DETERMINANTS OF YOUTH BEHAVIOUR IN MAURITIUS
Research Administrator: Mr Vinayagum Putchay
Director of Youth Affairs

INVESTIGATORS

-Mr Bhojrazsing JANKEE
-Mr Anourag RAMLOLL
-Mr Poubarlanaden APPAVOO
-Mr Shakeel MAIHARAUB
Principal Youth Officers
Ministry of Youth & Sports

Technical Support: Mr S A G Ameerbeg
Research Consultant

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The Ministry of Youth and Sports conducted a study on behaviour among youths in Mauritius between July and September 2014. The main objective identified behaviour of youths detrimental to their mental, physical and social well-being. The study enlisted a representative sample of 1,000 youths. 500 males and 500 females aged 15-24 years were interviewed in their residence.

**Violence, Coerced Sex and Suicide**
During 6 months preceding the survey, 10.9% of youths carried a weapon, 21.4% had ever been involved in a physical fight, 15.2% were injured in a physical fight, 30.0% had their properties (clothing, books and bikes) damaged or stolen, 12.0% were threatened and injured and 10.9% threatened and injured people. 15.3% of youths were bullied at school and 14.3% bullied electronically. 3.1% were forced physically and 3.2% physically forced people to engage in sexual activities. 27.8% of youths were depressed. 16.7% seriously considered suicide. 11.7% planned to commit suicide and 16.1% attempted suicide. 5.2% of youths who attempted suicide were treated either for injury, poisoning or overdose.

**Traffic Safety**
During the month preceding the survey, 1 in 10 youths rode motorcycles without a helmet. 3 in 10 drove vehicles without wearing seat belt. 2 in 5 drove under the effect of alcohol. 3 in 20 walked alongside the road after using alcohol on a regular basis.

**Tobacco Use**
66.2% of youths were lifetime (ever smoked) cigarette smokers. Most of them tried smoking between 15 and 16 years of age. 55.1% were current (smoking during past 30 days) while 24.4% current frequent smokers (smoking daily) with 32.2% smoking about 6 to 10 cigarettes daily. Most smokers bought cigarettes from tobacco shops (38.1%) and supermarkets (19.9%). However, 13.5% of youths unsuccessfully tried to quit smoking during 12 months preceding the survey.
Alcohol and Other Drugs Use

Alcohol: The rate of lifetime alcohol use was 61.7% with 32.1% current users. Many youths had their first alcoholic drink between 15-16 years of age but some as early as age 13 and even before. 15.1% had episodic heavy drinking.

Marijuana: 23.8% of youths were lifetime users of marijuana, starting use at ages 15-16 with some initiating use aged between 13-14 years. 22.0% were current users.

Heroin: 20.7% of youths were lifetime and 19.7% current users of heroin. Many initiated use when aged between 15 and 16 years with some first using at ages 13 and 14. The injecting mode of use (9.2%) was common accompanied by considerable sharing of syringes (9.1%) in group.

White Lady and Buprenorphine (Subutex): 26.9% of youths were lifetime and 31.6% current users of White Lady. Most of them initiated use between ages 15 and 16. 25.6% were lifetime and 25.1% current users of Subutex, mostly starting use between ages 14 and 16. Most users injected these drugs.

Psychotropic drugs: 23.8% of youths were lifetime users of psychotropic drugs. Many youths first used these drugs at age 17 with some of them starting use at ages 11 and 13. 34.8% were current users.

Ecstasy: 24.9% of youths were lifetime users of ecstasy, starting use mostly when aged between 13 and 14 years. 32.8% were current users.

Use of Substance by Students and on School Premises

1 in 2 young students used cigarette and alcohol. 1 in 5 used marijuana, heroin, White Lady, the psychotropic drugs and ecstasy. Furthermore, males mostly used licit, less expensive and easily accessible substance at school. They mainly used cigarette (16.2%) and psychotropic drugs (14.6%) but alcohol less frequently.

Sexual Behaviour/Unintended Pregnancy

44.7% of single youths ever had sexual intercourse and 16.3% sexual contact. Most of them had sex for the first time at age 17 or older. 1.8% had sex at ages 11 and 12. Multiple sex partnership was common together with sexual intercourse after using alcohol or illicit drugs. Overall, 22.0% of youths, including both single and those in-unions, used contraception the last time they had sexual intercourse. However, the use of unreliable methods was common. While withdrawal (3.8%) and condoms use (3.9%) were common among single youths, those in union widely used condoms.
(9.6%). 11.8% of single youths were pregnant. 1.7% gave birth and 10.1% had abortions, most of them (8.0%) having backstreet abortions. Furthermore, 16.4% of youths contracted the sexually transmitted infections. 12.0% sought treatment over the pharmacy counter while 4.0% did not seek treatment and 0.4% used herbs/tisanes.

**Sexually Transmitted Infections/HIV and AIDS**
During 12 months preceding the survey, 13.4% of youths contracted the sexually transmitted infections, 12.0% twice and 1.4% once. They were mainly males. 2.0% did not seek treatment, 11.0% bought drugs from pharmacies and 0.4% used herbs/tisanes, as suggested to them by peers. Out of 9.0% of youths who were tested for the HIV virus, 2.2% were infected. They were males aged between 17 and 20 years. They used alcohol and drugs and currently practised multiple sex partnerships.

**Homosexuality/Lesbianism**
8.2% of youths practised homosexuality and 4.0% were lesbians. Most of homosexuals were aged between 17 and 20 years, dwelling in urban areas and regular users of alcohol and other drugs. On the other hand, lesbians were most likely to be aged between 16 and 24 years from both the rural and urban areas. 1 out of 2 lesbians used substance, mainly cough mixtures and other psychotropic drugs.

**Behaviour Related to Body Weight**
8.0% of youths felt that they were underweight and 5.0% overweight. Females were mostly overweight while males were underweight. 7.9% tried to gain weight. 15.7% tried to lose weight. 6.9% tried exercise, 7.9% dieting, 3.1% periodic 24-hour fasting and 3.6% took medicines to lose weight.

**Dietary Habits/ Behaviour**
94.3% of youths consumed vegetables. 86.5% ate fruits, 79.8% ate green salads and 64.9% drank pure fruit juice. Most of them did so 2-3 times weekly.

**Physical / Recreational Activities**
14.8% of youths practised vigorous and 17.7% moderate physical exercises. 14.3% played on sports teams. 95.7% watched television daily with 40.4% watching for more than 2 hours. 33.4% played computer games daily including 6.1% who played
for more than 2 hours. Mobile phone use was common among both males and female of all age groups. 32.5% of youths gambled on Loto. 25.8% enjoyed horse racing.

**Determinants of Risk Behaviour**

*Violence*: Youths mainly attributed family problems (89.9%), carelessness (76.4%), anger/frustration (66.4%), defying authorities (69.9%), forgetfulness (60.1%) and substance use (53.9%) as reasons for young people to be violent.

*Sexual behaviour*: Sexual behaviour of youths was mainly posed upon the wish to enjoy (71.2%), proper time for the act (69.4%), carelessness (76.4%) and use of substance (65.3%). The dislike of use of preventive measures during sex (72.4%) was a firm universal opinion among these youths.

*Substance use*: Youths used substance for recreational means (83.4%) and to forget personal problems (61.4%).

*Dietary behaviour/physical activities*: While overeating (71.9%), intake of high-calorie food (63.4%) and lack of exercises (59.4%) produced overweight, busy study schedules (66.9%) and carelessness (69.2%) mainly produced a sedentary lifestyle.

**Inter-Relationship among Risk Behaviour**: Risky behaviour was inter-related. There was a strong positive relationship among substance use, sexual risk, injury, violence and suicide. Youths who used substance were likely to engage in unprotected and precocious sexual intercourse, to take risks while driving and indulge into violence.

**Participation in Youth Activities**: 89.9% of youths were aware of the existence of Youth Centres. But fewer youths participated in sports activities, literary activities, recreational training activities, youth leadership training programme and dance and music activities amongst others. Although fewer youths participated in sensitisation campaigns, about 1 in 5 young people attended HIV and AIDS and substance abuse campaigns. However, 16.8% of youths participated mainly in Special Vacances (holidays) followed by hiking among 8.8% youths. 1 in 2 youths was satisfied with the activities organised by the Youth Centres. But almost the same proportion was either not satisfied or thought that the activities did not meet their expectations. Disorderly organisation (3.0%), unsuitable opening hours (2.0%), non-availability of centre in vicinity (2.0%) and lack of
equipment (1.0%) were mainly cited by those unsatisfied with the organisation of the activities. In addition, 2 in 5 youths proposed new or more activities (37.2%). Failure to widely publicize activities by organisers (18.9%) and no time to attend on behalf of youths (16.0%) were main reasons which prevented youths to attend activities.

**Recommendations**

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

**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 sensitize youths on the link between alcohol/substance use and road traffic accidents and injuries.
- To implement roadside testing for illicit drugs and psychoactive substances just like alcohol tests throughout the island.
- The authorities concerned need to take legal actions against pedestrians who take the risk to cross the road anywhere.

**Violence**
- To develop violence prevention programmes with emphasis on conflict resolution to target youths at school and the community.
- To sensitize 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.
- Youth Centres need to organise regular interactions between Psychologists and youths.
Substance Abuse

Tobacco
  o To strengthen the enforcement of existing legislation on the sale and control the accessibility of cigarette to minors.
  o To reinforce ban on all forms of tobacco advertising as a means of enforcement of public health legislation.
  o To mount suitable and sustainable cessation programmes geared towards both male and female youths to reduce the prevalence of current and frequent cigarette use.
  o To mount sensitisation programme targeting tobacco in school starting from the primary level and higher levels as well.

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

Other illicit drugs
  o To devise new strategies to campaign against substance abuse.
  o To carry out an in-depth evaluation of the existing national campaign against substance abuse with a view to identifying constraints and bottlenecks in the service.
  o 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.
  o To provide healthy alternatives to drug use for all our youths.
  o To devise a multi-pronged prevention strategy for youths with a component of monitoring and evaluation with emphasis on the risk/protective factors leading to substance use and abuse.
  o To revisit the primary prevention programme against substance use targeting youths in the community.
Sexual Behaviour, Unintended Pregnancy and 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.
- To reinforce the sensitisation campaign on HIV and AIDS.

Body Weight, Nutrition and Diet

- To put in place programmes 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, water, fruit and pure juice consumption.

Physical Activity

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

Participation in Youth Activities

- To enhance participation of youths in events/activities targeted at youth, the organisers should consider the option of organising such activities in educational institutions.
- Activities need to be tailored to the needs of different groups of young people in different regions of the community.
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CHAPTER 1: BACKGROUND INFORMATION

Introduction

Youth refers to an individual aged between 15 and 24 years. This period in the life cycle of a human being is one of transition where physical, psychological and social changes occur. New experiences present themselves (Erikson, 1975). But several youths usually make many wrong choices out of the situations which appear before them. People aged 15 to 24 years engage into health damaging behaviour in large numbers (NHS, 1996). Such behaviour usually results into either debilitating injuries or a ruined career. In addition, the risk of chronic medical illness and cancer in later life increases for those who consume a high calorie diet and do not practice physical exercises. Worldwide, many youths indulge in substance use and unprotected precocious sexual intercourse which lead to teenage pregnancies, abortions, the sexually transmitted infections or HIV and AIDS and violence.

Bullying is a common form of violence among youngsters. It comprises repeated negative physical, verbal or psychological actions directed at a target over time, where there is a difference in power, either real or perceived between the target and the bully or bullies (Olweus, 1993; Olweus, Limber, & Mihalic, 1999). In the United States, nearly six million children, roughly 30%, in grades 6 through 10 were involved in moderate or frequent bullying as target, bully or both during school term (Nansel et al., 2001). Peers were present in 85 - 88% of bullying incidents, yet only 10% intervened when it happened in the classroom and 19% on the playground. In addition, 72% of teens reported at least one incident of bullying online like name calling or insults. 90% did not report the incident to an adult. 50% believed that they just needed to learn to deal with it (Juyonen et al, 2008). Girls were more likely to use indirect or relational bullying which could involve, for example, social isolation of the target and spreading rumours about the target. Boys were likely to be involved in bullying as both bullies and targets and were likely to both engage in and be subjected to physical violence (Nansel at al,
2001; Olweus, 1993). However, more dangerous forms of violence may sometimes lead to death among youngsters.

In 1933, 75% of deaths among youths aged between 15 and 19 years stemmed from natural causes. Sixty years later, in 1993, 80% came from homicide, suicide and unintentional injuries. In 2008, in the United States, almost 16 million adolescents witnessed some form of violent assault including robbery, stabbing, shooting, murder or domestic abuse (AMA, 2008). Among boys, 42% of high school students and 32% of middle school-goers believed in hitting or threatening a person who made them angry compared to one in five, that is, 20% of the girls who agreed to that. 88% of all boys and over 76% of girls ever hit someone because they were angry (Josephson Institute, 2006). Hitting may lead to death amongst existence of several other causes of deaths.

Road traffic accidents (RTAs) - not AIDS, cancer or any other disease - are the major causes of death for 15-19 year olds worldwide. An estimated 1.2 million people are killed each year in traffic accidents (WHO, 2004). There are many more male victims than female. RTAs are the second most likely cause of death for 10-14 year olds and 20-24 year olds and the third most likely cause in children aged 5-9 years. Most of the victims are young men and boys. Men aged less than 25 years are nearly three times as likely as women of that age to be killed in a road-traffic accident. In 2002, more than half of the estimated 380,000 young people who died in RTAs worldwide were in Africa and south-east Asia. Young male cyclists, motorcyclists and pedestrians in these poorer countries are more at risk of death in an RTA as roads in those countries are not geared up for motor vehicles to share the road space with them. Protective or bright clothing is also rarely worn in such countries. Young road users are mostly at risk due to alcohol use, fast driving and inexperience of complex traffic conditions. Some deliberately take risks while driving due to peer pressure (The Lancet, 2010). Distracted driving is a serious and growing threat to road safety. With more people owning mobile phones and the rapid introduction of new in-vehicle communication systems, this problem is increasing globally and will rise in the coming years.
Homicide is the leading cause of death among young people ages 10 to 24 (Anderson and Smith, 2006). In 2004, 5,486 young people ages 10 to 24 were murdered, an average of 15 each day. 79% of homicide victims ages 10 to 24 were killed with firearms. 17% of students reported carrying a weapon, like gun, knife, or club (Kann et al. 2006). Among students nationwide, 33% reported being in physical fights one or more times. 9% of students reported being hit, slapped or tortured physically by their boyfriend or girlfriend. Of the 5,486 homicides reported in the 10 to 24 age group in 2001, 85% (4,659) were males and 15% (827) were females. Male students (41%) were more likely to be involved in a physical fight than female students (25%). On the contrary, female students (12%) were more likely than male students (6%) to have been forced to have sexual intercourse (Kann et al. 2006).

Precocious sexual intercourse is another common harmful behaviour among youths. Unfortunately, the long-term trends in sexual activity among youths until recently have not been promising – the rates of sexual activity have climbed steadily for over two decades. About 20% more males and females are having sex today by the age of 18 than were in the early 1970s. As the age of young adolescents increases so does the risk of engaging in sexual activity. About 10% of 12 year olds, 40% of 16 year olds and about 80% of 19 year olds have had sex already and most of them having unprotected sexual intercourse (Allan Guttmacher Inst, 2004).

Many youths engage in sexual risk behaviours that can result in unintended health outcomes. For example, among U.S. high school students, 46% ever had sexual intercourse (CDC, 2009). 34% have had sexual intercourse on a regular basis. Of these, 39% did not use a condom the last time they had sex and 77% did not use pills or injection as birth control to prevent pregnancy the last time they had sex. 14% had had sex with four or more people during their life. Sexual risk behaviours put adolescents at risk for HIV infection, other sexually transmitted infections (STIs) and unintended pregnancy: An estimated 8,300 young people aged 13–24 years in the 40 US states had HIV infection (CDC, 2009). Nearly half of the 19 million new STDs each year are among young people aged 15–24 years (Weinstock et al, 2004). More than
400,000 teen girls aged 15–19 years gave birth in 2009 (Hamilton et al, 2010). Many youths have precocious sexual intercourse after substance use.

On an average day in 2006, youths aged 12 to 17 used the following substances for the first time: 7,970 drank alcohol, 4,348 used an illicit drug, 4,082 smoked cigarettes, 3,577 used marijuana and 2,517 used pain relievers non-medically for the first time (SAMHSA 2006). Youths drank an average of 4.7 drinks per day on days they drank and smokers youths used smoked an average of 4.6 cigarettes per day on days they smoked. On an average day in 2005, the number of youth admissions to substance abuse treatment was: 189 by the criminal justice system, 66 by self-referral or referral from other individuals, 43 by schools, 37 by community organizations, 22 by alcohol or drug treatment providers and 18 by other health providers (OAS, 2009). Many youths get so deeply involved in drug use which results into suicide.

The mean suicide rate among adolescents in the 15-19 age groups is 7.4/100,000 (WHO, 2004). Suicide rates are higher in males (10.5) than in females (4.1) in almost all countries. The exceptions are China, Cuba, Ecuador, El Salvador and Sri Lanka, where the female suicide rate is higher than the male. In the 90 countries studied, suicide was the fourth leading cause of death among young males and the third cause for young females. Of the 132,423 deaths of youths in these 90 countries, suicide accounted for 9.1% (Wasserman, 2005). But youths also embrace death in a slow pace, contrary to suicide, by adopting a disease prone lifestyle.

Youths are also at risk of experiencing an unhealthy state of health through their diet. In 2008, almost a quarter of adults, 24% of men and 25% of women aged 16 or over, in England, were classified as obese with a BMI (Body Mass Index) of 30kg/m² or over. A greater proportion of men than women, 42% compared with 32%, were classified as overweight in 2008, BMI 25 to less than 30kg/m². 39 % of adults had a raised waist circumference in 2008 compared to 23% in 1993. Women were more likely than men, 44% and 34% respectively, to have a raised waist circumference of over 88cm for women and over 102 cm for men. Using both BMI and waist circumference to assess
risk of health problems for men, 20% were estimated to be at increased risk, 14% at high risk and 21% at very high risk. Equivalent figures for women were: 15% at increased risk, 17% at high risk and 24% at very high risk. 16.8% of boys aged 2 to 15 and 15.2% of girls were classified as obese, an increase from 11.1% and 12.2% respectively in 1995. Whilst there have been marked increases in the prevalence of obesity since 1995, the prevalence of overweight children aged 2 to 15 has remained largely unchanged, 14.6% in boys and 14.0% in girls in 2008. For boys, on weekdays, 35% spent 4 or more hours doing sedentary activities among those who were not overweight or obese, 44% of those overweight and 47% of those obese in 2008. For girls, a comparable pattern was found; 37%, 43% and 51% respectively (NHS, 2008).

Worldwide, in 2007, overweight or obese men and women aged 16 and over were more likely to have high blood pressure than those in the normal weight group. High blood pressure was recorded in 47% of men and 44% of women in the obese group, compared with 32% of overweight men and women and 16% of men and women in the normal weight group. The number of Finished Admission Episodes (FAEs) in NHS hospitals with a primary diagnosis of obesity among people of all ages was 7,988 in 2008/09. This is over eight times as high as the number in 1998/99 (954) and nearly 60% higher than in 2007/08 (5,018). The number of Finished Consultant Episodes (FCEs) with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery among people of all ages in 2008/09 was 4,221, more than double the number in 2006/07 (1,951) and 55% higher than in 2007/08 (2,724). In 2008, prescription items dispensed for the treatment of obesity was 1.28 million, ten times the number in 1999, 127,000 (NHS, 2010). Dependence on an unhealthy diet and a sedentary lifestyle produces diabetes and hypertension, mostly accountable for morbidity and mortality during middle age.

Other forms of addiction, more of a psychological nature, are emerging these days. Video game addiction is real. Although gaming addiction is not yet recognized as a disorder by the American Medical Association, there is increasing evidence that people of all ages, especially teens and pre-teens, face real and severe consequences from compulsive use of video and computer
games. Video games are becoming increasingly complex, detailed and persuasive to a growing international audience of players. With better graphics, more realistic characters and greater strategic challenges, some teens would rather play the latest video game than hang out with friends, play sports or even watch television. For many youths, gaming has become a strong urge. They can play video games several hours a week, notwithstanding school activities, grades, friends and family obligations. Studies estimate that 10 to 15% of gamers exhibit signs that meet the World Health Organization criteria for addiction. Just like gambling and other compulsive behaviours, teens can become so fascinated in the fantasy world of gaming that they neglect their family, friends, work and school (Hauge et al, 2007).

Internet addiction too, sometimes referred to as cyberspace addiction or online addiction, can manifest itself in many ways among teens of today. If young girls just spend an entire beautiful weekend altering on her My Space/Facebook page, foregoing a trip with the family to an amusement park, they may be showing signs of addiction. If some parents checked their Internet browser history only to find out their innocent, naïve teenage son has spent the last five afternoons accessing pornographic websites where the titles make parents blush, the youngster may be addicted.

Experts say that 10% of Internet users may be considered as addicted, although some mental health professionals refuse to use that term in a clinical sense. They argue that an activity can only be addictive when it causes a certain type of chemical reaction in the brain, which is hard to determine. But when parents argue with a teen about the amount of time the teen spends online and she just cannot get her paper done because her AOL Instant Messenger keeps alerting her something new and exciting is happening with her best friend, then there exists definitely a serious problem for the parents, the youngster and the entire family (Block, 2008).

The world today is driven by technology. Youth is at the helm of this technology revolution. This generation relies on technology as heavily as it relies on air for breath. Technology driven communications like the cell phones, social networking websites and chat rooms have brought the world to
the fingertips of youth. The technology tool at the lead, considering the frequency of its usage, is the cell phone (Viewspaper, 2010).

It is estimated that around 4.5 billion people use cell phone worldwide. It comes as no surprise that a huge portion of this quantity consists of youths. The cell phone is more of a necessity for them than a luxury. Several surveys conducted on youth worldwide have figured out that they consider cell phones an integral part of survival and some even say that they would rather go without food for a day than without their cell phones. With constant texting, calling, listening to music, playing phone games or simply fiddling with the phone being such an integral part of their lifestyles, it is little wonder that not having it around strikes them with paranoia.

However, research has shown that prolonged usage of cell phones cause extreme fatigue, high blood pressure, increase of heartbeats and warming of the brain cells, which in no way can be beneficial to the human body. Constant usage of the cell phone by youths devours up the time that they could have otherwise devoted to quality work, leading to inefficiency and lesser mental participation at work. Also it leads to lesser physical activity. Many youths prefer curling on a bed and talk their hearts out with someone rather than take a stroll on the nearby park. This is also a cause, if not a major one, of rising of obesity among youths (The Viewspaper, 2010).

In Mauritius and Rodrigues, youth behaviour showed serious health risks (Ameerbeg, 2006). 1 in 10 rode a motor cycle without wearing a helmet. 6.9% drove without wearing a seat belt. 5.8% drove and 9.4% walked alongside the road after using alcohol. 5.6% of youths carried a weapon, 14.4% were bullied, 10.7% had ever been in a physical fight, 5.2% were injured in a physical fight, 15.0% had their properties (clothing, books and bikes) damaged or stolen, 12.0% were threatened and injured and 10.9% threatened and injured people. 3.1% were forced physically and 3.2% physically forced people to engage in sexual activities. 16.1% attempted suicide.

35.1% of youths were current cigarette smokers. 20.6% smoked 6 to 10 cigarettes daily. 32.1% were current users of alcohol. 15.1% had periodic
heavy drinking. 22.0% were lifetime users of marijuana. 10.7% currently used heroin. Injecting mode of use (9.2%) accompanied syringe sharing (9.1%). 6.9% of youths were lifetime and 6.6% current users of White Lady. 5.1% current used Buprenorphine (Subutex). Most users injected these drugs. 5.8% were current users of psychotropic drugs. 4.9% were current users of ecstasy.

In addition, 1 in 2 youths used cigarette and alcohol, 1 in 5 used marijuana, heroin, White Lady, the psychotropic drugs and ecstasy on school premises.

44.7% of single youths ever had sexual intercourse. Multiple sex partnership under the influence of alcohol or illicit drugs was common. Overall, 22.0% of youths used contraception. Most of them used condoms (13.5%) and the withdrawal method (5.1%), not on a regular basis. But, 4.1% of single youths were pregnant. 1.7% gave birth and 2.4% had abortions, most of them (2.0%) having backstreet abortions. 13.4% of youths contracted the sexually transmitted infections. 12.0% sought treatment over the pharmacy counter. 1.0% did not seek treatment at all and 0.4% used herbs/tisanes.

5.0% of youths were overweight. 9.8% never consumed vegetables, fruits, green salads and pure fruit juice. 85.8% of youths did not even practise moderate physical exercises. 95.7% watched television daily with 40.4% watching for more than 2 hours. 33.4% played computer games daily including 6.1% who played for more than 2 hours.

Youths mainly attributed family problems (89.9%), carelessness (76.4%), anger/frustration (66.4%), wish to defy authorities (69.9%), forgetfulness (60.1%) and substance use (53.9%) as reasons for violence. Sexual behaviour of youths was mainly posed upon the wish to enjoy (71.2%), proper time for the act (69.4%), carelessness (76.4%) and use of substance (65.3%). The dislike of preventive measures during sex (72.4%) was a common opinion. Youths used substance for recreational means (83.4%) and to forget problems (61.4%). While overeating (71.9%), eating high-calorie food (63.4%) and lack of exercises (59.4%) produced overweight, busy study schedules (66.9%) and carelessness (69.2%) mainly accounted for a sedentary lifestyle.
Several studies worldwide document that risk behaviour of youths is inter-related. Health-related behaviour of school children aged 11, 13 and 15 years in Wales and Norway indicates a health-negative attitude. Alcohol use is linked with smoking and unhealthy food intake (Bandura, 1992). Regular smokers are likely to be regular heavy alcohol users. Similarly, smokers are more likely to have used cannabis, glue and the amphetamines. More smokers are likely not to have breakfast and thus be undernourished. In addition, females who initiate sexual intercourse before age 15 are twice more likely to use alcohol and marijuana. Sexually active and teen drug users are at high risk of HIV infection from needle sharing (Sulliman et al, 2004). Worldwide, most deaths from injuries occur among children and youths. Alcohol use is strongly linked to injuries and death among 13 and 15 year old boys.

Many youths are aware of the health risks but they are careless. Knowledge of the health risks of smoking is high among youths aged 12-20 years but they continue to smoke. They do not value their health (Ameerbeg et al, 2004). In US, many high-school students report pressure either from peers or from socio-economically disadvantaged environments to use drugs and smoke. Many youths lack confidence in themselves. They believe that they cannot improve on their devastating behaviour (WHO, 2004).

**Why Was the Survey Conducted?**

a. Youngsters aged between 15 and 24 years usually get involved into behaviour detrimental to their health and career (NHS, 1996). Such behaviour comprises mainly violence, smoking, drug use, teenage pregnancy and multiple sex partnership worldwide, resulting into either debilitating injuries or the STIs/HIV/AIDS. Moreover, the risk of chronic medical conditions like diabetes and cancer in later life increases as fewer youths consume a healthy low fat diet and practice physical exercises regularly. This study identified factors which trigger such devastating behaviour.
b. Youths, parents and teachers need to be made aware of a comprehensive and update risk behaviour of youths restricted not only to drug use or sexuality but to other scourges so that appropriate corrective measures could be taken. Hence, specific negative health outcomes resulting from risky behaviour could be averted. In order to do so, reliable and valid information is imperative. This can only be achieved through a scientific study covering a national representative population of youths comprising both genders as well as rural and urban young people. These main issues were considered by this study.

c. Several organisations and ministries implement health education programmes targeted at youths. A health-risk free behaviour is advocated. But routine statistics show that more of our youths are getting involved in harmful behaviour. The rates of precocious sexual intercourse, use of substance, consumption of high-calorie food, abuse of cell phones and video games are increasing. It seems that interventions are not yielding expected results. Hence, this study was conducted as an evaluation. It explored the status and pitfalls of interventions and unveiled other risk behaviour and their causes.

d. In addition, this study documented the new trends related to the risky behaviour of youths. A database will be constituted. It will provide update data on the use of licit and illicit drugs, sexuality, abortions, dietary habits and physical exercises among a representative sample of youths. It will be of great value for all stakeholders aiming at alleviating youth suffering. This study will consolidate a surveillance system for youth behaviour. Hence, a suitable action plan leading to the promotion of healthy behaviour among youths is aimed at for a reduction of morbidity and mortality among them and guiding them to meet their aspirations with a higher level of success.
What Were the Specific Objectives of the Survey?

The specific objectives of the survey were centred on:

(i) Proportion of youths indulging in intentional/unintentional injuries.
(ii) Types and patterns of cigarette, alcohol and illicit drugs use by youths.
(iii) Practice of sexual behaviour and its consequences.
(iv) Nutrition and dietary habits with reference to fruits, vegetables, dairy products and non-alcoholic beverages intake.
(v) Types and practice of leisure and physical activities.
(vi) Determinants of health risk behaviour.
(vii) Formulation of recommendations for future actions

Who Conducted the Survey?

The Ministry of Youth and Sports conducted the survey. Principal Youth Officers, headed by the Director of Youth Affairs were the main investigators of the survey, assisted by a Research Technician. They selected a nationally representative sample of youths aged between 15 and 24 years for interviews. They identified Youth Leaders and Youth Cadres to conduct and supervise interviews. Field staff used the face-to-face interview technique and a pre-designed and pre-coded questionnaire to collect data in August 2014.

Who Funded the Survey?

The United Nations Population Fund supported the initiative of the Ministry to conduct the study by funding the study.

What is Contained in this Report?

This report deals with the prevalence and determinants of youth behaviour in Mauritius. It describes the problem, the methodology of the survey and presents the results. It reports on violence and injuries, substance use, sexual behaviour, nutritional and dietary habits, physical activities and determinants of behaviour. Recommendations for future actions are formulated as well.
CHAPTER 2: STUDY SAMPLE AND METHODOLOGY

Who Participated in the Survey?

According to the World Health Organization, youth refers to people aged between 15 and 24 years. So, the study population consisted of in school, out of school, employed and unemployed males and females aged 15-24 years in the community in Mauritius.

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

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

where 
- \(n\) = the minimum sample size.
- \(K\) = the cluster effect, which was 2.
- \(Z\) = the confidence interval, which was 2.
- \(p\) = proportion of young people who got involved in high risk behaviour assumed at 50.0% in the absence of true rate.
- \(q\) = proportion of those young people not involved in high risk behaviour assumed at 50.0% in the absence of true rate.
- \(e\) = the degree of precision or error, which was 5%.

$$\frac{2^2 \times 50 \times 50}{5^2}$$

Hence \(n \geq 2\) \(\frac{2}{5}\) \(\frac{2}{5}\) = 800

The multistage sampling method was used to identify respondents aged 15-24 years. At the first stage, 40 enumeration areas (EAs) were randomly selected as primary sampling units from 9 districts which were divided into 10 regions (PSUs). The number of EAs per region was proportional to the size (PPS) of each region. In each EA, a listing of all households was carried out. From this list, 25 males and 25 females were randomly selected in each EA. The 40 EAs yield a sample size of 1,000 respondents.

The investigators used two approaches to identify possible biases in the sample. First they compared the demographic characteristics of youths in the
study with those of the Mauritian population. Second, they weighted scores on questionnaires from interviews with the scores on questionnaires they completed during pre-test of the study. There was no significant difference. So, 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 to collect data. 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 investigators adapted this questionnaire to the CDC/WHO guidelines on youth risky behaviour.

How Was Data Collected?

Prior to data collection, the investigators 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.

The basic unit of the study were youths aged 15-24 years in the community. 40 enumeration areas were selected. In each area, all households were listed. Then 25 male and 25 female youths were selected and interviewed in their homes in each selected EA. 1,000 respondents were enlisted. So, the sample size amounted to 1,000. Selections at the different stages were done randomly.

The investigators recruited 1 male and 1 female interviewer among Youth Leaders and Youth Cadres for every enumeration area. 20 male and 20 female interviewers were needed. Investigators also supervised field work. These 40 field staffs were trained in a half-day workshop. Interview techniques and in-depth discussion of the questionnaire were highlighted during training.

The investigator/supervisors checked the questionnaires for completeness and consistency during fieldwork. Any doubtful response was verified through
revisits to the respondents. In addition, investigators and supervisors randomly selected 3 completed questionnaires from each interviewer. They conducted second interviews in order to validate interviews and recorded data.

**Were Ethics Considered?**

Before implementing the study, the investigators sought permission from the Permanent Secretary and the Director of Youth Affairs of the Ministry of Youth and Sports. Field staff maintained confidentiality and anonymity throughout the survey. There was no obligation for any youth to participate in the study. No third party was allowed to access data forms or trace respondents. Respondents gave their consent prior to interviews. Youths aged below 18 years had a second consent which was solicited from parents.

**How Was Data Analysed?**

Data entry clerks entered data. The Research Technician then cleaned and analysed the data, working out frequencies and cross-tabulations. He used the SPSS 20.0 computer package for data entry and analysis.

**What Were the Quality Control Strategies Put in Place?**

To acquire high quality data, the investigators implemented some quality control strategies on the field.

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

**Pre-testing of data collection instrument:** The investigators/technician and the interviewers pre-tested the questionnaire for its reliability to provide information in line with the objectives of the study.

**Training of interviewers:** The investigators/technician explained the objectives and methodology of the survey and the need of a high quality of data to supervisors and interviewers. They emphasised on principles and
techniques of interviews for field staff to establish a rapport with respondents prior to interviews. Thus there could be a natural flow of information.

**Supervision:** Investigators closely supervised the data collection exercise. Daily checks of consistency and completeness were done on completed questionnaires. Doubtful responses were verified 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 investigators 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 such type of behaviour. This issue was dealt with by recruiting young interviewers who established a rapport with the respondents.

**Was Any Abbreviation Used in the Survey?**

WHO: World Health Organization.

CDC: Centre for Disease Control.

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immune Deficiency Syndrome

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?

Geography type: 70.2% were rural and 29.8% urban youths.

Age: 29.6% of youths were aged 21 to 24 years, 29.6% aged 15 to 16 years, 23.4% aged 17-18 years and 17.4% aged 19 to 20 years.

Gender: There were equal proportions of males (50%) and females (50%).

Marital Status: Most youths (90.3%) were single followed by 4.1% who were married, 2.6% lived in consensual union and 3.0% were either separated, divorced or widowed.

Education: 43.4% of youths were secondary level students, 37.6% were Sc/HSc holders, 11.6% had tertiary qualifications, 4.8% completed primary level education and 2.6% had vocational training.

Religion: 50.4% were Hindus, 32.1% Christians, 14.2% Muslims, 2.1% Sino-Mauritians and 1.2% had no religion.

Occupation: 59.0% were students while 22.4% were full-time wage earners, 12.5% unemployed, 4.7% part-time wage earners and 1.4% was street boys/girls mainly in the urban areas.

Living with whom: 74.1% lived with both parents while 13.6% lived with single parents, 7.1% were married and had their own households, 3.2% with grand-parents, 1.0% lived alone and 1.0% dwelled in shelters.

Health of youths: 32.9% had good health followed by 32.4% who had very good, 30.2% excellent, 3.3% fair and 1.2% poor health.

Important issues in life: Belongingness to the family (61.6%), education (46.4%), health status (30.7%), employment/career (28.0%), money making (16.8%), interpersonal relationships (10.7%), human rights (1.9%) and preservation of the environment (2.3%) were valued by youths.

Biggest challenges facing youths: Career future and uncertainty (65.3%), stress/difficult life situations (57.2%), cost of living (49.2%), family/friends conflict (30.3%), Family care (26.8%), low self-confidence (15.3%), safety on streets/in public (14.2%), anxiety/depression (9.9%), discrimination in society(8.6%) and alcohol and drug addiction (20.8%) were matters of serious worry for these young people.
Feelings about the future: 61.9% of youths had positive expectations for the future compared with 27.7% who were uncertain on the issue followed by 10.4% with negative thoughts, that is, difficult career and financial situations.

University fees: 37.8% of youths found university fees to be costly compared with 24.4% who thought that the fees were affordable while 37.8% were not concerned with the issue.

Assistance to deal with personal problems: Most youths contacted friends/colleagues for assistance when they met with problems (41.5%) followed by 36.3% who contacted parents, 30.3% went to mothers only, 22.0% met fathers, 13.6% consulted teachers, 18.5% discussed with life partners and 12.9% did not contact anyone.

Discuss important issues with parent/ adults: 43.6% of young people said that they could discuss their personal issues with parents or any other adult with a view to seeking their views while 23.2% said that adults are not interested and 33.2% were not interested to share their issue with adults.

Unsafe on streets/public places: 39.2% of youths had ever been unsafe in public places and streets twice or thrice both in the rural and urban areas. But this situation was more prevalent in the urban areas.
CHAPTER 3: 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 (Wasserman et al, 2005). Suicide is also a self-violent behaviour which is rampant among youths and needs to be explored.

Violence: Youths were asked whether they carried a weapon, they were bullied, were involved or injured in physical fighting, their properties were stolen or damaged, they were threatened or injured and whether they threatened or injured people. Youths mainly experienced thefts and damage of properties (30.0%) and bullies (29.6%) during 6 months preceding the survey, as seen in table 3.1 which follows.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Total</th>
<th>2-3 days</th>
<th>4-5 days</th>
<th>&gt; 6 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carried weapon</td>
<td>10.9</td>
<td>2.7</td>
<td>5.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Bullied at school/electronically</td>
<td>29.6</td>
<td>5.9</td>
<td>13.8</td>
<td>9.9</td>
</tr>
</tbody>
</table>

**Table 3.1: Per cent distribution of violence**

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Total</th>
<th>2-3 times</th>
<th>4-5 times</th>
<th>&gt; 6 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical fighting</td>
<td>21.4</td>
<td>8.0</td>
<td>9.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Injured in physical fighting</td>
<td>15.2</td>
<td>6.6</td>
<td>5.5</td>
<td>3.1</td>
</tr>
<tr>
<td>Property stolen/damaged</td>
<td>30.0</td>
<td>13.7</td>
<td>10.3</td>
<td>6.0</td>
</tr>
<tr>
<td>Been threatened/injured</td>
<td>12.0</td>
<td>2.8</td>
<td>2.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Threatened/injured</td>
<td>10.9</td>
<td>2.3</td>
<td>3.0</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Females (19.0%) were more likely to be bullied. Almost equal numbers of males and females had their properties stolen and damaged during 6 months prior to the survey, as shown in table 3.2. Furthermore, more males were also involved in physical fighting (14.0%) and threatened/injured people (14.2%).
Table 3.2: Per cent distribution of violence by gender and age

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Gender</th>
<th>Age (years)</th>
<th>15-16</th>
<th>17-18</th>
<th>19-20</th>
<th>21-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carried a weapon</td>
<td>Female</td>
<td>Male</td>
<td>3.8</td>
<td>7.1</td>
<td>4.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Bullied at school/electronically</td>
<td>19.0</td>
<td>9.8</td>
<td>16.2</td>
<td>24.4</td>
<td>8.4</td>
<td>9.1</td>
</tr>
<tr>
<td>Physical fighting</td>
<td>7.4</td>
<td>14.0</td>
<td>17.9</td>
<td>10.5</td>
<td>9.1</td>
<td>11.8</td>
</tr>
<tr>
<td>Injured in physical fighting</td>
<td>10.6</td>
<td>4.6</td>
<td>6.2</td>
<td>7.5</td>
<td>3.5</td>
<td>3.9</td>
</tr>
<tr>
<td>Property stolen/damaged</td>
<td>13.2</td>
<td>16.8</td>
<td>20.0</td>
<td>13.9</td>
<td>15.4</td>
<td>11.6</td>
</tr>
<tr>
<td>Been threatened/injured</td>
<td>7.6</td>
<td>14.2</td>
<td>12.8</td>
<td>12.5</td>
<td>12.3</td>
<td>7.9</td>
</tr>
<tr>
<td>Threatened/injured people</td>
<td>10.0</td>
<td>14.0</td>
<td>14.4</td>
<td>12.9</td>
<td>9.8</td>
<td>10.4</td>
</tr>
</tbody>
</table>

Coerced Sex: Youths were asked whether they physically forced others or they were physically forced to engage in sexual activities. Coerced sexual behaviour currently occurred for 2-3 times among youths. Youths forced people to have sex (3.1%) equally as they were forced physically to have sex (3.2%), as shown in table 3.3.

Table 3.3: Per cent distribution of coerced sex by gender and age

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Total</th>
<th>Gender</th>
<th>Age (years)</th>
<th>15-16</th>
<th>17-18</th>
<th>19-20</th>
<th>21-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced to have sex</td>
<td>3.1</td>
<td>4.0</td>
<td>0.0</td>
<td>1.7</td>
<td>1.0</td>
<td>0.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Force people to have sex</td>
<td>3.2</td>
<td>0.0</td>
<td>6.4</td>
<td>1.3</td>
<td>1.0</td>
<td>1.4</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Suicide Related Behaviour: 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 3.4.

Table 3.4: Per cent distribution of depression / suicide by gender and age

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Total</th>
<th>Gender</th>
<th>Age (years)</th>
<th>15-16</th>
<th>17-18</th>
<th>19-20</th>
<th>21-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad/hopeless</td>
<td>27.8</td>
<td>33.0</td>
<td>22.6</td>
<td>23.6</td>
<td>24.7</td>
<td>24.3</td>
<td>26.1</td>
</tr>
<tr>
<td>Considered suicide</td>
<td>16.7</td>
<td>17.4</td>
<td>16.0</td>
<td>17.6</td>
<td>17.4</td>
<td>15.3</td>
<td>14.8</td>
</tr>
<tr>
<td>Made suicide plan</td>
<td>13.3</td>
<td>12.2</td>
<td>12.4</td>
<td>11.0</td>
<td>13.0</td>
<td>11.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>16.1</td>
<td>17.4</td>
<td>10.2</td>
<td>17.6</td>
<td>17.4</td>
<td>16.3</td>
<td>16.0</td>
</tr>
<tr>
<td>Treated attempt</td>
<td>5.2</td>
<td>6.8</td>
<td>4.6</td>
<td>7.0</td>
<td>9.1</td>
<td>4.7</td>
<td>4.6</td>
</tr>
</tbody>
</table>
27.8% of youngsters felt depressed during the previous year preceding the survey. Depression mostly results into life threatening behaviour, which commonly takes the form of suicide worldwide. Such scenario presented itself among respondents of the study. 9.5% of youths currently attempted suicide once and 6.6% twice or thrice. Females were more likely to attempt more than once, commonly on three occasions. But males used more lethal means in trying to put an end to their lives.
CHAPTER 4: 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 (WHO, 2004).

Risk Driving/Riding/Walking on the Road: 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 or walked on the road under the influence of alcohol for a number of times. Currently, many youths drove under the influence of alcohol (37.0%) and without using seat belts (29.7%), as shown in figure 4.1.

Figure 4.1: Per cent distribution of risk riding/driving/walking

![Bar chart showing the percentage distribution of risk riding/driving/walking](image)

Almost equal proportions of both genders were likely to drive without seat belts. But older youths mostly travelled without using seat belts. Alcohol use
and driving was common among many young people both in the urban and rural regions, as figured in table 4.1. Both genders were equally represented.

Table 4.1: Per cent distribution of risk driving/riding by gender and age

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Gender</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>15-16</td>
</tr>
<tr>
<td>Riding without helmet</td>
<td>6.6</td>
<td>14.2</td>
</tr>
<tr>
<td>Driven without seat belt</td>
<td>28.4</td>
<td>31.0</td>
</tr>
<tr>
<td>Walking = alcohol/drugs</td>
<td>11.8</td>
<td>17.6</td>
</tr>
<tr>
<td>Driving = alcohol/drugs</td>
<td>34.4</td>
<td>39.6</td>
</tr>
</tbody>
</table>

The frequencies with which youths drove or rode after using alcohol within the previous month were highly influenced by previously ever been driven by drivers who used alcohol. Youngsters were likely to put into practice what they experienced. For many among them, such behaviour was accepted in society. Others were so addicted to alcohol that they used alcohol and not only drove but also walked on the road while being under the influence of alcohol. Males largely outnumbered females while driving or walking on the road after using alcohol. Older youths, mostly those aged between 18 to 24 years, were likely to take such risky behaviour.
CHAPTER 5: TOBACCO USE

The use of tobacco in adolescence usually leads to a lifelong addiction to nicotine. Trial of any intoxicating substance during adolescence increases the likelihood of becoming a heavy user later in life (NHS, 2010). 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 (SAMHSA, 2009). Smoking among youths is linked to increased frequency and severity of respiratory and circulatory illnesses. Smoking is also a marker for alcohol and substance use and is associated with early unprotected sexual activity (CDC, 2009). It should be noted that lifetime use refers to use even only once, but not during the month prior to the study. But current use refers to use, even once, during 30 days preceding the study.

**Lifetime Use:** 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. 66.2% of youths ever smoked. Males were three times 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](image)

**Age at First Use:** Males were likely to start smoking cigarette earlier. A large proportion started between ages 13 and 16. However, about 5.0% started smoking around age 10, comprising males and females, as seen in figure 5.2.
Current Use: 55.1% of youths smoked during 1 or more days (> 1) of the 30 days preceding the survey. This means that they were current smokers. 24.4% smoked for all 30 days comprising 32.6% of males and 17.2% of females. It was observed that the proportion of female smokers was rising.

Daily Use: The highest proportions of current smokers for both gender smoked 6 to 10 cigarettes daily, as seen in figure 5.3. Males (18.3%) were numerous to smoke 11 to 20 cigarettes daily.

Source: Users availed themselves of cigarettes from tobacco shops (38.1%), stores/supermarkets (19.9%), friends (3.7%) and family members (3.4%). 1.1% borrowed from people. Males were likely to buy from tobacco shops
while females bought from supermarkets and got from friends. It was observed that minors as well bought cigarettes from shops and stores/supermarkets,

**Cigarette Use on School Property:** 23.5% of youth smokers, 17.3% of males and 6.2% of females, comprising mainly youths aged between 14 and 16 years currently smoked on school compounds during the past 30 days preceding the survey. The number of cigarettes ranged from 5 to 10 daily among males but 1 to 3 daily among females in the same age group as the male counterparts.
CHAPTER 6: ALCOHOL AND OTHER DRUGS USE

Worldwide, alcohol is responsible for 1.8 million of deaths per annum, mainly among males. Alcohol caused 20-30% of motor vehicle crashes and homicide worldwide, many among youths (WHO, 2004). Cigarette and alcohol use precedes marijuana use among youths and the use of heroin and psychotropic drugs precedes marijuana use (SAMHSA, 2009). Consequently, heavy drinking among youths is linked to multiple sex partners and violence.

**Lifetime/Current Use:** Youths were asked on lifetime and current use of alcohol and other drugs, as shown in table 6.1

**Table 6.1: Per cent distribution of alcohol and other drugs use by gender and age**

<table>
<thead>
<tr>
<th>Alcohol/Drugs</th>
<th>Total</th>
<th>Gender</th>
<th>Age (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td>61.7</td>
<td>36.9</td>
<td>51.0</td>
</tr>
<tr>
<td>Current</td>
<td>32.1</td>
<td>20.8</td>
<td>43.4</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td>23.8</td>
<td>14.0</td>
<td>35.0</td>
</tr>
<tr>
<td>Current</td>
<td>22.0</td>
<td>8.4</td>
<td>24.6</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td>20.7</td>
<td>9.8</td>
<td>15.6</td>
</tr>
<tr>
<td>Current</td>
<td>19.7</td>
<td>3.8</td>
<td>15.6</td>
</tr>
<tr>
<td>White Lady</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td>2.69</td>
<td>8.0</td>
<td>11.8</td>
</tr>
<tr>
<td>Current</td>
<td>31.6</td>
<td>9.0</td>
<td>11.2</td>
</tr>
<tr>
<td>Subutex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td>25.6</td>
<td>13.1</td>
<td>28.9</td>
</tr>
<tr>
<td>Current</td>
<td>25.1</td>
<td>12.6</td>
<td>16.6</td>
</tr>
<tr>
<td>Psychotropic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td>23.8</td>
<td>21.4</td>
<td>13.6</td>
</tr>
<tr>
<td>Current</td>
<td>34.8</td>
<td>9.1</td>
<td>17.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td>24.9</td>
<td>13.6</td>
<td>25.2</td>
</tr>
<tr>
<td>Current</td>
<td>32.8</td>
<td>23.6</td>
<td>34.8</td>
</tr>
</tbody>
</table>
Drugs comprised marijuana, heroin, White Lady (a white powder containing little heroin, 2 to 5%, but a high fraction of whitish additives like paracetamol or aspirin), psychotropic drugs and ecstasy, as seen in table 6.1. Older youths mainly used alcohol and marijuana while males mostly abused drugs.

**Age at First Use:** While males were likely to use alcohol, females were likely to use psychotropic drugs early in life, at ages 10 to 12, as shown in table 6.2. Male youths mainly used cigarette (5.3%), alcohol (5.1%) and psychotropic drugs (0.2%) before age 13, shifting to drugs like Subutex as age increases.

![Table 6.2: Per cent distribution of age at first use of alcohol and other drugs](image)

<table>
<thead>
<tr>
<th>Substance</th>
<th>10-12 yrs</th>
<th>13-14 yrs</th>
<th>15-16 yrs</th>
<th>&gt; 17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>F</td>
<td>M</td>
<td>All</td>
</tr>
<tr>
<td>Alcohol</td>
<td>5.1</td>
<td>3.2</td>
<td>9.6</td>
<td>13.7</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1.7</td>
<td>1.0</td>
<td>3.9</td>
<td>9.4</td>
</tr>
<tr>
<td>Heroin</td>
<td>1.7</td>
<td>0.9</td>
<td>5.8</td>
<td>3.0</td>
</tr>
<tr>
<td>White Lady</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subutex</td>
<td>2.2</td>
<td>0.0</td>
<td>4.5</td>
<td>4.2</td>
</tr>
<tr>
<td>Psychotropic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td>4.9</td>
<td>1.5</td>
<td>9.6</td>
<td></td>
</tr>
</tbody>
</table>

**Mode of Use of Heroin:** 18.2% of youths currently injected and 1.5% smoked heroin during 30 days preceding the study. 13.1% of users shared syringes while injecting heroin. 6.1% exchanged for 3-9 times and 7.0% for 40 times or more. Furthermore, 25.0% of Subutex and 14.2% of White Lady users injected these drugs with 9.0% of syringe sharing in either case of these two drugs 2 to 5 times daily.

**Episodic Heavy Drinking or Binge Drinking:** 35.1% of youths had >5 drinks of alcohol in a row within a couple of hours on 1 or more days (>1) out of 30 days prior to the survey, as seen in figure 6.1. Males were likely to indulge in heavy drinking which increased with age, reaching the peak at ages 19 and 20. This means that older males were mostly Binge Drinkers.
Figure 6.1: Percent distribution of binge drinking by gender and age

- **21-24 yrs**
  - Male: 1.3, Female: 1.4
  - 2 days: 1.4, 3-5 days: 2.7, 6-9 days: 2, 10-19 days: 4.6, 20+ days: 4.7

- **19-20 yrs**
  - Male: 0.4, Female: 2
  - 2 days: 0.3, 3-5 days: 2.8, 6-9 days: 2.8, 10-19 days: 3.5

- **17-18 yrs**
  - Male: 0.1, Female: 2
  - 2 days: 0, 3-5 days: 1.9, 6-9 days: 2, 10-19 days: 4

- **15-16 yrs**
  - Male: 1.5, Female: 3
  - 2 days: 1, 3-5 days: 1, 6-9 days: 3, 10-19 days: 3.8

- **Male**
  - 2 days: 1, 3-5 days: 2, 6-9 days: 3.8, 10-19 days: 4.4, 20+ days: 5

- **Female**
  - 2 days: 1.6, 3-5 days: 1.4

Legend:
- 2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20+ days
CHAPTER 7: SUBSTANCE USE BY STUDENTS AND ON SCHOOL PREMISES

Substance Use by Students: Youth students were asked whether they used substance during the 30 days preceding the survey. They mainly used cigarette, alcohol and marijuana, as shown in figure 7.1. Males largely used cigarette (73.4%) and alcohol (58.0%). Females mostly used cigarettes (14.2%) and psychotropic drugs (11.3%).

![Figure 7.1: Percent distribution of substance use among students by gender](image)

Use of Substance on School Compounds: Students were also asked whether they used drugs on school compounds. They mainly used cigarette, psychotropic drugs and heroin for 10-19 times on school compounds during the previous month, as seen in figure 7.2. Psychotropic drugs (7.4%) were common among females while cigarette (28.4%) were widely used by males.

![Figure 7.2: Per cent distribution of substance use on school premises by gender](image)
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) including HIV and AIDS at times. Such risk-taking behaviour warrants serious attention among adolescents.

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

**Lifetime Sexual Intercourse / Sexual Contact:** Out of 90.5% single youths, 44.7% ever had sexual intercourse. 16.3% ever had sexual contact. Twice as many males ever had sexual intercourse. The probability increased with age, as shown in figure 8.1. Females were more likely to practise sexual contact.

**Figure 8.1: Per cent distribution of sexual intercourse among single youths by gender and age**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-24</td>
<td>Male</td>
<td>50.8</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>39.2</td>
</tr>
<tr>
<td>19-20</td>
<td>Male</td>
<td>44.2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>19.8</td>
</tr>
<tr>
<td>17-18</td>
<td>Male</td>
<td>25.8</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>15-16</td>
<td>Male</td>
<td>20.8</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Male</td>
<td>44.7</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

**Age at First Sexual Intercourse:** Approximately 1 in 4 youths, mainly males, initiated sexual intercourse before age 17, as seen in figure 8.2.
Multiple Sex Partnership: Males were more likely to have multiple sex partners, as shown in figure 8.3. The probability increased with age. But the difference among the two genders was not significant.

Use of Alcohol/Drugs prior to Sexual Intercourse: 16.4% of youths, mainly males aged between 16 and 18 years were more likely to use alcohol and drugs every time they initiated sexual intercourse. The use of substance triggered the desire for sexual intercourse by fair or foul means.
Use of Contraception: 22.0% of youths, including both single and those in-unions, used contraception the last time they had sexual intercourse, as seen in figure 8.5. However, the use of unreliable methods was common. While withdrawal (3.8%) and condoms use (3.9%) were common among single youths, those in union widely used condoms (9.6%).

Figure 8.5: Percent distribution of contraception use by marital status

<table>
<thead>
<tr>
<th></th>
<th>In-union</th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Condoms</td>
<td>9.6</td>
<td>3.9</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1.3</td>
<td>3.8</td>
</tr>
<tr>
<td>Pills</td>
<td>1.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Injections</td>
<td>0.5</td>
<td></td>
</tr>
</tbody>
</table>

Pregnancy and its Outcome: 11.8% of youths, 7.7% of those in union and 4.1% single youths, were pregnant during 12 months preceding the survey. 6.0% were pregnant once and 5.8% twice. Both those in union and single youths were likely to abort the foetus (3.4%/2.4%), as depicted by 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, 13.4% of youths contracted the sexually transmitted infections, 12.0
twice and 1.4% once. They were mainly males. 2.0% did not seek treatment, 11.0% bought drugs from pharmacies and 0.4% used herbs/tisanes.

**HIV and AIDS among Youths:** Out of 9.0% of youths who were tested for the HIV virus, 2.2% were infected. They were males aged between 17 and 20 years. These youths were more likely to be users of alcohol and drugs and currently practised multiple sex partnerships.

The secondary school (72.6%) was rated as the most popular site for the sensitisation on HIV and AIDS, as shown in figure 8.7. Females aged 15 to 16 years were likely to attend sensitisation campaigns in schools of rural areas.

**Figure 8.7: Per cent distribution of sensitisation sites on HIV/AIDS.**

![Bar chart showing per cent distribution of sensitisation sites on HIV/AIDS.](image)

**Homosexuality/ Lesbianism:** 8.2% of youths practised homosexuality and 4.0% were lesbians. Most of homosexuals were aged between 17 and 20 years, dwelling in urban areas and regular users of alcohol and other drugs. On the other hand, lesbians were most likely to be aged between 18 and 24 years from both the rural and urban areas. 1 out of 2 lesbians was a substance user, mainly using cough mixtures and other psychotropic drugs.

Approximately, 1 in 2 youths were against gay and lesbian marriage, as shown in figure 8.8. However, many who supported gay and lesbian marriage were
aged between 17 and 24 years with the largest proportions aged between 18 and 24 years and current users of alcohol and other drugs like Subutex and heroin. Both genders were almost equally represented among them.

Figure 8.8: Per cent distribution of opinion on Gay/Lesbian marriage.
CHAPTER 9: BEHAVIOUR RELATED TO BODY WEIGHT

A healthy diet includes a variety of food and emphasizes cereals, bread 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 (NHS, 2010). While adolescents often go on diet to achieve desired body weight, dieting among youths has also been associated with disease conditions 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 (65.0%) thought that they had the right weight. 22.0% said that they were obese, as seen in figure 9.1.

**Figure 9.1: Percent distribution of weight perception among youths**

![Image](image1.png)

**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. Exercise (20.2%) was the most popular method to lose weight followed by dieting (17.9%). Most of youths who tried losing weight were aged 18 to 24 years.

**Figure 9.2: Percent distribution of weight losing mechanisms by gender**

![Image](image2.png)
**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. While frequent snacking may not necessarily be an indicator of poor diet and nutrition (NHS, 1996), skipping meals has been associated with the intake of high-fat snacks among youths and with difficulties in concentration at school (Scheidt, 2001). Older students, especially girls, tend to skip breakfast more often on weekdays but rarely during weekends.

In this survey, four questions addressed fruits, juice and vegetable consumption and one dealt with milk consumption. The patterns of food consumption comprised juice (64.9%), salads (79.8%), vegetables (94.3%) and milk (64.9%), as shown in table 9.3. Youths mainly consumed the different food weekly rather than daily. Adolescent students were likely to drink fruit juice and eat fruits. Older youths, aged 18 to 24 years, mostly ate green salad, consumed vegetables and drank milk.

**Table 9.1: Per cent distribution of food consumption patterns among youths**

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Number of Times</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Weekly</td>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-3</td>
<td>4-6</td>
<td>1-2</td>
<td>3-4</td>
<td>4 &gt;</td>
<td></td>
</tr>
<tr>
<td>Drinking 100% fruit juice</td>
<td>64.9</td>
<td>38.6</td>
<td>8.4</td>
<td>12.3</td>
<td>4.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Eating of fruits</td>
<td>86.5</td>
<td>39.8</td>
<td>16.7</td>
<td>22.2</td>
<td>6.2</td>
<td>1.6</td>
</tr>
<tr>
<td>Eating green salad</td>
<td>79.8</td>
<td>44.5</td>
<td>12.8</td>
<td>15.7</td>
<td>4.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Vegetables consumption</td>
<td>94.3</td>
<td>36.7</td>
<td>15.3</td>
<td>25.5</td>
<td>11.0</td>
<td>5.8</td>
</tr>
<tr>
<td>Drinking glasses of milk</td>
<td>64.9</td>
<td>20.6</td>
<td>5.8</td>
<td>28.0</td>
<td>8.1</td>
<td>2.4</td>
</tr>
</tbody>
</table>
CHAPTER 10: PHYSICAL / RECREATIONAL ACTIVITIES

Sallis, Prochasaka, and Taylor (2000) suggest that physical activity is essential for optimal growth and development and improves adolescent aerobic fitness, blood pressure, self-efficacy and self-image. Physical activity improves self-esteem and reduces the risk of obesity which leads to diabetes, cancer, anxiety, stress, high blood pressure and elevated cholesterol which contribute to heart disease and stroke (NHS, 2010). Physical inactivity is a major public health problem contributing to the chronic non-communicable disease epidemic.

Physical Activities: Questions on physical activities mainly identified playing in sports team and practice of vigorous and moderate exercises. Physical activities on 7 days preceding the survey is shown in figure 10.1. Vigorous physical activities were 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 youths sweat or breathe hard like fast walking, slow cycling or slow walking for 30 minutes or less.

Figure 10.1: Percent distribution of days of practice of physical activity

Males were likely to practice vigorous exercises like football and jogging. Females were likely to have moderate physical activities like walking. Both males and females who regularly practised vigorous physical exercises were more likely to be aged between 20 and 24 years. Moderate physical activities were practised by youths aged between 15 and 17 years.
Recreational Activities: Recreational activities comprised the number of hours of television watching daily, computer games and use of mobile phone not for work purposes, as depicted in figure 10.2. Computer games comprised mainly of Play Station, Nintendo, 1 pod, Face book and Internet. Males and females aged between 15 and 20 years commonly watched television and played computer games. Males played these games for long hours. Mobile phone use was common among both males and female of all age groups.

Figure 10.2: Percent distribution of recreational activities

Gambling Activities: 68.5% of youths gambled on Loto. 52.6% enjoyed horse racing, as seen in figure 10.3. However, 5% of youths aged between 15 and 17 years ever tried to stop betting between 1 and 5 times but in vain.

Figure 10.3: Percent distribution of gambling activities
CHAPTER 11: DETERMINANTS OF RISKY BEHAVIOUR

Youths were asked the reasons for young people to indulge into violence, use substance, have precocious sexual intercourse, be overweight, have recourse to life destruction like substance use and suicide, crave for consuming niceties and neglect practice of physical exercise amongst others.

**Violence:** Violence-related behaviour included fights, robberies and 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. Youths cited substance use as common reason for 4 out of 5 elements of violence followed by defiance of authorities and carelessness. Family problems (89.9%) and breaking of a love affair (66.6%) were main reasons for suicide, as seen in table 11.1. Older male youths comprising mainly of males aged between 18 and 24 years cited these main reasons.

**Table 11.1: Per cent distribution of determinants of violence**

<table>
<thead>
<tr>
<th>Determinants of Use</th>
<th>Fights Robberies Injuries</th>
<th>Forced sex</th>
<th>No helmets Seat belts</th>
<th>Drunk &amp; Driving</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger/frustration</td>
<td>54.6</td>
<td>61.0</td>
<td></td>
<td></td>
<td>66.4</td>
</tr>
<tr>
<td>Substance use</td>
<td>53.9</td>
<td>51.9</td>
<td>40.0</td>
<td></td>
<td>51.1</td>
</tr>
<tr>
<td>Showing manliness</td>
<td>42.9</td>
<td>22.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defying authorities</td>
<td>46.6</td>
<td>59.4</td>
<td>69.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>60.2</td>
<td></td>
<td></td>
<td></td>
<td>15.4</td>
</tr>
<tr>
<td>Opposite sex attraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>51.6</td>
</tr>
<tr>
<td>Strong sex desire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52.2</td>
</tr>
<tr>
<td>Carelessness</td>
<td></td>
<td></td>
<td></td>
<td>69.6</td>
<td>76.4</td>
</tr>
<tr>
<td>Nothing will happen</td>
<td>38.6</td>
<td>41.1</td>
<td>66.6</td>
<td>55.4</td>
<td></td>
</tr>
<tr>
<td>Forgetfulness</td>
<td></td>
<td></td>
<td></td>
<td>44.2</td>
<td>60.1</td>
</tr>
<tr>
<td>Family problems</td>
<td>23.6</td>
<td></td>
<td></td>
<td>44.3</td>
<td>89.9</td>
</tr>
<tr>
<td>Breaking love affair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66.6</td>
</tr>
</tbody>
</table>
Substance Use: Substance use comprised the abuse of cigarette, alcohol and other illicit drugs. Relaxation (82.4%) and use to forget problems (61.4%) were mostly cited as causes for each of these drugs, as shown in table 11.2.

Table 11.2: Per cent distribution of determinants of substance use

<table>
<thead>
<tr>
<th>Substance</th>
<th>To Relax</th>
<th>Forget Problems</th>
<th>Peers Use</th>
<th>To Celebrate</th>
<th>Youth Culture</th>
<th>No Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette</td>
<td>46.0</td>
<td>42.4</td>
<td>22.4</td>
<td>22.4</td>
<td>10.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Alcohol</td>
<td>51.6</td>
<td>51.2</td>
<td>39.4</td>
<td>31.9</td>
<td>5.0</td>
<td>14.2</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>82.4</td>
<td>61.4</td>
<td>61.5</td>
<td>45.6</td>
<td>21.0</td>
<td>25.6</td>
</tr>
</tbody>
</table>

Sexual Behaviour: Sexual behaviour was explored from the practice of precocious sex, multiple sex partnership, use of preventive measures during sex, experience of pregnancy and contract of the sexually transmitted infections. Again, substance use accounted for 3 out of 5 elements of sexual behaviour followed by carelessness and the wish to enjoy, as seen in table 11.3. Youths, aged between 18 and 24 years mostly cited these determinants.

Table 11.3: Per cent distribution of determinants of sexual intercourse

<table>
<thead>
<tr>
<th>Determinants of Use</th>
<th>Precocious sex</th>
<th>Multiple partners</th>
<th>No prevention</th>
<th>Pregnancy</th>
<th>STIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper time</td>
<td>69.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To enjoy</td>
<td>71.2</td>
<td>66.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human need</td>
<td>54.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opposite sex excitement</td>
<td>51.3</td>
<td>26.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likes partner change</td>
<td>52.3</td>
<td></td>
<td></td>
<td>32.2</td>
<td></td>
</tr>
<tr>
<td>Substance use</td>
<td>61.4</td>
<td>65.3</td>
<td>58.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not like condoms</td>
<td>72.4</td>
<td>31.1</td>
<td>31.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms expensive</td>
<td>22.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms not available</td>
<td>35.4</td>
<td>22.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shy to buy condoms</td>
<td>26.9</td>
<td>22.6</td>
<td>46.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No use of prevention</td>
<td>91.4</td>
<td></td>
<td>76.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carelessness</td>
<td>40.2</td>
<td>76.9</td>
<td>49.4</td>
<td>60.6</td>
<td></td>
</tr>
<tr>
<td>Multiple sex partners</td>
<td></td>
<td></td>
<td></td>
<td>36.6</td>
<td>61.4</td>
</tr>
<tr>
<td>Sex with sex workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>62.6</td>
</tr>
</tbody>
</table>
**Overweight:** Youths were overweight because they overate (71.9%), consumed fatty food (63.4%), lacked exercise (59.4%), ate a lot of snacks/takeaways (41.4%), and regularly consumed alcohol (39.2%) and fizzy drinks (28.4%) abundantly.

**Physical Exercise:** Few youths engaged in physical exercise. Those who abstained from exercise said that they were too busy with studies (66.9%), they were careless/lazy (64.2%), they did not find physical exercises as useful (51.2%) and they did not have access to existing facilities (41.4%).

**Homosexuality/ Lesbianism:** Many youths cited internet and movie effect which triggered homosexuality and lesbianism, as shown in figure 11.1. Their age group ranged from 15 to 24 years with an equal proportion of both gender.

**Figure 11.1: Per cent distribution of determinants of homosexuality/lesbianism**

- More enjoyable: 18.2%
- Use of drugs: 21.7%
- Discrete relationship: 26.9%
- Socialisation gap: 32%
- Internet/movie effect: 63.3%

**Gambling:** The lust to enjoy (44.1%) and the influence of peers (20.4%) largely influenced gambling among young people, as shown in figure 11.2.
Figure 11.2: Per cent distribution of determinants of gambling

**Bodfriend/ Girlfriend:** Youths identified natural need of young people (38.4%) and peers pressure (36.8%) as determinants of having a boyfriend or girlfriend among youths, as identified in figure 11.3.

Figure 11.3: Per cent distribution of determinants of boyfriend/girlfriend
12. 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 variables while a negative value indicates an inverse relationship. The closer the coefficient value is to -1 or +1, the stronger is the relationship between the variables. Generally, an r-score of 0.5 shows a strong relationship between variables.

Table 12: Risk Behaviour Correlation Matrix

<table>
<thead>
<tr>
<th></th>
<th>Marijuana</th>
<th>Heroin</th>
<th>W Lady Subu</th>
<th>Psycho</th>
<th>Tobacco Use</th>
<th>Sexual Risk</th>
<th>Violence Risk</th>
<th>Suicide Risk</th>
<th>Healthy Diet</th>
<th>Physical Activity</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>.56</td>
<td>.55</td>
<td>.60</td>
<td>.10</td>
<td>.71</td>
<td>.48</td>
<td>.40</td>
<td>.30</td>
<td>.01</td>
<td>.05</td>
<td>.15</td>
</tr>
<tr>
<td>Marijuana</td>
<td>.42</td>
<td>.58</td>
<td>.31</td>
<td>.55</td>
<td>.49</td>
<td>.36</td>
<td>.24</td>
<td>.03</td>
<td>.09</td>
<td>.25</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>.42</td>
<td>.46</td>
<td>.60</td>
<td>.50</td>
<td>.25</td>
<td>.50</td>
<td>.04</td>
<td>.15</td>
<td>.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Lady Subutex</td>
<td>.38</td>
<td>.53</td>
<td>.45</td>
<td>.30</td>
<td>.44</td>
<td>.10</td>
<td>.10</td>
<td>.40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotropic</td>
<td>.50</td>
<td>.42</td>
<td>.26</td>
<td>.55</td>
<td>.09</td>
<td>.18</td>
<td>.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td>.50</td>
<td>.35</td>
<td>.40</td>
<td>.15</td>
<td>.10</td>
<td>.40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Risk</td>
<td></td>
<td>.09</td>
<td>.35</td>
<td>.10</td>
<td>.15</td>
<td>.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence Risk</td>
<td></td>
<td>.25</td>
<td>.10</td>
<td>.20</td>
<td>.60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Risk</td>
<td></td>
<td>.20</td>
<td>.10</td>
<td>.48</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Diet</td>
<td></td>
<td>.14</td>
<td>.13</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td>.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 use of one substance was closely linked with the use of other substances. The strongest relationships were found between substance and tobacco use. The use of alcohol, tobacco, heroin and marijuana were most strongly correlated. Alcohol, marijuana and heroin use was associated with use of White Lady, Subutex and sexual risk. Alcohol and marijuana use was positively correlated with violent behaviour. But there was a weak relationship between healthy diet and physical activity.
CHAPTER 13: PARTICIPATION IN YOUTH ACTIVITIES

Existence of Youth Centres: 89.9% of youths were aware of the existence of Youth Centres. However, those young people aged between 15 and 17 years comprising mainly females from the rural areas constituted of the 10.1% of those who did not know about the existence of youth centres.

Participation in Literary Activities: Fewer youths participated in literary activities organised by the Ministry of Youth and Sports, as shown in table 13.1. They constituted of numerous males and females aged 15 to 18 years.

Table 13.1: Per cent distribution of participation in literary activities

<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Debate</td>
<td>6.7%</td>
</tr>
<tr>
<td>2</td>
<td>Scrabble</td>
<td>6.5%</td>
</tr>
<tr>
<td>3</td>
<td>Elocution contest</td>
<td>4.9%</td>
</tr>
<tr>
<td>4</td>
<td>Essay writing</td>
<td>4.6%</td>
</tr>
<tr>
<td>5</td>
<td>Poster</td>
<td>2.9%</td>
</tr>
<tr>
<td>6</td>
<td>Des chiffres/lettres</td>
<td>2.8%</td>
</tr>
<tr>
<td>7</td>
<td>Orthography contest</td>
<td>2.1%</td>
</tr>
<tr>
<td>8</td>
<td>Slogan</td>
<td>2.1%</td>
</tr>
<tr>
<td>9</td>
<td>Quiz</td>
<td>2.1%</td>
</tr>
<tr>
<td>10</td>
<td>Chess</td>
<td>2.0%</td>
</tr>
<tr>
<td>11</td>
<td>Creative writing</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Participation in Sports Activities: Fewer youths participated in sports activities organised by the Ministry, as shown in table 13.2. However, football (18.1%) and volleyball (8.0%) were the main activities. Young males aged between 15 and 20 years were numerous to participate in these activities.

Table 13.2: Per cent distribution of participation in sports activities

<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Football</td>
<td>18.1%</td>
</tr>
<tr>
<td>2</td>
<td>Volleyball</td>
<td>8.0%</td>
</tr>
<tr>
<td>3</td>
<td>Fitness club</td>
<td>5.0%</td>
</tr>
<tr>
<td>4</td>
<td>Street basket</td>
<td>4.6%</td>
</tr>
<tr>
<td>5</td>
<td>Badminton</td>
<td>4.0%</td>
</tr>
<tr>
<td>6</td>
<td>Table tennis</td>
<td>3.8%</td>
</tr>
<tr>
<td>7</td>
<td>Basketball</td>
<td>3.6%</td>
</tr>
<tr>
<td>8</td>
<td>Karate</td>
<td>3.0%</td>
</tr>
<tr>
<td>9</td>
<td>Petanque</td>
<td>2.9%</td>
</tr>
<tr>
<td>10</td>
<td>Beach volley</td>
<td>2.6%</td>
</tr>
<tr>
<td>11</td>
<td>Judo</td>
<td>2.4%</td>
</tr>
<tr>
<td>12</td>
<td>Swimming</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Dance/Music Activities: 12.7 % of youths participated in dance and music. They were mostly rural males and females aged between 18 and 24 years.
Sensitisation Campaigns Targeted at Youths: Fewer youths participated in sensitisation campaign of the Ministry. About 1 in 5 youths attended HIV and AIDS and substance abuse campaigns, as seen in figure 13.1. They were mostly secondary students aged 15 and 17 years of both gender.

Figure 13.1: Per cent distribution of participation in health sensitisation

Recreational Activities: Youths participated mainly in special holidays (16.8%) followed by hiking (8.8%), as shown in figure 13.2. They were mainly male youngsters aged 15 to 20 years both from rural and urban areas.

Figure 13.2: Per cent distribution of participation in recreation activities
**Recreational Training Activities**: Few youths aged between 18 and 24 years participated in recreational training activities. The youth leadership training programme was mostly attended among the few, as depicted in table 13.3.

<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Youth leadership</td>
<td>11.7%</td>
</tr>
<tr>
<td>2</td>
<td>Duke of Edinburgh Award</td>
<td>7.5%</td>
</tr>
<tr>
<td>3</td>
<td>Life skills management</td>
<td>6.0%</td>
</tr>
<tr>
<td>4</td>
<td>First Aid</td>
<td>3.3%</td>
</tr>
<tr>
<td>5</td>
<td>Computer</td>
<td>3.0%</td>
</tr>
<tr>
<td>6</td>
<td>Painting</td>
<td>2.2%</td>
</tr>
<tr>
<td>7</td>
<td>Entrepreneurship</td>
<td>2.0%</td>
</tr>
<tr>
<td>8</td>
<td>Peer counselling</td>
<td>1.5%</td>
</tr>
<tr>
<td>9</td>
<td>Peer education</td>
<td>1.2%</td>
</tr>
<tr>
<td>10</td>
<td>Guide training</td>
<td>1.1%</td>
</tr>
<tr>
<td>11</td>
<td>Home economics</td>
<td>1.0%</td>
</tr>
<tr>
<td>12</td>
<td>Arts/craft</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

**Level of Satisfaction on Activities Attended**: About 1 in 2 youths was satisfied with the activities organised by the Youth Centres, as shown in figure 13.3. However, almost the same proportion was either not satisfied or thought that the activities did not meet their expectations. These youths were mostly males aged between 18 and 24 years, residing in the urban areas.

Disorderly organisation (3.0%), unsuitable opening hours (2.0%), non-availability of centre in vicinity (2.0%) and lack of equipment (1.0%) were main concerns of those unsatisfied with the organisation of the activities.

**Figure 13.3: Per cent distribution of satisfaction level on activities**
**Suggestion for Improvement of Activities:** Youths were asked to suggest improvements related to the organisation of events and activities targeted at youths. About 2 in 5 youths proposed new or more activities (37.2%) as main suggestion. Both males and females aged 17 to 24 years were numerous to suggest improvements, as shown in table 13.4.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New/more activities</td>
<td>37.2%</td>
<td>6</td>
<td>Extend to all regions</td>
</tr>
<tr>
<td>2</td>
<td>More info on activities</td>
<td>13.2%</td>
<td>7</td>
<td>Publish events on web</td>
</tr>
<tr>
<td>3</td>
<td>More sensitisation events</td>
<td>8.5%</td>
<td>8</td>
<td>Transport/food facility</td>
</tr>
<tr>
<td>4</td>
<td>Improve/more equipment</td>
<td>7.3%</td>
<td>9</td>
<td>Extend opening hours</td>
</tr>
<tr>
<td>5</td>
<td>Target youth students</td>
<td>6.9%</td>
<td>10</td>
<td>More activities for girls</td>
</tr>
</tbody>
</table>

**Reasons for Not Attending Youth Events/Activities:** The reasons for not attending youth events/activities were both centre and youth oriented. Scant publicity of activities (18.9%) from the organisers and youths being very busy (16.0%) were main reasons which hindered youth participation in activities of youth centres. Youths who did not attend comprised both males and females aged between 18 and 24 years, as seen in table 13.5.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scant publicity</td>
<td>18.9%</td>
<td>6</td>
<td>Very busy</td>
</tr>
<tr>
<td>2</td>
<td>Incomplete activities</td>
<td>17.9%</td>
<td>7</td>
<td>Discriminate selection</td>
</tr>
<tr>
<td>3</td>
<td>No consent of parents</td>
<td>17.6%</td>
<td>8</td>
<td>Shy to participate</td>
</tr>
<tr>
<td>4</td>
<td>Centre not available</td>
<td>16.9%</td>
<td>9</td>
<td>Uninteresting themes</td>
</tr>
<tr>
<td>5</td>
<td>Not enough information</td>
<td>16.5%</td>
<td>10</td>
<td>Unaware of events fees</td>
</tr>
</tbody>
</table>
CHAPTER 14: DISCUSSION

Study Sample: The demographic characteristics of the sample are identical to the youth population of Mauritius from which it was selected. Statistical techniques were used to calculate the sample size. Hence, the sample is representative of the youth population 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, risking their lives and those of other people. For example, unlawful motorcycle race has taken an alarming trend in this island. Their occurrence depicts a negative culture among youths, the practice of anti-social behaviour. As many males smoke, use substance and sometimes do not use helmets and seat belts, their hazard for injury increase consistently. This risk occurs worldwide (Anderson & Schmidt, 2006). In Mauritius, 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 youths, the family and the community. The toll of deaths and serious injuries is rising, resulting mainly from road traffic accidents. The rates of high risk riding and driving hint for urgent intervention. The authorities concerned and the community need to collaborate in order to curb this trend.

Violence, Coerced Sex and Suicide: According to Erik and Erikson (1995), adverse circumstances among adolescents such as dissatisfaction with home/school trigger risk-taking behaviour as expressions of discontent with their lives and their environment. In Mauritius, it seems that the socialisation process is dysfunctional in some families. As a consequence, youths indulge into violence to vent out their anger and frustration. They carry weapons to threaten and injure people. They indulge into physical fighting and attain the limit to physically force their peers to engage in sexual activities. Males are numerous in physical fighting, in getting 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. The above scenario 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 hints depression as a strong risk factor for youth committing suicide (Ameerbeg, MIH, 2003).

**Tobacco Use:** About 1 in 2 youths currently smoke. Under age and inveterate smoking is common. Many youths smoke more than 10 cigarettes daily. The rate among females is rising. Many adolescent females are seen smoking in public places and in social gatherings in company of their male friends. Worldwide, more females are lighting up cigarettes (WHO, 2006). Having the financial means and easy accessibility of cigarettes in tobacco shops and supermarkets incite youths to smoke freely. Cigarette smoking acts as a gateway substance for many youths to adopt the use of more dangerous and harmful substance. Recent studies in Mauritius and elsewhere have shown that most cigarette users progress to the use of alcohol and illicit drugs (RSA, 2004). However, few youths who start smoking try to quit unsuccessfully, most probably, because of the influence of peers who smoke, the easy accessibility of cigarette and the absence of an effective campaign against smoking. Again, it is felt that an absence of an effective socialisation at the level of the family may account for the above situation.

**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, be it of happiness or sorrow, seems to be irrigated with alcohol. As a result, the significant use of alcohol among youths may account for the increasing rate of thefts, fights, injuries and accidents not undermining violence in the family.

In addition, the use of marijuana, heroin, White Lady, psychotropic drugs and ecstasy is increasing among youths aged 15-24 years. The rate of substance
use among secondary and tertiary level students is also increasing (RSA, 2004). Again, many youths start using drugs at or before age 13. It seems that the availability of these drugs is not difficult as youths are liberally provided with lustrous pocket money from parents and relatives. 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, friends and the community. Injecting drug users are forced to inject with the same syringe and needle in turn in a group. This behaviour results from the contribution of the users to collect the money required for the purchase of the drug. Many users firmly believe that one enjoys most if the drug is injected in group. They are thus prone to HIV and AIDS infection. The campaigns against substance abuse and HIV/AIDS/STIs seem not to produce the desired effects. New strategies urgently need to be devised and implemented with a higher degree of professionalism in order to prevent about 15 youths adopting substance use daily. Emphasis should be put on IEC among a wider audience.

At times, youths crave for independence and their curiosity to discover the world around them contribute to initial experimental use of tobacco, alcohol, marijuana and other substances. Few do not venture beyond the experimentation phase, but many continue to be involved in a lifestyle that predisposes them to health risks. By so doing, they think that they are living in line with changing trends of society. They do not care about consequences of their actions. Engaging in health risk behaviour is the primary cause of morbidity and mortality among adolescents (Kann et al. 2006). Such detrimental behaviour is taking a public health dimension. The family should play a leading role in the prevention process.

**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, when they crave for these substances, they even dare to use them on school premises. They overlook school and legal punitive actions which hints a high level of addiction among
them. Although they use substance discretely, such usage is not difficult for school authorities to control. Hence, the only alternative resides on punitive measures and aggressive IEC campaign among students, starting at home.

**Sexual Behaviour, Unintended Pregnancy and the STIs:** A significant proportion of single youths have sexual intercourse. Some start as early as age 13. Early sexual activity occurs within the context of other risk taking as many have sex after using alcohol or illicit drugs. Alcohol and other psychoactive substance use give rise to high risk sexual behaviour. The common non-use of condoms with multiple sex partners coupled by male to male sexual intercourse result in the transmission of HIV/AIDS/STIs. This is confirmed in a KABB study on HIV/AIDS/STIs in 2005 (MIH, 2005). In addition, unintended pregnancies end up into backstreet abortions for many. Others contract the STIs, mostly left untreated due to carelessness and unprofessional treatment. The sexual behaviour of youths predicts the HIV/AIDS/STIs pandemic. Everyday 7,000 youths under age 25 are infected with HIV and AIDS worldwide. Many young women are vulnerable because of rudimentary reproductive health services in developing countries (Weinstock et al, 2000). In addition, both male and female youths are reluctant to seek treatment for the sexually transmitted infections. Such reluctance results from the taboo which is related to single youth having sexual intercourse and acquiring the sexually transmitted infections. A more aggressive and effective campaign against precocious sexual intercourse and HIV/AIDS/STIs strongly manifests itself among youths aged 15-24 years with emphasis on reproductive health service.

**Behaviour Related to Bodyweight:** Some youths are underweight. A high proportion of females try to lose weight through inappropriate means including many of those who are underweight. Female obsession with body image in the media may influence them to engage into ineffective and harmful weight loss behaviour (CDC, 2009). Some take medicine and fast for 24 hours for several days with a view to losing weight. They are not well informed and are not interested to seek information 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 and hence suffer from anaemia and anorexia nervosa.

A substantial proportion of youths ages 15 to 24 years are overweight. They crave for fatty foods. In addition, it is a very common sight to see a young male or female in public places with a 0.5 litre of chilled coke in the hand. Even while travelling in buses and during school or office breaks they sip fizzy drinks, mostly Coca-Cola. Their financial means comfortably allow them to eat high-calorie takeaways, fizzy drinks and beer. This situation is aggravated by a total absence of physical exercise among these youths. Even walking short distances and climbing the stairs for the next floor are despised by them. So, the sight of obese males and females in public is common.

**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. This behaviour may account for the emergence of juvenile diabetes and the rise of cholesterol among youngsters. 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, play games on computer and mobile phones for long hours. They mainly lead a sedentary life. They lack physical exercises. In addition, their involvement in delinquent behaviour and the use of substance prevent some youths from exercising. No doubt, their knowledge of the benefits of physical activities is meagre and they despise physical exercises advancing pretext of being too busy. The jogging tracks in different regions of the island are underutilised. Only few middle aged adults and old people use them.
Determinants of Risk Behaviour: Determinants of anti-social behaviour like carelessness, substance use, forgetfulness and overconfidence that nothing will happen are baseless and need to be avoided in a modern society. Risky sexual behaviour and substance use can also be prevented. Youths should be guided to lay less emphasis on enjoyment during the adolescent stage of life, banish carelessness and forgetfulness and adopt physical exercise. Risky sexual behaviour will decrease if youths have preventive sexual intercourse. However, precocious sexual abstinence is the highly recommended alternative.

Inter-Relationship among Risk Behaviour: There is a strong correlation among substance use, sexual risk, injury/violence, suicide and adolescence. Delinquent behaviour aggravates with the use of substance. It seems that not much attention is given to situations which incite youths to use substance and get involved into unwanted social behaviour. Moral and social values have no meaning for many youths. This shows many flaws in their process of being brought up during childhood and adolescence.

Participation in Youth Activities: A wide variety of events and activities are organised by the Youth Centres around the year. While a high percentage of youths are aware of these centres and the organisation of their activities, fewer youths do participate. Some advance reasons of being too busy while others point out flaws in the timing and type of events and activities. It is not always possible for youths, who are mostly students with an overloaded calendar of activities throughout the year, to attend these events. On the other hand, to bring satisfaction to a high proportion of youths with scarce resources further hindered by tight time frames make things difficult for event organisers.
CHAPTER 15: RECOMMENDATIONS

Recommendations to improve on the risky behaviour of youths are formulated for the design of action plans. They address the cluster of behaviour covered in this survey among youths aged 15 to 24 years.

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 accidents and injuries.
- To implement roadside testing for illicit drugs and psychoactive substances like alcohol tests throughout the island.

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.
- Youth Centres need to organise regular interaction between Psychologists and youths.

Substance Abuse

Tobacco

- To strengthen the enforcement of existing legislation on the sale and control the accessibility of cigarette to minors.
- To reinforce ban on all forms of tobacco advertising as a means of enforcement of public health legislation.
To mount suitable and sustainable cessation programmes geared towards both male and female youths to reduce the prevalence of current and frequent cigarette use.

To mount programme targeting tobacco in school starting from the primary level and higher levels as well.

**Alcohol**

- To ban the advertising of alcohol products with meaningful warning labels to protect children and youth from alcohol advertising.
- To regularly monitor 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 up to the tertiary level.

**Other illicit drugs**

- To devise new strategies to campaign against substance abuse.
- To carry out in-depth evaluation of the 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 youths with a component of monitoring and evaluation with emphasis on the risk/protective factors leading to substance use and abuse.
- To revisit the primary prevention programme against substance use targeting youths in the community.

**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.
- To reinforce the sensitisation campaign on HIV and AIDS.
Body Weight, Nutrition and Diet
  o To put in place programmes to address under and over-nutrition with a view to preventing chronic diseases in adulthood.
  o To sensitise youths on a proper balanced diet and the importance of timely food consumption with emphasis on breakfast, water, fruit and pure juice consumption.

Physical Activity
  o To promote physical activities by strengthening provision of quality physical education programmes including recreation and sports in schools and in the community.

Participation in Youth Activities
  o To enhance participation of youths in events/activities targeted at youth, the organisers should consider the option of organising such activities in educational institutions.
  o Activities need to be tailored to the needs of different groups of young people in different regions of the community.
ACKNOWLEDGEMENTS

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- The Permanent Secretary, Ministry of Youth & Sports.
- Director of Youth Affairs, Ministry of Youth & Sports.
- United Nations Population Fund
- Investigators/Technician/Supervisors of the Study.
- Field staff / Participants of the Study.
REFERENCES

American Medical Association (AMA), Youth and Violence, December 2008.
The Vistepaper, Youth on Health. Health Hazards Faced by the Youth due to Cell Phones Health Hazards, India, July 29, 2010.
Introduction to Respondents

This survey is about youth behaviour. It has been developed so that you, as youth, can tell us what may affect you. Such information will be used to develop better lifestyle for youth like you.

Answer the questions on what you really do. We will not write your name on this survey. Your answers will be kept private. No one will know what you tell us. No names will be reported. No one will be allowed to retrace your name and contact you.

Thank you!

Directions to Interviewers

- Ensure that your respondents are aged between 15 and 24 years; strictly stick to your list.
- Use a pen.
- Circle responses completely.
- Fill in a response like this: 1 2 3 4 5
- To change any answer, mark with a cross (X) clearly.

Official Information

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<td>Date of Interview: (Day) (Month) (Year)</td>
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<td>Name of Interviewer: (Other names) (Surname)</td>
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SECTION 1: PERSONAL CHARACTERISTICS OF RESPONDENTS

Q101. Do you live in urban or rural area?  
1. Urban  
2. Rural  
*(To habite région la ville ou village?)*

Q102. How old are you?  
*(Ki l’âge to éna?)*  
1. 5 – 16 yrs  
2. 17 – 18 yrs  
3. 19 – 20 yrs  
4. 21 – 24 yrs

Q103. What is your gender?  
1. Female  
2. Male  
*(Ki to genre?)*

Q104. What is your marital status?  
*(Eski to marié?)*  
1. Single  
2. Married  
3. Consensual union  
4. Divorced/Separated/Widowed

Q105. What is your highest level of education?  
*(Ki to niveau education pli haute?)*  
1. Primary  
2. Secondary  
3. Sc/HSc  
4. Tertiary  
5. Vocation

Q106. What is your religion?  
*(Ki religion to suivre?)*  
1. Hindu  
2. Muslim  
3. Christian  
4. Sino-Mauritian  
5. No religion  
6. Other, specify…………………………..

Q107. What is your occupation?  
*(Eski to travaille?)*  
1. Unemployed  
2. Student  
3. Street boys/girls  
4. Wage earner – full-time  
5. Wage earner – part-time

Q108. With whom do you live?  
*(Avec qui sane là to habité?)*  
1. Both parents  
2. Single parents  
3. Grandparents  
4. Adoptive parents  
5. Alone  
6. My family (I’m married)  
7. In Shelter

Q109. How is your health?  
*(Couma to la santé été?)*  
1. Excellent  
2. Very Good  
3. Good  
4. Fair  
5. Poor

Q110. What are 2 most important issues in life in your view?  
*(Ki 2 aspects la vie pli importan pou toi?)*  
1. Family  
2. Health  
3. Education  
4. Relationships  
5. Money  
6. Human Righ  
7. Employment and career  
8. Environment  
9. Other, specify…………………………..

Q111. What are 3 biggest challenges facing you now?  
*(Ki 3 pli grand challenge to pe faire face?)*  
1. Uncertainty about career  
2. Stress/difficulty at school/work  
3. Unsafe on streets  
4. Cost of living pressure  
5. Conflict with families/friends  
6. Anxiety/depression  
7. Bullying from others  
8. Confidence and body image  
9. Physical disability  
10. Discrimination  
11. Drugs/alcohol addiction  
12. Care of family  
13. Other, specify…………………………..
Q112. How do you feel in general about your future?  
(Couma to trouve to l’avenir ?)  

Q113. How do you find the costs of university fees?  
(Cuma to trouve fees université?)  

Q114. Whom do you contact when you face problems?  MULTIPLE RESPONSE  
(Qui sane là to contacter kan to éna problème?)  
6. Friends/colleagues  7. Life partner  8. No-one

Q115. Have you ever been unsafe in streets or public places?  
1. Yes  2. No  
(To finne deza senti toi en danger dans la rue/place publik ?)

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?  
(Dan 6 dernier mois, combine zours to ti en possession ène couteau, poignard ou cutter?)  
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?  
(Dan 6 dernier mois, combine zours quelqu’un ti brutalise ou faire boufon are toi?)  
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?  
(Dan 6 dernier mois, combien fois to ti la guerre avek coup de points et coup de pieds?)  
1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8-9 times  7. 10 > times

Q204. During past 6 months, how many times has someone stolen or deliberately damaged your property such as clothing, bike, books or others?  
(Dan 6 dernier mois, combien fois quelqu’un ti endomage ou coquin to kitchose couma to vêtement, livres, bicyclette avek l’intention?)  
1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8-9 times  7. 10 > times

Q205. During the past 6 months, how many times have you threatened/injured someone?  
(Dan 6 dernier mois, combien fois to finne menace ou blesse quelqu’un?)  
1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8-9 times  7. 10 > times

Q206. During the past 6 months, how many times have you been threatened/injured by someone?  
(Dan 6 dernier mois, combien fois quelqu’un ti ménace ou blesse toi?)  
1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8-9 times  7. 10 > times

Q207. During the past 6 months, how many times have you been physically forced to have sexual intercourse?  
(Dan 6 dernier mois, combien fois dimoune finne servi la force pou gagne relation sexuel avek toi?)  
1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8-9 times  7. 10 > times
Q208. During the past 6 months, how many times did you force someone physically to have sexual intercourse? *(Dan 6 dernier mois, combien fois to ti servi la force pou gagne relation sexuelle avec quelqu’un ou quelqu’une?)*

1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8- 9 times  7. 10 > times

**Traffic Safety**

Q209. During the past month, how many times did you ride a motorcycle without a helmet? *(Mois dernier, combien fois to ti monte éne motocyclette sans helmet?)*

1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8- 9 times  7. 10 > times

Q210. During the past month, how many times did you drive without wearing a seat belt? *(Mois dernier, combien fois to ti conduire sans ceinture sécurité?)*

1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8- 9 times  7. 10 > times

Q211. During the past month, how many times did you drive under the influence of alcohol? *(Mois dernier, combien fois to ti conduire sous l’influence l’alcool?)*

1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8- 9 times  7. 10 > times

Q212. During the past month, how many times did you walk alongside the road under the influence of alcohol? *(Mois dernier, combien fois to ti marche lors chemin sous l'influence l'alcool?)*

1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8- 9 times  7. 10 > times

Q213. During the past month, have you ever been bullied at school? *(Mois dernier, eski quelqu’un finne prend nissa avec toi dan l’école?)*

1. Yes  2. No  3. Not applicable

Q214. During the past month, have you ever been bullied electronically? This includes being bullied through e-mail, chat rooms, instant messaging, web sites or texting. *(Mois dernier, quelqu’un finne prend nissa à travers internet/Portable?)*

1. Yes  2. No  3. Not applicable

**Suicide-related Behaviour**

Q215. During the past 12 months, did you ever feel so sad/hopeless almost every day for at least 2 weeks or more in a row that you stopped some of your usual activities? *(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 toi banne activités?)*

1. Yes  2. No

Q216. During the past 12 months, did you make a plan about how you would attempt suicide? *(Dan 12 dernier mois, eski to ti faire éne plan pou suicider?)*

1. Yes  2. No

Q217. During the past 12 months, how many times did you actually attempt suicide? *(Dan 12 dernier mois, combien fois to ti essuyez suicider?)*

1. 0 times  2. 1 time  3. 2 - 3 times  4. 4 - 5 times  5. 6 - 7 times  6. 8- 9 times  7. 10 > times

Q218. 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 essuyez suicider dan 12 dernier mois, eski to ti déjà blessé ou tombe dan overdose ki ti bizin traitement nurse ou docteur?)*

1. Yes  2. No  3. Did not attempt suicide
**Section 3: Substance Use**

**Tobacco**

Q301. 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

Q302. 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 - 2 days  
3. 3 - 5 days  
4. 6 - 9 days  
5. 10 - 19 days  
6. 20-29 days  
7. All 30 days

Q303. 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 fag 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

Q304. 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 money to buy  
5. Borrowed  
6. Some gave me  
7. Family member

Q305. 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)*

Q306. 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

Q307. 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. 30 days

Q308. 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

Q309. 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 au 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. 30 days  8. Not a student

Other Drugs (Marijuana, Heroin, Subutex, Cough mixtures, Ecstasy…)

Q310. Which other drugs have you used during the past 30 days?  
(Ki lezote la drogue ti finne prend dan 30 dernier jours?)  
MULTIPLE RESPONSE  

Q311. How old were you when you tried these drugs for the first time?  
(Ki l’âge to ti éna quand to ti prend sa banne la drogue la pou 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

Q312. During the past 30 days, how many times did you use these drugs on school property?  
(Dan 30 dernier zours, combien fois to ti servi sa banne la drogue la à l’école?)  
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 > times  7. Not a student

SECTION 4: SEXUAL BEHAVIOUR

Q401. How old were you when you had sexual intercourse for the sexual intercourse for the first time?  
(Ki l’âge to ti éna quand to ti gagne relation sexuelle premier fois?)  
1. Never had sexual intercourse.  2. 11 yrs old or younger  3. 12 yrs 4 yrs  5. 14 yrs 6. 15 yrs  7. 16 yrs  8. 17 yrs or older

Q402. During past 3 months, with how many people did you have sexual intercourse?  
(Dan 3 dernier mois, avec combien dimoune diffèrent to finne gagne relation sexuelle?)  
1. Never had sexual intercourse  2. Not during the past month  3. 1 person  4. 2 people 5. 3 people  6. 4 people  7. 5 people  8. 6 people or more

Q403. Did you use alcohol or drugs before you had sexual intercourse the last time?  
(Eski to ti prend l’alcool ou la drogue avant to gagne relation sexuelle dernier fois?)  
1. Never had sexual intercourse  2. Yes  3. No

Q404. The last time you had sexual intercourse, which method did you or your partner use to prevent pregnancy?  
(Dernier fois to ti gagne relation sexuelle, ki methode to ti servi pou prévenir grossesse?)  

Q405. Have you or your partner ever been pregnant in past 12 months?  
(Eski toi sinon to partnère finne déjà tombe enceinte dan 12 dernier mois?)  
1. Never had intercourse  2. Never 3. 1 time  4. 2 times  5. 3 times  6. 4 times  7. 5 > times

Q406. What was the outcome of the last pregnancy?  
(Ki ti arrive grossesse là?)  
Q407. Where did the abortion take place?
(Ki côté ti faire avortement là?)

Q408. Have you or your partner ever caught a sexually transmitted infection in the past 12 months?
(Dan 12 dernier mois, eski toi sinon to partnère finne déjà gagne maladies sexe?)
1. Never had sexual intercourse  2. 0 time  3. 1 time  4. 2 times  5. 3 times  6. 4 times  7. 5 or more times

Q409. Where did you seek treatment for the sexually transmitted infection?
(Ki côté to ti alle rode traitement pou maladie sexe là?)

Q410. Have you ever been tested for HIV, the virus that causes AIDS?
(Eski to finne déjà faire test VIH?)
1. Yes  2. No  3. Not sure

Q411. Have you ever been told by a doctor/nurse that you had HIV infection?
(Eski ène doctère/nurse finne déjà dire toi, ki to éna VIH?)
1. Yes  2. No  3. Not sure

Q412. Have you ever been told about HIV/AIDS infection?
(Eski finne déjà cause lors VIH/SIDA avek toi?)

Q413. Do you practice homosexuality/lesbianism?
(Eski to pratik homosexualité / lesbianisme?)
1. Yes  2. No  3. No response

Q414. What do you think about lesbian marriage?
(Ki to penser lor marriage lesbienne?)
1. I support it  2. I disagree  3. I don’t care

Q415. What do you think about homosexual marriage?
(Ki to penser lor marriage homosexuel?)
1. I support it  2. I disagree  3. I don’t care

SECTION 5: NUTRITIONAL AND DIETARY BEHAVIOUR

Q501. How do you find your weight?
(Couma to trouve to poids?)

Q502. During the past 30 days, did you try to lose weight?
(Dan 30 dernier zours, eski to finne essaye perdi poids?)
1. Eat less/low fat food  2. Take medicine  3. Exercise  4. No
Q503. How many times did you drink 100% fruit juices in the past 7 days?

(Combien fois to finne boire jus pûre dan 7 dernier zours?)
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 times per day 6. 3 times per day 7. 4 or more times per day

Q504. How many times did you eat fruit during past 7 days?

(Combien fois to finne mange fruits dan 7 dernier zours?)
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

Q505. 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 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

Q506. 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 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

Q507. 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 -3 glasses per day 6. 4 -5 glasses per day 7. 0.5 litre fizzy drinks 3-5 times

SECTION 6: PHYSICAL/LEISURE 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, and other exercises?

(Dan 7 dernier zours combien zours to finne faire l’exercice pou au moins 20 minutes ki ti faire toi transpiré et essouflé 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. How many hours do you watch TV per day?

(Combien l’heure temps to guette TV par zour?)
1. Not at all 2. < 1 hr per day 3. 1 hr per day 4. 2 hrs per day 5. 3 hrs per day
6. 4 hrs per day 7. 5 or more hrs per day

Q603. 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 hr per day 4. 2 hrs per day 5. 3 hrs per day
6. 4 hrs per day 7. 5 or more hrs per day

(NOTE: Computer games: Play Station, Nintendo, I Pod, Facebook & Internet)

Q604. How many hours do you use your mobile phone per day not for work?

(Combien l’heure temps to lors portable par zour pas compte l’ere to travail?)
1. Not at all 2. < 1 hr per day 3. 1 hr per day 4. 2 hrs per day 5. 3 hrs per day
6. 4 hrs per day 7. 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

Q606. During the past month, have you bet money on the Loto?
(Mois dernier, eski to finne jouer Loto?)
1. Yes  2. No  3. Not sure

Q607. During the past month, have you bet money on the Tote lottery?
(Mois dernier, eski to finne jouer Tote?)
1. Yes  2. No  3. Not sure

Q608. During the past month, have you bet money on horse racing?
(Mois dernier, eski to finne jouer le course?)
1. Yes  2. No  3. Not sure

Q609. During the past month, have you tried to stop betting money but did not think you could??
(Mois dernier, eski to finne essaye arrête jouer pou l’argent, mais to pas ti sure ki to capave ?)
1. Yes  2. No  3. Not sure

Q610. How many hours do you spend with your boy/girl friend weekly?  
(Combien l’heure temps to passe avek to copain/e par semaine?)
1. Hours  2. No boy/girl friend

Q611. What is your favourite leisure activity? 1…………………………………..  2. None
(Ki to loisir favori?)

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?) [MULTIPLE RESPONSE]
1. To show manliness  2. The youth culture/temperament  3. To vent anger/frustration
8. Because of poverty  9. To take revenge

Q702. Why do some young people not use helmets/seat belts while driving or travelling?
(Ki faire éne bann zenes pas servi casque/ceinture quand zotte conduire/voyager?)

Q703. Why do some youth drive under influence of alcohol?
(Ki faire éne bann zenes conduire sans l’influence alcool?)

Q704. Why do young people have suicide-related behaviour?
(Ki faire zenes rode suicider?)
1. Family problems/disputes  2. Breaking of love affair  3. Health problems
8. Mental illness  9. Infidelity of partner [MULTIPLE RESPONSE]
Q705. Why do youth smoke?  [MULTIPLE RESPONSE]
  *(Ki faire zenes fumer?)*
  1. To show manliness  2. Youth culture/temperament  3. To relax  4. To forget problems 
  5. Peer smoke  6. To celebrate occasions  7. No reason

Q706. Why do youth use alcohol?  [MULTIPLE RESPONSE]
  *(Ki faire zenes boire l’alcool?)*
  1. To show manliness  2. Youth culture/temperament  3. To relax  4. To forget problems 
  5. Peer drink  6. To celebrate occasions  7. No reason

Q707. Why do youth use substance?  [MULTIPLE RESPONSE]
  *(Ki faire zenes prend la drogue?)*
  1. To show manliness  2. Youth culture/temperament  3. To relax  4. To forget problems 
  5. Peer use drugs  6. To celebrate occasions  7. No reason

Q708. Why do some young people have precocious sexual intercourse?  [MULTIPLE RESPONSE]
  *(Ki faire éne banne zenes gagne relation sexuelle avant l’ere?)*
  1. Youth culture/temperament  2. The proper time  3. To enjoy oneself  4. Imitate elders 
  5. Female excitement  6. Human need  7. No reason

Q709. Why do many not use condom during sexual intercourse?  [MULTIPLE RESPONSE]
  *(Ki faire éne banne zenes pas servi preservatif quand gagne relation sexuel?)*

Q710. How do some youth catch the sexually transmitted infections?  [MULTIPLE RESPONSE]
  *(Couma éne banne zenes trappe maladie sex?)*

Q711. Why are some youth overweight?  [MULTIPLE RESPONSE]
  *(Ki faire éne banne zenes mette poids?)*
  1. Lack of exercise  2. Overeating  3. Consume fatty food  4. Eating lot of 
  Taking much alcohol

Q712. Why do some youth not practice physical exercise?  [MULTIPLE RESPONSE]
  *(Ki faire éne banne zenes pas faire l’exercice?)*
  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

Q713. Why do some young people practice homosexuality/lesbianism?  [MULTIPLE RESPONSE]
  *(Ki faire éne banne zenes pratique homophobie/lesbianisme?)*
  5. More enjoyable

Q714. Why do youth gamble?  [MULTIPLE RESPONSE]
  *(Ki fer zenes gamble)*
  1. To relax  2. To make money to enjoy  3. Get of money for needs  4. My friends gamble 
  5. No reason  6. Others, specify…………
Q715. Why do youth have boy/girl friends?  

[Ki faire zenes ena copain/e?]  

[MULTIPLE RESPONSE]  

1. To show maturity  
2. Youth culture/spirit  
3. To relax/ enjoy  
4. Natural need of youth  
5. Peers have such friends  
6. No reason  
7. Others, specify…………..  

SECTION 8: YOUTH ACTIVITIES PARTICIPATION

NOTE: QUESTIONS FROM Q802-Q811 IN THIS SECTION CARRY MULTIPLE RESPONSES.

Q 801. Are you aware of the existence of Youth Centres?  

1. Yes  
2. No  

(Eski banne centres Zene exister?)

Q 802. Which literary activities organised by Youth Ministry do you participate?  

[Ki activités littéraires Ministère la Jeunesse to participer?]  

1. Debate  
2. Essay writing  
3. Orthograph contest  
4. Scrabble  
5. Cine debate  
6. Elocution contest  
7. Poster  
8. Creative writing  
9. Chess  
10. Slogan  
11. Des Chiffres/des lettres  
12. None

Q 803. Do you participate in sports activities organised by Youth Ministry?  

(Eski to participle dan banne activites sportifs Ministère la Jeunesse?)  

1. Sport de proximite  
2. Volleyball  
3. Snooker  
4. Judo  
5. Swimming  
6. Street basket  
7. Badminton  
8. Sport de masse  
9. Table tennis  
10. Basketball  
11. Karate  
12. Petanque  
13. Beach volley  
14. Football  
15. Tae Kwon Do  
16. Boxe educative  
17. Lawn tennis  
18. Wrestling  
19. Fitness club  
20. None

Q 804. Do you participate in Dance/Music activities organised by Youth Ministry?  

(Eski to participle dan Danse/musique organiser par Ministére la Jeunesse?)  

1. Yes  
2. No

Q 805. Do you participate in sensitisation campaign activities organised by Youth Ministry?  

(Eski to participle dan campagne sensibilisation organiser par Ministére la Jeunesse?)  

1. HIV/AIDS  
2. Health and Nutrition  
3. Sexuality  
4. Drugs/substance abuse  
5. Environment preservation  
6. Suicide prevention  
7. Career guidance  
8. Non-communicable diseases  
9. None

Q 806. Do you participate in recreational activities organised by Youth Ministry?  

(Eski to participle dan banne activites recreatifs organisier par Ministére la Jeunesse?)  

1. Yes, Specify  
2. No

Q 807. Do you participate in recreational training activities organised by Youth Ministry?  

(Eski to participe dan activites recreatifs/training organisier par Ministére Jeunesse)  

1. Youth leadership training programme  
2. Entrepreneuriat  
3. Computer course  
4. First Aid course  
5. Painting  
6. Cookery/home economics  
7. Peer counselling  
8. Life skills management  
9. Peer education  
10. Arts/craft  
11. Jeunes entreprises  
12. Duke of Edinburgh International Award  
13. Training for guide/animateut  
14. None

Q 808. Rate your level of satisfaction of the activities you attended?  

(Ki quantiter ou satisfait dan banne activiters ki ou ti present?)  

1. Very satisfied  
2. Somewhat satisfied  
3. Neutral  
4. Somewhat unsatisfied  
5. Very unsatisfied
Q 809. Could you list your reasons of not being satisfied?
   (Donne ou banne raisons ki fer ou pas ti satisfait)
1. ............................................................................................................................
2. ............................................................................................................................
3. ............................................................................................................................
4. ............................................................................................................................
5. Not Applicable

Q 810. Do you have any Suggestions in relation to youth events/activities organisation?
   (Eski to ena suggestions pou ameliore organisation activites/programmes pou zenes?)
1. ............................................................................................................................
2. ............................................................................................................................
3. ............................................................................................................................
4. ............................................................................................................................

Q 811. Why do you NOT attend youth events/activities?
   (Ki fer pas participle dan activites Ministere la jeunesse?)
1. Unaware all programs are free  2. They are offered when I am not available  3. I am so busy
7. Negative experience in the past: list below
   a). ............................................................................................................................
   b). ............................................................................................................................
   c). ............................................................................................................................
   d). ............................................................................................................................

Thank you! (Merci)
INFORMED CONSENT FORM- ADULTS (18-24 yrs)

- I understand that the Ministry of Youth and Sports is conducting a study to determine the risk behaviour among youths (15-24 yrs) in Mauritius 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 May/June 2014.

NAME: .................................. OTHER NAMES: ..................................

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

AGE AT LAST BIRTHDAY:  □ □ yrs

PHONE NO.: □ □ □ □ □ □ (Residence)
  □ □ □ □ □ □ □ (Cell)

Signature: ..................................................... Date: □ □ □ □ □ □
  (Day) (Month) (Year)

Witness: .................................................................
  (Signature of Interviewer)
INFORMED CONSENT FORM: MINORS (15-17 yrs)

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

- I understand that the Ministry of Youth & Sports is conducting a study to determine the risk behaviour among youth (15-24 yrs) in Mauritius 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.

- The information given by him/her 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 May/June 2014.

PARTICULARS OF RESPONDENT

NAME: ……………………………………… OTHER NAMES: ………………………………………

AGE AT LAST BIRTHDAY:  □ □ Yrs.

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

PHONE NO.:  □ □ □ □ □ □ □ (Residence)
□ □ □ □ □ □ □ (Cell)

Signature of Responsible Party: ……………………………………… Date: □ □ □ □ □ □
(Day) (Month) (Year)

Witness: …………………………………………………………………………………………
(Signature of Interviewer)
LISTING FORM

Form number:  
Date: …./……./…….

Enumeration Area:  
District:…………………………………………..

Locality:____________________________________________________________

Address of Household:_______________________________________________

Block no.:  Building no :  Household no:  

Name of Head of Household: ____________________________________________

Number of YOUTHS living in the household:  

<table>
<thead>
<tr>
<th>Surname</th>
<th>Other Names</th>
<th>Birth Date</th>
<th>Age</th>
<th>Marital Status</th>
<th>Sex</th>
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</table>

Codes for Marital Status: 1 = Married/In Union/Living with a Partner; 2 = Single/Not in union.
Codes for Sex: 1=Male; 2= Female.

STATUS OF LISTING

<table>
<thead>
<tr>
<th>Number of Visit</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Final</th>
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<td>Time</td>
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<tr>
<td>Status of Interview*</td>
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</tbody>
</table>

Codes for Status of Interview: 1 = Completed interview, 2 = Not at home, 3 = Refusal, 4 = Vacant.

Name of Interviewer  
(Surname)  (other names)

Name of Supervisor:  
(Surname)  (other names)
GUIDELINES

DISTRICT = Enter names of district in full as follows: Port Louis (without hyphen), Rivière du Rempart, Moka, Pamplemousses, Flacq, Black River, Plaine Wilhems, Savanne, Grand Port.

LOCALITY = Enter the address in small letters, but starting with a capital letter, e.g., Souffleur Street, Mahebourg.

ENUMERATION AREA = This is the number of enumeration area.

NAME OF INTERVIEWER = Insert the name of the interviewer, starting by Surname.

NAME OF SUPERVISOR = Insert the name of the supervisor, starting by Surname.

SERIAL NO = Enter serial number of the form.

BLK NO = This is the block number of enumeration area.

BLD NO = This is the building number.

HH NO = This is the household number.

NAME OF HEAD OF HOUSEHOLD = Insert name of head of household, starting by Surname.

SIZE OF HOUSEHOLD = Insert number of persons living in household.

SURNAME = Enter Surname of eldest member of household, followed by others including head of household.

OTHER NAMES = Enter only 1 other name, the common name.

D.O.B = Enter date of birth, e.g., 05.02.90.

AGE = Enter age in years.

MARITAL STATUS = Enter marital status → 1 = Married/in union/living with partner; 2=Single/not in union.

SEX = Enter sex → 1= male, 2 = female.

THANK – YOU!