

# Saskatchewan Rural Youth Healthy Lifestyles and Risk Behaviour Project

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***Responsibility for action extends across all levels of government, all agencies in the community and all age groups in society. In other words, it is everybody's responsibility (key informant)***

## Fact Sheet #1 Project Overview

## Project Design

The overall goal of this project was to assess the needs of youth in rural Saskatchewan in order to encourage healthy lifestyles and reduce risk behaviours, including drug use by youth in the region. The results of this project have informed a community consultation around creating community plans to promote healthy lifestyles for rural youth.

The project involved a number of initiatives. These included:

1. Forming a steering committee with key community partners from health, education, social services and justice sectors.
2. Interviews with Key Informants. These were professionals working as service providers for rural youth dealing with substance abuse issues (tobacco, drugs and alcohol).
3. A questionnaire administered in the classrooms of 954 youth in grades 7 to 12 in 34 schools in rural Saskatchewan, Canada. All of these communities are classed as rural with populations less than 5500.
4. Focus groups with 25 rural youth in three high schools who had participated in the questionnaire.
5. Information nights in communities to present the results of the key informant interviews, questionnaires and focus groups and to discuss the issues with community members.
6. Planning sessions with communities who were interested in developing strategies to encourage healthy lifestyles and reduce risky behaviours for rural youth.

## Ethics Approval

An Application for Approval of the Research Protocol was submitted to the Behavioural Research Ethics Board at the University of Saskatchewan on February 21, 2006. Ethics approval was received on June 9, 2006.

The ethics approval included consent forms for the key informant and youth questionnaire stages of the study. Due to the age of the youth and the nature of the questions, informed consent was required from parents before their youth could participate.

Assent was not asked of the youth respondents because of the sensitive nature of the information being collected, to ensure no youth could be linked to their answers.

In order to improve confidentiality, signed consent forms were returned to the Principals of each school.

University students were trained to administer the questionnaires to ensure anonymity and to try to make the students feel more comfortable in reporting their activities.

Contact information for counselling assistance was provided to the youth in case they felt the need for support after completing the questionnaire.

The youth were also asked if they were interested in participating in a focus group in the future and were given a form to fill in their contact information. These forms

were kept separate from their surveys to ensure confidentiality.

In September, 2007, an amendment of the study was sent to the Research Ethics Office to allow us to conduct three focus groups. This amendment included the interview schedule and consent forms for the focus groups. Approval of the amended research protocol was received on September 12, 2007.

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## Key Informant Interviews

Eighteen rural service providers working in the health, justice and education sectors in the school division were interviewed as key informants.

These qualitative interviews were based on an interview guide developed from an assessment of the background information needed for the study, about the type and extent of substance use

in the region, the issues and needs of people in the area and their access to services.

A list of service providers to interview was created with the help of the project steering committee representing health, justice and education sectors. Service providers interviewed were also asked to recommend others for interview.

The interviews were used to verify that the questions in the survey were useful in this region and to look for additional topics that were important to include.

The key informant interviews were analyzed to identify the themes that emerged.

## The Youth Survey

The survey was originally planned for June 2006. After receiving approval from two school divisions, parental concern over the topics being discussed in the questionnaire caused the survey to be suspended. After discussions with the school division in the summer of 2006, the project was given approval a second time. The questionnaire survey of youth was conducted from November to January of 2006-07.

University of Saskatchewan and St. Peter's College students were trained to administer the questionnaires to reduce the possible influence of classroom teachers.

34 schools participated in the survey. These schools ranged in size from 40 to over 350 students. Six were elementary schools, from which grades 7 and 8 were surveyed, one school included grades 7-9, four were high schools, in which grades 9-12 were included and the remaining 23 schools included grades 7 to 12. The proportion of students participating in each school ranged from 7% to 71%.

Questions were asked about tobacco use, alcohol use, prescription and non-prescription drug use, gambling, violence, sports, nutrition, sexuality and personal safety.

After discarding un-useable questionnaires, 954 were included in the SPSS analysis. This number represents 31% of the approximately 3000 students in the school division.

538 (57.1%) of the youth respondents were female and 405 (42.9%) were male. 11 youth did not indicate their sex. The youth ranged in age from 12 to 18. Thirteen percent were 12 years old or less, 14.9% were 13 years old, 19.4% were 14 years old, 17.6% were 15 years old, 17.4% were 16 years old and 17.7% were 17 years old or older.

## Focus Groups

To fully understand the results of the surveys, it was important to bring the results back to the youth for their comments.

When they completed the questionnaire, youth were asked to indicate if they would be willing to participate in a focus group.

Those schools in which there was a sizable group of youth who indicated an interest in the focus group and whose principals were willing to co-operate were approached. Additional students were recruited from each school by the school principals who announced the opportunity to the student body.

20 females and 5 male students from 3 high schools in the School

Division participated in discussion groups in early October, 2007.

Youth Launch from Nutana Collegiate in Saskatoon, Saskatchewan facilitated the discussion groups. This group has considerable expertise in facilitating youth in discussions of sensitive topics.

In the discussion, the students were shown selected results from the questionnaire survey completed in the school division during the winter of 2006. They discussed the responses to questions on tobacco use, alcohol use, prescription and non-prescription drug use, gambling, violence, sports, nutrition, sexuality and personal safety.

Students were shown some statis-

tics that reflected the findings in each of these areas and asked them.....

1. Whether they think these findings reflect what they are seeing in their lives.
2. Why they think students get involved in these activities
3. Why they think gender and age seem to make a difference in the rates of participation in various activities.
4. What they would like to see happen in their communities to encourage healthy choices for rural youth.

The focus groups discussions were transcribed and analysed for themes in NVIVO.

**A series of 12 fact sheets are available for the  
Saskatchewan Rural Youth Healthy Lifestyles and Risk Behavior Project  
Fact Sheets discussing project results on the following topic areas are available at [www.pwhce.ca](http://www.pwhce.ca)**

**Fact Sheet #1 Project Overview**

**Fact Sheet #2 General Health**

- Most rural youth describe their health as good or better
- Male youth rate their health as better than female youth
- Self reported health is positively related to healthy lifestyles

**Fact Sheet #3 Personal Safety**

- Seatbelt use
- Most youth don't wear bike helmets
- Male youth more likely to be threatened or injured
- 35% of youth had their property stolen or deliberately damaged in the past year
- Boyfriend/Girlfriend violence
- Female youth more likely to have been forced to have sex.

**Fact Sheet #4 Sad Feelings and Attempted Suicide**

- Females more likely to have sad feelings
- 9% of youth consider suicide

**Fact Sheet #5 Gambling**

- Betting on lottery tickets increases with age
- Female youth are much less likely to bet on sports
- 46% of youth 17+ bet on scratch tickets
- Over 50% of male youth bet on card games
- Male youth more likely to bet on games of skill
- Few youth using VLT's or on-line gambling

**Fact Sheet #6 Tobacco Use**

- 73% of youth have never smoked
- Strong relationship between smoking cigarettes and smoking marijuana
- Younger youth get cigarettes by bumming or taking them from family members
- Males 3 times more likely than females to use chewing tobacco snuff or dip.
- Males more likely to smoke cigars, cigarillos or little cigars
- Almost 2/3 of youth smokers tried to quit in the past year

**Fact Sheet #7 Alcohol Use**

- Over 75% of students 12-17 have tried alcohol
- High alcohol consumption linked to risky behaviors
- Alcohol easier to get than cigarettes
- 75% think alcohol use is a problem in their school.
- 34% of students reported binge drinking
- Male youth start drinking earlier, drink more often and are more likely to drink and drive
- Drinking and driving

**Fact Sheet #8 Illegal Drug Use**

- Over 17% of youth have used marijuana
- Marijuana use increases with age
- Marijuana use linked to use of alcohol, tobacco, and other substances
- Use of cocaine, heroin, crystal meth, ecstasy, inhalants among youth low
- Ease of getting drugs
- Is drug use a problem in your school?

**Fact Sheet #9 Prescription and over the Counter Drugs**

- About 10% of rural youth report use of 'over the counter' medication for unintended purposes.
- About 10% thought it would be easy to get prescription drugs without a prescription
- Less than 1% report using prescription drugs without a prescription

**Fact Sheet #10 Sexuality**

- 55% of youth 17 years and older youth have had sex
- Youth sexual activity increases after age 15
- Low Numbers of sexual partners among youth
- 71% of sexually active youth used a condom last time they had sex.
- Sex, drugs and alcohol
- 10% of sexually active youth may have used no birth control in last sexual encounter.

**Fact Sheet #11 Weight and Eating Habits**

- How do you describe your weight?
- Weight and general health
- Exercise and eating less most common weight loss strategies
- Gender impacts body image.
- What are you doing about your weight?
- Weight, healthy eating and physical activity
- What are youth eating?

**Fact Sheet #12 Physical Activity**

- 10% of youth getting at least 60 minutes of physical activity everyday.
- Most youths watching TV 2 hrs or less on school days
- Protein supplements and Creatine most common supplements used to enhance physical performance
- Male youth more physically active than female youth
- 42% of youth are on 3 or more sports teams
- Variability in physical activity in school.

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## Saskatchewan Rural Youth Healthy Lifestyles and Risk Behaviour Study

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Views, conclusions, and recommendations in this fact sheet do not necessarily reflect the official policy of the organizations or agencies sponsoring or contributing to the research in various ways.

**PRAIRIE WOMEN'S HEALTH**  
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*If you use information from these fact sheets please reference it in the following way:*

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## Key Informants told us about .....

### rural — urban differences

- Lower levels of support and resources for youth substance abuse available in rural areas;
- Attitudes of rural people – denial, fear of isolation and stigma;
- The lack of public transportation options;
- Different drugs of choice in rural areas;
- Limitations in opportunities and choices of activities for youth.

### needed actions

- Education;
- Services that are youth specific and easily accessible for rural youth;
- More cooperation and collaboration between agencies such as health, education and justice in rural communities;
- Strong leaders and role models for rural youth.

## Rural Youth told us about .....

### why youth use substances

- 'Nothing to do around here';
- These are the activities they do to socialize (drinking, parties, poker);
- Peer pressure to fit in, act older;
- Media influence about self image and sexuality;
- Curiosity;
- Parental acceptance of drinking;
- Competition to 'one up' the other person.

### how to encourage healthy lifestyles

- Youth need positive, alternative things to do (movie nights, weekend workshops).
- Schools often have equipment to provide alternative activities but parental/adult volunteerism is low.
- Strangers have little impact in discussions and presentations. Youth need a role model that is known personally for impact.
- Some youth felt there needed to be more definite rules about their behaviour.