

# BC CHILDREN'S VIEWS ON HEALTH ISSUES

## - FACTUM -



Ipsos Reid

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## **BC CHILDREN'S VIEWS ON HEALTH ISSUES**

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**Vancouver, BC** – An Ipsos Reid poll conducted on behalf of the BC Children's Hospital Foundation among BC children aged 10-16 revealed the following results.

*These are the findings of an Ipsos Reid online poll conducted between May 22<sup>nd</sup> and June 4<sup>th</sup>, 2007. The poll is based on a randomly selected sample of 673 BC Children ages 10-16 reached via Ipsos Reid's I-Say Household Panel. Ipsos Reid obtained parental consent for their children to participate in the research. With a sample of this size, the results are considered accurate to within  $\pm 3.8$  percentage points, 19 times out of 20, of what they would have been had the entire population of BC children (10-16 years of age) been polled. The margin of error will be larger within regions and for other sub-groupings of the survey population. These data were statistically weighted to ensure the sample's regional and age/sex composition reflects that of the actual BC population of children (10-16 years of age) according to Census data.*

## *Most Important Health Concerns Facing Children*

BC children aged 10-16 believe that diet-related concerns are the top health concerns facing children these days. Obesity and eating healthy are the most frequently mentioned items under this heading.

Overall, 53% of BC children (aged 10-16) mentioned diet-related issues as the most important health issues facing BC children their age. This includes obesity/being overweight (31% mentions), trying to eat healthy (22%), general concerns about weight (6%), and eating disorders (4%). [Note: specific mentions do not add to total due to multiple responses]

By comparison, 29% mentioned diseases/illness (specifically: cancer, STDs, diabetes, and asthma); 20% raised substance abuse as an issue (drugs, alcohol), 19% talked about exercise; 9% mentioned smoking; 6% cold/flu/cough, 5% stress, 5% allergies.

There is some variation among children's top health concerns across regions:

- Substance abuse is identified as a bigger health concern on Vancouver Island than in the Lower Mainland (24% vs.16%)
- Mental health/stress issues are more prevalent in the Southern Interior than in the Lower Mainland (5% vs. 1%)

Gender differences are also evident:

- More girls than boys see eating disorders as a health concern (7% vs. 1%)

Age matters too:

- Eating healthy is seen to be a top health concern by more children 10-12 than 13-16 year olds (27% vs. 18%)
- Weight is a bigger concern among 13-16 year olds (9% vs. 3% for children aged 10-12)

## *What Contributes to Good Health?*

There is a strong consensus among BC children that exercise, diet, and sleep are the top 3 contributors to good health. Three-quarters or more cite that these factors contribute strongly (either a great deal or a fair amount) to good health. Notably, one-half to two-thirds of children surveyed felt that getting regular exercise and watching what they ate contributed “a great deal” to good health.

The breakdown of important factors is as follows:

- Getting regular exercise – 92% contributes great deal/fair amount to good health
- Watching what you eat – 86%
- Getting enough sleep – 80%
- Watching how much you eat – 76%
- Watching what you drink – 68%
- Keeping a positive attitude – 64%
- Taking vitamins – 42%

There are variations in responses among young males and females:

- Girls are more likely than boys to believe strongly that watching what you drink (72% vs. 65%, respectively) and keeping a positive attitude (69% vs. 60%) are important to good health.

Age also matters:

- Getting regular exercise is seen as a stronger factor for good health among 15-16 year olds than children 10-12 (95% vs. 90%) though both still strongly agree that it is important.
- Taking vitamins is also viewed more importantly among 10-12 year olds than 13-16 year olds (49% vs. 37%).

## *What Contributes to Bad Health?*

Youth are in agreement that the top contributors to bad health are cigarettes and drugs. Fully 9-in-10 youth surveyed stated that smoking cigarettes or taking drugs contribute to bad health. Significantly, more than 8-in-10 asserted that these two actions contribute “a great deal” to bad health, a much higher proportion than all other factors.

The breakdown in factors that contribute a great deal or a fair amount to bad health is as follows:

- Smoking cigarettes - 93%
- Taking illegal drugs - 91%
- Being overweight - 88%
- Lack of regular exercise - 84%
- Drinking alcohol/beer - 83%
- Eating unhealthy foods - 80%
- Eating junk food - 74%
- Not getting enough sleep - 71%
- Stress - 70%

There are some regional differences:

- Consumption of alcohol/beer is seen as a greater contributor to bad health on Vancouver Island than in the Lower Mainland (88% vs. 80%).
- Stress is also seen as contributing more to bad health in the Southern Interior than the Lower Mainland and Vancouver Island (79% vs. 69% and 64%).

Some gender differences also exist:

- More girls than boys felt that eating unhealthy foods (84% vs. 77%, respectively), not getting enough sleep (77% vs. 66%) and stress (75% vs. 65%) contributed to bad health.

Age also shows some differences in perceptions:

- Older youth (15-16 year olds) are generally more likely than 10-12 year olds to feel that smoking cigarettes (97% vs. 90%), taking drugs (95% vs. 89%), being overweight (93% vs. 86%) and stress (78% vs. 65%) lead to ‘bad health’.

## *Who's Responsible for Personal Health?*

Overall, 53% of BC children believe their parents are most responsible for keeping them in good health, compared to 43% who feel they are personally responsible for their health. Two percent put responsibility in the hands of schools, 1% think it's the doctor, and 1% say it's government.

Some subgroup differences do emerge. For example:

- Girls are more likely to place responsibility on themselves (49% vs. 38% of boys) and boys are more likely to place it on their parents (59% vs. 48% of girls).
- The younger the child the more likely they are to place the responsibility on their parents; 61% of 10-14 year olds believe their parents are most responsible for their health vs. 34% of 15-16 year olds.
- Children living in a household with annual income of *less* than \$60K are more likely to view their parents as most responsible for their well being than those who live in \$60K+ households.

## *Current Personal Health Evaluation/Rating*

Most youth feel positively about their personal health.

- 85% rate their health as either "good" (55%) or "excellent" (30%).
- 13% rate their health as "fair"
- 2% see their health as "poor" or "very poor"

Although personal health ratings are positive across all regions and demographic subgroups in BC's population, there are a few differences worth noting.

By region:

- Fewer youth on Vancouver Island rate their health as "excellent" than those in the Lower Mainland (21% vs. 33%).

By age:

- Fewer 10-12 year olds would rate their health as excellent compared to 15-16 year olds (26% vs. 37%)

## *Change in Personal Health Over Past Year*

Most youth feel that their health has either stayed the same or improved over the past year:

- Close to half (48%) believe that there has been no change
- 43% say their health is “somewhat better” (31%) or “much better” (12%)
- 8% see their health as being “somewhat worse” (7%) or “a lot worse” (1%)

The most prominent reason children give for being in better health is that they’re “getting more exercise”.

- Half of the all youth interviewed mentioned “getting more exercise” as a reason for being in better health.
- “Eating better” is also seen as an essential contributing factor for improved health, though far fewer children raise this as a reason (26%).
- Other reasons included: proper medical treatment (4%); getting more sleep (2%); lost weight (2%).

There are some regional and demographic differences in the reasons given for being in better health:

- Getting more exercise:
  - Lower Mainland youth are much more likely to attribute exercise as a cause of improved health than those in the South Interior (55% vs. 37%).
- Eating better:
  - 33% of girls saw eating better as a reason for better health vs. 21% of boys.
  - 32% of 10-12 year olds believe eating better improved their health vs. 19% of 15-16 year olds who believed the same thing.
  - 37% of children with household incomes of less than \$40K vs. 22% of children making more than \$40K

## *Personal Health Activity & Experiences*

BC children do not all think about their health to the same degree:

- A third (33%) think about their health “some of the time”
- Roughly another third (35%) think about their health “a lot” (9%) or “a fair amount” (29%)
- And, another third (31%) think about their health either “once in a while” (20%) or “almost never” (11%).

There are some important population subgroup differences:

- Gender: 44% of girls think about their health either a lot or a fair amount vs. 28% of boys who do the same.
- Age differences included: 34% of 15-16 year olds think about their health a fair amount vs. 23% of children aged 10-14.

BC young people engage in a variety of different health-related activities, and to different degree. Those they do “always” or “most of the time” includes:

- Get regular exercise - 68%
- Try to keep a positive attitude - 59%
- Get enough sleep - 59%
- Watch what you eat - 41%
- Watch what you drink - 38%
- Watch how much you eat - 36%
- Take vitamins - 24%

When asked about the top challenges they face in trying to stay healthy, the top reasons given included:

- Diet-related activities - eating healthy (22%), not eat junk food (21%), eat less (3%), drink enough water (2%)
- Exercise - 15%
- Get enough sleep - 8%
- Not watch too much TV - 1%
- Don't know - 19%

Health experiences BC children have had since January 2007 included:

- Stayed home from school because sick – 73%
- Gone to doctor to find out what was wrong – 44%
- Had to take medicine given by doctor – 35%
- Gone to hospital emergency department – 13%
- Had serious health problem – 9%
- Been seriously injured – 5%
- Stayed overnight in hospital – 2%

Health-related experiences or activities tend vary by age:

- More 15-16 year olds had to take prescription medicine than 10-14 year olds (42% vs. 33%)
- More 13-16 year olds had to go to the hospital emergency department than 10-12 year olds (16% vs. 9%)

Some gender differences also surfaced:

- 78% of girls had to stay home from school sick this year vs. 70% of boys
- 39% of girls took prescription medicine vs. 32% of boys

- 30 -

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