



MAURITIUS RESEARCH COUNCIL
INNOVATION FOR TECHNOLOGY

**YOUTH HEALTH RISK BEHAVIOUR
IN MAURITIUS/RODRIGUES:**

PREVALENCE AND DETERMINANTS

July 2006

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RESEARCH REPORT

YOUTH HEALTH RISK BEHAVIOUR IN RODRIGUES:

Prevalence and Determinants

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SUMMARY

The Mauritius Institute of Health conducted a study on health risk behaviour among youths in Rodrigues between April and May 2006. The main objective was to identify behaviour of youths detrimental to their mental, physical and social well-being. The study enlisted a representative sample of 400 youths. 200 males and 200 females aged 15-24 years were interviewed at home.

Traffic Safety

During the past month preceding the survey, 1 in 5 youths was carried on a motorcycle without a helmet. 1 in 10 rode without a helmet. 1 in 4 was driven and 4.6% drove without wearing a seat belt. 37.9% were driven by a driver in a hurry and 12.1% by a driver who used alcohol. 1.6% drove after using alcohol. 16.9% walked alongside the road after using alcohol.

Violence, Coerced Sex and Suicide

During 6 months preceding the survey, 15.7% of youths were bullied, 4.6% had ever been in a physical fight, 2% were injured in a physical fight, 15.7% had their properties (clothing, books and bikes) damaged or stolen, 8.6% were threatened and injured and 14.6% threatened and injured people. 5.8% were forced physically and 2.6% physically forced people to engage in sexual activities. Among 29.0% of youths who were depressed, 6.5% seriously considered suicide attempt. 5.3% made a plan to commit suicide and 3.6% attempted suicide. 1.2% of youths who attempted suicide were treated either for injury or poisoning or overdose after the attempt.

Tobacco Use

48.3% of youths were lifetime cigarette smokers. Most of them tried smoking between 15 and 16 years of age. 37.3% were current (smoking during past 30 days) while 22.2% current frequent smokers (smoking daily) with 20.3% smoking about 6 to 10 cigarettes daily. Most smokers bought cigarettes from tobacco shops (29.7%). However, 5.6% of youths unsuccessfully tried to quit smoking during 12 months preceding the survey.

Alcohol and Other Drug Use

Alcohol: The rate of lifetime alcohol use was 80.5% with 41.8% current users. Many youths had their first alcoholic drink between 13-14 years of age but some as early as age 13 and even before. 18.8% had episodic heavy drinking.

Marijuana: 5.6% of youths were lifetime users of marijuana, starting use mostly at ages 15-16 with some initiating use at ages 13-14. 3.4% were current users.

Heroin: The rate of lifetime and current heroin use were 3.2%. Many initiated use when aged between 19 and 20. The injecting mode of use was common accompanied by considerable sharing of syringes.

Psychotropic drugs: 10.2% of youths were lifetime users of psychotropic drugs. Many first used these drugs at age 17 with some of them starting use at ages 15 and 16. 8.4% were current users.

Ecstasy: 5.5% of youths were lifetime users of ecstasy, starting use mostly when aged between 13 and 14 years. 4.1% were current users.

Use of Substance by Students and on School Premises

2 in 5 students used cigarette, 1 in 3 used alcohol while fewer used the psychotropic drugs (10.2%), marijuana (3.2%), heroin (1.3%) and ecstasy (3.3%). Some students mostly used alcohol (5.2%), psychotropic drugs (4.6%) and cigarette (4.5%) in the school environment.

Behaviour That Contributes to Unintended Pregnancy and the Sexually Transmitted infections

67.7% of single youths ever had sexual intercourse and 6.9% sexual contact. Most of them first had sex at ages 15 and 16. 2.0% had sex at ages 11 and 12. Multiple sex partnership was common together with sexual intercourse after using alcohol or illicit drugs. Overall, 30.3% of youths used contraception. Most of them used condoms (11.2%) and withdrawal (7.1%). On the other hand, 4.9% of single youths used contraception. Use of condoms (1.4%) and withdrawal (3.5%) was common. 5.9% of single youths were pregnant. 2.3% gave birth and 3.6% had abortions. (2.0%) had backstreet abortions. Furthermore, 10.6% of youths contracted the sexually transmitted infections. 9.0% did not seek treatment. 1.1% used herbs/tisanes.

Behaviour Related to Body Weight

5.0% of youths felt that they were underweight and 7.0% overweight. Females were more likely to be overweight. 16.3% tried to lose weight but 7.5% tried to gain weight. 6.2% tried exercise, 9.0% dieting, 8.8% periodic 24-hour fasting and 3.3% took medicines in order to lose weight.

Dietary Habits / Behaviour

82.3% of youths consumed vegetables, 80.4% ate fruits, 66.4% ate green salads and 66.5% drank pure fruit juice. Most of them did so 2-3 times weekly but fewer daily.

Physical / Recreational Activities

30.5% of youths practised sufficient vigorous and 21.7% sufficient moderate physical exercises. 31.9% played on sports teams. 97.1% watched television daily with 22.3% watching for more than 2 hours. 16.5% played computer games daily with 10.0% playing for more than 2 hours.

Determinants of Risk Behaviour

Violence: Youths mainly attributed carelessness (71.2%), defiance of authorities (71.6%), forgetfulness (51.1%) substance use (46.4%) and anger/frustration (41.2%) as main reasons for violence.

Sexual behaviour: Sexual behaviour of youths was mainly posed upon the wish to enjoy (80.4%), opposite sex excitement (71.2%), carelessness (60.9%) and substance use (72.2%). The dislike of preventive measures during sex (72.4%) was a common opinion.

Substance use: Youths used substance to forget problems (66.6%) and by peer influence (61.6%).

Dietary behaviour/physical activity: While overeating (52.2%), consumption of high-calorie food (41.4%) and lack of exercises (31.3%) produced overweight, carelessness (52.4%) and uselessness of exercises (46.6%) mainly accounted for a sedentary lifestyle.

Recommendations

Traffic Safety and Violence

Traffic safety

- To strengthen road safety educational programmes for primary schools with emphasis on road safety skills for pedestrians and passengers.
- To sensitise youths on the link between substance use and road traffic injuries.
- To implement roadside testing for illicit drugs and psychoactive substances.

Violence

- To develop violence prevention programmes with emphasis on conflict resolution to target youths at school and the community.
- To sensitise on the abhorrence of coercive sexual behaviour from an early age both among male and female youths.

Suicide related behaviour

- To develop programmes to help youths cope with stressful challenges and reduce the tendency towards suicidal behaviour.
- To document resilient factors related to suicide from previous studies with a view to developing programmes to inform youths in order to enhance their mental health.

Substance Abuse

Tobacco

- To enforce existing legislation on the sale and control the accessibility of cigarette to minors.
- To ban all forms of tobacco advertising as a means of enforcement of public health legislation.
- To mount suitable and sustainable cessation programmes geared towards youths to reduce the prevalence of current and frequent cigarette use.
- To mount programme targeting tobacco in school starting from the primary level.

Alcohol

- To ban the advertising of alcohol products with meaningful warning labels to protect children and youth from alcohol advertising.
- To investigate the impact of alcohol abuse on school-related outcomes as academic performance and school attendance.
- To mount programme targeting alcohol in school starting from the primary level.

Other illicit drugs

- To devise new strategies to campaign against substance abuse.
- To carry out an in-depth evaluation of the existing national campaign against substance abuse with a view to identifying constraints and bottlenecks.
- To pilot-study the introduction of new treatment mechanisms as interventions for substance abuse to know the effectiveness of the drug and the cost- effectiveness of the intervention.
- To provide healthy alternatives to drug use for all our youths.
- To devise a multi-pronged prevention strategy for youth with a component of monitoring and evaluation putting emphasis on the risk/protective factors leading to substance use and abuse.
- To revisit the primary prevention programme against substance use targeting youths.

Sexual Behaviour, Unintended Pregnancy and the STIs

- To devise concerted national programmes that goes beyond awareness to targeted and tailored behaviour change.
- To mount sexuality programmes among youths to delay the first sexual encounter and reduce the number of sexual partners.
- To enhance safe sex practices and reduce unwanted pregnancies among youths through reproductive health programmes.

Body Weight, Nutrition and Diet

- To put programmes in place to address under and over-nutrition with a view to preventing chronic diseases in adulthood.
- To sensitise youths on a proper balanced diet and the importance of timely food consumption with emphasis on breakfast and water consumption.

Physical Activity

- To promote physical activities by strengthening provision of quality physical education programmes including recreation and sports at school and in the community.

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CHAPTER 1: BACKGROUND INFORMATION

Introduction

Worldwide many youths aged 15 to 24 years indulge into violence, substance use, precocious sexual intercourse and multiple sex partnership which ruin their health.^{15,21,30} A high calorie diet and the rare practice of physical exercises worsen this fragile health status.^{3,4,16,18} Such behaviour results into debilitating injuries, chronic medical conditions, abortions and the sexually transmitted infections (STIs) including HIV/AIDS.^{1,12,22,26} When youth contract these infections or are pregnant, they are likely to suffer from psychiatric disturbance.^{8,10,14} They are depressed. They either start or intensify use of alcohol or illicit drugs.^{5,17,20,38} As a result, many are caught in alcohol-related traffic accidents and some commit suicide.^{16,18,29,31}

This devastating behaviour of youths is interlinked into a vicious circle.^{6,13} Youths who start smoking tobacco quickly progress to use alcohol and illicit drugs.^{24,35} Intoxicated by substance, they become violent. They commit robberies and fight physically, getting injured or injuring others. They drive dangerously and are exposed to road traffic accidents. They have unprotected sexual activities including multiple sex partners.^{3,11} When they contract the STIs, they do not seek proper treatment. They are depressed. They further indulge into violence and robberies to get money to buy illicit drugs. They spend all their money on drugs and neglect a proper diet. They become undernourished and fall sick.^{16,37} Consequently, they increase use of alcohol and other drugs.^{6,37,38}

In Rodrigues, many youths heavily use alcohol. Some are current users of illicit drugs.^{2,9,35} Substance use, obesity and overweight emerge as public health problems. Few youths practice physical exercises and consume a balanced diet regularly. In addition, many watch television and play video and computer games for long hours.² Youths who abuse substance are malnourished while others who do not use substance are overweight and obese.

Why Was the Survey Conducted?

- The community comprising mainly youths, parents and teachers should be aware of a comprehensive and update behaviour of youths restricted not only to drug use or sexuality but to other scourges so that timely corrective measures could be taken. Negative health outcomes resulting from risky behaviour could then be averted. To do so, reliable and valid information is imperative from a scientific study.
- Several organisations and ministries implement health education programmes for youth. A health-risk free behaviour is advocated. But routine statistics show that the rates of violence, precocious sexual intercourse, use of substance and consumption of high-calorie food are increasing. Interventions do not yield expected results. Hence, an evaluation of these interventions is needed. This study serves the purpose.

- In addition, this study documents the new trends related to the risky behaviour of young people. This is the first study of its type. It provides update data on the use of licit and illicit drugs, sexuality, dietary habits, physical exercises and abortions among a representative sample of youths. A database will be constituted. It will be valuable for all stakeholders planning at alleviating youth suffering.
- This study also sets the foundation stone for the implementation of a surveillance system of youth behaviour. It would provide baseline information for the design of appropriate action plans leading to the promotion of healthy behaviour among youths with a reduction of morbidity and mortality.

What Are the Specific Objectives of the Survey?

- To determine the proportion of youths indulging in intentional/unintentional injuries.
- To determine the types and patterns of cigarette, alcohol and illicit drugs use.
- To identify the practice of sexual behaviour and its consequences.
- To determine the nutrition and dietary habits with reference to fruits, vegetables, diary products and non-alcoholic beverages intake.
- To determine the types and level of practice of physical activities.
- To identify the determinants of health risk behaviour.
- To formulate recommendations with a view to preventing suffering resulting from risk behaviour among youths aged between 15 and 24 years

Who Conducted the Survey?

The Mauritius Institute of Health in Pamplémousses conducted the survey. Mr S.A.G Ameerbeg, Research Officer/Senior Research Officer was the investigator of the survey. He selected a nationally representative sample of youths aged between 15 and 24 years for interviews. He identified youth social workers as field staff to conduct interviews. Field staff used the face-to-face interview technique and a pre-designed and pre-coded questionnaire to collect data between April and May 2006.

What is Contained in this Report?

This report describes the prevalence and determinants of youth health risk behaviour in Rodrigues. It opens up with a description of the dimension of the problem, states the methodology of the survey and presents the results in details. The sections report on violence and injuries, substance use, sexual behaviour, nutritional and dietary habits, physical activities and determinants of risky behaviour. Recommendations for future actions are formulated with a view to proposing solutions to identified problems.

CHAPTER 2: STUDY SAMPLE AND METHODOLOGY

Who Participated in the Survey?

As defined by the World Health Organization, youth refers to people aged between 15 and 24 years. The study population thus consisted of in school, out of school, employed and unemployed males and females aged 15-24 years in the community.

The sample size of the study was determined from the following statistical formula:

$$n \geq K \frac{Z^2 pq}{e^2}$$

where n = the minimum sample size.

K = the cluster effect, which is 2.

Z = the confidence interval, which is 2.

p = proportion of young people who get involved in high risk behaviour rated at 12.0%.

q = proportion of those young people not involved in high risk rated at 88.0%.

e = the degree of precision or error, which is 5%.

$$\text{Hence } n \geq 2 \frac{2^2 \times 12 \times 88}{5^2} = 338$$

As cross-tabulations of variables were numerous, the sample size was brought to 400. The investigator used the multistage sampling method to identify respondents. At the first stage, he selected 20 enumeration areas (EAs) randomly as primary sampling units (PSUs). In each EA, field staff listed all households. From this list, the investigator selected 10 males and 10 females. 20 EAs yield a sample size of 400 respondents, 200 males and 200 females.

The investigator used two approaches to identify possible biases in the sample. First he compared the demographic characteristics of youths in the study with those of the Rodriguan population. Second, he weighted scores on questionnaires from interviews with the scores on questionnaires he completed during pre-test of the study. There was no significant difference. Hence, the sample was representative of the study population aged 15 to 24 years.

What Technique and Instrument Were Used to Collect Data?

Field staff used the face-to-face interview technique with a questionnaire. Questions in the questionnaire carried a Creole translation. Interviewers put the Creole version of the question to respondents to ensure standardisation in its administration. The investigator adapted this questionnaire to the CDC/WHO guidelines on youth risk behaviour.

How Was Data Collected?

The investigator recruited 1 male and 1 female interviewer among youth social workers aged 20-24 years from every 2 enumeration areas. He had 10 male and 10 female interviewers. He then identified 1 senior health personnel as supervisor. The field personnel was trained in a one-day workshop with emphasis on interview techniques and discussion of the questionnaire.

Interviewers then visited selected youths (15-24 years) at home for interviews from a list handed over to them by the investigator. 200 males and 200 females were interviewed. The investigator and supervisors daily checked the questionnaires for completeness and consistency. They verified doubtful responses through revisits to respondents. In addition, the investigator and supervisors randomly selected 3 completed questionnaires from each interviewer and conducted second interviews.

Prior to data collection, the investigator and field staff pre-tested the questionnaire on a 5.0% sample. These respondents were not enlisted in the study. No alterations were made to the tool. Pre-testing was the closing module of field staff training session.

Were Ethics Considered?

Before implementing the study, the investigator sought permission from the Permanent Secretary and Chief Medical Officer of the Ministry of Health and Quality of Life and the Health Commissioner of Rodrigues. Field staff maintained confidentiality and anonymity throughout the survey. There was no obligation for any respondent to participate in the study. No third party was allowed to have access to data forms or trace respondents. All respondents signed a consent form prior to the conduct of interviews. Respondents aged below 18 years had a second consent form signed by parents.

How Was Data Analysed?

Data entry clerks entered data. The investigator then cleaned and analysed the data, working out frequencies and cross-tabulations. He used the SPSS 10.0 computer package for analysis.

What Were the Quality Control Strategies Put in Place?

To acquire data of a high quality, the investigator put in place some quality control strategies.

Reliability/validity of the findings: The investigator triangulated data collected by the interviewers (pre-test/interviews) with data he collected from 150 respondents. He then compared these sets of data. This comparison did not yield any significant difference.

Pre-testing of data collection instrument: The investigator and the interviewers pre-tested the questionnaire to test its reliability to provide information as formulated by the objectives of the study. Some minor alterations were carried out to the tool.

Training of interviewers: The investigator explained the objectives and methodology of the survey and the need of a high quality of data to supervisors and interviewers. He emphasised

on the principles and techniques of interviews so that field staff could establish a rapport with respondents prior to interviews. Thus there could be a natural flow of information.

Supervision: The investigator closely supervised the data collection exercise. Daily checks of consistency and completeness were done on completed questionnaires. Doubtful responses were verified for a second time on the field.

Did the Survey Carry Any Limitations?

Reluctance of parents: Some parents did not want their children to participate in the survey. The prompt intervention of the investigator and supervisors helped in convincing them.

Underreporting: The infringement of traffic codes and use of drugs were underreported by some respondents because of legal implications and stigma attached to these behaviour.

Was Any Abbreviation Used in the Survey?

WHO: World Health Organization.

CDC: Centre for Disease Control

SPSS: Statistical Packages for Social Sciences.

EAs: Enumeration Areas

IDUs: Injecting Drug Users.

Sc/HSc: School Certificate/Higher School Certificate.

MIH: Mauritius Institute of Health.

STIs: Sexually Transmitted Infections.

IEC: Information, Education and Communication

What Was the Profile of Respondents?

Age: 39.8% of youths were aged 21 to 24 years, 22.7.0% aged 15 to 16 years, 22.2% aged 17-18 years and 15.3% aged 19 to 20 years.

Gender: There were equal proportions of males (50.0%) and females (50.0%).

Marital Status: Most youths (75.5%) were single, 18.3% were married and 6.3% lived in consensual union. 3.5% were young single mothers among 75.5% of those single youths.

Education: 38.8% of youths were secondary students while 25.5% were Sc/HSc holders, 3.0% reached the primary level, 0.5% had tertiary qualifications and 5.0% vocational training.

Religion: 97.8.0% were Christians, 1.0% Muslims, 0.8 Hindus and 0.5% Buddhists

Occupation: 44.5% were unemployed, 38.8% were students while 10.5% were full-time wage earners and 6.5% part-time wage earners.

Living with whom: 54.3% lived with both parents while 21.8% were married and had their own households. 14.0% lived with single and 6.5% with grand parents. 3.5% were single mothers living on their own.

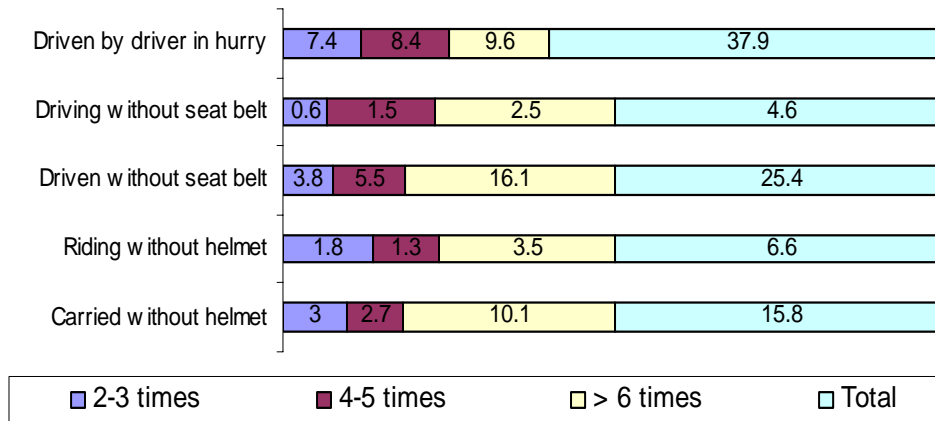
State of health: 58.5% had very good health followed by 28.5% who had excellent, 9.8% good and 3.3% fair health.

CHAPTER 3: TRAFFIC SAFETY

Road traffic injuries account for 1 million deaths each year and about 10 million people are injured or disabled in road traffic crashes throughout the world, particularly in low and middle-income countries. In 1998, developing countries accounted for 85% of global deaths due to traffic injuries mostly among children. By 2020, it is estimated that road traffic injuries will rank third in terms of leading causes of disease burden. Adolescent pedestrian injuries will contribute a substantial percentage.^{25,27}

Risk Driving/Riding: This study identified situations leading to risk driving, riding and walking with a view to assessing the level of traffic safety. During the month preceding the survey, risk driving and riding were determined by asking youths questions on whether they rode a motorcycle without helmet, whether they drove without a seat belt and whether they drove with a driver in hurry for 1 or more times. Youths were likely to drive with drivers who were in a hurry and to travel without using seat belts, as shown in figure 3.1.

Figure 3.1: Percent distribution of risk driving/riding



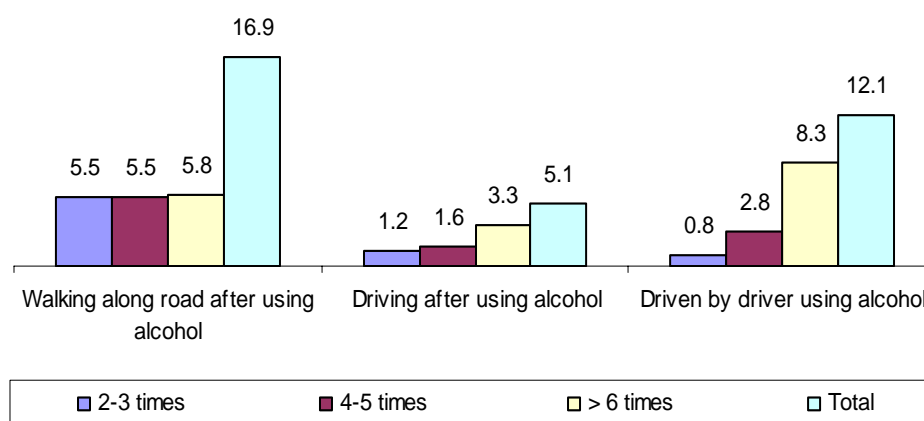
Almost equal number of each gender was driven by drivers who were in a hurry. In contrast, adolescent males were twice more likely to travel without seat belts, as shown in table 3.1.

Table 3.1: Percent distribution of risk driving/riding by gender and age

Behaviour	Gender		Age (years)			
	Female	Male	15-16	17-18	19-20	21-24
Carried without helmet	4.0	27.0	12.5	13.0	19.7	20.3
Riding without helmet	0.0	13.0	2.2	7.6	9.8	10.2
Driven without seat belt	15.5	35.5	28.2	34.8	21.3	19.6
Driving without seat belt	1.5	7.5	1.1	5.5	3.2	6.3
Driven by driver in hurry	35.5	40.2	42.0	39.6	29.5	37.8

Drinking and Driving/Riding/Walking on the Road: Youths were questioned on whether they were driven by drivers who used alcohol and whether they drove or walked alongside the road after using alcohol during the previous month. Youths travelled with drivers who used alcohol and also used alcohol before driving or walking on the road, as depicted by figure 3.2.

Figure 3.2 : Percent distribution of drinking and driving/riding/walking



Males largely outnumbered females while driving or walking on the road after using alcohol, as shown in table 3.2. Older youths were likely to take such risks.

Table 3.2: Percent distribution of drinking and driving/riding by gender and age

Behaviour	Gender		Age (years)			
	Female	Male	15-16	17-18	19-20	21-24
Driven by driver used alcohol	10.5	14.1	14.1	11.2	9.6	15.4
Driving when used alcohol	0.0	3.5	1.0	1.2	1.6	2.3
Walking along road when drunk	3.5	30.3	11.7	16.2	17.8	20.4

CHAPTER 4: VIOLENCE, COERCED SEX AND SUICIDE

Globally, approximately 565 adolescents and young adults between 10 and 29 years die every day through violence. The severity of interpersonal violence increases with age, which poses the danger that children exposed to violence at younger ages are at greater risk of violence later in life. Physical fights, bullying and carrying of weapons are important risk behaviour accounting for youth violence. In addition, global trends suggest that sexual intercourse through physical violence and suicide are public health problems among youths.⁴⁰ Suicide is an important self-violent behaviour which is rampant and needs to be explored.

Violence: Youths were asked whether they carried a weapon, whether they were bullied, they were involved/injured in physical fighting, their properties were stolen/damaged, they were threatened/injured and whether they threatened/injured people. Youths mainly experienced thefts and damage of properties and bullies, according to table 4.1.

Table 4.1: Percent distribution of violence

Behaviour	Total	2-3 days	4-5 days	> 6 days
Carried weapon	2.7	1.1	1.6	0.0
Been bullied	15.7	5.3	6.3	4.1
	Total	2-3 times	4-5 times	> 6 times
Physical fighting	4.6	1.4	1.6	2.0
Injured in physical fighting	1.2	0.0	0.0	1.2
Property stolen/damaged	15.7	9.0	2.4	2.3
Been threatened/injured	8.6	2.0	2.0	4.6
Threatened/injured	14.6	3.0	3.0	4.5

While females were likely to be bullied, males were likely to have their properties stolen and damaged during 6 months prior to the survey, as shown in table 4.2.

Table 4.2: Percent distribution of violence by gender and age

Behaviour	Gender		Age (years)			
	Female	Male	15-16	17-18	19-20	21-24
Carried a weapon	1.5	4.0	2.3	4.4	4.8	1.2
Been bullied	17.3	12.5	15.1	16.2	9.5	10.6
Physical fighting	4.2	15.6	13.4	16.1	7.2	9.1
Injured in physical fighting	1.5	1.0	1.1	1.2	0.0	0.8
Property stolen/damaged	1.6	19.3	20.6	23.6	12.3	11.9
Been threatened/injured	10.1	14.9	10.2	13.4	7.8	4.6
Threatened/injured people	4.5	17.8	14.6	15.6	12.4	11.3

Coerced Sex: Youths were asked whether they physically forced others or they were physically forced to have sexual intercourse. Coerced sexual behaviour mostly occurred for 2-3 times among youths during 6 months prior to the survey. Adolescent females were likely to be forced to have sex while males physically forced people to have sex, as shown in table 4.3.

Table 4.3: Percent distribution of coerced sex by gender and age

Behaviour	Total	Gender		Age (years)			
		Female	Male	15-16	17-18	19-20	21-24
Forced physically to have sex	5.8	6.5	1.2	8.7	0.0	8.2	0.0
Force people to have sex	2.6	1.5	3.5	2.2	3.3	0.0	3.1

Suicide: In this study, questions related to suicide addressed depression, suicide ideation, suicide attempt and the seriousness of attempts during 12 months preceding the survey, as seen in table 4.4. 2.5% of youths attempted suicide once and 1.1% twice or thrice. Females were likely to attempt more than once. Males used more lethal means.

Table 4.4: Percent distribution of depression and suicide by gender and age

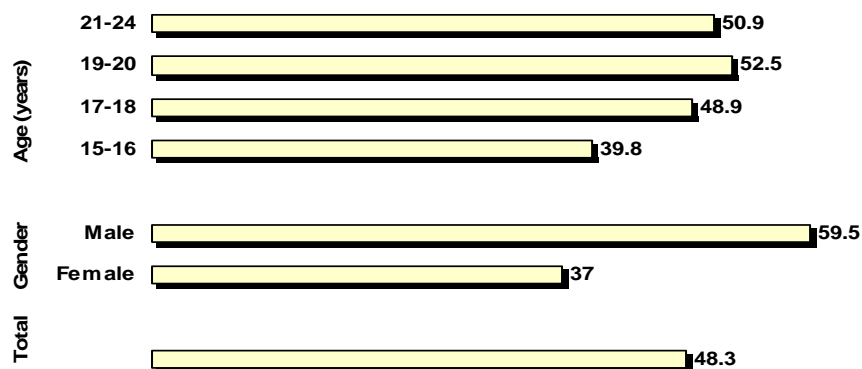
Behaviour	Total	Gender		Age (years)			
		Female	Male	15-16	17-18	19-20	21-24
Felt sad/hopeless -Depression	29.0	36.5	19.5	29.5	28.3	26.2	34.4
Considered suicide seriously	6.5	11.5	1.5	2.3	5.4	6.6	9.4
Made suicide plan	5.3	9.1	1.5	1.1	5.4	6.6	7.0
Suicide attempt	3.6	6.1	1.0	2.2	3.3	3.4	3.6
Treated for suicide attempt	1.2	1.0	0.5	0.0	0.1	3.3	1.2

CHAPTER 5: TOBACCO USE

The use of tobacco products in adolescence usually leads to a lifelong addiction to nicotine. Recent European, American and Asian epidemiological evidence shows that about half of all persistent cigarette smokers who start young are eventually killed by their habit, unless they quit. There were 100 million deaths from tobacco use in the 20th century. If current smoking patterns continue, the rate will increase ten-fold this century.³² Smoking among youth increases the frequency and severity of respiratory and circulatory illnesses. Smoking is also a marker for alcohol and substance use, linked with early unprotected sex (CDC, 1993).

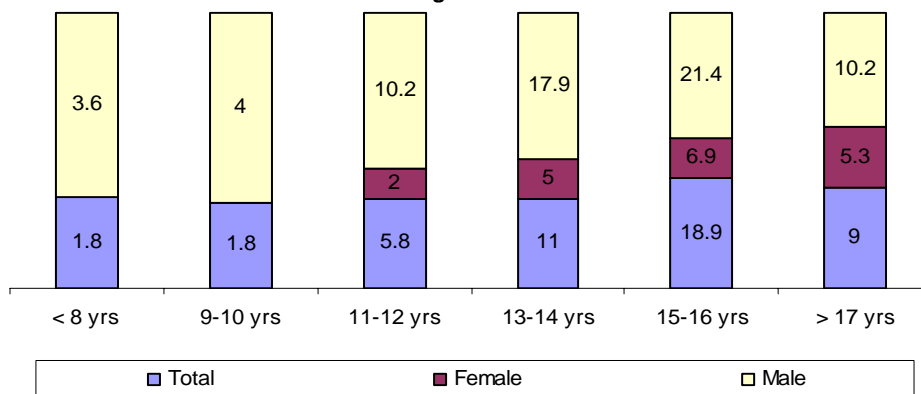
Lifetime Use: In this study, youths reported on lifetime and current use of cigarette, the age at initiation of smoking, number of cigarettes used daily, sources of cigarette and smoking cessation. Males were twice more likely to have ever smoked. The probability of cigarette smoking increased with age, as depicted in figure 5.1.

Figure 5.1: Percent distribution of lifetime cigarette use by gender and age



Age at First Use: Males were likely to start smoking cigarette earlier. Many youths started between ages 13 and 16, as seen in figure 5.2.

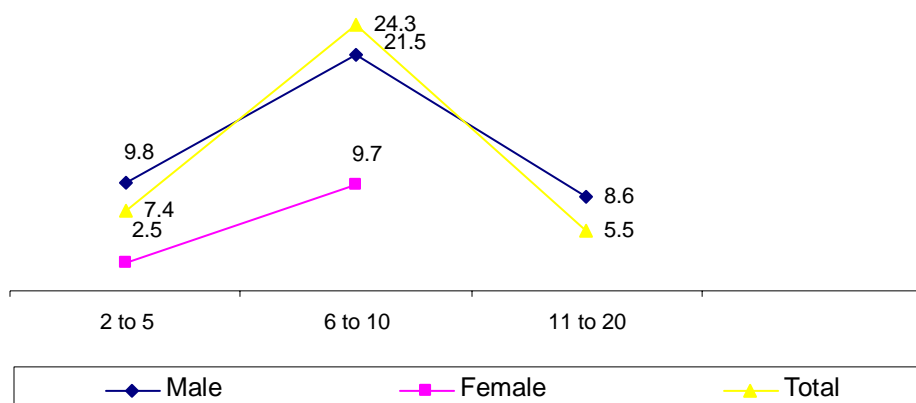
Figure 5.2: Percent distribution of age at first use of cigarette by gender



Current Use: 37.3% of youths smoked during 1 or more days (> 1) of 30 days preceding the survey. 22.2% smoking for all 30 days comprising 35.6% of males and 12.2% of females.

Daily Use: The highest proportions of current smokers for both gender smoked 6 to 10 cigarettes daily, as seen in figure 5.3.

Figure 5.3: Percent distribution of number of cigarettes used daily by gender



Source: Users got cigarettes from tobacco shops (29.7%), friends (4.2%) and 3.4% borrowed from people. Males were likely to buy from tobacco shops while females got from friends or borrowed from people.

Tried to Quit Smoking: 5.6% of youth smokers comprising mainly adolescent males tried to quit smoking but unsuccessfully during 12 months preceding the survey.

CHAPTER 6: ALCOHOL AND OTHER DRUGS USE

Worldwide, alcohol is responsible for 1.8 million deaths per annum, mainly among males. Alcohol caused 20-30% of motor vehicle crashes and homicide worldwide, many among youths.⁴⁰ It is recognised that smoking cigarettes and drinking alcohol precede the use of marijuana and other substances among adolescents. (Zapert, Snow, and Tebes, 2002). Heavy drinking among youths is also linked to increased number of sexual partners and violence.

Lifetime/Current Use: Youths were questioned on lifetime and current use of substance and age at initiation of use. Older youths mainly used alcohol and marijuana, as seen in table 6.1.

Table 6.1: Percent distribution of alcohol and other drugs use by gender and age

Alcohol/Drugs	Total	Gender		Age (Years)			
		Female	Male	15-16	17-18	19-20	21-24
Alcohol							
Lifetime	80.5	62.4	86.4	70.4	79.3	88.6	89.1
Current	41.8	27.4	45.9	19.2	29.4	46.2	55.4
Marijuana							
Lifetime	5.6	0.0	10.4	2.1	12.9	19.2	23.4
Current	5.4	0.0	12.9	0.0	34.1	25.6	11.4
Heroin							
Lifetime	3.2	4.0	4.1	2.8	2.4	3.1	3.9
Current	3.2	3.2	5.2	3.0	2.9	4.1	5.2
Psychotropic							
Lifetime	10.2	1.0	15.1	12.4	14.1	17.2	16.8
Current	8.4	0.0	9.6	5.9	6.8	9.6	7.8
Ecstasy							
Lifetime	5.5	4.2	8.7	1.6	3.0	4.8	5.4
Current	4.1	3.4	6.8	2.4	2.0	4.3	4.2

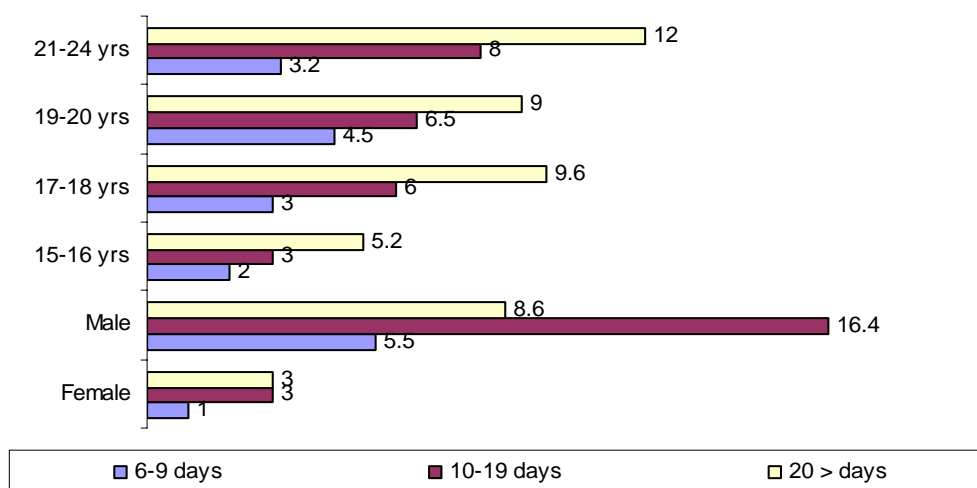
Age at First Use: While males were likely to use alcohol, females were likely to use psychotropic drugs between ages 10 to 12, as shown in table 6.2.

Table 6.2: Percent distribution of age at first use of alcohol and other drugs

Substance	10-12 yrs			13-14 yrs			15-16 yrs			> 17 yrs		
	All	F	M	All	F	M	All	F	M	All	F	M
Alcohol	13.6	8.2	15.6	42.4	25.2	50.4	10.4	21.0	24.4	6.4	10.5	15.0
Marijuana							3.2	2.3	5.8	2.4	1.0	5.4
Heroin										3.2	0.0	3.2
Psychotropic	3.0	1.2	5.9				3.6	2.0	6.0	3.6	2.3	7.8
Ecstasy				1.5	15	4.6						

Episodic Heavy Drinking/Binge Drinking: 18.8% of youths had >5 drinks of alcohol in a row within a couple of hours on 1 or more days (>1) of 30 days prior to the survey, as seen in figure 6.1. Males were likely to indulge in binge drinking which increased with age, reaching the peak between ages 21 to 24.

Figure 6.1:Percent distribution of binge drinking by gender and age



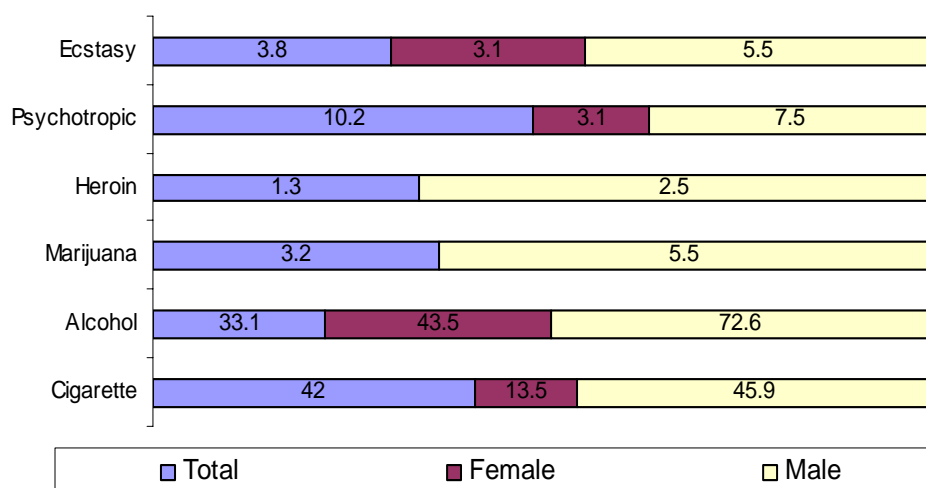
Mode of Use of Heroin: 2.0% of youths injected and 1.2% smoked heroin. All 2.0% of youths who injected heroin exchanged syringes for 40 times or more.

Early Initiation of Substance Use – Before Age 13: Male youths mainly used cigarette (5.8%), alcohol (15.6%) and psychotropic drugs (3.0%) before age 13.

CHAPTER 7: SUBSTANCE USE BY STUDENTS AND ON SCHOOL PREMISES

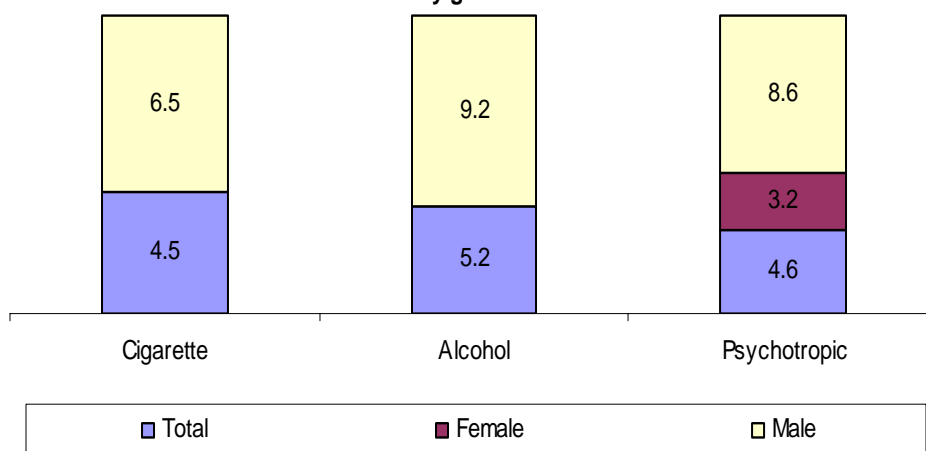
Substance Use by Students: Youth students were asked whether they used substance comprising cigarette, alcohol, marijuana, heroin, White Lady, psychotropic drugs and ecstasy during the 30 days preceding the survey. Students mainly used cigarette, alcohol and psychotropic drugs, as shown in figure 7.1.

Figure 7.1 : Percent distribution of substance use among students by gender



Use of Substance on School Compounds: Students were also asked whether they used drugs on school compounds. They used cigarette, psychotropic drugs and alcohol, as visualised in figure 7.2. They mostly used these drugs for 3-5 times in the school environment.

Figure 7.2: Percent distribution of substance use on school premises by gender



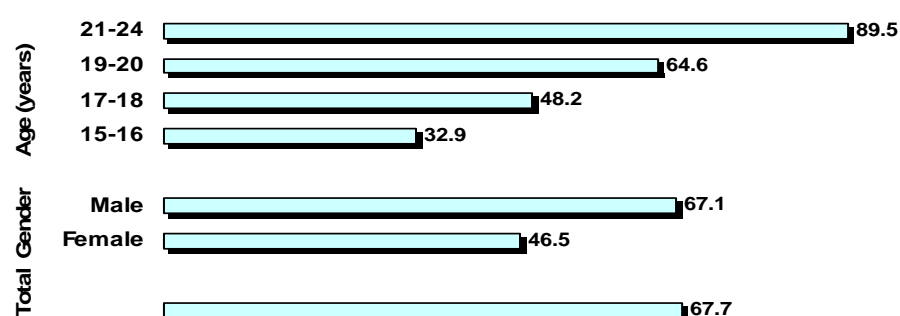
CHAPTER 8: SEXUAL BEHAVIOUR, UNINTENDED PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS

Sexual attitudes and behaviour are established during adolescence. Adolescent development is often characterised by experimentation of behaviour which places adolescents at risk of unprotected sexual activity, multiple sex partnership, unplanned pregnancy and sexually transmitted infections (STIs) at times. Such risk-taking behaviour predisposes adolescents to pregnancy and the STIs including HIV/AIDS.

This survey determined the prevalence of sexual intercourse and sexual contact, age at first sexual encounter, multiple sex partners, use of substance before sex, pregnancy, use of preventive measures during sex and the contract of the sexually transmitted infections. Sexual intercourse included anal and vaginal sex Sexual contact referred to skin-to-skin intimate contact excluding intercourse.

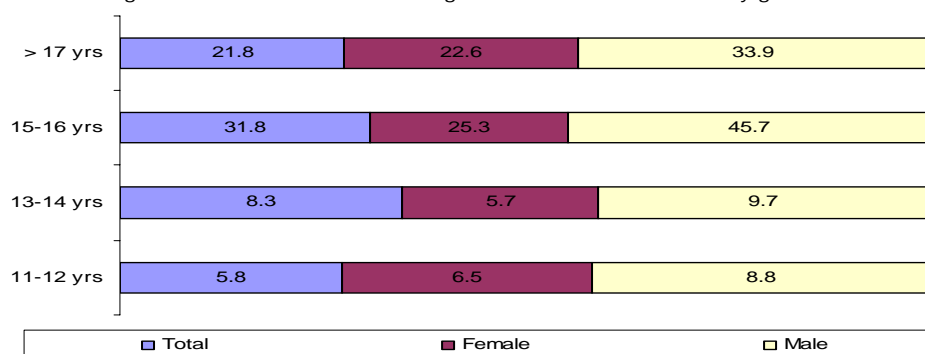
Lifetime Sexual Intercourse/Sexual Contact: 67.7% of single youths ever had sexual intercourse. 6.9% ever had sexual contact in their lifetime. Sizable proportions of each gender ever had sexual intercourse. The probability increased with age, as shown in figure 8.1.

Figure 8.1: Percent distribution of sexual intercourse by agender and age



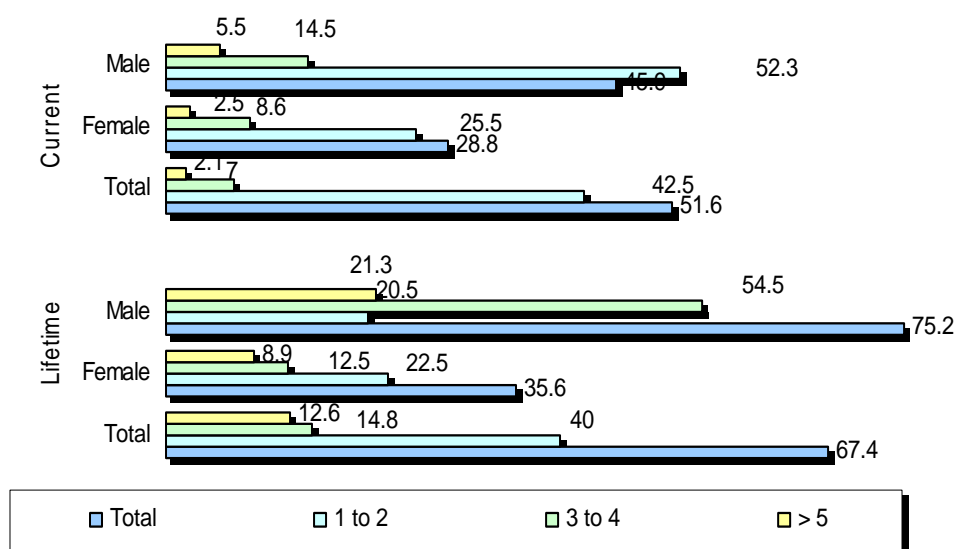
Age at First Sexual Intercourse: Approximately, 1 in 2 youths, mainly males, initiated sexual intercourse before age 17, as seen in figure 8.2.

Figure 8.2: Percent distribution of age at first sexual intercourse by gender



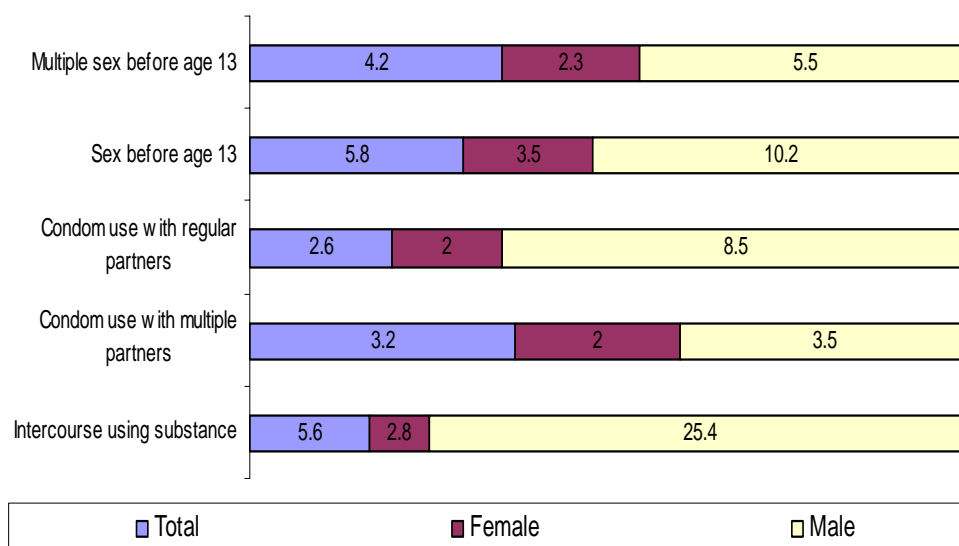
Multiple Sex Partnership: Males were more likely to have multiple sex partners, as shown in figure 8.3. The probability increased with age.

Figure 8.3: Percent distribution of lifetime and current multiple sex partners by gender



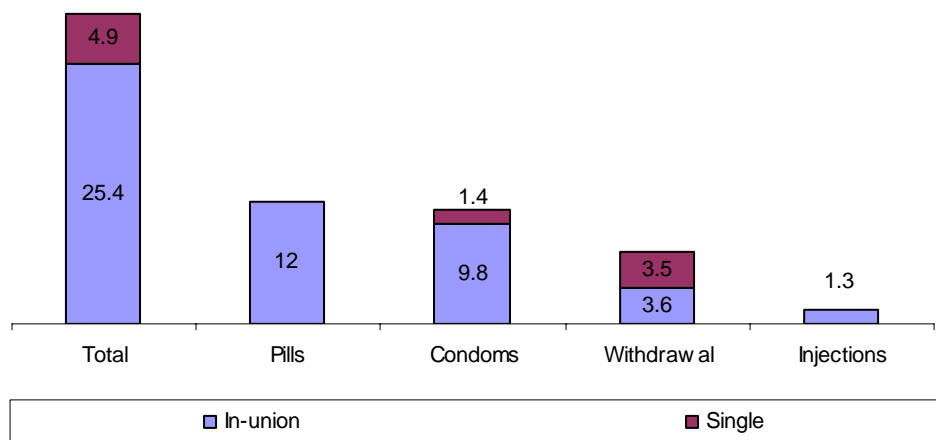
Practice of Risky Sexual Intercourse: Risky sexual behaviour was common among males, as shown in figure 8.4.

Figure 8.4: Percent distribution of risky sexual behaviour by gender



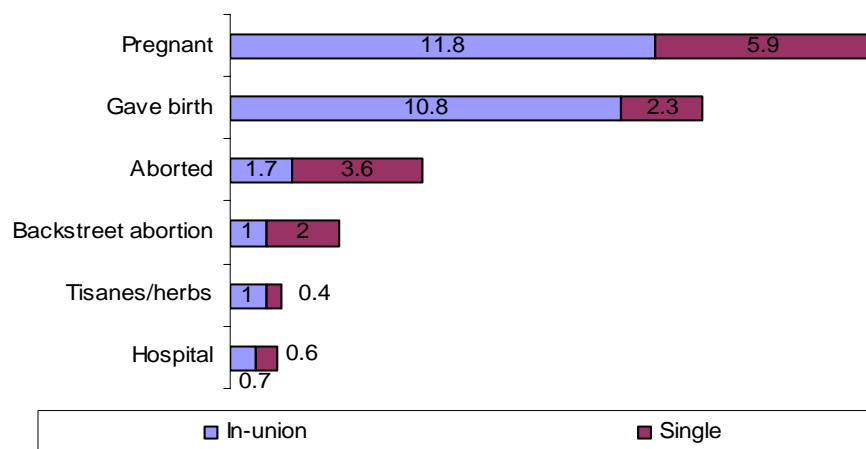
Use of Contraception: 30.3% of both single and in-union youths used contraception, as seen in figure 8.5. The use of unreliable methods was common.

Figure 8.5: Percent distribution of contraception use by marital status



Pregnancy and its Outcome: 17.7% of youths were pregnant during 12 months preceding the survey, as depicted by figure 8.6. 12.0% were pregnant once and 5.7% twice. Pregnancy outcome is shown in figure 8.6.

Figure 8.6: Percent distribution of pregnancy and outcome by marital status



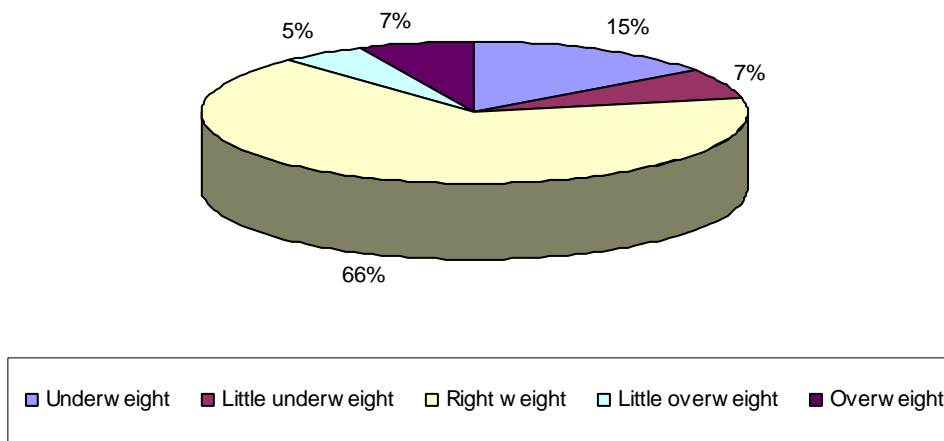
Sexually Transmitted Infections (STIs): During 12 months preceding the survey, 10.6% of youths contracted the sexually transmitted infections, 8.9% twice and 1.7% once. They were mainly males. 9.0% did not seek treatment and 1.6% used herbs/tisanes.

CHAPTER 9: BEHAVIOUR RELATED TO BODY WEIGHT

A healthy diet includes a variety of food and emphasizes cereals, breads and other grain products, vegetables, fruits and low-fat products. Following a healthy diet and exercising are crucial to achieving and maintaining a healthy body weight (Health Canada, 1990). While adolescents often go on diet to achieve desired body weight, dieting among youths has also been associated with risk factors such as anorexia nervosa and bulimia.

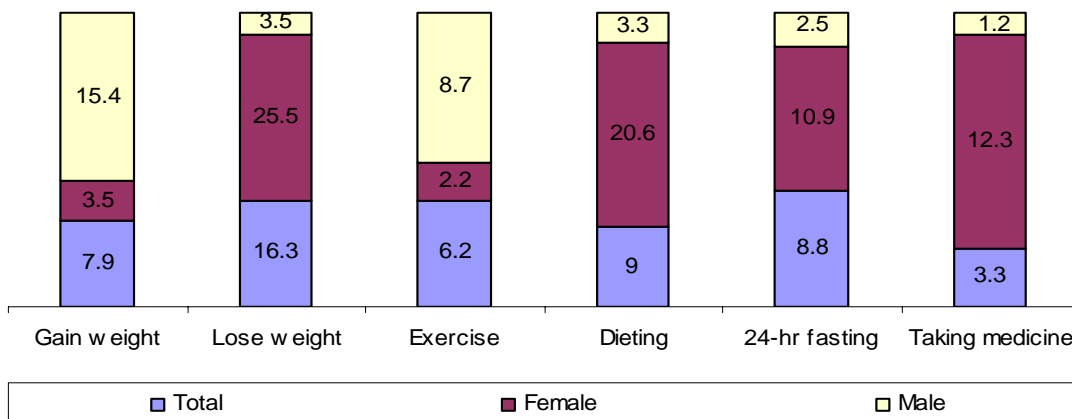
Body Weight Perception: Questions related to body weight dealt with body weight perception and means of losing weight like exercise, dieting, fasting and taking medicine. Many youths thought that they had the right weight, as seen in figure 9.1.

Figure 9.1: percent distribution of weight perception among youths



Trying to Lose/Gain Weight: Females were twice more likely to try losing weight than males who wanted to gain weight, as seen in figure 9.2. Dieting was the most popular method to lose weight followed by exercise.

Figure 9.2: Percent distribution of weight losing/gaining mechanisms by gender



CHAPTER 10: DIETARY HABITS / BEHAVIOUR

Young people are showing a growing tendency to eat at various times during the day, rather than to eat meals at set times (Anderson, Macintyre, and West, 1993). While frequent snacking may not necessarily be an indicator of poor diet and nutrition (Drummond, Crombie, and Kirk, 1996), skipping meals has been associated with the intake of high-fat snacks among youths and with difficulties in concentration at school (Miles and Eid, 1997). Older students, especially girls, tend to skip breakfast more often on weekdays.

In this survey, four questions addressed fruits, juice and vegetable consumption and one dealt with milk consumption. The patterns of food consumption comprising juice, salads, vegetables and milk are shown in table 10. Youths were likely to consume the different foods weekly rather than daily. Adolescent students were likely to drink fruit juice and eat fruits. Older youths were likely to consume green salad, vegetables and milk.

Table10: Percent distribution of food consumption patterns among youths

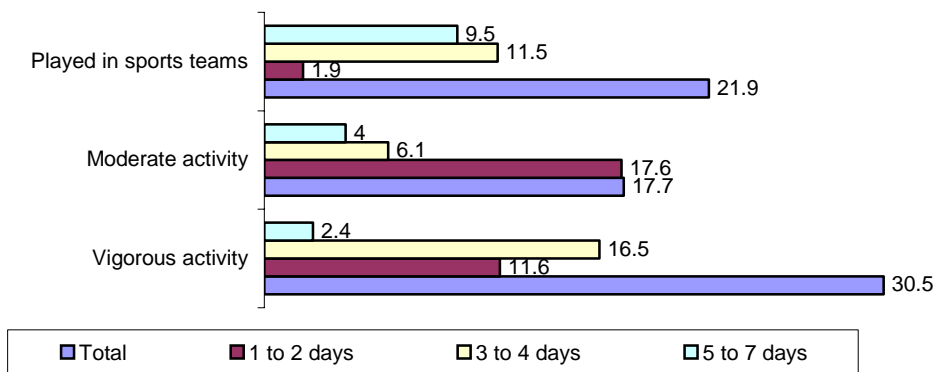
Type of Food	Number of Times					
	All	Weekly (times)		Daily (times)		
		1-3	4-6	1-2	3-4	4 >
Drinking of 100% fruit juice	66.5	41.2	14.4	10.1	3.2	1.0
Eating of fruits	80.4	41.1	12.4	9.6	7.1	2.4
Eating green salad	66.4	24.1	20.8	19.4	6.6	5.4
Consumption of vegetables	82.3	32.3	12.9	28.6	10.4	4.8
Drinking of glasses of milk	59.4	29.4	6.7	20.1	7.4	3.2

CHAPTER 11: PHYSICAL / RECREATIONAL ACTIVITIES

Sallis, Prochasaka, and Taylor (2000) suggest that physical activity is necessary for optimal growth and development and also improves adolescent aerobic fitness, blood pressure, self-efficacy and self-image. Physical inactivity is a major public health problem contributing to the chronic non-communicable disease epidemic. Physical activity improves self-esteem and reduces the risk of obesity which is closely associated with diabetes, cancer, anxiety, stress, high blood pressure and elevated cholesterol which contribute to heart disease and stroke.^{33,34}

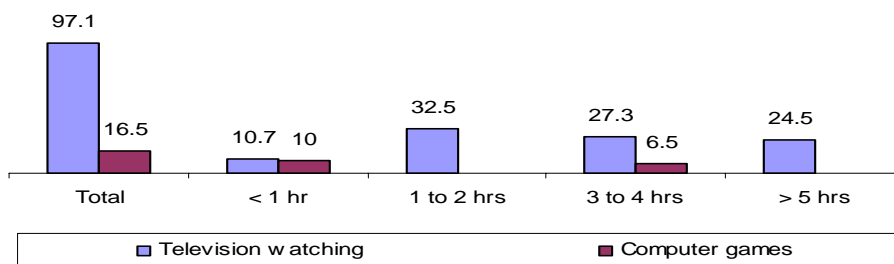
Physical Activity: Questions on physical activities identified participation in physical activities, playing in sports team, television watching and recreational computer use. The practice of physical activities on 7 days preceding the survey are shown in figure 11.1. Vigorous physical activities included exercises that made youths sweat and breathe hard like football, jogging, swimming and cycling for 20 minutes or more. Moderate physical activities comprised exercises that made them sweat or breathe hard like fast walking, slow cycling or slow walking for 30 minutes or less. Males were likely to practice vigorous exercises like football and jogging. Females were likely to have moderate physical activities like walking.

Figure 11.1: Percent distribution of days of practice of physical activity



Recreational Activities: Recreational activities were characterised by television watching and playing of computer games, as depicted in figure 11.2. Both males and females were likely to watch television while males were likely to play computer games for long hours.

Figure 11.2: Percent distribution of recreational activities



CHAPTER 12: DETERMINANTS OF RISKY BEHAVIOUR

Youths were asked the reasons for young people to indulge into violence, use substance, have precocious sexual intercourse, be overweight and neglect practice of physical exercise.

Violence: Violence was characterised by fights, robberies, injuries, use of force on people to have sex, non-use of helmets and seat belts while riding/travelling, driving and walking on the road after using alcohol and suicide attempt. Substance use influenced 4 out of 5 types of violence followed by defiance of authorities and carelessness, as seen in table 12.1. Many older male youths cited these reasons.

Table 12.1: Percent distribution of determinants of violence

Determinants	Fights robberies injuries	Forced sex	No helmets Seat belts	Drunk driving	Suicide
Anger/frustration	34.6	32.2		41.2	31.2
Substance use	31.3	41.4	46.4		44.4
Showing manliness	29.5	29.3			
Defying authorities	49.5		61.6	71.6	
Poverty	21.4				
Opposite sex attraction		31.3			
Strong sex desire		46.4			
Carelessness			71.2	80.1	
Nothing will happen	14.3	29.9	40.0	62.4	
Forgetfulness			31.1	51.1	
Family problems				46.6	91.1
Breaking love affair					51.2

Substance Use: Substance use comprised the abuse of cigarette, alcohol and other illicit drugs. Roughly the same reasons were advanced for the use of these substances, as shown in table 12.2. They were mainly peer influence followed by substance use to forget problems.

Table 12.2: Percent distribution of determinants of substance use

Substance	Percent Determinants of Use					
	To Relax	Forget Problems	Peers Use	To Celebrate	Youth Culture	No Reason
Cigarette		51.2	61.6			24.4
Alcohol	41.2	66.6	41.1	29.2		
Illicit drugs	0.0	0.0	41.4	0.0	0.0	0.0

Sexual Behaviour: Sexual behaviour was explored from the practice of precocious sexual intercourse, multiple sex partnership, use of preventive measures during sexual intercourse, experience of pregnancy and the contract of the sexually transmitted infections. Again, substance use influenced 3 out of 5 elements of sexual behaviour followed by carelessness and the wish to enjoy, as seen in table 12.3. Most older male youths identified these determinants.

Table 12.3: Percent distribution of determinants of sexual intercourse

Determinants	Elements of Sexual Behaviour				
	Precocious sex	Multiple Partners	No prevention	Pregnancy	STIs
Proper time					
To enjoy	80.4	59.4			
Human need		41.1			
Opposite sex excitement	71.2	59.4			
Likes partner change		61.1			47.2
Substance use	50.4	42.4	72.4		52.2
Do not like condoms			31.3	44.6	61.1
Condoms expensive					
Condoms not available			40.2	26.6	
Shy to buy condoms			30.3	41.2	29.3
No use of prevention				72.2	52.2
Carelessness	60.9	51.9	22.2	41.0	29.3
Multiple sex partners				27.2	61.9
Sex with sex workers					

Overweight: Youths were overweight because they overate (52.2%), consumed fatty food (41.4%), lacked exercise (31.3%), ate lot of snacks/takeaways (30.0%), used much alcohol (25.0%) and drank much fizzy drinks (12.9%).

Physical Exercise: Youths mostly did not engage in physical exercise because they were careless/lazy (52.4%) and they did not find it useful (40.2%).

13. INTER-RELATIONSHIP AMONG RISK BEHAVIOUR

The Pearson correlation coefficient statistical test (one-tailed) was used to measure associations between the various risk behaviour. Correlation coefficients range from -1 to +1. The sign of the correlation coefficient shows the direction of the relationship. A positive value indicates a positive relationship of the variables while a negative value indicates the variables an inverse relationship. The closer the coefficient value is to -1 or +1, the stronger the relationship between the variables. Generally, an r-score of 0.5 shows a strong relationship.

The findings depicted strong inter-correlations among substance use, sexual risk and injury/violence including suicide. Healthy diet practices and physical activities were related to each other but showed weak associations with other risk factors. The strongest relationships were found between substance and tobacco use. The use of one substance was closely linked with the use of other substances. The use of alcohol, tobacco, marijuana and psychotropic drugs were strongly correlated. Substance use also showed strong correlations with sexual risk. Alcohol and marijuana were positively correlated with violent behaviour. The lower the age of youth the higher the probability for youth to be violent, to use substance and to have sex. But, there was a weak relationship between healthy diet and physical activity.

Table 13: Risk Behaviour Correlation Matrix

	Mari- juana	Heroin	Psycho tropic	Tobacco Use	Sexual Risk	Violence Risk	Suicide Risk	Healthy Diet	Physical Activity	Age
Alcohol Use	.43	.45	.10	.50	.48	.42	.28	.02	.09	.06
Marijuana		.40	.28	.45	.39	.38	.12	.05	.08	.20
Heroin			.16	.21	.17	.20	.13	.04	.15	.20
Psychotropic				.40	.38	.22	.15	.09	.11	.45
Tobacco					.35	.35	.42	.12	.10	.45
Sexual Risk						.10	.25	.10	.10	.48
Violence Risk							.20	.11	.16	.50
Suicide Risk								.10	.10	.45
Healthy Diet								.12	.10	.06
Physical Activity										.25

14. DISCUSSION

Study sample: The demographic characteristics of the sample were identical to the population of youths in Rodrigues from which it has been selected. The sample is representative of the youth population of Rodrigues aged 15-24 years.

Traffic Safety: Youths withhold their violent and risky behaviour because of disapproval by society and fear of legal implications. However, they disclose the behaviour of others which do not conform to the norms of society or the law. They underreport their non-use of helmets and seat belts but they report on drivers who drive in a hurry and who drive after using alcohol, risking lives of people. However, the rates of risk riding and driving hint for urgent intervention. Their occurrence depicts a negative culture among youths, the practice of anti-social behaviour. As many males smoke, use substance and do not use helmets and seat belts, their risk for injury increase consistently. This phenomenon occurs worldwide (Pickett, Schmidt, Boyce et al, 2002). Driving and walking along the road after using alcohol and the non-use of helmets and seat belts result into accidents and deaths (MOH&QL). Such behaviour is detrimental to the health of youth, the family and the community.

Violence, Coerced Sex and Suicide: According to Reed and Rountree (1997), adverse circumstances among adolescents such as dissatisfaction with home/school trigger risk-taking behaviour as expressions of discontent. This observation holds true in this study as 41.2% of youths attribute violence to anger and frustration. In addition, it seems that the socialisation process is dysfunctional in some families while many other youths show discontent of their environment. As a consequence, they indulge into violence. They carry weapons to threaten and injure people. They indulge into physical fighting and physically force their peers to have sex. Males are mostly injured in physical fighting, get threatened and injured while females are bullied and forced to have sex. They generate a sense of insecurity among other youths. These youths, in turn, carry cutters to defend themselves when in need. This may explain why 1 in 3 youths is depressed and commit suicide with a strong intent. These findings are consistent with a study on suicide conducted in Mauritius in 2003 which shows depression as a strong risk factor for youth committing suicide (Ameerbeg, MIH, 2003).

Tobacco Use: 1 in 2 youths have ever smoked. Under age and inveterate smoking is common. Many smoke more than 10 cigarettes daily. The rate among females is increasing. Worldwide, more females are lighting up cigarettes (WHO, 2006). Easy accessibility of cigarettes in tobacco shops incite youths to smoke freely. Cigarette smoking is a gateway substance for many youths. Recent studies in Rodrigues and elsewhere have shown that most cigarette users progress to the use of alcohol and illicit drugs (RSA, 2004). However, few who starts smoking tries to quit unsuccessfully, most probably, because of the easy accessibility of cigarette and the absence of an effective campaign against smoking.

Alcohol and Other Drugs Use: Alcohol use seems to be an established norm among youths. Many start using alcohol before age 13. 1 in 5 youths indulge in episodic heavy alcoholic drinking. Again, the easy accessibility of alcoholic drinks promotes its use. Although alcohol advertising advocates moderate use of alcohol, in practice, it does not occur. Every occasion seems to be irrigated with alcohol. The significant use of alcohol among youths may account for the increasing rate of thefts, fights, injuries and accidents.

In addition, the use of marijuana, heroin, psychotropic drugs and ecstasy is increasing among youths aged 15-24 years. Substance use among secondary level students is also increasing (RSA, 2004). Again many youths start using drugs before age 13. The availability of drugs is not so difficult. In addition, the injecting mode of heroin and the sharing of syringes among injecting drug users pose a threat to the health of users, their relatives, their friends and the community. They are prone to HIV/AIDS infection. An aggressive campaign against substance abuse and HIV/AIDS/STIs urgently need to be devised and implemented. Much emphasis should be put on IEC among a wider audience.

At times, youth desire for independence and their curiosity to discover the world around them contribute to initial experimental use of tobacco, alcohol, marijuana and other substance. Some do not venture beyond the experimentation phase, but many continue to be involved in a lifestyle that predisposes them to various health risks. Engaging in health risk behaviour is the primary cause of morbidity and mortality of adolescents. Alcohol (Johnston et al.1998). The family should contribute immensely in preventing such behaviour.

Use of Substance by Students and on School Premises

Sizable proportions of students use substance with the licit drugs being common as confirmed by another study on substance use among youths in 2005 (Ameerbeg, MIH, 2005). The availability of substance strongly influences use among students. In addition, some students use substance at school. An aggressive IEC campaign is imperative.

Sexual Behaviour, Unintended Pregnancy and the STIs: Many single youths have sexual intercourse. Some start at age 13. Early sexual activity occurs within the context of other risk taking. They have sex after using substance. Alcohol and other psychoactive substance use trigger high risk sexual behaviour. Youths do not use condoms with multiple sex partners. The end result is HIV/AIDS/STIs transmission. This is pointed out by a KABB study on HIV/AIDS/STIs in 2005 (MIH, 2005). Others have unintended pregnancies resulting into backstreet abortions. Some contract the STIs, mostly left untreated. The sexual behaviour of youths confirms the HIV/AIDS/STIs pandemic. Everyday, 7,000 youths under age 25 are infected with HIV/AIDS worldwide. Young women are vulnerable because of rudimentary reproductive health services in developing countries (Thestar, 2006). A reproductive health service geared to the needs of youth aged 15-24 years manifests itself.

Behaviour Related to Bodyweight: Some youths are overweight. Others are underweight. A high proportion of females tries to lose weight through inappropriate means including many who are underweight. Females' obsession with body image in the media may influence them to engage into ineffective and harmful weight loss behaviour (Leblanc, K, 2003). Some take medicine and fast for 24 hours for several days with a view to losing weight. They are not well informed on nutrition, body weight and the appropriate means to lose weight. They run the risk of being under-nourished as they try to lose weight by unhealthy means.

Dietary Habits/Behaviour: Physical activities and nutritional behaviour internalised in childhood are carried into adulthood and influence lifestyle and health status. This study registers a low daily intake of juice, fruits and salads. Nutrients found in these foods are vital for the healthy growth of youth. On the other hand, they overeat high-calorie fast foods. They report high consumption of soft drinks and potato chips. The dietary habits of youths need attention if diabetes, hypertension and cardiac diseases are to be averted during adulthood.

Physical / Recreational Activities: Few youths practice sufficient vigorous physical activities and play in sports teams. On the other hand, many watch television and play computer games for long hours. They mainly lead a sedentary life. They lack physical exercises. Their involvement in delinquent behaviour and the use of substance prevent them from exercising. No doubt, their knowledge of the benefits of physical activities is meagre.

Determinants of Risk Behaviour: Determinants of anti-social behaviour like carelessness, substance use, forgetfulness and overconfidence that nothing will happen can be avoided. Risky sexual behaviour and substance use can also be prevented. Youths should be guided to lay less emphasis on enjoyment, banish carelessness and forgetfulness and adopt physical exercise. Risky sexual behaviour will decrease if youths have preventive sexual intercourse. But precocious sexual abstinence is the alternative of choice.

Inter-Relationship among Risk Behaviour: There is a strong positive relationship among substance use, sexual risk, injury/violence, suicide and adolescence. There should be much emphasis on IEC on substance abuse. The campaign should address other scourges as well.

15. RECOMMENDATIONS

Recommendations to improve the health risky behaviour of youth are formulated for the design of action plans. They address the cluster of behaviour covered in the survey.

Traffic Safety and Violence

Traffic Safety and Violence

Traffic safety

- To strengthen road safety educational programmes for primary schools with emphasis on road safety skills for pedestrians and passengers.
- To sensitise youths on the link between substance use and road traffic injuries.
- To implement roadside testing for illicit drugs and psychoactive substances.

Violence

- To develop violence prevention programmes with emphasis on conflict resolution to target youths at school and the community.
- To sensitise on the abhorrence of coercive sexual behaviour from an early age both among male and female youths.

Suicide related behaviour

- To develop programmes to help youths cope with stressful challenges and reduce the tendency towards suicidal behaviour.
- To document resilient factors related to suicide from previous studies with a view to developing programmes to inform youths in order to enhance their mental health.

Substance Abuse

Tobacco

- To enforce existing legislation on the sale and control the accessibility of cigarette to minors.
- To ban all forms of tobacco advertising as a means of enforcement of public health legislation.
- To mount suitable and sustainable cessation programmes geared towards youths to reduce the prevalence of current and frequent cigarette use.
- To mount programme targeting tobacco in school starting from the primary level.

Alcohol

- To ban the advertising of alcohol products with meaningful warning labels to protect children and youth from alcohol advertising.
- To investigate the impact of alcohol abuse on school-related outcomes as academic performance and school attendance.
- To mount programme targeting alcohol in school starting from the primary level.

Other illicit drugs

- To devise new strategies to campaign against substance abuse.
- To carry out an in-depth evaluation of the existing national campaign against substance abuse with a view to identifying constraints and bottlenecks.
- To pilot-study the introduction of new treatment mechanisms as interventions for substance abuse to know the effectiveness of the drug and the cost- effectiveness of the intervention.
- To provide healthy alternatives to drug use for all our youths.
- To devise a multi-pronged prevention strategy for youth with a component of monitoring and evaluation putting emphasis on the risk/protective factors leading to substance use and abuse.
- To revisit the primary prevention programme against substance use targeting youths.

Sexual Behaviour, Unintended Pregnancy and the STIs

- To devise concerted national programmes that goes beyond awareness to targeted and tailored behaviour change.
- To mount sexuality programmes among youths to delay the first sexual encounter and reduce the number of sexual partners.
- To enhance safe sex practices and reduce unwanted pregnancies among youths through reproductive health programmes.

Body Weight, Nutrition and Diet

- To put programmes in place to address under and over-nutrition with a view to preventing chronic diseases in adulthood.
- To sensitise youths on a proper balanced diet and the importance of timely food consumption with emphasis on breakfast and water consumption.

Physical Activity

- To promote physical activities by strengthening provision of quality physical education programmes including recreation and sports at school and in the community.

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YOUTH HEALTH RISK BEHAVIOUR IN RODRIGUES: Prevalence and Determinants

INTRODUCTION TO RESPONDENTS

This survey is about health behaviour. It has been developed so that you, as youth, can tell us what you do that may affect your health. The information you give us will be used to develop better health education for young people like yourself.

We will not write your name on this survey. Your answers you give will be kept private. No one will know what you tell us. Answer the questions on what you really do.

The questions that ask about your background will only be used to describe the types of respondents completing this survey. This information will not be used to find out your name. No names will ever be reported. No one will ever be allowed to retrace your name and come to you.

Thank you!

DIRECTIONS TO INTERVIEWERS

- Ensure that your respondents are aged between 15 and 24 years. Strictly stick to your list.
- Use a pencil only.
- Circle response completely.
- Fill in a response like this: 1 2 3 4 5
- To change any answer, erase completely.

OFFICIAL INFORMATION

INTERVIEWER

- Address of Respondent:

(Locality)
(Village)
- Date of Interview:/...../06

(Day)
(Month)
(Year)
- Name of Interviewer:

(Other names)
(Surname)
- Status of Interview: ☐ (1 = Complete; 2 = Refusal)

SUPERVISOR

- Name of Supervisor:

(Other names)
(Surname)
- Checked by Supervisor:/...../06

(Signature)
(Day)
(Month)
(Year)

DATA ENTRY

- Data Entry Clerk:/...../06

(Signature)
(Day)
(Month)
(Year)

SECTION 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Q101.	How old are you? (<i>Ki l'âge to éna?</i>)	1.	15 – 16 yrs
		2.	17 – 18 yrs
		3.	19 – 20 yrs
		4.	21 – 24 yrs
Q102.	What is your gender? (<i>Ki to genre?</i>)	1.	Female
		2.	Male
Q103.	What is your marital status? (<i>Eski to marié?</i>)	1.	Single
		2.	Married
		3.	Consensual union
		4.	Divorced/Separated/ Widowed
Q104.	What is your highest level of education? (<i>Ki to niveau education pli haute?</i>)	1.	Primary
		2.	Secondary
		3.	Sc/HSc
		4.	Tertiary
		5.	Vocational
Q105.	What is your religion? (<i>Ki religion to suivre?</i>)	1.	Hindu
		2.	Muslim
		3.	Christian
		4.	Sino-Mauritian
		5.	No religion
Q106.	What is your occupation? (<i>Eski to travaille?</i>)	1.	Unemployed
		2.	Student
		3.	Street boys/girls
		4.	Wage earner – full-time
		5.	Wage earner – part-time
Q107.	With whom do you live? (<i>Avec qui sane là to habité?</i>)	1.	Both parents
		2.	Single parents
		3.	Grand parents
		4.	Adoptive parents
		5.	Alone
		6.	My family (I'm married)
Q108.	How is your health? (<i>Couma to la santé été?</i>)	1.	Excellent
		2.	Very Good
		3.	Good
		4.	Fair
		5.	Poor

SECTION 2: INTENTIONAL/UNINTENTIONAL INJURIES

Violence

Q201.	During the past 6 months, on how many days did you carry a weapon such as a knife or a cutter? (<i>Dan 6 dernier mois, combine zours to ti en possession ène couteau, poignard ou cutter?</i>)	1.	0 days
		2.	1 day
		3.	2 or 3 days
		4.	4 or 5 days
		5.	6 or more days
Q202.	During the past 6 months, on how many days have you been bullied? (<i>Dan 6 dernier mois, combine zours dimoune finne brutalise toi?</i>)	1.	0 days
		2.	1 day
		3.	2 or 3 days
		4.	4 or 5 days
		5.	6 or more days

Q203.	During the past 6 months, how many times were you in a physical fight? <i>(Dan 6 dernier mois, combien fois to ti la guerre coup de points et coup de pieds?)</i>	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q204.	During the past 6 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor/nurse? <i>(Dan 6 dernier mois, combien fois to ti la guerre et to ti blessé côte un docteur/nurse ti bizin traite toi?)</i>	1. 2. 3. 4. 5.	0 times 1 time 2 or 3 times 4 or 5 times 6 or more times
Q205.	During past 6 months, how many times has someone stolen or deliberately damaged your property such as clothing, bike, books or others? <i>(Dan 6 dernier mois, combien fois dimoune ti endomage ou coquin to kitchose couma to vêtement, livres, bicyclette?)</i>	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q206.	During the past 6 months, how many times have you threatened/injured someone? <i>(Dan 6 dernier mois, combien fois to finne menace ou blesse dimoune?)</i>	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q207.	During the past 6 months, how many times have you been threatened/injured by someone? <i>(Dan 6 dernier mois, combien fois dimoune ti menace ou blesse toi?)</i>	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q208.	During the past 6 months, how many times have you been physically forced to have sexual intercourse? <i>(Dan 6 dernier mois, combien fois dimoune finne servi la force pou gagne relation sexuel avek toi?)</i>	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q209.	During the past 6 months, how many times did you force someone physically to have sexual intercourse? <i>(Dan 6 dernier mois, combien fois to ti servi la force pou gagne relation sexuelle avec dimoune?)</i>	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
<u>Traffic Safety</u>			
Q210.	During the past month, how many times were you carried on a motorcycle without a helmet? <i>(Mois dernier, combien fois quelqu'un ti amène toi sans helmet lors so motocyclette?)</i>	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q211.	During the past month, how many times did you ride a motorcycle without a helmet? <i>(Mois dernier, combien fois to ti monte éne motocyclette sans helmet?)</i>	1. 2. 3. 4. 5.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times

Q212.	During the past month, how many times were you driven without wearing a seat belt? (<i>Mois dernier, combien fois to ti voyage sans ceinture sécurité?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q213.	During the past month, how many times did you drive without wearing a seat belt? (<i>Mois dernier, combien fois to ti conduire sans ceinture sécurité?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q214.	During the past month, how many times were you driven by a driver who was driving dangerously because he was in a hurry? (<i>Mois dernier, combien fois to ti voyage avec éne chauffeur ki ti pé roule brite parce qui li ti pressé?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q215.	During the past month, how many times were you driven by a driver who used alcohol? (<i>Mois dernier, combine fois to ti voyage avec éne chauffeur ki ti prend l'alcool?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q216.	During the past month, how many times did you drive under the influence of alcohol? (<i>Mois dernier, combien fois to ti conduire sous l'influence l'alcool?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
Q217.	During the past month, how many times did you walk alongside the road under the influence of alcohol? (<i>Mois dernier, combien fois to ti marche lors chemin sous l'influence l'alcool?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 time 2 or 3 times 4 or 5 times 6 or 7 times 8 or 9 times 10 or more times
<u>Suicide-related Behaviour</u>			
Q218.	During the past 12 months, did you ever feel so sad/hopeless almost everyday for at least 2 weeks or more in a row that you stopped some of your usual activities? (<i>Dan 12 dernier mois, to ti déjà senti toi maussade/déespérer Presque tous les jours pou au moins 2 semaines continuellement et to ti arête un peu to banne activités?</i>)	1. 2.	Yes No
Q219.	During the past 12 months, did you ever seriously consider attempting suicide? (<i>Dans 12 dernier mois, eski to ti pense pou suicider sérieusement?</i>)	1. 2.	Yes No
Q220.	During the past 12 months, did you make a plan about how you would attempt suicide? (<i>Dan 12 dernier mois, eski to ti faire éne plan pou suicider?</i>)	1. 2.	Yes No
Q221.	During the past 12 months, how many times did you actually attempt suicide? (<i>Dan 12 dernier mois, combien fois to ti essaye suicider?</i>)	1. 2. 3. 4. 5.	0 times 1 time 2 or 3 times 4 or 5 times 6 or more times

- Q222. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?
(*Si to ti essaye suicider dan 12 dernier mois, eski to ti déjà blessé ou tombe dan overdose ki ti bizin traitement nurse ou docteur apres sa essai la?*)
1. Yes
 2. No
 3. Did not attempt suicide

SECTION 3: SUBSTANCE USE

Tobacco

- Q301. Have you ever tried cigarette smoking, even 1 or 2 puffs?
(*Eski to finne déjà fumé, même 1 ou 2 dammes?*)
1. Yes
 2. No
- Q302. How old were you when you smoked a whole cigarette for the first time?
(*Ki l'âge to ti éna quand to ti fume éne cigarette entier premier fois?*)
1. Never smoked a whole cigarette
 2. 8 yrs or younger
 3. 9 or 10 yrs
 4. 11 or 12 yrs
 5. 13 or 14 yrs
 6. 15 or 16 yrs
 7. 17 yrs or older
- Q303. During the past 30 days, on how many days did you smoke cigarettes?
(*Dan 30 dernier zours, combien zours to finne fumer?*)
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
- Q304. During the past 30 days, on the days you smoke, how many cigarettes did you smoke per day?
(*Dan 30 dernier zours, banne zours ki to ti fumer, combien cigarettes to ti fumer par zour?*)
1. Did not smoke
 2. Less than 1 cigarette daily
 3. 1 cigarette daily
 4. 2 to 5 cigarettes per day
 5. 6 to 10 cigarettes per day
 6. 11 to 20 cigarettes per day
 7. More than 20 cigarettes per day
- Q305. During the past 30 days, how did you usually get your own cigarettes?
(*Dan 30 dernier zours, couma to ti faire pou gagne to cigarette?*)
1. Did not smoke
 2. Store/Supermarket
 3. Tobacco shop
 4. Gave someone money to buy
 5. Borrowed
 6. Some gave me
 7. Family member
- Q306. Have you ever smoked at least 1 cigarette everyday for 30 days?
(*Eski to finne déjà fume 1 cigarette par zour pendant 30 zours?*)
1. Yes
 2. No
- Q307. During the past 12 months, did you ever try to quit smoking?
(*Dan 12 dernier mois, eski to finne déjà essaye arête fumer?*)
1. Yes
 2. No
 3. Did not smoke during past 12 months
- Q308. During the past 30 days, on how many days did you use cigarette on school property?
(*Dan 30 dernier zours, combien zours to finne fumé dan l'enceinte l'école?*)
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
 8. Not a student

Alcohol (NOTE: 1 drink equals to 1 beer or 1 glass of wine or 1 peg of rum/whisky)

- Q309. During your life, on how many days have you had at least 1 drink of alcohol?
(*Dan to la vie, combien fois to finne déjà prend éne drink l'alcool?*)
1. 0 days
 2. 1 or 2 days
 3. 3 to 9 days
 4. 10 to 19 days
 5. 20 to 39 days
 6. 40 to 99 days
 7. 100 or more days
- Q310. How old were you when you had your first drink of alcohol other than a few sips?
(*Ki l'âge to ti éna quand to ti prend to premier drink l'alcool?*)
1. Never had a drink of alcohol other than a few sips
 2. 8 yrs or younger
 3. 9 or 10 yrs
 4. 11 or 12 yrs
 5. 13 or 14 yrs
 6. 15 or 16 yrs
 7. 17 yrs or older
- Q311. During the past 30 days, on how many days did you have at least 1 drink of alcohol?
(*Dan 30 dernier zours, combien zours to ti prend au moins 1 drink l'alcool?*)
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
- Q312. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
(*Dan 30 dernier zours, combien zours to ti prend 5 drink ou plus éne après lotte dans quelques heures?*)
1. 0 days
 2. 1 day
 3. 2 days
 4. 3 to 5 days
 5. 6 to 9 days
 6. 10 to 19 days
 7. 20 or more days
- Q313. During the past 30 days, on how many days did you have at least 1 drink of alcohol on school property?
(*Dan 30 dernier zours, combien zours to ti prend ou moins 1 drink l'alcool dans l'enceinte l'école?*)
1. 0 days
 2. 1 or 2 days
 3. 3 to 5 days
 4. 6 to 9 days
 5. 10 to 19 days
 6. 20 to 29 days
 7. All 30 days
 8. Not a student

Marijuana (Gandia)

- Q314. During your life, how many times have you used marijuana?
(*Dan to la vie, combien fois to finne fume gandia?*)
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 29 times
 6. 40 to 99 times
 7. 100 times or more
- Q315. How old were you when you tried marijuana for the first time?
(*Ki l'âge to ti éna quand to ti fume gandia premier fois?*)
1. Never tried
 2. 8 yrs or younger
 3. 9 or 10 yrs
 4. 11 or 12 yrs
 5. 13 or 14 yrs
 6. 15 or 16 yrs
 7. 17 yrs or older
- Q316. During the past 30 days, how many times did you use marijuana?
(*Dan 30 dernier zours, combien fois to finne fume gandia?*)
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times

- Q317. During the past 30 days, how many times did you use marijuana on school property?
(*Dan 30 dernier zours, combien fois to ti servi gandia à l'école?*)
1. 0 times
 2. 1 to 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 3. 20 to 39 times
 4. 40 or more times
 5. Not a student

Heroin

- Q318. During your life, how many times have you used heroin?
(*Dan to la vie, combien fois to finne servi héroin?*)
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 29 times
 6. 40 to 99 times
 7. 100 times or more
- Q319. How old were you when you tried heroin for the first time?
(*Ki l'âge to ti éna quand to ti servi héroin premier fois?*)
1. Never tried
 2. 8 yrs or younger
 3. 9 or 10 yrs
 4. 11 or 12 yrs
 5. 13 or 14 yrs
 6. 15 or 16 yrs
 7. 17 yrs or older
- Q320. During the past 30 days, how many times did you use heroin?
(*Dan 30 dernier zours, combien fois to ti servi héroin?*)
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
- Q321. During the past 30 days, how did you use heroin?
(*Ki fasson to ti servi héroin?*)
1. Smoke
 2. Inhale
 3. Inject
- Q322. During the past 30 days, how many times did you Exchange syringes?
(*Dan 30 dernier zours, combien fois to ti échange seringues?*)
1. 0 times
 2. 1 to 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 6. 40 or more times
 7. Not a student
- Q323. During the past 30 days, how many times did you use heroin on school property?
(*Dan 30 dernier zours, combien fois to ti servi héroin à l'école?*)
1. 0 times
 2. 1 to 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 39 times
 8. 40 or more times
 9. Not a student

White Lady

- Q324. During your life, how many times have you used White Lady?
(*Dan to la vie combien fois to finne servi White Lady/ La Blanche?*)
1. 0 times
 2. 1 or 2 times
 3. 3 to 9 times
 4. 10 to 19 times
 5. 20 to 29 times
 6. 40 to 99 times
- Q325. How old were you when you tried White Lady for the first time?
(*Ki l'âge to ti éna quand to ti essaye White Lady premier fois?*)
1. Never tried
 2. 8 yrs or younger
 3. 9 or 10 yrs
 4. 11 or 12 yrs
 5. 13 or 14 yrs
 6. 15 or 16 yrs
 7. 17 yrs or older

Q326.	During the past 30 days, how many times did you use White Lady? (<i>Dan 30 dernier zours, combien fois to finne servi White Lady?</i>)	1. 2. 3. 4. 5. 6.	0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
Q327.	During the past 30 days, how many times did you use White Lady on school property? (<i>Dan 30 dernier zours, combien fois to ti servi White Lady à l'école?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 to 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times Not a student
<u>Psychotropic Drugs (Cough mixtures, Buprenorphine ...)</u>			
Q328.	During your life, how many times have you used psychotropic drugs? (<i>Dan to la vie, combien fois to finne servi psychotrope?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 29 times 40 to 99 times 100 times or more
Q329.	How old were you when you tried psychotropic drugs for the first time? (<i>Ki l'âge to ti éna quand to ti servi psychotrope premier fois?</i>)	1. 2. 3. 4. 5. 6. 7.	Never tried 8 yrs or younger 9 or 10 yrs 11 or 12 yrs 13 or 14 yrs 15 or 16 yrs 17 yrs or older
Q330.	During the past 30 days, how many times did you use psychotropic drugs? (<i>Dan 30 dernier zours, combien fois to ti servi psychotrope?</i>)	1. 2. 3. 4. 5. 6.	0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times
Q331.	During the past 30 days, how many times did you use psychotropic drugs on school property? (<i>Dan 30 dernier zours, combien fois to ti servi psychotrope à l'école?</i>)	1. 2. 3. 4. 5. 6.	0 times 1 to 2 times 3 to 9 times 10 to 19 times 20 to 40 times Not a student
<u>Ecstasy (Club drugs, MD MA)</u>			
Q332.	During your life, how many times have you used ecstasy? (<i>Dan to la vie, combien fois to finne servi ecstasy?</i>)	1. 2. 3. 4. 5. 6. 7.	0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 29 times 40 to 99 times 100 times or more
Q333.	How old were you when you tried ecstasy for the first time? (<i>Ki l'âge to ti éna quand to ti servi ecstasy premier fois?</i>)	1. 2. 3. 3. 4. 5. 6.	Never tried 8 yrs or younger 9 or 10 yrs 11 or 12 yrs 13 or 14 yrs 15 or 16 yrs 17 yrs or older
Q334.	During the past 30 days, how many times did you use ecstasy? (<i>Dan 30 dernier zours, combien fois to ti servi ecstasy?</i>)	1. 2. 3. 4. 5. 6.	0 times 1 or 2 times 3 to 9 times 10 to 19 times 20 to 39 times 40 or more times

Q335.	During the past 30 days, how many times did you use ecstasy on school property? (<i>Dan 30 dernier zours, combien fois to ti servi ecstasy à l'école?</i>)	1.	0 times
		2.	1 to 2 times
		3.	3 to 9 times
		4.	10 to 19 times
		5.	20 to 39 times
		6.	40 or more times
		7.	Not a student

SECTION 4: SEXUAL BEHAVIOUR

Q401.	Have you ever had sexual intercourse? (<i>Eski to finne déjà gagne relation sexuelle?</i>)	1.	Yes
		2.	No
Q402.	How old were you when you had sexual intercourse for the first time? (<i>Ki l'âge to ti éna quand to ti gagne relation sexuelle premier fois?</i>)	1.	Never had sexual intercourse
		2.	11 yrs old or younger
		3.	12 yrs
		4.	13 yrs
		5.	14 yrs
		6.	15 yrs
		7.	16 yrs
		8.	17 yrs or older
Q403.	During your life, with how many different people have you had sexual intercourse? (<i>Dan to la vie, avec combien dimoune différent to finne gagne relation sexuelle?</i>)	1.	Never had sexual intercourse
		2.	1 person
		3.	2 people
		4.	3 people
		5.	4 people
		6.	5 people or more
Q404.	During past 3 months, with how many people did you have sexual intercourse? (<i>Dan 3 dernier mois, avec combien dimoune différent to finne gagne relation sexuelle?</i>)	1.	Never had sexual intercourse
		2.	Not during past 3 months
		3.	1 person
		4.	2-3 people
		5.	4-5 people
		6.	5 people or more
Q405.	Did you use alcohol or drugs before you had sexual intercourse the last time? (<i>Eski to ti servi l'alcool ou la drogue avant to gagne relation sexuelle dernier fois?</i>)	1.	Never had sexual intercourse
		2.	Yes
		3.	No
Q406.	The last time you had sexual intercourse, did you or your partner use a condom? (<i>Dernier fois to ti gagne relation sexuelle, eski toi sinon to partnère ti servi préservatif?</i>)	1.	Never had sexual intercourse
		2.	Yes
		3.	No
Q407.	The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (<i>Dernier fois to ti gagne relation sexuelle, ki method to ti servi pou prévenir grossesse?</i>)	1.	Never had sexual intercourse
		2.	No method used
		3.	Birth control pills
		4.	Condoms
		5.	Injectables
		6.	Withdrawal
Q408.	Have you or your partner ever been pregnant in past 12 months? (<i>Eski toi sinon to partnère finne déjà tombe enceinte dan 12 dernier mois?</i>)	1.	Never had sexual intercourse
		2.	Never
		3.	1 time
		4.	2 times
		5.	3 times
		6.	4 times
		7.	5 or more times
Q409.	What was the outcome of the last pregnancy? (<i>Ki ti arrive grossesse là?</i>)	1.	Never had sexual intercourse
		2.	Never pregnant
		3.	Abortion
		4.	Gave birth

Q410.	Where did the abortion take place? (<i>Ki côté ti faire avortement là?</i>)	1.	Never had sexual intercourse
		2.	Never aborted
		3.	Backstreet
		4.	Public health care point
		5.	Private health care point
		6.	Bought drugs at pharmacy
		7.	Used tisanes
		8.	Health worker
Q411.	Have you or your partner ever caught a sexually transmitted infection in the past 12 months? (<i>Dan 12 dernier mois, eski toi sinon to partnèr finne déjà gagne maladies sexe?</i>)	1.	Never had sexual intercourse
		2.	0 time
		3.	1 time
		4.	2-3 times
		5.	4-5 times
		6.	5 or more times
Q412.	Where did you seek treatment for the sexually transmitted infection? (<i>Ki côté to ti alle rode traitement pou maladie sexe là?</i>)	1.	Never had sexual intercourse
		2.	No treatment
		3.	Use drugs at home
		4.	Pharmacy counter
		5.	Public health care point
		6.	Private health care point
		7.	Used tisanes

SECTION 5: NUTRITIONAL AND DIETARY BEHAVIOUR

Q501.	How do you find your weight? (<i>Couma to trouve to poids?</i>)	1.	Underweight
		2.	A little underweight
		3.	Right weight
		4.	A little overweight
		5.	Overweight
Q502.	Are you doing something about your weight? (<i>Eski to pé faire quique chose pou to poids?</i>)	1.	Lose weight
		2.	Gain weight
		3.	Nothing
Q503.	During the past 30 days, did you try to exercise to lose weight? (<i>Dan 30 dernier zours, eski to finne essaye perdi poids par l'exercice?</i>)	1.	Yes
		2.	No
Q504.	During the past 30 days, did you eat less food or food low in fat in order to lose weight? (<i>Dan 30 dernier zours, eski to ti suivre regime pou maigri?</i>)	1.	Yes
		2.	No
Q505.	During the past 30 days, did you fast for 24 hrs or more in order to lose weight? (<i>Eski to finne déjà pas manger pendant 24 heures pou perdi poids dan 30 dernier zours?</i>)	1.	Yes
		2.	No
Q506.	During the past 30 days, did you take any medicine in order to lose weight? (<i>Dan 30 dernier zours, eski to ti prend medicine pou maigri?</i>)	1.	Yes
		2.	No
Q507.	How many times did you drink 100% fruit juices in the past 7 days? (<i>Combien fois to finne boire pûre jus dan 7 dernier zours?</i>)	1.	No 100% juice at all
		2.	1 to 3 times during 7 days
		3.	4 to 6 times during 7 days
		4.	1 time per day
		5.	2-3 times per day
Q508.	How many times did you eat fruit during past 7 days? (<i>Combien fois to finne mange fruits dan 7 dernier zours?</i>)	1.	Not eating at all
		2.	1 – 3 times during 7 days
		3.	4 – 6 times during 7 days
		4.	1 time per day
		5.	2 times per day
		6.	3 times per day
		7.	4 or more times per day

- Q509. How many times did you eat green salad during the past 7 days?
(*Combien fois to finne mange salad vert dan 7 dernier zours?*)
1. Not at all
 2. 1 – 3 times in past 7 days
 3. 4 – 6 times in past 3 days
 4. 1 time per day
 5. 2 times per day
 6. 3 times per day
 7. 4 or more times per day
- Q510. How many times did you eat vegetables like potatoes, carrots and other vegetables in past 7 days?
(*Combien fois to finne mange légumes couma carotte, pomme de terre dans 7 dernier zours?*)
1. Not at all
 2. 1 – 3 times in past 7 days
 3. 4 – 6 times in past 3 days
 4. 1 time per day
 5. 2 times per day
 6. 3 times per day
 7. 4 or more times per day
- Q511. How many times did you drink glasses of milk during the past 7 days?
(*Combien fois et combien verre du lait to finne boire dan 7 dernier zours?*)
1. No milk at all
 2. 1 – 3 glasses during past 7 days
 3. 4 – 6 glasses during past 7 days
 4. 1 glass per day
 5. 2 glasses per day
 6. 3 glasses per day
 7. 4 or more glasses per day

SECTION 6: PHYSICAL ACTIVITY

- Q601. How many days during the past 7 days did you practice physical exercise for at least 20 minutes which made you breathe hard and sweat like football, running, swimming, fast cycling and other aerobic exercises?
(*Dan 7 dernier zours combien zours to finne faire l'exercice pou moins 20 minutes ki ti faire toi transpiré et essoufflé couma football, jogging, nager etc ...?*)
1. 0 days
 2. 1 day
 3. 2 days
 4. 3 days
 5. 4 days
 6. 5 days
 7. 6 days
 8. 7 days
- Q602. For how many days did you participate in exercise for at least 30 minutes which **did not** make you sweat or breathe hard?
(*Combien fois to finne participe dan l'exercice pou moins 30 minutes ki pas finne faire toi transpiré et essoufflé?*)
1. 0 days
 2. 1 day
 3. 2 days
 4. 3 days
 5. 4 days
 6. 5 days
 7. 6 days
 8. 7 days
- Q603. How many hours do you watch TV per day?
(*Combien fois to guette TV par zour?*)
1. Not at all
 2. < 1 hr per day
 3. 1-2 hrs per day
 4. 3-4 hrs per day
 5. 5 or more hrs per day
- Q604. How many hours do you play computer games per day?
(*Combien l'heure temps to jouer computer games par zour?*)
1. Not at all
 2. < 1 hr per day
 3. 1-2 hrs per day
 4. 3-4 hrs per day
 5. 5 or more hrs per day
- Q605. Did you play in any sports team during the past 12 months?
(*Eski to finne jouer pou quique l'équipe sportif dan 12 dernier mois?*)
1. 0 teams
 2. 1 team
 3. 2 teams
 4. 3 or more teams

SECTION 7: DETERMINANTS OF RISKY BEHAVIOUR

- Q701. Why do some youth use violence (fights, robberies, injuries ...) against other people?
(*Ki faire zenes servi violence contre lezotte dimoune?*)
1. To show manliness
 2. The youth culture/temperament
 3. To vent anger/frustration
 4. Carelessness

[MORE THAN 1 RESPONSE ALLOWED]		5.	Provoked by others
		6.	Reaction against injustice
		7.	No reason
		8.	Because of poverty
		9.	Other,.....
Q702.	Why do some young people use force with others to have sexual intercourse? (<i>Ki faire éne banne zenes servi la force pou gagne relations sexuelle?</i>)	1.	A strong desire for tact
		2.	Exciting partner
		3.	Through revenge
		4.	The youth culture/temperament
		5.	No reason
		6.	Other,.....
Q703.	Why do some young people not use helmets/seat belts while driving or travelling? (<i>Ki faire éne banne zenes pas servi casque/ceinture quand zotte conduire/voyager?</i>)	1.	Carelessness
		2.	Overconfidence nothing will happen
		3.	Defying authorities
		4.	Youth culture/temperament
		5.	Forgetfulness
		6.	No reason
		7.	Other,.....
Q704.	Why do some youth drive under influence of alcohol? (<i>Ki faire éne banne zenes conduire sans l'influence alcool?</i>)	1.	Carelessness
		2.	Overconfidence nothing will happen
		3.	Defying authorities
		4.	Youth culture/temperament
		5.	Forgetfulness
		6.	No reason
		7.	Other,.....
Q705.	Why do young people have suicide-related behaviour? (<i>Ki faire zenes rode suicider?</i>)	1.	Family problems/disputes
		2.	Breaking of love affair
		3.	Health problems
		4.	Financial problem
		5.	Examination failure
		6.	Substance abuse
		7.	Mental illness
		8.	Infidelity of partner
		9.	Other,.....
Q706.	Why do youth smoke? (<i>Ki faire zenes fumer?</i>)	1.	To show manliness
		2.	Youth culture/temperament
		3.	To relax
		4.	To forget problems
		4.	Peer smoke
		5.	To celebrate occasions
		6.	No reason
		7.	Other,.....
Q707.	Why do youth use alcohol? (<i>Ki faire zenes boire l'alcool?</i>)	1.	To show manliness
		2.	Youth culture/temperament
		3.	To relax
		4.	To forget problems
		5.	Peer use alcohol
		6.	To celebrate occasions
		7.	No reason
		8.	Other,.....
Q708.	Why do youth use substance? (<i>Ki faire zenes prend la drogue?</i>)	1.	To show manliness
		2.	Youth culture/temperament
		3.	To relax
		4.	To forget problems
		5.	Peer use substance
		6.	To celebrate occasions
		7.	No reason
		8.	Other,.....

Q709.	Why do some young people have precocious sexual intercourse? (<i>Ki faire éne banne zenes gagne relation sexuelleprecoce ?</i>)	1. Youth culture/temperament 2. The proper time 3. To enjoy oneself 4. Female excitement 5. Imitate elders 6. Human need 7. No reason 8. Other,.....
	[MORE THAN 1 RESPONSE ALLOWED]	
Q710.	Why do some young people have multiple sex partners? (<i>Ki faire éne banne zenes éna plusieurs partnère sexuel?</i>)	1. To enjoy more 2. Is single 3. Likes casual sex 4. Like change 5. No reason 6. Other,.....
	[MORE THAN 1 RESPONSE ALLOWED]	
Q711.	Why do many not use condom during sexual intercourse? (<i>Ki faire éne banne zenes pas servi preservatif quand gagne relation sexuel?</i>)	1. Is not natural 2. Do not like 3. Is expensive 4. Not available 5. No reason 6. Other,.....
	[MORE THAN 1 RESPONSE ALLOWED]	
Q712.	How do some young girls fall pregnant? (<i>Couma éne banne zene fille tombe enceinte?</i>)	1. Not using condoms 2. Not knowing about preventive measures 3. Condoms not accessible 4. Carelessness 5. Other,.....
	[MORE THAN 1 RESPONSE ALLOWED]	
Q713.	How do some youth catch the sexually transmitted infections? (<i>Couma éne banne zenes trappe maladie sex?</i>)	1. Not using condoms 2. Having multiple sex partners 3. Having sex workers 4. Other,.....
	[MORE THAN 1 RESPONSE ALLOWED]	
Q714.	Why are some youth overweight? (<i>Ki faire éne banne zenes mette poids?</i>)	1. Overeating 2. Consume fatty food 3. Lack of exercise 4. Eating lot of snacks/take away 5. Drinking much fizzy drinks 6. Easting lots of sweets 7. Taking much alcohol. 8. Other,.....
	[MORE THAN 1 RESPONSE ALLOWED]	
Q715.	Why do some youth not practice physical exercise? (<i>Ki faire éne banne zenes pas faire l'exercice?</i>)	1. No time from studies/tuition 2. No existing facilities 3. Careless/laziness 4. Parents against 5. Do not find it useful 6. Do not find the need 7. Other,.....
	[MORE THAN 1 RESPONSE ALLOWED]	

Thank you!
(*Merci!*)

INFORMED CONSENT FORM – ADULTS

- I understand that the Mauritius Institute of Health is conducting a study to determine the risk behaviour among youths (15-24 yrs) in Rodrigues with a view to designing an appropriate intervention against the problem.
- I most willingly accept to participate in the study as a **RESPONDENT**.
- I undertake to give sincere answers to questions put to me.
- The information given by me will be pooled together with information from other subjects and all information will be used for this study only. Information will be kept confidential.
- The study will last for 6 months as from February/March 2006.

ADDRESS:
 (Street) *(Village/Town)*

Signature: Date:

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(Day) (Month) (Year)

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YOUTH HEALTH RISK BEHAVIOUR IN RODRIGUES:
Prevalence and Determinants

INFORMED CONSENT FORM: MINORS

RESPONSIBLE PARTY: **RELATIONSHIP:**
(Surname) (Other names)

- I understand that the Mauritius Institute of Health are conducting a study to determine the risk behaviour among youths (15-24 yrs) in Rodrigues with a view to designing an appropriate intervention against the problem.
- My ward most willingly accepts to participate in the study as a **RESPONDENT**.
- He/she undertakes to give sincere answers to questions put to him/her.
- Information given by him/her will be pooled together with information from other subjects and will be used for this study only. Information will be kept confidential.
- The study will last for 6 months as from February/March 2006.

PARTICULARS OF RESPONDENT

NAME: **OTHER NAMES:**

AGE AT LAST BIRTHDAY:

ADDRESS:
(Street) (Village/Town)

PHONE NO.: (Residence)

Signature of Responsible Party: **Date:**
(Day) (Month) (Year)

Witness:
(Signature of Interviewer)