Agence
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Québec
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Focus on youth: support through understanding

2004-2005 Annual Report
on the Health of the Population

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Data developed jointly with the Institut national de santé publique, on promotion and prevention initiatives targeting youth were among the information sources used.

Foreword

If we relied solely on the image of young Montrealers transmitted all too often by part of the press, we might conclude that to be young is somewhat akin to having a disease. Far be it from us to deny that some young people are grappling with somewhat serious problems. However, we chose to go beyond this image and get a clearer picture of young Montrealers of school age to better match our initiatives to the actual situation.

This seventh report on Montrealers' health pursues a series of annual examinations of various facets of the population's health and well-being. Once again, it reflects the mandate that the Québec *Act respecting health services and social services* assigns to the territory's director of public health: to inform the public and its partners of the state of and changes in Montrealers' health and well-being and suggest the best means of maintaining health.

Toward the late 1990s, following repeated efforts to accurately assess the situation of Montréal school children between 6 and 17 years of age, it became obvious that we did not have reliable data. Moreover, province-wide surveys did not enable us to pinpoint the scope of the situations experienced by young Montrealers.

The idea thus took shape to conduct in 2003 a major survey focusing on the well-being of these young people, in direct collaboration with our partners: the Agence de santé et de services sociaux de Montréal, the ministère de la Santé et des Services sociaux, the Direction régionale de Montréal in the ministère de l'Éducation, the Comité de gestion de la taxe scolaire de l'île de Montréal, and the Centres jeunesse de Montréal — Institut universitaire. Not only did these partners provide funding but they were also represented on the scientific committee that elaborated the Survey and would use the findings in their own research and program development processes.

To focus on the health of young Montrealers is to consider, first and foremost, various sociosanitary indicators in order to produce an overview of the situation. It also means listening to young people and relying on their comments to pinpoint the conditions necessary for the enhancement of their health and well-being. The Survey of the Well-being of Young Montrealers conducted among 4500 young people and their parents will allow us to gradually integrate their viewpoint and ours, that of planners, decision-makers and adults.

This annual report offers only an initial overview of the key factors that define the health of young Montrealers. It will be followed by several in-depth studies and more specific data comparisons. However, it is based on original data that update certain earlier studies. It opens up prospects for association with our

Montréal partners, who are as aware as we are of the vital importance of keeping our young people healthy.

If the theme of the health of young people has come to the fore, it is because we firmly believe, like many other people, that developments in Montréal's economy and in social and health matters centre on the collective importance that we attach to young people. Beyond the data and surveys that inform us of their situation, we will see that the comments and words of young Montrealers indicate the road to follow.

Richard Lessard, M.D.
Director of Public Health

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Points of reference

To properly grasp the overall context of this annual report, it is important to examine from the outset a number of notions essential to understanding the development of young people and certain methods of intervention used in public health. As we saw in our previous annual report, which examined risk management and health, health officials first focused on the protection of the population's health by successfully implementing a series of hygiene measures. It was only subsequently that the officials, responsible for all facets of public health, gradually added other concerns to their professional practices, mainly promotion and prevention. Health promotion targets Quebecers' well-being, while prevention centres more on disease prevention.

Promotion is more universal since it consists in enhancing the skills of individuals and groups in the social, psychological or physical spheres, with the objective of improving their well-being. Beyond the distinction between promotion and prevention, emphasis is usually placed on a combined model in which the promotion of protective factors goes hand in hand with the prevention of disease risk factors. In Montréal, three of four regional action priorities reflect this perspective, that is, support for families and the enhancement of the living conditions of infants; the development, adaptation and integration of young people; and a reduction in social inequalities of health through social development, as stated in the 2003-2006 Montréal Public Health Action Plan, *Action for Prevention*.

In the field of public health, the promotion of young people's health is closely linked to the development of their cognitive, emotional and behavioural skills with a view to enhancing their well-being. This approach can even successfully prevent other problems. For example, the adaptation of elementary school students is bolstered by improving how they feel about their academic success, their ability to control their attention, feelings and behaviour, and their ability to interact with their peers. This, in turn, can affect their motivation, academic achievement and psychological well-being.

Skills development, a basic concept

The concept of skills is central to the psychological development of young people. It covers an array of notions but, at present, there is general agreement that skills refer to children's or adolescents' ability to successfully coordinate their personal resources — thoughts, feelings, words and behaviour — in a given context, to carry out tasks asked of them or that they wish to perform. Skills result in good adaptation and not in outstanding performance.

Interaction with the living environment—Ongoing, reciprocal interaction between children and their environment is a basic notion of development. Children select, perceive, interpret and create in light of what they are and what they have experienced. Living environments lead to changes and biological and psychological reorganization. The quality of a child's relationships with his or her parents, self-control processes (attention, emotions and rules of behaviour), positive self-perception and recognition of skills and the development of moral rules are some of the factors that affect motivation, thoughts and behaviour. Furthermore, the quality and stability of the social network in turn affect the child's behaviour.

We also know that the influences closest to young people are those that most directly affect their development. Most important are the individual's inner strengths, the quality of relationships with parents, and the influence of friends and other significant adults, followed by lesser influences such as socioeconomic conditions and the community's characteristics.

This context highlights key factors involved in public health initiatives. First, skills development stems from interaction between children's or adolescents' individual characteristics (temperament, motivation and experience), and the characteristics of their family, day care, school or social environment (climate, guidance and support). It also emphasizes that young persons' skills develop according to their stage of development and the attendant social expectations.

The ability to change remains—Certain processes play a critical role in the stability of or changes in a child's characteristics, such as behaviour, emotions or scholastic motivation.

Currently, researchers believe that no theoretical development model is likely to explain accurately the trajectories of young people. For this reason, development models are designed in probabilistic terms. Indeed, it has been noted that young people at high risk attain tolerable levels of adaptation and, inversely, that young people who are not deemed to be at risk develop problems.

Each individual's unique characteristics and the contexts in which they develop and the time at which they interact mean that development follows numerous paths and produces variable results. Consequently, similar conditions can lead to different types of development, just as different paths can lead to the same result. We can thus surmise that potential for change exists, that such potential can be mobilized, and that early intervention to promote skills and reduce risk factors guarantees many young people's success.

Hierarchical development—The development of young people is hierarchical and organized, meaning that it is built in successive strata through the reorganization of old and new components, each one leading to physical, cognitive and emotional gains and to changes in behavioural organization. Since development hinges both on experiences and shortcomings, a child's inability to attain a sufficient level of skill in the performance of a major task alters his or her

ability to respond to new experiences. The most critical determinant of adaptation is learning, the successful management of physical, cognitive, emotional and social challenges inherent in each stage, such as positive relationships with peers and adaptation to school.

This perspective emphasizes that development occurs in response to challenges through which the child accumulates growing numbers of physical, psychological and social skills. Children are competent and prepared to engage in fruitful relationships when they master the major tasks or skills appropriate to their age, such as attachment to their parents, positive self-image, language, positive interpersonal relationships, autonomy, and so on. It is the mastery of these tasks or skills that increases the likelihood of adaptation.

Highly sensitive periods — Because some children learn later than others generally do, the principle of learning essential tasks at a set time has been abandoned. Children will learn optimally according to their own potential, and the pace at which children go through the stages varies a great deal. Thus, we refer to sensitive rather than critical periods. We also know that each developmental reorganization produces some degree of imbalance in the child, which encourages him or her to be especially receptive to change. Consequently, these periods offer excellent opportunities for both promotion and prevention.

Protection and risk factors are seldom isolated — Recent studies devoted to the functioning of risk and protection factors have also revealed the complex relationships between these factors and development. These are key factors to be considered. First, risk factors are rarely isolated. They often occur in groups and seldom is a problem associated with only one factor. Among young people, mental health problems, social problems and health risk behaviours are often interrelated. It has also been noted that certain risk factors are generic, that they are common to several problems. Finally, the impact of certain risk factors varies according to a child's stage of development and living environments.

Broadly speaking, these are some of the assumptions on which are now predicated measures aimed at children and adolescents. These principles indicate that the success of our health promotion initiatives hinges on several criteria. Specifically, we must target the development of the young peoples' skills, take into account interactions between young people and their living environments, adapt to the characteristics of their development, act at the right time, and target the appropriate protection and risk factors. While research continues on understanding the forces at play in young peoples' development, there is agreement that these principles provide a framework that must guide our objectives and initiatives. This is the focus of the Survey examined in this annual report.

An initial broad profile of young Montrealers — First, a two-page spread presents background information on the Survey on the Well-being of Young Montrealers: the partners, the themes chosen, the grade levels sampled, the

number of schools visited, the number of students and parents reached, and certain methodological aspects.

Section 1 presents basic data drawn not from the Survey but from Québec or Canadian statistics on mortality, hospitalization and poverty. Montréal does not always fare well in these areas, which, in turn, affects various characteristics measured by the Survey. The next 6 sections analyse the findings of the Survey, which examines the opinions of young people and their parents. The Survey data, therefore, reflect their perceptions and not a medical or other diagnosis.

In Section 2, we examine data on the physical health of young people and their lifestyle habits such as diet, exercise and dental health; we observe that they suffer from various forms of malaise, especially back problems. It is clear that progress still must be made in the area of their lifestyle habits.

Section 3 focuses on the quality of young peoples' social support networks, specifically their families and friends, relationships that predominate among young people. Broadly speaking, the responses are encouraging even though shortcomings are apparent.

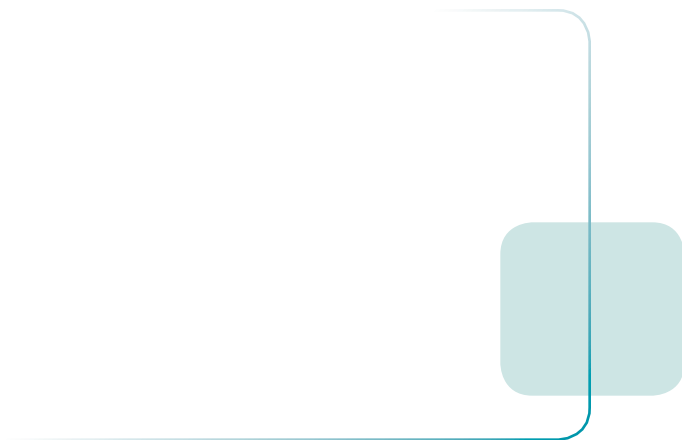
Section 4 reviews the findings concerning self-esteem, a key component of well-being. Young people were also asked a series of questions to ascertain their psychological distress. Their responses shed new light on the range of protection and risk factors that come into play, especially their relationships with their parents and friends. The young people also talked about their dissatisfaction with their body image and it was clear that this was an important issue for adolescents, and even for younger children.

In Section 5, we examine what should be the focal point of the lives of children and adolescents, school life: Do they like school? Do they want to succeed? Do they do their homework? Do they have the impression that they will succeed? Do their parents, teachers and friends support them? In secondary school, does remunerated employment take up a lot of students' time?

Section 6 looks at insecurity and violence, including when young people say they are the victims of bullying and taxing or discrimination, or when they acknowledge that they act aggressively.

Section 7 examines health risk behaviours of young people, such as their initiation to smoking, alcohol and drugs—habits that affect a non-negligible minority of adolescents—as well as their first sexual experience, and their attitude to the protection of their health.

Overall, our findings confirm situations that were only suspected. Based on this data, we are proposing that certain avenues for action be emphasized, ranging from initiatives in schools to measures geared to municipalities or the community. Our partners will agree that, even if the majority of young people are doing well, the task before us is still imposing: helping youth grow into healthy Montrealers.



The story behind a major survey

Why a survey?

The information available did not allow us to estimate the scope of the key determinants of the well-being of young people. None of the surveys conducted was representative of Montréal school children overall.

Main objective

To measure the scope of the key determinants of the well-being of young people attending an elementary or secondary school in the Montréal area with the ultimate objective of fostering their development and ensuring their academic success.

Partners

Agence de santé et de services sociaux de Montréal

Ministère de la Santé et de Services sociaux, through the public health grant program

Direction régionale de Montréal of the ministère de l'Éducation du Québec

Comité de gestion de la taxe scolaire de l'île de Montréal

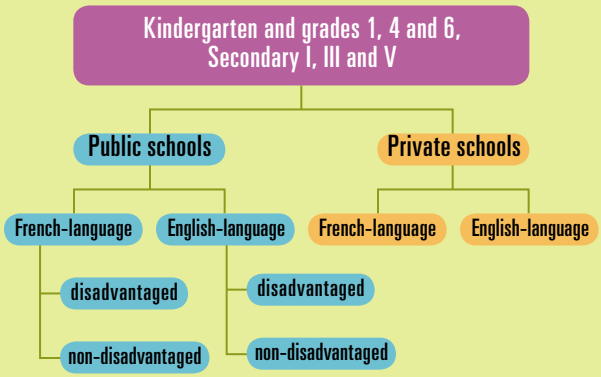
Centres jeunesse de Montréal-Institut universitaire

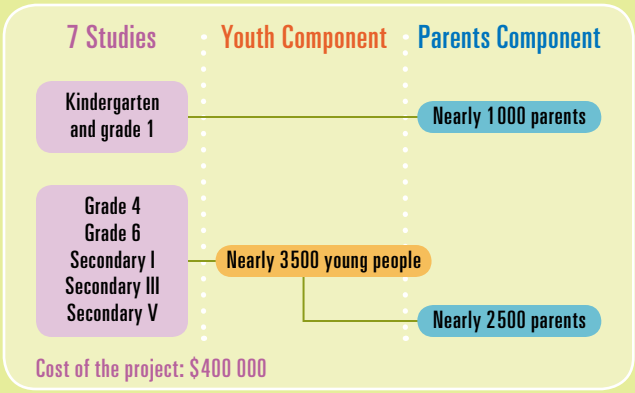
Survey firm

Le Bureau des intervieweurs professionnels (BIP)

When and whom

Data was collected in the spring of 2003 in 373 classes at 270 schools in the Montréal school system.



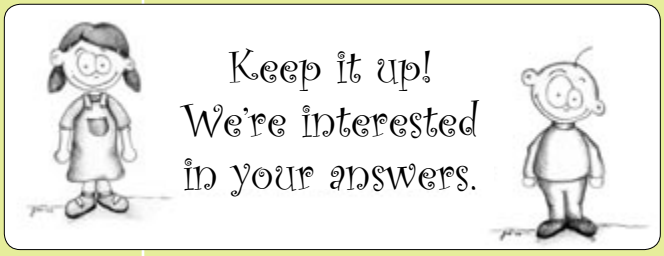


Some of the themes

- Their perception of their health and lifestyle habits
- Self-perception
- Support from families and friends
- The family as a living environment
- Their interest in school and their work habits
- Violence

Notes

- The Survey covers only young people in school, not those who left school before Secondary V. It would have been desirable to reach the latter but doing so would have required another survey better adapted to their situation.
- Given that the subjects are young, data collection was conducted very cautiously to ensure respect for the young people's rights. Questions dealing with suicide, violence inflicted by a parent, and sexual abuse were excluded. A survey focusing on these themes would have required an entirely different operation and the offer of immediate support to young people who needed it. The ethics committee at Hôpital Maisonneuve-Rosemont approved the Survey.



- The Survey is, in fact, made up of seven separate, independent surveys, each one corresponding to a grade level: kindergarten, grades 1, 4 and 6, and Secondary I, III and V. The Survey focuses on transitional levels for young people.
- Subjects were recruited not according to age but to grade level.
- Since students in grades 2, 3 and 5 were not covered by the Survey, it is not possible to extrapolate the findings to elementary school overall. The same is true of the findings for secondary schools, where secondary II and IV were not studied.
- The sample, produced independently, included both strata and clusters (complex sampling).
- All of the findings were meticulously and rigorously verified. The data were weighted and post-stratified to obtain percentages representative of all students going to school in the Montréal area.
- The impending methodological report will present a more detailed description of the methods used.

Section 1

230 000 young people of school age

230 000 young people of school age

Before examining the young peoples' responses to the Survey, let us take a look at the latest data that describe the sociodemographic situation and statistics illustrating the overall state of health of young Montrealers between the ages of 6 and 17. This data provides an initial look at the conditions in which this key phase of their lives takes place. Several specialized information sources such as data from Statistics Canada or the health and social services network were used.

Over one-third under the low-income cutoff

According to the 2001 Canadian Census, 229 835 young people between 6 and 17 years of age live in the Montréal area[1], a figure equivalent to 13% of the city's population. This number is divided almost equally between the 6-11 age group and the 12-17 age group. Young people are numerous in Montréal; in comparison, this figure corresponds roughly to twice the entire population of Trois-Rivières. Most young people were living in families with two parents who were married or in a common-law relationship (71%); the remainder were living in single-parent families (28%), and 1% with persons with whom they were not related such as foster families or on their own.

From an economic standpoint and in relation to other Canadian cities comparable to Montréal, the situation of young Montrealers overall (0-17 years old) is one of the most unfavourable, followed closely by that in Vancouver. In 2000, 34% of young people were living under the low-income cutoff in Montréal, compared with 30% in Vancouver and 29% in Toronto.

1. *Unless indicated otherwise, "Young Montrealers" refers to the 6-17 age group..*

The economic situation of young Montrealers deteriorated slightly between 1999 and 2000, when they became the group hardest hit by poverty: nearly 74 435 young people (32%) between the ages of 6 and 17 experienced insecurity in 2000, thus exceeding the 65-year-old group. The opposite was true in 1990. This trend exists across Canada. While half of young people experiencing insecurity live in two-parent families, the risk of living in a low-income household doubles if the young person lives in a single-parent family, 54% as opposed to 24% (Figure 1.1).

Figure 1.1

Young people between the ages of 6 and 17 living under the low-income cutoff, by family structure (2001 Census)

Family structure	Youth, 6 to 17 age group	Youth, 6 to 17 age group living under the low-income cutoff	
	Total number	Number	%
Total	229 835	74 435	32
Family with two parents, married or in a common-law relationship	163 620	38 650	24
Single-parent family	63 450	34 295	54
Other	2 765	1 490	54

However, this profile does not reveal everything, far from it. A non-negligible proportion of young people in the 6-17 age group living under the low-income cutoff rely solely on Employment-Assistance Program benefits that their parents receive to satisfy as best they can their basic needs. According to statistics from the ministère de l'Emploi et de la Solidarité sociale, in 2004 there were roughly 31 700 young people in Montréal in this situation, equivalent to 13% of this age group. For these young people, living "in the city" means not only experiencing insecurity with respect to housing and food with all of the attendant personal and social difficulties that this implies but also being at odds with the values transmitted by the consumer society.

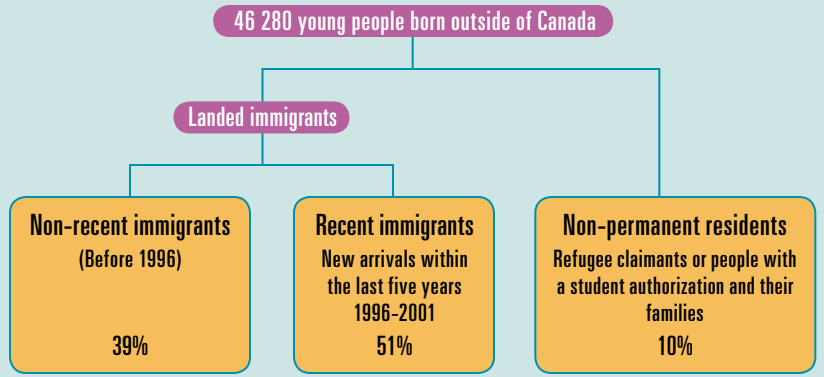
Many from immigrant families

Montréal continues to attract more immigrants than any other city in Québec. According to the 2001 Census, 13% of young people 0 to 17 years of age were born outside Canada, which represents 46 280 individuals (Figure 1.2). However, this percentage is markedly lower than the figures for Toronto and Vancouver (23%). The six leading places of birth of young landed immigrants declared in 2001 were West Asia, Central Asia and the Middle East (14%), North Africa (12%), the Caribbean and Bermuda (11%), Central America and South America (11%), Eastern Europe (10%) and South Asia (10%).

The economic situation of young immigrants continues to be difficult. Indeed, while 31% of young Montrealers aged 0 to 17 years born in Canada were living under the low-income cutoff in 2000, this percentage climbed to 56% among landed immigrants and 57% among non-permanent residents in the same age group. Given that economic integration tends to improve over time, it is not surprising to note that among landed immigrants, those hardest hit are the

Figure 1.2

Young people up to the age of 17 born outside Canada (2001 Census)



most recent arrivals, 63% compared with 46% among longer established immigrants.

A certain geographic disparity

For the past 30 or so years, Québec, like other industrialized nations, has shifted from a context in which infectious diseases predominated to an unprecedented situation marked by the appearance of new "epidemics," including obesity, smoking, suicide, chronic diseases and mental illness. Although significant efforts have been made over the years both through community action and by the CLSCs, it was essential to go beyond the existing system, centred above all on a curative approach, to tackle these new challenges and manage a continuum of measures aimed at developing and maintaining the population's health.

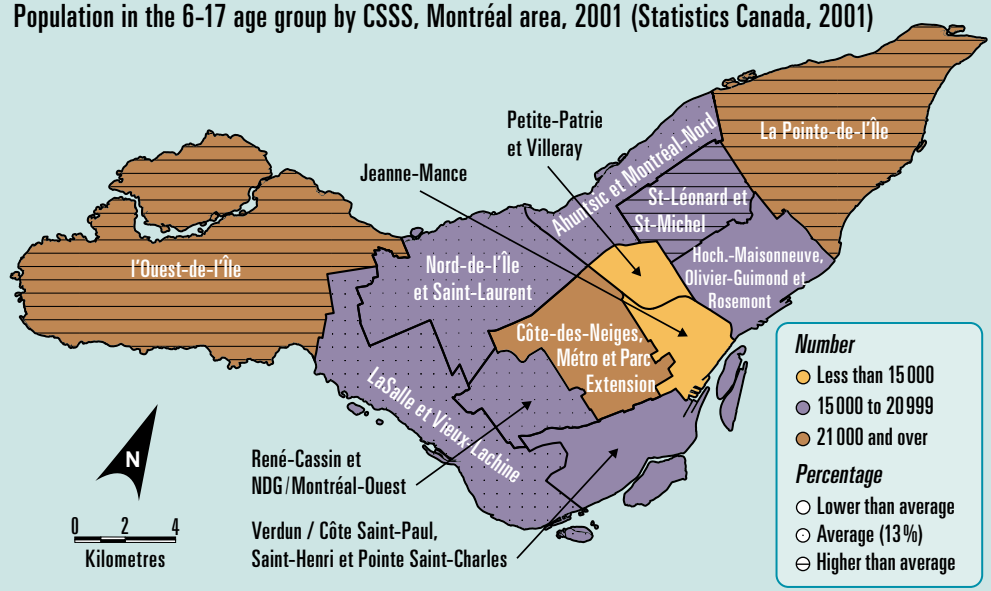
Health and social services centres (CSSSs) were established to meet this objective in particular. In 2004, the health and social services network overall was reorganized, leading notably to the merging of local community service centres (CLSCs) into health and social services centres throughout Quebec. In Montréal, the 29 CLSCs were thus integrated into 12 CSSS territories (Figure 1.3).

In light of the new territorial division, an examination of a number of sociodemographic indicators concerning young Montrealers reveals certain disparities among the CSSSs that should be pointed out.

While young people in the 6-17 age group account for 13% of Montréal's overall population, the percentage is higher in three CSSSs territories: CSSS de l'Ouest-de-l'Île (18%), CSSS la Pointe-de-l'Île (15%) and CSSS Saint-Léonard et Saint-Michel (14%). As for the number of young people in the 6-17 age group, three CSSSs head the list: CSSS

Figure I.3

Population in the 6-17 age group by CSSS, Montréal area, 2001 (Statistics Canada, 2001)



de l'Ouest-de-l'Île, CSSS la Pointe-de-l'Ile and CSSS Côte-des-Neiges, Métro et Parc-Extension, with 37 135, 27 650 and 26 350 young people, respectively. These three CSSSs alone serve nearly 40% of this population of young people.

From the standpoint of the proportion of young people living in single-parent families (28% in the region overall), three CSSSs are indeed noteworthy; they are CSSS Verdun/Côte Saint-Paul, Saint-Henri et Pointe Saint-Charles (41%), CSSS Hochelega-Maisonneuve/Olivier-Guimond et Rosemont (41%), and CSSS Jeanne-Mance (40%). As for young people living under the low-income cutoff, eight CSSSs have higher proportions than the overall average for the area (32%). Two of them are particularly affected, with 45% of young people disadvantaged in this respect in Verdun/Côte Saint-Paul, Saint-Henri et Pointe Saint-Charles and in Saint-Léonard et Saint-Michel. There are 10 000 young people living under the low-income cutoff in the territory of CSSS Côte-des-Neiges, Métro et Parc-Extension, the highest figure in any territory.

The new CSSS territories mask certain discrepancies

It should be noted that the integration of CLSCs into the CSSSs masks certain social inequalities, especially as regards the percentage of young people living under the low-income cutoff. A more refined geographic division better highlights the sectors in which the most disadvantaged population lives.

Basic health data

How can we ascertain whether young people are in good health? Mortality rate is one indicator of a population's health, because it reveals the extent of diseases and the diversity of their consequences. As is the case in most industrialized nations, in Montréal the 6-17 age group is affected the least by mortality. Of the 15 600 deaths recorded on average between 1997 and 2001, roughly 30 were in this age group: accidents ranked first among the causes of death, ahead of cancer, which was closely followed by suicide.

Data on suicide

In Montréal between 1997 and 2001, nearly five young people under 18 years of age committed suicide on average each year. This figure represents more boys than girls. Among those young people whose suicide attempts led to hospitalization, between 2000 and 2003, the rate stood at 41 per 100 000 among girls and 8 per 100 000 among boys in this age group.

Many young people entertain suicidal thoughts but no data are available for the Montréal area. In Québec as a whole, the Enquête sociale et de santé auprès des enfants et des adolescents québécois (1999) revealed that 8% of 9-year-olds appeared to have entertained serious suicidal thoughts during the preceding year. Among 13-year-olds, differences have been noted between boys and girls, and the proportion of young people who seriously contemplated suicide stood at 4% among boys and 10% among girls.

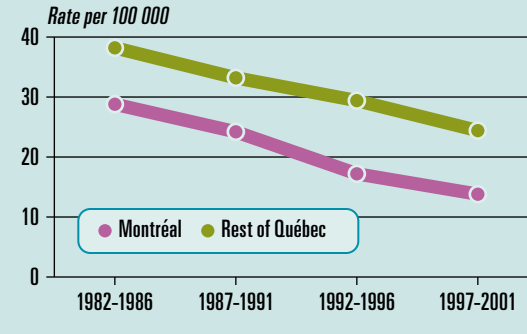
Source: MSSS and ISQ

It should first be emphasized that over the past 20 years the situation has improved considerably. Indeed, the annual mortality rate fell by over 50%, from 29 per 100 000 (1982-1986) to 14 per 100 000 more recently (1997-2001). This drop stems, by and large, from a reduction in mortality caused by traumas and cancer. In addition, as Figure 1.4 clearly shows, the situation in Montréal is better than elsewhere in Québec. The discrepancy for the period 1997-2001 is attributable to lower mortality due to traumas and suicide in Montréal.

It is also useful to examine a second health indicator for young people, short- or long-term hospitalization rate.[2] Each year, on average, nearly 4 900 young Montrealers are hospitalized for short or long periods, a rate of 210 per 100 000, for an average hospital stay of seven days in 2000-2003 (it

Figure 1.4

Change over 20 years in the mortality rates of young people in the 6-17 age group (1982 to 2001, Fichier des décès, MSSS)



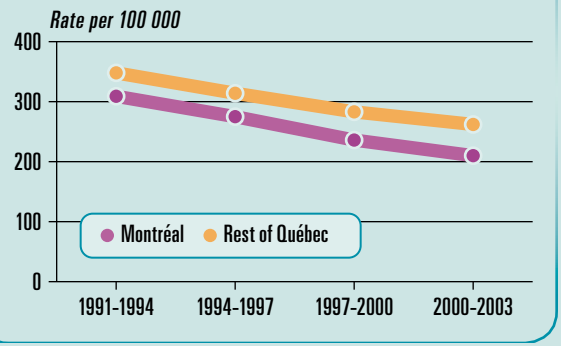
2. *Short- and long-term stays correspond to an admission requiring occupation of a hospital bed for at least one night, unlike day care and day surgery.*

should be noted that a young person may have been hospitalized several times during this period as some diseases demand frequent hospitalization). Over the past 10 years, a one-third reduction has been observed in hospitalization rates in Montréal, slightly below the level noted elsewhere in Québec (Figure 1.5). This drop may stem from several causes, in particular the shift to ambulatory care, which made day care and home care more widespread, as well as a genuine reduction in certain health problems.

The causes of hospitalization vary depending on sex. Among boys, traumas, (e.g. accidental falls, sports-related accidents) lead the way, with an annual rate of 430 per 100 000, followed by problems of the digestive system (e.g. appendicitis and gastroenteritis), with an annual rate of 310 per 100 000, and by respiratory tract ailments (tonsillitis, asthma and pneumonia), with an annual rate of 270 per 100 000 (2000-2003). Among girls, the rate is similar for problems of the digestive system, 280 per 100 000 per year, but lower for traumas (e.g. accidents and suicide attempts), with an annual rate of 238 per 100 000.

Figure 1.5

Annual hospitalization rate of young people in the 6-17 age group (1991 to 2003) (MED-ECHO, MSSS)



To the foregoing causes must be added mental health problems such as adjustment disorders, affective psychoses and neurotic disorders, for which the rate stands at 222 per 100 000 among girls and 115 per 100 000 among boys. It should be noted that the average length of hospital stay for mental health problems is 25 days, which largely exceeds the average of 7 days for all causes. The problems are serious and demand the support and care of specialized teams.

As for road accident traumas, which account for a significant portion of traumas sustained by young people, data other than hospital admissions alone must be considered, such as ambulance attendants' pre-hospitalization reports. Indeed, if certain injuries are sufficiently serious to require hospitalization, a large proportion of young people are taken to emergency without being admitted to the hospital and thus do not appear in the hospitalization rates. On average, ambulance attendants handle 739 injured young people each year, for an annual rate of roughly 320 per 100 000 (1999-2003). It should be noted that slightly greater numbers of young people are injured while on foot or bicycling (55%) than in motor vehicles or on motorcycles (45%), whether as passengers or even, among older individuals, as drivers.

There are 230 000 young people of school age living in Montréal, over one-third of whom are living under the low-income cutoff, a situation more prevalent among individuals from immigrant families. Beyond the impressive number of young people this group represents, the insecurity that all too many of them are facing is worrisome. As for the health of this population, mortality rates and hospitalization rates, which are key factors, provide a positive picture, as is true in most industrialized nations. However, if these statistics reveal the most serious problems, they do not cover the entire range of health problems. For this reason, to better ascertain the ailments from which children and adolescents claim to be suffering, the Direction de santé publique decided to include in the Survey on the Well-being of Young Montrealers a series of questions devoted to health, as we will see in Section 2.

Section 2

Are they in good health?

Are they in good health?

Having reviewed statistics on young Montrealers, which shed light on the situation overall, let us now turn to some of the Survey findings concerning minor and chronic health problems and lifestyle habits in the areas of diet, physical activity and dental health. It should be noted that the responses reflect the young people's or their parents' perception of problems and are not based on medical diagnoses.

Perception of their state of health

The Survey provides data both on short-term, minor problems and on long-term or chronic problems[3] confirmed by a physician or health specialist. Short-term problems include headaches, stomach aches, dizziness, difficulty sleeping, and sore back, among others. Long-term problems include, in particular, allergies, respiratory problems, bone or joint problems, and diabetes.

Students were first asked a general question on their health. The first observation is favourable: almost all young Montrealers in grades 4 and 6 and in Secondary I, III and V deem themselves to be in *quite good* or *excellent* health[4] (97%-98%). However, we must not conclude that young people experience neither malaises nor chronic health problems.

3. *Present for at least six months or that might last longer than six months.*

4. *The terms in italics marks are those used in the Survey questions.*

Minor problems

The parents of children in kindergarten and grade 1 were questioned on short-term problems. Students in grades 4 and 6 were questioned directly since they were able to respond in writing, as were students in Secondary I, III and V. It should be noted that the formulation of the questions and choice of responses varied at the elementary and secondary school levels. For this reason, the data at the two levels are not always comparable.

According to the parents of children in kindergarten and grade 1, 64% of the children *rarely* or *never* experience short-term problems. However, since the seriousness of a malaise can be subjective, it is not surprising that the findings differ when young people themselves answered the question. Thus, less than 15% of grade 4 and 6 students claimed to *never* have problems, while nearly half of them said that they *sometimes* or *often* have more than two problems. In kindergarten and grade 1, stomach aches and headaches were by far the problems that the parents most frequently reported (Figure 2.1). The same problems are also apparent in grades 4 and 6, along with (in marked proportions), difficulty sleeping, dizziness or sore back.

Secondary school students claimed to *rarely* or *never* experience short-term problems, in similar proportions whether they were in Secondary I, III or V (18%, 15% and 17%, respectively). The proportion of students who said they suffered *at least once a month* from more than two problems is notable: 43% in Secondary I and over 50% in Secondary III and V. As is the case among elementary school students, stomach aches and headaches head the list, more so among girls than among boys (Figure 2.1). It is surprising to note that young people of this age

Figure 2.1

Short-term health problems, by grade level (SWYM 2003)**

	Declared by parents	Declared by young people				
	Kindergarten and grade 1	Grade 4	Grade 6	Sec I	Sec III	Sec V
	%	%	%	%	%	%
Headaches	14	67	65	57	57	55
Stomach aches	23	66	61	63	63	61
Sore backs	2*	31	33	40	52	53
Insomnia	7	51	42	37	41	43
Dizziness	1*	32	23	27	29	32

* *Imprecise estimate; interpret with prudence*

** *For kindergarten and grades 1, 4 and 6 possible answers included* sometimes *or* often*; for secondary levels, the choices ranged from* about once a month *to* about every day.

Emotional health

Dizziness and difficulty sleeping, which might be thought specific to adults and the elderly, also affect children and adolescents. As with adults, they often reflect young people's concerns, stress, or emotional health problems. While the problems may be minor, they must be regarded as a warning sign, just like a high fever measured by a thermometer.

already suffer from sore backs (53% in Secondary V) and have difficulty sleeping (43% in Secondary V).

Chronic problems

To what extent do long-term or chronic problems affect young people? In elementary school, the parents were questioned and in secondary school, the students.

According to the parents, just over half of elementary school students have no chronic health problems. Many children nonetheless experience one or more such problems (42% in kindergarten and grade 1, and 47% in grades 4 and 6). Two problems, all forms of allergies and skin diseases, and respiratory problems including asthma (Figure 2.2) are the most frequent at all levels of elementary school.

The situation in secondary schools is also worrisome, since young people in Secondary I, III and V claimed to have one or more problems (49%, 53% and 45%, respectively). They also suffer from the same chronic problems as elementary school students (Figure 2.2).

Eating habits

Various changes occur during childhood and adolescence, in particular with regard to eating habits and behaviours. Dietary imbalance can have short- and medium-term impacts on the health of young people. For example, certain behaviours are likely to affect their

Figure 2.2

Long-term health problems, by grade level (SWYM 2003)

	Declared by parents			Declared by young people		
	K-garten & grade 1	Grade 4	Grade 6	Sec I	Sec III	Sec V
	%	%	%	%	%	%
Allergies and skin diseases	23	27	30	36	37	40
Respiratory problems	20	18	16	18	20	21
Attention disorders, hyperactivity	5*	6	7*	7*	3*	4*
Emotional, psychological or nervous problems	3*	6*	5*	8*	10	8
Physical problems (bone, diabetes)	8	7	5*	9*	12	13

** Imprecise estimate; interpret with prudence*

Allergies, skins diseases and respiratory problems

Allergies in young people can produce minor reactions (e.g. hay fever), or serious symptoms such as a severe allergy to peanuts. It appears that food allergies have become more widespread in recent years and more and more children are using Epipens.

The quality of indoor and outdoor air is undoubtedly the main health risk factor, especially for respiratory health. Indoor air contains several contaminants that can cause or exacerbate asthma. They include mites, tobacco smoke, allergens from insects and pets, moulds, dampness in dwellings, and nitrogen oxides released by poorly maintained gas stoves. Outdoor air also contains pollutants, in particular nitrogen oxides and volatile organic compounds that are precursors of ozone, carbon monoxide, sulphur dioxide, and particulate matter. Ozone, which causes urban smog and whose precursors are generated mostly by the transportation sector, is a powerful irritant to the respiratory system, one that can exacerbate asthma.

nutritional status, such as the habit of eating breakfast and the consumption of certain types of foods and beverages. The Survey revealed certain shortcomings in the eating habits of young Montrealers, both in grades 4 and 6 and in Secondary I, III and V.

Breakfast

Just over 7 out of 10 grade 4 and grade 6 students said they have breakfast *every day*[5] before school. In secondary school, only 6 out of 10 students eat or drink something *every day* before school (boys more so than girls). All the same, between 12% and 15% of adolescents *never* have breakfast, along with roughly 6% of grade 4 and grade 6 students (Figure 2.3). Many students go to school on an empty stomach. However, numerous studies show that skipping breakfast can hinder concentration, the learning process and academic achievement.

Healthy food

Canada's Food Guide to Healthy Eating recommends that young people between the ages of 10 and 16 consume three to four servings of dairy products every day. Indeed, milk is considered to be a basic food, essential for growth and the quality of bones and teeth, not to mention that it is the cheapest dairy product on the market. Only half of Montréal grade 6 students drink milk *three times a day* and 7%, *not once*, and boys consume more than girls. In secondary school, the proportion of girls who follow the recommendation falls appreciably, once again reflecting the gap between boys and girls (Figure 2.3).

Canada's Food Guide to Healthy Eating recommends five to ten servings every day of fruits and vegetables, which are low in calories and rich in vitamins and substances that protect against chronic diseases and obesity. Eight out of ten grade 6 students claimed to eat them *five times a day or more*. However, as is true of milk consumption, this health behaviour becomes less and less frequent in secondary school, where 37% of adolescents in Secondary V do not consume

5. *Respondents were asked if they eat or drink something before school but we cannot express an opinion on the nutritional quality of the breakfasts since we do not know what kinds of foods were consumed.*

Figure 2.3

Eating behaviours of young people (SWYM 2003)

Behaviours	Elementary		Secondary		
	4th	6th	I	III	V
	%	%	%	%	%
Breakfast *(does not eat before school)*	6	6*	12	13	15
Milk consumption *(less than 3 times a day)*	-	51	63	71	77
Consumption of fruits and vegetables *(less than 5 times a day)*	-	22	29	32	37
Consumption of soft drinks *(once a day or more)*	-	34	43	38	33
Consumption of snacks *(once a day or more)*	-	42	44	40	30
Consumption of fast food *(once or more during the last 7 days)*	73	65	73	74	72

** Imprecise estimate; interpret with prudence*

sufficient fruits and vegetables (Figure 2.3). In the long term, this behaviour increases the risk of osteoporosis, cardiovascular disease and cancer.

Junk food

Heavy consumption of sweetened beverages, chips and fast food can adversely affect health, the most visible manifestation of which is obesity, another well documented problem. Moreover, these foods often replace healthier ones that are low in calories and have higher nutritional value.

Montréal area school board food services that apply a dietary policy prohibit soft drinks and chips. However, one-third of grade 6 students consume soft drinks *one time a day* and over 40% eat chips *one time a day*, boys and girls alike. In addition, three grade 4 students out of four and two grade 6 students out of three said they had consumed fast food *one time* in the week preceding the survey (Figure 2.3).

Nearly four Secondary I and III students out of ten claimed to consume chips and soft drinks *one time a day*, as did three Secondary V students out of 10. As was true in the elementary schools, nearly three-quarters of the secondary school students consumed fast food *one time* in the week preceding the survey (Figure 2.3) and one-third of them did so *two times*. Many secondary schools are surrounded by fast food outlets that compete with the schools' food services.

Physical activity

While there is no real threshold at which individuals can benefit from physical activity, the more active we are, the more in shape and the healthier we are. To optimize health status, Kino-Québec recommends that young people engage every day or almost in a cumulative total of one hour of moderate to vigorous physical activity. Indeed, it is during childhood and adolescence that young people acquire lifestyle habits that have a decisive influence on their development and their adult lives. A child who adopts an active way of life allows his or her body to develop properly in physical, cognitive and emotional terms.

The Survey questions devoted to physical activity made it possible to pinpoint various physical activities, including courses offered by schools, from grade 4 to Secondary V. The questions also

focused on the number of days during which the young people engaged in physical activity and a vigorous physical activity in the week preceding the Survey. Obviously, since the Survey was conducted in the spring, winter sports were excluded.

Types of activities

Walking, team sports and ball games head the list of activities in which grade 6 and Secondary I, III and V students engaged in the week preceding the Survey (Figure 2.4), followed by cycling, skateboarding or rollerblading. At all grade levels studied, team sports and cycling are more popular among boys, especially in Secondary I and III. With few exceptions (walking for boys and girls and combat sports for boys), all of the activities dwindle in popularity through secondary school.

Do young people engage in physical activity every day? According to their responses, regardless of grade level, over two-thirds of them engaged in physical activity six to seven days in the week preceding the Survey. Once again, more boys than girls claimed to engage almost daily in at least one activity.

Intense physical activity

Vigorous physical activity, an intense activity for 20 consecutive minutes, is recommended at least three times a week to maintain aerobic and cardiovascular capacity. Thus, to stay fit, adolescents must not only be active every day or almost every day for one hour but they must also attain this level of intensity and frequency.

Overall, more boys than girls engage in vigorous physical activity at least three times a week. However, between 4 and 5 secondary school students out of 10 said that they do not engage in physical activity at this pace, which is insufficient to derive all of the benefits. Furthermore, in Secondary V, vigorous physical activity tends to decline among both boys and girls.

These findings might suggest that young people engage in sufficient physical activity. However, the situation is not quite as bright when we try to ascertain how many young people engage in physical activity almost daily and also in vigorous activity at least three times a week. Indeed, less than 50% of the young people satisfy these two criteria, a proportion that falls to 39% in Secondary V. This situation is particularly worrisome among Secondary V girls, only 27% of whom meet the two criteria.

Figure 2.4

Students who engaged in physical activity at least once in the preceding week (the five most popular activities) (SWYM 2003)

Activity *Minimum of 15 minutes per session*	Elementary	Secondary		
	6th	I	III	V
	%	%	%	%
Walking	85	87	90	92
Team sports	76	70	67	54
Games using a ball	80	61	46	35
Cycling	53	51	38	22
Rollerblading	49	45	29	20

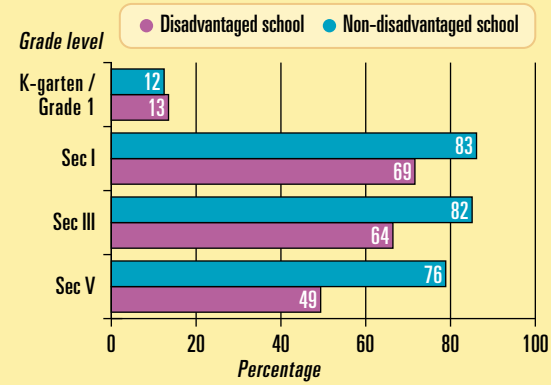
Dental health and inequalities

While dental caries continue to be a widespread health problem among young Montrealers (40% of children in kindergarten have one or more affected teeth), the oral health of young Montrealers has improved markedly over the past 20 years. Among the reasons put forward are the use of fluoride toothpaste and access, albeit limited, to preventive and curative dental services. However, dental health vividly reflects social inequalities. The segment of the population with the lowest income and level of education displays clearly less favourable oral health and lifestyle habits.

The Survey's findings concerning use of dental services highlight these inequalities. In Québec, contrary to medical care, private dental services insured by the government cover very few young people. Only certain services are insured for children up to the age of 9, beyond which only the children of Employment-Assistance recipients remain covered. The Survey also revealed that among children in kindergarten and grade 1, a period when access to dental care is universal, no discrepancy existed regarding use of dental services according to the aggregate underprivileged school index (Figure 2.5). Conversely, the discrepancy widens in secondary schools, depending on whether or not the students attend a school in a disadvantaged neighbourhood, and this gap widens between Secondary I and Secondary V.

Figure 2.5

Visit to a dentist during the previous two weeks (kindergarten and grade 1) or during the past year (Secondary I, III and V) according to the aggregate underprivileged school index (SWYM 2003)



An examination of the young people's responses overall concerning minor health problems reveals, surprisingly, that difficulty sleeping and sore backs are already in evidence at that age. Another striking observation is that virtually half of secondary school students complain of more than one type of malaise. As for chronic problems, the students complain of allergies and respiratory problems. The Survey reveals that many students do not eat a proper breakfast and that junk food is making inroads, a trend that affects growing young people. We noted shortcomings with regard to physical activity: young people's responses clearly show that a large proportion of them do not engage in sufficient physical activity to gain all of the attendant health benefits, especially girls but also older adolescents, in the final years of secondary school.

Section 3

Do they have a supportive environment?

Do they have a supportive environment?

The beneficial effect of social support on an individual's adaptation and well-being is well known. It is associated with an individual's physical and emotional well-being and we know that it affects how individuals interpret events and choose strategies to deal with them. It also helps people manage stress and better adapt to circumstances and challenges. Social support facilitates children's and adolescents' adaptation to school and helps to control malaise and somatization problems, in particular, although the mechanisms of its protective effects have not been fully elucidated. Given the importance of social support, the Survey asked students a series of questions to ascertain to what extent they feel they are supported. This section provides a glimpse of their perception of the support that the people around them provide, specifically the network of immediate and extended family members, friends and teachers.

Support from the people around them

Social support is usually defined as a series of significant interpersonal relationships between individuals or groups that provide emotional and instrumental aid and feedback concerning behaviour. Given the urban context of Montréal, one might well have imagined that young people would feel isolated. However, overall, the responses of grade 4 and grade 6 students and Secondary I, III and V students are reassuring since almost all students believe that they have someone on whom they can rely in case of need. Between 92% and 95% of the young people answered in the affirmative to the question: *Do you have someone who can help you if you have a problem?*

On whom do they rely? Students were asked who among the people around them—their parents, brothers and sisters, grandparents, friends and teachers—might listen to them and encourage them, if they needed help. Fortunately, most of the students indicated that they can rely on not one but several people. Over 70% of the young people, regardless of grade level, said that they can rely on four or more

sources of support. While the picture is positive, it would be useful to assess the quality of and ease of access to this support.

Parental support is a decisive factor in young people's development. Despite the growing role that friends play, it is parental support that provides security and comfort. It overcomes the adverse effects of stress, in particular by reducing psychological distress and behavioural problems. The Survey clearly reveals that parents are a key source of support for a majority of young Montrealers. Questioned about their mothers' willingness to listen to them and encourage them, a majority of grade 4 students (85%) answered *a lot* (Figure 3.1). This proportion falls slightly with age to 69% in Secondary V. Conversely, a large proportion (which rises with age) of young people—over 30% in Secondary III and V—answered *a little* or *not at all*. In response to the same question, two-thirds of grade 4 students thought that their fathers could support them *a lot*. However, starting in grade 6, the proportion of students who answered *a little* or *not at all*, increased to 54% in Secondary V.

We also wanted to know whether young people feel that their parents understand them. It is comforting to note that the vast majority of students believe that their mothers and fathers understand them *a lot* or *some*. In the case of mothers, this is true of about 9 children out of 10 up to Secondary I, then this proportion decreases in Secondary III and V to 86% and 84% respectively. As for fathers, the proportions are similar up to Secondary I, and are followed by a slight drop among older adolescents, where slightly fewer believe that their fathers understand them: 76% in Secondary III and 72% in Secondary V.

"Mother" and "father" as defined in the questionnaire

The Survey questions dealing with mothers specified *the mother or the adult woman you spend the most time with*; for fathers it was *the father or the adult man you spend the most time with*. In the interest of stylistic simplicity, "mother" is used here to designate the adult woman with whom a young person spends the most time and "father," the adult man with whom a young person spends the most time.

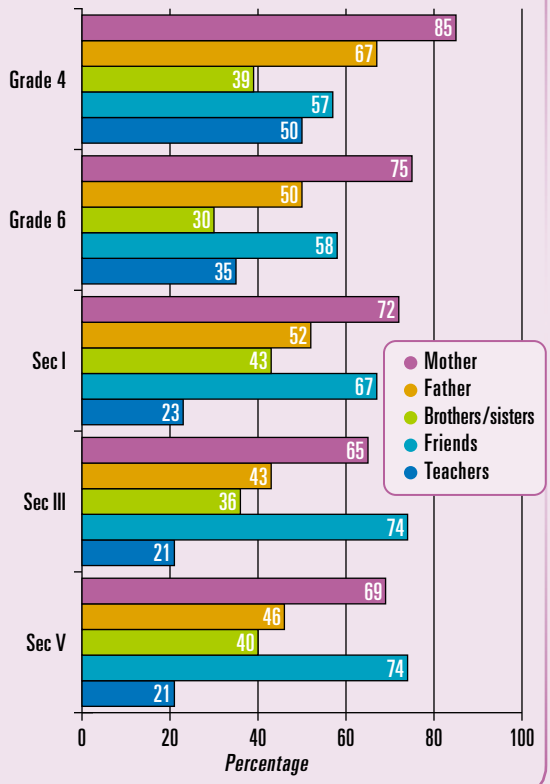
All of the grade levels studied indicated that the woman with whom over 9 out of 10 young people spent the most time was their mother and the man with whom over 8 out of 10 young people spent the most time was their father.

Grandparents are also a genuine source of support. Some 32% of Secondary I students and 23% of Secondary III and V students indicated that their grandparents could listen and encourage them *a lot*. We know that this role is an important one in certain cultural communities. Are brothers and sisters perceived as a source of support? This does not appear to be the case for all young people. Regardless of grade level, only 30% to 40% of the students believe that their brothers or sisters could listen to and encourage them *a lot* (Figure 3.1).

What about their friends? Most of the young people can count on their support. Nearly 58% of grade 4 and grade

Figure 3.1

Family members and friends who might listen to and encourage young people a lot, if need be (SWYM 2003)



6 students said that their friends could listen to and encourage them *a lot* and this tendency is even more pronounced among secondary school students, 67% in Secondary I and 74% in Secondary III and V (Figure 3.1). In fact, in secondary school just as many students named friends as named parents as sources of support.

Young people also feel that they can rely on their teachers. Nearly 50% of grade 4 students indicated that their teachers could listen to and encourage them *a lot* should the need arise. However, this proportion fell to 35% in grade 6. In secondary school, roughly 20% of students had the same feeling for at least one of their teachers. There is undoubtedly good reason to foster the quality of relationships with teachers, as they could be a protective factor against dropping out.

The network of friends

Studies have shown that peers play an important role throughout development, especially during adolescence, when friendship becomes more intimate. The choice of friends affects a child's understanding of the world and ties with social networks. On the one hand, peers can play a protective role by reinforcing wholesome behaviour. In addition, their support is perceived as a key resource to help children when they start school or during the transition to secondary school. On the other hand, such influence can have an adverse effect both from the standpoint of academic success and the adoption of risky or deviant behaviours. We also know that adolescents from families with parents who are both loving and firm and support their children have greater numbers of friends who exert a positive influence. The opposite is true among adolescents from less cohesive and supportive families.

Over 85% of the young people from grade 4 to Secondary V indicated that they have many friends. However, do they feel that young people their age want to have them as friends? Roughly

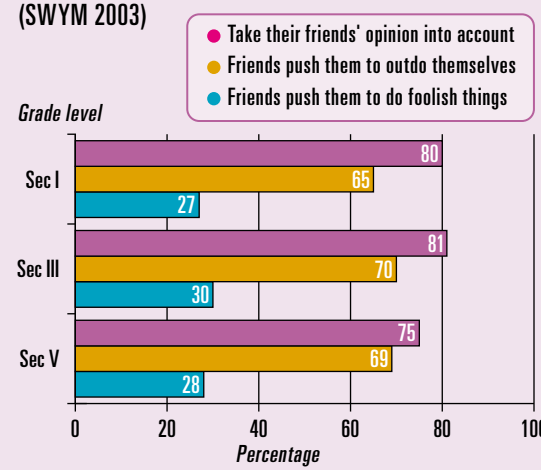
75% of grade 4 and grade 6 students have this perception, but the proportion falls to approximately 67% in secondary school. Do they think that young people their age like them? Over 73% of grade 4 and grade 6 students think so. We also asked secondary school students if they get along well with their peers. Once again, their perception is generally positive (84%). Do young people confide in their friends? Astonishingly, only half of Secondary I, III and V students (between 54% and 59%) share *all the time* or *most of the time* their secrets and private feelings with their close friends.

What influence do their friends have on them? According to the vast majority of teens, they take into account their friends' opinions when making a decision. Moreover, it is noteworthy that two-thirds of Secondary I, III and V students indicated that their friends push them to outdo themselves and do interesting things that they would not do by themselves, while over one-quarter said that their friends push them to do foolish or stupid things (Figure 3.2).

However, we cannot overlook that some young people have difficult relationships with their friends. Starting in grade 4, a non-negligible proportion of students feel that their peers reject them: 32% claimed to feel left out of things *sometimes* or *most of the time*. Starting in grade 6, this proportion remains fairly high, ranging from 24% to 30% up to the end of secondary school. We also asked elementary school students if other young people say mean things to them. Their responses indicate that this is more prevalent in grade 4 (47%) than in grade 6 (33%).

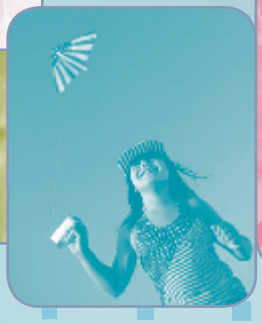
Figure 3.2

The influence of friends on secondary school students (SWYM 2003)



Broadly speaking, the Survey reveals that young people say that they are supported, that they have various sources of support (parents, grandparents, friends and teachers), and that they believe that their parents understand them. However, slightly fewer of them feel that their mothers and fathers listen to and encourage them. We must not overlook the high proportion of young people who claim to receive little support from their parents or who feel little appreciated or rejected by their peers.

Section 4



Do they feel good about themselves?

Do they feel good about themselves?

The predominant role that psychological well-being plays in how individuals react to life's challenges needs to be emphasized. Well-being develops, is maintained or deteriorates based on interactions between individuals and living environments. Thus, the family plays a key role in the development of young people's skills. As children grow up, the quality of relationships with and support from peers and adults around them at school or elsewhere help to foster their adaptation to life or, to the contrary, steer them on riskier courses. We also know that so-called protective factors appear to promote skills development in children, thus bolstering their resistance to stress and reducing the likelihood of adjustment difficulties. Some examples that come to mind are an easy temperament, high self-esteem, a positive perception of their skills and body image, a cheerful disposition, cognitive and behavioural skills, sociability and academic skills.

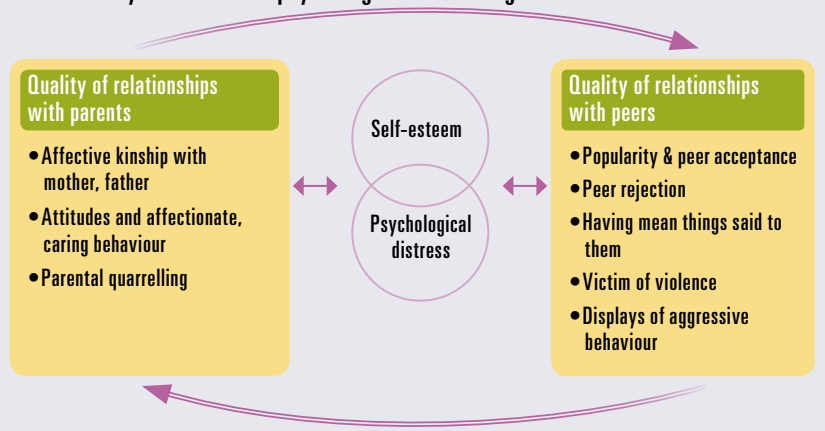
The Survey focused on two key indicators of the psychological health of children and adolescents — self-esteem and psychological distress — and attempted to link them to certain protective factors that affect them more directly, such as the quality of relationships with parents and peers (Figure 4.1). Furthermore, we questioned young people to ascertain whether they are satisfied with their body image, given that dissatisfaction can be tied to physical and psychological risks. Note again that the numbers in this section reflect the young people's perceptions and in no way represent medical diagnoses.

Self-esteem

Self-esteem, this collection of images, beliefs and feelings that one has about oneself is a cornerstone of development. The self-confidence, pride and satisfaction that children experience are built on their interactions with significant people in their lives and their interpretation of events. If children have a positive self-image in an area that is important to them, they will display greater openness and face challenges more confidently. Emotional self-control that stems from a positive self-image is thus a protective force.

Figure 4.1

Factors analysed related to psychological well-being



To evaluate self-esteem, we posed a series of questions aimed at measuring students' self-confidence, pride in and overall satisfaction with themselves. This enabled us to produce a profile of young people with low self-esteem according to the types of relationships that they maintain with their parents and friends.

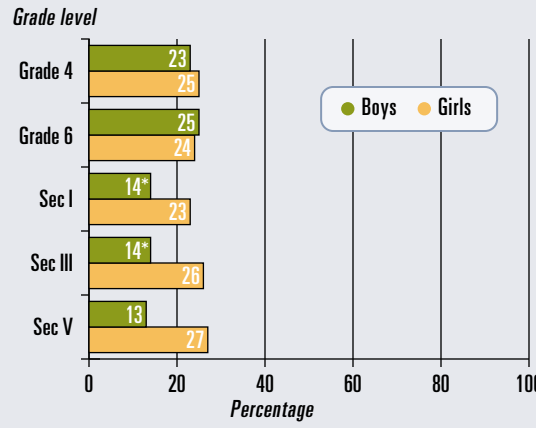
Based on the responses given, no difference was observed between girls and boys at the elementary level. Starting in Secondary I, however, almost twice as many girls as boys ranked themselves in the lowest category of self-esteem and, consequently, had a more negative self-image, a discrepancy that persisted in Secondary III and V (Figure 4.2).

Parents' attitudes

Among the factors likely to provide children with a favourable family environment are positive attachment to adults in the household, quality interaction with parents (their warmth and support, and appropriate discipline, guidance and monitoring), parents' social skills, and infrequency of conflicts. Through the questionnaire we were able to evaluate self-esteem

Figure 4.2

Young people with low self-esteem, by sex (SWYM 2003)



* Imprecise estimate; interpret with prudence

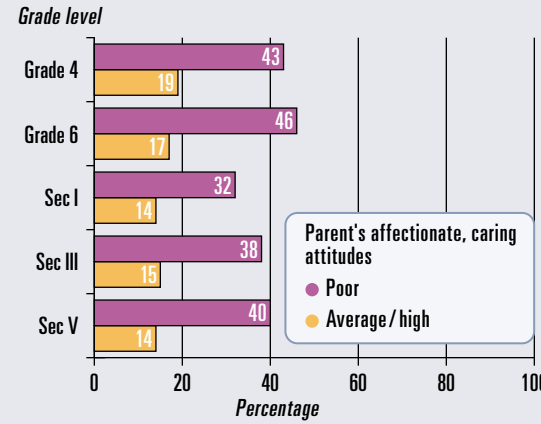
in relation to two factors that concern parents: the children's affective kinship with them (*feel close to them; feel understood; be listened to and encouraged by them; receive affection from them*) and the parents' attitudes and affectionate, caring behaviours (*say that they appreciate their children; display pride in what they do; compliment the children; solve problems together; talk about the good things that they do*).

We have noted that young people who feel less affective kinship with their parents have a more negative self-image. This profile emerges clearly from the students' responses: among grade 4 students who feel average or high affective kinship with their mothers, roughly 19% display low self-esteem; this proportion doubles when affective kinship declines. This observation applies to all three secondary school levels. Similarly, children's relationships with their fathers follow this pattern, both among elementary and secondary school students.

As for young people's perception of their parents' attitudes and behaviour, the same pattern emerges. Among young people who deem their parents' behaviour to be affectionate and caring, fewer display low self-esteem. For example, only 19% of grade 4 students who perceive such attitudes to be average or high display low self-esteem. However, 43% of the students who perceive these attitudes at a lower level display low self-esteem. The same profile is found in grade 6 and in secondary school (Figure 4.3).

Figure 4.3

Young people with low self-esteem, according to their parents' affectionate, caring attitudes (SWYM 2003))



Peer acceptance

The manner in which young people get along with their peers reveals their emotional and social skills and is also an important indicator of their mental health and overall adaptation. Researchers associate peer acceptance and popularity with a number of positive characteristics, including higher self-esteem and better academic achievement. Conversely, it has been noted that rejection by peers is linked to aggressive, disruptive behaviour, poor academic performance and various psychological problems.

The Survey revealed that among grade 4 and grade 6 students who feel less appreciated by their peers, three times as many display low self-esteem as their more popular classmates. This link persists in secondary school, although to a lesser extent. Similarly, the feeling of

being rejected or overlooked by other young people goes hand in hand with low self-esteem. Among grade 4 and grade 6 students who *sometimes* or *often* feel left out, over one-third display low self-esteem. On the other hand, half as many of their classmates who *rarely or never* feel like outsiders display low self-esteem. The same is true of secondary school students who feel excluded *sometimes, all the time or most of the time*: three times as many of them display low self-esteem as their other classmates. The same trend was observed in grades 4 and 6 among students who said that other students *sometimes* or *often* said mean things to them.

Distress

Children and adolescents are not spared feelings of anxiety, sadness, melancholy or even despair. Such feelings can be triggered, in particular, by failure or problems at school, antagonistic relationships, grief, stress or difficult living conditions. When these events are only temporary and of low intensity, the disturbances they cause can be of little consequence. However, when they are more frequent and intense, they contribute to exacerbating the risk of more serious consequences on several aspects of one's life.

The Survey included a series of questions aimed at ascertaining the frequency of emotional distress among grade 4 students and psychological distress among grade 6 and secondary school students. In the first instance, the scale measures the frequency of anxious or depressive feelings and behaviour. In the second case aggressive feelings and behaviour and cognitive problems are added. The goal was to more accurately determine the profile of students who suffer most frequently from these disorders in order to adapt our initiatives, especially skills promotion programs.

Do boys and girls express profound discontent?

The Survey and earlier studies note differences between the sexes concerning well-being. More girls than boys generally display low self-esteem and a high psychological distress index, suffer from anxiety or depression and attempt suicide. More boys than girls drop out of school, display behaviour disorders, repeatedly engage in alcohol abuse, and die of intentional or unintentional traumas.

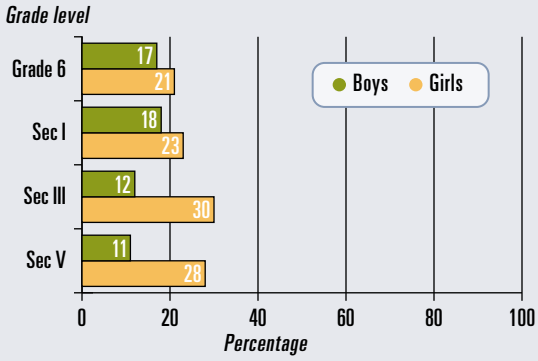
These observations demand that we reflect on how we deal with boys and girls. The challenge is to accurately perceive each individual's situation and to adapt our initiatives, bearing in mind the differences between the sexes.

First, we noted disparities according to sex, and the picture for boys is brighter. In grade 4, more girls than boys (27% and 15%, respectively) frequently display emotional disorders. The same is true of secondary school students who display high levels of psychological distress. The gap widens with grade level (28% of girls versus 11% of boys in Secondary V).

As we might imagine, emotional disorders and psychological distress go hand in hand with low self-esteem. Some 36% of grade 4 students who display low self-esteem also display symptoms of emotional disorders compared with 17% of their classmates. Grade 6 and

Figure 4.4

Young people who display high levels of psychological distress, by sex (SWYM 2003)



secondary school students displaying high levels of psychological distress have similar profiles and the gap widens, above all in Secondary I and III, where roughly 53% of students who display low-self-esteem present high levels of psychological distress, as against only 13% of their classmates with higher self-esteem.

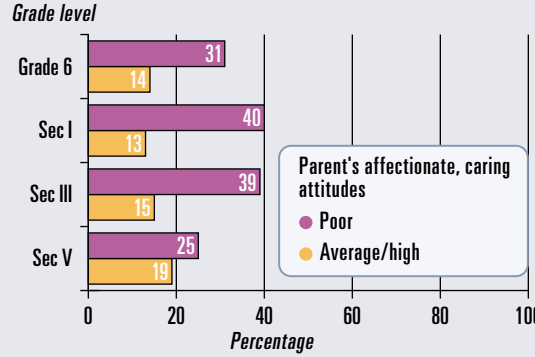
Parents' attitudes

As we already noted with regard to self-esteem, the relationships that young people maintain with their parents significantly affects their psychological health. The Survey reveals that when children or adolescents feel close to, understood by, listened to and encouraged by their parents and receive their affection, they display fewer symptoms of distress. Grade 4 students who feel the least affective kinship with their mothers are twice as likely to display extensive symptoms of emotional disorders (36% compared with 18%). The same is true of grade 6 students who display high levels of psychological distress (27% as against 15%), a gap that widens in Secondary I and III (41% compared with 14%). While the same observation holds with regard to relationships with students' fathers, the discrepancies are smaller. Among Secondary V students, this association is no longer perceptible, which could be explained by the growing emotional autonomy of young people at this age.

A similar picture emerges as regards the parents' attitudes and behaviours towards their children. The more students perceive their parents as affectionate and caring, the less likely they are to display extensive symptoms of emotional disorders or psychological distress. Among grade 4 students whose parents display an average or high level of favourable attitudes, 18% frequently present symptoms of emotional disorders. However, the proportion nearly

Figure 4.5

Young people who display high levels of psychological distress according to their parents' affectionate, caring attitudes (SWYM 2003)



doubles among students who say that such attitudes are weak. As Figure 4.5 indicates, a similar situation was noted in grade 6 concerning psychological distress, and the gap widens slightly in Secondary I and III.

The Survey highlights another very striking factor: at all grade levels studied, parental quarrelling goes hand in hand with psychological distress. Indeed, when parents insult each other and make mean or upsetting remarks, young people are twice as likely to display extensive symptoms of emotional disorders or psychological distress.

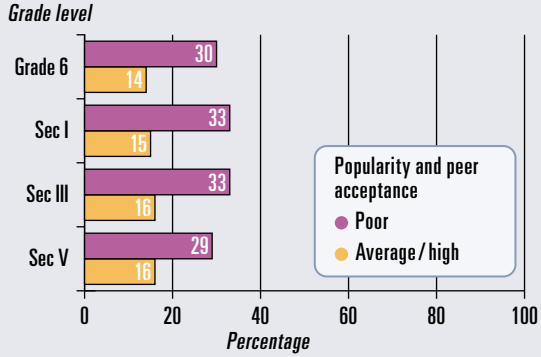
Peer acceptance

As we noted earlier, young people's perception of their popularity and acceptance by their peers go hand in hand with their self-esteem but also with their distress. Indeed, roughly twice as many young people who believe that they have poor relationships with their peers display extensive symptoms of distress compared to their classmates who enjoy better relationships (Figure 4.6).

Peer rejection is a major mental health risk factor among children and adolescents. This can lead, for example, to aggressive behaviour or withdrawal both among younger and older children, as the Survey's findings confirm. Indeed, the Survey reveals that, regardless of grade level, roughly 40% of young people who *sometimes* or *often* feel like outsiders at school display extensive

Figure 4.6

Young people who display high levels of psychological distress, according to their perception of their popularity and acceptance by their peers (SWYM 2003)



Young people who are a source of concern to the people around them

There is a scarcity of data to estimate the prevalence of mistreatment inflicted on young people or serious behavioural disorders. The EIQ, a study conducted in 1998, provided additional information.

The figures for Montréal speak for themselves: in the 6-11 age group, 14 young people per 1000 caused concern to the people around them, although reports for these cases were not assessed or the facts were deemed unfounded following assessment; the figure for the 12-17 age group is 19 per 1000, for a total of approximately 3670 young people. While practitioners were unable to conclude that there had been mistreatment, the young people in question are indeed vulnerable. To this group must be added young people who were reported and assessed, based on the evidence, as having been mistreated or having serious behavioural disorders, 11 per 1000 in the 6-11 age group and 16 per 1000 in the 12-17 age group, for a total of approximately 3050 young people.

*Source: EIQ (*Étude sur l'incidence et les caractéristiques des situations d'abus, de négligence, d'abandon et de troubles de comportements sérieux signalés à la Direction de la protection de la jeunesse*)*

symptoms of emotional disorders, although only one-third as many do so who *rarely or never* feel like outsiders. In addition, according to grade 4 and grade 6 students, *sometimes* or *often* having mean things said to them by other students is also associated with stress. These data call for measures aimed at enhancing young people's skills, especially with regard to self-control and problem-solving, in particular among young people who feel rejected.

Violence

An examination of young people who are victims of violence reveals that in grades 4 and 6 and in Secondary I and III roughly one-third of the students who claimed to have been the victims of violence since the beginning of the school year display extensive symptoms of emotional disorders or psychological distress, twice the proportion for their classmates who had not been victims of violence.

The Survey reveals that twice as many students who admit to displaying one or more types of direct aggressive behaviour (*get into a lot of fights*, *start a fight*, *physically attack people*, *threaten people*, *be mean to others*, *hit other people*) display signs of high psychological distress as those who display none. It should be noted that this is not an isolated phenomenon and that the proportions are similar at all grade levels.

As for indirect aggressive behaviour (*tell other students to avoid someone*, *become friends with somebody else as revenge*, *say bad things behind somebody's back*), the Survey reveals that twice as many students who claim to display one or more of these types of behaviour suffer a high degree of distress compared to those who display none.

Perception of body image

Children's and adolescents' perception of their body image is a key component of their identity. Dissatisfaction can lead young people to adopt behaviours that are detrimental to their health. While some are encouraged to improve their diet and engage more extensively in physical activity, others deprive themselves of food, skip meals, go on diets, take laxatives or make themselves vomit. It is well known that diets and the restriction of food intake are among the major risk factors related to nutritional problems during adolescence. Young people's dissatisfaction with their body image and the endorsement of cultural standards that promote slenderness and a sedentary lifestyle combined with considerable worry over weight and diet can drive them to adopt harmful eating behaviours.

Obesity or healthy weight?

The Survey does not reveal to what extent young people who want to lose weight are actually overweight, obese or, to the contrary, at their healthy weight. A preventive approach should take into account two factors: increasingly widespread obesity among young people and eating disorders such as anorexia and bulimia. From the standpoint of overall health, it is all the more important to transmit messages that call for a healthy diet and regular physical activity instead of restriction of caloric intake.

An analysis of the data confirms the link between an individual's satisfaction with his or her body image and self-esteem. Almost twice as many young people who want to be thinner have low self-esteem compared to those who are satisfied with their body image. The situation is different among young people who want a fuller body. The proportion of young people who display low self-esteem is similar among young people who are satisfied with their body and those who want a fuller physique, except in grade 4. Thus, it is the desire to be thin that goes hand in hand with lower self-esteem.

The Survey also highlights an association with emotional disorders or psychological distress. Among young people who are satisfied with their body image, those who wish to be thinner are more numerous in displaying extensive symptoms of emotional disorders, in grade 4, or psychological distress, in grade 6 and Secondary V. A young person's dissatisfaction with his or her body image is thus a warning sign that should not be overlooked.

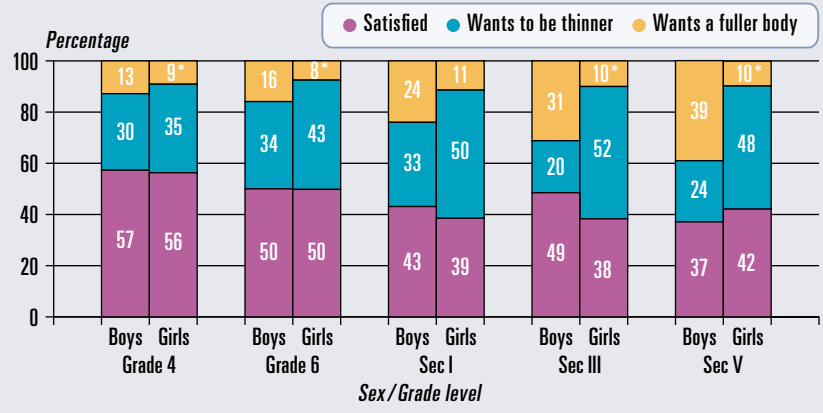
Widespread dissatisfaction

As Figure 4.7 indicates, not only does young people's satisfaction with their body image decline as they grow older, and as early as grade 4, the proportion stands at only 57%, then falls to 50% in grade 6 and to nearly 40% in secondary school. Generally speaking, as many girls as boys say they are satisfied.

However, it should be noted that even in grade 4 one-third of the students want to be thinner. This proportion increases in grade 6, especially because more girls want to lose weight. The gap between the sexes widens in secondary school, where twice as many girls in Secondary III and V (Figure 4.7) want to be thinner. On the other hand, some young people

Figure 4.7

Young people's satisfaction with their body image (SWYM 2003)



** Imprecise estimate; interpret with prudence*

want a fuller body, nearly one out of ten in grades 4 and 6 and almost twice that proportion in secondary school. It is boys this time who are more numerous: two boys for every girl in grade 6 and in Secondary I, rising to four boys for every girl in Secondary V.

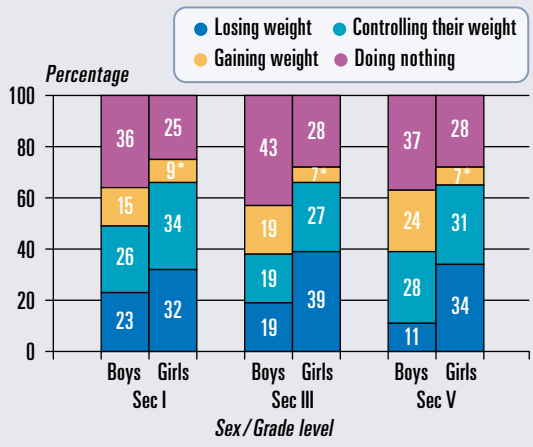
Over one-quarter of young people want to lose weight

Not all students who say they are dissatisfied with their body image actually do anything to change it. Just over half of the grades 4 and 6 students who filled in the questionnaire said they were *doing nothing* about their weight, as did roughly one-third of secondary school students. Overall, though, a far from negligible proportion of young people are doing something to change their weight. Even in grades 4 and 6, nearly one child in three indicated that he or she is *attempting to lose* weight, while in secondary school nearly one student in four is trying. Starting in grade 6, more girls than boys are trying to lose weight (37% compared with 29% of boys). This trend persists in secondary school and intensifies until Secondary V (34% of girls compared with 11% of boys) (Figure 4.8).

It should be noted that the choice of answers included efforts to *control* weight, which is what approximately 30% of Secondary I and V and 23% of Secondary III students claimed to be doing (more girls than boys in Secondary I and III). These figures clearly reveal that Montréal children and young people are greatly concerned about their body image as early as grade 4. Indeed, their dissatisfaction increases as they grow older.

Figure 4.8

Measures taken by young people since the start of the school year to deal with their weight (SWYM 2003)



* Imprecise estimate; interpret with prudence

The Survey highlights several noteworthy points: starting in Secondary I, more girls than boys suffer from a negative self-image. Moreover, emotional disorders and psychological distress affect them more than they do boys, starting in elementary school. Young people experiencing difficulties in an aspect of their lives that deeply affects them, especially relationships with their parents and friends, more frequently display low self-esteem and psychological distress. As for young people's perception of their body image, the Survey reveals that high proportions of both girls and boys are dissatisfied and are striving to change their body image, despite their youth.

Section 5

Life at school

Life at school

As children grow up, they need to function in environments outside the family. School poses a challenge in adaptation. New adults, unknown peers, more extensive rules of conduct and expectations concerning academic achievement are but some of the challenges they face, especially when they start school and as they enter secondary school. Successful adaptation reflects personal skills: a positive self-image, the ability to manage behaviours, emotions and attention, and cognitive skills. Studies also show that successful adaptation is associated with a favourable school environment (first-rate teaching, close monitoring of students' progress, promotion of success), and parents who are involved, firm, loving and who have high but realistic expectations. Conversely, learning difficulties are significant risk factors for psychological and social adaptation problems. As researchers R.P. Weissberg and M.T. Greenberg have noted, "when young people develop low commitment to education, and when parents and teachers have low expectations for a child's performance, trouble often follows."

This section first looks at adaptation in kindergarten and grade 1, based on questions that parents answered. It also covers students' involvement in their academic success in grades 4 and 6 and in Secondary I, III and V. This overview makes it possible to assess the students' perception of their success, their involvement in their school work, school attendance, the time devoted to remunerated employment, the key role that parents and teachers play, and the students' perception of their skills.

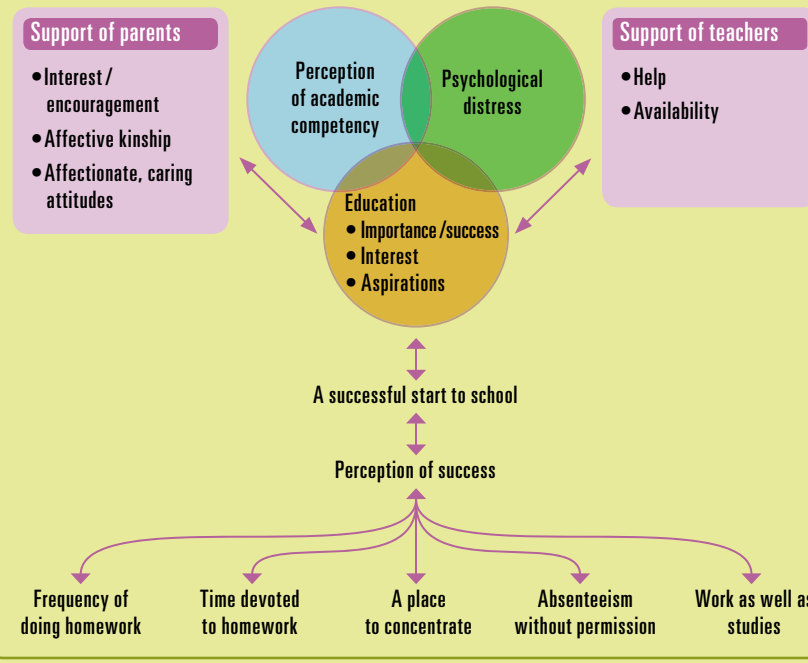
Starting school

Most Montréal children start school in kindergarten, where they arrive with the affective, cognitive and social experiences that have moulded their skills and prepared them for school. These skills, and their parents' support, are key factors that facilitate their adaptation and success. The responses given by the parents of children in kindergarten and grade 1 already present a picture of the relationships between the child and school.

That a child likes going to school reflects his or her positive adaptation. Generally speaking, children like school, both in kindergarten and in grade 1, according to 91% of the parents (94% of girls and 87% of boys).

Figure 5.1

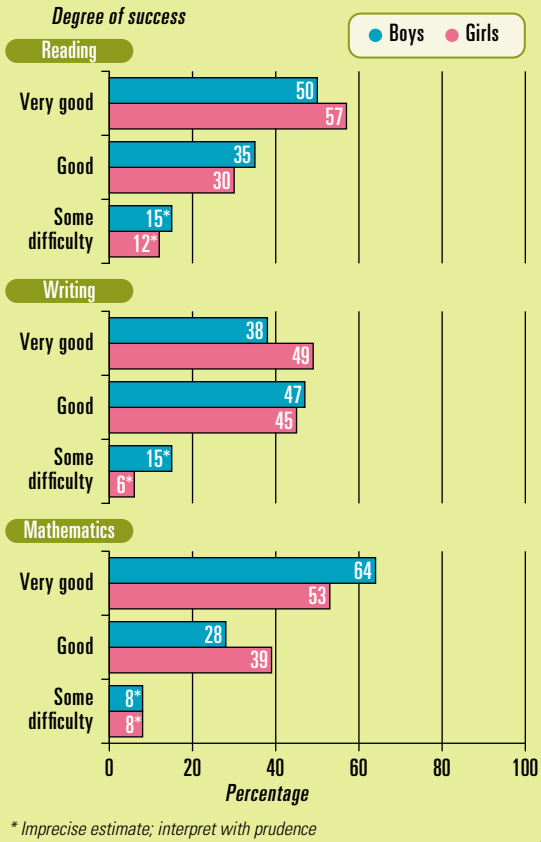
Factors analysed related to students' involvement in their school success



Pinpointing learning difficulties right when a child starts school helps to prevent the exacerbation of such difficulties and the development of related problems. When questioned about this, parents said that three-quarters of children (78%) in grade 1 experience no difficulties in reading, writing or mathematics. More girls than boys do *very well* in writing, while the reverse is true in mathematics (Figure 5.2). However, in the case of reading no differences were observed between girls and boys.

Figure 5.2

Parents' perceptions of their children's level of success in grade 1 in reading, writing and mathematics (SWYM 2003)



* Imprecise estimate; interpret with prudence

Parents' responses also underscore that school success is strongly tied to family structure and parents' level of education. Fewer children who are living with both parents have difficulty in any of these three subjects compared to their classmates who live in another type of family setting (single-parent or other family), 18% and 34% respectively. Similarly, among less educated parents (both parents have a secondary school diploma or less), twice as many children have difficulties in these subjects compared to children of better educated parents (at least one parent has a Cegep diploma or university degree), 35% and 17% respectively.

Parents were questioned about their discussions with their children in kindergarten and in grade 1 on their school life, given its importance and especially since such discussions afford parents an opportunity to assess their children's development. Roughly 84% of parents *often* discuss their children's school life with them; greater numbers of better educated parents do so than those who are less educated, 86% and 79% respectively.

Furthermore, studies reveal that reading to one's child is highly beneficial, both to arouse interest in learning and to strengthen emotional ties with the parent. We also know that early difficulties in learning to read are a major risk factor related to dropping out. The Survey tells us that parents do read stories to their

children: roughly 44% do so *almost every day*, 33% *a few times a week*, and 23% *almost once a week or less*. It also shows that the children themselves are keenly interested in reading: nearly two out of three look at books or try to read on their own *almost every day* and one in three, *almost once a week or less*.

Once again, the type of family and the parents' level of education come into play: more parents read to their children *almost every day* in families with two parents, 47% compared with 35% in other types of families. Similarly, greater numbers of educated parents read to their children almost every day than those who are less educated, 49% and 30% respectively.

Parents' interest in their children's school success can also be measured by the supervision of homework. The Survey indicates that almost all parents (96%) supervise *every day* the homework of their children in grade 1, which reflects a marked interest. Some 53% of children devote *30 minutes or less* each day to their homework and the remainder, *about an hour* or *more than an hour*.

Many children also rely on day care services when they start school. According to the Survey, nearly two-thirds of children in kindergarten and grade 1 (64%) go to day care before and/or after school. Such services are provided in the school, inside or outside the home by a relative or someone who is unrelated, or in a day care centre. Parents (81%) clearly prefer day care services in the school. The number of hours of day care can vary appreciably, but we do know that 79% of children who are in day care spend 15 hours or less a week there.

School success

We know that the importance students attach to what they learn, their interest in the subjects taught and the conviction of success are three factors that motivate them to succeed, and that these factors are bolstered by a supportive family and school environment. These factors are examined in the following section for grades 4 and 6 and Secondary I, III and V students.

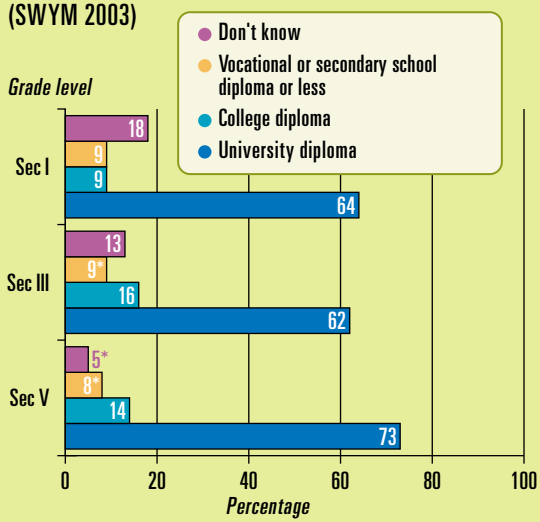
Importance of academic success

How important is school success to students? The Survey's findings are reassuring. First, they reveal that nearly all students of both sexes (roughly 95%) at these grade levels believe that it is *somewhat important* or *very important* to get good grades.

This goal is reflected in the academic aspirations of secondary school students, which are fairly high: less than 10% of the students plan to end their studies before or when they obtain a vocational or secondary school diploma, but over 60% want to obtain a university degree (Figure 5.3). As might be expected, a significant proportion of Secondary I and III students still do not know how long they will pursue their studies. It thus seems that it is not the importance that they attach to their school success nor the desire to obtain a diploma that is lacking among the majority of children and adolescents surveyed. It is appropriate to note here that school drop-outs are not included in the Survey since they no longer attend school.

Figure 5.3

Academic aspirations of secondary school students (SWYM 2003)



* Imprecise estimate; interpret with prudence

Young people on the margins of the school system

The drop-out rate makes it possible to ascertain the percentage of young people who risk being relegated to dead-end, poorly paid jobs even though they live in a major urban centre. In 2001-2002, the ministère de l'Éducation counted in the Montréal area 32% of students enrolled who had dropped out or ended their studies without obtaining a secondary school diploma, compared with 25% for Québec as a whole. This situation affects boys (37%) more than girls (26%).

Interest in school curriculum

Students' interest in the subjects taught at school strongly influences motivation and this was considered to be an important issue for the Survey. The findings on the language of instruction, mathematics and physical education speak for themselves (Figure 5.4).

First, the Survey reveals that interest in the language of instruction (English or French) declines as the students advance in the school system. Some 42% of grade 4 students said they liked this subject *a lot*, but the proportion drops to about one-third in grade 6 and in Secondary I, then falls to approximately one-quarter in Secondary III and V. Roughly 13% of students in grades 4 and 6 and some 32% in Secondary I, III and V do not like this subject. Students show more interest in mathematics. Over half of grade 4 and grade 6 students and one-third of secondary school students like mathematics *a lot*. As is true of the language of instruction, the proportion of students who do not like mathematics rises sharply in secondary school. Roughly 6% of grades 4 and 6 students do not like mathematics, compared with approximately 28% in Secondary I, III and V. The result is clear: a high proportion of students display little interest in key school subjects.

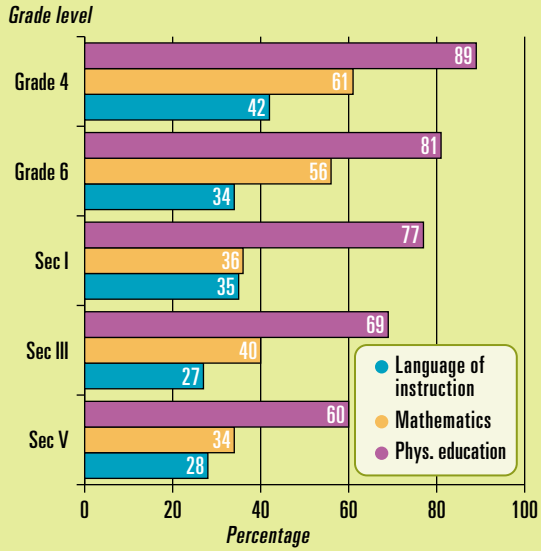
Physical education is the most popular subject, but enthusiasm for it also gradually dwindles: in grade 4, nearly 9 students out of 10 like the subject *a lot*, compared with only 6 students out of 10 in Secondary V.

The feeling of success

School success is a good indicator of adaptation to school. Studies show that mediocre results and repeating a grade are predictors of risk behaviours such as drug abuse and delinquency.

Figure 5.4

Students who like a lot the language of instruction, mathematics and physical education (SWYM 2003)



Generally speaking grade 4 and grade 6 students have a positive perception of their school success: roughly 33% believe that they are doing *very well* in their school work and 64%, *well* or *average*. Only a very small proportion of the children think that they are doing *poorly* or *very poorly* and no differences were observed between girls and boys.

The situation is markedly different in secondary school and is cause for reflection. Starting in Secondary I, nearly 3 students out of 10 think that they will fail at least two subjects. This proportion diminishes somewhat in Secondary III and V (22% and 16% respectively) but is just as worrisome since two failures in the core subjects mean that the student risks having to repeat the year. Once again, girls' and boys' perceptions do not differ. These findings are similar to those of other studies that indicate that once students enter secondary school, average grades, attendance and class preparation decline among many students.

We also asked secondary school students to compare their marks with those of their classmates: approximately 35% believed that their marks were *better than average* in the language of instruction (English or French), roughly 51% believed that their marks were *average*, and some 14% that they were *below average*. In mathematics, roughly 42% of students believed that their marks were *better than average*, some 37%, *average*, and approximately 22%, *below average*.

Commitment to school work

Doing homework when the teacher assigns it and going to class are certainly forms of behaviour that indicate a concrete commitment by the child or adolescent to his or her school success. On this point, the young people's responses highlight a significant problem: many of them devote very little time to their school work.

Do they do their homework?

As students progress through the school system, more and more acknowledge that they *sometimes* or *rarely or never* do their homework (Figure 5.5). Starting in grades 4 and 6, roughly 1 student out of 10 admits to doing homework *sometimes*, *rarely* or *never*. This is true of

nearly 3 out of 10 students in Secondary I and, alarmingly, approximately 6 out 10 students in Secondary V.

The proportions are similar among students regardless of whether they are attending a disadvantaged or non-disadvantaged school (as defined by the Conseil scolaire de l'île de Montréal), except in grade 6. However, girls' and boys' behaviour differs. Starting in grade 6, slightly more boys than girls only do their homework *sometimes* or *rarely or never*, compared with 31% of boys and 25% of girls in Secondary I. This gap doubles in Secondary III and widens further in Secondary V (69% and 49% respectively).

Another noteworthy finding is that greater numbers of students who think that they are not doing very well in school only do their homework *sometimes* or *rarely or never* (Figure 5.6). In Secondary I, this is true of 42% of students who say that they are not doing very well as compared to 24% of other students, and similar discrepancies were noted in Secondary III and V.

We also examined the question of the students' school success from the standpoint of the time usually devoted to homework and studying. The Survey reveals that an inordinate proportion of students devote little time to their homework, *30 minutes or less*. It might be expected that, as they progress through the school system, students would devote more time to their homework and studying. This is true from grade 4 to grade 6 and until Secondary I. The proportion of students who usually devote *about 1 hour or more* to homework and studying on school days increases by 42% in grade 4 and by 63% in Secondary I (Figure 5.7). Surprisingly, it then decreases in Secondary III and V, where nearly half of the students only devote *30 minutes or less* to homework. It might thus be assumed that students plan their homework for the weekend, but this is not so. Roughly

Figure 5.5

How frequently young people do their homework and study (SWYM 2003)

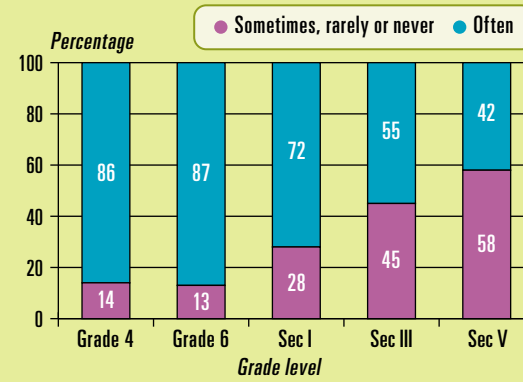
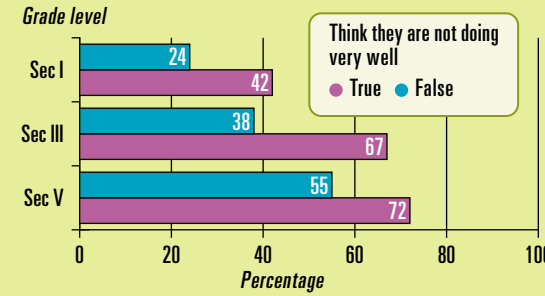


Figure 5.6

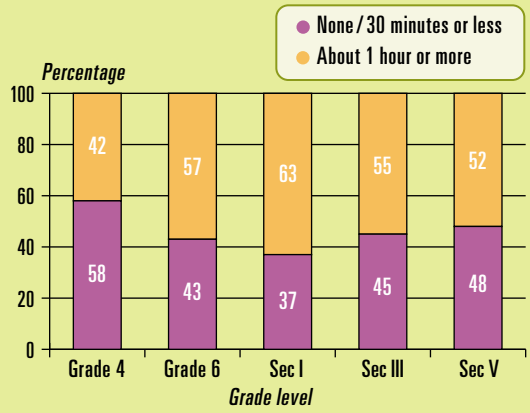
Young people who *sometimes* or *rarely or never* do their homework, according to their perception of not doing very well in school (SWYM 2003)



60% of Secondary I and III students and 53% of Secondary V students said that they devote *30 minutes or less* to homework on weekends and the remainder, *about 1 hour or more*. These responses are highly revealing of students' commitment: if homework and studying are essential means of consolidating learning, these data highlight a serious shortcoming.

Figure 5.7

Time devoted each school day to homework and studying (SWYM 2003)



Regular attendance

Do students attend school regularly, notwithstanding the initial responses analysed earlier? A high proportion of Secondary I, III and V students claimed to have never missed without permission a day of school during the previous school year. However, regular school attendance declines with age: while the proportion is 81% in Secondary I, it slips to 72% in Secondary III, then falls to 55% in Secondary V.

The Survey also reveals the link between regular school attendance and how frequently the students do their homework. In Secondary I, among students who missed without permission at least one day of school, 55% said that they *sometimes* or *rarely or never* did their homework, compared with 22% of their classmates who never missed a day of school. The gap persists in Secondary III (70% as against 35%) and diminishes in Secondary V (66% compared with 52%).

Work as well as studies

Once in secondary school young people often start to engage in remunerated employment such as babysitting or doing odd jobs. At the age of 14, some of them seek better paying jobs, mainly in fast food outlets and supermarkets. When they reach the age of 16, the legal employment age, many young people who want to be more independent or acquire experience on the labour market look for more regular work and try their luck in stores, pharmacies, restaurants, and so on. The Survey sought to take stock of this situation and determine how many students work and how many hours they devote to such employment.

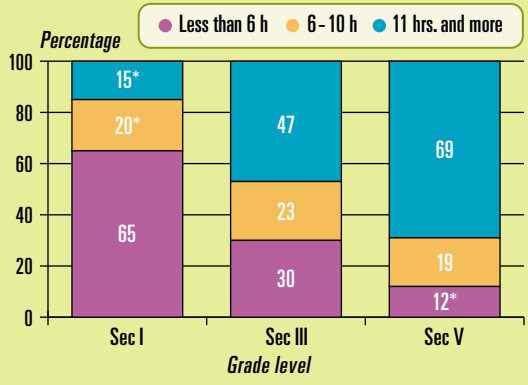
Remunerated employment is widespread among teenagers. Indeed, 18% of Secondary I students, 24% of Secondary III students and 44% of Secondary V students engage in such employment, and we note that the proportion more than doubles from Secondary I to Secondary V. The time devoted to gainful employment also increases depending

on grade level: in Secondary I, 65% of students who work devote less than six hours a week to their jobs (equivalent to an evening of babysitting) and, in Secondary V, 69% of students devote 11 hours or more (equivalent to working on weekends or several evenings).

The intensity of work during the school year is unquestionable in Secondary V but it is hard to ascertain its real impact on students' school lives and other facets of their lives. To do this, we would have to distinguish the type of job performed, working conditions, the reasons for which the students work, and the effect of employment on their academic achievement. For example, do they better plan the time they devote to school work? Do they neglect school work because they are too tired? Are they lacking in concentration in class?

Figure 5.8

Number of hours per week devoted to remunerated employment (SWYM 2003)



** Imprecise estimate; interpret with prudence*

Working and studying

Part-time work during the school year, which is widespread among secondary school students, can adversely affect academic performance but can also have a positive effect. A study conducted in 2002 in the Outaouais region reveals that remunerated employment enables some students to better plan the time required to complete school work, while among other students, fatigue or lack of concentration in class prevents them from doing their school work. This negative impact is apparent, above all, among students between 16 and 18 years of age: nearly 50% of these students admit to not doing their homework because they are too tired.

Source: Deschesnes, 2003

Support from parents and teachers

Numerous attitudes and behaviours reflect the interest that parents display in their children's school success: supporting homework and studying, participation in school activities, transmission of values that emphasize the importance of learning and effort, and encouragement are but some examples. School success is also associated with positive attitudes toward education, both in elementary and secondary school, regardless of the child's sex and the family's socioeconomic status.

Irrespective of grade level, nearly 9 students out of 10 in Montréal believe that their parents *often* encourage them to succeed in school. However, when they were questioned more closely, we noted that parental interest in students' school work seems fragile, especially in secondary school. In grades 4 and

6, roughly 7 children out of 10 say that their parents *often* take an interest in their school work, but in Secondary I, this is true of only 55% of the students, a proportion that drops to 44% in Secondary III and V.

A place to do homework

The Survey reveals that many students do not have a place at home where they can concentrate and do their homework or study: roughly one student out of three, regardless of grade level, claimed to *sometimes* or *rarely or never* have such a place. Moreover, the Survey shows that the frequency of doing homework is linked to the availability of such a place. Among grade 6 students who have a place in the home to study, 92% *often* do their homework. Conversely, among those who *sometimes* or *rarely or never* have such a place, only 78% *often* do their homework. This is also true of the other grade levels studied, in particularly Secondary III (66% compared with 32%).

The key role that teachers play

We asked several questions to ascertain whether the students feel at ease in their school. The Survey indicates that just over three-quarters of Secondary I and III students are of the opinion that some of their teachers would listen attentively to them if they needed to discuss their problems. This proportion rises to 85% in Secondary V. But, is it easy to meet with their teachers? Only 6 students out of 10 in Secondary I and Secondary III are of this opinion and this proportion increases slightly in Secondary V (68%). In addition, roughly 85% of Secondary I, III and V students say that they feel at ease in their school. Overall, the observation is positive.

It is worth noting in passing that certain studies reveal that students who benefit most from support from school staff are those who receive little support from their families, who are subject to stress or live in unfavourable socioeconomic conditions. In other words, the students who benefit are those who need such support the most.

Perception of academic competency

Children's and adolescents' perception of their academic competency plays a key role in their desire to get involved in their own school success. In fact, it is a driving force in their commitment. It affects, positively or negatively, their interpretation of the task to be accomplished, their choice of objectives and behaviour, their efforts to perform a task, and their perseverance when difficulties arise. Children who have a more negative perception of their skills are at greater risk of experiencing learning, behavioural and psychological difficulties.

A child's perception of his or her academic competency underpins what is called "academic self-concept." This was the subject of several Survey questions—"I learn things quickly…," "If I work really hard I could be one of the best students in my school year," "Most school subjects are just too hard for me"—and enabled us to assess students' attitudes, feelings and opinions about their academic competency.

No differences were observed between girls and boys at each grade level regarding academic self-concept. Moreover, our findings confirm existing research that the students' perception of their academic competency is linked to their involvement in their success, their psychological health, and the quality of their relationships with their parents, friends and teachers.

Based on students' responses, it is clear that greater numbers of young people display a weak academic self-concept in certain groups, including those who do not know how long they will stay in school, who think they will leave school before or when they obtain a secondary school vocational or general diploma, who think they are not doing very well in school, who rarely do homework and study (Figure 5.9), who are absent without permission, and who do not have a place at home to concentrate. These characteristics are all interrelated, a question that future analyses will examine.

Figure 5.9

Young people who display a weak academic self-concept, according to how frequently they do their homework and study (SWYM 2003)

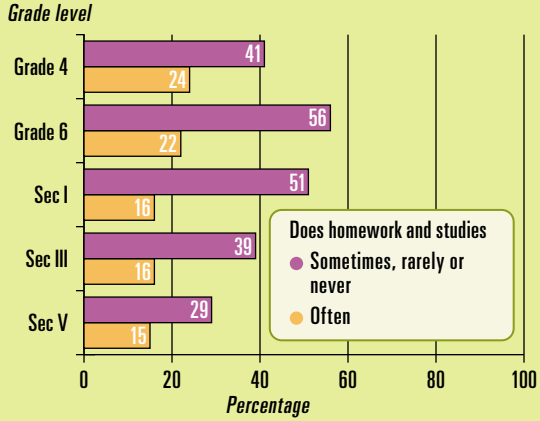
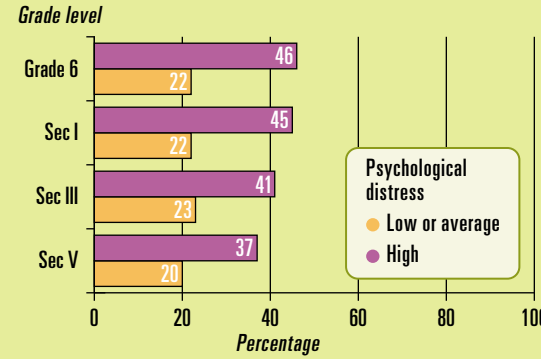


Figure 5.10

Young people who display a weak academic self-concept, by level of psychological distress (SWYM 2003)



Another consequence is that the feeling of inadequacy at school can engender psychological distress, just as such distress can lead to a negative perception of the individual's competency. The Survey highlights this link at all of the grade levels studied. The proportion of grade 4 students who display a weak academic self-concept is much more pronounced among children who show extensive symptoms of emotional problems such as anxiety and depression. The same is true of students in higher grades who display extensive symptoms of psychological distress such as aggressiveness, anxiety, depression and cognitive problems (Figure 5.10).

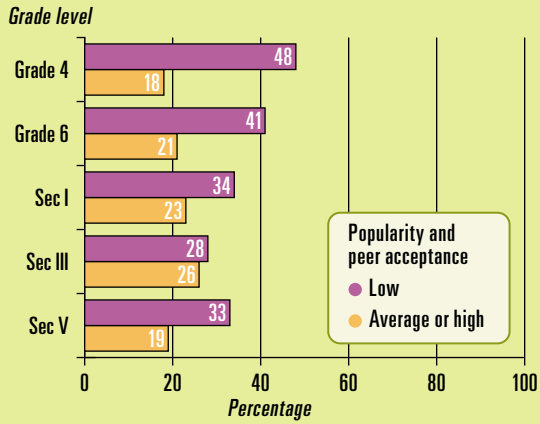
According to students, their relationships with their parents also affect their perception of their academic competency. Greater numbers of young people

who feel less affective kinship with their mother or father, whose parents are less affectionate and caring or whose parents show little interest in their school lives have a weak academic self-concept.

Another criterion, popularity and peer acceptance, also comes into play: at all levels studied, it is associated with a stronger academic self-concept. Similarly, greater numbers of students who feel like outsiders at school display a weak academic self-concept (Figure 5.11).

Figure 5.11

Young people who display a weak academic self-concept according to their perception of their popularity and peer acceptance (SWYM 2003)



At the conclusion of this section of the Survey, several key observations stand out. Most young Montrealers believe that it is important to succeed at school, they want to obtain a diploma, and their parents encourage them to succeed. However, the motivation of many students leaves something to be desired. The Survey reveals even more troubling situations: the inordinately high proportion of young people who show little interest in the core subjects, who rarely do homework or devote 30 minutes or less, who do not have an adequate place in the home to do school work, and who think they are going to fail at least two subjects.

Section 6

Insecurity and violence

Insecurity and violence

Violence in school or on the way to school is drawing growing attention from the media and agencies dedicated to the well-being of young Montrealers. However, it has never been measured throughout the city, and so, to gauge the scope of some of these phenomena, we posed a number of questions to the students: Do they feel safe on the way to and from school? Are they the victims of violence such as bullying, threats from gangs or discrimination? Do they themselves display violent behaviours?

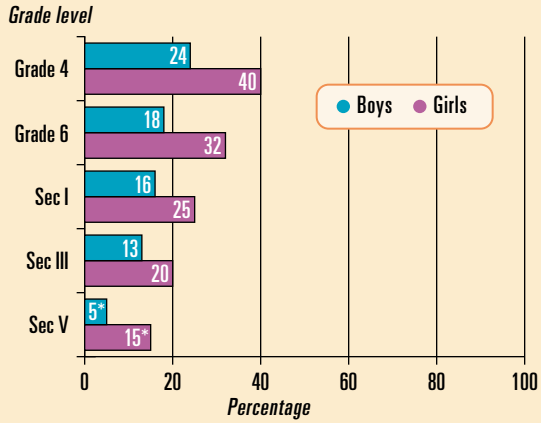
Fear on the road to school

Violence, even when it is not directed against us, can arouse fear. We asked the students, starting in grade 4, if they are afraid on the way to and from school. We then asked those who answered yes if they fear specific things such as traffic, gangs or taxing. Students gave their perceptions, regardless of their means of transportation, whether they go to school on foot, by bus or their parents accompany them.

Overall, most young Montrealers are not afraid when going to and from school. This perception ranges from 68% to 90%, depending on the grade level. However, 32% of grade 4 students said that they are *sometimes* or *often* afraid, a feeling that diminishes as the children grow older. Some 25% of grade 6 students are afraid *sometimes* or *often*, but this proportion falls to roughly 17% in Secondary I and III, then to approximately 10% in Secondary V. It should be noted that girls' and boys' responses differ: more girls than boys say they are afraid, at all grade levels (Figure 6.1).

Figure 6.1

Fear experienced by students on the way to and from school, by sex (SWYM 2003)



* Imprecise estimation; interpret with prudence

Since the reasons given differed slightly in elementary and secondary school, the questionnaire took this factor into account. Elementary school students were asked to respond to three statements: *I'm afraid of being hit by a car or truck*, *I'm afraid of being beaten up or robbed* and *Some adults make me afraid or scared*. Among grades 4 and 6 students who said they were afraid, roughly 65% were afraid of being beaten up or robbed, nearly 40% were afraid of certain adults, and just over 35% were afraid of being hit by a car or truck. Some students gave more than one reason.

In Secondary I, III and V, the question focused on three other sources of fear: *There is traffic*, *There are gangs or there is taxing*, and *Some young people bully others*. Overall, the first reason mentioned by those who said they were afraid was young people who bully others, 52% in Secondary I, 62% in Secondary III and 61% in Secondary V. Many young people share the second reason, a fear of gangs and taxing, 54% of those who said they were afraid in Secondary I, 44% in Secondary III, and nearly 30% in Secondary V. Traffic was less frequently mentioned, 27%, 24% and nearly 20% of students in Secondary I, III and V, respectively.

The Survey confirms that the feeling of fear goes hand in hand with having been subjected to verbal or physical violence. Among the students who said that they had already been the victims of violence at school or on the way to or from school, almost twice as many were afraid.

Victims of violence

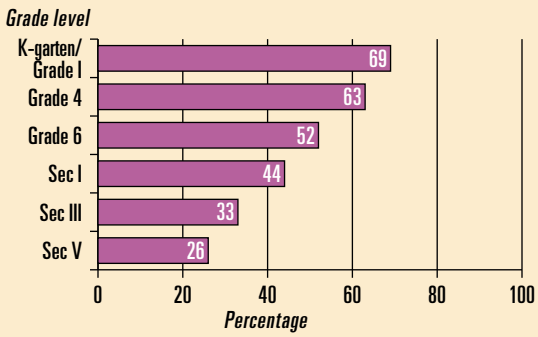
Without assessing all facets of violence, the Survey included a six-part question intended to ascertain the verbal and physical violence to which students were subjected at school or when going to or from school, since the beginning of the school year *You've been insulted or called names*, *You've been hit (beat up, punched, kicked, bullied) or pushed around violently*, *You've been taxed*, *You've been threatened or attacked by gang members*. We questioned the parents of children in kindergarten and grade 1 and directly questioned the students in grades 4 and 6 and in Secondary I, III and V.

The Survey reveals that, starting in kindergarten and grade 1, 69% of parents indicated that their children had experienced at least one occurrence of violence at school or going to or from school since the beginning of the school

year (Figure 6.2). These are situations that their children reported to them. Some 63% of grade 4 students who answered the questionnaire said that they had been the victims of violence since the beginning of the year. This proportion then continues to fall until Secondary V, where roughly one student out of four claimed to have been the victim of some form of violence. Nevertheless, in the absence of information on the seriousness of the acts, it cannot be concluded that violence is less pervasive in secondary school.

Figure 6.2

Students who had been victims of violence at school or on the way to or from school since the beginning of the school year (SWYM 2003)



Gangs

A worrisome but little studied phenomenon, threats from gangs, whether groups of older students who intimidate younger ones or groups from outside the school, are one form of violence that the Survey examines. Roughly 11% of grade 4 students said that they had been threatened or attacked since the beginning of the school year. The scope of the problem seems more limited at other grade levels, although we were careful in the analysis of findings related to children in kindergarten and grade 1, since it is their parents who answered the questionnaire.

Taxing and bullying

Attempts have been made for several years to ascertain the extent in Montréal of the scourge of taxing. One of the Survey questions refers explicitly to it—*You've been taxed* (someone has robbed you of money or objects after threatening you). Roughly 12% of grade 4 students said they had been subjected to taxing.

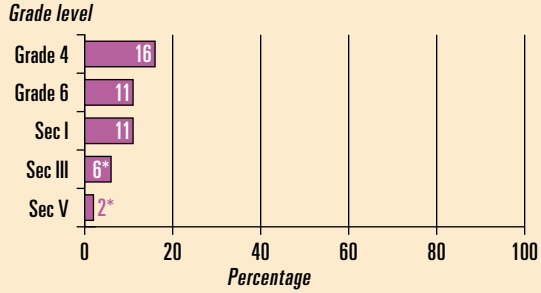
Little is known about bullying, another form of violence found in schools for the past 20 or so years. This aggressive behaviour consists in threatening to destroy a young person's property, attempting to bribe, intimidating or harassing him or her. Until very recently, bullying was regarded as a minor problem inherent in the normal dynamic of groups of children. We are only just beginning to precisely measure its consequences, such as the loss of self-esteem and mental anguish that leads to school absenteeism. The students' responses reveal that the problem is genuine: starting in grade 4, 16% of students had experienced bullying since the beginning of the school year, a proportion that diminishes to roughly 11% in grade 6 and in Secondary I (Figure 6.3).

Discrimination

Discrimination, which is also related to violence, is rarely measured. The Survey

Figure 6.3

Students who were victims of bullying at school or on the way to or from school since the beginning of the school year (SWYM 2003)



* Imprecise estimation; interpret with prudence

broached this complex concept through a question put to secondary school teenagers. Some students said they had been treated unfairly since the beginning of the school year because of their sex, religion, and so on. Racial and religious discrimination predominated. While a single question does not make it possible to elucidate the circumstances surrounding the feeling of having been the victim of discrimination nor to specify the scope of such discrimination, between 9% and 15% of Secondary I, III and V students believed that they had been treated unfairly because of their race, skin colour, ethnic group or religion since the beginning of the school year.

Violent behaviour

It is not easy to get a clear picture of displays of violence among young people. In recent years, it has been acknowledged that such violence has taken several forms, in particular indirect and direct aggressiveness. The first, more subtle form indicates a behavioural problem that can affect young people's immediate environment. In the absence of a precise definition, behaviour through which a young person seeks to harm someone when he is angry is deemed to be indirect aggressiveness: *When I'm mad at someone, I become friends with somebody else as revenge*, *When I'm mad at someone, I say bad things behind his (her) back*, *When I'm mad at someone, I tell that person's secrets to a third person*. In the case of direct aggressiveness, the Survey assessed six forms: *I get into a lot of fights*, *I physically attack people*, *I threaten people*, *I'm cruel, I bully or I'm mean to others*. The Survey focused turned to the parents for children in kindergarten, grade 1 and grade 4, while students at the other grade levels completed the questionnaire themselves. While the questions were similar in both instances, the choice of responses differed somewhat. For this reason, while it is possible to clearly define such behaviour among adolescents, we cannot compare these findings with those pertaining to the younger children. It should be noted that the Survey did not assess the frequency of violent manifestations. Caution is necessary when evaluating the impact of these behaviours on the young people who display it: while a behaviour persists in some young people, it can often be a short-term phenomenon that disappears as the child matures.

Indirect aggressiveness

In Montréal, roughly 60% of parents of children in kindergarten, grade 1 and

grade 4 said that their child had *never or rarely* displayed one of the five forms of indirect aggressiveness included in our questionnaire. Nearly 18% of the parents said that their child displayed only one of the five types of behaviour but they had only observed it *sometimes*. Approximately 6% of the parents said that at least one of the five types of behaviour occurred repeatedly.

The questions put to grade 6 and Secondary I, III and V students measure the same behaviour. Their answers reveal that roughly 27% of grade 6 and Secondary I students said that they *never* display indirect aggressiveness, while in Secondary III and V, 32% and 34% said that they do not do so. From one grade level to the next, the increase is slight but real. Among young people who admitted to displaying all five types of behaviour, the percentage is slightly higher in grade 6 (7%) than in Secondary I (4%) and the same trend was noted in Secondary III and V.

Direct aggressiveness

As for direct aggressiveness, just over 63% of the parents of children in kindergarten, grade 1 and grade 4 said that their child had *never or rarely* displayed one of the six forms of such aggressiveness covered by the Survey. However, just over 16% of parents claimed to have *sometimes* observed only one of the types of behaviour, while 7% admitted that they had *often* witnessed at least one type of behaviour in their child.

An examination of the students' responses reveals that nearly 50% of grade 6 and Secondary I and III students and 60% of Secondary V students said they do not display direct aggressiveness. However, roughly 20% of grade 6 and secondary school students admitted to displaying one of the six types of behaviour covered by the questionnaire. While we are unaware of the seriousness of the acts, nearly 22% of Secondary V students and nearly 30% of grade 6 and Secondary I and III students admitted to displaying more than one form of direct aggressiveness. We know that boys more frequently display aggressive behaviour than girls do. It should be underlined that the young people's responses confirm this observation: more boys than girls admitted to displaying one of the six types of direct aggressiveness included in the questionnaire.

Delinquent behaviour

Aside from displays of aggressiveness, the Survey sought to evaluate the frequency of delinquent behaviour, such as offences involving property and violence towards individuals. Generally speaking, such conduct is defined by the Criminal Code and is examined using official statistics concerning offences under the Code. However, these statistics reflect neither benign forms of delinquency nor delinquent behaviour. Starting in grade 6, students were asked a series of questions to help us assess the situation in Montréal.

Bearing in mind the grade 6 students' age, we asked them four questions aimed at determining young people's participation since the beginning of the school year in offences involving personal property: *I steal things at home*,

I destroy things belonging to my family or to other young people, *I vandalize*, *I steal things outside my home.* Roughly 86% of the students said that they *never* commit such acts. However, 9% admitted to having committed one of the four acts related to property and the remainder (5%) admitted to having committed more than one act. It should be noted that the framework of the Survey did not allow us to ascertain the seriousness of these acts.

Among older students, we evaluated their involvement since the beginning of the school year in offences against property. Seven questions were posed: *How many times have you stolen something from a school or store? How many times have you taken money from your parents without their permission? How many times have you broken into, or snuck into, a house or building with the idea of stealing something? How many times have you damaged or destroyed anything that didn't belong to you?* Eight other questions focused on acts of violence towards other people: *How many times have you fought with someone to the point where they needed medical care for their injuries? How many times have you carried a knife or a gun? How many times have you threatened someone in order to get their money or things?*

An examination of responses concerning offences involving property reveals that a large proportion of Secondary I students (approximately 63%) indicated that they had not committed any offences since the beginning of the school year. This percentage fell slightly, to 56% and 53% in Secondary III and V, perhaps because these two years mark a transitional phase among adolescents of that age. Between 19% and 22% of young people at the three grade levels admitted to committing, once or twice, one type of offence. A more worrisome situation is the 6% to 9% of young people who admitted to committing five times or more one or more offences.

As for the eight acts of violence towards individuals covered by the questionnaire, the vast majority of secondary school students (78% to 80%) said that they had not committed any such act since the beginning of the school year. However, roughly 8% to 11% admitted to engaging once or twice in one act. It should be noted that these situations are more serious since most of the acts involved a victim. Between 4% and 5% of secondary school students admitted to having committed five or more times at least one such act of violence. While not all of the conduct was subject to judicial control, it does seem sufficiently serious and the number of young people involved large enough to take school violence seriously starting in Secondary I.

A comprehensive analysis of the 15 forms of delinquent behaviour involving offences against property and violence towards individuals reveals that the most frequent conduct is theft in a school or store or taking money from parents without permission.

It thus seems clear that violence is widespread in schools: starting in grade 4, 63% of students claimed to have been the victims of violence. We have also noted that violence takes many forms, especially taxing and bullying. Given the number of young people affected and the serious impact that violence has on young people, it is crucial to properly assess the situation so that current measures can be adapted to more effectively deal with these problems. Furthermore, manifestations of aggressiveness must be examined more closely because of the number of young people who acknowledge that they engage in such behaviour. The Survey marks the first time that displays of violence among students have been measured, enabling us to more accurately gauge the situation. Nonetheless, it should be noted that according to a number of studies aggressive or delinquent behaviour is often a passing phase.

Section 7

Risky behaviours

Risky behaviours

Adolescence is the period of young people's lives devoted, notably, to the search for identity and autonomy. It is also a period of learning marked by the desire to take risks and make one's own choices. A lack of maturity at this age prevents young people from properly assessing the extent of risk and the consequences of certain of their acts. They are influenced by those around them and are being targeted increasingly as consumers while seeking to be different from adults and live life intensely. It is not surprising, therefore, to observe that some of them experiment with smoking, alcohol and even drugs. In addition, since the 1990s, a number of province-wide surveys have reported increased use of these substances by teenagers in the school system. While for some of them the behaviour is short-lived and without consequence, for others it unfortunately leads to health-risk behaviours. Furthermore, the impact of this consumption on students (absenteeism, loss of motivation, physical or mental health problems, and so on) should not be overlooked.

Adolescence is also the period when young people are discovering intimacy, their first loves, first heartaches and first sexual relations. However, sexual activity among young people who do not protect themselves properly can lead to undesirable consequences such as early pregnancy or a sexually transmitted infection (STI) and so affect their health and well-being.

Smoking

The Survey has confirmed that students smoke, above all in secondary school. While 5% of grade 6 students said they have already smoked a whole cigarette, this proportion rises from 14% to 39% between Secondary I and V. As for young people who smoked during the 30 days preceding the Survey, those deemed to be current smokers, 8% did so in Secondary I and roughly 20% in Secondary III and V. Among these smokers, the proportion of those who said they smoke three or more cigarettes a day on the days that they smoke increased from 27% to 47% between Secondary I and Secondary V. Many young people claim to be exposed to tobacco smoke every day or almost every day, even at school: nearly 2 out of 10 grade 4 and grade 6 students, nearly 4 out of 10 Secondary I and III students, and 5 out of 10 Secondary V students.

It is worth noting, in passing, that the messages transmitted by anti-smoking campaigns are making inroads among young people. While not all students heed the messages, they are aware of the risks and no longer glamorize smoking. Indeed, nearly 9 out of 10 adolescents in Secondary I, III and V said they disagreed with the statement: *At my age, smoking is not dangerous because I can always quit later*. Similarly, over 8 out of 10 young people disapproved of the following opinion: *Smoking cigarettes makes young people look cool*.

Alcohol and drugs

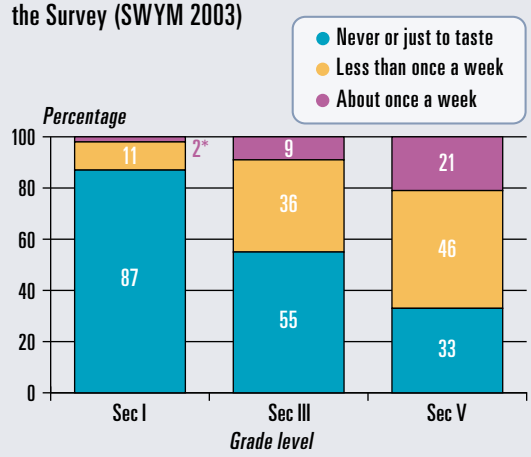
Our findings indicate that a large majority of young Montrealers, 98% of Secondary I students, 91% of Secondary III students, and 79% of Secondary V students, consume alcohol infrequently (once a month or less) or not at all. Despite these reassuring figures, a certain proportion of young people nonetheless display behaviour that is potentially problematical. In Montréal, a number of educators and health professionals have noted that alcohol consumption begins at an early age.

Alcohol consumption begins early for some young people: one grade 4 student out of five and one grade 6 student out of three declared they had consumed alcohol (wine, beer or liquor) during the 12 preceding months, and boys more than girls. This difference diminishes in secondary school while consumption increases from one grade level to the next, both in terms of the proportion of adolescents who drink and the frequency of consumption. In the 12 months preceding the Survey, 1 out of 10 Secondary I students said he or she had consumed alcohol, compared with 4 out of 10 Secondary III students and roughly 7 out of 10 Secondary V students (Figure 7.1). The proportion of young people who drink *about once a*

week is very low in Secondary I, but rises to 9% in Secondary III and to 21% in Secondary V. As for young people who said they usually had *five drinks or more on each occasion*, consumption that is deemed excessive, this covers nearly one-third of the students who consumed alcohol in Secondary I and III and nearly half of the students who did so in Secondary V.

Figure 7.1

Alcohol consumption over the 12 months preceding the Survey (SWYM 2003)



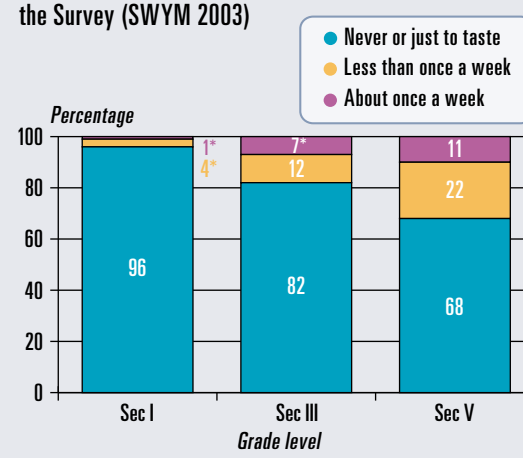
* Imprecise estimate; interpret with prudence

Drug use clearly begins in secondary school. The practice is virtually non-existent in elementary school but the picture changes radically in secondary school: 10% of Secondary I students said that they had consumed drugs at least once, as against 25% in Secondary III and 47% in Secondary V. Roughly 5% of Secondary I students indicated that they had consumed drugs regularly, that is, more than once, over the preceding 12 months, compared with 19% in Secondary III and 33% in Secondary V. Boys and girls display similar behaviour and cannabis is by far the drug most frequently consumed: 33% of Secondary V students admitted to consuming it during the 12 preceding months and 11% consumed it *about once a week* (Figure 7.2). After cannabis, the other frequently consumed drugs are hallucinogens such as ecstasy and LSD, consumed by 7% of Secondary V students, and amphetamines, consumed by 4%. Consumers of other drugs such as cocaine, glue or solvent and heroin were few in number (1% or less) in the three secondary school grades.

Moreover, some studies reveal that the simultaneous consumption of alcohol and drugs often goes hand in hand with overconsumption problems. The Survey shows this to be true of roughly 4% of Secondary I students, but 19% of Secondary III students and 31% of Secondary V students. In all cases, rates

Figure 7.2

Cannabis consumption during the 12 months preceding the Survey (SWYM 2003)

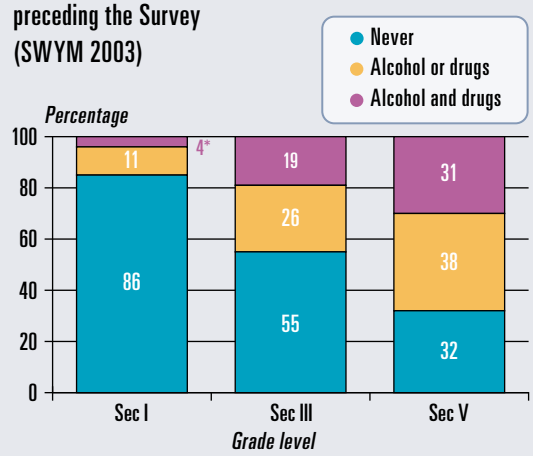


* Imprecise estimate; interpret with prudence

for boys and girls are similar (Figure 7.3). These figures alone do not allow us to ascertain the impact of such consumption on young people's academic achievement and other facets of their lives.

Figure 7.3

Alcohol and drug consumption during the 12 months preceding the Survey (SWYM 2003)



* Imprecise estimate; interpret with prudence

Sexuality

Starting in secondary school, many young people experience love for the first time and some teenagers, their first sexual relations. It is known that parental involvement in sex education plays a decisive role and so we also questioned parents to understand their attitudes on this issue. In addition, secondary school students were asked to evaluate certain health-risk behaviours that can lead to pregnancy and STIs.

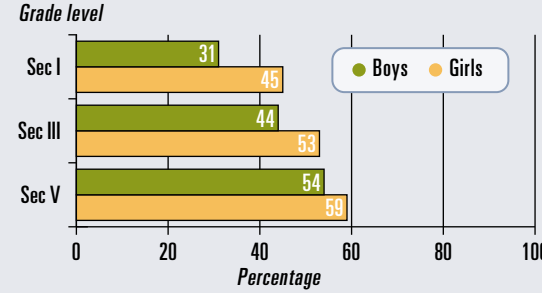
Discussing sexuality with parents

A majority of parents (roughly 70%) said that they were *rather comfortable* or *very comfortable* discussing sex with their teenagers and the proportion was fairly stable in each of the secondary levels. Furthermore, no differences were observed between boys and girls, except in Secondary V, where more parents said that they were *rather comfortable* or *very comfortable* discussing sex with a girl rather than a boy (79% and 67%).

While parents generally said that they were comfortable discussing sex with their teenagers, fewer parents regularly discussed these questions with them. Just under one-third of the parents of Secondary I boys said that they did so *often* or *very often*, while 45% of the parents of Secondary I girls did so (Figure 7.4). More parents discussed the questions with older teenagers: over half of them said that they discussed the questions *often* or *very often* with their teenager in Secondary V. Even so, nearly half of the parents of secondary school students *rarely* or *never* broach this subject with them.

Figure 7.4

Parents who discuss sexuality with their teenager (SWYM 2003)



First dates

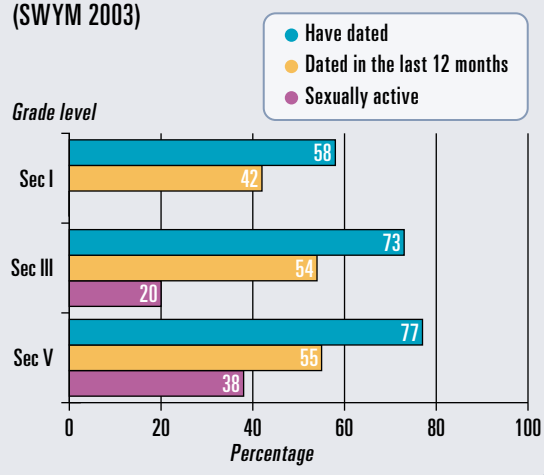
Love relationships, as expected, are part of the experience of a high proportion of young people. The Survey reveals that over half of Secondary I students had already dated a boy or girl and 42% of them did so during the 12 months preceding the Survey, compared with 73% and 54% in Secondary III (Figure 7.5). Findings are similar in Secondary V where, exceptionally, more girls than boys had dated.

It should first be noted that only Secondary III and V students who said that they had already dated someone were questioned about their sexual activities and then only about sexual relations with penetration. For survey purposes, these young people are designated as being *sexually active*, although this expression generally encompasses other sexual behaviours. Findings indicate that one out of five Secondary III students is sexually active, a proportion that rises significantly between Secondary III and Secondary V, from 20% to 38%, both among girls and boys.

Among young people who said that they were sexually active, roughly half, both in Secondary III and Secondary V, said they had gone out with two or more partners. In addition, less than 5% of sexually active girls in these grades revealed that they had already had an STI, while none of the boys did so. This may be explained by the fact that more girls undergo STI/AIDS screening tests, which confirms a well known trend, that girls are more inclined to consult in preventive care, especially to obtain oral contraceptives.

Figure 7.5

Students who say they have already dated a boy or a girl (SWYM 2003)



Contraception

Contraception use was examined as it relates to protection against STIs (a condom alone or combined with the pill) and against pregnancy (a condom alone, the pill alone or both methods) at the time of students' first and most recent sexual relations.

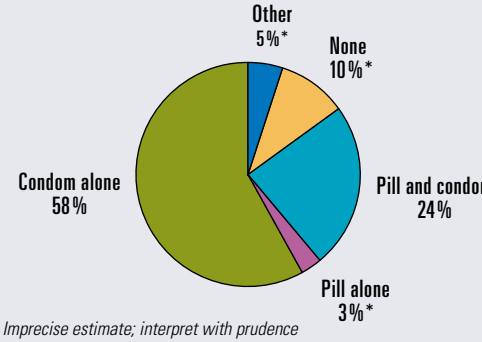
Based on responses, 83% of sexually active Secondary III students adequately protected themselves from pregnancy during their first and most recent sexual relations. This proportion falls to 74% in Secondary V. However, with regard to STIs, the findings are not quite as reassuring: 74% of sexually active Secondary III students protected themselves during their first and most recent sexual relations, but only 57% did so in Secondary V. Furthermore, roughly 1 out of 10 young people did

not use any protection against STIs during their first and most recent sexual relations.

Upon closer scrutiny of contraceptive methods used, we first note that in Secondary III and V, a majority of both girls and boys choose the condom during their first sexual relation: 85% of sexually active Secondary III students and 82% of Secondary V students. We also took a look at changes in the use of contraception between the students' first and most recent sexual relations and observed a marked change only in Secondary V. The use of condoms (alone or combined with the pill) declined from 82% to 62%, while the proportion of young people who used the pill alone rose appreciably, from less than 5% during the first sexual relation to 19% during the most recent one (Figures 7.6 and 7.7). Reliance on the pill appears to become more widespread as Secondary V students gain sexual experience. Moreover, the use of the pill is quite popular among young girls: nearly half of sexually active girls in Secondary V indicated that they had taken the pill at the time of their most recent sexual relation, as against just over one-third of sexually active girls in Secondary III. These findings seem to indicate that condom use is more frequent during the first sexual relation but that a number of young people abandon the condom

Figure 7.6

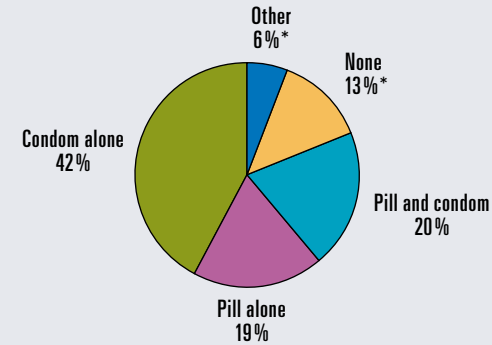
Contraceptive methods used by Secondary V students during their first sexual relations (SWYM 2003)



** Imprecise estimate; interpret with prudence*

Figure 7.7

Contraceptive methods used by Secondary V students during their most recent sexual relations (SWYM 2003)



** Imprecise estimate; interpret with prudence*

Pregnancies among girls under 18 years of age

The most recent data from CLSCs, RAMQ and the register of births indicate that there are roughly 1000 pregnancies a year among Montréal girls 18 years of age or under (1999-2001). This proportion is higher than in Québec as a whole, 26 per 1000, as against 19 per 1000. It should be noted that a high percentage of these pregnancies were interrupted: 77% of the girls decided to have an abortion, 3% of the pregnancies ended in miscarriage, and 20% in birth. Between 1999 and 2001, approximately 200 girls under 18 years of age gave birth to a child.

Source: Éco-Santé, version 4

except to prevent pregnancy. It may be deduced that young people who engage in more stable sexual relations and who know their partners better are less concerned about protecting themselves against STIs and more concerned with preventing pregnancy.

It can be concluded from these findings that although they are exposed to numerous psychoactive substances, many young Montrealers consume alcohol and drugs moderately, notwithstanding that some of them display health-risk behaviours — those who begin to consume alcohol or drugs at an early age, those who consume them abusively, and those who consume both alcohol and drugs. In relation to Québec as a whole, it appears that there are more young people in Montréal who have never consumed alcohol or drugs or who have done so simply to try them. It should be noted that certain studies indicate that the consumption of psychoactive substances is less frequent among young people in cultural communities. The presence of cultural communities in Montréal likely affects these findings, and further analysis is necessary to clarify the situation.

It is clear that much remains to be done to ensure that public health messages on sexuality reach young people. The importance of education in healthy sexuality is crucial to encourage young people to protect themselves against STIs and pregnancy. It should be remembered that young people need sex education that encourages them to reflect on values and the development of psychosocial skills and skills that will help them make enlightened decisions. Aside from parents, other significant adults are teachers and school staff, who are in need of tools to better integrate sex education into their initiatives.





Better support for young montrealers

Better support for young montrealers

Key observations

Having analysed the initial data collected during the Survey, let us now turn to the key observations concerning young Montrealers in elementary and secondary schools. This will be followed by a description of the approach that strikes us as the most promising to structure our partnerships. Finally, to better support the development of young Montrealers, we will identify a number of existing initiatives or strategies to be developed that can be used to implement our proposed approach.

An important group in our community

There are 230 000 young people between 6 and 17 years of age in Montréal and what is initially striking is the figures themselves: young people do not form a minority group in our community. The collective decision to more broadly support their development would undoubtedly have a significant impact on our entire community's development potential. However, to successfully see through such a task obviously demands investment and participation by all of the partners, from the health care network, of course, through the 12 new local networks (the CSSSs), but also municipal services, the schools, community and university organizations and, first and foremost, the parents.

Poverty, the daily lot of too many young people

The second observation is that one-third of children and adolescents are living in a state of insecurity. While over half of them are living in two-parent families, such insecurity is more prevalent among young people living in single-parent families. Moreover, young immigrant children are especially hard hit: over half are facing impoverished living conditions.

The risks inherent in poverty are well documented both by studies and what has been observed in the field in Montréal. Difficult living conditions and the stress that they generate are associated, in particular, with health problems (prematurity and poor nutrition), developmental delay (language skills), poor academic achievement (failure and repeated years), and emotional and behavioural problems (diminished social skills and self-esteem). What is even more serious is that all of these risks increase over time when poverty persists. We must step up our efforts to reduce this important risk factor.

A nuanced health profile

While the snapshot of young Montrealers that the initial survey data provide remains partial, the attendant findings highlight certain factors related to their well-being, some more favourable than others.

A majority of young people in good health

Very fortunately, and as one might imagine, a majority of young Montrealers paint a favourable picture of their living environments and health. They deem themselves to be in good health, can rely on the support of their parents, friends and teachers, their relationships with their friends are stimulating, and they have a great desire to succeed. This represents genuine potential on which we can collectively structure our initiatives to further support their development. However, this overview demands considerable qualification.

All manner of problems

Certain clarifications need to be made concerning all the young people who say that they are doing well generally. Even when they enjoy genuine protective factors for their development they can nonetheless display certain shortcomings in terms of skills, attitudes or knowledge that can alter their well-being. Moreover, we cannot overlook the difficulties that a significant proportion of young people are facing as regards their physical, psychological and social health.

The high proportion of Montréal children and adolescents who suffer from allergies and asthma brings us to the question of the salubrity of the environment. Our ongoing interest in controlling moulds and improving air quality remains more than pertinent given the current situation. Problems such as insomnia, dizziness, sore back, headaches and stomach aches occur all too frequently among children and adolescents and demand that we pay special attention to them.

Early, frequent, even abusive consumption of tobacco, alcohol and drugs by some young people also requires further analysis to enable us to better define preventive measures.

In the area of psychological health, many young people who display low self-esteem, poor academic competency and extensive symptoms of emotional problems or psychological distress also experience simultaneously difficulties in key aspects of their lives, especially in relationships with parents and friends. Analysis shows that distress affects more girls than boys. We also observed among both girls and boys dissatisfaction with their body image very early on, and noted that many young people take steps to change it, often to lose weight. Other Survey findings are worrisome. Fear on the way to or from school or of bullying or taxing is apparent mainly in elementary school, and displays of aggressiveness, mainly in secondary school.

We cannot overlook the high proportion of children and adolescents who cannot rely on the affective or educational support of their parents and the young people of all ages who feel rejected by their peers.

Without wishing to be needlessly alarmist, we know that certain situations mentioned earlier can have serious consequences for the development of young people in the more or less immediate future. For this reason, it is worth

intervening early on to prevent the difficulties from worsening or, eventually, becoming chronic. All of these difficulties can be dealt with through effective preventive measures before they assume more serious proportions.

Family and school central to their development

The Survey's findings clearly illustrate the key role that parents play in the psychological and social development of children and adolescents, whose health and well-being are tied to the quality of the relationships that they maintain with their parents. Our collective measures must more broadly support parents, especially in underprivileged milieus, and work with them on the educational approach that they adopt with their children and teenagers. We must also give them a bigger role as key partners in the elaboration of our programs.

School as a place of learning and the adults who work there are also at the heart of the development of school-aged children and adolescents. Beyond engaging in cognitive development and knowledge acquisition, it is there that young people mould their self-image, values, lifestyle habits and an array of emotional and behavioural skills and their ability to relate to other people. These elements are all essential to their development and well-being. The quality of young people's experiences and learning in school directly affects their psychological and social health.

A worrisome decline in interest

The Survey's initial findings highlight a troubling situation. Motivation in and adaptation to school is problematic for a significant proportion of adolescents. Montréal children and teenagers are well aware of the importance of succeeding in their studies and their parents encourage them to do so. However, all too many adolescents in secondary school lack interest in the subjects taught, believe that they are failing certain subjects, or rarely do their homework. The data clearly illustrate that a number of students have difficulty making the transition to secondary school.

Of course, transitional periods are often demanding for young people in terms of adaptation. It would none the less be worthwhile to pursue our common reflection on this decline in interest and, in doing so, identify the adjustments that need to be made.

A place at home to concentrate

Another somewhat astonishing finding of the Survey is that a significant proportion of Montréal children and adolescents do not have a place in the home where they can concentrate on their homework and study, not to mention that a majority of adolescents rarely do their homework. Since homework and study are important means of perfecting and consolidating learning, should we not ensure that each and every student has the choice of a supervised place where they can apply their efforts and obtain optimal results?

A profile to explore further

As we noted earlier, this annual report presents only an initial overview of the potential of the Survey on the

Well-being of Young Montrealers. Our partners along with professionals from the Agence and its Direction de santé publique will analyse in greater detail the data collected in order to better understand the various profiles of young Montrealers. They will focus on factors that play a crucial role in young people's development, in particular the cultural, economic and social characteristics of their families. Specific reports devoted to these analyses will be published. These significant ancillary questions could not be taken into account in the 2004-2005 annual report, given the time required to conduct thorough analyses and the very format of the annual report.

These initial findings immediately raise questions that also encourage us to engage in more detailed analyses. To give but a few examples, do displays of anxiety among young Montrealers reflect differences between the sexes that require differentiated preventive approaches? Are psychological problems such as relationships with parents or peers, the problem of academic motivation or health-risk behaviours concentrated among the same young people? What are the profiles of the young people at greatest risk for displaying psychological, learning or behavioural problems?

The question of the individual and social life

This portrait of young people is based primarily on quantitative data and the studies' strength lies in their representativeness. More precisely, this means that the image produced can accurately reflect the population studied overall —young Montrealers— and help shape public health policy and programs. However, we must emphasize the Survey's limitations, above all in the area of the social determinants of health.

While our attention focused primarily on young people's individual conduct, we also took into account the social and economic facets of their lives and the lives of their families. Of course, the detrimental effect of their parents' socioeconomic conditions and their impact on development have been highlighted, without documenting these aspects in detail. Under the circumstances, this annual report must be regarded as an invitation to pursue research that can support population-based initiatives and to more thoroughly document the conditions that would enable young people to fully achieve their potential both academically and in society.

Choose a common, more integrated approach

The key observations just presented indicate the diversity and complexity of problems that affect children and adolescents, diversity of factors that affect their development and the complexity of their interactions and the attendant development trajectories. The frequent interrelationship among the problems that affect young people calls for concerted efforts by all partners. Recourse to a common, more integrated approach to ensure the healthy development of young people is essential if we are to achieve the desired results. Let us now examine the key components of such an approach.

Concerted action by all partners

Numerous initiatives are required at the right time and at different levels to ensure the physical, psychological and social development of young Montrealers. This requires the participation of all partners concerned in Montréal. As we saw earlier, young Montrealers make up an important group in the community and this collective investment in their health and well-being is not only a laudable objective but a socially profitable one for our collective future.

Obviously, the concrete results targeted through our collective efforts to better support the development of school-aged Montrealers cannot be obtained by simply relying on a series of isolated initiatives, even when undertaken in good faith. Our support must thus take the form of a properly integrated strategy in which each component enters at the right time into the development process and bolsters the desired effect. The continuity, coherence and complementarity of the initiatives are essential.

While this report, like the Survey, has not focused on the problem of curative services offered to young people (e.g. youth centres, medical clinics), it goes without saying the development of a genuine integrated approach for Montréal cannot be achieved without the active participation of organizations dedicated to this end.

A continuum of preventive measures from birth to the end of adolescence

Studies on this topic have concluded that an integrated continuum of preventive measures throughout the development of children and adolescents better guarantees success than one-shot initiatives, essentially because the continuum allows us to simultaneously achieve several objectives. First, it makes it possible to ensure that at each stage of development the promotion of protective factors and the reduction of risk factors are reinforced simultaneously. There are two main groups that make up the protective factors: the main adaptation systems that stimulate and protect skills development (e.g. attachment to parents, a positive self-image); and other factors such as adequate living conditions, support from parents and other significant adults, and personal skills.

Clearly, only better integrated planning of all of these types of intervention is likely to produce the desired outcome. We must, therefore, be able to rely on an ongoing basic program that integrates both health promotion and prevention of the main health problems.

Focus both on youth and their living environments

Concerted action, another important facet, must encompass measures aimed at all milieus and living environments that influence young people such as the family, day care services, schools, friends, the neighbourhood and the community. These actions must also integrate sustained measures to foster the implementation of policies that facilitate such action, especially to reduce social inequalities. The quality of interaction with the environment plays a protective role. Studies devoted to the competency, resiliency and effectiveness of preventive measures show that initiatives that target

and involve both the youth and their living environments are more likely to be effective.

Existing strategies

Some initiatives are under development and others have already been implemented in Montréal to support the optimum development of children and adolescents. These initiatives are part of a broad perspective that covers several determinants of health and well-being. They also rely on significant adults in the children's living environments, the family, the school and the community. Various province-wide, regional and local strategies support these initiatives, which often depend on an array of partners concerned with the health of young people. Here is a brief description.

Québec

The **Québec Public Health Program 2003-2012**, adopted in December 2001, is the principal measure stipulated by the *Public Health Act* to orient public health initiatives organized at the provincial, regional and local levels. The province-wide program recommends the implementation of a comprehensive, concerted initiative aimed at young people in school that must include activities focusing on skills development and behaviours that promote health and well-being, the establishment of a positive, healthy, safe school and community environment, and the creation of ties among the school, the family and the community.

The **Entente de complémentarité des services entre le réseau de la santé et des services sociaux et le réseau de l'éducation** (Entente MSSS-MÉQ, 2003) is aimed at ensuring a range of auxiliary services covering all facets of the development of young people: health and well-being, education, prevention, and adaptation and rehabilitation services. It stipulates the specific and joint responsibilities of the two partners based on the continuity and coordination of their initiatives.

The **Rapport national sur l'état de santé de la population du Québec**, entitled **Produire la santé**, published recently by the national director of public health, reiterates the department's commitment to pay special attention to the implementation of the *École en santé* (Healthy School) approach and to broaden the means to enable communities to take care of their children and adolescents. The report outlines the three key areas of intervention associated with this approach: modification of the school environment to support skills development and adoption of a healthy way of life; promotion of skills, lifestyle habits and healthy, safe behaviours; and establishment of partnerships among the school, the family and the community. Depending on the model chosen, the school is the focus of all activities (school model) or acts as one of several partners, and activities are carried out both inside and outside the school (community model).

Montréal

Action for Prevention: Montréal Public Health Action Plan 2003-2006, in addition to being in line with the *Québec Public Health Program 2003-2012*,

targets comprehensive, concerted measures involving intersectoral partners for the entire population in the Montréal area. The regional program relies on multiple strategies to support the development of young people's personal and social skills; the strategies must be adapted to the most vulnerable young people, equip parents, educators and health professionals, and encourage the organization of environments that favour health.

Local level

The **gradual introduction of the 12 local health networks** under the responsibility of the new health and social services centres (CSSSs) is designed to encourage all actors in the local territory to work in a genuine network: CSSSs, private medical clinics, non-merged health care establishments, elected representatives and interveners in the boroughs, and schools and community organizations in the territory. The network, which operates on the principle of a population-based approach, should make it possible to better coordinate the partners' initiatives at the local level, initiatives designed to serve the public, including school-aged children. The results of this reorganization will not be immediately apparent but offer genuine potential for cooperation and alliances between the institutions and the community resources in a territory.

For several years, serious attempts have been made to develop healthy environments, in particular the **Priorité Jeunesse** program introduced by the Agence de santé et de services sociaux and its Direction de santé publique. Essentially an intersectoral community approach in nine disadvantaged territories on Montréal Island, the program brings together all of the partners to develop a comprehensive, concerted local development plan, which enables them to reach young people, their parents, the school and the community. Specific initiatives implemented in the territories, such as Priorité Jeunesse, are an integral part of the **local public health action plans** stipulated in the *Public Health Act*, for which the new local health and services centres (CSSSs) are now responsible. The Direction de santé publique is currently validating the local plans, initially developed by the CLSCs.

Promising initiatives

We are not claiming to present an exhaustive list of initiatives now being carried out by professionals in the health care network, the schools and the community to promote the health, well-being or educational success of young Montrealers. However, we thought it opportune to show that intervention is possible in the fields covered by this Survey and to acknowledge that a considerable number of people are already devoted to young people.

Health

Measures focusing on health and youth are aimed at promoting regular physical activity and healthy diet, and healthy, safe practices pertaining to sexuality and the consumption of alcohol and drugs. *Transport actif* is a program worth mentioning that deals with physical activity.

It is designed to improve pedestrian safety, especially that of children on the way to and from school, and, consequently, to promote walking, through a series of measures such as police surveillance of *Highway Safety Code* offences, a reduction in the volume and speed of traffic in residential areas, and the redesigning of intersections.

Another example is Kino-Québec's *Active School* contest which funds schools to create conditions that encourage physical activity at recess, during physical education classes, at lunch time and outside school hours, and active, safe transportation to and from school. Moreover, to encourage the acquisition of healthy eating habits, some schools offer healthy foods on site (food policy) and raise awareness about healthy eating habits.

Many initiatives target sexual health and a reduction in problems related to sexuality. The accessibility of contraceptives, especially emergency oral contraception, and clinical services make it possible to reduce teen pregnancies. Sex education is an essential complement to such services. *L'éducation à la sexualité dans le contexte de la réforme de l'éducation* is a tool designed to help teachers or other school professionals incorporate sex education into their work with young people.

Numerous measures focus on smoking reduction, and include legislation, higher cigarette prices, campaigns such as the *Quit to Win! challenge*, individual counselling or smoking-cessation programs. Other campaigns such as *Do it for you!* or *Défi santé 5/30* target increased physical activity and adequate consumption of fruits and vegetables.

Well-being

The Survey showed us that well-being is associated, in particular, with self-image, parental support, peer acceptance, and a feeling of security. Programs have been introduced to improve young people's skills on a number of levels. The *Contes sur moi* program is designed to improve young children's social skills from the time they start school. The *Relations amoureuses des jeunes* project supports educators and health professionals in the promotion of egalitarian, harmonious relationships, prevention of violence and support for young victims, aggressors and witnesses of both sexes. Working to reduce school violence, the *Vers le Pacifique* program trains students to act as mediators in conflicts between their peers. The promotion of safe urban planning is one way to reduce the risk of violence towards vulnerable groups, especially youth. This approach can contribute to lessening the feeling of insecurity that children experience going to and from school.

Numerous actors in the schools, the health care system and the community are focusing on mental health by: identifying young people in distress and those who might be suffering from anxiety, depression, behavioural problems, or drug or alcohol abuse; by screening for young people with suicidal ideations; and by offering support or referring these young people to services that provide the appropriate care.

Educational success

Educational success is more encompassing than school success. Indeed, the school is not limited to being a place for mastering a school curriculum but represents a living environment in which young people also learn, among other things, to socialize. For this reason, the Ministère de l'éducation has stipulated that each school's educational project must include both an academic achievement plan and auxiliary educational services. Each school designs its own academic achievement plan, which contains measures to foster the school success of the greatest number of students and takes into account the specificity of the school's population and milieu. The purpose of auxiliary educational services is to make the school a stimulating, diversified, safe environment that maximizes the effect of quality teaching.

Other measures promote educational success. *Le sac à dos* program is designed to boost adolescents' feeling of academic competency and their social skills during the transition to secondary school. *Double jump*….*Safe landing* helps parents support their children through key transition periods, as they move into adolescence and from elementary school to secondary school. Other initiatives have been developed in the school and community milieus, especially support and assistance with homework and, of course, extracurricular activities, whose spinoffs go well beyond the activities as they foster, among other things, the feeling of belonging to the school.

A multifaceted initiative

Clarification is needed concerning the initiatives just described. To make this report easier to read, we decided to group them under the headings health, well-being and educational success. However, it is obvious that an initiative can affect more than one facet of young people's lives. For example, regular physical activity enhances both health and well-being. Many professionals in the schools, the health care network and the community acknowledge the reciprocal relationships among health, well-being and educational success and are trying to focus on several determinants simultaneously through comprehensive, concerted, integrated measures.

The *École en santé* and *Priorité Jeunesse* approaches reflect this perspective. The *Écoles en forme et en santé* program is another example that proposes promotional and prevention measures targeting the development of healthy lifestyle habits and skills that support students' health and well-being.

Better use of school facilities could affect educational success by offering students a supervised place where they can concentrate on homework and study. In underprivileged milieus, in particular, this would allow young people to develop skills in various fields by giving them access to recreational activities of a cultural, scientific and sporting nature throughout the year supported by the supervision of a caring adult. The idea is not new but has yet to be implemented throughout Montréal. Given the considerable number of young Montrealers

who do not have a place where they can concentrate on their homework and studies, we are perplexed at the underutilization of public schools for this purpose, despite the very real problem of school bus transportation.

Focus on ongoing problems

It is apparent that much has been done to enhance the health, well-being and educational success of youth. However, we must not forget that there is room for improvement, in light of growing obesity and sedentariness among young people, the high pregnancy rates among Montréal teenagers, the high percentage of young people who are the victims of violence, a lack of interest among adolescents in school, and the high drop-out rate. These observations remind us of the need to take a critical look at our initiatives, evaluate them and explore new avenues. Are our initiatives effective? Is the intensity of our actions sufficient? Do we ensure appropriate continuity? Are we reaching vulnerable youth?

Intensify the fight against inequality

Let us emphasize that poverty remains a decisive factor in the areas of health, well-being and educational success. Beyond political initiatives aimed at reducing socioeconomic disparities in our society, we might ask ourselves about the efforts made to allow young people and their families to take advantage of the best possible conditions that foster the development of their full potential. Of course, some initiatives have already been introduced, for example, to ensure that children eat their fill every day or to offer underprivileged youth support at school or access to quality recreational activities. However, there is certainly room for other initiatives to counteract the adverse effect that poverty has on young Montrealers and their families.

Focus on cultural diversity

Cultural diversity is another factor that must be considered when we elaborate measures aimed at young Montrealers. Often perceived as an obstacle, cultural diversity could be broached more from the perspective of enrichment. To ensure greater efficacy, we must rethink how we reach young people from the cultural communities. Furthermore, we must pursue our efforts, in collaboration with these communities, to develop approaches that take into account the plurality of young peoples' values, beliefs and conduct while also taking into account our own values and avoiding prejudice.

A concerted initiative to be maximized

The implementation of a joint, more integrated approach assumes that we, the partners, acknowledge our joint responsibility as well as our interdependence in the development and well-being of young Montrealers. The problem is already sufficiently complex without adding all of the pitfalls inherent in protecting our respective domains. Our legislative framework, missions and specific objectives remind us that we cannot deliver individually the programs that young Montrealers need. We must

pursue our efforts to integrate our respective initiatives not only to broaden their scope but also to improve their efficacy for young people.

Bringing together the community approach and the *École en santé* approach poses the challenge of concerted, complementary and coordinated action among the health, education and community networks. Against a backdrop of scarce resources, it is essential to pool our reflections around the definition of common objectives that lead to initiatives carried out by the appropriate partners, according to their mandates. The duplication and overlapping of our initiatives must now make way for synergy.

The Direction de santé publique of the Agence de Montréal deemed it necessary to review its operating structure to adjust it to the expectations of its partners at the local, regional and provincial levels. This process led to the creation of a new Healthy Schools and Communities team that has been mandated to conduct a sweeping review of the services the Direction de santé publique provides, in collaboration with its partners. It must better integrate health monitoring, support the adoption of best practices and develop indicators to track health objectives related to psychosocial preoccupations and lifestyle habits of young people in the 12 local territories in Montréal. The managers of the new team, willingly recruited among our partners, are responsible for promptly implementing these policy directions.

Beyond the statistics, theories and concepts, it is young people who are the focus of this annual report. They are at once vulnerable, bursting with vitality and creativity, and filled with hope and dreams. They talk about themselves, live their lives in their own way, sometimes awkwardly, and often experiment. They want to participate in life and become citizens of the world, of their world. They are extending a hand to us, parents, friends, teachers and adults in the community. It is up to us to support them in their somewhat crazy dream to make tomorrow better.

Epilogue
Looking to the future

As we have seen, the acquisition of skills by young people is an ongoing process from birth that influences their ability to face the challenges that adulthood poses. This transition to young adulthood can take several forms: further studies, work, self-help, involvement in democratic institutions, and so on. It is also apparent in the bonds between individuals and their families and loved-ones and is part of various living environments.

Just as the lives of school-aged children revolve largely around the family and the school, so the shift to adult life is marked by gradual involvement in community life, a transition that can follow several paths depending on the individual. To support the active social participation of young people is in itself a challenge for the Montréal community and reminds us of our collective responsibility to enable everyone to take part in community life and of each individual's duty to act as a responsible citizen.

Education

Education is the main avenue that leads the majority of young people to adulthood. This dimension is of vital importance to a metropolis like Montréal. Nevertheless, many young people have decided to quit school. Alternative solutions to schooling must be found that allow them to combine the development of personal skills with learning a trade. As for young people who decide to pursue their studies at Cegep, the transition often poses a complex challenge of adaptation, not to mention that nearly three-quarters of them are also working over 20 hours a week.

Work

Work is an option that some young people choose early on, even before they have finished their studies or after they have completed school. Integration into the labour market is a traditional means of entering social life. However, among young workers, this social integration often occurs against a backdrop of uncertainty, due, in particular, to job insecurity in the sectors that usually employ them.

Street life

Street life is another, much more perilous, route. Many young people who want to flee their environment or are expelled from it are drawn to the city. It is also a transitional point for young people who set out to discover the world, which explains why street kids are part of Montréal's social fabric. The risks facing those who choose this route or who are driven there are enormous. Since 2001, the Direction de santé publique de Montréal has been conducting a prospective cohort study among street kids that reveals a mortality rate 11 times higher than the rate for other young people their age.

Parenthood

Becoming an adult can also be achieved through parenthood. Often, young people must complete the developmental process while assuming parental responsibilities. These young fathers and mothers do not always succeed in finding sufficiently remunerative, stable employment enabling them to provide for their children's needs. As a result, the social insertion process is interrupted and often punctuated by insecure jobs paid at minimum wage, a return to school, field training sessions, periods of unemployment, and social welfare benefits.

Bank on their potential

The vast majority of school-aged Montrealers will traverse this phase of their lives by triumphing over the difficulties normally linked to this stage of development. At the same time, they will acquire skills that will make of them young adults prepared to ensure their own and their family's future and to play an active role in their community, a role that reflects their aspirations. For what are often complex reasons, others go through this period of their lives with a feeling of failure that will persist into adulthood. However, documentation on the topic is full of examples that show that all of these young people have a potential to change, which should encourage us collectively to continue to focus on youth and to more effectively support them.

List of scales

Methodological notes

- Each of the scales was subject to factorial analyses, which made it possible to confirm the factorial structure and the internal consistency of the factors.
- As there is no standard sample of the profile of young Montrealers for each of the scales, we divided the sample into classes (quartiles or quintiles) based on the scale's overall scores. The class of students with the highest scores was designated as the high level of the scale, that comprising the students with the weakest results was designated as the weak level, and the remaining two classes as the median level.

Self-esteem: a measurement of students' self-confidence and pride in and overall satisfaction with themselves. For grade 4 and grade 6 students, we used the Marsh scale, and for Secondary I, III and V students, the Rosenberg scale.

Academic self-concept: a measurement of the students' perception of their skills and the pleasure and interest they take in school subjects. The students' perception of their academic competency forms what is called their "academic self-concept". The Marsh scale was used for all of the grade levels.

Emotional disorders: assesses grade 4 students' feelings of anxiety and depression and attendant behaviour. The questions for this scale were drawn from the NLSCY.[1]

Psychological distress: assesses feelings and behaviour related to aggressiveness, anxiety, depression and cognitive problems for grade 6 and Secondary I, III and V students. The Santé Québec psychological distress scale, adapted from the Ilfeld scale, was used.

Affective kinship for parents: evaluates whether the young people feel close to their parents and whether the parents understand them, listen to and encourage them and display affection. This index groups together several questions drawn from ESSEA.[2]

Affectionate, caring attitudes and behaviour displayed by parents: measures an array of loving parental attitudes and behaviour towards the children (saying that they appreciate them, displaying pride in their accomplishments, complimenting them, solving problems together, talking about the good things that they do). The scale is drawn from the NLSCY.

Popularity and peer acceptance: measures popularity and peer accep-

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1 National Longitudinal Survey of Children and Youth 1994-1995, *Human Resources Development Canada and Statistics Canada.*

2 Enquête sociale et de santé auprès des enfants et des adolescents du Québec, *1999, Direction Santé Québec de l'Institut de la statistique du Québec.*

tance (having a lot of friends, getting along easily with others, being sought as a friend by other young people, being liked by most other young people). The questions for this index were drawn from the Marsh scale.

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