding² at 54%. The proportions of the different transport modes to school are shown for each PCT in Figure 7. The lowest proportion walking to school was found in the more rural East Riding PCTs, West Hull PCT had by far the highest proportion cycling to and from school.

Figure 7 Transport to school by PCT



Use of televisions and computers

Television watching is part of everyday life for the vast majority of the young people, Balding² reported that 17% of young people watched 3 hours or more television on school days. In this survey 3,803 of the respondents reported watching television on school days, the length of time they spent is shown in Table 10, the males watching slightly more than the females. The males were also more likely to report having a television in their bedrooms than the females, 91% against 83%.

Pupils in East Yorkshire PCT reported watching the least television and Eastern Hull the most, the ranges are shown in Table 11. There were also differences in the numbers reporting a television in their bedrooms, 87% in Yorkshire Wolds and Coast, 81% in East Yorkshire, 91% in West Hull and 96% in Eastern Hull.

Table 10 Hours watched on a school day by males and females (% of each gender)

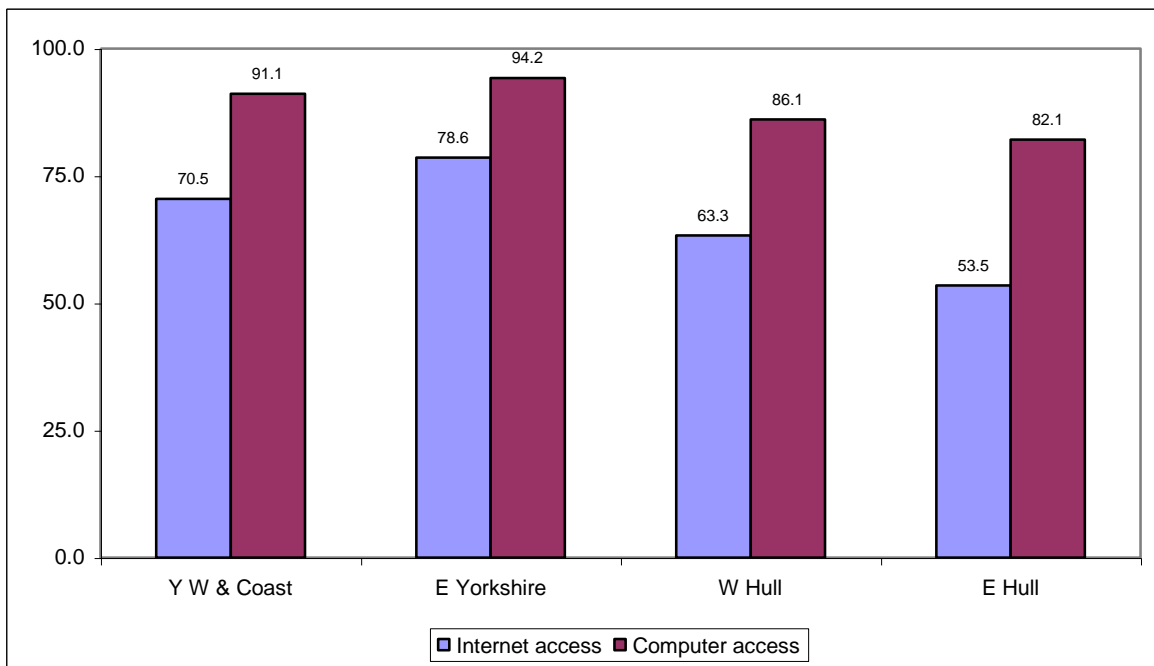
Hours spent watching TV	Males (n = 1,794)	Females (n = 2,009)	Persons (n = 3,807)
0.25-2	20	20	20
2-3.75	45	51	48
4-5.75	23	22	22
6-7.75	9	6	7
8 or more	4	2	3

Table 11 Hours watched on a school day within the PCTs (% in each PCT)

Hours spent watching TV	Y W & Coast (n = 1,319)	East Yorkshire (n = 1,211)	West Hull (n = 685)	Eastern Hull (n = 592)
0.25-2	18	22	20	18
2-3.75	48	51	46	45
4-5.75	24	20	22	21
6-7.75	6	5	10	11
8 or more	3	2	3	5

Access to a computer and the internet at home is equal between the sexes, approximately 90% have access to a computer and 69% to the internet but there were differences reported across the PCTs, shown in Figure 8. This is higher than the national figure quoted by Balding² who reported 42% of respondents with access to the internet at home in 2002, the increase found locally may simply be a reflection of the rapid increase in the use of the internet or the availability of interactive schemes run by the local company Kingston Communications (KIT).

Figure 8 Home access to computers and the internet by PCT



Nearly 3,000 young people reported access to the internet at home, the length of time these respondents spent on the internet varied from less to an hour to over 20 hours per week. Although there were more respondents with internet access in the ERoY PCTs, the heavier users were found in Hull. Details of the times spent each week on the internet in each PCT are shown in Figure 9. Table 12 shown the internet hours by sex, approximately twice as many males use the internet over 10 hours a week, a gender difference also found by Balding².

Figure 9 Hours spent on the internet each week by PCT (% of those with internet access at home)

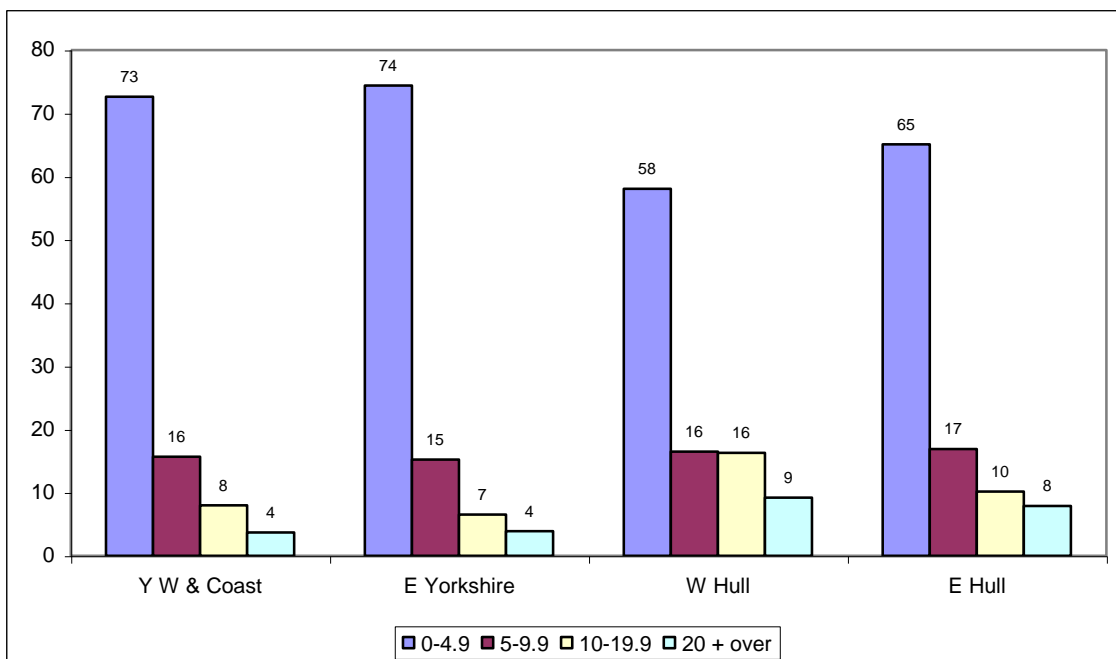
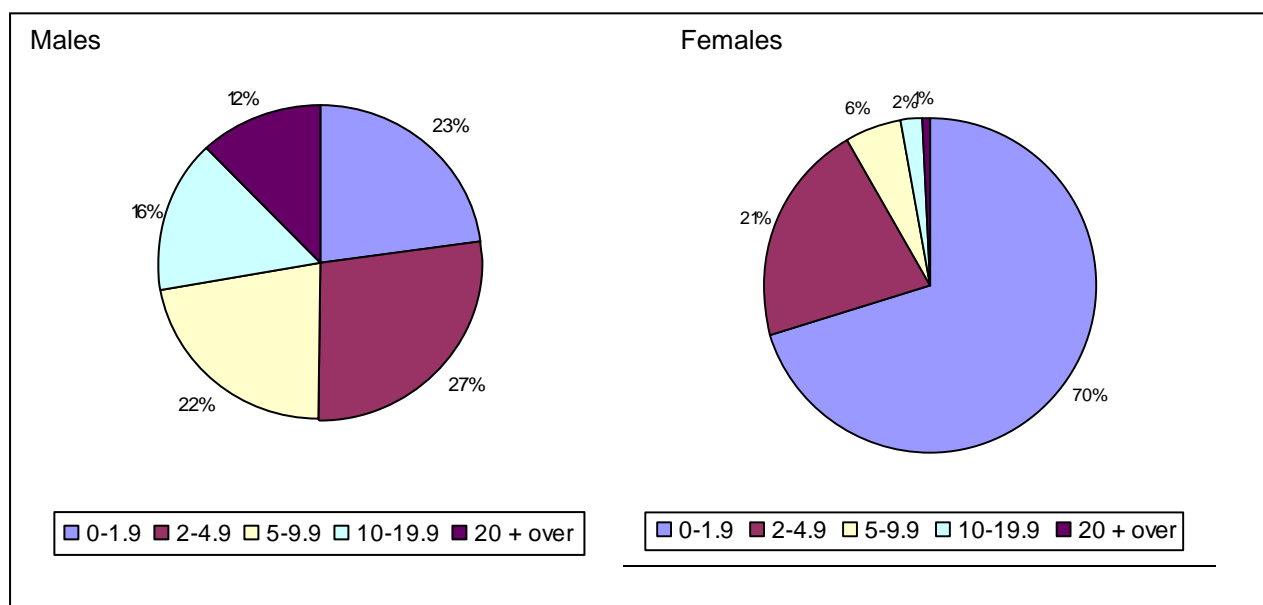


Table 12 Hours spent on the internet each week by sex (Percentage of those with internet access at home)

Hours on the internet per week	Males (n = 1,409)	Females (n = 1,505)
0-4.9	64	76
5-9.9	17	15
10-19.9	12	6
20 and over	8	3

The males were also more likely to play computer games than the females with over a quarter reporting playing games 10 hours or more each week. The comparison between males and females is seen in Figure 10.

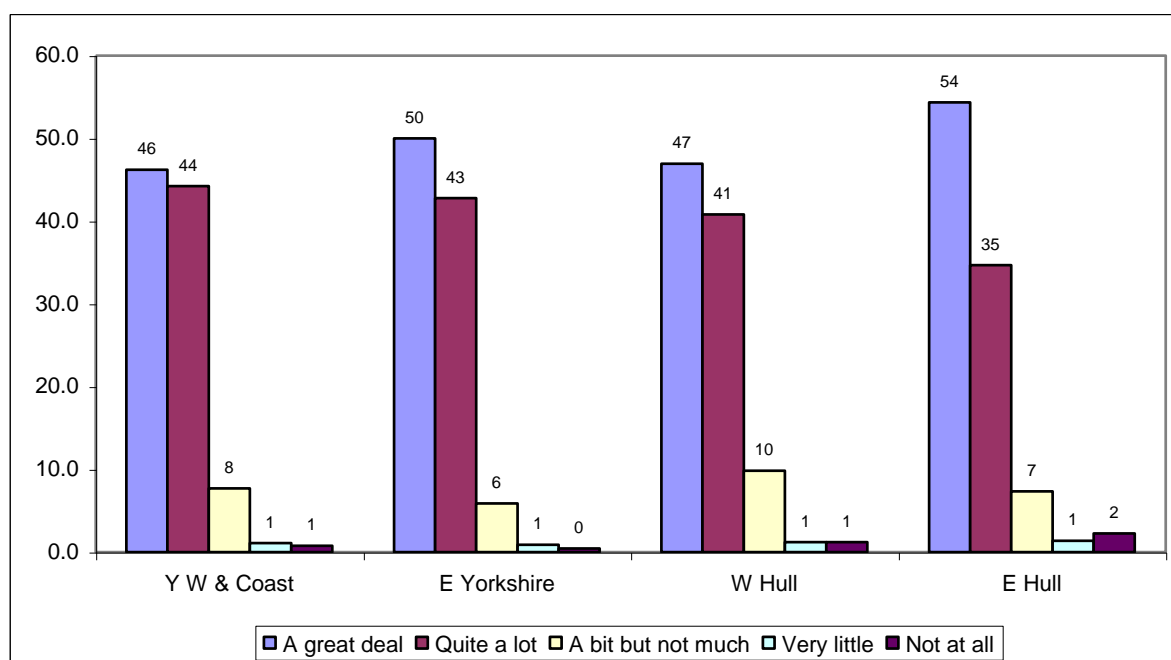
Figure 10 Hours spent playing computer games each week by sex



Aspiration and ambition

Despite the fact that many of the schools taking part in the survey attained lower than the national average number of GCSE passes (5 or more at C or above), nearly 90% of the young people stated that it was important to them to do well at school. This was true of both sexes and all school years with a slightly higher proportion of respondents from West Hull reporting that it was not so important to them. Figure 11 shows the proportions by PCT.

Figure 11 Importance of doing well at school by PCT



However, those who said that they wished to leave school at 16 were more likely to say that doing well at school meant “quite a lot” rather than “a great deal”, the reverse of those wishing to stay on in education. The proportions are shown in Table 13.

Table 13 The desire to leave school at 16 and the percentage who want to do well at school by gender

Gender	Importance of doing well at school	Desire to leave school at 16		
		Yes	No	Don't know
Male		(n = 644)	(n = 830)	(n = 548)
	A great deal	38	63	43
	Quite a lot	42	33	47
	A bit but not much	15	3	9
	Very little at all	3	1	0.4
	Not at all	3	0.2	1
Female		(n = 532)	(n = 1,044)	(n = 600)
	A great deal	37	57	42
	Quite a lot	46	40	50
	A bit but not much	14	3	7
	Very little at all	2	0.1	1
	Not at all	1	0.2	0.2

There was a difference across the PCTs with the proportion of pupils wanting to remain in education after the age of 16. Eastern Hull had the highest number wishing to leave education at 16, especially amongst the males, overall the females were more likely to say that they wished to stay on in education. The breakdown of these figures is shown in Table 14.

Table 14 Percentage wishing to remain in education after 16 by gender and PCT

Gender	PCT	Yes	No	Don't know	Total	
					%	Number
Male	Y W & Coast	57	15	28	100	759
	East Yorkshire	62	11	27	100	544
	West Hull	66	11	23	100	394
	Eastern Hull	48	19	33	100	340
Female	Y W & Coast	71	5	24	100	693
	East Yorkshire	75	4	21	100	797
	West Hull	68	8	25	100	361
	Eastern Hull	67	9	23	100	325

There was an age difference in the proportions expressing an intention to stay on in education after 16, most notably in the females. Approximately a third of year 7 pupils did not know if they wished to remain at school or attend college but by Year 10, 80% of females and 59% of males stated a desire for further education, a rise from 61% and 54% respectively in Year 7.

Three quarters of both male and female respondents felt that job security was very important, 60% reported that using their brains at work was very important and 90% thought that good pay was very important. However, there were differences between the sexes when it came to the amount of free time available to them and obtaining a "worthwhile" job. Twenty eight per cent of males and 19% of females thought that working short hours and having lots of free time was very important, 78% of males and 85% of females thought it very important for their future employment to be worthwhile.

The only real differences seen in the variables described in the above paragraph across the four PCTs were in the responses about the importance of using one's brain at work. In Eastern Hull PCT 66% reported it as very important, the equivalent figure for West Hull was 53%, Yorkshire Wolds and Coast 58% and East Yorkshire 55%.

Mental Health

The desire to do well at school was reflected in the numbers of young people who reported being worried about homework and school examinations. A third worried "a great deal" or "quite a lot" about homework, with half the pupils being similarly worried about examinations and tests. There was little difference between the sexes in those who worried about homework but there were 15% of males and 10% females who did not worry about it at all. Females were more likely to worry about examinations than the males, 61% and 49% respectively, the worries reached a peak in year 9 pupils (Figure 13), however, 7% of females and 14% of males reported not worrying about them at all. These worries about school related issues show an increase since the 1996¹ survey when by the time they were 15, 57% females and 40% of males reported worries about homework, a similar increase since 1996 was found by Balding².

There were differences reported across the PCTs with young people in the Hull PCTs reporting less worry about homework and examinations than their counterparts in the East Riding. The largest differences in levels of reported worry are seen when school year is considered, year 9 pupils reporting the highest levels of worry about examinations and the lowest level of worry about homework. The proportions who stated that they worried "a great deal" or "quite a lot" about these school work stressors are shown in Figures 12 and 13.

Figure 12 Proportion of pupils who worried about homework by school year and gender

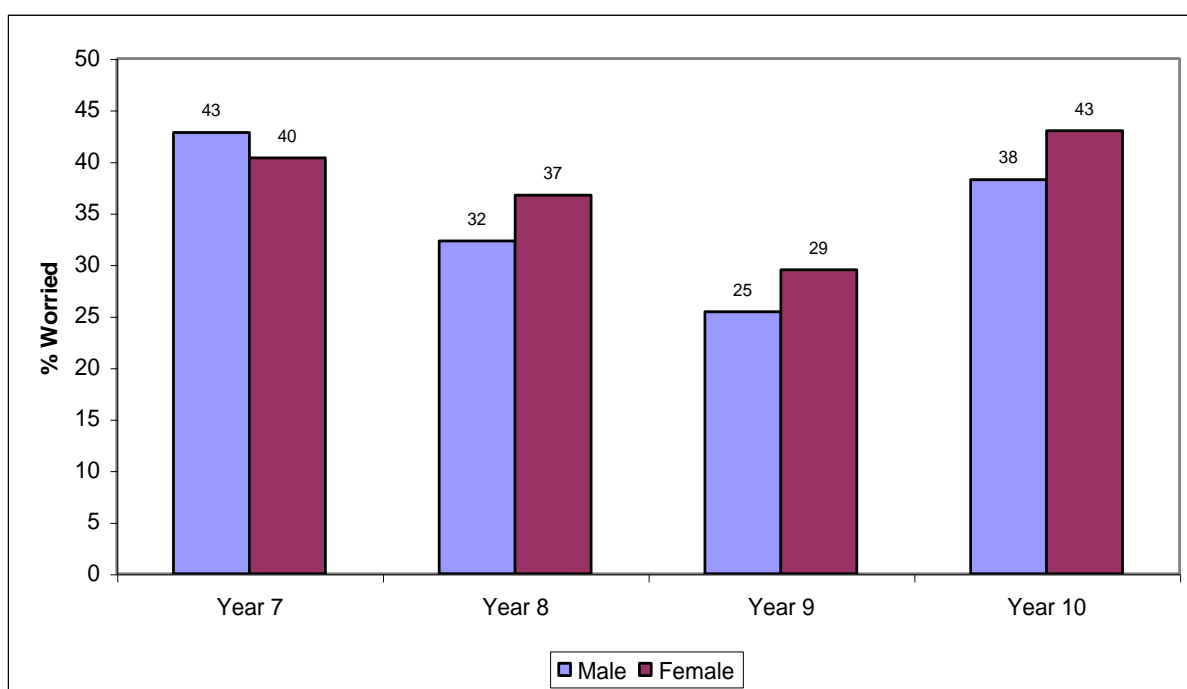
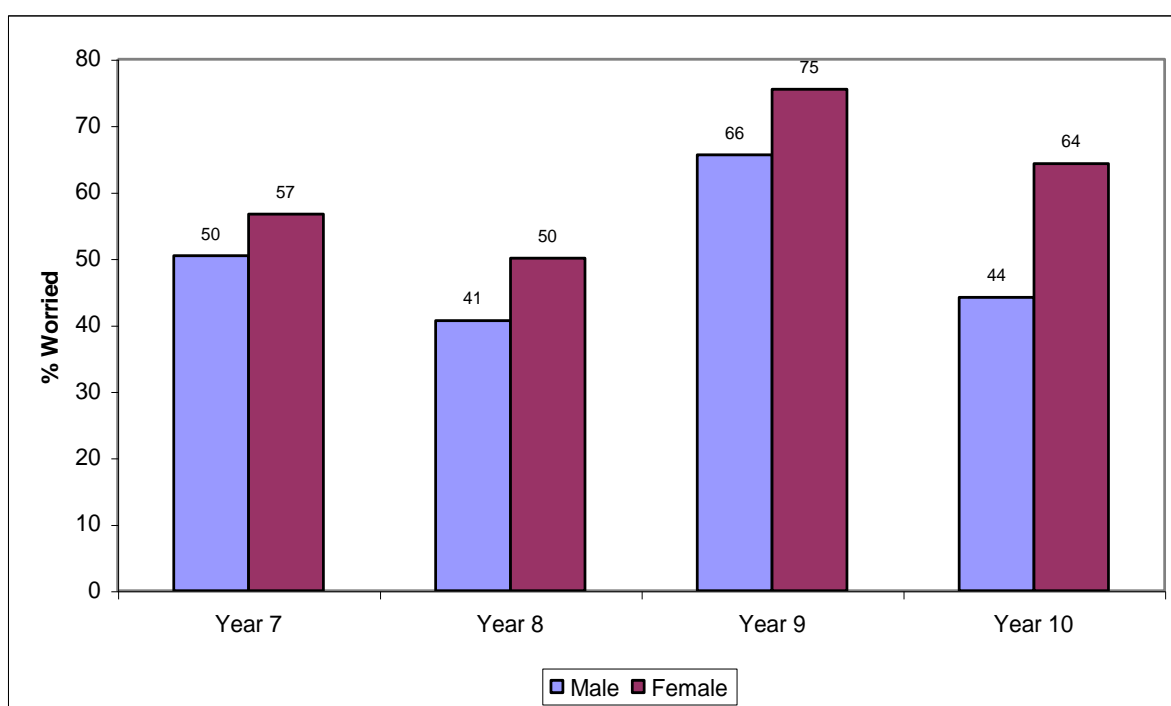


Figure 13 Proportion of pupils who worried about examinations by school year and gender



Twelve per cent of males and 13% females reported being worried about bullying, the proportion was not constant across the age range studied but fell in both sexes from 19% in year 7 to 7% in year 10. Similar age differences were found in 1996¹: a fall from 22% to 6% in males and 22% to 11% in females. Further falls might be expected if current anti-bullying initiatives are successful. There were differences in worrying about bullying across the PCTs which are shown in Table 15.

Table 15 Percentage worried about bullying by PCT and school year

PCT	School year			
	7	8	9	10
Y W & Coast	22	19	9	6
East Yorkshire	21	13	7	8
West Hull	14	8	8	9
Eastern Hull	18	14	12	7

In the East Riding PCTs the proportion of respondents who stated that they were worried about their health largely decreased with age, in Hull, although there was some decrease, overall the levels remained similar especially in Eastern Hull. The levels for all four PCTs are shown in Figures 14 and 15.

Figure 14 The proportion of males who worried about their health by PCT

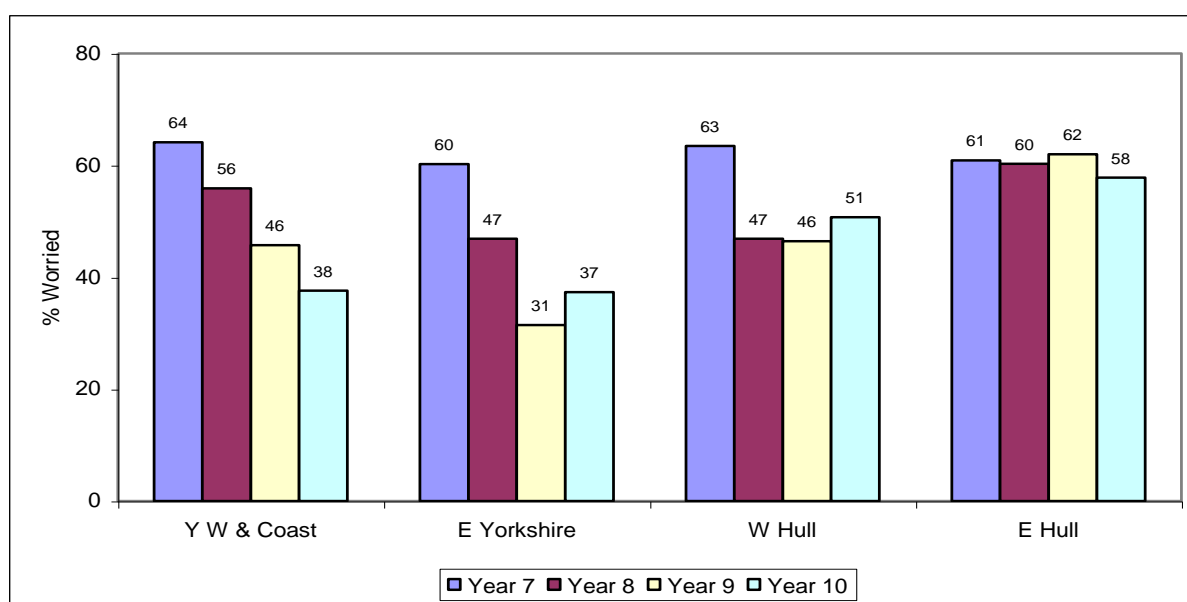
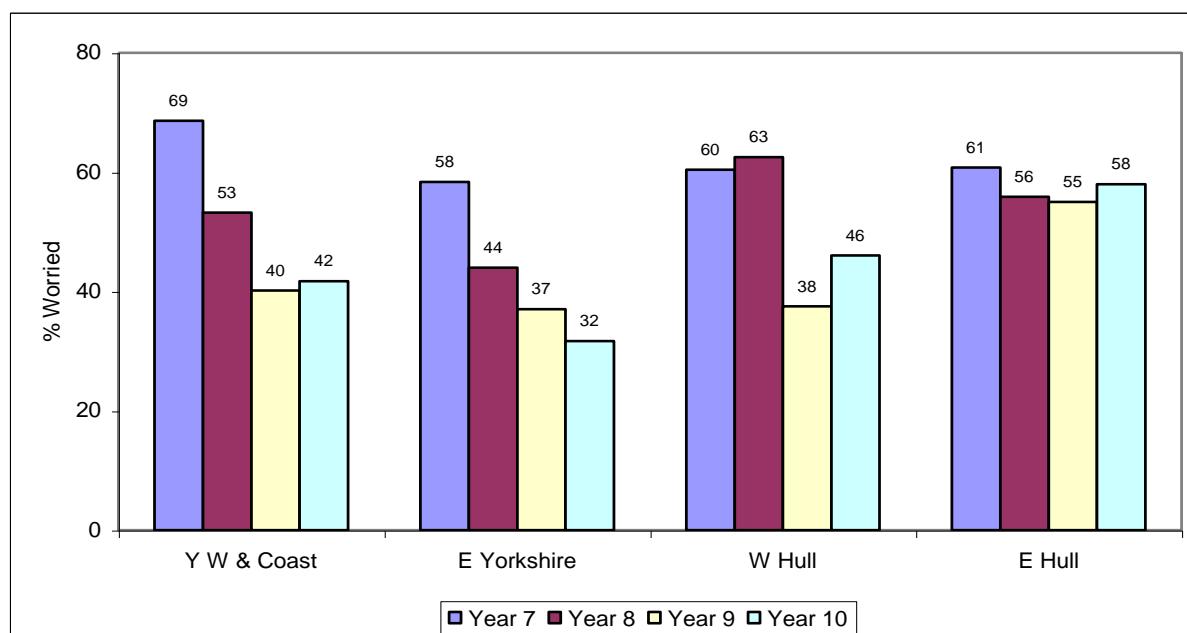


Figure 15 The proportion of females who worried about their health by PCT



However, 60% of the males and 51% of the females who reported worrying “A great deal” or “Quite a lot” about their health also reported that they thought they were in “excellent” or “Very good” health. The worries about their own health have increased since 1996¹ especially among the younger pupils, when 12 year old males and females reported the levels at 43%.

As in 1996¹ and across the county (Balding²), more females reported being worried about problems with their friends than did the males, the level of reported worry can be seen in Figure 16 along with the proportion worrying about their relationships with boy/girl friends. Table 16 shows the small differences between the PCTs for those worrying about friends and relationships with boy/girl friends.

Figure 16 The proportion worrying about problems with their friends by gender and school year

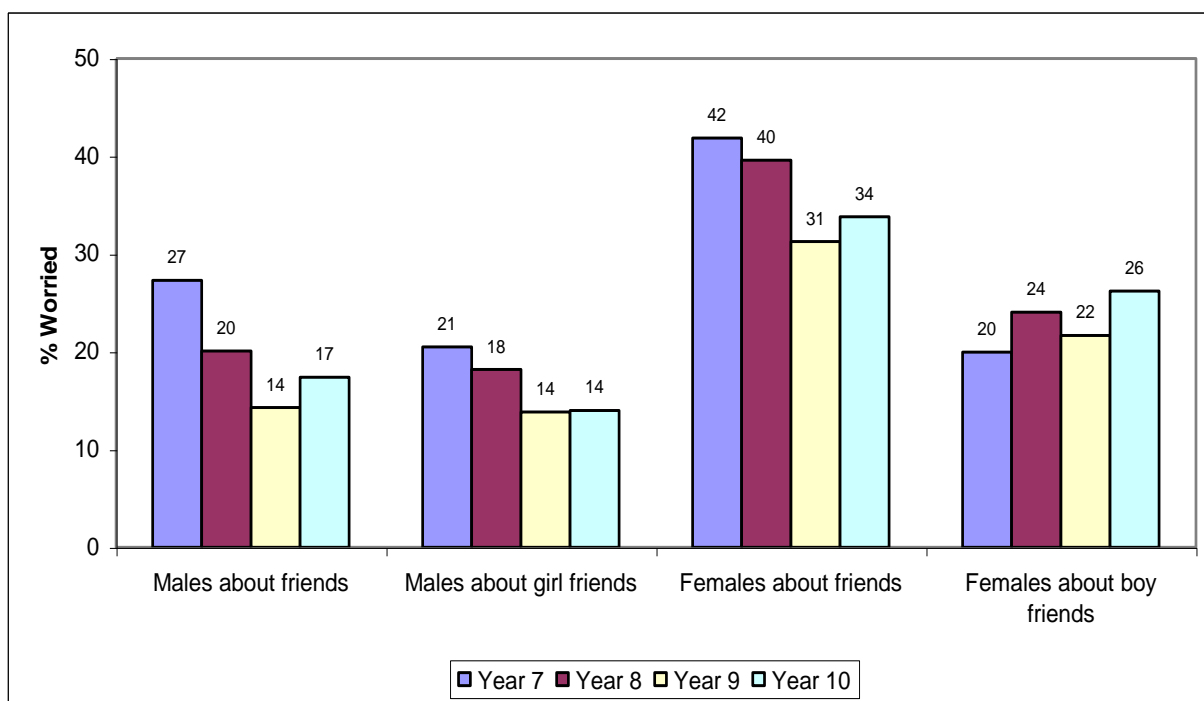


Table 16 The percentages worrying about problems with their friends by gender and PCT

Problems with friends				
Gender	PCT			
	Y W & Coast	East Yorkshire	West Hull	Eastern Hull
Males	23	19	16	18
Females	40	36	39	32
Problems with boy/girl friends				
Gender	PCT			
	Y W & Coast	East Yorkshire	West Hull	Eastern Hull
Males	21	15	16	12
Females	27	20	24	19

Just under half of the males report worrying about money across the school years, the females report worrying less until Year 10, 33% in year 7 and 52% in year 10. There were differences found across the PCTs with the young people of East Yorkshire expressing less worry about money than the others (Table 17). The year 7 males worry more about getting a job than do year 10s, 46% to 35% but in

females the trend is the other way from 28% to 41%. Nationally, Balding² found 28% of males and 36% of females in year 10 expressed career worries, a similar level found locally in 1996¹, 36% and 34% for the males and females. Across the PCTs, the males in Eastern Hull reported a higher level of worry about their job prospects than did any other group, the figures for males and females are shown by PCT in Table 17.

Table 17 Those worrying "A great deal" and "Quite a lot" about money and employment prospects by PCT and gender.

Money				
Gender	PCT			
	Y W & Coast	East Yorkshire	West Hull	Eastern Hull
Males	45	40	49	54
Females	47	34	50	43
Employment prospects				
Gender	PCT			
	Y W & Coast	East Yorkshire	West Hull	Eastern Hull
Males	39	32	37	51
Females	34	21	34	40

There was a relationship between worrying about getting a job and money, two thirds of the pupils reported worrying about both.

With increasing age fewer respondents said that they worried about puberty and growing up, in males the fall was from 23% to 6% and in females 30% to 10% between years 7 and 10. Three quarters of males and 72% of females who worried about puberty also stated that they worried about their health.

Overall the females were twice as likely as the males to report worrying about problems at home, 30% and 15%. The differences with age were even more pronounced with the worry decreasing among the males from 19% in year 7 to 13% in year 10 but in the females it had increased from 25% to 39% by year 10. A similar pattern was found in 1996¹, with an increase from 22% to 33% in the females, the level had reached 41% in year 10 females in the Balding² survey. There was little difference across the PCTs for males but West Hull and Yorkshire Wolds and Coast females said they worried more at 27% and 28%. East Yorkshire and Eastern Hull levels were lower at 20% and 17%.

As in 1996¹ there was little difference across the school years in reported worry about personal looks with approximately a quarter of the males and half the females saying they were worried about the way they looked. There was little difference across the PCTs for the males but a range for the females with 49% in West Hull and 60% in Eastern Hull expressing worries.

There was a higher proportion of males than females reporting worry about the presence of illegal drugs on the streets and some variation across the PCTs and a decrease with age, these are shown in Figures 17 and 18. In 1996¹ the pattern was rather different with approximately 13% of males and females across the age range worried about the presence of illegal drugs.

Figure 17 Those worried "A great deal" or "Quite a lot" by illegal drugs, by school year and gender

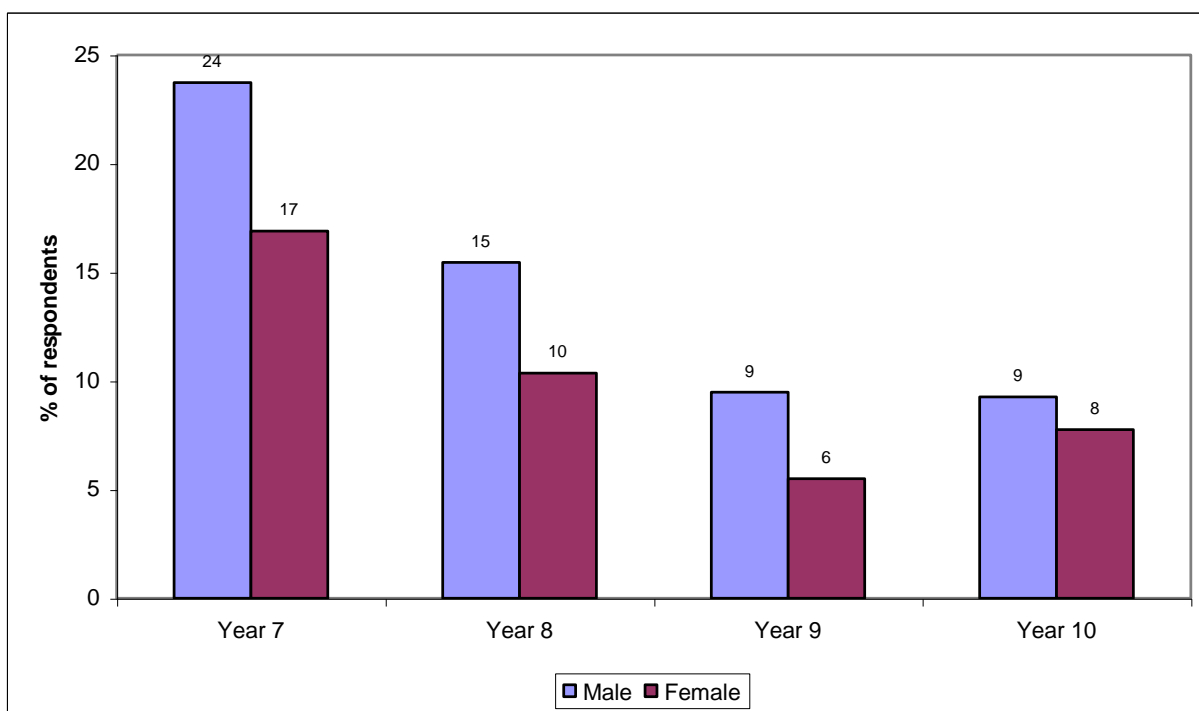
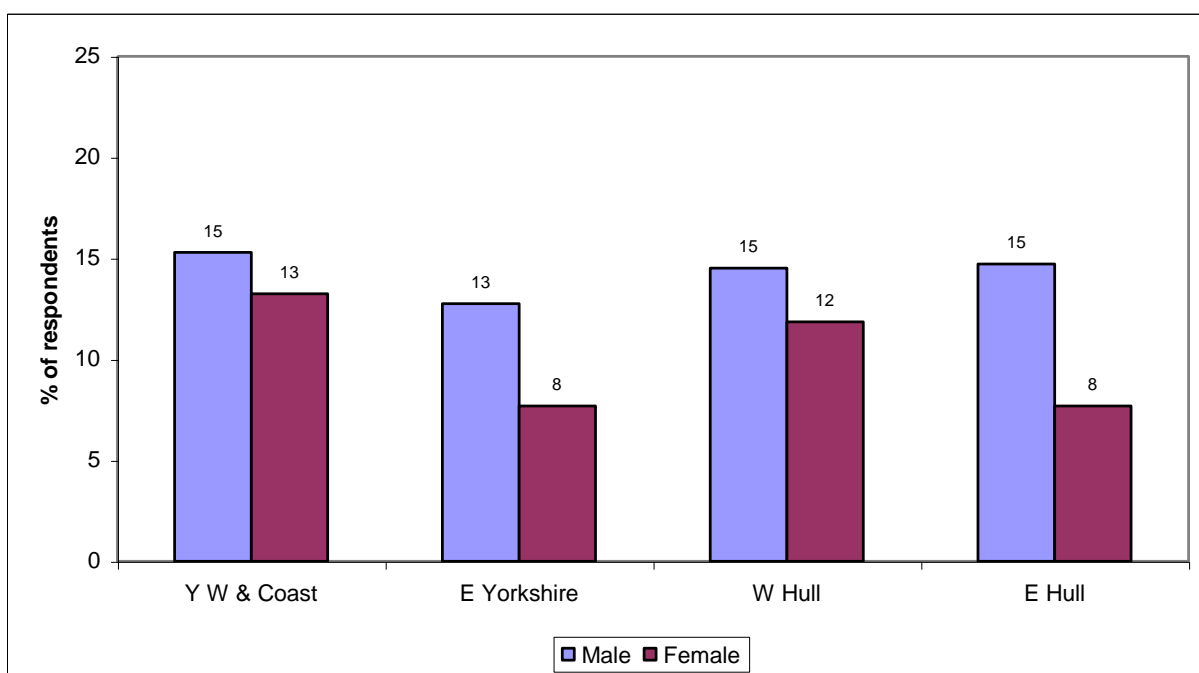


Figure 18 Those worried "A great deal" or "Quite a lot" by illegal drugs, by PCT and gender



Among both male and female respondents, listening to music was cited by more than 80% as an activity which would make them feel better when they were worried or upset, for males it was the most important activity but for females talking to their friends was slightly more important. Although many of the young people expressed worries about relationships, friends and family were given as a frequent source of support, friends becoming more important and family less so as the respondents got older. The proportions of males and females who cited each activity are given in Figures 19 and 20. There were only a few differences between the four PCTs, these are shown in Figures 21 and 22.

In this survey, 46% of 15 year old males reported that drinking alcohol relieved stress, in 1996¹, the level was 45%, there was however, an increase in the 15 year old females from 44% to 52%. The proportions citing smoking tobacco to relieve stress, remained virtually the same between the surveys, with the percentage of 15 year old males falling from 16% to 13% and females from 33% to 31%.

Figure 19 Proportion of male respondents, by school year, who said the listed activities make them feel better when worried or upset

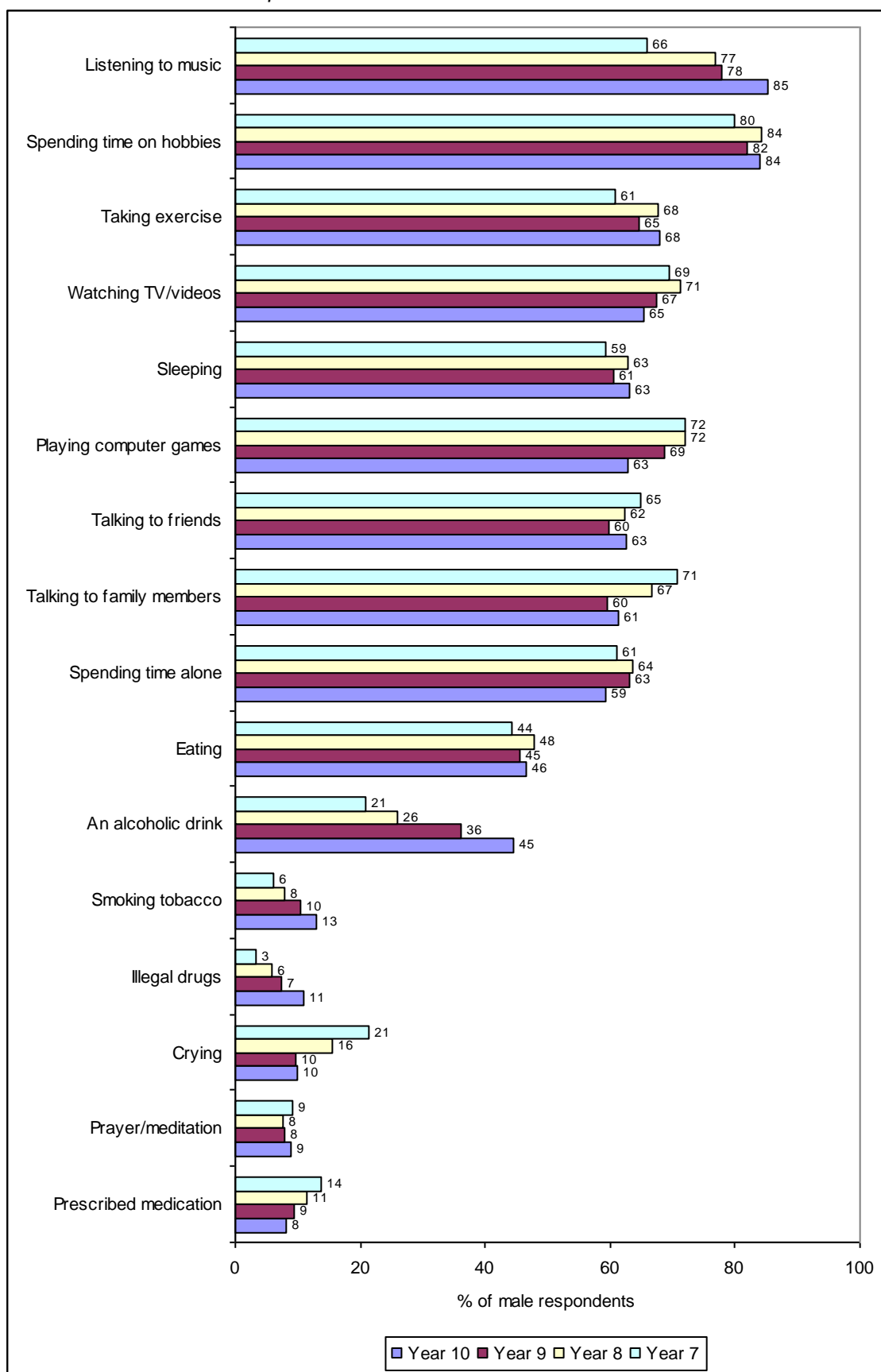


Figure 20 Proportion of female respondents, by school year, who said the listed activities make them feel better when worried or upset

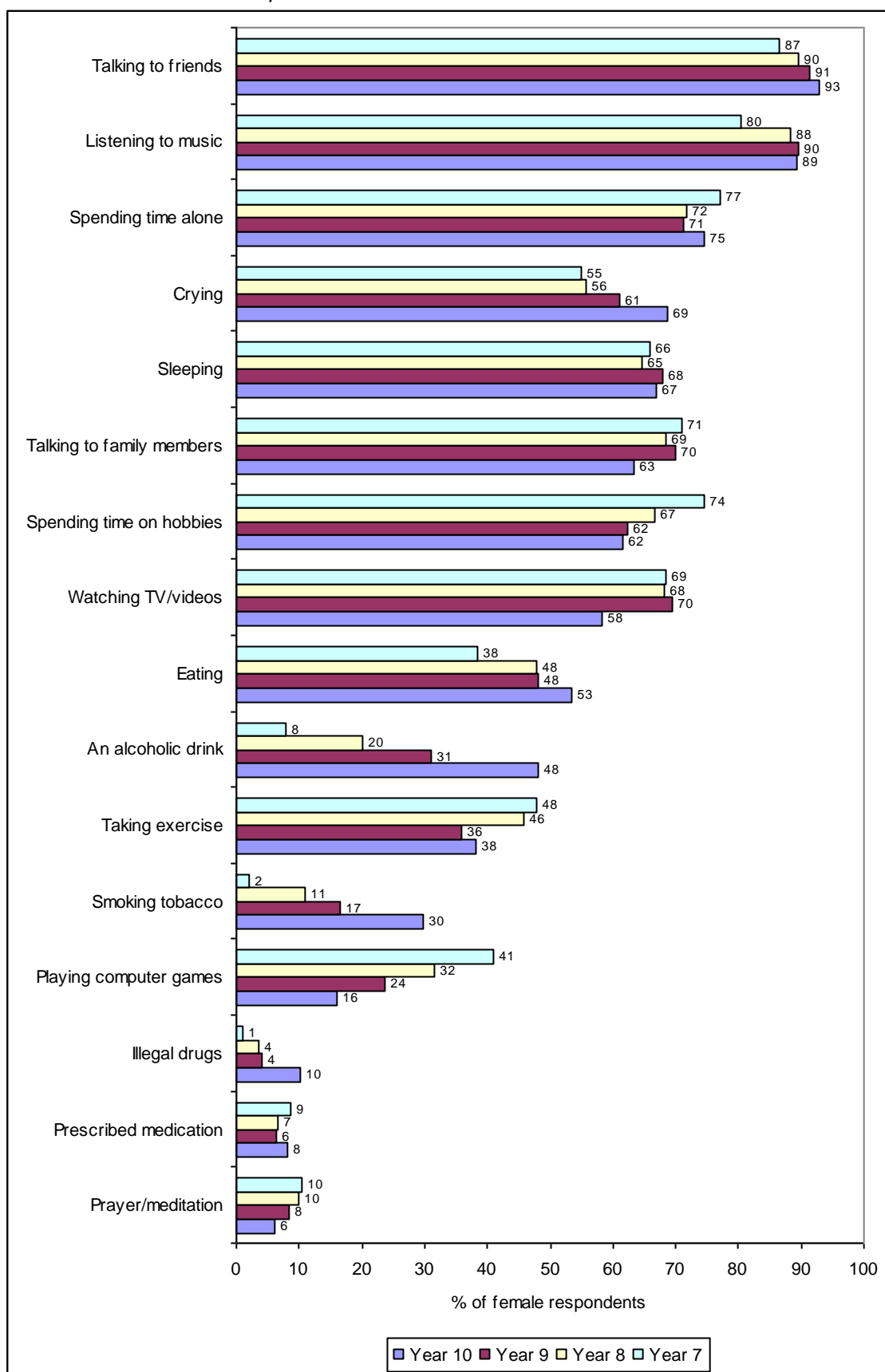


Figure 21 Proportion of male respondents, by PCT, who said the listed activities make them feel better when worried or upset

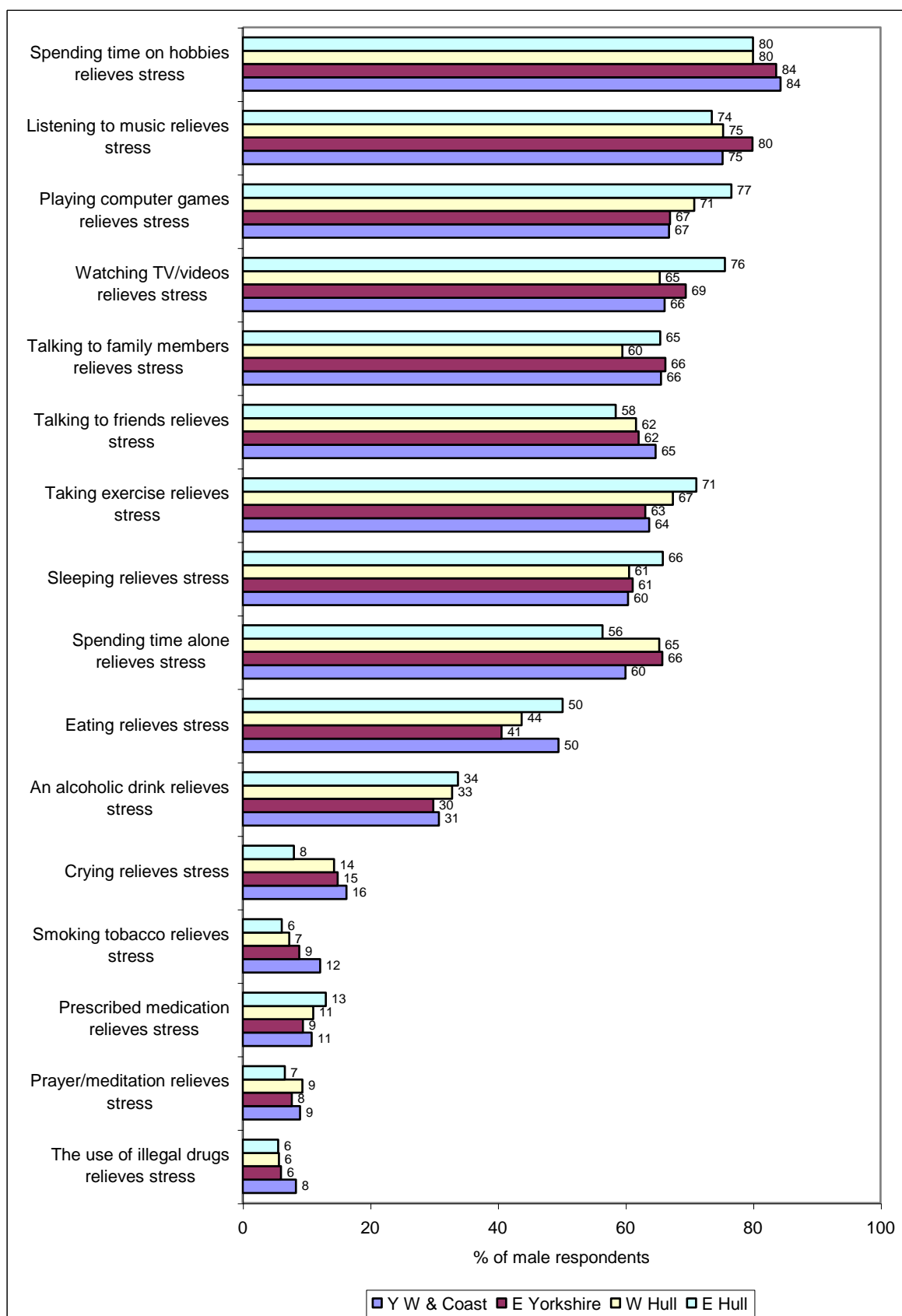
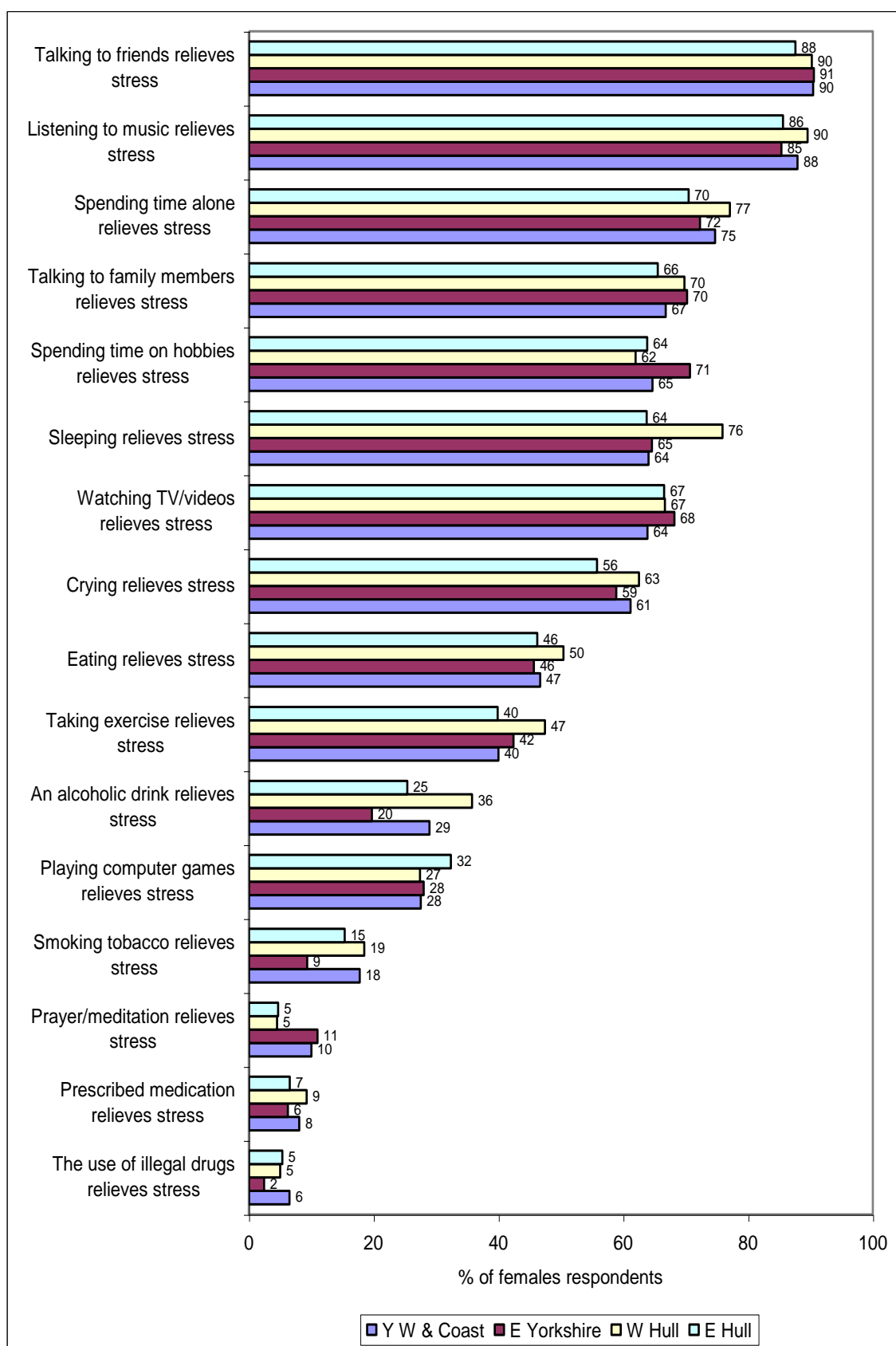


Figure 22 Proportion of female respondents, by PCT, who said the listed activities make them feel better when worried or upset

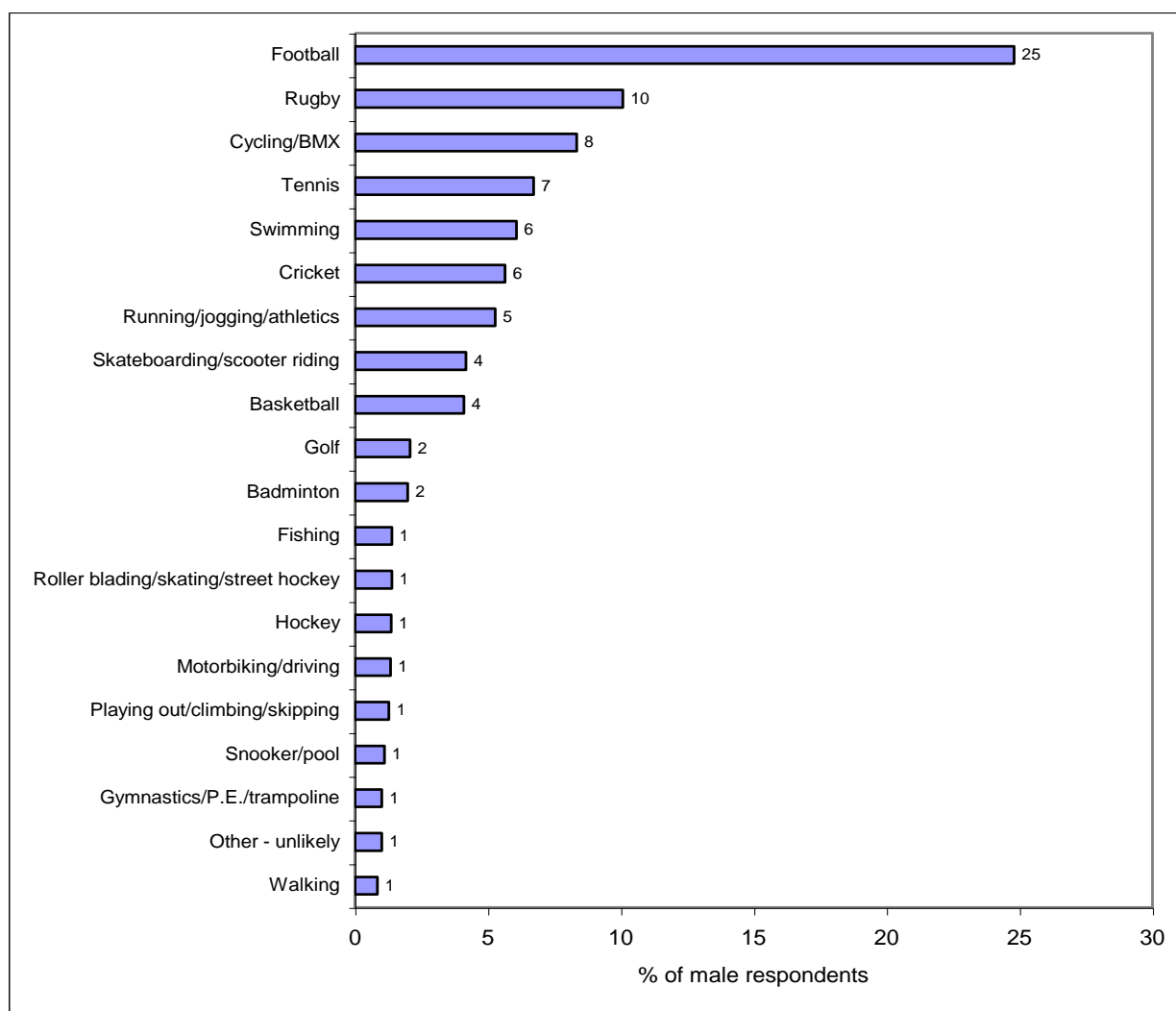


Exercise

Close to 80% of all the young people reported that they took part in sport or physical activities every week at school. As they progressed up the school, there was a shift from twice or more in a week to just “weekly”. Sport and physical activity undertaken within club settings was more common among the males at around 50% for all ages, however in the females it fell from 44% to 25% from year 7 to year 10. Nine per cent of males and 7% of females reported that they did not take exercise at school or in clubs but less than 1% overall reported no exercise at all. Just less than a third of the males report using the facilities at leisure centres weekly across the age range, in year 7 females this was also the level but in years 9 and 10 it had fallen to 20%. The females were slightly more likely to report using swimming pools than the males but in both the proportion decreased with age, from 41% to 19% in the females and 34% to 14% in the males. Physical activity and sport in the parks or on the streets was reported at least weekly by 80% of the males at all ages, in females this level in year 7 fell to 50% by year 10.

There was little difference across the four PCTs in the exercise levels reported, apart from females in Hull reporting the use of clubs for sports and physical activity less than their East Riding counterparts, 25% in Hull and approximately 40% in the East Riding.

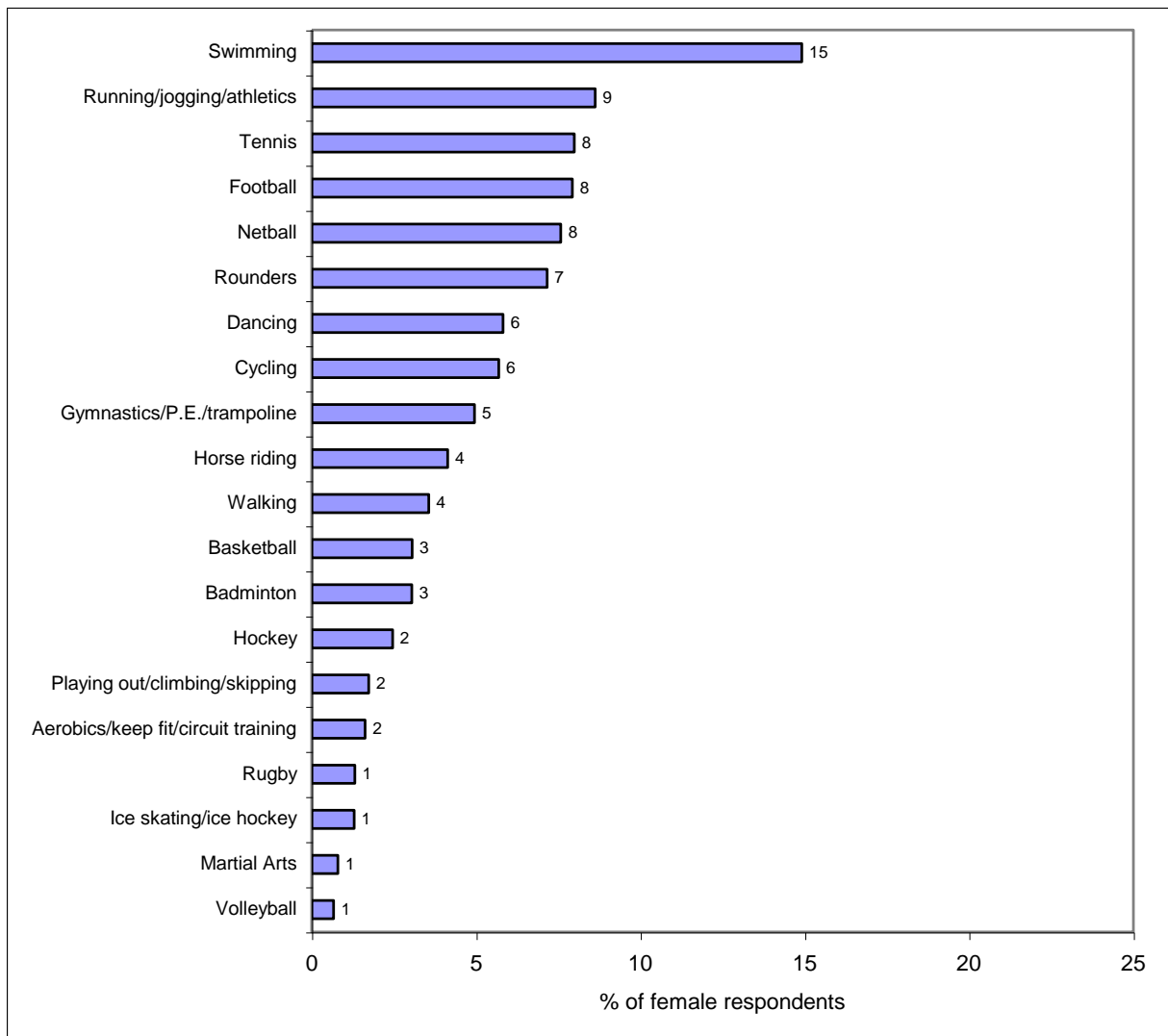
Figure 23 The “Top twenty” activities for male respondents (%)



The young people were asked to name their three favourite sports or physical activities, the males and females gave very different answers. The top twenty for each gender are given in Figures 23 and 24. It must be remembered that the survey was administered mostly during the summer term.

Nationally, Balding² has reported similar preferences for football, swimming, cycling, running/jogging and basketball but not rugby in the males. In females, the preferences were for swimming, dancing, cycling, running and netball.

Figure 24 The “Top twenty” activities for female respondents (%)



There were differences found in the activities that were listed by the young people in the four PCTs, these are shown in Figure 25 for the males and Figure 26 for the females.

Figure 25 "Favourite Activities Males by PCT"

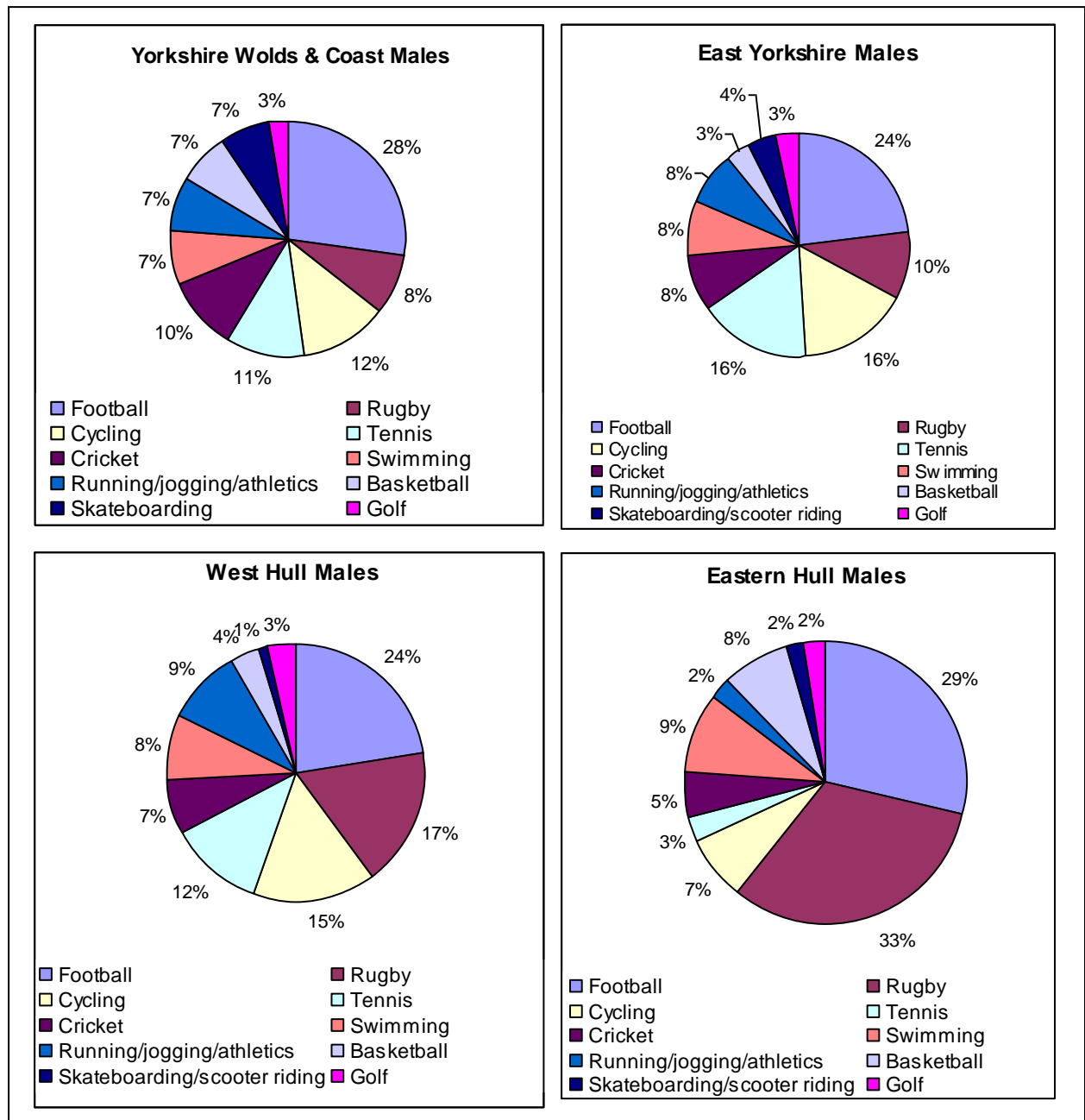
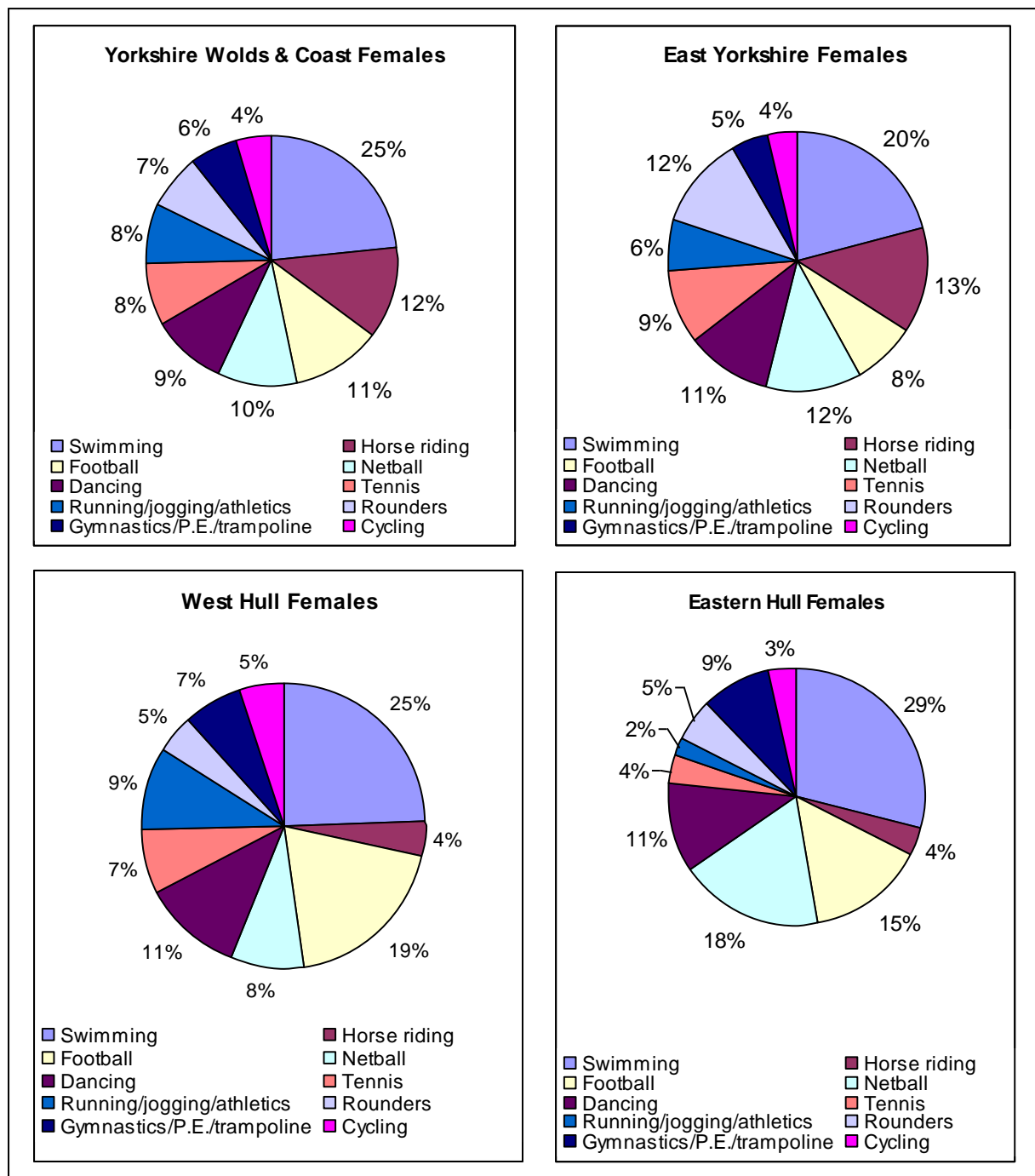


Figure 26 "Favourite Activities Females by PCT"



The fact that the young people stated that an activity was a favourite did not necessarily mean that they were able to participate in that activity regularly, for instance, swimming was the most popular activity for the females but only half reported swimming each week. The males were more fortunate with their favourite of football as 96% reported playing at least once a week. The availability of facilities could very well influence the frequency of these activities.

Health

Perceived health

When asked to rate their own health there was virtually no change across the ages for males with 60% rating their own health as “Excellent” or “Very good”. In 1996¹, the level was also consistently around 60% but around 40% in females. Amongst the females in this survey, more year 7s reported better health at 57% but then there was a fall to the 1996 levels of 42% in year 10s reporting that they were in “Excellent “ or “Very good” health, the details are given in Table 18 and Figure 27. There were some small differences across the PCTs as shown in Table 19.

Table 18 Perceived health in males by school year (% of year)

Perceived health	School year							
	7		8		9		10	
Excellent	22		21		18		18	
Very good	38		40		42		43	
Good	29		31		31		31	
Fair	10		7		7		7	
Poor	1		2		2		1	
Total	%	No	%	No	%	No	%	No
	100	475	100	572	100	532	100	426

Figure 27 Perceived health in females by school year

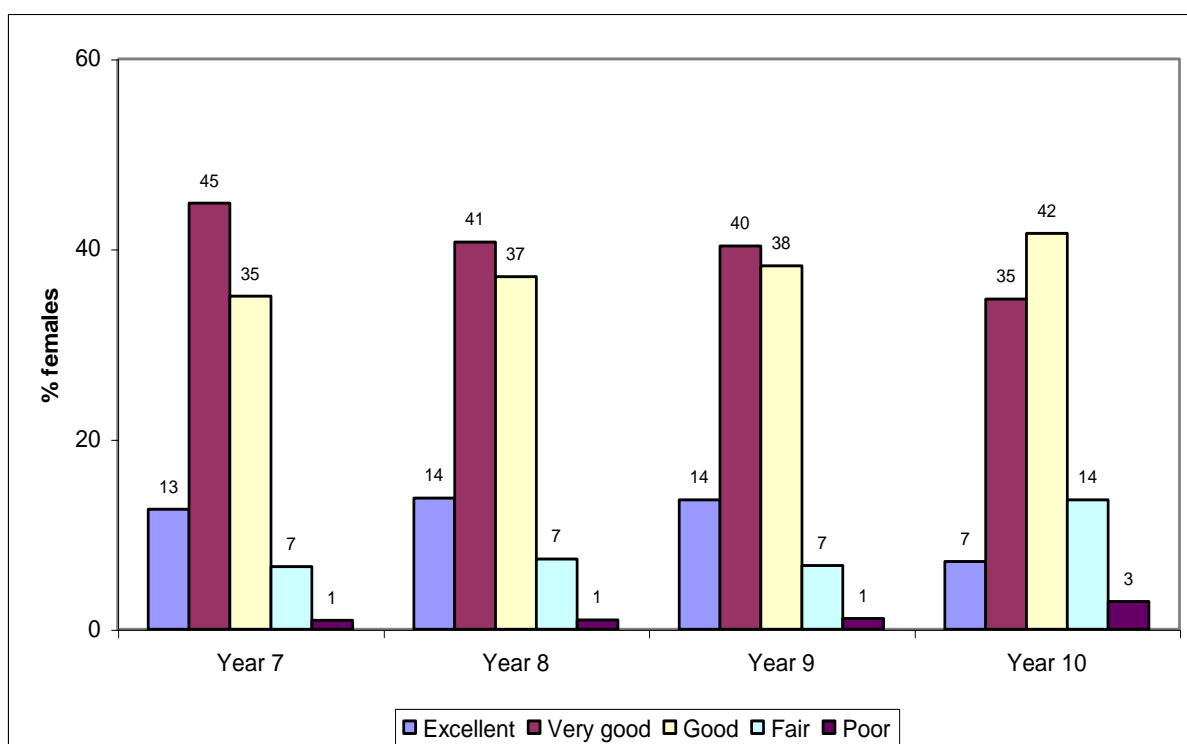


Table 19 Perceived health in by PCT and gender (% of gender in PCT)

Gender	Perceived health	PCT							
		Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
Males	Excellent	21		19		18		22	
	Very good	43		41		37		40	
	Good	27		31		34		33	
	Fair	8		8		9		4	
	Poor	2		1		2		1	
Total in PCT		%	No	%	No	%	No	%	No
		100	754	100	535	100	395	100	333
Females	Excellent	10		12		13		16	
	Very good	41		43		38		33	
	Good	38		38		37		38	
	Fair	10		6		9		11	
	Poor	1		1		3		2	
Total in PCT		%	No	%	No	%	No	%	No
		100	695	100	787	100	356	100	324

The young people were asked if they did anything which kept them healthy, 80% said that they did so. They also had the opportunity to say what they did, a difference was found between the sexes although for both the emphasis was upon exercise and healthy eating. The "Top Ten" for males and females are listed in Tables 20 and 21 with the percentage of respondents who named the activity. Many felt that they did sufficient walking to keep them healthy, this was with especial reference to walking to and around school.

Table 20 Healthy activities named by males

Activity	% of males
Playing sport	27
Taking exercise	23
Walking	7
Healthy diet	6
Cycling	5
Running	4
Eat fruit	4
Dog walking	1
Paper round	1
Take vitamins	1

Table 21 Healthy activities named by females

Activity	% of females
Take exercise	22
Walking	17
Healthy diet	9
Play sport	8
Eat fruit	6
Dancing	3
Dog walking	3
Running	3
Cycling	2
Ride/work with horses	2

The respondents were also asked if they did anything that they thought would make them unhealthy, approximately half of them said that they did, with an increase with age from 44% to 50% in the males and 51% to 64% in the females. The "Top Ten" unhealthy activities given by these respondents are listed for the males and females in Tables 22 and 23. These suggested health and unhealthy activities remain unchanged from 1996¹.

Table 22 Unhealthy activities named by males

Activity	% of males
Eat junk food	39
Eat chocolate/sweets	17
Smoking	9
Eat a lot	9
Watch television	7
Play computer/video games	7
Lack of sport/exercise	3
Drink alcohol	2
Passive smoking	1
Smoke cannabis/take drugs	1

Table 23 Unhealthy activities named by females

Activity	% of females
Eat junk food	31
Eat chocolate/sweets	26
Smoking	15
Watch television	7
Eat a lot	6
Lack of sport/exercise	5
Drink alcohol	5
Not eat enough/regularly	1
Passive smoking	1
Play computer/video games	1

When asked why they maintained these unhealthy behaviours, the answers given were very straightforward, half those who eat junk foods did so because they “taste nice”, similarly with the eating of sweets and chocolate, they like them (63%). A few respondents said that chocolate is a comfort food (“makes me feel good” or “eat it when I am depressed”) or junk foods provide a quick and simple way of alleviating hunger (20%), some give the reason of “boredom” (6%). Twenty three per cent of those who say their smoking is unhealthy, smoke because they are addicted, to 19% it brings stress relief, 12% smoke because their friends do and 15% said that they did not know why they smoked.

Use of medication

Twenty six individuals reported that they took medication for diabetes and 23 individuals reported taking medication for epilepsy. These were spread across the ages and between the sexes and did not give great enough numbers for further analysis.

There were some differences noted in the prescribed medication reported by the males and females, more females than males reported the use of medication for eczema with a drop off with age in both genders. The females also reported higher use of medication for asthma, allergies and infections, there were however, differences across the PCTs with Eastern Hull consistently reporting fewer prescribed medicines than the other PCTs. The proportions using the medications are shown in Table 24 and Figure 28. Figure 29 shows in further detail the use of medication for asthma across the PCTs by age and gender and indicates the generally lower usage in Eastern Hull. This difference is looked at further in the section on symptoms of asthma.

Table 24 Prescribed medication usage by gender and school year (%)

Ailment	School year							
	7		8		9		10	
	Male	Female	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%	%	%
Asthma	15	12	14	14	14	12	12	15
Infections	12	18	10	18	13	16	15	20
Allergies	19	22	17	24	16	20	16	24
Eczema	14	19	9	19	9	17	8	17

Figure 28 Prescribed medication usage by gender and PCT

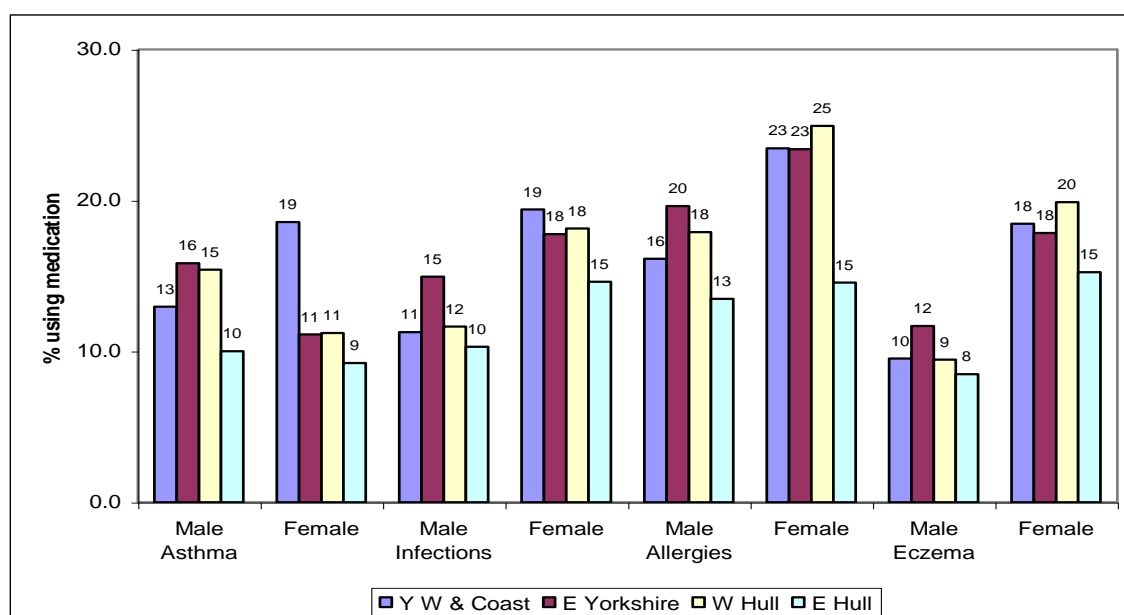
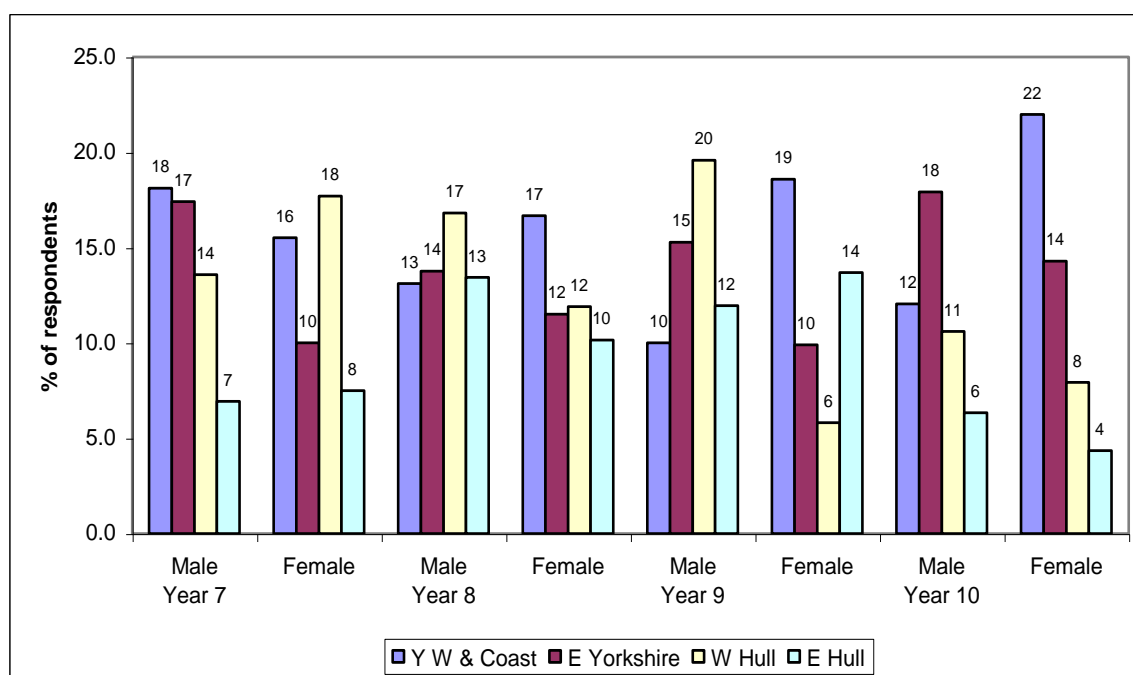


Figure 29 Proportions using asthma medication by PCT, gender and school year



Reported asthma medication has gone down since the level of 18% reported in 1996¹ but medication for eczema and allergies was up, from 6% (males) and 12% (females) and from 10% (males) and 12% (females) respectively. Antibiotic prescription was down from 18% in males and 27% in females, further information on medication and supplements taken locally in 1996¹ and nationally in 2001² are given in Table 25.

Table 25 Comparison of medication reported in previous surveys

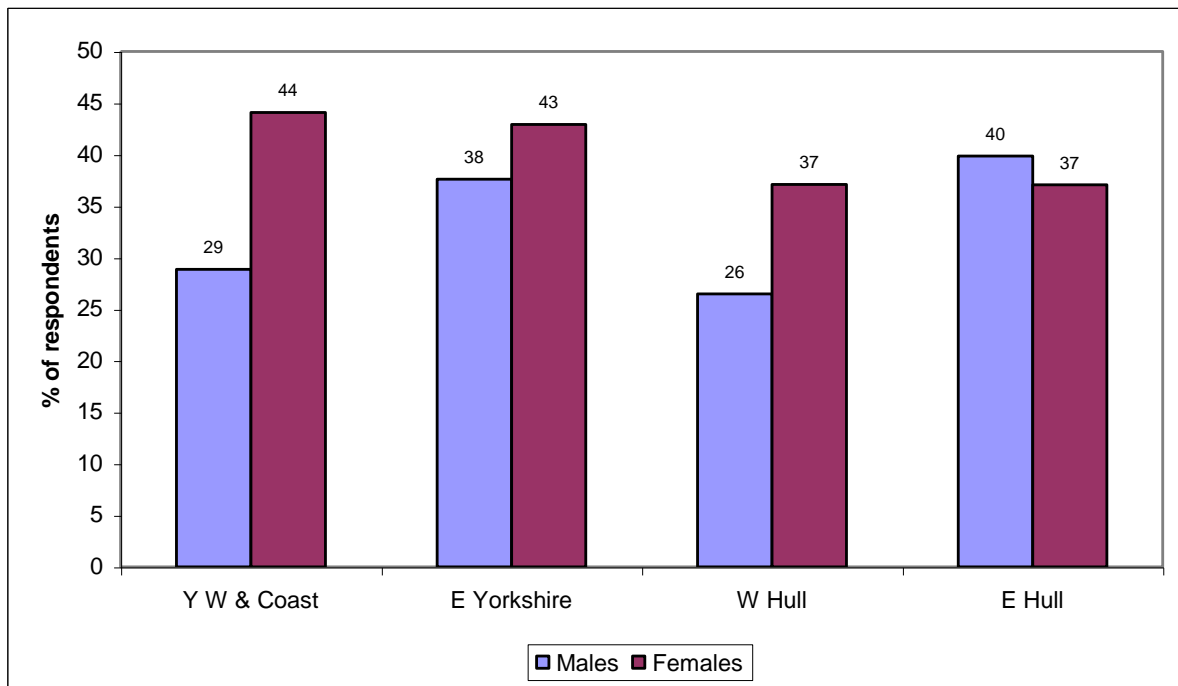
Medication/supplement	Survey					
	ERHA 1996 ¹		2002*		Balding 2001 ²	
	Males	Females	Males	Females	Males	Females
Asthma	17	17	14	13	11	11
Antibiotics	18	27	12	18	7	8
Allergies	10	13	17	22	11	12
Eczema	5	12	10	18	4	8
Iron tablets	8	11	6	7	5	7
Vitamins	35	43	33	41	23	29
Pain killers	50	68	48	68	25	46
Cold cures	41	51	24	32	18	29

*current survey

Very few young people reported the use of laxatives, there was no pattern in the respondents reporting their use, a few from each school year, from each PCT and both genders. Across the age groups approximately 6% of males said that they had taken iron tablets and a third vitamin tablets. More females reported the use of both iron and vitamin supplements, 3% of year 7 with a rise to 10% by year 10 for iron tablets and approximately 40% taking extra vitamins.

There were some differences seen across the four PCTs in the reported use of vitamins with Eastern Hull and East Yorkshire males reporting vitamin supplement usage nearer the female levels as shown in Figure 30. The use of iron tablets was consistent across the PCTs.

Figure 30 The proportions taking vitamin supplements by gender and PCT



Overall nearly half of the males and three quarters of the females reported taking pain killers in the month prior to the survey. There was an increase with age especially in the females. Details are shown in Figure 31, this figure also gives the percentage of respondents who said they had taken cold cures during the same time frame. Sixteen per cent of the male respondents and 26% of the females reported taking both.

Figure 31 The proportions reporting the use of painkillers or cold cures by gender and school year.

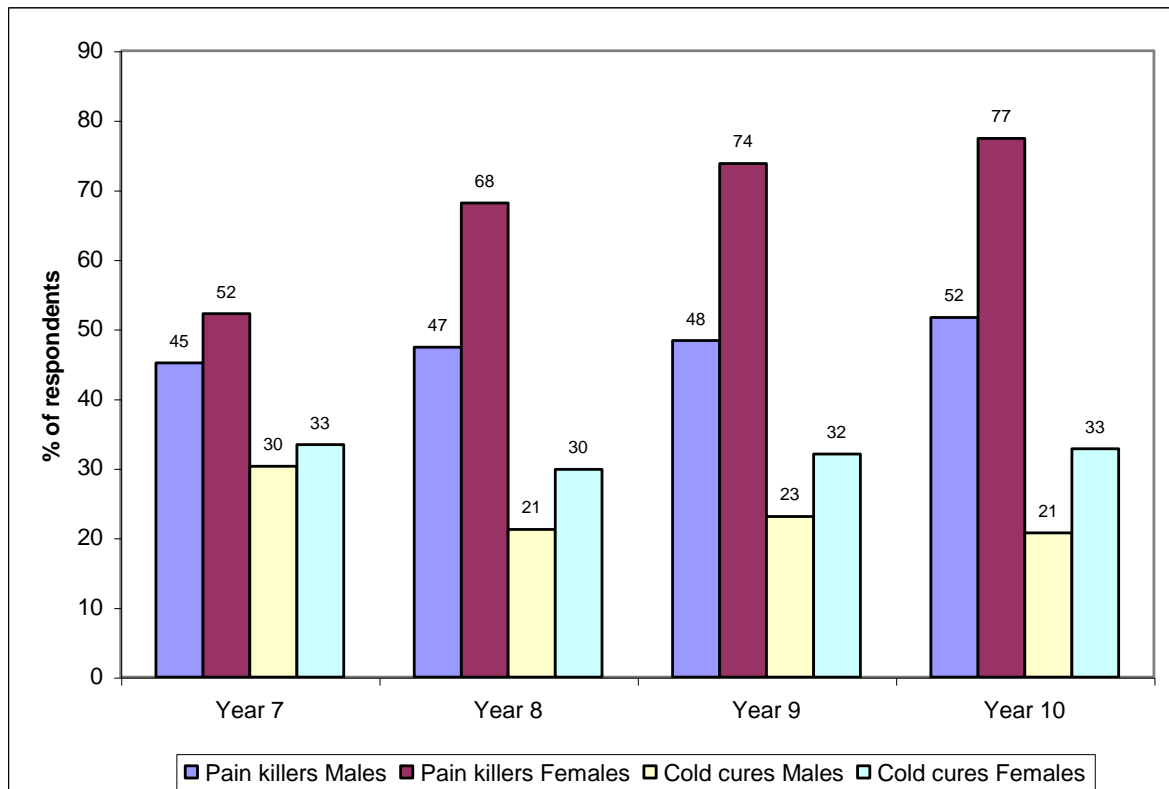
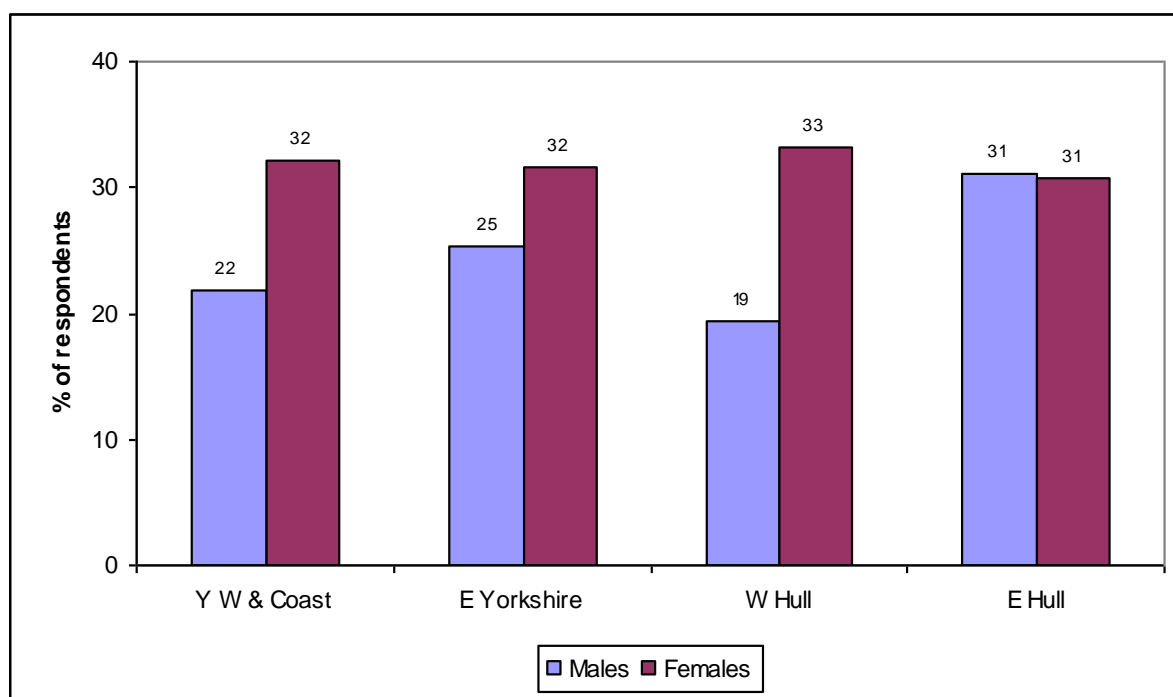


Figure 32 The use of cold cures by gender and PCT (% of respondents)



The use of pain killers showed no differences across the PCTs but there was a marked difference seen between the males in the Hull PCTs in the reported use of cold cures, Figure 32 shows these differences.

The young people were asked whether or not they wheezed when they ran or if they coughed at night sufficiently to disturb them. In year 7, 17% of the males said that they wheezed (“Quite often or “Very often” combined), this decreased to 10% by year 10. There was also a decrease with age in those reporting coughing at night from 12% in year 7 to 5% in year 10. Ten per cent of the females reported a night cough at all ages studied but there was a increase in wheezing with age, from 18% in year 7 to 23% in year 10.

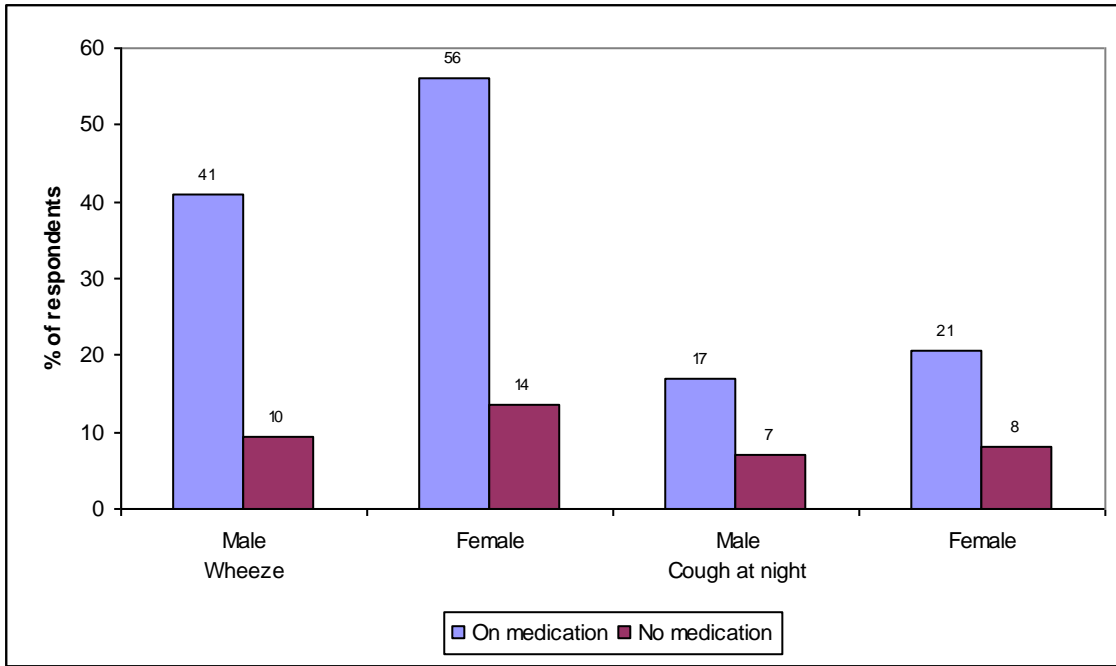
For all ages the proportion of males reporting wheezing was 14%, for females it was 19% in the Hull PCTs with 23% in Yorkshire Wolds and Coast and 15% in East Yorkshire. There was also some variation across the PCTs with reported night coughs as seen in Table 26.

Table 26 Frequency of respondents reporting coughing at night by gender and PCT

Frequency of symptom	PCT							
	Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
	Males	Females	Males	Females	Males	Females	Males	Females
	%	%	%	%	%	%	%	%
Quite often	6	8	5	5	7	5	5	11
Very often	4	4	2	3	3	3	3	3

The level of reported potential symptoms was very different in those who said that they were on medication for asthma, this is seen in Figure 33.

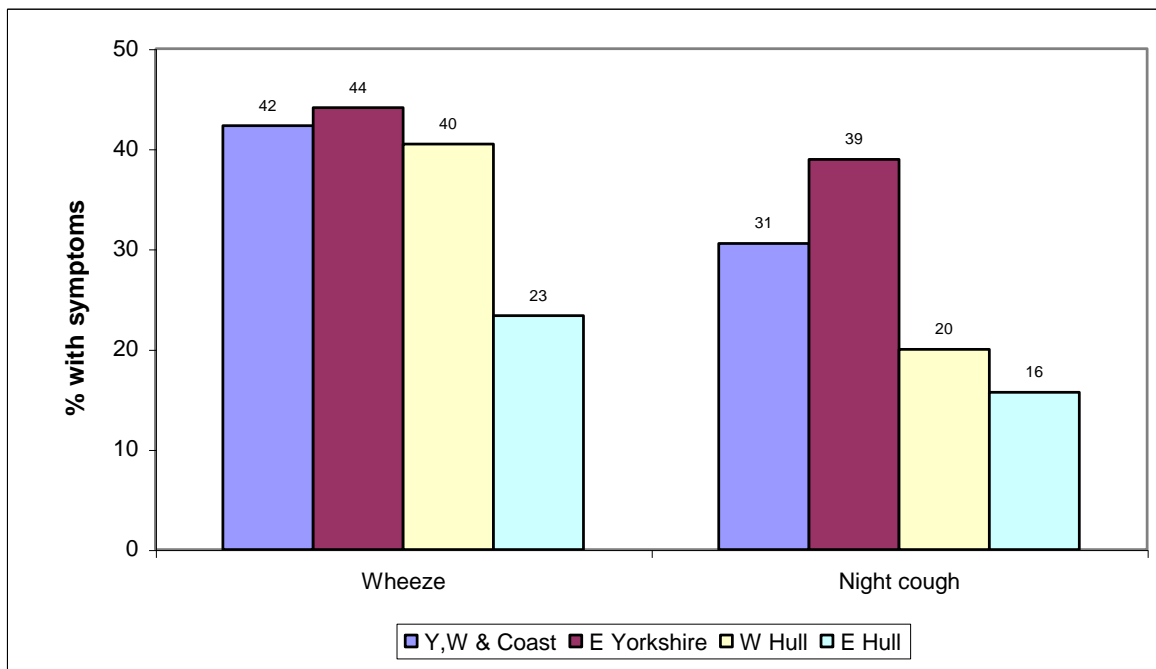
Figure 33 Proportion reporting wheezing and coughing at night by gender and medication



The proportion who still reported symptoms while taking asthma medication varied across the PCTs as shown in Figure 34.

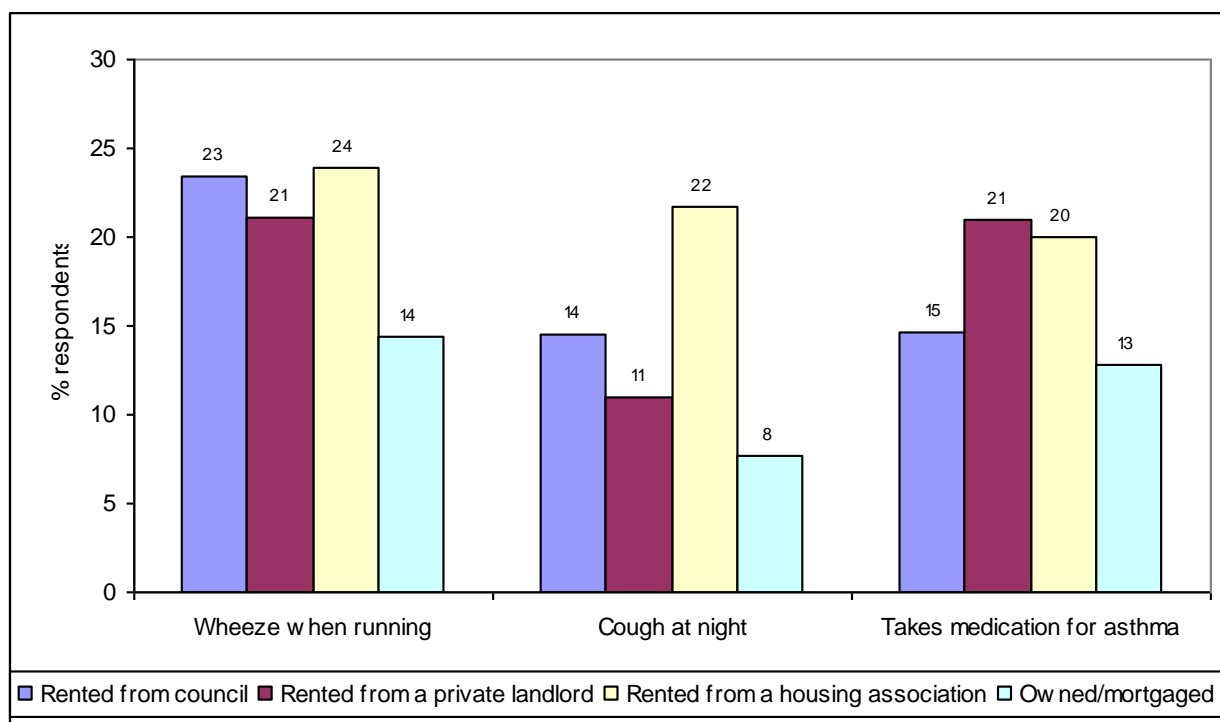
In the 1996¹ survey, 25% of those on asthma medication, reported that they were still “quite often” wheezy and 33% were “very often” still wheezy. Nine per cent and 4% of those not taking the medication reported the same levels of wheezing.

Figure 34 Levels of wheezing and coughing at night in those reporting asthma medication use by PCT



The use of asthma medication was also looked at in relation to housing tenure, there was some relationship seen but it must be remembered that there were small numbers of young people reporting living in housing rented from private landlords and housing associations. The levels are seen in Figure 35.

Figure 35 Levels of wheezing, coughing at night and asthma medication by housing tenure



Use of services

There was a decrease in the proportion of young people reporting the use of Accident and Emergency (A & E) departments since 1996¹ but this must be seen in light of the increased availability of Minor Injury Units (MIU) in the area. Males were more likely to report using A & E departments and MIU than were the females but there was little variation with age as seen in Table 27.

Table 27 Use of A&E and MIU by school year and gender

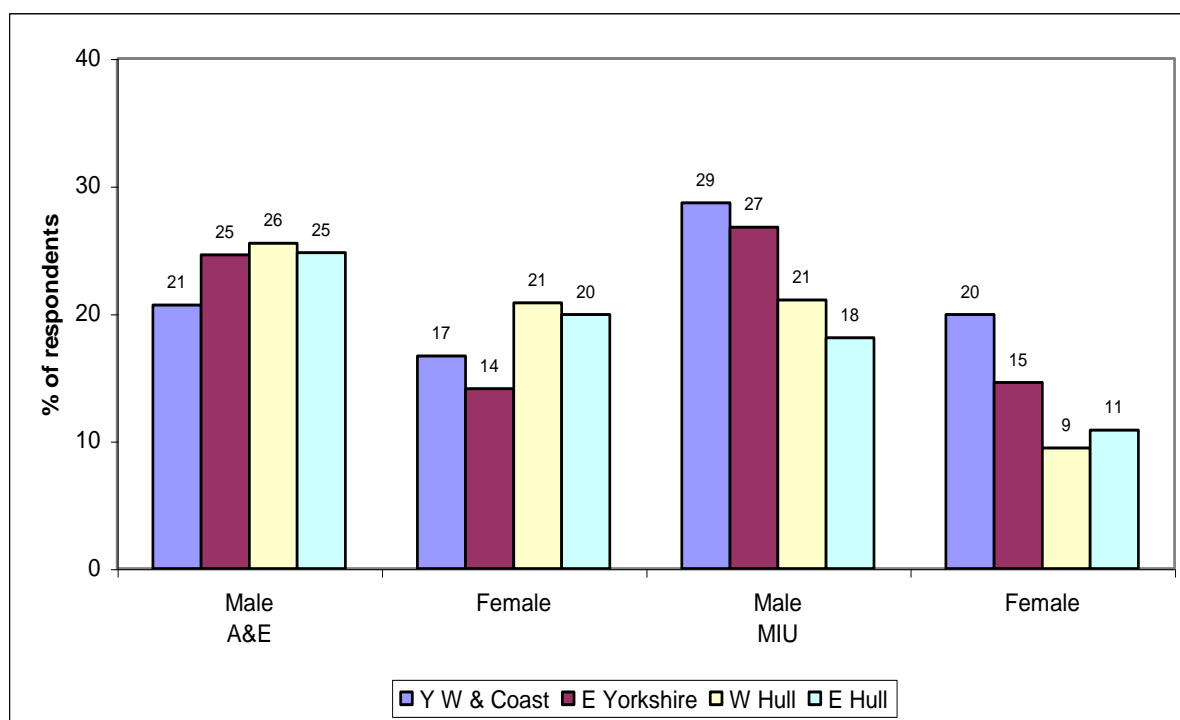
Service used	School year							
	7		8		9		10	
	Male	Female	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%	%	%
A & E	22	17	22	18	26	16	23	17
Minor Injuries Unit	25	16	27	15	24	15	24	14

Table 28 Use of hospital services by school year and gender

Service used	School year							
	7		8		9		10	
	Male	Female	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%	%	%
Hospital Clinic	24	21	26	22	26	23	23	29
Day case	11	8	11	9	10	7	9	8
Inpatient	7	5	7	6	7	4	4	5

Figure 36 shows the differences across the PCTs in the use of A & E and MIU, the difference between the sexes is still seen but whether they use A&E or MIU may depend upon the presence or absence of the units within their geographical area. Within Hull, approximately half of those who had attended a MIU had also attended A&E, in the East Riding PCTs the figure was 40%. There was no way of knowing from this survey how many times within the year the pupils had attended for attention.

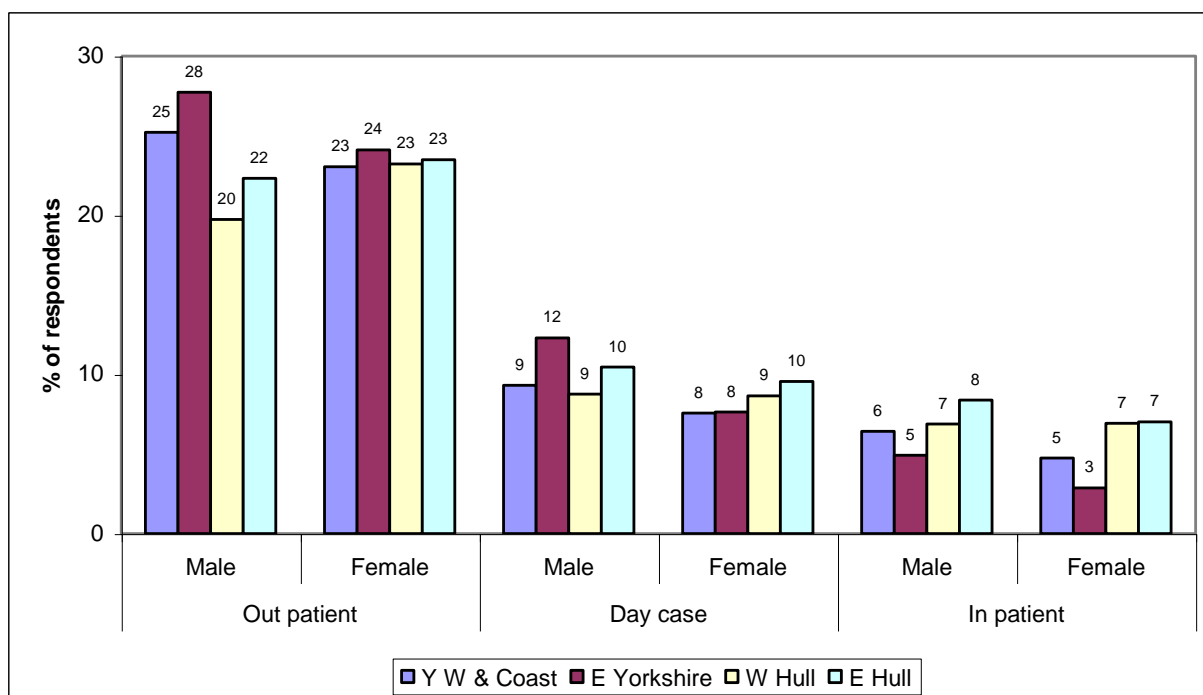
Figure 36 Use of A&E and MIU by gender and PCT



Year 10 females were the most likely to have attended hospital outpatient departments than any other group. There was little difference in day cases or inpatients by age or gender except for a slight fall in the proportion of year 10 males who had been inpatients in the previous year (Table 28).

There was some variation across the PCTs in the use of the hospital services, with Hull young people using the outpatient clinics less but being inpatients more frequently than the East Riding pupils. Figure 37 shows these differences. However, overall, the use of services is similar to 1996¹, when 25% used outpatient clinics, 11% were day patients and 8% had been inpatients.

Figure 37 Use of hospital services by gender and PCT



There was a drop in the numbers consulting their GPs since 1996¹ when an average of 36% of males and 39% of females had attended the GP surgery, 30% reported seeing the GP in a surgery and 3% had been visited at home. There was little difference across the ages for both sexes and both surveys for GP home visits but with males there was a decrease in the visits to the GP at a surgery with age and an increase in the females as seen in Figure 38. Figure 39 shows the slight differences found across the four PCTs.

Thirty two per cent of the young people who lived in Eastern Hull and reported wheezing had visited their GP in the previous month, in West Hull the figure was 40%, in Yorkshire Wolds and Coast it was 46% and in East Yorkshire it was 47%.

Figure 38 Proportion visiting their GP by gender and school year

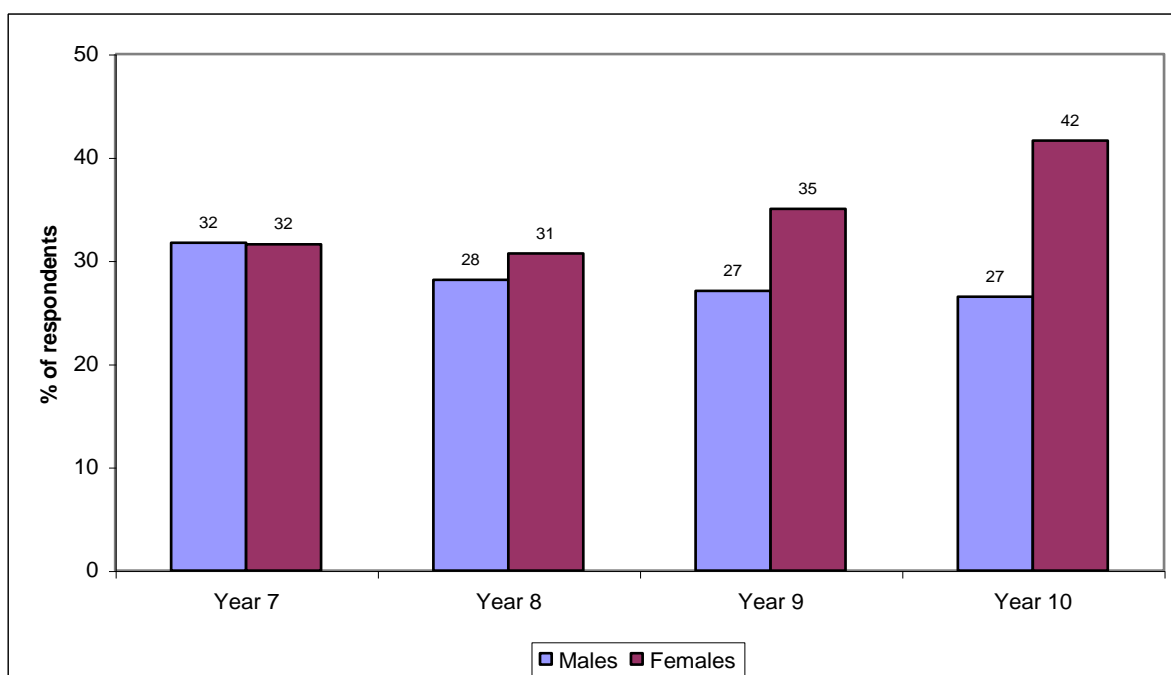
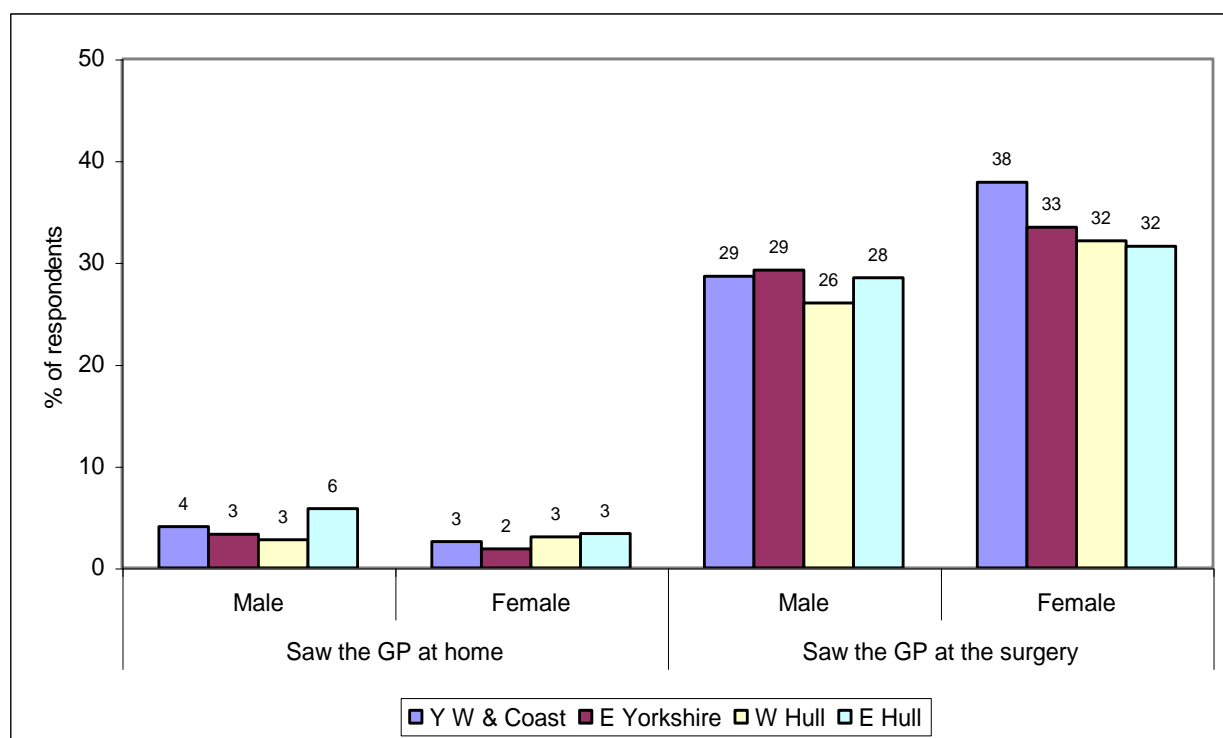


Figure 39 Proportion visiting their GP by gender and PCT



Dental health

Nationally², as in this survey, approximately three quarters of the respondents had visited the dentist in the 6 months prior to the administration of the survey. The times since the last visits are shown in Table 29. Very few of the young people reported that they had never been to the dentist.

Table 29 Visits to the dentist by school year and gender

Males	School year			
	7	8	9	10
Last dental visit	%	%	%	%
< 6 months ago	73	77	75	79
7-12 months ago	9	10	9	10
1-2 years ago	3	2	3	2
> 2 years ago	2	2	2	2
> Never	1	0.2	2	1
>Do not remember	13	9	9	6
Total				
%	100	100	100	100
Number	470	571	532	424

Table 29 continued

Females		School year			
		7	8	9	10
Last dental visit					
	%	%	%	%	
< 6 months ago		76	78	82.3	78
7-12 months ago		9	8	9	11
1-2 years ago		3	4	2	3
> 2 years ago		1	2	1	2
> Never		0	0.2	1	1
>Do not remember		12	9	5	6
Total	%	100	100	100	100
	Number	532	609	537	476

The young people living in Eastern Hull were slightly less likely to have visited the dentist within the last 12 months than the other respondents as can be seen in Table 30.

Table 30 Visits to the dentist by PCT

Males		PCT			
		Y W & Coast	E Yorkshire	West Hull	Eastern Hull
Last dental visit					
	%	%	%	%	
< 6 months ago		76	81	72	70
7-12 months ago		10	9	11	8
1-2 years ago		2	2	3	4
> 2 years ago		2	2	2	3
> Never		1	0	1	2
>Do not remember		9	7	11	13
Total	%	100	100	100	100
	Number	753	530	394	332
Females		PCT			
		Y W & Coast	E Yorkshire	West Hull	Eastern Hull
Last dental visit					
	%	%	%	%	
< 6 months ago		78	84	74	69
7-12 months ago		9	8	12	10
1-2 years ago		3	3	2	5
> 2 years ago		1	1	1	3
> Never		0.4	0.3	1	0.3
>Do not remember		9	5	10	13
Total	%	100	100	100	100
	Number	690	792	360	320

The last time the respondents had visited their dentist, over 80% had visited the dentist for a routine check up, visiting because of trouble with their teeth and gums decreased slightly with age but did vary across the four PCTs. The detail is shown in Tables 31 and 32.

Table 31 Why the young people visited the dentist by school year and gender (% of respondents)

Males		School year			
Reason for last dental visit		7	8	9	10
	%	%	%	%	%
A check up		80	84	86	88
Trouble with teeth/gums		16	12	11	8
Note from school		1	1	1	0
Do not remember		4	3	2	3
Have never visited a dentist		0.2	0.4	1	1
Total	% Number	100 463	100 570	100 524	100 419
Females		School year			
Reason for last dental visit		7	8	9	10
	%	%	%	%	%
A check up		83	87	88	89
Trouble with teeth/gums		14	11	10	9
Note from school		0.2	0.2	0	0
Do not remember		3	2	2	2
Have never visited a dentist		0	0.2	0	0
Total	% Number	100 522	100 600	100 528	100 470

Table 32 Why the young people visited the dentist by PCT (% of respondents)

Males		PCT			
Reason for last dental visit		Y W & Coast	E Yorkshire	West Hull	Eastern Hull
	%	%	%	%	%
A check up		85	86	81	84
Trouble with teeth/gums		11	12	14	11
Note from school		0.4	1	1	0.3
Do not remember		3	1	4	3
Have never visited a dentist		1	0	1	1
Total	% Number	100 746	100 526	100 386	100 329

Table 32 continued.

Females		PCT			
		Y W & Coast	E Yorkshire	West Hull	Eastern Hull
Reason for last dental visit		%	%	%	%
	A check up		86	91	83
Trouble with teeth/gums		11	8	14	15
Note from school		0	0	0	1
Do not remember		3	1	2	4
Have never visited a dentist		0.1	0	0	0
Total	%	100	100	100	100
	Number	681	778	356	313

Approximately 90% of both males and females had been to dental surgeries for their visits. Those who reported ever having worn a brace were more likely to have received treatment at a dental hospital than were those without braces.

Year 10 females were the most likely group to report that they had ever had a brace fitted to their teeth, the patterns by age and gender are shown in Figures 40 and 41. The differences between the PCTs are shown separately for males and females in Figures 42 and 43 with East Yorkshire PCT having the highest level of treatment and Eastern Hull marginally the lowest.

Figure 40 The proportion of females having worn a brace by school year

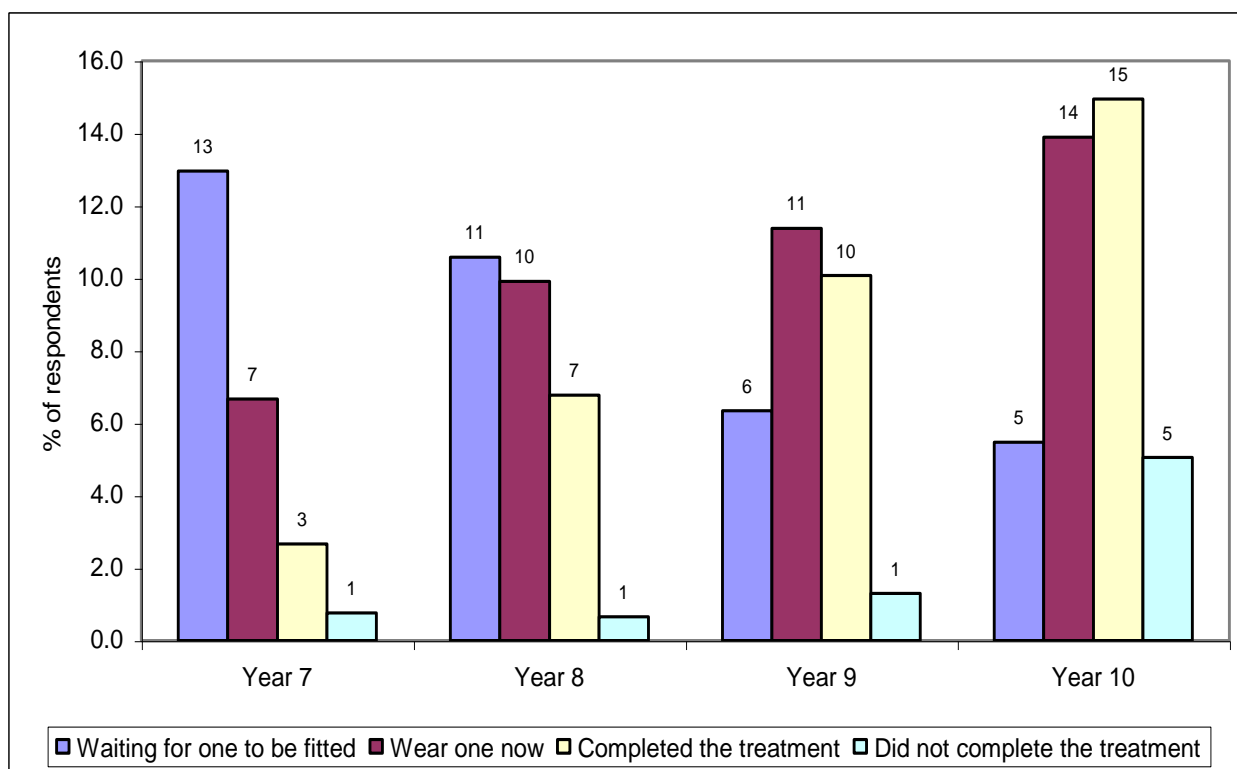


Figure 41 The proportion of males having worn a brace by school year

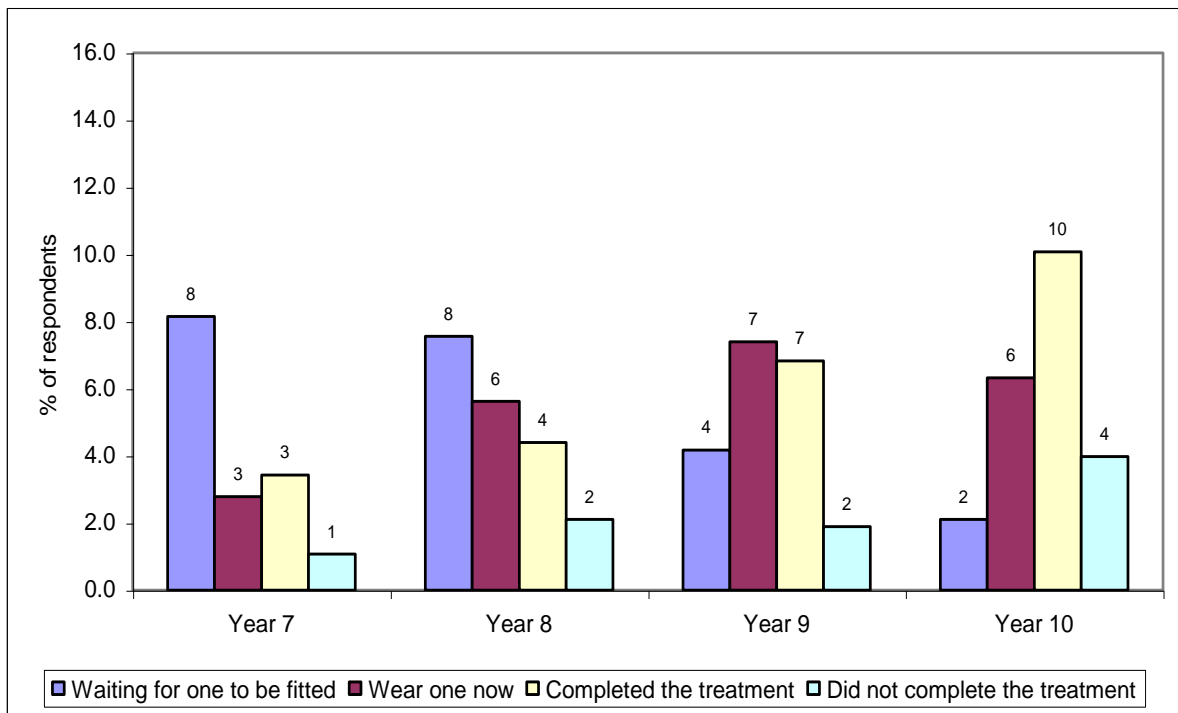


Figure 42 The proportion of females having worn a brace by PCT

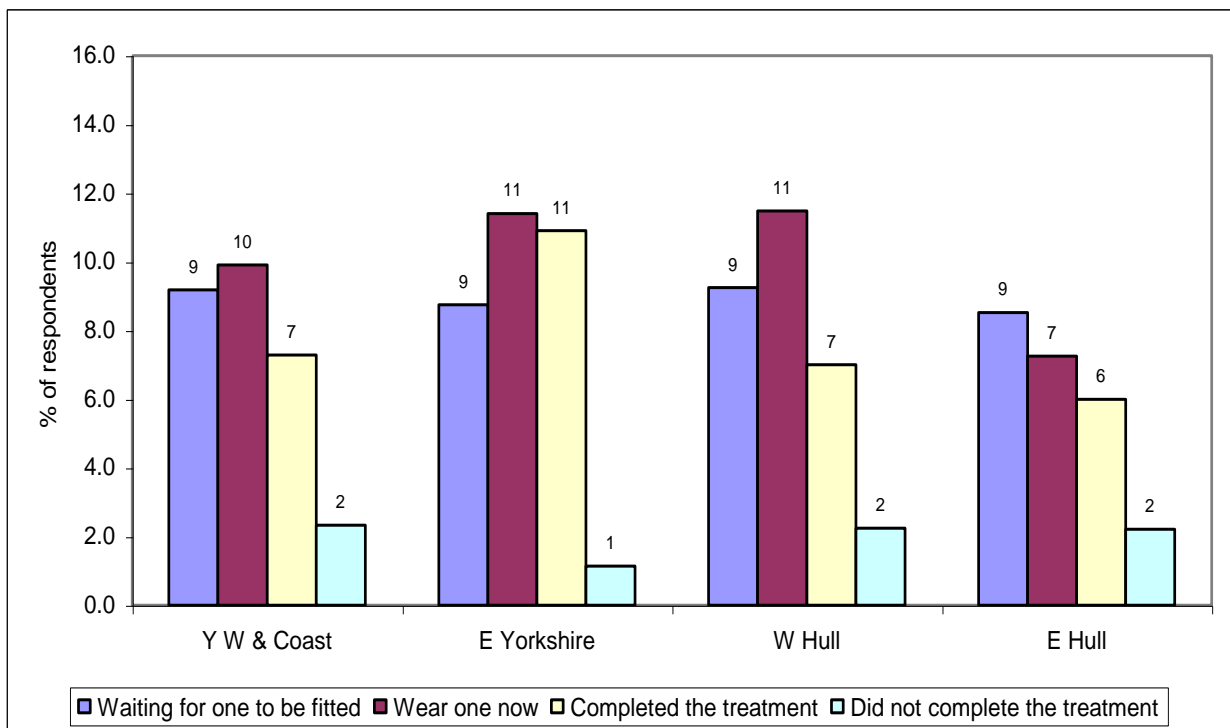
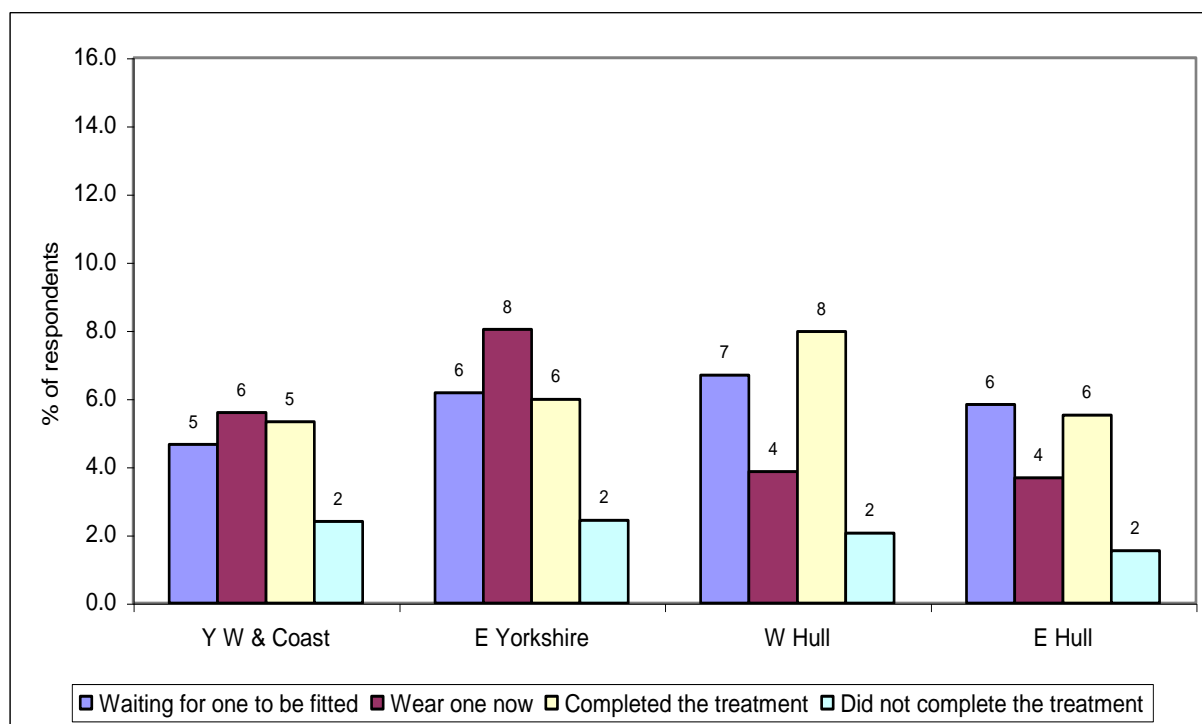


Figure 43 The proportion of males having worn a brace by PCT

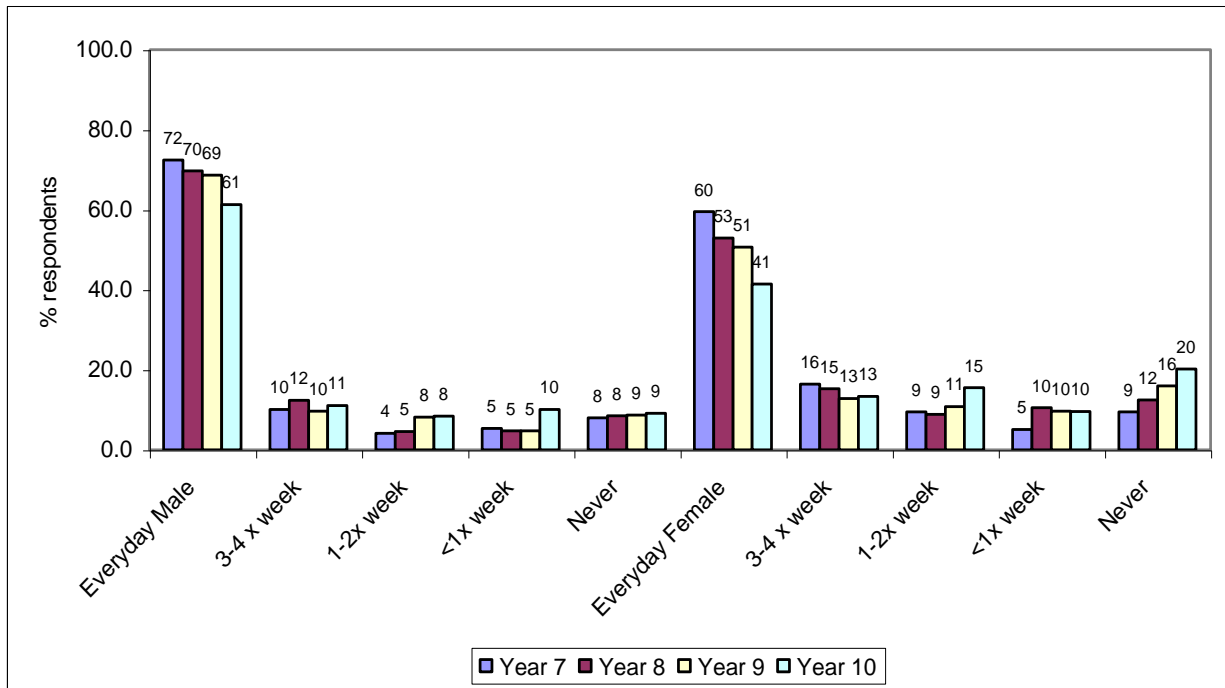


The young people were more likely to have received “gas” for tooth extractions if they were from Hull than if they were from the East Riding. The highest level was in Eastern Hull at 38%, West Hull was 32%, East Yorkshire 27% and Yorkshire Wolds and Coast 23%. There was no significant difference between the sexes and school years.

Diet

The young people were asked about their eating habits and the patterns of eating differed with age and gender. For example, 9% of females in year 7 report never eating breakfast before coming to school but this had increased to 20% by year 10, in the males there was no change in breakfasting at home. These are the same as figures given by Balding² for the national rate for not eating any breakfast. Approximately 6% of the male respondents said that they eat breakfast at school everyday, 2% in females, with a further 6% of males and 5% of females eating breakfast at school on some days. Details of the frequency of eating breakfast at home are given in Figure 44.

Figure 44 Frequency of eating breakfast at home by school year and gender



The popularity of school lunches decreased with age in both sexes, in Figure 45, being replaced by buying lunch outside school in the older pupils, especially among the males (Figure 46). There was also some variation across the school years in the numbers bringing packed lunches from home, as given in Figure 47, Balding² found a higher level (approximately a third) bringing packed lunch across the age groups but found similar proportions eating school lunches as in this survey.

Figure 45 Frequency of eating school lunches by school year and gender

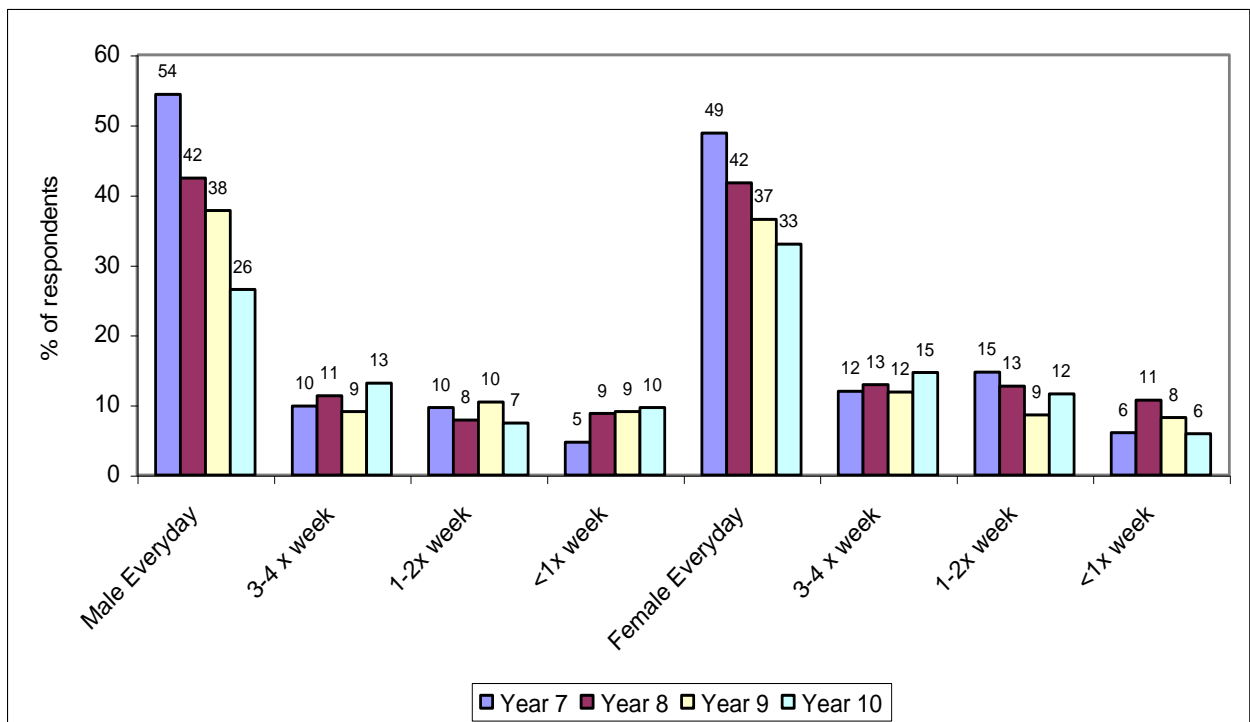


Figure 46 Frequency of buying lunch outside school by school year and gender

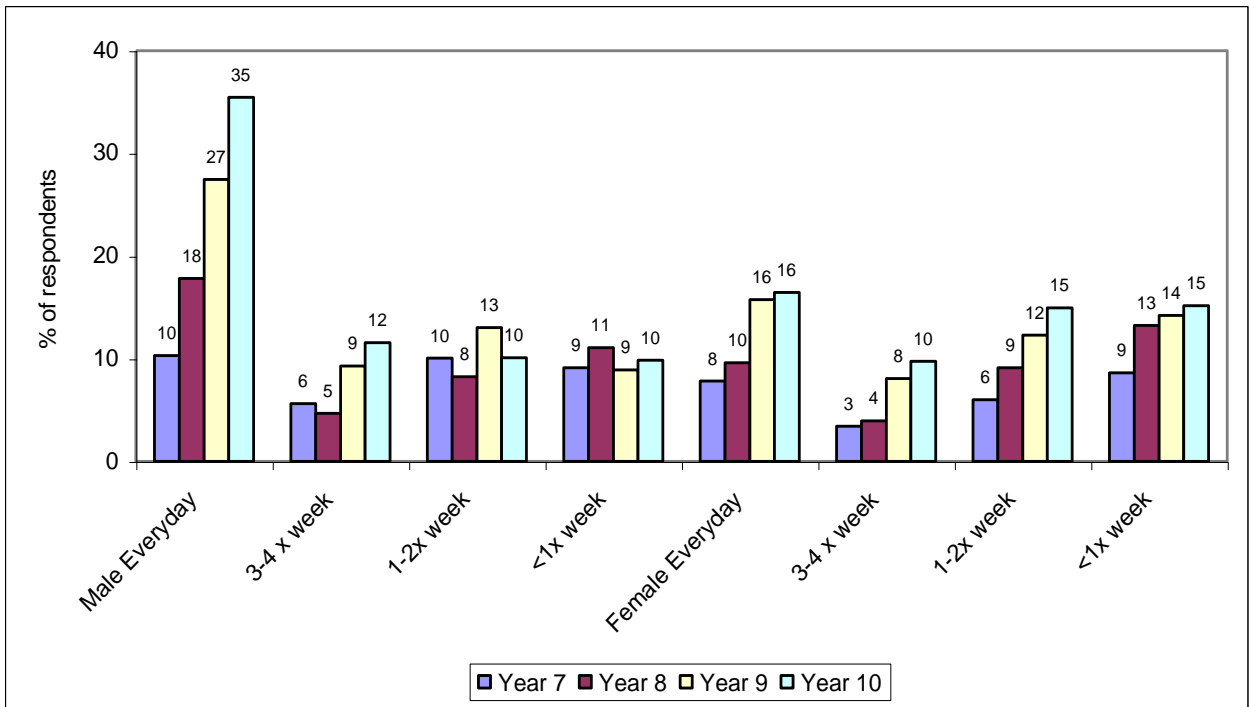
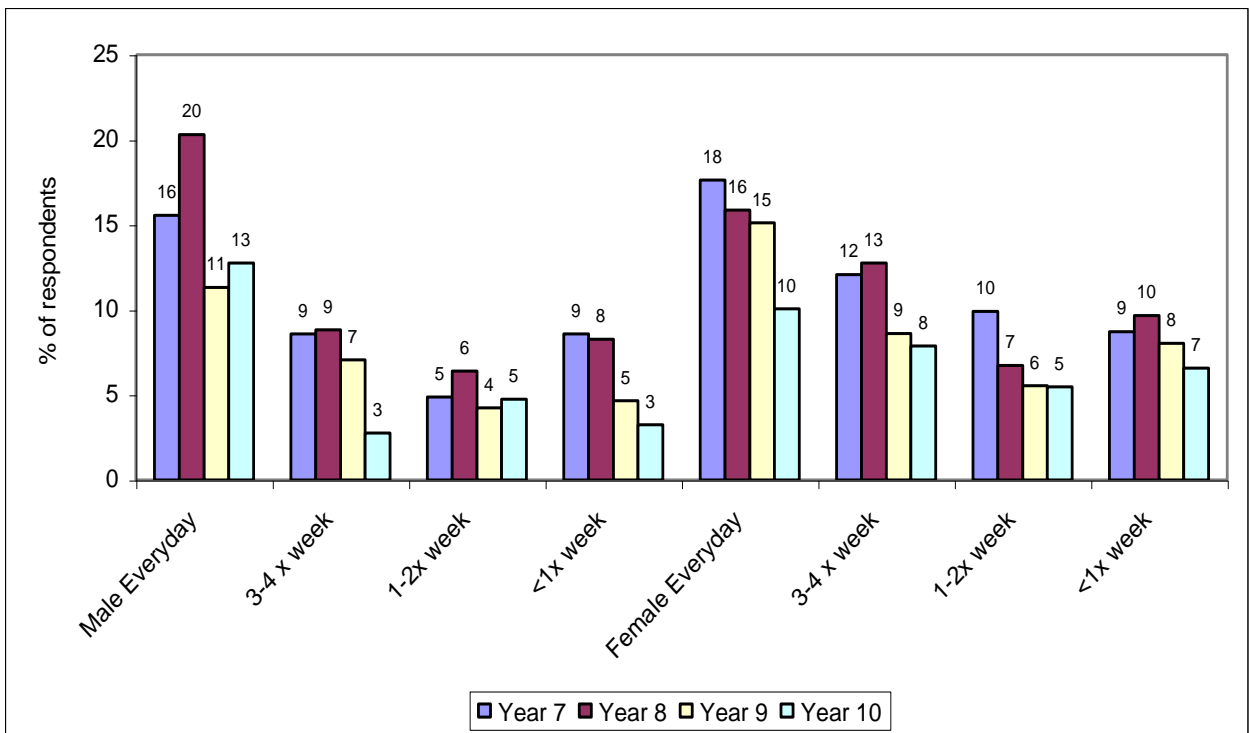


Figure 47 Frequency of bringing in a packed lunch from home by school year and gender



The reported eating habits varied across the four PCTs, the differences between males and females remained. Figure 48 shows the proportions of respondents who eat breakfast everyday at home or at school and Figure 49 gives their lunching habits, East Yorkshire PCT pupils were the most likely to eat school dinners or packed lunches, Eastern Hull the least. The young people were not asked if they lunched at home.

Figure 48 Where breakfast is eaten "everyday" by gender and PCT

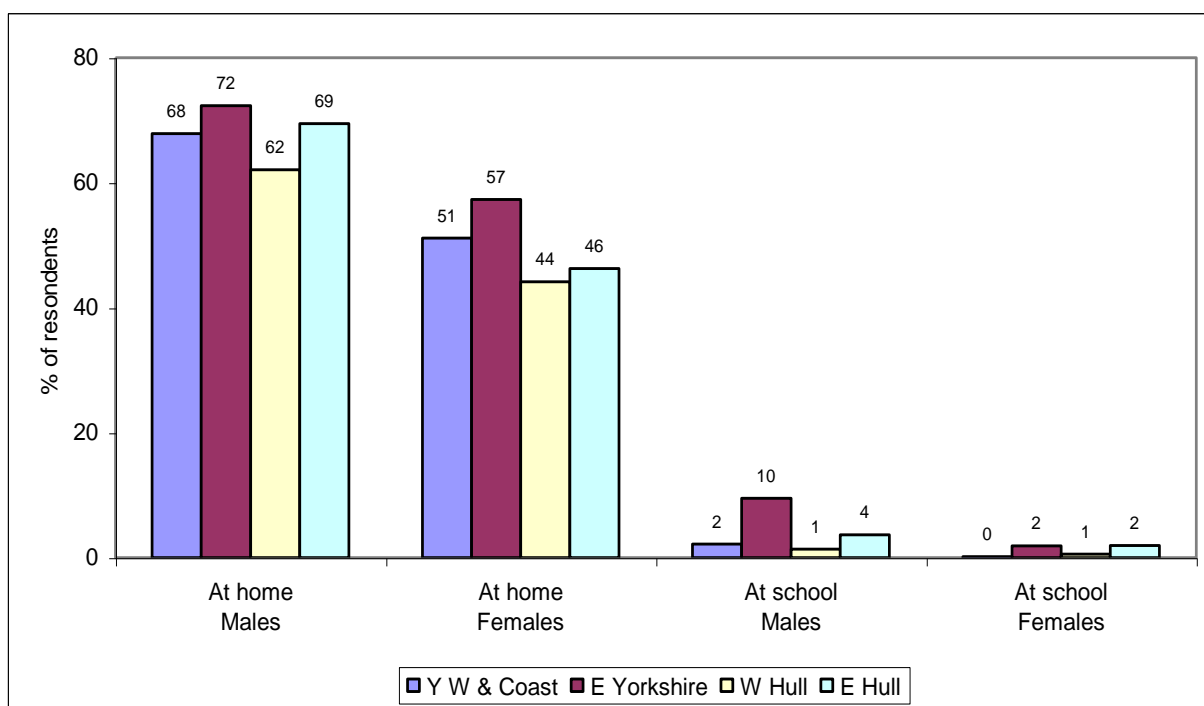
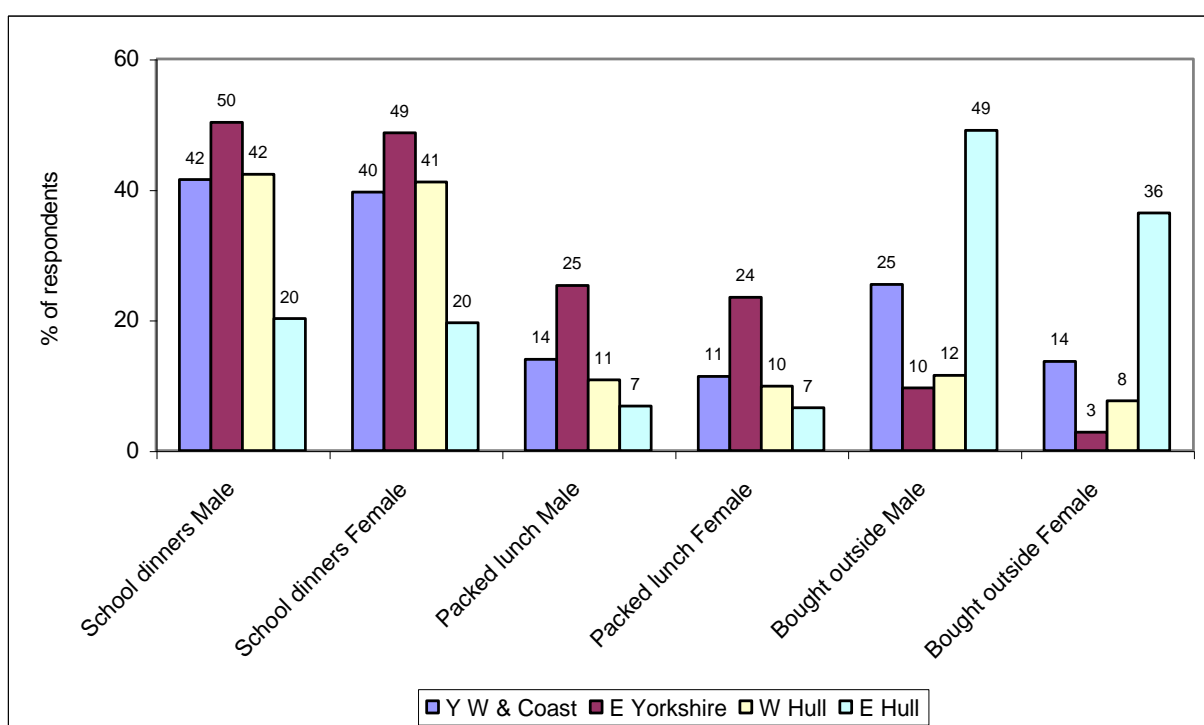


Figure 49 Where lunch is obtained "everyday" by gender and PCT



As in 1996¹, more females than males wished to eat a healthier diet, 66% and 45% respectively. Just over half of the males across all ages (54-57%) said that they would like to eat a healthier diet. In the females there was an increase from 68% to 82% as they progressed up the schools. Unlike in 1996¹, there was no attempt in this survey to obtain heights and weight from the respondents but similar proportions of females reported that they wished to lose weight, an increase in the females from 60% to 70% between years 7 and 10, 54% to 68% in 1996¹. In the males there was a smaller decrease

from 38% to 29% across the age range compared with 35% to 18% in 1996¹. There was the corresponding increase in both surveys in the numbers of males who wanted to gain weight (as muscle) from 13% in year 7 to 23% in year 10 (21% to 30% in 1996¹). Approximately 6% of females across the age groups stated that they wished to gain weight (8% in 1996¹). There was little difference across the PCTs in the expressed desire to eat a healthier diet, lose weight or gain weight.

As in 1996¹, “white” was given as the most commonly eaten bread by all the groups of young people, the proportions did vary across all the groups, with year 10 males being the greatest eaters of white bread. In Figures 50 and 51, wholemeal, brown and high fibre white breads are combined to compare against white bread consumption. Figure 52 shows the overall proportions of bread types reported.

Figure 50 Types of bread consumed by gender and school year

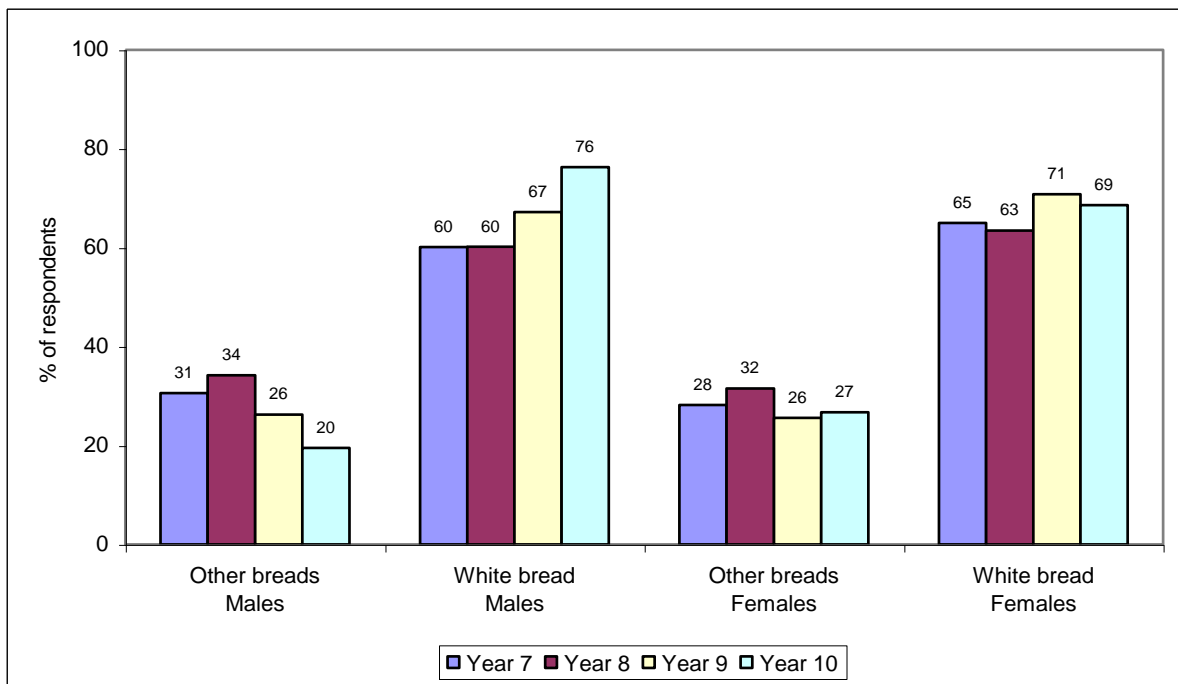


Figure 51 Types of bread consumed by gender and PCT

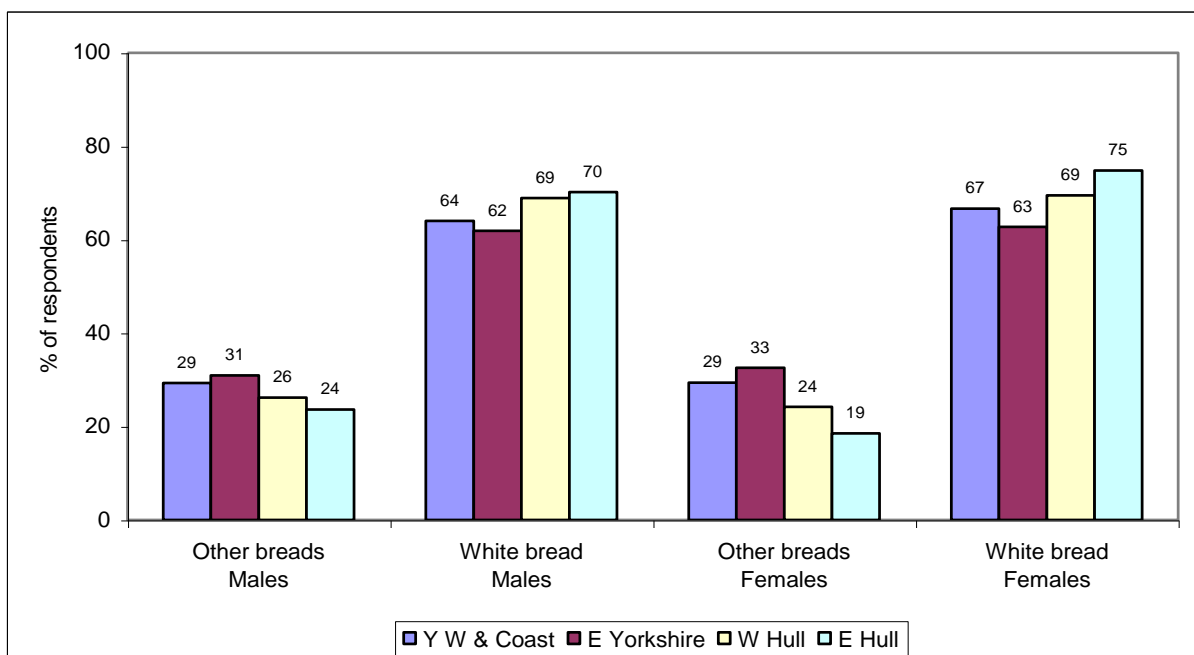
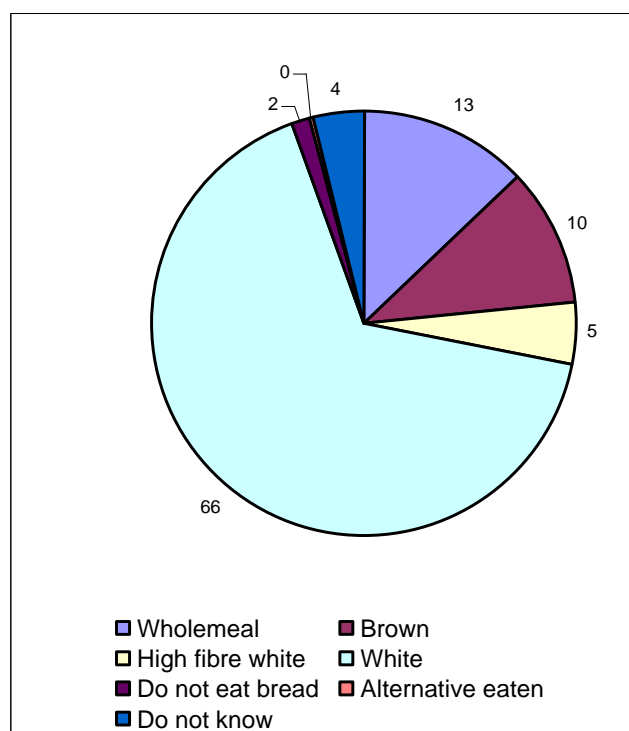


Figure 52 Proportion of bread types reported overall



Similar patterns of spread use was seen in 1996¹ and 2002, in this survey, both males and females reported a decrease with age in the use of butter with a corresponding increase in soft margarines. Butter fell from 50% to 40% in the males in the years 7 to 10 and 47% to 31% in the females. Eastern Hull pupils reported a slightly higher level of butter preference over the other PCTs as can be seen in Table 33.

Table 33 Spreads used most often by gender and PCT

	Y W & Coast	E Yorkshire	W Hull	E Hull
Males				
Butter	45	43	46	54
Soft margarine	43	44	45	34
Neither	12	13	9	13
Females				
Butter	35	35	39	47
Soft margarine	50	50	46	43
Neither	15	15	15	10

Semi-skimmed milk was the most likely to be used by all groups, the females reporting slightly higher levels than the males as demonstrated in Figure 53 and 54. Figures 61 and 62 show the same information by PCT.

Figure 53 Type of milk usually drunk by school year

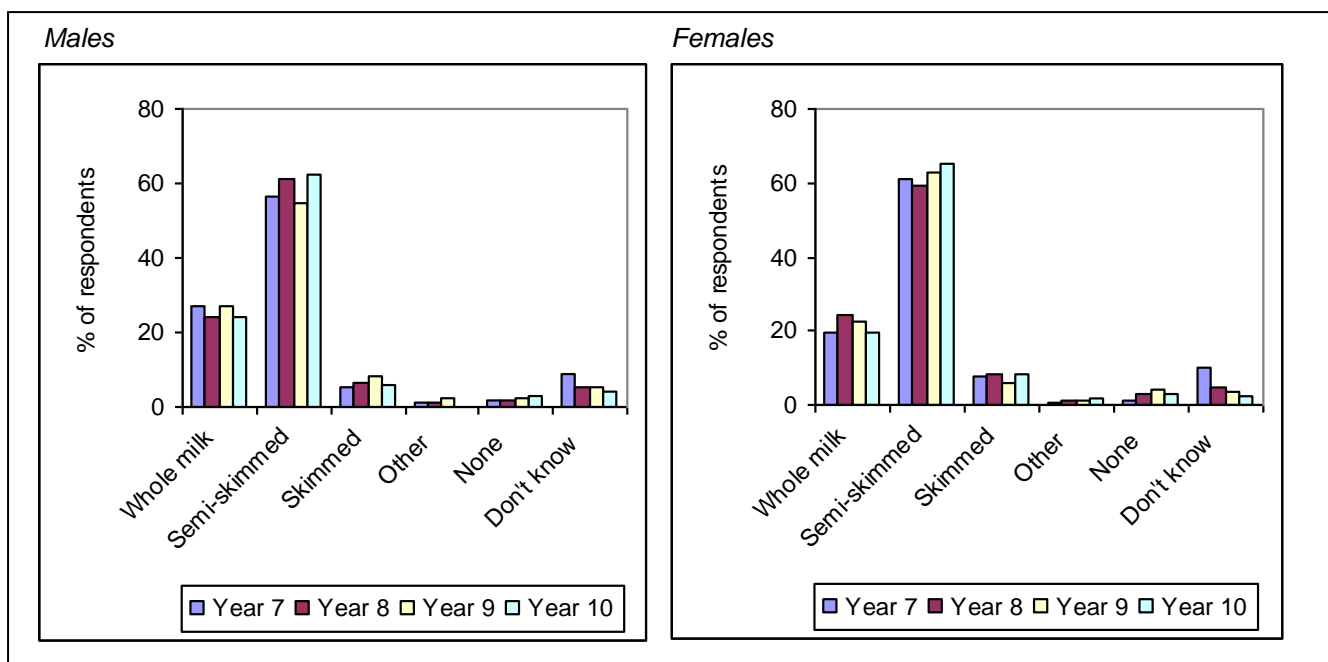
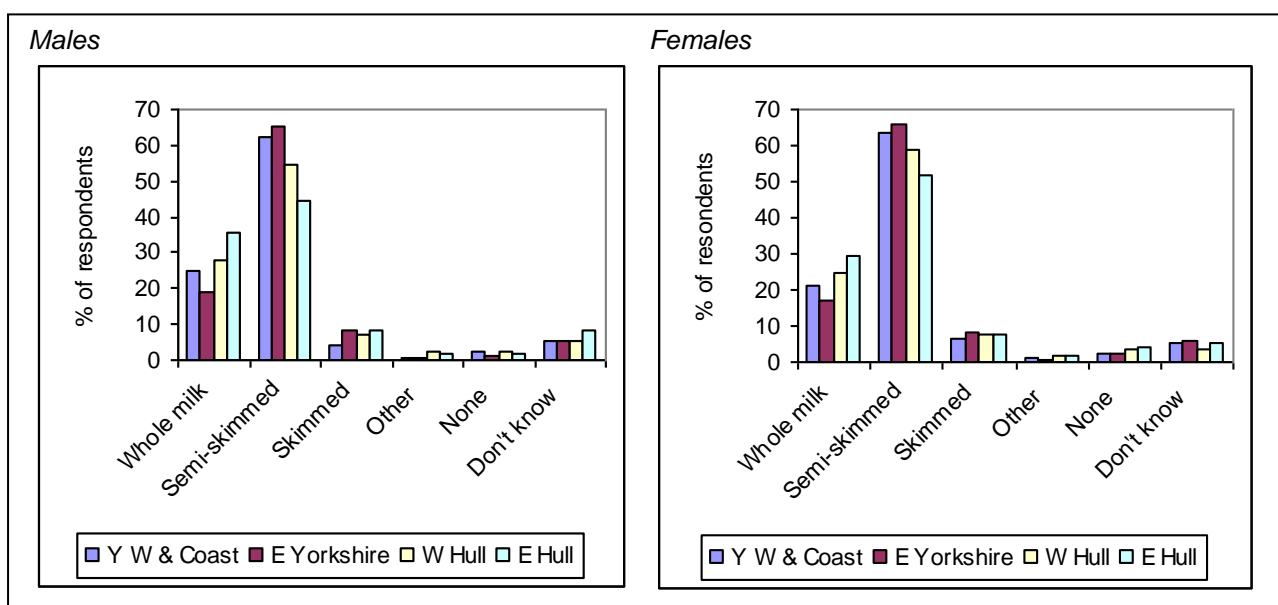
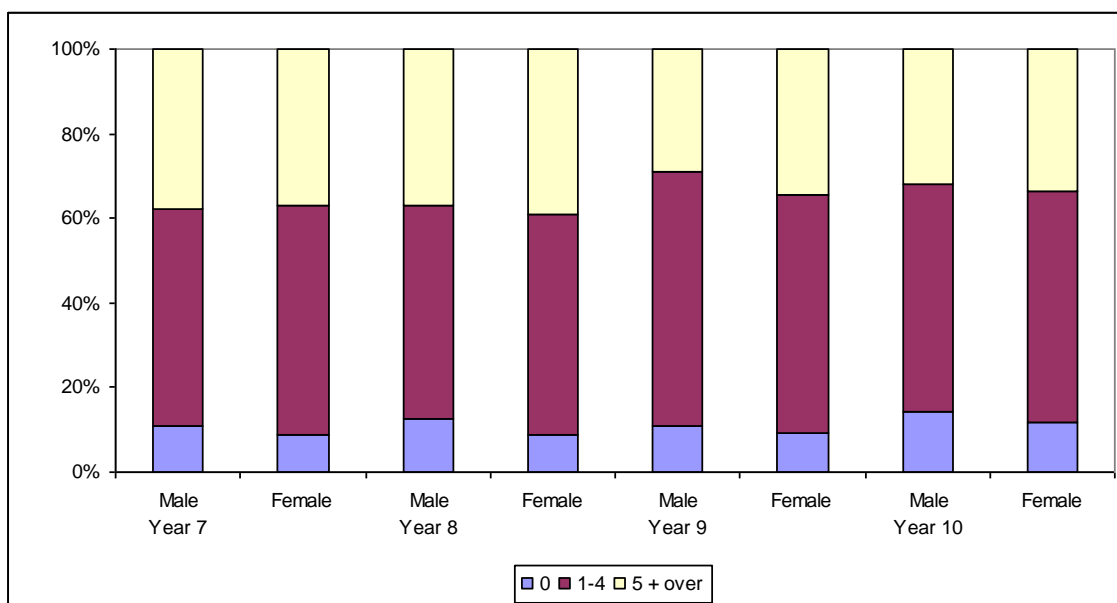


Figure 54 Type of milk usually drunk by PCT



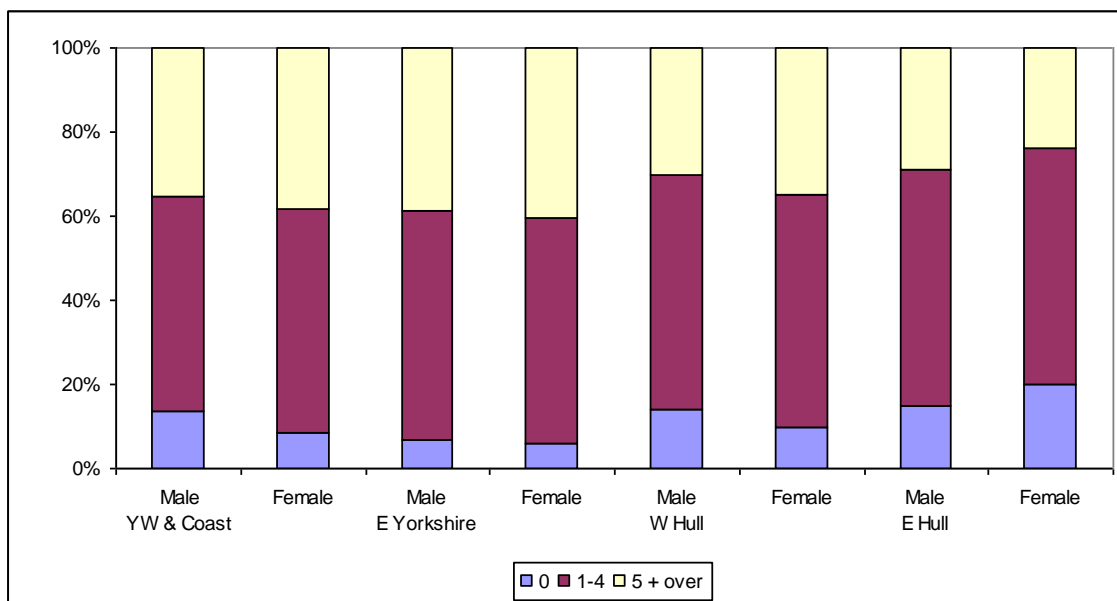
The young people were asked about their consumption of fruit and vegetables in order to see what proportion of respondents reached the “5 a day” target. They were asked to give how many pieces of fruit, portions of vegetables and glasses of real fruit juice they had consumed the day prior to the survey, glasses of squash and sweetened fruit drink were not included in the calculation. There was a slight tendency for the females to consume more fruit and vegetables than the males who drank more fruit juice but this balanced out in the “5 a day” calculation (Figure 55). Over 10% of the young people reported that they had eaten no fruit or vegetables (except for potatoes) or drunk fruit juice the day before they completed the questionnaire. This is an increase since 1996¹, when 4% of males and 3% of females reportedly never ate fruit and 7% of males and 5% of females never ate vegetables. This fall in fruit and vegetable consumption was also found nationally by Balding².

Figure 55 "5 a day" consumption by gender and school year



Approximately half of the pupils ate/drank between 1 and 4 pieces of fruit/vegetable/pure juice a day across the four PCTs. There was variation in the proportions who consumed the recommended 5 portions and those who had eaten none with East Yorkshire PCT reporting the most and Eastern Hull the least (Figure 56).

Figure 56 "5 a day" consumption by gender and PCT



Approximately 60% of the males reported drinking fruit drinks or squash across the age groups but the numbers fell from 73% to 61% in the females between year 7 and year 10. There was little variation across the PCTs with 64% of the males in East Yorkshire and West Hull drinking squash, the levels in Yorkshire Wolds and Coast were 58% and 59% in Eastern Hull. In females, the levels were 67% in Yorkshire Wolds and Coast and East Yorkshire, 65% in West Hull and 70% in Eastern Hull.

Alcohol

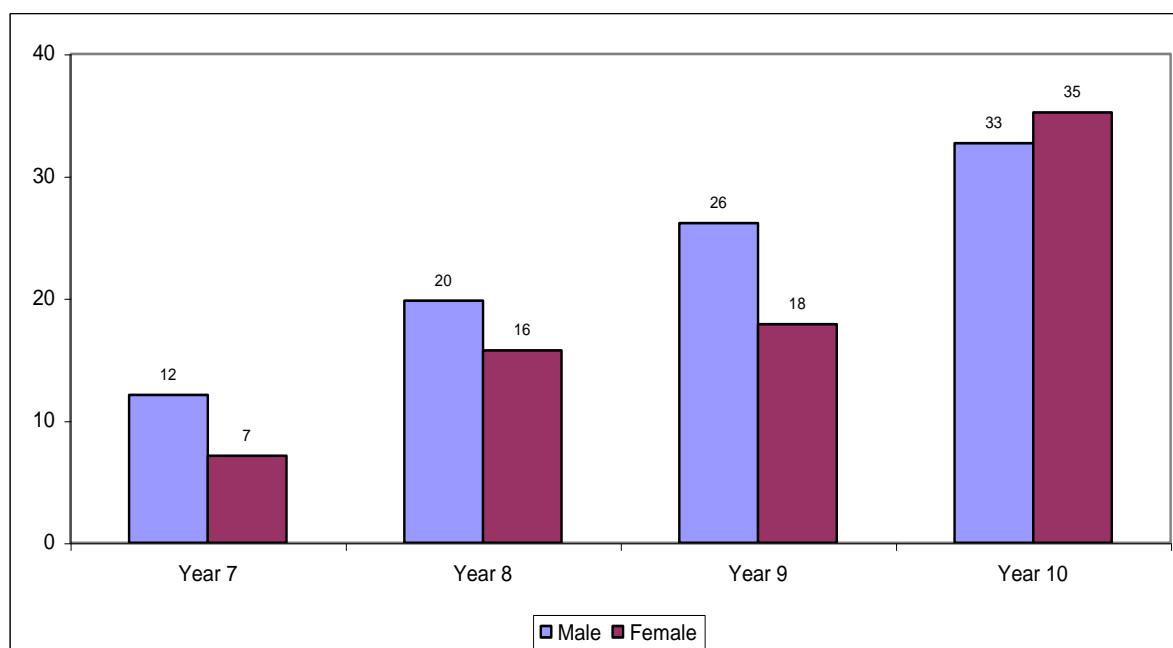
There was little difference between the sexes in the proportion of respondents who reported that they had ever drunk alcohol but it did increase with age from 77% in year 7 to 96% in year 10. There was little difference reported across the PCTs, except a small difference in year 7, with fewer Eastern Hull pupils reporting to have ever drunk alcohol (Table 34).

Table 34 "Ever drunk alcohol" by PCT and school year (% each PCT year group)

School year	Y W & Coast	East Yorkshire	West Hull	Eastern Hull
7	78	77	80	72
8	90	89	90	88
9	94	92	92	92
10	97	93	96	96

Very few young people said that they drank alcohol everyday but the proportion admitting alcohol consumption weekly increased with age (Figure 57). Similar proportions were seen in 1996¹ when by year 10, 36% of males and 39% of females drank every week.

Figure 57 Percentage of pupils reporting drinking alcohol every week by school year and gender.



Between 50 and 60% of the young people reported that they had drunk alcohol in the week before completing the questionnaire, very similar figures to those found by Balding² (47% in males and females) and the 2000 national⁴ survey (51% males and 45% females).

There were differences across the age range and the PCTs and between the sexes in the amount of alcohol drunk (Table 35 and Figure 58). There was no way during this survey that the alcohol responses could be verified but when calculating the number of units reportedly drunk by the young people, obviously spurious figures were removed from the calculation, for example one person reported drinking over 1,000 units in one week.

Just over 1,400 young people reported that they had consumed alcohol in the previous week, 75% reported drinking on only 1 or 2 days. Although 48% of males and 58% of females reported drinking 7 units or less, 2.5% of males and 2% of females reported consumption of over the adult "safe" weekly levels. The average number of units of alcohol consumed in a week by young people doubled

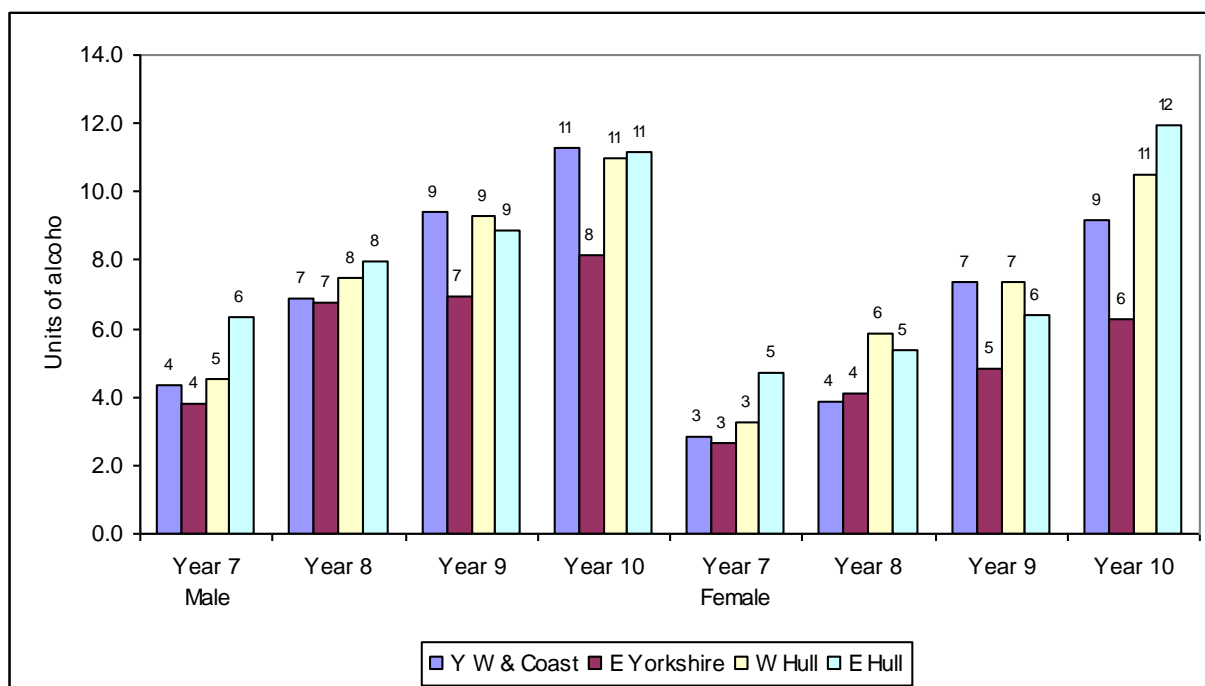
nationally between 1990 and 2000⁴, 5.3 units to 10.4 units, mainly in the increased consumption of spirits, beers and alcopops. There has not been a dramatic increase overall locally since the 1996¹ survey but there has been a doubling of the proportion of year 10 females drinking over 14 units a week from 10% to 21%. In males the levels drinking over 21 units in year 10, fell from 22% to 17%.

Table 35 Levels of alcohol consumption by school year and gender (% of drinkers)

Male	Units of alcohol					Total	
	0.5-7	7.5-14	14.5-21	21.5-28	Over 28		
	%	%	%	%	%	Number	%
Year 7	81	13	3	2	2	202	100
Year 8	67	15	9	4	5	272	100
Year9	59	24	7	2	8	280	100
Year 10	45	24	14	6	11	263	100

Female	Units of alcohol				Total	
	0.5-7	7.5-14	14.5-21	Over 21		
	%	%	%	%	Number	%
Year 7	91	5	2	2	131	100
Year 8	82	13	2	2	245	100
Year9	70	17	6	7	263	100
Year 10	56	23	10	11	297	100

Figure 58 Average number of units consumed during last 7 days (drinkers only) by PCT, school year and gender



In the Balding² survey, approximately half of the young people reported drinking alcohol at home or at the home of relations but the figures were higher locally at all the ages studied (Figure 59). There were also twice as many reporting alcohol consumption in licensed premises than reported by Balding² and approximately a third higher for alcohol consumption in a public place (Figures 60 and 61).

Figure 59 Alcohol consumption at home or at a relation's home

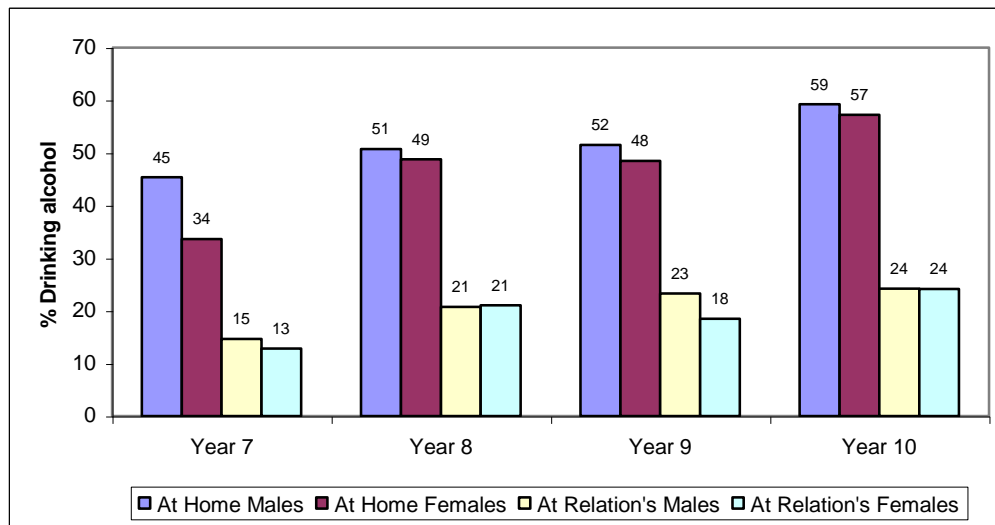


Figure 60 Alcohol consumption at licensed premises

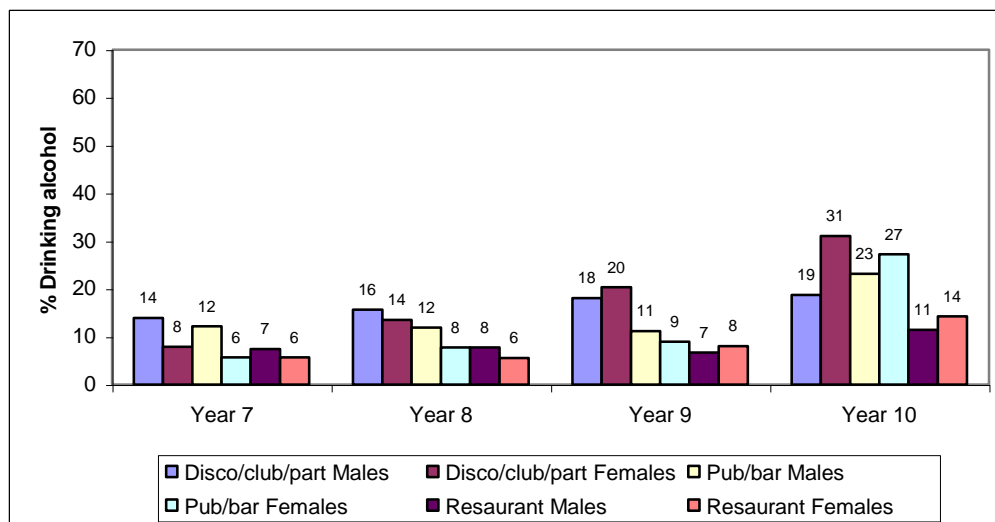
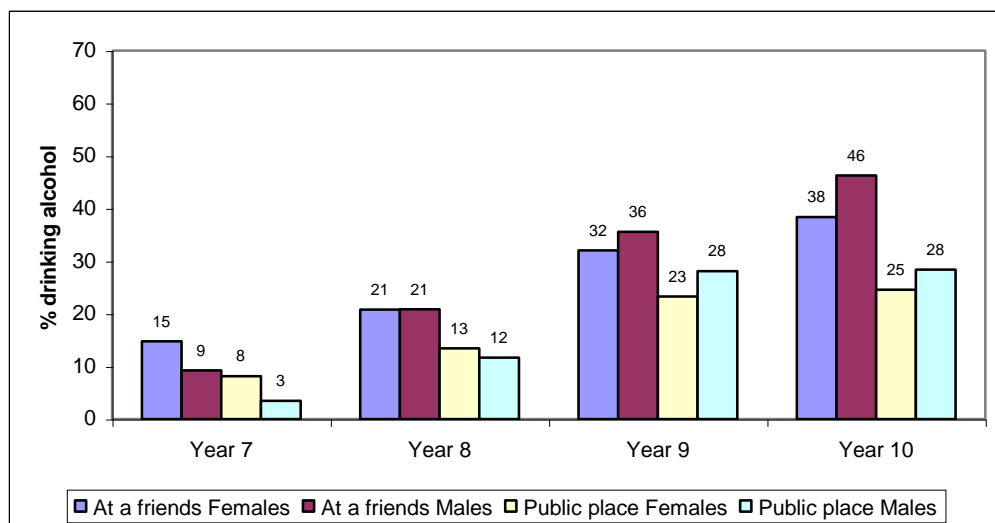


Figure 61 Alcohol consumption at friend's or in a public place



The proportions who reported buying alcohol themselves or asking others to buy on their behalf increased with age in both sexes (Figure 62). By year 10, 60% of females reporting alcohol consumption had asked someone else to buy them alcohol.

Figure 62 The proportions buying alcohol themselves or asking others to buy on their behalf by school year and gender

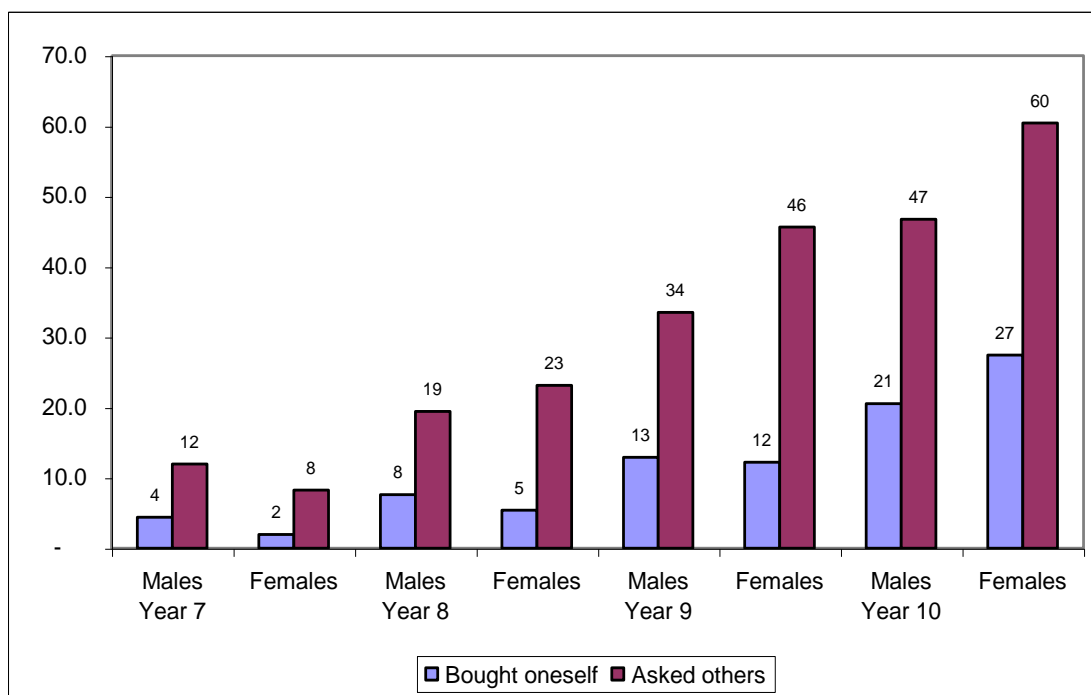


Table 36 shows the percentages of year 10 pupils in each PCT who reported purchasing alcohol themselves or asking others to purchase on their behalf, the females indicating higher purchase than the males across the four.

Table 36 Percentage of all Year 10 pupils reporting the purchase of alcohol

Gender	Method of purchase	PCT			
		Y W & Coast	East Yorkshire	West Hull	Eastern Hull
Male	Bought oneself	26	11	11	22
	Asked someone	50	39	46	47
Female	Bought oneself	30	20	33	28
	Asked someone	62	55	68	59

In year 7, approximately 10% of the young people said that they had taken alcohol from their homes without permission, by year 10, 40% of females and 35% of males reported doing so. The levels were similar across the PCTs but by year 10 there was some difference as seen in Table 37.

Table 37 Percentage of each PCT year group taking alcohol from home

PCT	School year			
	7	8	9	10
Y W & Coast	10	23	37	40
East Yorkshire	8	22	32	37
West Hull	9	23	31	40
Eastern Hull	9	30	27	31

What the young people had drunk in the previous seven days varied with age. There was a decline in those reporting low alcohol alternatives between years 7 and 10 but an increase in alcoholic drinks (Table 38). The most notable increases were in the alcopops and spirits reported by the females. Nationally, Balding² reported 20% of females and 18% of males in year 10 consuming spirits and 20% of females and 12% of males drinking wine. However, alcopops were found by him to be the most popular at 30% for females and 21% for males. They were also the most popular drink for females locally at 49% but beers were more popular amongst the year 10 males at 39%. The local details of alcoholic drinks consumed by year 7 and year 10 pupils are shown in Table 38.

Table 38 Percentage reporting the consumption of the named alcoholic drink in years 7 and 10 by gender

Drink type	Male		Female	
	School year		School year	
	7	10	7	10
Canned shandy	35	12	12	5
Mixed shandy	21	8	8	4
Low alcohol beer/lager	10	7	4	4
Low alcohol wine	10	3	8	3
Alcopops	18	31	15	49
Beer/lager	17	39	5	18
Strong beer/lager	12	32	3	16
Cider	8	9	4	8
Strong cider	5	7	2	7
Wine	13	15	12	31
Spirits	8	16	6	28

What alcohol the young people reported drinking varies across the 4 PCTs. Details of these variations are shown in Table 39.

Table 39 Percentage reporting the consumption of the named alcoholic drink by gender and PCT

Drink type	Male				Female			
	PCT				PCT			
	Y W & Coast	E Yorks	W Hull	E Hull	Y W & Coast	E Yorks	W Hull	E Hull
Alcopops	26	23	25	22	38	27	38	23
Beer/lager	28	24	24	26	11	7	15	13
Strong beer/lager	22	14	17	20	8	6	11	14
Cider	10	10	13	9	7	6	9	8
Strong cider	9	6	6	8	5	3	7	8
Wine	17	17	11	13	25	18	21	19
Spirits	14	14	13	11	16	12	17	16

Overall, 10% of females and 13% of males thought that the amount of alcohol they consumed could be harmful to their health. In those who drank over the recommended adult levels, the proportions who thought their alcohol consumption harmful had risen to 30% in males and 45% in females.

Tobacco

The pupils were asked whether they had ever smoked tobacco or if they smoked regularly. There was an increase in self-reported smoking with age and at a different rate for the sexes. In 1996¹, 12% of males and 17% of females in year 10 reported themselves as regular smokers in comparison to the year 10 findings from 2002 of 9% for males and 22% for females, but these levels are not seen across the whole area, as the proportions were different for the four PCTs (Table 40).

Table 40 Self reported smoking status by school year and gender and PCT (%)

	Smoking statement	PCT							
		Y W & C		E Yorks		W Hull		E Hull	
		Male	Female	Male	Female	Male	Female	Male	Female
Year 7	I have never tried smoking not even a puff	71	79	89	89	66	67	84	69
	I have tried smoking once or twice	19	13	8	9	23	22	12	19
	I used to smoke but I don't now	6	7	3	2	7	5	3	7
	I smoke occasionally	2	1	1	0	3	3	2	3
	I smoke regularly	2	1	0	0	1	2	0	3
Year 8	I have never tried smoking not even a puff	66	54	76	69	69	55	57	59
	I have tried smoking once or twice	20	25	12	16	17	21	21	25
	I used to smoke but I don't now	8	10	5	6	5	11	13	9
	I smoke occasionally	3	7	4	7	3	6	5	2
	I smoke regularly	3	6	3	3	6	8	4	6
Year 9	I have never tried smoking not even a puff	47	34	51	57	63	26	61	36
	I have tried smoking once or twice	27	20	28	22	24	31	24	25
	I used to smoke but I don't now	9	10	11	7	8	14	7	10
	I smoke occasionally	6	18	6	10	2	10	4	11
	I smoke regularly	12	19	4	5	3	18	4	18
Year 10	I have never tried smoking not even a puff	41	30	64	35	50	14	56	32
	I have tried smoking once or twice	32	25	20	30	32	24	20	10
	I used to smoke but I don't now	6	9	8	8	11	21	9	6
	I smoke occasionally	11	16	5	13	0	15	9	20
	I smoke regularly	10	21	3	15	8	26	7	32

The young people were also asked if they had smoked tobacco in the previous 7 days. Of the 4,066 who responded, 3% of year 7 replied that they had, by year 10 the percentages were 16 for males

and 35 for females (Table 41). There was good agreement between those who reported smoking in the previous 7 days and those who reported that they were occasional or regular smokers. These figures differ from Balding², who found that 20% of males in year 10 had smoked in the previous week and 28% of the females. The DoH survey⁴ reported 23% of 15 year olds had smoked in the previous week.

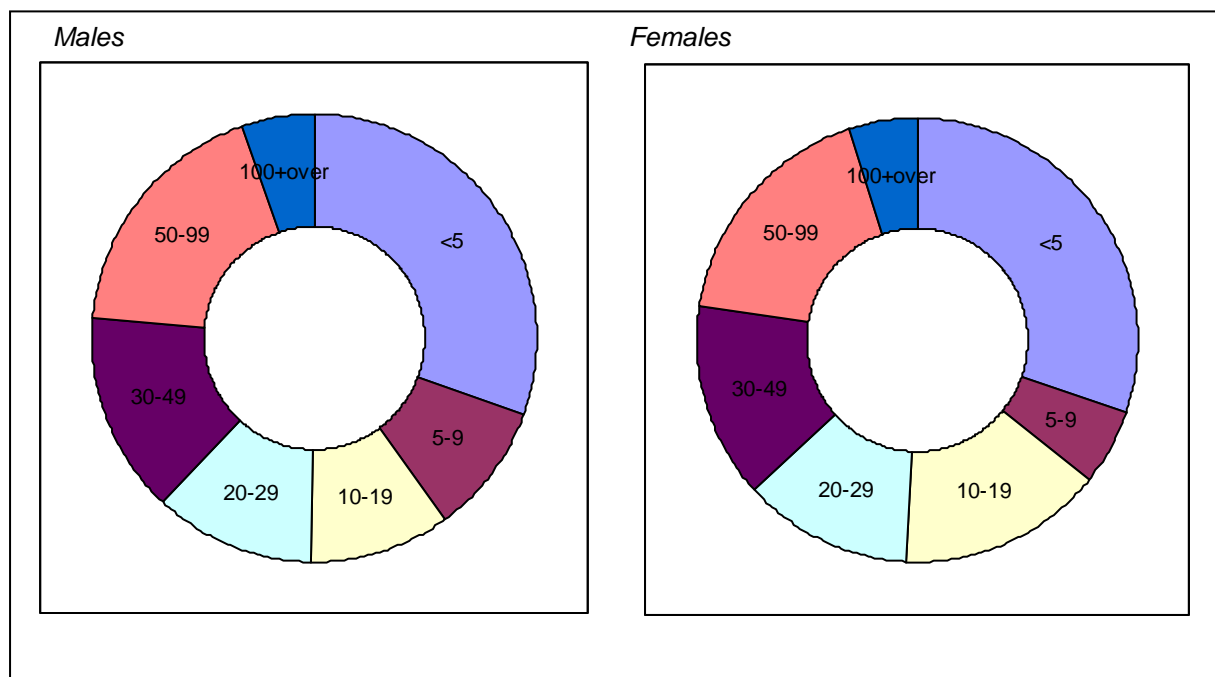
Table 41 Reported smoking in the previous 7 days by gender and school year (%)

	Year 7	Year 8	Year 9	Year 10
Male	3	9	12	16
Female	3	11	23	35

Eighty-eight per cent of the male and 82% of the females who did not report smoking in the previous week stated that they had no intention of ever smoking, 11% of males and 16% of females thought they might start smoking when they were older. However, 73% of the males who reported themselves as smokers stated that they would like to give up, the figure was 82% in the females. This is an increase since 1996¹ when 60% of male and 71% of female smokers expressed the desire to quit smoking.

In the 1996¹ survey male smokers at all ages reported smoking more cigarettes per head than females. This time the survey found that there was little difference between sexes, with an average of 25 for males and 26 for females. The number of cigarettes smoked by the young people in a week is shown in Figure 63.

Figure 63 The number of cigarettes smoked in previous week (% of smokers)



As can be seen in Figure 64, there was a move away from smoking less than 5 cigarettes per week to smoking more than 20 each week as the young people got older.

Figure 64 The average numbers of cigarettes smoked per week by school year

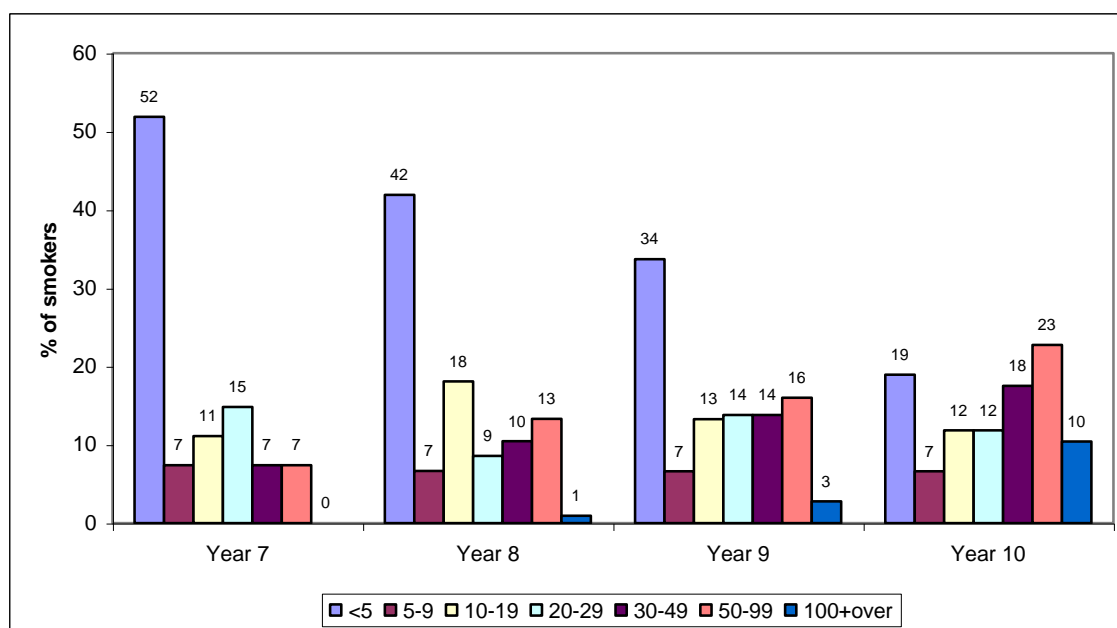


Table 42 shows the number of cigarettes smoked in each of the PCTs, there are differences across the PCTs but it should be noted that the numbers are small in some categories.

Table 42 Number of cigarettes smoked by PCT (% of smokers)

Number of cigarettes/week	PCT							
	Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
<5	29		36		25		32	
5-9	2		14		6		10	
10-19	18		13		8		9	
20-29	10		11		12		20	
30-49	14		12		17		15	
50-99	19		11		24		15	
100 and over	7		5		7		0	
Total	No	%	No	%	No	%	No	%
	225	100	111	100	99	100	92	100

The young people who reported that they had smoked tobacco in the previous 7 days were more likely to come from households where parents smoked. Overall, if neither parent smoked, 9% of the respondents reported smoking, if one parent smoked the level was 17% and if both parents smoked 25% of the young people reported smoking. There was no difference if the parent who smoked was the mother or the father but there was a difference found across the PCTs (Table 43).

Table 43 The percentage of smokers by parents who smoke and PCT

PCT	Number of parents who smoke		
	Neither	One	Both
Y W & Coast	11	22	30
East Yorkshire	7	11	20
West Hull	8	18	25
Eastern Hull	10	18	22

Where the young people reported siblings or friends who smoked, a higher proportion reported that they also smoked, this was especially seen when friends were smokers (Table 44).

Table 44 The percentage of smokers and non smokers by others who smoke

Person who smokes	Respondent smoked in the previous week	
	Yes	No
Mother	23	10
Father	20	11
Brother	34	11
Sister	33	11
Grand parent	17	12
Other close relative	19	9
Close friend	33	2

As in 1996¹, over 90% of smokers in the survey had a close friend who also smoked.

Although males were less likely to become regular smokers, they reported that they smoked their first cigarette at earlier ages and became regular smokers earlier than did the females. Figures 65 and 66 show the age patterns, patterns which were very similar in 1996¹.

Figure 65 The age when the first cigarette smoked by gender

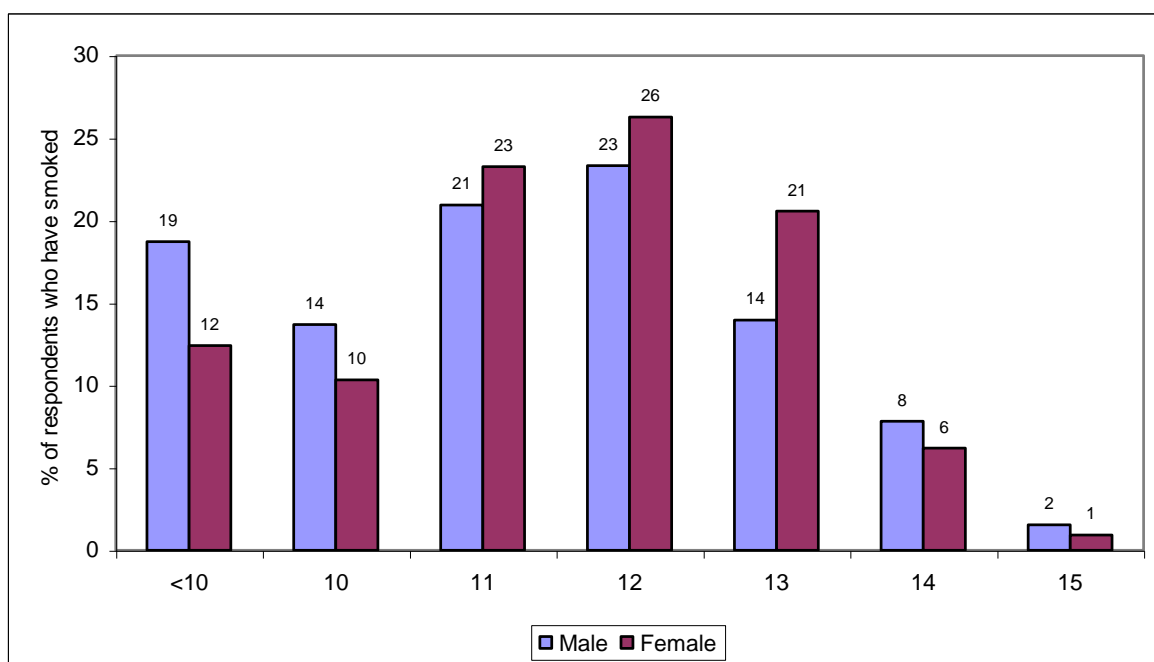
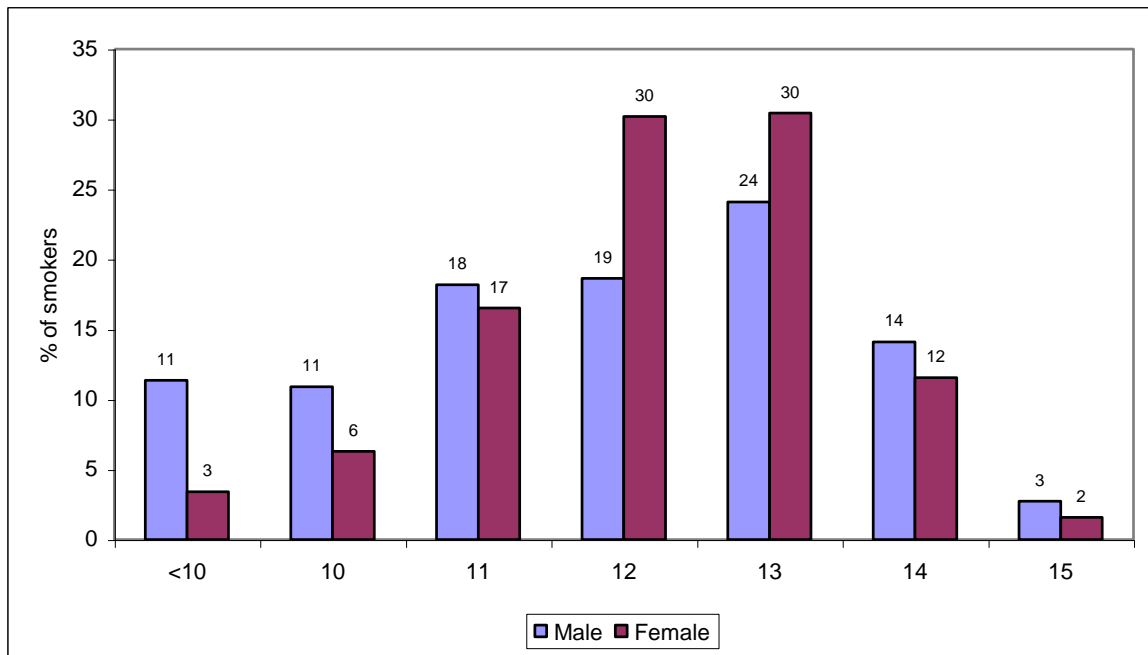


Figure 66 The age at which respondents became regular smokers



There were differences across the PCTs especially the later age in East Yorkshire at which tobacco was first tried and when the young people became regular smokers (Figures 67-70).

Figure 67 Age at which males first smoked a cigarette by PCT

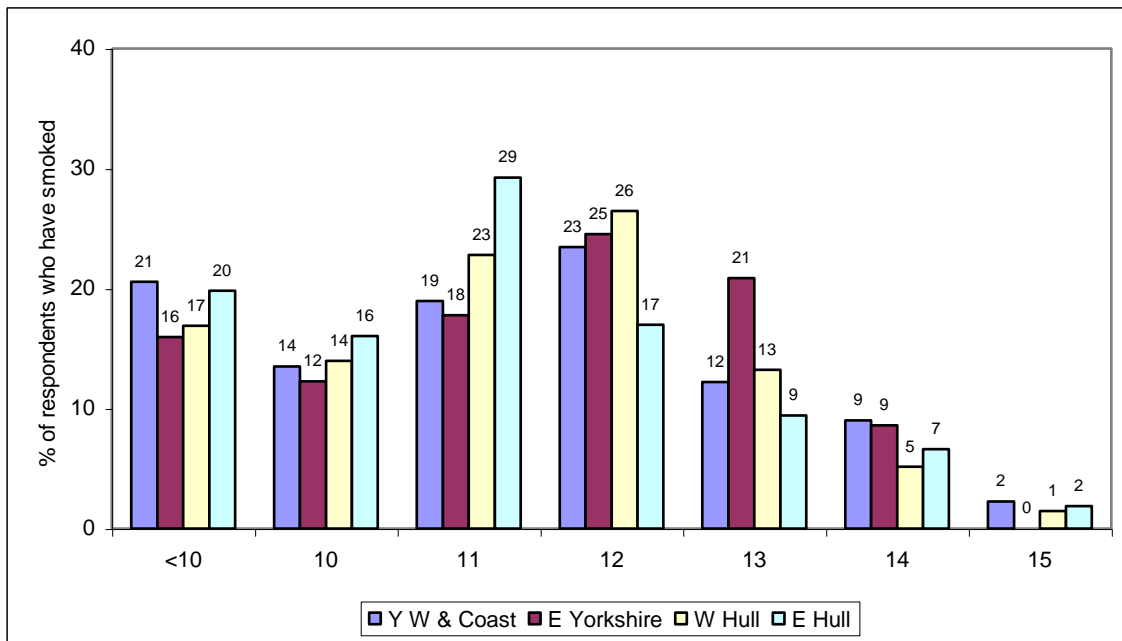


Figure 68 Age at which females first smoked a cigarette by PCT

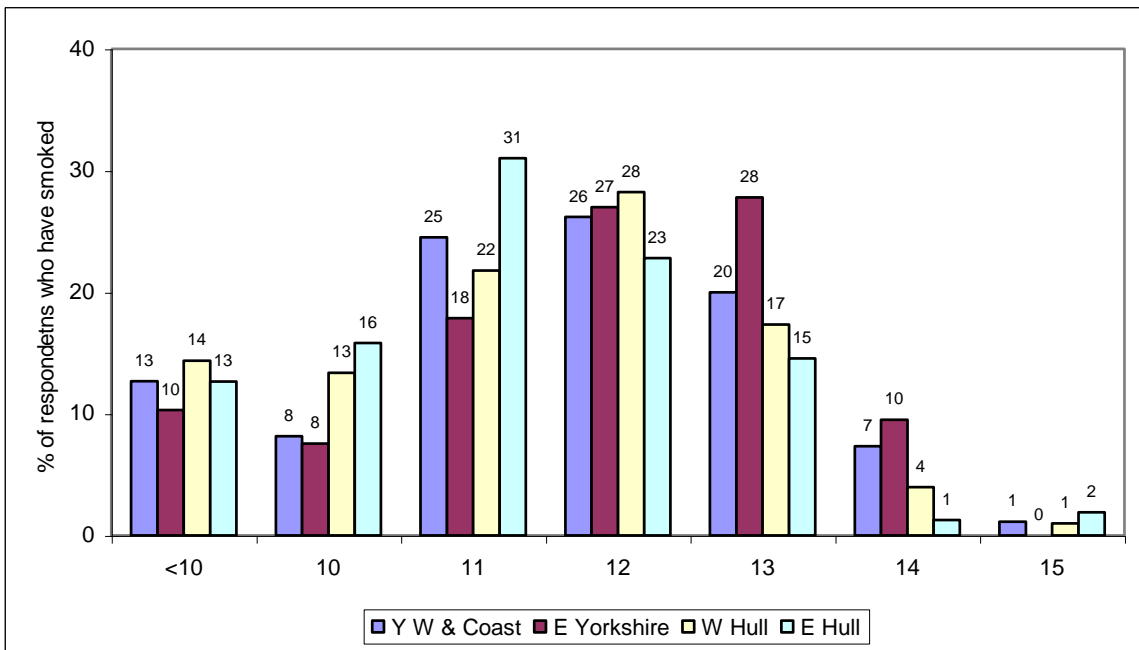


Figure 69 Age at which males became regular smokers by PCT

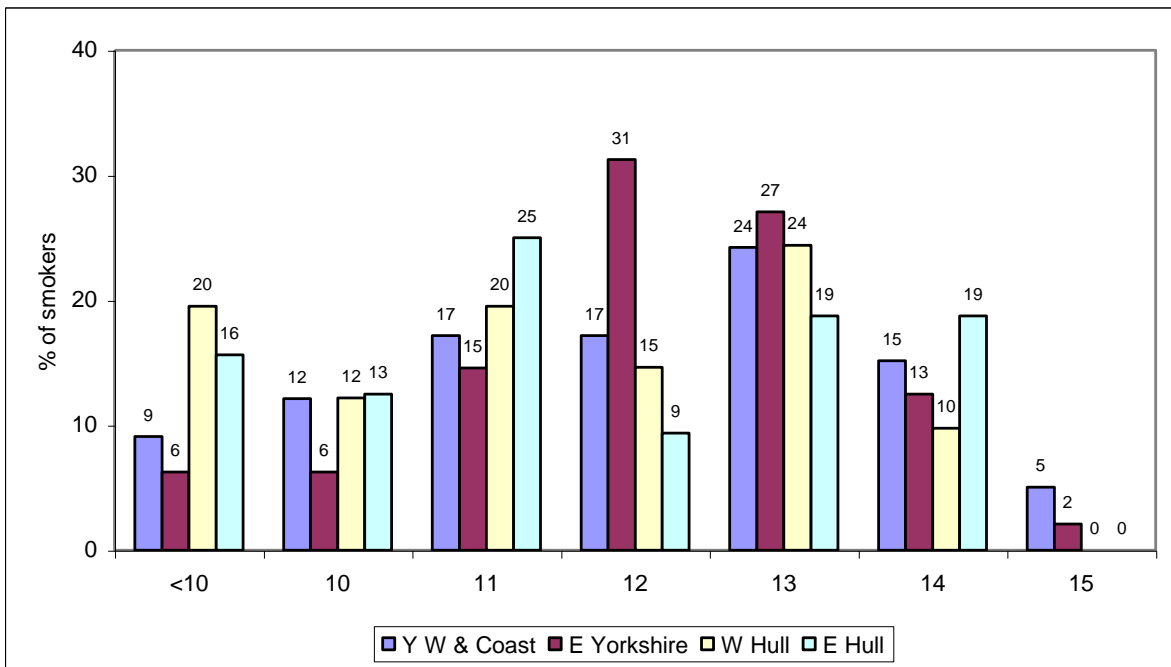
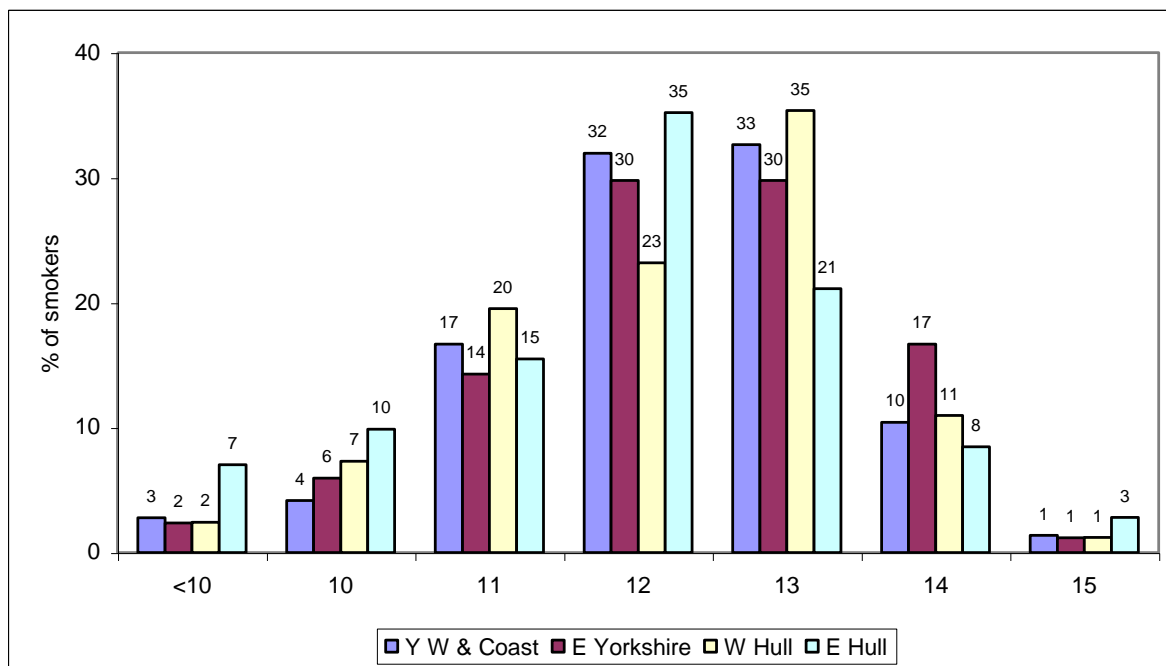
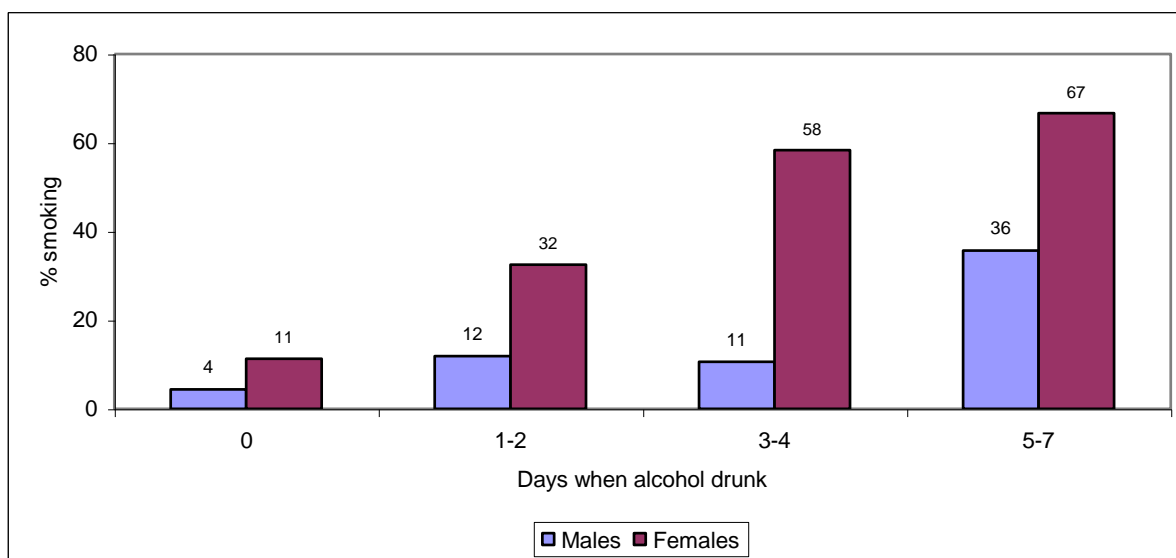


Figure 70 Age at which females became regular smokers by PCT



A relationship was found between the frequency of alcohol consumption and the percentage of young people who reported smoking. The more frequent the alcohol consumption, the more smokers were found (Figure 71).

Figure 71 The relationship between alcohol consumption and smoking by gender



Other drugs

There were those respondents who said that they had used a large range of illegal drugs and substances during the previous year or previous four weeks, these were very low numbers (usually single figures) for every named substance other than cannabis. One of the listed substances was "semeron", this is a fictitious drug used as a check in a national survey of young people undertaken in 2000 on behalf of the Office for National Statistics⁴. If the respondents in this 2002 survey reported that they had used semeron, all their responses in this section were taken as invalid (38 individuals). Twelve pupils reported that they had been offered semeron which meant that their results were

deemed invalid as well. Information on the other drugs listed and the respondents answers to the questions about the drugs are listed in Tables 45-47.

Table 45 What do you know about these drugs? (%)

	Safe if properly used	Always unsafe	Don't know	Total Number
	%	%	%	
Amphetamines	9.4	40.4	50.2	3,879
Anabolic steroids	43.7	18.1	38.2	3,868
Cannabis	30.0	45.5	24.5	3,851
Cocaine	6.5	65.8	27.8	3,896
Crack	4.8	62.9	32.4	3,885
Ecstasy	5.3	62.7	32.0	3,883
Heroin	5.2	69.8	25.0	3,888
LSD	6.9	49.1	44.0	3,882
Methadone	16.3	30.6	53.0	3,863
Natural hallucinogens	10.1	43.5	46.4	3,871
"Poppers"	7.8	37.5	54.7	3,868
Semerone*	3.3	30.1	66.6	3,835
Solvents	9.6	56.2	34.3	3,868
Synthetic hallucinogens	4.5	41.0	54.5	3,854
Temgesic	4.0	29.6	66.3	3,842
Tranquillisers	22.1	28.8	49.1	3,831

* Semerone is a fictitious drug

Table 46 Has anyone offered or encouraged you to try any of these drugs?

	Offered %	Number
Amphetamines	2.6	3,877
Anabolic steroids	1.6	3,870
Cannabis	19.5	3,874
Cocaine	2.7	3,881
Crack	2.3	3,877
Ecstasy	2.3	3,879
Heroin	1.7	3,880
LSD	1.3	3,879
Methadone	0.6	3,879
Natural hallucinogens	1.7	3,876
"Poppers"	3.0	3,878
Semerone*	0.3	3,873
Solvents	3.4	3,875
Synthetic hallucinogens	0.7	3,875
Temgesic	0.4	3,876
Tranquillisers	1.4	3,873

* Semerone is a fictitious drug

Table 47 Have you ever tried any of these drugs?

	Never %	In the last year %	In the last 4 weeks %	Number
Amphetamines	99.2	0.7	0.2	3811
Anabolic steroids	98.9	0.8	0.3	3806
Cannabis	87.5	6.9	5.6	3797
Cocaine	99.2	0.6	0.3	3811
Crack	99.2	0.6	0.2	3814
Ecstasy	99.2	0.6	0.1	3813
Heroin	99.7	0.2	0.1	3814
LSD	99.4	0.4	0.2	3814
Methadone	99.8	0.1	0.1	3814
Natural hallucinogens	99.2	0.7	0.1	3813
"Poppers"	98.2	1.4	0.4	3812
Semerom*	99.8	0.1	0.1	3807
Solvents	97.9	1.4	0.8	3814
Synthetic hallucinogens	99.5	0.2	0.3	3811
Temgesic	99.8	0.1	0.1	3812
Tranquillisers	99.2	0.4	0.4	3808

*Semeron is a fictitious drug

As in the national surveys²⁺⁴, greater knowledge was expressed about cannabis than about any of the other drugs listed. Attitudes to the safety of cannabis changed as the pupils grew older. In year 7, 10% thought cannabis was safe, by year 10, 50% thought it was safe. The proportions reporting it as safe also varied between the sexes and across the PCTs as shown in Table 48.

Table 48 The proportion of respondents stating that Cannabis is "Safe" by gender, school year and PCT

Gender	PCT	School year				
		7	8	9	10	7-10
Male	Y W & Coast	12	23	36	57	34
	East Yorkshire	9	33	44	59	32
	West Hull	24	33	34	70	37
	Eastern Hull	7	20	31	55	29
Female	Y W & Coast	7	18	38	58	32
	East Yorkshire	8	19	23	47	21
	West Hull	8	26	44	56	32
	Eastern Hull	4	14	26	39	20

There was a corresponding higher proportion of West Hull young people who reported having been offered cannabis at a younger age (Table 49).

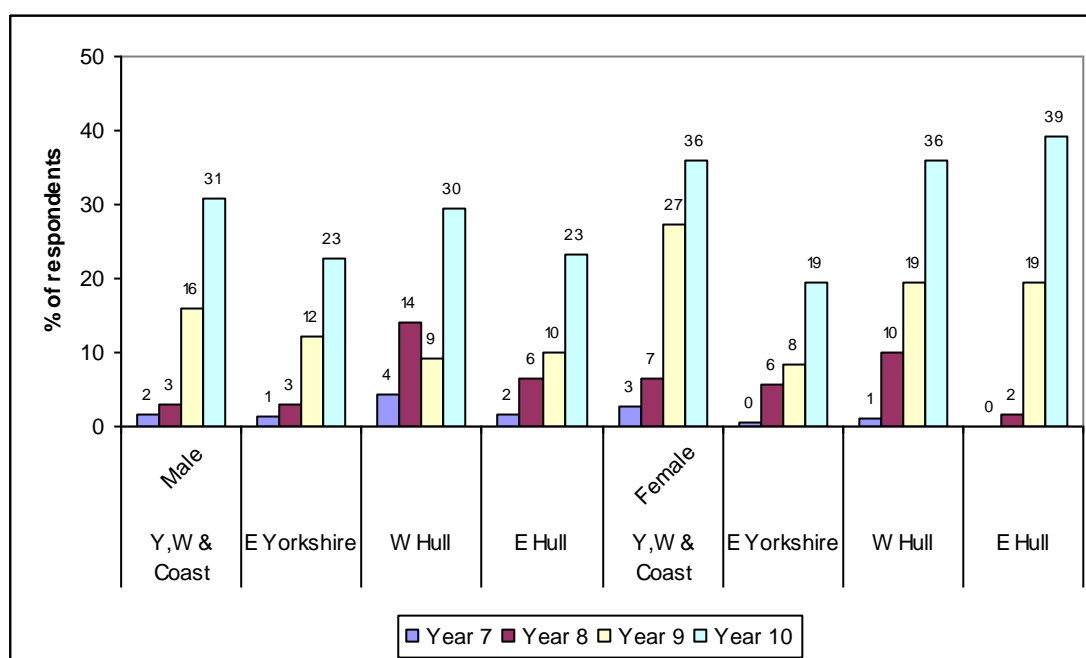
Table 49 The proportion of respondents "Offered" cannabis by gender, school year and PCT

Gender	PCT	School year				
		7	8	9	10	7-10
Male	Y W & Coast	5	8	23	40	20
	East Yorkshire	3	10	22	38	15
	West Hull	7	21	18	38	20
	Eastern Hull	7	14	22	41	21
Female	Y W & Coast	3	8	33	47	23
	East Yorkshire	1	9	19	36	14
	West Hull	7	21	33	56	27
	Eastern Hull	1	5	28	44	21

Overall, by year 10 28% of males and 32% of females said that they had used cannabis, in either the previous year or four weeks, but there were again differences across the ages and PCTs. Figure 72 shows the higher proportions of "users" in the females by the years 9 and 10 in all PCTs except East Yorkshire. Balding² reported that in year 10 29% of males and 25% of females had used cannabis, the DoH⁴ had similar levels of 30% Class A drug use, mainly cannabis, by the age of 15.

Just over half, 54% of males and 59% of females, offered cannabis also reported that they had used the drug in the previous year.

Figure 72 Reported use of cannabis by gender, school year and PCT



In both males and females, there were higher proportions of tobacco smokers who reported using cannabis than the proportions of cannabis users found in the non-smokers. Fifty-nine per cent of male tobacco smokers also reported the use of cannabis in the previous year against 7% in non tobacco users, for females the figures were 57% and 4%. This is also true across the four PCTs (Table 50). The relationships between the use of alcohol, tobacco and illegal drugs were also found in the DoH national survey⁴.

Table 50 The percentage of cannabis users in tobacco smokers by PCT

PCT	Tobacco smokers	Non-smokers	Overall
Y W & Coast	61	8	16
East Yorkshire	47	4	7
West Hull	63	6	14
Eastern Hull	58	5	13

Sexual Health

The young people surveyed were asked what risk they thought there was of becoming infected with the Human Immune-deficiency virus (HIV/AIDS) in a range of situations within this country. There was an increase in knowledge as the pupils went through the school, with the females in year 10 being the most knowledgeable, the results of the questions are given below (Table 51).

Table 51 The knowledge of "Risk behaviours" in relation to HIV/AIDS within the UK by school year and gender

Transmission route	Stated risk	School year							
		7		8		9		10	
		Male	Female	Male	Female	Male	Female	Male	Female
Donating blood	High	13	8	9	7	10	8	4	8
	Low	25	27	34	28	33	34	28	30
	None	24	28	25	39	32	39	42	48
	Don't know	38	38	32	27	25	19	26	15
Receiving a blood transfusion	High	18	15	16	13	18	12	8	13
	Low	29	32	41	39	42	43	42	45
	None	12	9	9	17	13	18	20	23
	Don't know	41	44	34	31	28	27	29	19
Sharing needles for injecting drugs	High	70	74	77	85	84	94	88	97
	Low	3	4	3	3	4	1	2	1
	None	5	2	2	1	3	2	1	1
	Don't know	22	20	18	11	10	4	9	1
Sharing school, home etc with an infected person	High	23	17	20	12	14	9	12	7
	Low	24	22	30	25	29	27	35	33
	None	21	26	23	43	35	49	34	53
	Don't know	32	36	27	21	22	15	19	8
Kissing an infected person	High	33	24	24	15	20	12	13	6
	Low	19	18	24	24	28	21	24	24
	None	19	20	23	38	31	47	40	57
	Don't know	29	38	29	23	21	21	23	12

Table 51 continued

Intercourse with an infected person NOT using a condom	High	71	74	80	89	86	97	91	98
	Low	3	1	3	2	3	1	1	0.2
	None	4	1	3	1	2	1	0	0.4
	Don't know	22	24	14	8	10	2	8	1
Intercourse with an infected person using a condom CORRECTLY	High	11	11	10	9	9	8	9	5
	Low	41	16	49	62	56	71	61	74
	None	22	11	21	14	21	11	16	15
	Don't know	26	32	20	16	14	11	14	6

There were some differences across the PCTs but there was nothing consistent except that the young people in the Hull PCTs were more likely to answer that they did not know the risk level (Table 52). There has been little change in the level of knowledge displayed since 1996¹ when the same questions were asked, knowledge increased as the pupils progressed up the school with year 10 females still more likely to give the correct response than their male counterparts.

Table 52 The knowledge of "Risk behaviours" in relation to HIV/AIDS within the UK by PCT and gender

Transmission route	Stated risk	PCT							
		Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
		Male	Female	Male	Female	Male	Female	Male	Female
Donating blood	High	8	9	10	6	7	8	14	8
	Low	33	29	33	30	29	34	22	25
	None	31	37	36	41	28	34	27	35
	Don't know	29	25	24	23	35	23	38	32
Receiving a blood transfusion	High	14	15	15	11	16	14	17	15
	Low	40	39	45	44	34	40	31	30
	None	14	16	12	17	13	17	12	19
	Don't know	32	31	28	29	37	29	40	36
Sharing needles for injecting drugs	High	82	90	80	87	79	86	74	84
	Low	3	2	4	3	4	3	1	1
	None	2	1	2	2	2	1	5	2
	Don't know	13	7	14	8	16	10	20	13
Sharing school, home etc with an infected person	High	17	10	18	10	13	12	23	16
	Low	32	30	29	28	31	23	21	18
	None	28	42	29	43	28	44	27	41
	Don't know	23	19	24	19	28	22	28	25

Table 52 continued.

Kissing an infected person	High	21	11	24	15	21	15	28	19
	Low	25	23	26	22	24	24	19	15
	None	29	43	27	39	26	39	28	41
	Don't know	25	22	23	24	29	23	26	25
Intercourse with an infected person NOT using a condom	High	85	89	83	91	82	89	76	85
	Low	2	2	3	1	2	0.3	2	1
	None	2	1	2	1	1	1	4	1
	Don't know	11	8	12	7	15	10	18	13
Intercourse with an infected person using a condom CORRECTLY	High	11	10	8	8	10	7	10	9
	Low	55	64	53	66	52	63	42	53
	None	18	11	22	12	20	15	23	16
	Don't know	16	15	18	14	19	16	26	23

Females were more likely than the males to report where they would go for information or advice about sexual health. They were most likely to approach their friends or parents until they reached year 10. The males also would approach their parents but were less likely than the females to approach their friends. The variations between the genders and ages are shown in Figures 73 and 74. The differences between the PCTs are given in Figures 75 and 76.

Figure 73 Where and to whom male respondents would go for information about sexual health by school year

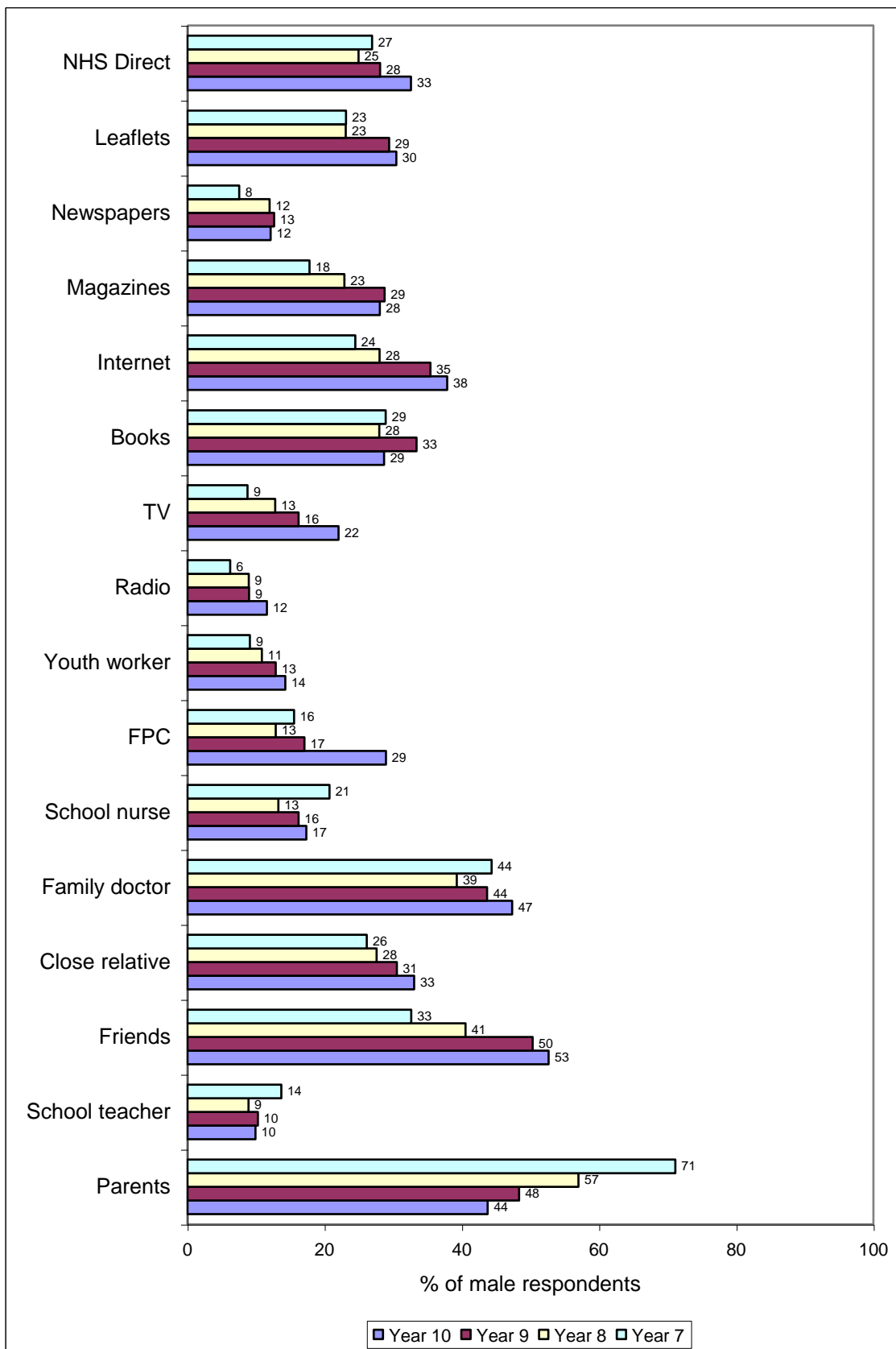


Figure 74 Where and to whom female respondents would go for information about sexual health by school year

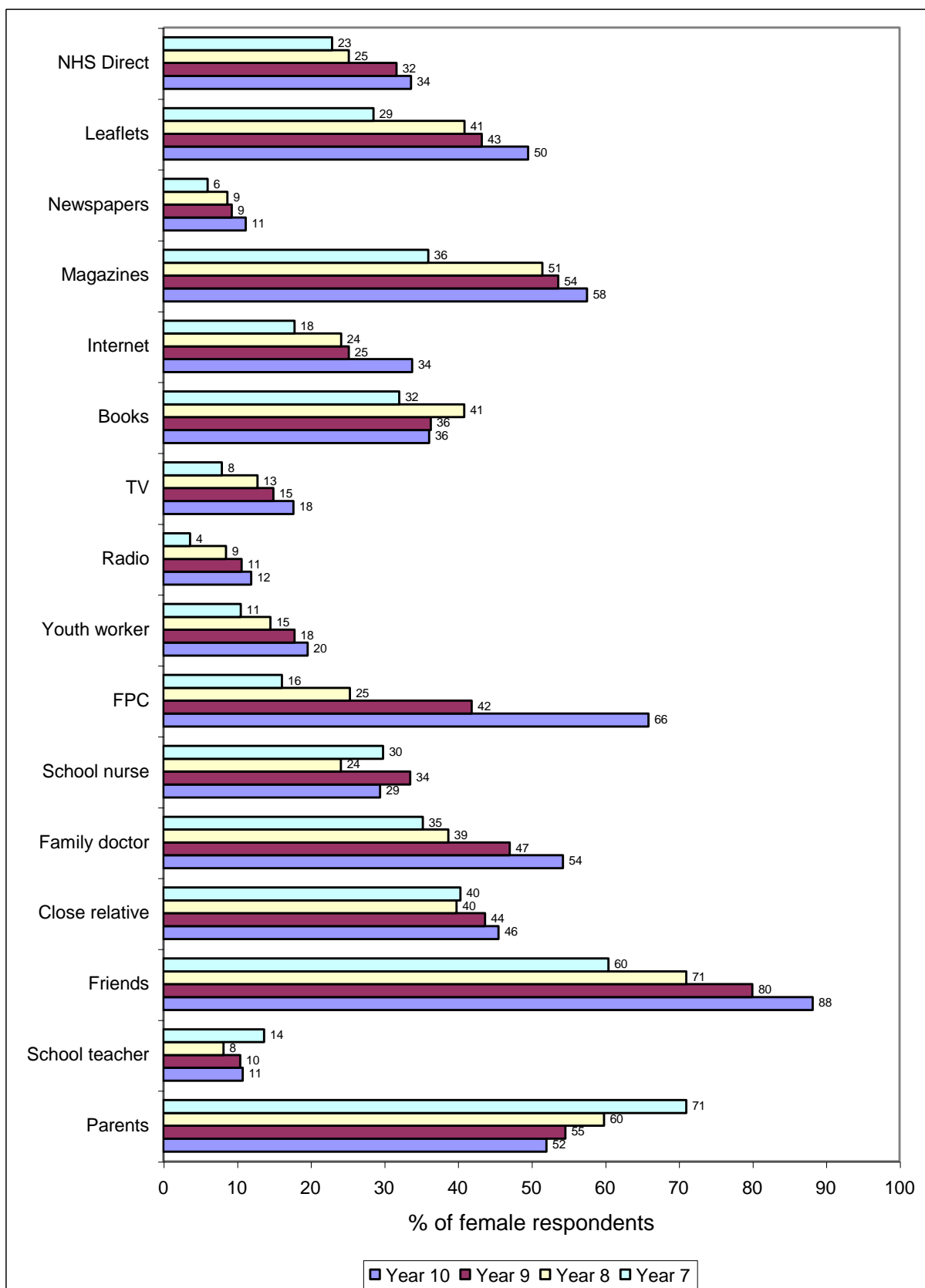


Figure 75 Where and to whom male respondents would go for information about sexual health by PCT

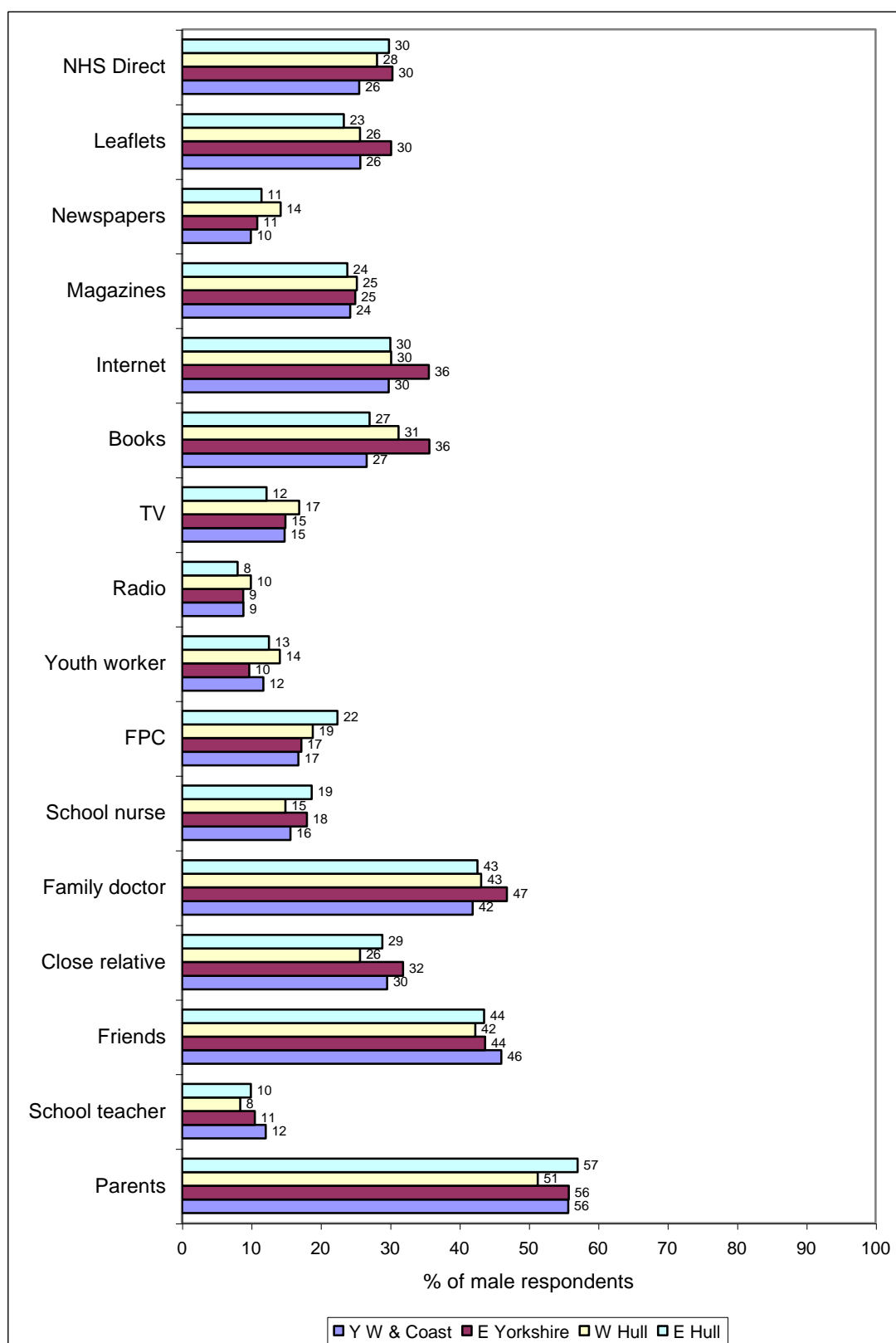
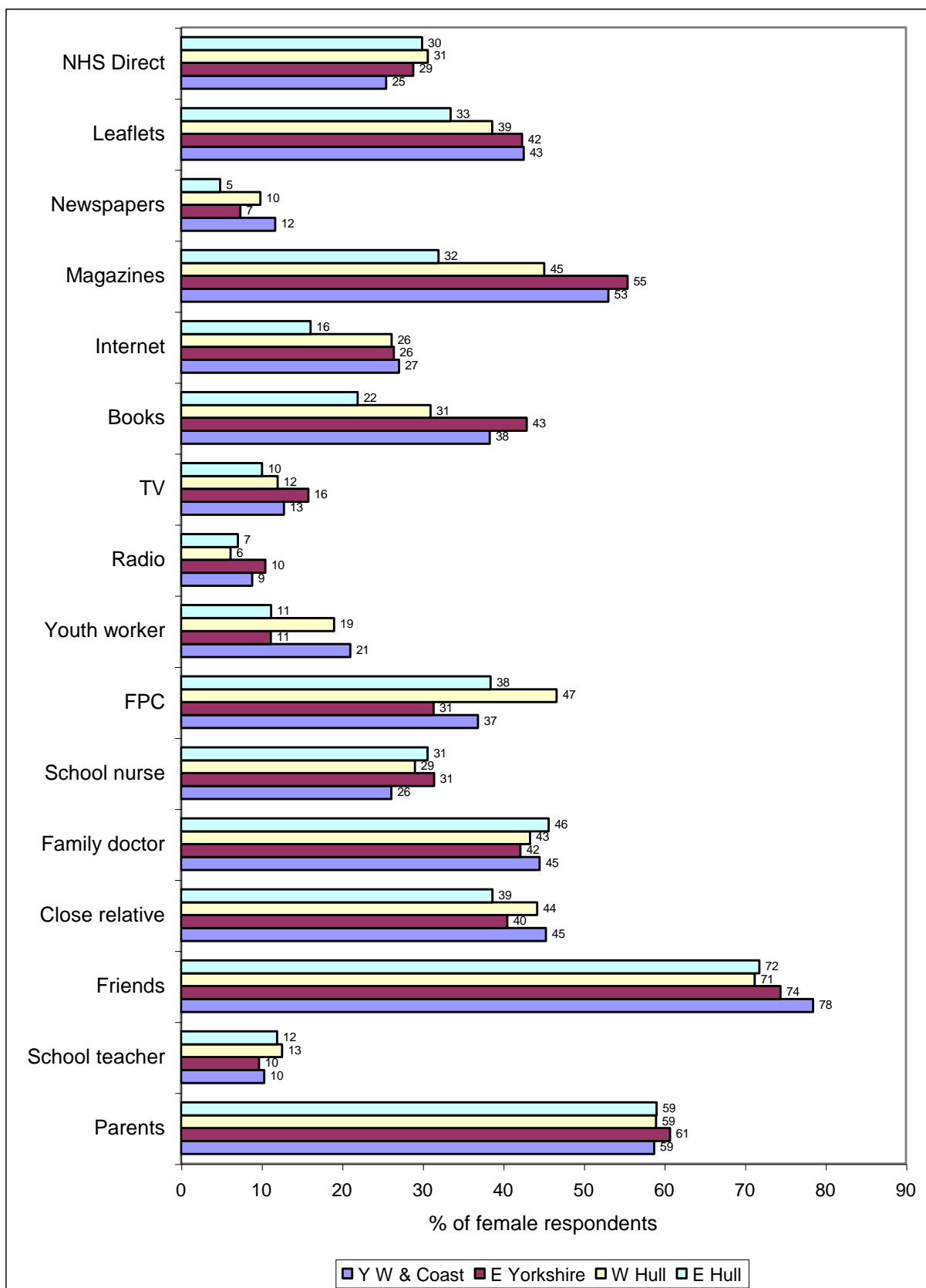


Figure 76 Where and to whom female respondents would go for information about sexual health by PCT



Although the young people were not asked specific questions about sexually transmitted infections (STIs) other than the transmission routes for HIV/AIDS, they were asked if they had heard of the more common infections. The females were more likely to report that they had heard of the infections than were the males and the proportion also increased as they progressed up the school. There was a marked difference between HIV/AIDS and any other infection (Figures 77 and 78).

Figure 77 Males who have "heard of" the sexually transmitted infections by school year

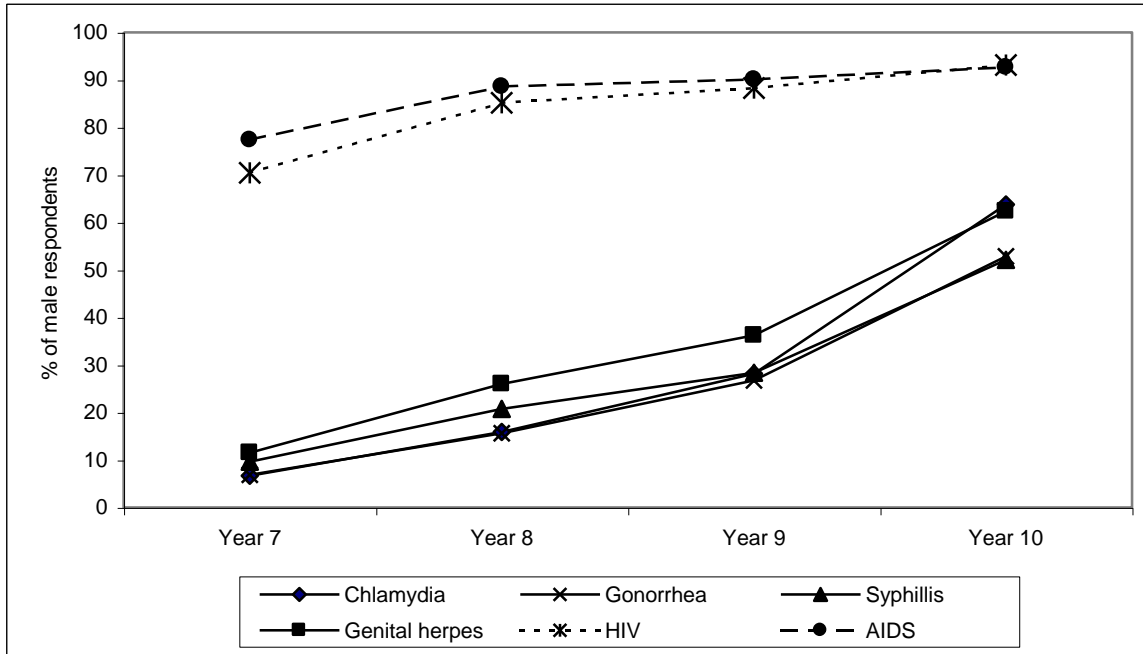
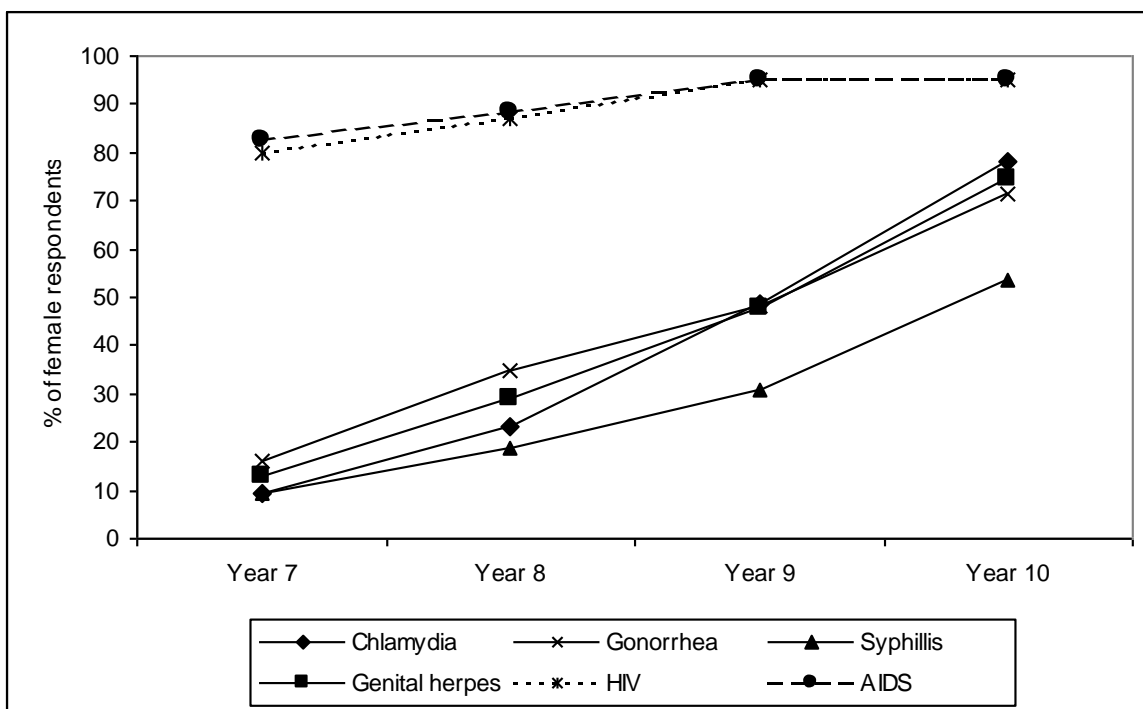


Figure 78 Females who have "heard of" the sexually transmitted infections by school year



There were differences across the PCTs with East Yorkshire males the least likely and West Hull females the most likely to report that they had heard of the infections (Figures 79 and 80).

Figure 79 Males who have “heard of” the sexually transmitted infections by PCT

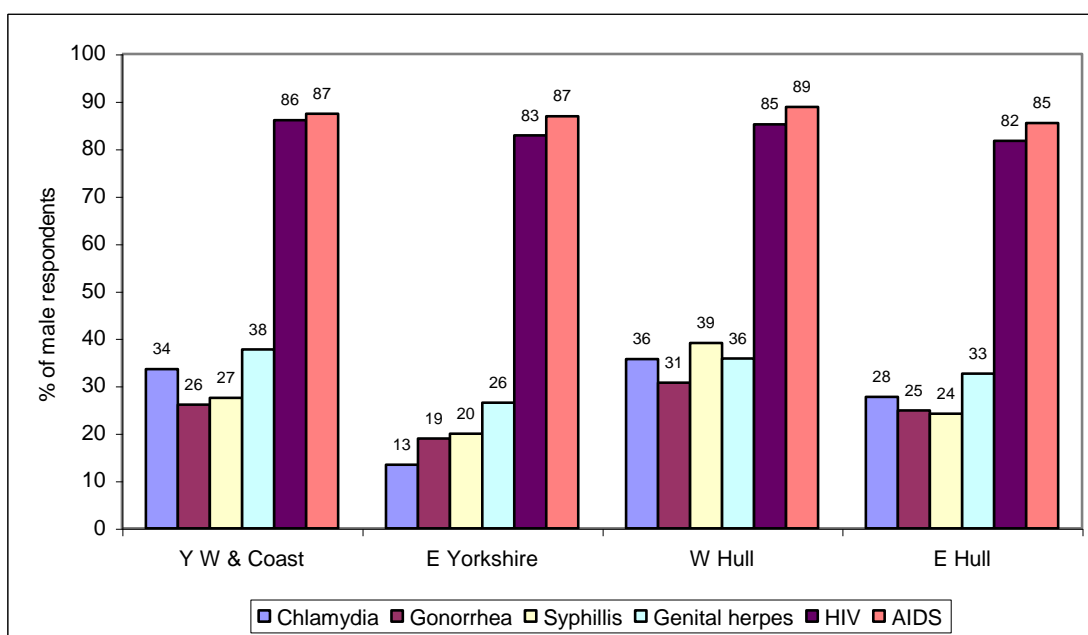
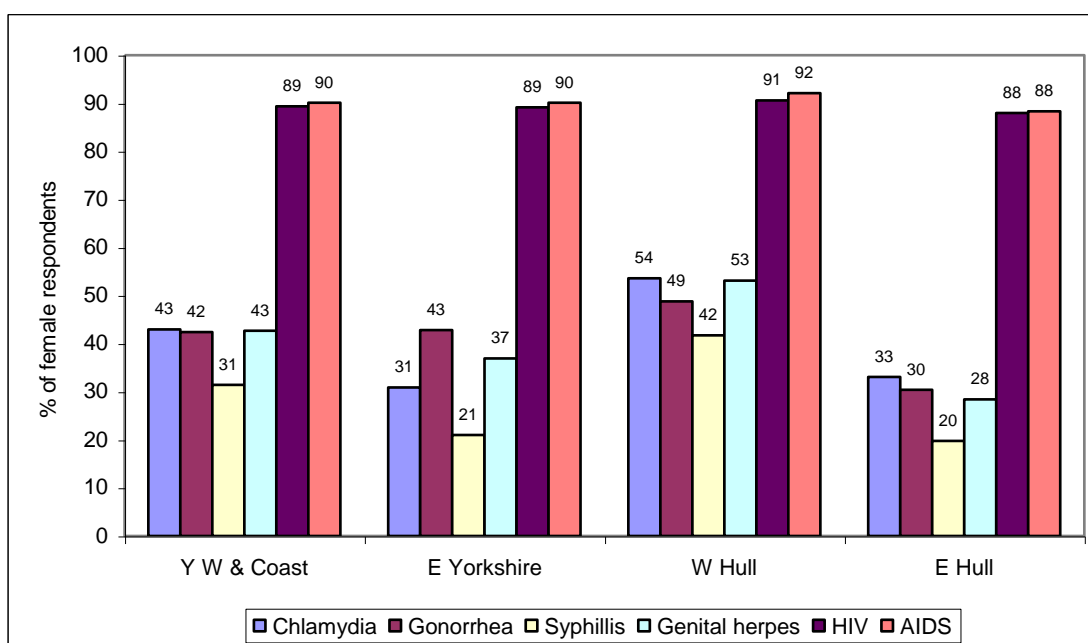


Figure 80 Females who have “heard of” the sexually transmitted infections by PCT



Year 9 and 10 females would appear to have more knowledge on STIs than the other groups and Eastern Hull males the least. Whom or where the information had come from varied with age and PCT but the most likely source of information to be cited was the television. In year 10 males and females the most likely source was a teacher and for year 9 females, magazines (Tables 53 and 54).

There were some differences found across the PCTs, notably the replacement of the television by teachers as the main source of information, the other differences were mainly in the level of reporting (Tables 55 and 56). The only other source mentioned in any numbers by the respondents was “A talk at school”. It was not clear whether this was given by an outside professional or a member of the school staff.

Table 53 % of males citing source of information on STIs by school year

School year							
7		8		9		10	
Source	%	Source	%	Source	%	Source	%
TV	42	TV	45	TV	46	Teacher	54
Parents	26	Teacher	31	Teacher	38	TV	40
Friends	16	Parents	27	Parents	29	Radio	29
Teacher	15	Friends	22	Friends	29	Friends	26
Leaflets	14	Radio	20	Leaflets	28	Leaflets	25
Radio	12	Leaflets	18	Radio	25	Parents	23
Books	11	Books	17	Magazines	23	Magazines	20
GP	10	Magazines	16	Books	21	School nurse	18
Internet	10	Internet	15	Internet	19	NHS Direct	16
Magazines	10	Newspapers	13	School nurse	16	Books	15
Newspapers	9	GP	11	GP	16	Internet	15
Siblings	8	NHS Direct	10	Newspapers	15	GP	12
School nurse	8	Siblings	9	Siblings	14	Newspapers	12
NHS Direct	7	School nurse	8	NHS Direct	14	FPC	8
Youth worker	4	FPC	5	Youth worker	9	Siblings	8
FPC	3	Youth worker	5	FPC	8	Youth worker	7

Table 54 % of females citing source of information on STIs by school year

School year							
7		8		9		10	
Source	%	Source	%	Source	%	Source	%
TV	46	TV	45	Magazines	51	Teacher	52
Magazines	29	Magazines	39	Friends	49	Friends	50
Parents	26	Friends	28	TV	48	Magazines	47
Leaflets	20	Parents	28	Teacher	45	TV	38
Friends	18	Teacher	27	Parents	37	Leaflets	33
Radio	16	Leaflets	23	Leaflets	34	Parents	31
Teacher	15	Books	19	Radio	29	Radio	31
Books	15	Radio	18	Books	22	School nurse	24
Siblings	13	Internet	12	Siblings	20	GP	20
Newspapers	10	Newspapers	12	School nurse	17	FPC	19
GP	9	Siblings	12	Newspapers	13	Siblings	17
Internet	8	GP	9	Internet	12	Books	17
School nurse	8	School nurse	7	GP	11	Internet	11
NHS Direct	5	NHS Direct	7	FPC	10	Newspapers	11
Youth worker	2	FPC	5	Youth worker	9	Youth worker	11
FPC	2	Youth worker	4	NHS Direct	8	NHS Direct	8

Table 55 % of males citing source of information on STIs by PCT

PCT							
Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
Source	%	Source	%	Source	%	Source	%
TV	45	TV	46	TV	44	TV	33
Teacher	39	Teacher	29	Teacher	37	Teacher	27
Parents	30	Parents	26	Parents	24	Parents	24
Friends	27	Leaflets	21	Friends	23	Friends	20
Radio	23	Friends	20	Leaflets	23	Leaflets	18
Leaflets	22	Radio	20	Radio	22	Radio	17
Magazines	19	Magazines	18	Books	16	School nurse	15
Books	18	Books	16	Magazines	16	GP	15
Internet	15	Internet	15	Internet	15	Books	14
GP	13	Newspapers	13	GP	14	NHS Direct	14
Newspapers	13	School nurse	10	Newspapers	13	Magazines	13
School nurse	13	NHS Direct	9	School nurse	12	Internet	13
NHS Direct	12	GP	8	Siblings	12	Newspapers	11
Siblings	11	Siblings	8	NHS Direct	11	FPC	9
Youth worker	8	FPC	4	Youth worker	7	Siblings	8
FPC	6	Youth worker	2	FPC	7	Youth worker	8

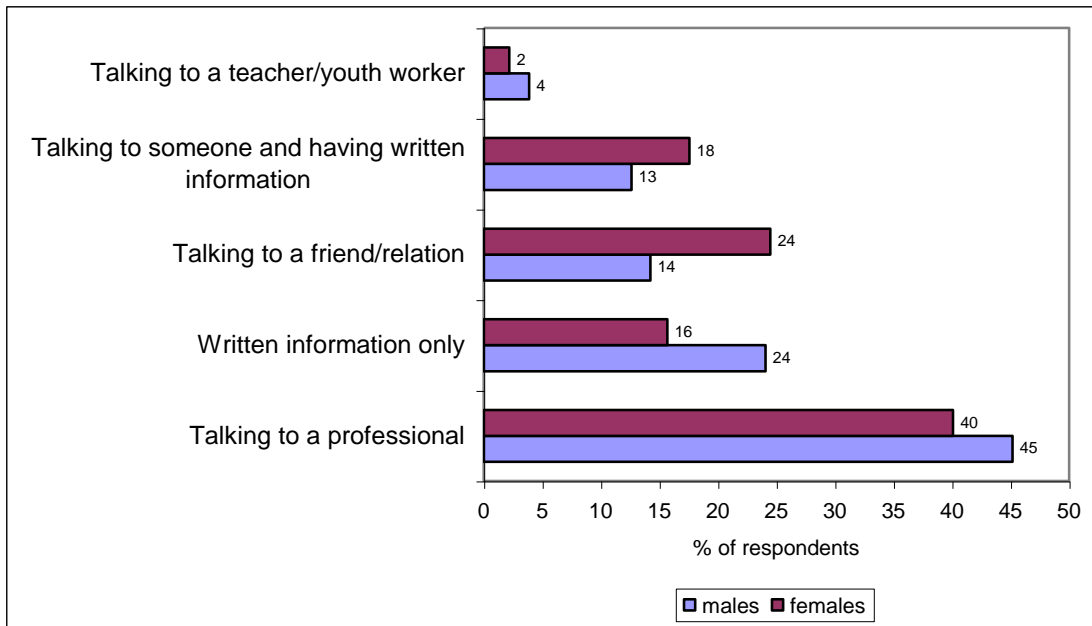
Table 56 % of females citing source of information on STIs by PCT

PCT							
Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
Source	%	Source	%	Source	%	Source	%
TV	47	TV	48	Teacher	39	TV	40
Magazines	43	Magazines	47	Friends	37	Friends	31
Friends	37	Friends	36	Parents	37	Magazines	31
Teacher	34	Teacher	35	TV	35	Teacher	27
Parents	32	Leaflets	29	Magazines	35	Radio	25
Leaflets	26	Parents	29	Leaflets	28	Parents	23
Radio	25	Radio	23	Radio	19	Leaflets	22
Books	19	Books	19	Books	17	Books	16
Siblings	18	School nurse	15	Siblings	16	School nurse	15
GP	15	Siblings	14	GP	16	Siblings	13
Newspapers	14	Newspapers	10	School nurse	12	GP	12
School nurse	13	Internet	10	FPC	12	Internet	10
Internet	12	GP	8	Youth worker	12	NHS Direct	10
FPC	10	FPC	5	Newspapers	11	FPC	10
Youth worker	8	NHS Direct	5	Internet	11	Newspapers	9
NHS Direct	7	Youth worker	3	NHS Direct	8	Youth worker	5

When asked what was the best way of getting information about contraception or sexual health, all groups stated that talking to a professional was best. The next most popular source for males was written information. For females in years 7 to 9, talking to a friend or relation came next. In year 10,

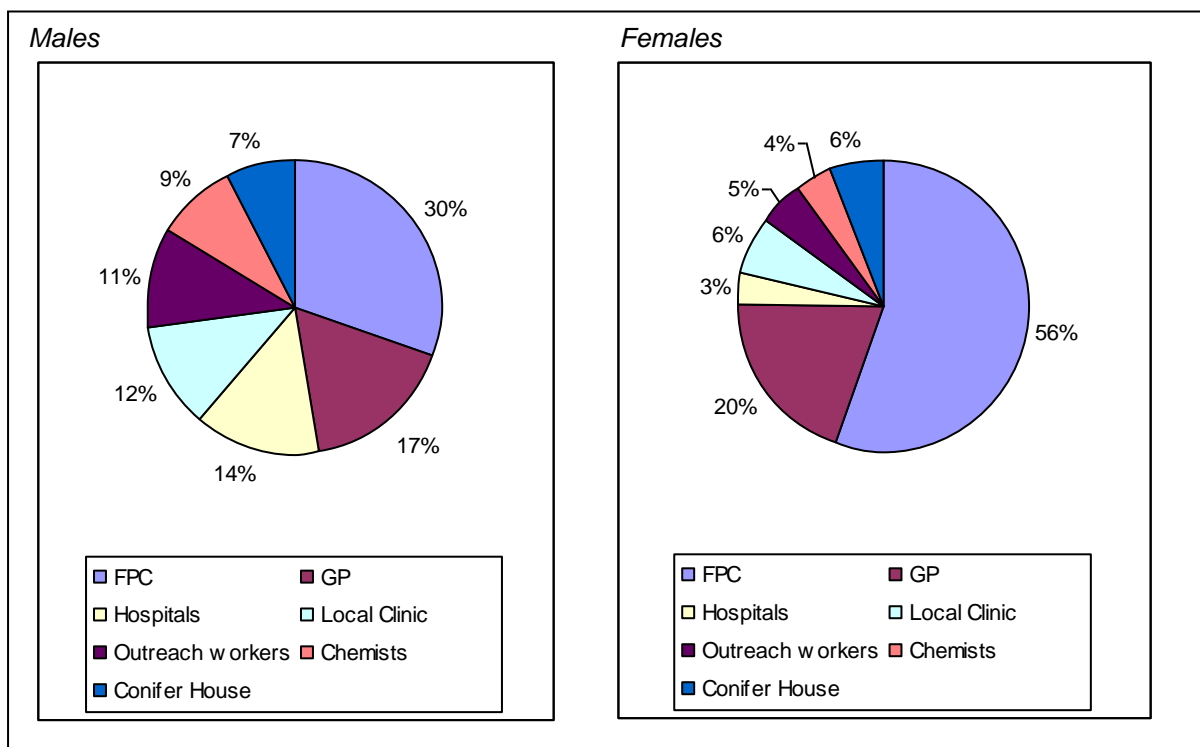
the females wanted verbal and written information from the professionals. There was little difference across the PCTs. An overall figure for males and females is given in Figure 81.

Figure 81 "Best" source of information on contraception and sexual health by gender



Overall females were more likely than males to say they knew where to obtain free condoms, rising from 24% in year 7 to 86% in year 10. Whereas in males the percentage rose from 27 to 76. The lowest proportion in males and females was found in East Yorkshire PCT at 38% and 44%, the highest for males was 59% in Eastern Hull and in females 68% in West Hull. Not everyone then went on to state where they could get free condoms, but family planning clinics and GPs were the most likely to be named (Figure 82).

Figure 82 Where free condoms are available:



There were differences in the places mentioned by the respondents from the four PCTs (Table 57), which was a reflection on the services and facilities available in the different areas.

Table 57 Percentage of respondents who stated where condoms are available free by PCT and gender

Male							
PCT							
Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
Source	%	Source	%	Source	%	Source	%
FPC	25	FPC	28	Local clinic	19	FPC	24
Hospitals	22	GP	16	GP	15	Outreach workers	20
GP	10	Chemists	13	Conifer House	13	Conifer House	15
CAB	9	Local clinic	10	Chemists	13	GP	14
Local clinic	5	Friends	4	FPC	11	Local clinic	6
Youth club	5	Outreach workers	3	Outreach workers	11	Corner House	6
Outreach workers	4	Hospitals	3	Friends	3	Chemists	6
Youth Aid	3	In toilets	3	Hospitals	2	Worren	2

Female							
PCT							
Y W & Coast		East Yorkshire		West Hull		Eastern Hull	
Source	%	Source	%	Source	%	Source	%
FPC	45	FPC	49	FPC	45	FPC	44
GP	16	GP	22	Conifer House	13	GP	16
Hospitals	7	Local clinic	5	GP	12	Outreach workers	12
CAB	6	Chemists	4	Local clinic	10	Conifer House	6
Youth Aid	4	Conifer House	4	Worren	4	Local clinic	5
Youth club	4	Practice/school	2	Outreach workers	3	Corner House	4
Outreach workers	4	nurse		Chemists	2	Chemists	4
Local clinic	3	Friends	2	Pubs/clubs	2	In toilets	2
		In toilets	2				

By the time the respondents had reached year 10 twice as many females as males reported that free condoms were available to young people of any age, 27% and 13%. The number who gave a "Do Not Know" answer fell from 74% in year 7 males to 44% in year 10 and for the females the fall was from 77% to 53%. Approximately 14% of males and females in years 7-9 reported that condoms were available to 16 year olds but this fell to 6% in year 10 with an increase in the proportions citing "Any age", "Teenagers" or ages below 16. The proportion reporting "Any age" rose from 3% in year 7 males to 13% by year 10, in females the proportion rose from 1% to 27%.

Approximately two thirds of the respondents from all four PCTs said they did not know at what age they could get free condoms. Amongst the males, the next most popular age given was 16, 11% in Yorkshire Wolds and Coast, 17% in East Yorkshire, 13% in West Hull and 9% in Eastern Hull. In females, "Any age" was the second most popular for Yorkshire Wolds and Coast, 13%, West Hull 8% and Eastern Hull 11%. Eighteen per cent of East Yorkshire females said condoms were available to 16 year olds.

Eighty seven per cent of males and 78% of the females also did not know at what age the birth control services could be accessed, even when they were specifically for young people. By year 10 there were 16% of males and 29% of females who did report that the clinics could be used at "Any age" or

by 16. There was virtually no difference in the males across the PCTs (between 8% and 10%) and only a little more in the females, those stating “Any age” or by 16 were, 18% in West Hull, 15% in Yorkshire Wolds and Coast, 13% in East Yorkshire and 11% in Eastern Hull.

Although they did not necessarily report knowing when they could use family planning clinics, there was an increase in males who knew where the clinics were from 3% in year 7 to 21% in year 10 with an increase from 5% to 48% in the females. Yorkshire Wolds and Coast males were the most likely to report knowing where the clinics were (14%) and East Yorkshire the least (5%). In West Hull females 30% knew where the clinics were but only 15% in East Yorkshire did. The ten most commonly given places for everyone are in Table 58.

Table 58 The “Top Ten” places mentioned for young people’s contraceptive services

Source	Number	% of respondents
FPC	735	34
GP	330	15
Local clinic	148	7
Outreach workers	148	7
Hospitals	124	6
Conifer House	121	6
Chemists	108	5
CAB	45	2
In toilets	36	2
Youth clubs	34	2

Discussion

Sample & Respondents

The survey has obtained a wealth of information about the young people living in the area served by the four PCTs of Yorkshire Wolds & Coast, East Yorkshire, West Hull and Eastern Hull. This information will be available to the PCTs and their partner agencies for use in the planning of services for young people. The numbers involved and the spread of the young people who responded to the survey give a broadly representative sample (11%) of the young people living in the area. Unfortunately, it was not possible to collect information from young people who were absent from school because of ill health or truanting. Special schools were approached but chose not to take part in the survey. There is no way of knowing if responses from these groups would have differed significantly from those obtained.

It was found that pupils who lived in one PCT might go to school in a different PCT, this was especially so with West Hull and East Yorkshire where there was a significant “flow” both ways between the PCTs (Table 1). This is a reflection of the differences between populations resident in an area and those registered with a GP based in an area and should be remembered when services are being provided on a PCT basis. This report has given the results by PCT allocated by the position of the school attended because approximately a quarter of the young people either chose to not give their postcode or the postcode given could not be recognised by the mapping package used in analysis.

Households and Relationships

There was little change in the accommodation and household structure reported by the pupils since 1996¹ and changes in the employment rates of their parents and guardians were in line with national changes and are a reflection of the local picture.

The development and increasing use of the Internet have occurred since the survey in 1996¹ but this survey has found that although many have access to the Internet at home the proportions vary across the four PCTs studied (Figure 8). Males were more likely to spend time in front of VDUs than were females of a comparable age, they watched more television per school day (Table 10), they spent

longer using the internet (Table 12) but most of all they spent many more hours playing computer games (Figure 10). Twice as many males as females cited using computer games as a means of stress relief/comfort but approximately equal proportions watched TV or videos (Figures 19 & 20). It is not known whether these activities were undertaken with their friends, family members or alone and as approximately 60% of males found that talking to their friends or family made them feel better and 60% found spending time alone made them feel better, it would seem that there must be a mixture.

Amongst the females, 90% talked to their friends, 70% talked to their family and 60% spent time alone. Friendships would seem to be more important to the females than to the males but 40% of years 7 and 8 and 30% of years 9 and 10 worry about their relationships with friends (Table 16), this is a repeat of the 1996¹ findings.

Views on Education, Appearance and Health

The investigation into the young people's attitudes to aspects of school, education and careers, showed an increase in concerns and worries about examinations in year 9 pupils at a time when they worried less about their homework (Figures 12 and 13). This must be connected to the SATS, introduced in year 9, since the survey in 1996¹. It was important to the young people to be able to have a worthwhile job (80%), preferably with good pay (90%) and this was reflected for many in the proportion who wanted to do well at school (90%). There was a difference found in the proportions who wanted to stay in education after 16 depending upon where the young people went to school. Females in the East Riding were more likely to say that they would stay on in education but males in Eastern Hull did not know what they would do at 16 (Table 14). This uncertainty in their future was also shown in the Eastern Hull males' level of worry about their job and money prospects (Table 17) and may follow on from the higher unemployment rates found across the city.

There was no attempt in this survey to collect information on the heights and weights of the respondents, however they were asked if they wanted to gain or lose weight. Seventy per cent of year 10 females expressed a desire to lose weight, this was more likely to be related to appearance than health as three quarters of the females who wanted to lose weight also expressed a level of worry about their appearance, amongst males this proportion was about half. The desire to gain weight also had a relationship with appearance worries, 40% in males and 60% in females.

Worries about their own health did not seem to be related to actual health problems as only 2% of those who worried about their health expressed their own health as "poor" and over 50% who worried a lot thought their health was "excellent" or "good". Eighty five per cent of those who reported worrying about their health also reported that they did things which would keep them healthy, however 50% of these males and 60% of the females also then reported that they did things which they deemed as unhealthy! Perhaps there is a need to identify the health worries of the young in order to address them. Worries about puberty are perhaps more understandable and seem to be largely resolved by year 10, however, that does not mean that information and support for those worried about puberty should not continue to be available to the older age groups.

Stress, Exercise and Eating

Music, hobbies and exercise remain popular ways to relieve stress and should be encouraged further in mental health promotion to replace the less appropriate means cited such as eating, alcohol and tobacco. By year 10, nearly half of all respondents said that an alcoholic drink made them feel better (Figures 19 and 20). A small number of the respondents said that the use of illegal drugs made them feel better but a greater number said that prescribed medication helped them, this survey did not attempt to investigate this further but this may indicate a trend in young people seeking medical help for mental health problems.

The young people were well aware that exercise was an important part of keeping healthy (Tables 20 and 21), many said that they took exercise or played sport but there may be a misconception about how much exercise is required for cardio-vascular fitness. Nearly half of the young people stated that they walked to school and many thought that this and walking around school sites carrying heavy school bags was sufficient to keep them fit, an idea which has persisted since the 1996¹ survey. Regular walking is no doubt important but it would not be enough on its own. Four out of every five also said that they took part in sport or physical activities at school every week even in year 10. A similar proportion of males of all ages reported that they were physically active playing out in the streets or parks, cycling, playing football, skateboarding etc. The females reported less activity as

they became older, even in the use of swimming pools, which they cited as their favourite activity. It may be that the place of exercise in the control of weight should be emphasised in a population where appearance and weight loss is so important. Dancing was an important activity for the females, an area which perhaps could be exploited by schools and youth groups to encourage exercise, it would however not encourage the males for whom dancing did not feature. Despite the predominance of sedentary activities revolving around television watching and computers, less than 1% of the young people reported taking no physical exercise at all. Sport England⁸ have reported that young people in 2002 were very sport minded but there is a need to encourage the less organised activities which can not be described as sport and which were very popular among our respondents. Being allowed to “play out”, running, skate-boarding etc would give the young people a great deal of opportunity to exercise.

Healthy eating was also known by the young people as important to keeping healthy (Tables 20 and 21) but the most popular “unhealthy” activity engaged in by the respondents was eating “junk” food, chocolates and sweets (Tables 22 and 23). The reasons given for eating these food stuffs were very simple and based upon taste and convenience. How healthier options can be introduced into their diets is a challenge for everyone concerned with their health but may be possible through work with manufacturers and encouragement of the weight conscious young people to think about what calories the “junk” foods contain.

Breakfast may be the most important meal of the day but it became increasingly less popular as the females became older. It was also found that those who wished to lose weight were more likely to report never eating breakfast at home, 17% of females and 12% of males. There is a need for the young people to realise that just skipping meals is not the best way to control their weight. Where the respondents obtained their lunch varied with age, gender and where they went to school. It was less likely for the young people to go out of school to buy their own lunches in the more rural areas, half of Eastern Hull males and a third of the females bought their lunch outside school every day. Whether or not this is a reflection on the quality of the school meals cannot be said but it may have more to do with the freedom felt by the young people on leaving the school premises.

Initiatives over many years (Heartbeat Award etc) have improved the school meals on offer to young people, the increase in breakfast clubs and after school clubs is an opportunity to offer young people in the area the option of healthy choices to supplement their main meal.

White remains the most popular bread amongst the young people, whether they eat it because that is what they chose or it was what was on offer at home can not be said but across all the PCTs it was easily the favourite (Figures 50, 51 and 52). The call for eating higher fibre breads has not been taken up by the majority of the respondents and their families. Butter consumption has increased since 1996¹ and was eaten by just under half of the young people with the rest either using soft margarine or nothing on their bread (Table 33). The use of semi-skimmed milk was more variable across the PCTs, although semi-skimmed was the most common across all, under 20% reported using whole milk in East Yorkshire but 33% reported whole milk use in Eastern Hull. If you are not responsible for the family shopping you may not be able to choose but the use of semi-skimmed instead of whole milk is a simple way of reducing the fat in an everyday diet.

There is much emphasis currently on eating five portion of fruit and vegetables everyday in order to prevent some cancers⁸, this was not popular amongst many of the young people. Although about a third did report 5 portions a day and over half eat some fruit and vegetables, approximately 10% reported eating no fruit and vegetables in the day before the survey was administered (Figures 55 and 56). Locally major “5-a-day” campaigns¹⁰ in schools and communities are being developed to increase the amount of fruit and vegetables eaten daily.

Medicines and Health Service Attendances

There were differences in all prescription rates across the PCTs and in every case Eastern Hull had the lowest rate (Figures 28, 29, 33 and 34). The differences were not always large but in the case of asthma further investigation may be warranted with Yorkshire Wolds and Coast having a high rate in their females and Eastern Hull having lower rates at all ages and for both sexes. It is not known if these differences were due to the prescribing patterns of the GPs or hospital consultants or compliance issue in the young people. Over 40% of those who reported wheezing were on medication for asthma in 3 of the PCTs, whereas in Eastern Hull the level was only 25% (Figure 32).

The levels of asthma medication overall has gone down since 1996¹ and was close to the national rate of 13% (National Asthma Campaign).

Over half of the males and three quarters of the females reported taking pain killers (Figure 31), the reason why the young people took these was not investigated but it was possible that the increased use in the older females was related to menstrual problems. Although there was a slight increase in the proportions taking pain killers amongst those who were very worried about the issues covered in the survey, this was not deemed to be significant. The use of both cold cures and pain killers was reported by 16% of males and 26% of females, it is not known if these were taken together or not but in case they were, the perils of taking cold cures containing paracetamol and paracetamol pain killers together should be emphasised.

Whether a young person used A&E or the MIU may have depended upon the proximity of the service to the place of the accident/emergency and the severity of the problem but no explanation can be put forward for the differences in the use of other hospital services across the PCTs (Figures 36 and 37). Why the young males in the East Riding should have had a tendency to have more out patient appointments than others could not be ascertained. The increased usage of services by year 10 females is typified by the use of their GPs (Figure 38).

Less than 1% of the young people had never visited a dentist, three quarters of them had been to the dentist in the 6 months prior to the survey (Table 29), more than 80% of them for a check up (Table 31). Ninety per cent of visits were to dental surgeries rather than dental hospitals except when the wearing of braces was reported. There was little difference across the area except for the use of a general anaesthetic for extractions which was more common within Hull than in the East Riding.

Alcohol, Tobacco and Illegal Drugs

Virtually all the young people reported that they had drunk alcohol by the time they reached year 10, three quarters of them had drunk alcohol by year 7 (Table 34). In year 10 a third of the respondents said that they drank alcohol every week (Figure 57) and over half of all the pupils had drunk alcohol in the week prior to the survey, figures very similar to those found nationally². Although most of these young drinkers had consumed less than 7 units in the previous week, more than 20% of the year 10 female "drinkers" reported consuming more than 14 units in that week, a doubling of the proportion since 1996¹. Amongst the males, the proportion drinking over the 21 units recommended for adult males had fallen from 22% to 17%. The ease with which alcohol could be obtained suggests the need for the enforcement of current legislation and the spread of bye-laws which ban alcohol consumption in public.

There are increasing differences between the males and females in risk behaviours, females reported an increase in the proportion consuming high levels of alcohol and in smoking tobacco, the males showed decreases in both. This was despite nearly half of the females and a third of the males drinking these amounts thinking that their alcohol consumption was harmful to them. Short term gains of the alcohol making them feel better or enjoying the effects seem to outweigh the known dangers.

The increase in female smokers is also a worrying development. Despite much work to discourage young people from starting to smoke, by year 10, 50% of the males and 70% of the females have tried tobacco. Eight per cent of the males and 22% of the females were regular smokers by this time (Table 40), 16% of males and 35% of females in year 10 had smoked in the week prior to the survey (Table 41). There would seem to be a relationship between friendship, peer groups and smoking as 90% of smokers have close friends who also smoke and some reported that they smoked "because my friends do" or even "to keep my friends".

The increase in the proportions of young people who reported that they would like to "give up" smoking suggests that there is a need for smoking cessation projects to be run specifically for the young. The wide acceptance of such schemes may help to prevent the potential increase, especially among females, of smoking related disease in later life.

In 1996¹ the number of smokers amongst the asthmatics was higher than in the rest of the sample. There was little difference this time except inexplicably in year 9, 25% of young people on asthma medication reported smoking in the previous week whereas it was 16% in the rest of year 9 respondents.

There remains a link between tobacco, alcohol and illegal drugs, with over half of tobacco smokers also reporting the use of cannabis within the previous year. Over 20% of the males and nearly 40% of females who had drunk alcohol to excess had also used cannabis within the previous four weeks. Overall, 13% of the pupils said that they had used cannabis within the previous year. The figures for all the other drugs were very small, the largest among them were less than 2% for solvents and “poppers” (Table 47).

STIs and Contraception

The young people’s knowledge of the transmission routes for HIV/AIDS improves with age but even year 10 females, the best informed, were unsure about the risks around blood transfusions (Table 51). Information about HIV/AIDS was more readily available than information about other STIs. With increases in the incidence of these infections, the difference needs to be addressed (Figures 79 and 80). Where they get their information about HIV/AIDS and other sexual health matters varies with age and gender, year 7s rely upon their parents but year 10s ask their friends. Although the young people used their friends and family a great deal as the sources of information, they also stated that they thought it was best if the information came from professionals (Figure 81). By year 10 many were obtaining their information from family planning clinics and GPs. Information was obtained from the media by many, indicating a need for the media to ensure that the factual information they produce is correct.

The females were also more likely to know where they could get contraceptive advice and free condoms than were their male counterparts but even though much work has been undertaken in the area, many did not know that they could freely access information and condoms for themselves.

CONCLUSION

This survey has provided detailed information about the health related behaviours of 11 to 15 year olds attending school in the four primary care trusts studied (Yorkshire Wolds and Coast, East Yorkshire, West Hull and Eastern Hull). It has shown that there were similarities across the PCTs but the differences discovered will allow each PCT to develop their own priorities for health promotion based upon need. This information and recommendations provide a basis for developing effective and relevant health promotion initiatives which will reduce avoidable diseases for these young people in the future. For example, the high numbers of young females reporting smoking tobacco will lead to an increase in CHD and lung cancer in the future.

RECOMMENDATIONS

Diet and Exercise

1. Healthy eating advice should not dismiss the young people's liking for "junk" and convenience foods but develop ways of incorporating healthier options into their way of eating.
2. The food industry should continue to be encouraged to provide "healthier" options which are in reality healthier.
3. Young people do not always have control over what they eat and so providers of school meals and out of school sources of lunches should be encouraged to provide healthier options labelled as such.
4. The local "5-a-day Just Eat More (fruit and veg) initiative is supported.
5. Fresh fruit should be encouraged as the ultimate "convenience" food, even the wrapping is bio-degradable.
6. The young people should be encouraged to consider weight control as a "well being" issue and not simply a means of improving their appearance.
7. Exercise should take its place as a means of weight control and stress relief.
8. Physical activities which the young people enjoy should be encouraged within the schools and youth centres.
9. More information is required highlighting the amount of exercise required to maintain health.

Information Needs

10. Information about the interaction of paracetamol and cold cures should be highlighted to the young people and their families.
11. More information is required to inform the young people where they can access information about sexual health for themselves.
12. The young people need the information which will allow them to interpret information available on the Internet.

Risk Taking Behaviours – alcohol, tobacco and drugs

13. Research into risk taking behaviours should take into account the increasing divide between the males and females in respect of tobacco and alcohol use.
14. Work should be continued which would encourage the young people to understand and use the alcohol unit system.
15. Initiatives aimed at minimising the use of alcohol and tobacco should be designed for use with young females.
16. Smoking cessation initiatives should be set up specifically for the young people who wished they had never started.
17. The existing "under age" tobacco and alcohol sale laws need to be enforced more rigorously.
18. Young asthmatics should receive information specifically designed for them highlighting the dangers of smoking.

19. The less damaging means of stress relief should be encouraged to prevent an increase in the use of alcohol, tobacco and drugs, prescribed or illegal.

Mental Health

20. Worries about school examinations in year 9 should be addressed.

Areas for further investigation

21. Further investigation is required to discover if the health related behaviours of those not included in this survey, such as the pupils at special schools, have similar lifestyles.
22. Investigations into differing prescribing patterns across the PCT may be indicated.
23. The differences in prescribing patterns for asthma, etc., across the PCTs should be investigated.

REFERENCES

- 1 Young People's Health and Lifestyle Survey 1996
East Riding Health Authority 1997
Kingdom, A and McTighe, L
- 2 Young People in 2001
Schools Health Education Unit
Balding, J
- 3 East Riding and Hull Health Authority Information Services
- 4 Smoking, drinking and drug use among young people in England in 2000
National Centre for Social Research & the National foundation for Educational Research
Department of Health, 2001
Boreham, R and Shaw, A (Eds)
- 5 5 a day Just eat more (fruit and veg)
Increasing fruit and vegetable consumption
Department of Health, 2003
- 6 NOMIS
ONS, London, 2003
- 7 Performance Tables 2002
GCSE/GNVQ Information
Department for Education and Skills,
London, 2003.
- 8 Young people and sport, National Survey
Sport England
London, 2003
- 9 The NHS Plan: A Plan for Investment, A Plan for Reform
Department of Health, 2002
- 10 The Hull and East Riding Obesity Strategy
Health Promotion Service
Hull and East Riding Community NHS Trust, 2001

FIGURES AND TABLES

Figures

Figure 1 The Four Primary Care Trusts	6
Figure 2 Housing tenure of the respondents by PCT	9
Figure 3 Carers by sex (% of each sex).....	10
Figure 4 Carers by PCT (% in each PCT).....	11
Figure 5 Employment status of mother/female guardian by PCT	13
Figure 6 Employment status of father/male guardian by PCT	13
Figure 7 Transport to school by PCT	14
Figure 8 Home access to computers and the internet by PCT	16
Figure 9 Hours spent on the internet each week by PCT (% of those with internet access at home)..	16
Figure 10 Hours spent playing computer games each week by sex	17
Figure 11 Importance of doing well at school by PCT	18
Figure 12 Proportion of pupils who worried about homework by school year and gender	20
Figure 13 Proportion of pupils who worried about examinations by school year and gender	20
Figure 14 The proportion of males who worried about their health by PCT	21
Figure 15 The proportion of females who worried about their health by PCT	21
Figure 16 The proportion worrying about problems with their friends by gender and school year.....	22
Figure 17 Those worried “A great deal” or “Quite a lot” by illegal drugs, by school year and gender ..	24
Figure 18 Those worried “A great deal” or “Quite a lot” by illegal drugs, by PCT and gender	24
Figure 19 Proportion of male respondents, by school year, who said the listed activities make them feel better when worried or upset	26
Figure 20 Proportion of female respondents, by school year, who said the listed activities make them feel better when worried or upset	27
Figure 21 Proportion of male respondents, by PCT, who said the listed activities make them feel better when worried or upset	28
Figure 22 Proportion of female respondents, by PCT, who said the listed activities make them feel better when worried or upset	29
Figure 23 The “Top twenty” activities for male respondents (%)	30
Figure 24 The “Top twenty” activities for female respondents (%)	31
Figure 25 “Favourite Activities Males”	32
Figure 26 “Favourite Activities Females”	33
Figure 27 Perceived health in females by school year	34
Figure 28 Prescribed medication usage by gender and PCT	37
Figure 29 Proportions using asthma medication by PCT, gender and school year.....	38
Figure 30 The proportions taking vitamin supplements by gender and PCT.....	39
Figure 31 The proportions reporting the use of painkillers or cold cures by gender and school year. .	39
Figure 32 The use of cold cures by gender and PCT (% of respondents)	40
Figure 33 Proportion reporting wheezing and coughing at night by gender and medication	40
Figure 34 Levels of wheezing and coughing at night in those reporting asthma medication use by PCT	41
Figure 35 Levels of wheezing, coughing at night and asthma medication by housing tenure	42
Figure 36 Use of A&E and MIU by gender and PCT	43
Figure 37 Use of hospital services by gender and PCT	44
Figure 38 Proportion visiting their GP by gender and school year	44
Figure 39 Proportion visiting their GP by gender and PCT.....	45
Figure 40 The proportion of females having worn a brace by school year	48
Figure 41 The proportion of males having worn a brace by school year	49
Figure 42 The proportion of females having worn a brace by PCT	49
Figure 43 The proportion of males having worn a brace by PCT	50
Figure 44 Frequency of eating breakfast at home by school year and gender	51
Figure 45 Frequency of eating school lunches by school year and gender	51
Figure 46 Frequency of buying lunch outside school by school year and gender.....	52
Figure 47 Frequency of bringing in a packed lunch from home by school year and gender	52
Figure 48 Where breakfast is eaten “everyday” by gender and PCT	53
Figure 49 Where lunch is obtained “everyday” by gender and PCT.....	53

Figure 50 Types of bread consumed by gender and school year.....	54
Figure 51 Types of bread consumed by gender and PCT.....	54
Figure 52 Proportion of bread types reported overall.....	55
Table 33 Spreads used most often by gender and PCT.....	55
Figure 53 Type of milk usually drunk by school year.....	56
Figure 54 Type of milk usually drunk by PCT.....	56
Figure 55 “5 a day” consumption by gender and school year.....	57
Figure 56 “5 a day” consumption by gender and PCT.....	57
Figure 57 Percentage of pupils reporting drinking alcohol every week by school year and gender.....	58
Figure 58 Average number of units consumed during last 7 days (drinkers only) by PCT, school year and gender.....	59
Figure 59 Alcohol consumption at home or at a relation’s home.....	60
Figure 60 Alcohol consumption at licensed premises.....	60
Figure 61 Alcohol consumption at friend’s or in a public place.....	60
Figure 62 The proportions buying alcohol themselves or asking others to buy on their behalf by school year and gender.....	61
Figure 63 The number of cigarettes smoked in previous week (% of smokers).....	64
Figure 64 The average numbers of cigarettes smoked per week by school year.....	65
Figure 66 The age at which respondents became regular smokers.....	67
Figure 67 Age at which males first smoked a cigarette by PCT.....	67
Figure 68 Age at which females first smoked a cigarette by PCT.....	68
Figure 69 Age at which males became regular smokers by PCT.....	68
Figure 70 Age at which females became regular smokers by PCT.....	69
Figure 71 The relationship between alcohol consumption and smoking by gender.....	69
Figure 72 Reported use of cannabis by gender, school year and PCT.....	72
Figure 73 Where and to whom male respondents would go for information about sexual health by school year.....	76
Figure 74 Where and to whom female respondents would go for information about sexual health by school year.....	77
Figure 75 Where and to whom male respondents would go for information about sexual health by PCT.....	78
Figure 76 Where and to whom female respondents would go for information about sexual health by PCT.....	79
Figure 77 Males who have “heard of” the sexually transmitted infections by school year.....	80
Figure 78 Females who have “heard of” the sexually transmitted infections by school year.....	80
Figure 79 Males who have “heard of” the sexually transmitted infections by PCT.....	81
Figure 80 Females who have “heard of” the sexually transmitted infections by PCT.....	81
Figure 81 “Best” source of information on contraception and sexual health by gender.....	84
Figure 82 Where free condoms are available:.....	84

Tables

Table 1 The number of responses by “PCT”.....	8
Table 2 The number of responses by school year and gender.....	8
Table 3 The numbers of responses by age and sex.....	9
Table 4 The number of home moves in the previous 2 years by tenure (% for each tenure).....	10
Table 5 Number of siblings by PCT (% in each PCT).....	11
Table 6 Number of siblings by housing tenure (% of tenure).....	12
Table 7 Employment status of mother/female guardian by school year.....	12
Table 8 Employment status of father/male guardian by school year.....	12
Table 9 % in ethnic group by PCT.....	14
Table 10 Hours watched on a school day by males and females (% of each gender).....	15
Table 11 Hours watched on a school day within the PCTs (% in each PCT).....	15
Table 12 Hours spent on the internet each week by sex (%of those with internet access at home) ...	17
Table 13 The desire to leave school at 16 and the percentage who want to do well at school by gender.....	18
Table 14 % wishing to remain in education after 16 by gender and PCT.....	19
Table 15 Percentage worried about bullying by PCT and school year.....	21
Table 16 The percentages worrying about problems with their friends by gender and PCT.....	22

Table 17 Those worrying “A great deal” and “Quite a lot” about money and employment prospects by PCT and gender.....	23
Table 18 Perceived health in males by school year (% of year)	34
Table 19 Perceived health in by PCT and gender (% of gender in PCT)	35
Table 20 Healthy activities named by males.....	35
Table 21 Healthy activities named by females.....	36
Table 22 Unhealthy activities named by males.....	36
Table 23 Unhealthy activities named by females.....	36
Table 24 Prescribed medication usage by gender and school year (%)	37
Table 25 Comparison of medication reported in previous surveys.....	38
Table 26 Frequency of respondents reporting coughing at night by gender and PCT	40
Table 27 Use of A&E and MIU by school year and gender	42
Table 28 Use of hospital services by school year and gender	43
Table 29 Visits to the dentist by school year and gender	45
Table 30 Visits to the dentist by PCT	46
Table 31 Why the young people visited the dentist by school year and gender (% of respondents) ...	47
Table 32 Why the young people visited the dentist by PCT (% of respondents).....	47
Table 33 Spreads used most often by gender and PCT.....	55
Table 34 “Ever drunk alcohol” by PCT and school year (% each PCT year group)	58
Table 35 Levels of alcohol consumption by school year and gender (% of drinkers)	59
Table 36 Percentage of all Year 10 pupils reporting the purchase of alcohol	61
Table 37 Percentage of each PCT year group taking alcohol from home	62
Table 38 Percentage reporting the consumption of the named alcoholic drink in years 7 and 10 by gender	62
Table 39 Percentage reporting the consumption of the named alcoholic drink by gender and PCT ...	62
Table 40 Self reported smoking status by school year and gender and PCT (%).....	63
Table 41 Reported smoking in the previous 7 days by gender and school year (%)	64
Table 42 Number of cigarettes smoked by PCT (% of smokers).....	65
Table 43 The percentage of smokers by parents who smoke and PCT.....	65
Table 44 The percentage of smokers and non smokers by others who smoke	66
Table 45 What do you know about these drugs? (%).....	70
Table 46 Has anyone offered or encouraged you to try any of these drugs?.....	70
Table 47 Have you ever tried any of these drugs?	71
Table 48 The proportion of respondents stating that Cannabis is “Safe” by gender, school year and PCT	71
Table 49 The proportion of respondents “Offered” cannabis by gender, school year and PCT	72
Table 50 The percentage of cannabis users in tobacco smokers by PCT	73
Table 51 The knowledge of “Risk behaviours” in relation to HIV/AIDS within the UK by school year and gender	73
Table 52 The knowledge of “Risk behaviours” in relation to HIV/AIDS within the UK by PCT and gender	74
Table 53 % of males citing source of information on STIs by school year	82
Table 54 % of females citing source of information on STIs by school year	82
Table 55 % of males citing source of information on STIs by PCT	83
Table 56 % of females citing source of information on STIs by PCT	83
Table 57 Percentage of respondents who stated where condoms are available free by PCT and gender	85
Table 58 The “Top Ten” places mentioned for young people’s contraceptive services	86