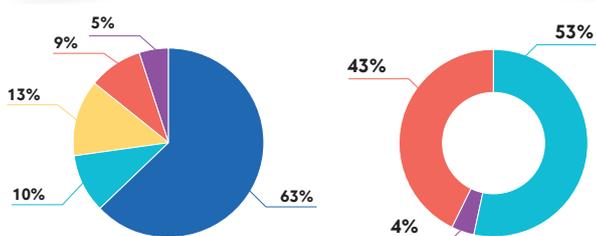


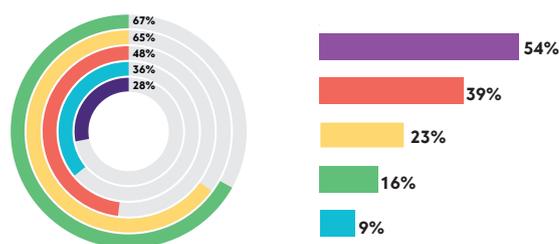
EXPLANATORY NOTES

FOLLOW THIS QUICK GUIDE TO FIGURE OUT
THE RESPONSE FACT SHEETS AT A GLANCE:

QUESTION WITH ONLY ONE POSSIBLE RESPONSE

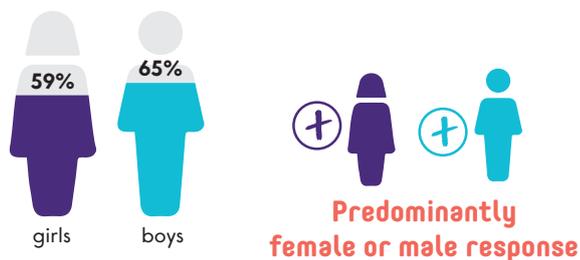


MULTIPLE CHOICE QUESTIONS

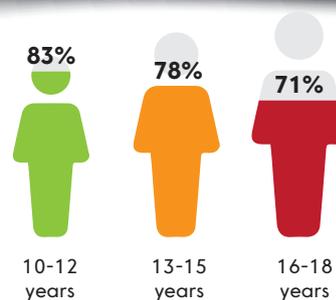


WHEN THERE ARE DIFFERENCES BETWEEN:

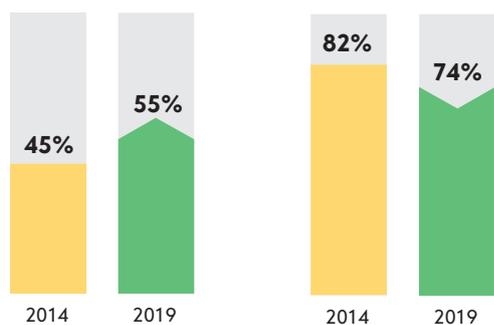
BOYS AND GIRLS



AGE GROUPS



2014 AND 2019 SURVEYS



PROVINCES

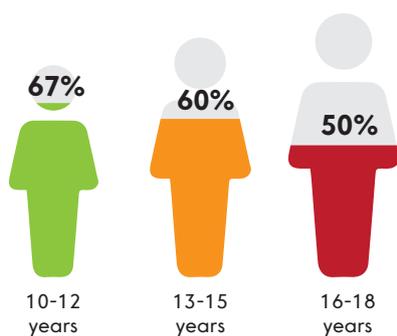


FAMILY RELATIONSHIP

DID YOUR PARENTS REALLY KNOW WHAT YOU WERE DOING IN YOUR FREE TIME OVER THE PAST 30 DAYS?

6 OUT OF **10** YOUTH ANSWERED "MOST OF THE TIME" OR "ALL THE TIME"

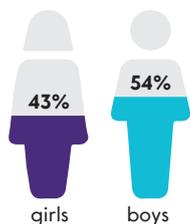
(i.e. 58%)



DID YOUR PARENTS UNDERSTAND YOUR PROBLEMS AND CONCERNS OVER THE PAST 30 DAYS?

5 OUT OF **10** YOUTH ANSWERED « MOST OF THE TIME » OR « ALL THE TIME »

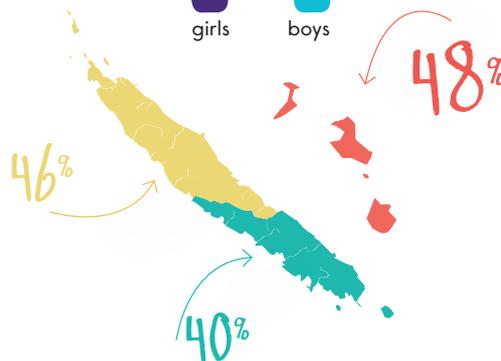
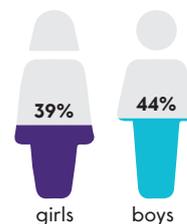
(i.e. 48%)



DID YOUR PARENTS CHECK YOU HAD DONE YOUR HOMEWORK OVER THE PAST 30 DAYS?

4 OUT OF **10** YOUTH ANSWERED « MOST OF THE TIME » OR « ALL THE TIME »

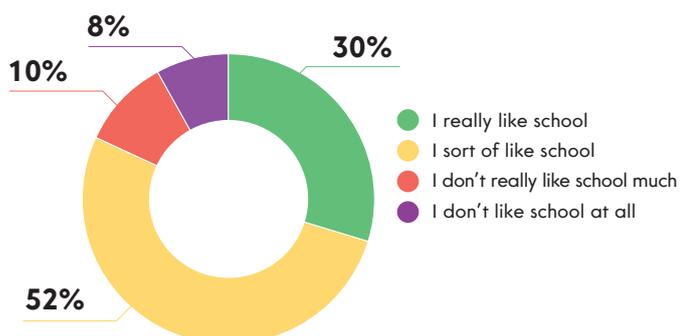
(i.e. 41%)



AT SCHOOL

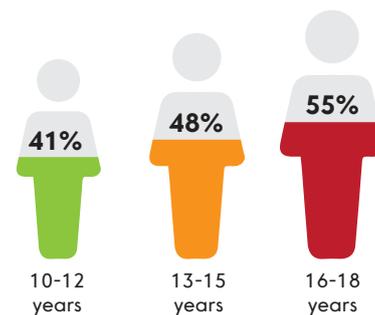
DO YOU LIKE SCHOOL?

8 OUT OF 10 YOUTH ANSWERED « YES »



HOW MANY DAYS DID YOU MISS SCHOOL OR CLASSES WITHOUT PERMISSION IN THE PAST 30 DAYS?

5 OUT OF 10 YOUTH ANSWERED « AT LEAST ONE DAY »

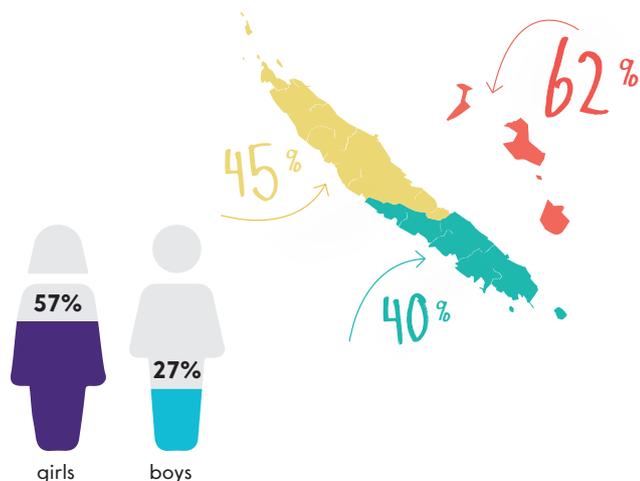


1 OUT OF 10 YOUTH ANSWERED « ON 6 OR MORE DAYS »

MISSING 6 OR MORE DAYS SIGNAL A RISK OF DROPOUT

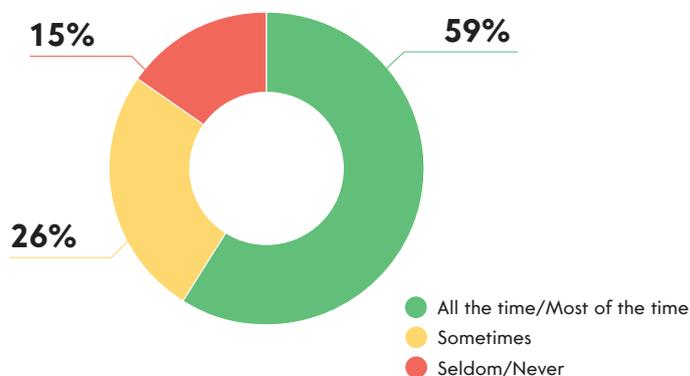
ARE YOU AFRAID OF VIOLENCE* AT OR NEAR SCHOOL?

4 OUT OF 10 YOUTH ANSWERED « YES »



DO YOU FEEL SAFE AT SCHOOL?

6 OUT OF 10 YOUTH ANSWERED « MOST OF THE TIME » OR « ALL THE TIME »

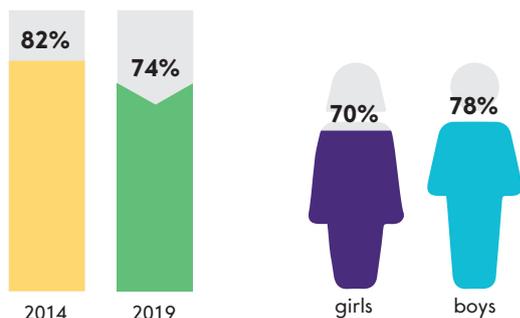


* Physical and/or psychological violence

GENERAL HEALTH

HOW WOULD YOU RATE YOUR GENERAL HEALTH STATUS ?

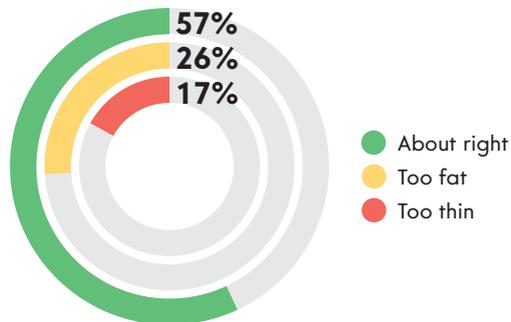
7 OUT OF **10** YOUTH ANSWERED « **VERY HEALTHY** » OR « **HEALTHY** »



INTERNATIONAL COMPARISONS

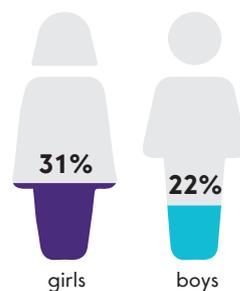


WOULD YOU SAY YOUR BODY IS:



ARE YOU OKAY WITH YOUR WEIGHT?

3 OUT OF **4** YOUTH ANSWERED « **YES** »



I think I'm too fat

DO YOU SEE A HEALTHCARE PROFESSIONAL WHENEVER YOU NEED?

1 OUT OF **2** YOUTH ANSWERED « **no** »



REASONS GIVEN



DO YOU SUFFER FROM ANY CHRONIC DISEASE OR DISABILITY ?

1 OUT OF **4** YOUTH ANSWERED « **YES** »



Asthma (11.5%) - Allergy (10 %) - AAR* (2.8%)

* Acute articular rheumatism

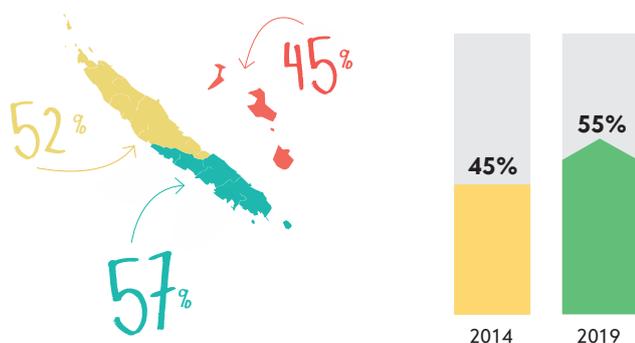
DENTAL HEALTH

**HOW MANY TIMES
HAVE YOU BRUSHED YOUR TEETH
OVER THE PAST 30 DAYS?**

6 OUT OF **10** YOUTH ANSWERED
« SEVERAL TIMES A DAY »

New Caledonia  (i.e. 55%)

France  (i.e. 78%)



**CAN YOU CHEW OR BITE
INTO ANY KIND OF FOOD?**

2 OUT OF **10** YOUTH ANSWERED « NO »

 (i.e. 21%)



**WHEN WAS THE LAST TIME YOU WENT
TO THE DENTIST'S?**

1 OUT OF **10** YOUTH ANSWERED « I'VE NEVER BEEN »

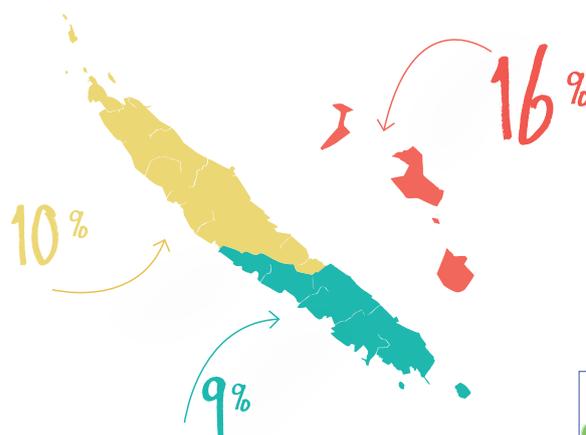
 (i.e. 8%)



**HAVE YOU MISSED SCHOOL IN THE LAST
12 MONTHS BECAUSE OF A TOOTHACHE?**

1 OUT OF **10** YOUTH ANSWERED « YES »

 (i.e. 9%)



20% OF 10-18-YEAR-OLDS SAID **THEY DIDN'T
KNOW** WHEN THEY HAD VISITED A DENTIST

HOW MANY TIMES HAVE YOU HAD THE FOLLOWING FOOD OR DRINK OVER THE PAST 30 DAYS?

SUGARY DRINKS

3 OUT OF **10** YOUTH ANSWERED « **EVERY DAY** »



YOUNG PEOPLE IN THE LOYALTY ISLANDS PROVINCE HAVE THE MOST SUGARY DRINKS AND SNACKS BETWEEN MEALS

SWEET OR SAVOURY SNACKS BETWEEN MEALS

3 OUT OF **10** YOUTH ANSWERED « **EVERY DAY** »



FRUIT OR VEGETABLES

5 OUT OF **10** YOUTH ANSWERED « **EVERY DAY** »



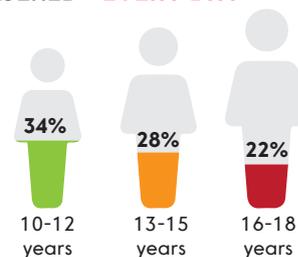
(i.e. 48%)

ROOT CROPS
(root crops aren't vegetables)

3 OUT OF **10** YOUTH ANSWERED « **EVERY DAY** »



(i.e. 28%)



ON A WEEKLY BASIS (FROM MONDAY UP TO SUNDAY), HOW OFTEN DO YOU EAT BREAKFAST?

4 OUT OF **10** YOUTH ANSWERED « **EVERY DAY** »



2 MAIN REASONS FOR NOT HAVING BREAKFAST
"I'M NOT HUNGRY IN THE MORNING" 60%
"I DON'T HAVE TIME TO EAT IN THE MORNING" 51%

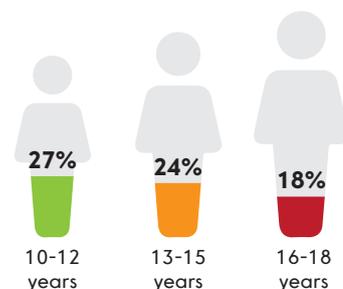
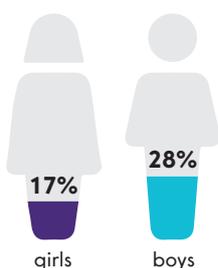
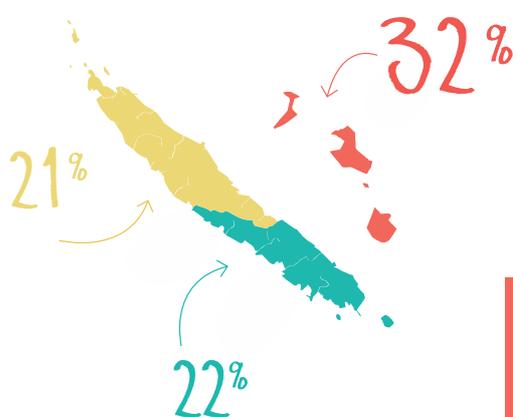


PHYSICAL ACTIVITY & SEDENTARY LIFESTYLE

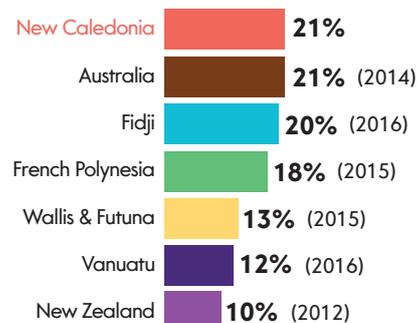
OVER THE PAST 7 DAYS, HOW MANY DAYS DID YOU DO SOME PHYSICAL ACTIVITY FOR AT LEAST AN HOUR?

2 OUT OF **10** YOUTH ANSWERED « **EVERY DAY** »

 (i.e. 23%)



INTERNATIONAL COMPARISONS

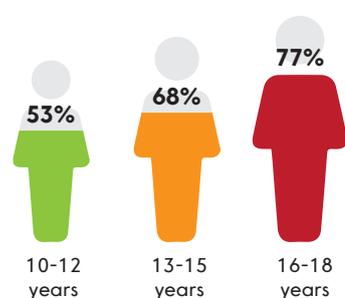
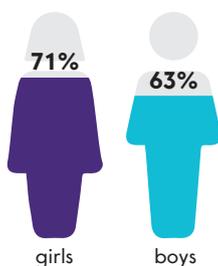


RECOMMENDATION
PEOPLE AGED 5 TO 17 SHOULD EXERCISE OR DO SOME PHYSICAL ACTIVITY FOR AT LEAST 60 MINUTES PER DAY.

ON A DAILY BASIS, HOW MUCH FREE TIME DO YOU SPEND IN FRONT OF A SCREEN ?

7 OUT OF **10** YOUTH ANSWERED « **2 OR MORE HOURS** »

 (i.e. 67%)



1 OUT OF **10** YOUTH ANSWERED « **OVER 7 HOURS** »

RECOMMENDATION
TEENS SHOULDN'T HAVE MORE THAN 2 HOURS OF SCREEN TIME A DAY (LESS FOR CHILDREN)

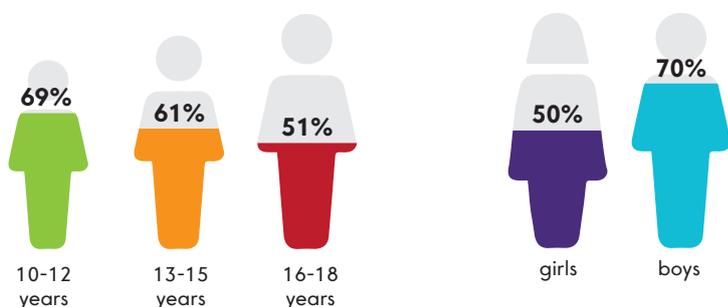
* Exercise means anything that gets you active and breathing faster and accelerating your heartbeat, such as running, walking fast, cycling, dancing, playing soccer, climbing stairs and gardening, etc.

SPORTS DURING FREE TIME

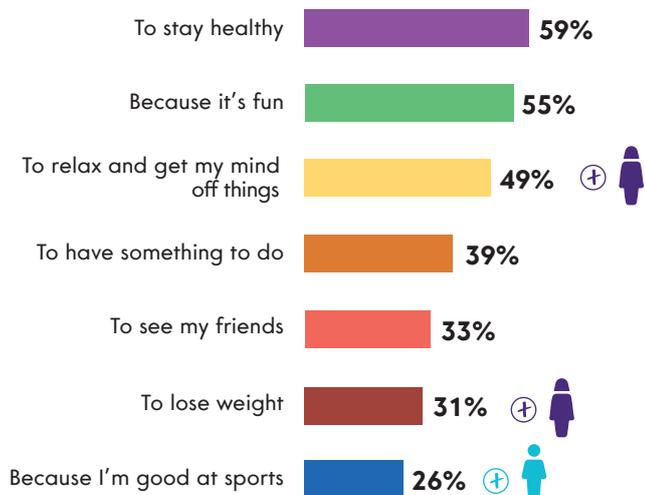
HOW OFTEN DO YOU PLAY SPORTS IN YOUR FREE TIME, OUTSIDE SCHOOL HOURS?

6 OUT OF **10** YOUTH ANSWERED « **SEVERAL TIMES A WEEK** »

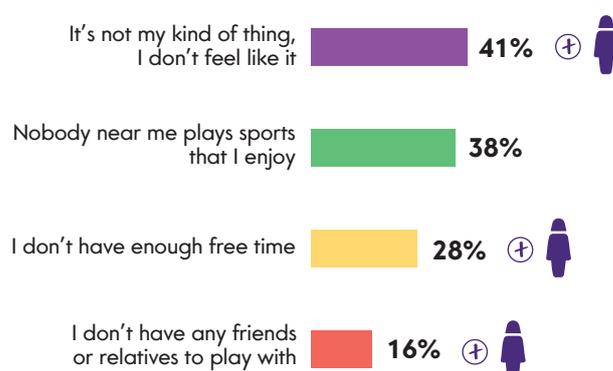
 (i.e. 60%)



WHY DO YOU PLAY SPORTS?

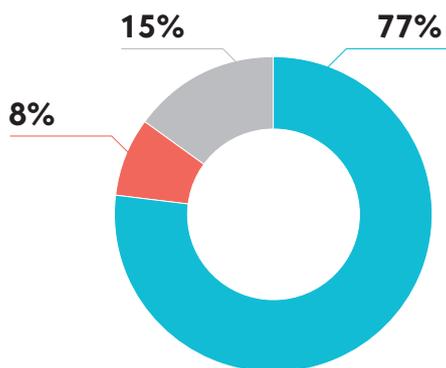


WHY DON'T YOU PLAY SPORTS?

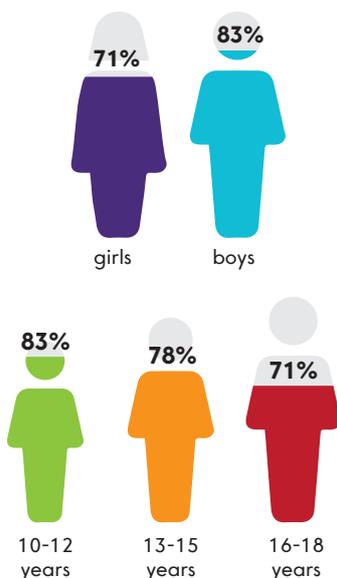


MENTAL HEALTH

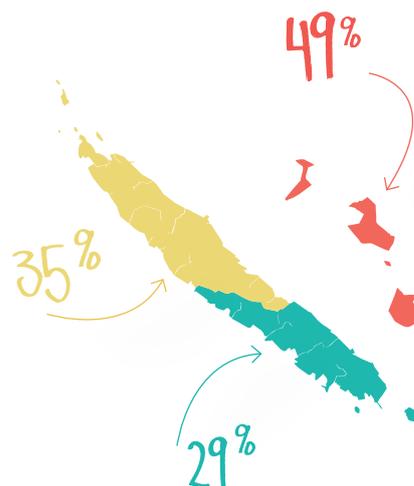
OVERALL, HOW DO YOU FEEL?



- Very happy / Happy
- Unhappy / Very unhappy
- I don't know



I'M **HAPPY**
OR **VERY HAPPY**



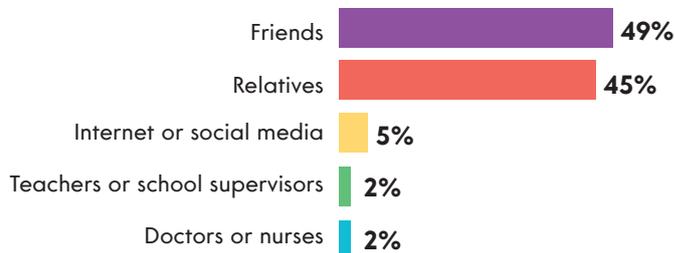
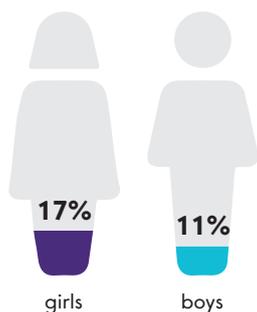
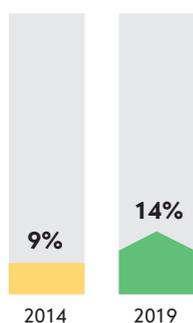
I'M **VERY HAPPY**

HAVE YOU FELT LONELY IN THE LAST 12 MONTHS?

WHEN YOU'RE SAD, UNHAPPY, WORRIED OR DEPRESSED, WHO DO YOU TALK TO?

1 OUT OF **7** YOUTH ANSWERED
« MOST OF THE TIME » OR « ALL THE TIME »

(i.e. 14%)



28%
OF YOUTH DID NOT TALK
TO ANYONE

MENTAL HEALTH

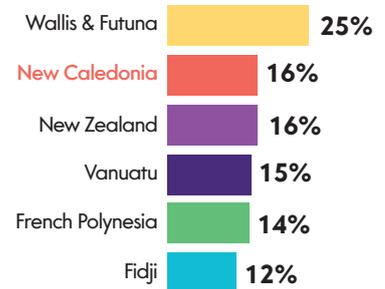
OVER THE PAST 12 MONTHS, HAVE YOU **SERIOUSLY CONSIDERED ATTEMPTING SUICIDE?**

1 OUT OF 6 YOUTH ANSWERED « YES »

(i.e. 16%)



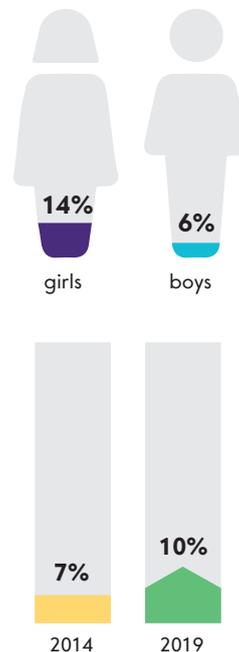
INTERNATIONAL COMPARISONS



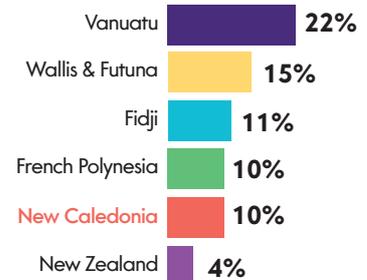
OVER THE PAST 12 MONTHS, HAVE YOU **ATTEMPTED SUICIDE?**

1 OUT OF 10 YOUTH ANSWERED « YES »

(i.e. 10%)



INTERNATIONAL COMPARISONS



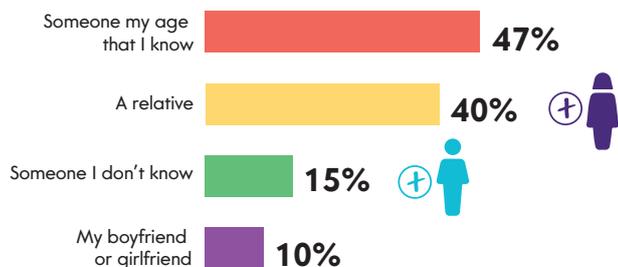
VIOLENCE

OVER THE PAST 30 DAYS HAVE YOU BEEN HIT, PUSHED, SHAKEN HARD, KICKED OR LOCKED UP?

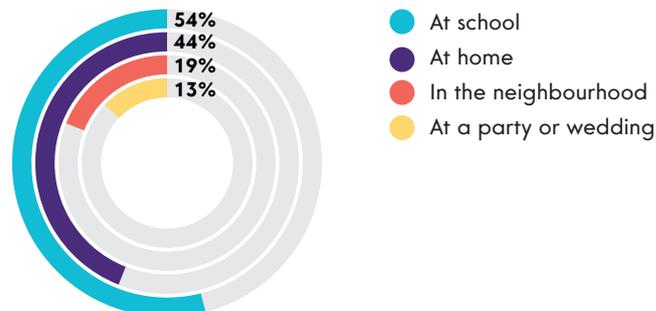
1 OUT OF 7 YOUTH ANSWERED « YES »



IF SO, BY WHOM?

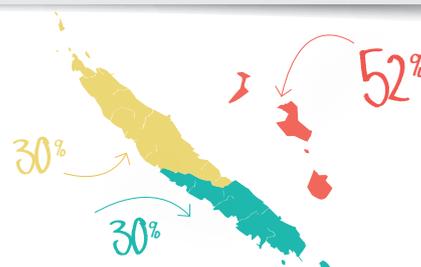


IF SO, WHERE?

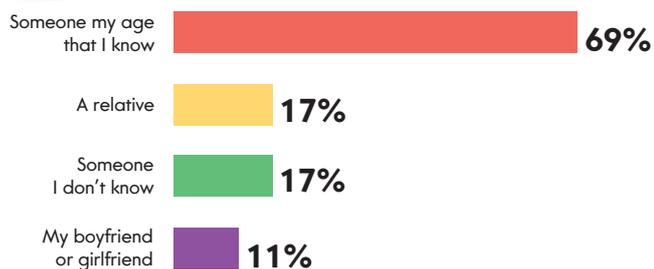


OVER THE PAST 30 DAYS, HAS ANYONE MADE FUN OF, INSULTED, IGNORED OR EXCLUDED YOU?

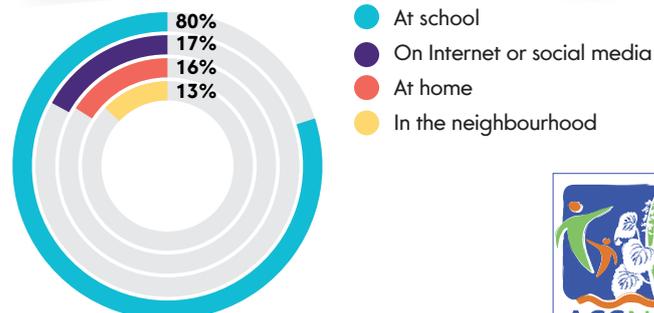
3 OUT OF 10 YOUTH ANSWERED « YES »



IF SO, BY WHOM?



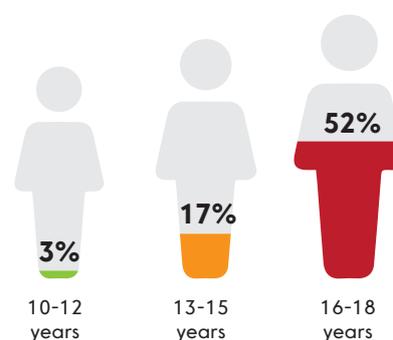
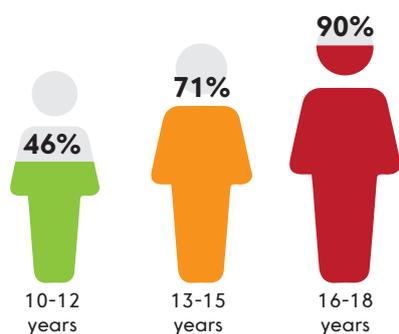
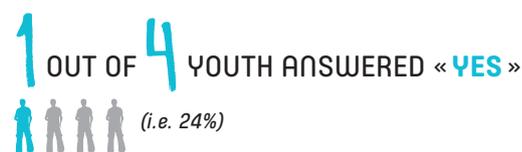
IF SO, WHERE?



ALCOHOL CONSUMPTION

HAVE YOU EVER DRUNK ALCOHOL?

HAVE YOU EVER BEEN DRUNK?



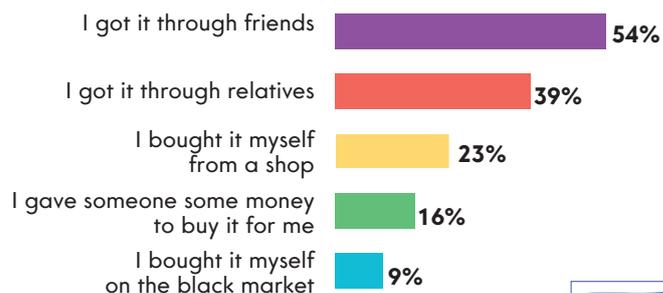
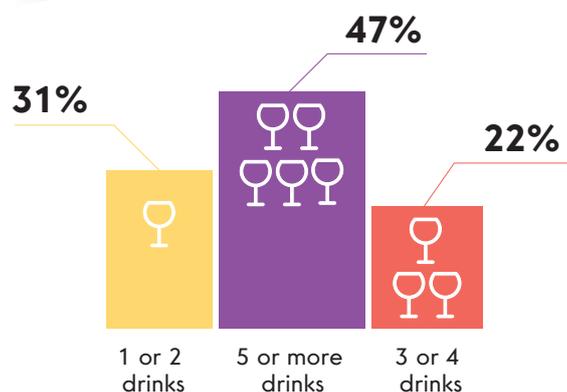
AVERAGE AGE OF HAVING THE FIRST DRINK : 12

HAVE YOU DRUNK ALCOHOL IN THE PAST 30 DAYS ?



ON THE DAYS YOU DRANK, HOW MANY DRINKS DID YOU HAVE ?

HOW DID YOU GET THE ALCOHOL YOU DRANK?*



* Only included teens who drank alcohol in the past 30 days

CIGARETTE SMOKING

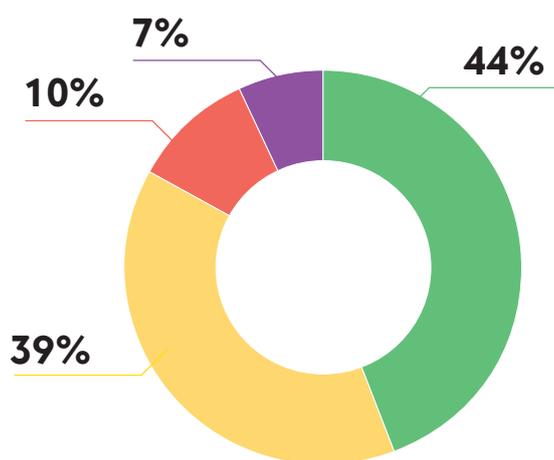
HAVE YOU **SMOKED** IN THE PAST 30 DAYS?

3 OUT OF **10** YOUTH ANSWERED « **YES** »



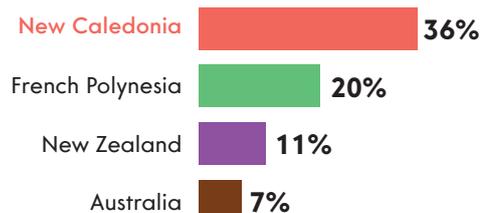
ON AVERAGE, YOUNG PEOPLE SMOKED THEIR FIRST CIGARETTE AT AGE 13

ON THE DAYS YOU SMOKED, ABOUT **HOW MANY CIGARETTES** DID YOU HAVE?*



- At least 1 cigarette a day
- 2 to 5 cigarettes a day
- 6 to 10 cigarettes a day
- More than 10 cigarettes a day

INTERNATIONAL COMPARISONS (13-18 ANS)

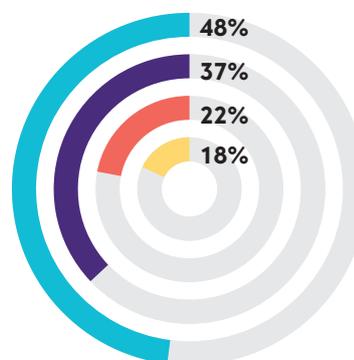


HAVE YOU **TRIED TO STOP SMOKING** IN THE LAST 12 MONTHS?*

7 OUT OF **10** YOUTH ANSWERED « **YES** »



HOW DID YOU GET YOUR **TOBACCO OR CIGARETTES**?*



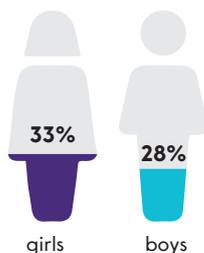
- Someone gave them to me
- I bought them from a shop
- A relative gave them to me
- I gave someone money to buy them for me

* Only included teens who smoked in the past 30 days

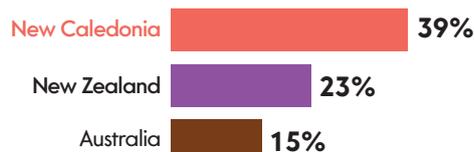
CANNABIS CONSUMPTION

HAVE YOU EVER SMOKED CANNABIS?

3 OUT OF **10** YOUTH ANSWERED « **YES** »
(i.e. 31%)



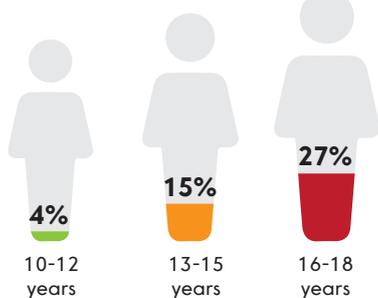
INTERNATIONAL COMPARISONS (AGE 13-18)



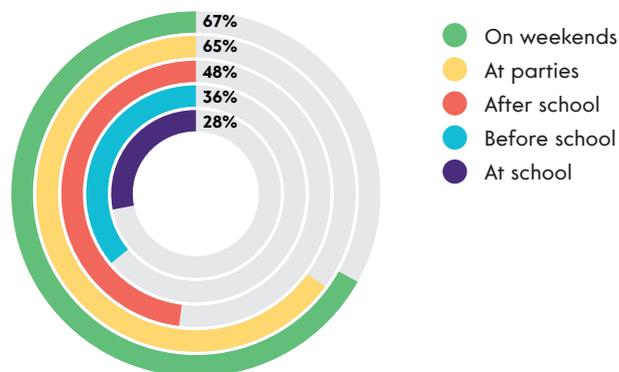
ON AVERAGE TEENS SMOKED CANNABIS FOR THE FIRST TIME AT AGE 14

HAVE YOU SMOKED CANNABIS IN THE PAST 30 DAYS?

1 OUT OF **6** YOUTH ANSWERED « **YES** »
(i.e. 16%)

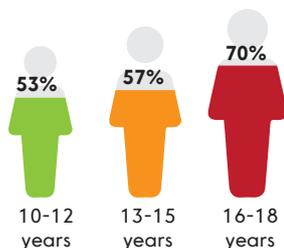


WHEN DO YOU USUALLY SMOKE CANNABIS?*



HAVE YOU EVER TRIED TO STOP SMOKING CANNABIS?*

6 OUT OF **10** YOUTH ANSWERED « **YES** »
(i.e. 64%)



HOW OFTEN HAVE YOU HAD PROBLEMS WITH RELATIVES OR FRIENDS OR BEEN IN FIGHTS BECAUSE OF SMOKING CANNABIS?*

3 OUT OF **10** YOUTH ANSWERED « **AT LEAST ONCE** »



Only included teens who smoked some cannabis in the past 30 days

MOTOR VEHICLE RISK BEHAVIORS

OVER THE PAST 30 DAYS,
HAVE YOU **RIDDEN IN A MOTOR VEHICLE**
DRIVEN BY SOMEONE WHO **HAD BEEN**
DRINKING?

1 OUT OF 2 YOUTH ANSWERED « YES »
 (i.e. 46%)

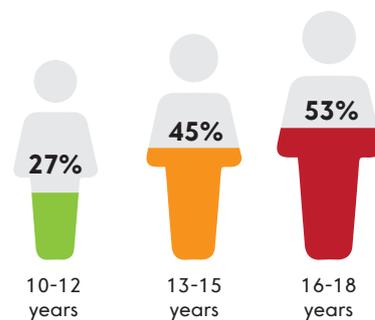
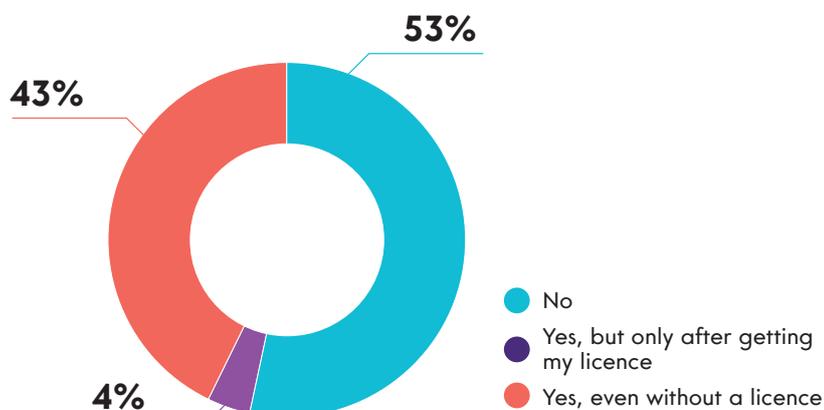
HAVE YOU **WORN YOUR SEATBELT**
WHEN TRAVELLING BY **CAR**
OVER THE PAST 30 DAYS?

6 OUT OF 10 YOUTH ANSWERED
« ALL THE TIME »

 (i.e. 58%)



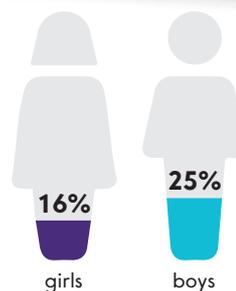
HAVE YOU EVER **DRIVEN A MOTOR VEHICLE** (CAR, MINI-CAR, SCOOTER,
BOOSTER, ETC.) **ON THE ROAD?**



I'VE DRIVEN A MOTOR VEHICLE
BEFORE, **EVEN WITHOUT**
A LICENCE

HAVE YOU **DRIVEN A MOTOR VEHICLE AFTER DRINKING**
OVER THE PAST 30 DAYS?*

2 OUT OF 10 YOUTH ANSWERED « YES »
 (i.e. 21%)

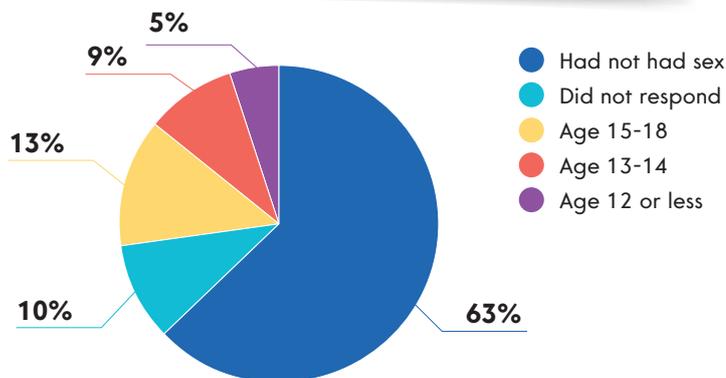


 Only included teens who drove a motor vehicle

SEXUAL HEALTH

HAVE YOU EVER HAD SEX? IF SO, HOW OLD WERE YOU WHEN YOU HAD SEX FOR THE FIRST TIME?

3 OUT OF 10 YOUTH ANSWERED « YES »

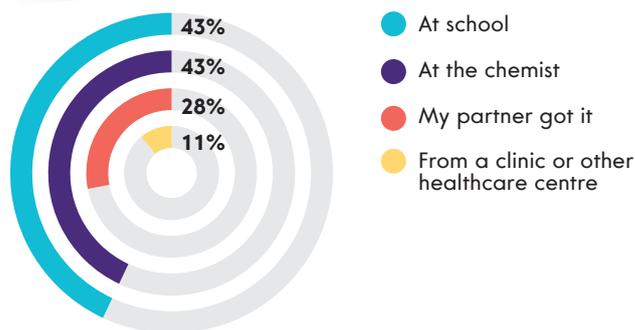


DID YOU OR YOUR PARTNER WEAR A CONDOM THE LAST TIME YOU HAD SEX?*

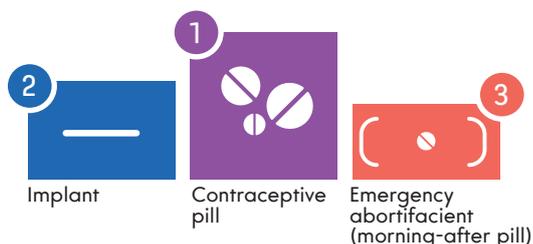
6 OUT OF 10 YOUTH ANSWERED « YES »



WHERE DID YOU GET CONDOMS FROM?*



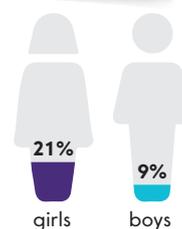
MOST COMMONLY USED CONTRACEPTIVES*



The morning-after pill is not a contraceptive.

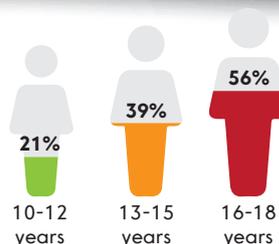
HAVE YOU BEEN PHYSICALLY FORCED TO HAVE SEX AGAINST YOUR WILL?*

1 OUT OF 7 YOUTH ANSWERED « YES »



HAVE YOU EVER SEEN PORNOGRAPHIC PICTURES OR VIDEOS?

4 OUT OF 10 YOUTH ANSWERED « YES »



* Only included teens who had sex in the past 30 days