



National Adolescent Health Survey

Primary Health Care Department

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INTRODUCTION

During the months of March and April 2002 1,225 of the 1,499 enrolled school students age 10-20 took part in a National Adolescent Health Survey. The survey was administered in the 7 primary schools and the Albena Lake-Hodge Comprehensive School. The study was originally designed by the Pan American Health Organization's Caribbean Programme Coordination office in conjunction with World Health Organization Collaborating Centre on Adolescent Health, University of Minnesota. This Adolescent Health Survey has been conducted in nine other countries in the region. The results were analyzed and published in a document entitled "A Portrait of Adolescent Health in the Caribbean 2000." Prior to this study, little comprehensive data was available on Caribbean adolescents. As the Government of Anguilla, as well as many other governments in the region begins to focus more attention on the health of young people, information on the health status of youth becomes critical. Despite the fact that adolescents for the most part, are a healthy segment of the population, there are many social and behavioural risks that can compromise their well-being. Understanding how these factors impact upon youth is key to developing effective interventions which reduce risk and promote health. A panel of experts in Anguilla reviewed the original PAHO instrument and minor revisions were made in keeping with the Anguillian context. This study examines a wide range of health issues in an effort to gain insight into what young people in Anguilla think, feel and do.

GENERAL HEALTH

The majority of young people in Anguilla are healthy. Eighty-eight percent of adolescents report that their health is good or excellent. Of those who reported health problems, stomachaches, headaches, and insufficient sleep were the most common complaints. Twelve percent reported having a handicap, disability or chronic illness that limits their activities. Contrary to Anguilla's national census and the regional PAHO study findings, more females than males reported having disabilities; 13% of girls compared to 11% of boys. However, given the small difference in percentage points, this may not be significant. Adolescents whose parents have problems with drugs, alcohol, mental health or violence, were more likely to report their own health as being poor.

Table 1. Distribution of Health Status by Parental Problems

Health Status	No Parental Problems	Parent(s) had problems with drugs, alcohol, violence or mental health	Total of all Respondents
Poor	2%	5%	3%
Fair	8%	16%	9%
Good	43%	45%	43%
Excellent	48%	35%	46%
Total	100%	100%	100%

HEALTHCARE UTILIZATION

Contrary to popular belief, the majority of youth do not go overseas for medical attention—only 18% report doing so on a regular basis. Thirty-seven percent of youth reported that they usually go to the Princess Alexandra Hospital for medical care. Seventeen percent utilized the Community Health Centres for care, while 10% saw a private doctor here in Anguilla. A disturbing 14% stated that they went nowhere for medical attention. The 2001 census also revealed that the majority of Anguillians receive their health care in Anguilla, with just 13% reporting that they had used a private doctor overseas and 6% having used an overseas hospital or clinic.

When youth were asked where they would go for family planning services (birth control/contraceptives), 30% reported that they would see a private doctor in Anguilla and 15% stated that they would go to St Martin. Twelve percent would use public health clinics or the Health Education Unit in Anguilla, 11% would go to a local drug store or pharmacy and 6% would attend a Family Planning Clinic in Anguilla. Yet a worrisome 82% of sexually active girls have either never had a pelvic examination or cannot remember when they had one. It is concerning that only 6% of adolescents would utilize the free family planning services offered at the Community Health Centres. Underutilization of Family Planning services may be due to young people's perception that these clinics are not youth friendly and that confidentiality is not upheld.

In regard to frequency of healthcare utilization our adolescents did not do well. Fifty-six percent either never had or cannot remember when they had a regular check-up. Similarly, 53% had never or could not remember when they last had their hearing checked and 45% had never or could not remember when they last had their vision checked. Dental services emerged as the only area of medical care that the youth utilized consistently, with 37% having seen the dentist in the last 12 months. High utilization of dental services can be attributed to the mobile dental unit that visits the primary schools, and the free dental care provided to secondary school students in the dental clinic.

NUTRITION

Fifty-six percent of those surveyed were happy with how their bodies look. For those who have attempted to lose weight, 51% used the healthy approach of exercising. Yet overall, adolescents did not fare well with regard to nutrition and physical activity. Among all adolescents surveyed, 25% reported that they never exercise hard enough to make themselves sweat and breathe heavily, and only 19% do so 3-5 times per week (the recommended amount of exercise to maintain overall fitness). This finding is consistent with the regional PAHO study. Students were asked to consider what they had eaten the day before the survey was administered. Forty-one percent of youth did not consume vegetables at all the previous day yet 69% had consumed candy, soft drinks, cakes, and pies. Forty-one percent had consumed potato chips, corn chips or pretzels. Clearly, young people are consuming high fat, high calorie foods as opposed to high-fibre, low-fat food items.

Table 2. Respondents' Food Choices

Food Item	No		Yes only once		Yes \leq 2	
	Freq	%	Freq	%	Freq	%
a. Cheese, Yogurt, Ice cream	578	47	350	29	217	18
b. Milk	513	42	370	30	256	21
c. Eggs	754	62	205	17	163	13
d. Dried beans, peas, peanuts, etc	715	58	268	22	138	11
e. Beef, pork, goat, lamb, etc	544	44	378	31	205	17
f. Fish, chicken, turkey	361	29	467	38	293	24
g. Bread, rice, macaroni	252	21	517	42	354	29
h. Fruits, berries, fresh juice	317	26	421	34	388	32
l. Vegetables	497	41	339	27.7	286	23
j. Candy, drinks, cakes, pies	272	22	469	38.3	378	31
k. Potato & corn chips etc.	636	52	234	19.1	236	19
l. Potatoes, yam, tannia, cassava	695	57	219	17.9	192	16
m. Water	120	10	205	16.7	793	65
n. Cereal eg. Corn flakes or porridge	566	46	272	22.2	275	23

Studies have demonstrated that children who eat breakfast perform better in school. In fact, breakfast is the most important meal of the day, yet 34% reported that they hardly ever ate breakfast and another 30% ate breakfast only a few times per week. The most disturbing finding in this area was that 8% of youth often go hungry due to lack of food in the house and 36% sometimes do.

SEXUAL BEHAVIOUR

Most youth (79%) have never had sexual intercourse. The two strongest predictors for delaying sexual activity for boys were the desire to wait until they were older and the desire to wait until marriage. While the two strongest predictors for girls were the same, the desire to wait until marriage was a stronger predictor of delaying sexual activity than was the desire to wait until they were older. Seventy-four percent described themselves as being somewhat or quite a bit religious, yet there was no correlation between being religious and engaging in sexual activity.

Twenty-one percent of the adolescents surveyed reported being sexually active. A 1998 study of the reproductive health of Anguillian students in forms 2-5 revealed that 41% percent of students were sexually active. One possible explanation for the difference in findings is that this Adolescent study included younger adolescents and a larger sample size. The PAHO study revealed that 34% of adolescents surveyed were sexually active. It appears that Anguillian youth are less sexually active than other youth in the region.

Sexual debut for youth in Anguilla and around the region is quite early. In Anguilla, the majority of the sexually active girls began having intercourse at 14 years of age. For boys, the majority reported having sex at 10 years or younger. This finding was similar to the regional PAHO study. Ten percent of young people reported that their first act of intercourse was forced or “sort of” forced, which was significantly less than what was reported regionally. Interestingly Anguillian males were more likely to have a forced sex experience than females. Forced sex was significantly correlated with early initiation of sexual activity, with 40% of sexual active youth ten or younger reporting a forced sex experience. Most sexually active adolescents had just one partner, however, 23% of sexually active boys and 8% of sexually active girls reported having 6 or more partners, thus increasing their risk for cervical cancer and sexually transmitted infections.

Table 3. Age of First Sexual Experience by Voluntary vs. Forced Sex

Age of First Sexual Experience	Cumulative Percentage for Voluntary Sex	Cumulative Percentage for Forced Sex	Percentage of Total Sexually Active in each Age Group
	MALES		
10	34%	52%	42%
11	52%	70%	60%
12	65%	85%	74%
13	78%	92%	85%
14	88%	98%	93%
15	96%	100%	98%
16	100%	100%	100%
Total	100%	100%	100%
	FEMALES		
10	9%	24%	16%
11	11%	34%	21%
12	20%	44%	31%
13	39%	51%	44%
14	59%	78%	67%
15	76%	90%	82%
16	89%	98%	93%
17	94%	98%	96%
18	98%	100%	99%
19	100%	100%	100%
Total	100%	100%	100%

Table 4. Number of Sexual Partners

Number of Partners	Males	Females	Total Percentage of Sexually Active
6 or more	23%	8%	17%
5	7%	2%	5%
4	11%	3%	8%
3	17%	1%	11%
2	19%	31%	24%
1	23%	55%	36%

Concern about becoming or causing a pregnancy was not related to use of contraception. While 44% of all sexually active adolescents report using birth control at least sometimes, 46% have *never* used birth control. The strongest predictor of lack of birth control use was that the adolescents simply did not think about protecting themselves, followed by sex being unexpected. Of those using birth control, condoms were the most common method. One percent of sexually active youth reported that they have been or have caused a pregnancy.

Table 5. Frequency of Birth Control Use by Concern about Pregnancy

Frequency of Birth Control Use	Do Not Worry about Pregnancy	Worry about Pregnancy	Total of Sexually Active Who Use Birth Control
MALES			
Never	47%	40%	47%
Sometimes	19%	20%	19%
Always	34%	40%	34%

FEMALES			
Never	42%	50%	43%
Sometimes	12%	40%	15%
Always	45%	10%	42%

Eight percent of boys and 3% of girls reported sexual attraction to members of the same sex only. Seven percent of boys and 3% of girls were equally attracted to both sexes. In regard to actual behaviour, an equal percentage of girls and boys (5%) reported some history of same-sex sexual experience.

While engaging in sexual activity does not *cause* young people to engage in negative behaviours, those who were sexually active were slightly more likely to skip school, damage property that does not belong to them, to be in a fight where weapons were used and to shoplift.

Table 6. Anti-Social Behaviour by Sexual Activity

Frequency of Skipping School	Percentage of Students who are Sexually Active	Percentage of Students by frequency of Skipping School
Never	15%	83%
Once or Twice	45%	11%
3 or More Times	58%	5%
Frequency of Damaging Property		Percentage of Students by frequency of Damaging Property
Never	17%	86%
Once or Twice	37%	12%
3 of More Times	43%	3%
Frequency of Fighting where Weapons were Used		Percentage of Students by frequency of Fighting where Weapons were Used
Never	17%	89%
Once or Twice	44%	9%
3 or more times	47%	3%
Frequency of Shoplifting		Percentage of Students by frequency of shoplifting
Never	17%	85%
Once or Twice	40%	12%
3 or more times	46%	3%

ABUSE

The number of adolescents who reported some form of abuse was a rather disturbing finding. Eight percent reported having been physically abused. The majority of the perpetrators were adults with whom the youth lived. Six percent of the students surveyed reported that they had been sexually abused, with the majority of the perpetrators being adults outside of the household. Despite the fact that the prevalence of abuse reported in

this study was lower than that reported in PAHO’s regional study (16% physically abused and 10% sexually abused), there is still need for concern.

Sexual abuse was significantly correlated to physical abuse (children who were physically abused were more likely to have been sexually abused). Sexual abuse was also associated with other negative outcomes. Adolescents who had been sexually abused were more likely to suffer from depression, with 65% of those who had been sexually abused suffering with depression and 20% having attempted suicide.

Table 7. Percentage of Sexual Abuse by Physical Abuse

	Physical Abuse	No Physical Abuse
Sexual Abuse	48%	52%
No Sexual Abuse	7%	94%

Table 8. Percentage of Depression by Sexual Abuse

	Sexual Abuse	No Sexual Abuse
Depression	10%	90%
No Depression	4%	96%

Table 9. Percentage of Suicide Attempts by Sexual Abuse

	Sexual Abuse	No Sexual Abuse
Attempted Suicide	17%	83%
No Suicide Attempts	5%	95%

Mental Health

While 87% of adolescents described themselves as happy people, a disturbing 42% were either so depressed that they wanted to “just give up,” or were depressed “enough to bother them.” Seven percent of adolescents attempted suicide at least once. Like sexual abuse, parental problems were also associated with suicide. Twelve percent of children whose parents had problems with drugs, alcohol, mental or violence had attempted suicide.

Table 10. Percentage of Suicide Attempts by Parental Problems

	No Parent Problems	At Least One Parent Problem
Suicide Attempt	73%	27%
No Suicide Attempts	84%	16%

When queried about the issues that concern them, passing CXC's, O'Levels or A'Levels was the most prevalent concern, with 68% of adolescents worrying a lot or somewhat about this issue. The second most prevalent concern was finding a job when they are ready to work. Fifty-two percent worried about the drinking and drug use in Anguilla. Forty-seven percent were concerned about violence in the schools. Forty-five percent of the youth reported that contracting AIDS was of concern, 37% worried about violence in the community and their family having enough money, 28% worried about becoming pregnant or causing a pregnancy, and 26% were concerned about their parents leaving them. Ten percent of all students surveyed worried about their parents' drinking habits

In examining family relationships, 84% perceive that their mothers care a lot about them, 69% have the same perception of their fathers, and 70% felt that of other family members.

Risk Behaviours

The majority of adolescents (89%) have never used cigarettes or marijuana, and 90% have either never drunk alcohol or have tried it once or a few times. Adolescents who did use these substances on a regular basis were slightly more likely to have parents who had problems with alcohol, drugs, violence or mental health. There was also a fairly strong correlation between using alcohol and/or marijuana on a regular basis and skipping school. Forty-five percent of those who used these substances regularly had skipped school three or more times.

Table 11. Percentage of Alcohol/Marijuana Use by Parent Problems

	Alcohol or Marijuana Use More than a few Times	Total Population
No Parent Problems	9%	86%
At Least One Parent Problem	17%	14%

Table 12. Frequency of Skipping School by Alcohol/Marijuana Use

	Never Skipped School	Skipped School Once/ Twice	Skipped School 3 or more times
Never Used Drugs & Alcohol	91%	6%	3%
Used Drugs & Alcohol more than a few times	54%	34%	45%

When queried about violence, the majority of students (86%) reported that they have never carried a weapon. Ninety-five percent have never been the victim of a stabbing or shooting. While the majority of youth have never carried a weapon, a disturbing 14% stated that they have. Gang involvement was strongly associated with weapon carrying. Worrying about violence in the schools and in the community were not associated with weapon carrying. Interestingly, however there was a slight association between worrying about violence at home and carrying a weapon. This may be attributed to the theory that children feel most threatened when they perceive their home life to be chaotic and unpredictable, as is the case in violent homes.

Table 13. Frequency of Weapon Carrying

	Carry a Weapon	Total Population
Involved in a Gang	37%	10%
No Gang Involvement	9%	82%
Worried about Violence at Home	19%	18%
Not Worried About Violence at Home	13%	75%

Academics

Most students report doing well in school, and 86% plan to finish secondary school. Girls were slightly more likely to report planning to finish school than were boys. Boys were more likely than girls to have been in classes for learning problems. Sixty-one percent of students like school a lot, and 78% have developed a close relationship with at least one of their teachers. Only 5% reported that they did not try very hard academically. Sixty-eight percent of the youth are involved in extra-curricular activities such as organized clubs and sports.

Conclusion

In general, the youth of Anguilla are physically, socially, and mentally healthy. In fact, compared to youth across the region, Anguillian youth reported more positive outcomes in nearly all areas. However, we should not be comfortable with the status quo. Instead we must take a proactive rather than a reactive approach to addressing youth problems. Even in areas where adolescents are doing well, we must ensure that issues that have the potential to become problems do not blossom into costly social ills.

This study clearly identified areas of concern. Healthcare utilization among adolescents is very low for general medical care, and even lower for family planning services (even among the sexually active adolescents). The eating habits of our youth can potentially lead to major health problems such as obesity, diabetes, heart disease, hypertension and cancer. Programmes which encourage physical activity and healthy eating habits are urgently needed. The fact that 44% of youth often or sometimes go hungry due to lack of food in the house is deeply disturbing, and merits intervention. While it was encouraging to know that 79% of our adolescents have never been sexually active, it was frightening to learn that among the sexually active youth nearly half have never used contraception. It is well documented that teen-age pregnancy has negative social and economic implications for our youth. The prevalence of sexual abuse while relatively small has devastating effects on youth, making even the reported 6% rate reason for concern. As recent literature demonstrates, this study clearly revealed that abuse is related to extremely negative outcomes. Risk factors such as violence, parental problems (ie. substance abuse, violence, and mental illness), and substance abuse are social ills that unless addressed, could have disastrous consequences for the youth, the community and society as a whole. Intervention programmes which support families in need must be incorporated into social services to mitigate these risk factors.

This research is an important step in addressing the myriad of issues facing our youth. In order to address Adolescent Health holistically, policies, legislation, and programmes must be developed, implemented and closely monitored. Because of the complexity of the issues with which they must contend, our youth need support from the entire community, not merely segments of it--interventions must be comprehensive and intersectoral. Research has informed us that successful programmes begin early, are age-appropriate, offer a range of opportunities, and continue over time. Issues facing youth are no doubt challenging, but they are by no means insurmountable.

Appendix 1

DEMOGRAPHICS

School Level of Respondents

School	Number	Percent
Primary	457	37.4
Secondary	766	62.6

Ethnicity of Respondents

Ethnicity	Number	Percent
Black or African	845	71.9
White	55	4.7
East Indian	35	3
Asian	3	.3
Caribbean Indian	97	8.2
Hispanic	20	1.7
Other	121	10.3

Age of Respondents

Age	Number	Percent
10 or younger	174	14.2
11	209	17.1
12	197	16.1
13	173	14.1
14	171	14
15	148	12.1
16	76	6.2
17	54	4.4
18	15	1.2
19	5	.4
20	2	.2

Gender of Respondents

Gender	Number	Percent
Male	546	45
Female	667	55

Religion of Respondents

Religion	Number	Percent
Anglican or Methodist	534	45.1
Catholic	52	4.4
Baptist	141	11.9
Fundamentalist	290	24.5
Hindu	1	.1
Moslem	3	.3
Rastafarian	11	.9
Other Non-Christian	28	2.4
None	123	10.4

Grade Level of Respondents

Grade	Number	Percent
Primary	432	35.4
Form 1	179	14.7
Form 2	165	13.5
Form 3	166	13.6
Form 4	152	12.5
Form 5	86	7
Form 6	40	3.3