Health and Health-Related Behaviours among Young People: Ontario

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Data for this research has been taken from the Canadian Health Behaviour in School-Aged Children (HBSC) Study. This acknowledgement shall, however, in no way be construed as an endorsement by the Public Health Agency of Canada of any products derived from HBSC Data.
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EXECUTIVE SUMMARY

The Health Behaviour in School-aged Children study (HBSC) is a school-based, self-reported survey administered every 4 years that captures health-related data from youth 11 to 15 years of age. Canada has participated since 1989/90 with the most recent HBSC administered in 2009/10. Knowledge about students’, ages 11-15, attitudes, behaviours, and physical and psychological well-being, and the factors that influence them is essential for the development of effective health education and school health promotion policy, programs, and practice. The purpose of the HBSC study is to gain insight about and increase our understanding of young people’s health, well-being, and health behaviours within their social contexts.

There are now 43 participating countries and regions from North America and Europe. The study aims to contribute to new knowledge about the health, well-being, and health behaviours of young people (aged 11 to 15 years). HBSC is Canada’s only national-level health promotion database for this age group. The overall sample collected in 2009/10 was 26,047 including Ontario. Sixty-nine schools in Ontario were included in the survey. The total sample of Ontario students was 3,691.

Since 1990, the Social Program Evaluation Group (SPEG) at Queen’s University, Faculty of Education has been collecting HBSC data. This is the first time that provincial/territorial data have been made available to participating provinces and territories. The Ontario report highlights a subset of the data presented in the National report.

In many respects, students in Ontario (particularly those students in Grade 6-8) are doing well when compared to the rest of the country. They participate in more extracurricular activities, they are more likely to engage in an hour of daily of physical activity, they smoke less, they experience fewer behavioural problems, and they are more trusting. The Grade 6-8 students are comparatively less likely to be sedentary and to eat fast foods, and more likely to consume fruits and vegetables and to participate in physical activity outside school (boys only) compared to their Canadian peers. All Grade 6-8 and Grade 9-10 students, both male and female experience school more positively, including feelings of belonging and acceptance by classmates. Bullying is one health issue where Ontario students report slightly higher levels than students in the rest of the country.
Key findings include:

- Grade 6-8 male and female students and Grade 9-10 male students in Ontario report experiencing fewer behavioural problems than Canadian students elsewhere.

- Ontario Grade 6-8 female students report trusting others more than Canadian students elsewhere.

- Grade 9-10 Ontario male students are more likely to see their parents as expecting too much of them than students in other parts of Canada.

- Grade 9-10 students in Ontario feel more belonging in school than students in the rest of Canada.

- All Grade 6-8 and Grades 9-10 Ontario students feel on par or slightly more accepted by their classmates than students in the rest of Canada.

- Grade 6-8 Ontario female students are more likely to consume fruits than other similarly aged Canadian female students.

- In comparison to other Canadian students, Grade 6-8 Ontario males are less likely to have eaten in a fast food restaurant during the past week.

- Ontario students are more likely to engage in at least one hour of physical activity every day when compared to their Canadian peers.

- Grade 9-10 Ontario females report an increase in activity during class time as compared to Canadian Grade 9-10 females.

- While Grade 6-8 Ontario males are more likely to participate in at least four hours weekly of physical activity outside schools hours than other similarly aged Canadian students, Grade 9-10 Ontario males are less likely to do so.

- Ontario students, compared to other Canadian students, are more likely to take part in any kind of clubs or organization and in sports clubs or teams with the exception of Grade 9-10 females.

- Students in Ontario in Grade 6-8 report watching less television than their Canadian counterparts on weekdays.

- Grade 6-8 Ontario males report watching less television than their Canadian counterparts on weekends.
• Grade 6-8 students in Ontario report less computer game playing than those students in the rest of Canada.

• Grade 6-8 females and Grade 9-10 males and females in Ontario are less likely than other Canadian students to have ever smoked.

• Grade 9-10 females in Ontario are less likely than other Canadian students to smoke daily.

• Fewer Ontario students in Grade 9-10 report having been ‘really drunk at least twice’ than Grade 9-10 students in the rest of Canada.

• Grade 6-8 male students in Ontario find drinking alcohol once in a while less risky than Grade 6-8 male students elsewhere while Grade 9-10 male students find drinking alcohol once in a while more risky than Grade 9-10 male students elsewhere.

• Grade 9-10 female students in Ontario find using glue or solvents once in a while less risky than their Canadian counterparts.

• Grade 9-10 Ontario female students report lower incidences of having sexual intercourse than students in the rest of Canada. More Ontario Grade 9-10 females report that a condom was used the last time they had sexual intercourse as compared to Grade 9-10 females in the rest of Canada.

• Female students in Ontario report being bullied more than female students in the rest of Canada. Male students in Ontario and the rest of Canada report being bullied less than their female counterparts, especially Grade 9-10 males.

• Male students in Ontario and the rest of Canada report bullying others more than their female counterparts.

• For Grade 6-8 Ontario male students, the most serious injury is likely to occur at a sports facility or field as compared to the rest of Canada.
1 INTRODUCTION

Since 1990, the Social Program Evaluation Group (SPEG) at Queen’s University, Faculty of Education has been collecting national data on these issues every four years from students ages 11 to 15 through a large-scale survey, the Health Behaviour in School-aged Children (HBSC) study. Knowledge about students’ attitudes, behaviours, and physical and psychological well-being, and the factors that influence them is essential for the development of effective health education and school health promotion policy, programs, and practice. The purpose of the HBSC study is to gain insight about and increase our understanding of young people’s health, well-being, and health behaviours within their social contexts.

There are now 43 HBSC participating countries and regions, in Europe, North America, and Israel. The HBSC researchers come from a variety of countries, disciplines, and theoretical perspectives. For example, the Canadian team based at Queen’s University includes researchers from the areas of community health and epidemiology, education, kinesiology and health studies, and psychology. HBSC is sponsored by the World Health Organization (WHO) and funded nationally by the Public Health Agency of Canada and Health Canada and supported by the Joint Consortium for School Health (JCSH).

In accordance with the World Health Organization (WHO) perspective, health is acknowledged as a resource for everyday living and not just the absence of disease. As such, the HBSC regards young people’s health in its broadest sense, encompassing physical, social, and emotional well-being. The HBSC is concerned about adolescent development so examines differences across grades and between the two genders. Furthermore, it incorporates contextual determinants – such as the home, school, peers, neighbourhoods, and geographic locations – that may shape or influence a variety of behaviours, attitudes, and outcomes for young people. A broad range of outcomes are examined in the study in relation to the above three dimensions; these include the conventional health-compromising behavioural outcomes, such as smoking, alcohol use, limited physical activity, bullying, and injuries. In addition, the HBSC measures positive adolescent developmental outcomes such as happiness, life satisfaction, emotional well-being, relationships with others, attachment and connectedness to school, and student participation in curricular and extra-curricular activities (Currie et al., 2001).

The primary purpose of the HBSC study in Canada is to collect data on school-aged young people that allows researchers, policy-makers, and practitioners to gain insights into young people’s attitudes and behaviours, and examine the relationships between contextual factors and health behaviours. By having such data over time and across different jurisdictions, it is possible to effect changes that could promote healthier lives for adolescents.
Table 1 details the sample size for the HBSC study. The overall sample is 26,047 including Ontario and 22,356 without Ontario. The Ontario sample is 3,691 students. For presentation purposes the students are combined into Grades 6 to 8 and Grades 9 and 10 groupings, corresponding to the two versions of the questionnaire used to collect the data.

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
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<td>1010</td>
<td>1073</td>
<td>2083</td>
</tr>
<tr>
<td>Rest of Canada</td>
<td>6731</td>
<td>6796</td>
<td>13527</td>
</tr>
<tr>
<td><strong>Grades 9 and 10</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>729</td>
<td>879</td>
<td>1608</td>
</tr>
<tr>
<td>Rest of Canada</td>
<td>4408</td>
<td>4421</td>
<td>8829</td>
</tr>
</tbody>
</table>

Outline of Report

This report presents key findings from the 2009/10 cycle of the HBSC survey in Ontario and includes chapters on the following topics:

- Mental Health
- Environmental Influences (neighbourhood and parents; friends; school setting)
- Health Promoting Behaviours (eating and diet, physical activity)
- Health Risk Behaviours (sedentary behaviour, substance abuse, sexual practices, bullying, injuries)

The choice of these focus topics was made in consultation with the JCSH, departments of health and education in the provincial/territorial jurisdictions, and researchers at Queen’s University. These youth health outcomes are examined in relation to gender and age. A good rule is that differences between Canada and Ontario are statistically significant if they are 5% or higher, although differences of 3% or more are significant for questions with very high (greater than 85%) or very low (less than 15%) agreement.
2 MENTAL HEALTH

There is growing recognition within Canada of the critical nature of improving the mental health of young Canadians with a particular emphasis on positive mental health in contrast to what has historically been a focus on mental illness. Children with positive mental health tend to have better outcomes throughout life, while children with more mental health difficulties experience a range of lifetime difficulties (Buote, 2009). This trend to move away from a deficit model of mental health toward a more balanced view (Keyes, 2006) measuring the dual (positive and negative) nature of mental health is further reinforced by a growing acknowledgment of the importance of developmental assets in young people’s lives (Benson & Scales, 2009). Assets tend to promote greater personal resilience, namely, the ability to achieve success despite obstacles (Fergus & Zimmerman, 2005).

EMOTIONAL WELL-BEING

Emotional well-being is related to both grade and gender with males tending to report higher levels than females and Grade 6-8 students higher levels than Grade 9-10 students (see Appendix for scale items). While the Ontario males and females are similar to their Canadian peers, the decrease in emotional well-being across the grades is substantial for all students, with a 16% decrease for males in each group, and a 17% decrease for females.

FIGURE 1 Students in group with highest score on emotional well-being scale, by grade and gender (37% of all students are in this group)
EMOTIONAL PROBLEMS

Emotional problems are more often reported by females than males in Ontario and the rest of Canada (see Appendix for scale items). They increase across grades more for females than for males. For most gender-grade combinations, Ontario males and females report similar emotional problems as their peers in the rest of Canada.

PROSOCIAL BEHAVIOUR

For both Ontario and the rest of Canada, females report more positive prosocial behaviour than males (such behaviours reflect helping others voluntarily; see Appendix for scale items), and younger students more prosocial behaviour than older students. Ontario students are on par with the rest of Canada in reporting prosocial behaviour, with Grade 9-10 females reporting slightly less than their Canadian peers (3% difference).
BEHAVIOURAL PROBLEMS

For both Ontario and Canada, behavioural problems are related to grade and gender (see Appendix for scale items). Younger students and females report fewer behavioural problems than older students and males, with Grade 9-10 males in the rest of Canada reporting the most behaviour problems. Ontario students consistently report fewer behavioural problems than students in the rest of Canada.

FIGURE 4  Students in group with highest score on behavioural problems scale, by grade and gender (36% of all students are in this group)

LIFE SATISFACTION

The percentage of students reporting high life satisfaction decreases between 5% and 8% across grades, regardless of gender or location. Females report lower levels of life satisfaction than males. For all grade-gender combinations, Ontario adolescents indicate they have similar or slightly lower life satisfaction than their peers in the rest of Canada.

FIGURE 5  Students who responded 8 to 10 on a 0=worst possible to 10=best possible life satisfaction scale, by grade and gender (%)

3 ENVIRONMENTAL INFLUENCES

Neighbourhood and Parents

Neighbourhoods represent key environmental settings for youth, as policies, physical spaces, and structures, and cultural, social and interpersonal interactions that occur in these environments influence their subsequent behaviour, and ultimately their health experiences (Bernard et al., 2007; Green et al. 1996; Sallis & Owen, 2002).

The family provides the first socializing context in a young person’s development. It is recognized as having the central role in socialization (Parke & Buriel, 2006). Children learn and develop values and norms based on those modeled, taught, and enforced within the family environment. Patterning health and healthy behaviours begins with the family. Adolescence is typically a time when young people begin to challenge parental controls and values and to be influenced by their peers (Collins & Steinberg, 2006). This growth in personal autonomy during the period of adolescence can result in varying degrees of conflict with parents. However, the family is an essential source of support and a critical agent of intervention and health promotion through the school years. Relationships with parents including communication and connectedness with family are an important source of support throughout adolescence and have been demonstrated to be highly correlated to reduced delinquent behaviour, depression, and psychosomatic symptoms (Currie et al., 2008).

SAFE FOR YOUNG CHILDREN TO PLAY

Relatively high numbers (around three-quarters) of students believe their neighbourhoods are safe for children to play in. Those percentages are slightly higher in Ontario than in the rest of Canada for all age-gender groups.

FIGURE 6 Students that either agree or strongly agree that “it is safe for younger children to play outside during the day,” by grade and gender (%)
TRUSTING PEOPLE

Young people in Ontario are more likely than those in the rest of Canada to feel that they can trust people in their neighbourhood. Numbers are relatively unaffected by grade or gender.

FIGURE 7
Students that either agree or strongly agree that “you can trust people around here,” by grade and gender (%)

PARENTS ARE UNDERSTANDING

More males than females see their parents as understanding them with the rate highest for males in Grade 6-8 (Ontario 87%; rest of Canada 84%). Grade 9-10 students see their parents as much less understanding than Grade 6-8 students.

FIGURE 8
Students who agree or strongly agree with the statement “My parents understand me,” by grade and gender (%)
PARENTS’ EXPECTATIONS

About 30% of students feel that their parents expect too much of them with the numbers higher in Grade 9-10 than in Grade 6-8. The numbers for Grade 6-8 students in Ontario are on par with Canadian peers, while, for Grade 9-10 Ontario students, the numbers are higher than for those in the rest of Canada.

FIGURE 9  Students who agree or strongly agree with the statement “My parents expect too much of me,” by grade and gender (%)

[Bar chart showing percentages for Grade 6-8 and Grade 9-10 in Ontario and the rest of Canada, by gender.]
**Friends**

From childhood to adolescence, peer relationships become increasingly significant sources of support, companionship, information and advice. Peers can have short- and long-term beneficial effects on social, cognitive and academic adjustment (Hartup, 1993; Savin-Williams, & Berndt, 1990; Scholte & Van Aken, 2006). Peers provide young people with developmental opportunities and social possibilities that are not available through relationships with adults, (Scholte & Van Aken, 2006). Having friends, and having supportive friendships are associated with positive outcomes, such as feeling good about oneself, feeling connected with others, being positive in outlook, and contributing to successes in subsequent romantic relationships (Hartup, 1993).

**FRIENDS OF SAME-SEX: EASY TO TALK TO**

For both Ontario and the rest of Canada, females find it easier to talk to friends of the same sex than do males with about 85% of females saying it is easy or very easy for them to do so and just over 70% of males giving those responses. The numbers are similar for Ontario and the rest of Canada.

**FIGURE 10 Students who find it easy or very easy to talk to same-sex friends about things that really bother them, by age and gender (%)**

![Bar chart showing students who find it easy or very easy to talk to same-sex friends about things that really bother them, by age and gender (%)](image-url)
As students move from Grade 6-8, they increase their ease in talking with friends of the opposite sex considerably. While there is a gender difference in Grade 6-8 such that males find it easier to talk to opposite-sex friends than females, the gender gap disappears by Grade 9-10. Students in Ontario are roughly on par with the rest of Canada in ease of talking to opposite-sex friends.
School Setting

Schools provide a “critical context for shaping children’s self-esteem, self-efficacy and sense of control over their lives” (Stewart, Sun, Patterson, Lemerle, & Hardie, 2004, p. 27). As children move forward into their early and later teen years, schools become more important, and the support of teachers and peer connections within schools may have an even greater influence than their home context (Stewart, 2008; Stewart et al., 2004). Young people who feel connected with their school and have positive experiences with teachers and peers are more likely to develop strong emotional bonds and self-confidence. They are much less likely to engage in health-compromising activities or struggle with their mental health (e.g., Wold, Samdal, Nutbeam, & Kannas, 1998). Those young people who do not feel accepted by their peers or connected with school are the most likely to have lower levels of confidence and sense of self (King, Vidourek, Davis, & McLellan, 2002).

FEELING OF BELONGING AT SCHOOL

Males and females are similar in the extent to which they feel they belong at their school. While Ontario students remain consistent across grades in feeling they belong, the rest of Canada report a decrease in their sense of belonging resulting in higher proportions of Ontario Grade 9-10 students agreeing with the statement than their peers in the rest of Canada.
ACCEPTANCE BY CLASSMATES

There are relatively few differences in the rest of Canada with respect to feelings of acceptance, regardless of grade level or gender. Students in Ontario on average feel on par or slightly more accepted than others in the rest of Canada for all gender-grade groups.

FIGURE 13  Students who agree or strongly agree with the statement “Other students accept me as I am,” by grade and gender (%)

![Bar chart showing acceptance by grade and gender for Ontario and Canada]
4 HEALTH PROMOTING BEHAVIOURS

Healthy Eating

Following the eating pattern in Canada’s Food Guide will help children and teenagers maintain good health and achieve optimal growth and development. Healthy and nutritious food items, such as fruits and vegetables, need to be part of a healthy eating pattern and should be consumed frequently. Conversely, young people should limit the frequency in which they consume foods and beverages high in calories, fat, sugar, and/or salt (Gore, Foster et al., 2003). Youth should also avoid frequently eating at fast food restaurants, as the foods sold at these establishments, while affordable, are high in calories and linked to obesity and poor health (Bowman, Gortmaker et al., 2004).
FOOD AND BEVERAGE FREQUENCY PATTERNS

**Grades 6 to 8**
Females are more likely to eat fruits and vegetables, and less likely to drink soft drinks than males in Ontario and the rest of Canada. While on average Grade 6-8 students in Ontario eat more vegetables and fruits than their Canadian counterparts, they are roughly on par with the rest of the country in terms of consumption of soft drinks, sweets, fruit juices, and whole grains.

**Grades 9 and 10**
Much like other Grade 9-10 students in Canada, males and females in Ontario report eating fewer fruits and vegetables as they move across grades and increasing their consumption of soft drinks and other unhealthy food. Ontario males in Grade 9-10 consume more unhealthy foods compared to Ontario females in Grade 9-10. The greatest difference is seen in the consumption of soft drinks and potato chips where males report consuming 8% and 4% higher, respectively (much larger gender gaps than the rest of Canada).

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**TABLE 2 Students eating food items or drinking beverages once per day or more often, by grade and gender (%)**

<table>
<thead>
<tr>
<th>Grades</th>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>6 to 8</td>
<td>Ontario</td>
<td>Canada</td>
</tr>
<tr>
<td>Fruit</td>
<td>43</td>
<td>40</td>
</tr>
<tr>
<td>Vegetables</td>
<td>41</td>
<td>39</td>
</tr>
<tr>
<td>Sweets/candy/chocolate</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Soft drinks with sugar</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Potato chips</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>French fries</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Dark green vegetables</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Orange vegetables</td>
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</tr>
<tr>
<td>Fruit juice</td>
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<tr>
<td>Whole grain breads or cereals</td>
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<tr>
<td>Energy drinks</td>
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<tr>
<td>Game from hunting</td>
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<td>6</td>
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</tbody>
</table>
DIET IN THE PAST 12 MONTHS

While approximately 40% of females in Grades 6-8 report having tried to lose weight in the past year, over 50% of females in Grades 9-10 indicate that they have done so. In contrast, about 30% of males across grades report trying to lose weight. Ontario adolescents are slightly more likely to have tried to lose weight than their counterparts elsewhere.

BMI CLASSIFICATION

The body mass index (BMI) is a measure which combines data on height, weight, age, and gender to classify individuals as healthy weight, overweight, or obese. The proportions of overweight or obese males in both Ontario and the rest of Canada are higher than females. While Grade 6-8 students in Ontario are similar to their peers in the rest of Canada, slightly more Grades 9 and 10 students in Ontario are overweight or obese than students in the rest of Canada.
Males and older students are more likely to eat in a fast food restaurant at least once weekly than females and younger students, such that the highest rates are among Grade 9-10 males (32% Ontario; 31% rest of Canada) and the lowest among Grade 6-8 females (14% Ontario; 17% rest of Canada). Grade 6-8 students in Ontario are less likely to eat in fast food restaurants on a weekly basis than their peers elsewhere.
Physical Activity

Physical activity is defined as any bodily movement produced by the muscles that result in an increase in energy expenditure. It includes non-vigorous tasks, such as light walking, and moderate or vigorous tasks, such as brisk walking, jogging, bicycling, playing soccer, and playing basketball. Physical activity needs to be of at least a moderate intensity to generate health benefits (Janssen & LeBlanc, 2010). Physical activities of moderate to vigorous intensity are those that will make the individual breathe more deeply and rapidly and increase his or her body temperature (e.g., makes him or her feel warm, sweat). The health benefits of moderate to vigorous physical activity in children and youth include the regulation of body weight and chronic-disease risk factors, improved fitness, the development of healthy and strong bones, and improved mental health (Janssen & LeBlanc, 2010).

**PHYSICAL ACTIVITY IN THE PAST SEVEN DAYS**

Compared to males, relatively fewer females report engaging in one hour of physical activity on a daily basis. Across all grade-gender combinations, Ontario students report higher levels of physical activity, with a larger advantage in Grade 6-8 than in Grade 9-10.

**FIGURE 17 Students physically active every day over the past seven days for a total of at least 60 minutes per day, by grade and gender (%)**

![Bar chart showing physical activity levels by grade and gender in Ontario and Canada.](chart-url)
PHYSICAL ACTIVITY IN CLASS TIME AT SCHOOL (NOT JUST PHYS. ED. CLASS)

In Ontario and the rest of Canada, males spend more time doing physical activity in class time than females. For Ontario and Canada males, the amount of class time spent in physical activity increases from Grade 6-8 to Grade 9-10. While the time remains level across the grades for other Canadian females, Ontario females report an increase in activity.

PHYSICAL ACTIVITY OUTSIDE OF SCHOOL HOURS

There is a gender gap in physical activity outside of school hours whereby males exceed females in both Ontario and the rest of Canada. While Ontario males in Grade 6-8 report a higher level of activity than their Canadian counterparts, this trend is reversed in Grade 9-10. Ontario and Canadian females remain consistent and similar to each other across grades.
CLUBS

Participation in any club or organization is unrelated to gender. While the participation rate remains steady for students in the rest of Canada across grades, it drops for Ontario students. Despite this drop, students in Ontario consistently show higher participation in any club or organization than other Canadian students.

FIGURE 20  Students who are involved in any kind of club or organization, by grade and gender (%)

SPORTS CLUBS OR TEAMS

More males than females in Ontario and the rest of Canada are involved in a sports club or team, with participation rates decreasing across grades. The participation of Ontario adolescents in sports teams or clubs consistently exceeds that of other Canadian students.

FIGURE 21  Students who are involved in a sports club or team, by grade and gender (%)
Sedentary Behaviour

Sedentary behaviour is different from physical activity and consists of activities in which there is little movement or energy expenditure. These activities include watching television, playing video games, using the computer, doing homework, reading, and motorized travel. The goal is to keep young people’s sedentary behaviour levels to a reasonable and healthy level. Increased time spent engaging in sedentary behaviour, especially screen activities, such as watching television, using the computer, and playing video games, have been linked to several negative health outcomes (Tremblay, Colley et al., 2010). For example, obesity, unhealthy eating, decreased fitness, and substance use and abuse are all associated with excessive screen time.

HOURS WATCHING TELEVISION: WEEKDAY

About 60% of students in Ontario and the rest of Canada spend two hours or more each weekday watching television. Students in Ontario in Grade 6-8 report watching less television than their Canadian counterparts. Grade 9-10 males and females in Ontario are on par with their Canadian counterparts.
HOURS WATCHING TELEVISION: WEEKEND

Approximately three-quarters of students in Ontario and the rest of Canada watch two or more hours of television on weekends. The numbers are lower in Ontario for Grade 6-8, and on par for Grade 9-10.

FIGURE 23 Students who spend two hours or more watching television per day on a weekend, by grade and gender (%)

HOURS PLAYING ON A COMPUTER OR GAMES CONSOLE: WEEKDAY

Considerably more males than females spend two hours or more playing computer games in both Ontario and the rest of Canada. Grade 6-8 students in Ontario report 5% less computer game playing than those students in the rest of Canada. Ontario students in Grade 9-10 are on par with their Canadian counterparts.

FIGURE 24 Students who spend two hours or more playing on a computer or a games console on a weekday, by grade and gender (%)


While on-line chatting increases across the grades for all students; the largest increases are for the Ontario students (19% increase for males; 17% increase for females). Females report more on-line chatting than males. Grade 9-10 Ontario students chat on-line more than their Canadian peers.
Substance Abuse

During the adolescent years many lifelong health habits are established. It is also a period of experimentation with smoking, alcohol, and drugs and other risky behaviours (Chassin, Pitts, & Prost, 2002). For most adolescents, these behaviours are occasional in nature and a normal part of growing up (Nell, 2002). However, for a sizable minority of adolescents, these behaviours escalate and become more serious problems. Several risky behaviours tend to co-occur with other health problems in youth, such as injuries (Collin, 2006), cognitive and psychomotor impairment (Squeglia, Jacobus & Tapert, 2009), and social and emotional problems (Elgar, Knight, Worrall, & Sherman, 2003).

**EVER SMOKED**

Smoking tobacco on average triples between Grades 6-8 and Grades 9-10 for all students. Students in Ontario consistently report a lower level of smoking than their peers in the rest of Canada, with the largest gap being between the Grade 9-10 females (12%).

**FIGURE 26** Having ever smoked tobacco, by grade and gender (%)

![Figure 26](image-url)
DAILY SMOKERS

Two per cent of Grade 6-8 students and approximately 7% of Grade 9-10 students in the rest of Canada are daily smokers. The numbers are lower in Ontario than the rest of the country for Grade 9-10 students.

BEEN DRUNK

Less than 10% of students in Grade 6-8 report having been really drunk at least twice. This number increases to around 30% for Grade 9-10 students. There is little difference between males and females. The numbers in Ontario are consistently lower than those in the rest of Canada in Grade 9-10 (6% lower for males; 5% lower for females).
HAVING FIVE OR MORE DRINKS (FOUR OR MORE FOR FEMALES) ON ONE OCCASION

The proportion of Grade 9-10 students who report drinking heavily more than once a month is similar for male and females. Ontario males report slightly lower levels of drinking than males in the rest of Canada (4% lower), whereas females in Ontario are similar to females in the rest of the country.

CANNABIS USE IN THE LAST 30 DAYS

Adolescent reports of cannabis use in the last 30 days are similar for both gender and location (Ontario males, 17%; other Canadian males, 19%; females regardless of location, 16%).
RISK PERCEPTION

For students in both Ontario and the rest of Canada, drinking alcohol once in a while is seen as least risky, while use of Ecstasy and use of hallucinogens on a regular basis are seen as most risky. Grade 6-8 students in Ontario find drinking alcohol once in a while less risky than Grade 6-8 students elsewhere. Grade 9-10 females in Ontario see using Ecstasy, hallucinogens, and pain relievers as less risky than Grade 9-10 females in the rest of Canada, while the reverse is true for males.

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Students indicating risk behaviours pose “slight” or “no risk” to health, by grade and gender (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>smoking cigarettes once in a while</td>
<td>6 to 8</td>
</tr>
<tr>
<td></td>
<td>9 and 10</td>
</tr>
<tr>
<td>smoking cigarettes on a regular basis</td>
<td>6 to 8</td>
</tr>
<tr>
<td></td>
<td>9 and 10</td>
</tr>
<tr>
<td>smoking marijuana once in a while</td>
<td>6 to 8</td>
</tr>
<tr>
<td></td>
<td>9 and 10</td>
</tr>
<tr>
<td>smoking marijuana on a regular basis</td>
<td>6 to 8</td>
</tr>
<tr>
<td></td>
<td>9 and 10</td>
</tr>
<tr>
<td>drinking alcohol once in a while</td>
<td>6 to 8</td>
</tr>
<tr>
<td></td>
<td>9 and 10</td>
</tr>
<tr>
<td>drinking alcohol on a regular basis</td>
<td>6 to 8</td>
</tr>
<tr>
<td></td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use Ecstasy once in a while</td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use Ecstasy on a regular basis</td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use hallucinogens, LSD or PCP once in a while</td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use hallucinogens, LSD or PCP on a regular basis</td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use glue or solvents once in a while</td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use glue or solvents on a regular basis</td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use pain relievers, tranquilizers or stimulants once in a while</td>
<td>9 and 10</td>
</tr>
<tr>
<td>Use pain relievers, tranquilizers or stimulants on a regular basis</td>
<td>9 and 10</td>
</tr>
</tbody>
</table>
Sexual Practices

In thinking about sexual health for adolescents, two issues are prominent. First, while having sex is not unhealthy in and of itself, early sexual onset has been connected to negative consequences in adulthood including a greater number of recent sexual partners, increased number of recent risky sexual partners, greater history of sexually transmitted infections (STIs) and having sex while intoxicated, and (for males) increased sexual dysfunction (Sandfort, Orr, Hirsch, & Santelli, 2008). Second, adolescents are at relatively high risk for STIs (Weinstein, Berman, & Cates, 2004), which could be greatly lessened through consistent use of condoms.

**FIGURE 31** Grades 9 and 10 students who report having had sexual intercourse, by gender (%)

<table>
<thead>
<tr>
<th></th>
<th>Ontario</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Females</td>
<td>18</td>
<td>27</td>
</tr>
</tbody>
</table>

**EVER HAD SEXUAL INTERCOURSE**

About a quarter of Grade 9-10 students in the rest of Canada, a quarter of Grade 9-10 Ontario males and about a fifth of Grade 9-10 Ontario female students report ever having had sexual intercourse. Ontario students have lower reported incidence of having sexual intercourse than students in the rest of Canada, with Ontario females reporting the lowest rate (18%), 9% lower than their Canadian peers.
CONDOM USE

Reported condom use during sexual intercourse is just over 70% for Ontario males and close to 80% for Ontario females. More Ontario females than those in the rest of Canada report a condom was used the last time they had sexual intercourse (80% versus 67%).

FIGURE 32 Grades 9 and 10 students who report a condom was used the last time they had sexual intercourse, by gender (%)

- Males: Ontario 72, Canada 74
- Females: Ontario 80, Canada 67
Bullying

Bullying puts young people at immediate and long-term risk for many emotional, behavioural, and relationship problems. These risks affect young people who bully others, young people who are victimized, and young people who both bully others and are victimized. Lessons of power and aggression learned through childhood bullying can lead to sexual harassment (McMaster et al., 2002) and dating aggression (Pepler et al., 2008) and may later extend to workplace harassment, and marital, child, and elder abuse perpetrated in other types of relationships. Victimized youth may also carry the hurt and fear from bullying forward into adulthood. Indeed, research on bullying has identified an intergenerational link: parents who bully in childhood are likely to have children who bully their peers (Farrington & Ttofi, 2011).

HAVING BEEN BULLIED

For both Ontario and the rest of Canada, more females report having been bullied at school recently than males. Bullying decreases with increasing grades, with the greatest decrease being Ontario males (10%). The proportions of Ontario males indicating they have been victims of bullying are similar to their peers in the rest of Canada, while Ontario females report slightly higher rates of being bullied that the rest of Canada.
BULLYING OTHERS

For both Ontario and the rest of Canada, males report having bullied others more often than do females. The rates of having bullied others remain fairly static across grades in both cases. Students in Ontario report approximately the same incidence of having bullied others as do students in the rest of Canada.

FIGURE 34  Students who report having bullied others at school in the past couple of months, by grade and gender (%)
TYPES OF BULLYING

The most common forms of bullying for Grade 6-8 students in Ontario and the rest of Canada are being called mean names/teased hurtfully. While being physically bullied is more prominent for males than for females, all other forms of bullying are more prevalent for Ontario females than Ontario males. Bullying by social exclusion is more prominent in Grade 6-8 students than for other students in Canada.

While Grade 9-10 students results agree with Grade 6-8 students that being called mean names is one of the most common forms of bullying, equally high numbers of females in Ontario report being bullied by others telling lies about them. Sexual jokes bullying is more often reported by females in Grade 9-10 than males, despite increasing across grades for both genders. While most other forms of bullying decrease across grades, electronic bullying increases for males. Ontario Grade 9-10 students are more likely to experience indirect bullying than other Canadian students, while Ontario Grade 9-10 males are more likely to have been physically bullied.

<table>
<thead>
<tr>
<th>TABLE 4</th>
<th>Most common types of bullying, by grade and gender (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>Grades 6 to 8</td>
<td>called mean names, or being made fun of, or teased in a hurtful way.</td>
</tr>
<tr>
<td></td>
<td>being left out of things on purpose, being excluded from a group of friends, or being completely ignored.</td>
</tr>
<tr>
<td></td>
<td>being hit, kicked, shoved around, or locked indoors.</td>
</tr>
<tr>
<td></td>
<td>others told lies or spread false rumours about them and tried to make others dislike them.</td>
</tr>
<tr>
<td></td>
<td>sexual jokes, comments, or gestures made to them.</td>
</tr>
<tr>
<td></td>
<td>someone sent mean instant messages, wall postings, emails and text messages, or created a Web site that made fun of me.</td>
</tr>
<tr>
<td>Grades 9 and 10</td>
<td>called mean names, or being made fun of, or teased in a hurtful way.</td>
</tr>
<tr>
<td></td>
<td>being left out of things on purpose, being excluded from a group of friends, or being completely ignored.</td>
</tr>
<tr>
<td></td>
<td>being hit, kicked, shoved around, or locked indoors.</td>
</tr>
<tr>
<td></td>
<td>others told lies or spread false rumours about them and tried to make others dislike them.</td>
</tr>
<tr>
<td></td>
<td>sexual jokes, comments, or gestures made to them.</td>
</tr>
<tr>
<td></td>
<td>someone sent mean instant messages, wall postings, emails and text messages, or created a Web site that made fun of me.</td>
</tr>
</tbody>
</table>
Injuries

Injury is defined as any physical harm to the body caused typically by an external force. The most common causes of injury are physical forces, and in young people these often happen while playing sports, during motor vehicle collisions, while cycling, or during physical fights (Molcho et al., 2006). Injuries can also include poisoning and ingestions, as well as burns. Injury is recognized as a leading health public health issue in populations of young people around the world (Peden et al., 2008). Injuries are costly to society in terms of health care expenditures and time lost from productive activities for both adolescents and adults who care for them when they are injured (Ameratunga, 2009; Leitch, 2007; Peden et al., 2008).

INJURIES IN THE PAST 12 MONTHS

In both Ontario and the rest of Canada, more males than females report serious injuries. Students reporting injuries remains constant across the grades and the proportions of Ontario students reporting an injury are similar to their peers in the rest of Canada.

FIGURE 35 Students reporting an injury during the past 12 months requiring treatment by a doctor or nurse, by grade and gender (%)

- **Ontario**:
  - Grade 6-8 Males: 46%
  - Grade 6-8 Females: 39%
  - Grade 8-10 Males: 45%
  - Grade 9-10 Females: 38%

- **Canada**:
  - Grade 6-8 Males: 44%
  - Grade 6-8 Females: 37%
  - Grade 8-10 Males: 47%
  - Grade 9-10 Females: 39%
For male students, the most serious injury is likely to occur at a sports facility or field. For female Grade 9-10 students, a sports facility or field is also the most likely. However, Grade 6-8 females more often report the most serious injury occurring at home or in the yard than at other places.

### TABLE 5
Locations of the most serious injury in the past 12 months, by grade and gender (%)

<table>
<thead>
<tr>
<th>Grades</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ontario Canada</td>
<td>Ontario Canada</td>
</tr>
<tr>
<td>6 to 8</td>
<td>At home or in the yard</td>
<td>22 25</td>
</tr>
<tr>
<td></td>
<td>At school during school hours</td>
<td>16 16</td>
</tr>
<tr>
<td></td>
<td>At school outside of school hours</td>
<td>1 4</td>
</tr>
<tr>
<td></td>
<td>At a sports facility or field</td>
<td>37 30</td>
</tr>
<tr>
<td></td>
<td>In the street or parking lot</td>
<td>7 8</td>
</tr>
<tr>
<td></td>
<td>Other location</td>
<td>16 18</td>
</tr>
<tr>
<td>9 and 10</td>
<td>At home or in the yard</td>
<td>18 15</td>
</tr>
<tr>
<td></td>
<td>At school during school hours</td>
<td>13 13</td>
</tr>
<tr>
<td></td>
<td>At school outside of school hours</td>
<td>5 6</td>
</tr>
<tr>
<td></td>
<td>At a sports facility or field</td>
<td>40 40</td>
</tr>
<tr>
<td></td>
<td>In the street or parking lot</td>
<td>9 8</td>
</tr>
<tr>
<td></td>
<td>Other location</td>
<td>15 18</td>
</tr>
</tbody>
</table>
REFERENCES


## APPENDIX

### Emotional Well-Being Items
- Thinking about the last week ... Have you felt fit and well?
- Thinking about the last week ... Have you felt full of energy?
- Thinking about the last week ... Have you had fun with your friends?
- I have a happy home life.
- I have confidence in myself.

### Emotional Problems Items
- Felt depressed or low in last six months.
- Felt nervous in last six months.
- Difficulties getting to sleep last six months.
- I have trouble making decisions.
- I often wish I were someone else.
- I often feel helpless.
- I often feel left out of things.
- I often feel lonely.
- Thinking about the last week ... Have you felt lonely?

### Prosocial Behaviour Items
- I often do favours for people without being asked.
- I often lend things to people without being asked.
- I often help people without being asked.
- I often compliment people without being asked.
- I often share things with people without being asked.

### Behavioural Problems Items
- I cut classes or skip school.
- I make other people do what I want.
- I talk back to my teachers.
- I get into fights.
- I often say mean things to people to get what I want.
- I take things that are not mine from home, school, or elsewhere.