

Provincial Fact Sheets 2012-2013 New Brunswick Student Wellness Survey Grades 6 to 12 Social Relationships and Environments



Introduction

The environments in which people live, work and play can either support or discourage their plans to undertake and sustain positive healthy lifestyle changes^{1,2}. In addition, relationships with others in the home, school and community are important influences in the physical and emotional development of students. Such relationships contribute to experiences that either impede or positively impact students' growth and development.

Healthy Eating

The household environment and family members influence students' eating routines and choices. Parents may play an important role in helping students develop healthy attitudes toward food through establishing consistent meal-time routines and modeling healthy food choices. During the adolescent years, students' peers are also important social influences that may affect their attitudes and behaviours related to healthy eating routines and choices³.

- 64% of students reported eating dinner with a parent, step-parent or guardian on the previous day.
- 38% of students reported eating meals while watching television at least 3 times in the week prior to the survey.
- 62% of students reported eating lunch with friends.

School environment also contributes to students' eating habits through supporting access to healthy food, and discouraging the consumption of non-nutritious foods and beverages.

- 72% of students reported that they have enough time to eat lunch on most school days
- 21% of students reported that healthy foods are offered in the cafeteria or hot lunch program at school
- Only 10% of students reported that information was available in their cafeterias about how to make healthier choices, and only 7% reported lower prices for healthier foods.

Physical Activity

Parents can model healthy behaviours through participation in regular physical activity. Active parents often have active kids^{4,5,6}. In addition, physically active students are more likely than those who are inactive to report that they have active friends.

- 43% of students reported their parents were physically active at least 3 times per week
- 63% of the students with active parents were also physically active, while only 51% of the students with inactive parents were physically active.
- 63% of students who have at least 3 physically active friends were also active, whereas only 46% of those with less than three active friends were physically active.

Community support, sports and recreation facilities, and school buildings including classrooms, as well as the surroundings in which schools are situated, are key factors for the success of implementing physical activity policies⁷. School environments that support and encourage physical activity have been shown to be effective in increasing student activity levels⁸.

- 11% of students reported using active transportation modes, such as cycling, walking, running or skateboarding to get to and from school; 76% indicated using inactive modes such as getting a ride or taking a bus; while 12% indicated using a mix of active and inactive modes of transportation.
- 35% of students reported that they had at least three physical education classes during the week before the survey, and only 27% of students reported that they had the chance to be physically active in classes other than Physical Education.
- 63% of students felt that (a lot or some) emphasis is placed in schools on student participation in competitive sports, and 65% of students indicated that there are awards recognizing student participation in competitive sports.
- 50% of students felt that (a lot or some) emphasis is placed on participation in non-competitive sports or clubs; and 31% of

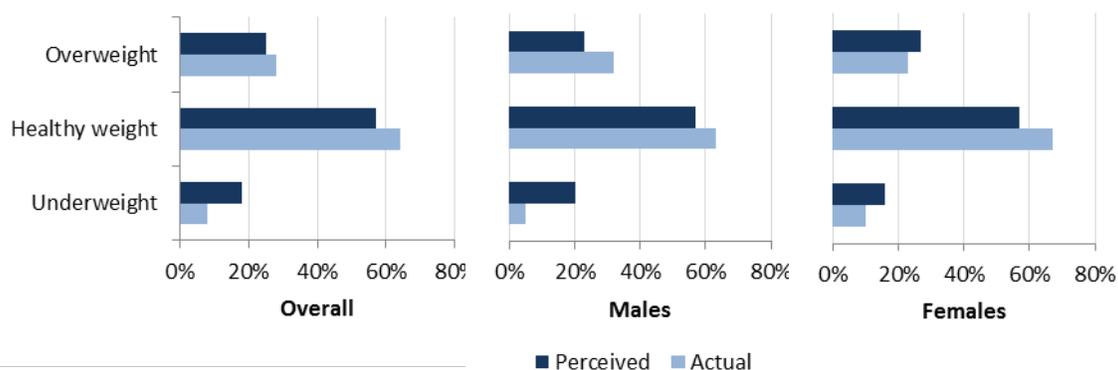
students indicated their school has awards recognizing student participation in non-competitive sports or clubs.

Weight Perception

Peer effect is believed to have significant effect on perceived weight and weight goals. Media also plays a major role in shaping perceptions about weight as it gets associated with beauty⁹.

Weight perception is a motivating factor for weight control behaviours, and is believed to be a better predictor than actual weight for adolescents to diet or exercise⁹. When exploring the trends by gender, New Brunswick female students had a higher tendency to perceive themselves as overweight, while boys had a higher tendency to perceive themselves as underweight. Understanding the factors that contribute to these gender differences may help identifying policies and measures to assist adolescents in making appropriate decisions about adopting weight control strategies⁹.

Students' perceived and actual weight levels



Tobacco-free living

Smoking within the home is related to student smoking behaviour – the greater the number of smokers inside the home, the more likely a student is to smoke¹⁰. Female students are more likely to smoke than male students if they have a smoking parent. When both parents smoke, students are more likely to smoke than when only one parent smokes¹⁰.

Smoking bans reduce exposure to second-hand smoke and reduce smoking prevalence¹¹.

| Smoking rules at home | |
|--|-----|
| Smoking not allowed | 78% |
| There are designated areas for smoking | 12% |
| Smoking is allowed anywhere in the home | 8% |
| Only special guests are allowed to smoke | 2% |

- 39% of students had at least one parent (or step-parent or guardian) who smoked, and 18% had at least a sibling who smoked.
- 37% of students who had tried smoking said they were given cigarettes by a parent, sibling, friend or someone else.
- 27% of students rode in a car with someone who was smoking during the week preceding the survey.
- 31% of students reported having friends (at least one friend) who smoke.

When asked, “Does your school have a clear set of rules about smoking for students to follow?”, students responded:

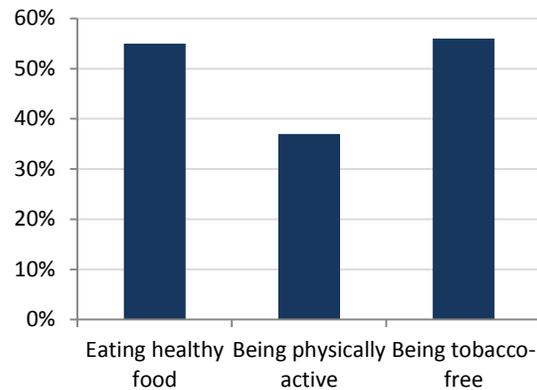
- Yes (65%)
- No (11%)
- I don’t know (24%)

Promoting Wellness at School

Health promoting schools are characterized by collaborative efforts among school and community members designed to create experiences and environments that promote and protect the health of students¹². They also impact the wellness behaviours of students by modeling positive choices and encouraging empowerment and autonomy related to students’ health¹³.

Students were asked about how many of the school staff (e.g. teachers, custodians) in general they see adopting healthy behaviours.

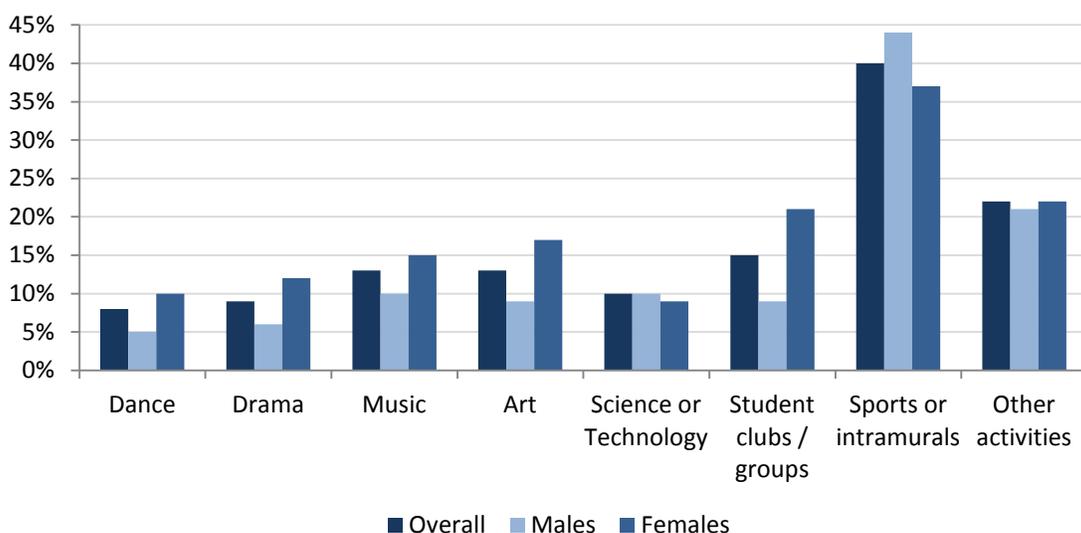
Proportion of students who reported seeing school staff...



School-wide activities involving the entire school community or whole-class activities, in which students and staff work together, creates links between the groups, fosters school connectedness, and promotes the well-being of children and adolescents¹⁴.

In New Brunswick, females in grades 6 to 12 seem to be more engaged in activities at school than males in general. The only exception is science and technology and sports.

Participation in activities at school



Comparison of Results

The following provides a comparison of 2009-2010 and 2012-2013 outcomes of selected New Brunswick Wellness Strategy indicators and targets related to social relationships and environments:

| Wellness indicator | 2009-2010 | 2012-2013 | Progress |
|--|-----------|-----------|---|
| Youth exposed to tobacco smoke in vehicles | 32% | 27% |  |

The New Brunswick Student Wellness Survey (NBSWS) is a provincial initiative of the Department of Healthy and Inclusive Communities in cooperation with the Department of Education and Early Childhood Development. Data collection and analysis is conducted by the New Brunswick Health Council. The purpose of the survey is to examine the health and wellness attitudes and behaviours of students in grades 6 to 12, and to share data to promote action around wellness. The data was collected from 35,954 students across 177 schools in New Brunswick. The fact sheets are available at <http://www2.gnb.ca/content/gnb/en/departments/dhlc/wellness/content/research.html>

¹ Health Canada. (2002). Health Promotion — Does it Work?. Retrieved from http://www.hc-sc.gc.ca/sr-sr/alt_formats/hpb-dgps/pdf/pubs/hpr-rps/bull/2002-3-promotion/2002-3-promotion-eng.pdf

² World Health Organization (1992). Sundsvall Statement on Supportive Environments for Health, Retrieved from http://whqlibdoc.who.int/hq/1992/WHO_HED_92.1.pdf?ua=1

³ Health Canada. (2011). Eating Well with Canada's Food Guide: A Resource for Educators and Communicators. Retrieved from <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/educ-comm/resource-ressource-eng.php>

⁴ Public Health Agency of Canada. (2002). Canada's Physical Activity Guide. Ottawa. Government of Canada

⁵ Active Healthy Kids Canada (2013) 2013 Report Card. Retrieved from: <http://www.activehealthykids.ca/2013ReportCard/en/>

⁶ BMJ-British Medical Journal. (2007, November 27). Active Parents Raise Active Children. ScienceDaily. Retrieved April 22, 2014 from <http://www.sciencedaily.com/releases/2007/11/071126105434.htm>

⁷ World Health Organization. (2008). School policy framework: Implementation of the WHO global strategy on diet, physical activity and health. WHO Library Cataloguing-in-Publication Data. Retrieved from <http://www.who.int/dietphysicalactivity/SPF-En.pdf>

⁸ Heart and Stroke Foundation of Canada. (2005). Schools and physical activity. Heart and Stroke Foundation of Canada Position Statement. Retrieved from http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.4521153/k.FC58/Position_Statements_Schools_and_Physical_Activity.htm

⁹ Cheung, P.C, Ip, P.L.S, Lam, S.T. & Bibby, H. (2007). A study on body weight perception and weight control behaviours among adolescents in Hong Kong. Hong Kong Med J, 13 (1)

¹⁰ Murnaghan, D.A.; Leatherdale, S.T.; Sihvonen, M. & Kekki, P. (2009). School-based tobacco-control programming and student smoking behavior.

Chronic Diseases in Canada, Vol 29 (no.4). Retrieved from http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/29-4/ar_04-eng.php

¹¹ Callihan, J.E., Clarke, A., Doherty, K., Kelleher, C. (2010). Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption. Cochrane Database of Systematic Reviews 2010, Issue 4. Art. No.: CD005992. doi: 10.1002/14651858.CD005992.pub2

¹² World Health Organization (WHO). (1997). Promoting Health Through Schools. Report of a WHO expert committee on comprehensive school health education and promotion. World Health Organization Technical Report Services, 870(i-vi), 1-93

¹³ International Union for Health Promotion and Education. (2009). Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools. Retrieved from http://www.iuhpe.org/images/PUBLICATIONS/THEMATIC/HPS/Evidence-Action_ENG.pdf

¹⁴ Rowe, F., Stewart, D. (2009). Promoting Connectedness through Whole-School Approaches: A Qualitative Study. Health Education, V109 (n5), 396-413.